



HOWARD COUNTY HEALTH DEPARTMENT

64716

DATE 1/18/19

PS

Received From

S. Carroll Backhoe Inc. PHONE # 410 525-4297

For

Septic Repairs (2) Beds (cont.)
Vista way, 13610 Curtis Dist.
Way (repair) ~~1200~~ Fully waste
Three hundred fifty seven Dollars

CASH

CHECK

NO

5399

\$ 957.00

Received By

J. Kemp



HOWARD COUNTY HEALTH DEPARTMENT

66005

DATE
6/20/19

PS

Received From

South Carroll backhoe PHONE # 875-4194
INC.

For

septic repair - Balance
12528 July Quarter
K.O.

CASH

CHECK

NO

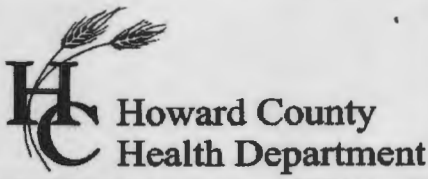
54560

Two hundred thirty-one Dollars

\$ 231.00

Received By

King



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: 6/20/2019 **ONSITE SEWAGE DISPOSAL SYSTEM** P: 5664891

APPROVAL DATE: 2/4/20 **PERMIT: BRF REPAIR** A Repair

PROPERTY ADDRESS: 12528 Folly Quarter Road

SUBDIVISION: n/a LOT: _____ TAX ID: 03-286509

CONTRACTOR: South Carroll Backhoe EMAIL: skbackhoe@comcast.net

CONTRACTOR ADDRESS: 4410 Salem Bottom Road, Westminster MD PHONE: 410-596-3618

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER: Hoot

PROPERTY OWNER: Mary Hall EMAIL: allhalls@verizon.net

OWNER ADDRESS: 12528 Folly Quarter Road PHONE: 443-416-6192

BAT UNIT MODEL: HOOT BNR 600 PUMP SIZE: _____ PUMP TANK CAPACITY: HBNR 600

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: 11/8/2019 DATE RECORDED: 11/8/2019

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 3 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>100'</u>	INLET DEPTH: <u>18"</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3'</u>

LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: Trenches and BAT location staked in field. Must have start-up certification letter from BAT manufacturer and startup of system prior to septic permit approval.

ISSUED BY: K. Wolf, L.E.H.S. ISSUE DATE: 12/9/2019 EXPIRATION DATE: 12/9/2020

- 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
 ELECTRICAL PERMIT ISSUED 19006811
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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.**



MAYER BROS., INC.

Precast Concrete Products

6264 Race Rd. Elkridge, MD 21075

Letter of Satisfaction Hoot System Installation

Address of Property: 12528 Folly Quarter Rd.
Ellicott City, MD. 21042

Date of Final Inspection: 2/27/20

Installer: South Carroll Backhoe Service

Hoot Technician/Inspector: Mike Sample

I hereby certify that the Hoot system installed at the property listed above has been installed according to proper Hoot installation practices. I have also verified the startup of the system and it is in proper working order.

