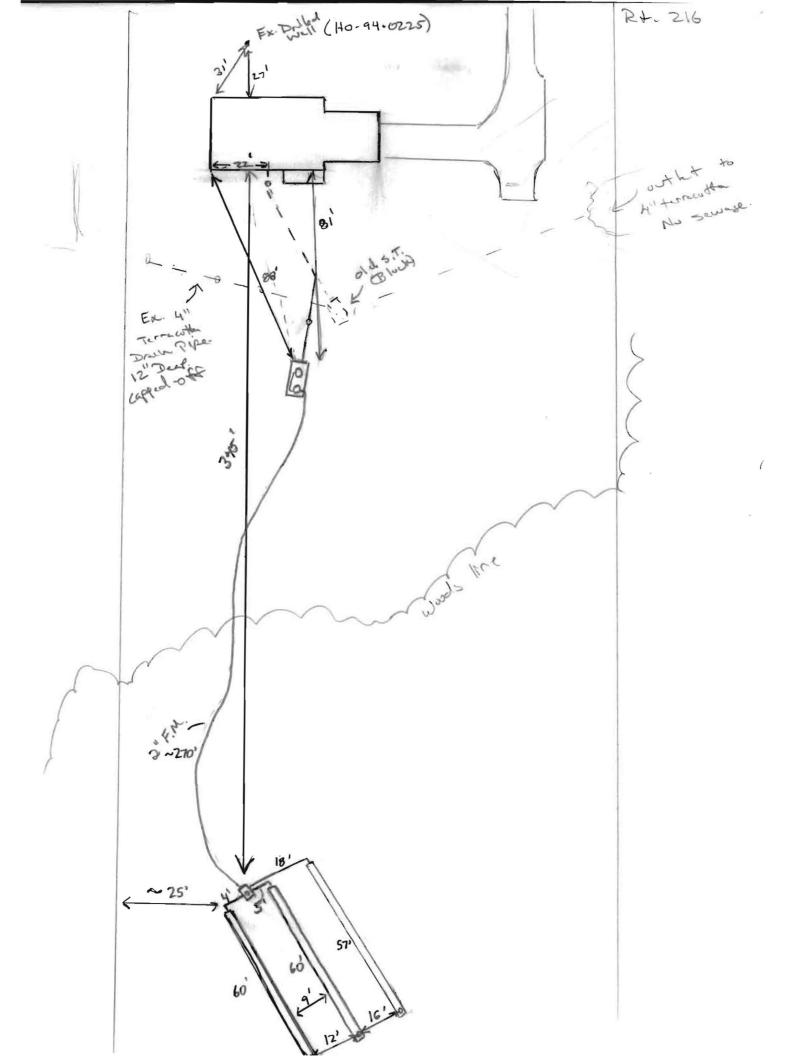


11 6	loward County lealth Department	Maura L Rossman M	8930 Stanford Boule Main: 410-313-26 TDD 410-313-2323 <u>www.</u> Facebook: www.fa	<b>Tironmental Health</b> vard, Columbia, MD 21045 540   Fax: 410-313-2648   Toll Free 1-866-313-6300 <u>hchealth.org</u> acebook.com/hocohealth			
RECEIPT	DATE: 4/19/2017 O	Maura J. Rossman, M NSITE SEWAGE DI		P 560555			
		PERMIT:	BRF REPAIR	A			
PROPERTY A	ato ter (ta)			~			
PROPERTY ADDRESS: 12345 Scaggsville Road   SUBDIVISION: Garrison Property   LOT: TAX ID:   05-365066							
CONTRACTOR: South Carroll Backhoe			EMAIL: s	kbackhoe@comcast.net			
CONTRACTOR	ADDRESS: 4410 Salem	Bottom Road, Westmins		PHONE: <b>410-596-3618</b>			
CONTRACT	OR CERTIFIED FOR BAT INS	ALLATION: MD	E 🛛 MANUF	ACTURER:			
PROPERTY O	WNER: Brad & Tabass	um Garrison	EMAIL:	Brad.garrison@hotmail.com			
OWNER ADDR	ESS: 12345 Scaggsville	Road		PHONE: 443-801-4086			
BAT UNIT MO	DDEL: HOOT BNR 600	PUMP SIZE:	PUMP TAI				
OPERATION &	MAINTENANCE AGREEMEN	T DATE SIGNED: 2/2	7/2017 DA	TE RECORDED: 2/27/2017			
DISTRIBUTIO	N SYSTEM: 🛛 GRAV		DOSED BEDROOMS:	3 APPLICATION RATE: 0.6			
	LINEAR FEET REQUIRED:	175		INLET DEPTH: 3			
TRENCHES:	TRENCH WIDTH:	2	MAXIMUM	BOTTOM DEPTH: 9			
	MINIMUM SPACE						
LOCATION	BETWEEN TRENCHES:			GINNING DEPTH: 5.5			
LOCATION: TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.   System designed for a 3BR plus one addition salon seat at 250gpd. Future additions may require additional perc   testing and development of a Percolation Certification Plan per Howard County Requirements sec. 3.805. Existing   NOTES: septic tank/drywell to be pumped and collapsed. Install 2x88' trenches on 3x59' trenches on contour over existing   perc test hole 'F'. Must meet contractor on-site to lay system out. 'To be support to be pumped and collapsed.							
ISSUED BY:	Kevin Wolf	ISSUE D	DATE: 6/2/2017	EXPIRATION DATE: 6/2/2018			
NOTE: CONT	RACTOR MUST SCHEDULE A P						
NOTE: CONT	RACTOR MUST SCHEDULE AN	NSPECTION AND GAIN APPRO	VAL OF ALL COMPONENTS	PRIOR TO COVERING			
