Approved 7/27/26 -HO.

Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
07/09/2026

Online BP. gs 7/13/26

_Single Entry Edit-View Record Form

Application Name
B26001993

Description
SFD/DEMO AND HAUL AWAY EXISTING DECK, BUILD A NEW 20X16 SCREEN PORCH AND A 16X6 DECK WITH STEPS TO GRADE

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Program

Assigned to Staff Current User
Zack Silvast

Address * *(This section is required.)*

New Search Delete Set Primary

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	7290		Meadow ...	WAY	Clar...	MD	21029				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract

0 record(s) found.

Owner *(This section is not required.)*

Search Delete Set Primary

Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/I
◉	Matthew Schechter	7290 Meadow Wood Way			Clarksville	MD	21029		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

Full Name

First Name *

Nicholas
Middle Name

Last Name *
Wilson
Organization Name *
Custom Works Inc.
Mobile Phone ((XXX)XXX-XXXX)
(443) 926-2619
Home Phone ((XXX)XXX-XXXX)

E-mail
nwilson@cwincmd.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
7/9/2026

Due Date
7/23/2026

Dates to Complete
14
(Number)

Received by Food

Food Review Type
--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic
7/9/2026

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does this project have a Building Permit?
○ Yes ○ No

Building Permit Issued Date

☐ Non-Profit

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
○ Yes ○ No

Does the project include Private Well? If Yes, forward to WS Program.
○ Yes ○ No

Does the project include Private Septic? If Yes, foward to WS Program.
○ Yes ○ No

Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No

Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No

Facility Phone
(Text)

Facility Fax
(Text)

Facility Email
(Text)

Days of Operation
(Text)

PROPERTY INFORMATION

Water Source
--Select--

Sewage Disposal
--Select--

Design Wastewater Flow
(Number)

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
Residential

Plan Version
Initial

Signature Required
○ Yes ○ No

Engineer
(Text)

Number of paper copies
(Number)

Number of mylar copes
(Number)

Number of buildable lots created
(Number)

Number of non-buildable lots created
(Number)

Total Number of Lots

Associated Plans

0
(Number)

WELL AND SEPTIC INTERNAL

State Review Required
○ Yes ○ No

Coordinate State Review
○ Yes ○ No

Proposed Septic System Type
--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment
--Select--

Licensed Type
--Select--

License Category
--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation
(Text)

☐ Operating Seasonally Only

If Operating Seasonally. What is the start month?
(Text)

Are pets allowed in a outdoor seating area?
○ Yes ○ No

Fulll Bar?
○ Yes ○ No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category
--Select--

Total Seating Capacity
(Number)

Number of Restrooms
(Number)

Interior Restaurant Seating Capacity
(Number)

Bar Seating Capacity
(Text)

Outdoor Seating Capacity
(Text)

Does the restaurant have outdoor seating
○ Yes ○ No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards
○ Yes ○ No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units
(Number)

Description of Walk-In Freezer Units
(Text)

Is there a bulk ice machine available
○ Yes ○ No

Space Limitation

Number of Hand Sinks Available
(Number)

Hood System
(Text)

Ventless Equipment
(Text)

PLUMBING

Size and installation of the water heater?
(Text)

Is there a grease interceptor or grease trap?
--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?
--Select--

Will there be a grease receptacle?
--Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received
○ Yes ○ No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved

HOWARD COUNTY HEALTH DEPARTMENT

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

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

APPLICATION FOR WAIVER

To Howard Co Code Subtitle 8: Onsite Sewage Disposal Systems and Subtitle 9: Individual Potable Water Supply Systems

Date Submitted: 7/14/26

Property Address: 7290 Meadow Wood Way

Subdivision	Lot	Tax Map	Grid	Parcel	Tax Account #
Simpson Woods	21				1405388929

Provide a brief site history including previously submitted and active plans with the Health Department or the County (subdivision plans, perc test applications, Building Permit applications):

Building permit application for a new screen porch and deck

In the area below, list the specific section of the Howard Co Code to which a waiver is being requested and provide a brief summary of the regulation and an explanation of why the waiver is being requested (Attach a separate sheet if necessary).

	Regulation Section	Summary and Explanation
1.	Section 3.805 (a)	Perc Certification Plan Requirements. Before a building permit is issued, a Perc certification plan shall be submitted and approved that complies with the provisions of this subtitle.
2.		

