

APPLICATION

PERCOLATION TESTING

A 5180010 F

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 & WF

ADDRESS 35004 MYRTLE ST. PHONE _____

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

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

PROPERTY LOCATION:

DIVISION _____ LOT NO. 7

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 W. Keelty 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 _____

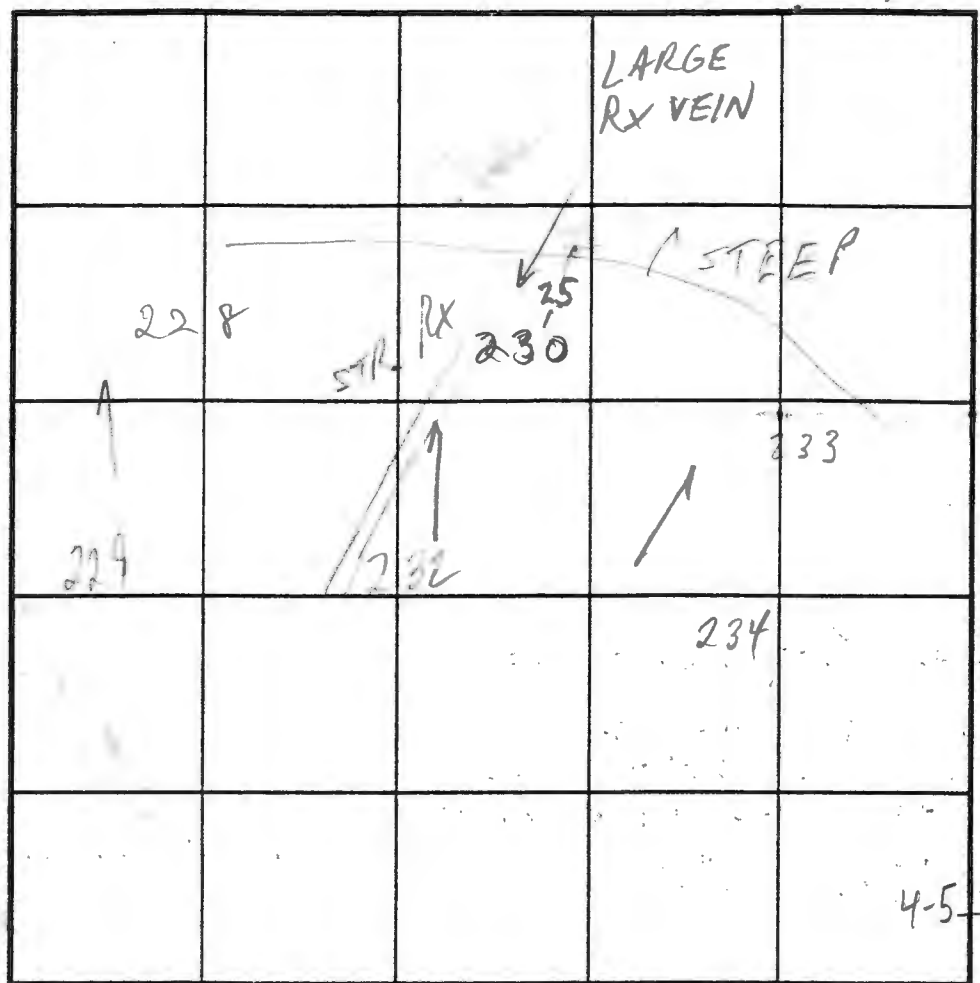
THIS IS NOT A PERMIT

518000
COUNTY #

SOIL PROFILE
228
0' brn orge hvy lm
2 tan ht. brn beige pale orge sa lm
13 25-10% 40% 20% frags frags
DN

2-3 1/2
12
WEST
brn orge hvy lm
tan beige sa lm
10-20% frags
25% pocket @ 7"
40-60% Rx
HARD BOT

5
14
hvy brn lm v cl lm
hvy orge brn cl lm w/gray mottles
tan ht. brn beige sa lm
10-20% frags
Rx



SOIL PROFILE
229
0' orge brn hvy sa lm
3 tan sa lm 10-20% frags
4-5 25-40% Rx
9
11-12 HARD ROCK

233
brn orge hvy sa lm 15% frags
ht. brn sa lm 10-15% frags
4-5 25% frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/4/03	228 M V	6 13	12:26	12:29	12:29	12:38	9
	232 M V	5- 12	12:38	12:51 PULLED DUE TO FAILING RX	12:58	1/2"	FAIL
	230 M V	6- 12	12:58	1:04 AVOID BY 25'	1:04	1:17	13
	229 M V	7 9-12	12:12	12:14 MARGINAL DUE TO RX IN CENTER	12:14	12:20	6
3/10/03	234 S V	8- 12-14	10:49	11:04 REJECTED BY ALL PARTIES DUE TO MOTTLES + CLAY	11:04		
	233 M V	7-8? 13	10:35	10:37	10:37	10:40	3

REMARKS _____
TYPE OF SOIL _____
TESTED BY MR ALSO PRESENT Sheesley, hwe men
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

25-CH

APPLICATION

PERCOLATION TESTING

A 51 8006

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 Myrtue

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Myrtue LOT NO. Between 6 & 7

ROAD AND DESCRIPTION WOODSTOCK ROAD

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

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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

403B

0'

topsoil

Coarse
wk yellow
pebbly
frags ~15%
w
s.g. med
sized
sand
brn, ltbrn,

7'

fine
S Rx ~10%
brn, lt
brn
micaceous
bottom

14'

403A

Si Lm

1 1/2 - 2'

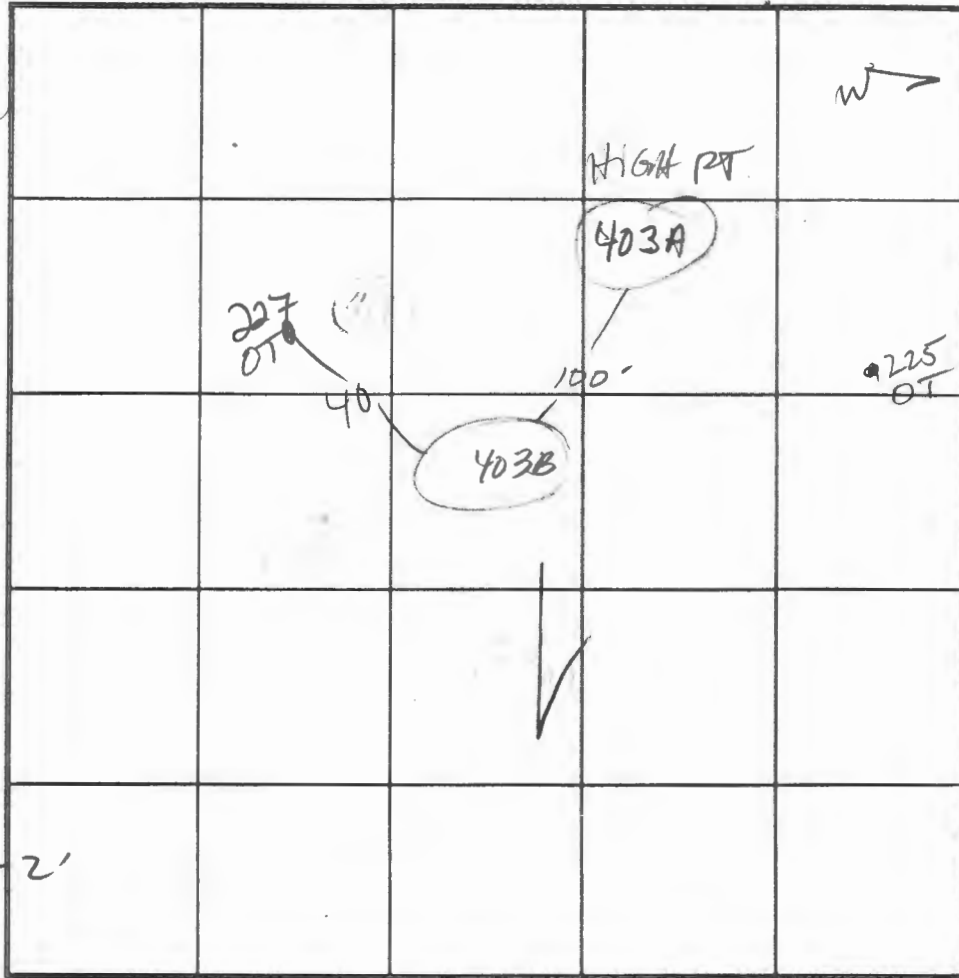
Lm - S
to
S (fine)

Trace

Rx

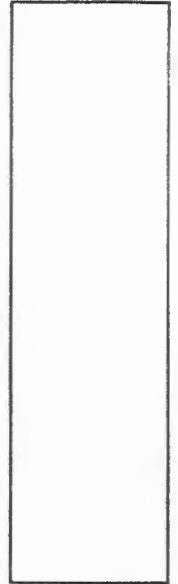
brn
lt brn
Saprotic
wk
small
frags ~10%
Bottom

14'



SOIL PROFILE

0'



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	5-20	403B	5:28 ¹³	5:31 ³⁰	5:31	5:36 ³⁰	5 min OK
		403A	Visual - see soil		Profile		OK OK EST 5 min

REMARKS Holes Staked by licensed surveyor

TYPE OF SOIL 403B NOT ON PLAN

TESTED BY Kacie Noonan ALSO PRESENT Bob S. & Keelty

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

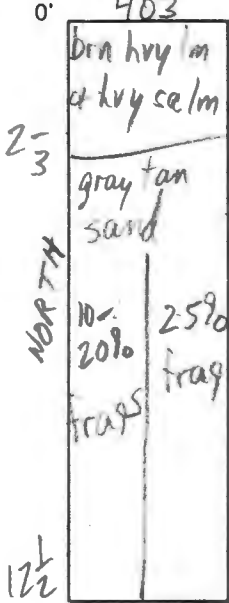
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

