

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

**APPLICATION  
FOR PERCOLATION TESTING AND SITE EVALUATION**

**PROPERTY LOCATION**

SUBDIVISION/PROPERTY NAME Burntwoods 2010

PROPERTY ADDRESS 13918 Castlebar Drive Glenwood MD 21738  
STREET TOWN ZIP

TAX ACCOUNT # 282260 TAX MAP 0022 GRID 0001 PARCEL 0110 LOT NO. 8 PROPOSED LOT SIZE (ACRES) 41904 sq ft

ZONING CATEGORY \_\_\_\_\_ TIER \_\_\_\_\_

**PROPERTY OWNER(S)** Robert Garman

DAYTIME PHONE \_\_\_\_\_ CELL 443 266 7259 EMAIL \_\_\_\_\_

MAILING ADDRESS 13918 Castlebar Drive Glenwood MD 21738  
STREET CITY, STATE ZIP

**APPLICANT** Hatfields Equipment Inc. RELATIONSHIP TO OWNER: Contractor Todd Tracy

DAYTIME PHONE 301 490 4289 CELL 443 984 4880 EMAIL khafield@hatfieldsequipment.com

MAILING ADDRESS P O Box 519 Annapolis Junction MD 20701  
STREET CITY, STATE ZIP

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

**PROPERTY:**

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: \_\_\_\_\_
- SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING)  MAJOR  MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

**BUILDING:**

- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

Ken Hatfield

SIGNATURE OF APPLICANT

11/15/22

DATE

WS-PT-22-03549

[View Map](#)

[View GroundRent Redemption](#)

[View GroundRent Registration](#)

Special Tax Recapture: None

**Account Identifier:** District - 03 Account Number - 282260

**Owner Information**

**Owner Name:** GARMAN ROBERT A TR  
 GARMAN HEIDI C TR  
**Use:** RESIDENTIAL  
**Mailing Address:** 13918 CASTLEBAR DR  
 GLENWOOD MD 21738-9430  
**Principal Residence:** YES  
**Deed Reference:** /19165/ 00237

**Location & Structure Information**

**Premises Address:** 13918 CASTLEBAR DR  
 GLENWOOD 21738-0000  
**Legal Description:** LOT 8 BL B S 3  
 13918 CASTLEBAR DR  
 BURNTWOOD

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0022	0001	0110	3020201.14	2010			8	2022	Plat Ref:

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1966	1,830 SF	1200 SF	41,904 SF	

Stories	Basement	Type	Exterior Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
1	YES	STANDARD UNIT	FRAME/ 4	2 full	1 Attached	

**Value Information**

	Base Value	Value	Phase-in Assessments	
		As of	As of	As of
		01/01/2022	07/01/2022	07/01/2023
<b>Land:</b>	208,400	250,400		
<b>Improvements</b>	229,100	277,200		
<b>Total:</b>	437,500	527,600	467,533	497,567
<b>Preferential Land:</b>	0	0		

**Transfer Information**

Seller:	Date:	Price:
GARMAN ROBERT A	02/05/2020	\$0
<b>Type:</b> NON-ARMS LENGTH OTHER	<b>Deed1:</b> /19165/ 00237	<b>Deed2:</b>
CAPUTO LOUIS F	05/06/1991	\$222,000
<b>Type:</b> ARMS LENGTH IMPROVED	<b>Deed1:</b> /02320/ 00650	<b>Deed2:</b>
CRONEBERGER ALAN BRIAN &	09/23/1981	\$110,000
<b>Type:</b> ARMS LENGTH IMPROVED	<b>Deed1:</b> /01071/ 00497	<b>Deed2:</b>

**Exemption Information**

Partial Exempt Assessments:	Class		
<b>County:</b>	000	07/01/2022	07/01/2023
<b>State:</b>	000	0.00	
<b>Municipal:</b>	000	0.00 0.00	0.00 0.00

Special Tax Recapture: None

**Homestead Application Information**

**Homestead Application Status:** Approved 04/06/2010

**Homeowners' Tax Credit Application Information**

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





# HOWARD COUNTY HEALTH DEPARTMENT

72689

DATE 11/15/22

AS

Received From

Hatfields Equip.

PHONE #

301 490-4289

For

Ponc Paper - 13918

Castrobar Dr

CASH

CHECK

NO.

4599

One hundred sixty-five

Dollars

\$

165.00

Received By

AKemp