

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

**APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME 1002
 PROPERTY ADDRESS 7040 Mink Hollow Road Highland MD 20777
STREET TOWN ZIP
 TAX ACCOUNT # 360897 TAX MAP 0040 GRID 0002 PARCEL 0162 LOT NO. 8 PROPOSED LOT SIZE (ACRES) _____
 ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) Keith + Tracy McLaughlin
 DAYTIME PHONE _____ CELL 240 472 7085 EMAIL _____
 MAILING ADDRESS 7040 Mink Hollow Road Highland 20777
STREET CITY, STATE ZIP

APPLICANT Hatfields Equipment Inc RELATIONSHIP TO OWNER: Contractor
 DAYTIME PHONE 301 440 4289 CELL 410 984 0101 EMAIL Khatfield@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?

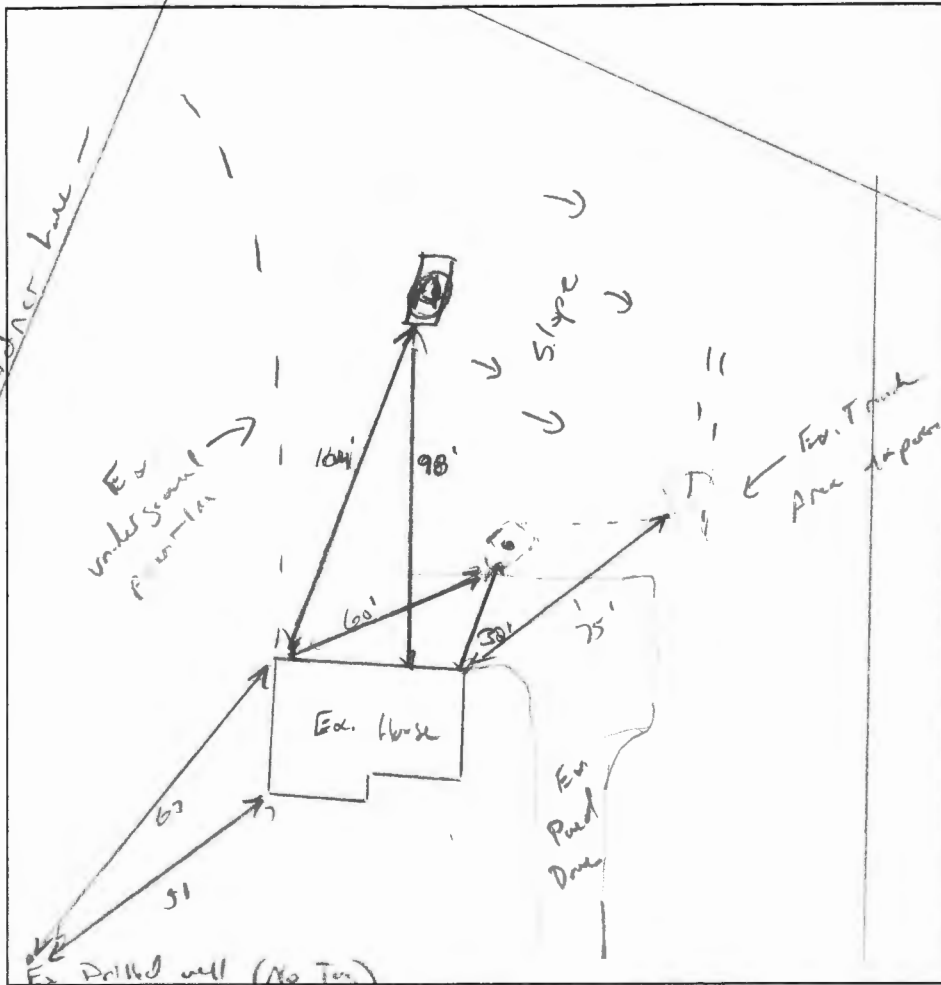
- YES
- NO

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.

