

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 _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12

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

518006

COUNTY #

SOIL PROFILE

(257)

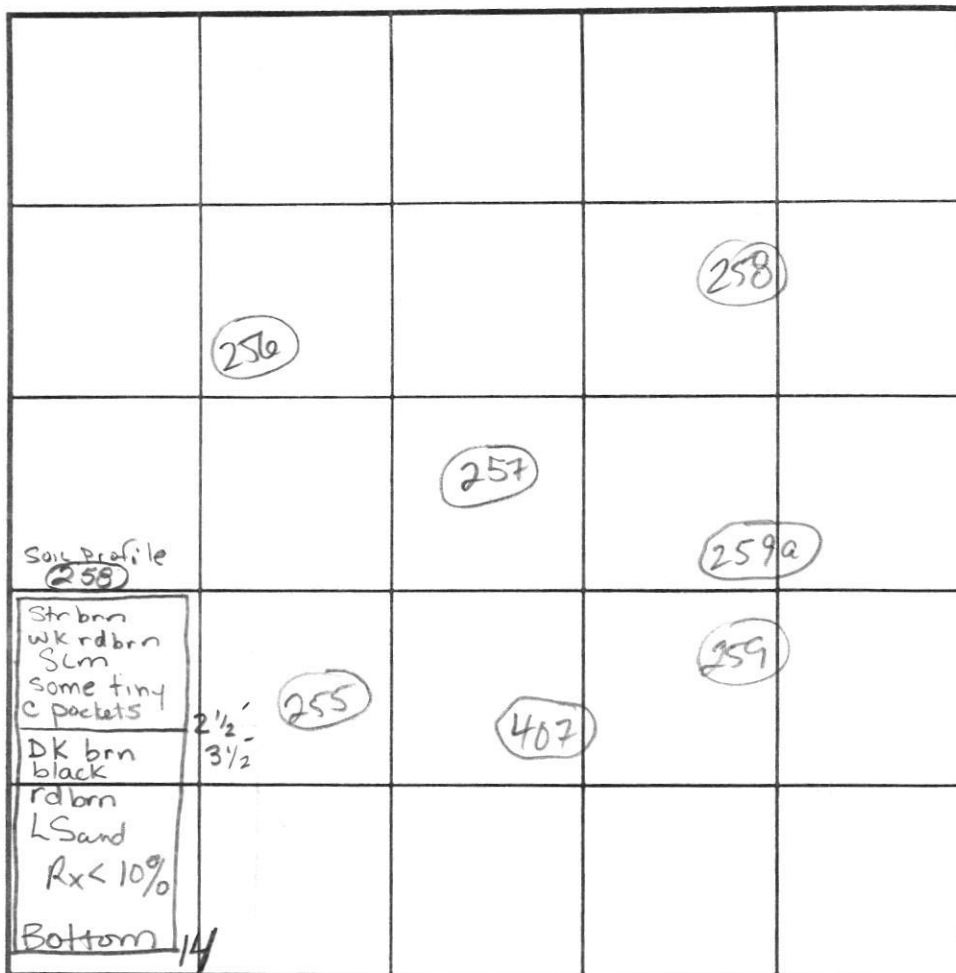
0' Brown Sbk SLm 2'
 Brn Lm S 3'
 str brn brn
 bluish color from parent Rx
 mini-boulders ~15%
 Bottom 14'

(256)

uphill 3 1/2' str brn CLLm
 rd brn y brn brn SLm 4' 3"
 bluish color from parent Rx
 Rx flaggy
 35-45% hard Saprolite white dk brn black
 H. Bottom 12 1/2'

255

strong brn micaceous CLLm 4'
 md-lg gr SAND wk platy. Struct. soils SAND 11'
 25% pocket sm gravelly white Rx
 H. Bottom 12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

407

0' dk brn cl lm + hvy lm 40% Rx 3-3 1/2'
 tan lt. brn sand UP
 35% 60% Rx Rx
 259A
 dk brn cl lm + hvy lm 2 1/2'-3'
 brn lt. brn sa 25% Rx 6'
 40-60% Rx 9'
 lt. brn tan sa 10-15% Rx 13' 9"

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-11-03	257	7'M / 14'	10:05	10:08	"	10:12	~4min	OK
	256	7'M / 12.5'H	10:10	10:20	"	10:44	24min	OK
	255	7'M / 12'H	10:19	10:21	"	10:26	5min	OK
	258	8'M / 14' ✓	10:30	10:33	"	10:45	12min	OK
5/14/03	407 ✓	11'	MAINTAIN 25'					
	259a M ✓	6'3"	4:05	4:10	4:10	4:24	14'	OK
	259a V ✓	13'9"						

REMARKS: Holes dug per plan 259a per plan???

