

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

11/29/67
Partial

PROPOSED
LOT 1
20266

Directions needed.

11/29/67 - Partial OK
12/27/67 - Approved JH
P 13273

PERMIT

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 11/28/67

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Old Frederick Road, Ellicott City, Md. PHONE 465-6646

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Folly Quarter Rd. LOT _____

PROPERTY OWNER Mr. Clark Jamison

ADDRESS Zeller - 13334

SPECIFICATIONS REPAIR yr[±]

*2nd house before crossroads
of Folly & Folly Qtr. Rds.
Right hand side of white house
west side - narrow on road but
back lot in front yard.*

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Leaching bed - 20 x 30 - approx. 4 to 5 ft. deep

NOTE: CALL FOR INSPECTION OF LEACHING BED WHEN HOLE IS DUG BEFORE GRAVEL IS
INSTALLED.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY _____ DATE 11/28/67

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

13273

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

December 8, 1988

Mr. Robert Ripamonti
13423 Rich Lynn Court
Highland, Maryland 20777

RE: Percolation Testing
Zeller Property
Folly Quarter Road
Glenelg, Maryland

Dear Mr. Ripamonti:

Percolation testing conducted November 14, 1988 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site. The subdivision plat should designate a 10,000 sq. ft. sewage easement for each lot, including any on which a house is already built.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

Dptec

File No. F-89-202

OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

Zelba Property
(Name)

SIGNATURE APPROVAL

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

<u>OPZ</u>	<u>Date Received</u>	<u>Date Forwarded</u>
<u><i>Cindy DelZoppo</i></u>	<u><i>7/2/90</i></u>	<u><i>7/2/90</i></u>
Reviewing Agent		

Rejected For: _____

<u>DPW/HEALTH</u>	<u>Date In</u>	<u>Date Forwarded</u>
<u><i>[Signature]</i></u>	<u><i>7-3</i></u>	<u><i>7-12-90</i></u>
Reviewing Agent		

Rejected For: *orig & C 2*

<u>HEALTH/DPW</u>	<u>Date In</u>	<u>Date Forwarded</u>
_____	_____	_____
Reviewing Agent		

Rejected For: _____

<u>OPZ</u>	<u>Date Received</u>	<u>Owner/Engineer Notified</u>
_____	_____	_____
Reviewing Agent		

Actions or Revisions Needed: _____



R 217

R 207

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BRIAR HILL

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