

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

A _____
P _____
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 Robert T. Matthews Revocable Trust
c/o Cloverfield/Pfefferkorn, LLC, 10705 Charter Drive,
ADDRESS Suite 320, Columbia, MD 21044 PHONE 410-997-7400

AGENT OR PROSPECTIVE BUYER Heritage Land Development
ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION Matthews Property LOT NO. 14

ROAD AND DESCRIPTION _____
2400 Pfefferkorn Road, West Friendship, MD 21794

TAX MAP NO. 15 PARCEL # 4

SIZE OF LOT 1 acre TYPE OF 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 _____

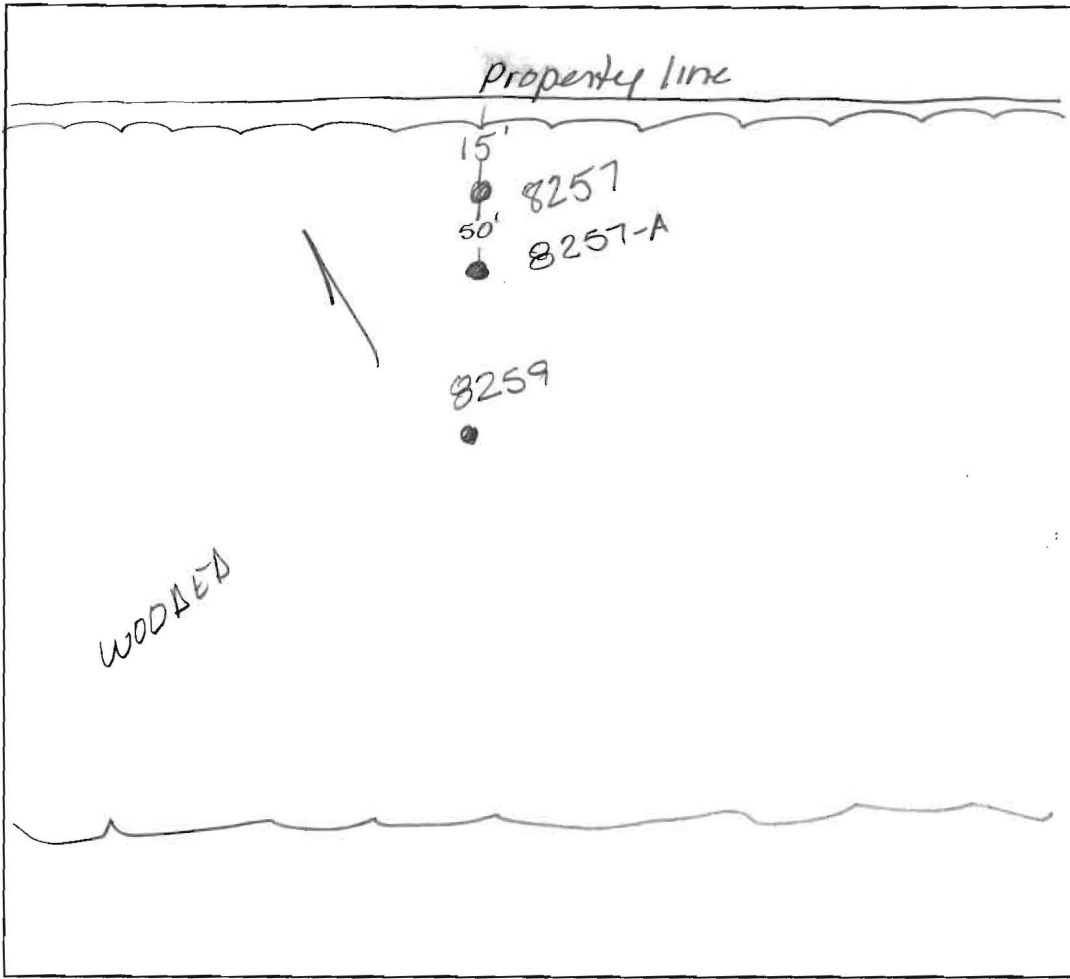
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A/P 8257

Refusal
@
7'



8259
orange brown
cilm
few 10%
rocks
4'
bright orange
salm

8257-A
red
brn
cilm
4 1/2'
lgt
orange
salm
<5%
Rx
3 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8-16-03	8257	Insufficient depth to bedrock					
			Refusal @		7'		F
	8259	4 1/2' / 13'	9:33	test pulled			slow
	8257A	5' / 13 1/2'	10:01	10:02 ³⁰	10:02 ³⁰	10:04 ⁴⁵	2min
	8259	5 1/2' / 13'	10:15	10:22	10:22	10:43	2 1/2 min

