

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 - 176900**

Owner Name: MJM REALTY INVESTMENTS LLC **Use:** COMMERCIAL
Mailing Address: 6990 OCONNER AVE **Principal Residence:** NO
 HANOVER MD 21076-1038 **Deed Reference:** /16394/ 00180

Premises Address: 6990 OCONNOR AVE **Legal Description:** 6.00 A
 HANOVER 21076-0000 6990 OCONNOR AVE
 ELKRIDGE

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	Plat Ref:
0044	0001	0006		0000				2018		

Special Tax Areas: **Town:** NONE
 Ad Valorem: 104
 Tax Class:

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
2000	7300		6.0000 AC	

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
		STORAGE WAREHOUSE				

Value Information

	Base Value	Value As of 01/01/2018	Phase-in Assessments As of 07/01/2018	As of 07/01/2019
Land:	428,300	428,300		
Improvements	358,200	356,900		
Total:	786,500	785,200	785,200	785,200
Preferential Land:	0			0

Transfer Information

Seller: MUNDORF MICHAEL J Type: NON-ARMS LENGTH OTHER	Date: 08/20/2015 Deed1: /16394/ 00180	Price: \$0 Deed2:
Seller: PROCHASKA FRANK TRUSTEE Type: ARMS LENGTH IMPROVED	Date: 09/22/1998 Deed1: /04440/ 00274	Price: \$175,000 Deed2:
Seller: PROCHASKA FRANK Type: NON-ARMS LENGTH OTHER	Date: 03/03/1992 Deed1: /02484/ 00485	Price: \$0 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

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00119896

Building Address 6990 Oconnor Rd
Hannover MD 21076
 Suite/Apt. #: 4 SDP/WP/Petition #: 99-67
 Census Tract 6012 Subdivision 111111
 Section M/A Area 111111 Lot 6
 Tax Map 444 Parcel 6 Grid 1
 Zoning R12 Map Coordinates _____ Lot size 7.31ac

Property Owner's Name Michael Mundorf
 Address 3150 Fieldcrest Dr
 City Westminster State MD Zip Code 21157
 Home Phone 410-876-0711 Work Phone 410-365-1850
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone 410-365-1850 Fax 410-465-8588

Existing Use Contractors yard + SF Home
 Proposed Use same as Storage Bldg
 Estimated Construction Cost \$ 70,000.00
 Description of Work Construct 50 x 98
metal Building +
parking lot

Contractor Company MAM Sediment Control
 Contact Person Michael Mundorf
 Address 3150 Fieldcrest Dr
 City Westminster State MD Zip Code 21157
 License No. 306370
 Phone 410-365-1850 Fax 410-465-8588

Occupant or Tenant _____
 Contact Name Mike Mundorf
 Address Same
 City _____ State _____ Zip Code _____
 Phone 410-365-1850 Fax _____

Engineer or Architect Company Benchmark
 Contact Person Greg Filar
 Address _____
 City Ellicott State MD Zip Code 21043
 Phone 410-465-6105 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: 24'
 No. of stories: 1
 Gross area, sq. ft. per floor: 4,400 sq. ft.
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 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: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

Michael J. Mundorf
 Applicant's Signature

Michael J. Mundorf
 Print Name
8/10/99
 Date

Title/Company

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 Highways
 Building Official
 Dev. Engineering, DPZ
 Health 8/18/99 Mark E. Riffkin
 Fire Protection
 Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO
 Is Entrance Permit required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 42391
 Filing fee \$ 20
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ _____
 Balance due \$ _____
 Check # 5127
 Validation # 3771

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Prochaska Prop

Mike Mundorf (buyer)

planning commercial bldg

intends to maintain ex-house

ex. s.t. (holding tank) serving ex.

dwlg. to be ab. house connto p.s.

H₂O not avail, but is planned

ex-well @ house to be maintained

until H₂O avail

ex-hand dug @ house to be ab.

prop. well for comon. bldg. intended

to be in service until pub. H₂O

availability

10/15/98

(GAP request faxed)

410-313-2640

Ho. Co. Health
 3525-H Ellicott Mills Dr
 EC, 21043
 Please mail completed form
 and site plan to us
 To: Mike Hunderf
 From: Mark Riskin

MDE

MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore Maryland 21224
(410) 631-3000 • 1-800-633-6101 • [http:// www. mde. state. md. us](http://www.mde.state.md.us)

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

November 9, 1998

MICHAEL J & MATTHEW J MUNDORF
8724 HAYCARRIAGE COURT
ELLICOTT CITY, MD 21043

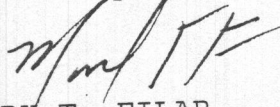
RE: State Water Appropriation
Permit No. HO98G014(01)
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you have any questions, please contact this office at (410) 631-3591.

