

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50588

A REPAIR

DISTRICT 5th

DATE 03/17/95

DATE SYSTEM APPROVED 4/21/95

INSPECTOR C. Bel

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

313-2640

INDEXED

05-378 907

4/10 P.C.O. C. Bel

4/10/95
C/O ASAP
4/22-9/5
10:00
4/17/95 am
4/22 c.o. late p.m.

10:00
4/22/95

Malcolm Construction

IS PERMITTED TO INSTALL ALTER X

ADDRESS PHONE 301-384-9172

SUBDIVISION Williams Contrivance Est. LOT 2, Sec. 2 ROAD 9431 Lovat Road

PROPERTY OWNER 3/22 Mel John Brown ← at site + Mr. Malcolm C. Bel

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS [(New) 10' off garage]

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 3/22 Repair to be completed before signing

REPAIR - PURPOSE - IN SUPPORT BUILDING PERMIT APPLICATION NO. 58368 FOR THE NEW ADDITION C. Bel

(2 car garage attached to existing home)

NOTE - EXISTING SEPTIC SYSTEM TO BE ABANDON

Call for inspection when ground is opened so sanitarian can recommend and approved the new location and size of the septic system. 03/17/95

3/22/95 Start trenches 5' off septic tank as staked;
Run trench on contour; trench 4" max. depth
2' wide trenches 5' of stone; 200' in length; 1" 9/2"

PLANS APPROVED BY C. Bel at site for C.W. DATE 3/22/95

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

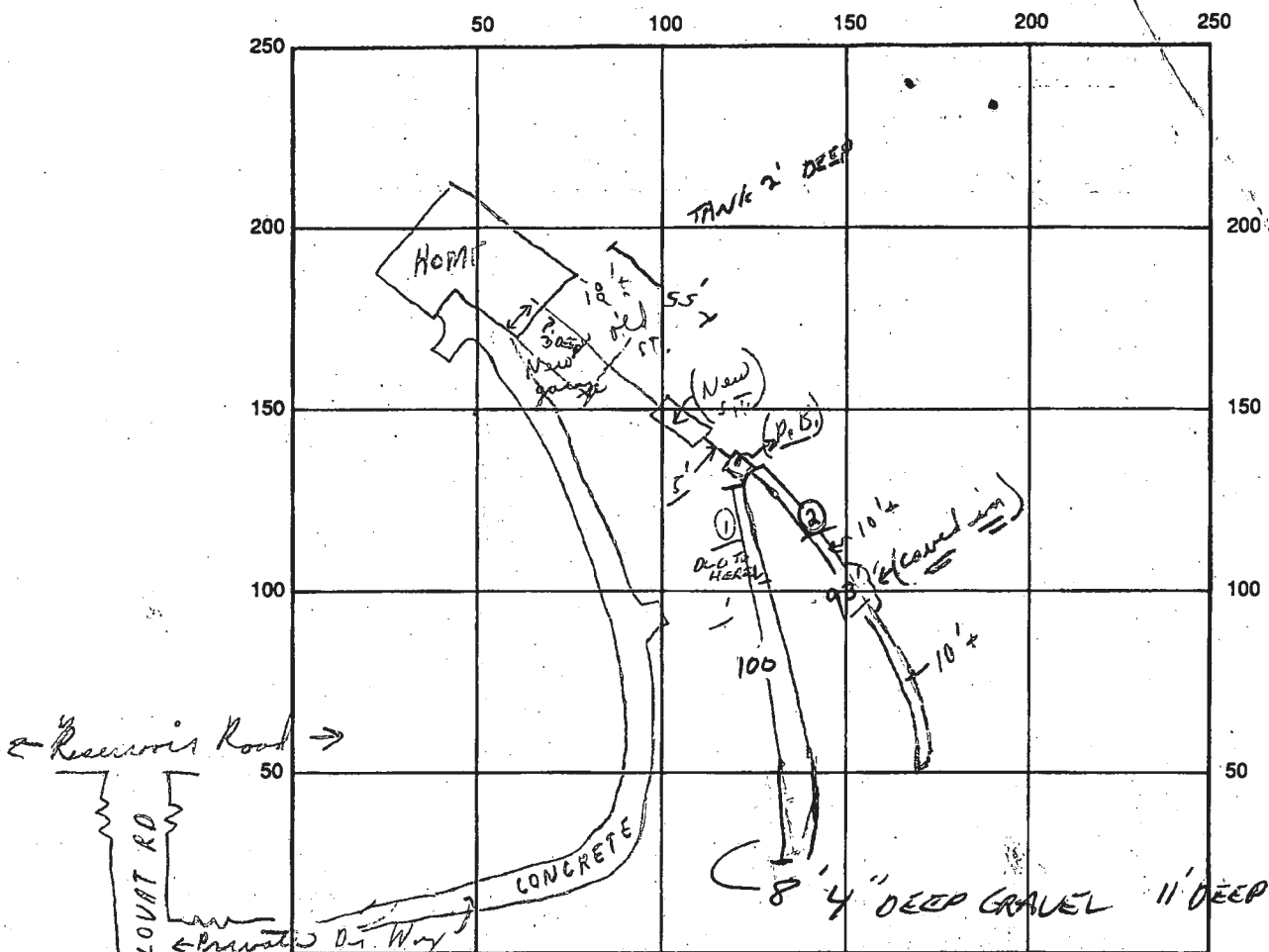
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 50588



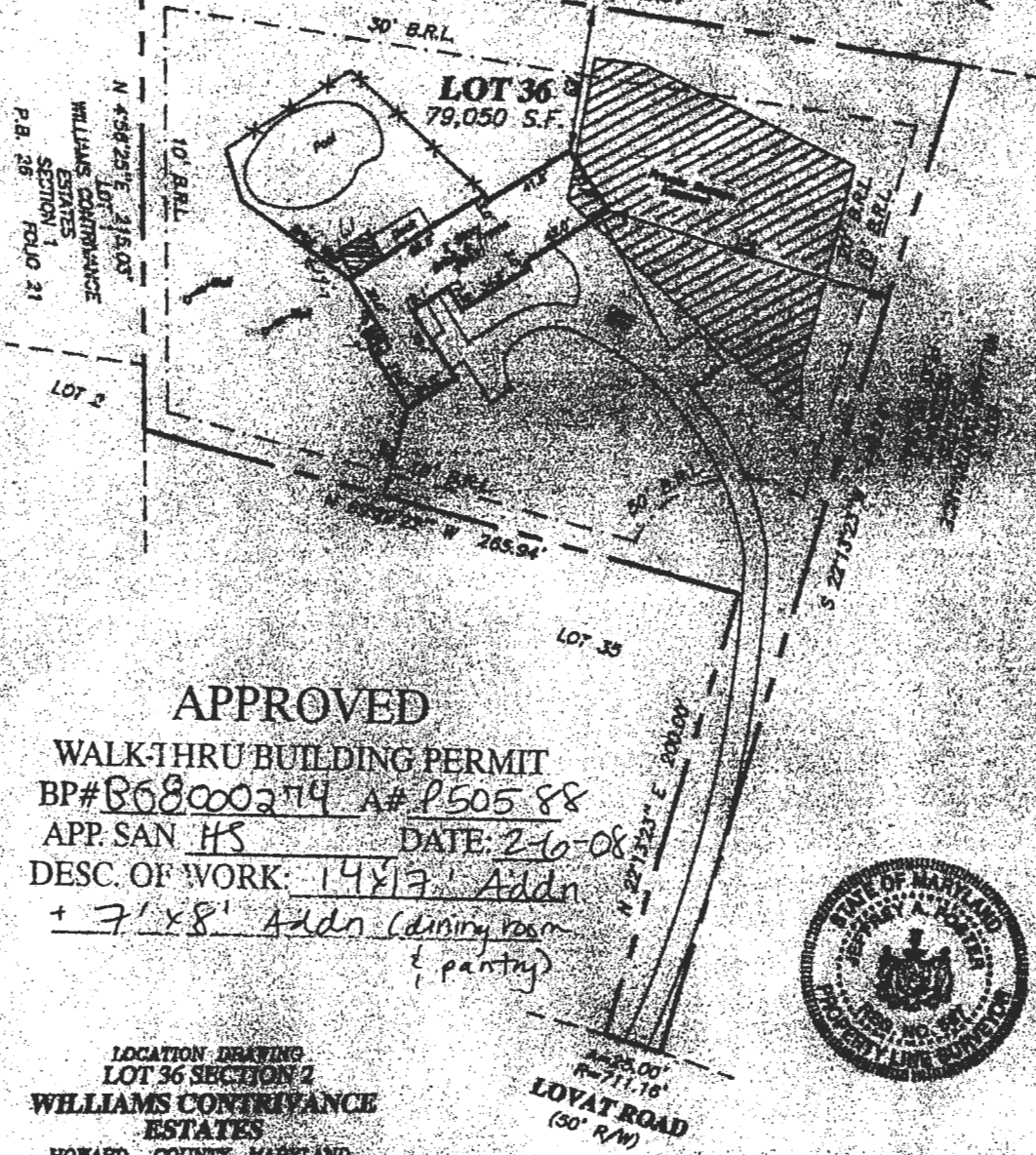
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal. OK-65 CLEANOUTS OK 4/21/95
 DISTRIBUTION BOX LEVEL OK (Baffles) 4/17/95
 DRAIN FIELD/TITLE DEPTH 9+ FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 193 FT. } 200+
 NUMBER OF TRENCHES 2 ONE SIDEWALL/SIDEWALL AREA 965 SQ. FT.
 DRYWALL INSIDE DIAMETER 2 FT. EFFECTIVE DEPTH BELOW INLET 2 FT.