Tom Hatfield 1/02/25
SIGNATURE OF APPLICANT DATE



12"

(A)
Drilled CL
M6 - 91'
Frable,

4'

Br/Rd L
Wk Co SAK
Frable,
clay films, present

6'

Br - Br/Rd L
Wk Co SAK
Frable,
Few vca

14'

consistent
to ↓

- mark Hollow Rd -

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
1/16/2025	(A)	4'8" 14'	00:34	00:39	00:46	7	P
		1420 ppside	17'			~	P

REMARKS Ex. tanks full with surface discharge

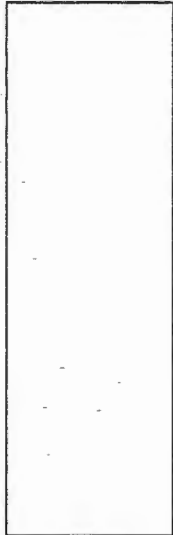
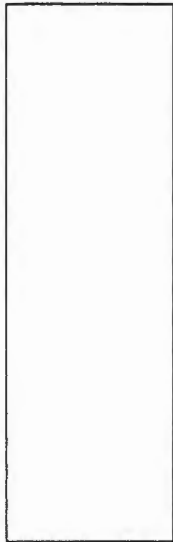
SANITARIAN K. Wolf BACKHOE Nathan OTHERS _____

TEST HOLES USED IN SDA 1 AVG. PERC TIME 7 SQ. FT/BR 0.8 gal/ft²

TRENCH WIDTH 2 INLET DEPTH 2 MAX. BOT DEPTH 7.5' EFFECTIVE SW 4-7.5 (-40)

$$389 = \frac{480 \text{ gal}}{0.8} = 562 \div 2 = 282 (.40) = 113$$

$$\left\{ \begin{array}{l} 2 \times 56 \text{ or} \\ 3 \times 38 \end{array} \right.$$



[View Map](#) [View GroundRent Redemption](#) [View GroundRent Registration](#)

Special Tax Recapture Notice

Account Identifier: District - 05 Account Number - 360897

Owner Information

Owner Name: MCLAUGHLIN KEITH PATRICK **Use:** RESIDENTIAL
 MCLAUGHLIN TRACY JAYNE T/E **Principal Residence:** YES
Mailing Address: 7040 MINK HOLLOW RD **Deed Reference:** /05992/ 00145
 HIGHLAND MD 20777-9770

Location & Structure Information

Premises Address: 7040 MINK HOLLOW RD **Legal Description:** LOT 6 BL 1
 HIGHLAND MD 20777-0000 7040 MINK HOLLOW RD
 SWANN HILL

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No: 6 4
 0040 0002 0162 5010102.14 1002 6 2023 **Plat Ref:**

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use
 1972 1,118 SF 900 SF 1.1200 AC

StoriesBasementType ExteriorQualityFull/Half Bath GarageLast Notice of Major Improvements
 1 YES STANDARD UNITFRAME/4 2 full

Value Information

	Base Value	Value	Phase-in Assessments	
			As of	As of
			01/01/2023	07/01/2024
Land:	221,200	277,400		07/01/2025
Improvements	153,900	183,900		
Total:	375,100	461,300	432,567	461,300
Preferential Land:	0	0		

Transfer Information

Seller: MCLAUGHLIN KEITH PATRICK **Date:** 02/14/2002 **Price:** \$0
Type: NON-ARMS LENGTH OTHER **Deed1:** /05992/ 00145 **Deed2:**
Seller: MCLAUGHLIN DENNIS **Date:** 02/08/2002 **Price:** \$0
Type: NON-ARMS LENGTH OTHER **Deed1:** /05900/ 00545 **Deed2:**
Seller: HETT REUBEN D **Date:** 11/09/1989 **Price:** \$174,900
Type: ARMS LENGTH IMPROVED **Deed1:** /02082/ 00373 **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

