

APPLICATION

PERCOLATION TESTING

A Repair

P 518618

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

*Support
BP for
total of
4 bdrms*

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 Scott Carneal

ADDRESS 2800 Duvall Road PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

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 _____

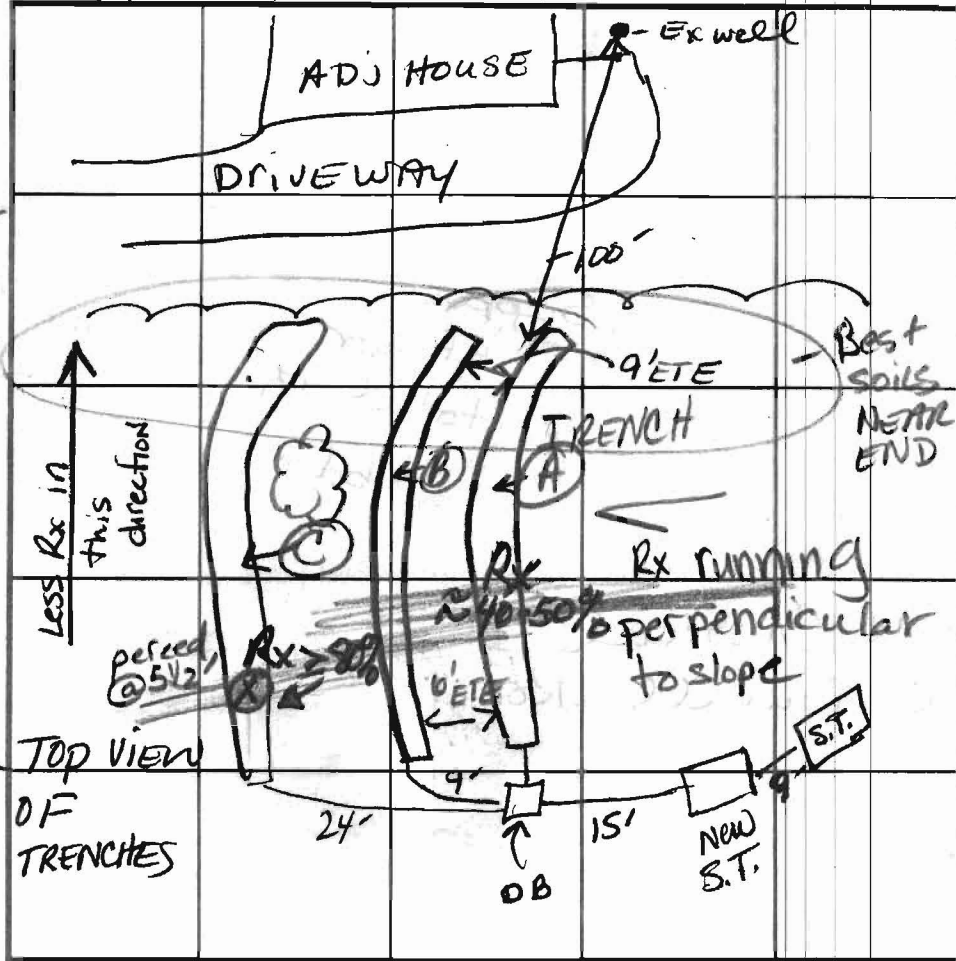
THIS IS NOT A PERMIT

TRENCH SOIL CHANGES

COUNTY #

SOIL PROFILE

0' Prop. Edge
 2 1/2' trench bottom
 Strong rdbrn
 Si:LLM
 Rx > 80%
 20'
 3' bottom
 CLAY
 R. blbns
 Rx > 40%
 20'
 CLLM
 to Si:CL
 LM
 D. Box



SOIL PROFILE

0'

(B)
 Prop Edge
 Str. or grn
 Si:LM
 Rx < 15%
 20'
 CLAY
 pocket
 again
 Rx > 40%
 20'
 Rx > 40%
 Si:LM
 20'
 D. Box
 END

TOP VIEW
 OF
 TRENCHES

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-12	X	5 1/2'	TESTED IN		ROCK > 60%		3 1/2 min

(C)
 Prop Edge
 Si:LM
 55'
 Small
 CL area
 CL-LM
 perched
 here
 @ 5 1/2'
 Rx > 80%
 30'
 Si:LLM
 D. BOX END

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY KN ALSO PRESENT Rob & Skip Fyock's
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH Septic
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A REPAIR

P 518618

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

*Accommodating
Bedrm
Addition*

DISTRICT _____

DATE 5-7-03

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 2800 Dwall Road PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

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

518618

COUNTY #

NOT TO SCALE

SOIL PROFILE

(A)

