

APPLICATION

PERCOLATION TESTING

A _____

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 13119 Williamsfield Dr 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 _____

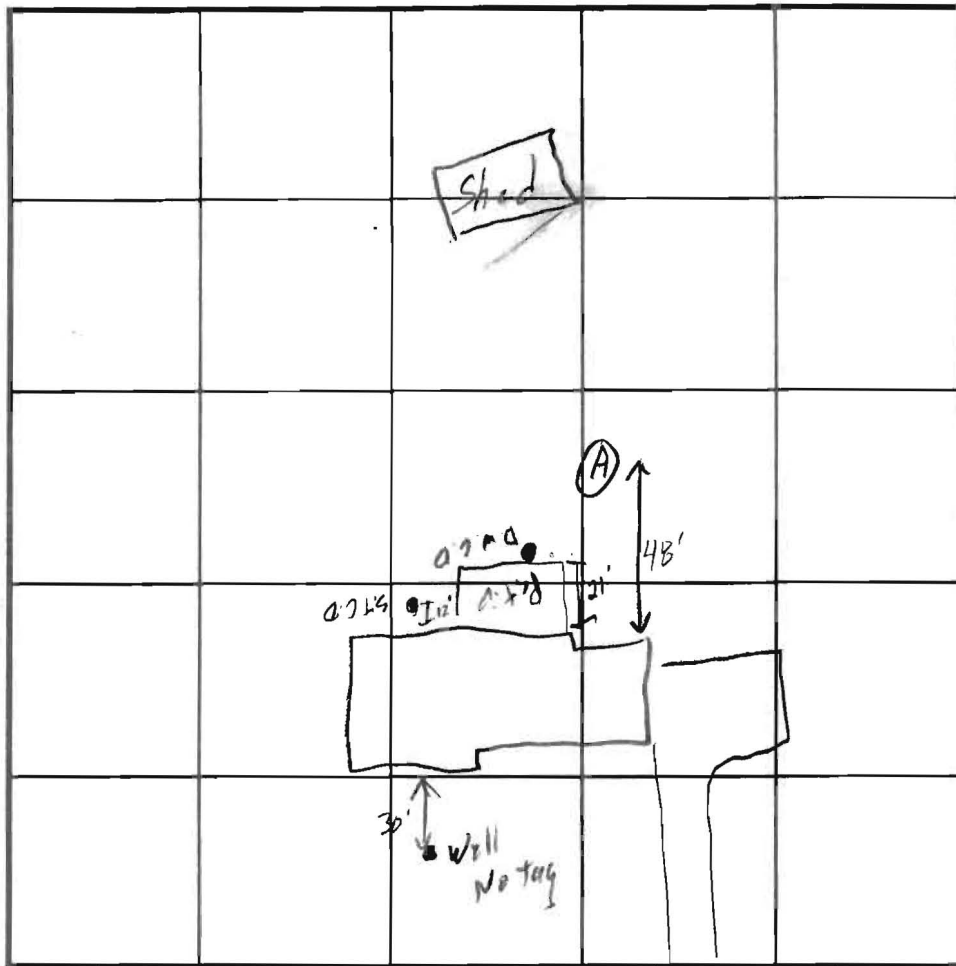
HOLD PENDING FURTHER TESTS _____

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

[illegible]

