

REF 7/26/2019

Search Result for HOWARD COUNTY

View Map **View GroundRent Redemption** **View GroundRent Registration**

Tax Exempt: **Special Tax Recapture:**
Exempt Class: AGRICULTURAL TRANSFER TAX
Account Identifier: **District - 01 Account Number - 174401**

Owner Information

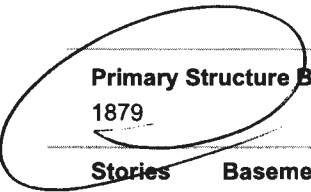
Owner Name: GOSNELL MARK S **Use:** AGRICULTURAL
 GREISMAN LISA A T/E **Principal Residence:** YES
Mailing Address: 6781 NORRIS LN **Deed Reference:** /08854/ 00514
 ELKRIDGE MD 21075-5727

Location & Structure Information

Premises Address: 6781 NORRIS LN **Legal Description:** REV PAR 3 12.3123 A
 ELKRIDGE 21075-0000 6781 NORRIS LN
 ELKRIDGE

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0031	0012	0142		0000			PAR 3	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
1879	4,351 SF		12.3100 AC	

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
2 1/2	YES	STANDARD UNIT	FRAME	2 full/ 1 half	1 Detached	

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2018	07/01/2018	07/01/2019
Land:	206,700	206,700		
Improvements	295,800	295,800		
Total:	502,500	502,500	502,500	502,500
Preferential Land:	4,200			4,200

Transfer Information

Seller: GREISMAN SHELDON E	Date: 12/07/2004	Price: \$600,000
Type: NON-ARMS LENGTH OTHER	Deed1: /08854/ 00514	Deed2:
Seller: GREISMAN GREGORY W	Date: 08/23/1993	Price: \$0
Type: ARMS LENGTH MULTIPLE	Deed1: /04304/ 00085	Deed2:
Seller: GREISMAN SHELDON E	Date: 04/12/1989	Price: \$115,000
Type: ARMS LENGTH IMPROVED	Deed1: /01982/ 00738	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: AGRICULTURAL TRANSFER TAX

Homestead Application Information

Homestead Application Status: Approved 02/03/2009

Homeowners' Tax Credit Application Information

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.

APPLICATION

PERCOLATION TESTING

A 47956

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/30/92

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 SHERIDAN E. GRESHAM

ADDRESS 6760 NORRIS LA., EC. MD. 21043 PHONE 747-2433

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GRESHAM PROPERTY LOT NO. 1

ROAD AND DESCRIPTION SOUTH SIDE NORRIS LAKE, 1 MI. E. N.E. OF LANDING RD.

TAX MAP 31 PARCEL # 525

SIZE OF LOT 2.01 AC. ± TYPE BLDG. SINGLE-FAM. DWLG
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Sheridan E. Gresham
(SIGNATURE OF APPLICANT)

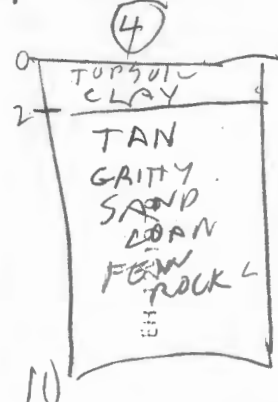
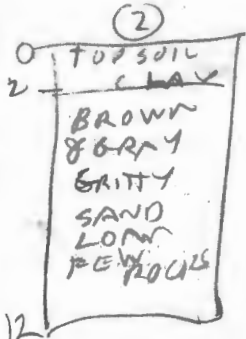
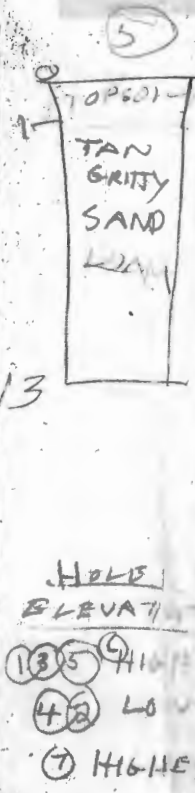
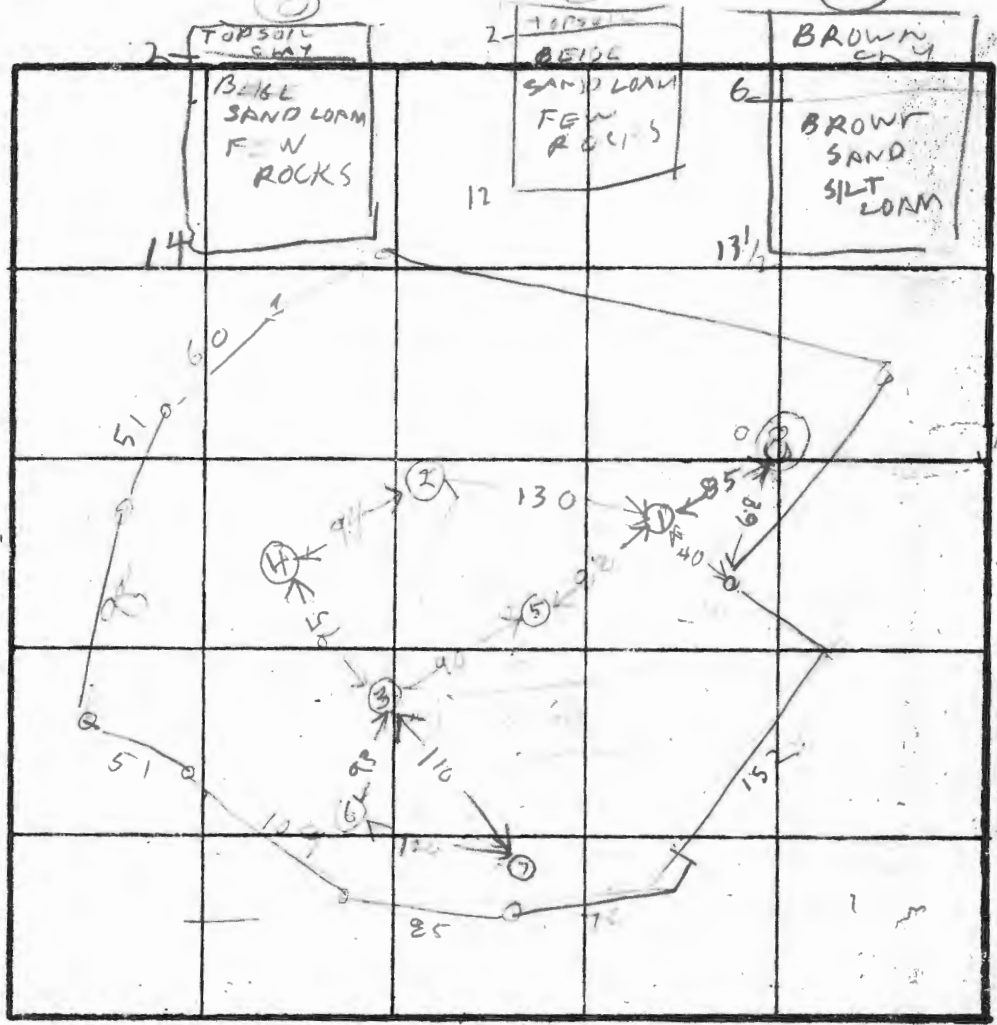
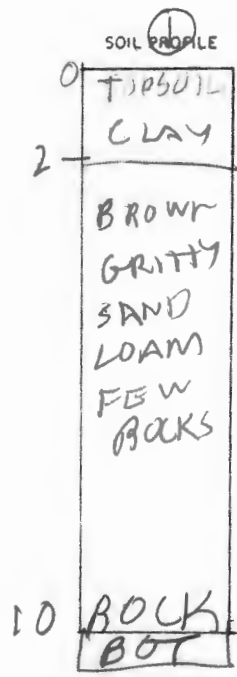
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/27/92 PERC O.K. HOLD FOR PLAN

