

9/29/98
12:00
9/30/98
3 PM
10/11/98
10:30

see notes following on permit

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-310934

P 511013-A

A REPAIR

DISTRICT _____

DATE 9-30-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 10/1/98

INSPECTOR [Signature]

INDEXED

Jack Fyock Septic Services IS PERMITTED TO INSTALL _____ ALTER

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION Brantly LOT 1 ROAD 14026 Celbridge Drive

PROPERTY OWNER Inshaiwat
14026 Celbridge Drive

ADDRESS _____

SEPTIC TANK CAPACITY 1000 ^{existing} GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100 acceptable (using both side walls + bottom @ 12 mpd perc rate)

REPAIR - PURPOSE - Overflowing Tank

Call for inspection when ground is opened so sanitarian can recommend repair. 09/25/98

Install a total of 100 lin. ft. (or as close a possible given site) Trenches to be
3 ft wide, in lot @ 3 ft, bottom @ 6 ft & 3 ft deep stone fill. (If 2 ft wide
trench is used install 125 lin ft of trench). Install trenches on contour
between existing ornamental trees as best as able. [Signature] 9/29/98

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 8 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 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

511013-A

JACK FYOCK SEPTIC SERVICE, INC.

SEPTIC PUMPING, INSTALLATION, AND REPAIRS

P.O. BOX 89 • GLENELG, MD 21737

PHONE (410) 988-9270 or (410) 531-2939

FAX: (410) 531-1256

Date 9/26/98Name InshelheAddress 14026 Cellbridge Dr.CityInvoice # 930498Description

\$110.00 Pump Septic Tank only;
 \$120.00/2000 gallons. Additional on Saturday and
 after 4:00 p.m. daily.

Phone 410-489-9291

*per Dan Foy
 Robert*

Time/DirectionsTotal

570.00

After 2:30 - Need to find - she knows where it is:
 off of Sharp Rd.

Mark Rifken was out here - septic is leaking

150.00 locate + cleanout pipe

110.00 pump Tank

Notice to the Customer

I understand that Jack Fyock Septic Service is NOT
 responsible for any damage to the driveway or the
 lawn while rendering services on my property.

Payment is due upon completion of job

Customer SignatureWe now accept Visa and MastercardComplete Sewer And Drain Service Now Available

**Make Check Payable To Jack Fyock Jr., Please Include
 Invoice Number On All Checks.

ORIGINAL

8/25/54

77 21.17
9/25

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT _____

DATE 9/25/54

Lois Cooper IS PERMITTED TO INSTALL X ALTER _____

ADDRESS Russville, Maryland PHONE 301-284-8888

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Great Woods ROAD Shady Rd. S. Baltimore, Md.

PROPERTY OWNER Great Woods Development Co.

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

SEWAGE PITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS TANK MUST BE _____

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY 50%

OTHER leaching bed - 120 sq. ft. bottom area per bedroom installed at a depth not exceeding 3 ft. below grade including gravel. Place leaching between 20 to 40 ft. from front lot line and between 10 and 20 ft. from left side as seen when facing lot from Shady Road.

NOTE: CALL FOR INSPECTION OF LEACHING BED EXCAVATION BEFORE ANY GRAVEL IS PLACED

PERMIT VALID AFTER THREE YEARS.

