

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

02-266423

P 50797

A REPAIR

DISTRICT 2nd

DATE 7-25-95

DATE SYSTEM APPROVED 9-5-95

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
XXX-461-9933 313-2640

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 8396 Park Drive

PROPERTY OWNER James Wendell

ADDRESS 8390 Park Avenue Drive
Ellicott City, Maryland

SEPTIC TANK CAPACITY existing 2000 gal (2yr old) 1000 GALLONS
1000gal pump chamber top sealed + single pump

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

3/375
30
45
75 x 3 = 225
150

REPAIR - PURPOSE - TO REPAIR A FAILING SEPTIC SYSTEM.

Call for inspection when ground is opened so sanitarian can recommend repair. 05/19/95

check to make sure septic tank is sealed against ground water penetration.

Install a 1000gal top sealed pump chamber and a single pump system w/ alarm

OK to connect to existing leach bed (check dimensions). Install a total of

75 ft of 2 ft wide trench, inlet 1/2-2ft, 5ft deep, 3ft gravel fill.

PLANS APPROVED BY MR/RP DATE 7/20/95

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

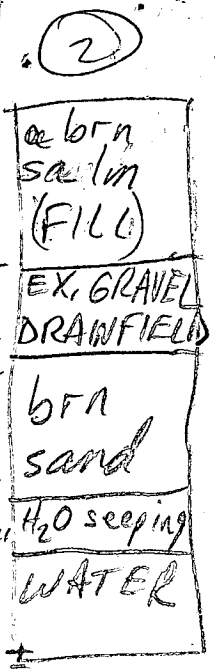
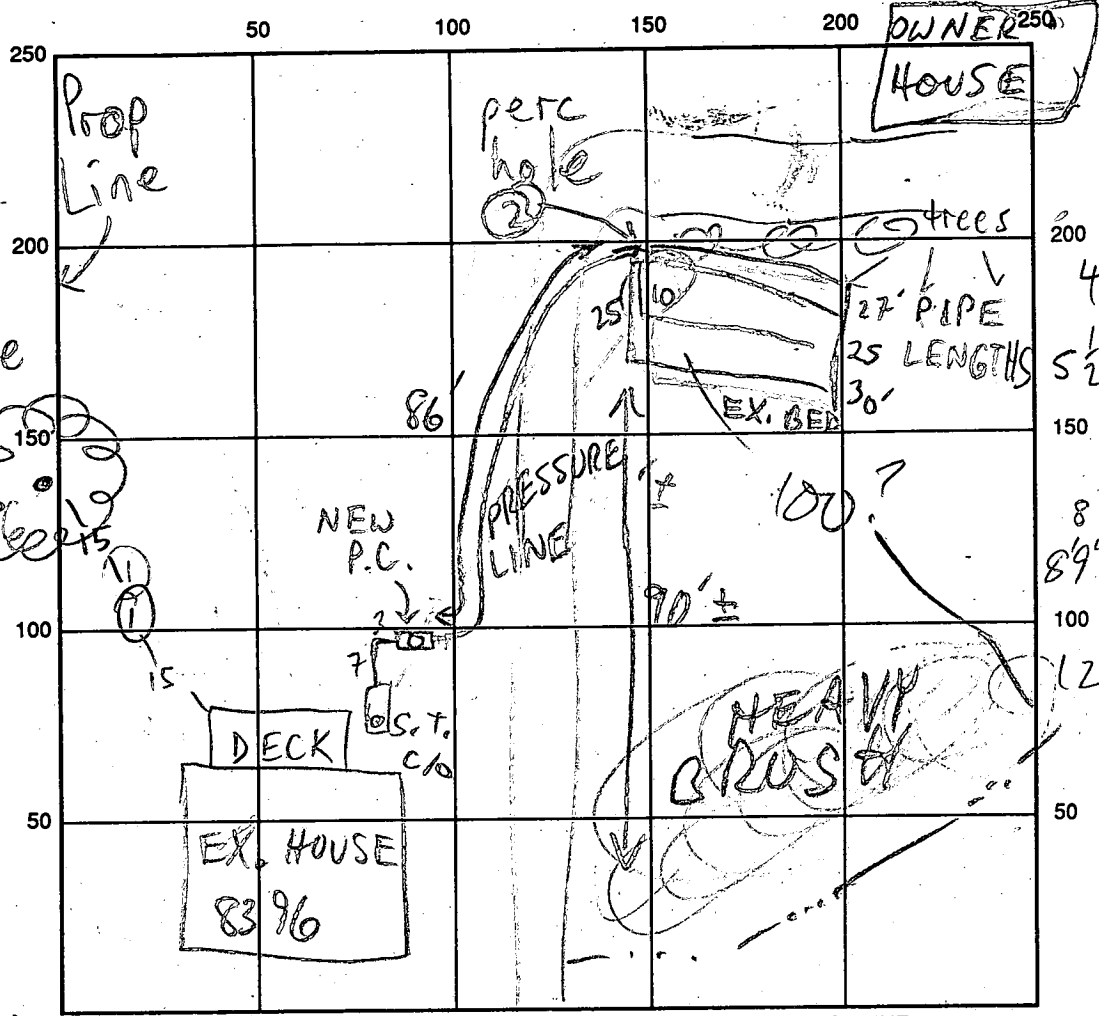
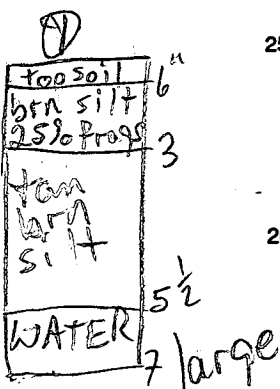
PERMIT VOID AFTER TWO YEARS

