



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

572848-A

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME MYRTLE PROPERTY, F-00-104

PROPERTY ADDRESS DAVIS BRANCH ROAD
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP 10 GRID 24 PARCEL 225 LOT NO. 162 PROPOSED LOT SIZE (ACRES) 1.15

ZONING CATEGORY TIER

PROPERTY OWNER(S) KEYSTONE HOMES

DAYTIME PHONE 717-404-9000 CELL EMAIL

MAILING ADDRESS 227 GRANITE RUN DR. STE 100 LANCASTER, PA 17601
KEYSTONE HOMES STREET CITY, STATE ZIP

APPLICANT BENJAMIN ENG. RELATIONSHIP TO OWNER: ENGINEER

DAYTIME PHONE 410-465-6105 CELL EMAIL BE@BEI-CIVILENGINEERING.COM

MAILING ADDRESS 8400 BALDWIN PIKE ELICOTT CITY, MD 21043
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- Subdivision: Number of lots including residue: 1
Subdivision classification (per dept. of planning and zoning) Major Minor
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with existing or proposed bedrooms in the completed structure
Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- Yes
No

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- This application is valid for two(2) years from date of fee payment and approval is based upon health officer signature of a perc certification plan prior to expiration of this permit.
The application fee is non-refundable
This application must be accompanied by all applicable fees and a suitable site plan in order to be processed
This is a public document

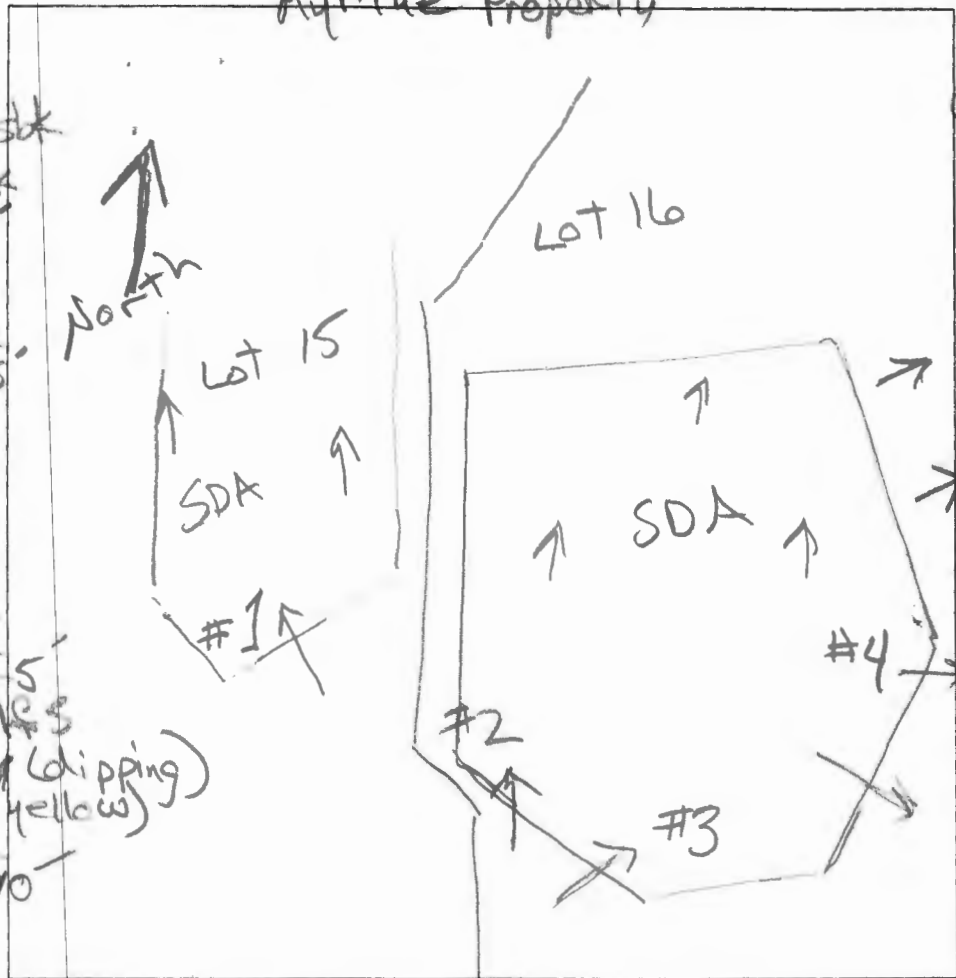
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

