

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

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

RECEIPT DATE: 2/12/14

ONSITE SEWAGE DISPOSAL SYSTEM

P 546253

INSTALLATION
APPROVAL DATE: 5/8/2014

PERMIT CONSTRUCTION

A

PROPERTY ADDRESS: 10985 State Route 108

SUBDIVISION:

LOT:

TAX ID: 05-347653

CONTRACTOR: Harrison Contracting

EMAIL:

CONTRACTOR ADDRESS: 2858 Flag Marsh Road

PHONE: 410-952-4614

PROPERTY OWNER: Mr. and Mrs. William Kiemmer

EMAIL:

OWNER ADDRESS: 10985 State Route 108

PHONE: 267-304-3074

BAT UNIT MODEL: Norweco Singlair TNT

BAT UNIT SIZE: 600 GPD

PUMP CHAMBER CAPACITY (GALLONS):

PUMP SIZE:

NUMBER OF BEDROOMS: 5

HOUSE SQ. FT.

APPLICATION RATE: 6.8

DISTRIBUTION SYSTEM: GRAVITY FED ☒

LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: 222'	INLET DEPTH: 4
	TRENCH WIDTH: 3	MAXIMUM BOTTOM DEPTH: 8
	MINIMUM SPACE BETWEEN TRENCHES: 9	EFFECTIVE AREA BEGINNING DEPTH: 6.5
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit per plan. Set distribution box per plan. Install 222' of trench (110' existing in one trench) on contour.	

ISSUED BY:

Jeff W.

ISSUE DATE:

EXPIRATION DATE:

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM.
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See Seperate sheet
For As-Built

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM
3 4' 8'

NUMBER OF TRENCHES 2

TOTAL LENGTH 117'

ABSORPTION AREA 468+Sidewall

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER Norweco-Back

CAPACITY 1300 GAL River

SEAM LOC Top

TANK LID DEPTH 1-2.5'

BAFFLES Middle

BAFFLE FILTER N/A

MANHOLE LOC Front, Middle, Rear

6" PORT LOC None

WATERTIGHT TEST No

SLOTTED N/A

DATE ON LID 3/19/2014

~~PUMP/SEPTIC TANK LEVEL N/A~~

~~MANUFACTURER _____~~

~~CAPACITY _____ GAL~~

~~SEAM LOC _____~~

~~TANK LID DEPTH _____~~

~~BAFFLES _____~~

~~BAFFLE FILTER _____~~

~~MANHOLE LOC _____~~

~~6" PORT LOC _____~~

~~WATERTIGHT TEST _____~~

~~SLOTTED _____~~

~~DATE ON LID _____~~

PRE-CONSTRUCTION:

4/21/14 Initial repair system in 2004 deep system @ 3' wide trench. Contractor exposed trench beginning and end. Shot elevations based off of ex system (i.e. tank, clo, trench) found a new trench to be run 4' below grade. Told contractor may need to dig up ex. new line back near house and re-install w/ min grade. Max cover over BAT unit is 3' depth. New trench to be installed just below existing trench. (KW)

INSTALLATION:

4/24/2014 Working on new trench. Forgot observation port. (BB)

4/25/2014 New tank set and connected to house. Observation port installed on new trench. (BB)

4/29/2014 No work done. No one on site. (BB) 5/6/14 working on electrical. Nothing else completed. (KW)

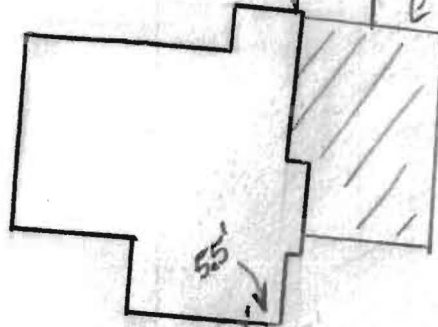
5/8/2014 System finished. Received installation O.K. paper

FINAL INSPECTOR B. Baker DATE OF APPROVAL 5/8/2014

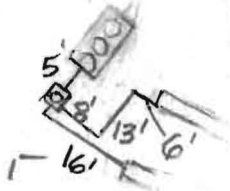
from Norweco rep. O.K. to backfill. (BB)

