

SYSTEM TO BE INSTALLED FIRST
BEFORE BUILDING PERMIT CAN
BE SIGNED.

PERMIT

SEWAGE DISPOSAL SYSTEM

P 31452

A 31095

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 6/24/81

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION ROAD 11870 Triadelphia Road LOT 10

PROPERTY OWNER Gurry L. Dove 596-9775

ADDRESS 5712 Tennyson Road, Riverdale, Md. 20840 Phone: 277-5275

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN

FACING LOT FROM

TRENCH - To be 2 ft. wide. Inlet at 3 ft. below original grade. Maximum depth 8 feet below original grade. Effective depth begins at 3 ft. below original grade.

5 ft. of stone below distribution pipe. No trench to exceed 100 feet in length. If more than one trench is used, a distribution box is required. Trenches to be installed on level ground. System to start 250 ft. from front property line, which is 468.15 ft. long, and 60 ft. from right property line, which is 417.00 ft. long, as seen from the driveway of adjoining property. Trench to follow contour toward right rear corner of property. Total 640 sq. ft. in system.

PLANS APPROVED BY James Stayer & Frank Skinner DATE 4/13/81 & 6/24/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

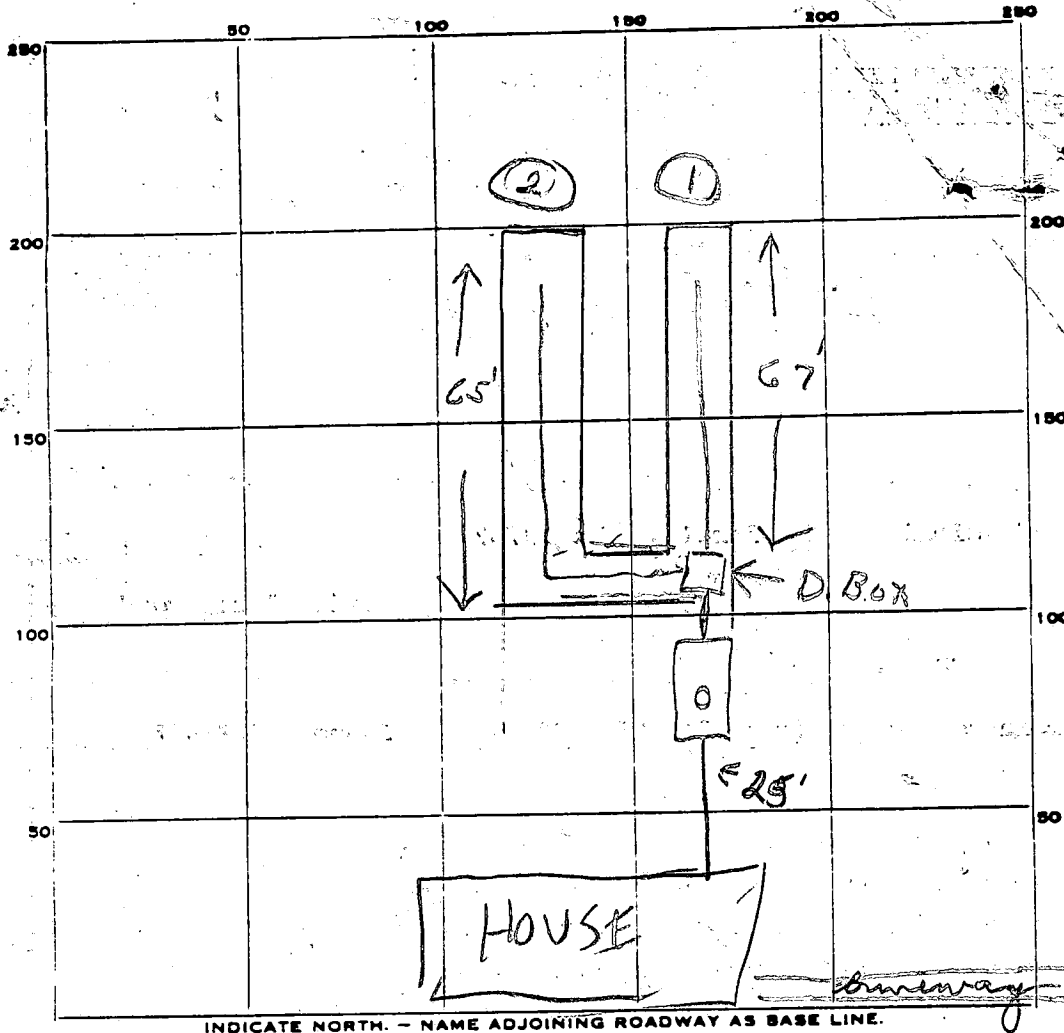
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED
AND RETURNED

Serial # 50635

BLDG. PERMIT SIGNED
AND RETURNED

Serial # 46997



PERMIT CARD _____

SEPTIC TANK, LEVEL ☒

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH (2) 8' (1) 8' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH (2) 5' (1) 5' IN. TOTAL LENGTH (1) 67' (2) 65' FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 660

132
5
660

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/25/81 OK to cover #1 trench. JS
6/25/81 - wanted for stone added in #2 trench.
OK to cover all work to septic tank.
call - must see house connection. JS

8-19-82 HOUSE CONNECTION VERIFIED BY RUNNING WATER THRU SYSTEM CW

DATE SYSTEM APPROVED 8-19-82 INSPECTOR C. J. Veltman

Transphra Rd.

