

**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](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 8/30/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570134

APPROVAL DATE: 7/27/21 (SP) **PERMIT: CONSTRUCTION** A \_\_\_\_\_

PROPERTY ADDRESS: 13612 OLIVIA WAY, HIGHLAND, MD 20777

SUBDIVISION: THE ESTATES AT RIVER HILL LOT: 15 TAX ID: 05-601942

CONTRACTOR: FREEDOM SEPTIC EMAIL: christy@freedomseptic.com

CONTRACTOR ADDRESS: 2809 LIBERTY ROAD, SYKESVILLE, MD 21784 PHONE: 410-794-2947

PROPERTY OWNER: ESTATES AT RIVER HILL LLC EMAIL: tkeane@trinityhomes.com

OWNER ADDRESS: 3675 PARK AVE., SUITE 301, ELLICOTT CITY, MD 21043 PHONE: 443-324-9806

SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: MAYER BROS., INC.

PUMP MODEL: \_\_\_\_\_ PUMP SIZE \_\_\_\_\_ PUMP TANK CAPACITY: \_\_\_\_\_

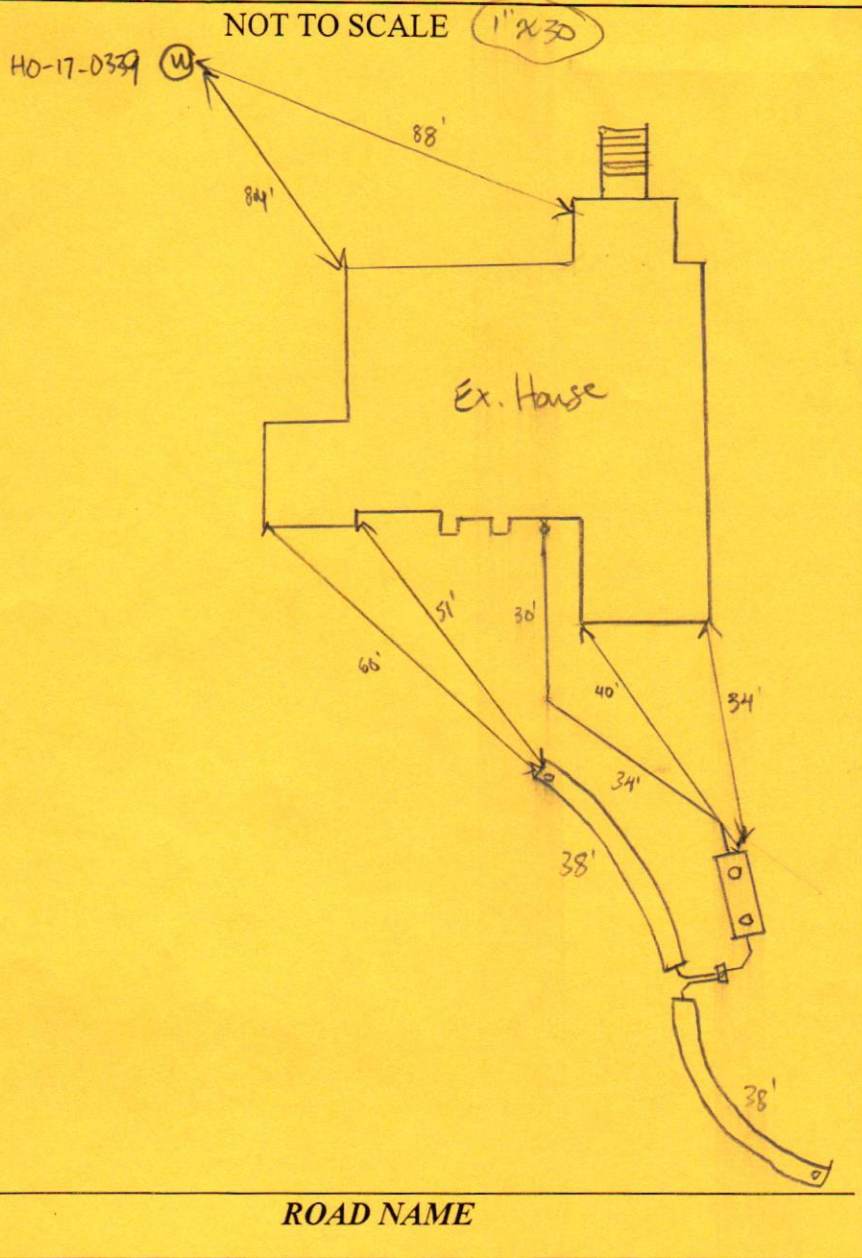
DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: \_\_\_\_\_

