



# HOWARD COUNTY HEALTH DEPARTMENT

70141

9 / 7 / 21  
DATE

P/AS

Received From

Chukwumeka

PHONE #

410 596-0059

I Homebandu

For

terc repair - 1218 Dusk Viewch

CASH

CHECK

NO.

1082

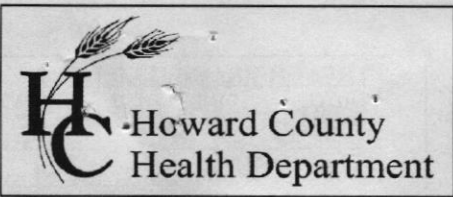
Three hundred thirty Dollars

\$

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

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

RECEIPT DATE: 9/7/21 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570141

APPROVAL DATE: 12/06/2021 **PERMIT:** REPAIR A \_\_\_\_\_

PROPERTY ADDRESS: 12118 Dusk View Court

SUBDIVISION: Clearview Estates LOT: 65 TAX ID: \_\_\_\_\_

CONTRACTOR: JV Harrison EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 4714 Old Washington Road, Sykesville, MD 21784 PHONE: \_\_\_\_\_

PROPERTY OWNER: Emeka Ihemelandu EMAIL: \_\_\_\_\_

OWNER ADDRESS: 12118 Dusk View Court, Clarksville, MD 21029 PHONE: 410-596-0059

SEPTIC TANK SIZE (GALLONS): INTUP750 PUMP CHAMBER CAPACITY (GALLONS): — PUMP SIZE: —

NUMBER OF BEDROOMS: SIZED FOR 6 HOUSE SQ. FT. — APPLICATION RATE: 0.8

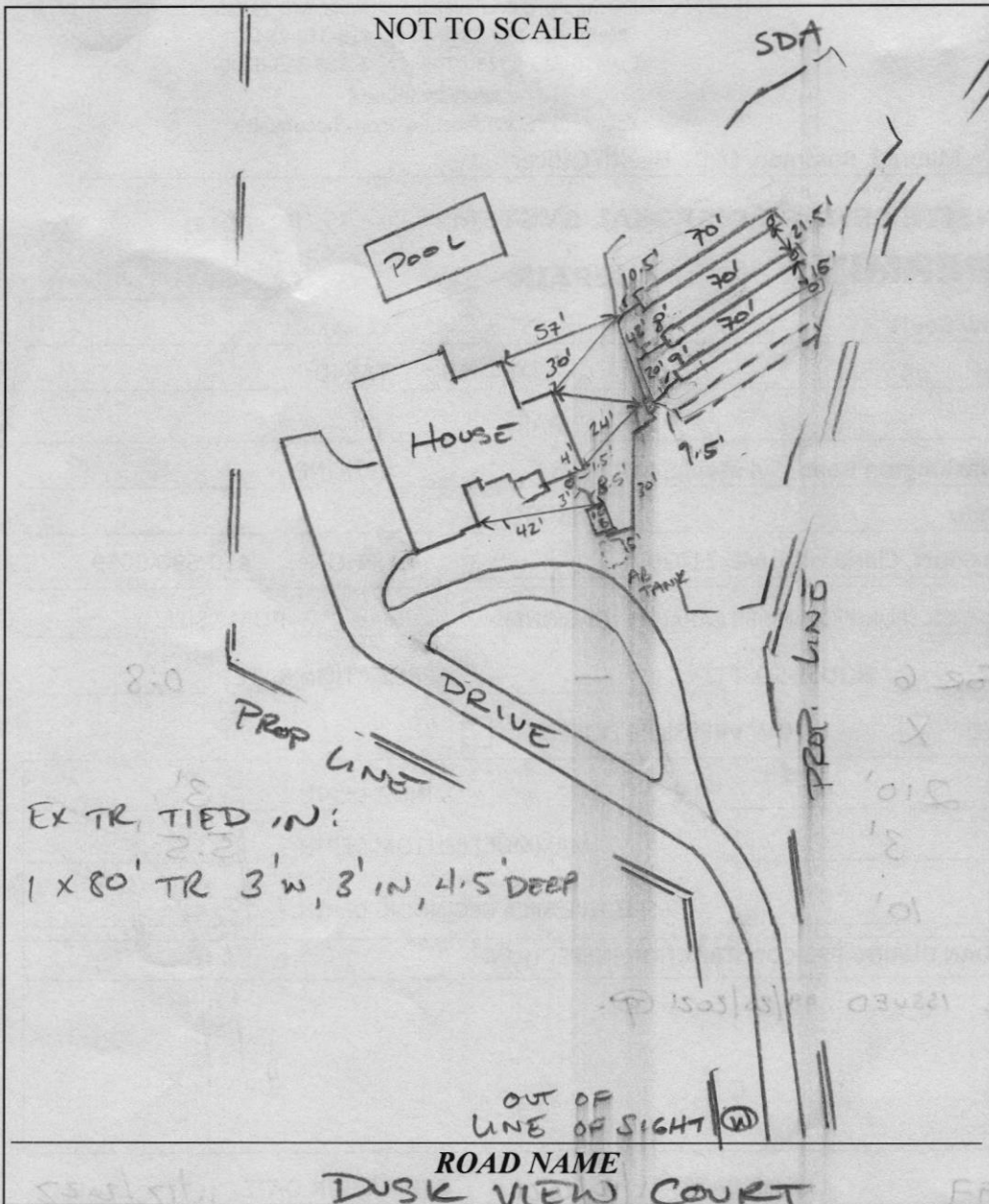
DISTRIBUTION SYSTEM: GRAVITY FED  LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>210'</u>	INLET DEPTH: <u>3'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>5.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	TRENCH INSTALL ISSUED 09/20/2021 @ 3x70'	

