

10/19/95
ASAP - 410
11/24/95 9:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50931A

A REPAIR

DISTRICT _____

DATE 10-17-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

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

ADDRESS 558-R Obrecht Road, Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION _____ LOT _____ ROAD 6155 Rockburn Hill Road

PROPERTY OWNER Henry K. Ostola

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED

Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED BY _____ DATE _____

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

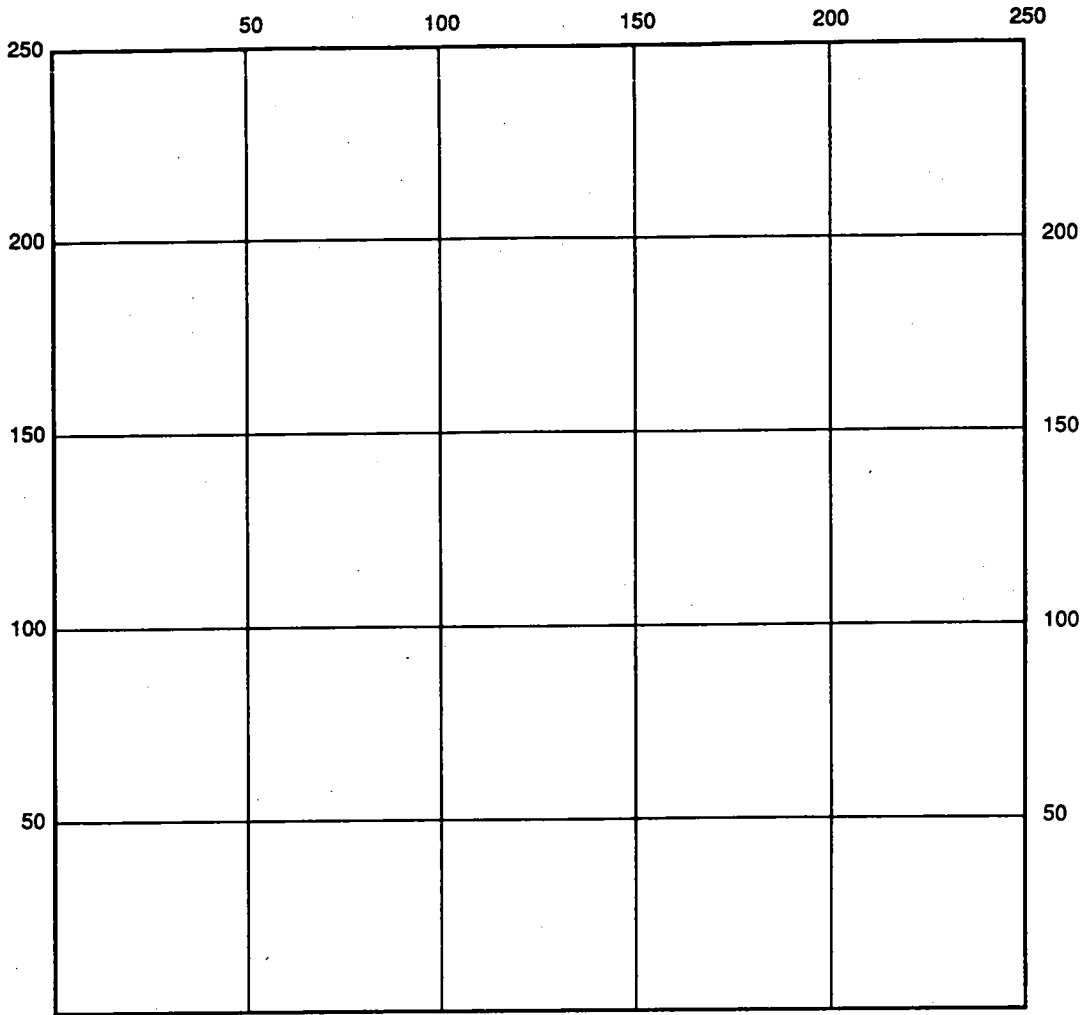
PERMIT VOID AFTER TWO YEARS

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**

A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

MAP 32 GRD 21 PCL 63

LOCATION Dirt Road and the branch ZIP 21227

OWNER OCCUPANT Taylor, Maurice + Deborah ADDRESS 6151 Rockburn Hill Road PHONE 410-579-1911

COMPLAINANT Anonymous ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Sewage is overflowing into the dirt road which is located between the house and the branch. NO SEPTIC RECORDS ON FILE.

