

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: 8/19/13 **ONSITE SEWAGE DISPOSAL SYSTEM** P 545122

INSTALLATION **PERMIT** - TANK
 APPROVAL DATE: 3/25/14 (Kmy) **REPLACEMENT** A upgrade
CONSTRUCTION

PROPERTY ADDRESS: 13525 Paternal Gift Dr. Clarksville 21029

SUBDIVISION: Paternal Gift Farm LOT: 9 TAX ID: 14005421756

CONTRACTOR: J. Maurice Carlisle Inc. EMAIL: _____

CONTRACTOR ADDRESS: 19700 Barnesville Rd. Dickerson MD 20842 PHONE: 301-874-5663

PROPERTY OWNER: Tommy and Paula Wehrung EMAIL: _____

OWNER ADDRESS: 13525 Paternal Gift Dr. Clarksville 21029 PHONE: 301-854-0462

Singlair TNT

SEPTIC TANK SIZE (GALLONS): 750 GPD

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. >3,500 APPLICATION RATE: N/A

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

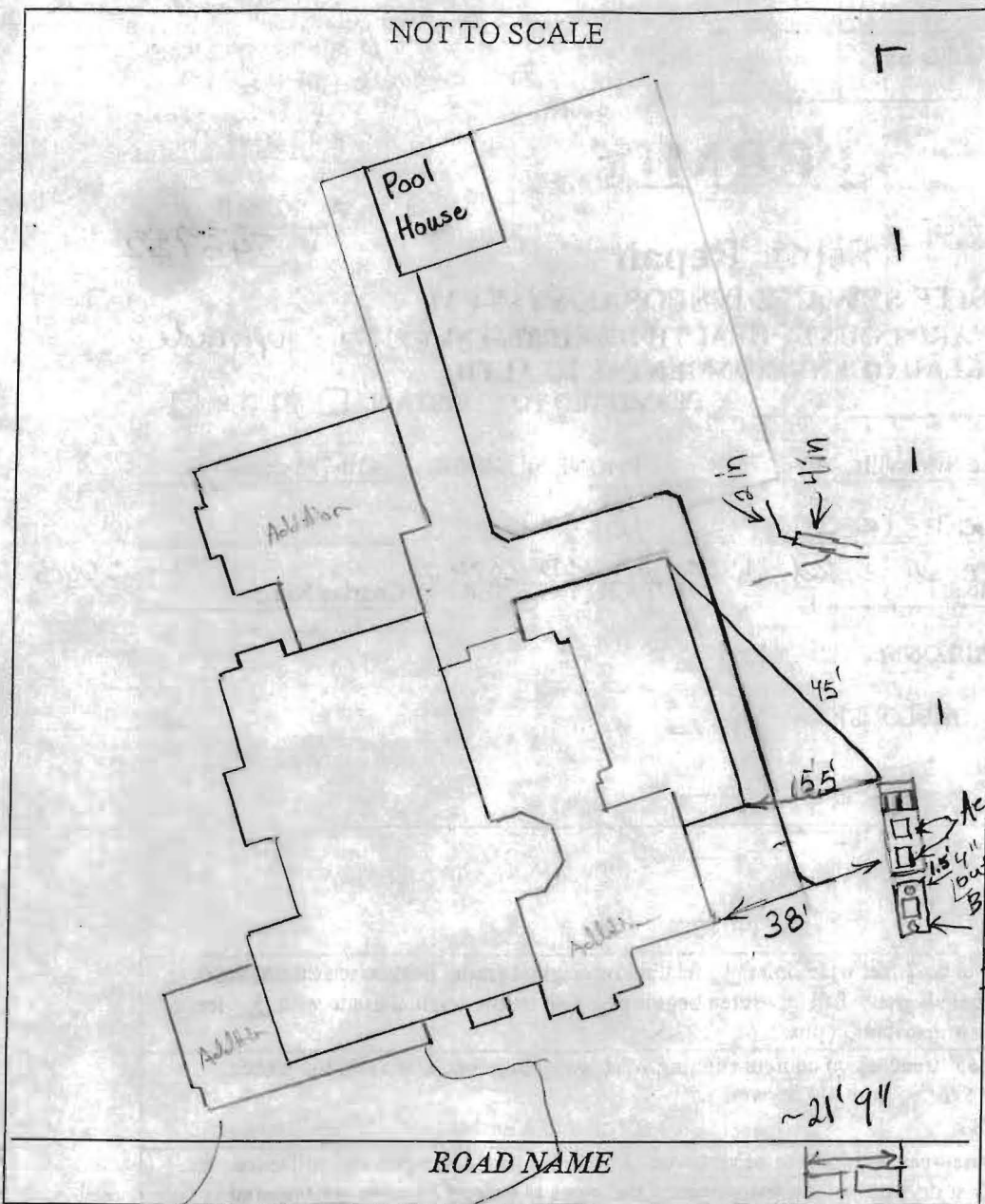
| | | |
|-----------|--|--|
| TRENCHES: | LINEAR FEET REQUIRED: <u>Existing</u> | INLET DEPTH: <u>n/a</u> |
| | TRENCH WIDTH: <u>n/a</u> | MAXIMUM BOTTOM DEPTH: <u>n/a</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: <u>n/a</u> | EFFECTIVE AREA BEGINNING DEPTH: <u>n/a</u> |
| LOCATION: | PER APPROVED SITE PLAN, THE SEWAGE DISPOSAL AREA AND THE BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION. | |
| NOTES: | A test of the sensors, pump, alarm and unit itself is required. Install unit per manufacturer's specifications. | |

ISSUED BY: HS ISSUE DATE: 8/19/13 EXPIRATION DATE: 8/19/14

- 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 DOWNGRADE FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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



| TRENCH/DRAINFIELD DATA | | |
|-------------------------------|-------|--------|
| WIDTH | INLET | BOTTOM |
| _____ | _____ | _____ |
| NUMBER OF TRENCHES _____ | | |
| TOTAL LENGTH _____ | | |
| ABSORPTION AREA _____ | | |
| DISTRIBUTION BOX LEVEL _____ | | |
| DISTRIBUTION BOX BAFFLE _____ | | |
| DISTRIBUTION BOX PORT _____ | | |

| SEPTIC TANK DATA | |
|------------------------|--------------------------|
| SEPTIC TANK 1 LEVEL | <u>Yes</u> |
| MANUFACTURER | <u>CR Sembo</u> |
| CAPACITY | <u>1000</u> GAL |
| SEAM LOC | <u>Top</u> |
| TANK LID DEPTH | <u>2-2.5'</u> |
| BAFFLES | <u>Yes</u> |
| BAFFLE FILTER | <u>Yes</u> |
| MANHOLE LOC | <u>Front/Rear</u> |
| 6" PORT LOC | <u>none</u> |
| WATERTIGHT TEST | <u>OK</u> |
| SLOTTED | <u>Yes</u> |
| DATE ON LID | <u>-</u> |
| PUMP/SEPTIC TANK LEVEL | <u>Yes</u> |
| MANUFACTURER | <u>CR Sembo</u> |
| CAPACITY | <u>Singular</u> GAL |
| SEAM LOC | <u>Top</u> |
| TANK LID DEPTH | <u>3'</u> |
| BAFFLES | <u>Yes</u> |
| BAFFLE FILTER | <u>Yes</u> |
| MANHOLE LOC | <u>Front/Center/Rear</u> |
| 6" PORT LOC | <u>none</u> |
| WATERTIGHT TEST | <u>-</u> |
| SLOTTED | <u>Yes</u> |
| DATE ON LID | <u>-</u> |

PRE-CONSTRUCTION: 8/21/2013 Install tanks near where shown on plan. Pump out and abandon old tank. BB

INSTALLATION: 11/20/2013 Tanks installed and covered

3/19/2014 Not ready. BB

3/25/14 successful startup of BAT OK. BAT rep on-site. system complete. Need certification letter from manufacturer.