ISSUED BY: CABAHUG 001997 ISSUE DATE: 11/12/2021 EXPIRATION DATE: 11/12/2022

- 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 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 ORIGINAL HOUSE
- NOTE: THE HCHD DOES NOT WARRANT 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: 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.**



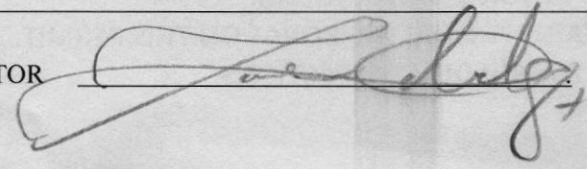
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5.5'
NUMBER OF TRENCHES		3 + 1
TOTAL LENGTH		210' + EX TR
ABSORPTION AREA		630 SF +
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		CONC.
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	YES
MANUFACTURER	BACKRIVER
CAPACITY	INUP 750 GAL
SEAM LOC	TOP
TANK LID DEPTH	TURTLE BACK 11"
BAFFLES	BAT
BAFFLE FILTER	BAT
MANHOLE LOC	FRONT/MID/BACK
6" PORT LOC	
WATERTIGHT TEST	-
SLOTTED	BAT
DATE ON LID	BAT
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	

EX TR TIED IN:  
1 x 80' TR 3' W, 3' IN, 4.5' DEEP

PRE-CONSTRUCTION:  
09/09/2021 LAID OUT 3x70' TRENCHES. HOMEOWNER APPLYING FOR GRF.

INSTALLATION: 12/02/2021 TANK PIT DUG - BEDDED IN 57 GRAVEL.  
TANK IS ~ 4" ABOVE GRADE INV RAISED ~ 28" (2' FROM TOP OF EX TO INV OF NEW). OK TO BUILD UP TURTLE BACK MOUND OFF TANK.  
PUMPED + COLLAPSED EX TANK. 12/03/2021 INSTALL D BOX AND UNCOVERED SALVAGEABLE LOWER EX TR; CONSTRUCT EX TR. (PM) LEVELLED D BOX WITH SPEED LEVELS; HYDRAULIC SEAL ALL OUTLET PIPES FROM BOX.

