

APPLICATION

PERCOLATION TESTING

A 516902

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 Hedgeview LLC Charles A Sharp

ADDRESS PO Box 228 Clarksville 21029 PHONE 410-488-4630

PROPERTY LOCATION:

SUBDIVISION Payne Property LOT NO. 17

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. CA Sharp
(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

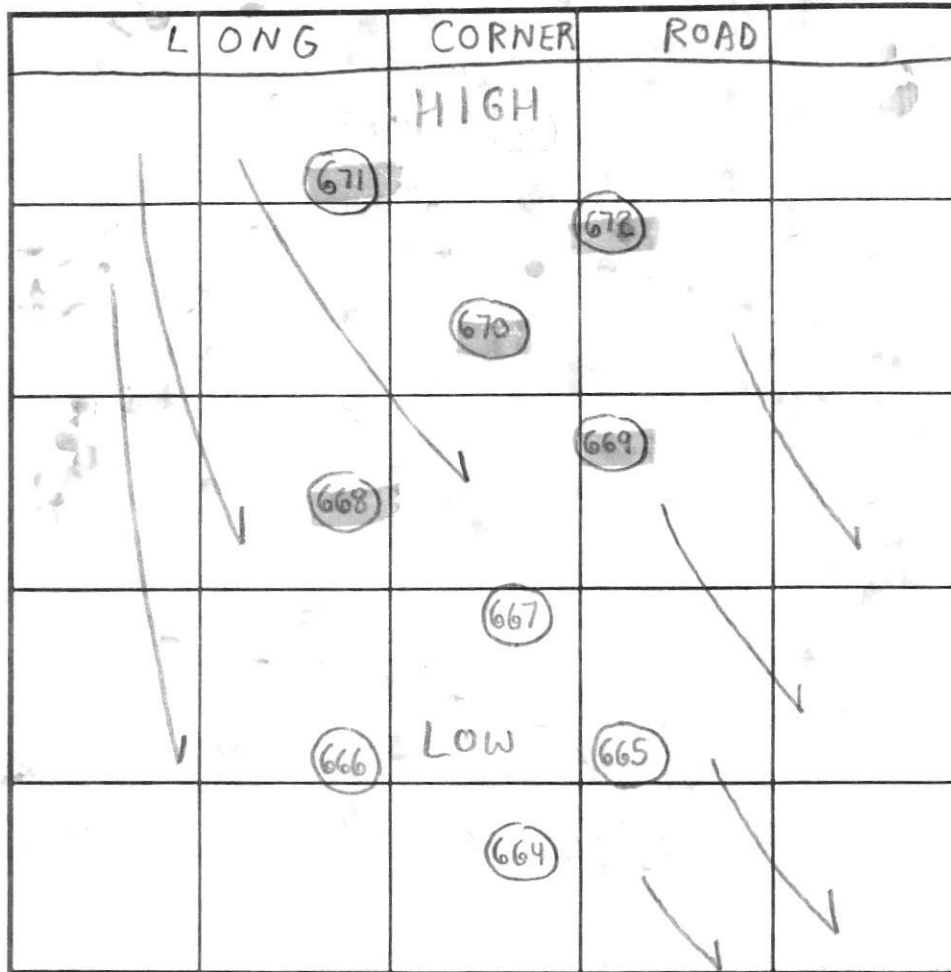
0' 672
dark-brn topsoil
6" orange-brown clay lm dense
5' yellow-brn channery sandy lm
10-20% WEATHERED MICA SCHIST
13'6" ↓

671

1' brown topsoil
5' orange-brown clay lm
11' variegated cobbles yellowish brn-grey micaceous channery sandy lm
40-55% WEATHERED MICA SCHIST HARD

670

8" brown topsoil
4' orange-brown clay lm
yellowish-beige channery sandy lm
10-20% MICA SCHIST WEATHERED
↓



SOIL PROFILE

0' 668/669
6" dark brn topsoil
orange-brn clay lm
5' tan-sandy loam channery
15-25% MICA SCHIST WEATHERED
13' ↓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/3/02	672	6" T / 13'6" V	2:13pm	2:22pm	2:22pm	2:32pm	10min	OK
	671	4" T / 11" V	2:17pm	2:28pm	2:28pm	2:40pm	12min	OK
		8" T / 11" V	2:17pm	2:29pm	2:29pm	2:43pm	14min	OK
	670	13'6" V	(VISUAL OK SEE SOIL PROFILE)					OK
	668	5'6" T / 13' V	2:19pm	2:21pm	2:21pm	2:29pm	8min	OK
	669	5" T / 13' V	2:52pm	3:00pm	3:00pm	3:19pm	19min	OK

