

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

12/7/2010

PERMIT

P 534406

Partial
APPROVAL ~~DATE~~

1/3/2011

A REPAIR

Septic Repair

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

J.M Contracting LLC

IS PERMITTED TO INSTALL ALTER

ADDRESS: 425 Obrecht Road Sykesville, MD 21784

PHONE NUMBER: 443-277-7526

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 15003 Frederick Road

PROPERTY OWNER: Earnestine Scott - Jones

SEPTIC TANK CAPACITY (GALLONS):

N/A

Trenches 2' Wide

PUMP CHAMBER CAPACITY (GALLONS):

N/A

Inlet 4.5'

NUMBER OF BEDROOMS:

3

Bottom 10'

SQUARE FEET OF HOUSE: _____

Two 62' Trenches

LINEAR FEET OF TRENCH REQUIRED:

124'

Effective Area Below 5.5'

TRENCHES:	
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

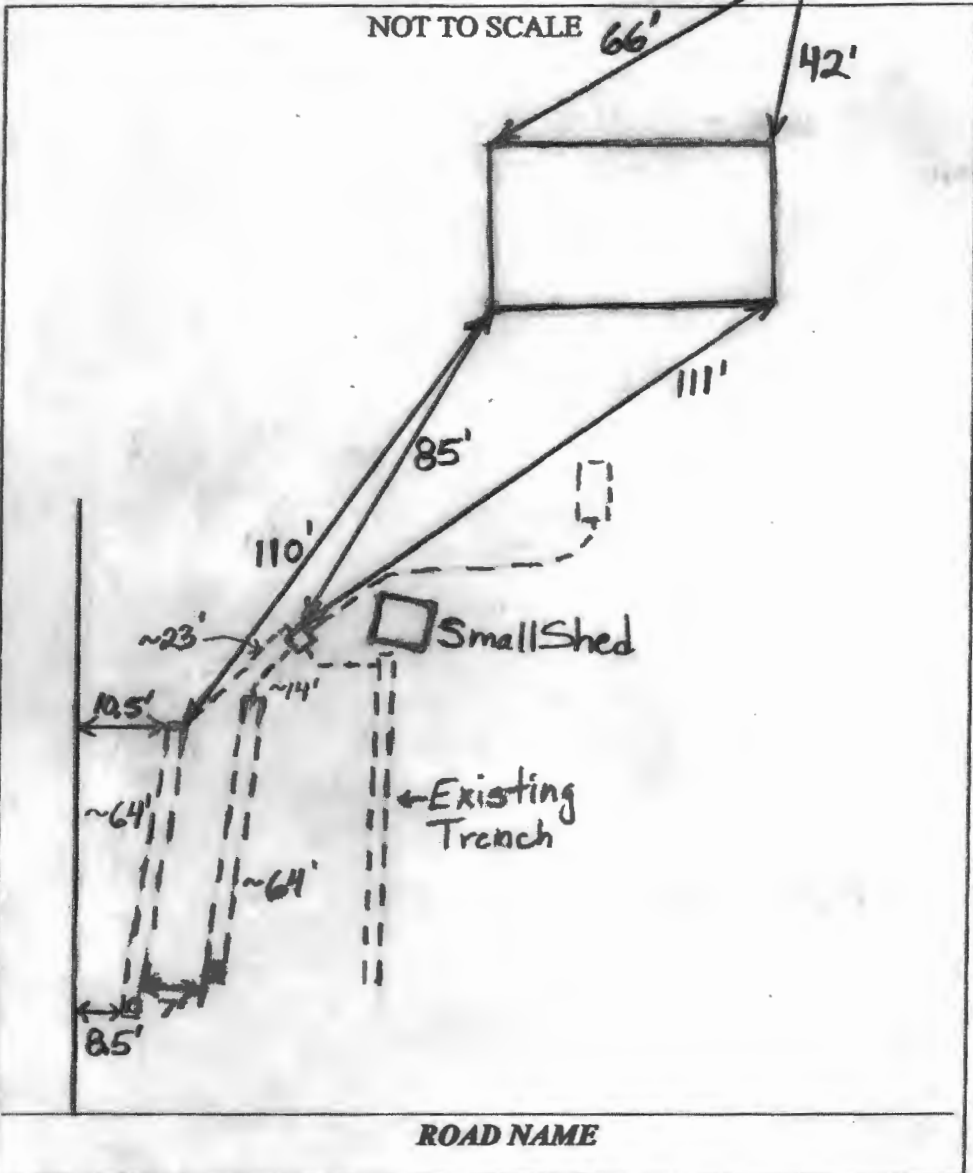
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

HO-73-0822



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4-5'	9-10'
NUMBER OF TRENCHES 2		
TOTAL LENGTH ~128'		
ABSORPTION AREA ~640		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>No</u>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>Yes</u>
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	<u>Midseam</u>
TANK LID DEPTH	<u>2.5</u>
BAFFLES	<u>Tank Covered</u>
BAFFLE FILTER	<u>No</u>
MANHOLE	<u>Yes</u>
6" PORT LOC	<u>Covered</u>
WATERTIGHT TEST	<u>No</u>
SLOTTED	<u>No</u>
DATE ON LID	<u>No</u>
PUMP/SEPTIC TANK LEVEL <u>N/A</u>	
MANUFACTURER _____	
CAPACITY _____ GAL	
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	

PRE-CONSTRUCTION:

12/16/2010 Install 2 trenches on contour uphill of the existing trench. Trench locations painted out. BB

INSTALLATION:

1/3/2011 System backfilled except for ends of trenches and distribution box. Riser bolted on. System had been installed during holidays without permission and without any inspections. It looks like a connection was made to the existing trench. Measured trench depths at observation points were 9' and 10'. Trench inlet appeared to be 4' at 9' deep trench and 5' at 10' deep trench. Had access to dist. box.