Elizabeth Schachter

Property Owner's Signature

Health Department Use Only

Reviewed by Hank Oswald (HCHD Staff) 7/16/26 (Date)

Comments/Conditions: approved for deck + porch in location shown on plot plan. Future permit will require revised perc cert plan to resolve setback conflict with house location.

Approved by: _____ (BEH Deputy Director) 7/17/26 (Date)

SITE INSPECTION SHEET

OWNER: Matthew & Elizabeth Schechter **PHONE #:** _____

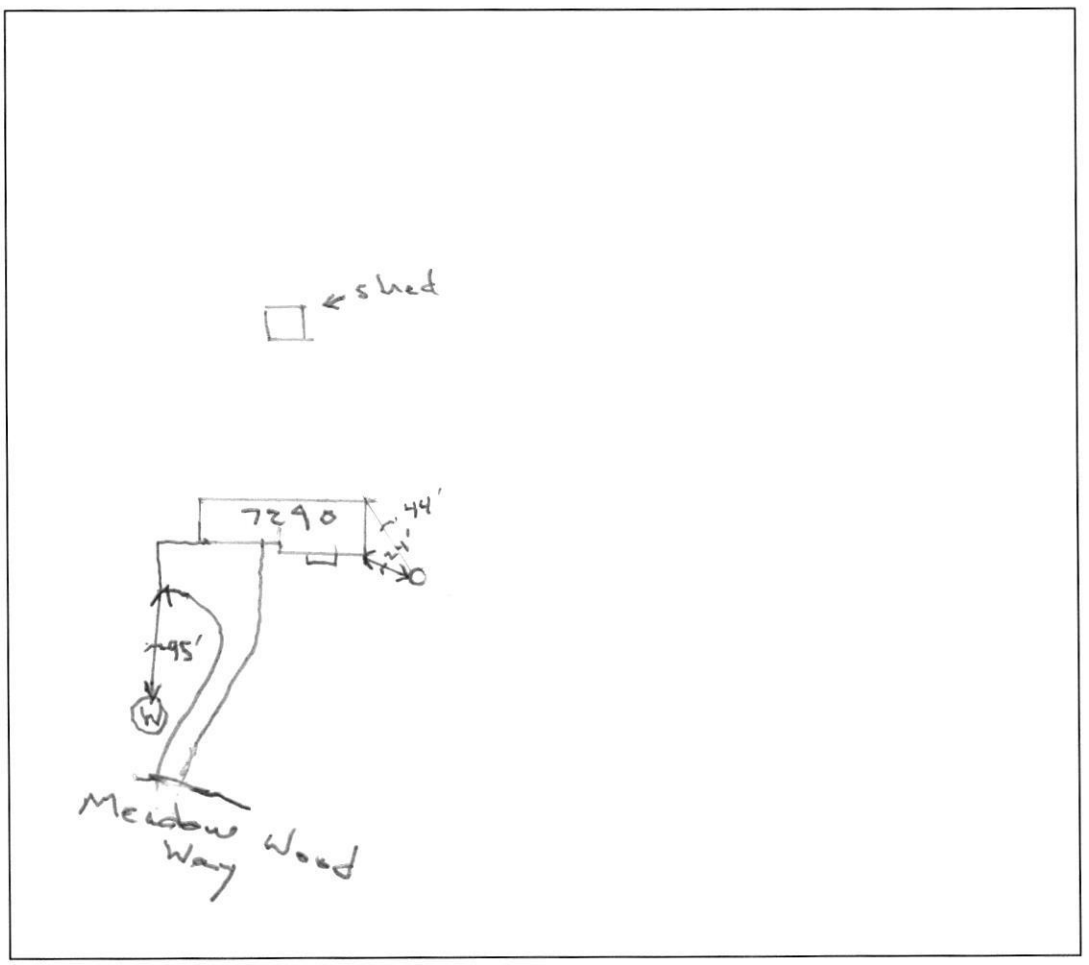
ADDRESS: 7290 Meadow Wood Way **CONTRACTOR:** _____

Clarksville, MD **WELL TAG #:** HO -73 - 3873

SUBDIVISION: _____ **LOT:** 21 **COUNTY #:** _____

PROPOSAL: Construct 20'x16' screen porch & 16'x6' deck

LOCATION DIAGRAM



COMMENTS: No observed issues w/ the well or septic system.

