

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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 2004
 PROPERTY ADDRESS 11420 Homewood Rd Ellicott City 21042
STREET TOWN ZIP
 TAX ACCOUNT # _____ TAX MAP 0029 GRID 0003 PARCEL 6296 LOT NO. _____ PROPOSED LOT SIZE (ACRES)
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S)

Mary Joe Crabtree
 DAYTIME PHONE _____ CELL _____ EMAIL _____
 MAILING ADDRESS 11420 Homewood Rd Ellicott City MD 21042
STREET CITY, STATE ZIP

APPLICANT

Hatfield's Equipment RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 490 4289 CELL 410 984 0101 EMAIL _____
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701
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.

Ken Wapstra
 SIGNATURE OF APPLICANT

6/16/23
 DATE

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Account Identifier: District - 03 **Account Number - 299570**

Owner Information

Owner Name: CRABTREE JOSEPH W JR
 CRABTREE MARY JOE
Mailing Address: 11420 HOMEWOOD RD
 ELLICOTT CITY MD 21042-1504
Use: RESIDENTIAL
Principal Residence: YES
Deed Reference: /01378/ 00475

Location & Structure Information

Premises Address: 11420 HOMEWOOD RD
 ELLICOTT CITY 21042-0000
Legal Description: 5.6363 A
 11420 HOMEWOOD RD
 ELLICOTT CITY

Map: 0029	Grid: 0003	Parcel: 0290	Neighborhood: 3020204.14	Subdivision: 2004	Section:	Block:	Lot:	Assessment Year: 2022	Plat No:	Plat Ref:
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Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1938	2,602 SF		5.6300 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	YES	STANDARD UNIT	FRAME/	5	2 full/ 2 half	1 Attached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2022	07/01/2022	07/01/2023
Land:	279,700	260,900		
Improvements	213,900	233,100		
Total:	493,600	494,000	493,733	493,867
Preferential Land:	0	0		

Transfer Information

Seller: ORTON ALLEN S & Type: ARMS LENGTH IMPROVED	Date: 08/26/1985 Deed1: /01378/ 00475	Price: \$167,500 Deed2:
Seller: Type:	Date: Deed1:	Price: Deed2:
Seller: Type:	Date: Deed1:	Price: Deed2:

Exemption Information

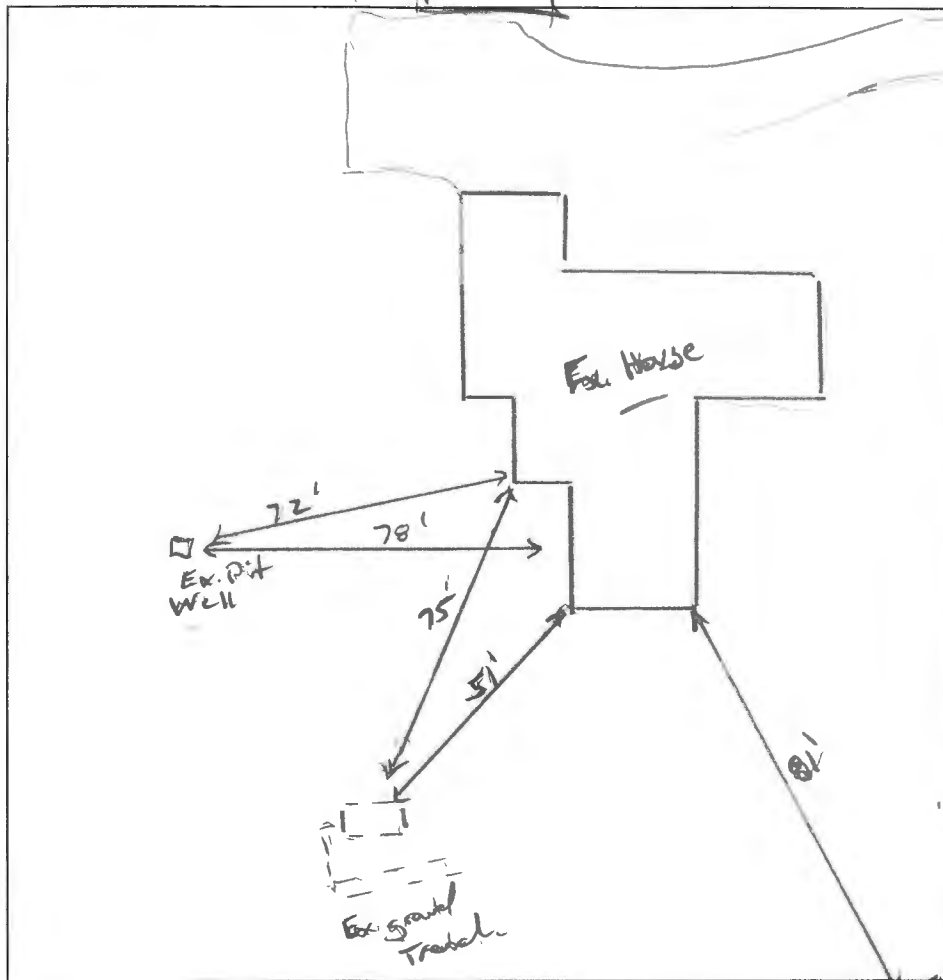
Partial Exempt Assessments:	Class	07/01/2022	07/01/2023
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00 0.00	0.00 0.00

Homestead Application Information

Homestead Application Status: Approved 04/25/2014

Homeowners' Tax Credit Application Information

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



2' (A)
 LIB L,
 MISC
 BK/Y SL
 WK CO SK
 Feasible
 15' v

5' (A)
 BK/Y/RD SL
 WK FOPL
 Feasible,
 15' v

9' (A)
 BK/Y/RD FSL
 WK FPL
 Feasible
 15' v

15' v

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	PA/H
7/14/2003	(A)	36/15'	00:23	00:28	00:35	7	P
		H ₂ O poured @ 15'				< 5	

REMARKS Need new using 2 comp S.T.

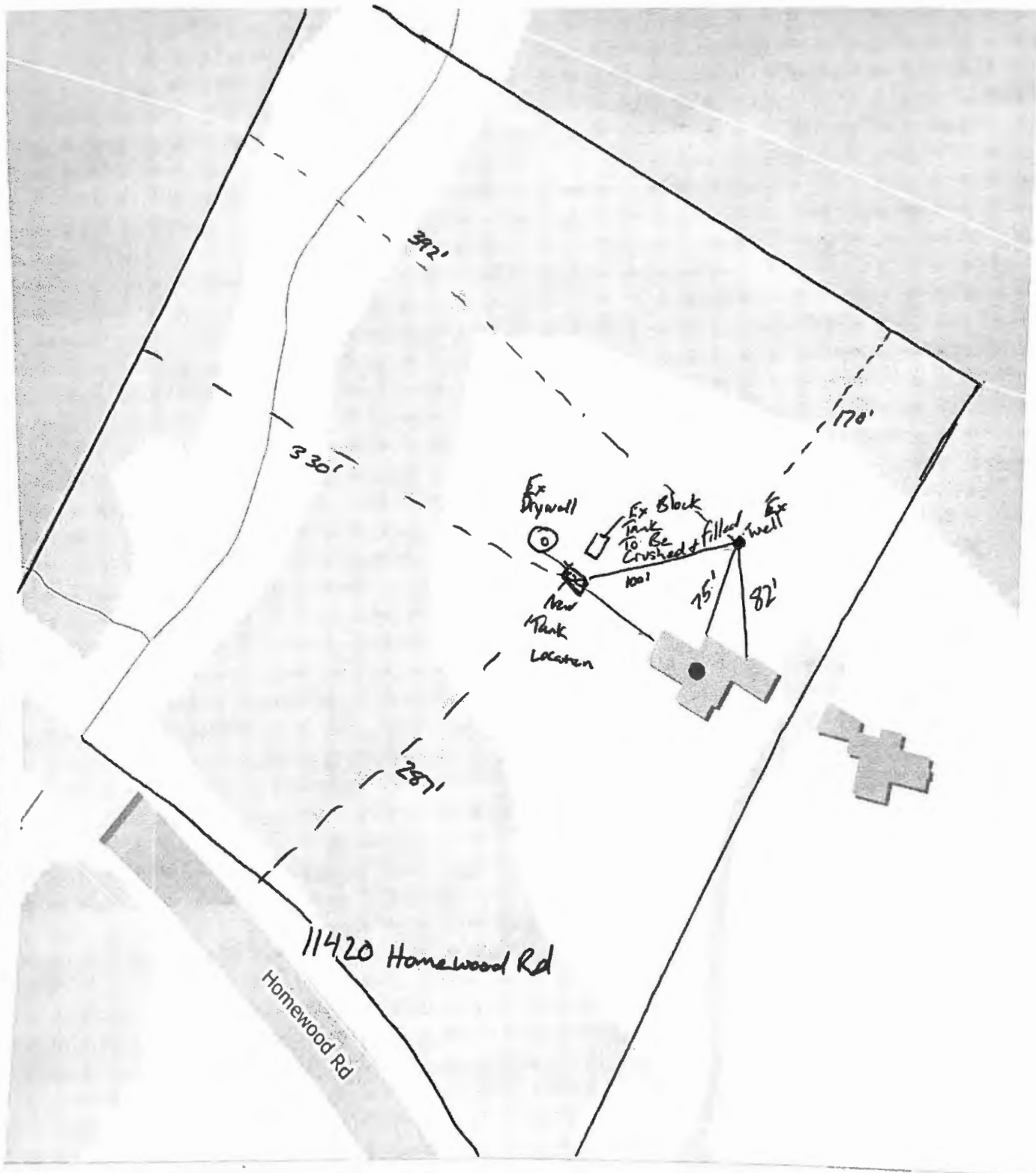
SANITARIAN K. Wolf BACKHOE Todd = Westfield OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT/BR _____

TRENCH WIDTH 2 INLET DEPTH 2' MAX. BOT DEPTH 8' EFFECTIVE SW 3-8

$4 BR = \frac{600}{0.8} = 750 \div$ $(.31) = \frac{117}{(2 \times 5)}$ (13)





RECEIPT

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

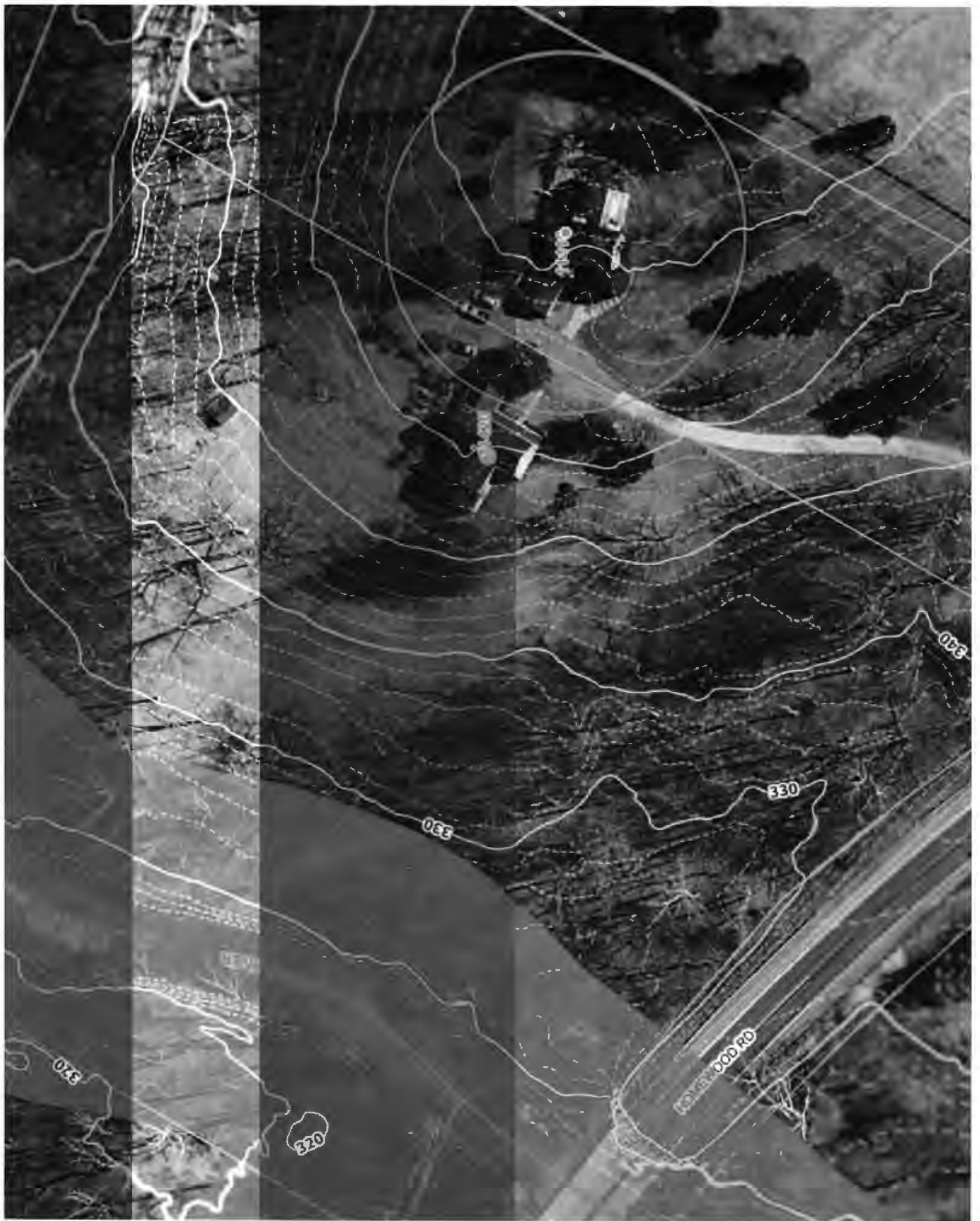
Application: WS-SP-APP-23-00129

Application Type: EnvHealth/Well and Septic/Sewage Disposal System/Application

Address: 11420 Homewood RD,

Receipt No.	7104					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4635	\$165.00	06/16/2023	JUKING		Receipt # 74923

Work Description: Septic Repair/ 11420 Homewood Rd





HOWARD COUNTY HEALTH DEPARTMENT

74923

DATE 11/6/23

Received From Hatfields Equip . PHONE # _____

For Repair - 11420 Homewood Rd.

CASH
 CHECK
NO. 4035

One hundred sixty five Dollars

\$ 165.00

Received By A Kemp