

APPLICATION

Partial - One Hole
#29

PERCOLATION TESTING

A 519669

P _____

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

DISTRICT _____

DATE 11/20/03

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 Gerald R. Baker & Shirley A. Baker

ADDRESS 1730 Florence Rd. ^{MT. AIRY} MD PHONE 301-829-2403

AGENT OR PROSPECTIVE BUYER Jeffrey McAlister

ADDRESS 2610 Mullinix Mill Rd. ^{MT. AIRY} MD 21771 PHONE 301-831-7197

PROPERTY LOCATION:

SUBDIVISION Baker Property LOT NO. 3

ROAD AND DESCRIPTION Florence Rd.

TAX MAP 6 PARCEL # 151

SIZE OF LOT 4.19 (rear left) TYPE BLDG. Single Family
(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

519669

COUNTY #

SOIL PROFILE

0' 29

Strong
Org bn
rd brn
nu ycl

Rxt
15%
spr.
frags

SEct
South
wall

Rx
>50%

1g.
Cherty
frags
Schist-30-35%

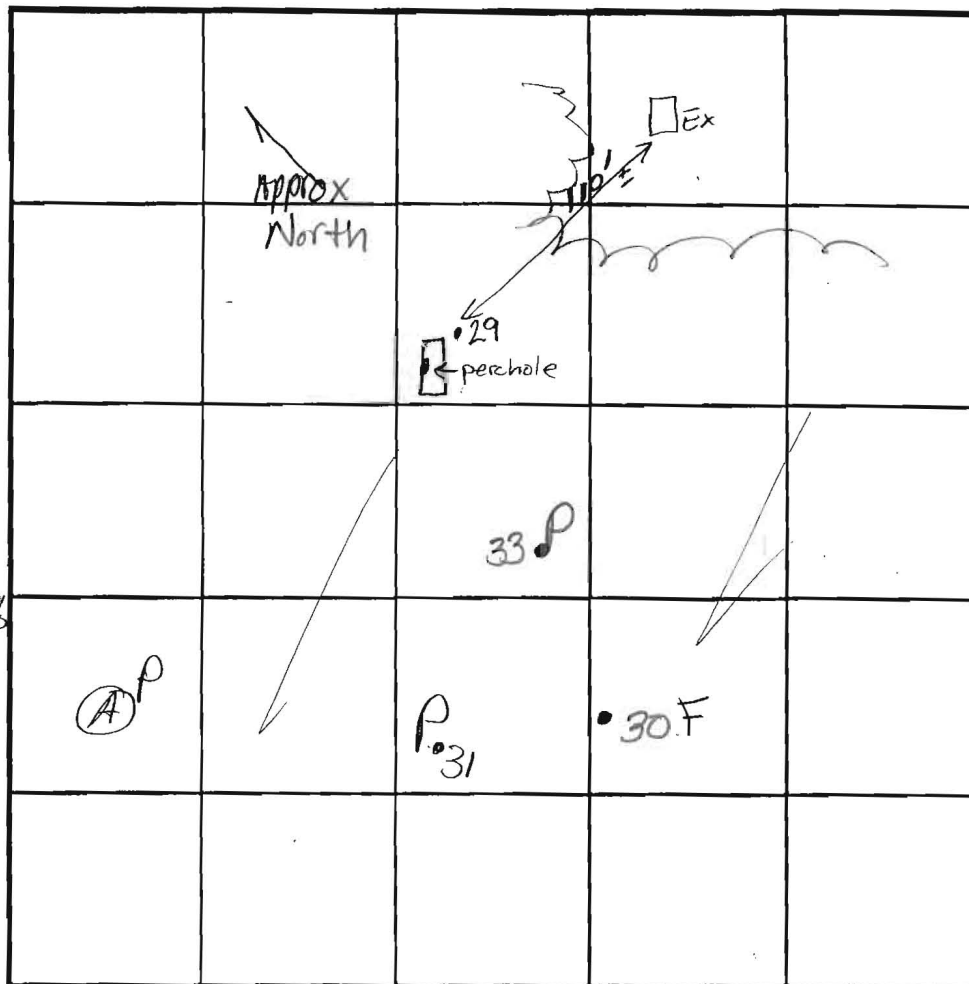
8-LS

10' H. Bottom

6'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-28-04	29	6' Tx Zone	9:45	9:46	9:46	9:48	2
		10' - WATER RAN OFF poured 2 1/2 gallons - gone 25 sec.					
	MOVE	25' FROM HOLE 29, Establish					
		10" for SEPTIC EASEMENT					

REMARKS Hole tested per plan

TYPE OF SOIL _____

TESTED BY Kacie Noonan ALSO PRESENT Fyock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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