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST "1" DROP		TIME
			START	STOP	START	STOP	
4/27/92	1S	3.5	1043	1046	1046	1048	2
	1V	10	OK	SITING LOW			
	2S	3.5	1054	1055	1055	1058	3
	2V	12	OK				
	3D	8	1113	1119	1119	1128	7
4/29/92	3S	4.5	1117	1122	1122	1133	11
	3V	14	OK				
	4V	10	OK	SMALL LOW			
	5V	13	OK				
	6S	7	1138	1144	1144	1155	11
	6V	13	OK				
	7V	12	OK				
	8V	14	OK				

REMARKS 4/27/92 - HOLES DUG DIFFERENT FROM TEST PLAN
4/29/92 EXTRA HOLES DUG TO MAKE EXTRA LARGE
TYPE OF SOIL SEWAGE AREA IN EVENT LOT LINES CHANGE

TESTED BY R. J. DUGG
ALSO PRESENT MR. GILLES MANLYSON
D. KETTERMAN

APPLICATION

PERCOLATION TESTING

A 417957

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/30/92

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

REPAIR ONLY

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

PROPERTY OWNER SHELDON E. GREISHMAN

ADDRESS 6760 NARRIS LA., EC, MD. 21043 PHONE 747-2433

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GREISHMAN PROPERTY LOT NO. 2

ROAD AND DESCRIPTION SOUTH SIDE NARRIS LAKE, 1 MI. E. NE. OF LANDING RD.

TAX MAP 31 PARCEL # 535

SIZE OF LOT 7.01 AC.± TYPE BLDG. EXISTING SINGLE-FAM. DWG.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Sheldon E. Greishman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

