

4/11/03
9:00

APPLICATION

PERCOLATION TESTING

A ~~REPAIR~~ REPAIR
P 518609

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

DISTRICT _____
DATE 4/3/03

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 Bowman

ADDRESS 1636 Woodbine Rd 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER Straight Up Custom Homes - Bill Brown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION 1636 Woodbine Rd LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP 7 PARCEL # 200

SIZE OF LOT _____ TYPE BLDG. Exc SFD w/ADD'N
(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

0'
 3'
 6'

FILL
 orge
 cl lm
 brn
 gray
 sil m
 10-20%
 frags
 ↑ w/depth

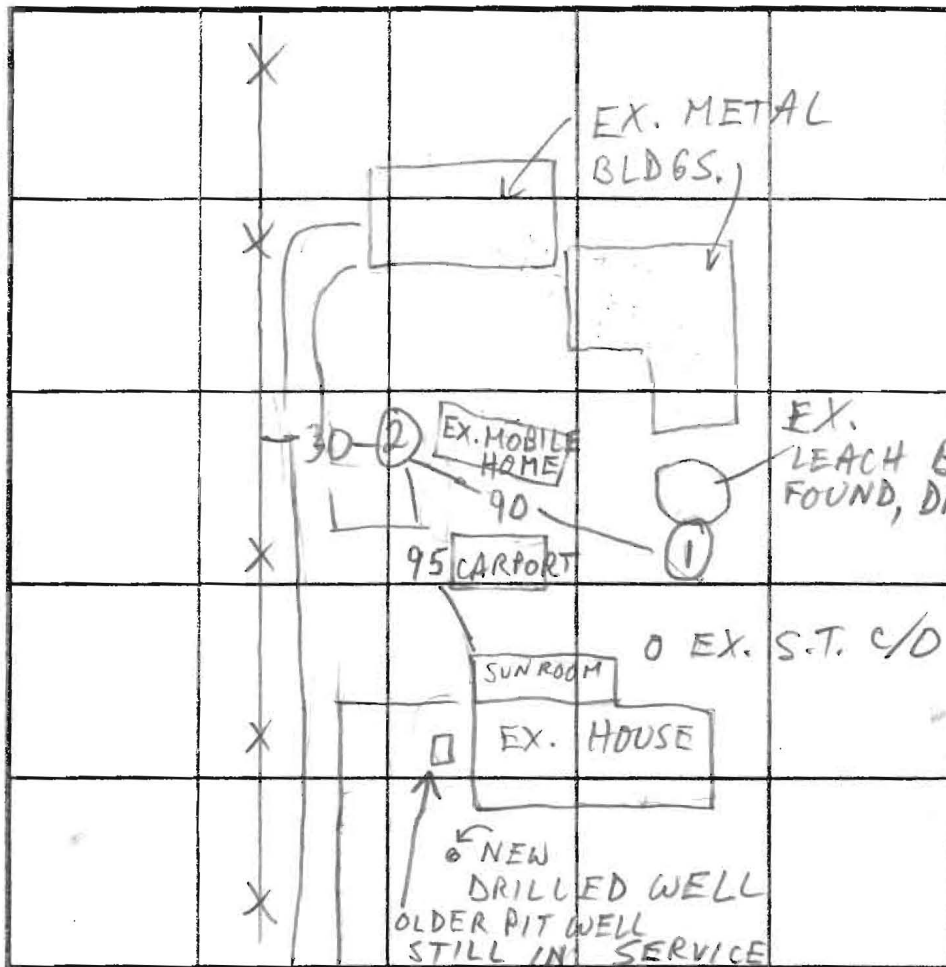
2

orge brn
 cl lm
 25% Rx

3-3 1/2'
 7' brn
 tan gray
 lm
 20-25%
 shale
 WORSE
 SOUTH

10

HARD BOT



SOIL PROFILE

0'

NORTH

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE RT. 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/11/03	1 ✓	12 1/2'					
	2 ✓	10'					

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT Owner, Builder

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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