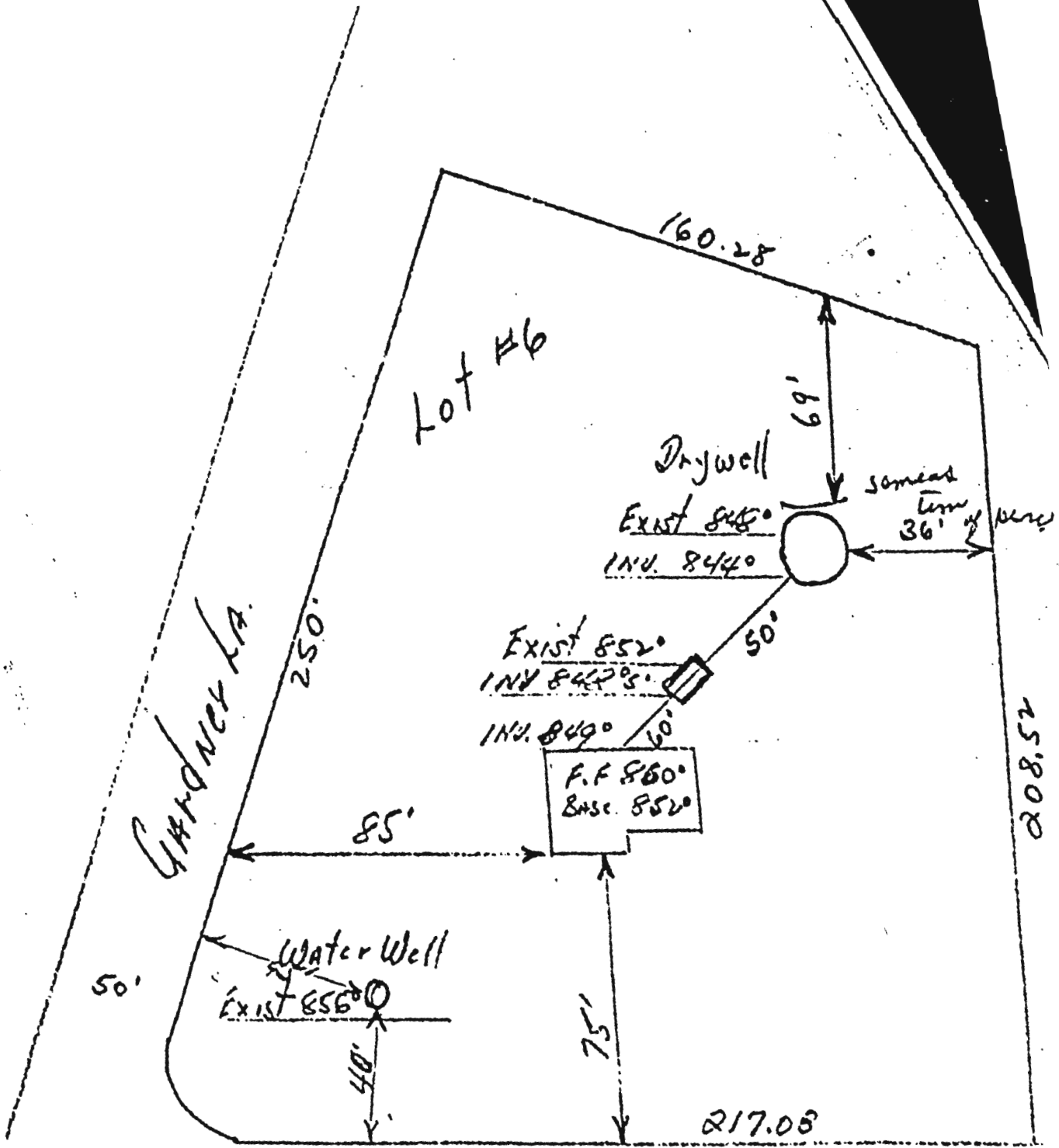
Special Tax Recapture

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

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

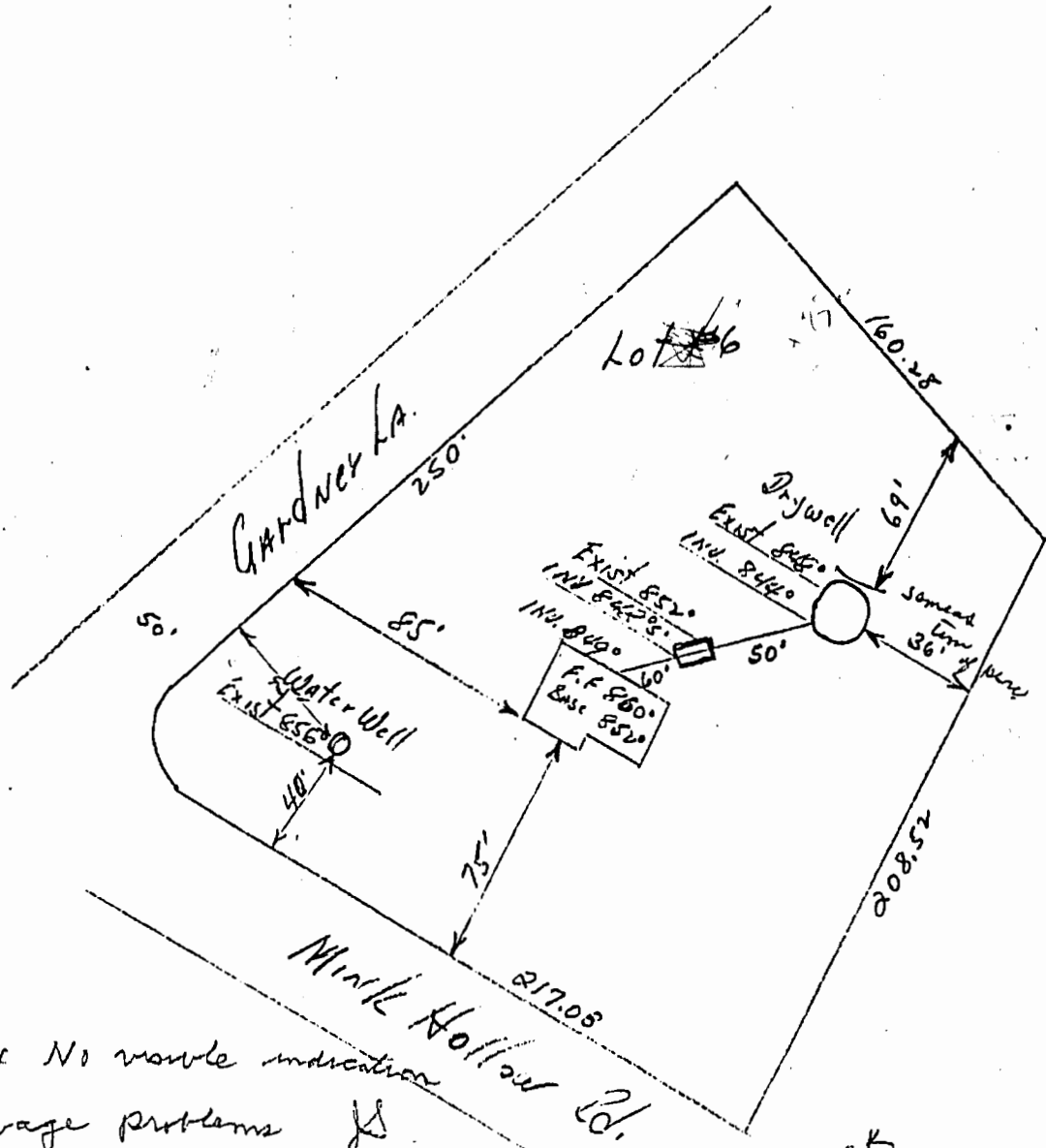


Mink Hollow Rd.

7/27/84 No trouble indication
 sewage problems JS

OK
 R

SWANN Hill



9/27/84 No visible indication
of sewage problems JS

OK
11/3/84
[Signature]

JAMES T. TRAIL, JR. RICHARD A. REITER
465-0626

5-7-72
Road changed
Part of OK
5/8/72
Part of OK C.R.S.

~~Read~~
File

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

P 16457

A 11468

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

DATE 11/11/71

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS Tan Oaks Road, Glensig, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Swann Hill ROAD Mink Hollow Rd. LOT 6

PROPERTY OWNER James R. Trail, Jr.

