

APPLICATION

SEWAGE DISPOSAL TESTING

A 05495

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon tank

ELLICOTT CITY

Tile Field - 300 sqft bottom area
Place the tile field 125 ft to 160 ft
from the back of the house.

DISTRICT _____

DATE 7/18/62

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward F. Dorsey

ADDRESS Marriottville Rt 99 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Rt 99 - (south side) 2/10 of a mile west
of Marriottville 4th house

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 2
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Edward Dorsey

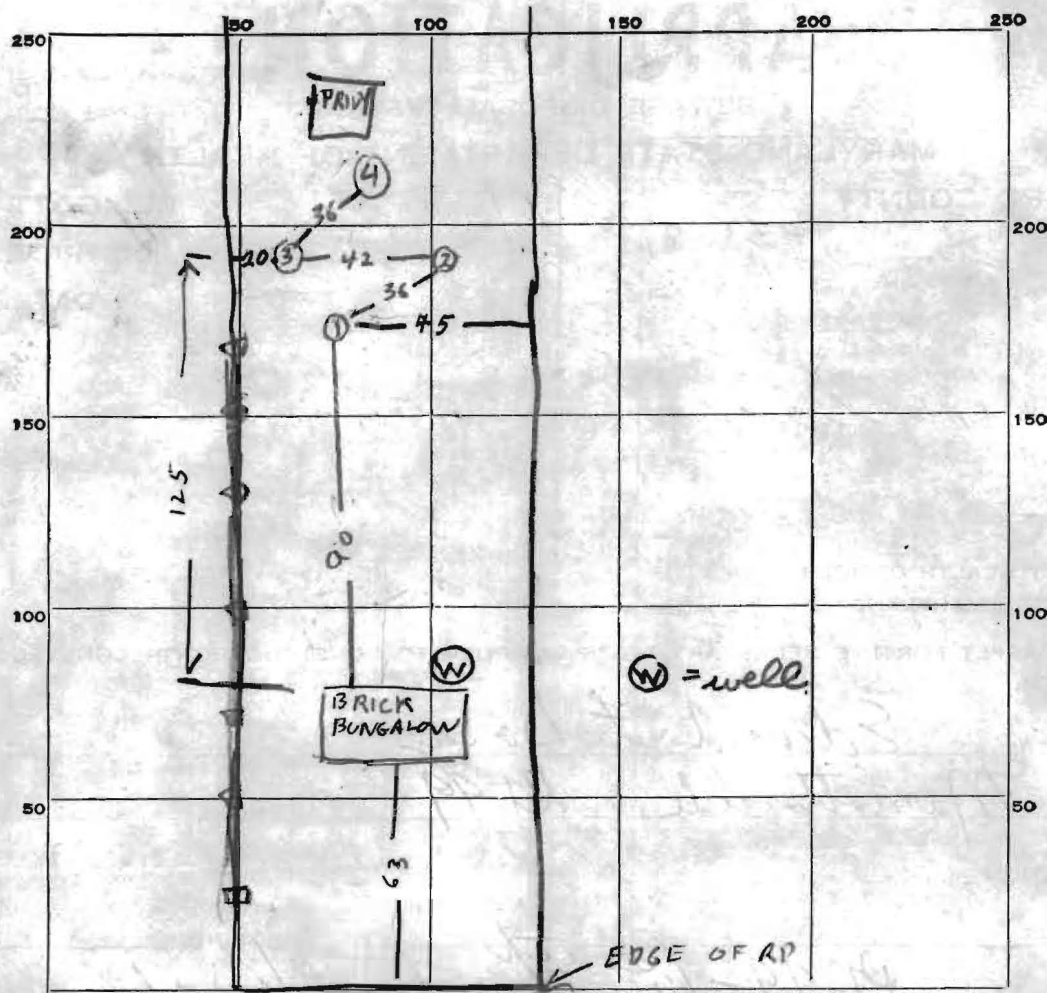
APPROVED BY Raymond Hodges FOR Tile Field DATE 19 July 62
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



