

APPLICATION

PERCOLATION TESTING

A 57577

P _____

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

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 C. M. C. CONSTRUCTION, INC.

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER CHARLES A. SHARP

ADDRESS 3779 SHARP ROAD PHONE 410-489-4630

PROPERTY LOCATION: Big Branch Overlook 14064 Big Branch Drive

UBDIVISION ~~ELLICOTT CITY~~ LOT NO. 410

ROAD AND DESCRIPTION HOWARD ROAD 3,000'± FROM INTERSECTION
TRIDELPHIA ROAD (SOUTH)

TAX MAP 27 PARCEL # 19

SIZE OF LOT 40,000 - 50,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DWELLING
(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. Charles A Sharp
(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 _____

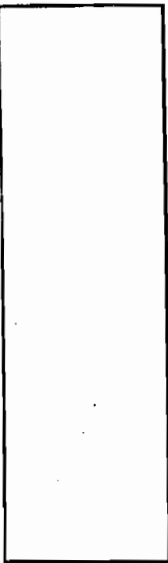
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A57577

COUNTY #

SOIL PROFILE

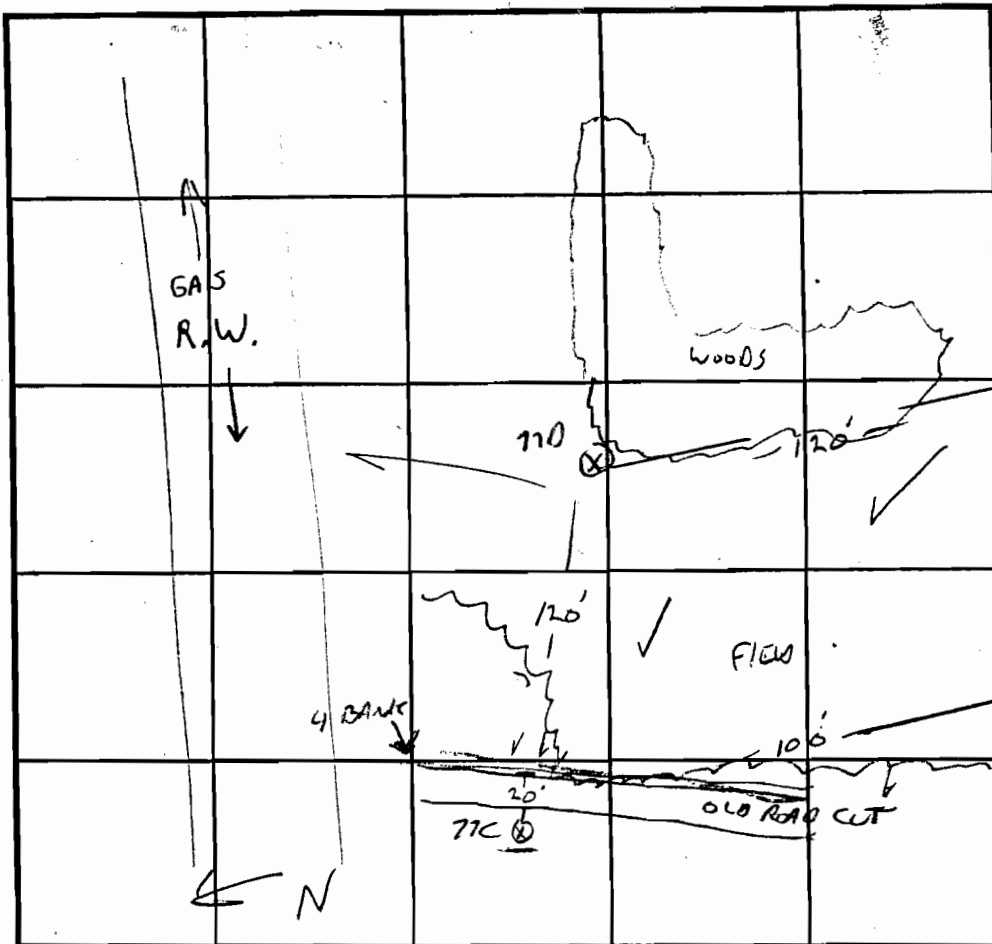


77C

TOPSOIL
 OLIVE SANDY LOAM
 RUST BROWN S.S.L.
 SP Rock
 ROCKETS OF WHITE S.S.L. THROUGHOUT

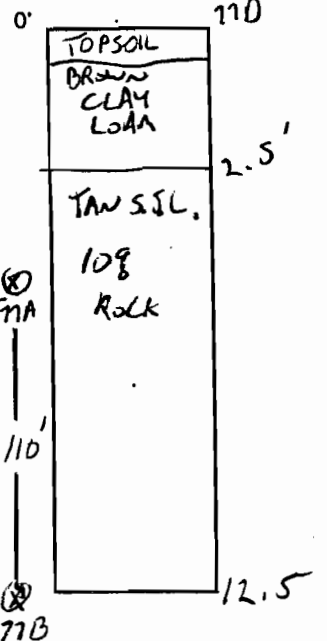
4'

11



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/96	77B	3		SEE LOT	76 PROXIE		6MIN
		6.5/10V					2MIN
	77A	3 / 12V					3MIN
		7VOK					
	77D	3.5 / 12.5	11:16	11:18	11:18	11:21	3MIN
		7VOK					
	77C	4 / 11V	11:25	11:26	11:26	11:28	2MIN
		8VOK					

REMARKS ~~LOT 40~~ AVOID ROAD CUT Lot 40

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT C. SHARP

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

4