CODES _____

RECEIVED BY Jane Reeves DATE 01/03/2000 12.05 P.M. ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 1/3/2000 TIME 5:15 PM WEATHER _____

UNABLE TO DETERMINE ACCESS TO PROPERTY, HOLD FOR FOLLOWING DAY. (CW)

1/12/00 INSP BY MRIFKIN & R. PINKLEY - NO ONE HOME; WET DISCHARGE FLOWING FROM S.T. C/O TOWARD ROCKBURN BRANCH OF PATAPSCO RIVER; SEPTIC REPAIR OPTIONS LIMITED MR/RP

1/30/00 NO SEWER AVAILABLE PER ENGINEERING (MR)

3/6/00 N.O.V REC'D BY OWNER (MR)

3/21/00 T/C W/OWNER; SHE CLAIMS TO BE MONITORING S-T. H₂O LEVEL, REPORTS VARIOUS LIMITATIONS ON HOUSEHOLD H₂O USAGE, & IS COMMITTED TO REPAIR ASAP (MR)

3/23/00 INSP: NO ONE HOME; S-T. H₂O LEVEL ~8" BELOW TOP OF C/O SURROUNDING MATERIAL ON SURFACE INDICATES RECENT DISCH (MR)

3/23/00 T/C TO OWNER: PUMP JOB REQUESTED (MR)

4/6/00 Property floor city water from line that crosses creek (PP)

4/6/00 HOLDING TANK INSTALLED 4/20/00 ± NO DISCH. (MR)

6/12/00 NO DISCH. (MR)

