



A-45495

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 8, 1996

Edgewood Homes
1075 Sand Pebble Drive
Edgewood, MD 21040

RE: Building Permit #63702
Larriland Farm
1960 Old Annapolis Road

Dear Sir/Madam:

The above referenced building permit has been returned unsigned, due to lack of sufficient septic disposal area.

When a sewage disposal easement is approved by the Health Department, please resubmit your building permit application.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling (410)313-2640.

Very truly yours,

Handwritten signature of Glen Savage.

Glen Savage, Sanitarian
Water and Sewerage Program

GS:vr
cc: Larriland Farm
Licenses & Permits

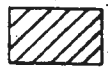
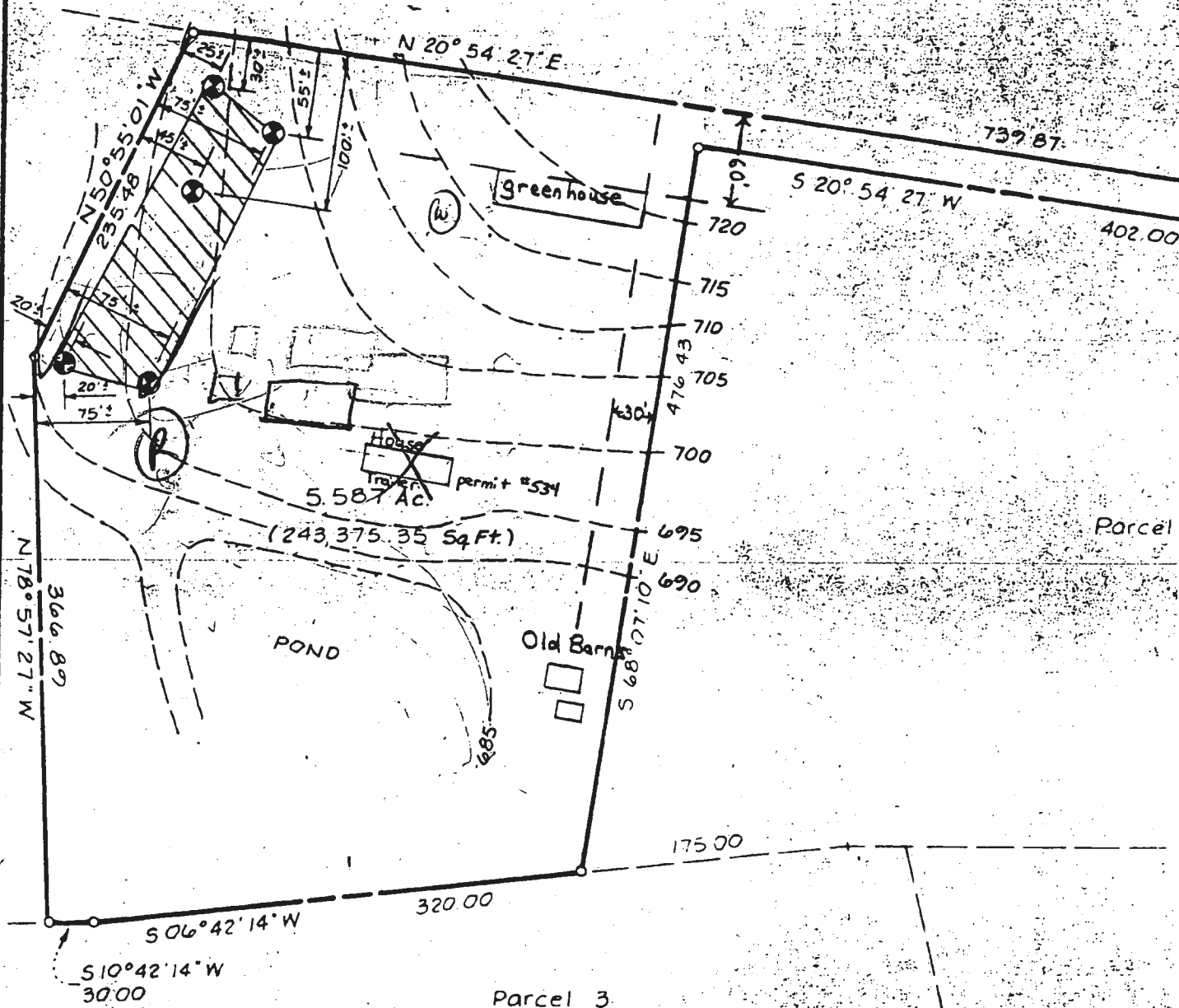
RESOLVED
TO BE TIED INTO
EXISTING SEPTIC EASEMENT

2/20/97
C. Wilbur

SIGNED copy
PERC CERT

C. W. Johnson, Et Ux

392/648



This area indicates a private easement of approximately 10,000 Sq. Ft. as reqd. by the Md. State Dept. of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as ●

Health Dept. original test, March 18, 1977.

Percolation areas for adjoining lots will be shown where pertinent.

