

APPLICATION

PERCOLATION TESTING

A 513618-M

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 Jared T. Healy, Trustee and M. Charlotte Powel, Trustee

ADDRESS 10715 Charter Dr., Columbia, MD 21044 PHONE 410-730-4545

AGENT OR PROSPECTIVE BUYER Floyd Lane, L.L.C. CONTACT: Tim Feaga, Heritage Land Develop

ADDRESS P.O. Box 999, Columbia, MD 21044 PHONE 410-489-7900, ext. 11

PROPERTY LOCATION:

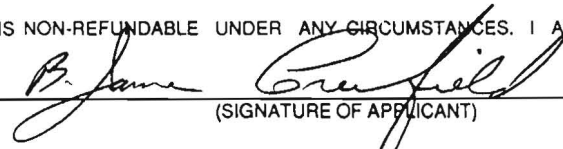
SUBDIVISION _____ LOT NO. 7 (13)

ROAD AND DESCRIPTION Buckskin Woods Drive, Ellicott City, MD 21042

TAX MAP 22 PARCEL # 77, 283 and 74

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.


(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

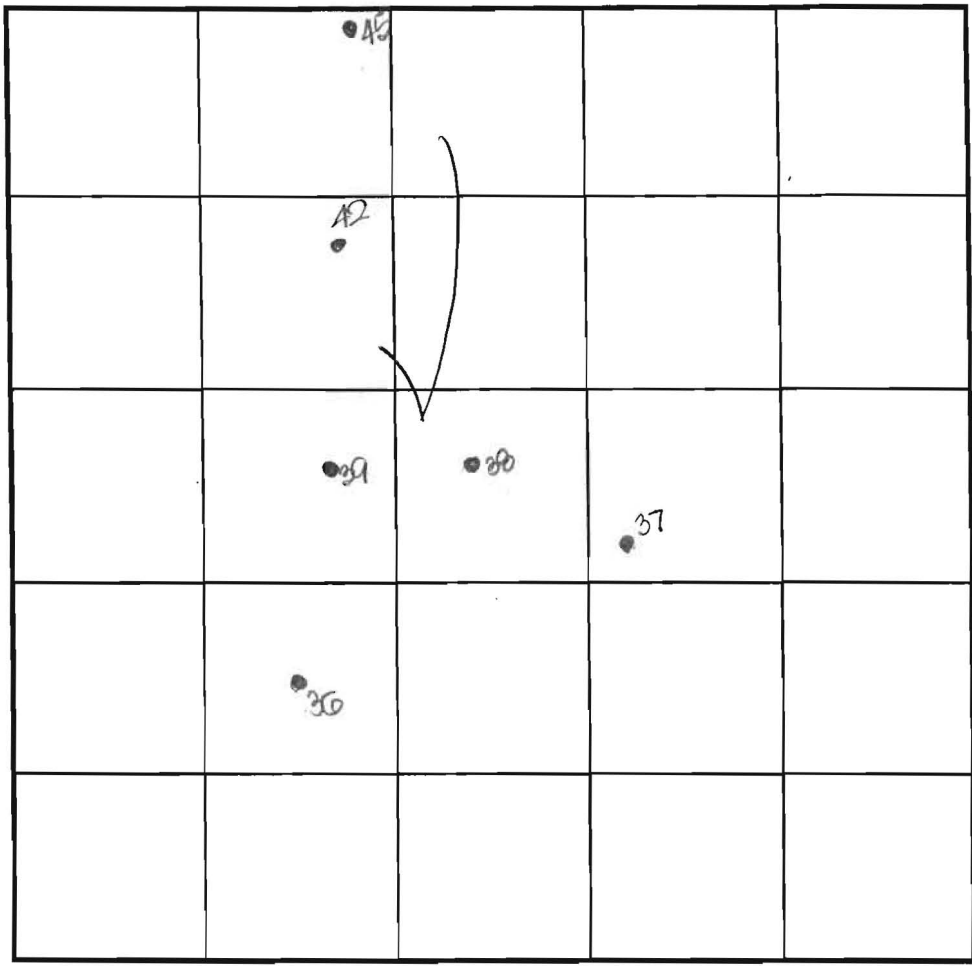
COUNTY #

SOIL PROFILE

0' 36
 6" topsoil
 br org brn sa mica lm
 3.5' 4'
 med pk brn sa mica lm
 15-20% sapr sh
 13.5'

30/39
 6" topsoil
 br red brn sa cl lm
 3.5' 4'
 med red brn sa mica lm
 10-15% sapr sh
 12'

42
 6" topsoil
 br red brn sa cl lm
 3.5' 4'
 pale pk brn sa mica lm
 15% sapr sh
 13'



SOIL PROFILE

0' 45
 6" topsoil
 br red org brn sa cl lm
 3.5' 4'
 med pk brn sa mica lm
 15% sapr sh
 12.8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-2-00	36	13.5'D	Visual	see	profile		OK
	38	4.0'S	10:43	10:45	10:45	10:47.3	3
		12.0'D	Visual	- see	profile		OK
	39	11.9'D	Visual	- see	profile		OK
	42	4.0'S	10:59	11:00	11:00	11:02	2
		13.0'D	Visual	- see	profile		OK
	45	4.0'S	11:05	11:06.3	11:06	11:08.2	2
		12'8"D	Visual	- see	profile		OK

REMARKS holes tested as stacked

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, T. Feagel

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

- ROUTE 392 -

COUNTY # _____

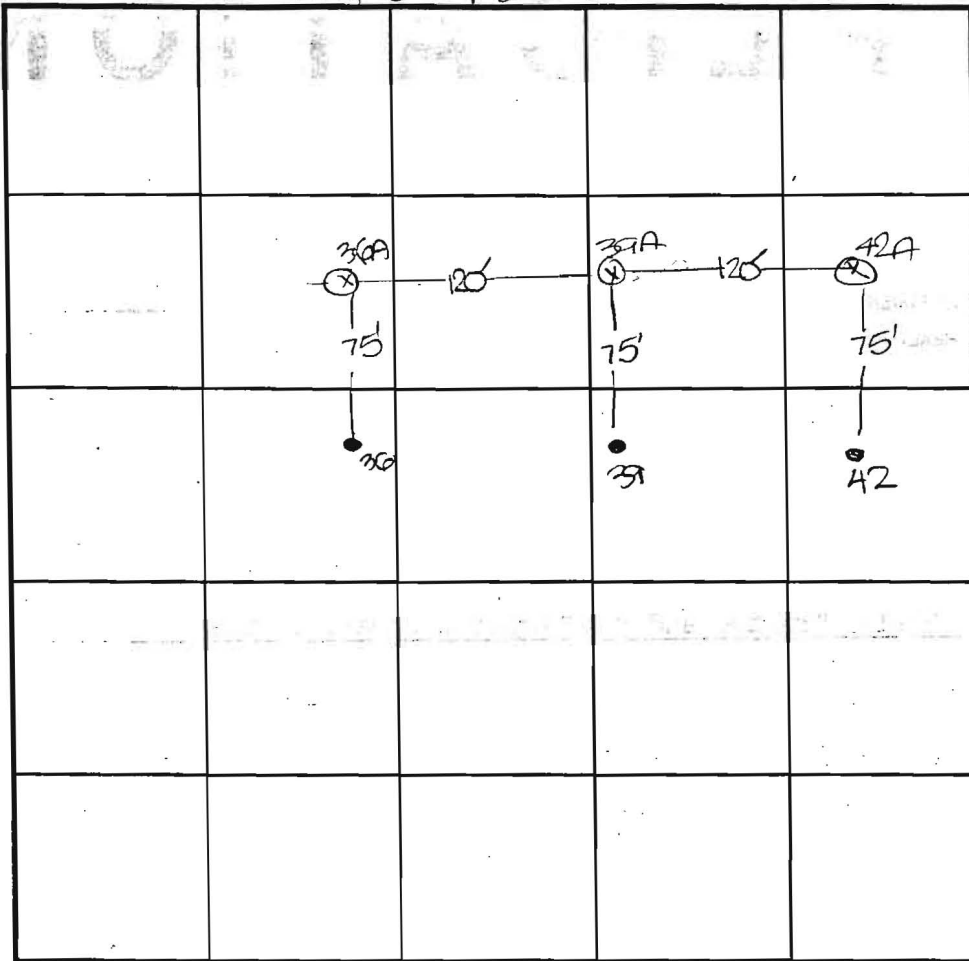
SOIL PROFILE/
39A/42A

0'
6"
2.5'
4'
1.5'

topsoil
br
red org
brn
cl lm

pale
pk brn
sa mica
lm

10%
sapr
sh



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0'
6"
4'
13'

42A
topsoil
br
org brn
cl lm

med
pk brn
sa mica
lm

10-15%
sapr
sh

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-15-00	39A	3.5' S	11:07	11:07 ³⁰	11:07 ³⁰	11:09	2
		11.5' D	visual	- see	profile		OK
	36A	11.5' D	visual	- see	profile		OK
	42A	13.0' D	visual	- see	profile		OK

REMARKS ⊗ = hole not started

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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