

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 - 05 Account Number - 346916							
Owner Information									
Owner Name:		COON NANCY VIRGINIA			Use:		RESIDENTIAL		
Mailing Address:		13800 HOWARD RD DAYTON MD 21036-1023			Principal Residence:		YES		
					Deed Reference:		/07730/ 00237		
Location & Structure Information									
Premises Address:		13800 HOWARD RD DAYTON 21036-0000			Legal Description:		1 A 13800 HOWARD RD DAYTON		
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0028	0007	0136		0000				2017	Plat Ref:
Special Tax Areas:					Town:		NONE		
					Ad Valorem:		100		
					Tax Class:				
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1972		1,512 SF				1.0000 AC			
Stories	Basement	Type		Exterior	Full/Half Bath	Garage	Last Major Renovation		
1	YES	STANDARD UNIT		FRAME	1 full/ 1 half	1 Attached			
Value Information									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
Land:		262,500		262,500					
Improvements		130,100		127,500					
Total:		392,600		390,000		390,000		390,000	
Preferential Land:		0						0	
Transfer Information									
Seller: COON DOUGLAS & WF				Date: 10/21/2003			Price: \$0		
Type: NON-ARMS LENGTH OTHER				Deed1: /07730/ 00237			Deed2:		
Seller:				Date:			Price:		
Type:				Deed1:			Deed2:		
Seller:				Date:			Price:		
Type:				Deed1:			Deed2:		
Exemption Information									
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:		Special Tax Recapture:							

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 10/24/07

P. 527876

APPROVAL DATE: 11/20/07 **PERMIT**
Logged Into Permit Manager
Tax ID # 05-346916

A. REPAIR

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Covey Construction Co, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: Po Box 254, Woodstock MD 21063 PHONE NUMBER: 410-750-0398

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 13800 Howard Road PROPERTY OWNER: Nancy Coon

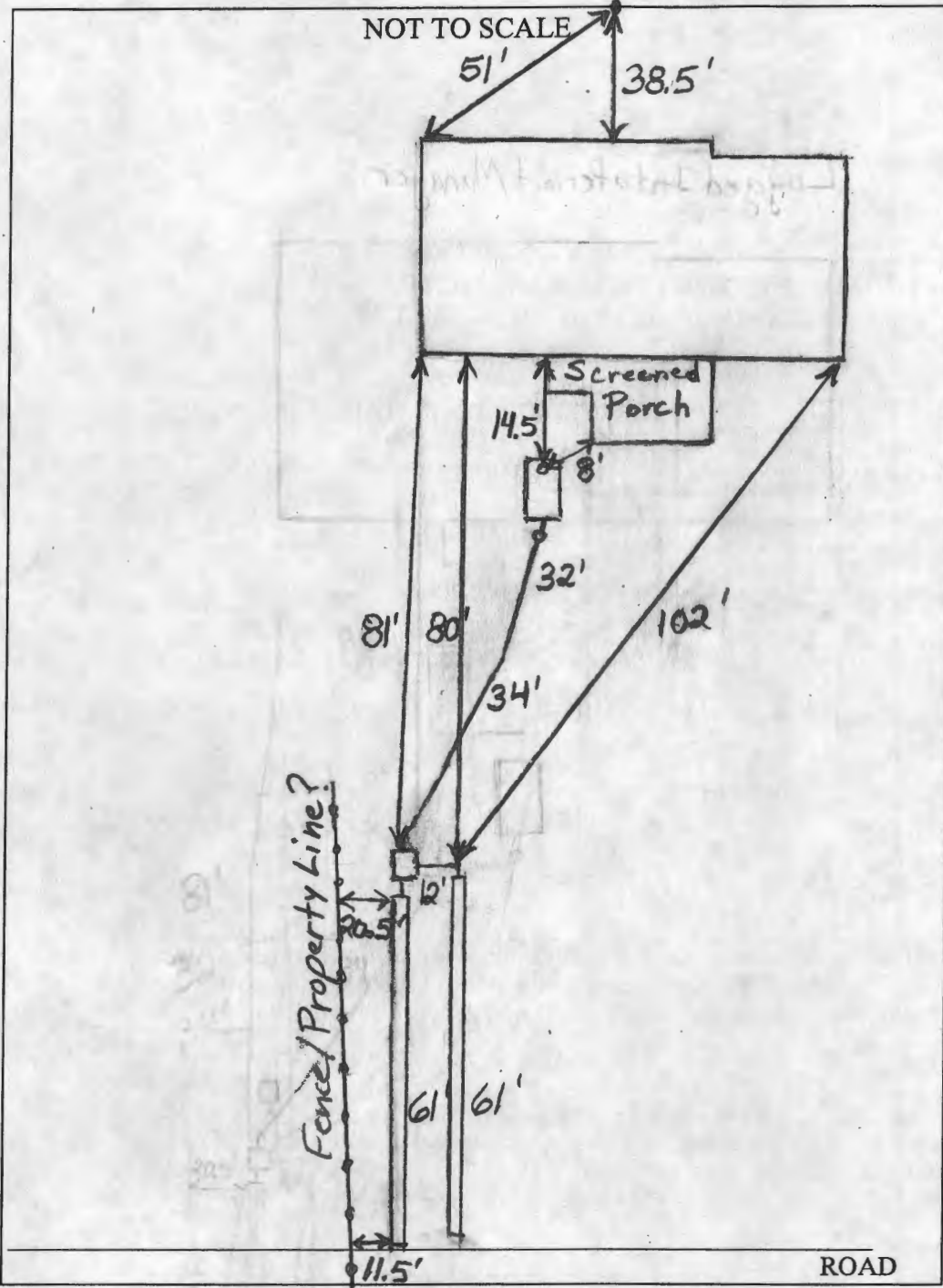
SEPTIC TANK CAPACITY (GALLONS): _____ *Trenches 3' Wide*
PUMP CHAMBER CAPACITY (GALLONS): _____ *Inlet 4'*
NUMBER OF BEDROOMS: 3 *Bottom 6'*
SQUARE FEET PER BEDROOM: _____ *2' of Stone Below Pipe*
LINEAR FEET OF TRENCH REQUIRED: 120' *2-60' Trenches*

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<i>Install 2-60' Trenches on Contour Uphill of Perc. Test Hole Near Pine Trees</i>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair. <i>Pump Out and Fill in Drywell</i>

PLANS APPROVED: B. Baber DATE: 10/25/07

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		2
TOTAL LENGTH		122'
ABSORPTION AREA		36 sq. Sidenall
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	Existing GAL
SEAM LOC	Midsram
TANK LID DEPTH	2-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Rear?
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL N/A	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION

INSTALLATION: 11/20/07 Drywell pumped out and filled with gravel and dirt. Trenches finished. Installer to put manhole cleanout on septic tank BB

FINAL INSPECTOR B. Baker DATE OF APPROVAL 11/20/07



HOWARD COUNTY HEALTH DEPARTMENT

P5 27876

10 / 24 / 07

Received From

Covey Construction Co Inc

PHONE # 410 - 218-8000

PO Box 254 Woodstock

- CASH
- CHECK

For Repair pers + permit

13800 Howard Rd

NO.

5926

Three hundred thirty and 00/100

Dollars

\$ 330⁰⁰

Received By Mary L Buggs

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) ✓

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages?

In support of a building permit. Type of building addition: N/A

*System relocation for proposed addition for setback compliance N/A

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity N/A

To replace collapsed drywell N/A

Septic Contractor: COVEY CON. CO. INC.

