

reb 7/1/2019

Search Result for HOWARD COUNTY

| View Map | | View GroundRent Redemption | | | View GroundRent Registration | | | | |
|---|-----------------|--|----------------------|-------------------------------|------------------------------|------------------------------|---|-------------------------|------------------|
| Tax Exempt: | | Special Tax Recapture: | | | | | | | |
| Exempt Class: | | NONE | | | | | | | |
| Account Identifier: | | District - 04 Account Number - 324285 | | | | | | | |
| Owner Information | | | | | | | | | |
| Owner Name: | | LEHMAN JACK ALAN | | | Use: | | RESIDENTIAL | | |
| Mailing Address: | | 1816 LONG CORNER RD MT AIRY MD 21771-3813 | | | Principal Residence: | | NO | | |
| | | | | | Deed Reference: | | /01042/ 00402 | | |
| Location & Structure Information | | | | | | | | | |
| Premises Address: | | LONG CORNER RD MT AIRY 21771-0000 | | | Legal Description: | | LOT 7 7.73238 AR LONG CORNER RD C R NAPLES PROP | | |
| Map: | Grid: | Parcel: | Sub District: | Subdivision: | Section: | Block: | Lot: | Assessment Year: | Plat No: |
| 0006 | 0016 | 0215 | | 0000 | | | 7 | 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 | |
| | | | | | | 7.7300 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: | | 230,400 | | 230,400 | | | | | |
| Improvements | | 0 | | 0 | | | | | |
| Total: | | 230,400 | | 230,400 | | 230,400 | | 230,400 | |
| Preferential Land: | | 0 | | | | | | 0 | |
| Transfer Information | | | | | | | | | |
| Seller: BONEBRAKE JOHN KENNETH BONNIE LYNN | | | | Date: 02/18/1981 | | | Price: \$47,000 | | |
| Type: ARMS LENGTH IMPROVED | | | | Deed1: /01042/ 00402 | | | 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: | | NONE | | | | | | | |
| Homestead Application Information | | | | | | | | | |
| Homestead Application Status: No Application | | | | | | | | | |
| Homeowners' Tax Credit Application Information | | | | | | | | | |

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.

APPLICATION

A 20003

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

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

DATE 5/16/74

*1,000 gal. septic tank | 4 B.R.
1,250 gal. septic tank*
Drywell to have 150 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft of non-absorbent soil. Maximum depth permitted for drywell is 10 ft. below original grade. Place the drywell 186 ft. from the right sideline and 230 ft. from the front lot line, as seen when facing the lot from Long Corner Road.

SEE RE TEST SHEET

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 Dr. C. R. Naples

Any questions call:

ADDRESS _____ PHONE Kenneth W. Lyon

589-1240

565-2560

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 7

ROAD AND DESCRIPTION R/W off Long Corner Road

SIZE OF LOT 7.8919 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Family Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ C. R. Naples

APPROVED BY Frank Chinner FOR DRYWELL DATE 8/12/74
see retest sheet

(KIND OF SYSTEM)

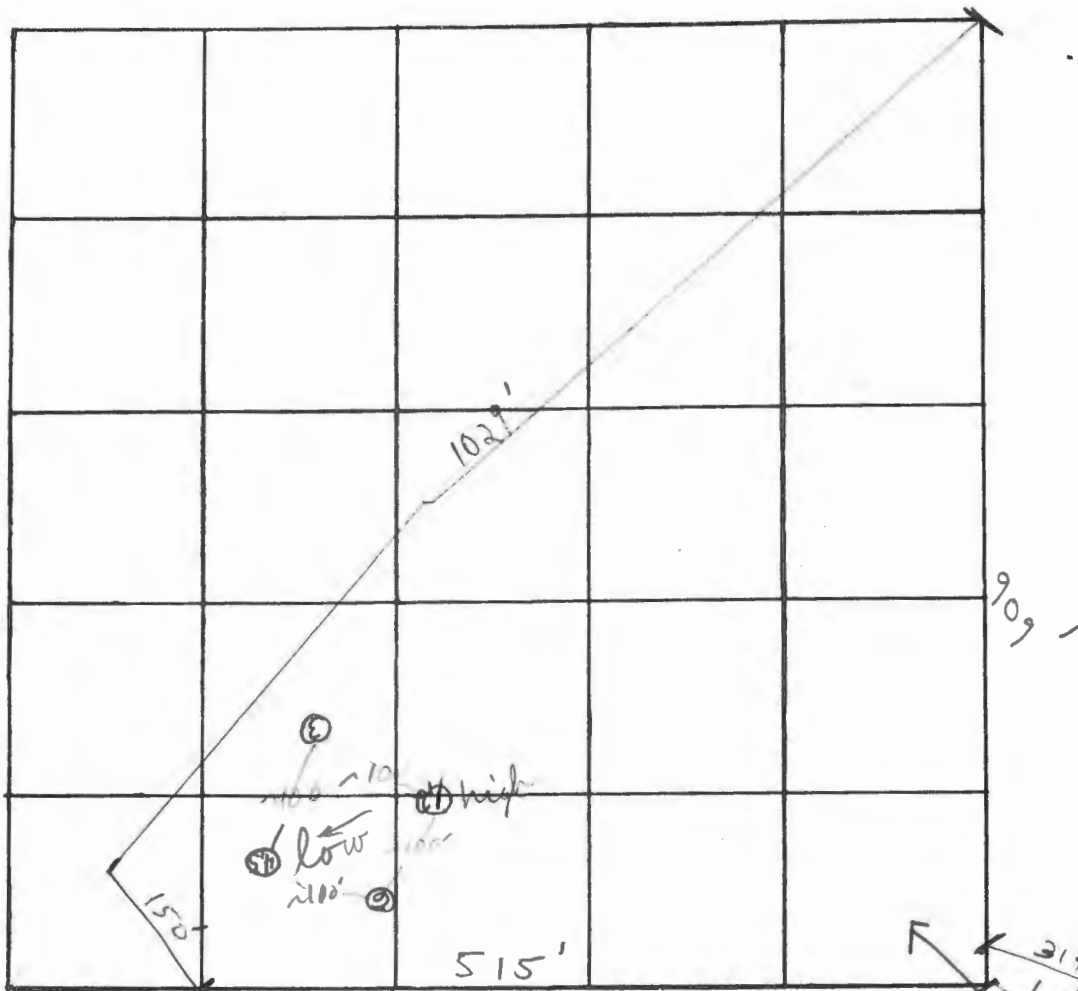
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

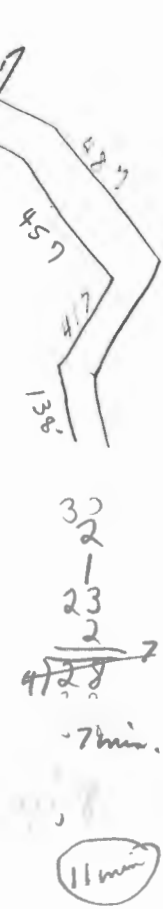
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

