

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 Debrah and William Anderson
Brenda Tompkins-McDade

ADDRESS C/O Trinity Quality Homes Inc
7320 George Drive PHONE (410) 531-6444

AGENT OR PROSPECTIVE BUYER Trinity Quality Homes Inc
7320 George Drive

ADDRESS Columbia MD 21044 PHONE (410) 531-6444

PROPERTY LOCATION: * THE PRESERVE AT WAVERLY WOODS
D - ADDITION ON SHADOW SHADE LOTS 1+2 + RES. PARCEL

SUBDIVISION AND HIGHWAYS AT BREEZEWOOD FARMS LOT NO. (9)

ROAD AND DESCRIPTION WINDSOR ROAD AND ROUTE 99 (FREDERICK ROAD)

TAX MAP 10 PARCEL # 36+102

SIZE OF LOT 1 AC TYPE BLDG. SFD
(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]
(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

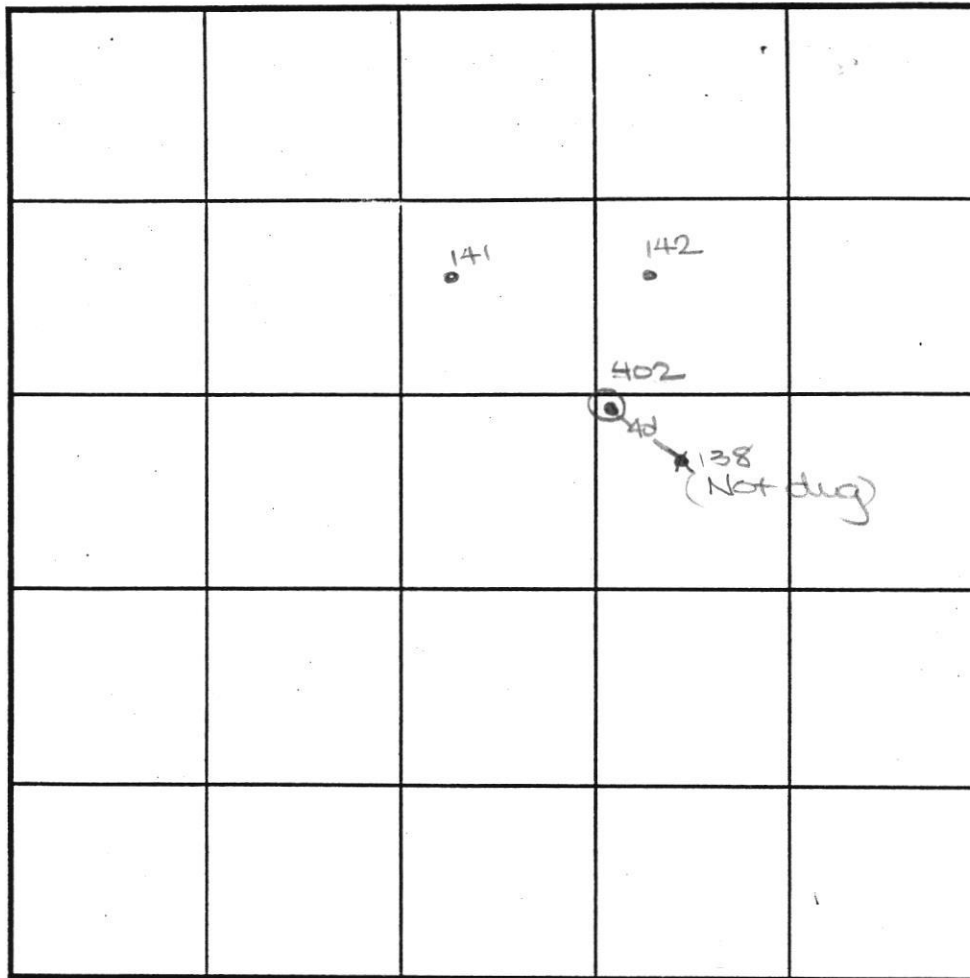
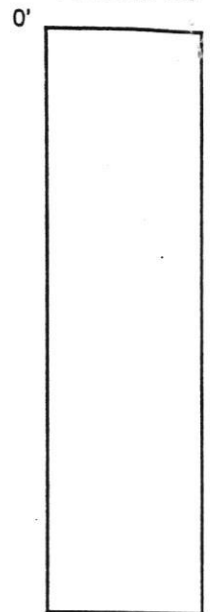
402/141

