

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 Dorrah and William Anderson
Brenda Tompkins-McDade
C/O TRINITY QUALITY HOMES INC
ADDRESS 7320 GRACE DRIVE PHONE (410) 531-6444
COLUMBIA MD 21044

AGENT OR PROSPECTIVE BUYER TRINITY QUALITY HOMES INC
7320 GRACE DRIVE
ADDRESS COLUMBIA MD 21044 PHONE (410) 531-6444

PROPERTY LOCATION: * THE PRESERVE AT WAVERLY WOODS
D SUBDIVISION OF SHADOW SHADE LOTS 1+2 + PRES. PARCEL
SUBDIVISION AND HIGHWAYS AT BREEZEWOOD FARMS LOT NO. 9

ROAD AND DESCRIPTION WOODSTOCK ROAD AND ROUTE 99 (FREDERICK ROAD)

TAX MAP 10 PARCEL # 36+102

SIZE OF LOT 1 AC 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]
(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
402/141

6"
topsoil
org brn
cl lm

3"
tan
to
beige
s mica
lm

12"
5-10%
rock

142

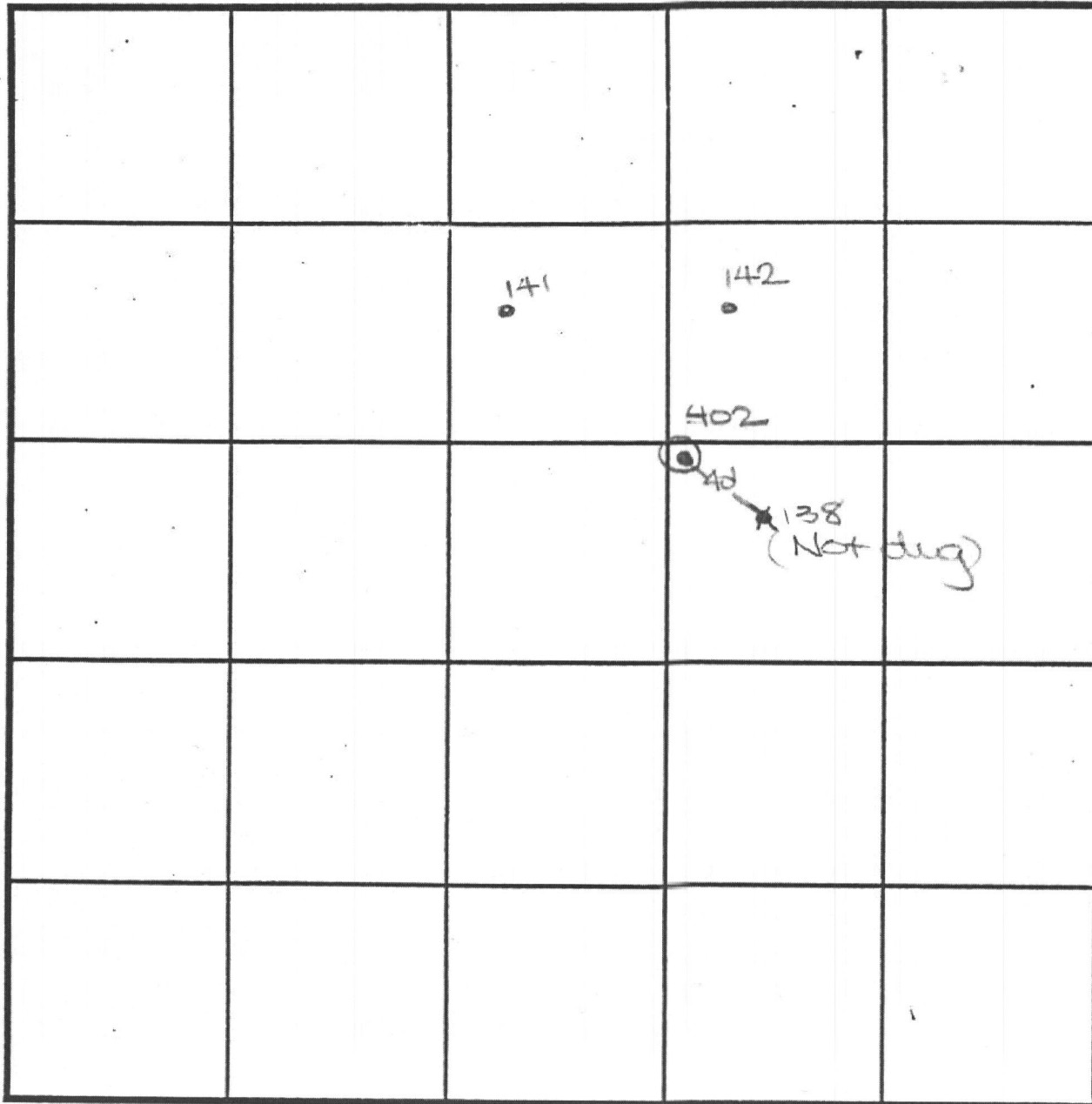
6"
topsoil
dk
org brn
cl lm

3"
pale
grey
tan
s mica
lm

12"
10%
rock

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-4-01	402	2.9' S	12:27	12:30	12:30	12:35	S
		12.0' D	Visual	-see	profile		OK
	142	12.0' D	Visual	-see	profile		OK
	141	13.9' D	Visual	-see	profile		OK

REMARKS holes tested as staked, except 402

TYPE OF SOIL _____

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

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: The Preserve at Waverly Woods
STREET NAME: _____ LOT NUMBER: A 7
AVERAGE PERCOLATION RATE: 5 SQUARE FEET PER BEDROOM: 180
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 3.0 feet below original grade.
Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 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: _____

COUNTY #

SOIL PROFILE

335/312/513

0'

topsoil

org bm
clm

2.5'
2'

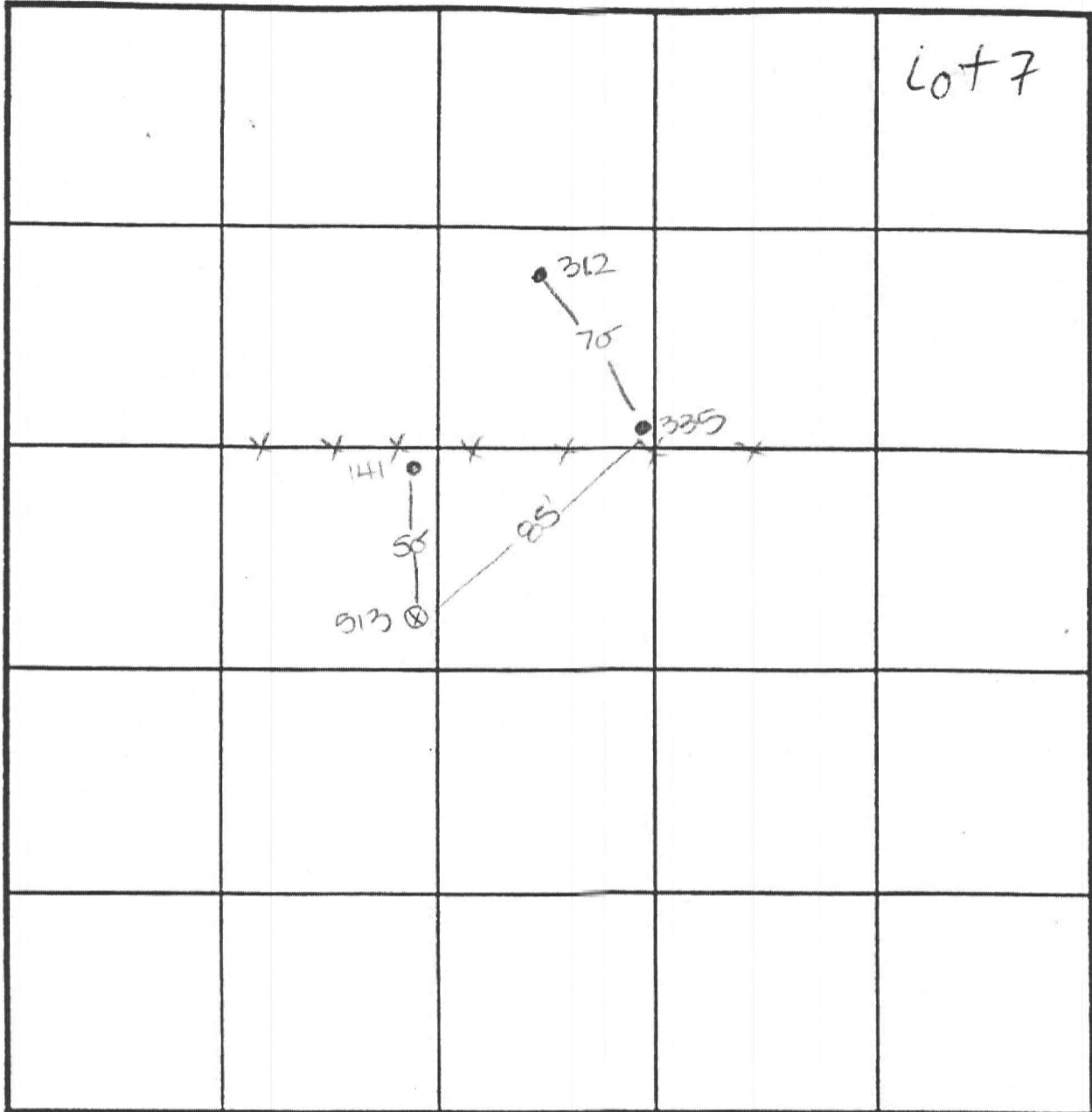
H org
bm
sa mic
lm

15%+
rock

13'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-10-01	335	11.0' D	Visual	- see	profile		OK
	312	13.0' D	Visual	- see	profile		OK
	513	3.0' S	11:15 ₃	11:17	11:17	11:21	4
		13.0' D	Visual	- see	profile		OK

