

APPLICATION

PERCOLATION TESTING

A 518598A

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

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.

Richard H Conrey

PROPERTY OWNER _____

ADDRESS 1575 Marriottsville Road, Marriottsville, MD PHONE 410-781-7270 w410-461-5008

AGENT OR PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Conrey Farm - 2 LOT NO. The Gate House

ROAD AND DESCRIPTION Eastside of Marriottsville Rd. 2000' North of RT 99

TAX MAP 10 PARCEL # 34

SIZE OF LOT _____ TYPE BLDG. existing 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. X Richard H. Conrey
(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 _____

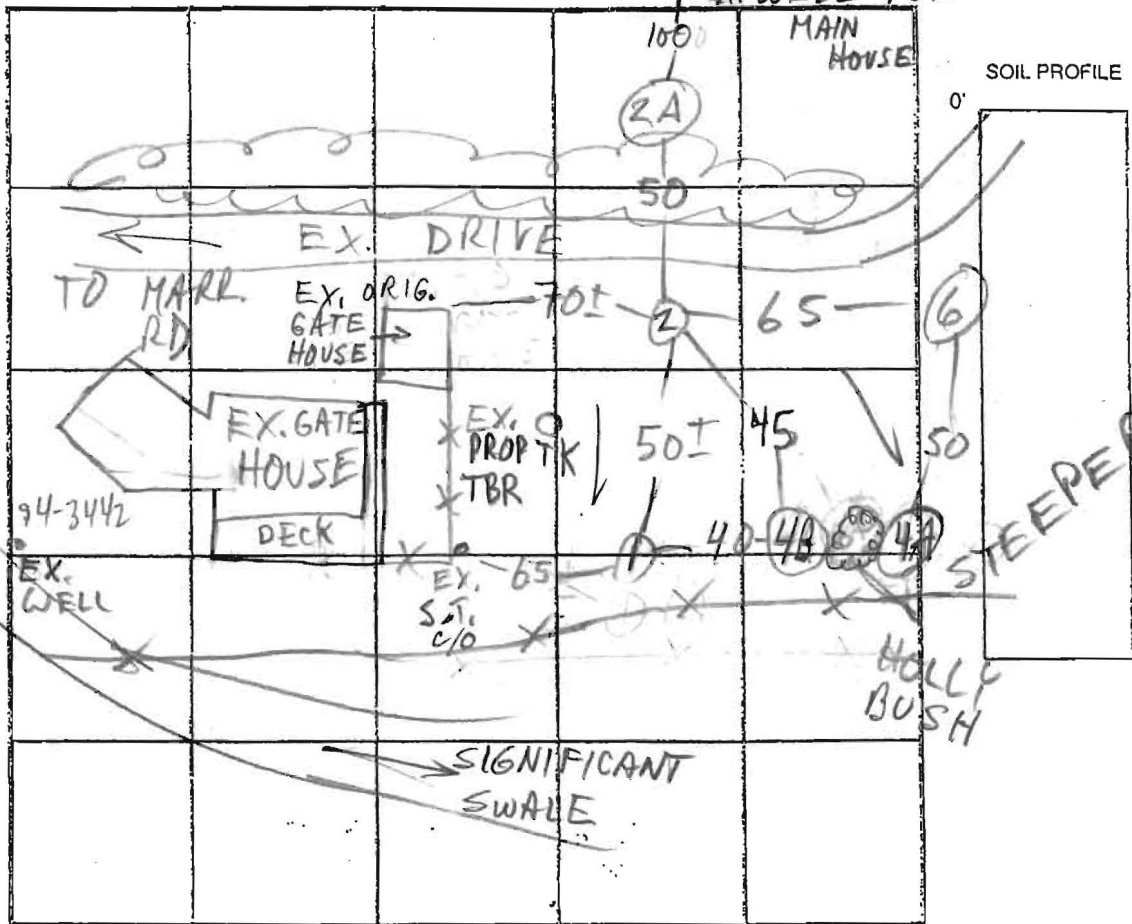
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 2/2A
 brn hvysalm
 2-2 1/2
 H. brn tan beige sand 10% Rx
 12
 UP 4A DN
 brn orge hvylm
 3
 brn gray sand beige
 25 30%
 35% 40%
 Rx Rx
 1 1/2
 HARD
 6
 brn hvylm
 3- 3 1/2
 tan H. brn beige salm 30-50% struc platy Rx
 14



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/3/03	1 V	12					OK
	2 M V	8 12 9"	9:50:40	9:51:40	9:51:40	9:53:40	2
RETEST OF DKC	6 V	6 1/2 - 7? 14	10:44:30	10:46:15	10:46:15	10:49:45	3 1/2 M
	4B M V	6 1/2 11 1/2	11:13:50 11:17:15	11:15:20 11:19:20	11:15:20 11:19:20	11:16:50 11:23:00	1 1/2 3 1/2 M
RETEST OF DKC	4A V	3	75%	STRUC PLATY	Rx		F
	2A V	13 1/2					OK

REMARKS HOLES 4A AND 6 MARGINAL - CONCENTRATE SDA TOWARD HOUSE AND TOWARD HOLE 2A

TYPE OF SOIL _____
 TESTED BY M. Rifkin _____ ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A REPAIR
P 513168

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

DISTRICT _____
DATE 12-7-99

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 Skip Convey
ADDRESS 1575 Marriottsville Rd. Marriottsville PHONE (H) 442-1115 (W) 795-4661
AGENT OR PROSPECTIVE BUYER N/A
ADDRESS _____ PHONE _____
PROPERTY LOCATION:
SUBDIVISION (Rondeau Farm) LOT NO. "Gate House" Tenant House
ROAD AND DESCRIPTION Marriottsville Road

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

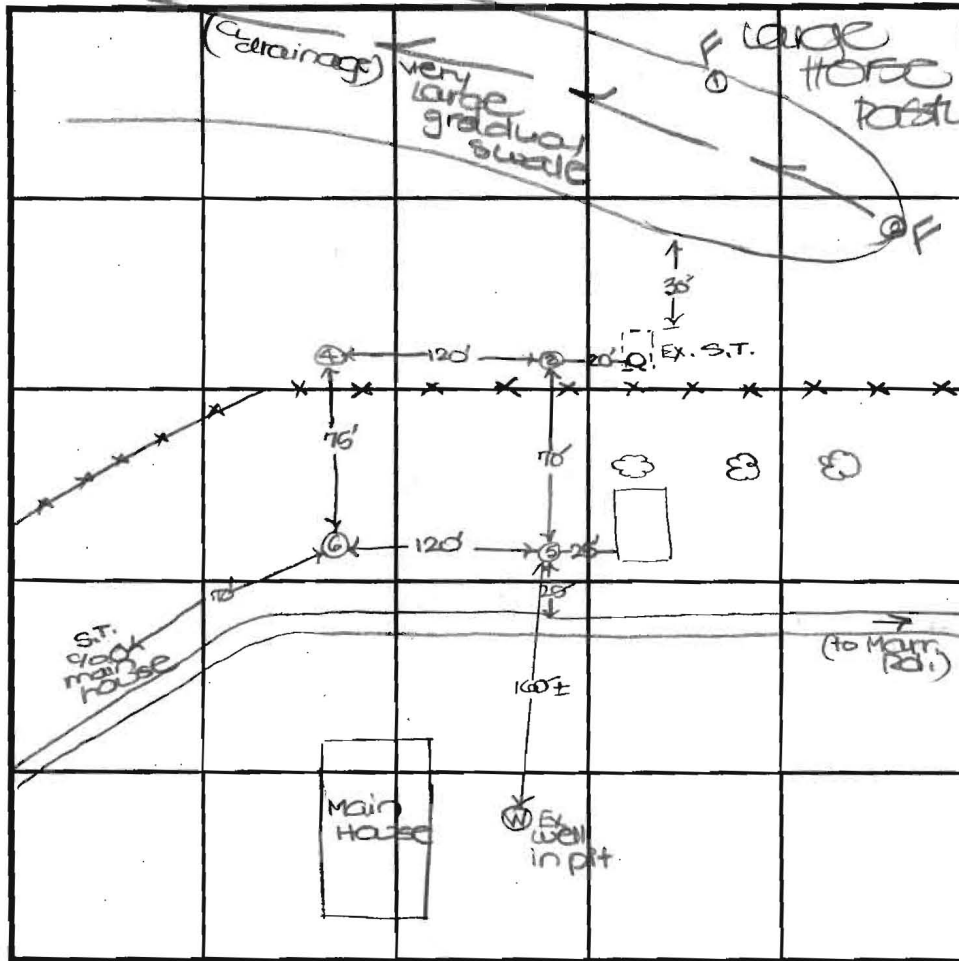
COUNTY #

SOIL PROFILE

0' 1
 ✓ topsoil
 org brn clm
 med brn sil m
 7' evidence of mottles
 ↓
 13.5' water

0' 2
 ✓ topsoil
 org brn clm
 med brn sil m
 7.5' mottles
 10.5' mottles
 ↓
 16.5'

0' 3
 ✓ topsoil
 org red brn cl m
 4' pale org tan sal m
 5-10% rock
 15' evidence mottles
 17.5'



SOIL PROFILE

0' 5
 ✓ topsoil
 org brn clm
 4' pale org tan sal m
 4.5' 15% hard rock
 13.5' poss mottle band
 14.5' 6
 0' topsoil
 1' org red brn cl m
 4' pale org tan sal m
 13' 25% hard rock
 14'

