



**Howard County
Health Department**

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: 7-22-22 **ONSITE SEWAGE DISPOSAL SYSTEM** P 572101

APPROVAL DATE: 11/28/2026 km **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 12245 Blue Sky Evening Way

SUBDIVISION: Fulton Woods LOT: Par A TAX ID: _____

CONTRACTOR: Freedom Septic EMAIL: _____

CONTRACTOR ADDRESS: 2809 Liberty Road, Eldersburg, MD 21784 PHONE: 410-795-2947

PROPERTY OWNER: B H B C J EMAIL: _____

OWNER ADDRESS: 6030 Daybreak Circle PHONE: _____

SEPTIC TANK SIZE (GALLONS): 2,000 TANK MANUFACTURER: Babylon Vault

PUMP MODEL: _____ PUMP SIZE _____ PUMP TANK CAPACITY: _____

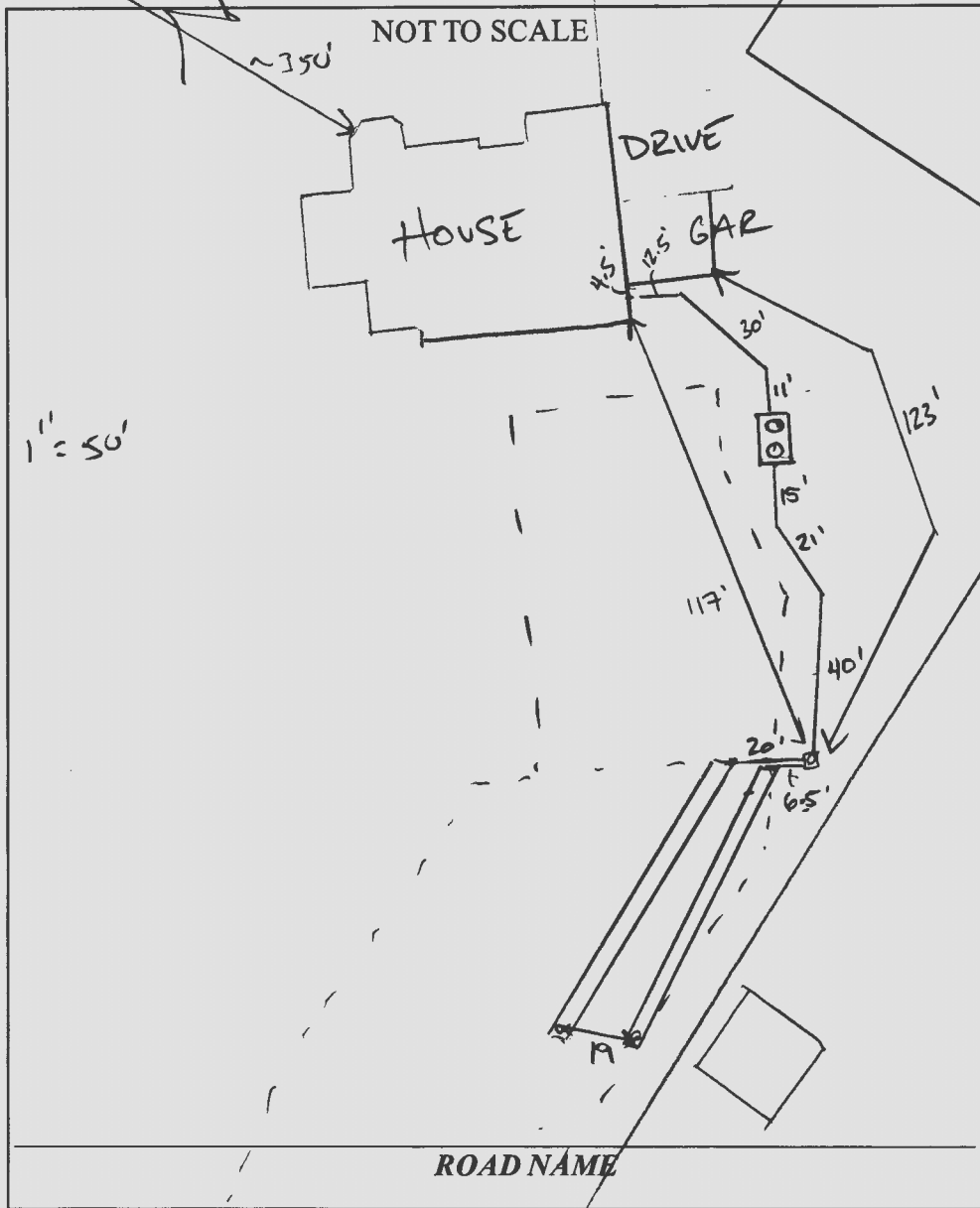
DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 4 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>155'</u>	INLET DEPTH: <u>3.5</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>3.5</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>Install 2 trenches at 77.50 LF.</u>	