The lots shown hereon comply with the minimum ownership width and lot areas as reqd. by the Md. State Dept. of Health

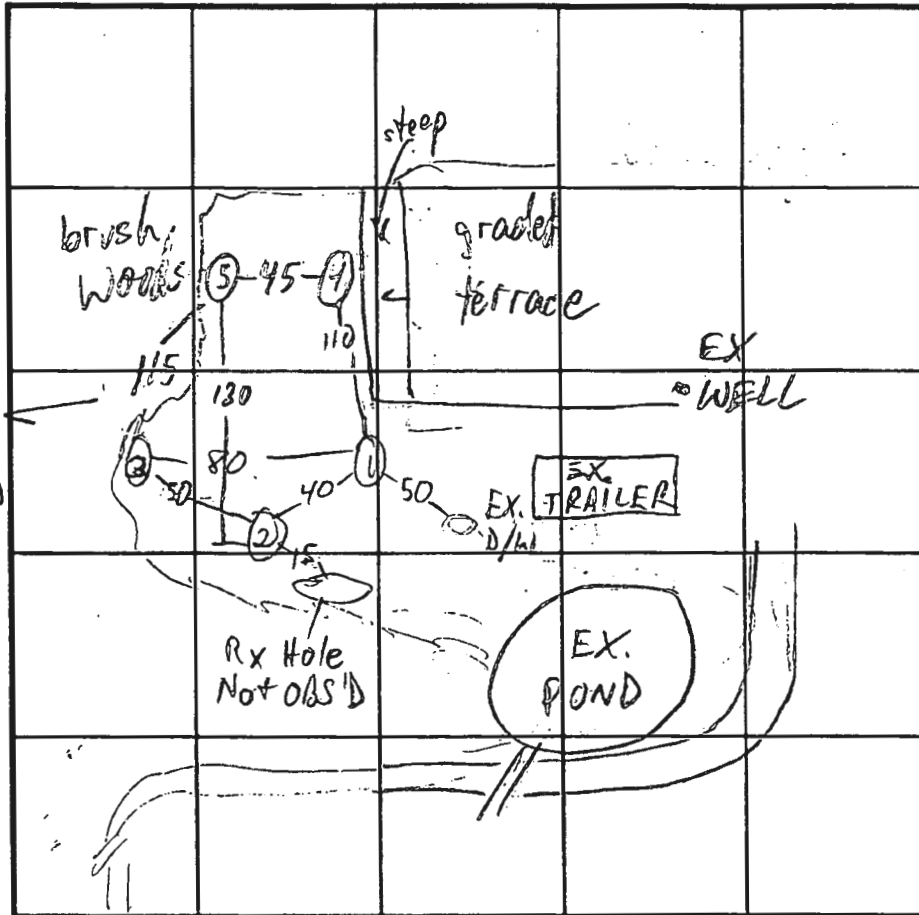
COUNTY #

SOIL PROFILE

0' ①
 orge tan
 cl lm
 3
 tan yel
 pink
 sa lm
 15%
 frags
 11' 9"

②
 red
 brn cl
 10-15%
 frags
 4
 brn
 loam &
 si lm
 15% frags
 12 1/2"

③
 brn
 cl lm
 2
 purple
 yel
 brn
 sa lm
 15-25%
 frags
 ↑ w/depth
 12"



SOIL PROFILE

0' ①
 1/2
 brn yel
 cl
 brn purple
 sa lm
 25%
 shale
 frags
 9
 WATER
 11
 ⑤
 orge brn
 red cl lm 4-4 1/2
 brn yel
 purp sa lm 9 1/2
 95% frags
 WATER 11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 OLD ANNAP, RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/7/97	1	11' 9"	OK	see profile			
	2	12 1/2	OK	see profile			
	3	12	OK	see profile			
	4	11	H ₂ O	@ 9"			
	5	11	H ₂ O	@ 9 1/2"			

REMARKS THIS PORTION OF PROP PREV. TESTED & OK

TYPE OF SOIL _____

TESTED BY M. Ripkin ALSO PRESENT OK, OK Jr, Fernie Moore

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



Pick-Your-Own
FRUITS • BERRIES • VEGETABLES
CHRISTMAS TREES

Larriland Farm

2415 WOODBINE ROAD, WOODBINE, MD 21797

BUSINESS: (410) 442-2605 • (301) 854-6110

Resoplers

2/26/96

489-7034 office

489-5343 - home

Mr C. Williams
Environmental Health
Ellicott City, MD

Re - 1860 Old Annapolis Rd

Dear Mr Williams,

Larriland Farm has a 14'x70' 3 bedroom,
2 bath modular home. We wish to add another 14'x70'
3 bedroom, one or two bath unit - making a double
width modular unit.

If possible can we continue to use the
existing well and septic set up. This dwelling is
under migrant labor camp regulations which limit
its use to 8 or 9 months a year.

Sincerely yours

Nancy Shipley Moore
(owner)



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Date: 2/11/97

Name: Ms. Nancy Shipley Moore

Address: 1960 Old Annapolis Rd
Woodbine 21797

RE: PERCOLATION TEST RESULTS

APPLICATION #(s) A56466 (Retest of 45670)

