

APPLICATION

PERCOLATION TESTING

A 56429

P _____

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

DISTRICT _____

DATE 3/27/96

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Renner Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

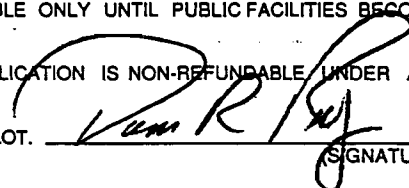
SUBDIVISION _____ LOT NO. 298062V

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres 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

56429

COUNTY #

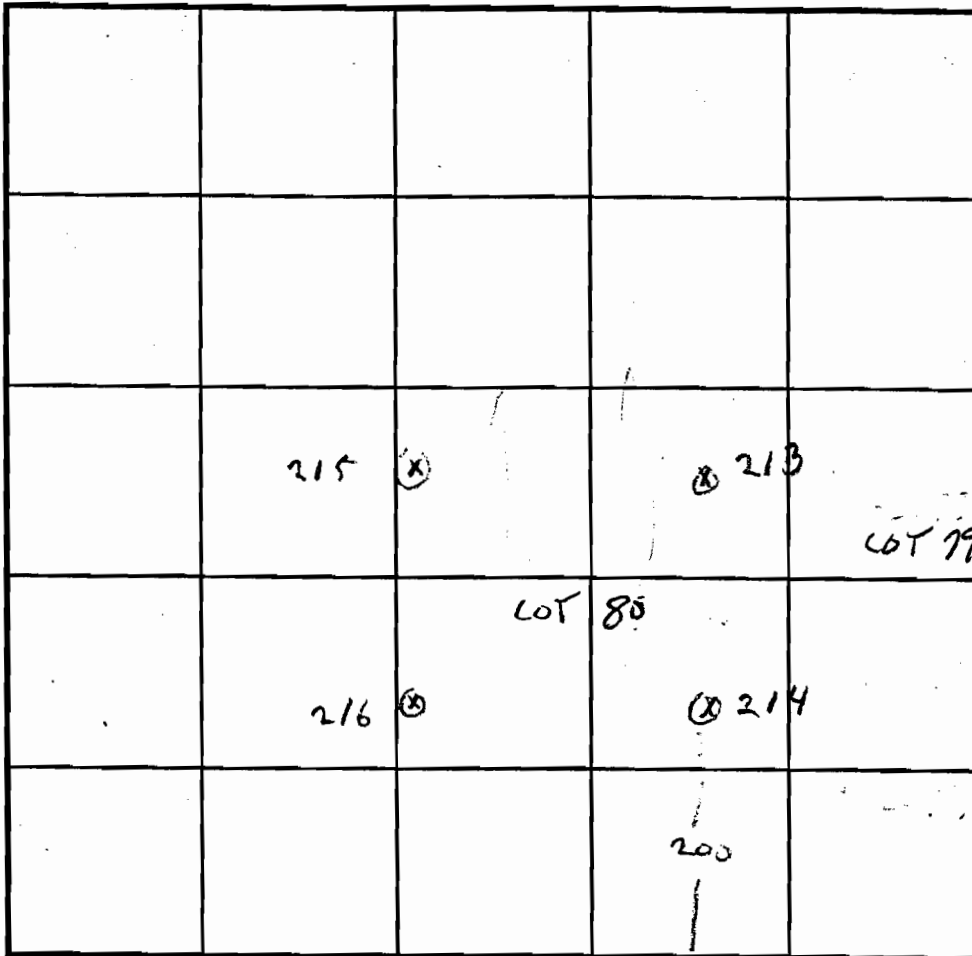
SOIL PROFILE

0'

Empty soil profile box on the left side of the page.

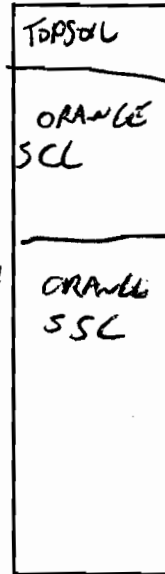
Empty soil profile box in the middle of the page.

