

FREDERICK ROAD



P. 7
0.05 AC. ±

SUIT PROPERTY

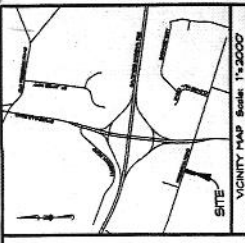
12785 FREDERICK ROAD
TAX MAP. 15 * BLOCK. 11 * PARCEL. 71
3rd ELECTION DISTRICT * HOWARD COUNTY, MD

ACCOUNT NO. 1403316661
JAMES HUDSON
12785 FREDERICK ROAD
L. 8396, P. 470



DRAWN BY:
DESIGN BY:
REVIEW BY:
DATE:
SCALE: 1"=50'
JOB NO:
SHEET:

439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791



VICINITY MAP Scale: 1"=2000'

DATA TABULATIONS
 1. ZONING DISTRICT: R-2000
 2. NUMBER OF BUILDING STORIES: 1
 3. TOTAL AREA OF LOT: 10,574 SQ. FT.

THE AREA DEMONSTRATED AS A SERVICE AREA IS AS SHOWN BY THE HATCHED AREA DEPARTMENT OF THE ENVIRONMENT AND PLANNING. THE HATCHED AREA IS THE SERVICE AREA TO WHICH THE PROPOSED PROJECT IS SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS. THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS ARE AVAILABLE TO THE PUBLIC. THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS ARE AVAILABLE TO THE PUBLIC. THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS ARE AVAILABLE TO THE PUBLIC.

NO.	DESCRIPTION	NO. OF BUILDINGS	NO. OF UNITS	NO. OF STORIES
1	Existing	0	0	0
2	Proposed	1	1	1
3	Total	1	1	1



GENERAL NOTES
 1. CURRENT TITLE REFERENCE: OWNER: HARBERT, RICHARD L. 199 DATE: JUNE 01, 2001
 2. THE LOT BOUNDARIES COINCIDE WITH THE PRESENT CHANGING WITH THE LOT BOUNDARIES.
 3. THE TOPOGRAPHY SHOWN HEREON IS BASED ON HONORED SURVEY DATA AND IS SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS.
 4. EXISTING UTILITIES ARE SHOWN WITHIN THE LOT BOUNDARIES AND ARE SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS.
 5. ALL UTILITIES SHALL BE DEEPENED TO A MINIMUM OF 48" BELOW FINISHED GRADE.
 6. ALTERNATIVE UTILIZATION SHALL BE REQUIRED AS NOTED BY THE HEALTH DEPARTMENT.
 7. SHOULD STORMWATER MANAGEMENT BE REQUIRED, IT SHALL BE PROVIDED BY THE OWNER.
 8. THE BOUNDARY IS AS SHOWN ON THE RECORD DRAWING.
 9. THE PLAN IS SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS.
 10. THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS ARE SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS.
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 14. THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS ARE SUBJECT TO THE HEALTH DEPARTMENT'S PERMITS AND REGULATIONS.

INITIAL SYSTEM
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.
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A BAY TANK WILL BE REQUIRED FOR THE INITIAL SYSTEM AND REPLACEMENT SYSTEM. THE BAY TANK WILL BE REQUIRED FOR THE INITIAL SYSTEM AND REPLACEMENT SYSTEM. THE BAY TANK WILL BE REQUIRED FOR THE INITIAL SYSTEM AND REPLACEMENT SYSTEM. THE BAY TANK WILL BE REQUIRED FOR THE INITIAL SYSTEM AND REPLACEMENT SYSTEM.



LEGEND

- PROPOSED TANK
- PROPOSED BAY TANK
- PROPOSED WELL LOCATION
- PROPOSED WELL LOCATION
- EXISTING TANK
- EXISTING TANK
- EXISTING TANK
- EXISTING TANK

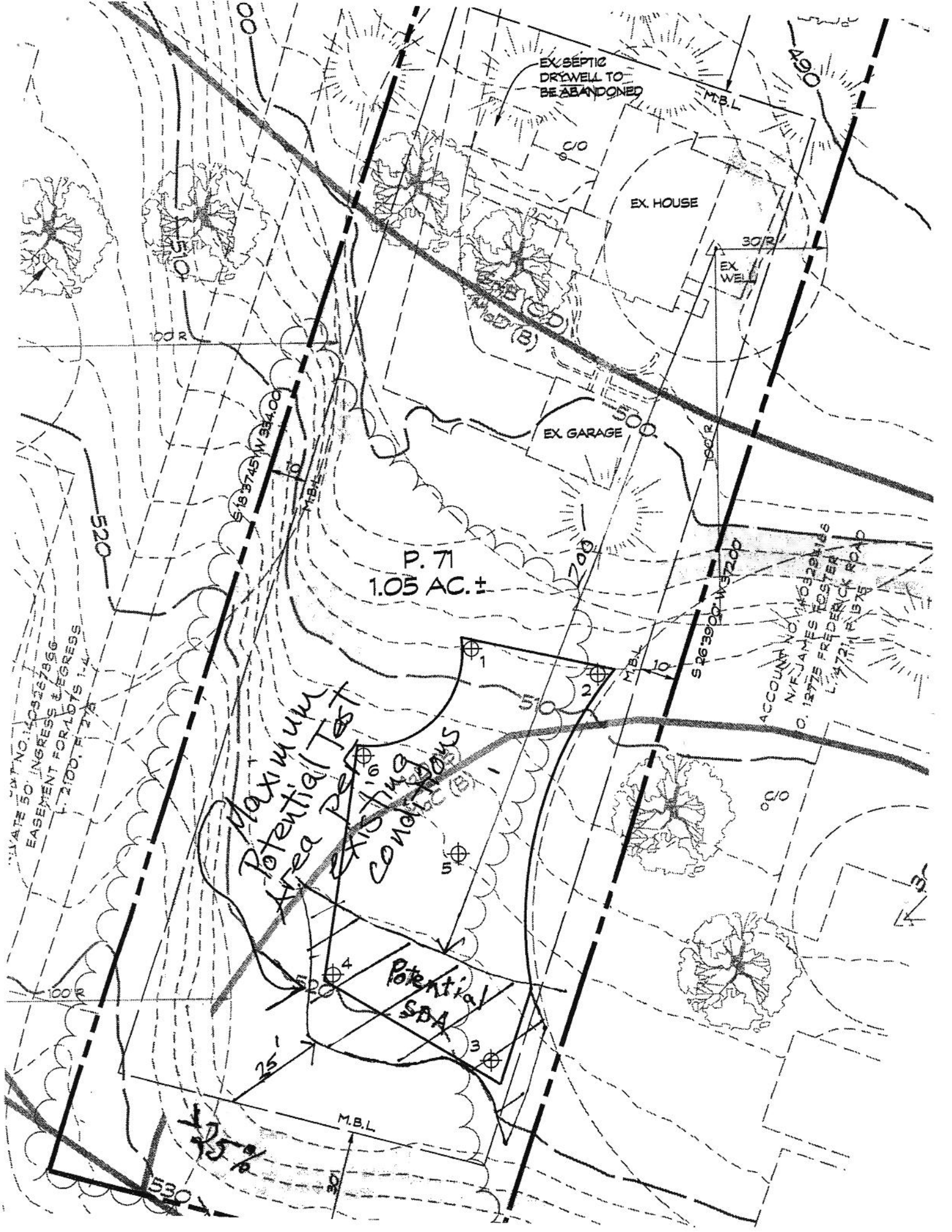
A VARIANCE HAS BEEN GRANTED ON MARCH 10, 2022 FOR REDUCTION OF SETBACK DISTANCE TO THE STEEP LINE FROM 25 TO 20'.