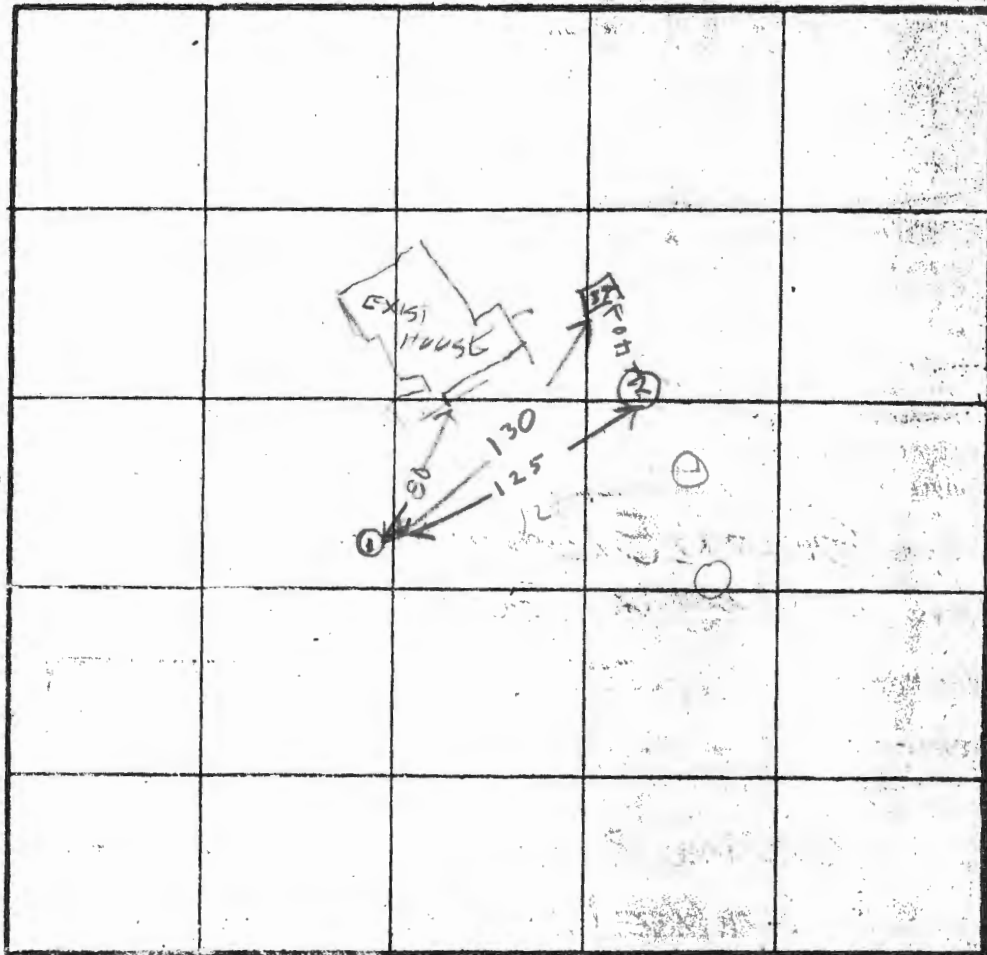
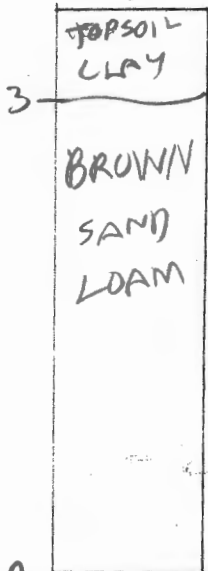
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

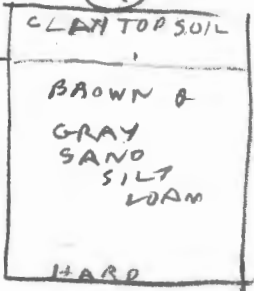
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST, 1" DROP		TIME
			START	STOP	START	STOP	
4/22/92	15	3.5	1151	1153	1153	1158	5
	14	12	OK				
4/22/92	25	3	334	348	348	414	26
	23	12	OK				

REMARKS L

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT OKETTER MAN & SON
GRISHAM & SON
S. SHANAHAN

10-12-1079

Page 1

APPLICATION

PERCOLATION TESTING

A 47959

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/30/92

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 SHELDON E. GREISMAN

ADDRESS 6760 NORRIS LA., EC. MD. 21043 PHONE 747-2433

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GREISMAN PROPERTY LOT NO. 4

ROAD AND DESCRIPTION SOUTH SIDE NORRIS LAKE, 1 MI. S. NE. OF LANDING RD.

TAX MAP 31 PARCEL # 525

SIZE OF LOT 3.75 AC. ± TYPE BLDG. SINGLE-FAM. DWLG
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Sheldon E. Greisman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

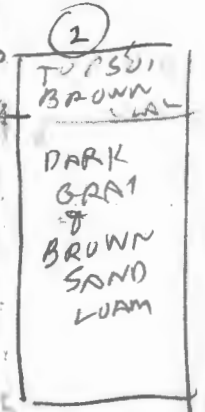
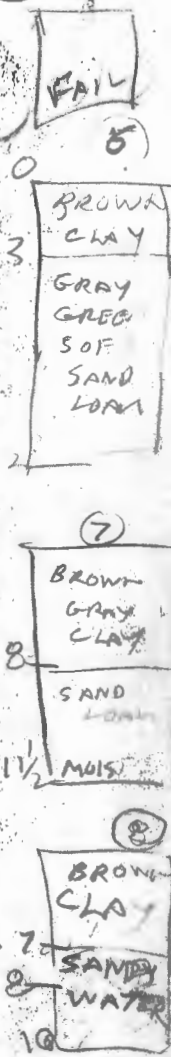
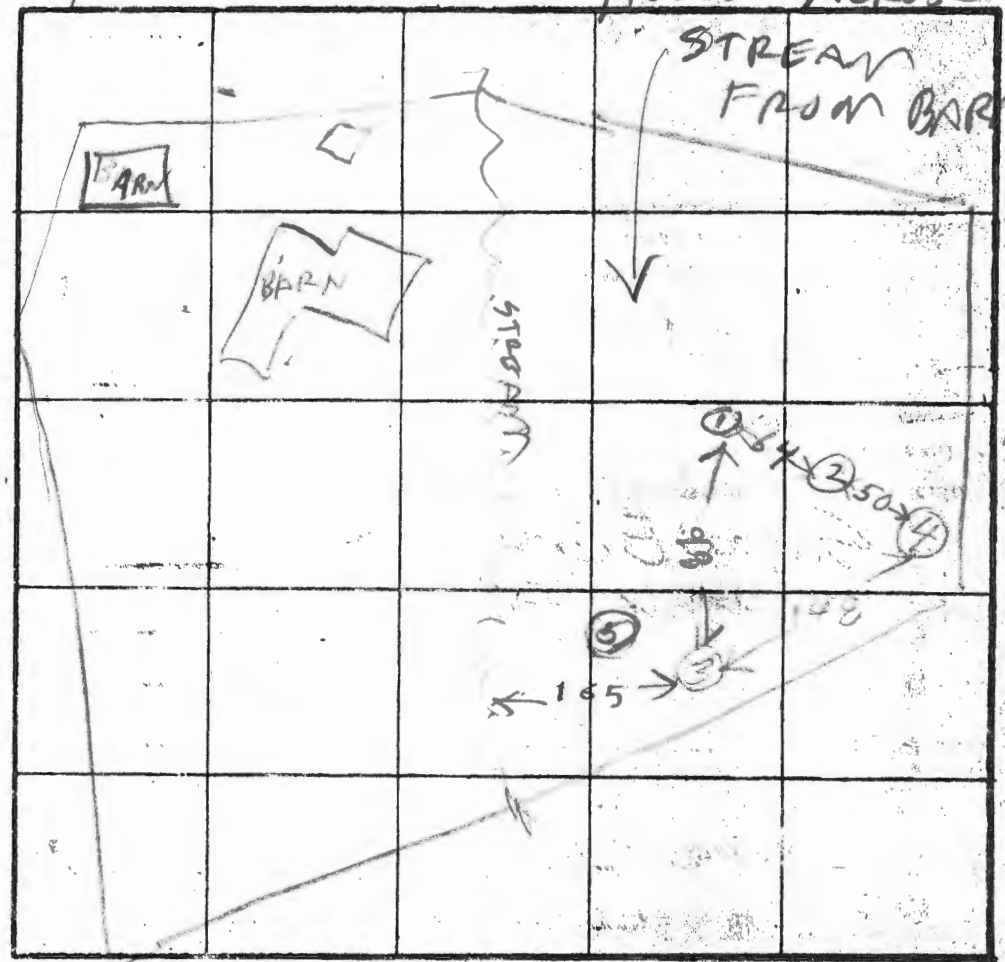
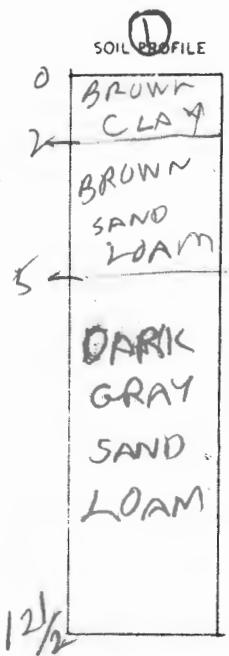
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/28/92 - BOTH PROPOSALS FAILED THAT IS A PATTERN NEAR BARN & A PATTERN ACROSS STREAM FROM BARN

