

APPLICATION

PERCOLATION TESTING

AC513618-NN[?]

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 Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 18 (28)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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.

B. James Crawford
(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

312

topsoil

org brn
cl brn

pale
og brn
silt mica
lm

15%+
silt

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		. TIME
			START	STOP	START	STOP	
11-9-00	312	3.5'S	12:02	12:04	12:04	12:08	4
		12.5' D	Visual	- see	profile		OK

REMARKS hole tested as stated

TYPE OF SOIL _____

TESTED BY DCC ALSO PRESENT G. Zapp, T. Feagge

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

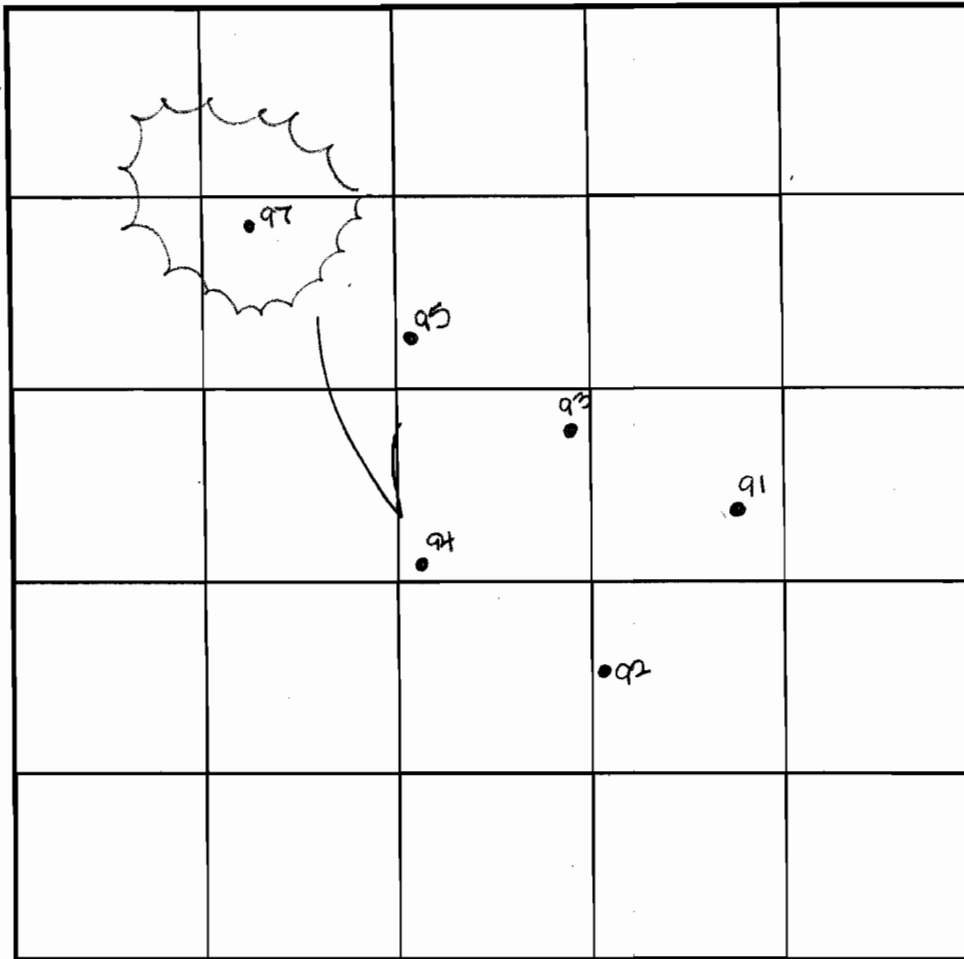
SOIL PROFILE

0'
6"
35'
4'
12'

topsoil
org biom
soil lim

meat
pl biom
soil lim

w/ 20% cap on



SOIL PROFILE

0'

02/94

like
91

w/ 10% cap on

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-4-00	91	4.0'S	10:24	10:25	10:25	10:27	2
		13.0'D	visual	-see	profile		OK
	92	12.0'D	visual	-see	profile		OK
	93	12.0'D	visual	-see	profile		OK
	94	5.0'S	10:35	10:36	10:36	10:38	2
		12.5'D	visual	-see	profile		OK
	95	4.0'S	10:40	10:42	10:52	11:01	9
		11.5'D	visual	-see	profile		OK
	97	12.0'D	visual	-see	profile		OK

0'
6"
4'
12'

