

Real Property Data Search ( w4)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration					
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>								
<b>Exempt Class:</b>		NONE								
<b>Account Identifier:</b>		District - 04 Account Number - 341392								
Owner Information										
<b>Owner Name:</b>	SINGH BALBIR TR SINGH HARJINDER KAUR TR ET AL			<b>Use:</b>	RESIDENTIAL					
				<b>Principal Residence:</b>	NO					
<b>Mailing Address:</b>	5805 PARKWAY DR LAUREL MD 20707-5423			<b>Deed Reference:</b>	/14472/ 00499					
Location & Structure Information										
<b>Premises Address:</b>	3501 E COUNTRYSIDE DR GLENWOOD 21738-0000			<b>Legal Description:</b>	LOT 2 12.341 A 3501 COUNTRYSIDE DRIVE GLENWOOD					
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Sub District:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>	4781
0021	0003	0048		0000			2	2017	<b>Plat Ref:</b>	
<b>Special Tax Areas:</b>				<b>Town:</b>	NONE					
				<b>Ad Valorem:</b>	100					
				<b>Tax Class:</b>						
<b>Primary Structure Built</b>	<b>Above Grade Living Area</b>	<b>Finished Basement Area</b>	<b>Property Land Area</b>	<b>County Use</b>						
			12.3400 AC							
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Major Renovation</b>				
Value Information										
		<b>Base Value</b>	<b>Value</b>	<b>Phase-in Assessments</b>						
			As of	As of	As of	As of				
			01/01/2017	07/01/2018	07/01/2019					
<b>Land:</b>		493,600	370,200							
<b>Improvements</b>		0	0							
<b>Total:</b>		493,600	370,200	370,200		370,200				
<b>Preferential Land:</b>		0				0				
Transfer Information										
<b>Seller:</b> SINGH BALBIR			<b>Date:</b> 11/27/2012		<b>Price:</b> \$0					
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /14472/ 00499		<b>Deed2:</b>					
<b>Seller:</b> SINGH BALBIR			<b>Date:</b> 05/02/2001		<b>Price:</b> \$0					
<b>Type:</b> NON-ARMS LENGTH OTHER			<b>Deed1:</b> /05452/ 00436		<b>Deed2:</b>					
<b>Seller:</b> COUNTRYSIDE JOINT VENTURE			<b>Date:</b> 11/16/1981		<b>Price:</b> \$60,000					
<b>Type:</b> ARMS LENGTH IMPROVED			<b>Deed1:</b> /01078/ 00542		<b>Deed2:</b>					
Exemption Information										
<b>Partial Exempt Assessments:</b>	<b>Class</b>	07/01/2018		07/01/2019						
<b>County:</b>	000	0.00								
<b>State:</b>	000	0.00								
<b>Municipal:</b>	000	0.00 0.00		0.00 0.00						
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>								
<b>Exempt Class:</b>		NONE								
Homestead Application Information										

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH  
TIBER PLACE  
8306B FORREST STREET  
ELLCOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

November 20, 1981

## WELL PERMIT

Owner's Name: Baldir Singh Site: Countyside Subdivision  
5805 Parkway Drive Lot 2,  
Laurel, Maryland 20707 Route 97

Driller: George Easterday

Issue Date: November 20, 1981 Permit Number: HO-73-4060

### Conditions:

1. The water is to be used for a domestic supply.
2. Notify Howard County Health Department 24 hours before grouting appointment for well.
3. This permit is valid for 6 months.
4. A well completion report must be submitted to the administration within 45 days after completion of the well.

Palmer F. Wine, Director  
Bureau of Environmental Health

PFW:jr

11/23/81  
Hold till  
we hear from  
not ready -  
no contract

6/7/82  
Mr. Singh will  
be contacted directly  
for reapplication

(5)

RECEIVED  
HOWARD COUNTY  
HEALTH DEPARTMENT  
ELLCOTT CITY, MARYLAND  
SEP 1 9 20 AM '81

B 1	<b>4906</b>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> <i>please print or type</i>	OEP PERMIT NUMBER <b>H0-73-4060</b> <i>fill in this form completely</i>
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Date Received 11 06 81  
(OEP Use Only)

**OWNER INFORMATION**

Last Name 15 Singh Owner 34 Name Baldir

Street or RFD 5805 PARKWAY

Town 57 LAUREL State MD 76 Zip 20707

**LOCATION OF WELL**

COUNTY Howard

SUBDIVISION Country Side

SECTION 2 LOT 2

NEAREST TOWN Blenwood

MILES FROM TOWN (enter 0 if in town) 2

**DRILLER INFORMATION**

Driller's Name George Easterday 77 License No. 80 40

Firm Name L.E. Easterday INC

Address 9265 Brown Church Rd. Mt Airy Md.

Signature George Easterday Date 11/3/81

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

N

**NEAR WHAT ROAD** at 97

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST  EAST

NORTH  SOUTH

DISTANCE FROM ROAD 600 FEET

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 55

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**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 MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**

SOURCES OF DRILLING WATER

1. Perched aquifer

2. Blended

3. at 97

WRITE THE BOX NUMBER FROM THE MAP HERE

7900

5205

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (OR AUGERED)  JETTED  JETTED & DRIVEN

AIR ROTARY  AIR PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE ROTARY  DRIVE POINT

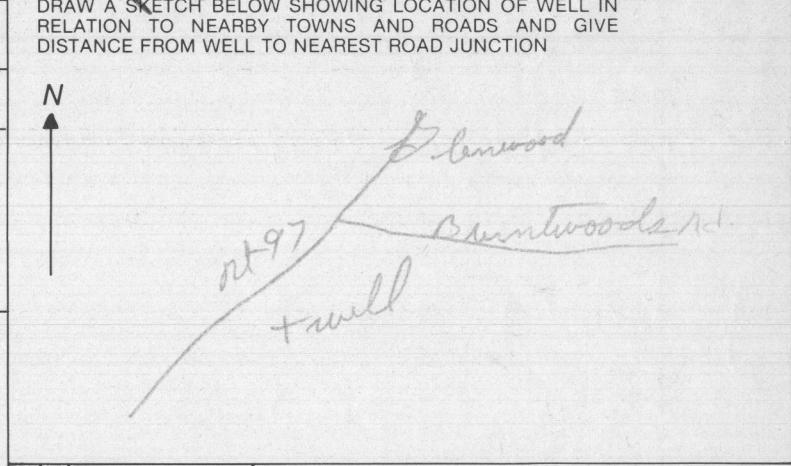
other \_\_\_\_\_

**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 DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52 \_\_\_\_\_



*Not to be filled in by driller (OEP USE ONLY)*

APPROX. PERMIT NUMBER GAP

FORCE FS WRITE INITIALS IN BOX PERMIT No. H0-73-4060

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME Howard COUNTY NO. 828460

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH CIRCLE BOX  41

DATE ISSUED \_\_\_\_\_

CO SIGNATURE Frank Skinner, Sanitarian

NORTH GRID 525 EAST GRID 0790 EXPIRES 050682

**SPECIAL CONDITIONS** 8-63

EH - 24

Re: Countryside

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
Ellicott City, Maryland 21043  
Phone: 992-2330

To: Frank Skinner

Request a copy  
of Final Plat - Signed  
by Health Officer so

spec can be written,  
with Frank

discussed & he is to  
check his desk & let  
me know if he has one.

From: C. B. Steaker

Date: 5/22/81

See signed copy received 11/5/81

HOWARD COUNTY OFFICE OF PLANNING AND ZONING  
 DIVISION OF LAND DEVELOPMENT  
 COUNTY OFFICE BUILDING  
 3450 COURT HOUSE DRIVE  
 ELLICOTT CITY, MARYLAND 21043

11/5/81  
 Signed Cop  
 in Plat Ra  
 J.

DATE: 11-30-81

P & Z File No. F80-108

Agencies

Office of Planning and Zoning

- Director, Department of Public Works
- Bureau of Engineering
- Bureau of Inspections and Permits
- Fire Administrator
- Police Department
- State Highway Administration
- Division of Environmental Health
- Howard County Public School System
- Recreation and Parks
- Soil Conservation Service
- County Assessment

- Director
- Chief, Division of Land Development
- Transportation Planning
- File
- Division of Comprehensive Planning
- Division of Zoning
- Planning Board Members

RE: Countryside, lots 1 to 27

FOR PLAN REVIEW MEETING OF \_\_\_\_\_ (Date) \_\_\_\_\_ (Time) \_\_\_\_\_ (Place)

ENCLOSED FOR YOUR: \_\_\_\_\_ Signature Approval \_\_\_\_\_ Review & Comments  Files

THE ENCLOSED: \_\_\_\_\_ Original  Copy

	<u>No. of Sheets</u>	<u>No. of Sheets</u>
<input type="checkbox"/> Preliminary Plan	_____	<input type="checkbox"/> Final Road and/or Storm Drainage Plan
<input type="checkbox"/> Preliminary Road Profile	_____	<input type="checkbox"/> Final Storm Drainage Computations
<input type="checkbox"/> Preliminary Drainage Study and/or Computations	_____	<input type="checkbox"/> Site Development Plan
<input type="checkbox"/> Final Development Criteria	_____	<input type="checkbox"/> Sketch Plan
<input type="checkbox"/> Final Development Plan	_____	_____
<input checked="" type="checkbox"/> Final Plat	_____	_____

WAS: \_\_\_\_\_ Received \_\_\_\_\_ Tentatively Approved  Recorded  
 \_\_\_\_\_ Received & Revised \_\_\_\_\_ Approved On 1-09-81

COMMENTS: \_\_\_\_\_

Check box and return to Office of Planning and Zoning if plan is approved with no comments.