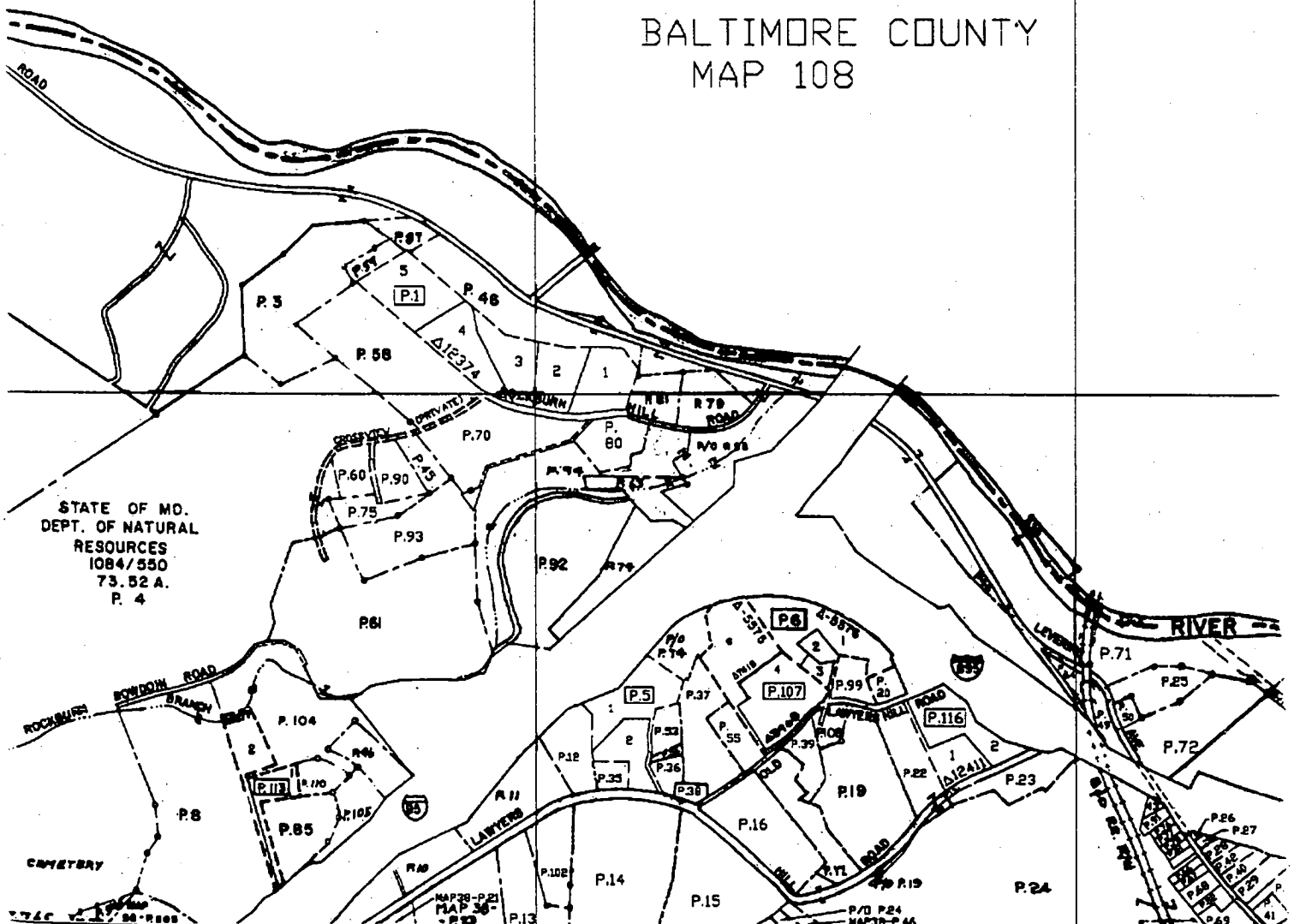
DATE SUBMITTED _____ SANITARIAN _____

6151 ROCKBURN HILL RD
TAYLOR

MAILBOX IS ON ROCKBURN HILL
BUT NO DRIVEWAY ACCESS
FROM THIS LOCATION.

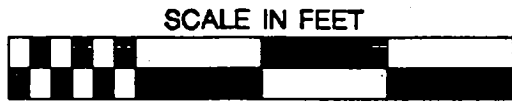
Map 32

BALTIMORE COUNTY
MAP 108



STATE OF MD.
DEPT. OF NATURAL
RESOURCES
1084/550
73.52 A.
P. 4

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OTHER MEANS NOW KNOWN OR TO BE INVENTED WITHOUT PERMISSION IN
WRITING FROM THE MARYLAND OFFICE OF PLANNING



38

MARYLAND
PROPERTY
THE INFORMATION ON
THIS DEED DESCRIBES
IT SHOULD NOT BE
CONSIDERED A
WARRANT

Howard County Health Department

To: Steph

Ed Foyt

6151 Rockburn Hill Rd

Holding Tank?

could you
please
locate

Joelink
Micro SpTek

From: _____

Date: _____

7/19/00 NO DISCH. @ HOLDING TANK (HR)

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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Account Identifier: District - 01 Account Number - 175483

Owner Information

Owner Name:	FOIT EDWARD G JR FOIT MARY R T/E	Use:	RESIDENTIAL
		Principal Residence:	YES
Mailing Address:	6151 ROCKBURN HILL DR ELKRIDGE MD 21075-5219	Deed Reference:	1) / 6318/ 663 2)

Location & Structure Information

Premises Address 6151 ROCKBURN HILL DR ELKRIDGE 21075	Zoning RED	Legal Description 43124 SQFT 6151 ROCKBURN HILL DR ELKRIDGE
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Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
32	21	63						82	

Special Tax Areas	Town Ad Valorem Tax Class	A/V, METRO FIRE TAX
--------------------------	----------------------------------	---------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1897	1,336 SF	43,124.00 SF	
Stories	Basement	Type	Exterior
2	NO	STANDARD UNIT	FRAME

Value Information

	Base Value	Value As Of 01/01/2003	Phase-in Assessments As Of 07/01/2002	Phase-in Assessments As Of 07/01/2003
Land:	101,310	117,760		
Improvements:	57,130	57,090		
Total:	158,440	174,850	158,440	163,910
Preferential Land:	0	0	0	0


Transfer Information

Seller: SPALDING CHARLES M	Date: 08/01/2002	Price: \$140,000
Type: NOT ARMS-LENGTH	Deed1: / 6318/ 663	Deed2:
Seller: CIT GROUP CONSUMER	Date: 03/13/2002	Price: \$90,000
Type: NOT ARMS-LENGTH	Deed1: / 6050/ 606	Deed2:
Seller: TAYLOR MAURICE M	Date: 09/25/2001	Price: \$97,580
Type: NOT ARMS-LENGTH	Deed1: / 5692/ 50	Deed2:

