

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06-395287

P 56985

A REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

DATE 6/14/96

DATE SYSTEM APPROVED 6/17/96

INSPECTOR M. P. Ritten

INDEXED

Jack Fyock Septic Service, Inc.

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P.O. Box 89 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 8680 Pine Road

PROPERTY OWNER Abdullah

ADDRESS _____

SEPTIC TANK CAPACITY EX 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 60 ±

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

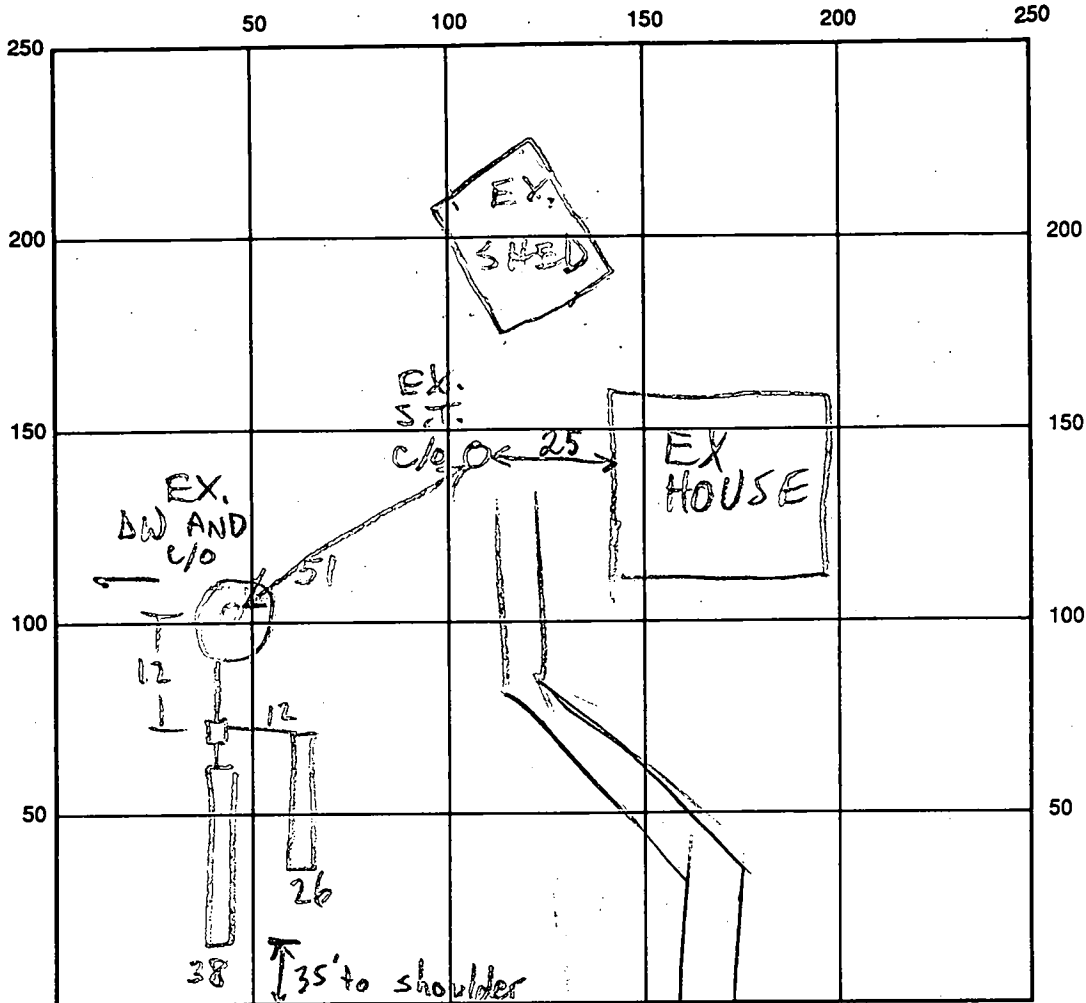
PERMIT VOID AFTER TWO YEARS

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 56985



PINE RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. 1000 - OK CLEANOUTS EX S.T. & DW - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 5 1/7 FT. TOTAL LENGTH 0 26 @ 38 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0 180 @ 266 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 396 SQ. FT.