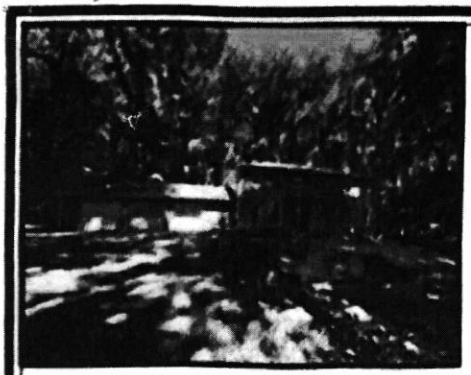
DATE: 7/16/26 INSPECTOR: Hank Oswald

Site Inspection – 7/16/26
7290 Meadow Wood Way
Clarksville, MD

Well

Site Inspection – 7/16/26
7290 Meadow Wood Way
Clarksville, MD

Septic Tank Cleanout

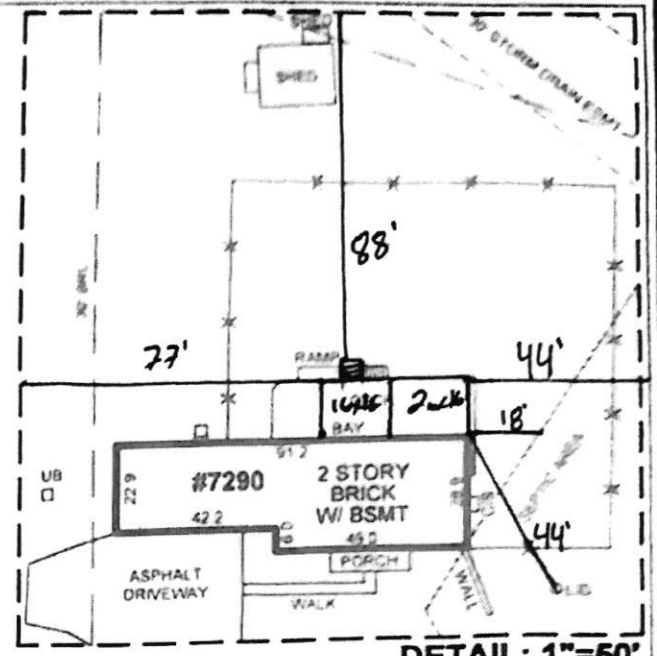


LEGEND

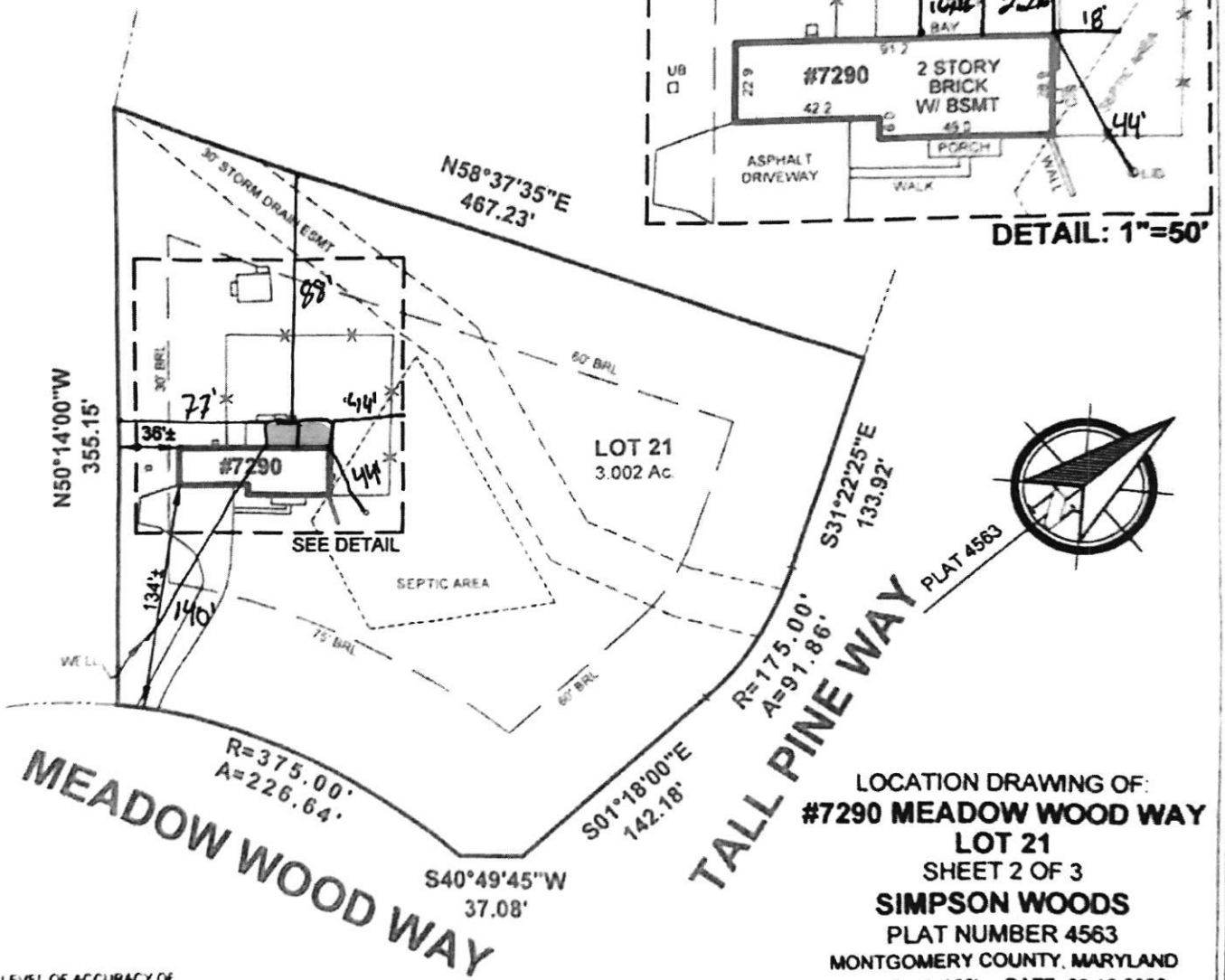
—S—	FENCE
B/E	BASEMENT ENTRANCE
BRL	BLDG. RESTRICTION LINE
BSMT	BASEMENT
C/S	CONCRETE STOOP OR SLAB
CONC	CONCRETE
UB	UTILITY BOX

COLOR KEY

(RED)	RECORD INFORMATION
(BLUE)	IMPROVEMENTS
(GREEN)	EASMTS & RESTRICTION LINES



DETAIL: 1"=50'



LOCATION DRAWING OF:

#7290 MEADOW WOOD WAY

LOT 21

SHEET 2 OF 3

SIMPSON WOODS

PLAT NUMBER 4563

MONTGOMERY COUNTY, MARYLAND

SCALE 1"=100' DATE 06-16-2026

DRAWN BY: AP FILE #: 265156-200

THE LEVEL OF ACCURACY OF DISTANCES TO APPARENT PROPERTY LINES IS 1'±

STATE OF MARYLAND
JEROME C. MAMAUAG
No. 21325
PROFESSIONAL LAND SURVEYOR

SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREIN AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SETFORTH IN REGULATION 12 CHAPTER 09.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1'±. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY IS SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYOR'S OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BY CONSIDERED "TEMPORARY" MAY NOT BE SHOWN. IF IT APPEARS ENCROACHMENTS MAY EXIST. A BOUNDARY SURVEY IS RECOMMENDED.

A Land Surveying Company

DULEY and Associates, Inc.

Serving D.C. and MD.

14604 Elm Street, Upper Marlboro, MD 20772

Phone 301-888-1111 Fax 301-888-1114

Email orders@duley.biz On the web: www.duley.biz

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Tuesday, July 14, 2026 11:10 AM
To: 'nwilson@cwincmd.com'
Cc: 'GWILSON@CWINCMD.COM'
Subject: B26001993_7290 Meadow Wood Way
Attachments: County Waiver Form interactive_Perc Cert Plan Requirements.pdf

Hi Mr. Wilson,

While this is just a deck permit for 7290 Meadow Wood Way , the sewage disposal area (SDA) shown on the site plan does not meet the required 20 foot setback to the house foundation. The only way to reshape the SDA is to have an engineer submit a revised percolation certification plan. Alternatively, you could request a waiver to the perc cert plan requirements by completing the attached form and have the owner sign it. If you decide to request a waiver, I will need to conduct a quick site visit to inspect the existing well and septic area.

Please let me know how you wish to proceed. Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org