

Real Property Data Search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		AGRICULTURAL TRANSFER TAX								
Account Identifier:		District - 04 Account Number - 328396								
Owner Information										
Owner Name:		SHUKAT EVELYN M DE WIDT ERIK			Use:		AGRICULTURAL			
Mailing Address:		PO BOX 1087 MOUNT AIRY MD 21771-1087			Principal Residence:		YES			
					Deed Reference:		/10387/ 00450			
Location & Structure Information										
Premises Address:		2020 LONG CORNER RD MT AIRY 21771-0000			Legal Description:		20.3594 A 2020 LONG CORNER RD FEAGE II PROPERTY (DEO)			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	19472
0006	0021	0056		0000				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		
2009		4,334 SF				20.3594 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
2	YES	STANDARD UNIT	STUCCO	2 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:		209,600		209,500						
Improvements		641,800		621,800						
Total:		851,400		831,300		831,300		831,300		
Preferential Land:		9,600						9,600		
Transfer Information										
Seller: FEAGA TIMOTHY W				Date: 11/30/2006			Price: \$740,000			
Type: ARMS LENGTH IMPROVED				Deed1: /10387/ 00450			Deed2:			
Seller: ROGERS BRIAN A				Date: 10/04/2004			Price: \$1,000,000			
Type: ARMS LENGTH IMPROVED				Deed1: /08674/ 00284			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										

LAYOUT 9/22/08 INSP 4 _____
 INSP 2 9/23/08 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/9/08

APPROVAL DATE: 9/24/08

PERMIT

P 529562

A 525582

TAX ID # 04328396

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Devel Land, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 100, Lisbon, MD 21765 PHONE NUMBER: 410-489-5206

SUBDIVISION: Feaga II Property LOT NUMBER: _____

ADDRESS: 2020 Long Corner Rd PROPERTY OWNER: Erik De Widt and Evelyn

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 2 Inlet 3.5', 3' Wide
Bottom 5'

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: ~~20'~~ 3 - 67' Trenches

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install as directed at layout inspection w/HCHD BEH Inspectors
NOTES:	Layout Inspection required prior to Septic Installation

PLANS APPROVED: Gabriel Greighton DATE: 6/20/07

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

See As-Built Drawing
On Separate Sheet

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3.5'	5'
NUMBER OF TRENCHES 3		
TOTAL LENGTH 200'		
ABSORPTION AREA 600+ Sidewalk		
DISTRIBUTION BOX LEVEL Levelers		
DISTRIBUTION BOX BAFFLE Yes		
DISTRIBUTION BOX PORT Yes		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	05'-2"
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

Babylon
Slotted

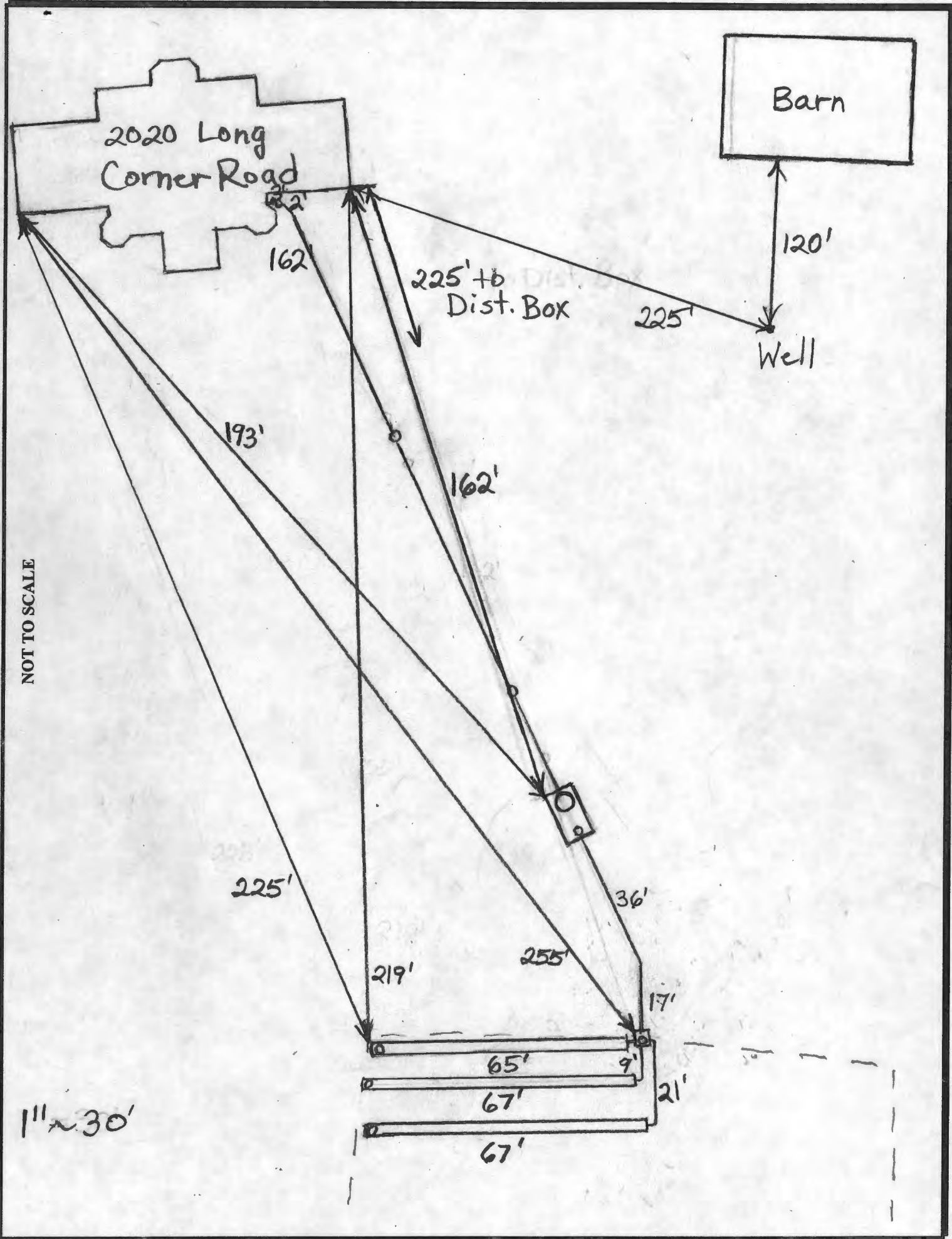
ROAD

PRE-CONSTRUCTION 9/22/08 Set the distribution box at the top middle of the easement and install three 67' trenches.

INSTALLATION on contour (BB) 9/23/08 Tank set, Box set, Plumbing to distribution box done. Top trench done. Second trench too close to top trench. Must use proper separation. (BB)

9/24/08 System finished. O.K. to backfill. Line sleeved under driveway. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/24/08



4/19/77
a.m.
7/14/77
a.m.
trace
appd 4/5
plus

Hold for call
P 25649
Repair
File

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 4/18/77

INDEXED

Donald Jones

IS PERMITTED TO INSTALL ALTER **X**

ADDRESS _____

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD 2020 Long Coener Road LOT _____

PROPERTY OWNER Donald W. Morgan

*behind Howard Chapel Church -
go through parking lot of
church to get to property*

ADDRESS _____

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR-Call for inspection when ground is opened up so Sanitarian

*can recommend repair system. 4/19/77 Cess pool? can be used if
sealed & a dry well 12' x 13' + 2' effective depth
long 2' of gravel under pipes
Plate = dry well 25'-30' from cess pool
or start trench 10' from cess pool*

PLANS APPROVED BY Palmer P. Wine

DATE 4/18/77

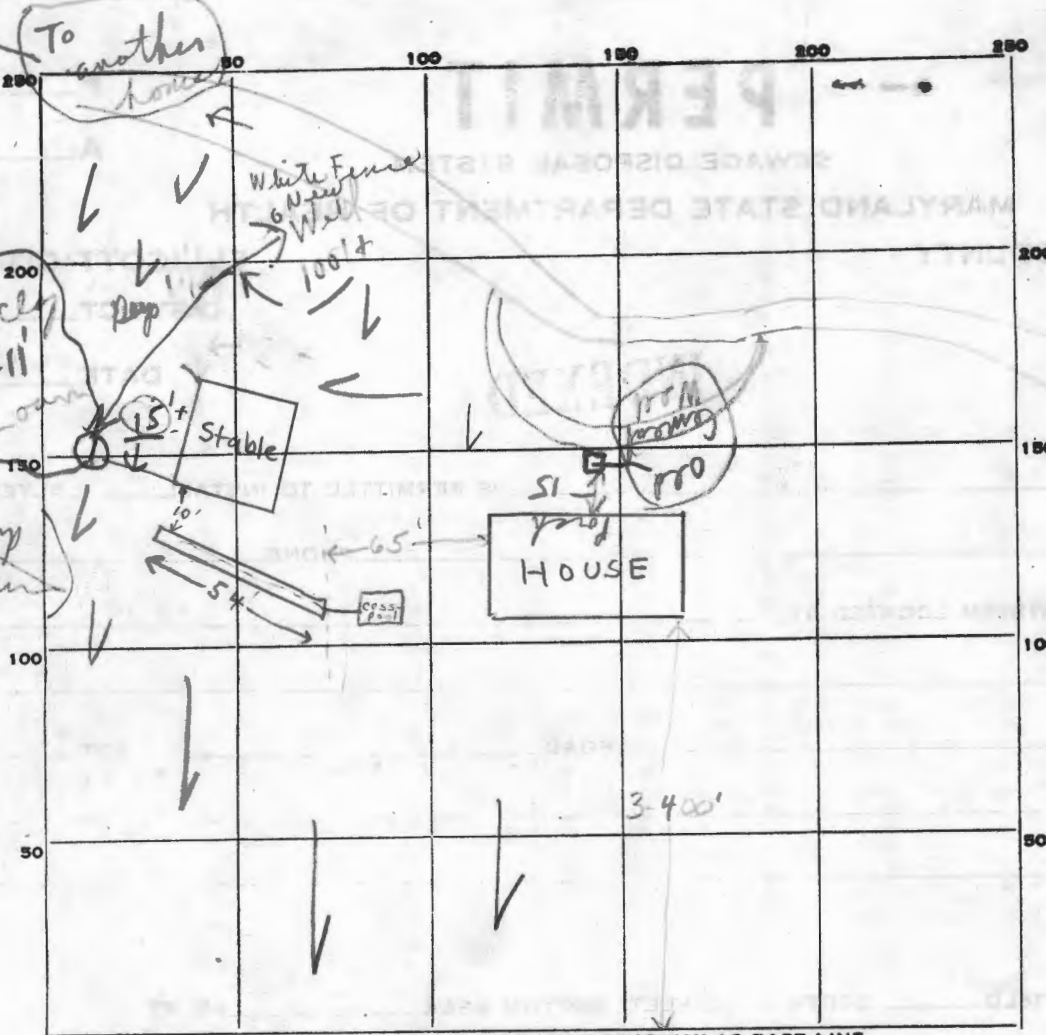
C. B. D.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

P 25649

5/8 Brick pavers



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Long Corner Road

PERMIT CARD signed final O.K. F.S.