36
90
36
125

← EAST

ROUTE 99

→ WEST

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
19 July 62	1	3	205	305	1	hyperunch	
" "	2	3	207	305	1	little perc	
" "	3	3	210	213	213	220	7 min
" "	4	4	253	255	255	258	13 min

} 13 min
over

SOIL AUGER FINDING _____
 TESTED BY Raymond Hodges
 REMARKS _____
 ALSO PRESENT Edward F. Perry LOT NO. _____

APPLICATION

SEWAGE DISPOSAL TESTING

A 34572

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 11-14-84

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 ~~Betty Lou Cook~~ BARBARA ANN RAWLINGS

ADDRESS ~~51765 Bartholow Rd Sykesville Md 21154~~ 11289 Old Frederick Rd, MARRIOTTVILLE MD 21104 PHONE 795-6716

PROPERTY LOCATION: 11289 Old Frederick Rd, MARRIOTTVILLE MD 21104

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION Old Frederick Rd. (Rt. 99)

SIZE OF LOT 1 acre + or - TYPE BLDG. 3
(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.

Betty L. Cook
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

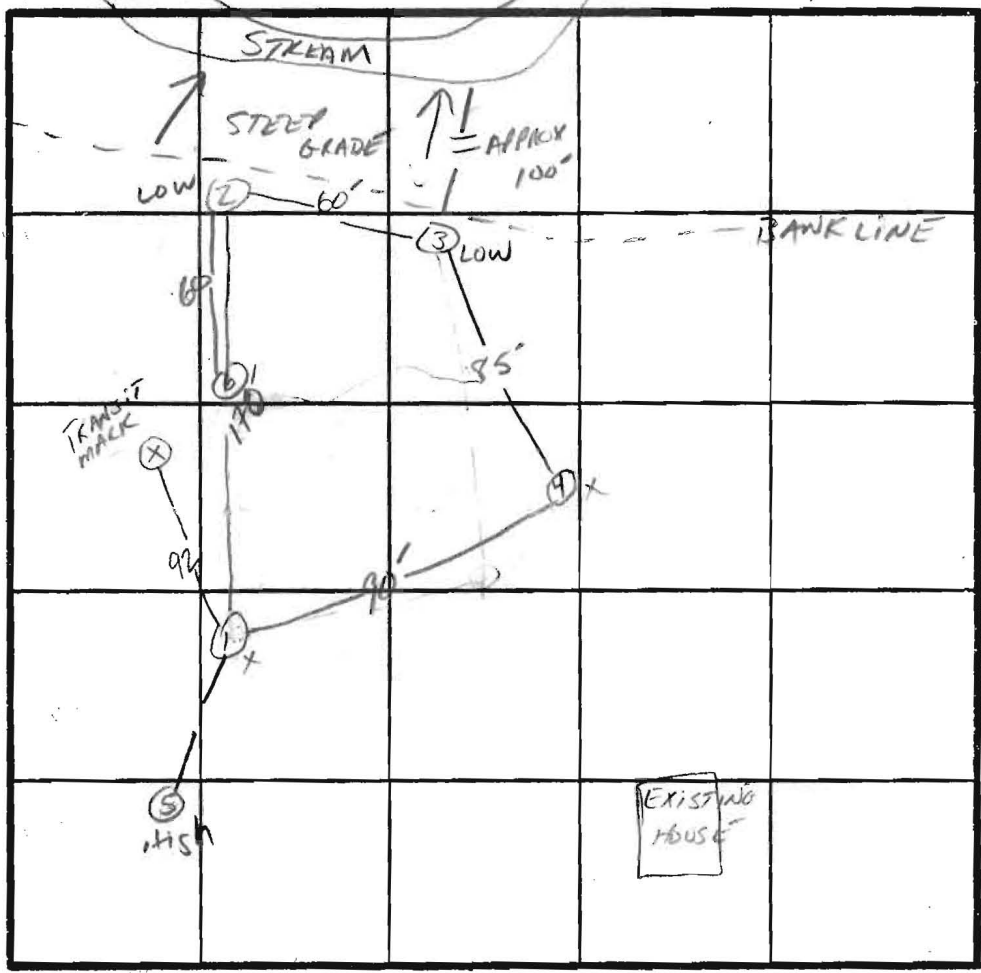
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-19-85 PERC. REQUIRES MORE TESTING TO OBTAIN SUFFICIENT AREA FOR SEPTIC FIELD, SAND CERTIFIED PUIT REQUIRED BEFORE DECISION - OWNER NOTIFIED 5/30/85 CW

THIS IS NOT A PERMIT

57218



① ⑤
SOIL PROFILE

0
6" A1-3
Brown micaceous CLAY LOAM
10-20% SAPROLITE
4.5
Brown micaceous SAND LOAM
30-40% SAPROLITE CLAY
VEINS TO 7' FT
11" SAPROLITE 50-90
13

②
6" A1-3
Brown micaceous CLAY LOAM
10-20% SAPROLITE
4' Brown micaceous silty SAND
30-40% SAPROLITE
11"

③
6" A1-3
Brown silty CLAY LOAM
20% SAPROLITE
3' Brown micaceous silty SAND
20-30% SAPROLITE
10" SAPROLITE >50%
11"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Rt 99

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18/85	1S	4'	1:31	1:47	1:47	2:22	35min LI
	1V	13'	UNIFORM SOIL STRUCTURE BELOW 4.5				
	2S	5'	2:01	2:04	2:04	2:15	11min
	2V	11'	UNIFORM SOIL STRUCTURE BELOW 4'				
	3⑤	3'	2:10	2:15	2:15	2:30	15min
	3V	11'	UNIFORM SOIL STRUCTURE 3-10'				
	4V	GOOD SOIL 3-8' CONSOLIDATED ROCK FROM 8'					
	5S	5'	2:33	2:55	→ NO MOVEMENT		
	5V	11'	UNIFORM SOIL STRUCTURE BELOW 4.5' CLAY VEINS TO 7'				
	IM	5'	2:29	2:44	← 1/2" MOVEMENT - CLAY VEINS TO 7'		
	6V	UNIFORM SOIL 4-10'					

REMARKS NOT ENOUGH AREA ESTABLISHED BY THIS TEST CW 4/18/85

TYPE OF SOIL _____

TESTED BY S. Abul

ALSO PRESENT _____

EH-12-1079

22
L
5"

APPLICATION

4/18/85
11:00 AM

SEWAGE DISPOSAL TESTING

A 34573

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 11-14-84

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 ✓ Barbara Ann Rawlings

ADDRESS ✓ 11285 Old Frederick Rd, Marriottsville, Md. 21104 PHONE ✓ 442-2857

PROPERTY LOCATION: 11285

SUBDIVISION ✓ TAX MAP 10 GRD 22 PARCEL 63 LOT NO. ✓ 5

ROAD AND DESCRIPTION ✓ Old Frederick Rd. (Rt. 99)

SIZE OF LOT ✓ 1 acre +- TYPE BLDG. ✓ 3
(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. ✓

