

APPLICATION

PERCOLATION TESTING

A516525

P. . .

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. 2, 3 LOT 2

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 AG

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Thuse Agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

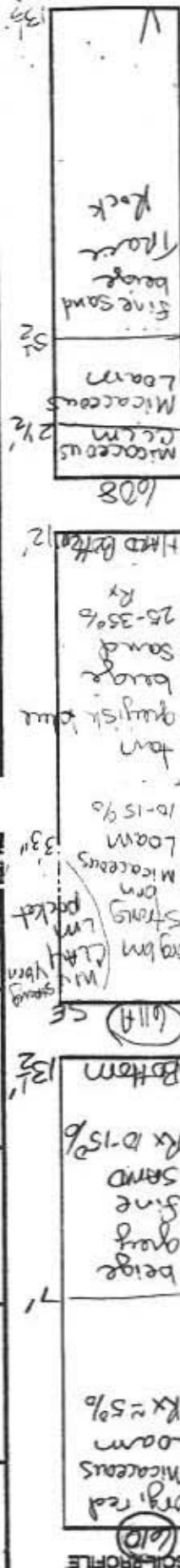
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

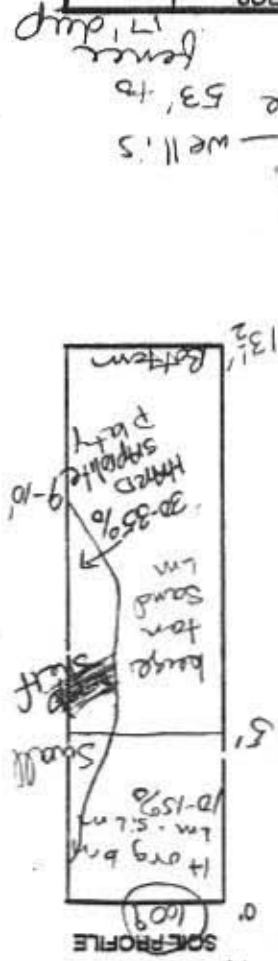
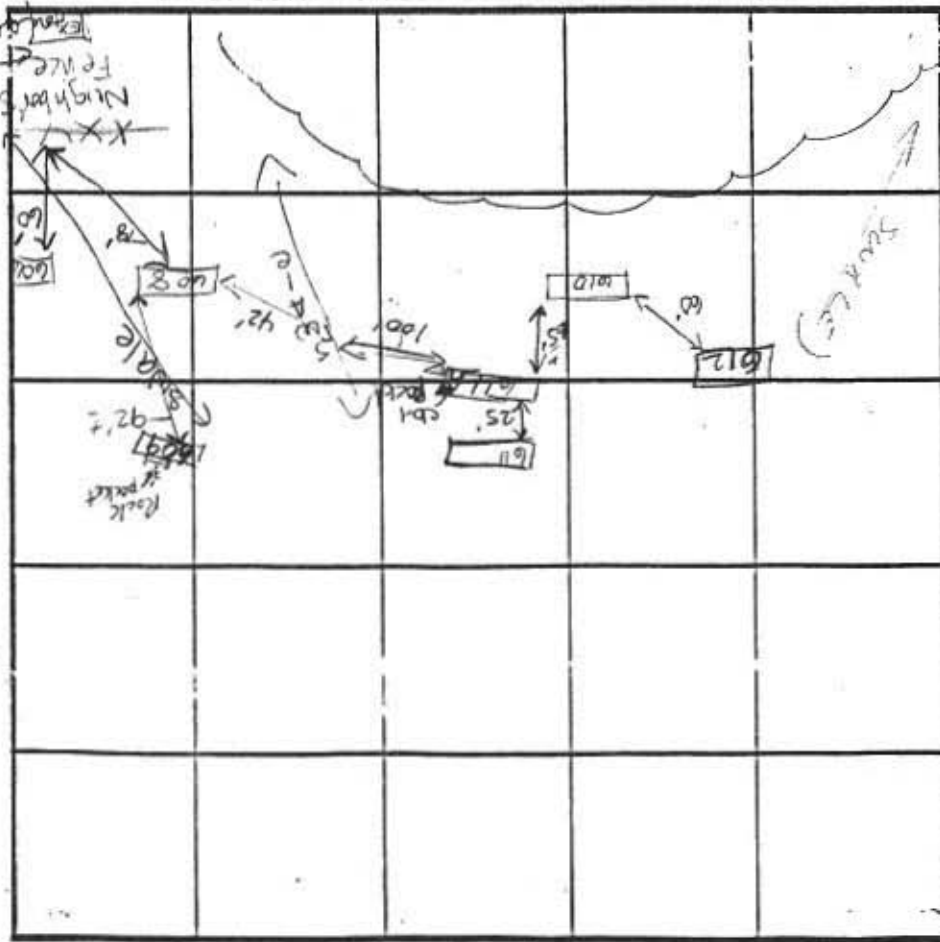
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET	TEST - 1" DROP	TIME
5-1-02	610	4'5" 8'W	1:51:53 1:44:24	1:53:03 1:47:16	1:53:03 1:50:05 1:50:05 3+
		12'V			
	611	7'10"	2:03:39	2:06:37	2:10
	611A	4'5"	2:05:05	2:08:45	3+ min
	608	Visually			OK
	609	7'W	2:25:22	2:25:22	2:26:35
		3'5" 1202 132	2:33:40	2:35:42	2:38
		7'12x12 1200x5	2:31:50	2:34:32	2:38:4 min

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



APPLICATION

PERCOLATION TESTING

A 516525

P _____

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 SYSTEM.

PROPERTY OWNER EDWINA DASCHUK

ADDRESS 10290 Cawery Ln PHONE 410-465-8298

AGENT OR PROSPECTIVE BUYER Hailey Development

ADDRESS 3905 National Drive, Suite 105 PHONE 301-476-7715

PROPERTY LOCATION:

SUBDIVISION Daschuk Prop LOT NO. 2 ^{Pre-Parcel F} SP

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

516525

COUNTY #

SOIL PROFILE

0' E
W
4'
7'
9'
14'

org brn
micac
Si CL
Lm Trace Rx

Strong brn
micac
SANDY
Loam

pocket
10-15%
sm
frags
Bluish spot
micac
Fine
SAND
Trace
Rx

Grass
boulder
runs N to S

Bottom

(610A)

Dense
Si CL Lm
micac.

5'

Strong brn
lt brn
strong yellow
fine
sand
trace
Rock

Bottom

(611B)

Strong
org brn
str brn
gravelly
Lm Sand

5 1/2'

white
lt yellow
coarser
gravelly
sand

Mn
nodules
size
of a
quarter

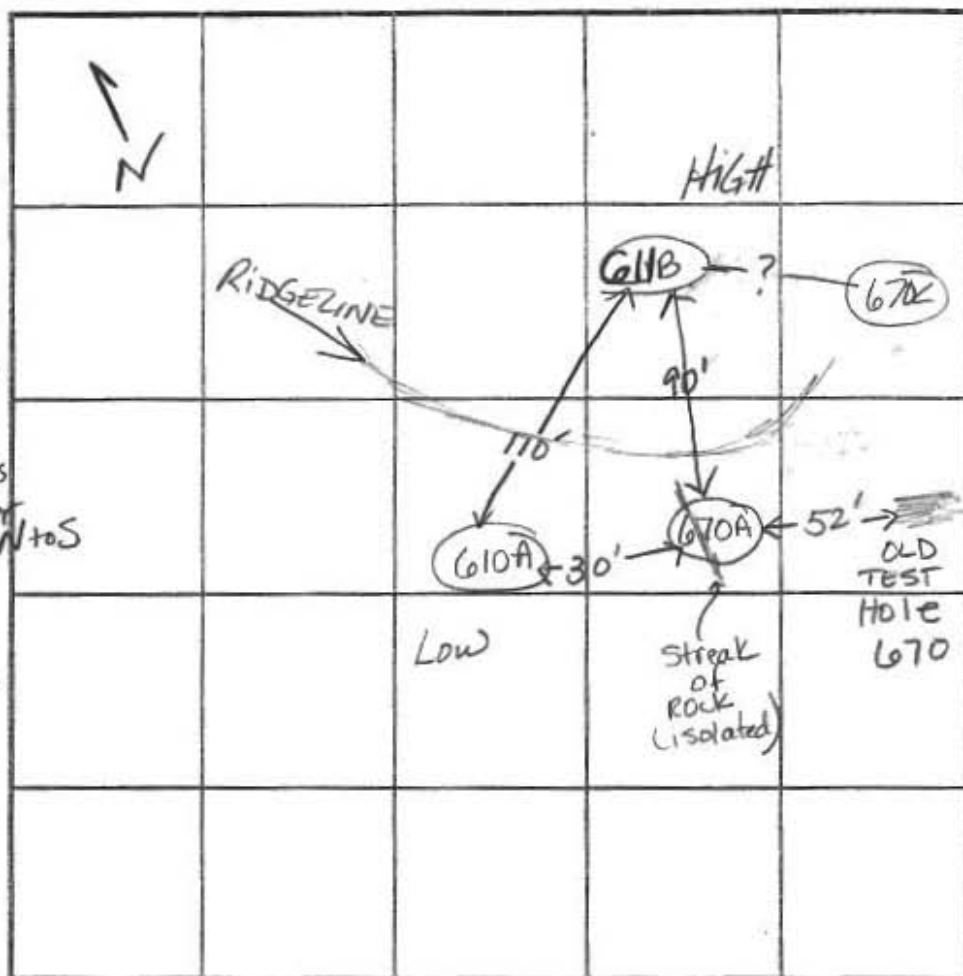
Bottom

SOIL PROFILE

0' Strong org
brn
CL Lm

4' brn
micac
fine
Sand
Trace Rx

Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-1-03	670A	4 1/2' 18" HV	11:11 ²⁰	11:12 ⁴⁰	"	11:15 ³⁰	3 min OK
	610A	Visual	SEE	SOIL	Profile		OK
	611B	6' M 14" HV	11:35 ⁵³	11:36 ⁵⁵	"	11:39 ²⁰	2+ OK
	670C	5 1/2' 14" HV	11:46 ⁴²	11:47 ³⁵	"	11:49 ²⁰	2+ OK

REMARKS: Holes staked & dug per plan

TYPE OF SOIL

TESTED BY: Kacie

ALSO PRESENT: Kettermans

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 516525

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2540

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 2 1, 3

ROAD AND DESCRIPTION CAVEY LANE SP

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. Prudence 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

Signed
SP-03-10