Sincerely,



MARK T. FILAR
Water Rights Division

cc: HOWARD COUNTY HEALTH DEPARTMENT

To Mark
Date 3/19/99 Time 4:15 AM PM

WHILE YOU WERE OUT

M Mike Munday
of Truck 410 365-1850
Phone (301) Pager 291-0442
Area Code Number Extension

TELEPHONED	<input type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message T/C W/OWNER:
NOTE TO BE ADDED TO
SDP: Ex hand dig +
septic holding tank to be
properly abandoned as per
40 Co standards prior to
ICOP

Operator _____



AMPAD
EFFICIENCY®

REORDER
#23-000

STATE OF MARYLAND
DEPARTMENT OF THE ENVIRONMENT
WATER MANAGEMENT ADMINISTRATION

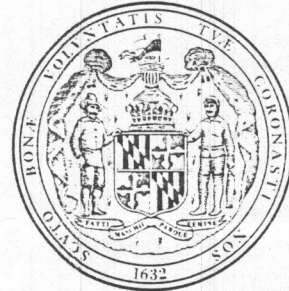
WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO98G014(01)

EFFECTIVE DATE: NOVEMBER 1, 1998

EXPIRATION DATE: NOVEMBER 1, 2010

FIRST APPROPRIATION: NOVEMBER 1, 1998



MICHAEL J & MATTHEW J MUNDORF

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER MANAGEMENT ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO:
A DAILY AVERAGE OF 100 GALLONS ON A YEARLY BASIS AND
A DAILY AVERAGE OF 300 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR SANITARY FACILITIES AND A POTABLE SUPPLY FOR A CONSTRUCTION BUSINESS.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE PATUXENT FORMATION.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED 6990 O'CONNOR ROAD, HANOVER, HOWARD COUNTY, MARYLAND.

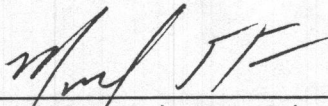
CONTINUED ON PAGE 2

5. RIGHT OF ENTRY - THE PERMITTEE SHALL ALLOW AUTHORIZED REPRESENTATIVES OF THE ADMINISTRATION ACCESS TO THE PERMITTEE'S FACILITY TO CONDUCT INSPECTIONS AND EVALUATIONS NECESSARY TO ASSURE COMPLIANCE WITH THE CONDITIONS OF THIS PERMIT. THE PERMITTEE SHALL PROVIDE SUCH ASSISTANCE AS MAY BE NECESSARY TO EFFECTIVELY AND SAFELY CONDUCT SUCH INSPECTIONS AND EVALUATIONS.
6. PERMIT REVIEW - THE PERMITTEE WILL BE QUERIED EVERY THREE YEARS (TRIENNIAL REVIEW) REGARDING WATER USE UNDER THE TERMS AND CONDITIONS OF THIS PERMIT. FAILURE TO RETURN THE TRIENNIAL REVIEW QUERY WILL RESULT IN SUSPENSION OR REVOCATION OF THIS PERMIT.
7. PERMIT RENEWAL - THIS PERMIT WILL EXPIRE ON THE DATE INDICATED ON THE FIRST PAGE OF THIS PERMIT. IN ORDER TO RENEW THE PERMIT THE PERMITTEE SHALL FILE A RENEWAL APPLICATION WITH THE ADMINISTRATION NO LATER THAN 45 DAYS PRIOR TO THE EXPIRATION.
8. PERMIT SUSPENSION OR REVOCATION - THIS PERMIT MAY BE SUSPENDED OR REVOKED BY THE ADMINISTRATION UPON VIOLATION OF THE CONDITIONS OF THIS PERMIT, OR UPON VIOLATION OF ANY REGULATION PROMULGATED PURSUANT TO TITLE 5 OF THE ENVIRONMENT ARTICLE, ANNOTATED CODE OF MARYLAND (1996 REPLACEMENT VOLUME) AS AMENDED.
9. CHANGE OF OPERATIONS - ANY ANTICIPATED CHANGE IN APPROPRIATION WHICH MAY RESULT IN A NEW OR DIFFERENT USE, QUANTITY, SOURCE, OR PLACE OF USE OF WATER SHALL BE REPORTED TO THE ADMINISTRATION BY THE PERMITTEE BY SUBMISSION OF A NEW APPLICATION.
10. ADDITIONAL PERMIT CONDITIONS - THE ADMINISTRATION MAY AT ANYTIME (INCLUDING TRIENNIAL PERMIT REVIEW OR WHEN A CHANGE APPLICATION IS SUBMITTED) REVISE ANY CONDITION OF THIS PERMIT OR ADD ADDITIONAL CONDITIONS CONCERNING THE CHARACTER, AMOUNT, MEANS AND MANNER OF THE APPROPRIATION OR USE, WHICH MAY BE NECESSARY TO PROPERLY PROTECT, CONTROL AND MANAGE THE WATER RESOURCES OF THE STATE. CONDITION REVISIONS AND ADDITIONS WILL BE ACCOMPLISHED BY ISSUANCE OF A REVISED PERMIT.

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.
12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT *
* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION *
* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME *
* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION *
* OF THE ADMINISTRATION. *

13. WATER LEVEL MEASUREMENTS - FOR ALL THE APPLICANT'S WELLS FOUR (4) INCHES IN DIAMETER OR LARGER, PUMPING EQUIPMENT SHALL BE INSTALLED SO THAT WATER LEVELS CAN BE MEASURED DURING PUMPING AND NONPUMPING PERIODS WITHOUT DISMANTLING ANY EQUIPMENT. ANY OPENING FOR TAPE MEASUREMENTS OF WATER LEVELS SHALL HAVE A MINIMUM INSIDE DIAMETER OF 0.5 INCHES AND BE SEALED BY A REMOVABLE CAP OR PLUG. THE PERMITTEE SHALL PROVIDE A TAP FOR TAKING RAW WATER SAMPLES BEFORE WATER ENTERS A TREATMENT FACILITY, PRESSURE TANK, OR STORAGE TANK.