Public
H₂O

Proposed
Addition

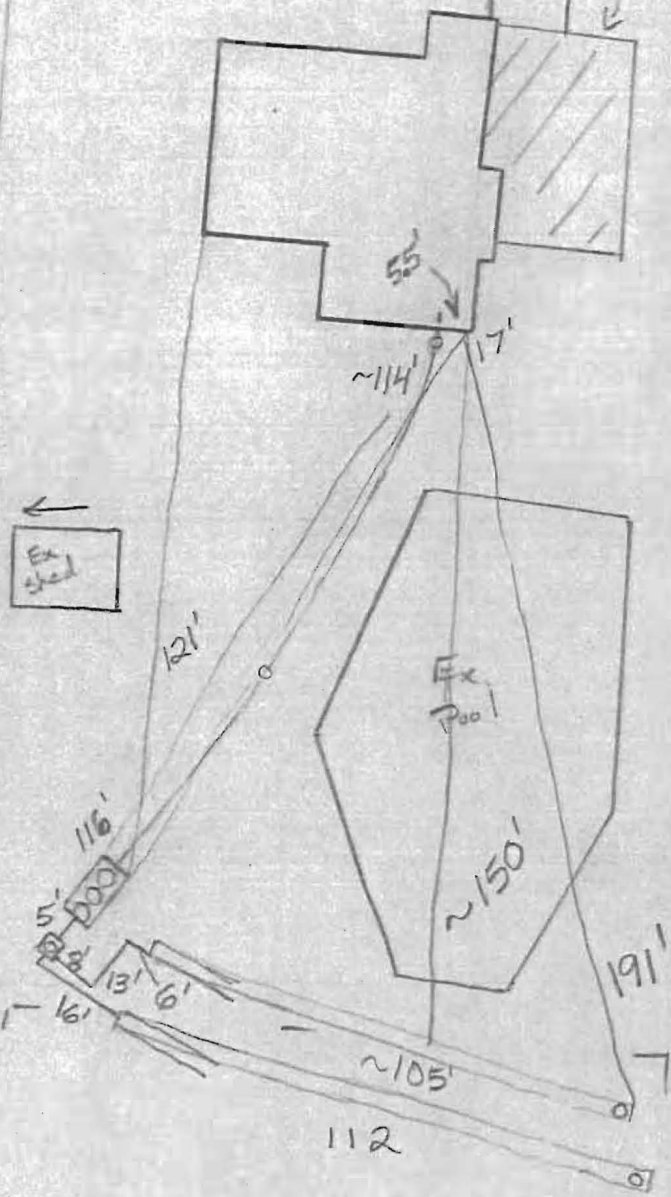


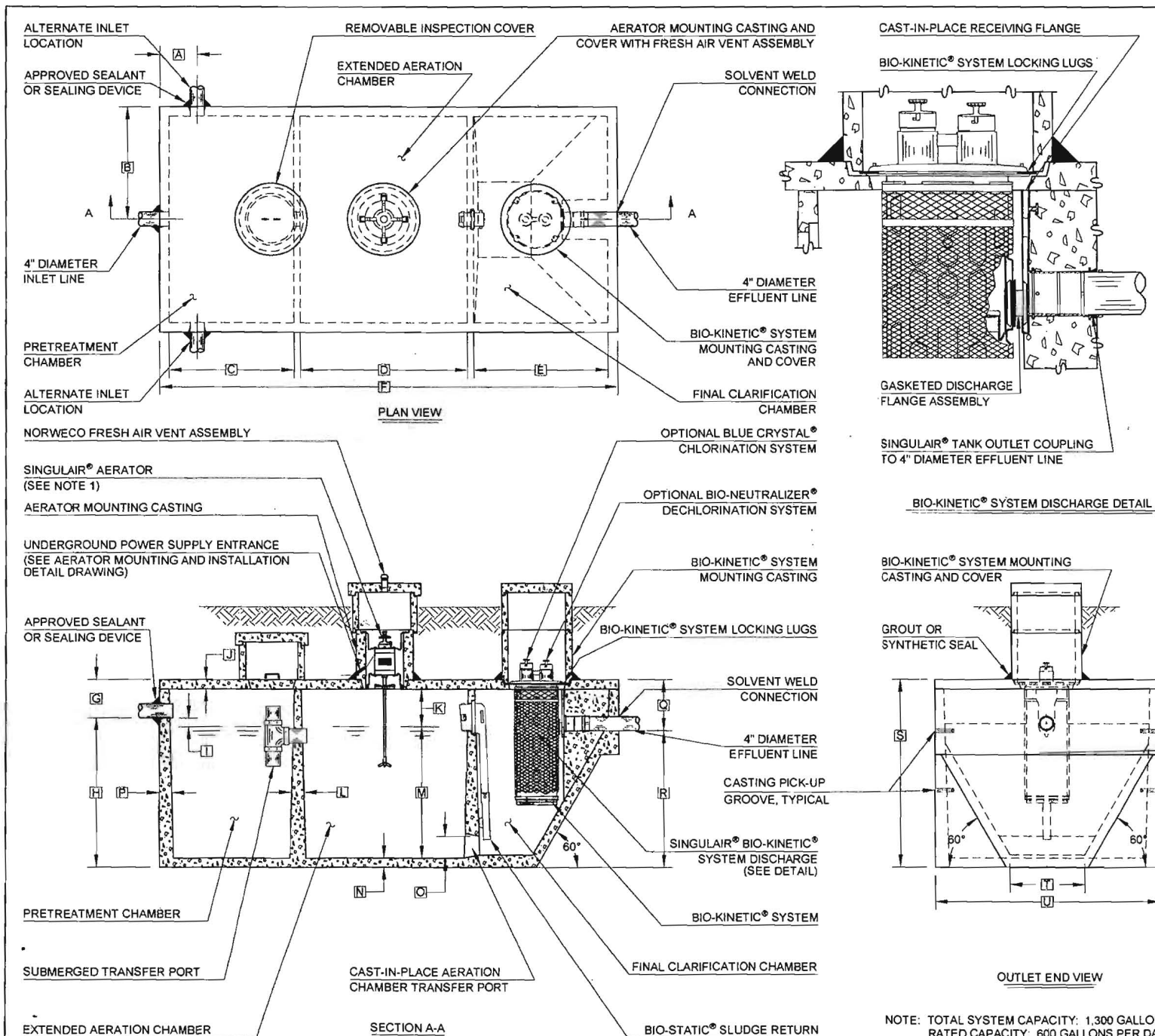
~114'



