

APPLICATION

PERCOLATION TESTING

A 517361

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT _____

DATE 7/12/02

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 John Pat Sullivan

ADDRESS 13185 Highland Rd PHONE (301) 854 3749

AGENT OR PROSPECTIVE BUYER Kim + Kathy Park

ADDRESS 10117 Brunswick Ave PHONE (301) 649 6729

PROPERTY LOCATION:

SUBDIVISION Sullivan Property LOT NO. _____

ROAD AND DESCRIPTION Santa Maria Ave

TAX MAP 34 PARCEL # 5

SIZE OF LOT 6.8 Acres TYPE BLDG. SFD 3 or 4 Bedroom
(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

7/29/02
9-00

APPLICATION

PERCOLATION TESTING

Re-test of previously
failed Lot of Record
10K ☒ NOT REQUIRED

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PROPERTY OWNER JOHN & PAT SULLIVAN

ADDRESS 13185 HIGHLAND HIGHLAND MD PHONE 301-854 3749

AGENT OR PROSPECTIVE BUYER KIM & KATHY PARK

ADDRESS 10117 BRUNSWICK AVE PHONE 301-649 6729

PROPERTY LOCATION:

SUBDIVISION SULLIVAN PROPERTY LOT NO. _____

ROAD AND DESCRIPTION Santa Maria Ave

TAX MAP 34 PARCEL # 205

SIZE OF LOT 6.8 ACRES TYPE BLDG. SFD 3024 BEOP
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
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THIS IS NOT A PERMIT

COUNTY #

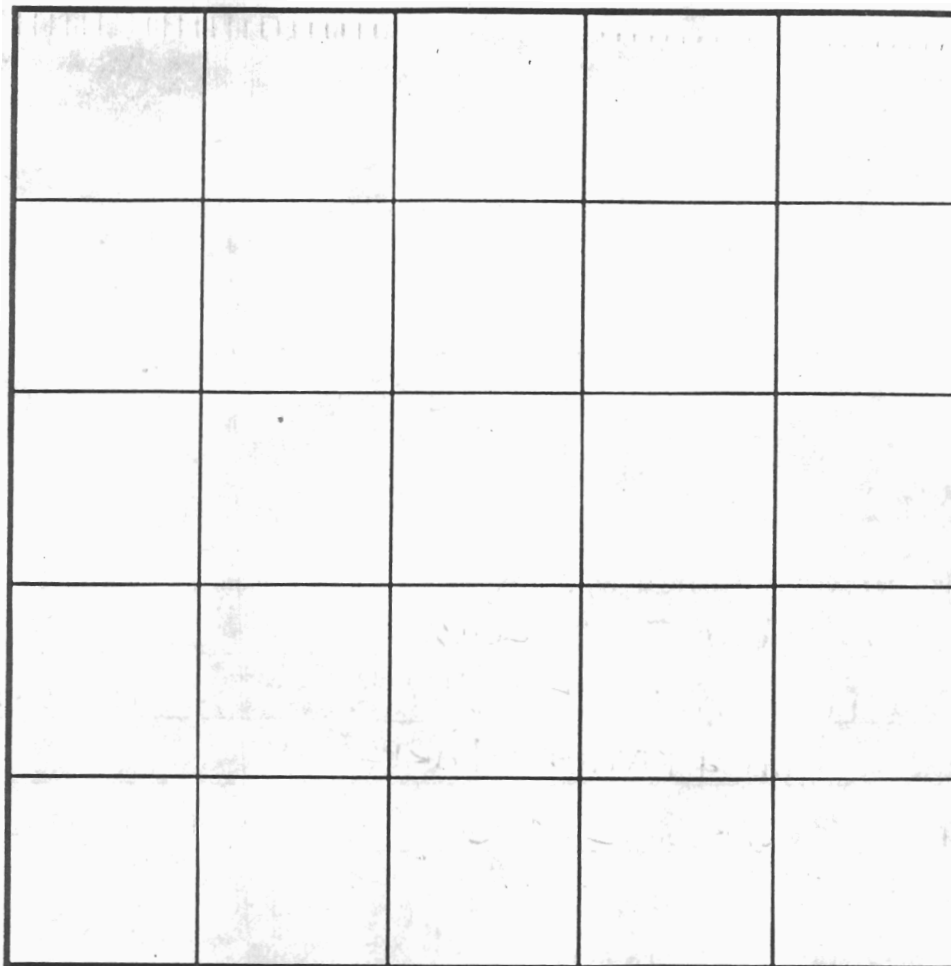
SOIL PROFILE

0' 9
Brown
Channery
L
3
tan
brown
micaceous
SL
w/ <5%
Channery
12

10
Brown
SL w/ <10%
Channery
fraggs

2 1/2
red brown
micaceous
SL
w/ <5%
Channery
fraggs

2 11
Brown
SL
w/ <5%
Channery
red brown
micaceous
SL
w/ 5-10%
Channery
fraggs
12



SOIL PROFILE

0' 12
tan
SL
w/ <10%
Channery
Qtz
fraggs
3
red
brown
heavy
micaceous
SL
w/ <10%
13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/29/02	9	3 / 12	12:37:00	12:41:30	12:41:30	12:46:30	5	ok
7/29/02	10	5 / 12	12:34:00	12:36:30	12:36:30	12:39:00	2:30	ok
7/29/02	11		12:33:00	12:36:15	12:35:15	12:40:00	4:45	ok
7/29/02	12	6 / 13	11:12:00	11:25:00	11:25:00	11:39:00	14	ok

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

7

TRENCH WIDTH

3

INLET DEPTH

3

MAXIMUM BOTTOM DEPTH

5

SQ. FT./BEDROOM

180

(6)

org red
brn
cl Lm

pale or
beige
s' l'm

>50%
hard
shale
patches

HARD

8

red brn
cl Lm

pale orange
beige
si lim

>50%
hard
shale

SOIL PROFILE

Q'

See other pages

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM