Howard County Health Department		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								
Maura J. Rossman, M.D., Health Officer										
RECEIPT DATE: 323-20 ONSITE SEWAGE DISPOSAL SYSTEM P 527354										
APPROVAL DATE: 6/30/200 PERMIT: CONSTRUCTION A										
PROPERTY ADDRESS: 7425 HAVEN CT, HIGHLAND, MD 20777										
SUBDIVISION: ESTATES AT SCHOOLEY MILL LOT: 6 TAX ID: 05-600714										
CONTRACTO	R: Hatfields &	guipment	EMAIL: Kenobetfieldsequimenticon							
CONTRACTOR ADDRESS:										
CONTRACT	OR CERTIFIED FOR BAT IN	TALLATION:	MANUFACTURER:							
PROPERTY O	WNER: WBG ESM LL	. /	EMAIL: MikeLemon@WilliamsburgLLC.com							
OWNER ADDR	ESS: 5485 HARPERS FA	RM ROAD, COLUMBIA, MD 21044	PHONE: (443)865-2353							
BAT UNIT MO	ODEL: NORWECO TNT	LP-750 PUMP SIZE: 3/4	PUMP TANK CAPACITY:							
OPERATION &	MAINTENANCE AGREEME	NT DATE SIGNED: 1-10-19	DATE RECORDED: 2-1-19							
DISTRIBUTION SYSTEM: GRAVITY RESSURE DOSED BEDROOMS: <u>6</u> APPLICATION RATE: <u>1.2</u>										
	LINEAR FEET REQUIRED	125	INLET DEPTH: 2.0							
TRENCHES:	TRENCH WIDTH	3	MAXIMUM BOTTOM DEPTH: 5.5							
	MINIMUM SPACE	10								
	BETWEEN TRENCHES		TIVE AREA BEGINNING DEPTH: 2.5							
LOCATION:		E-CONSTRUCTION INSPECTION.	UNIT LOCATION MOST BE STAKED BT LICENSED							
NOTES:										
ISSUED BY:		issue date: 4/	6/20 EXPIRATION DATE: $3-23-21$							
NOTE: CON	TRACTOR MUST SCHEDULI	A PRE-CONSTRUCTION INSPECTION F	PRIOR TO BEGINNING ANY INSTALLATION							
NOTE: CON	FRACTOR MUST SCHEDULE	AN INSPECTION AND GAIN APPROVAL	OF ALL COMPONENTS PRIOR TO COVERING							
			ICKET MUST BE AVAILABLE FOR REVIEW.							
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT 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										
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.										

2H0-17-0191 1=40 NOT TO SCALE TRENCH/DRAINFIELD DATA 56 INLET WIDTH BOTTOM 5.5 3 NUMBER OF TRENCHES 2(4 LATS_) 126F TOTAL LENGTH ABSORPTION AREA 378 SF + STOR 23 DISTRIBUTION BOX LEVEL - LPD DISTRIBUTION BOX BAFFLE 11 64 DISTRIBUTION BOX PORT to use SEPTIC TANK DATA SEPTIC TANK 1 LEVEL 45 MANUFACTURER RACK RIVER DRIVE CAPACITY TNT 750 GAL SEAM LOC TOP A TANK LID DEPTH _ 2 BAFFLES MD 1 **BAFFLE FILTER** YES MANHOLE LOC FRONT MORACE 0 6" PORT LOC Z WATERTIGHT TEST SLOTTED 93 DATE ON LID PUMP/SEPTIC TANK LEVEL 120 1126 MANUFACTURER BABMON CAPACITY 2000 GAL TOP SEAM LOC TANK LID DEPTH ~2.5 BAFFLES **BAFFLE FILTER** MANHOLE LOC KACK 12.5 6" PORT LOC 3h WATERTIGHT TEST Res . SA SLOTTED DATE ON LID 0340/2020 ROAD NAME 4VEN COU PRE-CONSTRUCTION: 14/2020 SHE NOT PLUMBED FER PLAN. CONTRACTOR OK W CHAINCE REMOVES 90 BEND BEFORE TANK. SDA TRENCHES TANK STAKED. MINIBLED GREADE AND LINEAR FEET OF TRENCHES WENT OVER SPECS AND RED LINE NOTES. OK B START. 6 COVID-19 OUTBREAK INSTALLATION: 16/1010 - MISSOD INSP TANK /SHC BACKFILLED FOR WATER DISCHARGE FROM HOUSE FOUNDATION SO TANKS NONT FLOAT; & GROUND WATER ASBUILT DATA FROM CONTRACTOR (A 04/17/2000 FM MANIFOLD TREDUCTES FOR PLA NORWEG START UP. (19 WATEK COMPLETE. REINSP. AND 6/30/2020 Alam and primp work - observed distal se TIGHT ON 414 im on separate breakers in basement laterals. Puno and head pressure on ala brated outside, next to manhole. (ST) FDanel Aarn DATE OF APPROVAL 6/20/2020 3. Thomas FINAL INSPECTOR



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

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 <u>747.5</u> <u>Howers</u> (<u>A</u> High) and (<u>Mi</u>) and the deed and subdivision plat of the property is recorded 20717 among the Land Records of Howard County, Maryland, Tax Map # <u>O4</u>, Block # ____, Parcel # <u>2093</u>, Deed Reference # <u>24576</u> 33 and Tax Account # 600769 ("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>17-0191</u> that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

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 maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or 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 radionuclides.

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 gross alpha, gross beta and radium levels to below their respective 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).

Website: www.hcheaith.org Facebook: www.facebook.com/hocoheaith Twitter: @HoCoHeaith

- The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 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, inderwrites 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.
- 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 this Agreement on the dates set forth below.

7/21/202 Buyer

Date

Buyer

Date

Howard County Health Department Date



BACK RIVER PRE-CAST, LLC PO BOX 329 GLYNDON, MD 21071 PH# 410-833-3394

NORWECO CERTIFICATION

PROPERTY OWNER: JASON PETERSON	INSTALLATION COMPANY: HATFIELD			
ADDRESS: 7425 HAVEN CT.	CERTIFIED INSTALLER: TODD TRACEY			
CITY, ZIPCODE & COUNTY: HIGHLAND, 20777, HOWARD	PERMIT#			
SIZE OF SYSTEM INSTALLED:	DATE INSTALLED: 04-16-20			
750 GPD CONCRETE	START-UP DATE: 06-22-20			
NUMBER OF BEDROOMS:	DATE OF FINAL INSPECTION:			
TYPE OF INSTALLATION: NEW CONSTRUCTION	DATE OF ELECTRICAL INSPECTION:			
ELECTRICAL WIRING PER ELECTRICAL INSTRUCTIONS: YES	TANK LEVEL: YES			
HT. OF CONTROL PANEL ABOVE FINAL GRADE: 44"	BURIAL DEPTH OF TANK: 24"			
SYSTEM WIRED ON A 15-AMP DEDICATED CIRCUIT WITH STD. BREAKER: YES	RISERS 4" - 6" ABOVE GRADE: YES			
LENGTH(S) OF UF WIRE PAST LAST AERATION RTISER(S): 36"	VENTED LID(S) ON AERATION CHAMBER(S): YES			
FEMALE PLUG(S) WIRED TO UF WIRE: YES	ANY GROUND SETTLING AROUND TANK:			
CONDUIT(S) ENTERING AERATION RISER MADE WITH A WATERTIGHT CONNECTION: YES	NC			
ISTHE INSIDE OF THE CONDUIT ENTERING THE CONTROL PAN WITH DUCT SEAL: YES	EL(S) AND AERATION RISER(S) SEALED			

ON 2ND PAGE MAKE A ROUGH SKETCH OF THE HOUSE , WHERE THE SYSTEM IS LOCATED, WHERE THE CONTROL PANEL IS LOCATED , WHERE THE FRONT OF THE IS AND DIRECTIONS TO THE PROPERTY.

DIRECTIONS CAN START A FEW STREETS AWAY

EXAMPLE: RT. X LEFT ONTO XX STREET RIGHT ONTO PRIVATE DRIVEWAY 5TH HOUSE OF THE LEFT.

I certify that the Norweco Singulair TNT Wastewater Treatment System was installed according to the

manufacture's specifications.

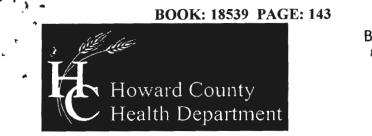
Matthew Geckle

June 22, 2019

Signature of BRP Representative

Vice-President

Date



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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 7th day of Jin 2019, among Williams buy proup LLC, 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 7425 Haven Count Muha Ma 2077 Jin the ____ Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 04, Block # ____, Parcel # 0093 Deed Reference # 24576-83 and Tax Account # _____ 600719 _____ ("the Property").

WHEREAS, The Property 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. The pre-treatment device being installed is

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Property at any reasonable time with prior notice 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.

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.

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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

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WHEREAS, Owner is the owner or contract owner of a parcel of land located at 7435 Haven Count Minha Ma 2077 in the _____ Election District of Howard County, Maryland, and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 04, Block # ____, Parcel # 0093 Deed Reference # 24576-83 and Tax Account # _____600719 ____("the Property").