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<i>see ground asdc</i>	

ISSUED BY: \_\_\_\_\_ ISSUE DATE: 8/30/21 EXPIRATION DATE: 8/30/22

- 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.**



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		76'
ABSORPTION AREA		228 sq ft + sidewall
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL _____	
MANUFACTURER _____	
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	_____
BAFFLES	inlet + outlet
BAFFLE FILTER	_____
MANHOLE LOC	inlet + outlet
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	yes
DATE ON LID _____	
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:

7/23/21 Laid out 2 x 38' trenches on contour according to plan (ST)

INSTALLATION:

7/27/21 SHC, SI installed. Tank set and d-box set and leveled. 2 x 38' trenches installed. \*

\* original as built lost. This as-built recreated from OSDS and in field measurements of obs. pipes and manhole covers System was approved on 7/27/21. (ST)

FINAL INSPECTOR Susan Thomas DATE OF APPROVAL 10/26/21

# Howard County Health Department

Bureau of Environmental Health, Columbia, MD 21045 - 410-313-1771

SEWAGE DISPOSAL PERMIT NO. A- \_\_\_\_\_ P- 570134

RESIDENTIAL PERMIT   
(NUMBER OF BEDROOMS: \_\_\_\_\_)

COMMERCIAL PERMIT   
(DESIGN FLOW: \_\_\_\_\_ GPD)

PERMITEE: Freedom Septic  
LOCATION: 13612 Olivia Way The Estates at River Hill #15

**\*\*POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD\*\***

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING  
Inspector \_\_\_\_\_ Date \_\_\_\_\_

WORK IS SATISFACTORY, OK TO CONTINUE  
Inspector \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

FINAL INSPECTION MADE, OK TO COVER ALL WORK  
Inspector \_\_\_\_\_ Date \_\_\_\_\_

## Cabahug, Joseph

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**From:** Cabahug, Joseph  
**Sent:** Monday, October 25, 2021 11:53 AM  
**To:** Sarah Jahng; Wolf, Kevin; Martin, Sharhonda  
**Cc:** Tim Keane  
**Subject:** RE: 13612 Olivia Way Iron and turbidity results failing before and passing after treatment

Great, I'll print these out and get them in the file. I see the septic system is not installed. Last I have is correspondence Jun 15<sup>th</sup>, I sent an email out to TKeane that there was fill on top of the SDA that needed to be removed.

Was the septic system installed?

Joseph C. Cabahug – REHS/RS LEHS II  
Environmental Health Specialist  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-2643 Office  
[www.hchealth.org](http://www.hchealth.org)



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**From:** Sarah Jahng <[sjahng@trinityhomes.com](mailto:sjahng@trinityhomes.com)>  
**Sent:** Monday, October 25, 2021 11:39 AM  
**To:** Wolf, Kevin <[KWolf@howardcountymd.gov](mailto:KWolf@howardcountymd.gov)>; Martin, Sharhonda <[smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)>; Cabahug, Joseph <[jcabahug@howardcountymd.gov](mailto:jcabahug@howardcountymd.gov)>  
**Cc:** Tim Keane <[tkeane@trinityhomes.com](mailto:tkeane@trinityhomes.com)>  
**Subject:** RE: 13612 Olivia Way Iron and turbidity results failing before and passing after treatment

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hello,

I'm just following up on this question. I am leaving for vacation in a few hours. I've attached all the recent lab reports. Still waiting on manganese. Thanks!

*NOTICE TO VEDORS AND CONTRACTORS – Please provide invoices by 2pm the Monday PRIOR to the 10<sup>th</sup> and 25<sup>th</sup> of each month for payment to be processed in those corresponding check runs.*

*Sarah Jahng*  
Trinity Homes  
**Operations/AP Manager**  
410.480.0023

**From:** Sarah Jahng  
**Sent:** Thursday, October 21, 2021 12:06 PM  
**To:** [Kwolf@howardcountymd.gov](mailto:Kwolf@howardcountymd.gov); [smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)  
**Subject:** RE: 13612 Olivia Way Iron and turbidity results failing before and passing after treatment

Kevin,  
I've not tested for iron before, so I don't know if this will suffice for ICOP. We are still waiting on the manganese results. Can you advise if the iron explains the turbidity? Thanks!

*Sarah Jahng*  
Trinity Homes  
410-480-0023  
**Operations/AP Manager**  
**Project Coordinator**

**From:** Cass Holland <[ccholland@fval.com](mailto:ccholland@fval.com)>  
**Sent:** Thursday, October 21, 2021 11:31 AM  
**To:** Sarah Jahng <[sjahng@trinityhomes.com](mailto:sjahng@trinityhomes.com)>; [Kwolf@howardcountymd.gov](mailto:Kwolf@howardcountymd.gov); [smmartin@howardcountymd.gov](mailto:smmartin@howardcountymd.gov)  
**Subject:** 13612 Olivia Way Iron and turbidity results failing before and passing after treatment

Please feel free to call with any questions.

