

APPLICATION

A 22/50

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT _____

DATE 1/14/85

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 E Sherman Owens 10

ADDRESS 10060 Old Frederick Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION Shelley Owens Property LOT NO. Lot 2

ROAD AND DESCRIPTION off RT 99 Between Mark's farm + Sunset Rd

SIZE OF LOT 61,600 ft² TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED AND RETURNED 1/5/76

SIGNATURE OF APPLICANT _____

APPROVED BY Ralph O'Neil FOR Daywell & Trans DATE 12/12/85
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS ✓ DATE 12/11/82

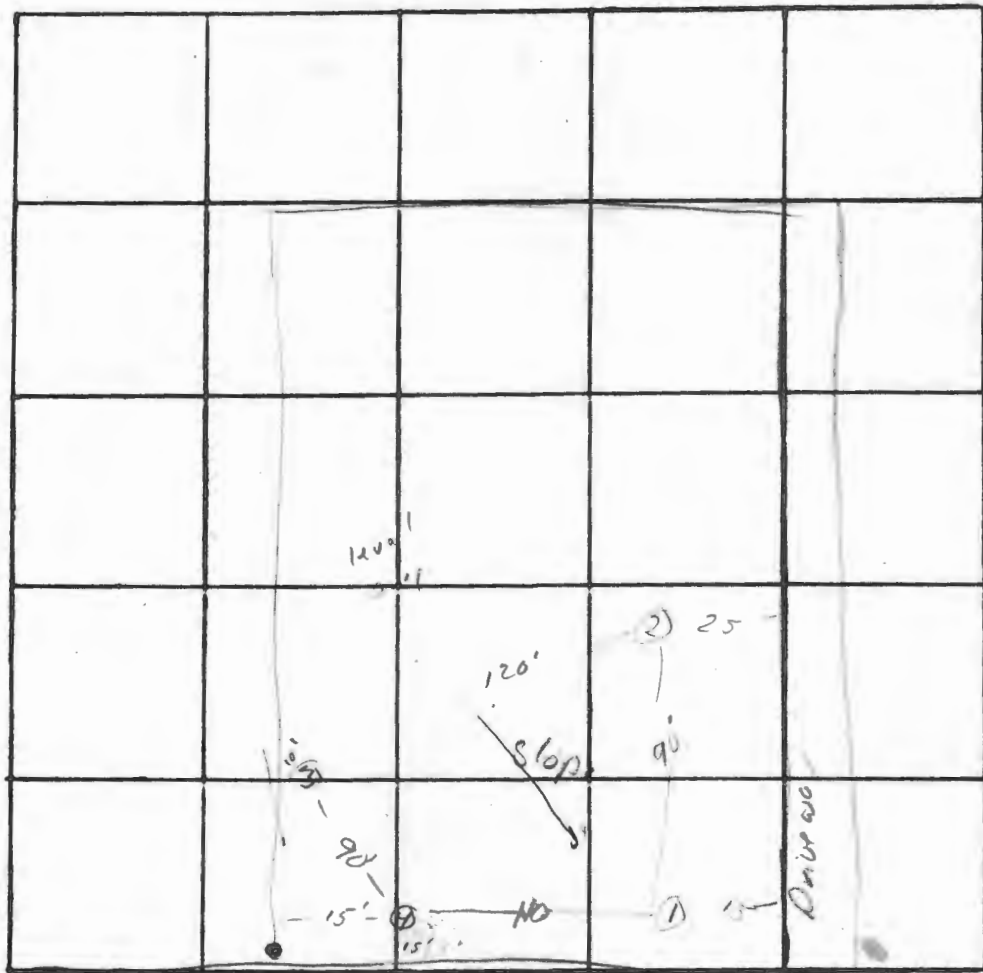
REASONS FOR REJECTION OR HOLDING need idea for repair system on existing house.

THIS IS NOT A PERMIT

lot ?

384

- 0
- Clay
- 4'
- clay mix
- 100% 6'
- 100%
- 8
- Sand
- 13



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

R199

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/26/25	1	4'	9:00	—				
	d	11'	9:53	9:57	9:58	10:06	8	
	2	11"	— soil beginning to get haul.					
	3 s Hr	6'	10:04	10:09	10:09	10:10	13	
	30	14'	10:09	10:10	10:10	10:15	5	
	40	5'	10:20	10:24	10:26			
	41.	13'	10:24	10:26	10:26	10:30	4	
	15	6'	10:41	10:58	10:57	11:26	28	
	45.	6'	10:35	10:50	10:50	11:26	28	
	45	6 1/2'	11:00	11:08	11:08	11:24	16	

BOP

BOP
P.O.P.

