



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) 7/10/2014 TEST TIME noon

APP 537365-A

AGENCY REVIEW: _____

DATE 6/28/13

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 4 005 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) RENE & JEANNE GELBER TRUSTEE

DAYTIME PHONE 410-461-2855 CELL _____ FAX _____

MAILING ADDRESS 13550 ALLNOTT LN HIGHLAND MD 20727
STREET CITY/TOWN STATE ZIP

APPLICANT RENE & JEANNE GELBER TRUSTEE

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 13550 ALLNOTT LN HIGHLAND MD 20727
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME GREENE PROPERTY LOT NO. 1

PROPERTY ADDRESS 13550 ALLNOTT LN HIGHLAND
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 34 GRID 16 PARCEL(S) 389 PROPOSED LOT SIZE 41,471 SQ FT

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. Nenni L Gelber
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AP

5018

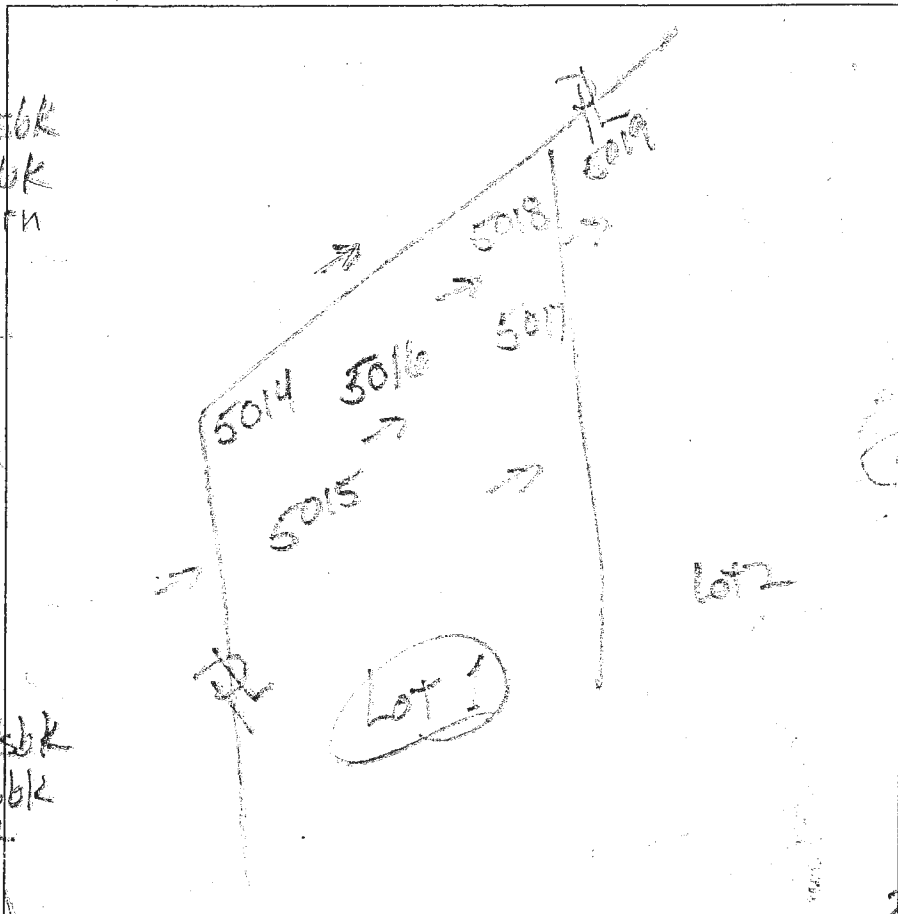
0.7' dk brn L, 2csbk
 2' brn L, 2msbk
 1' yel-red & brn
 1' fs, 1msbk
 1' com, mica
 3.5' grey-brn
 & yellow fs
 common mica
 8.8' yellow & brn
 fs, common
 mica
 13'