REMARKS Holes dug per stake, Contour per plan, Treatment Zone Verified

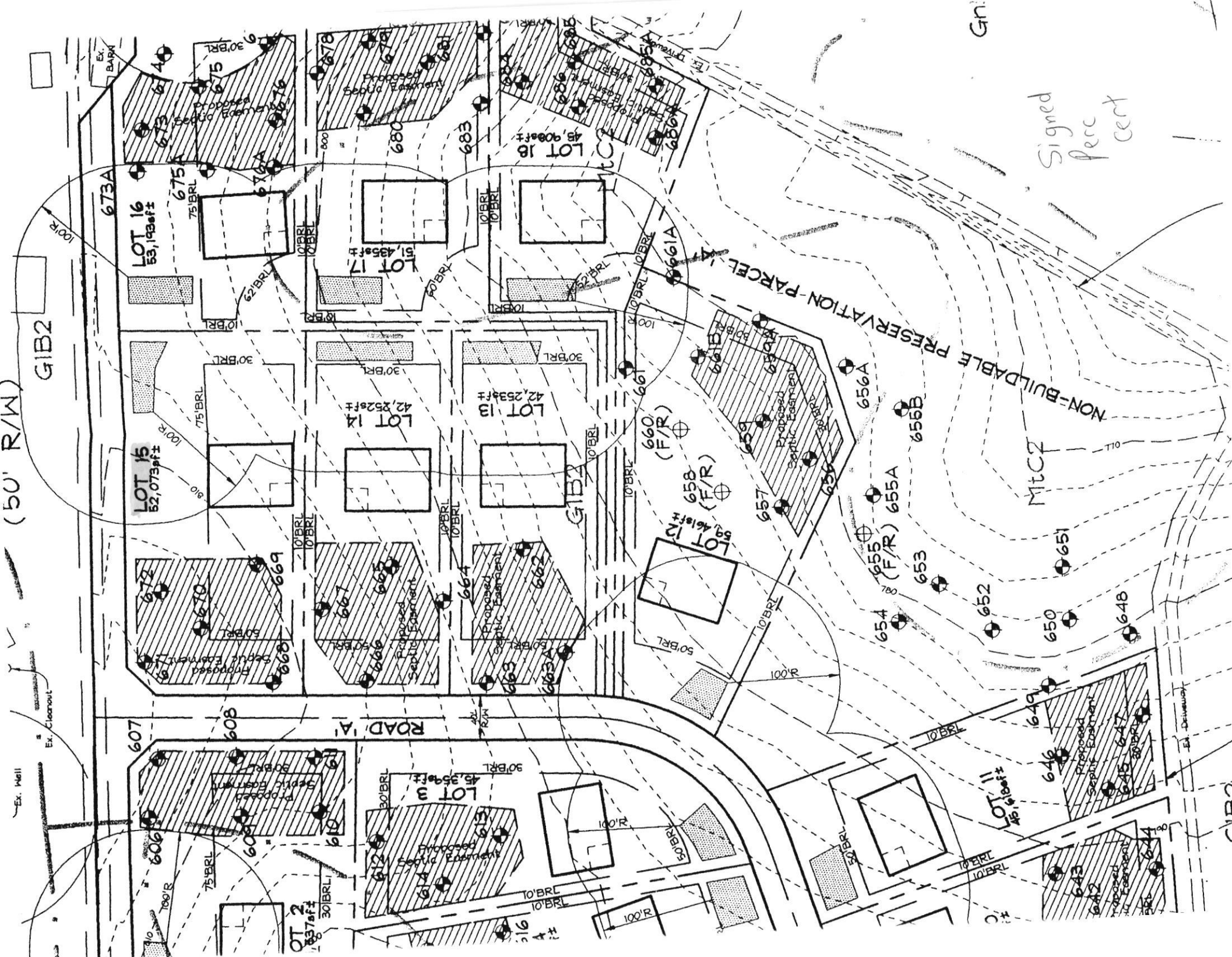
TYPE OF SOIL Mapped as Glenelg

TESTED BY SRK Jeff Allen = Backhoe ALSO PRESENT Chuck Sharp Richard Demmitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 6" SQ. FT./BEDROOM 210 sq

13'6"



LONG CORNER ROAD

(Minor Collector)
(60' R/W)

RESP
SIGNED 2/26/03

Ex. Cleanout

15'X20'
Standing Pad

L=206.64' R=6

L=61.07' R=2000.00'
Chord = N 19°51'20" E 61.06'

Chord = N 19°49'10" L=206.16' R=6

Land dedicated to Howard County
for the purpose of a public road

Chord = N 19°49'03" L=206.16' R=6

feet
mgs

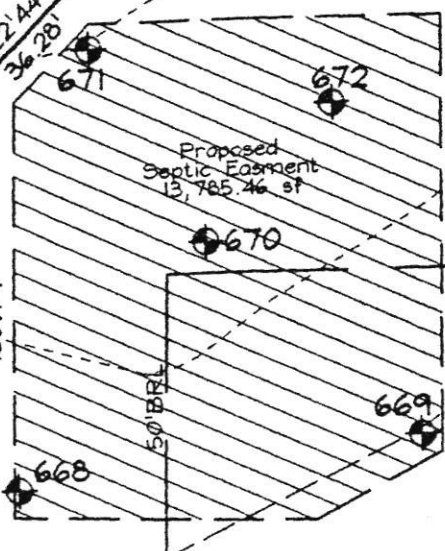
R1-1
Stop
Sign

Chord = N 20°05'39" E 43.74'
L=43.74' R=1970.00'

