

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 36334

P _____

DISTRICT _____

DATE 12/16/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

MR & MRS. SHEETAN HIGB

ADDRESS

4922 TEN MILLS RD
COLUMBIA, MD. 21044

PHONE

730-9074 / 992-4500

PROPERTY LOCATION:

SUBDIVISION

FAR SIDE

LOT NO.

73

ROAD AND DESCRIPTION

SPRING HAVEN CT.

SIZE OF LOT

TYPE BLDG.

RESIDENCE

(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

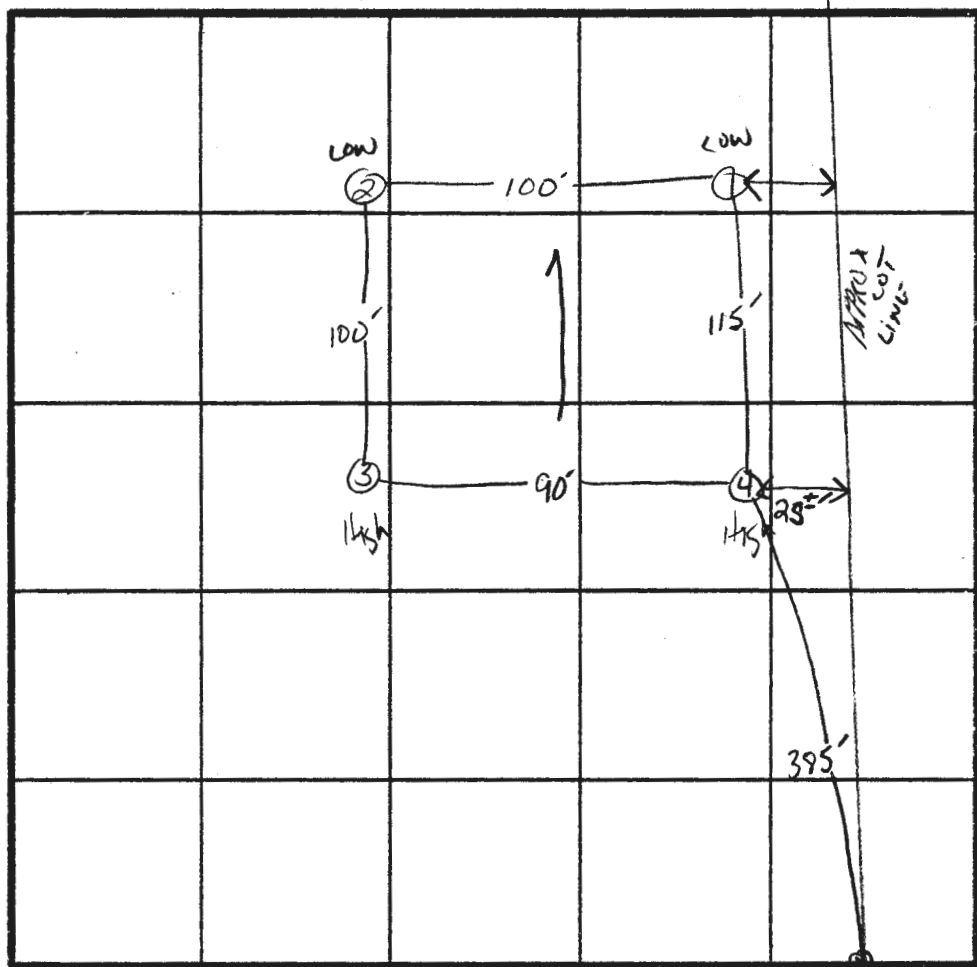
REASONS FOR REJECTION OR HOLDING

1-8-86. PERC Results SATISFACTORY; Hold for certified hole

Location; Suitable House & Well site. S. Ague

THIS IS NOT A PERMIT

1

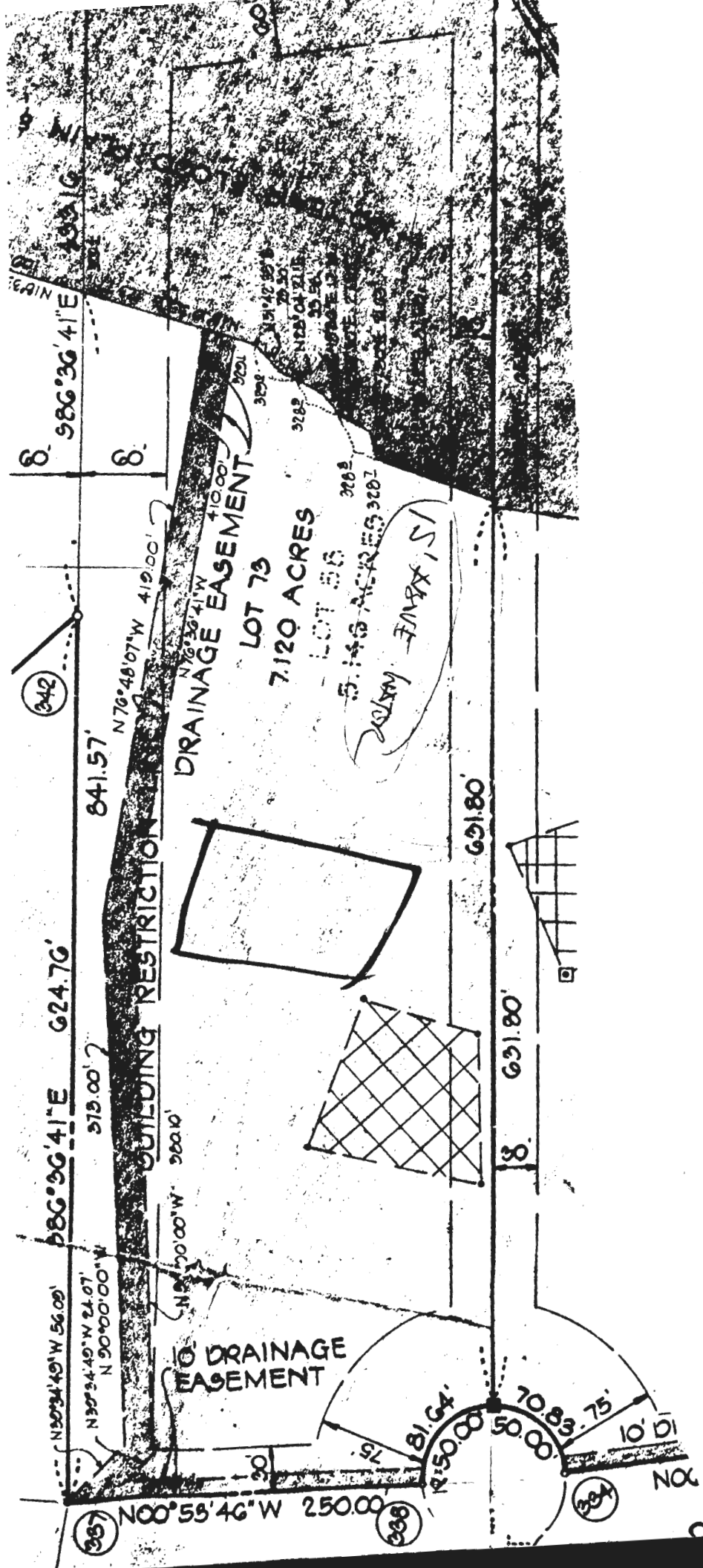


SPRING HAVEN Ct

Con mark

TESTED BY S. Abel ALSO PRESENT DAVE KERN

EH-12-1079



APPLICATION

SEWAGE DISPOSAL TESTING

A 28316

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Septic Tank { 1-3 Bedrooms 1000 gallon
4 Bedrooms 1250 gallon

⊕ Dry well to have 150 sq ft. effective
absorbent sidewall area per bedroom below inlet.

Unlet to be 3 1/2' below original grade and maximum
depth 9 1/2'. Location per engineer's plat: 160' from right
front corner point along right property line and in 10' off right
property line when facing lot from Springharp Court.
⊕ or if dry well and trench used need:

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

PROPERTY OWNER Woodmark, Inc { (1) 5' earth buffer between
dry well and trench 10/80

ADDRESS _____ PHONE _____

PROPERTY LOCATION _____

SUBDIVISION Farside { (2) 2 inspections of trench
before and after stone NEW
in 58 #73

ROAD AND DESCRIPTION _____

LOT NO. _____

(3) Run trench on contour

SIZE OF LOT _____ TYPE BLDG _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER
ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT _____

APPROVED BY C. B. Shecker ⊕ Dry Well & Trench DATE 12/17/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Pratt

APPLICATION

A 28316

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 463-5000, EXT. 356

DISTRICT 1000 gallons
3

DATE May 12, 1978

Septic Tank { 1-3 Bedrooms
4 Bedrooms } 1250 gallons

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike PHONE 461-2889

PROPERTY LOCATION:

SUBDIVISION Farside LOT NO. 60 58

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 111, left on Folly Quarter, left on
Homewood, 1 mile to property on left

SIZE OF LOT 3 plus acres TYPE BLDG. 1
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT *R. J. [Signature]*

APPROVED BY _____ FOR _____ DATE 11
(KIND OF SYSTEM)

