

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 20559
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st.

DATE 3/10/80

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 Robert & Lenore Huffman

ADDRESS 4738 Ilchester Road PHONE 782-3090

PROPERTY LOCATION

SUBDIVISION Huffman Property LOT NO. _____

ROAD AND DESCRIPTION Beechwood Road

SIZE OF LOT 2.9 Acres m/l 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 _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/2/80 CERTIFIED HOLES NEEDED
C.B.D.

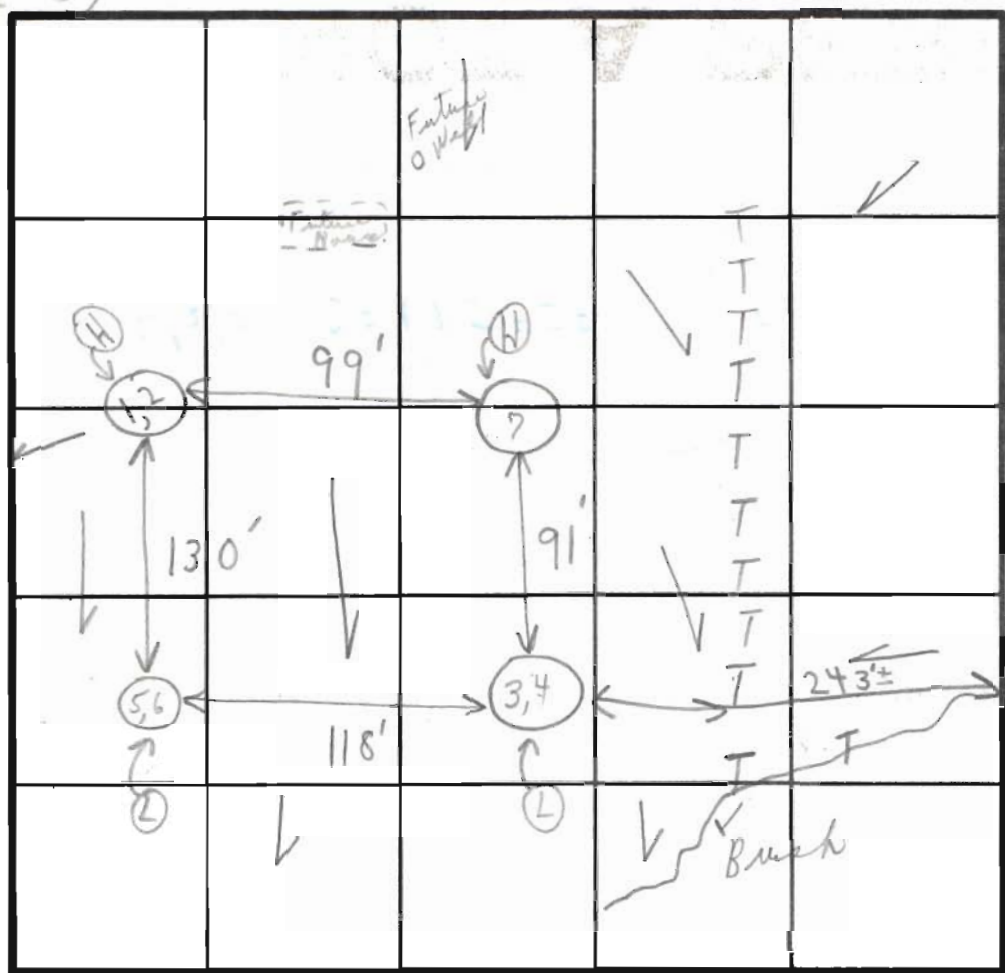
THIS IS NOT A PERMIT

(IN AREA OF #5)
(?#)

ILCHESTER RD.

SOIL PROFILE

SEE EACH HOLE BELOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile
1'-2' CLAY
2'-12 1/2' LOAM
1'-4' CLAY
4'-12' LOAM
1'-4' CLAY
4'-12' LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/2/80	1	2 1/2'	10:15	10:17	10:17	10:20	3	
	(H) 2	12 1/2'	10:15	10:18	10:18	10:34	16	
	3	4'	10:08	10:11	10:11	10:16	5	
	(L) 4	12'	10:04	10:06	10:06	10:11	5	
	(L) 5	4'	9:54	9:56	9:56	10:01	5	
	(L) 6	12'	9:54	9:59	9:59	10:13	14	
	(H) 7	12'	Visual		2'-12'		Sandy gravel coming in	
			COPY GIVEN MR. KETTERMAN					

REMARKS TESTS IN OPEN FIELD

HOLD FOR CERTIFIED HOLES

TYPE OF SOIL

TESTED BY

C. B. A

ALSO PRESENT

MR. SMITH
MR. D. KETTERMAN SR.
MR. O. " JR

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30560

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st.

DATE 3/10/80

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 Robert & Lenore Huffman

ADDRESS 4738 Ilchester Road PHONE 788-9090

PROPERTY LOCATION:

SUBDIVISION Huffman Property LOT NO. 6

ROAD AND DESCRIPTION Beechwood Road

SIZE OF LOT 25.4 Acres 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 _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

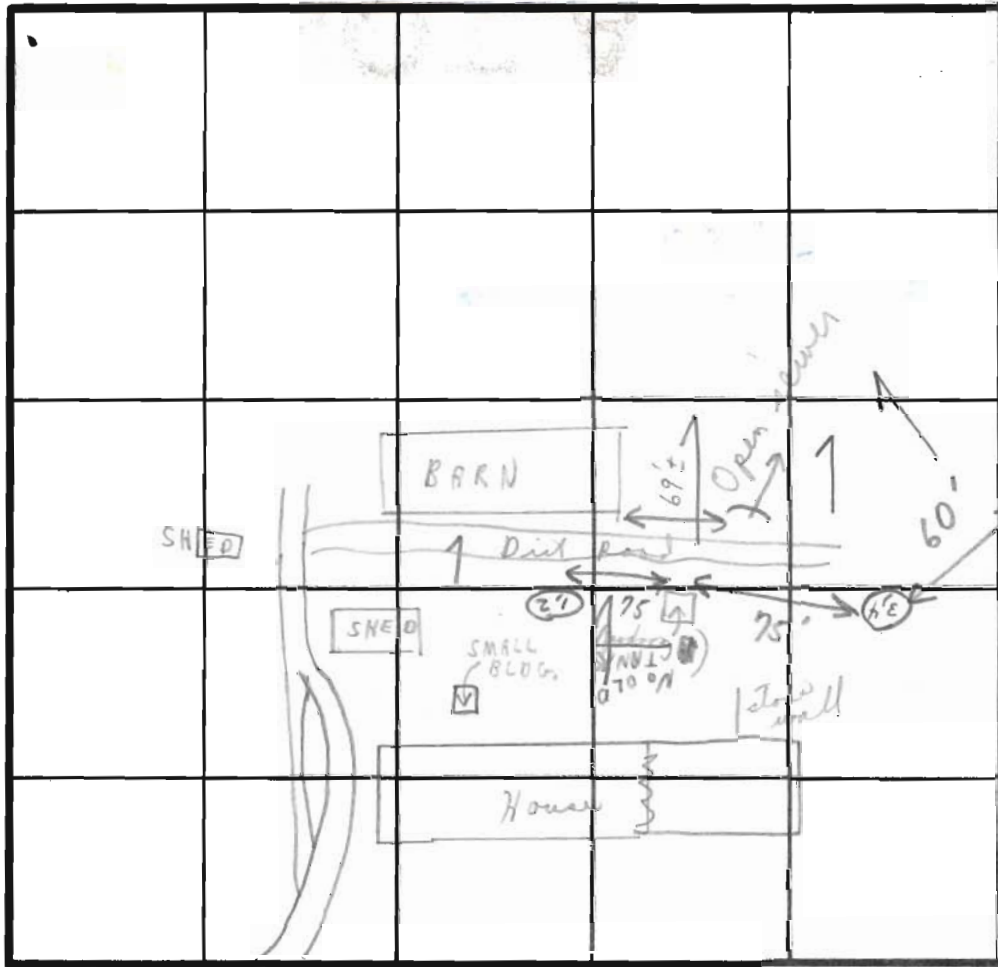
REASONS FOR REJECTION OR HOLDING 4/2/80 for supervisor - repairs of existing system needed. P.M. User existing tank of per F.F. need trenches C.B.S.

THIS IS NOT A PERMIT

#6

SOIL PROFILE

BELOW
CLAY
SEE
EACH
HOLE



Field sheet

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

IL CHESTER ROAD

165
6/980
6
38
26
20
6'

Soil Profile

1'-4" CLAY
4'-12" Loam
1'-6" Clayish
6'-12 1/2" mica Loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/80	1	4 1/2'	1:22	1:24	1:24	1:30	6 in
	2	12'	1:20	1:25	1:25	1:36	11 in
	3	6 1/2'	12:52	1:03	1:03	1:25	22 in
	4	12 1/2'	12:52	12:57	12:57	1:02	5 in
	5	(2'-12' sandy loam)					4 44

Need to
modify system
140 sq ft
per bedroom
11 in
avg
4/3/80
2 Trenches
2 inspections
1 80' trench
1 85' trench

(Copy given Mr. Ketterman)

REMARKS: Future repair for existing houses 7 Bedroom
 TYPE OF SOIL: System Needs Repair - (3m updates tank Hold for explanation
 TESTED BY: C. B. [Signature] ALSO PRESENT: 3 Kettermans

APPLICATION

3/24/80
9:30 PM
Prel

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30561
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st
DATE 3/10/80

7

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 Robert & Lenore Huffman

ADDRESS 4738 Ilchester Road PHONE 788-9090

PROPERTY LOCATION:

SUBDIVISION Huffman Property LOT NO. 7

ROAD AND DESCRIPTION Beechwood Road

SIZE OF LOT 13.3 Acres 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 Lenore Huffman

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

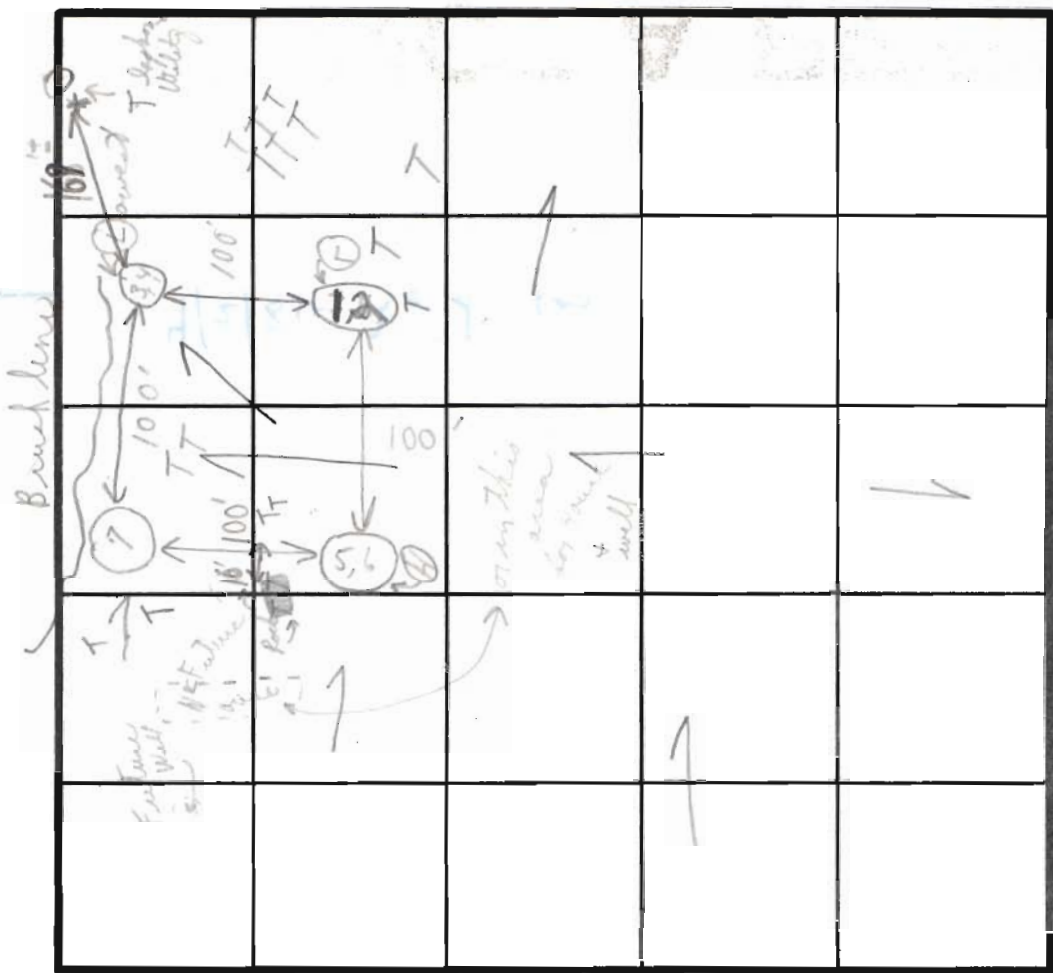
REASONS FOR REJECTION OR HOLDING 4/2/80. Hold for certified holes.
C.B.S.

