

APPLICATION

A 18346

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

Latrine Tank 1250 gal

DISTRICT 3

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21048
TELEPHONE: 466-8000; EXT. 388

Dry Well = 500 sq. ft DATE _____

*absent sidewalk sewer to begin below the
first 24 ft of man house work. Max. depth permitted
for dry well is 11 1/2 ft. Locate dry well 33 ft from
left side line and 150 ft. from front lot line as
seen from Sared Drive.*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION Greenwood East LOT NO. 2
8, Blk. C, Sec. 1

ROAD AND DESCRIPTION _____ (Fond B)

SIZE OF LOT XXXXXXXXXXXX 44,200 sq. ft. TYPE BLDG. _____
NUMBER OF BEDROOMS 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ John Beender

APPROVED BY Robert V. Towner FOR Dry Well DATE 2/11/74
(KIND OF SYSTEM)

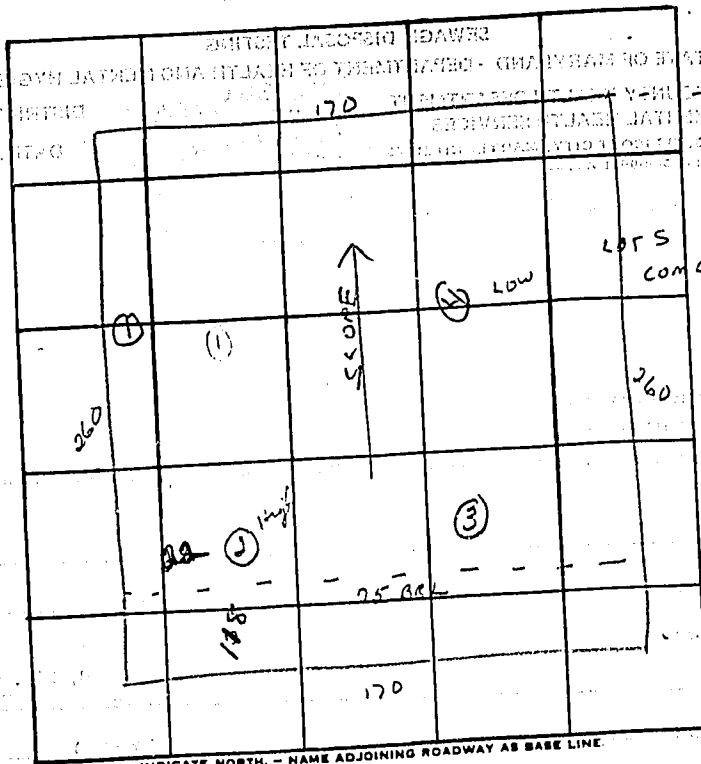
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

2
2-C-1

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6 28/73	1	11 1/2 ft	226	229	229	234	5 min
	1A	4 ft	226	230	230	237	7 min
	2	11 1/2 ft	240	243	243	250	7 min
	2A	4 1/2 ft	240	242	242	246	4 min
	3	11 ft	Same	Same			
	4	10 1/2 ft	Same	Same			

Avg time
6 min
about
4 1/2 ft.

Ag certified
from plot

REMARKS R.T.

TYPE OF SOIL _____

4-13' holes
for 10,000 gpi.
Preliminary
10/8/75
9:30

APPLICATION

A 22192

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

P _____
DISTRICT 4
DATE 9/26/75

4/13/75
2 PM - and

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 Gary & Associates, Inc.

ADDRESS _____ PHONE _____

PROPERTY LOCATION: LOT IS HALF OF FINAL # 2C
3 out 1

SUBDIVISION Gwenlee Estates LOT NO. 7, Dlk. C, Sec. 1

ROAD AND DESCRIPTION Gared Drive & Gwenlee Circle
Lot # is same as Lot 2C
on test by part

SIZE OF LOT 187' x 257' x 212' x 232' TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ John Gary

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/75 Hold for review RH.

10/15/75 DM RH & RT REVIEWED, TORRE-TESTED
UNDER LOT 2C SECT. 1 & HIT WATER. DM DECIDED
COMPLETE RE PERC IN WET SEASON
NEEDED. JOHN GARY TOLD SAME. (RH)

THIS IS NOT A PERMIT

APPLICATION

SEISS

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/10/48	6	4	1240	1241	1244	1244	3	
	6A	12	1242	1249	1249	1249	19	
	2B	10	1154	1210	1210	1225	15	
	1B	9	1226	1240	1240	1250	10	
	1C	13 1/2	NO WATER					
	5B	9	1240	1248	1248	105	17	
	7	9	TOP	3 FT	CLAY			
			BOT	6 FT	POROC		17	

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. Hodges ALSO PRESENT: _____

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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4

DATE 9/26/75

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 Gary & Associates, Inc.

ADDRESS _____

owner
Boulder
MR FINNEGAN

PHONE 730 4793

PROPERTY LOCATION:

SURDIVISION Gwenlee Estates

LOT NO. 7, Blk. C, Sec. 1

ROAD AND DESCRIPTION Gared Drive & Gwenlee Circle

SIZE OF LOT 187' x 257' x 212' x 232'

TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ John Gary

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

APPLICATION

60556 A

T			
S			
SEE ATTACHED FOR			
FOR HOLE LOCATIONS AND ELEVATIONS			

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
TOP 3" Clay	10/3/13	1	5 1/2	958	965	1008	1010	6
(1) 1" 1/2		(1A)	12	959	1005			FAILED
TOP 3" Clay		2	5	1002	1008	1008	1014	6
		(2A)	2	1002				FAILED
TOP 3" Clay		3	5 1/2	1019	1020	1020	1022	2
		3A	11 1/2	1020	1034	1034	1054	20
TOP 3" Clay		4	5	1023	1030	1030	1035	3
		4A	12	1045	1100	1100	1126	26
TOP 3" Clay		5	5	1058	1100	1100	1104	6
		(5A)	12 1/2	1114	1143	Bill D		FAILED

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES

JACK FINNEGAN BUILDER

ALSO PRESENT: KENNEY ALLEN BACK HOSE

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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: 469-8000, EXT. 388

DISTRICT Third & Fourth
DATE October 30, 1973

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. Weldon L. Boring

ADDRESS Burntwoods Road, Glenwood, Maryland PHONE 442-2483

PROPERTY LOCATION:

SUBDIVISION Gwenlee Estates - Section II

LOT NO. Block C
3. Block D Sect 1

ROAD AND DESCRIPTION East side of Gwenlee Circle

SIZE OF LOT 125' x 300'

TYPE BLDG. Two

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 ~~William R. Stephen~~ Finnegan

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

