## APPLICATION

31869

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DATE 4/1/81

| TO:  | TO: THE COUNTY HEALTH OFFICER  |  |
|------|--|--|
|      | ELLICOTT CITY, MARYLAND  |  |
|      | I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) | JCT) A SEWAGE DISPOSAL SYSTEM.                           |
| PROP | PROPERTY OWNER Herndon Johns (Dal  | Le 1. Magnussen Porchasin)                               |
|      | PROPERTY OWNER Herndon Jenes (Dak<br>ADDRESS 16307 Dall Rd. Laurel             | 20707 PHONE 490-5731                                     |
| PROF | PROPERTY LOCATION:   |  |
| SUBC | SUBDIVISION Place 425 Tax Map  | 3 /LOT NO  |
| ROAL | ROAD AND DESCRIPTION Between water Leo Rd a                                    | nd Old Waterloo Rd                                       |
|      | North of Rt 108  |  |
| SIZE | SIZE OF LOT 0,89 Acins   | TYPE BLDG. (NUMBER OF BEDROOMS)                          |
|      |  | (NUMBER OF BEDROOMS)                                     |
| THE  | THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUI       | IBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND TH |
| FEE  | FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-BEFUN       | 4 <b>4</b> <i>i</i>                                      |
| WIT  | WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.                          | I Majourson  |
|      |  | (SIGNATURE OF APPLICANT)                                 |
| APPF | APPROVED BY F. Skennie FOR tile  | efic(1 DATE 7/8/82                                       |
| REJE | REJECTED BY FOR  | DATE   |
| HOL  | HOLD PENDING FURTHER TESTS   | DATE   |
| REAS | REASONS FOR REJECTION OR HOLDING   |  |
|      |  |  |
|      |  |  |

13' 1551 12 85-1-3 801. ANDICATE NORTH - NAME POJOINING ROADWAY AS BASE LINE. PRE-WET TEST - 1" DROP DATE DEPTH TEST NO. TIME STOP START START STOP 15 9155 5/17/82 9:56 10:01 IN 9:57 25 10:06 10:10 10:15 5 10:10 male 9's 10:08 10:10 10:05 2 -=N 10:08 10:34 10:34 10:33 10:34 1 = water 8' 45 4 17 15A 10:50 1:00 0:54 PEMARKS 4 St elevation between bolo # 2 + #5 TYPE OF SOIL ALSO PRESENT Rolans Banto TESTED BY

SOIL PROFILE

ceany

# SUBDIVISION: Dale Magnosson Property LOT NUMBER: P/O Parcel 425 DRY WELL OR DRY WELL AND TRENCH A 3/869 A 3/869

|  |  | 1 and the state of |
|--|--|--|
|  |  | sq. ft./bedroom  |
|  | Septic Tank  | Minimum Total square Feet  |
| 3 bedroom  | 1000 gallon  |  |
| 4 bedroom  | 1250 gallon  |  |
| 5 bedroom  | 1500 gallon  |  |
| Inlet  | feet below original grade  | •  |
| Bottom maximum                                       | depthfeet below  | original grade.  |
| Effective area                                       | begins at feet be  | elow original grade.   |
| ground<br>No tren                                    | and leave a 5 foot earth buffe<br>ach is to exceed 100 feet in                       | pent area, run the trench on level er between dry well and trench. length. Trench inlet to be same f stone below distribution pipe.  |
|  | TRE  | NCHES  |
|  |  | 195 sq. ft./bedroom  |
| Trench to be _                                       | 3f/wide.   |  |
| Inlet 3/2  | feet below original grade  |  |
| Bottom maximum                                       | depth $\frac{4/a}{a}$ feet below   | original grade.  |
| Effective area                                       | begins at 4 feet be  | elow original grade.   |
| 1/2 feet   | of stone below distribution  | pipe.  |
| (2) If<br>(3) Tr<br>(4) Ca<br>(5) Pr<br>ta<br>(6) If | enches to be installed on lead of trench ovide 6"-8" diameter cleanounk and drywell. | a distribution box is required.  evel ground.  before gravel is installed.  it and cap to grade or above on septic  increase septic tank capacity by 50%   |
| LOCATION: S  | fart the first trench  | 37ft. from the front lot line and  |
| 55ft.fre   | on the left sideline,  | as seen when facing the lot  |
| fron Old   | Waterlookd. (Md. R.  | Lett 981) Continue to digth  |
|  |  | ands the rightsi deatthe lot.  |
| Place the  | second french pavalle  | I to and 6 feet away from the  |
| first free   | ich (edge-to-edge  | of gravel),  |
|  |  |  |

### APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4/7/82

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

| TO: THE COUNTY HEALTH OFFICER  |                                |                 |                      |                 |
|--|--------------------------------|-----------------|----------------------|-----------------|
| ELLICOTT CITY, MARYLAND  |                                |                 |                      | \               |
| 1. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO CONST  PROPERTY OWNER  ADDRESS  16307 Dall Rd. | ruct (OR RECONSTRUCT) A  Da le | SEWAGE DISPOSAL | SYSTEM. HUSSON Pu    | rehaser)        |
| ADDRESS 16307 Dall Rd.   | Laurel 2                       | 9707 PHONE      | 490-57               | 3/              |
| PROPERTY LOCATION:   |                                |                 |                      |                 |
| PROPERTY LOCATION:  SUBDIVISION Price 415  ROAD AND DESCRIPTION Between Water LOO                  | Tax Map 3                      | LOT NO.         | 0//                  | 72/             |
| ROAD AND DESCRIPTION Be tween Water Loo  | Rd our                         | 011             | Water Loo            |                 |
| North of Rt 108  |                                |                 |                      |                 |
| SIZE OF LOT 0.89 Acers   |                                | TYPE BLOG       | 3                    |                 |
| 312E OF LOT  |                                | 1172 8280.      | (NUMBER OF BE        | DROOMS)         |
| THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTA   |                                |                 |                      |                 |
| FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICA  | ATION IS NON-BEFUNDAB          | LE UNDER ANY CI | IRCUMSTANCES, I ALSO | AGREE TO COMPLY |
| WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  | Lau Z                          |                 |                      |                 |
|  |                                | (SIGNATURE OF   | APPLICANT)           |                 |
| APPROVED BY  | FOR                            |                 | DATE                 |                 |
| REJECTED BY  | FOR                            |                 | DATE                 |                 |
| HOLD PENDING FURTHER TESTS   |                                |                 | DATE                 |                 |
| REASONS FOR REJECTION OR HOLDING   |                                |                 |                      |                 |
|  |                                |                 |                      |                 |
|  |                                |                 |                      |                 |