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

 11/10/98
Matthew G. Pajerowski, Chief
WATER RIGHTS DIVISION

MAT

NOV 13 11 22 AM '98



COOPERATIVE EXTENSION SERVICE

UNIVERSITY OF MARYLAND AT COLLEGE PARK

UNIVERSITY OF MARYLAND EASTERN SHORE

Baltimore City Office

8/4/95

TO: FILE

per Don Lieu, DPW

2 lines were needed:

One sewer main crossing
O'Connor Rd, one extension
up O'Connor Rd; he believes
first is complete, second probably
not yet started; he will have
Ray Stuckey call on Mon w/
~~some~~ status confirmation

Educating People To Help Themselves

LOCAL GOVERNMENTS ♦ U.S. DEPARTMENT OF AGRICULTURE COOPERATING

EQUAL OPPORTUNITY PROGRAMS

8/7/95
T/C FROM RAY STUCKER (utilities)

1st line (sewer main) complete
this week - most likely +3416

2nd line (up O'Connor Rd) to go
out to bid after 1st line completion
2 months to completion
MR

To: DPZ

2/4/99

SDP 92-62
Munich Report / Storage + Parking
01 Connor Lane

Plan looks sa Pricat information for proper evaluation.

Plan Needs to clarify ^{THAT} ~~we~~ all exist septic systems and wells
HAVE been located. Health Department requires documentation of ^{the} proper abandonment
of any well or septic system on this property. Plan needs to identify
if existing dwelling in rear plot is to remain or be removed. If the
former, demonstration of adequate coverage to road repair area
02: language that connects to public access will be provided for the driveway
gate

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

MR

DATE: 1-07-99

P&Z File No. SDP 99-67

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Comprehensive Planning and Zoning Administration
- Research
- Address Coordinator

- Agricultural Preservation
- Development Engineering Division
- Forest Conservation Planner
- File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Bureau of Environmental Health
- Board of Education
- Recreation and Parks

- Tax Assessment
- Bell Atlantic Telephone
- BG&E
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: Mundorf Prop. / Storage Bldg + Parking Area

ENCLOSED FOR YOUR → Signature Approval Review & Comments Files
 THE ENCLOSED → Original

Plans	# of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> FSD/FCP/Worksheet and Application
<input type="checkbox"/> Final Plat	<input type="checkbox"/>	<input checked="" type="checkbox"/> Declaration of Intent TC
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input checked="" type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input checked="" type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management Comps.
Applications		<input checked="" type="checkbox"/> Industrial Waste Survey (DPW)
<input type="checkbox"/> Waiver Petition Applic/Exhibit	<input type="checkbox"/>	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Response Letter
<input checked="" type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input type="checkbox"/> Perc Plat
<input checked="" type="checkbox"/> DED Application Checklist	<input type="checkbox"/>	<input type="checkbox"/> Scenic Road Exhibits
<input checked="" type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	<input type="checkbox"/>	

WAS: Received Tentatively Approved Recorded
 Received and Revised Approved On 1-07

COMMENTS: Applicant should schedule review conference with SRC/COMMENTS DUE BY: 2-04
Health Department to confirm that status of all wells and septic
on this property are being addressed - (prior to submittals of originals for
signature) Mark Rifkin Mark Rifkin per (C)
 Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

* IN SERVICE DISTRICT - WHAT IS JUSTIFICATION FOR NOT CONNECTING TO PUBLIC WATER? [revised 12/96]

Heard



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director
May 3, 1999

Michael Mundorf
3150 Field Crest Drive
Westminster, MD 21157

RE: SDP-99-57, Mundorf Property, Parcel 6

Dear Mr. Mundorf:

The Subdivision Review Committee has determined the above referenced plan to be **technically complete** subject to the enclosed comments and **resolution of the concerns of the Division of Land Development directly with that agency within 45 days from the date of this letter (by June 17, 1999)**. If in responding to those comments, design changes are made which could affect another SRC agency, you are advised to consult with the appropriate agency prior to the submission of the originals to the Department of Planning and Zoning for signature. Originals cannot be submitted until this Division has received written notification from that agency that all concerns have been resolved.

COMPLETION OF DEVELOPER'S AGREEMENTS AND PAYMENT OF DPW FEES

1. Submission of a Developer's Agreement to the Department of Public Works, Real Estate Services Division, and posting of financial surety for stormwater management and landscaping. (Bond estimate may be obtained from the Department of Public Works.) Real Estate Services requires a minimum of three (3) weeks to execute the agreement(s). This should be anticipated by the developer in scheduling submittal of the original(s).
2. Payment to the *Department of Public Works, Real Estate Services Division* of the balance of the Department of Public Works, Engineering Review Fee. The fee is based on the final construction cost estimate approved by DPW.

The above conditions must be complied with prior to submission of the site development plan originals and within **180 days of this letter (by October 30, 1999)**. The Department of Public Works will provide a written receipt indicating the above conditions have been met. The receipt from Real Estate Services must accompany the submission of the site plan originals.

SUBMISSION OF SITE DEVELOPMENT PLAN ORIGINAL

Once all of the above requirements have been completed, the original site development plan may be submitted for signature with the following:

1. A landscape agreement and surety must be included in the Developer's Agreement executed with the Department of Public Works, Real Estate Services Division.
2. A distribution fee of **\$9.50** per plan sheet must accompany the original drawings. Additional print orders may also be submitted at this time with the originals. After distribution is complete, the original SDP will be forwarded to the Office of Central Services.

