

APPLICATION

PERCOLATION TESTING

A516525

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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 S

PROPERTY OWNER EDWINA S. DASCHUK

ADDRESS 10290 CAVEY LANE PHONE 410.465.8298

AGENT OR PROSPECTIVE BUYER HAILEY DEVELOPMENT, LC

ADDRESS 3905 NATIONAL DRIVE, SUITE 105 PHONE 301.476.7715

PROPERTY LOCATION:

SUBDIVISION DASCHUK PROPERTY LOT NO. Lot 9

ROAD AND DESCRIPTION CAVEY LANE

TAX MAP 11 PARCEL # 32

SIZE OF LOT 1 ACRE TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO A
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Agent
(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

0.

argill.
micaceous
Loam
 $R_x \leq 10\%$

sand
35%
Frag

Bottom

61

 $12\frac{11}{2}$

SOIL PROFILE

0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

ALSO PRESENT

TRENCH WIDTH

SQ. FT./BEDROOM

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 Daschtuk LOT NO. 94

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

516525

COUNTY #

LOT 8

SOIL PROFILE

(637A)

0' DK brn
org silty
gravelly
Lm silty
35-45%
gravel
2 1/2-3'
14' Bottom

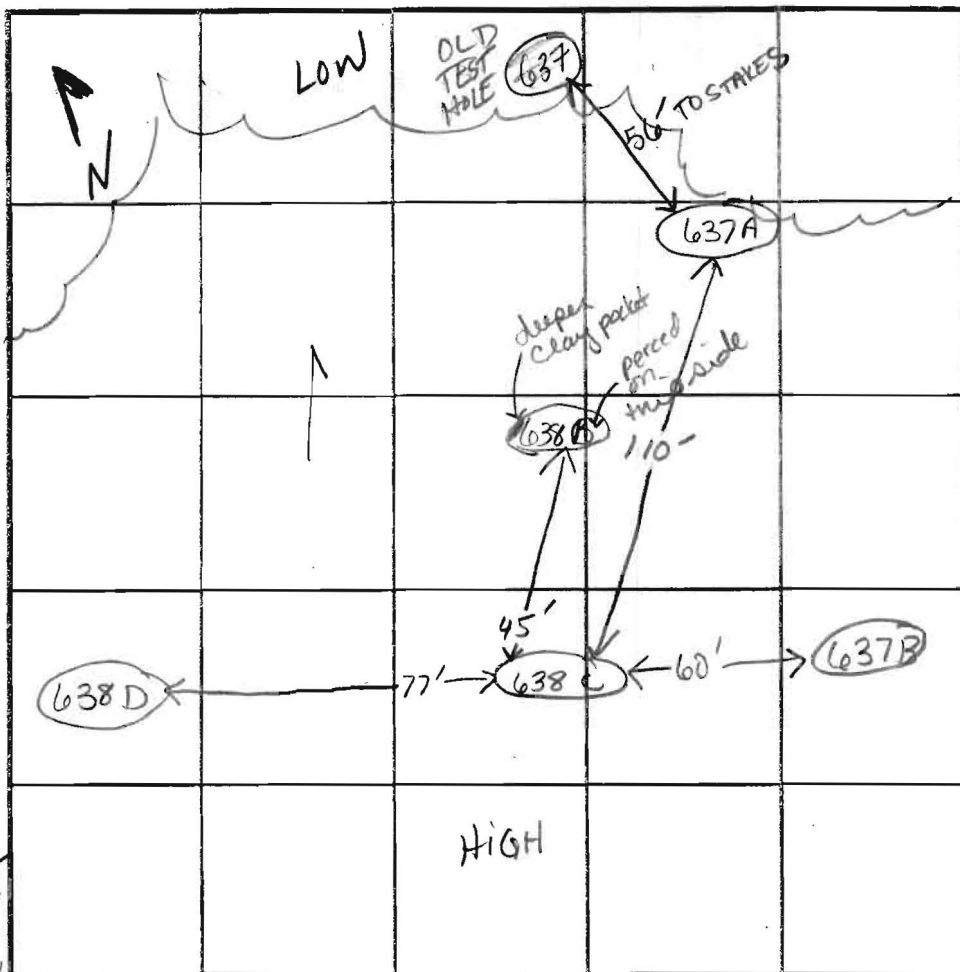
14' Bottom

(638B)

0' Str. org brn
CL Lm
3-3 1/2'
Coarse clay
pocket
Lm silty
Rx frags
total
~15%
4-5'
10'±
gravelly
org silty
white
areas of
decayed rx
si-fine sand
Bottom

(638D)

0' Strong org
silty
Lm
3'
org brn
Lm
Lt Brn
Brn
fine sand
Trace
Rx
Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

(638C)

0' Strong brn
org brn
si. CL Lm
3' Rx 5-10%
fine
Lm silty
to sand
Trace
Rx
14 1/2' Bottom