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH ? IN. TOTAL LENGTH 54 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA ?

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

ABSORBENT AREA ? SQ. FT.

REMARKS 7/14/77 Trench off existing cesspool has gravel & distribution pipe already installed. Gravel to 18" from grade; Considering pile of spoil from trench, system seems to be deep enough; No backhoe operator on site F.S. 7/14/77 Discussed situation - D.W.M. F.S.

DATE SYSTEM APPROVED 7/14/77 INSPECTOR F.S. Skinner

Recall 5/4/77

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D.
ACTING DEPUTY STATE AND
COUNTY HEALTH OFFICER



P.O. BOX 476
ELLCOTT CITY, MARYLAND 21043
TELEPHONE 468-8000

April 1, 1977

Mr. & Mrs. Franklin Sorrels AND/OR
2020 Long Corner Road
Mt. Airy, Maryland 21771

Dr. Donald Morgan
c/o Century 21 - Mayde Realty
Olney, Maryland

Dear Mr. & Mrs. Sorrels: AND/OR Dr. Donald Morgan

Section 12.104 of the Howard County Code states: "The Board of Health, the County Health Officer, Sanitarian or his representative, shall take cognizance of all conditions dangerous to health and may on their own initiative institute an investigation."

On Tuesday, March 29, 1977, the investigation revealed an overflowing sewage disposal system on the property owned by you and located at 2020 Long Corner Road, Mt. Airy, Maryland.

In my capacity as a Sanitarian with the Howard County Health Department, I have determined that this overflowing sewage is of such a condition that it creates a public nuisance which endangers the public health.

To abate this unhealthy nuisance you must:

1. Secure a permit to repair the system.
2. Have ground opened up for inspection so Sanitarian can recommend the repair system.
3. Have the system repaired and inspected and approved by the Health Department.

You must comply with the provisions of this notice within thirty (30) days from the date of this notice, or apply to the Executive Secretary of the Board of Health for a hearing within ten (10) days from the date of this notice. If you do not apply for a hearing within the prescribed time and if you do not comply with this directive, a summons will be issued directing you to appear before the District Court of Howard County for a trial.

A copy of the Howard County Code is available for you to see at the Howard County Health Department.

Very truly yours,

Charles B. Streaker,
Sanitarian

PS Form 3811, Jan. 1975

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):
- Show to whom and date delivered..... 15¢
 - Show to whom, date, & address of delivery... 35¢
 - RESTRICTED DELIVERY.
Show to whom and date delivered..... 65¢
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:
*Mr. & Mrs. Franklin Sorrels
3020 Long Corner Road
Mt Airy, Md. 21771*

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *215372* |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

*Mr. & Mrs. Frank Sorrels
Virginia A. Jones*

4. DATE OF DELIVERY | POSTMARK
4-2-77 |

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: *[Signature]* CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆ GPO: 1975-O-588-047

PS Form 3811, Jan. 1975

SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one):
- Show to whom and date delivered..... 15¢
 - Show to whom, date, & address of delivery.. 35¢
 - RESTRICTED DELIVERY.
Show to whom and date delivered..... 65¢
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:
*Dr. Donald Morgan Realty
Co Century 21 - Myrna Realty
Route 108 & Route 97
Olney, Md. 20832*

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. | INSURED NO.
 | *215373* |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE Addressee Authorized agent

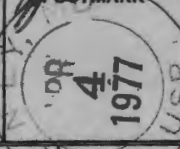
Joseph L. Moore

4. DATE OF DELIVERY | POSTMARK
4-2-77 |

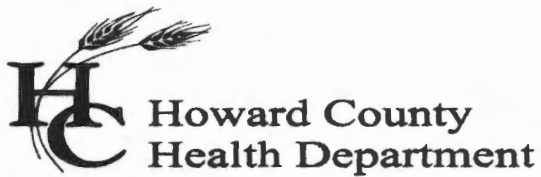
5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS *[Signature]*

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



☆ GPO: 1975-O-588-047



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-899-313-6300
website: www.hchealth.org

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

November 30, 2006

Erik DeWidt
716 Kennebec Avenue
Takoma Park, Maryland 20912

RE: PERCOLATION TEST RESULTS, A-525582
Feaga II Property

Dear Mr. DeWidt,

Percolation testing conducted November 22, 2006 on the referenced property indicated soils' conditions that are both satisfactory and unsatisfactory for onsite wastewater disposal. Copies of the test results are enclosed. Satisfactory soil conditions were observed at test holes 2, 5, 6, and 7. Unsatisfactory soil conditions were observed at test holes 1, 3, 4, 8, and 9. These holes were found to be unsatisfactory due to high rock content and slow percolation test times. Percolation tests 6 thru 9 were added to validate the sewage disposal area. It will be essential for the new test holes to be field located by an engineer/surveyor and be represented on the Percolation Certification Plan.

Further review is contingent upon submission by a registered engineer/surveyor of a Percolation Certification Plan for the Feaga II Property. Specific content of the Percolation Certification Plan is described by the attached document, *Percolation Certification Plan Requirements*.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1775.

Respectfully,

Ashley Trump
Well and Septic Program
Development Coordination Section

Enclosures
CC: File

5/5/95
10:00
✓

APPLICATION

PERCOLATION TESTING

A A 50650B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

*PREVIEW OK
TEST FOR NEW LOT
+ REPAIR ALG ON
EXISTING LOT*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Janice Rogers / Robert Fitterer

ADDRESS 2020 Long Corner Rd PHONE (301) 253-6488

AGENT OR PROSPECTIVE BUYER Robert C Fitterer

ADDRESS 26023 MT Vernon Ave
Damascus, MD 20872 PHONE (301) 253-6488

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2020 Long Corner Rd

TAX MAP _____ PARCEL # 56

SH66T 2/3

SIZE OF LOT 21.44 acres to be divided TYPE BLDG. SFD
(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.

Robert C Fitterer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR ~~REJECTION~~ OR HOLDING *1 for plat with all information required*
2 for prep CBS new plot also.

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

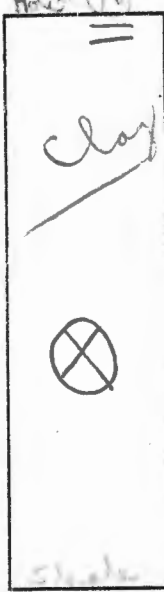
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

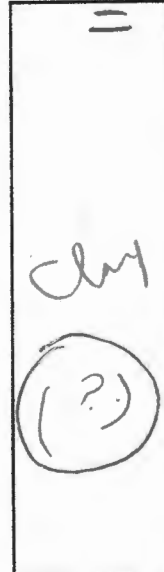
AS 650
COUNTY #

Note: Nearest
+ Behind Church

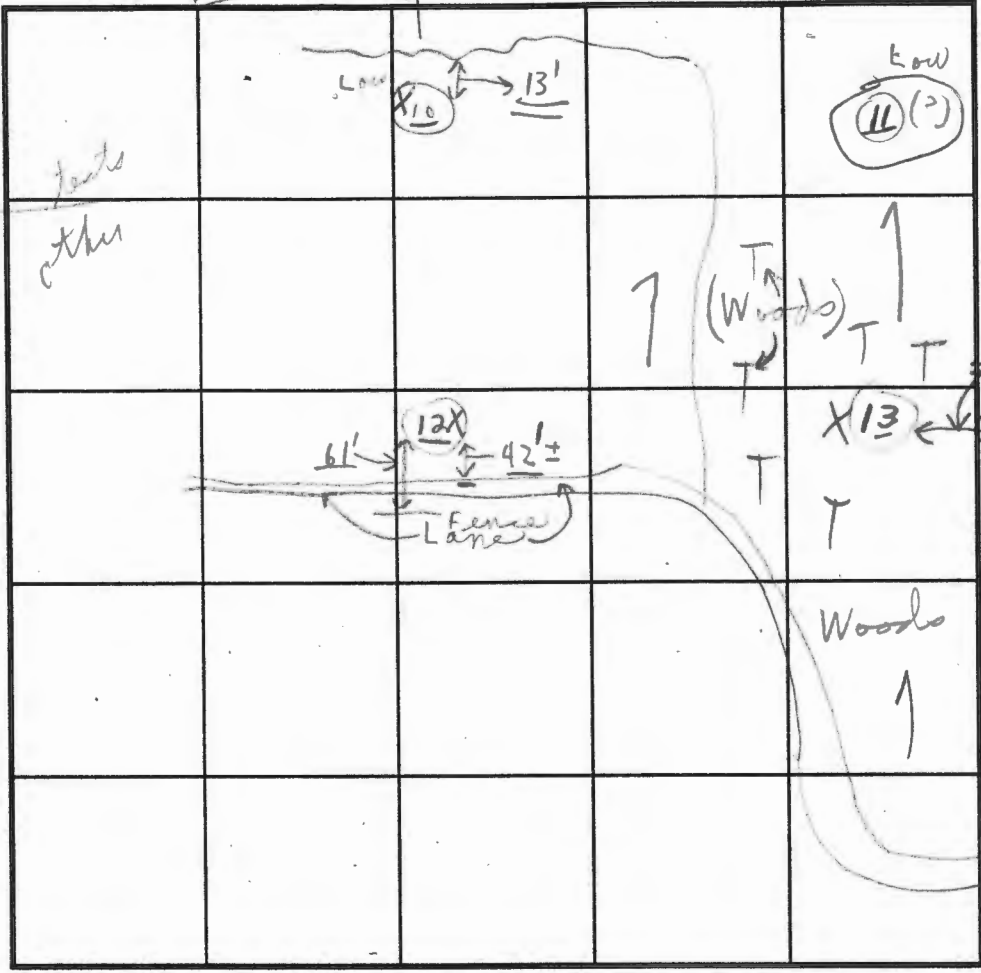
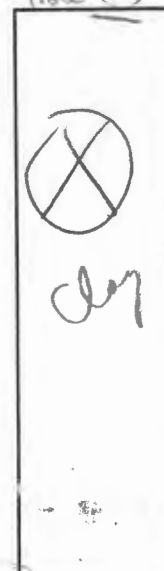
SOIL PROFILE



