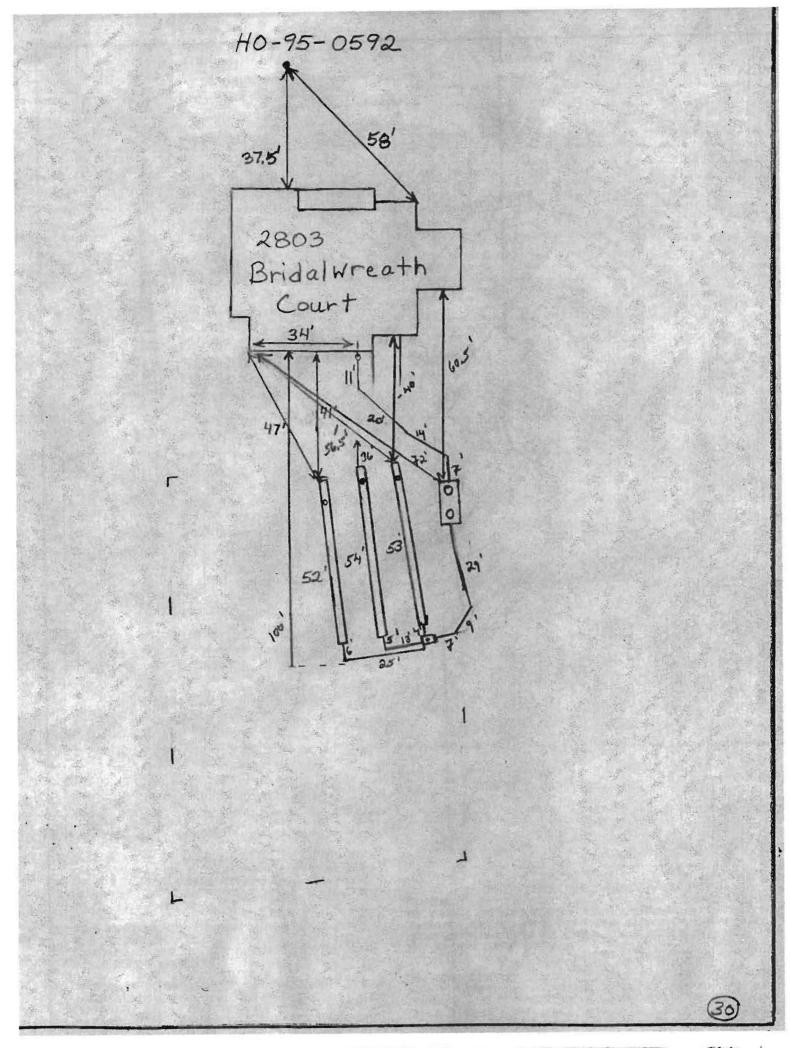
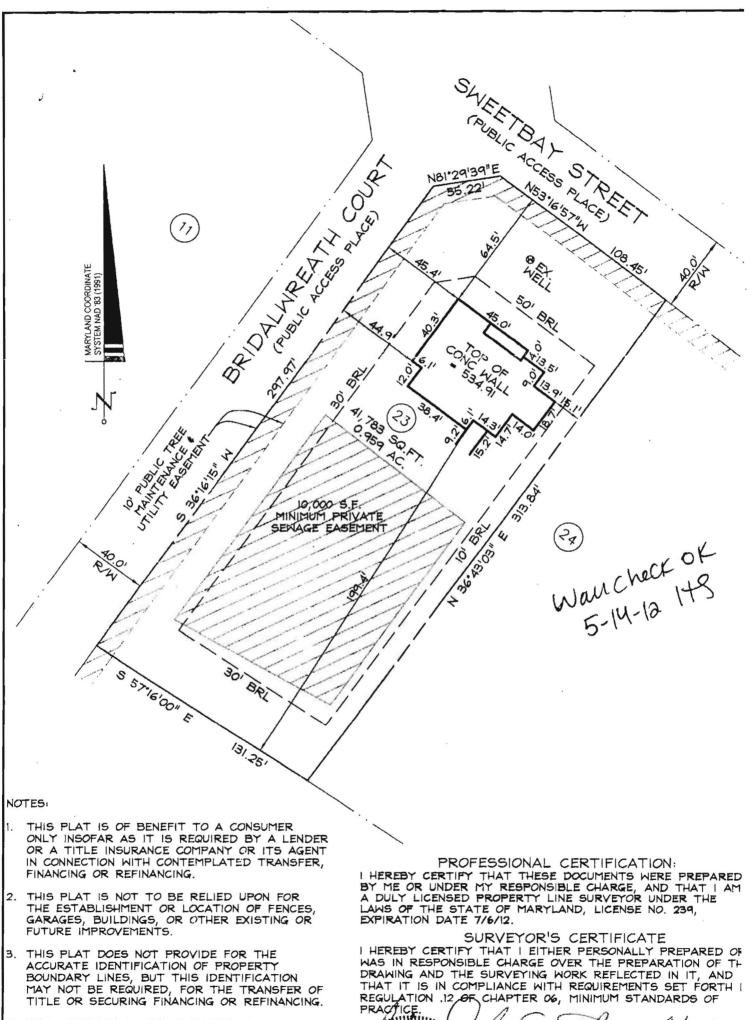
INSP 3 6/4/12 ISSUE DATE:	<u>5-17-12</u> PERMIT	P 537293	
APPROVAL DATE:	Tax ID # 04-373871 ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMEN BUREAU OF ENVIRONMENTAL HEALTH		
Mª Kim	Construction is permitted to	INSTALL ALTER	
ADDRESS:	P.O. Box 951 PHONE NUMI	BER: (540)338-35	
SUBDIVISION:	Belle Haven Estates LOT NUMBER	23	
ADDRESS: 2	2803 BridalWreath Court PROPERTY OWNE	R: Belle Haven Baker LLC.	
SEPTIC TANK CAPACI	ITY (GALLONS): OUTLET BAFFL	E FILTER REQUIRED 🔲	
PUMP CHAMBER CAP	ACITY (GALLONS): COMPARTMEN	TED TANK REQUIRED	
NUMBER OF BEDROO	MS: <u>4</u> APPLICATION F	RATE: _0.8	
SQUARE FOOTAGE OF	FHOUSE: 3,540 Trenches 3	Wide	
LINEAR FEET OF TREP		5' renches	
TRENCHES:	Trenches to be 3.0 feet wide. Inlet is at 3.0 feet below of stone below the distribution pipe. Bottom maximum de grade. Effective sidewall begins at 4.0 feet below origin feet of spacing between trenches.	original grade with 2.0 feet of epth is 6.0 feet below original	
	Set septic tank per layout inspection. Set distribution box at the highest point of the easement per layout inspection. Install 155 feet of trench on contour per layout inspection.		
LOCATION:		Do not order the septic tank until after layout inspection and Sanitarian approval. Stake easement corners. Call for layout inspection. Mark utilities. Gravel tickets must be available for Environmental Sanitarians. Stone must be approved by the Howard County Health Department. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.	
LOCATION: NOTES:	easement corners. Call for layout inspection. Mark utilitie for Environmental Sanitarians. Stone must be approved b Department. A written variance request is required for tar	es. Gravel tickets must be available by the Howard County Health	
	easement corners. Call for layout inspection. Mark utilitie for Environmental Sanitarians. Stone must be approved b Department. A written variance request is required for tar	es. Gravel tickets must be available by the Howard County Health	

CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

TRENCH/DRAINFIELD DATA NOT TO SCALE WIDTH INLET BOTTOM 4.5' 3 6.5 NUMBER OF TRENCHES TOTAL LENGTH ______ ABSORPTION AREA 477 +54 DISTRIBUTION BOX LEVEL Leveles Yes DISTRIBUTION BOX BAFFLE Yes DISTRIBUTION BOX PORT SEPTIC TANK DAT SEPTIC TANK 1 LEVEL MANUFACTURER Mayer Bros CAPACITY 2000 GAL SEAM LOC TODI See As-Built Drawing On Separate Sheet TANK LID DEPTH 1-1.5 BAFFLES Yes BAFFLE FILTER NO MANHOLE LOC Front Rear 6" PORTLOC 100 WATERTIGHT TEST No SLOTTED Yes DATE ON LID None. PUMP/SEPTIC TANK LEVEL N MANUFACTURER GAL CAPACITY SEAM LOC TANK LID DEPTH BAFFLES BAFFLE FILTER MANHOLE LOC 6" PORT LOC WATERTIGHT TEST SLOTTED DATE ON LID ROAD NAME PRE-CONSTRUCTION INSTALLATION: 14/2012 (PA 6 longo OK System DATE OF APPROVAL 6/6/12 FINAL INSPECTOR

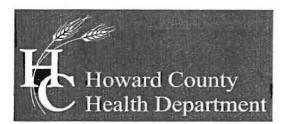


LA THE ACCURACY OF THE APPARENT SETBACK



4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE. 4/12/12





Bureau of Environmental Health 8930 Stanford Boulevard, 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

AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM

WHEREAS, the Owner owns a tract of land at street address _2803 Bridalwreath Court , <u>Woodbine, MD 21797</u> and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # <u>14</u>, Block # ___, Parcel # <u>0066</u>, Deed Reference # <u>15189/438</u> and Tax Account # <u>1404373871</u> ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have and individual well as the source of drinking water for the residence of the property.

WHEREAS, the Owner has installed a residential drinking well under well permit <u>HO-95-0595</u> that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitratenitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. reverse osmosis).

WHEREAS, the Owner is requesting that the Health Department issue a Certificate of Potability contingent upon installation and maintenance of a water treatment device to reduce Nitrate.

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

- 1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
- 2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is

operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

- 3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate levels.
- 4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warranty or guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
- 5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
- 6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
- 7. This agreement contains the entire agreement and understanding between the Health Department 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 their authorized representatives.
- 8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
- 9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

MATTYEW C. BAYMAN au Owner/ Witness Date Date Owner Date Witness Date

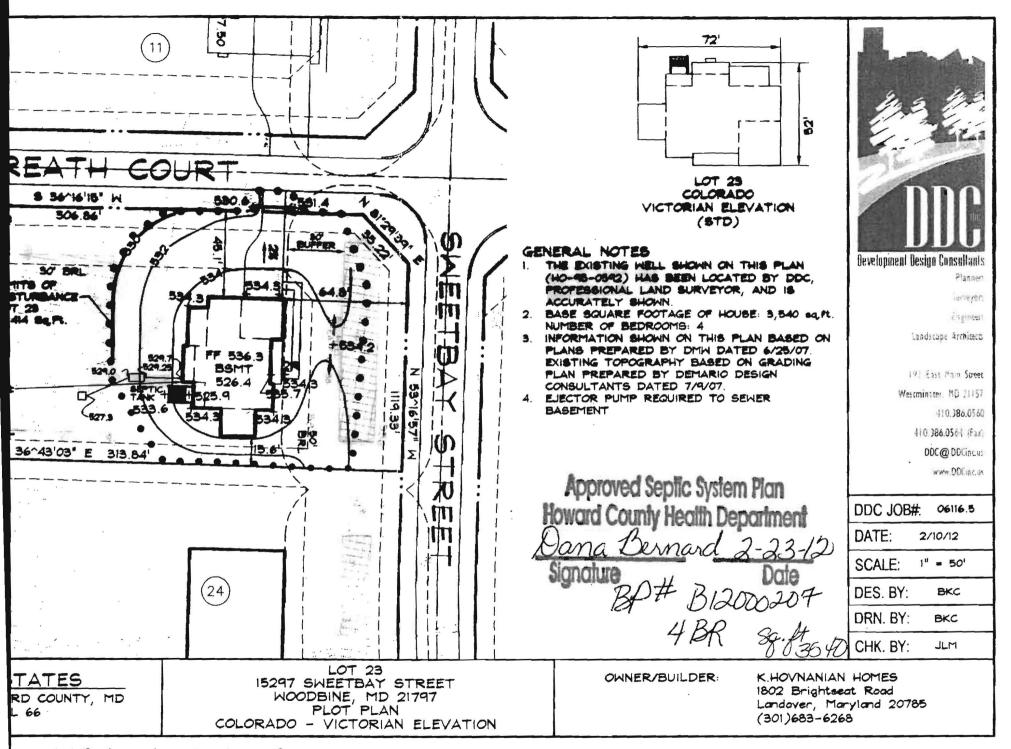
Howard County Health Department / Date

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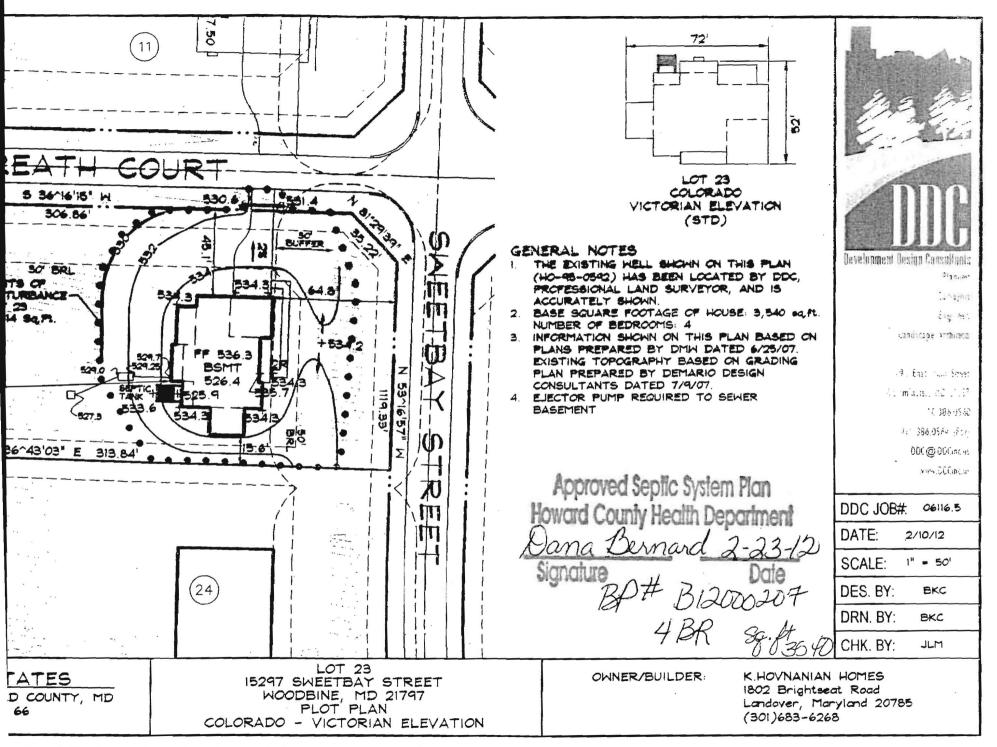
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Witness Owner Date Witness Date Howard County Health Department Date 01/21/16 mil Date 2/2/2016



W:/06116.5 - Belle Haven KHov/dwg/RESITES/Lot 23/LOT 23 (01-04-12), CWD, 2/22/2012 - 9-



W:/06116.5 - Belie Haven Khov/dwg/RESITES/Lot 23/LOT 23 (01-04-12).0wg, 2/22/2012 9