

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Account Identifier:		District - 04 Account Number - 326725			
Owner Information					
Owner Name:	DUNCAN PHILIP L DUNCAN LOUISE S L/E		Use:	RESIDENTIAL	
Mailing Address:	2182 MCKENDREE RD WEST FRIENDSHIP MD 21794-		Principal Residence:	NO	
			Deed Reference:	/10334/ 00459	
Location & Structure Information					
Premises Address:	2184 MCKENDREE RD WEST FRIENDSHIP 21794-0000		Legal Description:	1 A 2184 MCKENDREE RD WEST FRIENDSHIP	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:
0014	0006	0127		0000	
Assessment Year:	2017				
Plat No:	Plat Ref:				
Special Tax Areas:			Town:	NONE	
			Ad Valorem:	100	
			Tax Class:		
Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use	
			1.0000 AC		
Stories	Basement	Type	Exterior	Full/Half Bath	Garage
					1 Detached
Last Major Renovation					
Value Information					
	Base Value	Value	Phase-in Assessments		
		As of	As of	As of	
		01/01/2017	07/01/2018	07/01/2019	
Land:	10,000	10,000			
Improvements	33,900	33,900			
Total:	43,900	43,900	43,900	43,900	
Preferential Land:	0			0	
Transfer Information					
Seller:	DUNCAN PHILIP L		Date:	11/06/2006	
Type:	NON-ARMS LENGTH OTHER		Deed1:	/10334/ 00459	
Price:	\$0				
Deed2:					
Seller:	DUNCAN PHILIP L		Date:	11/02/2006	
Type:	NON-ARMS LENGTH OTHER		Deed1:	/02867/ 00612	
Price:	\$0				
Deed2:					
Seller:	RINGBLOOM VERNON D		Date:	05/26/1993	
Type:	ARMS LENGTH IMPROVED		Deed1:	/00000/ 00000	
Price:	\$85,000				
Deed2:					
Exemption Information					
Partial Exempt Assessments:	Class	07/01/2018		07/01/2019	
County:	000	0.00			
State:	000	0.00			
Municipal:	000	0.00 0.00		0.00 0.00	
Tax Exempt:	Special Tax Recapture:				

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00120595	
Building Address 2192 McRendree Rd 21794			Property Owner's Name Philip & Louise Duncan		
Suite/Apt. #: N/A SDP/WP/Petition #: N/A			Address: 2192 McRendree Rd		
Census Tract 6640 Subdivision Riet Simon			City HVS Friendship State MD Zip Code 21794		
Section N/A Area N/A Lot 6			Home Phone 410/412-2157 Work Phone		
Tax Map 14 Parcel 50 Grid 6			Applicant's Name & Mailing Address, (if other than stated hereon): Riet Simon 349 HVS Friendship 2 MD 21794		
Zoning RC-4C Map Coordinates 991 Lot size			Phone Fax		
Existing Use Single Family Dwelling			Contractor Company STURDI PULT		
Proposed Use Garage - Storage			Contact Person Chris Patoka		
Estimated Construction Cost \$ 33,000			Address Riet Simon 349		
Description of Work Building - 2 Story Garage/Storage			City East Friendship State PA Zip Code 16031		
Occupant or Tenant Philip & Louise Duncan			License No. Phone 800-722-4466 Fax 814-446-7816		
Contact Name			Engineer or Architect Company		
Address			Contact Person		
City State Zip Code			Address		
Phone Fax			City State Zip Code		
Phone Fax			Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics			Building Characteristics		
Utilities			Utilities		
Height:			SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>		
No. of stories:			Depth Width		
Gross area, sq. ft. per floor:			1st floor:		
Use group:			2nd floor:		
Construction type:			Basement:		
Reinforced Concrete			Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		
Structural Steel			Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		
Masonry			No. of Bedrooms		
Wood Frame			Multi-family dwellings:		
State Certified Modular			No. of efficiency units:		
			No. of 1 BR units:		
			No. of 2 BR units:		
			No. of 3 BR units:		
			Other Structure: BARN		
			Dimensions: 24x40		
			Footings:		
			Roof: Shingle		
			State Certified Modular		
			Manufactured Home		

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#:

Filing fee \$

Permit fee \$

Excise tax \$

Sub-total paid \$

Add'l permit fee \$

TOTAL FEES \$

Balance due \$

Check # 218

Validation #

Accepted by _____

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

SCALE . 1cm = 20'

1" = 50'

House
built

N 57° 8' W 132' 1952

10/29/99 SITE INSP
UNKNOWN

SITE PREP FOR ADDITION

EXISTS @ WELL LOC.,
EXISTING
DRAINFIELD LOC.