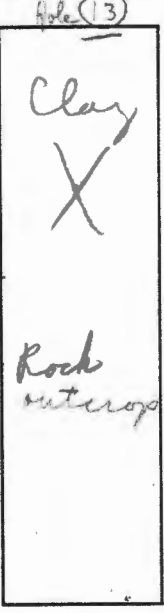
Hole #11



Hole #13



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Closest to church
4 units

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/95	10	X 4'	1:56	2:15	2:15	2:16	1/8" X
P.M.		9'					15% loam 5% weathered shale
	11	X 4 1/2'	2:02	2:15	2:15	2:15	1/2" - 3/4" X
		9'		60% loam		40% weathered shale	
	X 13	X 4 1/2'	2:13	2:13	2:XX	2:XX	1/8" to 1/4" only clay X
		10 1/2'		(clay + some weathered shale)			
	(?) 11 (?)	X 10'±		clay			0-2" weathered shale 7' to 10' mostly shale

REMARKS 5/5 Tests right after lunch in P.M. #11 + #13 in woods

TYPE OF SOIL mostly clay some weathered shale to shale

TESTED BY C.B. ALSO PRESENT (2) Fittings 1 C. Moly

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 50650B

P _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*PERVIEW OK
TEST FOR NEW LOT
+ REPAIR ALG- ON
EXISTING LOT*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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ADDRESS 26023 MT Vernon Ave
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PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2020 Long Corner Rd

TAX MAP _____ PARCEL # 56

SH66T 1/3

SIZE OF LOT 21.44 acres to be divided TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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Robert C Fitterer

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

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

*5/5/95
10:00*

A 50650 COUNTY #

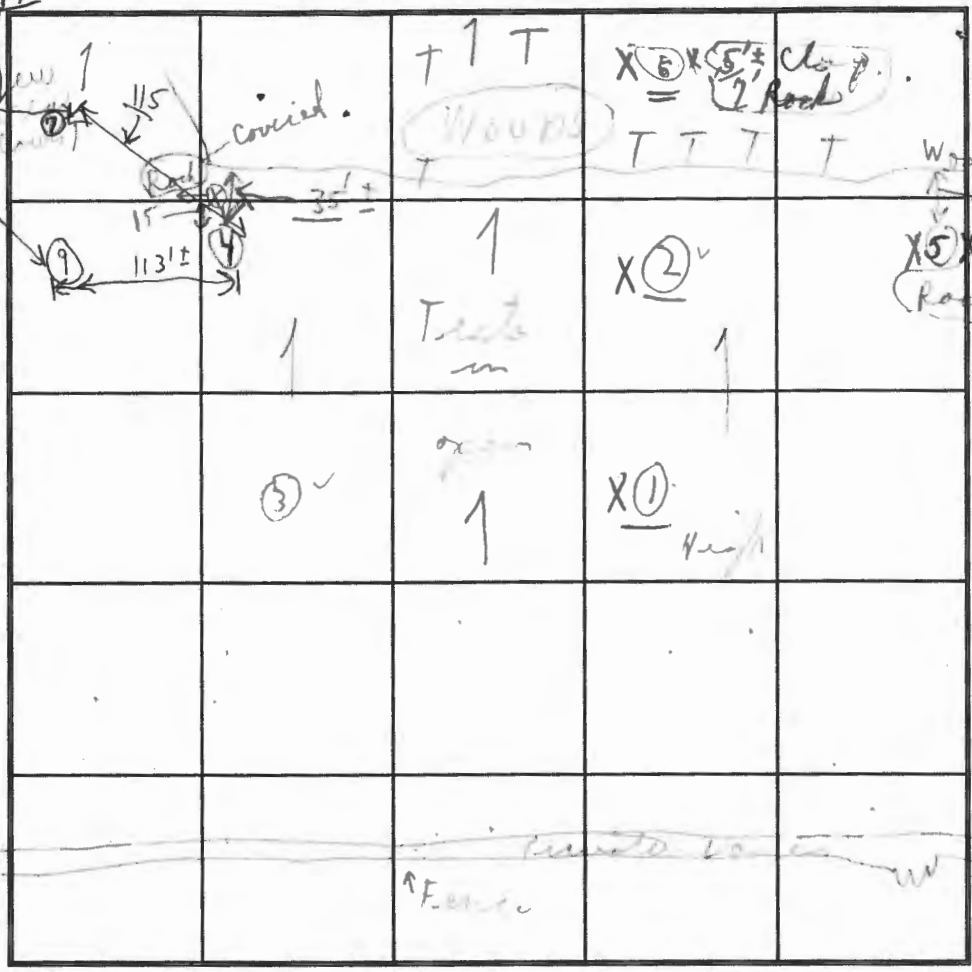
SOIL PROFILE #

SOIL PROFILE #

Clayish
X
Shaly
8'-10"

Clayish
X
Shaly
8 1/2'

Clayish
X
Shaly
8 1/2'



16'±
X(5) X(5) Clay
Rock 6 1/2
0'-3'
Clay
3 1/2'
75% Lom
25% weathered shale
8 1/2' hardish

To. Lonsbor
Church

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

20(B) ← No tests moved to different area ← Long Corner Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/95	1(A)	3' 3"	10:18	10:47			X Clay
	1	8'-10"	0'-				
	2	3'	10:29	10:59			X Clay
	2	8 1/2'	0'-				
	3(A)	3' 3"	10:15	32: 1/2"	X: X	X: X	Clay
	3	8 1/2'	0'-				
	4	3 ±	10:52	11:20	11:20	11:48	28m
	4	8 1/2'	0'-3'±				
	5	X					
	6	X					

REMARKS: (Closest to church) No shelf. dry
 TYPE OF SOIL: clayish to weathered shale to shale & rock
 TESTED BY: C.W. ALSO PRESENT: { Mr. Miller, Mr. & Mrs. Patten
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: See #3 TRENCH WIDTH: _____
 INLET DEPTH: _____ MAXIMUM BOTTOM DEPTH: _____ SQ. FT./BEDROOM: _____

4 of 4 { 5/8/95 see checkout for 7/14/77 for repair wind holes/s

5/5/95
10:00

APPLICATION

PERCOLATION TESTING

A 506508

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

PREVIEW OK
TEST FOR NEW LOT
+ REPAIR PROB ON
EXISTING LOT

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
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(SINGLE FAMILY DWELLING OR COMMERCIAL)

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(SIGNATURE OF APPLICANT)

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THIS IS NOT A PERMIT

A 50650 area lower

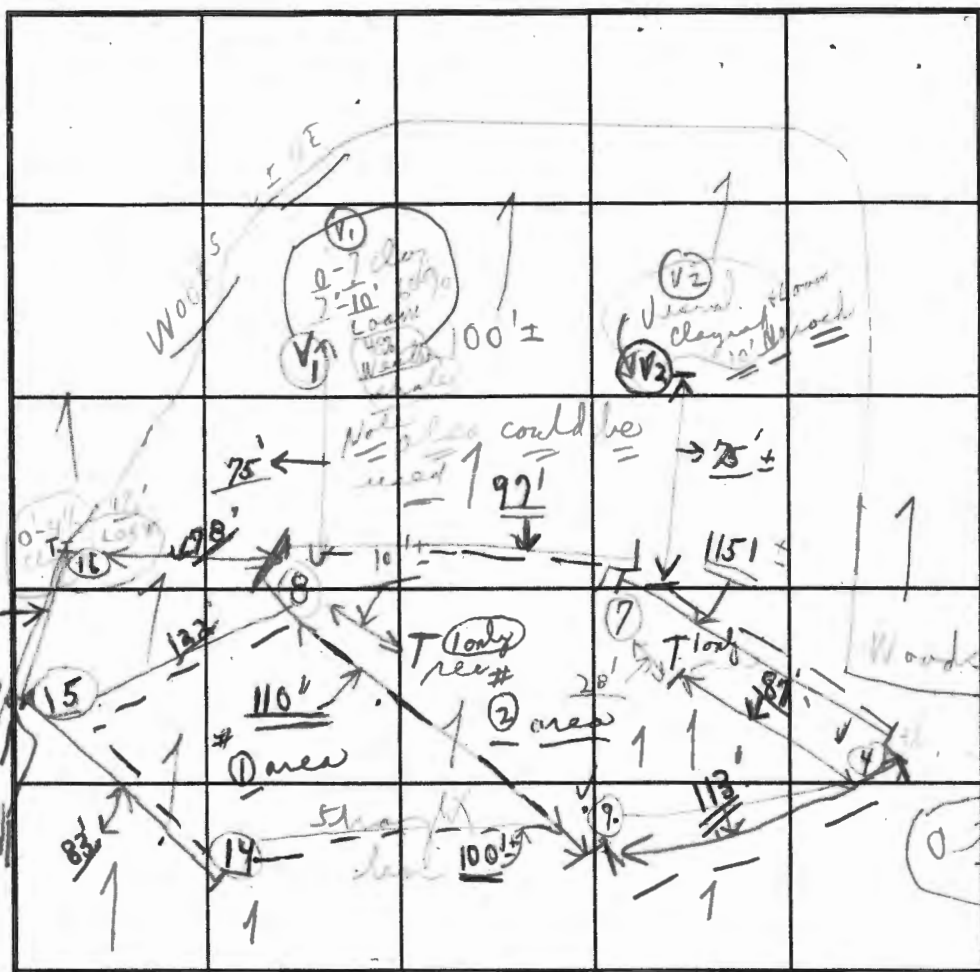
COUNTY #

SOIL PROFILE #

Hole # 2
 0'-5 1/2' ±
 Clay
 5 1/2' ±
 Mostly L O P M

Hole # 8
 0'-5 1/2' ±
 Clay
 6' ±
 Mostly Loam
 9'-9"

Hole # 9
 0-5'
 clay
 5' Loam +
 Weathered shale
 9'



Holes # 17, 18, 19

SOIL PROFILE # 17	SOIL PROFILE # 18	SOIL PROFILE # 19
0'-3 1/2'	0'-4'	0'-5'
Clay	Clay	Clay
3 1/2'	4'	5' ±
85% ± Loam	85% ± Loam	Loam 85% ±
15% ± Weathered shale	75% ± Weathered shale	Weathered shale 15% ±
9 1/2'	9' ±	9' ±

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

old farm road

8(B) → 5 1/2' | 11:53 | 12:05 | 12:05 | 12:27 | 22 min ✓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/95	7	3 1/2'	11:13	11:14	11:14	11:18	XX
	(8) & (9)	9'					
	(8) & (9)	3 1/2'	11:15	11:16	11:16	11:18	XX (Dry to 9-9")
	8(B)	9'-9" → 6"	12:02	12:03	12:03	12:05	2 min (Dry to 9-9")
	(9)	5'	12:16	12:19	12:19	12:26	7 min (Dry to 9-9")
		9'					
5/5/95	(14)	3 1/2'	2:50	3:00	3:00	3:13	13 min
		9 1/2'					
	(15)	4'	2:52	2:56	2:56	3:03	7 min
		9'					

REMARKS: (15) 5' down to 9" → Loam + weathered shale

TYPE OF SOIL: clay, loam, weathered shale

TESTED BY: [Signature]

ALSO PRESENT: (2) Mr + Mrs Fetter

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 22 min ± TRENCH WIDTH 3'

INLET DEPTH 5' MAXIMUM BOTTOM DEPTH 7' SQ. FT./BEDROOM 270

2' ± stand 5/5 Hold for certified holes

5/5/95
10:00

APPLICATION

PERCOLATION TESTING

A 50650A

P 25649

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*PREVIEW OK
TEST FOR NEW LOT
+ REPAIR ALB ON
EXISTING LOT*

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Janice Rogers / Robert Fitterer

ADDRESS 2020 Long Corner Rd PHONE (301) 253-6488

AGENT OR PROSPECTIVE BUYER Robert C Fitterer

ADDRESS 26023 MT Vernon Ave
Damascus, MD 20872 PHONE (301) 253-6488

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2020 Long Corner Rd

TAX MAP _____ PARCEL # 56

SIZE OF LOT 21.44 acres to be divided TYPE BLDG. SFD - EXISTING HOUSE
(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.

Robert C Fitterer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Epistle house - need perc plat, house
for plat, etc. + perc. CRT sets + well shown

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

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

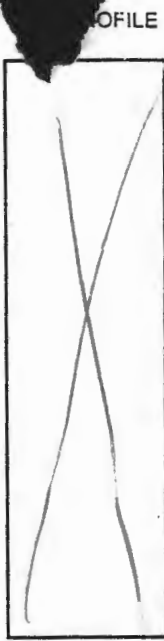
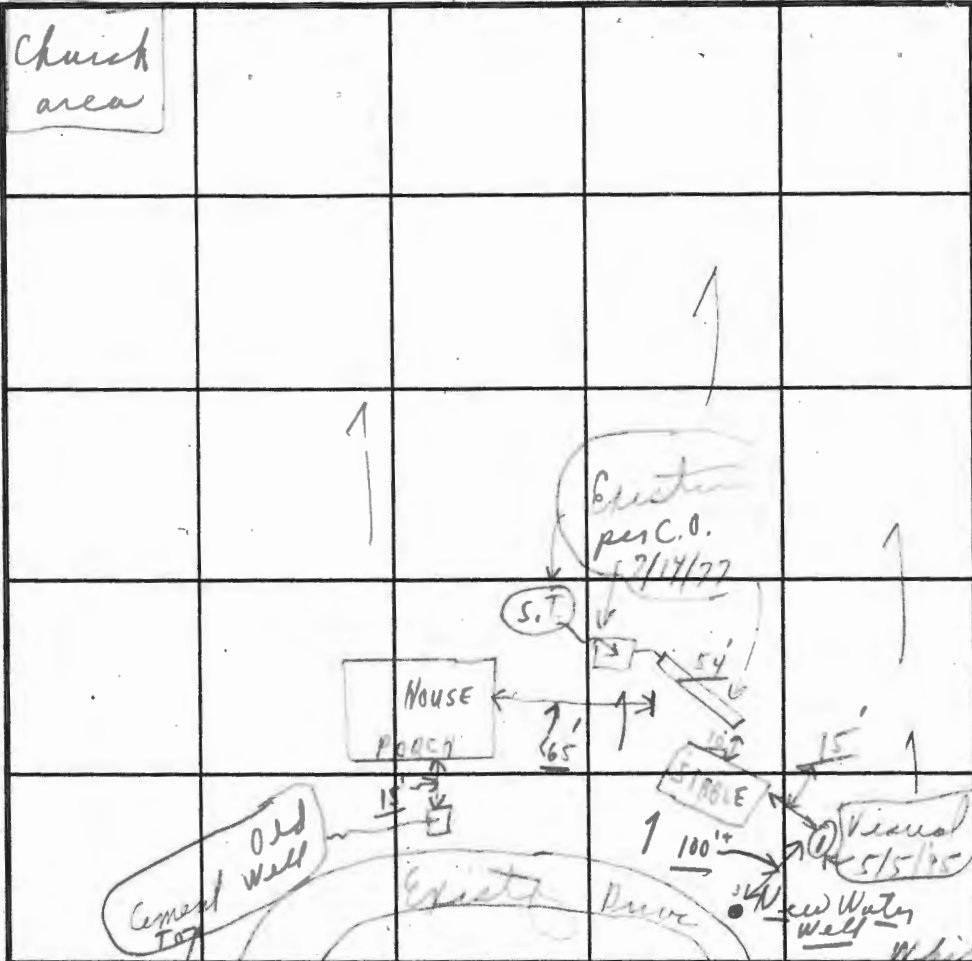
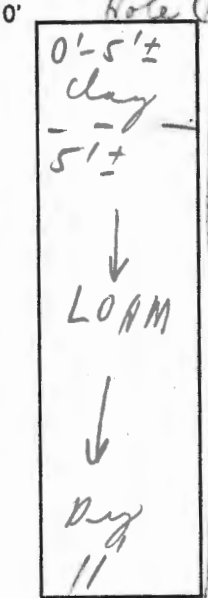
THIS IS NOT A PERMIT

A50650 AM

← LONG CORNER ROAD →

COUNTY #

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/5/95 <i>(Late P.M.)</i>	①	11'	0'-5' clay	5'-11' Loam			115 OK EST 8 MIN

REMARKS: 1 Test holes as per above; appears could pump 11 in future also

TYPE OF SOIL: Loam below clay

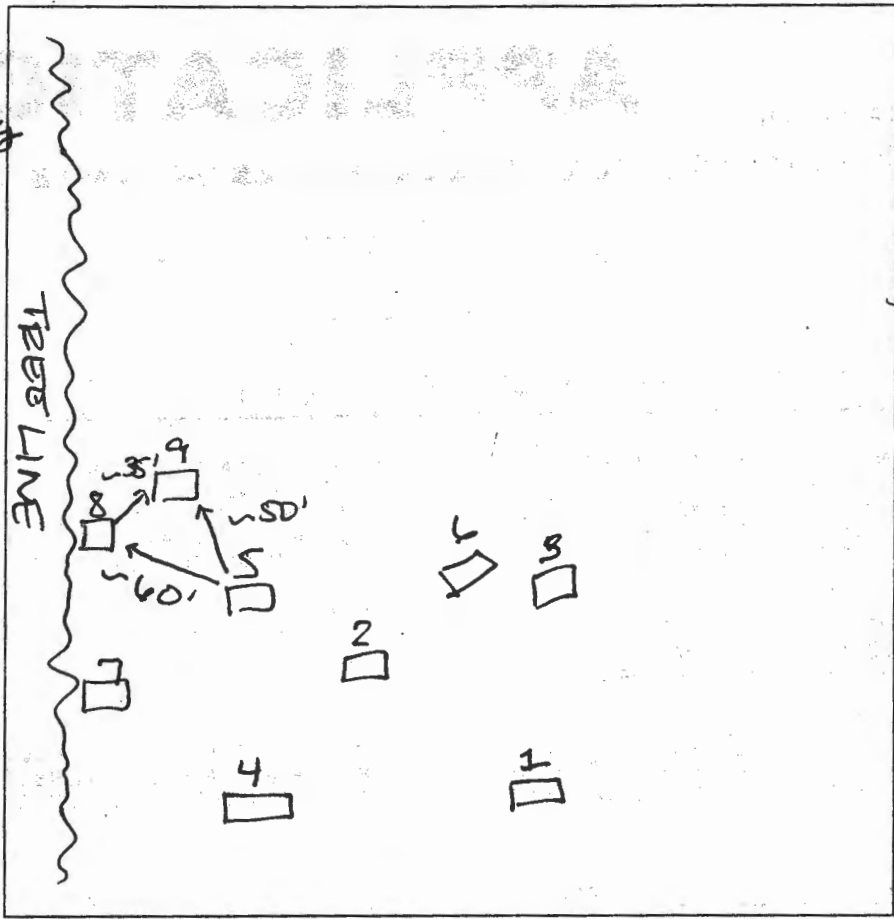
TESTED BY: C. Bd. ALSO PRESENT: Moley etc

