

7/15/98

APPLICATION

6

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 LEROY SMITH

ADDRESS PO BOX 12726 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROUTE LOT NO. _____

ROAD AND DESCRIPTION ROUTE 94

TAX MAP 7 PARCEL # 133

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

COUNTY #

SOIL PROFILE

300 306 301

orange
red
SiCLM

4.5

lgt
red or
SiLM
5%
saprolite

311 310

topsoil

3.0

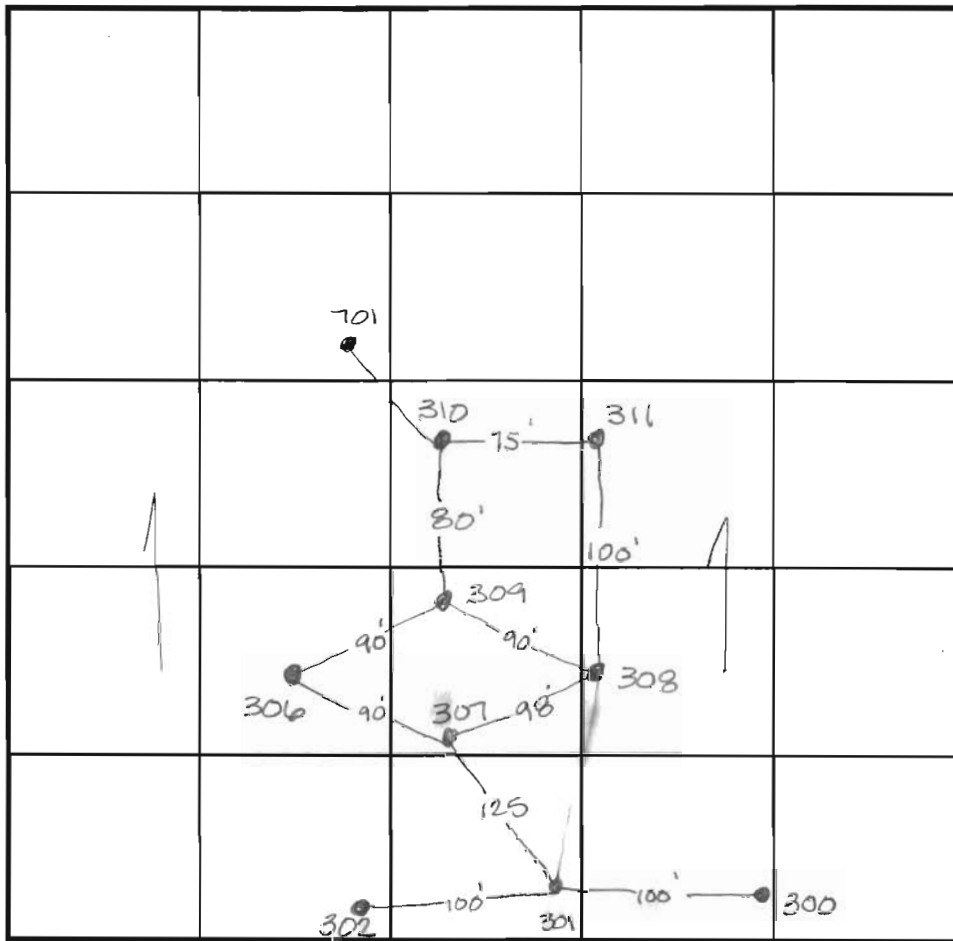
yellow
tan
SiLM
20%
saprolite
shale
mix
orange
mottles
H₂O?

307 308 309

red
brown
SiCLM

3.5

lgt
yellow
tan
SiLM
some
sand
20%
shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

302

red
brown
SiCLM

4.0

dark
orange
brown
SiLM
10%
R_x

701

no distinct
change in
soil
throughout
dull
orange
brown
SiLM
indications
of H₂O

5.0
11:39
slow
12:00
no
mumt

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-3-98	310	5.0 VII.0	1:45	No 1st inch @ 2:10	2:10		slow
	311	4.5 VII.0	1:46	1:54	1:54	2:18	24min
	308	5.0 VII.5	1:50	1:58	1:58	2:17	19min
	309	5.0 VII.0	2:10	2:15	2:15	2:22	7min
	307	5.0 VII.0	2:21	2:24	2:24	2:32	8min
	306	5.0 VII.0	2:19	2:32	2:32	2:50	18min
	301	5.0 VII.0	2:24	2:45	2:45	>30 min	slow
	300	5.0 VII.0	2:50	2:58	2:58	3:10	12min
8-4-98	302	6.5 VII.0	10:14	10:28	10:28	10:26	slow
	301	6.5 VII.0	10:15	10:26	No mmt @ 10:50		slow

REMARKS low holes need wet season

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

11.0

APPLICATION

PERCOLATION TESTING

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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 Smith Property LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

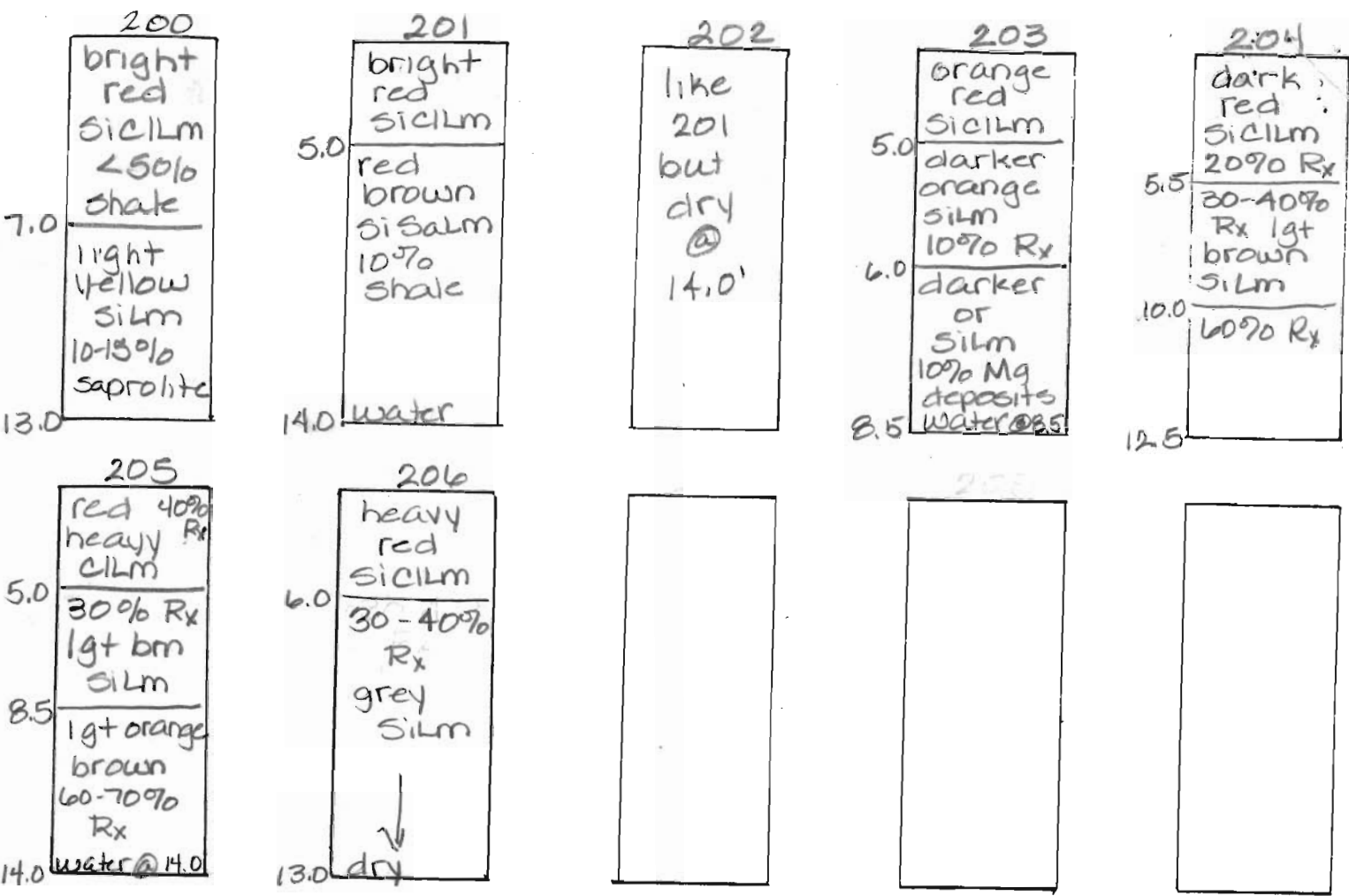
HOLD PENDING FURTHER TESTS _____

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



DATE
5-7-98

TEST #	DEPTH TESTING	START DEPTH	STOP DEPTH	PRESSURE START	PRESSURE STOP	TEST - 1" DROP		TIME
						START	STOP	
200	3.0 / 13.0	12:08	No 1st	inch @	12:42		slow	> F
	6.0 / 13.0	12:08 ³⁰	No 1st	inch @	12:42		slow	
201	3.0 / 14.0	12:21 ³⁰	12:45	> 30 min			slow	> F
	6.0 / 14.0	12:22	12:40	> 30 min			slow	
202	3.0 / 13.0	12:53 ³⁰	No 1st	inch @	1:17		slow	> OK
	6.0 / 13.0	12:54	12:56 ³⁰	12:56 ³⁰	12:01 ³⁰	1:01 ³⁰	A min	
203	3.0 / 8.5	1:10	No 1st	inch @	1:25		slow	> F