PROPOSED USE: Tenant Trailer

~~[Subdivision, Recorded Lot, Adjustment to
Recorded Sewage Easement]~~

PROPERTY ID: Larriland Farms
Map 7, Parcel 120

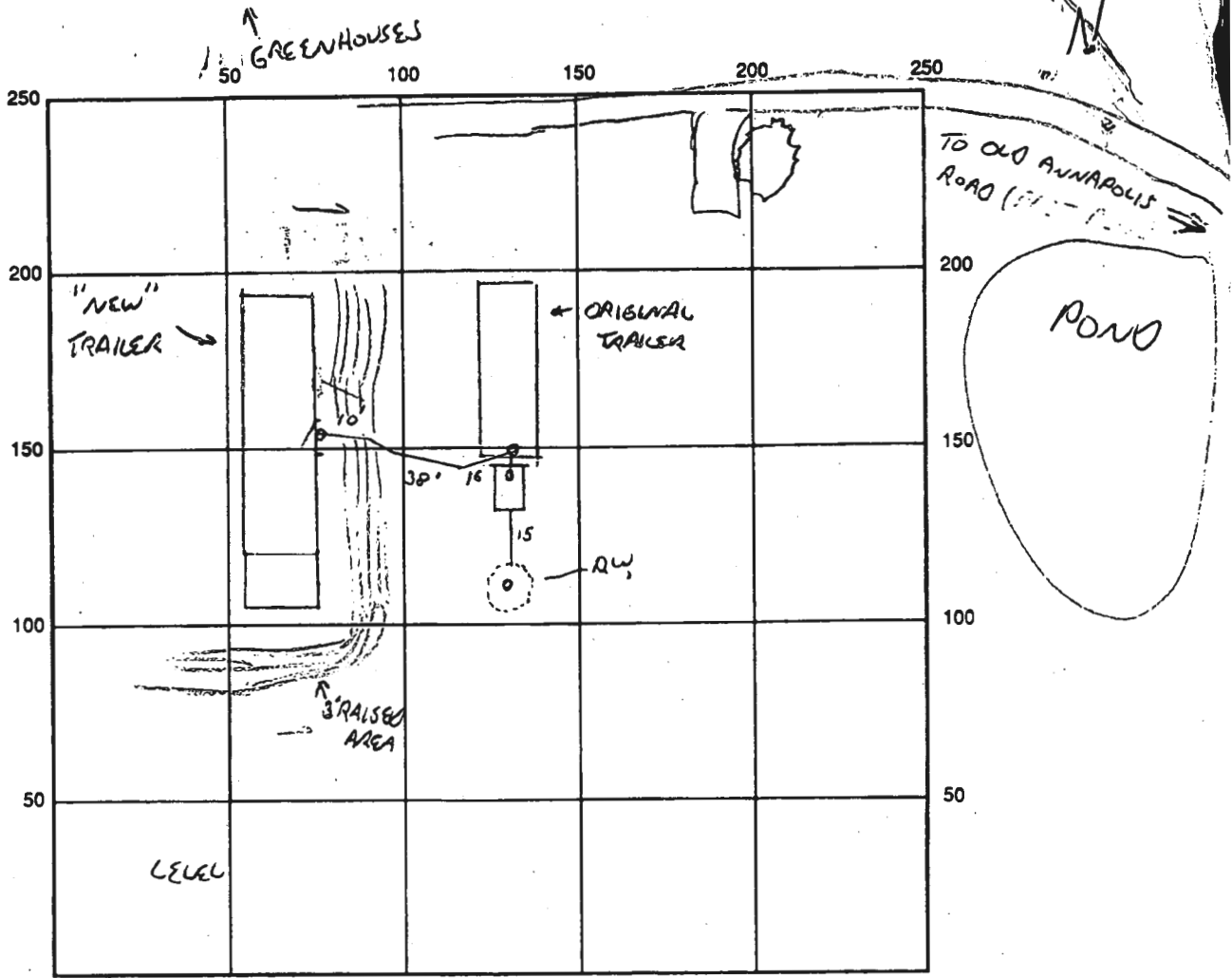
Dear Ms. Moore:

Percolation testing conducted 2/7/97 on the above referenced property indicated [~~unsatisfactory~~ / limited satisfactory / ~~satisfactory~~] soil conditions.

Shallow groundwater was observed in two test holes.

Copies of the percolation test results are enclosed.

Because this portion of the property had been previously tested, ~~no percolation~~ ^{current} ~~test~~ data is ~~now~~ limited to confirmations of previous observations.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1,500 GAL CLEANOUTS 4, SHOWN AS ○

DISTRIBUTION BOX LEVEL NA

~~DRYWELL~~ DRYWELL → DRAIN FIELD/TILE DEPTH 10-12 FT. TRENCH WIDTH NA FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH NA FT. TOTAL LENGTH NA FT.

NUMBER OF TRENCHES NA ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 3/14/97 EXISTING SEPTIC TANK REPLACED, CONNECTED TO
EXISTING DRYWELL - WHICH WAS DRY. APPLICANT ELECTED TO
DELAY TRENCH INSTALLATION UNTIL NEEDED. OK TO COVER ALL
WORK. [Signature]

DATE SYSTEM APPROVED 3/14/97 INSPECTOR [Signature]

PERMIT

04-312368

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58025

A 56466

DISTRICT _____

DATE 3/14/97

DATE SYSTEM APPROVED 3/14/97

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXXX~~ 313-2640

3/14/97 INDEXED
\$25. PERMIT
FEE ALSO CASH
[Signature]

Fogle's Septic Clean, Inc. _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Larriland Farm LOT Tenant Trailer ROAD 1860 Old Annapolis Road

PROPERTY OWNER Larriland Farm

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS *****TRENCH LAYOUT INSPECTION TO BE REQUESTED PRIOR TO START OF EXCAVATION*****

NUMBER OF BEDROOMS 5 Attached 2nd trailer - maximum occupancy potential is 10 persons, seasonal labor.
240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Replace existing septic tank with 1500 gallon tank. If existing drywell is kept in service, then 240 feet trench length is recommended; if drywell is taken out of service, then 400 feet trench length is recommended. If drywell is found to be in "good" condition, then trench installation can be delayed till "time of need". Trench location within platted septic easement, as practical from existing structure.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 3/3/97

PLANS APPROVED BY C. Williams DATE 02/20/97

- COVER NO WORK UNTIL INSPECTED AND APPROVED
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- PERMIT VOID AFTER TWO YEARS
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

