

03-293580

6-9-86

approved

SAB

PERMIT

P 37149

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

~~992-2330~~

461-9933

INDEXED

ELLICOTT CITY

DISTRICT _____

DATE 6/12/86

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 14120 Rover Mill Road LOT _____

PROPERTY OWNER Sherry Smith
14120 Rover Mill Road

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 6/09/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

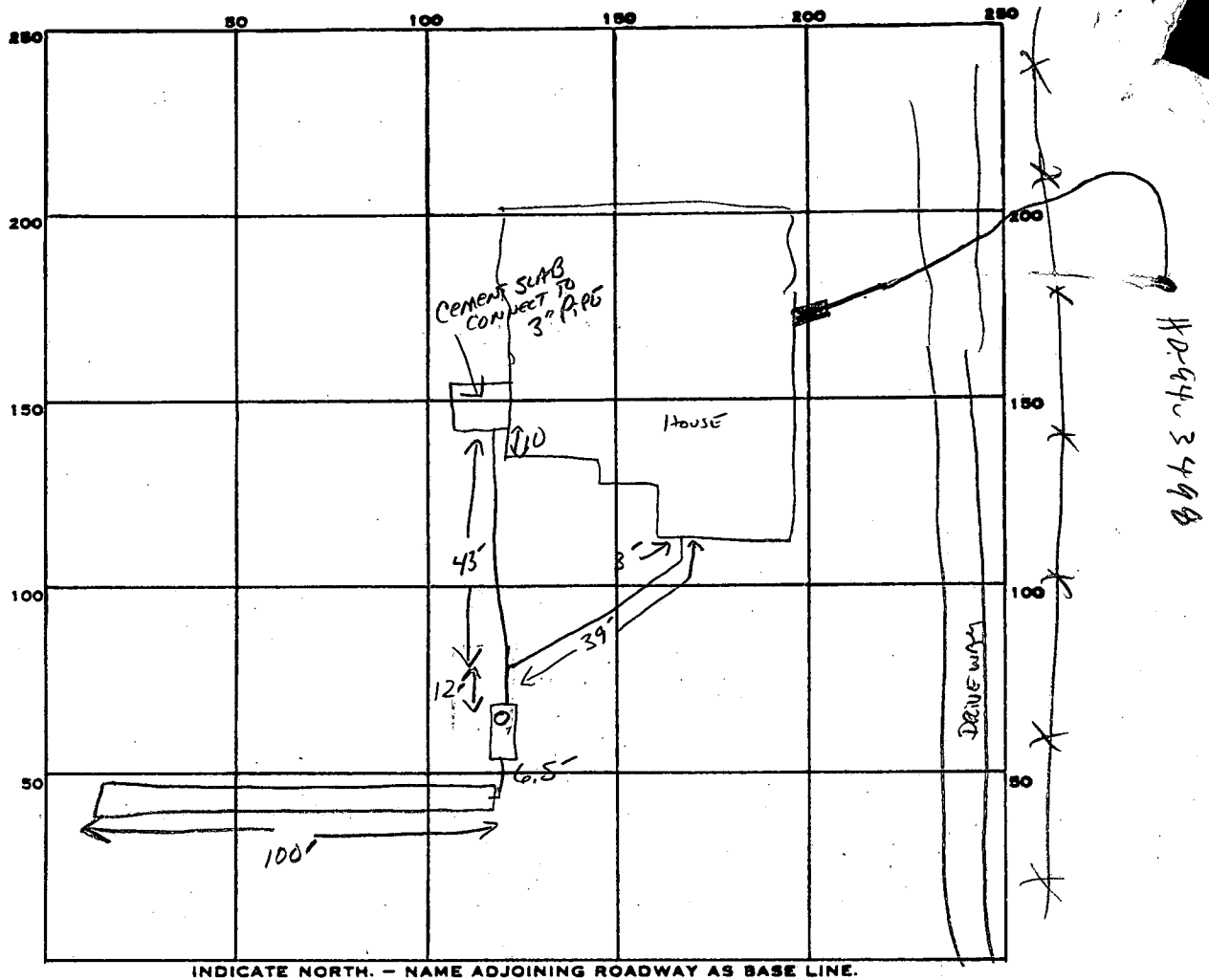
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

37149
A REPAIR



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL 1500 GAL ✓

CLEANOUTS ✓ 51

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

INLET 3"

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 700 ϕ

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 700 SQ. FT.

