

## Search Result for HOWARD COUNTY

<https://sdat.dat.maryland.gov/RealProperty/Pages/viewdetails.aspx?County=14&SearchTyp...> 6/4/2019

W.P.I. - 9/11/84 - after 2 PM  
approved 9/11/84  
Stayer  
P 34317

# PERMIT

SEWAGE DISPOSAL SYSTEM

A 27380

MARYLAND STATE DEPARTMENT OF HEALTH\*

Howard County

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

INDEX

ELLICOTT CITY

DISTRICT 4th

DATE 9/6/84

New World Homes

IS PERMITTED TO INSTALL X ALTER

ADDRESS 15775 Route 144, Lisbon, MD 21765 PHONE

SUBDIVISION Kogen Trust ROAD 18131 New Cut Road LOT 12

PROPERTY OWNER ~~Greg & Janet Diamond~~ KALB

ADDRESS 23511 Howard Chapel Road  
Brookeville, MD 20833

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade with 2 feet of stone below distribution pipe. LOCATION: Start the trench at perc hole #9 which is located 60 feet from the point where the 320 ft. long lot line and 357.54 ft. long lot line intersect and 40 feet from the 357.54 ft. long lot line. Run part of the ditch toward the 357 ft. long lot line and part away from the 357 ft. long lot line. Place the 2nd trench parallel to the 1st. trench and at least 10 feet between the trenches, center to center. NOTE: No trench to exceed 100 feet in length. If more than one trench used a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and dry well.

PLANS APPROVED BY Raymond Hodges/P. Skinner DATE 9/5/84

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

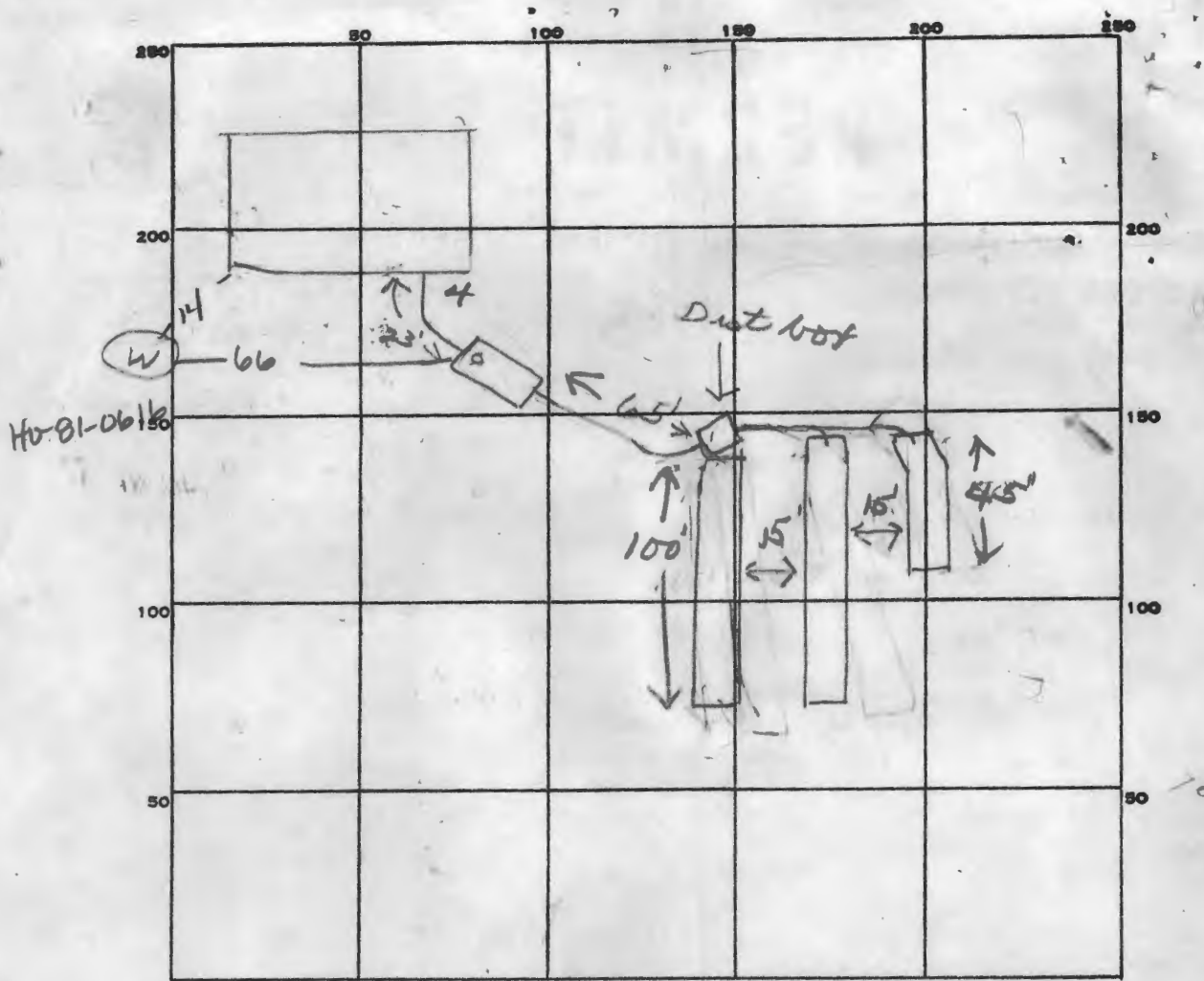
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

New Cut Rd

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1500

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 2 1/2 IN. TOTAL LENGTH 2.45 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 7.35

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 7.35 SQ. FT.

REMARKS 9/11/84 OK to add stone in trenches JS  
9/11/84 OK to cover all work JS

DATE SYSTEM APPROVED

9/11/84

INSPECTOR

Stager

# SHANABERGER & LANE

Surveying • Land Planning • Construction Stakeout

## TRANSMITTAL FORM

TO: Mr. Craig Williams  
Howard County Health Dept.

DATE: 2/7/92

PLEASE FIND ATTACHED THE FOLLOWING:

1) One letter from Mr. S. Scott Shanabarger to Mr. Craig Williams

DELIVERED BY:

J. Allen Hobbs

RECEIVED BY:

DATE:

2/7/92

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

92 FEB -7 PM 2:37

8726 Town and Country Boulevard • Suite 203 • Ellicott City, Maryland 21043 • (801) 461-9568

6-23-92 Pumped system not required for Lot-15.  
SDA's reachable on gravity flow. JENadeau

FEBRUARY 6, 1992

DEPARTMENT OF ENVIRONMENTAL HEALTH  
OF HOWARD COUNTY  
ATTN: CRAIG WILLIAMS

RE: UPHILL SEWAGE DISPOSAL SYSTEM DUE  
TO RELOCATION OF PERCOLATION FIELD OF CURRENT  
LOT #12, KOGAN TRUST PROPERTIES, OWNED BY  
RICHARD H. KORB, JR.

