

Real Property Data Search (w2)

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 - 03 Account Number - 304434								
Owner Information										
Owner Name:		MHGH&S LLC			Use:		AGRICULTURAL			
Mailing Address:		13370 ROUTE 144 WEST FRIENDSHIP MD 21794			Principal Residence:		NO			
					Deed Reference:		/03999/ 00580			
Location & Structure Information										
Premises Address:		13300 FREDERICK RD WEST FRIENDSHIP 21794- 0000			Legal Description:		83.221 A 13300 FREDERICK RD WEST FRIENDSHIP			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	20611
0015	0003	0146		2001				2019	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		
1980		1,584 SF		470 SF		83.2200 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	SIDING	1 full						
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2019		07/01/2019		07/01/2020		
Land:		205,500		295,500						
Improvements		190,900		171,500						
Total:		396,400		467,000		419,933		443,467		
Preferential Land:		38,000						38,000		
Transfer Information										
Seller: STREAKER FARM INC			Date: 06/19/1997			Price: \$475,000				
Type: ARMS LENGTH IMPROVED			Deed1: /03999/ 00580			Deed2:				
Seller: STREAKER WILLIAM E SR			Date: 10/10/1988			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /01897/ 00729			Deed2:				
Seller: STREAKER WILLIAM E SR			Date: 09/23/1988			Price: \$0				
Type: NON-ARMS LENGTH OTHER			Deed1: /00000/ 00000			Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2019		07/01/2020				
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: No Application										

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

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.

B 1 0674 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 H0-73-3419
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 9/14/79
 9:30 a.m.

OWNER [Signature] COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD [Signature] COL 36 COL. 55

POST OFFICE [Signature] COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE [Signature] 1979 LICENSE NUMBER 238
 77 80

FIRST NAME [Signature] DRILLER LAST NAME [Signature]

SIGNATURE [Signature]

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY [Signature] (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION [Signature] 23 42

SECTION [Signature] 44 46 LOT [Signature] 48 50

NEAREST TOWN [Signature] 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 1/2 M I 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) [Signature] 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) [Signature] 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD [Signature] NORTH SOUTH EAST WEST 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 3/10 M I 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

APPROXIMATE DEPTH OF WELL [Signature] 24 28 FEET

APPROXIMATE DIAMETER OF WELL [Signature] (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER [Signature] ENGINEER REVIEW DISTRICT NO. [Signature]

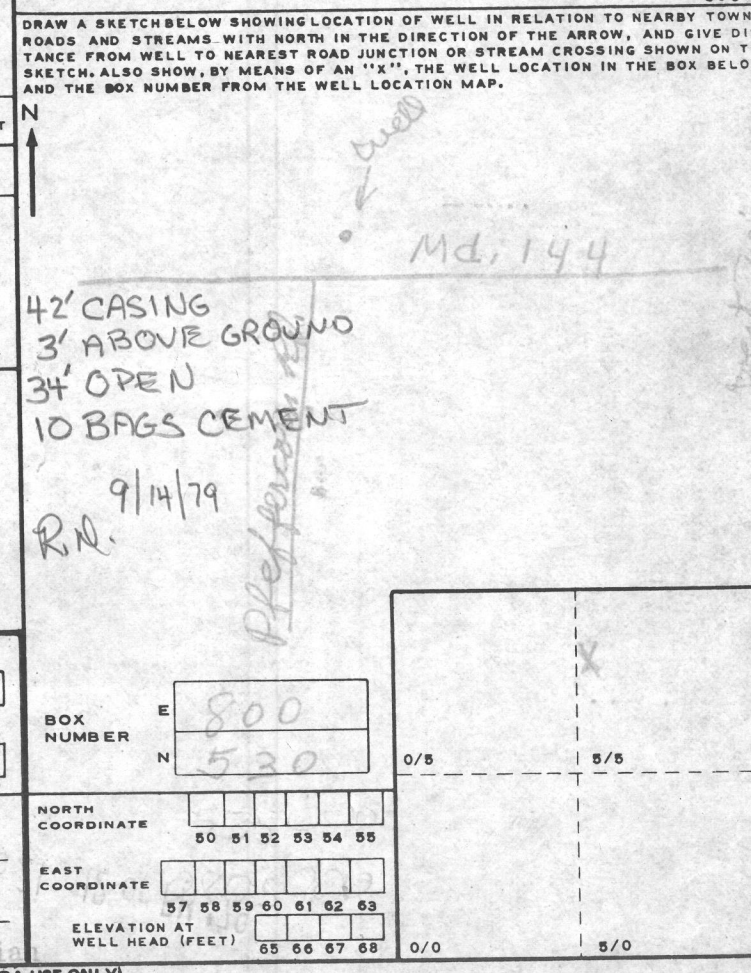
FORCE [Signature] WRITE INITIALS IN BOX [Signature] CONDITIONS [Signature]

