

8-2-99
10.0000

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512046

A REPAIR

DISTRICT _____

DATE 8-2-99

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 8/2/99

INSPECTOR [Signature]

INDEXED

Hatfield's Equipment & Dedicatión Service, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland 21737 PHONE 410-854-6172

SUBDIVISION _____ LOT _____ ROAD 4460 Linthicum Road

PROPERTY OWNER J. David Mullinix Tax Map: 29

ADDRESS First tenant house off Linthicum Rd 4460 Linthicum Road Grid: 1

Parcel: 7

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

280
3
540

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED - POSSIBLE COLLAPSE DRYWELL.
Call for insepction when ground is opened so that a sanitarian can recommend repair.
07/30/1999

PLANS APPROVED BY Amy McMillen DATE 8-30-1999

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.

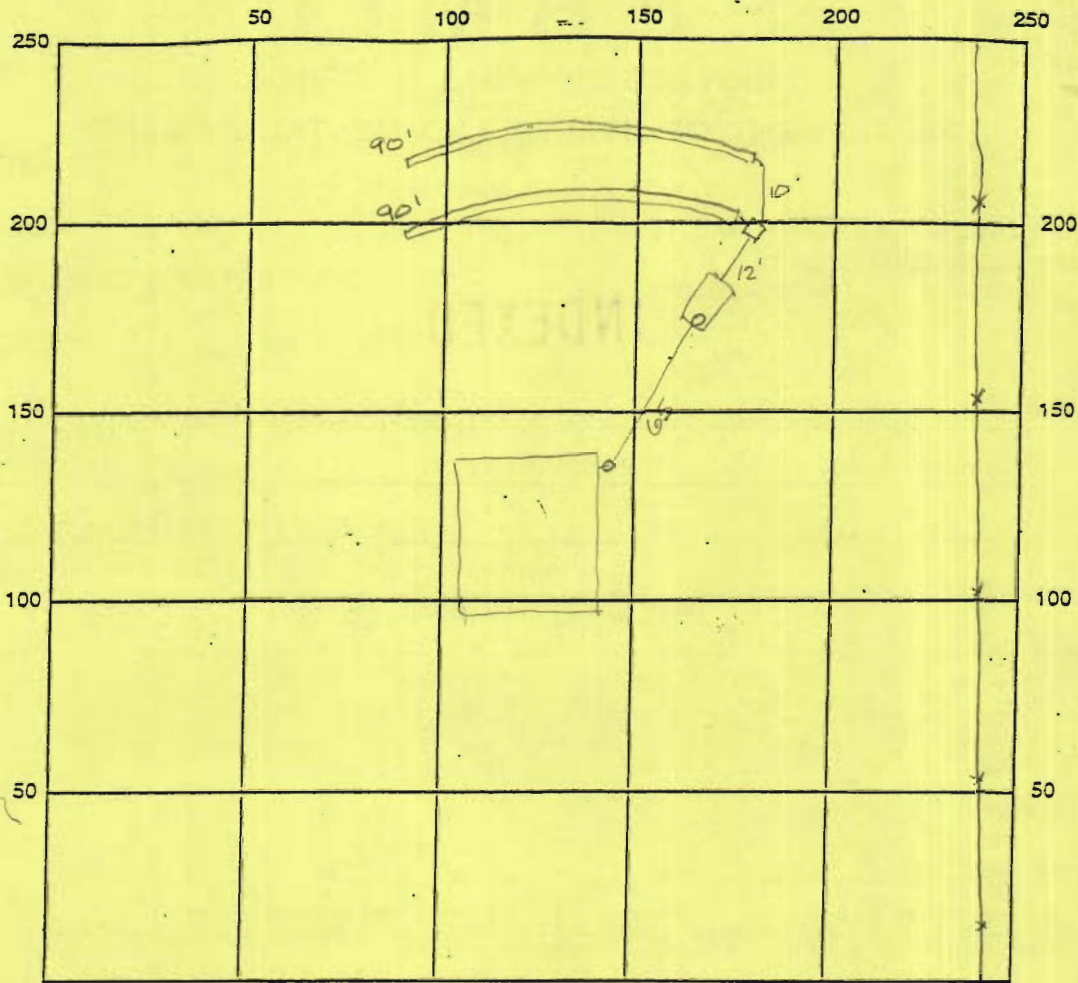
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

P512046



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 gal CLEANOUTS @ hse & septic tank
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 30 FT.
 EFFECTIVE GRAVEL DEPTH 3.0 FT. TOTAL LENGTH 180 FT.
 NUMBER OF TRENCHES 2.0 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: OK to cover all work

DATE SYSTEM APPROVED 8/2/99 INSPECTOR A. McMillen

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 4460 Lanthicum Rd ZIP _____

OWNER J. David Mullinix ADDRESS 4460 Lanthicum Rd PHONE _____

OCCUPANT _____ ADDRESS _____ PHONE 4895908

COMPLAINANT George Williams ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Septic is running into stream

