

7/15/98

APPLICATION

PERCOLATION TESTING

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 LENOY SMITH

ADDRESS PO BOX 12726 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION ROUTE 94

TAX MAP 7 PARCEL # 133

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
600

0' red brown silclm
4.0 lgt tan silm micaceous
20% Rx
11.0

601 706

4.0 red brown silclm 20% Rx
lgt pink to orange silclm
25% small shale frags micaceous
2.0

603

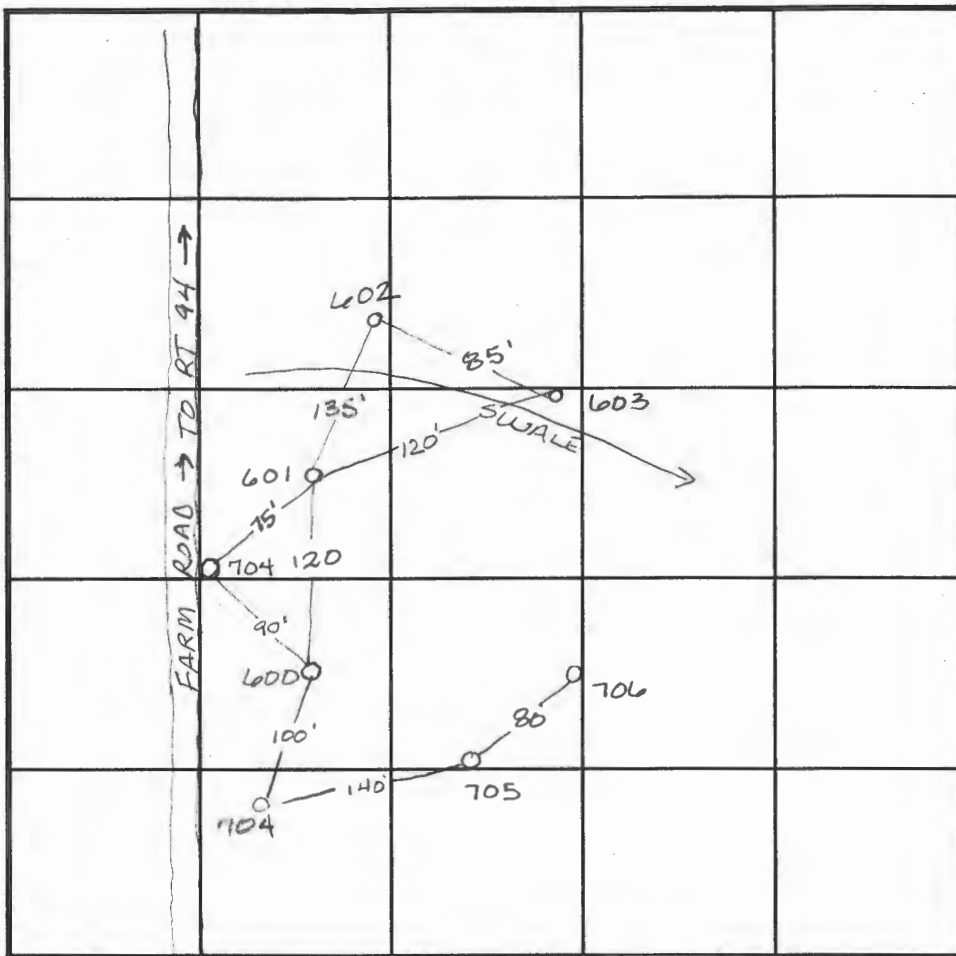
4.5 lgt tan silclm micaceous
lgt yellow tan silclm
30% small shale frags micaceous
10.0

SOIL PROFILE
602

0' orange brown silclm
7.0 heavy red silm
some very decayed shale
11.5

704

4.0 red brn silclm
7.0 dark pink silm
lgt yellow tan silclm
10.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-3-98	600	4.5 / 11.0	10:19	10:21	10:21	10:25	4 min
	601	6.0 / 12.0	10:26 ³⁰	10:35	10:35	10:41	6 min
	603	4.5 / 10.0	10:35	10:45	10:45	11:30	slow
	602	5.0 / 11.5	10:43	no movement			slow
	704	5.5 / 10.0	12:34	12:39	12:39	12:45	6 min
	703	70-80% rock	beginning @ 3.0 -				
	705	Refusal @ 6.0	insufficient depth to bedrock				F
	706	50 / 11.0	12:44	12:47	12:47	12:54	7 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT

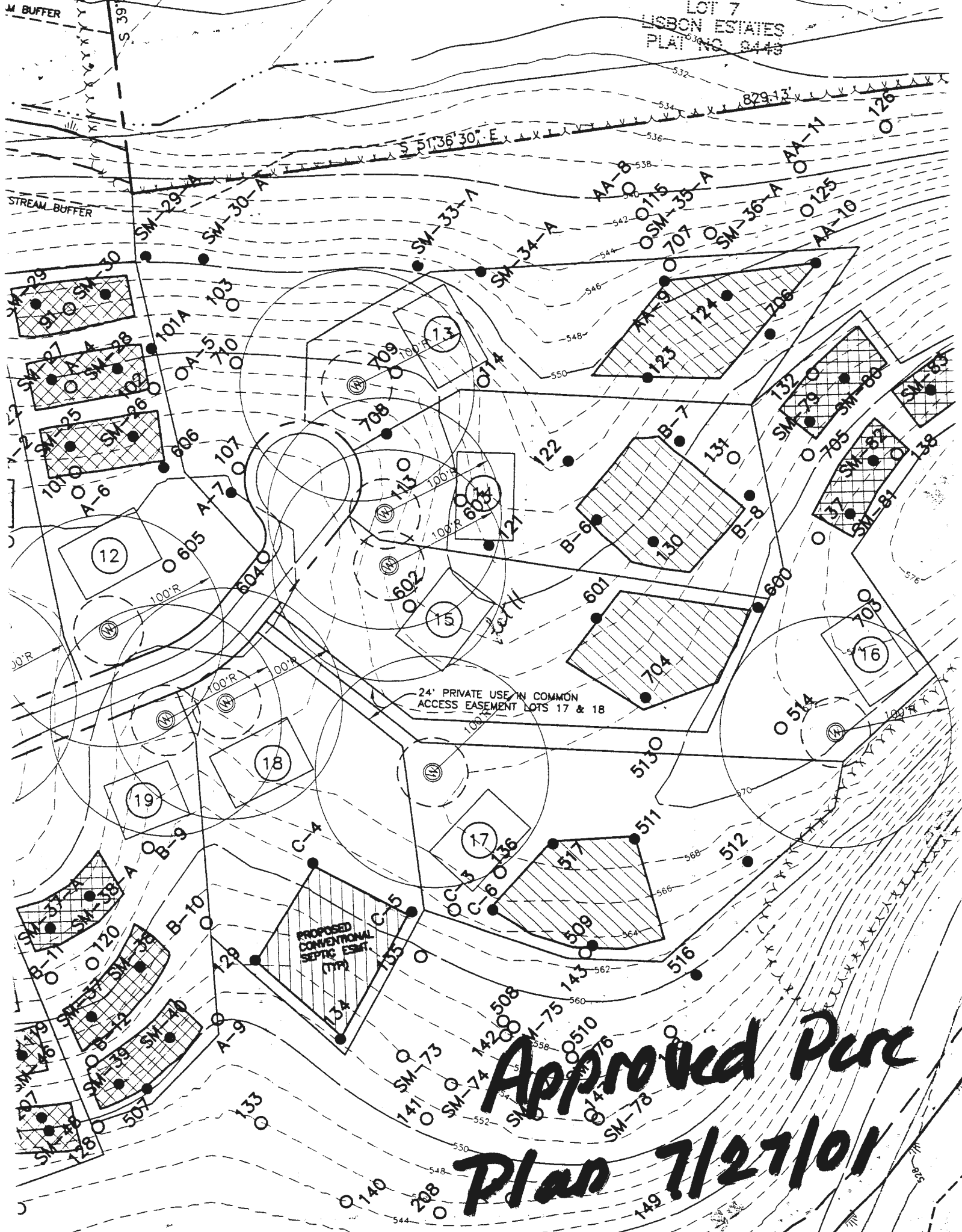
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



24' PRIVATE USE IN COMMON
ACCESS EASEMENT LOTS 17 & 18

PROPOSED
CONVENTIONAL
SEPTIC ESMT
(179)

Approved Perc
Plan 7/27/01

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Smith Property TAX MAP: _____ A _____
STREET NAME: _____ PARCEL #: _____ LOT NUMBER ~~11~~ 150
AVERAGE PERCOLATION RATE: 6 min *Average 5 min* SQUARE FEET PER BEDROOM 180
NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM _____
TOTAL LINEAR FEET OF TRENCH _____ SEPTIC TANK CAPACITY: _____
TOP SEAMED TANK REQUIRED? YES NO
COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DESIGN: Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber
YES NO top seamed pump chamber required?

LOCATION: _____

ADDITIONAL NOTES: _____

REVIEWER: _____

DATE: _____