DEAR MR. WILLIAMS,

PLEASE LET THIS LETTER ESTABLISH  
OUR ACKNOWLEDGEMENT OF AN INEVITABLE  
USE OF AN UPHILL PUMP SYSTEM ON OUR  
PROPERTY IN THE EVENT OF A NECESSARY  
RELOCATION FROM OUR CURRENT SEWAGE DISPOSAL  
FIELD. WE HEREBY WILLINGLY AGREE  
TO THE FOLLOWING CONDITIONS:

1) IF THE HOWARD COUNTY DEPT. OF HEALTH  
AT ANY FUTURE POINT IN TIME DEEMS OUR  
CURRENT SEPTIC AREA RUINED OR UNUSABLE  
FOR ANY REASON, WE AGREE TO INSTALL  
AN UPHILL PUMP SYSTEM TO COMPLETELY  
SATISFY ANY REGULATIONS DEEMED BY  
HOWARD COUNTY TO BE PERTINENT TO  
SUCH A SYSTEM.

2) IN THE EVENT THAT THIS PROPERTY  
IS PUT UP FOR SALE BEFORE AN ALTERATION  
OF SUCH A SYSTEM IS REQUIRED FOR USE,  
WE AGREE TO INSTALL A HOWARD COUNTY  
APPROVED PUMP PIT BEFORE THE PROPERTY  
IS SOLD TO ALLEVIATE A PORTION OF THE

COST OF SUCH POTENTIAL SYSTEM FROM THE  
BUYERS, AS PROPOSED BY MR. WILLIAMS.

WE FEEL THAT THESE CONDITIONS  
WILL ALLEVIATE ANY QUESTIONS OR FUTURE  
PROBLEMS IN REGARD TO HOWARD COUNTY  
APPROVING THE PROPOSED SEPTIC FIELD ON  
OUR PROPERTY, AND SINCERELY HOPE THEY  
ARE ACCEPTED IN THE GOOD FAITH IN  
WHICH THEY ARE PROPOSED & AGREED TO  
ON OUR PART.

SINCERELY,  
AND MARIE ROSS



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

February 24, 1992

*Reply to:*

MEMORANDUM

TO: Scott Shanaberger  
Shanaberger & Lane

FROM: Craig Williams, Program Director (C.W.)  
Water and Sewerage Program

RE: Revised Sewage Disposal Easement Proposal  
Kolb Property - Kogans Trust - Lot 7

#2

The recent proposed revision to the septic disposal easement is not acceptable to this office without further testing.

Even if the testing is successful, Lot 14 may be left without a viable well site. It is suggested that this proposal be withdrawn and other arrangements be considered.

If you have any further questions relative to this matter, please call me at 461-9933.

CW:jr

C-11398

SEQUENCE NO.  
(DEP USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBER

DATE RECEIVED  
(OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

OWNER

last name

first name

STREET OR RFD

TOWN

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use  
additional sheets if needed)

FEET

Check  
if water  
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

CASING RECORD

casing types  
insert  
appropriate  
code  
below

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN  
CASING  
TYPE

Nominal diameter  
top(main)casing  
(nearest inch)

Total depth  
of main casing  
(nearest foot)

OTHER CASING (if used)

diameter  
inch

depth (feet)  
from

to

SCREEN RECORD

screen type  
or open hole

insert  
appropriate  
code  
below

STEEL

BR

HO

BRASS  
BRONZE

OPEN  
HOLE

PL

OT

PLASTIC

OTHER

C 3

(Seq. no.)

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.  
to nearest gal.)

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other  
(describe  
below)

J jet

S submersible

CIRCLE APPROPRIATE BOX

A A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED  
IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"  
AND IN CONFORMANCE WITH ALL CONDITIONS STATED  
IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION  
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO  
THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman  
responsible for sitework if different from permittee)

C 2

(Seq. no.)

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE

DIAMETER  
OF SCREEN

(NEAREST  
INCH)

GRAVEL PACK

IF WELL DRILLED WAS  
FLOWING WELL CIRCLE BOX

OEP USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

TELESCOPE  
CASING

LOG  
INDICATOR

OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP  
(CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS  
EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE  
LETTER IN BOX - SEE ABOVE:  
(A, C, J, P, R, S, T, O)

CAPACITY:  
GALLONS PER MINUTE  
(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box  
and enter casing height)

above

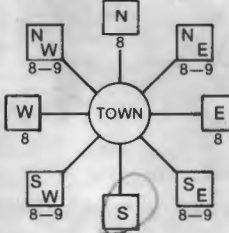
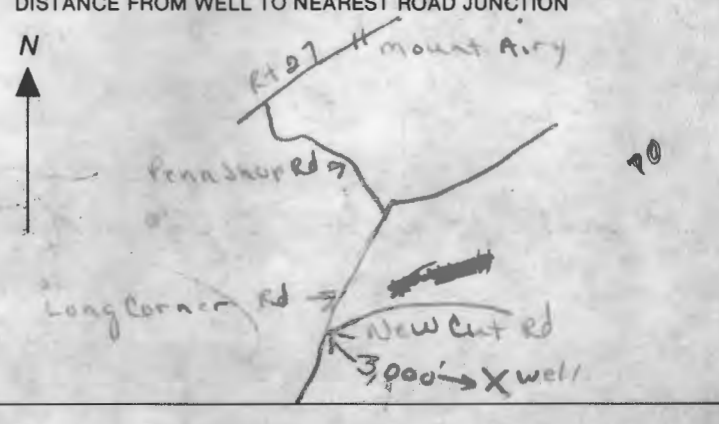
below

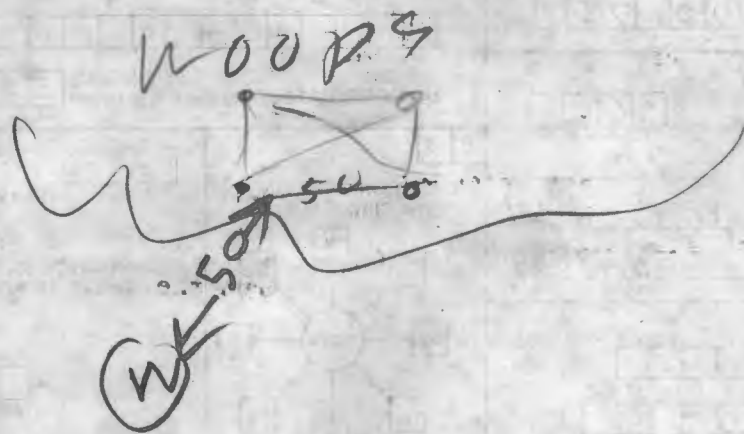
LAND SURFACE

(nearest  
foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND/OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

