

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 5/20/03

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 Myrtue

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Myrtue LOT NO. 24

ROAD AND DESCRIPTION WOOD STOCK DR

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

518006

COUNTY #

V

SOIL PROFILE

412

Str. org brn
Crumbly
peds
w/ clst. ins
SCLLm

4'

SL

Rx < 35%
(Stony &
boulders)

412A

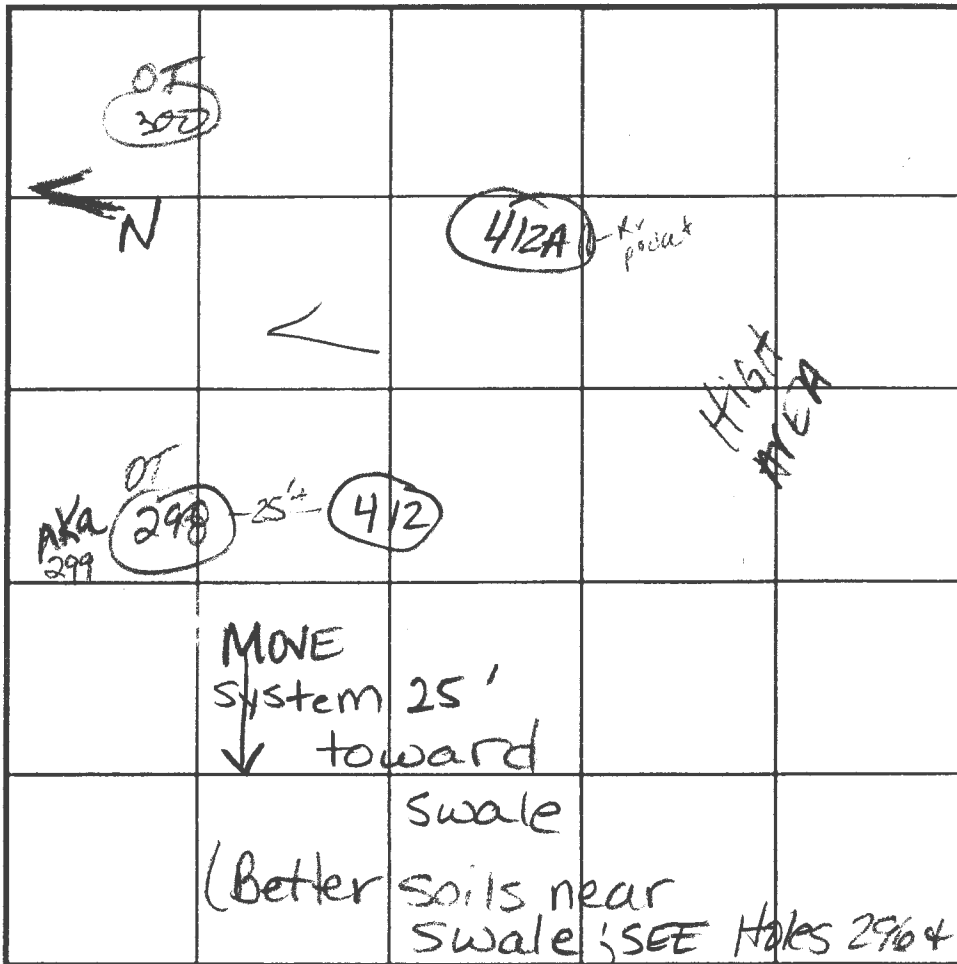
Str. org
y brn
SCLLm

5'

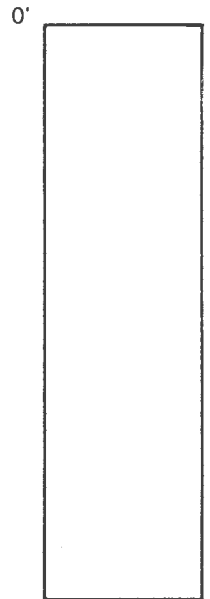
uphill
side
Rx
fall-out

Boulders

12 1/2'



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5-20-03	412	4 1/2'	3:48 ⁵⁵	3:53 ¹⁰	3:53 ¹⁰	4:13	20 min ok	
	412A	5 7"	4:11 ³⁰	4:24	too slow	13 min 1/8"	Pulled F	
		MAY	Perc	lower but		marinal		
			appears the same					
			Recommend moving 25' closer to					
			swale on left side of					
			lot - still maintains 25'					
			sep. distance according to plan					

REMARKS Holes Staked per plan

TYPE OF SOIL

TESTED BY Kacie Noonan ALSO PRESENT Bob S.

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

APPLICATION

PERCOLATION TESTING

A 518006W

P _____

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

DISTRICT _____

DATE 11/22/02

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 RICHARD MYRTLE & W.F.

ADDRESS 35004 MYRTLE ST. PHONE _____

AGENT OR PROSPECTIVE BUYER EDICOTO SAC. 29438. 3723
JAMES KEELTY & CO. INC.