REMARKS 6/9/86 OK TO ADD STONE TO TRENCH S. Abel

DATE SYSTEM APPROVED 6-9-86 INSPECTOR S. Abel



Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

2/03/2003

Thomas Smith
14120 Rover Mill Road
West Friendship, MD 21794

RE: **Replacement Well Issues**
14120 Rover Mill Road
Well Permit #: HO-94-3498

Dear Mr. Smith:

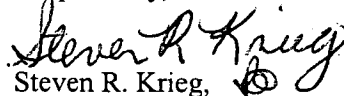
This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who was responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should have completed this form neatly and submitted it to this office via fax or mail once the pump was placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

This office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

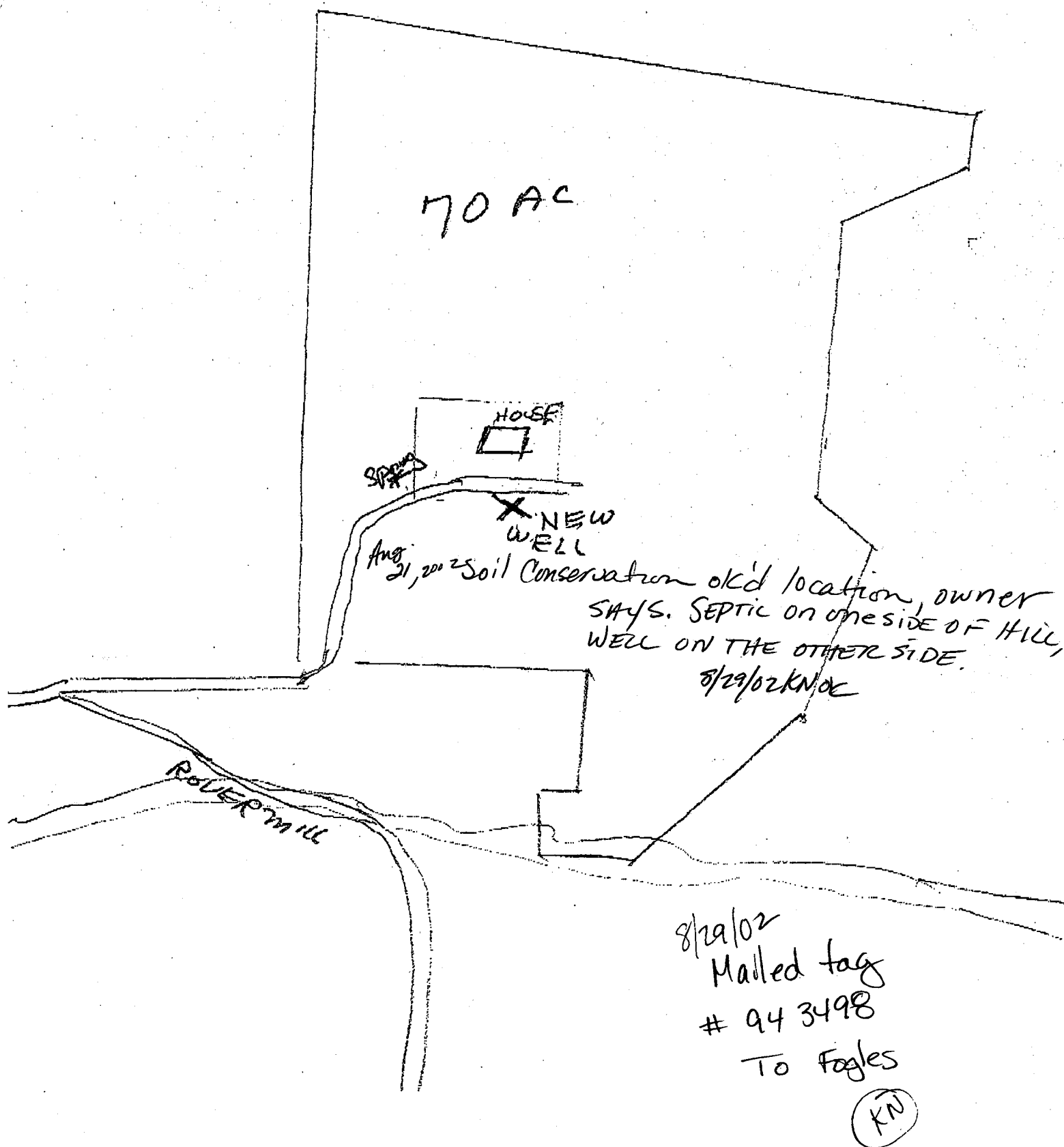
Respectfully,


Steven R. Krieg,
Registered Environmental Sanitarian
Well & Septic Program

Enclosure

cc: Community Environmental Health Program
File

Russell T. Smith 410-489-5048
410-428-9279
14120 COVER MILL RD
WEST FRIENDSHIP MD



