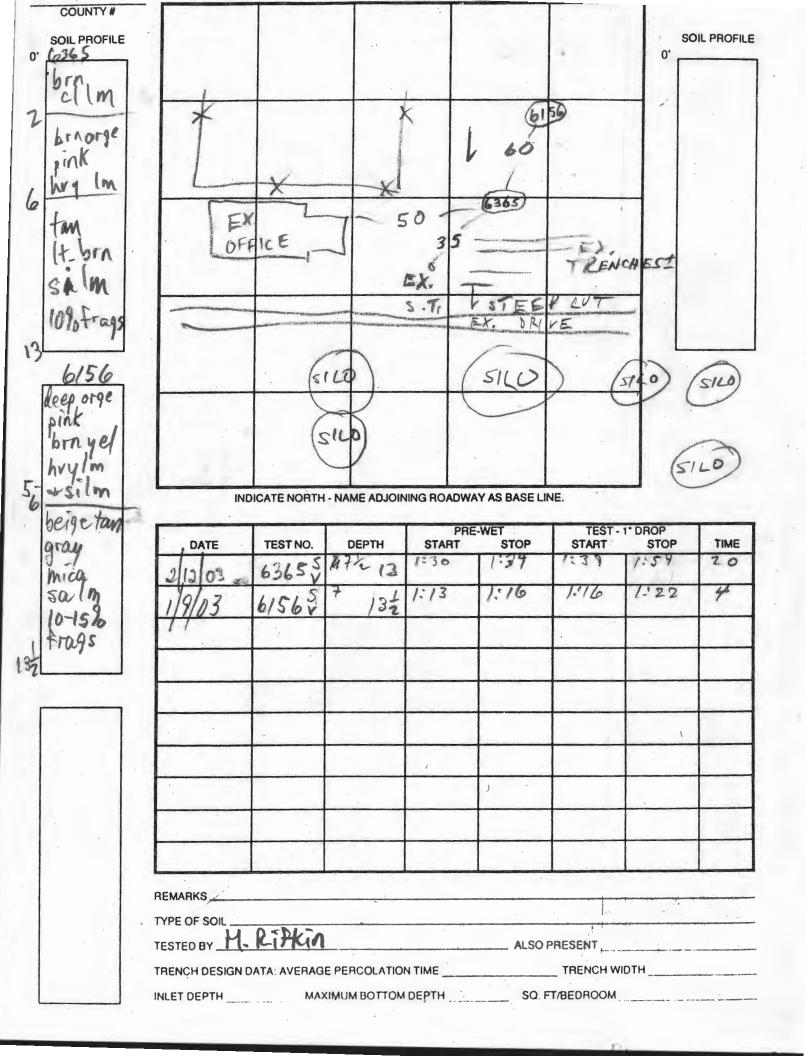
APPLICATION

		PERCOLATION TES	STING	~ A
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	HOWARD COUNTY HEALTH DEPARTMENT		DICTRICT	
	BUREAU OF ENVIRONMENTAL HEALTH		DISTRICT	
	3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARY TELEPHONE: 313-2840	/LAND 21043	DATE	
TO:	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
	HEREBY APPLY FOR THE NECESSARY TEST PRIOR		O CONSTRUCT (OR RECONSTRUCT) A SEWA	GE DISPOSAL SYSTEM.
PRO	PERTYOWNER KENNARD	VARFIELD JR	·	
	ADDRESS 14663 TRIADEL	PHIA ROAD		337
AGE	IT OR PROSPECTIVE BUYER	VESIGN Z	VEVECOPMENT	
	ADDRESS 8000 MAIN STREE	ET ELLCOTT	- PHONE 4/10 -4/80-0	1105
PROF	PERTY LOCATION:	City	92	Ex. (FMIL
SUBC	IVISION THE WARFIELDS	3 44	_LOT NO.	OFFICE
ROA	AND DESCRIPTION SOUTH S	IDE OF TR	IADELPHIA ROAD	AT THE
	NTERSECTION OF	TRIADECPHIA	1 ROAD AND HOW	ARD ROAD
TAX I	AAP 2 PARCEL®			
SIZE	OFLOT ONE ACRE	TYPE BL	DG. SINDLE FAMILY (SINGLE FAMILY DWELLING O	Y VIELLING
THE	SYSTEM INSTALLED UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL F	PUBLIC FACILITIES BECOME AVAILABLE. I	FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS PERC	TEST APPLICATION IS NON-	REFUNDABLE UNDER ANY CIRCUMSTANC	ES. I ALSO AGREE TO
COM	PLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TEST	ING THIS LOT.	SIGNATURE OF APPLICANT)	ER
APPF	OVED BY	FOR	DATE	
DISA	PPROVED BY	FOR	DATE	
HOLE	PENDING FURTHER TESTS			
REAS	ONS FOR REJECTION OR HOLDING			
PERC	OLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.	D. #	DATE	
SITE	DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #		DATE	