ADDRESS 41 E. PADONIA RD. PHONE 410.252.8600
TIMONUM, MD 21093

PROPERTY LOCATION:

DIVISION _____ LOT NO. 24

ROAD AND DESCRIPTION 1795 WOODSTOCK RD.
WOODSTOCK MD 21163

TAX MAP 10 PARCEL # 925

SIZE OF LOT 148.636 AC TYPE BLDG. 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.

Richard Myrtle Pauline F. Myrtle
(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

518006

COUNTY #

SOIL PROFILE

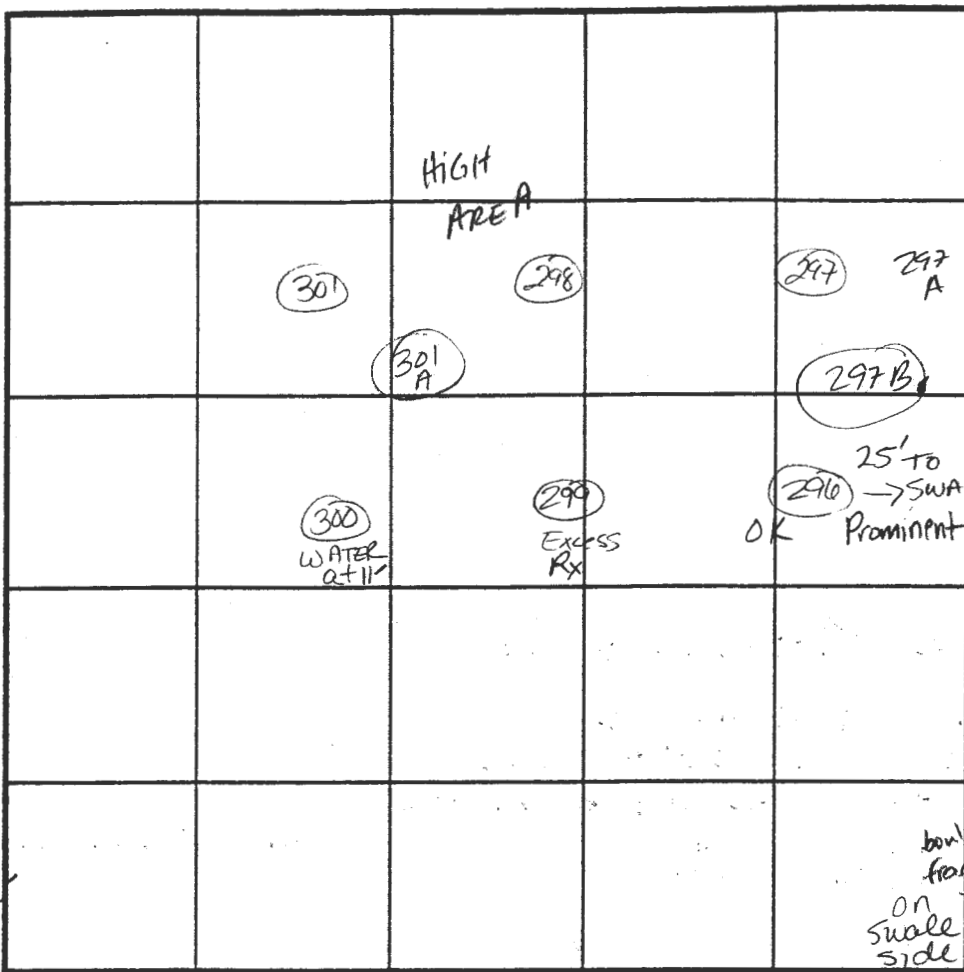
0' (301)
 Strong org brn
 wk rd brn
 CLM
 Stony frags
 ~ 5%
 2 1/2'
 transition
 hvly Lm
 micac.
 (rd brn)
 5 1/2'
 micac.
 loam
 Somewhat
 silty
 in spots
 Hard?
 Bottom
 12'

(296)

Str rd brn
 Org brn
 CLM
 1 1/2'
 transition
 to SLM
 mica
 sm Rx
 Frags ~ 10%
 4'
 LMS
 5'
 loam
 Rx < 50%
 Bottom
 13'

(297)

org
 CLM
 4'
 black
 dk brn
 rd brn
 LMS
 Rx frags
 sm, cherty
 5 1/2'
 wk org brn
 brn
 SLM
 cherty
 Frags
 40-45%
 Bottom
 13'



SOIL PROFILE

0' (298)
 Str. org brn
 Dense
 CLM
 Trace Rx
 6'
 Rock layer
 Stony
 7'
 org, yellow
 Coarse
 LMS
 Trace
 Rx
 massive
 structure
 platy
 soil
 struct. (sm
 area)
 13'
 Bottom
 (297B)
 4' str. org
 hvly SCLM
 5'
 Str. rd brn
 SLM
 down
 hill
 8'
 yellow LMS
 Trace Rx
 14 1/2'
 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Proposed LOT 24