Barbara G. Rawlings
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

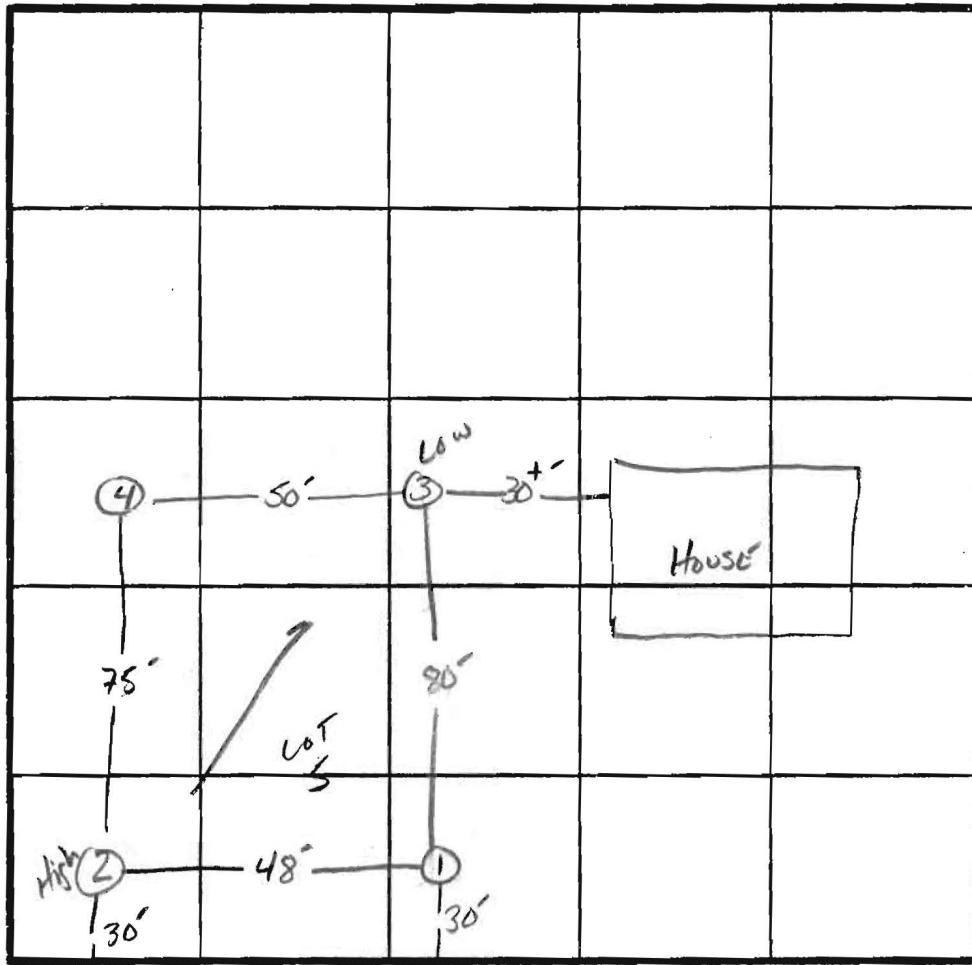
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5-2-85 PERC. SATISFACTORY, HOLD FOR REVIEW, LIMITED HOUSE AND WELL SITE, PERC. ON HIGHEST POINT OF LOT. HOLD FOR CERTIFIED PLAT. JA

THIS IS NOT A PERMIT

0200
SOIL PROFILE

0"	A1-3
6"	RED BROWN CLAY LOAM 410% SAPROLITE
4"	BROWN MICAEOUS SILTY SAND 10-20% SAPROLITE
12"	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 99

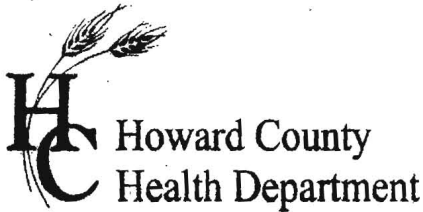
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/2/83	1 S V	4" 12"	9:50	9:55	9:55	10:03	8min
	2 S V	4" 12"	9:52	9:56	9:56	10:01	5min
	3 S V	3.5" 12"	10:03	10:10	10:10	10:33	23min
	4 S V	4" 12"	10:02	10:09	10:09	10:23	17min

REMARKS LIMITED HOUSE/Well SITE AREA ON HIGHEST POINT OF LOT.

