

Bureau of Environmental Health

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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

TAX ACCOUNT # 05-392284 TAX MAP 34 GRID 23 PARCEL 389 LOT NO. 5 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

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

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

PROPERTY:

- 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:

- 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:

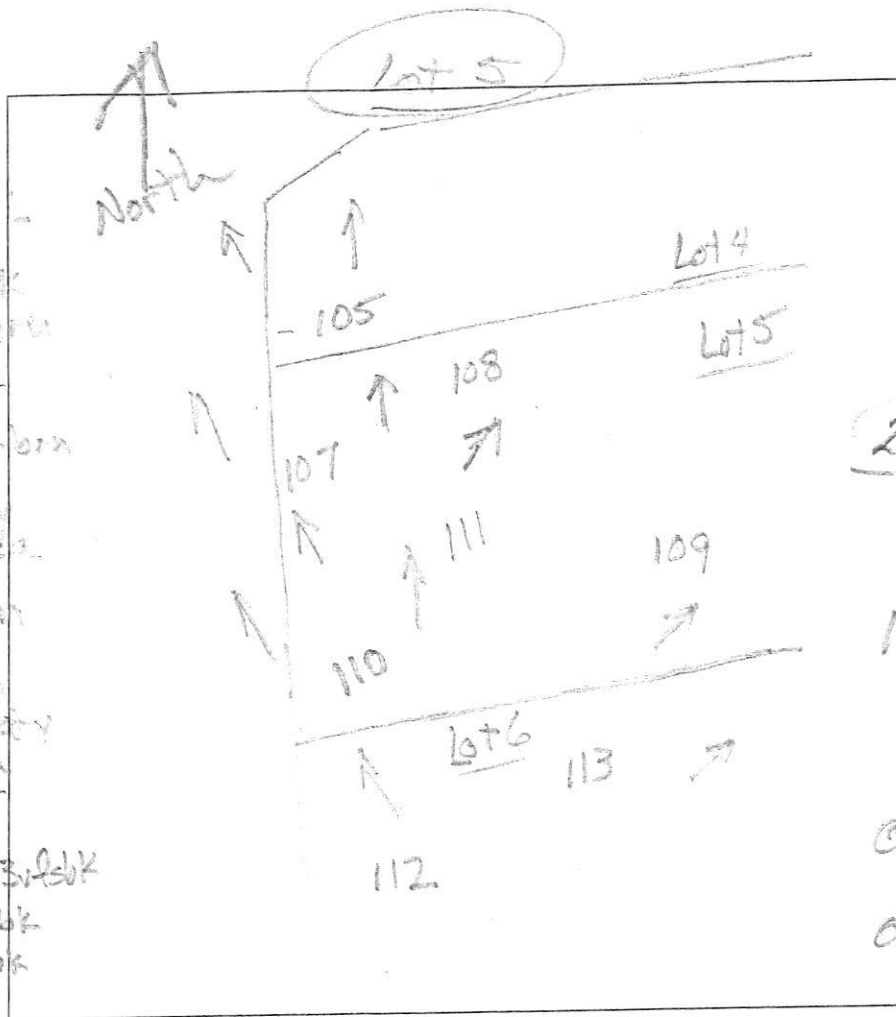
- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE 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.

Signature of applicant: T. Keane

DATE: 10/28/15



(108)
 dk grey-brn
 L, 3vls btk
 brn L, 2 btk
 red-brn &
 yellow-red
 sl, thick platy
 common mica
 yellow, brn
 red-yel & dk brn
 ls, thick platy
 many mica

(109)
 dk grey-brn
 L, 3vls btk
 brn & grey-brn
 L, 2 btk
 red-brn
 & dk, grey-brn
 sl, thick platy
 many mica
 white, yellow
 red-yellow & dk brn

(110)
 dk grey-brn
 L, 3vls btk
 brn L, 2 btk
 brn sl, 1vls btk
 yel-red, brn
 yellow & pale yellow
 thin platy
 sl, thick platy
 common mica
 yellow, lt. brn
 red-yellow & pale
 ls, thick platy
 many mica

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
12/8/15	108	5.5' / 11'	3:47	3:49	3:52	4	P
12/9/15	107	5' / 11'	10:07	10:09	11:13	4	P
12/9/15	111	5' / 11'	10:20	10:22	10:25	3	P
12/9/15	109	5.5' / 11'	10:30	10:32	10:35	3	P
12/9/15	110	11'	Visual	2.5' - 7' sidewalk	12.9' / 10'		P

REMARKS _____

SANITARIAN ReSider BACKHOE Trinity Homes OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

(108)
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(107)
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 yellow, lt. brn
 red-yellow & pale
 ls, thick platy
 many mica

(111)
 dk grey-brn L
 3vls btk
 brn L, 2 btk
 grey-brn, brn-yel
 & red-brn
 sl, thick platy
 common mica
 yellow, pale
 yellow, &
 brn & grey-brn
 ls, thick platy