

5/8/96 PM
5/15/96 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56630-B

A REPAIR

DISTRICT _____

DATE 5/16/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX 461-9933~~ 313-2640

64-30195

DATE SYSTEM APPROVED 5/96

INSPECTOR M. Rifkin

INDEXED

Olen Ketterman IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 14860 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION _____ LOT _____ ROAD 15214 Frederick Road

PROPERTY OWNER Drew & Gale Harris

ADDRESS 15214 Frederick Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY _____ GALLONS N SIDE OF 144
ABOUT 1 M. W OF 97

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED - DRAINFIELDS OVERFLOWING

Call for inspection when ground is opened so sanitarian can recommend repair.
05/08/96

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.

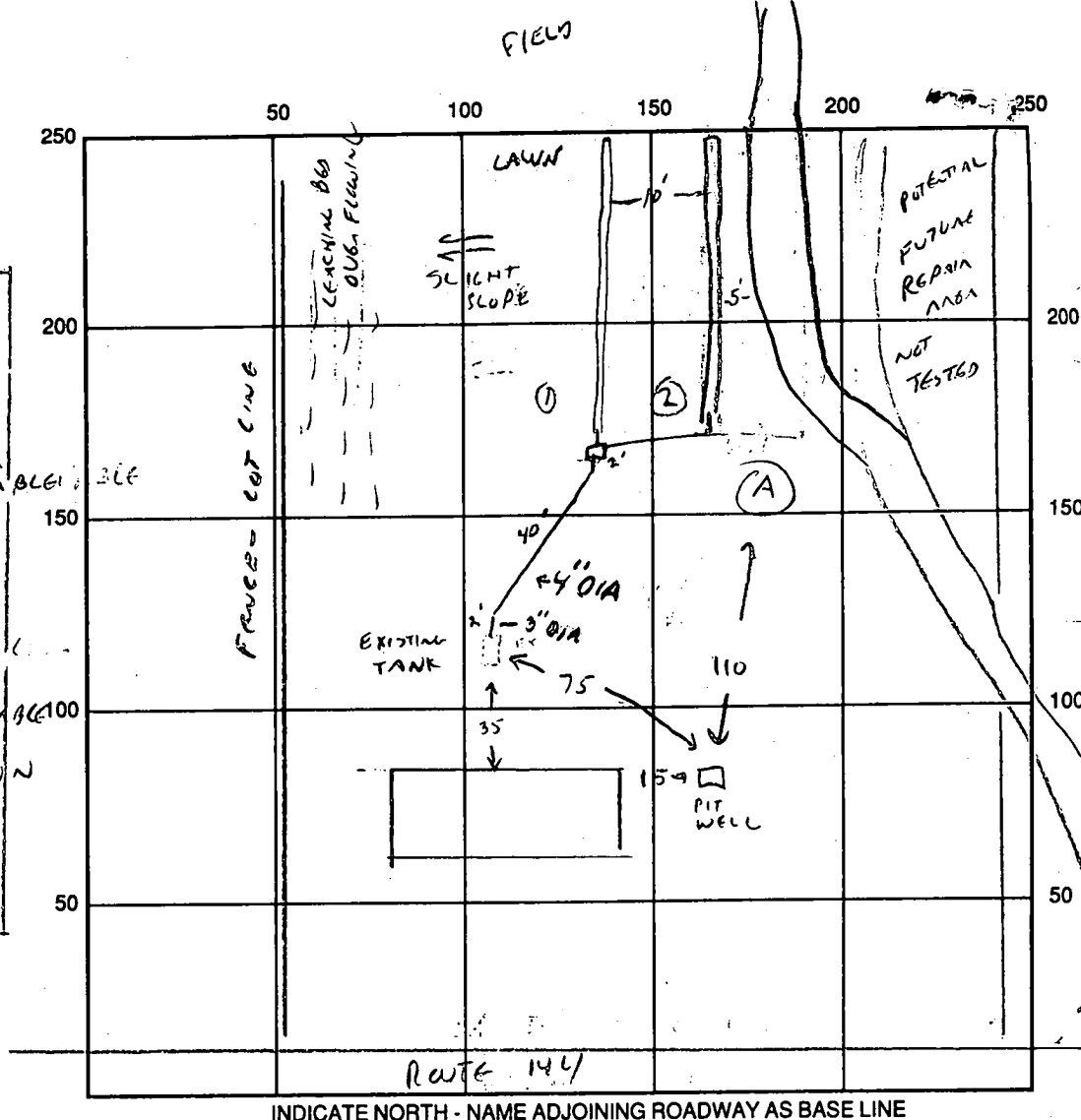
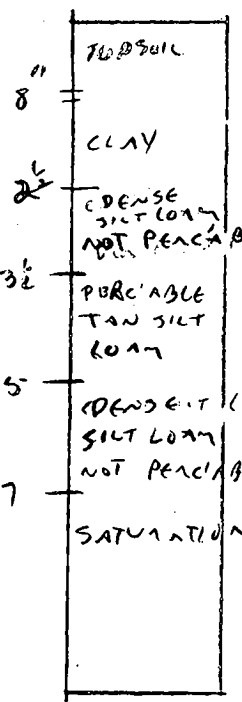
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

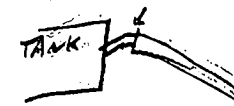
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

P 56630-B

(A)



NOTE:
 3" TO 4" PVC
 JOINED W/ MORTAR
 1/4" GAP IN JOINT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL NA CLEANOUTS NA
 DISTRIBUTION BOX LEVEL OK, BASELINE
 DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3' FT.
 EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 180 FT. = 180
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/8/96 INSTALL 180' LINE & FT OF TRENCH, 3' WIDE, AT APPROXIMATELY THE 3 1/2 FT LEVEL - BOTTOM OF TRENCH TO PENETRATE THE 3 1/2 - 5" "PERMEABLE" ZONE AS LITTLE AS POSSIBLE. DEPTH OF STONE - AS POSSIBLE FROM EXISTING TANK INUGT. (A)
5/15/96 TRENCH INSTALLATION OK TO COVER. LINE EXITING TANK IS 3" PVC - POORLY JOINED (WILL LEAK) TO 4" PVC 18' BELOW GRADE. UNCLEAR IF TANK OUTER IS SEALED. AT INSP FILE CLOSED, CONN TO HOUSE PRESUMED COMPLETE

DATE SYSTEM APPROVED 5/96 INSPECTOR M. Ripkin COMPLETE
 9/11/98

APPLICATION

5/8/96 pm

PERCOLATION TESTING

A REPAIR

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

K6776R

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER DREW HANNS

ADDRESS FREDENCK RD 1. MI WEST OF COOKSVILLE PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Z 191-144 838



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to
Mr. Drew & Mrs. Gail Harris

Street and No.
15214 Route 144

P.O., State and ZIP Code
Woodbine, MD 21797

Postage	\$
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Certified fee	
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Special Delivery Fee	
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Restricted Delivery Fee	
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Return Receipt Showing to Whom & Date Delivered	
---	--

Return Receipt Showing to Whom, Date, and Addressee's Address	
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TOTAL Postage & Fees	\$
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Postmark or Date
Mark Rifkin 3/1/96

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

105603-93-B-0218



HOWARD COUNTY HEALTH DEPARTMENT

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

February 27, 1996

Mr. Drew & Mrs. Gail Harris
15214 Route 144
Woodbine, MD 21797

NOTICE OF VIOLATION
15214 Route 144

Dear Mr. & Mrs. Harris:

On February 22, 1996, I, a sanitarian from this office, inspected your property known as Tax Map 8, Parcel 55, located at the above referenced address in response to a report of a laundry line discharge. On that occasion, I observed a surface discharge line and detergent residue in the adjacent driveway to the right of the house.

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 connect the laundry line to the septic system within fifteen (15) days of receipt of this letter. If any new drainfields are necessary, then you must also apply to this office for a septic system repair permit, the fee for which is \$25.00.

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 regulation, 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 313-2640 and scheduling an appointment.

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 313-2640.

Very truly yours,

Mark E. Rifkin
Water & Sewerage Program

MR
cc: File

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 15214 Rt. 144 ZIP _____

OWNER Drew/Gail Harris ADDRESS same PHONE 854-6413

OCCUPANT _____ ADDRESS _____ PHONE _____

COMPLAINANT Anonymous ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION laundry line discharge onto driveway

RECEIVED BY M.R. Pkin DATE 2/13/96 ASSIGNED TO M.R. DATE 2/22/96

DATE OF INVESTIGATION 2/22/96 TIME 10:30 WEATHER cool, fair

REPORT MET OWNER @ SITE; LAUNDRY LINE POINTED OUT

BY OWNER; SOAP SUDS OBS'D @ PT. OF DISCHARGE; ADVISED

HER OF BASIC SEPTIC SYSTEM OPERATION, CAUSES OF FAILURE;

SHE ALSO REPORTS SEPTIC SYSTEM ALSO @ CAPACITY

PUMPING TWICE/YEAR, SLOW-DRAINING TOILETS, ETC.;

NO DISCHARGE REPORTED OR OBS'D; ADVISED HER OF NEED TO

CONNECT LAUNDRY TO SEPTIC, BUT ACKNOWLEDGED THAT

CONNECTION WILL LIKELY CAUSE SIG. FAILURE/OVERFLOW GIVEN

AGE/REPORT OF SYSTEM FUNCTION; SHE REPORTS SALE OF PROP TO

NEIGHBOR USING DRIVEWAY INTO WHICH LINE DISCHARGES;

MOVE EXPECTED W/IN 1-2 YRS AFTER WHICH SHE EXPECTS

HOUSE DEMOLITION; I ADVISED WE WOULD STILL SEND N.O.V.

AND WILL TRY TO "WORK W/HER" GIVEN LOW FINANCES, POSS.

TO INCLUDE ACCEPTANCE OF INSTALLATION OF DRAINFIELD

SUFF. TO ONLY ABSORB A FEW YEARS CAPACITY (w/CONDITION

THAT SYS. TO BE EXPANDED TO "NORMAL" OR HOUSE DEMO'D

@ END OF SPECIFIC (1-2 YEAR) PERIOD) MR

DATE SUBMITTED _____ SANITARIAN _____

SEE OVER

REGION _____

AREA _____ RATING _____

(UNKNOWN DATE)

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

LOCATION _____ ZIP _____
 OWNER _____
 OCCUPANT _____ ADDRESS _____ PHONE _____
 COMPLAINANT _____ ADDRESS _____ PHONE _____
 REASON FOR INVESTIGATION _____

RECEIVED BY M.R. Skin DATE 2/13/96 ASSIGNED TO M.R. DATE 2/22/96

DATE OF INVESTIGATION 2/22/96 TIME 10:30 WEATHER COOL, FAIR

REPORT MET OWNER @ SITE; LAUNDRY LINE POINTED OUT BY OWNER; SOAP SUDS OBS'D @ PT. OF DISCHARGE; ADVISED HER OF BASIC SEPTIC SYSTEM OPERATION, CAUSES OF FAILURE; SHE ALSO REPORTS SEPTIC SYSTEM ALSO @ CAPACITY PUMPING TWICE/YEAR, SLOW-DRAINING TOILETS, ETC.; NO DISCHARGE REPORTED OR OBS'D; ADVISED HER OF NEED TO CONNECT LAUNDRY TO SEPTIC, BUT ACKNOWLEDGED THAT CONNECTION WILL LIKELY CAUSE SIG. FAILURE/OVERFLOW GIVEN AGE/REPORT OF SYSTEM FUNCTION; SHE REPORTS SALE OF PROP. TO NEIGHBOR USING DRIVEWAY INTO WHICH LINE DISCHARGES; MOVE EXPECTED W/IN 1-2 YRS AFTER WHICH SHE EXPECTS HOUSE DEMOLITION; I ADVISED WE WOULD STILL SEND N.O.V. AND WILL TRY TO "WORK W/HER" GIVEN LOW FINANCES, POSS. TO INCLUDE ACCEPTANCE OF INSTALLATION OF DRAINFIELD SUFF. TO ONLY ABSORB A FEW YEARS CAPACITY (W/CONDITION THAT SYS. TO BE EXPANDED TO "NORMAL" OR HOUSE DEMO'D @ END OF SPECIFIC (1-2 YEAR) PERIOD) MR

DATE SUBMITTED _____ SANITARIAN _____

SEE OVER

(UNKNOWN DATE)