REMARKS: 6/17/96 OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 6/17/96

INSPECTOR M. Ripkin

Z 191 146 154



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Mr. & Mrs. Abdullah	
Street and No. 8680 Pine Road	
P.O., State and ZIP Code Jessup, MD 20794	
Postage:	\$
Certified Fee:	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Mark Rifkin 1/3/96	

**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

PS Form 3800, March 1993 (Reverse)



HOWARD COUNTY HEALTH DEPARTMENT

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

July 1, 1996

Mr. & Mrs. Fareed Abdullah
8680 Pine Road
Jessup, MD 20794

RE: Termination of Notice of Violation
8680 Pine Road

Dear Mr. & Mrs. Abdullah:

The above-referenced Notice of Violation is hereby terminated. The condition cited in the Notice, which was issued on January 2, 1996 pursuant to Howard County Code Section 12.110, has been remediated. Confirmation of said remediation is described below.

On June 17, 1996, I inspected the installation of new septic system drainfields at your property. The new drainfields were installed under a proper septic system repair permit, and the system was approved that same day. The discharge previously observed has been eliminated.

If you have any questions, please call me at 313-2640. Thank you very much for your cooperation in this matter.

Very truly yours,

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

MRR
cc: File



HOWARD COUNTY HEALTH DEPARTMENT

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

January 2, 1996

Mr. & Mrs. Fareed Abdullah
8680 Pine Road
Jessup, MD 20794

RE: NOTICE OF VIOLATION
8680 Pine Road

Dear Mr. & Mrs. Abdullah:

On December 26 and December 27, 1995, I, a sanitarian from this office, conducted inspections at your property known as Tax Map 47, Parcel 668 in response to a report of an overflowing septic system. On December 27, I observed surface sewage ponding on the low side of the drywell.

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 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. Until repairs are completed, you must immediately (within 48 hours) have the septic tank contents pumped by a licensed sewage scavenger, and continue pumping, as often as necessary, to prevent future sewage overflows.

Based on your report of financial difficulties, I have already forwarded to you an application packet for financial assistance offered by the Howard County Office of Housing and Community Development.

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.

Mr. & Mrs. Abdullah

Page Two

January 2, 1996

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

Mark E. Rifkin
Sanitarian
Water & Sewerage Program

MR

cc: File

REGION _____

AREA _____

RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 8680 Pine Rd ZIP _____

OWNER Fared Abdullah ADDRESS same PHONE 792-0288

OCCUPANT Chas Mertymon ADDRESS Meter Services PHONE x4900

REASON FOR INVESTIGATION 2nd report of septic discharge
prev. observed

RECEIVED BY J.T. DATE 12/22/95 ASSIGNED TO M.R. DATE 12/22

DATE OF INVESTIGATION 12/26/95 TIME 2:30 WEATHER cold clear

REPORT ground noted mostly frozen. Discharge
observation not done.

Owner states that due to financial
situations they are unable to complete
required repairs w/o assistance. Advised
them letter w/ financial assistance & contractors
list coming. MR/RS

12/27/95 D/W OBS'D FULL; SOME "WATER" (SEWAGE?) PUDDLING
@ LOW SIDE OF D/W'S.T. c/o OBSTRUCTED w/UNKNOWN
MATERIAL; FIN. ASSISTANCE PACK FROM HOUSING DELIVERED
ALONG w/ NAMES & NUMBERS OF SEPTIC CONTRACTORS MR
HOUSING REPORTS MIN. 6 MONTH WAIT ON LOANS? MR

3/26/96 F/UP INSP: OWNER REPORTS "PUMP JOB ~2 WKS AGO"
HER SON IS INVESTIGATING POSS. SEPTIC CONTRACTORS,
HOPES TO HAVE REPAIR IN ~2 MONTHS; ALSO LOOKING INTO
SEWER LINE EXTENSION (BUT I DON'T EXPECT THIS TO BE

DATE SUBMITTED _____ SANITARIAN [Signature]

REGION AREA RATING

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
 REPORTEDLY
 RECORD OF INVESTIGATION

DISPOSITION	DATE

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

RECEIVED BY J.T. DATE 12/22/95 ASSIGNED TO M.R. DATE 12/22

DATE OF INVESTIGATION 12/26/95 TIME 2:30 WEATHER cold clear

REPORT ground noted mostly frozen. Discharge observation not done.

Owner states that due to financial situation they are unable to complete required repairs w/o assistance. Advised them letter w/ financial assistance & contractors list coming. MR/KS

12/27/95 D/W OBS'D FULL; SOME "WATER" (SEWAGE?) PUDDLING @ LOW SIDE OF D/W S.T. s/o OBSTRUCTED w/ UNKNOWN MATERIAL; FIN. ASSISTANCE PACK FROM HOUSING DELIVERED ALONG w/ NAMES & NUMBERS OF SEPTIC CONTRACTORS MR HOUSING REPORTS MIN. 6 MONTH WAIT ON LOANS) MR

3/26/96 F/UP INSP: OWNER REPORTS "PUMP JOB" ~ 2 WKS AGO; HER SON IS INVESTIGATING POSS. SEPTIC CONTRACTORS, HOPES TO HAVE REPAIR IN ~ 2 MONTHS; ALSO LOOKING INTO SEWER LINE EXTENSION (BUT I DON'T EXPECT THIS TO BE

DATE SUBMITTED SANITARIAN

3/26 cont'd
SUCCESSFUL) CHRISTMAS IN APRIL ALSO CONTACTED,
BUT REPORTEDLY NOT ACCEPTED; D/W FULL, DISCHARGE
WET; D/W TO BE PUMPED LATER THIS WEEK MR

4/17/96 F/U INSP: D/W & S.T. ^{REPORTEDLY} PUMPED SINCE 3/26, BUT
OWNER CANNOT AFFORD MORE OFTEN THAN ONCE
PER MONTH; OWNER REPORTS MANY CALLS TO
VARIOUS CONTRACTORS/AGENCIES & SHE STILL
HOPE TO HAVE COMPLETE REPAIR BY 6/4/96; I
PROVIDED NAMES OF COLLINS & AWKARD SEPTIC
COMPANIES; D/W FULL, DISCHARGE WET MR

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 8680 Pine Road Lot 2, Block E1000 Nordau ZIP _____
 OWNER Fareed Abdullah ADDRESS 8680 Pine Rd PHONE _____
 OCCUPANT _____ ADDRESS _____ PHONE _____
 COMPLAINANT Don Ellis/Chris Merryman ADDRESS of Meter Services PHONE _____
 REASON FOR INVESTIGATION see attached

RECEIVED BY A. McMillan per JT DATE 5-18-95 ASSIGNED TO M.R. DATE 5/19

DATE OF INVESTIGATION 5/19/95 TIME 1:45 WEATHER cool rainy

REPORT 5/19 OWNER POINTED OUT D/W; SEWAGE DISCHARGE CONFIRMED, OWNER UNAWARE OF FAILURE; OWNER REPORTS PUMP JOB RECENTLY; S.T. ALSO OBS'D W/CAP OFF, OWNER BELIEVES ^{INPUT OF RECENT} RAIN H₂O REASON FOR DISCHARGE; OWNER AGREED TO PUMP, WILL CALL HCHA FOR RE-INSPECTION; SAN BELIEVES ~~PROBLEM~~ DRYWELL IS FUNDAMENTALLY FAILING MR