TYPE OF SOIL _____

TESTED BY Stable ALSO PRESENT _____

EH-12-1079



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 521572
DATE 9/30/04

AGENCY REVIEW: _____

TAX ID # 03-284328

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) EDNA MAE COOK

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 11285 OLD FREDERICK RD. MARRIOTTVILLE MD 2104
STREET CITY/TOWN STATE ZI

APPLICANT: SWANBERGER LANE

DAYTIME PHONE 410 461-9563 CELL _____ FAX 410 461-9693

MAILING ADDRESS 8726 TOWN & COUNTRY BLD ELLICOTT CITY MD 21043
STREET CITY/TOWN STATE ZI

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME MARRIOTTVILLE LOT NO. 5

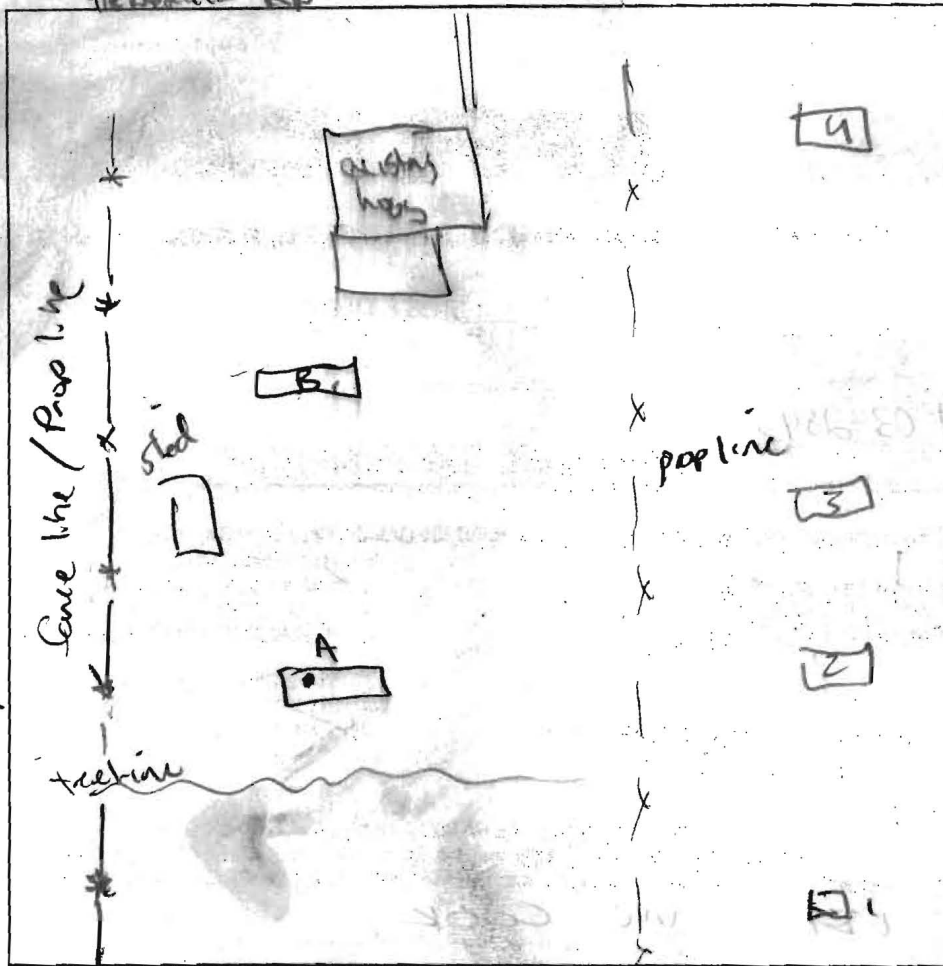
PROPERTY ADDRESS OLD FREDERICK RD MARRIOTTVILLE
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 10 GRID 022 PARCEL(S) 03 PROPOSED LOT SIZE 1.0

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]
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
brown/red
mud
red brown
slt
mica
brown/red
black
slt
mica
bands
wt
slate

B
Brown
red
brown
slt
mica
red brown
slt
wt mica
& cherty
frags
5-10"
get slt
hard
bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/16/01	A	5 12	10:51 ⁴⁰	10:53 ⁰⁰	10:55	2	P
		6					

REMARKS * hole A - future Repair AREA.
 SANITARIAN P.Y./J.B. BACKHOE Sealers Bog OTHERS
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____