## Real Property Data Search (w1)

## Search Result for HOWARD COUNTY

View IV	Лар		View GroundR	lent Red	emptio	n		View G	round	Rent Reg	istratio <b>n</b>	Otto advanta analysis (Strong Consulta Annua)
Tax Exempt: Exempt Class:					Speci	al Tax Rec	apture:	900, * - ** 1 22 To 201 SNA				
	dentifie	er:	District - 03 Account Number - 331474									
		•			Own	er Informati	on					
Owner Name:			YOU JOHN Y YOU SOO JIN T/E						RESIDEN YES	TIAL		
Mailing A	Address	:	2222 MEF	-					)447			
						Structure In	formation					
Premises Address:		11127 WILLOW GREEN WAY MARRIOTTSVILLE 21104-0000			Legal Description:			LOT 3 1.25 A 11127 WILLOW GREEN WAY WOODFORDS GRANT III RSB				
Мар:	Grid:	Parcel:	Sub District:	Subdiv	ision:	Section:	Block:	Lot:	Asse Year	essment	Plat No:	17166
0010	0016	0326		1021				3	2019	)	Plat Ref:	
Specia	Special Tax Areas:			Town: Ad Valoi Tax Clas				NONE 104				
Built			Above Grade Living Area		Finished Basement Area		Ar	Area		Cou Use	,	
2000			3,446 SF					1.2	500 A	(C	000	000
Stories 2	s Bas	ement	Type STANDARD U	JNIT	Exterior SIDING		Half Bath / 1 half	Garage 1 Attac		Last Ma	jor Reno	vation
		-			Valu	ie Informati	on					
			Base	Value		Value		Phase-i	n Ass	essments		
						As of 01/01/201	19	As of 07/01/20	18		s of 7/01/2019	)
Land:			247,90	00	207,500							
Improv	vements		401,30	00	448,200							
Total:			649,20	00		655,700	655,700			6	51,367	
Prefere	ential La	nd:	0						0			
				Administration of the second	Trans	fer Informa	tion					
		DO MICHA				06/16/2010				rice: \$660	,000	
Type: /	ARMS LE	ENGTH IM	PROVED		Deed1: /12511/ 00447				Deed2:			
Seller:	ORLANI	OO MICHA	EL A		Date: 11/04/2003			Price: \$10,000				
Type: I	NON-AR	MS LENG	TH OTHER		Deed1: /07773/ 00436			Deed2:				
Seller: TBI HOMES INC		Date: 01/15/2002		Price: \$475,000								
Type: ARMS LENGTH IMPROVED		Deed'	1:/05923/0	0013			eed2:					
					Exemp	tion Inform	ation					
Partial E Assessn	nents:		Class				07/01/2018	}	,	07/01/201	9	
County:			000				0.00					
State:	-1-		000				0.00			0.0010.00		
Municipa			000			nonnonnon nor worken	0.00 0.00			0.00 0.00	COCCOCCO Tarrio 100 1 arrest to	*
Tax Ex	cempt: ot Class:				Speci NONE	ial Tax Red	apture:					
				Llome	-6	N (	Information					

# PERMIT

### SEWAGE DISPOSAL SYSTEM

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DATE SYSTEM APP	ROVED

INSPECTOR

	IS PERMITTED TO INSTALLALTER
ADDRESS	PHONE
SUBDIVISION Woodford's Grant III	LOTROAD
PROPERTY OWNER	
ADDRESSCOMPARTMENTED SEPTIC TANK REQUIRED	
SEPTIC TANK CAPACITY 1500 GALLONS	PUMPED SEPTIC SYSTEM PROPOSED  INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED
NUMBER OF BEDROOMS 4/5	NOTES: - Septic pump detail as provided by installer
180 SQUARE FEET PER BEDROOM	<ul> <li>Pump performance test is necessary prior to Health Department approval of pumped seption</li> </ul>
LINEAR FEET OF TRENCH REQUIRED	system.
5 feet below original grade 2 feet of stone below distr	Inlet 3 feet below original grade. Bottom maximum depthe. Effective area begins at 3 feet below original grade ribution pipe.
LOCATION - Place distribution box rear lot line. Run trenche	feet from the lot line, and feet from the es along contour toward opposite side of lot.
NOTES - No trench to exceed 100 fee to grade or above on septic	et in length. Provide 6" - 8" diameter cleanout and cap
PLANS APROVED BY Craig Williams, R.S.	DATE11-20-1999
COVER NO WORK INTO MOREOTER AND ARROUGE	

