

**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

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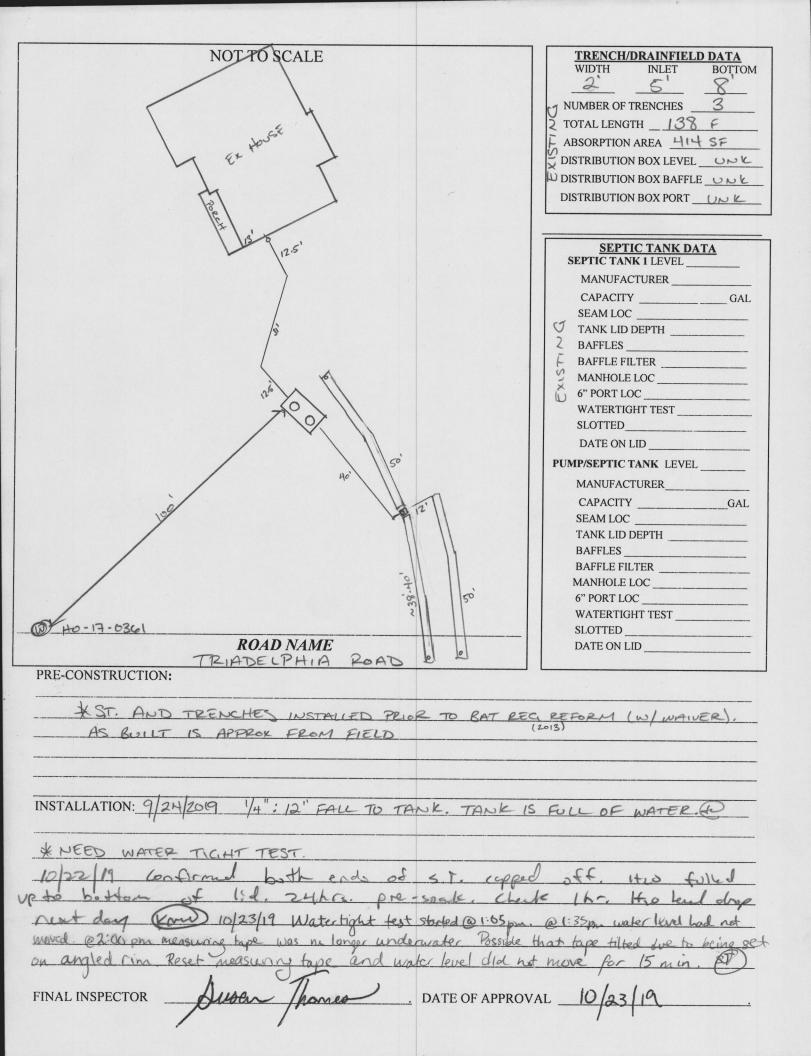
Maura

J. Ros	sman, M.D., Health Officer		//		
RECEIPT [	OATE: 9/4/2019 ONSITE SEWAGE DISPOSA	L SYSTEM	P _566360		
INSTALLATION APPROVAL DATE: 10/23/19 SEWER HOUSE CONNECTION					
PROPERTY ADDRESS: 12510 Triadelphia Road,					
SUBDIVISION	: The Woods at Triadelphia	LOT: _1	TAX ID: <b>04310248</b>		
CONTRACTO	R: Sams Creek	EMAIL:			
	R ADDRESS: 2810 Sams Creek Rd, New Windsor, MD 217	776	PHONE: <b>443-536-5167</b>		
PROPERTY O	WNER: Stephan W. Weinman	EMAIL:			
OWNER ADD	RESS: 840 Oella Avenue #418 Ellicott City, MD 21043		PHONE:		
NUMBER OF	NUMBER OF BEDROOMS: _5 CONNECTED TO PUBLIC WATER: _ YES NO				
LOCATION:	INSTALL 4" SEWER LINE PER APPROVED SITE PLAN.				
NOTES:	EX SYSTEM: LOADING RATE: 1,2 GPD EFFECTIVE AREA: 5.0' TO 8.0' 2' WIDE				
ISSUED BY: Robert Freemon ISSUE DATE: 9/4/2019 EXPIRATION DATE: 9/4/2020					
NOTE: HOWARD COUNTY BUREAU OF UTILITIES APPROVAL OF GRINDER PUMP INSTALLATION IS REQUIRED PRIOR TO SEPTIC PERMIT APPROVAL  NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM					

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.