FINAL INSPECTOR B. Baker

DATE OF APPROVAL Partial Approval 1/3/2011

12/31/74
trinch inspection - okay to put in
gravel & leave both ends open per D.W.M.

PERMIT

P 20945
21044
A 20277

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4

DATE 11/15/74

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS Jennings Chapel Road, Woodbine, Md. PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 15003 Frederick Rd Rt. 144 - (see appli. for better directions) LOT

PROPERTY OWNER Wesley W. Scott

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 - 429 sq. ft. absorbent sidewall area to begin below the first 5 ft. of non-absorbent ground. Max. depth permitted for dry well is 14 ft. below original grade. Place dry well 100 ft. from front lot line and 32 ft. from right side line as seen when facing from Rt. 144.~~

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL - 6" STAND PIPE MUST BE USED -

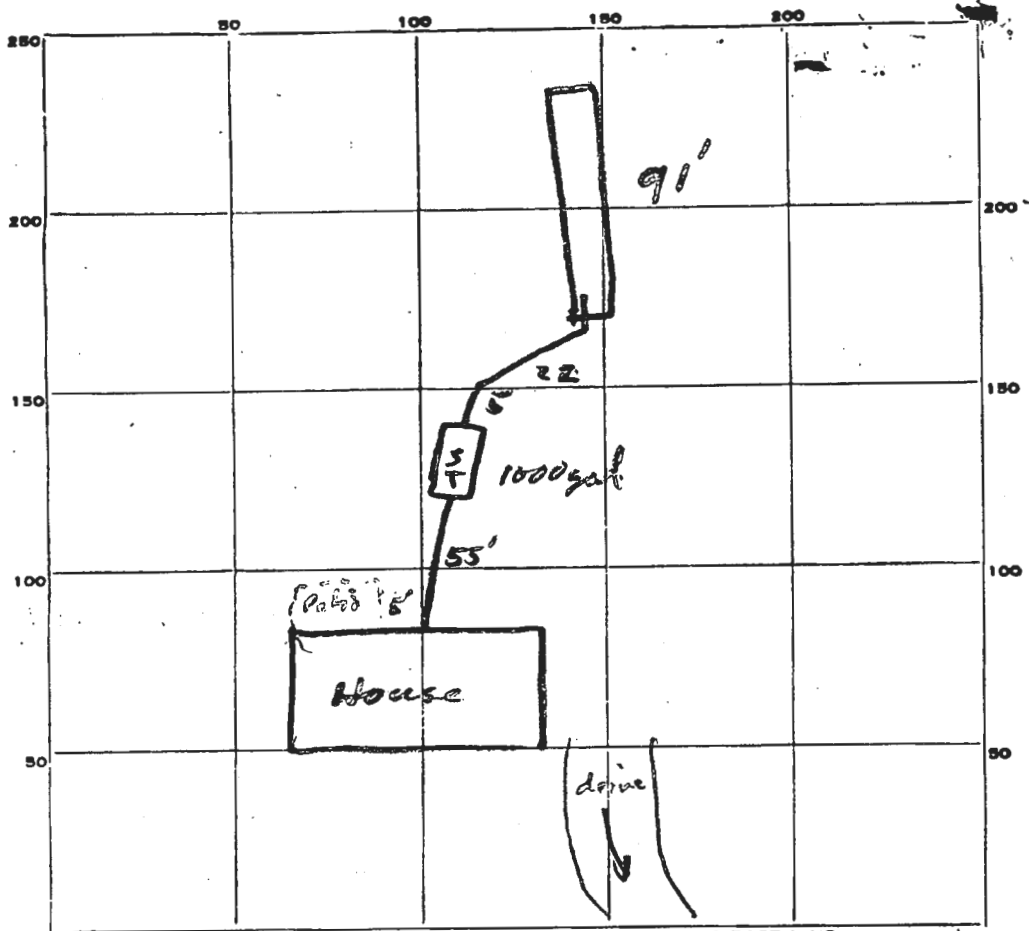
PLANS APPROVED BY D. W. Monaghan DATE 11/15/72
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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.

12/24/74 Trench - 75 ft min (100 ft. recommended) in length.
The trench will have 7 ft of stone, with the max. depth of the trench to be 12 ft. below o.g.
2 inspections will be required. The trench is to begin along side of the former dry well location. I have given Herman Sirk several options as to direction trench is to run. R.D.

513599-B A 21044



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← Rt 144 →

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

~~DISTRIBUTION BOX, LEVEL~~

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 91 FT.
sidewalk

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

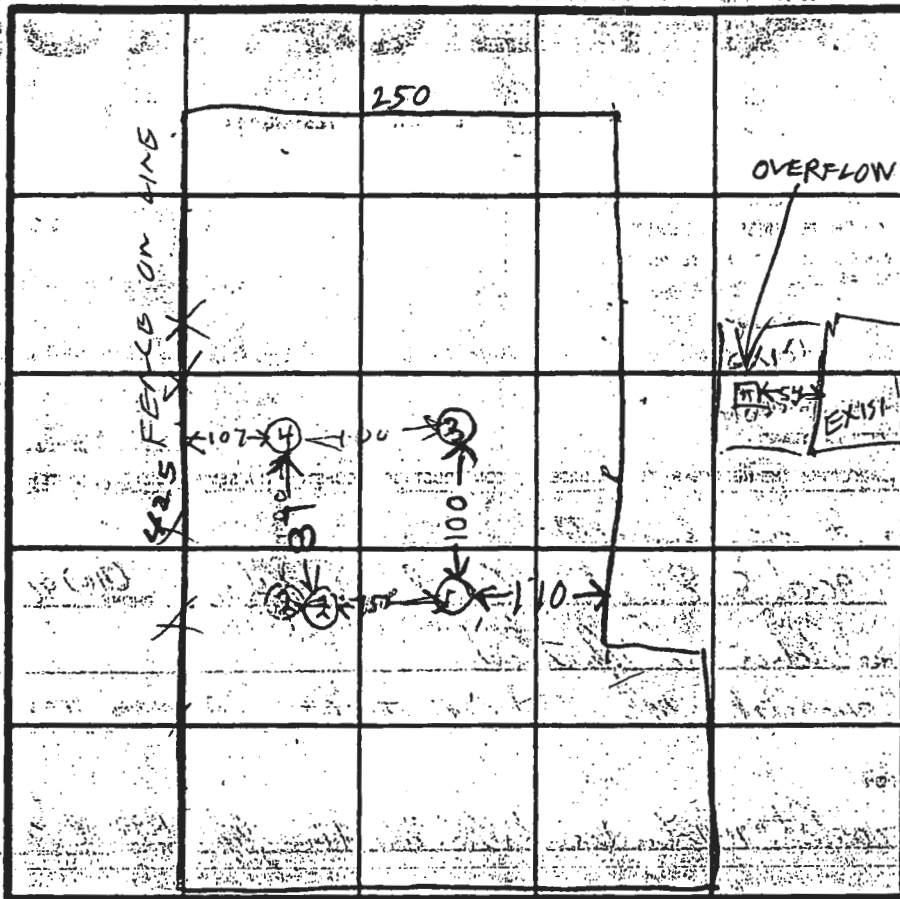
~~SEEPAGE PITS, INSIDE DIAMETER~~ _____ FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 637 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/31/74 INSPECTOR R. J. [Signature]

