

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

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 Clifford and Betty Harrison

ADDRESS 3155 Route 32, West Friendship, MD 21794 PHONE 410-442-2196

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION Off of Route 32, South of Rosemary Lane 3/4 of a mile

TAX MAP NO. 22 PARCEL # 17

SIZE OF LOT 1 Acre TYPE OF 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]
(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

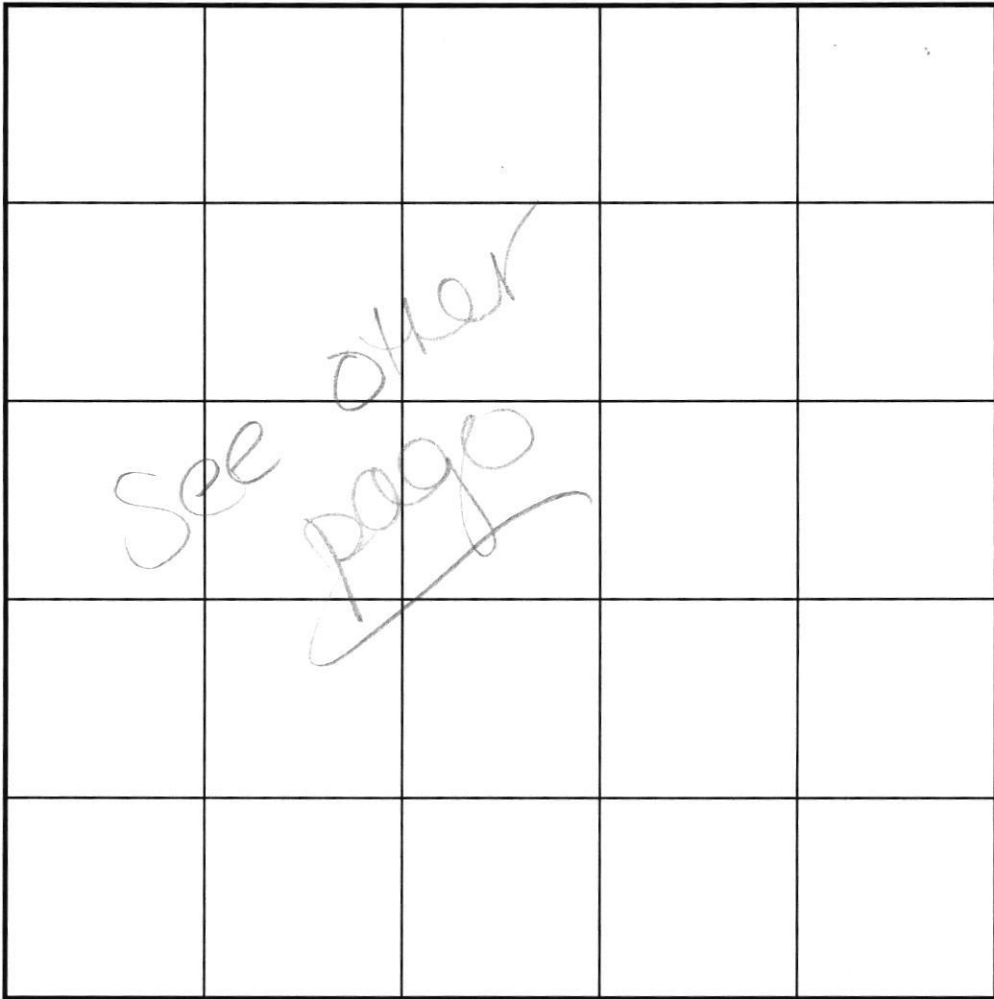
COUNTY #

SOIL PROFILE

0' 113
 6" topsoil
 org brn cl loam
 2.5' pale org brn sil mica loam
 25%+ sapr sh
 14'

0' 112
 6" topsoil
 red org brn cl loam
 3.5' pale org brn sil mica loam
 20%+ sapr sh
 13.4'

0' 114
 6" topsoil
 org brn cl loam
 tan sil mica loam
 15-20%+ sapr sh
 13.1'



SOIL PROFILE

0' 108
 6" topsoil
 red brn cl loam
 3' pale org tan sil mica loam
 15%+ sapr sh
 13.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	113	3.0' S	2:01	2:03	2:03	2:06	3
		14.0' D	Visual -	See profile			OK
	112	13.4" D	Visual	- See profile			OK
	114	13.0' D	Visual	- See profile			OK
	108	3.0' S	2:21	2:24	2:24	2:29	5
		13.5' D	Visual	- See profile			OK

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY DJC ALSO PRESENT C. Zepp, T. Feaga
 TRENCH DESIGN DATA: AVG. PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE
0' 115/116