Public
H2O

Proposed
Addition





GENERAL NOTES:

- ① SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- ② FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
- ④ TANK REINFORCED PER ACI STD. 318-05.
- ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- ⑥ CONTACT THE LOCAL, LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CRITICAL DIMENSIONS

A 1'-0"	N 0'-3"
B 3'-0"	O 0'-8"
C 3'-4"	P 0'-3"
D 4'-5"	Q 1'-4"
E 3'-7"	R 3'-8"
F 12'-2"	S 5'-0"
G 1'-0"	T 2'-0"
H 4'-0"	U 6'-0"
I 0'-3"	V
J 0'-3"	W
K 1'-0"	X
L 0'-2"	Y
M 3'-6"	Z

U.S. AND FOREIGN PATENTS PENDING	norweco	3-26-07	B
	LOW-PROFILE SINGLAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM	DESIGNED BY	BDS
	MODEL TMTLP-500 GPD	DRAWN BY	JMM
		CHECKED BY	NTS
© MMVII	PC-5-7092		

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
RATED CAPACITY: 600 GALLONS PER DAY

Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116

Letter of Certification

This is to certify that the Norweco Singulair TNT 600 GPD Septic Tank installed at 10985 State RT. 108, Columbia, MD 21044 on May 8, 2014 was installed according to the manufacture's specifications.

Installer: Eddie Harrison



MATTHEW GECKLE

Vice-President



HOWARD COUNTY HEALTH DEPARTMENT

(410) 952-4614

46253

CODES

2858 Flag

Marsh Rd
H. Ailey Rd

21771

DATE

2/12/14

P5

☐ CASH

☒ CHECK

O.

Received
From

For

Harrison Contracting

Septic Permit - 10885 Rt 108

Three hundred ninety-six

Dollars

Received By

King

296 DC

1/4/05 - 1:30
PUB. SEWER STATUS VERIFIED BY _____

05347653

ISSUE DATE:

10/12/04

PERMIT

P 521533-A

APPROVAL DATE:

1/4/05

A REPAIR

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

INDEXED

Fyock Septic Service

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: P.O. Box 89, Glenelg, MD 21737

PHONE NUMBER: 410-531-1256

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 10985 Route 108

PROPERTY OWNER: Lauriel McCance

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

3

SQUARE FEET PER BEDROOM: _____

180

LINEAR FEET OF TRENCH REQUIRED: _____

110

TRENCHES:	Trench to be 3 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 2 feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

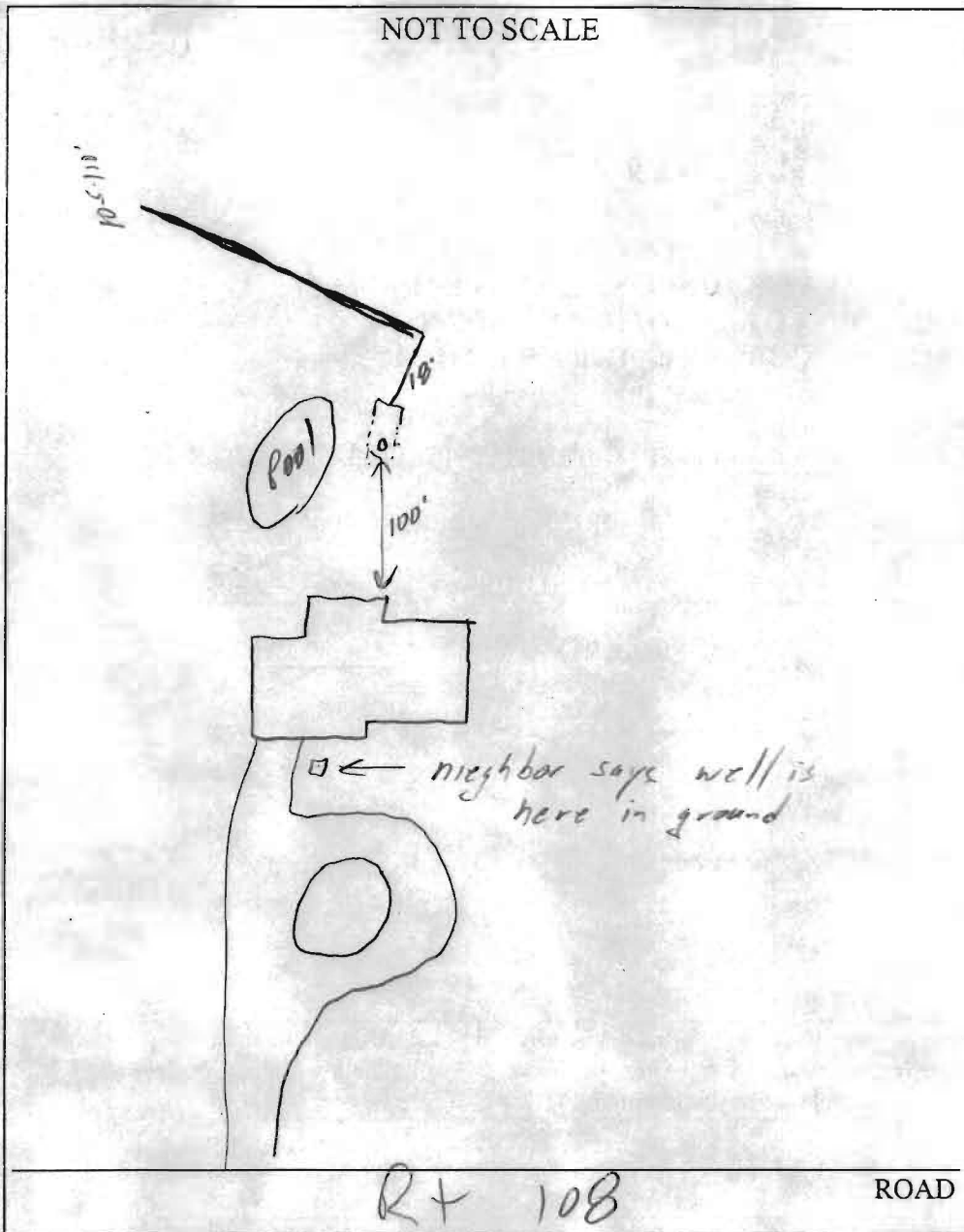
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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**