A47747
 LOT 3 HENRY SCOTT'S
 PROPERTY



SOIL PROFILE
 0
 CLAY
 18
 CLAY SAND
 6
 LIGHT BROWN SAND LOAM

14 1/2

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

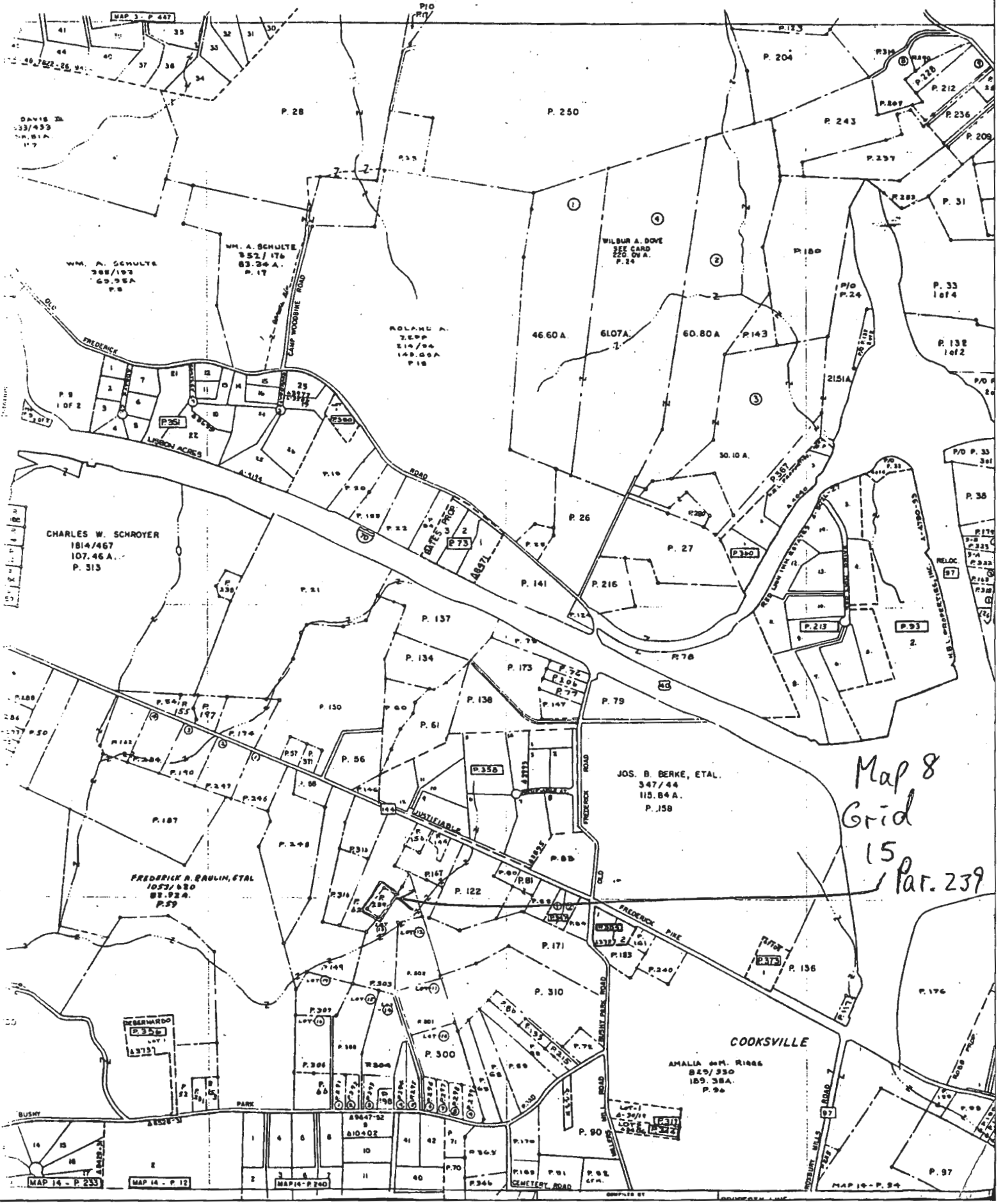
TOPSOIL CLAY
 TAN GRITTY SAND LOAM

TOPSOIL CLAY
 TAN GRITTY SAND LOAM

TOPSOIL CLAY
 TAN FINE SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/5/92	1S	3.5	259	323	307	311	3
	1S	14.5	OK	NEED SYSTEM			
	1ES	5	333	343	307	311	3
	1S	3	308	309	307	311	3
	3S	4	325	329	329	334	5
	1M	7	350	351	351	352	1
2/6/92	4S	7	1028	1031	1031	1038	8
	4S	4	1029	1030	1030	1033	3
11/11	4Y	13	OK				

REMARKS OVERFLOW TANK AT HOUSE RENTED BY ROSA ELLIS 15003
 LAND LORD IS WESLEY W SCOTT FACTORY RD
 WOODRIDGE
 21797
 TYPE OF SOIL ADDRESS SAME AS ROSA ELLIS
 BACKSIDE LEONARD SUTTON
 OWNERS MICHAEL MARTEL
 TESTED BY RAYMOND HODGES ALSO PRESENT CYNTHIA " " ROBERT " "



Map 8
Grid
15
Par. 239

MAP 14 - P. 233

MAP 14 - P. 12

MAP 14 - P. 240

MAP 14 - P. 24

COMPILED BY [illegible]

APPLICATION

A 17514

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/2/72

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 Wesley W. Scott

ADDRESS 105 Village Rd., Sykesville, Md. 21784 PHONE 795-9158

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - just ~~before~~ before Howard County Supply Co. - on left side

2 doors before Howard County Supply (house has wheel chair ramp)
use that driveway.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.000 acre TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Wesley W. Scott

APPROVED BY _____ FOR _____ DATE _____

(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

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 15003 Frederick Rd ZIP 21797

OWNER WESLEY SCOTT
OCCUPANT ROSE ELLIS ADDRESS 15003 FREDERICK RD PHONE 2

COMPLAINANT GM MARTIN ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Last Year there was a sewage overflow next to H & Scott Property, 15005 Frederick Rd Woodbine 21797. This year follow up inspection done

RECEIVED BY RH DATE 7/15/93 ASSIGNED TO RH DATE 7/15/93

DATE OF INVESTIGATION 7/15/93 TIME 1100 AM WEATHER FAIR & WARM

REPORT 2/15/93 VISITED ROSE ELLIS TENANT AT 15003

FREDERICK RD. SHE SAID THE SYSTEM IS STILL OVER FLOWING. I found this to be true. She said the landlord Wesley Scott had the system pumped out but it filled up. She said the landlord does not want to spend the money to fix the system. She said that Mr Scott received a letter from Health Dept last year she said to send you letter to her address she said she does not know landlord address. I said we would continue the enforcement process RH

MR REC'D 8/26/93 7955670

9/7/93 - TALKED TO ROSE ELLIS

MR FOGLE FIXED SYSTEM ABOUT

4 WEEKS AGO, NOT OVERFLOWING TODAY DISCUSSE WITH MR FOGLE LATER 7955670

DATE SUBMITTED _____ SANITARIAN _____

APPLICATION

A 17514

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/2/72

TO: THE COUNTY HEALTH OFFICER
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use that driveway.

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PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.000 acre TYPE BLDG. 3

NUMBER OF BEDROOMS

(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Wesley W. Scott

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

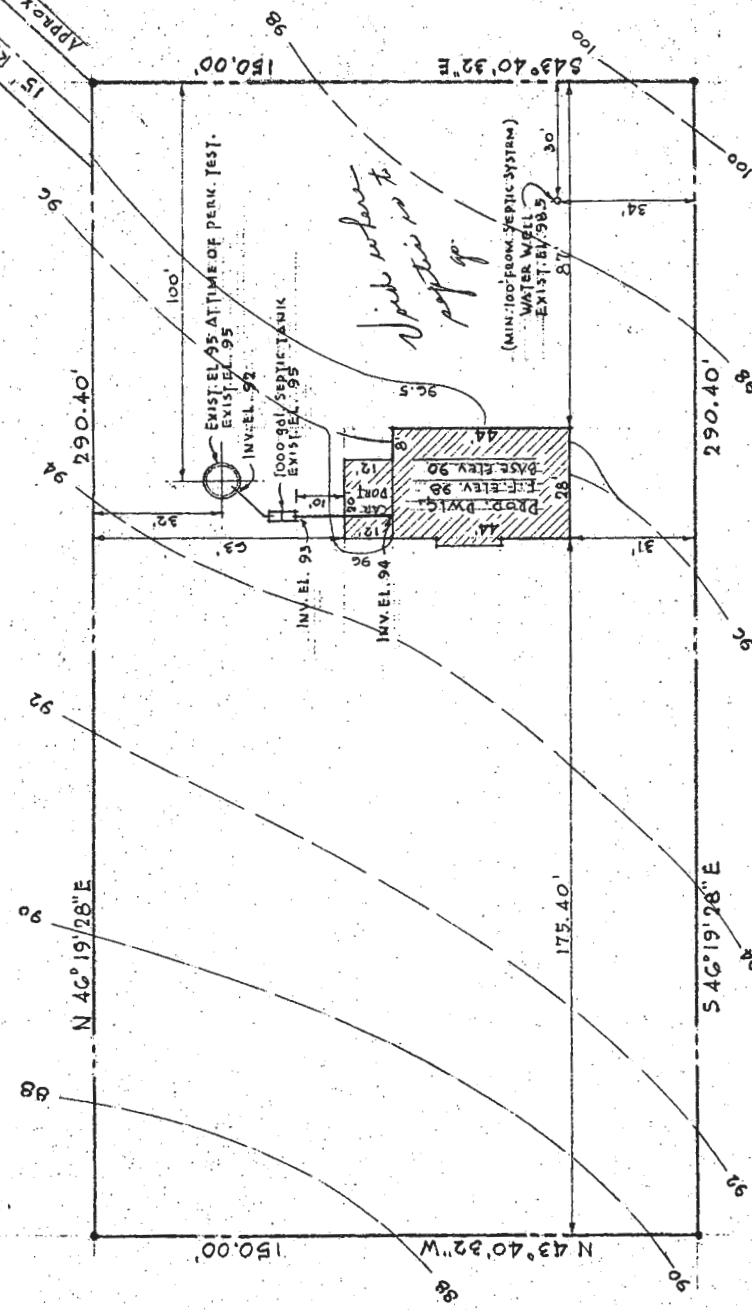
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

82473
#18964 Wesley Scott

15' R/W USE IN COMMON
APPROX. 1/4 MI. TO R.F. 144



PROPERTY OF
MR. & MRS. WESLEY W. SCOTT
ATTN: EJECT. DIST. HOWARD CO., MD.
LIBER. C.M.P. No. 591. Folio 545

B 1 600
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 11/8/74
 1:30

OWNER Scott, William
 COL 18 LAST NAME COL 34 FIRST NAME COL 34
STREET OR RFD 15005 Frederick Drive
 COL 36 COL 56 COL 56
POST OFFICE Woodbine Md 21797
 COL 57 COL 76 COL 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
DATE Aug 23, 74 **LICENSE NUMBER** 4-42
 COL 1 COL 6 COL 77 COL 80
FIRST NAME H. F. Eustead **DRILLER** H. F. Eustead **LAST NAME**
SIGNATURE H. F. Eustead

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
COUNTY Hancock (DO NOT ABBREVIATE COUNTY NAME) COL 21
SUBDIVISION COL 23 COL 42
SECTION COL 44 COL 46 COL 48 COL 50
NEAREST TOWN COL 52 COL 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 COL 76 COL 77 COL 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL 8 COL 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL 14 COL 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

B 4 **DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)**
 1 2 3 (SEQ. NO.) 6
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
NEAR WHAT ROAD 11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 150 FEET COL 24 COL 26
APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
 COL 41 COL 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER COL 54 COL 55
ENGINEER REVIEW DISTRICT NO. COL 63 COL 65
FORCE COL 67 COL 68 **CONDITIONS** COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH COUNTY NAME Worcester COUNTY NO. 23300000
DATE 11/8/74 **APPROVED BY**

10/4/74
 26' casing / 1' annu grade
 18' open
 6 bags cement
 6 1/2 drums
 63' case
 2 1/2 open
 2 1/2 pipes under pressure
 13 bags
 2 m
 11/8/74
 Problem well must be grouted again.

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 76
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED, WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)
 9-26-74
 DATE WELL COMPLETED
 18 20

DEPTH OF WELL
 100
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 H-75-01
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER: Scott Wesley
 LAST NAME FIRST NAME
 STREET OR RFD: 15005 Frederick Rd. POST OFFICE: Woodburn 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	
Top soil	0	2	
Shaley	2	10	
Brown slate	10	100	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES 44 NO 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT 45 46 BENTONITE CLAY 45 46 B.C. 45 46

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 18 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES
 INSERT APPROPRIATE CODE BELOW
 S T STEEL
 C O CONCRETE
 P L PLASTIC
 O T OTHER

MAIN CASING TYPE: S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 60.63

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW
 S T STEEL
 B R BRASS OR BRONZE
 H O OPEN HOLE
 P L PLASTIC
 O T OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT)
 FROM TO
 1 17 0 18 100
 2
 3

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 60 (NEAREST INCH)
 FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 95

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT)
 WHEN PUMPING 100 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 AIR 27 PISTON 27 TURBINE 27
 CENTRIFUGAL 27 ROTARY 27 OTHER (DESCRIBE BELOW) 27
 JET 27 SUBMERSIBLE 27

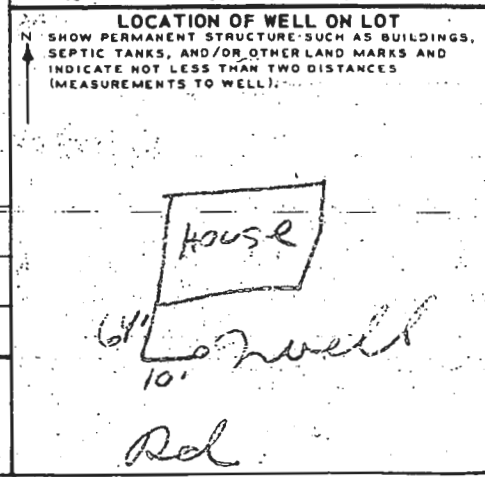
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE }
 BELOW } 50 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

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
 (PLEASE PRINT) F. E. ...
 SIGNATURE F. E. ...

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

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

DISPOSITION	DATE

LOCATION 15003 Frederick Rd ZIP 21797
 OWNER WESLEY SCOTT
 OCCUPANT ROSE ELVIS ADDRESS 15003 FREDERICK RD PHONE 2

COMPLAINANT CIM MARTLOUK ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Last Year there was a sewage overflow next to H & Scott Property, 15005 Frederick Rd Woodbine 21797. This year follow up inspection done

RECEIVED BY RH DATE 7/15/93 ASSIGNED TO RH DATE 7/15/93

DATE OF INVESTIGATION 7/15/93 TIME 11:00 AM WEATHER FAIR & WARM

REPORT 2/15/93 VISITED ROSE ELVIS TENANT AT 15003

FREDERICK RD. SHE SAID THE SYSTEM IS STILL OVER FLOWING. I found this to be true. She said the landlord Wesley Scott had the system pumped out but it filled up. She said the landlord does not want to spend the money to fix the system. She said that Mr Scott received a letter from Health Dept last year she said to send me letter to her address. She said she does not know landlord address. I said we would continue the enforcement process RH

MR REC'D 8/26/93 7955670

9/7/93 - TALKED TO ROSE ELVIS

MR FOGLE FIXED SYSTEM ABOUT

~~4~~ WEEKS AGO. NOT OVERFLOWING TODAY

DISCUSSE WITH MR FOGLE LATER 7955670

DATE SUBMITTED _____ SANITARIAN _____

LOT 3
3.021 AC. A477147

36" Tree
w/ Red Flagging



PROPERTY OF
LIBER WESLY W. SCOTT
ZONED RC-DEC 95
PARCEL No. 239

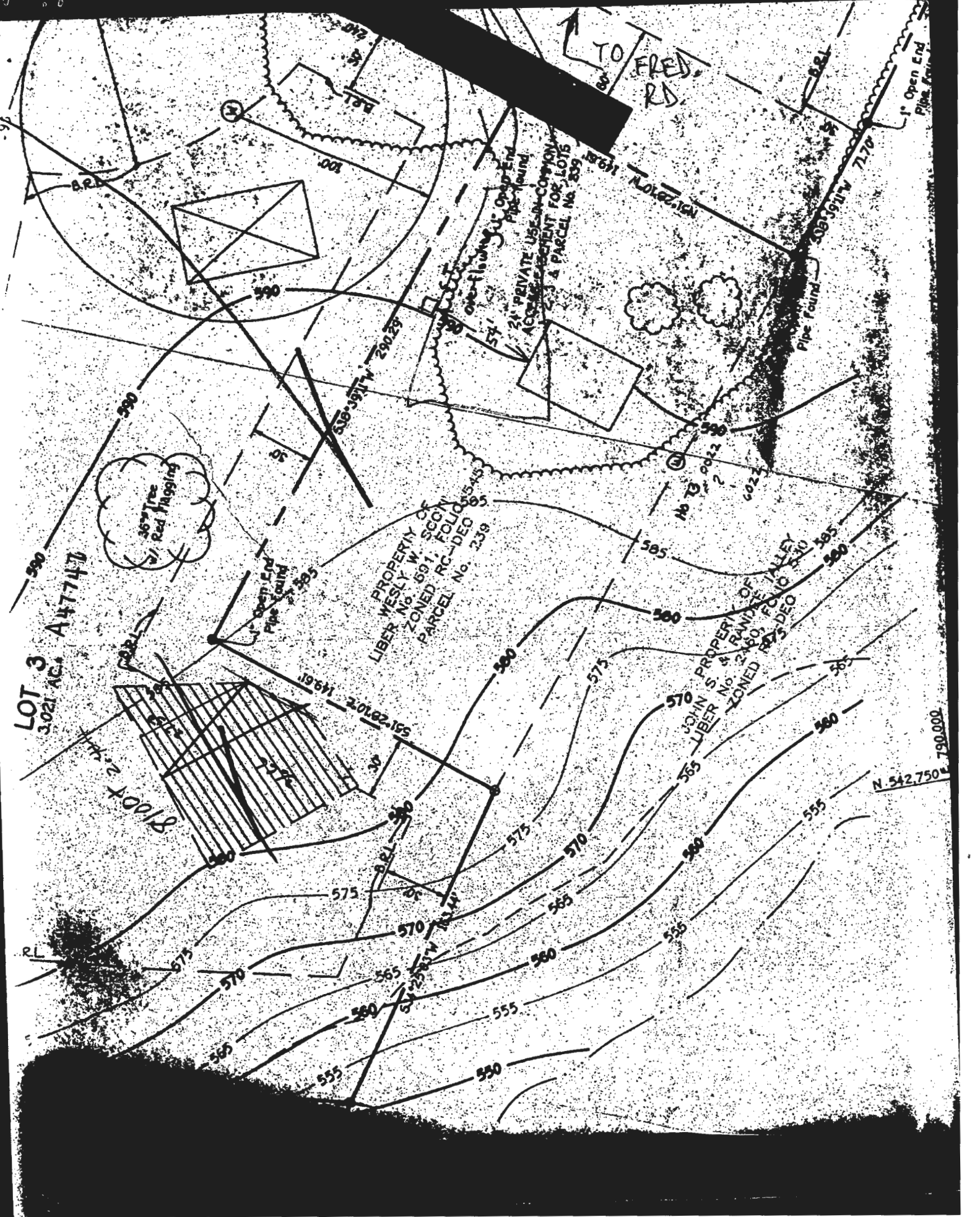
TO
FRED
RD.