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME [Signature] COUNTY NO. [Signature]

DATE [Signature] MO. DAY YR. APPROVED BY [Signature] Donald W. Monaghan, Sanitarian

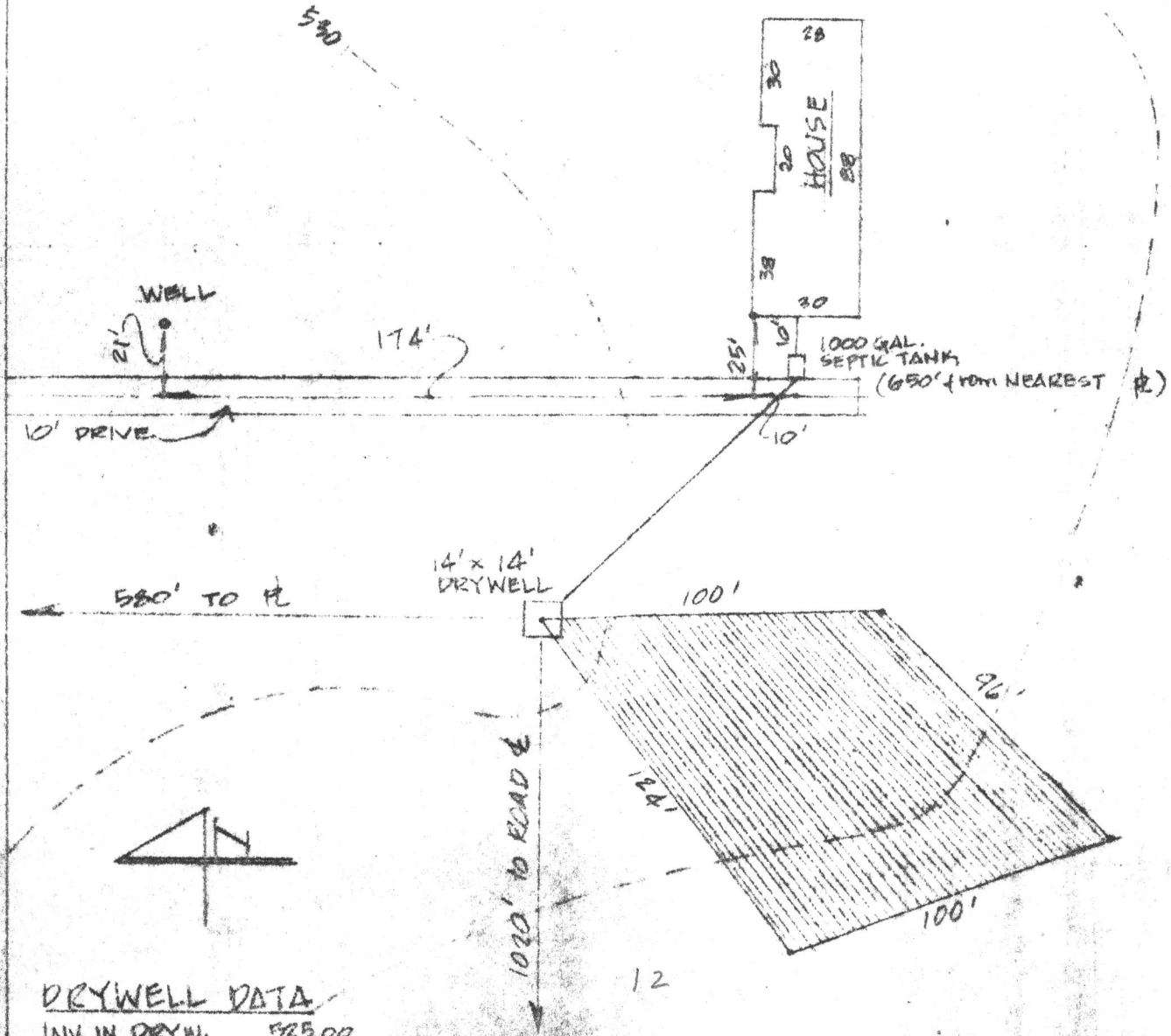


B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

I CERTIFY THAT THESE MEASUREMENTS AND ELEVATIONS ARE, TO THE BEST OF MY KNOWLEDGE AND ABILITY, ACTUAL AND CORRECT FOR THIS PROPERTY.