6" topsoil

org brn
clm

3' pale
org brn
si mica
lm

15%+
sapr
sh

12.5'

0' 117/111

6" topsoil

red brn
clm

4' pale
red brn
si mica

10-15%
sh

13'10"

0' 118

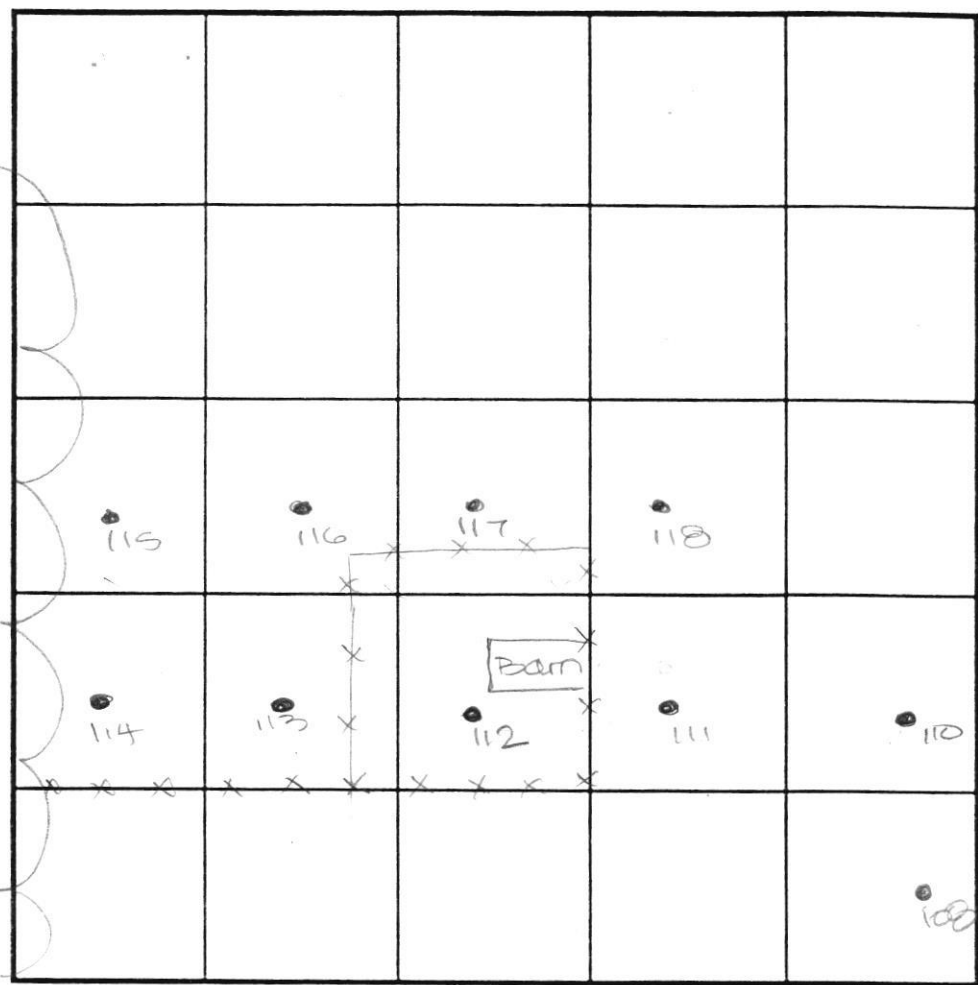
6" topsoil

red org
brn
clm

4' tan
si mica
lm

15%+
sh

13.5'



SOIL PROFILE
0' 110

like
117

W/20%+
sapr
sh

14'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-21-01	115	3.5' S	11:57 ₃	11:58	11:58	12:00 ₂	3
		12.5' D	visual	-see	profile		OK
	117	4.5' S	12:03 ₂	12:05 ₂	12:05 ₂	12:09 ₃	4
		13'10" D	visual	-see	profile		OK
	116	13.5' D	visual	-see	profile		OK
	118	13.5' D	visual	-see	profile		OK
	111	4.0' S	11:56 ₃	11:57 ₃	11:57 ₃	11:59 ₃	2
		13'10" D	visual	-see	profile		OK
	110	14.0' D	visual	-see	profile		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY DKC ALSO PRESENT C. Zepp, T. Peaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT.
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 410-313-2640

A _____

P _____

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 Clifford and Betty Harrison

ADDRESS 3155 Route 32, West Friendship, MD 21794 PHONE 410-442-2196

AGENT OR PROSPECTIVE BUYER Heritage Land Development

ADDRESS 3060 Washington Rd., Suite 220, Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 8

ROAD AND DESCRIPTION Off of Route 32, South of Rosemary Lane 3/4 of a mile

TAX MAP NO. 22 PARCEL # 17

SIZE OF LOT 1 Acre TYPE OF 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 _____

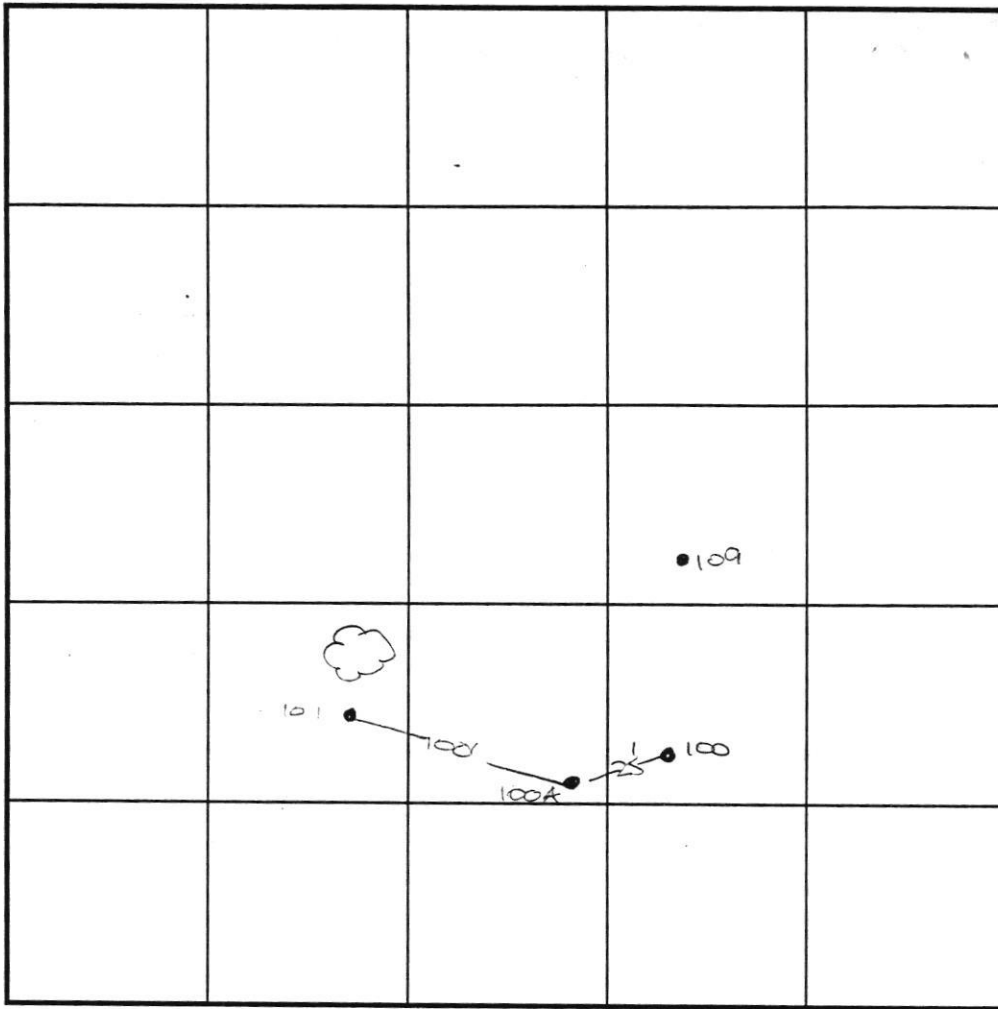
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 100A
 topsoil
 dk red brn
 cl lm
 1+
 org brn
 si mica
 lm
 30%+
 sapr
 sh



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-22-01	100A	3.5' S	11:09	slow test stopped			-
		4.0' M	11:36	11:46	11:46	11:56	10
		13.0' D	visual	- see profile			OK
	100	5.5' D	Refusal				FAIL
	101	13.5' D	visual	- see profile			OK
	109	13.0' D	visual	- see profile			OK