### Clerk of the Circuft Court for Howard County Land Records/Licensing

6095 Marshalee Drive Suite 120 Elkridge, MD 21075 410-313-5850

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CRD-Credit 60,00 Credit Card Confirmation: 009219

- Agreement Surcharge

01/09/2020 10:29 CC13 #13227573/494/109 Thank you for visiting us today~

CC13-YW

CIRCUIT COURT FOR HOWA\* - 8360 COURT AVENUE ELLICOTT CITY, MD 21043

01/09/2020 CREDIT CARD

10:29:12

VISA SALE Card # -XXXXXXXXXXXXXX5341

Chip Card VISA CREDIT AID: A0000000031010

ATC: 0005

ARQC: FDC5853BA54A1885 SEQ #:

3 Batch #: 857

INVOICE 3 CLERK 0002

Approval Code: 009219 Entry Method: Chip Read

Mode: Issuer Tay Amount: \$0.00

SALE AMOUNT \$60.00

NO REFUND WITHOUT COURT ORDER

CUSTOMER COPY



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 DISINFECTION SYSTEM

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Stephen Weinman Laurie Diver ("the Owner")
WHEREAS, the Owner owns a tract of land at street address 12510 Tolke phic. Road, Elicott City Mt 21042 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 22, Block #006, Parcel # ("the Property").
among the Land Records of Howard County, Maryland, Tax Map # 20, Bloom ("the Property").  582, Deed Reference # 1623 10049 and Tax Account # 310248 ("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 10-17-036 hat has been tested by the Health Department (or a private laboratory certified to perform testing) for coliform bacteria. The results of the tests have shown that coliform bacteria was present in the water sample at the time of testing.

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 to which a water disinfection device has been installed.

WHEREAS, MDE has determined that bacteria can be effectively removed from the drinking water by the use of disinfection devices (e.g. ultraviolet radiation).

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

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:

- 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 disinfection device, which effectively removes bacteria below detectable levels. The Health Department shall verify that the disinfection device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

#### SITE INSPECTION SHEET

			WELL TAG #:	1	5549	
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RECEIPT DATE:	12/19/12	P	544475
INSTALLATION APPROVAL DATE:	PH.R.VIII	A	

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

PROPERTY O	OWNER: Greenfield Homes Inc	<b>&gt;.</b>			
OWNER'S ADDRESS:	6656 Luster Drive, Highland MD 20	0777		PHONE: 443-535-0	418
ADDRESS: _	12510 Triadelphia Road		TAX	ACC'T#: 03-310248	
SUBDIVISION	N: The Woods at Triadelphia			LOT: <u>1</u>	
SEPTIC TA	NK CAPACITY (GALLONS):	TBD		n= 9/	
PUMP CHAN	MBER CAPACITY (GALLONS):	TBD		130' Trench	
NUM	MBER OF BEDROOMS:	TBD	APPLICAT	ION RATE: TBD	1.2
SQUAR	LE FOOTAGE OF HOUSE:	TBD	Ŧ,	Mex 5 ! - 3	1 101.7
LINEAR FE	EET OF TRENCH REQUIRED:	TBD		Bottom 7'	MIGE
			· ·		
TRENCHES:	TO BE DETERMINED ON APPR	OVED SUPPLE	EMENTAL PI	LAN	
LOCATION:	TO BE DETERMINED ON APPRO	VED SUPPLEM	IENTAL PLAN	V	
NOTES:	A SUPPLEMENTAL PLAN PROVID APPROVAL OF BUILDING PERMIT IS REQUIRED PRIOR TO PRE-CON SUBJECT TO REVISIONS TO COM HEALTH APPROVAL OF THE INST	Γ, PLOT PLAN, A STRUCTION IN AR 26.04.02 EFF	AND WALL CI SPECTION. TH ECTIVE 1/1/20	HECK. AN APPROVED WA HE OSDS PERMITTED HER DI3 ON THE CONDITION T	ALL CHECK REIN IS NOT THAT FINAL
ISSUED BY:	JEFF WILLIAMS IS	SSUE DATE:	12/19/12	EXPIRATION DATE:	12/19/13

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTMEM SHALL BE 100 FEET 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 COMPONANTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL OR 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.

