Search Result for HOWARD COUNTY

View Map			View GroundRent Redemption			View GroundRent Registration				
Tax Exe	empt:			Speci	ial Tax Recaptı	ıre:	***************************************			
Exempt	Class:			NONE						
Account I	dentifier	:	District -	03 Account Nur	nber - 282082					
				Ov	wner Information	า				
Owner Na	ıme:		CICHETTI DANIEL J & WF 2665 THOMPSON DR MARRIOTTSVILLE MD 21104-1602			Use: Princi	Use: Principal Residence:		RESIDE YES	NTIAL
Mailing A	ddress:					Deed Reference:		/00562/ 00071		
				Location	& Structure Info	rmation				
Premises	Address	:		MPSON DR TSVILLE 21104	-0000	Legal	Descrip	otion:	6.05 A 2665 Th	HOMPSON DR
Мар:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessme	nt Year:	Plat No:
0016	0014	0178		2002				2019		Plat Ref:
Special	Tax Area	as:			Town:				NONE	
					Ad Valorem	:			104	
					Tax Class:					
	/ Structui	re Built	Above Grade Liv	ing Area	Finished Bas	ement Area		Property Land	Area	County Use
1964			1,719 SF					6.0500 AC		
Stories	Bas	ement	Туре	Exterior		Full/Half Ba	ath	Garage	Last Majo	or Renovation
1	YES	3	STANDARD UNIT	1/2 STONE	FRAME	2 full				
				Va	alue Information	1				
			Base Val	ue	Value		Phase	-in Assessme	nts	
					As of		As of	2010	As 0	
Land:			221,300		01/01/2016 221,300		07/01/	2010	07/0	1/2019
Improve	mente		185,300		185,300					
Total:					406,600	406,600				
	ntial Land	d:	0		,					
				Tra	nsfer Informatio	n				
Seller:				Date:				Price:		
Type:				Deed1	:			Deed2:		
Seller:				Date:			***************************************	Price:		
Type:				Deed1	:			Deed2:		
Seller:		400004444444444444444444444444444444444		Date:				Price:		
Type:				Deed1				Deed2:		
D-41 1 =				Exer	mption Informat		2040		07/04/0	240
	empt As	sessments	: Class 000			07/01/ 0.00	2018		07/01/20	J19
County: State:			000			0.00				
Municipal	l:		000			0.00			0.00	
Tax Exe				Speci	ial Tax Recaptı		300.0000000000000000000000000000000000			
Exempt	1.5			NONE						
			8	Homestea	d Application In	formation				
Homestea	ad Applic	ation Statu	s: Approved 07/25/2							
				Homeowners' Tax	x Credit Applica	tion Informati	on		······································	
Homeowr	ners' Tax	Credit App	lication Status: No A	polication		Date:				

This screen allows you to search the Real Property database and display property records.
 Click here for a glossary of terms.
 Deleted accounts can only be selected by Property Account Identifier.
 The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

9/1/2/00

APPLICATION

PERCOLATION TESTING

A 515010 A

Subdivision HOWARD COUNTY HEALTH DEPARTMENT DISTRICT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE __ TELEPHONE: 313-2640 TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER David & Banhana Cichetti Thompson Dr. Marriottsville PHONE 410 442 1730 AGENT OR PROSPECTIVE BUYER Angela Cichetti Deppe ADDRESS 6922 Hollen Gerry Rd Sykesville 21784 PHONE 410 795 8547 PROPERTY LOCATION: SUBDIVISION Bramble Hollow LOT NO. Thompson Dr. TAX MAP 178 (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 FOR DISAPPROVED BY HOLD PENDING FURTHER TESTS_ REASONS FOR REJECTION OR HOLDING _

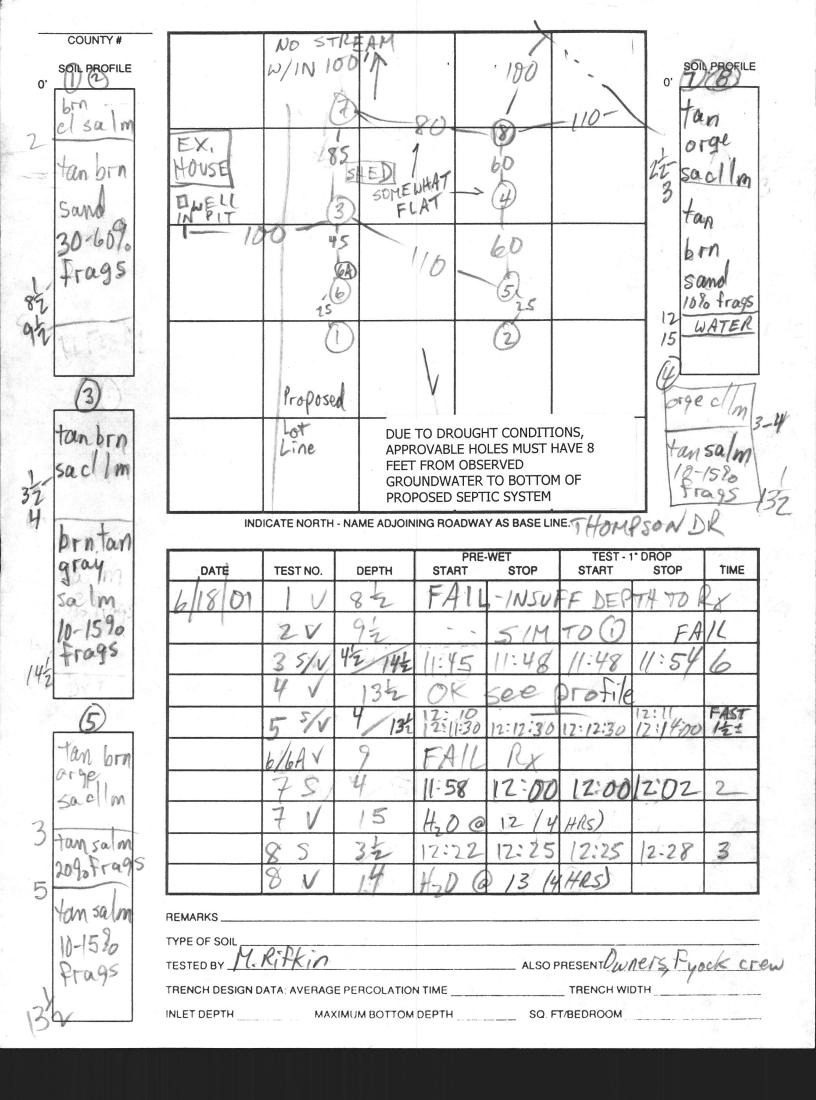
THIS IS NOT A PERMIT

DATE

HD-216 (3/92)

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # ____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #



APPLICATION

PERCOLATION TESTING

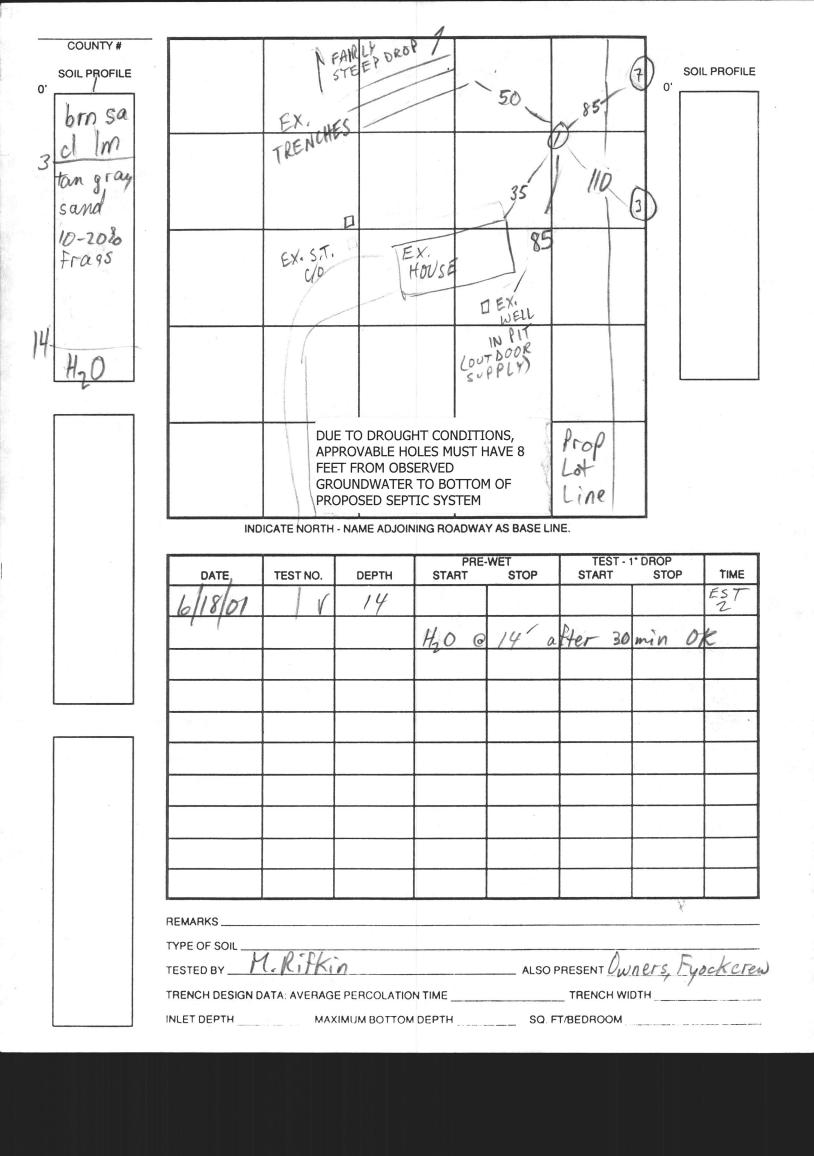
A515010B

HOWARD COUNTY HEALTH DEPARTMENT DISTRICT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE TELEPHONE: 313-2640 TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER Daniel - Barbara Cichetti Thompson Dr. Marriotts ville MD PHONE (410)442-1730 AGENT OR PROSPECTIVE BUYER ___ ADDRESS PHONE_ PROPERTY LOCATION: SUBDIVISION_Bramble Hollow LOTNO. Ex Thompson Drive (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 (SIGNATURE OF APPLICANT) COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. APPROVED BY ___ FOR DATE DISAPPROVED BY FOR HOLD PENDING FURTHER TESTS_ REASONS FOR REJECTION OR HOLDING _ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # ____ DATE

THIS IS NOT A PERMIT

HD-216 (3/92)

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR LD #



P 16927 A 06074 MARYLAND STATE DEPARTMENT OF HEALTH HOWARD COUNTY **ELLICOTT CITY** DISTRICT___3 INDEXED DATE 4/17/72 Jack Pyock ADDRESS Ton Oaks Road, Glenelg, Md. A SEWAGE DISPOSAL-SYSTEM LOCATED AT. SUBDIVISION Harvey Thompson ___ROAD __Thompson Drive Daniel J. Cichetti PROPERTY OWNER. 2665 Thompson Drive, Ellicott City, Md. SPECIFICATIONS - 3 bedrooms DRAIN FIELD_____ DEPTH_____FEET, BOTTOM AREA____ SEEPAGE PITS______ ABSORBENT SIDE-WALL AREA_____SQ. FT. SEPTIC TANK CAPACITY 1,000 GALLONS FOR GARBAGE G. ORB. INCREASE DISPOSAL AREA 223 & TANK CAPACITY SOT SET OF THE MICH. ST. ST. ST. S. Dedrooms installed no deeper then fit.

OTHER TILE field -1,200 FG. Ft., for 3 bedrooms installed no deeper then fit.

