

APPLICATION

PERCOLATION TESTING
PERCOLATION TESTING

A 517421-N

A _____

P _____

P _____

DISTRICT _____
DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Frank J. DeFrancis Revocable Trust, Joseph A. DeFrancis, Trustee

ADDRESS 5192 Sheppard Lane, Clarksville, MD 21039 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION: _____

SUBDIVISION WALNUT GROVE LOT NO. 40

ROAD AND DESCRIPTION _____ LOT NO. _____

ROAD AND DESCRIPTION 5192 Sheppard Lane, Clarksville, MD 21039

TAX MAP NO. 28 PARCEL # 74

SIZE OF LOT 1 Acre TYPE OF 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
(SINGLE FAMILY DWELLING OR COMMERCIAL)

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

APPROVED BY _____ FOR _____ (SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS
DISAPPROVED BY _____ FOR _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HOLD PENDING FURTHER TESTS _____

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

REASONS FOR REJECTION OR HOLDING _____

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

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 THIS IS NOT A PERMIT

517421-N

COUNTY #

SOIL PROFILE

(1173)
 Red Br
 Heavy Loam
 ~20%
 Large Quartz
 Fragments
 7.5'-8'

Hard
 Bottom
 (1174)

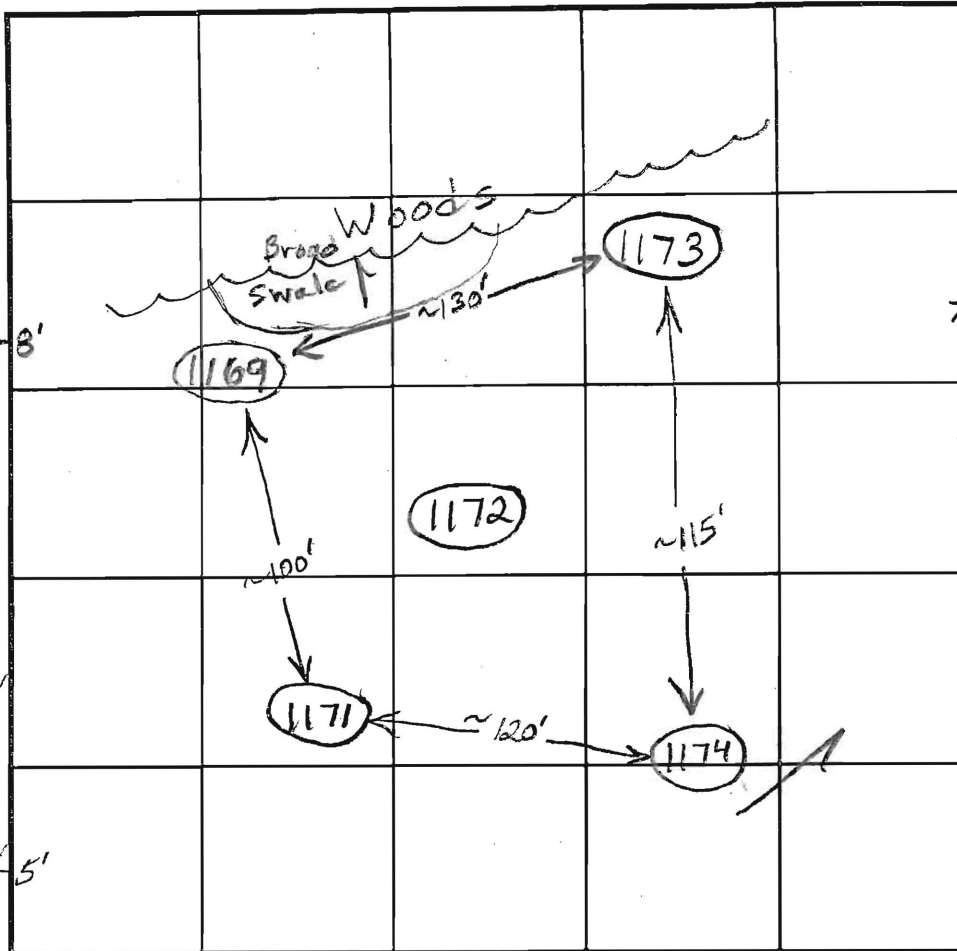
Red Br
 Heavy Loam
 4.5'-5'

Or Br
 Loam
 Very
 Gravelly
 25-30%
 Rock and
 Gravel
 13.5'

(1171)
 Red Br
 Heavy Loam
 4'

Red Or Br
 Heavy Loam
 and Or Br
 Loam, Very
 Gravelly
 5.5'

Red or Br
 Loam
 ~25%
 Gravel
 and
 Rock
 14'



SOIL PROFILE

(1169)
 Red Br
 Heavy Loam
 20-25%
 Rock and
 Gravel
 7'-8.5'

