

APPLICATION

PERCOLATION TESTING

A 513696

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 Village of Thrice Keys LOT NO. 5

ROAD AND DESCRIPTION Bushy Park Road

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 5

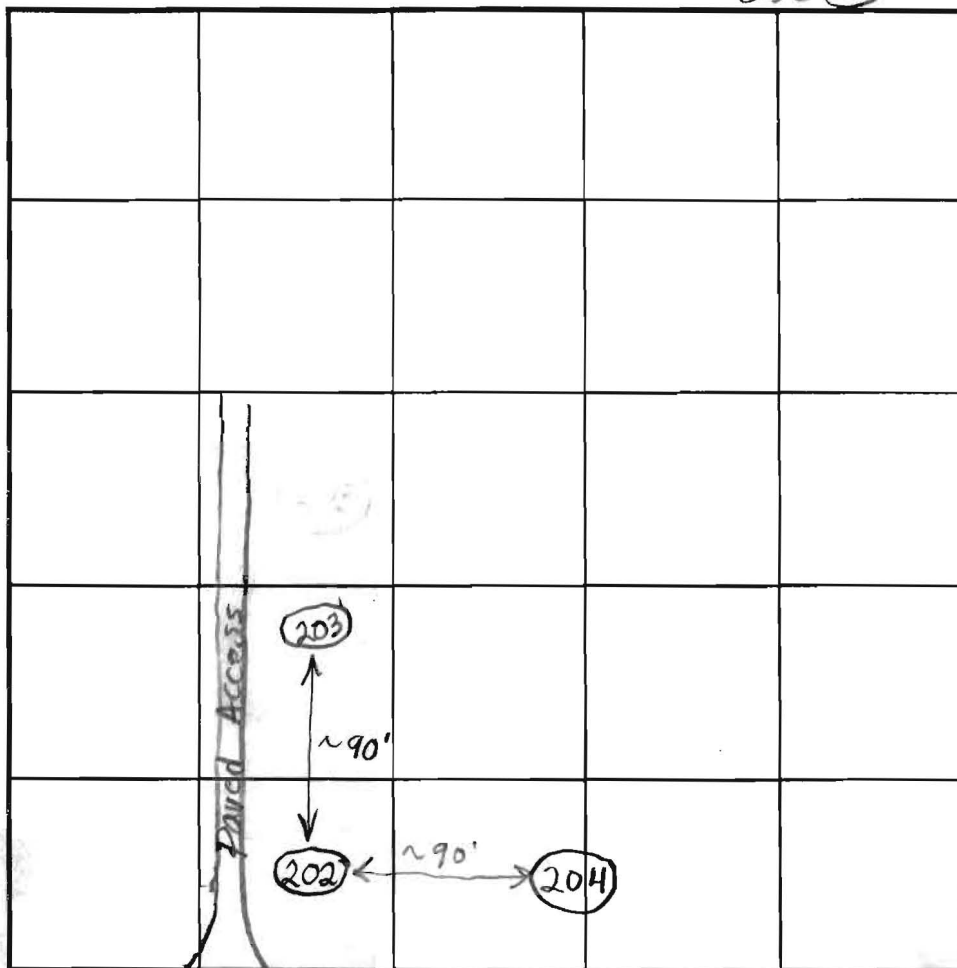
COUNTY #

SOIL PROFILE

0' (203)
Red Br
Cl Loam
4.5'
or Br Sa
Cl Loam
5.5'
Light Or
Br Sa Cl
Loam
6'
> 50%
Rock
9.5' Hard
Bottom
(202)
Red Br
Cl Loam
5.5'
Yellow Si
Loam
Pocket of
> 50% Rock
6.5'
Light Or
Br Sa Cl
Loam
10-20%
Rock
11.5' Hard
Bottom
(204)
Red Br
Cl Loam
4'
or Br Sa
Cl Loam
5'
Light Or
Br Sa Cl
Loam
10-15%
Rock
13'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Bushy Park Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/26/01	203	9.5'V					(F)
	202	7' / 11.5'V	2:20	2:23	2:23	2:31	8
	204	5' / 13'V	2:35	2:46:30	2:46:30	3:16	29 1/2