THIS IS NOT A PERMIT

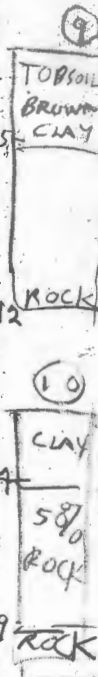
Page 1

1ST PROPOSAL FAILS HOLES ACROSS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SURVE #	DATE	TEST NO.	DEPTH	PRE-WET		TEST #1 DROP		TIME
				START	STOP	START	STOP	
4A	4/27/92	15	4	1237	1244	1244	1257	
		11	12.5	OK				
	4/27/92	2V	15	OK				
		3V	4	1060	112	112	122	
		3V	12	WATER	9F	FAIL		
		4V	12	OK				
		5V	12	WATER	11F	FAIL		
		6V	4	309	309	209	310	
		7V	13	OK				
		7V	11 1/2	WATER	11F	FAIL		
		8V	10	WATER	9F	FAIL		
		9S	6	349	404	404		
		9V	11.5	1				
		10	9	ROCK	BOTT	FAIL		



REMARKS Hole ① Dug per Surveyor Stake

TYPE OF SOIL _____

TESTED BY B. HODGES

ALSO PRESENT MR. GRISIMAN & SON
SCOTT SHANNON & SON

APPLICATION

PERCOLATION TESTING

A 47959

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE _____

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 SHELDON GREISHMAN

ADDRESS 6760 MORRIS LA EC PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GREISHMAN PROP LOT NO 4

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

HD-216

Page 3

APPLICATION

PERCOLATION TESTING

A 47937

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 3/30/92

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 SHELDON E GRIESHMAN

ADDRESS 6761 NORRIS LANE PHONE 747 2433

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GRIESHMAN POOL LOT NO 4

ROAD AND DESCRIPTION SOUTH SIDE NORRIS LANE 1 MI N/E OF
LANDING RD

TAX MAP 31 PARCEL # 525

SIZE OF LOT _____ TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____

