

LAYOUT 7/17/03 11am INSP 4 8-19-03 11am PM - NOT HERE  
 INSP 2 7/18/03 3<sup>30</sup>pm INSP 5 12/10/03 pump test  
 INSP 3 7/21/03 3PM INSP 6 \_\_\_\_\_

ISSUE DATE: 7/10/2003 **05-433142** P 519046  
**PERMIT**  
 APPROVAL DATE: 10/7/03 **INDEXED** A 50857-Q

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER   
 ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670  
 SUBDIVISION: High Forest Estates LOT NUMBER: 47  
 ADDRESS: 15142 Sapling Ridge Drive PROPERTY OWNER: Big Branch Overlok, LLC  
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED   
 PUMP CHAMBER CAPACITY (GALLONS): 1500 COMPARTMENTED TANK REQUIRED   
 NUMBER OF BEDROOMS: 4  
 SQUARE FEET PER BEDROOM: 180  
 LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	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 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box during layout inspection at the highest useable portion of the sewage disposal area.
NOTES:	Maintain 9 foot edge-to-edge separation of trenches.

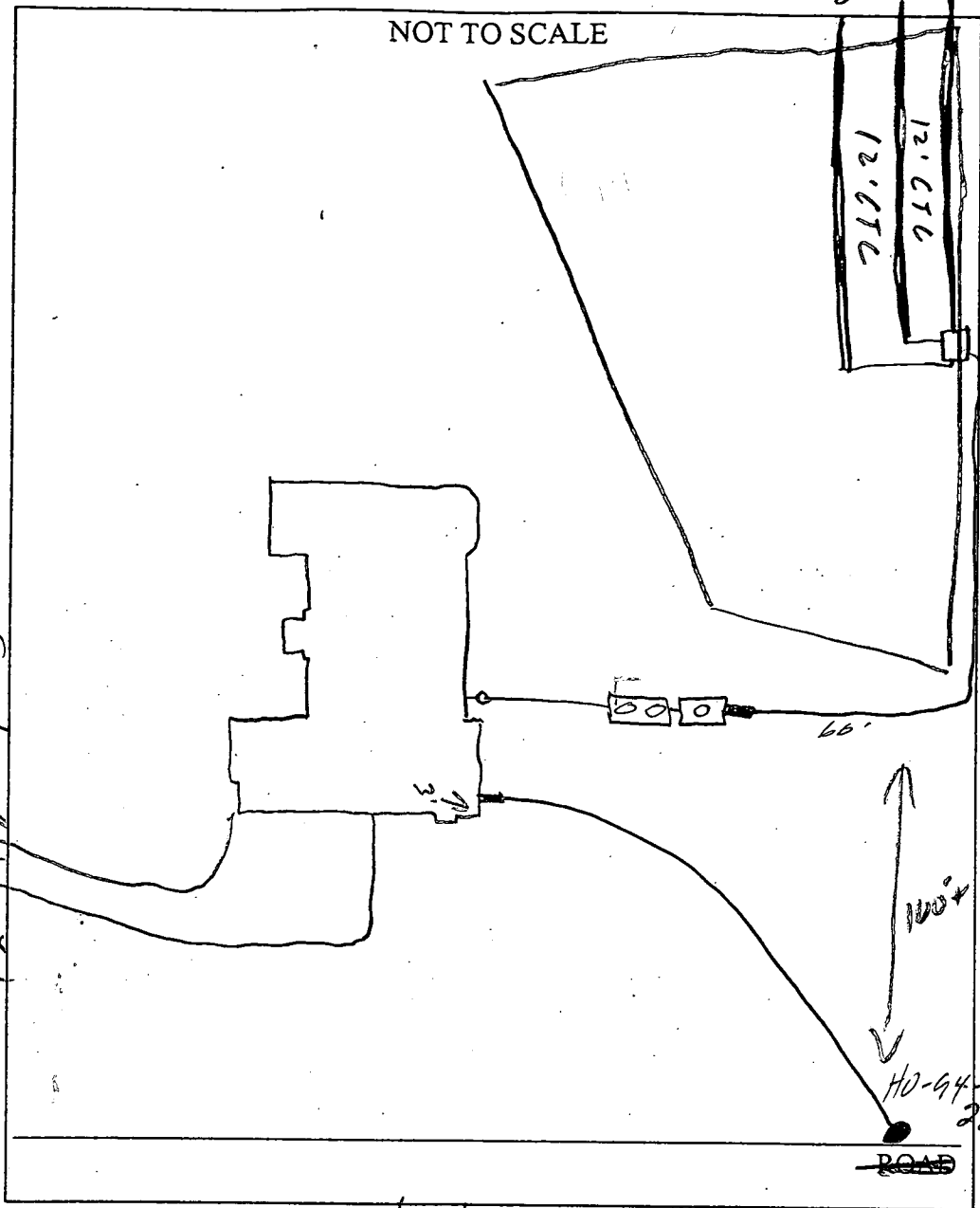
PLANS APPROVED: John Boris OK/ML DATE: 3/19/2003