	E MUST BE APPROVED BY HEA ERTIGHT SEPTIC TANKS REQUIR		EL TICKET MUST BE AVAILA	BLE FOR REVIEW.			
	ARTS OF SEPTIC SYSTEM SHALL		IGRADIENT FROM ANY WA	TER WELL			
	MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS						
	E: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM						
ONE	POSSIBLE OPTION AND THAT T	HE HCHD WILL REVIEW OTHE	R PROPOSALS. YOU HAVE	THE OPTION TO SEEK THE ADVICE OF A			
NOTE: AN IN	UALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIADNCE. N INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT						
NOTE: MDE	INSTALLATION. E: 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 **TRENCH/DRAINFIELD DATA** WIDTH INLET BOTTOM 3 9 2 NUMBER OF TRENCHES TOTAL LENGTH \_\_\_\_\_ 171' ABSORPTION AREA 354'+6W DISTRIBUTION BOX LEVEL YES DISTRIBUTION BOX BAFFLE EUSOW DISTRIBUTION BOX PORT YES SEPTIC TANK DATA SEPTIC TANK 1 LEVEL See Seperate Sheet MANUFACTURER (+00+ CAPACITY 600 BNA GAL for As-Built SEAM LOC TOP TANK LID DEPTH \_\_\_\_ BAFFLES Yes BAFFLE FILTER A MANHOLE LOC Front Rec 6" PORT LOC WATERTIGHT TEST 🛛 📂 -SLOTTED Yes DATE ON LID NA PUMP/SEPTIC TANK LEVEL MANUFACTURER CAPACITY GAL 3/4/17 S. Carroll adding stone to T3. 2" wides 3' inlet, 9' bottom. Started Hoot system - alarm sounds, primp primps SEAM LOC TANK LID DEPTH effluent to D-box. S. Carroll will cap off terra cotta BAFFLES pipe coming from neighbor's property - left a sticker BAFFLE FILTER MANHOLE LOC on neighbor's door requesting they contact HCHD all pipe. 6" PORTLOC Need BAT startup certification. @ 8/15/17 BAT stort-up WAPERTIGHT TEST SPOTTED DATE ON LID ROAD NAME **PRE-CONSTRUCTION:** elevation Shot met contra 613017 over Run QUT Q When Lc. di CRESPOOL span evea Km MGO SHU new 8 AT INSTALLATION: 8/4/17 dry op, re-dunke 4" 40 sterind LOME 9 8 Q0% 59. terracat 000 210ton punded 11:20 planar DINNOF har Fatus Scoke OWNE complete w 8/10/17 Trancle 1.4 forcost the converg from H" MyLbur. (Knud ay onto Set . DATE OF APPROVAL FINAL INSPECTOR