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

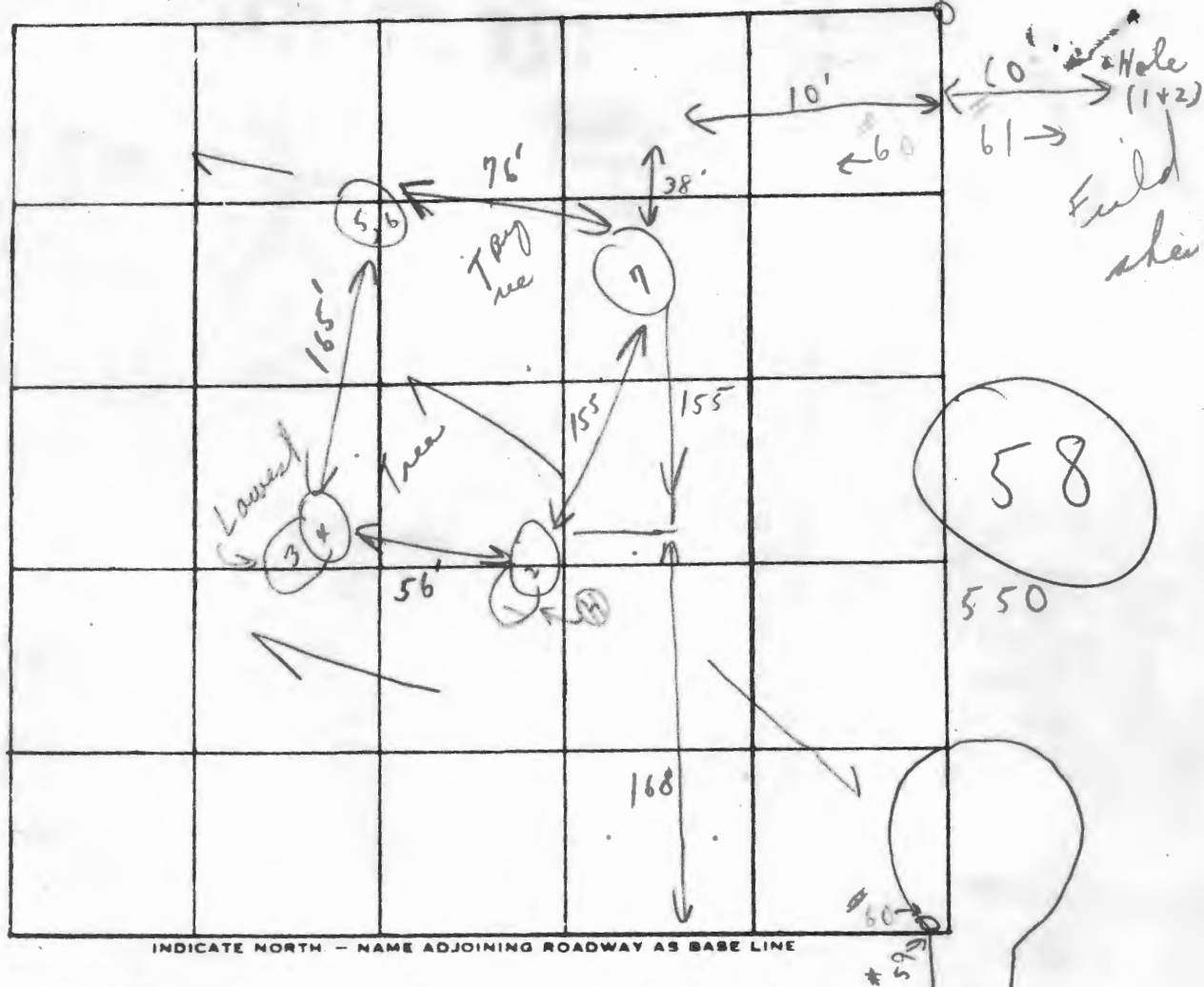
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

73

58



Soil Profile

Below
clay
loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/7/78	1	3 1/2'	2:01	2:03	2:03	2:06	3 min
	(H) 2	12'	2:01	2:03	2:03	2:06	3 min
	3	5'	2:04	2:05	2:05	2:08	3 min
	(G) 4 per J.S.	11 1/2'	2:04	2:05	2:05	2:08	3 min
	5	3 1/2' 4'	Visual		examination		12
	6 per J.S.	10'			to		
	7	10 1/2' 11'			other		

Test
per
stakes
3 min
inlet 3'
150 sq ft
per bed

REMARKS _____

TYPE OF SOIL _____

TESTED BY T.D. & C.B.ALSO PRESENT: None as yet