THIS IS NOT A PERMIT

77

SOIL PROFILE

BELOW CLAY
↓
SEE EACH HOLE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Soil Profile
1'-3' clay
(3'-12 1/2' LOAM)
1'-4' clay
4'-13' LOAM
1'-1 1/2' CLAY
6 1/2'-14' LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/2/80	1	3 1/2'	2:18	2:21	2:21	2:30	9 min
	(L) 2	12 1/2'	2:19	2:21	2:21	2:24	3 min
	3	4 1/2'	1:55	1:58	1:58	2:06	8 min
	(L) 4	13'	1:55	1:57	1:57	2:02	5 min
	we 5	6 1/2'	3:14	3:16	3:16	3:19	3 min
	(H) 6	14'	3:13	3:16	3:16	3:26	10 min
	(H) 7	13 1/2'+	Visual		6 1/2'	13 1/2'	LOAM (similar to 5+6)

4'-1'
Inlet 4 1/2'
Effective 4 1/2'
Maximum depth 13'
F.F. 4/2/80

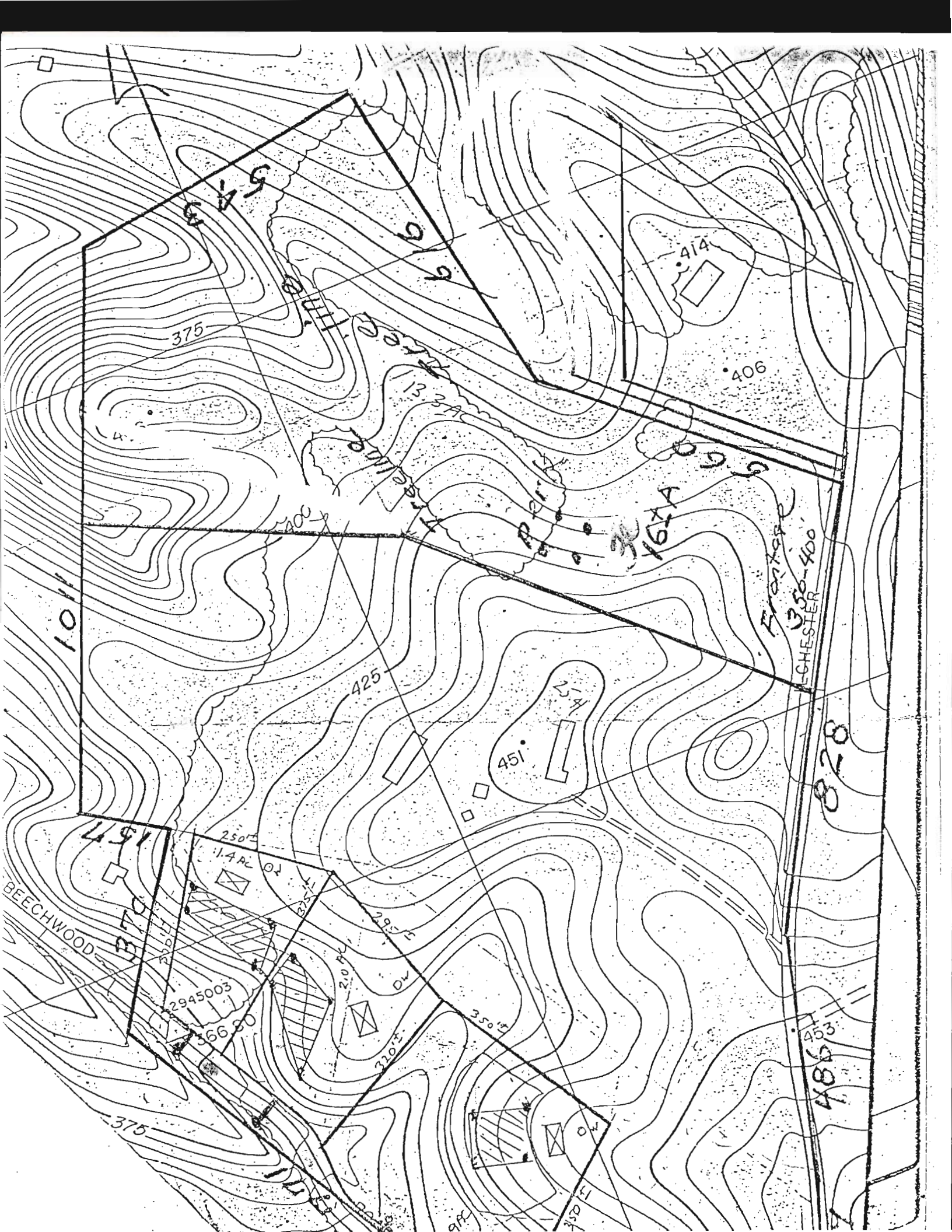
REMARKS: (Tests in open area - some small trees)
TYPE OF SOIL: _____
TESTED BY: C. Bell
ALSO PRESENT: 2 Ketterman
Copy given Mr. Ketterman 4/2/80 Mr. Hoffman (5,6) + 3' difference in elevation between (3,4)