5017

0.6' dk brn L, 3csbk
 1.1' brn L, 2msbk
 3' brn L, 2csbk
 com, mica
 3' yel-red, fs
 com, dense, com mica
 4' yel-red & brn
 fs, many mica
 8.8' brn ch ls
 many mica
 12'

5016

0.8' dk brn L, 2csbk
 1.6' brn L, 2csbk
 common mica
 yel-red & brn
 L, 2msbk
 common mica
 3' yel-red, brn
 & pale brn
 fs, 1msbk
 many mica
 9.2' brn ls, 1msbk
 many mica
 12'



5014

0.6' dk brn L, 2csbk
 1.2' brn L, 2msbk
 1.2' brn L, 3msbk
 1.7' yel-red chl
 3msbk few
 mica
 1.7' yel-red chl
 com dense
 few mica
 5.5' brn ls to
 yellow & grey-brn
 fs, many mica
 12.4'

5015

0.7' dk brn L, 2csbk
 1.5' brn L, 3csbk
 to 3msbk
 2.6' yel-red
 fs, com, dense
 common mica
 4' yel-red
 & yellow fs
 many mica
 5' brn & yellow
 fs, many mica
 12'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
7/10/14	5018	5' 13"	12:09	12:11	12:14	3	P
7/10/14	5017	5' 8" / 12'	12:22	12:24	12:27	3	P
7/10/14	5016	5' 5" / 12'	12:37	12:41	12:48	7	P
7/10/14	5014	2' 12" / 12'	12:55	12:58	1:04	6	P
7/10/14	5015	5' 9" / 12'	1:12	1:14	1:17	3	P

REMARKS

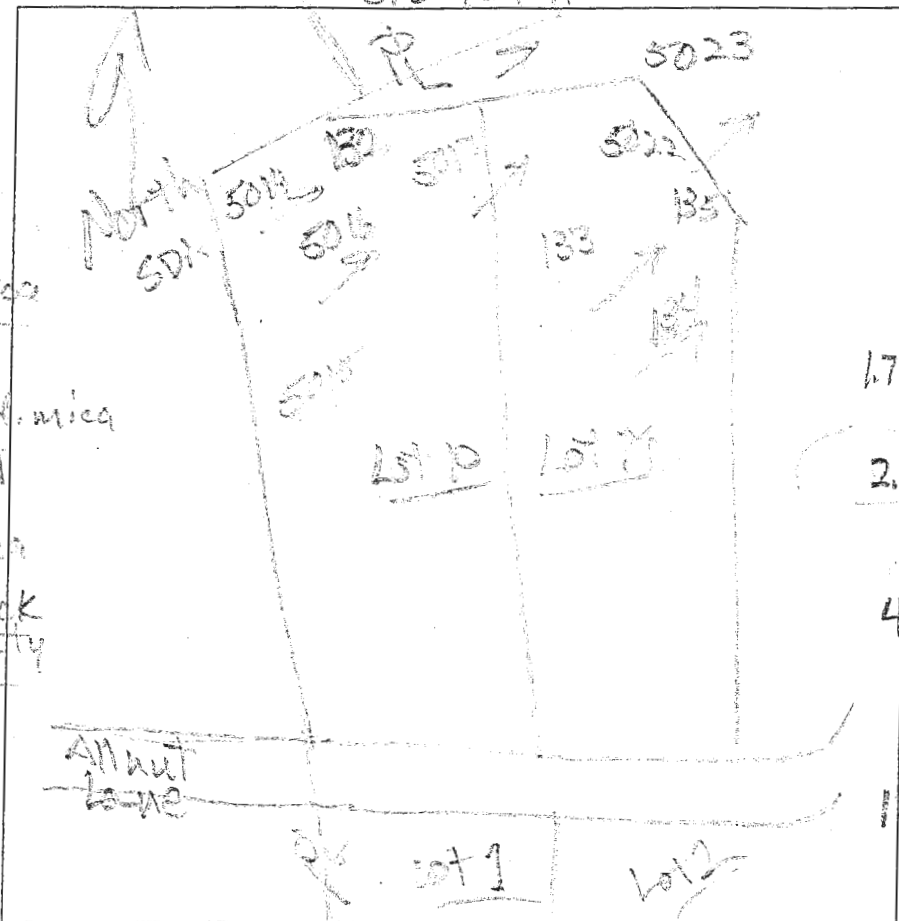
SANITARIAN R. Bricker BACKHOE Jeff Allen OTHERS R. Demmitt

