

APPLICATION

PERCOLATION TESTING

A 516902

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 Payne

ADDRESS PO Box 581, Mt. Airy, 21771 PHONE _____

AGENT OR PROSPECTIVE BUYER Ridgeview LLC Charles A. Sharp

ADDRESS PO Box 228, Clarksville 21029 PHONE 410-489-4630

PROPERTY LOCATION:

SUBDIVISION Payne Property LOT NO. 2

ROAD AND DESCRIPTION Long Corner Rd.

TAX MAP 6 PARCEL # 57

SIZE OF LOT 40-60,000 sq. Ft. TYPE 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 _____

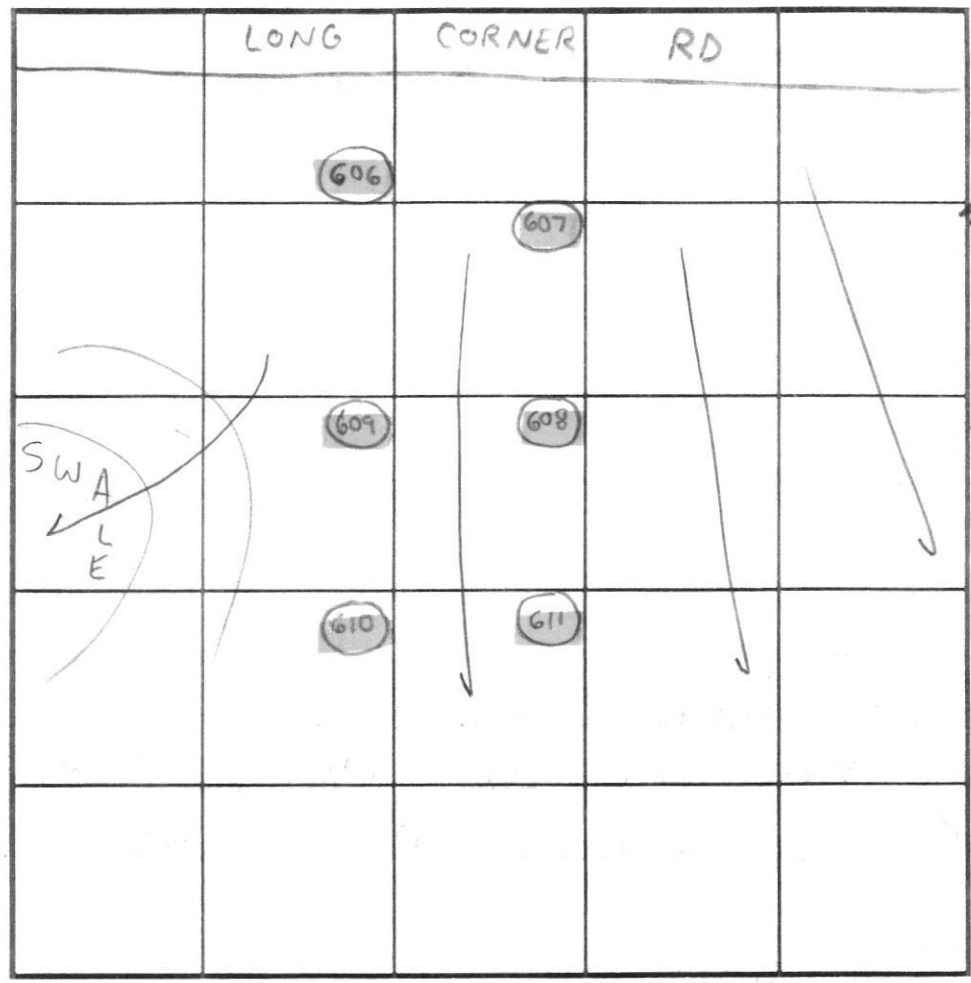
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

NOT TO SCALE

COUNTY #



SOIL PROFILE

SOIL PROFILE

0' 606
DK BROWN TOP SOIL
6'-8" ORG BROWN CLAY LOAM DENSE
3'5" ORG BROWN SILTY CLAY LOAM
5' TN/ORG FINE SANDY LOAM w/5-10⁹⁰ WEATHERED MICA SCHIST
13'6"

0' 607
DK BROWN TOP SOIL
4'-12" RD BROWN CLAY LOAM
3' RD BROWN SILTY CLAY LOAM
5' YELLOW TAN CHANNERY SANDY LOAM w/10-20⁹⁰ WEATHERED MICA SCHIST
14' 610/611

0 607
DK BROWN TOP SOIL
4'-12" ORG BROWN DENSE SILTY CLAY LOAM
3' TN/ORG FINE SANDY LOAM w/10-15⁹⁰ WEATHERED MICA SCHIST
14'

610/611
SEE
608
except
45-55%₂
MICA SCHIST

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0 608
DK BROWN TOP SOIL
4'-12" ORG BROWN DENSE SILTY CLAY LOAM
3' TN/ORG FINE SANDY LOAM w/25-35⁹⁰ WEATHERED MICA SCHIST
13'