Sincerely,

H. Michael Sample

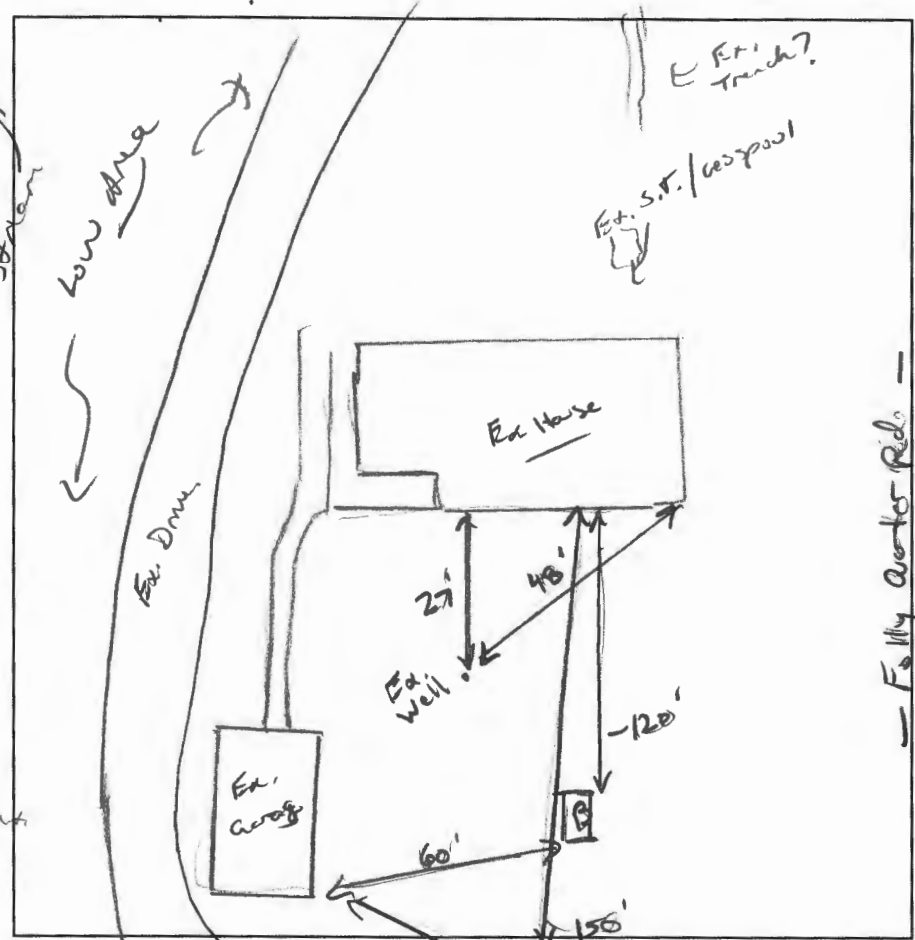
Name of Inspector
Mayer Bros., Inc.

PH: 410-796-1434

FX: 410-796-1438

WBE

Grease Interceptors, Grease Solutions, Aerobic Treatment Units, Septic Tanks, Holding Tanks, Storm Water Structures, Hydroceptors,
Water Meter Vaults, Top Slabs, Curb Bumpers,
Custom Precast Products



Fully quarter Red.



(B)



12.5'



(A)

3 1/2
5'
8'

BC - 110' CL.
Dense MSK
Rocks, 15% Spalt
5% Rock

11 B/Y SL.
WK Co SK,
10% chum
Highly siliceous

11 B/Y SL.
WK Co SK
Highly siliceous
10% chum

11 B/Y SL.
WK Co SK
20% schal & chum
Highly siliceous

H₂O sep @
14 1/2'

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/27/19	(A)	5' 14 1/2'	00:11:30	00:12:30	00:13:20	1	
		Report	00:15	00:16:30	00:18:40	2	P
	(B)	visual				OK	P

REMARKS _____

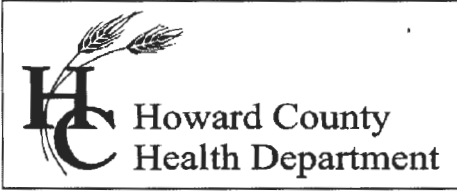
SANITARIAN K. Wolf BACKHOE Drew OTHERS Helper/over/J. Gately

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH 3 INLET DEPTH 18" MAX. BOT DEPTH 5' EFFECTIVE SW 3' (.62)

$$3BR = \frac{450 \text{ gal}}{1.2} = 375 \div 3 = 125 (.62) = 77.5 \text{ LF}$$

* Install 2x50' to maximize area.



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

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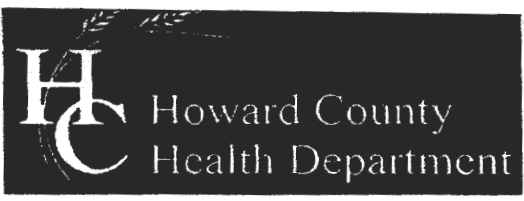
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 Twitter: HowardCoHealthDep

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

**AGREEMENT AND EASEMENT FOR INSTALLATION
 OF BEST AVAILABLE TECHNOLOGY SYSTEMS
 WITH BAY RESTORATION FUNDS.**

THIS AGREEMENT is made this 8 day of November, ²⁰¹⁸ among George May Hill, hereinafter referred to as "Owner," the Howard County Health Department hereinafter collectively referred to as the "County," and the Department of the Environment, hereinafter referred to as the "Department."

WHEREAS, Owner owns a tract of land located on 12528 FOLLY QUARTER RD ELLIOTT ^{City 21042}, in the Election District of Howard County, Maryland, and the deed to same is recorded among the Land Records of Howard County, Maryland, in Columbia and in Liber 00192 Folio 00205.

WHEREAS, the Bay Restoration Fund (BRF) may provide a grant for the cost attributable to upgrading an onsite sewage disposal system to the Best Available Technology (BAT) for the removal of nitrogen.

WHEREAS, the BRF may also provide a grant for the cost difference between a traditional onsite sewage disposal system and a system that utilizes the BAT for the removal of nitrogen.

WHEREAS, Owner understands that participation in the Bay Restoration Fund is voluntary.

NOW, THEREFORE, the parties hereto agree as follows:

Handwritten initials: A 10/20

- A. Owner hereby grants to the Department and the County the right to enter upon the property at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data requested and needed by the Department to develop accurate and thorough test results.
- B. Owner acknowledges and agrees that a MDE certified and manufacturer-approved installer will install the BAT system.
- C. Owner acknowledges and agrees the manufacturer or manufacturer's authorized service provider will provide for Operation and Maintenance of the BAT for a period of 2 years as a condition of sale of the BAT. After the initial 2 year period, the owner will provide for annual maintenance by a certified service provider in perpetuity.
- D. Owner acknowledges and agrees that the manufacturer appointed Operation and Maintenance provider will have access to the BAT system at all times.
- E. Owner acknowledges and agrees that the manufacturer or manufacturer's authorized service provider will have access to sample the effluent of the BAT system. Owner acknowledges and agrees that the proposed installation of a BAT system funded by the BRF is voluntary. Owner agrees that there shall be no liability on the part of the County or Department to Owner if this BAT system fails, and that the County and the Department do not warrant or guarantee that the BAT system will adequately or properly function.
- F. Owner acknowledges and agrees that neither the County nor the Department nor any of its agents or employees, either officially or individually, underwrites the operation of any system.

LR - Agreement
 Recording Fee 20.00
 Name: h11
 Ref: 53
 LR - Agreement
 Charge 40.00
 Total 60.00
 Date: 11:29
 CC13-SB
 # 197183CC0503 -
 Howard County, MD
 District 44
 03.03.04

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

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02/03/18

LR - Agreement
Recording Fee 20.00
Name: ha17
Ref: 53
LR - Agreement
Charge 40.00
Total 60.00
11:29
CC13-58
#57188300503
Howard County
03.03.04

approved by them.

The Owner will devote such care and effort to the maintenance of the BAT system so that any malfunction is not the result of poor maintenance, faulty operation, or neglect.

- H. The Canaan Valley Institute agrees to grant up to \$_____ toward the cost of installation of the BAT system, and financial responsibility is limited to this amount. Operating costs will be at the Owners expense.
- I. The Owner acknowledges that the BRF grant can only be used for that portion of the OSDS attributable to (BAT) for the removal of nitrogen.
- J. Owner acknowledges in the event the total project cost is greater than \$25,000 the proposal will have to be approved by the Maryland State Board of Public Works.
- K. The Owner agrees to contact both the Water Management Administration, On-Site Systems Division of the Wastewater Permits Program and the County at least forty-eight (48) hours prior to system installation, so that the Department has the opportunity to be present at the time of installation or thereafter for inspection.
- L. The Owner must install BAT system according to the manufacturer recommended plans and specifications approved by the Department.
- M. The Owner agrees and acknowledges that if installation deviates substantially from the approved plans or changes such that performance of the system is compromised or reduced, BRF funding will not be provided.
- N. This agreement shall run with the land and binds the Owner, his heirs, successors, assigns. Owner further agrees that he shall inform in writing any purchaser or lessee of the property that the system may require maintenance or other attention. The Owner agrees to record this agreement in the land records of Howard County.
- O. This agreement shall not be construed to limit any authority of the Department to protect the public health, safety or comfort or to issue any other orders to take any other action that is now or may hereafter be within its authority.
- P. This agreement may be voided at the discretion of the Department if the system construction is not completed within six (6) months of the effective date of this agreement.
- Q. This agreement contains the entire agreement and understanding between the County and the Owner and the Department. 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.
- R. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

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

DATE: 11/8/19

Owner Mary K. Hall George R. Hall
MARY K. HALL GEORGE R. HALL

DATE: 11/08/19

Ben Ryan
Howard County Health Department

FOR KEVIN WOLF

RE: COPY - AGREEMENT
FOR BAY RESTAURANT INSTALLATION

FROM: George / Mary Hall



CANAAN VALLEY INSTITUTE

October 28, 2019

George & Mary Hall
12528 Folly Quarter Road
Ellicott City, MD 21042

RE: FY 2020 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Mr. and Mrs. Hall:

Thank you for your application to participate in the Howard County Bay Restoration Fund OSDS Upgrade Program. The Howard County Health Department has verified that your existing septic system is failing and in need of repair. Based on your 2018 income tax return form, you are eligible to receive funding to cover **100%** of the cost to upgrade your system to one of the MDE approved BAT units listed below. The approved price includes the cost of the unit, installation of the unit, and 5 years of operation and maintenance. The price does not include the cost of permits.