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ADDRESS: _	12510 Triadelphia Road		TAX ACC'T #: 03-310248	
SUBDIVISION	N: The Woods at Triadelphia		LOT: <u>1</u>	
SEPTIC TA	NK CAPACITY (GALLONS):	TBD		
PUMP CHAN	MBER CAPACITY (GALLONS):	TBD	-	
NUM	MBER OF BEDROOMS:	TBD	APPLICATION RATE: TBD	
SQUAR	RE FOOTAGE OF HOUSE:	TBD	-	
LINEAR FE	EET OF TRENCH REQUIRED:	TBD		
, 	g ne e			
TRENCHES:	TO BE DETERMINED ON APPR	ROVED SUPPLE	EMENTAL PLAN	
LOCATION:	TO BE DETERMINED ON APPRO	OVED SUPPLEM	MENTAL PLAN	
NOTES:	APPROVAL OF BUILDING PERMI IS REQUIRED PRIOR TO PRE-CON SUBJECT TO REVISIONS TO COM	T, PLOT PLAN, A NSTRUCTION IN IAR 26.04.02 EFF	DETAILS IS REQUIRED PRIOR TO HEALTH AND WALL CHECK. AN APPROVED WAL ISPECTION. THE OSDS PERMITTED HERE FECTIVE 1/1/2013 ON THE CONDITION TH GRANTED PRIOR TO PERMIT EXPIRATIO	L CHECK IN IS NOT AT FINAL
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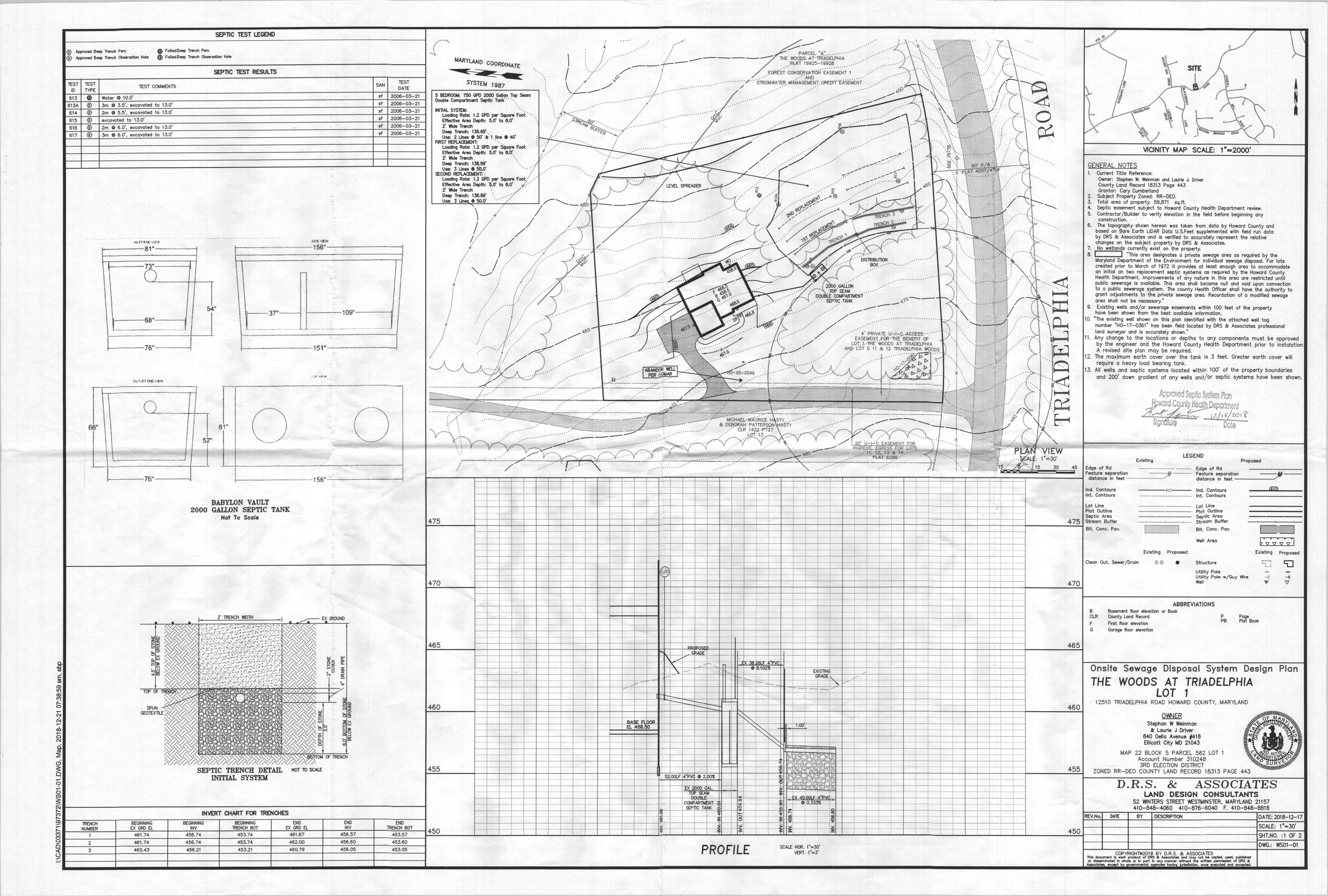
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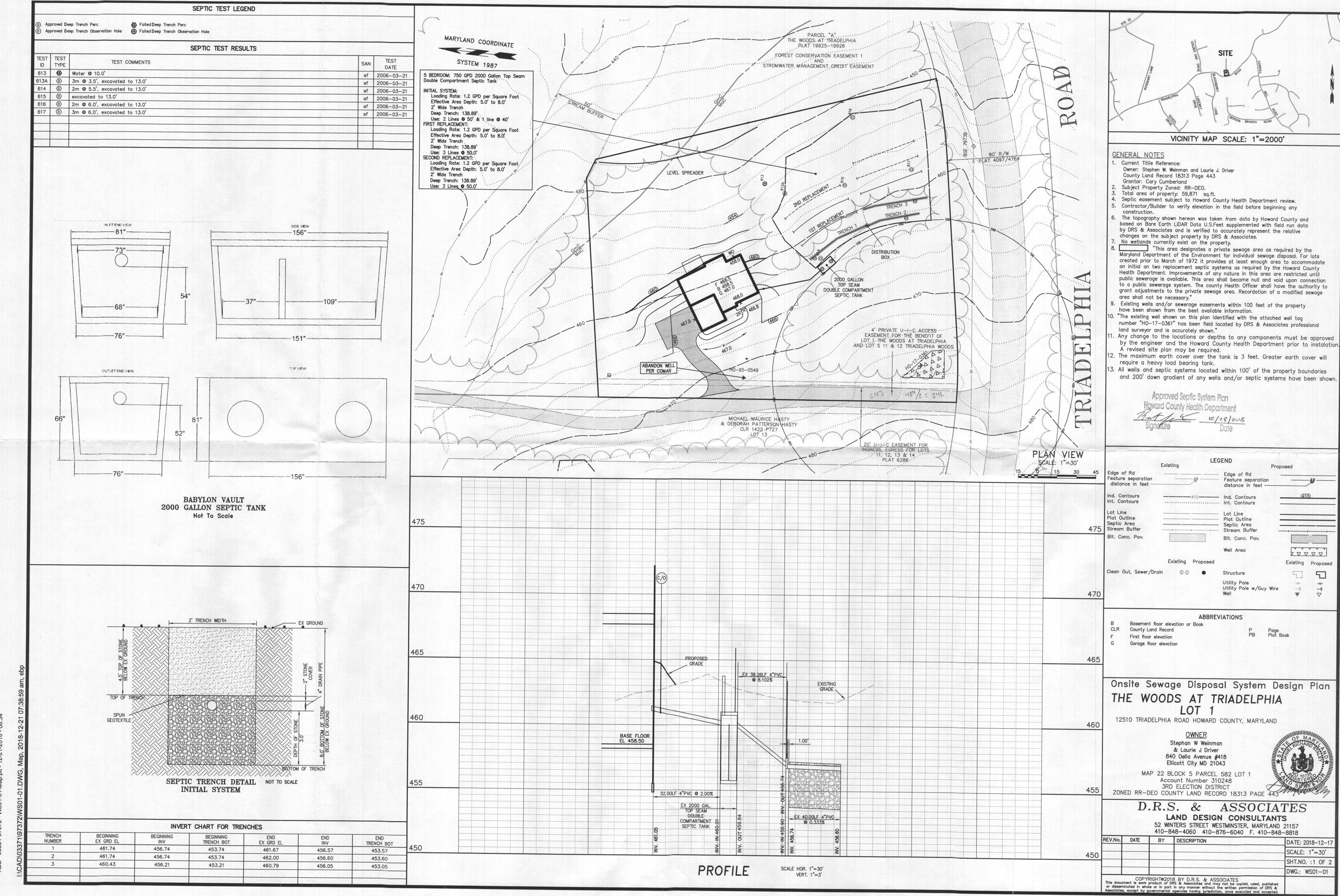
