

APPLICATION

PERCOLATION TESTING

A 516098-Q

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 SLAGG'S BROTHERS EQUIPMENT

ADDRESS 3258 BETHANY LANE PHONE _____

ELLICOTT CITY, MD 21042

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SLAGG'S PROPERTY PHASE 2 LOT NO. 6

ROAD AND DESCRIPTION OLD COLUMBIA PIKE ~ 200' NORTH OF
INTERSECTION OF MURPHY ROAD & OLD COLUMBIA PIKE

TAX MAP 46 PARCEL # PO 118

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. J. Thurl Slagg
(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' BIC
brn red orge sil lm

5-6 pink brn samica lm
15% frags

AD

1/2 red sil lm

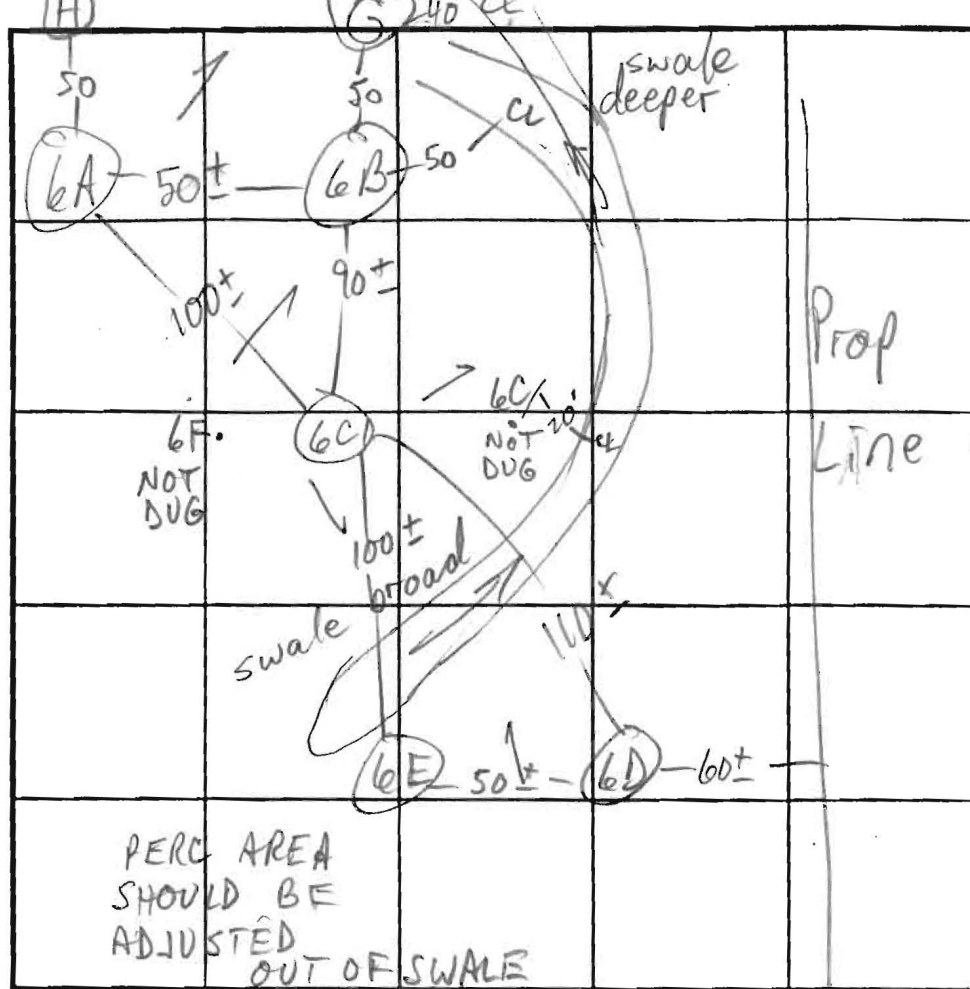
3 pink sa lm
<10% frags

6 pink brn samica lm
15% frags
↑ w/depth

E

2 1/2 red yel brn sil lm
-3

6 tan pink samica lm
20% frags
↑ w/depth



SOIL PROFILE

0' G H
brn magenta purp sil w/ no frags
6-7 brn purp sil 10-15% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. Old Col. Pike

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/12/02	6A S	3 / 14 1/2	2:57	3:03	3:03	3:10	7
	6B S	4 1/2 / 4'10"	3:01	3:10	1/2"		
	6B S	6 / 14	3:17	3:34	SLOW		
	6B S	6 / 14	3:44	3:53	3:53	4:15	22 EST
	6C V	14	OK see profile				
	6D S	2 1/2 / 14 RE-POUR	3:23	3:24	3:24	3:25	1
	6D S	2 1/2 / 14 RE-POUR	3:27	3:29	3:29	3:32	3 OK
	6E S	3 / 14	3:24	3:30	3:30	3:43	13
5/1/02	6H	7'3" / 15	4:08	4:27	4:27	4:37	10
	6G	6'2" / 14 1/2	4:18	4:25:00	4:25:00	4:26:20	120
	6G	6'2" / 14 1/2	4:24	4:28:35	4:28:35	4:31:30	3
5/8/02	6C S	5'9"	12:04:30	12:05:35	12:05:35	12:07:35	2

REMARKS ALL HOLES PER PLAN

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Wade S., Andy

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