B 1 <b>3554</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-0616</b> <small>fill in this form completely</small>
Date Received <b>7/6/84 - 11:00 AM</b> <b>062184</b> OWNER INFORMATION <b>Robert Hammond</b> <b>New World Homes LTD</b> Last Name Owner First Name <b>15775 Rt 144</b> Street or RFD <b>Lisbon</b> <b>MO 21765</b> Town State Zip		B 3 LOCATION OF WELL 8 COUNTY <b>Howard</b> 23 SUBDIVISION <b>Kogan Trust Property</b> SECTION <b>44</b> LOT <b>7</b> 52 NEAREST TOWN <b>Mount Airy</b> MILES FROM TOWN (enter 0 if in town) <b>5</b> <b>M</b> <b>1</b>	
DRILLER INFORMATION <b>Wm. W. Reichart</b> <b>0641</b> Driller's Name License No. <b>Wm. W. Reichart, Inc</b> Firm Name <b>Box 54 Hanover, PA 17331</b> Address <b>Wm. W. Reichart</b> <b>6/18/84</b> Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> <b>New Cut Rd</b> NEAR WHAT ROAD 34 <b>1000</b> 37 DISTANCE FROM ROAD ENTER FT or MI <b>FT</b>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>6</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <b>A27320</b> COUNTY NAME COUNTY NO. OEP SIGNATURE <b>Frank Shum</b> STATE HEALTH INSERT S DATE ISSUED <b>062984</b> EXP. DATE <b>12/29/84</b> NORTH GRID <b>541000</b> EAST GRID <b>0758000</b>	
APPROXIMATE DEPTH OF WELL <b>250</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>Approved well</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <b>7508</b> N <b>540</b>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <b>GAP</b> FORCE <b>FS</b> WRITE INITIALS IN BOX PERMIT No. <b>40-81-0616</b> SPECIAL CONDITIONS			



NEW CUT RD

7/6/84

- ① LOCATION PROBABLY O/K
- ② 24 1/2 FT CASING 1 FT out of ground
- ③ 23 FT open hole
- ④ 5 BAGS
- ⑤ WELL O/K

Game Well Tag to man

Raymond Hodge

461-9933

January 21, 1985

Mr. Greg Hammond  
18131 New Cut Road  
Mt. Airy, Maryland 21771

Dear Mr. Hammond:

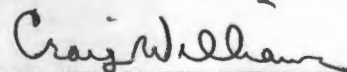
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

**FINAL CERTIFICATE OF POTABILITY**

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0616.

January 8, 1985  
Date of Final Sampling

January 21, 1985  
Date of Acceptance



Craig Williams, Acting Director  
Water and Sewerage Program

CW/JS:jr

Well Approved: 7/06/84  
Septic Approved: 9/11/84

Water Sample Dates: 1/07/85  
1/08/85

[illegible]

## Review

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HQ - 81-0616  
Location of property (road) Kogan Trust Property  
Subdivision Kogan Trust Lot 7 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller William Reichart Owner New World Homes

Depth of well 250

Distance of measuring point (M.P.) above ground 21-7

Static water level (S.W.L.) below M.P. 65

Sample Taken 11:00 AM

High rate pumping -- reservoir drawdown

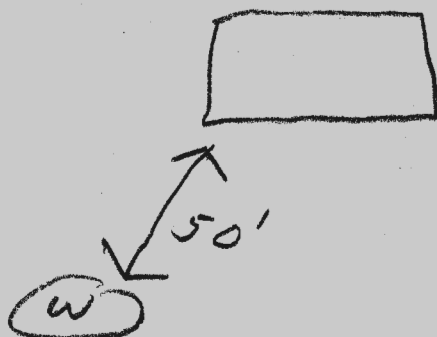
Time pump started 830 AM

Pumping rate 10

Total time 1 hr 15 min to reach pumping water level 223 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]



9/11/84 - Lines installed from house  
to well at 4 ft below grade.  
No other work finished. JS

12/10/84 P.R.V. installed OK JS

A 47953

SUBDIVISION: Kogans Trust Property

LOT NUMBER: 15 old A 27380

DRY WELL OR DRY WELL AND TRENCH

Repair septic systems  
sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
Bottom maximum depth \_\_\_\_\_ feet below original grade.  
Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

\_\_\_\_\_ sq. ft./bedroom  
Trench to be 3.0 ft wide.  
Inlet \_\_\_\_\_ feet below original grade.  
Bottom maximum depth \_\_\_\_\_ feet below original grade.  
Effective area begins at \_\_\_\_\_ feet below original grade.  
\_\_\_\_\_ feet of stone below distribution pipe.

Pump pit required.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBDIVISION: Kogan Trust Property

LOT NUMBER: 7

DRY WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

EXAMPLE 3 158 sq. ft./bedroom  
 Trench to be 3 wide. ~~3 BEDROOMS NO GARBAGE~~  
 Inlet 4 feet below original grade. GRINDER = 160 FT LONG  
 Bottom maximum depth 6 feet below original grade. 2 TRENCHES  
 Effective area begins at 4 feet below original grade.  
2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 7/12/84 - START THE TRENCH AT PERC HOLE # 9

WHICH IS LOCATED 60 FT FROM THE POINT WHERE THE  
320 FT LONG LOT LINE & 357.54 FT LONG LOT LINE  
INTERSECT AND 40 FT. FROM THE 357.54 FT LONG LOT LINE  
RUN PART OF THE DITCH TOWARD THE 357 FT LONG LOT  
LINE & PART AWAY FROM THE 357 FT LONG LOT LINE  
PLACE THE 2ND TRENCH PARALLEL TO THE 1ST  
TRENCH AND AT LEAST 10 FT BETWEEN

461-9933

April 2, 1985

Mr. & Mrs. Greg Hammond  
18131 New Cut Road  
Mt. Airy, Maryland 21771

Dear Mr. Hammond:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0616.

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January 21, 1985  
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Craig Williams  
Craig Williams, Acting Director  
Water and Sewerage Program

CW/JS:jr

Well Approved: 7/06/84  
Septic Approved: 9/11/84

Water Sample Dates: 1/07/85  
1/08/85

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratory Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community ..... Non-Community ..... Private ☒  
Routine ..... Check Sample ..... Special ☒  
Source Hammond, 18131 New Kent Rd  
Bottle No. Q632 Time Collected 10:20  
Treated ..... Raw ☒  
Iced: Yes ☒ No ☐ Collector Stacy County Howard

113

County

113

Plant No.

113

Sampling  
Station

12 10 84

Date Collected

11

Card No.

pH 6.6

Res. Cl: Free 0.0

Total 0.0

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.
Gas, 24 hours	<u>+</u>
Gas, 48 hours	<u>+</u>

ml. of Sample	10ml.
Coliforms	<u>+</u>
Fecal Coliforms	<u>+</u>

No. of Pos.
<u>6</u>

Coliforms/100 ml. (Membrane Filter) = 60

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml. 60

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. Dec 10 1984 Exam. 3:20

Rept. DEC 10 1984 Bacteriologist Coan

Remarks .....