	deep clay & shallow depth to water table F							
204	3.5 / 12.0	1:36	2:00	> 30 minutes			slow	> OK shallow
	6.0 / 12.0	1:36	1:41 ³⁰	1:41 ³⁰	1:50		8 1/2 min	
205	3.0 / 14.0	1:57	1:59	> 30 minutes			slow	> F
	5.5 / 14.0	1:56 ³⁰	2:04	> 30 minutes			slow	
Shallow depth to bedrock & deep clay								
206	7.5 / 13.0	2:21 ³⁰	2:22 ⁴⁵	2:22 ⁴⁵	2:29		6 1/4 min	-OK

REMARKS 204 ok shallow

TESTED BY Amy McMiller ALSO PRESENT Mr. Smith

7/15/96

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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 LEROY SMITH

ADDRESS PO BOX 12726 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION ROUTE 94

TAX MAP 7 PARCEL # 133

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

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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

312

like
314

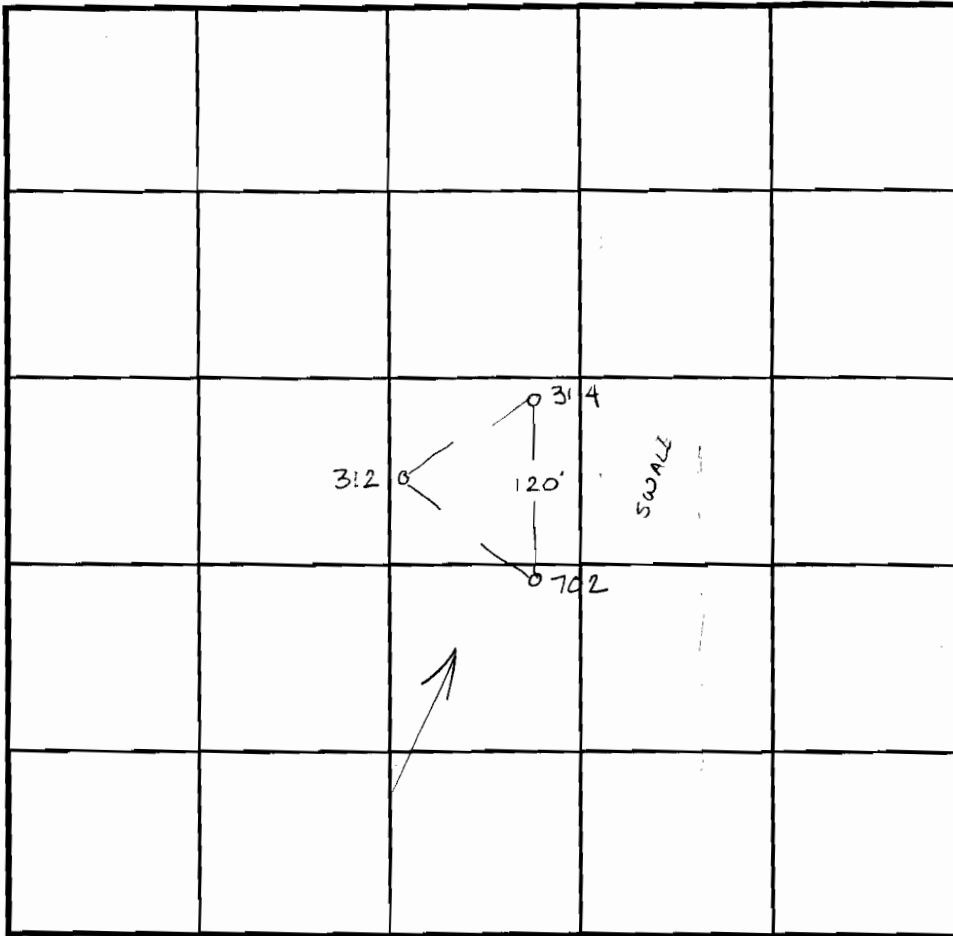
702

like
314
water
@
11.0'

