

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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Maura J. Rossman, M.D., Health Officer

DEMOLITION REQUEST FORM

Information of Property to be Demolished:

20006 DELAWARE, INC. 10115 NORTH SECOND STREET
Current Owner's Name C/O THE STONACH GROUP Property Address

LAUREL PARK STATION - PHASE I
Subdivision (if applicable) Lot #

50 384
All Prior Owners' Names (if requested or known) Tax Map Parcel # Tax ID #

RAZE EXISTING STRUCTURES FOR A ROAD (ENTRANCE) TO BE BUILT/PAVED
Purpose/Reason for Demolition

ROAD CONSTRUCTED TO ACCESS SUBDIVISION
Future plans of property after demo (i.e. subdivision, parking lot, re-build new house, etc...)

If a subdivision, SDP# 15-043 Has the structure(s) been deemed unsafe by DILP YES YES NO

UTILITY RECORDS:

Property currently connected to public water YES YES NO

Property currently connected to public sewer YES YES NO

Does the property currently have any wells and/or septic systems YES YES NO

->Explain:

*Note: Any wells and/or septic systems that are to remain may require an approved percolation certification plan under Howard County Code Sec. 3.805

*Note: Any septic systems that are to be abandoned must be done by a septic contractor with documentation of the process.

*Note: All abandoned wells are to be sealed by a well driller licensed by the Maryland State Board of Well Drillers COMAR Sec 26.04.04.11 Abandonment Standards D (3)

COMMENTS:

MATTHEW AHEARN
Applicant's Name (please print)

410-461-7666
Applicant's Phone #

matt.ahearn@timmons.com
Applicant's Email

410-461-8961
Applicant's Fax #

[Signature]
Applicant's Signature

6-21-19
Date

Maura J. Rossman, M.D., Health Officer

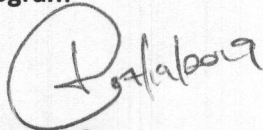
MEMORANDUM

Sent via email to Matt.Ahearn@Timmons.com

TO: Matthew Ahearn

FROM: **Joseph Cabahug**
Licensed Environmental Health Specialist 001997
Howard County Health Department
Well & Septic Program

DATE: July 19th, 2019



RE: **10115 North Second Street**
Laurel, MD 20723
M. 0050 G. 0010 P. 00384
(Demolition of existing sfd – rebuild new subdivision –
Laurel Park Station – Phase 1)

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The premise was previously connected to public sewer.

The premise was previously connected to public water.

Plans to rebuild on this parcel will require connection to public water and sewer.

IF ANY WELL OR SEPTIC COMPONENTS ARE FOUND DURING SITE WORK, YOU MUST NOTIFY THIS OFFICE IMMEDIATELY!!

JCC

Cc: File

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Asst. Manager WELL DRILLER'S LICENSE NUMBER: _____
 CIRCLE: MWD / MSD / MGD

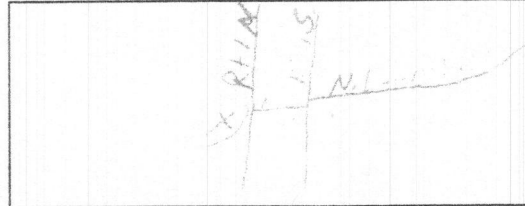
* OWNER'S NAME: SEA Ex. Contracting Cont.

* WELL LOCATION:
 COUNTY: Harford
 NEAREST TOWN: Lanese
 TAX MAP 50 BLOCK _____ PARCEL 199
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 STREET ADDRESS: 1011 North 2nd Street

LATITUDE 3 9.106613

LONGITUDE 7 76.83222

SITE LOCATION MAP



LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Concrete	17	0
VOLUME OF MATERIAL USED		
Concrete = 5.64 cu yds		

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 72 INCHES IN DIAMETER

DEPTH OF WELL: 12 FEET DEEP

WAS ANY CASING REMOVED? YES NO
 If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

776 MWD / MSD / MGS

CIRCLE ONE

DATE 7-19

OWNER

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

Real Property Data Search (w3)

Search Result for HOWARD COUNTY

[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Account Identifier: **District - 06 Account Number - 601459**

Owner Information

Owner Name: 20006 DELAWARE INC **Use:** COMMERCIAL
 C/O THE STRONACH GROUP **Principal Residence:** NO

Mailing Address: 455 MAGNA DRIVE 2ND **Deed Reference:**
 FLOOR
 L4G7A9
 AURORA ONTARIO FC 0

Location & Structure Information

Premises Address: LAUREL PKWY **Legal Description:** PAR. K 6.6654 A. P/O PRIVATE RD.
 LAUREL 20723-0000 LAUREL PARKWAY
 SEA BISCUIT LN

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	Plat Ref:
0050	0010	0384		4740			PAR K	2017		24740-53

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

Primary Structure Built **Above Grade Living Area** **Finished Basement Area** **Property Land Area** **County Use**
 6.6654 AC

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

Value Information

	Base Value	Value	Phase-in Assessments
		As of	As of
		01/01/2017	07/01/2018
			As of
			07/01/2019
Land:	23,300	23,300	
Improvements	0	0	
Total:	23,300	23,300	23,300
Preferential Land:	0		0

Transfer Information

Seller: **Date:** **Price:**
Type: **Deed1:** **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:**
Exempt Class: NONE

Homestead Application Information

WATER WELL ABANDONMENT-SEALING REPORT FORM

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- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

APPROVED
07/22/2019

DATE WELL ABANDONED: 6-7-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

N/A

* PERMIT NUMBER OF REPLACEMENT WELL: _____

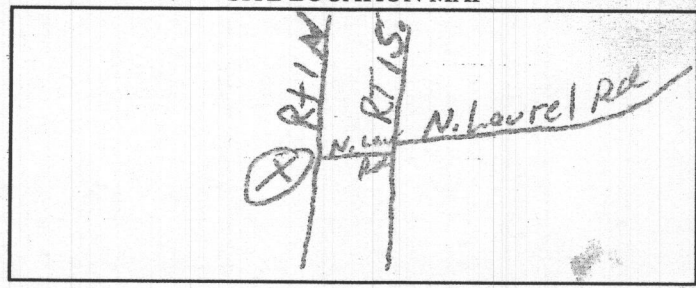
* PERSON ABANDONING WELL: Andrew Houseman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: SEH Excavating Cont.

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Laurel
TAX MAP 50 BLOCK _____ PARCEL 384
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 10101 North 2nd Street



LATITUDE 39.106613

LONGITUDE 76.838250

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Concrete	12	0

* TYPE OF WELL BEING ABANDONED:
 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify) _____

* USE CODE:
 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

VOLUME OF MATERIAL USED

Concrete 5.5 yards

* TYPE OF CASING:
 STEEL PLASTIC
 CONCRETE OTHER (specify) _____

SIZE OF CASING: 42" INCHES IN DIAMETER

DEPTH OF WELL: 12 FEET DEEP

WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

224

MWD / MSD / MGS
CIRCLE ONE

6-7-19
DATE

COUNTY

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