

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. LOT 3

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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' 702
red brown
SiCL

2 1/2 red clay
L

4 Fine tan SL
w/ 5% gravelly
(FSL)

14 Slight clay

701
red brown
SiCL

2 1/2 red brown
SiL

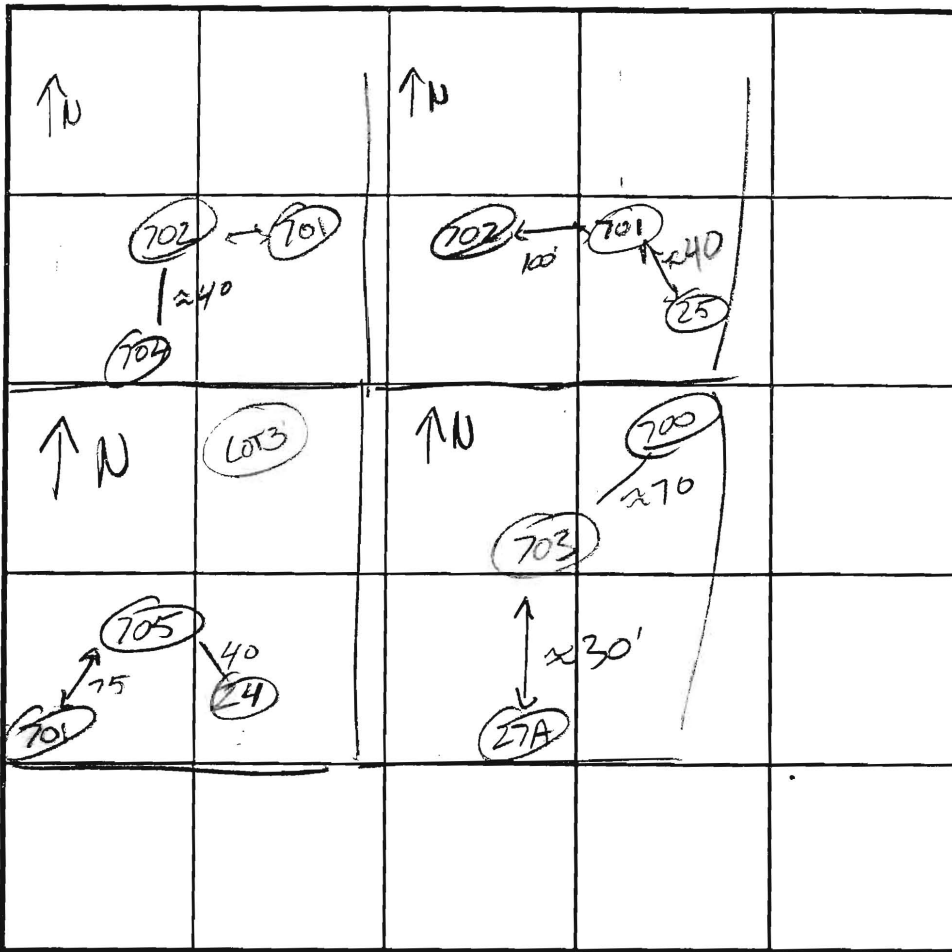
5 1/2 Fine SL
w/ 5% gravelly
frag

705
brown
CL

4 1/2 Heavy L

Fine tan LS
w/ 5% gravelly
(FgLS)

13 1/2



SOIL PROFILE

0' 703
Tan/brown
SiCL

2 brown
L

3 1/2 fine tan
LS
w/ 5% gravelly

14

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/1/02	702	5 / 14	10:01:45	10:04:30	10:04	10:08:30	4:30	ok
11/1/02	701	4 1/2 / 14	10:20:00	10:32:30	10:32:30	10:56:00	24:30	ok
		6V	material	OK			2-7	ok
11/1/02	705	5 1/2 / 13 1/2	10:42:15	10:43:00	10:43:00	10:45:00	2	ok
11/1/02	703	5 / 14	10:47:15	10:50:00	10:50:00	10:54:00	4	ok

REMARKS Hobs on this sheet were done as confirmation tests + will be ret'd to a lot later.

