

Bureau of Environmental Health  
 7178 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

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

RECEIPT DATE: 12/05/12 **ONSITE SEWAGE DISPOSAL SYSTEM** P 538142

**PERMIT  
CONSTRUCTION**

INSTALLATION APPROVAL DATE: 5/10/13 A \_\_\_\_\_

PROPERTY ADDRESS: 6495 Prestwick Drive

SUBDIVISION: Willow Pond LOT: 6 TAX ID: 05-593279

CONTRACTOR: Hatfield's Equipment EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: P.O. Box 519, Annapolis Junction, MD 20701 PHONE: 301-490-4289

PROPERTY OWNER: Greenfield Homes EMAIL: \_\_\_\_\_

OWNER ADDRESS: 6656 Luster Drive, Highland, MD 20777 PHONE: 410-781-6782

SEPTIC TANK SIZE (GALLONS): 2000

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ PUMP SIZE: \_\_\_\_\_

NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. >3500 APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>125' 1</u>	INLET DEPTH: <u>4 3</u>
	TRENCH WIDTH: <u>3 2</u>	MAXIMUM BOTTOM DEPTH: <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	<b>PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.</b>	
NOTES:	Set septic tank per plan. Set distribution box per plan. Install 3 x 42' trenches on contour. <i>~73' on - 79' on.</i>	

ISSUED BY: Heidi Scott ISSUE DATE: 4/8/13 EXPIRATION DATE: 12/28/14

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRAIDENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.  
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.**

NOT TO SCALE

See Separate Sheet  
For As-Built

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
2'	3	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	Yes
BAFFLE FILTER	-
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	-
SLOTTED	Yes
DATE ON LID	_____

**PUMP/SEPTIC TANK LEVEL** N/A

MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ROAD NAME \_\_\_\_\_

**PRE-CONSTRUCTION:**

5/7/13 Heavy rains difficult layout inspection. Set SIT per approved bp design. Set Dhox just outside SRA stake run 2 trenches back across septic area stretching far as possible. (K)

**INSTALLATION:**

5/9/13 SHC ran to tank. 1.5% held through out. Tank set per plan. Digging lower trench. OK to backfill work up to Dhox.  
5/10/13 Trenches complete. Dhox leveled. Everything installed as planned. OK to cover all work. Well line inspected. OK.

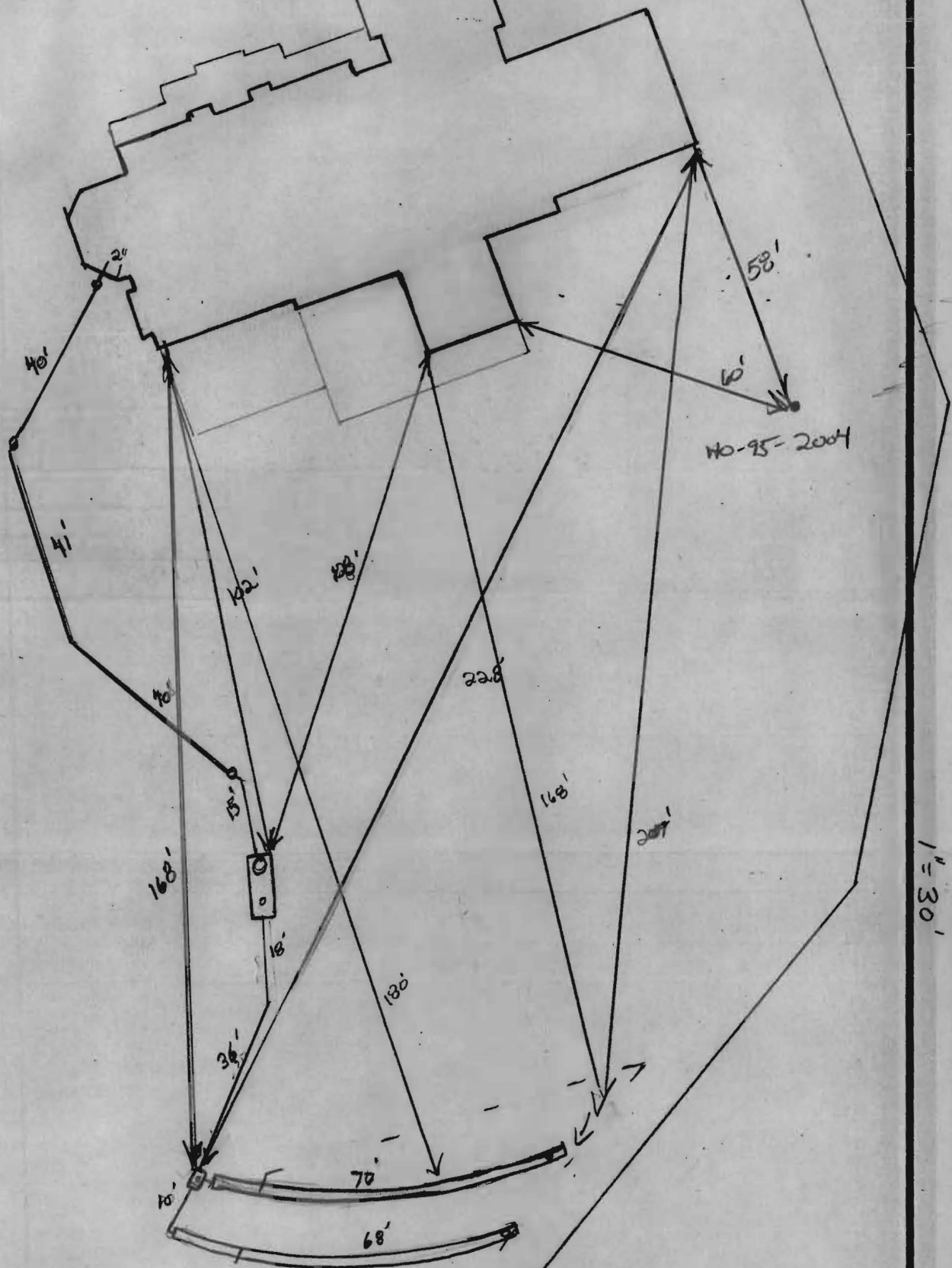
FINAL INSPECTOR

*J. Kraft*

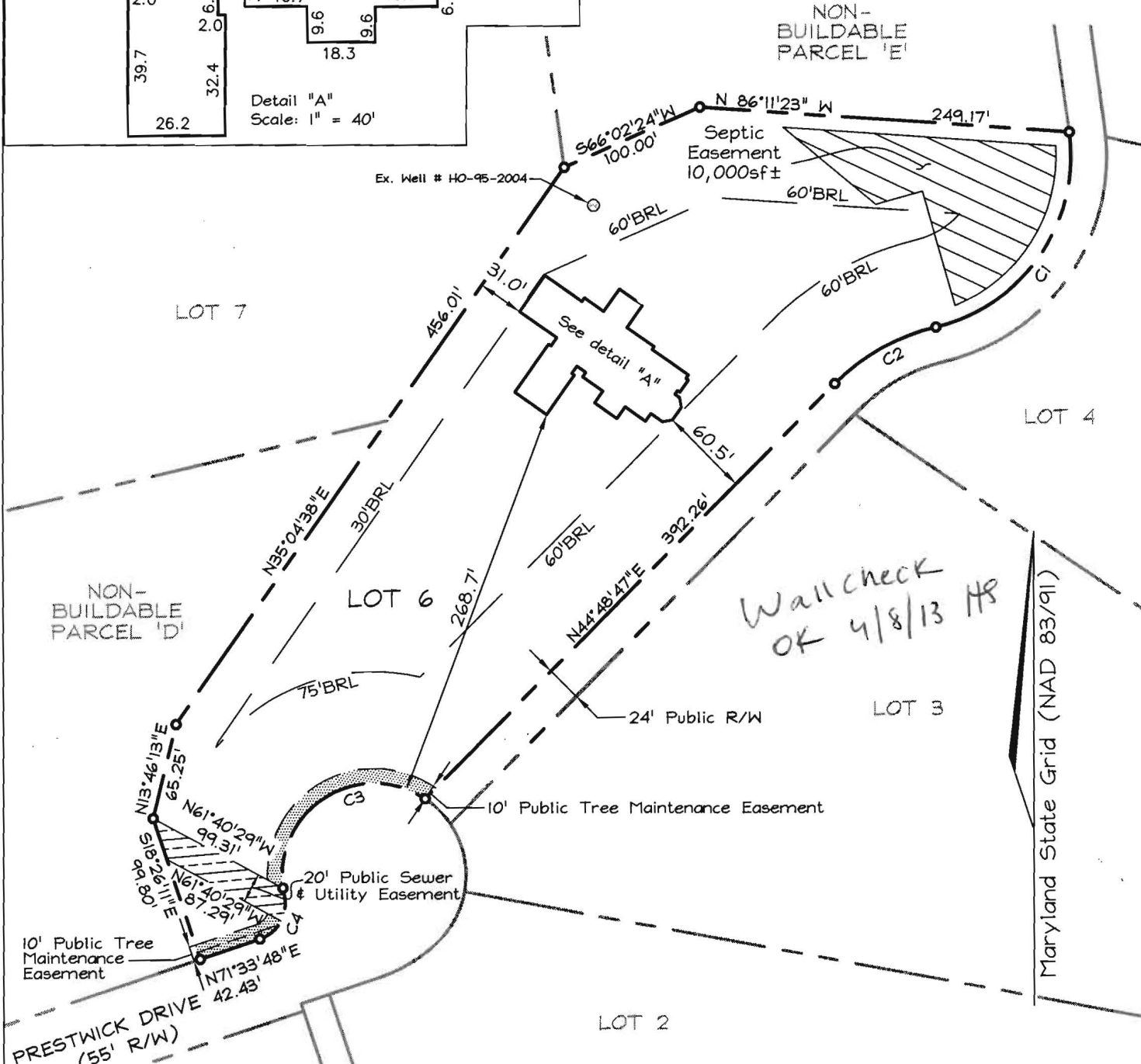
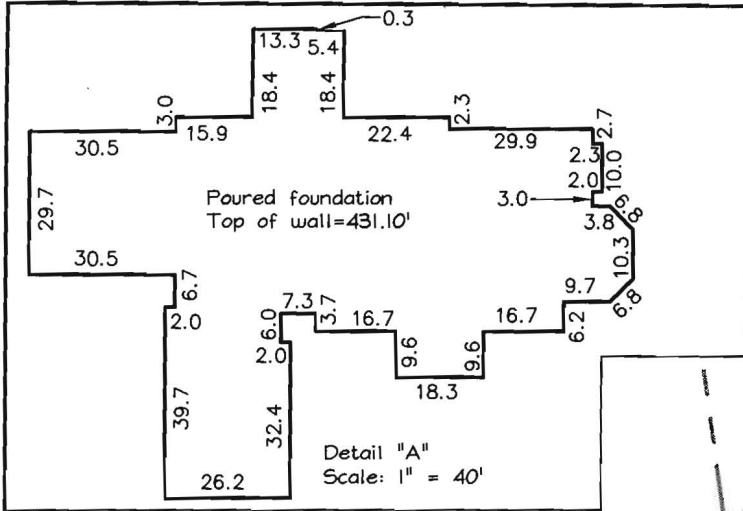
DATE OF APPROVAL

5/10/13

NOT TO SCALE



Curve Table				
Curve #	Radius	Length	Delta	Chord
C1	118.00'	174.57'	084°45'42"	S34°17'45"W 159.08'
C2	142.00'	79.04'	031°53'27"	S60°45'30"W 78.02'
C3	62.00'	147.52'	136°19'26"	S55°39'48"W 115.10'
C4	25.00'	36.68'	084°03'44"	S29°31'57"W 33.48'



DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE +/-0.1'.  
 ADDRESS No.: 6495 Prestwick Drive Lot 6 WILLOW POND  
 TOP OF WALL ELEV. = 431.10'  
 THIS LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY  
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
 TRANSFER, FINANCING OR REFINANCING.  
 THIS LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-  
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR  
 OTHER EXISTING OR FUTURE IMPROVEMENTS.  
 THIS LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE  
 IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH  
 IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE  
 OR SECURING FINANCING OR REFINANCING.

# FSH Associates

Engineers Planners Surveyors  
 6339 Howard Lane, Elkridge, MD 21075  
 Tel: 410-567-5200 Fax: 410-796-1562  
 E-mail: FSHERI.COM

Professional Certification. I hereby certify that these documents were prepared by me or under my responsible charge, and that I am a duly licensed property line surveyor under the laws of the State of Maryland, License No. 135, Expiration Date: April 12, 2014.

WALL CHECK	
FOUNDATION	Date: 03/14/13
FINAL	Date:
DRAWN BY:	KJB
SCALE:	1"=100'
W.O. No.:	3199



LOT 6  
 WILLOW POND  
 #6495 PRESTWICK DRIVE  
 MDR PLAT No. 21629  
 TAX MAP 34 GRID 17 PARCEL 444  
 5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

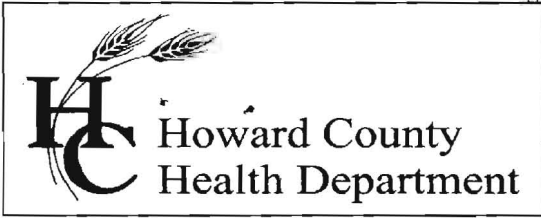
0495 Prestwick Drive  
0498

Clerk of the Circuit Court for  
Howard County  
Land Records/Licensing

The Thomas Dorsey Building  
9250 Bendix Road  
Columbia, MD 21045  
410-313-5850

=====  
LR - Agreement Recording Fee  
1x 20.00 20.00  
Grantor/Grantee Name: Hong  
Reference/Control #: 39  
LR - Agreement Surcharge  
1x 40.00 40.00  
LR - Agreement Recording Fee  
1x 20.00 20.00  
Grantor/Grantee Name: Green  
Reference/Control #: 40  
LR - Agreement Surcharge  
1x 40.00 40.00  
=====  
SubTotal: 120.00  
Total: 120.00  
=====  
REV-Check-BOA 120.00  
Number : 8134

07/30/2014 07:59 CC13-NN  
#3100480 /494/109  
~ Thank you for visiting us today ~



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-1771 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

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Twitter: HowardCoHealthDep

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

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

This agreement is entered into by and between the Howard County Health Department ("the Health Department") and Philip and Denise Green ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 6495 Prestwick Drive, Clarksville, MD 21029 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 0034, Block # 0017, Parcel # 0444, Deed Reference # 14637/00041 and Tax Account # 05-593279 ("the Property").

WHEREAS, the Property lacks an available public drinking water source and is required to have an individual well as the source of drinking water for the residence of the property.

20  
40  
m

WHEREAS, the Owner has installed a residential drinking well under well permit **HO-95-2004** that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

WHEREAS, The Maryland Department of the Environment (MDE) has promulgated rules and regulations under which a Certificate of Potability may be issued and has delegated the authority to issue such Certificate to the Health Department.

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the maximum contaminate levels (MCL's) for radionuclides.

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

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

WHEREAS, neither the Owner nor the Health Department has knowledge of an alternative safe source of water for the Property.

NOW THEREFORE, the parties have agreed to the following terms and conditions:

1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.

2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective MCL. The Health Department shall verify that the treatment device is operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).
3. The Health Department shall issue a Certificate of Potability for the well once follow-up sampling shows acceptable gross alpha, gross beta (short and long term) and radium 226 / 228 levels.
4. The Owner agrees that there shall be no liability on part of the Health Department for any immediate or long term impacts to health or property, under any circumstance or including, but not limited to, treatment device failure, improper maintenance or installation, or defect. The Health Department does not warrant nor guarantee that the device will adequately or properly function and the Owner agrees to implement and pay for any necessary changes or corrections.
5. The Owner acknowledges and agrees that neither the Health Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system or treatment device.
6. This Agreement shall not be construed to limit any authority of the Health Department to protect the public health, safety or enjoyment of property or to issue any other orders to take any other action, which is now or may hereafter be within its authority.
7. This agreement contains the entire agreement and understanding between the Health Department and the Owner. There are no additional terms other than as contained in this Agreement. This Agreement may not be modified except in writing signed by each of the parties or their authorized representatives.
8. The Agreement shall run with the land and binds the Owner, his heirs, successors, and assigns. The owner agrees to provide a copy of this agreement to any purchaser or lessee of the property.
9. The laws of the State of Maryland govern the provisions of all transactions.

The parties have signed and sealed this Agreement on the dates set forth below.

29 July, 2014  
Date

7/29/14  
Date

7/29/2014  
Date

[Signature]  
Witness

\_\_\_\_\_  
Witness

[Signature] PHILIP GREEN  
Owner

[Signature] DENISE GREEN  
Owner

[Signature]  
Howard County Health Department

PHILIP & DENISE GREEN

LR - Agreement  
Recording Fee 20.00  
Grantor/Grantee Name:  
Green  
Reference/Control #: 40  
LR - Agreement  
Surcharge 40.00  
=====  
SubTotal: 60.00  
=====  
Total: 120.00  
07/30/2014 08:00  
GC13-NV  
#3100450 CC0503 -  
Howard Co  
Columbia/CC05.03.02 -  
Register 02