PRELIMINARY

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, MARYLAND 21043
TELEPHONE: 992-2330

A 31095

P _____

DISTRICT 3rd

DATE 12/31/80

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 Ferdinand P. Kelly

ADDRESS 415 Oak Forest Avenue, Baltimore, Md. 21228 PHONE 747-9331

PROPERTY LOCATION

SUBDIVISION _____ LOT NO. 4-10?

ROAD AND DESCRIPTION off Triadelphia Road

SIZE OF LOT (?) TYPE BLDG. 3 or 4 bedrooms

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

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

SIGNATURE OF APPLICANT /s/ Don Reuwer, Rhett Realty, for Ferdinand P. Kelly

APPROVED BY Frank Skinner FOR Trenda DATE 4/13/81

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

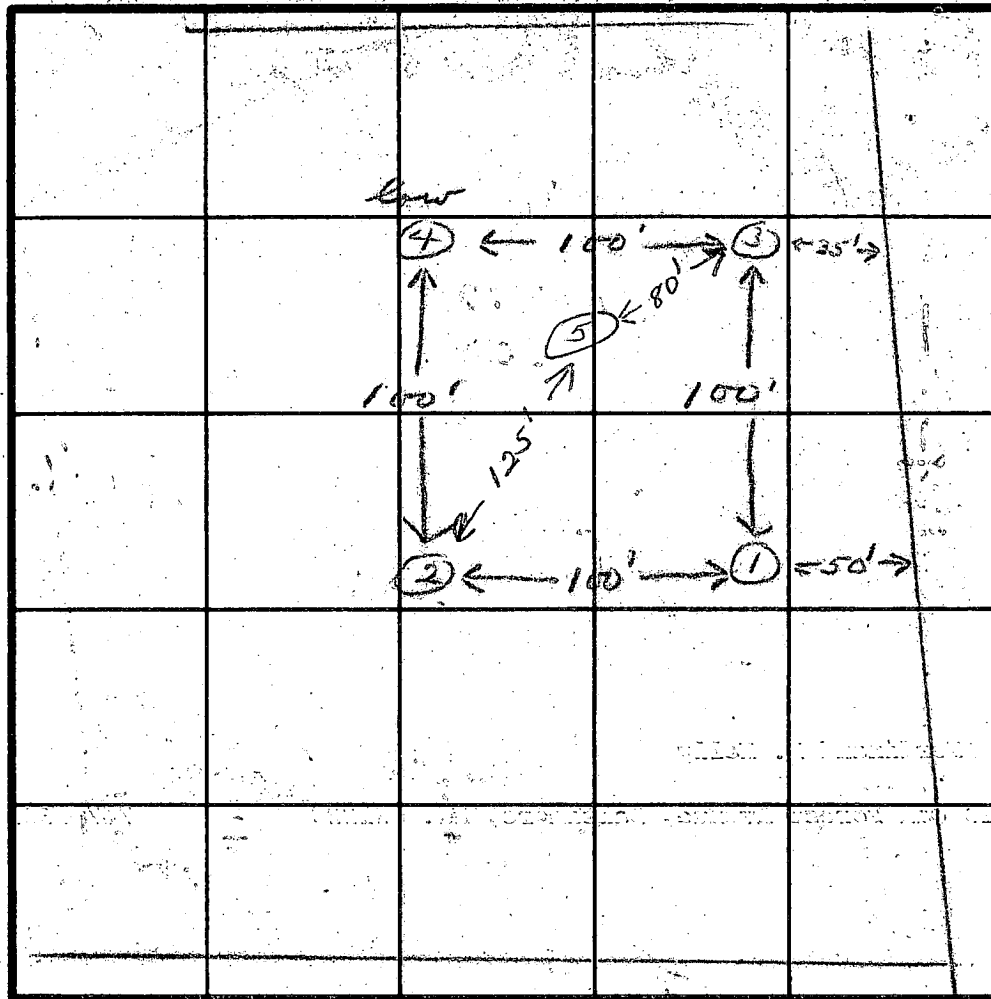
REASONS FOR REJECTION OR HOLDING 3/23/81 Visual hole had water at 13 ft.

