

APPROVED 9/27/79

R. D.

9/20/79
3:00 PM
9/27/79 if not 9/28

PERMIT

P 30180

SEWAGE DISPOSAL SYSTEM

A Repair

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd.

INDEXED

DATE 9/13/79

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS 3004 N. Rogers Avenue, Ellicott City, Md. 21043 PHONE 461-1870

SUBDIVISION Mr. Hebron ROAD 9260 Maple Rock Drive LOT _____

PROPERTY OWNER Mr. Fred Jupitz

ADDRESS 9260 Maple Rock Drive

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 480 SQ. FT.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

Repair - call for inspection when ground is opened up so sanitarian can

recommend repair. 15x15 DRY WELL - 480 FT²

PLANS APPROVED BY Palmer F. Wine DATE 9/13/79

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

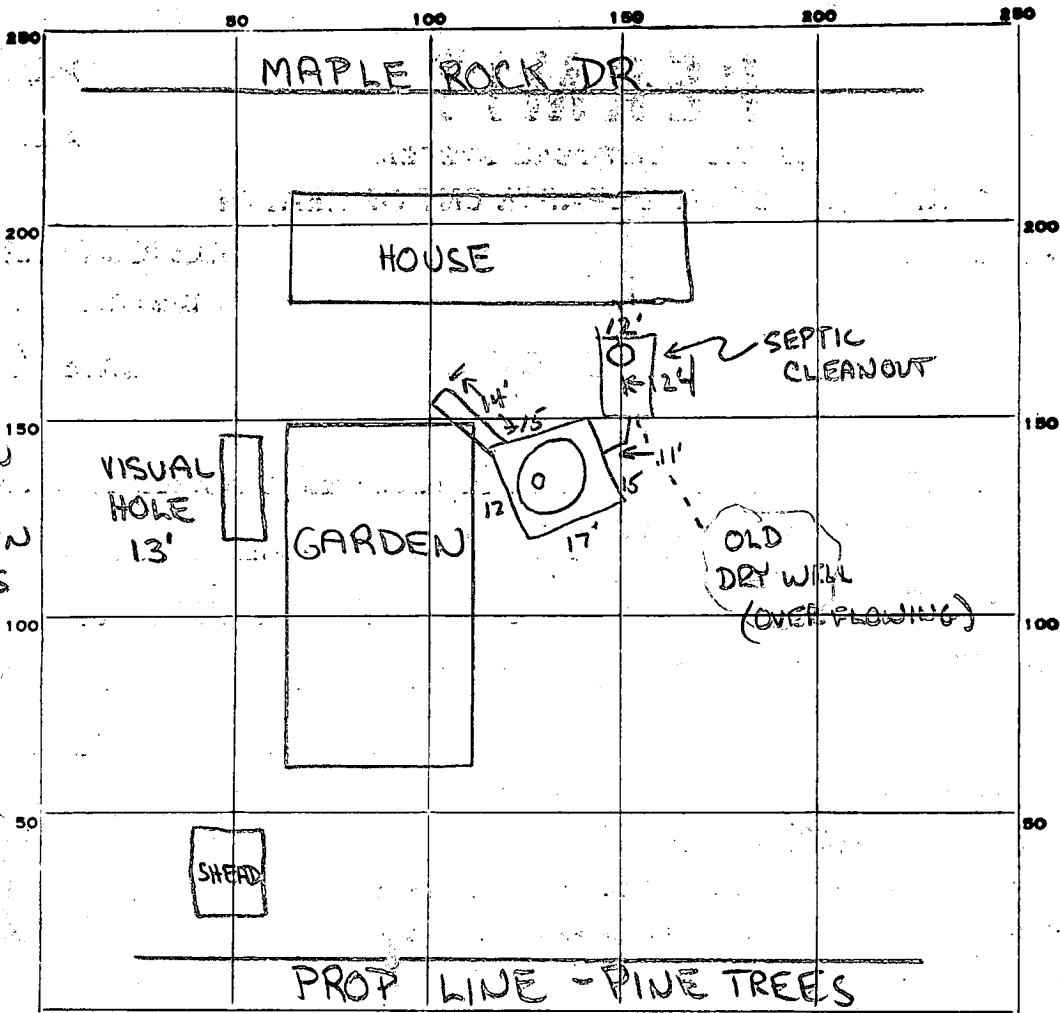
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

P 30180



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL N/A

N/A

CLEANOUTS

DRY WELL

TERRA COTTA

DISTRIBUTION BOX, LEVEL N/A

N/A

TILE FIELD, DEPTH 11 FT.

11

FT.

TRENCH WIDTH 2 FT.

2

FT.

GRAVEL DEPTH 8'? IN.

8'?

IN.

TOTAL LENGTH 14 FT.

14

FT.

NUMBER OF TRENCHES 1

1

TOTAL BOTTOM AREA 112

112

SEEPAGE PITS, INSIDE DIAMETER 59 FT.

59

FT.

DEPTH BELOW INLET 8 FT.

8

FT.

ABSORBENT AREA 584 SQ. FT.

584

SQ. FT.

REMARKS 9/20/79 - VISUAL 13' SANDY LOAM W/ROCK. MAKE DRY WELL 15X15

INLET 3', MAX 11' FOR TOTAL AREA OF 480 FT.²

9/27/79 - OK TO COVER ALL WORK. TRENCH HAS GRAVEL - NO DEPTH MEASUREMENT.

OK. R.O. & J.S. & F.F.

DATE SYSTEM APPROVED 9/27/79

9/27/79

INSPECTOR R. DeMarco

R. DeMarco

Wednesday
September 26, 1979

Jupitz
9260 Maple Rock Dr.
Ellicott City, MD.
21043

This is to certify that
the depth of the
trench in the back
yard measured eleven
feet.

Anne Roche
Houseowner's
daughter

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
DEPUTY STATE AND
COUNTY HEALTH OFFICER



P.O. BOX 476
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 992-~~1387~~ 2330

September 30, 1979

Mr. Fred Jupitz
9260 Maple Rock Drive
Ellicott City, Maryland 21043

Dear Mr. Jupitz:

Section 12.104 of the Howard County Code states: "The Board of Health, the County Health Officer, Sanitarian or his representative, shall take cognizance of all conditions dangerous to health and may on their own initiative institute an investigation."

On Tuesday, September 4, 1979, the investigation revealed an overflowing sewage disposal system on the property owned by you and located at 9260 Maple Rock Drive, Ellicott City, Maryland.

In my capacity as a representative with the Howard County Health Department, I have determined that this overflowing sewage is of such a condition that it creates a public health nuisance which endangers the public health.

To abate this unhealthy nuisance you must:

1. Secure a permit to repair the system.
2. Have ground opened up for inspection so Sanitarian can recommend the repair system.
3. Have the system repaired and inspected and approved by the Health Department.

You must comply with the provisions of this notice within thirty (30) days from the date of this notice, or apply to the Executive Secretary of the Board of Health for a hearing within ten (10) days from the date of this notice. If you do not apply for a hearing within the prescribed time and if you do not comply with this directive, a summons will be issued directing you to appear before the District Court of Howard County for a trial.

A copy of the Howard County Code is available for you to see at the Howard County Health Department.

Very truly yours,

A handwritten signature in cursive script that reads "Joel Covington". The signature is written in dark ink and is positioned below the typed name.

Joel Covington

JC:hs