FINAL INSPECTOR  DATE OF APPROVAL 12/06/2021



BACK RIVER PRE-CAST, LLC  
 PO BOX 329  
 GLYNDON, MD 21071  
 PH# 410-833-3394

**NORWECO CERTIFICATION**

PROPERTY OWNER: CHUKWUEMEKA IHMELANDU	INSTALLATION COMPANY: J.V. HARRISON
ADDRESS: 12118 DUSK VIEW CT	CERTIFIED INSTALLER: JAMIE HARRISON
CITY, ZIPCODE & COUNTY: CLARKSVILLE, 21029, HOWARD	PERMIT#
SIZE OF SYSTEM INSTALLED:	DATE INSTALLED: 12-02-21
750 GPD CONCRETE	START-UP DATE: 12-06-21
NUMBER OF BEDROOMS:	DATE OF FINAL INSPECTION:
TYPE OF INSTALLATION: FAILING	DATE OF ELECTRICAL INSPECTION:
ELECTRICAL WIRING PER ELECTRICAL INSTRUCTIONS: YES	TANK LEVEL: YES
HT. OF CONTROL PANEL ABOVE FINAL GRADE: 30"	BURIAL DEPTH OF TANK: 6"
SYSTEM WIRED ON A 15-AMP DEDICATED CIRCUIT WITH STD. BREAKER: YES	RISERS 4" - 6" ABOVE GRADE: YES
LENGTH(S) OF UF WIRE PAST LAST AERATION RISER(S): 30"	VENTED LID(S) ON AERATION CHAMBER(S): YES
FEMALE PLUG(S) WIRED TO UF WIRE: YES	ANY GROUND SETTLING AROUND TANK: NO
CONDUIT(S) ENTERING AERATION RISER MADE WITH A WATERTIGHT CONNECTION: YES	
ISTHE INSIDE OF THE CONDUIT ENTERING THE CONTROL PANEL(S) AND AERATION RISER(S) SEALED WITH DUCT SEAL: YES	

ON 2<sup>ND</sup> PAGE MAKE A ROUGH SKETCH OF THE HOUSE ,WHERE THE SYSTEM IS LOCATED, WHERE THE CONTROL PANEL IS LOCATED , WHERE THE FRONT OF THE IS AND DIRECTIONS TO THE PROPERTY.

DIRECTIONS CAN START A FEW STREETS AWAY

EXAMPLE: RT. X LEFT ONTO XX STREET RIGHT ONTO PRIVATE DRIVEWAY 5<sup>TH</sup> HOUSE OF THE LEFT.

I certify that the Norweco Singlair TNT Wastewater Treatment System was installed according to the manufacture's specifications.

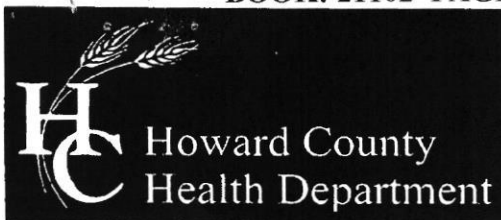
Matthew Geckle

Dec 06 2021

Signature of BRP Representative

Vice-President

Date



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

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 9th day of November, among Themeland Chukwemeka 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 12118 Bust View Ct, in the 5th 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 15459 Folio 00188

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:

- 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.

20
40
MT

LR - Agreement
Recording Fee 20.00
Name: Themelandu
Ref: 21102
LR - Agreement
Subtotal: 40.00
Total: 60.00
1/11/2021 01:49
156767 CC0503 -
CC13-SB
Elliott

27

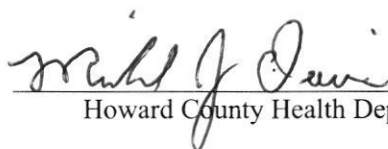
- approved by them.
- G. The Owner will devote such care and effort to the maintenance of the BAT system so that any malfunction is not the result of poor maintenance, faulty operation, or neglect.
  - H. The Canaan Valley Institute agrees to grant up to \$ 7841.50 toward the cost of installation of 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: 11/9/21

  
 Owner Chukwuemeka Ihemelandu

DATE: 11/12/21

  
 Howard County Health Department



# CANAAN VALLEY INSTITUTE

November 9, 2021

Chukwuemeka Ihemelandu  
12118 Dusk View Court  
Clarksville, MD 21029

RE: FY 2022 Howard County Bay Restoration Fund OSDS Upgrade Program

Dear Mr. Ihemelandu:

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 2020 income tax information, you are eligible to receive funding to cover **50%** of the cost to upgrade your system to one of the MDE approved best available technology (BAT) units listed below. The approved grant award includes the cost of the unit, installation of the unit, and 2 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
Orengo	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** via email or USPS to Canaan Valley Institute 10624 Appalachian Hwy, Davis, WV 26260 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](mailto:kristin.mielcarek@canaanvi.org).

10624 Appalachian Highway | Davis, WV 26260  
[www.canaanvi.org](http://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, 2021 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](mailto:kristin.mielcarek@canaanvi.org).

