APPLICATION

PERCOLATION TESTING

A 316525

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 S

PROPERTY OWNER EDWINA S. DASCHUK

ADDRESS 10290 CAVEY LANE PHONE 410.465.8298

AGENT OR PROSPECTIVE BUYER HAILEY DEVELOPMENT, LC

ADDRESS 2905 NATIONAL DRIVE, SUITE 105 PHONE 301.476.7715

PROPERTY LOCATION:

SUBDIVISION DASCHUK PROPERTY LOT NO. ~~8~~ 10, 11

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 AC

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

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0" (640)

Strong brn SiLm micaceous Rx < 5%

6'

fine buff Sand Rx 5-10

Hard Bottom

12'

(646) (641) (647)

org Trace brn Rx

LmSAND

4½'

Slush Drift Sand Rx < 10%

Bottom 14'

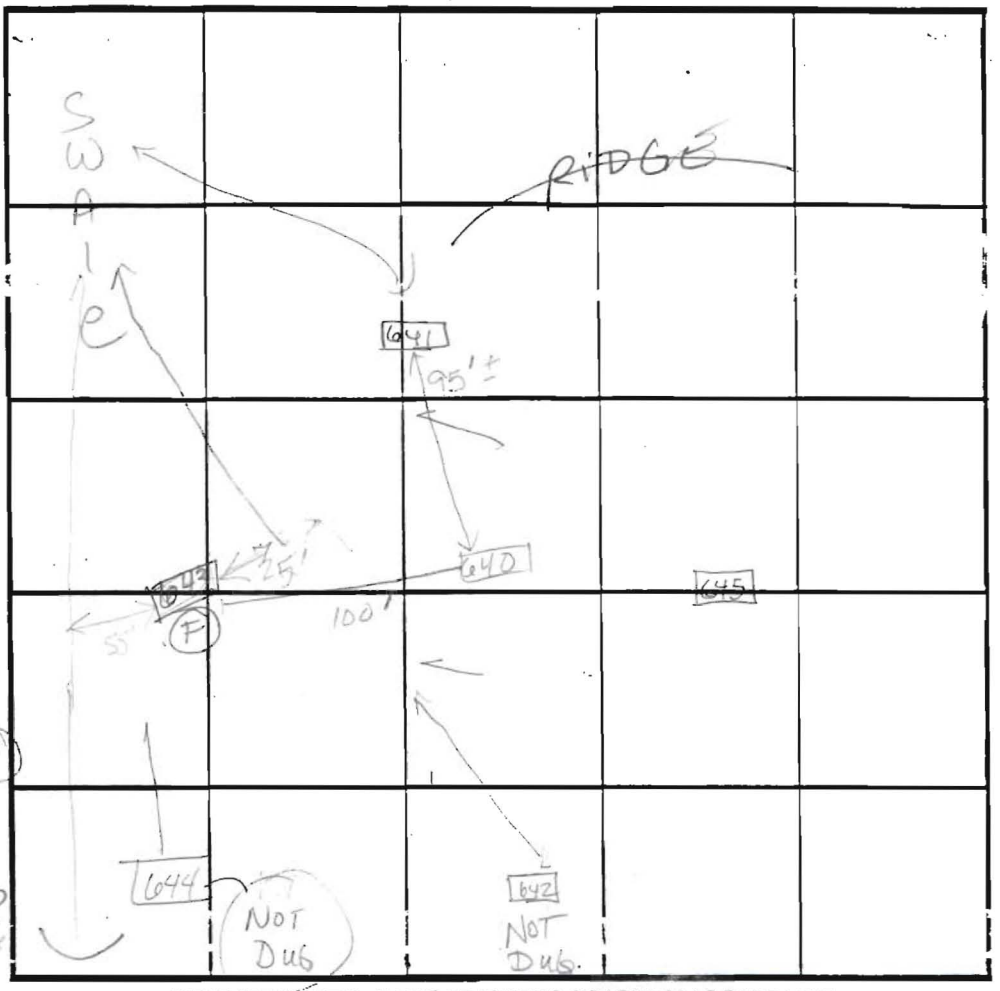
645

org brn vbrn SiLm

4½-5'

beige SAND Rx 5-10%

Bottom 12½'



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
5-2-02	643	6' CLAY					(F)
	640	3'6" S / 12'	2:52	2:53	2:53	2:55	OK
	641	4'S / 14' ✓	2:59:47	3:02	3:02	3:05:20	3 min
	647	13' Bottom		Visual			ok
	646	3½'S / 13' Bottom	3:08:26	3:09:43	3:09:43	3:11:08	2½ ok
	645	3½'S / 12½' ✓	3:18:55	3:21:01	3:21:01	3:26:33	5 min ok

REMARKS Holes per plan 644, 642 Not dug due to soil

TYPE OF SOIL profile #640 - unsuitable.