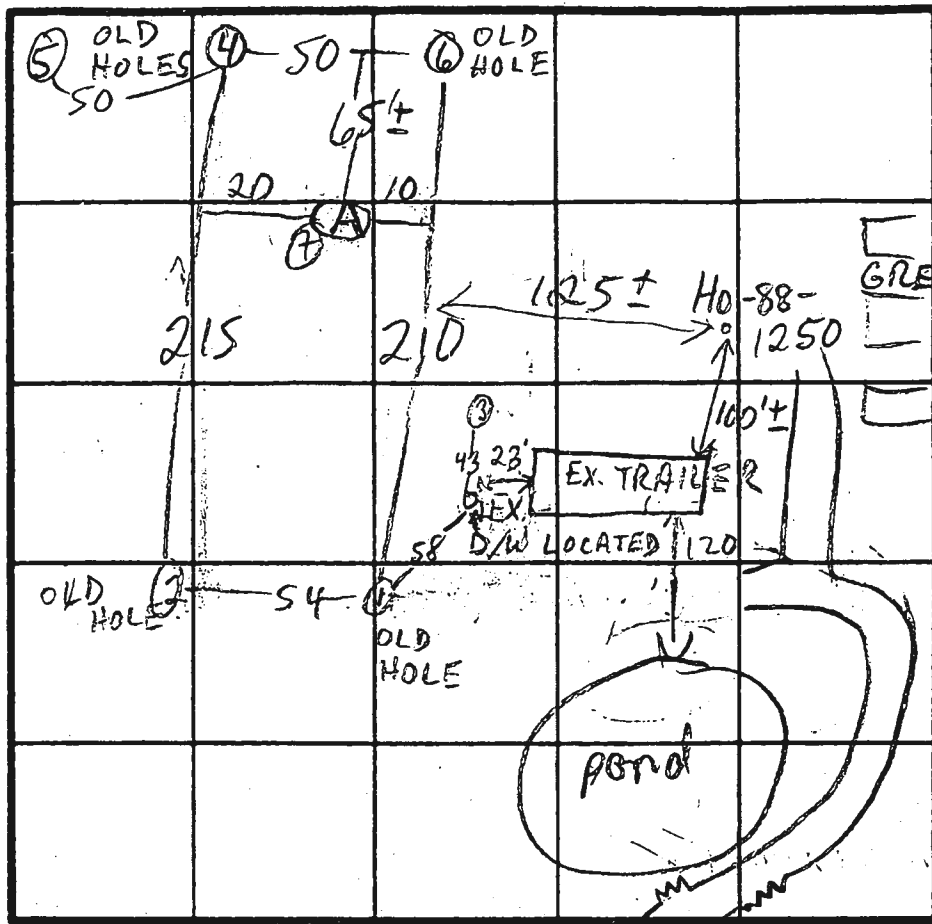
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 56466



0
2
10 1/2
11 1/2

0 to 9
clay loam
org + yellow silty sand loam
25% saprolite
other frags no mottling obs'd
WATER



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
OLD ANNAP RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
3/24/90	A S	3 1/2	12:29	12:32	12:32	12:38	6	
	A V	11 1/2	see profile					
3/18/77	1 M	5	3:15	3:22	3:22	3:32	10	
	1 D	13	2:18	2:35	2:35	3:02	27	
BY	2 S	4	3:08	3:15	3:15	3:25	10	
	2 D	13	3:05	3:06	3:06	3:08	2	
	4 S	4	4:05	4:17	4:17	4:30	13	
	4 V	12	top 3' clay bot 9' sandy shaley					
	6 V	12	top 3' clay bot 9' sandy shaley					
	7 V	11	3' clay					

R. HO DGE

3 ROCK AT 8', HOLE 5 WATER AT 8'

REMARKS OK FOR SHALLOW REPAIRS ONLY

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT OK, owner

3/22/90

APPLICATION

PERCOLATION TESTING

A 45670

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

RETEST OF A30735

DISTRICT _____

DATE 3/12/90

TO CONFIRM SOIL CONDITIONS
SLIGHT REGRADING MAY HAVE SOME IMPACT,

THIS AREA TO SERVE A ^{SEPTIC} REPLACEMENT N600S
OF EXISTING TRAILER ON ITS EQUIVALENT REPLACEMENT
DRAINING.

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 LANNILAND FARMS

ADDRESS 2415 ROUTE 94 WOODBINE 21797 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LANNILAND FARMS - REPLACEMENT TRAILER LOT NO. _____

ROAD AND DESCRIPTION OLD ANNAPOLIS RD.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. N. Lawrence Moore
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

