



HOWARD COUNTY HEALTH DEPARTMENT

60640 A/E

DATE 5/22/17

Received From

Julie Contractors Inc. PHONE # 410-945-4840

For

BAT Septic Permit - 11105 Wainwright Rd
Repair - 6834 Survey Lane

☐ CASH
☐ CHECK

NO.

011185

Five hundred sixty-one

Dollars

\$

501.00

Received By

A King

**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.orgFacebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 5/22/2017**ONSITE SEWAGE DISPOSAL SYSTEM**P 560640AAPPROVAL DATE: 7/25/17**PERMIT:****BRF REPAIR**

A _____

PROPERTY ADDRESS: 11705 Wayneridge StreetSUBDIVISION: MooresfieldLOT: 11TAX ID: 05-360943CONTRACTOR: Freedom SepticEMAIL: Kristin@freedomseptic.comCONTRACTOR ADDRESS: 2809 Liberty Road, Sykesville, MD 21784PHONE: 410-984-6863

CONTRACTOR CERTIFIED FOR BAT INSTALLATION:



MDE



MANUFACTURER:

AdvantexPROPERTY OWNER: Ryan and Marsha HayleckEMAIL: rhayleck@gmail.comOWNER ADDRESS: 11705 Wayneridge StreetPHONE: 240-994-2535BAT UNIT MODEL: Advantex AX20-3A

PUMP SIZE: _____

PUMP TANK CAPACITY: _____

OPERATION & MAINTENANCE AGREEMENT

DATE SIGNED: 5/10/2017DATE RECORDED: 5/11/2017DISTRIBUTION SYSTEM: ☒ GRAVITY☐ PRESSURE DOSEDBEDROOMS: 3APPLICATION RATE: 0.6

TRENCHES:

LINEAR FEET REQUIRED: 155INLET DEPTH: 4TRENCH WIDTH: 2MAXIMUM BOTTOM DEPTH: 10

MINIMUM SPACE

BETWEEN TRENCHES: _____

EFFECTIVE AREA BEGINNING DEPTH: 8LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.

NOTES:

System designed for a 3BR MAX plus one future replacement design for 3BR only. Future additions may require additional perc testing and development of a Percolation Certification Plan per Howard County Requirements sec. 3.805. Existing septic tank/drywell to be pumped and collapsed.

ISSUED BY: Kevin WolfISSUE DATE: 5/22/2017EXPIRATION DATE: 5/22/2018

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



ELECTRICAL PERMIT ISSUED

E _____

NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

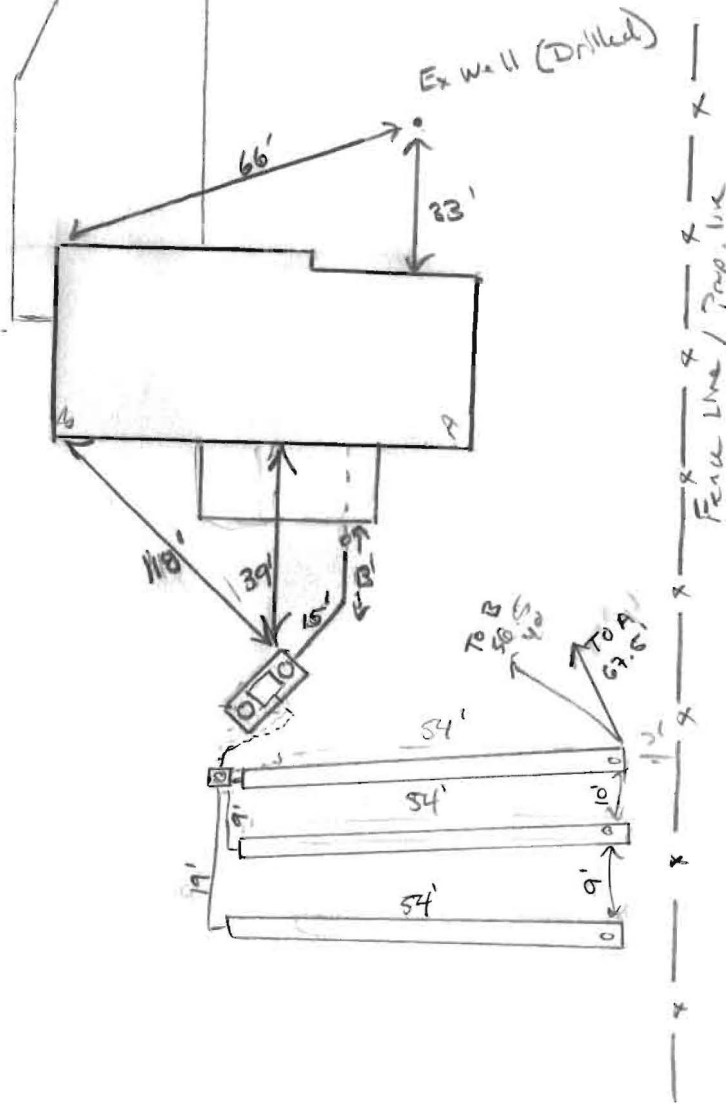
NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	10'
NUMBER OF TRENCHES		3
TOTAL LENGTH		162
ABSORPTION AREA		324 sq ft + 324 sq ft
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK LEVEL DW
 MANUFACTURER Advantex (Babylon)
 CAPACITY 4X20-30 GAL
 SEAM LOC Top
 TANK LID DEPTH 2'
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC Front/Rear
 6" PORT LOC rear
 WATERTIGHT TEST —
 SLOTTED Yes
 DATE ON LID 6-6-17