Flace the tile field 100 ft. to 150 ft. behind the house with the tile field 100 ft. or more from the well. The new septic tank in the back yard must be over 50 ft. from the well. All sewer lines within a 50 ft. radius of the well must be cast iron. The inlet to the septic tank must be no deeper than 1 ft. below ground. NOTE: ALL PIPE FROM SEPTIC TANK TO DRY WELL MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS. NOTE: :INSTALL STAND PIPE ON SEPTIC TANK. PLANS APPROVED BY ____ R. -Hodges & P. - Wine-FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION, COVER NO WORK UNTILINSPECTED AND APPROVED.

JETHER THE HOWARD COUNTY COMMISSIONERS NOW THE HEALT SUCCESSFUL OPERATION OF ANY SYSTEM. ANSPECTED AND APPROVED.

P.W. sand OK to Cart sig

601 Clear CLEANOUTS_ SEPTIC TANK, LEVEL DISTRIBUTION BOX, LEVEL OK FT. TRENCH WIDTH. TILE FIELD, DEPTH_ GRAVEL DEPTH 31/3 10 TOTAL LENGTH 180 NUMBER OF TRENCHES SEEPAGE PITS. INSIDE DIAMETER ABSORBENT AREA 3601 REMARKS Comer

APPLICATION A DEDTH

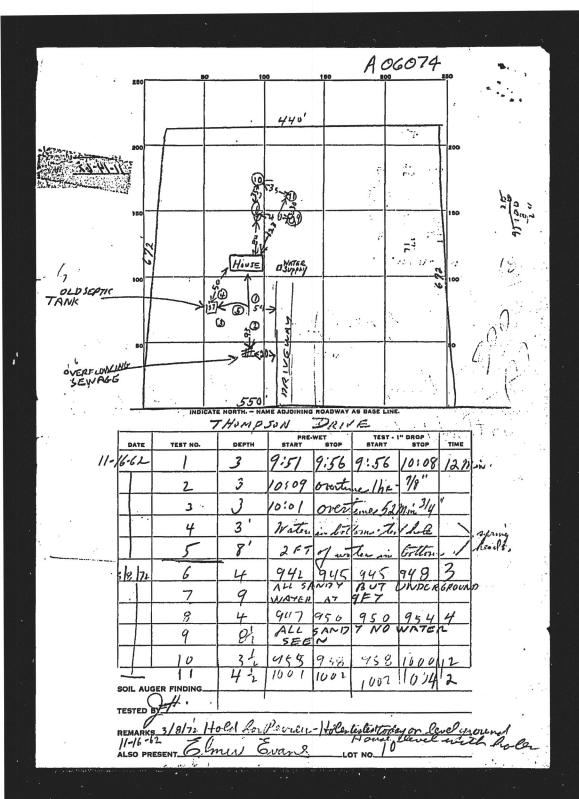
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

	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.
	ADDRESS Elmes Evans ADDRESS Flompson Drive Mariatterible AT6-88474
	SUBDIVISION Starrey Thompson New LOT NO. 10
	porth of Rt 40 on left.
	OCCUPANT PERSON TO CONSTRUCT SYSTEM
	ADDRESS PHONE 7
	IF NOT SINGLE RESIDENCE DESCRIBE TYPE BLDG. HYPHER OF BEDROOMS WELLE 3 BC New addition Co cristally.
	SIGNATURE OF APPLICANT Elmer E. Envans
	APPROVED BYDATE
	REJECTED BYFORDATE
	HOLD PENDING FURTHER TESTS/1-16-6.2 DATE
3	REASONS FOR REJECTION OR HOLDING HILL I levelle. To tet as a be of home for fine that in following
	with the system installed before any fells permit is approved

