

Real Property Data Search

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration
Tax Exempt: None		Special Tax Recapture: None
Exempt Class: None		
Account Identifier:		District - 05 Account Number - 351243
Owner Information		
Owner Name:	BOARD OF EDUCATION OF HOWARD COUNTY	Use: Principal Residence: EXEMPT COMMERCIAL NO
Mailing Address:	10910 ROUTE 108 ELLICOTT CITY MD 21042	Deed Reference: /08928/ 00200
Location & Structure Information		
Premises Address:	4691 TEN OAKS RD DAYTON 21036-0000	Legal Description: LOT 1 10.050 A 4691 TEN OAKS RD WESTERN ELEMENTARY SCHOO
Map:	Grid:	Parcel:
0028	0008	0035
Neighborhood:	Subdivision:	Section:
20000.14	0000	
Block:	Lot:	Assessment Year:
	1	2020
Plat No:	Plat Ref:	16794
Special Tax Areas: None	Town:	None
	Ad Valorem:	103
	Tax Class:	None
Primary Structure Built	Above Grade Living Area	Finished Basement Area
		Property Land Area
		10.0500 AC
County Use		
Stories	Basement	Type
		Exterior
		Quality
		Full/Half Bath
		Garage
		Last Notice of Major Improvements
		/
Value Information		
	Base Value	Value
		As of
		01/01/2017
		Phase-in Assessments
		As of
		07/01/2019
		As of
		07/01/2020
Land:	1,005,000	1,005,000
Improvements	22,790,000	22,790,000
Total:	23,795,000	23,795,000
Preferential Land:	0	
Transfer Information		
Seller: HOWARD COUNTY MARYLAND	Date: 01/20/2005	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /08928/ 00200	Deed2:
Seller: GOSSELIN ROBERT L	Date: 09/10/1992	Price: \$545,000
Type: NON-ARMS LENGTH OTHER	Deed1: /02632/ 00573	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 42571

P _____

DISTRICT 5TH

DATE 9-21-88

9/23/88

date given to Mr. Gosselin

LOTS REMOVED FROM FARMHOUSE:

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

NEED TO PERC EXISTING LOT CAN BE DETERMINED
AT TIME OF PERC. ALL LOTS LOWER THAN EXISTING
HOUSE. SAL

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

PROPERTY OWNER ROBERT L. GOSSELIN

ADDRESS 4691 TEN OAKS RD. DAYTON, MD. 21036 PHONE 531-3253 (HOME)
230-5200 (OFFICE)

PROPERTY LOCATION:

SUBDIVISION GOSSELIN PROPERTY LOT NO. 1 New #4

ROAD AND DESCRIPTION EAST SIDE OF TEN OAKS ROAD, ADJACENT GREEN BRIDGE RD. AND
EAST OF HOWARD RD. 4691 TEN OAKS RD.

SIZE OF LOT 3.0 AC. (APPROX.) TYPE BLDG. 4 BEDROOM
(NUMBER OF BEDROOMS)

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.

J. L. Udash
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 42571

P _____

DISTRICT _____

DATE _____

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 ROBERT L. GOSSEIN

ADDRESS 4691 TEN OAKS RD., DAYTON, Md. 21036 PHONE 531-3253 (HOME)
230-5200 (OFFICE)

PROPERTY LOCATION:

SUBDIVISION GOSSEIN PROPERTY LOT NO. 1 *New #4*

ROAD AND DESCRIPTION EAST SIDE OF TEN OAKS RD. ADJACENT GREEN BRIDGE RD. AND
EAST OF HOWARD RD.

SIZE OF LOT 3.0 AC (APPROX.) TYPE BLDG. 4 BEDROOM
(NUMBER OF BEDROOMS)

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.