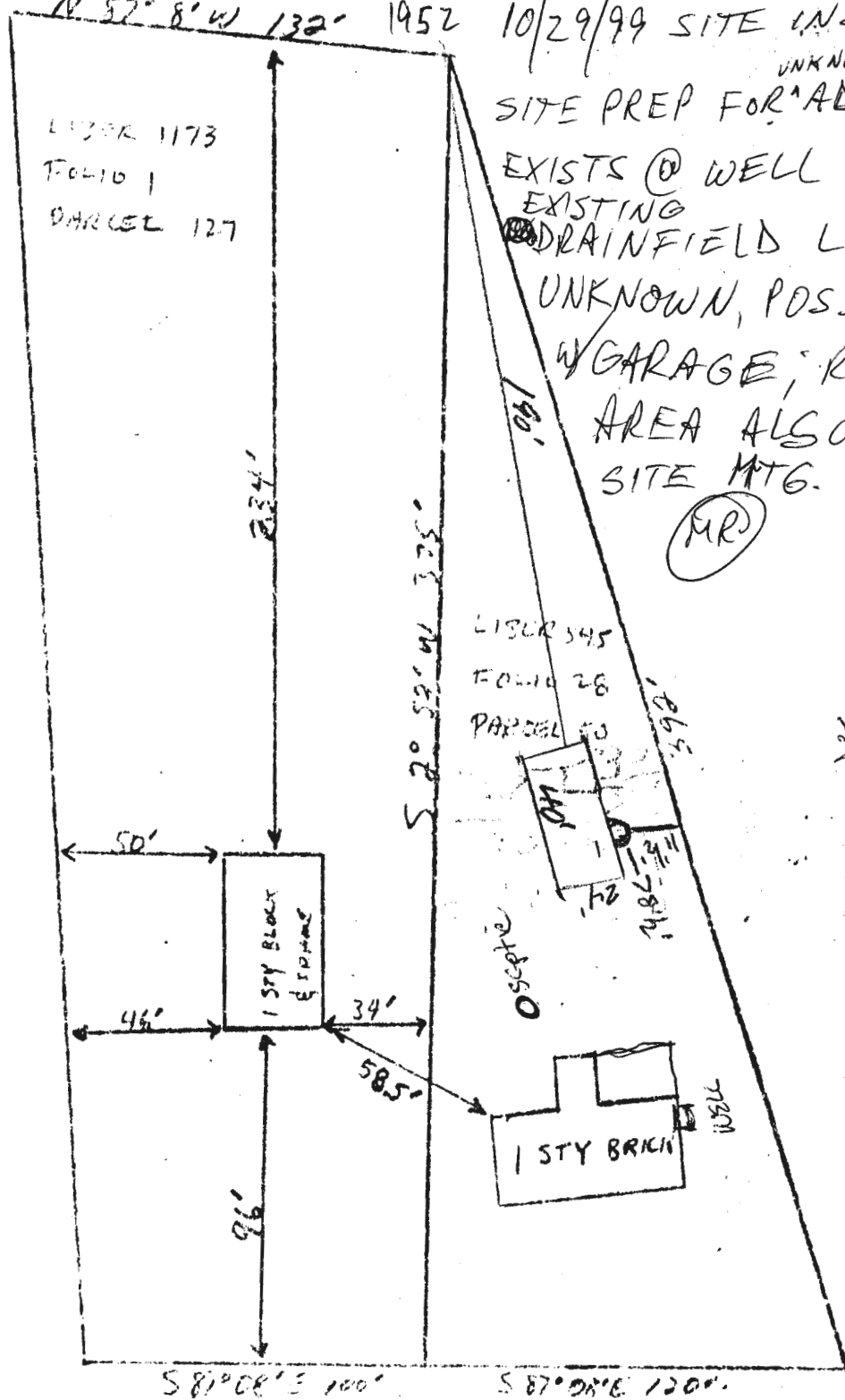
UNKNOWN, POSS. CONFLICT

W/ GARAGE; REPAIR
AREA ALSO LIMITED;
SITE MTG. REQ'D

(MR)

No Animals

1/2 from 2nd
1/2 from 1st



PICKENDREE ROAD

10/28/95
No
Records
found
A



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 23, 2000

Philip and Louise Duncan
2182 McKendree Road
West Friendship, MD 21794

RE: Building Permit Application B00126858
2184 McKendree Road
Proposed SFD Conversion

Dear Mr. & Mrs. Duncan:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of the need for revised detail and additional information. Specifically, the following information and/or changes are requested:

- add septic system layout and elevations for each of the following: sewer pipe invert exiting the house, septic tank invert in, septic tank invert out, and distribution box invert in. For an example, see the enclosed schematic plan. For appropriate distribution box invert elevation, see attached septic specifications.

- the well completion report has not been received from the well driller. Receipt and review of a satisfactory completion report is a prerequisite for a recommendation for building permit approval.

Please arrange for the requested revisions/information to be submitted to this office at the address below. If you have any questions, please contact this office at (410) 313-2640.

Very Truly Yours,

Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B0012688	
Building Address 2184 MCKENDREE RD WEST FRIENDSHIP MD 21794			Property Owner's Name Philip L. Louise S. Duncan		
Suite/ Apt. # SDP/WP/Petition #:			Address 2182 MCKENDREE RD APOB 349		
Census Tract 60410 Subdivision			City WEST FRIENDSHIP State MD Zip Code 21794		
Section Area Lot			Home Phone 410 442 2457 Work Phone		
Tax Map 14 Parcel 127 Grid 6			Applicant's Name & Mailing Address, (if other than stated hereon): 2157		
Zoning R-110 Map Coordinates Lot size			Phone Fax		
Existing Use STORAGE			Contractor Company STURDY BUILT		
Proposed Use House			Contact Person Barry Corle		
Estimated Construction Cost \$ 100,000.-			Address Pobox 187		
Description of Work 1 1/2 story Cape over existing Block Bldg. to create 2 bedroom, 2 bath unplanned 2nd floor			EAST FREEDOM State PA Zip Code 16637		
Occupant or Tenant OWNER			License No. Phone 1-800-722-0466 Fax 814 696-7916		
Contact Name Philip Duncan			Engineer or Architect Company STURDY BUILT		
Address 2152 McKendree Rd APOB 349			Contact Person		
City WEST FRIENDSHIP State MD Zip Code 21794			Address		
Phone 410 442 2457 Fax			City State Zip Code		
Phone Fax			Phone Fax		
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL		
Building Characteristics			Building Characteristics		
Utilities			Utilities		
Height:			SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		
No. of stories:			Depth Width		
Gross area, sq. ft. per floor:			1st floor: 30 50		
Use group:			2nd floor: 17 50		
Construction type:			Basement: 30 50		
Reinforced Concrete			Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>		
Structural Steel			Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		
Masonry			No. of Bedrooms 1		
Wood Frame			Multi-family dwellings:		
State Certified Modular			No. of efficiency units:		
Water Supply:			No. of 1 BR units:		
Public			No. of 2 BR units:		
<input checked="" type="checkbox"/> Private			No. of 3 BR units:		
Sewage Disposal:			Other Structure:		
Public			Dimensions:		
<input checked="" type="checkbox"/> Private			Footings:		
Electric Yes <input type="checkbox"/> No <input type="checkbox"/>			Roof:		
Gas Yes <input type="checkbox"/> No <input type="checkbox"/>			State Certified Modular		
Heating System:			<input checked="" type="checkbox"/> Manufactured Home		
Electric <input type="checkbox"/> Oil <input type="checkbox"/>			Water Supply:		
Natural Gas <input type="checkbox"/>			Public		
Propane Gas <input type="checkbox"/>			<input checked="" type="checkbox"/> Private		
Sprinkler system: N/A <input type="checkbox"/>			Sewage Disposal:		
Full			Public		
Partial			<input checked="" type="checkbox"/> Private		
Other Suppression			Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
# of Heads			Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Heating System:			Heating System:		
Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>			Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>		
Natural Gas <input type="checkbox"/>			Natural Gas <input type="checkbox"/>		
Propane Gas <input type="checkbox"/>			Propane Gas <input type="checkbox"/>		
Sprinkler system: N/A <input checked="" type="checkbox"/>			Sprinkler system: N/A <input checked="" type="checkbox"/>		
Full			NFPA #13D		
Partial			NFPA #13R		
Other Suppression			Other:		
# of Heads					
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.					
Applicant's Signature			LOUISE S. DUNCAN		
Title/Company			Print Name 10-11-00		
Date			Date		
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY					
** PLEASE WRITE NEATLY AND LEGIBLY. **					
- FOR OFFICE USE ONLY -					
AGENCY		DATE	SIGNATURE APPROVAL		DPZ SETBACK INFORMATION
Land Development, DPZ					Front:
State Highways					Rear:
Building Official					Side:
Dev. Engineering, DPZ					Side St.:
Health					All minimum setbacks met?
Fire Protection					YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Sediment Control approval required prior to issuance?					Is Entrance Permit required?
YES <input type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					Historic District?
ONE STOP SHOP: <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone					SDP/Red-line approval date
SDP/Red-line approval date					Accepted by
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
a: permit firm					
Rev. 10/15/98					