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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 regularity scheduled basis an approved advanced pre-treatment system. The owner shall supply about of the operation of the operation of the county when it is renewed or altered.

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TW 2/22/2016

E. This agreement shall run with the land and upon Owner's taking title to the Property shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as 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 Property that the system shall require maintenance or other attention. Upon taking title to the Property, 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.

Wo

m i fio in Howard County Health Departmer

Owner #1 Signature

Owner #1 Print Name

SPEL

Buyer #1 Signature

Date

Date

Owner#2 Signature

Date

Owner #2 Print Name

Current

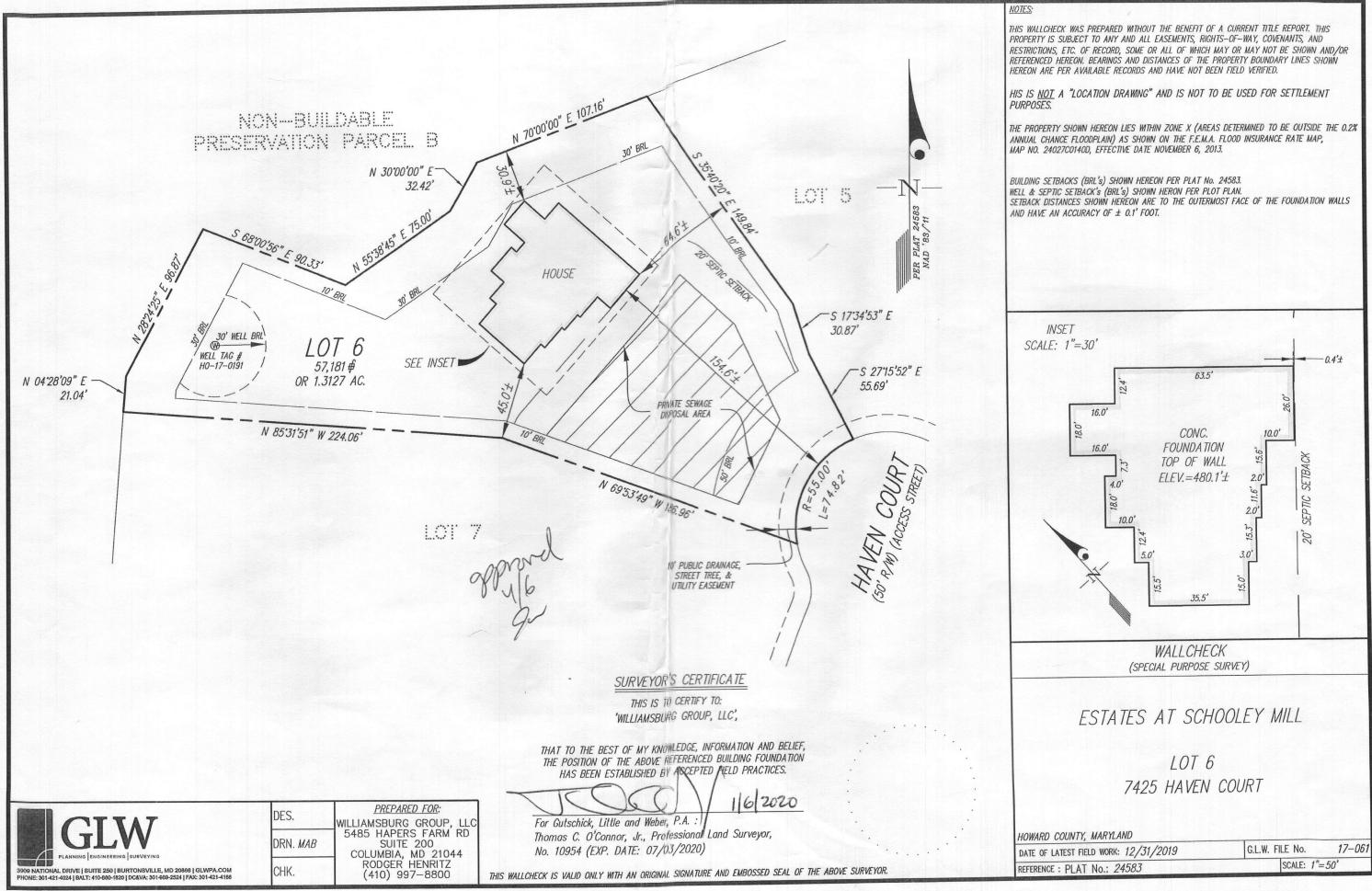
Buyer #2 Signature

Date

Buyer #1 Print Name

Buyer #2 Print Name

JW 2/22/2016



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