5/24/95 NO DISCHARGE OBS'D MR

6/2/95 RAIN 10-20 MIN. AGO; ~~OWNER~~ OWNER REPORTS RECENT PUMP JOB (BOTH S.T. + ~~D/W~~ D/W), S.T. C/O SEEMS CLOGGED; D/W FULL; UNABLE TO DETERMINE IF WATER ON GROUND BELOW D/W IS RAIN OR SEWAGE; OWNER PROMISES TO PUMP AGAIN MR

6/16/95 WEATHER DRY, D/W FULL, NO DISCHARGE; ~~OWNER~~ OWNER REPORTS PUMP JOB 4-5 DAYS AGO MR

INSPECTION 7/15/95 REQUESTED MR
 DATE SUBMITTED _____ SANITARIAN _____



Howard County

Internal Memorandum

**SUBJECT : Septic Tank Overflow
8680 Pine Rd.**

**TO : Justine Taylor
Environmental Health**

**FROM : Don Ellis
Meter Services**



Justine , while reading water meters Mr. Charles Merryman found a possible health concern at this property . He believes the septic system has failed and is overflowing . We felt we should bring this to your attention for possible investigation . If you have any questions feel free to contact Mr. Merryman at 313-4948 .

SITE INSPECTION SHEET

OWNER: Fareed Abdullah

DATE REQUESTED: _____

PHONE #: [REDACTED]

