

APPLICATION

PERCOLATION TESTING

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

A _____
P _____
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 Robert T. Matthews Revocable Trust
c/o Cloverfield/Pfefferkorn, LLC, 10705 Charter Drive,
ADDRESS Suite 320, Columbia, MD 21044 PHONE 410-997-7400

AGENT OR PROSPECTIVE BUYER Heritage Land Development
ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:
SUBDIVISION Matthews Property LOT NO. 3

ROAD AND DESCRIPTION _____
2400 Pfefferkorn Road, West Friendship, MD 21794

TAX MAP NO. 15 PARCEL # 4
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 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

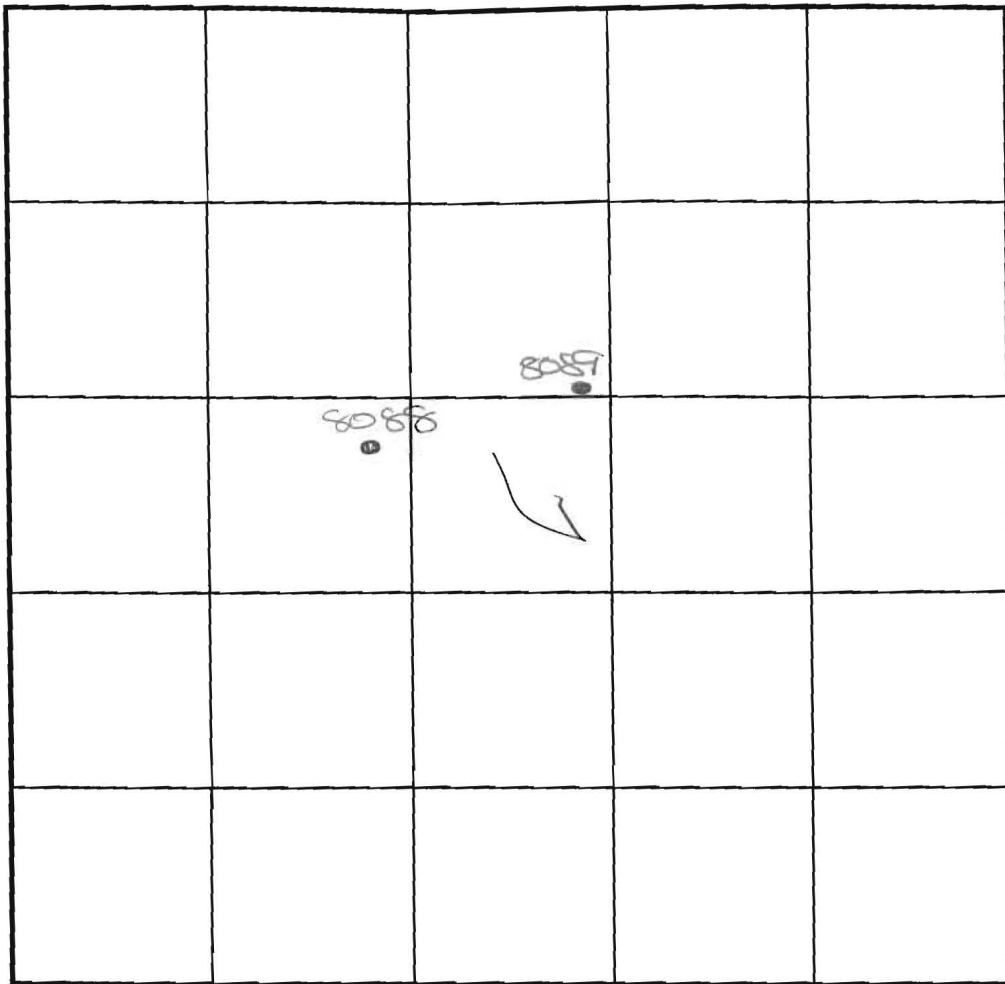
COUNTY #

SOIL PROFILE

SOIL PROFILE

0' 8089
 topsoil
 red
 org
 cl
 lm
 —————
 pe
 tan
 si lm
 5-10%
 rock

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

14'
 0'
 8088
 topsoil
 org
 lm
 cl lm
 —————
 tan
 si
 lm
 5-10%
 rock