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 486 sq. ft. absorbent sidewall area to begin below the inlet pipe. Inlet pipe to be 4 ft. below original grade. Max. depth for dry well is 11 ft. Place dry well about 69 ft. from rear lot line and about 36 ft. from right side line. All lot lines are determined as you face lot from Mink Hollow Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan DATE 2/11/66

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

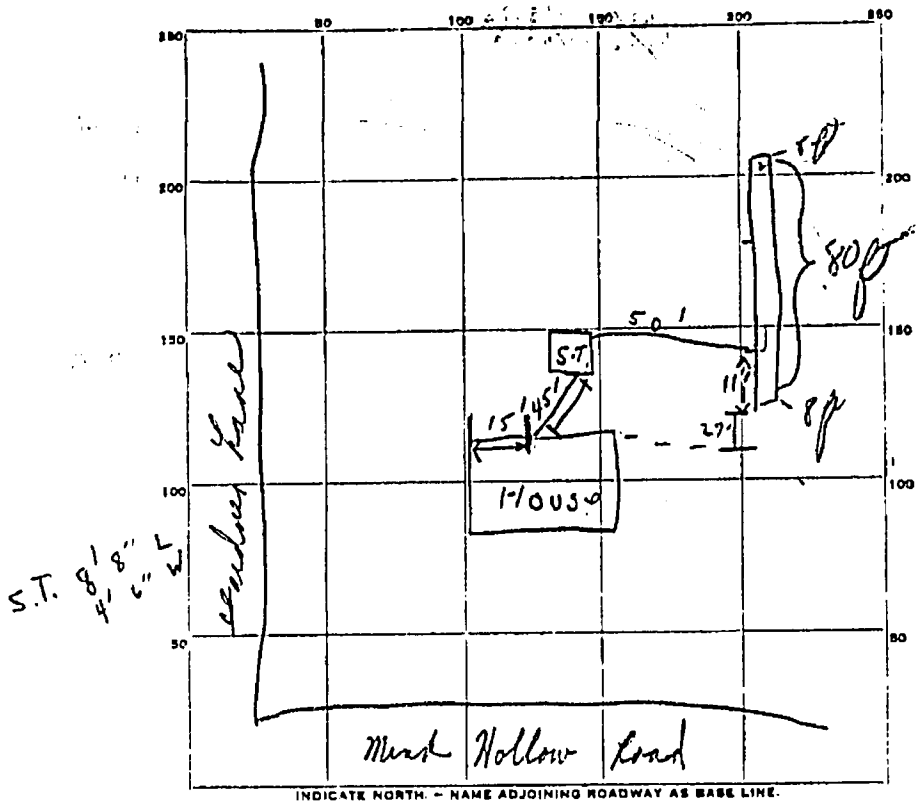
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 10/3/64 Serial # 6108-1 Garage

80 ft trench
8 deep 4 ft. pipe

A 11468



PERMIT CARD Not signed ST

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 4' TOTAL LENGTH 80 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 640' ± SQ. FT.

3 ft

Check connections made as H₂O doesn't say in trench

REMARKS 3/7/72 - ok to put gravel in trench down to 3 ft from top. Paper covered entire trench. Called Fyock - Fyock stated press 60' in trench 10' ft on either side of ends no pipe. C.B.S. (Discussed with P. Wine & Y. Wine discussed with J. Fyock. C.B.S.)

DATE SYSTEM APPROVED 3/8/72 INSPECTOR C. [Signature]

APPLICATION

A 11468

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - ¹⁰⁰⁰~~400~~ gal

DISTRICT 5

Dry Well - ~~Two Dry Wells~~ - 486 sq. ft. under absorbent
side wall ones to begin below the inlet pipe. Inlet pipe to be 4 ft
below original grade. Max depth for dry well is 11 ft.

DATE 2/7/66

Place Dry Well about 6 ft from rear lot line and about 36 ft from
right side line. All lot lines are determined as you face lot from
Mink Hollow Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Grace K. Grant

ADDRESS Rt. 4 - Box 64 - Cape St. Claire PHONE 301-757-3061
Annapolis, Maryland

PROPERTY LOCATION:

SUBDIVISION Swann Hill LOT NO. 6

ROAD AND DESCRIPTION Mink Hollow Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.14 acres TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ John T. Swann

