

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Francis Stanley

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 12720 Triadelphia Road Ellicott City 21042
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

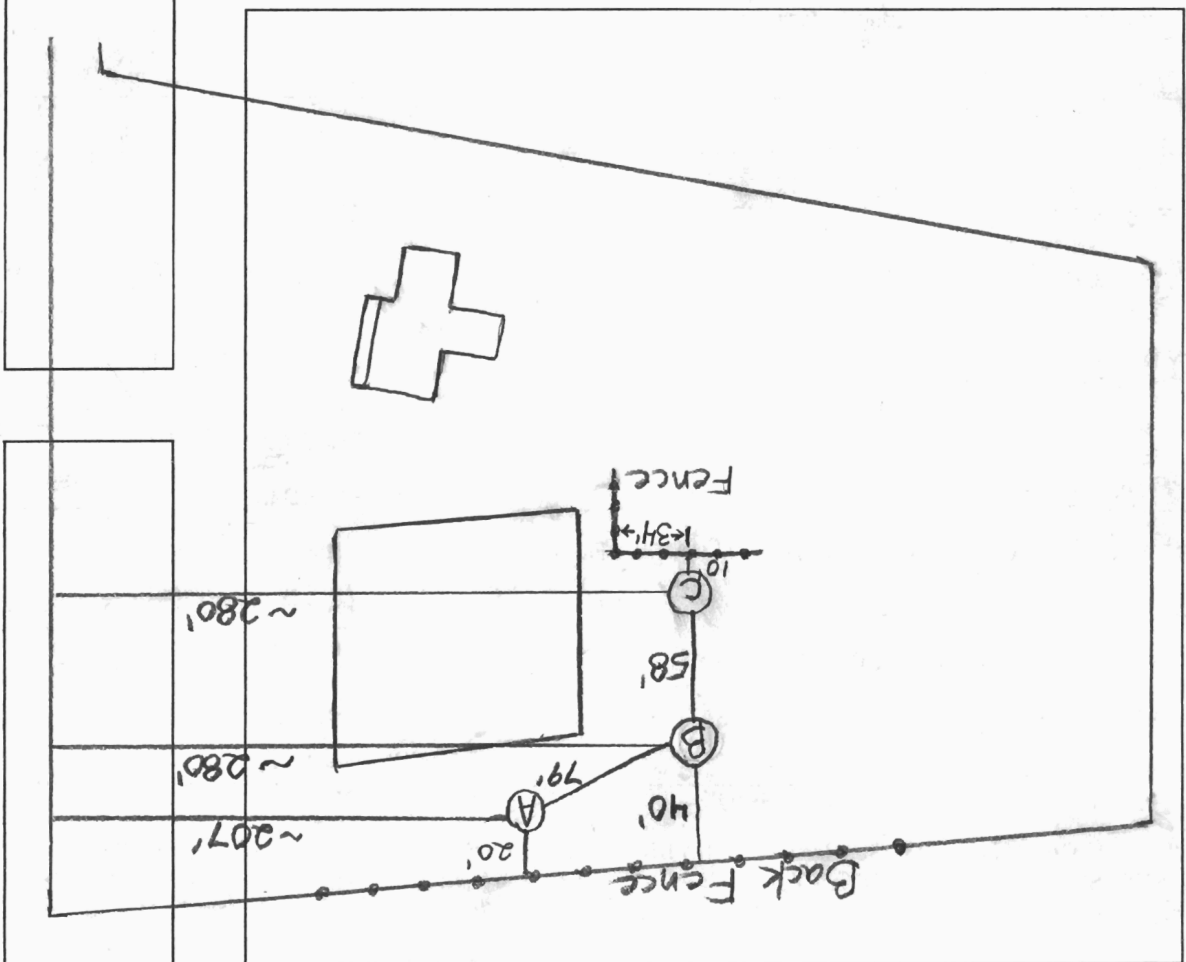
SIGNATURE OF APPLICANT _____

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

REMARKS Back Fence May Not Be Actual Property Line
 SANITARIAN B. Baker BACKHOLE _____ OTHERS _____
 TEST HOLES USED IN SDA _____
 TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 5' _____
 SQ. FT/BR 180

| DATE | TEST # | DEPTH | START | BREAK 1" DROP | STOP 2" DROP | TIME OF 2nd INCH | P/F/H |
|----------|--------|-------|-------|------------------|-----------------|---------------------|-------|
| 11/18/05 | A | 11' | | | | | P |
| | B | 10' | | | | | P |
| | C | 9' | | | | | P |

