

APPLICATION

PERCOLATION TESTING

A 57313

P _____

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

DISTRICT _____

DATE 10/9/96

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 Frances Devlin Trinity Builders

ADDRESS 10505 Hickory Ridge Rd Ste 215 PHONE 740-2100
CI. MD 21044

AGENT OR PROSPECTIVE BUYER Land Design and Development

ADDRESS 10505 Hickory Ridge Rd Ste 215 PHONE 740-2100
CI. MD 21044

PROPERTY LOCATION:

SUBDIVISION Devlin Property LOT NO. _____

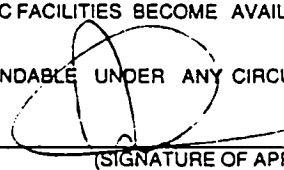
ROAD AND DESCRIPTION Sycamore Run Road (3804 Championship Drive)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 10 x 1 acre TYPE BLDG. Single - 4 Bed
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SKIPPED
AND RETURNED 3-11-99
Serial # B10116574

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

0' 1235 1264

dark red
Sicilm

pink
Sisalm
<5%
Rx

12.0

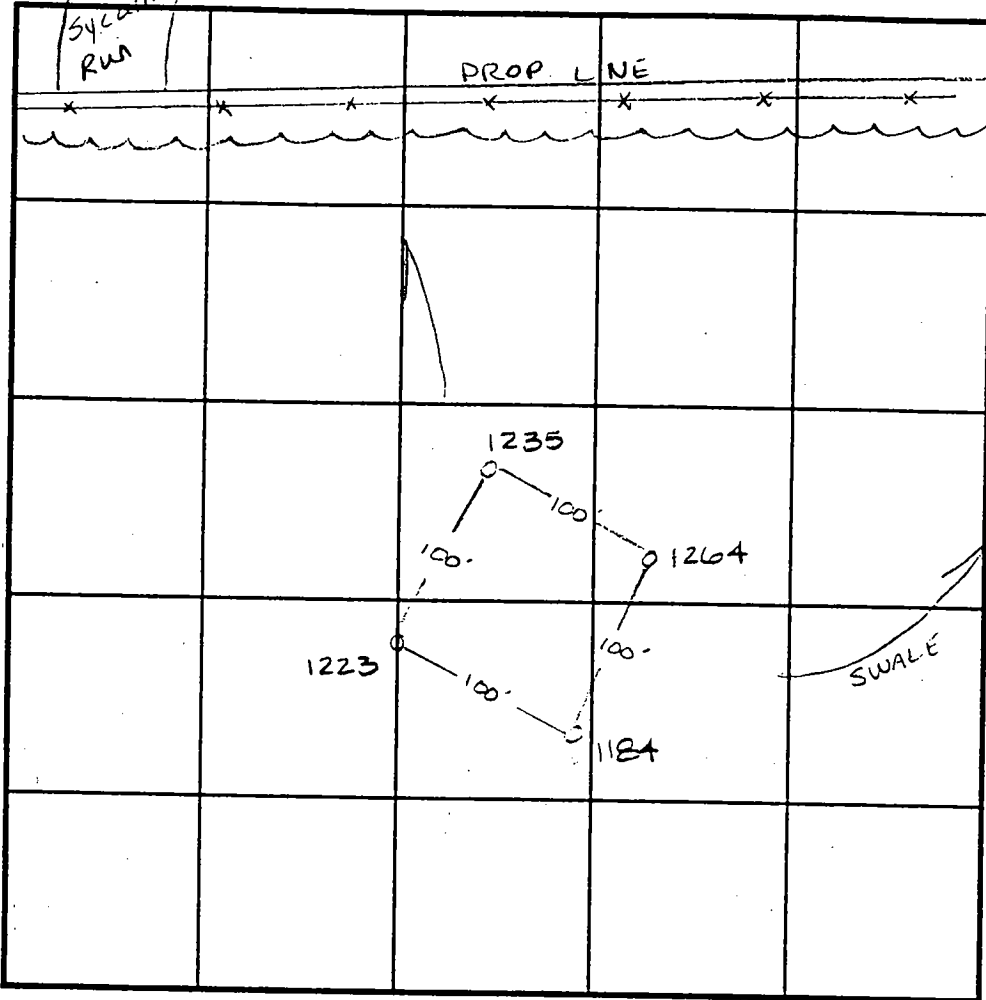
1223, 1184

dark red
Sicilm

4.0

lgt tan
Silm

11.5



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	
10-27-96	1184	4.0 v11.5	11:25	11:28	11:28	11:32	4min
	1264	3.5 v12.0	12:45	12:54	12:54	1:11	17min
	1235	5.0 v12.0	12:33	12:40	12:40	12:48	8min
	1223	3.0 v11.0	12:30	12:31	12:31	12:36	5min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT Don Brewer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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