

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 - 01 Account Number - 243233								
Owner Information										
Owner Name:		STATE OF MARYLAND DEPT OF NATURAL RESOURCES			Use:		EXEMPT			
Mailing Address:		580 TAYLOR AVE TAWES ST OFFICE BLDG ANNAPOLIS MD 21401-			Principal Residence:		NO			
					Deed Reference:		/17171/ 00001			
Location & Structure Information										
Premises Address:		ILCHESTER RD ELLCOTT CITY 21043-0000			Legal Description:		LOT 4 2.740 A ILCHESTER RD CALEBS VINEYARD S 1			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	9606
0031	0005	0776		0000			4	2018	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		
						2.7400 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		
				01/01/2018		07/01/2018		07/01/2019		
Land:		192,400		192,400						
Improvements		0		0						
Total:		192,400		192,400		192,400		192,400		
Preferential Land:		0						0		
Transfer Information										
Seller: SCHULTE JAMES R				Date: 10/07/2016		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /17171/ 00001		Deed2:				
Seller:				Date:		Price: \$0				
Type:				Deed1: /01345/ 00231		Deed2:				
Seller:				Date:		Price:				
Type:				Deed1:		Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		220		192,400.00		192,400.00				
State:		220		192,400.00		192,400.00				
Municipal:		220		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								

MAY 6, 1985
9:30

APPLICATION

SEWAGE DISPOSAL TESTING

A 35030

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

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

DATE 2/20/85

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 JAMES R SCHULTZ (PURCHASER)

ADDRESS 8472 FREDERICK RD PHONE ELLICOTT CITY MD
465-6105 (o)
461-4473 (h)

PROPERTY LOCATION:

SUBDIVISION CANON'S VINYARD (PROPOSED) LOT NO. 3

ROAD AND DESCRIPTION 1 LCHESTER ROAD BETWEEN BONNIE BRANCH
AND BEECHWOOD

SIZE OF LOT 1.3 AC TYPE BLDG. RES - 3 BR
(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 5/7/85 PERC OK FOR SHALLOW TRENCH
HOLD FOR CERTIFIED PLAT RESPONSIBILITY OF
TOO MUCH SLOPE RH
9/17/85 SPECS PARTLY WRITTEN BY RH

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 _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35030

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 2/30/85

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 JAMES R SCHULTZ (PURCHASER)

ADDRESS 8472 FREDERICK RD PHONE ELLICOTT CITY MD

465-6105 (o)
461-4473 (h)

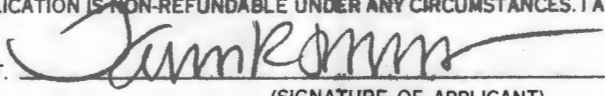
PROPERTY LOCATION:

SUBDIVISION CAVEB'S VINYARD (PROPOSED) LOT NO. 3

ROAD AND DESCRIPTION 11 CHESTER ROAD BETWEEN BONNIE BRANCH
AND BEECHWOOD

SIZE OF LOT 1.3 AC TYPE BLDG. RES - 3 BR
(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)