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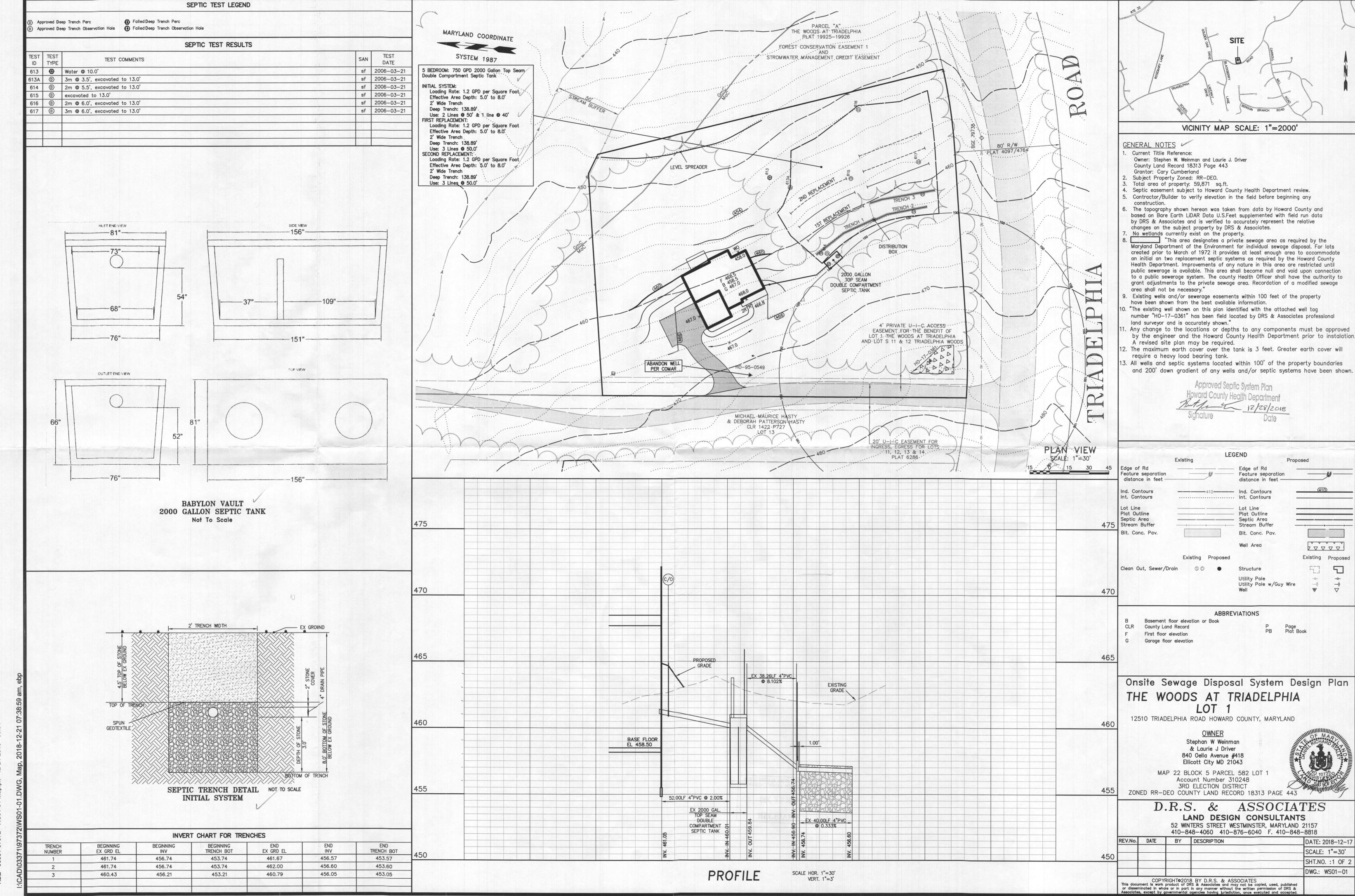
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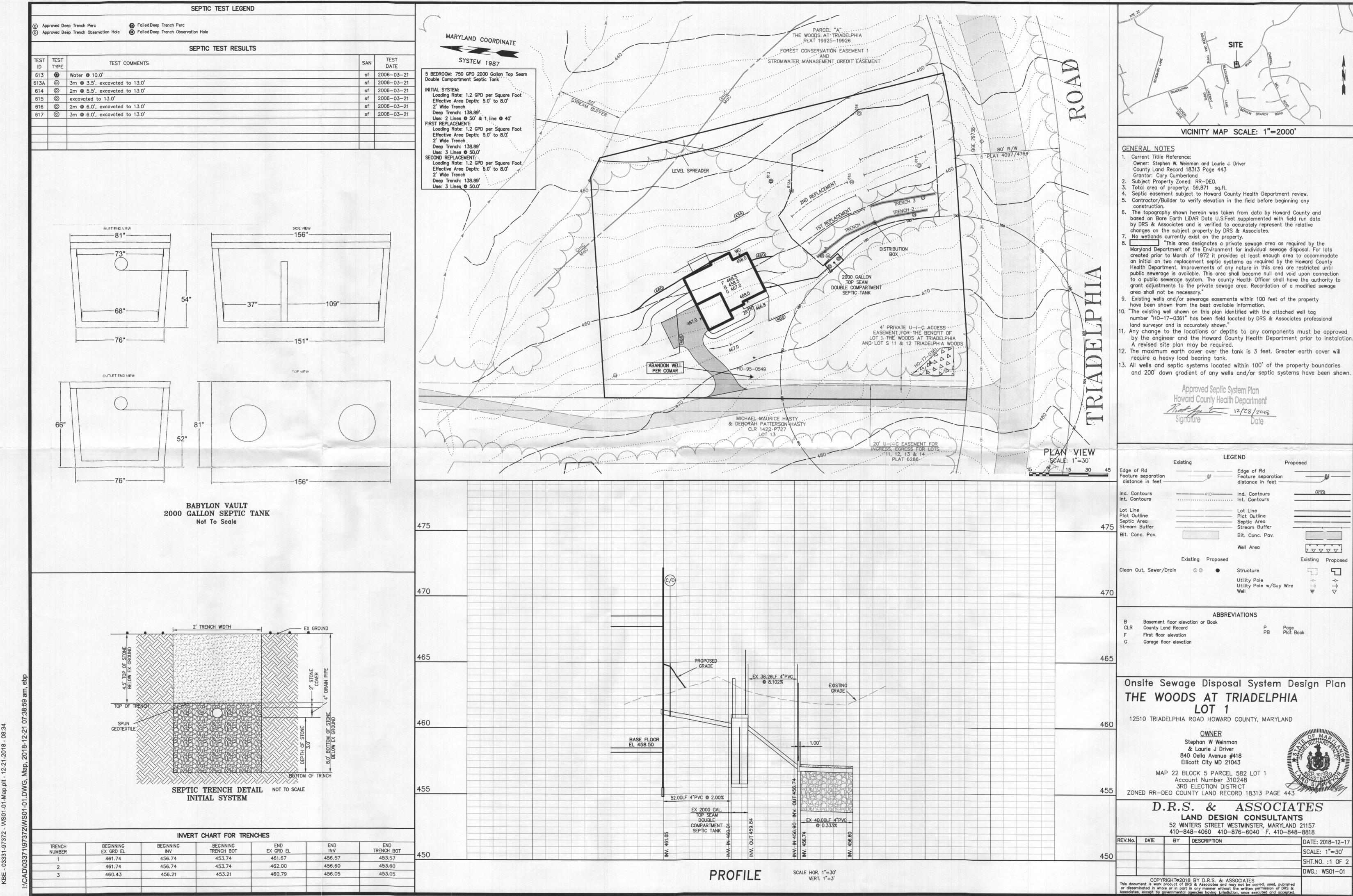
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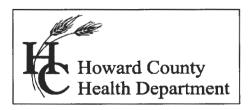