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 P 50797



PARK DR

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 7.5-7.5± FT. TRENCH WIDTH _____ FT. INLET DEPTH 3.5-2/1.5 FT.

EFFECTIVE GRAVEL DEPTH 3.5-4± FT. LEACHING BED: 25x30± TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/30/95 SHALLOW H₂O IN BOTH HOLES; ADVISED OWNER ONLY OPTIONS LEFT TO CONSIDER ARE SHALLOW PUMPED SYSTEM ON HILL ABOVE HOLE ② IF EX. DRAIN-FIELD DOES NOT EXTEND THIS FAR; ONLY OTHER OPTION IS HOLDING TANK; WENDELL SAYS HE WILL SEAL TANK + EXPERIMENT W/HOLDING TANK COSTS MR 7/5/95 LINE SEALED MR 7/18/95 LINE DISCHARGING (FROM JOINT) UPSTREAM OF SEAL MR

DATE SYSTEM APPROVED _____ INSPECTOR [Signature] 9-5-95

8/28/95 USING EX. BED, NO ADD'L TRENCH REQ'D 8/29/95 PUMP PIT & LINE OK, HOLD FOR PUMP INSP. MR 9/5/95 - pump & controls operating ok. F. F.

6/2/94
ASAP
7/12/94
??

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A REPAIR _____

DISTRICT 2nd

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 8396 Park Drive (rental)

PROPERTY OWNER Wendell

ADDRESS 8396 Park Avenue
Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

NOTE: Per Jean Reed - Department of Engineering,
Public Sewer is not available - 06/04/94

REPAIR - PURPOSE - METAL SEPTIC TANK HAS COLLASPED. REPLACEMENT WITH A 10000 GALLON CONCRETE SEPTIC TANK.

Call for inspection when tank is in place so that a sanitarian can
location and size of tank. 06/04/94

