

APPLICATION

PERCOLATION TESTING

A 515042

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 Benedict Farm 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

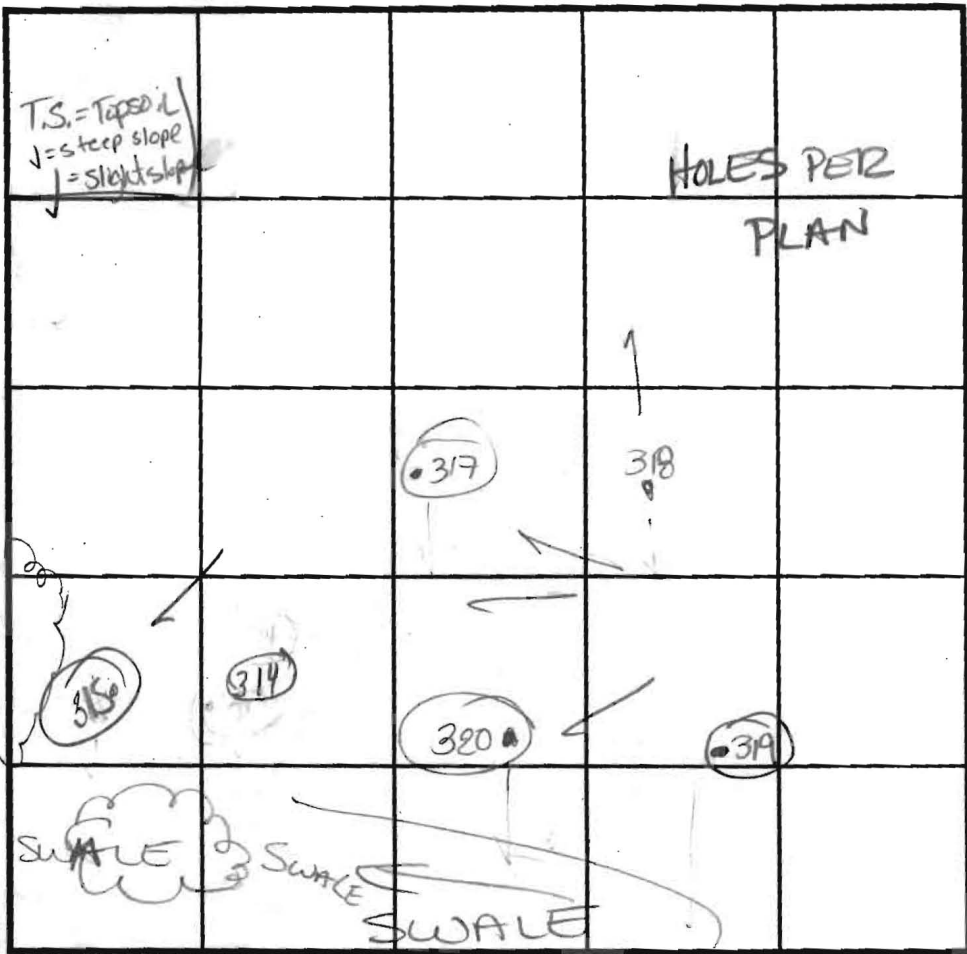
COUNTY #

SOIL PROFILE

0' (319)
 Topsoil
 Brn tan CLM
 4 1/2' SAP packet
 Micaceous
 7' SALM
 Lt brn beige
 SAP @ 25-35%
 13 1/2' Bottom

(318)
 4 1/2' Topsoil
 brn tan CLM
 3' beige brn off-white
 Loam Rock Frag ≤ 10%
 Bottom

(320)
 4-6" rd brn dk beige dk brn CLM
 3 1/4' micaceous Si Lm
 Rock & Sap 20-30%
 13 1/2' Bottom



SOIL PROFILE

0' (317)
 T.S.
 4-6" dk brn brn tan CLM
 5' Dk brn tan beige brn
 Si Lm
 R. Frag ≤ 10%
 14' Bottom

