



HOWARD COUNTY HEALTH DEPARTMENT

70938

DATE
2 / 13 / 21

Received From

James Harrison

PHONE #

410-596-0059

For

Repair / Perc

3155 Janner's Chapel

CASH

CHECK

NO.

1091

Three hundred thirty

Dollars

\$

330.00

Received By

King



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

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

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

Existing system design

Drywell
 Trench
 Mound
 Unknown
 Other: _____

Is discharge surfacing on the ground?
 Yes
 No

Has the septic tank been pumped within the last month?
 Yes Date pumped: 2/2/22
 No

Was a visual inspection of the septic tank and/or drain fields conducted?
 Yes Explain observations: _____
 No _____

Was a visual inspection of the sewage line conducted?
 Yes Blockage leading to the tank
 Yes Explain: _____
 No _____
 Yes Explain: _____
 No _____

Additional Comments: _____

*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 Regulation.

Septic Contractor: J Vitarrion Contractor's Phone: 410 596 0059
 Contractor's Address: 4717 Old Washington Rd Sykesville MD
 Property Address: 3455 Jennings Chapel County file: _____
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: Marilyn, Mitch Margolis Owner's Phone: 301 367 6898
 Name of previous owners: John Murphy Existing bedrooms: 3
 Proposed bedrooms: _____
 Has this request been previously discussed with a Sanitarian? (Name): _____
 Public Sewer available/nearby: _____

*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.

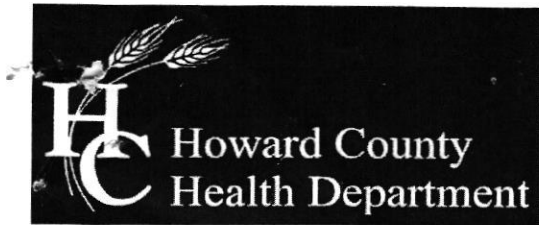
Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

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



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

1570938

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME N/A

PROPERTY ADDRESS 3455 Jennings Chapel Drive Woodbine MD 2179

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. PROPOSED LOT SIZE (ACRES) 5 Acres

ZONING CATEGORY TIER

PROPERTY OWNER(S) Marilyn + Mitchell Margolis

DAYTIME PHONE 301-367-6898 CELL 301-367-6898 EMAIL Mmargolis6898@gmail.com

MAILING ADDRESS 3455 Jennings Chapel STREET CITY, STATE ZIP

APPLICANT James Harrison RELATIONSHIP TO OWNER: Contractor

DAYTIME PHONE CELL 410-596-0055 EMAIL

MAILING ADDRESS 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

LIQUID LEVEL OBS IN DW STAND PIPE 02/03/2022

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

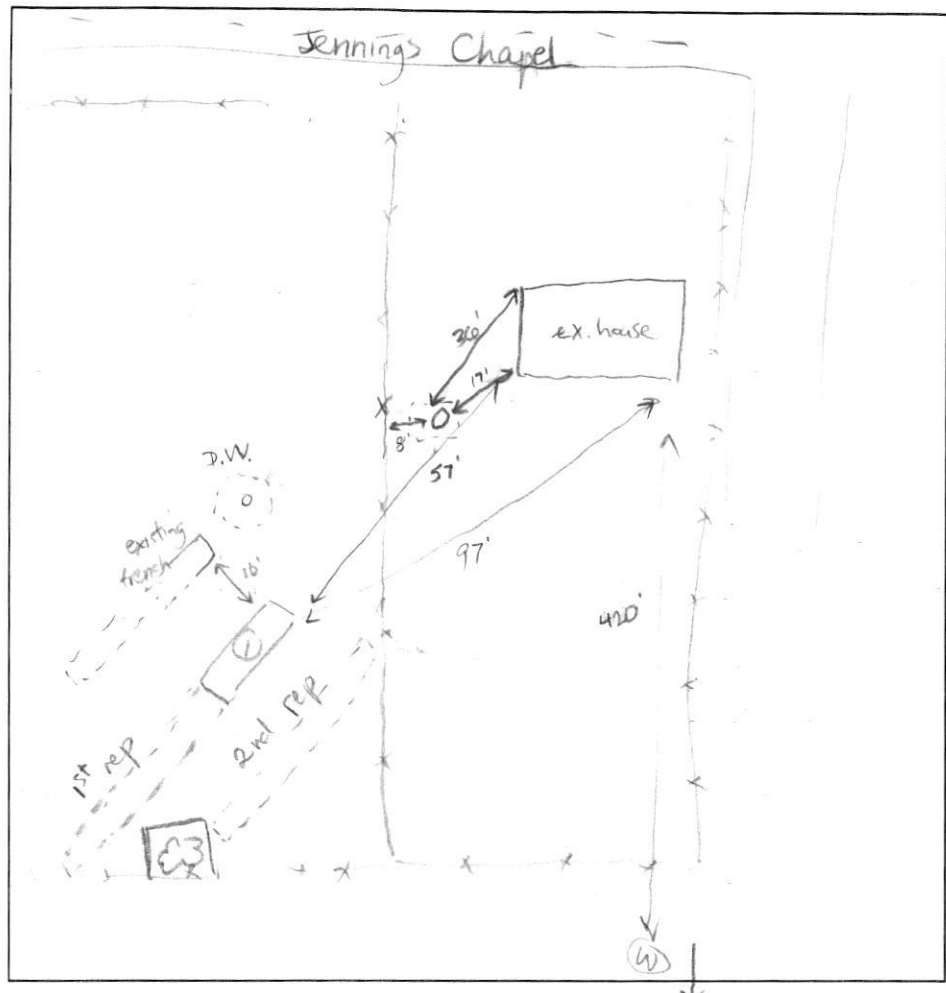
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

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.

SIGNATURE OF APPLICANT

DATE

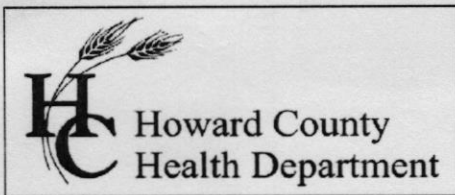
2/2/22



- ①
- 2" topsoil
- RB, CL, MF, plastic, SBK
- 5' LRB, L, MF, f. rubble, mica, gravel
- 7.5' Saprolite
- 9' 40% rock
- 10.5' 10% rock
- 15'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
2/11/22	1	5' shelf, 6' hole	11:15	11:17	11:19	2 min	P

REMARKS dry well settled + full, water in riser of tank. Trench dry on top, wet 3' down from inlet
 SANITARIAN Susan Thomas BACKHOE Jamie Hanson OTHERS Mark
 TEST HOLES USED IN SDA ① AVG. PERC TIME 2 min SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



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

RECEIPT DATE: 2/3/22 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570938

APPROVAL DATE: 2/15/22 (SD) **PERMIT:** **REPAIR** A _____

PROPERTY ADDRESS: 3455 Jennings Chapel Road

SUBDIVISION: _____ LOT: _____ TAX ID: _____

CONTRACTOR: J.V. Harrison EMAIL: _____

CONTRACTOR ADDRESS: 4717 Old Washington Road, Sykesville, MD 21784 PHONE: 410-596-0059

PROPERTY OWNER: Marilyn and Mitchell Margolis EMAIL: _____

OWNER ADDRESS: 3455 Jennings Chapel Road, Woodbine, MD 21797 PHONE: 301-367-6898

SEPTIC TANK SIZE (GALLONS): existing PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>existing</u>	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
	LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<p>NOT ALLOWED TO WORK ON SATURDAY OR SUNDAY</p> <p>fill drywell with stone and pipe into existing trench</p>	

ISSUED BY: Susan Thomas ISSUE DATE: 2/11/22 EXPIRATION DATE: 2/11/23

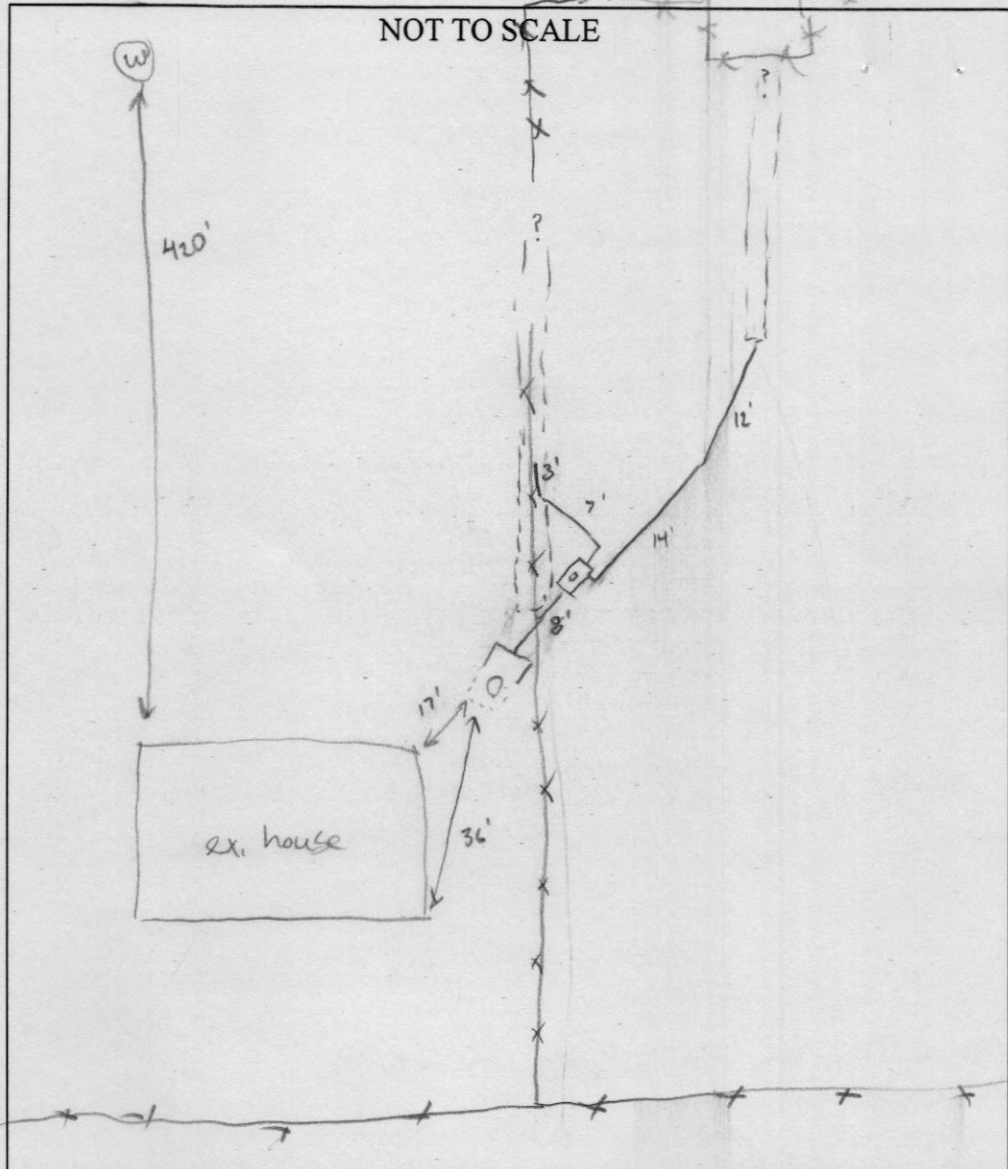
- NOTE: **CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION**
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: **AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM**
- ELECTRICAL PERMIT ISSUED E _____
- NOTE: **THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.**
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



ROAD NAME

Jennings Chapel

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
?	3.5'	?
NUMBER OF TRENCHES		2
TOTAL LENGTH		?
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Speedy
DISTRIBUTION BOX BAFFLE		cement
DISTRIBUTION BOX PORT		metal man hole

SEPTIC TANK DATA

existing
SEPTIC TANK 1 LEVEL _____
 MANUFACTURER _____ ?
 CAPACITY 1250 GAL
 SEAM LOC mid
 TANK LID DEPTH 2.5'
 BAFFLES inlet + outlet (new)
 BAFFLE FILTER _____
 MANHOLE LOC inlet
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED no
 DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

2/11/21 Found that trench was half used up during perc. Plan to fill drywell with stone and pipe directly from tank into existing trench. (S)

INSTALLATION:

2/15/22 During repair discovered a Y-connector in line coming off of tank that led to a 2nd trench. 2nd trench runs right under fence. Discovered that 1st trench is parallel to 2nd trench, not on contour as previously thought. Stone of both trenches was clean. Contractor set d-box and connected into both existing trenches. Drywell was pumped and filled with stone. 2nd trench verified to be at least 28' long, may go further but inaccessible beneath fence (S)

FINAL INSPECTOR

Seyan Thomas

DATE OF APPROVAL

2/15/22

File Inquiry Notes
3455 Jennings Chapel

2/11/22

Dry well had sunken in and was full, prompting repair. According to records, there was one existing trench coming off the drywell. Contractor exposed beginning of trench and found dry stone for 3' beneath from inlet.

Homeowner decided to proceed with percolation test since contractor was already on property. Soil passed with 1.2 rate. Planned out two future trenches for two replacement systems.

Contractor will fill dry well with stone and then pipe over drywell to connect into existing trench.

2/15/22

During construction, another trench was discovered coming off from tank. Trench runs directly beneath fence. No record of this trench.

In addition, it was discovered that first trench runs more downhill and in parallel with trench under fence, not on contour as originally thought.

Contractor filled dry well with stone and then connected tank to both existing trenches.

Location of existing trenches interferes with planned location for replacement trenches. New area for future replacement system will need to be determined.

ST

View Map		View GroundRent Redemption			View GroundRent Registration				
Special Tax Recapture: None									
Account Identifier:		District - 04 Account Number - 322533							
Owner Information									
Owner Name:		MARGOLIS MITCHELL J MARGOLIS MARILYN K T/E			Use: Principal Residence:		RESIDENTIAL YES		
Mailing Address:		3455 JENNINGS CHAPEL RD WOODBINE MD 21797-7509			Deed Reference:		/10341/ 00001		
Location & Structure Information									
Remises Address:		3455 JENNINGS CHAPEL RD WOODBINE 21797-0000			Legal Description:		PAR 29 5.000 ACRES 3455 JENNINGS CHAPEL RD WOODBINE		
Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0020	0005	0099	4010103.14	1003			P 29	2020	Plat Ref:
Town: None									
Primary Structure Built		Above Grade Living Area			Finished Basement Area		Property Land Area		County Use
1977		1,892 SF					5.0000 AC		
Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements		
2	YES	STANDARD UNIT	BRICK/	4	2 full/ 1 half				
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2020		07/01/2021		07/01/2022	
Land:		235,000		216,000					
Improvements		226,500		237,100					
Total:		461,500		453,100		453,100		453,100	
Preferential Land:		0		0					
Transfer Information									
Seller: MURPHY JOHN C M				Date: 11/06/2006		Price: \$585,000			
Type: ARMS LENGTH IMPROVED				Deed1: /10341/ 00001		Deed2:			
Seller: MURPHY C M & WF				Date: 06/16/1988		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /01837/ 00215		Deed2:			
Seller:				Date:		Price:			
Type:				Deed1:		Deed2:			
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2021		07/01/2022			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Special Tax Recapture: None									
Homestead Application Information									
Homestead Application Status: Approved 01/13/2009									
Homeowners' Tax Credit Application Information									
Homeowners' Tax Credit Application Status: No Application					Date:				

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.



GmB

530

MaD

GmB

GgB

GgB

GmB

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GgC

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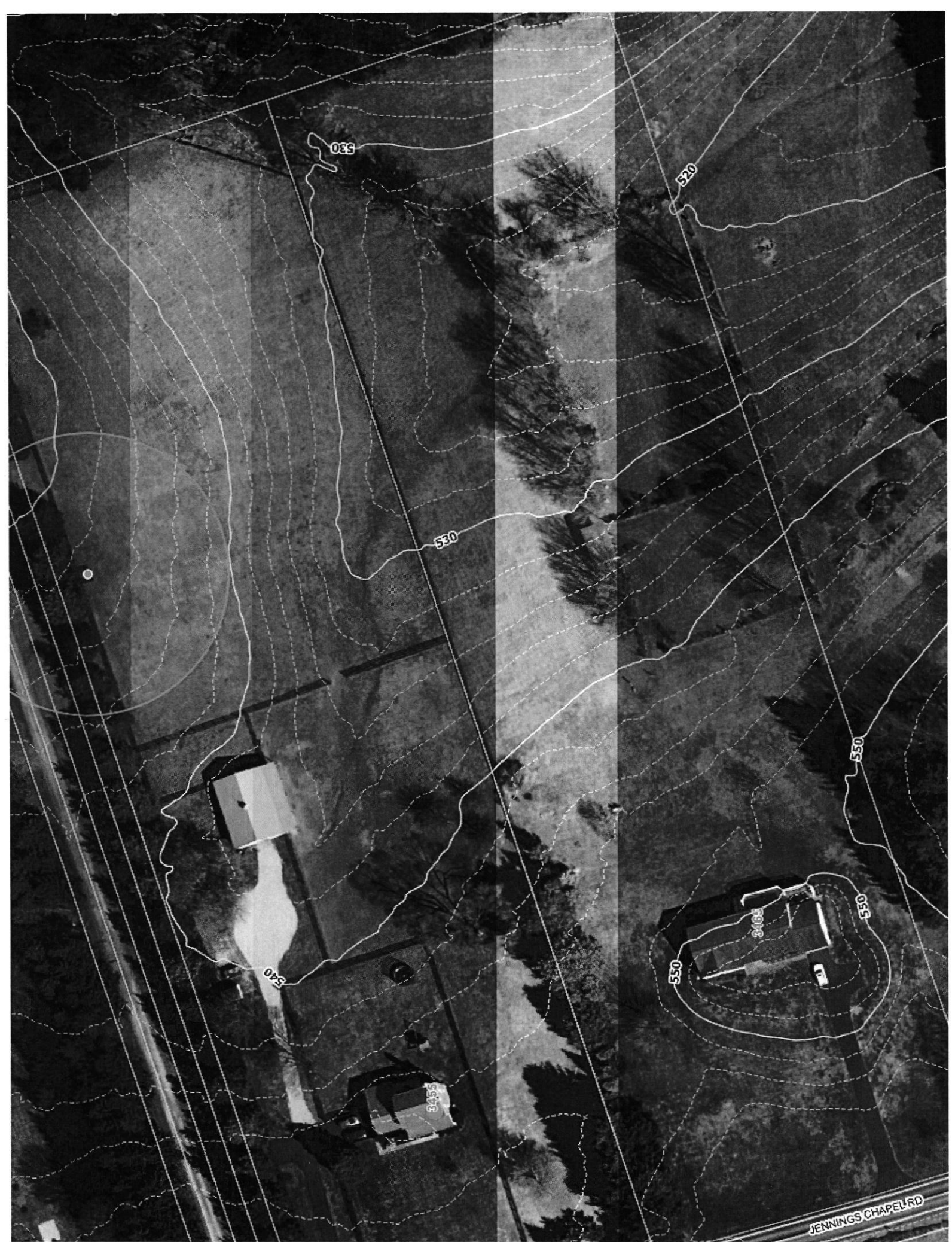
GgB

GgB

JENNINGS CHAPEL RD

3435

3462



035

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JENNINGS CHAPEL RD