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

4/28/17 shot elevations in field. Install 2x 78' trenches running East towards prop. line. Keep out at 100' well arc. Trench locs will be above prop. test @. Dbox to be set in center of yard. Property owner is aware of possible water diversion away from new trenches. (Kam)

INSTALLATION: 6/29/17 Equipment on-site. Dig out site start, tank placement, area of trenches re-shot to confirm. OK to continue (Kam)

7/17/17 Ex. ST collapsed/pumped. Ex. D.W. exposed. New 4" HD plastic can do talk. Tank set. Met over details of installation/operation w/ contractor/owner. (Kam) 7/17/17 (PM) Saw construction of most proximal trench to house. @ 7/18/17 Saw completion of last two trenches. DBox Sand Rinsed.

Will call for start up. left before installation of piping from ST. to DBox @ 7/21/17 (AM) on-site for final start-up of BAT system. No one from Atlanta solutions (AS) showed up. Contractor notified. Rep from AS will be on-site in after noon (Kam)

FINAL INSPECTOR K. Wally DATE OF APPROVAL 7/25/17

7/25/17 BAT start-up report rec'd from manufacturer. System complete.



Atlantic Solutions, Ltd.

Delivering a Cleaner Tomorrow

512 Shaw Ct, Ste 103 • Severn, MD 21144
Office (877) 814-8426 • Fax (401) 293-0178
www.atlanticsolutionsltd.com

July 24, 2017

Kevin Wolf
Director, Environmental Health
Howard County Health Department

Re: AdvanTex Treatment System
11705 Wayneridge Street
Fulton, MD 20759

Mr. Wolf,

This is to certify that the AdvanTex treatment system at the above referenced property is installed per manufacturer's specifications and ready for use.

Please call if you have any questions.

Bob Johnson



Atlantic Solutions
877-814-8426



AdvanTex® Field Maintenance Report **Start-Up Summary Report**

Atlantic Solutions, MD
(877) 814-8426

Property Owner/Tracking # Ryan Hayleck		Operator		Installed Date 06/28/2017	
Site Address 11705 Wayneridge Street, Fulton MD 20759					Start-Up Date 07/21/2017
Phone Number (240) 994-2535	Permit #	Mode Mode 3A	Bedrooms	Occupants	Occupancy Date
Designer/Engineer Atlantic Solutions		Phone (401) 293-0176	Authorized Installer Freedom Septic Service, Inc.		Phone (410) 795-2947
AdvanTex Dealer Atlantic Solutions, LTD		Phone (401) 293-0176	Electrician		Phone

Primary Treatment

If using a single Processing Tank, complete the following:

☐ Processing Tank

Septic Volume (_____ gal.) Recirc Volume (_____ gal.)

Construction ☐ Concrete ☐ Fiberglass ☐ Other

Manufacturer: _____

If using a separate Septic Tank and Recirc Tank, complete the following:

☐ Septic Tank (_____ gal.)

Construction ☐ Concrete ☐ Fiberglass ☐ Other

Manufacturer: _____

☒ Recirc Tank (_____ gal.)

Construction ☒ Concrete ☐ Fiberglass ☐ Other

Manufacturer: _____

☒ Pump Model: PF308511

☒ Floats set properly at 11 -in. 13 -in. 24 -in.

Secondary Treatment

☐ RSV setting: _____ -in.

☐ Residual head measurement:

Pod #1 _____ -in. Pod #2 _____ -in. Pod #3 _____ -in.

☐ Discharge Tank/Basin (_____ gal.)