EH 12 1079

| SOIL PROFILE |         |    |              |      |       |
|--------------|---------|----|--------------|------|-------|
| him          |         |    |              |      |       |
|              |         |    |              |      |       |
| 1873         | 4621147 |    |              |      |       |
|              |         | 16 | (1 · · · · · | £14. | -4. 3 |

| INDICATE | NORTH - | NAME | ADJOINING | ROADWAY | A5 | BASE | LINE. |
|----------|---------|------|-----------|---------|----|------|-------|
|          |         |      |           |         |    |      |       |

| i    |          |       | PRE   | -WET |       | 1" DROP | 1    |
|------|----------|-------|-------|------|-------|---------|------|
| DATE | TEST NO. | DEPTH | START | STOP | START | STOP    | TIME |
| 1    |          |       |       |      | 1 150 | 1 7 W   | 3.   |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         | 1    |
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|      |          |       |       |      |       |         | 1    |
|      | 1 1 3 1  |       |       |      |       |         | 1    |
|      |          |       |       | 1    |       |         | 1    |
|      |          |       |       |      |       |         |      |
| 1    |          | 1     |       | 1    |       |         |      |
|      |          |       |       |      |       |         |      |
| 1    |          |       |       | 1    |       |         |      |
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| 1    |          |       |       | 1    |       |         | 1    |
|      |          |       |       |      |       |         | -    |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         |      |
|      |          |       |       |      |       |         |      |

| PEMARKS      |   |              | <br> |
|--------------|---|--------------|------|
| TYPE OF SOIL | <br>· · · · · · · · · · · · · · · · · · · |              |      |
| TESTED BY    | <br>1,                                    | ALSO PPESENT |      |

| FH - 24            |                             |                   | 1                    |
|--------------------|-----------------------------|-------------------|----------------------|
| HOWARD C           | OUNTY-HEA<br>au of Environi | mental Heal       | th 👆                 |
| Elli               | Phone: 99                   | 2-2330            | CERTIFIED            |
| To:                | File                        | 75                | EE MEMO              |
| 7                  | appro                       | o NoT             | HOUSE SITE           |
| THOLD              | -                           | 1 Certif          | enclosures hed ho's  |
| Send               | \ b                         | nem. Eran         | el of                |
| M. Phill           | (40)                        | infor             | matton ded for       |
| 5449 LUCKPE        | MD. C.                      | Cord              |                      |
| From:(             | 5 (2) Ha                    |                   | expelie              |
| Date: 4/2//015 / / | old for                     | (1) houses; (3) p | u plan iste la shown |

all three parcels as
one, Check
P. + Z. if plat
Comes in without \$2

surveyor signatured to
the stamp.
C. B. C.

Al 22/81

# APPLICATION

A 3/3/6

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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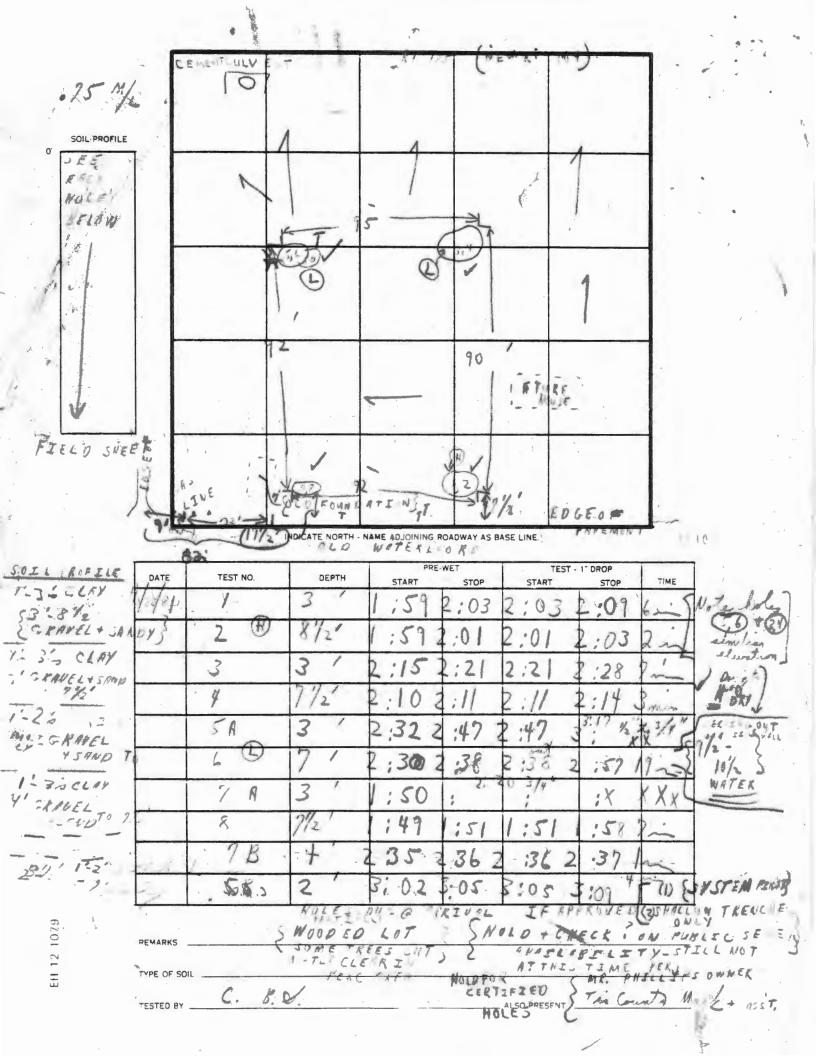
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DATE 4/13/8/