REMARKS

TYPE OF SOIL

TESTED BY DRE

ALSO PRESENT C. Zepp, T. Feag

TRENCH DESIGN DATA: AVG. PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

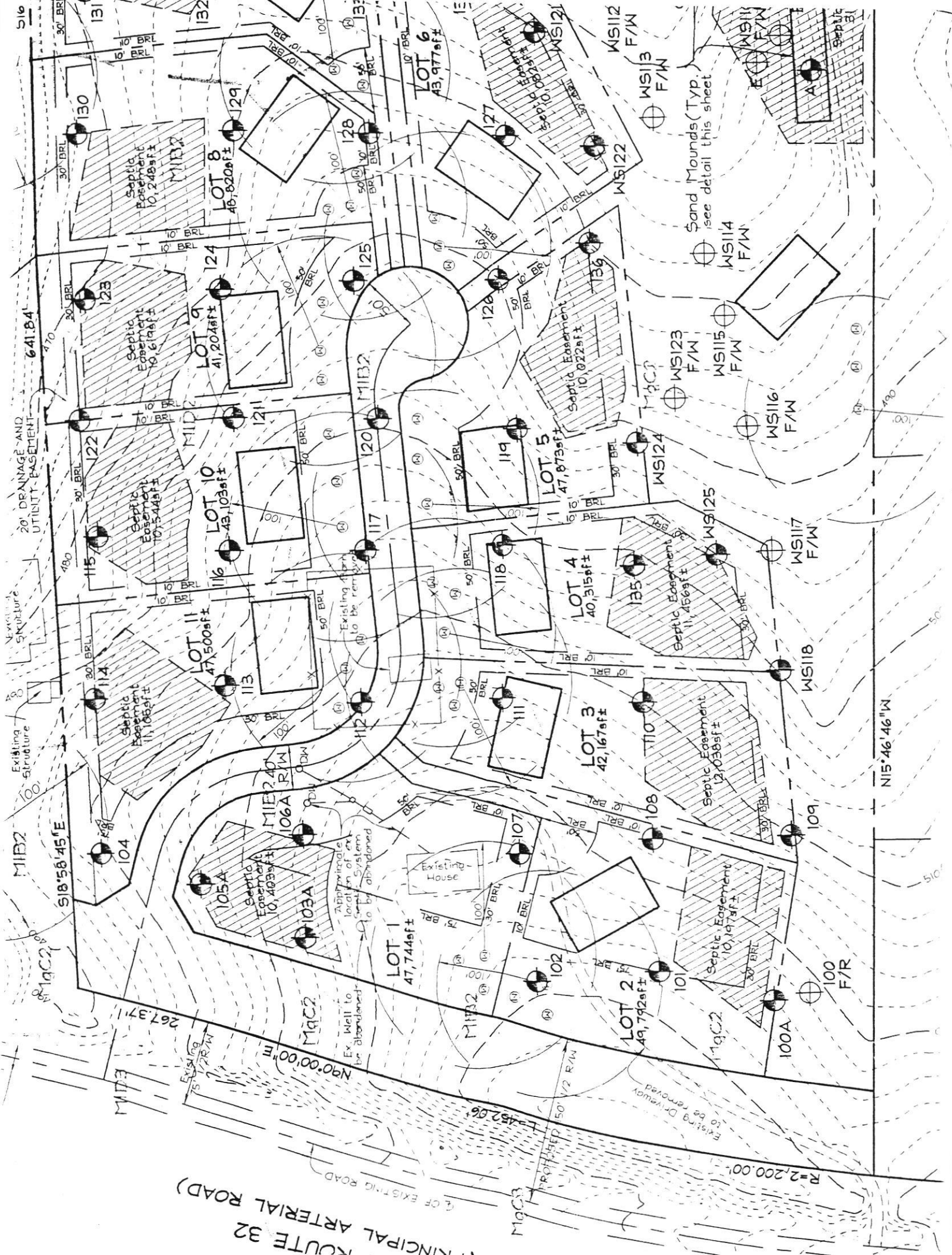
MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

101
 topsoil
 red brn
 cl lm
 med
 pk brn
 si mica
 lm
 20%+
 sapr
 sh

109
 topsoil
 red org
 brn
 cl lm
 1+ brn
 si mica
 lm
 20%
 25%
 sapr
 sh

PRINCIPAL ARTERIAL ROAD (ROUTE 32)



20' DRAINAGE AND UTILITY EASEMENT 641.84'

Existing Structure

MIB2

MIB2

MIB2

MIB2

516

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

179

180

181

182

183

184

185

186

187

188

189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209

210

211

212

213

214

215

216

217

218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243

244

245

246

247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

276

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

301

302

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322

323

324

325

326

327

328

329

330

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351

352

353

354

355

356

357

358

359

360

361

362

363

364

365

366

367

368

369

370

371

372

373

374

375

376

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

395

396

397

398

399

400

401

402

403

404

405

406

407

408

409

410

411

412

413

414

415

416

417

418

419

420

421

422

423

424

425

426

427

428

429

430

431

432

433

434

435

436

437

438

439

440

441

442

443

444

445

446

447

448

449

450

451

452

453

454

455

456

457

458

459

460

461

462

463

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: Twin Pines A 514944C

STREET NAME: _____ LOT NUMBER: 3

AVERAGE PERCOLATION RATE: _____ SQUARE FEET PER BEDROOM: 180 (x.62)

NUMBER OF BEDROOMS: _____ LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: _____ SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES OR NO COMPARTMENTED TANK REQUIRED? YES OR NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 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 OR NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____