

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.

Permit
4/5/83
9:30 AM
5/13/83
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32627

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 6

DATE 4/5/83

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 B.W.I.P. Inc.

ADDRESS 110 West Rd Towson, Md 21204 PHONE 296-6400

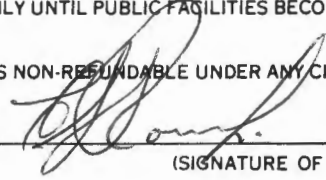
PROPERTY LOCATION:

SUBDIVISION Balto Wash Ind Pk LOT NO. B

ROAD AND DESCRIPTION North side of Patuxent Range Rd
650' West of Dorsey Run Rd

SIZE OF LOT 500' x 110' TYPE BLDG. _____ (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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11 MAY 83 PERC OK HOLD FOR PERC
CERT PLAT R/H FS SAID PUMP OK TO OSD
FOR SEPT IC

THIS IS NOT A PERMIT

SOIL PROFILE

0'

Vertical rectangular box for soil profile drawing.

Large grid for soil profile drawing, consisting of 5 columns and 5 rows.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
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REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH 12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

A 32627

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 6th

DATE 4/5/83

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 BWIP

ADDRESS 110 West Road, Towson, Md PHONE 296-4408

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. B.

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

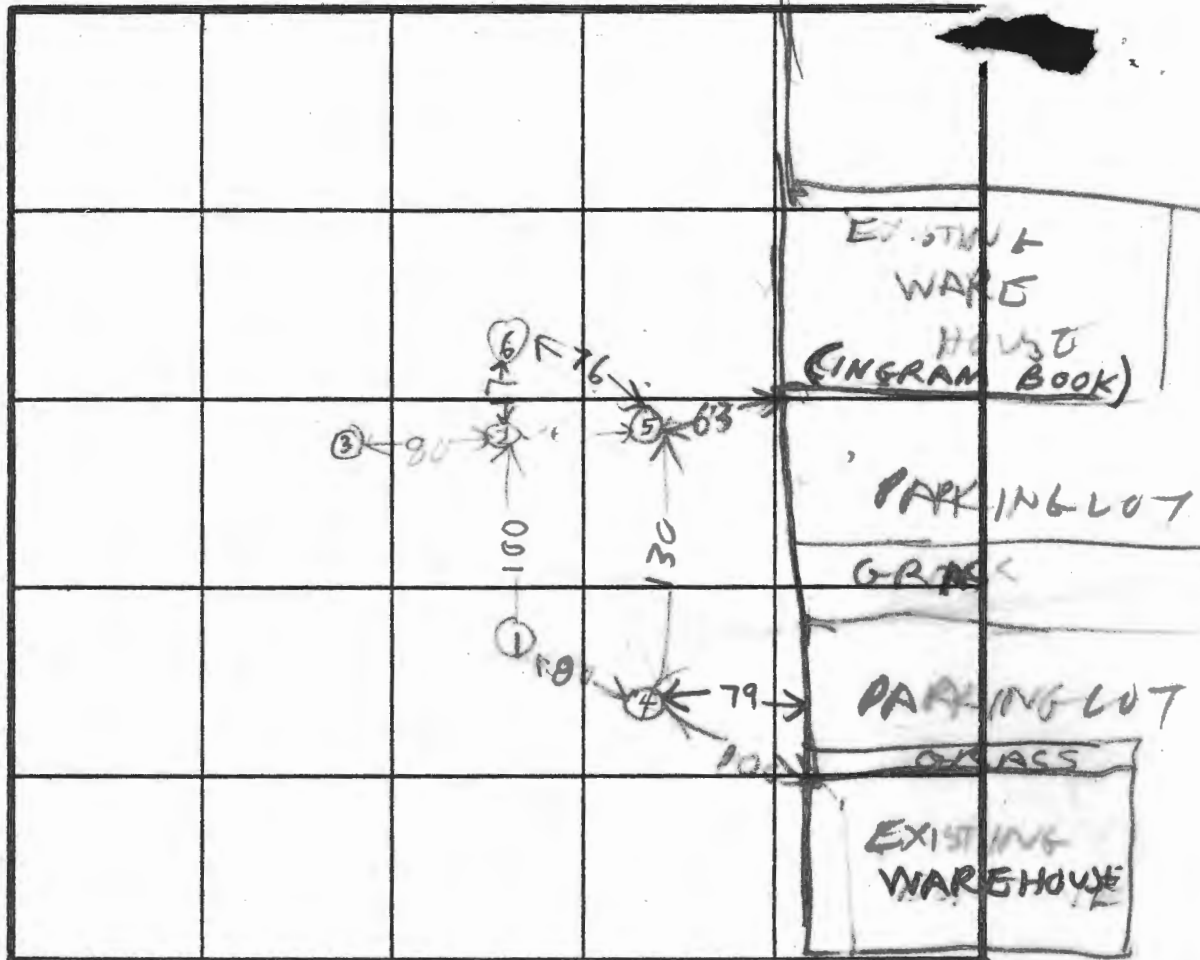
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

3

SOIL PROFILE

BED CLAY WITH STRAIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

4

CLAY SAND FILLER

BROWN CLAY SAND MIX

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|----------|----------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 5/11/03 | 1S | 3 | 1019 | 1022 | 1022 | 1027 | 5 |
| | 1V | 11 | LOOKS OK | OK | ALL SAND | | |
| | 2S | 3 | 1033 | 1033 1/2 | 1033 1/2 | 1034 | 1/2 |
| | 2V | 11 | LOOKS OK | OK | ALL SAND | | |
| | 3V | 9 | | | | | |
| | 4S | 4 | 1122 | 1123 | 1123 | 1125 | 2 |
| 12/1/03 | 4P | 7 1/2 | 1201 | 1202 | 1202 | 1204 | 2 |
| | 4V | 12 | LOOKS OK | OK | | | |
| | 5S | 3 | 120 | 121 | 121 | 122 | 1 |
| 5/11/03 | 3V | 11 | LOOKS OK | | ALL SAND | | |
| | 6V | 11 | ALL SAND | | LOOKS OK | | |

HOLE ELEVATION
A
54 HIGH
126 LOW

REMARKS CITY WATER LOT ALMOST LEVEL

TYPE OF SOIL LOT NOT STAKED NEAR BY BUILDING USE

TESTED BY R. HODGES SIM, LEE RON DIGGERS
ALSO PRESENT BOB ROESNER SURVEYOR

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32628
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 6
DATE 4/5/83

Prep:
4/13/83
9:50 AM
5/13/83
9:30 AM

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 B.I.P. Inc
ADDRESS 110 West Rd Towson, Md 21286 PHONE 296-6400

PROPERTY LOCATION:
SUBDIVISION Balto. Wash-Ind. Pl. LOT NO. 6
ROAD AND DESCRIPTION N.W. cor. of Patuxent Range Rd
+ Dowsy Run Rd
SIZE OF LOT 550' x 950' ± TYPE BLDG. 2 (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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 13 MAY 83 - DIB MORE SLOW PERC SOIL & WATER PH
H.S. SAID OK TO USE A PUMP FOR SEPTIC
SYSTEM

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 32628

P _____

DISTRICT 6

DATE 4/5/83

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 BWIP Inc

ADDRESS 110 West Rd, Towson, Md 21204 PHONE 296-4400

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. C

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (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. _____

(SIGNATURE OF APPLICANT)