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

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PERMIT VOID AFTER TWO YEARS

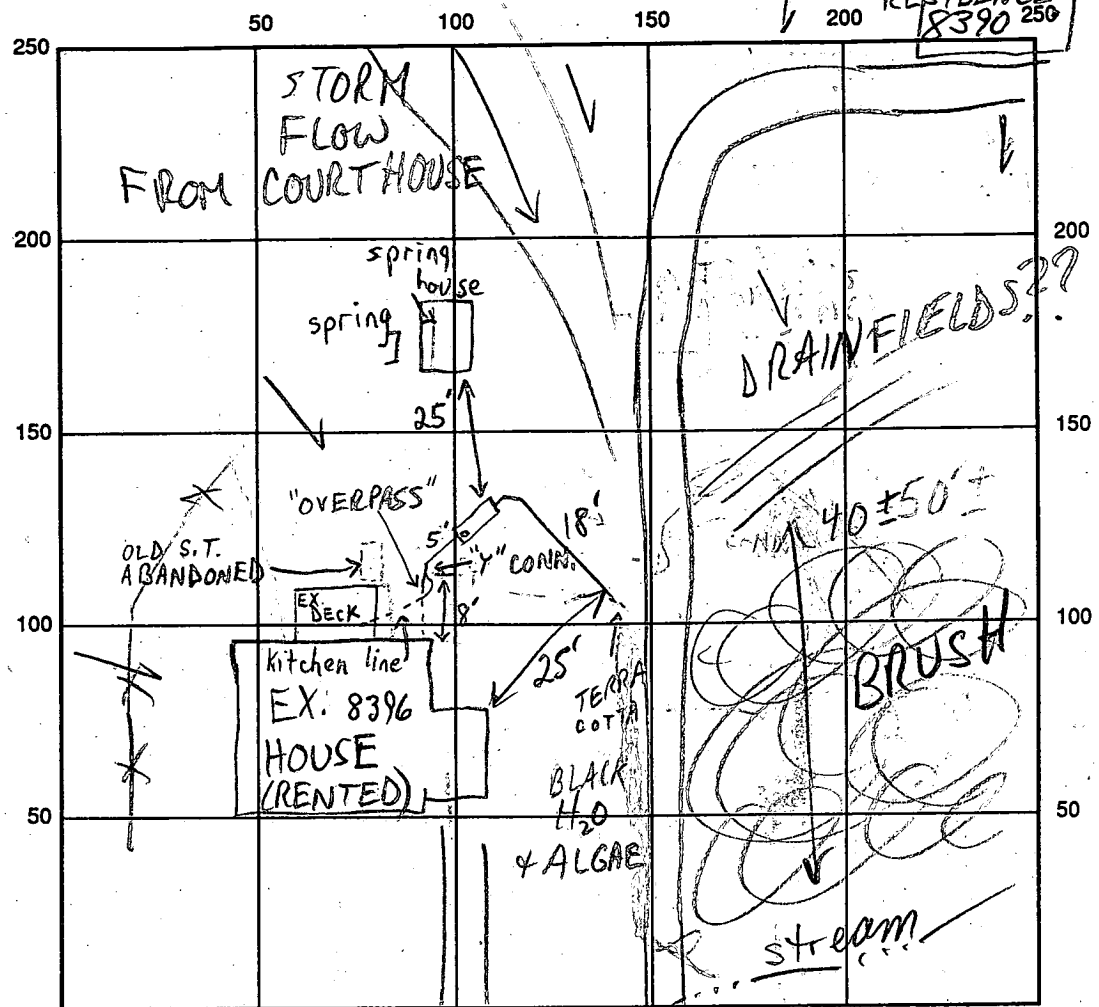
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A

MR. WENDELL'S
RESIDENCE
8390 250



CHURCH RD

PARK DR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 GAL CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/7/94 DRAIN FIELD LOC. UNKNOWN; DYE TEST FOR STREAM w/IN 2 WEEKS; OK TO COVER S.T. MR 7/13/94 STREAM BANKS OVERGROWN, SO DYE NOT LIKELY TO BE VISIBLE ANYWAY; NO DYE OBS'D. BUT BLACK, ODOROUS WATER & ALGAE ALONG WENDELL'S DRIVE => PROR. BROKEN PIPE; SPOKE TO OWNER'S HOUSEMATE TO FIX MR

DATE SYSTEM APPROVED _____ INSPECTOR _____

Z 398 831 874



Receipt for Certified Mail

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

PS Form 3800, March 1993

Sent to Mr. James Wendell	
Street and No. 8390 Park Drive	
P.O., State and ZIP Code Ellicott City, MD 21043	
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

5/12/95

Craig Williams

**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-0219

p1
6/26/95 Meeting = Mr. Wendell, CW, MR

He Agreed to seal tank, ~~then~~ investigate
pumped repair ASAP

He also requested withdrawal of citation,
we responded we could not do that,
but after repair, our need for citation
may change; ask question again after repair

7/20/95 MET RP, WENDELL & ARNOLD'S @ SITE; AGREED
TO USE EX. BED, INSTALL ADD'L TRENCH (MR)

8/28/95 #1 ARNOLD'S FOUND EX. LEACHING BED FURTHER
UPHILL THAN EXPECTED; AGREED TO USE (MR)

P-2

6/29

MARK —

PER HIS PHONE CALL. —

WENDELL WILL SEAL HIS
TANK THIS WEEKEND. *

REPAIR PORC & ST AM JULY 20.

REPAIR INSTALLATION JULY 26.