24" PRIVATE USE IN COMMON
ACCESS AGREEMENT FOR LOTS
233 & PARCEL No. 239

PROPERTY OF
JOHN S. LIBER
ZONED RC-DEC 95
PARCEL No. 239

N. 542,750

790,000



REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 1500³ Frederick Road ZIP 21797

OWNER OCCUPANT Wesley Scott ADDRESS 1500³ Frederick Road PHONE 301-520-4805

COMPLAINANT Cindy Martlock ADDRESS 5745 Calverton Street PHONE (W) 788-7700
Baltimore, Maryland 21228 PHONE 788-0519 (H)

REASON FOR INVESTIGATION Overflowing Sewage; enter @ mailbox for 15005 to
tan brick house, way back on left

RECEIVED BY Jane Reeves DATE 12/16/93 ASSIGNED TO M.R CODES _____ DATE 12/16

DATE OF INVESTIGATION 12/16 TIME 2:00 WEATHER cool, clear

REPORT INSP REVEALS NO FAILURE @ THIS TIME; LOC. OF PROBABLE C/O FOUND (RECENT EXCAVATION); UPON LEAVING PROPERTY, MET OWNER WHO EXPRESSED ANNOYANCE @ CONSTANT SEWAGE COMPLAINTS FROM ABOVE COMPLAINANT (OR HER ASSOCIATES); SHE ALSO CLAIMS THAT SEPTIC WAS PUMPED & "FIXED" IN AUGUST & THAT THERE IS NO SEPTIC FAILURE, UNLESS COMPLAINANTS "WANT TO PAY FOR IT"; ~~NOT SURE~~ THIS INSP. NOT CONVINCED SEPTIC WON'T BE FAILING IN NEAR FUTURE (IF NOT NEXT MONTH) M. Ripkin

12/16/93
@ FOUND OLD COMPLAINT FILE: NOTE TO FILE RE: UNKNOWN WORK ON SYSTEM BY FOGLE; T/C TO FOGLE REVEALS TANK PUMPED, LINE CLEANED - NO ACTUAL "REPAIR";
FILE CLOSED

MR 12/17/93

DATE SUBMITTED _____ SANITARIAN _____

SITE INSPECTION SHEET

OWNER: Wesley Scott

DATE REQUESTED: 12/16/23

ADDRESS: 15003 Frederick Rd
Woodbine 21797

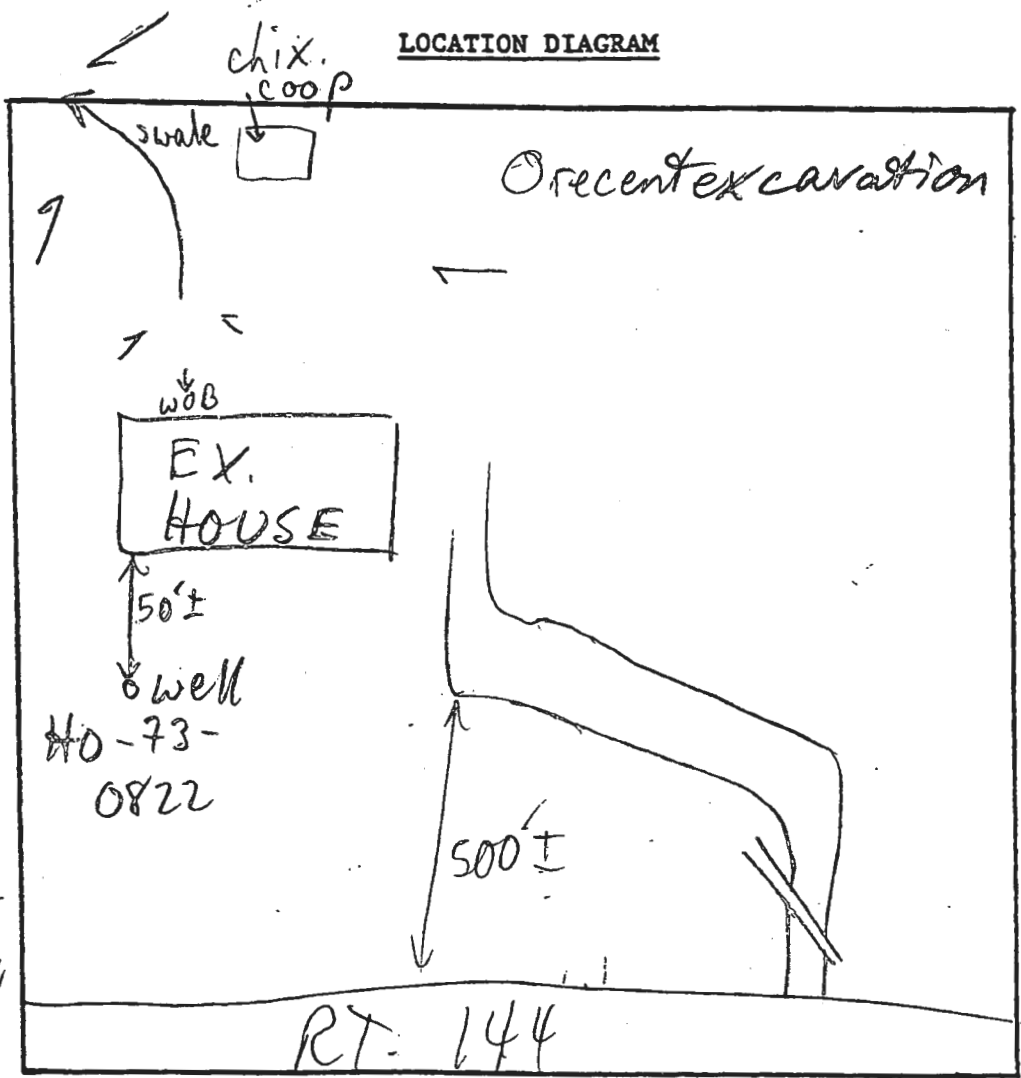
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: sewage overflow