| D: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND |  |  |         |
|--|--|--|---------|
| I. HEREBY. APPLY FOR THE NECESSARY TEST IN O         | RDER TO CONSTRUCT (OR RECONSTRUCT) A SEWA        | GE DISPOSAL SYSTEM.  |         |
| ROPERTY OWNER DATE                                   | Magnusson  | 2 0  |         |
| ADDRESS 16307 DC                                     | aHL RaLaure                                      | MA 997-123   | 4       |
| ROPERTY LOCATION:                                    |  |  |         |
| UBDIVISION TO MES TOWN                               |  | LOT NO.  |         |
| D18 1100   | touring Bd II                                    | et fre-face  |         |
| DAD AND DESCRIPTION                                  | TEO 100 Met 40                                   | 3100   |         |
| 103/104 Junel  | 1011   |  |         |
| 75 m/1   | _  | 21 Bed Room  | 15      |
| ZE OF LOT  | T  | PE BLDG.   | -       |
| /  |  | (NUMBER OF BEDROOMS)   |         |
|  |  | (NUMBER OF BEDROOMS)   | ,       |
| HE SYSTEM INSTALLED UNDER THIS APPLICATIO            | N IS ACCEPTABLE ONLY UNTIL PUBLIC FACI           |  | AND THE |
| HE SYSTEM INSTALLED UNDER THIS APPLICATION           |  | LITIES BECOME AVAILABLE. I FULLY UNDERSTA                                      |         |
|  |  | LITIES BECOME AVAILABLE. I FULLY UNDERSTA                                      |         |
|  | TEST APPLICATION IS NON-REFUNDABLE U             | NOTER ANY CIRCUMSTANCES. I ALSO AGREE TO                                       |         |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U             | LITIES BECOME AVAILABLE. I FULLY UNDERSTA                                      |         |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U             | NOTER ANY CIRCUMSTANCES. I ALSO AGREE TO                                       |         |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U             | NOTION DE LITIES BECOME AVAILABLE. I FULLY UNDERSTA                            |         |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U             | NDER ANY CIRCUMSTANCES. I ALSO AGREE TO  A Philless S PA  NATURE OF APPLICANT) |         |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U             | NOTION DE LITIES BECOME AVAILABLE. I FULLY UNDERSTA                            |         |
| PPROVED BY  COLD PENDING FURTHER TESTS               | TEST APPLICATION IS NON-REFUNDABLE U  G THIS LOT | NOTE DATE  | 730-80  |
| PPROVED BY  COLD PENDING FURTHER TESTS               | TEST APPLICATION IS NON-REFUNDABLE U  G THIS LOT | NOTE DATE  | 730-80  |
| PPROVED BY  COLD PENDING FURTHER TESTS               | TEST APPLICATION IS NON-REFUNDABLE U  G THIS LOT | NOTE DATE  | 730-80  |
| EE CONNECTED WITH THE FILING OF THIS PERC            | TEST APPLICATION IS NON-REFUNDABLE U  G THIS LOT | NOTE DATE  | 730-80  |

I MELT. HOLMK. SKINNER; SCALENYHESS



Prist:

## APPLICATION

3/3/6

SEWAGE DISPOSAL TESTING

| CTATE OF MARY  | 4 3 1 0 | 0504074517 | OF LIEAL TIL | AND MENT  | I LIVETENE  |
|----------------|---------|------------|--------------|-----------|-------------|
| STATE OF MARYL | - UNA   | DEPARIMENT | OF HEALIH    | AND MENTA | AL HIGIEINE |

DISTRICT #

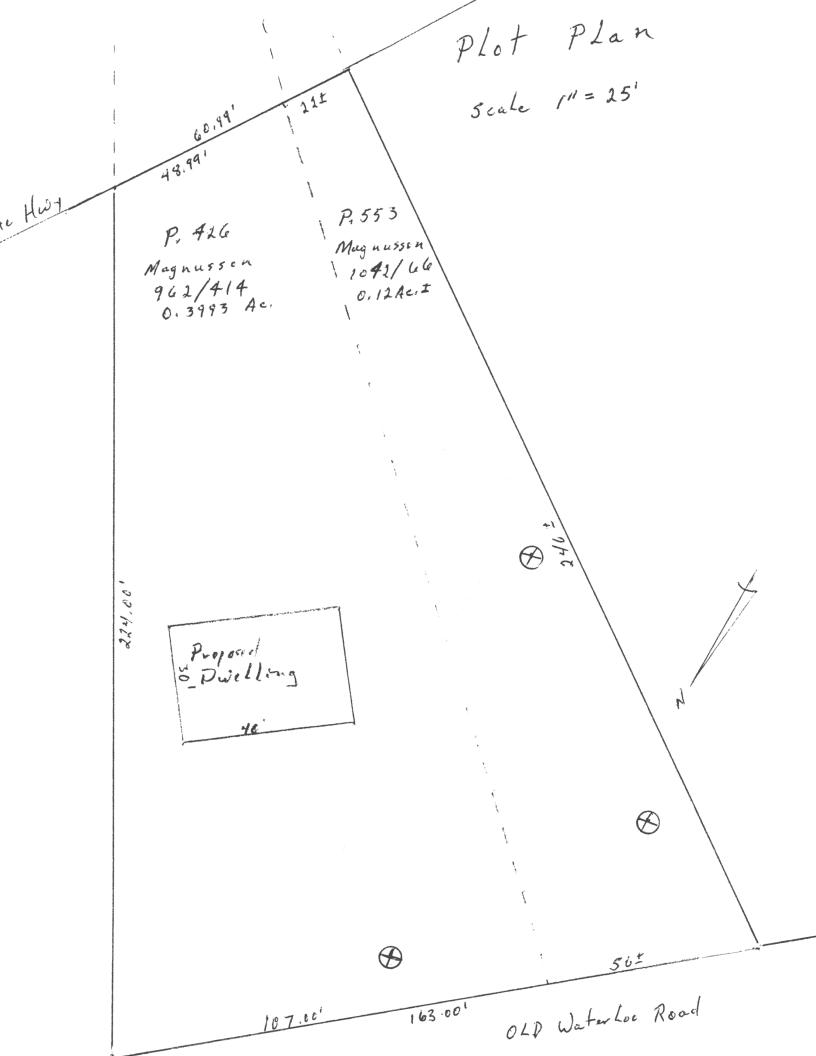
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

HOWARD COUNTY HEALTH DEPARTMENT

DATE 4//3/8/

| TO: THE COUNTY HEALTH OFFICER   |   |
|---|---|
| ELLICOTT CITY, MARYLAND   |   |
| I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPO | SAL SYSTEM.                             |
| PROPERTY OWNER Date: Magnusson  | -0                                      |
| ADDRESS 16307 DaHL Rd Laurel PHO  | 12 997-1234<br>NE 997-1234              |
| PROPERTY LOCATION:  | `.                                      |
| SUBDIVISION ICHES TOWN!   | ÷                                       |
| ROAD AND DESCRIPTION DIS Water 100 RS JUST  | t betive                                |
| 103/104 Junetion  | . 50                                    |
| SIZE OF LOT 75 W/I  | 4 Bed Rooms                             |
|   | (NUMBER OF BEDROOMS)                    |
| THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BI     | FCOME AVAILABLE LEULLY LINDERSTAND THE  |
|   |   |
| FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER AN        | Y CIRCUMSTANCES. I ALSO AGREE TO COMPLY |
| WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT CHARAM &                                      | Phillops                                |
|   | OF APPLICANT)                           |
| APPROVED BY FOR   | DATE                                    |
|   | 21045                                   |
| REJECTED BY FOR   | DATE                                    |
| HOLD PENDING FURTHER TESTS  | DATE                                    |
|   | · ·                                     |
| REASONS FOR REJECTION OR HOLDING 7/22/34 SEE AMENTOUS TEST                                    | COMMENT OF J. STRYE                     |
| + AF 7/15/20 FOR AFRICE BATCHES TON   | C.A. &                                  |

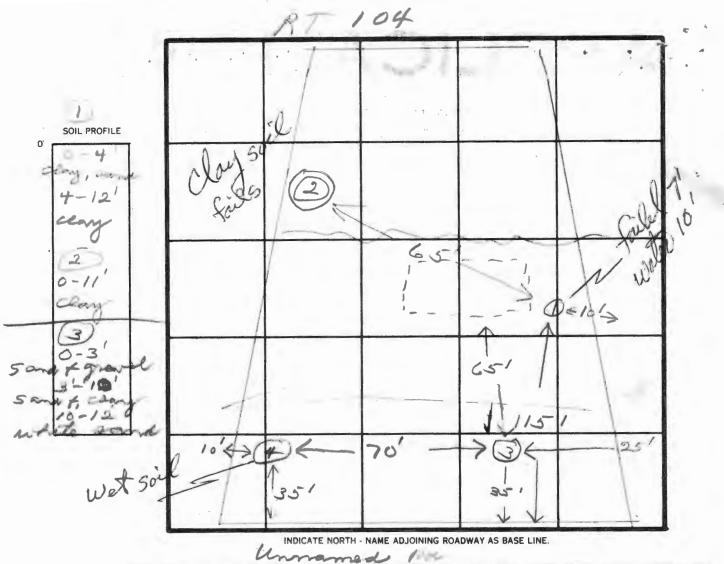
3.18,21,187 E.001 6.201 1181. 3'CE"COM z wi 28. € \$ 86. 407 :48 3.88 new on 18/-1/5 NON Red Shotel DE + 19



|                                  | lato                                  | r Parcel #. ad address   | EXAMPLE                     |
|----------------------------------|---------------------------------------|--------------------------|-----------------------------|
|                                  | · · · · · · · · · · · · · · · · · · · | ad address               | NOT GIVEN<br>MR. Paul       |
| - NO SCALE                       | •                                     | SAMPLE                   |                             |
| sawlige<br>clispoins<br>casement | IN Ele                                | 100. Elev. 433.75        | non test 436. Sould be same |
|                                  | ROAD                                  |                          | arrand                      |
| TIFY THE ABOVE M                 | EASUREMENTS AND ELE                   | CVATIONS ARE ACTUAL & CO | ORRECT FOR THIS             |

