

APPLICATION

PERCOLATION TESTING

A 58096

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 _____

PREVIOUS OK -
PROPOSED RECONFIGURATION
OF MULTIPLE PARCEL FARM
THAT AS SUBDIV
POST-TEST REVIEW SHOULD
INCLUDE CONSIDERATION
OF PREVIOUS (1976?)
TEST HISTORY

FARM (CW)

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

PROPERTY OWNER

D. Storn

ADDRESS

West Waterville

PHONE _____

AGENT OR PROSPECTIVE BUYER

C. Shamp

ADDRESS

3779 Shamp Rd Glenwood
21738

PHONE

410 4894630

PROPERTY LOCATION:

SUBDIVISION

STIRN

LOT NO.

(5)

ROAD AND DESCRIPTION

Old Frederick Rd.

TAX MAP

2

PARCEL #

180

Abpanel

SIZE OF LOT

1.21 To 3 acs

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.

Charles Shamp

(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

58096

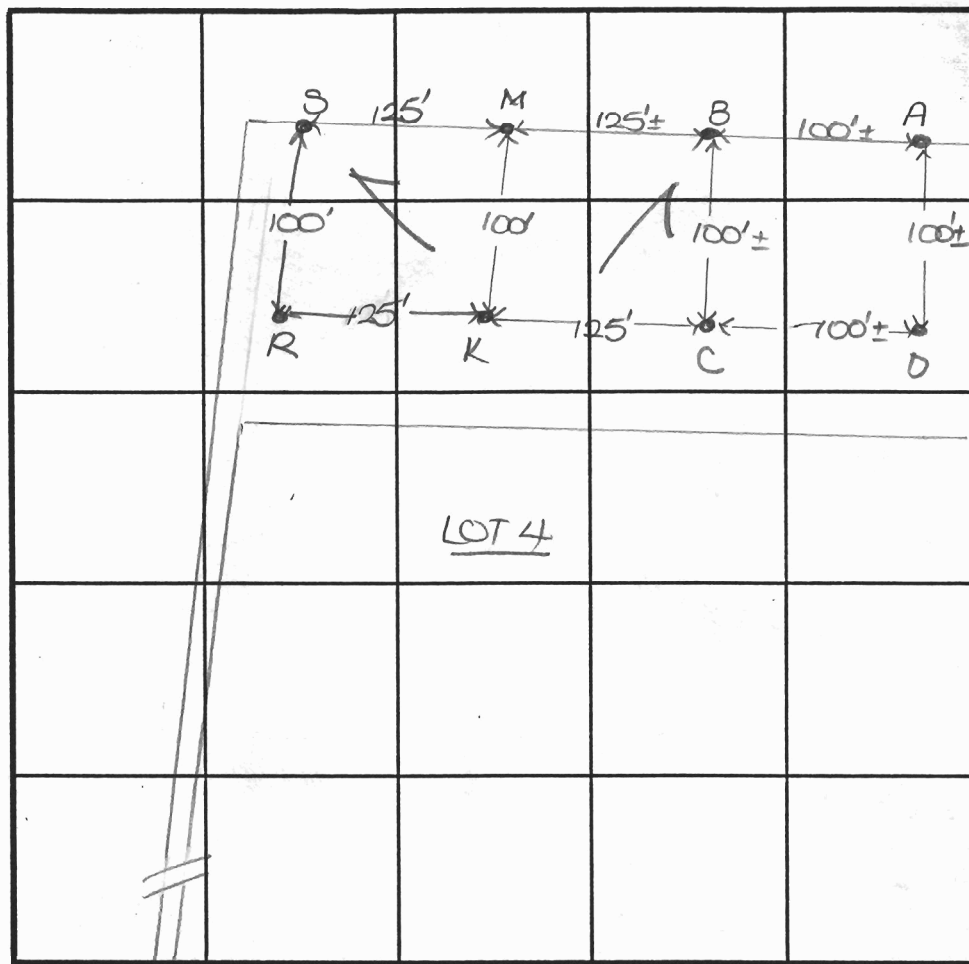
COUNTY #

SOIL PROFILE

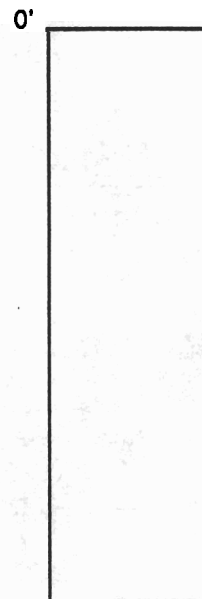
(A/B)

0' topsoil
 1' org red
 brn
 cl 1m
 3d
 1+ org
 brn
 to pink
 si 1m
 20%
 shale
 frags

10'
 0' topsoil
 1' org red
 brn
 cl 1m
 2'
 2.5' 1+ org
 brn
 to
 1+ org
 beige
 si 1m
 15%
 shale
 frag



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

West Watersville Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5-2-97	A	3'4" S	12:51	12:54 ₃	12:54 ₃	1:02	8
		10.0'D	Visual	OK - See profile			
		3.5'S	12:52 ₃	1:03	1:03	1:15	2
		10.0'D	Visual	OK			
	C	3.0'S	12:40 ₃	12:41 ₃	12:41 ₃	12:45	4
		7.0'M	12:41	12:42	12:42	12:43 ₃	2
		13.0'D	Visual	OK			
	D	3.0'S	12:44 ₃	12:46	12:46	12:48 ₃	3
		11.0'D	Visual	OK			

REMARKS

TYPE OF SOIL

TESTED BY

D. Soe

ALSO PRESENT

C. Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

7

TRENCH WIDTH

3

INLET DEPTH

2.0

MAXIMUM BOTTOM DEPTH

4.0

SQ. FT/BEDROOM

210

APPLICATION

PERCOLATION TESTING

A _____

P _____

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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 Stirn LOT NO. 5

ROAD AND DESCRIPTION Old Frederick Rd.

TAX MAP 2 PARCEL # 180

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(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

58096
COUNTY #

SOIL PROFILE

0' (K)
1' topsoil
red org
brn
cl lm
2.5'
14 org
tan
si lm
3.5'
9' ~~small~~
rock patch
2.5' 30% shale
frag

0' (M)
1' topsoil
red org
brn
cl lm
2.5'
org tan
si lm
3.5'
35% shale
frag

0' (R)
1' topsoil
org red
brn
cl lm
org beige
si sa
lm
2.5'
25-30%
Rx
2'

SOIL PROFILE

0' (S)
1' topsoil
org red
brn
cl lm
pale org
brn
si sa lm
6' Rx patch
6.5'
20%
Rx
10'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-2-97	K	3'2"S	2:08 ₃	2:14 ₃	2:14 ₃	2:35	21
		12.5'D	Visual	OK			
	M	3'2"S	2:18 ₃	2:22	2:22	2:30	8
		11.0'D	Visual	OK			
6-4-97	R	3.0'S	10:29 ₃	10:35 ₃	10:35 ₃	10:46 ₃	11
		12.0'D	Visual	OK			
		3.0'S	10:24	10:28	10:28	10:34	6
		11.0'D	Visual	OK			

REMARKS

TYPE OF SOIL

TESTED BY D. Soe

ALSO PRESENT C. Sharp


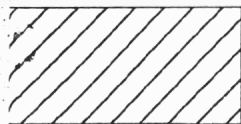
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11

TRENCH WIDTH 3

INLET DEPTH 2

MAXIMUM BOTTOM DEPTH 4

SQ. FT./BEDROOM 210



MENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEW-
- AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CON-
- THE COUNTY HEALTH OFFICER SHALL HAVE