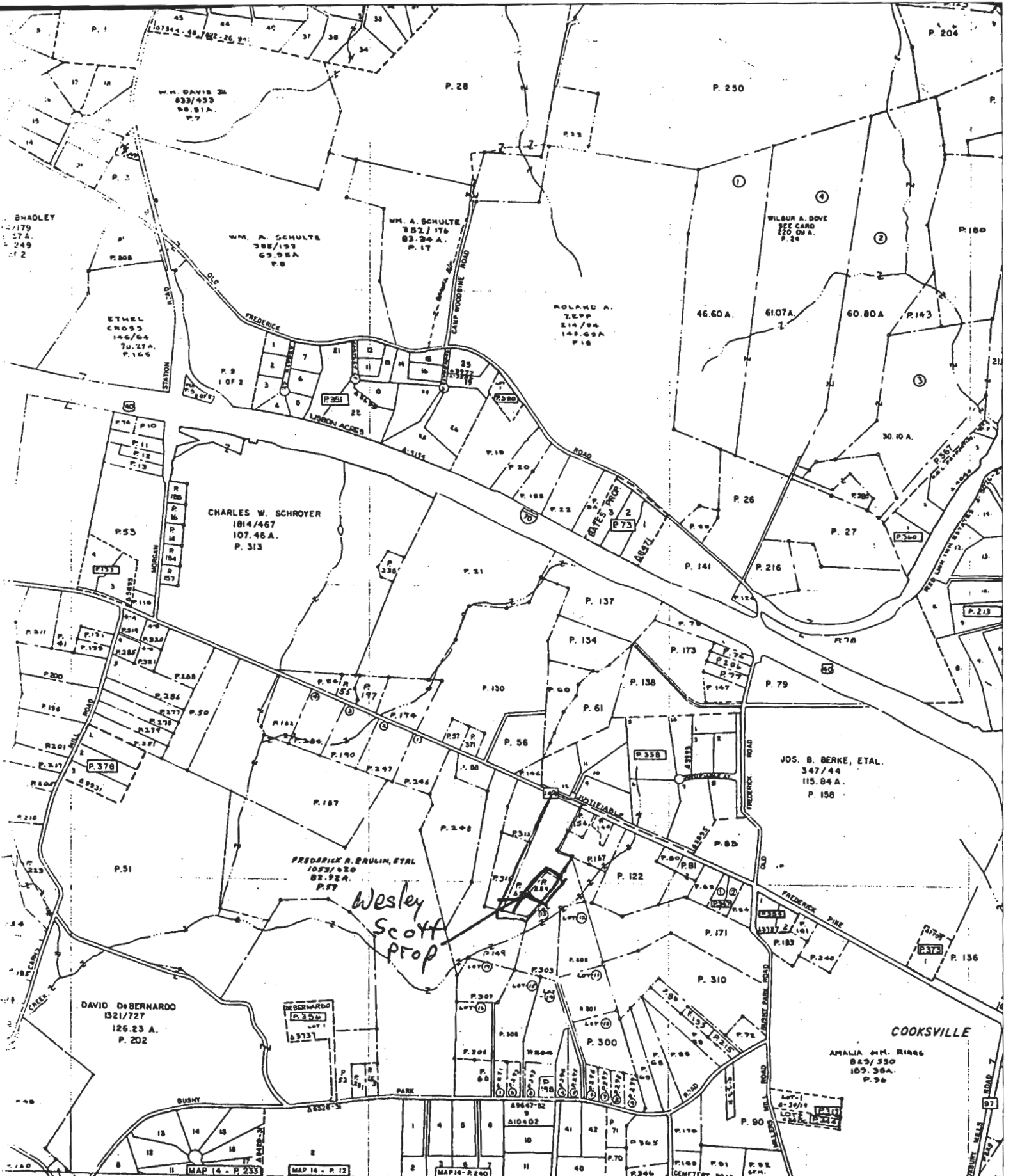
LOCATION DIAGRAM



COMMENTS: SEE ATTACHED COMPLAINT SHEET MR

DATE: _____

INSPECTOR: _____



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DEPT. OF ASSESSMENTS & TAXATION
PROPERTY MAP DIVISION

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PROPERTY LINE
 SUB-DIVISION BOUNDARY --
 CONTINUING OWNERSHIP --
 PARCEL NUMBER -- P. 346

SCALE: 1" = 600'

REVISED TO: DATE: LITER: BY: LAST P. NO. OF SHEET

DEC. 92 2788 LLM 376 202-18