For B.P. # 156689
 Pole Barn



MP (A) 2.5' Clay loam
 3' Sacl loam
 Red Sa loam
 Turning to a Bridge
 Loom
 11' 5' Clay loam
 11' 5' Clay loam
 2.5-3' Red Sa loam
 Turning to a Bridge
 Sa loam
 Trace
 Rock
 10' Too Hard
 For Auger
 (C)
 2-2.5' Clay loam
 Mixture
 Red Sa
 Loom
 Turning to a Bridge
 Sa loam
 ~10%
 Quartzite
 9' Quartzite
 Fragment

APPLICATION

PERCOLATION TESTING

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

A 48353
P _____
DISTRICT 3 RD
DATE 15 JULY

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 TYREE D. & BETTY JO KISER

ADDRESS 12710 TRIADDELPHIA ROAD PHONE 410 531-2906

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION SYCAMORE SPRINGS AREA LOT NO. ORIGINALLY WAS 1990
ROAD AND DESCRIPTION 12710 TRIADDELPHIA ROAD - ROLLING ACRES / NON WOODED
LIBER 579 / FOLIO 407
TAX MAP 22 Block 5 PARCEL # REVISED PARCEL 1 (NEW DESCRIPTION)
SIZE OF LOT 3.6697 ACRES 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 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.

Tyree D. Kiser
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS Hold for Perk Plat Review.

