Real Property Data Search (w2)

NB 8/19/19

Search Result for HOWARD COUNTY

| and the second   | lap  |  | view Ground   | Rent Redemption  |  |   | View Gr   | oundRent   | t Registra  | ation  |
|---|--|--|---|--|--|---|---|--|---|--|
| Tax Ex  | empt:  |  |   | Specia   | al Tax Recap   | ture:   |   |  |   |  |
| Exemp   | t Class:   |  |   | NONE   |  |   |   |  |   |  |
| Account   | Identifier   | :  | D   | istrict - 06 Accou   | unt Number -   | 411029  |   |  |   |  |
|   |  |  |   | Own  | er Information   | 1   |   |  |   |  |
| Owner N   | ame:   |  |   | DIG SHERWICK L   |  | Use:<br>Principal   | Residence   | IN   | DUSTRI  | AL   |
| Mailing A   | ddress   |  |   | 100 PEACHTREE  |  | Deed Ref  |   |  | 0<br>6973/ 00                                     | 221  |
|   | luuress.   |  | S   | TE 1000<br>TLANTA GA 3030  |  | Deed Ker  | erence.   | 71   | 0975/00.  | 221  |
|   |  |  |   | Location & S   | Structure Info   | rmation   |   |  |   |  |
| Premises  | Address  | :  |   | 309 SHERWICK C<br>ESSUP 20794-000  |  | Legal Des   | scription:  | 83   | 309 SHEF  | E 5.360 A<br>RWICK CT<br>IAPOLIS JT  |
| Map:  | Grid:  | Parcel:  | Sub<br>District:  | Subdivision:   | Section:   | Block:  | Lot:  | Assessn<br>Year:   |   | Plat<br>No:  |
| 0048  | 0001   | 0146   |   | 0000   |  |   | PAR<br>D  | 2020   |   | Plat<br>Ref:   |
| Specia  | I Tax Area   | as:  |   |  | Town:  |   | он, ливник и ун ун ун облосой үүн төгөөлөөнөөн ологоодой ой |  | NONE  | Medicanal Sound (1977) and an experiments of a 1979 May 1979 Section and America |
|   |  |  |   |  | Ad Valorem   | 1:  |   |  | 104   |  |
|   |  |  |   |  | Tax Class:   |   |   |  |   |  |
| Drimor  | y Structu  | ro Duilt   | Above Grede   | Living Area  | Finished Ba  | comont A.   | Dror  | orthy Land   | A   | County Hos   |
| 1973  | y Structu  | le Duilt   | Above Grade   | Living Area  | Finished ba  | sement Ar   |   | oerty Land   | Area  | County Use   |
| Stories   | Base   |  | <b>Type</b><br>DISTRIBUTION   | WAREHOUSE  | Exterior   | Full/Half   | Bath Ga   | rage L   | ast Majo  | or Renovation  |
|   |  |  |   | Valu   | e Information  |   |   |  |   |  |
|   |  |  | Base  | /alue  | Value  |   | Phase-in /  | Assessme   | nts   |  |
|   |  |  |   |  | As of 01/01/2017   |   | As of 07/01/2019  |  | As of 07/01                                       |  |
| Land:   |  |  | 1,167,4   |  | 1,167,400  |   |   |  |   |  |
| Improv  | ements   |  | 4,427,  | 000  | 4,427,000  |   |   |  |   |  |
|   |  |  |   | 100  |  |   |   |  |   |  |
| Total:  | ntiallan   | d.   | 5,594,4   | 400  | 5,594,400  |   | 5,594,400   |  |   |  |
| Total:  | ntial Lan  | d:   | 5,594,4<br>0  |  |  | n   | 5,594,400   |  |   |  |
| Total:<br>Prefere   |  |  |   | Trans  | fer Informatio   | n   | 5,594,400   | Price: \$5   | 800.000   |  |
| Total:<br>Prefere<br>Seller:  | DEER PC  |  | 0   | Trans<br>Date: 0   |  |   | 5,594,400   | Price: \$5<br>Deed2:   | ,800,000  |  |
| Total:<br>Prefere<br>Seller:<br>Type: A   | DEER PO<br>ARMS LEI  | OND LLC  | 0<br>PROVED   | Trans<br>Date: 0<br>Deed1:   | fer Informatio<br>07/11/2016   |   | 5,594,400   |  | 1999 - 197 M. |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:  | DEER PC<br>ARMS LEI<br>FREDER  | OND LLC<br>NGTH IMF  | 0<br>PROVED   | Trans<br>Date: 0<br>Deed1:<br>Date: 0  | fer Informatio<br>)7/11/2016<br>: /16973/ 002  | 21  | 5,594,400   | Deed2:   | 1999 - 197 M. |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: N   | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM                                   | DND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT                          | 0<br>PROVED<br>RY F   | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:  | fer Informatio<br>)7/11/2016<br>: /16973/ 002<br>)3/20/2007  | 21  | 5,594,400   | Deed2:<br>Price: \$0<br>Deed2:                               | nni - er part et narra av varant (7 * e and A     |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: N<br>Seller:  | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN                         | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU             | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM                              | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>1ER Date: 0   | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005   | 21<br>26  | 5,594,400   | Deed2:<br>Price: \$0   | nni - er part af narra ar vir antif (7 * e anti A |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: N<br>Seller:  | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN                         | DND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT                          | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM                              | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>IER Date: 0<br>Deed1:                               | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005<br>08/30/1983<br>: /01185/ 001                                      | 21<br>26<br>84  | 5,594,400   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1                 | nni - er part af narra ar vir antif (7 * e anti A |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: N<br>Seller:<br>Type: A   | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN<br>ARMS LEI             | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU             | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM<br>PROVED                    | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>IER Date: 0<br>Deed1:                               | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005<br>08/30/1983   | 21<br>26<br>84  |   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1<br>Deed2:       | nni - er part af narra ar vir antif (7 * e anti A |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: A<br>Seller:<br>Type: A   | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN<br>ARMS LEI             | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU<br>NGTH IMF | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM<br>PROVED                    | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>IER Date: 0<br>Deed1:<br>Exemp                      | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005<br>08/30/1983<br>: /01185/ 001                                      | 21<br>26<br>84<br>ion                                     |   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1<br>Deed2:       | ,750,000  |  |
| Total:<br>Prefere<br>Seller:<br>Type: /<br>Seller:<br>Type: N<br>Seller:<br>Type: /<br>Partial E:<br>County:<br>State:  | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN<br>ARMS LEI<br>Xempt As | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU<br>NGTH IMF | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM<br>PROVED<br>ts: C<br>0<br>0 | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>IER Date: 0<br>Deed1:<br>Exemp<br>Class<br>00       | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005<br>08/30/1983<br>: /01185/ 001                                      | 21<br>26<br>84<br><u>ion</u><br>07/01/201<br>0.00<br>0.00 |   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1<br>Deed2:<br>07 | 7/01/2020   |  |
| Total:<br>Prefere<br>Seller:<br>Type: /<br>Seller:<br>Type: N<br>Seller:<br>Type: /<br>Partial E:<br>County:<br>State:  | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN<br>ARMS LEI<br>Xempt As | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU<br>NGTH IMF | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM<br>PROVED<br>ts: C<br>0<br>0 | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>IER Date: 0<br>Deed1:<br>Exemp<br>Class<br>00       | fer Informatio<br>07/11/2016<br>: /16973/ 002<br>03/20/2007<br>: /10581/ 005<br>08/30/1983<br>: /01185/ 001                                      | 21<br>26<br>84<br>07/01/201<br>0.00                       |   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1<br>Deed2:<br>07 | ,750,000  |  |
| Total:<br>Prefere<br>Seller:<br>Type: A<br>Seller:<br>Type: A<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller:<br>Seller: | DEER PC<br>ARMS LEI<br>FREDER<br>NON-ARM<br>PRUDEN<br>ARMS LEI<br>xempt As | OND LLC<br>NGTH IMF<br>ICK HENF<br>IS LENGT<br>TIAL INSU<br>NGTH IMF | 0<br>PROVED<br>RY F<br>H OTHER<br>JRANCE CO AM<br>PROVED<br>ts: C<br>0<br>0 | Trans<br>Date: 0<br>Deed1:<br>Date: 0<br>Deed1:<br>1ER Date: 0<br>Deed1:<br>Exemp<br>Class<br>00<br>00 | fer Informatio<br>)7/11/2016<br>: /16973/ 002<br>)3/20/2007<br>: /10581/ 005<br>)8/30/1983<br>: /01185/ 001<br>otion Information<br>al Tax Recap | 21<br>26<br>84<br>07/01/201<br>0.00<br>0.00<br>0.00       |   | Deed2:<br>Price: \$0<br>Deed2:<br>Price: \$1<br>Deed2:<br>07 | 7/01/2020   |  |

| Homeowners' Tax Credit Application Information                  |  |
|---|--|
| Homeowners' Tax Credit Application Status: No Application Date: |  |
|   |  |

- This screen allows you to search the Real Property database and display property records.
   Click here for a glossary of terms.
   Deleted accounts can only be selected by Property Account Identifier.
   The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

SEWAGE DISPOSAL TESTING

· 32627.

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

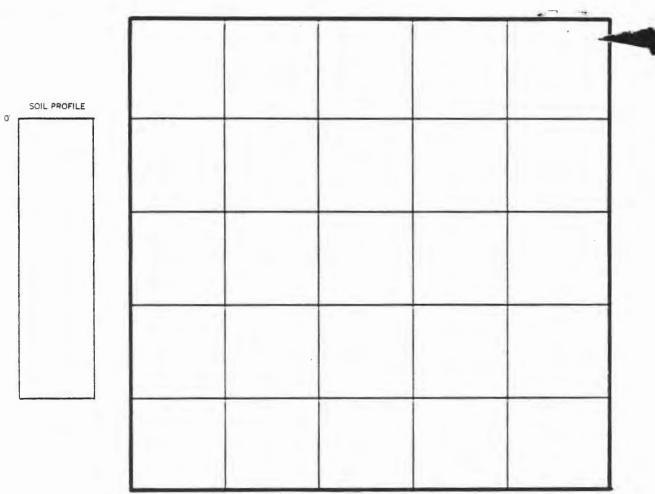
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

A.M

20

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330 DISTRICT 6

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND 1, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. PROPERTY OWNER 1.96-6400 ADDRESS PROPERTY LOCATION: SUBDIVISION 500 SIZE OF LOT TYPE BLDG. (NUMBER OF BEDROOMS) THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC/FAGILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDED WITH THE FILING OF THIS PERC TEST APPLICATION FILING OF THE FILING OF WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT) FOR DATE APPROVED BY REJECTED BY . FOR DATE DATE HOLD PENDING FURTHER TESTS 3 PERCOK HOLD REASONS FOR REJECTION OR HOL



#### INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

ALSO PRESENT

4î

PEMARKS \_

TYPE OF SOIL

TESTED BY

A 32427

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| IENE     | P      |
|----------|--------|
| DISTRICT | litte  |
| DATE     | 4/5/83 |

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY. MARYLAND 21043 TELEPHONE: 992-2330

| TO:   | THE COUNTY HEALTH OFFICER                               | ,                  |                             |                                   |
|-------|---|--------------------|-----------------------------|-----------------------------------|
|       | ELLICOTT CITY, MARYLAND                                 |                    |                             |                                   |
|       | I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO COM | STRUCT (OR RECONST | RUCT) A SEWAGE DISPOSAL SYS | STEM.                             |
|       | BAIIP   |                    |                             |                                   |
| PROP  | ERTY OWNER  |                    |                             |                                   |
|       | ADDRESS 110 West Road To                                | wson M             | PHONE                       | 296-44118                         |
| PROP  | ERTY LOCATION:  |                    |                             |                                   |
| SUBDI | IVISION   |                    | LOT NO.                     | B.                                |
|       | AND DESCRIPTION   |                    |                             |                                   |
|       |   |                    |                             |                                   |
| ·     |   |                    |                             |                                   |
| SIZE  | OF LOT  |                    | TYPE BLDG.                  | (NUMBER OF BEDROOMS)              |
|       |   |                    |                             |                                   |
| THE   | SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPT       | FABLE ONLY UNTIL P | UBLIC FACILITIES BECOME     | AVAILABLE. I FULLY UNDERSTAND THE |
| FEE   | CONNECTED WITH THE FILING OF THIS PERC TEST APPLI       | CATION IS NON-REFI | JNDABLE UNDER ANY CIRCI     | JMSTANCES. I ALSO AGREE TO COMPLY |
| WITH  | H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.      |                    |                             |                                   |
|       |   |                    | (SIGNATURE OF AP            | PLICANT)                          |
| APPRO | OVED BY   | FOR                |                             | DATE                              |
| REJEC | CTED BY   | FOR                |                             | DATE                              |
| HOLD  | PENDING FURTHER TESTS                                   |                    |                             | DATE                              |
| DFAS  | ONS FOR REJECTION OR HOLDING                            |                    |                             |                                   |
| READ  |   |                    |                             |                                   |
|       |   |                    |                             |                                   |
|       |   |                    |                             |                                   |
|       |   |                    |                             |                                   |

#### THIS IS NOT A PERMIT

..... .1 PROFILE 0' ET. STW WARD BED GINGRAN BOOK CIPT 3-NITH 9 PARKINGLOT 51RAL 1 60 20 GRAG Drop PARMOLOT OLASS 9 EXIST ING WAREHOUSE 4 CLA' INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. PARKLUT PRE-WET TEST - 1" DROP DATE TEST NO. DEPTH TIME START STOP START STOP SOWI 1022 5 HOLCI 1022 102 5 3 51193 BLEVATION Ola 1 11 B STHIG) 3 10 94 V2 7 1033 1033% 5 10334 GOOKS 2 2K ALL SAND 3 8 RG LOW 4 4 22 1125 5 11 1123 1123 2 11/7 04 2 1202 12 0016 016 3 120 26 21 121 D 11 DOK OK GA 5/11/92 SAN DUKS LL REMARKS CITY WRITER , DOT ALMOST LEVUL TYPE OF SOIL NOT STAKED MEAR BY BUILDING USE NILLANCES ALSO PRESENT BUD ROESNER SURVEYOR EH-12-1079

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT DATE

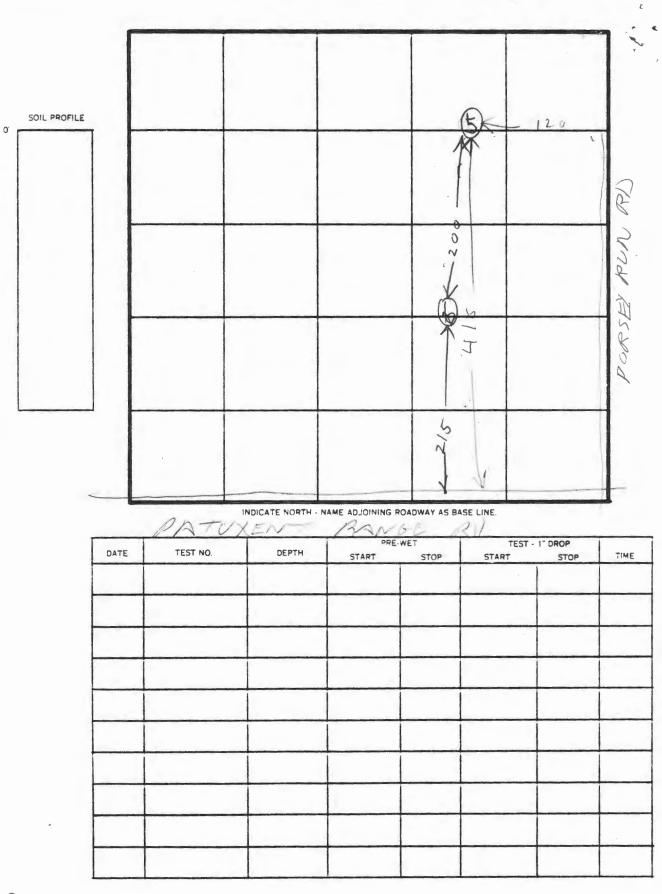
ENVIRONMENTAL HEALTH SERVICES P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

HOWARD COUNTY HEALTH DEPARTMENT

T

| FLUCOTT CITY MARYLAND   |  |
|---|--|
| ELLICOTT CITY, MARYLAND   |  |
| I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUC  | CT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.  |
| ROPERTY OWNER Bill.P. Inc   |  |
| 101-  | 111 1 111  |
| ADDRESS 110 W/est Kd 1014.5.  | 04, MAD 41204 PHONE 296-6400   |
| ROPERTY LOCATION:   |  |
| 21/1/1/DI   | P  |
| JEDIVISION _ 12 a Ltu, Wash-Ing. 1k   | LOT NO.  |
| DAD AND DESCRIPTION N. W. Cor. of Pay   | Fuxent Kange Kd  |
| 5 SON   |  |
| + Donsey Kun Za   | VB   |
| ZE OF LOT 550 ×950 +  | TYPE BLDG  |
|   | (NUMBER OF BEDROOMS)   |
|   |  |
|   |  |
| HE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE  | E ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE  |
|   | $\beta$  |
|   | E ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE  |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION  | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION  | $\beta$  |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATIO   | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IT ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>FOR  |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IT ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IT ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.  | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>FOR  |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IN THE PERC TEST APPLICATION IN THE PERC TEST APPLICATION IN THE PERCEPTION IN | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY (SIGNATURE OF APPLICANT)  FOR   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION<br>WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT<br>PPROVED BY<br>EJECTED BY<br>DID PENDING FURTHER TESTS<br>EASONS FOR REJECTION OR HOLDING J3MAY J3   | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>- FOR DATE<br>- FOR DATE<br>- FOR DATE<br>- DATE   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IN THE PROVED BY   | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>- FOR DATE<br>- FOR DATE<br>- FOR DATE<br>- DATE |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION<br>WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT<br>PPROVED BY<br>EJECTED BY<br>OLD PENDING FURTHER TESTS<br>EASONS FOR REJECTION OR HOLDING J3MAY J3   | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>- FOR DATE<br>- FOR DATE<br>- FOR DATE<br>- DATE   |
| EE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION<br>WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT<br>PPROVED BY<br>EJECTED BY<br>OLD PENDING FURTHER TESTS<br>EASONS FOR REJECTION OR HOLDING J3MAY J3   | ON IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY<br>(SIGNATURE OF APPLICANT)<br>- FOR DATE<br>- FOR DATE<br>- FOR DATE<br>- DATE   |

#### THIS IS NOT A PERMIT





PEMARKS \_

TESTED BY \_\_\_\_

TYPE OF SOIL

ALSO PRESENT

Y +

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| IENE     | Р      | - |
|----------|--------|---|
| DISTRICT | 6      |   |
| DATE     | 4/5/13 |   |

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

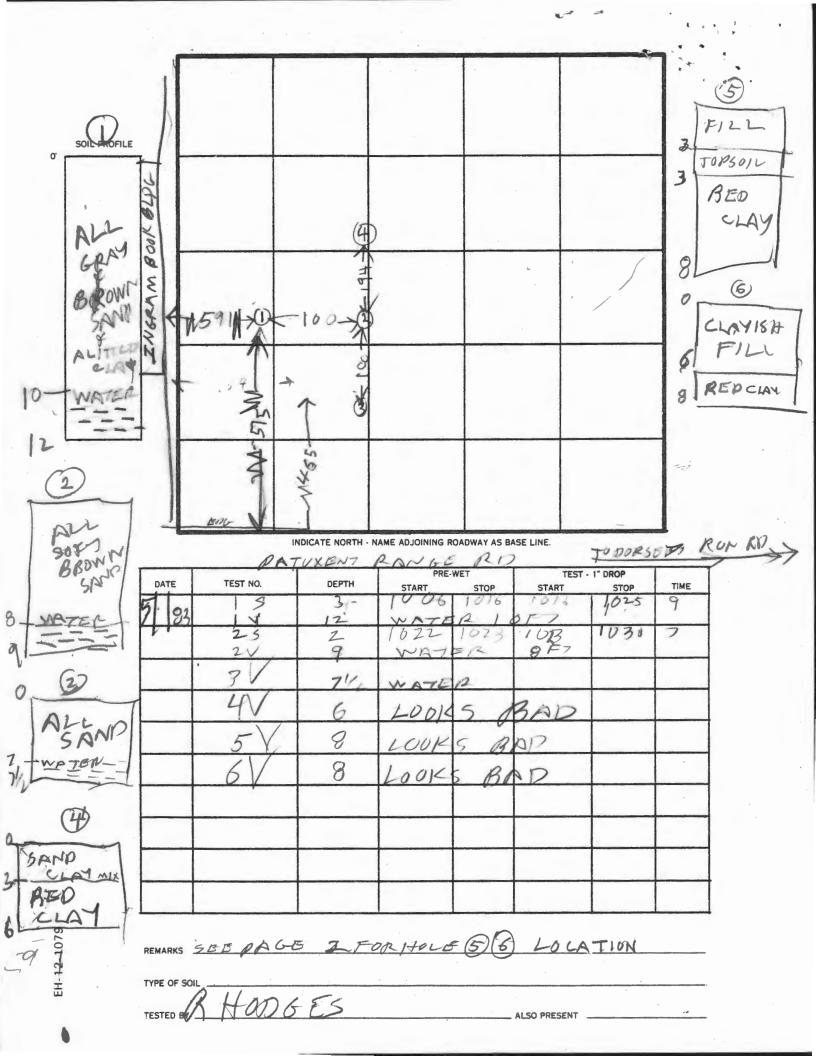
· · · · ·

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

| TO:  | THE COUNTY HEALTH OFFICER                             |                                       |                 |                      |  |
|------|---|---------------------------------------|-----------------|----------------------|--|
|      | ELLICOTT CITY, MARYLAND                               |                                       |                 | ·                    |  |
|      | I. HEREBY. APPLY FOR THE NECESSARY TEST IN ORDER TO C |                                       |                 |                      |  |
| PROP | PERTY OWNER   |                                       |                 |                      |  |
|      | ADDRESS 110 West Rd, Tows                             | ion Mid a                             | 2/204/ PHONE    | 296-4400             |  |
| PROP | PERTY LOCATION:                                       |                                       |                 |                      |  |
| SUBD | DIVISION  |                                       | LOT NO          | C                    |  |
| ROAD | D AND DESCRIPTION                                     |                                       |                 |                      |  |
|      | · · · · · · · · · · · · · · · · · · ·                 |                                       |                 |                      |  |
| SIZE | OF LOT  | · · · · · · · · · · · · · · · · · · · | TYPE BLDG.      | (NUMBER OF BEDROOMS) |  |
|      | E SYSTEM INSTALLED UNDER THIS APPLICATION IS ACC      |                                       |                 |                      |  |
|      | H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L       | OT                                    |                 |                      |  |
| WIII | ALL M.U.S.H.A. REQUIREMENTS IN TESTING THIS L         | 01                                    | (SIGNATURE OF A | PPLICANT)            |  |
| APPR | ROVED BY  | , FOR                                 |                 | DATE                 |  |
| REJE | ECTED BY  | FOR                                   |                 | DATE                 |  |
| HOLD | D PENDING FURTHER TESTS                               |                                       |                 | DATE                 |  |
| REAS | SONS FOR REJECTION OR HOLDING                         |                                       |                 |                      |  |
|      |   |                                       |                 |                      |  |
|      | · · · · · ·   | . <u></u>                             |                 |                      |  |
|      |   |                                       |                 |                      |  |

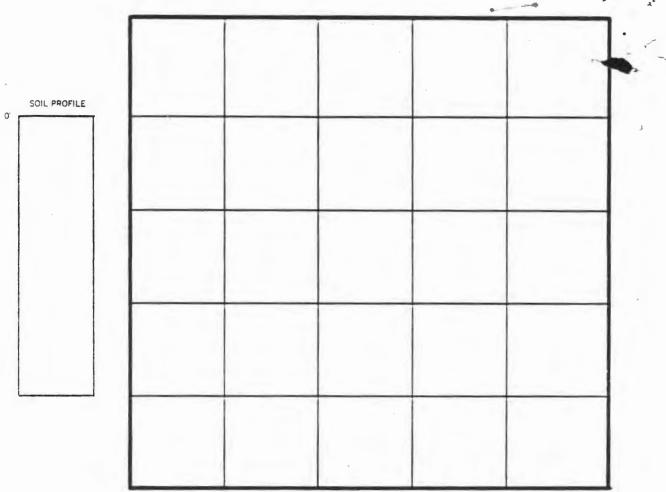
### THIS IS NOT A PERMIT

8



| 30 83<br>30 83<br>30 83<br>411/83 5/13/83<br>9:30 A.M. SEWAGE DISPOSAL |   |
|--|---|
| STATE OF MARYLAND - DEPARTMENT OF                                      | HEALTH AND MENTAL HYGIENE P                             |
| HOWARD COUNTY HEALTH DEPARTMENT<br>ENVIRONMENTAL HEALTH SERVICES       | DISTRICT6   |
| P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043<br>TELEPHONE: 992-2330     | DATE 4/5/83   |
| TELEFHORE. 552-2550  |   |
|  |   |
| TO: THE COUNTY HEALTH OFFICER<br>ELLICOTT CITY, MARYLAND               |   |
| I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECO | NSTRUCT) A SEWAGE DISPOSAL SYSTEM.                      |
| PROPERTY OWNER B.W. I.P. Inc   |   |
| ADDRESS 110 Whest Rd Towson,   | Md. 21204 PHONE 296-6400                                |
| SUBDIVISION Balto. Wash. Ind TE.                                       | LOT NO.   |
| ROAD AND DESCRIPTION S.W. COF. OF Patuxen                              | + Range Rd  |
| + Dorsey Run Rd.   |   |
| SIZE OF LOT 650 × 1500 T   | TYPE BLDG   |
|  | (NUMBER OF BEDROOMS)                                    |
| THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNT     | TIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERST |
| FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-F   |   |
| The connected with the filling of this feat test affiliation is non-   | CALIFICATION AND CIRCOMSTAINCES. FALSO AGREE TO         |
| WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.                  | (SIGNATURE OF APPLICANT)                                |
|  |   |
| APPROVED BY FOR  | DATE  |
| REJECTED BY FOR  | DATE  |
| HOLD PENDING FURTHER TESTS   | DATE  |
| REASONS FOR REJECTION OR HOLDING 4/ 20/83 BACKHK                       | RC&WATER  |
| The 102 her and Frank  | neg worker  |

#### THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

EH 12 1079

PEMARKS

TESTED BY \_\_\_\_

ALSO PRESENT

SEWAGE DISPOSAL TESTING

A 32426

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| ENE      | Р       | _ |
|----------|---------|---|
| DISTRICT | 6       |   |
|          | 4/5-102 |   |
| DATE     | 10100   |   |

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

÷.5-

| TO: THE COUNTY HEALTH OFFICER              |                |                          |                     |
|--|----------------|--------------------------|---------------------|
| ELLICOTT CITY, MARYLAND                    |                |                          |                     |
| I, HEREBY, APPLY FOR THE NECESSARY TEST IN | /              | A SEWAGE DISPOSAL SYSTEM |                     |
| PROPERTY OWNER                             | Inc            |                          |                     |
| ADDRESS 110 West Road                      | 1 Towson, Md 2 | 1204 PHONE 29            | 26 - 4410           |
| PROPERTY LOCATION:                         |                |                          |                     |
| SUBDIVISION                                |                | LOT NO                   | A                   |
| ROAD AND DESCRIPTION                       |                |                          |                     |
| SIZE OF LOT                                | -              | TYPE BLDG                |                     |
|  |                |                          | NUMBER OF BEDROOMS) |
| THE SYSTEM INSTALLED UNDER THIS APPLICAT   |                |                          |                     |
| WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTI  | NG THIS LOT.   |                          |                     |
|  |                | SIGNATURE OF APPLIC      | (ANT)               |
| APPROVED BY                                | FOR            |                          | DATE                |
| REJECTED BY                                | FOR            |                          | DATE                |
| HOLD PENDING FURTHER TESTS                 |                |                          | .DATE               |
| REASONS FOR REJECTION OR HOLDING           |                | temptor                  |                     |
|  |                |                          |                     |
|  |                |                          |                     |
| ·  | -              |                          |                     |
|  |                |                          |                     |
| THIS IS                                    | NOT /          |                          | RMIT                |
|  |                |                          |                     |