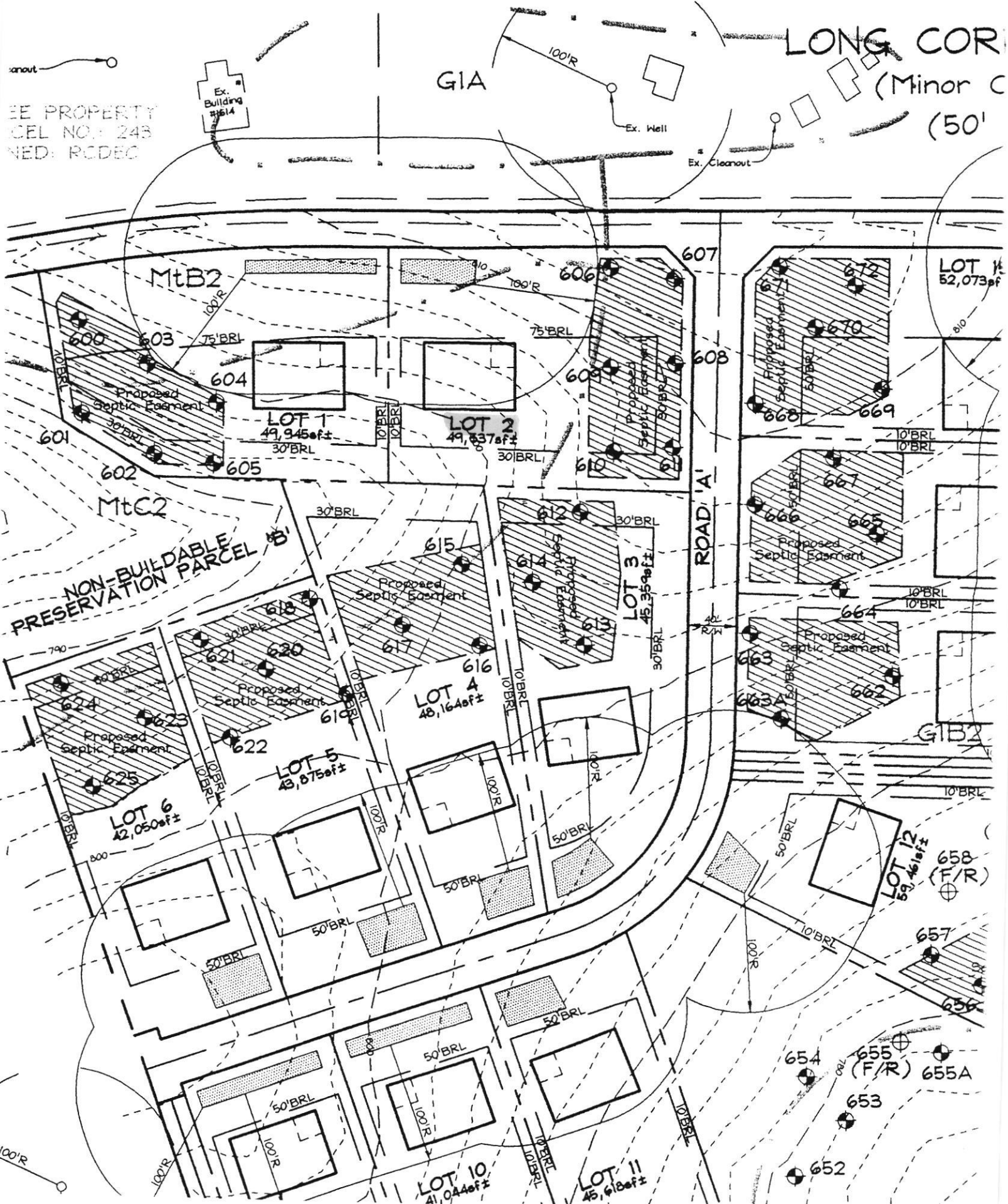
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/4/02	606	5'6" T 13'6" V	10:20am	11:02am	11:02am	11:32am	30min	OK
	607	5' T 14' V	10:31am	10:36am	10:36am	10:42am	6min	OK
	608	5'6" T 13' V	10:37am	10:50am	10:50am	11:13am	12min	OK
		8'6" T 13' V	10:37am	11:00am	11:00am	11:17am	17min	OK
	609	5'6" T 14' V	10:51am	11:02am	11:03am	11:29am	29min	OK
	611	4' T 14' V	11:48am	SLOW	PEG PULLED	NA	NA	NA
		8' T 14' V	11:48am	12:04pm	12:04pm	12:28pm	24min	OK
	610	4' T 14' V	11:21am	11:26am	11:26am	11:47am	21min	OK
		8'4" T 14' V	11:21am	11:27am	11:27am	11:39am	12min	OK
		7' T 14' V	1:46pm	1:47pm	1:47pm	1:53pm	6min	OK

REMARKS
 TYPE OF SOIL Glencol / Mt. Airy Channery
 TESTED BY SRK & FA Jeff Allen = Backhoe ALSO PRESENT Chuck Sharp Richard Demmitt
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 20min TRENCH WIDTH 3'
 INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 300

Signed perc cert

EE PROPERTY
CEL NO.: 245
MED: PCDEC

LONG COR
(Minor C
(50'



SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Payne Property

A 516902

STREET NAME: Long Corner Rd

LOT NUMBER: 2 on P.C.

AVERAGE PERCOLATION RATE: 20min SQUARE FEET PER BEDROOM: 300

NUMBER OF BEDROOMS: (4MAX) LINEAR FEET OF TRENCH PER BEDROOM: _____

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

TOP SEAMED TANK REQUIRED? (YES) NO *Give credit for 3' bottom & 1' sidewall*

COMPARTMENTED TANK REQUIRED? (YES) NO *(4' total)*
w/ effluent filter

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 7 feet below original grade.

Effective ^{sidewall} area begins at 5' feet below original grade. 5 feet of stone below distribution pipe.

Shallow Inlet

*System design by SRK & Barry Glotfelty
→ Stone closer to surface to allow for better oxygenation of trenches.*

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.

YES NO Top seamed pump chamber required?

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 pumped septic system.

LOCATION: _____

ADDITIONAL NOTES: Trenches should not be any deeper than 7'.
" " be definitely 3' wide.

Shallow inlet recommended for better oxygenation of trenches.

Reviewer: SRK

Date: 4/10/02