

APPLICATION

3/15/02
3pm perc.

PERCOLATION TESTING

A 516432

P _____

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

perc for
prop. pool

DISTRICT _____

DATE 11/21/01 ^{12/4/01}

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 SAMUEL E. SERATO

ADDRESS 11441 Butterfruit way PHONE 410-531-3565

AGENT OR PROSPECTIVE BUYER Jon Coakley - Pools Cell MD 410-336-6060

ADDRESS 9515 Gerwig Lane, Ste 119 PHONE 210 46 cell 410 227-3846

PROPERTY LOCATION:


SUBDIVISION Brantwood LOT NO. 10

ROAD AND DESCRIPTION _____

TAX MAP 16 PARCEL # 436

SIZE OF LOT 1.0286 TYPE BLDG. Single family
(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

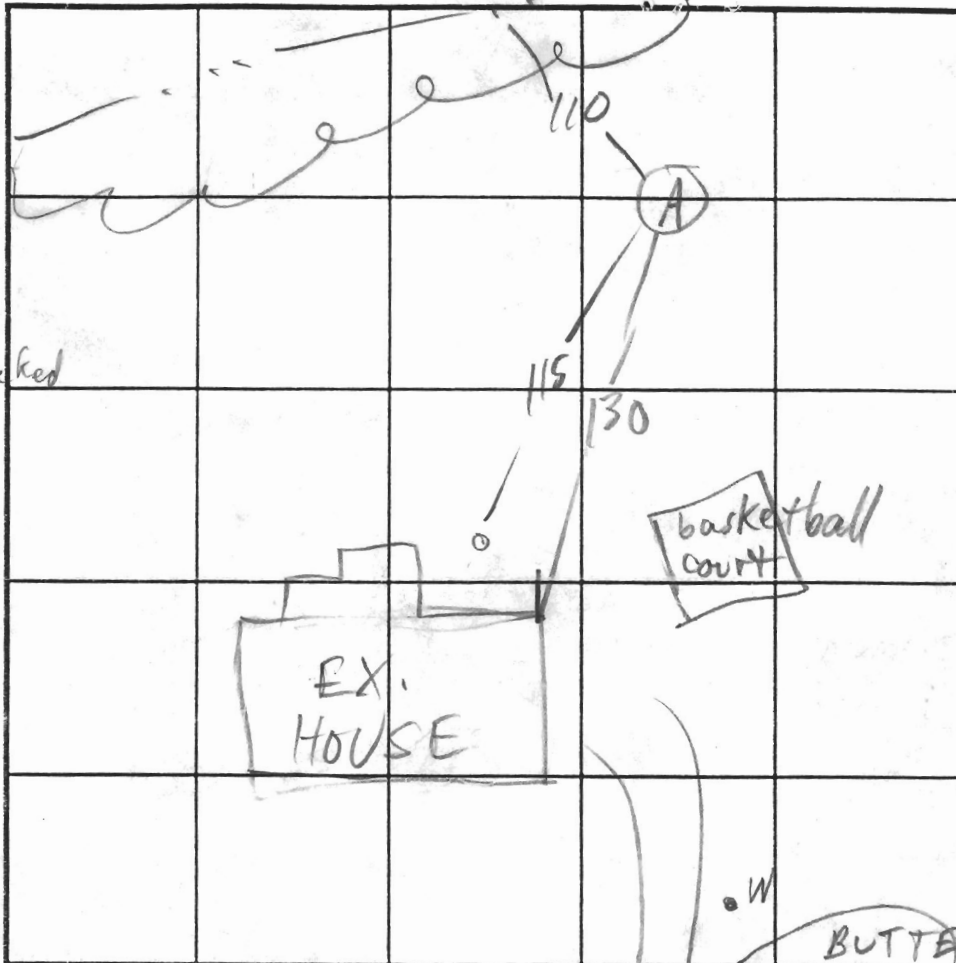
0'

brn
cl lm
orge brn
cl lm

6'

brn *hard-packed*
gray
semicalh
25-30%
mica
saprolite
blk frags

16'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASELINE.

BUTTERFRUIT WAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/15/02	A	8'3" / 16	3:32:00	3:47:00	→	→	EST 30 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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