



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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 _____ 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) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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. _____
SIGNATURE OF APPLICANT

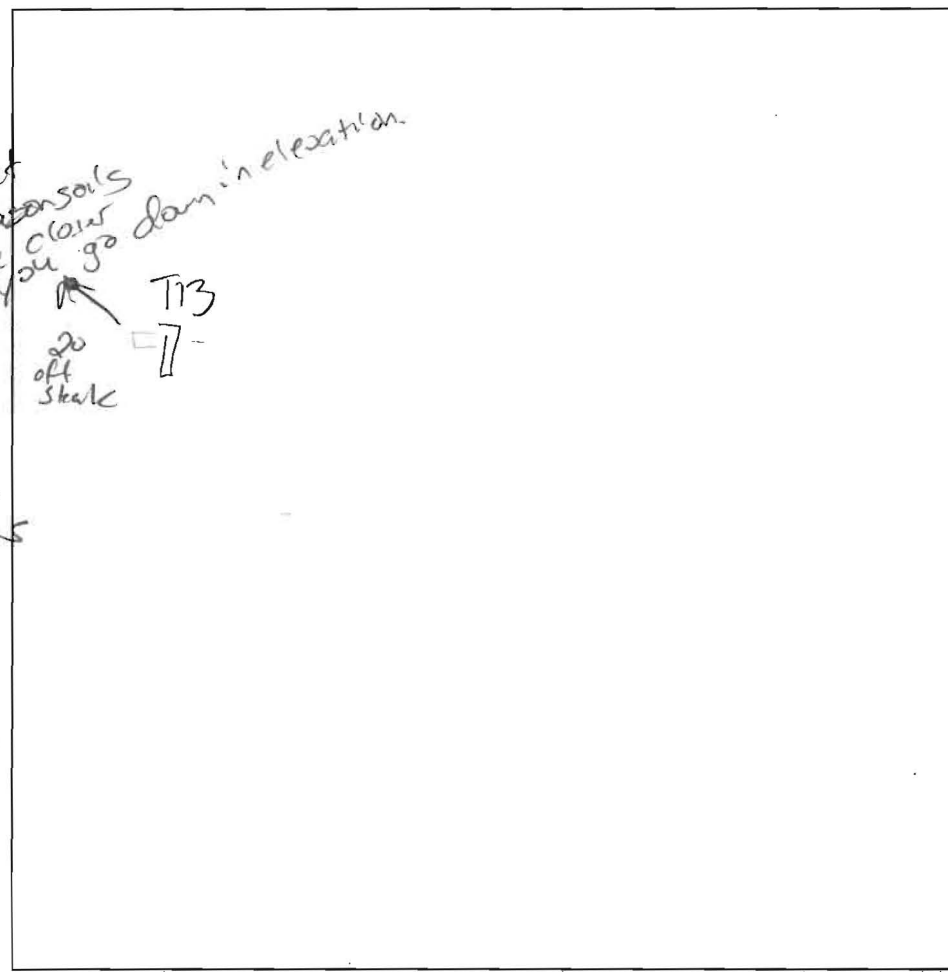
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

T14
A/P
brown
o-brown
SiCl
massive
6
green
grey
brown sil
20% cherty
frag
9
p-l
mottles
p2
12

Wet
Season soils
the clay
you go down in elevation
T13
off
scale

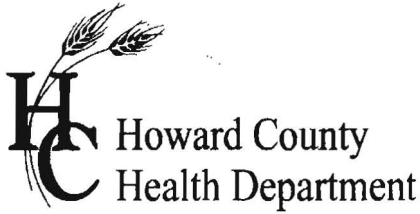
T13
brown
1
o-b
sil
massive
(ab)
3 1/2
yellow
brown
med
sil
9
p-l to
p2 mottling
no gray
sil.
12

T15
grey
brown
top soil
3/4
1
o-b
-m.c.a
shist
750 to
m.c.a shist
Frass
Rebar
3



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/6/05	T-13	6 12	9:34	10:04	P10 foot mode		#
	T/14	11				1	
	(Mike Foust said do not test)						
	T-15	3 1/2	VISUAL				F

REMARKS _____
 SANITARIAN any BACKHOE Mike Mike OTHERS MKTJMK
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

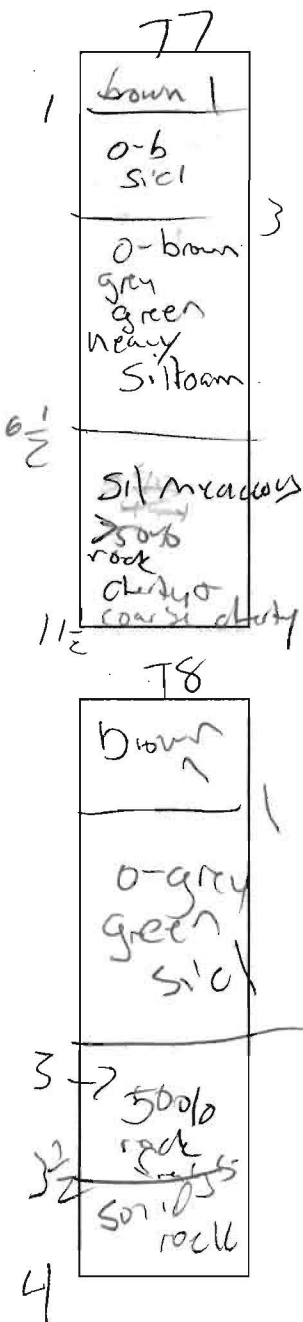
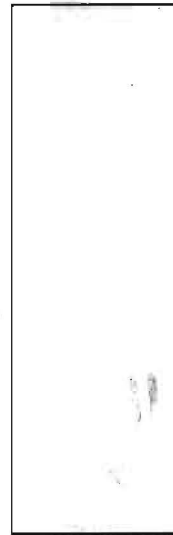
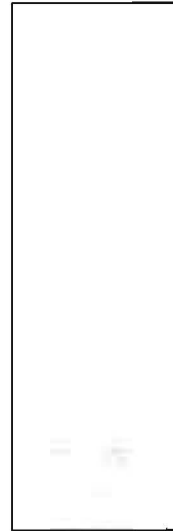
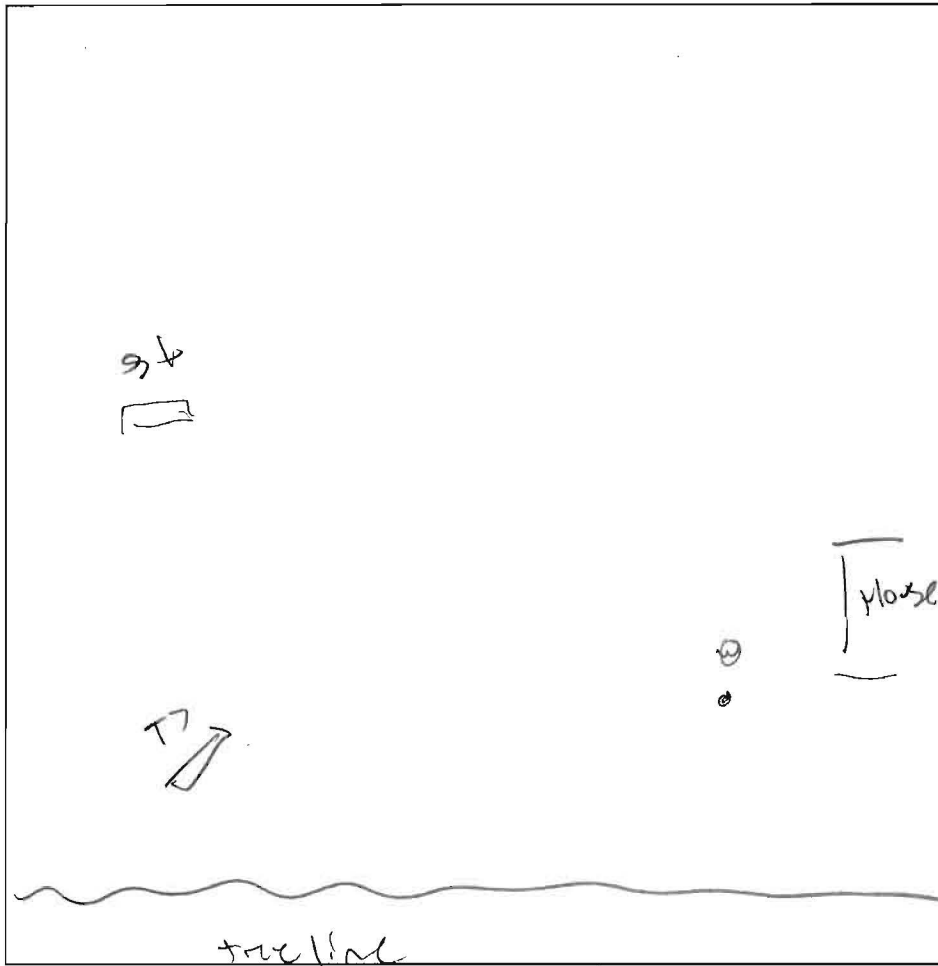
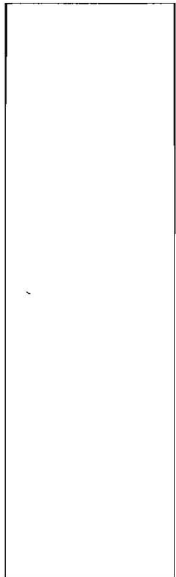
PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

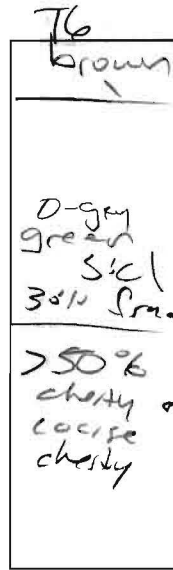
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SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/6/05	T7	6 1/2 ft	10:30	Slow	Pulled		F
	T8						F
	T6	0 ft		no test - surrounded by sealed surrounded holes			



REMARKS tested in rock - did not move
 SANITARIAN RAY BACKHOE Mike Jensen OTHERS Tim Keene Mike F
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____



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DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

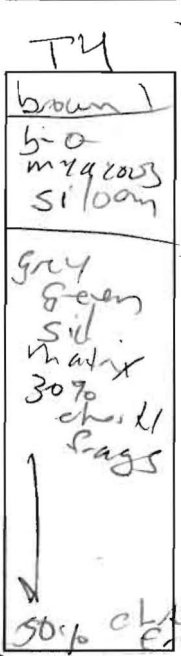
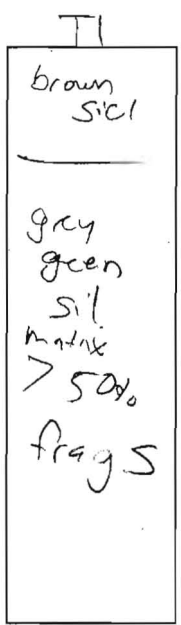
PROPERTY ADDRESS _____
STREET _____ TOWN/POST OFFICE _____

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

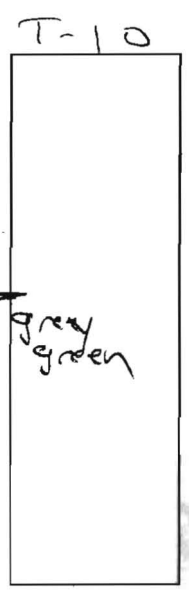
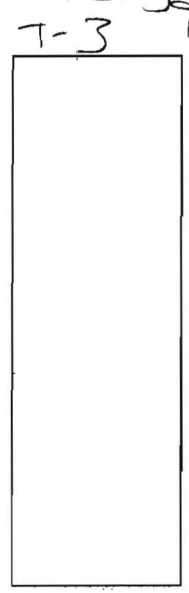
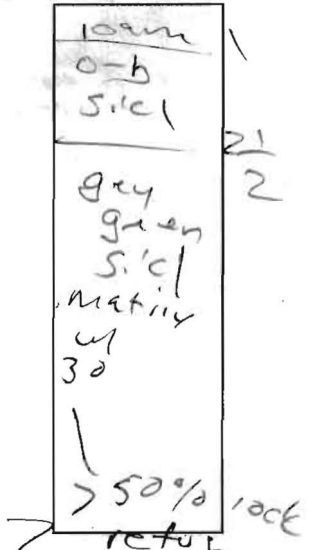
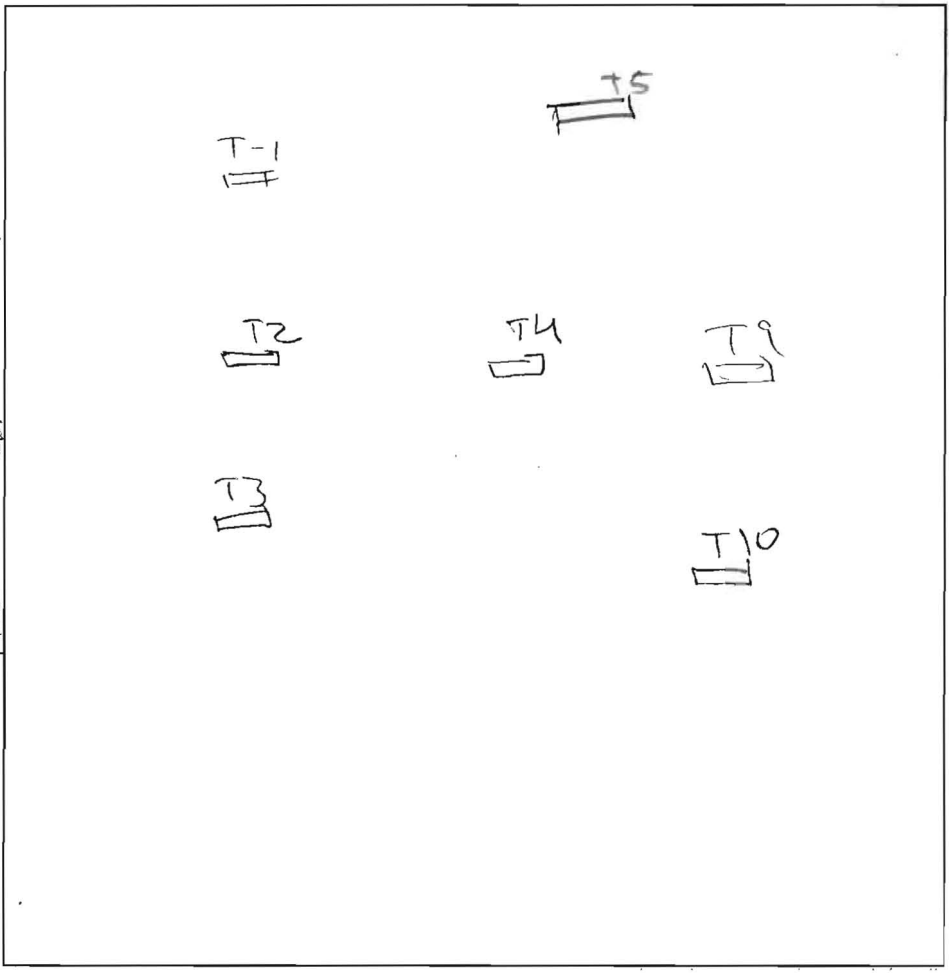
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HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
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Refusal



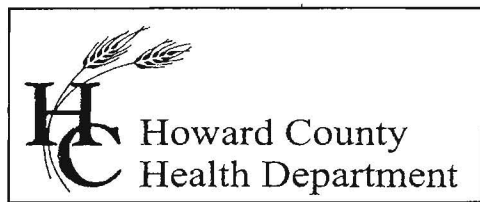
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
7/6/05	T-2	5					F
	T-1	3	to shallow				F
	T-3	7 1/2					F
	T-4	6 8	8:57	9:27	slow		F
	T-10	4 9	9:04	9:25	10:00		
	T-5	2 1/2					F
	T-9	7	9:17	slow			F
	T-10	6 9	9:37	10:17	slow pulled	not even 1/2 inch	F

REMARKS _____

SANITARIAN RAY BACKHOE _____ OTHERS _____

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

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



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 4, 2005

Mr. & Mrs. Oscar & Genevieve Gibson
14186 Howard Rd.
Dayton Maryland 21036

RE: PERCOLATION TEST RESULTS-A521987
Tax Map 27, Parcel 33
Lots 1 -5, Howard Rd. Gibson Property

Dear Mr. & Mrs. Gibson:

Percolation testing conducted February and March 2005 on the referenced property indicated limited satisfactory soil conditions. The primary limiting factors were shallow depth to bedrock and deep clay layers as well as high water table levels. Copies of the test results are enclosed.

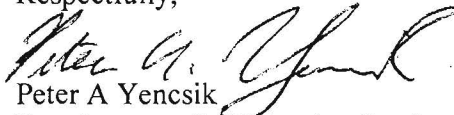
Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) A suitable house and well site for each lot
- 3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
- 4) All existing wells and septic reserve areas on the property
- 5) Locations of any other relevant features such as streams, swales, or existing structures
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- 8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

Before any additional testing is performed The Howard County Health Department will need a new proposed plan as well as more percolation testing applications.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Respectfully,


Peter A Yencsik
Development Coordination Section
Well and Septic Program

PY
Enclosures
cc: Trinity Quality Homes
File



Trinity

Tim - 443-324-9806

Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S): _____ TEST TIME: _____

AP 521987-A

AGENCY REVIEW: _____

DATE 2/11/05

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PROPERTY OWNER(S) Oscar & Genevieve Gibson

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14186 Howard Road Dayton Maryland 21036
STREET CITY/TOWN STATE ZIP

APPLICANT Trinity Quality Homes, Inc.

DAYTIME PHONE 410-480-0023 CELL _____ FAX 410-480-6013

MAILING ADDRESS 31015 Park Avenue, Suite 301 Ellicott City Maryland 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Gibson Property LOT NO. LOT 2

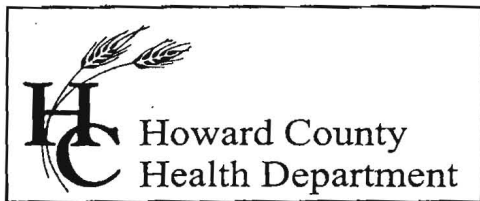
PROPERTY ADDRESS 14186 Howard Road Dayton Maryland 21036
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 27 GRID 00 PARCEL(S) 33 PROPOSED LOT SIZE 3.09 Ac

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SIGNATURE OF APPLICANT

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website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

July 7, 2005

Mr. & Mrs. Oscar & Genevieve Gibson
14186 Howard Rd
Dayton Md, 21036

RE: PERCOLATION TEST RESULTS-A521987
Tax Map 27, Parcel 33
Gibson Property

Dear Mrs. Gibson:

Percolation testing conducted July 6, 2005 on the referenced property contained unsatisfactory soil conditions. Copies of the test results are enclosed.

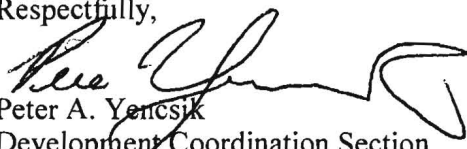
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- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- 8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

Currently there are three Septic easements that perked; pending that the well located on 14114 Howard Rd. can be relocated so that it is not down slope of one of the approvable areas that passed perc tests.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Respectfully,


Peter A. Yencsik
Development Coordination Section
Well and Septic Program

PY
Enclosures
cc: Trinity Quality Homes
File



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

Q/P 521 987-D

AGENCY REVIEW: _____

DATE 2/11/05

TAX ID 05-350972

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APPLICANT Trinity Quality Homes, Inc.

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MAILING ADDRESS 3015 Park Avenue, Suite 301 Ellicott City Maryland 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Gibson Property LOT NO. LOT 5

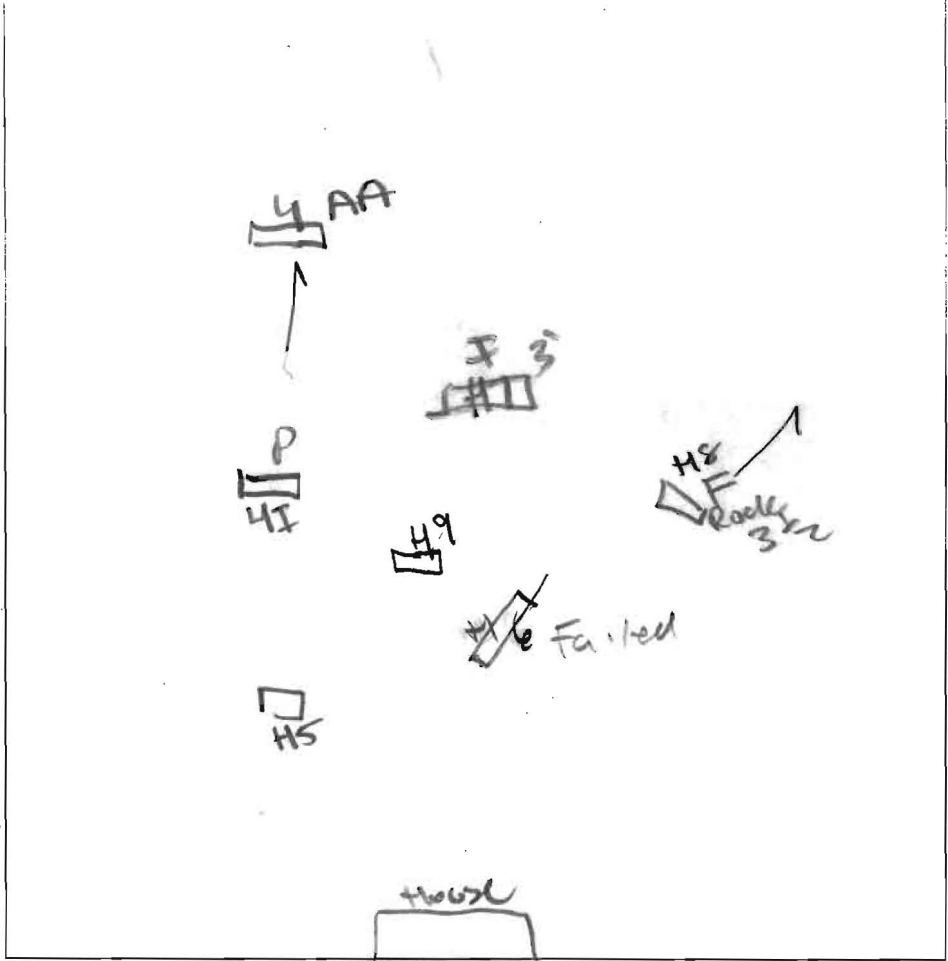
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SIGNATURE OF APPLICANT

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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



41
brown l
Orange brown
l (ab)
red
orange
ab
silt
Heavy l
red brown
silt
15-20% mica shist
red, grey

HS
brown l
grey
brown
35-50% mica
shist

H19
brown
orange
brown
silt
neck
30%
orange
brown
silt
heavy l
20% mica
shist
+ APPROX 9

H16
brown l
orange
brown
silt
Dark
brown
heavy
silt
yellow
brown
silt
20-25% mica
shist

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/24/05	4I	4 1/2	10:24	10:35	11:02	27	P
	4J						F
	H5	2 1/2			visual		F
	H16		10:52		pulled slow		
		5	11:23		slow		F
	H9	5	11:47	12:06	slow		F
	4K				visual		F
					(Rock at 3')		

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

hard bottom



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATES _____ TEST TIME _____

CP 521987

AGENCY REVIEW: _____

DATE 2/11/05

TAX ID 05-350972

DO NOT WRITE ABOVE THIS LINE

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

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- REPLACE AN EXISTING SEPTIC SYSTEM

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- 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:

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- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Oscar & Genevieve Gibson

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14186 Howard Road Dayton Maryland 21036
STREET CITY/TOWN STATE ZIP

APPLICANT Trinity Quality Homes, Inc.

DAYTIME PHONE 410-480-0023 CELL _____ FAX 410-480-0013

MAILING ADDRESS 3015 Park Avenue, Suite 301 Ellicott City Maryland 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Gibson Property LOT NO. LOT 1

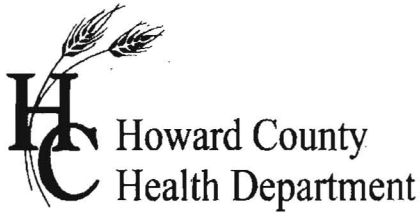
PROPERTY ADDRESS 14186 Howard Road Dayton Maryland 21036
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 27 GRID 00 PARCEL(S) 33 PROPOSED LOT SIZE 3.04 Ac

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TEST RESULTS WILL BE MAILED TO APPLICANT. Whitford P. P...
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

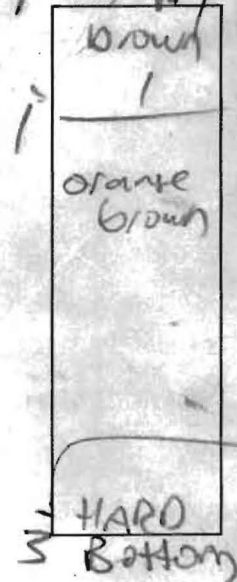
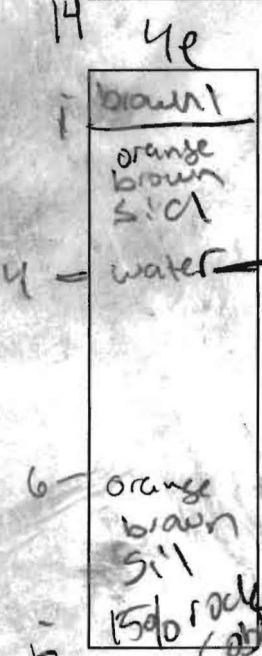
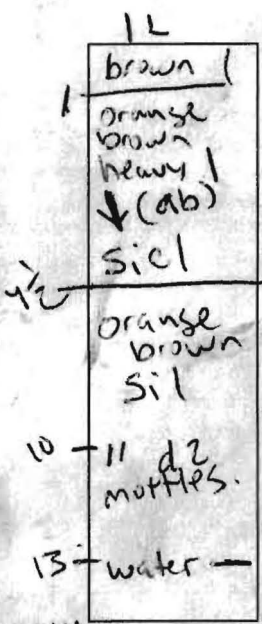
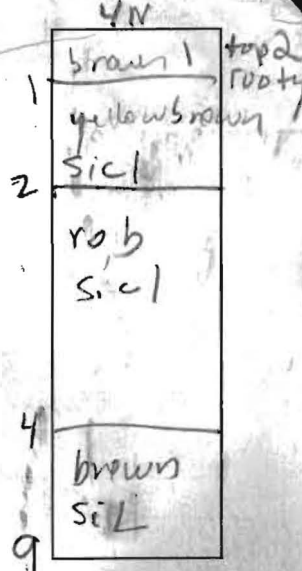
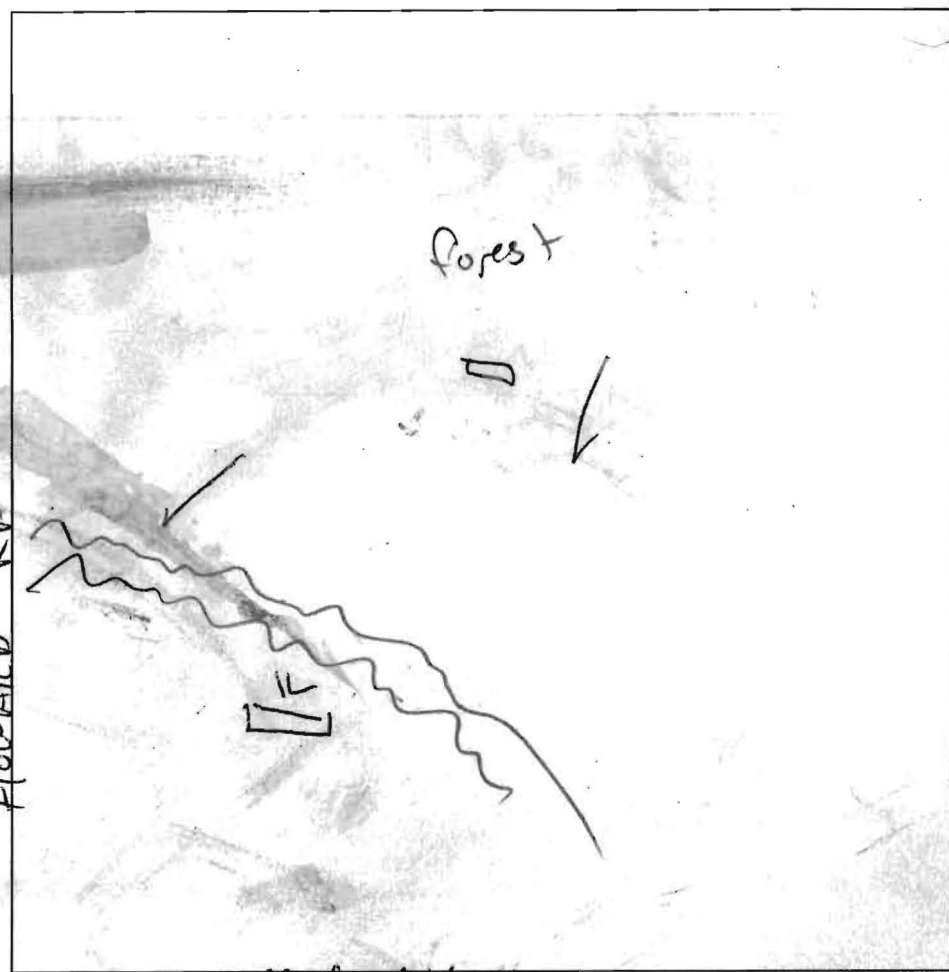
PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
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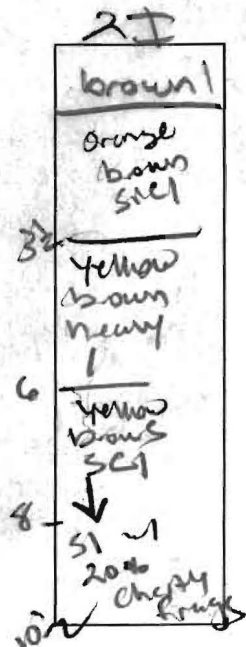
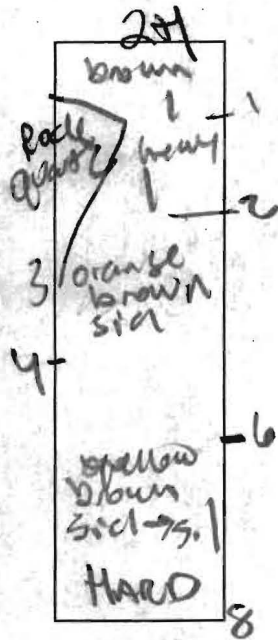
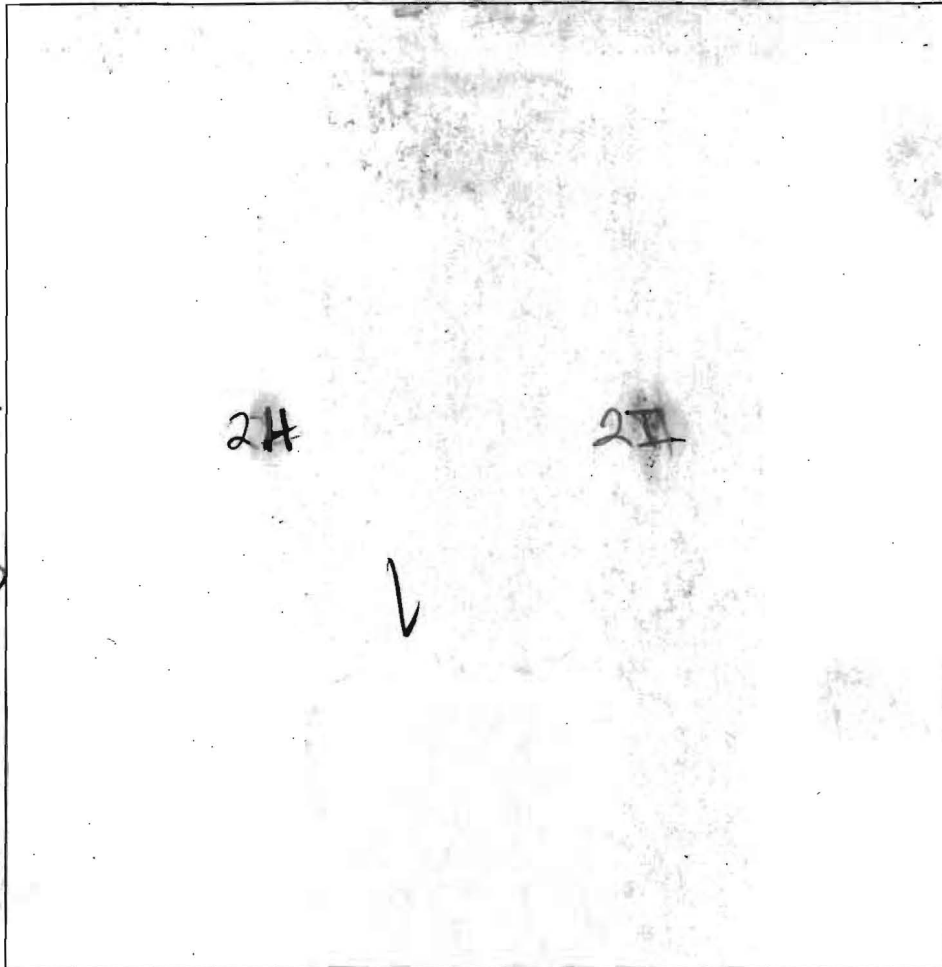
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/24	1L	5 1/2	9:34 ³⁰	9:42	9:54	12	P
	4e	usual					F
	4G	visual					F
	4F	usual					F
	4O	usual					F
3/24	4F	4.5	1:40	2 Pulled slow		2:10	F
	4N	(Rock)		usual			F
	4N	5	2:23	pulled slowed			F
144		5	2:24	pulled slowed			F

REMARKS _____
 SANITARIAN RAY / S.F BACKHOE Mike Thilk OTHERS Tim Keane
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

of Gravel



Howard



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/6	2H	/	12:15	12:46	SLOW		F
	2I	1 1/2 to 10 1/2	12:34	12:49	1:15	26	P

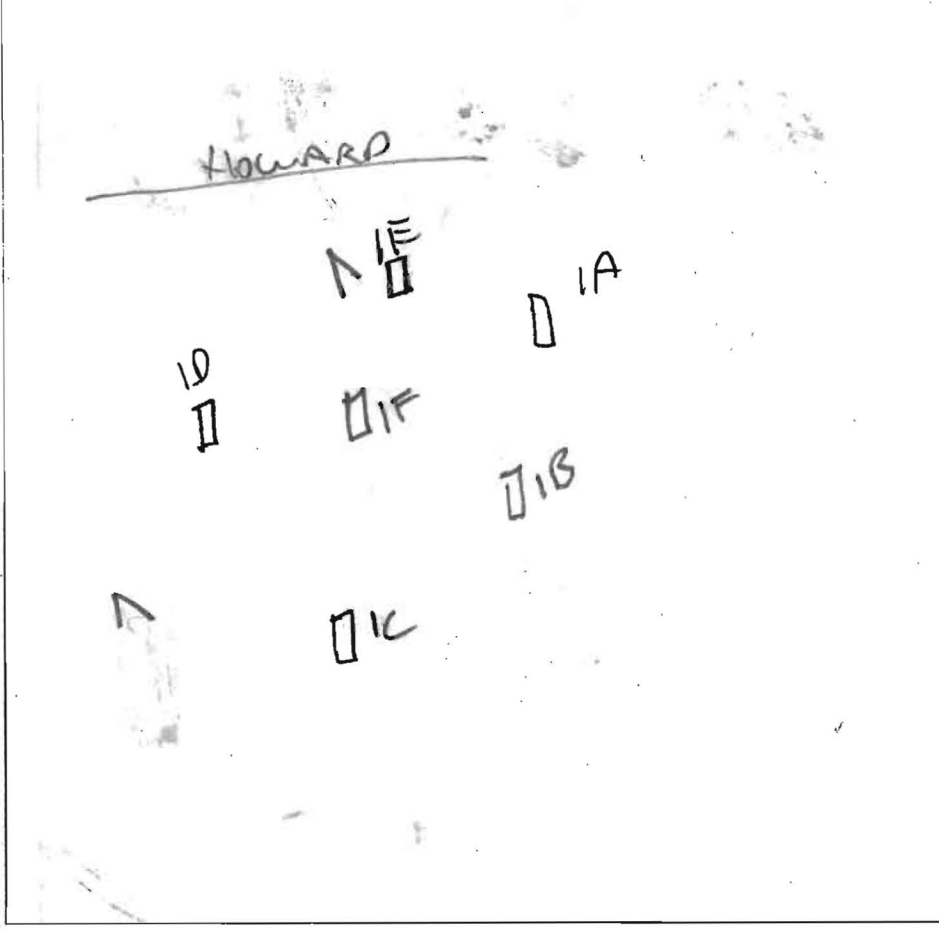
REMARKS _____
 SANITARIAN PAY / BACKHOE Mike + Mike OTHERS Tim Kane
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

10
brown
Orange
red brown
heavy
loam
Saprophytic
Frag
silt
yellow
brown
silt
silt
most
yellow
tan
silt
water

IF
brown
orange
brown
ab heavy
loam
orange
brown
silt
yellow
brown
silt
silt

10
prominent
mottles
silt
water

10
brown
orange
brown
ab silt
Transition
yellow
brown
silt
yellow
brown
silt
15% cobble
rich shales



1E brown
orange
gray brown
heavy
loam
silt
3 1/2 35% Saprophytic
Cherty
yellow
brown silt
5 water
6 hard
bottom
1A brown
orange
brown
silt
ab
3 1/2 yellow
brown
silt
6 15% Saprophytic
micaceous
silt
yellow
brown
water

12
15 brown
orange
brown
silt
5 1/2 T
6 yellow
brown
silt
8 15% Saprophytic
Frag
water

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
8/10	1D	6/14	9:15	9:45	pulled	slow	F
	1F	4/13	9:17	9:47	pulled	slow	F
	1C	5/13	9:20	9:34	9:50	10	P
	1E	6		usual			F
	1A	4 1/2/12	9:55		pulled	slow	F
	1B	5/14	9:57		pulled	slow	F
							will not have buffer if tested lower

REMARKS - shallow system, water at 7'

SANITARIAN PAY. BACKHOE excavators OTHERS mike & son time

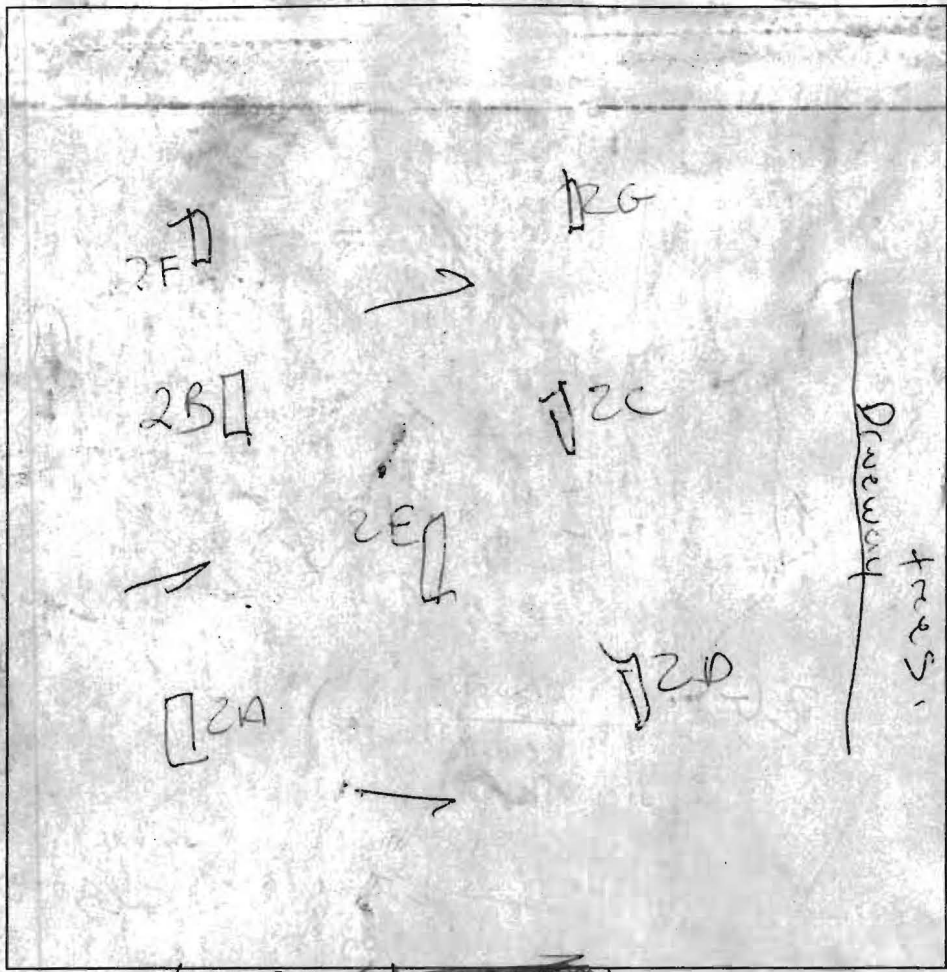
TEST HOLES USED IN SDA 4 AVG. PERC TIME _____ SQ. FT/BR _____

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

2A
APV
brown
Orange brown heavy
↓
s'cl
yellow brown s'cl
transitions
6
s'cl
yellow brown s'cl
10
rock pocket
s'cl
14

2B
brown
orange red brown (ab) s'cl
↓
Transition
6 1/2
7
yellow brown s'cl
10
log micrometer
1/6 s'cl
13

2C
brown
heavy brown
↓
orange brown s'cl
4
yellow brown s'cl
6
dark mottles yellow brown s'
11
11 1/2
water
12



2D
brown
orange brown s'cl
↓
orange brown s'cl
wt. distinct mottles
water
10

2E
brown
orange brown heavy
↓
orange brown s'cl ab
↓
yellow brown s'cl
↓
s'cl w/ 10 cherry frags

2F
brown
orange brown heavy ab
↓
orange brown s'cl
↓
yellow brown s'cl
↓
15% cherty frags
13 1/2

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
2/28	2A	5 / 14	10:26	10:48	11:10	22	P
	2B	6 1/2 / 13	10:29	dropped lower		slow	
		7 1/2 / 13	10:55	11:16	11:44	28	P
	2G	5 / 13	11:32	11:36	11:40	4	P
	2D	13	11:27	11:46	Pure slow + water	F	
	2E	5 / 14	10:27	dropped ↓		40 slow	
		7 / 14	10:57	11:06	11:21	15	P
	2C	6 / 12 1/2	11:09	11:15	11:22	17	(P)
	2F	2' / 13 1/2	11:15	11:18	11:29	11	(P)

REMARKS Aug 2 streak (snowing)
 SANITARIAN PAY. BACKHOE _____ OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

26

brown
heavy
or / b
silt

← 2 1/2
yellow brown
silt

← 4
yellow brown
silt
w/ black
stratons

← 8
faint
mottles
silt

Shallow
system
w/ better
for
last
area
most
down
slope.

13

11 - 10 1/2



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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- 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 _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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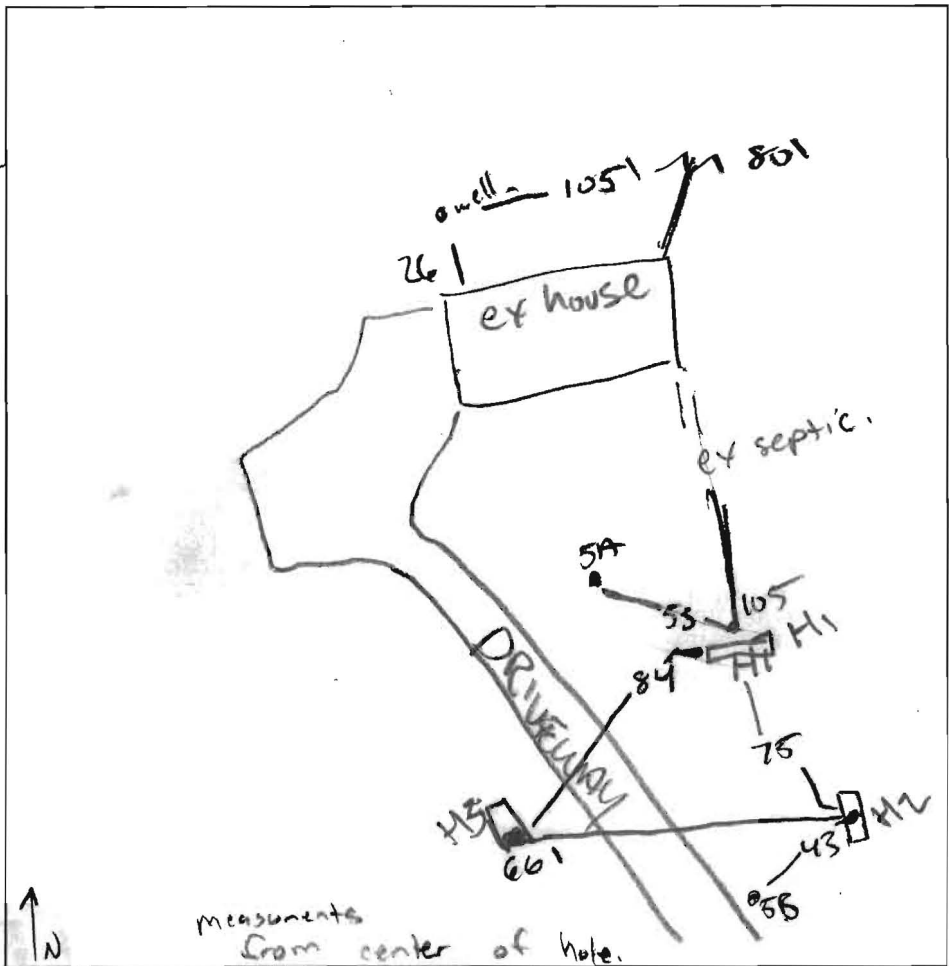
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
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HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P H3
 brown
 35-40%
 Rock
 mica
 schist
 w
 orange
 yellow
 brown
 moist
 s'cl
 water

H1
 brown
 Heavy bow
 (ab lam)
 orange
 brown
 s'cl
 ribbon
 slightly
 moist
 orange
 red
 brown
 s'cl
 w
 15%
 cherty
 frags
 WATER

H2
 brown
 / ab
 yellow
 brown
 moist
 s'cl
 yellow
 orange
 brown
 heavy
 WATER



measurements
 from center of hole.

HOWARD RD

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/7/05	H1	4 / 8' 3"	9:27	slow			F
	H2	4 / 9	9:33	slow			F
	H3		USUAL		WATER / ROCK		F
	H4	3	USUAL				F

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

R-Cell - 410 - 615 - 1546



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

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IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

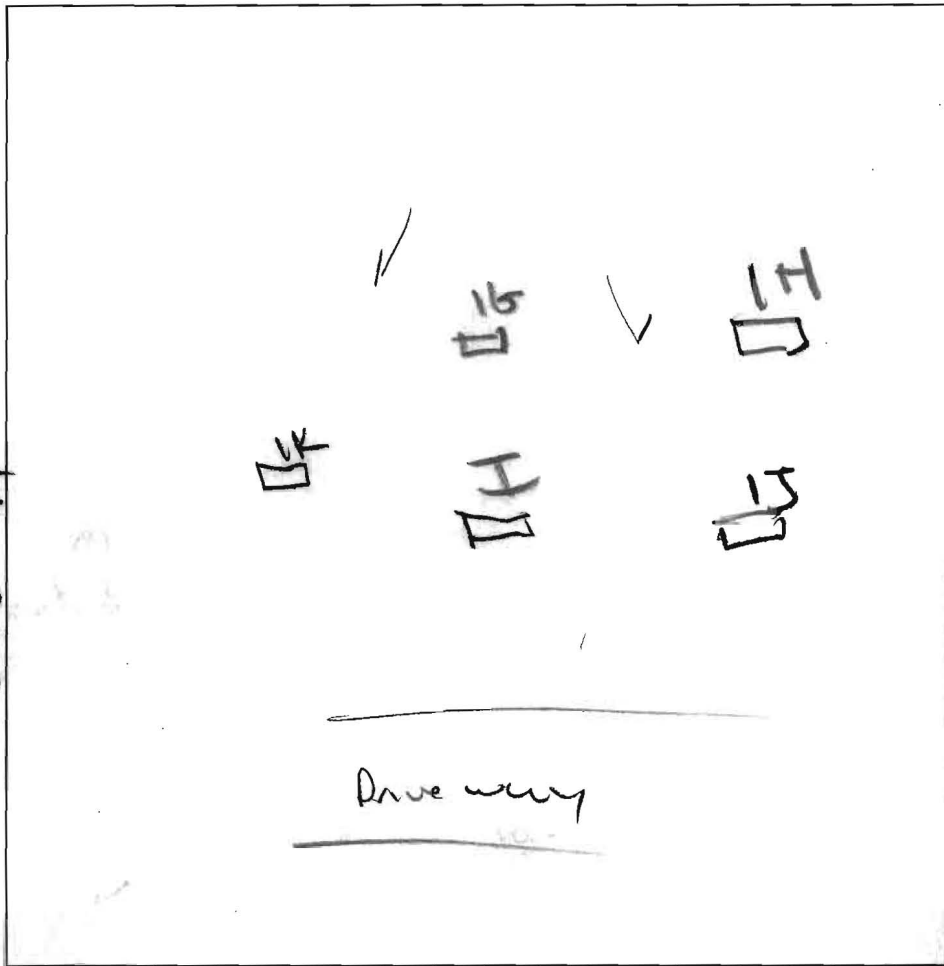
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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

[Empty box]

Hollow (3)



[Empty box]

IK
brown
grey
yellow
brown
s'cl

30-75
grey
cherty
frags

IH
brown
yellow
brown
s'cl

cool
cobbles

20-25
cherty
frags
1-5

IL
brown
s'cl
yellow
brown
s'cl

yellow
brown
s'cl
at 15
cherty
frags

orange
brown
s'cl

orange
brown
heavy
s'cl

yellow
brown
s'cl

15% cherty
frags

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3/7/05	IK	4	Failed shallow		Rock		F
	IG	3	See profile		IK		F
	IH	5/9	2:02	2:32	slow		F
	II	5/11	2:03	2:20	2:45	25	P
	IJ	5/13	2:05	2:15	2:33	18	P

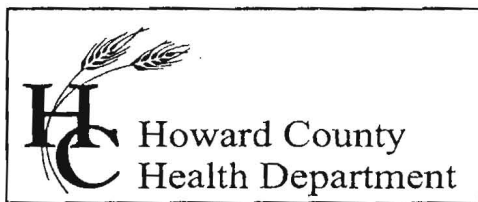
REMARKS _____

SANITARIAN PAV / CB BACKHOE Mike & Mike OTHERS Tim Keane

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

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

9



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 25, 2005

Mr. & Mrs. Oscar Gibson
14186 Howard Rd
Dayton, Maryland 21036

RE: PERCOLATION TEST RESULTS-A522403
Tax Map 27, Parcel 33
Proposed 4 lots

Dear Mr. & Mrs. Gibson

Sand Mound testing conducted on April 22, 2005 on the referenced property indicated unsatisfactory soil conditions. The primary limiting factors were shallow depth to bedrock, shallow clay layers and high water tables. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) A suitable house and well site for each lot
- 3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
- 4) All existing wells and septic reserve areas on the property
- 5) Locations of any other relevant features such as streams, swales, or existing structures
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of Property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- 8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

Initial sand mound testing for the existing house was conducted to the rear of that structure, but was not successful. Subsequent testing conducted to the side of the house also yielded unsatisfactory soil conditions.

After all percolation testing and sand mound testing conducted at this site, three sewage disposal easements were located. One of these easements would be needed for the existing house before any subdivision can occur on this property. If you have any questions please call (410) 313-1771.

Respectfully,

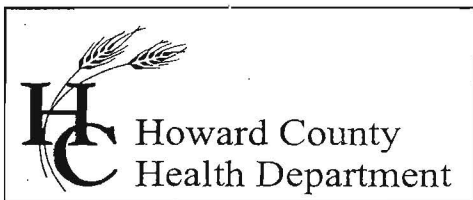
Peter A Yencsik
Development Coordination Section
Well and Septic Program

PAY

Enclosures

cc: Trinity Quality Homes
(Attn- Tim Keane)

File



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 17, 2005

Oscar & Genevieve Gibson
14186 Howard Rd,
Dayton MD, 21036

RE: **Percolation Test Date**
Proposed Use: Establish sewage disposal areas in Lots 1-5
Property ID: Gibson Property, Lots 1-5
Tax Map: 27 Parcel: 33

Dear Oscar & Genevieve:

Percolation testing has been tentatively scheduled for the above referenced property for **Monday, February 28 2005, at 8:30a.m. and Tuesday March 1, at 10:30** Please call this office at (410) 313-1771 to confirm your acceptance of this percolation test date.

The applicant shall be responsible for having a contractor on site to excavate the test holes to a minimum depth of 14' at the corners and middle of the proposed septic area. Please be advised that confirmation of the entire proposed septic reserve area shall be necessary at the time of testing. If unsatisfactory soil conditions are found, it may be necessary to excavate additional test pits.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office the day before the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned at this offices earliest convenience.

Percolation test results may be expected by mail two weeks after the completion of the percolation testing.

Thank you in advance for your cooperation in this matter.

Sincerely,

Peter A. Yencsik
Well and Septic Program
Development Coordination Section

PAY

cc: Trinity Homes
File

MOUND TEST DATA SHEETS

Property I.D. Gubson Lot # _____ Date 4/22/05

Sanitarian PAY Landscape Position _____

% Slope _____ Soil Type _____ Contractor _____

HOLE # SmA DEPTH OF TEST _____ START TIME 12:20

6"
brown
rocky loam

yellow brown
sil
→ sil

14"
orange brown
sil
ab structure

9"
green yellow
brown sil
w/ mica
shist

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
0	12:32	0	0	0
8	12:47	0		0
FAILED				
NO CHANGE				

NOT ON Plan.

HOLE # SmB DEPTH OF TEST _____ START TIME 12:21

5"
brown
rocky
loam

7"
yellow
brown
sil
→ sil

3"
orange brown
sil w/
ab structure.

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
17:52	11	0	0	0
12:47	15	3/16 (0.18)	85.3	
1:09				
FAILED				

NO - in 1 hour

MOUND TEST DATA SHEETS

Property I.D. Gibson Lot # _____ Date 4/22/05

Sanitarian PAY & GAC Landscape Position _____

% Slope _____ Soil Type _____ Contractor _____

HOLE # SM 22 DEPTH OF TEST 26" START TIME 10:04 AM

0"
dark brown
rooty
loam

9"
light
grey brown
silt
silt

17"
orange brown
silt

28"
light green
silt
w/ 10-15%
cherry cross
mica silt
st

38"
Hard bottom

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
8	24	0.0		0%
8	43	0.0		0%
8	1:14	0		0%
No Change,				

FAIL

HOLE # 21 DEPTH OF TEST 25" START TIME 10:07

0"
dark brown
loam w/
roots

7"
light
brown/grey
silt
silt

14"
orange brown
ab
silt

20"
orange brown
silt

32"
yellow silt
brown
large cobbles
& mud bottom

Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
8	2.2 min	0.0		0%
8	33	0.0		0%
8	1:15	0		0
No Change.				

FAIL

No Change.

MOUND TEST DATA SHEETS

Property I.D. Gibson Lot # _____ Date 4/22/05

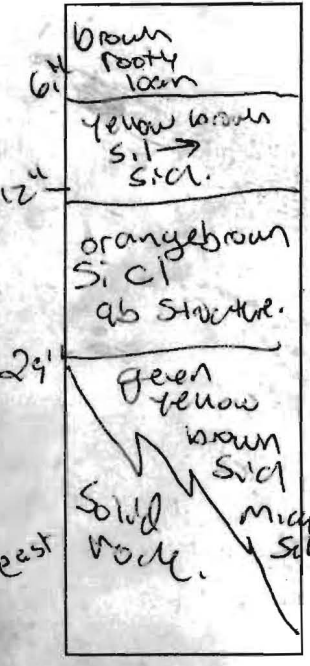
Sanitarian PAY & GAC Landscape Position _____

% Slope _____ Soil Type _____ Contractor _____

HOLE # SM 10 DEPTH OF TEST 26" START TIME 10:19 AM

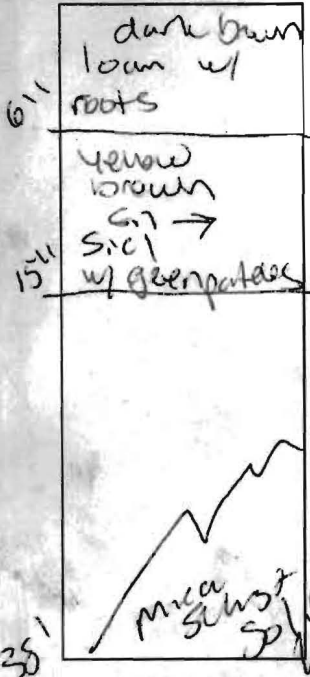
10.45
-10.17

30

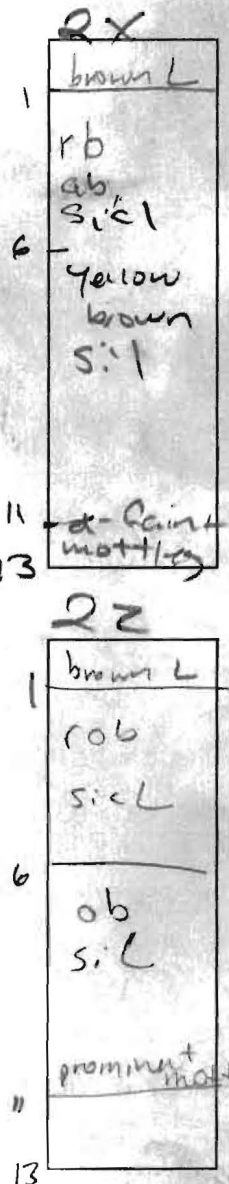
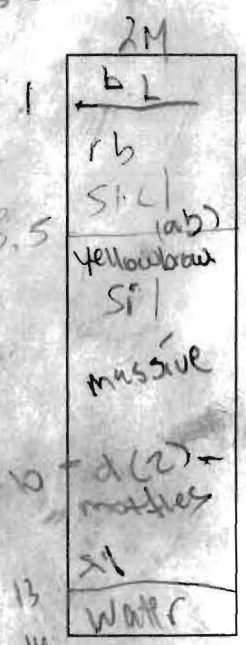
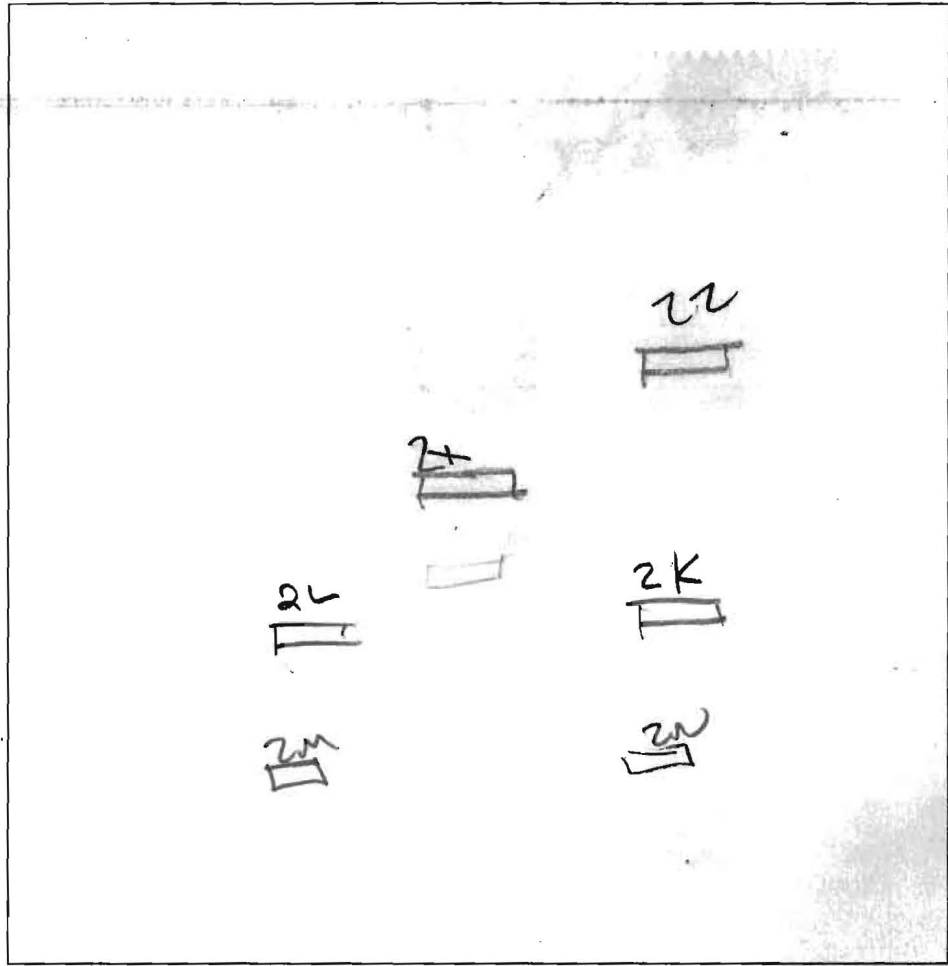


Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
8	15 min	0		0%
8	36 min	0		0%
8	11:24 - 105	0		0
<i>Failed</i>				
<i>no change</i>				

HOLE # SM-11 DEPTH OF TEST 28" START TIME 10:24 AM



Hook Gauge Reading	Elapsed Time (min)	Measured Drop	Estimated Rate(ET/MD)	% Change
8	15 min	0		0%
8	10:56 32	0		0%
8	11:29	0		0
<i>Failed</i>				



Drawings

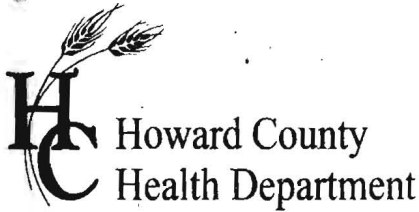
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3-24-05	2N	6 / 13.5	11:02	11:06	11:11	4	H
3-24-05	2M	6 / 14	11:05	11:10	11:16	6	H
3-24-05	2X	6 / 13	12:01	usual pass			P
3-24		deep touch					
3-24	2Z	7 / 13		12:32			

REMARKS * 20+2m/marginal / they are lower areas if approved

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

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 _____ 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) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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.

SIGNATURE OF APPLICANT _____

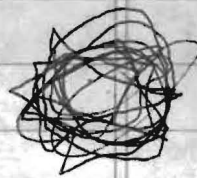
HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

Depth to test: 18"

depth	8"	8"	7 ¹⁵ / ₁₆	7 ¹⁵ / ₁₆	7 ¹⁵ / ₁₆	7 ¹⁵ / ₁₆
Start:	12:48	12:58	1:08	1:18	1:30	1:48

~~SEA~~ Sand Mound H9

1¹⁵/₁₆" in 1 hr.
ⓕ



2
9
14



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

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

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- REPLACE AN EXISTING SEPTIC SYSTEM

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- NEW STRUCTURE(S)
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- 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 _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
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PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET _____ CITY/TOWN _____ STATE _____ ZIP _____

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET _____ TOWN/POST OFFICE _____

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

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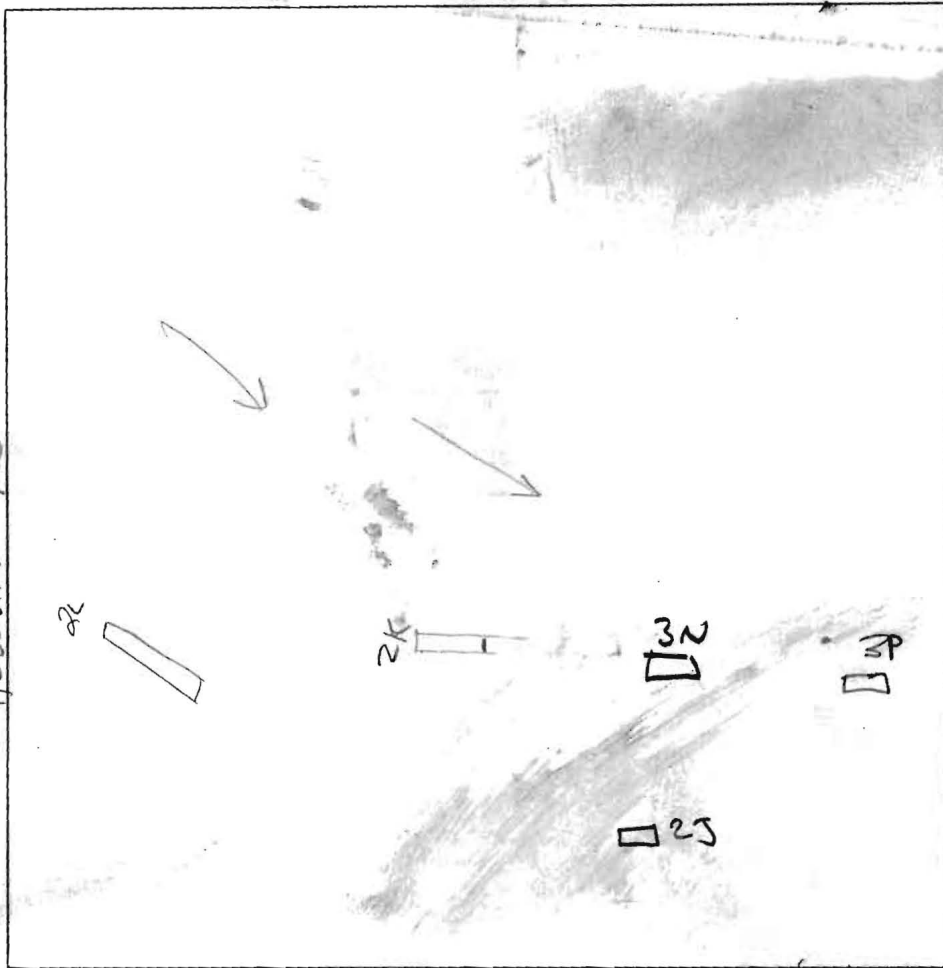
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SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P



Howard Rd



6.5
brown
orange
brown
sicl

50 rock
quartz

8 - water
distinct
mottles

2J
brown
red brown
sicl

4 -
100%
rock
sicl
↓
sicl
yellow
brown

9 -
11 -
water

3P
brown
orange
yellow
sicl
d mottles

5 -
water
clots
OR
water

2L
brown L
rob sicl

5.5
sicl
yellow brown

13.5
water

2K
brown L
red b
sicl

15-2
ob
sicl
↓
sicl

13
14
water

Driveway

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
3-24-05	2L	6 / 14.5	10.09'	10.23	10.38	15	P
3-24-05	2K	5.5 / 14	10.27	10.38	10.48	10	P
	32A		visual				F
	2J		visual				F
	3N		visual				F
	3P	5	VISUAL				F

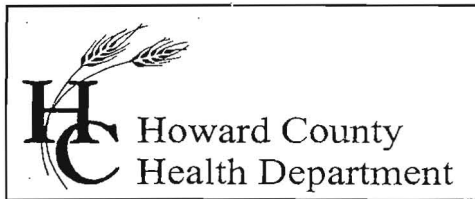
water at 5'

REMARKS _____

SANITARIAN RAY/SF BACKHOE Mike + M.J.P. OTHERS _____

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

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



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 17, 2005

Oscar & Genevieve Gibson
14186 Howard Rd,
Dayton MD, 21036

RE: **Percolation Test Date**
Proposed Use: Establish sewage disposal areas in Lots 1-5
Property ID: Gibson Property, Lots 1-5
Tax Map: 27 Parcel: 33

Dear Oscar & Genevieve:

Percolation testing has been tentatively scheduled for the above referenced property for **Monday, February 28 2005, at 8:30a.m. and Tuesday March 1, at 10:30** *Please call this office at (410) 313-1771 to confirm your acceptance of this percolation test date.*

The applicant shall be responsible for having a contractor on site to excavate the test holes to a minimum depth of 14' at the corners and middle of the proposed septic area. Please be advised that confirmation of the entire proposed septic reserve area shall be necessary at the time of testing. If unsatisfactory soil conditions are found, it may be necessary to excavate additional test pits.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office the day before the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned at this offices earliest convenience.

Percolation test results may be expected by mail two weeks after the completion of the percolation testing.

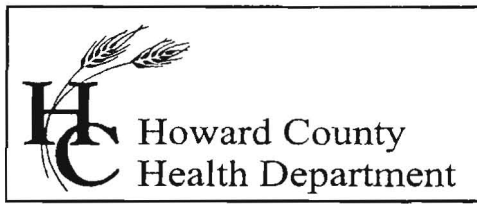
Thank you in advance for your cooperation in this matter.

Sincerely,

Peter A. Yencsik
Well and Septic Program
Development Coordination Section

PAY

cc: Trinity Homes
File



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TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

April 25, 2005

Mr. & Mrs. Oscar Gibson
14186 Howard Rd
Dayton, Maryland 21036

RE: PERCOLATION TEST RESULTS-A522403
Tax Map 27, Parcel 33
Proposed 4 lots

Dear Mr. & Mrs. Gibson

Sand Mound testing conducted on April 22, 2005 on the referenced property indicated unsatisfactory soil conditions. The primary limiting factors were shallow depth to bedrock, shallow clay layers and high water tables. Copies of the test results are enclosed.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) A suitable house and well site for each lot
- 3) Two replacement well sites or approximately 1500 square feet of approvable well area for each lot
- 4) All existing wells and septic reserve areas on the property
- 5) Locations of any other relevant features such as streams, swales, or existing structures
- 6) A note must be included certifying that all existing wells and septic systems within 100 feet of Property boundaries have been shown
- 7) A note indicating that depicted topography reflects field-matched information
- 8) A health officer signature block stating "approved for private water and private sewerage systems"
- 9) A MDE sewage disposal area statement is required

Initial sand mound testing for the existing house was conducted to the rear of that structure, but was not successful. Subsequent testing conducted to the side of the house also yielded unsatisfactory soil conditions.

After all percolation testing and sand mound testing conducted at this site, three sewage disposal easements were located. One of these easements would be needed for the existing house before any subdivision can occur on this property. If you have any questions please call (410) 313-1771.

Respectfully,

Peter A Yencsik
Development Coordination Section
Well and Septic Program

PAY

Enclosures

cc: Trinity Quality Homes
(Attn- Tim Keane)
File

Sand mound



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AVP 522403
AGENCY REVIEW: _____ DATE 4/18/05

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:
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- 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 UNKNOWN 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) Mr & Mrs Oscar & Genevieve Gibson

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14180 Howard Road, Dayton, Maryland 21030
STREET CITY/TOWN STATE ZIP

APPLICANT Trinity Quality Homes attn: Tim Keane

DAYTIME PHONE 410-480-0023 CELL 443-324-9800 FAX 410-480-0013

MAILING ADDRESS 3075 Park Avenue, Suite 301, Ellicott City, MD 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Gibson Property LOT NO. 5

PROPERTY ADDRESS 14180 Howard Road, Dayton, Maryland 21030
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 27 GRID 6 PARCEL(S) 33 PROPOSED LOT SIZE 3.10ac

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. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-7544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

Sand Mound



Howard County Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 522403

AGENCY REVIEW: _____

DATE 4/18/05

DO NOT WRITE ABOVE THIS LINE

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CHECK AS NEEDED:

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- 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 UNKNOWN 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) Mrs & Mrs. Oscar & Genevieve Gibson

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 14186 Howard Road Dayton Maryland 21030
STREET CITY/TOWN STATE ZIP

APPLICANT: Trinity Quality Homes attn: Tim Keane

DAYTIME PHONE 410-480-0083 CELL 443-324-9800 FAX 410-480-0013

MAILING ADDRESS 3675 Park Avenue, Suite 301, Ellicott City, MD 21043
STREET CITY/TOWN STATE ZIP

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

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Gibson Property LOT NO. 4

PROPERTY ADDRESS 14186 Howard Road Dayton Maryland 21030
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 27 GRID 6 PARCEL(S) 33 PROPOSED LOT SIZE 3.35 ac

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. _____
SIGNATURE OF APPLICANT

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TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H

REMARKS _____

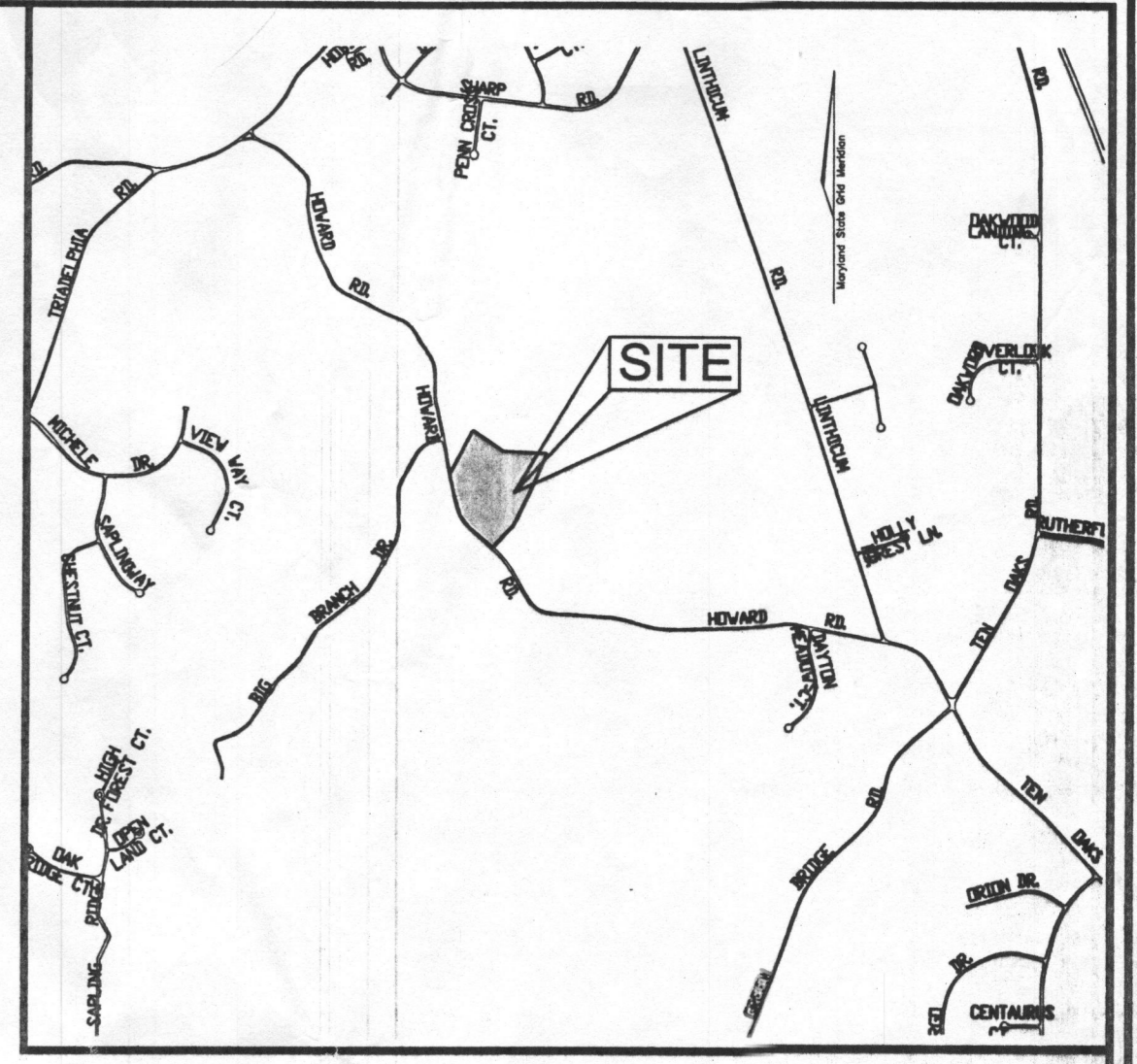
SANITARIAN _____ BACKHOE _____ OTHERS _____

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

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

SOILS LEGEND		
SYMBOL	SOILS NAME/DESCRIPTION	CLASS
GnB2	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	C
GIB2	GLENELG LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B
GIC2	GLENELG LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED	B
GID2	GLENELG LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED	B
MID2	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED	B
MnF	MANOR VERY STONY LOAM, 25 TO 80 PERCENT SLOPES	B
NeB2	NESHAMINY SILT LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED	B

HOWARD COUNTY SOIL SURVEY MAP NO. 17



VICINITY MAP
SCALE: 1"=2000'

GENERAL NOTES:

- THE CONTOURS AND ELEVATIONS SHOWN HEREON ARE BASED ON HOWARD COUNTY AERIAL PHOTOGRAPHY.
- THE PROPERTY SHOWN HEREON IS BASED ON A DEED PLOTTING.
- ALL EXISTING WELLS AND SEPTIC AREAS WITHIN 100' OF THE SITE HAVE BEEN SHOWN TO THE BEST OF OUR KNOWLEDGE.

THIS AREA DESIGNATES A MINIMUM 10,000 SQ FT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

LEGEND

- EXISTING 5 FOOT CONTOUR
- EXISTING 25 FOOT CONTOUR
- PROPOSED INDIVIDUAL SEPTIC AREA
- PROPOSED PERCOLATION TEST HOLE
- PASSED PERCOLATION TEST HOLE
- FAILED PERCOLATION TEST HOLE
- PERCOLATION TEST HOLES NOT TESTED
- EXISTING TREELINE
- STEEP SLOPES

PERCOLATION CERTIFICATION:
I CERTIFY THAT THE LOCATIONS SHOWN HEREON ARE BASED ON FIELD LOCATIONS DONE UNDER MY DIRECT SUPERVISION, AND ARE CORRECT, TO THE BEST OF MY PROFESSIONAL KNOWLEDGE AND BELIEF.

MARK C. MARTIN, LS #10884 DATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS FOR LOTS 1-5.

COUNTY HEALTH OFFICER DATE

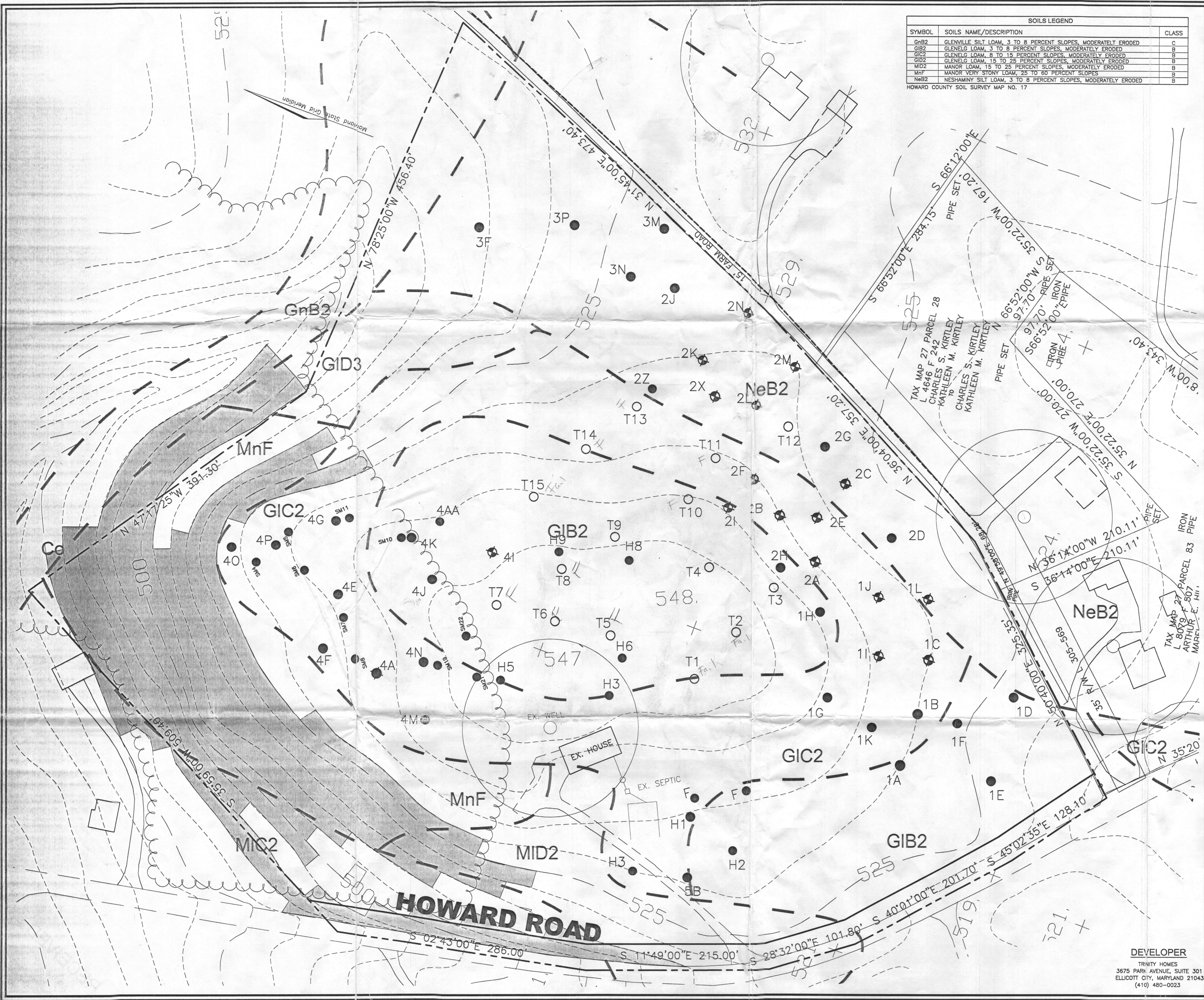
PERCOLATION TEST PLAT
GIBSON PROPERTY
LOTS 1-5

TAX MAP 27 BLOCK 6 PARCEL 33
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

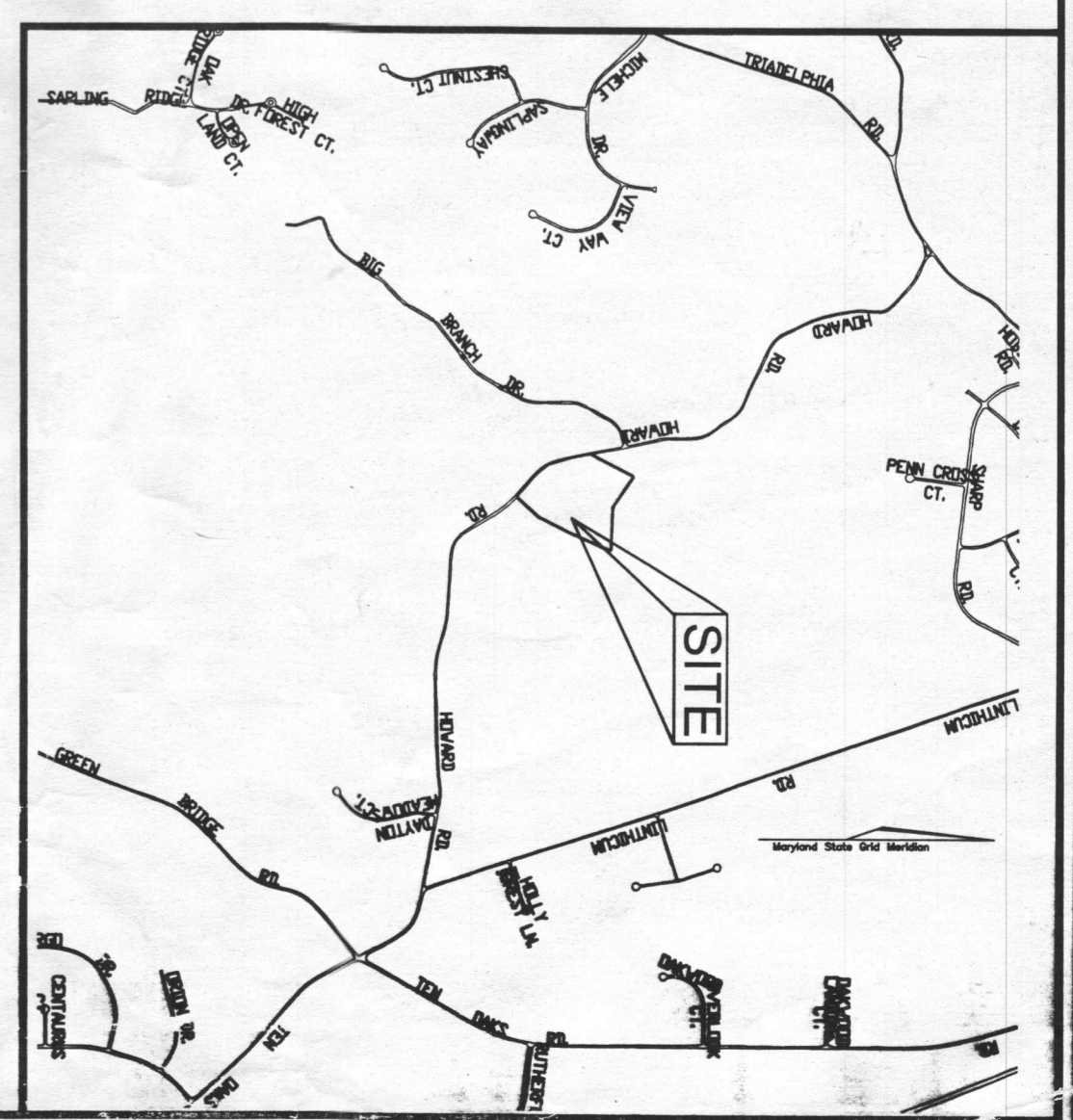
ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLCOTT CITY, MD 21043 FAX: 410.461.8961

DESIGN BY: JCO
DRAWN BY: JCO
CHECKED BY: RHV
DATE: JUNE, 2005
SCALE: 1"=50'
W.O. NO.: 05-12.00

DEVELOPER
TRINITY HOMES
3675 PARK AVENUE, SUITE 301
ELLCOTT CITY, MARYLAND 21043
(410) 480-0023



SOILS LEGEND	
SYMBOL	SOILS NAME/DESCRIPTION
GIB2	GLENNVILLE Silt LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED
GIB3	GLENNVILLE Silt LOAM, 3 TO 8 PERCENT SLOPES, MODERATELY ERODED
GIC2	GLENNVILLE LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED
GIC3	GLENNVILLE LOAM, 8 TO 15 PERCENT SLOPES, MODERATELY ERODED
MID2	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID3	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID4	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID5	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID6	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID7	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID8	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID9	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID10	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID11	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID12	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID13	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID14	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID15	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID16	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID17	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID18	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID19	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID20	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID21	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID22	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
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MID26	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID27	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
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MID29	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID30	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID31	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID32	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
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MID97	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID98	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID99	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED
MID100	MANOR LOAM, 15 TO 25 PERCENT SLOPES, MODERATELY ERODED



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MARK C. MARTIN, L.S. #10884 DATE _____

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS FOR LOTS 1-5

COUNTY HEALTH OFFICER DATE _____

**PERCOLATION TEST PLAT
GIBSON PROPERTY
LOTS 1-5**

TAX MAP 27 BLOCK 6 PARCEL 33
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET ELLETTT CITY, MD 21043
TEL: 410-461-7666 FAX: 410-461-6961

DEVELOPER
TRINITY HOMES
3675 PARK AVENUE, SUITE 301
ELLETTT CITY, MARYLAND 21043
(410) 480-0023

DESIGN BY: JCO
DRAWN BY: JCO
CHECKED BY: RHV
DATE: MARCH 2005
SCALE: 1"=40'
W.O. NO.: 06-12-00

1 SHEET OF 1