THIS IS NOT A PERMIT

SOIL PROFILE

0-3'
clay, sand
3-14'
sandy mica
brown

LOT 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

driveway

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/8/81	1M	3	10:08	10:14	10:14	10:21	7
		7	10:08	10:10	10:10	10:12	2
	1D	10	hard mica at 10'				
	2S	3	10:13	10:15	10:15	10:19	4
	2M	7	10:13	10:16	10:16	10:22	6
	3V	13	soil omission				
	4S	3	10:31	10:41	10:41	10:49	8
	4M	7	10:31	10:35	10:35	10:42	7
	4V	14	water at 12'				
3/23/81	5V	14	water at 13'				

REMARKS Elevation hole #1 to #4 - 6 ft

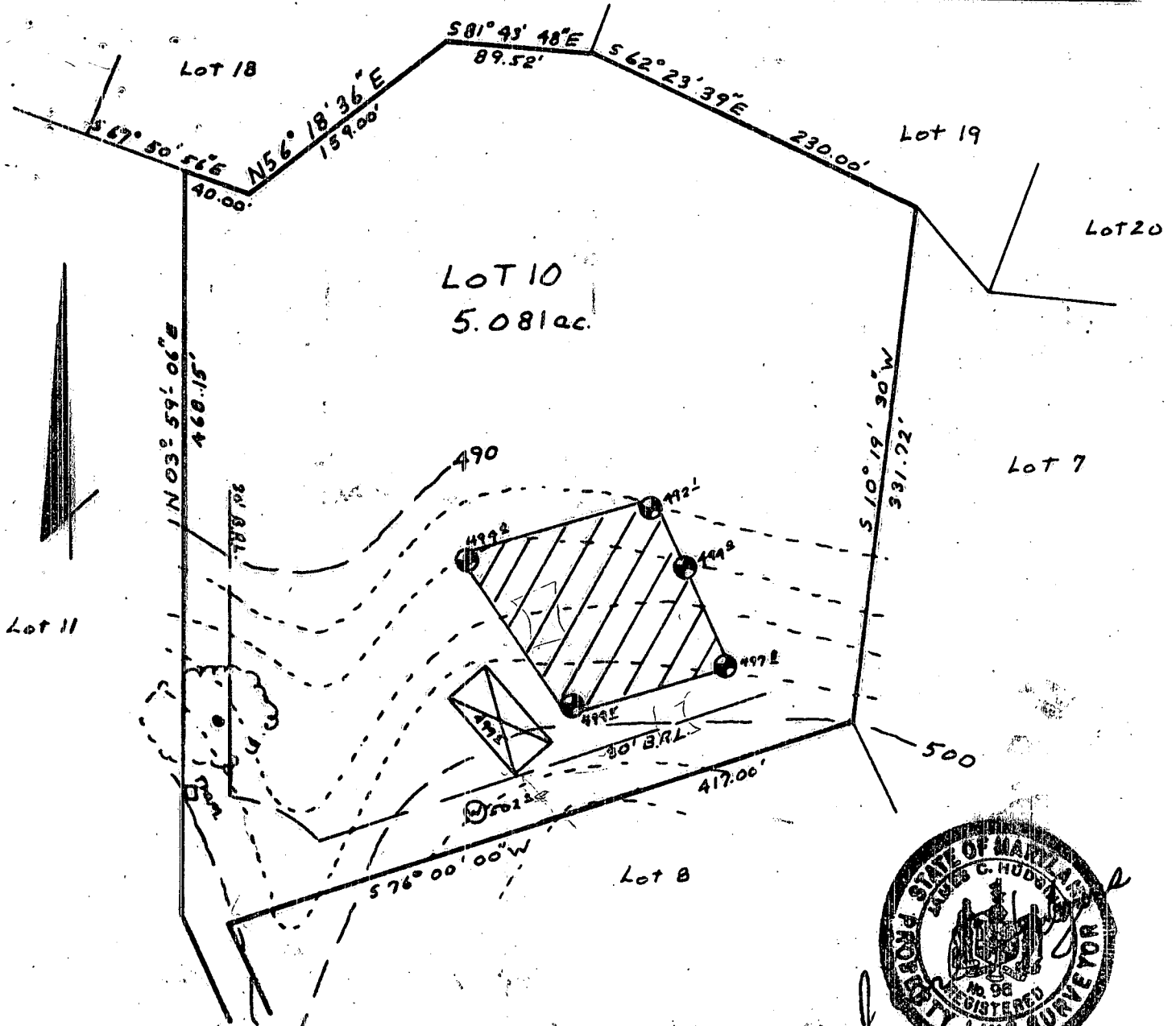
TYPE OF SOIL


TESTED BY

3/23/81 JS

ALSO PRESENT

Kellerman



 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. 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.