518006

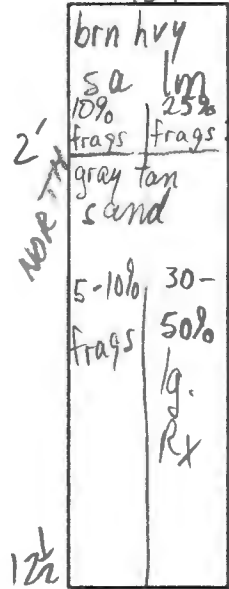
COUNTY #

SOIL PROFILE

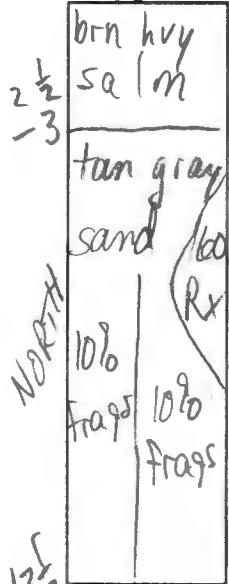
403



404

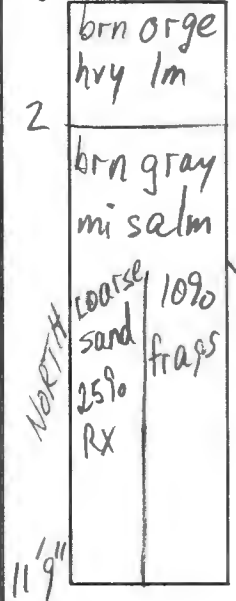


405

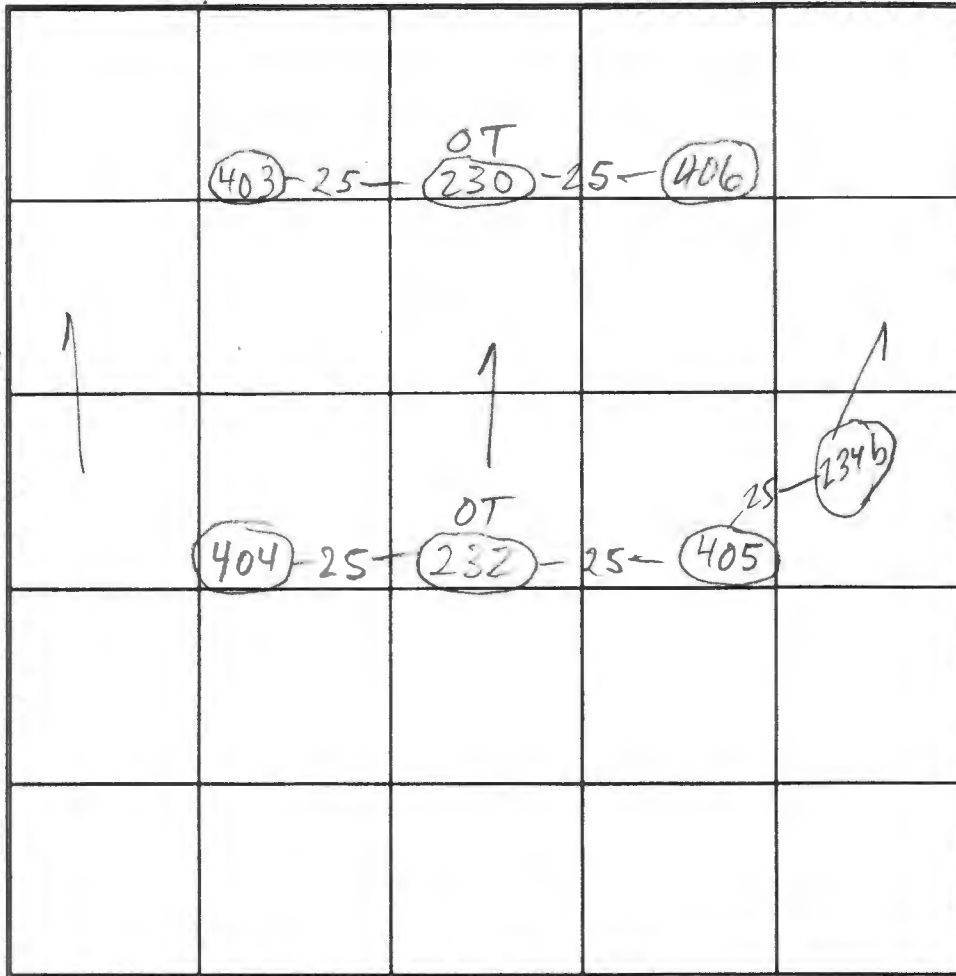
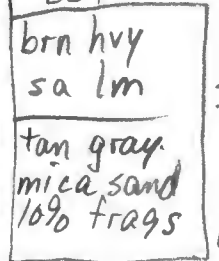


SOIL PROFILE

406



234b



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/03	403 M	5'3"	12:34	12:36	12:36	12:42	6
	403 V	12 1/2'					
	404 M	6	12:20	12:23	12:23	12:26	3
	404 V	12 1/2'					
	405 V	13 1/2'					
	405 V	13 1/2'					
	406 M	5'9"	12:59	1:01	1:01	1:06	5
	406 V	11'9"					
	234b V	13 1/2'					

REMARKS HOLES 403-406 PER REVISED PLAN; 234b NOT PER PLAN

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT Sheesley hoe crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

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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.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Myrtle LOT NO. 7

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)