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

A 48353

COUNTY #

Hole A SOIL PROFILE

0' Topsoil
Red-orange
CL-LL

2' 1/2' yel Red. HL-CL
5' yel streaks

3' V. Mica
Tan - yel brn
2 Red Brn
Mica pockets
in lt Mica loam

15' V. clayey
Mica Red loam

Hole C

5" dk yel brn
Loam

2 1/2' lt yel Red - Red brn
Loam - h Loam

5' yel/lt Red
to Tan Mottled
C3D SL
Transition

14 1/2' Mgt tan +
lt Red
becomes all tan
HSL

Hole D

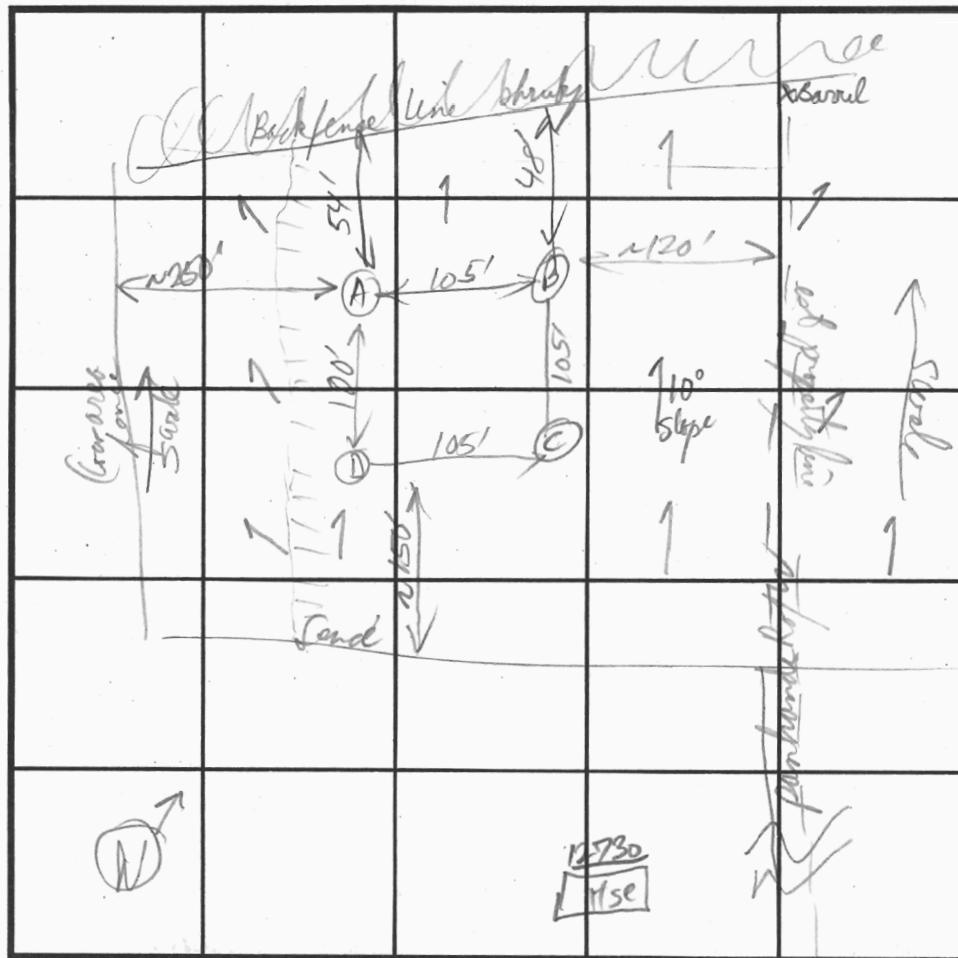
8" Brn loam

2' light yel Red
HL - Red Brn

3' yel - yel Red
mica loam

Tan (2 small holes)
lt mica loam
(FSi Texture)

14 1/2'



SOIL PROFILE

0' Red Brn
to Red yel
Loam - hL

2 1/2' gray to lt Brn
SL v mica
Str separate
darker +
V. foliated
but crumbles
V. easily to
SL Ls-mud

14 1/2' (septic
Hse)

12710

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|---|----------|---------------|----------------|----------|-------|
| | | | START | STOP | START | STOP | |
| 6/4/92 | A | @ 3 1/2' | 10:17:34 | 10:18:50 | 10:18:50 | 10:20:50 | 2 min |
| | | @ 7 1/2' V 15' | 9:53:40 | 9:54:56 | 10:36:00 | 10:38:12 | 2 min |
| | B | @ 3' | 9:43:12 | 9:43:41 | 9:54:56 | 10:05:58 | |
| | | (milled) + non 5" pr. in 6" (deinholes) | | | 9:43:12 | 9:44:29 | |
| | C | @ 4' | 10:00:13 | 10:02:25 | 10:02:25 | 10:04:30 | 2 min |
| | | 14 1/2' | 9:50:50 | 23 1/2' 10:00 | | | |
| | D | @ 4' | 10:05:57 | 10:07:35 | 10:07:35 | 10:10:34 | 3 min |
| | | V 14 1/2' | | | | | |

REMARKS Great soils uniform from 2'-15' in all 4 holes -

TYPE OF SOIL Chester (Ch)2 + (ChC2)