93

topsoil
org biom
soil lim

pale
pl biom
soil lim

10% cap on

REMARKS notes tested as stated

TYPE OF SOIL

TESTED BY DKJ ALSO PRESENT S. Kopp, T. F. Kopp

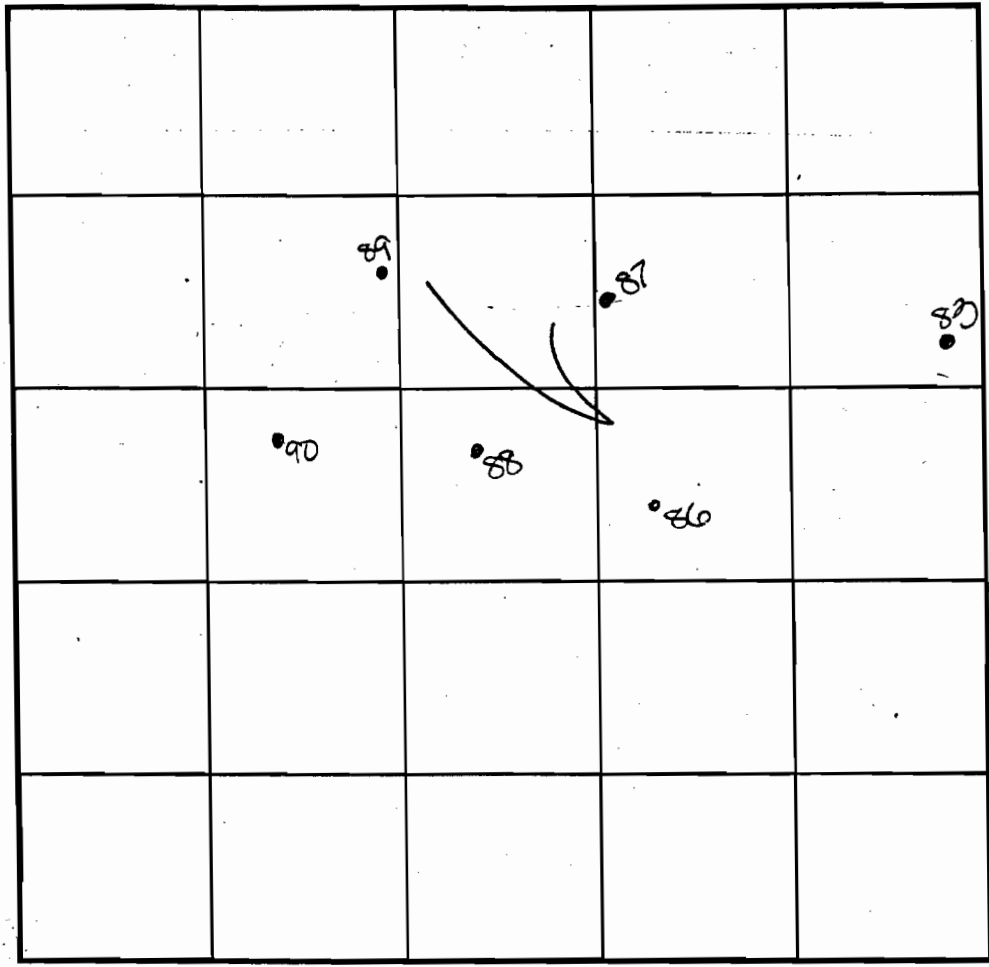
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

ROFILE
86
specil
org brn
sa cl lm
med org
red brn
sa mica
lm
15% scapr
sh

29/90
topsoil
med
org brn
cl lm
med
org red
brn
sa mica
lm
20% scapr
sh

67
topsoil
org brn
cl lm
med
pk brn
sa mica
lm
15% scapr
sh



SOIL PROFILE
88
0' topsoil
6' org brn
sa cl lm
4' med org
red brn
sa mica
lm
8' 50% sh
15' hard
6' topsoil
org brn
sa cl lm
med
org brn
sa mica
lm
6.5' 50% sh
9.5' sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-27-00	86 ✓	4.0' S	3:04	3:06	3:06	3:08	3
		13.0' D	visual	- see	profile		OK
	89 ✓	8.5' D	Hard	- see	profile		FAIL
	89 ✓	3.5' S	3:15	3:27	test stopped		OK
		4.0' M	3:30	3:35	3:35	3:43	8
		11.0' D	visual	- see	profile		OK
	89 ✓	10.0' D	Hard	- see	profile		FAIL
	87 ✓	12.5' D	visual	- see	profile		OK
	90 ✓	11.5' D	visual	- see	profile		OK

REMARKS holes tested as stacked

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