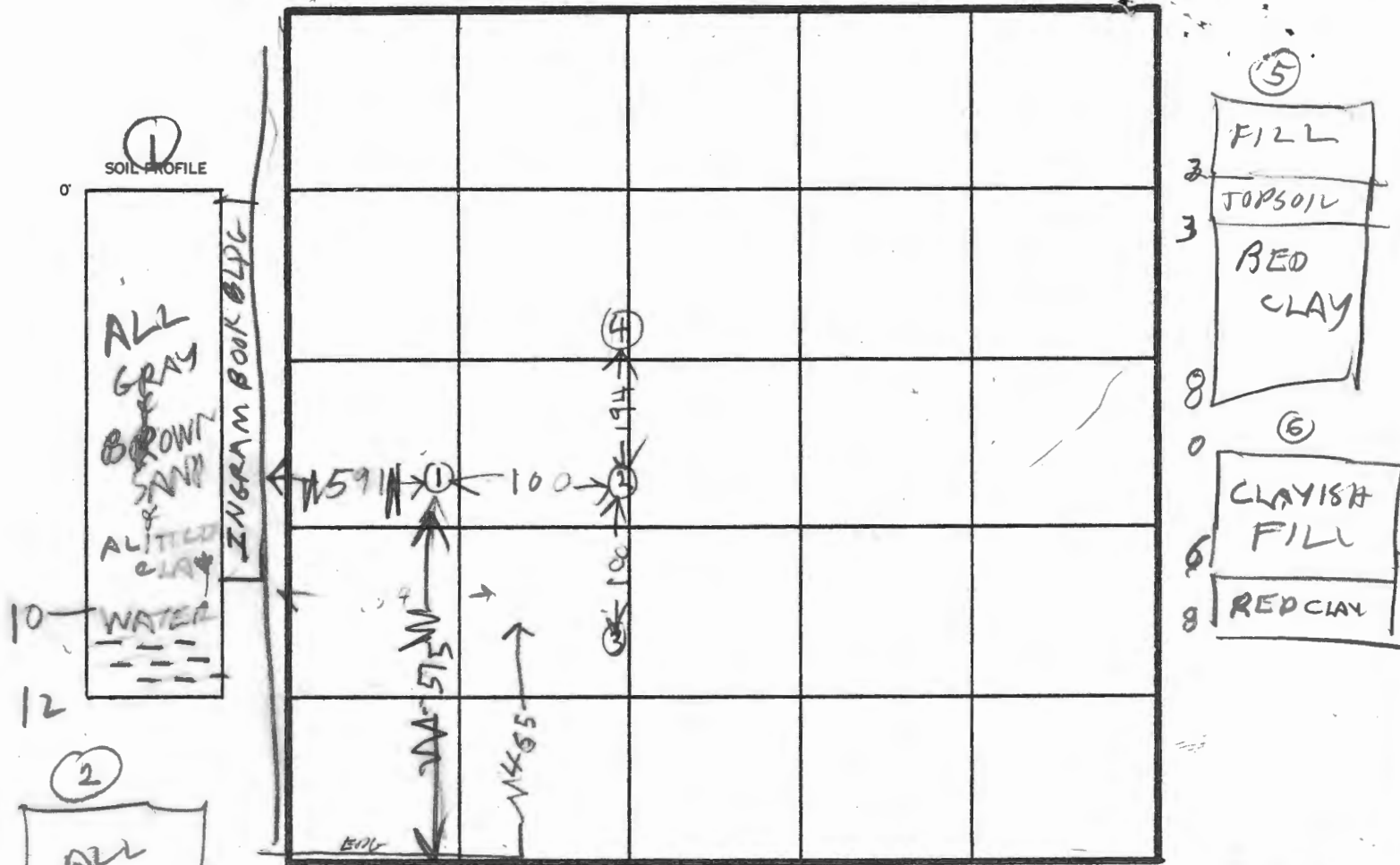
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RATUXENT RANGE RD

JODORSON RUN RD

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|--------|-----------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 5/1/83 | 1S | 3" | 1006 | 1016 | 1016 | 1025 | 9 |
| | 1V | 12" | WATER | | 1017 | | |
| | 2S | 2" | 1022 | 1023 | 1023 | 1030 | 7 |
| | 2V | 9" | WATER | | 8F7 | | |
| | 3V | 7 1/2" | WATER | | | | |
| | 4V | 6" | LOOKS BAD | | | | |
| | 5V | 8" | LOOKS BAD | | | | |
| | 6V | 8" | LOOKS BAD | | | | |
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REMARKS SEE PAGE 2 FOR HOLE 5 6 LOCATION

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT

EH-12-1078

Prel.
4/13/83 cancelled
9:30 AM
4/20/83
NO BACKFLOW

APPLICATION

5/11/83 5/13/83
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32626

P _____

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

DISTRICT 6

DATE 4/5/83

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 B.W. L.P. Inc

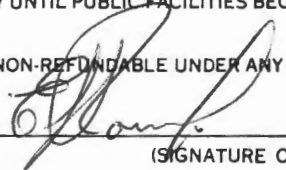
ADDRESS 110 West Rd Towson, Md. 21204 PHONE 296-6400

PROPERTY LOCATION:
SUBDIVISION Balto. Wash. Ind. Pl. LOT NO. A

ROAD AND DESCRIPTION S.W. cor. of Patuxent Range Rd
+ Dorsey Run Rd.

SIZE OF LOT 650' x 1500' ± TYPE BLDG. _____ (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.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/20/83 BACKHOE NO SHOW RH
5/11/83 DIG MORE SLOW PERC & WATER

THIS IS NOT A PERMIT

SOIL PROFILE

0'

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
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REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH 12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 32626

P _____

DISTRICT 6

DATE 4/5/83

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 B W I P, Inc

ADDRESS 110 West Road, Towson, Md 21204 PHONE 296-6400

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. A

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____ (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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

