

APPLICATION

PERCOLATION TESTING

A 41029

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4TH

DATE 2-24-88

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 + KAREN RYNARZEWSKI

ADDRESS 1227 CARTLEY COURT PHONE 442-1377

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BOKA VALLEY ESTATES PARCEL 2 LOT NO. 2 NEW 3 (Sept 88)

ROAD AND DESCRIPTION 1800 BLOCK, EAST SIDE, DAISY RD. APPROX .7 MILE
SOUTH RT. 144.

TAX MAP 9-1-12 PARCEL # 43

SIZE OF LOT 3.9 ACRES TYPE BLDG SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Karen L. Rynarzewski
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

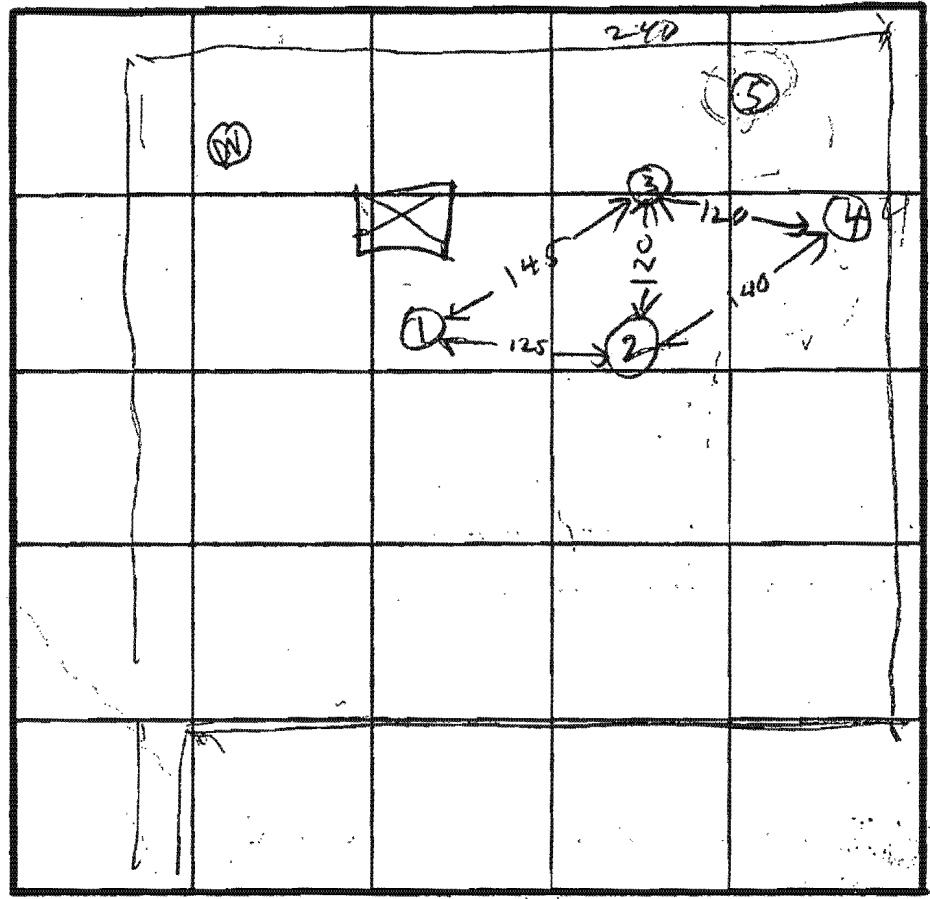
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Parcel 2
 NEW 3
 A 41029

SOIL PROFILE
 (2)
 RED CLAY
 LIGHT BROWN SAND SILT LOAM FEN FRASS



7 PERC
 20 MIN
 INV. 4
 BOTTOM 6

3
 RED CLAY
 PINK BROWN SAND LOAM

5
 BROWN CLAY
 PINK BROWN SAND LOAM
 ROCK BOTTOM

0
 TAN CLAY
 PINK BROWN SAND LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/16/88	1S	5.5	1114	1129	1129	1156	25
	1B	9.0	1113	1120	1120	1146	26
	1V	14	OK				
	2S	5.5	1118	1129	1128	1146	18
	2B	10	1118	1128	1128	1146	18
	2V	14	OK				
	3S	4	1136	1144	1144	1155	11
	3B	9	1136	1153	1153	1207	14
	3V	13	OK				
	4S	4	1150	233	233	233	29
	4B	9.5	1150	214	214	233	29
	4V	13	OK				
3	(5)	9	ROCK BOTTOM				
2/19/88	4EM	6	121	124	124	136	12

REMARKS: Hole (2)(4)(5) per SURVEYOR STAKE HOLES (1)(3) different

TYPE OF SOIL _____
 TESTED BY R. HODGES
 ALSO PRESENT WAYNE CARROLL, BILL JACOBSON, MCM

July 29, 1993
10:00

APPLICATION

PERCOLATION TESTING

A 49465
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525 H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

*PERCOLATION OK
PROPOSAL IS
TO ATTEMPT
TO EXPAND SEPTIC AREA
OUT BOTH SIDES TO
ENTRANCE HOUSE SITE OPTIOUS.
ANY DOWNHILL RELOCATION WOULD REQUIRE
WET SEASON TESTING. CW*

DISTRICT _____
DATE 7/20/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

7/20/93

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER H. T. BROWN

ADDRESS LOT 3 BOKA PHONE _____

AGENT OR PROSPECTIVE BUYER FRED DICKSON

ADDRESS PO BOX 278 Glenwood MD PHONE 410-442-5965

PROPERTY LOCATION:

SUBDIVISION BOKA LOT NO. 3

ROAD AND DESCRIPTION BOKA VALLEY CT.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 3+ AC. TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 7/29/93 CANCELLED AT SITE RH

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT