

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 2-1-18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 50249-B
 APPROVAL DATE: 02/27/2018 **PERMIT: CONSTRUCTION** A _____
 PROPERTY ADDRESS: 15304 Galaxy Drive
 SUBDIVISION: Fairlane Farms LOT: 14 TAX ID: 04-600007
 CONTRACTOR: South Carroll Backhoe EMAIL: scbackhoe@comcast.com
 CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster, MD 21157 PHONE: 410-596-3618
 PROPERTY OWNER: NV Homes EMAIL: _____
 OWNER ADDRESS: 9720 Patuxent Woods Drive, Columbia, MD 21046 PHONE: 410-379-5956
 SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFACTURER: Babylon Vault or equivalent
 PUMP MODEL: N/A PUMP SIZE N/A PUMP TANK CAPACITY: N/A

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE 0.8

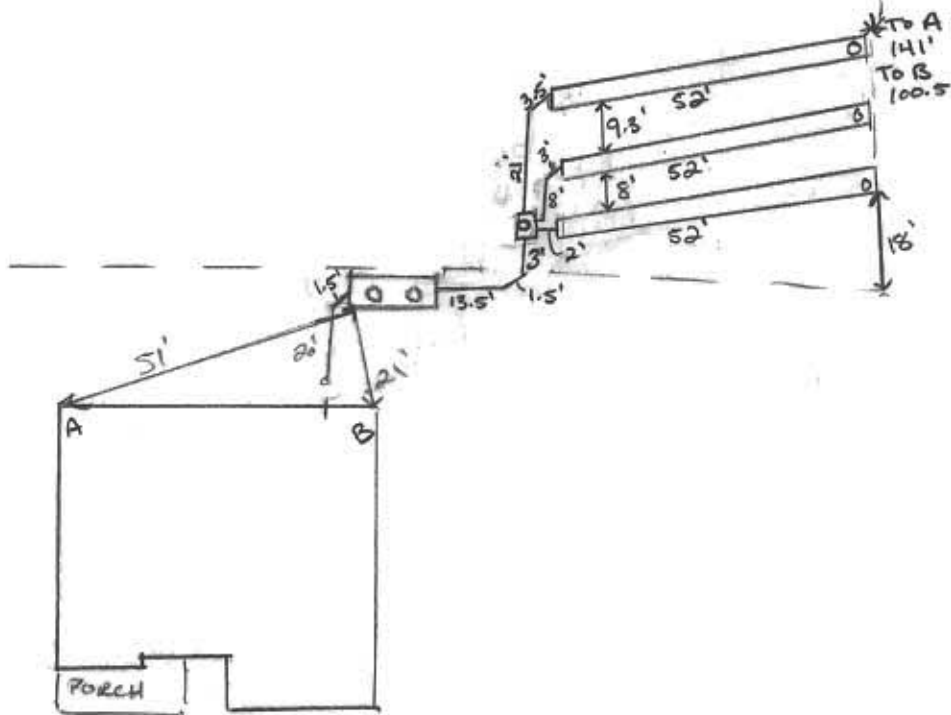
TRENCHES:	LINEAR FEET REQUIRED: <u>131.3</u> <u>156</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6.5</u> <u>7</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>4</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>312.56</u> <u>3262</u>	

ISSUED BY: Dana Bernard ISSUE DATE: 2-1-18 EXPIRATION DATE: 2-1-19

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
- ELECTRICAL PERMIT ISSUED E N/A
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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

NOT TO SCALE



GALAXY DRIVE ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	3'	7'
NUMBER OF TRENCHES		3
TOTAL LENGTH		156'
ABSORPTION AREA		468 sq ft + SW
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL yes
 MANUFACTURER Babylon
 CAPACITY 2000 GAL
 SEAM LOC TOP
 TANK LID DEPTH 1'
 BAFFLES yes
 BAFFLE FILTER no
 MANHOLE LOC FRONT/BACK
 6" PORT LOC Inlet
 WATERTIGHT TEST N/A
 SLOTTED YES
 DATE ON LID 12/11/17

PUMP/SEPTIC TANK LEVEL

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

PRE-CONSTRUCTION:

2/2/18 Met w/ Contractor. Went 18' Down From Top SDA Pin. 3 52' trenches to meet 156 linear feet. Must meet out w/ Contractor morning of initiating const. to set 3rd Trench layout. SHC moved from location TO ~ 5' from corner of House wall due to Gas connection. (1)

INSTALLATION: 2/5/18 Sewer line, ST, effluent line, D Box, T₃ installed. 2/6/18 Trenches complete + tied into D Box. WHI is 2' 10" from SDA - No sleeving. (1) 3/27/2018 called to confirm SHC. (2)

FINAL INSPECTOR

DATE OF APPROVAL

03/27/2018



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Twitter: HowardCoHealthDep

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**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 Matthew + Katelyn Staso ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 15304 Galaxy Dr, Woodbine, MD 21797 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 08, Block # 02, Parcel # 08, Deed Reference # 17963/0003 and Tax Account # 04-600007 ("the Property").

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

WHEREAS, the Owner has installed a residential drinking well under well permit 415-0216 that has been tested by the Health Department (or a private laboratory certified to perform testing) for Nitrate-nitrogen. The results of the tests have shown that the Nitrate level meets or exceeds the Maximum Contaminant Level (MCL) of 10 milligrams per liter.

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

WHEREAS, MDE regulations permit the Health Department to issue as a special condition, a permanent deviation to the Certificate of Potability for individual wells where treatment has been installed to meet the MCL for Nitrate.

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

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

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

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

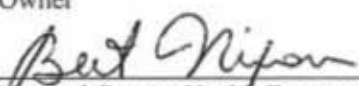
1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the Nitrate below the MCL. The Health Department shall verify that the treatment device is

operating effectively and the Owner agrees to allow access to the Health Department to collect a follow-up sample(s).

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

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

	<u>3/28/18</u>		_____
Owner	Date	Buyer	Date

_____	_____	_____	_____
Owner	Date	Buyer	Date
	<u>3/28/2018</u>		
Howard County Health Department	Date		

3/28/2018

3/28/2018

Account Number: [REDACTED]

Owner Name: [REDACTED]

Mailing Address: 8700 PATRIMENT WOODS DR, COLUMBIA, MD 21046

Physical Address: 1000 GALAXY DR, WOODBRIDGE, VA 22191

Map: 0008 0008 0008 Parcel: 0008 Sub-District: 4201 Sublot: Section: Block: LID: 14 Assessment Year: 2017

Legal Description: LOT 14 47 710 000 1000 GALAXY DR, PARK, MD 21046

Primary Structure Built: Above Grade Living Area: Finished Basement Area: Property Land Area: 42,710 SF

Stories	Basement	Type	Exterior	Furnished Bath	Garage	Last Major Renovation

	Base Value	Value	Phase In Assessments	As of
Land				
Improvements	155,900	155,900		03/01/2017
Total	0	0		
Preferential Land	0	155,900	155,900	

Partial Exempt Assessments:

County:	State:	Municipal:	Class	Value	As of
			000	0.00	01/01/2017
			000	0.00	
			000	0.00	
				0.000000	

Tax Exempt: NONE

Special Tax Receipts: NONE

Homestead Application Status: No Application

Homeowners' Tax Credit Application Status: No Application

CIRCUET COURT FOR HOWA
 8360 COURT AVENUE
 ELLICOTT CITY, MD 21043

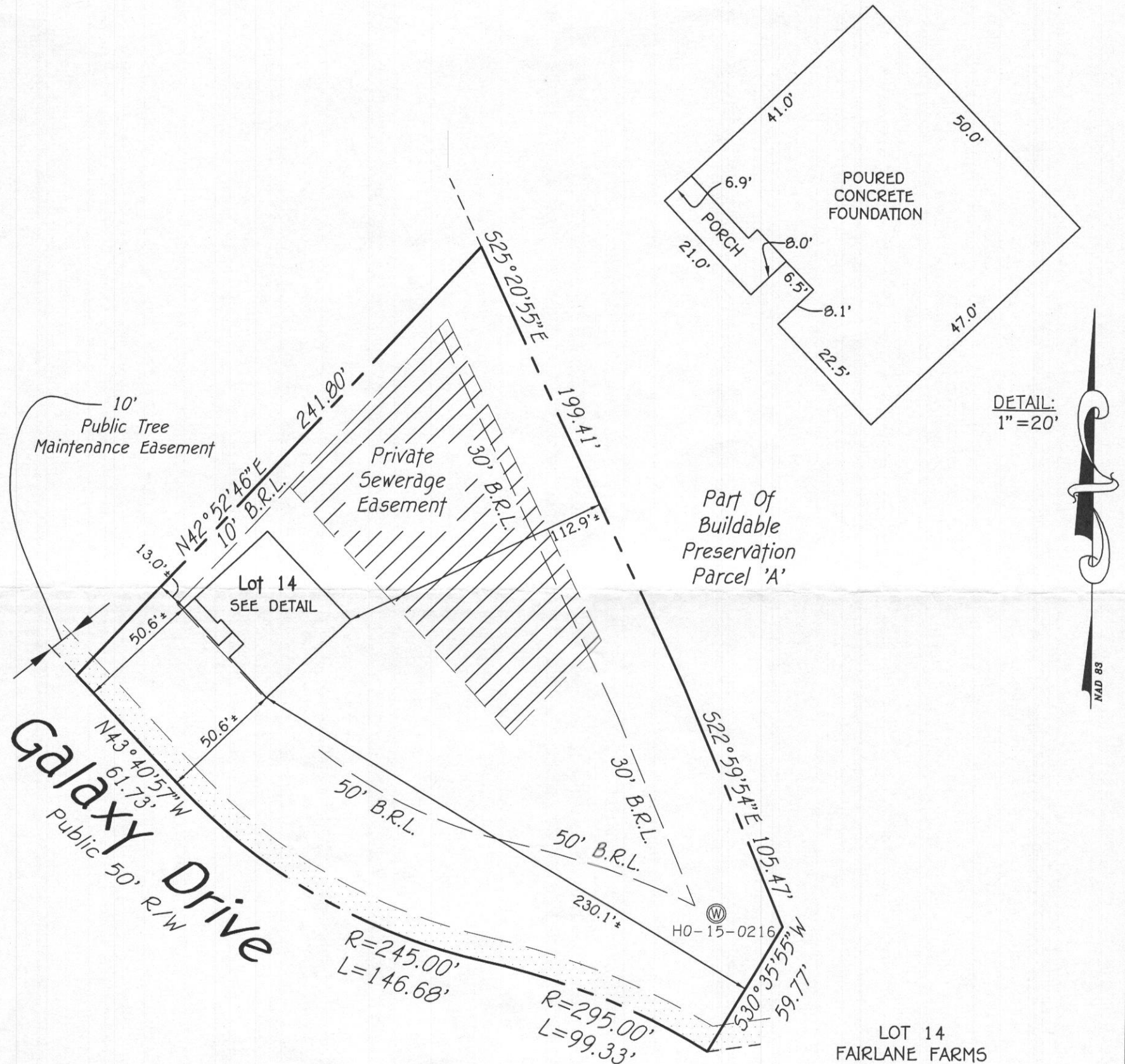
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CREDIT CARD
 VISA SALE

Card # XXXXXXXXXXXX4965
 Chip Card: Visa Credit
 Chip Card AID: A0000000031010
 ATC: 000F
 TC: 4167D3D6197BEA20
 INVOICE 0002
 0002
 000501
 0008
 Code: 01051A
 Method: Chip Read

GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE X ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24027C0035D EFFECTIVE 11-06-2013.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 0.5'.
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5) THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-15-0216 HAS BEEN FIELD LOCATED BY FISHER, COLLINS AND CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.
- 6) 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. 339, EXPIRATION DATE 10/04/2018.
- 7) BUILDING PERMIT #B-17003803



DETAIL:
1"=20'



#15304 GALAXY DRIVE
B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEVATION = 614.3'±

LOT 14
FAIRLANE FARMS
PHASE ONE
LOTS 1 THRU 18, BUILDABLE PRESERVATION
PARCEL 'A', NON-BUILDABLE PRESERVATION
PARCELS 'B' THRU 'E', PARCEL 'F',
NON-BUILDABLE BULK PARCELS 'G' AND
'H' AND FOREST MITIGATION BANK
PLAT NOS. 24251 THRU 24259
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

*Well Check OK
2/1/18 RJK*

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

Drawing Name:



Mark L. Robel
PROPERTY LINE SURVEYOR
REG. #339
DATE: *12/27/17*

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: *12/20/17*
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'
DATE: *12/27/17*
DRAWN BY: *MSD*
CHECKED BY: *MLR*
PROJECT No.: *05106-3003*