DocuSigned by: Jeffrey C. Butt 11/10/2020 | 10:56 AM PST
01888D5C873542F... SIGNATURE OF APPLICANT DATE

# Myrtle Property

(3)



(1)  
 dk brn L, 1/2 sbk  
 brn L, 2/2 sbk  
 0.5' red-brn sl  
 2msbk  
 common mica  
 1.5' red, lt. brn  
 & blk ls,  
 thick platy  
 many mica  
 4' red ls, few  
 mica

5' grey-brn  
 thin platy (dipping)  
 C3P (pale yellow)  
 few mica  
 10'

(2)  
 dk brn to brn  
 L, 1/2 sbk  
 0.5' red-brn & brn  
 L, 2msbk  
 few mica  
 1.4' brn red-vel  
 & blk ls  
 thin platy  
 common mica

2.9' red-brn ls  
 w/pale yellow  
 streaks  
 thin platy  
 (vertical)  
 7.5'

brn & lt. brn grey  
 ls, thick  
 platy  
 few mica  
 11'

0.5' brn L, 2/2 sbk  
 red-brn sl  
 2msbk  
 common mica  
 1.5' red & dk brn  
 sl, thick  
 platy  
 many mica  
 2.2' red-vel  
 & brn ls  
 thin platy  
 common mica  
 4.5' red-brn  
 ls w/pale yellow  
 streaks  
 thin platy  
 few mica  
 common mica  
 near bottom  
 9' — R —

(4)  
 brn L, 1/2 sbk  
 0.7' red-vel & brn  
 sl, 1/2 sbk  
 few mica  
 3.0' red-vel & brn  
 sls, platy  
 few mica  
 5' red-vel & brn  
 sls, thin platy  
 w/pale yellow  
 streaks  
 8.5' — R —

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/2/20	1	10'	Visual	sidewall 2'-6"	1.2 gpd/ft <sup>2</sup>		P
12/2/20	2	11'	Visual	sidewall 2'-5"	1.2 gpd/ft <sup>2</sup>		P
12/2/20	3	9'	Visual	sidewall 2'-5"	1.2 gpd/ft <sup>2</sup>		P
12/2/20	4	8.5'	Visual	sidewall 2'-4.5"	1.2 gpd/ft <sup>2</sup>		P

REMARKS \_\_\_\_\_

SANITARIAN R Bricker BACKHOE George OTHERS Chris Oyle

TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME 2-5 SQ. FT/BR 125

TRENCH WIDTH \_\_\_\_\_ INLET DEPTH 2 MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

# 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 5-20-03

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 Myrine

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 16

ROAD AND DESCRIPTION W... ..

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

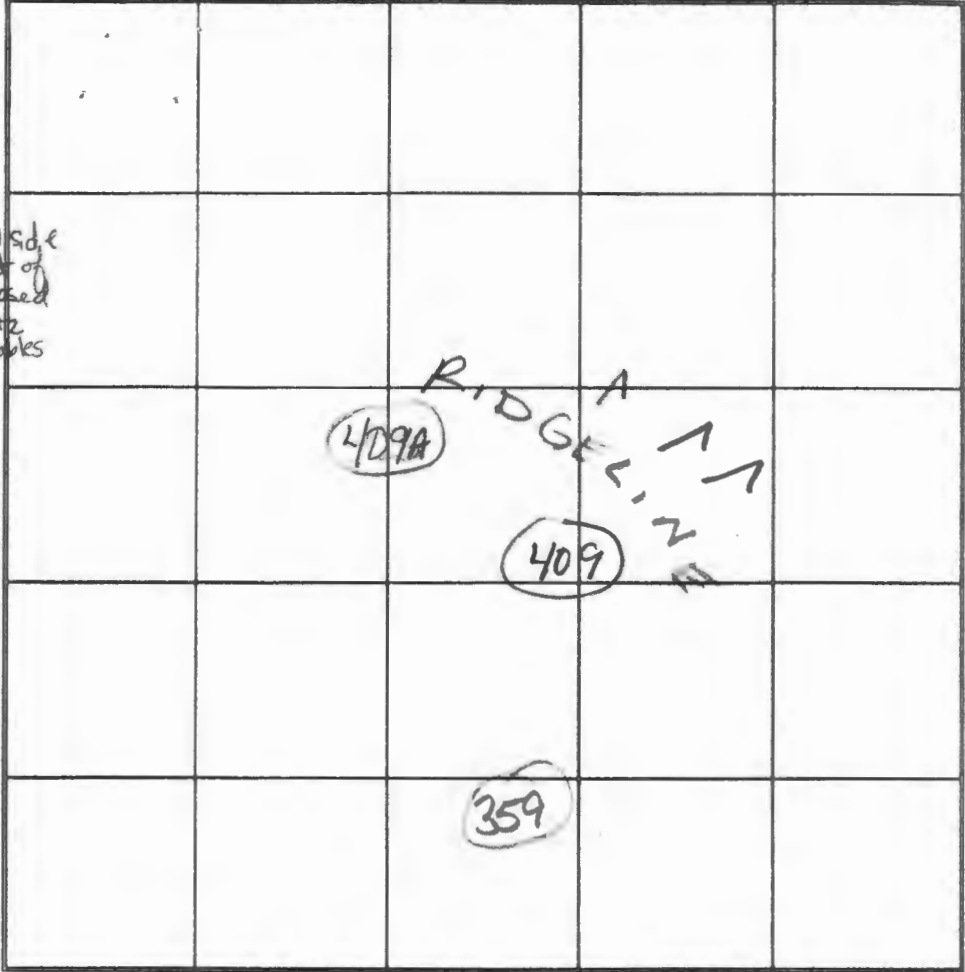
518006  
COUNTY #

SOIL PROFILE

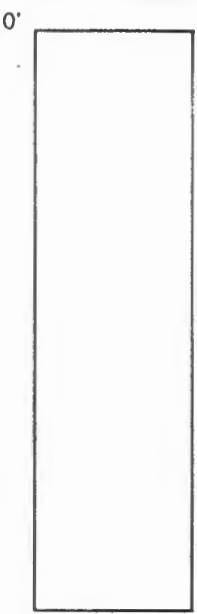
0' **409**  
 some dk structure  
 brn, dk brn  
 pebbly  
 1' -  
 1 1/2'  
 2' -  
 white  
 dk brn  
 pebbly  
 5-N side  
 - packet of  
 decomposed  
 pink Qtz  
 lg pebbles  
 3' -  
 4' -  
 10 1/2'  
 11 brn  
 white  
 LS  
 vwk  
 saprolite  
 ~15%  
 Refusal

**409A**

DK brn  
 micaceous  
 LM  
 1' -  
 micaceous  
 strong brn  
 1/2 brn trace  
 1/2 brn  
 sil-L  
 brn str brn  
 micaceous  
 LM  
 Kc - Trace  
 5-6'  
 brn, str brn  
 fine dk brn  
 SLm  
 micac.  
 friable  
 vwk  
 saprolite  
 ~10%  
 Bottom  
 14'