Jim Stern - Janitor
NOV. 30, 1979



DRYWELL DATA

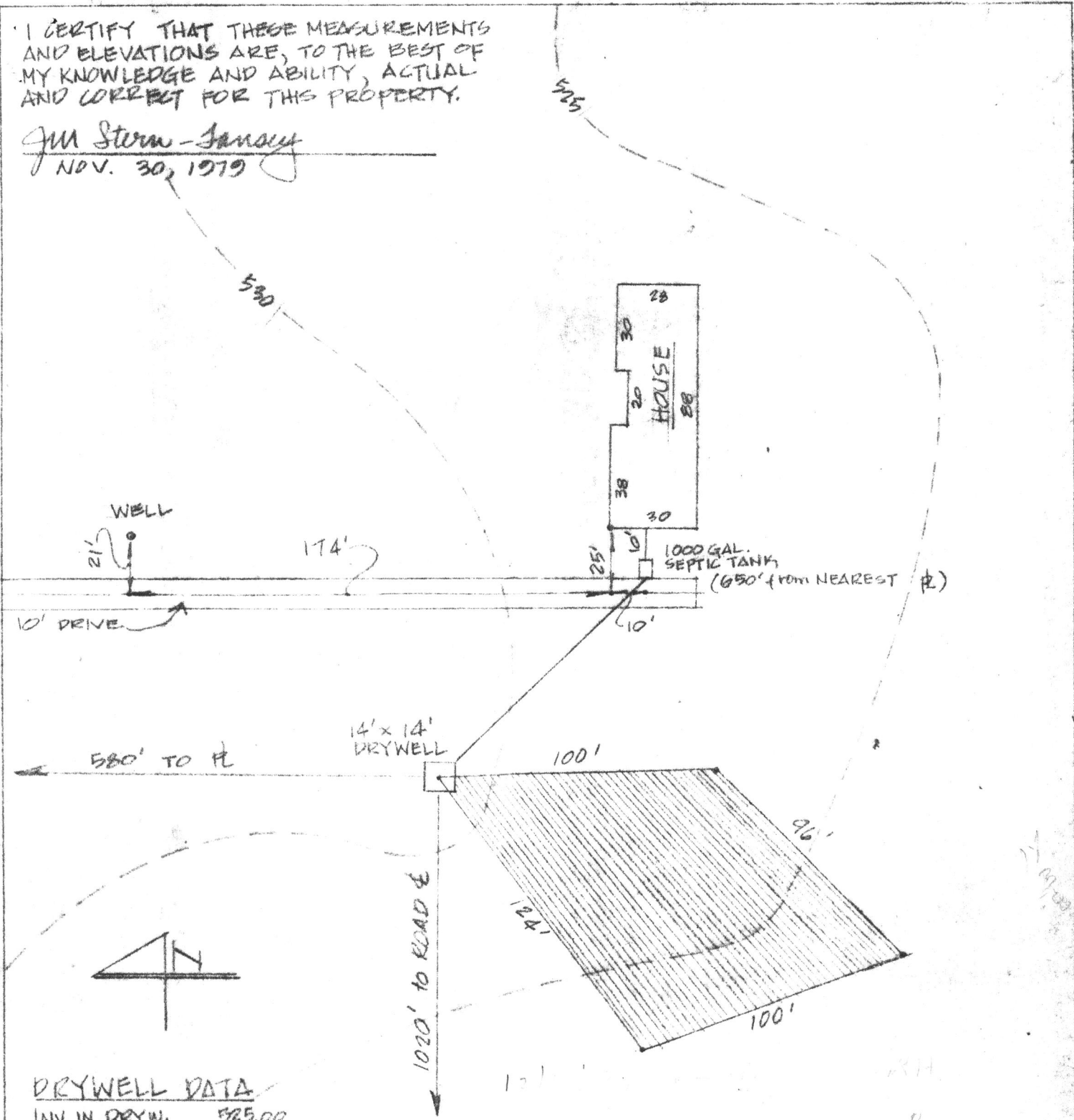
INV. IN DRYW.	525.00
INV. OUT SEPTIC	527.50
INV. IN SEPTIC	527.75
INV. OUT DWELLING	527.92
BASEMENT ELEV.	519.75
1ST. FL. ELEV.	528.50
WELL	531.00
EXIS. ELEV., TANK	528.50
EXIS. ELEV., DRYW.	529.75
ELEV. @ PERC.	529.75

