

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33065

P _____

DISTRICT FIRST

DATE 8/23/83

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 MARSHALL RAYMOND S. ROLLINGS

ADDRESS LOCATED TO THE REAR 8146 MAYFIELD RD PHONE 730-4319

PROPERTY LOCATION:

SUBDIVISION LOCATED TO THE REAR 8146 MAYFIELD RD LOT NO. C

ROAD AND DESCRIPTION OFF 108

SIZE OF LOT TWO ACRE TYPE BLDG. _____ (NUMBER OF BEDROOMS) _____

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.

Kenneth Robert Rollins Sr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

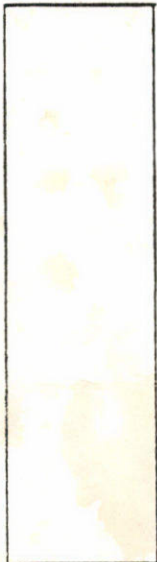
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

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	
8-23-83	1	8 1/2' SAND TO 8 1/2' CLAY MIXED W/ SAND CHUNKY WHITE CLAY AT 13'					
						WATER AT 11 1/2' AFTER 30 MIN	
8-23-83	2	12 1/2' SAND MIXING W/ WHITE CLAY AT 13'					
8-23-83	3	13' ALL SAND					
8-23-83	4	SAND - WATER AT 10'				FAILED	
8-23-83	5	13' ALL SAND					
8-23-83	6	13' ALL SAND					

REMARKS OK FOR SHALLOW SYSTEM ONLY

TYPE OF SOIL SAND WATER & CLAY AT LOWEST POINTS

TESTED BY C Williams ALSO PRESENT KGN RAWINGS

EH 12 1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A _____

P _____

DISTRICT first

DATE 5/19/82
5/23/83

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 Marshall Rawlings Rollins

ADDRESS located To The Rear 8146 Maxfield Rd PHONE 730-4319

PROPERTY LOCATION:

SUBDIVISION located To The Rear 8146 Maxfield Rd LOT NO. C

ROAD AND DESCRIPTION off 108

SIZE OF LOT Two Acre TYPE BLDG _____

(NUMBER OF BEDROOMS)

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. James R Rollins Sr

(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

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

FH 12 10/9

8/23/83
11:30-12:00

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 33068

P _____

✓DISTRICT FIRST

✓DATE 8/23/83

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

6390 LOOKING GLASS LANE COL. 21045

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

✓PROPERTY OWNER MARSHALL RAWLINGS ROLLINS

✓ADDRESS LOCATED TO THE REAR 8146 MAYFIELD RD PHONE 730-4319

PROPERTY LOCATION:

✓SUBDIVISION LOCATED TO THE REAR 8146 MAYFIELD RD LOT NO. C

✓ROAD AND DESCRIPTION OFF 108

✓SIZE OF LOT TWO ACRE TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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. Kenneth Robert Rollins Sr.
(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

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	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

FH 12 10/9

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8306B FORREST STREET
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

August 30, 1983

Mr. Kenneth Rawlings
6390 Looking Glass Court
Columbia, Maryland 21045

RE: Marshall Rawlings property, Lot C
Rear of 8146 Mayfield Avenue

Dear Mr. Rawlings:

On August 23, 1983, in your presence, a percolation test was conducted on the above referenced property. However, I was unable to verify the exact location of the holes tested.

Therefore, this office requires that you provide, within sixty (60) days, a plat showing the following:

- (1) Certified hole locations by a registered surveyor.
- (2) A possible house site at least 20 feet from the area perced.
- (3) A well site 100 feet from the area perced.

When we have received the necessary information from you, we will be able to make a favorable decision on the results of the tests.

If you have any questions relative to this matter, please call me at 992-2330.

Yours truly,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Sanitarian
Water and Sewerage Program

CW:js

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH
TIBER PLACE
8308B FORREST STREET
ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

September 22, 1983

Mr. Kenneth Rollins
6390 Looking Glass Lane
Columbia, Maryland 21045

RE: Marshall Rollins property
"Lot C" to rear of 8146 Mayfield
Avenue

Dear Mr. Rollins:

This is to inform you that the above referenced property passed the standard percolation test conducted on August 23, 1983, and is considered a buildable lot.

If you have any questions regarding this matter, please feel free to contact me at 992-2330.

Yours truly,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Sanitarian
Water and Sewerage Program

CW:hs

LAW OFFICES
REESE AND CARNEY
8651 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21043

CHARLES A. REESE
DAVID A. CARNEY
DAVID C. HJORTSBERG
RICHARD D. NEIDIG
KEVIN J. KELEHAN
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KAY B. PARTRIDGE
CATHERINE A. STEVENS

(301) 461-2600
WASHINGTON AREA
(301) 621-5255

ROCKVILLE AREA
SUITE 505
SUBURBAN TRUST BUILDING
255 NORTH WASHINGTON STREET
ROCKVILLE, MARYLAND 20850
(301) 762-6210

December 7, 1983

Mr. Craig Williams, Sanitarian
Water and Sewerage Program
Howard County Health Department
8306 B Forrest Street
Ellicott City, MD 21043

Re: Marshall Rollins Property
"Lot C" to rear of 8146 Mayfield Ave.

Dear Mr. Williams:

I have a copy of your letter of September 22, 1983, to Mr. Kenneth Rollins advising that Lot C of the Marshall Rollins property is a buildable lot. I would appreciate your having the enclosed plat of that property signed in the appropriate space by the County Health Officer and returning the plat to us.

Thank you very much.

Very truly yours,

REESE AND CARNEY


David C. Hjortsberg

DCH/jc

Encl

SUBDIVISION: REAR OF 8146 MAYFIELD RD

LOT NUMBER: "C"

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom
3 bedroom	1000 gallon	Minimum Total square Feet
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

_____ 158 sq. ft./bedroom

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

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START FIRST TRENCH 120' FROM THE FRONT (443')LOT LINE AND 130' FROM THE RIGHT (190') LOT LINE ASSEEN WHEN FACING THE PROPERTY FROM MAYFIELD AVENUE.RUN TRENCH(S) ALONG LEVEL GROUND TOWARD LEFT LOT LINE.9-21-83 C Williams