

4-13' Sides
or 10,000 ft.
Preliminary

APPLICATION

A-23436

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. 386

P. _____
DISTRICT 3
DATE 5/18/74

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 OWNED Thomas J. Carey, Jr. 461-4973

ADDRESS 3374-J King Chatham Road 728-2722
8 Ellicott City, Md. 21043

PROPERTY LOCATION Valley Lane Estates

SUBDIVISION Meadow Brook Acres SEC II LOT NO. 6, Sec. 2

ROAD AND DESCRIPTION Road "A" NORTH SIDE
10629 Brown's Farm Road

SIZE OF LOT 21800 TYPE BLDG. Permit 55531

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS 4 Bedrooms

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

SIGNATURE OF APPLICANT Richard E. Supto AND RETURNED 9/2/83
Serial No. 55531

APPROVED BY William J. Seward FOR Reg. Waste System DATE 11/22/74
(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

A. 23486

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: 485-3000, EXT. 356

P. _____

DISTRICT 3

DATE 5/18/76

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 RICHARD MYRTUE WIFE

ADDRESS 1795 WOODSTOCK RD WOODSTOCK MD PHONE 328-2722

PROPERTY LOCATION:

SUBDIVISION MEADOW BROOK ACRES SEC II LOT NO. 6

ROAD AND DESCRIPTION ROAD 'A' NORTH SIDE

SIZE OF LOT 21800 TYPE BLDG. 3-11
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 Richard E. Myrtue

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

PRELIMINARY

APPLICATION

A 22713

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE ^{3rd}

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 1/12/76

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 Richard E. Myrtue & Wife

ADDRESS 1795 Woodstock Rd., Woodstock, Md. 21163 PHONE 328-2722

PROPERTY LOCATION:

SUBDIVISION Meadow Brook Acres, Section One LOT NO. 6

ROAD AND DESCRIPTION Breezewood Drive

SIZE OF LOT 1-Acre (plus or minus) 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/ Richard E. Myrtue

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

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

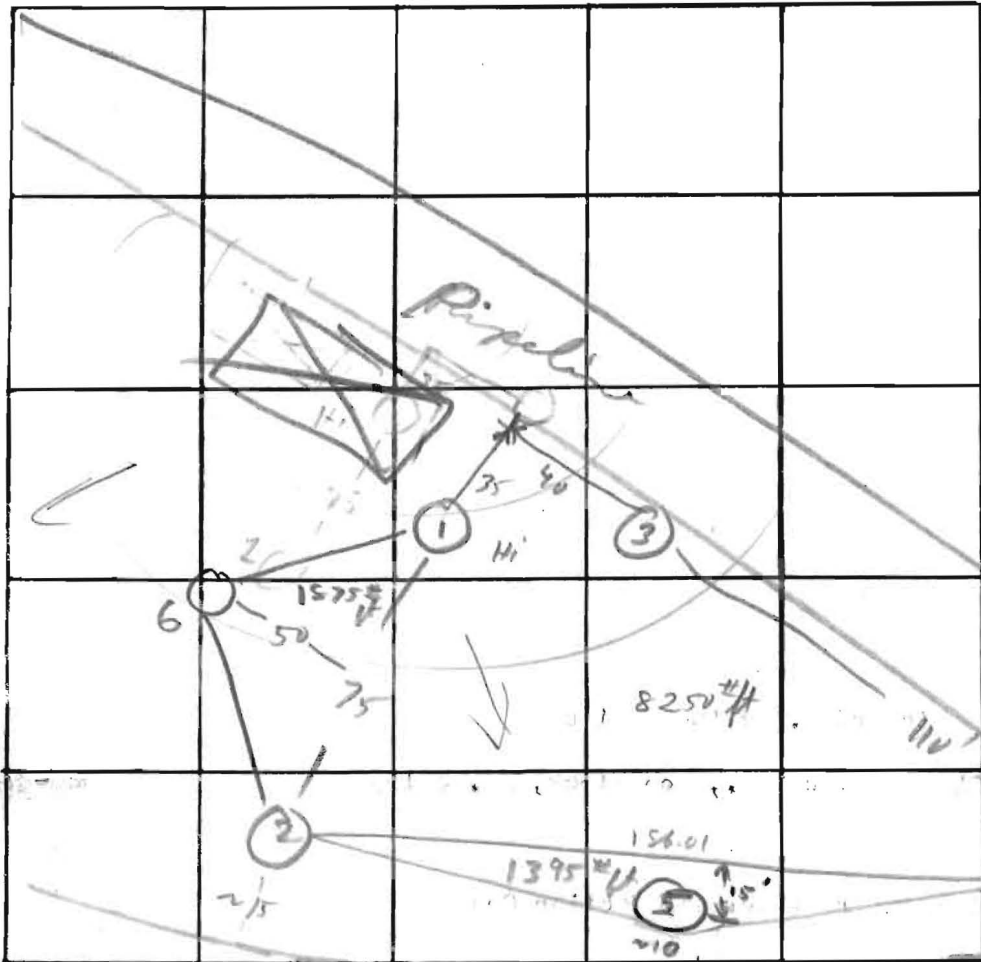
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 6

area 11520 #1



(1, 2, 3, 4)
 0 some dry
 4
 13 sandy
 (5, 6)
 0
 12 sandy

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/24/76	1	4	1 49	1 51	1 57	1 58	7
	1A	13	1 48	1 57	1 51	1 52	5
	2	12 1/2	vis	sand			
	3	12	vis	sand			
	4	4	2 14	2 16	2 16	2 23	5
	4A	13	2 17	2 30	2 30	2 45	15
	5	12	vis	-	dry	-	
	6	3	2 35	2 37	2 32	2 39	2
	6A	13	2 38	2 41	2 41	2 42	6

REMARKS _____

TYPE OF SOIL _____

TESTED BY RM ALSO PRESENT: _____