

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

December 29, 2004

D. R. Horton, Inc.
1370 Piccard Drive, Suite 230
Rockville, MD 20850

SENT VIA FACSIMILE 410-486-5185

RE: Twin Pines, Lot 5
3136 Stiles Way
West Friendship, MD 21794
BP # B00145730
Well Permit #HO-94-3639

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 09/28/2004.**

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 raw nitrate sample results were previously documented to be 13.1 ppm. **A nitrate device has been installed to treat the excessive nitrate contamination. The nitrate treatment device appears to be operating properly as evidenced by the water sample results reported on 09/29/2004, which indicates a nitrate level of <1.0 ppm.**

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. **This department will grant a permanent deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level of 10 ppm or less.**

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the **residence**.
2. It is recommended that a laboratory certified for water testing perform a yearly nitrate analysis. (Certified to test for nitrates)
3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

INTERIM CERTIFICATE OF POTABILITY
(Permanent Deviation for Nitrates)

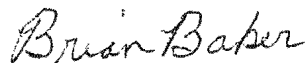
This certifies that **the initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3639. **Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 and nitrate tests, which may be taken by the health department within six months of the date 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): 09/21/2004, 09/27/2004 & 09/29/2004

Date of Well Completion: 04/04/2003

Respectfully,



Brian Baker, R. S.
Well and Septic Program

mlb

cc: Building Inspector's office
Community Environmental Health Program
File

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 232-7742

REPORT DATE: Sep 29, 2004

County Howard

Lab Number 04-5215

Sample Iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: D.R. Horton
 Attn: Stan Miller
 1370 Piccard Drive, Suite 230
 Rockville, Maryland 20850

Property Sampled: U&O: 3136 Stiles Way, Retest #2, R/O System

Station Sampled: Kitchen R/O Tap

Tax Map #: 22

Date/Time Sampled: Sep 29, 2004 12:30 pm

Parcel #: 17

Owner, Telephone No.: Patrick

Sampler: 6724GP

Subdivision Name: Twin Pines

Lot Number: 5

Building Permit No.: B00145730

Well Number: HO-94-3639

Observation: 2-Piece Cap
 Cap Tight

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate(R/O)	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

Treatment/Conditioning: R/O System

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Sep 28, 2004
 County: Howard
 Lab Number: 04-5153
 Sample iced: Yes
 Residual Cl₂ <0.1 mg/L: Yes
 cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: D.R. Horton
 Attn: Stan Miller
 1370 Piccard Drive, Suite 230
 Rockville, Maryland 20850

Property Sampled: U&O: 3136 Stiles Way, Retest #1
 Station Sampled: Pressure Tank Tap
 Date/Time Sampled: Sep 27, 2004 1:00 pm
 Owner, Telephone No.: Patrick
 Subdivision Name: Twin Pines
 Building Permit No.: B00145730
 Well Number: HO-94-3639

Tax Map #: 22
 Parcel #: 17
 Sampler: 5226SB
 Lot Number: 5

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose
 Tightened

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: None

Heather R. Beam
 Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

CASSELL TESTING, INC

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY MD 21030-2211
 (410) 252-7742

REPORT DATE: Sep 22, 2004

County Howard

Lab Number 04-3046

Sample Iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: D.R. Horton
 Attn: Steve Miller
 1370 Piccard Drive, Suite 230
 Rockville Maryland 20850

Property Sampled: U&O: 3136 Stiles Way
 Station Sampled: Laundry Tub Tap
 Date/Time Sampled: Sep 21, 2004 11:50 am
 Owner, Telephone No.: Patrick
 Subdivision Name: Twin Pines
 Building Permit No.: B0014570
 Well Number: HO-94-339

Tax Map #: 22
 Parcel #: 17
 Sampler: 6724GP
 Lot Number: 5

Observation: 2-Piece Cap
 Cap Tight
 1 Bolt Loose

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	13.1 mg/L as N	SM 4500D	*10 mg/L as N	HIGH
Turbidity	7.6 NTU	EPA 180.1	*10 NTU	Pass
pH	5.1 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	*Absent	UNSAFE
E. coli (18 Hour Test)	Absent			

