

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME (1003) Daisy Hill Estate  
 PROPERTY ADDRESS 15884 Union Chapel Rd Woodbine 21797  
STREET TOWN ZIP  
 TAX ACCOUNT # 310691 TAX MAP 0014 GRID 0018 PARCEL 0172 LOT NO. 5 PROPOSED LOT SIZE (ACRES) 1.5  
 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

PROPERTY OWNER(S) Linda Dean  
 DAYTIME PHONE \_\_\_\_\_ CELL 410 707 1458 EMAIL \_\_\_\_\_  
 MAILING ADDRESS 15884 Union Chapel Woodbine 21797  
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER: Contractor  
 DAYTIME PHONE 301 490 4284 CELL 410 984 4888 EMAIL khathfield@hatfieldsequipment.com  
 MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701  
STREET CITY, STATE ZIP

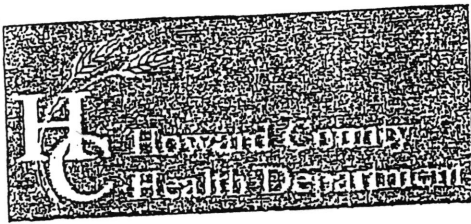
I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- 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.

[Signature] DATE 10/15/25  
 SIGNATURE OF APPLICANT



Bureau of Environmental Health  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TOD 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 *by inspection of others*
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Has the septic tank been pumped within the last month?

- Yes Date pumped: \_\_\_\_\_
- No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: Real Estate Inspector
- No

Was a visual inspection of the sewage line conducted?

- Yes
- No

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: New tank old drain field

- Blockage leading to the tank
- Yes. Explain: \_\_\_\_\_
  - No

- Blockage leading to the field
- Yes. Explain: NA
  - No

Is discharge surfacing on the ground?

- Yes
- 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: Hatfields Equipment Contractor's Phone: 301 490 4289  
 Contractor's Address: P.O. Box 519 Annapolis Junction MD 20701

Property Address: 15884 Union Chapel Rd County file: \_\_\_\_\_

Subdivision: 1003 Gains Hill Estate Lot: 5 Year Built: 1973

Owner's Name: Linda Oehr Owner's Phone: \_\_\_\_\_

Name of previous owners: Bailey Existing bedrooms: 5  
 Proposed bedrooms: \_\_\_\_\_

Has this request been previously discussed with a Sanitarian? (Name): NO  
 Public Sewer available/nearby: NO

\*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.



Bureau of Environmental Health  
 8930 Stanford Blvd | Columbia, MD 21045  
 410.313.2640 - Voice/Relay  
 410.313.2648 - Fax  
 1.866.313.6300 - Toll Free

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 ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Linda Dean - Trustee  
 DAYTIME PHONE 410-707-1458 CELL \_\_\_\_\_ EMAIL 1magicdragon@comcast.net  
 MAILING ADDRESS 15884 Union Chapel Woodbine 21797  
STREET CITY, STATE ZIP

**APPLICANT** Fogle's Septic RELATIONSHIP TO OWNER: Contractor  
 DAYTIME PHONE 410-795-5670 CELL \_\_\_\_\_ EMAIL Kim@foglesinc.com / John@foglesinc.com  
 MAILING ADDRESS 580 Obrecht Rd Sikesville, MD 21788  
STREET CITY, STATE ZIP

