

APPLICATION

PERCOLATION TESTING

A 488³⁶
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 1/7/93

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 Joseph M. Zoller, III Ward Stephens
11696 Carroll Mill Road
ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 2144 20

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection. (11644 Quarterfield Drive)

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family - 5000
(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. SDC Group Inc
BY: John Paul Jr
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PLAT - PERC OK MR 7/26/93

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

APPLICATION

PERCOLATION TESTING

A A48836
P _____

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BUREAU OF ENVIRONMENTAL HEALTH
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PROPERTY OWNER Joseph M. Zoller, III
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ADDRESS Ellicott City, Maryland 21043 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
ADDRESS P.O. Box 417, Ellicott City, MD 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Zoller Property LOT NO. 1520

ROAD AND DESCRIPTION Northeast quadrant Folly Quarter Road and Carroll Mill Road
intersection.

TAX MAP 23 PARCEL # 8,82 & 101

SIZE OF LOT 1 Ac +/- TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. By: [Signature] VP
(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

A49843

COUNTY #

Lot 22

SOIL PROFILE

0'
 3 1/2'
 brn
 red
 sa cl lm
 red
 brn
 sa cl
 lm
 15-20%
 rotting
 saprolite

12
 (20) (22) (22A)

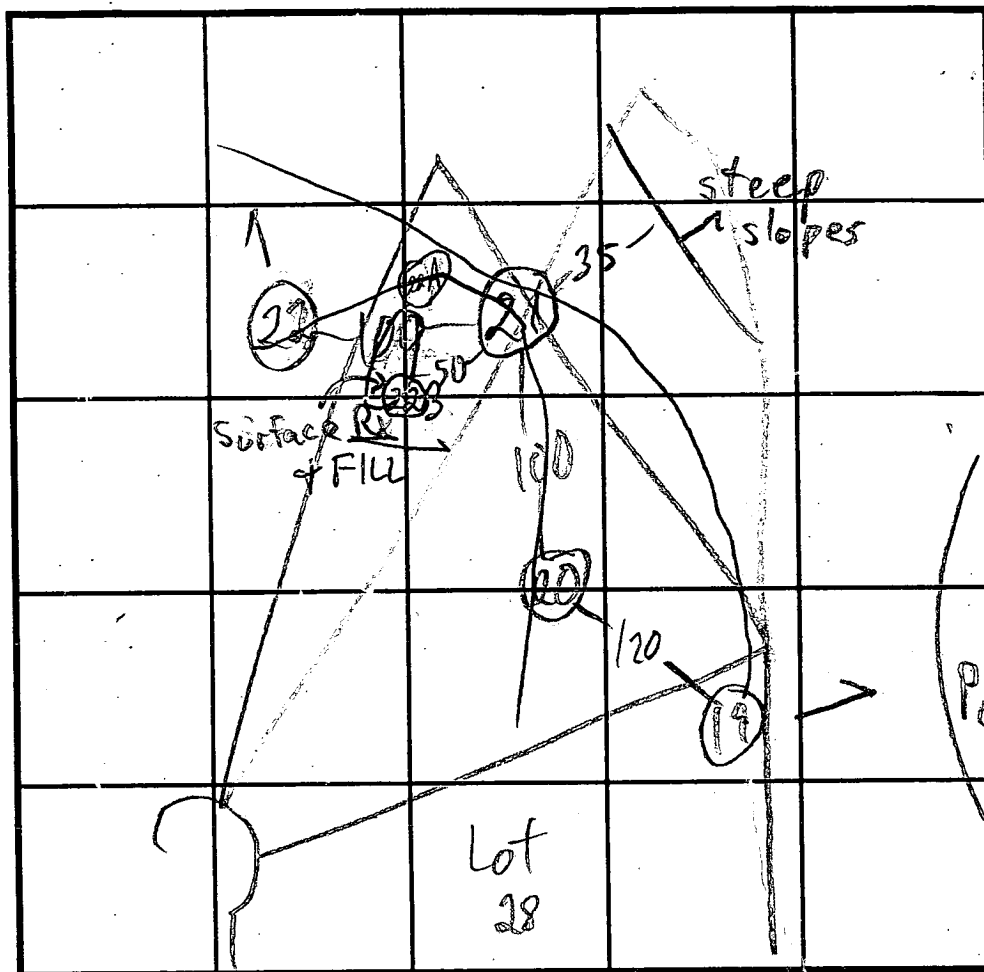
brn gray
 sa cl mica
 lean

3
 tan brn
 gray pink
 sa
 mica lm
 15% frags

12
 (22B)

5
 surface
 Rx +
 gray
 mottled
 si. lm
 30% frags

brn
 sa lm
 w/few
 streaks
 or mottles



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	
2/3/93	20 S	5	11:16:30	11:18:30	11:18:30	11:25	6 1/2
	20 M	8	11:17:00			11:18:30	FAST
	20 M	8	11:19:30	11:19:45		11:20	FAST
	20 M	8	11:22:00	11:23:30	11:23:30	11:24:40	1
	20 V	12	see profile				
	21 S	4	11:31:30	11:34	11:34	11:38	4
	21 M	7 1/2	11:32:30	11:35	11:35	11:37	2
	21 V	12	see profile				
	22 S	4 1/2	11:43	11:46	11:46	11:50	4
	22 M	8 1/2	11:46	11:47	11:47	11:51	4
	22 V	12	see profile				
	22 A	10	sim to (22)				
	22 B	9 1/2	see profile		FILL-FAIL		
7/26/94	244 S	4'3"	9:04	9:06	9:06	9:09	3
	244 V	12					

REMARKS AVOID (22B) - USE (19) - (20) - (21) - (22A) - (22)

TYPE OF SOIL

TESTED BY M. R. Atkin

ALSO PRESENT L. Sperry, Hatfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4

TRENCH WIDTH 2

INLET DEPTH 3

MAXIMUM BOTTOM DEPTH 7

SQ. FT./BEDROOM 180

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT Hartfield crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

0'

107/108
brn
red
sacl/m₄

tan
sa/m
10%
frags

12

18/19

brn
orge
sacl/m_{3 1/2}
4

pink brn
red
sa/m
10-15%
frags

12

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	
2/11/93	107 S	5	2:54	2:57	2:57	3:00	3
	107 M	9	2:55	2:57	2:57	2:59	2
	107 V	12					
	108 S	5	3:07	3:08	3:08	3:10	2
	108 M	8 1/2	3:09	3:10	3:10	3:12	2
	108 V	12					
2/3/93	19 S	4 1/2	11:07	11:09	11:09	11:11	2
	19 M	8	11:08	11:09	11:09	11:11	2
	19 V	12					

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT/BEDROOM _____