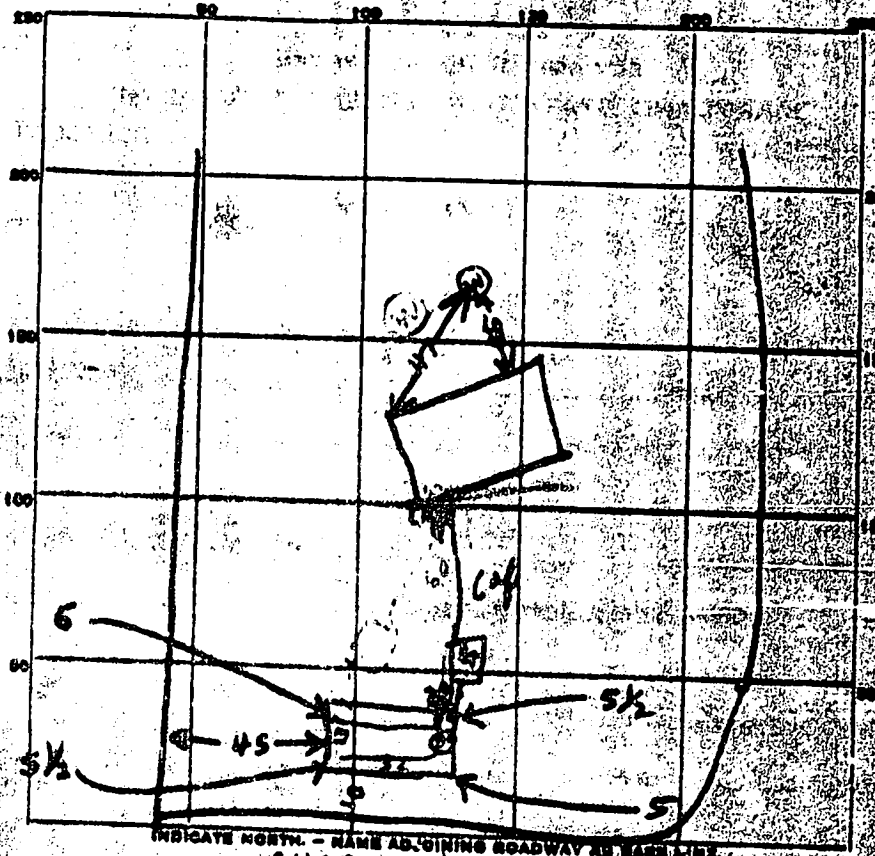
PLANS APPROVED BY D. M. Morrison DATE 9/25/54

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HO WORK UNTIL INSPECTED AND APPROVED.

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

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

100337



PERMIT CARD 011

SEPTIC TANK LEVEL 10.00 ft concrete CLEANOUTS 0 1/2

DISTRIBUTION BOX LEVEL OK

TILE FIELD, DEPTH 5 1/2 FT. TRENCH WIDTH 13 FT.

GRAVEL DEPTH 36" + IN. TOTAL LENGTH 32 FT.

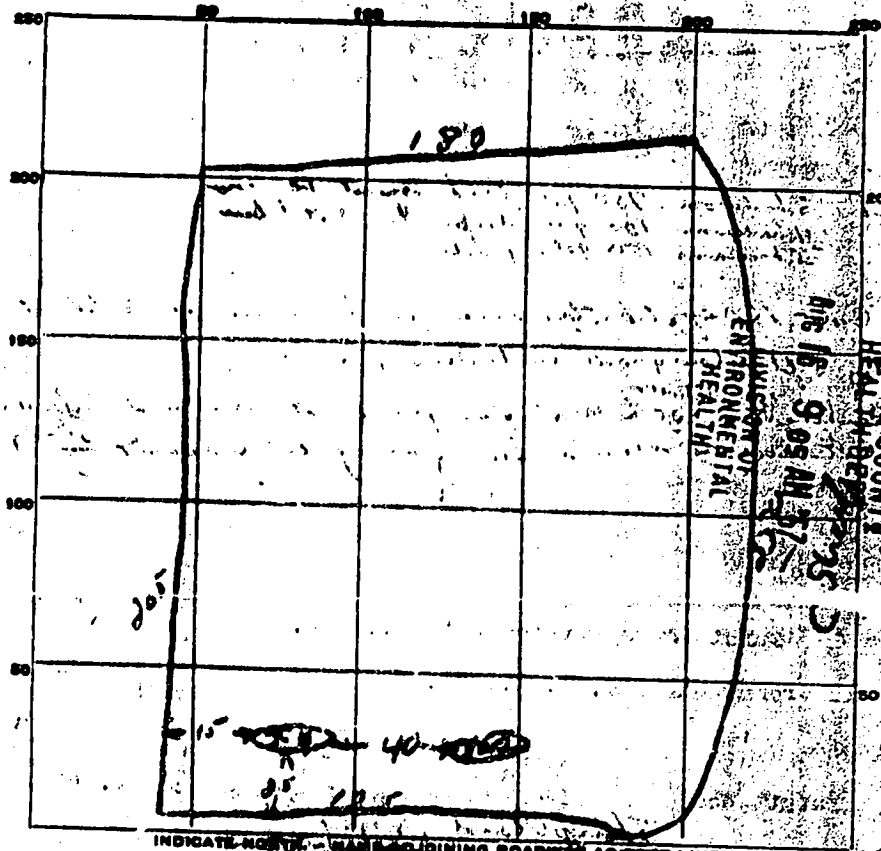
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 416 sq ft.

