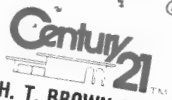


G-6. 7?

lots marked now suitable due to water
must be held till next season
otherwise they can be tested now

DWM



H. T. BROWN REAL ESTATE

"Every office is independently owned"



H. T. BROWN
PRESIDENT

229 washington blvd.
laurel, maryland 20810

bus. (301) 725-8888
res. 725-0055

monday - at time
Meet this gentleman there today,
is there a temporary method
to correct the problem
short of a complete repair.

guess when bathroom
added to garage

5/24/76 - Mr. Brown F.S./J.B.L.
did not know. Total has no idea what it is
only person who to repair. My Brown &
contacted him 5/25/76 per his ref.

to DM

Ref Retest & Schell Development

Lot #

1

OK - Calling & filling down not offered per Area

2

OK " "

3

Hold per for Review Tesla 3/17/77 again
& Underground water seen

4

Non buildable

5

Non buildable

3/14/77-1

3/17/77 R Hoedga

APPLICATION

PAGE 1

A 23273

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 2ND

DATE MARCH 24, 1976

2/20/80
2/21/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MR. GARY SCHLEE

ADDRESS 3994 VIEW TOP RD. PHONE 461-9088

SURVEYOR 465 0660 TARASCA 461 9326
PROPERTY LOCATION: TYDINGS

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION VIEW TOP RD.

SIZE OF LOT _____ TYPE BLDG. # 3
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 Gary A. Schlee

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

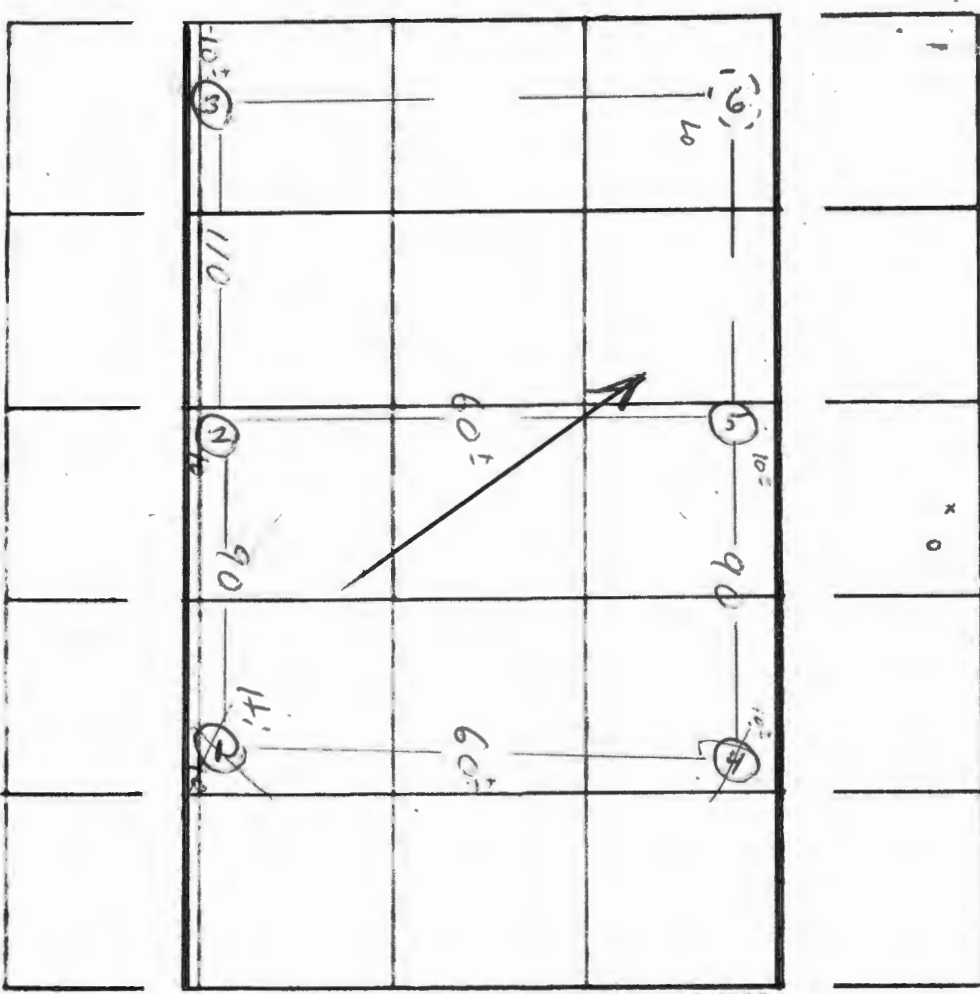
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/21/77 - HELD FOR REVIEW WITH DM
NOT REJECTED 2/20/80 HOLD FOR REVIEW SEE PAGE 3 RH