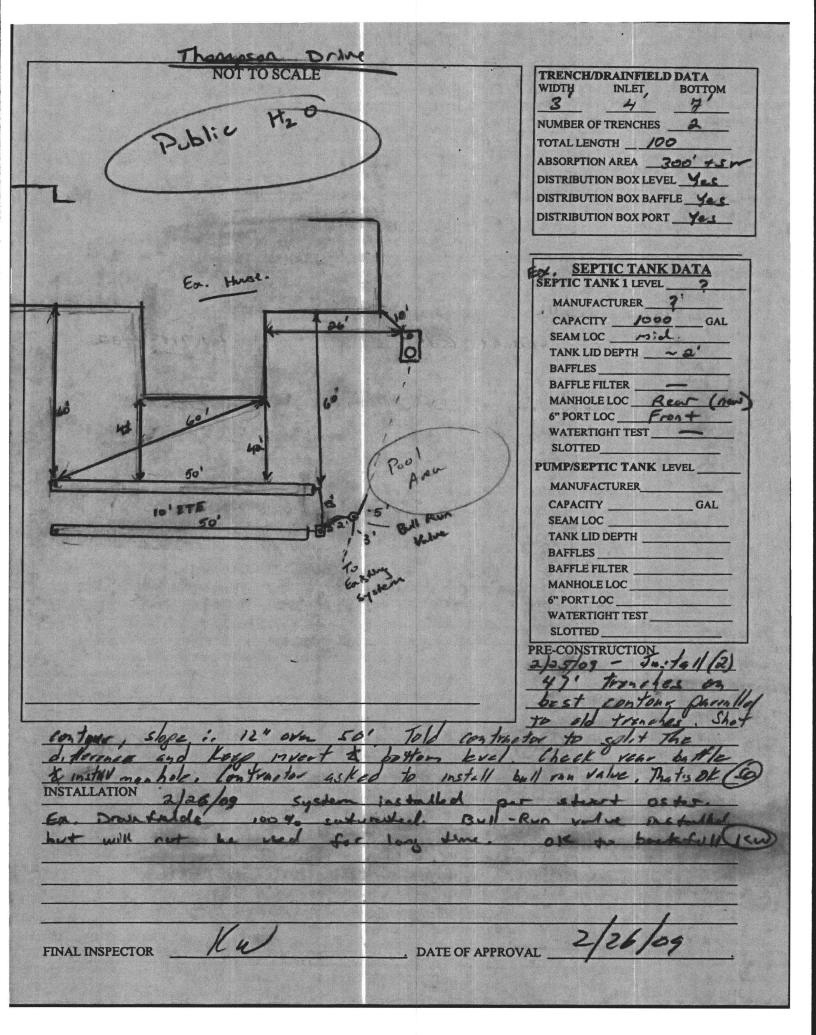
THIS IS NOT A PERMIT

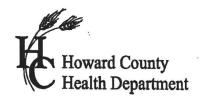


LAYOUT 2/23	INSP 4		
INSP 2 2/26/0	7 INSP 5		
INSP 3	INSP 6		
ISSUE DATE:	2/23/09 PI	ERMIT	P 530315
APPROVAL DATE:	2/26/09		A Repair
	ON-SITE SEWA	# 03-282082 GE DISPOSAL SYSTEM Y HEALTH DEPARTMEN VIRONMENTAL HEALTH	
Fogles S	eptre	IS PERMITTED TO IN	ISTALL ALTER
ADDRESS: . 53	80 Ubricht R	A PHONE NUMBE	R: 410-795-3432
SUBDIVISION:		LOT NUMBER:	
ADDRESS: 266	5 Shorpson I	PROPERTY OWNER:	Dan Cichett
SEPTIC TANK CAPA	CITY (GALLONS):	Ex low OUTLET BAFFL	E FILTER REQUIRED
PUMP CHAMBER CA	PACITY (GALLONS):	N/A COMPARTMENT	TED TANK REQUIRED
NUMBER OF BEDRO	OMS:	3	
SQUARE FEET PER E	BEDROOM:	0.8	
LINEAR FEET OF TR	ENCH REQUIRED:	94	
TRENCHES:		Inlet /feet below original grade. Effective area begins at /feet be sipe.	
LOCATION:			
NOTES:			
PLANS APPROVED:	(50)		DATE: 2-24-09
NOTE: WATERTIGHT SEPTIC	ONSIBLE FOR SCHEDULING A PR	E-CONSTRUCTION INSPECTION FOR AL	L INSTALLATIONS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED





APPLICATION

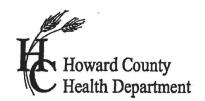
FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TEST TIME
AGENCY REVIEW:	DATE 2/23/09
DO NOT WRITE A	BOVE THIS LINE
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	O ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO: CHECK AS NEEDED: NEW STRUCTURE(S) ADDITION TO AN EXISTING STRUCTURE REPLACE AN EXISTING STRUCTURE
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR? P NO
COMMERCIAL (PROVIDE DETAIL OF NUMBERS A INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS A INSTITUTIONAL/GOVERNMENT)	THE COMPLETED STRUCTURE (NOTE <i>UNKNOWN</i> IF APPROPRIATE) ND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN) BERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)
PROPERTY OWNER(S) Dan Cichetti	·
DAYTIME PHONE 443 386-2026 CELL	FAX
MAILING ADDRESS 2665 Thompson D	CITY/TOWN STATE ZIP
APPLICANT Foole's Septic Clean.	Inc / Kurt Cassell
DAYTIME PHONE 410 795-5670 CELL 410	984-5211 FAX 410 795-3432
MAILING ADDRESS 580 Object Rd	Sykesville, mo 21784 CITYTOWN STATE ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYE	R RELATIVE/FRIEND REALTOR CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	LOT NO
PROPERTY ADDRESS Same as abov	TOWN/POST OFFICE
TAX MAP PAGE(S) GRID PARCEL(S)	PROPOSED LOT SIZE
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM	INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APP	PLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RE	ESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON S TEST RESULTS WILL BE MAILED TO APPLICANT.	ATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. J. COSSELL SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-177 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)



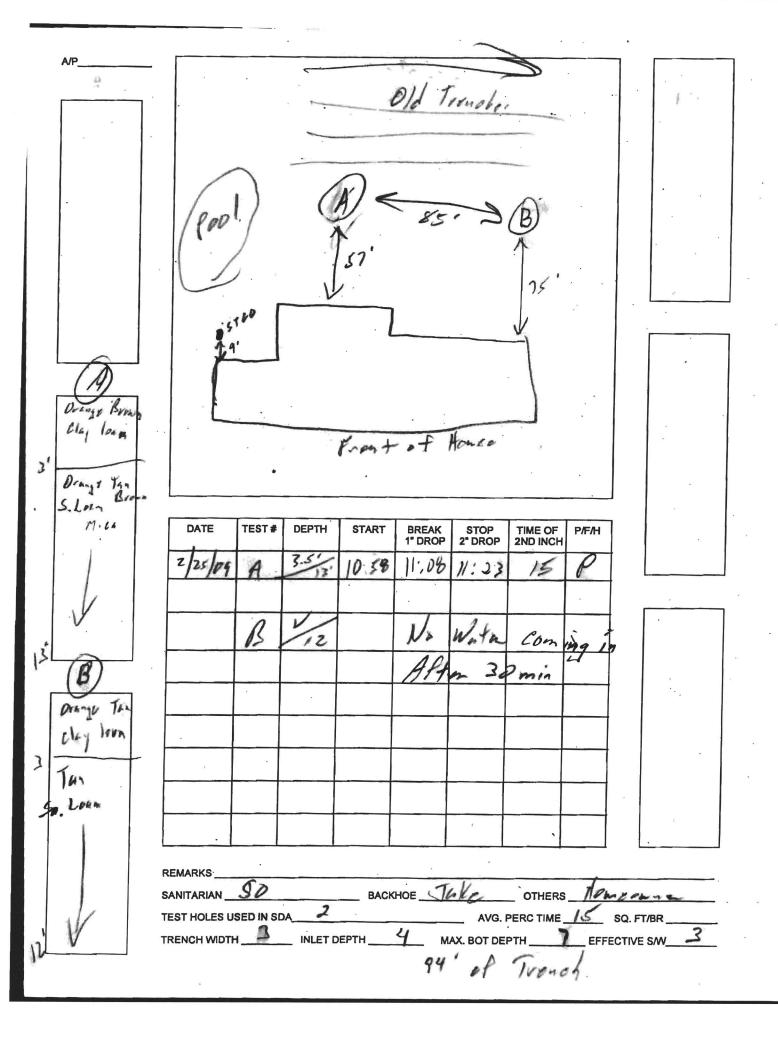
ID-216 (2/03)

