

View Map			View GroundRent Redemption				View GroundRent Registration			
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		AGRICULTURAL TRANSFER TAX								
Account Identifier:		District - 04 Account Number - 339037								
Owner Information										
Owner Name:		GIBBON TOBIAS MILLER				Use:		AGRICULTURAL		
						Principal Residence:		NO		
Mailing Address:		925 WATERSVILLE RD MOUNT AIRY MD 21771-3318				Deed Reference:		/01788/ 00243		
Location & Structure Information										
Premises Address:		925 WATERSVILLE RD MOUNT AIRY 21771-0000				Legal Description:		LOT 1 6.000 A 925 WATERSVILLE RD PROPERTY LAVANIA HOOD		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0007	0004	0482		0000			1	2017	Plat Ref:	
Special Tax Areas:					Town:		NONE			
					Ad Valorem:		100			
					Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
						6.0000 AC				
Stories	Basement	Type	Exterior	Full/Half Bath		Garage	Last Major Renovation			
Value Information										
			Base Value		Value		Phase-in Assessments			
					As of		As of		As of	
					01/01/2017		07/01/2018		07/01/2019	
Land:			3,000		3,000					
Improvements			98,900		98,900					
Total:			101,900		101,900		101,900		101,900	
Preferential Land:			3,000						3,000	
Transfer Information										
Seller: STANSBURY RICHARD A & WF				Date: 02/09/1988			Price: \$110,000			
Type: NON-ARMS LENGTH OTHER				Deed1: /01788/ 00243			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Seller:				Date:			Price:			
Type:				Deed1:			Deed2:			
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		AGRICULTURAL TRANSFER TAX								
Homestead Application Information										
Homestead Application Status: No Application										
Homeowners' Tax Credit Application Information										
Homeowners' Tax Credit Application Status: No Application					Date:					

-
1. This screen allows you to search the Real Property database and display property records.
 2. Click **here** for a glossary of terms.
 3. Deleted accounts can only be selected by Property Account Identifier.
 4. 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.

WS. Route 144-8 Watersville - Lot 1 - Sept 1977

APPLICATION

A 25672

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 410-300-0000, EXT. 356

DISTRICT

DATE

System 15th
12-21-77. 7.7.

Septic tank { 1-3 Bedrooms 1099 gallons
4 Bedrooms 4/21/77 350 gal
Dry well to have 140 sq ft. effective
absorbant sidewall area per bedroom below intd
inlet to be 3' and maximum depth 18' location
per plat 150' from left property line and 100'
from rear property line when facing lot from
E. Watersville Road.

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

ADDRESS

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION

SIZE OF LOT

TYPE BLDG.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

APPLICATION

A 26067

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th
DATE 6/10/77

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Route 144 & Watersville Road

SIZE OF LOT _____ TYPE BLDG. _____

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Lavinia L. Hood

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/10/72	9	1 1/2'	4:20	4:22	4:22	4:31	9m
	(10)	9 1/2'	4:24	4:26	4:26	4:38	12m
	(11 A)	4'	2:10	2:20	2:20	2:31	11m
	(22)	11'	2:10	2:11	2:11	2:13	2m
	11 B	5'	2:40	2:44	2:44	3:02	18m

too fast

REMARKS Lot closest to R# 144

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

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

June 10, 1987

Mr. Richard Standsbury
16708 Frederick Road
Mt. Airy, Maryland 21771

RE: Percolation Testing
Lots 1 & 2
Lavina Hood Property
Route 144 & Waters-
ville Road
Tax Map 7, Parcel 482

Dear Mr. Standsbury:

Percolation retesting conducted June 1, 1987 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 (including all bad holes) 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, reading "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW:JR

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. _____

(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

Rec'd.
June 1st
9:50 AM

PERCOLATION TESTING

A 25672

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

6-7-87 Perks ok
pending approval plat JEN

DISTRICT _____

DATE 5/7/87

5-7-87

OK to process

SALE

Plat data called to Susan Souder

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 Richard A. and Blanche L. Stansbury