Construction ☐ Concrete ☐ Fiberglass ☐ PVC (Basin)

Manufacturer: _____

☐ Pump Model: _____

☐ Floats set properly at _____ -in. _____ -in. _____ -in.

☐ Discharge pump flow rate (drawdown test): (_____ gpm)

☐ Discharge pump dose volume: (_____ gal./dose)

Comments 57c x 4 up

Control Panel

Panel ID (RTU or UL #) TCOM - MVP	"On" Timer Setting	"Off" Timer Setting
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Filter Pods

Pod #1 Serial No. 425489	Pod #2 Serial No.	Pod #3 Serial No.
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Other System Components

☐ Disinfection equipment (manufacturer): _____

☐ Dispersal system (type of): _____

Declarations (Initial)

☒ Orenco's Start-Up Procedure was followed.

☒ All lids are secured.

☒ Circuit breakers are on and control panel is latched.

☒ "For Service Call" label with phone # was affixed to panel.

Homeowner Package was reviewed with:

☐ Builder on (date) _____

☐ Resident on (date) _____

The system is ready for use ☒ Yes ☐ No (explain)

Signature _____

Date 7-21-17

Fax completed form to 1-866-384-7404



Atlantic Solutions, Ltd.
436 Fish Rd
Tiverton, RI 02878

Invoice

Date	Invoice #
7/24/2017	24458

Bill To
Howard County Health Dept. Bureau of Environmental Health 8930 Stanford Blvd. Columbia, MD 21045

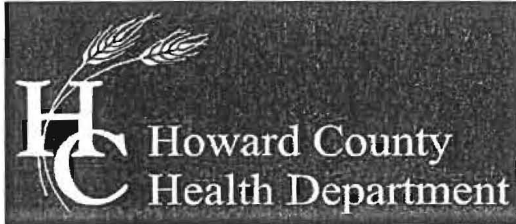
Ship To
Ryan Hayleck 11705 Wayneridge Street Fulton, MD 20759

P.O. Number	Order Date	F.O.B.	Rep	Terms	Project
Hayleck	7/24/2017				Hayleck
Qty	Item	Description			
1	AX20 SERIES MODE 3A-...	AdvanTex AX20 Treatment System, 3a Maryland			
1	IA-BRF	Delivery, Installation and Startup			
1	Inspection-MD BRF	Maryland Bay Restoration Fund, 5-year service contract			
1	IA-BRF	Installation/Service per system			

Phone # (401)293-0176 sales@atlanticsolutionsltd.com
Fax # (401)293-0178 www.atlanticsolutionsltd.com

Subtotal	\$12,659.00
Sales Tax (6.0%)	\$360.00
Balance Due	\$13,019.00

All invoices unpaid after 30 days subject to a service charge of 1.5% per month. \$20.00 returned check fee. Purchaser responsible for any and all reasonable attorney fees.



Bureau of Environmental Health

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Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

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

THIS AGREEMENT is made this 10 day of MAY 2017, among RYAN HAYLER, 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 11705 WAYNEWOOD STREET, 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 0784 Folio 576.

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 MDE certified and manufacturer-approved installer will install the BAT system.
- C. Owner acknowledges and agrees the manufacturer or manufacturer's authorized service provider 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 initial 5 year period an Operation and Maintenance contract with a certified service provider must be maintained in perpetuity by the property owner.
- 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 manufacturer's authorized service provider 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 up to \$~~213,000~~ 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. 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 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: 5/10/17



Owner

DATE: 5/10/17



Howard County Health Department



CANAAN VALLEY INSTITUTE

May 3, 2017

Ryan and Marsha Hayleck
11705 Wayneridge Street
Fulton, MD 20759

RE: FY 2017 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Mr. and Mrs. Hayleck:

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 2015 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 listed below. 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.

<u>System</u>	<u>Vendor</u>	<u>Contact</u>	<u>Phone</u>
Bio-Microbic (RetroFast)	Jones Pump Service	Dwayne Jones	410-836-9206
Orenco (Advantex AX20)	Atlantic Solutions	Robert Johnson	877-214-9283
HOOT 600 BNR	Mayer Bros, Inc	Nancy Mayer	410-796-1434
Norweco Singulair TNT	Back River Precast LLC	Matthew Geckle	410-833-3394
SeptiTech	Jones Pump Service	Dwayne Jones	410-836-9206

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

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. Please note that failure to request an extension may result in termination of your grant and your system must be installed no later than June 27, 2017 in order to retain your funding.

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

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

Accepted by: Ryan Hayleck, Property Owner

Signature

Date

Accepted by: Marsha Hayleck, Property Owner

Signature

Date

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