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

1230 sq ft ABSORBENT AREA _____ SQ. FT.

REMARKS 16 AUG 67 - OK to put gravel in bed

DATE SYSTEM APPROVED 8-22-67 INSPECTOR W. M. ...



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/16/66	1	10 1/2 ft	207	213	213	225	12 min
	2	5 1/2 ft	208	210	210	215	5 min
	3	10 1/2 ft	223	230	230	244	14 min
	4	5 1/2 ft	221	235	225	231	6 min

SOIL AUGER FINDING
 down 9/11/66

TESTED BY
 [Signature]

REMARKS
 backing bed - 3' [unclear] no deeper than 5' below original grade

ALSO PRESENT
 [Signature] lot # 2 or 3, part 2

WR-W-4
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

DEPT. OF WATER RESOURCES

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well)

limestone 0-85
8 ft granite 85-144

Steel 6 7/8 0-65

Permit Number HO-67-W-
Owner William A. Co...
Address ...
Subdivision ...
Section ...

PUMPING TEST
Hours Pumped 1
Type of Pump Used Hand
Pumping Rate 1/2
Gallons per Minute ...

WATER LEVEL
Distance from land surface to water) ...
Before Pumping ...
When Pumping ...

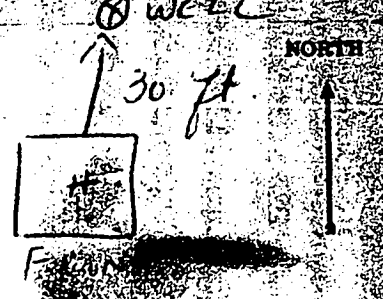
APPEARANCE OF WATER
Color Clear
Taste OK
Odor OK

Height of Casing above Ground Surface ...

PUMP INSTALLER
Type ...
Capacity ...
Gallons per Minute ...
Gallons per Hour ...
Pump Column Length ...

HO-67-W-267

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate, not less than 2 distances (measurements) to well



DATE WELL WAS COMPLETED

4/1/7

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Arthur N. Lawrence, Well Driller

Well Driller License No.: 190

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

14026 Celbridge Dr ^{Burntwoods}
Lot 1
BIKC Sec 3

Salim Inshaiwat ~~Sharp Rd, between Burntwoods & Celbridge?~~

LOCATION Salim Inshaiwat

OWNER John C. Kolbe ADDRESS same as above PHONE _____

OCCUPANT _____ ADDRESS _____ PHONE _____

COMPLAINANT Bob McDonald ADDRESS 3325 Sharp Rd PHONE 410-489-7442

REASON FOR INVESTIGATION active sewage discharge close to road, first house on the right N of Burntwoods

RECEIVED BY M.R. DATE 9/2/98 ASSIGNED TO M.R. DATE 9/3

DATE OF INVESTIGATION 9/3/98 TIME 11:30 WEATHER sunny, mild

REPORT 9/3/98 OWNER NOT HOME; SEWAGE DISCHARGE OBS'D ALONG SHARP RD AS DESCRIBED ABOVE (MR)

9/8/98 LAND RECORD SEARCH:
^(prev owner) KOLBE ⇒ INSHAIWAT, SALIM M. ^(new owner) 4380/440 (MR)

9/16/98 MTG w/OWNER: ADVISED HER OF BASIC S.S. OPERATION, REASONS FOR FAILURE, LIFE EXPECTANCY, S.T. PUMPING REQ'MENTS, SCHEDULE OF ENFORCEMENT, ETC.; ALSO ADVISED HER THAT IF DELAY IN REPAIR MANDATE REQUESTED THEN WRITTEN LETTER REQ'D; SHE WILL TALK w/SPOUSE & CALL BACK MR

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION NEXT DOOR TO 3329 SHARP RD AT SELERIDGE ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT HITE ADDRESS 3329 SHARP ROAD PHONE 410 489 7623