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

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 have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

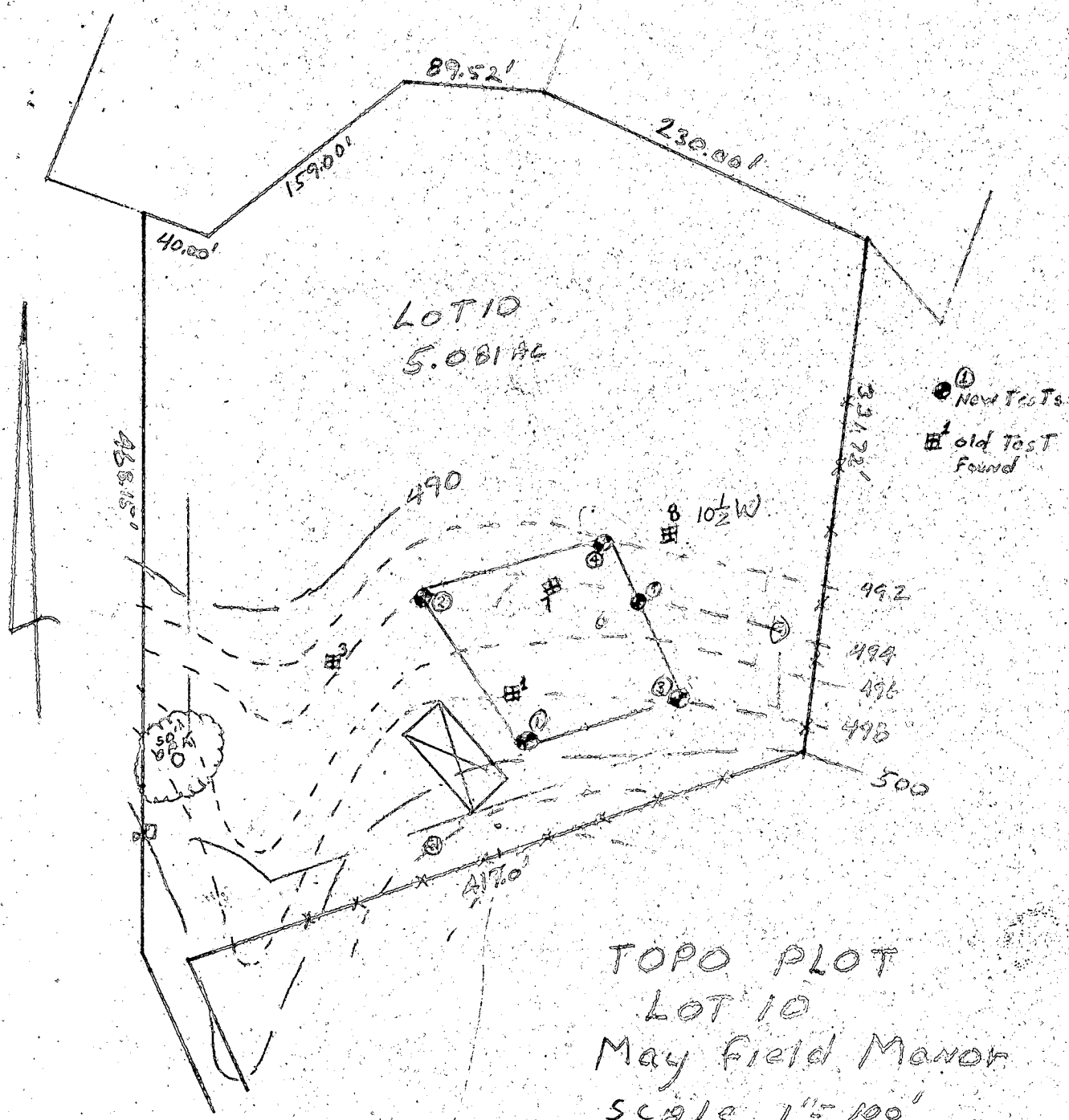
Ferdinand P. Kelly
County Health Officer
Date *4-13-81*



PERCOLATION TEST PLAT
LOT 10
MAYFIELD MANOR
PROPERTY OF
FERDINAND P. KELLY

5th Election District
Howard County, Maryland
Scale 1" = 100'
Date 3/27/81

NTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307



40 Scale

8 1/2' water

5 1/2'

10 1/2' solid rock

7 1/2' solid rock

guessing location
8 water 10 1/2'

OK 4' 1/2'

3 3'

13 3/4'

est. location

1/1A OK 4 1/2' 13'

7

sandy 4 1/2' to 11' getting wet

2

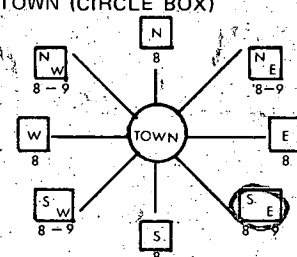
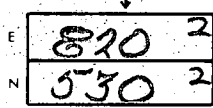
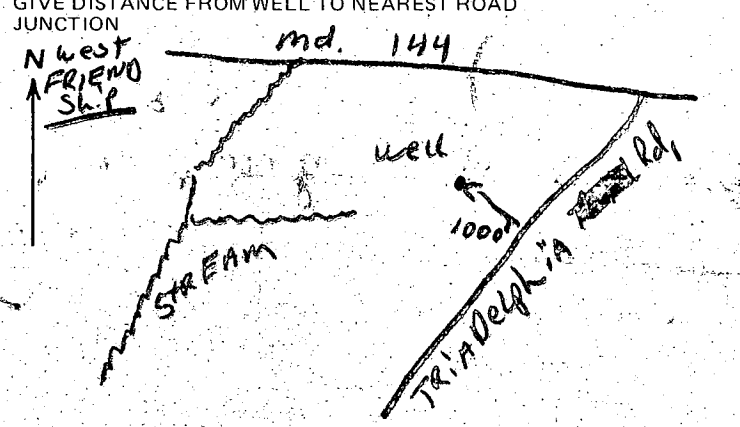
10' solid rock

