

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE 8/15/95

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 Feaga Family D.C. VANSTONE

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Land Marketing, Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808

PROPERTY LOCATION: _____

SUBDIVISION Feaga Property LOT NO. 2634

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16x23 PARCEL # 34 + 63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD - 5 BROW

PERMIT SIGNED
AND RETURNED 2/14/99
Serial # B0119165
(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.

Mark A. Reich
(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 #

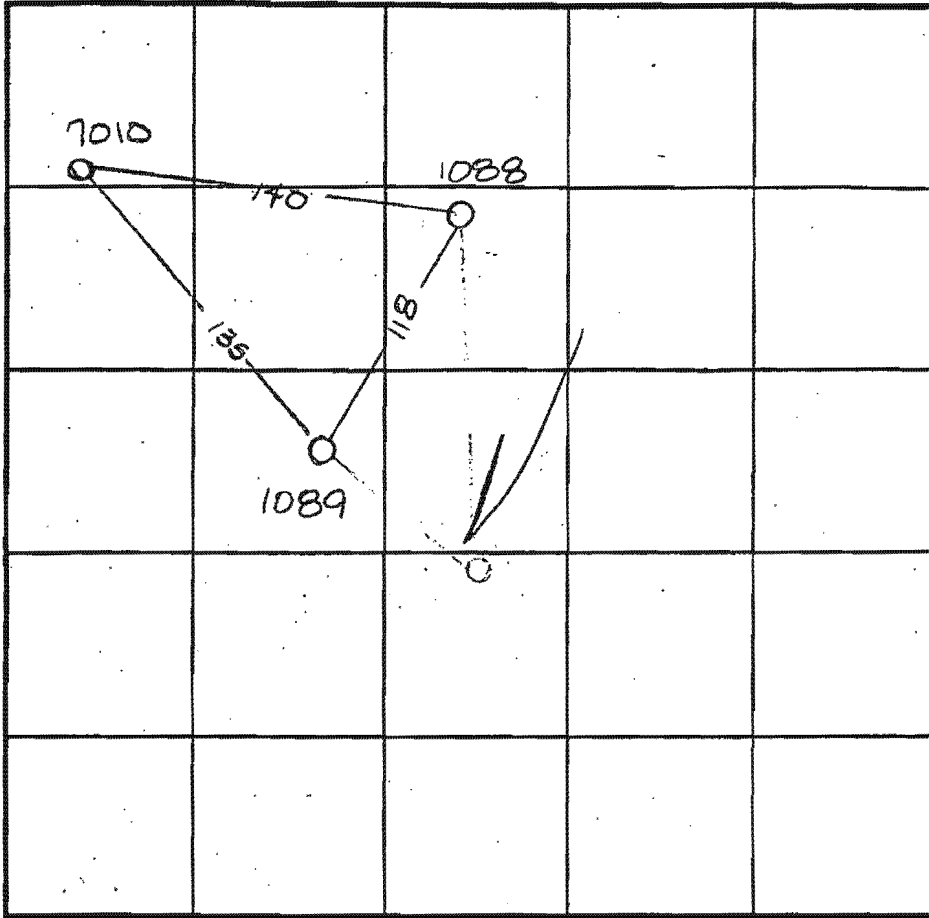
SOIL PROFILE

SOIL PROFILE

0'
dark red silum

2'
Salm with black mottles matrix color of light brown

12'



0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

7010
consistent throughout
1 qt. orange red to tan silum micaceous 50% decayed shale
dry

12.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-18-95	1088	2 1/2 VII	3:05	3:07	3:07	3:09	2min
"	1089	2' VI2	2:49	2:52	2:52	2:59	7min
12-12-96	7010 Visual	1 to 12.5	— see profile —		—		OK

