

APPLICATION

PERCOLATION TESTING

A 515042

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 Benedict Farm LOT NO. _____

ROAD AND DESCRIPTION _____

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

COUNTY #

SOIL PROFILE

444

Topsoil
rd brn

CL Lm
Rock Frag
≤ 5%

org brn

Si CL

Lm
Rock 5-10%

Bottom

7'4"

15'

443

Topsoil
rd brn

Hvy
Lm

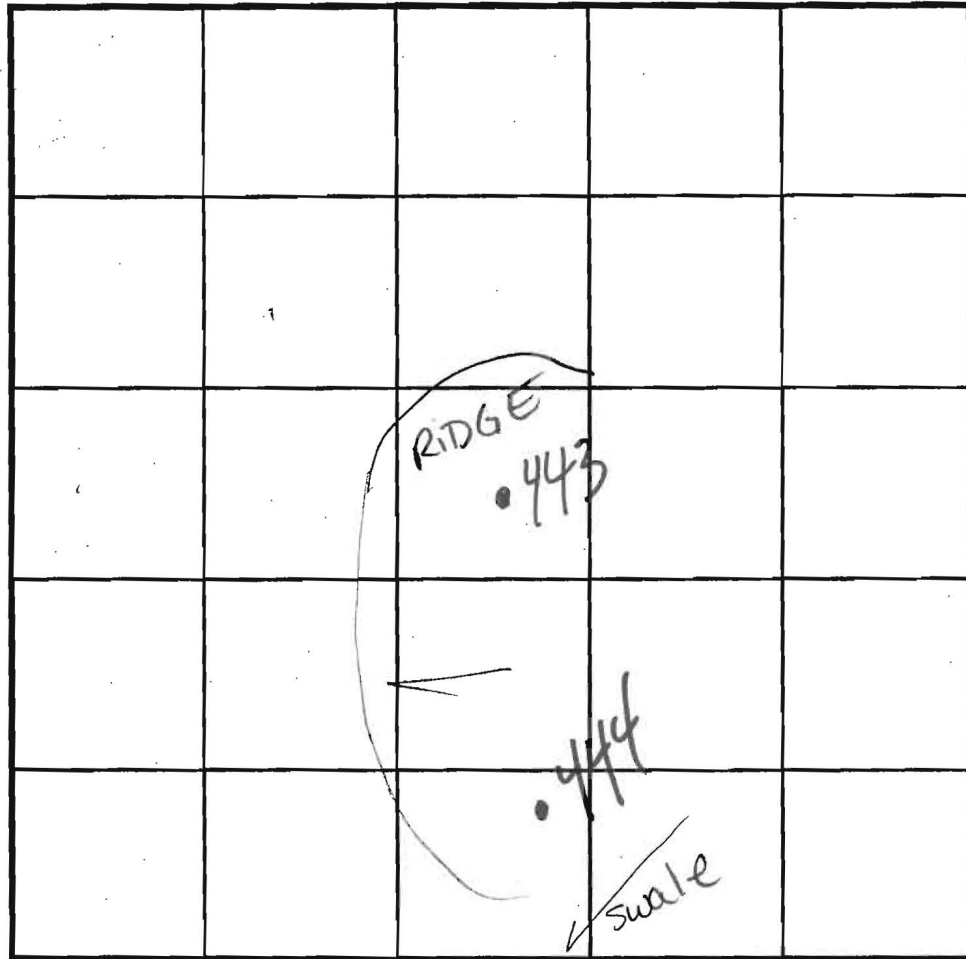
Ham
org brn
brn

SA Lm
Rock 10-15%

Bottom

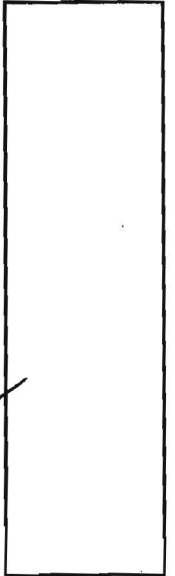
6'6"

15'



SOIL PROFILE

0'



E
A
S
T

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 108 (South)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/28	444	7'4" S	4:01	4:10	4:10	4:26	16 min
		15' D	—————→				PASS
	443	6 1/2' S	3:50	3:52	3:52	3:59	6 min
		15' D	—————→				PASS

REMARKS: HOLES PER PLAN (Lot 25)

TYPE OF SOIL: _____

TESTED BY: Goedeking ALSO PRESENT: Chuck Crovo
Mike & crew

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 4-13-01

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 Natalie Ziegler

ADDRESS 11352 Homewood Rd. PHONE 410 740-6880

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Benedict Farm LOT NO. _____

ROAD AND DESCRIPTION Rt 108 + Homewood Rd.