CONTRACTOR: _____

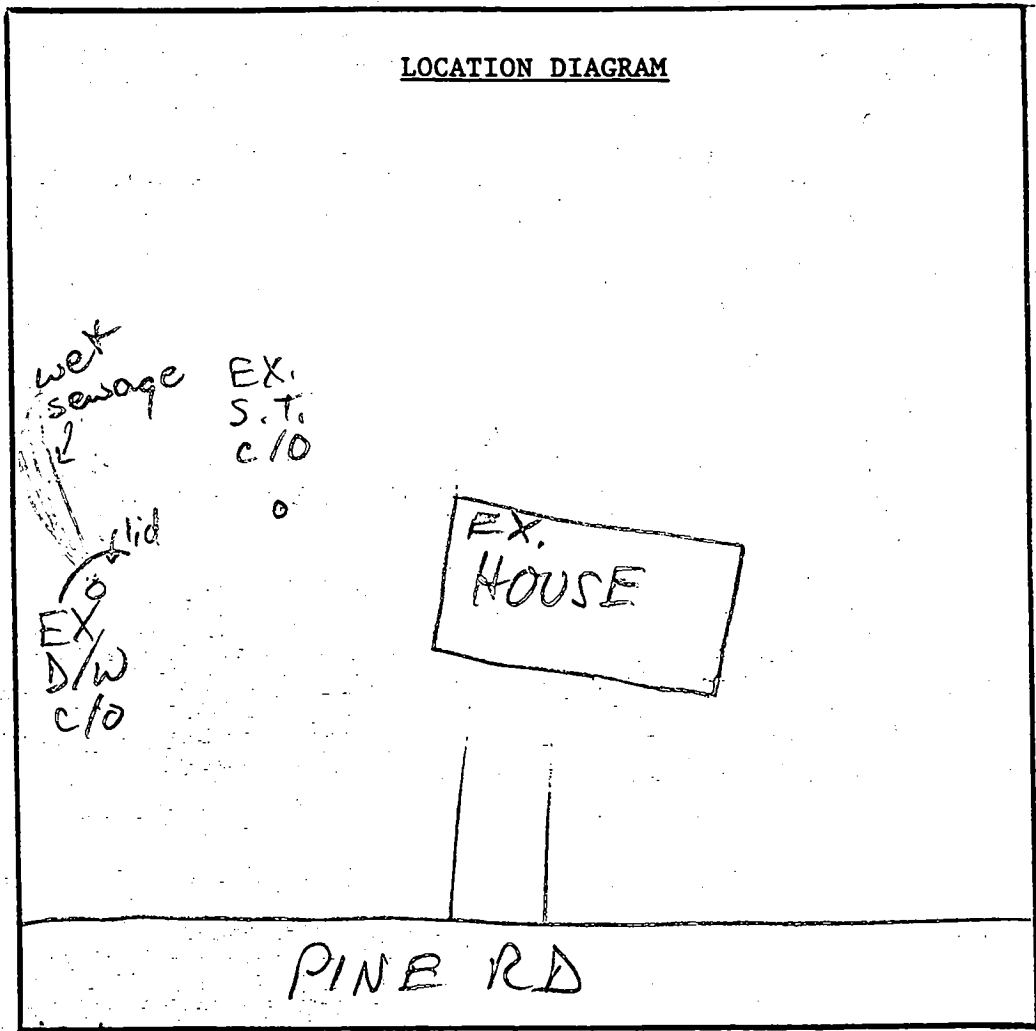
ADDRESS: 8680 Pine Road

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: sewage failure

LOCATION DIAGRAM



COMMENTS: 5/19/95 SEE ATTACHED

DATE: _____

INSPECTOR: _____

Approved 2/12/70 JTW

PERMIT

P 15059

A 13604

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLIGOTT CITY

DISTRICT 6

DATE 1/19/70

INDEXED

Sam Carter

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 181, Oakland Mills Rd., Jessup, Md. PHONE 730-8930

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 8680 Pine Road (see application for better directions) LOT _____

