

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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OFFICIAL USE

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

15901 Willis Way

Woodbine, MD 21797

7003 1010 0001 7268 1700

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:

Dong Kim
15901 Willis Way
Woodbine, MD 21797

2. Article Number

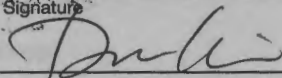
(Transfer from service label)

7003 1010 0001 7268 1700

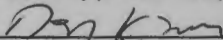
COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)



C. Date of Delivery

3-14-13

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



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
RETURN RECEIPT REQUESTED**

March 12th, 2012

Dong Kim
15901 Willis Way
Woodbine, MD 21797

**RE: Sewage overflow; pollution of ground surface
15901 Willis Way, Tax Map 20 Grid 12 Parcel 139
HAND CARRY/REGULAR MAIL**

Dear Mr. Kim:

A field review was conducted in relation to a citizen complaint regarding a sewage overflow on the subject property (Tax Map 22, Grid 19, Parcel 217), also known as 15901 Willis Way. Observation of the private sewage disposal system at the subject property on March 12th, 2012, revealed that there is an ongoing surface discharge from the septic system that serves the existing residence.

The source of the discharge is coming from the septic tank and extends from along the side of the dwelling around to the back of the property. There is flow directed down and across the backyard that has caused a gully to form towards the neighboring property line. There was a strong odor observed that is associated with the overflow.

Be advised that the observed sewage condition is in violation of the Code of Maryland Regulations (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)}.

You are hereby ordered to take the necessary actions to eliminate these on-going nuisance conditions on your property. You must immediately contact a licensed septic waste hauler to pump

the septic tank and if necessary apply for a septic system installation (repair) permit within 15 (fifteen) days of the date on this notice. All soil surface areas that have been contaminated by sewage must also immediately be treated with anhydrous lime. The septic tank must be serviced as often as needed so that further surface discharge does not continue. The septic system must be properly repaired, and the installation (repair) permit approved by Health Department inspectors, within 30 (thirty) days of the date on this letter. The Howard County Health Department will conduct follow-up inspections to assure that actions are taken to correct and abate the nuisance condition and that the conditions do not recur. 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.

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,

Heidi Scott, R.S.
Bureau of Environmental Health
Well and Septic Program

Copy: Executive Secretary, Board of Health
File

3/13/12

Hand delivered NOV

~ 10:15 am to 15901 Willis Way









DO NOT ENTER
DANGER
GAS
ENTER

DANGER
GAS

DANGER
GAS



HELIX 1000 10
S-1000 1000
HELIX 1000
S-1000 1000
HELIX 1000
S-1000 1000
HELIX 1000
S-1000 1000