HD-216

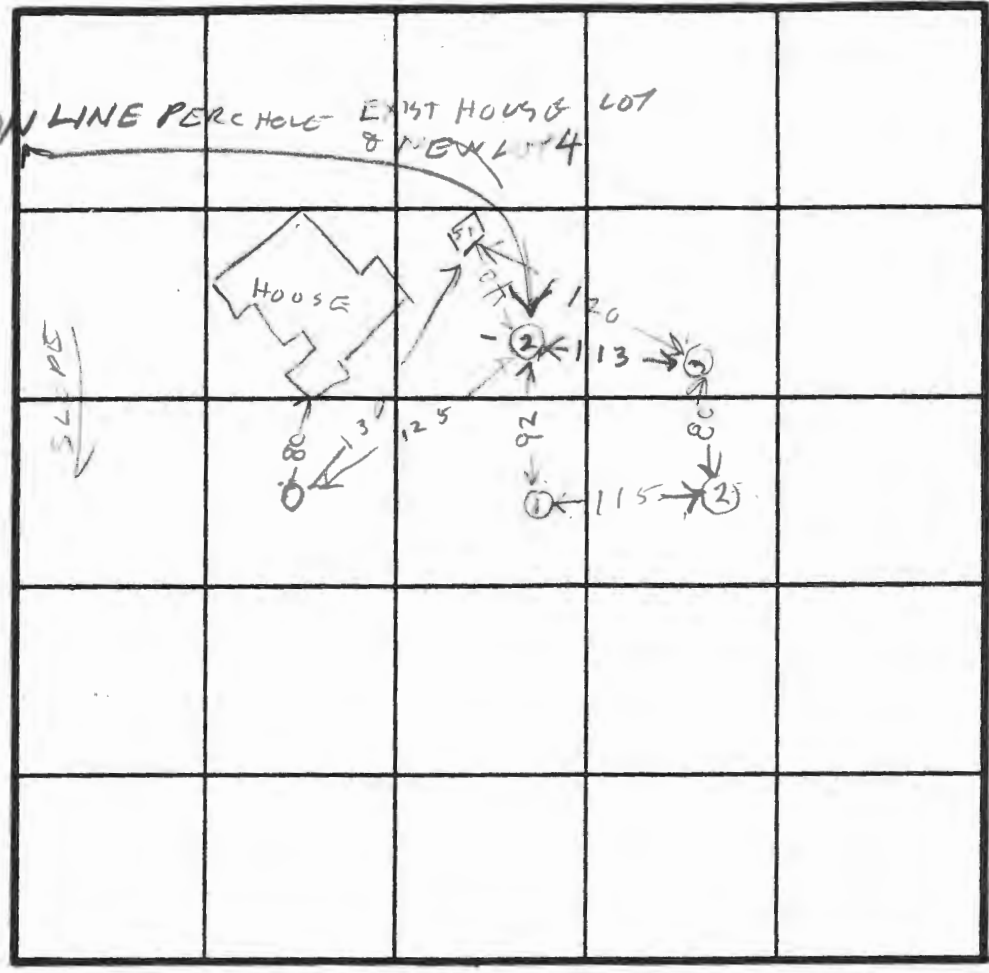
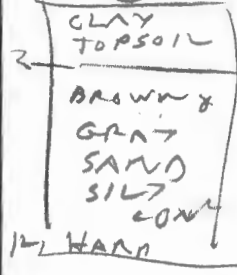
THIS IS NOT A PERMIT

3RD PROPOSED AREA FOR PUMP UP SYSTEM

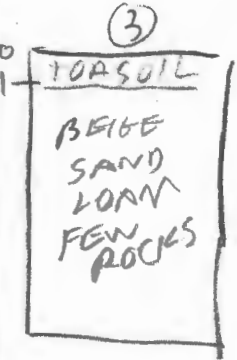
ON LINE PERC HOLE EXIST HOUSE & NEW LOT 4

ON LINE

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/92	1 S	4.5	1014	1022	1022	1046	24
	1 V	12	OK				
	2 V	12	OK				
	3 S	2.5	1100	1107	1101	1106	1
	3 D	7	1051	1058	1058	1106	2
	3 V	12	OK				
	ON LINE 2S FROM 2V	3	334	348	348	414	26
		12	OK				

REMARKS LOT LINES MUST BE CHANGED PUMP UP SYSTEM FOR NEW HOUSE EXISTING HOUSE GRAVITY FLOW

TESTED BY R HODGES ALSO PRESENT O KETTERMAN & SON GRISHMAN & SON

PRE-Peric
w/ALY-033K
4/21/92 12:50

APPLICATION

PERCOLATION TESTING

A 47940

P _____

TC
4/27 & 4/28/1992

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE 3/30/92

PAGE _____

LIMITING TOPOGRAPHY

3/27/92 [Signature]

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 SHeldon E. GREISHAW

ADDRESS 6760 Naeris Ln., EC, Md. 21043 PHONE 747-2433

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION GREISHAW PROPERTY LOT NO. 5

ROAD AND DESCRIPTION SOUTH SIDE 1 Naeris Lane, 1 MI. E. NE. OF LANDING RD.

TAX MAP 31 PARCEL # 535

SIZE OF LOT 2.61 AC. ± TYPE BLDG. SINGLE-FAM. DWLG
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Sheldon E. Greishaw
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

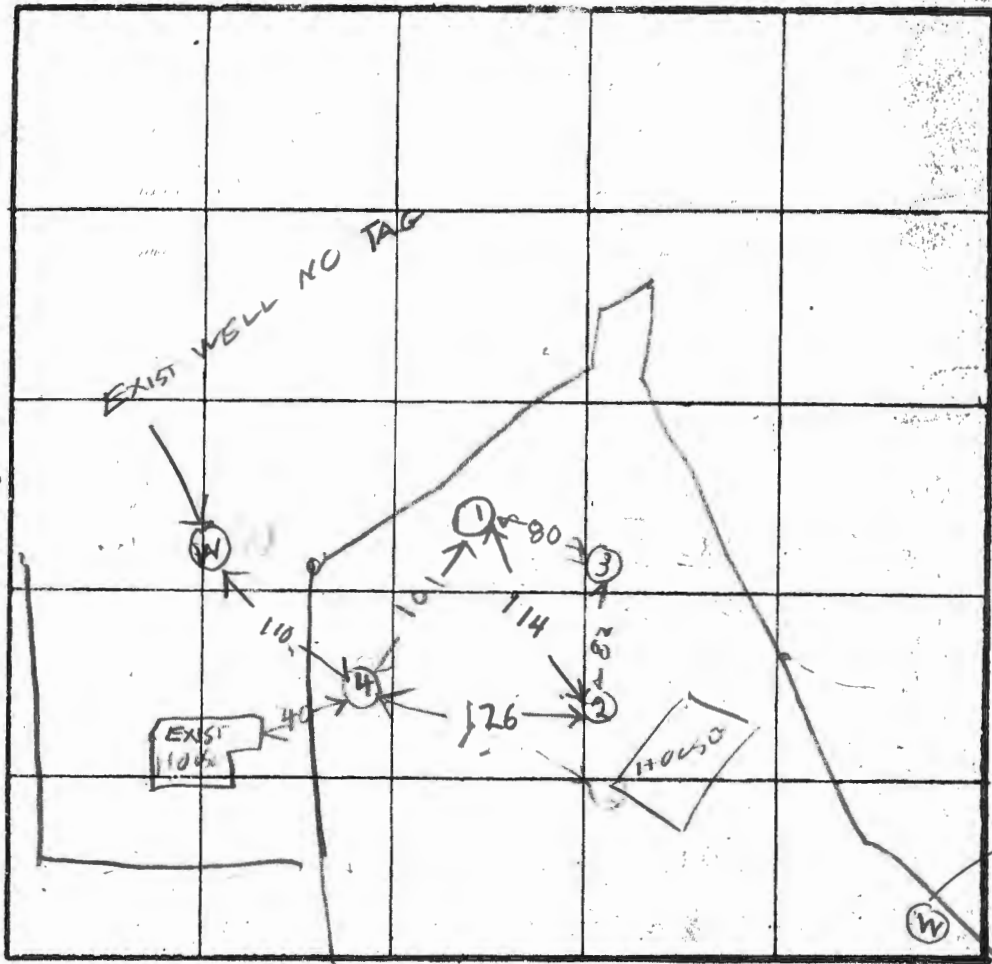
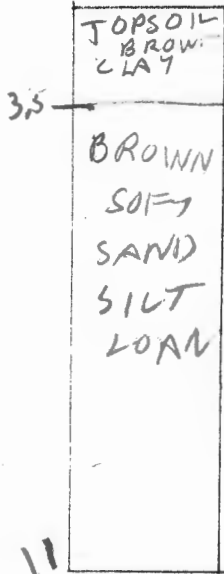
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