(314)
 4-6" Topsoil
 Kd Dense CLAY Loam
 4-4 1/2" tan H brn
 Si Lm Frag 5%
 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-31-01	319	5' 8" S	10:28	10:35	10:35	11:05	30 min
		6' 5" S	11:19	1:30 min			2 min
		7' 5" S	1:50	1:52	1:52	1:54	2 min
	318	5' S	10:32	10:33	10:33	10:34	1 min
		5' S	10:36 ³⁰	10:37 ⁴⁰	10:37 ⁴⁰	10:38 ⁴⁵	1.5 min
		13' D					PASS
	320	5' S	10:45 ⁰⁰	10:46 ³⁰	10:46 ³⁰	10:49 ³⁰	3 min
		13' 2" D					PASS
	317	1' 6" S	10:48	10:49	10:49	10:52 ³⁰	2 1/2 min
		14' D					PASS
	314	5' 4" S	10:58	11:02	11:02	11:07	5 min
		13' 6" D					PASS

REMARKS _____

TYPE OF SOIL *319 - Percs on SAP SIDE intermittent layering of clay

TESTED BY Goedeking ALSO PRESENT Chuck C Mike & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benedict LOT NO. 19

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.

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THIS IS NOT A PERMIT

A515042

COUNTY #

SOIL PROFILE

1252

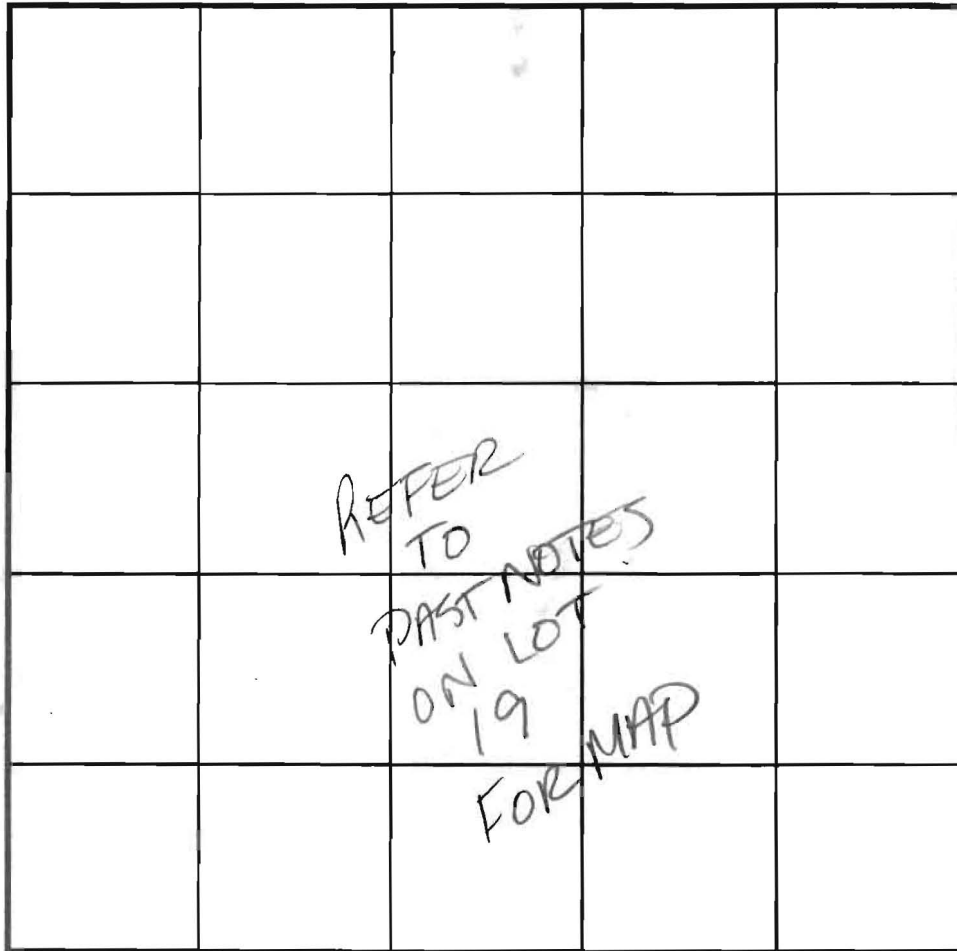
0'

Rock 25%
 hv4
 Loam
 5 1/2
 Loamy
 sand
 Saprolite
 Hard & v. fr.
 10-15%
 Bottom 12'

SOIL PROFILE

0'

