

LAYOUT 8/14/03 2:30 INSP 4 _____
 INSP 2 9/8/03 9:30 INSP 5 _____
 INSP 3 9/9/03 - 1PM INSP 6 _____

ISSUE DATE: 5/15/03

P 518971

APPROVAL DATE: 11/15/05

A 59334

**PERMIT
INDEXED**

TAX ID# 05-372720

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

Exin Solutions, Inc (Steven Johnson) IS PERMITTED TO INSTALL ALTER

ADDRESS: 410 Main St, Ste 18, Laurel, MD 20707 PHONE NUMBER: 301-651-1637

SUBDIVISION: Beaufort Park LOT NUMBER: 9 - B1-G

ADDRESS: 8515 Blounts Lane PROPERTY OWNER: Brigerman

SEPTIC TANK CAPACITY (GALLONS): 1250 ← OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180 *(Used new design criteria)*
 $180 \times 4 = 720 \div 3 = 240 \times .71 = 170' \pm$

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Distribution box location to be placed at best location as determined at layout inspection. Run trenches on contour.
NOTES:	

PLANS APPROVED: Frank Skinner OK SRK 5/23/03 DATE: 12/7/2001

- 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

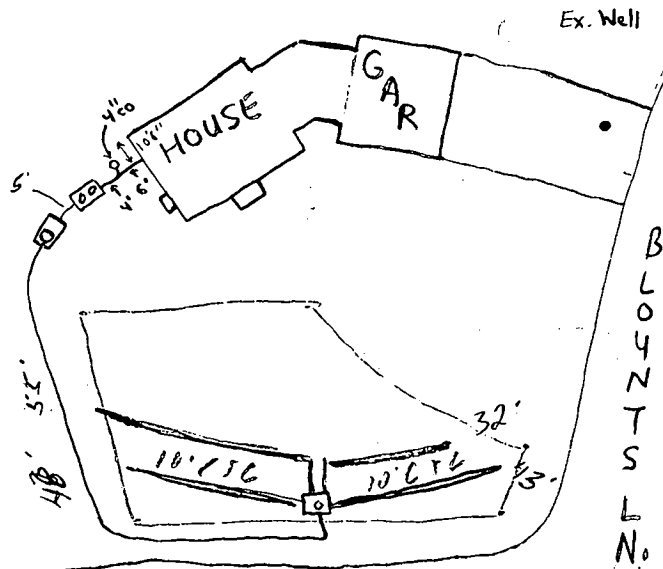
BUILDING PERMIT SIGNED AND RETURNED
 11/22/05 BOOKS 7148-DECK

A59334

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3	7.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		178'
ABSORPTION AREA		801 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>		
CAPACITY	1500	GAL
SEAM LOC	Top	
est 2-3' TANK LID DEPTH	1'	
BAFFLES	<input checked="" type="checkbox"/>	
Req. BAFFLE FILTER	<input checked="" type="checkbox"/>	
MANHOLE LOC	Front	
6" PORT LOC	N/A	
WATERTIGHT TEST	N/A	
SEPTIC TANK 2 LEVEL		
CAPACITY	1500	GAL
SEAM LOC	Top	
est 2-3' TANK LID DEPTH	3'	
BAFFLES	<input checked="" type="checkbox"/>	
BAFFLE FILTER	NA	
MANHOLE LOC	Rear	
6" PORT LOC		
WATERTIGHT TEST	N/A	



CLARKSON DRIVE ROAD

5/03- INSTALLER (STEVEN JOHNSON) REPORTS THAT HE INSTALLED THE SEPTIC TANKS WITHOUT A PERMIT OR A LAYOUT INSP. INSTRUCTED HIM OF THE SERIOUSNESS OF THE SITUATION (SRK) 8/15/03- MET INSTALLER (STEVEN JOHNSON) NOTICED THAT WELL IS IN CENTER OF DRIVEWAY & WILL NEED SOME BARRIER PROTECTION OR TO MAINTAIN 10' TO DRIVEWAY, DISCUSSED CASING HEIGHT ABOVE GRADE, WILL NEED RESOLUTION, DISCUSSED ROUTING OF WELL LINE INSTALLATION & SDA LAYOUT, INSTALL D. BOX IN CENTER OF SDA AND RUN 45' SO TRENCHES

(SRK/SD) 9/8/03 - Discussed with installer. specs OK to proceed. Use a speed leveler on all falls. Schedule 40 x 10' of INSP. (B) are level.

9/8/03 - Pressure dosing line, D.B., 1 trench installed.

OK to continue (SD) 9/9/03 Trenches install, hit hard rock at end of short trench, add 10' to other side. Pump & alarm tests needed, check for baffle outlet filter (SD)

FINAL INSPECTOR Michael A. [Signature] DATE OF APPROVAL 7/15/05

See add'l sheets for Move Notes (GAC)

Howard County

Internal Memorandum

Subject: Stephen Johnson
Citation No. 0Z33129670

October 21, 2005

TO: Ali Shirazie
Taxpayer Service Division

FROM: Barry Sanders *BS*
Assistant County Solicitor

Enclosed please find Check No. 2015 in the amount of \$500.00 in full and final payment of Citation No. 0Z33129670 issued to Stephen Johnson by the Howard County Bureau of Environmental Health on June 1, 2005. Since this citation has already been forwarded to the District Court, a Notice of Dismissal was filed with the court on October 20, 2005.

Thank you for your assistance in this matter.

BS:cm
Enclosure
cc: Kevin Bell

EXIN SOLUTIONS, INC.
8515 BLOUNTS LANE
FULTON, MD 20759

EXPLANATION	AMOUNT

2015

65-233-550

PAY AMOUNT OF	FIVE HUNDRED <i>f</i>		DOLLARS,
DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
10/20/05	DIRECTOR OF FINANCE		

CHECK AMOUNT

\$ 500.00

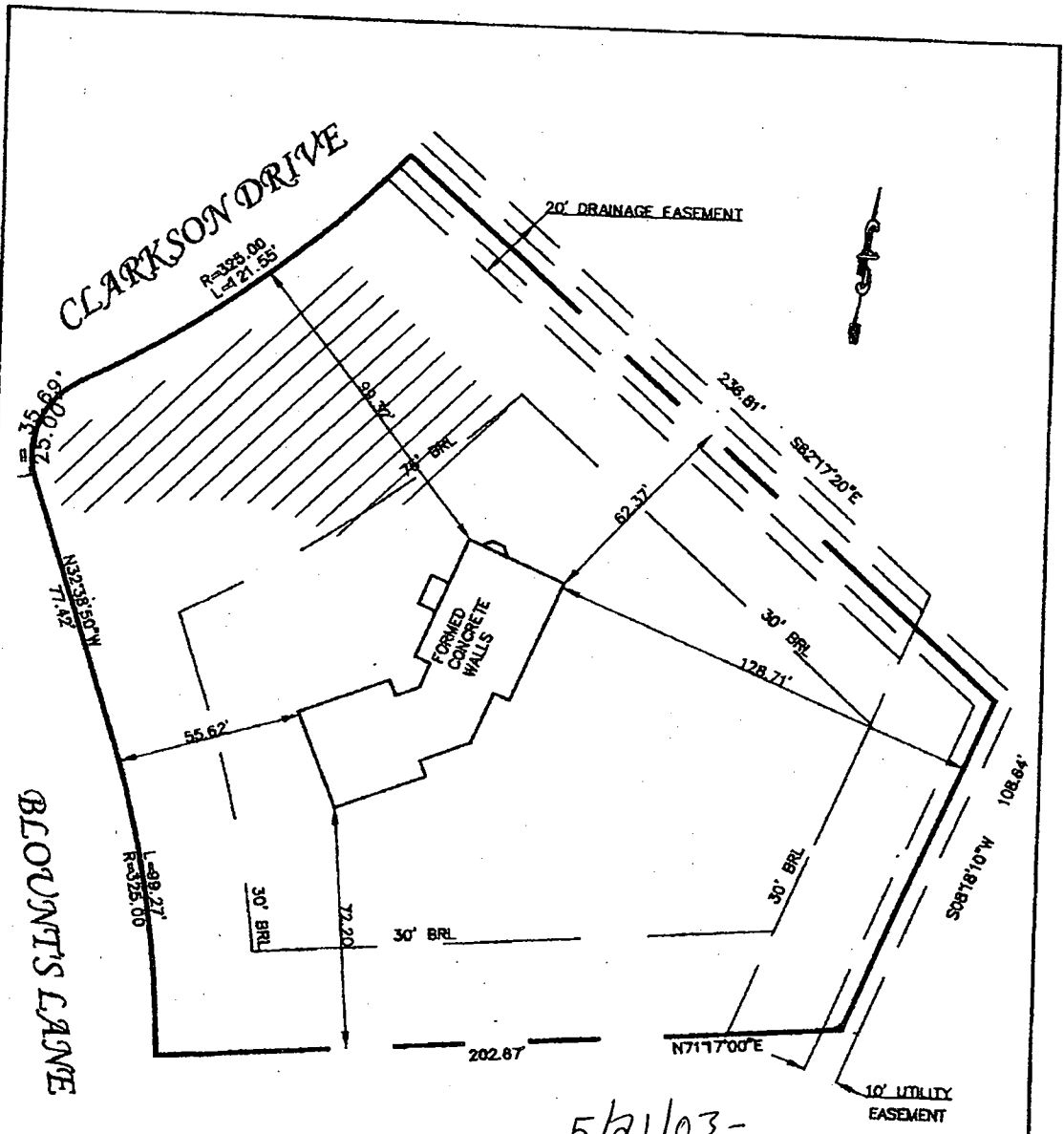
Security Features Included. Details on Back.

THE COLUMBIABANK
RIVER HILL OFFICE
CLARKSVILLE, MD 21029

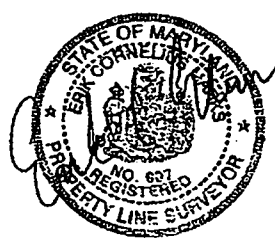
Stephen Sanders

⑈002015⑈ ⑆055002338⑆ ⑆19 001339 01⑈

PERMIT # B00132809



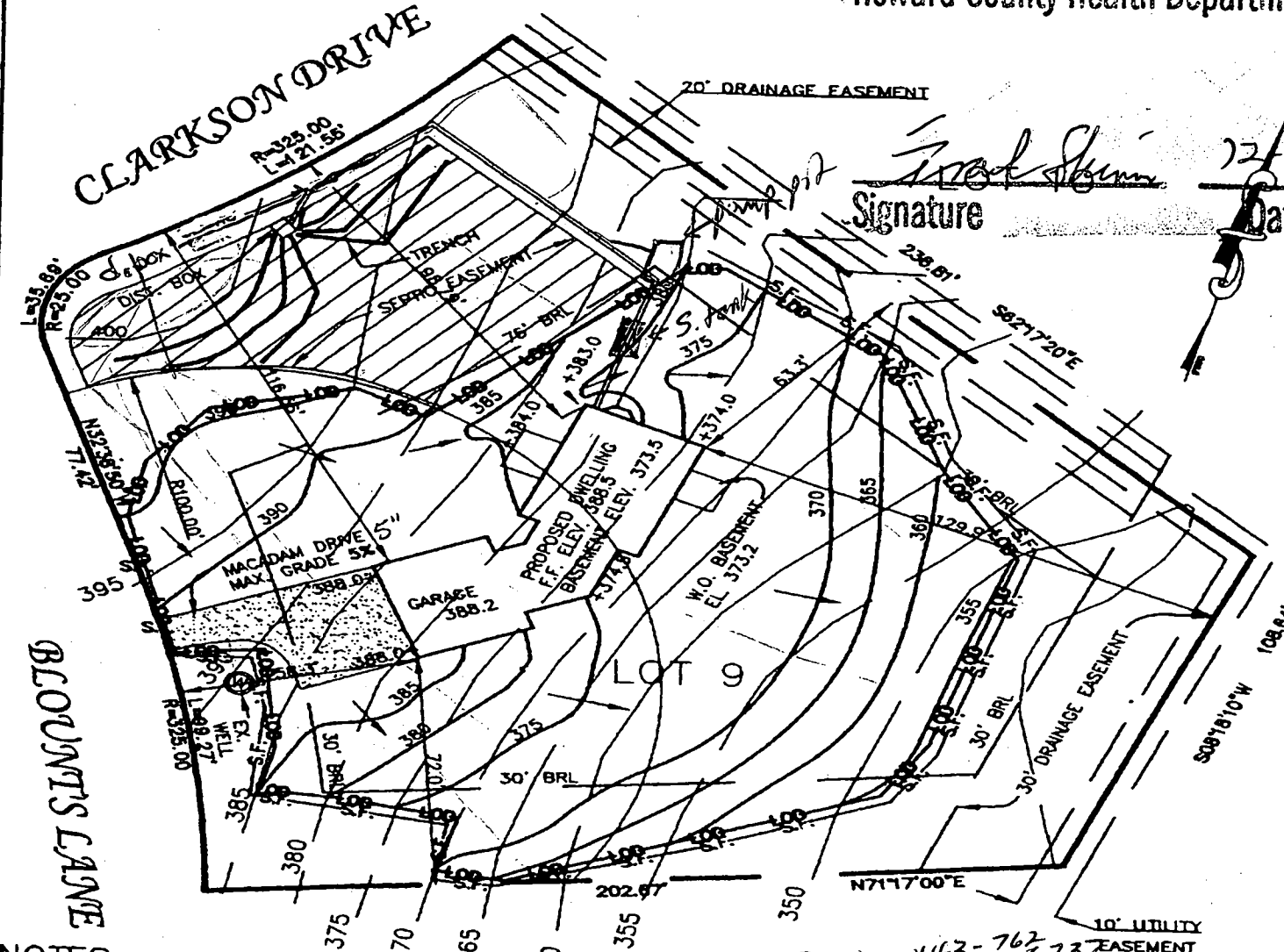
5/21/03 -
Wall Check
OK SRC



ELEVATIONS
TOP OF WALL ELEVATION = 387.9

RECORD REFERENCES	WALL CHECK SINGLE FAMILY DWELLING	MARKS & ASSOCIATES LLC. CONSULTING SURVEYORS—LAND PLANNERS 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8738
LIBER/FOLIO PLAT BOOK 10 PLAT NO./FOLIO /B	8515 BLOUNTS LANE LOT NO. 9 BEAUFORT PARK HOWARD COUNTY, MARYLAND	
SCALE 1"=40' DATE FEBRUARY 24, 2003		

Approved Septic System Plan Howard County Health Department



Eric Marks
Signature

12-7-01
Date

NOTES

1. OWNER:
2. BUILDER: STEPHEN JOHNSON
3. SEWAGE SYSTEM REQUIRES A PUMP.
4. TOPOGRAPHY IS FROM HOWARD COUNTY QUAD SHEETS.
5. PROPERTY INFORMATION: LOT 9, " PLAT ONE BEAUFORT PARK" BLOCK C RECORDED IN PLAT BOOK 10 AT PAGE 8
6. PROPOSED DWELLING IS A 2 STORY DETACHED STRUCTURE WITH 4 BEDROOMS
7. DRIVEWAY CULVERT SHOULD NOT BE REQUIRED DUE TO DESIGN AND EXISTING TOPOGRAPHY.

LOT 8

12-7-01 443-762-6737
T.C. Steve Johnson
Septic tank (1250gal.) and pump pit (1250gal.) to be placed approximately where shown @ time of layout inspt. Gave O.K. to cut 12" to 14" from upper part of sewage easement area.
Plan or. F. amendments
E. Shearin

ELEVATIONS

EXISTING		PROPOSED	
ELEVATION OF WELL AT GRADE	389.0	FIRST FLOOR:	388.5
		BASEMENT:	373.5
GRADE AT SEPTIC TANK	397.0	INVERT OUT OF HOUSE	372.2
GRADE AT DISTRIBUTION BOX	398.0	INVERT INTO SEPTIC TANK	395.8
		INVERT OUT OF SEPTIC TANK	395.6
GRADE AT TRENCHES	398.0	INVERT INTO DISTRIBUTION BOX	395.4
		INVERT OUT OF DISTRIBUTION BOX	395.2
		INVERT INTO TRENCH	395.0

RECORD REFERENCES	
LIBER/FOLIO	
PLAT BOOK	10
PLAT NO./FOLIO	/B
SCALE	1"=40'
DATE	OCTOBER, 2001

PLOT PLAN FOR SINGLE FAMILY DWELLING

8515 BLOUNTS LANE
LOT NO. 9
BEAUFORT PARK
HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.
CONSULTING SURVEYORS—LAND PLANNERS
4531 COLLEGE AVENUE ELICOTT CITY, MARYLAND
TELEPHONE (410)747-8738 FAX (410)747-8738

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: STEPHEN JOHNSON Telephone #: 301-498-2241
Address: 8515 BLOUNTS LN.
FULTON, MD 20759

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer HOMEOWNER

License # and name of individual responsible for the field installation:
Name (Print): STEPHEN JOHNSON License# HOMEOWNER

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: STEPHEN JOHNSON Telephone #: 301-498-2241
Subdivision: BEAUFORT PARK Lot #: 9 Well Tag #: HO 94-2493
Site Address: 8515 BLOUNTS LANE
FULTON, MD 20759

Submersible Pump Data

Make: GALINS
Model #: 5954377
Pump Capacity: 10 GPM
Well Yield: Low GPM

Pitless Adapter

Make: WELLS
Model #: 136777
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 42 feet
If pump capacity exceeds well yield, a low water cut-off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: BRK PLASTIC
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
Approximate length of sleeve: 36"
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature]

date: 9/19/05

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/16/03 Date Insp. Approved: 9/2/05 Inspector: GAC

- Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit exterior's at least 1 1/2" below grade/attached to cap properly
- Safety rope not snag outside of well cap/casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sloped adequately at house connection
- Adequate grout observed below pitless adapter

Well sits in Driveway
Ballards used
Not Seen for Protection
Not Seen

C1 **07778** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 4 5 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A59334**

ST/CO USE ONLY
 DATE Received
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 09 00 15

Depth of Well
 22 600 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-98-2693
 28 29 30 31 32 33 34 35 36 37

OWNER **CRAMPTON CHRIS**
 STREET OR RFD **CLARKSON DRIVE** TOWN **FULTON**
 SUBDIVISION **BEAUFORT PARK BLOCK 6** SECTION **9** LOT **9**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Overburden	0	15	
Gray Rock	15	600	x

water at 30'

*DRILLER REPORTS BY OTHERS
 COYNN CRAWWELL CONFIRMS WORK ON 8/23/00
 MR 10/18/00*

GROUTING RECORD (yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS **5** NO. OF POUNDS **500**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **20**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 DEPTH (nearest ft.)

1	HO	20	600
8	9	11	15 17 21
23	24	26	30 32 36
38	39	41	45 47 51

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from 56 to 60

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **1.62.5**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **34** ft.
 WHEN PUMPING **360** ft.
 TYPE OF PUMP USED (for test)
 S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below }

NUMBER OF UNSUCCESSFUL WELLS: **10**

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

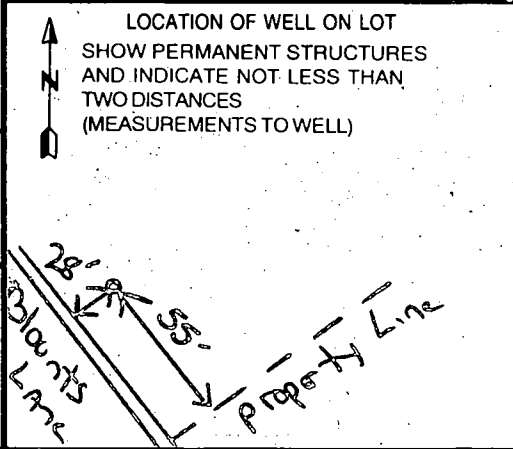
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MD 399**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **25 D049**
 Thomas M. City

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA



MR SRK

TEST PERFORMED AFTER HYDROFRACTURE

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2693
 Location of property (road) Clarkson Drive
 Subdivision Beaufort Park Lot 9 Block Plat Sec.
 Well Driller G. Edgar, Harr Sons' Corp Owner Ted Winston

Depth of well 600'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown
 Time pump started 0800 Pumping rate 15.0
 Total time 1hr 15 min to reach pumping water level 306 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0800	35'	4		15.00
0815	106'	5		12.00
0830	180'	7		8.57
0845	242'	10		6.00
0900	299'	13		4.61
0915	306	16		3.75
0930	308'	18		3.33
0945	316'	20		3.00
1000	319'	21		2.85
1015	331'	30		2.00
1030	342'	38		1.57
1045	341'	37		1.62
1100	341'	37		1.62
1115	341'	37		1.62
1130	341'	37		1.62
1145	341'	37		1.62
1200	341'	37		1.62
1215	341'	37		1.62
1230	341'	37		1.62
1245	341'	37		1.62
1300	341'	37		1.62
1315	341'	37		1.62
1330	341'	37		1.62
1345	341'	37		1.62

B 1 19357

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2693

fill in this form completely

Date Received (APA)

OWNER INFORMATION 453-0500

B 3

LOCATION OF WELL

Crompton Chris 16 Green Meadow Drive Lutherville MD 21093

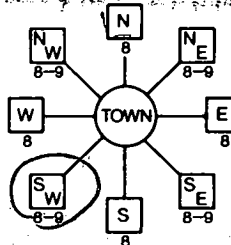
Howard Beau Fort Park Fulton

DRILLER INFORMATION Paul M Fabuzak MW D39A

G Edgar Hair Sons Corp 12047 Falls Rd Cockeysville 21030

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarkson Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 130 130 FT

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 750

- USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

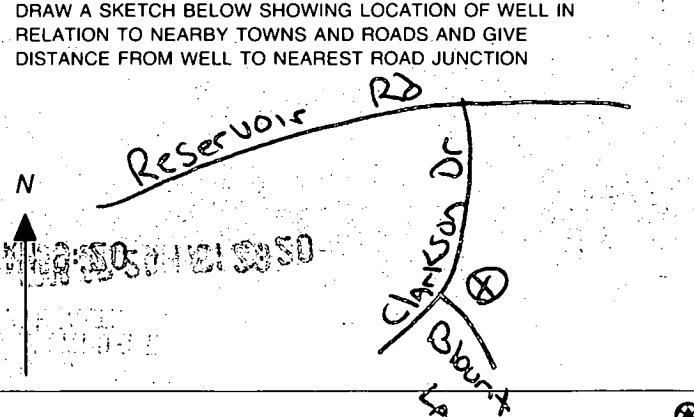
Howard A59338 COUNTY NAME COUNTY NO. DATE ISSUED 05 22 00 C. Weller 5/2/01

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 4 INCH

METHOD OF DRILLING (circle one) AIR-PERCussion

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8105 N 4704

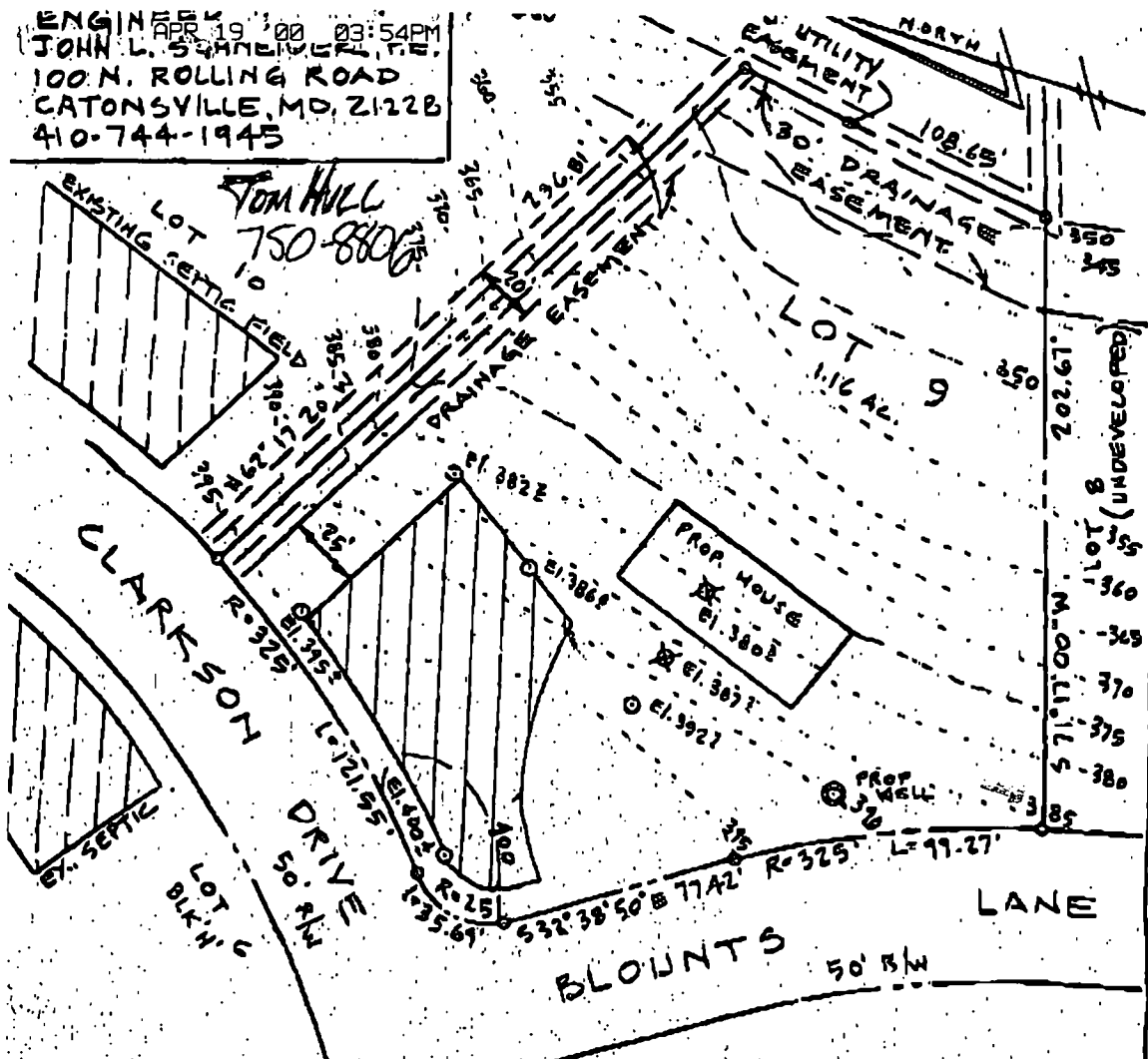
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL




Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 PERMIT No. Ho - 94 - 2693



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED


ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING ROAD
 CATONSVILLE, MD. 21228
 410-744-1945



WELL SITE OK
 - STAKES NOT SET
 (HEAVY BRUSH)
 5/22/00
 Craig Well

 This area designates a private sewage easement of sufficient absorption area as required by the Maryland State Department of the Environment for individual sewage disposal (as per 1964 requirements). Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on this building site. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes have been field located and shown as this .
 All wells and septic systems within 100' of property line have been shown.
 Percolation test holes shown as  indicate failed test holes.
 Pumped system required; top seam tanks, 1250 gallon pump chamber, 1250 gallon septic tank. Trenches to be 3' wide, 180 sq. ft./bedroom = 240 ft. of trench length required. Inlet 3' and bottom maximum depth 8' below original grade. Effective area begins at 6' below original grade, 5' of stone below distribution pipe.

APPROVED FOR PRIVATE WATER AND SEWER
 HOWARD COUNTY HEALTH DEPARTMENT

 HOWARD COUNTY HEALTH OFFICER

Contact the Health Dept. for a layout inspection prior to trench installation.
 Health Dept. reference No. 59334
 DATE 2-8-98

PERCOLATION TEST CERTIFICATION PLAT
 LOT 9, BLOCK G, PLAT 1 - "BEAUFORT PARK"
 5th ELECTION DISTRICT - HOWARD COUNTY - MD.
 SCALE: 1" = 50'
 DATE: APRIL 20, 1998 *



REVISED: JULY 10, 1998 TO ADD SEPTIC DATA SPECIFICATIONS.

100
 5/22/00

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: BEAUFORT PARK, BLOCK G

A 59334

STREET NAME: 8515 ~~BLVD~~ CLARKSON DRIVE

LOT NUMBER: 9

AVERAGE PERCOLATION RATE: 7 MIN

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 84

LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 180

SEPTIC TANK CAPACITY: 1250gc ~~1000~~

~~TOP SEAMED~~ TANK REQUIRED? YES OR NO

COMPARTMENTED TANK REQUIRED? YES OR NO

H₂O TIGHT

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet ^{inlet 3'} 5 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 5 1/2 feet below original grade. 2 1/2 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES OR NO

Pumped Septic System Detail: 1250 gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: _____

ADDITIONAL NOTES: Plumbing & Electrical Plan - House proposed to be elevated to stage level, review grading plans carefully, optimize septic tank location with consideration to somewhat downslope well location.

Reviewer: (C) Revised by Mark Roffler

Date: _____

OK (SRU)

APPLICATION

PERCOLATION TESTING

A 59334

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 1-27-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Victor Winston

ADDRESS 8528 Blounts Lane, Fulton, Md 20759 PHONE 410-442-1280

AGENT OR PROSPECTIVE BUYER Boender

ADDRESS _____ PHONE 410-442-1280

PROPERTY LOCATION:

SUBDIVISION Beauford Park, Plat 1 LOT NO. Lot 9

ROAD AND DESCRIPTION Clarkson Drive and Blounts Lane

TAX MAP 45 PARCEL # 26

SIZE OF LOT 1.16 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A59334
COUNTY #

BEAUFORT PARK - LOT 9

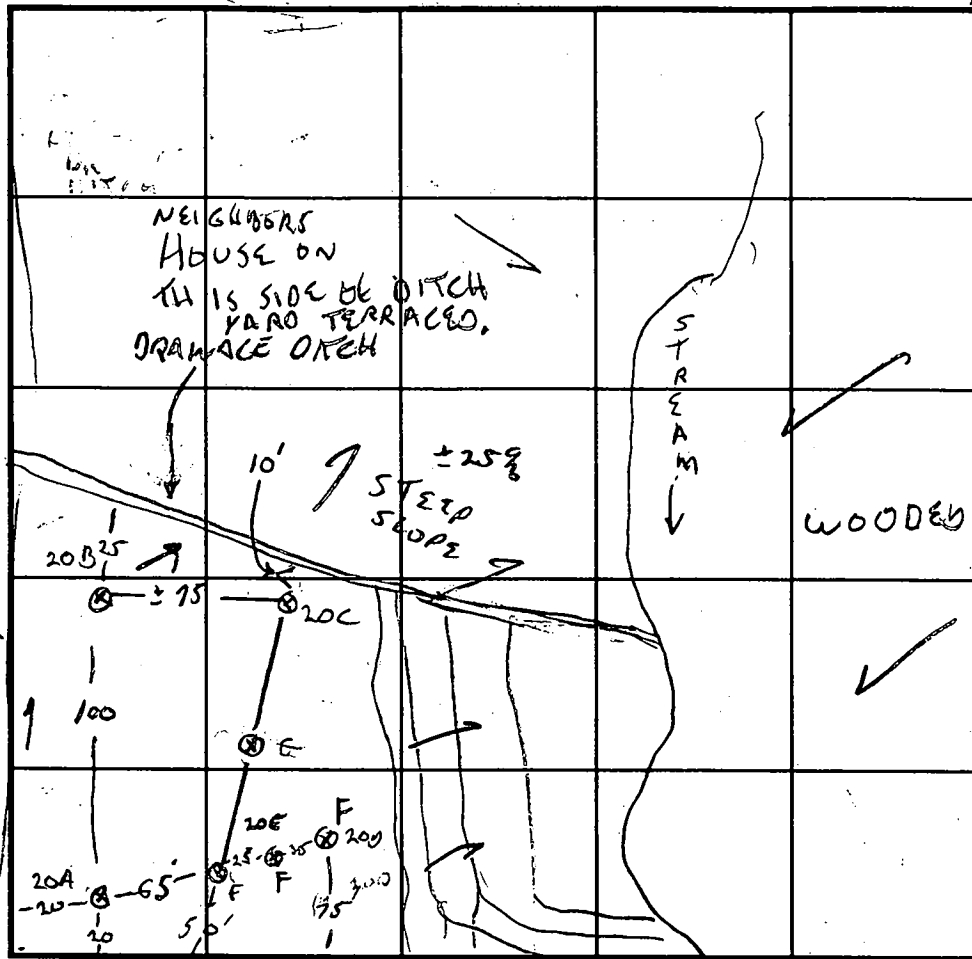
SOIL PROFILE
20A

0' TOPSOIL
BR CL
2' BROWN SC - LOOSE
FINE MICA
VERY HARD
FRACTURED
ROCK
LOW SIDE OF
HOLE
4'-7'

