

MB
2/28/2020

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Special Tax Recapture: AGRICULTURAL TRANSFER TAX

Account Identifier: **District - 04 Account Number - 320271**

Owner Information

Owner Name: PETERS BRIAN M **Use:** AGRICULTURAL
 PETERS CHERYL A **Principal Residence:** NO
Mailing Address: P O BOX 129 **Deed Reference:** /17781/ 00070
 LISBON MD 21765-

Location & Structure Information

Premises Address: 16903 FREDERICK RD **Legal Description:** 10.162 A
 MOUNT AIRY 21771-0000 16903 FREDERICK RD
 MT AIRY

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0007	0003	0055	4010102.14	1002				2020	Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1900	992 SF		10.1600 AC	

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
2	NO	STANDARD UNIT	SIDING/	3	1 full		

Value Information

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2020	07/01/2019	07/01/2020
Land:	204,500	214,500		
Improvements	41,600	58,600		
Total:	246,100	273,100	246,100	255,100
Preferential Land:	4,500			4,500

Transfer Information

Seller: GOUDY LETA R	Date: 08/31/2017	Price: \$455,000
Type: ARMS LENGTH IMPROVED	Deed1: /17781/ 00070	Deed2:
Seller:	Date:	Price: \$0
Type:	Deed1: /00774/ 00074	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	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

Special Tax Recapture: AGRICULTURAL TRANSFER TAX

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

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

APPLICATION

A 18591

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/13/73

1/5/13
9:30

2-17'
Lined
50 ft.
part

Rte 144 - Septic Drain 1975

Dry well. Dig pit 16' sq. - soil block - top for 12' diameter
& fill in rest of pit with gravel. - Dry well to have 60 ft effective
depth below the first 4' of org. grade. Max depth permitted for well is
10' below org. grade. Come off Rte 5' solid pipe & begin trench.
Trench to be 25' long 10' deep with 6" gravel under pipe.

TO: THE COUNTY HEALTH OFFICER & call for map of trench before gravel is
ELLICOTT CITY, MARYLAND installed.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. of drive way. Place well 75' 6" from Rte 144 + 15' 20" to left

PROPERTY OWNER Edwin Justice

ADDRESS Route 144 - Mt. Airy, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - 3rd house on right going EAST from St. Michael's Rd.
on Route 144.

SIZE OF LOT 8 acres TYPE BLDG. Existing house
NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE (Moving system)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT David Arnold

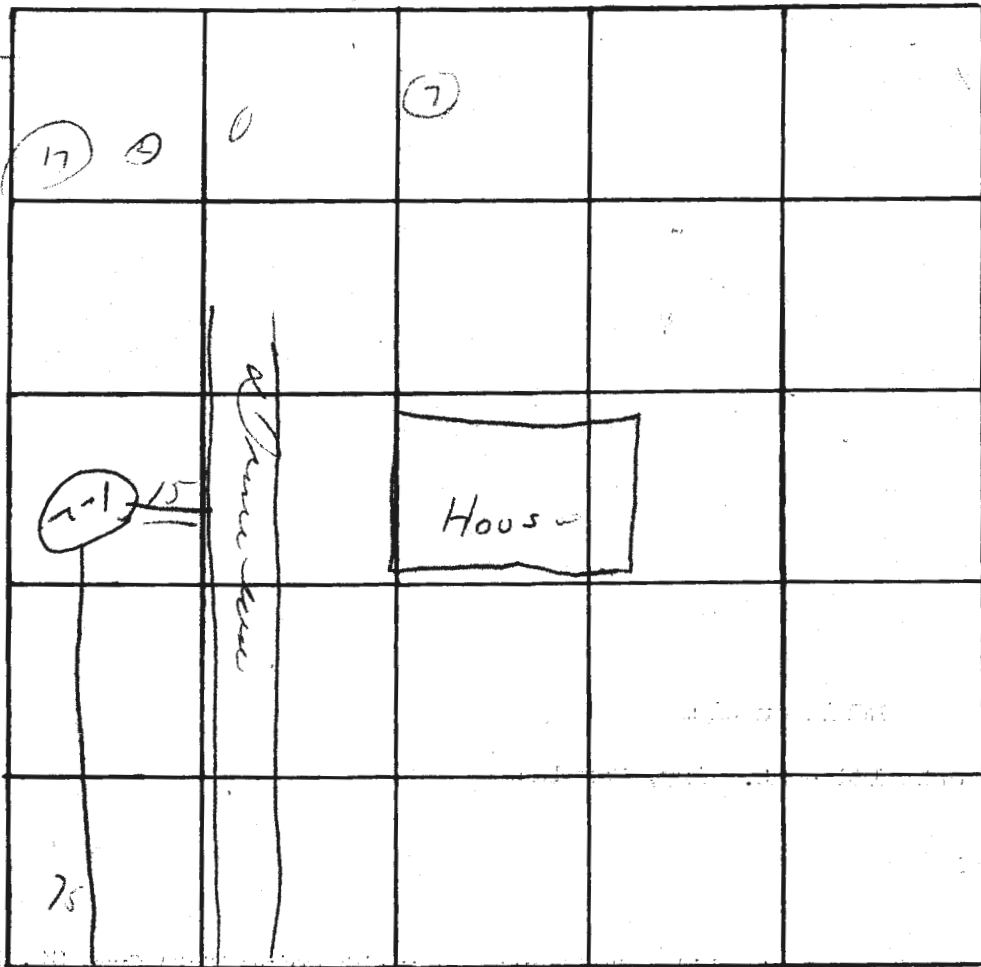
APPROVED BY [Signature] FOR Well & Trench DATE 6-13-73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Route 141