N 20°43'49" E 176.77'

40' R

N 24°22'44" W
36.28'



LOT 15
52,073sf±

75' BRL 810

100' R

16' Proposed
Access Easement
for Lot 16

167.08'
10' BRL
427.08'

N 22°08'52" E 10' BRL

325.01'

40'
Prop.
R/W

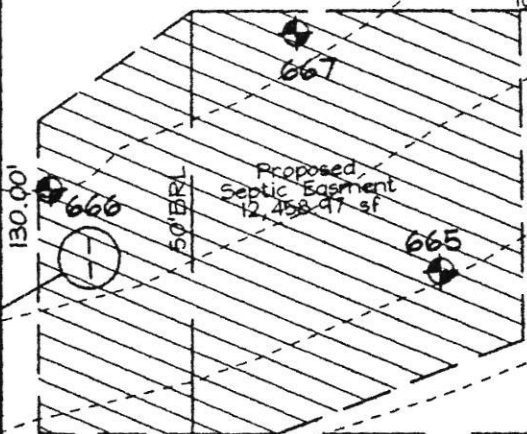
1+00

15'
Prop.
Road

381.32'

381.96'

R2-1
25 MPH
Sign



LOT 14
42,252sf±

N 22°08'52" E 10' BRL
664

325.02'

15" HOPE
34" LF

N 67°51'08" W
3+00

N 67°51'08" W
3+00

W3-1A

N 67°51'08" W
3+00

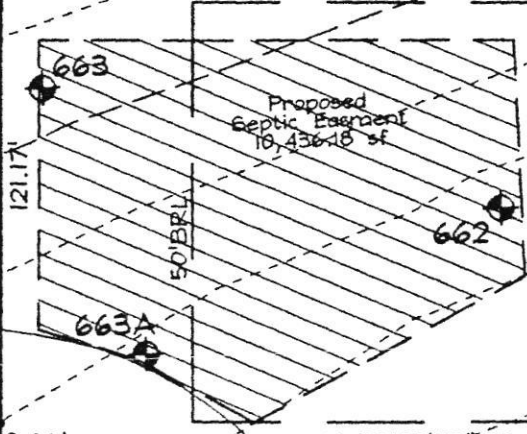
N 67°51'08" W
3+00

N 67°51'08" W
3+00

N 67°51'08" W
3+00

N 67°51'08" W
3+00

N 67°51'08" W
3+00



LOT 13
42,253sf±

N 22°08'52" E 10' BRL

325.22'

130.00'
10' BRL
268.00'

130.00'
10' BRL

N 67°51'19" W 10' BRL

N 67°51'19" W 10' BRL

N 67°51'19" W 10' BRL

N 67°51'19" W 10' BRL

8.83'
8.02'

N 22°08'52" E 333.75'

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Payne Property

A 516902

STREET NAME: Long Corner Rd

LOT NUMBER: 15 on P.C.

AVERAGE PERCOLATION RATE: 12 min SQUARE FEET PER BEDROOM: 210^{sq}

NUMBER OF BEDROOMS: _____ 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 *Total = 4'*
w/ effluent filter

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 6 feet below original grade.

Effective ^{sidewall} area begins at 4' feet below original grade. 4 feet of stone below distribution pipe. *System design by SRK & Barry 6/10/02*
Stone closer to surface 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 6'.
" " be definitely 3' wide.

Shallow inlet recommended for better oxygenation of trenches.

Reviewer: SRK

Date: 4/10/02



HOWARD COUNTY HEALTH DEPARTMENT

72930

DATE
1/20/21

Received From

Benchmark Eng. PHONE # 410-465-6105

For

Revision / Wendsock
Forest Knolls
10415

CASH

CHECK

NO.

004560

G. Leven

Dollars

\$

11 100

Received By

J King



HOWARD COUNTY HEALTH DEPARTMENT

72930

DATE
1/20/21

Received From

Benchmark Eng. PHONE # 410-465-6105

For

Revision / Wandsorok
Forest Knolls
10+15

CASH

CHECK

NO.

004560

9 Seven

Dollars

\$

11 | 00

Received By

J King

BENCHMARK

ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS

ENGINEERING, INC.

8480 Baltimore National Pike * Suite 315 * Ellicott City, Maryland 21043
 (410) 465-6105 (410) 465-6644 Fax

LETTER OF TRANSMITTAL

TO: Howard County Health Department
Environmental Health

DATE: 1/19/2021	PROJECT NO.: 2986
ATTENTION:	
RE: Windsor Forest Knolls	
Lot 15 OSDS Plan	

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Photocopies Prints Originals Samples
 Specifications Invoices Change Order Other _____

COPIES of	No. of SHEETS	DESCRIPTION
3	4	Lot 15 OSDS Plans
1	4	Lot 15 House Plans (for Bedroom confirmation)

THESE ARE TRANSMITTED as checked below:

- For Comment For Your Use For Approval
 For Review As Requested Other _____

REMARKS: First submission OSDS - \$11.00 fee

COPY TO: _____

RECEIVED BY: _____

If enclosures are not as noted, kindly notify us at once.

SIGNED: 