P521533-A

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5.5	7.5
NUMBER OF TRENCHES		1
TOTAL LENGTH		105-110'
ABSORPTION AREA		210-220 sq ft
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		N/A
DISTRIBUTION BOX PORT		N/A

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	Ex 1000 GAL
SEAM LOC	Mid
TANK LID DEPTH	5'
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	✓
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	N/A
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION _____

INSTALLATION 1/4/05 - New trench installed OK to cover (50)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/4/05



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____ AD 5 21 533

AGENCY REVIEW: _____ DATE 10/12/2004

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
☒ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
☐ ADDITION TO AN EXISTING STRUCTURE
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH _____ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE *UNKNOWN* IF APPROPRIATE)
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) McCance, LAURIEL

DAYTIME PHONE _____ CELL _____ FAX _____

MAILING ADDRESS 10985 RT 108 CITY/TOWN _____ STATE _____ ZIP _____
STREET

APPLICANT Fyock Septic Service

DAYTIME PHONE 410-988-9270 CELL 240-882-9909 FAX 410-531-1256

MAILING ADDRESS P.O. Box 89 CITY/TOWN Glenn STATE MD ZIP 21731
STREET

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS Same as above TOWN/POST OFFICE _____
STREET

TAX MAP PAGE(S) 29 GRID 17 PARCEL(S) 64 PROPOSED LOT SIZE Same

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT _____

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03)

PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 12/16/04

PERMIT

P 521625-C

APPROVAL DATE: _____

A REPAIR

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

Fyock Septic Service

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg, MD 21737

PHONE NUMBER: 410-531-2939

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 10985 Route 108

PROPERTY OWNER: Lauriel McCance

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 105

*Inlet 5.5'
Bottom 7.5'
3' Wide*

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____

DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

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

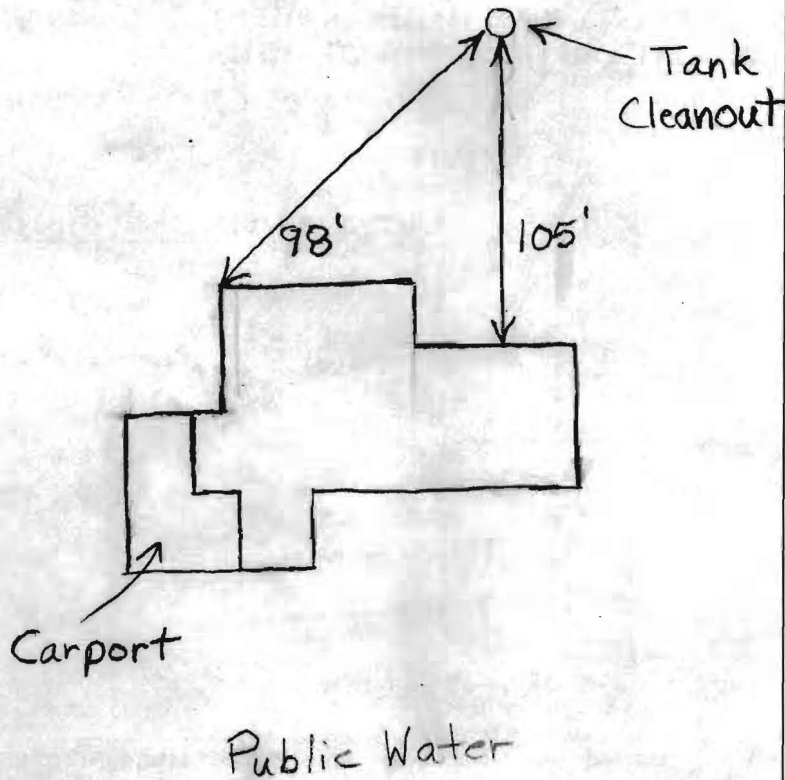
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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 _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SEPTIC TANK 2 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	