ISSUED BY: Heck Oswald ISSUE DATE: 8-25-22 EXPIRATION DATE: 7-22-23

- 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 DOWNGRAIDENT 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 _____
- 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'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		156 F
ABSORPTION AREA		468 SF + 2' SIDE WALL
DISTRIBUTION BOX LEVEL		SPEED
DISTRIBUTION BOX BAFFLE		CONC.
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	YES
MANUFACTURER	BABYLON
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	< 3'
BAFFLES	YES
BAFFLE FILTER	-
MANHOLE LOC	FRONT/BACK
6" PORT LOC	-
WATERTIGHT TEST	-
SLOTTED	YES
DATE ON LID	07/13/2022

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:

8/29/2022 Tank staked SDA staked. OK to install tank and pipe. Area in SDA needs to be cleared. No trench layout given.

INSTALLATION: 08/23/2022 SL, TANK SET. @ 08/24/2022 TRENCHES COMPLETE, D BOX LEVELED w/ SPEED LEVEL. REINSPECT SHC - NOT COMPLETE AT 11/28/2023 Confound w/ hammer SHC made.

FINAL INSPECTOR K. [Signature] DATE OF APPROVAL 11/28/2023

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, November 30, 2021 8:10 AM
To: Tony Fertitta (tonyf@fcc-eng.com)
Subject: OSDS Plan_12245 Blues Sky Evening Way_Par A

Hi Tony:

I recieved an OSDS Plan for 12245 Blue Sky Evening Way. I did take a quick look at it. Please take another look at the trench detail on the plan. Can you show the full well radius on the next plan?

Let's hold off on the any revisions until the old well has been abandoned and the new well has been drilled. We will want the new well field located with a note.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
410.313.1786
hoswald@howardcountymd.gov

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 OLUFEMI GBOLAGUN (“the Owner”).

WHEREAS, the Owner owns a tract of land at street address 12245 BLUE SKY EVENING WAY, FULTON, MD 20759 and the deed and subdivision plat of the property is recorded among the Land Records of Howard County, Maryland, Tax Map #0041, Block #0013, Parcel # 0199, Deed Reference #21418/00328 and Tax Account # 594488 (“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 HO-20-0145 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:

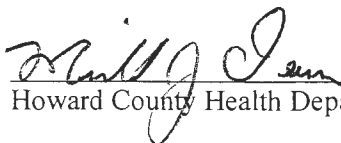
1. The Owner will record this Agreement among the Land Records of Howard County, Maryland and provide confirmation to the Health Dept.
2. The Owner agrees to install and maintain a water treatment device, which effectively reduces the gross alpha, gross beta and radium levels to below their respective 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 this Agreement on the dates set forth below.

	12/08/2023		
Owner	Date	Buyer	Date

Owner	Date	Buyer	Date

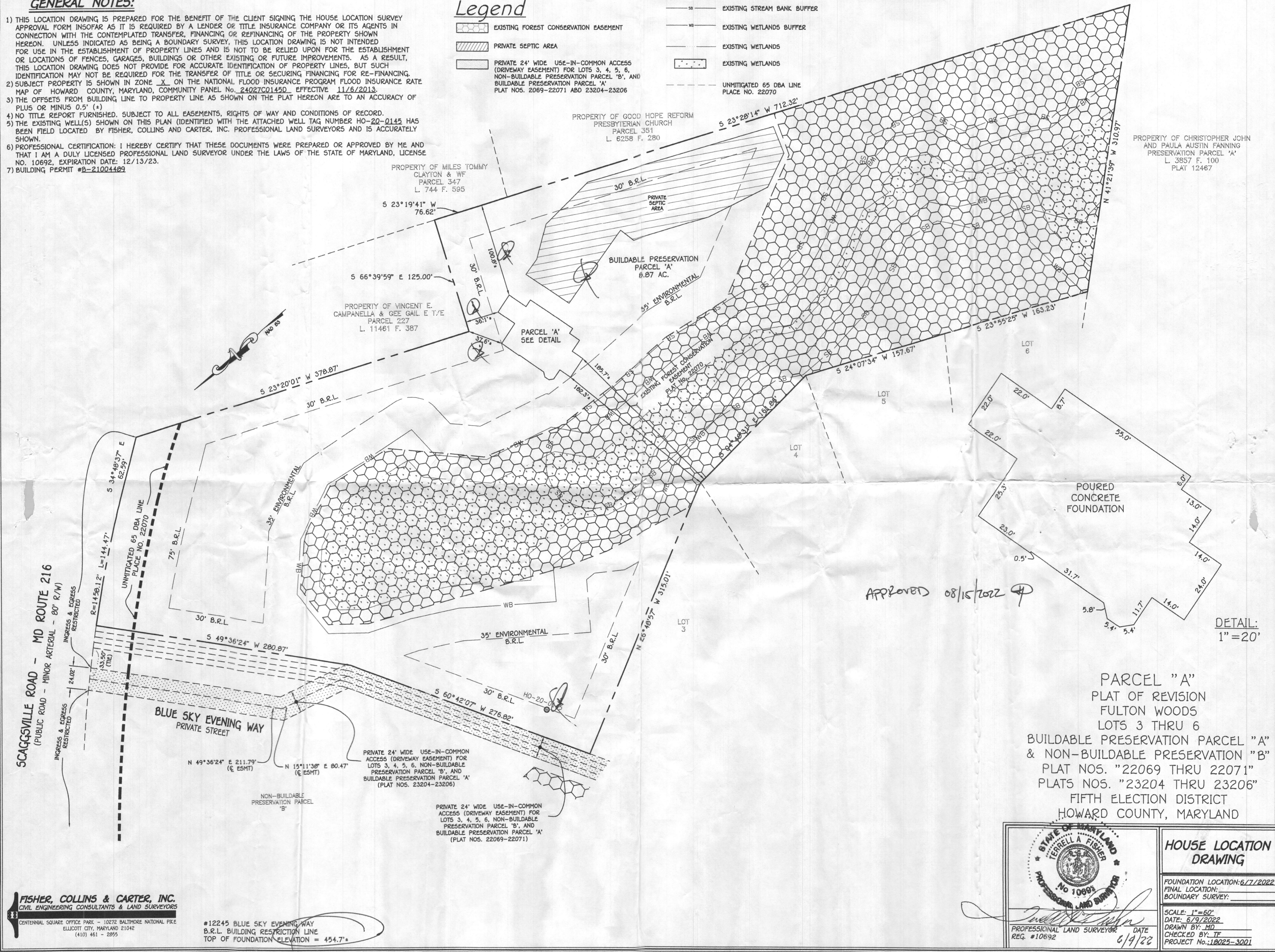
	12/8/23
Howard County Health Department	Date

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. 24027C0145D EFFECTIVE 11/6/2013.
- 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-20-0145 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 OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 10692, EXPIRATION DATE: 12/13/23.
- 7) BUILDING PERMIT #B-21004489

Legend

- EXISTING FOREST CONSERVATION EASEMENT
- PRIVATE SEPTIC AREA
- PRIVATE 24' WIDE USE-IN-COMMON ACCESS (DRIVEWAY EASEMENT) FOR LOTS 3, 4, 5, 6, NON-BUILDABLE PRESERVATION PARCEL 'B', AND BUILDABLE PRESERVATION PARCEL 'A' PLAT NOS. 2069-22071 AND 23204-23206
- EXISTING STREAM BANK BUFFER
- EXISTING WETLANDS BUFFER
- EXISTING WETLANDS
- EXISTING WETLANDS
- UNMITIGATED 65 DBA LINE PLACE NO. 22070



APPROVED 08/15/2022

DETAIL: 1"=20'

PARCEL "A"
 PLAT OF REVISION
 FULTON WOODS
 LOTS 3 THRU 6
 BUILDABLE PRESERVATION PARCEL "A"
 & NON-BUILDABLE PRESERVATION "B"
 PLAT NOS. "22069 THRU 22071"
 PLATS NOS. "23204 THRU 23206"
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

	HOUSE LOCATION DRAWING	
	FOUNDATION LOCATION: 6/7/2022 FINAL LOCATION: BOUNDARY SURVEY:	SCALE: 1"=60' DATE: 6/9/2022 DRAWN BY: MD CHECKED BY: TF PROJECT No.: 18025-3001

I:\2018\18025\dwg\House Locations\18025-3001 Parcel A Location.dwg, LOCATION, 6/9/2022 3:46:46 PM

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

#12245 BLUE SKY EVENING WAY
 B.R.L. BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEVATION = 454.7'



HOWARD COUNTY HEALTH DEPARTMENT

73²
PTD
PHONE # 410 795-2914

DATE 8/2/22

Received From

Freedom Septic Services

PHONE #

For

Balance of Septic permit
12005 Blue Sky
Every year
Two hundred thirty-one Dollars

CASH

CHECK

NO. 5125

\$ 231.00

Received By

Alex



HOWARD COUNTY HEALTH DEPARTMENT

72120

75

8.12.22 DATE

Received From

Freedom Septic Services PHONE # 410 795-2447

For

Balance of Septic permit 12245 Blue Sky

CASH

CHECK

NO.

9125

Two hundred thirty-one Dollars

\$

271.00

Received By

Alex