SIGNED:

|                               | DDI                                  | IC A   | TION                     |                             |
|-------------------------------|--------------------------------------|--|--------------------------|-----------------------------|
| Priel                         | ME                                   | LICA   |                          | 24 29/                      |
| 16/19                         |                                      | OF WAST DISPOSAL TESTING   |                          | A 30295                     |
| 101.36                        | CTATE OF MARVI AN                    | SEWAGE DISPOSAL TESTING<br>ND - DEPARTMENT OF HEALTH A   | ND MENTAL HYGIENE        | р                           |
| THE SOUNTY I                  |                                      | TO DELYMINE TO THE PARTY OF THE |                          |                             |
| ENVIRONMENTAL H               | HEALTH DEPARTMENT<br>IEALTH SERVICES |  |                          |                             |
| P.O. BOX 476 ELLICOTT,        |                                      |  | DISTRICT                 | V ED 1                      |
| y TEEL MONE. SOL LOSS         |                                      |  | DATE                     | 1 October 79                |
|                               |                                      |  | DATE                     |                             |
|                               |                                      |  |                          |                             |
|                               |                                      |  |                          |                             |
|                               |                                      |  |                          |                             |
| TO: THE COUNTY HEALTH OF      | FFICER                               |  |                          |                             |
| ELLICOTT CITY, MARYLAN        |                                      |  |                          |                             |
| I, HEREBY, APPLY FOR TH       | HE NECESSARY TEST IN ORDER           | TO CONSTRUCT (OR RECONSTRUCT) A SE   | EWAGE DISPOSAL SYSTEM.   |                             |
| PROPERTY OWNER \( \sqrt{1} \) | ale L. P                             | lagnusson  |                          |                             |
| ADDRESS 1630                  | 21 Bishops                           | Rd Laurel Md   | 20810 49                 | 1-7250 (Work)<br>9-5731 Hom |
| SUBDIVISION                   | MAP 31 Shee                          | + 33   | LOT NO. Parcel           | 426, Block 19               |
| director                      | WATERLOO                             | Rd No of INTE  | RSECTION 108/10          | f                           |
| NOAD AND DESCRIPTION          | (16,800 Sq. f.f.                     | (+)  |                          |                             |
| SIZE OF LOT . 0389            | A (STATE CAE                         | EATED HAROSHID)  | TYPE BLDG Pesi           | dence                       |
| THE SYSTEM INST               | TALLED UNDER THIS AP                 | PLICATION IS ACCEPTABLE ONL  | Y UNTIL PUBLIC FACILIT   | IES BECOME AVAILABLE.       |
| I FULLY UNDERST               | AND THE FEE CONNECT                  | ED WITH THE FILING OF THIS PE  | RC TEST APPLICATION IS I | NON-REFUNDABLE UNDER        |
| ANY CIRCUMSTANCES.            | 0                                    |  |                          |                             |
| SIGNATURE OF APPLICANT        | Dale 2                               | Maynusson  |                          |                             |
| APPROVED BY                   |                                      | FOR  | DATE                     |                             |
| REJECTED BY                   | rye)                                 | FOR  | DATE                     | 11/7/79                     |
| HOLD PENDING FURTHER TESTS    | ; <u> </u>                           |  | DATE                     |                             |
| REASONS FOR REJECTION OR H    | OLDING 7/15/8                        | O Rola for a   | vet season               | took pur FF                 |
| 4/22/81 DI.                   | SCUSSED BE                           | FORE GOING TO  | APPT GO                  | SINCE APPT.                 |
|                               |                                      |  |                          |                             |



| DATE    | TEST NO. | DEPTH | PRE<br>START | -WET<br>STOP | TEST<br>START | - 1" DROP<br>STOP | TIME  |      |
|---------|----------|-------|--------------|--------------|---------------|-------------------|-------|------|
| 11/2/2  | JAN)     | 37    | 9:49         | 9:46         | 7141<br>2 105 | 7:44              | 10)   |      |
|         | (2)      | 12    | -dem         | 40           | Cony -        | oud :             | rest. |      |
|         |          | Allen | pt to        | U En         |               |                   |       |      |
| 7/16/80 | 135 V    | 4     | 1:36         | 1:39         | 1:39          | 1:42              | 3     |      |
|         | 3 M      | 8     | 1:36         | 1:51         | 1:51          | 2:10              | 9     |      |
|         | 4        | 11    | did.         | not          | perc          | -ven              | wet   | (Ro  |
|         | 3-1      | 12    | 20           | wat          | ter           | , A               |       | Lynn |
|         |          |       |              |              |               |                   |       |      |
|         |          |       |              |              |               |                   |       |      |
|         |          |       |              |              |               |                   |       |      |