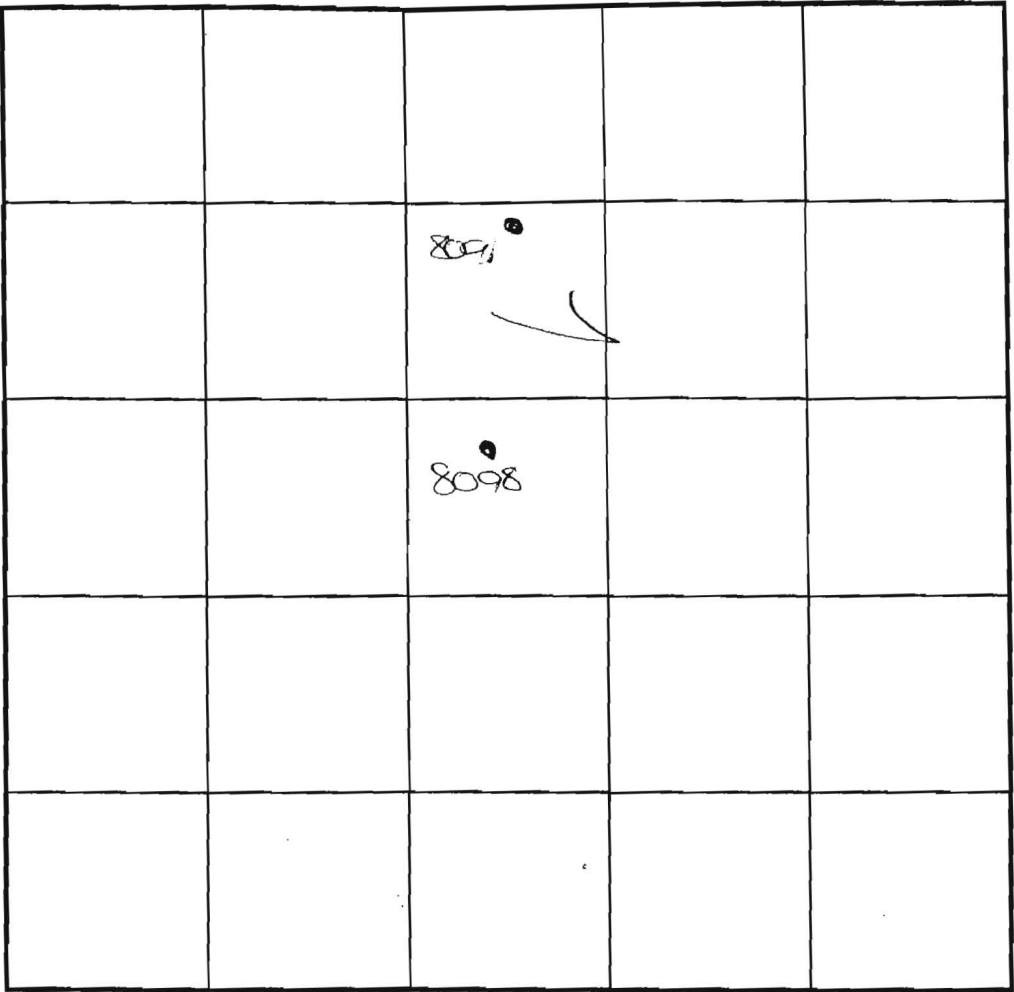
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-03	8089	4' 9" S	9:56	10:01	10:01	10:12	11
		14.0' D	visual	-see profile			P
	8088	3' 5" S	11:10	11:11	11:11	11:13	2
		14.0' D	visual	-see profile			P

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY K. CLARK ALSO PRESENT _____
 TRENCH DESIGN DATA: AVG. PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE

0' 8098
 1' topsoil
 1' br red
 1' brn silty
 35' pk tan silty
 5-10% rock



SOIL PROFILE

14' 8091
 1' topsoil
 1' org brn silty
 3' pk tan silty
 5% rock

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-03	8098	4.0'S	8:45	8:47	8:47	8:50	3
		14'4" D	visual	-see profile			P
	8091	5.0'S	9:36	9:40	9:40	9:44	4
		14'11" D	visual	-see profile			P

REMARKS

TYPE OF SOIL

TESTED BY

K. CLARK

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM

Handwritten notes and markings at the bottom right of the page.

Signed
Prelim
4-22-05