No well
drilled
no s.s. layout/elevs

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: Duncan Prop LOT NUMBER: A 513175
 STREET NAME: McKendree Rd
 AVERAGE PERCOLATION RATE: 3 SQUARE FEET PER BEDROOM: 180
 NUMBER OF BEDROOMS: 2 (design for 3) LINEAR FEET OF TRENCH PER BEDROOM: 45
 TOTAL LINEAR FEET OF TRENCH: 135 SEPTIC TANK CAPACITY: 1000
 TOP SEAMED TANK REQUIRED? YES OR NO NO COMPARTMENTED TANK REQUIRED? YES OR NO NO
 WATER TIGHT

TRENCH DIMENSIONS: Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade.
 Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet
 below original grade. 4 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES OR NO NO

Pumped Septic System Detail: _____ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: PLACE THE DISTRIBUTION BOX 180' DOWN THE LEFT LOT LINE AND 20' OFF THIS SAME LOT LINE. RUN TRENCHES ON CONTOUR TO RIGHT SIDE OF LOT.

ADDITIONAL NOTES: _____

Reviewer: MR

Date: 10/23/00

C1 15916
SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER AS13175

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED
MM DD YY
08 22 06

Depth of Well
22 225 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-2832
28 29 30 31 32 33 34 35 36 37

OWNER DUNCAN Philip
STREET OR RFD McKendree Rd. first name
TOWN COOKSVILLE
SUBDIVISION Duncan Prop SECTION LOT MAP 14 P. 12 D

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
Top Soil	0	2
Sandy	2	30
Sand Stone	30	35
MICKA	35	60
Sand Stone	60	65
MICKA	65	100
FLint Rock	100	105
MICKA	105	140
FLint Rock	140	145
MICKA	145	225

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
yes ☒ no ☐
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT ☒ BENTONITE CLAY ☐
NO. OF BAGS 11 NO. OF POUNDS 1100
GALLONS OF WATER 66
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30+ ft.
48 TOP 52 54 BOTTOM 58
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ☐ CONCRETE ☐
PLASTIC ☒ OTHER ☐
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch)! 6
Total depth of main casing (nearest foot) 44
60 61 63 64 66 70

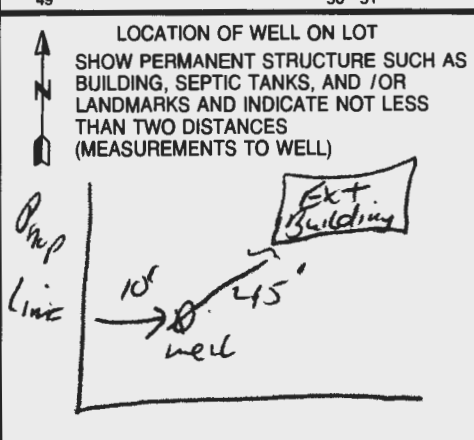
OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole (insert appropriate code below)
STEEL ☐ BRASS ☐ HOLE ☒
BRONZE ☐ PLASTIC ☐ OTHER ☐

DEPTH (nearest ft.)
1 HO 42 225
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PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 8.15
METHOD USED TO MEASURE PUMPING RATE Buck
WATER LEVEL (distance from land surface)
BEFORE PUMPING 30 ft.
WHEN PUMPING 50 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES ☐ NO ☒
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
PUMP HORSE POWER 37 41
PUMP COLUMN LENGTH (nearest ft.) 43 47
CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE 2 (nearest foot)
- below 49 50 51



NUMBER OF UNSUCCESSFUL WELLS: 0
WELL HYDROFRACTURED yes ☐ no ☒
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
DRILLERS LOG NO. M S 117
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C1 08011

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED.COUNTY
NUMBER

4513175

ST/CO USE ONLY

DATE RECEIVED

MM DD YY

08 22 00

DATE WELL COMPLETED

MM DD YY

08 22 00

Depth of Well

225

(TO NEAREST FOOT)

OK
MR 10/19/01PERMIT NO.
FROM "PERMIT TO DRILL WELL"

NO-94-2832

OWNER

Duncan

STREET OR RFD

McKendree Rd

Philip

SUBDIVISION

Duncan Prof

SECTION

TOWN

Cockeysville

LOT

Map 14 P. 127

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES NO
Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1750

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 44OTHER CASING (if used)
diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
belowST BR HQ
STEEL BRASS
PL PL
PLASTIC HOLE
OTHER

DESCRIPTION (Use additional sheets if needed)	FEET	check if water bearing
FROM	TO	
Top Soil	0	2
Sandy	2	30
Sand Stone	30	35
MICKA	35	60
Sand Stone	60	65
MICKA	65	100
Flint Rock	100	105
MICKA	105	140
Flint Rock	140	145
MICKA	145	225

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

YES NO
Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.DRILLERS LIC. NO. 1 M Soltz
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. D
SHESITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.)