TESTED BY R1

ALSO PRESENT

Jack Fink
Don + Kevin

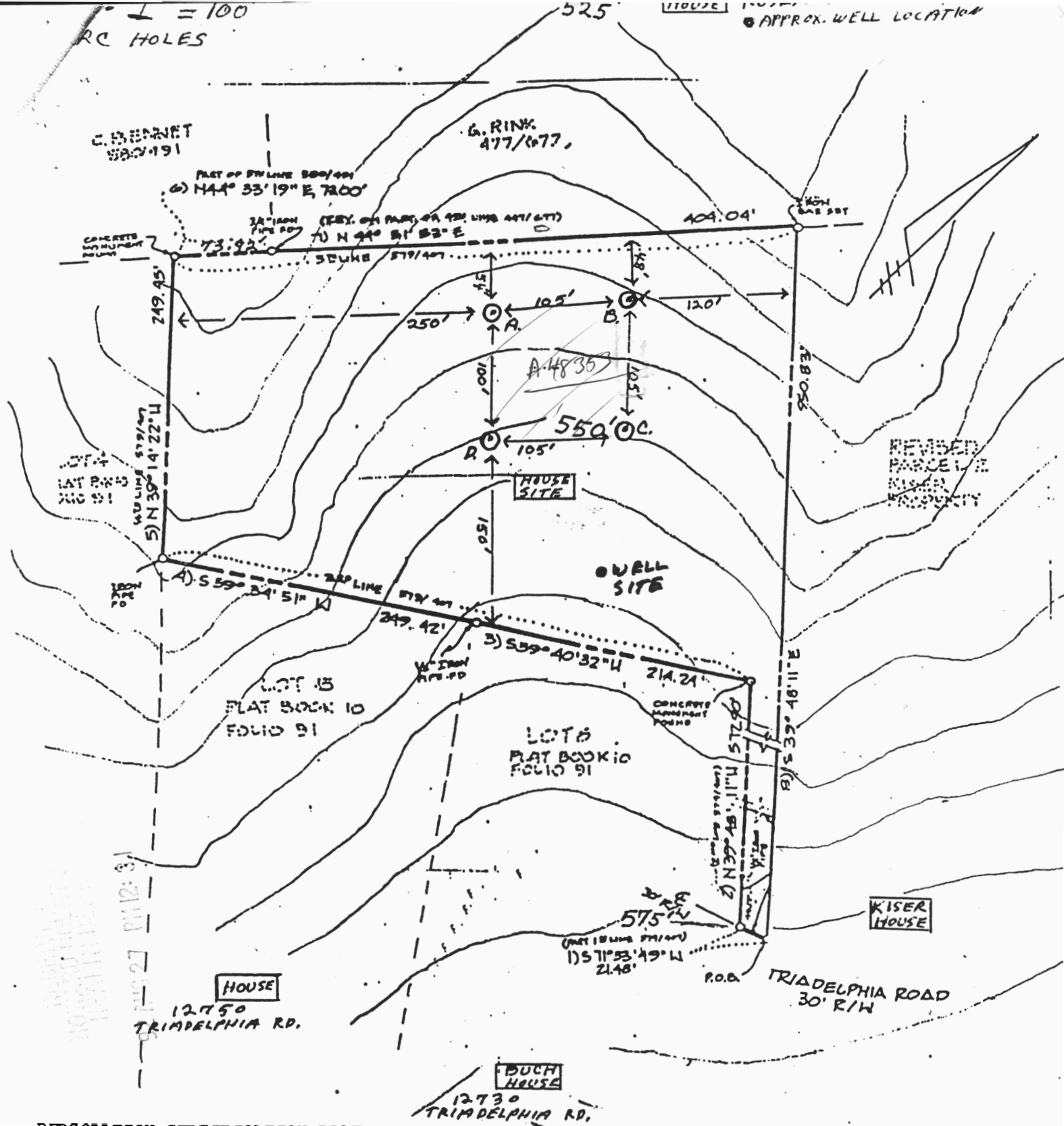
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min

TRENCH WIDTH 2

INLET DEPTH 3'

MAXIMUM BOTTOM DEPTH 10'