Contractor's Address: P.O. Box 254 Woodstock Md 21163

Contractor's Phone #: OFF 410-750-0398 (C) 410 218-8000

Property Address: 13800 Howard Rd, Dayton Md. 21036-1023

Property (Subdivision) & Lot # _____

Owner's Name: COON NANCY VIRGINIA

Is public sewer available/nearby: NO

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: 3

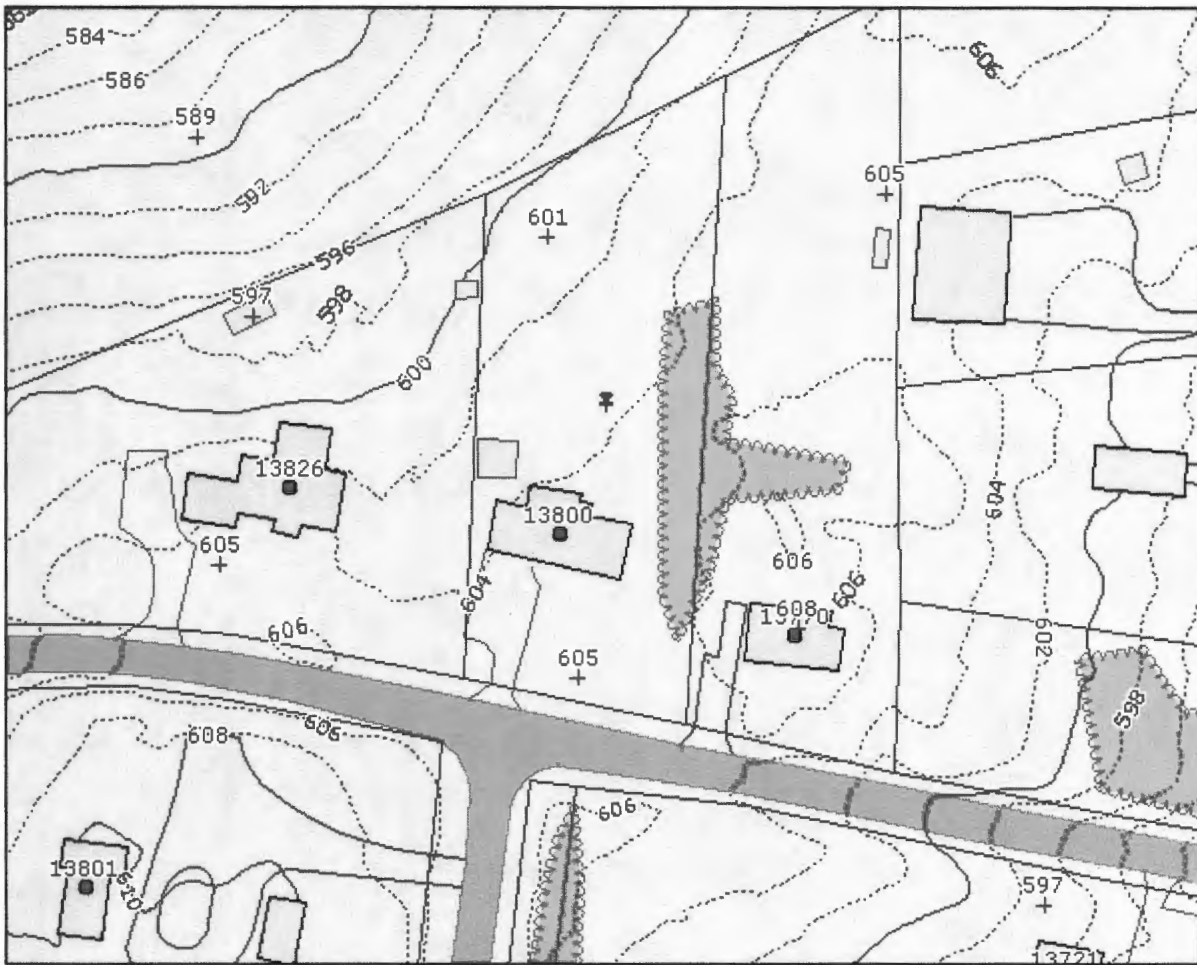
of Bedrooms after completion of addition: N/A