10 42 225

E A C H S C R E E N

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 66MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W O

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30 ft.

WHEN PUMPING 50 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

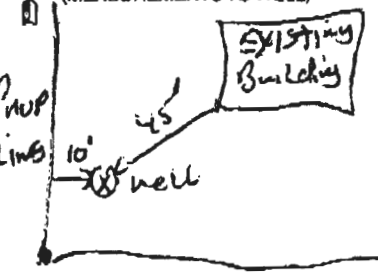
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)

+ above } LAND SURFACE

- below } 2 (nearest foot)

49 50 51

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

Received by MDE 10/31/2000

B 1 18670 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W514178 please print or type	STATE PERMIT NUMBER HO-94-2832 <small>70. fill in this form completely 79</small>
Date Received (APA) 0808 1100 8 MM DD YY 13 DUNCAN PHILIP OR LOUISE 15 Last Name Owner First Name 34 P.O. Box 349 21784 MCKENNEE RD 36 Street or RFD 55 West Friendship MD. 21784 57 Town 70 State 72 Zip 76		B 3 How and LOCATION OF WELL 8 COUNTY 21 DUNCAN 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 COOKSVILLE 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78	
DRILLER INFORMATION Ralph MAYNE M S D 116 Driller's Name 76 License No. 81 Ralph MAYNE well drilling Firm Name 9120 Brown Church Rd Mt. Airy Address Ralph Mayne 7-10-00 Signature Date		B 4 MCKenroe Rd. 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 80 37 DISTANCE FROM ROAD ft ENTER FT OR MI 38 39 TAX MAP: 14 BLK: 6 PARCEL 127	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 081700 Mark E. Rifkin 8/17/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 538 50 55 EAST GRID 0800 57 63	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 538 N 800 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO-94-2832 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

Well Permit No. HO - 94-2832
Location of property (road) McKendree Rd Map 14 P. 127
Subdivision DUNCAN PROP Lot _____ Block _____ Plat _____ Sec. _____
Well Driller R. Mayne Owner Duncan

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

APPLICATION

PERCOLATION TESTING

A 513175

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

existing lot
of record
for a SFO

DISTRICT _____

DATE 12/13/99

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Philip + Louise DUNCAN

ADDRESS 2184 MCKENDREE RD WEST FRIENDSHIP MD 21794 PHONE 410 442 2457

AGENT OR PROSPECTIVE BUYER SAME

ADDRESS _____ PHONE _____

PROPERTY LOCATION: SAME

SUBDIVISION REIF + SIMON LOT NO. PARCEL # 127

ROAD AND DESCRIPTION _____

LIBER 1173 ^{Tax map} 14
TAX MAP FOLIO 1 PARCEL # 127

SIZE OF LOT 1.3 A TYPE BLDG. SINGLE FAMILY
(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. Louise Duncan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING PERC OK, HOLD FOR PLAN (MUR) 2/28/00

