

APPLICATION

PERCOLATION TESTING

A _____

P 528989

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 Brian Writh

ADDRESS 2001 Meadow Tree Court PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Riggs Meadow LOT NO. 9

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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'

Br C1
Loam Trace
Rock

2-25'

Or Br C1
Loam and Red Br S: C1 Loam
15-20%
Rock
3-4.

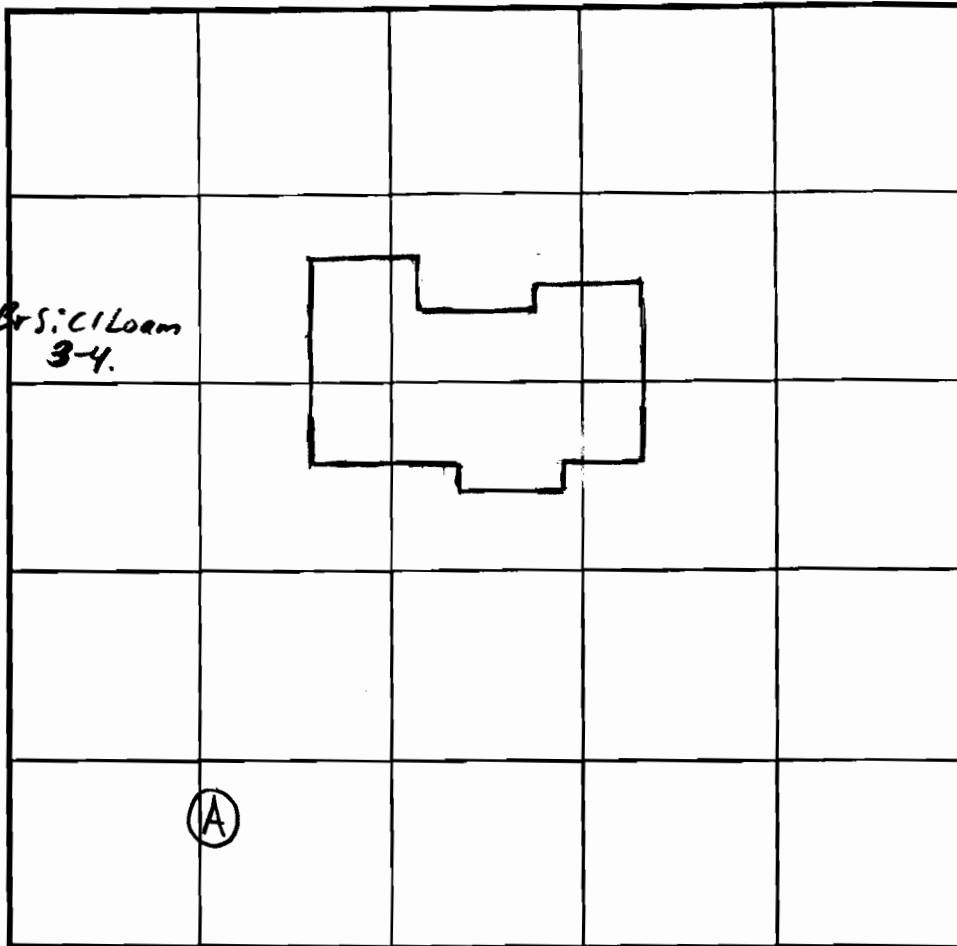
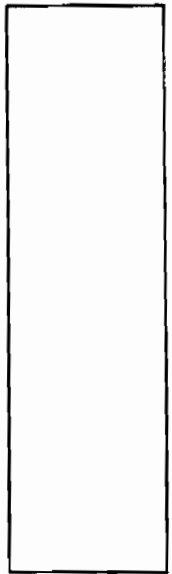
65-7'

Light Red
Beige Sa
Loam
~20%
Saprolite
Dry

15.5

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/31/06	A	8.5' / 15.5'	10:42	10:46:30	10:46:30	10:52:30	6

REMARKS

TYPE OF SOIL

TESTED BY B. Baker

ALSO PRESENT Hatfields

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 6

TRENCH WIDTH 2'

INLET DEPTH ≤ 6.5' MAXIMUM BOTTOM DEPTH 10.5'

SQ. FT./BEDROOM 180

Attn: Brian Witt

Fee Paid \$ 165

Fee is \$165.00 to Director of Finance
Mail to Environmental Health, 7178 Columbia Gateway Dr., Columbia MD 21046

Receipt # P 524119

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 2/17/06

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) X

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: FREEDOM SEPTIC SERVICE

Contractor's Address: 2809 LIBERTY ROAD

SYKESVILLE MD 21784

Contractor's Phone #: 410-795-2947

Property Address: 2001 MEADOW TREE CT, COOKSVILLE, MD 21723

Property (Subdivision) & Lot # RIGGS MEADOWS, LOT #9

Owner's Name: BRIAN & ROBIN WITT

Is public sewer available/nearby: NO

Names of Any Previous Owners: NONE

Year House Built: 1998

of Existing Bedrooms: 4

of Bedrooms after completion of addition: 4

Has this request been discussed previously with a Sanitarian, who? BRIAN BAKER

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648