



HOWARD COUNTY HEALTH DEPARTMENT

91045

CODES

DATE

4/27/26

☐ CASH

☐ CHECK

NO. (cc)

Received
From

For

Young Septic Services

OSAS Bedford 710 Middlebrook Ct

Two hundred sixty five ⁰⁰/₁₀₀ Dollars

\$

265 00

Received By

[Signature]



HOWARD COUNTY HEALTH DEPARTMENT

91045

CODES

DATE

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☐ CHECK

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Received
From

For

51.1 ps
Young Septic Services

OSAS Repair 710 Middlebrook Ct

Two hundred sixty five

00/100
Dollars

\$

265.00

Received By

[Signature]



HOWARD COUNTY HEALTH DEPARTMENT

91045

CODES

DATE

5 / /

☐ CASH

☐ CHECK

NO.

Received
From

For

Young Septic Services
OS/BS Repair 710 Middlebrook Ct

Two hundred sixty five ⁰⁰/₁₀₀ Dollars

\$

265 00

Received By

[Signature]

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-26-01054
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 710 MIDDLETRAIL CT, Mount Airy, 21771

Receipt No.	15141					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Credit Card		\$265.00	04/27/2026	PUBLICUSER604551		Batch:[BO0P01D8D8B8]

Owner Info.: JOHNSON VICKI S
710 MIDDLETRAIL CT
MOUNT AIRY, MD 21771

Work Description:

Receipt Summary

Trans NBR : 15141
For Permit Nbr: WS-PT-26-01054
Business Date : 04/27/2026 03:32:11PM
Today Date : 05/14/2026 12:07:04PM
Permit Fee Due: \$265.00
Admin Fee Due : \$0.00
Total Amt Paid: \$265.00
Received :
Operate ID : PUBLICUSER604551
Cash Drawer ID:

Credit Card Tendered : \$265.00
Change Due : \$0.00
Payor : Anna Schneider

[Print Receipt](#)[Cancel](#)

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☒ Failing System
☐ System relocation for proposed addition
☐ System upgrade for proposed addition
☐ Inadequate treatment zone
☐ Collapsed septic tank
☐ Collapsed drywell

Existing system design

- ☒ Drywell
☐ Trench
☐ Mound
☐ Unknown
☐ Other: _____

Is discharge surfacing on the ground?

☐ Yes
☒ No

Additional Comments:

Has the septic tank been pumped within the last month?

☒ Yes
☐ No

Date pumped: 5/12/26

Was a visual inspection of the septic tank and/or drain fields conducted?

☒ Yes
☐ No

Explain observation: Drywell was full and backing up

Was a visual inspection of the sewage line conducted?

☐ Yes
☒ No

Blockage Leading to the field

☐ Yes
☒ No

Explain: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Young Septic Services

Contractor's Phone: (443) 775-7353

Contractor's Address: 1802 Baltimore Blvd Westminster, MD 21157

Property Address: 710 Middletrail Ct Mt Airy MD 21771

County File: _____

Subdivision: _____

Lot: _____ Year Built: 1977

Owner's Name: Vicki Johnson

Existing bedrooms: 4

Name of previous owners: N/A

Existing bedrooms: _____

Proposed bedrooms: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists. The contractor is to notify the office of the emergency as soon as possible.

2/2020

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Vicki Johnson
PROPERTY ADDRESS 710 middletrail Ct Mount Airy 21771
STREET TOWN ZIP
TAX ACCOUNT # 03-32229 TAX MAP _____ GRID _____ PARCEL _____ LOT NO. 14 PROPOSED LOT
ZONING CATEGORY _____ TIER _____ SIZE (ACRES) 1.35

PROPERTY OWNER(S) Vicki Johnson

DAYTIME PHONE (301)602-8836 CELL _____ EMAIL babbs933@comcast.net
MAILING ADDRESS 710 middletrail Ct Mount Airy, MD 21771
STREET CITY, STATE ZIP

APPLICANT Young Septic Services RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE (443)775-7353 CELL _____ EMAIL info@youngseptic.com
MAILING ADDRESS 1802 Baltimore Blvd Westminster, MD 21157
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: _____
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 4 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.

Randy B. Young
SIGNATURE OF APPLICANT

5/11/2026
DATE

1 lb r L.
mcosok, 800

1 lb r/4 L.
mcosok.
Fiddle, roots
15% chmng

Br-4 L.
m to p2.
Forb a, m
trace nla.
10% Syntide

Br/Y s/L
WR Co PL
15% Ra, Shale
10% S. sandstone

Ex. Pav. Drive

Ex. House
710 middle bed room
4 BR

Ex. wall
(140-73-2063)

Ex. ST.
~3' cur.

