

APPLICATION

1/6/02
10=00

516458

PERCOLATION TESTING

A _____

P _____

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

*Percol to
Replace Ex. S.S.
support of
addition*

DISTRICT _____

DATE 12/28/2001

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

P

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas R. Allmatt Jr + Chandira T. Allmatt

ADDRESS 15601 BUSHY PARK RD
Woodbine md 21797 PHONE 301 854 6804 HM
301 674 6606 WK

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. SFD w/ Addition

ROAD AND DESCRIPTION Same AS Above

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.819 AC. 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. Thomas R. Allmatt Jr.
(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

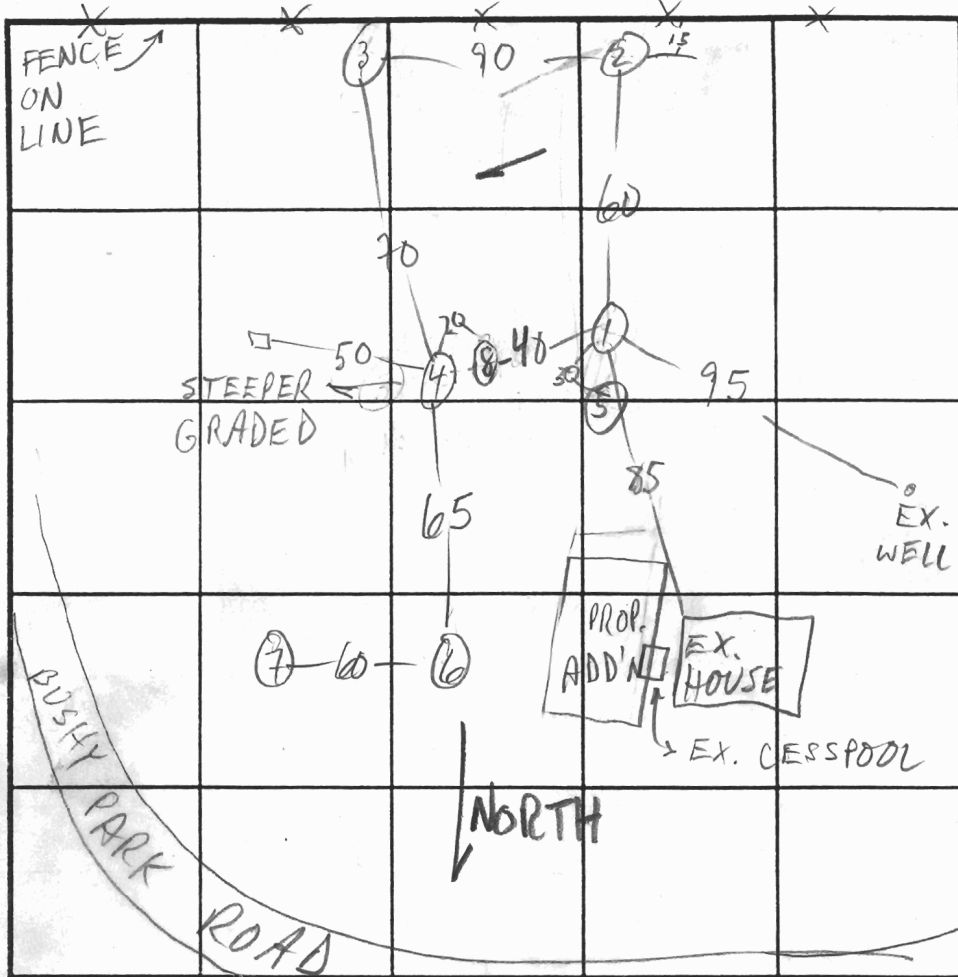
COUNTY #

SOIL PROFILE

0' brn
 2' cl lm
 5-5 1/2' pink brn
 sic/lm
 pink yel
 sand
 25-50%
 frags

11 1/2' (2)
 brn
 orge
 sic/lm
 3 1/2'
 tan pink
 sa/lm
 40-50% 10-20%
 frags frags

SOUTH NORTH (3)
 brn orge
 sic/lm
 3' 20% frags
 pink tan
 beige
 yel
 sa/lm
 25-30%
 frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
 0' UP 5' DOWN
 brn 25%
 pink
 sic/lm
 2' 8" yel brn
 4' 9" sic/lm 40%
 brn 40-60%
 sic/lm
 6 1/2' tan
 pink
 sa/lm
 40-20-
 50% 30% 9 1/2'
 4' orge brn
 sic/lm 5%
 40-60%
 struc frags 6 1/2' 40%
 40-50% tan
 sa/lm Rx @
 10-20% South
 DN UP

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|----------------|----------|-----------|---------------------|----------|-------|
| | | | START | STOP | START | STOP | |
| 2/1/01 | 1 S | 3' 9" | 10:19 | 10:37 | 2 1/4" | | |
| | | 4' 9" | 10:41 | 10:49 | 10:49 | 11:10 | 20 ± |
| | 2 S | 3 1/2' | 10:21 | 10:34 | 10:34 | 11:03 | 29 |
| | 2 M | 6 1/4" | 11:23:45 | 11:24:00 | 11:24:00 | 11:25:10 | 1+ |
| | 3 S | 4' | 10:24 | 10:28 | 10:28 | 10:38 | 10 |
| | 3 M | 6 1/2' 10 1/2' | 11:03 | 11:06 | 11:06 | 11:09 | 3 |
| | 4 S | 5 1/2' | 10:51 | 10:57 | 10:57 | 11:27 | 30 |
| | 4 V | 11' | | | | | |
| | 2 M | 6' 4" | 11:25:35 | 11:25:50 | 11:25:50 | 11:27:00 | 1+ |
| | 1 M | 7' | 11:47:00 | 11:54 | 11:54 | 12:08 | 14 |
| | 5 V | 9' 9" | | | | | |
| | 6 V | 9' | FAIL | 60-70% | STRUC | FRAGS | |
| | 7 V | 11 1/2' | 4' CL | 25-30% | N SIDE | 35-45% | SSIDE |
| | 8 V | 7' | 4' CL | 35% FRAGS | ON UPHILL SIDE TO 7 | | |

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 5 1/2' SQ. FT./BEDROOM 300
 NO DEEPER