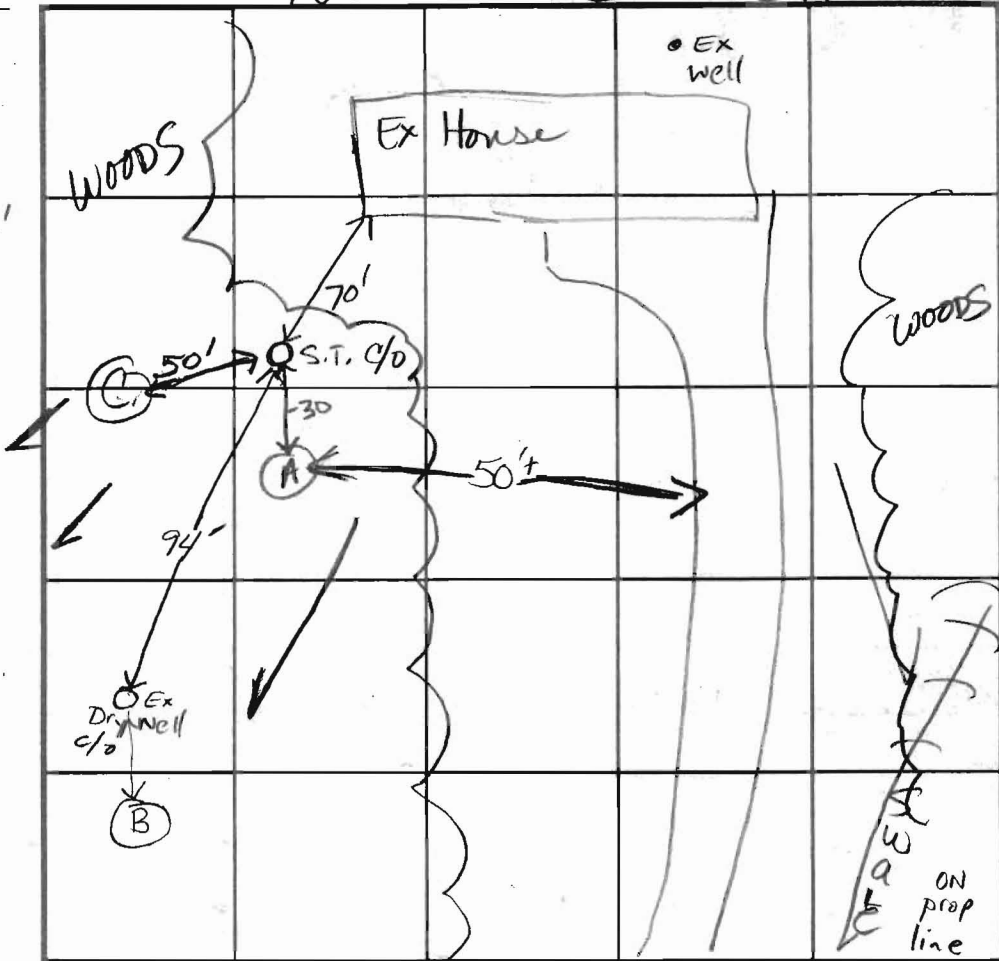
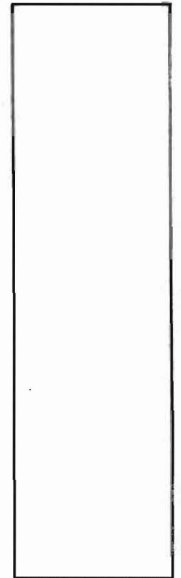
Strong brn
hvy Lm-
CLM 2'

hvy Lm
Rx
frags
>80%
(Cherty
frags)

STOPPED
DIGGING
AT 6'
DUE TO A SOILS.

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Duwall Road

Excessive
Rock
>80%
with
more
granular
soil

(C)

Str. rdbrn
CLM
35%
Rx

platy
struct.
SCLM
Rx ~50%

>80%
Rx,
SLM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-7-03	(A)	3 1/2'	1:21	1:24	"	1:30	6min	OK
	(B)	Fails						
	(C)	2'5"	1:53 ⁴²	2:07	-	2:37	30	OK
TESTED	IN TX ZONE	4 1/2'	1:42 ¹⁵	1:42 ⁴⁰	-	1:43 ⁵³	>1min	Repair
			1:44 ⁴⁸	1:45 ⁴⁶	-	1:47 ⁴⁵	2min	
DRY WELL FAILING - Empty - Effluent RUNNING INTO ROCK - No Tx.								

REMARKS

TYPE OF SOIL

TESTED BY Kace

ALSO PRESENT Fyock Septic

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM