

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME \_\_\_\_\_  
 PROPERTY ADDRESS 11945 Lincoln Road Fulton MD 20759  
STREET TOWN ZIP  
 TAX ACCOUNT # \_\_\_\_\_ TAX MAP \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPOSED LOT SIZE (ACRES) \_\_\_\_\_  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Keith Ritter  
 DAYTIME PHONE 443 324 6303 CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 MAILING ADDRESS 11945 Lincoln Road \_\_\_\_\_  
STREET CITY, STATE ZIP

APPLICANT Chatfield's Equipment RELATIONSHIP TO OWNER: Contractor  
 DAYTIME PHONE 301 440 4259 CELL 410 484 0101 EMAIL chatfield@chatfields-equipment.com  
 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.

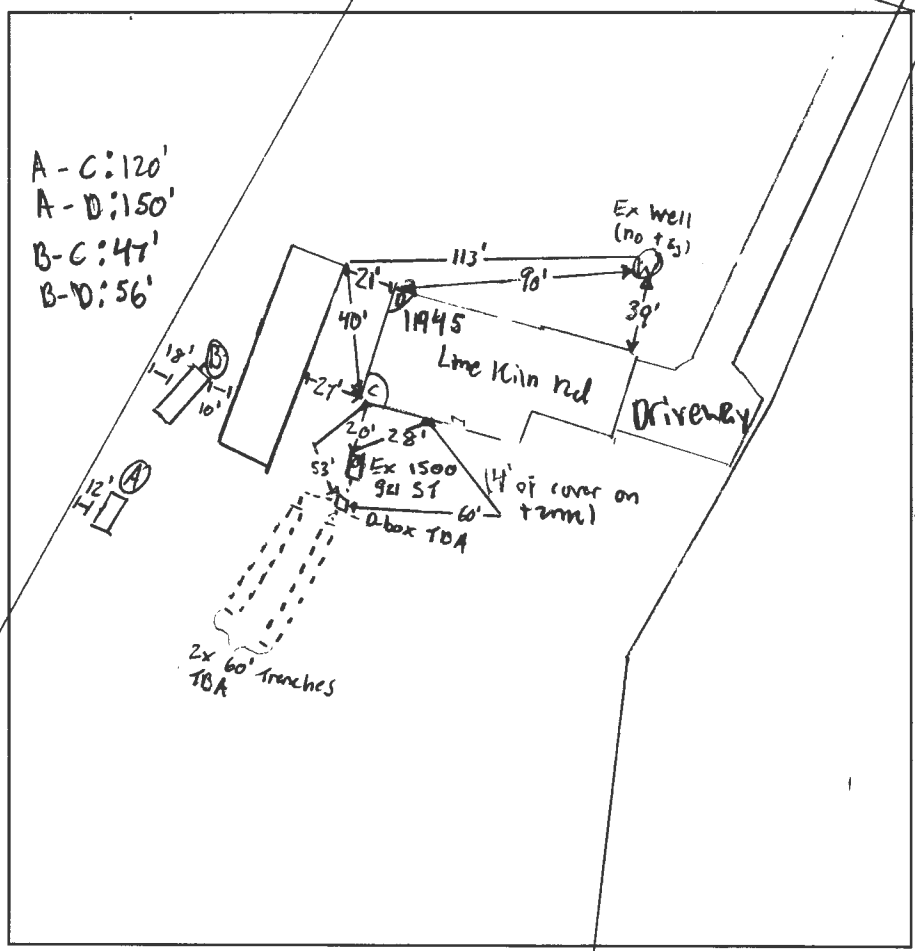
By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ken Chatfield  
 SIGNATURE OF APPLICANT

3/28/25  
 DATE

A/P \_\_\_\_\_

**(A)**  
 1' Dark Brown loam coarse silt  
 4' Light Brown clay loam med. silt Fr. silt  
 6' bright brown red loam weak coarse silt  
 11'6" red/brown yellow silt clay loam medium th. c/s  
 Plat 1



**(B)**  
 1' Dark Brown loam coarse silt  
 2' Brown red loam med. coarse silt  
 6' Light brown/yellow sandy loam weak coarse silt Fr. silt micaceous 101 - st. fr. silt  
 9' Pale yellow/brown loam sand platy weak coarse platy micaceous  
 16'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
5/16/2025	(A)	4'6"	00:00:00			1/8" @ 00:12:00	F
"	"	H <sub>2</sub> O @ 17'6"					
"	"	6'6"	00:00:00			1/2" @ 00:30:00	F
5/16/2025	(B)	5'5"	00:00:00	1/2" @ 00:15:00	1/2" @ 00:15:00		
"	"	H <sub>2</sub> O @ 17'6"				8 min	
"	"	6'7"	00:00:00	00:03:30	00:11:00	11 min	P

REMARKS H/O will move rooftop disconnects further past driveway  
 SANITARIAN K. Wolf / S. Page BACKHOE Kent Harpold sr. OTHERS H/O  
 TEST HOLES USED IN SDA 2 Holes AVG. PERC TIME 11 min SQ. FT/BR 0.8 gpd/sq ft  
 TRENCH WIDTH 2' INLET DEPTH 4' MAX. BOT DEPTH 9' EFFECTIVE S/W 6'-9' (0.44)