6"
top soil
org brn
cl lm
3"
tan
to
beige
sa mica
lm
5-10%
rock
12"

142

6"
top soil
dk
org brn
cl lm
3"
pale
green
tan
sa mica
lm
10%
rock
12"

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Old Frederick Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-4-01	402	2.0' S	12:27	12:30	12:30	12:35	S
		12.0' D	Visual	-see	profile		OK
	142	12.0' D	Visual	-see	profile		OK
	141	13.0' D	Visual	-see	profile		OK

REMARKS holes tested as staked, except 402

TYPE OF SOIL _____

TESTED BY DKC ALSO PRESENT G. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

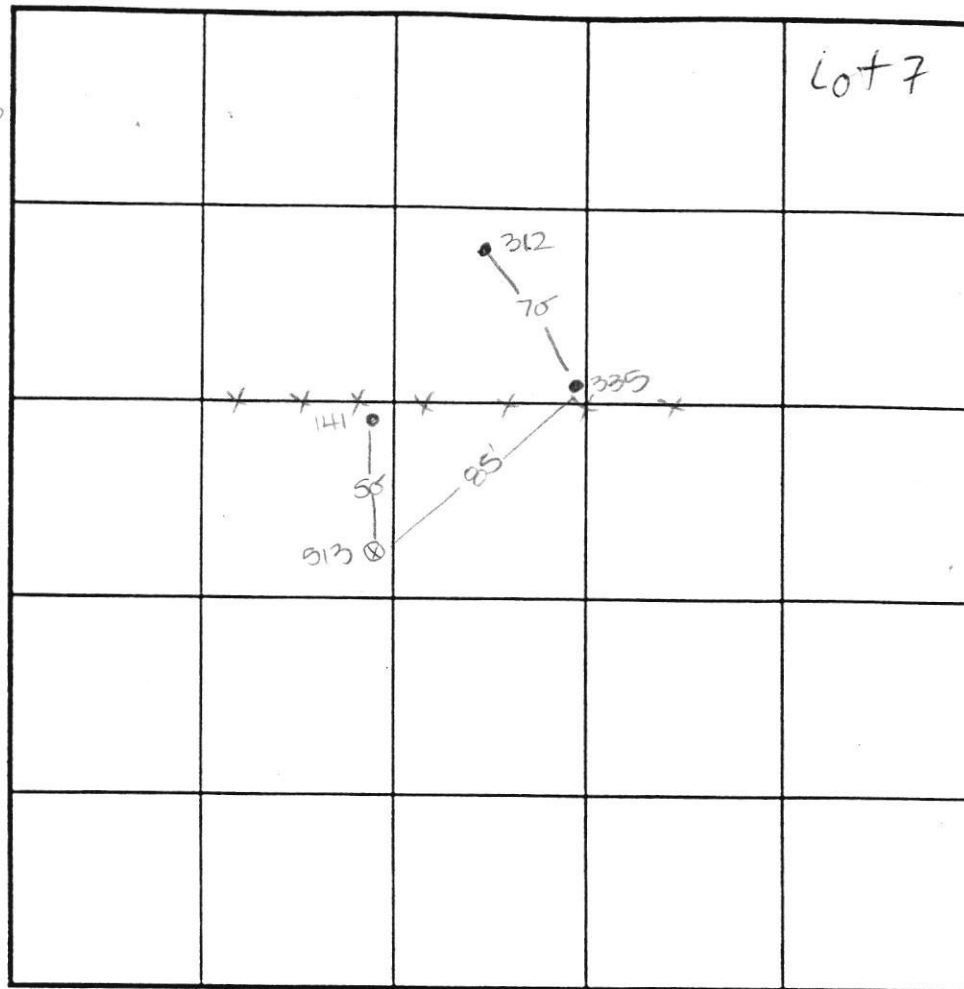
SOIL PROFILE

335/312/513

topsoil

org bm
cl lmH org
bm
sa mic
lm15%+
rock

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-16-01	335	11.0' D	Visual	- See	profile		OK
	312	13.0' D	Visual	- See	profile		OK
	513	3.0' S	11:15 ₃	11:17	11:17	11:21	4
		13.0' D	Visual	- See	profile		OK