Has this request been discussed previously with a Sanitarian, who? _____

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

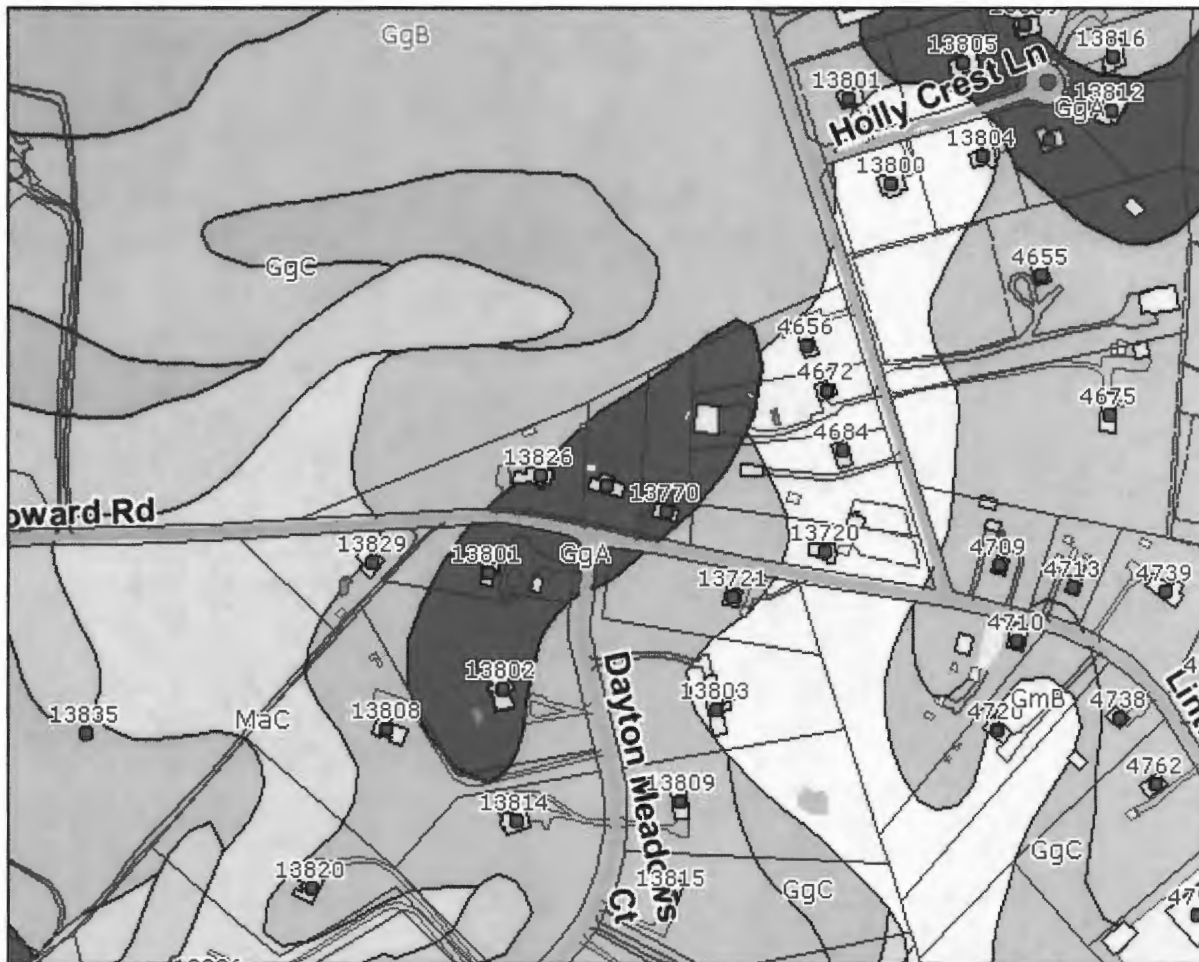
A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

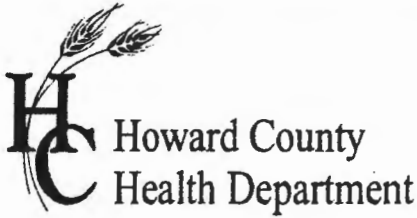
Environmental Sanitarian tentatively assigned _____











APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

(A/P) 527876

AGENCY REVIEW: _____

DATE 10/24/07

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Nancy Coon

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 13800 Howard Road
STREET CITY/TOWN STATE ZIP