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

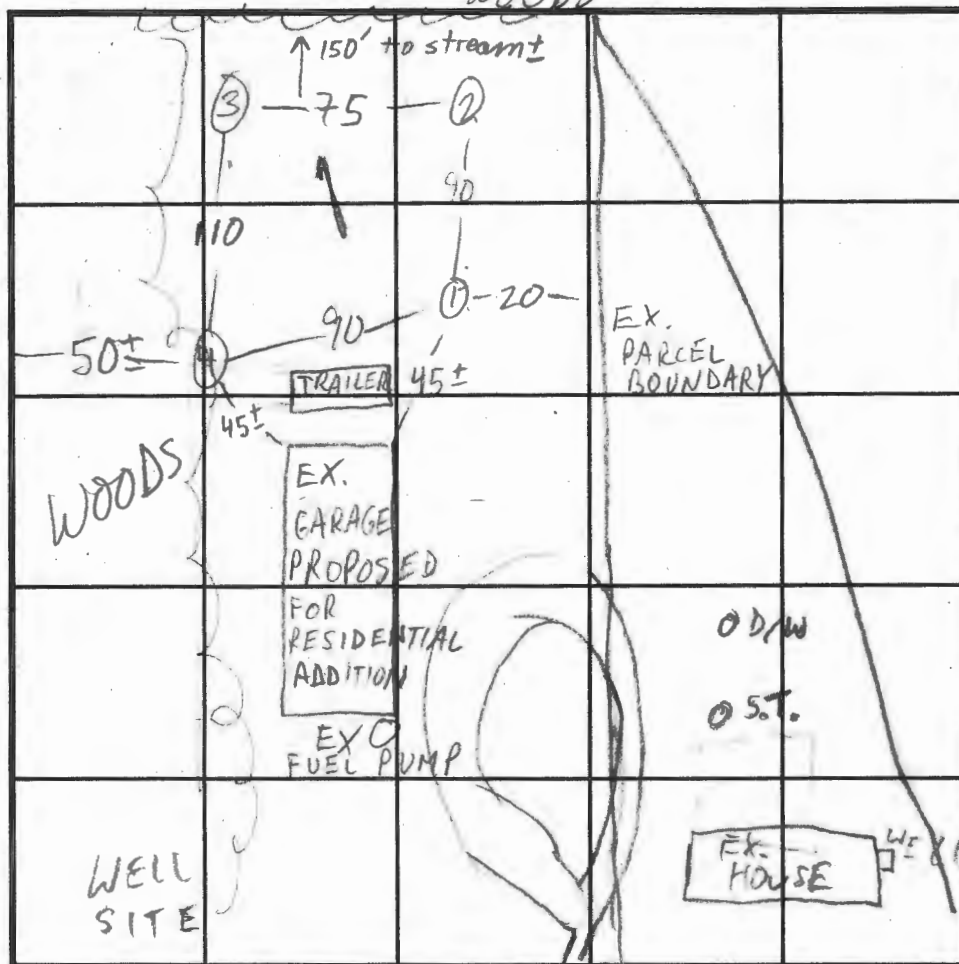
COUNTY #

SOIL PROFILE

0' ① ④
red
sa cl
lm
4
tan
brn
sa
lm
5% - 15%
Frag

② ③
brn
red
sa cl lm
4
brn
tan
gray
sa lm
25-30%
Frag

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MCK. R.D.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/7/00	1 S	5	10:49	10:52	10:52	10:55	3
	1 V	12	see profile				OK
	2 S	4 1/2	10:59	11:00	11:00	11:04	4
	2 V	12	see profile				OK
	3 S	3' 9"	11:10 11:13	11:11 11:14	11:11 11:14	11:12 11:16	1 2
	3 V	12	see profile				OK
	4 S	5	11:23	11:26	11:26	11:29	3
	4 V	11 1/2	see profile				OK

REMARKS

TYPE OF SOIL

TESTED BY

M. Ripkin

ALSO PRESENT owner

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

3

TRENCH WIDTH

3

INLET DEPTH

3 1/2

MAXIMUM BOTTOM DEPTH

7 1/2

SQ. FT./BEDROOM

180

REPAIRS SHA LOW

William E. Doyle R.L.S., INC.
Professional Land Surveyor 8440
5312 Emerald Drive
Sykesville, Maryland 21784
Phone No. (410) 795-2210

May 22, 2000

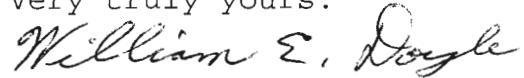
Howard County Health Department
c/o Mr. Mark E. Rifkin, R.S.
3525 H Ellicott Mills Drive
Ellicott City, Md. 21043

Re: Duncan property
A 513175

Dear Mr. Rifkin,

Enclosed please find 2 revised prints of Percolation Certification Plat revised as per my meeting with Howard County Planning and Zoning Dept. The minimum building restriction lines are such that we cannot put a new dwelling on this lot, so Mr. Duncan said he is going to turn this concrete block building into a dwelling; for property known as 2184 McKendree Road owned by Philip L. Duncan and Louise S. Duncan, now being submitted for your review.

Very truly yours.



William E. Doyle
Professional Land Surveyor 8440

William E. Doyle R.L.S., INC.
Professional Land Surveyor 8440
5312 Emerald Drive
Sykesville, Maryland 21784
Phone No. (410) 795-2210

April 11, 2000

Howard County Health Department
c/o Mr. Mark E. Rifkin, R.S.
3525 H Ellicott Mills Drive
Ellicott City, Md. 21043

Re: Duncan property
A 513175

Dear Mr. Rifkin,

Enclosed please find 2 prints of Percolation Certification Plat for property known as 2184 McKendree Road owned by Philip L. Duncan and Louise S. Duncan; which was tested by you on February 7, 2000 and is now being submitted for your review.

Very truly yours.

William E. Doyle

William E. Doyle
Professional Land Surveyor 8440



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

February 28, 2000

Philip and Louise Duncan
2184 McKendree Road
West Friendship, MD 21794

RE: PERCOLATION TEST RESULTS
A 513175
Existing Lot of Record
Tax Map 14, Parcel 127

Dear Mr. and Mrs. Duncan:

Percolation testing conducted February 7, 2000 on the above referenced property indicated satisfactory soil conditions. Copies of the test results are enclosed.

Further review is contingent upon submission (preferably by a registered engineer) of a percolation certification plan showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the locations of all existing wells and septic reserve areas on the property, as well as the locations of any other relevant features such as streams, swales, fuel pumps, or existing structures. A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown.

The proposed septic reserve area should be concentrated toward the highest test holes (holes 1 and 4) to maximize use of the best soils.

The percolation certification plat should be submitted within 60 days to allow field verification if necessary. If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-2640.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR
Enclosures
cc: File



DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

David M. Hammerman, P.E., Director

CANCELLATION NOTICE

DATE: August 13, 2001

- (X) Department of Planning and Zoning
- (X) Bureau of Engineering
- (X) Health Department (Environmental)
- () Inspectors: (Building)
- () (Plumbing)
- () (Electrical)
- () (Fire)
- (X) Licenses & Permit Division: (Building)
- () (Plumbing)
- () Tax Assessment Office
- (X) Owner
- (X) Division of Plan Review
- () Sediment Control Division
- () Other _____

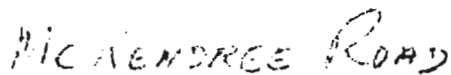
RE: Cancellation and/or Expired Permit/Application

Permit Number Building #B00126858
Date of Issue Not Issued
Owner Philip L. & Louise S. Duncan
Location 2184 McKendree Road, West Friendship, MD 21794
Description of Work To build 1-1/2 story house over existing building
Reason The BOCA National Building Code/1996-Section 107.9
Time Limitation of Application _____

FROM: *Ann Carl*

Chief, Licenses and Permit Division
Department of Inspections, Licenses and Permits
Phone Number (410) 313-2455

cancel/cwc

$$y'' = 50$$




HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 20, 1999

Mr. and Mrs. Philip Duncan
2184 McKendree Road
West Friendship, Maryland 21794

RE: **Percolation Test Date**

Proposed Use: Existing lot of record
Property ID: Duncan Property
McKendree Road
Tax Map: 14 Parcel #127

*1/24/00
Rescheduled to
2/7/00 @ 10:00
A*

Dear Mr. and Mrs. Duncan:

Percolation testing has been tentatively scheduled for the above referenced property for Friday, January 21, 2000, at 10:00 a.m. Please call this office at (410) 313-2640 to confirm your acceptance of this percolation test date.