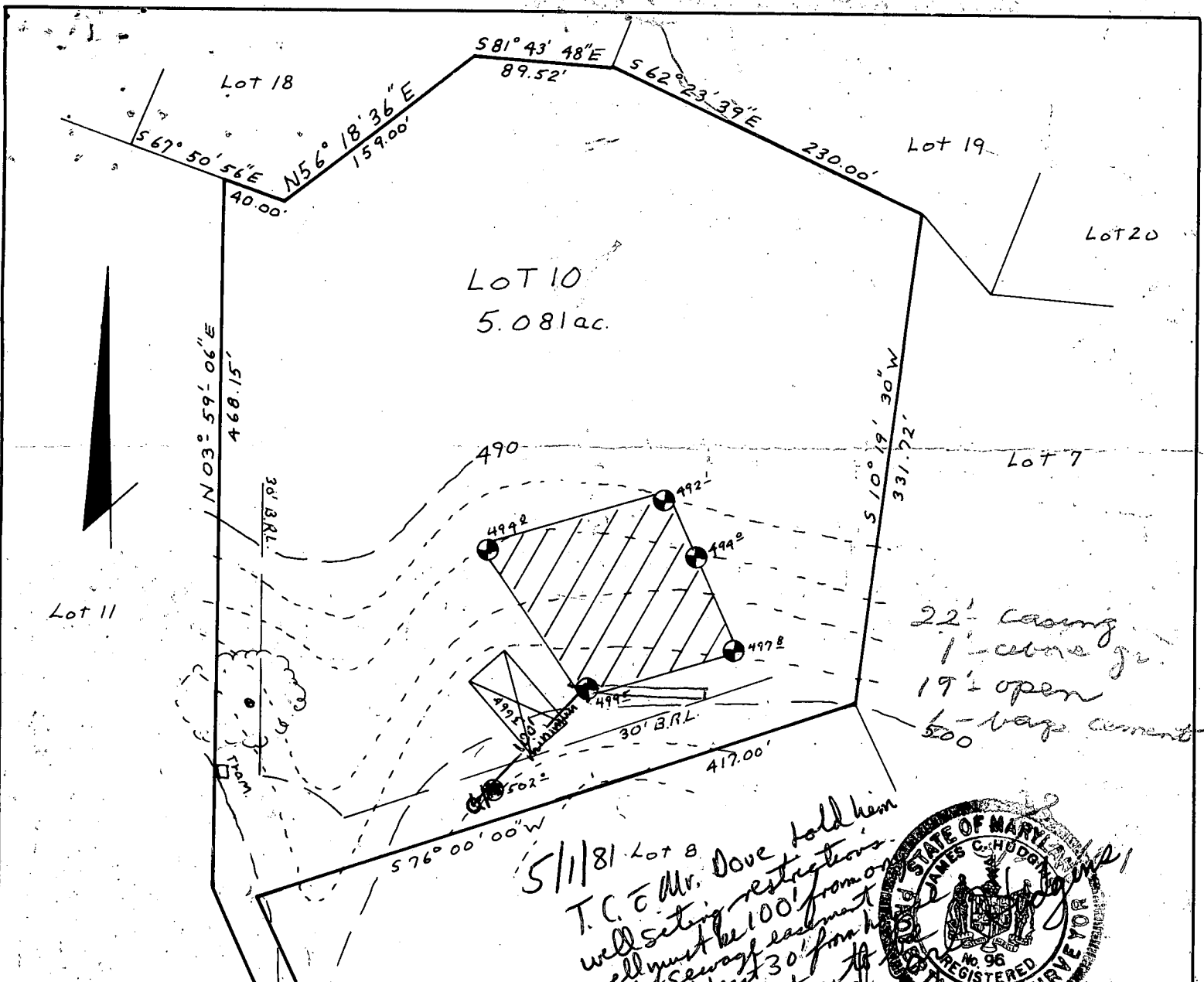
135'

17

30'

210'