REMARKS _____

TYPE OF SOIL _____

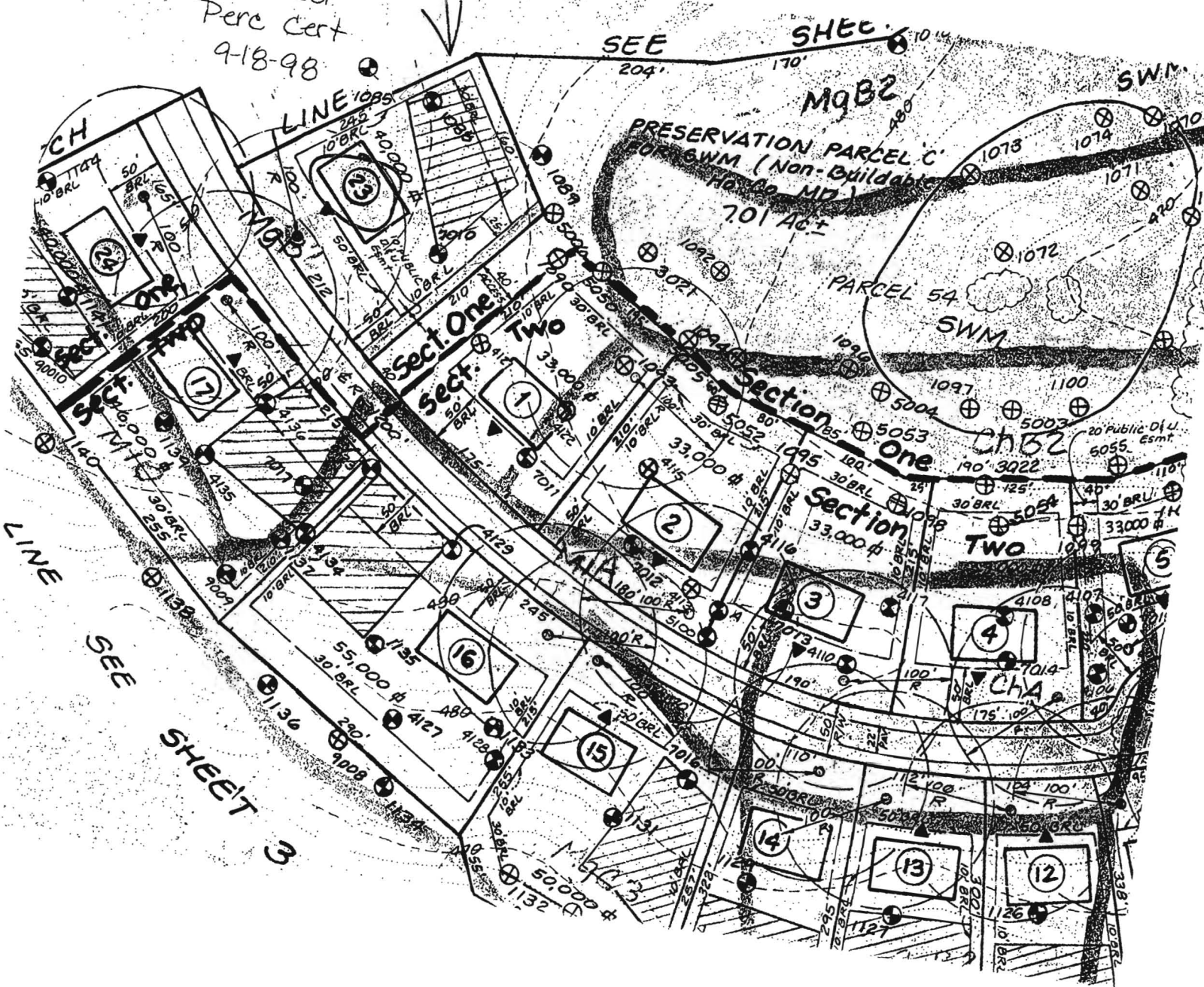
TESTED BY Amy McMillen ALSO PRESENT Mark Reich

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

THIS LOT

Revised
Perc Cert
9-18-98



LINE
SEE
SHEET 3

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(3105 Argent Path)