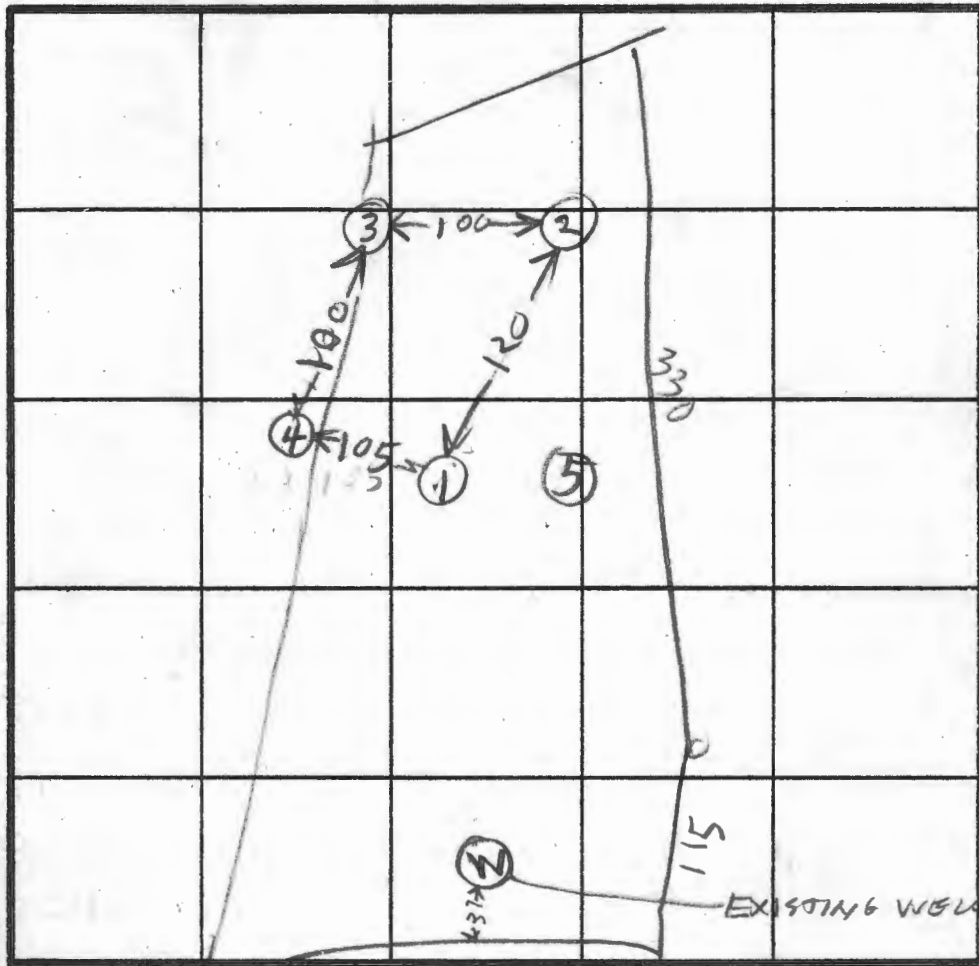
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



①
 SOIL PROFILE
 0 CLAY
 2 DARK BROWN SAND LOAM & A FEW ROCKS
 9 1/2 ROCK BOTTOM

④
 0 LIGHT BROWN SAND LOAM
 9 HARD BOT

HOLE ELEVATION
 ① = HIGHEST
 ④ = HIGHER
 ② = LOWEST
 ③ = NEXT LOWEST

②
 0 CLAY & TOPSOIL
 2 EIGHT BROWN SAND LOAM
 10 HARD BOT
 ③
 2 BROWN CLAY & TOPSOIL
 2 GRAY SAND LOAM & A FEW ROCKS
 9 ROCK BOT

