

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35192
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 3-18-85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert C. Goodier

ADDRESS 233 Deep Dale Dr. Timonium MD 21093 PHONE 252-6141

PROPERTY LOCATION:

SUBDIVISION Homewood LOT NO. #3 (Now #2)

ROAD AND DESCRIPTION off Homewood Rd. NEAR Rt. 108 (shown on Plat)
11207 McGee Way

SIZE OF LOT 3acre TYPE BLDG. Single Fam 3to5 bed
(NUMBER OF BEDROOMS)

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.

Robert Goodier
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow System DATE 2-7-86

REJECTED BY _____ FOR _____ DATE _____

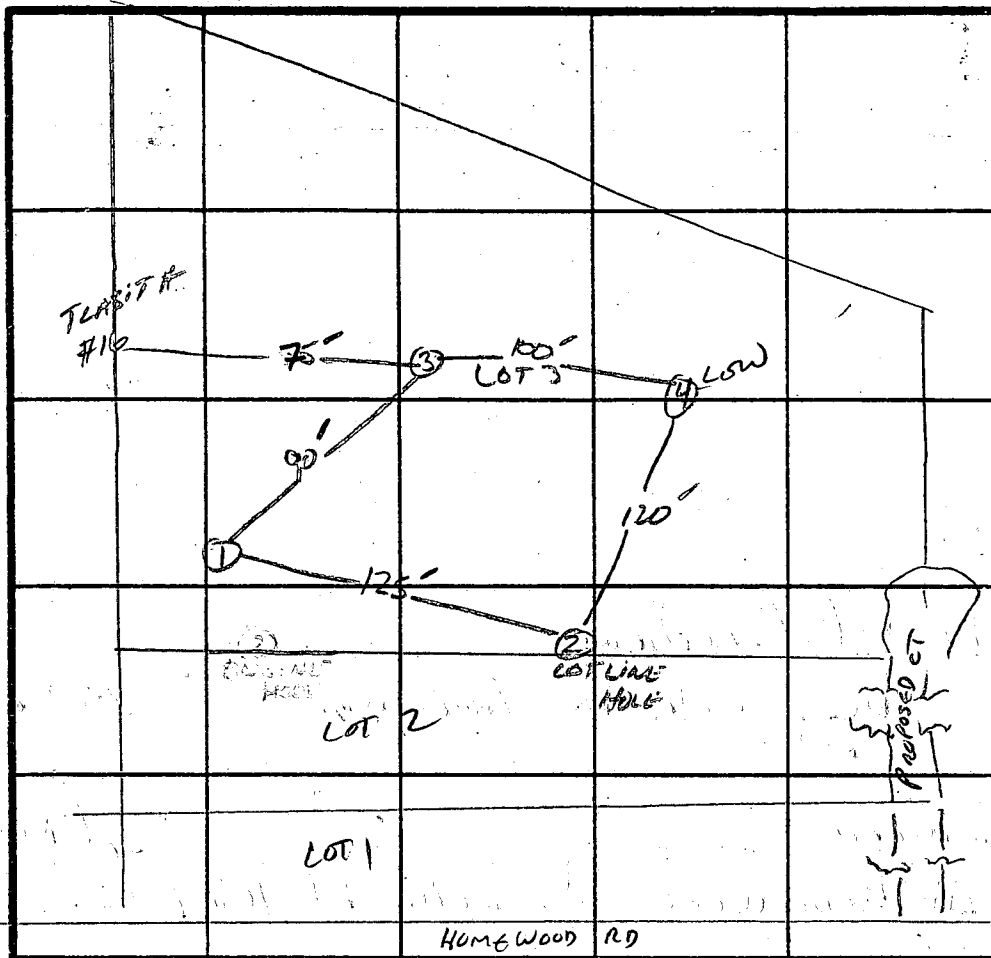
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-19-85 PERC SATISFACTORY, hold for Review - WATER IN ONE
hole, hold for certified subdivision plat, hole location, house, & well size shall
11/7/86 SHALLOW SYSTEM REQUIRED CP # 70735
AND RETURNED

THIS IS NOT A PERMIT

②
SOIL PROFILE

0	A1-B
3	BROWN CLAY LOAM 10% SAPROLITE
10	BROWN SILTY SAND 10-20% SAPROLITE



①

0	A1-B
6"	BROWN CLAY LOAM 10% SAPROLITE
3.5	BROWN SILTY SAND 10- 20% SAPROLITE

③ ④

0	A1-B
6"	BROWN CLAY LOAM 10% SAPROLITE
5	BROWN SAND LOAM SILTY 10-20% SAPROLITE
8"	

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X 22min
INLET 3 1/2'
MAX 5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	1 S	3.5'	3:10	3:20	3:20	3:40	20min	
	1 V	12"	UNIFORM SOIL STRUCTURE Below 3.5'					
	2 S	3'	2:40	2:50	2:50	3:04	14min	
	2 V	10"	SHALLOW TEST PIT UNIFORM SOIL Below 3"					
	3 S	4'	3:14	3:28	3:28	3:55	27min	
	3 V	10"	SHALLOW TEST PIT 10" UNIFORM SOIL Below 4"					
	4 S	3'	3:25	3:40	3:40	4:05	25min	
	4 V	10"	WATER AT 10" UNIFORM SOIL Below 3"					

11/7/86 SHALLOW SYSTEM REQUIRED

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY SABE ALSO PRESENT PAT LENDERMAN