

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Poplar Heights

PROPERTY ADDRESS 1014 St Michaels Road Mt. Airy, MD 21771

TAX ACCOUNT # 320921 TAX MAP 0007 GRID 0002 PARCEL 0021 TOWN _____ ZIP _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S)

Denise Mohr

DAYTIME PHONE 410-241-2769 CELL _____ EMAIL denmohr1@gmail.com

MAILING ADDRESS same as property address

APPLICANT

Jessica Reisberg // Sams Creek RELATIONSHIP TO OWNER: Septic Contractor

DAYTIME PHONE 443-690-0082 CELL _____ EMAIL _____

MAILING ADDRESS 2810 Sams Creek Road New Windsor, MD 21776

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

PROPERTY:

- SUBDIVISION: TOTAL NUMBER OF BUILDABLE LOTS ON PLAT: _____ SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) _____ MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- UPGRADE EXISTING OSDS FOR BUILDING PERMIT BUILDING PERMIT NUMBER: _____
- REPAIR OR REPLACE FAILING OSDS

BUILDING:

- RESIDENTIAL WITH 3 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE/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

11/20/25

DATE

JW 7/17/2024

Wolf, Kevin

From: Wolf, Kevin
Sent: Wednesday, December 3, 2025 1:16 PM
To: sams.creek@aol.com
Cc: 'drs@ramss.com'
Subject: 1014B St. Michaels Road | Perc

Jess,
I spoke with Joe about this perc. Was looking at possibly the 11th or the 30th.

Dan – I got most of the update on this project from Zack. We will, however, need to have the property lines marked as well as the adjacent property (1020 St Michaels) well and septic information properly located. We can use the current pending perc cert plan for our reference.

Thanks,

Kevin M. Wolf, LEHS, REHS/RS
Groundwater Mgmt. Sec. Supervisor
Well & Septic Program
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2645 (Office)
410-313-2648 (Fax)
www.hchealth.org



kwolf@howardcountymd.gov

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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 Date pumped: 9/3/2025
 No

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

Yes Explain observation: the existing tank is composed of cinder block
 No

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 Explain pipe between tank & drywell is clogged
 No

Is discharge surfacing on the ground?

Yes
 No

Additional Comments:

septic inspection report was completed on 9/3/25 and submitted to county by homeowner's engineer on 10/24/25

*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: Sams Creek Contractor's Phone: 443-690-0082
 Contractor's Address: 2810 Sams Creek Road New Windsor, MD 21776
 Property Address: 1014 St. Michaels Road County File: _____
 Subdivision: poplar heights Lot: Par. B Year Built: 1954
 Owner's Name: Denise Mohr Existing bedrooms: 3
 Name of previous owners: John Koch, Edmund Budnitz Existing bedrooms: _____
 Proposed bedrooms: 3

*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.

RECEIPT

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

Application: WS-PT-RP-25-00017
Application Type: EnvHealth/Well and Septic/Percolation Test/Repair Application
Address: 1014 SAINT MICHAELS RD, Mount Airy, 21771

Receipt No.	14037					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	3520	\$265.00	11/21/2025	SMARTIN		

Owner Info.:
KOCH KATHRYN C
1014 ST MICHAELS RD
MOUNT AIRY, MD 21771

Work Description:

Possible Page

Date ~~sent~~ for

12/11

or
-

12/30
-