Laboratory

Lab No. 2382

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community ..... Non-Community ..... Private ☒  
Routine ..... Check Sample ..... Special .....  
Source CAREY, 10629 BROWNS FARM RD  
Bottle No. KK 619 Time Collected 10:30  
Treated ..... Raw .....  
Iced: Yes ☒ No ☐ Collector STAYER County HOWARD

13 County Plant No. Sampling Station

01/07/85 Date Collected Card No.

pH 6.0 Res. Cl: Free Total

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.
Gas, 24 hours	<u>---</u>
Gas, 48 hours	<u>---</u>

ml. of Sample	10ml.
Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

No. of Pos.
<u>0</u>

Coliforms/100 ml. (Membrane Filter) = ---

Dilution: 1- | Col. Counted:

Standard Plate Count s/ml. ---

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd JAN 8 1985 Exam. JAN 7 1985

Rept. JAN 8 1985 Bacteriologist Cani

Remarks

CENTRAL

Laboratory

Lab No.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community ☐ Non-Community ☐ Private ☒  
Routine ☐ Check Sample ☐ Special ☒  
Source HAMMOND, 18131, NEW GWT. RR.  
Bottle No. LL 214 Time Collected 9:50  
Treated ☐ Raw ☒  
Iced Yes ☒ No ☐ Collector STAYAN County HAMMOND

13

County

1 1 1

Plant No.

1 1 1

Sampling Station

010885

Date Collected

1 1

Card No.

pH 6.7

Res. Cl: Free ☐

Total ☐

Laboratory Record

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.
Gas, 24 hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Gas, 48 hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

ml. of Sample	10ml.
Coliforms †	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fecal Coliforms ‡	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

No. of Pos.
<u>0</u>

Coliforms/100 ml. (Membrane Filter) =

1 1 1

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml.

1 1 1 1 1

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. JAN 20 1985

Exam. 1

Rept. 2

Bacteriologist Carr

Remarks

Laboratory

Lab No.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: H 10 Name: Gray Hammond County: Howard  
Source of Sample: 18131 New Cut Rd Collector: Stayer  
Street Town or City  
Sample Type (Circle): Community Source Non-Community Distribution Private Emergency Recheck Routine  
Remarks: lot 7

County: 13 Plant No. --- Sampling Station --- Date Collected 121084 Time 1020 A Acid ☐ Iced ☒  
Field Data: pH\* --- Chlorine Residual --- Free --- Total --- Specific Conductance ---

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
✓ pH*	011	8.9	Arsenic	253	
✓ Alkalinity (Total)	040	146	Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
✓ Hardness	110	157	Selenium	323	
Ammonia-N	143		Silver	333	
✓ Nitrate-Nitrite N	162	1.5	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
✓ Chloride	091	9	✓ Iron	122	0.06
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

\* Results reported in units, all others in milligrams per liter (ppm)

Date Received DEC 10 1984 Date Reported DEC 13 1984 Chemist James P. Gertner Lab No. 008044  
DHMH 90-A 10/82

PROPERTY OWNER Greg Hammond DATE OF REQUEST 12 / 7 / 84

TELEPHONE 831-7051 NEW WELL NUMBER \_\_\_\_\_

DIRECTIONS OR INSTRUCTIONS Call when sample can be taken.

Send results to same address.

SAMPLE TYPE

☐ Health Hazard  
☒ U & O  
☐ Real Estate  
☐ Pond or Stream  
☐ Sewage  
☐ Other

REASON FOR REQUEST

☐ Physician's Advice  
☒ New Residence  
☐ Nitrate Monitoring  
☐ Taste or Odor  
☐ Treatment System Necessity  
☐ Plumbing or Well Repair  
☐ Replacement Well  
☐ Curiosity

SETTLEMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SEPTIC SYSTEM: \_\_\_\_ Approved \_\_\_\_ Disapproved DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CONDITION: \_\_\_\_\_

SUPPLY TYPE: \_\_\_\_ Drilled Well \_\_\_\_ Hand Dug \_\_\_\_ Spring \_\_\_\_ Public

CONDITION: well OK

FIRST SAMPLE COLLECTOR Stayer TIME 10:20 DATE 12 / 10 / 84

☒ BACTERIA 632, pH 6.6, Free Cl<sup>-</sup> 00, Res. Cl<sup>-</sup> 00, VOC \_\_\_\_\_

☒ CHEMICAL H10, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR Stayer DATE 1 / 8 / 85

☒ BACTERIA 44814, pH 6.1, Free Cl<sup>-</sup> 00, Res. Cl<sup>-</sup> 00, TIME 7:30

\_\_\_\_ CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: Call with results I COP

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

NAME

Greg Hammond

ADDRESS

18131 New Cut Road

Kogan Trust, Lot 7

12/24/84 Called Mrs. Hammond  
ask her to re-chlorinate well  
to call for new sample J

WELL PUMP INSPECTION

Greg Hammond  
18131 New Cut Road  
Woodbine, Maryland

*Rogan Trust, Lot 7*

PLUMBER

Steve Zabel  
15039 Oak Orchard Road  
New Windson, Maryland

Lic. Number 6033

PHONE: 875-2964

Receipt Number 34233

paid 8/15/84

# APPLICATION

Repair

PERCOLATION TESTING

A 47953

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT 4

DATE 3/30/92

2/2

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 Richard & Missy Kolb

ADDRESS 1831 New Cut Road, Mt. Airy PHONE 549-6634

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Kogan Trust Property LOT NO. New lot 15  
12 (Resub of Lot-1)

ROAD AND DESCRIPTION New Cut Road and Florence Road

TAX MAP 6 PARCEL # 247

SIZE OF LOT 3.45 acres ± TYPE BLDG Existing SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 \_\_\_\_\_