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
 BUILDING PERMITS ~~SIGNED~~ 313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
 AND RETURNED  
 3-31-05 600152933-DECK**

A 50857-9

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 $\pi$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1560 GAL
SEAM LOC	Top
TANK LID DEPTH	2.3
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	---
WATERTIGHT TEST	---
SEPTIC TANK 2 LEVEL 1500	
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	3.4
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	---
MANHOLE LOC	Center
6" PORT LOC	---
WATERTIGHT TEST	---

PRE-CONSTRUCTION 7/17/03 SRA staked, contours accurate, set D.B. per B.P. Install (3) 80' trenches w/ 5-10' running outside of the SRA (SC)

INSTALLATION 7/18/03 Tanks set, trenches installed OK to cover work completed OK to have 3.5' riser on P.T. (SC)

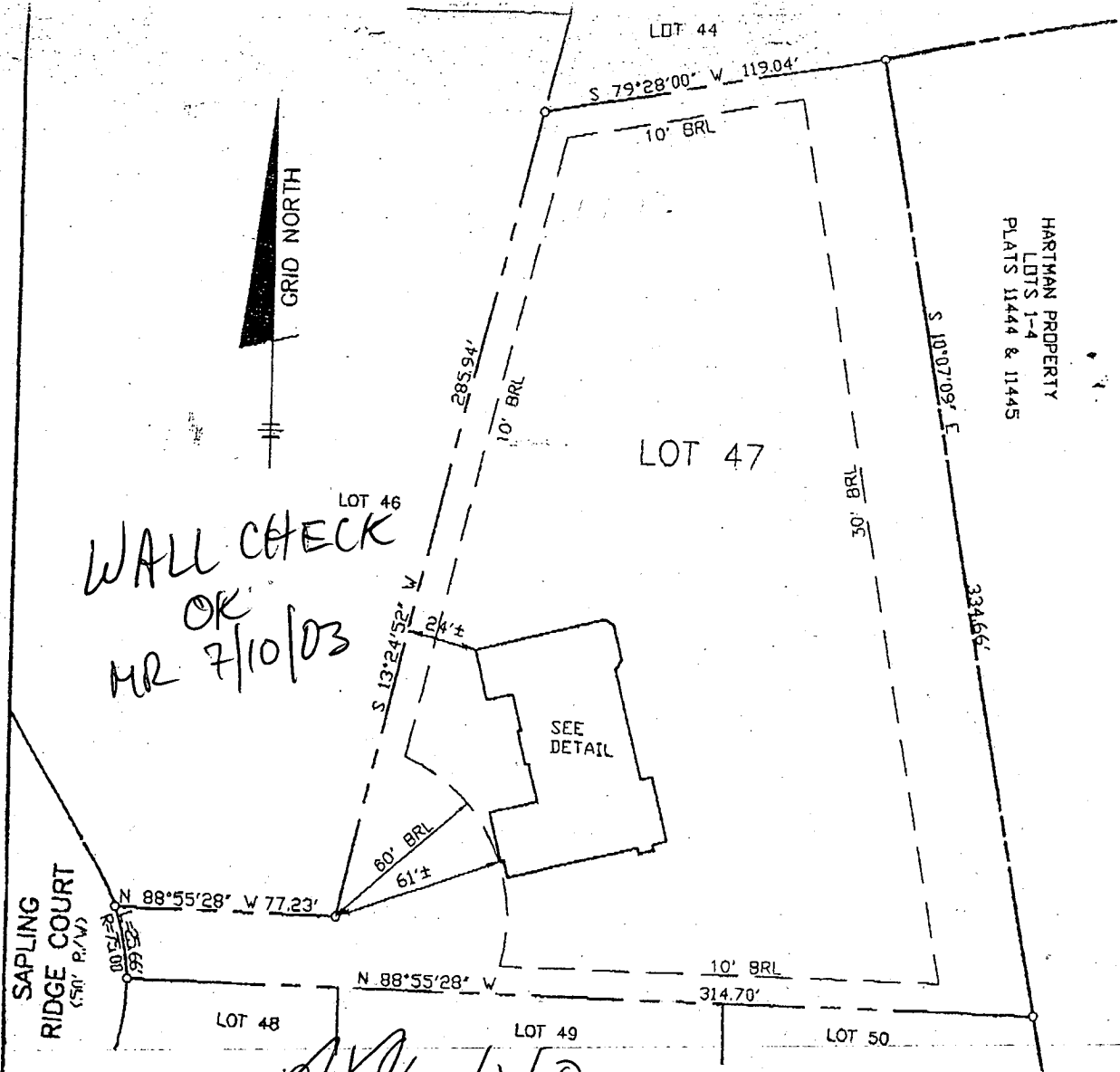
7/21/03 - Pressure line installed OK to cover. Needs house conn & Pump & Alarm tests (SC) 8/19/03 Pump not installed - No pump test (N/A) 10/7/03 House conn made. Pump & Alarm tests OK (SC)