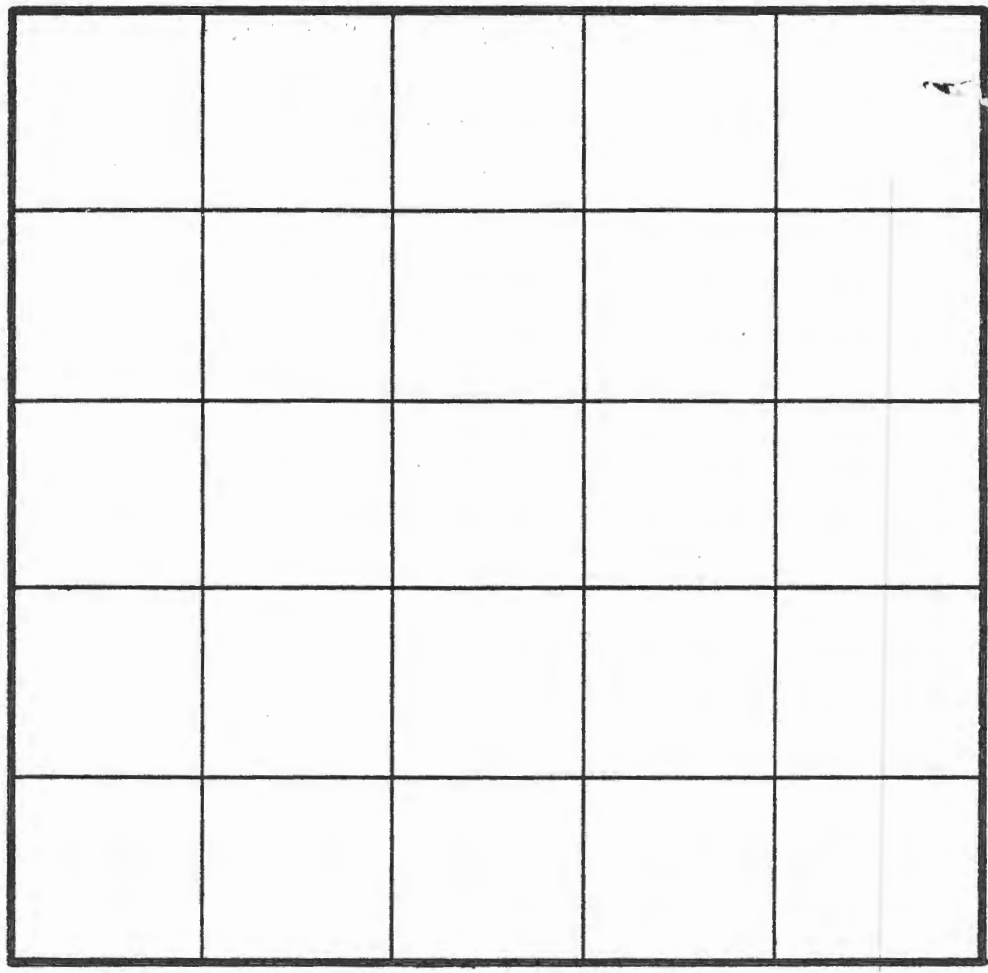
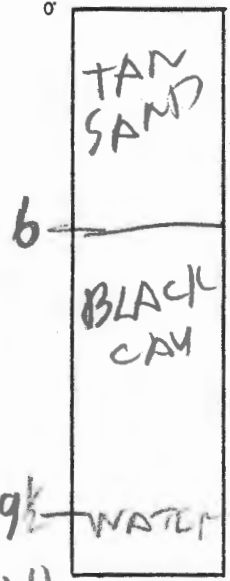
THIS IS NOT A PERMIT

5

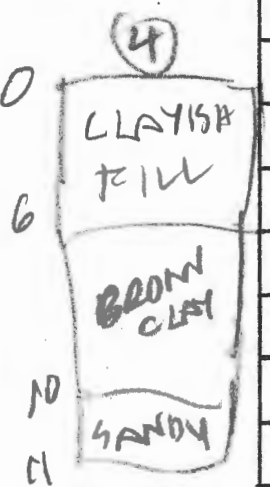
RED
GRAY
BROWN
CLAY

10 SAND
12 CLAY

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|----------------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 5/11/83 | 1V | 5 | ALL | CLAY & FILL | | | |
| 5/11/82 | 2V | 10 | LOOK | UNSATISFACTORY | | | |
| | 3V | 7 1/2 | WATER | 9 1/2 | | | |
| | 4V | 11 | CLAY IS | UNSATISFACTORY | | | |
| | 5V | 12 | WATER | UNSATISFACTORY | | | |
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5

REMARKS 5/10/83 SURVEY OR WILL LOCATE ABOVE 5 UNSATISFACTORY HOLES LATER

TYPE OF SOIL

TESTED BY Raymond Hodge ALSO PRESENT