TESTED BY Goedeking ALSO PRESENT U. Ketterman Tony Thometz

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 516525

P _____

DISTRICT _____

DATE _____

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

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 S. DASCHUK

ADDRESS 10290 CAVEY LANE PHONE 410.465.8298

AGENT OR PROSPECTIVE BUYER HAILEY DEVELOPMENT

ADDRESS 3905 National Drive Suite 105 PHONE 301.476.7715

PROPERTY LOCATION:

SUBDIVISION DASCHUK Property LOT NO. 11

ROAD AND DESCRIPTION CAVEY LANE

TAX MAP 11 PARCEL # 32

SIZE OF LOT 1 ACRE TYPE BLDG. SFD
(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. _____ 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 _____

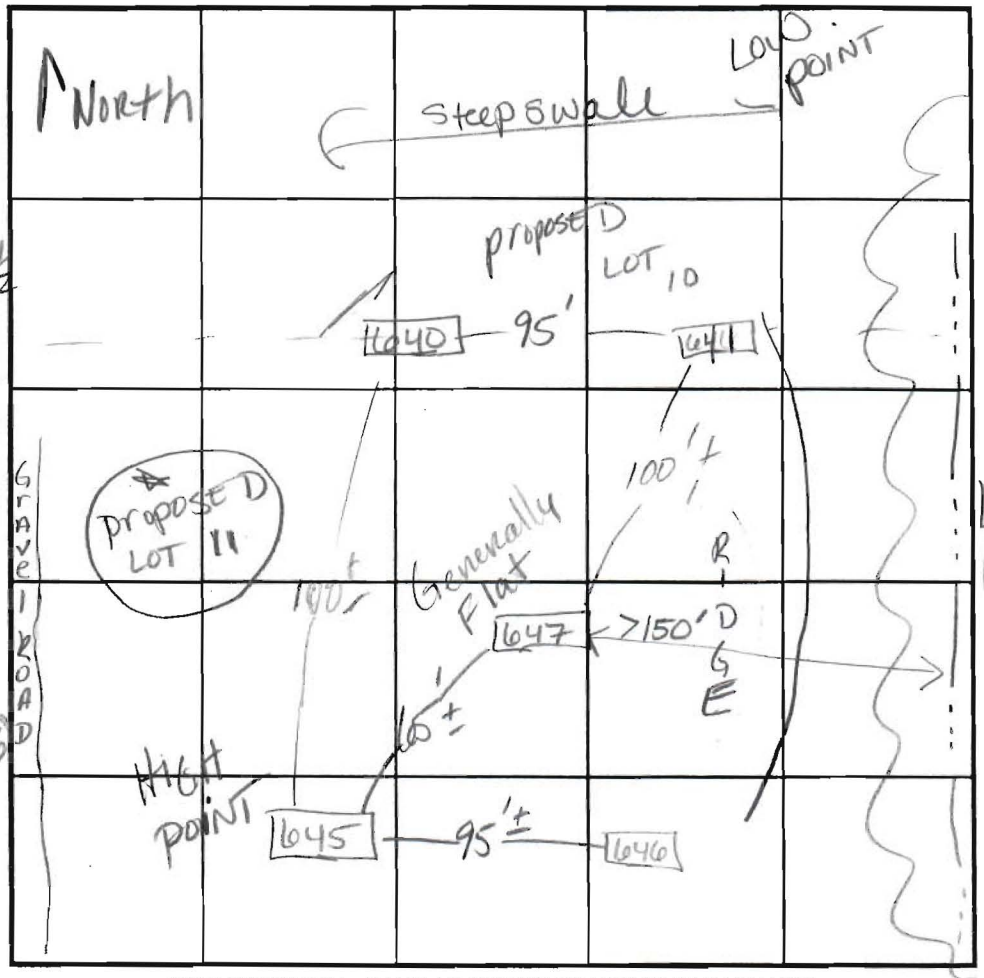
THIS IS NOT A PERMIT

HD-216 (3/92)

