

Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(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

August 10, 2006

Trinity Quality Homes, Inc.
3675 Park Avenue #301
Ellicott City, MD 21043

SENT VIA FACSIMILE 410-313-8731

RE: 3650 Sharp Road
Glenwood, MD 21738
BP #: B00155249
Well Permit # HO-73-3692

Dear Sir/Madam:

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 6/15/2006. Final approval of the well line connection to the dwelling was approved on 8/10/2006.**

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 water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-73-3692. 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 test, which is to be taken by the county health department within six months of receipt 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 Samples: 7/19/2006, 7/25/2006 & 8/1/2006
Date of Well Completion: 9/30/1980

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

CERTIFICATE OF ANALYSIS



Requester:
 Trinity Homes/TBI Homes
 3675 Park Avenue Suite 301
 Ellicott City, Maryland 21043

S/O Number: 07-1439
Report Date: August 2, 2006

Property Sampled: 3650 Sharp Road, Retest #2

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167

Date/Time Collected: August 1, 2006 at 10:05 am
Date/Time Received: August 1, 2006 at 1:25 pm

Sample Location: Powder Room Tap
Sampler ID: 6551DB
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
 Cap Loose
 4 Bolts Loose

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Heather R. Beam
 Heather R. Beam
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

TRACE LABORATORIES
 5 North Park Drive
 Hunt Valley, MD 21030
 Telephone: 410/252-7742
 Telephone: 410/584-9099
 Fax: 410/584-9117
 Email:
 tracelab@comnext.net
 www.tracelabs.com

Maryland State Certified
 Water Quality Laboratory
 No. 318

CERTIFICATE OF ANALYSIS



Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 07-1330
Report Date: July 26, 2006

Property Sampled: 3650 Sharp Road, Retest #1

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167

Date/Time Collected: July 25, 2006 at 12:30 pm
Date/Time Received: July 25, 2006 at 2:40 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
Satisfactory

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	

Heather R. Beam

Heather R. Beam
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

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5 North Park Drive
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Requester:
Trinity Homes/TBI Homes
3675 Park Avenue Suite 301
Ellicott City, Maryland 21043

S/O Number: 07-1221
Report Date: July 20, 2006

Property Sampled: 3650 Sharp Road

County: Howard
Subdivision: N/A
Lot #: 4 F
Building Permit #: B00155249

Tax Map #: 21
Parcel #: 167


Date/Time Collected: July 19, 2006 at 11:20 am
Date/Time Received: July 19, 2006 at 12:55 pm

Sample Location: Powder Room Tap
Sampler ID: 6724GP
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-73-3692
Well Condition: 2-Piece Cap
Cap Loose
4 Bolts Loose

Water Conditioning/Treatment: NONE

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	4.6 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	7.9 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	PRESENT	SM 9223B	Absent	Fail
E.coli	Absent	SM 9223B	Absent	



 Laura T. Fedor
 Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/9/2006

APPROVAL DATE: 6/15/06

PERMIT

P 525104

A 520109

TAX ID #04-331753

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 519, Annapolis Junction PHONE NUMBER: 301-854-6172

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3650 Sharp Road PROPERTY OWNER: Trinity Quality Homes, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 115 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Make sure you are out of the Well radius.

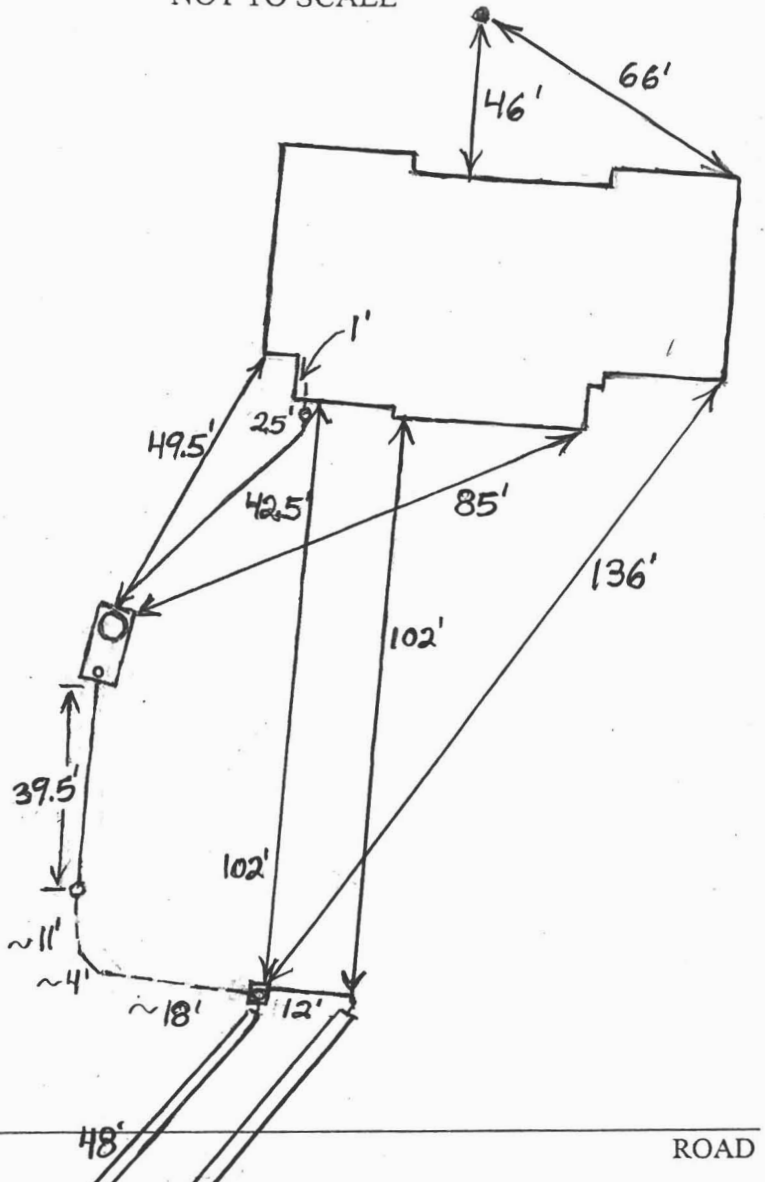
PLANS APPROVED: Kevin J. Bell Reviewed by: _____ DATE: 9/30/05

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
ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

HO-73-3692

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2.5-3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		123'
ABSORPTION AREA		369+Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

2 Comp. Babylon

PRE-CONSTRUCTION
Barn
INSTALLATION

6/14/06 O.K. to install two short trenches towards the barn. Part of higher easement area not usable because of barn and other structures (BB) 6/15/06 System finished. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baber

DATE OF APPROVAL 6/15/06