



HOWARD COUNTY HEALTH DEPARTMENT

68764

AS

DATE
2/13/21

Received From

Cairn Custom

PHONE #

Home

For

Per App / 13429
Highland Rd.

CASH

CHECK

NO.

1127

Five hundred six _____ Dollars

\$ 506.00

Received By

King



HOWARD COUNTY HEALTH DEPARTMENT

68764

AS

DATE
2/24/21

Received From

Cairn Custom

PHONE #

Horses

For

Per App/ 13429
Highland RD.

CASH

CHECK

NO.

1127

Five hundred six

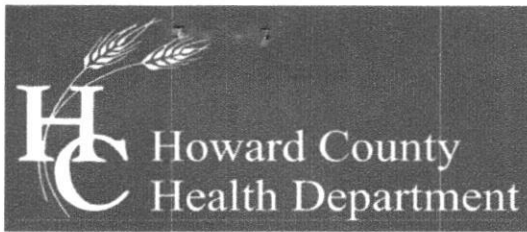
Dollars

\$

506.00

Received By

J Kemp



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

Handwritten number: 1568764

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME

PROPERTY ADDRESS 13429 HIGHLAND RD HIGHLAND 20777

TAX ACCOUNT # 366119 TAX MAP 34 GRID 15 PARCEL 101 LOT NO. PROPOSED LOT SIZE (ACRES) 2.0 Ac

ZONING CATEGORY RR-DEO TIER

PROPERTY OWNER(S) CAIRN CUSTOM HOMES LLC

DAYTIME PHONE CELL EMAIL steve@cairncustomhomes.com

MAILING ADDRESS 10548 GORMAN RD LAUREL MD 20723

APPLICANT CAIRN CUSTOM HOMES LLC RELATIONSHIP TO OWNER: OWNER

DAYTIME PHONE CELL EMAIL steve@cairncustomhomes.com

MAILING ADDRESS 10548 GORMAN RD LAUREL MD 20723

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

PROPERTY:

- Subdivision: Number of lots including residue: Major/Minor
Construct new OSDs on undeveloped lot
Repair or replace failing OSDs
Upgrade existing OSDs

BUILDING:

- Residential with 5 or 6 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.

Handwritten signature of M. Rossman, Principal

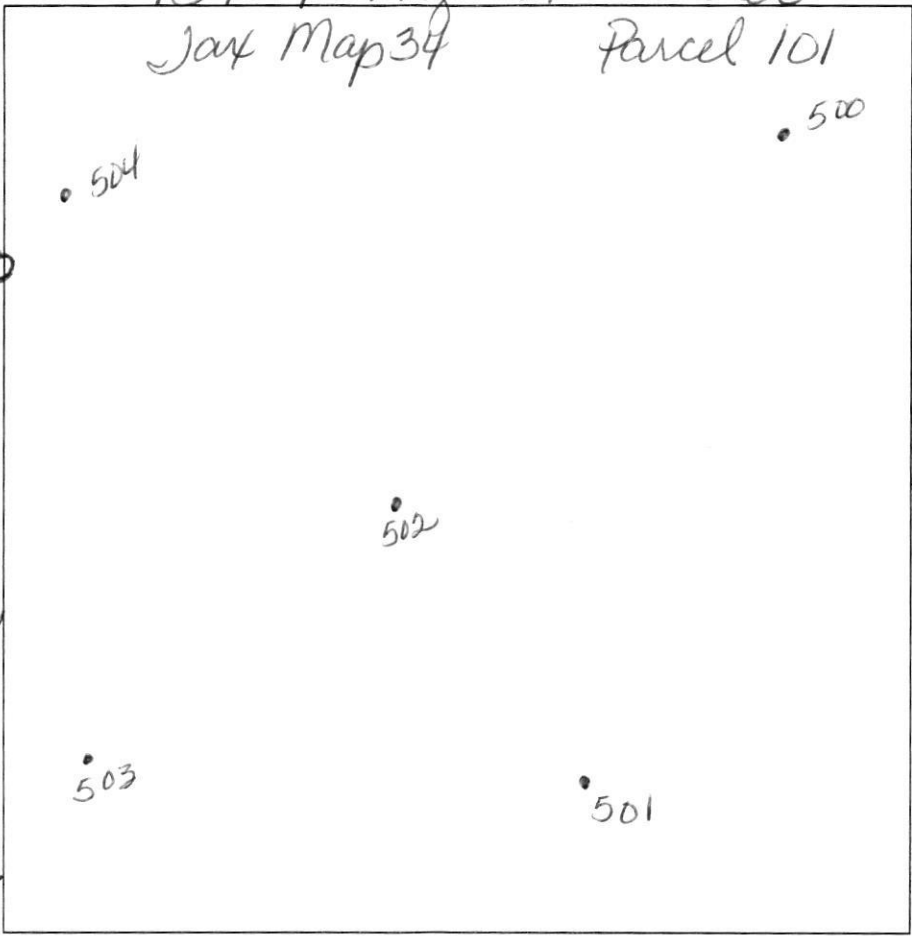
SIGNATURE OF APPLICANT

DATE 2.17.2021

13429 Highland Road
 Jan Map 34 Parcel 101

1504

AP _____



1501
 Red Brown yellow
 Sh 5.0
 ↓ 14'

1503
 Red Brown yellow
 Sh 3.5
 Red Brown yellow
 Sh
 ↓ 14'

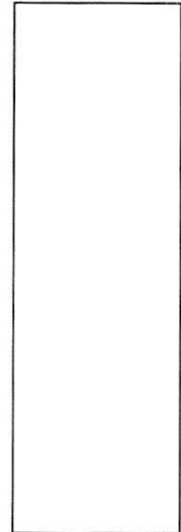
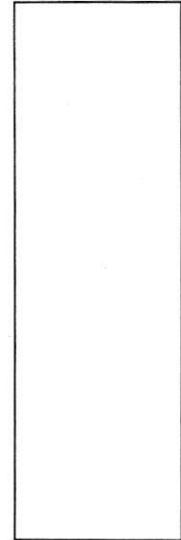
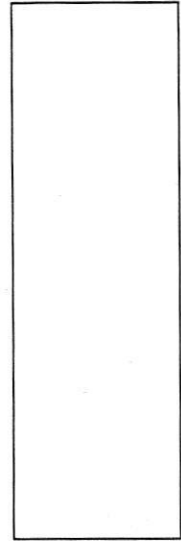
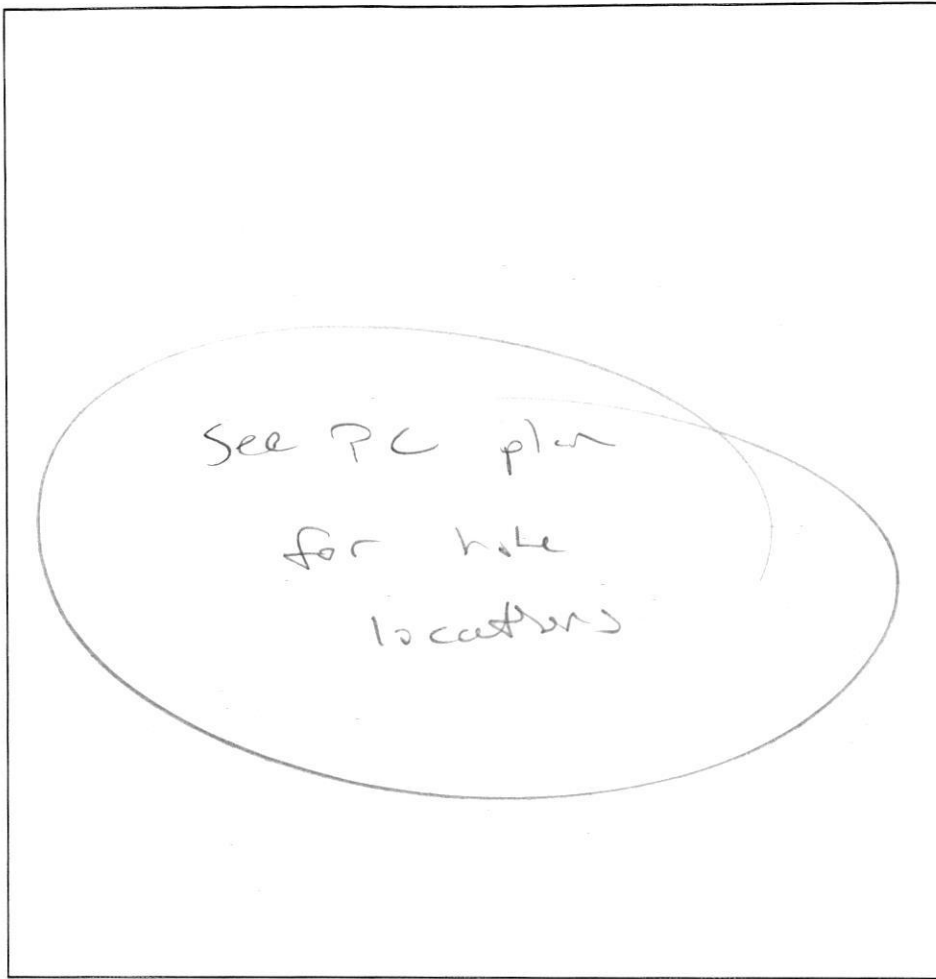
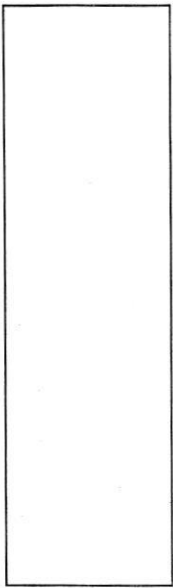
1502
 Red Brown yellow
 Sh 3.5
 Red Brown yellow
 Sh
 ↓ 14'

1504
 Red Brown yellow
 Sh 3.0
 Red Brown yellow
 Sh
 ↓ 14'

1500
 Red Brown yellow
 Sh 5.5
 Red Brown yellow
 Sh
 ↓ 14'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3-8-21	1501	5.5/14	10:53	10:59	11:12	13	P
3-8-21	1503	5.8/14	11:15	11:18	11:23	5min	P
3-8-21	1502	14	11:23	11:25	11:30	5min	P
3-8-21	1504	3.5/14	11:31	11:37	11:43	6min	P
3-8-21	1500	5/14	11:44	11:46	11:52	6min	P

REMARKS _____
 SANITARIAN DBernard BACKHOE Jeff Allen OTHERS _____
 TEST HOLES USED IN SDA 5 AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



(A) / (B)

2'

Bf L,
Wkms BK
rocks Frable

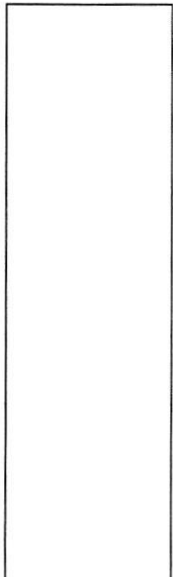
1: br/Y L
Wk Co Sbk,
Frable.
15% subat
chans

5'

li br/Y SL

Wk Eopl
Frable,
highly
micaceous
↓

12'



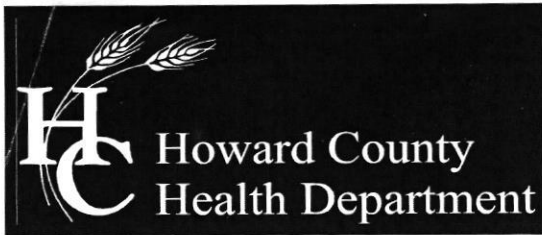
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/25/12	A	_____	_____	_____	_____	_____	P
	B	_____	_____	_____	_____	_____	P

REMARKS Re-evaluation for possible trash/fill

SANITARIAN K. Wolf BACKHOE Freedom OTHERS _____

TEST HOLES USED IN SDA 2 AVG. PERC TIME _____ SQ. FT/BR 0.82pd/H2

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

Date: March 12, 2021

To: Fisher, Collins, and Carter, Inc.
C/O Tony Fertitta
Via e-mail: tonyf@fcc-eng.com

RE: **Percolation Testing Report
13429 Highland Road**

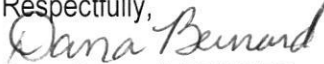
Mr. Fertitta,

Percolation testing was conducted on the referenced property on March 8, 2021. The purpose for conducting these percolation tests was for an anticipated establishment of a new sewage disposal area to support the barn.

A total of 5 holes were evaluated and five (5) were found to be satisfactory with moderate percolation rates. Acceptable ranges for recommended inlet and trench bottom depth may be confirmed at the time of installation. Field data collected is shown on the Percolation Test Worksheet enclosed with this letter.

All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Areas that may be included in a septic reserve are represented by test locations having satisfactory soil conditions. The area of the septic reserve must be at least 10,000 square feet, though Howard County Code [3.805.A.2.X] requires that the area be large enough to accommodate an initial drain field and two repair drain fields for the planned residence.

The next step in this process is to have your engineer/architect submit a Percolation Certification Plan to confirm the design of the septic reserve area. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Sanitarian II
Well and Septic Program

Enclosures (2)

Cc: File