TAX MAP 29 PARCEL # 93/229

SIZE OF LOT 310 acres +/- 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. Natalie Ziegler
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

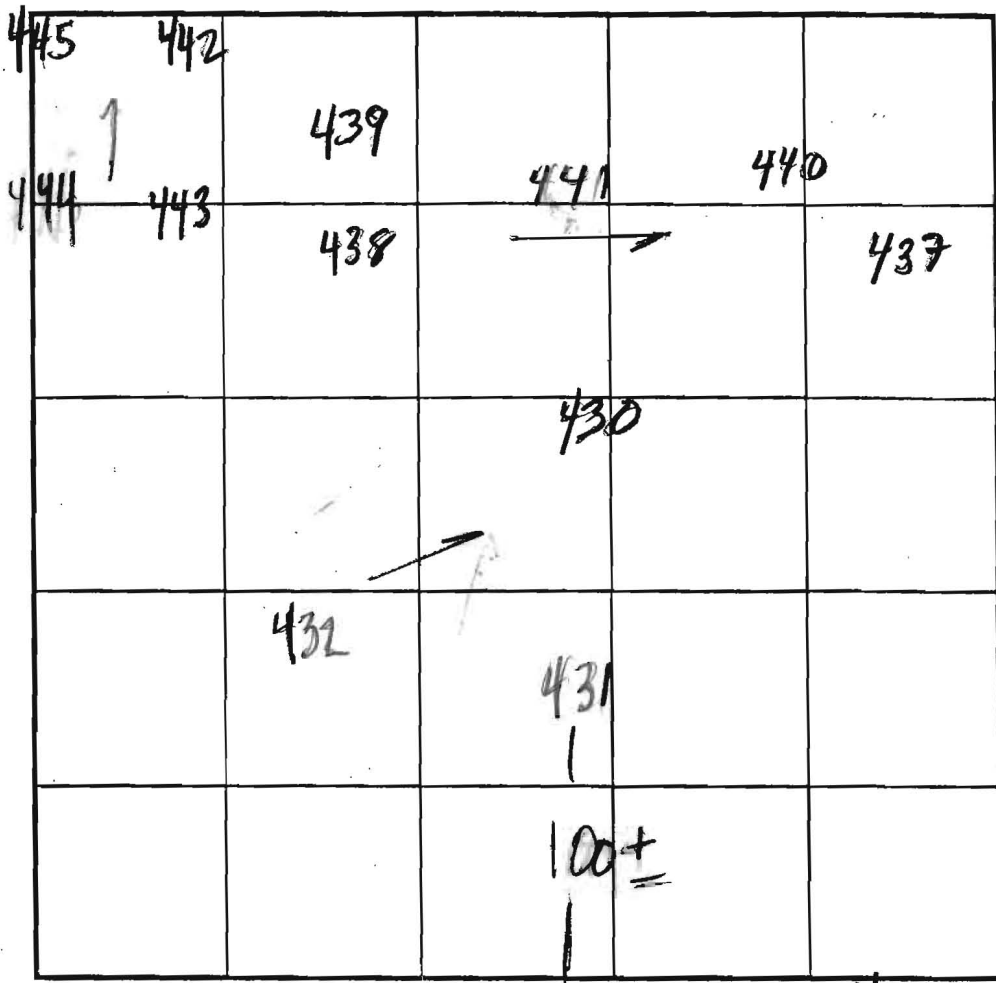
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

Route 108 447

COUNTY 446



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. **HOMERWOOD RD**

SOIL PROFILE
 0' (430) (432)
 deep reddish
 orge
 cl lm
 7-7 1/2
 tan beige
 orge
 sil sa lm
 5-10% frags

SOIL PROFILE
 0' (441)
 dark red orge
 sil lm
 1 1/2-2
 tan beige
 mica
 sa lm
 10% frags

(430)
 deep reddish
 orge
 cl lm
 5'