12.5' 200
TOPSOIL
3' TAN SL
16' STRONG
BROWN
SCL
4' SANDY
MICA
LOAM
20% SLAGGY
SAPROXITE
ROOTS
TO 6.5'
HARD

10' F
TOPSOIL
BROWN
MICA
CL
1-3' GREY BROWN
SL
HIGH MICA
HARD

CLARKSON



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *BLOUNTS CA*

SOIL PROFILE
20B

0' TOPSOIL
3" STRONG BR
CLAM
3" TOPSOIL?
3.5' STRONG BR CL
8' DARK BROWN
MICACEOUS
SL
5-10% MIXED
ROOTS
FEW BOWERS
10% SAPROXITE
ROOTS 7
DRY

G TOPSOIL CL TO 2'
RED GREY
SL
20% CHANNERY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/99	20B	8.5/12.5	10:36	11:33	→	11:38	5 MIN
	20C	13.5	10:43				
	20A	7/12.5	11:14	11:15	→	11:18	3 MIN
		8.5	11:53	12:00	→	12:17	19 MIN
	F 20D	3.5/10	12:21	12:40	→	1:15	SLOW
	F	6.5	1:00	1:15	→	1:45 3/4	WCH F
	F 20E	6' / 10	CONSOLIDATED SO. ROCK BELOW			6'	F
	20F	2.5 / 9	2:51	3:08	→	SLOW	
		5'	3:13	3:14	→	3:16	2 MIN
	G	3 / 12.5	3:43	3:46	→	3:52	6 MIN

REMARKS WELL SITE? , LOT HEAVILY WOODED A+C HAVE 3' FILL
 TYPE OF SOIL DREOLG MIOE TO 5', 15% TO 75% MICACEOUS ROCK, VERY CONSOLIDATED
 TESTED BY G. SALVAGE ALSO PRESENT FYDCKS, BOENORL, DONALD
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MIN TRENCH WIDTH 3'
 INLET DEPTH 5 1/2' MAXIMUM BOTTOM DEPTH 7 1/2' SQ. FT./BEDROOM 180
 EFFECTIVE AREA START 6

5/4/98
1100 yocic

APPLICATION

PERCOLATION TESTING

A 58576C

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE-343-2640

DISTRICT 5
DATE 7/23/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Christopher McGuinness
ADDRESS 8528 Blounts Lane Elicott City Md 21075 PHONE 410-290-3870

AGENT OR PROSPECTIVE BUYER John Boender, Boender Inc
ADDRESS Po Box 267 W. Friendship Md 21784 PHONE 410 442 1280

PROPERTY LOCATION:

SUBDIVISION Adjoins Beaufort Pk sec 1 LOT NO. _____
ROAD AND DESCRIPTION Blounts Lane Behind lot 443

TAX MAP 45 PARCEL # 53

SIZE OF LOT 1.3 Acs TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

APPROVED BY _____ FOR _____ DATE _____
DISAPPROVED BY _____ FOR _____ DATE _____

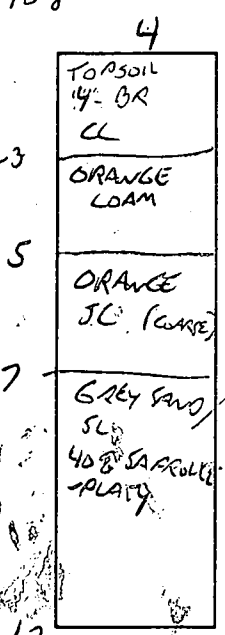
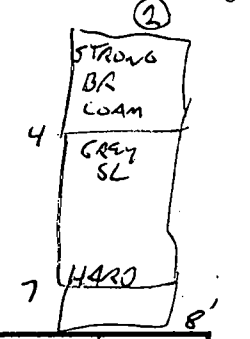
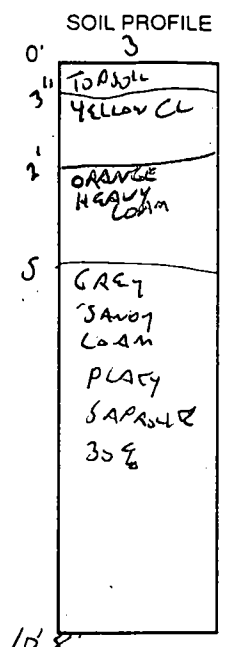
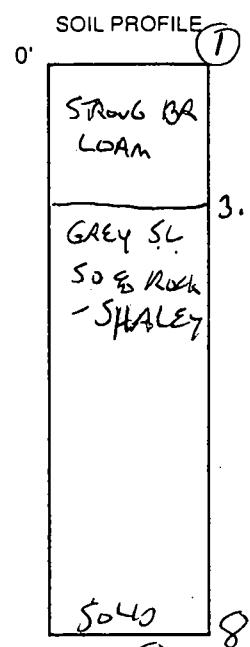
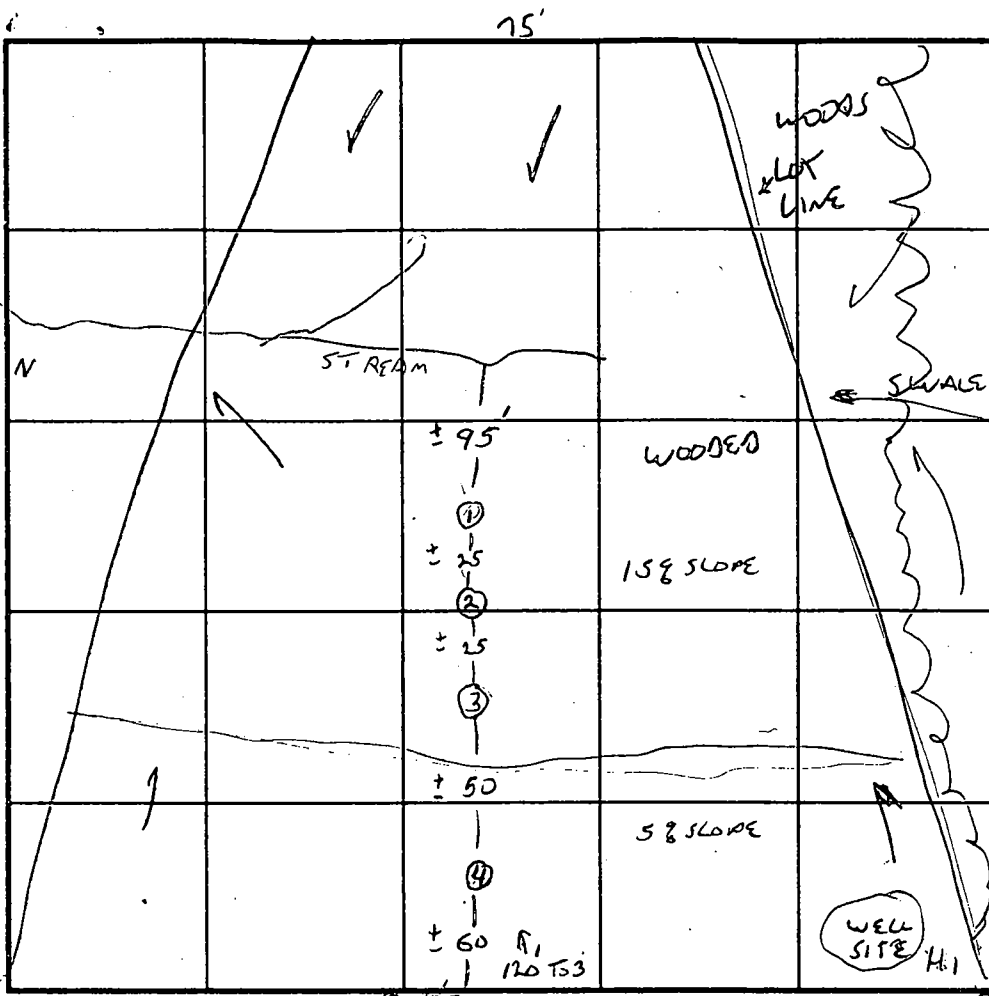
HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT



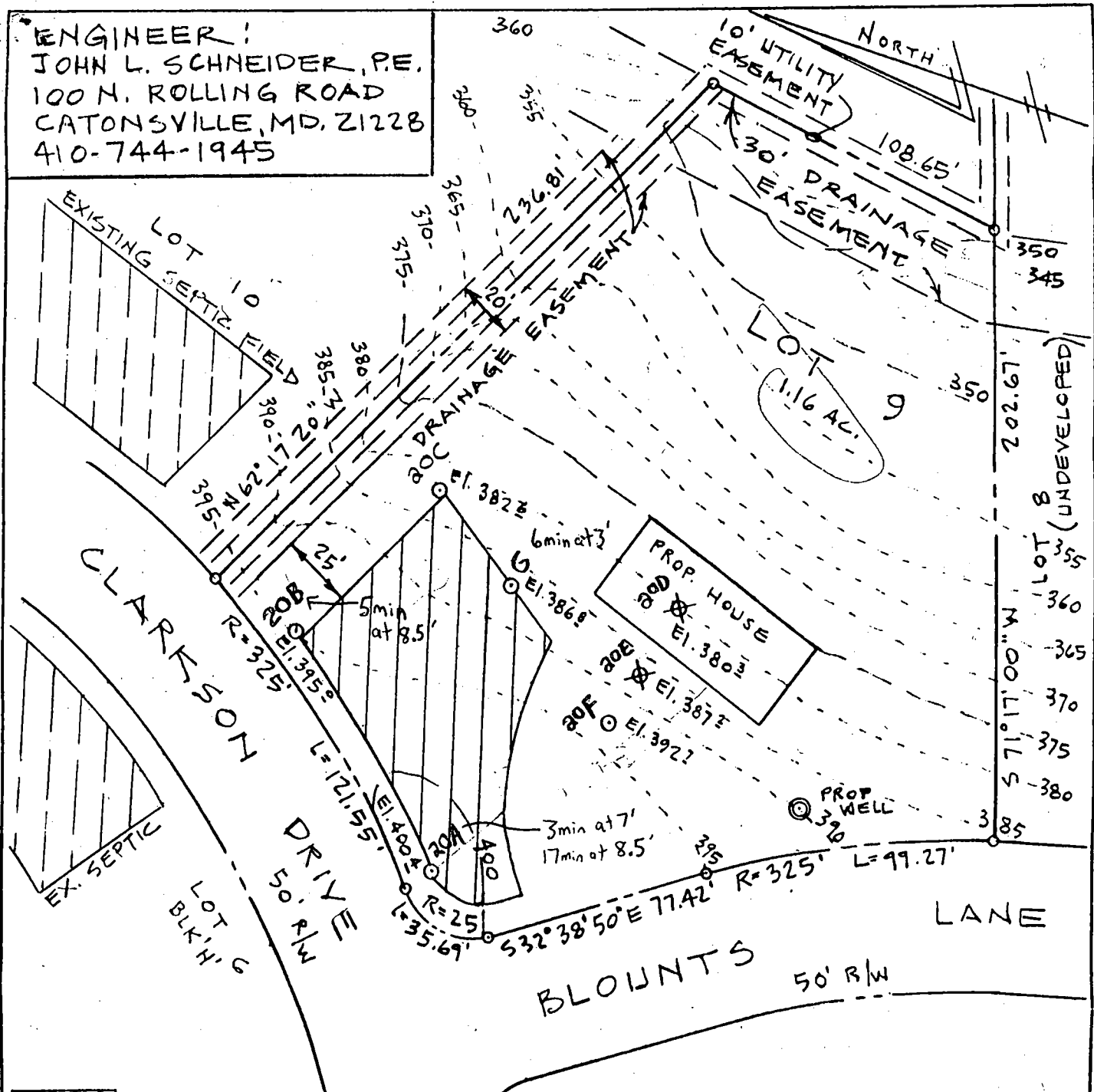
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. POLE →
 LOT 4 GROVE 30' ADJACENT LOT FOR PERC LOT 3


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-4-98	1	8V	Rock				F
	2	7	Rock				F
	3	3.5 / 10.8"	2:04			slow	
		5.5	2:11 ⁵⁰	2:12 ⁴⁶	→	2:14.03	1:17
	4	6 / 12	2:46	2:47 ³⁰	→	2:49.40	1:10


CONNECTED TIME
 1:94
 1:10


REMARKS NORTH BOUNDARY NOT KNOWN, PERCS NOT LAID OUT, WILL NEED ADDITIONAL
 TYPE OF SOIL TESTING ONCE AREA IS LAID OUT, CHECK ADJOINING LOT RECORDS LOTS 3,4
 TESTED BY G. SAVAGE ALSO PRESENT JOHN SCHWEIDER, Fyck's
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

ENGINEER:
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING ROAD
 CATONSVILLE, MD. 21228
 410-744-1945



 This area designates a private sewage easement of sufficient absorption area as required by the Maryland State Department of the Environment for individual sewage disposal (as per 1964 requirements). Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on this building site. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes have been field located and shown as thus .
 All wells and septic systems within 100' of property line have been shown.

Percolation test holes shown as  indicate failed test holes.
 * Pumped system required, top seam tanks, 1250 gallon pump chamber, 1250 gallon septic tank. Trenches to be 3' wide, 180 sq.ft./bedroom = 240 ft. of trench length required. Inlet 3' and bottom maximum depth 8' below original grade. Effective area begins at 6' below original grade, 5' of

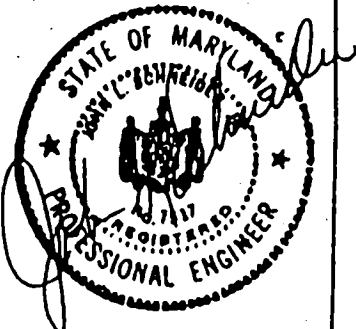
APPROVED: FOR PRIVATE WATER AND SEWER
 HOWARD COUNTY HEALTH DEPARTMENT

John M. Boyd
 HOWARD COUNTY HEALTH OFFICER

stone below distribution pipe. Contact the Health Dept. for a layout inspection prior to trench installation.
 Health Dept. reference No. 59334

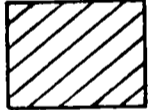
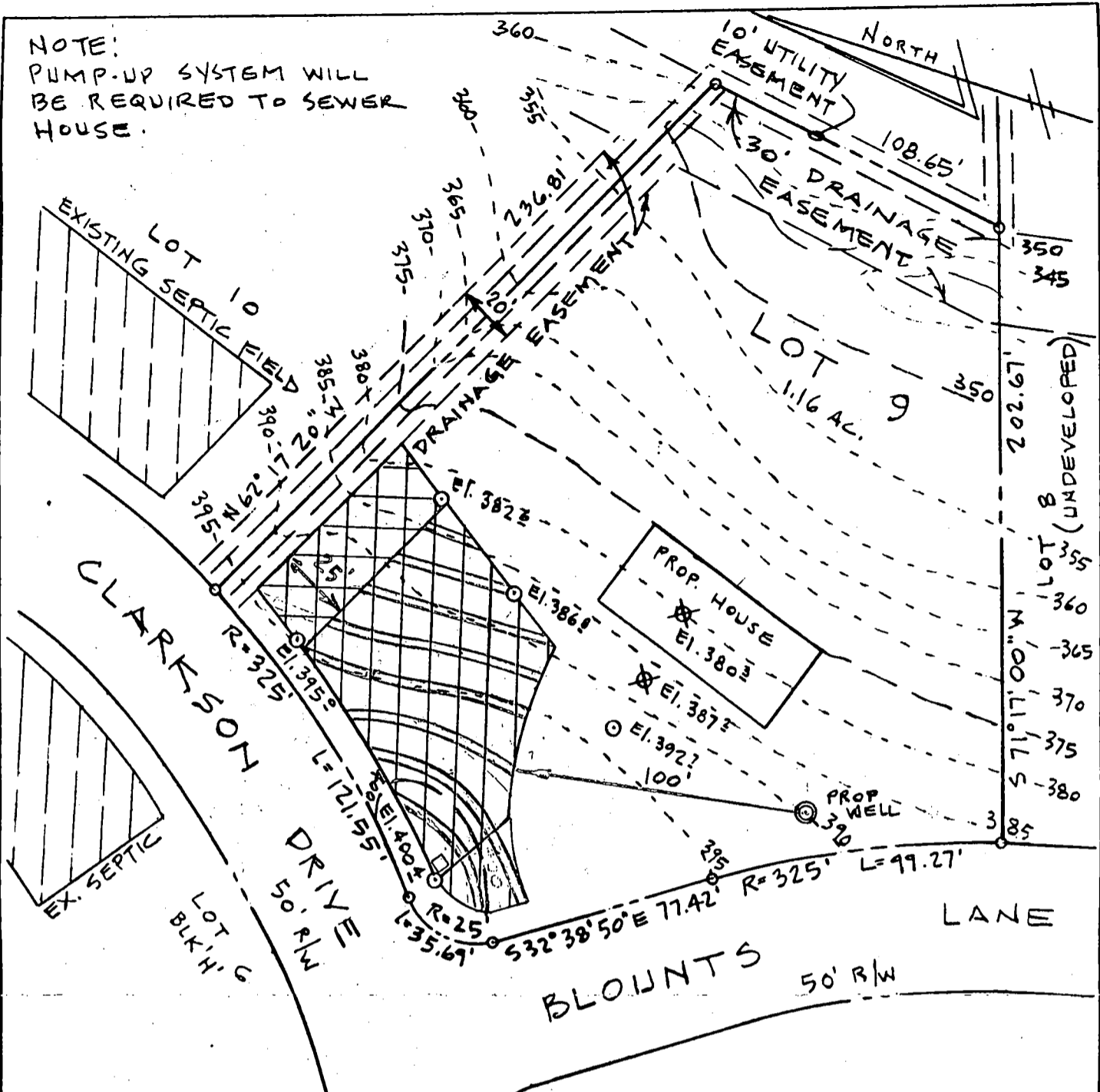
2-8-98
 DATE

PERCOLATION TEST CERTIFICATION PLAT	
LOT 9. BLOCK G. PLAT 1-"BEAUFORT PARK"	
5th ELECTION DISTRICT - HOWARD COUNTY - MD.	
SCALE: 1" = 50'	DATE: APRIL 20, 1998 *



* REVISED: JULY 10, 1998 TO ADD SEPTIC DATA SPECIFICATIONS.

