

APPLICATION

PERCOLATION TESTING

A 513696

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 7/20/2000

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 FREDERICK W. RAULIN

ADDRESS BUSHY PARK Rd PHONE 301-854-6644

AGENT OR PROSPECTIVE BUYER THE WILLIAMSBURG GROUP LLC

ADDRESS P.O. Box 1018 Columbia MD 21044 PHONE 410-997-8800

PROPERTY LOCATION:

SUBDIVISION Village of Three Keys LOT NO. _____

ROAD AND DESCRIPTION NORTH SIDE of Bushy Park Rd, approx 1 mile SOUTH & WEST of FREDRICK Rd (RT 144) ADC map 3 K13

TAX MAP 8 PARCEL # 59

SIZE OF LOT _____ 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. Signature P. Davis
(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

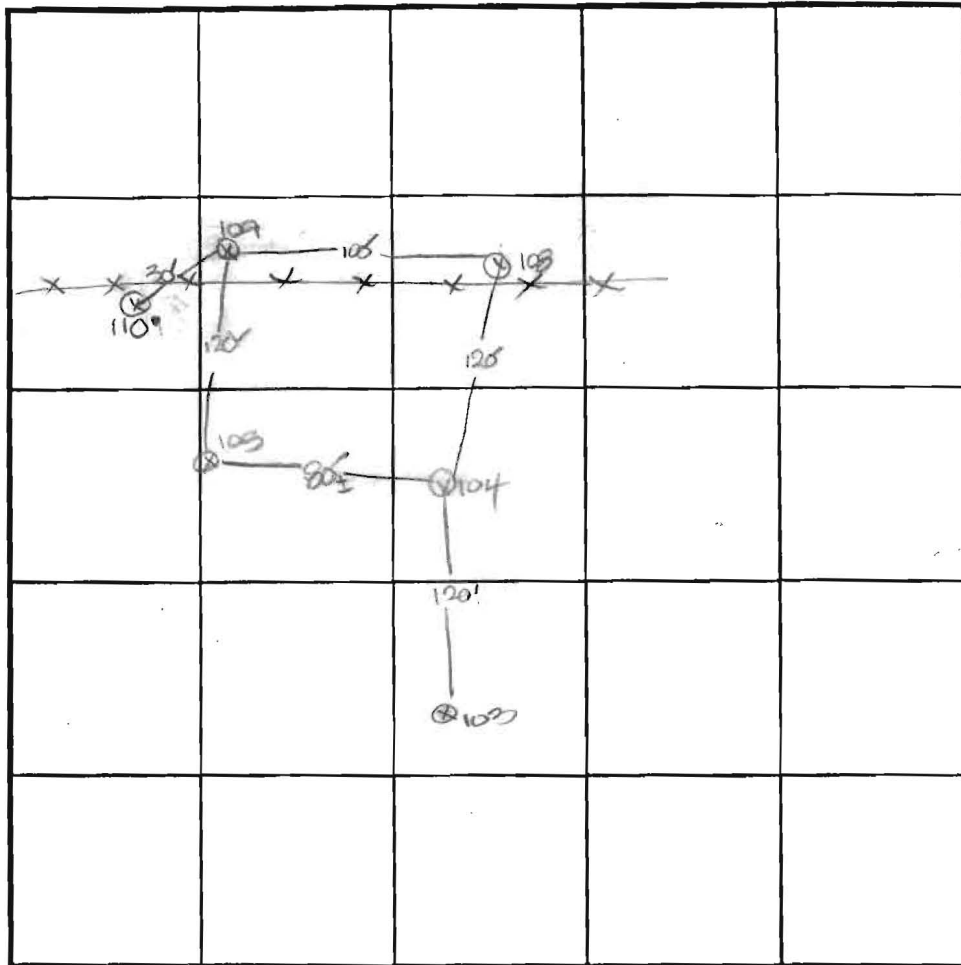
COUNTY #

SOIL PROFILE

104
 0' topsoil
 1' dull org brn cl lm
 5.5' br red org brn to tan si lm
 14' 15% frag

103
 0' topsoil
 1' dull org brn to br red brn cl lm
 6' pale pl beige to pale org beige si lm
 14' 10-15% frag

105
 0' topsoil
 1' br red brn cl lm
 7.0' med org brn



SOIL PROFILE

106
 0' topsoil
 1' br red brn cl lm
 9' pale pl org tan si lm
 15-20% frag
 12' Refusal

107
 0' topsoil
 1' dull org brn to br red brn cl lm
 5.5' pale pl org tan si lm
 14.5' 10-15% frag

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Bushy Park Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-16-00	104	6.0' S	11:49	11:46	11:46	11:57	10
		14.0' D	visual - see profile				OK
	103	7.0' S	11:50	11:35	11:55	12:02	7
		14.0' D	visual - see profile				OK
7 -	105	7.0' S	12:06	12:24	12:24	12:49	25
		14.0' D	visual - see profile				OK
(5) -	106	12.0' D	Refusal - see profile				OK
7 -	107	7.0' S	1:48	test stopped			OK
		14.5' D	visual - see profile				OK

REMARKS test holes not started

TYPE OF SOIL

TESTED BY DKC ALSO PRESENT Hatfield's

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

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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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Village of Three Keys LOT NO. 6

ROAD AND DESCRIPTION Bushy Park Road

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ 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.