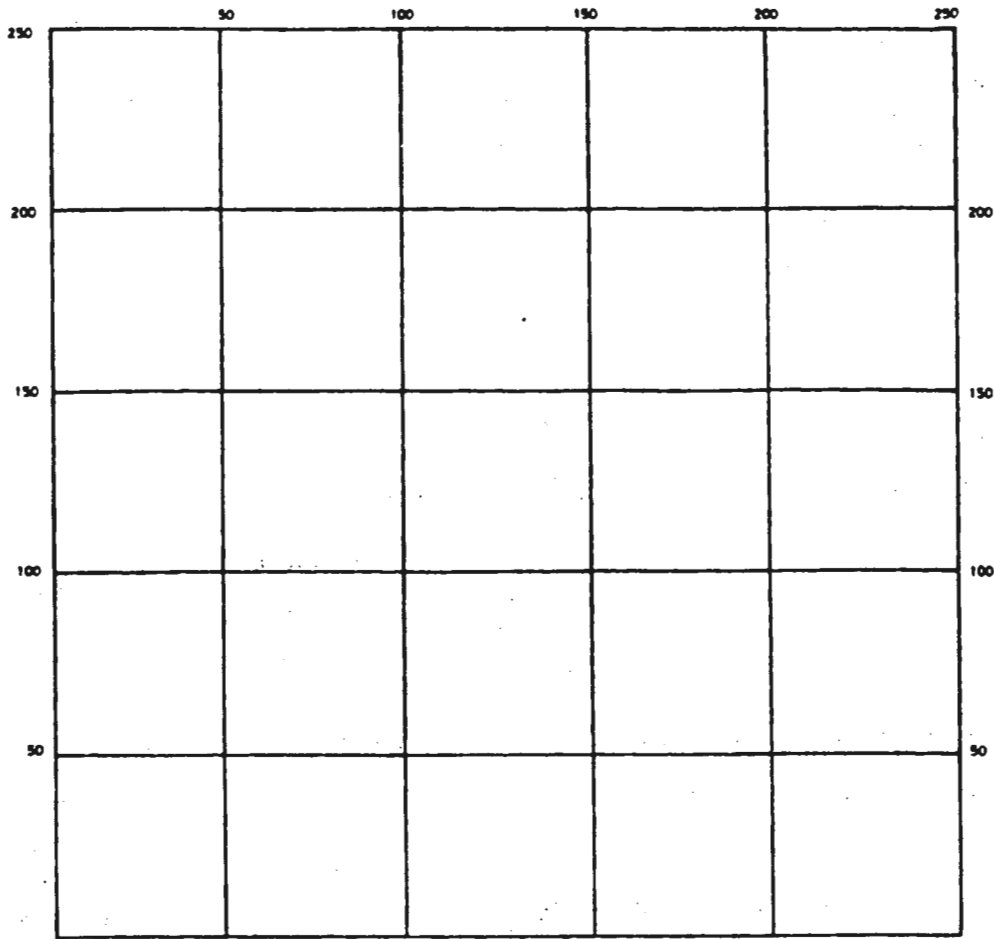
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH _____ FT TRENCH WIDTH _____ FT INLET DEPTH _____ FT

EFFECTIVE GRAVEL DEPTH _____ FT TOTAL LENGTH _____ FT

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ FT

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA _____ SQ FT.

REMARKS 3/22/90 D/W EMPTY TO 11" VISCIOUS RESIDUE AT BOTTOM
PREVIOUSLY I'D GREEN AREA PROBABLY DUE TO CLOGGED
PIPE BETWEEN S.T & D/W; S.T. FULL; PORTION OF CONTENTS
TO BE PUMPED INTO D/W TO ALLOW PIPE REPAIR MR

DATE SYSTEM APPROVED _____ INSPECTOR _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 21, 1990

Reply to:

Mr. G. Lawrence Moore
2955 Florence Road
Woodbine, Maryland 21797

RE: Percolation Testing Application
County Number: A45670
Larriland Farms
1860 ~~1820~~ Old Annapolis Road
Tenant Labor Trailer

Dear Mr. Moore:

Percolation testing conducted March 22, 1990 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified locations and elevations of all excavated test holes and a suitable house and well site.

The enclosed percolation test notes are for your record.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosure

C1 1388

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 25217

ST/CO USE ONLY DATE Received

8 13

DATE WELL COMPLETED

02/14/20

Depth of Well (TO NEAREST FOOT)

160

OK MR 8/10/20

PERMIT NO. FROM "PERMIT TO DRILL WELL"

170-82-1350

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Slate, Tan Slate, Brown Slate, Tan Slate, Brown Slate, Tan Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes (Y) no (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 33

EACH CASING

OTHER CASING (if used) diameter inch depth (feet) from to

Empty boxes for other casing

screen type or open hole insert appropriate code below

SCREEN RECORD

ST BR HO PL OT STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

EACH SCREEN

DEPTH (nearest ft.)

1 160 31 160

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

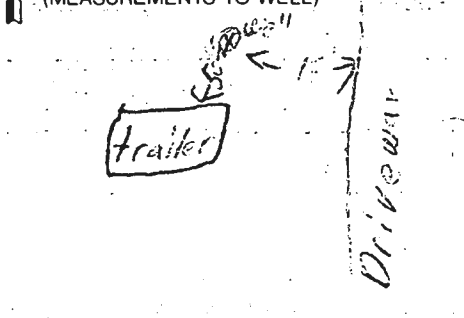
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