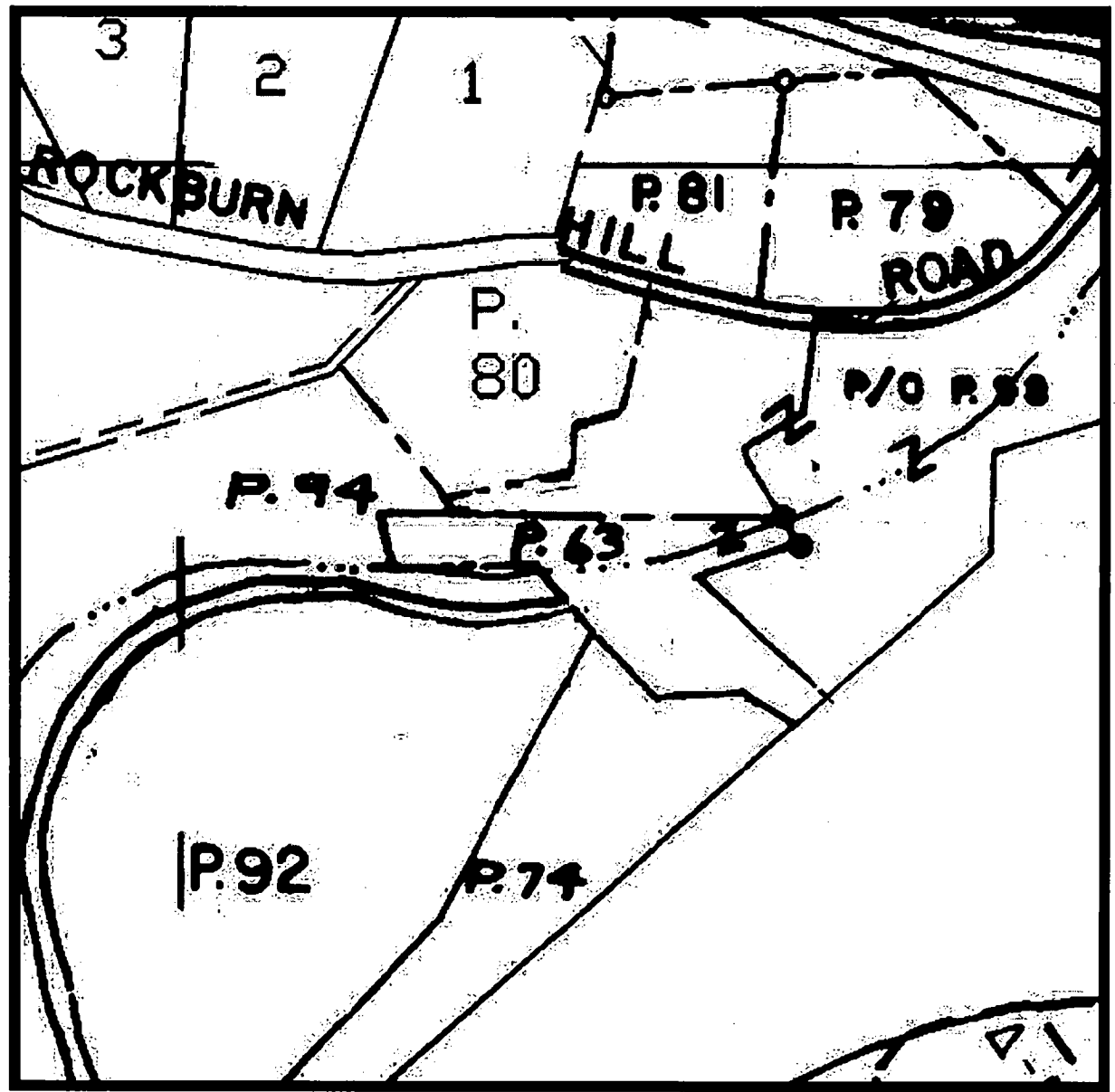
Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO	Special Tax Recapture:
Exempt Class:	* NONE *

	Maryland Department of Assessments and Taxation	Go Back
	HOWARD COUNTY	View Map
	Real Property Data Search	New Search

District - 01 Account Number - 175483



Property maps provided courtesy of the Maryland Department of Planning ©2001.
For more information on electronic mapping applications, visit the Maryland Department of Planning
web site at www.mdp.state.md.us



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 3, 2000

Maurice and Deborah Taylor
6151 Rockburn Hill Road
Elkridge, MD 21075

RE: **NOTICE OF VIOLATION**
6155 Rockburn Hill Road
Tax Map 32, Parcel 63

Dear Mr. & Mrs. Taylor:

On April 26, 2000, as a registered sanitarian from this office, I conducted an inspection at your property at 6151 Rockburn Hill to verify the function of the recently installed septic system repair. While no problems were observed with the new septic tank, I observed surface sewage in the vicinity of the septic tank serving the adjacent rental property at 6155 Rockburn Hill Road.