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90" SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90" ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

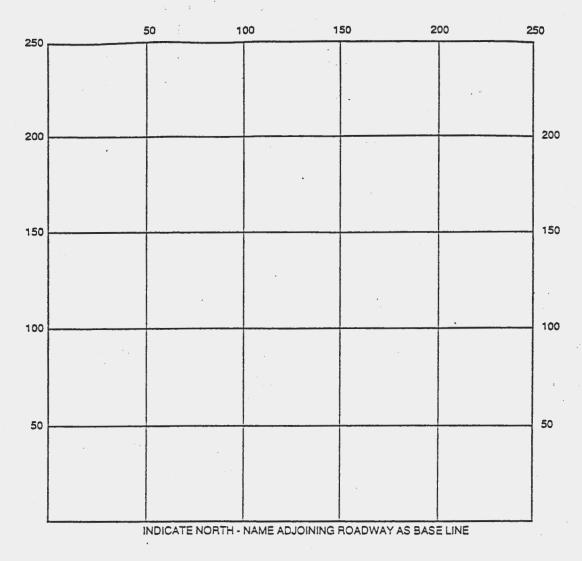
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



SEPTIC TANK LEVEL	CLEANOL	CLEANOUTS				
DISTRIBUTION BOX LEVEL						
DRAIN FIELD/TITLE DEPTHFT.	TRENCH WIDTH	FT.	INLET DEPTH	FT.		
EFFECTIVE GRAVEL DEPTHFT.	TOTAL LENGTH	FT.				
NUMBER OF TRENCHES	ONE SIDEWALL/E	BOTTOMAREA	SQ. FT.			
DRYWALL INSIDE DIAMETERFT.	EFFECTIVE DEPTH E	ELOW INLET_	FT.			
ABSORBENT AREASC	). FT.					
REMARKS:						
		<del></del>				
·						

DATE SYSTEM APPROVED \_\_\_\_\_\_ INSPECTOR \_\_\_\_

# SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Woodford's Grant III	<u>A</u> 58589
STREET NAME: Willow Green Way	LOT NUMBER: 3
AVERAGE PERCOLATION RATE: 2 min SQUARE FE	ET PER BEDROOM: 180
NUMBER OF BEDROOMS: 4 LINEAR FE	ET OF TRENCH PER BEDROOM: 60
TOTAL LINEAR FEET OF TRENCH: 240 · SEPTIC TA	NK CAPACITY: 1500 gal compartmented
TOP STAMED TANK REQUIRED? YES NO	
COMPARTMENTED TANK REQUIRED? YES NO	•
TRENCH DIMENSIONS: Trench to be 3 feet w	ide. Inlet 3 feet below
original grade. Bottom maximum depth 5 f	eet below original grade.
Effective area begins at 3 feet below ori	ginal grade. 2 feet of stone
below distribution pipe.	
PUMPED SYSTEM PROPOSED: (YES) NO	
PUMPED SEPTIC SYSTEM DETAIL: 1000 gallo	n pump chamber. (use 1500 gal compart- mented tank, backwards) eamed pump chamber required?
Note 1: Septic pump detail to be provided by septic permit. DONE - BY 5K	installer prior to issuance of
Note 2: Pump performance test is necessary paperoval of pumped septic system.	prior to Health Department
LOCATION: Place distribution box 90 feet fr	om the $\angle \textit{LFFT}$ lot line,
and 10 feet from the rear lot line. Rur	•
opposite side of lot.	
ADDITIONAL NOTES:	
<u> </u>	
Parriament	Date:

# APPLICATION

PERCOLATION TESTING

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		/-	<u>.</u>	1	_	

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HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

DISTRICT	
	* / /
DATE	7/29/97

(SINGLE FAMILY DWELLING OR COMMERCIAL)

HEREBY APPLY	FOR THE NECESSARY	TEST PRIOR TO AP	PLICATION FOR F	PERMIT TO CONS	STRUCT (OR RECONSTRUCT) A	SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER	C+0+D					
FROFERIT OWNER						