PRE-CONSTRUCTION 12/27/04 Install 1 - 105' trench on contour
near the existing trench. (BB)

INSTALLATION _____

FINAL INSPECTOR _____

DATE OF APPROVAL _____



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

000245

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 8th day of MAY 2013, among William Klemmer, 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 10995 Clarksville Pike 21044, in the 05 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 _____ Folio _____.

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 14937 FOLIO 429

40
20
8E

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.

 8-May-13
Owner _____ Date _____
William Klemmer

Owner _____ Date _____

 5/8/2013
Howard County Health Department

LR - Agreement Recording Fee 20.00
Grantor/Grantee Name: Klemmer
Reference/Control #: 245
LR - Agreement Surcharge 40.00
LR - Additional Recording Fee - linked 0.00
SubTotal: 60.00
Total: 120.00
#1602970-6 CC03-CH
05/23/2013 01:43
#1602970 CC0503 - Howard Co
Columbia/CC05-03-03 - Register
03 495

**AGREEMENT AND EASEMENT FOR INSTALLATION 000244
OF BEST AVAILABLE TECHNOLOGY SYSTEMS
WITH BAY RESTORATION FUNDS.**

THIS AGREEMENT is made this 8th day of MAY 2013, among William Klemmer, hereinafter referred to as "Owner," the Howard County Health Department hereinafter collectively referred to as the "County," and the Department of the Environment, hereinafter referred to as the "Department."

WHEREAS, Owner owns a tract of land located on 10985 Clarksville Pike, in the Election District of Howard County, Maryland, and the deed to same is recorded among the Land Records of Howard County, Maryland, in Columbia and in Liber _____ Folio _____.

WHEREAS, the Bay Restoration Fund (BRF) may provide a grant for the cost attributable to upgrading an onsite sewage disposal system to the Best Available Technology (BAT) for the removal of nitrogen.

WHEREAS, the BRF may also provide a grant for the cost difference between a traditional onsite sewage disposal system and a system that utilizes the BAT for the removal of nitrogen.

WHEREAS, Owner understands that participation in the Bay Restoration Fund is voluntary.

NOW, THEREFORE, the parties hereto agree as follows:

- A. Owner hereby grants to the Department and the County the right to enter upon the property at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data requested and needed by the Department to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that a manufacturer-approved installer will install the BAT system.

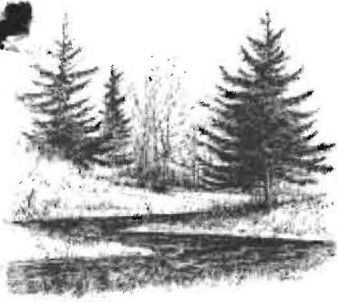
40
20

#05-347653

5/8/2013 03:49 PM Csh 0044 249 0047
T/Ref 0047056750 Grp 000001 R/L/Re 000001
01 - Main Location
\$0.00
Validation Number: 0047-060486
Parcel Number: 5347653
Doc Type: Easements
Consideration Amount: \$0.00

- C. Owner acknowledges and agrees the manufacturer will provide for Operation and Maintenance of the BAT for a period of 5 years as a condition of sale of the BAT. After the 5 year period the Operation and Maintenance contract can be further extended at the behest of the property owner. The Department and County encourage the property owner to continuously maintain an Operation and Maintenance contract during the lifetime of the system.
- D. Owner acknowledges and agrees that the manufacturer appointed Operation and Maintenance provider will have access to the BAT system at all times.
- E. Owner acknowledges and agrees that the manufacturer or manufacturers designee will have access to sample the effluent of the BAT system. Owner acknowledges and agrees that the proposed installation of a BAT system funded by the BRF is voluntary. Owner agrees that there shall be no liability on the part of the County or Department to Owner if this BAT system fails, and that the County and the Department do not warrant or guarantee that the BAT system will adequately or properly function.
- F. Owner acknowledges and agrees that neither the County nor the Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
- G. The Owner will devote such care and effort to the maintenance of the BAT system so that any malfunction is not the result of poor maintenance, faulty operation, or neglect.
- H. The Canaan Valley Institute agrees to grant \$ 17,000 toward the cost of installation of the BAT system, and financial responsibility is limited to this amount. Operating costs will be at the Owners expense.
- I. The Owner acknowledges that the BRF grant can only be used for that portion of the OSDS attributable to (BAT) for the removal of nitrogen.

