

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 7/22/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 569620

APPROVAL DATE: 2/22/21 **PERMIT: CONSTRUCTION** A \_\_\_\_\_

PROPERTY ADDRESS: 1421 Underwood Road

SUBDIVISION: Good Neighborhood LOT: 1 TAX ID: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: Baystar

PUMP MODEL: \_\_\_\_\_ PUMP SIZE \_\_\_\_\_ PUMP TANK CAPACITY: \_\_\_\_\_

DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>194</u>	INLET DEPTH: <u>34</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>

LOCATION: **PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.**

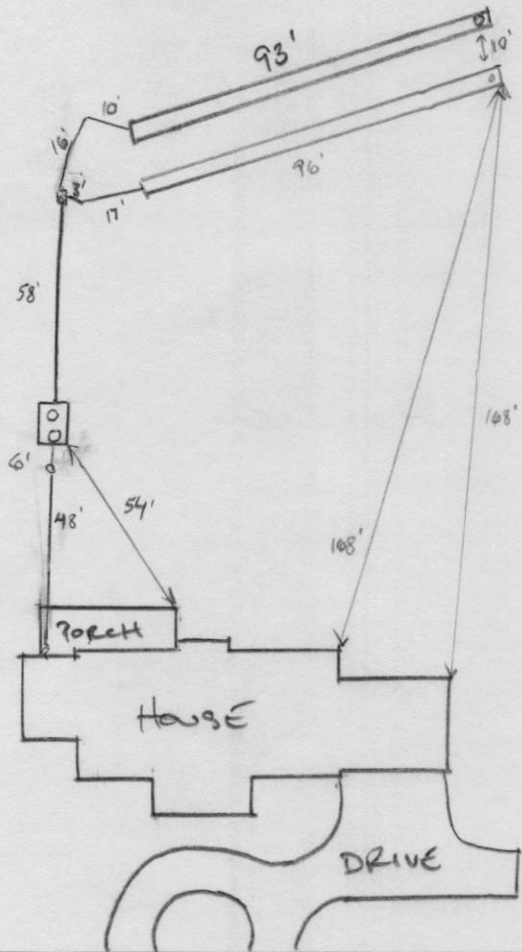
NOTES:

ISSUED BY: Dana Bernard ISSUE DATE: 7/22/21 EXPIRATION DATE: 7/22/22

- 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 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 4/18
- 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 1:50



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
<u>3'</u>	<u>4'</u>	<u>7.5'</u>
NUMBER OF TRENCHES		<u>2</u>
TOTAL LENGTH		<u>189'</u>
ABSORPTION AREA		<u>567 sq ft + sidewalk</u>
DISTRIBUTION BOX LEVEL		<u>yes</u>
DISTRIBUTION BOX BAFFLE		<u>yes</u>
DISTRIBUTION BOX PORT		<u>yes</u>

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	<u>yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>inlet + outlet</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>inlet + outlet</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>yes</u>
DATE ON LID	<u>7-8-21</u>

**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	_____

ROAD NAME

UNDERWOOD ROAD

PRE-CONSTRUCTION:

09/09/2021 Laid out 2x 93' TR ON CONCUR. OK TO START. Ⓟ

INSTALLATION: 09/07/2021 Checked TRENCH BOTTOM. Ⓟ 9/8/21 Both trenches complete Ⓟ 9/9/21 SL making 1% fall to tank. D-box leveled and connected to trenches. Reinsp for SHC. Ⓟ  
2/22/22 SHC confirmed. Ⓟ

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

2/22/22

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

**AGREEMENT FOR APPROVAL OF AN INDIVIDUAL DRINKING WELL WITH AN ON-SITE TREATMENT SYSTEM**

This agreement is entered into by and between the Howard County Health Department (“the Health Department”) and Michael R. Smith and Hannah K. Arnold (“the Owner”).

WHEREAS, the Owner owns a tract of land at street address 1421 Underwood Road, Sykesville, Maryland and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0009, Block #     , Parcel # 0034, Deed Reference # 19122/236 and Tax Account # 03-294137 (“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 HO-95-1364 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

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 MCL for Nitrate.

WHEREAS, MDE has determined that Nitrate can be effectively removed from the drinking water by the use of treatment devices (e.g. 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 Nitrate.

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 Nitrate below the 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).

3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable Nitrate 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, underwrites 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.
8. 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.

<i>Michael R. Smith</i>	<i>2/22/22</i>		
Owner <i>Michael R. Smith</i>	Date	Buyer	Date

<i>Hannah K. Arnold</i>	<i>2/22/22</i>		
Owner <i>Hannah K. Arnold</i>	Date	Buyer	Date

<i>Michael J. Owen</i>	<i>2/22/22</i>
Howard County Health Department	Date



Clerk of the Circuit Court for  
Howard County

9250 Judicial Way,  
Ellicott City, MD 21043  
410-313-2111

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LR - Agreement Recording Fee  
1x 20.00 20.00

Name: smith  
Ref: 62

LR - Agreement Surcharge  
1x 40.00 40.00

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SubTotal: 60.00  
Total: 60.00

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REV-Check-WFB 60.00  
Number : 1998