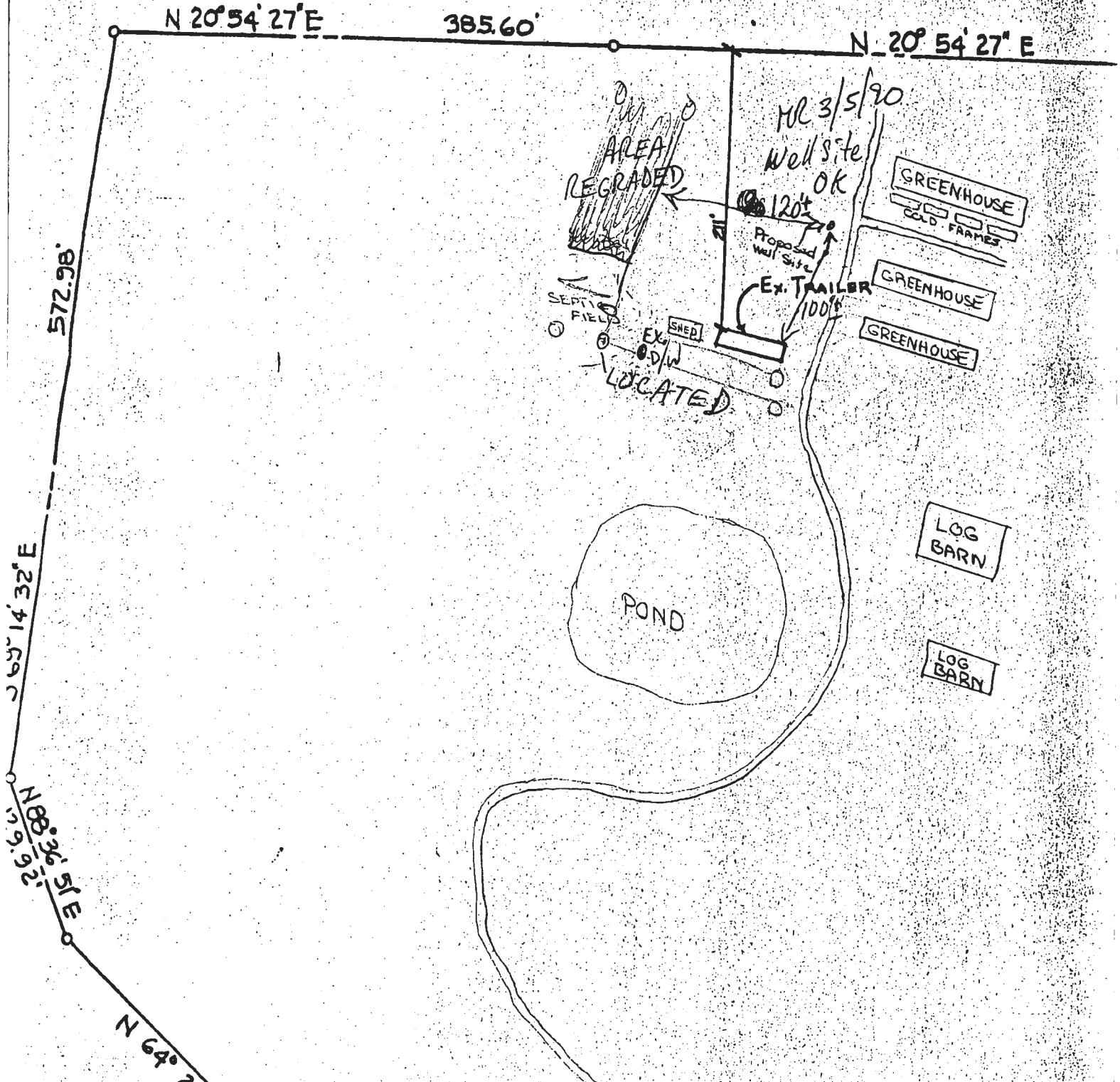
DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

C. W. JOHNSON, ET
392/648



B 1 **5439** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

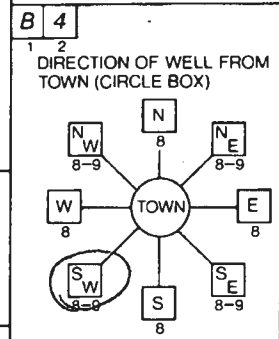
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-1250
 fill in this form completely

Date Received (APA) **022190**
 OWNER INFORMATION
 ARMS LYNM
 2415 RT 74
 WOODBINE MD 21797

B 3 LOCATION OF WELL
 HD 22 RD
 COUNTY
 SUBDIVISION
 SECTION LOT
 LISBON
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
George F. Easterday
 40 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F. Easterday 2/16/90
 Signature Date



1820 OLD ANNAPOLIS
 1860 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 WEST EAST
 DISTANCE FROM ROAD **1000**
 ENTER FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A25217 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED
130990 Mark E. Perkins CO SIGNATURE
 NORTH GRID **541000** EAST GRID **0769000**

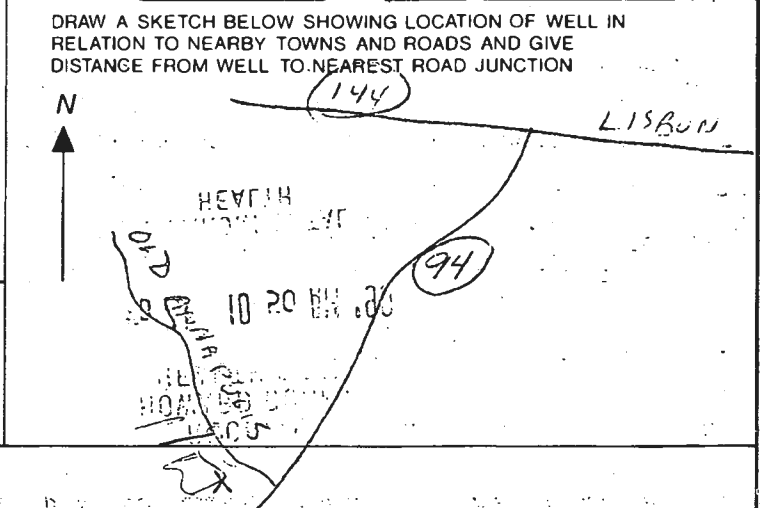
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7869**
 N **54X1**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED. (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1250**

SPECIAL CONDITIONS **789-4034**

SITE INSPECTION SHEET

OWNER: CARRICANO FARM

DATE REQUESTED: 2/5/90 10:00

ADDRESS: ANNAPOLIS ROCK RD.

