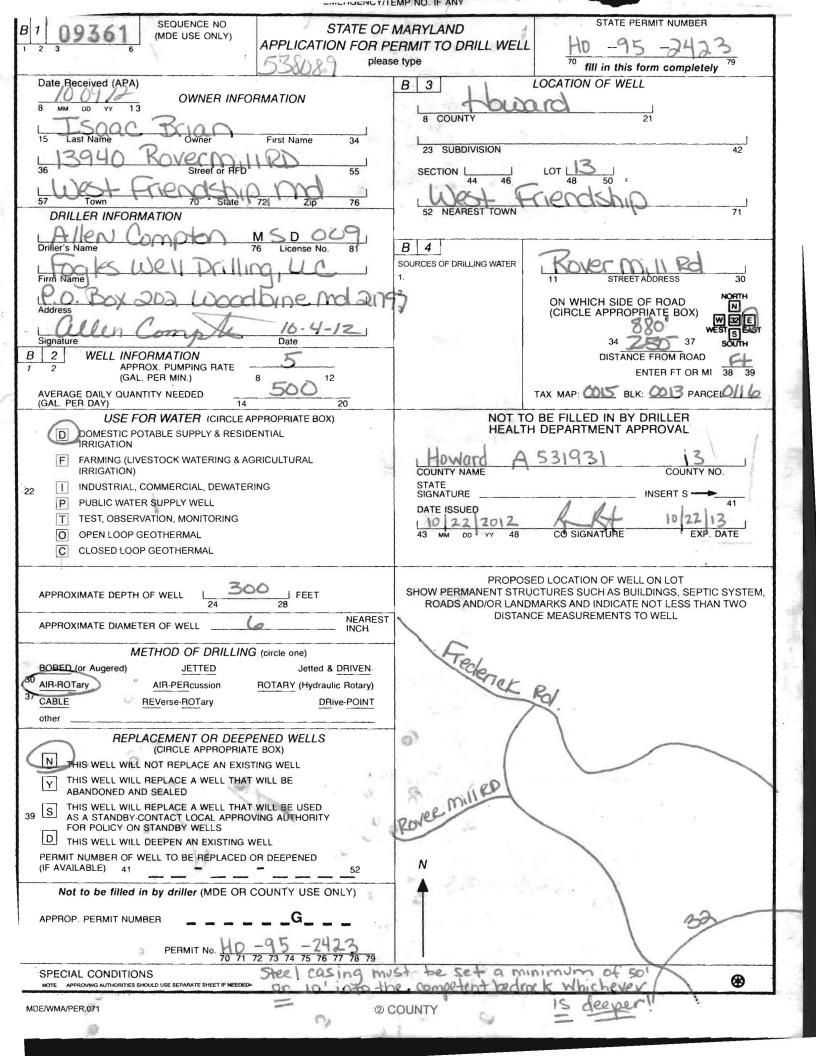


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COUNTY



Page of Date/2-7	of 1 2-7-12 Review			
		FIELD DATA SI	The second se	
		HOWARD COUNTY WELL		
Vell Permit No. Cocation of pro Subdivision	HO - 95 - 2 operty (road)	13945 Roy	Block Plat	Sec
		and the second s	<u>Diran</u>	-SqqC
Distance	well 20 of measuring powers of measuring powers water level (S.W)) oint (M.P.) above gro .L.) below M.P. — 🖇	pund <u>2</u>	
	pumping rese			
			Pumping rate <u>8.5</u> level <u>17</u> ft. 1	
Total tin	ne <u>j5 MIN.</u> to	reach pumping water	level <u>17</u> ft. 1	below M.P.
II. Recovery p	oump test data -	observations to be a	recorded every 15 minut	tes
TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in- tervals	below M.P.	time to fill \$ l gallon bucket	(if used)	(gallons per minute)
8:00	8	7		8.5
8:15	17	7		8.5
8:30	17	7		8.5
8.45	17	7		8.5
9.00	17	7		95
9.15	17	7		013
9:30	17	-7		0.5
auc	17	7		8.5
14.00	1/	7		01)
10.00.	17			8.5
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1000	11			85
10:45	. 11			8.5
11:00	11	7		8.5
11.15				8,5
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Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