STREAKER RESIDENCE

SCALE: 1" = 50'-0"	APPROVED BY: PLANS OK 12/12/79 RH	DRAWN BY: JMST
DATE: 10-23-79		REV. 11-30-79
SITE PLAN - HOUSE		
CLEARVIEW FARM 133.0 FREDERICK RD., W FRIENDSHIP, MD.		DWG. NO: 6P-2

I CERTIFY THAT THESE MEASUREMENTS AND ELEVATIONS ARE, TO THE BEST OF MY KNOWLEDGE AND ABILITY, ACTUAL AND CORRECT FOR THIS PROPERTY.

Jim Stern - Janney
 NOV. 30, 1979

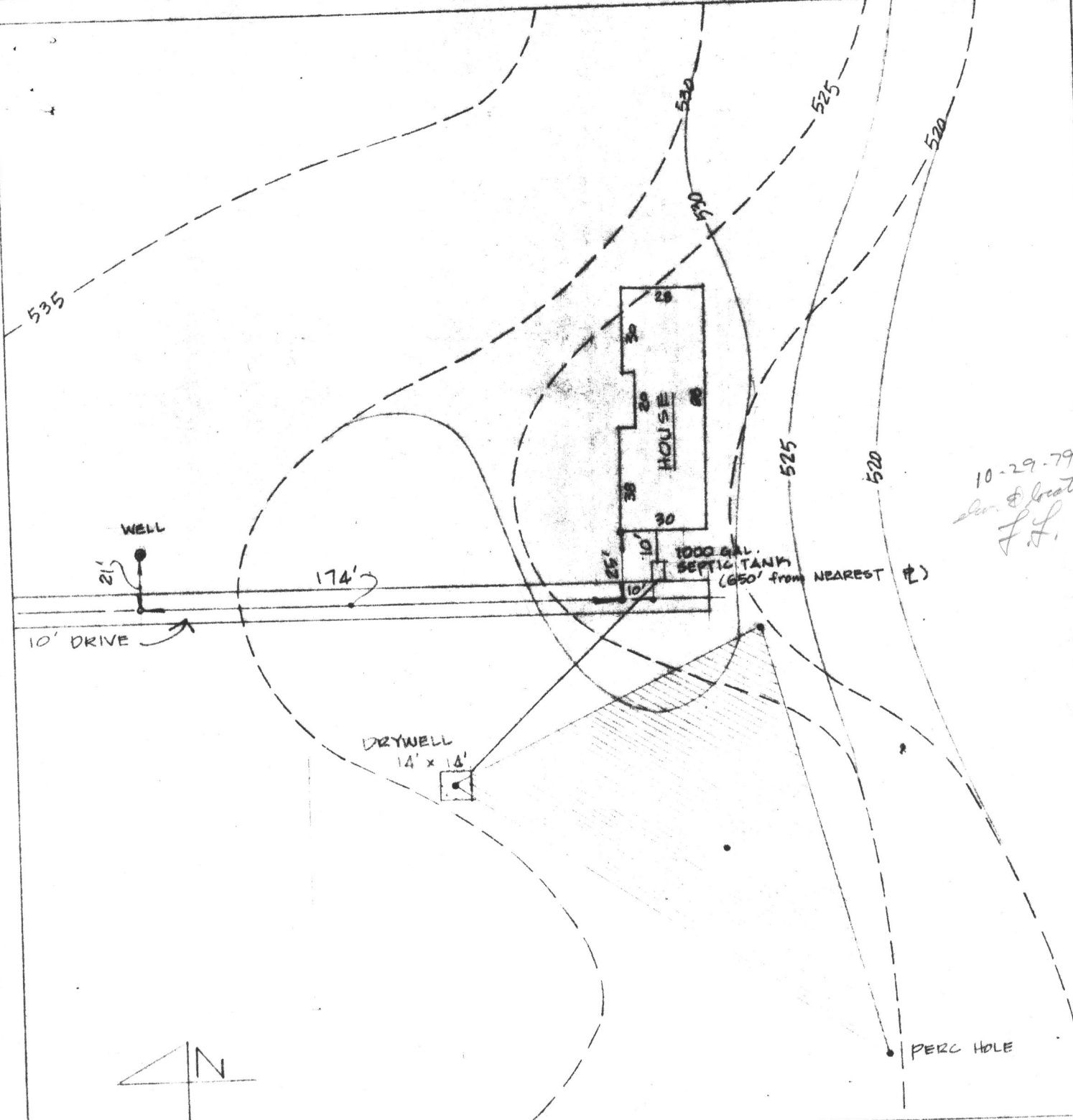


DRYWELL DATA

INV. IN DRYW.	525.00
INV. OUT SEPTIC	527.50
INV. IN SEPTIC	527.75
INV. OUT DWELLING	527.92
BASEMENT ELEV.	519.75
1ST. FL. ELEV.	528.50
WELL	531.00
EXIS. ELEV., TANK	529.50
EXIS. ELEV., DRYW.	529.75
ELEV. @ PERC.	529.75

STREAKER RESIDENCE

SCALE: 1"=50'-0"	APPROVED BY: PLANS OK 12/12/79 RJA	DRAWN BY: JMST
DATE: 10-23-79		REV.: 11-30-79
SITE PLAN - HOUSE		
CLEARVIEW FARM 13300 FREDERICK RD., W. FRIENDSHIP, MD.		DWG. NO: 6P-2



10-29-79.
clear & locate
F.L.

DRYWELL DATA

INV. IN DRYWELL	525.50
INV. OUT SEPTIC	527.50
INV. IN SEPTIC	527.15
INV. OUT DWELLING	527.92
BASEMENT ELEV.	521.25
FIRST FLOOR ELEV.	530.00
WELL	531.00
EXIST. ELEV. TANK	522.00

EXIST. ELEV., DRY. 529.75
 ELEV. @ PERC 529.75
 FINAL

STREAKER PROPERTY

SCALE: 1" = 50'-0"	APPROVED BY:	DRAWN BY: JMST