APPLICANT Bob Covey

DAYTIME PHONE _____ CELL (410)218-8000 FAX _____

MAILING ADDRESS _____
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 13800 Howard Road
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 28 GRID 7 PARCEL(S) 136 PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

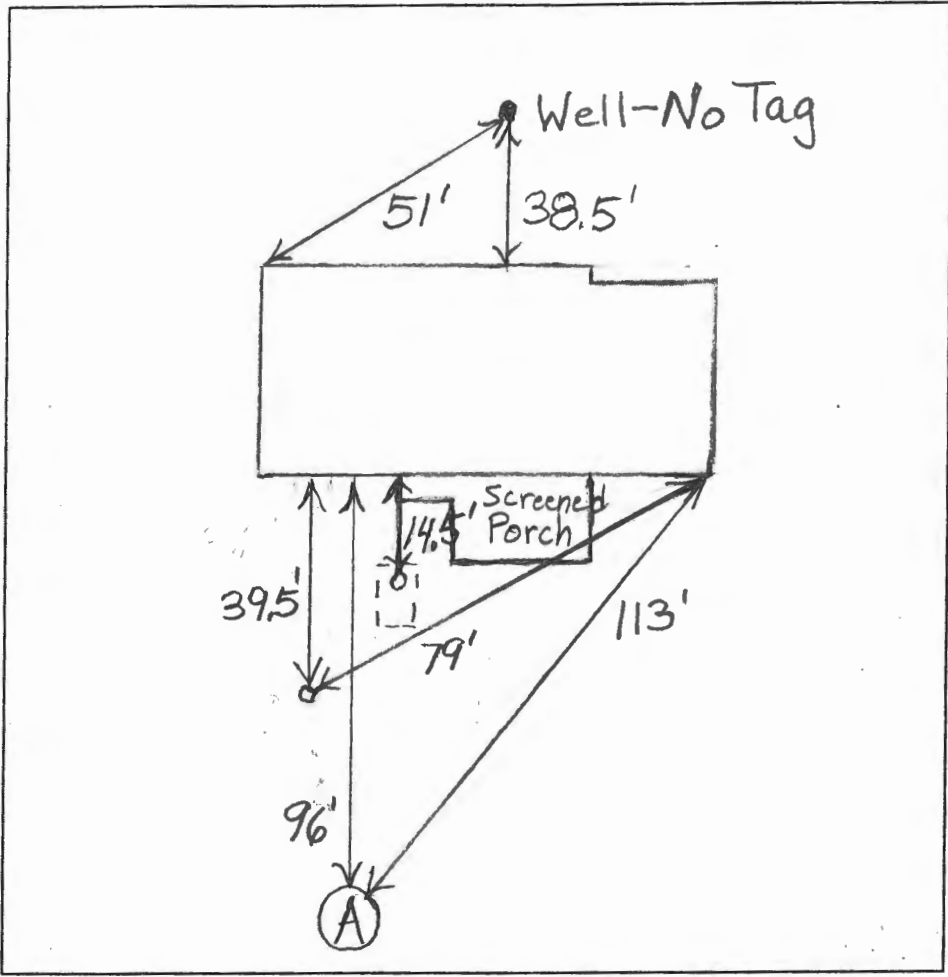
TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

AVP (A)

0.5'-1' Br Topsoil
 Red Br Loam
 ~10% Rock
 2'-2.5' Dense Fine Red Loamy Sa
 15-20% Rock and Saprolite
 14.5'



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
10/25/07	A	4'/14.5'	1:56	2:01	2:08:30	7 1/2	P

REMARKS Water Poured in Bottom of Test Hole - Rate O.K.
 SANITARIAN B. Baker BACKHOE Bob Covey OTHERS _____
 TEST HOLES USED IN SDA A AVG. PERC TIME 7 1/2 SQ. FT/BR _____
 TRENCH WIDTH 3 INLET DEPTH 4 MAX. BOT DEPTH 6 EFFECTIVE SW 2