THIS IS NOT A PERMIT

- ①
0 clay
4 clay
4-8 sandy clay
13 sandy
- ②
0 clay
2 clay
12 sandy
- ③
0 clay
3 clay
12 sandy
- ④
0 clay
4 clay
13 sandy
- ⑤
0 clay
3 clay
12 sandy (clay)



60X100

Lot 3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19	1	4	2:10	2:15	2:15	2:25	10
	1A	13	2:10	2:12	2:12	2:32	15
	2	3	2:40	2:43	2:43	2:50	7
	2A	12	2:40	2:42	2:42	2:47	5
	3	3	2:55	3:02	3:02	3:02	9
	3A	12	2:55	3:02	3:02	3:20	13
	4	4	4:02	4:07	4:02	4:15	8
	4A	13	4:05	4:09	4:09	4:12	8
✓	5	3	3:37	3:42	3:42	4:00	18
	5A	12	3:35	3:42	3:42	4:00	18
5/24/76	6						
unz	6A						
	7	3 1/2	3:04	3:11	3:11	3:22	11
	7-A	10 1/2	3:04	3:16	3:16	3:40	24

170
60)10000
66
-66
340
6

some clay mixed - sandy
Admin Dr.
3' max dept

REMARKS hole 7 is 125' fr front, right on right prop line, and is 25' in front of red building lot 4.

TYPE OF SOIL RM/RB

TESTED BY RM/RB ALSO PRESENT: _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 2ND

DATE MARCH 24, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MR. GARY SCHLEE

ADDRESS 3994 VIEW TOP RD. PHONE 461-9088
461 9326

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION VIEW TOP RD.

SIZE OF LOT _____ TYPE BLDG. #3
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 Gary A. Schlee

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

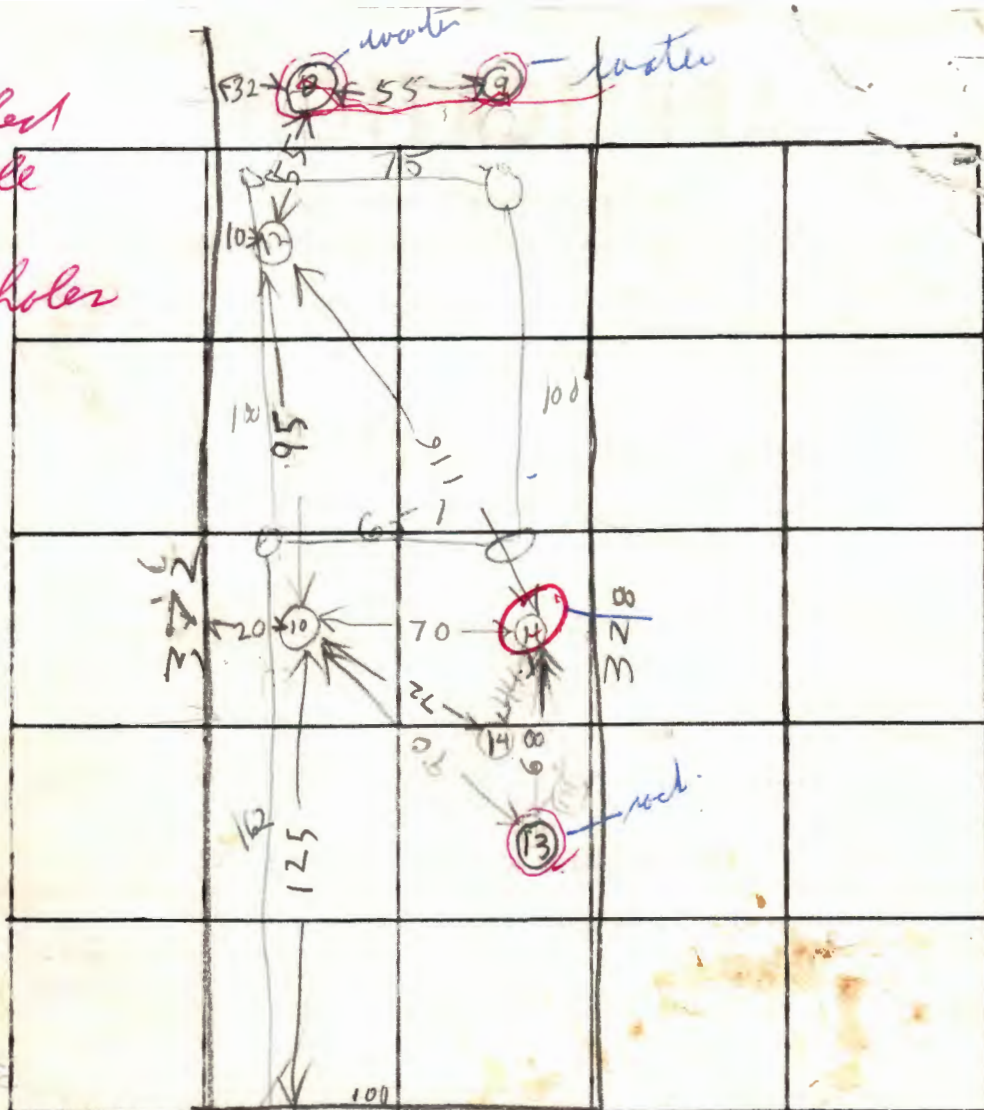
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/17/77 - Hold Retest for Review with DM. RH
3/21/77 - HELD FOR REVIEW

