

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE:

10-9-08

P

529583

APPROVAL DATE:

10-9-08 Minor Repair

A

REPAIR

PERMIT

Tax ID # 0-214875

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

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____

PHONE NUMBER: _____

SUBDIVISION: _____

LOT NUMBER: _____

13

ADDRESS: _____

1015 River Rd

PROPERTY OWNER: _____

C. Brown

SEPTIC TANK CAPACITY (GALLONS): _____

X

PUMP CHAMBER CAPACITY (GALLONS): _____

X

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

X

TRENCHES:	
LOCATION:	
ADDITIONAL NOTES:	

PLANS APPROVED: _____

SO/RB

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

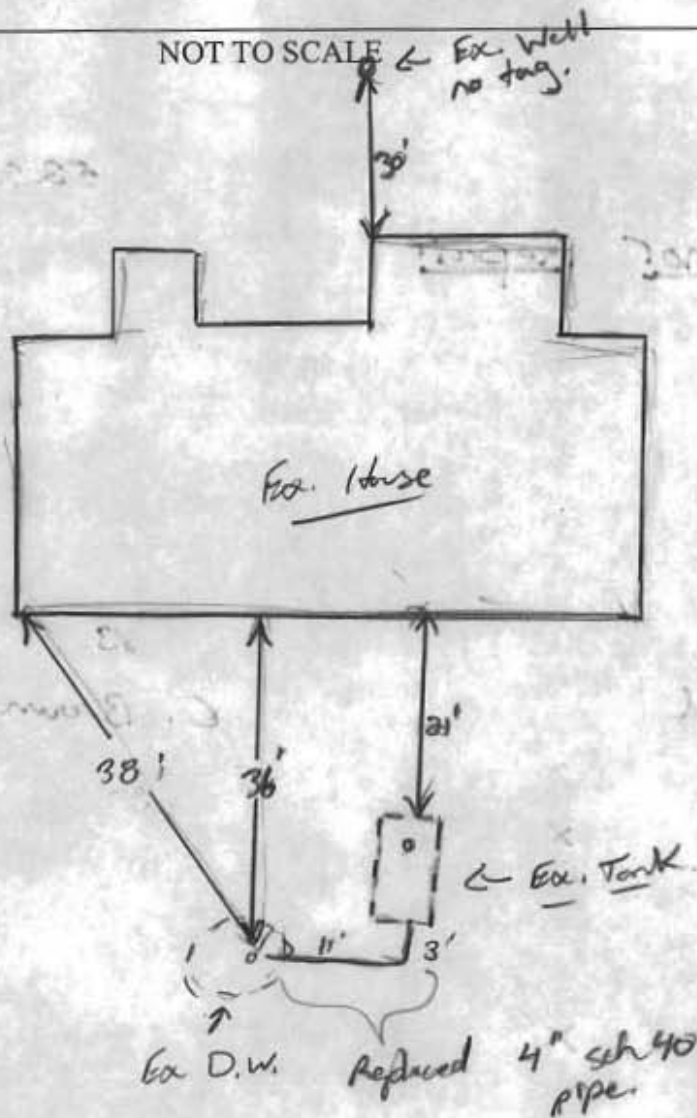
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____
 NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____

PRE-CONSTRUCTION

INSTALLATION

10/7/08 Broken pipe from ex. Tank to DW
 replaced w) 4" sch 40. looks good. OK to
 backfill. (KW)

FINAL INSPECTOR

K. W. W.

DATE OF APPROVAL

10-7-08




Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Charles L. Brown, Jr.
1015 River Road
Sykesville, Maryland 21784

FROM: Stuart F. Oster, R.S. 
Groundwater Management Section Supervisor
Well and Septic Program

DATE: October 8, 2008

RE: Septic Repair

I noticed you called in for an inspection for a septic repair. Before a Sanitarian will come out to your property, a septic repair permit needs to be applied for and fee paid (\$165.00). We then schedule an agreed upon time and day to meet you (and possibly a contractor with a backhoe) to do perc testing and recommend the appropriate repair to be installed. Please come to our department as soon as possible to fill out the application and fee. If you have any questions, contact us at 410-313-1771.

