

APPLICATION

PERCOLATION TESTING

A 515042

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 SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benedict Farm 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

LOT 40

COUNTY #

SOIL PROFILE

0' 421
 orge
 brn
 cl lm

4
 tan beige
 gray
 si
 sa lm
 5-10%
 frags

14 (422) (423)

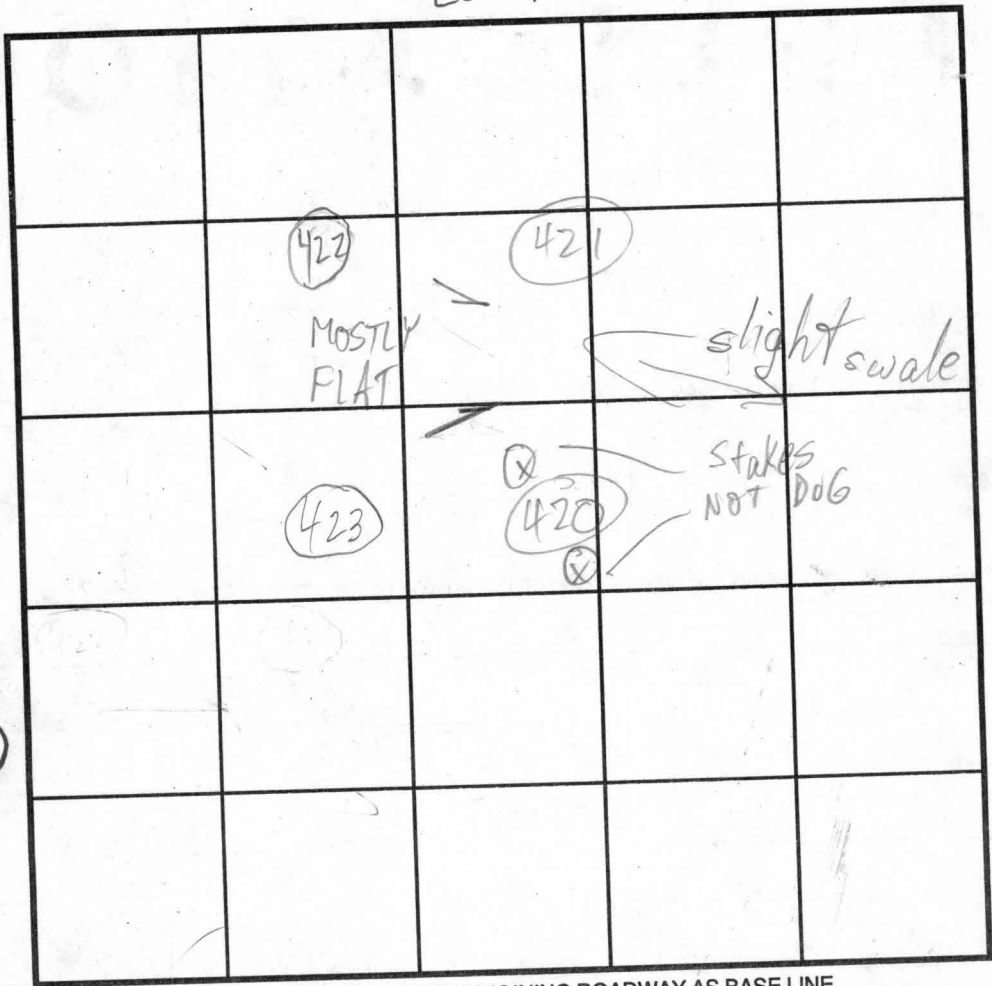
4-4 1/2
 orge brn
 si cl lm

13'
 tan gray
 sa &
 sa lm
 10-20%
 frags

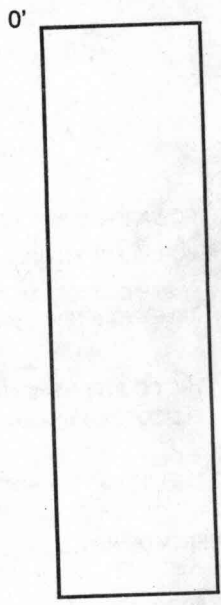
(420)

2 1/2
 brn sa
 cl lm

14
 H. orge
 tan gray
 lt. brn
 sand w/ quartz
 15-25%
 frags
 ↑ w/depth
 Bottom



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/29/01	421	5 / 14	11:40	11:44	11:44	11:52	8
	422	4 1/2 / 12 1/2"	11:22	11:27	11:27	11:35	8
	420	4 / 14	12:09	12:12	12:12	12:18	6
	423	4 1/2 / 13 1/2	12:21	12:26	12:26	12:34	8

REMARKS ~~LO/LOB~~ ALL HOLES PER PLAN

TYPE OF SOIL _____

TESTED BY Mark Riekin ALSO PRESENT Chuck Crowo

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 8 TRENCH WIDTH 21/6

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