B 1 9366 SEQUENCE NO. WRA USE ONLY (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	WRA PERMIT NUMBER H0-73-3901 fill in this form completely
DATE RECEIVED 4/27/81 5/27/81 9:30 8 (WRA USE ONLY) 13 OWNER INFORMATION LAST NAME DOVE OWNER GURRY FIRST NAME 301 2775275 STREET OR RFD 5712 TENNYSON Rd. TOWN RIVERDALE STATE Md. ZIP 20840	B 3 6 LOCATION OF WELL COUNTY Howard SUBDIVISION MAYFIELD MANOR SECTION 10 LOT 10 NEAREST TOWN WEST FRIENDSHIP MILES FROM TOWN (enter 0 if in town) 2 1/2 MI	
B 1 CONTINUED DRILLER INFORMATION DRILLER'S NAME Ralph MAYNE 77 LICENSE NO. 273 SIGNATURE Ralph Mayne DATE 4/20/81	B 4 6 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 5 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	NEAR WHAT ROAD TRIADELPHIA Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W WEST E EAST DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 1,000 FT MI	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX 	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH	WRITE THE BOX NUMBER FROM THE MAP HERE 820 2 530 2	
Method of Drilling (circle one) BORED (OR AUGERED) <input checked="" type="radio"/> JETTED <input type="radio"/> JETTED & DRIVEN <input type="radio"/> AIR ROTARY <input checked="" type="radio"/> AIR PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC) <input type="radio"/> CABLE <input type="radio"/> REVERSE ROTARY <input type="radio"/> DRIVE POINT <input type="radio"/> ROTARY <input type="radio"/> other <input type="text"/>	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41	B 4 6 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A31095 EHA SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX S MO 04 DAY 30 YEAR 81 DATE 5/1/81 NORTH 532 EAST 0822 ELEV. (FT.) 511 GRID 50 GRID 57 GRID 63 GRID 65 GRID 68	
Not to be filled in by driller (WRA USE ONLY) APPROP. PERMIT NUMBER GAP FORCE 67-68 INITIALS JIV CONDITIONS 70-71-72-73-74-75-76-77-78-79		
B 5 6 SPECIAL CONDITIONS (WRA USE ONLY) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		



This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. 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.

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

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 have been shown where pertinent.

PERCOLATION TEST PLAT
LOT 10
MAYFIELD MANOR
PROPERTY OF
FERDINAND P. KELLY

5th Election District
Howard County, Maryland
Scale 1" = 100'
Date 3/27/81

NTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

APPROVED: For Private Water and Private Sewage Systems

James M. Boyle, M.D. Dr. P.F.W. 4-13-81
County Health Officer Date

No. Scale

Back 1-11 16"

Lot 18

Lot 19

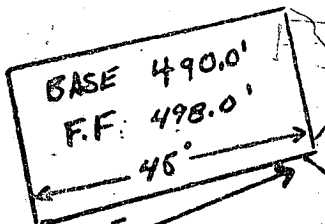
Lot 10
5.081 AC.

6/24/81
Sketch OK.
T.S.



468.15'

331.72'



INV. ELEV 497.5

INV ELEV 497.0

1500 GAL

230'

INV. ELEV 496.5

ELEV. @ TIME OF PERK TEST 499.5
EXISTING ELEV. 499.5

65' long trenches

Water Well
EXIST ELEV 502.0



576.00'

Lot 8

I, Gary
I certify the ABOVE MEASUREMENTS &
Elevations ARE actual & correct for this
Property
[Signature]

C 1	8270	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER A31095
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Date Received (WRA use only)	<u>MAY 27 1981</u>	DATE WELL COMPLETED	Depth of Well <u>205</u>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-2901</u>
---------------------------------	--------------------	---------------------	-----------------------------	--

OWNER <u>DOVE</u> last name	<u>Garry</u> first name
STREET OR RFD <u>Triadelphia Road</u>	
TOWN <u>West Friendship</u>	
SUBDIVISION <u>Mayfield Manor lot 10 - Ferdinand & Wilbur</u>	SECTION <u>10</u>

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
	FROM	TO
Top Soil	0	2
Sandy	2	11
SANDSTONE	11	25
MICKA	25	40
SANDSTONE	40	50
MICKA	50	160
SANDSTONE	160	165
MICKA	165	205

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES <input checked="" type="radio"/> Y	NO <input type="radio"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input type="radio"/> BC
NO. OF BAGS <u>6</u>	NO. OF POUNDS <u>400</u>
GALLONS OF WATER <u>36</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>20</u> ft.	

CASING RECORD		
casing types insert appropriate code below	<input checked="" type="radio"/> ST	<input type="radio"/> CO
	STEEL	CONCRETE
	<input type="radio"/> PL	<input type="radio"/> OT
	PLASTIC	OTHER
MAIN CASING TYPE	Nominal diameter top(main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="radio"/> S	<u>6</u>	<u>222</u>

OTHER CASING (if used)	
diameter (inch)	depth (feet) to
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD		
screen type or openhole	insert appropriate code below	
<input checked="" type="radio"/> ST	<input type="radio"/> BR	<input checked="" type="radio"/> HO
STEEL	BRASS, BRONZE	OPEN HOLE
<input type="radio"/> PL	<input type="radio"/> OT	
PLASTIC	OTHER	