- J. Owner acknowledges in the event the total project cost is greater than \$25,000 the proposal will have to be approved by the Maryland State Board of Public Works.
- K. The Owner agrees to contact both the Water Management Administration, On-Site Systems Division of the Wastewater Permits Program and the County at least forty-eight (48) hours prior to system installation, so that the Department has the opportunity to be present at the time of installation or thereafter for inspection.
- L. The Owner must install BAT system according to the manufacturer recommended plans and specifications approved by the Department.
- M. The Owner agrees and acknowledges that if installation deviates substantially from the approved plans or changes such that performance of the system is compromised or reduced, BRF funding will not be provided.
- N. This agreement shall run with the land and binds the Owner, his heirs, successors, assigns except that the provisions of paragraph A, C, D and E shall be binding for a period of 5 years only after installation of the system and occupation of the home. Owner further agrees that he shall inform in writing any purchaser or lessee of the property that the system may require maintenance or other attention. The Owner agrees to record this agreement in the land records of Howard County.
- O. This agreement shall not be construed to limit any authority of the Department to protect the public health, safety or comfort or to issue any other orders to take any other action that is now or may hereafter be within its authority.
- P. This agreement may be voided at the discretion of the Department if the system construction is not completed within six (6) months of the effective date of this agreement.
- Q. This agreement contains the entire agreement and understanding between the County and the Owner and the Department. There are no additional terms other than as contained in this



Canaan Valley Institute

WORKING FOR THE SUSTAINABILITY OF THE MID-ATLANTIC HIGHLANDS SINCE 1995

April 30, 2013

Mr. William Klemmer
10985 Clarksville Pike
Columbia, MD 21044

RE: FY 2013 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Mr. Klemmer:

Thank you for your application to participate in the Howard County Bay Restoration Fund OSDS Upgrade Program. The Howard County Health Department has verified that your existing septic system is failing and in need of repair. Based on your 2010 income tax return form, you are eligible to receive funding to cover **100%** of the cost to upgrade your system to one of the MDE approved BAT units up to \$13,000. The approved price includes the cost of the unit, installation of the unit, and 5 years of operation and maintenance. The price does not include the cost of permits.

In order to receive your OSDS upgrade, **you MUST follow these steps:**

1. **Sign this letter** on the bottom of page 2 **and return it** in the envelope provided within **2 weeks of the date of this letter**.
2. File a septic repair permit application with the Howard County Health Department **within 2 weeks of the date of this letter**. The permit application fee is \$396.00 (\$165 for tank approval only).
3. Obtain the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds from the Howard County Health Department, have it signed by a Howard County Health Department Bureau Director or Designee. Then take it to the Circuit Court and have it recorded in Land Records **within 2 weeks of the date of this letter**.
4. Prepare your property and schedule installation of the system. The system must be installed **within 6 weeks of the date the Agreement and Easement is recorded**.

If assistance is needed in completing any of the steps listed above, you may contact me at 304-940-3443 or kristin.mielcarek@canaanvi.org.

494 RiverStone Road | Davis, WV 26260
Phone: (304) 259.4739 or (800) 922.3601 | Fax: (304) 259.4759
www.canaanvi.org

agreement. This agreement may not be modified except in writing signed by each of the parties or by their authorized representatives.

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

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

above.

