

APPLICATION

PERCOLATION TESTING

A 518006-U

P _____

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

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 3504 MYRTLE ST. PHONE _____

AGENT OR PROSPECTIVE BUYER EDUARDO S.C. 29438-3723
JAMES KEELTY & CO. INC.

ADDRESS 61 E. PADONIA RD. PHONE 410-252-8600
TIMONUM, MD 21093

PROPERTY LOCATION:

DIVISION _____ LOT NO. 22

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 _____

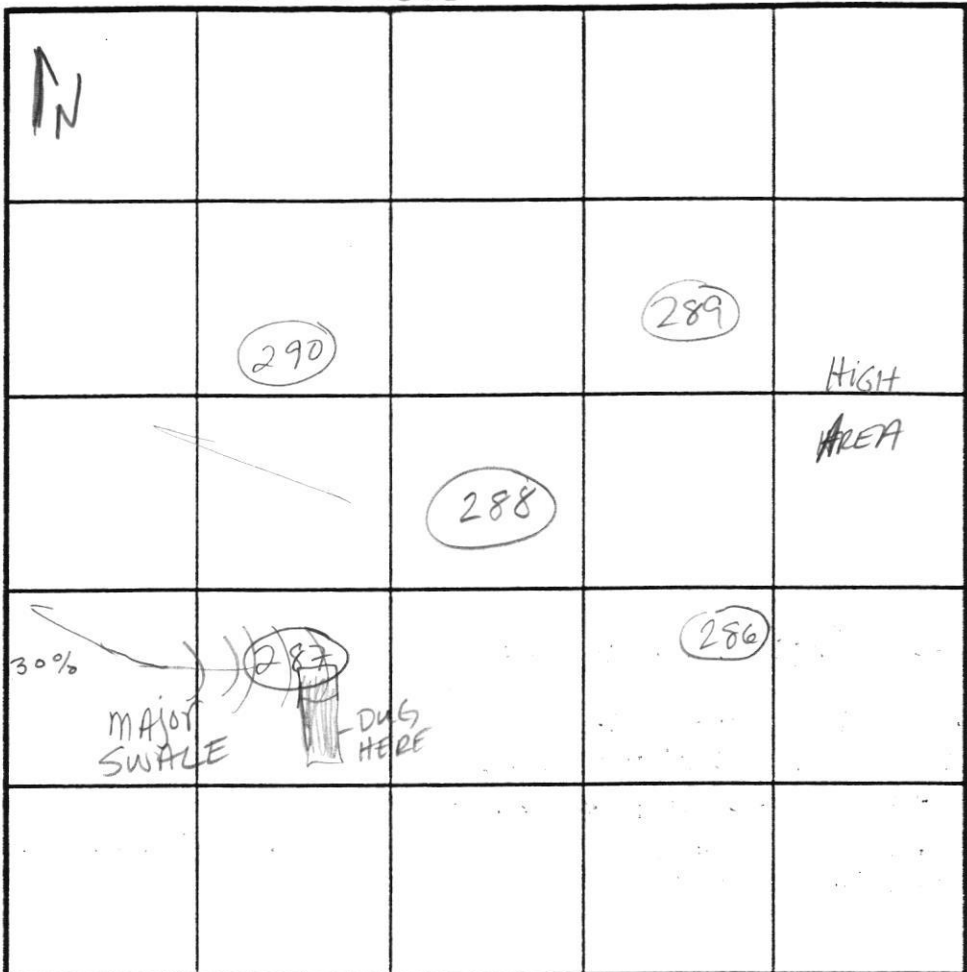
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

518006

In Woods

COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' (290)
 Str. dk brn
 wk rd brn
 CL Lm
 ?
 DK brn
 hv Lm
 6 1/2'
 Strong
 org, rd brn
 gravelly
 Lm
 45-50%
 gravelly
 8 1/2'
 Lt brn
 f. Sand
 wk. platy
 str. Qtz pebbles
 25-30%
 Bottom
 (288)

Brn, rd brn
 si CLLm
 2'
 v. micaceous
 gritty (some)
 SCLLm
 r. obans
 1 1/2"
 4 1/2'
 v. micac.
 str brn
 rd brn
 velvety
 (sheens)
 si Lm - Lm
 5 1/2 - 6'
 Lt brn, brn
 bluish fine
 SAND, platy
 Struct Rx-10 to 15%
 Bottom
 14'

(289)
 Str dk
 y brn,
 wk org
 brn
 CLLm
 3'
 v. micac.
 hv Lm
 5 1/2'
 micac.
 loam
 6 1/2 - 7'
 Lt brn
 fine
 Lm S
 Rx ≤ 10%
 Bottom
 14'

SOIL PROFILE

0' (286) SW
 NE
 RD Brn
 CLM
 3'
 H brn
 tan
 bluish
 fine
 Lm S
 Rx ≤ 10%
 6'
 Bottom
 (287)
 gravelly
 hv Lm
 3 1/2'
 hv rd SCLLm
 4 1/2'
 red silt pockets
 in SCLm
 6'
 Lt brn fine
 micac. (some platy)
 SCLm
 14' Bottom
 struct.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-18-03	290	unable to dig Layer @ 6 1/2'	8 1/2'				(F)
	288	6' S / 14'	12:51 ³⁰	12:53	"	12:56	3min OK
	289	Visual	- See	Soil	Profile		OK
	→ 286	7' M / 14'	1:04	1:06	"	1:08	OK
	Hole shared → 287	6 1/2' S / 14'	1:20 ²⁰	1:21 ⁴⁵	-	1:23 ²²	1 1/2 w/ 11 Slow OK
	W/ proposed Lot 21						

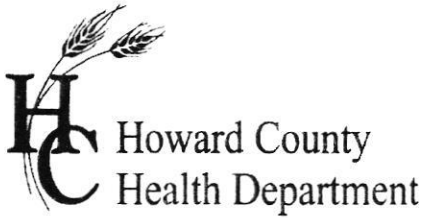
REMARKS SWALE NOT SHOWN ON PLAN

TYPE OF SOIL _____

TESTED BY KN ALSO PRESENT Bob S.

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) _____ 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 LOT NO. 22¹/₂ 23

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



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