P529583

C: File

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Charles L. Brown
1015 River Rd.
Sykesville, MD 21784

2. Article Number

7008 0150 0002 5102 8902

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

G. J. Brown

10-2-08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

FREDERICK MD 21701

02 OCT 08 PM 2 1

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

- Sender: Please print your name, address, and ZIP+4 in this box •

Bureau of Environmental Health
7178 Gateway Drive
Columbia, MD 21046

U.S. Postal Service TM

CERTIFIED MAIL TM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

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Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Charles L. Brown

1015 River Rd.

SYKESVILLE, MD 21784-5512

7002 8002 0510 2000 2015 8069

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is not available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047



Howard County
Health Department

Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

NOTICE OF VIOLATION

SENT VIA CERTIFIED MAIL: 70080150000251028902
RETURN RECEIPT REQUESTED

September 17, 2008

Charles L. Brown
1015 River Road
Sykesville, Maryland 21784

RE: Sewage overflow; pollution of ground surface
1015 River Road, Tax Map 9 Grid 5 Parcel 103

Dear Mr. Levine:

On Friday, September 12, 2008 an excavation was noticed on your property (Tax Map 9, Grid 5, Parcel 103; address, 1015 River Road) at a location known to be proximate to your septic system. An immediate investigation revealed that a section of white 4-inch PVC pipe lay outside the excavation and that the top of the dry well had been exposed including the cleanout standpipe. A standing solution tainted by sewerage was in the excavated hole and deep enough to cover the standpipe. A hose lay coiled beside the excavation with one end dangling into the solution and the other end placed at a lower elevation on the ground surface.

Upon inquiry at your residence, a woman who identified herself as Geena (spelling?) stated that a person had been contacted to repair the failing system. I advised her at that time that a Septic Repair Permit (issued by the Health Department) is required, and that a Health Department Environmental Sanitarian needed to inspect the failing system and approve the repair.

Be advised that the observed sewage condition continues to be in violation of the Code of Maryland (COMAR) 26.04.02.02(E): "A person may not dispose of sewage, body, or industrial wastes in any manner which may cause pollution of the ground surface, the waters of the State, or create a nuisance." This condition is also in violation of the Howard County Code 3.804(a)(1), as a sewage overflow is defined as a nuisance, [12.110(a)].

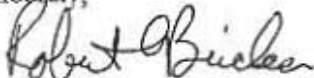
This condition has persisted for several days, and there is no indication in Health Department records that an application has been submitted to replace or repair the failing septic system. You must apply for a septic system repair permit within 5 (five) days of receiving this notice. The septic system must be replaced or properly repaired, and the installation (repair) permit approved by a Health Department Environmental Sanitarian within 30 (thirty) days of the date on this letter. Failure to comply will result in the issuance of a civil citation(s). Under Howard County Code, paragraph 12.112, each day this violation is allowed to occur is considered a separate offense.

It is the property owner's responsibility to maintain the septic system so that an overflow does not occur until a repair can be performed.

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 15 (fifteen) days of receipt of this letter. All requests are to be made in writing and directed to the Executive Secretary of the Board of Health at the above address.