## MAYER BROS., INC. Precast Concrete Products 6264 Race Rd. Elkridge, MD 21075

# Letter of Satisfaction Hoot System Installation

Address of Property:	12345 Scaggsville Rd.	
	Fulton, MD. 20759	
Date of Final Inspection:	8/14/17	
Installer: South	Carroll Backhoe Service	

Hoor Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

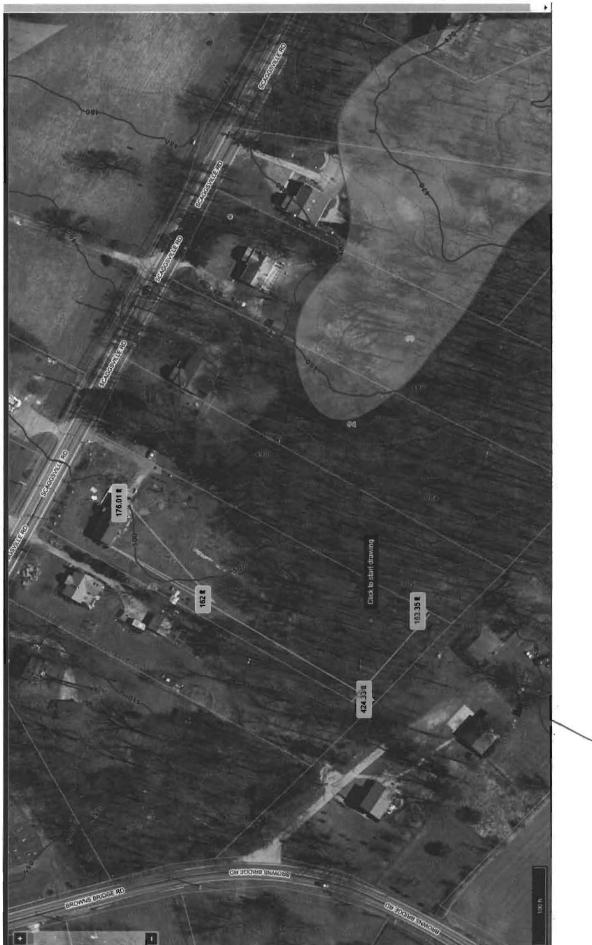
H. michel Day Name of Inspector

Mayer Bros. ,Inc.

PH: 410-796-1434 FX: 410-796-1438 WBE

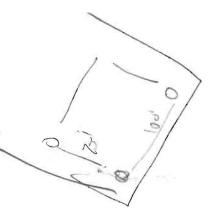
www.mayerbrosprecast.com

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septie Tanks, Holding Tanks, Storm Water Structures, Hydroceptors, Bench Barrier, Water Meter Vaults, Sectional Valve Vaults, Top Shabs, Curb Heads, Curb Bunapers, Custom Precast Products



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FOR





February 23, 2017

Bradley & Tabassum Garrison 12345 Scaggsville Road Fulton, MD 20759

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

Dear Mr. and Mrs. Garrison:

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
Septi⊤ech	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.
- 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 <u>kristin.mielcarek@canaanvi.org</u>.

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 <u>kristin.mielcarek@canaanvi.org</u>.

Sincerely,

Kristin Mielcarek, Watershed Circuit Rider

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

Accepted by: Bradley Garrison, Property Owner

Signature

Date

Accepted by: Tabassum Garrison, Property Owner

Signature

Date

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

#### Clerk of the Circuit Court for Howard County Land Records/Licensing The Thomas Dorsey Building 9250 Bendix Road Columbia, MD 21045 410-313-5850 LR - Agreement Recording Fee 20.00 20.00 1x Name: Garrison Ref: 87 LR - Agreement Surcharge 40.00 1x 40.00 SubTotal: 60.00 60.00 Total: -----**REV-Check-BOA** 60,00 Number : 1089 02/27/2017 15:02 CC13 #7869331 /1246/109 Thank you for visiting us today~ CC13-DS

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

THIS AGREEMENT is made this 27 day of <u>February</u> among <u>TABASSUM</u> <u>HBrad</u> <u>Garrison</u> hereinafter referred to as "Owner," the <u>Howard</u> 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 12345 Scargs in the Bellin provide Bellin prov

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  $\frac{5.338}{15.338}$  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 <u>Howard</u> 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: 2/27/17

Owner

DATE: 2/27/2017

Howard County Health Department