FROM : SPRING MILL FARM

PHONE NO. : 4104422600

May, 25 2003 02:12AM P1

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sykesville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# M5D 009
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Tam Smith Telephone #: 410-489-5048
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3498
Site Address: 14120 Ryan Mill Rd
14120 Royce Mill Rd 94-3498

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 85B10 Model #: N/A Screened, vented well cap: yes
Pump Capacity: 10 GPM Depth: 42 (36" min) Cap secured to casing: yes
Well Yield: 30 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: yes
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic

PSI: 160 (160 psi min)

Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes

Approximate length of sleeve: 5'

Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton

4-24-03
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Anytime

Date Insp. Approved: 12/10/02

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

C1 14250 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(MDE USE ONLY)</small>	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.																																
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 9 27 02	Depth of Well 22 300 26 <small>(TO NEAREST FOOT)</small>	COUNTY NUMBER (13) P 31749 PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-99-3498																																
OWNER <u>Smith</u> <u>Tom</u> <small>last name first name</small> STREET OR RFD <u>1420 Rover Mill Road</u> TOWN <u>Glenwood</u> SUBDIVISION <u>Map 15</u> <u>Parcel 119</u>																																			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Brown Shale & sand</td> <td>0</td> <td>94</td> <td></td> </tr> <tr> <td>Gray Limestone</td> <td>94</td> <td>240</td> <td></td> </tr> <tr> <td>Brown</td> <td>240</td> <td>241</td> <td>✓</td> </tr> <tr> <td>Gray Limestone</td> <td>241</td> <td>300</td> <td></td> </tr> </tbody> </table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing	FROM	TO	Brown Shale & sand	0	94		Gray Limestone	94	240		Brown	240	241	✓	Gray Limestone	241	300		GROUTING RECORD C3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N <small>44 44</small> TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS <u>23</u> NO. OF POUNDS <u>2162</u> GALLONS OF WATER <u>138</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>95</u> ft. <small>(enter 0 if from surface)</small> CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>CO CONCRETE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> </tr> </table> MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>06</u> Total depth of main casing (nearest foot) <u>103</u> <small>60 61 63 64 66 70</small> OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G screen type or open hole insert appropriate code below SCREEN RECORD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>ST STEEL</td> <td>BR BRASS</td> <td>HO HOLE</td> </tr> <tr> <td>PL PLASTIC</td> <td>OT OTHER</td> <td></td> </tr> </table>		ST STEEL	CO CONCRETE	PL PLASTIC	OT OTHER	ST STEEL	BR BRASS	HO HOLE	PL PLASTIC	OT OTHER	
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NUMBER OF UNSUCCESSFUL WELLS: <u>0</u> WELL HYDROFRACTURED 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 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 LIC. NO. <u>M S D 009</u> DRILLERS SIGNATURE <u>Allen Compton</u> <small>(MUST MATCH SIGNATURE ON APPLICATION)</small> LIC. NO. <u>D</u>		DEPTH (nearest ft.) C2 1 <u>HD</u> 103 300 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000																																	
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		PUMPING TEST HOURS PUMPED (nearest hour) <u>01</u> PUMPING RATE (gal. per min.) <u>20</u> METHOD USED TO MEASURE PUMPING RATE <u>194L</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>60</u> ft. WHEN PUMPING <u>290</u> 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) (+) above (-) below <u>01</u> (nearest foot) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) House 147' Driveway 27' Fence 150' Barn																																	

Well Permit No. HO - 94-3498

Location of property (road) 14120 ROVER MILL ROAD

Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____

Well Driller ALLEN COMPTON Owner TOM SMITH MADIS

Depth of well

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1	7336	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 517430	STATE PERMIT NUMBER H0-94-3498 <small>70 fill in this form completely 79</small>
Date Received (APA) 082102 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
Last Name Smith		Owner Tom		First Name Tom
Street or RFD 14120 Rover Mill Rd		City West Friendship Md.		
Town West Friendship Md.		State Md.		
Zip 21142				
DRILLER INFORMATION				
Driller's Name Allen Compton		License No. MS D 009		
Firm Name Eagle's Well Drilling				
Address 580 Obrecht Rd Sykesville				
Signature <i>[Signature]</i> Date 8/20/02				
WELL INFORMATION				
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		500		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME Howard		COUNTY NO. P 31749		
STATE SIGNATURE <i>[Signature]</i>		INSERT S →		
DATE ISSUED 8/29/02		EXP. DATE 8/29/03		
NORTH GRID 537 000		EAST GRID 8000 000		
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. 9/27/02 NOINSR				
2. (X)				
3. (X)				
WRITE THE BOX NUMBER FROM THE MAP HERE				
800				
537				
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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE): 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER _____ G _____				
PERMIT No. H0-94-3498				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED - PREV. SUPPLY IS A SPRING				

Click here for a plain text ADA compliant screen.