Sincerely,



Kristin Mielcarek, Executive Director

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

Accepted by: Chukwuemeka Ihemelandu, Property Owner

---

Signature

Date

## Cabahug, Joseph

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**From:** Matthew Geckle <mattbackriver@gmail.com>  
**Sent:** Monday, October 25, 2021 12:21 PM  
**To:** Cabahug, Joseph; jvh866@gmail.com; Kristin Mielcarek  
**Subject:** NORWECO 750 GPD BRF

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

Joseph,

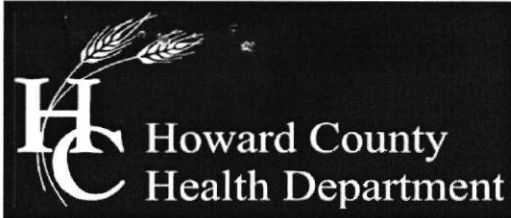
For a six bedroom house a Norweco 750 GPD is required.

The BRF amount for a Norweco 750 GPD in FY 2022 is \$15,683.00

Let me know if you need any more info.

Thanks,

*Matt Geckle*  
*Back River Pre-Cast, LLC*  
*410-833-3394*



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045
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Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

APPLICATION FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Clearview Estates

PROPERTY ADDRESS 12118 Dusk View CT STREET TOWN ZIP

TAX ACCOUNT # TAX MAP GRID PARCEL LOT NO. 65 PROPOSED LOT SIZE (ACRES)

ZONING CATEGORY TIER

PROPERTY OWNER(S) Emeka Ihemelandu

DAYTIME PHONE CELL EMAIL

MAILING ADDRESS 12118 Dusk View CT Darksville MD STREET CITY, STATE ZIP

APPLICANT James Harrison RELATIONSHIP TO OWNER: contractor

DAYTIME PHONE 410 596 0059 CELL 410 596 0059 EMAIL

MAILING ADDRESS 4717 Old Washington Rd Sykesville MD 21784 STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
THIS IS A PUBLIC DOCUMENT

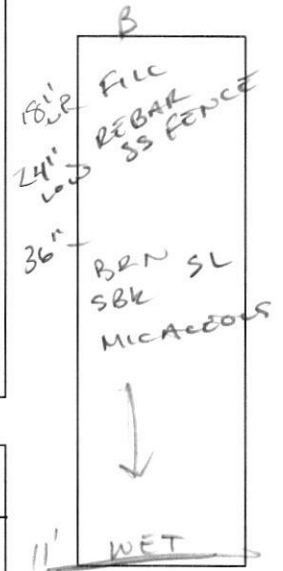
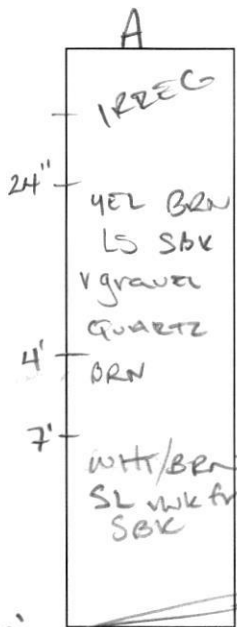
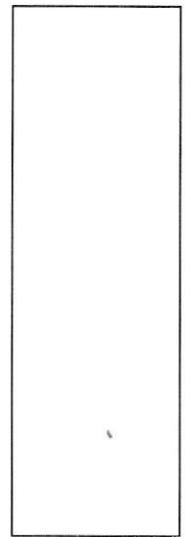
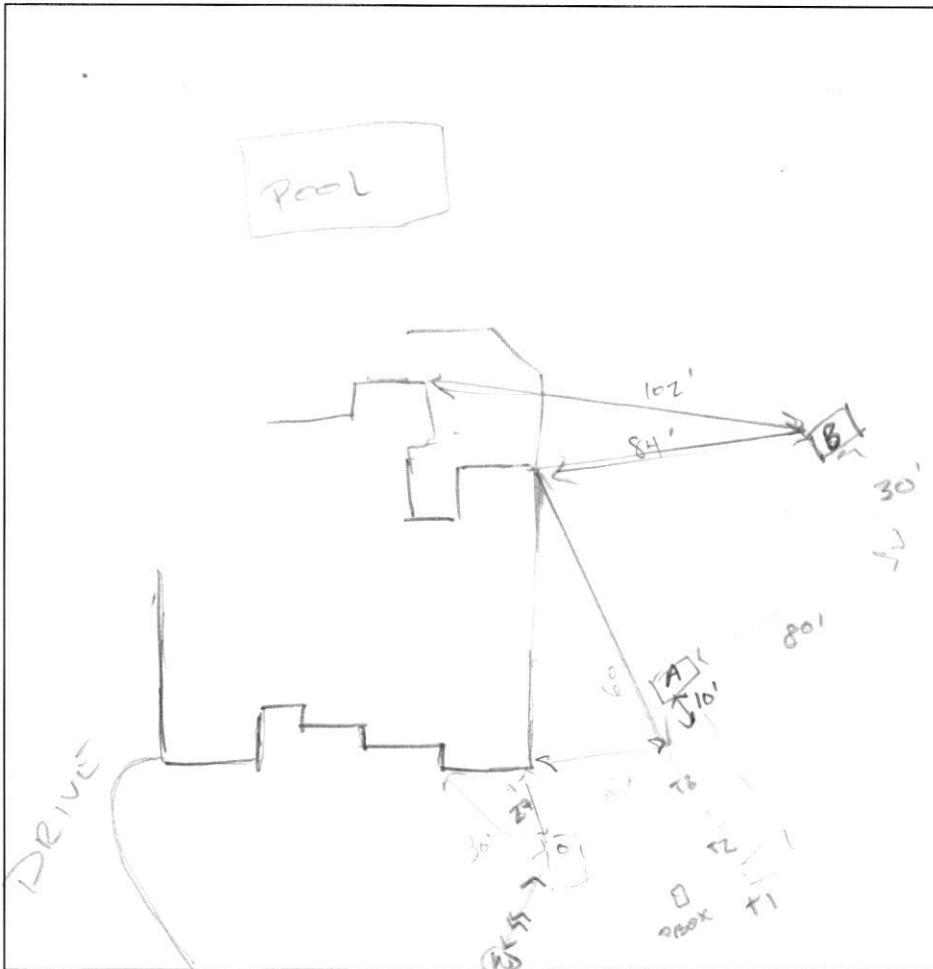
I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

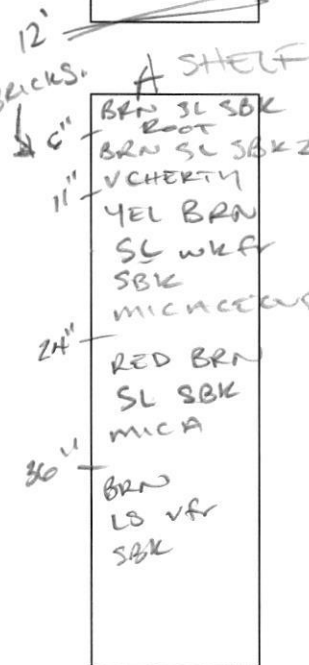
SIGNATURE OF APPLICANT

DATE

9/7/21



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
09/09/2021	A	3' / 12'	0:00	1:00	3:00	2:00	P
09/09/2021	B	3' / 11'	0:00	9:00	21:30	12:30	P



REMARKS 6" ST OVERFLOW, 1 COMPARTMENT TANK.

SANITARIAN CABANUG BACKHOE HARRISON OTHERS OWNER

TEST HOLES USED IN SDA A AVG. PERC TIME 0.8 SQ. FT/BR 441

TRENCH WIDTH 3' INLET DEPTH 3' MAX. BOT DEPTH 5.5' EFFECTIVE SW 2.5'



# MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Baltimore MD 21230

410-537-3000 • 1-800-633-6101

Robert L. Ehrlich, Jr.  
Governor

Kendl P. Philbrick  
Acting Secretary

Michael S. Steele  
Lt. Governor

## MEMORANDUM

**TO:** Environmental Health Directors

**THRU:** Jay Prager, Chief, On-Site Systems Division *J.P.*

**FROM:** Barry Glotfelty, Regional Consultant, On-Site Systems Division *B.G.*  
Wastewater Permits Program *je*

**RE:** Sand Mound Design and Construction Manual

**DATE:** September 4, 2003

Please find enclosed the 2003 edition of the Sand Mound Design and Construction Manual. This edition of the manual incorporates some new design and construction principles that if employed should improve the performance of these systems. These include recommendations for maximum width of gravel bed, procedures to protect lateral turn-ups, and the use of panels, effluent filters, and observation ports. Also enclosed is a memo regarding the use of sand that does not meet the current specification from COMAR 26.04.02 and the manual.

If you have any questions or comments please feel free to contact your regional consultant or me at (410) 537-3778.

BG:je

cc: Jay Prager  
Ching-Tzone Tien, Ph.D.  
Regional Consultants