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213
SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DIRT ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-27-96	214	4' 6"	3:17	3:21	3:21	3:30	9 MIN
	213	4' 6"	3:17	3:19	3:19	3:25	6 MIN
	216		3:28	3:38	3:38		
	215		3:28	3:31	3:31	3:36	5 MIN
	WELL AS 15 FT (10' -						
	LOT LINE OVER 4-11-97						

REMARKS LOT 80 EL

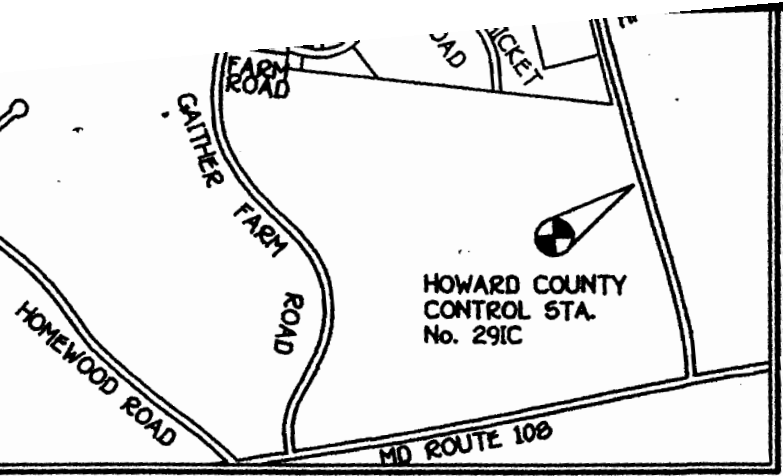
TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

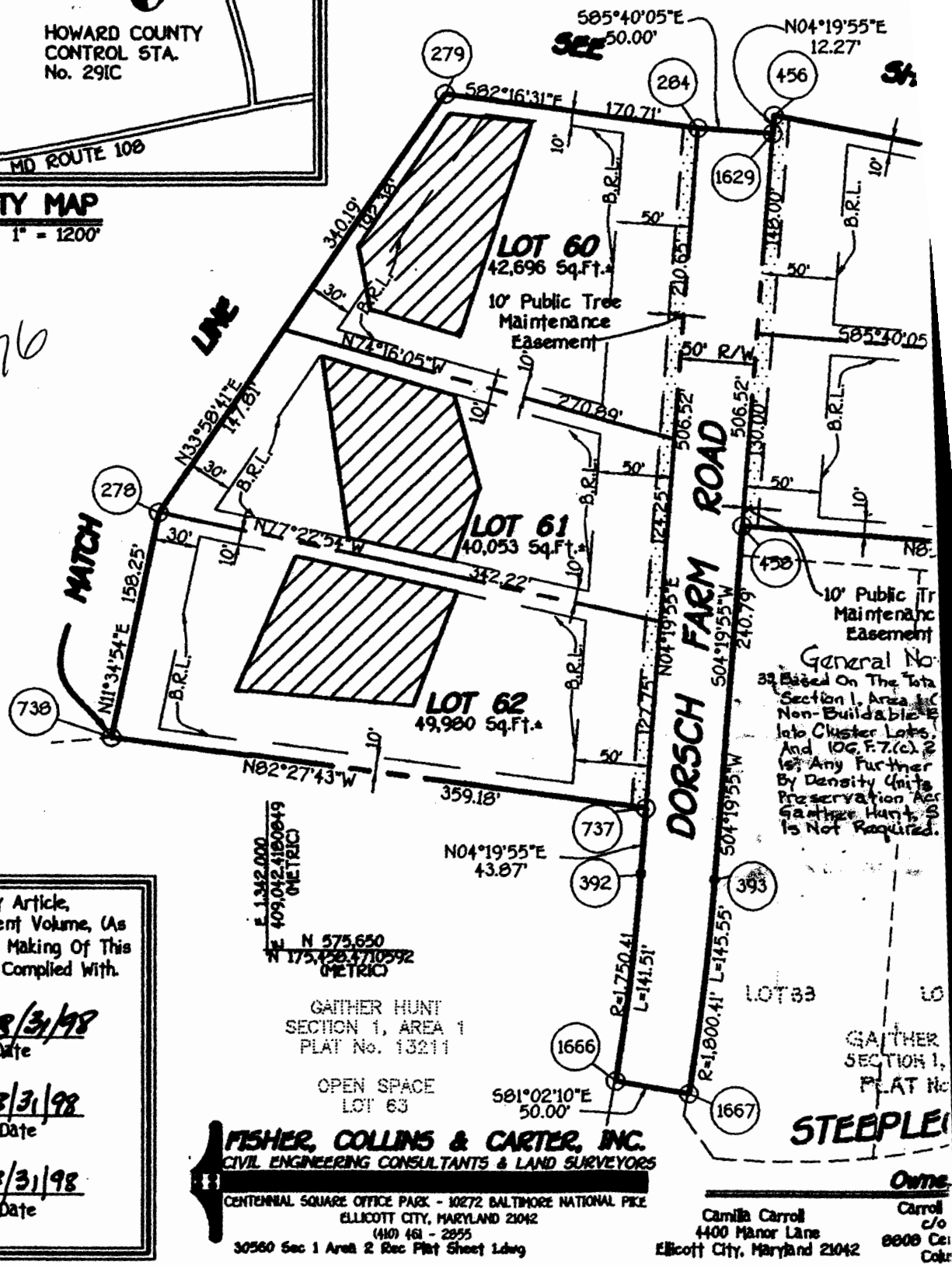
430-435	50.00'	241.19'	276°22'46"	
433-431	25.00'	21.03'	48°11'21"	11.18'
602-617	192.31'	146.40'	43°37'02"	76.95'
617-615	1335.39'	289.01'	12°24'01"	145.07'
615-606	385.36'	165.75'	24°38'38"	84.18'