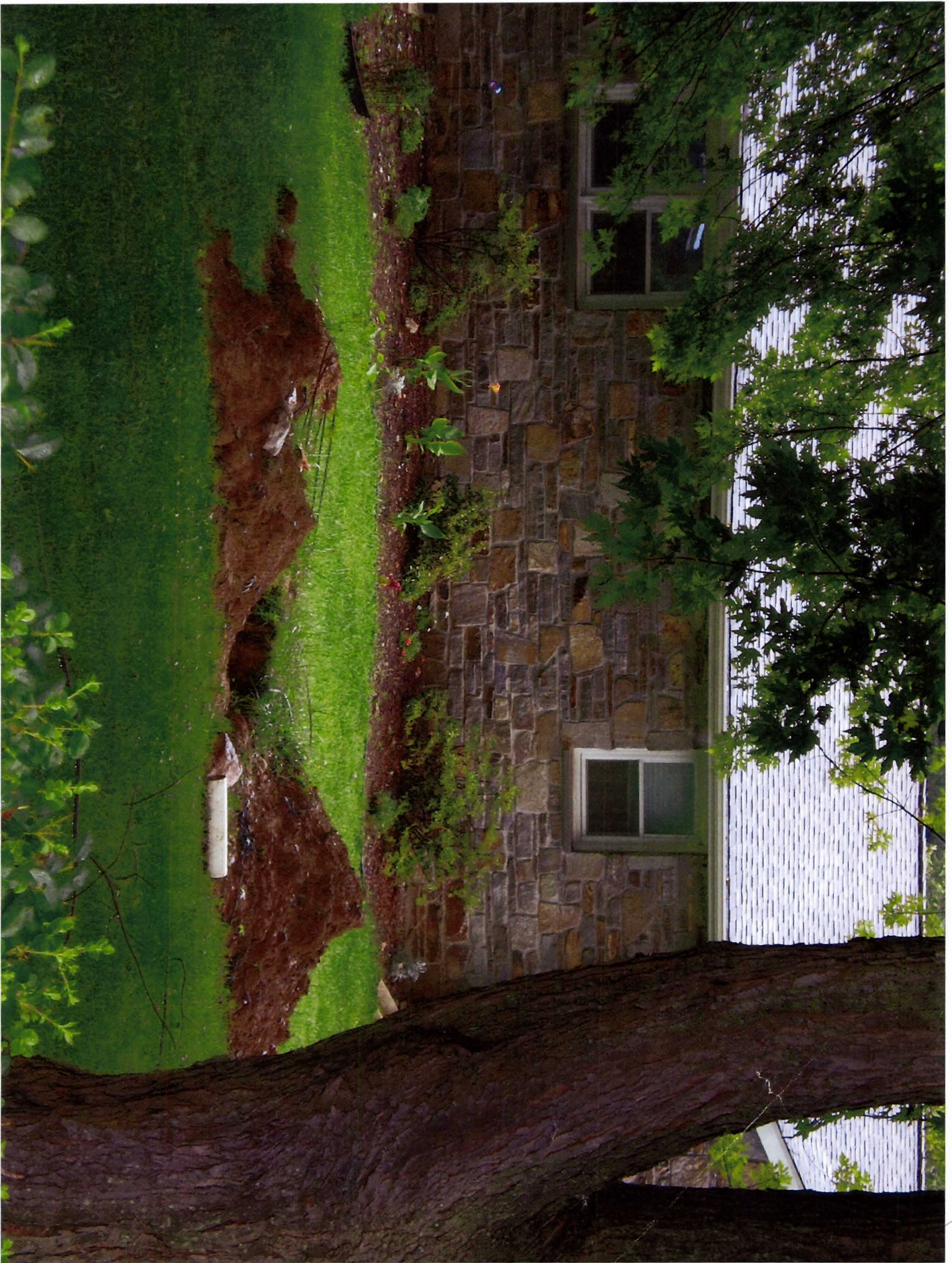
If you have any questions regarding this letter, please contact me at the Bureau of Environmental Health, phone 410-313-1771.