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COUNTY #

SOIL PROFILE

226

brn
 6" m
 10-15%
 frags
 w/a few
 pebbles
 35%
 quartz
 frags

225/227

brn
 hvy lm
 10-30%
 frags

dk

brn
 hvy lm
 15-25%
 frags

229

orge
 brn
 hvy sa/m
 tan sa/m
 10-20%
 frags

25-40%
RX

HARD
ROCK

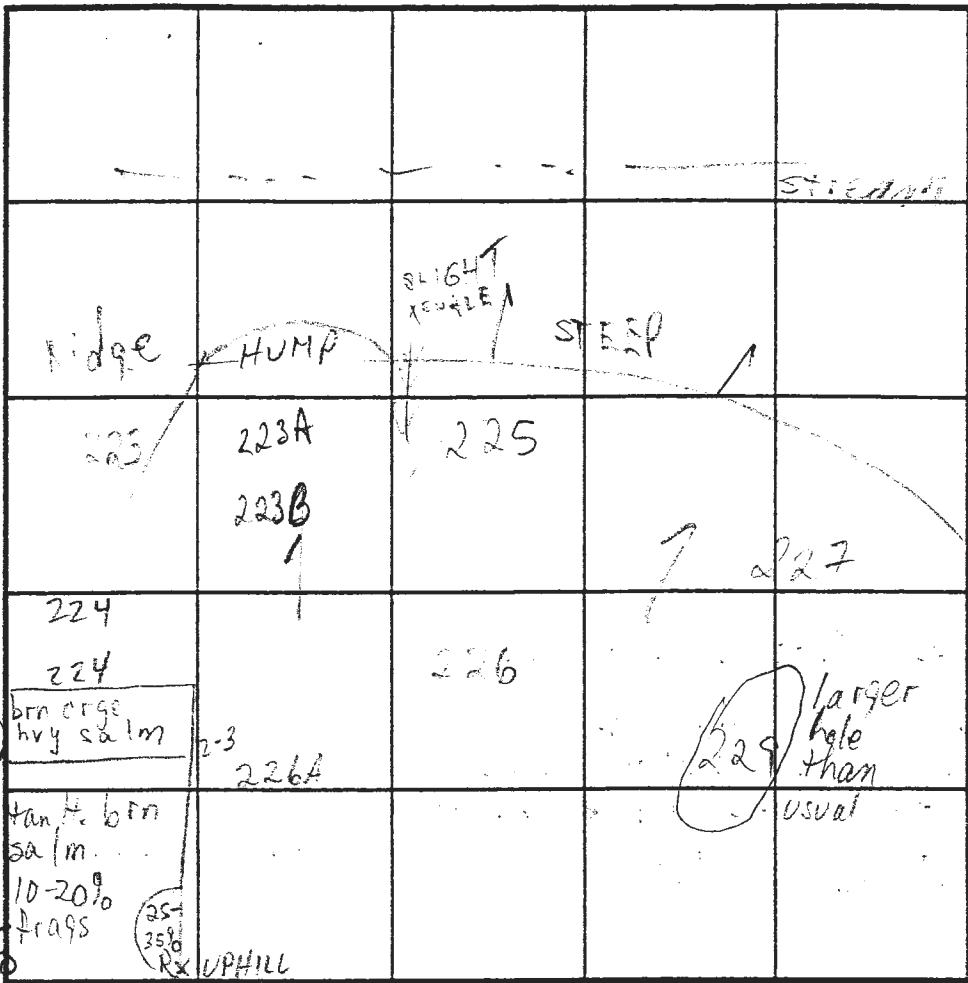
SOIL PROFILE

226A

brn
 hvy lm
 tan
 gray
 sa/m
 10-20%
 Rx
 ↑ w/depth

225B

brn
 hvy lm
 tan
 brn
 10-30%
 frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WEST EAST
10-30% frags
Rx worse DN

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/4/03	224 M V	6 1/2 12 1/2	11:11	11:14	11:14	11:20	6
6 1/2 IN Rx	225 M V	5 1/2 6 1/2	11:17 1:48	11:20 1:53	11:20 1:53	11:28 1:58	8 5
	226 M V	6' 3" 13 1/2	11:35	11:40	11:40	11:56	6
	225 M V	6' 3" 14	11:45	11:47	11:47	11:52	5
	227 M V	6 13 1/2	11:55	12:01	12:01	12:12	11
NOT TESTED IN ROCK	229 M V	7 9-12	12:12 MARGINAL DUE TO RX IN CENTER	12:14	12:14	12:20	6
	223A V	7	50-60% Rx	TH1-2	7		FAIL
	223B V	12	OK				
	226A V	11 1/2	OK				

REMARKS ALL HOLES PER PLAN, EXCEPT 223A, 223B, 226A

TYPE OF SOIL _____
 TESTED BY MR ALSO PRESENT no men Sheeley
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

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A 518006-E

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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT _____

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TELEPHONE: 313-2640

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PROPERTY OWNER RICHARD MYRTLE & WF.

ADDRESS 3504 MYRTLE ST. PHONE _____

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

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

PROPERTY LOCATION:

DIVISION _____ LOT NO. 6

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)

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

THIS IS NOT A PERMIT

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