VICINITY MAP
SCALE: 1" = 1200'

F 98 26

LOTS	
2	TOTAL
	28
	1
	1
	0
	30
C.:	28.874 AC.:
C.:	1.493 AC.:
C.:	6.970 AC.:
C.:	0.000 AC.:
C.:	37.337 AC.:
C.:	3.267 AC.:
C.:	40.804 AC.:



ments 3-108, The Real Property Article, Code of Maryland, 1988 Replacement Volume, (As amended) As Far As They Relate to The Making Of This Plat and The Setting Of Markers Have Been Complied With.

[Signature] 8/31/98
S. B. 10692 (Surveyor) Date

[Signature] 8/31/98
[Name] (Owner) Date

[Signature] 8/31/98
Family Corporation (Owner) Date
[Name] Vice President

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELlicOTT CITY, MARYLAND 21042
(410) 461 - 2855
30560 Sec 1 Area 2 Rec Plat Sheet Ldwg

Camilla Carroll
4400 Manor Lane
Ellicott City, Maryland 21042

Carroll
c/o
8008 Cel
Colr

OWNER'S CERTIFICATE

I, Philip Carroll, Vice-President, and Camilla Carroll, Owners of the Property Shown and Hereby Adopt This Plan of Subdivision, and in Consideration of the Approval of this Final Plat by the Planning and Zoning, Establish the Minimum Building Restriction Lines and Grant unto Howard County,

I Hereby Ce
Subdivision
Camilla Carr

SEPTIC SPECIFICATIONS WORK-SHEET

56430N
~~500000~~

SUBDIVISION: Gaither Hunt

STREET NAME: Dorsch Farm Road

LOT NUMBER: 63

AVERAGE PERCOLATION RATE: _____ SQUARE FEET PER BEDROOM: _____

NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: _____ SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.

=====

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

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LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____