

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration					
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 05 Account Number - 393078								
Owner Information										
Owner Name:		YOON YANG YOON STEPHANIE E			Use:		RESIDENTIAL			
Mailing Address:		13601 MEADOW GLENN CLARKSVILLE MD 21029-1038			Principal Residence:		YES			
					Deed Reference:		/18678/ 00290			
Location & Structure Information										
Premises Address:		13601 MEADOW GLENN CLARKSVILLE 21029-0000			Legal Description:		LOT 25 3.0970 A 13601 MEADOW GLENN DUNFRETEN ESTATES			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	5403
0034	0001	0001		0000			25	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		
1986		2,158 SF		600 SF		3.0900 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	FRAME	3 full/ 1 half	1 Attached					
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2017		07/01/2018		07/01/2019		
Land:		295,600		295,600						
Improvements		288,800		283,700						
Total:		584,400		579,300		579,300		579,300		
Preferential Land:		0						0		
Transfer Information										
Seller: WIGGIN JEFFREY A TR				Date: 05/20/2019		Price: \$595,000				
Type: ARMS LENGTH IMPROVED				Deed1: /18678/ 00290		Deed2:				
Seller: WIGGIN JEFFREY A				Date: 08/04/2011		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /13368/ 00171		Deed2:				
Seller: WIGGIN JEFFREY A TR				Date: 09/27/2010		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /12718/ 00197		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:		NONE								

B 1 **3267** SEQUENCE NO. (OEP USE ONLY)
1 2 3 4 5 6
7 8 9 10 11 12 13
IN GOLD LETTERS TO BE PUNCHED IN GOLD LETTERS (ALL CARDS)

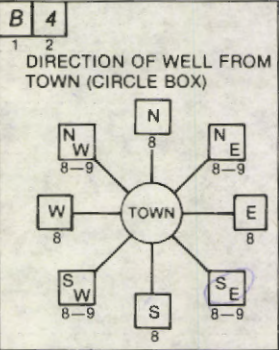
lat STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
40-81-0922
70 fill in this form completely 79

Date Received **3/29/85** **9:30 AM** B 3
8 13
OWNER INFORMATION
15 Last Name **NICHOLS** 34 Owner First Name **JAMES**
36 Street or RFD **13933 HIGHLAND RD** 55
57 Town **CLARKSVILLE** 70 State 72 **MD** Zip 76 **21039**

LOCATION OF WELL
1 2
HOWARD 8 COUNTY 21
23 SUBDIVISION **DUNFORD + W** 42
SECTION **44** 46 LOT **25** 48 50
DAYTON 52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** 73 **M** 76 **I** 77 **I** 78

DRILLER INFORMATION
Driller's Name **James L. Mayne** 77 License No. 80 **235**
Firm Name **James L. Mayne**
Address **5512 Ridge Rd. Mt Airy Md.**
Signature **James L. Mayne** Date **2/21/85**



Meadow Blom 11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
34 **50** 37 DISTANCE FROM ROAD
ENTER FT or MI **FT** 38 39

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A 31738** COUNTY NO.
OEP SIGNATURE **J. Stayer** STATE HEALTH INSERT S 41
DATE ISSUED **03/28/85** EXP. DATE **9/12/85**
43 NORTH GRID **503000** 48 CO SIGNATURE 55 EAST GRID **0803000** 63

APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

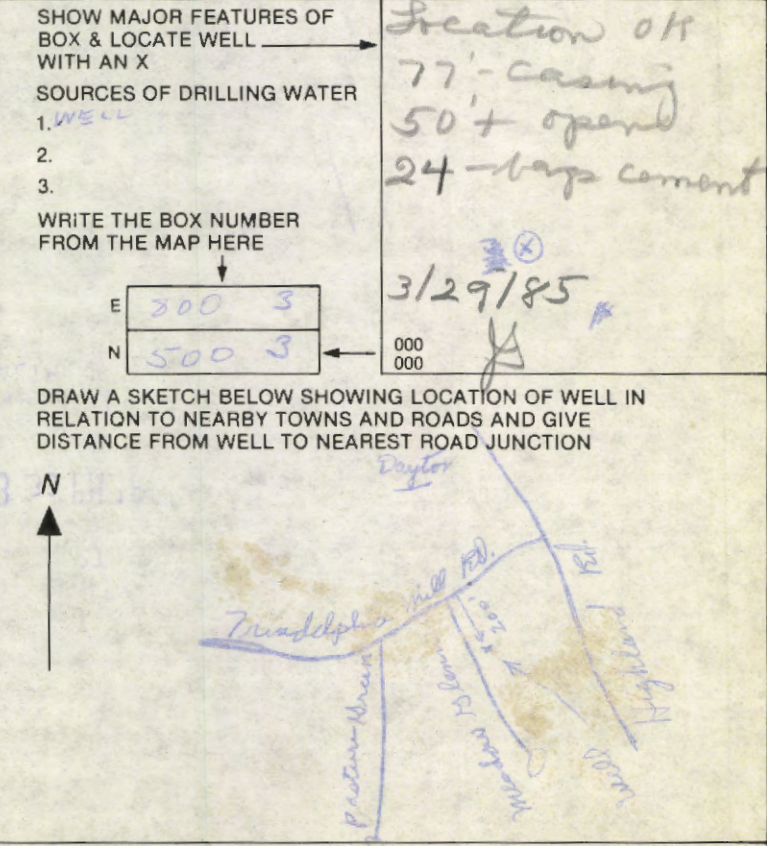
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 CABLE REVerse-ROTary DRive-POINT
other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____ 54 GAP _____ 63
