

APPLICATION

PERCOLATION TESTING

A 513618-C

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 Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

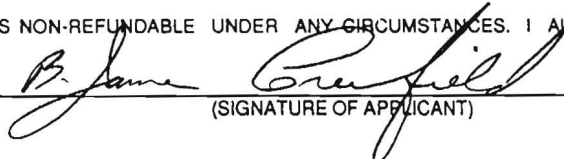
SUBDIVISION _____ LOT NO. 26 (3)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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 _____

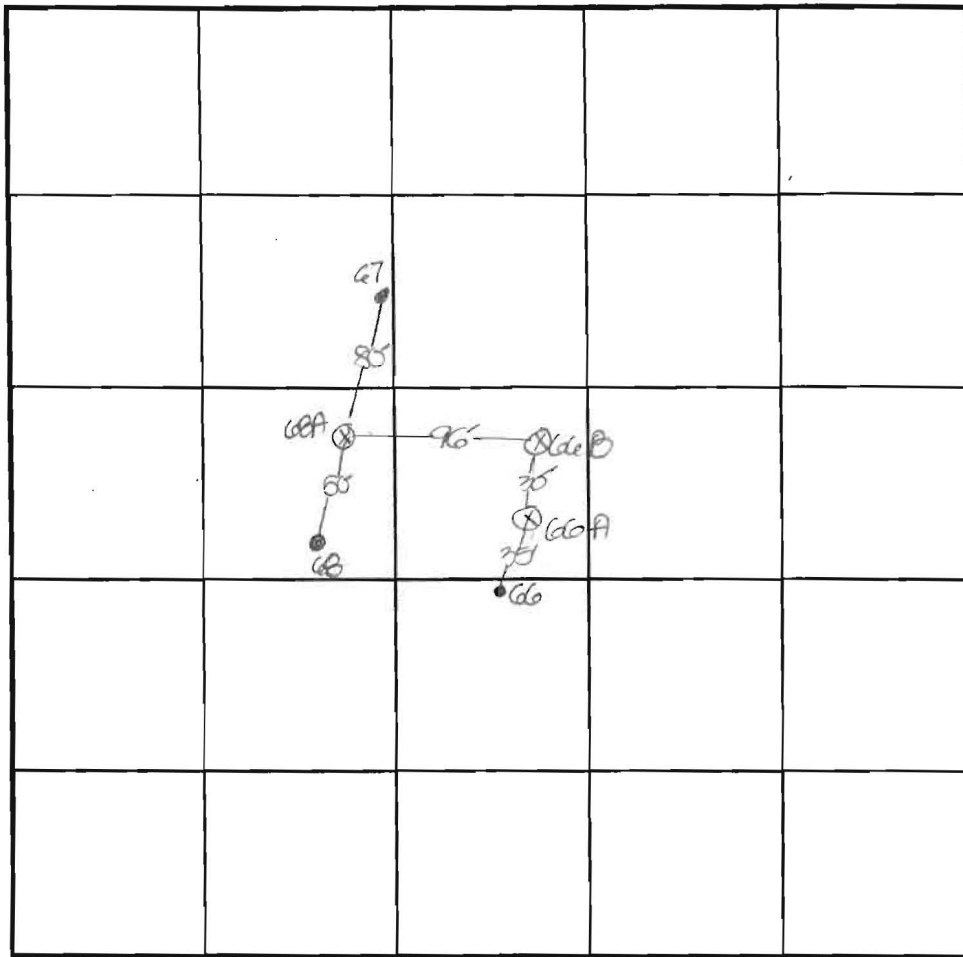
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 68A
 6" topsoil
 dull org brn cl Lm
 3.5'
 4' med org brn sa mica Lm
 10% sdr sh
 12.5'

0' 66B
 6" topsoil
 3.5' org brn cl Lm
 br red brn to med org brn sa mica Lm
 10-15% sdr sh
 12'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-15-00	68A	12.5' D	visual	- see	profile		OK
	66B	3.5' S	12:41 ₃	12:43	12:43	12:43 ₃	5
		12.0' D	visual	- see	profile		OK