Regular office hours are Monday-Friday 8 am to 4 pm. (I am out of the office on Fridays.)

Thanks for contacting Fountain Valley Lab - MD Certification #133.

Sincerely,

Cass Holland

Fountain Valley Analytical Laboratory, Inc.  
1413 Old Taneytown Rd.  
Westminster, MD 21158  
Phone: 410-848-1014

[ccholland@fval.com](mailto:ccholland@fval.com)



*Celebrating 35 years (1986 – 2021)*

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## Cabahug, Joseph

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**From:** Cabahug, Joseph  
**Sent:** Tuesday, June 15, 2021 2:07 PM  
**To:** Tkeane@trinityhomes.com  
**Cc:** Wolf, Kevin; Rappaport, Ryan; Thomas, Susan; Martin, Sharhonda; christy sheubrooks  
**Subject:** 13612 Olivia Way

Tim,

There is an excess of about 12" of fill on top of the SDA at 13612 Olivia Way.

The fill must be removed prior and the area restored to original grade prior to the next septic system preconstruction meeting.

Thank you,

Joseph C. Cabahug – REHS/RS LEHS II  
Environmental Health Specialist  
Howard County Health Department  
8930 Stanford Blvd.  
Columbia, MD 21045  
410-313-2643 Office  
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# HOWARD COUNTY HEALTH DEPARTMENT

70134

P5

8/30/21 DATE

Received From

Freedom Septic

PHONE #

410-115-2947

For

Septic Permit Lot 15  
The Estates @ Levery  
A11

CASH

CHECK

NO.

5006

Three hundred twenty five Dollars

\$ 396.00

Received By

King



# HOWARD COUNTY HEALTH DEPARTMENT

69508

DATE 5/17/21

P5

Received From

Freedom Septic

PHONE #

410 195-2917

For

Septic Permit/ Lot 15  
13612 Olivia Way

CASH

CHECK

NO.

4966

Three hundred ninety six Dollars

\$ 396 00

Received By

Kemp

**VOGEL ENGINEERING + TIMMONS GROUP**

3300 North Ridge Road, Suite 110, Ellicott City, MD 21043  
P 410.461.7666 F 410.461.8961 [www.timmons.com](http://www.timmons.com)

**Date: November 4, 2020**  
**To: Howard County Health Department**  
**Attn: Mr. Robert Bricker**  
**cc:**  
**Subject: Estates at River Hill – Lot 15**  
**Project Number: 15-39.00**

**ATTACHED:**

# Copies	Description
3	Onsite Sewage Disposal System Design Plan

Remarks:  
Please call 410-461-7666 with any questions.

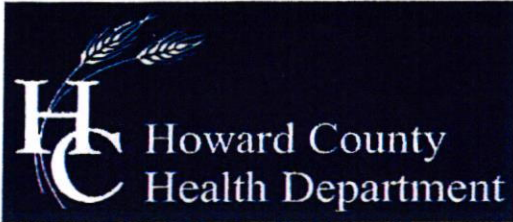
Thank you

Cassandra McKenny

Transmitted by:



\_\_\_\_\_  
Received by:



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

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www.hchealth.org

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

### 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 Katherine + Jonathan Thatcher ("the Owner").

WHEREAS, the Owner owns a tract of land at street address 13612 Olivia Way, Highland MD 20777 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map # 34, Block # 23, Parcel # 389, Deed Reference # \_\_\_\_\_ and Tax Account # \_\_\_\_\_ ("the Property"). LOT 15

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 H0-17-0339 that has been tested by the Health Department (or a private laboratory certified to perform testing) for radionuclide particles. The results of the tests have shown that the gross alpha particle content and/or the gross beta particle content and/or the combined radium 226/228 levels exceeds the standards of 15 picocuries per liter (pCi /L), 4 millirems per year (mrem/yr) and/or 5pCi/L respectively.

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 maximum contaminate levels (MCL's) for radionuclides.

WHEREAS, MDE has determined that radium can be effectively removed from the drinking water by the use of treatment devices (e.g., ion exchange or 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 radionuclides.

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 gross alpha, gross beta and radium levels to below their respective 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 gross alpha, gross beta (short and long term) and radium 226 / 228 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>Katherine O Thatcher</u> Owner	<u>10 Sept 2020</u> Date	<u>Michael Pfaul</u> Buyer	<u>11-11-2020</u> Date
<u>BUYER: KATHERINE THATCHER</u>		<u>Seller MICHAEL PFAUL</u>	
<u>[Signature]</u> Owner	<u>9/10/2020</u> Date	<u>[Signature]</u> Buyer	<u>11-11-2020</u> Date
<u>JONATHAN THATCHER</u>			
<u>[Signature]</u> Howard County Health Department	<u>11/17/2020</u> Date		