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	10 1/2	10 37	10 42	10 42	10 35	13 min
	2	4'	10 49	11 03	11 00	11 31	28 min
	3	rock at 2'					
	4						
	5	rock at 5'					
	6						
	7	rock & clay - to high base					

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 18591

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/13/73

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 Edwin Justice

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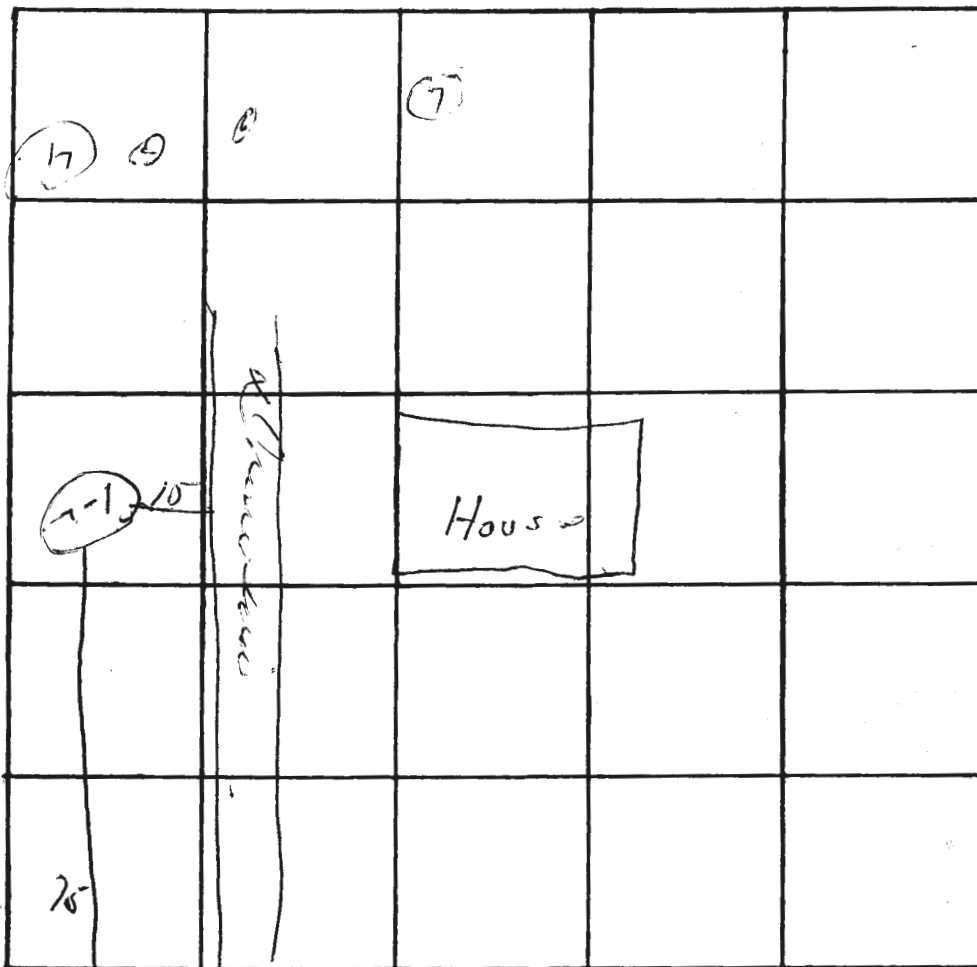
APPROVED BY [Signature] FOR [Signature] DATE 6-13-73
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Route 1412

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	10 1/2	10 37	10 42	10 42	10 55	15 min
	2	14'	10 49	11 03	11 03	11 31	28 min
	3	rock at 2'					
	4						
	5	rock at 5'					
	6	" "					
	7	rock & clay - to high house.					

REMARKS _____

TYPE OF SOIL _____