REMARKS _____

SANITARIAN Amy Hart BACKHOE Tim Feaga OTHERS _____

TEST HOLES USED IN SDA 8257A, 8259 AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

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COUNTY #

SOIL PROFILE

0' 9009

orange
brn
cilm

4'

lgt
orange
brn
3ilm
<5%
Rx

4'

9008

heavy
cilm
brown

3 1/2'

orange
brn
Salm

shelf of
rock @
10 1/2'
refusal
@ 13'

SOIL PROFILE

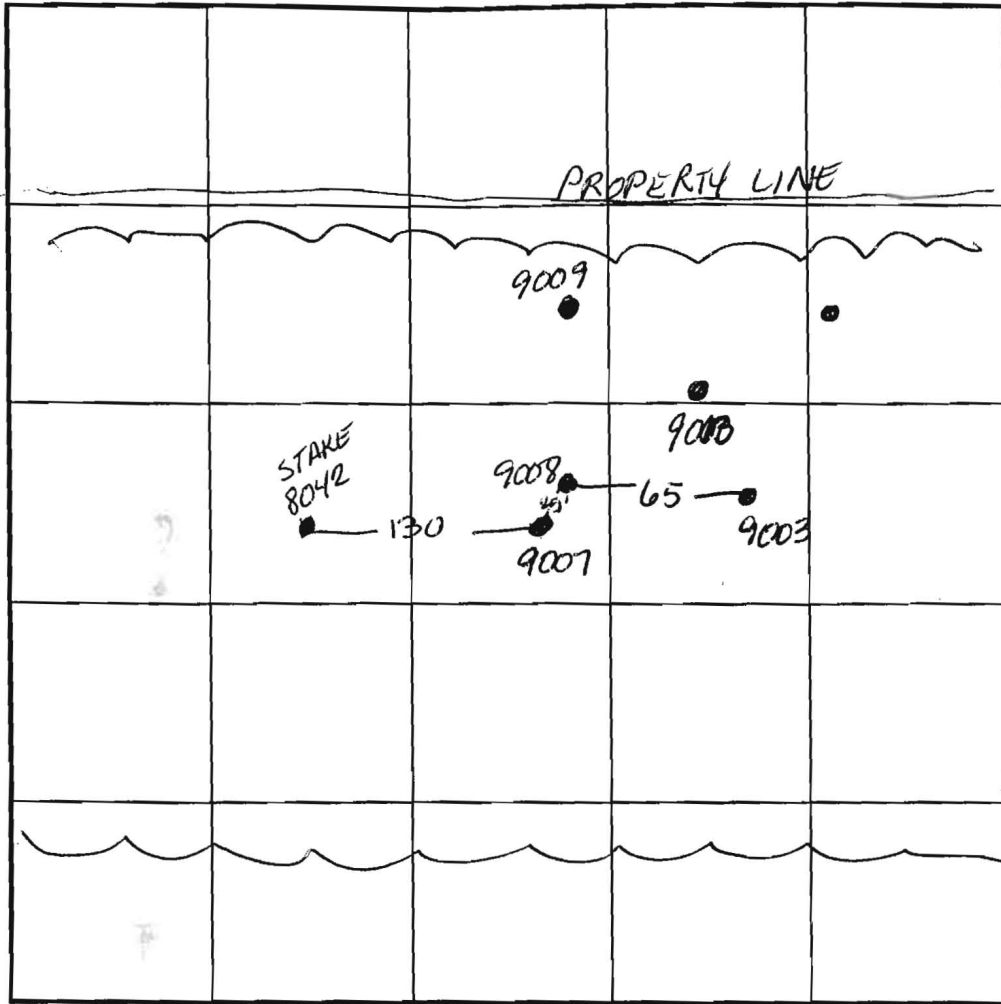
0' 9013

orange
brn
cilm

3 1/2'

lgt
red
tan
Salm

14'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	9007	Refusal @ 4 1/2'					F.
	9009	4'	6:05	slow	-test stopped		
	9008	4'	6:10	6:23	6:23	6:43	20 P
	9009	6.5'	6:36	6:40	6:40	6:47	7 P
	9013	14.0' D	visual	-see profile			P

REMARKS

TYPE OF SOIL

TESTED BY

A. Hoff / K. Clark

ALSO PRESENT

J. BOHIS

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

Signed
Prelim
4-22-05

