

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37512

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT _____

DATE 8/14/86

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 J.J.M. Partnership

ADDRESS 5570-201 Sterrett Place PHONE 740-4466
Columbia, Maryland 21045

PROPERTY LOCATION:

SUBDIVISION Chapel Woods II LOT NO. 15 *New 15*

ROAD AND DESCRIPTION West side of Middle Patuxent; North of Route 108

SIZE OF LOT 4.41 TYPE BLDG. residential
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

John Mikolanko
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9-16-80 - PERC SATISFACTORY, HOLD FOR SUBDIVISION PERM. SHALLOW
SYST. ONLY S. 1464

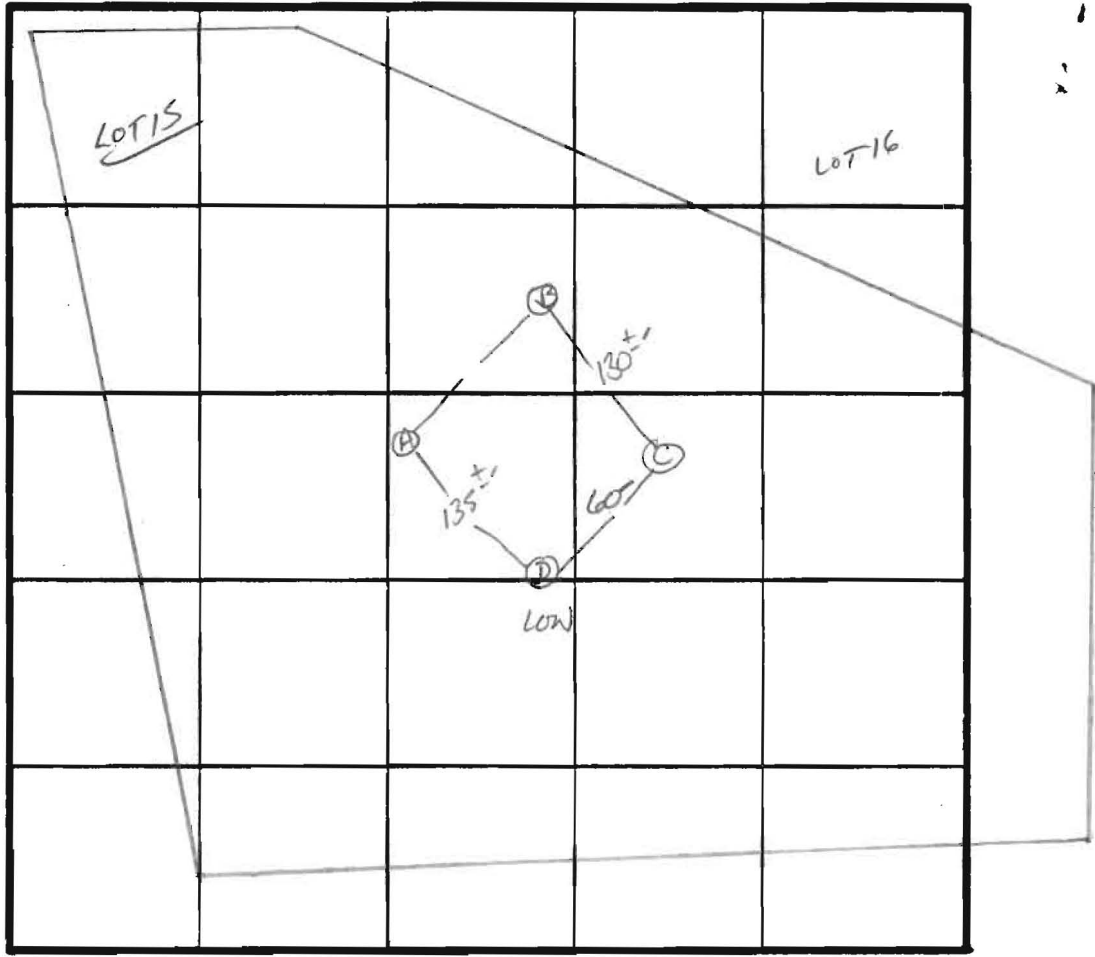
THIS IS NOT A PERMIT

SOIL PROFILE

0
4"
3"
3.5"
12.5"

A1-3
Yellow Red
Silt loam
9-12% clay
10% frags

TAN BROWN
SAND LOAM
15-20%
FRAGMENTS
Rock
Ledge
AT 7.5"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/16/86	C S	3"	11:13	11:15	11:15	11:18	3 min min	
		7"	11:11	11:15	11:15			
	C V	12.5"	uniform soil below 3"					
	D S	4"	11:20	11:20:30	11:20:30	11:21:30	1 min	
	D V	12"	stone as c w/ rock ledge					
	A S	3.5"	11:25	11:28	11:28	11:33	5 min	
	A V	12"	uniform soil below 3.5"					
	B S	3.5"	11:36:30	11:37	11:37	11:38	1 min	
	B V	12"	uniform soil below 3.5"					