(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



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AVP 527809-A

AGENCY REVIEW: _____

DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) **Frederick Raulin**

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS **15101 Frederick Road** **Woodbine** **MD** **21797**
 STREET CITY/TOWN STATE ZIP

APPLICANT **Heritage Land Development**

DAYTIME PHONE **410-489-7900** CELL **410-984-0408** FAX **410-489-9768**

MAILING ADDRESS **P.O. Box 482** **Lisbon** **MD** **21765**
 STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

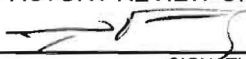
PROPERTY LOCATION

SUBDIVISION NAME **Village of Three Keys** LOT NO. **6**

PROPERTY ADDRESS **15160 Bushy Park Road** **Woodbine, MD 21797**
 STREET TOWN/POST OFFICE

TAX MAP PAGE(S) **8** GRID _____ PARCEL(S) **59** PROPOSED LOT SIZE **1.43 Ac**

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

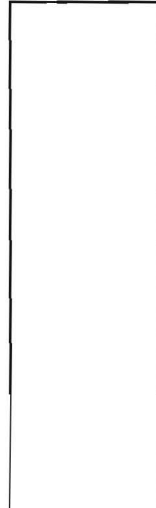
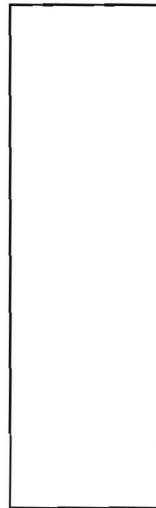
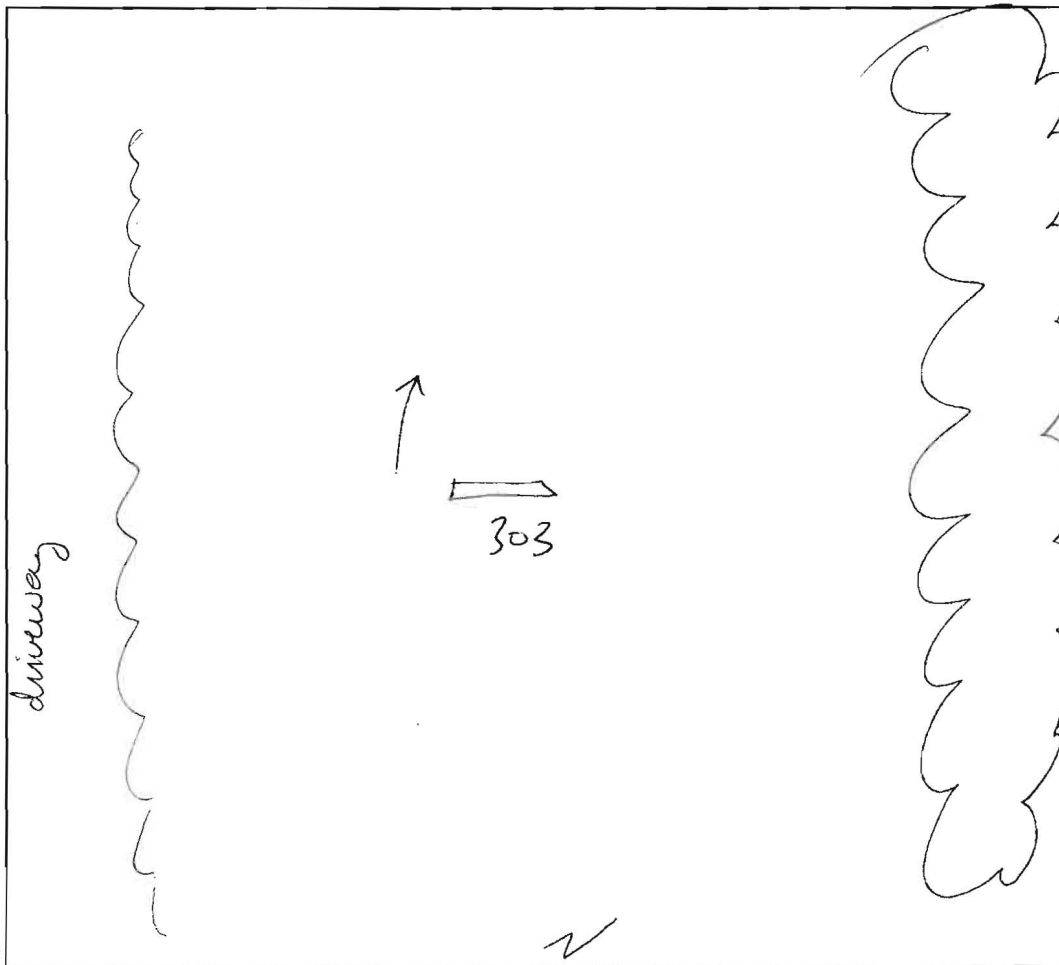


 SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
 7178 COLUMBIA GATEWAY DRIVE, COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

Lot 6

A/P _____



303

brown & sbk

~1' light brown dense s&l

2' red brown dense s&l ~25% chert

~5' red brown s&l sg cw ~25% chert

14'

Brushy Park Rd

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/17/07	303	5' / 14'	10:31	10:39	10:53	14	P

REMARKS

Very dry brushy area w/ trees

SANITARIAN

SF

BACKHOE

Dennis Feage

OTHERS

T. Feage

TEST HOLES USED IN SDA _____

AVG. PERC TIME _____

SQ. FT/BR _____

TRENCH WIDTH _____

INLET DEPTH _____

MAX. BOT DEPTH _____

EFFECTIVE S/W _____