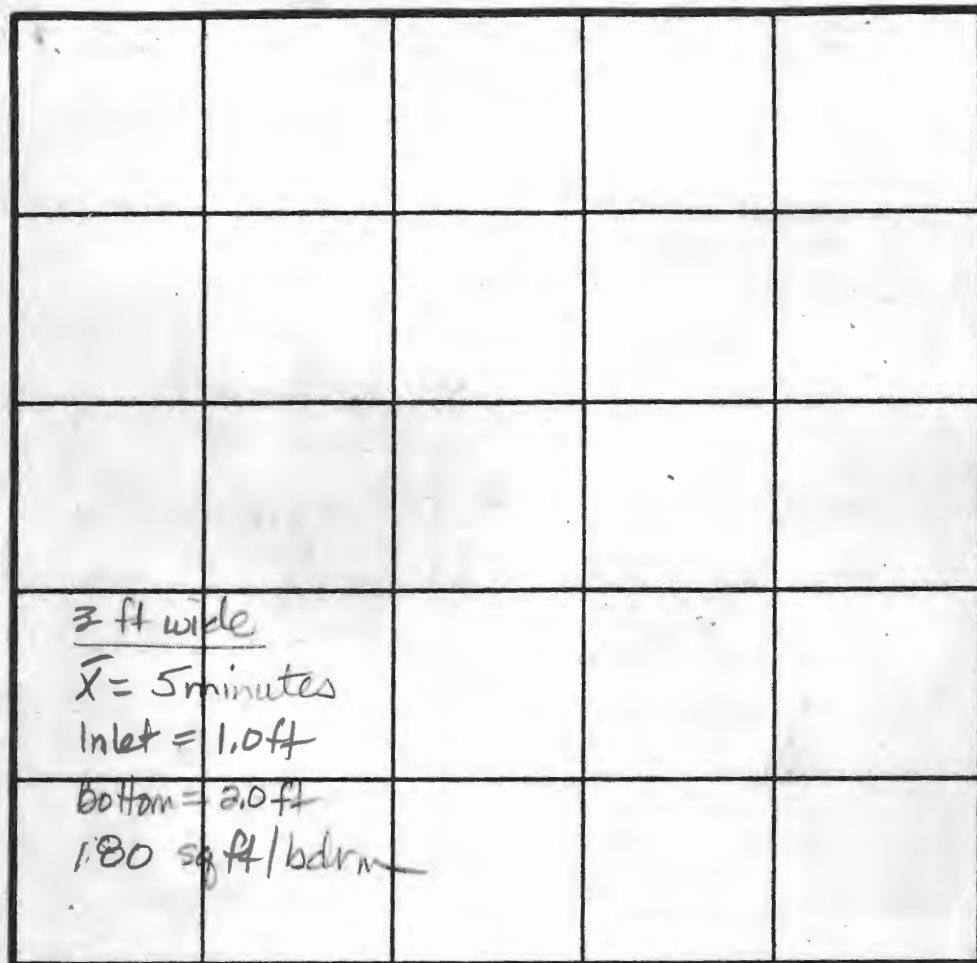
## THIS IS NOT A PERMIT

A47953

(5)

SOIL PROFILE

0-2.0 Br s/c  
 2.0-4.5 Red-br  
 s/c  
 <15% rock  
 frags  
 4.5-8.5 Gray br  
 s/c  
 structured  
 rock at  
 5.0 ft,  
 <40%  
 rock frags  
 8.5 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(8)

0-3.5 Red-br  
 s/c  
 <10%  
 broken  
 rock  
 frags  
 3.5-10.5 Red-br  
 s/c  
 some  
 rock  
 frags  
 <35%  
 some  
 structure  
 at 6.0 ft  
 10.5 Refusal

(6)

0-2.5 Br s/c  
 2.5-8.5 Br s/c  
 Large pieces  
 of fractured  
 rock, 3'x1'  
 0.5' kyanitic  
 schist, structured,  
 <90% rock  
 8.5 Refusal

(7)

0-2.5 Br s/c  
 some rock  
 frags <20%  
 2.5-11.5 Br s/c  
 some rock  
 frags, <25%  
 No structure  
 apparent  
 11.5 Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-27-92	(5)	8.5 V	structured at	5.0 ft			Fail
	(6)	8.5 V	structured at	2.5 ft			Fail
	7	3.5 S	2:53	3:13	No movement		slow
		11.5 D	Refusal at	11.5 ft	No structure		
	(opposite end of trench toward #3)	3.5 S	3:23	3:30	3:30	3:38	8 min ok
	(opposite end of trench toward #4)	3.0 S	3:01	3:16	No movement		slow
		2.5 S	3:17	3:28	3:28	3:39	11 min
		10.5 D	Refusal at	10.5 ft, 6.0 ft	some structure		ok shallow

REMARKS

Use 3, 4, 7 &amp; 8 for partial repair, combine w/ previous per

TYPE OF SOIL

TESTED BY

J. E. Nadeau

ALSO PRESENT

Olen K, Jr  
Olen K, III

# APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

- Repair  
A 47953

P         

DISTRICT 4

DATE 3/30/92

1/2

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 Richard & Missy Kals

ADDRESS 18131 New Cut Rd, Mt. Airy, Md. PHONE 549-6634

~~PROSPECTIVE BUYER~~ RICHARD MILER

~~ADDRESS~~ 4330 Adam Ct., Mt. Airy PHONE 831-6169

PROPERTY LOCATION:

SUBDIVISION Kogan Trust Property, ~~XXXX~~ LOT NO. 12 (FORMERLY LOT 7) New lot 15

ROAD AND DESCRIPTION INTERSECTION OF NEW CUT RD & FLORENCE RD

TAX MAP 6 PARCEL 247

SIZE OF LOT 3.45 AC. ± TYPE BLDG. ~~EXISTING~~ SINGLE-FAM.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Deborah Rana Berger FOR MISS KALS  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3-27-92 Pending perc hole location and

subdivision plat approval. Must combine area with

previous area tested 11-6-91 (A 27380). JEN

## THIS IS NOT A PERMIT

A47953



SOIL PROFILE

0-3.5 Br si c l roots

3.5-6.0 Red-br s si lm, large rock frags &lt; 30%

6.0-11.0 Red-br si lm, structured rock at 6.0 ft. &lt; 60%

11.0 Refusal

(2)

0-2.0 Br si c loam

2.0-4.5 Br-gray mica si c loam

4.5-10.5 Br mica s si lm, some broken rock frags, slight structure at 6.0 ft on one wall &lt; 35% rock frags

10.5 Refusal

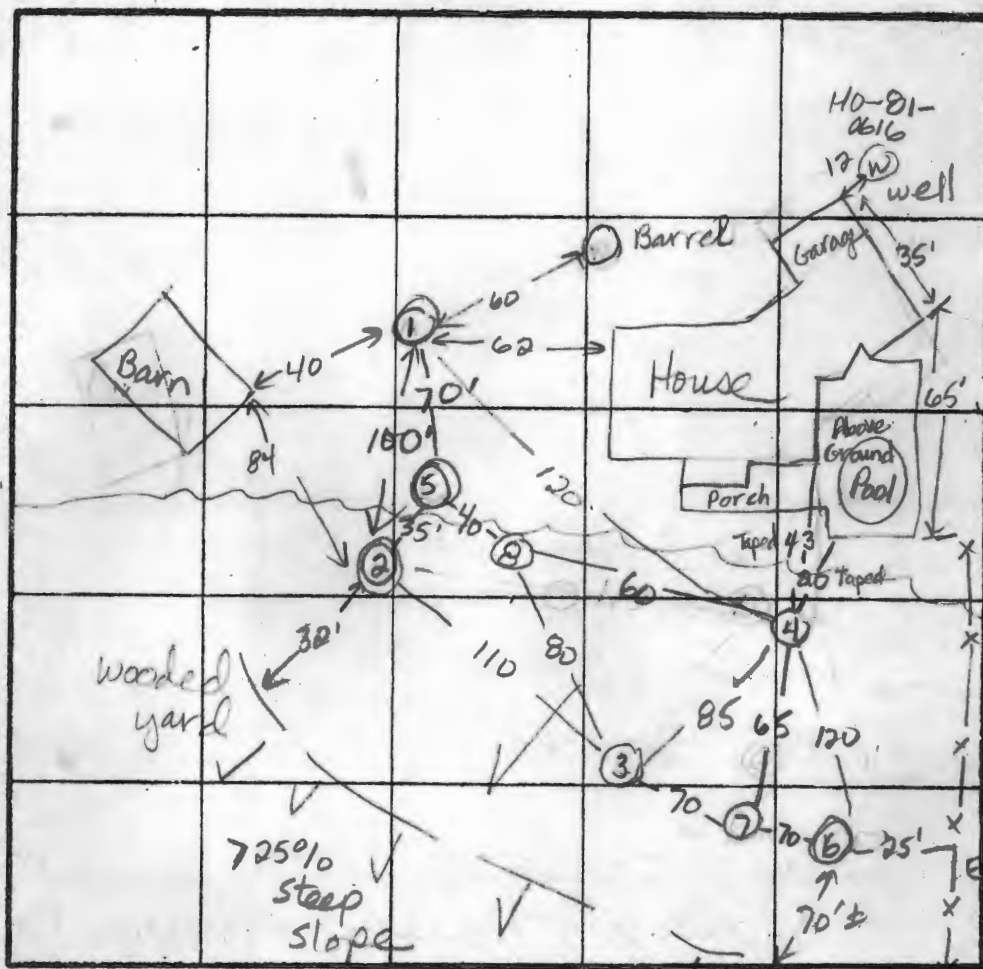
(4)

