

APPLICATION

PERCOLATION TESTING

A _____

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 KENNARD WARFIELD JR

ADDRESS 14663 TRIADELPHIA ROAD PHONE 410-442-2337

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 8000 MAIN STREET ELLICOTT CITY PHONE 410-480-9105

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS II LOT NO. 31-30

ROAD AND DESCRIPTION SOUTH SIDE OF TRIADELPHIA ROAD AT THE INTERSECTION OF TRIADELPHIA ROAD AND HOWARD ROAD

TAX MAP 21 PARCEL # _____

SIZE OF LOT ONE ACRE 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. DONALD R. REUWER
(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' 7523
 choc brn
 orge
 hvy loam
 w a few
 pockets of
 30% frags

4'
 5' lt orge beige
 lt. tan
 lt. brn
 sa lm
 10%
 frags

14'

6015

2'
 2 1/2' dk brn
 orge
 hvy lm

tan gray
 beige
 lt. brn
 sa lm

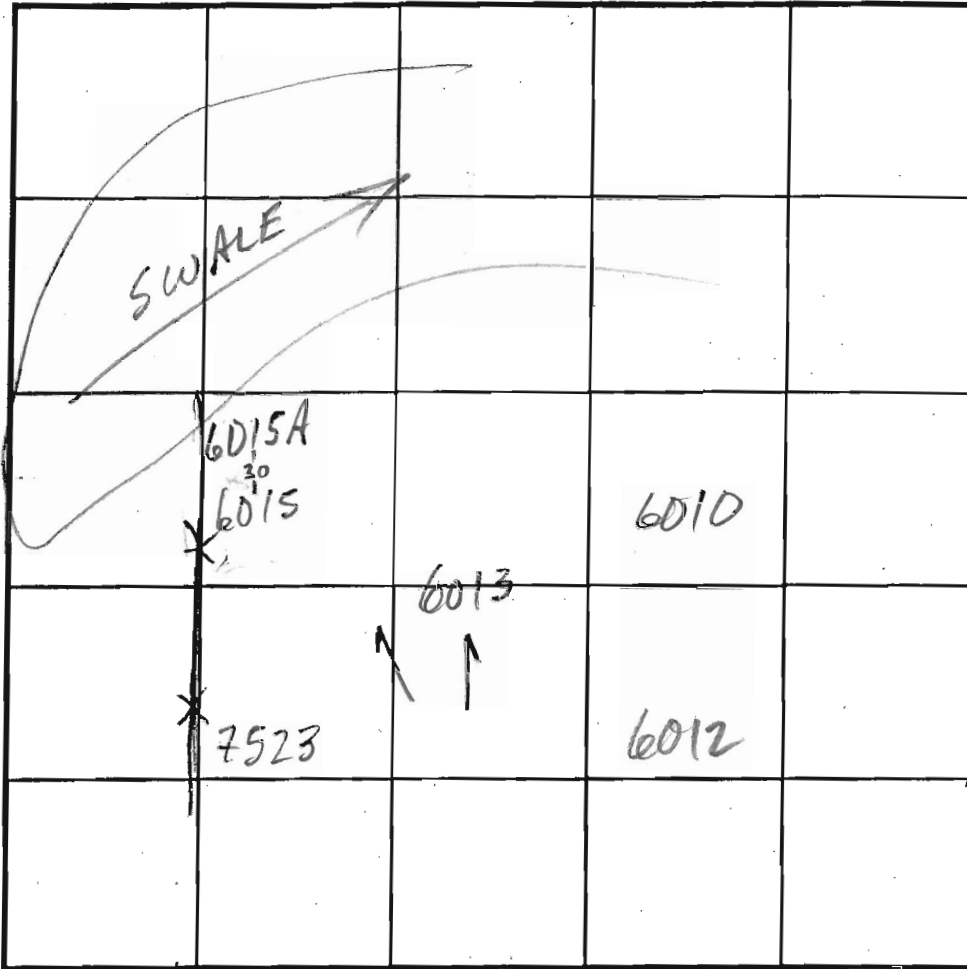
6'
 25-30%
 RX
 pockets
 frags

DOWN UP 6013 6010

med brn
 orge hvy
 sa lm

3 1/2'
 3 1/2' gray orge
 tan beige
 sa lm
 mica
 10-15%
 frags

13'
 14'



SOIL PROFILE

0' 6012
 dk brn
 orge
 lm
 15-25% RX

3 1/2'
 3 1/2' tan gray
 beige
 mica
 si lm
 30-35%
 RX

8'

14'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MICHELE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/15/02	7523 ⁵	8/14	10:09	10:13	10:13	10:18	5	
			10:19	10:22	10:22	10:29	7	
	6015 ^M	8/13	10:33	10:41	10:41	10:49	8	
	6013 ^M	8 1/2/14	10:55	10:58	10:58	11:04	6	
	6010 ^M	8/13	11:05	11:12	11:12	11:17	5	
	6015A	?	DEPTH UNKNOWN, RX BASED ON SPOILS					
	6012 ^M	8/14	11:18	11:24	11:24	11:36	12	

REMARKS ALL HOLES PER PLAN

TYPE OF SOIL _____ TESTED BY M. Ritzkin ALSO PRESENT Mike L. crew, Tori M.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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