02/23/2022 08:18  
#15903102/1246/4

CC13-KS

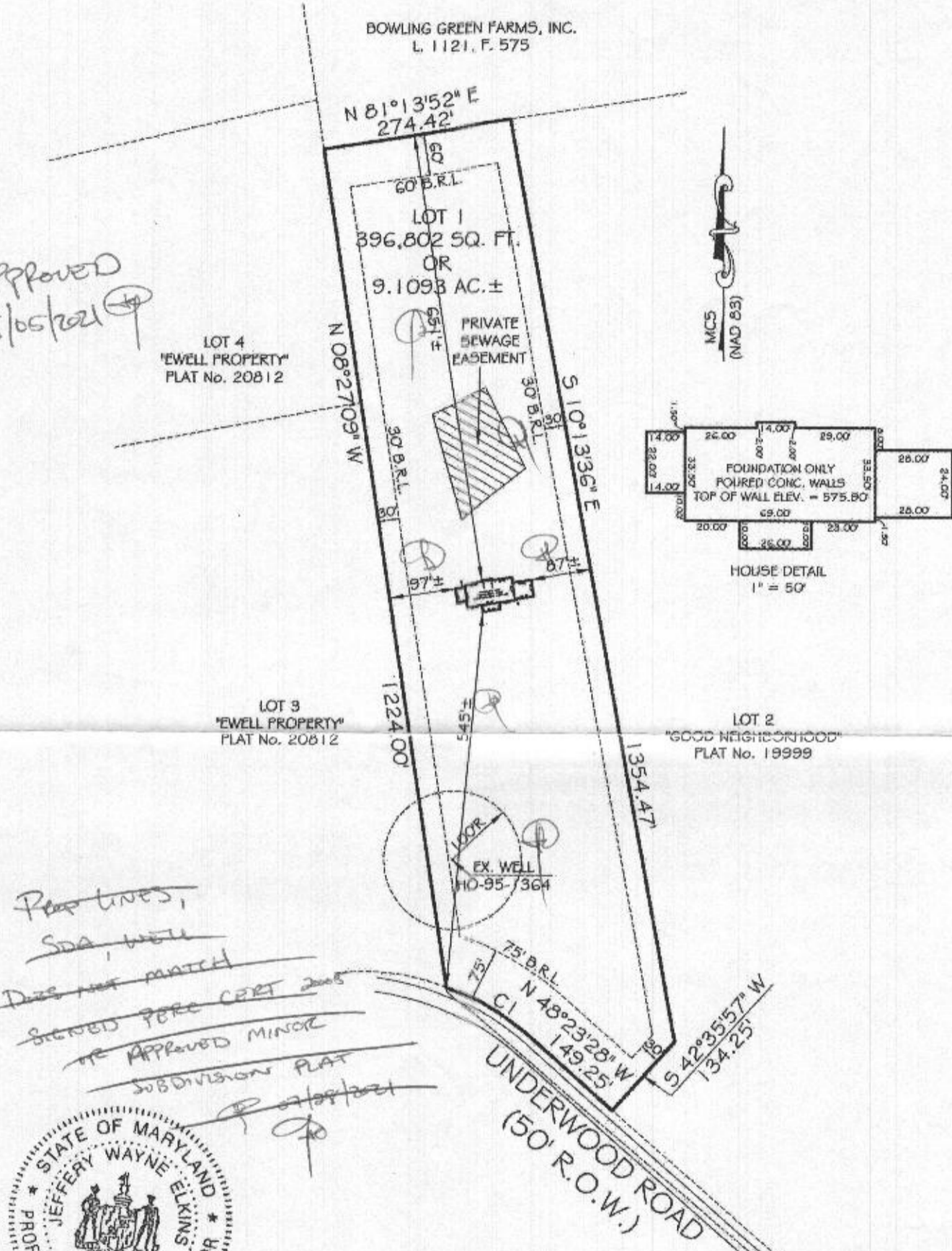
Thank you for visiting us today

NOTES:

1. FOOTINGS AND FOUNDATION ARE IN PLACE AS SHOWN HEREON.
2. TOP OF WALL ELEV. = 575.90
3. BUILDING TIES ARE ±0.5' UNLESS OTHERWISE NOTED.

CURVE DATA						
CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	DELTA ANGLE	CHORD BEARING	TANGENT
C1	421.00'	152.97'	152.13'	20°49'06"	N 58°12'49" W	77.34'

Approved  
08/05/2021



PROFESSIONAL CERTIFICATION:

I HEREBY CERTIFY THAT THIS DOCUMENT WAS PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21512, EXPIRATION DATE AUGUST 4, 2021, IN ACCORDANCE WITH COMAR 09.13.06.12.

*Jeffery W. Elkins* 4/5/2021  
 For VanMar Associates, Inc. Date  
 Jeffery W. Elkins, Prof. Land Surveyor

WALL CHECK DRAWING  
 LOT 1, MINOR SUBDIVISION PLAT  
 "GOOD NEIGHBORHOOD"  
 HOWARD COUNTY PLAT No. 19999  
 1421 UNDERWOOD ROAD  
 ELECTION DISTRICT NO. 3  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=200' APRIL, 2021

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT No. 19999	B9-5858



**VANMAR ASSOCIATES, INC.**  
 Engineers Surveyors Planners  
 310 South Main Street Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015 (410) 549-2751  
 Fax (301) 831-5603 ©Copyright, Latest Date Shown

C:\AutoDesk\Jobs\M-1821 Good Neighborhood\dwg\Lot 1 Survey Plat.dwg, 4/5/2021 3:18:53 PM, HP DesignJet T790ps, 44in x66L2