* WILL PHOTO DOCUMENT.

I SAID OK

(CW)

— PLEASE NOTE THE ELLE, etc.

— SEE THAT THE PERMIT IS READY. —

Ho. Co. Health Dept.

UNIFORM MUNICIPAL INFRACTION/
CIVIL CITATION

District Court of Maryland for

County/Municipality/State of Maryland			Agency
vs.	Wendell.	James	
Defendant's (Last) Name	First	Middle	
8390 Park Drive			
Current Address in Full			
Ellicott City,	Maryland	21043	
City	State	Zip Code	

DOB	Height	Weight	Sex	Race	Hair	Eyes
Related Citations						Telephone No.
						Day: 964-7576 Night: 461-7278

It is formally charged that the above named defendant on June 14, 1995,
 at 9:45 a. M at 8396 Park Drive, Ellicott City, Maryland,
Howard County, Maryland
 did create a nuisance by allowing sewage to be discharged
on this property.

This citation is based upon an affidavit of (See attached.)
 In violation of: Md. Ann. Code COMAR Municipal Ordinance/Public Local Law/Local Code

Document/Article	Section	Sub Section	Paragraph
Ho. Co. Code	12	110	

I sign my name as a receipt of a copy of this Citation and not as an admission of guilt. I will comply with the requirements set forth in this Citation.
 Defendant's Signature

YOU MUST EITHER ELECT TO STAND TRIAL OR PAY A FINE.

NOTE: Failure to either pay the fine or request a trial date by the below mentioned date will deem you liable for the fine assessed, the fine may be doubled and a judgment on affidavit entered against you including an Order of Abatement.

OR If you request a trial date and then fail to appear in Court, the fine may be doubled and a judgment on affidavit may be entered against you.

YOU MAY PAY A FINE OF \$ 50.00 BY July 5, 1995 AT (Pay-
 ment Location) Office of Finance, Geo. Howard Bldg., E.C., Md.
 THIS WILL BE DEEMED AN ADMISSION OF GUILT AND NO TRIAL DATE WILL BE SET. OR
 IF YOU ELECT TO STAND TRIAL, DO NOT FORWARD PAYMENT OF THE FINE, BUT YOU MUST NOTIFY IN
 WRITING Director of Finance, Geo. Howard Bldg., E.C., MD
 AND THE DISTRICT COURT WILL NOTIFY YOU OF A TRIAL DATE AND LOCATION.

IN ADDITION, Howard County Health Department
 IS SEEKING ABATEMENT OF THIS INFRACTION. YOU MAY BE ORDERED TO ABATE THIS INFRACTION
 OR BE ASSESSED THE COSTS FOR THE ABATEMENT, AS WELL AS A FINE OF UP TO \$1,000, PLUS
 COURT COSTS. FAILURE TO APPEAR SHALL RESULT IN JUDGMENT ON AFFIDAVIT.

YOU MUST APPEAR IN COURT: A court date will be sent to you by mail.

YOU MAY ELECT TO STAND TRIAL OR YOU MAY ELECT TO PAY A PRESET FINE OF
 \$ to the District Court of Maryland at

and **AVOID TRIAL.** A court date will be sent to you by mail. Payment must be made on
 or before the scheduled trial date.
AFTER TRIAL the Court may impose a fine up to \$
 plus court costs.
**FAILURE TO APPEAR OR, IF PERMITTED, PAY THE PRESET FINE LISTED ABOVE, WILL RESULT IN A
 WARRANT BEING ISSUED FOR YOUR ARREST.**

I solemnly affirm under the penalties of perjury, and upon personal knowledge or based on the affidavit,
 that the contents of this citation are true and that I am competent to testify on these matters. The defendant
 is not now in the military service, as defined in the Soldier's and Sailor's Civil Relief Act of 1940 with
 amendments, nor has been in such service within thirty days hereof.