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THIS IS NOT A PERMIT

MR. DAVE VANSTONE

FYI

HOME FAX 443 535 0857

3105 Argent Path

Pool Context / Percolation Certificate

Plan

General Notes (to be added)

① ~~MDE~~ MDE Sewage Disposal Statement

* See Attached

② MDE Ownership and lot area requirements

* See attached

③ All wells and septic systems on this property and impacting this proposal have been shown here on to the best of my ~~knowledge~~ knowledge. (Signed by Architect/plan preparer)

④ The information shown hereon is true and correct to the best of my belief and knowledge
Signed

Also Don't forget: the well needs to be shown. Make sure no other wells are within 100' of the proposal

COUNTY #

SOIL PROFILE

1088 1089

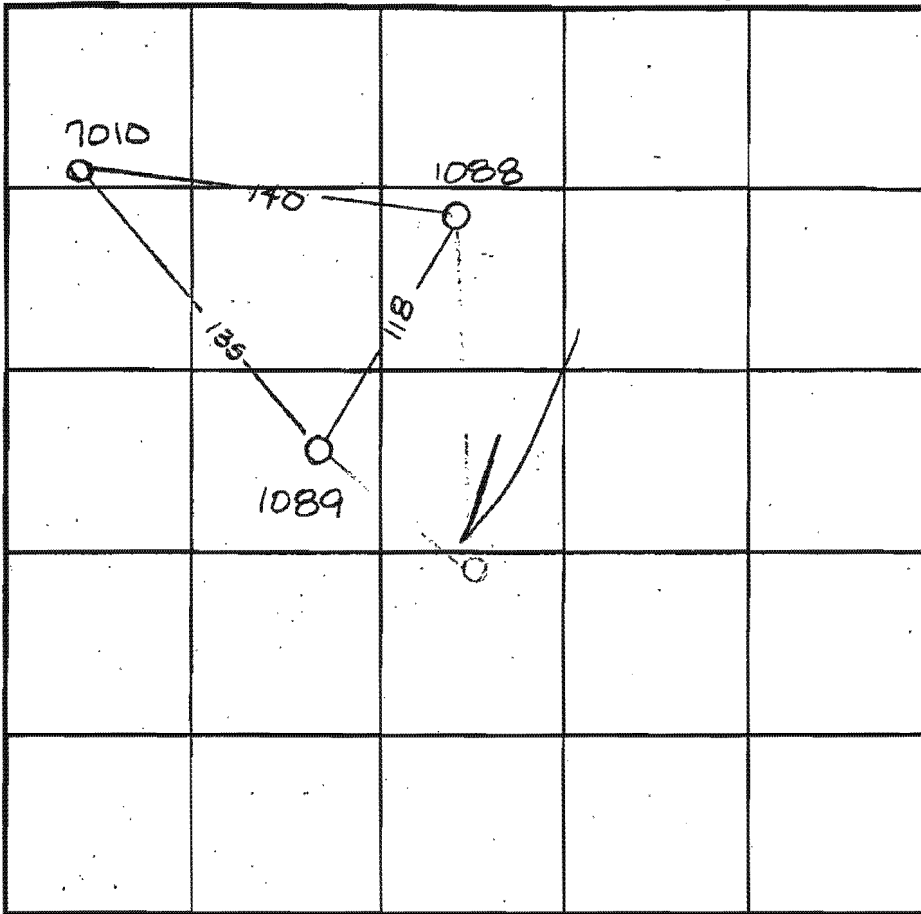
0'
dark red
Sialm

2'
Salm
with black
mottles
matrix
color of
light
brown

12'

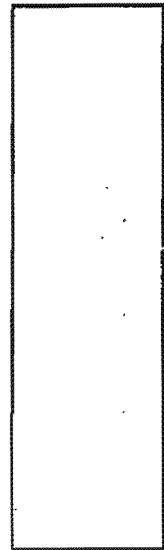
7010

consistent
throughout
1 ft.
orange
red
to
tan
Si Salm
micaceous
5%
decalca
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dry



SOIL PROFILE

0'



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