

APPLICATION

A 01343

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

750 GALLON tank for 4 or less bedrooms. 1000 gallon tank for a five bedroom house

DISTRICT 5

DATE 7-8-59

Tile Field - 754 sq ft bottom area for each bedroom but not less than 300 sq ft Bottom Area of a one Bedroom House

Place part of the tile field about 160-180 ft from the Sideline of the lot furthest from Rt #21 and 25-55 ft from Lime Kiln Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER *William Reed - #20 Luman Ave*
Wekland W. Souder Laurel

ADDRESS *Fairview Ave. Highridge* PHONE *Ra. 5-3630*

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION *Lime Kiln Rd. across rd. from Brady's Store*

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT *2.2223 acres* TYPE BLDG. *test per bedroom*
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE ~~_____~~

SIGNATURE OF APPLICANT *Wekland W. Souder*

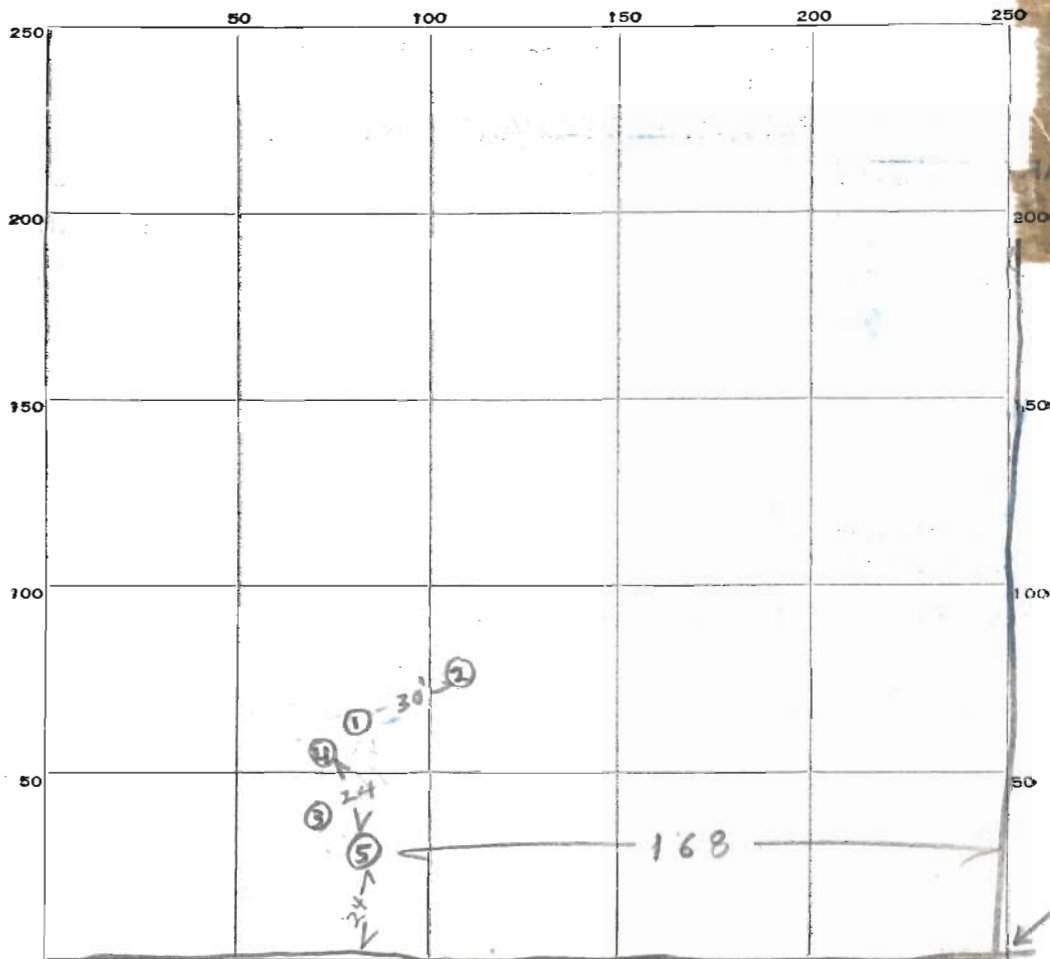
APPROVED BY *Raymond Hodges* FOR *Tile Field* DATE *8/5/59*
(KIND OF SYSTEM) _____

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM) _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/5	1	3 1/2	125	215	1"	50 min		
	2	3 1/2	128	133	133	138	5 min	40
	3	3	130	139	139	159	20 min	5
	4	3	144	215	3/4"	29 min		20
L	5	3	147	159	159	213	14 min	40
								14
								5119
								23 4/5

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS _____

ALSO PRESENT Hubland W. Souder LOT NO. _____