REMARKS ⊗ = test hole not staked

TYPE OF SOIL _____

TESTED BY DVS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

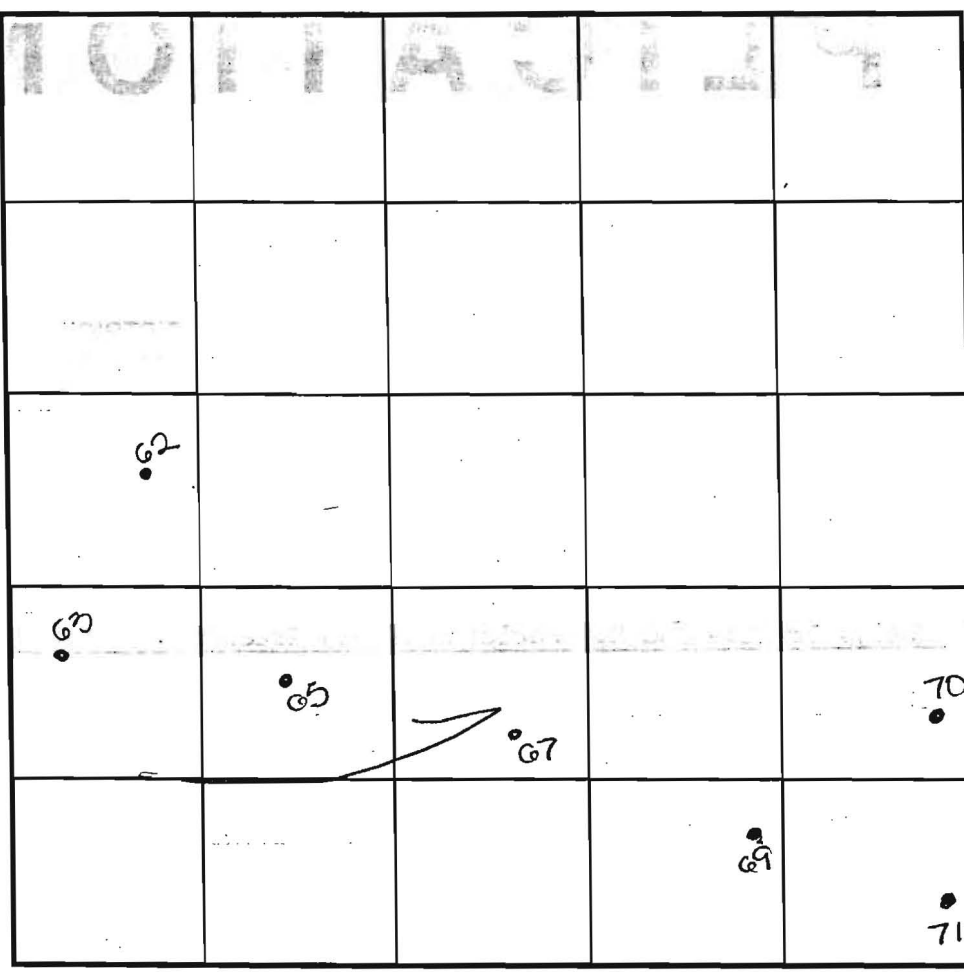
COUNTY #

SOIL PROFILE
67/70

0' topsoil
 6" dull org brn c/lm
 15" med org red brn sa mica Lm w/ 20% sapr sh

0' 65
 6" topsoil
 4' dk red brn cl Lm
 pale org tan to org edge sa mica Lm 10-15% sapr sh

0' 63
 6" topsoil
 6" dull org brn c/lm
 4' pale org tan sa mica Lm
 5-10% sapr sh



SOIL PROFILE
68

0' topsoil
 6" br red org brn c/lm
 4' pale org red brn sa mica Lm
 15% sapr sh

0' 71
 6" topsoil
 3.5' br red org brn c/lm
 4' med org brn sa mica Lm
 12.5' 15% sapr sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-3-00	67 ✓	13.5'D	visual	- see	profile		OK
	65 ✓	3.5'g	11:17z	11:22z	11:22z	11:32z	10
		13.0'D	visual	- see	profile		OK
	63 ✓	12.0'D	visual	- see	profile		OK
	62 ✓	5.5'm	11:31z	11:37z	11:37z	11:40z	9
	70 ✓	12.5'D	visual	- see	profile		OK
	69 ✓	4.5'g	11:57	11:59	11:59	12:01	2
		11.5'D	visual	- see	profile		OK
	71 ✓	4.0'g	12:04	12:11z	12:11z	12:19	8
		12.5'D	visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DMS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