Maryland Department of Assessments and Taxation
HOWARD COUNTY
Real Property Data Search

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[View Map](#)
[New Search](#)

STR

Account Identifier: District - 03 Account Number - 293580

Owner Information

Owner Name: SMITH R THOMAS
SMITH SHARON R T/E

Use: AGRICULTURAL

Principal Residence: YES

Mailing Address: 14120 ROVER MILL RD
WEST FRIENDSHIP MD 21794-9725

Deed Reference: 1) / 2032/ 524
2)

Location & Structure Information

Premises Address: 14020 ROVER MILL ROAD
WEST FRIENDSHIP 21794

Zoning: RCDEO

Legal Description: 62.301 A
14020 ROVER MILL ROAD
GLENELG

Map	Grid	Parcel	Subdivision	Section	Block	Lot	Group	Plat No:
15	7	119					80	Plat Ref:
Special Tax Areas			Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX				
Primary Structure Built			Enclosed Area	Property Land Area			County Use	
1877			4,088 SF	62.30 AC				
Stories		Basement		Type			Exterior	
2		NO		STANDARD UNIT			FRAME	

Value Information

	Base Value	Value As Of 01/01/2001	Phase-in Assessments As Of 07/01/2002	As Of 07/01/2003	PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
Land:	102,220	117,220			
Improvements:	166,870	172,010			
Total:	269,090	289,230	282,516	289,230	
Preferential Land:	22,220	22,220	22,220	22,220	

Transfer Information

Seller: RAMSBURG HAROLD L
Type: IMPROVED ARMS-LENGTH

Date: 07/26/1989
Deed1: / 2032/ 524

Price: \$214,050
Deed2:

Seller:
Type:

Date:
Deed1:

Price:
Deed2:

Seller:
Type:

Date:
Deed1:

Price:
Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:
AGRICULTURAL TRANSFER TAX



MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230

410-537-3000 • 1-800-633-6101

Robert L. Ehrlich, Jr.
Governor

Richard F. Pecora
Secretary

Michael S. Steele
Lt. Governor

February 5, 2003

TOM SMITH
14120 ROVER MILL RD
WEST FRIENDSHIP, MD 21794

RE: State Water Appropriation
Permit No. H02003G004(01)
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements.

If you have any questions, please contact this office at (410) 537-3590.

Sincerely,

for Sam Glover
MARK T. FILAR
Water Rights Division

cc: HOWARD COUNTY HEALTH DEPARTMENT

"Together We Can Clean Up"

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
WATER MANAGEMENT ADMINISTRATION

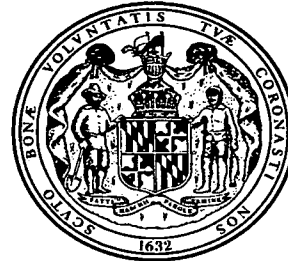
WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO2003G004(01)

EFFECTIVE DATE: FEBRUARY 1, 2003

EXPIRATION DATE: FEBRUARY 1, 2015

FIRST APPROPRIATION: FEBRUARY 1, 2003



TOM SMITH

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER MANAGEMENT ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO:
A DAILY AVERAGE OF 800 GALLONS ON A YEARLY BASIS AND
A DAILY AVERAGE OF 2,500 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR GREENHOUSE IRRIGATION.
3. SOURCE - THE WATER SHALL BE TAKEN FROM A SPRING IN THE BOULDER GNEISS OF THE WISSAHICKON FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED AT 14120 ROVER MILL ROAD, WEST FRIENDSHIP, HOWARD COUNTY, MARYLAND.

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5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
7. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED.
8. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
9. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANYTIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.

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10. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
11. DROUGHT PERIOD EMERGENCY RESTRICTIONS - IF THE DEPARTMENT DETERMINES THAT A DROUGHT PERIOD OR EMERGENCY EXISTS, THE PERMITTEE MAY BE REQUIRED UNDER THE DEPARTMENT'S DIRECTION TO STOP OR REDUCE WATER USE. ANY CESSATION OR REDUCTION OF WATER USE MUST CONTINUE FOR THE DURATION OF THE DROUGHT PERIOD OR EMERGENCY, OR UNTIL THE DEPARTMENT DIRECTS THE PERMITTEE THAT WATER USE UNDER STANDARD PERMIT CONDITIONS MAY BE RESUMED.

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

Sam Glaser
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Matthew G. Pajerowski, Chief
WATER RIGHTS DIVISION

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