PURPOSE NOTE
 THE PURPOSE OF THIS REGULATION IS TO PROTECT THE PUBLIC HEALTH AND SAFETY OF THE COMMUNITY. THE PURPOSE OF THIS REGULATION IS TO PROTECT THE PUBLIC HEALTH AND SAFETY OF THE COMMUNITY. THE PURPOSE OF THIS REGULATION IS TO PROTECT THE PUBLIC HEALTH AND SAFETY OF THE COMMUNITY.

HONORED COUNTY HEALTH DEPARTMENT
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.
 APPROVED FOR INITIAL SYSTEM AND REPLACEMENT SYSTEM BY HONORED COUNTY HEALTH DEPARTMENT.

PERC CERTIFICATION PLAN
SUIT PROPERTY
 1700 FREDERICK ROAD
 TAX MAPS 9, BLOCK 1, PARCEL 7
 3RD ELECTION DISTRICT - HONORED COUNTY, MD





EX. SEPTIC DRAWELL TO BE ABANDONED

EX. HOUSE

EX. WELL

EX. GARAGE

P. 71
1.05 AC. ±

Maximum Potential Test Area Existing Conditions

Potential SPA

PLAT NO. 1095267
EASEMENT FOR INGRESS & EGRESS
FOR LOTS 1 & 2
7-1-1900 P. 100 R. 1

ACCOUNT NO. 140329115
N/R. JAMES ROYSTER
O. 12775 FREDERICK ROAD
L. 14721 R. 1575

S 15 37 45 W 334.00

S 26 39 00 W 72.00

520

700

490

100 R

530

M.B.L.

100 R

M.B.L.

S 26 39 00 W 72.00

25'

M.B.L.

1/2 3/4

1/2 3/4

100 R

30 R

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APPLICATION

PERCOLATION TESTING

A 48979

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT THIRD

DATE 4/14/09

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JAMES W. HUDSON JR.

ADDRESS # 12795 ROUTE #144 PHONE 442-2340

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HUDSON PROPERTY LOT NO. 3

ROAD AND DESCRIPTION # 12795 ROUTE #144

TAX MAP 15 PARCEL # 74 & 75

SIZE OF LOT 1 AC TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Neil R. Pabel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 5-9-09 Pending perc hole locations and
subdivision plat approval (JER)