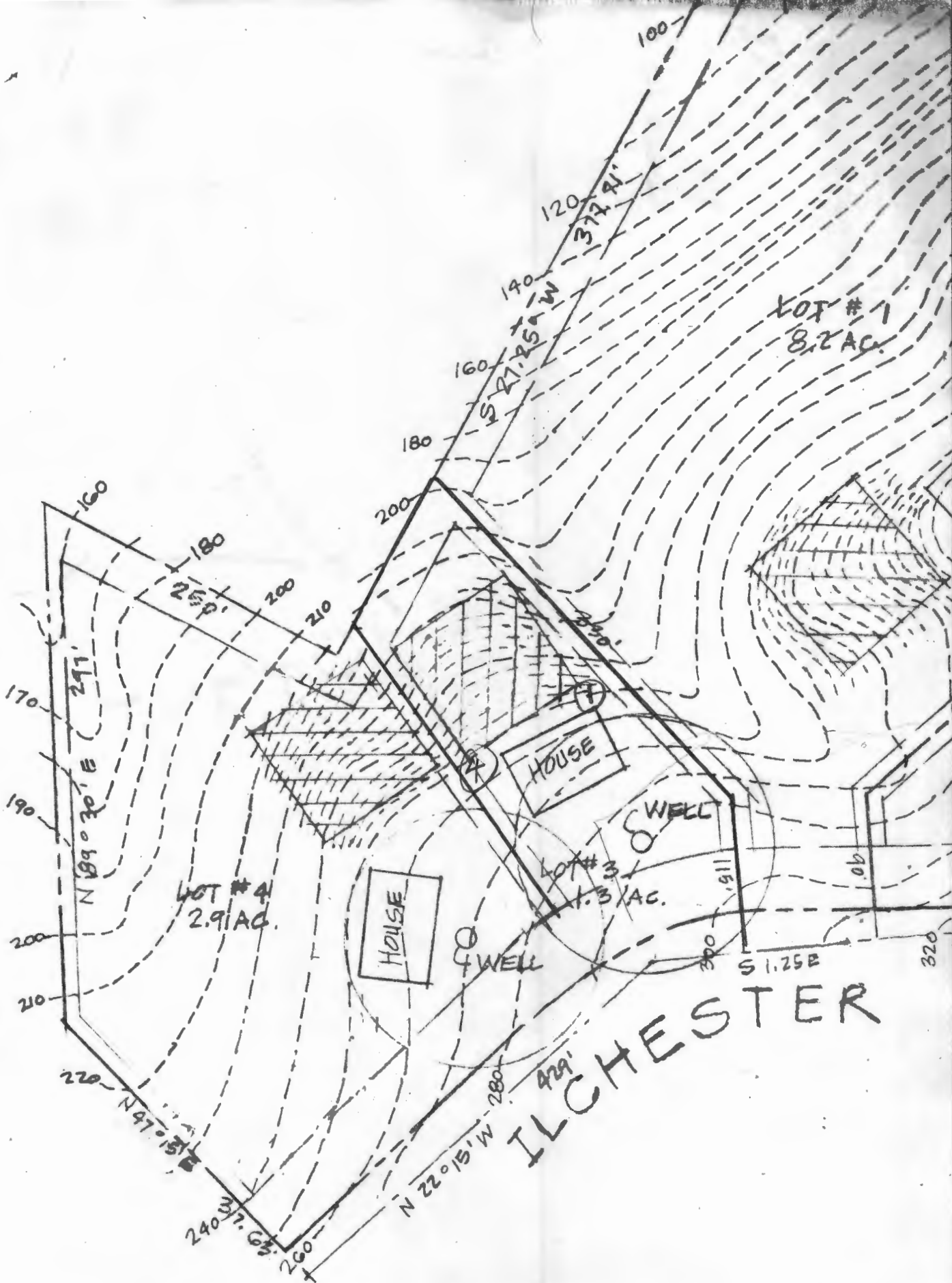
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/95	1S	4	1104	1106	1106	1110	4
	1V	8 1/2	LOOKS	OK	BUT	ROCK BOTTOM	
	2S	3	1118	1121	1121	1124	3
	2V	10	LOOKS	OK	BUT	HARD BOTTOM	
	3S	4 1/2	1130	1132	1132	1140	8
	3V	9	LOOKS	OK	BUT	HARD BOTTOM	
	4S	4	1144	1145	1145	1147	2
	4V	9	LOOKS	OK	BUT	HARD BOTTOM	
	5V	6	ROCK				

REMARKS ARRIVE LATE CHECK OUT FIRST

TYPE OF SOIL _____

TESTED BY B. HODGES

ALSO PRESENT KENNY HAZFIELD



ILCHESTER

MAY 6 (7) 1985
9300

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35031
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____
DATE 2/20/85

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 JAMES R. SCHUTE

ADDRESS 8472 FREDERICK RD PHONE 410-6105 (o)
461-4473 (h)

PROPERTY LOCATION:

SUBDIVISION CAVEB'S VINYARD (PROPOSED) LOT NO. 4

ROAD AND DESCRIPTION 11 CHESTER ROAD BETWEEN BONNIE BRANCH
AND BEECHWOOD

SIZE OF LOT 2.9 AC. TYPE BLDG. RES. - 3 BR.
(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.

James R. Schute
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/7/85 PERC OK FOR SHALLOW TRENCH
HOLD FOR CERTIFIED PLAT POSSIBILITY OF
TOO MUCH SLOPE R/R
9/17/85 SPECS PARTLY WRITTEN

THIS IS NOT A PERMIT

no subdly

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35031

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 2/20/85

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 JAMES R SCHUTE

ADDRESS 8472 FREDERICK RD PHONE 465-6105 (o)
461-4473 (h)

PROPERTY LOCATION:

SUBDIVISION CAVEB'S VINYARD (PROPOSED) LOT NO. 4

ROAD AND DESCRIPTION 11 CHESTER ROAD BETWEEN BONNIE BRANCH
AND BEECHWOOD

SIZE OF LOT 2.9 AC. TYPE BLDG. RES. - 3 BR
(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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