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SIGNATURE OF APPLICANT

DATE

**SITE INSPECTION SHEET**

spoke to Linda Dean =  
said she owns the house  
410-707-1458

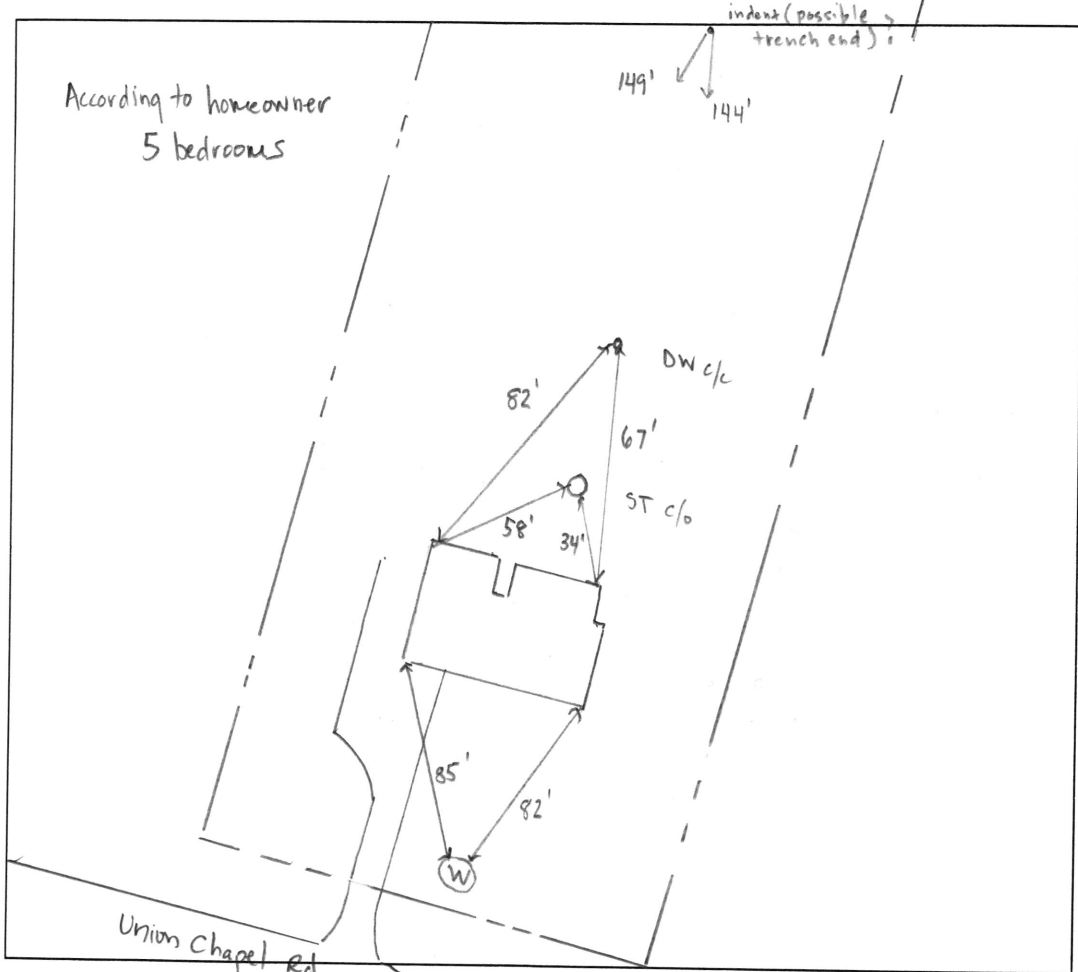
OWNER: <sup>SDAT</sup> The Andrew R Molnar / Nancy A Molnar <sup>Revocable Trust</sup> PHONE #: \_\_\_\_\_

ADDRESS: 15884 Union Chapel Rd Woodbine, MD. 21797 CONTRACTOR: Hatfields WELL TAG #: no tag

SUBDIVISION: Daisy Hill Estates LOT: 5 COUNTY #: tax id. 04310691

PROPOSAL: evaluate septic system for possible repair according to application documents - it's a real estate inspection observation of a failing septic system

**LOCATION DIAGRAM**



COMMENTS: \_\_\_\_\_

site insp completed prior to scheduled repair perc test on 10/28/25.  
drywell c/c had a circular pattern on the ground surface which  
could indicate some kind of overflow issue.

DATE: 10/17/25 INSPECTOR: R. Rappaport