ADDRESS 10565 Hill	ory Rivered Suit	e 215 Col. Mr	> 2 CO- PHONE	410-140-5002	
	*				
AGENT OR PROSPECTIVE BUYER	( CAND D	ester 4 Do:	ie i put		
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*						
			_			410-740-2100
<b>.</b>	diener. h. t	a = a	9 ()		34	7(0-740-21-0
ADDRESS 1	13572 17'S	Ilaica Kai	A 11 18 7	( _( _( _ ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( _ / ( ) ) ))))))))))	2(U-V PHONE_	,
ADDUCESS I	Cara Liverand	1010		(3000)10	F11011E	

PROPERTY LOCATION:	
SUBDIVISION William Was	LOT NO.

ROAD AND DESCRIPTION	Marriottsville	RJ			

TAX MAP (0 PARCEL# 293		
1000	C. F. S.	

THE	SYSTEM	INSTALL	ED UND	ER TH	IS A	APPLICA	TION IS	ACCE	PTABLE	ONLY	UNTIL	PUBLIC FAC	ILITIES BE	COME	AVAILABLE.	I FULLY	UNDER	STAND	THE
FEE	CONNECT	ED WIT	н тне	FILING		OF THIS	PERC	TEST	APPLIC	ATION	IS NON	REFUNDAB	LA UNDE	R ANY	CIRCUMSTA	NCES. I	ALSO	AGREE	то

	(SIGNATURE O	F APPLICANT)
APPROVED BY	FOR	DATE

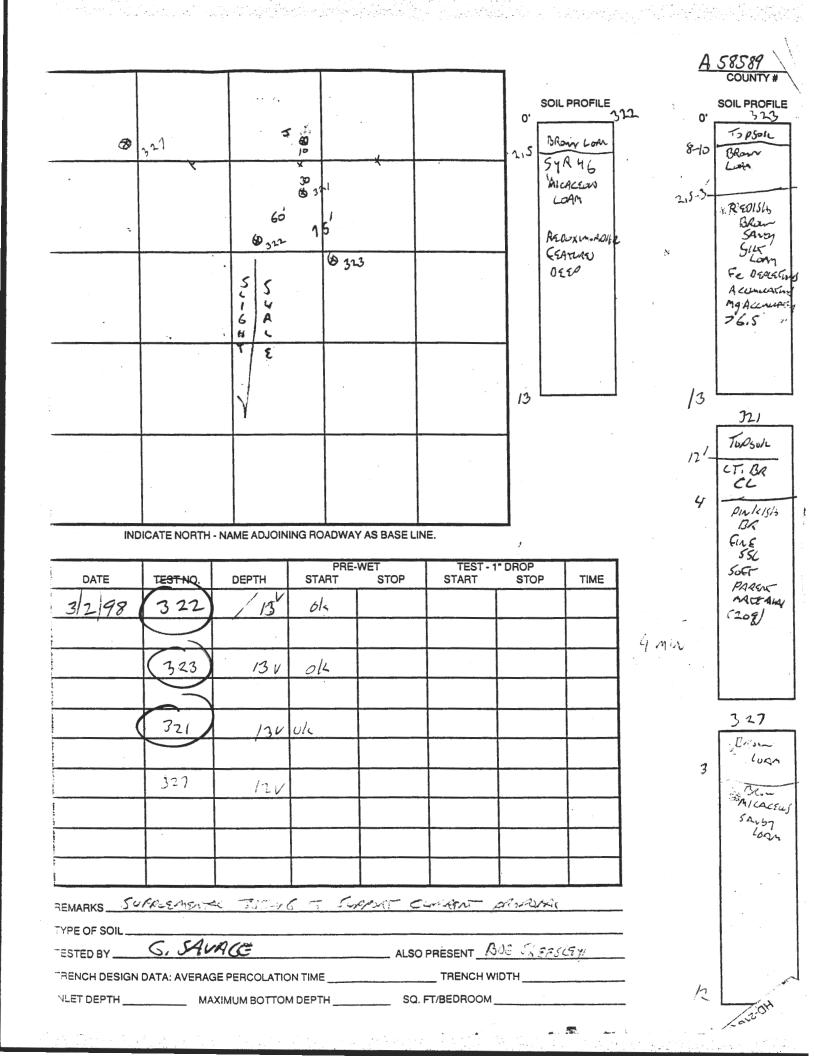
DISAPPROVED BY	FOR	 DATE
MAIL O OFFICING SUSTINES TESTS		•

REASONS FOR REJECTION OR HOLDING

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

THIS IS NOT A PERMIT

13/92)