5160525
COUNTY #

SOIL PROFILE
0' 6640 6645

strong brn micaceous Loam 3-3½'
Lm SAND Rx ≤5%
6'
fine beige sand Rx 5-10%
HARD B. 12'
6641 6647 6646
org brn Lm SAND TRACE Rx 4'±
bluish White SAND Rx ≤10%
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
5-2-02	6640	3'6" S / 12' V	2:52	2:53		2:55	OK
	6641	4'S / 14' V	2:59:47	3:02		3:05:26	3 min OK
	6647	13'	Bottom	Visual			OK
	6645	3½'S / 12½'	3:18:55	3:21:01		3:26:33	5+ OK
	6646	3½'S / 13' V	3:08:26	3:09:43		3:11:08	2½ OK

REMARKS Holes dug per plan

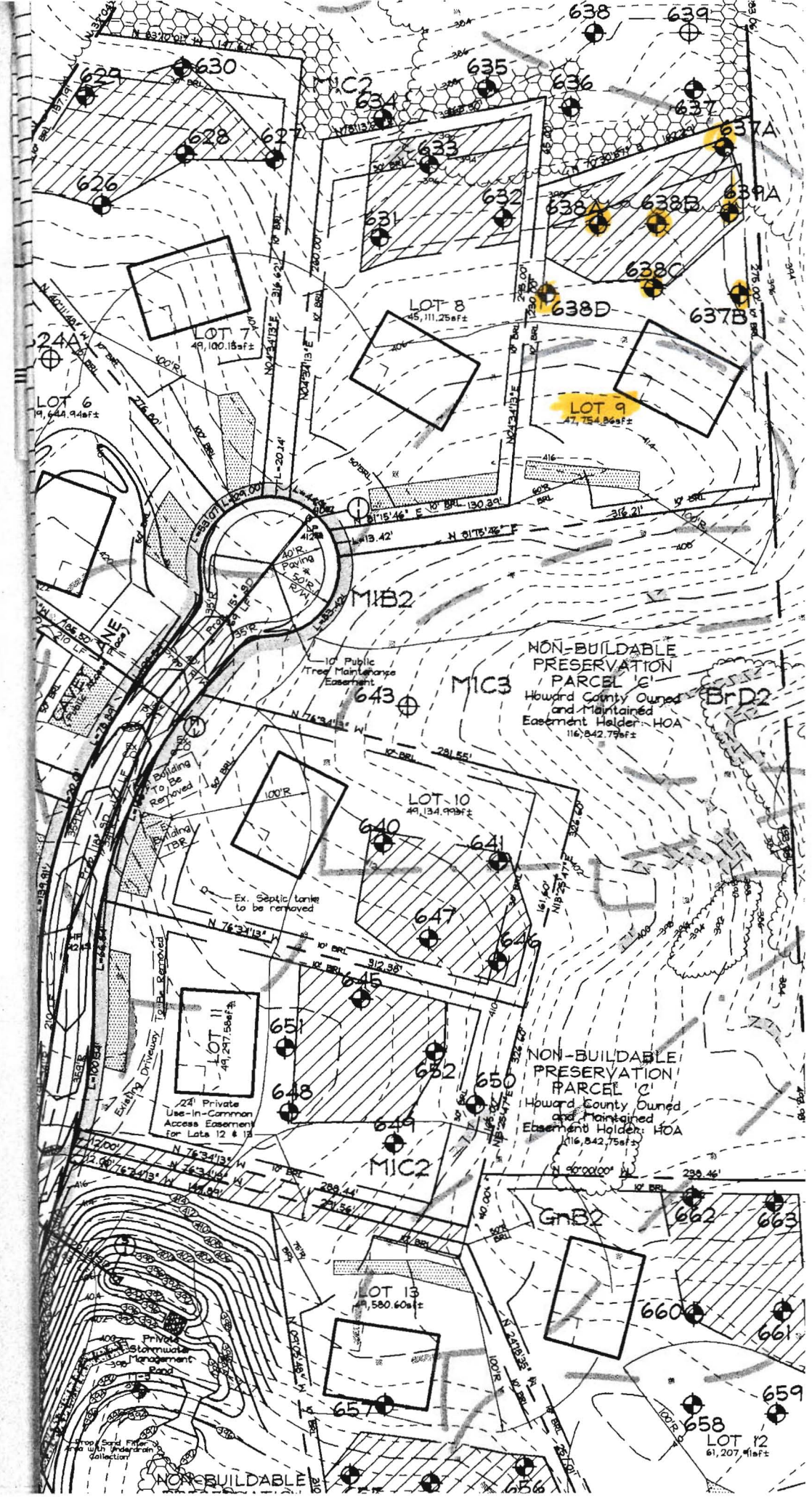
TYPE OF SOIL

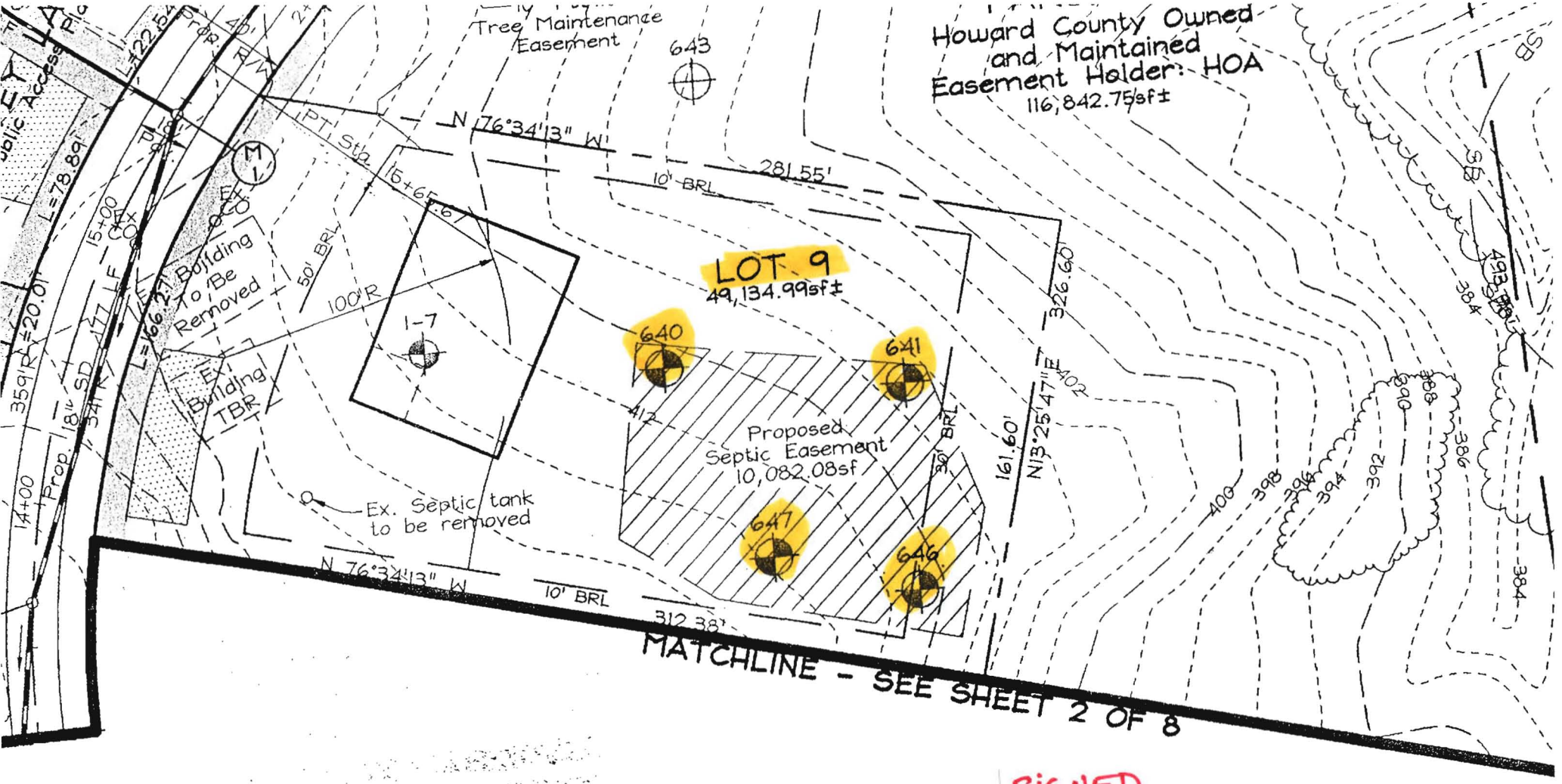
TESTED BY Kacie ALSO PRESENT Tony T.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

Signed
P. Cut
5/03





SIGNED
SP-03-10

TENTATIV
DEPT. OF
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HOWA

PLANNING