Howard County Health Department

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

A558016

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Roberta Booth

PROPERTY ADDRESS 7535 Brown Bridge Rd Highland MD 20777
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 0040 GRID 0018 PARCEL 0236 LOT NO. 2 PROPOSED LOT SIZE (ACRES) _____

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Roberta Booth

DAYTIME PHONE _____ CELL 301 332-3435 EMAIL _____

MAILING ADDRESS 189 Tucker Dr. Chambersburg PA 17201
STREET CITY, STATE ZIP

APPLICANT Gary Kim RELATIONSHIP TO OWNER: Installer

DAYTIME PHONE 301-924-4218 CELL 301 807-5762 EMAIL _____

MAILING ADDRESS 8608 Augusta Farm La Laytonsville MD 20882
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 3 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.

_____ March-3-16

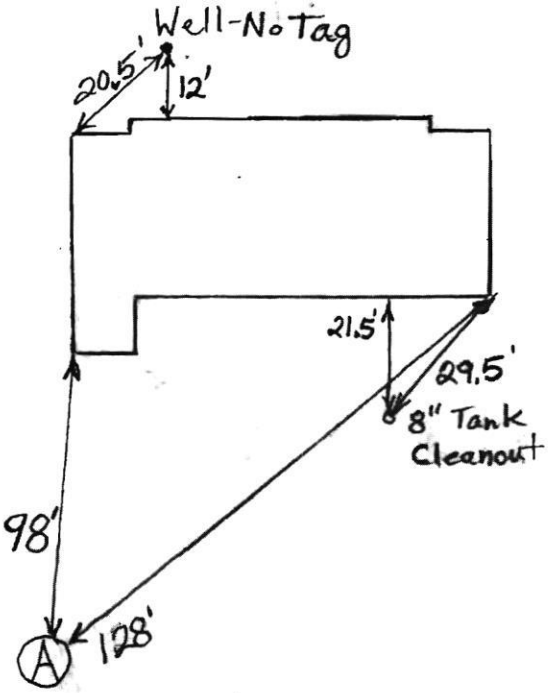
SIGNATURE OF APPLICANT DATE

JW 10/29/15

A/P 558016

Ⓐ

0.5'-1'	Br Granular Topsoil
2.5'-3'	Med Br Mod. Dense Si Cl Loam
5'	Dense Red Si Cl Loam
6'-6.5'	Mod. Dense Red Br Very Fine Sa Loam - Sa Cl Loam
14.5'	Light Br Mod Dense Very Fine Sa Loam ~5% Saprolite Getting Wet



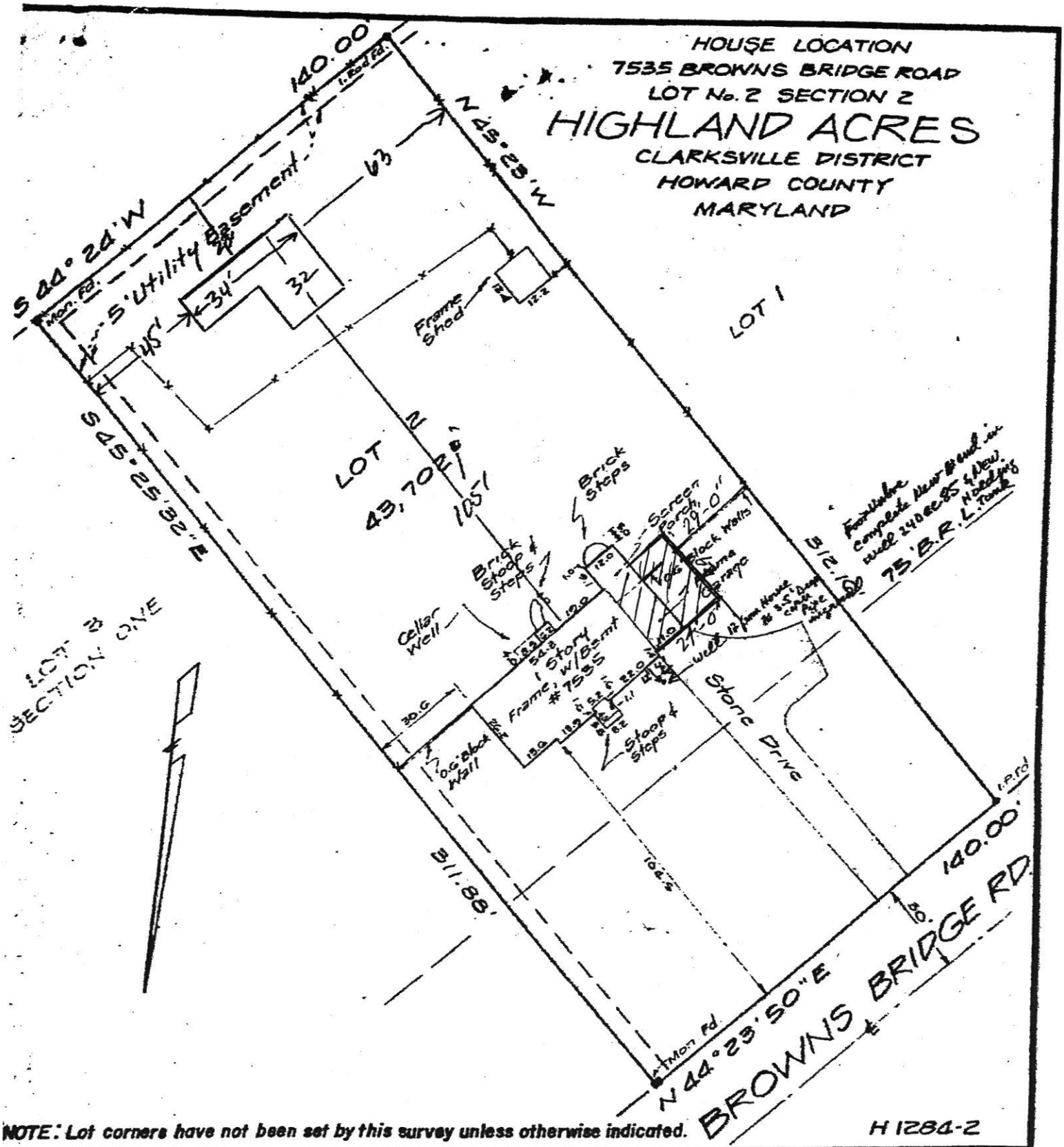
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
3/16/2016	A	8'/145'	11:50	12:04	12:23	19	P

REMARKS _____

SANITARIAN B. Baker BACKHOE G. King OTHERS _____

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



NOTE: Lot corners have not been set by this survey unless otherwise indicated.

H 1284-2

ENGINEER'S CERTIFICATE

I hereby certify that I have carefully surveyed the property shown and described hereon, in accordance with record description, and have located all of the existing improvements thereon by a transit-tape survey, and that corners have been found or placed as shown, and that there are no encroachments either way across the property except as indicated.

Clinton G. Light
Reg. P.E. & L.S. Md. 715

REFERANCE	
PLAT BOOK	
PLAT Nº	
LIBER	
FOLIO	

LIGHT, ELLIOTT & ASSOC.
ENGINEERS · PLANNERS · SURVEYORS
8508 ADELPHI ROAD
ADELPHI, MARYLAND 20783
422-6080

CHECKED:	RECORD NUMBER
SCALE: 1" = 40'	SH-41975
DATE: 11-28-77	

HOWARD COUNTY HEALTH DEPARTMENT

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1.866.313.6300 - Toll Free

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

APPLICATION FOR WAIVER

To Howard Co Code Subtitle 8: Onsite Sewage Disposal Systems and Subtitle 9: Individual Potable Water Supply Systems

Date Submitted: 7/20/26

Property Address: 7535 Browns bridge Rd Highland MD

Subdivision	Lot	Tax Map	Grid	Parcel	Tax Account #

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

In the area below, list the specific section of the Howard Co Code to which a waiver is being requested and provide a brief summary of the regulation and an explanation of why the waiver is being requested (Attach a separate sheet if necessary).

	Regulation Section	Summary and Explanation
1.	3.805	Requesting Waiver from Perc test * Replacing shell of existing pool only * no additional site work * Repair to septic Done in 2016 and perc test was done and area was compromised
2.		* Attached letter with more Detail

Property Owner's Signature

Health Department Use Only

Reviewed by Zack Silvust gs (HCHD Staff) 7/21/26 (Date)

Comments/Conditions: There are still a couple areas on the property that could be used for future septic repairs. New pool location will be the exact same footprint of the existing, non-functioning pool. Well & Septic OK. (existing)

Approved by: (BEH Deputy Director) 7/23/26 (Date)

---------- Forwarded message ---------
From: **Scott Gates** <scott@patriotpoolsmd.com>
Date: Mon, Jul 20, 2026, 4:52 PM
Subject: Roeder Septic
To: Scott Gates <scott@patriotpoolsmd.com>

To Whom It May Concern:

I am writing to respectfully request a waiver of the percolation (perc) testing requirement for the property located at 7535 Browns Bridge Road, Highland, Maryland, pursuant to Howard County Code Section 3.805.

The proposed work consists solely of replacing the existing in-ground swimming pool shell with a new swimming pool shell. There will be no additional land disturbance beyond the footprint of the existing swimming pool or the existing pool equipment area.

In 2016, repairs were made to the property's septic system. As part of that work, percolation testing was performed in the vicinity of the existing swimming pool. Based on those previous findings and the fact that this project does not expand the existing disturbed area, we respectfully request that the Department grant a waiver of the perc testing requirement for this pool shell replacement.

We appreciate your time and consideration of this request. Should you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

Scott Gates
Patriots Running Pools

Scott Gates
Patriot Pools
443-924-4708 cell