Officer's Signature Mark F. Klein Date 6/16/95

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

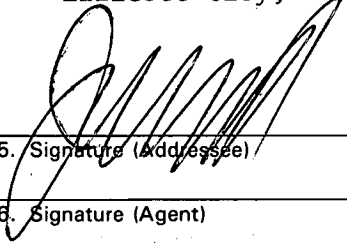
I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. James Wendell
 8390 Park Drive
 Ellicott City, Maryland
 21043



5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number

Z 191 146 098

4b. Service Type

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

6-19

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

Thank you for using Return Receipt Service

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



HEALTH DEPARTMENT
ELLICOTT CITY, MD

95 JUN 20 AM 11:26

Print your name, address and ZIP Code here

• Howard County Health Department •
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

17



CITATIONS

<u>citation number</u>	<u>date of issue</u>	<u>defendant</u>	<u>officer</u>	<u>violation</u>
900382 T0	8/31/94	Hunan Carry-Out	Alfonso	COMAR 10.15.03.04 A & .06 B (1) a; and 12.107 1 (2)
900383 T1	10/11/94	Waterloo Pizza	Canning	HCFR .04; and 12.107 1 (2)
900384 T2	11/4/94	Fisher's Bakery John Fisher	Nixon	HCFR .04; and 12.107 1 (2)
900385 T3	1/18/95	Tokyo Express Sau Bun Yeung	Alfonso	COMAR 10.15.03.04 A and 12,107 1 2
900386 T4	1/20/95	Lloyd K. & Kelly M. Butts Royal Catering	Holland	Ho. Co. Code 12.107 b and 12.107 1 (2)
900387 T5	1/26/95	Safeway #1281 Bernie Mazer	Reich	Ho. Co. Code 12.107 1 (2)
900388 T6	1/27/95	United Dominion Realty Trust - Donna Kelly	Nixon	Ho. Co. Code 12.106 C (2)
900389 T0	1/27/95	Washington Work, Inc. Quan D. Trinh	Nixon	Ho. Co. Code 12.106 C (2)
900390 T1	2/7/95	William R. Hopkin	Rifkin	Ho. Co. Code 12.110
5Z3312 7526	6/16/95	James Wendell	Rifkin	Ho. Co. Code 12.110



DISTRICT COURT OF MARYLAND FOR HOWARD COUNTY
3451 COURTHOUSE DR (C)
ELLCOTT CITY MD 21043-4377

1001

CITATION: 5Z33127526 CV

TO: RIFKIN, MARK E
HOWARD CO. HEALTH DEPARTMENT
3525 H ELLICOTT MILLS DRIVE
ELLCOTT CITY MD 21043

STATE OF MARYLAND VS. WENDELL, JAMES

NOTICE OF TRIAL DATE

YOU ARE HEREBY SUBPOENAED TO APPEAR FOR THE TRIAL OF THE CHARGES LISTED ON THE CITATION IDENTIFIED ABOVE. THE TRIAL WILL BE HELD ON SEPTEMBER 01, 1995 AT 01:15 PM AT THE DISTRICT COURT LOCATED AT 3451 COURTHOUSE DR (C), ELLICOTT CITY, MD. IN ROOM 4.

BY: MARIA FIELDS
(CLERK)

DATE: 07/14/95

FOR QUESTIONS CONCERNING THIS DOCUMENT TELEPHONE (410) 461-0201.

HEARING/SPEECH IMPAIRED CALLERS ONLY, TELEPHONE TTY/TT 1-800-925-9690 OR (410) 461-0201 (VOICE) THRU MARYLAND RELAY SERVICE AT 1-800-735-2285.

ANY REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES SHOULD BE REQUESTED BY CONTACTING THE COURT PRIOR TO TRIAL.

REPAIR
DISMISSED - SYSTEM OPERATING & APPROVED

9/6/95



Howard County

Internal Memorandum

Subject: Howard County, Maryland
v. James Wendell
Case No. 5Z33127526

July 27, 1995

TO: Mark Rifkin
Bureau of Environmental Health

FROM: Louis P. Ruzzi *LPR*
Senior Assistant County Solicitor

I am in receipt of a trial date notice for September 1, 1995 at 1:15 p.m. with respect to the above-referenced citation. I would like to meet with you either on August 28th or August 29th to prepare for the hearing. Please call my office and arrange a time that is convenient for you. I will need to see your file on this matter.

In the interim, call me if you have any questions.

LPR:cm
T:\DATA\SHARED\LPR\CODE-ENF\WENDELL.RIF



HOWARD COUNTY HEALTH DEPARTMENT

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

June 2, 1995

Mr. James Wendell
8390 Park Drive
Ellicott City, MD 21043

RE: Septic System Repair
8396 Park Drive

Dear Mr. Wendell:

Repair percolation testing conducted on May 30, 1995, on the above referenced property indicated unsatisfactory soil conditions for conventional septic systems. Shallow depths to groundwater were observed at both locations tested.

There is a slim possibility for a small drainfield on the hill above test hole #2, but this could only work if the existing unpermitted drainfield does not extend this far, thereby creating fill conditions at the shallow depths required for any new drainfield. Additionally, this location could only be accessed via a sewage pump. Other options for repairs beyond standard conventional systems are not readily apparent.

The current sewage discharge must be immediately remedied by prompt conversion of the existing septic tank to a holding tank via application of a watertight seal on the outlet hole.

Once the problem is contained, other options can be explored over a longer period of time. Any final decision on alternate disposal options would require wet season water table evaluation.

If you have any questions, please contact me at 313-2640.

Very truly yours,

Mark E. Rifkin
Mark E. Rifkin, R.S.

Water & Sewerage Program

6/9/95 DISCHARGE CONTINUING;
NO EVIDENCE OF ANY WORK
~~TO SEAL S.T.~~ TO SEAL S.T. (MR)

EM. DAY 6/9/95 LEFT MESSAGE WITH ARNOLD & WENDALL
MESSAGE TO WENDALL WAS PUMP IT OVER THE WEEKEND.
IF NO POSITIVE RESPONSE ON MONDAY MORNING - ISSUE

MR
cc: File

CITATION
(CW)
OVER

6/9/95 WENDELL RETURNED CALL; HE ALLEGED ~~DOO~~
MUCH OF PROBLEM IS A ^{RECENT} HEAVY RAIN FLOW; AND
CONTRACTOR IS ALLEGEDLY UNAVAIL. FOR 2 WKS;
WENDELL WILL TRY TO ARRANGE PUMP JOB
OVER WEEKEND MR/CW

6/12/95 T/C W/KAREN @ ARNOLD: ~~CONFIRMED~~ NOT
AVAIL. ~~OTIL~~ 2 WKS (6/26); NO PUMP JOB
REQUESTED; ~~DISCHARGE~~ DISCHARGE CONTINUING
@ 1:00 ± MR

6/14/95 ^{9:45} DISCHARGE CONTINUING (MR)

~~DISCHARGE~~ 6/16/95 CITATION ISSUED (MR)

6/19/95 T/C FROM WENDELL RE: CITATION; HE VOICED
3:30 ± OBJECTIONS TO CITATION; ^{REPORTS PUMPING ON 6/13/95} HE CLAIMS HE IS
ACTING IN GOOD FAITH, BUT ^{CAN'T AFFORD TO SEAL TANK} AND DOESN'T WANT
TO SEAL TANK DESPITE HIS ^{ADMISSION} ~~ADMISSION~~ THAT
HE "WANTED TO" @ 5/30/95 INSPECTION; HE WANTS
TO PUT IN PUMP SYSTEM, DESPITE MY REITERATION
OF 6/2/95 REQUEST TO SEAL TANK; HE ALSO
REQUESTED WITHDRAWAL OF CITATION; I REPLIED THAT
WAS LEGALLY IMPOSSIBLE; HE ALSO QUESTIONED
POSSIBILITY OF DISCHARGE GIVEN HIS ^{REPORTED} PUMP JOB OF 6/12;
I REPEATED OBSERVATION OF DISCHARGE; ~~HE~~ AGREED TO
MEET IN COURT (MR)

6/19/95 DISCHARGE DRY (MR)
4:00 ±

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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. James Wendell
8390 Park Drive
Ellicott City, MD 21043

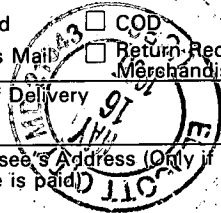
4a. Article Number

Z 398 831 874

4b. Service Type

- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery



5. Signature (Addressee)

6. Signature (Agent)

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

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



Official Business

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300

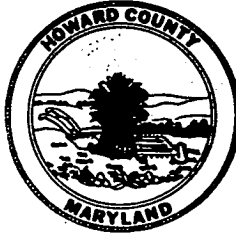
HOWARD COUNTY HEALTH DEPARTMENT

95 MAY 17 AM 11:17

Print your name, address and ZIP Code here

• HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-N ELLICOTT MILLS DRIVE
ELLICOTT CITY, MD 21043

Attention: Craig Williams
Water & Sewerage Program



HOWARD COUNTY HEALTH DEPARTMENT

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

May 12, 1995

Mr. James Wendell
8390 Park Drive
Ellicott City, MD 21043

NOTICE OF VIOLATION
8396 Park Drive

Dear Mr. Wendell:

On May 10, 1995, Mark Rifkin, a sanitarian from this office, inspected your property known as Tax Map 25, Parcel 306, Lot 2, located at the above referenced address in response to a report of a sewage discharge. On that occasion, Mr. Rifkin observed an open line discharge to the nearby stream via an excavated ditch.

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.

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 461-9933 and scheduling an appointment.

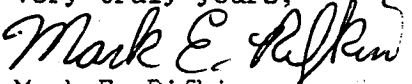
Mr. James Wendell

Page Two

May 12, 1995

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
Sanitarian
Water & Sewerage Program

MR
cc: Richard Crawford, DILP
Sanitarian
File

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

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

DISPOSITION	DATE

LOCATION 8³⁹ Park Dr ZIP 21045

OWNER OCCUPANT James Wendall ADDRESS 8390 Park Dr, Ellicott City PHONE 461-7278

COMPLAINANT anonymous ADDRESS NA (will call back to check on progress) PHONE NA

REASON FOR INVESTIGATION Complainant says Owner's house on Hill, he rents lower house; says there is a broken sewer line or leaky septic system which owner has juryrigged a pipe to divert seepage into a nearby stream; he hasn't bothered to cover his repairs yet CODES _____

RECEIVED BY Ron Pinkley DATE 5/10/95 ASSIGNED TO M.R. DATE 5/10

DATE OF INVESTIGATION 5/10 TIME 11:00 WEATHER cool, rainy

REPORT Dick Crawford (Housing Insp) wants copy of Notice of Violation

UPON ARRIVAL, OBS'D OPEN PIPE DISCHARGE INTO DITCH, LEADING TO PIPE UNDER DRIVEWAY; SAME CONDITION AS OBS'D IN 7/94; PRESUMABLY FROM PIPE BEING CRUSHED BY BACKHOE @ S.T. REPAIR 6/94; NO ONE HOME @ WENDELL'S HOUSE OR AT TENANT HOUSE; N.O.V. TO BE SENT MR

5/17/95 T/C w/ J. WENDELL: HE REPORTS SEWAGE WAS ALWAYS GOING INTO THAT STREAM, BUT THAT FLOCK CREW CRUSHED PIPE, FORCING IT TO BE EXPOSED; ALSO WANTS TO TIE HIS SEPTIC REPAIR INTO CO. STORM FLOW FROM COURTHOUSE; HE REPORTS NO FIXING ITS DRAINFIELD WAS EVER PRESENT; HE WILL PUMP S.T., BUT GOING OUT OF TOWN 5/21 - 5/27, NOT ABLE TO INVESTIGATE

DATE SUBMITTED _____ SANITARIAN _____

29/02/95 REGION
 39
 8006 Park Dr
 JITHU 23ITI 11812209 AREA
 BUREAU OF ENVIRONMENTAL HEALTH
 RATING

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 8006 Park Dr ZIP 21045

OWNER OCCUPANT James Wendall ADDRESS 8390 Park Dr, Ellicott City, MD 21042 PHONE 461-7278

COMPLAINANT anonymous ADDRESS NA (will call back to check) PHONE NA

REASON FOR INVESTIGATION Complainant says Owner's House on Hill, He rents Lower House; Says there is a broken sewer line or leaky septic system which owner has juryrigged a pipe to divert seepage into a nearby stream; he hasn't bothered to cover his repairs yet CODES

RECEIVED BY Ron Pinkley DATE 5/10/95 ASSIGNED TO M.R. DATE 5/10

DATE OF INVESTIGATION 5/10 TIME 11:00 WEATHER cool, rainy

REPORT Dick Crawford (Housing Insp.) wants copy of Notice of Violation

UPON ARRIVAL, OBS'D OPEN PIPE DISCHARGE INTO DITCH, LEADING ~~8006~~ PIPE UNDER DRIVEWAY; SAME CONDITION AS OBS'D IN 7/94; PRESUMABLY FROM PIPE BEING CRUSHED BY BACKHOE @ S.T. REPAIR 6/94; NO ONE HOME @ WENDELL'S HOUSE OR AT TENANT HOUSE; N.O.V. TO BE SENT MR

5/17/95 T/C w/ J. WENDELL: HE REPORTS SEWAGE WAS ALWAYS GOING INTO THAT STREAM, BUT THAT FLOCK CREW CRUSHED PIPE, FORCING IT TO BE EXPOSED; ALSO WANTS TO TIE HIS SEPTIC REPAIR INTO CO. STORM FLOW FROM COURTHOUSE; HE REPORTS NO DRAINFIELD WAS EVER PRESENT. HE WILL PUMP S.T., BUT GOING OUT OF TOWN 5/21 - 5/27, NOT ABLE TO INVESTIGATE

DATE SUBMITTED _____ SANITARIAN _____

SITE INSPECTION SHEET

OWNER: Wendell

DATE REQUESTED: _____

PHONE #: 8396 Park Dr

CONTRACTOR: _____

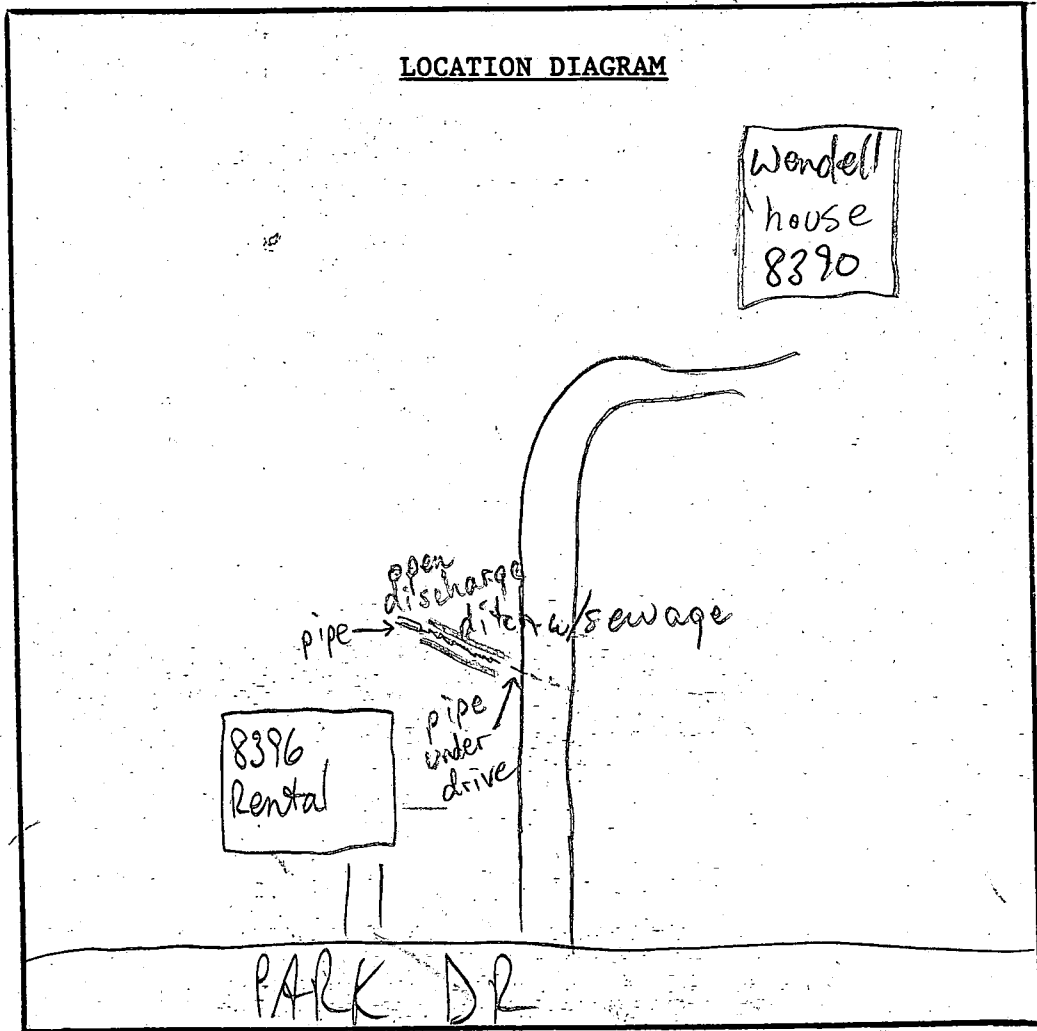
ADDRESS: _____

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____