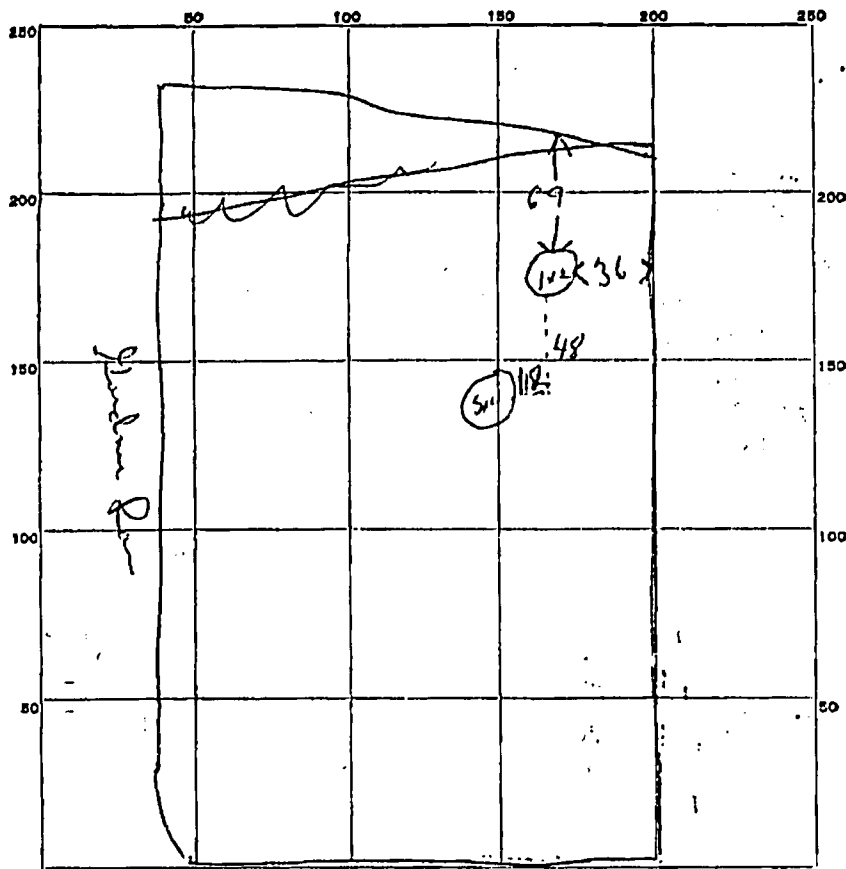
APPROVED BY Donald W. Managhan FOR Dry Wells (see 2) DATE 2/11/66
(KIND OF SYSTEM)

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.

Mink Hollow Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/66	1	9 ft	10 51	10 53	10 53	10 59	6 min
	2	4 ft	10 52	10 56	10 56	11 02	8 min
	3	7 ft	10 58	11 12	11 12	11 30	18 min
	4	4 ft	10 54	11 10	11 10	11 22	22 min

SOIL AUGER FINDING _____

TESTED BY DUM

REMARKS hole 3 dug out to 1 1/2 ft. good soil

ALSO PRESENT C. Beall / DUM LOT NO. 6

SEQUENCE NO. (DWR USE ONLY)
C 1 **9169**
 1-2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) Dec. 22-71 DEPTH OF WELL 260 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-72-0700
 DATE WELL COMPLETED 22 (TO NEAREST FOOT) 20 DRILLERS IDENTIFICATION NO. 47

OWNER Lacit LAST NAME Lacit FIRST NAME Richard M.
 STREET OR RFD 795 Lakewood Rd POST OFFICE Lakewood Md.

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Top Soil</i>	0	3	
<i>Loam & Mud</i>	3	85	
<i>Hard Rock</i>	85	140	✓
<i>Mica Rock</i>	180		

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC BENTONITE CLAY
 NO. OF BAGS 19 NO. OF POUNDS 1400
 GALLONS OF WATER 100
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 8 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S1 STEEL CQ CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE S1 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 89

OTHER CASING (IF USED) 2
 DIAMETER (INCH) FROM TO DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 ST STEEL BR BRASS OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER
 C 2
 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1. _____ 2. _____ 3. _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4
 METHOD USED TO MEASURE PUMPING RATE hook
 WATER LEVEL (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 80 (NEAREST FOOT)
 WHEN PUMPING 22 (NEAREST FOOT)
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 39
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW } 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME R. P. ...
 (PLEASE PRINT)
 SIGNATURE R. P. ...

DIAMETER OF SCREEN 8 (NEAREST INCH) FROM 56 TO 60
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING T LOG INDICATOR I OTHER DATA AVAILABLE W O
 74 75 76

