



HOWARD COUNTY HEALTH DEPARTMENT

68802

DATE 3/19/21

P15 A15

Received From

Marc Hereth
Construction

PHONE # 301 580-5977

For

Repair Per

CASH

CHECK

NO.

1527

15202
Carrs Hill Rd.

Three hundred thirty

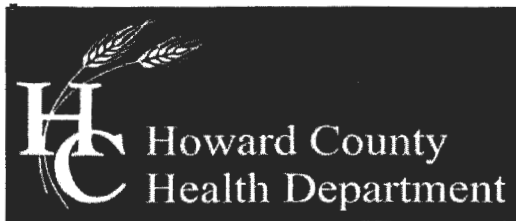
Dollars

\$

330.00

Received By

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME NESSIF PROP RSB PARC

PROPERTY ADDRESS 15202 CARRS MILL ROAD WOODBINE 21797
STREET TOWN ZIP

TAX ACCOUNT # 04-326466 TAX MAP 0014 GRID 0003 PARCEL 0262 LOT NO. 6 PROPOSED LOT SIZE (ACRES) 58.62

ZONING CATEGORY TIER

PROPERTY OWNER(S) WEE, BRIAN

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 15202 CARRS MILL ROAD WOODBINE, MD 21797
STREET CITY, STATE ZIP

APPLICANT MARC D HERETH RELATIONSHIP TO OWNER:

DAYTIME PHONE 301 580 5977 CELL EMAIL

MAILING ADDRESS 2551 FLORENCE ROAD WOODBINE 21797
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 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

DATE

JW 10/29/15

FORM PREPARED ON BEHALF OF APPLICANT TO RECONCILE FILE RE P568802 / A568802. FORM NOT SUBMITTED WITH SYSTEM UPGRADE/REPAIR

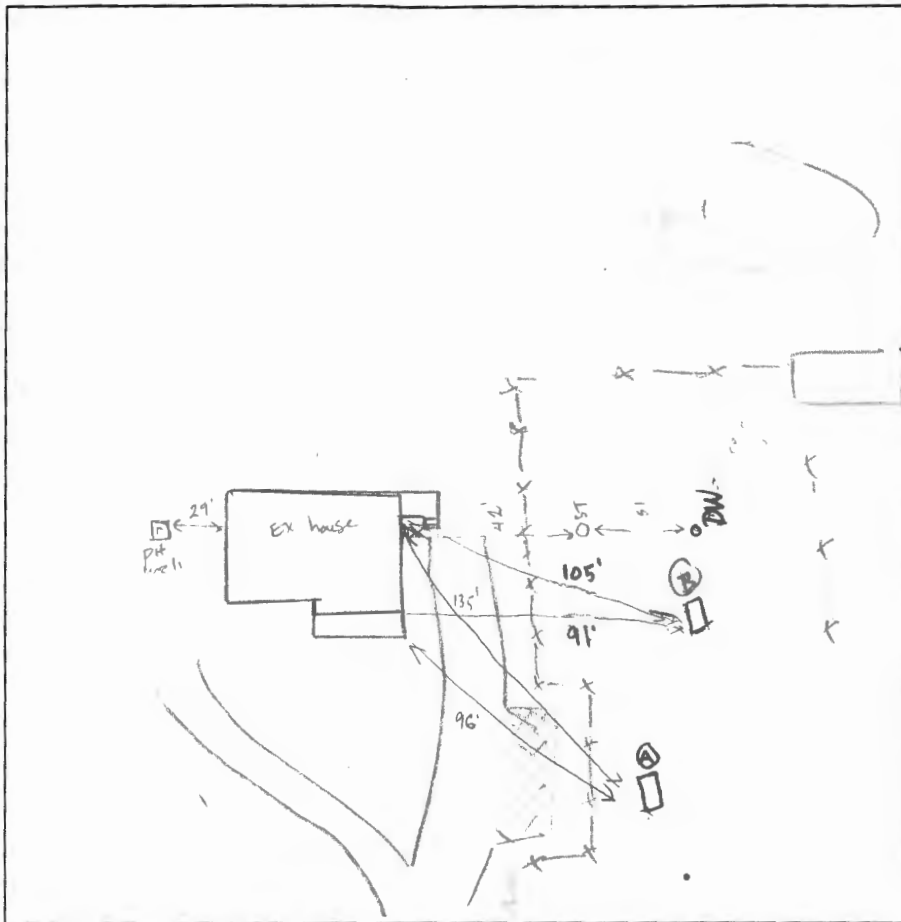
AP 568802

Ⓐ

7" DB, Loam
 R, clay
 16" LYB, SBK, very fine, SL friable, 10% rock
 9' hard bottom

Ⓑ

6" DB, Loam
 R, clay
 5" LYB, SBK, very fine, SL, friable, weathered, 10% rock
 12' hard bottom boulder



SHOULDER / Pit bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/14/21	Ⓐ	1.5' / 9'	11:10	11:12	11:17	5'	P
4/14/21	Ⓑ	5' / 12'	11:40	11:42	11:48	5.5	P

REMARKS drywell is actively failing to grade, bioaccumulation on surface
 SANITARIAN Susan Thomas BACKHOE Mark Hereth OTHERS Joseph Cabanog 001997

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

TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH TBD EFFECTIVE SW 3'-3-5'

(1.2)	4	80	167	76	84	BOTTOM 5'
	5	625	209	95	105	INLET 1.5' / 2'
	6	750	250	113	125	EFFECTIVE 1.5'