This condition is in violation of Section 12.110 of the Howard County Code.

As the sewage discharge creates a condition which is, or may be, hazardous to the public health you are hereby ordered to effect repairs within fifteen (15) days of receipt of this letter. If the installation of a septic tank or drainfields is necessary, then you must also apply to this office for a septic system repair permit, the fee for which is \$25.00. **You must immediately (within 48 hours) provide documentation to this office that the septic tank contents have been pumped by a licensed sewage scavenger. Until repairs are completed, you must continue pumping, as often as necessary, to prevent future sewage overflows.**

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing before the Board of Health within ten (10) days of receipt of this letter. If you wish to discuss the evidence, the regulations, or your individual circumstances, you are encouraged to request a meeting with us by calling (410) 313-2640 and scheduling an appointment.

May 3, 2000

The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code, a copy of which is available for your investigation at this office.

If you have any questions, please contact me at (410) 313-2640.

Very truly yours,

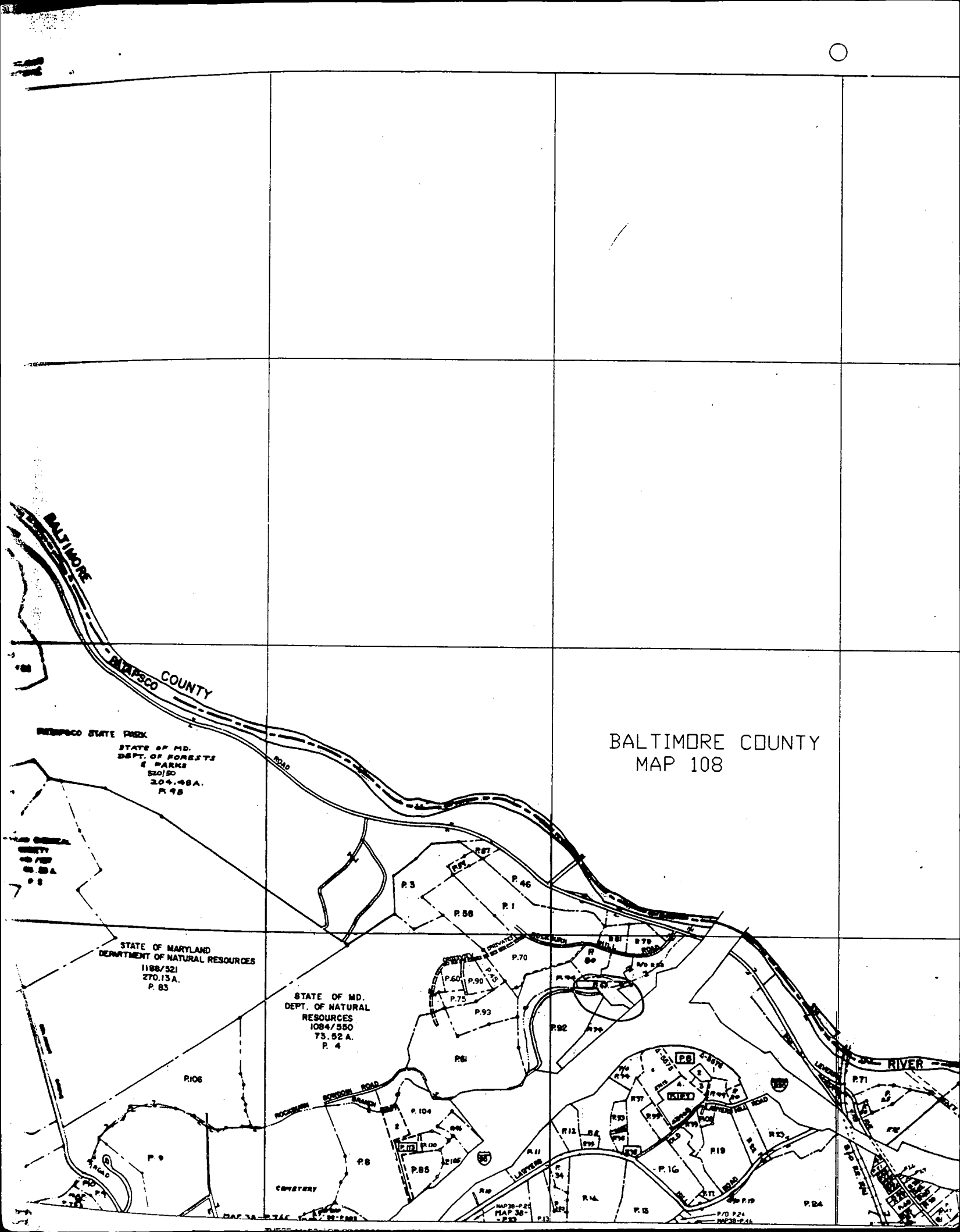
Mark E. Rifkin
Mark E. Rifkin, R.S.
Water & Sewerage Program