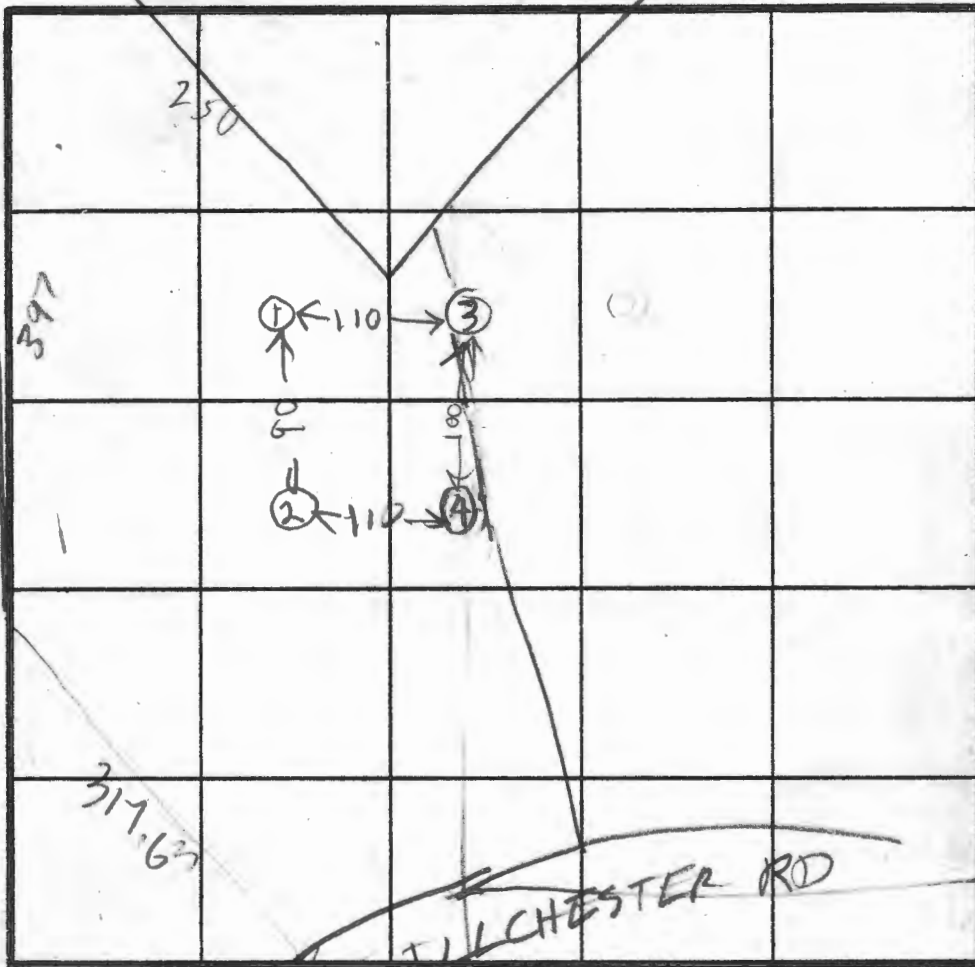
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

See plan



HOLE ELEVATION
 ④ = HIGHEST
 ① = LOWEST
 ② = NEXT HIGHEST
 ③ = NEXT LOWEST

SOIL PROFILE
 ①
 CLAY TOPSOIL
 LIGHT BROWN SAND
 HARD BOTTOM

②
 BROWN CLAY
 LIGHT BROWN SAND

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/85	1S	4	106	110	110	114	4
" "	1V	10	LOOKS OK		BUT ROCK BOTTOM		
" "	2S	3	117	130	130	150	20
" "	2V	12	LOOKS OK				