DATE: 10-23-19		LOT NO.
SITE PLAN - HOUSE		
CLEARVIEW FARM 13300 FREDERICK RD., W. FRIENDSHIP, MD.		DWG. No: SP-2

APPLICATION

A 30113
P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

Septic tank - 3 BR 1000 gal.
4 BR 1250 gal.

located 1020' from E of Rt. 144
580' from left side

DISTRICT 3rd
DATE 8/20/79

in let max. 4 1/2', total max. depth 11'

drywell 144 # per Bed room

or trench 85' long
with 6 1/2' stone

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

NOT A SUBDIVISION

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

PROPERTY OWNER William E. Streaker

ADDRESS 15307 Frederick Road, Woodbine, Md. PHONE 489-4435

PROPERTY LOCATION: BLDG. PERMIT SIGNED AND RETURNED 2/13/79
SUBDIVISION Serial # 41800 LOT NO. 2

ROAD AND DESCRIPTION Route 144, W. Friendship, Md. "Clear View Farm" HOUSE

SIZE OF LOT 85 acres more or less TYPE BLDG. 4 bedrooms (tenant House)

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.

SIGNATURE OF APPLICANT /s/ William E. Streaker

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/10/79 HOLD FOR REVIEW SLOW & WATER
9/19/79 D M SAID O.K.R.H
9/21/79 TDD MRS STREAKER TIME OK BUT HOLES MUST BE CERTIFIED BY