FORCE **JS** WRITE INITIALS IN BOX PERMIT NO. **40-81-0922** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

S. Sunny nichols

(Name)

13270 Inadephia md

(Address)

Clarksville MD 21029

HO-81-0922

(OEP Well Permit Number)

3-11-85

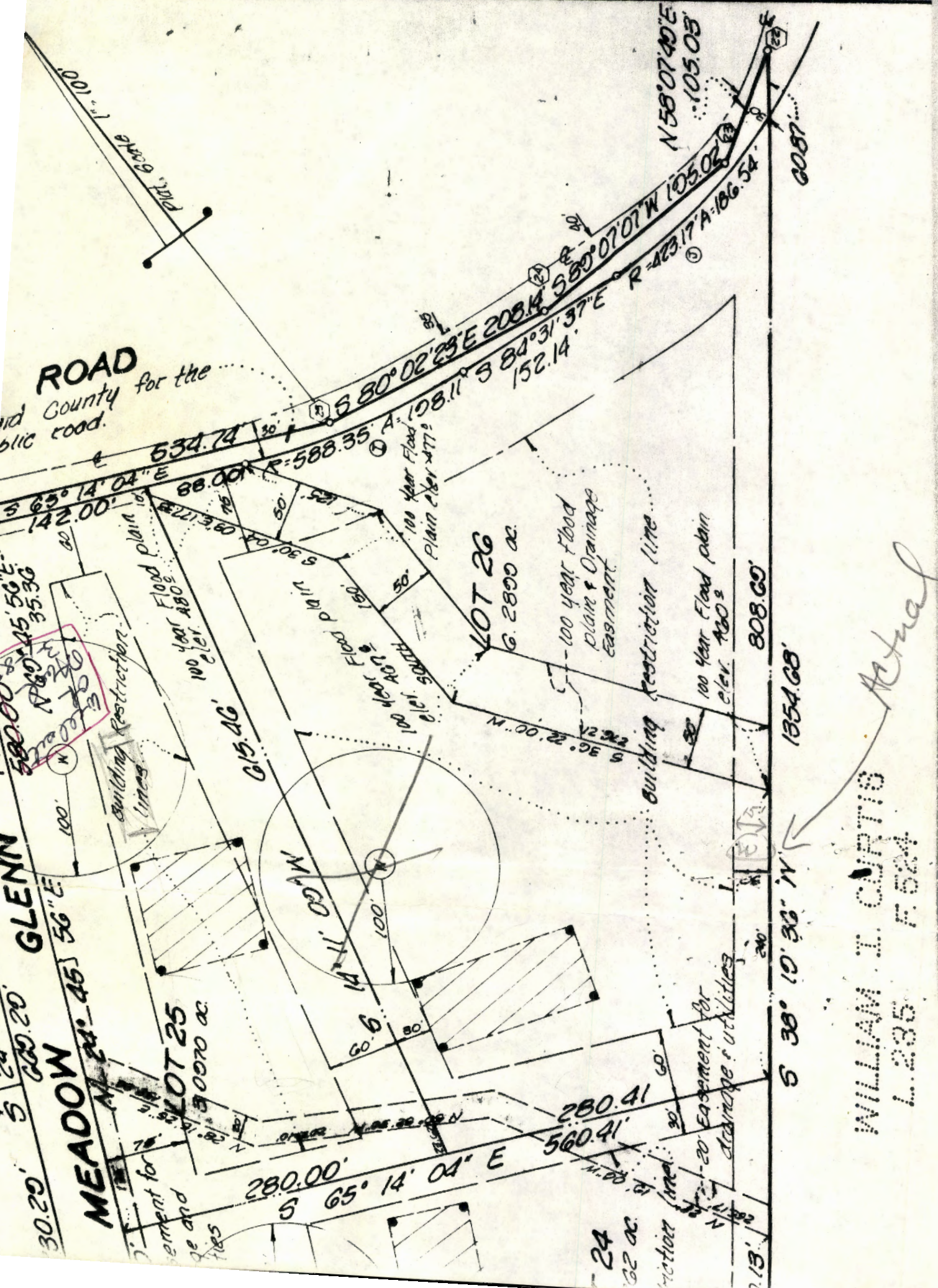
(Date)