Approved 9/20/84

# PERMIT

P 34242

A 31886

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-392284

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 8/20/84

C. C. Cissel IS PERMITTED TO INSTALL  ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Allnutt ROAD 13550 Allnutt Lane LOT 1

PROPERTY OWNER Dr. & Mrs. R. Gelber

4090 Old Columbia Road

ADDRESS Ellicott City, Maryland

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 6

TRENCH SYSTEM to contain 168 sq. ft. effective sidewall absorption area per bedroom to begin below the first 3 foot of non-porous soil. Trench inlet no deeper than 3 feet below original grade and trench bottom no deeper than 7 feet below original grade. Start the first trench 70 feet from the 1353.99 ft. long lot line and 250 feet from the 610.42 ft. long lot line and proceed to dig trench on level ground the necessary distance, but not over 100 feet in length. Start the second trench parallel to downhill of and 10 feet away from the first trench. Use a distribution box to connect trenches to septic tank. Call for inspection of trenches before gravel is installed.

PLANS APPROVED BY Frank Skinner DATE 11/16/82

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

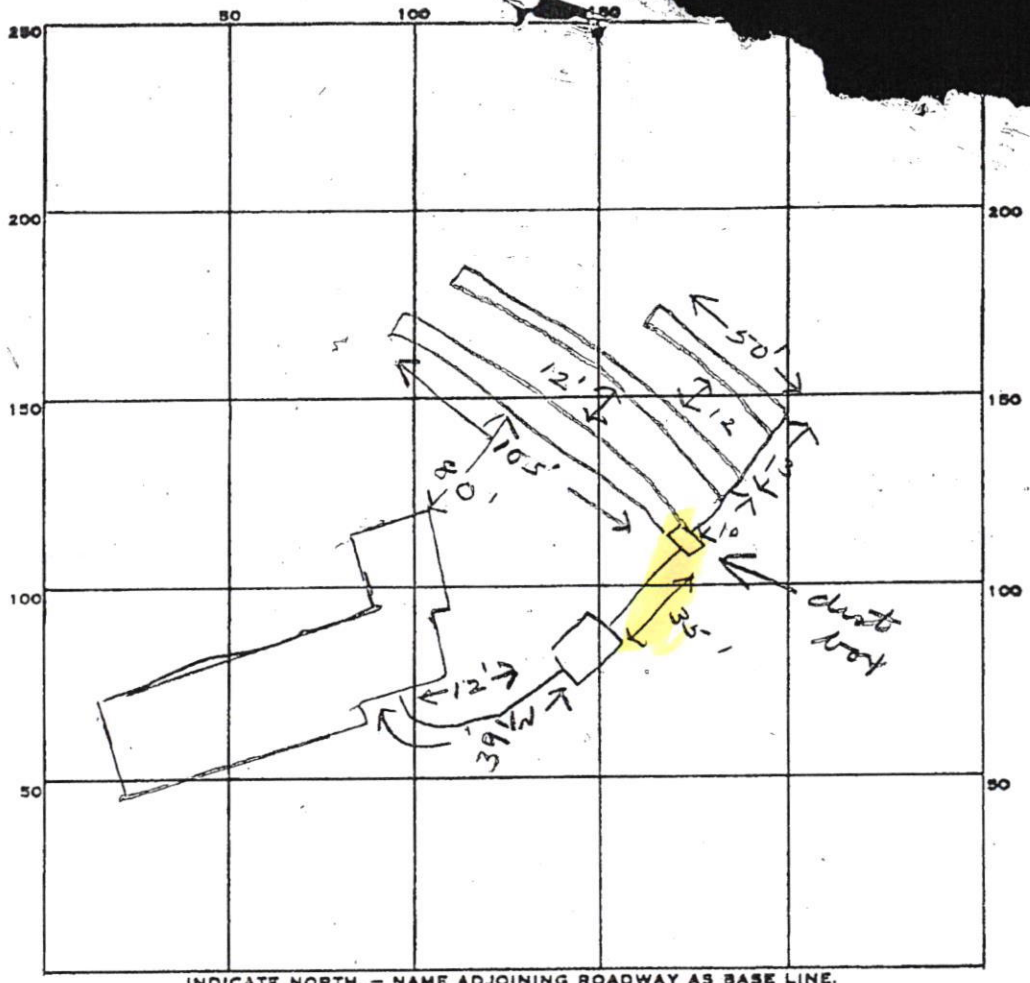
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31886



168  
6  
1008

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS 57

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2 FT. 260<sub>4</sub>

GRAVEL DEPTH 4 IN. TOTAL LENGTH 260 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 1040

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 1040 SQ. FT.

REMARKS 9/20/84 OK to cover work to dust. box  
OK to add stone in trenches if  
9/20/84 OK to cover all work if

DATE SYSTEM APPROVED 9/20/84 INSPECTOR ST [signature]