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: _____ TRENCH WIDTH: _____

INLET DEPTH: _____ MAXIMUM BOTTOM DEPTH: _____ SQ. FT./BEDROOM: _____

AP 525582

1
 1' BR gravelly
 Yell BR
 Channers
 SICK
 2.5' 40%
 Channers
 3.5' Yell BR
 SIL
 40%
 Channers
 Blue gray
 weathered
 shale
 90% flaky
 St. cem
 10' - bottom 2
 0.5' BR L
 BR Vgr
 SICK
 4' irregular
 boundary
 Yell-Brn
 vch loam
 ~45%
 8' 75%
 weathered
 shale/saprolite
 9.5' Yell Brn
 loam
 3
 0.5' Brn L
 BR SICK
 2' BR
 Ch SICK
 40% channers
 4' blue gray
 shale
 70%
 7' HB



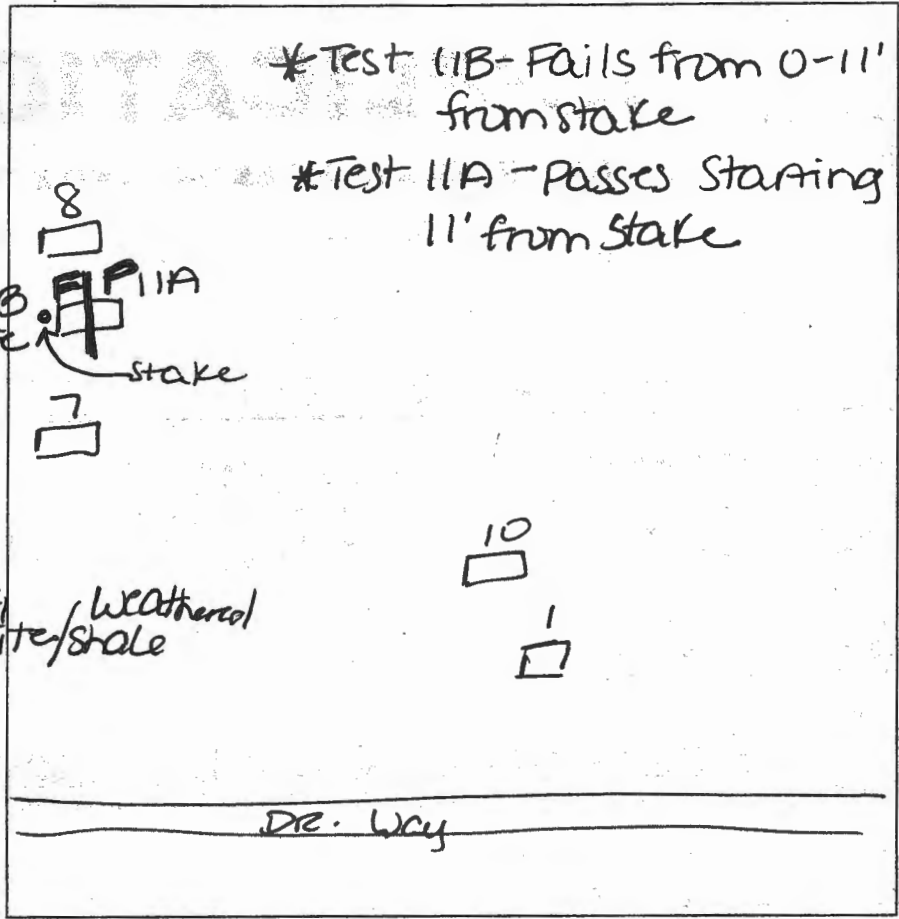
4
 0.5' BR gr
 loam
 1.5' Yell-BR
 gr SICK
 Br vch SICK
 ~50%
 5.5' blue-gray
 shale 65%
 8.5' HB
 5
 1' BR gr
 loam
 3' Br gr
 SICK
 RDBr
 SIL
 40% channers
 5' weathered
 shale/saprolite
 ~50%
 9'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/22/06	1	10'D	FAIL	VISUAL	SSD	ROCK	
	2	4.5' 9.5'	9:54	9:55	9:56	42min	
		Recur	9:56	9:57	10:00	3m	P
	3	7'D	VISUAL	FAIL			F
	4	4.5' 8'	0	30min			F
	5	4' 9'	9:21	9:24	9:32	8	P

REMARKS Rock Content high but easily broken down
 SANITARIAN AT/RB BACKHOE Justin (level land) OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

AP

*Test 11B - Fails from 0-11' from stake
 #Test 11A - passes starting 11' from stake



- 10
Bm L
Ch
- 6"
Bm SiCL
40% Ch
saprolite
- 5'
Bm SiL
40% Ch
saprolite
- 10'
Bm L
50% Ch/f
saprolite/shale
- 11.5'
- 11A
Bm L
Ch
- 6"
Bm SiCL
30% Ch
saprolite
- 4'
Bm SiL
40% Ch
saprolite
- 7'
Bm L
50% Ch
saprolite
- 10'
- 11B
Bm L
Ch
- 6"
Bm SiCL
30% Ch
saprolite
- 4.5'
70%
Shale Ch.
- Bm L/SiL
- 10'

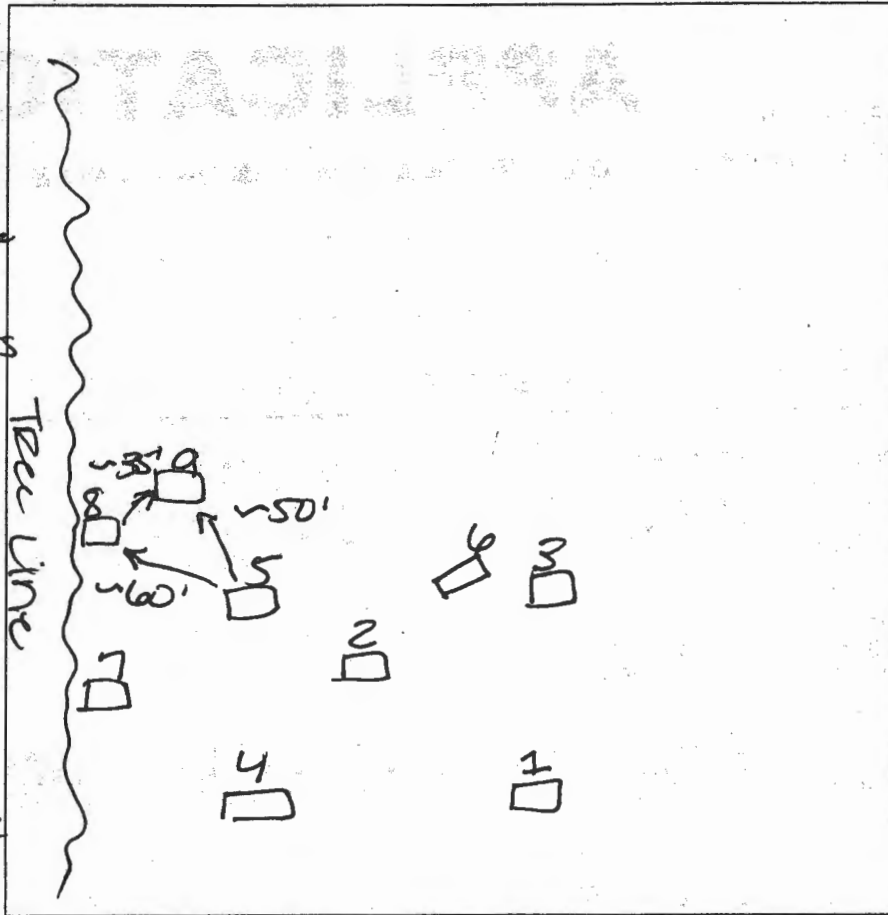
Long Corner Rd

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
4/10/07	10	4' / 11.5'	12:20	12:32		50	
		5' / 11.5'	1:04	1:13	1:30	17	P
	11A	4.5' / 10'	12:36	12:38	12:41	5	P
	11B	VISUAL					F

REMARKS Tests 1, 7, 8 were tested 11/22/06
 SANITARIAN at/RB BACKHOE Justin (level land) OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____
 TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

QIP 525582

6
 0.5' DK BR Loam
 BR SiCL
 Common Fine ROOTS
 2' BR Ch SiCL
 Few Fine ROOTS
 3' Yel-RED
 Vch loam 35%
 4.5' Irregular boundary
 Vch loam 50%
 7.5' weathered shale 70%
 BR loam
 9' And Saprosite



8
 0.5' BR loam
 Yel-BR Ch SiCL
 2.5' Vch SiCL
 Yel-BR
 5.5' Bouldery
 75%
 HB
 6'

9
 0.5' DK BR Loam
 Yel-BR Vch SiCL
 2' BR Vch SiCL
 5' Irregular boundary
 weathered shale
 40% Saprosite
 Few Stones

Driveway

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
11/22/56	6	4.5' / 9'	9:27	>30 min			
		5' / 9'	10:10	10:12	10:16	4	P
	7	4' / 9'	10:42	10:45	10:57	12	P
	8	VISUAL		>50% ROCK			F
	9	5' / 9.5'	11:05	>30 min			F

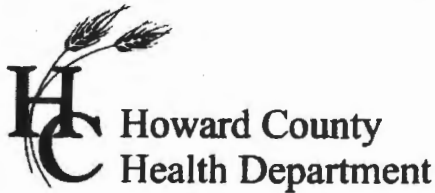
7
 1' BR gr loam
 Yel-BR Ch SiCL
 2.5' Yel-BR Vch SiCL
 40% weathered shale
 5.5' Saprosite
 30% weathered shale
 9' Saprosite

REMARKS: Rock content high but easily broken down

SANITARIAN OT/PB BACKHOE Justin OTHERS Level Land

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

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____

TEST TIME _____

AP 525582

AGENCY REVIEW: _____

DATE 9/29/06

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?

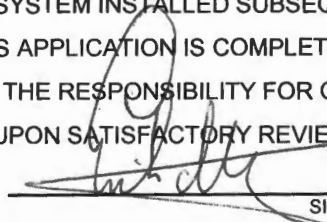
- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH two 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)	<u>Timothy W. Feaga</u>		
DAYTIME PHONE	<u>410-489-7900, ext. 111</u>	CELL	FAX <u>410-489-9768</u>
MAILING ADDRESS	<u>P.O. Box 482</u>	<u>Lisbon</u>	<u>MD 21765</u>
	STREET	CITY/TOWN	STATE ZIP
APPLICANT	<u>Erik deWidt</u>		
DAYTIME PHONE		CELL <u>240-893-1634</u>	FAX <u>301-587-5212</u>
MAILING ADDRESS	<u>716 Kennebec Avenue</u>	<u>Takoma Park</u>	<u>MD 20912</u>
	STREET	CITY/TOWN	STATE ZIP
APPLICANT'S ROLE	DEVELOPER	BUILDER	<u>BUYER</u>
		RELATIVE/FRIEND	REALTOR CONSULTANT
PROPERTY LOCATION			LOT NO.
SUBDIVISION NAME			
PROPERTY ADDRESS	<u>2020 Long Corner Road</u>	<u>Mt. Airy, MD 21771</u>	
	STREET	TOWN/POST OFFICE	
TAX MAP PAGE(S)	<u>6</u>	GRID <u>21</u>	PARCEL(S) <u>56</u>
		PROPOSED LOT SIZE	<u>20.0 ac</u>

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWAGE 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

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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: _____ Telephone #: _____

Subdivision: _____ Lot #: _____ Well Tag #: HO - ____ - _____

Site Address: 2020 Long Creek Rd.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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 _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 _____

OK (KW) - Plumber only installed a new line from point of connection to old house do new house separately to existing.



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter Beilenson, M.D., M.P.H., Health Officer

December 22, 2009

Homeowner
2020 Long Corner Road
Mt. Airy, MD 21771

RE: de Widt Property, p. 56
2020 Long Corner Rd.
BP #: B07001888

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 9/24/2008. Final approval of the well line connection to the dwelling was approved on 12/22/2009.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

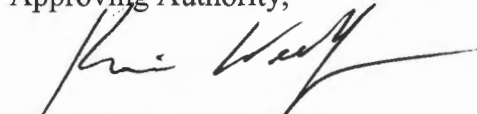
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under the current Well. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/21/2008

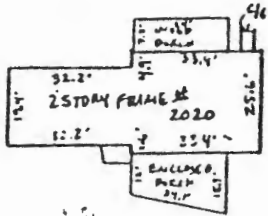
Approving Authority,

A handwritten signature in black ink, appearing to read "Kevin Wolf", with a long horizontal flourish extending to the right.

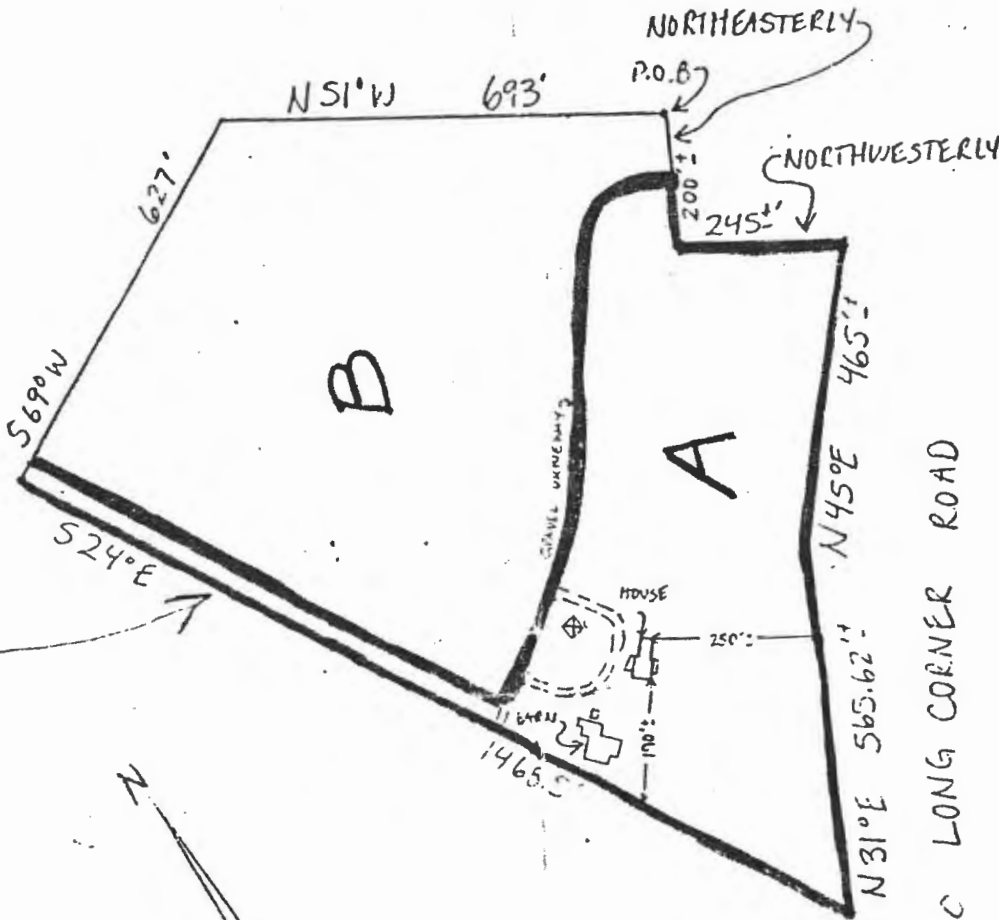
Kevin Wolf, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

50' SCALE BLOW-UP
OF HOUSE



Feet in part strip of land to
willow across to back lands.

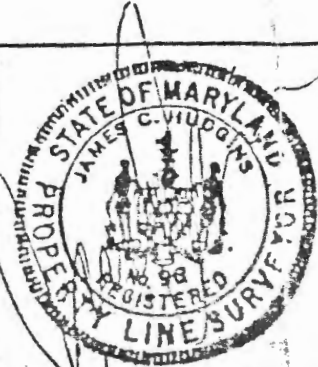


2020 LONG CORNER ROAD

SELLER: James D. Fagan DATE: 3/11/95
 BUYER: [Signature] DATE: 5/12/95
 PURCHASER: _____ DATE: _____
 PURCHASER: _____ DATE: _____

Subject property is shown in Zone C
 the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland; Panel 12 OF 45
 Community Panel 240044 0012 B
 Effective Date: DECEMBER 4 1986

I certify that I have surveyed the property
 as 2020 LONG CORNER ROAD, AS DESCRIBED IN
 DEED
 - of - recorded LIBER 986 FOLD 507 among the
 Records of HOWARD County, Maryland for the
 use of locating the improvements thereon.



LOCATION SURVEY

2020 LONG CORNER ROAD

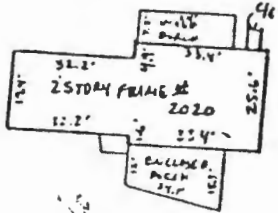
HOWARD COUNTY MARYLAND

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771

Scale 1"=300'
 Date 11-1-93
 Field By DAN

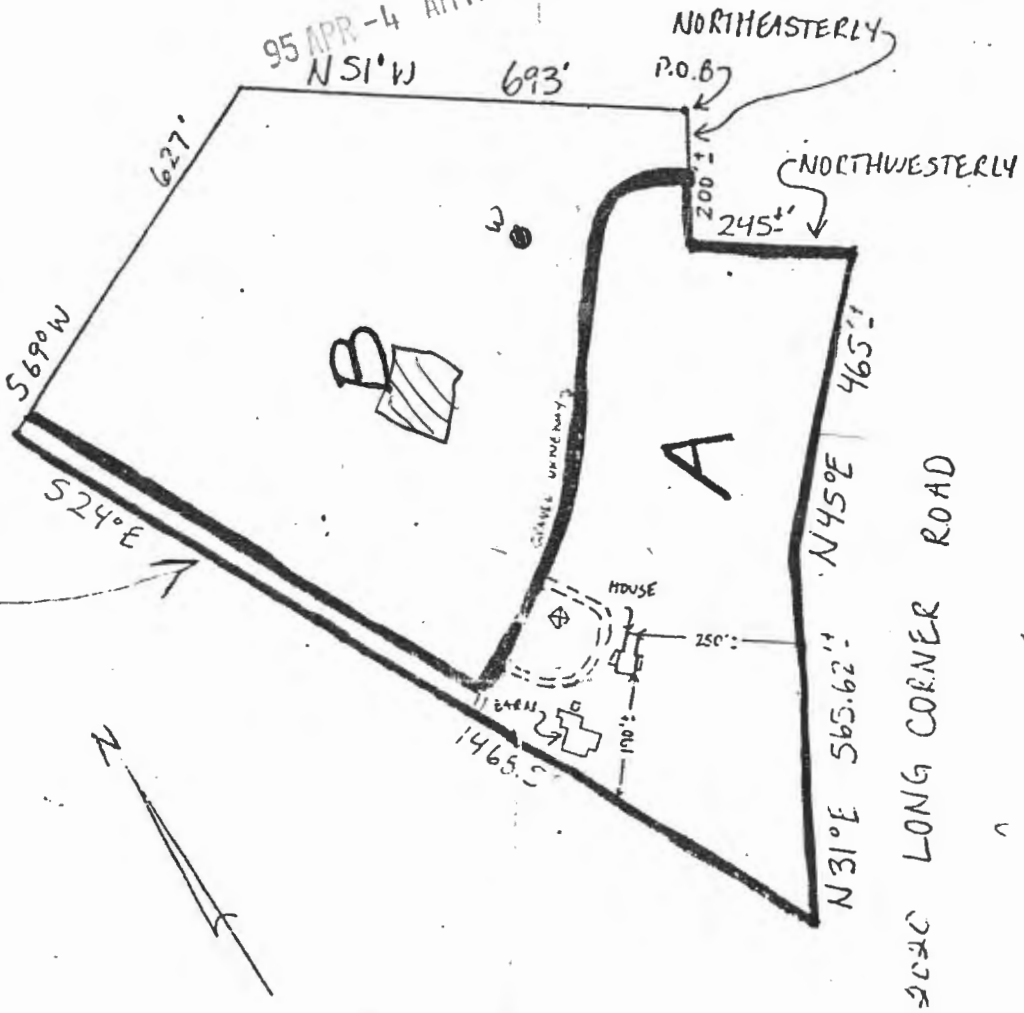
PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 SITUATED WITHIN THE OUTLINES OF THE LOT AND IS

50' SCALE BLOW-UP
OF HOUSE



Full town part strip of land to
 allow access to back lands.

HEALTH DEPT.
 95 APR -4 AM 11:12
 NS 1° W 693'

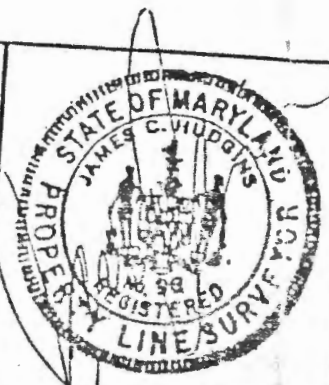


Sellen James D. Bryan 3/11/93
 Sellen J.S. 5/12/93
 PURCHASER _____ DATE _____
 PURCHASER _____ DATE _____

Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel 12 OF 45
 Community Panel 240044 0012 B
 Effective Date: DECEMBER 4 1986

I certify that I have surveyed the property
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 DEED
 of - recorded LIBER 986 FOLD 507 among the
 Records of HOWARD County, Maryland for the
 use of locating the improvements thereon.

PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 SITUATED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



LOCATION SURVEY
 2020 LONG CORNER ROAD
 HOWARD COUNTY MARYLAND
 NNT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Scale 1" = 500'
 Date 11-1-93
 Field By DAN

Heavith

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	B0800 3531 PERMIT NUMBER
--	-------------------------------------	-----------------------------

Building Address 2020 Long Corner Rd
MT Airy MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 6 Parcel 56 Grid 21

Zoning _____ Map Coordinates _____ Lot Size 20 AC

Property Owner's Name ERIK DEWIDT / ERIK SHUKAT

Address Po Box 1087

City MT AIRY State MD Zip Code 21771

Phone 301-587-8635 Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use SFO

Proposed Use shop - propane tanks

Estimated Construction Cost \$ 7817.00

Description of Work install @ 1000 underground
cond propane tanks & supply lines

Occupant or Tenant _____

Contact Name ERIC DEWIDT

Address Po Box 1087

City MT AIRY State MD Zip Code 21771

Phone _____ Fax _____

Contractor Company Southern States

Contact Person NATHAN L. HAINES JR

Address 5831 E Buckeystown Pike

City Frederick State MD Zip Code 21704

License No. PA 10038

Phone 301-663-6168 Fax 301-663-0274

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth <u>17</u> Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

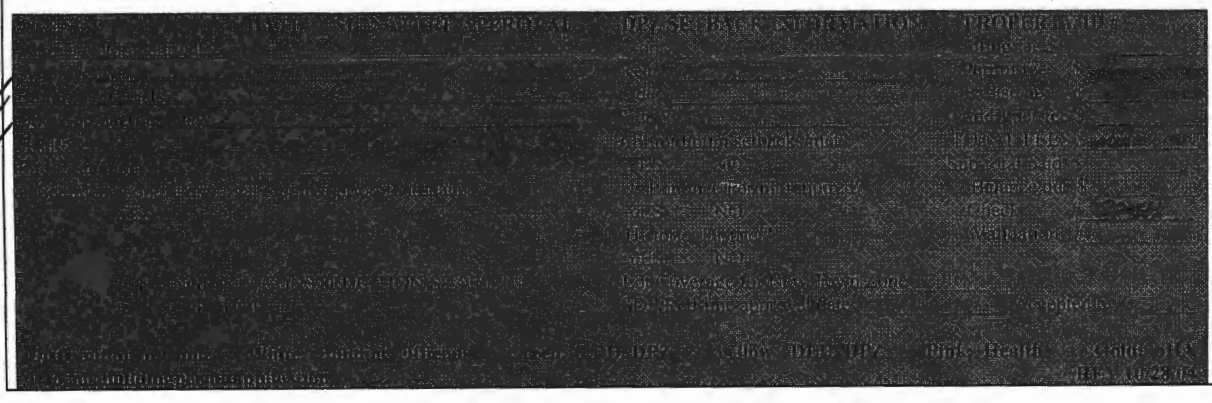
Nathan L. Haines Jr
Applicant's Signature

Title/Company

Nathan L. Haines, Jr
Print Name

12/4/08
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07001864

Building Address 2020 LONG CORNER RD.
MT. AIRY, MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: #18575

Census Tract 604001 Subdivision Frage # Prop

Section _____ Area _____ Lot _____

Tax Map 6 Parcel 56 Grid 21

Zoning RC Map Coordinates _____ Lot size 20 acres

Property Owner's Name Brik de Wilt and Evelyn

Address P. O. BOX 1087
MT. AIRY, MD 21771

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone 240-893-1694

Applicant's Name & Mailing Address, (if other than stated hereon):
VICKY MEYER

Phone 410-295-6900 Fax _____

Existing Use vacant farm hse. to be demo (see later)

Proposed Use new add

Estimated Construction Cost \$ 250,000

Description of Work Construct a new two story hse.

Contractor Company ADIL DEVELOPMENT LLC

Contact Person JOE BUCHANAN II

Address 9712 MAGLROT RD.
BRSD.

City _____ State _____ Zip Code 21294

License No. 1571

Phone 443-790-3189 Fax _____

Occupant or Tenant SEE OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company PC

Contact Person Brian L.

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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V. Meyer
Applicant's Signature
agent

Title/Company _____

VICKY MEYER
Print Name

5/19/2007
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/20/07</u>	<u>[Signature]</u>
Fire Protection		

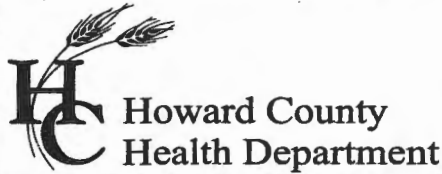
Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>3967</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____



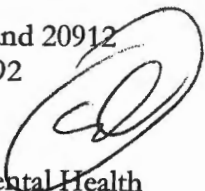
Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 8, 2007

MEMORANDUM

TO: Eric deWilt
Evelyn M. Shukat
716 Kennebec Ave.
Takoma Park, Maryland 20912
Faxed to 410-296-7992

FROM: Stuart F. Oster, R.S. 
Bureau of Environmental Health
Well and Septic Program

RE: 2020 Long Corner Road
Feage II Property
Mt. Airy – 20 Ac.
Map 6, Grid 21, Parcel 56

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced properties. The existing well may possibly be utilized for replacement house. By accepting this demolition recommendation, you agree to the following conditions set forth by the Health Department:

Before demolition, the well that served the existing house must be properly disconnected and sealed off. Also, protective devices placed around them to prevent any future damage. These precautions should remain in place during the demolition and construction phases. The well (Unknown tag number) will have to meet current COMAR (26.04.04) construction standards before they can be reconnected to the new house.

The septic system for the existing house has to be properly abandoned and documentation submitted.

Well and septic inspections are required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed. If any other wells or septic systems are found during site work, please notify this office immediately.

C: Maryland Building Permits, Inc., Victoria Meyer
File



MARYLAND BUILDING PERMITS, INC.
Express Permitting Services

1602 Pinnacle Road
Towson, MD 21286
(410) 296-6900
(410) 296-7992 (fax)
mdbldgpermits@comcast.net

May 7, 2007

ATTN: STUART FAX 410-313-2648

Howard County Health Dept.
Water and Sewerage Program
7178 Columbia Gateway Drive
Columbia, MD 21046-2132

To Whom It May Concern:

RE: DEMO LTER. 2020 LONG CORNER RD., MT. AIRY, 21771

Howard County requires a release from your office so that my client can demo his house so he can build a new single family dwelling. The existing house is approximately over 2,565 sq. feet. The tax record states it was built 1925.

The engineer for the new house will be proposing new septic for you to review. If you can send me a letter so that I can let dept. of inspections and licenses and permits know that I contacted your department.

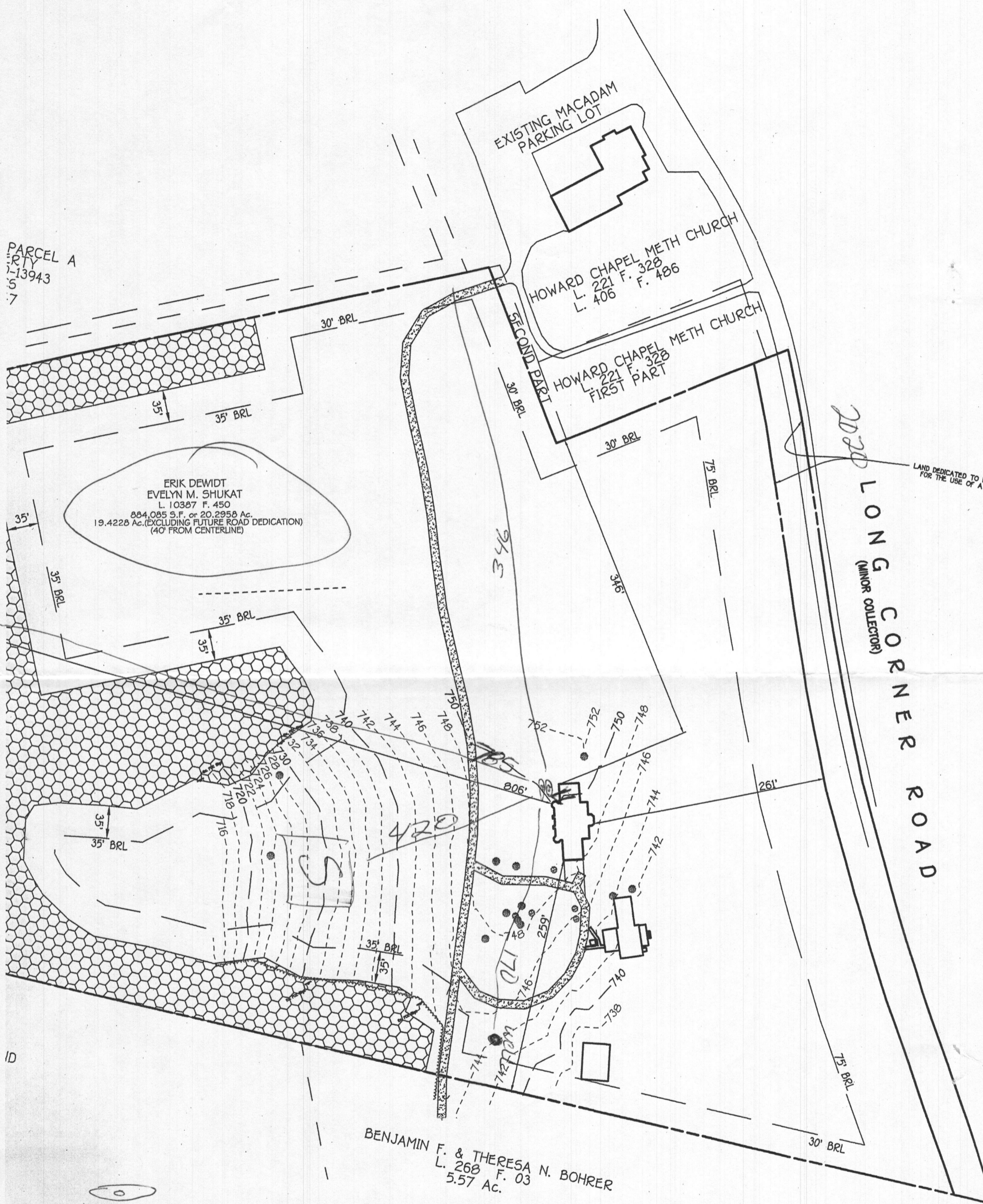
If you have any questions, please call me.