# APPLICATION

PERCOLATION TESTING

A 58589
P\_\_\_\_\_

DISTRICT\_\_\_\_

DATE 2/29/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

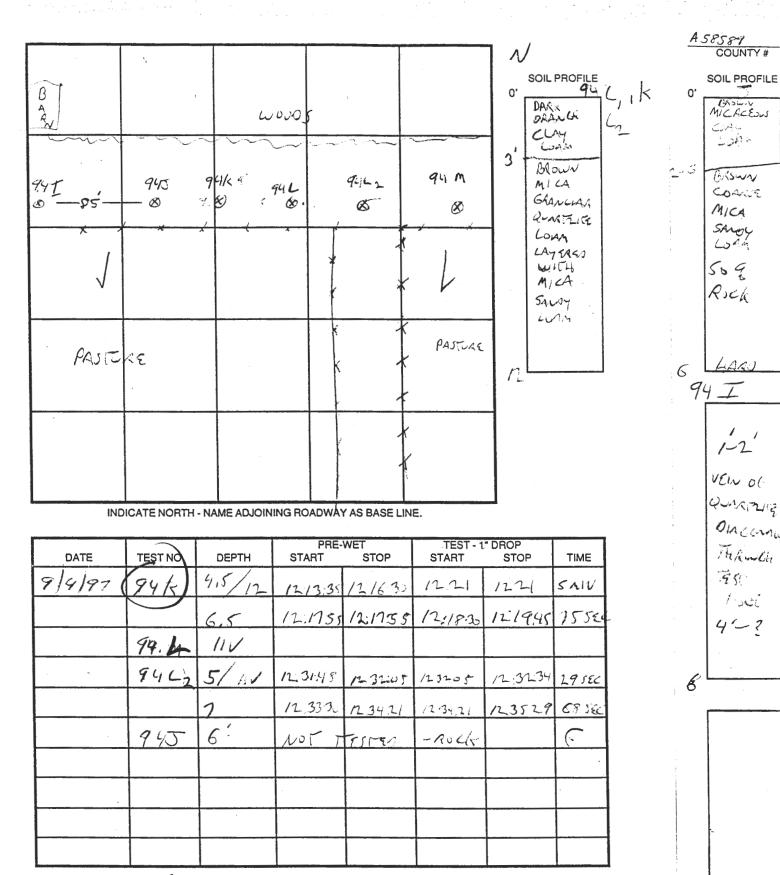
3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER

ELLICOTT CITT, MARTEAND	4	
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION	N FOR PERMIT TO CONSTRUCT	(OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER LD+D		
ADDRESS 10005 Hickory Rigeral Suite 215 Co	1, MO 2 CONTPHONE	410-740-2602
AGENT OR PROSPECTIVE BUYER LAND DESICH &	Decrebant	
ADDRESS 10865 Hickory high his his 20- Glabia	_ AND Z(U-V PHONE_	410-740-2100
PROPERTY LOCATION:		
SUBDIVISION Willow Wood	LOT NO	· · · · · · · · · · · · · · · · · · ·
ROAD AND DESCRIPTION Marriottsville RJ		
TAXMAP (0 PARCEL# 293		
SIZE OF LOT   G.J.	TYPE BLDG	(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE		
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLIC	CATION IS NON-REFUNDABLE	UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT	r. <u>(</u>	(SIGNATURE OF APPLICANT)
APPROVED BY	FOR	
DISAPPROVED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		\
REASONS FOR REJECTION OR HOLDING		
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

HD-216 (3/92)



TYPE OF SOIL EXTREMELY CONST. TEXTONS AND ALSO PRESENT MILES KASTNELL CREW
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH
INLET DEPTH \_\_\_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_\_\_