REASON FOR INVESTIGATION SEWAGE DISCHARGE IS INTO DRAINAGE DITCH ALONG ROAD
ACCORDING TO CALLER

RECEIVED BY G. SAUSAGE DATE 9/10/98 ASSIGNED TO N/A CODES _____ DATE _____

DATE OF INVESTIGATION 9/10/98 TIME _____ WEATHER _____

REPORT 1 T/C TO COMPLAINANT - NOTICE OF VIOLATION
ALREADY SENT TO OWNER; NO INSP REQ'D (MR)

DATE SUBMITTED _____ SANITARIAN _____

14626
Cambridge Ct

9/29/98

Hole A

2" grass roots + black loam
14-16" - yel red mica loam (fill)
16-20" - blackish loam (old A horizon)

3-3 1/2" Red Brn h mica loam (dry)
2" Red Brn mica loam (dry)

5 1/2" Neutral color moist
mica loam

9 1/2" begin c3d blue gray rottles
and m3d blk m m cnc in
neutral reddish tan mica loam
Mosses Sphagnum - SC
Mosses

perch @ 4 1/2

2:05 → 1st 1"
2:12 →
2:24 →
12 min =

125
x 3
4/375
100 Luff

~~Assign~~

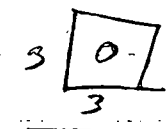
Trench 3' gravel deep

inlet @ 3'

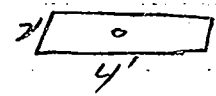
Bottom @ 6 ft

3 ft wide trench

preferred



over





HOWARD COUNTY HEALTH DEPARTMENT

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

October 16, 1998

Mr. & Mrs. Salim Inshaiwat
14026 Celbridge Drive
Glenelg, MD 21737

RE: Termination of Notice of Violation
14026 Celbridge Drive
Burntwoods, Lot 1, Block C, Section 3

Dear Mr. & Mrs. Inshaiwat:

The referenced Notice of Violation is hereby terminated. The condition cited in the Notice, which was issued on September 8, 1998 pursuant to Section 12.110 of the Howard County Code, has been remediated. Confirmation of the remediation of the specified condition is described below.

On October 1, 1998, a septic system repair was installed, inspected and approved by Ron Pinkley, registered sanitarian. Mr. Pinkley also observed the proper disconnection of the existing saturated leaching bed.

If you have any questions, please call me at (410) 313-2640. No further action on your part is required. Thank you very much for your cooperation in this matter.

Very truly yours,

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

MR
cc: File

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. and Mrs. Salim Inshaiwat
14026 Celbridge Drive
Glenelg, Maryland 21737

4a. Article Number

Z 071 842-950

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input 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
SEP 11 1998

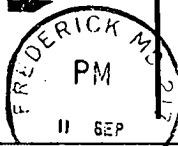
8. Addressee's Address (Only if requested and fee is paid)
GLENELG - 21737

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

Mr. Mark Rifkin, R.S.
Water and Sewerage Program
Bureau of Environmental Health
3525 Ellicott Mills Drive - Suite H
Ellicott City, Maryland 21043

1988 SP 14 AM 8:58

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

104374397



Z 071 842 950

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to
Mr. and Mrs. Salim Inshaiwat

Street & Number
14026 Celbridge Drive

Post Office, State, & ZIP Code
Glenelg, Maryland 21737

Postage

\$ 32

Certified Fee

135

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

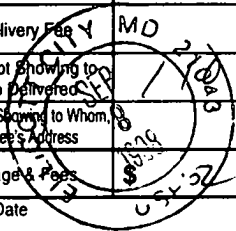
Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

Postmark or Date

Mark Rifkin

PS Form 3800, April 1995



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 an inquiry.

102595-97-B-0145



HOWARD COUNTY HEALTH DEPARTMENT

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

September 8, 1998

Mr. & Mrs. Salim Inshaiwat
14026 Celbridge Drive
Glenelg, MD 21737

RE: NOTICE OF VIOLATION
14026 Celbridge Drive
Burntwoods, Lot 1, Block C, Section 3

Dear Mr. & Mrs. Inshaiwat:

On September 4, 1998, Mark Rifkin, a sanitarian from this office, conducted an inspection at your property at the above referenced address in response to a report of an overflowing septic system. On that date, Mr. Rifkin observed surface sewage discharging at the slope along Sharp 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.

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