

Bureau of Environmental Health

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

Handwritten ID: A560463

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1003

PROPERTY ADDRESS 15885 Meadow Walk Road Woodbine MD 21797

TAX ACCOUNT # 329791 TAX MAP 0013 GRID 0018 PARCEL 0199 LOT NO. PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Earl + Pam Wright

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 15885 Meadow Walk Way Woodbine MD 21797

APPLICANT Hatfield's Equipment RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE 301 490 4289 CELL 410 984 4880 EMAIL khatfield@hatfields.equipment.com

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701

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

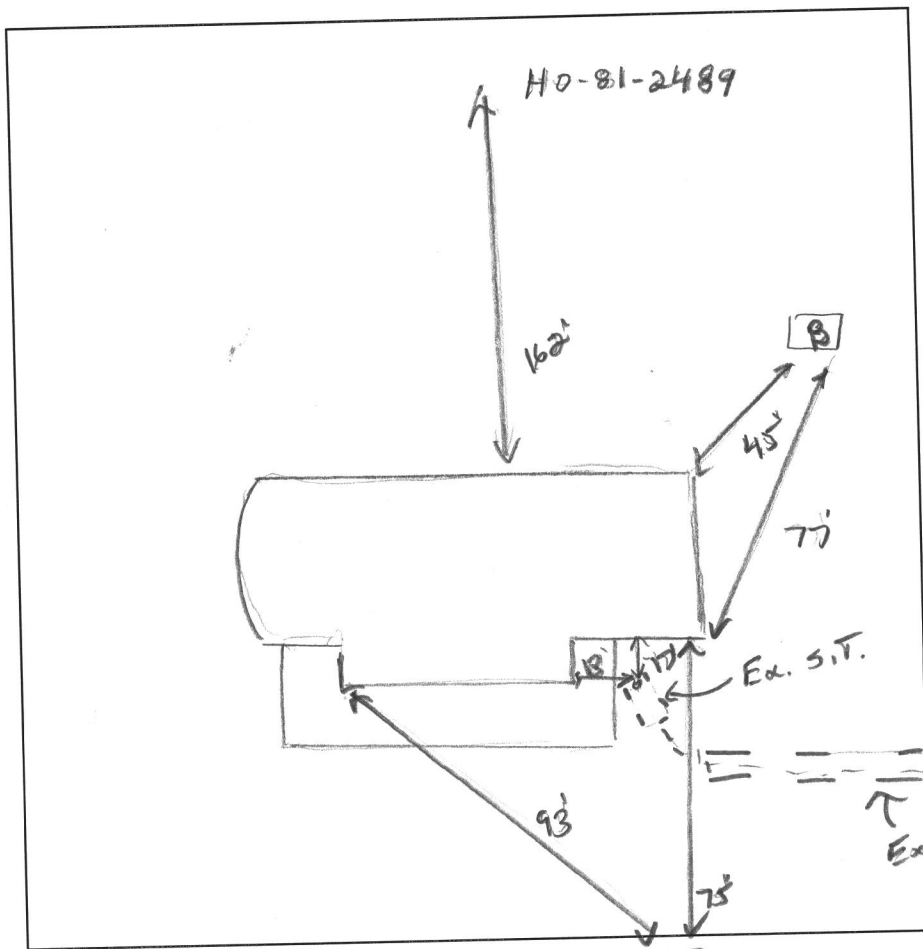
- AS APPLICANT, I UNDERSTAND THE FOLLOWING:
THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED 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.

Handwritten signature of applicant

11/14/17
DATE



(A)
 12" Dk Br L, m/sak, roots
 Dk Br L, CS, stony.
 3' m/sak
 6' R/F SL, m/sak, H₂O Sump
 7' 11 Br L SL, H₂O, m/sak.
 8' ↑
 H₂O

(B)
 2' 11 Br L, m/sak, roots
 4' Br L, m/sak, Frable
 7' Br L, R/S L, W/F BR, Frable, dry man man
 14" 10% sand channels
 Br L, R/S L, W/F pl, Frable, highly m/sak

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/25/19	(A)	3' v	—	—	—	—	F
	(B)	4' / 14' v	00:39	00:47	00:59	< 11	P
		H ₂ O poured @ 14'				< 5	P
		8'	00:12	00:14	00:17	3	P

REMARKS Gravity system not possible, High ground 162'
 SANITARIAN K. Wolf BACKHOE Demco Super OTHERS Fuld (Not used)
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR 12
 TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 8' EFFECTIVE SW 4'

$$3BR = \frac{750}{0.8} = 937.5 \div 3 = 312.5 \text{ (Not used)} = 79 \text{ LF}$$

1243
 1236



Real Property Data Search (w2)

Search Result for HOWARD COUNTY

[View Map](#)
[View GroundRent Redemption](#)
[View GroundRent Registration](#)

Tax Exempt: None **Special Tax Recapture:** None
Exempt Class: None

Account Identifier: District - 04 Account Number - 329791

Owner Information

Owner Name: WRIGHT EARLE
 WRIGHT PAMELA ANN **Use:** RESIDENTIAL
Mailing Address: 15885 MEADOW WALK RD **Principal Residence:** YES
 WOODBINE MD 21797-7731 **Deed Reference:** /01747/ 00119

Location & Structure Information

Premises Address: 15885 MEADOW WALK RD **Legal Description:** 10 A
 WOODBINE 21797-0000 15885 MEADOW WALK RD
 WOODBINE

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0013	0018	0199	4010103.14	1003				2020	Plat Ref:

Special Tax Areas: None **Town:** None
Ad Valorem: 100
Tax Class: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1910	6,816 SF		10.0000 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	YES	STANDARD UNIT	SIDING/	4	6 full/ 1 half	1Det/1Carport	

Value Information

	Base Value	Value As of 01/01/2017	Phase-in Assessments	
			As of 07/01/2019	As of 07/01/2020
Land:	365,000	365,000		
Improvements	361,500	361,500		
Total:	726,500	726,500	726,500	
Preferential Land:	0			

Transfer Information

Seller: THOMPSON EDWIN J JR ET AL	Date: 11/10/1987	Price: \$219,884
Type: ARMS LENGTH IMPROVED	Deed1: /01747/ 00119	Deed2:
Seller: THOMPSON RUTH FOOTE	Date: 04/21/1986	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /01461/ 00690	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2019	07/01/2020
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00	0.00

Tax Exempt: None **Special Tax Recapture:** None
Exempt Class: None

Homestead Application Information

Homestead Application Status: Approved 12/31/2012

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**



HOWARD COUNTY HEALTH DEPARTMENT

66463

DATE
11/11/19

AS

Received From

PHONE #

For

CASH

CHECK

NO.

1239

\$

10510

Received By

Dollars

Handheld Equip.
Peric - App. / 15885 Medical
we ck id.
One hundred seventy five
Equip