ABSORBENT AREA 965 SQ. FT.

REMARKS: MONDAY 4/10/95 OLD SYSTEM TO BE ABANDONED; A.M. (1) Trench, only,
OK to stone, etc.; C&D (No tank or pipes yet) - Part of C&D
4/11/95 OK to cover house to DB OK to cover trench #1 leave ends open.
4/12/95 OLD TANK REMOVED, NEW TANK SET AND LEVEL - MANHOLE LID INSTALLED
SECOND TRENCH STARTED. DB END OF TRENCH 2 IS 9'3" OK TO CONTINUE - LEAVE FAR END 2' OPEN
STONE TRENCH 2, LEAVE OPEN AT CAR END UNTIL 4/13 193' TRENCH - CHECK WITH C&D - OK
DEPTH AT END TRENCH 2 IS 11' WITH 8' 4" GRAVEL OK TO COVER EXCEPT BOX (NOT COVERED OR BAGGED)
 DATE SYSTEM APPROVED 4/21/95 INSPECTOR Charles Bryan
LEAVE ENDS OF TRENCH 2 OPEN. 88
4/17 DISTRIBUTION BOX CEMENTED, TRENCH 1 - STONE + PAPER OK. OK TO COVER TRENCHES + BOX
NEED TO SEE MANHOLE OR C/O ON TANK. 88 4/21/95 Final OK to cover as per material


PROPERTY OF
MICHAEL S. McDONALD
AND
A. FRANK McDONALD
LIBER 1773, FOLIO 358
S 75°58'45"E 359.34'



APPROVED
WALK-THRU BUILDING PERMIT
BP# B08000274 A# P50588
APP. SAN HS DATE: 2-6-08
DESC. OF WORK: 14x17' Addn
+ 7'x8' Addn (dining room
& pantry)

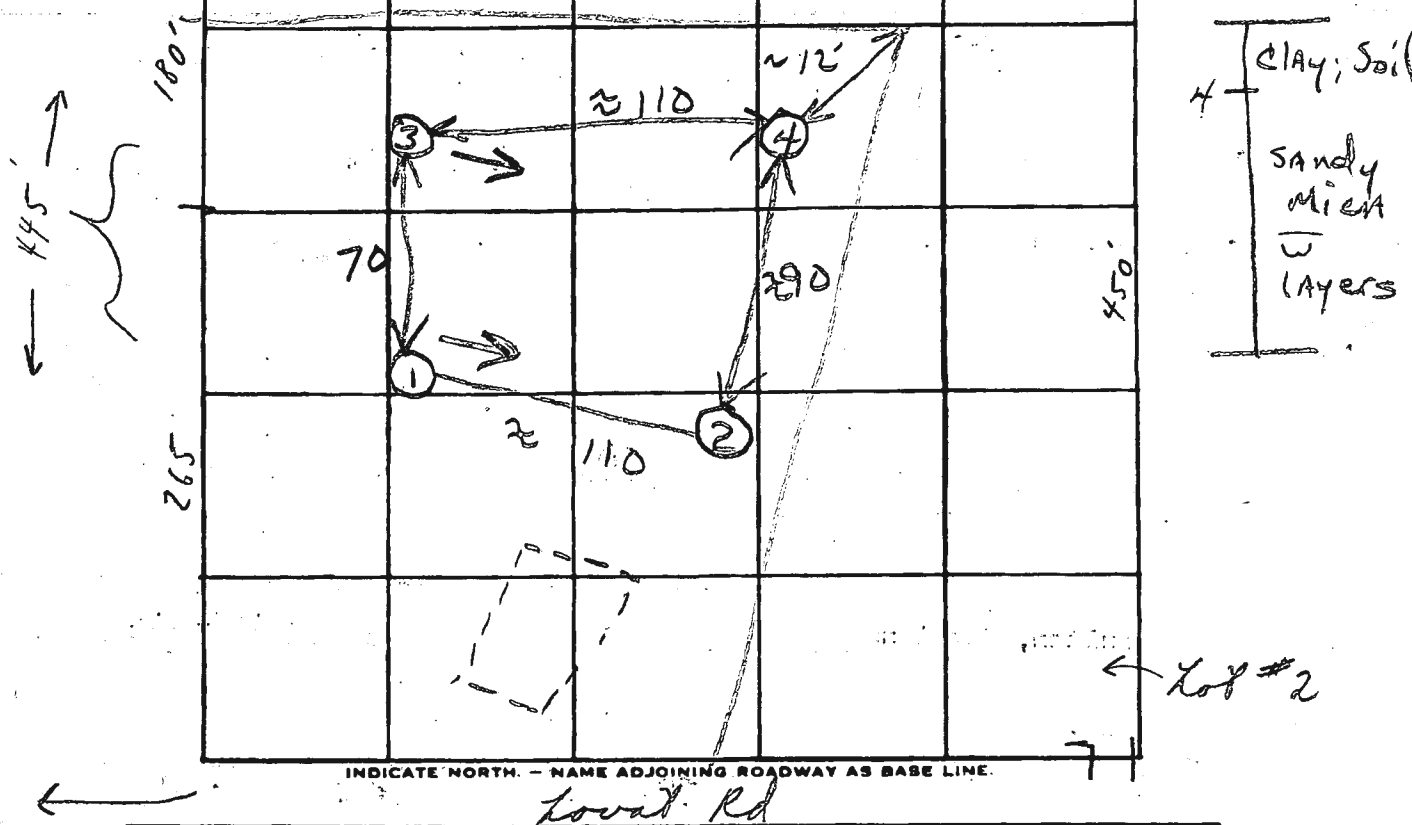


LOCATION DRAWING
LOT 36 SECTION 2
WILLIAMS CONTINGENCE
ESTATES
HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE <small>THE INFORMATION GIVEN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PERTAINING TO THE KIND OF PLAT OF SURVEY. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION.</small>	REFERENCES PLAT NO. 18816		SHREVE & ASSOCIATES SURVEYORS & ENGINEERS LAND PLANNING CONSULTANTS 2 Professional Office, Suite 818 Southwings, Maryland DORTS 201/945-8100 Fax 201/945-1200	
	LIBER FOLIO		DATE OF LOCATIONS WALL CORNER HSE. LOC. 10-8-03	SCALE 1" = 90' DRAWN BY: T.N.T. JOB NO.: 03-7196

Jaffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 221

Kearney Rd



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/25/76	1S	4.5	11:12	11:13	11:13	11:14	1	
	1d	12	11:12	11:12 ⁺¹⁵	11:12	11:14	2	
	2S	4.5	11:04	11:06	10:06	10:08	2	
	2d	13	11:04	11:06	10:06	10:08	2	
	4S	5	11:05	11:07	11:07	11:14	7	
	4d	12	11:05	11:07	11:07	11:14	7	
	3V	12.5	Visual similar to					
							6/21	

low
low
high

125 yd
under 4.5'
4 min

REMARKS open field

TYPE OF SOIL _____

TESTED BY hal benson ALSO PRESENT: Fyrek & men

APPLICATION

A 24459

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 100,000 gallons

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic Tank { 1-3 Bedrooms
4 Bedrooms } DISTRICT 5th
DATE 11/8/76
1250
dry well to have 125 sq ft effective

absorbent sidewall area per bedroom below
inlet. Wanted to be 4' below original grade and
maximum depth 12'. Location: 130' from front
lot line & 130' from Right lot line AS
seen from Ellsworth Dr.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Well under name of
Malcolm Bros.

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

PROPERTY OWNER E. Jager, et al
ADDRESS Fulton, Maryland PHONE 725-2075

PROPERTY LOCATION:
SUBDIVISION Williams Continuance, Sec 2 LOT NO. #2 Sec 2
ROAD AND DESCRIPTION off Reservoir Rd - Ellsworth Drive + Lovell Rd

SIZE OF LOT 52,000 sq. feet TYPE BLDG. 3 OF 5
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 /s/ C. Ellsworth Jager

APPROVED BY C. B. Steaker & FOR dry well w/ trench DATE 4/6/77
H. Benson (KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/28/77

serial no. 32727

THIS IS NOT A PERMIT

DEPARTMENT OF PERMITTING, LICENSING AND REGULATION 2400 CLINT HOUSE DRIVE FULTON, MD 21043 PHONE: (410) 313-2055 FAX: (410) 313-1810 AUTOMATED BY: COMATION (410) 313-3500	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>BO8000274</u>
Building Address <u>9431 LOVAT RD.</u> <u>FULTON, MD. 20759</u>	Property Owner's Name <u>Cruz-Ruos Hall</u> Address <u>9431 LOVAT RD.</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Williams Construction</u> City <u>FULTON</u> State <u>MD</u> Zip Code <u>20759</u> Section <u>2</u> Area _____ Lot <u>36</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size <u>79,050</u>	Home Phone _____ Work Phone <u>301-255-2252</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>LAURENT LAFLEUR</u> Phone <u>210-568-0988</u> Fax _____	
Existing Use <u>SENIOR FAMILY HOME</u> Proposed Use <u>SAME</u> Estimated Construction Cost \$ _____ Description of Work <u>CONSTRUCT A 14'X17' ADDITION TO EXPAND THE DEN/DRESS ROOM</u> <u>CONSTRUCT A 7'X8' ADDITION TO ADD A PANTRY TO THE KITCHEN</u>	Contractor Company <u>LAFLEUR ASSOC.</u> Contact Person <u>LAURENT LAFLEUR</u> Address <u>7386 HOPKINS WAY</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> License No. <u>49335</u> Phone <u>301-312-6222</u> Fax <u>210-568-6335</u>	
Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THERE TO; (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

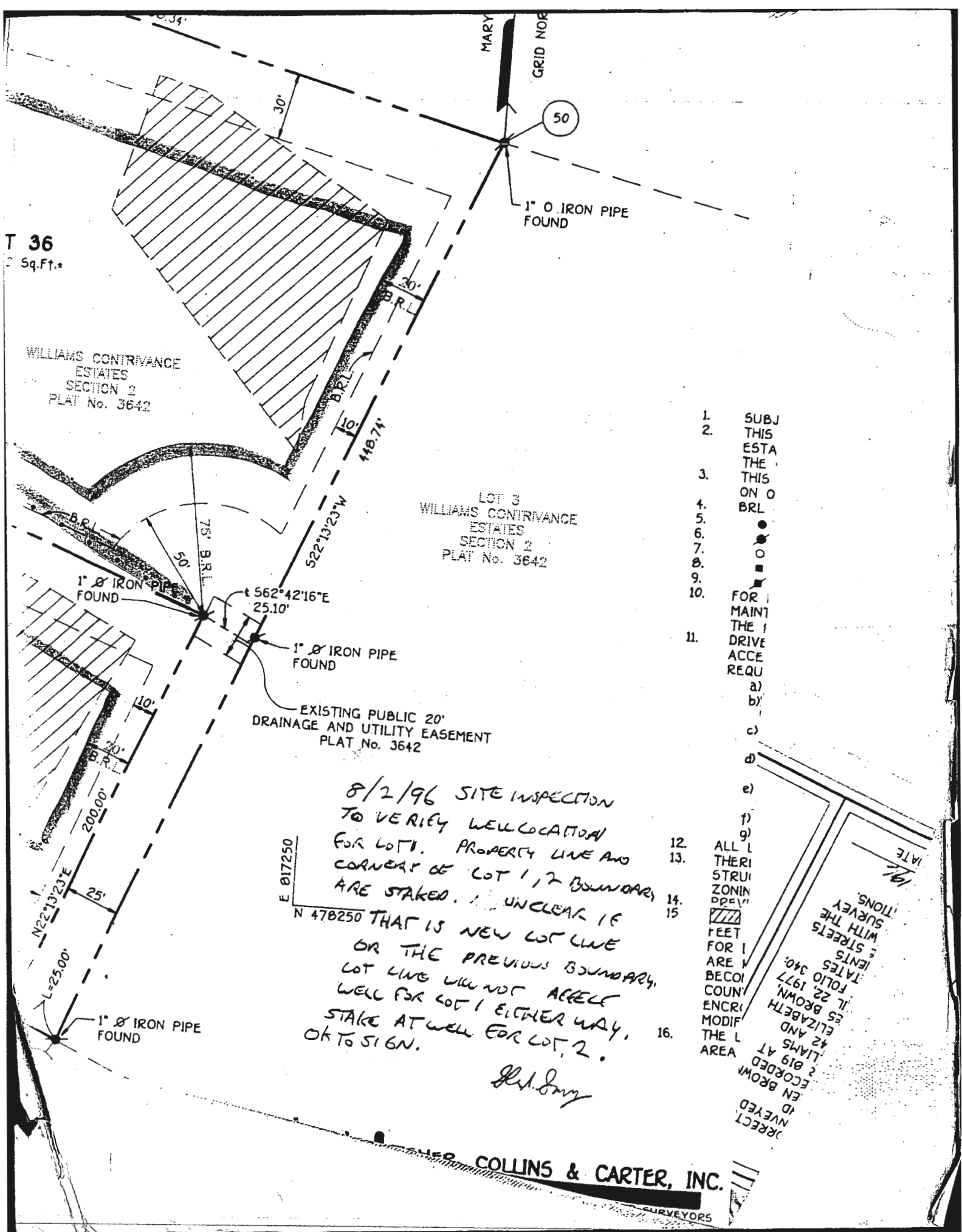
Laurent Lafleur
 Applicant's Signature
OWNER LAFLEUR ASSOC.
 Title/Company

LAURENT LAFLEUR
 Print Name
2-6-08
 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 Highway		
Building Official		
Dev. Engineering DPZ		
Health	<u>2-6-08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ
T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION		PROPERTY IDE
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	\$ _____
Historic District?	Validation	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by _____	



T 36
Sq.Ft.

WILLIAMS CONTRIVANCE
ESTATES
SECTION 2
PLAT No. 3642

LOT 3
WILLIAMS CONTRIVANCE
ESTATES
SECTION 2
PLAT No. 3642

EXISTING PUBLIC 20'
DRAINAGE AND UTILITY EASEMENT
PLAT No. 3642

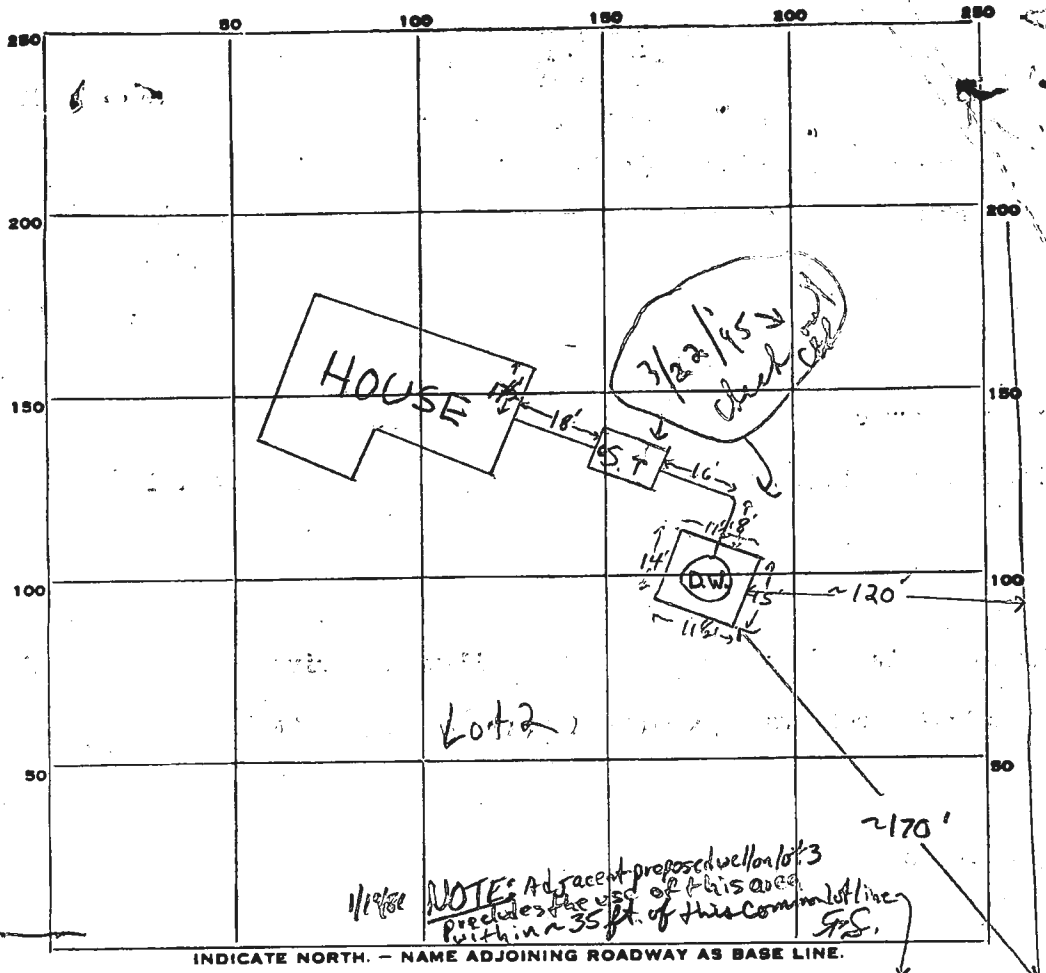
8/2/96 SITE INSPECTION
TO VERIFY WELL LOCATION
FOR LOT 1. PROPERTY LINE AND
CORNER OF LOT 1, 2 BOUNDARIES
ARE STAKED. IT IS UNCLEAR IF
N 478250 THAT IS NEW LOT LINE
OR THE PREVIOUS BOUNDARY.
LOT LINE WILL NOT AFFECT
WELL FOR LOT 1 EITHER WAY.
STAKE AT WELL FOR LOT 2.
OK TO SIGN.

J.H. Smy

COLLINS & CARTER, INC.

1. SUBJ
2. THIS
3. ESTA
4. THE
5. THIS
6. ON O
7. BRL
8. ●
9. ○
10. ■
11. FOR
12. MAINT
13. THE I
14. DRIVE
15. ACCE
16. REQU
- a)
- b)
- c)
- d)
- e)
- f)
- g)
12. ALL
13. THERI
14. STRUI
15. ZONIN
16. PREVI
- FEET
- FOR I
- ARE V
- BECOM
- COUN
- ENCR
- MODIF
- THE L
- AREA
- EN BROW
- RECORDED
- 2 819 AT
- LIAMS 42
- AND
- ELIZABETH
- ES BROWN
- IL 22, 1977
- FOLIO 340.
- PLATES
- ENTERS
- WITH THE
- SURVEY
- CTIONS

DATE 10/17/96
DIRECT
INVESTED
EN BROW
RECORDED
2 819 AT
LIAMS 42
AND
ELIZABETH
ES BROWN
IL 22, 1977
FOLIO 340.
PLATES
ENTERS
WITH THE
SURVEY
CTIONS



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

NOTE: Adjacent proposed well on lot 3 precludes the use of this area within a 35 ft. of this common lot line.

PERMIT CARD verbal o.k.

Lot 3	Well site	S.T.	D.W.
		✓	✓

SEPTIC TANK, LEVEL ✓ 1000 gal. CLEANOUTS ✓

DISTRIBUTION BOX, LEVEL n.a.

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

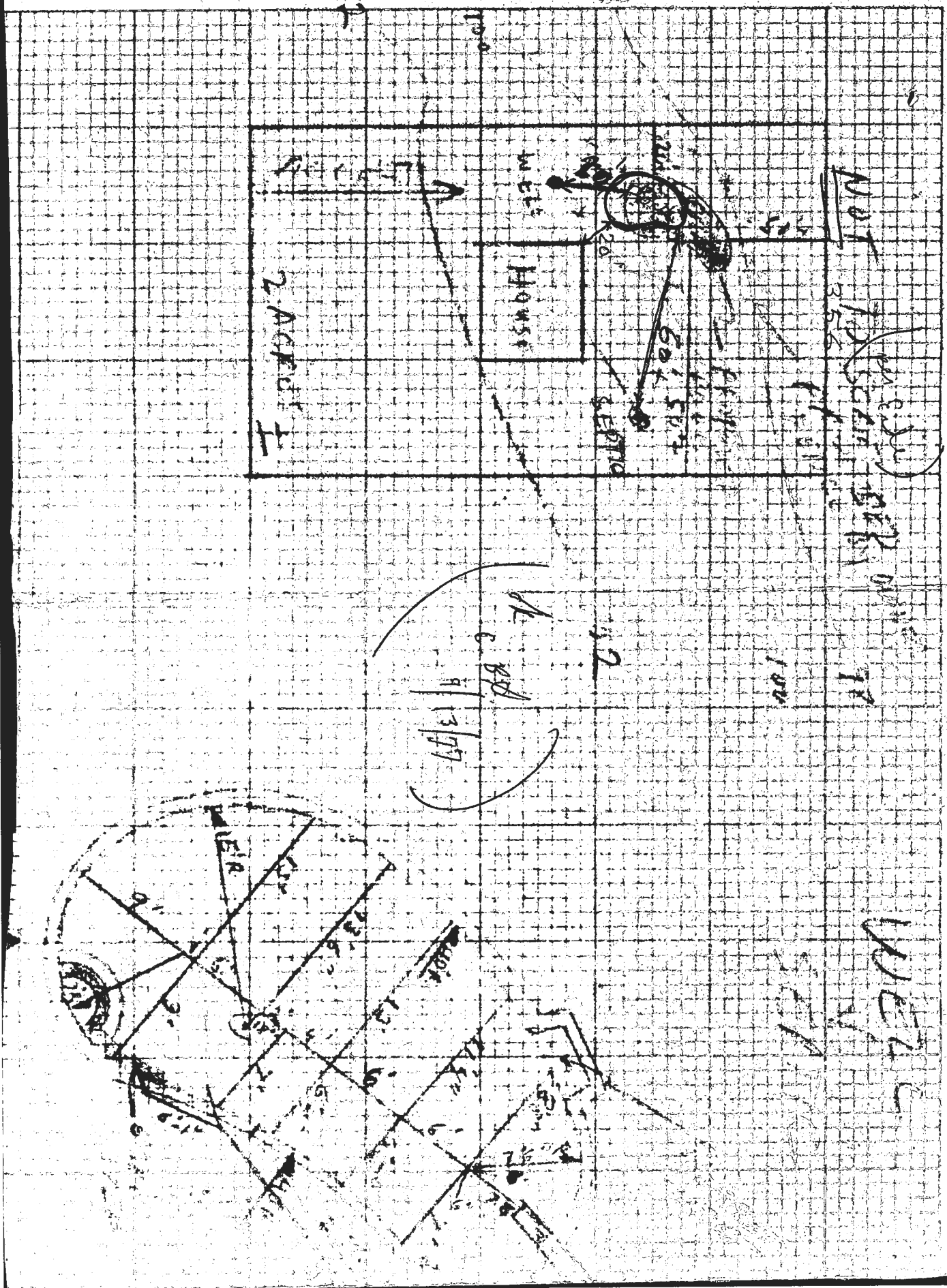
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEE PAGE PITS, ^{OUTSIDE PERIMETER} 52 FT. _{INSIDE DIAMETER} DEPTH BELOW INLET 8 FT.

ABSORBENT AREA ± 416 SQ. FT.

REMARKS 12/16/77. Drywell location ~20ft off

DATE SYSTEM APPROVED 12/16/77 INSPECTOR Frank Skinner



PERMIT

P 27/23

A 24459

12/16/77 app'd F.S.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 10/27/77

Awkard Septic Tank Service IS PERMITTED TO INSTALL ALTER

ADDRESS Box 44, Sandy Spring, Maryland PHONE 421-1093

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Williams Contrivance Estates ROAD Ellsworth Drive LOT 2, Sec. 2

PROPERTY OWNER Malcolm Brothers JOHN & WYN BROWN

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 DRY WELL - To have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 ft. below original grade. Maximum depth permitted for dry well is 12 ft. below original grade. Locate dry well 130 ft. from front lot line and 130 ft. from right lot line as seen from Ellsworth Drive.