ADDRESS 10708 Frederick Road Mt Airy MD PHONE 489-4309

PROSPECTIVE BUYER Toby Gibbon

ADDRESS Talbot Landing Rd Ellicott City MD PHONE ~~489-4309~~ 788-5879

PROPERTY LOCATION:

SUBDIVISION Lavinia Hood Property LOT NO. one (1)

ROAD AND DESCRIPTION Corner of Route 144 and E. Watersville Road

TAX MAP 7 PARCEL # 482

SIZE OF LOT 6.00 TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Richard A. Stansbury
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc locations and subdivision plat approval
Well site staked. JEN

THIS IS NOT A PERMIT

6-1-87

(13)

Well site approved staked & staked at time of per

JEN/BN

0-5.5' Rd br
si cl lm
trc rx frag5.5-8.5' Rd br si
cl lm,
some
shale
frag,
< 20%
frag

8.5 Bottom

(18)

0-4.0 Rd br si cl
lm4.0-9.5 Rd br si
cl lm,
some
broken
shale frag,
< 20%
frag

9.5 Bottom

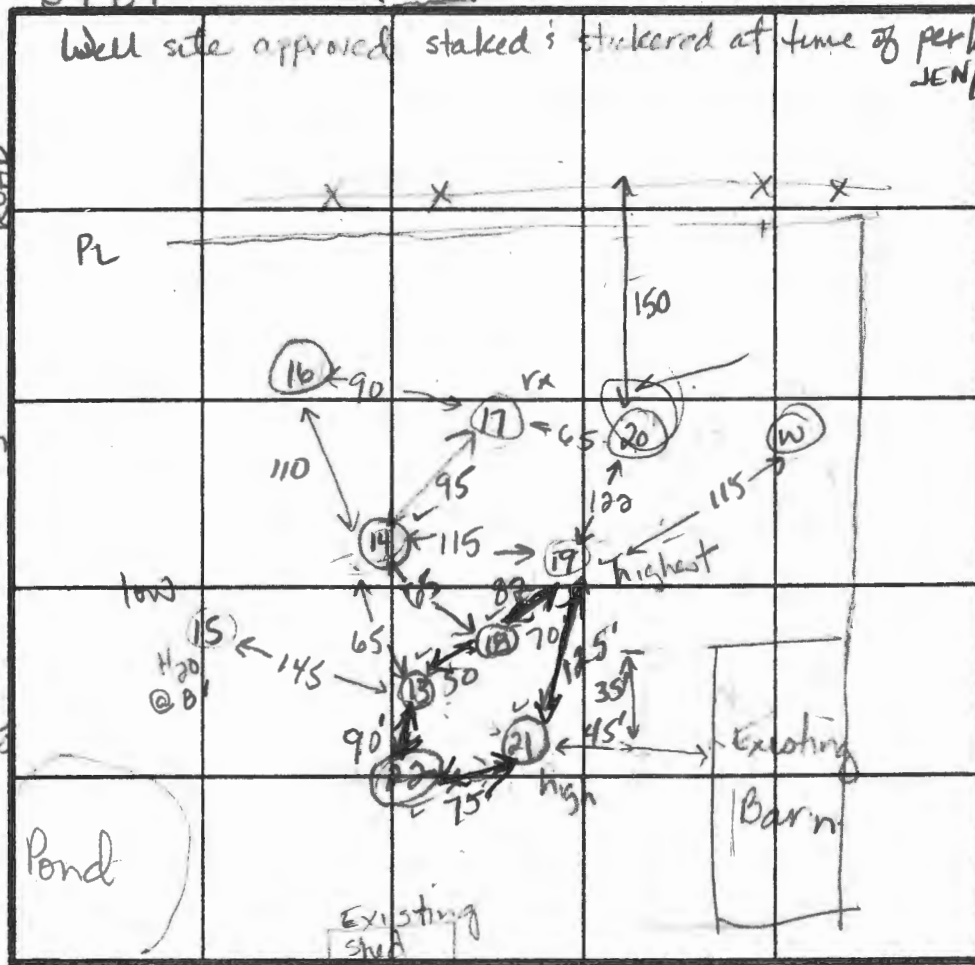
(14)
SOIL PROFILEWATERSVILLE
ROAD

0-3.5 Rd br si
cl lm,
little broken
shale frag

3.5-4.0 Yellow brown
si lm, trc
shale

4.0-9.0 Rd br silty
sa lm, broken
shale frags.
< 20% fragments

9.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 144

0-6.0 Rd br si
cl lm, trc
of rock
frags

6.0-8.5 Rd br
w/ black
si cl lm,
some
broken
shale
frag,
< 30%
frag

8.5 Bottom
water at 8.0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-1-87	14	1.5 S	10:30	10:45	10:45	11:15	30 min
		9.0 D	bottom (see profile)				
	15	8.5 V	bottom (see profile) Water at 8.0'				
	13	8.5 V	bottom (see profile)				