0-1.5 Br si c loam, roots

1.5-4.0 Red-br si loam some rock frags &lt; 30%

4.0-11.0 Red si s loam some rock frags 6.0 ft slight structure, &lt; 45%

11.0 Refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-27-92	X (1)	4.0 S	12:49:54	12:50:20	12:50:20	12:50:50	30 sec	Fast
		7.0 M	12:49:23	12:50:33	12:50:33	12:53:30	3 min	
		Retest 4.0 S	12:51:22	12:51:49	12:51:49	12:53:16	1 min 27 sec	
		11.0 D	Structured rx	at 6.0 ft	Refusal	Fail		
	(2)	4.0 S	1:03:37	1:16	1:16	1:34	Slow	
					1 1/4 in drop			
		10.5 D	slight structure at	10.5 ft	6.0 ft	Fail		
		Refusal						
	3	2.5 S	1:10:33	1:10:56	1:10:56	1:11:28	34 sec	Fast
		Retest 2.5 S	1:11:45	1:12:58	1:12:58	1:14:33	1 min 35 sec	
9.5 D		Refusal	at 9.5 ft		ok			
4	2.5 S	1:52:38	1:52:50	1:52:50	1:53:08	18 sec	Fast	
	Retest 2.5 S	1:53:30	1:53:43	1:53:43	1:54:10	27 sec		
		slight structure at	6.0 ft					
	11.0 D	Refusal	at 11.0 ft					
✓	(Opposite end of trench toward # 8)	2.5 S	1:59:58	2:00:24	2:00:24	2:01:37	1 min 13 sec	Marginal -
		Retest 2.5 S	2:02:25	2:03:06	2:03:06	2:04:42	1 min 36 sec	

REMARKS

TYPE OF SOIL

TESTED BY

JE Nadeau

ALSO PRESENT

Olen K. Jr

Olen K. III

# APPLICATION

A 27380

## 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: 465-5000, EXT. 356

DISTRICT 4th Election

DATE 12-21-77

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 Leonard Kogan and Nancy Kogan Craig + Janet Hammond

ADDRESS 23577 Howard Chapel Road 744-4066  
8630 Fenton Street, Silver Spring, MD. 20910 PHONE (301) 565-0222  
Brookeville, MD 20833

PROPERTY LOCATION:  
SUBDIVISION KOGAN TRUST LOT NO. LOT 7 12  
Kogan 31

ROAD AND DESCRIPTION The property is located southeast side of intersection of  
New Cut Road and Long Corner Road. 18131 New Cut Road

SIZE OF LOT 3 acres TYPE BLDG. Residential  
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 [Signature]

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

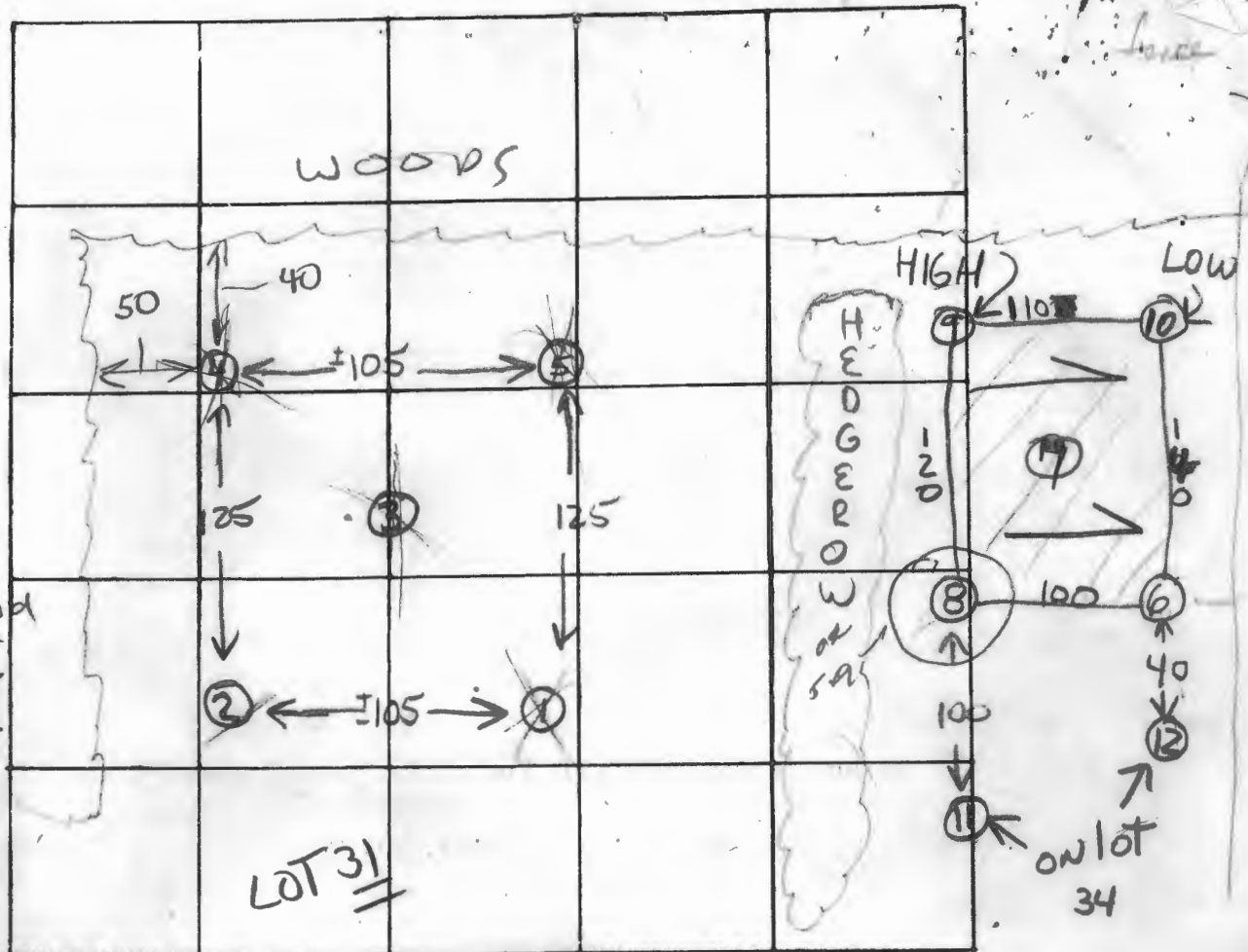
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 7/13/89  
Serial # 600275FD