LAUNDRY LINE DISCONNECTED

RELATED ISSUE OF DISCONNECTED
HAND DUG NEAR DRIVEWAY: ATTEMPTS TO
HAVE ~~THE~~ OWNERS ARRANGE FOR PROPER ABANDONMENT OF
WELL ONLY RESULTED IN WELL BEING SEALED
SHUT AT SURFACE W/STEEL PLATE + HEAVY BOLTS;
WELL NOT FILLED, SEAL COMPLETED W/O ^{PRIOR} H.D. ~~AND~~
AWARENESS OR INSP. - FILE CLOSED DUE TO TIME DELAY

UMR

SITE INSPECTION SHEET

OWNER: Harris

DATE REQUESTED: _____

PHONE #: _____

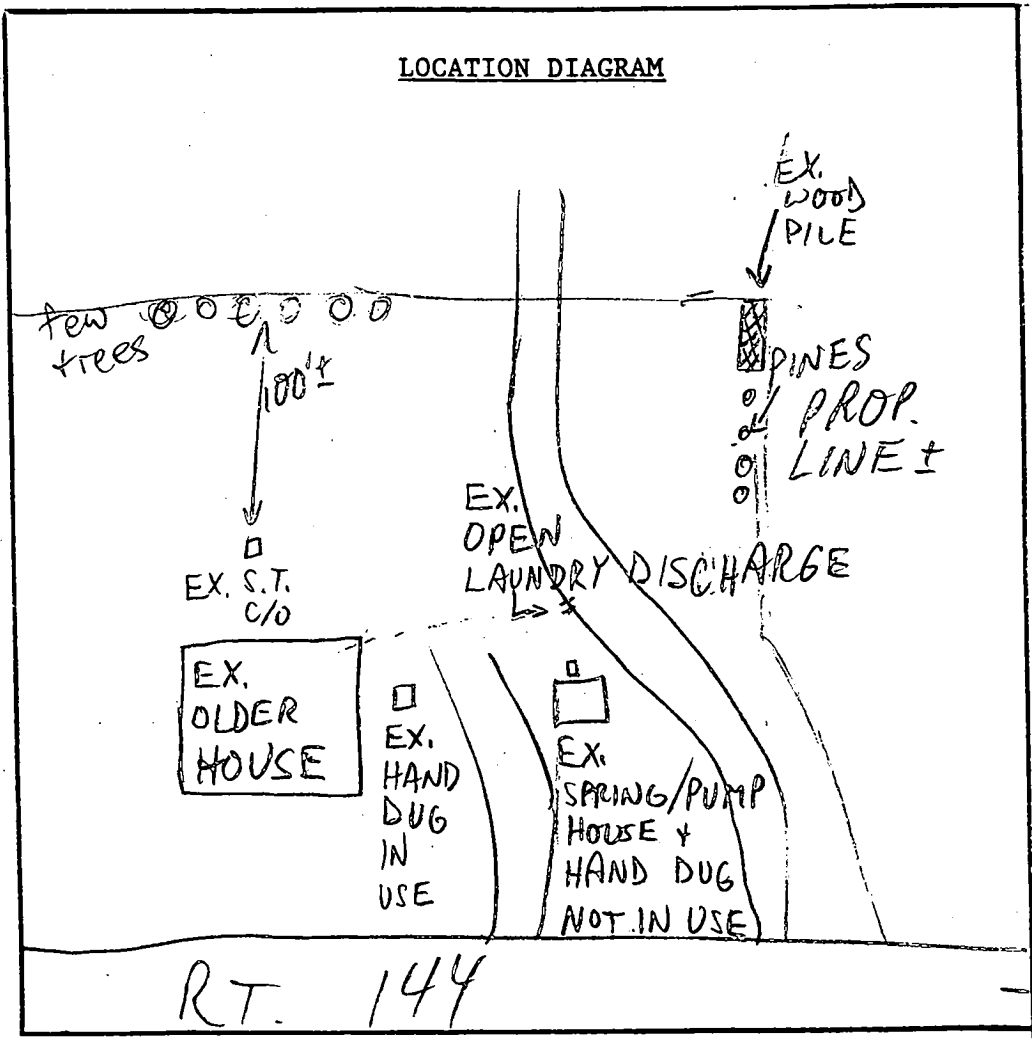
CONTRACTOR: _____

ADDRESS: 15214 Rt. 144

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: laundry line discharge



COMMENTS: SEE ATTACHED

DATE: _____ INSPECTOR: _____