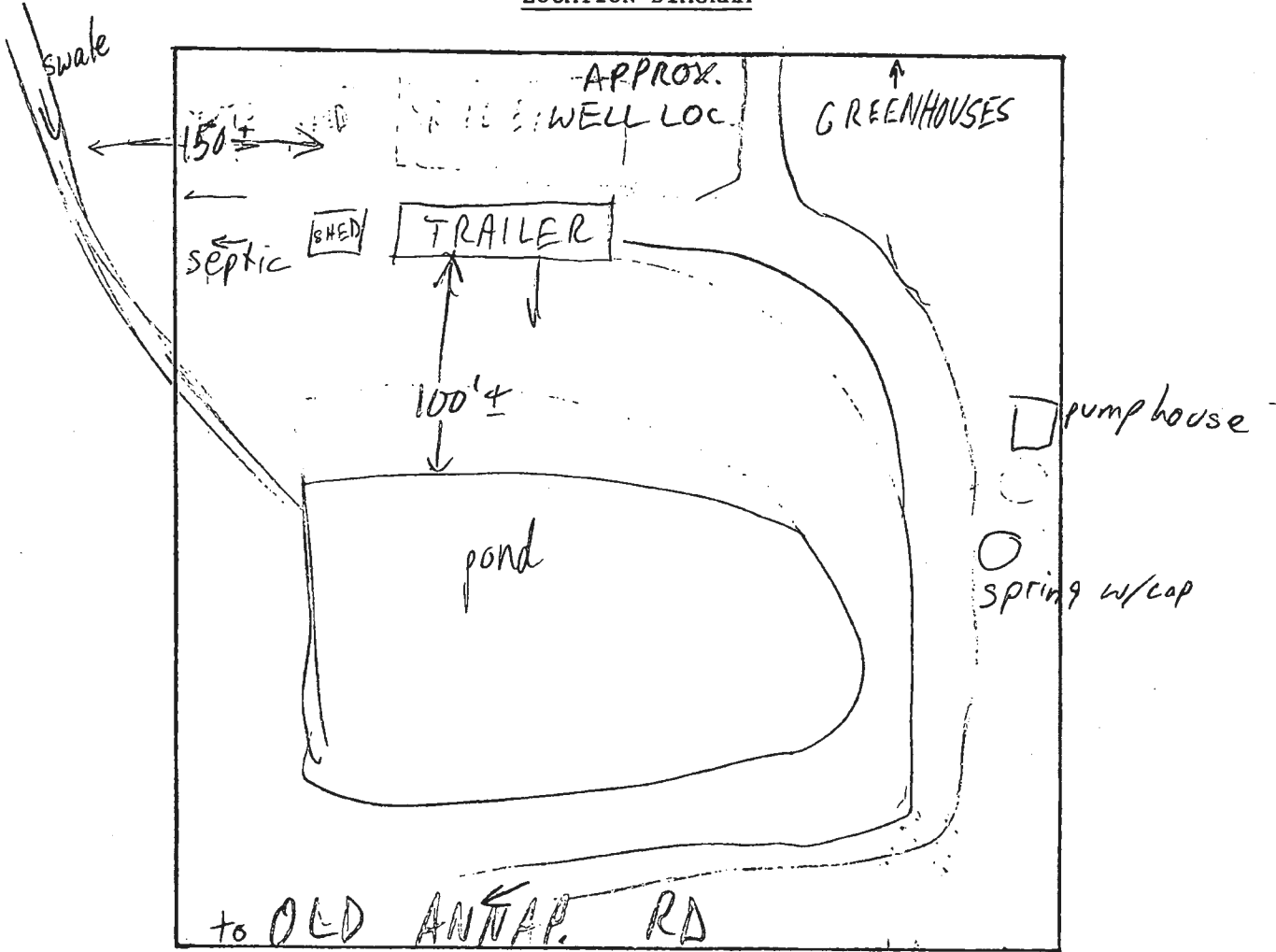
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: WISHES EVALUATION OF SPRING/DUG WELL FOR POTABLE SUPPLY
TO TENANT TRAILER FOR MIGRANT LABOR, SPRING HAS LENGTHY CONTAMINATION HISTORY,
SEPTIC SYSTEM NOT KNOWN, C.W.

LOCATION DIAGRAM



COMMENTS: 2/5/90 1 YR OLD TRAILER, NO VISIBLE SEPTIC FAILURE,
OWNER WILLING TO PROCEED W/WELL PERMIT PROCESS

DATE: _____

INSPECTOR: _____

APPLICATION

A 25217

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 2/4/77

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 John Cotton / James Sundstrom

ADDRESS 0 Rt. 2 Woodbine, Md. 21797 PHONE 489-4048
Sebec, Main

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Annapolis Road, Woodbine, Md.

SIZE OF LOT 3.835 Acres TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT: /s/ James Sundstrom

