

APPLICATION

PERCOLATION TESTING

A 514292-A

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION PINDELL CHASE LOT NO. 1

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' 911
 dark red
 SiCLM
 3.0
 red brown
 Salm
 micaceous
 15.0

912

orange brown
 SiCLM
 3.0

or brn
 Salm
 no distinct
 water
 indications
 13.0

water

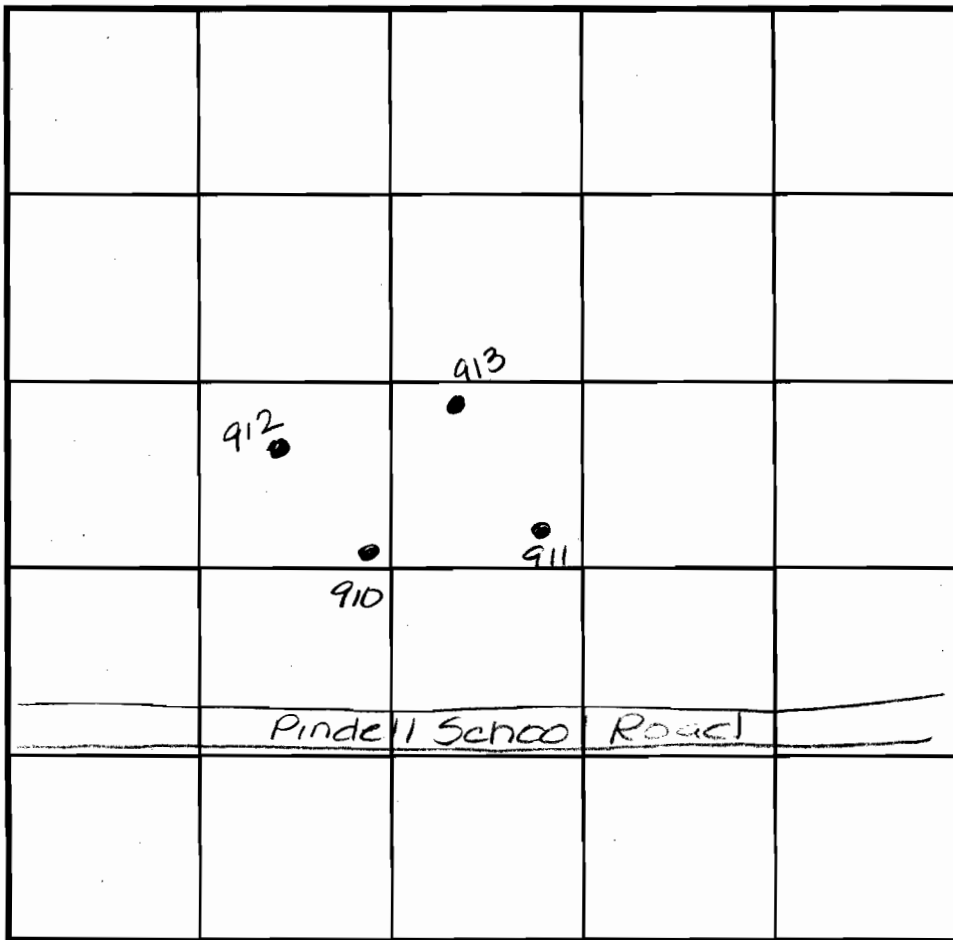
910

bright orange
 SiCLM
 ↓

bright pink
 Salm
 15.0

SOIL PROFILE

0' 913
 or brn
 SiCLM
 3.0
 1st bin
 Salm
 12.0
 water
 14.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5.23.01	911	5.0 V15.5	5:33	5:43	5:43	5:55	12min
	910	Visual	to 150' - see profile -				OK
	912	4.0 V14.0	5:48	No mvm @ 6.15 - insufficient depth to test - see profile		F	
	913	3.0 V14.0	5:54	5:57	5:57	6:01	4min

REMARKS An additional 4.0' buffer to t₂₀ due to drought conditions

TYPE OF SOIL _____

TESTED BY Amy Mc Miller

ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE

0' 919
 red brown silclm
 3.0 red and orange brown silclm micaceous no H₂O indications
 water @ 15.0