C 2		
(seq. no.)		
DEPTH (nearest ft.)		
<u>HO</u>	<u>21</u>	<u>205</u>
EACH SCREEN		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLOT SIZE <u>1</u> <u>2</u> <u>3</u>		

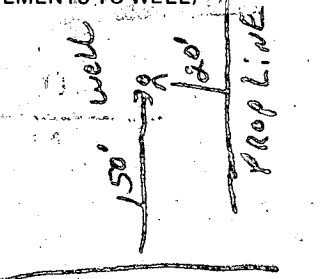
DIAMETER OF SCREEN (NEAREST INCH)	
from <u>56</u>	to <u>60</u>

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input type="radio"/> F	

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70 <input type="checkbox"/>	72 <input type="checkbox"/>
TELESCOPE CASING	LOG INDICATOR
W Q	
74 75 76	
OTHER DATA	

C 3		
(seq. no.)		
PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>6</u>	
PUMPING RATE (gal. per min. to nearest gal.)		
<u>10</u>		
METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>20</u>	
WHEN PUMPING	<u>205</u>	
TYPE OF PUMP USED (for test)		
<input checked="" type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input type="radio"/> S submersible	

PUMP INSTALLED	
YES <input type="radio"/> Y NO <input checked="" type="radio"/> N	
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)	
<u>31</u>	
PUMP HORSE POWER	
<u>37</u>	
PUMP COLUMN LENGTH (nearest ft.)	
<u>43</u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> above	LAND SURFACE
<input type="radio"/> below	<u>2</u> (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)	
	

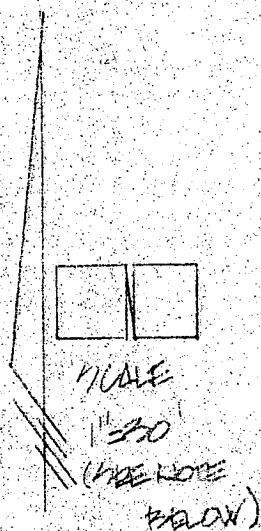
CIRCLE APPROPRIATE BOX	
<input checked="" type="radio"/> A	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<input type="radio"/> E	ELECTRIC LOG OBTAINED
<input type="radio"/> P	TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
--	--

DRILLERS IDENT. NO. <u>273</u>
DRILLERS SIGNATURE <u>Ralph E. Maynard</u>
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

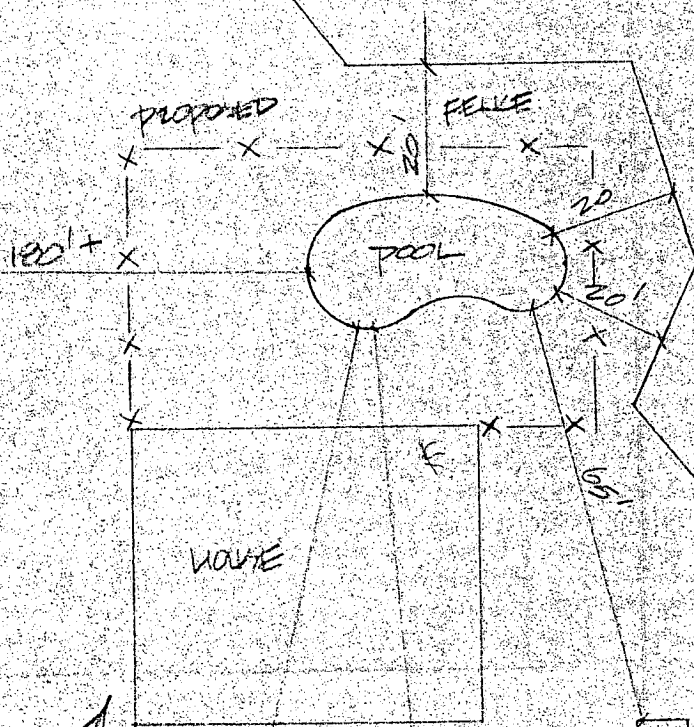
ROAD 10'
 SIDE 10'
 HOUSE 10'
 WALK 10'
 DRIVE 20'
 FENCE - LEAD

8/20/82
Sketch OK
for Pool
J. S.



8/20/32 Frank Johnson

EXISTING RESERVE
FIELD



FUEL
TANK

100' DRAINFIELDS

Boundary plot signed by Reg. Eng.

APPLICATION

Fill out in triplicate.
Make \$30.00 check payable:
Howard County Health Dept. - Sanitation

Shew. must A 1964
P Submitted

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 3rd
DATE 3/10/74

4-12' Looped
on 10,000 ft

Preliminary

3/14/74
106m

max 5'
SEE A31095

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 FERDINAND P. Kelly (owner) / Richard L. Scott Applicant
ADDRESS RT 2 BOX 352, Sykesville, MD PHONE 795-9365

PROPERTY LOCATION:

SUBDIVISION MAYFIELD MANOR LOT NO. #10

ROAD AND DESCRIPTION 25' on TRIADELPHIA RD NR RT 144
(approx. 3/8 mile from Rt. 144 - look for marker - Scott name on it.)