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Charles B. Streaker DATE 4/6/77

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.

24459

Modification to septic -
Bldg Permit # 58368
9431 LOUAT Rd.
Fulton MD 20759

156.25'

180.42'

20

412-95
Proposed garage addition will have no impact to existing well. Septic modified to accommodate the addition.
OK to proceed.
Amy McMill

20'
30'
27.25'
24.25'
30.25'
29.25'

100.00'
30.50'

Septic tank
4' x 8 1/2"

Drain lines to be
2 ft wide 100' long 9 ft deep
with 5' of other below drain
line.

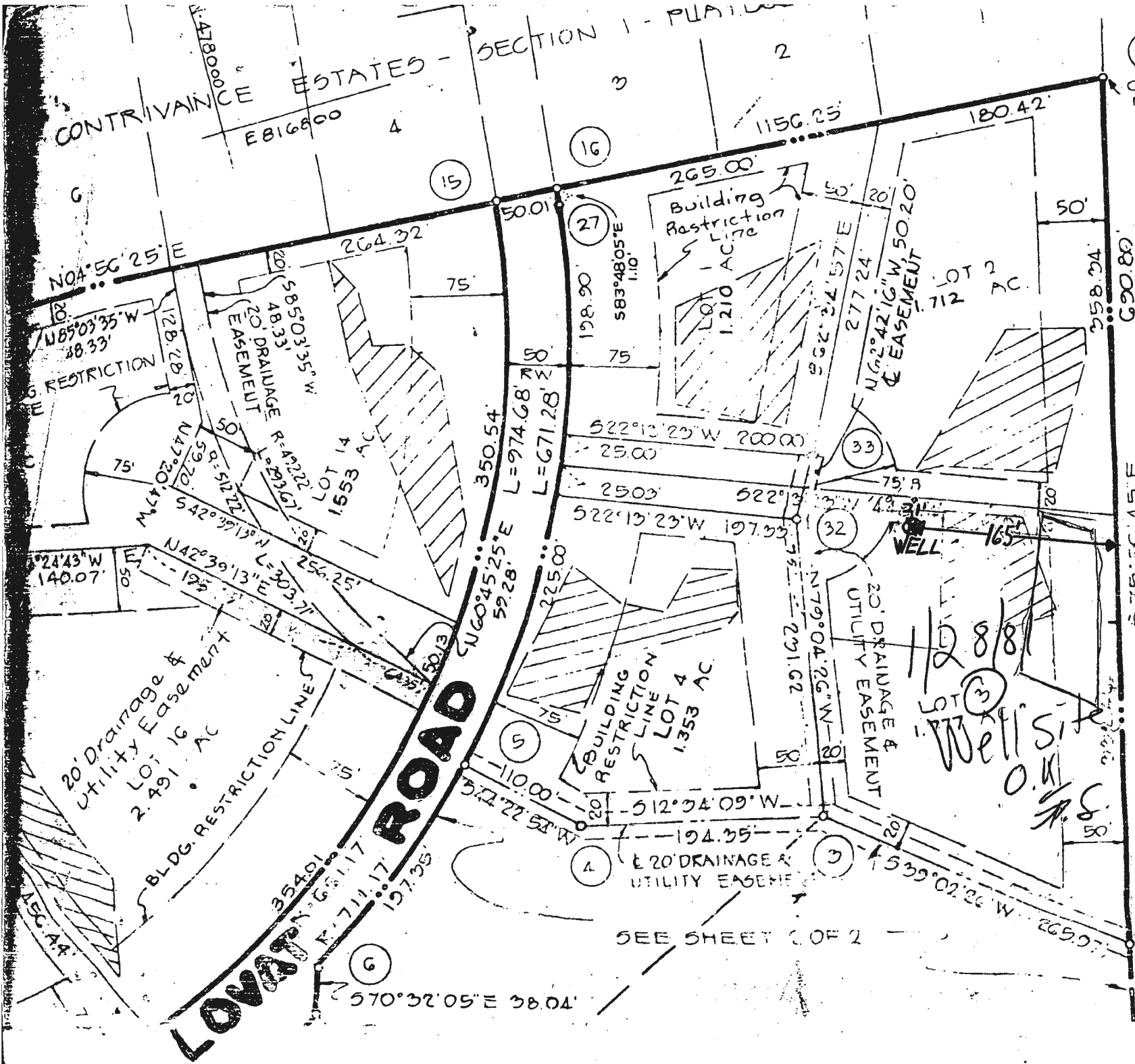
distribution
box

Drain
lines
100' ea.

33

148.74'

35



1	47868
2	47851
3	47831
4	47812
5	47804
6	47788
7	47787
8	47782
9	47779
10	47752
11	47749
12	47745
13	47752
14	47752
15	47819
16	47824
25	47743
26	47743
27	47824
28	478, 221
29	478, 200
30	478, 300
31	478, 271
32	478, 353
33	478, 377

EUGENE A. GEARHART
392/583

1. PROPER
2. THE LOT
3. WIDTH AN
4. DEPART
5. STATE HE
6. IMPROVE
7. PUBLIC &
8. STRUCTU
9. SHALL BE
10. SYSTEM
11. DEED
12. DATUM
13. NO. 20370

1287 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
HO-73-3791
fill in this form completely

DATE RECEIVED 1/26/81
1:15/81
3/2/81
OWNER INFORMATION
MALCOLM DENNIS B.
LAST NAME OWNER FIRST NAME
2001 BRIGGS CHANEY RD.
STREET OR RFD
SILVER SPRING, MD. 20904
TOWN STATE ZIP

B 3 LOCATION OF WELL
COUNTY HOWARD
SUBDIVISION WILLIAM CONTRIVANCE
SECTION 2 LOT 3
NEAREST TOWN FULTON
MILES FROM TOWN (enter 0 if in town) 2 MI

B 1 CONTINUED DRILLER INFORMATION
GEORGE F. EASTERDAY 040
DRILLER'S NAME LICENSE NO.
George G. Easterday 1/25/81
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
RESERVOIR ROAD & Lovat Road
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 1000

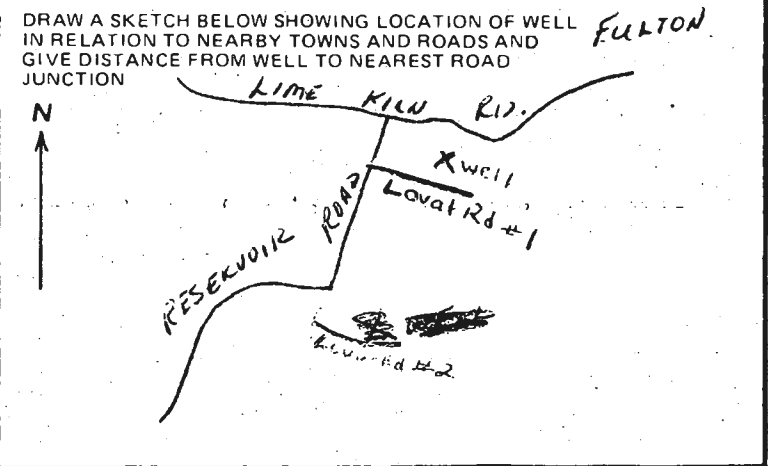
B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600

- 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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX
WRITE THE BOX NUMBER FROM THE MAP HERE
810 7
470 7

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
BORED (OR AUGERED) - JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A-11 COUNTY NO.
EHA SIGNATURE STATE HEALTH
MO DAY YR 01/28/81 CO SIGNATURE Frank Skinner DATE 1/28/81
NORTH 470 GRID EAST 0817 ELEV. (FT.)
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)
APPROP. PERMIT NUMBER GAP
WRITE INITIALS CONDITIONS IN BOX

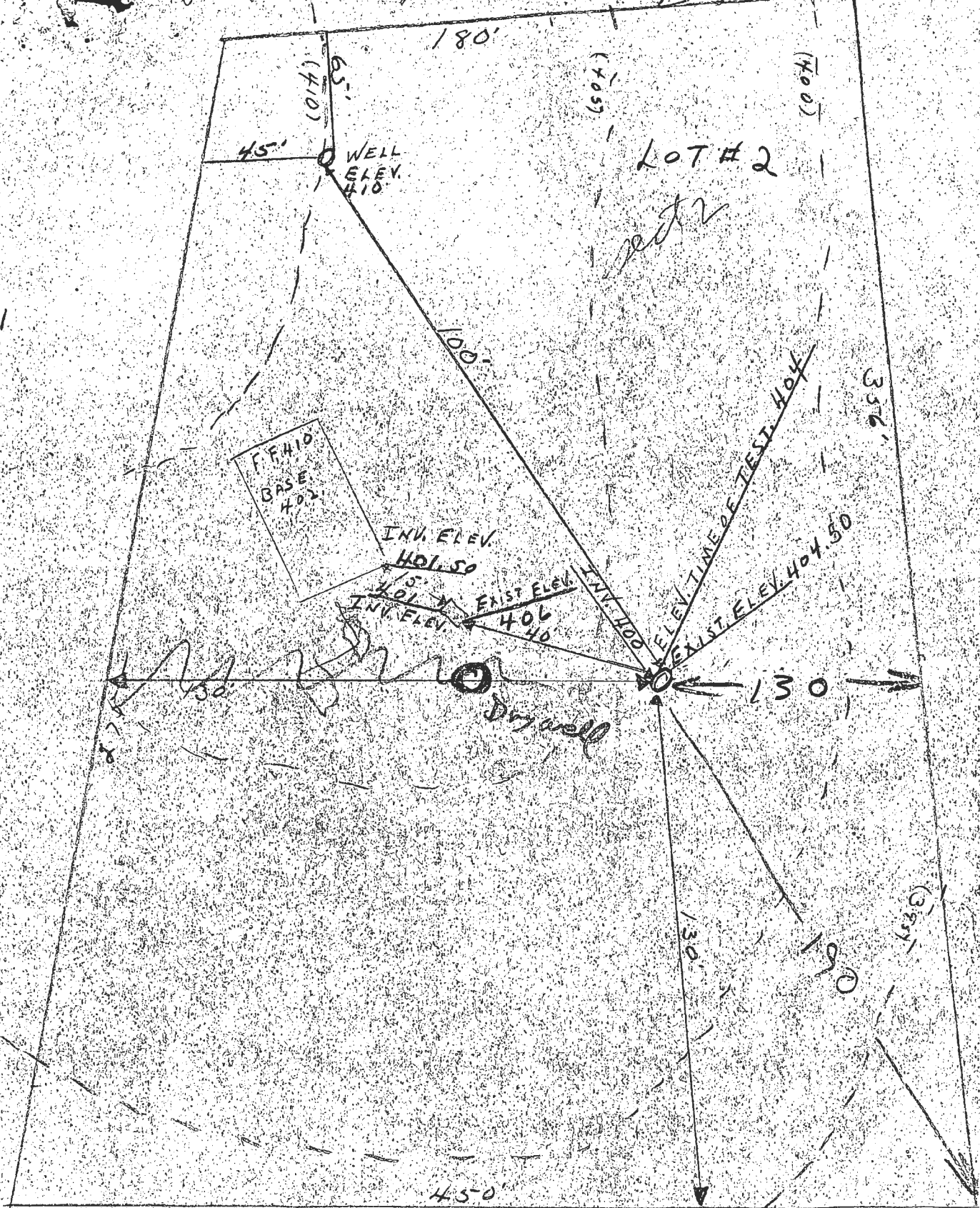
B 5 SPECIAL CONDITIONS (WRA USE ONLY)

DRILLER

WILSON'S CONTRIVANCE ESTATES

LOT 1

LOT #2



APP 7/18/77 *malcolm*

I CERTIFY MEASUREMENTS AND ELEVATIONS ARE CORRECT
 MALCOLM BROS *Malcolm*

B 1 1002 SEQUENCE NO. (WRA USE ONLY) **STATE OF MARYLAND** WRA PERMIT NUMBER A 24459
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL
 FILL IN THIS FORM COMPLETELY

B 1 CONTINUED **OWNER INFORMATION**
 DATE RECEIVED (WRA USE ONLY) 6-6-77 9:30 a.m.
 OWNER McLachlan Bros. Inc.
 COL 15 LAST NAME McLachlan COL 34 FIRST NAME James
 STREET OR RFD 2501 Orange Spring Rd.
 COL 36 1000 COL 55 1000
 POST OFFICE Bellevue Spring Md.
 COL 57 1000 COL 76 1000

B 1 CONTINUED **DRILLER INFORMATION**
 DATE 4/27/77 LICENSE NUMBER 92
 COL 77 77 COL 80 80
 FIRST NAME A. J. Castibon DRILLER LAST NAME Castibon
 SIGNATURE A. J. Castibon

B 2 CONTINUED **WELL INFORMATION**
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 COL 8 8 COL 12 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 100
 COL 14 14 COL 20 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

APPROXIMATE DEPTH OF WELL 150 FEET
 COL 24 24 COL 28 28
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE) _____

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

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63
 FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 92
 COL 67 67 COL 68 68 COL 70 70 COL 71 71 COL 72 72 COL 73 73 COL 74 74 COL 75 75 COL 76 76 COL 77 77 COL 78 78 COL 79 79

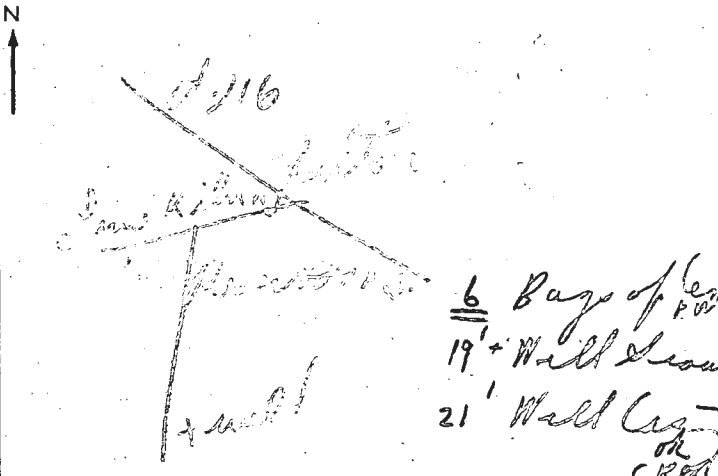
B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 STATE HEALTH (CIRCLE BOX) 5 COUNTY NAME Prince Georges COUNTY NO. 22266
 DATE 6/6/77 APPROVED BY James H. ...
 COL 43 43 COL 48 48

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 COL 1 1 COL 2 2 COL 3 3 COL 4 4 COL 5 5 COL 6 6 COL 7 7 COL 8 8 COL 9 9 COL 10 10 COL 11 11 COL 12 12 COL 13 13 COL 14 14 COL 15 15 COL 16 16 COL 17 17 COL 18 18 COL 19 19 COL 20 20 COL 21 21 COL 22 22 COL 23 23 COL 24 24 COL 25 25 COL 26 26 COL 27 27 COL 28 28 COL 29 29 COL 30 30 COL 31 31 COL 32 32 COL 33 33 COL 34 34 COL 35 35 COL 36 36 COL 37 37 COL 38 38 COL 39 39 COL 40 40 COL 41 41 COL 42 42 COL 43 43 COL 44 44 COL 45 45 COL 46 46 COL 47 47 COL 48 48 COL 49 49 COL 50 50 COL 51 51 COL 52 52 COL 53 53 COL 54 54 COL 55 55 COL 56 56 COL 57 57 COL 58 58 COL 59 59 COL 60 60 COL 61 61 COL 62 62 COL 63 63 COL 64 64 COL 65 65 COL 66 66 COL 67 67 COL 68 68 COL 69 69 COL 70 70 COL 71 71 COL 72 72 COL 73 73 COL 74 74 COL 75 75 COL 76 76 COL 77 77 COL 78 78 COL 79 79 COL 80 80

B 3 CONTINUED **LOCATION OF WELL**
 COUNTY Prince Georges COL 8 8 COL 21 21
 SUBDIVISION Wm. ... COL 23 23 COL 42 42
 SECTION 2 COL 44 44 COL 50 50
 LOT 2 COL 48 48
 NEAREST TOWN Fulton COL 52 52 COL 71 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 COL 73 73 COL 78 78 COL 79 79 COL 80 80 COL 81 81

B 4 CONTINUED **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 NORTH EAST NORTHWEST SOUTHWEST
 SOUTH WEST NORTHWEST SOUTHWEST
 NEAR WHAT ROAD Bellevue Spring Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 COL 34 34 COL 37 37 COL 38 38 COL 39 39

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 WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER 830 870
 NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE _____
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 COL 57 57 COL 58 58 COL 59 59 COL 60 60 COL 61 61 COL 62 62 COL 63 63 COL 64 64 COL 65 65 COL 66 66 COL 67 67 COL 68 68 COL 69 69 COL 70 70 COL 71 71 COL 72 72 COL 73 73 COL 74 74 COL 75 75 COL 76 76 COL 77 77 COL 78 78 COL 79 79 COL 80 80

2' carry out of ground
No house this date
No septic this date

5935

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

160 (TO NEAREST FOOT)

HO-10-2057

8-13

19 20

DRILLERS IDENTIFICATION NO.

42

OWNER

LAST NAME

James

FIRST NAME

STREET OR RFD

2011 Kridon Channel Rd

POST OFFICE

Silver Spring

WELL LOG

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)

FEET

CHECK IF WATER BEARING

Top soil shaly SAND STONE MILA

0 2 2 15 15 60 60 160

✓ ✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 135

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 20 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW [S] [T] [C] [O] [P] [L] [O] [T] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [S] [T] NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 160

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW [S] [T] [B] [R] [H] [O] [P] [L] [O] [T] STEEL BRASS OR-BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT) FROM 11 TO 160

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) WHEN PUMPING 160 (NEAREST FOOT)

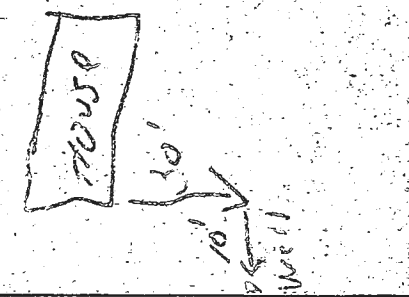
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) [A] AIR [P] PISTON [T] TURBINE [C] CENTRIFUGAL [R] ROTARY [O] OTHER [J] JET [S] SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) [+] ABOVE [-] BELOW LAND SURFACE 2 (NEAREST FOOT) 49 51

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS, AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES [A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED [E] ELECTRIC LOG OBTAINED [P] TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) SIGNATURE

C1 2345 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A-24459

DATE Received [] DATE WELL COMPLETED 04-29-87 Depth of Well 120 (TO NEAREST FOOT) PERMIT NO. HG-81-2910

OWNER BROWN JOHN + BROWN STREET OR RFD 1431 LOVAT DR. TOWN FULTON SUBDIVISION WILLIAMS CONTRIVANCE SECTION 2 LOT 2

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	2	
Clay	2	4	
Shale	4	12	
Mica schist	12	45	✓
Mica	45	120	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL
 CEMENT (CM) BENTONITE CLAY (BC)
 NO. OF BAGS 9 NO. OF POUNDS 900
 GALLONS OF WATER 45
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 32 ft.

CASING RECORD
 MAIN CASING TYPE (S) T (T) Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 34
 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole (S) T (T) BR (BR) HO (HO) PL (PL) OT (OT)
 STEEL BRASS OPEN HOLE PLASTIC OTHER
 DEPTH (nearest ft.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SCREEN RECORD (continued)
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) []

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL/INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

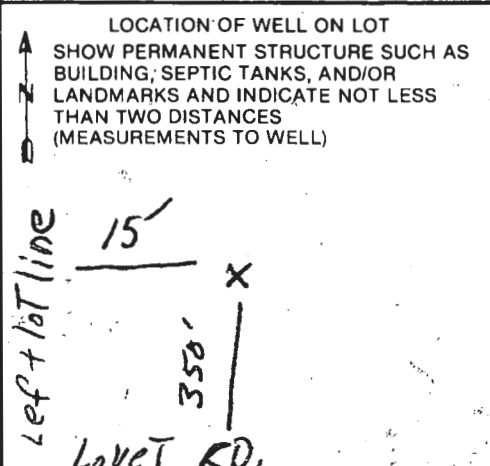
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 8
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 120
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES (NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



WILLIAMS CONTRIVANCE EST.

SEC. #2

LOT 2 HS. TO OLD WELL - 43'

J & BROWN

OLD WELL TO NEW WELL - 75'

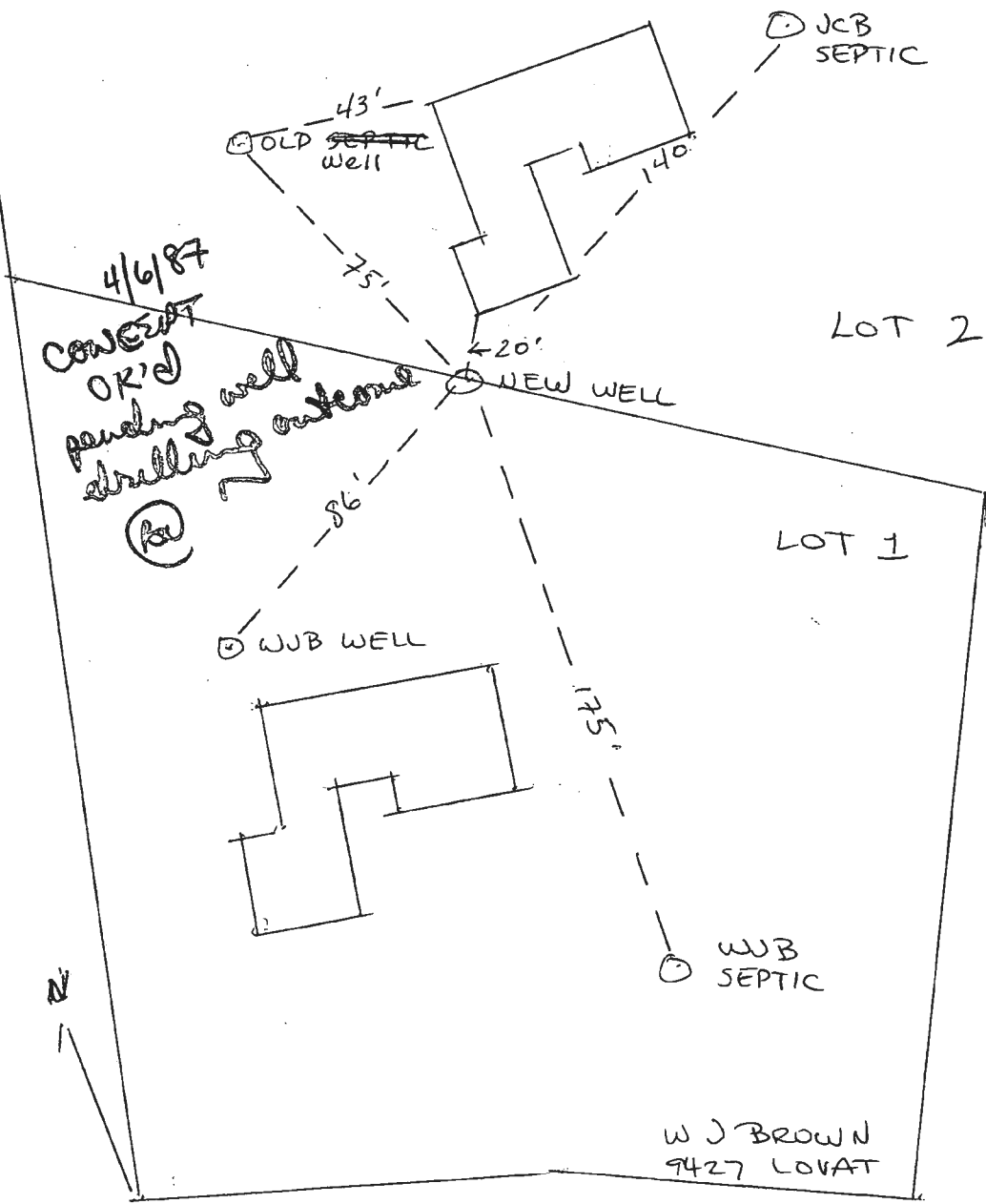
9431 LOVAT

LOT 2 HS TO NEW WELL - 20' (SEE LETTER)

LOT 1 WELL TO NEW WELL - 86'

NEW WELL TO LOT 1 SEPTIC - 175'

NEW WELL TO LOT 2 SEPTIC - 140'



September 17, 1986

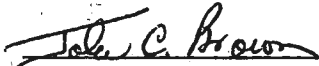
Environmental Health
Howard County
Ellicott City MD

Dear Sirs:

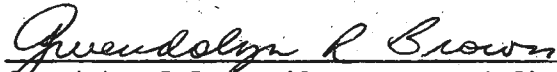
We, the owners of Lot 2, Williams Contrivance Estates, Fulton, MD, are going to have a well drilled on a spot which is on our existing property line.