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-18-03	301	8' M / 12'	10:28 ¹⁵	10:35 ³⁰	"	10:40 ⁴⁰	4 min OK
	300	6' - Lg Rx Frags	~ 45%		Water @ 11' 13' Bottom		(F)
	299	nowater 7' - Rx	> 50%		Rx begins 5'		(F)
	296	8' M / 13'	11:00	11:15	"	11:38	~ 23 OK
	297	5 1/2' S	10:47 ³⁰	10:52	"	10:57	5 min OK
	298	7' S	10:33 ⁵⁰	10:44	"	11:00	16 min
3-19-03	301A	5' SWALL	Gravel + Rock too solid to dig				(F)
	297A	8' ≥ 45%	Stones in 1/4" sand				(F)
	297B	8' M	12:03	12:12	"	1/4" EST to 90	25 min OK

REMARKS: 301 A LOCATE ON PLAN & FIELD OTHER HOLES DUG ON STAKE

TYPE OF SOIL: 297 A → _____
 TESTED BY: Kacie Noonan ALSO PRESENT: Bob Sheasley, KEELY
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 9/4/03 TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Myrtle Prop LOT NO. 24

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

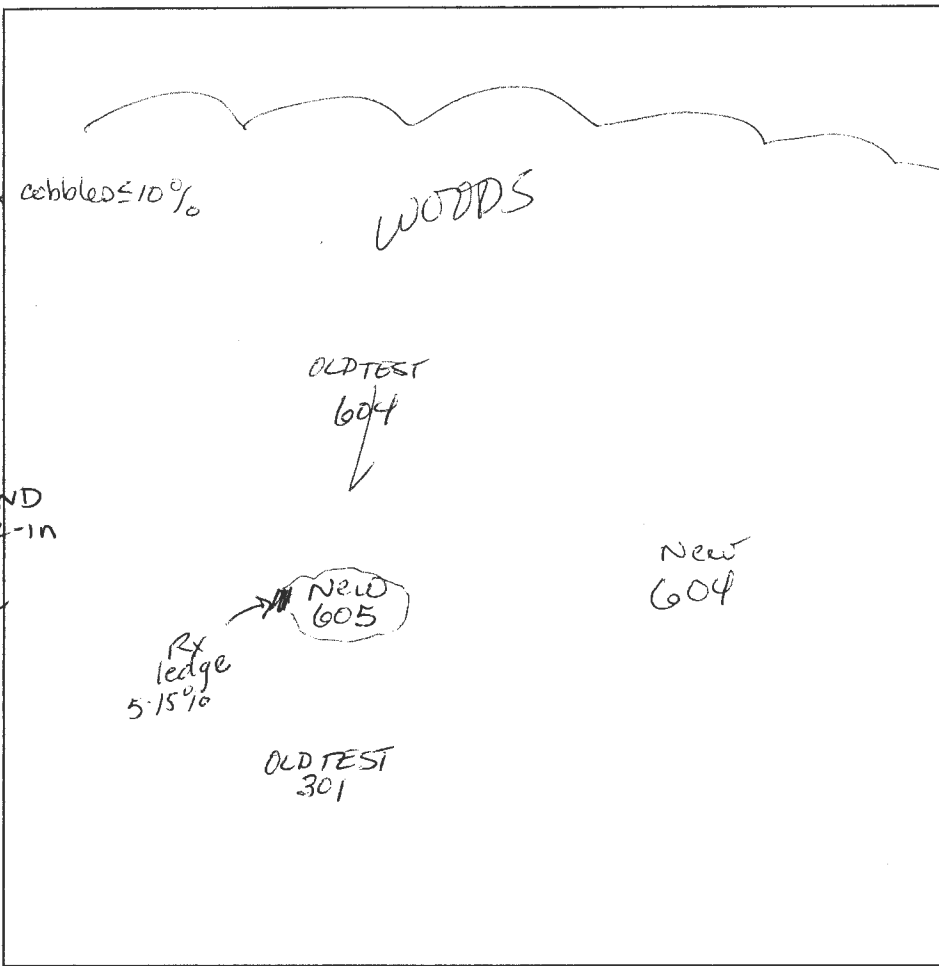
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

(AP)

605

str. rd brn
hvy SL
W/CLAY
SKINS
Sbk

Rx cobbles $\leq 10\%$



tan transition

2 1/2'

rd brn
LS

3'

Rx 510%
s.g. tightly
packed

9'

A few
mini boulders
at bottom

SAND
cave-in

12 1/2'

604

str brn
SL
CLAY SKINS

1 1/2'

str brn
SL
platy
structure

2 1/2-3'

lt brn
tan
f. Sand
tightly
packed

weathered
Rock $\approx 15\%$
Bottom

12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/4/03	605	7' M / 13 1/2'	11:44	11:50	12:07	17	P
		Rock lens at 9' - few pieces	tested	in it.	only		OK
							LS
	604	7' M / 12'	12:07	12:10	12:15	5	P

REMARKS _____
 SANITARIAN KN / KB BACKHOE Kulty OTHERS Bob. Sheesley
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

Perc Cert Signed
by H.O. on
10-24-03