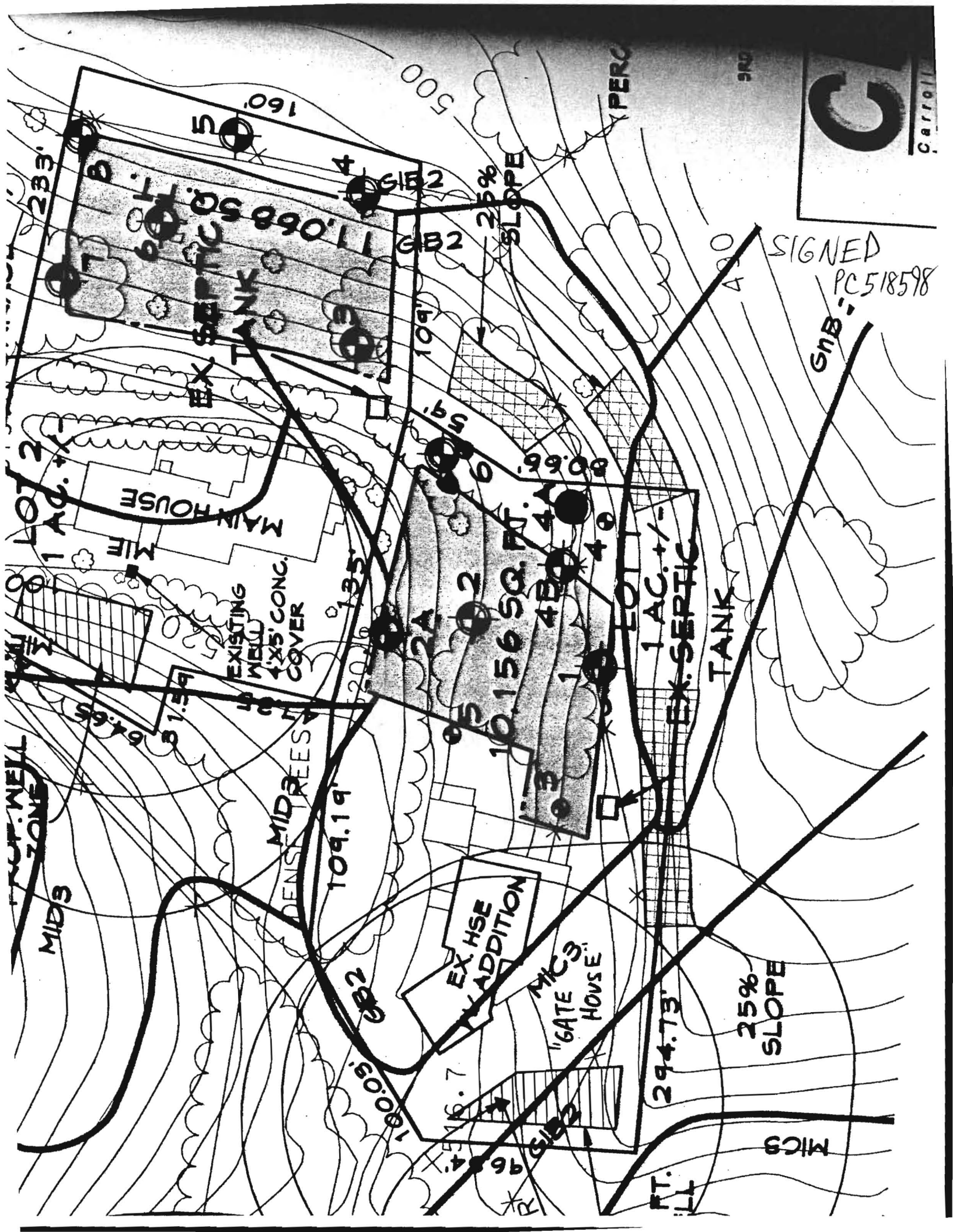
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-3-99	1	13.5'D	Water	- see profile			FAIL
	2	16.5'D	Visual	- see profile			FAIL
	3	5.0'S	12:24	12:25	12:25	12:27	2
		17.5'D	Visual	- see profile			OK
	4	16.0'D	Visual	- see profile			OK
	5	14.5'D	Visual	- see profile			OK
	6	3.5'S	1:15	1:16	1:16	1:19	3
		13.0'D	Visual	- see profile			OK

REMARKS test holes not staked
~~TESTED BY~~ water supply - shared well
 TESTED BY DKS ALSO PRESENT Mr. Conrey, Mr. Cove
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2+ TRENCH WIDTH 2
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 7 SQ. FT./BEDROOM 180



SIGNED
PC 518598



233'

LOT 2
1 AC. +/-

NOT WELL ZONE
MIDS

MAIN HOUSE

MIF

EXISTING WELL
4' X 5' CONC. COVER

64.60'
51.34'

DENSE TREES

100.09'

109.19'

109.19'

109.19'

109.19'

EX. SEPTIC TANK

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1

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3

4

1

500

PERC

25% SLOPE

25% SLOPE

25% SLOPE

25% SLOPE

25% SLOPE

25% SLOPE

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