You shall be responsible for having a contractor on site to excavate the test holes at the corners of the proposed septic area.

In the event of uncertain weather (i.e., precipitation or extremes of temperature), please contact this office prior to 9:00 a.m. on the test date to determine whether or not percolation testing can be performed on that date. If it is not feasible to perform the test, a new test date shall be assigned.

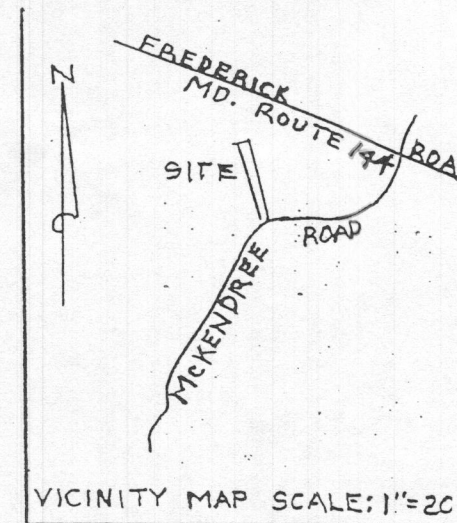
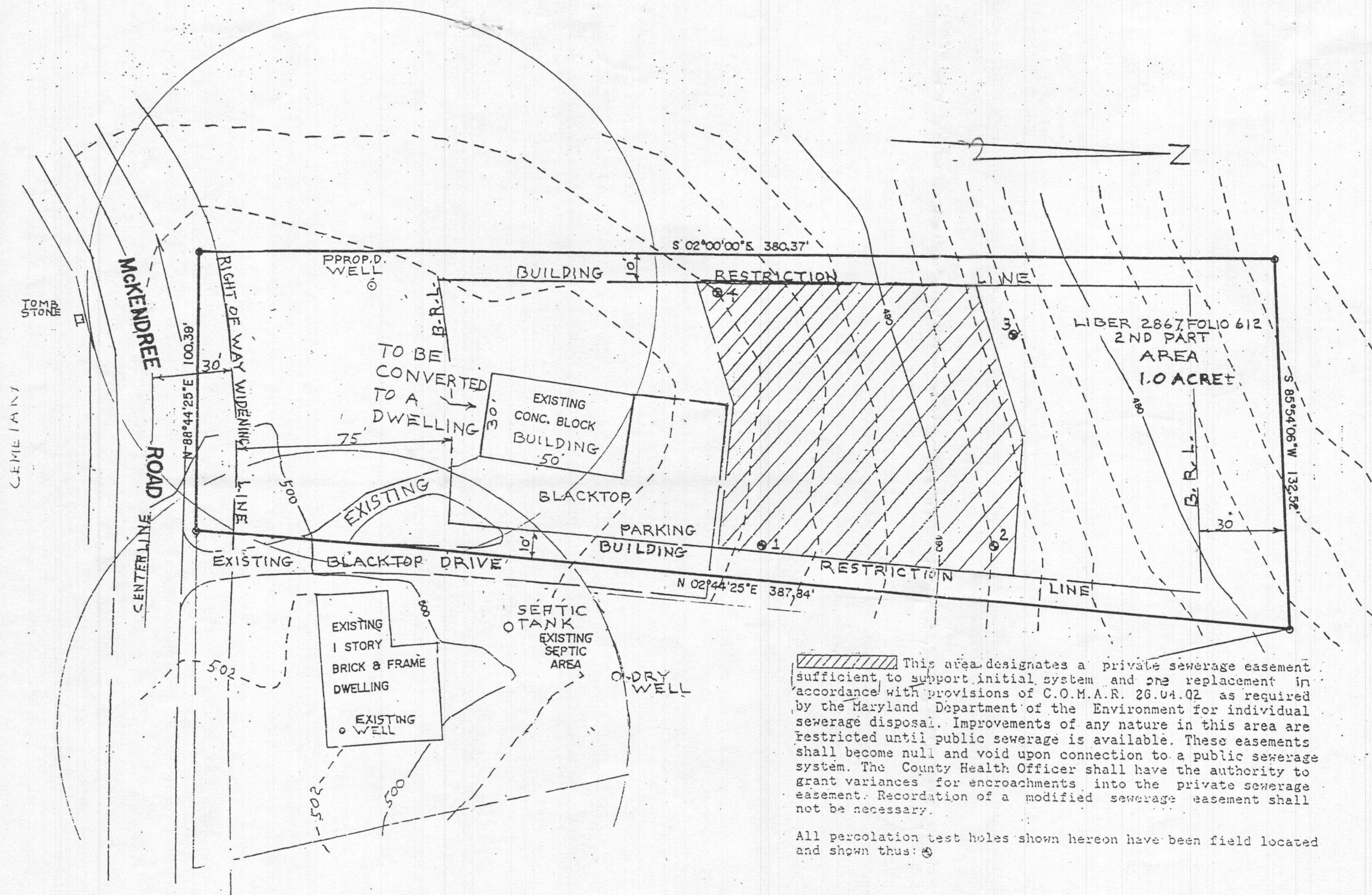
Percolation test results may be expected by mail two to three weeks after the completion of the percolation testing.

Thank you in advance for your cooperation in this matter.

Sincerely,

Donna K. Soe, R.S.
Water and Sewerage Program

cc: file



PERCOLATION CERTIFICATION PLAT

2184 MCKENDREE ROAD
PROPERTY OF,
PHILIP L. DUNCAN and LOUISE S. DUNCAN
LIBER 2867, FOLIO 612, (2ND PARCEL)
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 14, BLOCK 6, PARCEL 127

PERCOLATION TEST NO. A 513175
ZONING - R C

SCALE: 1" = 40'

DRAWN: APRIL 11, 2000
REVISED: MAY 8, 2000
REVISED MAY 22, 2000

This area designates a private sewerage easement sufficient to support initial system and one replacement in accordance with provisions of C.O.M.A.R. 26.04.02 as required by the Maryland Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus: (symbol)

ALL Percolation areas and water wells for adjoining lots have been shown where pertinent.

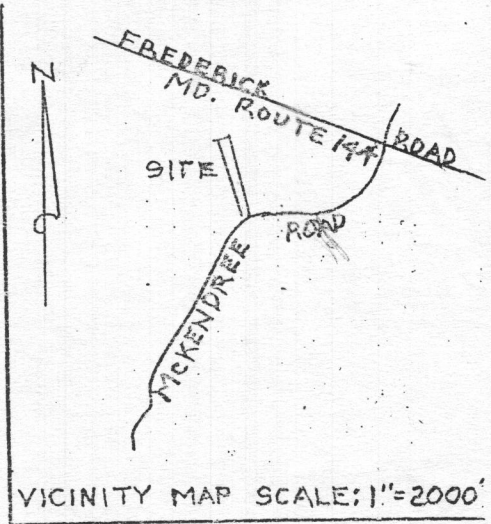
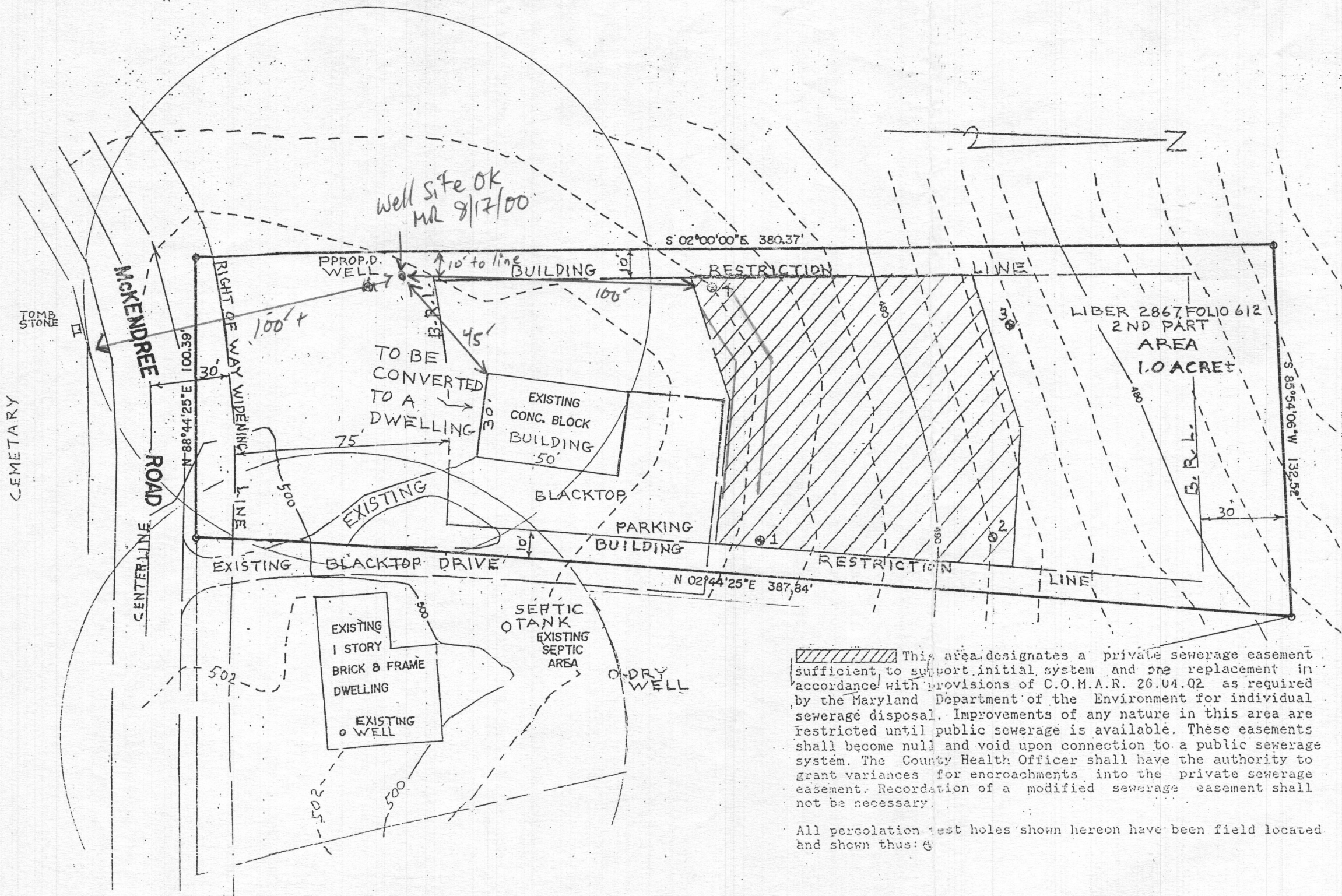
I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

signed *William E. Doyle*

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
Donna M. Matus
COUNTY HEALTH OFFICER MR
6/9/00
DATE



William E. Doyle
WILLIAM E. DOYLE
Professional Land Surveyor 8440
5312 Emerald Dr. Ph. 795-2210
SYKESVILLE, MD 21784



PERCOLATION CERTIFICATION PLAT

2184 MCKENDREE ROAD
 PROPERTY OF,
 PHILIP L. DUNCAN and LOUISE S. DUNCAN
 LIBER 2867, FOLIO 612, (2ND PARCEL)
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 TAX MAP 14, BLOCK 6, PARCEL 127

 PERCOLATION TEST NO. A 513175
 ZONING - R C

SCALE: 1"=40'

DRAWN: APRIL 11, 2000
 REVISED: MAY 8, 2000
 REVISED MAY 22, 2000

This area designates a private sewerage easement sufficient to support initial system and one replacement in accordance with provisions of C.O.M.A.R. 26.04.02 as required by the Maryland Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus: @

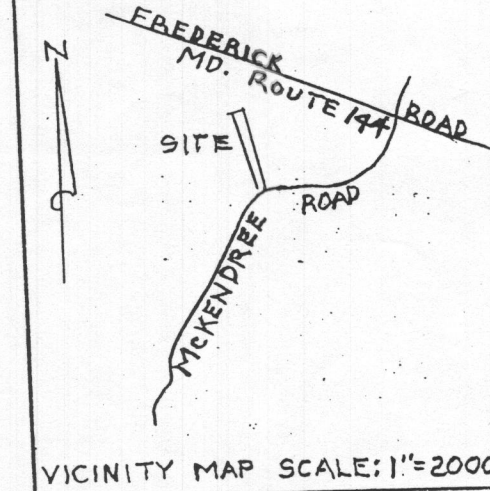
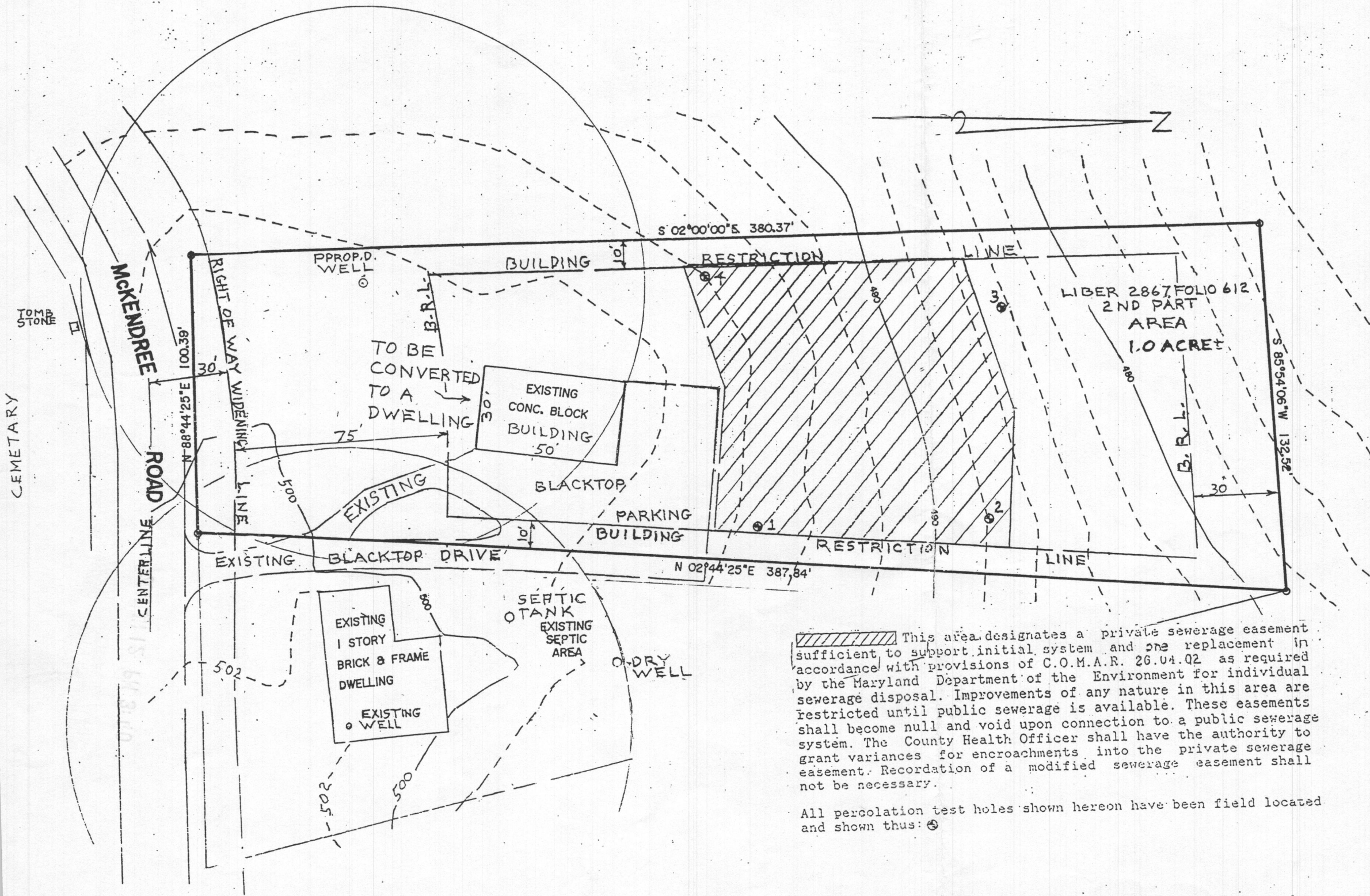
All Percolation areas and water wells for adjoining lots have been shown where pertinent.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
 signed William E. Doyle

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
Donna K. Hester 6/2/00
 COUNTY HEALTH OFFICER MR. DATE



William E. Doyle
 WILLIAM E. DOYLE
 Professional Land Surveyor 8440
 5312 Emerald Dr. Ph. 795-2210
 SYKESVILLE, MD 21784



PERCOLATION CERTIFICATION PLAT
 2184 MCKENDREE ROAD
 PROPERTY OF,
 PHILIP L. DUNCAN and LOUISE S. DUNCAN
 LIBER 2867, FOLIO 612, (2ND PARCEL)
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 TAX MAP 14, BLOCK 6, PARCEL 127
 PERCOLATION TEST NO. A 513175
 ZONING - R C

SCALE: 1" = 40'
 DRAWN: APRIL 11, 2000
 REVISED: MAY 8, 2000
 REVISED: MAY 22, 2000

This area designates a private sewerage easement sufficient to support initial system and one replacement in accordance with provisions of C.O.M.A.R. 26.04.02 as required by the Maryland Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus: (symbol)

All Percolation areas and water wells for adjoining lots have been shown where pertinent.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
 signed William E. Doyle

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
Dr. [Signature] 6/9/00
 COUNTY HEALTH OFFICER MR DATE



William E. Doyle
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FILE NO. 1112