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

owner: Michael Miskel

A 22/50

SUBDIVISION: E. Sherman Owens property

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>sq. ft./bedroom</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon		
4 bedroom	1250 gallon		
5 bedroom	1500 gallon		

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

217 sq. ft./bedroom

Trench to be 2 ft. wide.

Inlet 4 1/2 feet below original grade.

Bottom maximum depth 11 feet below original grade.

Effective area begins at 4 1/2 feet below original grade.

6 1/2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: Start the trench 80 ft. from the front (168.30 ft long) lot line and 80 ft. from the left (439.21 ft. long) side line as seen when facing the lot from Md. Rte 99. Continue to dig the trench on level ground running towards the left side of the lot. Place the second trench parallel to and 14 ft. away from and downslope of the first trench.

APPLICATION

A 22/52

SEWAGE DISPOSAL TESTING

P. _____

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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 2

DATE 1/14/85

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 E. Sherman Owens

ADDRESS 10060 Old Frederick Rd PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Lot 1 existing house

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

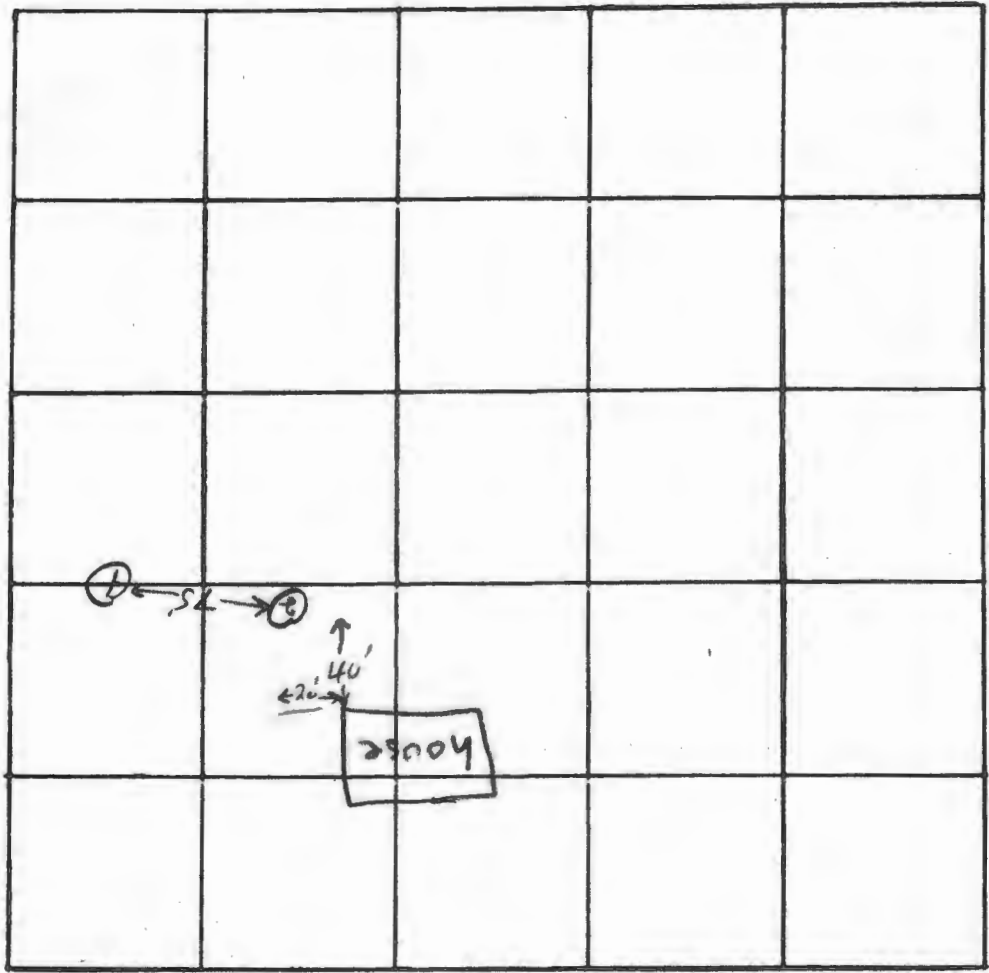
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

← west

east →

1420 9A



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/4/75	1	12 1/2'	Clay to 3' sandy loam below					
	2	12'	Clay to 3' sandy loam below					

REMARKS _____

TYPE OF SOIL sandy loam below to 3' clay

TESTED BY F.S.

ALSO PRESENT: Booth & Co. D. Ruck

Transferred, A.H.'s per
M. Skinner

4/14/85
ji