PROPERTY OWNER ~~Fred Byrd~~ Fareed Abdullah

ADDRESS _____

SPECIFICATIONS - 1 bedroom

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below inlet pipe. Inlet pipe to be 4 ft. below original grade. Max. depth permitted for dry well below original grade is ~~12~~ ^{12ft. Check OK 1-20-70 JTW} ft. Dry well to be placed 60 ft. from left side line and 94 ft. from the front lot line as seen from Pine Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY J. T. Wright DATE 6/21/68

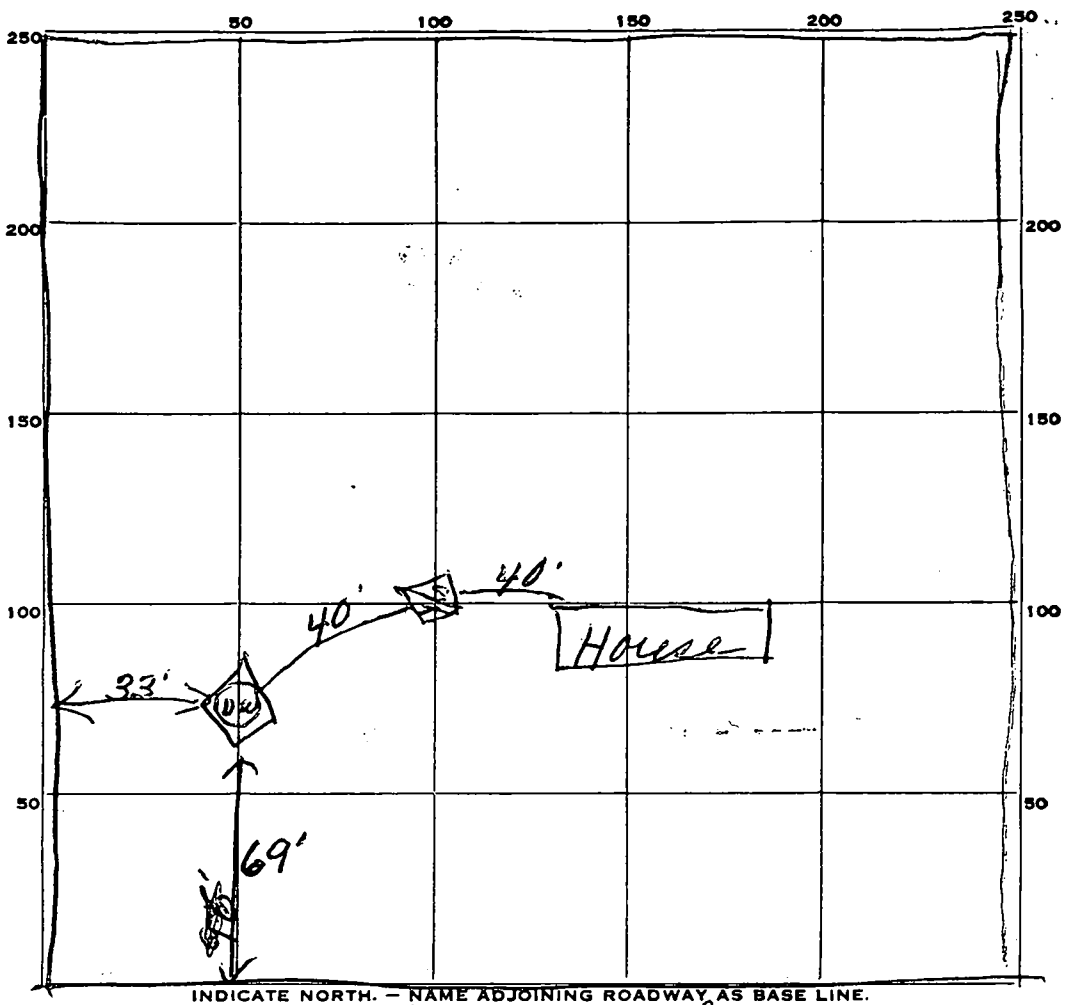
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