MR

cc: File

6/12/00 1:45 SITE INSP: TENANT HOME NO SEPTIC PROBLEMS
VISIBLE; TENANT REPORTS SAME CAUSE OF DISCH (RAIN
FLOW OFF OF ADJ. HILLSIDE) & THAT SOME WORK IS
PLANNED TO ELIMINATE RAINFLOW INFILTRATION; ~~NO~~
NO INFO ON DATE OF WORK START (MR)

7/19/00 SITE INSP: NO DISCH. OBS'D; REPAIR WORK NOT
STARTED (MR)



BALTIMORE
BALTIMORE COUNTY

BALTIMORE COUNTY
MAP 108

BALTIMORE STATE PARK
STATE OF MD.
DEPT. OF FORESTS
& PARKS
220150
204.48A.
P. 95

STATE OF MARYLAND
DEPT. OF NATURAL RESOURCES
1188/521
270.13 A.
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STATE OF MARYLAND
DEPT. OF NATURAL RESOURCES
1084/550
73.92 A.
P. 4

STATE OF MARYLAND
DEPT. OF NATURAL RESOURCES
1084/550
73.92 A.
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P.106

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Howard County Health Department

Mark

To: Ron - a talk with him he he had some questions you would better answer, 2/9/00 RPP

Bruce Wilkins of Patapsco Park called MDE who called me 410-461-5005

to ask "What about the discharge from the corner lot - River Rd at Rockburn Hill"

Wilkins says he reported it to you on Jan 4, it's intolerable at this time, and he has left several messages with no reply, asking you for update...

he also asked for your supervisors name; I suggested he call in a few days if no response from you...

Pls. advise of updates she is concerned about trout stocking

From: Craig Williams CW

2/9/00

Date: _____

HD-170 cc: alm; mr

Howard County Health Department

To: _____

Karen Knight
Chris Merdon

Herman Charity
x2013 Exec's Off.

From: _____

Date: _____

HD-170

Howard County Health Department

To:

Mark / Amy

Please investigate & report to:

Karen Knight ext. 3110

of Councilman Chris Merdon's
cc = blind

ofc, called re. concern
relayed to him re. overflowing

sewage @ Taylor property (owner)

6151 Rockburn Hill

2 homes (1 rental unit)

connected to some septic system

From:

Paul S.

Date:

1-28-2006

HD-170

Howard County Health Department

To: _____

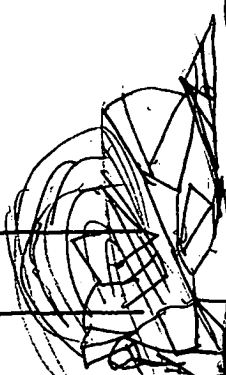
María Warburton

410-631-3516

From: _____

Date: _____

HD-170



CERTIFIED

Z 071 842 975

MAIL

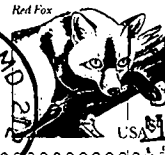
Return Receipt Requested

4K
FEB 03 2000

Mr. & Mrs. Maurice Taylor
6151 Rockburn Hill Road
Elkridge, MD 21075

UNCLAIMED

Howard County Health Department
Bureau of Environmental Health
Unit H
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043-4544



NATIONAL STAMP
USA 33
SUPPORTING NORTH



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mr & Mrs Maurice Taylor
 6151 Rockburn Hill Road
 Elkridge, MD 21075

4a. Article Number
 Z 071 842 975

4b. Service Type

<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
 X

Thank you for using Return Receipt Service.