In accordance with Section 16.156(k) of the Fourth Edition of the Subdivision and Land Development Regulations, SDP originals must be submitted within 180 days from the date of this letter (by October 30, 1999).

Compliance with all conditions and/or corrections is required before the original plan will be accepted for signature approval. Please contact Ms. Carol Stim of the Department of Planning and Zoning at (410) 313-2354 to schedule an appointment to submit originals for signature. **Please bring a copy of this letter with you as it will serve as the checklist for the original submission.**

If you have any questions, please contact Mike Antol at (410)313-2354.

Sincerely,



Cindy Hamilton, Chief
Division of Land Development

CH/MA/cs/sdp9967.let

Enclosures: DLD, DED, SCD

cc: Research
DED
Real Estate Services, DPW
Health Dept.
Benchmark Engineering

April 27, 1999

DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

COMMENTS

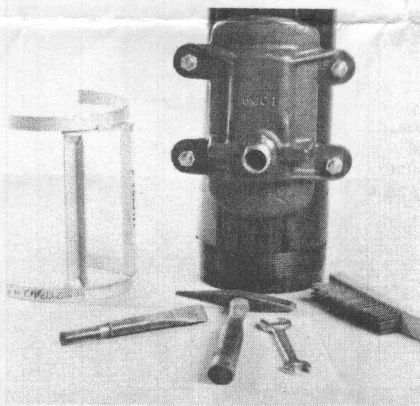
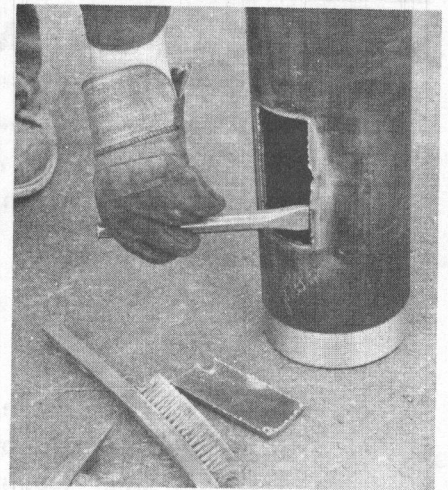
RE: SDP-99-67, Mundorf Property, Parcel 6

1. Indicate the parking spaces in the proposed parking lot along the southwest side of the proposed structure, or identify the area with its correct proposed use.
2. Indicate the following information on the plans:
 - A. Details for any outdoor lighting that verifies its compliance with Zoning Section 134.
 - B. Any existing or proposed fences with details.
3. Landscape plan:
 - A. A Type E planting is required between the driveway/parking and the road. Revise the plan and Schedule A accordingly. [Zoning Section 103.A.98 and Landscape Manual, page 25]
 - B. The SWMF shall be landscaped. Provide a completed Schedule D, the required Type B planting details on the plan and revise the landscaping note accordingly. [Subdivision Section 16.124(b)(5) and Landscape Manual, pages 30-33]
 - C. The vegetative width shall be 30' or greater in width in order to take 100% landscape credit for a non-residential project. Revise note 2 under Schedule A and the plan and Schedule A if required. [Landscape Manual, page 24]
4. Indicate the recording reference numbers for the sight distance easement on the plan.

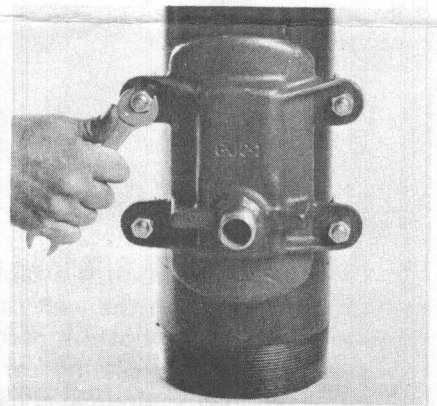
MA\SDP9967.COM

MAASS CLAMP-ON PITLESS ADAPTER

Clean off all slag and burrs in the opening. Casing must be smooth and clean to create pressure seal. After casing is cool, set pitless housing into the opening with the water discharge outlet at the bottom end of the housing. Bottom lip must rest on the edge of the casing wall. If lips do not fit into the opening and housing is not resting flush against the casing, note where interference is, snap-on cutting guide and recut opening; cleaning off all slag and burrs.



With housing held in place, slip-on two U clamps. Tighten nuts evenly and firmly with wrench. Housing is now in place, ready to accept discharge line and pump.



INSTALLING THE FLOW PIPE FROM THE WELL TO THE STORAGE TANK:

If iron pipe is used, pipe must be blocked sufficiently to eliminate setting, or a swing joint at the adapter can be used. Copper or plastic may also be used, depending on State codes.

INSTALLATION OF SUBMERSIBLE PUMP:

Assemble pump and pipes to pitless bronze casting, as per State Code.

IMPORTANT: "O" Ring must be lubricated with petroleum jelly (Vaseline) before installing. Unit is packed with a coating of petroleum jelly applied. (DO NOT USE PIPE DOPE.)

After assembling pump and pipes, line up the bronze pitless casting, with the housing clamped onto the well casing. Lower the pump and pipes with a hoist or other means, when you are a short distance from the pitless housing, pull pipes against well casing, riding the casing as the pump is lowered, and the bronze casing will slip into the housing. Check if properly hooked up before releasing. Also, tap down on drop pipe with hammer to seat "O" ring against stainless steel base.

If pump with bronze casting is pulled at a later date, it is recommended that the O-ring be replaced and lubricated before resetting the pump. The stainless steel and bronze in the Maass Clamp-on Pitless Adapter will defeat rust, corrosion, and electrolysis, greatly easing serviceability for the life of the well.

No locking device is required on the Model JC Pitless Adapter for plastic pipe or high water levels. It is a non-pressure lifting unit.

LIMITED WARRANTY

All Maass Pitless Adapters are made with first quality materials and workmanship and when properly installed, used, and maintained, shall perform according to Water System Council Standards P.A.D. No. 1. Should any part prove defective within one year it will be replaced F.O.B. our factory, providing permission is first obtained from our factory, and part is returned, shipping prepaid. Liability limited to Maass parts only. In no event shall Maass Pitless Adapters be liable for incidental, special, or consequential damages in any way connected with the products for breach of warranty, expressed or implied.

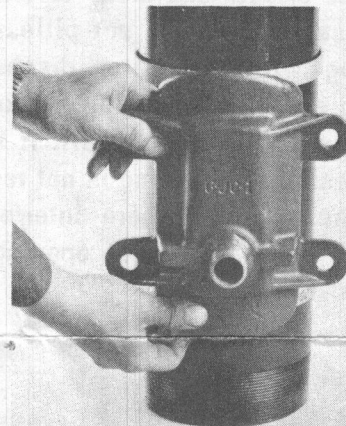
Installation Instructions

Model JC

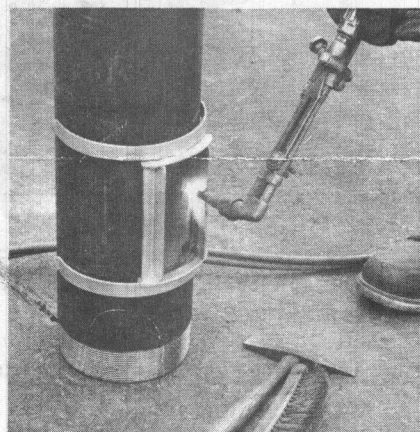
MAASS PITLESS ADAPTER Clamp-On Unit

The trench along side of the well casing should be dug deep enough to prevent frost penetration. Allow enough room around casing to fasten clamps.

Snap on cutting guide, at the location where you wish to install the adapter, by pushing it on to the well casing. Then set steel housing into the cutting guide and check for correct location of adapter.



After location is established, proceed with the cutting of the opening in the well casing. With cutting torch, cut a hole at the inside bottom corner of the cutting guide opening. Then move the cutting torch to the side of the cutting guide, following along inside edge of the guide.



On plastic casing mark housing location on outside of casing using cutting guide as a template. Remove cutting guide and opening in plastic casing using sabre saw.



After opening has been cut, remove cutting guide. Pry out casing at the bottom.

Brass insert must fit through hole.

MAASS
MIDWEST

P.O. Box 547 — 11283 Dundee Road
Huntley, IL 60142

SEE YOUR DISTRIBUTOR OR REPRESENTATIVE
FOR ADDITIONAL INFORMATION

C1 4157 6

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A51059

DATE WELL COMPLETED MM 08 19 98

Depth of Well 22 48 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1659

OWNER Hurdorf last name

STREET OR RFD O'Connor Drive

TOWN Dorsey

LOT Map 44 P.6

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION, FEET FROM, FEET TO, check if water bearing. Rows include WHITE CLAY SAND/ROCK, GRAY CLAY/SOFT ROCK, SOFT ROCK, SOFT ROCK/SAND.

SECTION

SECTION C 3

WELL HAS BEEN GROUDED YES Y NO N

TYPE OF GROUING MATERIAL (Circle one) BENTONITE CLAY BC

CEMENT CM NO. OF BAGS 2

BENTONITE CLAY BC NO. OF POUNDS 100

NO. OF BAGS 2

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 20 BOTTOM 56 ft.

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main casing) (nearest inch) 4 63 64 66 41 70

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

Table with columns: Casing type, Diameter, Depth. Rows include PL, ST, BR, PL.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04.

DRILLERS LIC. NO. 1 M S D D 038

DRILLERS SIGNATURE

LIC. NO. 1 --- D ---

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HOURS PUMPED (nearest hour) 4 8 9

PUMPING TEST

PUMPING RATE (gal. per min.) 11 7

METHOD USED TO MEASURE PUMPING RATE 5 GAL. BUCKET

WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20

WHEN PUMPING 22 25

TYPE OF PUMP USED (for test) A air P piston C centrifugal R rotary J jet S submersible

DRILLER INSTALLED PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

DRILLERS LIC. NO. 1 M S D D 038

DRILLERS SIGNATURE

LIC. NO. 1 --- D ---

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

EMERGENCY/TEMP NO. IF ANY

B 1 5618 SEQUENCE NO. (DP USE ONLY)