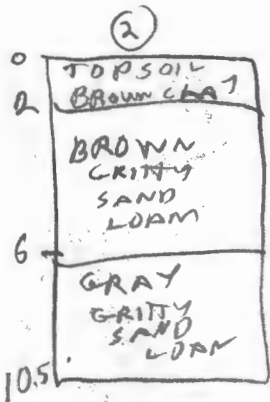
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

①
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST 1 DROP		TIME
			START	STOP	START	STOP	
4/28/92	1 S	4.5	143	144	140	146	2
	1 V	11	OK	SHALLOW			
	2 V	10.5	OK	SHALLOW	(60% WET)		
	3 S	3	219	228	228	242	14
4/28/12	3 V	11.5					
	4 D	8	244	250	250	258	8
	4 S	3	245	247	247	252	5
	4 V	11.5	OK				

REMARKS: HOB ① & ② duggers unweyer Plat Others differently

TYPE OF SOIL _____
 TESTED BY R HODGES ALSO PRESENT OKETTERMAN & SON GRIESMAN & SON S, SHANNA BERSEN



HOWARD COUNTY HEALTH DEPARTMENT

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

March 30, 1992

Reply to:

Mr. and Mrs. Sheldon E. Greisman
6781 Norris Lane
Elkridge, Maryland 21227

RE: Percolation Testing
Greisman Property - 5 Lots
Norris Lane
Tax Map: 31 Parcel: 525

Dear Mr. and Mrs. Greisman:

A percolation test date has been reserved for 10:00 a.m., Monday, April 27, and Tuesday, April 28, 1992.

A pre-percolation test site walk-over has been scheduled for Tuesday, April 21, 1992. Please have all percolation test areas and lot corners staked prior to this inspection.

You will be responsible for having a contractor on-site to excavate test holes at the corners of proposed percolation area.

Please call this office between 8:30 a.m. and 4:30 p.m., Monday through Friday, to confirm your acceptance of this percolation test date.

Thank you for your cooperation in this matter.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

Enclosures

C 1 **1272** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 4 5 6
 (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 **1145346**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **01/30/90**

Depth of Well
 22 **245** 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-88-1134
 28 29 30 31 32 33 34 35 36 37

OWNER **GREISMAN SHELTON**
 last name first name
 STREET OR ROAD **6751 NORRIS Ln** TOWN **Elkridge**
 SUBDIVISION _____ SECTION _____ LOT _____

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	1	
Red clay	1	2	
Ca. Bl. sh	3	25	
Green. mica	35	140	
Pink mica	40	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **10** NO. OF POUNDS **100**
 GALLONS OF WATER **50**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **17** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **16** **51**
 60 61 63 64 66 70

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **140** **51** **240**
 8 9 11 15 17 21
 2 [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] []
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 56 60
 from to

GRAVEL PACK IF WELL OBSERVED AS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA
 T (E.R.O.S.) W Q
 70 [] 72 [] 74 [] 75 [] 76 []

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 8 9
 PUMPING RATE (gal. per min. to nearest gal.) **40**
 11 15
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **140**
 17 20
 WHEN PUMPING **240**
 22 25
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
 27 27 27
C centrifugal **R** rotary **O** other (describe below)
 27 27 27
J jet **S** submersible
 27 27

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or 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) [] [] [] [] [] []
 31 35
 PUMP HORSE POWER [] [] [] [] [] []
 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []
 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **2**
 49 50 51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
 100'
 150'

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION SENT HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

B 1 **5382** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

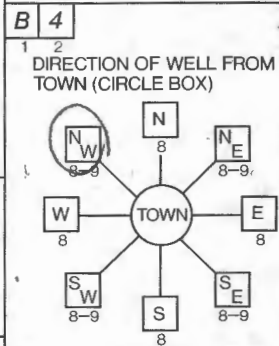
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1134
 fill in this form completely

Date Received (APA) **12/1/89**
OWNER INFORMATION
GREISMAN SHELTON
 Last Name Owner First Name
6781 NORRIS LM
 Street or RFD
ELKRIDGE MD 21227
 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
HDWARD
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
ELKRIDGE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2 MI**
 73 76 77 78