# THIS IS NOT A PERMIT

31



1st 15  
2nd 5  
10S 4' 8  
10D 9' 2

INDICATE NORTH: - NAME ADJOINING ROADWAY AS BASE LINE

## NEW CUT ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
13 June 79	1S	4'	122	152	124	125	fails
	1D	9'	121	123	123	125	2
	2S	4	128	153	153	130	fails
	2D	9	126	127	127	130	3
	2D Refill				131	136	5
	3S	4	140	155	1/4"	136	fails
	3D	8 1/2	138	200	1/4"	139	30 sec
	4S	4	145	200	1/4"	139	fails
	4D	9	144	145	145		1 1/2
	5S	4	NOT	TESTED			2
14 June 79	5D	8 1/2	150				4
	6S	4	158	201	201	205	4
	6D	8	158	201	201	206	5
	7S	4	206	216	216	234	18
	7D	9	206	214	214	220	6
	8S	4 1/2	203	240	NODROP		fails
	8D	9	211	216	216	226	10
	9S	4	229	233	233	240	7
	9D	9	233	236	236	240	4
	8m	5	242	250	250	306	16

fails

REMARKS

open field - near front perc 6 7 9 10 is for lot 31 but may be on lot 34

TYPE OF SOIL

shaley clay loam

TESTED BY

(GLK)

ALSO PRESENT:

Sick

# APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

A 27380

P 34317

DISTRICT

04

DATE

8-22-91

PERGIVEN OK,  
SEE NOTATION TEST PLAT  
RG: PLATTED SEPTIC AREA  
IN UNUSUAL CONFIGURATION.  
C.W.

THIS APPLICATION FOR TEST RESULTS  
FOR RESERVE PARCEL - SYSTEM ON SITE  
BUT PLATTED RESERVE AREA  
WILL BE CUT OFF IF THIS  
SUBDIVISION IS SUCCESSFUL.  
C.W.

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

RICHARD H. KOEB, JR.

ADDRESS

18131 NEW CUT RD. MT. AIRY

PHONE

829-9187

PROSPECTIVE BUYER

RICHARD MILEY

ADDRESS

4398 ADAM COURT MT. AIRY

PHONE

831-6169

PROPERTY LOCATION:

SUBDIVISION

KOGAN TRUST SUBDIVISION

LOT NO.

17/12

ROAD AND DESCRIPTION

NEW CUT ROAD - PAVED, ONTO LONG GRAVEL  
DRIVEWAY

TAX MAP

12

PARCEL #

247

SIZE OF LOT

3 ACRES

TYPE BLDG

Existing  
SINGLE FAMILY  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

11-6-91 Pending perc hole locations. Uncertain  
if 10,000 sq ft exists. JEN

HD-216

## THIS IS NOT A PERMIT

A-27380

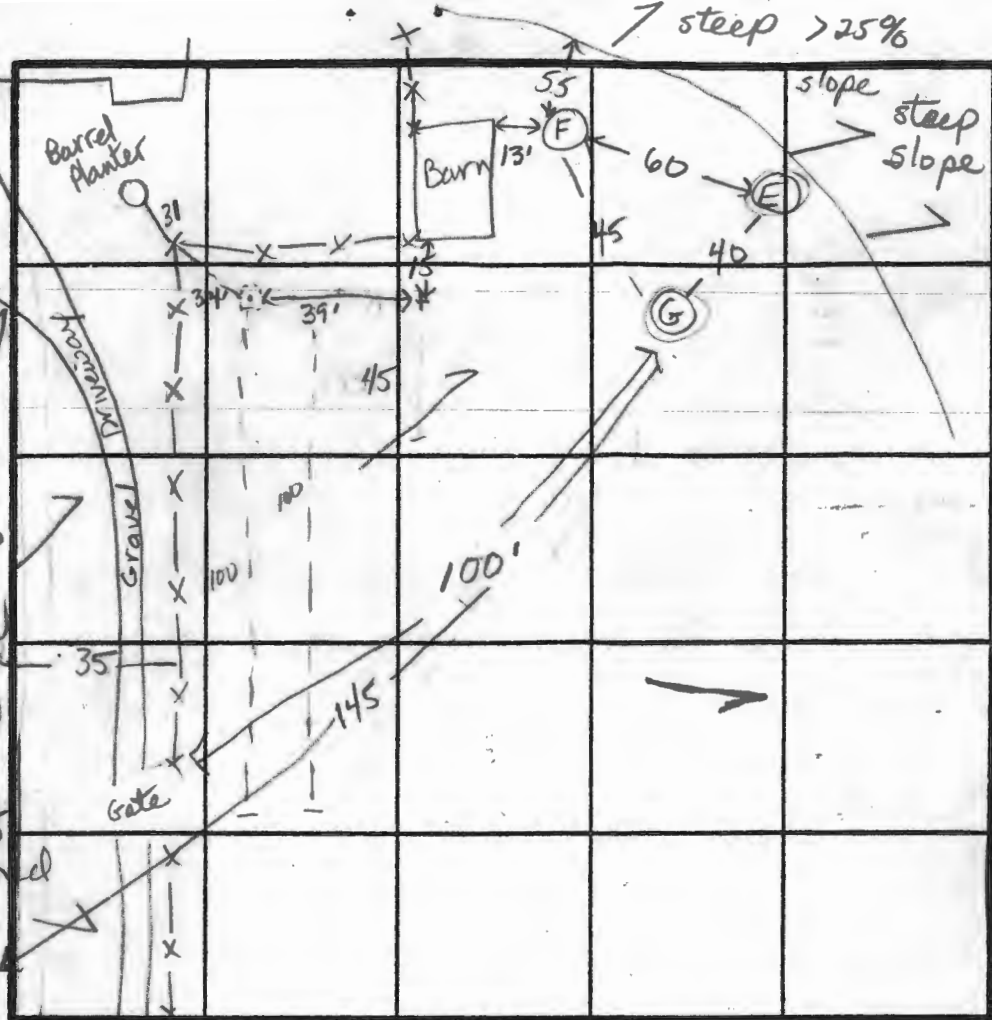
Hb-81-0616

SOIL PROFILE

0-2.0 Br s sil  
 < 15% fractured  
 rock frags  
 2.0-10.5 Br s sil,  
 < 35% rock  
 frags,  
 some  
 near horizontal  
 structure  
 at 7.5 ft

10.5 Refusal

0-5.0 Red br  
 s sil cl  
 < 20%  
 rock  
 frags  
 5.0-11.0 Brown  
 s sil  
 < 60%  
 rock  
 frag  
 w/ struct.  
 at 7.5 ft  
 11.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

New Cut Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-5-91	F	4.0 S 10.5 D	12:27:28 Refusal	1:39 structure at 7.5 ft	1:39 structure at 7.5 ft	2:03 Marg	24 min Marg
	G	11.0 V	clay to 5.0 ft	structure at 7.5 ft	structure at 7.5 ft		Marginal No
	H	3.5 S 11.0 D	2:35 structure at 6.0 ft	3:20 structure at 6.0 ft	7 inch structure at 6.0 ft		slow Fail
	I	3.5 S 10.5 D	3:02:10 slight structure at 3.0 ft	3:04:40 slight structure at 3.0 ft	3:04:40 slight structure at 3.0 ft	3:10:50 Comm OK	Comm OK
	E	8.0 V	Refusal at 8.0 ft	No struct.	Refusal at 8.0 ft	No struct.	Fail
			clay to 5.5 ft	5.5-8.0 s sil < 20% frag			

