

TJB 6/7/2019

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 03 Account Number - 279359								
Owner Information										
Owner Name:		LUBA NORMAN K LUBA LORRAINE DOYLE				Use:		RESIDENTIAL		
Mailing Address:		PO BOX 85 EASTWOOD KY 40018-0085				Principal Residence:		NO		
						Deed Reference:		/01477/ 00692		
Location & Structure Information										
Premises Address:		13250 N ROUTE 144 WEST FRIENDSHIP 21794-0000				Legal Description:		LOT 1 15.7569 A 13250 ROUTE 144 WEST FRIENDSHIP		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	6156
0015	0003	0106		2001			1	2019	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						
			15.7500 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		
				01/01/2019		07/01/2018		07/01/2019		
Land:		472,500		612,500						
Improvements		0		0						
Total:		472,500		612,500		472,500		519,167		
Preferential Land:		0						0		
Transfer Information										
Seller: AMOSS CHARLES O & WF				Date: 05/28/1986				Price: \$83,500		
Type: ARMS LENGTH IMPROVED				Deed1: /01477/ 00692				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										
Homeowners' Tax Credit Application Status: No Application						Date:				

-
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.

*Paul
6/8/84
12:30 AM*

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33983
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 2nd
DATE 6-8-84

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 ESTATE of Charles Amos, Paul McHugh (Purchaser)
ADDRESS 13250 Frederick Road PHONE 744 2716

PROPERTY LOCATION:
SUBDIVISION TAX MAP 15 PARCEL 106 LOT NO. 1
ROAD AND DESCRIPTION Frederick Road Postal Zone 21794

SIZE OF LOT 17 Acres TYPE BLDG. 4 BR - 2 STORY
(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.

Paul McHugh
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS REQUIRED. IF SUBMITTED AS
SUBDIVISION THEN OTHER

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 _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

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SEWAGE DISPOSAL TESTING

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(SIGNATURE OF APPLICANT)

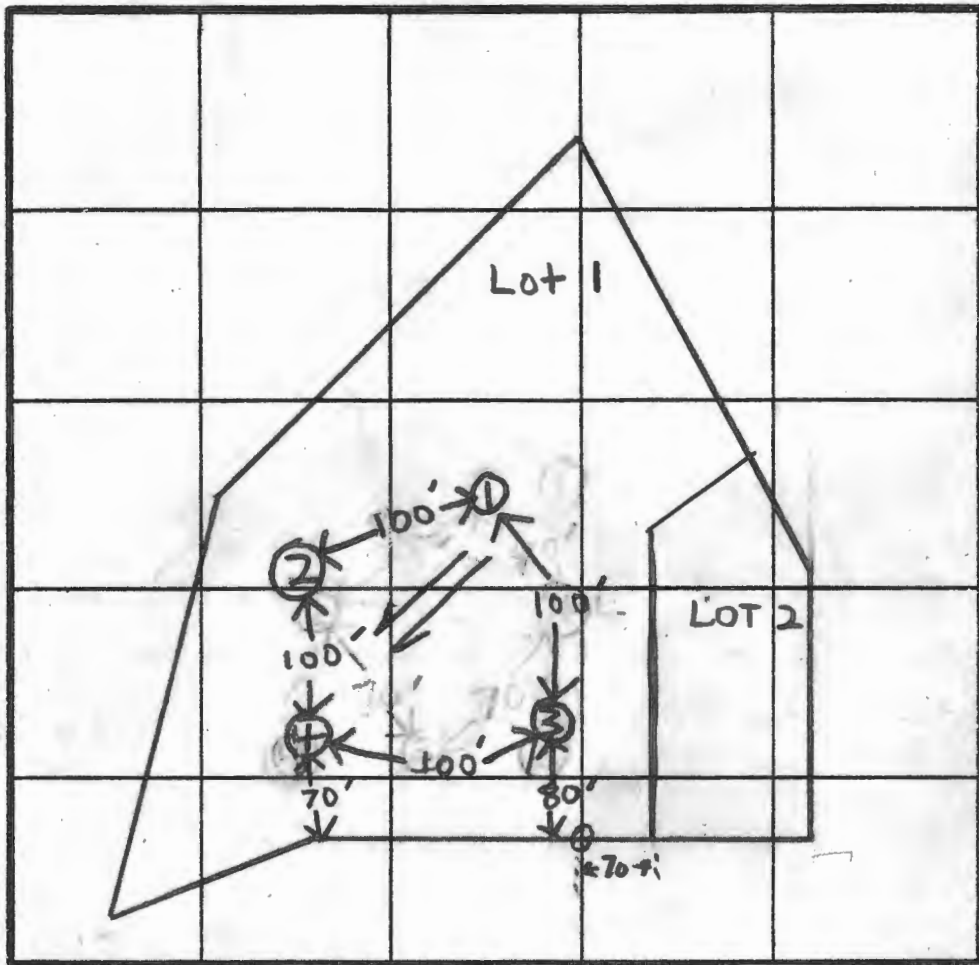
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REJECTED BY _____ FOR _____ DATE _____

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REASONS FOR REJECTION OR HOLDING _____

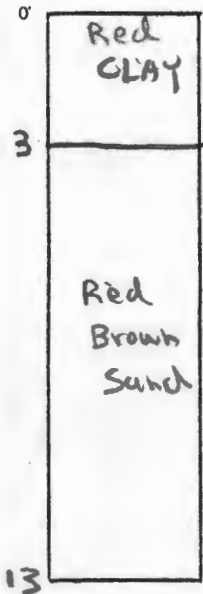
THIS IS NOT A PERMIT



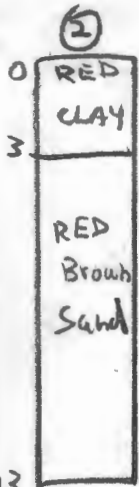
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT. 144

SOIL PROFILE



- 1 High
- 2 LOW
- 3 2nd High



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/14/24	1 S	3.0 Ft	1:20	1:23	1:23	1:26	3	13 Ft. Visual O.K.
"	1 M	8.0 Ft.	1:20	1:23	1:23	1:26	3	
"	2 S	3. Ft	1:23	1:24	1:24	1:27	3	13. Ft. Visual O.K.
"	2 M	8. Ft.	1:23	1:24	1:24	1:27	3	
"	3 S	5. Ft	1:32	1:36	1:36	1:39	3	
"	3 V	13. Ft	LOOKS O.K.					
"	4 V	13. Ft	LOOKS O.K.					

REMARKS CERTIFICATE LOCATIONS REQUIRED IF SUBDIVISION PLATS SUBMITTED THEN PERC ON OTHER PARCELS REQUIRED

TYPE OF SOIL Red Brown Sand

TESTED BY A. Jacobson

C. Williams

ALSO PRESENT

SKIP

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34533

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 10/31/84

*11/24/84
1:39 p.m.
P.H.*

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 Fisher, Collins and Carter

ADDRESS _____ PHONE 461-2853

PROPERTY LOCATION:

SUBDIVISION Amoss Property - Tax Map, Parcel 106 LOT NO. 15

ROAD AND DESCRIPTION Route 144

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

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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Fisher, Collins and Carter
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/15/84 See other

THIS IS NOT A PERMIT

SOIL PROFILE

0'

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DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

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			START	STOP	START	STOP	

EH-12-1079

REMARKS 11/15/84 Remeasured Perc. Holes, I understand
4 Perc Holes Passed this summer or but records
missing R. Hodge (Craig W. confirmed holes good 11-21-84 J.F.)

TESTED BY _____ ALSO PRESENT _____