DRILLER INFORMATION
George F. Basterday
 Driller's Name 77 License No. 80 **40**
L. Franklin Basterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Basterday 12-8-89
 Signature Date



6781 NORRIS LANE
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **5000**
 ENTER FT or MI **FT**

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
 COUNTY NAME
W45346
 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **122089**
 CO SIGNATURE **Mark E. Kiffin 6/20/90**
 EXP. DATE
 NORTH GRID **511000** EAST GRID **0871000**
 50 55 57 63

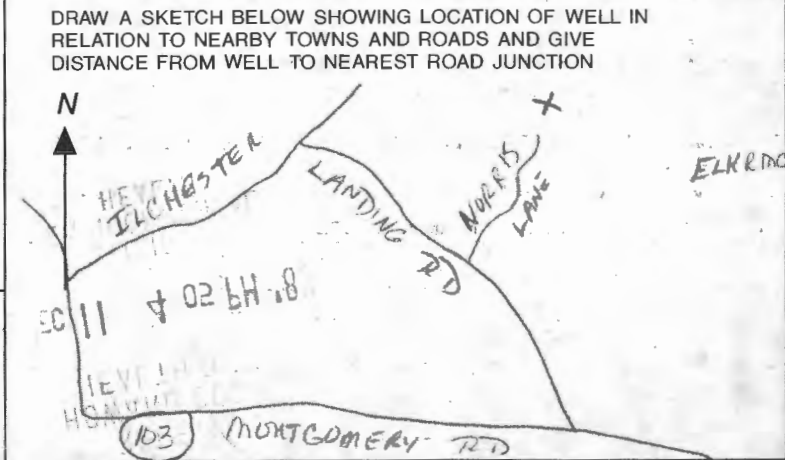
APPROXIMATE DEPTH OF WELL **266** FEET
 24 28

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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **87X1**
 N **51X1**
 1/30/90 GROUT NOT OBS'D
 10 BAGS
 47' OPEN
 51' CASING
 2' CASING A.G.
 MR. JTAGOK 1/30/90

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) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **HR** WRITE INITIALS IN BOX PERMIT NO. **HD-88-1134**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

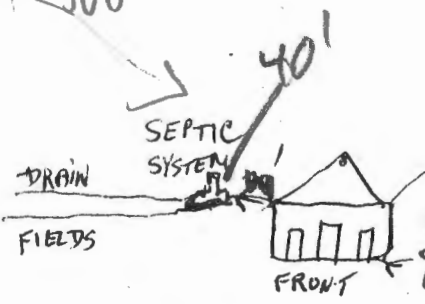
COUNTY

PLAT: 6781 NARRIS LANE
ELK RIDGE, MD 21227
(301) 747-2433

OWNERS:
SHELDON GREISMAN
JANET GREISMAN

(17.45
ACRES)

springhouse
300'



SITE OF
PROPOSED
WELL
Well Site
OK 12/89



6/15/90

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

77 86
92 42
120

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # _____ Date _____

Name of Installer Robert [redacted] Feezer Telephone _____

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

Name of Property Owner Sheldon Greisman Telephone _____
Subdivision _____ Lot # _____ Well Tag # HO-88-1134
Site Address 6781 Norris Lane, Elkridge, MD

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 _____	4. Will water supply be disinfected by installer? _____

owner running 3 lines: house, and 2 lines to 2 faucets outside, each at barn + pool
P.A. OK @ 3' + B.G.
MN 6/5/90

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.

Edward V. Doyle Insurance Agency *division of* Hallmark Insurance, Inc.

5285 Washington Blvd., Elkridge, Maryland 21227 • (410) 796-2424 • FAX # (410) 379-6560

August 25, 1992

G. Scott Shanaberger
8726 Town and Country Blvd.
Suite 104
Ellicott City, MD 21043

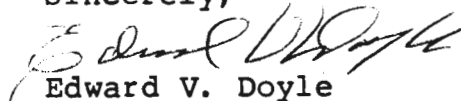
Dear Mr. Shanaberger:

I apologize for the delay of this letter, but I have been on vacation.

Please let me assure you that our septic system is well beyond 100 feet from the Greisman property. In fact, I would say that the system is more like 300-400 feet from the property line.

I hope that the above information is sufficient for you to complete your job.

Sincerely,



Edward V. Doyle
6840 Norris Lane
Elkridge, MD 21227

GRESHAM PROPERTY

NEW LOT #	OLD LOT #	
✓ 1	Part of 1	Lot is OK but Very Confined area System First or Special Inspector of Foundation & Well Pilled before Subdivision on Record
2	part of 1 part of 4	① Check Well Location on lot across Norris Lane ② Well site is lower than Perce Test Area Change lot lines around on Paper or Find new well site or perce area
③	part 4 part 2	① Very Confined Well Site Well to be Pilled before Subdivision Recorded System 75' lot
④	Most 3 part 2	OK
⑤	Lot 2 Exit	OK EXISTING HOUSE LOT
⑥	Lot 5	Well site is lower than Perce area Change lot lines on Paper to Find suitable well site

all areas ① Make sure all well
sites & Sewage Disposal System
within 100 FT of Boundary located
② Supply a Conversion Table
Showing Old Lot # & New Lot #

NEW	OLD	
1 gravity	Part of 1	Lot is OK but very confined area for well Drill Well before Subdivision put on record
2 pump	part of 1 part of 4	There is <u>one</u> very specific well site that is higher than Per Test area Drill Well before the subdivision plot is put on Record The other well site is lower than the per area Any well drilled there will require special approval of State HD Must Know Septic Location on next lot
3 pump	part 4 part 2	Lot is OK. I recon sidered the availability of well sites & decided that it would not be necessary to drill the well in order to put the subdivision on record
4 Pump	Lot 3 part 2	OK
5 gravity	part of 2 part of 3	OK Existing Home lot Part of this lot was given to Lot 6 in order to provide a well area. In large area to include existing system

Greensham Prop 9/11/92

NEW
LOT #

6
pump

OLD

LOT #

Lot 5
part Lot 2

It is possible that the well site now Land was taken from Lot 5 to provide a well area. Find location of Septic Tanks adjacent to Lot 6 from existing House to make sure that they are not too close to the well site.