HD-216

THIS IS NOT A PERMIT

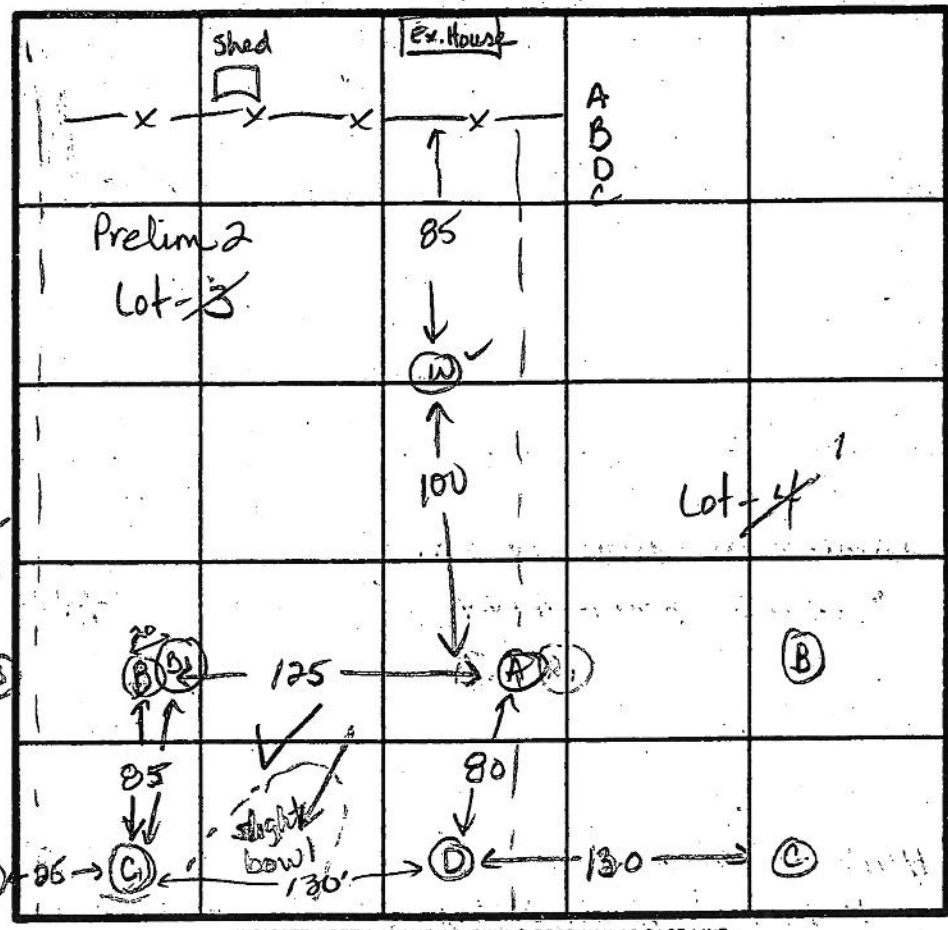
RT 144

A 43979

(B) (B1)
SOIL PROFILE

0-7.5 Rd-br
sl cl lm
7.5-14.0 Tan sa
sl lm,
little
decomp
rx frags
<10%
14.0 Bottom

(A)
0-5.5 Rd-br
sl cl lm
5.5-14 Tan
mica sa
sl lm
<20%
decomp
rx
14.0 Bottom



SHALLOW
 $\bar{x} = 25$ min
Inlet = 5.5'
Bottom = 7.5'
300 sq ft / bed room

(C)
0-6.0 Rd-br
sl cl
lm
6.0-11.5 Tan-br
mica
sa sl
lm,
some
broken
rx, <35%
11.5 Refusal

(D)
0-4 Rd-br
sl cl lm
4-14 Tan-yellow
mica sa
sl lm,
<25%
decomp
rx frags
14.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-9-89	B	6.0 S	2:15	2:30	1/4 in	slow	Failed
		9.5 M	2:14	2:18	2:18	2:30	12 min
		14.0 D	Bottom (see profile)				ok
	C	5.5 S	2:20	2:40	2:40	2:40	8 min
		8.0 M	2:27	2:40	2:40	3:09	29 min
		11.5 D	(Refusal at 11.5 ft)				ok
	A	5.5 S	1:34	1:36	1:36	1:43	7 min
		9.0 M	1:36	1:36	1:36	1:38	2 min
		14.0 D	(see profile)				ok
	B1	7.5 S	2:41	2:43	2:43	2:45	2 min
		5.0 S	1:41	1:42	1:42	1:50	8 min
	D	9.0 M	1:40	1:53	1:53	2:22	29 min
		14.0 D	(see profile)				ok

REMARKS All holes as shown on plat
 TYPE OF SOIL 0-5 Rd-br sl cl lm, 5-14 Tan sa sl lm, <35% rx
 TESTED BY Madeau ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

LG PLACED
BY 144414
A ~~43978~~ ELSEWHERE
P _____ PROPERTY

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT THIRD
DATE 4/17/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JAMES W. HUDSON JR.

ADDRESS #12705 ROUTE #144 PHONE 442-2340

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION HUDSON PROPERTY LOT NO. 2 Not used

ROAD AND DESCRIPTION #12705 ROUTE #144

TAX MAP 4215 PARCEL 74675

SIZE OF LOT 1 AC TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mark L. Pobel
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

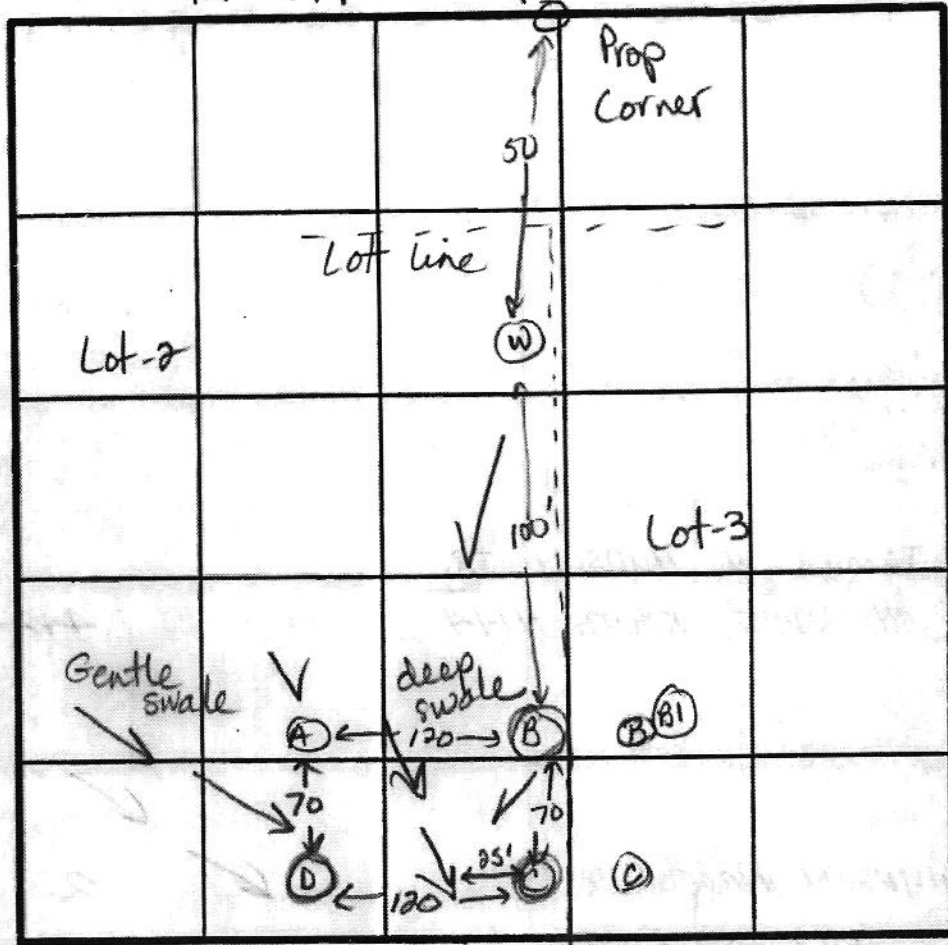
REASONS FOR REJECTION OR HOLDING 5-9-89 Recommend rejection. Unsatisfactory soils and topographic location. JEN