$\bar{x} = 3 \text{ min}$
INLET 3'
MAX D 7'

EH 12 10/9

REMARKS Holes per PAT / Shallow Syst. only

TYPE OF SOIL Glennely / Chesex

TESTED BY S. Abel

ALSO PRESENT owner / developer

Relemining
1/5/86
9:30

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 38339

P _____

DISTRICT 53

DATE 12/31/86

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 JJM Partnership

ADDRESS 5570-201 Sterrett Pl. PHONE 740-4466
Columbia, Md, 21044

PROPERTY LOCATION:

SUBDIVISION Chapel Wood II LOT NO. NEW LOT 15 ON PRELIM

ROAD AND DESCRIPTION Rt. 108

SIZE OF LOT 4.4 ac. ± TYPE BLDG. Residential
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

John Mikolasko
(SIGNATURE OF APPLICANT)

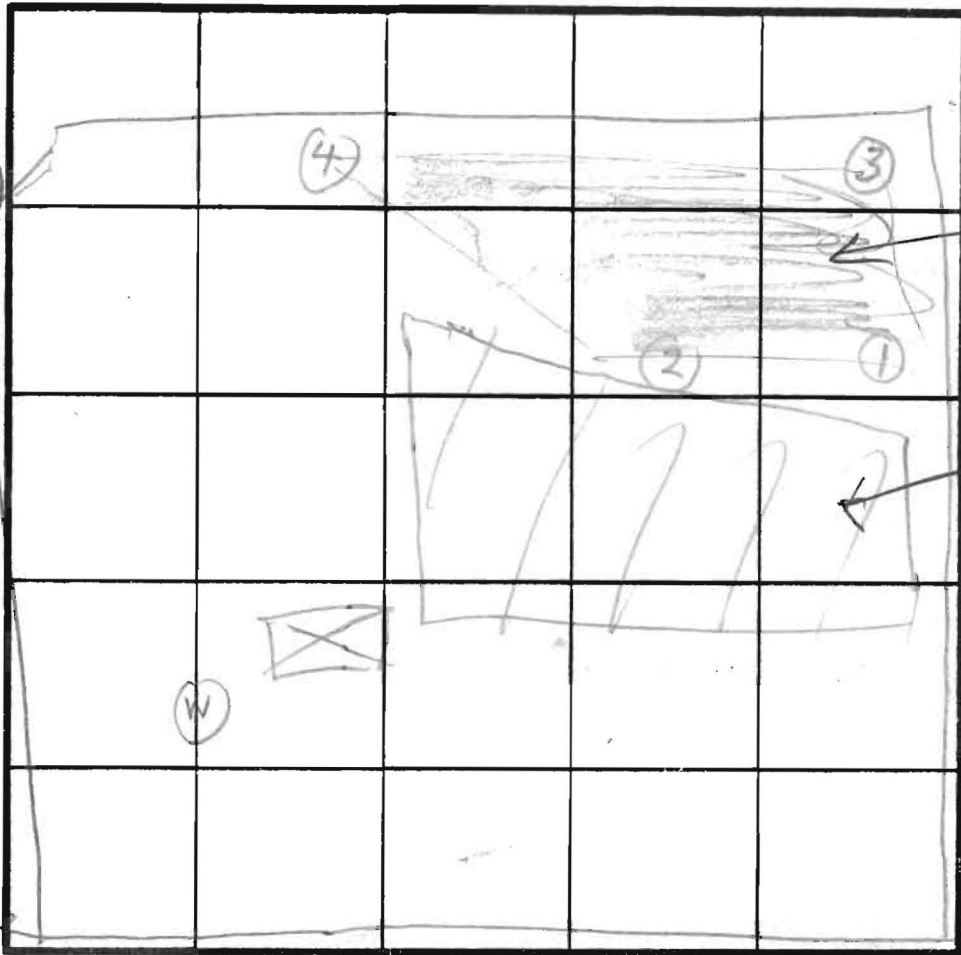
APPROVED BY Edy Abel FOR Deep trench Standard trench Repair DATE 7-21-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



