

APPLICATION

PERCOLATION TESTING

A repair

P 518629

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

DISTRICT _____

DATE 4/23/03

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 James Butler

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS 13196 Skyway Drive PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

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

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COUNTY #

SOIL PROFILE

(A)

Strong org
brn
CL Lm

3'

Str. brn
micaceous
SLm

Sm saprolite
+ shist frags
≤ 15%

Bottom

14'

SOIL PROFILE

0'

SEE BACK				
OF REPAIR SHEET				
FOR LOCATION				
OF HOLE				

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22-03	(A)	3 1/2'S	10:59 ⁴⁰	11:13	"	11:27	15min

REMARKS _____

TYPE OF SOIL _____

TESTED BY KN ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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