REMARKS Hole #1-water at 10ft -

TYPE OF SOIL

7/16/80 SK + 18 ALSO PRESENT H. SUR F. F-yock

## APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| A | CX |  |
|---|----|--|
|   |    |  |

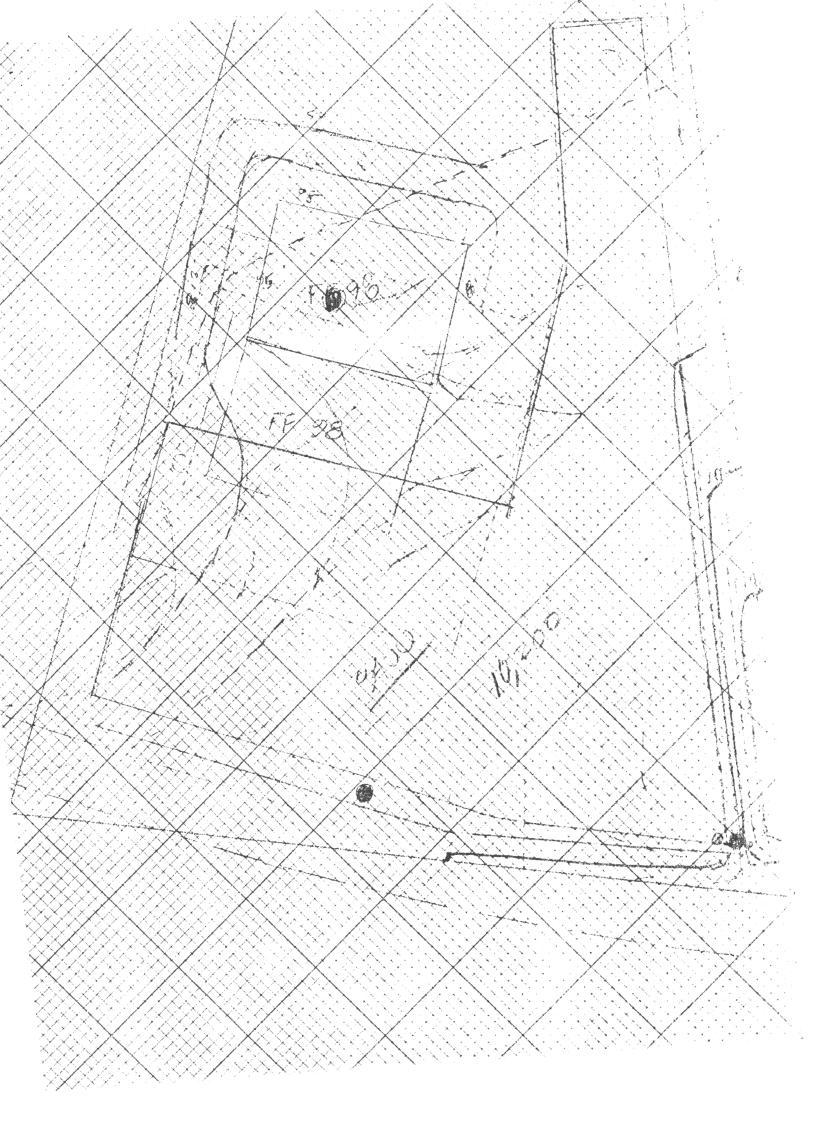
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

