

APPLICATION

PERCOLATION TESTING

A 43030

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

check is in

DISTRICT 512

DATE 11/2/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

953-5564

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LUNDY Property LOT NO 1

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

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

A 43031
P _____
DISTRICT 571
DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LUNDY Property LOT NO 2

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43032

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 571

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LUNDY Property LOT NO 3

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43033

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 5TH

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LUNDY Property LOT NO 4

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 93034
P _____
DISTRICT 577
DATE 11/2/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LUNDY Property LOT NO 5

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REJECTED BY _____ FOR _____ DATE _____

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REASONS FOR REJECTION OR HOLDING _____

HD-216

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APPLICATION

PERCOLATION TESTING

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

A 43035

P _____

DISTRICT 5TH

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lundy Property LOT NO 6

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43036

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 574

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lundy Property LOT NO 7

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43037

P _____

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

DISTRICT 5TH

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Lundy
Property

SUBDIVISION _____ LOT NO 8

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43038

P _____

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

DISTRICT 524

DATE 11/2/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy Property

SUBDIVISION _____ LOT NO 9

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

A 43039

P _____

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

DISTRICT _____

DATE _____

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy Property
SUBDIVISION _____ LOT NO 10

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 43040

P _____

DISTRICT 5TH

DATE 11/2/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy
SUBDIVISION Property LOT NO 11

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert Lundy
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

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APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 43241

P _____

DISTRICT 571

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy

SUBDIVISION Property LOT NO 12

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

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

A 43042
P _____
DISTRICT 572
DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy

SUBDIVISION Property LOT NO 13

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 43043

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT STH

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd. West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy

SUBDIVISION Property LOT NO 14

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert T. Lundy
(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

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 43044

P _____

DISTRICT 512+

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy

SUBDIVISION Property LOT NO 15

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(SIGNATURE OF APPLICANT)

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REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 43045

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 571

DATE 11/21/88

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 Lundy

ADDRESS 3245 Pfefferkorn Rd West Friendship PHONE (301)854-6998

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Lundy
SUBDIVISION Property LOT NO 16

ROAD AND DESCRIPTION 3245 Pfefferkorn Rd

TAX MAP 15 PARCEL # 176

SIZE OF LOT 3 Ac. TYPE BLDG Residential
(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.

Robert T. Lundy
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

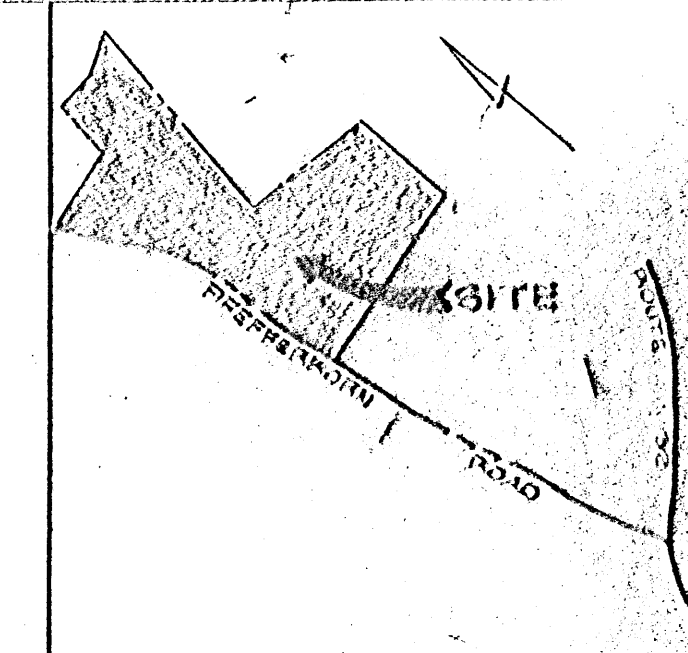
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT



DENSITY TABULATION	
GROSS AREA OF SITE	61.85 AC
FLOOD PLAIN / SHEEP SLOPE	0.50 AC
GROSS AREA OF LOTS	59.00 AC
NET AREA OF LOTS	58.60 AC
OPEN SPACE PROVIDED	-
TOTAL NO OF DWELLING UNITS ALLOWED	20.60
TOTAL NO OF DWELLING UNITS PROVIDED	16
AREA OF ROAD R/W	2.80 AC
DENSITY PER ACRE	3.86



VICINITY MAP
SCALE: 1/2" = 100'

- ① Reshape all lots - Houses have updated zoning all shapes
- ② Nearest lot corners must be staked

- NOTES:**
1. SUBJECT PROPERTY ZONED R PER 0-2-85 COMPREHENSIVE ZONING PLAN
 2. THIS AREA DESIGNATES A PRIVATE SEWAGE BASEMENT OF A MINIMUM OF 10,000 SQUARE FEET AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA. THIS RESTRICTION UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE BASEMENT. RECOGNITION OF A MODIFIED SEWAGE BASEMENT SHALL NOT BE NECESSARY.
 3. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMAL OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
 4. O DESIGNATES WATER WELL
 5. [] DESIGNATES PROPOSED HOUSE
 6. TOTAL AREA OF SITE = 61.85 AC
 7. TOTAL NUMBER OF LOTS = 16
 8. GROSS AREA OF LOTS = 59.00 AC
 9. NET AREA OF LOTS = 58.60 AC
 10. TOTAL AREA OF ROAD R/W = 2.80 AC

DESIGNED	DATE	REVISIONS	
		DATE	DESCRIPTION

LS
LORIA, SEDGHI & ASSOCIATES, LTD.
 Engineers • Site Planners • Surveyors
 3217 Corporate Court
 Elkton City, MD 21043
 (301) 769-9093

OWNER
ROBERT LUNDY
 3245 PFEFFERKORN ROAD
 WEST FRIENDSHIP, MD.
 21224

SKETCH PLAN
LUNDY PROPERTY
 TAX MAP 15 PARCEL 175
 2nd ELECTION DIST
 HOWARD COUNTY, MD

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

November 28, 1988

Mr. Robert Lundy
3245 Pfefferkorn Road
West Friendship, Maryland 21794

RE: Percolation testing
Lundy Property
Tax Map 15, Parcel 176

Dear Mr. Lundy:

This is to advise you that the sketch plan for Lundy Property has been approved by this department. The following is the approximate time schedule and requirements prior to test date:

- (1) Date testing to begin will be February 21, 1989.
- (2) This subdivision will receive 4 test days.
- (3) All lots are to be clearly staked. Sewage disposal fields are to be staked at all corners and lot corners are to be staked along all proposed roads with a different colored ribbon. In addition to the above, all sewage disposal fields more than 200 feet from proposed roads are to have the lot corner nearest to the sewage disposal field staked.
- (4) On February 14, 1989 you are scheduled to have a walk through of the property with a sanitarian from this office and a representative of your choice. Please call this office prior to the date and confirm this inspection.
- (5) Failure to meet the above may result in a significant delay in the completion of the subdivision.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Sid Abel".

Sid Abel, Sanitarian
Water and Sewerage Program

SA:hs

cc: Loria, Sedghi and Associates, Ltd.