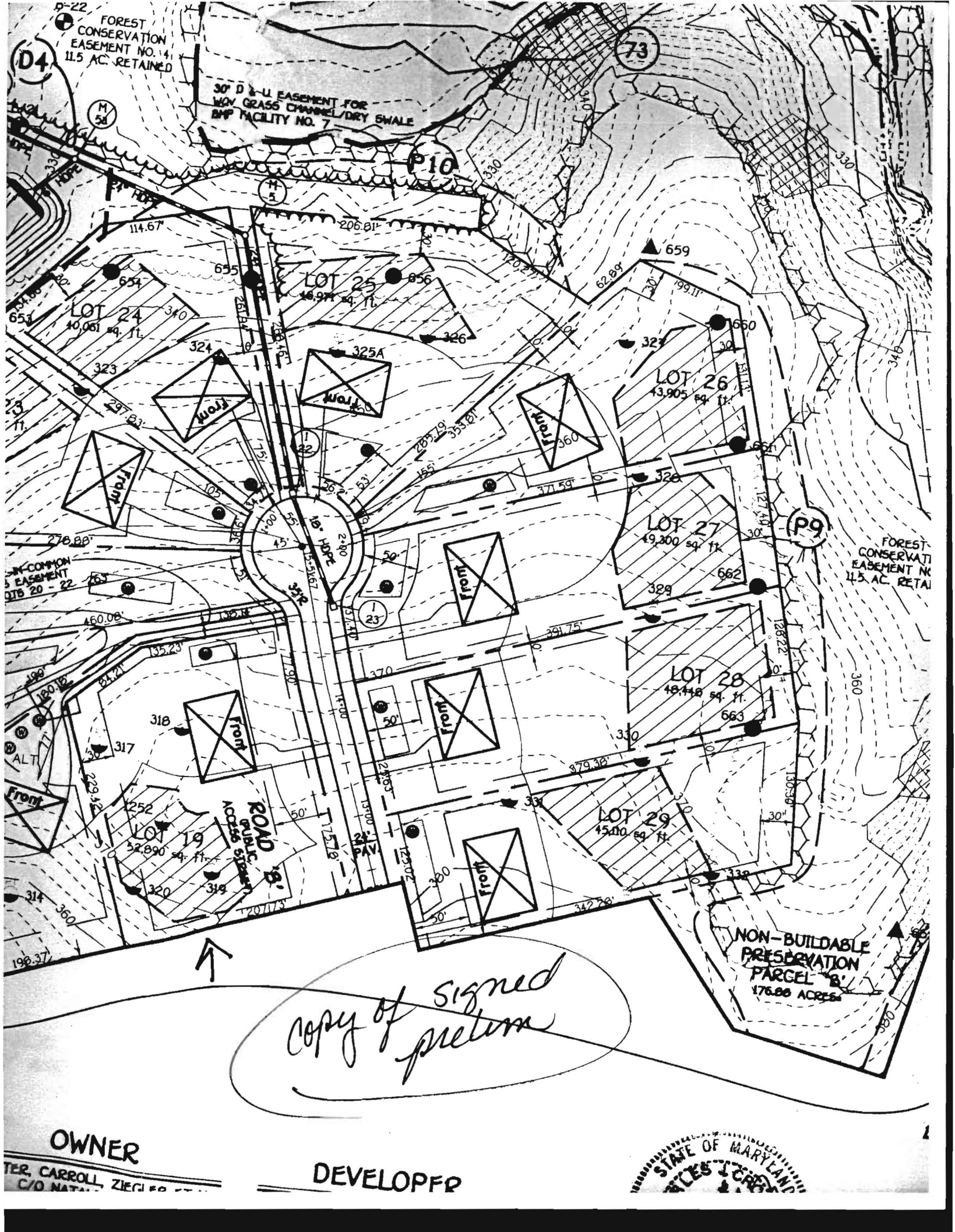
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

9-4-02 DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
TESTED IN SPROUT 202	202	7'	3:54:16	3:55:30	3:55:30	3:57:40	2 min
							OK

REMARKS Hole dug per plan
 TYPE OF SOIL LOT 19
 TESTED BY Kacie ALSO PRESENT Chuck Crowe
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



copy of signed prelum

OWNER

DEVELOPER



TER, CARROLL, ZIEGLER
C/O NATALIA