B 2 (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

STATE PERMIT NUMBER
H0-94-1659
70 fill in this form completely 70

B 3 LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION

SECTION 44 46 50

DORSEY 71

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4 OWNER INFORMATION

8 Date Received (APA) 07/29/98 13

15 Last Name MICHAEL 34

36 First Name FLEDCREST DR 55

57 Street or RFD WESTMINSTER 70 State 72 Zip 76

MSD/MGD/MWD

DRILLER INFORMATION

Driller's Name MICHAEL G FRANK 032

Firm Name FRANK'S WELL DRILLING INC 77 License No. 80

Address 8260 CRAIN HWY LAPLATA MD 20640

Signature Michael G Frank 7/29/98 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

11 O'CONNOR LANE 30

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 60 37

DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

TAX MAP: 44 BLK: 1 PARCEL 6

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

41

STATE SIGNATURE Howard 41510591 COUNTY NAME

DATE ISSUED 080498 Mark E. Gilpin 8/4/99 41

43 NORTH GRID 490000 48 CO SIGNATURE 08720000 57

50 EAST GRID 000000 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WTC w/DRILLER

2. GROUT COMPLETED

3. W/O REQUEST FOR INSP 9/4/98 (me)

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8702

N 490

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N

O'CONNOR

DORSEY RD

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 10 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1000 20

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)

APPROXIMATE DEPTH OF WELL 100 28 FEET

APPROXIMATE DIAMETER OF WELL 4 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED & DRIVEN

30 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)

37 CABLE REVERSE-ROTARY DRIVE-POINT

other

REPLACEMENT OR DEEPENED 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41

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

APPROX. PERMIT NUMBER 54

APPROX. PERMIT NUMBER 54 G A P 63

FORCE 67 68 INITIALS IN BOX H0-94-1659 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

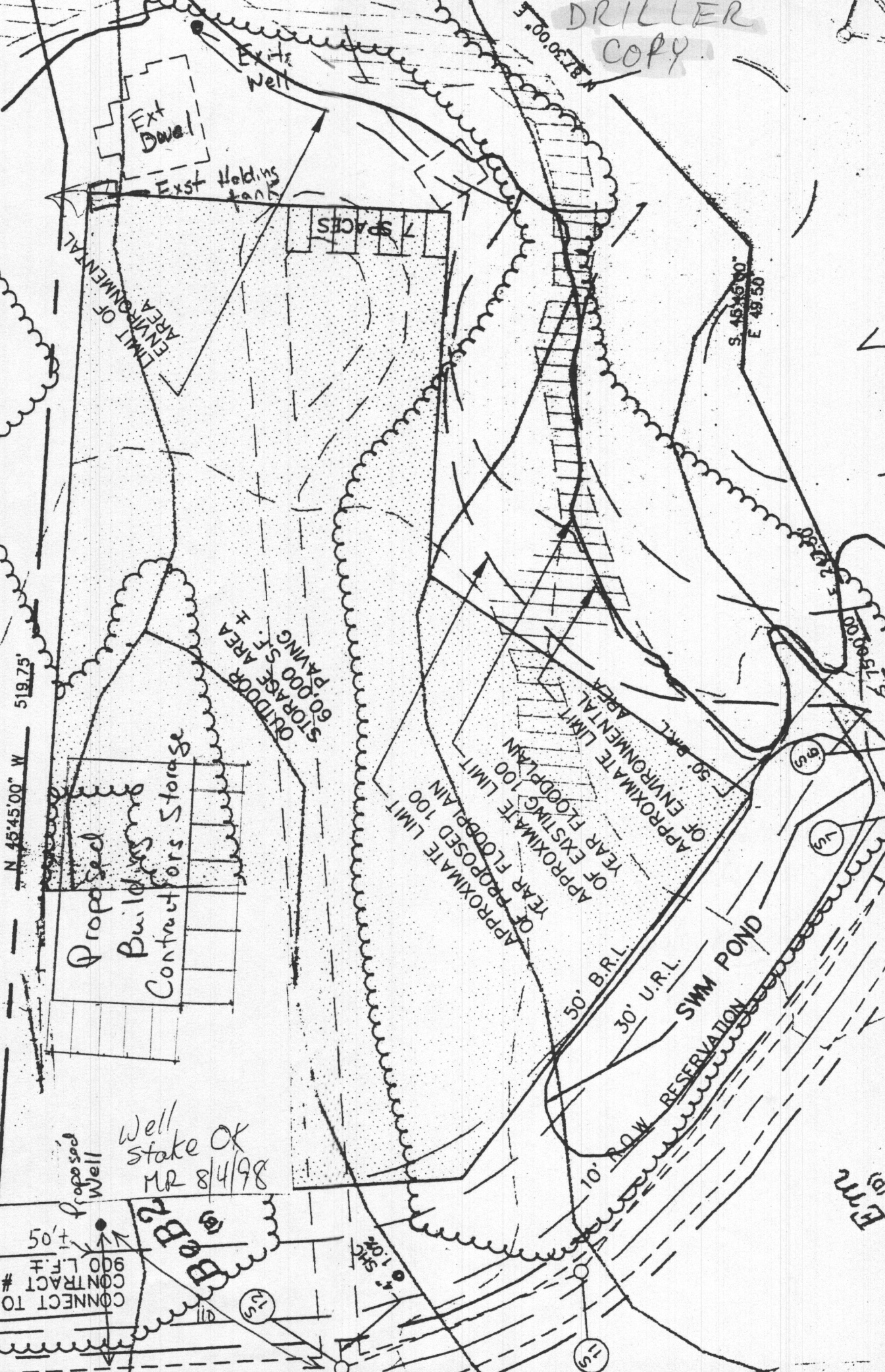
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = 410-876-0171 / 410-365-1850 Cellular

fox-mother 410 465-1426

COUNTY

DRILLER COPY

State Hwy. Administration
RT 100 R.O.W.