DATE: 8-May-2013

Owner William Klemmer

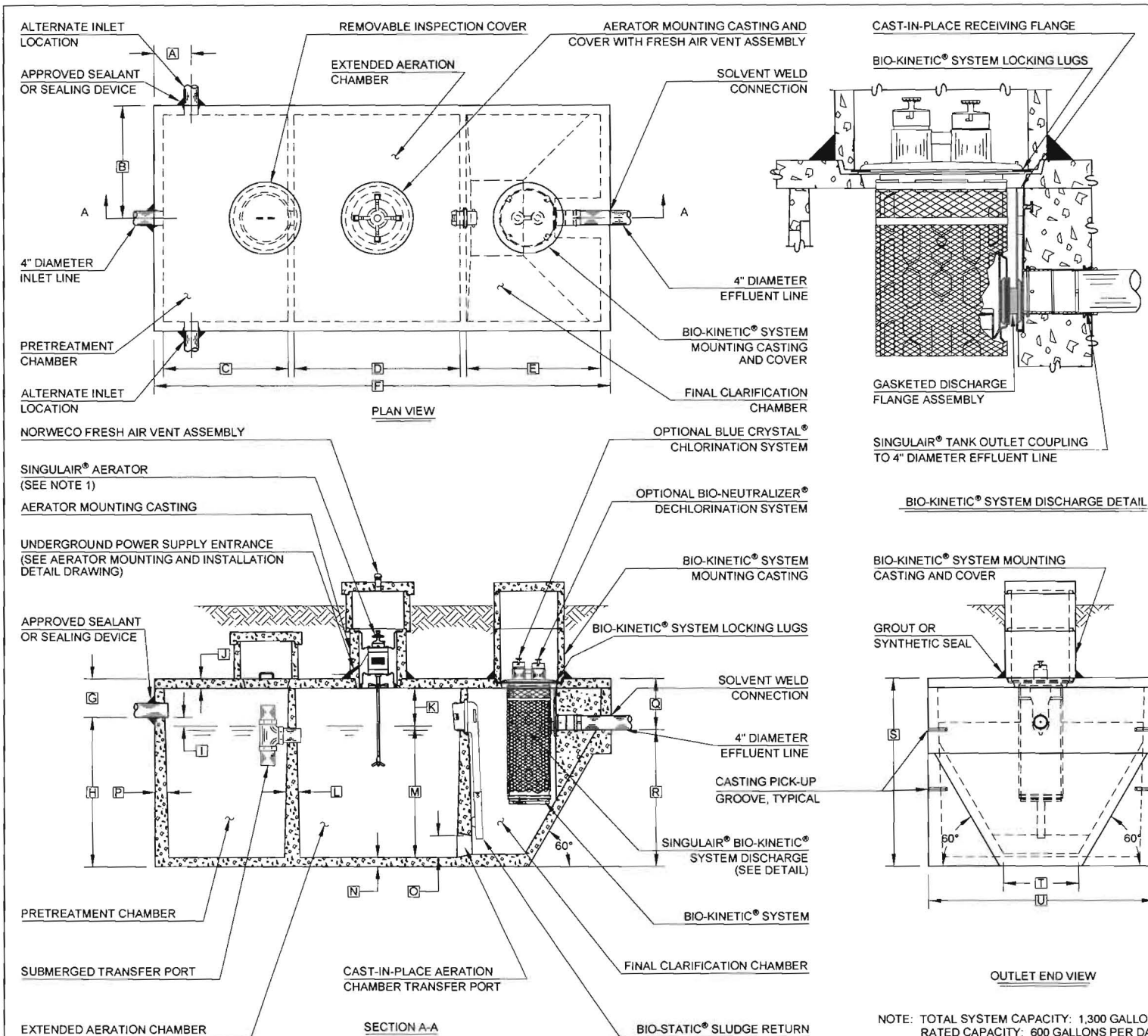
DATE: 5/8/2013

Bert Rifon

Howard County Health Department

LR - Agreement Recording Fee 20.00
 Grantor/Grantee Name: Klemmer
 Reference/Control #: 244
 LR - Agreement Surcharge 40.00
 LR - Additional Recording Fee - Linked 0.00
 SubTotal: 60.00
 Total: 120.00
 #1602970-1 CC13-01
 05/23/2013 01:43
 #1602970 CC0503 - Howard Co
 Columbia/CC05.03.03 -
 Register 03 495

PC-5-7092



- GENERAL NOTES:**
- ① SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
 - ② FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
 - ③ ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
 - ④ TANK REINFORCED PER ACI STD. 318-05.
 - ⑤ REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
 - ⑥ CONTACT THE LOCAL, LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____
NAME: _____

CONTRACTOR'S CERTIFICATION:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

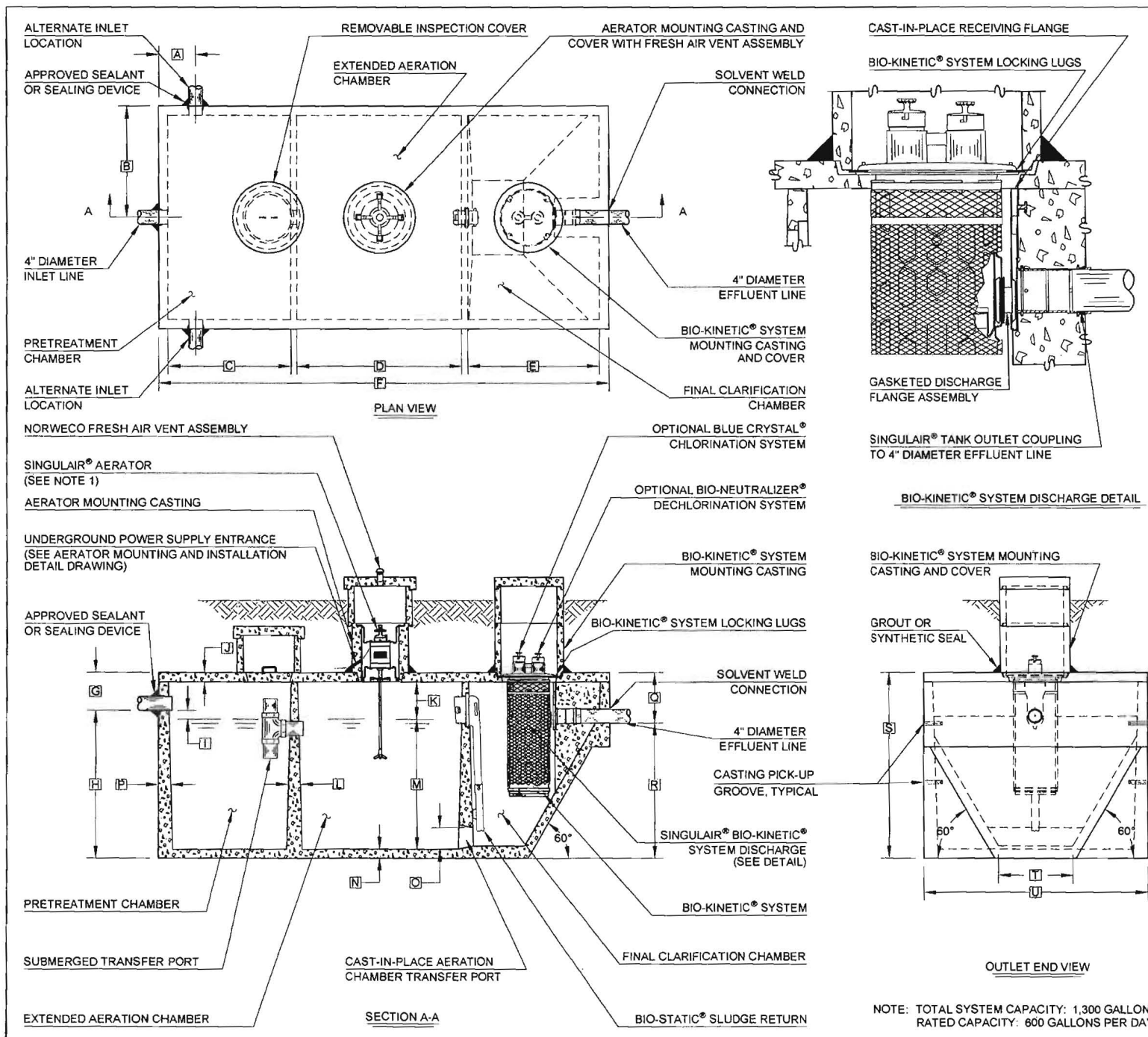
DATE: _____
NAME: _____

CRITICAL DIMENSIONS

A 1'-0"	N 0'-3"
B 3'-0"	O 0'-6"
C 3'-4"	P 0'-3"
D 4'-5"	Q 1'-4"
E 3'-7"	R 3'-8"
F 12'-2"	S 5'-0"
G 1'-0"	T 2'-0"
H 4'-0"	U 6'-0"
I 0'-3"	V
J 0'-3"	W
K 1'-0"	X
L 0'-2"	Y
M 3'-6"	Z

U.S. AND FOREIGN PATENTS PENDING	norweco	DATE: 3-26-07	DESIGN: B
	LOW-PROFILE SINGLAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM MODEL TNTLP-500 GPD	APPROVED: JMM	DATE: 10-16-06
		NTS	
		PC-5-7092	

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
RATED CAPACITY: 600 GALLONS PER DAY



GENERAL NOTES:

- 1 SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- 2 FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- 3 ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
- 4 TANK REINFORCED PER ACI STD. 318-05.
- 5 REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- 6 CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

PROJECT ENGINEER'S APPROVAL:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: _____

NAME: _____

CONTRACTOR'S CERTIFICATION:
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

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CRITICAL DIMENSIONS

A 1'-0"	N 0'-3"
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E 3'-7"	R 3'-8"
F 12'-2"	S 5'-0"
G 1'-0"	T 2'-0"
H 4'-0"	U 6'-0"
I 0'-3"	V
J 0'-3"	W
K 1'-0"	X
L 0'-2"	Y
M 3'-6"	Z

U.S. AND FOREIGN PATENTS PENDING	norweco	DATE: 3-26-07	BY: B
	LOW-PROFILE SINGULAIR® BIO-KINETIC® WASTEWATER TREATMENT SYSTEM MODEL TNTLP-500 GPD	DESIGNED BY: JMM	DATE: 10-16-06
		CHECKED BY: NTS	

© MMVII

PC-5-T092

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
RATED CAPACITY: 600 GALLONS PER DAY

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Thursday, January 23, 2014 11:36 AM
To: 'rdsefe@aol.com'
Subject: BAT site plan requirements
Attachments: BAT plan req 12-6-12.pdf

Attached is the document we discussed. The main thing for this property is to add to the perc cert the BAT notes and a sketch or copy/paste of the norweco tank info.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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Williams, Jeffrey

From: Williams, Jeffrey
Sent: Friday, January 24, 2014 8:43 AM
To: 'rdsefe@aol.com'
Subject: 10985 Rt 108, Klemmer property

Hi Eddie. I found the file for Klemmer property, 10985 rt 108. They do need to increase their drainfield capacity. They will need to add 110' of trenching 3' wide, bottom max depth 8', effective sidewall area beginning at 6.5'. They have one existing trench 110' long, 3' wide inlet at 5.5', bottom at 7.5'. Sorry for the confusion yesterday without having the file in front of me.

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

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The system vendor may provide a contractor to install your BAT unit. CVI will provide payment directly to the vendor. The vendor may also require proof of insurance from your contractor.

If your system is not installed within the 8 week timeframe listed in the steps on page 1, the funds may be released and used elsewhere. If you cannot complete installation in within this timeframe, please contact me to request an extension.

For more information on septic repair permitting, contact:

Jeff Williams
Program Supervisor, Well and Septic
410-313-1771

Please sign and return this original letter and keep a copy for your records. If you have any questions, please contact me at 304-940-3443 or by email at kristin.mielcarek@canaanvi.org.

Sincerely,

Kristin Mielcarek, Watershed Circuit Rider

Accepted by: William Klemmer, Property Owner

I have read and agree to the conditions of this Agreement Letter.

Signature

Date

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