2/3/70 not finished JTW

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

13604



13
 2
 5 100
 32
 200
 55 5/8
 72 1/8

23
 69

PERMIT CARD Cement 1000 Pine tree Rd

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 9 FT. DEPTH BELOW INLET 10 1/2 FT.

ABSORBENT AREA 525 SQ. FT.

REMARKS Replace pipe from House to septic tank with clean

DATE SYSTEM APPROVED 2/9/70

INSPECTOR JTW

DUPLICATE

APPLICATION

2672

A 13604

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 5/20/68

Recorded
6/21/68
9:30

Septic tank - 750 Gal. 1

Dry well 300 sq feet absorbent sidewall area to be open below inlet pipe. Inlet pipe to be 4 feet below original grade. Max depth permitted for dry well below original grade 11 ft. Dry well to be placed 60' ft from left side line and 94' ft from ~~front~~ as seen from Pine Road.

TO: THE COUNTY HEALTH OFFICER
ELICOTT CITY, MARYLAND

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

PROPERTY OWNER Fred Byrd

ADDRESS Pine Road, Jessup, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2nd house on left of Pine Road going from Rt. 32 Guilford Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 200' x 400' TYPE BLDG. Existing house
500' 1
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Fred Byrd *Martha Byrd*

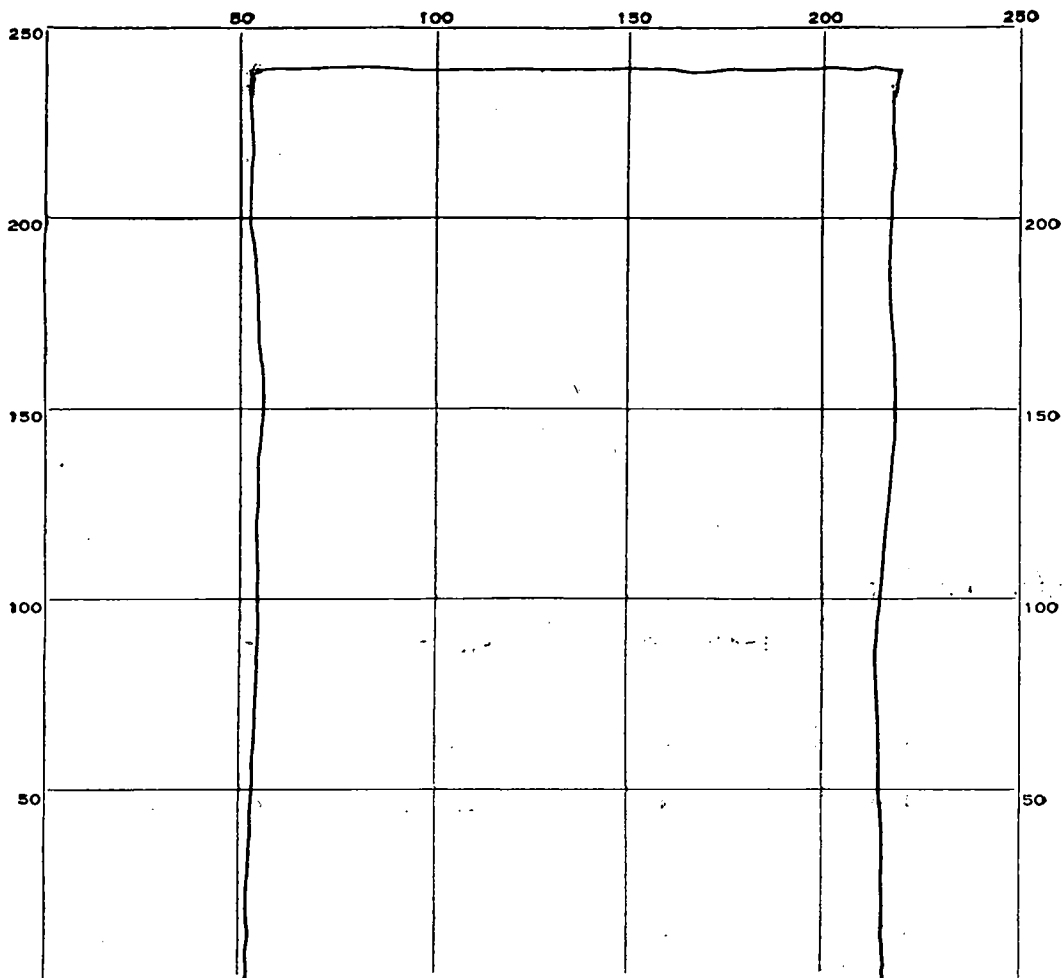
APPROVED BY *Jim T. Wright* FOR Dry well DATE 6/21/1968
(KIND OF SYSTEM)

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.

Pine Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/21/68	1	9 1/2'	11 00	11 01	11 01	11 02	1
	2	4'	10 55	no peak			
	3	9 1/4'	11 05	11 06	10 06	11 07	1
	4	5'	11 08	slow peak			28

SOIL AUGER FINDING _____

TESTED BY

JAW 6/21/68

REMARKS

Plot No 2 City Water

DUPLICATE

APPLICATION

A 13604

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 5/20/68

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 Fred Byrd

ADDRESS Pine Road, Jessup, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2nd house on left of Pine Road going from Rt. 32 Guilford Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 200' x ⁴⁰⁰500' TYPE BLDG. Existing house
NUMBER OF BEDROOMS 1

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Fred Byrd

APPROVED BY James T. Wright FOR Dry Well DATE 6/21/68
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