$4 \text{ bd} = 600 \text{ gpd} \div 0.8 = 750 \div 2' \text{ wide} = 375 \cdot 0.44 = 165 \text{ LF} \div 2 = 2 \times 83'$

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

**Account Number:** District - 05 Account Identifier - 402085

**Owner Information**

**Owner Name:** RITTER JAMES KEITH  
 RITTER LORETTA LEPANTO T/E  
**Mailing Address:** 11945 LIME KILN ROAD  
 FULTON MD 20759-9616  
**Use:** RESIDENTIAL  
**Principal Residence:** YES  
**Deed Reference:** /07767/ 00021

**Location & Structure Information**

**Premises Address:** 11945 LIME KILN RD  
 FULTON 20759-0000  
**Legal Description:** LOT 2 3.000A  
 11945 LIME KILN RD  
 RITTER ACRES

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	6859
0046	0001	0181	5020201.14	2001			2	2023	Plat Ref:	

**Town:** None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1987	1,908 SF		3.0000 AC	

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

**Value Information**

	Base Value	Value	Phase-in Assessments	As of
<b>Land:</b>	270,000	296,200	As of	07/01/2024
<b>Improvements</b>	231,700	278,700		07/01/2025
<b>Total:</b>	501,700	574,900	550,500	574,900
<b>Preferential Land:</b>	0	0		

**Transfer Information**

Seller:	Date:	Price:
RITTER JAMES KEITH	10/31/2003	\$0
Type: NON-ARMS LENGTH OTHER	Deed1: /07767/ 00021	Deed2:
RITTER JAMES KEITH	08/12/1998	\$0
Type: NON-ARMS LENGTH OTHER	Deed1: /04393/ 00626	Deed2:
RITTER JAMES	10/10/1986	\$0
Type: NON-ARMS LENGTH OTHER	Deed1: /01537/ 00702	Deed2:

**Exemption Information**

Partial Exempt Assessments:	Class	07/01/2024	07/01/2025
<b>County:</b>	000	0.00	
<b>State:</b>	000	0.00	
<b>Municipal:</b>	000	0.00 0.00	0.00 0.00

**Homestead Application Information**

**Homestead Application Status:** Approved 10/25/2008

**Homeowners' Tax Credit Application Information**

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

# FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/3/2025	<p>Met H10 White onsite for pre-perc site inspection. Well in front of house, cap looks like good condition. Portion of wire exposed between electric conduit. H10 stated toilets weren't flushing good &amp; their water filter failed causing their basement to be soaked in sewage. H10 stated pumpers had concerns about H<sub>2</sub>O being above outlet leaving tank. H10 last had st pumped 3/24/2025. H10 plans on having tank pumped 4/4/2025. Ex trenches right next to large tree. Trenches are sunken &amp; bright green, especially near tree. (SP)</p>
4/11/2025	<p>Perc scheduled for 4/11/2025. Installer failed to cancel inspection w/ weather forecasted w/ heavy rain &amp; winds. Arrived onsite &amp; installer cancelled perc. Installer excavated tank, d-box, &amp; trench. Tank has 3' of cover, outlet ~4' below grade. Installer to replace 4" back baffle &amp; install manhole @ back of tank. D-box shows sediment intrusion &amp; heavy bio-mat (see attached). Trenches show heavy black bio-mat, trenches not treating sewage efficiently. (SP)</p>
4/16/2025	<p>Ken Hatfield Sr, H10, Sanitarians (K. Wolf &amp; S. Pjecl) onsite during perc. Installer laid out trenches below initial system. Planned on perc'ing close to PL. Perc A failed. Moved backhoe closer to house near pine tree line. Soil looks better, less clay &amp; more silt &amp; sand. Perc passed w/ 0.8 application rate @ 6" T". Specs given to contractor as follows: Bottom @ 9', Effective @ 6', Inlet as shallow as possible, Linear feet @ 165'. Installer laid out 2 x 88' trenches &gt; 100' from</p>
4/17/2025	<p>Received &amp; Approved Plan for repair. Released Permit to Hatfield's (SP)</p>

well. NWBP

**RECEIPT**

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

**Application:** WS-SP-APP-25-00057  
**Application Type:** EnvHealth/Well and Septic/Sewage Disposal System/Application  
**Address:** 11945 LIME KILN RD, Fulton, 20759

---

Receipt No.	12210					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4770	\$265.00	04/17/2025	SMARTIN		

**Owner Info.:** RITTER JAMES KEITH  
11945 LIME KILN ROAD  
FULTON, MD 20759

**Work Description:**

**RECEIPT**

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

**Application:** WS-PT-25-00742  
**Application Type:** EnvHealth/Well and Septic/Percolation Test/Application  
**Address:** 11945 LIME KILN RD, Fulton, 20759

---

Receipt No.	12052					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Check	4720	\$265.00	03/28/2025	SMARTIN		

**Owner Info.:** RITTER JAMES KEITH  
11945 LIME KILN ROAD  
FULTON, MD 20759

**Work Description:**



# HOWARD COUNTY HEALTH DEPARTMENT

89013

CODES

DATE

3/20/25

CASH

CHECK

NO.

4124

Received From

Howard County Health Department

For

Public Health - PA - 11/14/25 - 11/14/25 - 11/14/25

Dollars

\$

315.00

Received By

[Signature]