TYPE OF SOIL _____

TESTED BY: KN & MR ALSO PRESENT: B. Sheesley

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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 Myrtue _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Myrtue LOT NO. LOTS 12/13

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

518006

COUNTY #

SOIL PROFILE

258A

0' TOPSOIL 1'

Br SL

Brn tan sand Rx ≈ 20%

STOPPED DIGGING DUE TO TIME

256A

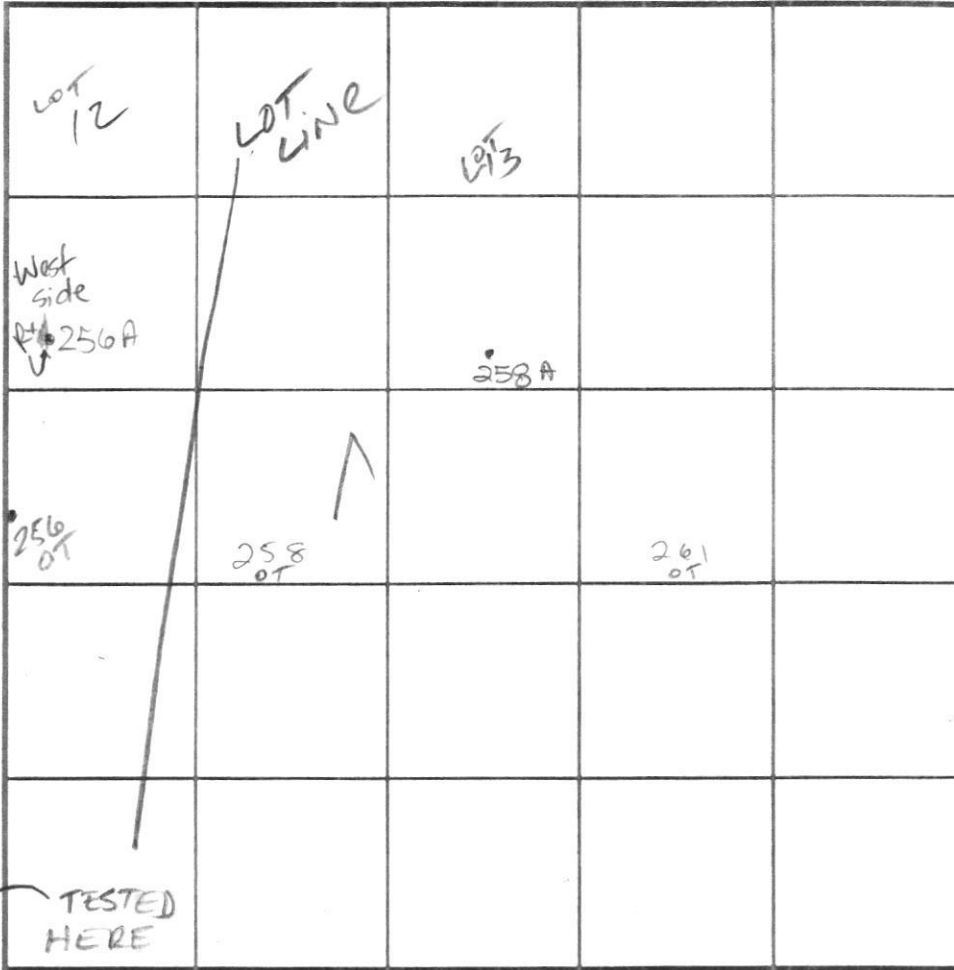
Str orgbrn SCLM

orgbrn WEST WALL flag w/ frag SCLM

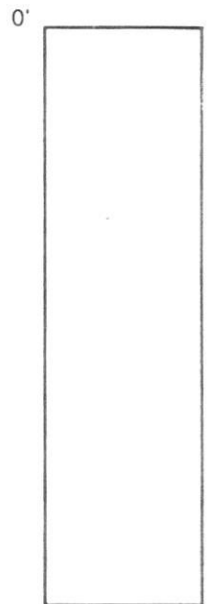
WEST WALL flag w/ frag SCLM ≈ 40% 9'

Strong brn orgbrn SLM balls, gritty Rx 20% or less Bottom

12'



SOIL PROFILE



LOTS 12/13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-20-03	258A	Visual					OK
	256A	4 1/2'	5:02 ²⁵	5:10	5:18	5:50	≈ 32 min
<p>Prefer. to keep system at current location if possible</p>							

Marginal but OK

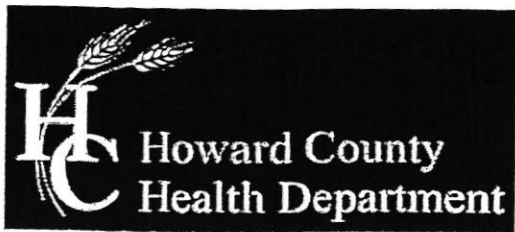
REMARKS Field locate holes and number designation

TYPE OF SOIL

TESTED BY Kacie Noonan ALSO PRESENT Bob S.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 1847 Davis Branch Road

Subdivision: Myrtue Property Lot: 12

255,257 Initial system: Application rate: 1.2 Effective area beginning depth: 3.5 Bottom maximum depth: 8.0

256 1st Replacement: Application rate: 0.6 Effective area beginning depth: 4.5 Bottom maximum depth: 8.0

256a 2nd Replacement: Application rate: 0.6 Effective area beginning depth: 4.5 Bottom maximum depth: 8.0

Design Flow = 150 gallons per day per bedroom

Design flow ÷ application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage ÷ trench width

Sidewall reduction credit formula:

(W + 2) / (W + 1 + 2D) x 100 = Percent of length of standard trench where W=trench width and D= depth between effective area beginning depth and trench bottom.

Standard design requirements:

- Trenches must be located to provide room for 3 systems in the disposal area
All trenches must be equal length unless low pressure dosed
All trenches must be on contour
Tank and trenches must be placed as shallow as possible while maintaining 2% fall in pipe from house and at least 18" cover over trenches. If 2% fall from house is not possible, the minimum allowable fall is 1%.
Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
Maximum trench length is 100'
Maximum pipe depth is 4'

Additional requirements:

Approved: R Bricker Date: 7/16/2020