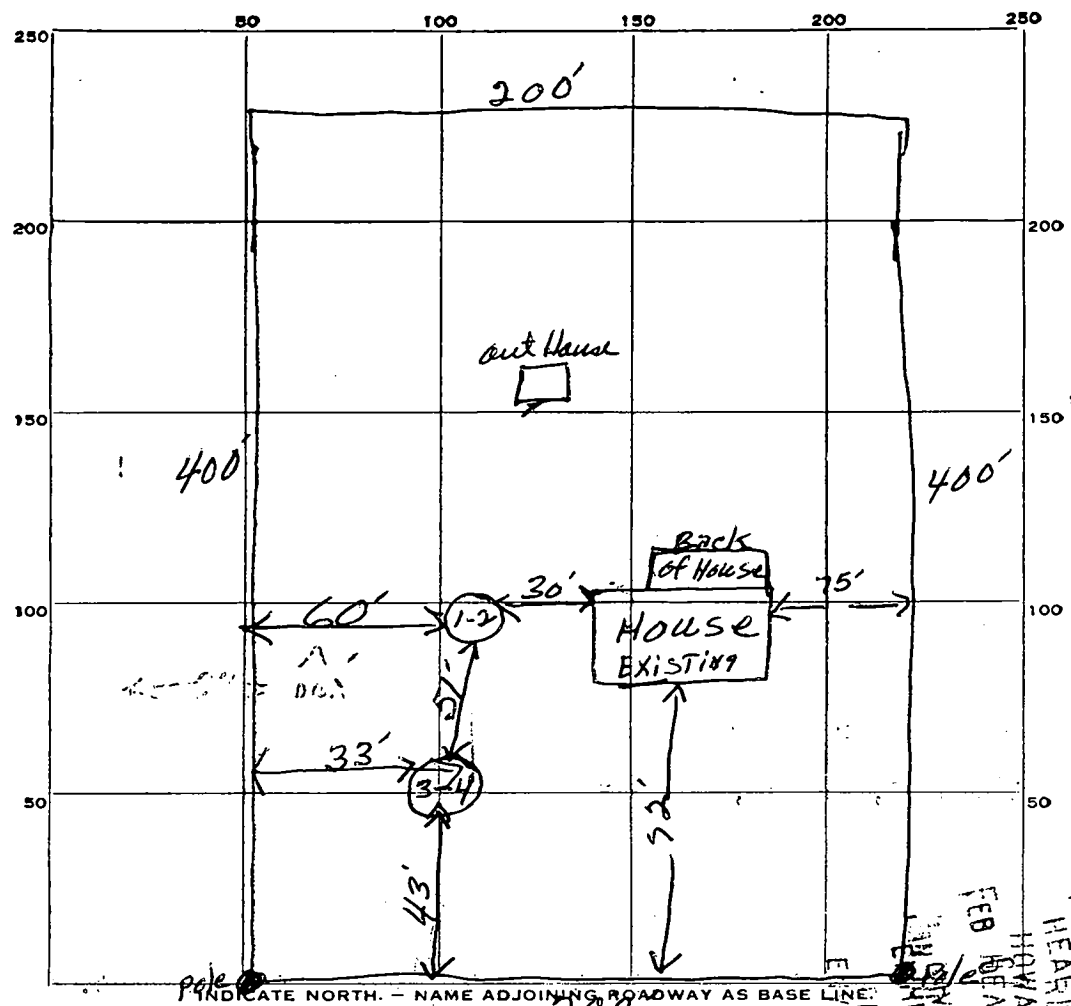
THIS IS NOT A PERMIT

29 to 32 left and to Pine drive next Road past Mary Lane

19
3
57' from lot line
front

17
3
51

33' from L Side line



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
Pine Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST		TIME
			START	STOP	START	STOP	
6/21/68	1	9 1/2'	11:00	11:01	11:01	11:07	
	2	4'	10:55	no perk			
	3	9 1/2'	11:05	11:06	11:06	11:07	1
	4	5'	11:08	show perk			28

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
FEB 6 11 31 AM '70
DIVISION OF
ENVIRONMENTAL
HEALTH
RECEIVED
HOWARD COUNTY
HEALTH DEPT.

SOIL AUGER FINDING _____
TESTED BY: JTW 6/21/68
REMARKS: lot no 2 City water