NOTE:
PUMP-UP SYSTEM WILL
BE REQUIRED TO SEWER
HOUSE.



This area designates a private sewage easement of sufficient absorption area as required by the Maryland State Department of the Environment for individual sewage disposal (as per 1964 requirements). Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on this building site. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes have been field located and shown as thus ○
All wells and septic systems within 100' of property line have been shown
Percolation test holes shown as ⊗ indicate failed test holes.

PRIMARY AND SECONDARY TRENCHES
SHOWN ARE 240 LF EACH
180φ/B.R. ÷ 3' TRENCH WIDTH X 4 BR'S = 240 LF

ENGINEER

JOHN L. SCHNEIDER, P.E.
100 N. ROLLING RD.
CATONSVILLE, MD. 21228
410-744-1945

APPROVED: FOR PRIVATE WATER AND SEWER
HOWARD COUNTY HEALTH DEPARTMENT

New Design Criteria Used

See septic permit = SRK 5/22/03

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

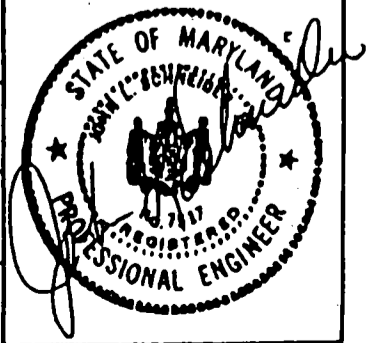
PERCOLATION TEST CERTIFICATION PLAT

LOT 9. BLOCK G. PLAT 1 - "BEAUFORT PARK"

5th ELECTION DISTRICT - HOWARD COUNTY - MD.

SCALE: 1" = 50'

DATE: APRIL 20, 1998

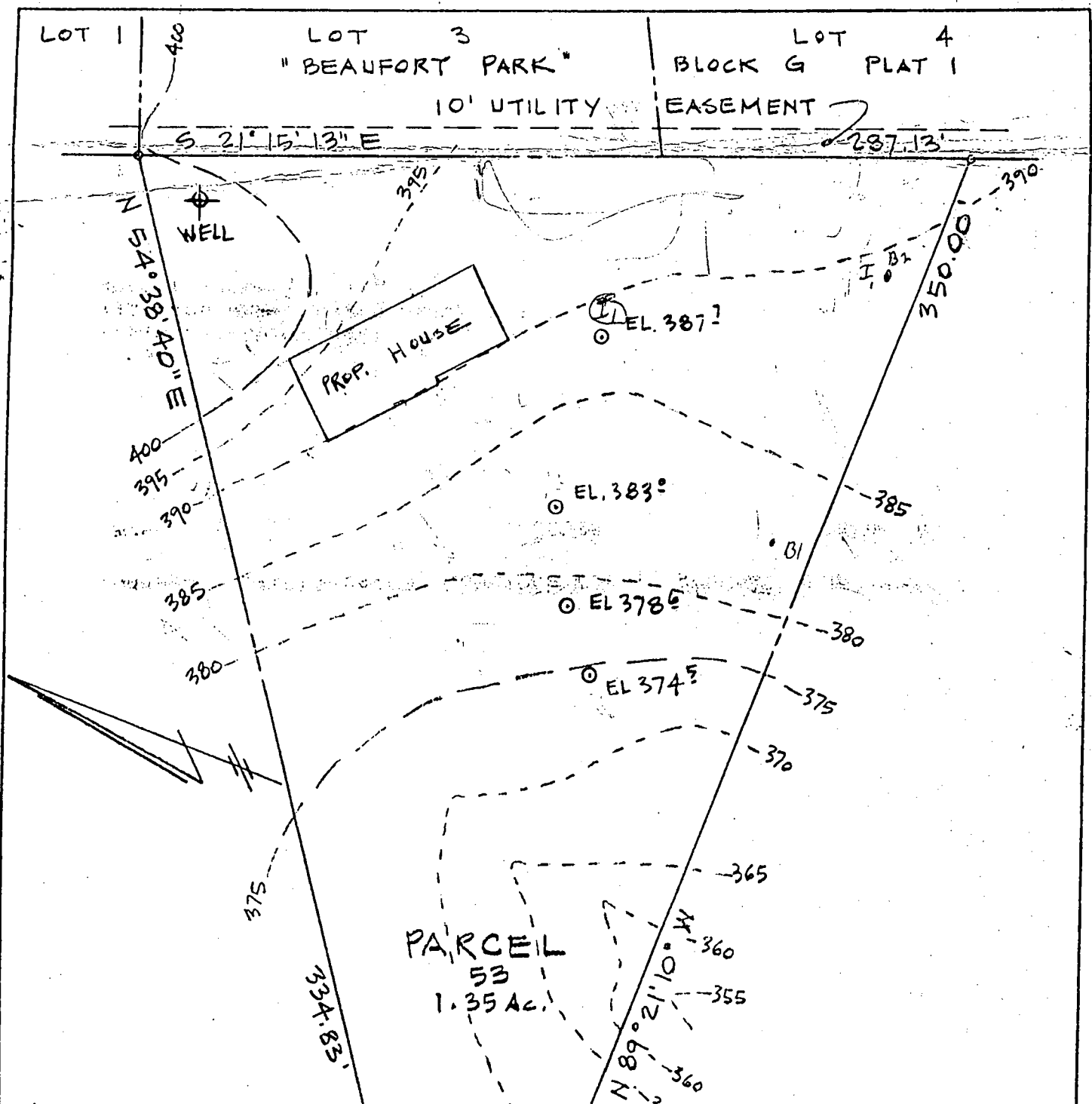


REVISED: MAY 6, 1998 AS PER HEALTH DEPT. COMMENTS

EXISTING COTS MUST AROUND 10,000

ADDITIONAL PROTECTION IS MORE THAN THE MINIMUM AREA
THIS GOES IN EXCESS OF THE 10,000 ACRES OF NEW SUBDIVISION.

SUBJECT TO:



NOTE:
 PERC TESTS SHOWN
 AS O WERE FIELD
 LOCATED 5-19-98

ENGINEER
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD.
 CATONSVILLE, MD. 21228
 410-744-1945

DEED RECORDED: LIBER 3656 FOLIO 0480

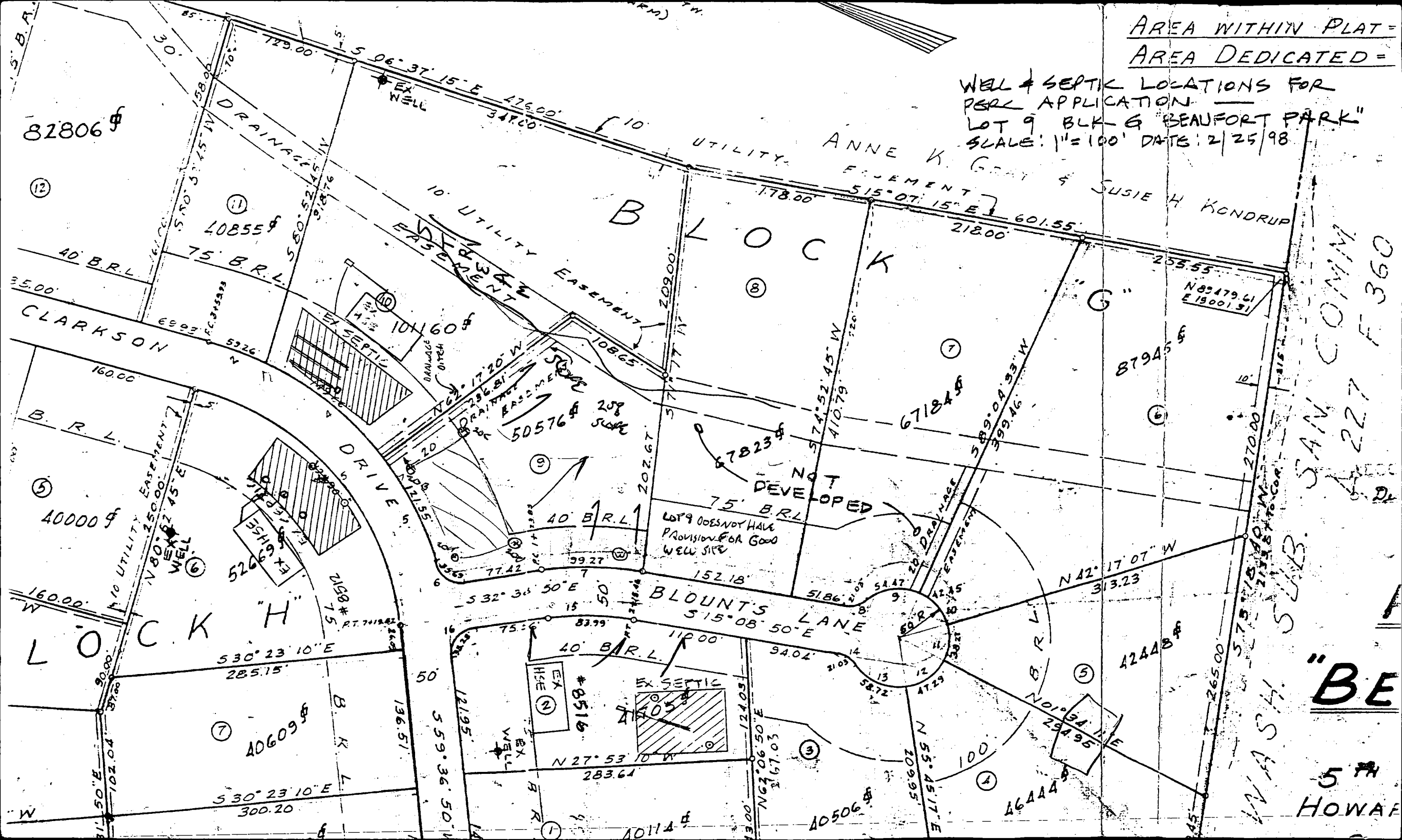
PERCOLATION TEST PLAT	
PARCEL 53	TAX MAP 45 BLOCK 12
5 th ELECTION DISTRICT · HOWARD COUNTY · MD.	
SCALE: 1" = 50'	DATE: MAY 19, 1998



AREA WITHIN PLAT =
AREA DEDICATED =

WELL & SEPTIC LOCATIONS FOR
PERK APPLICATION
LOT 9 BLK G "BEAUFORT PARK"
SCALE: 1" = 100' DATE: 2/25/98

ANNE K. GRAY & SUSIE H. KONDURUP
EASEMENT
515° 07' 15" E 601.55'



JAN 22 1998
F 360

"BE"

5th
HOWAR

GARY S. PEKLO
attorney at law

3685 park avenue
ellicott city, maryland 21043
office: (410) 461-1865
res.: (410) 531-3516

FAX NO: 410-465-6462

FACSIMILE TRANSMISSION COVER LETTER

The information contained in this facsimile is intended only for the use of the individuals to whom it is addressed and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 410-461-1865. Thank you.

DATE: May 28, 2003

TO: Mr. Steven Krieg - Health Dept.

Gary Peklo

FROM: _____

RE: Declaration of Covenant

Number of pages including transmission cover letter 3

Comments/Message: _____

DO NOT DISCARD

Steve Johnson (301) 366-4616

Busy

5/24/05

8:20, 9:19, 10:00, 1:00, 2:13, 3:28

5/25/05

8:42, 9:43, 10:00, 11:08, 11:20, 11:40

1:48, 3:31

5/26/05

9:46, 1:41, 3:49

5/27/05

8:30

6/2/05

12:00

~~6/7/05~~
5:20

I think Steve
Johnson might
have blocked
our main line #
ext 2640. (GAC)

LIBER 4665 FOLIO 0356

000007

DECLARATION OF COVENANT

THIS DECLARATION OF COVENANT AND RESTRICTIONS made this 11th day of February, 1999.

WHEREAS, Edward B. Winston is the present owner of a 1.350 acres parcel of land as described by metes and bounds in a Deed dated December 19, 1997 and recorded among the Land Records of Howard County at Liber 4151, folio 141, and

WHEREAS, Edward B. Winston desires to declare the following covenant and restrictions upon the above described lot.

NOW THEREFORE, WITNESSETH: Declarant, Edward B. Winston, does hereby declare that the 1.350 acres parcel as described above, can not be built upon until public sewer is available or approval is granted by the Howard County Health Department.

Furthermore, this declaration does not affect any other real property owned by the Declarant.

AS WITNESS the hand and seal of the said Declarant this 11th day of February, 1999.

WITNESS:

Shelton Cooper

Edward B. Winston
EDWARD B. WINSTON
MD42CW523-199-076-027 1/11/02 200 1/11/02
ASSUC 2/25/07

STATE OF MARYLAND, COUNTY OF HOWARD, to wit:

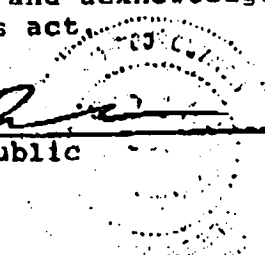
I HEREBY CERTIFY that on this 11th day of February, 1999, before me, the subcrier, a Notary Public of the State of Maryland in and for the County aforesaid, personally appeared Edward B. Winston, known to me (or satisfactorily proven) and acknowledged the foregoing Declaration of Covenant to be his act.

AS WITNESS MY HAND AND SEAL.

My Commission Expires:

3/22/99

57 [Signature]
Notary Public



Return to: Gary S. Peklo
3685 Park Avenue
Ellicott City,
MD 21043

20.00
2.00

Liber 4665 - folio 0356 A

IMP FD SURE \$	2.00
RECORDING FEE	20.00
TOTAL	22.00
Recd# MD03	Recpt # 76528
MOR DNS	Blk # 3504
Mar 19, 1999	09:35 am

GARY S. PEKLO
attorney at law

3685 park avenue
ellicott city, maryland 21043
office: (410) 461-1865
res.: (410) 531-3516

February 8, 1999

Mr. Craig Williams
Howard County Health Department
3525 Ellicott Mills Drive, Suite H
Ellicott City, MD 21043

Hand Delivered

RE: Beauford Park
1.350 acre parcel
Winston

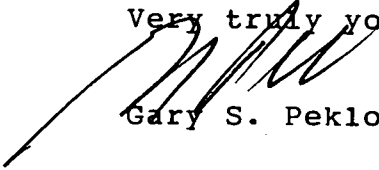
Dear Mr. Williams:

Pursuant to your request, I am enclosing a photo-copy of the Declaration of Covenant which places the covenant and restriction agreed upon in my previous correspondence.

As soon as you sign off on Lot No. 9, I will have Mr. Winston sign the Declaration of Covenant and then proceed to have it filed in the Land Records of Howard County forthwith.

Thank you for your attention and consideration in this matter.

Very truly yours,


Gary S. Peklo

GSP:gp

Enclosure

cc: Mr. Victor Winston
Mr. Jack Boender

DO NOT DISCARD

REQUEST A VARIANCE TO COMAR 26.04.02.04k

Date: May 16, 2003

To: Steven R. ~~King~~ Krieg
Howard County Bureau of Env. Health Well & Septic Program
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

From: Susan Carbone
410 Main Street #18
Laurel, Maryland 20707
301-362-5943

Re: 8515 Blounts Lane, Beaufort Park
Subdivision, Lot #9, Blk-G
Fulton, Maryland 20759

I hereby request a variance be issued to COMAR 26.04.02.04k regarding minimum lot sizes near drinking water reservoirs and to request approval of the septic installation for Lot #9, Blk-G known as 8515 Blounts Lane, Fulton, Maryland 20759 of 1.16 acres. The septic tank includes an outlet baffle filter with manhole access. This would provide for a safe and adequate water supply and sewage disposal system.

Susan Carbone
Susan Carbone

5/14/03
Date

5/20/03 = Local Health recommends MDE
to grant the variance. - Steven R. Krieg
variance ← Outlet Baffle filter will be installed in addition to the
previous requirements of the agreement between Craig Williams & Victor Winston
thru covenants - SRK
Variance granted BWA 5-20-03
Enhanced Nitrogen pretreatment ~~could~~ have been
required prior to BP approval, but would be inappropriate in
this situation after BP approval previously granted.

GARY S. PEKLO
attorney at law

3685 park avenue
ellicott city, maryland 21043
office: (410) 461-1865
res.: (410) 531-3516

January 8, 1999

Mr. Craig Williams
Howard County Health Department
3525 Ellicott Mills Drive, Suite H
Ellicott City, MD 21043

RE: Beauford Park - Lot 9

Dear Mr. Williams:

Pursuant to our meeting in your office on December 24, 1998, please approve Lot 9, being less than 2 acres, based on the combined density of the owner's un-improved holding being less than one Density Unit per 2 acres.

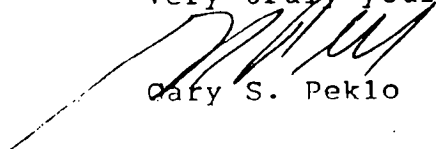
Covenants will be recorded on Parcel 53 to state that it can not be built upon until public sewer or approval is granted by your office. Below is listed the lot sizes used to calculate the density of the less than one density unit per 2 acres.

Lot 3	40,506 sq. ft.
Lot 4	46,444 sq. ft.
Lot 6	87,945 sq. ft.
Lot 9	50,529 sq. ft.
Parcel 53	58,806 sq. ft.

6.5250 acres = 284,230 sq. ft.
6.5250 + 3 D.U. = 2.1750 acres/D.U.

Thank you for your cooperation in this matter. Please let me know when the plat for Lot 9 has been approved by your office.

Very truly yours,


Gary S. Peklo

GSP:gp

cc: Mr. Victor Winston
Mr. John A. Boender

is available

Copy of 1/8/99
letter

showing
inadvertent
omission

GARY S. PEKLO
attorney at law

3685 park avenue
ellicott city, maryland 21043
office: (410) 461-1865
res.: (410) 531-3516

January 8, 1999

Mr. Craig Williams
Howard County Health Department
3525 Ellicott Mills Drive, Suite H
Ellicott City, MD 21043

RE: Beauford Park - Lot 9

Dear Mr. Williams:

Pursuant to our meeting in your office on December 24, 1998, please approve Lot 9, being less than 2 acres, based on the combined density of the owner's un-improved holding being less than one Density Unit per 2 acres.

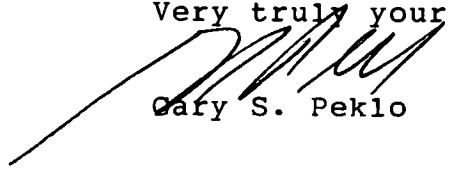
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Lot 6	87,945 sq. ft.
Lot 9	50,529 sq. ft.
Parcel 53	58,806 sq. ft.

6.5250 acres = 284,230 sq. ft.
6.5250 + 3 D.U. = 2.1750 acres/D.U.

Thank you for your cooperation in this matter. Please let me know when the plat for Lot 9 has been approved by your office.

Very truly yours,


Gary S. Peklo

GSP:gp

cc: Mr. Victor Winston
Mr. John A. Boender

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
1999 JA - 9 PM 4:09

**BOENDER, INCORPORATED
P. O. BOX 267
WEST FRIENDSHIP, MARYLAND 21794**

*AS DISCUSSED WITH PERLO
12/24/98
H.I.D. REQUESTS
AMEND
TO REQUEST A
VARIANCE
WITH LUG INCLUDED
FOR A TOTAL 3 D.U.'S
SINCE THE LISTED PROBLEMS
SUPPORT 3, NOT 2 D.U.'S.* (CA)

December 18, 1998

Mr. Craig Williams
Howard County Health Department
3430 Court House Drive
Ellicott City, Maryland 21043

RE: Beauford Part - Lot 9

Dear Mr. Williams,

Per our discussion, please approve lot 9, being less than 2 acres, based on the combined density of the owner's un-improved holding being less than one Density Unit per 2 acres.

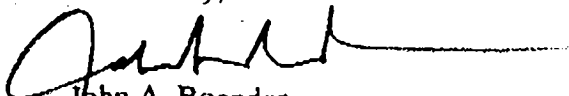
Covenants will be recorded on Parcel 53 to state that it can not be built upon until public sewer is available or approval is granted by your office. Below is listed the lot sizes used to calculate the density of the less than one density unit per 2 acres:

Lot 3	40,506 sq. ft.
Lot 4	46,444 sq. ft.
Lot 9	50,529 sq. ft.
Parcel 53	<u>58,806 sq. ft.</u>

4.506 acres = 196,285 sq. ft.
4.506 + 2 D.U. = 2.25 acres/D.U.

Thank you for your cooperation in this matter.

Yours truly,



John A. Boender
President

cc: Victor Winston

October 22, 1998

Victor Winston
8528 Blounts Lane
Fulton, Md. 20759

Re: Beaufort Park Lot 9 Blk G
Clarkson Dr at Blounts La.

Dear Mr. Winston,

This is written at the request of your representative, Jack Boender, for a status report on the above referenced property:

Criminal Statute (S)

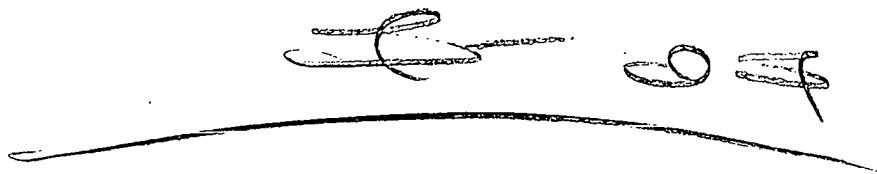
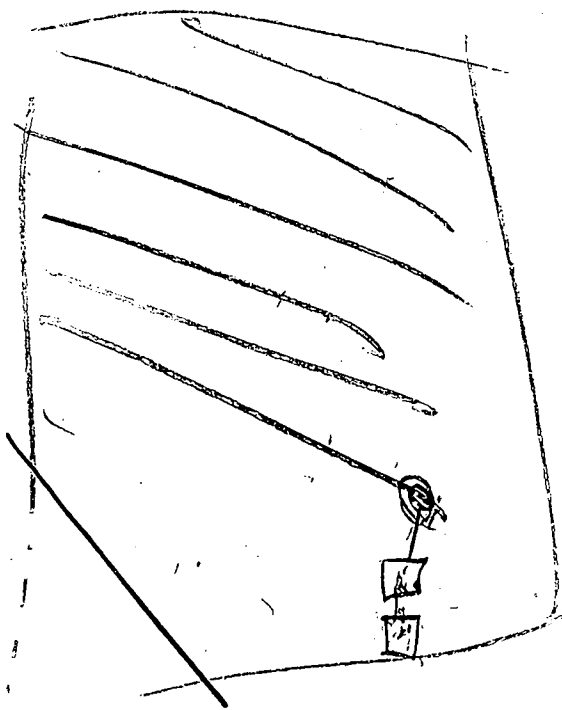
-in evaluating this property for well and septic permits, the Health Department considers the property to be subject to the standards of COMAR 26.04.02 which governs existing lots, but accepts that the somewhat stricter standards of COMAR 26.04.03, commonly known as the subdivision regulation do not apply because the lot came into existing prior to the effective date of that regulation;

- a percolation test application was submitted for this property on January 27, 1998, and testing was conducted on April 20, 1998, no records of prior percolation test evaluation are on file;

- on May 11, 1998, we followed with a standard test response letter, advising that satisfactory soil conditions were observed, but that we would need a site plan confirming tested locations and other routine information such as proposed house and well location prior to final comment;

- neither the applicant's test application, nor our test response letter made mention of the distance to the reservoir, nor was any mention made of unique lot size requirements stipulated in COMAR 26.04.02.04K, which are applicable only to lots within certain distances to reservoirs and/or drinking water sources;

- on May 21, 1998 we were advised by MDE in regard to a different case that the requirement for 2 acre minimum lot size was applicable to properties "within 2500 feet of the normal water level of an existing (or proposed) water supply reservoir";



[winston -lot 9 continued, page 2/2]

- that letter alerted us that that it would be inappropriate for this office to issue a septic permit for this lot unless a variance were granted with regard to the minimum lot size criteria, hence we advised Mr. Boender of the need to submit a variance request on your behalf,

- we would hope to make a favorable recommendation on the variance request, assuming one is received,

- in the absence of such a request, our obligation would appear to be to deny the permit request for failure to meet the minimum lot size criteria.

We await your reply prior to further action on this application, and would be happy to discuss the matter further if there are any aspects about which you may be unclear.

Respectfully,

Craig Williams
Water and Sewerage Program Supervisor

cc: Jack Boender
Frank Skinner
file

WINSTON PROPERTIES
12/1/98 - BEAUFONT PARK
LOTS 3, 5, 6, 9 + PARCEL 53
ON HOLD - RE:
APPLICANT'S RESPONSE
TO ~~THE~~ HEALTH DEPT DEMAND
FOR SUBMITTAL OF VARIANCE
REQUEST TO STANDARD FOR
2 ACRES LOTS WITHIN 2500' OF
RESERVOIR.
ATTNY - PEKLO FOR WINSTON
MET WITH SKINNER, WILLIAMS, KEAR
TO REVIEW ISSUES.
AWAITING HIS FOLLOW-UP

(GLEN SAVAGE ALSO
FAMILIAR WITH THESE ISSUES)

Williams

WARNING:

DO NOT ALLOW PEOPLE TO USE THE CHLORINATED WATER FOR BODY CONTACT OR LAUNDRY!

BE CAREFUL NOT TO RUN THE WELL DRY! FLUSH IN SMALL AMOUNTS IF YOU HAVE ANY CONCERN!



DO NOT FLUSH CHLORINATED WATER THROUGH THE SEPTIC SYSTEM, AS CHLORINE MAY DAMAGE IT!

TOO MUCH SOLID CHLORINE, ESPECIALLY TABLETS, CAN LEAVE A CHLORINE RESIDUAL IN A WELL FOR MONTHS WHICH WILL PREVENT SAMPLING AND APPROVAL OF THE WELL!

<u>Depth of Well</u>	<u>Quantities of Pool Chlorine Granular and/or Tablets (70%)</u>		<u>Quantities of Home Laundry Bleach (5%)</u>
10'	1 tablespoon	or	1 cup
15'	2 tablespoons	or	1 cup
20'	3 tablespoons	or	1 cup
30'	4 tablespoons	or	2 cups
40'	6 tablespoons	or	2 cups
60'	8 tablespoons	or	4 cups
80'	9 tablespoons	or	1 quart
100'	4 ounces	or	1 1/2 qts.
150'	6 ounces	or	2 1/2 qts.

Best Practice:

To achieve optimum sanitation, refer to the above chart. It is best to use 1/2 of quantity of solid pool chlorine shown plus 1/2 of the liquid volume shown for a particular depth of water.

Note: If you only have swimming pool chlorine, mix half of the listed amount in 10 gallons of water and use it for Step #2 of the instructions.

Example 1.

Well is 125 feet deep. The water level is 25 feet down. The water depth is 100 feet. You may use 4 oz. of pool chlorine or 1 1/2 quarts of liquid household bleach. The best practice is to use $1/2 \times 1 \frac{1}{2}$ quarts = 1 1/2 pints bleach and $1/2 \times 4$ oz. = 2 oz of granular pool chlorine.

Example 2.

Well is 325 feet deep. Water level is 25 feet down. The water is 300 feet deep. You may use 3 x 4 oz. = 12 oz. of pool chlorine or 3 x 1 1/2 quarts = 4 1/2 quarts of liquid bleach. As granular chlorine may dissolve before it reaches the bottom, the best practice is to use 1/2 liquid bleach plus 1/4 granular pool chlorine plus 1/4 pool chlorine tablets. Use $1/2 \times 4 \frac{1}{2}$ quarts = 4 1/2 pints bleach plus $1/4 \times 12$ oz. = 3 oz. granular pool chlorine plus $1/4 \times 12$ oz. = 3 oz. pool chlorine tablets.

well is - 600' deep
water @ 80'

$$\frac{4 \text{ oz} \times 600}{240 \text{ oz}/108} \text{ or } * = 2.22 \text{ gal.}$$



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Well and Water Supply System Disinfection

The purpose of well chlorination is to kill bacteria which are normally present in wells and plumbing due to well drilling, pump installation and plumbing activities. Chlorination should not be expected to provide any permanent solution to a contamination problem. The process only destroys existing bacteria. If samples taken sometime after a well is completely and thoroughly chlorinated show the presence of bacteria, one has evidence that new contamination has occurred, and that some type of problem with the groundwater, well or plumbing exists. If chlorine is found in a water sample, no value can be placed on bacterial analysis of that water. Certified laboratories will therefore refuse to sample water with a chlorine residual. The importance of careful chlorination without leaving excess chlorine in the well is evident.

Chlorine is available in liquid (household or commercial bleach) and solid forms which are available from swimming pool supply firms. Liquid bleach may "float" in a well, granular solid chlorine may all dissolve without going all the way to the bottom, while chlorine tablets may sit on the bottom dissolving slowly, making bacterial sampling impossible. The most effective chlorination technique is to use both liquid and solid forms. In wells over 125 feet deep, it is best to use both granular and tablet forms as well as liquid bleach.

Instructions:

1. Put the appropriate amount of solid chlorine into the well.
2. Mix the liquid bleach with 10 gallons of water. Pour into the well, rinsing the wires and casing.
3. Attach a garden hose to the outside hose bib, run water into the well for a minimum of one hour.
4. Turn on each faucet, flush each toilet, run each shower, washing machine, and dishwasher until bleach is smelled at the fixture. Turn the water off.
5. Let it sit overnight.
6. Flush well water onto the lawn.
7. Make arrangements with a certified water testing laboratory to resample the water supply.

HD-323 (4/95)



DISTRICT COURT OF MARYLAND FOR HOWARD COUNTY
3451 COURTHOUSE DR (C)
ELLICOTT CITY MD 21043-4377

1001

CITATION: 0Z33129670 MI

TO: BELL, KEVIN
HOWARD CO HEALTH DEPT
3525 ELLICOTT MILLS DRIVE
ELLICOTT CITY MD 21043

STATE OF MARYLAND VS. JOHNSON, STEPHEN

NOTICE OF TRIAL DATE

YOU ARE HEREBY SUBPOENAED TO APPEAR FOR THE TRIAL OF THE CHARGES LISTED ON THE CITATION IDENTIFIED ABOVE. THE TRIAL WILL BE HELD ON AUGUST 10, 2005 AT 01:15 PM AT THE DISTRICT COURT LOCATED AT 3451 COURTHOUSE DR , ELLICOTT CITY , MD. IN ROOM .

BY: KELLY L. PARKS
(CLERK)

DATE: 06/24/05

FOR QUESTIONS CONCERNING THIS DOCUMENT CONTACT THE STATE'S ATTORNEY'S OFFICE AT (410) 313-3100.

HEARING/SPEECH IMPAIRED CALLERS ONLY, TELEPHONE TTY/TT 1-800-925-9690 OR (410) 313-3100 (VOICE) THRU MARYLAND RELAY SERVICE AT 1-800-735-2258.

ANY REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES SHOULD BE REQUESTED BY CONTACTING THE COURT IMMEDIATELY.

1100017150

0001715A

D4

TRACKING NUMBER:05-1001-47846-3



DISTRICT COURT OF MARYLAND FOR HOWARD COUNTY
3451 COURTHOUSE DR (C)
ELLICOTT CITY MD 21043-4377

1001

CITATION: 0Z33129670 MI

TO: BELL, KEVIN
HOWARD CO HEALTH DEPT
3525 ELLICOTT MILLS DRIVE
ELLICOTT CITY MD 21043

STATE OF MARYLAND VS. JOHNSON, STEPHEN

NOTICE OF TRIAL DATE

YOU ARE HEREBY SUBPOENAED TO APPEAR FOR THE TRIAL OF THE CHARGES LISTED ON THE CITATION IDENTIFIED ABOVE. THE TRIAL WILL BE HELD ON AUGUST 10, 2005 AT 01:15 PM AT THE DISTRICT COURT LOCATED AT 3451 COURTHOUSE DR , ELLICOTT CITY , MD. IN ROOM

BY: KELLY L. PARKS
(CLERK)

DATE: 06/24/05

FOR QUESTIONS CONCERNING THIS DOCUMENT CONTACT THE STATE'S ATTORNEY'S OFFICE AT (410) 313-3100.