Julie Udosh
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

#1 LOT

New #4 8/89

SOIL PROFILE
TOP SOIL To

CLAY
TO
MICA +
OR
LORM
IN
ALL
GOOD
HOLES
(2), (3), (4)
(5)

Noted

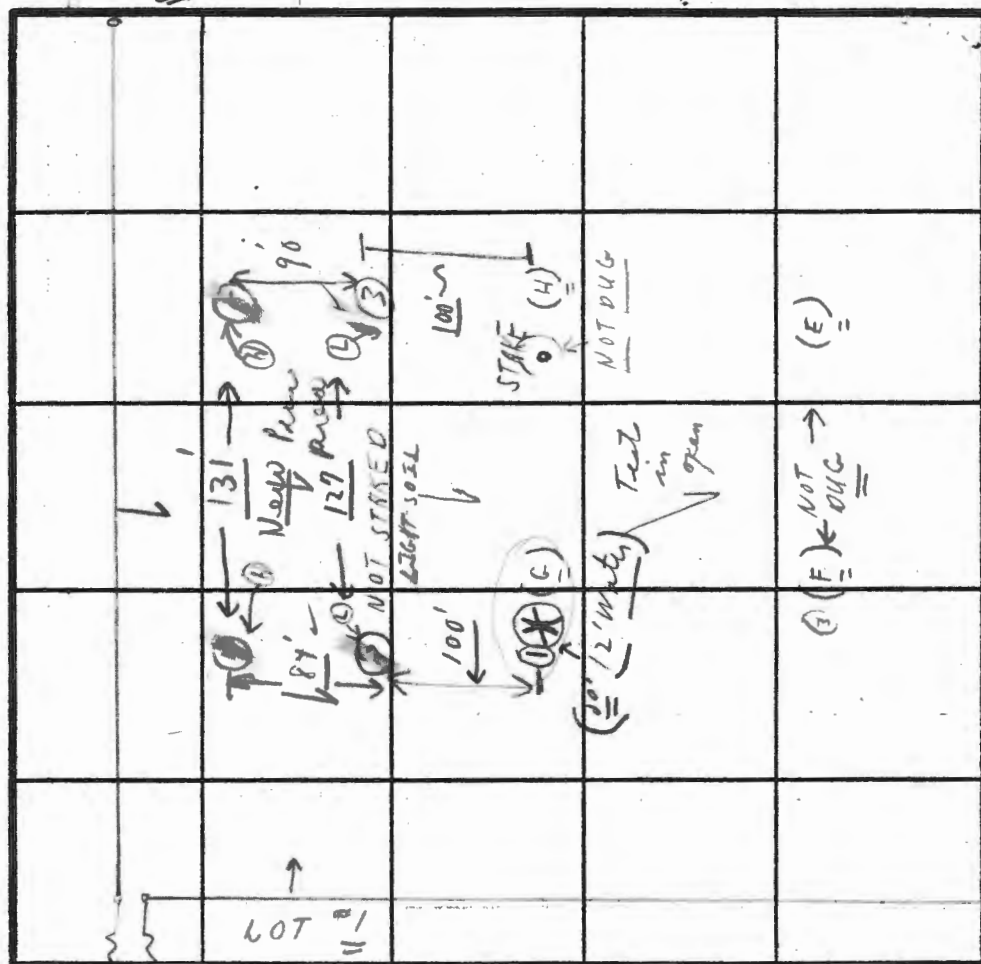
MOVED 100'
UP HILL

Holes #
Soil Profile
below T.S. + clay

1 to 2'
2' to 13'
CA + 409M

MICHA
LOAM

Maria
Cloan
3'



$\overline{x} =$
met ~~met~~

X 2 min
until 3'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TEN OAKS ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/88	1A X	'	:	:	M I C A C E	O U S D A R K B R O W	
LOT #1	(G) 1B	'	:	:		10' To	12' WA
	2A	2'	2:40	2:42	2:42	2:49	2 min
	No. 2B	13'	:	:	M u s s e l s		
	No. 3A	2 1/2'	2:43	2:45	2:45	2:47	2 min
	No. 3B	12 1/2'	:	:	very loose loam		
	No. 4A	5 1/2'	:	:	Loam - Below	to	
	No. 4B	11' 10"	:	:	Visual dry		
	No. 5A	6 1/2'	2:56	2:58	2:58	3:00	2 min
	No. 5B	3'	2:53	2:54	2:54	2:55	1 min

HOLD
IF USED *
* FOX WET
TER SEASON

To
12

Tail in open

REMARKS

TYPE OF SOIL

TESTED BY

C. B. Treakes

ALSO PRESENT

{ 2 of Fyock men
SKIP + new
man

NEW PERC. AREA IN YELLOW

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 42572

P _____

DISTRICT 5TH

DATE 9-21-88

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 ROBERT L. GOSSELIN

ADDRESS 4691 TEN OAKS RD. DAYTON MD. 21036 PHONE 531-3253 (HOME)
230-5200 (OFFICE)

PROPERTY LOCATION:

SUBDIVISION GOSSELIN PROPERTY LOT NO. 2 New #3

ROAD AND DESCRIPTION EAST SIDE OF TEN OAKS RD., ADJACENT GREEN PALACE RD. AND
EAST OF HOWARD RD.

SIZE OF LOT 3.0 AC. (APPROX.) TYPE BLDG. 4 BEDROOM
(NUMBER OF BEDROOMS)

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. Julie A. Webb

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Min + LOAM
6' - 13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11	6A	5' 1"	2:12	2:17	2:17	2:28	11 min
	6B	13'	1	1	1	1	

REMARKS _____

TYPE OF SOIL _____

TESTED BY C. B. Straker ALSO PRESENT (see page #1)

Page 2 of 2

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 42572

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE _____

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 ROBERT L. GOSSELIN

ADDRESS 4691 TEN OAKS RD. DAYTON, MD. 21036 PHONE 531-3253 (HOME)
230-5200 (OFFICE)

PROPERTY LOCATION:

SUBDIVISION GOSSELIN PROPERTY LOT NO. 2

ROAD AND DESCRIPTION EAST SIDE OF TEN OAKS ROAD, ADJACENT GREEN BRIDGE RD. ADD
EAST OF HOWARD RD.

SIZE OF LOT 3.0 AC. (APPROX.) TYPE BLDG. 4 BEDROOM
(NUMBER OF BEDROOMS)

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.

Juli Walsh
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

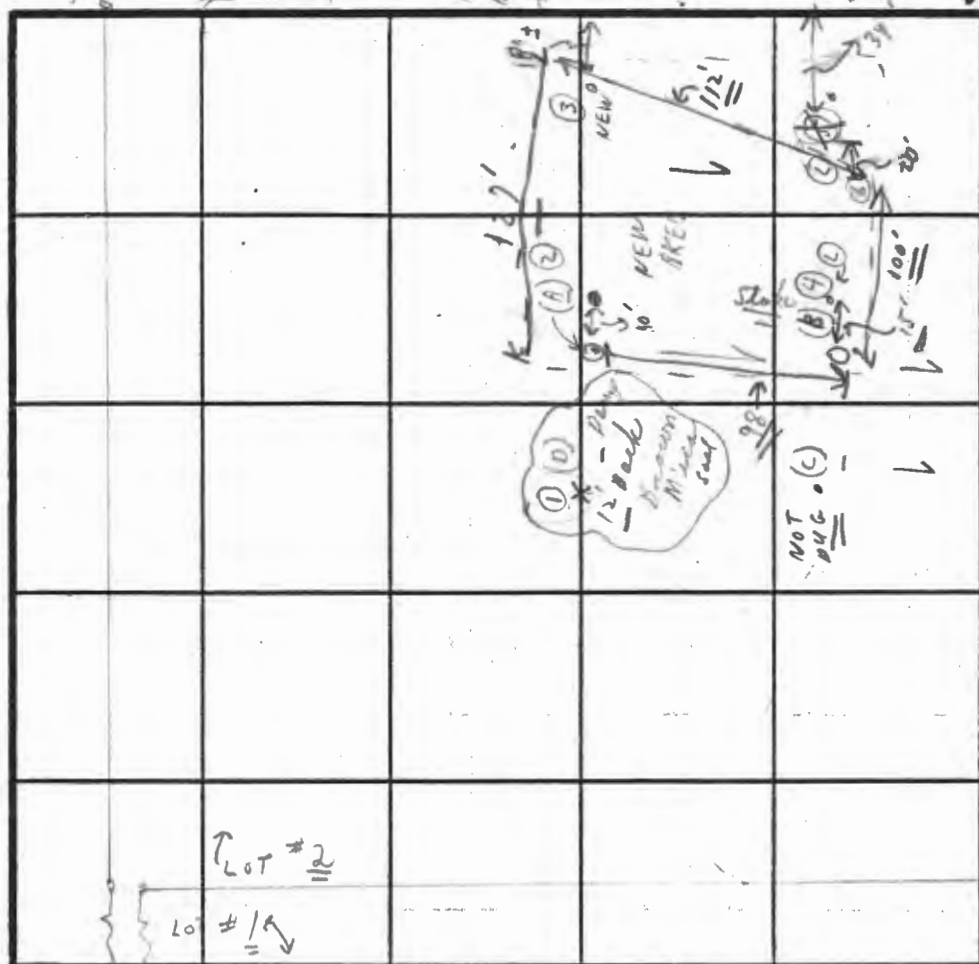
#2 LOT

SOIL PROFILE

TO ←
CLAY ↓

TO MICHAEL
LOAN
IN ALL
HOLES

②, ③
④, ①



Ms A.9.2.5

x 12 min

Under $3\frac{1}{2}$

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS ROAD

Sail Profile
Below T.S. & CLAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/88	19	'	:	:	:	:	
	10 (D)	12	:	(WET)	(SOIL)	:	
3	29 (N)	3 1/2'	1:22	1:25	1:25	1:31	6 in
5	28 (2)	6 ft	1:23	1:25	1:25	1:26	1 1/2"
	39 (B)	'	:	Visual	4 1/2' to 12'	:	
	38			Similar to #4	MICA LOAM	:	
	41 (C)	4 ft	1:34	1:41	1:41	1:53	12 in
	45	11'	:	:	Mica loam	:	
	5A	4 1/2'	1:43	XX	GLAY ISH	:	1/4" of
	5B (L)	12'	:	(some)	SMALL MICA SANDSTONE	:	

IF USED
HOLD FOR
WET SEASON

p
 $11\frac{1}{2}$

2:136 ~~6~~ FAILED

CLAYOR
TIGHTENED
TO
BOTTOM

REMARKS

TYPE OF SOIL

TESTED BY

C. B. Trueman

ALSO PRESENT

NEW PERC AREA IN YELLOW
p. 1

HOLD FOR CERTIFIED
HOLES

5
new man
Fyock

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

February 2, 1989

MEMORANDUM

TO: Dewberry and Davis

FROM: Craig Williams, Director *C.W.*
Water and Sewerage Program

SUBJECT: F-89-139
Gosselin Property

Please refer to the enclosed copy of our letter of November 23, 1988 to Mr. Gosselin. It delineates the detail required before review of the plat can begin.

If you have any questions relative to this matter, please call me at 461-9933.

CW:JR

Enclosure

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

November 23, 1988

Mr. Robert L. Gosselin
4691 Ten Oaks Road
Dayton, Maryland 21036

RE: Percolation Testing
Gosselin Property - Lots 1&2
East side of Ten Oaks Road

Dear Gosselin:

Percolation testing conducted October 11, 1988 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified test hole locations 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,

A handwritten signature in cursive script, appearing to read "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

SUBDIVISION:

GOSSELIN ROBERT L.

LOT NUMBER:

NEW

4

A 42571

sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave 5-foot earthen buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench is to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

sq. ft./bedroom

Trench to be _____ wide.

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

_____ feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: _____

A 42572

SUBDIVISION: GOSSELIN ROBERT L.

LOT NUMBER: 3
NEW

[REDACTED]

sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave _____ foot earth buffer between the well and trench. No trench is to exceed 100 _____ in length. Trench inlet _____ be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

sq. ft./bedroom

Trench to be _____ wide.

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

_____ feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: _____

OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

SIGNATURE APPROVAL

File No. F-89-139

Gosselin Property
(Name)

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

OPZ

Date Received

Date Forwarded

Lenny Shembush
Reviewing Agent

8-24

8-24-89

Rejected For: _____

HEALTH

Date In

Date Forwarded

T. Fromme
Reviewing Agent

8-25

9-7-89

Rejected For: obj 2

H /DPW

Date In

Date Forwarded

Reviewing Agent _____
Rejected For: _____

OPZ

Date Received

Owner/Engineer
Notified

Reviewing Agent _____

Actions or Revisions Needed: _____

852 2 35 VH 89
HEALTH
852 2 35 VH 89

Dewberry & Davis



Architects Engineers Planners Surveyors

Transmittal

- | | | | | | |
|--|---|---|---------------------------------------|---|---|
| <input type="checkbox"/> Annapolis, MD | <input checked="" type="checkbox"/> Ellicott City, MD | <input type="checkbox"/> Gaithersburg, MD | <input type="checkbox"/> Landover, MD | <input type="checkbox"/> Manassas, VA | <input type="checkbox"/> Richmond, VA |
| <input type="checkbox"/> Chesterfield County, VA | <input type="checkbox"/> Fairfax, VA | <input type="checkbox"/> Greensboro, NC | <input type="checkbox"/> Leesburg, VA | <input type="checkbox"/> Prince Frederick, MD | <input type="checkbox"/> Roanoke, VA |
| <input type="checkbox"/> Danville, VA | <input type="checkbox"/> Frederick, MD | <input type="checkbox"/> Johnson City, TN | <input type="checkbox"/> Manassas, VA | <input type="checkbox"/> Raleigh, NC | <input type="checkbox"/> Woodbridge, VA |

Please reply to:

JOSE H. ESCALANTE 461-7478

To	Date	Project No.
ENVIRONMENTAL HEALTH	SEPT. 6, 1989	MISC
HEALTH DEPT.	Project	GROSSELMAN PROP F89-13G
HOWARD COUNTY, MD	Reference	
	Carbon Copy	
Attention		
FRED FROMMELT		

We transmit:

- ☐ as per your request
- ☐ under separate cover
- ☐ by mail
- ☒ by messenger
- ☐ by pick up

the following:

- ☐ prints
- ☐ specifications
- ☐ change order
- ☐ shop drawings
- ☐ reproducibles
- ☐ samples
- ☐ product literature
- ☐ computations
- ☐ descriptions

☒ PRINT of Record Plat

for:

- ☐ your approval
- ☐ your review and comment
- ☐ your file/use
- ☐ revision and submission
- ☐ distribution

- ☐ as requested by
- ☐ as approved by
- ☐ as submitted for approval by
- ☐ please acknowledge receipt of enclosures
- ☐ return enclosures to us

Copies	Date	Number	Description
1		1	Record Plat showing House Location
			Well, & Septic Area
1		1	Topo with Well, Septic & House
			Locations

Comments:

Pls. call us if additional info is needed

Thanks. * Add to note 5, app. for soil
facilities only
Jane E. Nadeau

If enclosures are not as noted, kindly notify us at once.

Dewberry & Davis is an equal opportunity employer and, as such, complies with Section 202 of Executive Order 11246 as amended by Executive Order 11375.

Signed

Jose Escalante