Treatment/Conditioning: None

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level

LAYOUT 7/21/04 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/24/2004

PERMIT

P 520440

APPROVAL DATE: 9/28/04

TAX ID # 03-340325

A 514944-E

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Twin Pines LOT NUMBER: 5

ADDRESS: 3136 Stiles Way PROPERTY OWNER: DR Horton

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER

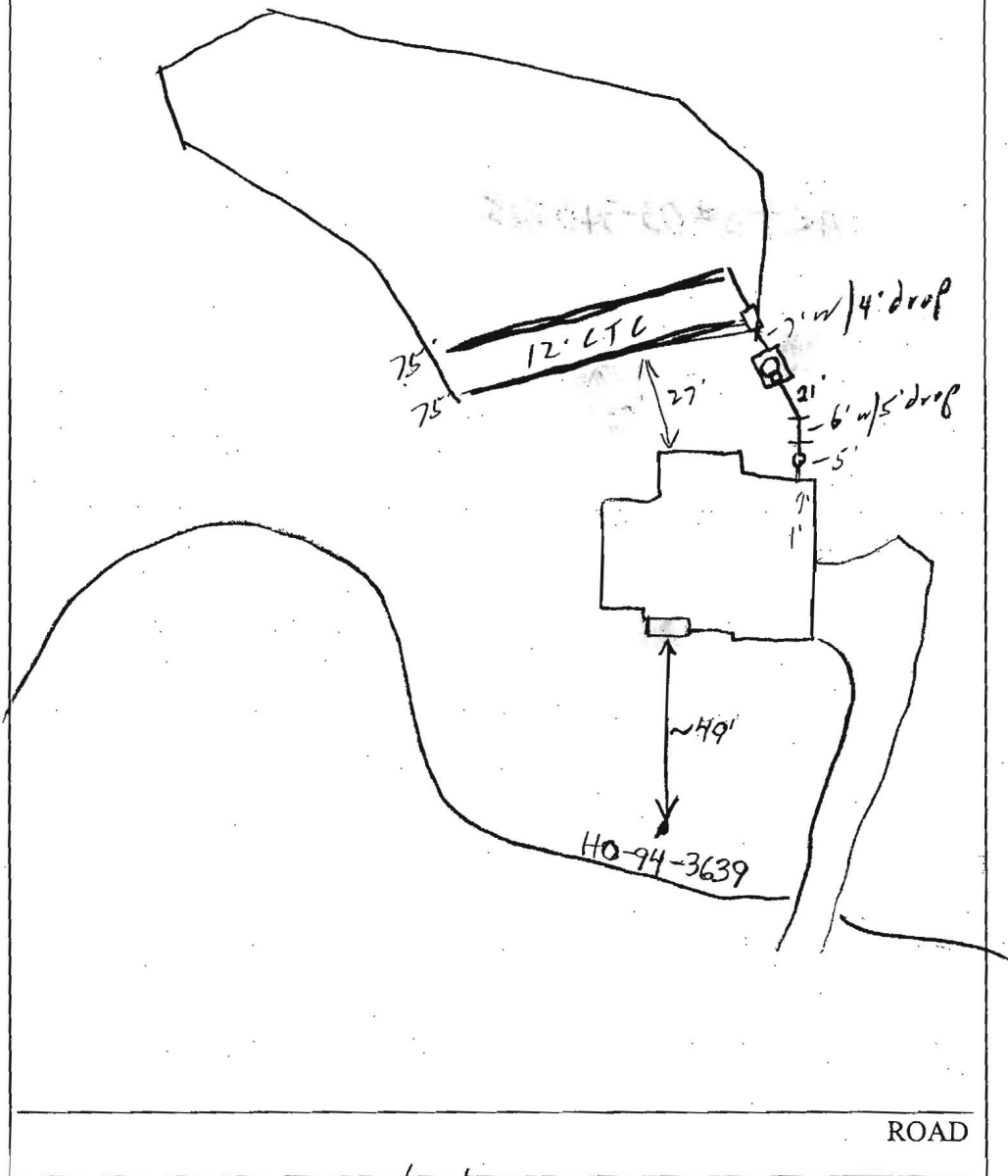
TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the staked corner of the SDA closest to the house. Run (2) trenches on contour to the right side of the lot as shown on plan.
NOTES:	

PLANS APPROVED: MER (KJC) 6/28/04 DATE: 1/22/04

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES	2	
TOTAL LENGTH	150	
ABSORPTION AREA	450#	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	✓	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	? Needs Fill
BAFFLES	✓
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	M/A
BAFFLES	M/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 7/21/04 - SRA staked, Contour accurate. Tank moved closer to house to fit a pool. Trenches per BA (50)

INSTALLATION 7/22/04 - Complete system installed. Tank needs manhole. OK to cover trenches (50) 7/26/04 Manhole not installed yet. 6" cleanout installed. Need to remind installer about manhole cleanout. (BB) 9/28/04 Manhole cover on tank. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/28/04