TYPE OF SOIL _____

TESTED BY J. Bozic ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Lot 4, 30D - Lot 5

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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' Brown CL 5-10% Cobble

1 1/2' Brown SIL

3 1/2' tan SL w/ Mn nodules < 5% gravelly

13'

30C

Brown gravelly CL

2 1/2' gravelly (0-2%) SIL

3 1/2' Fine micaceous SL w/ 10% Mn nodules

11' Damp Hard

12 1/2'

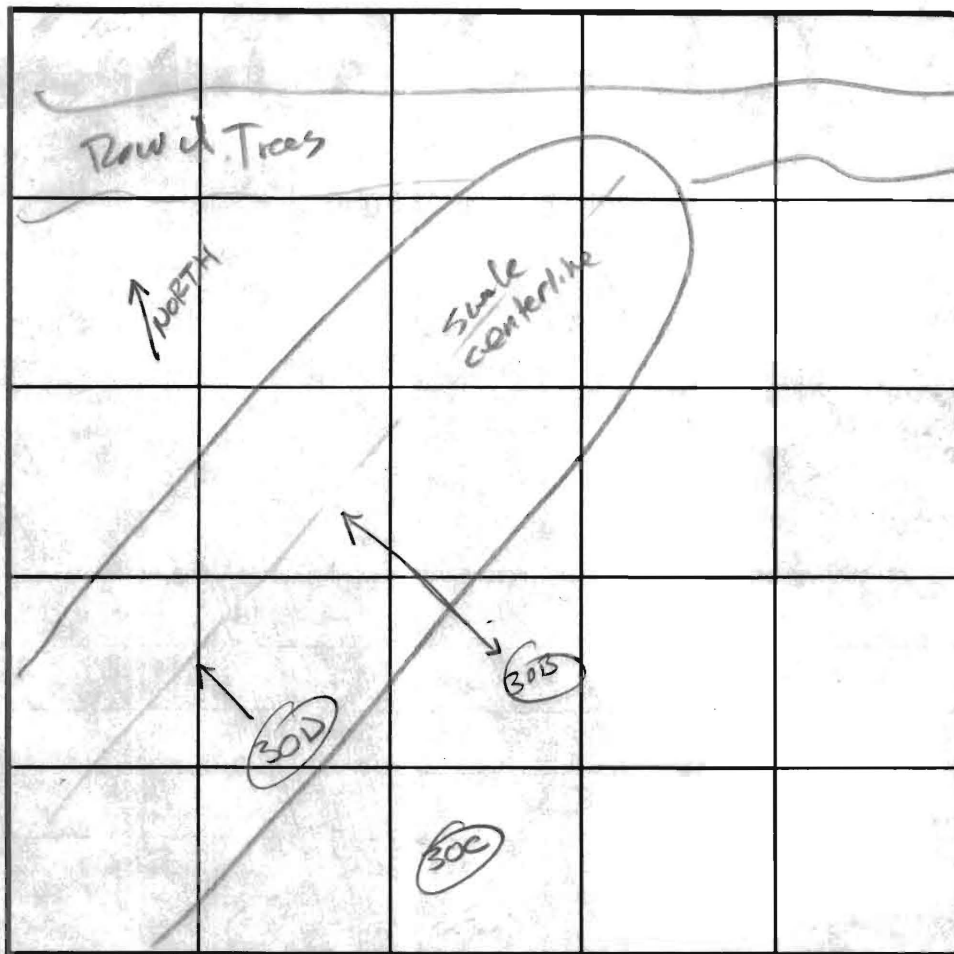
30D

Heavy orange brown L

4' Dark brown SL w/ 15-20% medium Mn nodules & weak structure

9 1/2' Damp mottled SL

10 1/2' Hard



SOIL PROFILE

0'

10 ft Hole

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/02	30B	4 / 13	10:14:45	10:16:45	10:16:45	10:20:15	3:30 ok
10/9/02	30C	3 1/2 / 12 1/2	10:17:30	10:43	Stopped very slow 1/4"		F
		5 / 12 1/2	2:50:45	2:51:30	2:51:30	2:53:00	1 1/2
10/9/02	30D	3 1/2 / 10 1/2	10:26:00	10:59	Res pulled 1/2" P-sack in 1/2 hr		F
		Water table					

REMARKS Due to proximity to Broad Sunle; shallow system recommended

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

*JB-112
w/enc
Sheet*
7

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

*JB 11/12
w/ the
sheet*

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(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 _____

