



HOWARD COUNTY HEALTH DEPARTMENT

P5 13608

5 / 25 / 2000

Received From Woodsmith Builders Inc. 410-422-2088

3625 Ten Oaks Road, Glenely, MD 21737

For Septic REPAIR Permit

3625 Ten Oaks Road

☐ CASH
☒ CHECK

NO.

1664

Twenty-five and 00/100

Dollars

\$ 25 00

Received By Mark Kaplan

5/31/00
9:30

APPLICATION

PERCOLATION TESTING

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

DISTRICT _____

DATE _____

A _____

P _____

REPAIR OF FAILING SYSTEM - KNOWN WATER TABLE HISTORY.
TEST HIGHS ON LOT
FOR CONVENTIONAL;
(CONFLICT W/ WELL)
+ TEST LOW FOR
NONCONVENTIONAL ---
(CW)

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER MATTHEW A. SMITH

ADDRESS 3625 TEN OAKS RD. PHONE 410-442-2088
GLENVIEW MD. 21035

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ 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 _____

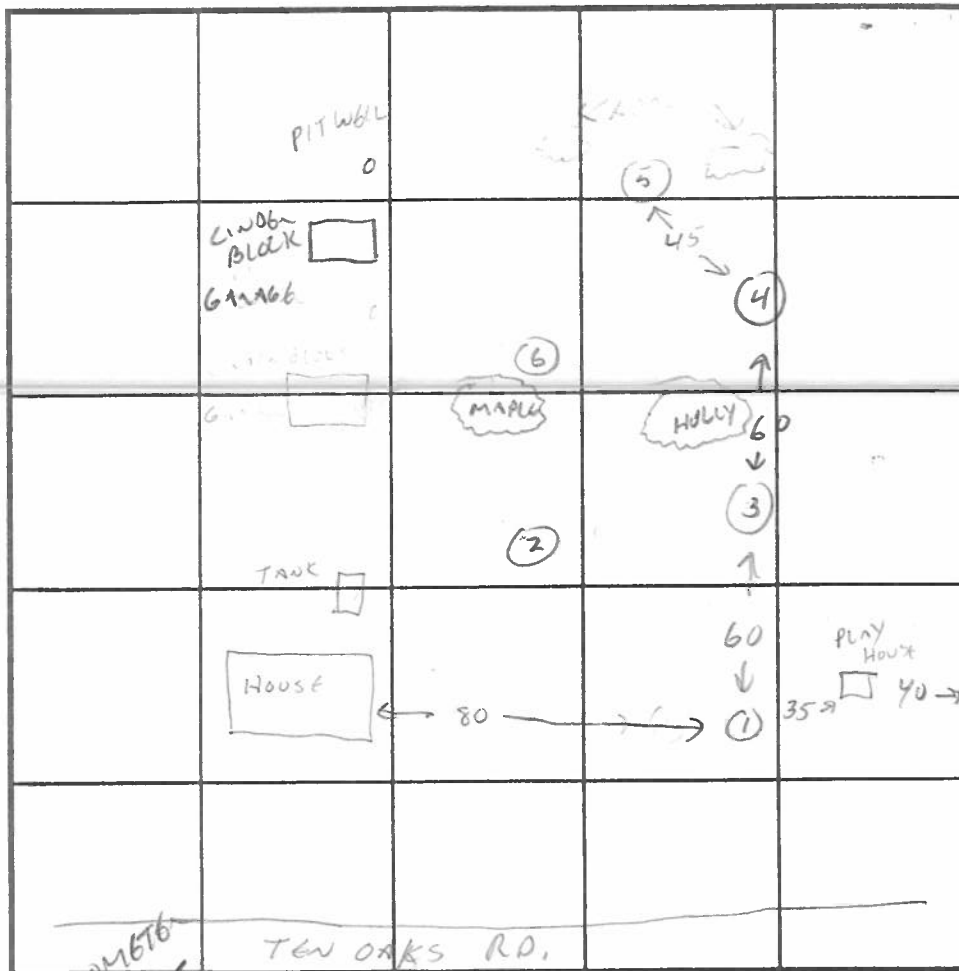
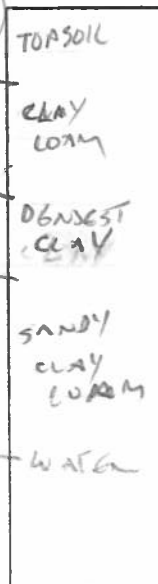
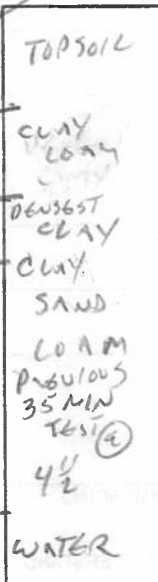
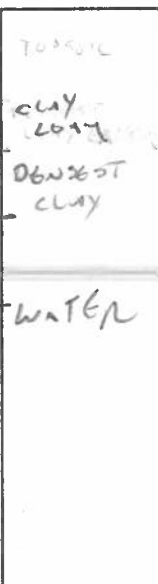
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

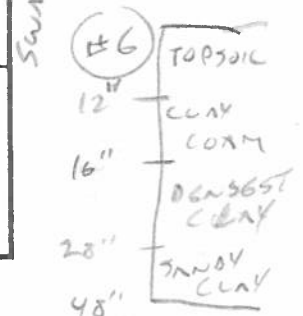
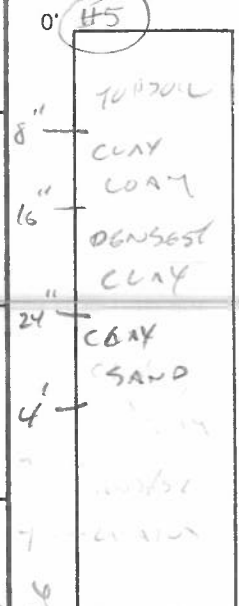
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/31/00	1	15"	1/2 HR PRESOAK	12:55	10-9 3/8 3/8 @ 1:17	9 3/8 - 9 3/8 1:14	9 3/8 - 9 3/8 2:00
					3/8 @ 22M	2/8 @ 24M	2/8 @ 19 MIN
	2	24"	1/2 HR PRESOAK	12:57	10-8 3/4 1:19	8 3/4 - 7 1/2 1:43	7 1/2 - 6 3/8 2:03
					1 1/4 @ 23M	1 1/4 @ 24M	7/8 @ 20 MIN
	3	22"	10 MIN PRESOAK	2:34	10-9 3/8 2:56	9 3/8 - 9 3:35	
					3/8 @ 24 MW	2/8 @ 39M	
	4	18"	1/2 HR PRESOAK	12:59	10-8 1/2 1:21	8 1/2 - 6 3/4 1:43	6 3/4 - 5 3/4 2:03
					1 1/2 @ 22M	1 3/4 @ 21M	1 @ 20 MIN
	5	20"	10 MIN PRESOAK	2:36	10-9 1/2 2:59	9 1/2 - 9 3:36M	
					1/2 @ 23M	1/2 @ 37M	
	6	22"	10 MIN PRESOAK	2:37	10-9 1/2 3:01	9 1/2 - 8 3/8 3:38	

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

ALSO PRESENT

MATT SMITH & WIFE

TOWN OF NEW MEMBER