Or Br
 Loam
 ~20%
 Rock and
 Gravel
 14'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/8/02	1173	5' / 12.5' V	12:35	~ 1/4" in	15 minutes	Slow	(F)	
	1174	5' / 13.5' V	12:54	~ 1/4" in	15 minutes	Slow		
	Retest Deeper if Usable							
	1171	6' / 14' V	1:08	1:10	1:10	1:13	3	
		7' 4"	1:26	~ 1/8" in	30 minutes	Slow	(F)	
	1169	5.5' / 14' V	1:28:30	~ 1/8" in	20 minutes	Slow	(F)	

REMARKS 1172 Not Dug

TYPE OF SOIL _____

TESTED BY B. Baker ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING
PERCOLATION TESTING

A 517421-M
P _____
DISTRICT _____
DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
3525 H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 301-313-2690
TELEPHONE: 313-2690

TO: THE COUNTY HEALTH OFFICER
TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND
ELLICOTT CITY, MARYLAND

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AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION: _____

PROPERTY LOCATION: WALNUT GROVE LOT NO. 39

ROAD AND DESCRIPTION _____ LOT NO. _____

ROAD AND DESCRIPTION 5192 Sheppard Lane, Clarksville, MD 21039

TAX MAP NO. 28 PARCEL # 74

SIZE OF LOT 1 Acre TYPE OF BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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APPROVED BY _____ FOR _____ (SIGNATURE OF APPLICANT)

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS
DISAPPROVED BY _____ FOR _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
HOLD PENDING FURTHER TESTS _____

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

REASONS FOR REJECTION OR HOLDING _____
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

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

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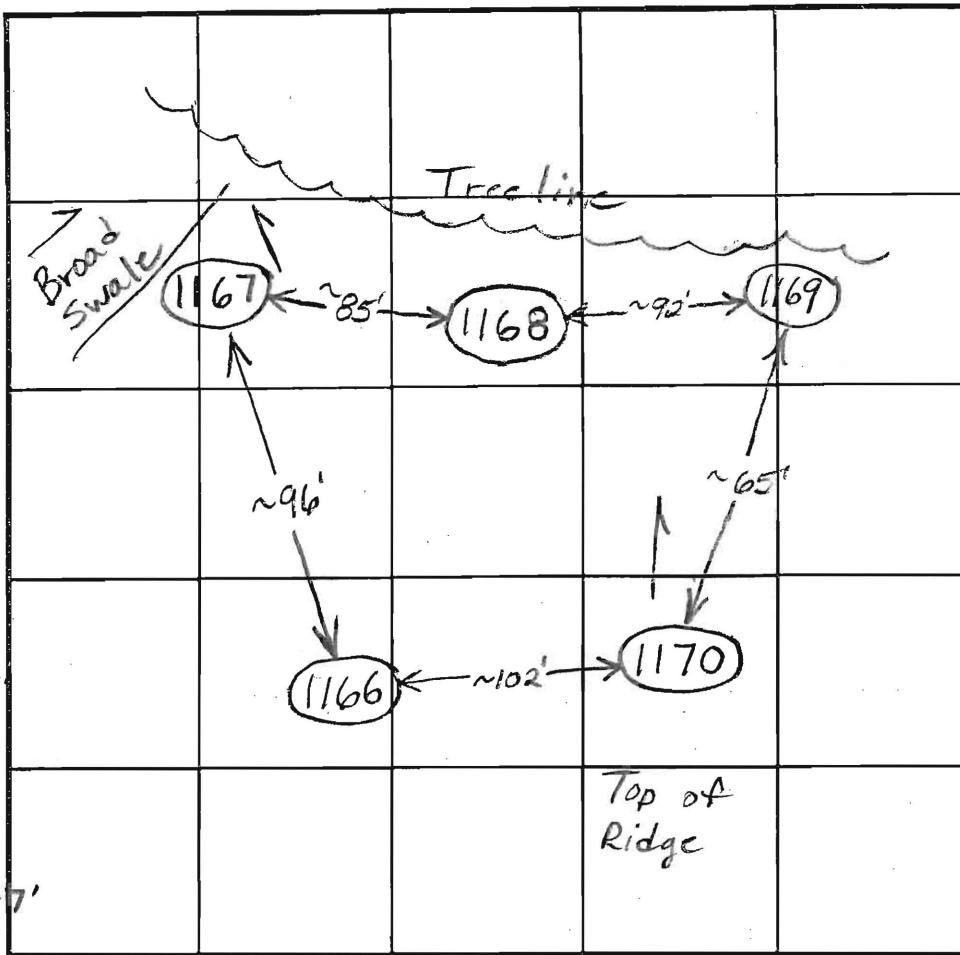
THIS IS NOT A PERMIT THIS IS NOT A PERMIT

517421-M
COUNTY #

SOIL PROFILE
(1170)
0'
Red Br Heavy Loam
7'
Red Br Heavy Loam Turning to Or Br Loam
~20% Rock and Gravel
13.5'

(1168)
Red Br Heavy Loam Gravelly
6.5'-7'
Or Br Loam
Vein of >50% Rock From 8' To Bottom
Hard Bottom
11.5'