314

no
distinct
change
in
soil
throughout
dull
brown
indications
of
water

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. R+ 97

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-4-98	312	5.5' / 11.0'	11:08	11:20	11:20	11:33	13min
	702	5.5' / 11.0'	11:11	11:15	11:15	11:20	5min
	314	5.5' / 11.0'	11:13	11:33	11:33	12:05 2 1/4" @	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

11.0

COUNTY #

SOIL PROFILE

B3

0' dark
brn
organic

2.0 no
distinct
clay
layer
orange
silm
possibly
too
deep

15.0 water

B4

orange
red
silm

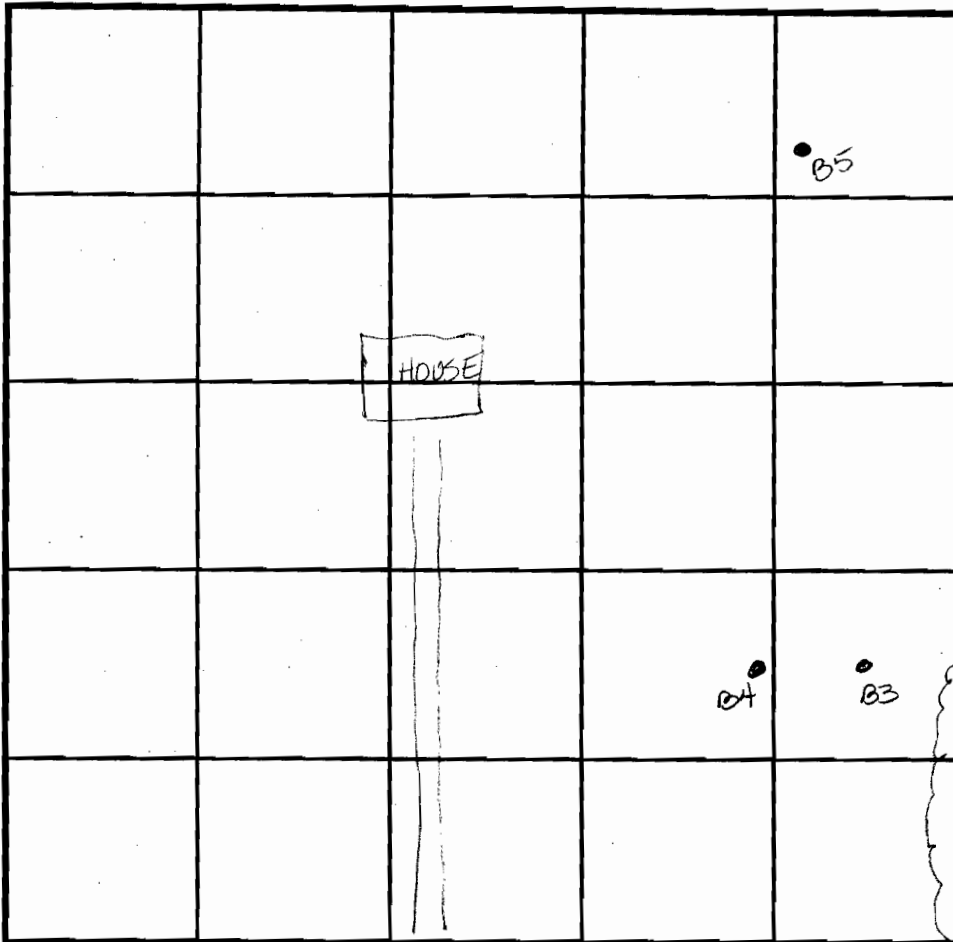
5.0 red
brn
silm
20%
Rx

B5

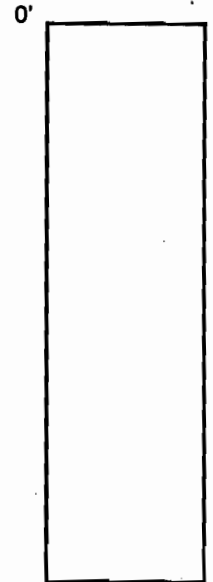
orange
red
silm
20%
Rx

5.0 or brown
silm
40%
Rx

↓



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9.3.99	B3	6.0 V15.0	11:02	11:30 No 1" inch @ 11:30 Deep clay - H ₂ O			F
	B4	5.5 V14.5	11:14	11:19	11:19	11:28	9min
	B5	5.5 V14.0	11:37	11:51	11:51	12:15	24min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Greg Eilar

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

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PROPERTY OWNER Le Roy Smith

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Smith Property LOT NO. _____

ROAD AND DESCRIPTION Rt. 94

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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