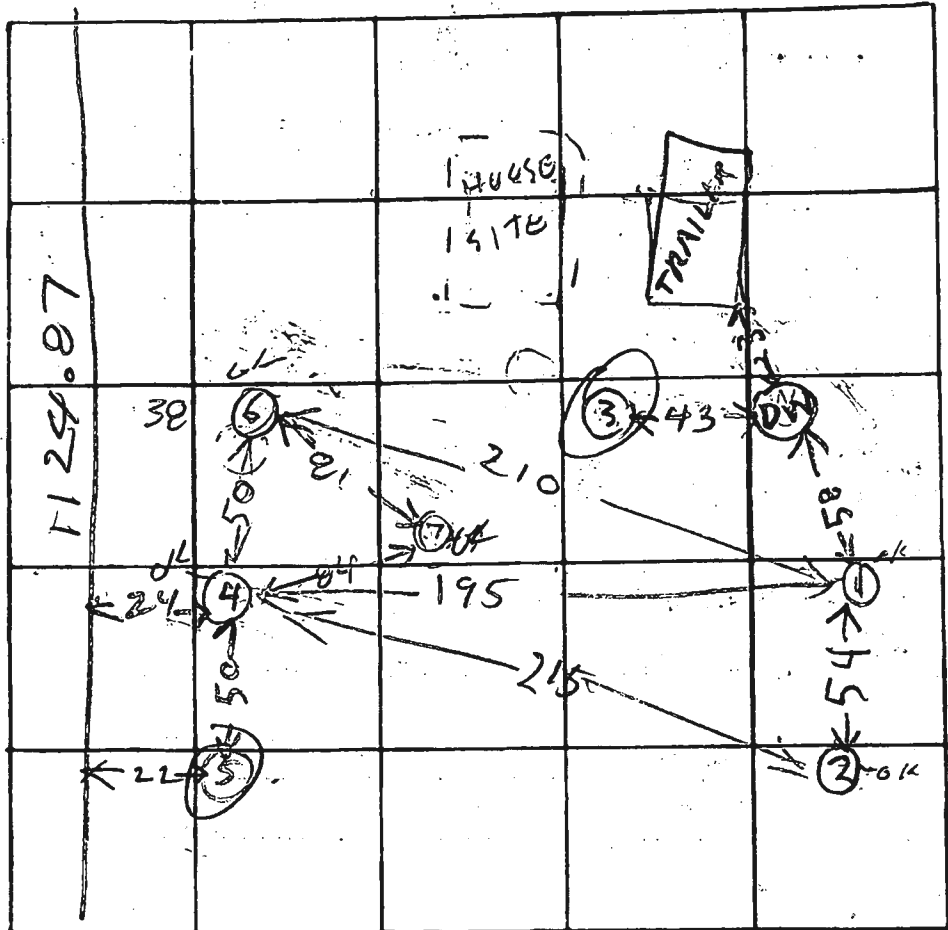
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/87	1S	4	214	240	DIRT	PELLIN	
	1D	13	218	235	235	302	27
	2D	13	305	306	306	308	2
	2S	4	308	315	315	325	10
	1M	5	315	327	322	332	10
	3V	8	ROCK BOTTOM				
	4V	12	TOP 3F7	CLAY	BOT 9F7		
	5V	8	TOP 4F7	CLAY	BOT 3V		
	6V	12	TOP 3F7	CLAY	BOT SANDY & SLAGGY		
	4S	4	405	417	417	430	13
	4D	13	410	411	411	404	3
REMARKS	7V	11	TOP 3F7 CLAY				

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT: H. SIKK
MRS. SONDRUM

11/17/81
70
210
41

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Special Tax Recapture: AGRICULTURAL TRANSFER TAX

Account Identifier: District - 04 Account Number - 340434

Owner Information

Owner Name: LARRILAND FARM INC Use: AGRICULTURAL
Principal Residence: NO
Mailing Address: 2415 WOODBINE RD Deed Reference: /00982/ 00682
WOODBINE MD 21797-8213

Location & Structure Information

Premises Address: 2415 WOODBINE RD Legal Description: 147.9740
WOODBINE 21797-0000 2415 WOODBINE RD
WOODBINE

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:
0013 0003 0032 4010103.14 1003 2023 Plat Ref:

Town: None

Primary Structure BuiltAbove Grade Living AreaFinished Basement AreaProperty Land AreaCounty Use
147.9700 AC

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements

Value Information

	Base Value	Value		
		As of	Phase-in Assessments	
		01/01/2023	As of	As of
			07/01/2024	07/01/2025
Land:	44,300	44,300		
Improvements	30,800	21,700		
Total:	75,100	66,000	66,000	66,000
Preferential Land:	44,300	44,300		

Transfer Information

Seller: Date: Price:
Type: Deed1: /00982/ 00682 Deed2:
Seller: Date: Price:
Type: Deed1: Deed2:
Seller: Date: Price:
Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments: Class 07/01/2024 07/01/2025
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:

Real Property Data Search ()
Search Result for HOWARD COUNTY

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Special Tax Recapture: AGRICULTURAL TRANSFER TAX

Account Identifier: District - 04 Account Number - 323378

Owner Information

Owner Name: G LAURENCE MOORE FAMILY LLLP Use: AGRICULTURAL
Principal Residence: NO
Mailing Address: 2415 WOODBINE RD Deed Reference: /05895/ 00419
WOODBINE MD 21797-8202

Location & Structure Information

Premises Address: 1960 OLD ANNAPOLIS RD Legal Description: 128.34 A
WOODBINE 21797-0000 1960 OLD ANNAPOLIS RD
FLORENCE RD

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 14082
0013 0003 0015 4010102.14 1002 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
1991 2,265 SF 128,3400 AC

Stories Basement Type Exterior Quality Full/Half Bath Garage Last Notice of Major Improvements
1 YES STANDARD UNIT BRICK/ 5 2 full 1 Attached

Value Information

	Base Value	Value		
		As of	Phase-in Assessments	
		As of	As of	As of
Land:	343,300	01/01/2023	07/01/2024	07/01/2025
Improvements	318,700			
Total:	662,000	774,100	736,733	774,100
Preferential Land:	33,300	33,300		

Transfer Information

Seller: MOORE G LAURENCE FAMILY LTD Date: 12/27/2001 Price: \$0
PARTSP
Type: NON-ARMS LENGTH OTHER Deed1: /05895/ 00419 Deed2:
Seller: MOORE G LAURENCE Date: 01/05/1993 Price: \$0
Type: NON-ARMS LENGTH OTHER Deed1: /02740/ 00274 Deed2:
Seller: Date: Price:
Type: Deed1: Deed2:

Exemption Information

Partial Exempt Assessments: Class 07/01/2024 07/01/2025
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: