

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Rebecca Geurts

PROPERTY ADDRESS 5351 Greenbridge Rd. Spokoke Dayton
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____ PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Rebecca Geurts

DAYTIME PHONE _____ CELL _____ EMAIL _____

MAILING ADDRESS _____
STREET CITY, STATE ZIP

APPLICANT Fogle's Septic RELATIONSHIP TO OWNER: Nive

DAYTIME PHONE 410-795-5670 CELL _____ EMAIL _____

MAILING ADDRESS 590 Obrecht Rd Sykesville, MD 21784
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 4 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.

Jeff Palmer
 SIGNATURE OF APPLICANT

5-17-23
 DATE

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-SP-APP-23-00114
Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application
Address: 5351 Greenbridge,

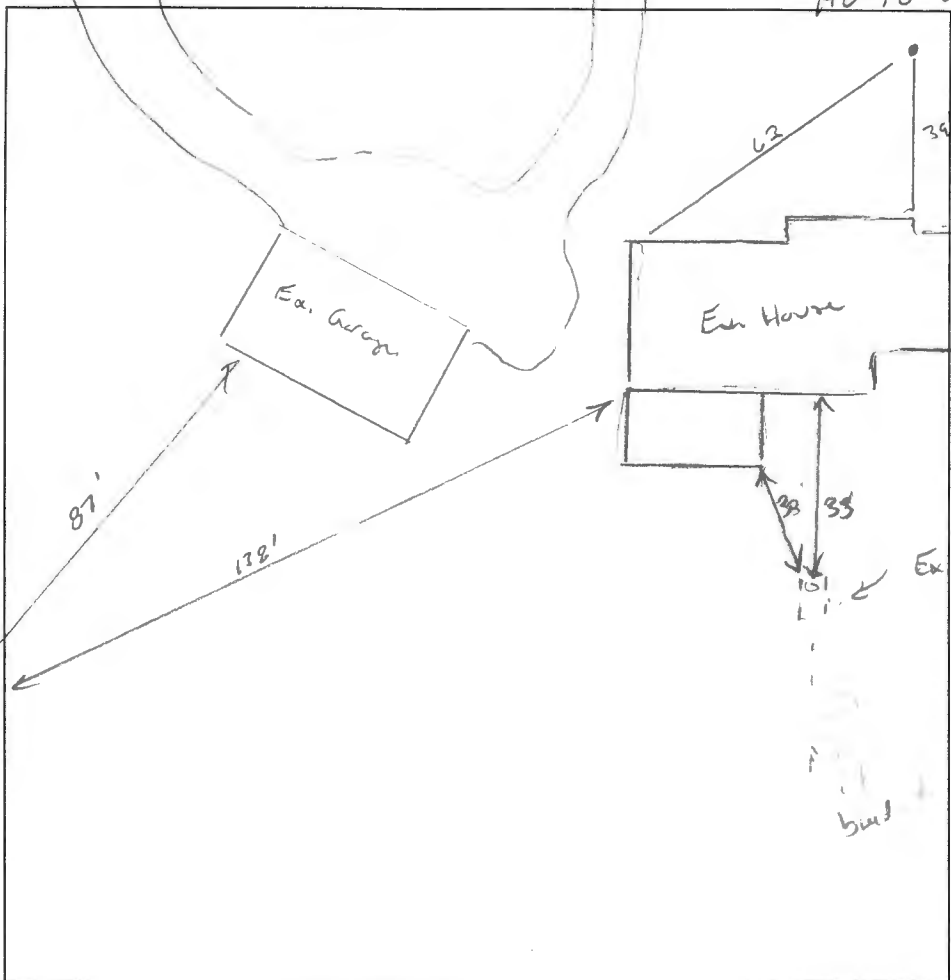
Receipt No.	6767					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	78826	\$165.00	05/18/2023	JUKING		Receipt # 74132
Work Description:	Septic Repair/ 5351 Greenbridge					

RECEIPT

Howard County, MD
HOWARD COUNTY HEALTH DEPARTMENT
ASCEND ONE BUILDING
Columbia, MD 21045
8930 STANFORD BLVD

Application: WS-PT-23-01245
Application Type: EnvHealth/Well and Septic/Percolation Test/Application
Address: 5351 Greenbridge,

Receipt No.	6768					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	78826	\$165.00	05/18/2023	JUKING		Receipt # 74132
Work Description:	Perc Repair/ 5351 Greenbridge					



2' Br/Cu
2x8" - cu
roofs

4' 1: R-R CL
m to pl
Frable

7' 1: R-R SL
m to pl
Frable
15% Rv.
20% slat ch...

9' 1: B-Y SL
m to pl
Frable

14' 1: B-Y SL
m to pl
Frable
20% Rv.
slat ch...

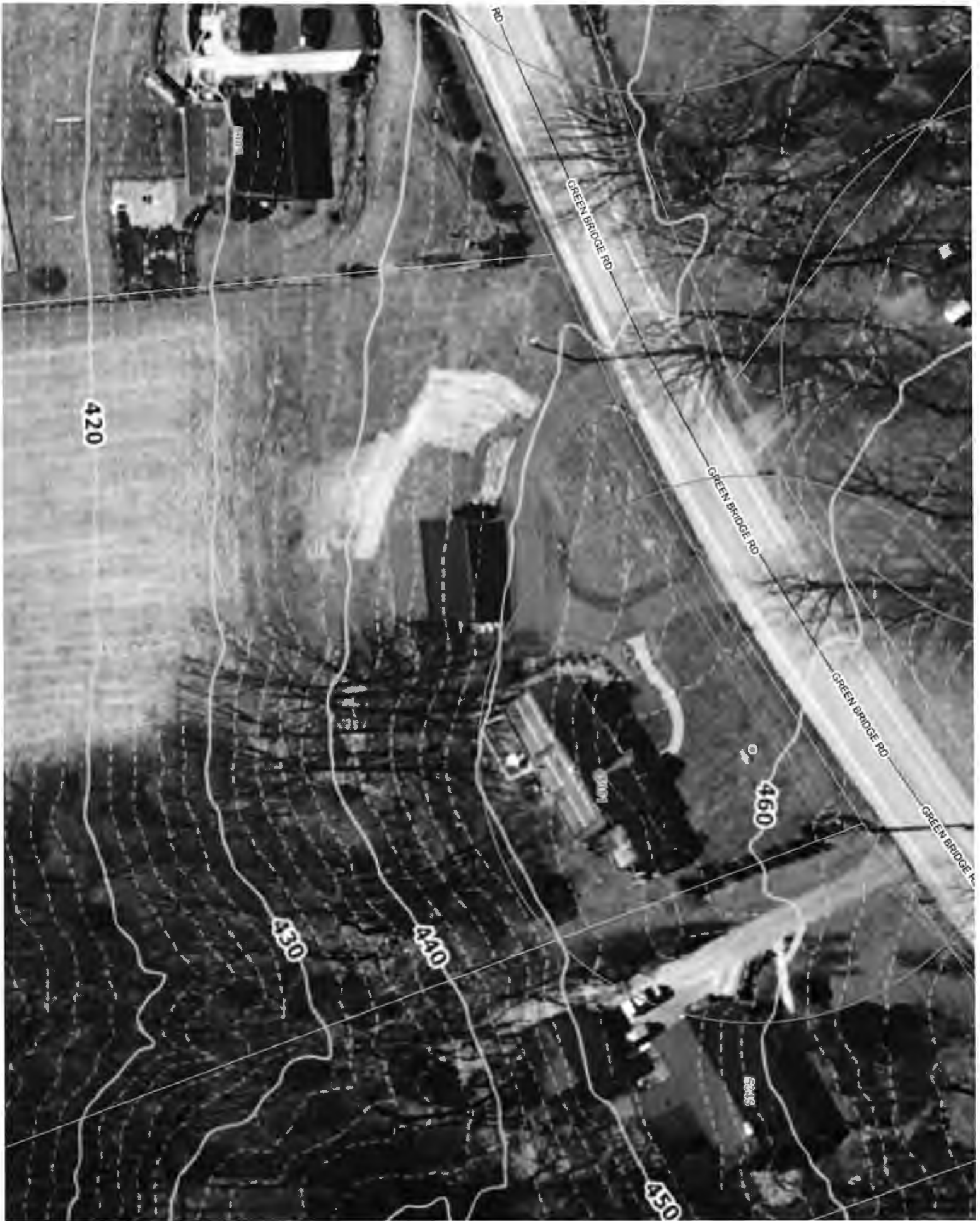
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
6/8/2007	(A)	87' 11" / 14"	00:41	00:44	00:49	5	P
		H ₂ O poured @ 12'				< 5 min	P

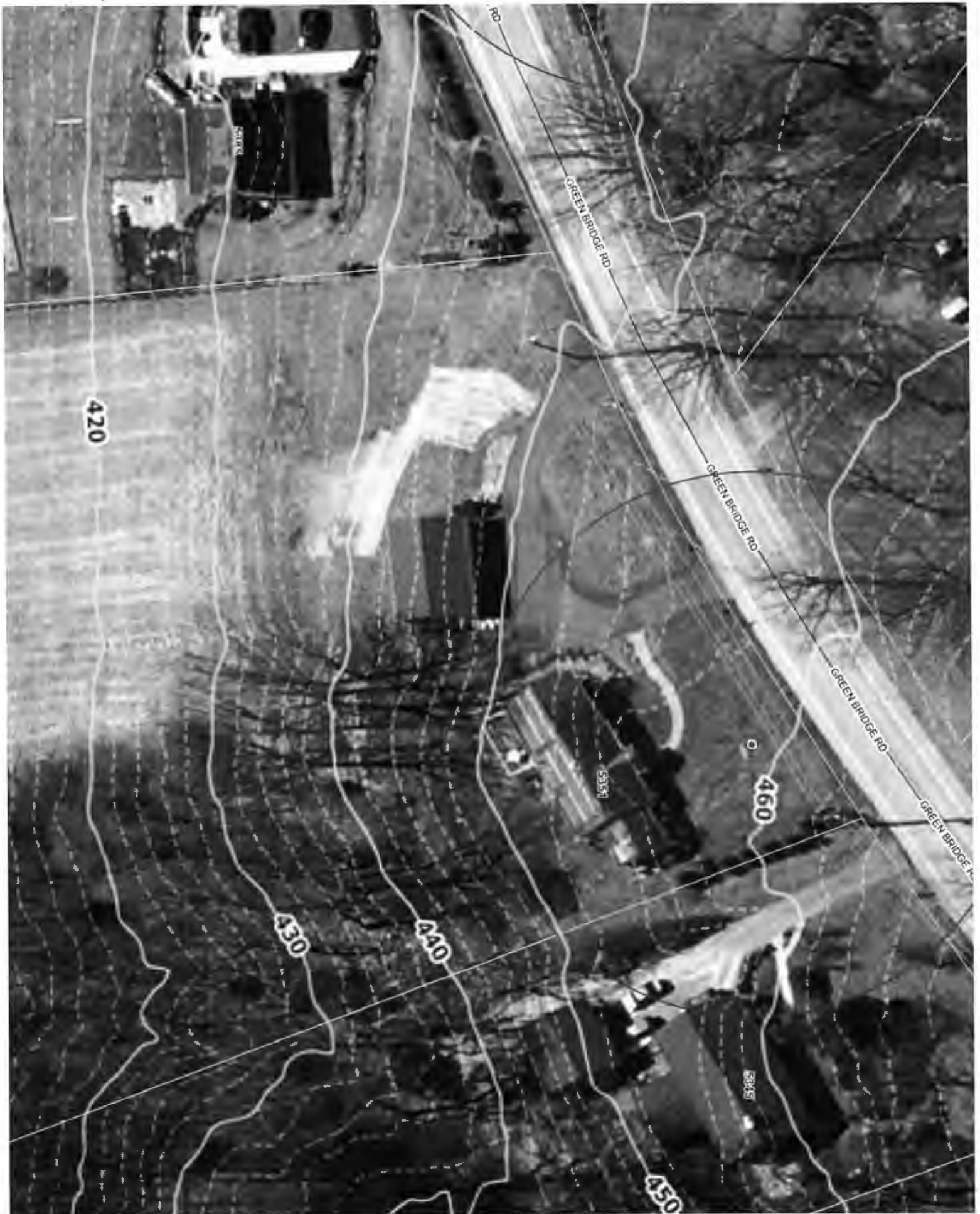
REMARKS Ex. ST. block tank, absorption system violation
 SANITARIAN K. Wolf BACKHOE Reuben OTHERS Mike / Ann

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

TRENCH WIDTH 3' INLET DEPTH 3 MAX. BOT DEPTH 10 EFFECTIVE SW 8' (62)

$4BR = \frac{600}{1.2} \approx 500 \div 3 = 167 (.62) = \underline{104} (2 \times 50)$







Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
System relocation for proposed addition
System upgrade for proposed addition
Inadequate treatment zone
Collapsed septic tank
Collapsed drywell

Has the septic tank been pumped within the last month?

Yes
No
Date pumped:

Was a visual inspection of the septic tank and/or drain fields conducted?

Yes
No
Explain observation:

Existing system design

- Drywell
Trench
Mound
Unknown
Other:

Was a visual inspection of the sewage line conducted?

Yes
No

Blockage Leading to the field

Yes
No
Explain

Is discharge surfacing on the ground?

Yes
No

Additional Comments:

Homeowner called about wet spot/lush grass in yard. Failing drywell, bleeding out in yard.

*For REPAIRS, are the owners proposing, or do they plan to add in the future any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulations.

Septic Contractor: Fogle's Septic Clean, Inc. Contractor's Phone: 410-795-5670

Contractor's Address: 580 Obrecht Rd Sykesville, MD 21784

Property Address: 5351 Greenbridge Rd County File: 05-344816

Subdivision: Lot: Year Built: 1955

Owner's Name: Rebecca Geurts Existing bedrooms: 4

Name of previous owners: Bryan Patsy Existing bedrooms:

Proposed bedrooms:

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency exists.

The contractor is to notify the office of the emergency as soon as possible.

2/2020