FINAL INSPECTOR

DATE OF APPROVAL

10/7/03

BUILDING PERMIT DIVISION  
AND RETURNED



HARTMAN PROPERTY  
 LOTS 1-4  
 PLATS 11444 & 11445

WALL CHECK  
 OK  
 MR 7/10/03

SEE  
 DETAIL

ASB 1:60

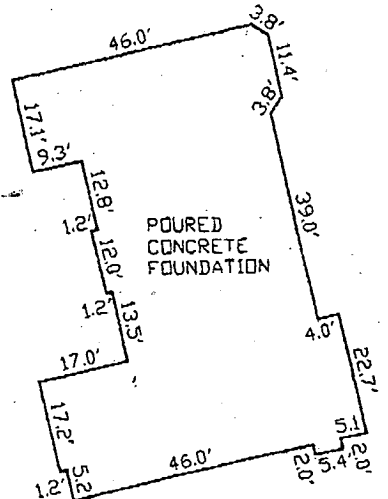
TOP OF FOUNDATION WALL ELEVATION = 482.2'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/17/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY R.M. MOCHI GROUP, P.C. INC. ENTITLED "HIGH FOREST ESTATES LOTS 1 THROUGH 50", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 13958

*David M. Harris*  
 DAVID M. HARRIS  
 REGISTERED PROFESSIONAL LAND SURVEYOR  
 MD REG. No. 10978  
 FOR BENCHMARK ENGINEERING, INC.  
 MD REG. No. 351  
 RECORD PLAT No. 13958  
 FEMA FIRM No. 240044 0025 B  
 ZONE: C  
 DATED: 12/04/86