Prop. Pav. Lane

100'

150'

60'

75'

50'

30'

22'

39'

15'

16'

73'

19'

10'

11'

12'

15'

155'

60'

Ex. P.W. (Full)
(No surface disturbed)

DATE	TEST #	DEPTH	START <i>Covered</i>	BREAK 1" DROP	STOP 2" DROP <i>glad</i>	TIME OF 2ND INCH	P/F/H
5/15/2026	A	5'8" 13'v	00:53	pulled 1/4" in 60 mins			F
		H ₂ O poured @ 13'				~ 10 up	P
		7'2"	00:04	00:17	00:42	25	P
	B	4'6" 13'v	00:56	pulled little movement			F
		H ₂ O poured @ 11'				~ 5 up	P
		7'	00:12	1/4" movement			

- middle tail count -	
-----------------------	--

③

Dok Bf L
WKC03BK
Routz

Dr L
MGSOK, Trable
10% Sep rate

Brown / Red CL.
w/ 60% Bk, CW
Furth. some mla.
10% Charney

m	Red brown SBK fot rock
---	------------------------------

Light Brown	
S/L, mlopl	
5% Rock	

Br/YSL
wk Gpl.

15% Sprout	
------------	--

13' 

REMARKS Soil better w/ depth

SANITARIAN K. Wolf / matt Bm BACKHOE matt Wnd. OTHERS

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR 0.6 gal/hr

TRENCH WIDTH 3 INLET DEPTH 3 MAX. BOT DEPTH 9 EFFECTIVE SW 7-9 (62)

$$4BR = \frac{600}{2.6} = 1000 \div 2 = 334 (.62) = \underline{206}$$

Color/texture

4-13' Lateral
on 10.000 ft.

APPLICATION

A 22547

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 445-3800, EXT. 356

DISTRICT 4

DATE 11/25/75

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Howard Associates

ADDRESS

Any questions call:
PHONE Joel Abramson
730-7733

PROPERTY LOCATION:

SUBDIVISION LOT NO. 13 D

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 1.441 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwlg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Joel Abramson

BLDG. PERMIT SIGNED
AND RETURNED 2/25/77
2-7284

APPROVED BY Frank Shinner FOR Reginald E. French DATE 4/9/76

(KIND OF SYSTEM)

REJECTED BY FOR DATE

(KIND OF SYSTEM)

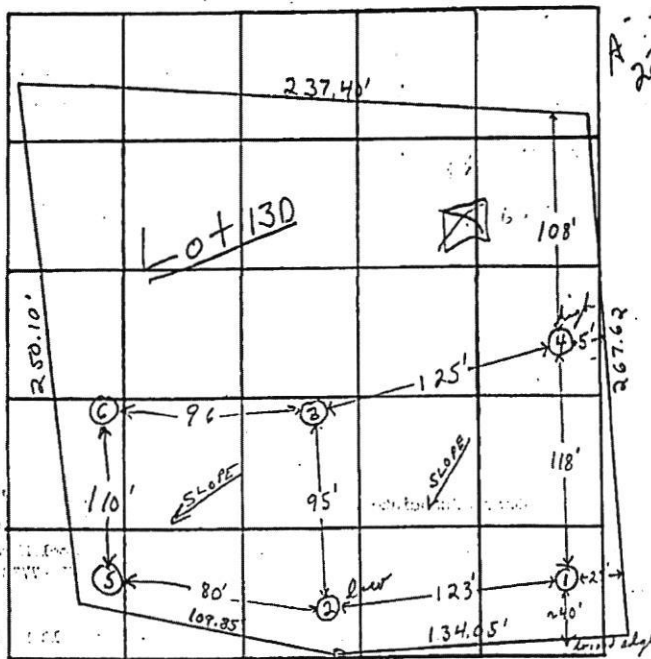
HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

Soil profile

①
0
clay
5
silty loam
12
②
0
clay
4
clay loam
11 1/2
③
0
clay
3
silty loam
11 1/2

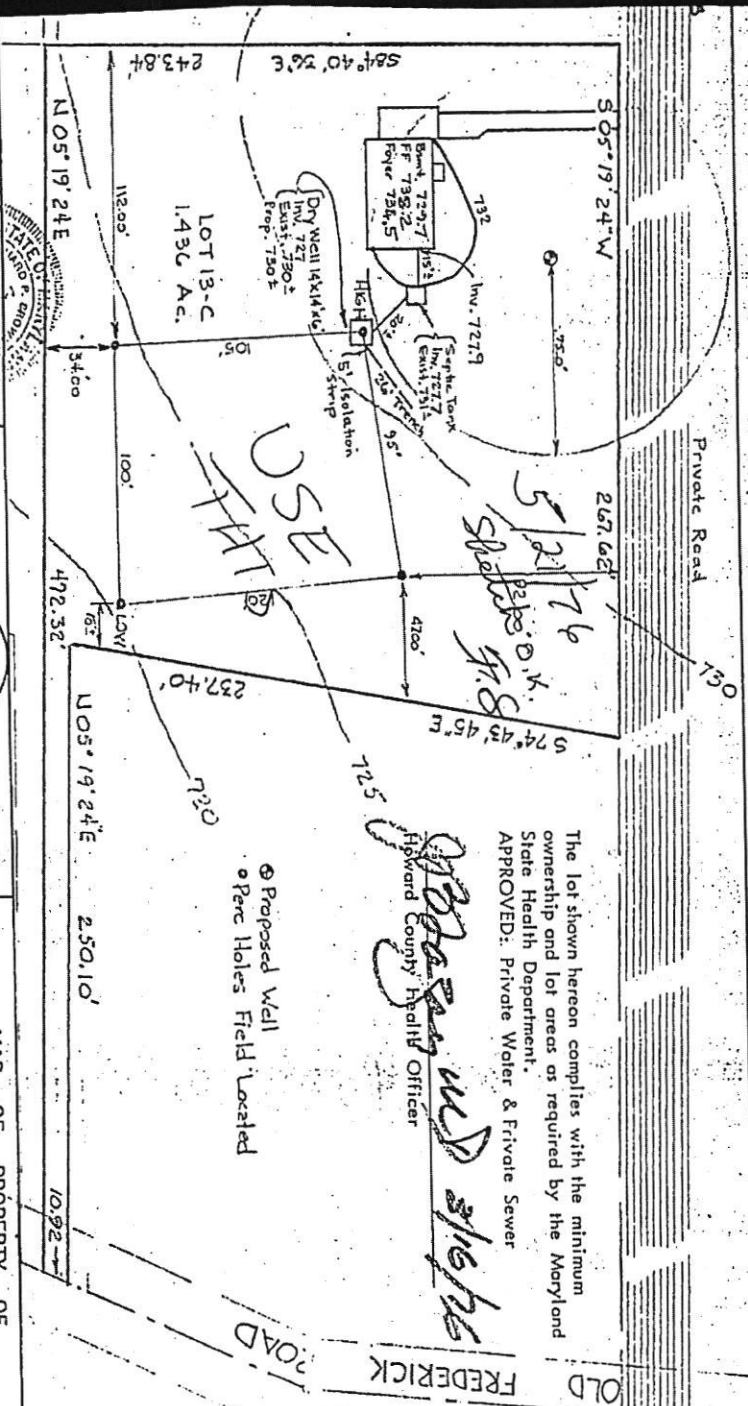


DATE	TEST NO.	DEPTH	PRE-WET START	STOP	TEST - 1" DROP START	STOP	TIME
11/24/77	①	4'	10:08	pull	10:11	10:11	10 min
	1A	12'	10:08	10:14	10:14	10:24	10 min
	2 low	5'	10:19	10:32	10:32	10:55	23 min
	2A	11 1/2'	10:19	10:21	10:21	10:25	4 min
	3	11'	Clay to 3'	10:31	10:31	10:35	4 min
	1b	5 1/2'	10:29	10:31	10:31	10:35	4 min
	4 high	4 1/2'	10:53	10:57	10:57	11:03	6 min
	4A	11 1/2'	10:53	10:56	10:56	11:01	5 min
A23752	55-76	4	6 min				
	5A	12 1/2'	6 min				
	6	4 1/2'	11 min				
	6A	12 1/2'	19 min				
							F.S. test

REMARKS: Correlate all hole locations

TYPE OF SOIL: silty clay loam to weathered saprolite below top 3-5' clay

TESTED BY: F.S. ALSO PRESENT: Lendrum & crew



W. O. Ho

No.

REFERENCE

MERIDIAN

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WATTE, N.J.
COLUMBIA, MD.

MAP OF PROPERTY OF
HOWARD ASSOCIATES
SITUATED IN
4th ELECTION DISTRICT
HOWARD COUNTY, MD.
DATE 2-5-76

SCALE 1" = 50'

DRAWN BY: [Signature] CHECKED: [Signature]