orig tan brn
 beige
 sil sa lm
 5-10% frags
 13 1/2

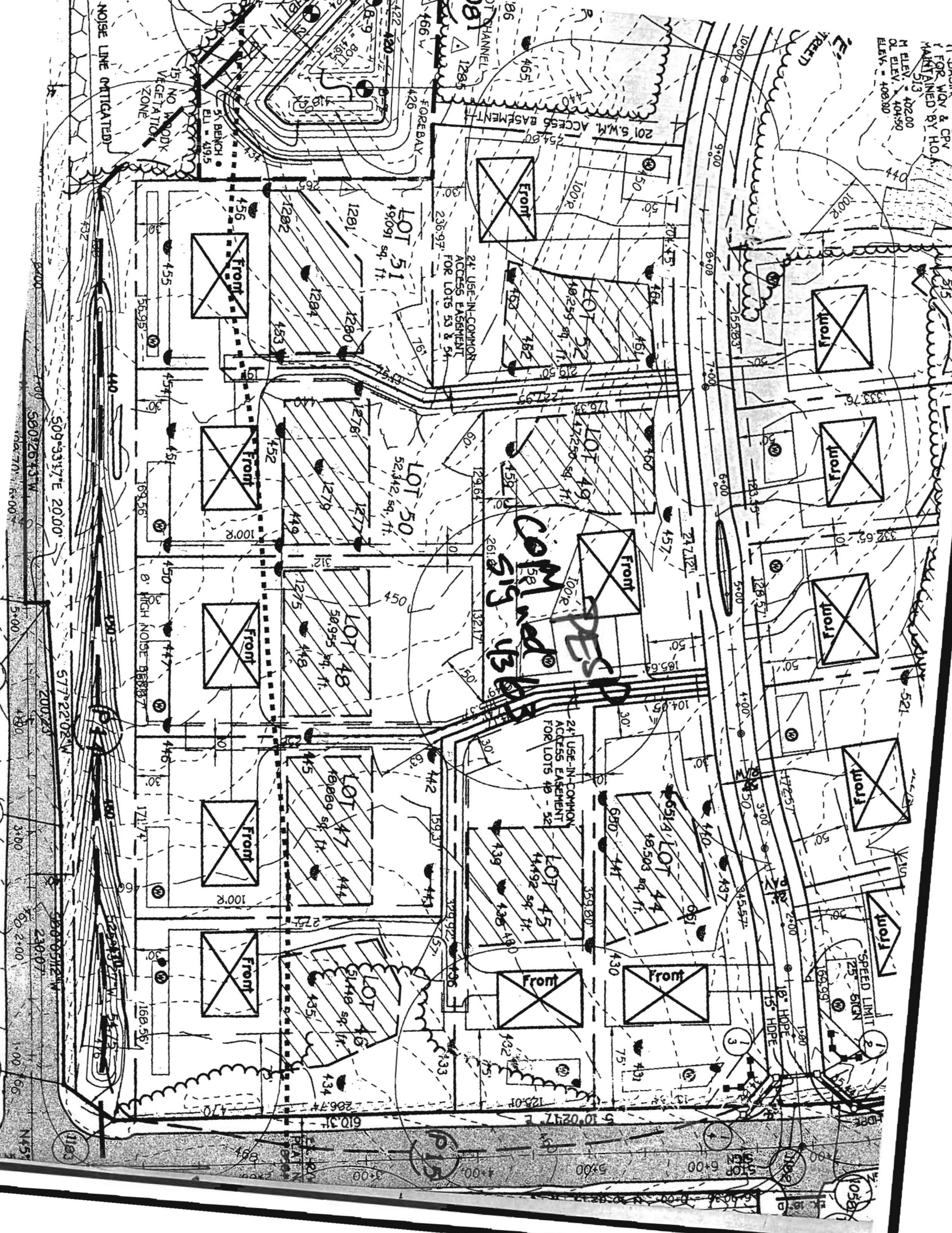
(440) (437)
 orig tan
 sil sa lm
 5-15% frags
 orge tan
 H. brn
 beige
 sa lm
 10-15% frags
 13 1/2
 13 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/27/01	431	7' 4" / 12 1/2	2:44	3:00	3:00	3:26	26
	432	8' / 13 1/2	3:13	3:17	3:17	3:26	9
9/28/01	430	5' 1/2 / 13 1/2	10:55	10:58	10:58	11:05	7
	437	5' 3" / 14	11:14	11:19	11:19	11:27	8
	440	5' 1/2 / 13 1/2	11:17	11:19	11:19	11:22	3
	441	7' / 13 1/2	12:28	12:43	12:43	1:17	34
	439	5' / 13	12:01	12:04	12:04	12:18	14
	442	5' 3" / 12 1/2	2:16	2:19	2:19	2:26	7
	445	6' 3" / 13 1/2	2:20	2:28	2:28	2:40	12
	446	5' 1/2 / 6 1/2 / 13	2:31 / 3:32	2:47 / 3:36	2:47 / 3:36	3:58	22
	447	5' 9" / 13	2:37	2:47	2:47	2:59	12

REMARKS: **ALL HOLES PER PLAN**
 TYPE OF SOIL: **ALL HOLES PER PLAN**
 TESTED BY: **Mack RIFKIN** ALSO PRESENT: **Chuck Crowe Mike Sacrew**
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

OK
OK

1. FOR W & CRV
MAINTAINED BY HOA.
513
H ELEV. 402.00
O ELEV. 404.90
ELEV. = 403.80





MAYER BROS., INC.

Precast Concrete Products

6264 Race Rd. Elkridge, MD 21075

Letter of Satisfaction Hoot System Installation

Address of Property: 11215 Independence way
Columbia, MD, 21042

Date of Final Inspection: 7/11/14

Installer: Fogle's Septic Clean Inc.

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

H. Michel Dyer

Name of Inspector

Mayer Bros., Inc.

PH: 410-796-1434

FX: 410-796-1438

WBE
NPCA Certified Plant

mayerbro@connext.net
www.mayerbrosprecast.com

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors,
Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Slabs, Curb Heads, Curb Bumpers, PermEntry Basement Entries,
Scapewel Window Wells, Custom Precast Products