Concept Plan
 Huffman Property
 Scale 1" = 200'

O'MARA, INC
 SURVEYOR
 AND 208

4/02 distribution wop may be used



645

66

375

414

406

13.3 AC

162A

1011

425

451

151

250'

1.4 AC OR

225'

20 AC

295'

220'

350'

330'

BEECHWOOD

2945003

366.80

Frontage

350-400'

CHESTER

828

486

453

375

9 AC

750'

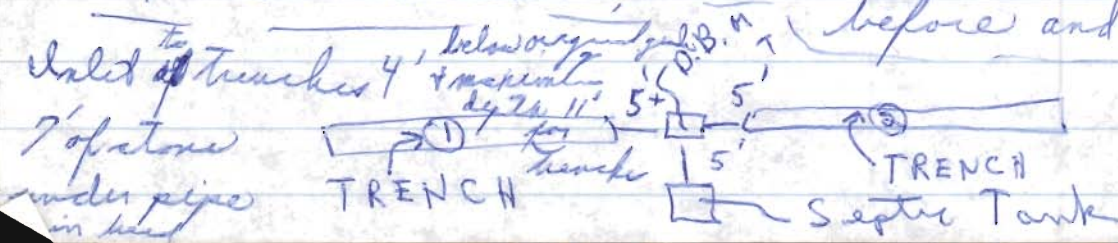
10/16/80 P.M.

Specs for R. Huffman existing house
septic repair.

Existing septic tank - if upgraded
with inlet + outlet baffle and cleanout
installed + acceptable to approving authority

Two trenches running parallel to
existing road and 10' off each
end of existing septic tank; T's
&/or distribution box may be used
after 5' earth buffer on outlet
end of septic tank to trenches. cast
iron pipes to be used to beginning of trenches

- 1 80' Trench
- 1 85' Trench
- 2 inspections of trenches
before and after stone install



← Copy of drawing
Given with
permit, C.A.