THIS IS NOT A PERMIT

See Attached
 Plat for Scale
 drawings
 Showing holes



VIEW TOP RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/77	8S	5	135	220	little per Failed		LOW
	8D	13	UNDER GROUND WATER		12F7		370
	9V	11	UNDER GROUND WATER 8 FT				LOW 363
	10D	13	253	257	257	304	7
	10S	5	256	300	300	304	4
	11D	13	325	340	340	402	22
	11S	5	333	357	357	444	47
	12D	11	335	345	345	357	12
	12S	3	338	343	343	345	2
	13V	10	TOP 4 FT FILL MID 3 FT CLAY BOT SANDY ROCKY ROCK BOTTOM				LOW
3/17/77	14S	6	421	436	430	440	10
REMARKS	14D	13	BOT SANDY LOOKS POROUS				LOW

O = UNSATISFACTORY HOLE

TYPE OF SOIL (14) DUG NEAR OLD PERCHURE BOT NOT TESTED Thomas Topper S-gor

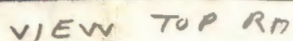
TESTED BY RHODGES ALSO PRESENT: LUIS TARASCIA BRITTINGHAM

A 232733

62

一

VIEWTOP RD



1

ALSO PRESENT LOUIS
THOMPSON PLUMBING CO

*Preliminary
4-13' Lateral
on 10,000 ft.*

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

A 23274

P _____

DISTRICT 2ND

DATE MARCH 24, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MR. GARY SCHLEE

ADDRESS 3994 VIEW TOP RD. PHONE 461-9088
461 9326

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4

ROAD AND DESCRIPTION VIEW TOP RD.

SIZE OF LOT _____ TYPE BLDG. #3
NUMBER OF BEDROOMS

☐ NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Gary A. Schlee

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

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

HOLD PENDING FURTHER TESTS R Monfils DATE 5/20/76

REASONS FOR REJECTION OR HOLDING water

THIS IS NOT A PERMIT

APPLICATION

A 23274

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 2ND
DATE MARCH 24, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER MR. GARY SCHLEE

ADDRESS 3994 VIEW TOP RD. PHONE 461-9088
461 9326

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4

ROAD AND DESCRIPTION VIEW TOP RD.

SIZE OF LOT _____ TYPE BLDG. #3
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 Gary A. Schlee