	18	3.0 S	10:44	10:47	10:47	10:51	4 min
		5.0 M	10:43	10:44	10:44	10:44	fast
		9.5 D	bottom (see profile)				
	19	2.0 S	10:56	10:59	10:59	11:07	8 min
		5.0 M	10:53	10:54	10:54	10:54	fast (rocky)

INLET
18"BOTTOM
36"

unsat

fast

fast (rocky)

REMARKS

Holes (15) (17) (20) failed: Use holes (13) (18) (19) (21) (22),

TYPE OF SOIL

Rd br si cl lm, Rd br si lm, < 40% broken shale frag.

TESTED BY

J. Nadeau / B. Nixon

ALSO PRESENT

Jeff, Fyock

EH-12-1079

80
2.2
100
100

Lot 1

Rt 144 3 Watersville Rd

(19) *

0-4.0 Rd br s cl lm

4.0-9.0 Rd br s cl lm, broken shale fragments, <50% shale frags.

9.0 Bottom

(20) 0-1.5 Rd br s cl lm

1.5-6.5 Rd br s cl lm, broken shale frags, <50% frags

6.5 Bottom unsatis

(17) 0-4.0 Rd br s cl lm

4.0-12.0 Rd br s cl lm, shale frags, <50% frags

12.0 Bottom unsatis

(16) 0-6.0 Rd br s cl lm, trc shale frags.

6.0-9.5 Rd br s cl lm, some broken shale frags, <20% frags

9.5 Bottom not tested

(21) 0-4.5 Rd br s cl lm

4.5-11.0 Rd br s cl lm, little broken shale frags, <15% frags

11.0

bottom

Perks			<u>Prewet</u>		<u>1 min</u>		
2.0	S	11:09	11:14	11:14	1:33		19 min
5.0	M	11:11	11:13	11:13	1:20		7 min
11.0	D	✓	bottom (see profile)				

(22) 0-5.5 Rd br s cl lm

5.5-10.5 Rd br s cl lm, some broken shale frags, <25% frags

10.5

Bottom

Perks			<u>Prewet</u>		<u>1 min</u>		
2.5	S	11:26	11:27	11:27	1:34		7 min
5.0	M	Visual					ok
10.5	D	✓	(Bottom see profile)				

JANE

6/9/87

A LETTG- ABOUT

PEACS - LAVINIA HOOD

IS IN PREPARATION.