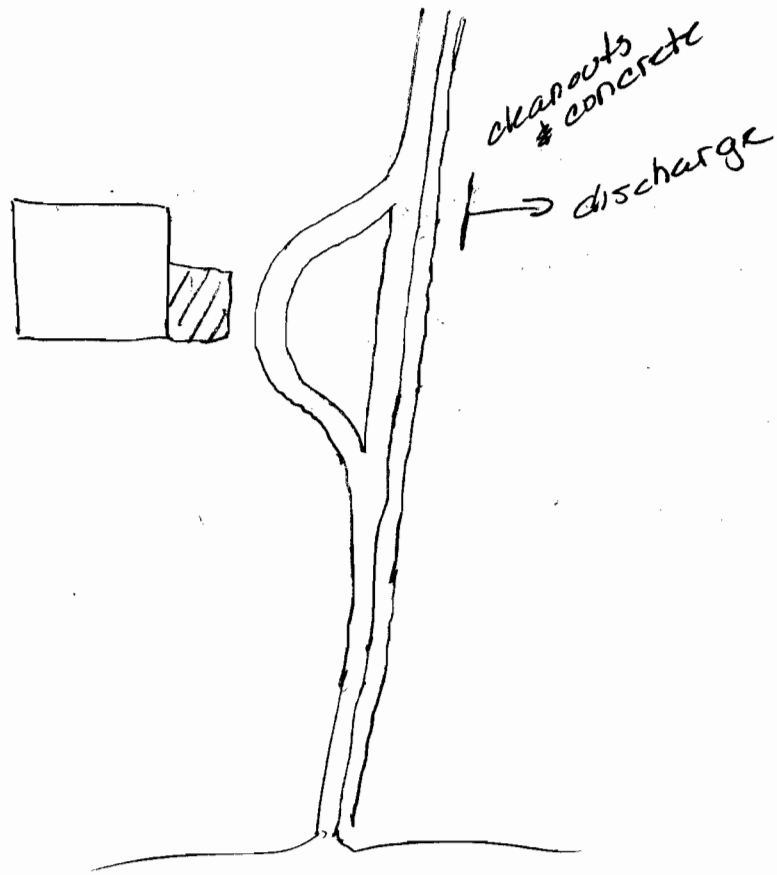
CODES _____

RECEIVED BY Amy McMillen DATE 7/20/99 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 7/22/99 TIME 1:00 WEATHER Sunny

REPORT 7/22/99 See back

DATE SUBMITTED _____ SANITARIAN _____



7/22/99
Sewage observed
Ponding near
a broken cleanout -
possibly the drywell
has collapsed - sewage
running down to a
nearby stream
A McMillan



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 26, 1999

Mullinix Brothers Partnership
ATTN: J. David Mullinix
14530 Triadelphia Road
Glenelg, Maryland 21737

RE: **NOTICE OF VIOLATION**
4460 Linthicum Road
Tax Map: 28 Parcel: 7

Dear Mr. Mullinix:

On July 22, 1999, Amy Mc Millen, a sanitarian from this office, conducted an inspection at your property at the above referenced address in response to a report of an overflowing septic system. On that date, Amy Mc Millen observed surface sewage flowing from the drywell to a nearby stream.

This condition is in violation of Section 12.110 of the Howard County Code.

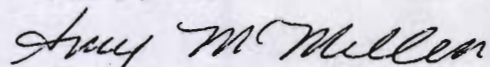
As the sewage discharge creates a condition which is, or may be, hazardous to the public health you are hereby ordered to effect repairs within fifteen (15) days of receipt of this letter. If the installation of a septic tank or drainfields is necessary, then you must also apply to this office for a septic system repair permit, the fee for which is \$25.00. **You must immediately (within 48 hours) provide documentation to this office that the septic tank contents have been pumped by a licensed sewage scavenger. Until repairs are completed, you must 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 regulations, 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 (410) 313-2640 and scheduling an appointment.

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 (410) 313-2640.

Very truly yours,

A handwritten signature in cursive script that reads "Amy McMillen".

Amy Mc Millen, R.S.
Water & Sewerage Program

MR
cc:File

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. J. David Mullinix
Mullinix Brothers Partnership
14530 Triadelphia Road
Glenelg, Maryland 21737

4a. Article Number

Z 087 188 798

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

Mark A Mullinix

6. Signature: (Addressee or Agent)

X *Mark A Mullinix*

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

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

UNITED STATES POSTAL SERVICE



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

● Print your name, address, and ZIP Code in this box ●

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

1999 JUL 30 PM 2:43

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELlicOTT MILLS DRIVE
ELlicOTT CITY, MARYLAND 21043

THREE
YEAR
WARRANTY
STATE HEALTH DEPT

PM 2:43

ELlicOTT CITY, MARYLAND 21043

Thank you for using Return Receipt Service