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 _____ LOT NO. ~~10~~/~~20~~

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

HD-216 (3/92)

COUNTY #

SOIL PROFILE (96)

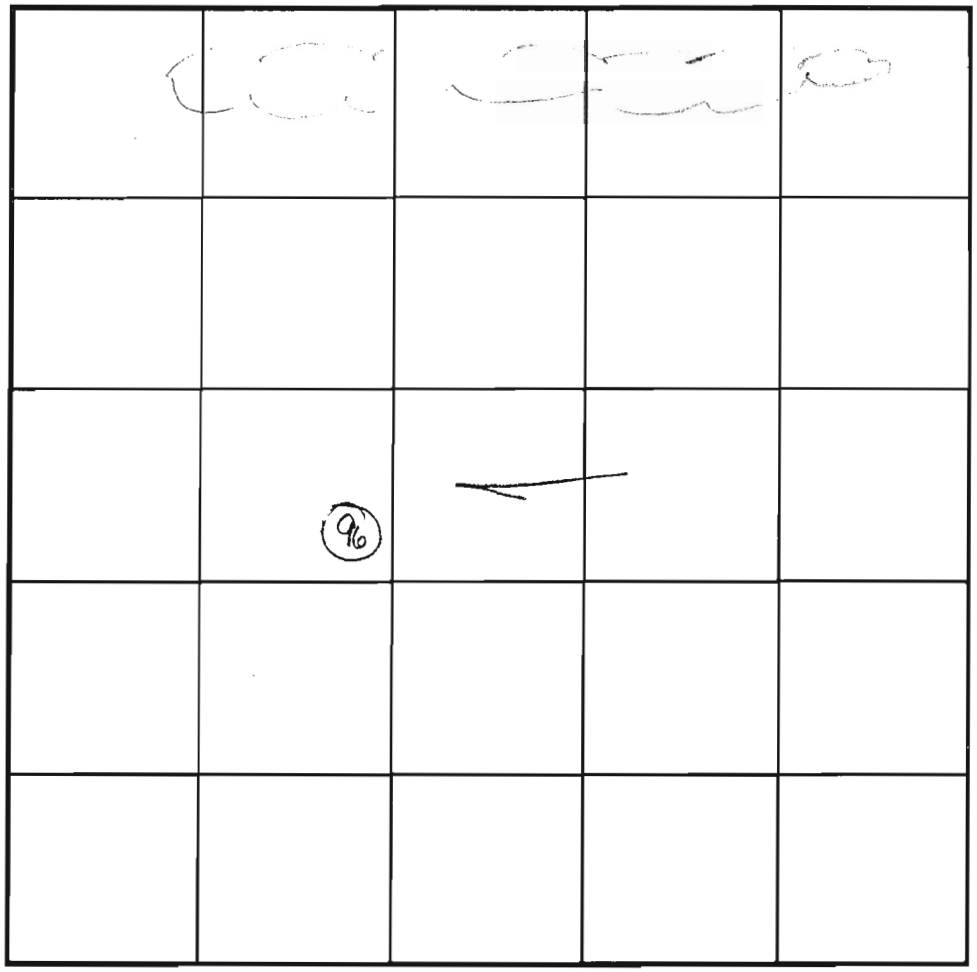
0'

Grey loam 3'

loamy sand 5½'

fine sand - loamy sand trace rock

Bottom 14'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10-1-02	96	4' / 14'	2:31	2:33 45	2:33 45	2:38	5 min OK

REMARKS DUG PER PLAN

TYPE OF SOIL

TESTED BY KN ALSO PRESENT DAVE W & Justin

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

410 465 7903
DAVE WOESSNER

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 JAMES, MARY & DON PATTERSON
DOROTHY EASTER, THERESA BASS
IN CARE OF: DON PATTERSON

ADDRESS P.O. BOX 1 GLENELG MD. 21737 PHONE 410-442-4475

AGENT OR PROSPECTIVE BUYER TRIADELPHIA FARM LLC
IN CARE OF PAUL REVELLE

ADDRESS 6258 CARDINAL COLUMBIA, MD 21044 PHONE 410 992 5805

PROPERTY LOCATION:

SUBDIVISION HOPKINS CHOICE LOT NO. ~~21~~ 19

ROAD AND DESCRIPTION PROPOSED ROAD EXTENDING RYON DRIVE

TAX MAP 21 PARCEL # 111

SIZE OF LOT SF CLUSTER 40,000 #± TYPE BLDG. SF
(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

HO-216 (3/92)

COUNTY #

SOIL PROFILE

92

0' red/orange SiCL

2½ red orange L

3½ Fine tan SL w/<5% channery

11½

93

red orange SiCL ↓ L

3

fine red/orange ↓ tan LS

15

94

red/orange SiCL

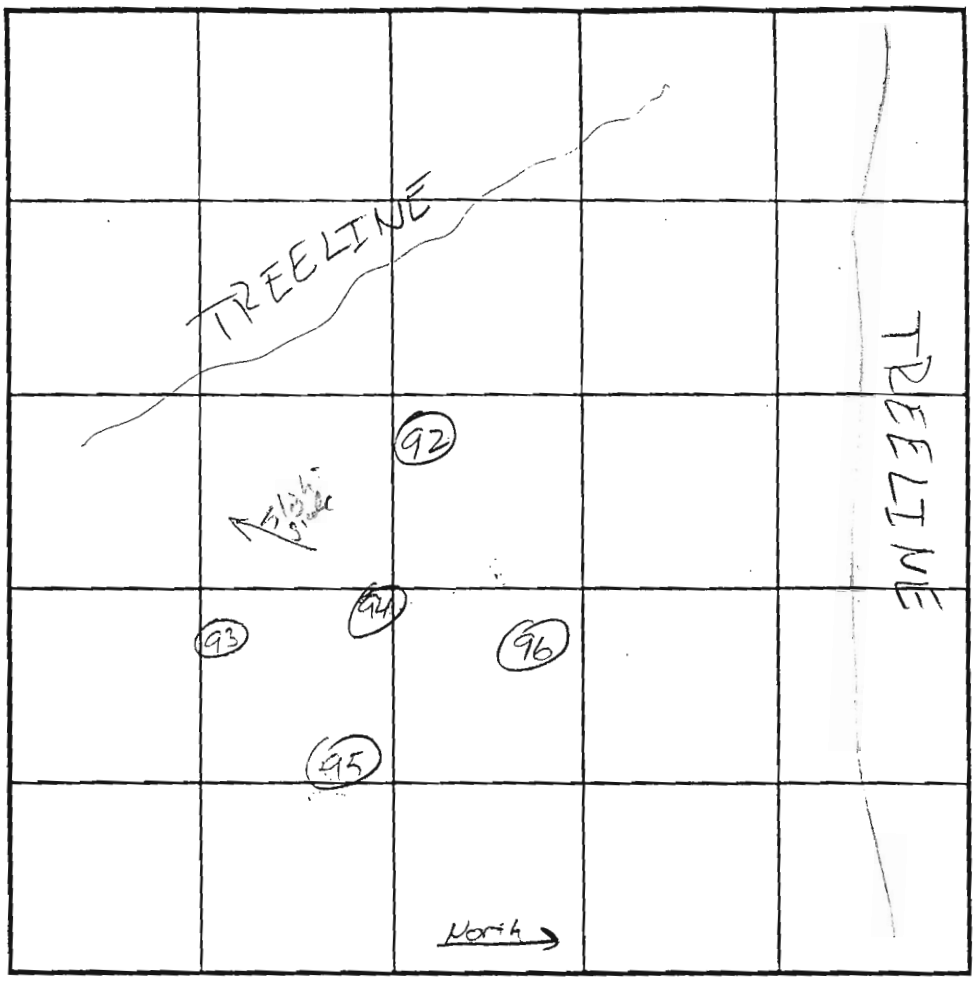
3

red orange L w/<5% channery

4

fine tan LS <5% channery gravel

15



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 95

see Notes for lot 22

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
10/2/02	92	4 / 14½	9:17:45	9:21:45	9:21:45	9:27:45	6	o.k
10/2/02	93	4 / 15	8:59:45	9:02:30	9:02:30	9:06:30	4	ok
10/2/02	94	5 / 15	8:58:15	9:01:30	9:01:30	9:08:00	6:30	o.k.
	95							

REMARKS

TYPE OF SOIL

TESTED BY J. Boris ALSO PRESENT David

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Signed PC
10/25/04