REMARKS: holes 312, 335 staked, hole 513 not staked

TYPE OF SOIL

TESTED BY DCC ALSO PRESENT C. Zepp, T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: The Preserve at Waverly Woods

STREET NAME: _____

LOT NUMBER: 7

AVERAGE PERCOLATION RATE: 5

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: _____

LINEAR FEET OF TRENCH PER BEDROOM: _____

TOTAL LINEAR FEET OF TRENCH: _____

SEPTIC TANK CAPACITY: _____

TOP SEAMED TANK REQUIRED? YES OR NO

COMPARTMENTED TANK REQUIRED? YES OR NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade.
Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet
below original grade. 2.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

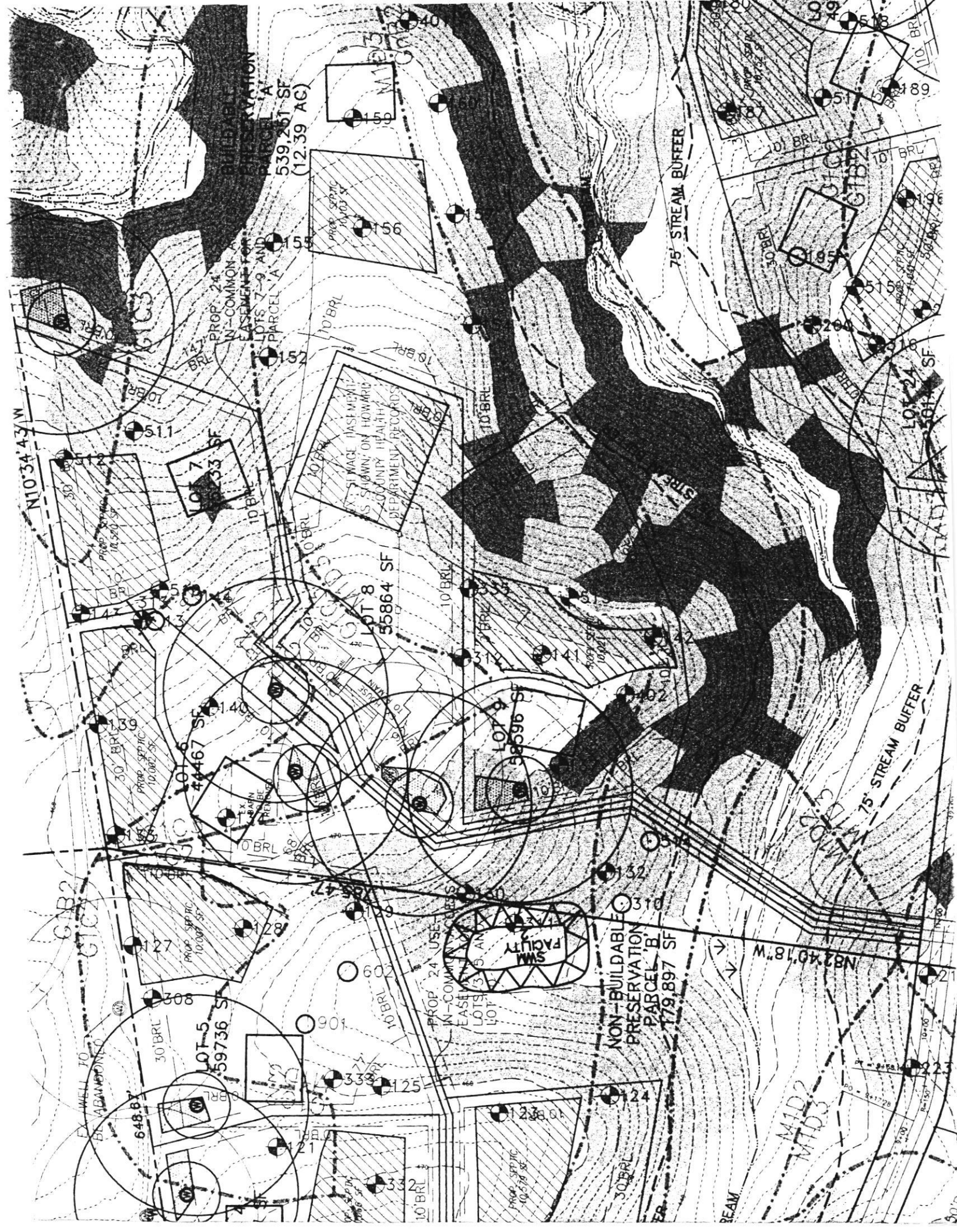
Note 2: Pump performance test is necessary prior to Health Department approval of pump
septic system.