REMARKS _____
TYPE OF SOIL _____
TESTED BY _____ ALSO PRESENT _____
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

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HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 7/20/2000

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 FREDERICK W. RAULIN

ADDRESS BUSHY PARK Rd PHONE 301-854-6644

AGENT OR PROSPECTIVE BUYER THE WILLIAMSBURG GROUP LLC

ADDRESS P.O. Box 1018 Columbia MD 21044 PHONE 410-997-8800

PROPERTY LOCATION:

SUBDIVISION Village of Three Keys LOT NO. _____

ROAD AND DESCRIPTION NORTH SIDE of Bushy Park Rd, approx 1 mile SOUTH of
WEST of FREDERICK Rd (RT 144) ADC map 3 K13

TAX MAP 8 PARCEL # 59

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 P. Davis
(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 _____

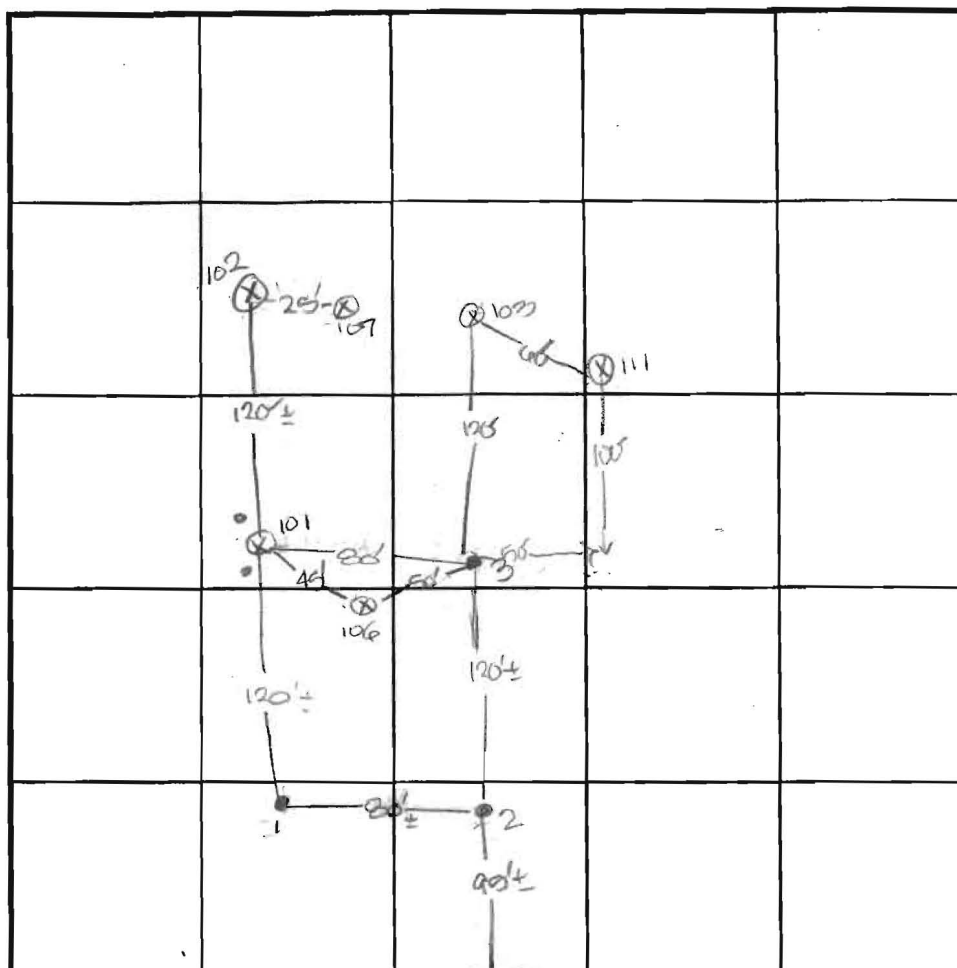
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