OPERATION AND MAINTENANCE AGREEMENT FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM HAVING AN ADVANCED PRE-TREATMENT SYSTEM

THIS AGREEMENT is made this <u>13th</u> day of <u>May, 2014</u>, among <u>Brian G. Isaac</u>, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 13936 Rover Mill Road, West Friendship, MD 21794, in the 3rd Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 11857 Folio 44.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

LIBER | 5603 FOLIO | 04

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Owner

Date

Howard County Health Departmen

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HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitlers Adapter, and Supply Pining

inspection. NOTE: The installer is responsible for respecting an impaction prior in 9 am on the day of the desired aspectan. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Financing Code (NSPC, as assended locality) and COMAR 26.94.04 (MD Well with the National Standard Financing Code (NSPC, as assended locality) and COMAR 26.94.04 (MD Well with the National Standard Financing Code (NSPC), as assended locality) and COMAR 26.94.04 (MD Well with the National Standard Financing Code (NSPC), as assended locality) and COMAR 26.94.04 (MD Well with the National Standard Financing Code (NSPC).

Company Name: RECINATER SYSTEMS To Address BIUS WATER STREET TO Telephone # 410 -239 - 07 00

License # and stame of individual responsible for the field installation: Name (Print): KickEY L. Kob S. S. C. (Mast circle enc) Licensed Phunber Licensed Well Deller Licensed Well Pump Installer

Name (Print): $Ki_{U}KEY \perp Z_{QD} \leq S/2$, Licenseit TI O | 4|"A licensed individual must perform the actual installation. Apparentices must be under the direct supervision of a licensed journeyman or manter plauaber, pump installer to well driller. Licenses may be

Salumersible Pump Hata Make: <u>Gillury</u>/Fo S Model #: Name of Property Owner. subjected to field vertification Site Address 7936 10 Ver Subdivision IM BRIAN FSSHES Telephone #. #Seres 771661 Philes Adapter Male: <u>HAUMAN</u> Model#: <u>HAUM</u>(L.F.) Dent: <u>42</u>" (36 mm) YN U 2990. BUD: PATTON HELES Well Cap and Electric Conduit Two piece watenight cap. Screened, vented well cape 410-977-8334 Well Tag \$: 80 - He- 95 DAVE 423

 Well Yield:
 GPM
 GPM
 Dopth: 12.11
 G6

 Dopth of well cocountered at time of pamp installation:
 If
 If
 If

 If sump capacity exceeds well widd
 If
 If
 If
Depth of well encountered at time of pump installation: (feet) Contain second to well cap: If pump capacity enceds well yield, a law water cut off sainth is nequical by NSPC 1990 Section 17.8.4 Cap second to casing Conduit min 18" B.G.:

Safery rope, if used, attached to inside of well casing with eye bolt Torque arrestors or Cable grands are required - Must circle one

Pipine to house

751: <u>24 ()</u>(169 pai min) .. Depti af supply line: //((36" min) Approximate length of show. 10' House Connection PVC shewed to undisturbed soil at well penetration: <u>Secret</u>e) up Suffic HACOU CAI

approval prior to installation The water supply line is required to be at least ten fleet from the septic task, pamp chamber, sewage piping, distribution bax, drainfields, and sewage reserve area. If this <u>campat</u> be accomplished, contact this office for

In clearly C. Ket S.C. Jullery

fin the 23/14

For Health Department Use Only - Not to be completed by lastaller

Inspection Data: Date Insp. Requested: Stel: Pitless adapter and water supply line at least 36" below grade Two piece cap installed and anached to casing securely Elec. conduit energies at least 18" before gradefanached to cap property Context well tag anothed property and easing 5" above function grade Safety rope installed inside of well casing 7/24/14

Water supply line sleeved adequately at house connection

Adequate grout observed below pitters adapter

50-215 (Rev. 8/00)

410-239-0700

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p.1

R & G Water Systems, Inc.

Jul 23 14 12:17p

TRACE LABORATORIES, INC 5 North Park Drive Hunt Valley, MD 21030 USA Telephone: 410/584-9099 / Fax: 410/584-9117 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

S/O Number: 97817

Report Date: January 22, 2015

Patton Homes 10 Venture Way, Suite A Sykesville, Maryland 21784

TRAC

Laboratories

Property Sampled Sample Location: Residual Chlorine:	Pressure	•	94 Building Permit # Sampler ID #: Samples Iced:	B130 7483 Yes	02990 AM
County: Ho	ward	Subdivision:	Rover Meadows	Lot #:	13
Date/Time Collector Date/Time Receive		January 21, 2015 January 21, 2015			
Well Tag #: Well Condition:		HO-95-2423 2-Piece Cap, 1 B	olt Missing, Cap Tight		

Water Treatment/Conditioning: None

PARAMETER	METHOD	MCL/*SMCL	RESULT	COMMENT
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	<1.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	4.1 NTU	Pass
pH (Field)	SM 4500-H ⁺ B	*6.5-8.5 Units	7.0 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

herno C. H

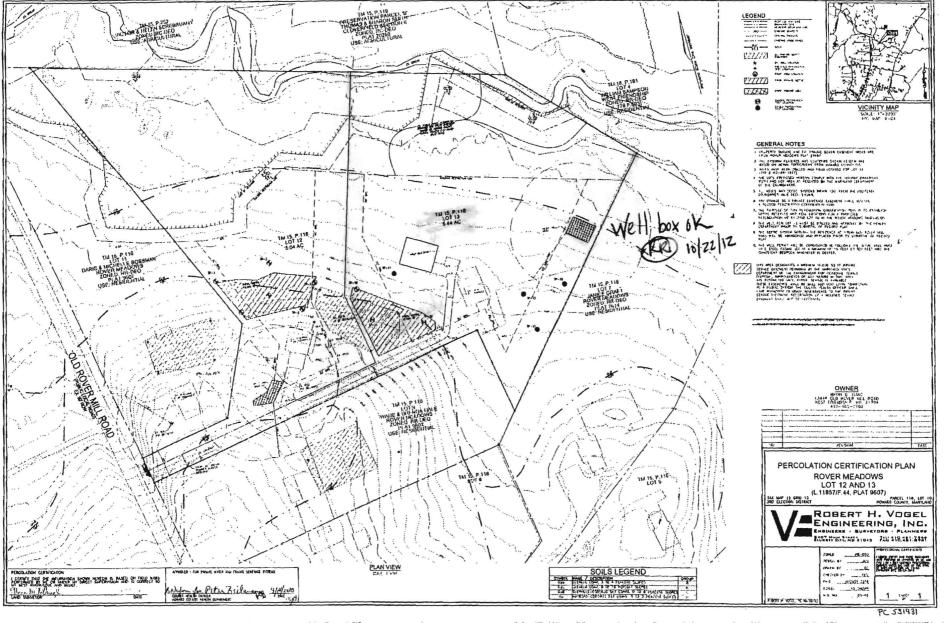
Katherine C. Higgs 00 Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

Page 1 of 1



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Bureau of Environmental Health 7178 Calumbia Galassay Drive, Columbia, MD21036-2147 (410) 313-2640 Fax (200) 313-2648. TDD (410) 313-2323 Toll free 1-865-313-6550 website: www.hcheolth.org

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

TO ALL INTERESTED PARTIES

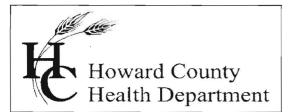
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

Weil Site Location: <u>Rover Mendaus</u> Subdivision/Property Name Lot# Road Name

- The well site has been staked by <u>Robert H. Vagel Engineering</u> (professional land surveyor or company employing professional land surveyors) on <u>10-3-12</u> (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheer, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045 Main: 410-313-2640 | Fax: 410-313-2648 TDD 410-313-2323 | Toll Free 1-866-313-6300 www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – August 10, 2015

February 10, 2015

Homeowner 13936 Rover Mill Road W. Friendship, MD 21794

RE: Rover Meadows, Lot 13 13936 Rover Mill Road Building Permit: B13002990 Well Permit: HO-95-2423

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on 2/4/2015. Final approval of the well line connection to the dwelling was granted on 7/24/2014. The well construction was completed on 12/7/2012. Water samples were collected on 1/21/2015.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-2423. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire six months from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website: http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf Approving Authority,

Kevin M. Wolf, EHS Supervisor Environmental Sanitarian Well & Septic Program

Howard County Dept. of Inspections, Licenses, and Permits Community Hygiene Program cc: File