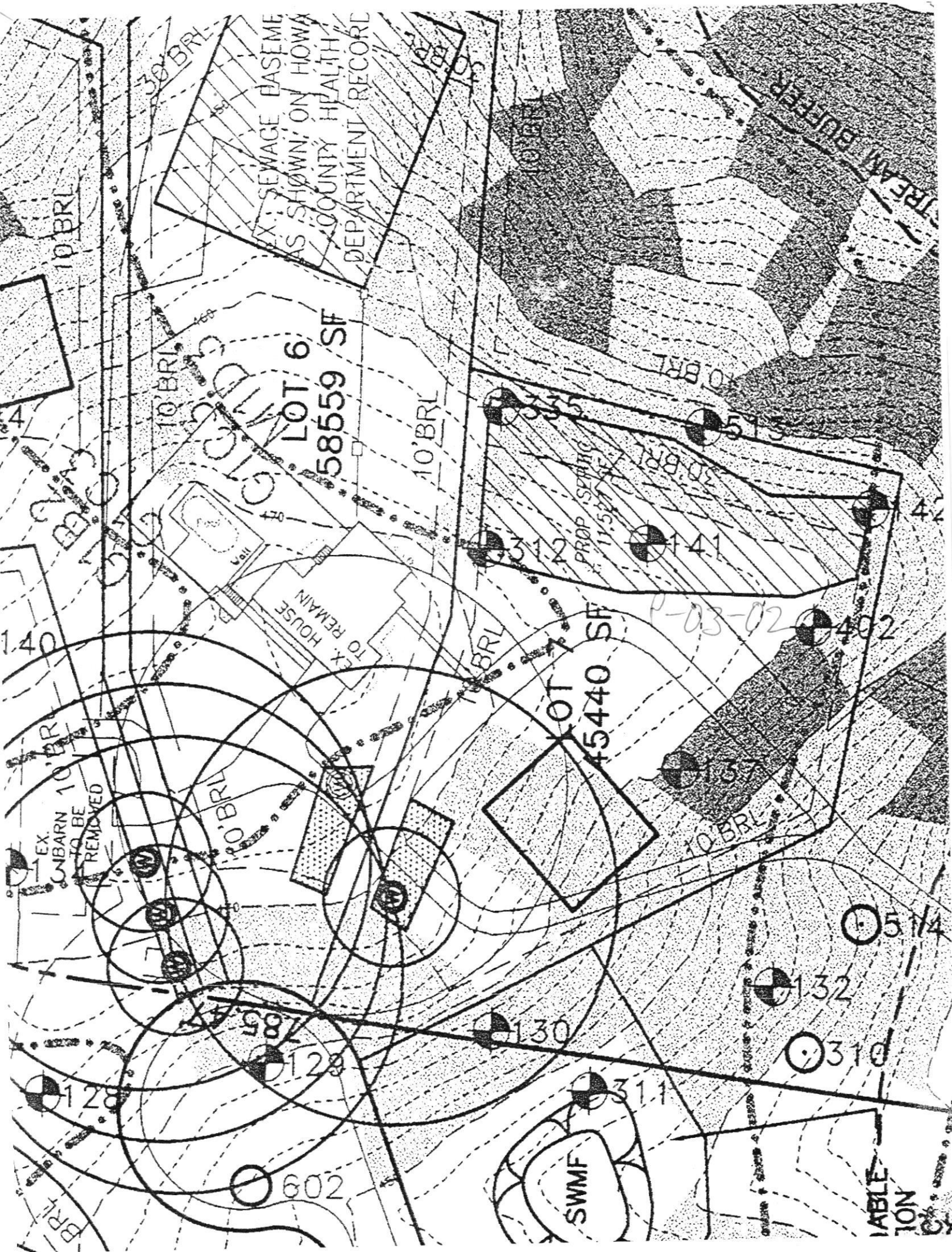
LOCATION: _____

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____





LOT 6
58559 SF

LOT 7
45440 SF

EX. HOUSE
TO REMAIN

EX. SEWAGE EASEMENT
AS SHOWN ON HOWA
COUNTY HEALTH
DEPARTMENT RECORD

TREASURY BUFFER

SWMF

TABLE
TON