Lot 25 Glenfoster

LOT # 25

Blumpritten

B.P. # 645-28



WILLIAM I. CURTIS
L. 235 F. 524
Actual

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31738

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 11/24/81

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 ~~S. Turner Nichols and James S. Nichols~~ Robert Harris

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #25

ROAD AND DESCRIPTION Triadelphia Mill Road (Macadam)
13601 meadow Glen Rd.

SIZE OF LOT 3 Acres TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.

S. Turner Nichols - James S. Nichols
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR Trenchard DATE 6/2/83

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/2/83 Specs Written PH
B.P. #64578

BLDG. PERMIT SIGNED
AND RETURNED 5-12-85

THIS IS NOT A PERMIT

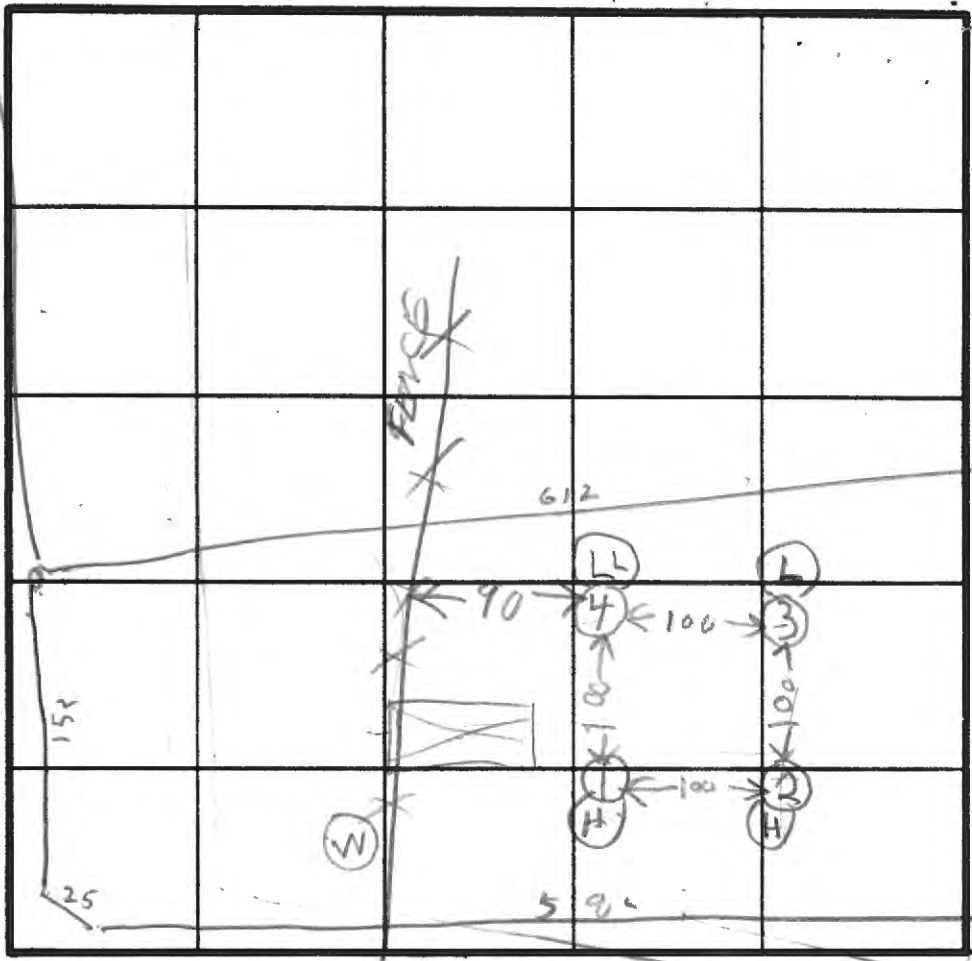
#25

Hole Eln

- (H) = High
- (L) = Low
- (LL) = Lowest

SOIL PROFILE

TRIPLEXIA MILLERD



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

PROPOSED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/8/81	1S	5 1/2	11:37	11:39	11:39	11:42	3
	1V	12	TOP	3 FT	CLAYISH		
			BOT	9 FT	SANDY	DRY	
	2S	5	11:43	11:45	11:45	11:49	4
	2V	12 1/2	TOP	3 FT	CLAYISH		
			BOT	9 1/2 FT	SAND	DRY	
	3S	4	11:46	11:49	11:49	11:54	6
	3V	12 1/2	TOP	3 FT	CLAYISH		
			BOT	9 1/2 FT	SANDY	DRY	
	4S	5 1/2	11:50	11:52	11:52	11:56	4
	4V	13 1/2	TOP	3 FT	CLAYISH		
			BOT	10 1/2 FT	SANDY	DRY	

at time 4
max depth 3 1/2

REMARKS _____

TYPE OF SOIL _____

TESTED BY A. HODGES ALSO PRESENT T. MICHOLES
J. MICHOLES
ORNHURF

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 31738

P _____

DISTRICT 5th

DATE 11/24/87

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 S. Turner Nichols and James S. Nichols

ADDRESS 13270 Triadelphia Mill Road PHONE 286-2993
Clarksville, Md. 21029

PROPERTY LOCATION:

SUBDIVISION Dunfretten Estates LOT NO. #25
Triadelphia Mill Road (Macedon)

ROAD AND DESCRIPTION _____

SIZE OF LOT 3 Acres TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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.

S. Turner Nichols - James S. Nichols
(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

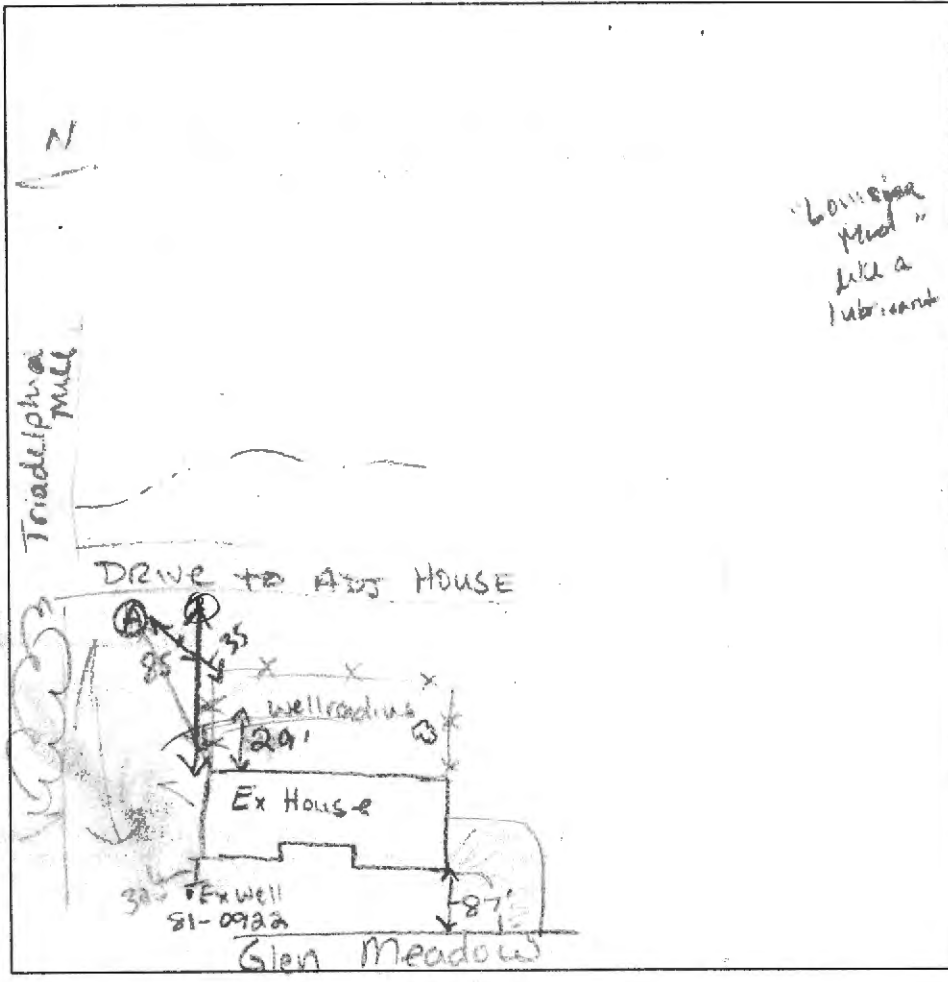
A/P

str brn mica L
16"
tan, str y brn 25% mica 1 sbk / 1 gr
26"
str y mica 25% sil
31"

Loam wk rd
brn y brn mica 15% moist @ 35" ± greasy sil

wet gr. sil 6"
y brn sbk L 13"
mica ↑ ~40% sil-L loose rd brn 22"

highly varied colors damp greasy mica



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12-16-04	(A)						
		15' off house corner E 35' from fence corner					
	(B)						
		22' S of A E 25' from fence					

REMARKS _____

SANITARIAN _____ BACKHOE _____ OTHERS _____

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SAW _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ A/P _____

AGENCY REVIEW: _____ DATE _____

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT _____

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

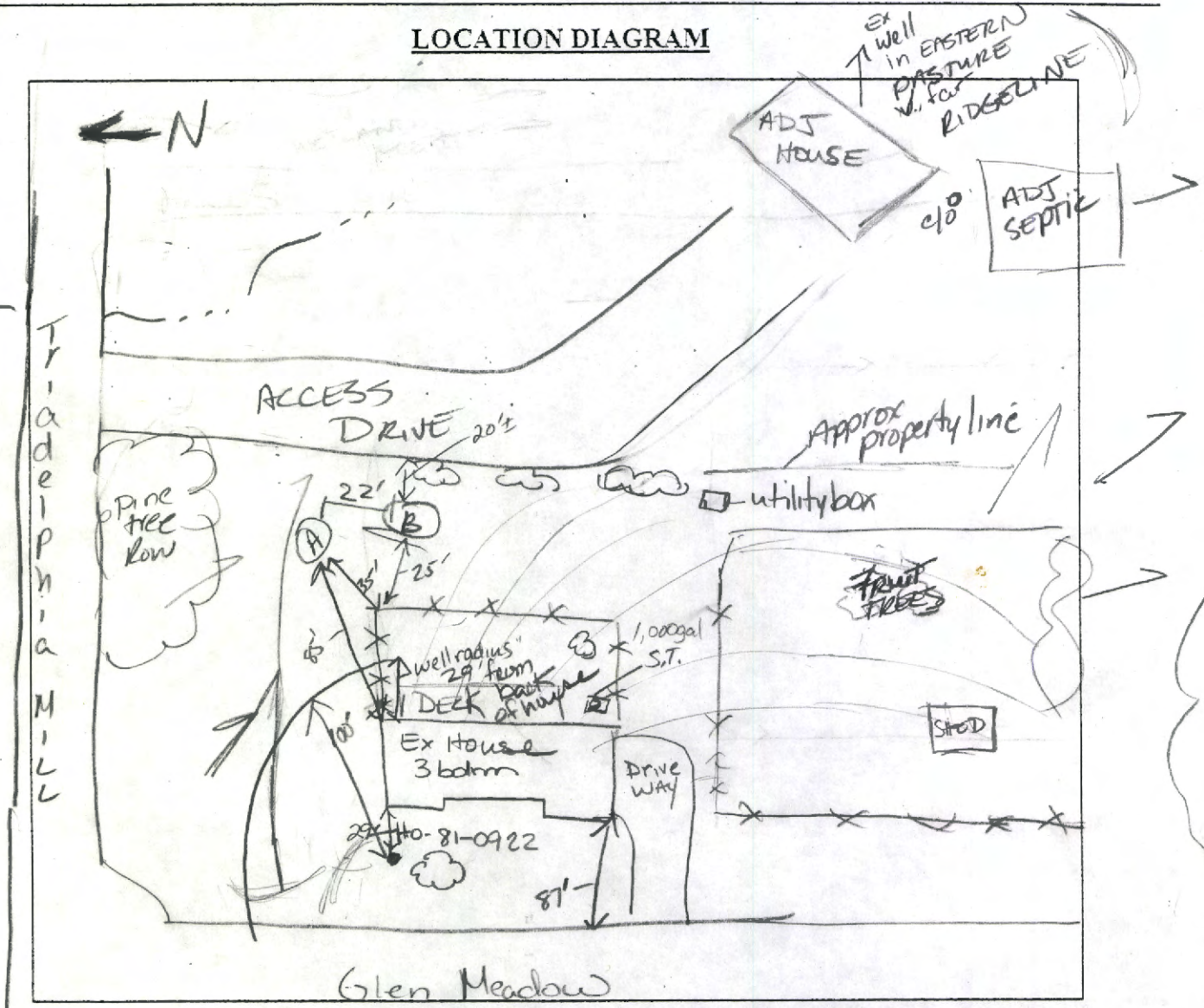
TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

SITE INSPECTION SHEET

OWNER: Jeff Wiggin PHONE #: _____
ADDRESS: 13601 Meadow Glen CONTRACTOR: _____
WELL TAG #: H0-81-0922 Ex
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Analyze soils for possible SDA adjustment

LOCATION DIAGRAM



COMMENTS: Holes (A) & (B) indicate High Water beginning around 37" below grade. Recommend addition of area @ highest elevation S & E of existing System. around Fruit TREES. Discussed plan ADJ. w/o

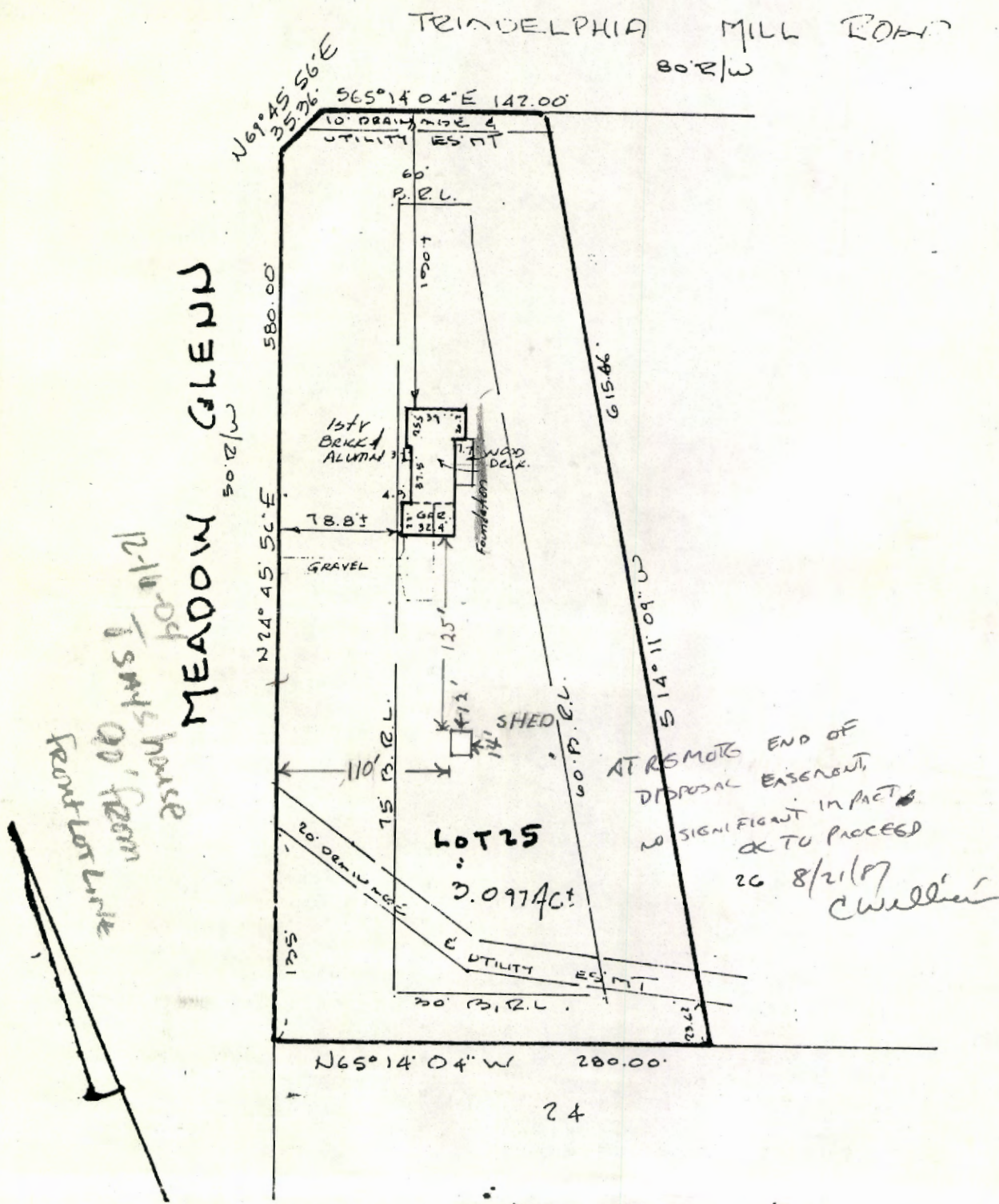
DATE: 12/17/04 INSPECTOR: KN

SEE SOIL DESCRIPTIONS - ATTACHED

Property known as: **LOT 25**

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPER LINES OR CORNERS.

DUNFRETEN ESTATES
LOTS 1 TO 26 PLAT 5403
SHEET # OF 4
5TH ELECTION DISTRICT
HOWARD COUNTY, MD



LOCATION SURVEY PLAT

10-11-198

<p>CERTIFICATION</p>	<p>SEAL</p>	<p>SCALE 1"=100' DATE 6-25</p>
<p>This is to certify that I have surveyed the property known as: # 13601 <u>MEADOW GLENN</u></p> <hr/> <p>for the purpose of locating the improvements thereon, and the improvements are located as shown.</p>	<p><i>Walter Park</i></p>	<p>PHONE 828-9060 TOWSON 730-9060 COLUMBIA</p> <p>HUDKINS ASSOCIATES, INC. Surveyors and Subdivision Design</p> <p>SUITE 231, JOSEPH 5485 HARPERS FAY WALTER PARK, L.S. COLUMBIA, MARYLAND # 5539</p>