SIZE OF LOT 5.081 Acres TYPE BLDG. 3 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT _____

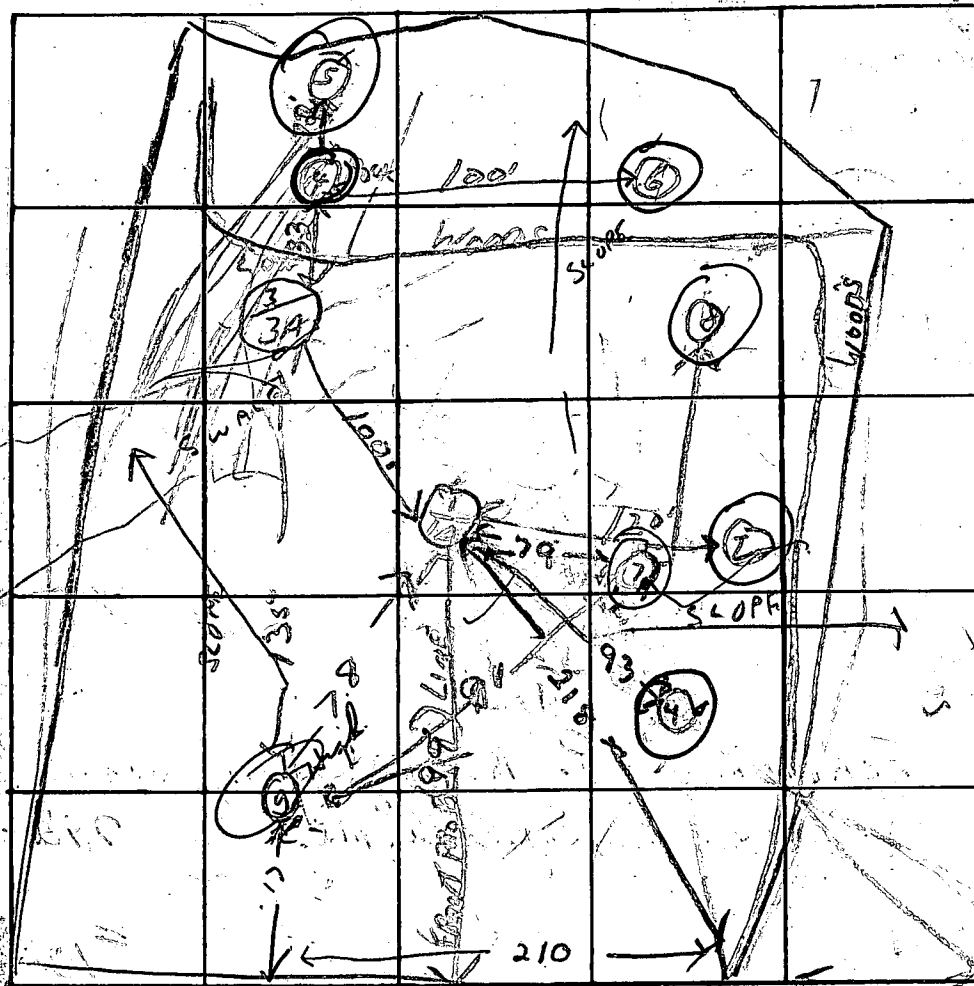
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/19/74 - Hold pending plans that show
that hole No. 9 can be reached from a proposed house
site. Show that zoning laws will permit this.

THIS IS NOT A PERMIT



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

TRIADAPHIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-19-74		13'	242	244	244	246	2 min
↑	1A	4 1/2'	237	241	241	244	3 min
	2	10'	SOLID		ROCK		
	3	11 1/2'	217	218	218	220	2 min
	3A	4'	221	225	225	235	10 min
	4	10 1/2'	ROCK				
	5	8 1/2'	TO WATER		TABLE		
	6	7 1/2'	SOLID	ROCK			1
↓	7	11'	OK SAND	STARTS 4 1/2'	(GETTING WET)		
3-19-74	8	10 1/2'	WATER				

REMARKS

Continue all holes

TYPE OF SOIL

Most soil contains water & rock except holes 1-1A-3-3A

TESTED BY

H. Zhan + B. Anne

ALSO PRESENT

Roland Borth

APPLICATION

A 1964

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 3rdDATE 3/10/74TO: 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 Ferdinand P. Kelly (Owner) // Richard L. Scott ApplicantADDRESS Rt 2 Box 352, Sykesville, Maryland PHONE 795 9365

PROPERTY LOCATION:

SUBDIVISION Mayfield Manor LOT NO. 10ROAD AND DESCRIPTION 25' access on Triadelphia Rd. Near Rt 144SIZE OF LOT 5.081 TYPE BLDG. 3 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT _____

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

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-77	9	13	USUAL OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____