<u>System</u>	<u>Vendor</u>	<u>Contact</u>	<u>Phone</u>
Norweco Singulair TNT	Back River Precast	Matt Geckle	410-833-3394
Biomicrobics	Dwayne C. Jones	Dwayne C. Jones	410-692-6900
HOOT	Mayer Bros, Inc.	Nancy Mayer	410-796-1434
Hydroaction	Sample Excavating	Mike Sample	443-807-8639
Orenco	Atlantic Solutions	Bob Johnson	877-814-8426
Septitech	Dwayne C. Jones	Dwayne C. Jones	410-692-6900
Aquaklear	BayStar Precast	Dave Care	410-977-3453

In order to receive your OSDS upgrade, **you MUST follow these steps:**

1. **Sign this letter** on the bottom of page 2 **and return it** in the envelope provided within **2 weeks of the date of this letter**.
2. File a septic repair permit application with the Howard County Health Department **within 2 weeks of the date of this letter**. The permit application fee is \$396.00 (\$165 for tank approval only).
3. Obtain the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds from the Howard County Health Department, have it signed by a Howard County Health Department Bureau Director or Designee. Then take it to the Circuit Court and have it recorded in Land Records **within 2 weeks of the date of this letter**.
4. Prepare your property and schedule installation of the system. The system must be installed **within 6 weeks of the date the Agreement and Easement is recorded**.

If assistance is needed in completing any of the steps listed above, you may contact me at 304-940-3443 or kristin.mielcarek@canaanvi.org.

10624 Appalachian Highway | Davis, WV 26260
www.canaanvi.org

The system vendor may provide a contractor to install your BAT unit. CVI will provide payment directly to the vendor. The vendor may also require proof of insurance from your contractor.

If your system is not installed within the 8 week timeframe listed in the steps on page 1, the funds may be released and used elsewhere. If you cannot complete installation in within this timeframe, please contact me to request an extension. Please note that failure to request an extension may result in termination of your grant and your system must be installed no later than June 27, 2020 in order to retain your funding.

For more information on septic repair permitting, contact:

Jeff Williams
Program Supervisor, Well and Septic
410-313-1771

Please sign and return this original letter and keep a copy for your records. If you have any questions, please contact me at 304-940-3443 or by email at kristin.mielcarek@canaanvi.org.

Sincerely,

Kristin Mielcarek, Executive Director

I have read and agree to the conditions of this Agreement Letter.

Accepted by: George Hall, Property Owner

Signature

Date

Accepted by: Mary Hall, Property Owner

Signature

Date



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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Failing System
- System relocation for proposed addition
- System upgrade for proposed addition
- Inadequate treatment zone
- Collapsed septic tank
- Collapsed drywell

Existing system design

- Drywell
- Trench
- Mound
- Unknown
- Other: _____

Is discharge surfacing on the ground?

- Yes
- No

Has the septic tank been pumped within the last month?

- Yes Date pumped: _____
- No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Yes Explain observations: metal
- No

Was a visual inspection of the sewage line conducted?

- Yes
 - Blockage leading to the tank
 - Yes. Explain: _____
 - No
 - Blockage leading to the field
 - Yes. Explain: _____
 - No
- No

Additional Comments: _____

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Smith Carol Beckler Contractor's Phone: 410-596-3618
 Contractor's Address: 4410 Salem Bottom Rd Westminster 21157
 Property Address: 12528 Folly Quarter Rd County file: _____
 Subdivision: _____ Lot: _____ Year Built: _____
 Owner's Name: MARY HALL Owner's Phone: 443-416-6192
 Name of previous owners: _____ Existing bedrooms: _____
 Proposed bedrooms: _____
 Has this request been previously discussed with a Sanitarian? (Name): M. Hall @ hotmail.com
 Public Sewer available/nearby: _____ George E F&C INC.COM

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.
 Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.
 If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.
 If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.