FINAL INSPECTOR K. Wolf DATE OF APPROVAL 3/25/14

C.R. Semler, Inc.
 11664 Mapleville Road
 Smithsburg, MD 21783
 (301) 824-2780 Phone
 (301) 824-3520 Fax

System Start Up Report
Norweco Singulair Bio-Kinetic Pre-Treatment Unit
Model TNT 1000 GPD

| | |
|---------------------------|------------------------|
| Owner's Name: | Tommy Wehrung |
| Job Site Address: | 13525 Paternal Gift Dr |
| | Highland MD 20777 |
| Latitude GPS Coordinate: | 39.179079 |
| Longitude GPS Coordinate: | -76.943264 |
| Owner's Mailing Address: | 13525 Paternal Gift Dr |
| | Highland MD 20777 |
| Owner's Phone Number: | 301-854-0462 |
| Owner's Cell Phone #: | () - |
| Owner's Email Address: | () - |

| | |
|----------------------|-------------------------|
| Job Site Contractor: | J Maurice Carlisle, Inc |
| Contact: | Ralph Beall |
| Phone Number: | (301) 428-8599 |
| Cell Phone Number: | (301) 509-2468 |
| Address: | 19700 Barnesville Road |
| | Dickerson MD 20842 |

| | |
|--|----------------------|
| Model: | 960 TNT LP 1000 GPD |
| Singulair Aerator Serial Number: | Chamber #1: 900897QQ |
| Singulair Aerator Serial Number: | Chamber #2: 900900QQ |
| Service Pro Control Panel Serial Number: | Chamber #1: QO370595 |
| Service Pro Control Panel Serial Number: | Chamber #2: NQ380106 |

| | | |
|--|--|---|
| <u>1000 Gallon Pretreatment Tk</u> | <u>1300 Gallon Aeration/Clarification Tk</u> | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Tank is set level on clean gravel bed |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Tank is full of water to outlet discharge |
| | | |
| <u>Aerator #1</u> | <u>Aerator #2</u> | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Electrician has installed 3 - #12 wires - Controller to Aerator |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Control Center mounted securely |
| <u>N/A</u> | <u>N/A</u> | Phone wire connected to Control center |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Power Supply: Controller #1 & #2 on 1 dedicated 20 amp circuit 115 volt |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Auxiliary low voltage connected between Control Panels as per wiring diagram. |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Voltage at plug is between 103 - 126 volts |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Aerator is setting on all four brackets |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Voltage reading at Aerator |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Amperage reading at Control Panel or Aerator (4.2 max) |
| | | |
| <u>Side</u> | <u>Side</u> | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Bio-Kinetic Filter is in place and locks are engaged |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Chlorinate and Dechlorinate (if required) equipment installed property |
| | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | All underground wiring installed in Sch 40 conduit |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Control Center power on and box seal in place |

Additional notes: System discharges to Gravity Tranches

Certification:
 Inspection completed by: 3/24/2014 (Date)
Spencer Cotton (Print)
[Signature] (Sign)

- Original: File
- Copy **INV**
- MDE Copy
- Howard Co. HD Copy
- J Maurice Carlisle, Inc's Copy



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www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 13th day of AUGUST, among THOMAS & PAULA WEHRUNG, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 13525 PATERNAL GIFT DRIVE, in the ___ Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 12632 Folio 00126

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013.

NOW, THEREFORE, the parties hereto agree as follows:

- 20
40
JK
- A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.
 - B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.
 - C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.
 - D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.
 - E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as

long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

G. This agreement may be voided at any time at the discretion of the County.

H. This agreement contains the entire agreement and understanding between the County 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 by their authorized representatives.

I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.

Thomas Wehrung 8/13/2013
Owner Date

THOMAS WEHRUNG

Paula Wehrung 8/13/2013
Owner Date

PAULA WEHRUNG

Michael J. Davis 8/16/15
Howard County Health Department

MICHAEL DAVIS

LR - Agreement Recording Fee 20.00
Grantor/Grantee Name: Wehrung
Reference/Control #: 266
LR - Agreement Surcharge 40.00
LR - Additional Recording Fee - Initialed 0.00
SubTotal: 60.00
Total: 60.00
#1911363-1
08/16/2013 04:18 CC13-VB
#1911363 CC0503 - Howard Co
Columbia/CC05.03.05 -
Register 05 497