

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Wm. S. Hebb

ADDRESS Porto Belle Farm, Droyden, Md. PHONE _____

PROPERTY LOCATION:
SUBDIVISION Hebb Property LOT NO. 135

ROAD AND DESCRIPTION RD 144 24.57A
tax map 15, parcel 39

SIZE OF LOT 7A TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.

William R. Hopkin
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

A 50389B

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 WILLIAM R. HOPKIN

ADDRESS 3138 ROGERS AVENUE PHONE 465-8891
ELLICOTT CITY, MD 21043

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

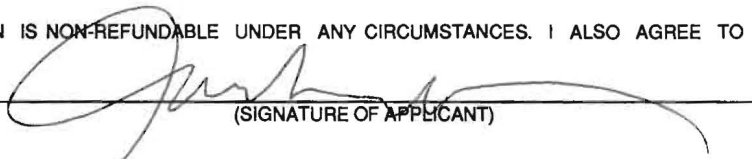
SUBDIVISION HEBB PROPERTY, LOTS 1 to 4 LOT NO. PART OF (PROPOSED LOT) 2

ROAD AND DESCRIPTION SOUTH OF MARYLAND ROUTE 199 AND 900 FT
EAST OF WYNFIELD ROAD AND WYNFIELD SECTION 1

TAX MAP 15 PARCEL # 39

SIZE OF LOT 4.103 ACRES TYPE BLDG. SINGE FAMILY ATTACHED
(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 _____

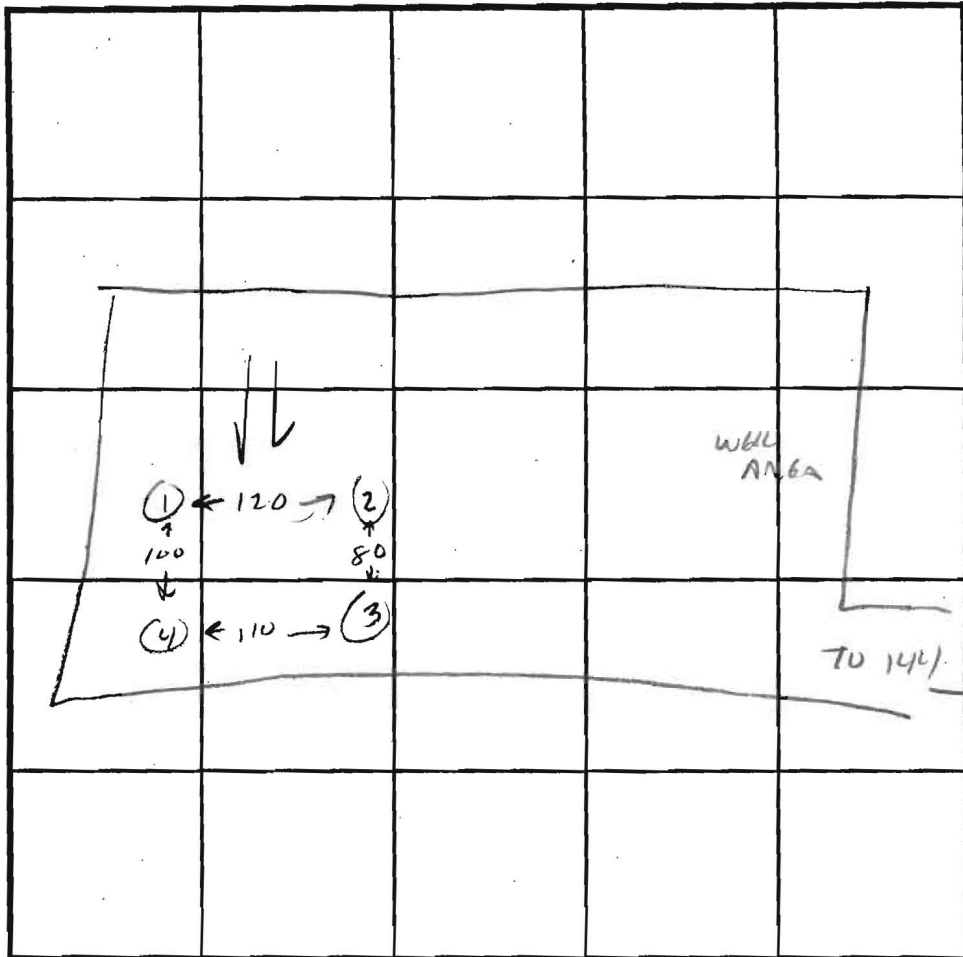
THIS IS NOT A PERMIT

A50389 B

COUNTY #

SOIL PROFILE

0' —
 ALL
 HOLETS
 3' — CLAY
 BROWN
 MICA
 LOAM
 5% - 10%
 SAND, SILT, CLAY



SOIL PROFILE

0' —
 SOIL PROFILE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	3 1/2	—	—	—	—	4 MIN ✓
		11	VIS	OK	3-11'		
	2	VIS	OK	3-11'			✓
	3	3	—	—	—	—	3 MIN ✓
		VIS	OK	3-11'			
	4	VIS	OK	3-11'			✓

REMARKS TEST NOTES TAKEN ON DIFFERENT SHEET - RECALCATED FROM MEMORY

TYPE OF SOIL

TESTED BY C. Williams

ALSO PRESENT HEBB

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210