**BENCHMARK**  
 ENGINEERING, INC.




**FOUNDATION DETAIL**

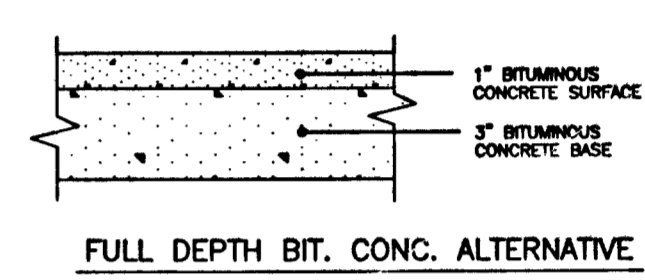
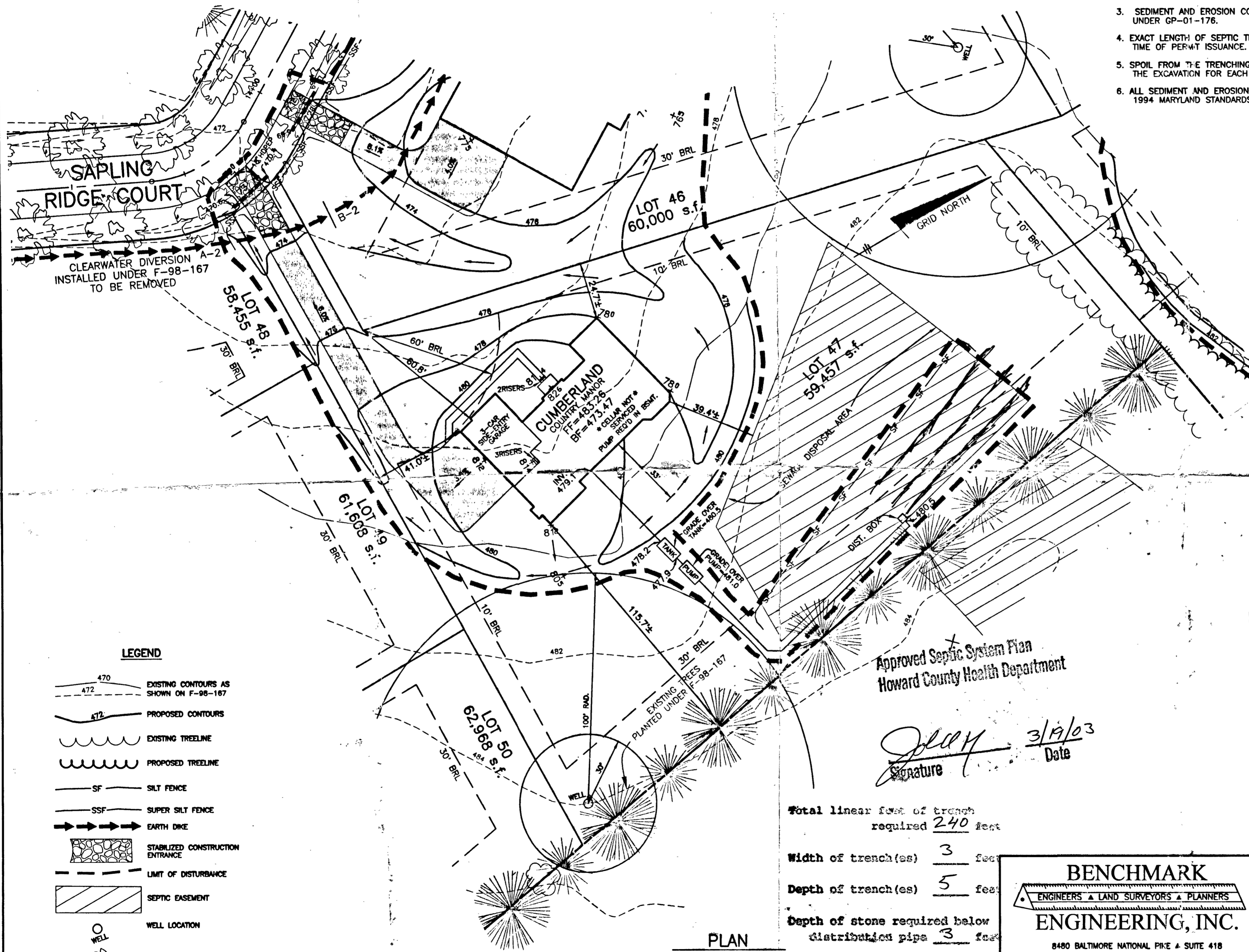
SCALE: 1" = 30'

**WALL CHECK**  
**HIGH FOREST ESTATES**  
**LOTS 1 THROUGH 50**  
**LOT No. 47**

15142 SAPLING RIDGE DRIVE

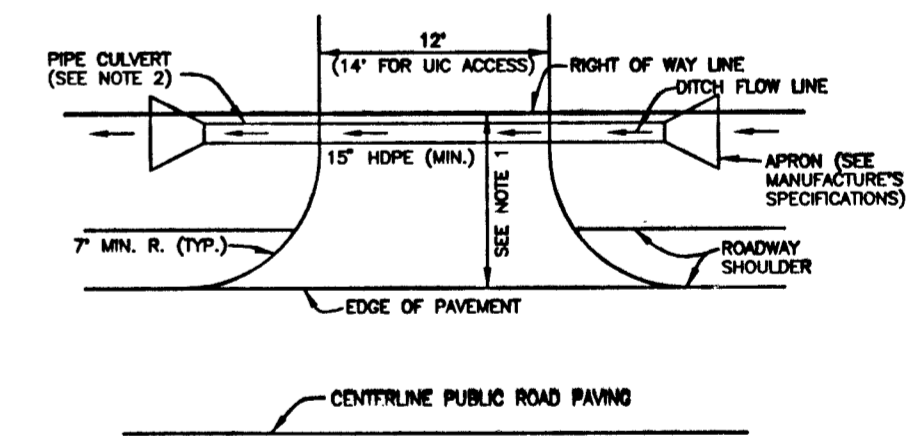
**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 13959. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER GP-01-176.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PERMIT ISSUANCE.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. ALL SEDIMENT AND EROSION CONTROL FEATURES USED ON THIS SITE SHALL COMPLY WITH 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.



**P-1 PAVING DETAIL**  
NOT TO SCALE

- DRIVEWAY CULVERT NOTES:**
1. DRIVEWAY MUST BE PAVED FROM EDGE OF PUBLIC ROAD TO RIGHT-OF-WAY USING STANDARD PAVING SECTION P-1 AS SHOWN ON HO.CO.STD. R-2.01 OR AN ALTERNATE SECTION EQUAL TO OR BETTER THAN P-1, AS APPROVED BY D.P.W.
  2. DRAINAGE CULVERT SHALL BE SIZED FOR A 10 YEAR FREQUENCY STORM.
  3. ALL DRIVEWAY CULVERT PIPES ARE TO BE 15" HDPE OR GREATER TO PREVENT BLOCKING. HDPE APRONS ARE TO BE INSTALLED AT EACH END OF THE CULVERT AND SIZED PER MANUFACTURER'S SPECIFICATIONS. IF A LARGER PIPE IS REQUIRED THE DITCH INVERT CAN BE LOWERED TO PROVIDE A MINIMUM DITCH GRADIENT OF 0.5% AND THE CLEARANCE SHOWN.
  4. SWALE FLOW MAY BE PROVIDED OVER DRIVEWAY IF LOCATED AT OR NEAR THE CREST OF A VERTICAL CURVE ON THE PUBLIC ROAD WHERE QUANTITY OF FLOW IS SMALL AS APPROVED BY D.P.W.
  5. TIE-IN GRADE OF DRIVEWAY SHALL NOT EXCEED 14%.
  6. SEE HOWARD COUNTY STANDARD DETAIL R-6.06 FOR ADDITIONAL INFORMATION.



**DRIVEWAY CULVERT**  
NOT TO SCALE

- LEGEND**
- 470 EXISTING CONTOURS AS SHOWN ON F-98-167
  - 472 PROPOSED CONTOURS
  - EXISTING TREELINE
  - PROPOSED TREELINE
  - SF SILT FENCE
  - SSF SUPER SILT FENCE
  - EARTH DIKE
  - STABILIZED CONSTRUCTION ENTRANCE
  - LIMIT OF DISTURBANCE
  - SEPTIC EASEMENT
  - WELL LOCATION
  - STREET TREE INSTALLED UNDER F-98-167

Total linear feet of trench required 240 feet

Width of trench (as) 3 feet

Depth of trench (as) 5 feet

Depth of stone required below distribution pipe 3 feet

**PLAN**  
SCALE: 1" = 30'

Approved Septic System Plan  
Howard County Health Department

*Sperry*  
Signature Date 3/19/03

<p align="center"><b>BENCHMARK</b> ENGINEERS &amp; LAND SURVEYORS &amp; PLANNERS <b>ENGINEERING, INC.</b></p> <p>8480 BALTIMORE NATIONAL PIKE &amp; SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-485-8105 FAX: 410-485-8644</p>	PROJECT: <b>HIGH FOREST ESTATES LOT 47</b>	
	LOCATION: 15142 SAPLING RIDGE DRIVE TAX MAP 27, GRID 6 - PARCEL 140,141,142 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
<p>BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21048 410-872-9105</p>	TITLE: <b>PLOT PLAN</b>	
	HOUSE TYPE: <b>CUMBERLAND</b>	
	DATE: FEBRUARY 14, 2003	PROJECT NO. 1362
SCALE: AS SHOWN	DRAWING <u>1</u> OF <u>1</u>	

C1 08003 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 13

ST/GO USE ONLY DATE RECEIVED MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 8 16 00 Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2812 28 29 30 31 32 33 34 35 36 37

OWNER KARFONTA CHECK last name first name STREET OR RFD SAppling RIDge DR. TOWN DAYTON SUBDIVISION HIGH FOREST ESTATES SECTION LOT 47

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (Use additional sheets if needed) FEET FROM TO check if water bearing Sand 0 76 Gray Mica Rock 76 300

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 18 NO. OF POUNDS 1642 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 23 ft. WHEN PUMPING 83 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

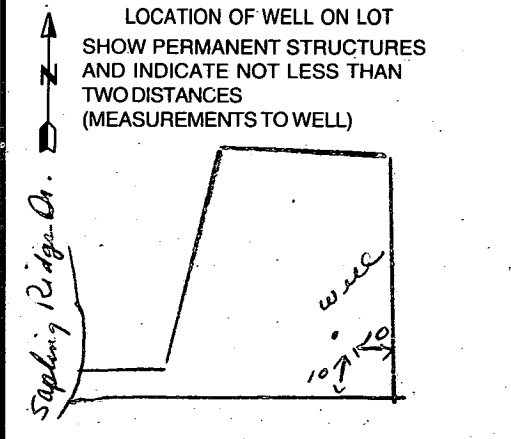
DRILLERS LIC. NO. 1 MSD024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MSD027

SITE SUPERVISOR (sign) of driller or journeyman responsible for sitework if different from permittee

DEPTH (nearest ft.) 78 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1	<b>5923</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W514165</i> please print or type	STATE PERMIT NUMBER <b>HO - 94 - 2812</b> <small>70 fill in this form completely 79</small>
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Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
*Karfonta*      *Chuck*

15 Last Name      Owner      First Name      34

36 *10 Mellor Ave.*  
Street or RFD      55

57 *Catonsville Md 21228*  
Town      70 State      72 Zip      76

**LOCATION OF WELL**

8 COUNTY *Howard*      21

23 SUBDIVISION *High Forest Est.*      42

SECTION *44*      46      LOT *47*      50

52 NEAREST TOWN *Dayton*      71

MILES FROM TOWN (enter 0 if in town) *1/2* M I  
73      76 77 78

**DRILLER INFORMATION**

Driller's Name *Joseph L. Mayne M SD 024*      76 License No.      81

Firm Name *Joseph L. Mayne Well Drilling*

Address *5512 Ridge Rd Mt. Airy 21771*

Signature *Joseph L. Mayne*      Date *7/24/00*

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11 *Sapling Ridge Dr.*      30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 *290*      37  
DISTANCE FROM ROAD      FT  
ENTER FT OF MI      38 39

TAX MAP:      BLK:      PARCEL:      38 39

**WELL INFORMATION**

APPROX. PUMPING RATE *5*  
(GAL. PER MIN.)      8      12

AVERAGE DAILY QUANTITY NEEDED *500*  
(GAL. PER DAY)      14      20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

*HOWARD*      *13*  
COUNTY NAME      COUNTY NO.