HD-216

THIS IS NOT A PERMIT

Rt 144

A43978



High B
C
A
D
Low

(B)
0-8.0 Br-red
si cl lm
8-11.5 Rd si sa
lm, some
broken
rock, <30%
11.5 Refusal

(A)
SOIL PROFILE
0-5.0 Rd-br si
cl lm
5.0-13.0 Tan sa
si lm
<15%
broken
rx frags
13.0 Bottom

(D)
0-8.5 Br-rd si
cl lm
8.5-13 Rd-tan
sa si lm
<15%
saprolite
13.0 Bottom

(C)
0-7.0 Br si cl
lm
7.0- Tan-sa
si lm
some
broken
rx, <35%
11.5 Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-9-89	A	5.5 S	11:34	11:37	11:37	11:44	7min
		10.0 M	11:32	11:37	11:37	11:42	5min
		13.0 D	(see profile)				ok Deeper
	D	5.5 S	11:42	11:57	11:57	12:27	1/2 in Failed
		9.5 M	11:39	11:41	11:41	11:43	2min
			13.0 D	Bottom (see profile)			Failed
	C	5.5 S	11:49	12:08	1 inch	slow	Failed
			11.5 D	(Refusal at 11.5 ft)			Failed Deeper
	B	4.5 S	12:04	12:10	No movement		Failed
		8.0 M	12:03	12:10	3/4 inch	slow	Failed (in rocky cl lm)
			11.5 D	(Refusal at 11.5 ft)			Failed

REMARKS All holes as shown on plat. All situated in swales and low area, except hole B. < 10,000 sq ft. area.

TYPE OF SOIL 0-7 Rd-br si cl lm, 7-13 Rd to tan sa si lm, <35% rx frags

TESTED BY Jane E. Nadeau

ALSO PRESENT Mark Robel, Mr. Denise Donald Parlette, Hudson

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 15, 1989

Mr. James Hudson, Jr.
12795 Route 144
West Friendship, Maryland 21794

RE: Percolation Testing
Hudson Property
Tax Map 15, Parcel 74

Dear Mr. Hudson:

Percolation testing conducted June 12, 1989 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified locations of all excavated test holes and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

OWNER / DE
MR. JAMES W
#12795
WEST FRIENDSH

#1411

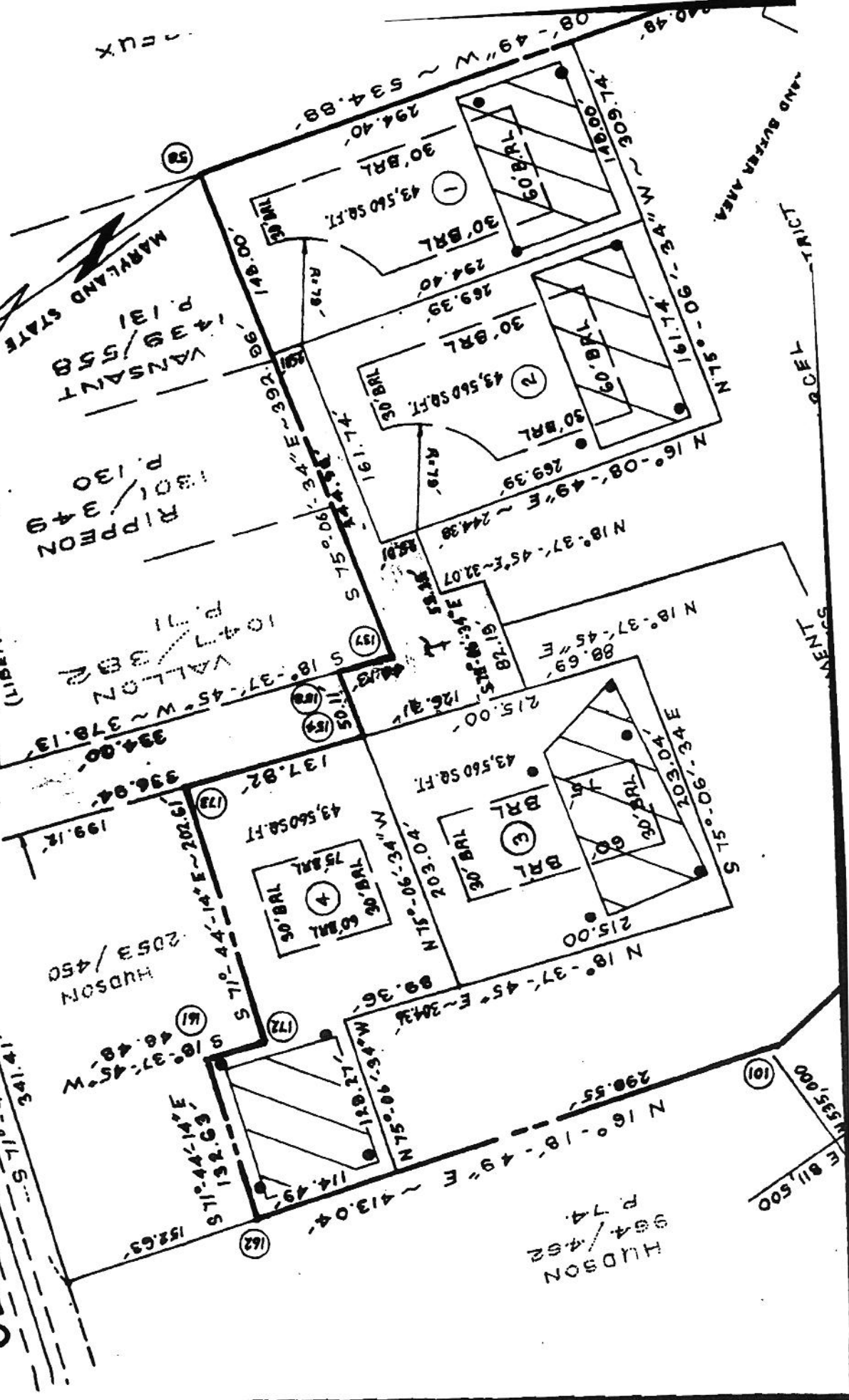
OLD NATIONAL PIKE (MD. RTE. #1411)
EXISTING 66' R/W

MARYLAND STATE GRID SYSTEM
VANSAINT
P. 131 / 439 / 558
RIPPEON
P. 130 / 301 / 349

PRIVATE 50' EASEMENT
FOR INGRESS / EGRESS
FOR LOTS #1, 2, 3, 4,
(LIBER 2100 / FOLIO 115)

HUDSON
P. 2053 / 450

HUDSON
P. 74 / 984 / 482



PROJECT
LAND SURVEY AREA

GENERAL NOTES:

- BOUNDARY DATA SHOWN ON THIS PLAT IS REFERRED TO THE SYSTEM OF COORDINATES ESTABLISHED IN THE MARYLAND STATE PLANE COORDINATE SYSTEM AND ARE BASED ON THE COORDINATES FOR THE FOLLOWING TRAVERSE STATIONS. HO. CO. STATION # 543200.3 N53493.3 E 815291.734 HO. CO. STATION # 552800.4 N58024.615 E816301.072
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT SEWAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE REQUIRED. THE LOTS SHOWN HERE COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- B.R.L. = BUILDING RESTRICTION LINE.
- PROPERTY ZONED 'R' AS PER 'S-2-85' COMPREHENSIVE ZONING PLAN.
- FOR FLAG OR PIPE STEM LOTS, THE REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM AND THE ROAD. RIGHT-OF-WAY LINE AND NOT ON TO THE FLAG OR PIPE STEM DRIVEWAY.
- PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND ARE SHOWN AS THUS: ⑥.
- PROPOSED DRIVEWAY WITHIN THE 'E' EASEMENT FOR IMPROVED ACCESS TO LOTS 1, 2, 15 IS TO BE PRIVATELY OWNED AND MAINTAINED.
- LOTS #1, 2, 14 ARE TO BE USED IN ACCORDANCE WITH SECTION 104-D, 9 OF THE HOWARD COUNTY ZONING REGULATIONS. THESE LOTS SHALL BE USED FOR THE PURPOSE OR THE CONSTRUCTION OF ONE DWELLING FOR THE OWNER WHO ORIGINALLY ESTABLISHED THE AGRICULTURAL PRESERVATION DISTRICT OR FOR ONE OF HIS/HER CHILDREN.

TABULATIONS:

TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED	FIVE (5)
TOTAL AREA OF LOTS	4.000 AC. ±
TOTAL AREA OF WINDSHAWNE (INCL. WINDSHAWNE PARCELS)	6.641 AC. ±
TOTAL AREA OF RESIDUE PARCEL	10.641 AC. ±

PERC TEST AS-BUILTS

APPROVED FOR PRIVATE USES AND PUBLIC HEALTH SYSTEMS IN CONFORMANCE WITH THE ANNE ARUNDEL COUNTY HEALTH OFFICER'S OFFICE.

APPROVED: _____ DATE: _____

APPROVED: _____ DATE: _____

APPROVED: _____ DATE: _____

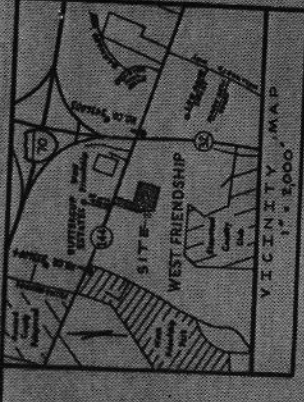
APPROVED: _____ DATE: _____

⑥ - PROPOSED PERC TEST
 *** - SOILS DIVISION LINE

OWNER'S DECLARATION
 I, JAMES M. HUDSON JR. AND LILLIAN E. HUDSON HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT AND THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY JAMES W. HUDSON AND LILLIAN E. HUDSON, HIS WIFE TO JAMES W. HUDSON JR. AND ANNA HUDSON, HIS WIFE IN A DEED DATED AUGUST 27, 1938 AND RECORDED UNDER THE LAND RECORDS OF NO. 60, MD. JUNE 19, 1940 AND ALSO A SUBDIVISION OF PART OF THE LAND CONVEYED BY JAMES W. HUDSON AND LILLIAN E. HUDSON TO JAMES W. HUDSON, LILLIAN HUDSON AND JAMES W. HUDSON, JR. IN A DEED DATED SEPTEMBER 29, 1939 AND RECORDED UNDER THE LAND RECORDS OF NO. 60, MD. JULY 19, 1940 AND THAT ALL NEIGHBORS ARE IN FULL KNOWLEDGE AND CONSENT TO ACCEPTANCE OF THE TRACTS IN THE SUBDIVISION BY THE PLAT IN ACCORDANCE WITH THE ANNE ARUNDEL COUNTY, MARYLAND HEALTH OFFICER'S OFFICE.



OLD NATIONAL PIKE (MD. RTE. #144)



COORDINATE TABLE

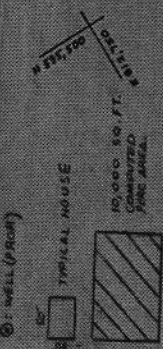
	NORTH	EAST
56	534553.37	812373.81
60	534433.66	812225.06
100	534557.81	811643.93
127	534553.33	811894.82
146	534553.33	811894.82
155	534553.33	811894.82
161	534553.33	811894.82
162	534553.33	811894.82
171	534553.33	811894.82
172	534553.33	811894.82
173	534553.33	811894.82

VITTI, ROBEL & ASSOCIATES
 1711 YORK ROAD
 LUTHERVILLE, MARYLAND
 PHONE: 825-4552 21093

HUDSON PROPERTY

LOTS 1 TO 4
 TAX MAP P/D PARCEL 15
 ZONING MAP PARCEL 14
 THIRD ELECTION DIST. HOWARD, CO. MARYLAND
 SCALE: 1" = 100'
 DATE: MAY 19, 1984
 SHEET 10/1

LANDS DEDICATED TO HOWARD COUNTY, MD. FOR THE PURPOSE OF A PUBLIC ROAD.



Hudson Property Lots 1-4
Frederick Road

6-20-89

~~Must show all existing septic
easement and well locations
on adjacent properties~~

~~A 43980 New Lot-1 Old Lot-4~~

~~Septic easement ok~~

~~— Need well and house site~~

~~— Need elevations of perc holes~~

~~A 43979 New Lot-2 Old Lot-3~~

~~— Septic easement less than 10,000 sq. ft.~~

~~— Need well and house site.~~

~~— Need elevations of perc holes.~~

~~A 43978 Not used Old Lot-2 Failed~~

A 43977 New Lot-3 Old Lot-1

Septic easement ok

— Need house location.

— Well must be higher than septic
easement. (stay 100 ft. from cow pasture.)
minimum

— Need elevations of perc holes.

New Lot - 4

No perc testing done to date
Proposed septic easement is probably
in Existing House lot septic
repair area,

A 43981

Existing House

Old Lot - 5

— Hole #A appears higher in elevation
than field notes.

~~Must show repair area and
existing system (septic tank and
drywell)~~

*—

~~Should indicate failed perc
holes with different pattern
than passed perc holes.~~



FREDERICK RD

480

490

500

510

520

FREDERICK RD

490

FREDERICK RD

490

12785

12795

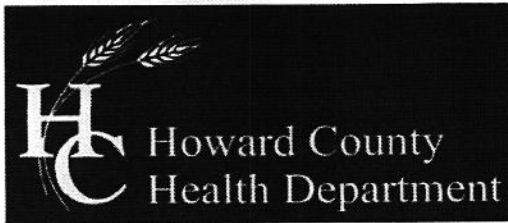
510

520

2793

540

530



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

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 2001

PROPERTY ADDRESS 12775 Frederick Rd W. Friendship 21784
STREET TOWN ZIP

TAX ACCOUNT # 294188 TAX MAP 0015 GRID 0011 PARCEL 0130 LOT NO. PROPOSED LOT SIZE (ACRES) 1.0300

ZONING CATEGORY TIER

PROPERTY OWNER(S) James Foster

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 11745 Frederick Rd Ellicott City MD 21042
STREET CITY, STATE ZIP

APPLICANT Freedom & Phic RELATIONSHIP TO OWNER:

DAYTIME PHONE 410.795.2447 CELL EMAIL Christy@freedom&phic.com

MAILING ADDRESS 2809 Liberty Rd
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 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

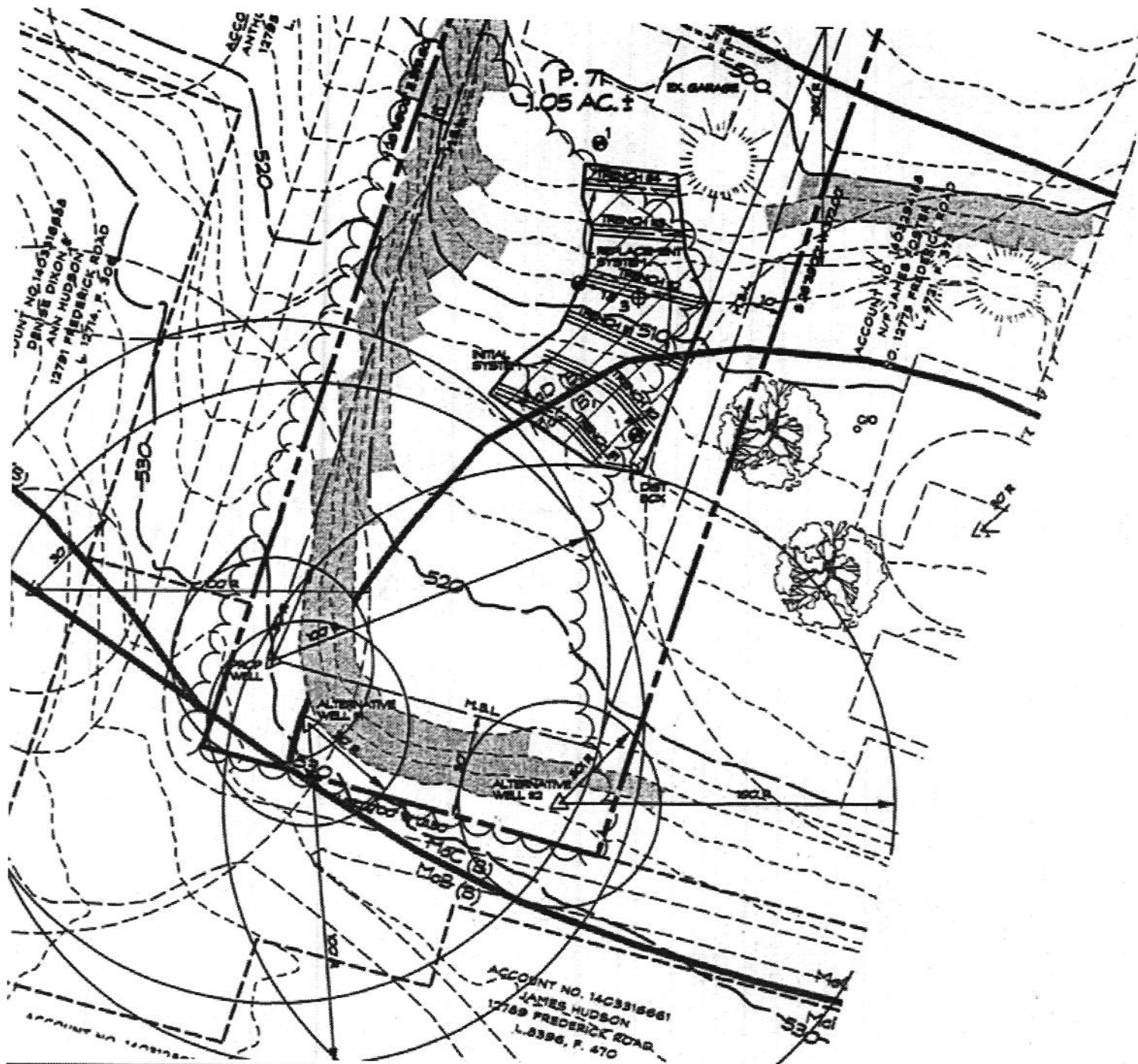
IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- 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: [Signature] DATE: 2/27/20



For Drywell 10' Deep, 7 1/2' usable area
 ~ 10' Diameter. w/ c/o buried

- Neighbor @ 12785 Frederick has possible RWS on far side of lot
 but will need water to ex. space

FILE INQUIRY NOTES

12775 Fredrick Rd.

DATE	RESULTS OF REVIEW FOR FILE
	<p>- originally came in as a tank replacement. After discussion w/ contractor, ex. S.T. is a black tank that is leaking. I explained that if the proper is being sold, was there a property transfer inspection report. Contractor explained owner has been renting the property but wants to sell. Contractor said he will get a p+I report over asap.</p>
	<p>- Further research of the property and neighboring properties, site has a lot of restrictions limiting a future repair area and well replacement.</p>
	<p>- After discussions w/ Jeff Williams, there is no 'gasel' rep. well site based on setbacks. Advised owner/contractor to evaluate ex. drywell (i.e. installation, functionality, structure, 4' setback etc...)</p>
3/6/2026	<p>Contractor wants to proceed for possible replacement area and evaluate ex. drywell (KW)</p>



Maryland On-Site Sewage Disposal System Inspection Report



** For this inspection to be considered a proper inspection, all sections must be completed**

Pre-Inspection Information

Property Information

Address: 12775 Frederick Rd

City: W. Friendship Md State: MD Zip Code: 21794

Permitted # of Bedrooms: 3 Build Year: 1959 Water Supply: well

Property Type: Single family If Other: _____

Comments:

Owner Information/ Interview

Last Name: Foster First Name: Jim

Number of Occupants: _____ Number of Years Occupied: _____

If Vacant, Date Vacated (mm/dd/yyyy): _____

In-Home Business: _____ Type: _____

Has the Property Recently had a Septic Inspection: _____ Date: _____

Any Septic System Issues: _____ Type: _____

Comments:

Document Search Information

Document Request Date: _____ Septic Permit Reviewed: _____

Cynder Block

Permitted Septic System Components:

Septic Tank: _____ Install Year: _____ Size: _____ gal

BAT Unit: _____ Install Year: _____ Manufacturer: _____

Distribution Box: _____ Pumping Chamber: _____

Absorption Type: Drywell Total Trench Length/ Width: _____ Ft

Bed Size (LW): _____ Ft Absorption Component Depth: 10 Ft

Comments:

On-site Inspection

Start Date: 2-17

Completion Date: 2-17

Crawl Space/ Basement Evaluation

Number of Drain Pipes Exiting Foundation Wall

Describe Each Pipe and Source:

Does Plumbing Evaluation Confirm all Wastewater is Directed into the Septic System:

Water Treatment

Does the House have any Water Treatment Devices:

If Yes, Number:

Describe each Water Treatment Device:

If any, where is the Water Treatment Discharge Directed:

Sewer Line Outside of Foundation

Pipe Material: Cast Iron

Cracks/ Breaks:

Blockage:

Comments:

Grease Trap

Grease Trap:

Size: (Gal)

Construction:

Liquid Level:

Proper Baffle:

Comments:

Septic Tank

Septic Tank:

Number of Tanks: 1

Total Size of Tank(s): (Gal)

Type of Tank(s):

Construction: Cinder Block

Liquid Level: low

Evidence of High Water Staining:

Effluent Filter:

Inlet Baffle:

Outlet Baffle:

Baffle Condition:

Access: 6"

Evidence of Ground or Surface Water Intrusion:

Comments: Septic Tank 53ft from well
Drywell is 64ft from well

Tank is 15'6" Away from Right side of Home
Drywell is 27' from Right side of Home
Drywell is 10ft in depth 2.7" of liquid
with 7.3" space remaining
Tank is 4ft Deep

Best Available Technology Unit (BAT)

BAT Unit: Manufacturer: Model:

Power to Control Panel: Control Panel: Control Panel Alarm:

Last Service Date: Was Last Service Date more than 365 days:

Comments:

Distribution Box

Distribution Box: Number of Drainlines leaving Box: Distribution Box Level:

Is there Equal Distribution to Drainlines: Liquid Level:

Comments:

Pumping Chamber

Pumping Chamber: Access: Liquid Level:

High Water Alarm: Alarm Properly Functioning: Separate Float Tree:

Pump Elevated off the Bottom of the Tank: Electrical Connections:

Comments:

Soil Absorption System

Absorption Type: Observation Pipes (OP): OP Water Depth:

Trenches Probed: Describe Observation:

Evidence of Surfacing Effluent: Describe:

Comments:

Other On-Site Disposal Systems (OSDS) Components and Systems

Detail all other OSDS components not covered in the above sections.