7/8/98
WELL STAKE NOT FOUND
SITE OVERGROWN

Proposed Well
Well stake OK
MR 8/4/98

CONNECT TO B\" WATER
CONTRACT # 44-490
900 L.F. ±
50' ±

Em 10

11/16/99
A.M.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Mike Mundorf Telephone _____
Subdivision _____ Lot # _____ Well Tag # 40-94-1659
Site Address 6990 O'Connor Road

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

11/16/99 OK to cover
~~well~~ has special clamp-on
type pitless adaptor for 4" wells

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

3'+ B.G.
2-PC eAP OK
MR

M D E / W M A
WATER RIGHTS DIV.
2500 BROENING HWY.
BALTIMORE MD 21224

APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

- Surface Water
- Ground Water
- New Application
- Change in Existing Permit

Application Number _____

APPLICATION
MICHAEL J. + MATTHEW J. MUNDORF 410-465-9024
(Owner's Name) (Telephone Number)
8724 HAYCARRIAGE COURT ELlicOTT CITY MD. 21043
(Owners' Address) (Street) (City) (State) (Zip Code)

WITHDRAWAL
GROUND WATER
 Appropriate and use a yearly average of
100 gallons per day,
(total annual use divided by 365 days)
 and 200 gallons
(highest total monthly use divided by days in month)
 for the average day of the maximum month, from
1 well(s) having an diameter of
(number)
4 inches, and a depth of
(estimate)
48 feet.
(estimate)

WITHDRAWAL
SURFACE WATER
 Appropriate and use a yearly average of
 _____ gallons per
(total annual use divided by 365 days)
 day and a maximum use of _____
 gallons in any one day, from

(name of stream)

(exact location of withdrawal)

PROJECT LOCATION
6990 O'CONNOR ROAD HANOVER, M.D. 21076
(Location - be specific)
 County HOWARD Subdivision or Town HANOVER Phone Number 410.796.7214
 Name and type of business MFM SEDIMENT CONTROL AND CONTRACTING, INC. CONSTRUCTION
ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE.

PURPOSE
 The water will be used for:
 Community Water Supply
 Non-Potable supply (sanitary uses, not for drinking water)
 Potable Supply (drinking water, etc.)
 Cooling Water
 Irrigation
 Process Water
 Other, explain _____

WASTEWATER TREATMENT AND DISPOSAL
 Public Sewer HOWARD CO.
(Name of system)
 Ground Water
 Subsurface (tilefield, seepage pit, etc.)
 Spray Irrigation
 Other, explain _____
 Surface Water _____
(name of system)
 Discharge Permit No. _____
 or applied for _____

SIGNATURE
 Please sign here Michael J. Mundorf President
MICHAEL J. MUNDORF, PRESIDENT
(please print name, title and date here)

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?
 YES NO, explain _____

Signature of county representative Mark E. Riffin Sanitarian (Registered) 11/2/98
(Signature) (title) (date)

5-12-95
Repair 10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50679

A REPAIR

DISTRICT _____

DATE 5-1-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 5/12/95

INSPECTOR M. Ripkin

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION _____ LOT _____ ROAD 6990 O'Connor Road

PROPERTY OWNER ~~Procheski~~ Frank Prochaska 410-875-2231

ADDRESS ~~6990 O'Connor Road~~ 2200 Wilt Road
New Windsor MD 21776

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 04/28/95
- Per Bureau of Engineering (Jean Reed), Public Sewer to this street is under construction, service ~~rate is uncertain.~~ date mid July '95
- Sanitarian to confirm up-to-date availability at time of repair inspection.

1500 GAL HOLDING TANK IN SERVICE UNTIL
PUB. SEWER IS SERVICEABLE MR

PLANS APPROVED BY _____ DATE _____

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**

P 50679



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 7, 1995

Mr. Frank Prochaska
2200 Wilt Road
New Windsor, Maryland 21776

RE: Septic System Repair
6990 O'Connor Road

Dear Mr. Prochaska:

This is in summary of conversations held in the past week about the conditions of the septic system at the above referenced property.

Enclosed is a copy of the sanitarian's initial repair inspection report from May 12, 1995 and a clarifying letter dated, June 21, 1995.

The recommendation for repair was made in consultation with your contractor, based upon the best information available at the time. For additional detail about the time table for completion of public sewer, you are referred to the Bureau of Utilities, specifically Ray Stucker, at 313-2640. He can also make an appropriate referral regarding the process for connection.

If you have any further questions regarding this matter, please contact me at the below address or by calling 313-2640.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

Enclosures

cc: Rich Williams, Fogle's Septic Clean, Inc.
Ray Stucker, Bureau of Utilities
Mark Rifkin, R. S., Bureau of Environmental Health
File



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 21, 1995

Mr. Frank Prochaska
2200 Wilt Road
New Windsor, MD 21776

RE: Septic System Repair
6990 O'Connor Road

Dear Mr. Prochaska,

On May 12, 1995, a septic system repair was performed at the above-referenced property. Soil conditions included excessively fast-draining sand, shallow bedrock, and poor (low-lying) land position. With no readily apparent option for conventional repair, the contractor installed a 1500-gallon septic tank, plugged to serve as a holding tank. The existing septic tank was abandoned because it was severely undersized and of questionable condition.