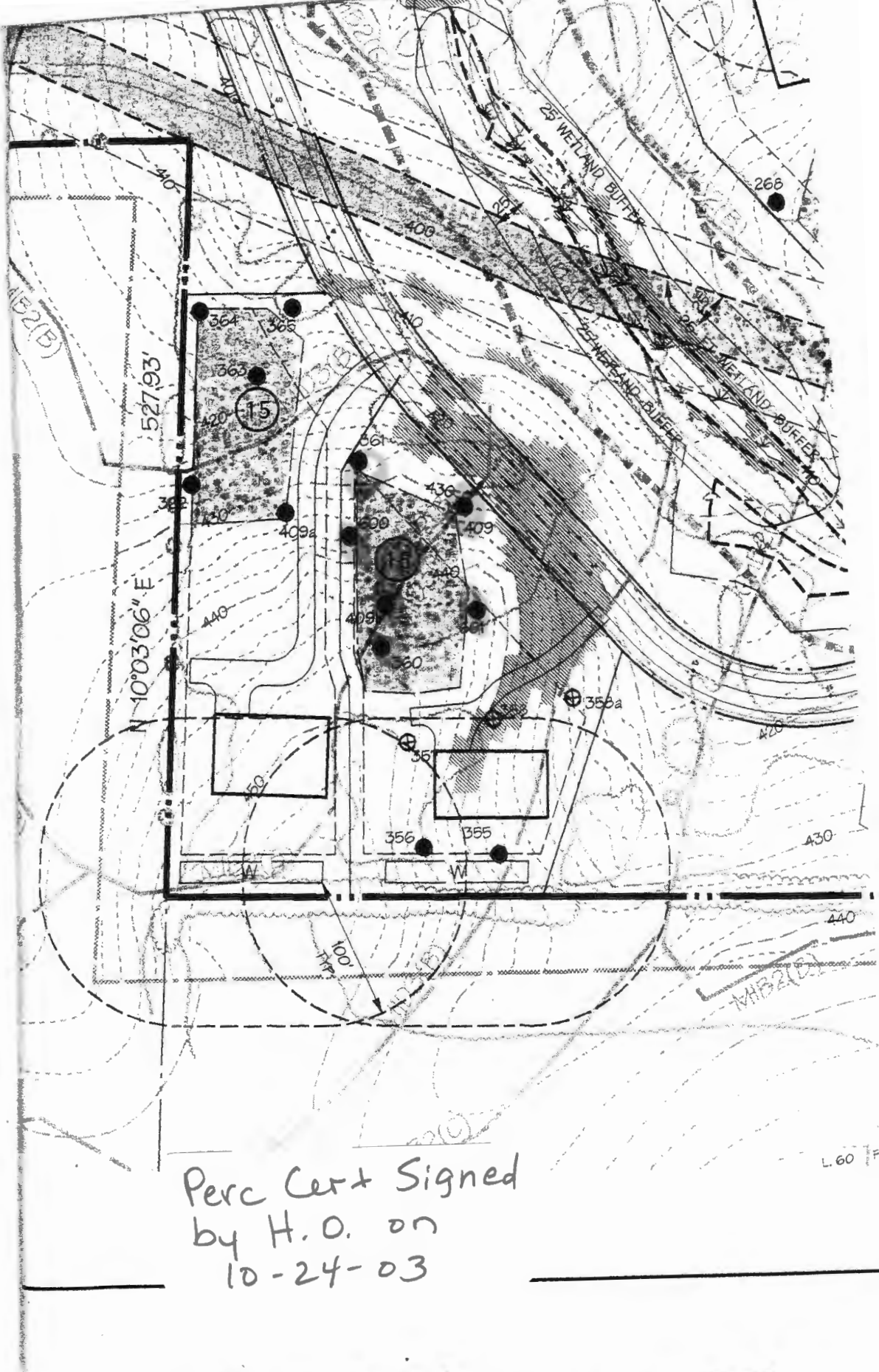
SOIL PROFILE



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	409	4 1/2' M	11:45 <sup>10</sup>	11:47 <sup>15</sup>	11:47 <sup>5</sup>	11:57 <sup>+</sup>	~100k
	409A	4 1/2'	10:16 <sup>00</sup>	10:16 <sup>42</sup>	10:16 <sup>42</sup>	10:18	repair
					10:21 <sup>45</sup>	10:23 <sup>45</sup>	2 min OK

REMARKS Take 409 staked per plan Is 409A on plan?  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Kacie Noonan ALSO PRESENT B. Sheesley  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



Perc Cert Signed  
 by H.O. on  
 10-24-03



# APPLICATION

PERCOLATION TESTING

A 518006-0

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 11/22/02

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 RICHARD MYRTLE & W.F.

ADDRESS 3504 MYRTLE ST. PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER EDIANTO SAC. 29438-3723  
JAMES KEELTY & CO. INC.

ADDRESS 61 E. PADONIA RD. PHONE 410-252-8600  
TIMONUM, MD 21093

PROPERTY LOCATION:

DIVISION \_\_\_\_\_ LOT NO. 16

ROAD AND DESCRIPTION 1795 WOODSTOCK RD.  
WOODSTOCK MD 21163

TAX MAP 10 PARCEL # 925

SIZE OF LOT 148.636 AC TYPE BLDG. SINGLE FAMILY  
(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.

Richard Myrtle  
Pauline G. Myrtle  
(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

357

0'  
 sum  
 3'  
 Rx layer begins  
 SLm  
 ?  
 still lg  
 Frags +  
 hard  
 Saprolite  
 md-lggr  
 coarse  
 sand  
 Rx > 50%  
 13'  
 H.B.

356

3'  
 Strong  
 brn  
 CLM  
 down  
 hill  
 5'  
 Ybrn  
 brn  
 CLm  
 CLm  
 mica. eous

7 1/2'  
 Hbrn  
 white  
 md gr.  
 sand  
 Rx ≈ 10%  
 15 1/2'  
 Bottom

355

3 1/2'  
 Str. brn  
 CLM  
 mica. eous  
 5 1/2'  
 SLm  
 Rx ≤ 50%  
 Qtz rubble  
 No MOTTLES  
 LITTLE  
 mica



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

358

0'  
 Str. brn  
 Loam w/  
 CLAY SKINS  
 3'  
 brn  
 white  
 some  
 mica  
 fine  
 sand  
 6 1/2' to 11'  
 Qtz lens  
 30%  
 14 1/2'  
 Bottom

358A

org  
 CLM  
 transition  
 fine sand  
 trace  
 6'  
 7'  
 12 1/2'  
 14'  
 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-11-03	357	6 1/2' M 13' HB	12:02		Too FAST - Rx > 50%		(F)	
TESTED ON Downhill side	356	7' M 15 1/2'	12:11	12:22	"	12:42	20 min	OK
	355							OK
	358	SEE Rx in Soil Profile						(F)
	358A	DEEP CLAY + WATER						(F)

REMARKS Holes Staked and dug per plan 358A NOT PER PLAN  
 TYPE OF SOIL ≈ 15' to C.L Swale

TESTED BY Kacie Norman ALSO PRESENT Bob S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 518076

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. 16

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

518000

COUNTY #

SOIL PROFILE

360

W 0' E

yellow brown SAND  
Str. rdbrn Sand Md grains

BAND OF QTZ 2'

tan yellow Brn lt brn sand w/lt pebbles ~ 10%

Bottom 13'

359

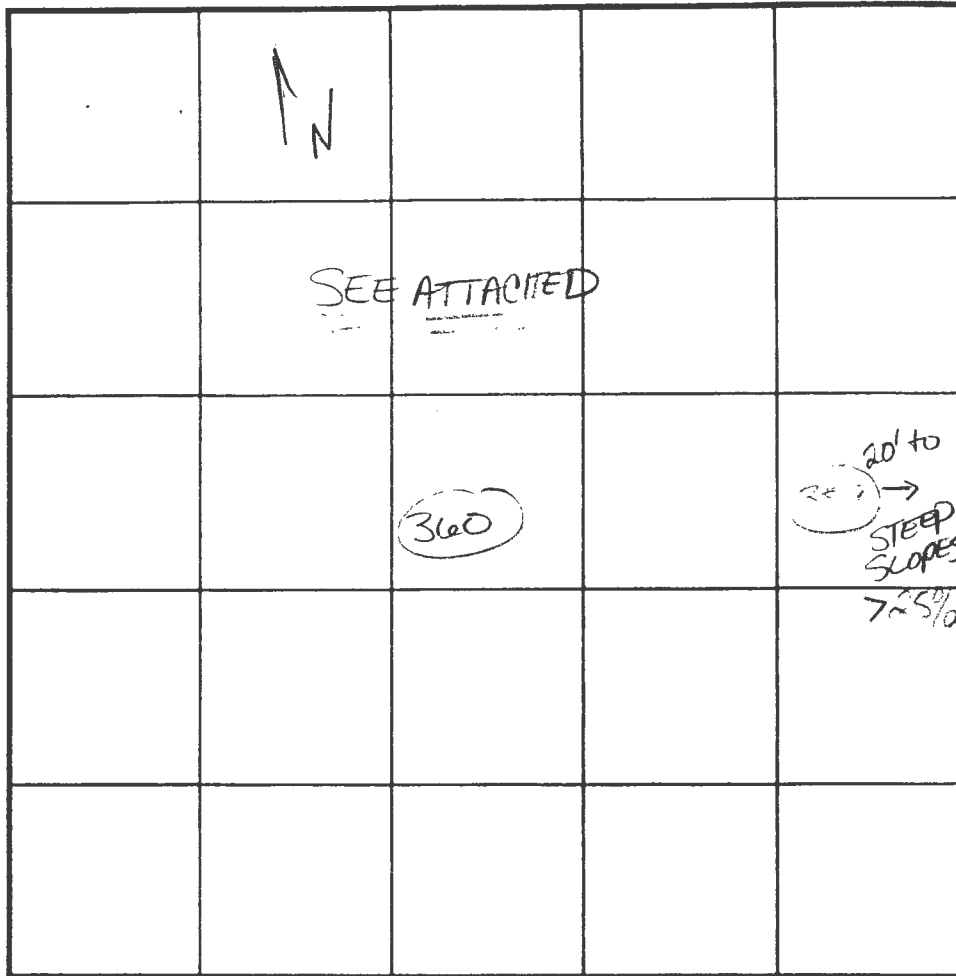
Granular Struct w/lt rdbrn - (S)DM orn 2 1/2'

compact granular sand w/lt

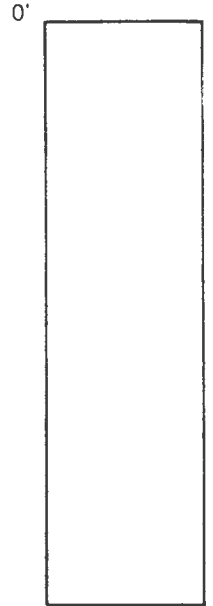
Q+z

Rx > 50% begins @ 6"

H. Bottom @ 11"



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-1-08	360	4'5" / 13V					EST. 10min OK
	359	Excess	1.2L		Surrounded by granular SAND		(F)

REMARKS LOT 16 NOTES

TYPE OF SOIL

TESTED BY KN ALSO PRESENT Bob S. + KECTV

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME Mystic Prop. LOT NO. 16

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

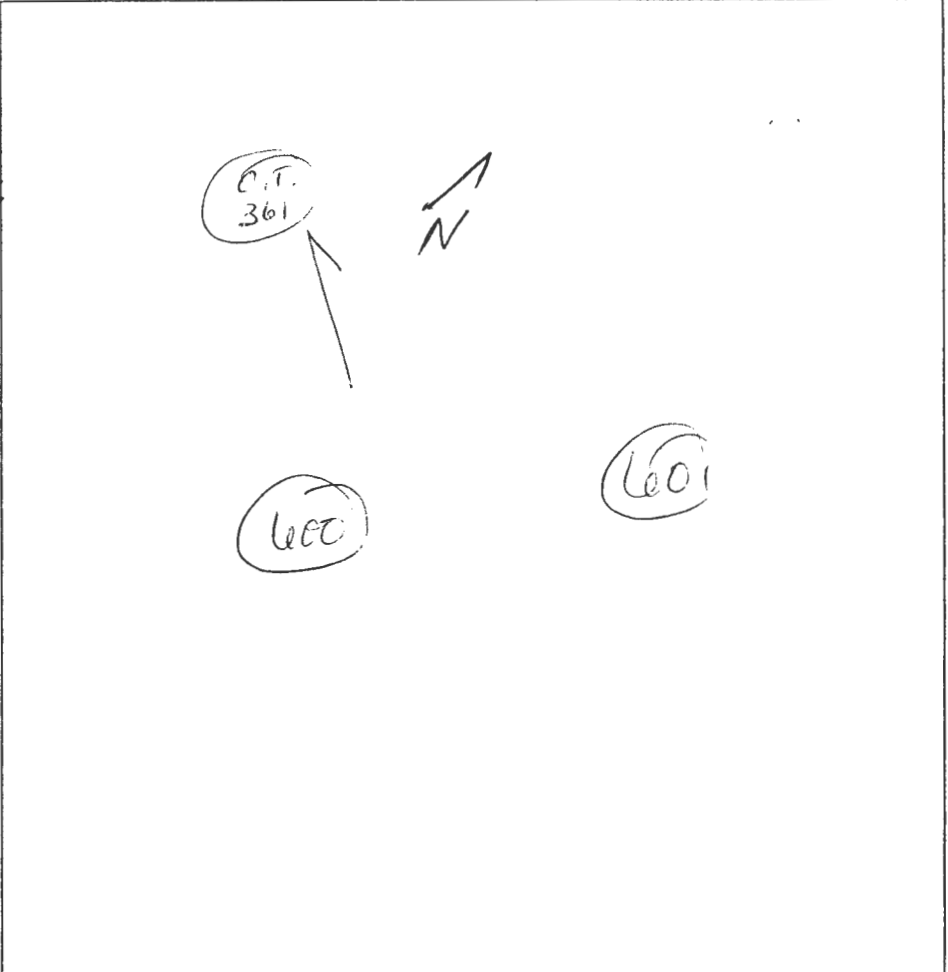
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. \_\_\_\_\_  
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP 518006

(600)  
 Brn LS  
 Rx ~ 5%  
 2 1/2' ±  
 Brn white  
 Med grained sand  
 loose  
 sm gravelly frags ~ 15%  
 Bottom 13'



(601)  
 topsoil 6"  
 strong brn LS 2 1/2' ±  
 dk brn white w/ k org Sand  
 med sized grain & coarse 20% frags  
 25 mm & smaller tightly compacted  
 Bottom 7-12 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/4/03	600	6' M / 13' V	2:00 <sup>00</sup>	2:01 <sup>00</sup>	2:03 <sup>15</sup>	2+	P
	601	7 1/2' M / 12 1/2' V	2:52 <sup>00</sup>	2:56	3:05	9+	P

REMARKS Staked per plan steep, steep slopes ~ 20%  
 SANITARIAN KN/KB BACKHOE KEELTY OTHERS B Shesley  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/BR \_\_\_\_\_  
 TRENCH WIDTH 3 INLET DEPTH 2 1/2' MAX. BOT DEPTH 4 1/2' EFFECTIVE SW \_\_\_\_\_