SE WALL
white
hard
saprolite
break
into
coarse
frags

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-02	637A	5 1/2' M / 14'	12:08 ³⁰	12:09 ¹⁵	"	12:11 ¹⁰	2 OK
	638B	6' M / 14'	12:30 ⁰⁰	12:31 ⁰²	"	12:33 ¹⁰	2 OK
	638D	VISUAL	SEE	SOIL	PROFILE		OK
	638C	VISUAL	SEE	SOIL	PROFILE		OK
	637B	VISUAL	"	"	"		OK

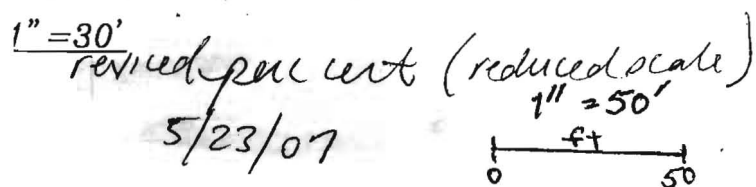
REMARKS: Holes Staked + dug per plan

TYPE OF SOIL

TESTED BY: Kacie ALSO PRESENT: Katterman

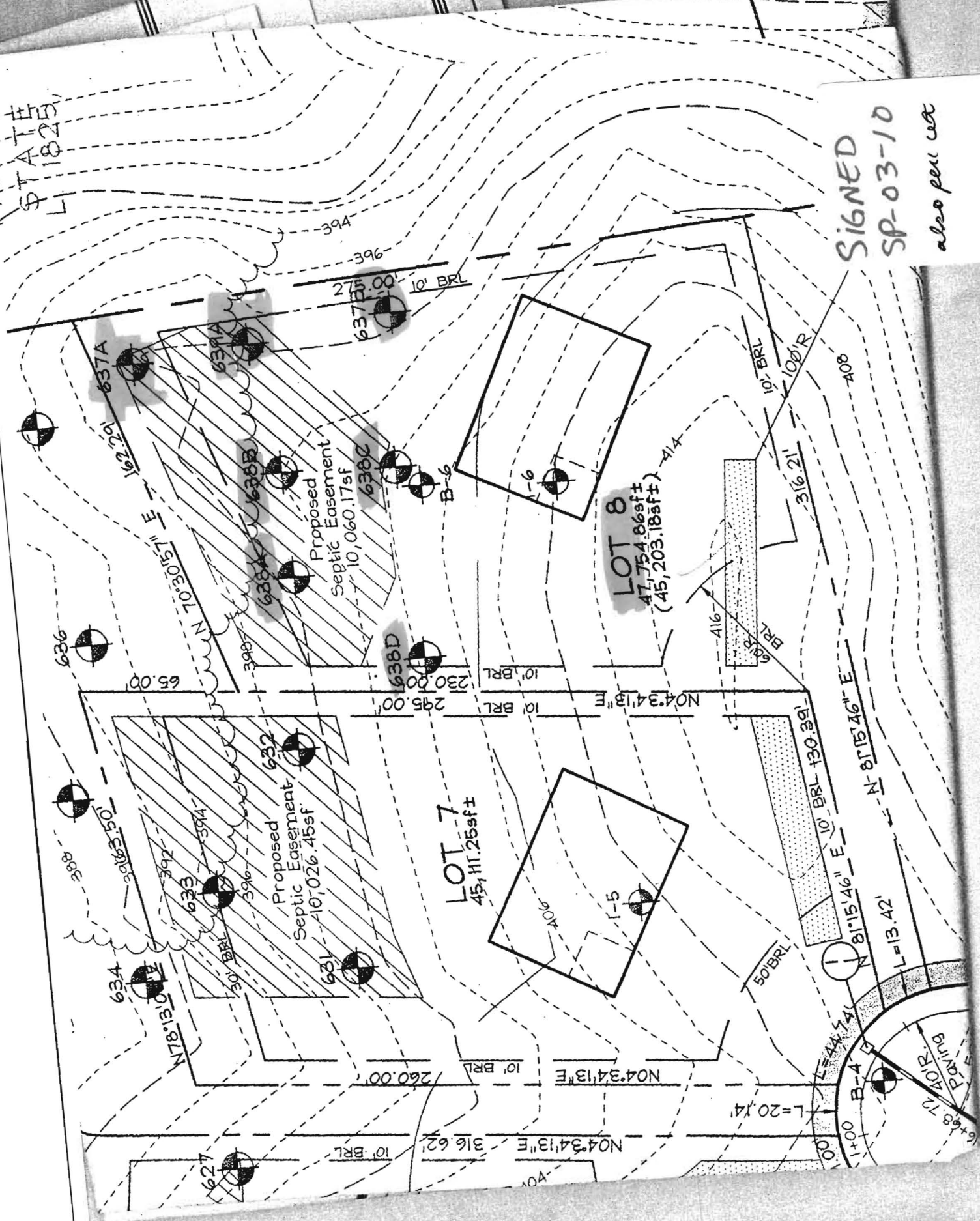
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ FT/BEDROOM



FILED
1825

SIGNED
SP-03-10
also per cert



Signed p. cert 5/03