Comments:

OSDS Testing

Hydraulic Load Test

Hydraulic Load Test Performed: Testing Volume: Gal Elapsed Time: Min

Comments:

Tank leaking

Dye Test

Suspicious Liquid Discharge on or near the Property:

Dye Test Performed: Reason:

Comments:

Tank Pump Out

Tank(s) Pumped: Number of Tanks Pumped: Total Gallons Pumped:

Any Flow into Tank from Outlet Pipe: Any Groundwater Entering the Tank:

Does the Tank Appear to be Watertight:

Comments:

Summary/Conclusions

Wastewater Collection System Conveys all Wastewater to Sewer Line:	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Sewer Line	<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Grease Trap	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Septic Tank	<input type="checkbox"/> Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
BAT Unit	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Distribution Box	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Pumping Chamber	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
Soil Absorption System	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns
All other OSDS components	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory with Concerns

Does any component of the OSDS need to be repaired or replaced:

Explain:

Septic Tank leaks made From Block

In my professional opinion this OSDS is properly functioning base on permitted capacity:

My Inspection verifies the OSDS is consistant with the septic permit:

If listed for sale, does the number of bedrooms advertised match what is legally permitted:

Comments:

Check with the Approving Authority for permitting requirements before any repair is performed to the septic system.

****ATTACH ALL DOCUMENTS PROVIDED BY THE APPROVING AUTHORITY**

THIS INSPECTION REPORT DETAILS COMPONENTS AND THE PRESENT CONDITION OF THE ON-SITE SEWAGE DISPOSAL SYSTEM FOR THE ADDRESS LISTED IN THE PROPERTY INFORMATION SECTION OF THIS REPORT. THE CONCLUSIONS OF THIS REPORT DO NOT GUARANTEE OR WARRANTY THIS OSDS WILL FUNCTION IN THE FUTURE.

This inspection of the septic system is an evaluation of function and is not an evaluation that the system meets current State regulations. The owner should not assume future expansion of the home is possible without additional evaluation completed by the Approving Authority.

I attest that I have properly completed an inspection of the OSDS at this property. This inspection includes information obtained from the property owner, or representative, and a document search from the Approving Authority. I have completed all sections pertaining to components of this OSDS. The conclusions of this report are my professional opinions based on my training and experience inspecting OSDS.

First Name: Daniel

Last Name: Perron

License Number: _____

Signature: Daniel Perron

Date: 2-17-24



Maryland OSDS Inspection Report Guidance



Background:

Effective July 1, 2022 Property Transfer Inspectors must be licensed by Maryland Department of the Environment and submit and utilized a standardized changed the certification to a license and added some on-site disposal system (OSDS) inspection requirements. To meet these requirements MDE has created a standardized OSDS inspection report. All licensed inspectors performing an OSDS inspection after July 1, 2022, must complete this report for each inspection.

The report is organized to lead the licensed inspector through the process of a proper inspection.

Inspection Report:

The report template is available on our website and has drop down boxes if you use in the excel spreadsheet format. When completing the report if information is not known or not available mark accordingly. The response choices will be yes or no unless specifically discussed below.

Pre-Inspection Information:

To properly perform an OSDS the inspector should contact the approving authority to obtain any previously permitted OSDS information for the site. The inspector should coordinate with the approving authority to determine the local process for requesting records and determine the expected time period for obtaining the documents. Once received the inspector must review all documents to become familiar with the permitted components of the OSDS. If no documents are available note this in the comment section. Completing this section completely and accurately will help ensure that the field inspection, testing, and summary of the OSDS are as comprehensive as possible.

Property Information: Use the physical address of the property you are inspecting, not the mailing address of your client. If information is unknown, note unknown or not available. The choices in all categories are simple yes or no except for the categories below select one of the following responses:

Water supply: Well, Public Water, Shared Well, Spring

Property Type: Single Family Home, Multi-Family Home, Commercial, Other. If you select other, please explain.

On-site Inspection:

This section is organized that the inspection follows the wastewater from the home/business through the OSDS and final disposal. All subsections within this section must be evaluated and recorded into the inspection report. The only time a subsection can be skipped are situations where that component is not part of this OSDS for this site. The inspector shall mark that subsection as Not Applicable (N/A).

If a BAT is encountered during the inspection, and you are not certified to perform Operations and Maintenance (O+M) on that specific technology you must contact the vendor, or a certified contractor to evaluate the condition of the BAT unit.



Maryland OSDS Inspection Report Guidance



OSDS Testing:

A hydraulic load test shall be performed on the OSDS. This test shall be performed based on the current occupancy and accepted standard testing methods for OSDS. If the site has a BAT unit, contact the proper MD BAT vendor before performing the test. Depending on what is witnessed during the OSDS inspection a dye test may be required to confirm the OSDS is not failing, or that there are no unpermitted modifications to the OSDS.

After the above testing is completed, the septic tank may be pumped to properly evaluate the integrity and watertightness of the septic tank if deemed necessary by the inspector.

Summary/Conclusions:

This section will be completed using your professional judgement as a licensed inspector with what was witnessed during the inspection. Each component must be evaluated unless this OSDS does not contain that component.

Satisfactory – The evaluated component is consistent with what was permitted and there are no observable deficiencies.

Unsatisfactory – The evaluated component is not consistent with what was permitted or there are observable deficiencies with this component that must be fixed/replaced so that component functions properly.

Satisfactory with Concerns – The evaluated component is consistent with what was permitted, but it has observable deficiencies that indicate this component is at the end of its service life.

You must sign the completed report. By signing the report, you are confirming that the report was completed properly and accurately.



HOWARD COUNTY HEALTH DEPARTMENT

90343

DATE
2 / 10 / 26

CODES

Received From

For

Friday Epic
Tooth Replacement 12775 Frederick
Two hundred eighty eight Dollars

- CASH
- CHECK

NO.

1785

\$

288 | 00

Received By

[Handwritten Signature]