



HOWARD COUNTY HEALTH DEPARTMENT

30275

DATE
1 / 16 / 09

ps

Received
From

7.
Hatfields Equipment

PHONE # 410.984.0017

☐ CASH

☒ CHECK

NO. W

21042

For up grade septica -

4475 Ten Oaks Rd

three hundred ninety six dollars

Dollars

\$

396 00

Received By

1/18/09

Fee Paid \$

Receipt #P

SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: _____

Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) _____

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? _____

In support of a building permit. Type of building addition: _____

*System relocation for proposed addition for setback compliance _____

*Verification of adequate system capacity per COMAR 26.04.02.02D (4) _____

To replace collapsed septic tank or upgrade tank capacity _____

To replace collapsed drywell _____

Septic Contractor: _____

Contractor's Address: _____

Contractor's Phone #: _____

Property Address: _____

Property (Subdivision) & Lot # _____

Owner's Name: _____

Is public sewer available/nearby: _____

Names of Any Previous Owners: _____

Year House Built: _____

of Existing Bedrooms: _____

of Bedrooms after completion of addition: _____

Has this request been discussed previously with a Sanitarian, who? _____

If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned _____

FAX TO 410-313-2648

LAYOUT 4/16/09 INSP 4 5/11/09
INSP 2 4/17/09 INSP 5 _____
INSP 3 4/24/09 INSP 6 _____

ISSUE DATE: 4-7-09

APPROVAL DATE: 5-19-09

PERMIT

TAX ID #

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

*(Logged into
Permit)* P 530956
A 530275

Chief Septic Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: P.O. Box 199 Mt Airy 27771 PHONE NUMBER: 410-638-5237

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 4475 Ten Oaks Road PROPERTY OWNER: James & Eva Rozario

SEPTIC TANK CAPACITY (GALLONS): 2500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: 150

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Set treatment tanks per layout plan. Set distribution box per layout plan as high as possible in the septic easement. Install on contour 150 feet of trench 3 – 50 feet trenches on contour towards the south side of the easement (Spacing 2ft. wide)
NOTES:	1.) Stake septic easement corners and addition corners for layout inspection. 2.) Call for layout inspection prior to installation. 3.) Mark utilities. 4.) Gravel tickets must be available for Environmental Sanitarians. 5.) Both existing septic tank and drywell must be pumped prior to abandonment. Septic system installation will not be approved until drywell and septic tank are properly abandoned.

PLANS APPROVED: Dana Bernard DATE: 3/8/09

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 UNLESS SPECIFICALLY AUTHORIZED

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 FOR INSPECTION OF SEPTIC SYSTEM

HO-73-1461

(well on neighbor's property)

58'

Ex. Garage

Breeze-way

Patio

Addition

Ex. House

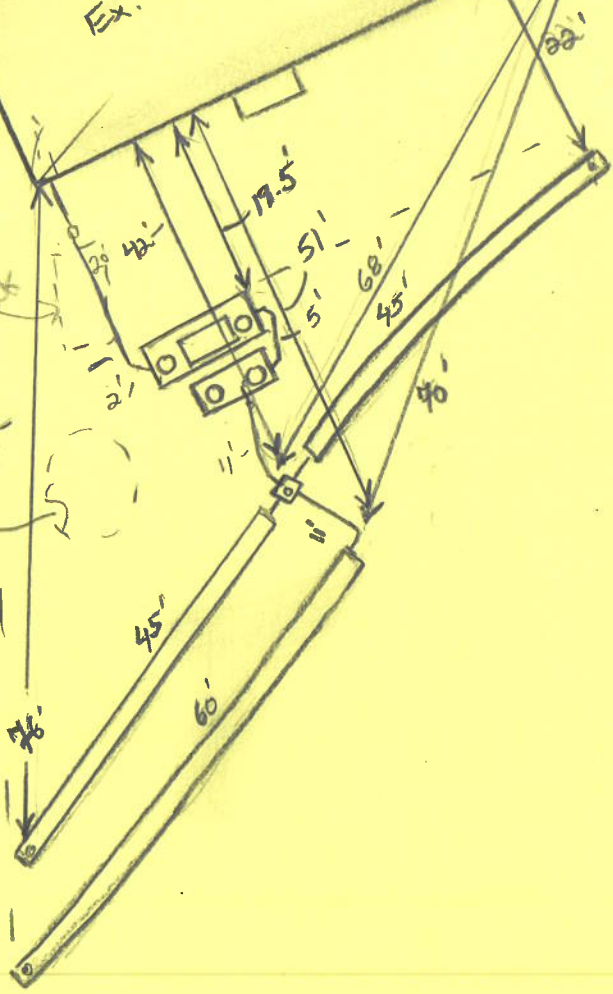
Paved

Driveway

Approximate Prop. Line Loc.

Area of old Tank

Area of old D.V.



NOT TO SCALE

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

000272

THIS AGREEMENT is made this 31st day of March, among James Rozario, 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 4475 Ten Oaks Road, in the 5th Election District of Howard County, Maryland, and the deed to same is recorded among the Land Records of Howard County, Maryland, in Ellicott City and in Liber 5412 Folio 630.

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.

20
20
JS
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.
- 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 Department agrees to grant \$ 16,000.00 toward the cost of installation of the BAT System, and financial responsibility is limited to this amount. Owner will present to the Department at least 3 proposals from manufacturer and County certified system installers demonstrating the total cost of installation. Operating costs will be at the Owner's 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

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: 4-6-2009

Owner

JAMES ROZARIO

DATE: 3/31/09

Jay Prager, Deputy Program Manager
Wastewater Permits Program
Maryland Department of the Environment

DATE: 4/7/2009

Howard County Health Department

IMP FD SURE \$	20.00
RECORDING FEE	20.00
PHOTOCOPY-A	2.00
TOTAL	42.00
Rec'd CHES	Rec'd \$ 78200
MDR JNE	BLK \$ 500
Apr 30, 2009	12:00 PM

144 763

Atlantic Solutions, MD
(401) 293-0176

Fax completed form to 1-866-34-7404