

APPLICATION

19

PERCOLATION TESTING

A _____

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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

COUNTY #

SOIL PROFILE

0' C-6 C-5

or red
SiCLM

3.0

red
brn
SiLM
30%
shale

13.0

C-4

like
C-6 &
C-5

13.0

C-1

orange
to
pink
SiSaLM

3.0

lgt
yellow
brgh
SiLM
15%
saprolite

13.0

SOIL PROFILE

0' C-2

like
C-1
but
H₂O
⊙
12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-12-00	16/17	Water @ 7.0'	-open	15 sec	—	F	
	C-6	4.0 V13.0	9:44	9:49	9:49	9:56	7min
	C-5	4.0 V13.0	10:02	10:11	10:11	10:27	16min
	C-4	4.0 V13.0	10:20	10:38	10:38	11:05	27min
	C-1	Visual to 13.0 - see profile - OK					
	C-2	5.0 V13.0	12:35	12:41	12:41	12:55	14min

REMARKS _____

TYPE OF SOIL _____

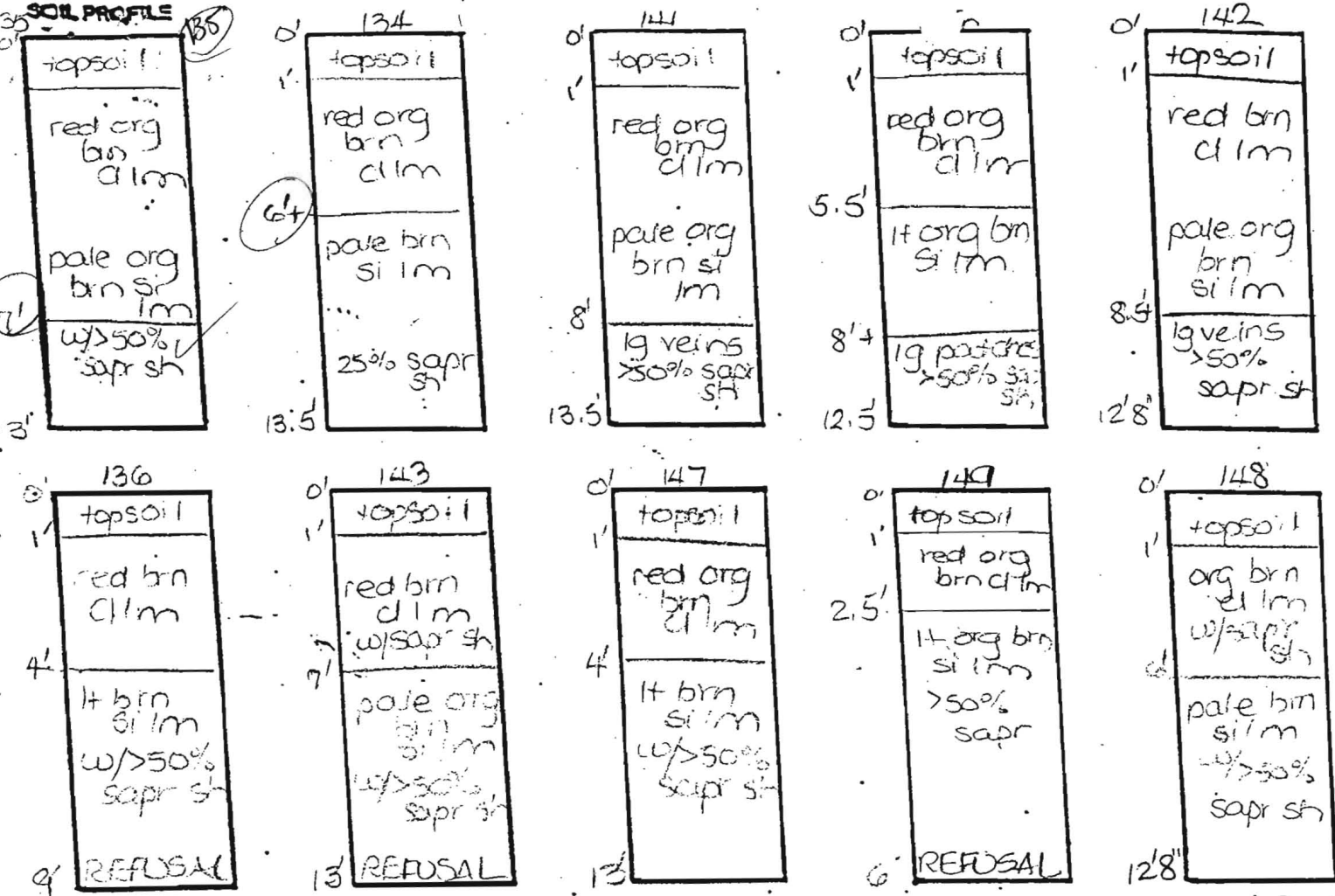
TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

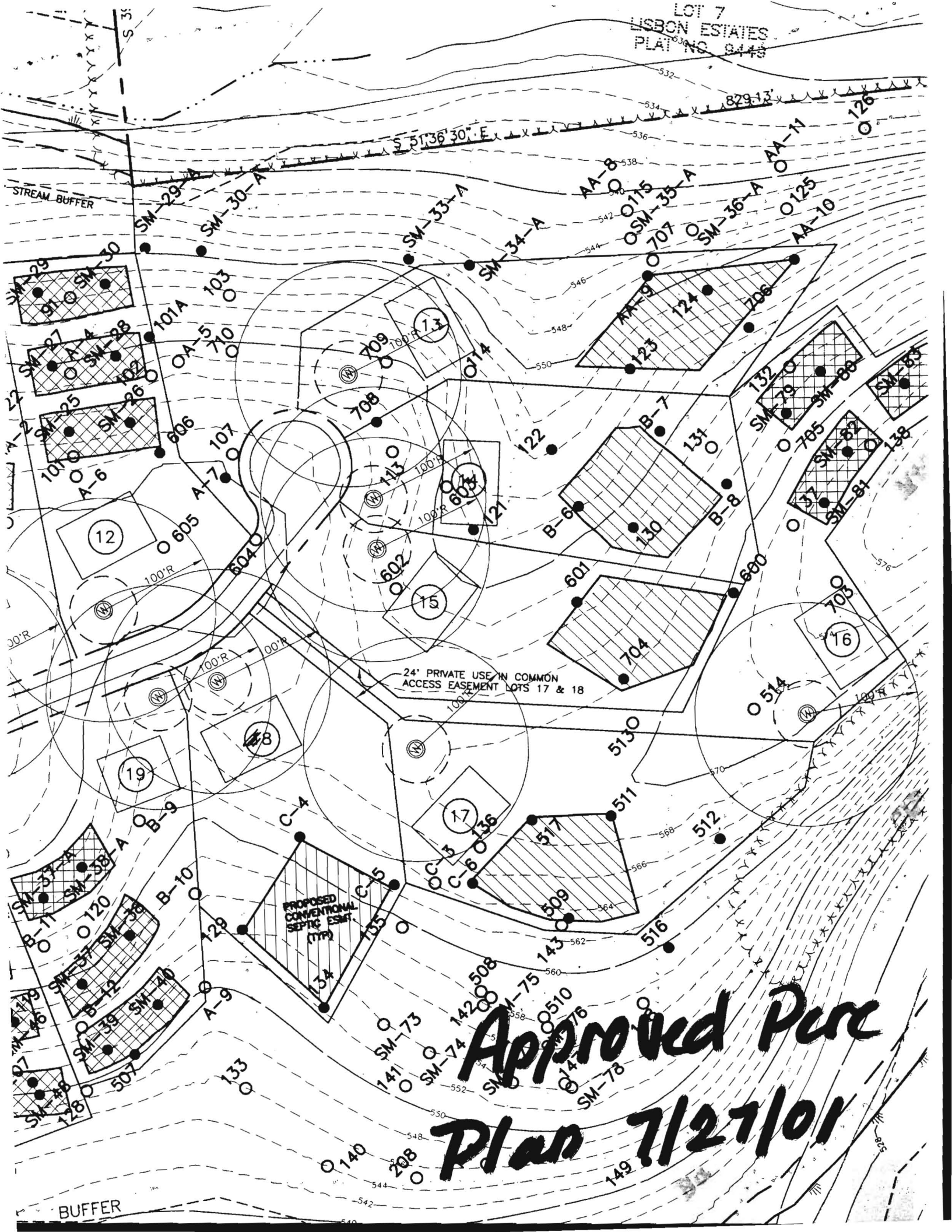
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

JMH # FARM

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-21-97	135	4'4" S	10:21	10:24	10:24	10:28	4
		13.0'D					FAIL
	134	6.0'S	10:22	10:50	10:50	little slow	OK
		13.5'D					
	141	5'10" S	10:24	10:33	10:33	10:43	10
		13.5'D					FAIL
	140	6.0'S	10:25	10:31	10:31	10:39	8
		12.5'D					FAIL
	142	6.0'S	11:03	11:05	11:05	11:10	5
		12'8" D					FAIL
	136	9.0'D					FAIL
	143	13.0'D					FAIL
	147	13.0'D					FAIL
	148	12'8" D					FAIL



**Approved Parc
Plan 7/27/01**