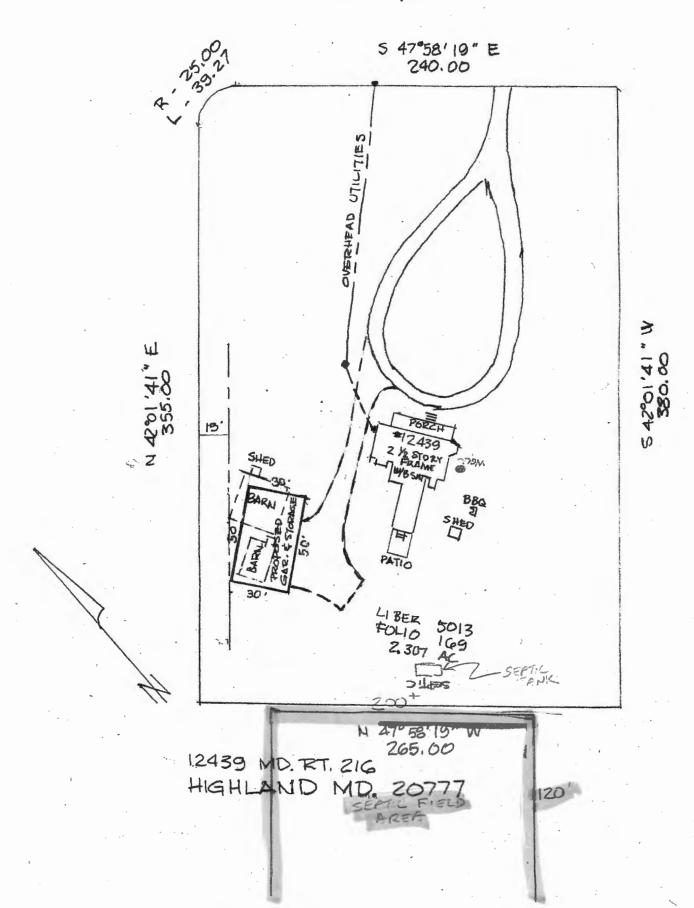
Scheduled Per for 10-27-10

10-27-10 Spoke with Mr. Barton and he discovered that his septic field was on the neighbors property. He will have to reconfigure perc and well give need a call when he is ready to perc. Jogafus called to confirm.

	tment of Assessm ata Search (vwl.1 NTY		tion			<u> </u>	Go Back 'iew Map ew Search
Account Identifier:		District -	05 Account Nu	ımber - 364	1477		
			Owner Inform	nation			
Owner Name:	SANTOS KENN		Jse:		ESIDENTIAL		
Mallan Addison	SANTOS MICH	<u> </u>	rincipal Reside	_	ES / 5101/216		
Mailing Address:	12439 SCAGGS HIGHLAND MI		Deed Reference:	2)			
		Locat	ion & Structur	e Informat	ion		
Premises Address		Le	gal Description				
12439 ROUTE 216			07 A				
HIGHLAND 20777			139 ROUTE 216 GHLAND)			
Map Grid Pa	arcel Sub Dist			on Blo	ck Lot	Assessment Ar	ea Plat No:
40 17 28		June Subul	TISION SECTI	<u> </u>	<u> </u>	2	Plat Ref:
Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, RUI	RAL FIRE TAX				
Primary Structure I 1899	<u>Built</u>	Enclosed A 3,648 SF				ounty Use	
Stories Basemen NO		<u>Exterio</u> UNIT FRAMI					
			Value Inforn	nation			
	<u>Base</u> Value	<u>Value</u>	Phase-in As	Assessments			
		As Of 01/01/2008	As Of 07/01/2010	As Of 07/01/2	0.1.1		
Land	350,500	350,500	07/01/2010	07/01/20	011		
Improvements:	602,620	602,620					
Total:	953,120	953,120	953,120	NOT A			
Preferential Land:	0	0	0	NOT A	VAIL		
			Transfer Infor				
	LENA NEVELDA ED ARMS-LENG	ГН		Date: Deed1:	09/01/2000 / 5191/ 316	Price: Deed2:	\$302,000
Seller: CAMPBE	LL ANDREA K			Date:	02/10/2000	Price:	\$0
	MS-LENGTH			Deed1:	/ 5013/ 169	Deed2:	
	LENA NEVELDA	ET AL		Date:	02/10/2000	Price:	\$0
Type: NOT ARM	MS-LENGTH			Deed1:	/ 5013/ 165	Deed2:	
			Exemption Info	rmation			
Partial Exempt Asse	essments Class 000	9 07/01/201 0	0 07/01/2011				
<u>County</u> State	000	0	0				
Municipal	000	0	0				
	Ю			Spe	cial Tax Reca	apture:	
Exempt Class:				~ 1/-	* NONE *		



Transaction Receipt

Howard County Office of the Health Officer Environmental Health 7178 Columbia Gateway Drive Columbia, MD 21046 410-3136300 10/01/2010 01:10PM Environ100110130959328Sim 38711366 Well and Septic Perc App: 12439 Route 216

SANTOS/KENNETH E

null null

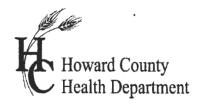
*********3834

Authorization and Capture Amount: \$506.00

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Signature

click here to continue.



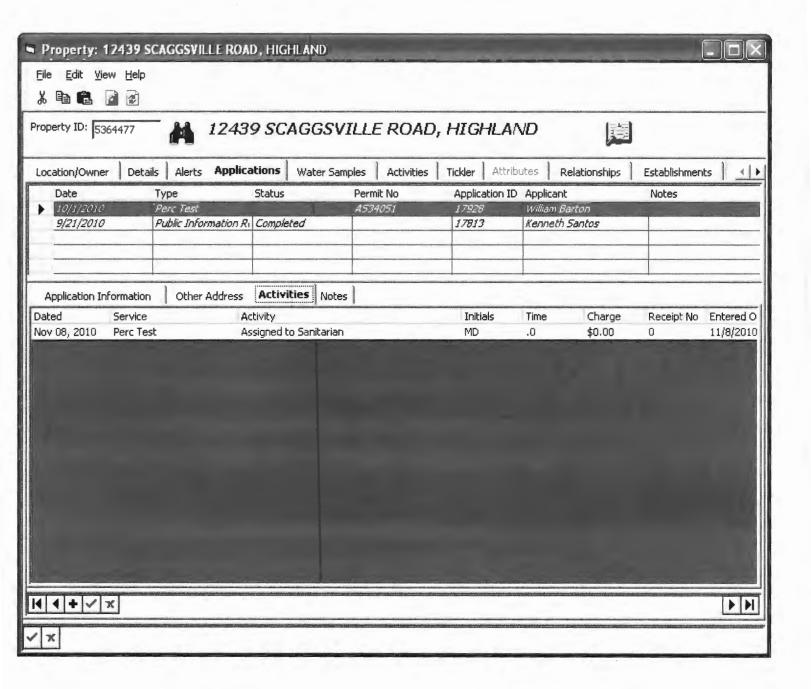
APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S)	TES	ST TIME		AP_	534051
AGENCY REVIEW:				DATE _	10/1/10
DO NOT	WRITE ABOV	'E THIS LINE	-		
HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATE CHECK AS NEEDED: CONSTRUCT NEW SEPTIC SYSTEM(S) REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM REPLACE AN EXISTING SEPTIC SYSTEM		UANCE OF SEWAGE D CHECK AS NEEDED NEW STRUCT ADDITION TO REPLACE AN): URE(S) AN EXISTING ST	TRUCTURE	S) TO:
CHECK ONE: CREATE NEW LOT(S) BUILD ON AN EXISTING LOT IN A SUBDIVISION BUILD ON AN EXISTING PARCEL OF RECORD		IS THE PROPERTY YES NO	WITHIN 2500' OF	F ANY RESE	RVOIR?
THE TYPE OF STRUCTURE IS: RESIDENTIAL WITH 6 PROPOSED BI COMMERCIAL (PROVIDE DETAIL OF INSTITUTIONAL/GOVERNMENT (PROVIDE DET		COMPLETED STRUCT YPES OF EMPLOYEES AND TYPES OF EMPLO			
PROPERTY OWNER(S) KENNETH E. SA					
DAYTIME PHONE 240-882-8144 OFF	HL 301-5	95-3099	FAX	m	
MAILING ADDRESS 12439 SCAGGSVI STREET	LLE ROAD	HIGH CITY/TOWN	NU	MD STATE	20777 ZIP
APPLICANT WILLIAM "BUTCH"BA	irton				
DAYTIME PHONE 240-310-5275 CE		0-5225	FAX		
MAILING ADDRESS 665 GALA ROAL STREET					25428 ZIP
APPLICANT'S ROLE: DEVELOPER BUILDER	BUYER	RELATIVE	REAL	TOR	CONSULTANT
PROPERTY LOCATION SUBDIVISION/PROPERTY NAME SANTOS RE	BIDENCE			LOT NO.	N/A
PROPERTY ADDRESS 12439 ROUTE 2	6	TOW	TIGHLANINOST OFFIC	<u> </u>	
TAX MAP PAGE(S) 40 GRID 17	PARCEL(S)	280	PROPOSED	LOT SIZE _	2.30 AL
AS APPLICANT, I UNDERSTAND THE FOLLOWING: TI	HE SYSTEM INST	TALLED SUBSEQUE	NT TO THIS AF	PPLICATION	N IS ACCEPT-
ABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE	. THIS APPLICA	TION IS COMPLETE	WHEN ALL A	PPLICABLE	FEES AND A
SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACC	EPT THE RESPO	NSIBILITY FOR COM	IPLIANCE WIT	H ALL M.O.	S.H.A. AND
"MISS UTILITY" REQUIREMENTS. APPROVAL IS BAS	ED UPON SATIS	FACTORY REVIEW	OF A PERC CE	RTIFICATION	ON PLAN.
TEST RESULTS WILL BE MAILED TO APPLICANT.	12.00	SIGNATURE OF	APPLICANT		, , , , , , , , , , , , , , , , , , ,

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM 7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648 TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

Not Entered Into Pat-Trac until 11-8-10.



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Municipal	000	0	0				
	Ю			Spe	cial Tax Reca	apture:	
Exempt Class:				~ 1/-	* NONE *		