

PRELIMINARY

APPLICATION

A 18020

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 1000 Gal Tank - 3BR DISTRICT 5th
ENVIRONMENTAL HEALTH SERVICES 1250 Gal Tank 4BR DATE 2/23/73
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

*Dry Well 100 sq ft sidewall area below inlet per Bedroom
Dry Well inlet to be 5 FT deep and bottom of Dry Well
to be 12 FT deep
Place the dry well 12.5 FT from the back lot line
and 20 FT from the right side of the lot as
seen when facing the lot from Morningstar Dr.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND 7/25/74 Slight Change in specifications
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. IF tank is deeper than 3 FT Manhole llo

PROPERTY OWNER Ashton Realty Company
ADDRESS Ashton, Maryland 20702 PHONE Call Mr. Johnson - 924-4811

PROPERTY LOCATION: surface of ground needed

SUBDIVISION Linden Chapel Hills LOT NO. 11, Blk. B, Sect. 3

ROAD AND DESCRIPTION Morningstar Drive

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
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 /s/ Robert Johnson

APPROVED BY Raymond Hodges FOR Dry Well DATE 12/5/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/5/73 Dr. Lagan signed final Plat
Nov 26, 1973

BLDG. PERMIT SIGNED
AND RETURNED 8/12/74

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ 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 5th
DATE 2/23/73

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.

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ADDRESS Ashton, Maryland 20702 PHONE 924-4811
Call Mr. Johnson -

PROPERTY LOCATION:

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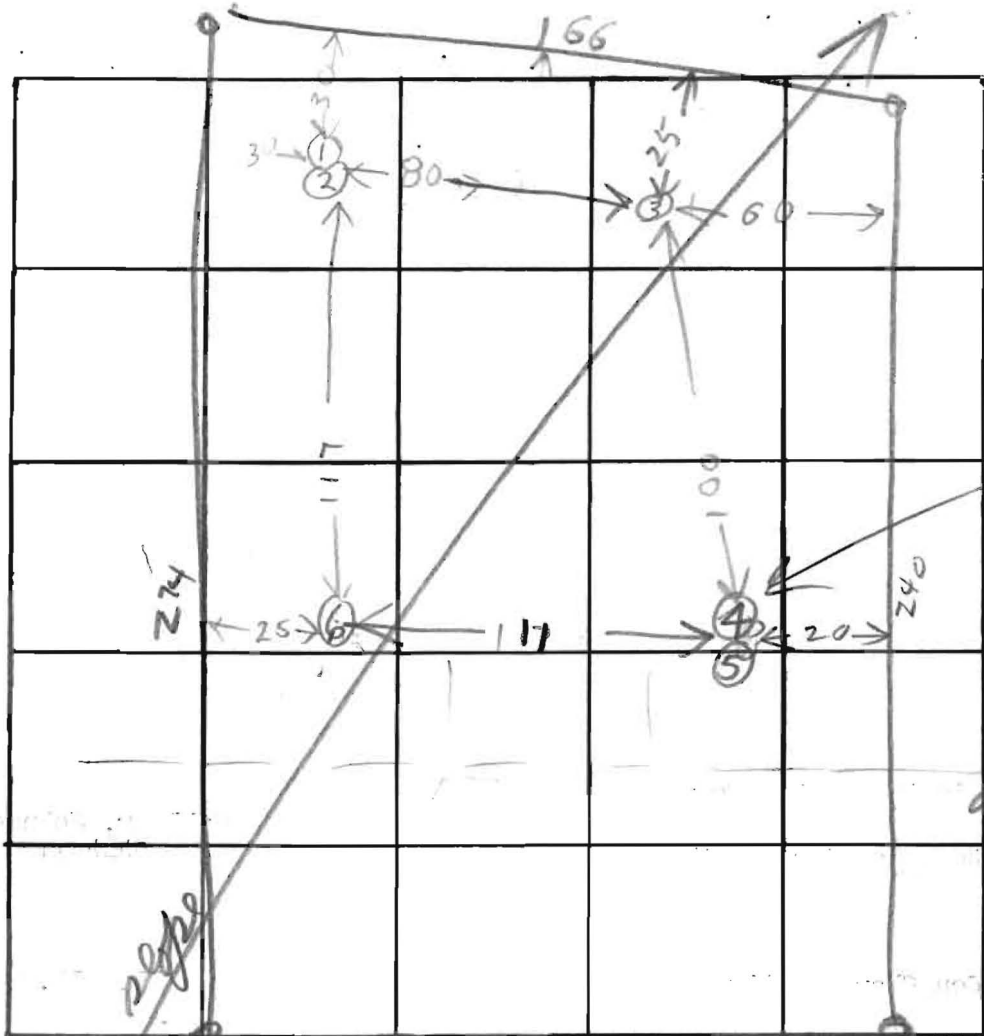
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

MORNING STAKE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/73	1	11	1032	1037	1037	1044	7
	2	5 1/2	1032	1033	1033	1034	1
	(3)	10	TOP	5 FT CLAY			Dry
		10	BOT	5 FT SAND			
	4	5	1040	1040	1041	1043	4
	5	10	1040	1043	1043	1046	3
	6	10	TOP	4 FT CLAY			Dry
		10	BOT	6 FT SAND			

av
time
4 min
max depth
4 FT

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. Hodger ALSO PRESENT: Lot 1 B Sect 3

5 UNIT EASEMENT

166 B

5020000 W

Proposed 5' Fence

SCALE 1" = 40'

75' NB

21' W

WELL

75' NB

APRN

BLAKE TOP DRIVE

32' W

23' 9"

DUE SOUTH

Morning Star Drive

DUE EAST

DUE EAST



Linden Chapel Hall
 Lot 11 B Sect 3
 Pool Site Revisited
 E. D. J. G.
 B. J. A.