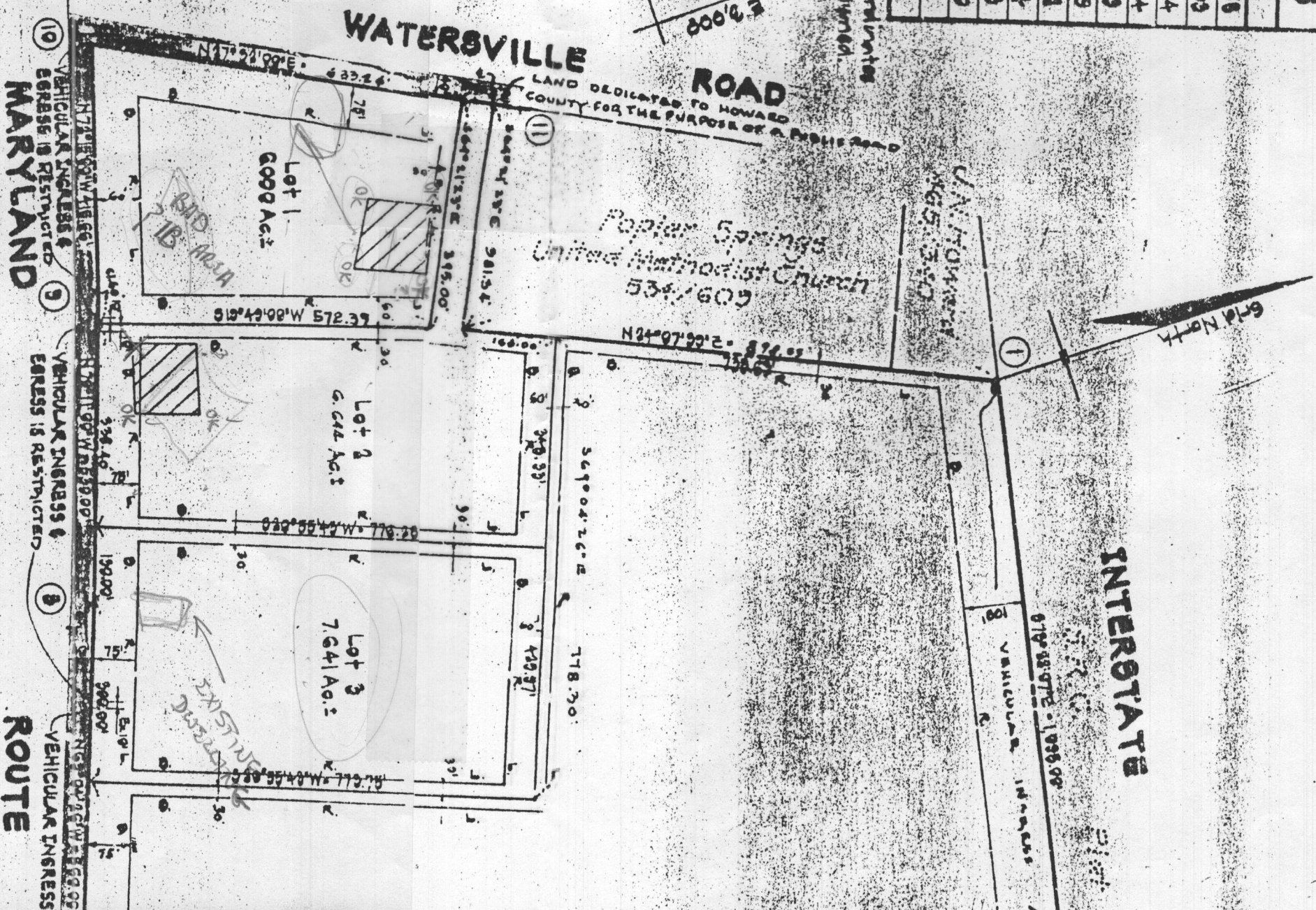
THIS BELONGS IN THAT
FILE

Cag-

Carl Hutchins
442-2031

COORDINATES		
No.	North	East
1	7,090.11	3,752.56
2	6,876.74	4,818.03
3	6,460.31	3,860.34
4	5,744.37	5,396.44
5	5,505.48	8,188.79
6	8,776.09	4,693.49
7	5,323.38	4,484.31
8	8,530.44	2,681.04
9	5,710.12	2,122.43
10	5,837.18	4,788.60
11	6,443.02	3,041.41
12	6,394.16	2,422.46

Note: The origin of the coordinates shown here on is assumed.



Total number of lots to be recorded	-	4
Total area of lots	-	75.515 Ac.
Total area of roadways to be recorded (including widening strips)	-	2.400 Ac.
Total area of subdivision to be recorded	-	77.915 Ac.

OWNER
MRS. LILLIAN L. HOON
10001 FRANKLIN ROAD R.S.
ST. LOUIS, MISSOURI 63114

ATTN: EOI For patients with endocrine/surgical problems.
 - Hospital Clinical Health Department

12-22-71

ATTORNEY GENERAL, County Office of Monterey and Zaring.