Very truly,

Victoria Meyer

EASEMENT

PARCEL A
RTY
-13943
5
7



ID

1000 sq
prepare tank

PLAN
SCALE: 1" = 100'

LP tank ok
Bo8003531
12/23/08 ss

Regarding Building Permit B07001888



KAPPE ASSOCIATES, INC.
SCIENTIFIC RESEARCH DIVISION

100 WORMANS MILL COURT, FREDERICK, MD 21701 • 301-846-0210 • FAX 301-846-0508

**REPORT OF EXAMINATION
OF A WATER SAMPLE**
MD Cert. #12

VA Cert. #00080 PA C rt. #88-189

TO: Easterday Well & Pump
8265 Brown Church Road
Mt. Airy, MD 21771

Sample Ident. No.:	809-4272
Type of Water:	Drinking Water
Date (Time) Collected:	10-21-08 (09:5)
Date (Time) Received:	10-21-08 (12:5)
Date (Time) Examined:	10-21-08 (15:0)

Nature of Submission:	Routine	Sample Preservation Method:	Refrigeration
Name of Sample Source:	1st Floor Hall Bathroom Tub	Source Type:	Well
Mun., Inst., Co., Owner:	Pat Harvey	pH (pH Units)(Field) =	6.6
Address:	2020 Long Corner Road	Chlorine Residual:	
City, County:	Mt. Airy	Hardness (as mg CaCO ₃ /L) =	84
State, Zip Code:	MD 21771	Disinfection:	None
		Iron (mg/L) =	<0.1

Collector's Name: Lester Simmons Jr (9431-LS) Affiliation: Easterday Well & Pump

RESULTS OF A BACTERIOLOGICAL AND NITRATE EXAMINATIONS

DESCRIPTION OF SAMPLE	TOTAL COLIFORM	E. COLI	TOTAL BACTERIA	NITRATE (as N)
DRINKING WATER	Absent**	Absent		1.1 mg/L
EXAMINATION METHOD USED	Collert	Collert	SM 9215	SM4500NO3-E
THIOSULFATE IN SAMPLE:	Present	SAMPLE HOLDING TIME:		Not Exceeded

RECORD OF MPN TEST RESULTS

RESULTS EXPRESSED AS NO. OF POSITIVE TUBES/TOTAL NO. OF TUBES INNOCULATED AT EACH DILUTION

DILUTION FACTOR	10 ¹	10 ⁰	10 ⁻¹	10 ⁻²	10 ⁻³	10 ⁻⁴	10 ⁻⁵
STANDARD PORTION (mL)	10	1	1	1	1	1	1
PRESUMPTIVE TEST *	24HR						
COLIFORM CONFIRMED TEST	Total 48HR #						
	FECAL 24HR #/#						

* LAURYL SULFATE @ 35° C #BGB BROTH @ 35° C ## EC MEDIUM @ 44.5° C

REMARKS and OTHER INFORMATION: ** This sample meets the federal/state Safe Drinking Water Act standards of no coliform bacteria per 100 milliliters and less than 10 milligrams nitrate nitrogen per liter. Please see note on back of form regarding sampling data.

BACTERIOLOGIST'S SIGNATURE: *Julia M. Patel* BACTERIOLOGIST'S NAME: Julia M. Patel DATE: 10/21/08

MAILED 10/20/08
m-11/21/08

301-587-5212
Patrick

Erik de Widt 716 Kennebec Ave. Takoma Park, MD 20912 USA
Tel: 301-587-8635 Fax: 301-587-5212 Cell: 347-266-6868 e-mail:
erikdewidt@aol.com

December 22, 2009

To: Howard County Department of Health
Fax: 410-313-2648

Regarding: Demolition of old house to get Certificate of Occupancy for new house.

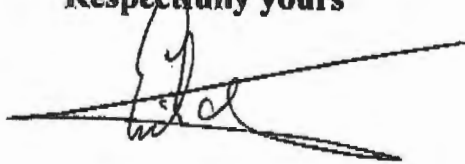
Property owner Erik DeWidt
Location 2020 Long corner Road, Mt Airy MD 21771
Building Permit # B07001888

To whom it may concern:

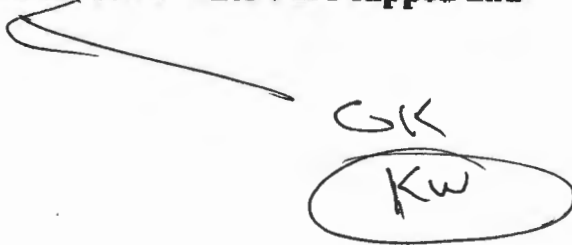
With my seal and signature I hereby certify that on October 21, 2009 the old house on the above location was demolished in accordance with all to the rules and regulations dictated by Howard County Department of Permits and Department of Public Health, under permit number B09001317

In particular, the old water lines and the sewer lines were capped and buried.

Respectfully yours



Erik DeWidt



Attached: Plumbing Certificate

BARR PLUMBING, INC
16215 Redland Road, Rockville, Maryland 20855
Phone: 301-948-1243 Fax: 301-921-2050

December 21, 2009

To Whom It May Concern:

On November 11, 2009, Barr Plumbing, Inc., connected the pipe from the new house located at 2020 Long Corner Road, Mount Airy, Maryland, into the well pit by the existing old house.

We installed a new large pressure tank in the new house.



**Richard Barr, President
Barr Plumbing, Inc.**

10:00 - 12:30

Recall { 4/4/77 + Hold for supervisor
for sample Send 2 Bill 33

PLEASE CALL MRS. SORRELS BEFORE COMING
FILE Septic & Well Inspection

DATE REPORTED 3/28/77

PROPERTY OWNER Mr. & Mrs. Franklin Sorrels

P.O. ADDRESS 2020 Long Corner Road

TELEPHONE 831-7032

DIRECTIONS TO PROPERTY Mt. Airy, Maryland

INFORMANT Mr. Lou Iakuinto 927-4000

Mrs. O'Connor

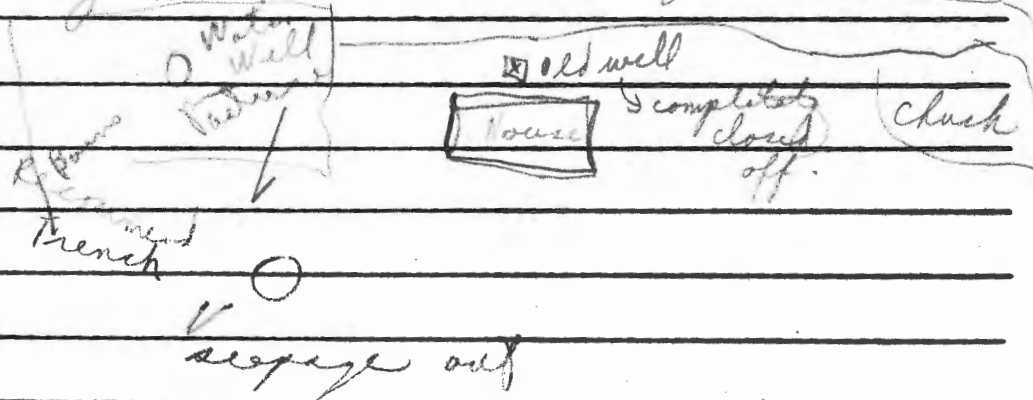
Mr. Iakuinto requested this as Mr. & Mrs. Sorrels' broker before the selling
of the house.

3/29/77 Called - busy by operator
Recall - Water sample 4/4/77.

CONDITION FOUND 3/29/77 On site septic system + water well
appear ok at time of inspection - hold for
water sample.
C.B.S.

Early New - water well - Easterday ^{House} Cap on well
No tag on well

ACTION TAKEN



Mrs. Souell or someone shall be there
on 4/4/77 Between 10:00 - 12:30

FINAL DISPOSITION

Purchase - Contract as is supposedly by Mrs. Souell
System fixed before settlement
Send Bill 33 to both old &
New Owners per D.W.M.

New owner: Dr. Donald Morgan (over)
Reference c/o Century 21
Property of Franklin Sorrels Maynard Realty Olney, Md
Et. 108 + RT 97

3/30/77 X 357 - Mrs. O'Connor ^{of Mayhew} stated she wanted to know what our dept was going to do about the Sorrel property. I explained we have been ordered to send Bill 33 to both parties to correct situation.

4/15/77

Mr. Sorrels

2020 Long Cove Rd.

831-7032

Bryan:

This man called this morning about a repair. You apparently ~~visited~~ visited property. I told him that a repair pers. was necessary & gave him names of 4 installers in area. If you have any other comments call him or tell me.

F. Skinner

{ On Bill "33" }
C.B.d.