

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNARD WARFIELD JR

ADDRESS 14663 TRIADELPHIA ROAD PHONE 410-442-2337

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 8000 MAIN STREET ELLICOTT CITY PHONE 410-480-9105

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS II LOT NO. 84 63 67

ROAD AND DESCRIPTION SOUTH SIDE OF TRIADELPHIA ROAD AT THE INTERSECTION OF TRIADELPHIA ROAD AND HOWARD ROAD

TAX MAP 21 PARCEL # _____

SIZE OF LOT ONE ACRE TYPE BLDG. SINGLE FAMILY DWELLING
(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.

DONALD R. REWER
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

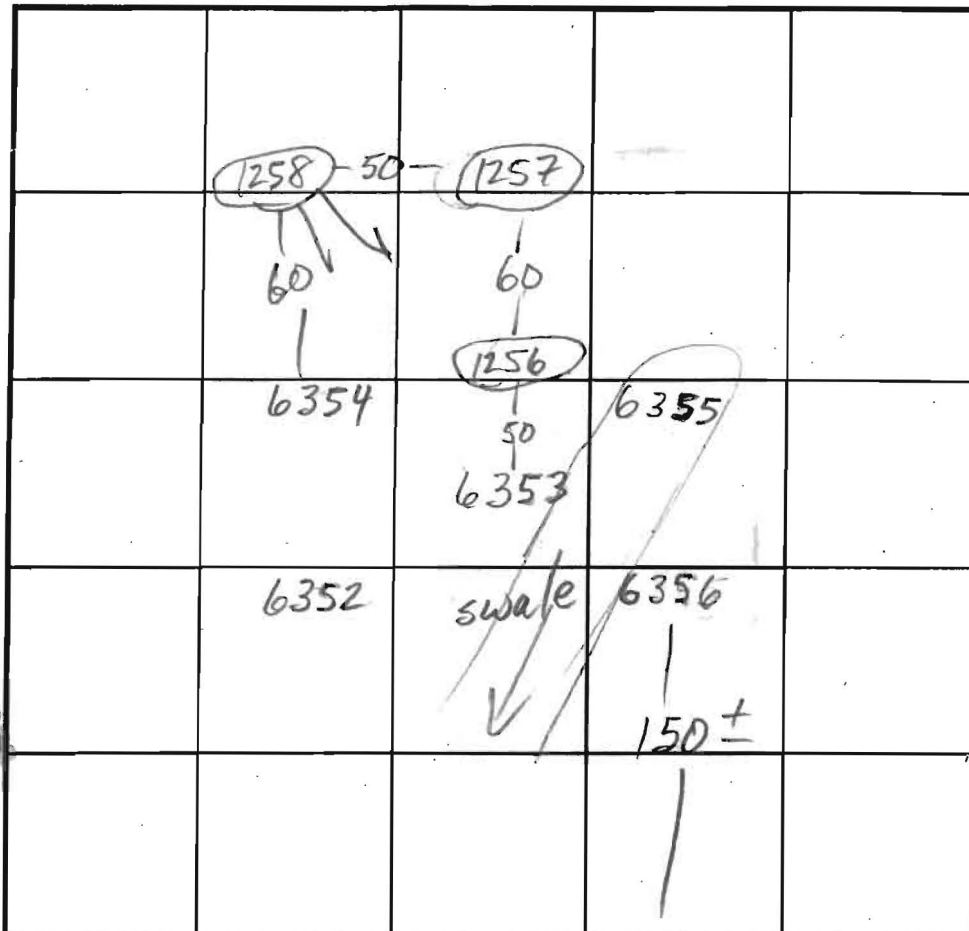
COUNTY #

SOIL PROFILE

0' 6354 1258
 brn
 orge pink
 hvy lm
 4
 5
 yel brn
 lt. orge
 sa lm
 20%
 black
 frags
 13-
 13 1/2

SOIL PROFILE

0' 6356 6355
 orge
 brn
 hvy lm
 7
 lt brn 8
 tan yel
 sa lm
 10%
 frags
 13-
 13 1/2
 WEST EAST



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. TRIA. RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/11/03	6354	7 1/2" 13	1:46	1:53	1:53	2:03	10	OK
2/12/03	6355	7 3/4" 13	11:11	11:14	11:14	11:17	3	F
	6356	7 1/2" 13 1/2	11:20	11:28	11:28	11:50	22	F
	6353	7 1/2" 13 1/2	11:02	11:04	11:04	11:07	3	OK
	6352	7 9" 13	11:05	11:12	11:12	11:20	8	OK
8/20/03	1256	7 1/2" 13	9:58	10:02	10:02	10:11	9	
	1257	7 1/2" 13 1/2	10:01	10:07	10:07	10:22	15	
	1258	5' 9" 13 1/2	10:18	10:23	10:23	10:29	6	

REMARKS FIRST TEST AT 6355 UNRELIABLE 2ND TEST (DIFF LOC) FAILS

TYPE OF SOIL SIG. ADJUSTMENT REQ'D TO AVOID SWALE

TESTED BY M. Kiffin ALSO PRESENT Mike & crew, Tori M.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

6-
6 1/2
 yel brn
 pink
 sa lm
 10-15%
 frags
 13-
 13 1/2

6352
 orge brn
 cl lm
 and hvy
 lm
 5-
 6
 yel
 pink brn
 sa lm
 25-30%
 frags
 13