There could be further evaluation for an alternative design disposal field, but due to soil conditions and topography, there is little likelihood of success. Since public sewer is scheduled for completion in the immediate future (mid-July, according to the Bureau of Utilities), the most practical option appears to be to remain on a holding tank until public sewer connection can be accomplished. The holding tank should be collapsed and backfilled upon public sewer connection.

While a holding tank is intended to be large enough to accommodate seven days' flow from an average household, actual water usage will vary. Pumping is required as often as necessary to prevent any future sewage overflows.

Of additional concern is the non-operational hand dug well on the left side of the house. This well must also be properly abandoned (filled and sealed). This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection; but, the driller must then file an abandonment report with this office. If this well abandonment is performed by any other private party, the work must be inspected and approved by a sanitarian from this office.

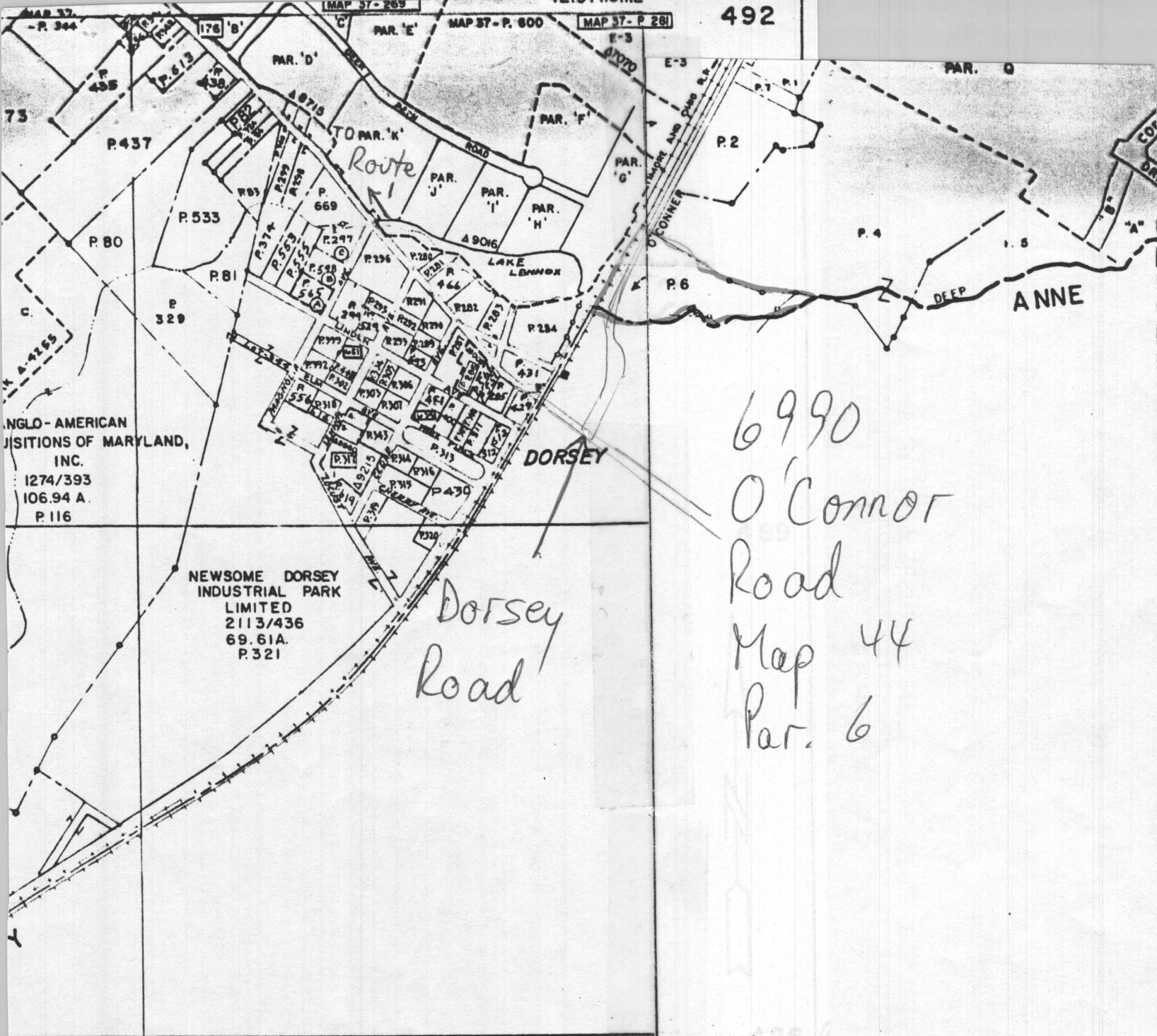
If you have any questions, or to obtain additional well abandonment information, please call me at 313-2640.

Very truly yours,

Mark Rifkin, R.S.
Water & Sewerage Program

MR

cc: File Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323



6990
 O'Connor
 Road
 Map 44
 Par. 6

INGLO-AMERICAN
 POSITIONS OF MARYLAND,
 INC.
 1274/393
 106.94 A.
 P. 116

NEWSOME DORSEY
 INDUSTRIAL PARK
 LIMITED
 2113/436
 69.61A.
 P. 321

Dorsey
 Road

DORSEY

ANNE