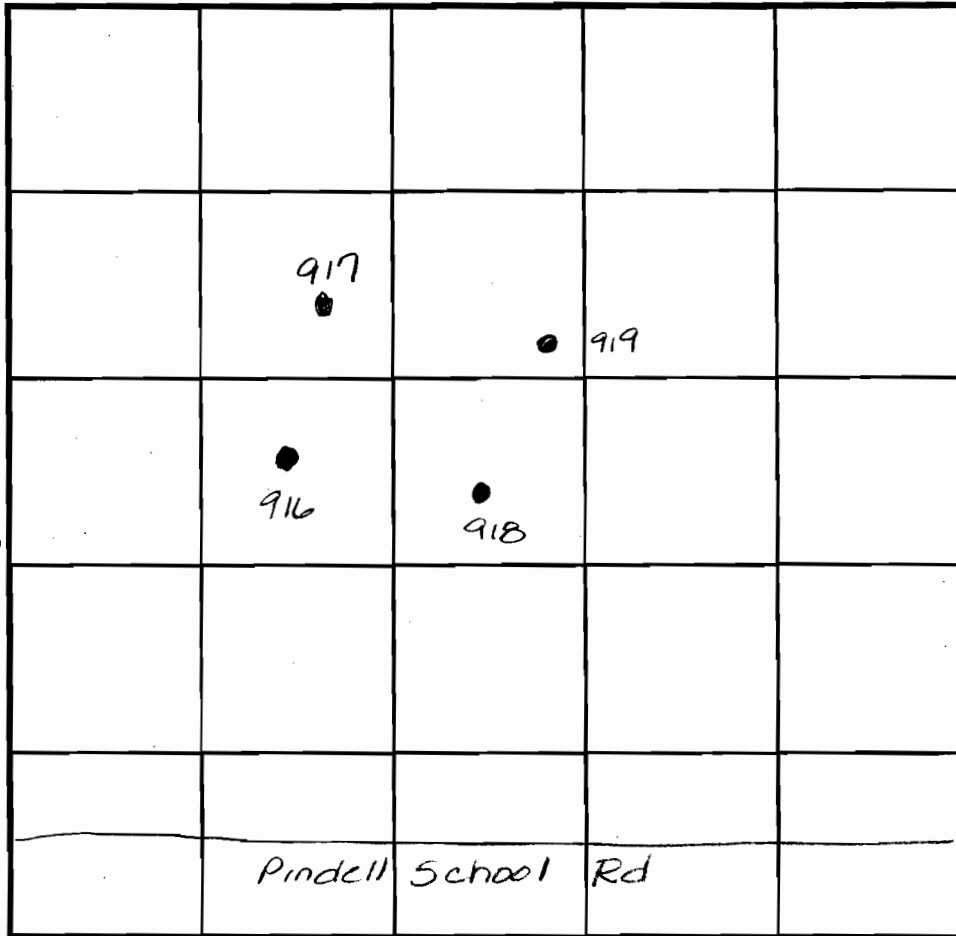
918

orange brown silclm
 ↓

4.5 beige silclm micaceous no clear evidence of H₂O
 13.5 water

917

pink silclm micaceous
 13.0 water
 14.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 916
 dark red silclm
 3.0 orange brown silclm micaceous no distinct water level
 14.0 water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-23-01	918	5.5 / 13.5	5:37	5:41	5:41	5:45	4min
	919	Visual	to 15.0	see profile	—	—	OK
	917	5.5 / 14.5	6:00	No mvmt @ 6.20 - insufficient depth to H ₂ O - see profile	—	—	F
	916	Visual	to 14.0	see profile	—	—	OK

DUE TO DROUGHT CONDITIONS, APPROVABLE HOLES MUST HAVE 8 FEET FROM OBSERVED GROUNDWATER TO BOTTOM OF PROPOSED SEPTIC SYSTEM

REMARKS

TYPE OF SOIL

TESTED BY Amy McMiller ALSO PRESENT Chuck Crowe

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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