| INLET DEPTH | MAXIMUM BOTTOM DEPTH | SQ. FT./BEDROOM |
|-------------|----------------------|-----------------|
| 1.0 | 1.0 | 1.0 |
| 1.5 | 1.5 | 1.5 |
| 2.0 | 2.0 | 2.0 |
| 2.5 | 2.5 | 2.5 |
| 3.0 | 3.0 | 3.0 |
| 3.5 | 3.5 | 3.5 |
| 4.0 | 4.0 | 4.0 |
| 4.5 | 4.5 | 4.5 |
| 5.0 | 5.0 | 5.0 |
| 5.5 | 5.5 | 5.5 |
| 6.0 | 6.0 | 6.0 |
| 6.5 | 6.5 | 6.5 |
| 7.0 | 7.0 | 7.0 |
| 7.5 | 7.5 | 7.5 |
| 8.0 | 8.0 | 8.0 |
| 8.5 | 8.5 | 8.5 |
| 9.0 | 9.0 | 9.0 |
| 9.5 | 9.5 | 9.5 |
| 10.0 | 10.0 | 10.0 |
| 10.5 | 10.5 | 10.5 |
| 11.0 | 11.0 | 11.0 |
| 11.5 | 11.5 | 11.5 |
| 12.0 | 12.0 | 12.0 |
| 12.5 | 12.5 | 12.5 |
| 13.0 | 13.0 | 13.0 |
| 13.5 | 13.5 | 13.5 |
| 14.0 | 14.0 | 14.0 |
| 14.5 | 14.5 | 14.5 |
| 15.0 | 15.0 | 15.0 |
| 15.5 | 15.5 | 15.5 |
| 16.0 | 16.0 | 16.0 |
| 16.5 | 16.5 | 16.5 |
| 17.0 | 17.0 | 17.0 |
| 17.5 | 17.5 | 17.5 |
| 18.0 | 18.0 | 18.0 |
| 18.5 | 18.5 | 18.5 |
| 19.0 | 19.0 | 19.0 |
| 19.5 | 19.5 | 19.5 |
| 20.0 | 20.0 | 20.0 |
| 20.5 | 20.5 | 20.5 |
| 21.0 | 21.0 | 21.0 |
| 21.5 | 21.5 | 21.5 |
| 22.0 | 22.0 | 22.0 |
| 22.5 | 22.5 | 22.5 |
| 23.0 | 23.0 | 23.0 |
| 23.5 | 23.5 | 23.5 |
| 24.0 | 24.0 | 24.0 |
| 24.5 | 24.5 | 24.5 |
| 25.0 | 25.0 | 25.0 |
| 25.5 | 25.5 | 25.5 |
| 26.0 | 26.0 | 26.0 |
| 26.5 | 26.5 | 26.5 |
| 27.0 | 27.0 | 27.0 |
| 27.5 | 27.5 | 27.5 |
| 28.0 | 28.0 | 28.0 |
| 28.5 | 28.5 | 28.5 |
| 29.0 | 29.0 | 29.0 |
| 29.5 | 29.5 | 29.5 |
| 30.0 | 30.0 | 30.0 |
| 30.5 | 30.5 | 30.5 |
| 31.0 | 31.0 | 31.0 |
| 31.5 | 31.5 | 31.5 |
| 32.0 | 32.0 | 32.0 |
| 32.5 | 32.5 | 32.5 |
| 33.0 | 33.0 | 33.0 |
| 33.5 | 33.5 | 33.5 |
| 34.0 | 34.0 | 34.0 |
| 34.5 | 34.5 | 34.5 |
| 35.0 | 35.0 | 35.0 |
| 35.5 | 35.5 | 35.5 |
| 36.0 | 36.0 | 36.0 |
| 36.5 | 36.5 | 36.5 |
| 37.0 | 37.0 | 37.0 |
| 37.5 | 37.5 | 37.5 |
| 38.0 | 38.0 | 38.0 |
| 38.5 | 38.5 | 38.5 |
| 39.0 | 39.0 | 39.0 |
| 39.5 | 39.5 | 39.5 |
| 40.0 | 40.0 | 40.0 |
| 40.5 | 40.5 | 40.5 |
| 41.0 | 41.0 | 41.0 |
| 41.5 | 41.5 | 41.5 |
| 42.0 | 42.0 | 42.0 |
| 42.5 | 42.5 | 42.5 |
| 43.0 | 43.0 | 43.0 |
| 43.5 | 43.5 | 43.5 |
| 44.0 | 44.0 | 44.0 |
| 44.5 | 44.5 | 44.5 |
| 45.0 | 45.0 | 45.0 |
| 45.5 | 45.5 | 45.5 |
| 46.0 | 46.0 | 46.0 |
| 46.5 | 46.5 | 46.5 |
| 47.0 | 47.0 | 47.0 |
| 47.5 | 47.5 | 47.5 |
| 48.0 | 48.0 | 48.0 |
| 48.5 | 48.5 | 48.5 |
| 49.0 | 49.0 | 49.0 |
| 49.5 | 49.5 | 49.5 |
| 50.0 | 50.0 | 50.0 |
| 50.5 | 50.5 | 50.5 |
| 51.0 | 51.0 | 51.0 |
| 51.5 | 51.5 | 51.5 |
| 52.0 | 52.0 | 52.0 |
| 52.5 | 52.5 | 52.5 |
| 53.0 | 53.0 | 53.0 |
| 53.5 | 53.5 | 53.5 |
| 54.0 | 54.0 | 54.0 |
| 54.5 | 54.5 | 54.5 |
| 55.0 | 55.0 | 55.0 |
| 55.5 | 55.5 | 55.5 |
| 56.0 | 56.0 | |