

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 - 350751								
Owner Information										
Owner Name:		MARSHALL RUDOLPH J III MARSHALL MILIO LORRAINE A T/E		Use: Principal Residence:						
Mailing Address:		6440 LOCHRIDGE RD COLUMBIA MD 21044-4033		RESIDENTIAL YES						
				Deed Reference: /06863/ 00563						
Location & Structure Information										
Premises Address:		6440 LOCHRIDGE RD COLUMBIA 21044-0000		Legal Description: LOT 31 1.50 A. 6440 LOCHRIDGE RD BRAEBURN, SEC 2						
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0035	0016	0246		0000			31	2017	Plat Ref:	
Special Tax Areas:			Town:			NONE				
			Ad Valorem:			101				
			Tax Class:							
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
1967		2,592 SF		1300 SF		1.5000 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	1/2 BRICK FRAME	4 full	1 Carport					
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2017		07/01/2018		07/01/2019		
Land:		267,500		267,500						
Improvements		217,500		283,900						
Total:		485,000		551,400		529,267		551,400		
Preferential Land:		0						0		
Transfer Information										
Seller: GASTROCK ROBERT R AND WF				Date: 02/12/2003				Price: \$312,000		
Type: ARMS LENGTH IMPROVED				Deed1: /06863/ 00563				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						

10/31/66
Ready

PERMIT

P 12047

A 12027

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 7/26/66

Elwood Seager IS PERMITTED TO INSTALL X ALTER

ADDRESS Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Braeburn ROAD Lochridge Rd. LOT 31, Sec. 2

PROPERTY OWNER A. H. Young, Inc. 6

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA 4 SQ. FT.

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

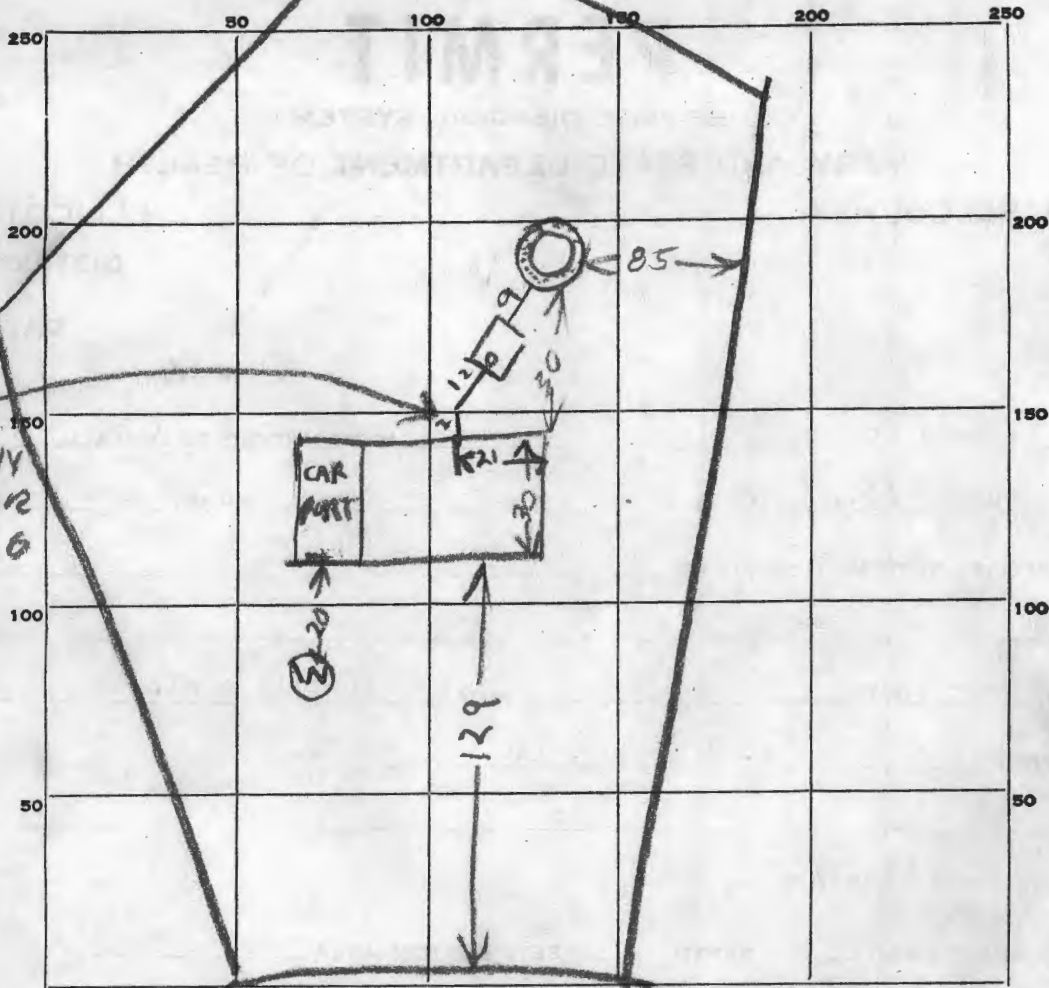
OTHER Dry well 14 ft. in dia. by 9 ft. deep below the inlet located 175 ft. from the front property line and 92 ft. off the left side property line as seen when facing the lot from Lochridge Road. Locate inlet pipe 3 ft. below original grade.

PLANS APPROVED BY J. Hennigan DATE 7/26/66

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.

A 12027



43
3
29

28
3
9
25

60
30

37
9
3

PERMIT CARD

SEPTIC TANK, LEVEL

OK 1000 concrete
Top or 1 FT below grade

CLEANOUTS

OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER *12* FT. DEPTH BELOW INLET *9* FT.

ABSORBENT AREA *360* SQ. FT.

REMARKS

31 OCT 66 - Dry Well Inlet is 2 FT below grade. Dirt wall to dirt wall diameter is 13.360 sqft. 378 sqft sidewall area required. Only 2 FT cast iron house sewer. Must call Plumber/Inspector 1 NOV 66 - Called Chancy Plumbing Inspector. 2 NOV 66 - Plumbing Inspector said cast iron house sewer will be installed. All. P. way to tank.

DATE SYSTEM APPROVED *2 NOV 66* INSPECTOR *Raymond Hodges*

3/17/82
130

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A Repair

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

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 Robert Gastrock

ADDRESS 6440 Lochridge Rd. PHONE 531-6659

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 31, sect. 2

ROAD AND DESCRIPTION tax map 35, par. 246, lot 31

SIZE OF LOT _____ 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.

(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 3/17/82 Met H. Sunk at site, recommend new
dry + trench off to left of old dry well.
 TYPE OF SOIL Must see visual hole photo. JB.

TESTED BY _____ ALSO PRESENT _____

EH 12 1079

APPLICATION

A 12027

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

DATE 7/19/66

*7/21/66
9:30*

1000 gal. septic Tank.

Dry well 14 ft. in dia. by 9 ft. deep below the inlet located 175 ft. from the front property line and 92 ft. off the left side property line as seen when passing the lot from Lochridge road. Inlet pipe 3 ft. below original grade.

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER A. H. Young, Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 31, Sec. 2

ROAD AND DESCRIPTION Lochridge Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.50 acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ David Scaggs

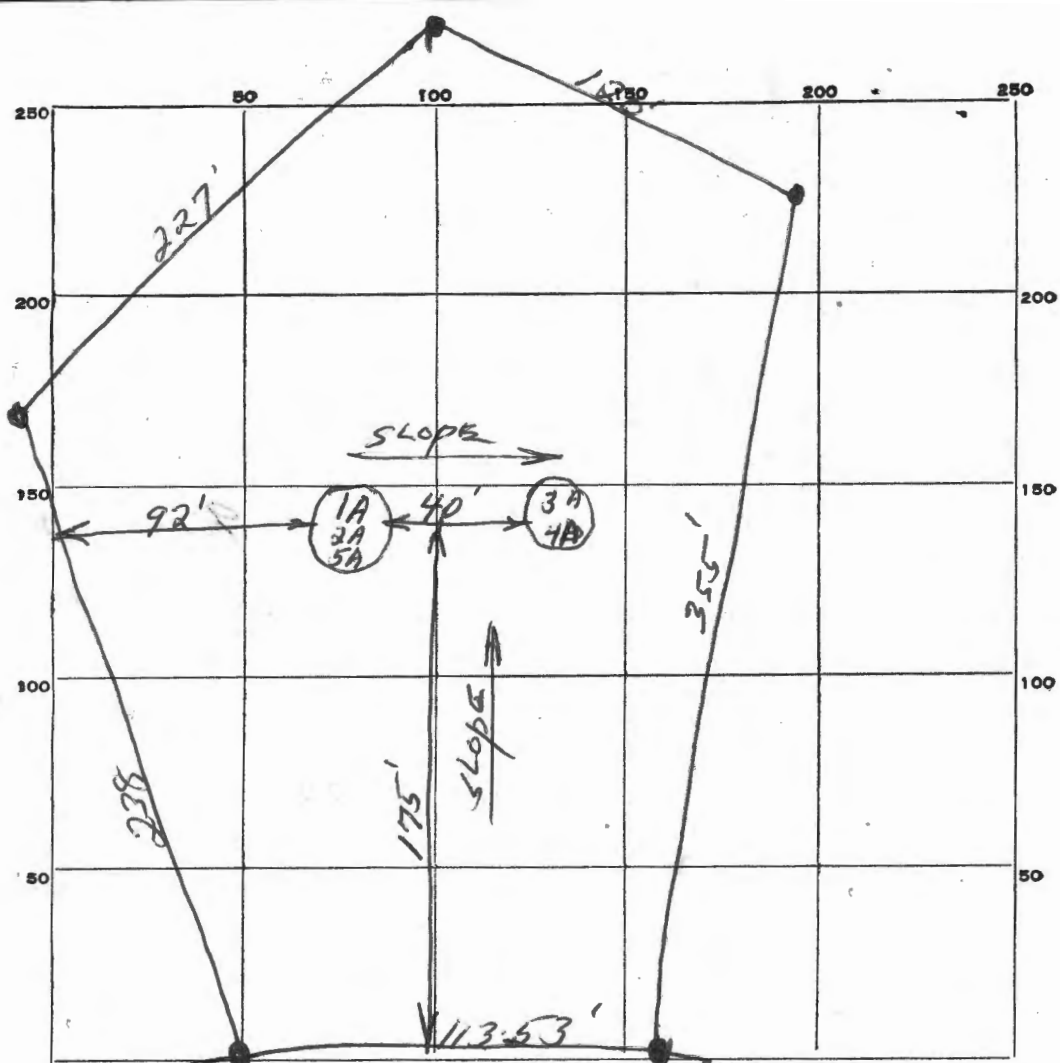
APPROVED BY Palmer F. Wine FOR dry well DATE 7/26/66
(KIND OF SYSTEM)

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.

LOCKRIDGE Road.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-21-66	1A Same	10:47 9	10:47	10:48	10:48	10:53	5 min.
	2A / Pit	10:55 4 1/2	10:55	overtime			
	3A Same	9	11:03	11:04	11:04	11:06	2 min
	4A / Pit	4 1/2	11:07	10:09	11:09	11:10	1 min
	5A Same pit as 2A	4	11:32	11:34	11:34	11:37	3 min

7-21-66
David Seeger

SOIL AUGER FINDING
TESTED BY
REMARKS

use test pit 1A, 2A, 5A. JH

APPLICATION

A 09417

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic tank - 1,000 gal.

DISTRICT 5

*Drywell - 480 sq. ft. absorbent
sidewall area below inlet pipe.*

DATE 11/23/64

*Locate drywell 115 ft. from front lot line
and 30 ft. from left side line as lot is
seen when facing it ~~from~~ from Lochridge Rd.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER A. H. Young, Jr., Inc.

ADDRESS Ashton, Maryland PHONE WA 4-4103

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 31, Sec. 2

ROAD AND DESCRIPTION Lochridge Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.50 acres TYPE BLDG. 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ A. H. Young, Jr.

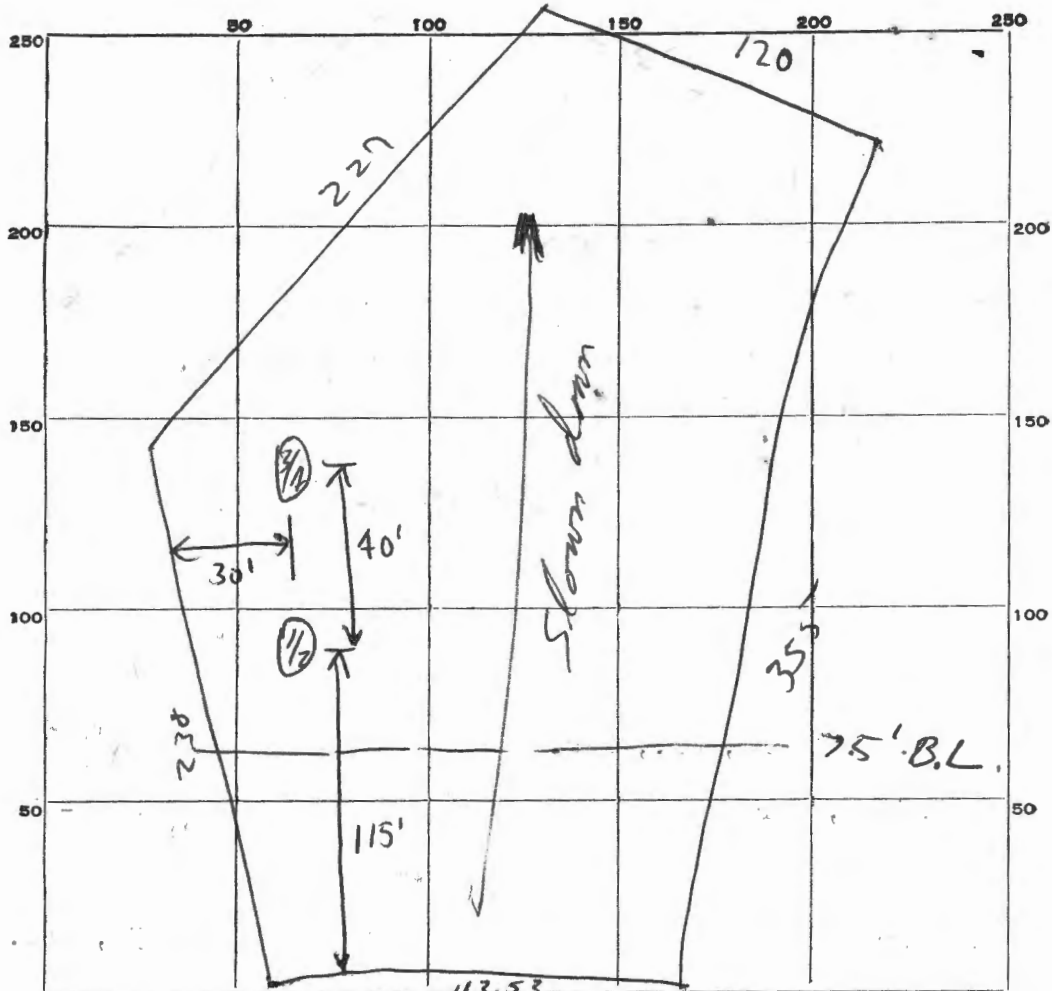
✓ APPROVED BY R. F. [Signature] FOR Drywell DATE 11/25/64
(KIND OF SYSTEM)

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.

Lockridge Rd.

*120
480*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<i>11/24/64</i>	<i>1</i>	<i>10 ft.</i>	<i>102</i>	<i>104</i>	<i>104</i>	<i>108</i>	<i>4 min.</i>
	<i>2</i>	<i>5 ft.</i>	<i>103</i>	<i>109</i>	<i>109</i>	<i>125</i>	<i>17 min.</i>
	<i>3</i>	<i>10 ft. - same type of soil good all way down to 10 ft. - sandy</i>					
	<i>4</i>						

SOIL AUGER FINDING _____

TESTED BY *ADP 11/24/64*

REMARKS _____

ALSO PRESENT *Charles S Lynn* LOT NO. *31, Sec. 2*

Office Building
BALTIMORE, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number H017W13
Owner Robert G. Gault
Address Green Hill Rd
Subdivision Brabrum
Section _____ Lot 31

FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
	Sand		
	55 ft casing		
	Imperv rock		
	well 95 ft		

PUMPING TEST

Hours Pumped 4
Type of Pump Used Auger
Pumping Rate _____
Gallons per Minute 3

WATER LEVEL

(Distance from land surface to water)
Before Pumping 60 Ft.
When Pumping Surface Ft.

APPEARANCE OF WATER

Clear Partly Cloudy
Taste None
Odor None

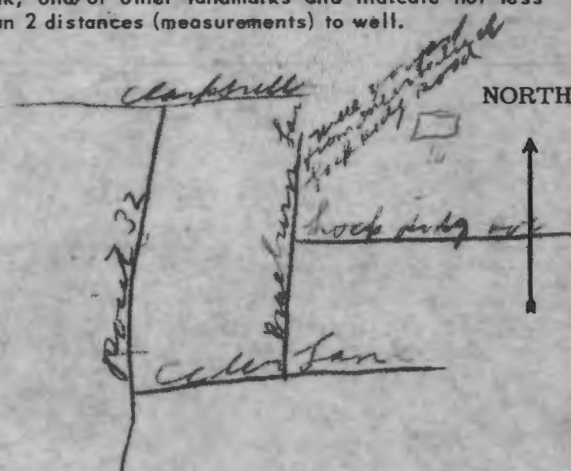
Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE
WELL WAS
COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Dwight Brown Well Driller

Well Driller License No.: 113

02/10/1966

WR-23
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A 12021

APPLICATION FOR PERMIT TO DRILL WELL

20968

Owner Robert Gastrock

Driller Dean Brown License Number 113

Street or R. F. D. _____

Street or R. F. D. Int. avy, Ind.
Post Office _____

Post Office Greenbelt, Ind.

Date Aug. 15, 1966

Quantity of Water to be Produced 3 Gallons Per Minute

Location of Well _____ County _____

Total Quantity Needed For Use 1000 Gallons Per Day

Subdivision Beaumont

Use for Water House

Section _____ Lot 31

Approximate Depth of Well (feet) 75 ft.

County Howard

Method of Drilling to be used Cable

Nearest Town Clarksville

Distance from Town 3 miles

Direction from Town South

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

Near what road Lockridge Rd.

On which side of road North
(North, East, South, West)

Distance from road 75 ft.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from wall to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.

Well Permit No. HO-69-W-63

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

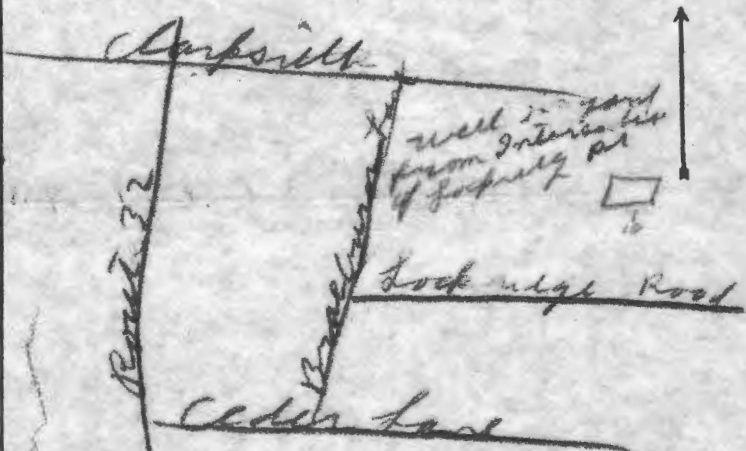
Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director Aug. 8-18-66 Date

**THIS PERMIT IS NOT TRANSFERRABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT**
Special conditions that must be observed:

NORTH



Health Department Approval of Application

Howard County Department of Health

or State Department of Health

Approved by Palmer F. Wood

Title Director, Environmental Health

Date 8/17/66

HEALTH

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6" I.D., 55' x 8"
2. Total depth of well 95 ft.
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs.
Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 60
7. Yield of well in gallons per minute 3 ; elevation of water surface when pumped at the designated rate Pumped out .
8. Number of hours pump operated at stipulated rate during pumping test 1/2 .
9. Record of any other pumping performance None .
10. Log of materials encountered during drilling Rock from 50 ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 7 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Robert Gastrock Address Greenbelt, Md.
Location of property Braburn Sub.

Health Department Number _____ Dept. of Water Resources Permit No. 7067 W 63

Date: Oct. 10, 1966 . Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.