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

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

Lots 10 & 11

AP



132
 dk grey-brn L
 0.8' 20 f.sbk, SS
 brn cl
 17' Bmsbk, SS
 few v.f. mica
 red-brn L
 28' 2 m.sbk, SS
 common f. mica
 43
 12' brn Ls, thick
 platy
 many mica

135
 dk grey-brn L
 0.2' 20 f.sbk
 0.8' brn L, 20 f.sbk
 SS
 brn Ls
 17' 2 m.sbk, SS
 common mica
 2.2' brn Ls
 common mica
 4' brn Ls
 12' pale yellow
 pale brn
 Ls, 0.5%
 1 few mica

133
 0.9' brn L, 2 f.sbk
 SS
 1.6' 1.6' yel-red L
 20 f.sbk, SS
 23' 23' yel-red L
 3 f.sbk, SS
 few mica
 3' 3' yel-red L
 1 f.sbk, SS

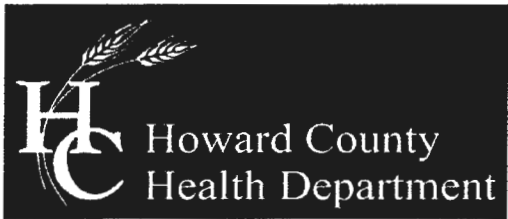
134
 dk grey-brn L
 20 f.sbk
 0.8' brn L, 20 f.sbk
 SS
 2' 2' brn L, 20 f.sbk
 SS
 common
 mica
 4' 4' brn pale-brn
 2 yel-red L
 thick platy
 common mica
 12' 12' pale yellow
 pale brn Ls
 few mica

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/8/15	132	5 1/2'	11:51	12:02	12:16	14	P
12/8/15	133	6 1/2'	12:07	12:10	12:18	8	P
12/8/15	RS	12'	Visual	2.5' - 8' sidewall	12:32	10+2	P
12/8/15	134	4 5/12'	12:43	12:45	12:48	3	P

4' yel-red L
 1 f.sbk, thick
 platy
 common mica
 5' 5' brn, yellow
 2 red-yellow
 Ls
 common
 f. & v.f. mica
 12' 12' thick platy

REMARKS f.sbk, v.f. = very fine; co = slightly coarse

REMARKS _____
 SANITARIAN R Bricker BACKHOE Trinity Homes OTHERS Tim Kone
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

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

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME ESTATES AT RIVER HILL
 PROPERTY ADDRESS 13550 ALLNUTT Lane, Highland MD 20777
STREET TOWN ZIP
 TAX ACCOUNT # 05-392284 TAX MAP 34 GRID 23 PARCEL 389 LOT NO. 10 PROPOSED LOT SIZE (ACRES) ONE ACRE
 ZONING CATEGORY RR-DEO TIER III

PROPERTY OWNER(S) Rene Gelber
 DAYTIME PHONE 301-919-2615 CELL 301-919-2615 EMAIL N/A
 MAILING ADDRESS 13550 ALLNUTT LN, Highland, MD 20777
STREET CITY, STATE ZIP

APPLICANT Tim Keane RELATIONSHIP TO OWNER: CONTRACT purchaser
 DAYTIME PHONE 410-480-0023 CELL 443-324-9806 EMAIL tkeane@trinityhomes.com
 MAILING ADDRESS 3675 Park Ave E.C, 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: 17
 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.

Tim Keane 10/28/15
SIGNATURE OF APPLICANT DATE