SQ. FT./BEDROOM 180



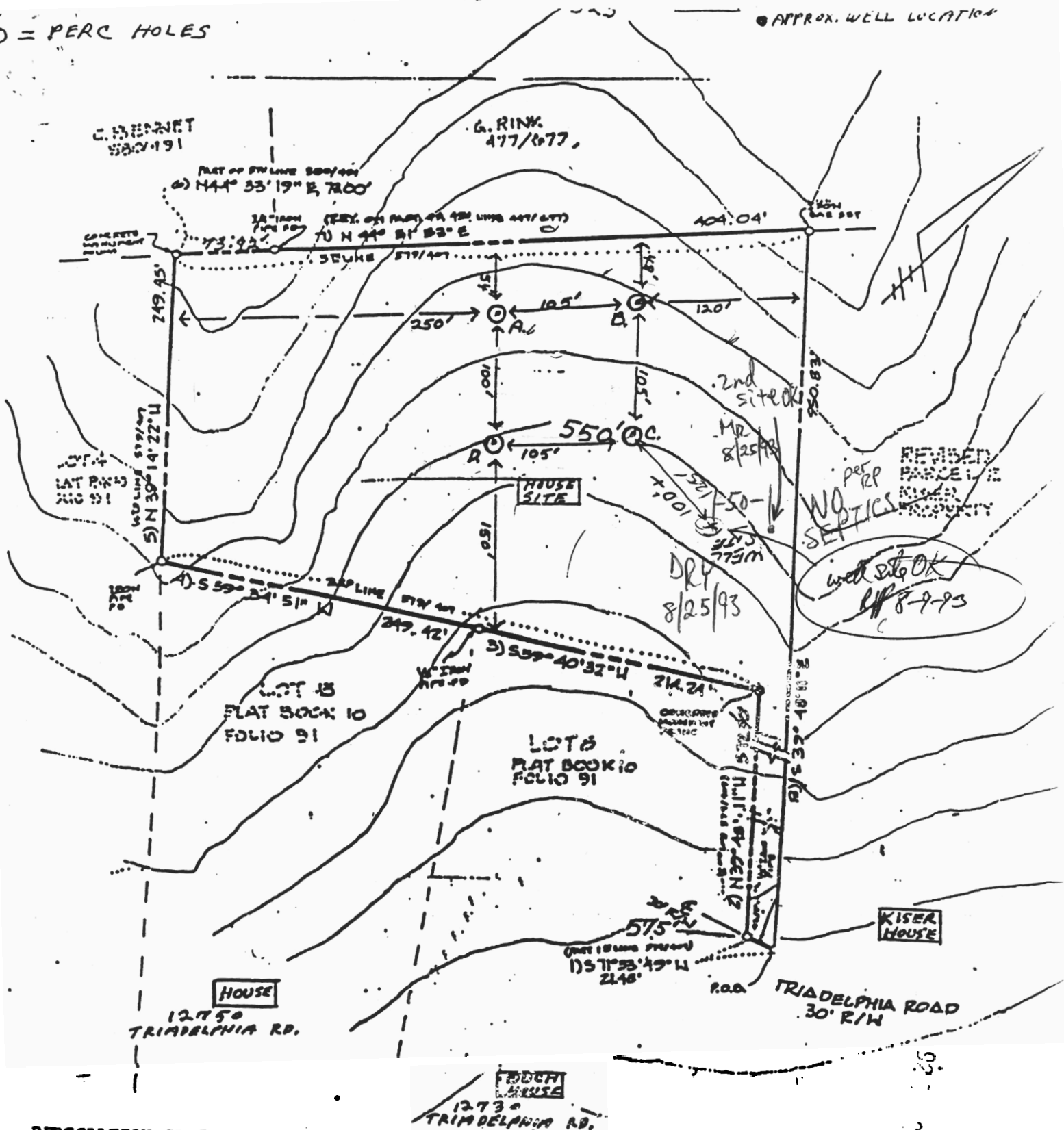
PERCOLATION CERTIFICATION PLAT
 APPLICATION # A48353
 PROPOSED USE: RECORDED LOT
 PROPERTY ID: KISER PROPERTY
 REVISED PARCEL 1
 TAX MAP 22 - BLOCK 5
 (originally lot 199 D)

There are no wells or septic systems
 within 100' of boundaries.
 Sybil L. Kiser

Joyce M. Boyd MD per T.C.
 APPROVED (EW) 8/27/62
 Howard County Health Officer

⊙ = PERC HOLES

● APPROX. WELL LOCATION



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HOWARD COUNTY HEALTH OFFICER