



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

572848-A

Maura J. Rossman, M.D., Health Officer

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME MYRTLE PROPERTY, F-00-104

PROPERTY ADDRESS DAVIS BRANCH ROAD
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP 10 GRID 24 PARCEL 225 LOT NO. 162 PROPOSED LOT SIZE (ACRES) 1.15

ZONING CATEGORY TIER

PROPERTY OWNER(S) KEYSTONE HOMES

DAYTIME PHONE 717-404-9000 CELL EMAIL

MAILING ADDRESS 227 GRANITE RUN DR. STE 100 LANCASTER, PA 17601
KEYSTONE HOMES STREET CITY, STATE ZIP

APPLICANT BENJAMIN ENG. RELATIONSHIP TO OWNER: ENGINEER

DAYTIME PHONE 410-465-6105 CELL EMAIL BE@BEI-CIVILENGINEERING.COM

MAILING ADDRESS 8400 BALDWIN PIKE ELICIT CITY, MD 21043
STREET CITY, STATE ZIP

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

PROPERTY:

- Subdivision: Number of lots including residue: 1
Subdivision classification (per dept. of planning and zoning) Major Minor
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with existing or proposed bedrooms in the completed structure
Commercial (provide detail of type of use and numbers of employees/customers on accompanying plan)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- Yes
No

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- This application is valid for two(2) years from date of fee payment and approval is based upon health officer signature of a perc certification plan prior to expiration of this permit.
The application fee is non-refundable
This application must be accompanied by all applicable fees and a suitable site plan in order to be processed
This is a public document

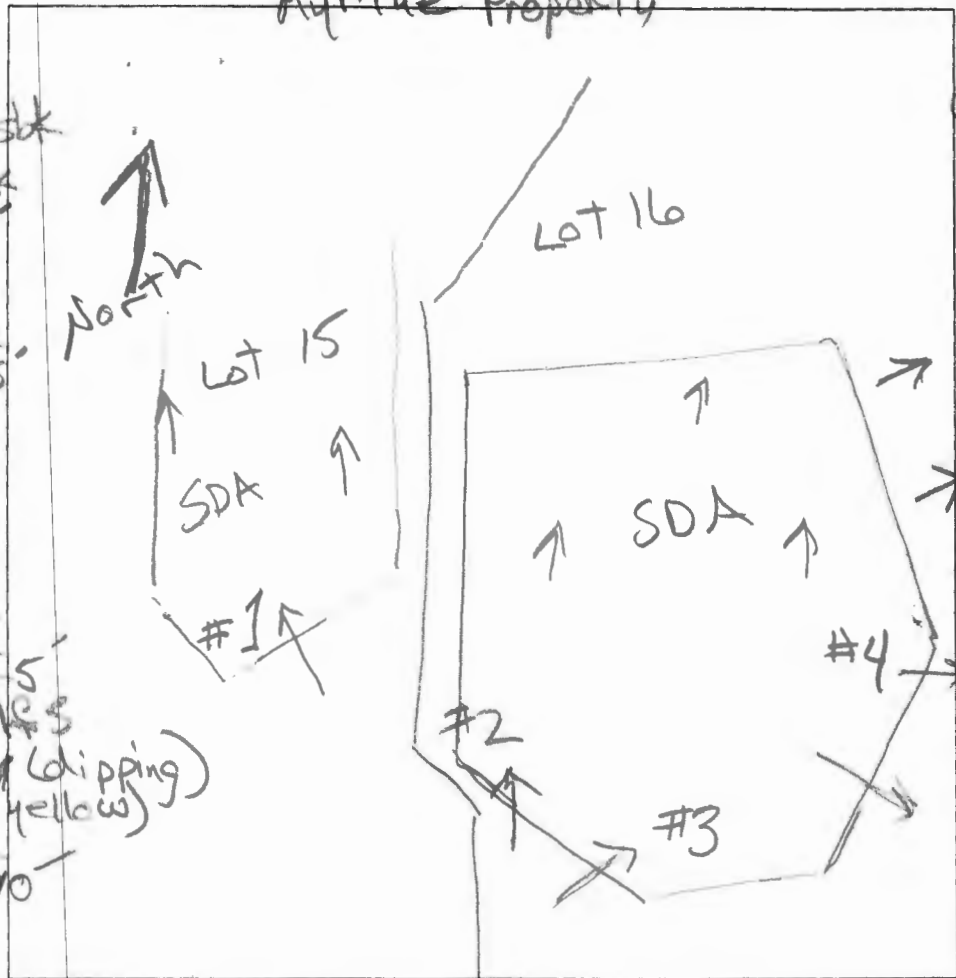
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

DocuSigned by: Jeffrey C. Rutt 11/10/2020 | 10:56 AM PST
018B8D5C873542F... SIGNATURE OF APPLICANT DATE

Myrtle Property

(3)



(1)
 dk brn L, 1/2 sbk
 brn L, 2/2 sbk
 ————— 0.5' —————
 red-brn sl
 2msbk
 common mica
 ————— 1.5' —————
 red, lt. brn
 & blk ls,
 thick platy
 many mica
 ————— 4' —————
 red ls, few
 mica

grey-brn
 thin platy (dipping)
 C3P (pale yellow)
 few mica
 10'

(2)
 dk brn to brn
 L, 1/2 sbk
 ————— 0.5' —————
 red-brn & brn
 L, 2msbk
 few mica
 ————— 1.4' —————
 brn red-vel
 & blk ls
 thin platy
 common mica

————— 2.9' —————
 red-brn ls
 w/pale yellow
 streaks
 thin platy
 (vertical)
 ————— 7.5' —————

brn & lt. brn grey
 ls, thick
 platy
 few mica
 11'

0.5' brn L, 2/2 sbk
 red-brn sl
 2msbk
 common mica
 ————— 1.5' —————
 red & dk brn
 sl, thick
 platy
 many mica
 ————— 2.2' —————
 red-vel
 & brn ls
 thin platy
 common mica
 ————— 4.5' —————
 red-brn
 ls w/pale yellow
 streaks
 thin platy
 few mica
 common mica
 near bottom
 9' — R —

(4)
 brn L, 1/2 sbk
 ————— 0.7' —————
 red-vel & brn
 sl, 1/2 sbk
 few mica
 ————— 3.0' —————
 red-vel & brn
 sls, platy
 few mica
 ————— 5' —————
 red-vel & brn
 sls, thin platy
 w/pale yellow
 streaks
 8.5' — R —

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/2/20	1	10'	Visual	sidewall 2'-6"	1.2 gpd/ft ²		P
12/2/20	2	11'	Visual	sidewall 2'-5"	1.2 gpd/ft ²		P
12/2/20	3	9'	Visual	sidewall 2'-5"	1.2 gpd/ft ²		P
12/2/20	4	8.5'	Visual	sidewall 2'-4.5"	1.2 gpd/ft ²		P

REMARKS _____

SANITARIAN R Bricker BACKHOE George OTHERS Chris Oyle

TEST HOLES USED IN SDA _____ AVG. PERC TIME 2-5 SQ. FT/BR 125

TRENCH WIDTH _____ INLET DEPTH 2 MAX. BOT DEPTH _____ EFFECTIVE SW _____

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 Myrine

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 16

ROAD AND DESCRIPTION W. ...

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 _____

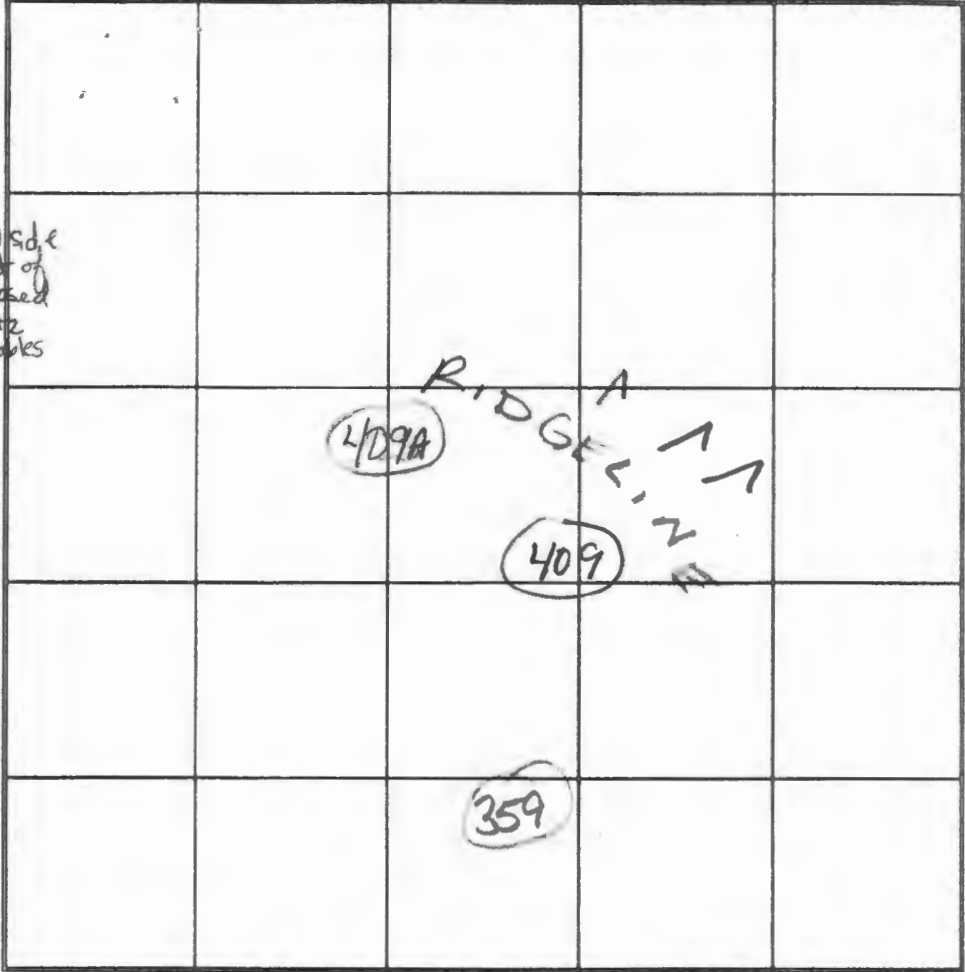
THIS IS NOT A PERMIT

518006
COUNTY #

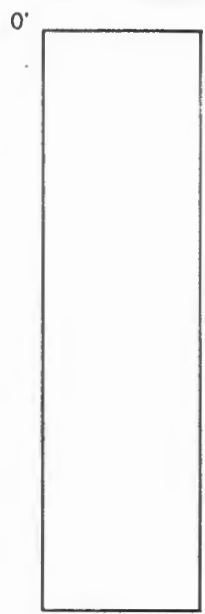
SOIL PROFILE

0' **409**
 some dk structure
 brn, dk brn
 pebbly
 1' -
 1 1/2'
 2' -
 s-N side
 - packet of
 decomposed
 pink Qtz
 lg pebbles
 3' -
 4' -
 10 1/2'
 10' -
 14'

409A
 DK brn
 micaceous
 LM
 1' -
 micaceous
 strong brn
 1/2 brn trace
 1/2 brn
 sil-L
 brn str brn
 micaceous
 LM
 Kc - Trace
 5-6'
 brn, str brn
 fine dk brn
 SLm
 micac.
 friable
 w/s
 Saprolite
 Bottom
 ~10%



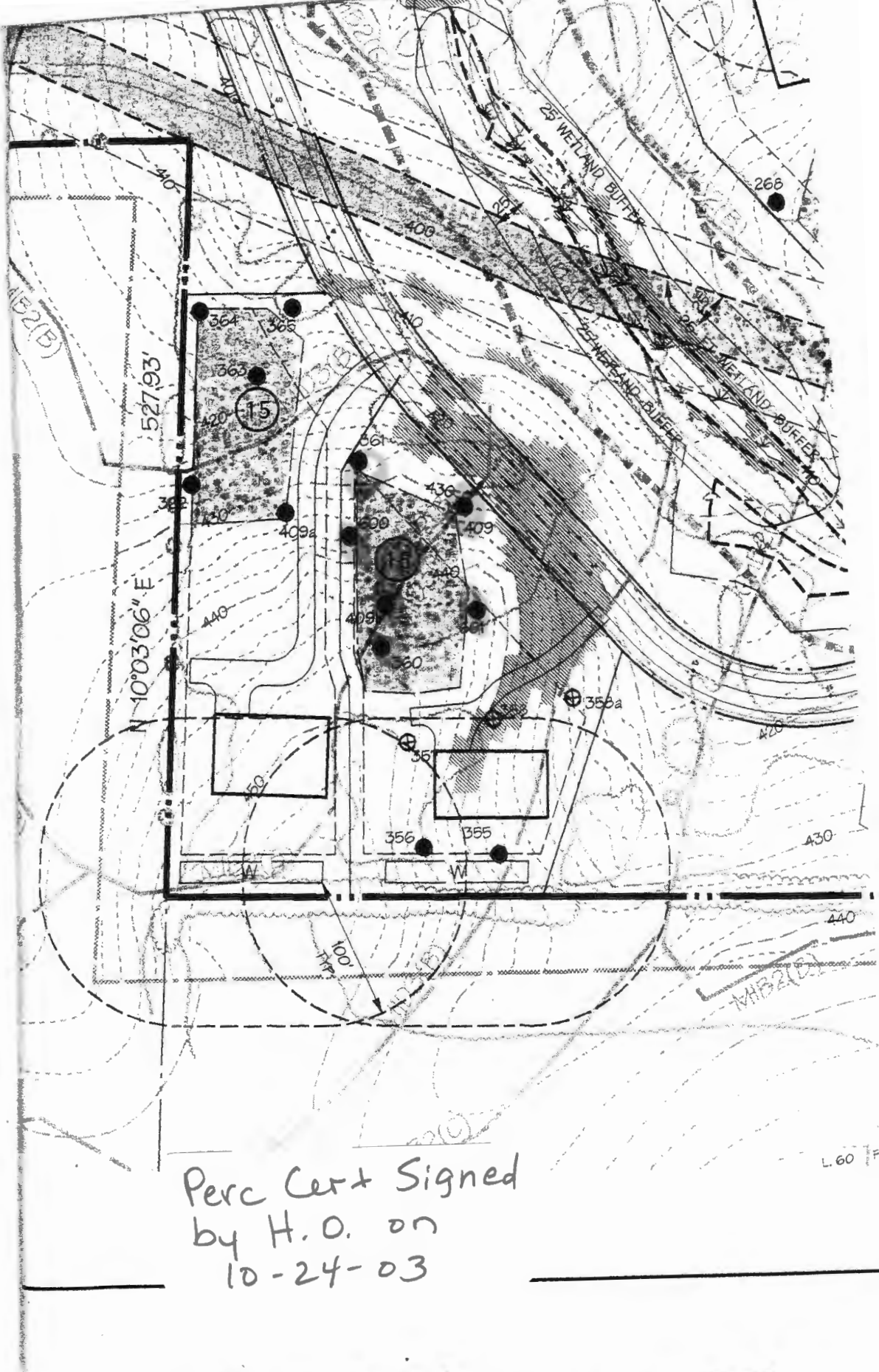
SOIL PROFILE



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	409	4 1/2' M	11:45 ¹⁰	11:47 ¹⁵	11:47 ⁵	11:57 ⁺	~100k
	409A	4 1/2'	10:16 ⁰⁰	10:16 ⁴²	10:16 ⁴²	10:18	repair
					10:21 ⁴⁵	10:23 ⁴⁵	2 min OK

REMARKS Take 409 staked per plan Is 409A on plan?
 TYPE OF SOIL _____
 TESTED BY Kacie Noonan ALSO PRESENT B. Sheesley
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



APPLICATION

PERCOLATION TESTING

A 518006-0

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 EDIANTO SAC. 29438-3723
JAMES KEELTY & CO. INC.

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

PROPERTY LOCATION:

DIVISION _____ LOT NO. 16

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 G. 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

357

0'
 sum
 3'
 Rx layer begins
 SLm
 ?
 still lg
 Frags +
 hard
 Saprolite
 md-lggr
 coarse
 sand
 Rx > 50%
 13'
 H.B.

356

3'
 Strong
 brn
 CLM
 down
 hill
 5'
 Ybrn
 brn
 CLM
 Mica. eous

7 1/2'
 Hbrn
 white
 md gr.
 sand
 Rx ≈ 10%
 15 1/2'
 Bottom

355

Str. brn
 CLM
 Mica. eous
 3 1/2'
 SLm
 5 1/2'
 Rx ≤ 50%
 Qtz rubble
 No MOTTLES
 LITTLE
 Mica



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

358

0'
 Str. brn
 Loam w/
 CLAY SKINS
 3'
 brn
 white
 some
 mica
 fine
 sand
 6 1/2' to 11'
 Qtz lens
 30%
 14 1/2'
 Bottom

358A

Org
 CLM
 transition
 fine sand
 trace
 6'
 7'
 12 1/2'
 14'
 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3-11-03	357	6 1/2 M 13' HB	12:02		Too FAST - Rx > 50%		(F)	
TESTED ON Downhill side	356	7' M 15 1/2'	12:11	12:22	"	12:42	20 min	OK
	355							OK
	358	SEE Rx in Soil Profile						(F)
	358A	DEEP CLAY + WATER						(F)

REMARKS Holes Staked and dug per plan 358A NOT PER PLAN
 TYPE OF SOIL ≈ 15' to C.L Swale

TESTED BY Kacie Norman ALSO PRESENT Bob S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

PERCOLATION TESTING

A 518076

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 _____ LOT NO. 16

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

518000

COUNTY #

SOIL PROFILE

360

W 0' E

yellow brown SAND
Str. rdbrn Sand Md grains

BAND OF QTZ 2'

3'

tan yellow Brn lt brn sand w/lt pebbles ~ 10%

4±

Bottom 13'

359

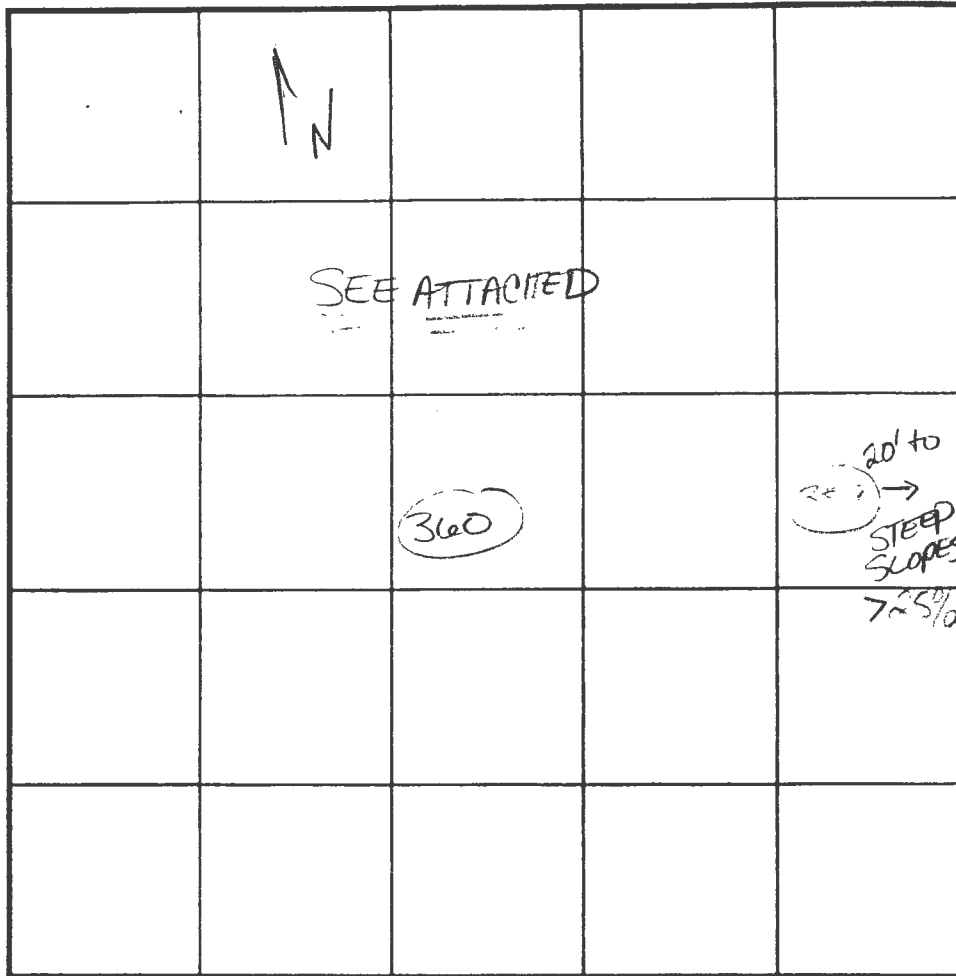
Granular Struct w/lt rdbrn - (S)DM orn 2½'

compact granular sand w/lt

Q+z

Rx > 50% begins @ 6"