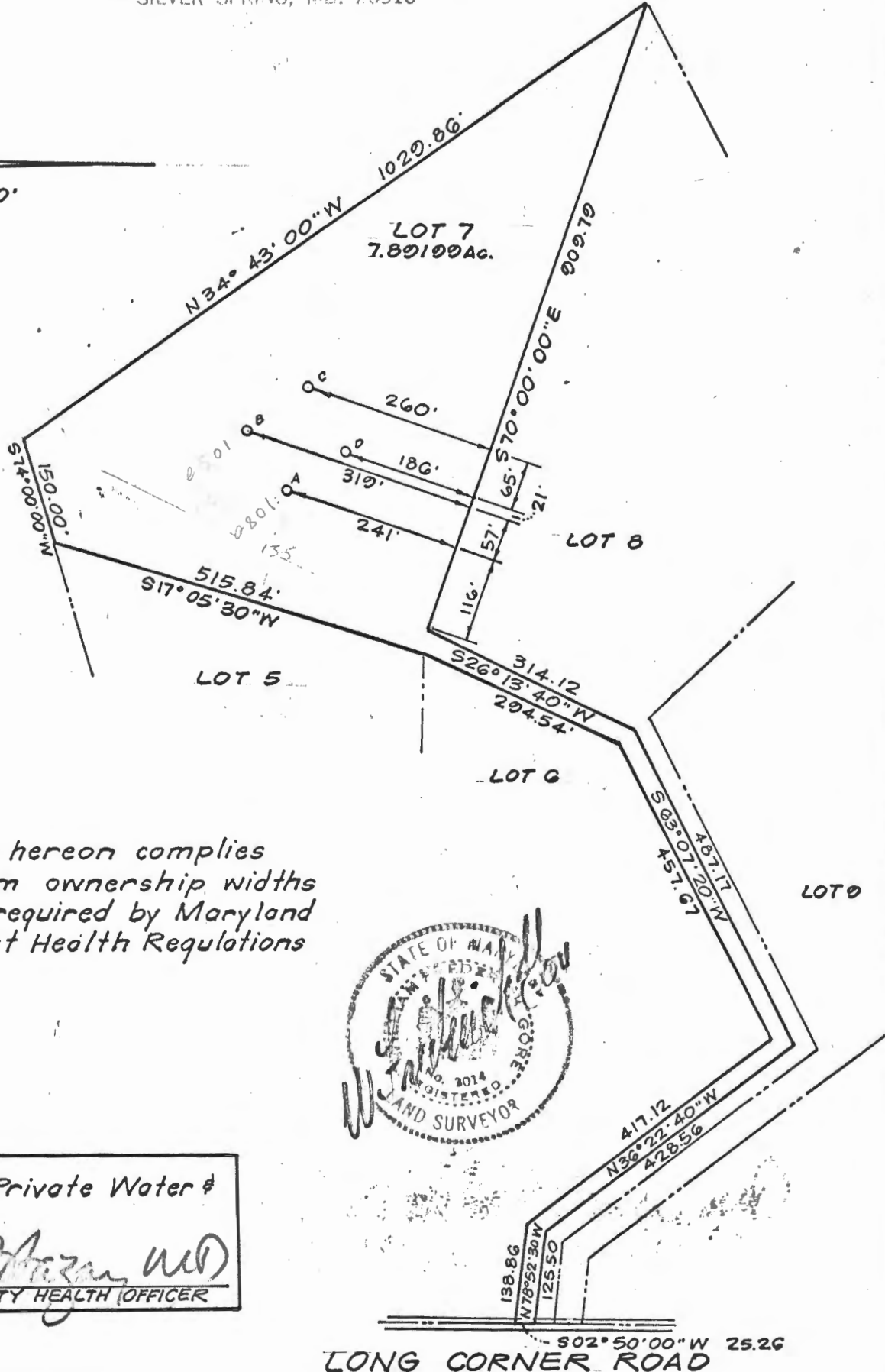
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|----------|---------|--------------------------|-------|----------------|--------|--------|--|
| | | | START | STOP | START | STOP | | |
| 5/22/74 | 1 high | 4' | 10:42 | 10:43 | 10:43 | 10:45 | 2 min | |
| | 2 | 11' 0" | 10:30 | 10:39 | 10:39 | NO per | Failed | |
| | 3 | 10 1/2' | Visual similar clay to 4 | | | | | |
| | 4 low | 4' | 10:52 | 11:01 | 11:01 | 11:24 | 23 min | |
| | 5 | 11' 0" | 10:47 | 10:48 | 10:48 | 10:50 | 2 min | |
| | 6 | 10 1/2' | Visual similar clay to 4 | | | | | |
| | 2a | 10' | 3:02 | 3:03 | 3:03 | 3:04 | 1 min | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



REMARKS Hold for certified holes
 TYPE OF SOIL Clay below to 4-5', shale & good soil below
 TESTED BY F.S. ALSO PRESENT: _____

SEYBOL, SORE, NEWQUIST & BERLINSKY
 CIVIL ENGINEERS & LAND SURVEYORS
 1111 BONIFANT STREET
 SILVER SPRING, MD. 20910

SCALE 1"=200'



NOTE:

The lot shown hereon complies with the minimum ownership widths and lot area as required by Maryland State Department Health Regulations



APPROVED for Private Water & Private Sewer
 DATE 8/6/74 [Signature] COUNTY HEALTH OFFICER

LONG CORNER ROAD

7-72' holes
on 10,000 ft.

APPLICATION

A 20003

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 4

DATE 5/16/74

Preliminary

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 Dr. C. R. Naples

ADDRESS Kenneth W. Lyon Any questions call:
PHONE Kenneth W. Lyon

PROPERTY LOCATION: Greater Maryland Properties, Inc. 590-1240
8700 Georgia Avenue 565-2560

SUBDIVISION Room 504, Silver Spring, Md. 20910 LOT NO. 7

ROAD AND DESCRIPTION R/W off Long Corner Road

SIZE OF LOT 7.8919 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ C. R. Naples

APPROVED BY Frank Skinner FOR DRYWELL DATE 8/12/74
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/22/74 Hold for certified holes C.B.S.

THIS IS NOT A PERMIT

Mrs. Skinner

Oct 7
Oct 3
Oct 8
Oct 15
Oct 20
Oct 24

Please review
my cars and see if
they can be signed.
Thank you. OK DW 8/6/74

Bonebrake

APPLICATION

A 21913

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

DATE 8/1/75

Retest

8/13/75
M.

9:30 A

13-14

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

3 B.R.

4 B.R.

1000gal. septic tank

1250gal. septic tank

Drywell & trench system to have 150 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for system is 9 ft below original grade. Locate the drywell 241 ft. from the right (909.79 ft. long) side line and 155 ft. from the front (575.84 ft) lot line. Start the trench after a 5 foot earth buffer and run it on level ground the necessary distance, to make up total sidewall area; lot lines are seen when facing the property from Long Corner Road.

TO: THE COUNTY HEALTH OFFICER NOTE: Call for trench inspection before gravel is installed
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Dr. C. R. Naples property

ADDRESS (Contract Purchaser - John K. Bonebrake
2401 Glenallen Ave., Apt. 3 PHONE 949-3178
Silver Spring, Md.

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 7

ROAD AND DESCRIPTION Long Corner Road

SIZE OF LOT 7.8919 acres TYPE BLDG. 3 or 4 bedrooms
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 Bonnie L Bonebrake

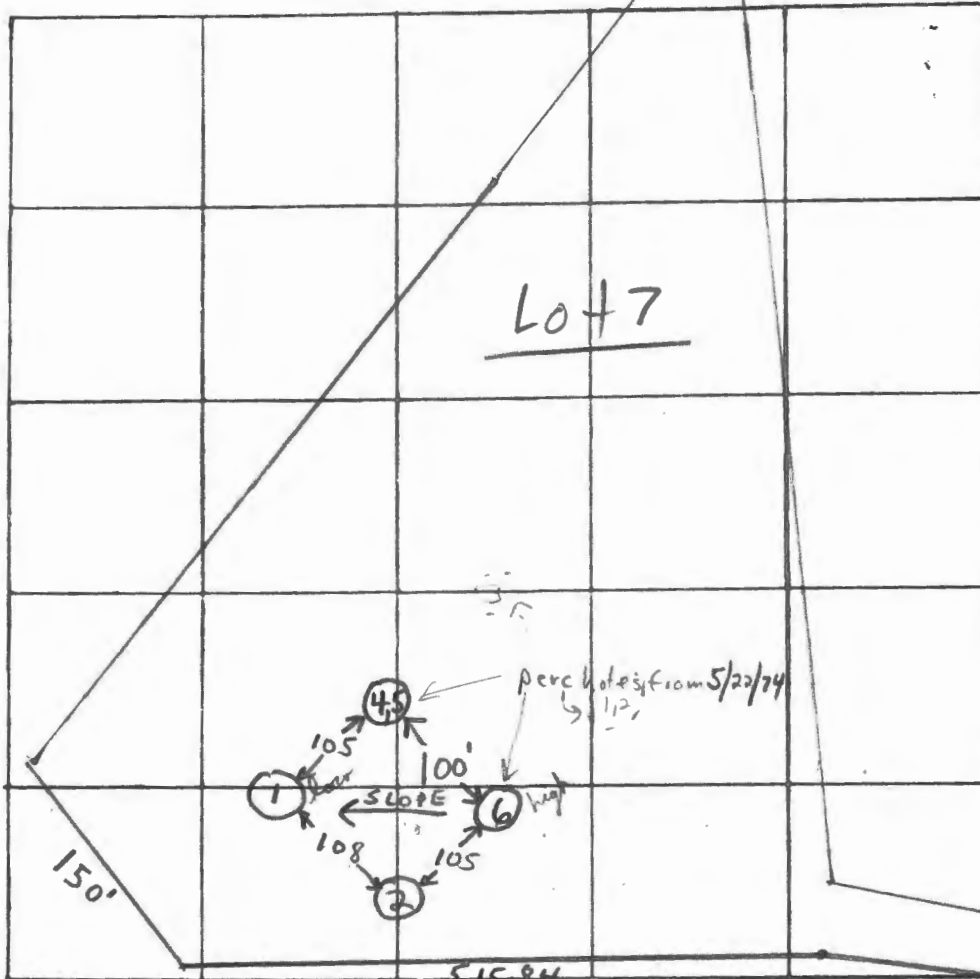
✓ APPROVED BY Frank Skinner FOR Drywell & trench DATE 1/23/76
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



(2) ~ 15' lower than high water
 (1) ~ 9' lower than (6)

515-84
 INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|---------|---------|-------|----------------|-------|--------|
| | | | START | STOP | START | STOP | |
| 8/13/75 | 1 low | 5' | 10:16 | 10:17 | 10:17 | 10:22 | 5 min |
| | 1A | 11' | 10:18 | 10:19 | 10:19 | 10:21 | 2 min |
| | 2 | 5 1/2' | 10:24 | 10:25 | 10:25 | 10:27 | 2 min |
| | 2A | 11 1/2' | 10:25 | 10:29 | 10:29 | 10:42 | 13 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____
 TYPE OF SOIL Silty loam & weathered saprolite
 TESTED BY F.S. ALSO PRESENT: H. Sirk