To: Office File Robert Huffman Property⁴¹⁵⁰ Ellicott Rd. #13/80
Ellicott Md.
From: C. B. Streaker, Field Sanitarian
Re: Memo below & concerning certification of test hole
required for above property

HOWARD COUNTY HEALTH DEPARTMENT

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

January 19, 1978

MEMORANDUM

TO: All Sanitarians
FROM: Donald W. Monaghan
RE: Perc Test and Field Location of test pits

If you require test pits to be field located you shall inform the owner and the engineer in the field at time of testing and by mail (3 copies - one for owner, one for engineer and one for our records) that:

1. Approval for lot or lots will not be granted until all perc pits are field located; *and repair completed to existing overflowing system C.B.S.*
2. Field location of pits must be received by this office within two (2) months after perc tests are completed; and
3. If necessary information is not received within the prescribed time frame this department may require re-perc of the property.

DhM:hs

A.M. 4/3/80 Sent via secretaries to owner - owner's copy and engineers & surveyors copy - Mr. Robert Huffman 4738 Ellicott Rd., Ellicott, Md.

September 17, 1980

Mr. & Mrs. Robert Huffman
4738 Ilchester Road
Ellicott City, Maryland 21043

Dear Mr. & Mrs. Huffman:

Section 12.104 of the Howard County Code states: "The Board of Health, the County Health Officer, Sanitarian or his representative, shall take cognizance of all conditions dangerous to health and may on their own initiative institute an investigation."

On Wednesday, April 2, 1980, the investigation revealed an overflowing sewage disposal system on the property owned by you and located at 4738 Ilchester Road, Ellicott City, Maryland.

In my capacity as a Sanitarian with the Howard County Health Department, I have determined that this overflowing sewage is of such a condition that it creates a public nuisance which endangers the public health.

To abate this unhealthy nuisance you must:

1. Secure a permit to repair the system.
2. Have ground opened up for inspection so Sanitarian can recommend the repair system.
3. Have the system repaired and inspected and approved by the Health Department.

You must comply with the provisions of this notice within thirty (30) days from the date of this notice, or apply to the Executive Secretary of the Board of Health for a hearing within ten (10) days from the date of this notice. If you do not apply for a hearing within the prescribed time and if you do not comply with this directive, a summons will be issued directing you to appear before the District Court of Howard County for a trial.

A copy of the Howard County Code is available for you to see at the Howard County Health Department.

Very truly yours,

Charles B. Streaker, Sanitarian
Water and Sewage Program

CBS 9/17/80
SBS:jr P.M.

(Original sent out)

Howard County Health Department

5/20/91

To: _____

HUFFMAN/WELSH

ARE ALLIED PROPERTIES

KEEP FILES TOGETHER

UNTIL PERCENT PLAT

IS SIGNED,

C.W.

From: _____

Date: _____

HD-170



HD - 147-280

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health

Ellicott City, Maryland 21043

Phone: 992-2330

Date: 4/3/80

TO: Secretaries

FROM: C.B. J

- | | |
|--|---|
| <input type="checkbox"/> Please Note & File | <input type="checkbox"/> Please Circulate |
| <input checked="" type="checkbox"/> For Your Information | <input type="checkbox"/> Please Comment |
| <input checked="" type="checkbox"/> Please Note & Return | <input type="checkbox"/> Please See Me |
| <input type="checkbox"/> Please Handle | |
| <input type="checkbox"/> Please answer, Sending me Copy of your letter | |
| <input type="checkbox"/> Please Prepare reply for my Signature | |

REMARKS:

*Please send memo's on
hole certification to Mr. R. Huffman
@ address on pers application*

Thanks

*4/3/80 - Mailed this date. /h
C.B. J*

Form 3811, Apr. 1977

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):

<input type="checkbox"/> Show to whom and date delivered	¢
<input type="checkbox"/> Show to whom, date, and address of delivery	¢
<input type="checkbox"/> RESTRICTED DELIVERY Show to whom and date delivered	¢
<input type="checkbox"/> RESTRICTED DELIVERY Show to whom, date, and address of delivery	\$

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
*Mr. & Mrs. Robert Huffman
4738 Ilchester Road
Ellicott City, Maryland 21043*

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. | INSURED NO.
| 496599 |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent
R. Huffman

4. DATE OF DELIVERY *9-24-80* POSTMARK
*SEP 24 1980
ELICOTT CITY, MD*

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆GPO: 1977-0-249-51695