A 39339

A 37512

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
 ALL SAND
 FEW
 ROCKS

BROWN CLAY
 BROWN SAND LOAM

ALL BROWN SAND LOAM

BROWN CLAY
 BROWN SAND LOAM
 FEW ROCKS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
15/88	1 S	4.5	257	300	300	363	5
	1 V	12	OK				
	2 S	5	304	300	306	310	4
	2 D	9	303	313	313	327	14
	2 V	14	OK				
	3 S	5.5	316	321	321	330	9
	3 V	14	OK				
	4 S	5.5	340	342	342	346	4
	4 V	12	OK				

av
 Time
 7 MIN
 MAX
 DEPTH
 3 F-7

REMARKS: Holes dug per Surveyor's Plot
 TYPE OF SOIL: _____
 TESTED BY: B HODGES ALSO PRESENT: MIKOLASCO



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT 11808 Chapel Bells Way _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

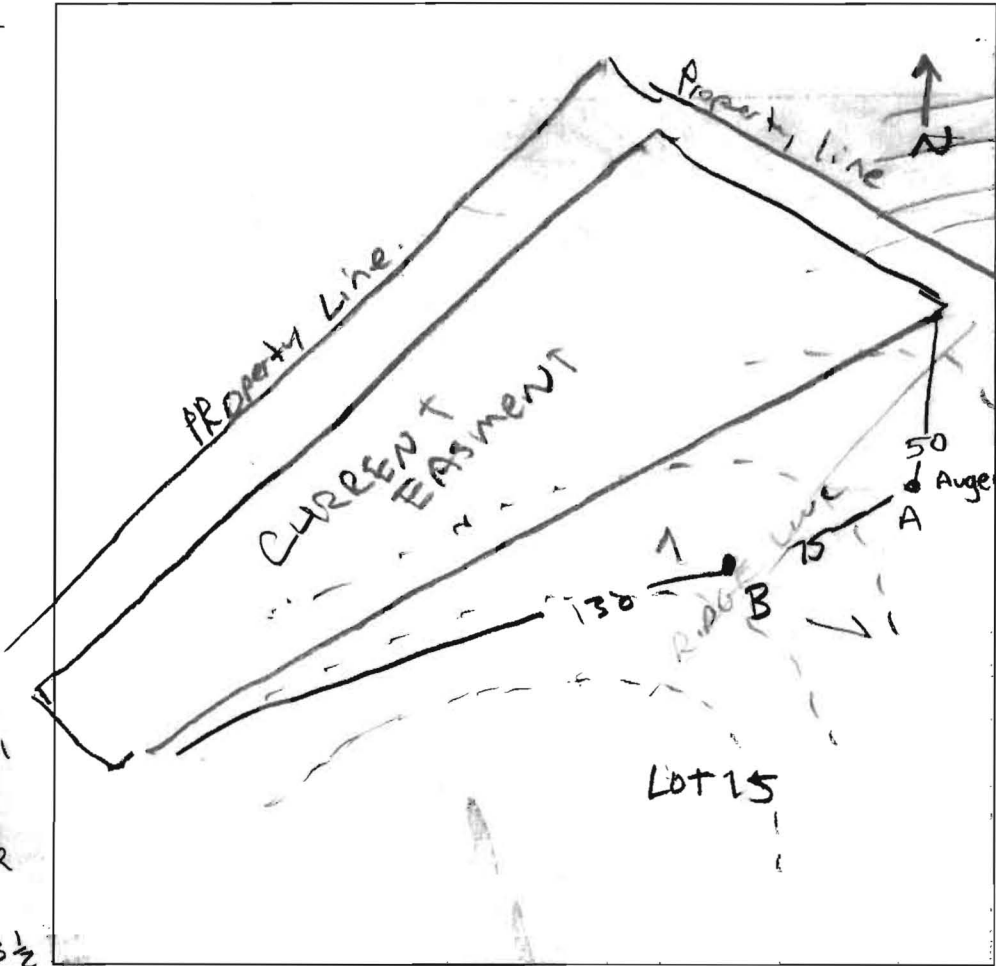
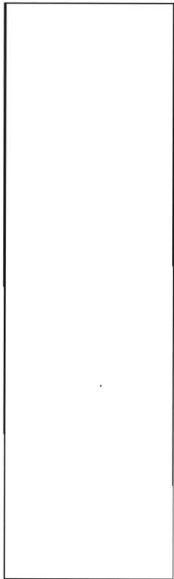
PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



- A**
- 1 brown 1
 - 2 Orange brown sil micaceous
 - 3 orange brown micaceous sil
 - 3 1/2 yellow brown sil
 - 5 yellow brown very fine sil
 - 6 1/5 cherty brass

- B**
- 1 1/2 brown 1
 - 1 1/2 dark brown sil micaceous
 - 2 1/2 light brown micaceous sil
 - 4 yellow brown sil
 - 4 1/2 5-10% cherty brass
 - 6 light yellow brown sil
 - 8

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/17							

REMARKS _____

SANITARIAN P.A.Y BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