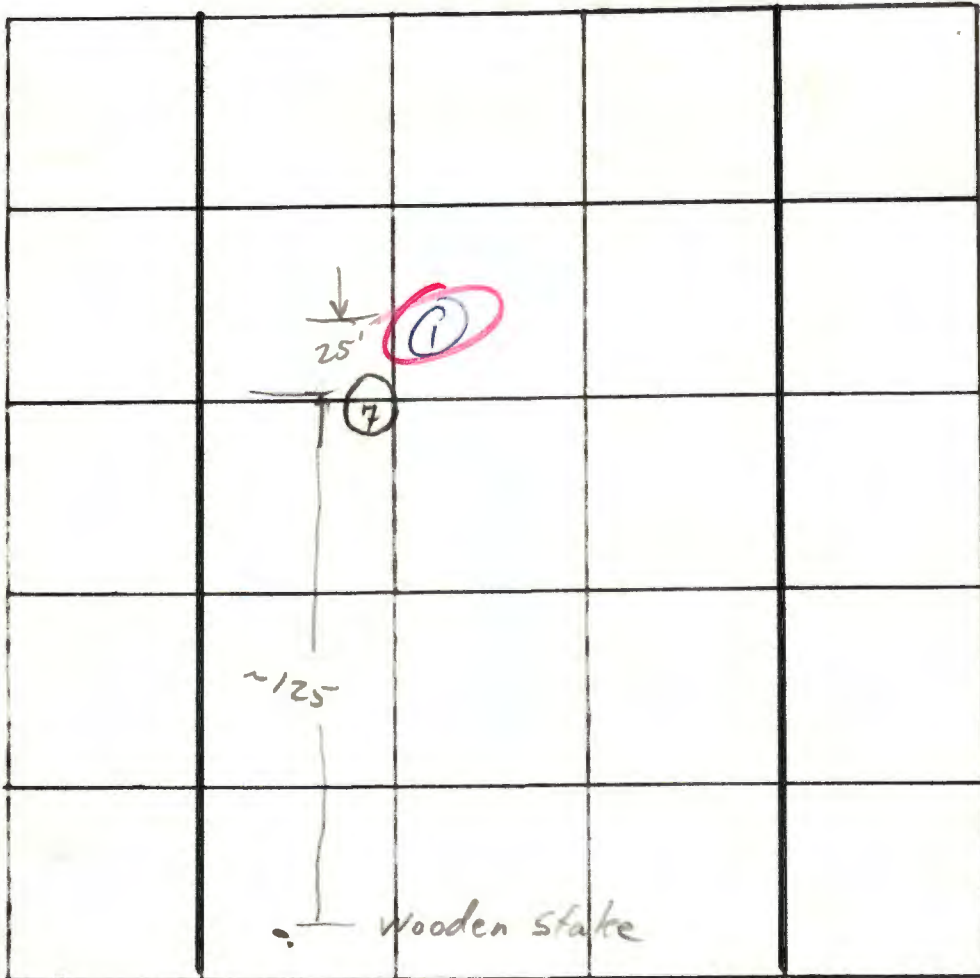
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← View Top Rd →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/19	1	12	water		@ 11'	±		
24/76	7	see perc for lot 3 for time						

REMARKS

hold until wet season

TYPE OF SOIL

TESTED BY

RW/RB

ALSO PRESENT:

HOWARD COUNTY HEALTH DEPARTMENT
Division of Environmental Health
3450 Court House Drive
Ellicott City, Maryland
Tel: 465-5000, Ext. 356

DATE: 9.23-76

TO: ☐ MD. STATE DEPT. OF HEALTH ☐ BOARD OF EDUCATION
☐ COUNTY EXECUTIVE ☒ OFFICE OF PLANNING & ZONING
☐ DEPT. OF PUBLIC WORKS ☒ DIVISION OF LAND DEVELOPMENT
☐ BUREAU OF WATER & SEWERS ☐ BUILDING ENGINEER
☐ OTHERS: ☐ BUREAU OF LICENSES, INSPECTIONS & PERMITS

RE:

P 77-11 Tammes + Schee Est

The above referenced: ☐ Final Plat ☐ Building Plans
☒ Preliminary Plat ☐ Other:
☐ Site Development Plan

IS: ☐ Approved ☐ Approved, if public water and sewerage are provided.
☒ Disapproved ☐ Approved, provided State Health Department notifies the Health Officer that he can sign the plat or bldg. permit.
☐ May the Health Officer sign the above referenced plat?
☐ Others:

COMMENTS:

☐ Preliminary plat needs revising. ☐ Percolation tests not performed.
☐ Final plat needs revising. ☐ State Subdivision Regulations not complied with.
☐ Request that Engineer come to this office for conference. ☐ Submit complete plans and specifications.
☐ Submit completed Food Establishment check list. ☐ See attached Regulations or literature.

OTHER COMMENTS: 9.23.76 - lots have been graded off 3 to 5'

in area tested - no field location of test holes - hole 6 lot 3 not dug

Signed: Shu Monag

HOWARD COUNTY OFFICE OF PLANNING AND ZONING
DIVISION OF LAND DEVELOPMENT
COUNTY OFFICE BUILDING
3450 COURT HOUSE DRIVE
ELLICOTT CITY, MARYLAND 21043

DATE: _____

P & Z File No. _____

Agencies

Office of Planning and Zoning

____ Director, Department of Public Works
____ Bureau of Engineering
____ Bureau of Inspections and Permits
____ Fire Administrator
____ Police Department
____ State Highway Administration
 Division of Environmental Health
____ Howard County Public School System
____ Recreation and Parks
____ Soil Conservation Service
____ County Assessment

____ Director
____ Chief, Division of Land Development
____ Transportation Planning
____ File
____ Division of Comprehensive Planning
____ Division of Zoning
____ Planning Board Members

RE: _____

FOR PLAN REVIEW MEETING OF _____
(Date) (Time) (Place)

ENCLOSED FOR YOUR: ____ Signature Approval ____ Review & Comments ____ Files

THE ENCLOSED: ____ Original ____ Copy

No. of Sheets

No. of Sheets

____ Preliminary Plan	____	____ Final Road and/or Storm Drainage Plan	____
____ Preliminary Road Profile	____	____ Final Storm Drainage Computations	____
____ Preliminary Drainage Study and/or Computations	____	____ Site Development Plan	____
____ Final Development Criteria	____	____ Sketch Plan	____
____ Final Development Plan	____	____	____
____ Final Plat	____	____	____

WAS: ____ Received ____ Tentatively Approved ____ Recorded
____ Received & Revised ____ Approved On _____

COMMENTS: _____

☐ Check box and return to Office of Planning and Zoning if plan is approved with no comments.

HOWARD COUNTY OFFICE OF PLANNING AND ZONING
 DIVISION OF LAND DEVELOPMENT
 COUNTY OFFICE BUILDING
 3450 COURT HOUSE DRIVE
 ELLICOTT CITY, MARYLAND 21043

DATE: September 16, 1974P.&Z. File No. P-77-11AgenciesOffice of Planning and Zoning

☐ Director, Department of Public Works
☐ Bureau of Engineering
☐ Bureau of Inspections and Permits
☐ Fire Administrator
☐ Police Department
☐ State Highway Administration
☒ Division of Environmental Health
☐ Howard County Public School System
☐ Recreation and Parks
☐ Soil Conservation Service
☐ County Assessment

☐ Director
☐ Chief, Division of Transportation Planning
☐ Transportation Planning
☐ File
☐ Division of Comprehensive Planning
☐ Division of Zoning
☐ Planning Board Members

RE: Torres & Blue Estate

FOR PLAN REVIEW MEETING OF

(Date)

(Time)

(Place)

ENCLOSED FOR YOUR: ☐ Signature Approval ☒ Review & Comments ☐ FilesTHE ENCLOSED: ☐ Original ☒ CopyNo. of SheetsNo. of Sheets

<input checked="" type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> Final Road and/or Storm Drainage Plan	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Road Profile	<input type="checkbox"/>	<input type="checkbox"/> Final Storm Drainage Computations	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Drainage Study and/or Computations	<input type="checkbox"/>	<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>
<input type="checkbox"/> Final Development Criteria	<input type="checkbox"/>	<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Final Plat	<input type="checkbox"/>		<input type="checkbox"/>

WAS: ☐ Received ☐ Tentatively Approved ☐ Recorded☐ Received & Revised ☐ Approved On 7/15/76COMMENTS: Done 10/5/76

Check box and return to Office of Planning and Zoning
 if plan is approved with no comments.

HOWARD COUNTY OFFICE OF PLANNING AND ZONING
DIVISION OF LAND DEVELOPMENT
COUNTY OFFICE BUILDING
3430 COURT HOUSE DRIVE
ELLSWORTH CITY, MARYLAND 21043

DATE: _____

P. & Z. File No. _____

Agencies

Office of Planning and Zoning

Director, Department of Public Works	Director
Bureau of Engineering	Chief, Division of
Bureau of Inspections and Permits	Transportation Planning
Fire Administrator	Transportation Planning
Police Department	File
State Highway Administration	Division of Comprehensive
Division of Environmental Health	Planning
Howard County Public School System	Division of Zoning
Recreation and Parks	Planning Board Members
Soil Conservation Service	
County Assessment	

RE: _____

FOR PLAN REVIEW MEETING OF _____

(Date) (Time) (Place)

ENCLOSED FOR YOUR: _____ Signature Approval _____ Review & Comments _____ Files _____

THE ENCLOSED: _____ Original _____ Copy _____

No. of Sheets _____ No. of Sheets _____

Preliminary Plan	Final Road and/or
Preliminary Road Profile	Storm Drainage Plan
Preliminary Drainage Study	Final Storm Drainage
and/or Computations	Computations
Final Development	Site Development
Criteria	Plan
Final Development	Sketch Plan
Plan	
Final Plat	

WAS: _____

Received _____

Tentatively Approved _____

Recorded _____

Received & Revised _____ Approved _____

On _____

COMMENTS: _____

Check box and return to Office of Planning and Zoning
if plan is approved with no comments.