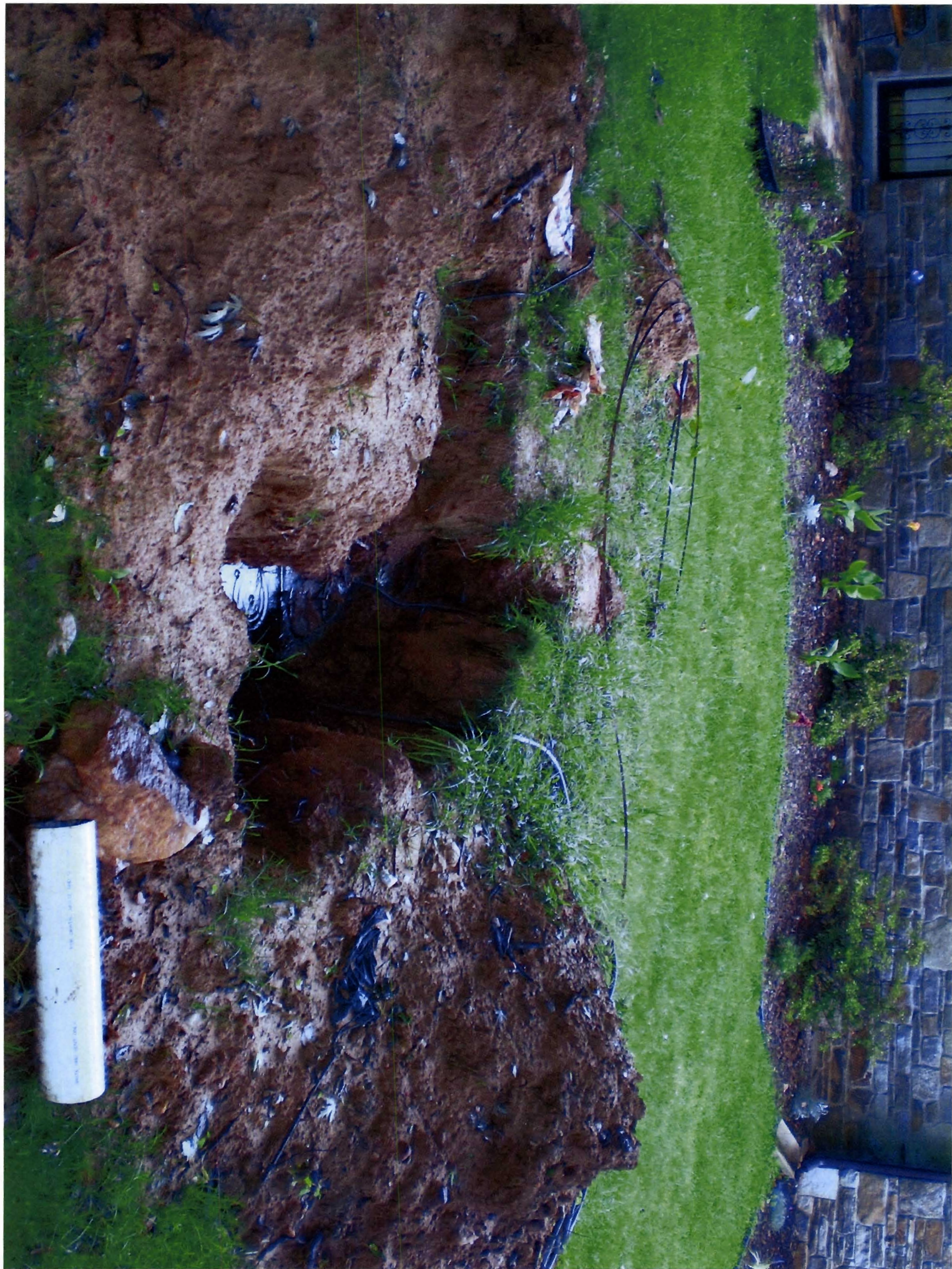
Sincerely,



Robert C. Bricker, R.S.
Bureau of Environmental Health
Well and Septic Program

Copy: Executive Secretary, Board of Health
File



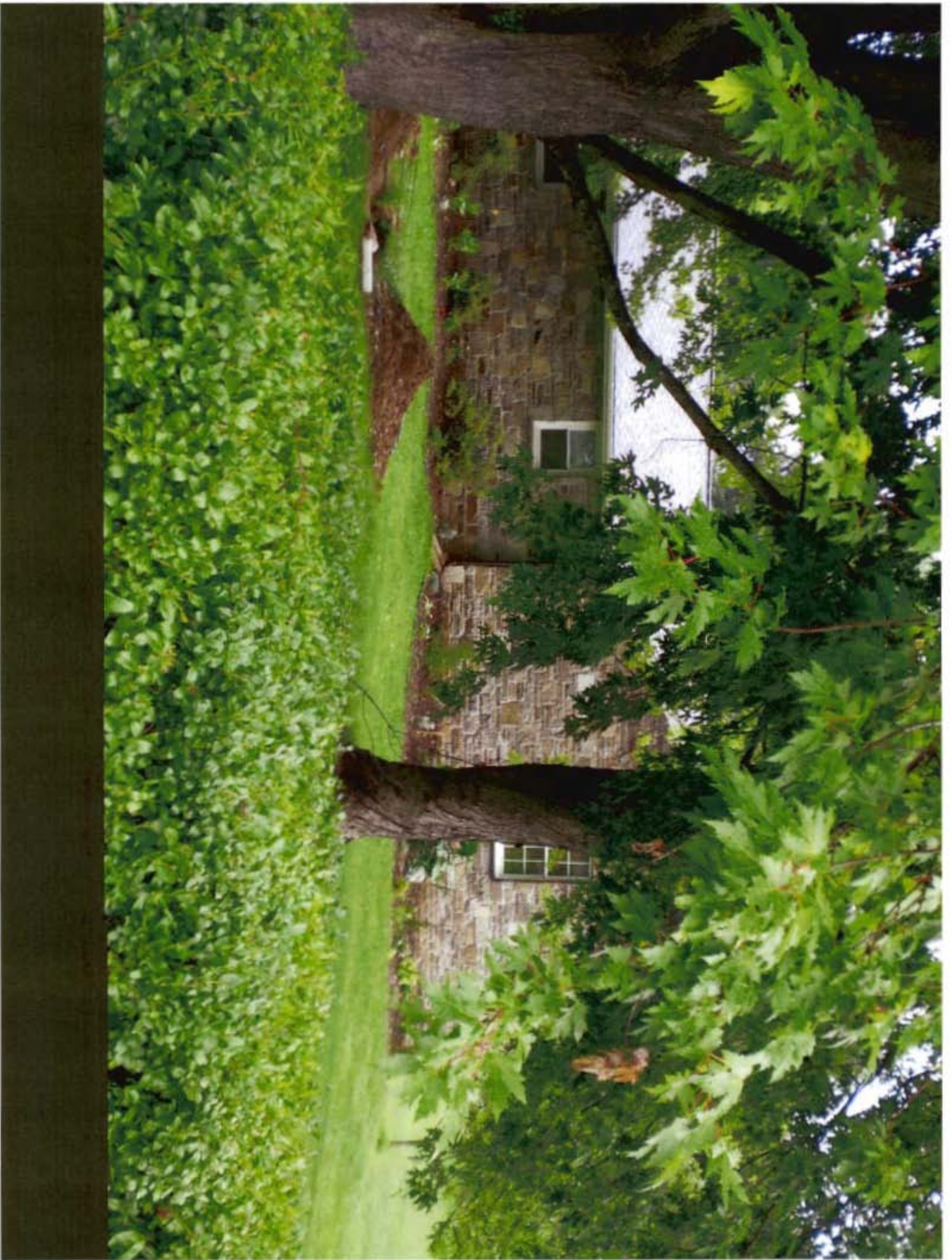












FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
9/12/08	1015 River Road.
1100H	Enroute to 810 River Rd for site inspection
	I noticed soil piles in the front yard
	of 1015 River Rd. Knowing this to be
	in the area of the septic system I
	stopped and observed the condition of the
	excavation. A portion of the top of
	the Dry Well was uncovered, the top
	of the cleanout visible.
	Sewerage covered the exposed top of the
	dry well including the clean-out extension.
	I spoke with the homeowner(?), ^{identified herself} Geena Davis
	who said they expected to have a contractor ^(Bryan?)
	come back to repair the system.
	I informed her to be sure to have
	a Septic Repair Permit, and that a Health
	Department inspector would need to evaluate
	the repair.
	Before speaking with Bryan owner, I contacted our
	Bureau desk and found that no inspections had
	been scheduled at this address in last 2 weeks.