90

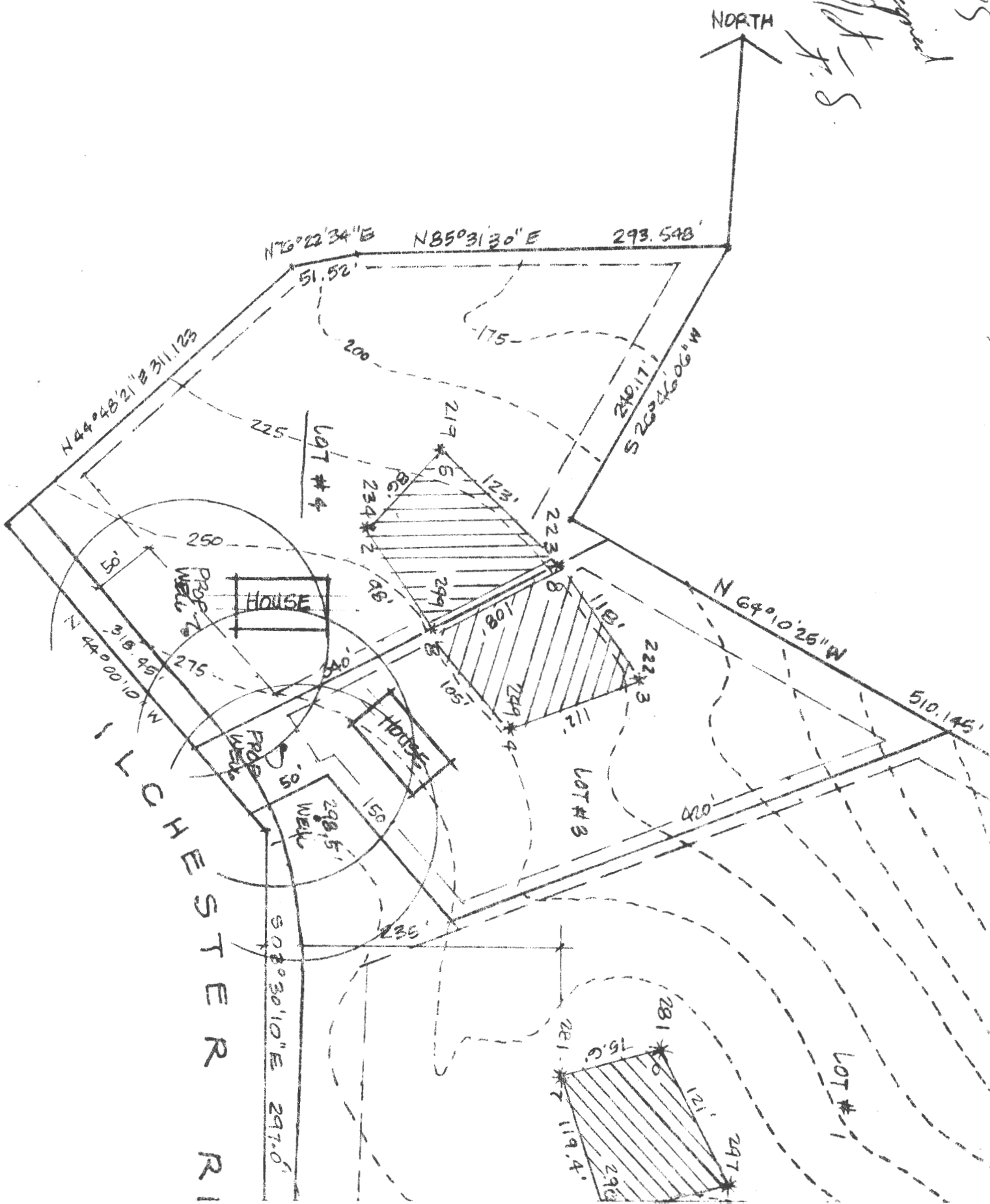
REMARKS THERE ARE ON LINE HOLES 3 & 4
ON LINE BETWEEN THIS LOT & LOT 3

TYPE OF SOIL _____
 TESTED BY B. HODGES ALSO PRESENT K. HATFIELD

6/17/85

Copy Survey
Part Plat S.

NORTH



L CHESTER RI

HOUSE

HOUSE

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

WELL

LOT #4

LOT #3

LOT #1

PROG WELL

PROG WELL

SUBDIVISION: CALEB VINYARD

LOT NUMBER: 4

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

SHALLOW TRENCHES

116 sq. ft./bedroom

Trench to be 3 wide.

Inlet 2 feet below original grade.

Bottom maximum depth 4 feet below original grade.

Effective area begins at 2 feet below original grade.

1 1/2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 9/17/85 LOCATION PENDING RECEIPT OF

FINAL PLAT TRENCHES TO BE BETWEEN HOLES 5 (2) & (4)

Howard County Health Department

To: _____

12/11/89

MESSAGE LEFT W/

WM RASCH TO

CONFIRM WELL LOCATIONS

WELLS DRILLED IN
SECONDARY LOCATIONS BECAUSE
OF DRYHOLETS.

MUST BE SURE WELLS ARE
WITHIN EACH LOT'S BOUNDARIES.

From: _____

Date: _____

C. Williams

HD-170