0' ①
topsoil
org bmn
cl um
1.5'
pale
org tan
si um
15%
frag
2.5' Refusal

0' (2)
top soil
red org
brn
cl Lm
5' —————
Rate pl
org brn
si Lm
15-20%
frag

101
topsoil
org bn
cl Lm
to
org red
0.5 ft + cl Lm
pale
red bn
si Lm
150% +
frag
14.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Bushy Park Road

0' 102
topsoil
dull org
brn
cl Lm
to
red org
brn
cl Lm
med org
brn
si Lm
Refusal
(3)
0' topsoil
org brn
cl Lm
med pk
brn si Lm
60% fra
Refusal

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-16-00	✓ 1	5.5'S	10:15	10:18	10:18	10:23	5
		12.5'D	Refusal	- See	profile		OK
	✓ 2	5.5'S	10:24	10:30	10:30	10:40	10
		13.5'D	Visual	- See	profile		OK
	✓ 101	6.0'S	10:42	10:44	10:44	10:47 ₃	3
		14.5'D	Visual	- See	profile		OK
	✓ 102	8.0'D	Refusal	- See	profile		FAIL
	✓ 3	5.0'S	11:16 ₃	test	stopped	—	—
		11.5'D	Refusal	- See	profile		FAIL
	111	11.5'D	Refusal	(7' +	60% hard)		FAIL

REMARKS ● = stored test hole ⊗ = test hole not stored

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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
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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
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43.0	43.0	43.0
43.5	43.5	43.5
44.0	44.0	44.0
44.5	44.5	44.5
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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	



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AP 527809

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 ONE:

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

CHECK AS NEEDED:

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

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) **Frederick Raulin**

DAYTIME PHONE _____

CELL _____

FAX _____

MAILING ADDRESS

15101 Frederick Road

Woodbine

MD

21797

STREET

CITY/TOWN

STATE

ZIP

APPLICANT

Heritage Land Development

DAYTIME PHONE _____

CELL _____

FAX _____

MAILING ADDRESS

P.O. Box 482

Lisbon

MD

21765

STREET

CITY/TOWN

STATE

ZIP

APPLICANT'S ROLE

DEVELOPER

BUILDER

BUYER

RELATIVE/FRIEND

REALTOR

CONSULTANT

PROPERTY LOCATION

SUBDIVISION NAME

Village of Three Keys

LOT NO. **5**

PROPERTY ADDRESS

15160 Bushy Park Road

Woodbine, MD 21797

STREET

TOWN/POST OFFICE

TAX MAP PAGE(S)

8

GRID _____

PARCEL(S)

59

PROPOSED LOT SIZE

1.29 Ac

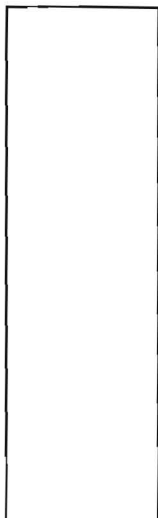
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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
7178 COLUMBIA GATEWAY DRIVE, COLUMBIA, MARYLAND 21046 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

lot 5

A/P _____



301

brown l
red
dense scl
massive
micaceous

driveway

24' multicolor
(pale red, yellow, brown)
medium sg
saprolite

301

302

Brushy Park Rd

27' multicolor
coarse sg/lss
20% chert
coarse chert
refined

12'

302

brown
l shk

1' red brown
fine scl.
micaceous

4' multicolored
(pale red, yellow, brown)
dense fss
sidewall
saprolite
micaceous

15%
chert

15%
chert
pocket

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/17/07	301	5'12'	9:48	9:53	9:59	6	P
	302	4'5"14'	11:01	11:05	11:17	12	P

REMARKS

very dry

brushy area w/ trees

SANITARIAN

SF

BACKHOE

Demo Kape

OTHERS

T. Feage

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE S/W

6/23/09