H  
 0-4.0 Br s sil  
 cl  
 4.0-11.0 Br s sil  
 1, some  
 broken  
 rock  
 frags  
 < 50%  
 vertical  
 bedded  
 structure  
 at 6.0 ft  
 11.0 Bottom

J  
 0-4.0 Br s sil  
 4.0-10.5 Br s sil  
 cl, some  
 broken rx  
 frags  
 < 30%  
 slight  
 structure  
 at 7.0 ft  
 10.5 Bottom

3 ft wide  
 $\bar{x} = 20^+ \text{ min}$   
 inlet 1.5 ft  
 Bot 3.5 ft  
 200 sq ft/bd  
 rm

REMARKS

Use holes F, G & J. May combine with upper area of new lot.  
 May have close to 10,000 sq ft of SDA

TYPE OF SOIL

TESTED BY

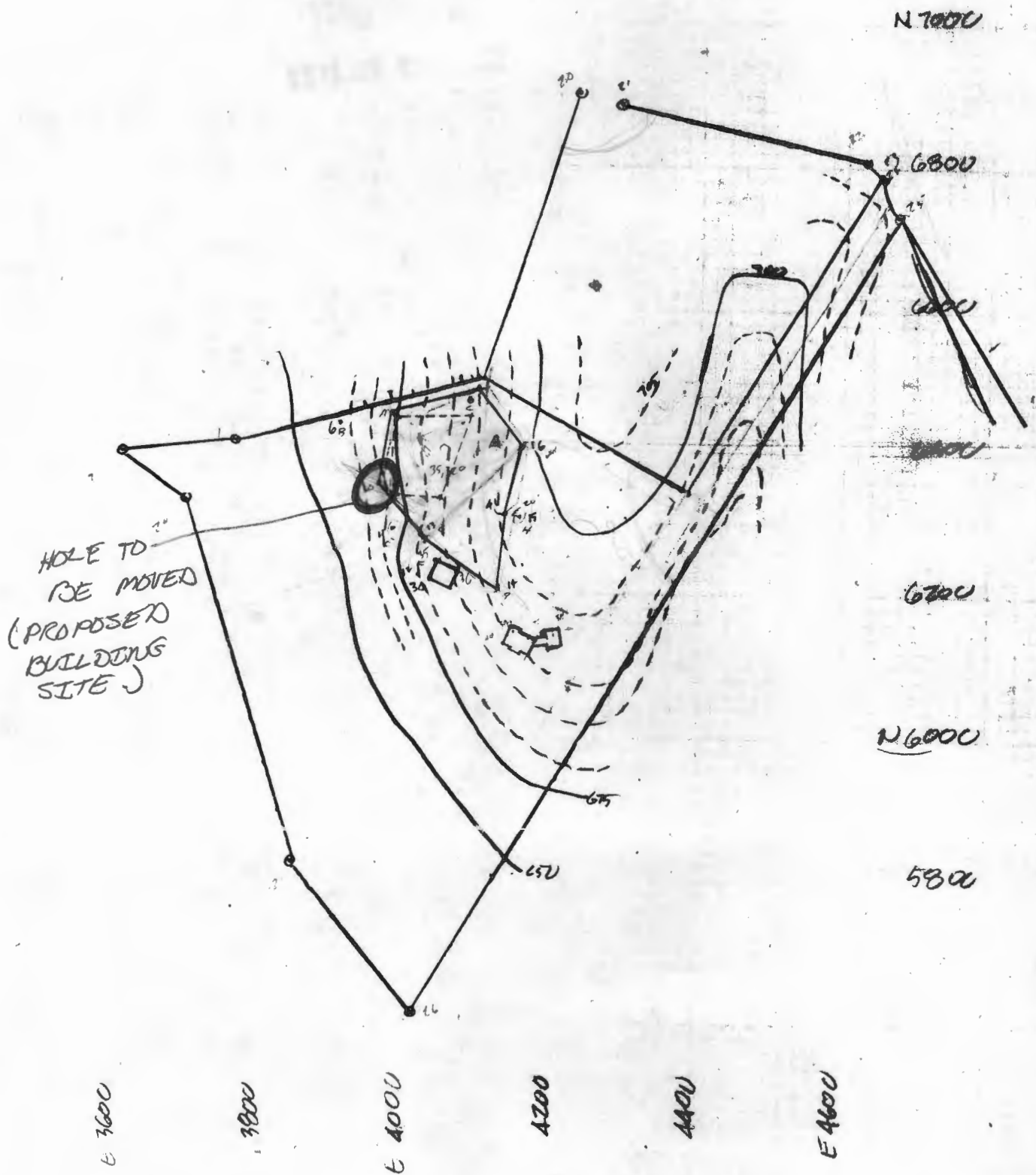
Jane E. Nadeau

ALSO PRESENT

Missy Kolb  
 Glen Ketterman

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 91 AUG 26 PM 4:26





T.F. #9 (rev. 3/22/91).

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING  
Division of Community Planning and Land Development

DATE:

6-16-92

P&Z File No.

F 92-162

Department of Planning and Zoning

☒ Community Planning and Land Development  
☒ Comprehensive and Transportation Planning  
☒ Zoning Administration and Enforcement  
☒ Data Management  
☒ Address Coordinator  
☒ Agricultural and Historic Preservation  
☒ File

Agencies

☒ Bureau of Engineering, DPW  
☒ Department of Inspections, Licenses and Permits  
☒ Department of Fire and Rescue Services  
☒ State Highway Administration  
☒ Finance  
☒ Bureau of Environmental Health  
☒ Public School System  
☒ Recreation and Parks  
☒ Soil Conservation District  
☒ County Assessment  
☒ C & P  
☒ B G & E  
☒ Department of Natural Resources  
☒ Cable TV  
☒ Police

RE:

Kogam - Trust Prop., lots 14 + 15

FOR SRC MEETING OF:

(Date)

(Time)

(Place)

ENCLOSED FOR YOUR: ☐ Signature Approval

☒ Review and Comments

☐ Files

THE ENCLOSED: ☐ Original

No. of Sheets

No. of Sheets

<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Final Construction Plans	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> Final Storm Drainage Computations	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Road Profile	<input type="checkbox"/>	<input type="checkbox"/> Soils Map	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Drainage and/or Computations	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study	<input type="checkbox"/>
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management	<input type="checkbox"/>
<input checked="" type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>
<input checked="" type="checkbox"/> Checklist - OPW	<input type="checkbox"/>	<input type="checkbox"/> Waiver Petition	<input type="checkbox"/>

WAS:

☒ Received

☐ Tentatively Approved

☐ Recorded

☐ Received and Revised

☐ Approved

On

6-16-92

COMMENTS:

DUE BY:

7-09-92

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

The Health Dept. can not sign this plat until the well is drilled on lot #14.

F. Frommelt