(1167)
Red Br Heavy Loam
6'-7.5'
Or Br Loam Less Than 10% Rock
10'-10.5'
Med Br Sa Loam
~15% Rock and Saprolite
14'

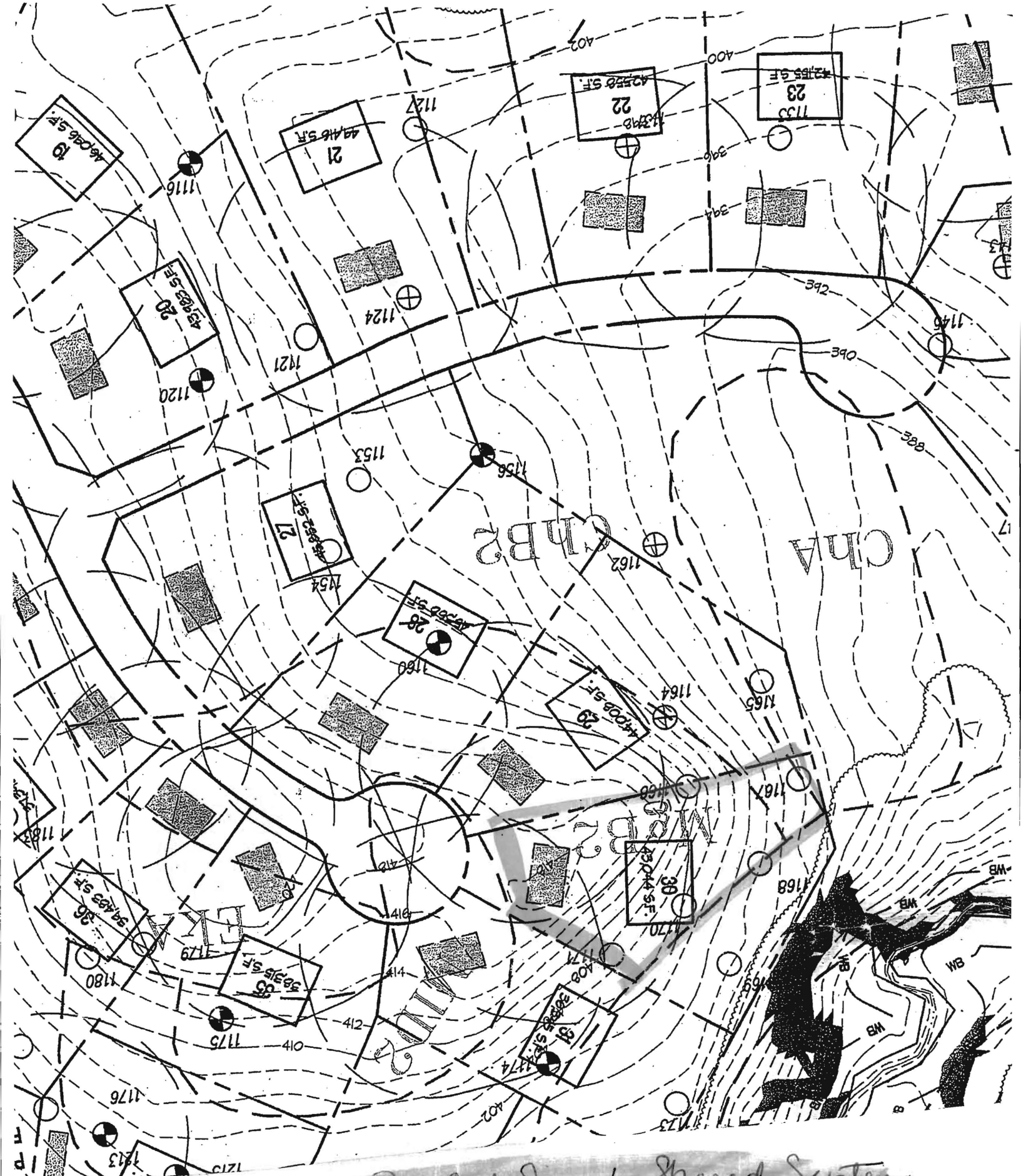


SOIL PROFILE
(1166)
0'
Red Br Heavy Loam
4.5'
Beige Gravelly Sa Loam
>50% Rock at 5.5' or Higher
6'
Hard Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/8/02	1170	5.5'/13.5'	2:02	2:11	~1/8" in 10 minutes	Slow	(F)
	1168	5.5'/11.5'	2:11	2:37	26 minutes for 1st inch	Slow	(F)
	1167	5.5'/14'	2:20	No Movement in 10 minutes		Slow	(F)
		6' 9"	2:39	~1/4" in 15 minutes		Slow	
	1166	6' V	Hard Bottom				(F)
	1170	7'	3:02	3:12	<1/8" in 10 minutes	Slow	(F)

REMARKS 1169 Not Dug
 TYPE OF SOIL _____
 TESTED BY B. Baker ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



Perc Cert Signed Shared System
 4-30-04