If we hit water in this well, we have the consent of the adjacent landowners, Walton J. Brown, Cleo Doreen Brown, and John C. Brown (Lot 1, Williams Contrivance Estates, Fulton, MD), [see below] and will move the existing property line over 10 feet (into what is now the landowner's property) in order to provide the required 10 foot easement.

Sincerely,



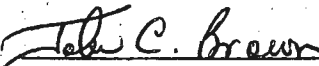
John C Brown (Co-owner, Lot 2)



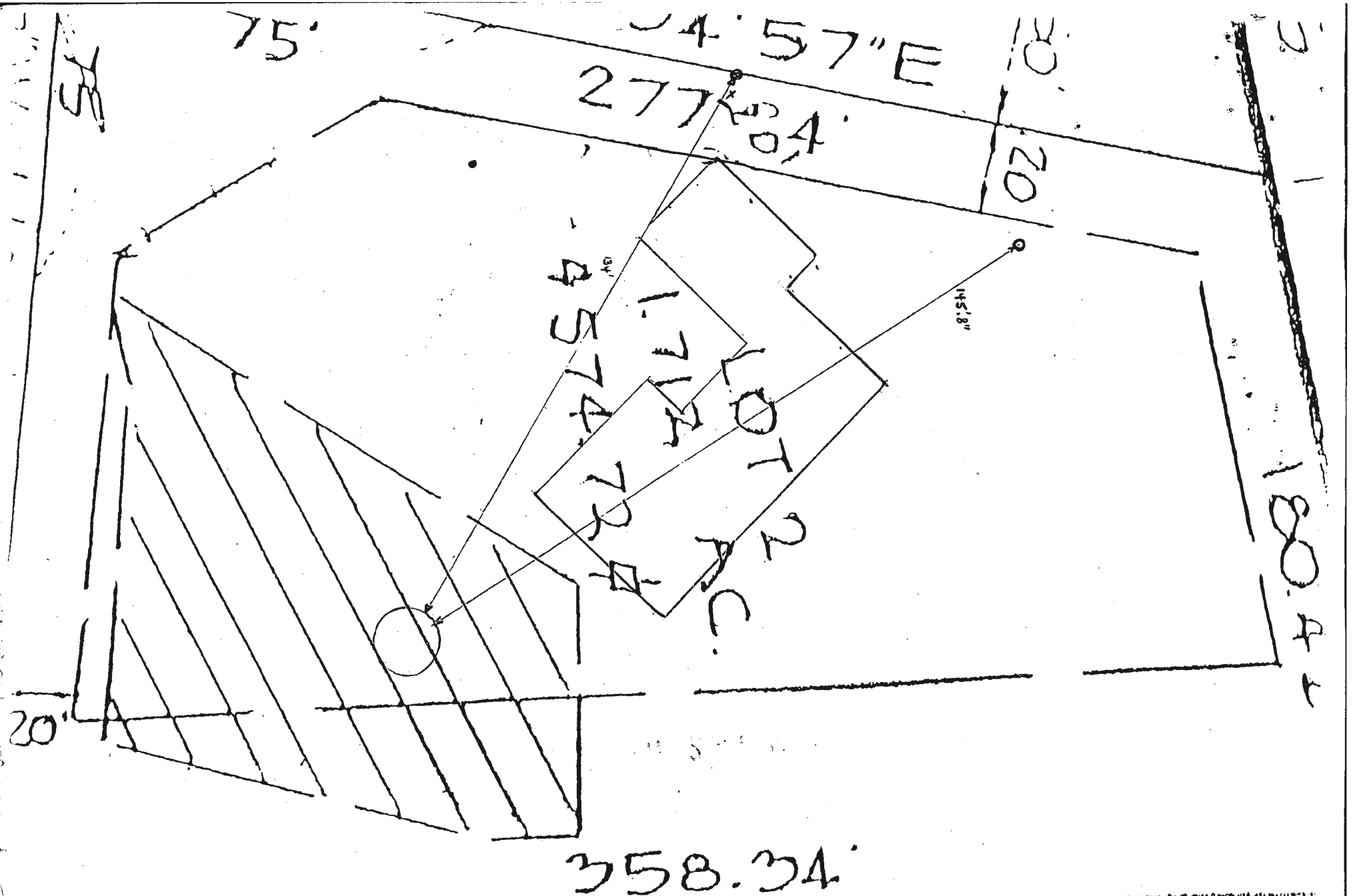
Gwendolyn R Brown (Co-owner, Lot 2)
9431 Lovat Road
FULTON MD 20759
301-776-1386 (home)
202-722-6108 (Gwen's work) --
301-791-7000 (John's work) --

Walton J Brown (Co-owner, Lot 1)

Cleo Doreen Brown (Co-owner, Lot 1)
9427 Lovat Road
FULTON MD 20759
301-776-7303 (home)



John C. Brown (Co-owner, Lot 1)
9427 Lovat Road
FULTON MD 20759



JOHN C BROWN
 9431 LOYST ROAD
 FULTON MD 20759

HOME (301) 776-1386
 WORK (301) 791-7000 or
 638-1214/5
 WIFE'S WORK (202) 722-6108

690.80'
 EMERGENCY REPLACEMENT WELL

F 97-09 File No. F-97-09
Name Williams Contrivance
lot 35T 36

DEPARTMENT OF PLANNING AND ZONING
FINAL PLAT ORIGINAL SIGNATURE APPROVAL

This is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the owner and consultant should be notified, along with the Division of Land Development and Research and other County/State agencies that would be affected by the changes. A notation should be added to this form if the originals are changed.

DPZ Date Received Date Forwarded
Blair 7-09 7-12
Reviewing Agent

Rejected for: _____

DED plat checklist

DPW/HEALTH Date In Date Forwarded

Reviewing Agent

Rejected for: _____

HEALTH/DPW Date In Date Forwarded
Blair 7/16/96 8/7/96
Reviewing Agent

Rejected for: _____

DPZ Date Received Owner/Engineer Notified

Reviewing Agent

Actions or Revisions Needed: _____

EH - 24

HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health

Ellicott City, Maryland 21043

Phone: 992-2330

To: A 24459 lot 2, sec. 2

Wm's Contrivance Estates

NOTE: Well site on
lot 3 Wm Cont. Est. is
to be within 20 ft. of
the common lot line between
lots 2 & 3 & 1/50-160 ft.
from rear lot line

From:

F. S.

Date:

1/19/81

Real Property Data Search ()
Search Result for HOWARD COUNTY

P50588

Lot 2 -> Lot 36

A-24459

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 378907

Owner Information

Owner Name: DUTTON RICHARD P Use: RESIDENTIAL
DUTTON GREYKELL Principal Residence: YES
Mailing Address: 9431 LOVAT RD Deed Reference: /21863/ 00087
FULTON MD 20759-9638

Location & Structure Information

Premises Address: 9431 N LOVAT RD Legal Description: LOT 36 1,814 A
FULTON 20759-0000 9431 LOVAT RD
WILL CONT EST RSB LT 1&2

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 12315
0045 0006 0055 5020201.14 2001 36 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
1978 3,281 SF 1200 SF 1.8100 AC

StoriesBasementType ExteriorQualityFul/Half BathGarage Last Notice of Major Improvements
1 YES STANDARD UNITBRICK/ 5 3 full 1 Attached

Value Information

	Base Value	Value	Phase-in Assessments	
			As of 01/01/2023	As of 07/01/2024
Land:	228,100	284,300		As of 07/01/2025
Improvements	486,900	591,400		
Total:	715,000	875,700	822,133	875,700
Preferential Land:	0	0		

Transfer Information

Seller: HALL CYNTHIA Date: 01/24/2023 Price: \$1,082,500
Type: ARMS LENGTH IMPROVED Deed1: /21863/ 00087 Deed2:
Seller: HALL RUSSELL Date: 05/20/2021 Price: \$0
Type: NON-ARMS LENGTH OTHER Deed1: /20576/ 00152 Deed2:
Seller: BROWN JOHN CHARLES Date: 12/29/2003 Price: \$558,500
Type: ARMS LENGTH IMPROVED Deed1: /07946/ 00508 Deed2:

Exemption Information

Partial Exempt Assessments: Class 07/01/2024 07/01/2025
County: 000 0.00
State: 000 0.00
Municipal: 000 0.00|0.00 0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application Date:

9431 LOWAT RD

Detailed Search

Add Layer

Howard County Base Map

BASE MAP LAYERS

HEALTH SPECIAL LAYERS

UTILITY LAYERS

GEOGRAPHY

PLANNING

ADDED LAYERS



• Ex. wells