

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 KENNARD WARFIELD JR

ADDRESS 14663 TRIADELPHIA ROAD PHONE 410-442-2337

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 8000 MAIN STREET ELLICOTT CITY PHONE 410-480-9105

PROPERTY LOCATION:

SUBDIVISION THE WARFIELDS II LOT NO. 52 57

ROAD AND DESCRIPTION SOUTH SIDE OF TRIADELPHIA ROAD AT THE INTERSECTION OF TRIADELPHIA ROAD AND HOWARD ROAD

TAX MAP 21 PARCEL # _____

SIZE OF LOT ONE ACRE 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.

DONALD R. LEWIS
(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' 7554
orge brn
hvy lm

6
tan beige
pink
sa lm
10-15%
Frag
25-25%
pocket

7555/56

orge brn
hvy lm

gray tan
orge
hvy sa lm

tan beige
gray
sa lm
10-15%
Frag

7557

orge brn
hvy lm

beige
tan gray
sa lm
10-15%
Frag

↑ TO
TRIA
ROAD

EX.
DRIVE

7554

7557

7556

7555

7558

SOIL PROFILE

0' 7558
0192
bfn
hvy lm

5' gray tan
tan sand
sand 35-
10-15 50%
9 struc
R sap E
ON SIDE

ON UP

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/15/03	7554	7' 13"	10:21	10:24	10:24	10:34	10
	7556	8' 13"	10:33	10:36	10:36	10:43	7
	7555	8' 13"	10:24	10:29	10:29	10:43	14
	7558	8' 12"	10:56	11:00	11:00	11:03	3
	7557	7' 13"	10:40	10:45	10:45	10:54	9

REMARKS

TYPE OF SOIL

TESTED BY

M. R. R. R. R.

ALSO PRESENT

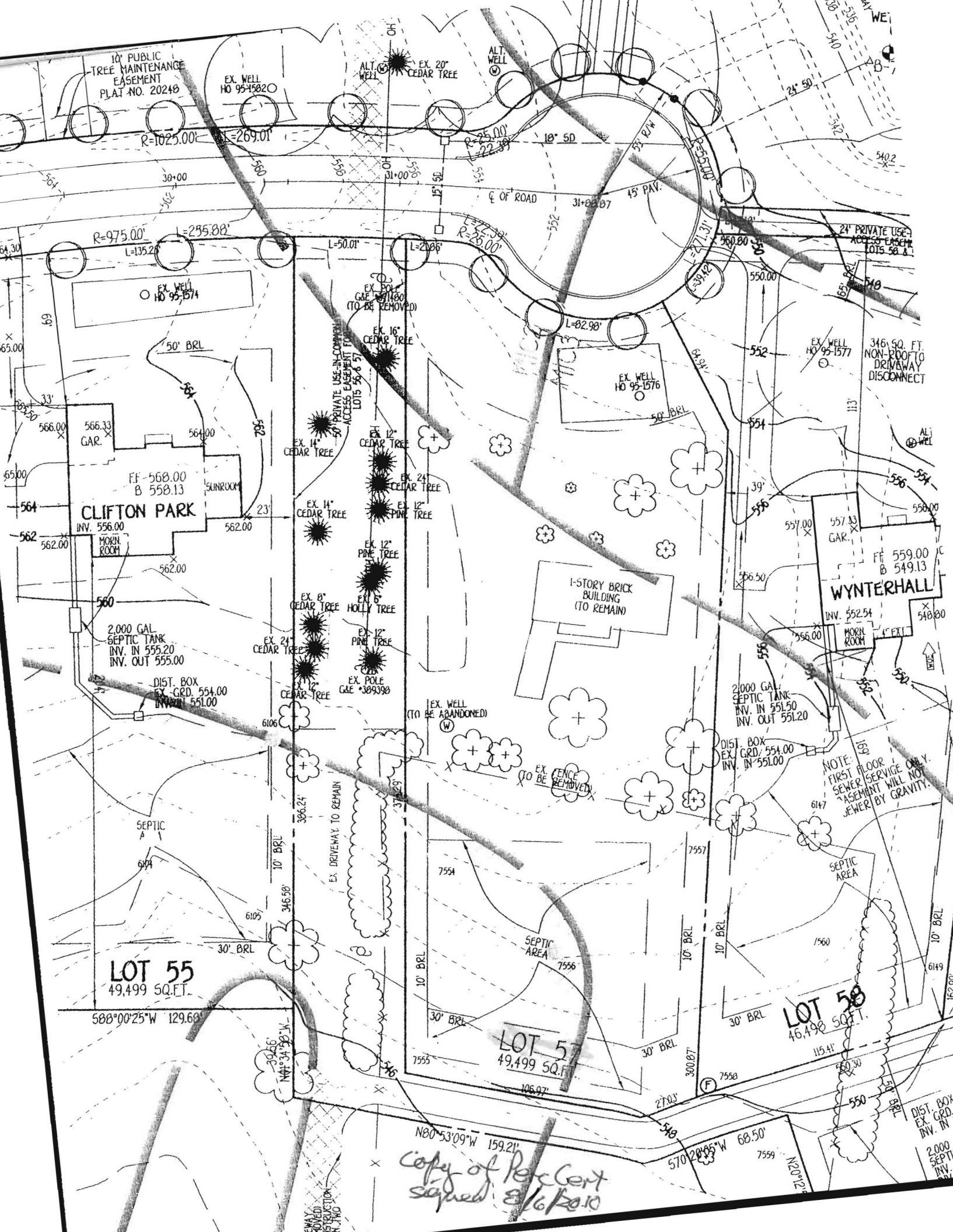
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM





on field locations done under my direct
 professional knowledge and belief.

1/8/08
 date

*Signed perc cert
 1-16-08*

OWN
 MR. &

RECORDED

APPLICATION

SEWAGE DISPOSAL TESTING

A 10146

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 5/5/65

*Dry well 11 ft. in dia. by 10 ft. deep below
the inlet located 185 ft. from the edge
of the improved lawn and 125 ft. north of
the boarded fence.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*750 gal. septic
Tank.*

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Kennard Warfield and M. Isabel Warfield, his wife

ADDRESS Triadelphia Rd., E. C. PHONE HU 9-4978

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Triadelphia Rd. - just passed Howard Rd. - first dirt road - left

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 150 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT George H. Hume agent

APPROVED BY J. Henning FOR Dry Well DATE 5-11-65
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