H. Bottom @ 11"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-1-08	360	4'5" / 13V					EST. 10min OK
	359	Excess	1.2L		Surrounded by granular SAND		(F)

REMARKS LOT 16 NOTES

TYPE OF SOIL

TESTED BY KN ALSO PRESENT Bob S. + KECTV

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 Mystic Prop. LOT NO. 16

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

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

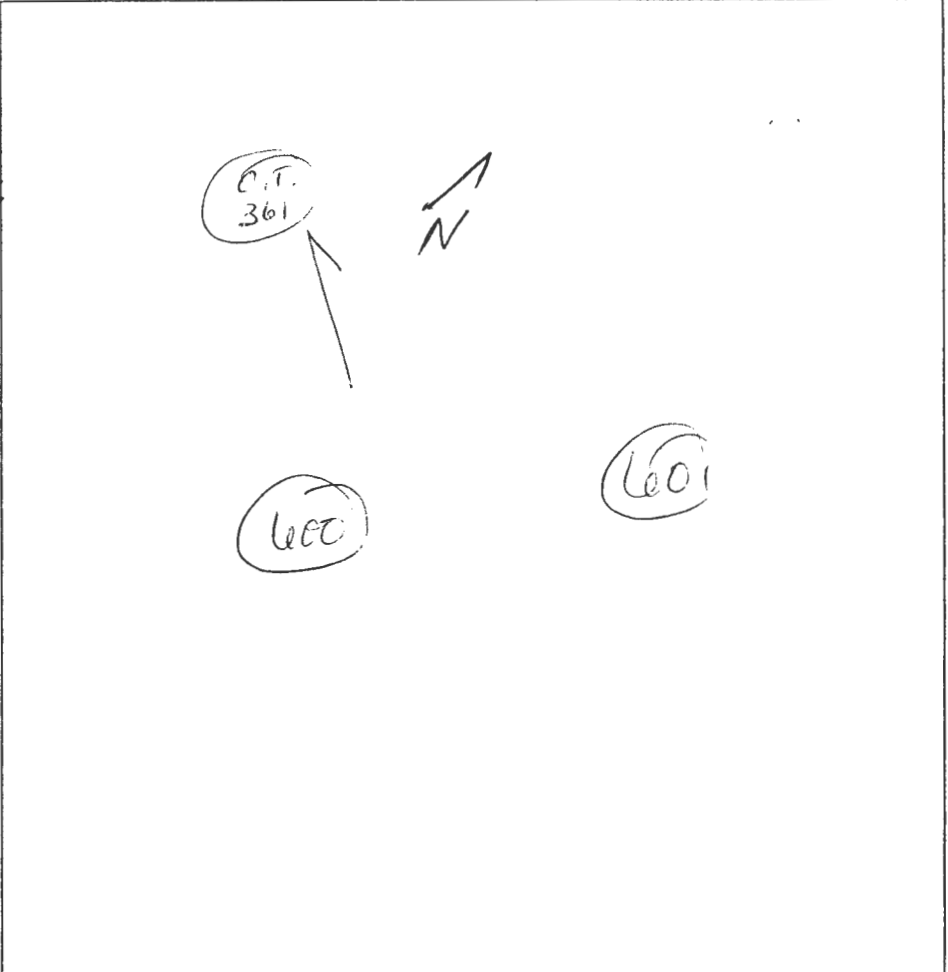
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. 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 518006

(600)
 Brn LS
 Rx ~ 5%
 2 1/2' ±
 Brn white
 Med grained sand
 loose
 sm gravelly frags ~ 15%
 Bottom 13'



(601)
 topsoil 6"
 strong brn LS 2 1/2' ±
 dk brn white w/ k org Sand
 med sized grain & coarse 20% frags
 25 mm & smaller tightly compacted
 Bottom 7-12 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
9/4/03	600	6' M / 13' V	2:00 ⁰⁰	2:01 ⁰⁰	2:03 ¹⁵	2+	P
	601	7 1/2' M / 12 1/2' V	2:52 ⁰⁰	2:56	3:05	9+	P

REMARKS Staked per plan Steep, steep slopes ~ 20%
 SANITARIAN KN/KB BACKHOE KEELTY OTHERS B Shesley
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 2 1/2' MAX. BOT DEPTH 4 1/2' EFFECTIVE SW _____