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) TES	ST TIME	A/P	
AGENCY REVIEW:		DATE	
DO NOT WEIT ABOV			
DO NOT WRITE ABOV	E THIS LINE		
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSU CHECK AS NEEDED: CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM	JANCE OF SEWAGE DISPO CHECK AS NEEDED: INEW STRUCTURE(ADDITION TO AN E REPLACE AN EXIS	S) XISTING STRUCTURE	
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD	IS THE PROPERTY WITH YES NO	IN 2500' OF ANY RES	ERVOIR?
THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH PROPOSED BEDROOMS IN THE COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TY INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TY PROPERTY OWNER(S)	COMPLETED STRUCTURE PES OF EMPLOYEES/ CUS ND TYPES OF EMPLOYEE	S/USERS ON ACCOM	PANYING PLAN)
		FAX	
MAILING ADDRESS 3665 Thompson DV	8.		
APPLICANT			
DAYTIME PHONE CELL		FAX	
MAILING ADDRESSSTREET	CITY/TOWN	STATE	ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER BUYER	RELATIVE/FRIEND	REALTOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME	·	LOT NO	
PROPERTY ADDRESSSTREET	TOWN/POS	TOFFICE	
TAX MAP PAGE(S) GRID PARCEL(S)		POSED LOT SIZE _	
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTA			
100 March 2 Condition 2003			
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION			
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONS			
MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFA	CTORY REVIEW OF A P	ERC CERTIFICATION	ON PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	SIGNATURE OF APPLI	CANT	
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRO 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLA TDD (410) 313-2323 TOLL FREE	ND 21046 (410) 313-17	VELL AND SEPTIC 7 FAX (410) 313	PROGRAM -2648

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)



HOWARD COUNTY STATE DEPARTMENT OF HEALTH

PERMI

SEWAGE DISPOSAL SYSTEM

A 06074 P_16927

03-282 082 INDEXED

DATE 4/17/12 ELLICOTT CITY DISTRICT

OCK INSTALL X ALTER	DDRESS Ton Oaks Boad, Glenelg, 11d. PHONE 286-2919	SEWAGE DISPOSAL-SYSTEM LOCATED AT	N. Harvey Thompson Road Thompson Drive Lot 10	owner Daniel J. Cichetti	2665 Thompson Drive, Bilicott City, Md.	SPECIFICATIONS - 3 bedrooms
Jack Pyock	JORESS TON O	SEWAGE DISPOSAL	Noisiviago	ROPERTY OWNER.	DDRESS	ECIFICATIONS -

DRAIN FIELD DEPTH

AND STATE DEPARTMENT OF HEALTH HOWARD COUNTY ELLICOTT CITY INDEXED DATE 4/17/72 Jack Fyock IS PERMITTED TO INSTALL X ALTER ADDRESS Ten Oaks Road, Glamely, Md. A SEWAGE DISPOSAL-SYSTEM LOCATED AT. SUBDIVISION BARYET Thempson ROAD TO Danimi J. Cichetti 2665 Thompson Drive, Ellicott City, ME. SPECIFICATIONS - 3 hedrooms DRAIN FIELD DEPTH FEET, BOTTOM AREA SEEPAGE PITS____ ABSORBENT SIDE-WALL AREA____ SEPTIC TANK CAPACITY 1,000 GALLONS HICHEASE DISPOSAL AREA 224 & TANK CAPACIT Region 3 bedrooms install 100 ft. or more from the well. The new septic tank in the hard over 50 ft. from the well. All seven lines within a 50 ft. reet be cast iron. The inlet to the septic tank me at he no desper the MOTE: ALL PIPE PROM SEPTIC TANK TO BET WELL HUST HE CAST INCH. PRIMIT TOTO AFTER THESE VELES. MOTE: : INSTALL STAND PIPE ON SEPTIC TANK. PLANS APPROVED BY ... B. BOCOGO & P. WING DATE FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN

P.W say OK OR Call sig

60 TRENCH WIOTH___ GRAVEL DEPTH 21/0 # TOTAL LENGTH 180 SEEPAGE PITS, INSIDE DIAMETER tund, infind ok to come parts of and trend let



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

July 17, 2001

Daniel and Barbara Cichetti 2665 Thompson Drive Marriottsville, MD 21104

RE:

PERCOLATION TEST RESULTS

Bramble Hollow, 2-Lot Subdivision

A 515010-A Thompson Drive

Dear Mr. & Mrs. Cichetti

Percolation testing conducted June 18, 2001 on the referenced property indicated limited satisfactory soil conditions. The primary limiting factors were shallow depths to bedrock and shallow depths to water table. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) actual locations and elevations of all excavated test holes
- 2) a suitable house site
- 3) notation of the intended use of public water
- 4) all existing wells and septic systems on the property
- 5) locations of any other relevant features such as streams, swales, or existing structures
- 6) a note must be included certifying that all existing wells and septics within 100 feet of property boundaries have been shown
- 7) a note indicating that depicted topography reflects field-matched information

Proper abandonment (filling and sealing) of the existing well will likely be necessary to provide adequate sewage reserve capacity. Such abandonment should be scheduled to occur prior to submittal of the record plat, and such schedule should be noted on the plan.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

Enclosures

cc:

Angela Cichetti Deppe

File



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

April 11, 2001

Mr. and Mrs. Daniel Cichetti 2665 Thompson Drive Marriottsville, Maryland 21104

RE:

Percolation Test Date

Application:

A515010

Proposal:

Subdivision

Property ID:

Bramble Hollow, Lots 1 and 2

Thompson Drive

Tax Map: 16 Parcel #178

Dear Mr. and Mrs. Cichetti:

"Wet season" percolation testing has been tentatively scheduled for the above referenced property for Friday, May 11, 2001 at 10:00 a.m.

Please be advised that while percolation test dates have been assigned for spring wet season, 2001, due to severely depressed groundwater levels, you may wish to postpone percolation testing until a bonafide spring wet season – see attached for further explanation. Upon receipt of this letter, please contact this office at (410) 313-2640 to accept or decline the assigned percolation test date(s).

You shall be responsible for having a contractor on site to excavate the percolation test holes (**to a minimum depth of 14 feet**) as proposed and as required by the Health Department representative at the time of testing.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office prior to 9:00 a.m. on the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned.

Percolation test results may be expected by mail two to three weeks after the completion of the percolation testing. Thank you in advance for your cooperation in this matter.

Sincerely.

Dónna K. Clark, R.S.

Water and Sewerage Program

DKC

CC:

file

APPLICATIO

ELLICOTT CIT

HOWARD COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT

DATE

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I. HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT DISPOSAL SYSTEM.	The second secon	10 Land a resident with the property of the property of
PROPERTY OWNER EVENT EVENT		
ADDRESS FRANCE ENGLE MAINE MAINE	UL ATZ	18474
PROPERTY LOCATIONS		
DAD AND DESCRIPTION HONDER DEC		
HOAD AND DESCRIPTION		
south of kt 40 on left.		all court
SCUPANT		
Annual Control of Control of the Con	ONE	
ERSON TO CONSTRUCT SYSTEM		SEE STORY
	ONE	
IZE OF LOT 6 acres pleas The a	pg. Ø	annous .
NOT SINGLE RESIDENCE DESCRIBE	well be	
50 50		
HIGHATURE OF APPLICANT Elmu & Ewans		
PPROVED BYPOR		
EJECTED BY		
OLD PENDING FURTHER TESTS/1-/6-62	DATE	
	The Control of the Co	
8-72 Holfermin 3-9-72 RHORD Silvan to to the	1 7/3	10 1/2
with the sight intelled kburg fill persit basered	SEPPER SE	

THIS IS NOT A PE