HEARING/SPEECH IMPAIRED CALLERS ONLY, TELEPHONE TTY/TT 1-800-925-9690 OR (410) 313-3100 (VOICE) THRU MARYLAND RELAY SERVICE AT 1-800-735-2258.

ANY REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES SHOULD BE REQUESTED BY CONTACTING THE COURT IMMEDIATELY.

1100017150

0001715A

D4

TRACKING NUMBER:05-1001-47846-3



DISTRICT COURT OF MARYLAND FOR HOWARD COUNTY
3451 COURTHOUSE DR (C)
ELLCOTT CITY MD 21043-4377

1001

CITATION: 0Z33129670 MI

TO: BELL, KEVIN
HOWARD CO HEALTH DEPT
3525 ELLICOTT MILLS DRIVE
ELLCOTT CITY MD 21043

STATE OF MARYLAND VS. JOHNSON, STEPHEN

NOTICE OF TRIAL DATE

YOU ARE HEREBY SUBPOENAED TO APPEAR FOR THE TRIAL OF THE CHARGES LISTED ON THE CITATION IDENTIFIED ABOVE. THE TRIAL WILL BE HELD ON OCTOBER 20, 2005 AT 01:15 PM AT THE DISTRICT COURT LOCATED AT 3451 COURTHOUSE DR , ELLICOTT CITY , MD. IN ROOM .

BY: KELLY L. PARKS
(CLERK)

DATE: 08/12/05

FOR QUESTIONS CONCERNING THIS DOCUMENT CONTACT THE STATE'S ATTORNEY'S OFFICE AT (410) 313-3100.

HEARING/SPEECH IMPAIRED CALLERS ONLY, TELEPHONE TTY/TT 1-800-925-9690 OR (410) 313-3100 (VOICE) THRU MARYLAND RELAY SERVICE AT 1-800-735-2258.

ANY REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES SHOULD BE REQUESTED BY CONTACTING THE COURT IMMEDIATELY.

1100021830

0002183A

D4

TRACKING NUMBER:05-1001-47846-3



DISTRICT COURT OF MARYLAND FOR HOWARD COUNTY
3451 COURTHOUSE DR (C)
ELLCOTT CITY MD 21043-4377

1001

CITATION: 0Z33129670 MI

TO: BELL, KEVIN
HOWARD CO HEALTH DEPT
3525 ELLICOTT MILLS DRIVE
ELLCOTT CITY MD 21043

STATE OF MARYLAND VS. JOHNSON, STEPHEN

POSTPONEMENT

YOU ARE HEREBY NOTIFIED THAT THE TRIAL DATE OF AUGUST 10, 2005,
FOR THE CHARGES LISTED ON THE CITATION IDENTIFIED ABOVE HAS BEEN
POSTPONED. YOU WILL RECEIVE FURTHER NOTIFICATION WHEN A NEW TRIAL
DATE HAS BEEN SCHEDULED.

BY: KELLY L. PARKS
(CLERK)

DATE: 08/09/05

FOR QUESTIONS CONCERNING THIS DOCUMENT CONTACT THE STATE'S
ATTORNEY'S OFFICE AT (410) 313-3100.

HEARING/SPEECH IMPAIRED CALLERS ONLY, TELEPHONE TTY/TT 1-800-925-9690 OR
(410) 313-3100 (VOICE) THRU MARYLAND RELAY SERVICE AT 1-800-735-2258.

ANY REASONABLE ACCOMMODATION FOR PERSONS WITH DISABILITIES SHOULD
BE REQUESTED BY CONTACTING THE COURT IMMEDIATELY.

1100023330

0002333A

P2

TRACKING NUMBER:05-1001-47846-3

To: Mr. GABRIEL CREIGHTON

FAX 410-313-2648

From: STEPHEN LOTHNEAL

DATE: JUNE 6, 2005

SUB: 8515 BLOUNTS LAWE FULTON, MD.

DEAR MR. CREIGHTON,

THIS LETTER IS TO INFORM YOU AND YOUR OFFICE OF MY INTENT TO HAVE FINAL INSPECTIONS PERFORMED ON MY SEPTIC AND WELL SYSTEMS LOCATED AT MY PROPERTY.

I HAVE REQUESTED A REINSPECTION FOR TOMORROW 6/7/05 AT APPROXIMATELY 12:00. I ~~AM~~ INTEND TO HAVE ALL ISSUES RESOLVED PERTAINING TO THE SEPTIC SYSTEM. ALSO, I INTEND TO CORRECT THE WELL ISSUE AS SOON AS WE AGREE ON A SATISFACTORY SOLUTION. ~~HOPEFULLY~~ HOPEFULLY, ALL THE REMAINING ISSUES SHOULD BE COMPLETED NO LATER THAN 10 DAYS FROM TODAY.

RESPECTFULLY,

Steph. J. Lohneal

Inspection Cancelled

6/7/05 GAC

6/15/05 Septic System
approved

July 20, 2005

Memo to: Mr. Daniel Moriarty
Assessor III Howard County
State of Maryland

Fax: 410-480-7960

From: Stephen Johnson/Susan Carbone
301-366-4616

Re: 8515 Blounts Lane
Fulton, MD 20759

Dear Mr. Moriarty,

Per your instructions, we are requesting the minimum inspection request for a plumbing final for our home located at 8515 Blounts Lane, Fulton, MD 20759. The following areas will have rough-in plumbing only:

1. First Floor powder room
2. Master Bathroom
3. Game Room
4. Sun Room wet bar

Additionally, all fireplaces will be "roughed in" only.
Please add this information to our file and we will be contacting you for the final re-inspection.

Thank you.

August 5, 2005

FYI

To: Dan Monarty
Howard County Health Dept
410-313-1861 (INSP & ENFC#)

Referred to X 2648

Fr: Susan Carbone
301-366-4615

Re: 8575 Blounts Ln
Fulton, MD 20759

Please review attached
Original faxed on July 20, 2005
and also sent through US mail.

Thank You

3-17-05 KJB



3-17-05 KJR



3-17-05 KJB



3-17-05 622



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Susan Carbone &
 Stephen Johnson
 410 Main Street, #18
 Laurel, MD 20707

2. Article Number

(Transfer from service label)

7003 1010 0001 7268 0697

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Susan Carbone* Agent
 Addressee

B. Received by (Printed Name)

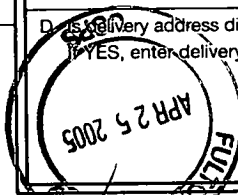
C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

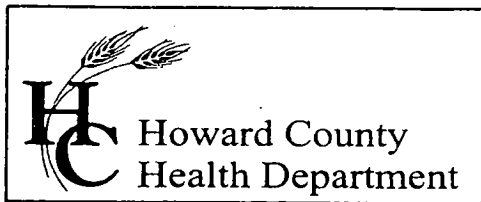
Kevin Bell

**Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Maryland 21046**

2005 AP 26 PM 1:41

RECEIVED
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH





7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

15 April 2005

Susan Carbone and Stephen Johnson
410 Main Street, #18
Laurel, MD 20707

Re: **8515 Blounts Lane Complaint (C048)**

NOTICE OF VIOLATION

Our office has investigated complaints referred to our office regarding the unauthorized use of a on-site sewage disposal system on the property located at 8515 Blounts Lane. During several inspections, most recently 15 April 2005, the lids of the septic tanks on the property were sitting next to the clean-out openings. A visual inspection inside the tanks confirmed that the system was being used. In addition, residents at the property confirmed that the house has been occupied for a few weeks.

A review of our department's files concerning this property confirms that the septic system and water well *have not yet been approved for use*. A final inspection of the septic system is required prior to approval, as well as resolving an issue with the placement of the well on the property.

The use of an unapproved on-site disposal system and water supply is a violation of COMAR 26.04, as well as Howard County Code Section 12.110. Our office is prepared to initiate enforcement actions *if the use of the sewage and water systems do not cease immediately*. Continued use of the unapproved systems on this property will result in fines of **up to \$100.00 per day**, and possibly criminal prosecution. You must contact our office by 4 May 2005, to schedule an inspection to verify that these systems are no longer being used to avoid the issuance of a citation.

The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code. If you believe that the condition described above is not, and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing with the Board of Health within fifteen (15) days of receipt of this letter. You may submit your request to our office.

If you wish to discuss these issues further you may contact me at 410-313-2645.

Sincerely,

Kevin Bell
Bureau of Environmental Health
Well and Septic Program

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER OCCUPANT ADDRESS 8575 Blounts Lane ^{Fulton} PHONE _____

COMPLAINANT Dana Bloom ADDRESS 8511 Clarkson Drive PHONE 301-490-4613

REASON FOR INVESTIGATION - she had called Sediment Control - ^{Mr. Krish}

they contacted someone else at the Well & Septic

CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 3/17/05 TIME 10:30 WEATHER Overcast

REPORT Shielding tanks for the septic - new house constructed - the lid is off (been removed for 4 days)

3/17/05 I spoke with the homeowner son (Joe Johnson) and he stated they had been living in the home for a few weeks now. I saw both the septic tank & pump tank with lids off. I also saw extension cords running from the pump tank to the home. I put the lids back on the tanks! I also viewed the well in the middle of the driveway.

Steve (301) 366-4616 - Homeowner - left home at 10:45 AM KJSB

4/26/05 1:45 pm

- nothing has been done with the well. I saw a mound of dirt over existing septic tank w/ the lid off the existing pump tank. Extension cords still remain from the tank to the house. Hole was filled in where D-Box should be w/ no cleanup. Remain part is secured ESB

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER ADDRESS 8575 Blounts Lane ^{Fulton} PHONE _____
OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT Debra Bloom ADDRESS 8511 Clarkson Drive PHONE 301-490-4613

REASON FOR INVESTIGATION - she had called Sediment Control -
they contacted someone ~~at~~ at the Well & Septic ^{Mr. Knight}

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 3/17/05 TIME 11:30 WEATHER Overcast

REPORT Checking tanks for the septic - new house - RI-G
constructed - the lid is off (been removed for
4 days)

3/17/05 I spoke with the homeowners son (Joe Johnson) and
he stated they had been living in the home for a few
weeks now. I saw both the septic tank & pump tank with
lids off. I also saw extension cords running from the pump
tank to the house. I put the lids back on the tanks! I
also viewed the well in the middle of the driveway.

Steve (301) 366-4616 - Homeowner - left home at 10:45 AM (KJB)

4/26/05 1:45 pm
- nothing has been done with the well. I saw a mound of
dirt over existing septic tank w/ the lid off the existing pump tank.
Extension cords still remain from the tank to the house. Hole was filled
in where D-Box should be, w/ no cleanout. Remain yard is seeded (KJB)

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION _____ ZIP _____

OWNER OCCUPANT ADDRESS 8515 Blounts Lane PHONE 301-490-4613

COMPLAINANT Liliana Bloom ADDRESS 9511 Clarkson Drive PHONE 301-490-4613

REASON FOR INVESTIGATION - she had called Sediment Control - they contacted someone at the well & septic

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 3/17/05 TIME 10:30 WEATHER Overcast

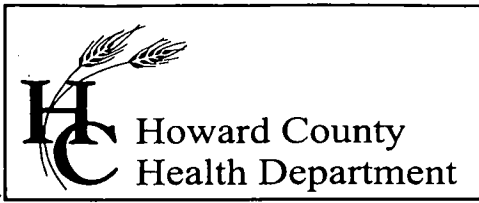
REPORT Walking tanks for the septic - new house was built - the lid is off (been removed for 4 days)

3/17/05 I spoke with the homeowners son (Joe Johnson) and he stated they had been living in the home for a few weeks now. I saw both the septic tank & pump tank with lids off. I also saw extension cords running from the pump tank to the house. I put the lids back on the tanks. I also viewed the well in the middle of the driveway.

Steve (301) 366-4616 - Homeowner - left home at 10:45 AM (KIS)

4/26/05 1:45 pm - nothing has been done with the well. I saw a mound of dirt over existing septic tank w/ the lid off the existing pump tank. Extension cords still remain from the tank to the house. Hole was filled in where D-Box should be w/ no cleanup. Remain void is sealed (KIS)

DATE SUBMITTED _____ SANITARIAN _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 18, 2005

Mr. Steve Johnson
410 Main Street , # 18
Laurel, Maryland 20707

Re: **8518 Blounts Lane Complaint (C048)**

Recent attempts to contact you at the number (301) 366-4616 have been unsuccessful with a constant busy signal. You must contact our office as soon as possible with a valid number in which we can contact you. Continued use of the unapproved septic system on the property will result in fines of **up to \$100.00 per day**, and possible criminal prosecution.

If you wish to discuss these issues further you may contact me at 410-313-2645

Respectfully,

Kevin J. Bell
Development Coordination Section
Well and Septic Program

Acct. #0110035155

0Z33129670

UNIFORM MUNICIPAL INFRACTION/
CIVIL CITATION

District Court of Maryland for Howard County (certified mail)

County/Municipality/State of Maryland Health Department
Agency

vs. Johnson, Stephen
Defendant's (Last) Name Stephen Middle

410 Main Street, #18
Current Address in Full

Greene City MD State 20702 Zip Code

DOB Height Weight Sex Race Hair Eyes

Related Citations Telephone No. Day: Night:

It is formally charged that the above named defendant on June 1, 2005 ¹⁹ ~~XX~~
at 10:30 A M at 8518 Blounts Ln, Beltsville, MD 20759
Howard County, Maryland

did fail to complete the permit and inspection/installation process for on-site sewage disposal system (expired permit) while system is being used. Current system condition creates actual or potential threat to health, in violation of Ho. Co. Code & continuing at 100.00 per day.

This citation is based upon an affidavit of (See attached.)

In violation of: Md. Ann. Code COMAR Municipal Ordinance/Public Local Law/Local Code

Documentation/Article Section Sub Section Paragraph

No. Co. Code 12-106(a)(1), 12-110(a)(1)(i) & 12-112(e)(1)
I sign my name as a receipt for a copy of this Citation and not as an admission of guilt. I will comply with the requirements set forth in this Citation.

Defendant's Signature

YOU MUST EITHER ELECT TO STAND TRIAL OR PAY A FINE.

NOTE: Failure to either pay the fine or request a trial date by the below mentioned date will deem you liable for the fine assessed. The fine may be doubled and a judgment on affidavit entered against you including an Order of Abatement.

OR If you request a trial date and then fail to appear in Court, the fine may be doubled and a judgment on affidavit may be entered against you.

YOU MAY PAY A FINE OF \$ 100.00 per day BY 19 AT (Payment Location) Office of Finance, Gen. Howard Bldg., E.C.

THIS WILL BE DEEMED AN ADMISSION OF GUILT AND NO TRIAL DATE WILL BE SET FOR E.C.

IF YOU ELECT TO STAND TRIAL, DO NOT FORWARD PAYMENT OF THE FINE, BUT YOU MUST NOTIFY IN WRITING Director of Finance, Gen. Howard Bldg., by 6/16/05 AND THE DISTRICT COURT WILL NOTIFY YOU OF A TRIAL DATE AND LOCATION.

IN ADDITION, Howard County Environmental Health
 IS SEEKING ABATEMENT OF THIS INFRACTION. YOU MAY BE ORDERED TO ABATE THIS INFRACTION OR BE ASSESSED THE COSTS FOR THE ABATEMENT, AS WELL AS A FINE OF UP TO \$1,000. PLUS COURT COSTS. FAILURE TO APPEAR SHALL RESULT IN JUDGMENT ON AFFIDAVIT.

YOU MUST APPEAR IN COURT: A court date will be sent to you by mail.

YOU MAY ELECT TO STAND TRIAL OR YOU MAY ELECT TO PAY A PRESET FINE OF \$ to the District Court of Maryland at

..... and **AVOID TRIAL.** A court date will be sent to you by mail. Payment must be made on or before the scheduled trial date.

AFTER TRIAL the Court may impose a fine up to \$ plus court costs.

FAILURE TO APPEAR OR, IF PERMITTED, PAY THE PRESET FINE LISTED ABOVE, WILL RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

I solemnly affirm under the penalties of perjury, and upon personal knowledge or based on the affidavit, that the contents of this citation are true and that I am competent to testify on these matters. The defendant is not now in the military service, as defined in the Soldier's and Sailor's Civil Relief Act of 1940 with amendments, nor has been in such service within thirty days hereof.

Officer's Signature (Kevin Bell) Date 6/2/05
Agency Sub-Agency ID No. Phone

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stephen Johnson
410 Main Street
Laurel, Md 20707

2. Article Number

(Transfer from service label)

7002-2030-0001-4212-1412

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Stephen C. Johnson Agent
 Addressee

B. Received by (Printed Name)

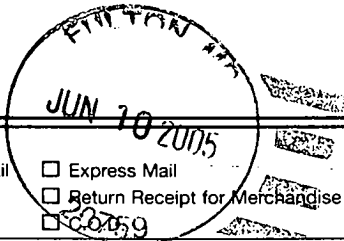
C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

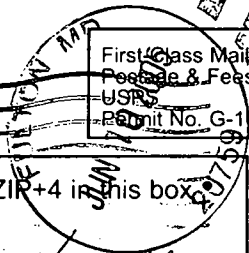
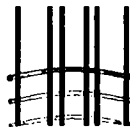
3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail ~~30759~~

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box.

Rose M. Thompson
Bureau of Environmental Health
7178 Columbia Gateway Drive
Columbia, Md 21046

REC'D
ENVIRONMENTAL HEALTH
RD COUNTY
14 JAN 2005
AM 8:09



Acct. #0110035155



UNIFORM MUNICIPAL INFRACTION/
CIVIL CITATION

0Z33129670

District Court of Maryland for Howard County (certified mail)

~~Howard County~~ Health Department
County/Municipality/State of Maryland Agency

vs. Johnson Stephen

Defendant's (Last) Name First Middle

410 Main Street, #18

Current Address in Full

Laurel MD 20707
City State Zip Code

DOB Height Weight Sex Race Hair Eyes

Related Citations Telephone No. Day Night

It is formally charged that the above named defendant on June 1, 2005 at 10:30 AM at 8518 Blounts Ln, Fulton, MD 20759

Howard County, Maryland did fail to complete the permit and inspection/installation process for on-site sewage disposal system (expired permit) while system is being used. Current system condition creates actual or potential threat to health, in violation of Ho. Co Code & continuing at 100.00 per day.

This citation is based upon an affidavit of (See attached)

In violation of: Md. Ann. Code COMAR Municipal Ordinance/Public Local Law/Local Code

Document/Article Section Sub Section Paragraph
Ho. Co. Code 12.106(a)(1), 12.110(a)(1)(i) & 12.112(a)(1)

I sign my name as a receipt of a copy of this Citation and not as an admission of guilt. I will comply with the requirements set forth in this Citation.

Defendant's Signature

Municipal Infractions

YOU MUST EITHER ELECT TO STAND TRIAL OR PAY A FINE.
NOTE: Failure to either pay the fine or request a trial date by the below mentioned date will deem you liable for the fine assessed, the fine may be doubled and a judgment on affidavit entered against you including an Order of Abatement.
OR If you request a trial date and then fail to appear in Court, the fine may be doubled and a judgment on affidavit may be entered against you.
YOU MAY PAY A FINE OF \$ 100.00 per day 19 AT (Payment Location) Office of Finance, Geo. Howard Bldg., E.C.
THIS WILL BE DEEMED AN ADMISSION OF GUILT AND NO TRIAL DATE WILL BE SET. OR
IF YOU ELECT TO STAND TRIAL, DO NOT FORWARD PAYMENT OF THE FINE, BUT YOU MUST NOTIFY IN WRITING Director of Finance, Geo. Howard Bldg. by 6/16/05
AND THE DISTRICT COURT WILL NOTIFY YOU OF A TRIAL DATE AND LOCATION. 6/16/05
 IN ADDITION, Howard County Environmental Health IS SEEKING ABATEMENT OF THIS INFRACTION. YOU MAY BE ORDERED TO ABATE THIS INFRACTION OR BE ASSESSED THE COSTS FOR THE ABATEMENT, AS WELL AS A FINE OF UP TO \$1,000, PLUS COURT COSTS. FAILURE TO APPEAR SHALL RESULT IN JUDGMENT ON AFFIDAVIT.

Civil/Code Violations

YOU MUST APPEAR IN COURT: A court date will be sent to you by mail.
 YOU MAY ELECT TO STAND TRIAL OR YOU MAY ELECT TO PAY A PRESET FINE OF \$ to the District Court of Maryland at
and AVOID TRIAL. A court date will be sent to you by mail. Payment must be made on or before the scheduled trial date.
AFTER TRIAL the Court may impose a fine up to \$ plus court costs.
FAILURE TO APPEAR OR, IF PERMITTED, PAY THE PRESET FINE LISTED ABOVE, WILL RESULT IN A WARRANT BEING ISSUED FOR YOUR ARREST.

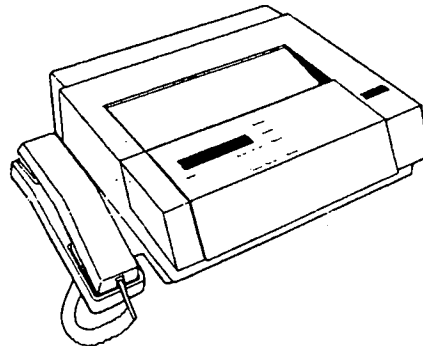
I solemnly affirm under the penalties of perjury, and upon personal knowledge or based on the affidavit, that the contents of this citation are true and that I am competent to testify on these matters. The defendant is not now in the military service, as defined in the Soldier's and Sailor's Civil Relief Act of 1940 with amendments, nor has been in such service within thirty days hereof.

Officer's Signature Kevin Bell (Kevin Bell) Date 6/2/05

Agency Ho. Co. Health Dept Sub-Agency Bur. of Env. Health I.D. No. (/10) Phone 312-1773

Penny E. Borenstein, M.D., M.P.H., Health Officer

F A X



Date

AUG 5, 2005

To

BARRY SANDERS

Department

OFFICE OF LAW

FAX #

X3292

From

BERT NIXON

Telephone

X1785

FAX (410) 313-2648

Of Pages

4

(including cover page)

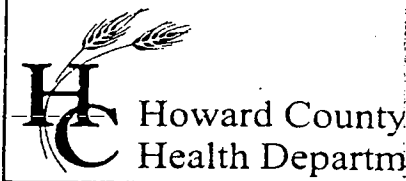
Comments

AS DISCUSSED / REQUESTED

CONFIDENTIALITY NOTICE

"WARNING: UNAUTHORIZED INTERCEPTION OF THIS TELEPHONIC COMMUNICATION COULD BE A VIOLATION OF FEDERAL AND MARYLAND LAW"

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any discourse, copying, distribution or the taking of any action in reliance on the contents of this telephonic information is strictly prohibited. If you have received this telecopy in error, please immediately notify sender by telephone to arrange for return of the original documents to us.



Penny

15 April 2005

Susan Carbone and Stephen Johnson
410 Main Street, #18
Laurel, MD 20707

Re: 8515 Blounts Lane Cor

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Susan Carbone</i>	
1. Article Addressed to: <i>Susan Carbone & Stephen Johnson 410 Main Street, #18 Laurel, MD 20707</i>		B. Received by (Printed Name) _____ C. Date of Delivery: _____	
2. Article Number <i>(Transfer from service label)</i>		D. Delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> YES, enter delivery address below: <input type="checkbox"/> No	
3. Article Number <i>(Transfer from service label)</i>		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt	
7003 1010 0001 7268 0697		102595-02-M-1540	

NOTICE OF VIOLATION

Our office has investigated complaints referred to our office regarding the unauthorized use of a on-site sewage disposal system on the property located at 8515 Blounts Lane. During several inspections, most recently 15 April 2005, the lids of the septic tanks on the property were sitting next to the clean-out openings. A visual inspection inside the tanks confirmed that the system was being used. In addition, residents at the property confirmed that the house has been occupied for a few weeks.

A review of our department's files concerning this property confirms that the septic system and water well *have not yet been approved for use*. A final inspection of the septic system is required prior to approval, as well as resolving an issue with the placement of the well on the property.

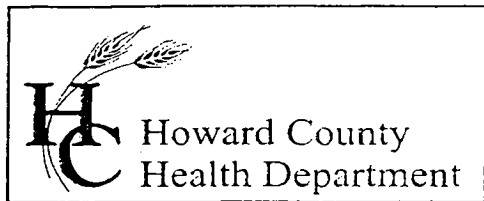
The use of an unapproved on-site disposal system and water supply is a violation of COMAR 26.04, as well as Howard County Code Section 12.110. Our office is prepared to initiate enforcement actions *if the use of the sewage and water systems do not cease immediately*. Continued use of the unapproved systems on this property will result in fines of **up to \$100.00 per day**, and possibly criminal prosecution. You must contact our office by 4 May 2005, to schedule an inspection to verify that these systems are no longer being used to avoid the issuance of a citation.

The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code. If you believe that the condition described above is not, and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulations, you may request a formal hearing with the Board of Health within fifteen (15) days of receipt of this letter. You may submit your request to our office.

If you wish to discuss these issues further you may contact me at 410-313-2645.

Sincerely,

Kevin Bell
Bureau of Environmental Health
Well and Septic Program



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

9 March 2005

Howard County Department of Inspections, Licenses and Permits
George Howard Building
Ellicott City, MD 21043

Re: 8515 Blounts Lane Complaint (C048)

Our office investigated the complaint referred to our office by your department on 24 February 2005. During the inspection, myself and another inspector, Kevin Bell from the Well and Septic program located the septic tanks mentioned in the complaint. The lids to the tank were sitting next to the clean-out openings. A visual inspection of the contents of the tank confirmed that the system was being used. No obvious signs of system failure were located during the inspection. However, the system requires the use of a pump to move the effluent to the drainage fields uphill from the tanks. The inspection was unable to verify if the pump was operational.

Prior to leaving the property Mr. Bell and I noted that a person was in the home. After knocking on the door a woman answered and informed us that she was currently staying at the home. She indicated that the arrangement was temporary, but did not state how long she had been there or intended to stay.

A review of our department's files concerning this property confirms that the septic system and water well *have not yet been approved for use*. The septic system is lacking a final inspection, and there is an issue with the placement of the well on the property. Use of these systems at the present time may result in a risk to health. Therefore, our office recommends that the occupancy of the home on this property cease immediately.

Please feel free to contact me if I can be of further assistance, or if you have any questions.

Sincerely,

Arron Hiatt, R.S.
Bureau of Environmental Health
Community Hygiene Program

To: Mr. GABRIEL CREIGHTON

FAX 410-313-2648

From: STEPHEN JOHNSON

Inspection Cancelled

DATE: JUNE 6, 2005

6/7/05 GAC

SUB: 8515 BLOUNTS LAWE FUL

6/15/05 Septic System
Approved

DEAR MR. CREIGHTON,

THIS LETTER IS TO INFORM YOU AND YOUR OFFICE OF MY INTENT TO HAVE FINAL INSPECTIONS PERFORMED ON MY SEPTIC AND WELL SYSTEMS LOCATED AT MY PROPERTY.

I HAVE REQUESTED A REINSPECTION FOR TOMORROW 6/7/05 AT APPROXIMATELY 12:00. I ~~AM~~ INTEND TO HAVE ALL ISSUES RESOLVED PERTAINING TO THE SEPTIC SYSTEM. ALSO, I INTEND TO CORRECT THE WELL ISSUE AS SOON AS WE AGREE ON A SATISFACTORY SOLUTION. ~~HOPEFULLY~~ HOPEFULLY, ALL THE REMAINING ISSUES SHOULD BE COMPLETED NO LATER THAN 10 DAYS FROM TODAY.

RESPECTFULLY,

Step. J. Johnson

PERMITS Posted: YES NO
A59334

MANAGER CERTIFIED
YES NO N/A

POSTER Posted: YES NO N/A
"First Aid for Choking"

COMPLIANCE
~~Truth in Menu~~
YES NO

Residence of Mr. Steve Johnson
ESTABLISHMENT NAME
8515 Blounts Lane (Beaufort Park lot #9)
STREET ADDRESS
Fulton MD 20759
CITY AND STATE ZIP CODE

Item No.	Corrected Yes	LIST OF OBSERVATIONS	Correct and report within 10 days
		6/1/05 Mr Johnson not present Pump & Alarm test	
		6/6/2005 Pump & Alarm test. pump only works with switch set to on. Did not check alarm float, but pump float does not turn on pump. Watched Mr. Johnson manually switch pump on to make system work and then when he turned it off, the backwash of water disconnected the pump line at the 90° connection out of the tank. Had Mr. Johnson open the Septic tank. No baffles installed into the tank, therefore there is no outlet baffle effluent filter. Baffle and filter actually installed in inlet baffle of pump chamber. I instructed Mr. Johnson as to the proper way to install the baffles and filter and to call and schedule re-inspection when he thinks the system will pass. Also discussed possible well solutions. (G. Creighton)	
		6/22/05 - Pump & Alarm test. Pump & Alarm test is is ok pump functions with float switches, some for alarm, appropriate 1 day storage above high water alarm. Baffle and effluent filter installed on outlet of Septic Tank. No other baffles in septic tank. Also Brian Baker expressed concern that there is no cleanout on ^{inlet} outlet of Septic Tank. This section sits beneath a retaining wall which will have to be removed to add a cleanout. Again discussed possible solutions with Mr. Johnson of repairing the well situation. (Well sits in a pit in the Driveway beneath a 14" sewer manhole cover and is poorly covered) Told Mr. Johnson we'd get back to him regarding possible solutions. G. Creighton (B. Baker also present) Residence	

appears to be lived in, there was an elderly woman sitting outside on the porch and a Beagle (Dog) chained outside on the fence. (GAC)

Received by _____ Inspected by _____
NAME TITLE NAME TITLE

Effluent filter
req.
Verify seal around
manholes
Final
ST cover (SRU)

PERMITS Posted: YES NO

MANAGER CERTIFIED

POSTER Posted: YES

COMPLIANCE

A59334

YES NO N/A

"First Aid for Choking" NO N/A

Truth-In-Menu-

YES NO

Residence of Mr. Steve Johnson
ESTABLISHMENT NAME
8515 Blounts Lane (Beaufort Park lot #9)
STREET ADDRESS
Fulton MD 20759
CITY AND STATE ZIP CODE

Item No.	Cor- rected Yes	LIST OF OBSERVATIONS	Correct and report within 10 days
		6/1/05 Mr Johnson not present for Pump & Alarm test	
		6/6/2005 Pump & Alarm test. pump only works with switch set to on. Did not check alarm float, but pump float does not turn on pump. Watched Mr. Johnson manually switch pump on to make system work and then when he turned it off, the backwash of water disconnected the pump line at the 90° connection out of the tank. Had Mr. Johnson open the Septic tank. No baffles installed into the tank, therefore there is no outlet baffle effluent filter. Baffle and filter actually installed in inlet baffle of pump chamber. I instructed Mr. Johnson as to the proper way to install the baffles and filter and to call and schedule re-inspection when he thinks the system will pass. Also discussed possible well solutions. (G. Creighton)	
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Received by the porch Inspected by GAC
appears to be lived in, there was an elderly woman sitting outside on the porch and a Beagle (Dog) chained outside on the fence. (GAC)

PERMITS Posted: YES NO
A 59334

MANAGER CERTIFIED
YES NO N/A

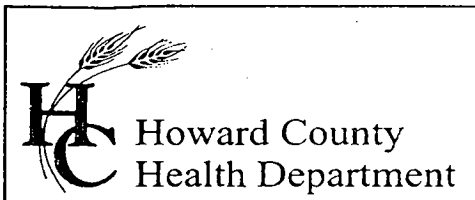
POSTER Posted: YES
NO
N/A
"First Aid for Choking"

COMPLIANCE
Truth In Menu N/A
YES NO

Residence owned by Mr. Steve Johnson
ESTABLISHMENT NAME
8515 Blouchts Ln. (Beaufort Park lot # 9)
STREET ADDRESS
Fulton MD 20759
CITY AND STATE ZIP CODE

Item No.	Cor- rected Yes	LIST OF OBSERVATIONS	Correct and report within 10 days
		6/22/05 ✓ 6/16/05 Pump & Alarm test Failed	
		6/22/05 ✓ - pump on float does not turn on pump	
		7/15/05 ✓ - No baffles in tank (septic tank)	
		6/22/05 ✓ - No outlet baffle filter	
		7/15/05 ✓ 6/22/05 No cleanout on Inlet of Septic Tank	
		6/6/05 Well not up to specs	
		8/5/05 ✓ - Below grade	
		Uncorrectable - Sits under rear driveway (In driveway)	
		8/5/05 ✓ - No cap (2 piece)	
		8/5/05 ✓ - No conduit	
		9/2/05 ✓ - Protection will be needed due to site in driveway	
		7/15/05 All repairs to the septic system have been made System is ok to approve <u>G. Creighton</u> Well still far from ready. <u>GAC</u>	
		8/5/05 Well is visually brought up to regulatory specs but barrier for being in driveway is insufficient (2) 5 gal. buckets filled w/ concrete one in front one behind well. <u>GAC</u>	
		9/2/05 Well barriers are installed, and appropriate OK to final well sample OK Ready for ICOP	

Received by _____ Inspected by _____
NAME TITLE NAME TITLE



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

9 March 2005

Howard County Department of Inspections, Licenses and Permits
George Howard Building
Ellicott City, MD 21043

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Prior to leaving the property Mr. Bell and I noted that a person was in the home. After knocking on the door a woman answered and informed us that she was currently staying at the home. She indicated that the arrangement was temporary, but did not state how long she had been there or intended to stay.

A review of our department's files concerning this property confirms that the septic system and water well *have not yet been approved for use*. The septic system is lacking a final inspection, and there is an issue with the placement of the well on the property. Use of these systems at the present time may result in a risk to health. Therefore, our office recommends that the occupancy of the home on this property cease immediately.

Please feel free to contact me if I can be of further assistance, or if you have any questions.

Sincerely,

Arron Heatt, R.S.
Bureau of Environmental Health
Community Hygiene Program

Original

C048

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE
Reviewed	3/14/05
O.V. to Joie	

RECORD OF INVESTIGATION

Septic & Corrosion

LOCATION _____ ZIP _____
 OWNER _____ ADDRESS *8515 Blounts Lane, Fulton, Md* PHONE _____
 OCCUPANT _____
 COMPLAINANT *Bell Knight* ADDRESS *H. Co. Construction Inspection* PHONE *313-1864*

REASON FOR INVESTIGATION _____
- Went out there - there was nothing running out of the septic tank - however you could see
 RECEIVED BY _____ DATE _____ ASSIGNED TO *H. Heath (Martin)* DATE *2/24/05*

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____
 REPORT *That there had problems - the house is under construction 3 yrs + 4 mos.*

2/24/05, 11:00am - Inspected property and noted septic system w/lids removed. System appears to require a pump, which may have been turned off during construction. A woman on the property answered the door & stated she was staying in the home temporarily.

2/28/05, 11:05am - Spoke w/Bruce Forejt at Inspections to relay the findings of the investigation. He stated he would contact the Office of Law for further action.

3/9/05, ~1:00pm - Rec'd a call from Bruce Forejt requesting a statement from our office confirming there was someone living in the house. (see attached).

Further action to be coordinated by DILP.

DATE SUBMITTED 3/9/05 SANITARIAN *Jane Heath*

① Complet invest. w/ Letter >
dated March 9, 2005

② Numerous site Invest. in
March

③ Notice of Violate
April 15

④ Follow up letter - Request to contact our office -
May 16 - 05

⑤ Citation - ~~the~~ June 1 2005

⑥ June 6 letter from Steven Johns
gives a complete Date (June 7th his date)

⑦ Date not met.

⑧ July 15 The use of an onsite
septic waste system was approved

⑨ Sept. 2 - ~~all well ISSUES resolved~~

WOULD RESULT IN FINE

DID YOU ALLOW FULL PERIOD BEFORE ISSUING

CITATION

- PROVIDE COURT WITH SHORT CHRONOLOGY OF EVENTS

03 or 05
- WHICH LED TO ISSUANCE OF CITATION

ANY DISCUSSION WITH [VIOLATOR]

REGARDING THE VIOLATION

WHAT WAS SAID TO YOU

TAKE ANY PHOTOS OF CONDITIONS THAT LED TO

CITATION

SINCE ISSUING CITATION, HAS VIOLATION BEEN

ABATED

- Photos ?

- Permit process -

- ~~via~~

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00132809

Building Address 8515 ELMOUNTS LANE
FULTON, MD 20759
 Suite/Apt # N/A SDP/WP/Petition #: N/A
 Census Tract 6051.02 Subdivision BEAUFORT FARM
 Section N/A Area N/A Lot 9
 Tax Map 45 Parcel 26 Grid 12
 Zoning RE-10 FO-10 B
 Map Coordinates 18E7 Lot size 1.16 AC

Property Owner's Name SUSAN BRIGERMAN
 Address 410 MAIN ST #18
 City LAUREL State MD Zip Code 20707
 Home Phone 410-888-0552 Work Phone 410-761-0616
 Applicant's Name & Mailing Address (if other than stated hereon):
 Phone _____ Fax 301-362-5943

Existing Use RES. VACANT LOT
 Proposed Use RESIDENTIAL NEW SFD
 Estimated Construction Cost \$ 120,000
NEW CUSTOM S.F.D. 2 STORIES
 Description of Work CONSTRUCT 2 STORY
2 1/2 BATHS, UNFINISHED BSMT - REMAIN IN PL
RESIDENTIAL DETACHED, WITH 4
BT ROOMS ATTACHED TUNICAR GARAGE

Contractor Company SUSAN BRIGERMAN
 Contact Person STEPHEN J JOHNSON
 Address 410 MAIN ST #18
 City LAUREL State MD Zip Code 20707
 License No. _____
 Phone 410-888-0552 Fax 301-362-5943

Occupant or Tenant STEPHEN J JOHNSON SUSAN BRIGERMAN
 Contact Name STEPHEN J JOHNSON
 Address 410 MAIN ST #18
 City LAUREL State MD Zip Code 20707
 Phone 410-888-0552 Fax 301-362-5943

Engineer or Architect Company MARKS & ASSOC
 Contact Person ERIC MARKS
 Address 4531 COLLEGE AVE
 City ELLICOTT CITY State MD Zip Code _____
 Phone 410-747-2738 Fax 410-747-2739

COPY PERMITS TO 110.5

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>28'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>(2)</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>BSMT 1080 sq ft</u> <u>2ND 1080 sq ft</u> Use group: <u>1080 sq ft</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>30'</u> 36'	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>30'</u> 36'	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>30'</u> 36'	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFA #13D NFA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Susan Brigerman
 Applicant's Signature

SUSAN BRIGERMAN
 Print Name
10/16/01
 Date

Title/Company

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>12-7-01</u>	<u>Frank Shennel</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID# 52487

Filing fee	\$ <u>10.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>101</u>
Validation	<u>45758</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Water Testing Laboratories

of Maryland, Inc.

If responding, please contact:

- P.O. Box 696, Bel Air, MD 21014 (410) 893-5257
- P.O. Box 881, Finksburg, MD 21048 (410) 876-2035
- 406 S. Camp Meade Rd., Unit 104, Linthicum, MD 21090 (410) 691-2223
- 113 High St., Salisbury, MD 21801 (410) 548-1318
- P.O. Box 712, Stevensville, MD 21688 (410) 643-7711
- P.O. Box 463, Timonium, MD 21083 (410) 628-2855
- P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Ms. Susan Carbone
8515 Blounts Lane
Fulton, Md 20759

Reporting Date: 9/1/2005
Report #: K61247

Submitted Sample Address: 8515 Blounts Lane
Fulton, Md 20759

Submitted Sample Source: Kitchen sink

Date / Time Collected: 8/31/2005 12:44 PM

Sample Type: Drinking Water

Sampler/Company: J. Schwarzmann 0457JS, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn

Well #: HC94-2693

Permit #: B00132809

Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B

Notes:

1. Bacteriological analysis of this sample indicates this water is safe for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,

K. Sewell

K. Sewell, Customer Service Representative

Reviewed by: LB

Water Testing Laboratories

If responding, please contact:

P.O. Box 696, Bel Air, MD 21014

(410) 893-5257

P.O. Box 861, Finksburg, MD 21048

(410) 876-2035

406 S. Camp Meade Rd., Unit. 104, Linthicum, MD 21090

(410) 691-2223

113 High St., Salisbury, MD 21801

(410) 546-1318

P.O. Box 712, Stevensville, MD 21666

(410) 643-7711

P.O. Box 463, Timonium, MD 21093

(410) 628-2855

P.O. Box 10591, Burke, VA 22009-0591

(703) 250-7711

of Maryland, Inc.

Susan Carbone
8515 Blounts Lane
Fulton, Md 20759

Reporting Date: 8/19/2005
Report #: K61229

Submitted Sample Address: 8515 Blounts Lane
Fulton, Md 20759
Beaufort Park

Submitted Sample Source: Outside faucet

Date / Time Collected: 8/17/2005 11:57 AM

Sample Type: Drinking Water

Sampler/Company: J. Schwarzmann 0457JS, WTL of MD

Field Record: Chlorine residual: Absent Clear when drawn No Devices on System

Well #: HO942693

Permit #: B00132809

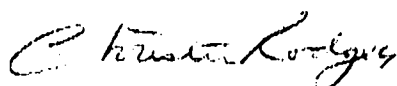
Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Present	Coliforms/100 ml	Present/Absent	Present	SM 9223B
<i>E. Coli</i>	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	6.3	mg/L	1.0	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	ND	NTU	0.5	10	SM 2130B
pH	6.8	SU	0.1	6.5-8.5 (SMCL)	SM 2130B

Notes:

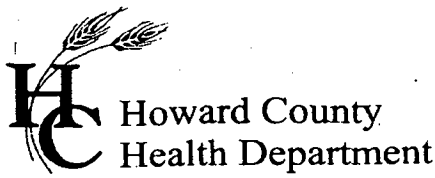
- Bacteriological analysis of this sample indicates this water is **unsafe** for human consumption.
- MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
- ND - Not Detected.
- Sample received and examined within EPA's recommended holding time
- SM - Greenberg, Clesceri and Easton, *Standard Methods for the Examination of Water and Wastewater*, 20th Ed.

Reported by,



C. Rodgers, Customer Service Representative

Reviewed by: JB



Bureau of Environmental Health
3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein. M.D.. M.P.H.. Health Officer

November 16, 2005

Susan Brigerman
8515 Blounts Lane
Fulton, MD 20759

SENT VIA FACSIMILE 301-362-5943

RE: Beaufort Park, Lot 9
8515 Blounts Lane
Fulton, MD 20759
BP #: B00132809
Well Permit # HO-94-2693

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 07/15/2005. Final approval of the well line connection to the dwelling was approved on 09/02/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

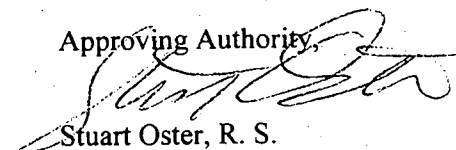
INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2693. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 08/17/2005 & 08/31/2005
Date of Well Completion: 07/05/2000

Approving Authority,


Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

X = LINE ROUTE
[Symbol] = METER LOCATION

(T) EXISTING TRANSFORMER

APPROVED

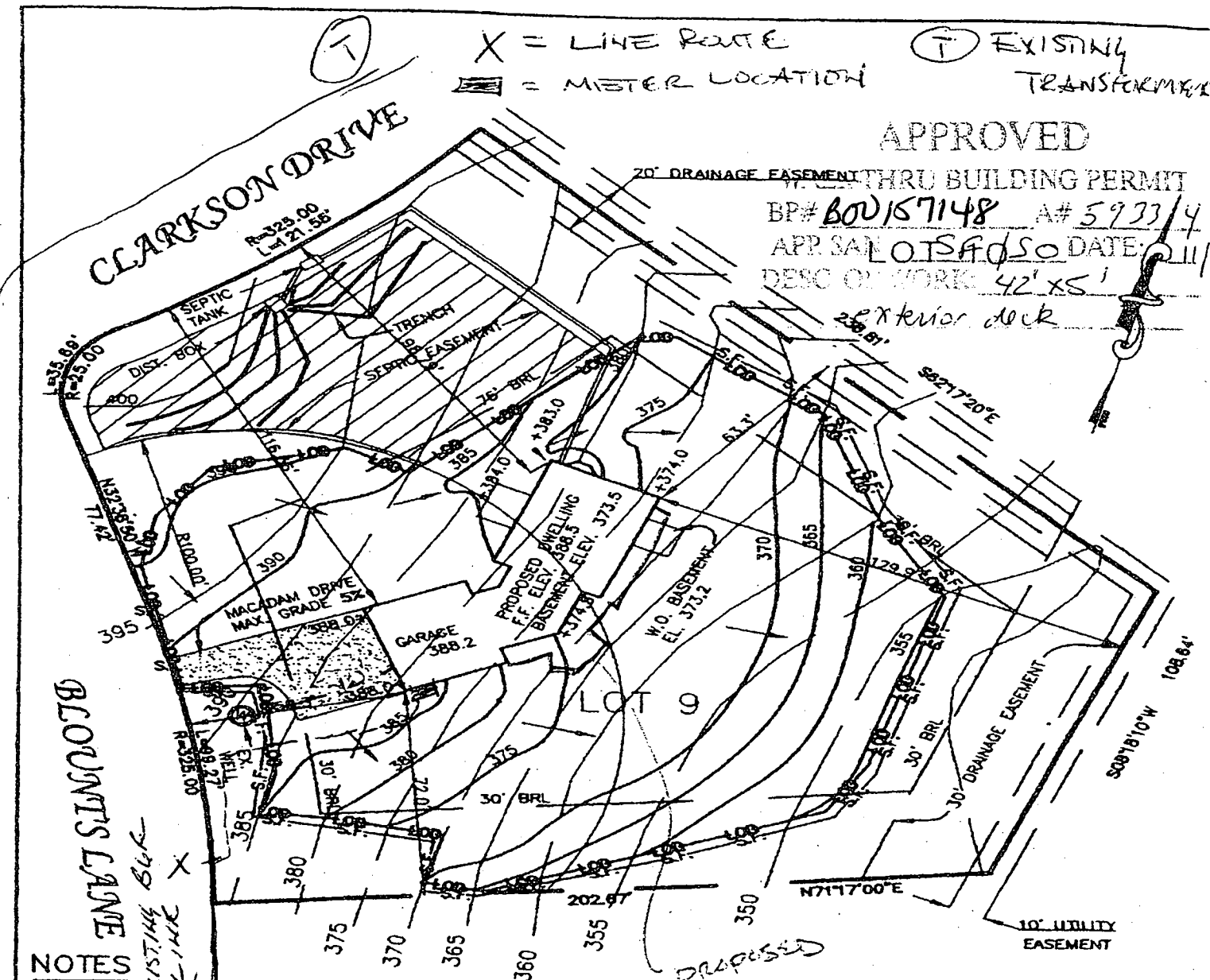
THRU BUILDING PERMIT

BP# 800157148 A# 5933/4

APP. SALES \$40,500 DATE: 11/24/01

DESC. OF WORK: 42' x 5'

exterior deck



NOTES

1. OWNER:
2. BUILDER: STEPHEN JOHNSON
3. SEWAGE SYSTEM REQUIRES A PUMP.
4. TOPOGRAPHY IS FROM HOWARD COUNTY QUAD SHEETS.
5. PROPERTY INFORMATION: LOT 9, PLAT ONE BEAUFORT PARK BLOCK C RECORDED IN PLAT BOOK 10 AT PAGE 8
6. PROPOSED DWELLING IS A 2 STORY DETACHED STRUCTURE WITH 4 BEDROOMS
7. DRIVEWAY CULVERT SHOULD NOT BE REQUIRED DUE TO DESIGN AND EXISTING TOPOGRAPHY.

PROPOSED DECK 42' x 5'

lex 12

let to bldg

ELEVATIONS

EXISTING		PROPOSED	
ELEVATION OF WELL AT GRADE	389.0	FIRST FLOOR:	388.5
		BASEMENT:	373.5
GRADE AT SEPTIC TANK	397.0	INVERT OUT OF HOUSE	372.2
GRADE AT DISTRIBUTION BOX	398.0	INVERT INTO SEPTIC TANK	395.8
		INVERT OUT OF SEPTIC TANK	395.8
GRADE AT TRENCHES	398.0	INVERT INTO DISTRIBUTION BOX	395.4
		INVERT OUT OF DISTRIBUTION BOX	395.2
		INVERT INTO TRENCH	395.0

RECORD REFERENCES

LIBER/FOLIO _____
 PLAT BOOK 10
 PLAT NO./FOLIO /B _____
 SCALE 1"=40'
 DATE OCTOBER, 2001

PLOT PLAN FOR SINGLE FAMILY DWELLING

8515 BLOUNTS LANE
 LOT NO. 9
 BEAUFORT PARK
 HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.
 CONSULTING SURVEYORS-LAND PLANNERS
 4531 COLLEGE AVENUE ELICOTT CITY, MARYLAND
 TELEPHONE (410)747-8738 FAX (410)747-8739