STATE SIGNATURE \_\_\_\_\_      INSERT S →      41

DATE ISSUED *8/17/00*      *C. Will*      *8/16/01*  
43 MM DD YY 48      CO SIGNATURE      EXP. DATE

NORTH GRID *510*      0 0 0      EAST GRID *0790*      0 0 0  
50      55      57      63

APPROXIMATE DEPTH OF WELL *300* FEET  
24      28

APPROXIMATE DIAMETER OF WELL *6* NEAREST INCH

SHOW MAP OF FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well*
- Scdn*
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E *790*      000  
N *510*      000

**METHOD OF DRILLING (circle one)**

BORED (or Augered)      JETTED      Jetted & DRIVEN

30  AIR-ROTary      AIR-PERcussion      ROTARY (Hydraulic Rotary)

37  CABLE      REVerse-ROTary      DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

*Dayton*

*Sapling Ridge Dr.*

*Triadelphia mill Rd.*

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER \_\_\_\_\_

PERMIT No. *HO - 94 - 2812*  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

# 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 High Forest LOT NO. 47

ROAD AND DESCRIPTION 15142 Sapling Ridge Dr

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

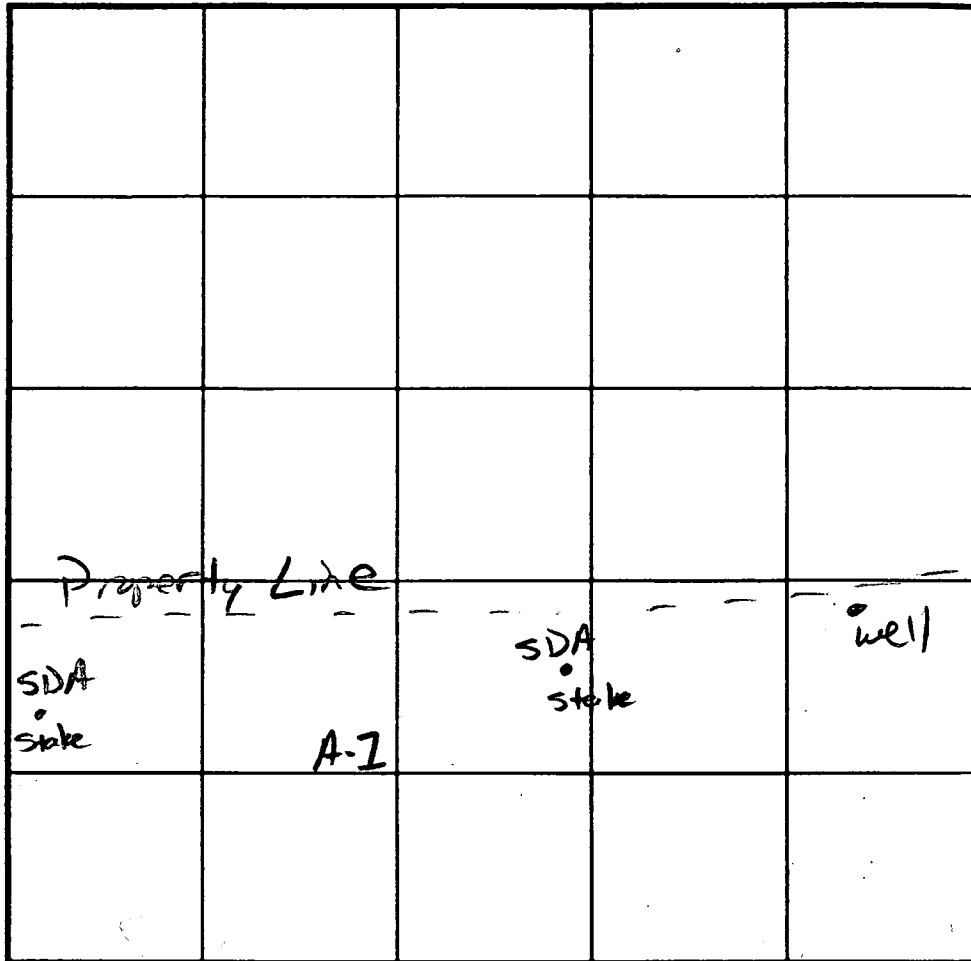
COUNTY #

SOIL PROFILE

0' **A-1**  
 Brown  
 SCL  
 ↓  
 Heavy  
 L  
 ---  
 3 1/2  
 fine  
 brown  
 micaceous  
 L  
 9

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	
3/18/03	A-1	9V	---	---	---	---	27

REMARKS Hand auger done on 3/18/03; perc notes were lost

TYPE OF SOIL \_\_\_\_\_

TESTED BY J. Boris ALSO PRESENT \_\_\_\_\_

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

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