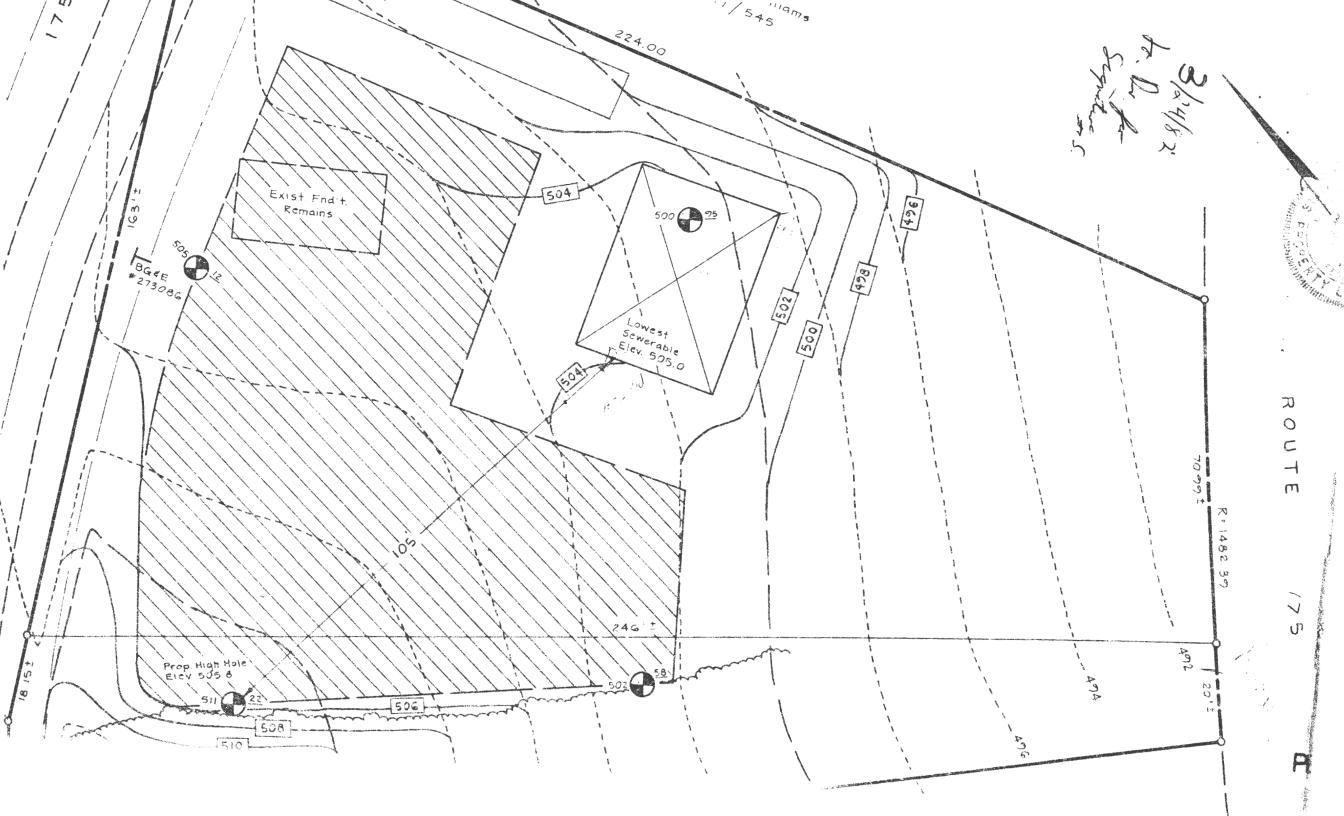
P.O. BOX 476 ELLICOTT, MARYLAND 21043

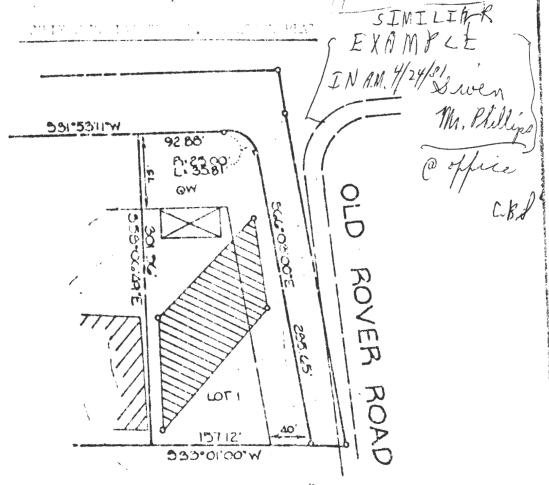
TELEPHONE: 992-2330

DISTRICT \_\_\_\_EO / DATE October 79

| TO: THE COUNTY HEALTH OFFICER                |  |                                  |                   |
|--|--|----------------------------------|-------------------|
| ELLICOTT CITY, MARYLAND                      |  |                                  |                   |
|  | EST IN ORDER TO CONSTRUCT (OR RECONSTRUC |                                  |                   |
| PROPERTY OWNER Dicke L. ADDRESS 5421 Bishops | Manusson "                               |                                  |                   |
| PROPERTY OWNER                               | 11 01 01 1                               | /                                |                   |
| ADDRESS 5421 Bishops                         | Hd, Ct. Cohombia                         | M/d PHONE 992-72.                | 54 (Work)         |
| ,  |  |                                  |                   |
| PROPERTY LOCATION                            |  |                                  |                   |
| CURRINGIAN MAY 31                            | Short 33                                 | INTINO PARICE 426                | 13/6 K 19         |
| SUBDIVISION                                  |  | LOT NO.                          |                   |
| ROAD AND DESCRIPTION WATER COS               | ROAD (NOATH OF                           | INTERSECTION of 108/             | 100               |
|  |  |                                  |                   |
|  |  |                                  |                   |
| SIZE OF LOT 384 A. (STI                      | STE CREATED HARDSHIP                     | TYPE BLOG RESIDENCE              | ,                 |
| 3.22 01 201                                  | ,  |                                  |                   |
| THE SYSTEM INSTALLED UNDE                    | R THIS APPLICATION IS ACCEPTABLE         | E ONLY UNTIL PUBLIC FACILITIES F | BECOME AVAILABLE. |
| LEULY UNDERSTAND THE FEE                     | CONNECTED WITH THE FILING OF THE         | IS PERCITEST APPLICATION IS NON- | REFUNDABLE UNDER  |
| 11022101021017110                            |  |                                  |                   |
| ANY CIRCUMSTANCES.                           | ,  |                                  |                   |
| SIGNATURE OF APPLICANT                       | 2 Blumer on                              |                                  |                   |
| SIGNATURE OF APPLICANT                       | - Lighter -                              |                                  |                   |
| APPROVED BY                                  | FOR                                      | DATE                             |                   |
|  |  |                                  |                   |
| REJECTED BY                                  | FOR                                      | DATE                             |                   |
|  |  |                                  |                   |
| HOLD PENDING FURTHER TESTS                   |  | DATE                             |                   |
| REASONS FOR REJECTION OR HOLDING             |  |                                  |                   |
|  |  |                                  |                   |
|  |  |                                  |                   |







WELDON L. BORING. 591/159

This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal systems. Improvements of any kind in this area are restricted until public sewage is available and serving any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as "o".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots will be shown where pertinent.

1001 (Etc. For <del>Estruce</del> Water and Private Dewage Systems. Eward County Bealth Department

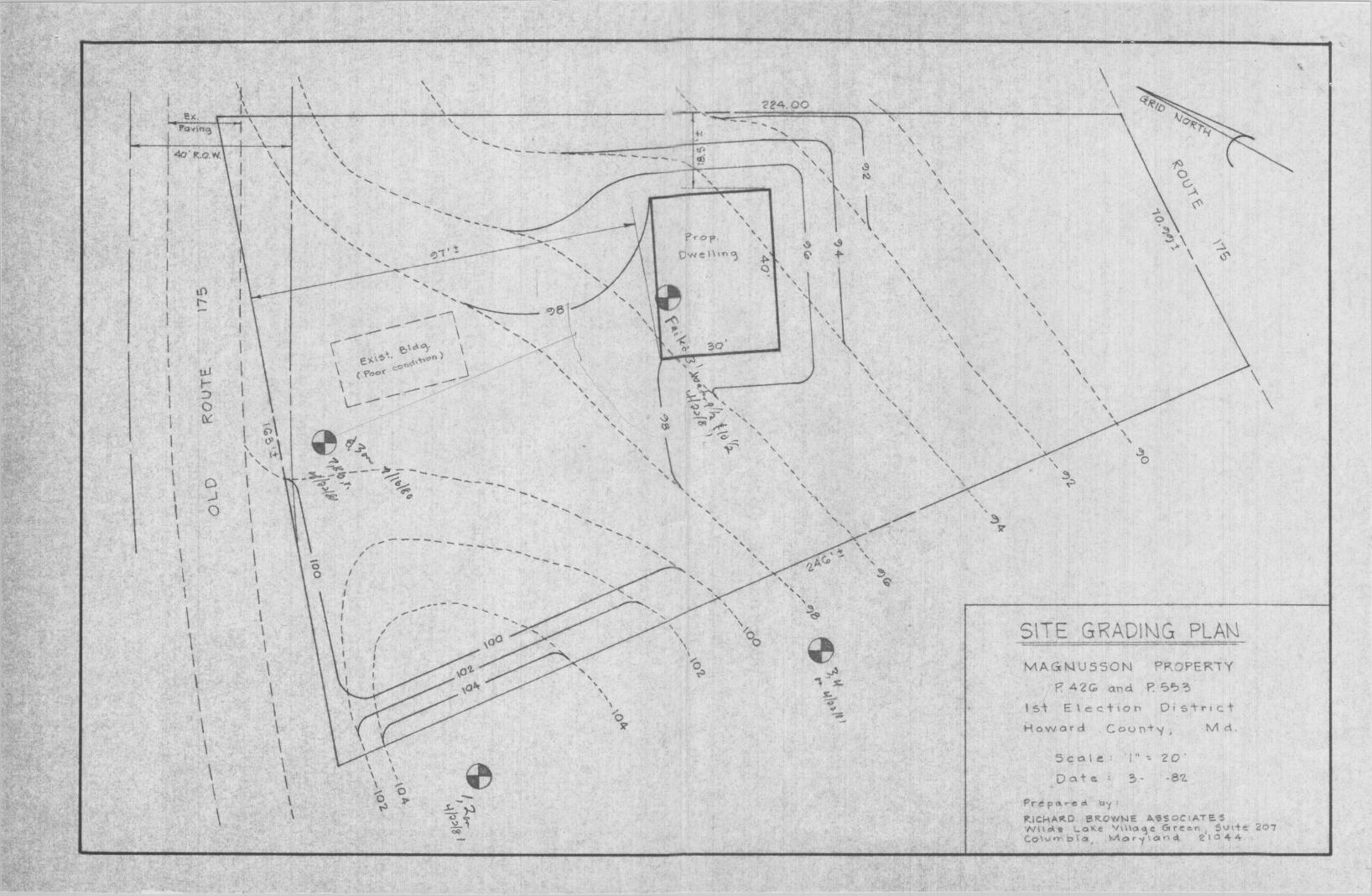
#### ALSO INCLUDE:

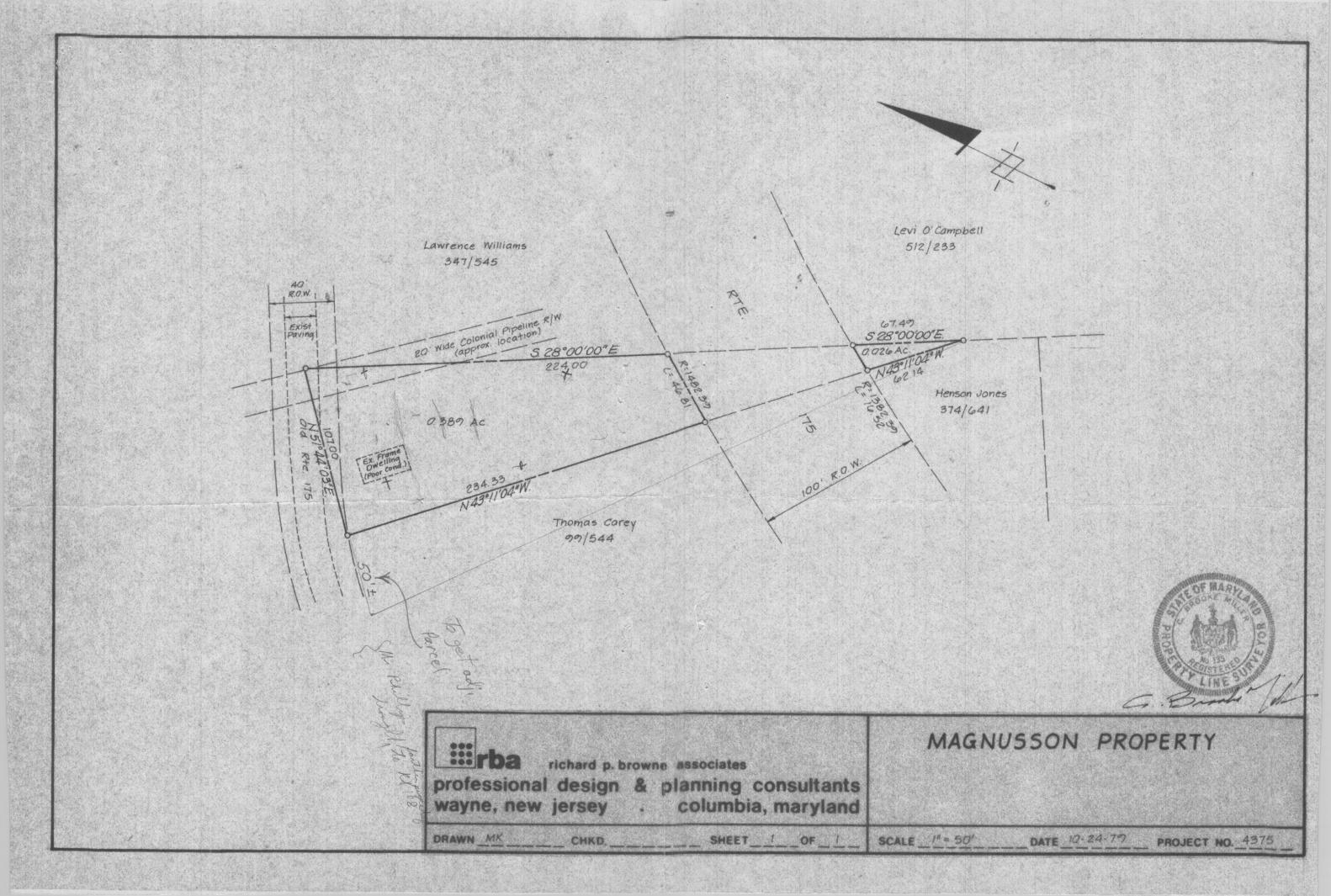
- 1. Scale.
- Engineer's certifying seal and signature.
- 3. Engineer's or engineering firms address.
- 4. Elevation of well site. // A
- 5. Elevation of highest percolation test hole.
- Elevation of proposed house site.
- \* The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement.

  Recordation of a modified sewage easement shall not be necessary.

ant, health Officer

1 ... 1





#### TITLE ABSTRACTS

RY

#### **DALE MAGNUSSON**

16307 Dahl Rd. Laurel, Md. 20707

Work: 490-9539

Home: 490-5731

Serving:

Howard County

Anne Arundel County
Prince Georges County