THIS IS NOT A PERMIT



APPLICATION

PERCOLATION TESTING HOWARD COUNTY HEALTH DEPARTMENT DISTRICT BUREAU OF ENVIRONMENTAL HEALTH 3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 DATE TELEPHONE: 313-2640 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 LOCATION: 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. _ _ FOR APPROVED BY HOLD PENDING FURTHER TESTS _ REASONS FOR REJECTION OR HOLDING _ PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # ____ SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY#							7	
SOIL PROFILE							o'_	L PROFILE
0. 6100 / 6019/	7							
It orge huy lm								
huy lm								
32 + tran aink		1007			6100	' >∰		
beige		6097			6100		-	
H. Brn								
sam			/60	98				
10-20%			1					
frags		6096			6099			
13 6098		9010		1	0011			
orge								
brn								
hug Im								
1 - Trags	IN	DICATE NORTH	H - NAME ADJOI	NING ROAD	WAY AS BASE LI	NE.		
beige	DATE	TEST NO.	DEPTH	START	RE-WET STOP	TEST- START	1° DROP STOP	TIME
gray Alban	117/02	6100	4/2/794/13	1:38	1:42	1:40	1:54	12.
salm		6098	53 8/32	1:47	1:49	1:49 SL	04 OK Ca	
15 30%		6096	53/72/13/94	1:58	7:11	2:11	2:36	15
32 CM RX		60975V	19/8/13/2	11:33	11:47	11:47	11:50	22
60 %	48/02	6099	5/7/14	2:03	2:07	2:07	2:14	77
brae								
hvy Im				,				
1590	·							
		1						
Frags			-			1		
frags							45-1-1	
tan 115m	REMARKS ALL	HOLES	PER PLA	N				
tan Horn	TYPE OF SOIL		PER PLA		ALSOL	PRESENT	Ke I rame	Tari
tan Itorn gray gray gray		Rifkin			ALSO		*	

APPLICATION

	•	PERCOLATION TES	TING	∕A
				Р
	HOWARD COUNTY HEALTH DEPARTMENT		DISTRIC	rT.
	BUREAU OF ENVIRONMENTAL HEALTH		DISTRIC	JI
	3525-H EŁLICOTT MILLS DRIVEÆLLICOTT CITY, M TELEPHONE: 313-2840	MARYLAND 21043	DA	re'
TO:	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
	I HEREBY APPLY FOR THE NECESSARY TEST PR		CONSTRUCT (OR RECONSTRUCT) A S	EWAGE DISPOSAL SYSTEM.
PRO	PERTYOWNER KENNARD	WARFIELD JR		
	ADDRESS 14663 TRIAD	ELPHIA ROAD	_PHONE_410-442-	2337
AGE	NT OR PROSPECTIVE BUYER	VESIGN &	TEVECOPMENT	
	ADDRESS 8000 MAIN ST	CEET BUICOTT	_PHONE 4/10 -4/80	-9105
PRO	PERTY LOCATION:	- TT	93	EX. OLD
SUB	DIVISION THE WARFIEC	09 11	_LOT NO	MAKI 1132
ROA	D AND DESCRIPTION SOUTH	SIDE OF TR	IADELPHIA KOM	DAT THE
	INTERSECTION OF	TRIADECPHIA	ROAD AND HE	WARD ROAD
TAX	MAP 21 PARCEL®			
SIZE	OFLOT ONE ACRE	TYPE BLC	OG. SINDLE FAM. (SINGLE FAMILY DWELLIF	ILY VWELLING IG OR COMMERCIAL)
THE	SYSTEM INSTALLED UNDER THIS APPLICATION	ON IS ACCEPTABLE ONLY UNTIL PL	UBLIC FACILITIES BECOME AVAILABLE	. I FULLY UNDERSTAND THE
FEE	CONNECTED WITH THE FILING OF THIS P		n /) ()	ANCES. I ALSO AGREE TO
COM	IPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN	TESTING THIS LOT.	(SIGNATURE OF APPLICA	WER_
AP P I	ROVED BY	FOR	DATE	
DISA	PPROVED BY	FOR	DATE	
HOL	D PENDING FURTHER TESTS		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
REA	SONS FOR REJECTION OR HOLDING			
PER	COLATION TEST PLAT/PRELIMINARY PLAT - TITLE	OR I.D. #	DATE	
SITE	DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. 4		DATE	

THIS IS NOT A PERMIT

HD-216 (3/92)