Miscellaneous

If there is no problem with the well site because of nearly existing septic system, a note can be put on the plat stating that the wells must be drilled on Lot 2 & Lot before the Final Plat is signed.

SHANABERGER & LANE

8726 Town and Country Boulevard
Suite 104
Ellicott City, MD 21043

HOWARD COUNTY HEALTH DEPT.

ATTENTION: RAYMOND HODGES
CRAIG WILLIAMS

RE: GREISMAN PROPERTY

INFORMAL COMMENTS

R6, GIBBSMAN PLAT

SHANABEGON

7/29/92

RH/CW

P1/3

ALL LOTS:

ALL WELLS AND SEPTIC SYSTEMS WITH 100'
OF PROPERTY BOUNDARIES TO BE SHOWN.

PROJECT IS SUBJECT TO
PROVIDES A NOTE CLARIFYING COMPLIANCE
WITH WETLANDS REQUIREMENTS (SECTIONS 401 AND 404).

LOT 1 - CONFINED WELL AREA - WELL TO BE DRILLED
PRIOR TO FINAL PLAT APPROVAL

CONFIRM 25' SEPARATION FROM SEPTIC AREA
TO ANY STEEP SLOPE (25% OR GREATER)

ROOM FOR SYSTEM 2 REPAIRS OK FOR 3BR HOUSE

LOT 2 - WELL TO BE DRILLED PRIOR TO FINAL PLAT
APPROVAL.

~~MATCH~~ UPPER EDGE OF SEPTIC AREA TO
BE MORE CLOSELY MATCHED TO CONTOUR

SHOW 10' WELL LINE EASEMENT NOT IN S.D.A.;
DECLINE LINE TO BE SKEWED AS APPROPRIATE.

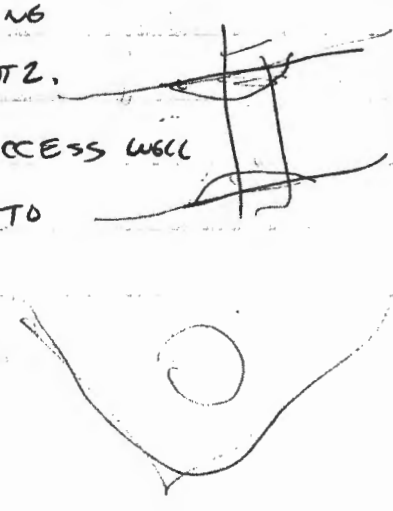
DECLINE PUMPED SEPTIC SYSTEM REQ'D
SHOW TYPICAL TANK, PUMP PIT, EFFLUENT LINE TO DIST. BOX.

ALL EXISTING WATER SUPPLIES, CISTERNS TO BE ABANDONED,
PRIOR TO PLAT APPROVAL. ANY REQUEST TO
MAINTAIN ANY PART OF THE SUPPLY FOR
IRRIGATION PURPOSES WOULD REQUIRE ~~SOME~~
APPROPRIATE ASSURANCES THAT SUPPLY
IS FOR NON-POTABLE PURPOSES ONLY.

LOT 3

HOUSE AND WELL SITES ARE OF CONCERN BECAUSE OF POTENTIAL IMPACT ON WETLANDS,

- SHOW ALL ~~WELL LINES~~ SEPTIC LINES
DETAIL AS PER COMMENTS FOR LOT 2.
- CONFIRM THAT DRILLER CAN ACCESS WELL SITE, WITHOUT DISTURBANCE TO STAGM ~~WELL~~.
- CONFIRM STEEP SLOPE ISSUES RELATIVE TO SEPTIC AREA.



LOT 5

EXPAND SEPTIC AREA TO 10,000 SQ FT, INCLUDE EXISTING SYSTEM.

LOT 4

ELIMINATE LOWEST CORNER OF S.D.A.

- LOCATED "TOO MUCH" IN SWALE.
- SHOWS SEPTIC SYSTEM AS PER PREVIOUS COMMENTS.

LOT 6

- THE OFF-LOT HOUSE CURRENTLY UNDER RENOVATION
~~RENOVATION IS FUNDAMENTALLY PART~~
~~OF THE PROPOSAL TO DEVELOP, REGARDLESS~~
~~(WITHOUT APPROPRIATE BP APPROVAL TO~~
~~RETAINMENT CONFIRM ADEQUATE SEPTIC CAPACITY)~~

IS UNDER COMMON ~~OWNER~~ FAMILY OWNERSHIP & EVEN IF ON A SEPARATELY DEEDED PARCEL, ITS SEPTIC CAPACITY (10,000 SQ FT EASEMENT)

SHOULD BE ESTABLISHED AS PART OF ANY ~~APPROVAL~~ ~~CONSENT~~ TO FURTHER DEVELOP THIS PROPERTY, ~~PART~~ ~~THE CONSENT PLAN CURRENTLY THE ONLY~~

~~LOGICAL PLACE~~ PARTS OF THE SEPTIC SYSTEM MAY ALREADY BE ACROSS EXISTING PROPERTY. LOGICAL OPTIONS FOR ^{FUTURE} REPAIR AND CERTAINLY ACROSS PROPERTY LINES. APPROVAL BE