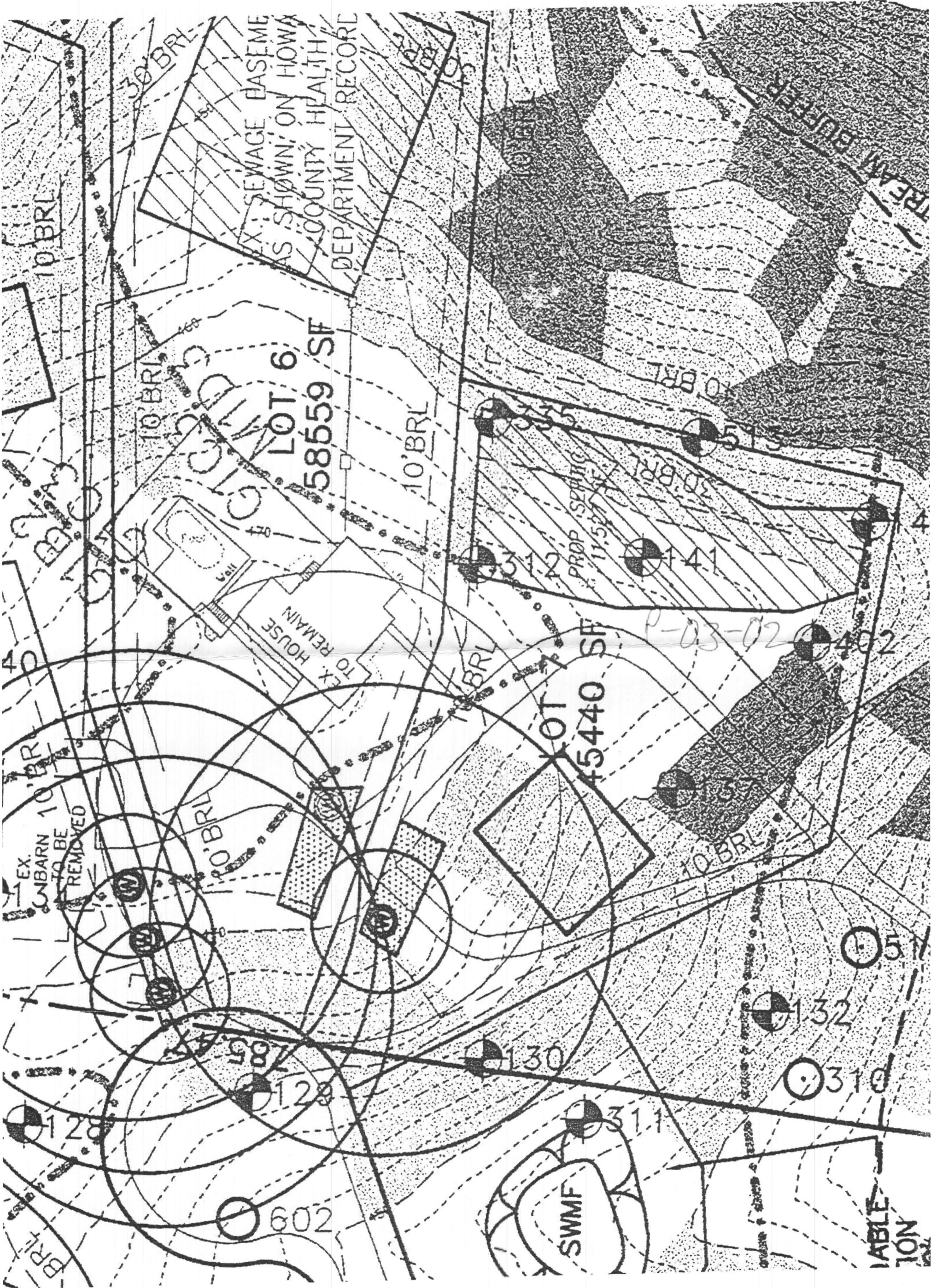
REMARKS holes 312, 335 staked, hole 513 not staked

TYPE OF SOIL _____

TESTED BY DCC ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



EX. SEWAGE EASEMENT AS SHOWN ON HOWA COUNTY HEALTH DEPARTMENT RECORD

LOT 6
58559 SF

LOT 7
45440 SF

EX. HOUSE TO REMAIN

PROP. SEPTIC 11.5' x 11.5'

TREAN BUFFER

10' BRL

30' BRL

10' BRL

10' BRL

10' BRL

30' BRL

10' BRL

10' BRL

EX. UNBARN 10' BR TO BE REMOVED

10' BRL

EX. UNBARN 10' BR TO BE REMOVED

602

1128

1130

1131

1132

1130

11402

1141

1151

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