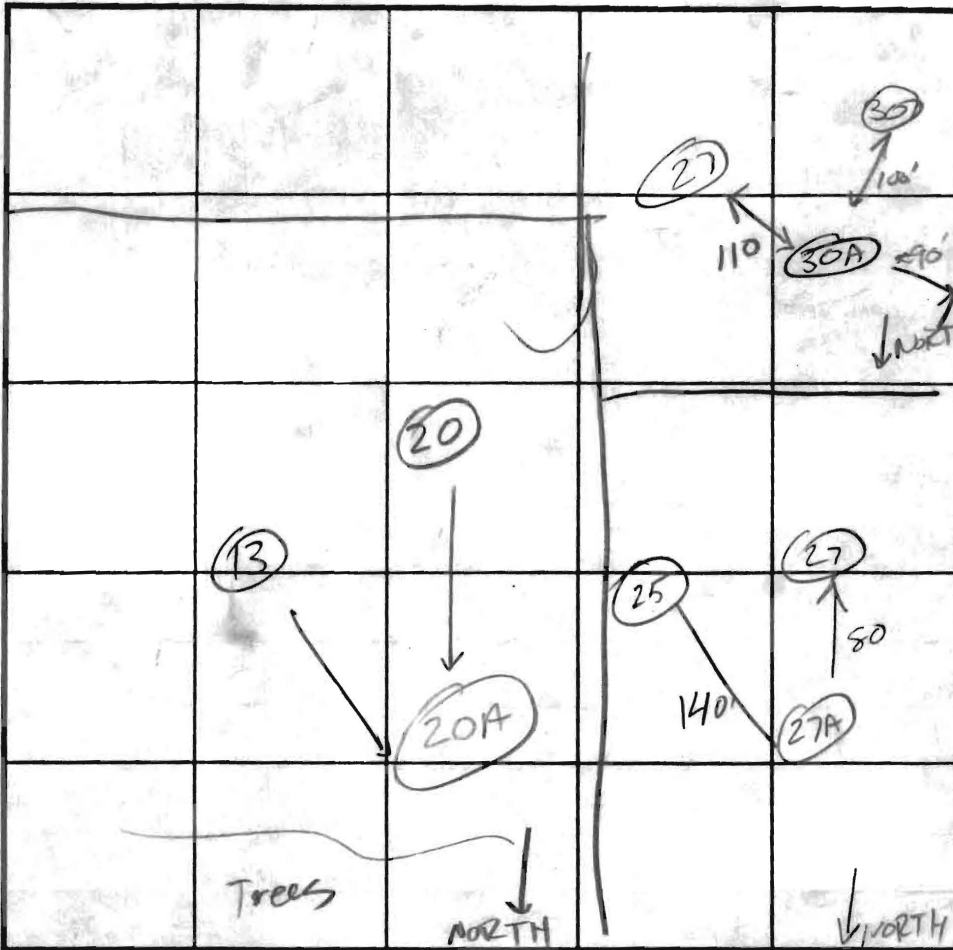
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'
 20A
 Brown
 Silty
 ↓
 Loam
 3'
 red/gray
 LS
 w/ < 5%
 channer
 frags



SOIL PROFILE

0'
 SOIL PROFILE

Misfit Holes

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13
 27A
 Brown
 Silty
 2 1/2'
 Brown/red
 L w/ < 10%
 gravelly Qtz
 4
 brown/red
 LS
 w/ < 5%
 frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/3/02	20A	4 13	12:48:00	12:49:15	12:49:15	12:52:15	2	ok
10/3/02	27A	4 1/2 13	1:35:00	1:36:30	1:36:30	1:40:30	4	ok
10/3/02	30A	4 1/2 14	1:38:45	1:42:15	1:42:15	1:53:15	11	ok

REMARKS _____

TYPE OF SOIL _____

TESTED BY JB ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

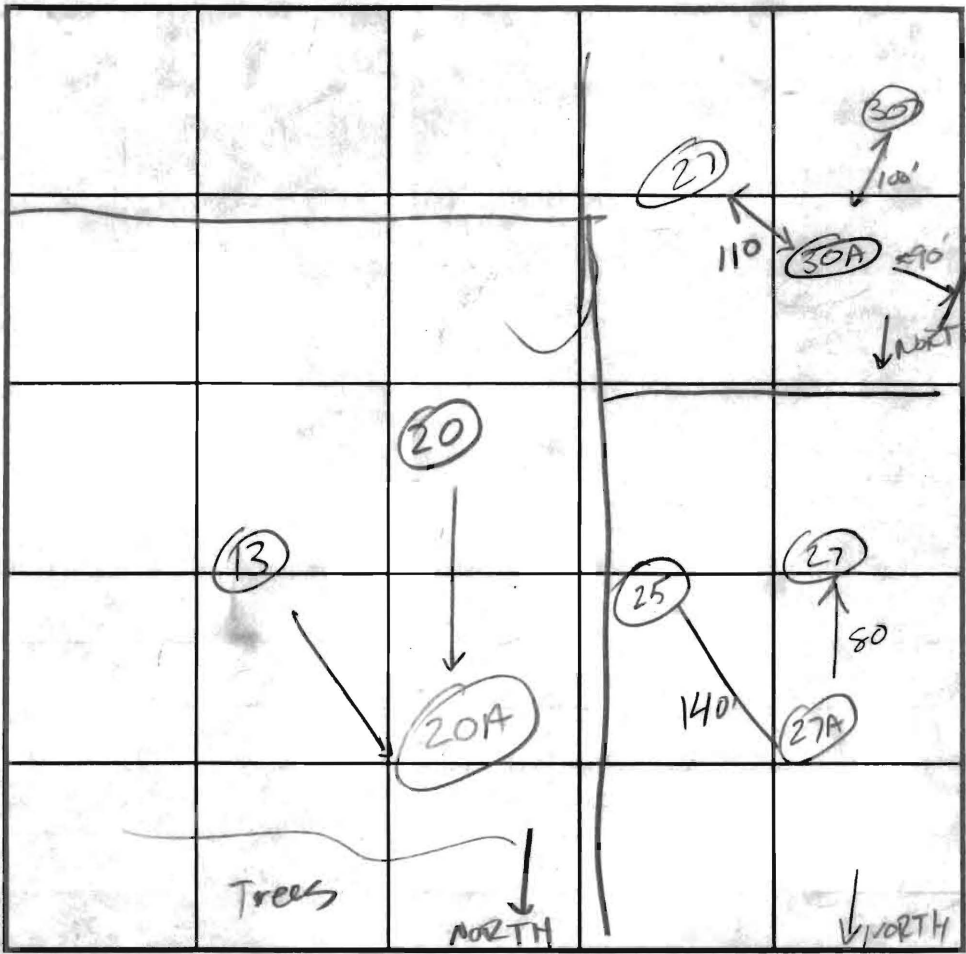
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

Similar to
27A

COUNTY #

SOIL PROFILE

0' **20A**
 Brown
 Silty
 ↓
 Loam
 3' red/brown
 LS
 w/ < 5%
 channery
 frags



SOIL PROFILE

0'

13' **27A**

Brown
 Silty
 2 1/2' brown/red
 L w/ < 10%
 gravelly c/s

4' brown/red
 LS
 w/ < 5%
 frags

13' **30A**
 Similar to
27A

Misfit Holes

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/3/02	20A	4 / 13	12:48:00	12:49:15	12:49:15	12:52:15	2	ok
10/3/02	27A	4 1/2 / 13	1:35:00	1:36:30	1:36:30	1:40:30	4	ok
10/3/02	30A	4 1/2 / 14	1:38:45	1:42:15	1:42:15	1:53:15	11	ok

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY JB ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

GnB2

GnB2

ChB2

ChB2

RYON

LOT 17
46,885 S.F.
SHARED SEPTIC

LOT 7
33,000 S.F.
SHARED SEPTIC

LOT 6
33,000 S.F.
SHARED SEPTIC

LOT 8
33,000 S.F.
SHARED SEPTIC

LOT 5
33,000 S.F.
SHARED SEPTIC

LOT 16
47,372 S.F.

LOT 9
33,000 S.F.
SHARED SEPTIC

LOT 15
42,488 S.F.

LOT 10
34,145 S.F.
SHARED SEPTIC

LOT 14
42,428 S.F.

LOT 13
45,636 S.F.

LOT 12
37,123 S.F.

*copy of signed PC

PART OF PRESERVATION PARCEL 'E'

SHARED SEPTIC

32" NORTHERN RED OAK
34" NORTHERN RED OAK

S 03°10'54" E 129.86'

S 89°50'01" W 572.11'

02

00

PARC

NORTHERN RED OAK

31" POLA

10' BRL

CHB2
ALLOT II
40,009 S.F.

853

E2

30' BRL

10' BRL

53

53

PRESERVATION
PARCEL 'G'
168,100 S.F.

FARM

PATTERSON

PRIVATE
NON-BUILDABLE
PRESERVATION
PARCEL 'C'
130,947 S.F.

F.C.E.