THIS IS NOT A PERMIT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

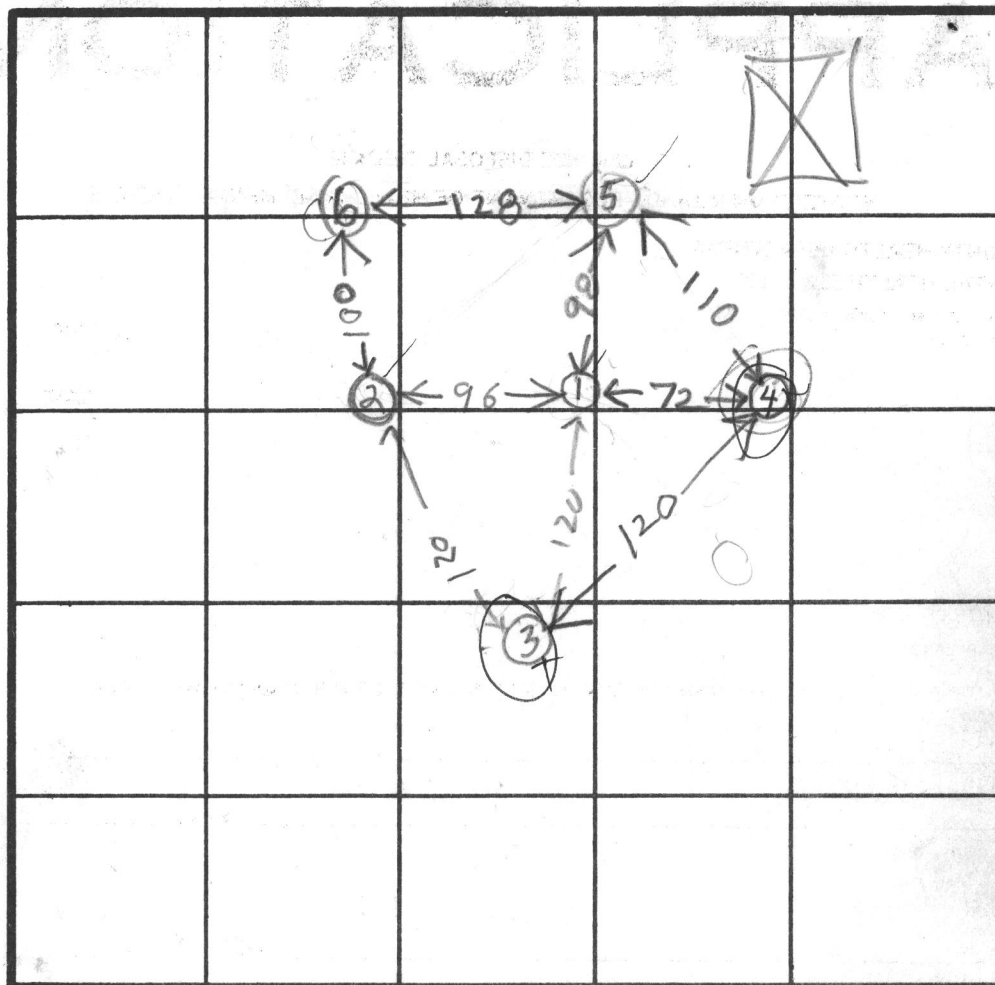
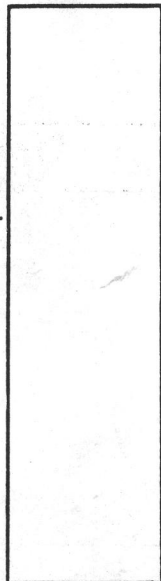
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

House
Lat
110

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

54
1059

③ = LOWEST
⑤ = HIGHEST
⑥ = HIGH

①②④ = MEDIUM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/10/79	1D	12 1/2	1021	1031	1031	1047	16	
	1S	4	1022	1025	1025	1034	9	
	2D	13	1046	1056	1056	1108	12	
	2S	4	1046	1049	1049	1054	5	
	3V	13	WATER		12 FT			
	3S	4	1119	1123	1123	1128	5	
	④V	10	TOP 4 FT CLAYISH MID SIX ROCKY					
			ROCK BOTTOM					
	⑤S	4	1149	1227	Kubger Fail			
	5D	12	1157	1158	1158	1201	3	
	5M	5	1231	1241	1241	1258	17	

dry 11/11

9/10/79 5V 13 TOP 4 1/2 CLAYISH BOT 8 1/2 ROCKS & SAND

REMARKS

TYPE OF SOIL

TESTED BY

Copy to Mrs Streaker
R HODGES

ALSO PRESENT

MRS STREAKER
LOSTELLO

58
31
27

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

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

DISTRICT 3RD
DATE 8/20/79

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 W STREAIKER
ADDRESS 15307 FREDERICK RD PHONE 489 4435

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____
ROAD AND DESCRIPTION ROUTE 144 CLEAR VIEW FARM

SIZE OF LOT 85 AC TYPE BLDG. TENANT HOUSE

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.

SIGNATURE OF APPLICANT /s/ W STREAIKER

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 2
House
Lot
W. Streaker

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/10/79	6D	12 1/2	1236	1242	1242	1248	6
	6S	4 1/2	1236	1242	1242	1248	6

REMARKS _____

TYPE OF SOIL

Copy to Mrs Streaker
RH

TESTED BY

ALSO PRESENT

MRS STREAKER
MARIL
COSTELLO