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**Bureau of Environmental Health** 

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www.hchealth.org

 ${\it Facebook:} www.{\it facebook.com/hocohealth}$ 

Pre 15AT Fee

RECEIPT DATE: 12/19/12 ONSITE SEWAGE DISPOSA	AL SYSTEM P PS-14475			
APPROVAL DATE: PERMIT: CONST	TRUCTION			
PROPERTY ADDRESS: 12510 Triadelphia Road Ellicott City, MD 21042				
SUBDIVISION: The Woods At Triadelphia	LOT: _1 TAX ID:1403310248			
CONTRACTOR:	EMAIL:			
CONTRACTOR ADDRESS:	PHONE:			
PROPERTY OWNER: Stephan W Weiman & Laurie J Driver	EMAIL:			
OWNER ADDRESS: 840 Oella Avenue #418 Ellicott City MD 21043	PHONE:			
SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFA	CTURER: Babylone			
PUMP MODEL: N/A PUMP SIZE N/A	PUMP TANK CAPACITY: N/A			
DISTRIBUTION SYSTEM:   GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 1.2				
LINEAR FEET REQUIRED: 140	INLET DEPTH: 5			
TRENCHES: TRENCH WIDTH: 2	MAXIMUM BOTTOM DEPTH: 8			
MINIMUM SPACE	MAXIMOM BOTTOM BETTIN.			
	FECTIVE AREA BEGINNING DEPTH: 5			
LOCATION:  PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.				
D-box and front end of trenches must be exposed to have	water test performed to ensure equal distribution. Septic			
tank needs a water tight test.				
NOTES:				
ISSUED BY: Robert Freemon ISSUE DATE:	EXPIRATION DATE:			
NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTI				
NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPRO				
NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAV				
NOTE: WATERTIGHT TANKS REQUIRED				
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL				

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

DELECTRICAL PERMIT ISSUED

E
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

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#### SEPTIC SPECIFICATIONS WORKSHEET

Subdivision The Woods @ Triadelph	nia A
Street Name 12510 Triadelphia R	d Lot Number 7
Average Percolation Rate (min./in.) 3 min./inch	Application Rate (GPD/sq. ft.)
Number of Bedrooms 5	Design Flow (#BRx150) = $750$
Square Footage (of House)	Septic Tank Capacity (gal.)
Sidewall Credit / % Reduction 2 feet /57%	Total Length of Trench (ft.) 1781
*All Septic/Pump tanks must be top seamed unless of	therwise approved by this agency.
*All Septic tanks must be compartmented unless oth Baffle Filter Required? Yes No	herwise approved by this agency. $750 \div 2 \div 1.2 = 312 \times .57$
TRENCH DIMENSIONS: Trench to feet wide. In of stone below the distribution pipe. Bottom maximum sidewall begins at feet below original grade. Mainta	depth is <u>S</u> feet below original grade. Effective
PUMP SYSTEM PROPOSED? YES NO  Pump system details: gallon p	ump chamber
Note 1: Septic pump detail to be provided by installer p	•
Note 2: Pump performance test required prior to Health	
LOCATION:	Department approval of painped septic system.
1. Set septic tank per plan.	
•	
2. Set distribution box per plan. 3. Install length trenches on contour	
4. System and septic tank mus	st be at least 20' from the proposed house il after layout inspection and Sanitarian approval. Stake
ADDITIONAL NOTES Do not order the septic tank unt	il after layout inspection and Sanitarian approval. Stake
septic easement corners. Call for layout inspection. Mark	utilities. Gravel tickets must be available for
Environmental Sanitarians. Stone must be approved by the	e Howard County Health Department. A written variance
request is required for tanks deeper than 3 feet. A traffic b	earing lid is required for tanks deeper than 4 feet.
Reviewed by: HS	Date: 12/13