

05427452

LAYOUT 7/12/04 - 2:00pm INSP 4
INSP 7/21/04 2:30pm INSP 5
INSP 3 10/8/04 INSP 6

ISSUE DATE: 6/30/2004

APPROVAL DATE: 10/8/04

PERMIT INDEXED # RPS ?

P 520753

A 59030-A

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg PHONE NUMBER: 410-988-9270

SUBDIVISION: Rosenberg Property LOT NUMBER: TM 40, P. 285

ADDRESS: 12390 Hall Shop Road PROPERTY OWNER: Dan Espenshade

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 15' to the left of the electric transformer box. Run (3) trenches on contour as shown on plan.
NOTES:	Maintain 18-36" finished cover over septic tanks. Maintain 10' minimum between the proposed water line and the septic trenches.

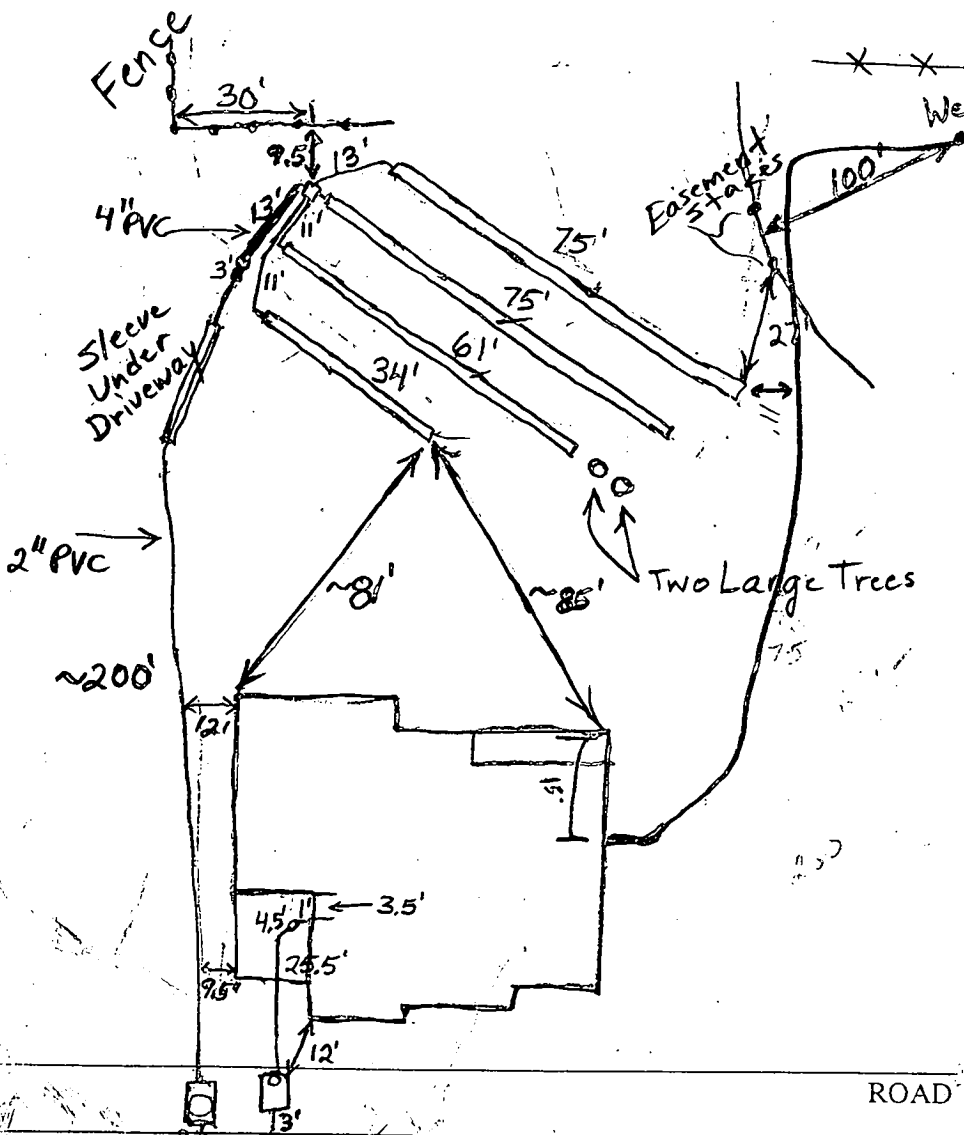
PLANS APPROVED: MER DATE: 4/22/04

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 OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A59030-A

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		4
TOTAL LENGTH		245'
ABSORPTION AREA		735 sq. ft.
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'-2.5'
BAFFLES	Tee
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No

PRE-CONSTRUCTION 7/12/04 - SRA staked, contour approximate
 Install 70' / 80' / 92' trenches (SU)
 INSTALLATION 7/21/04 - Truock crew did not install trenches as planned because of two large trees in septic easement. Hope trees fall on house. Conserve area with any repairs. Need pump and alarm test. (BB) 10/8/04 - Pump & Alarm tests OK (SU)

FINAL INSPECTOR *[Signature]* DATE OF APPROVAL 10/8/04

G 8797

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B 00146 317 MBL

Building Address 12510 Hill Shop Rd, Fulton, MD 21759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605102 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 513 Grid 6

Zoning RRPE2 Map Coordinates _____ Lot size _____

Property Owner's Name _____
Address 14017 Monticello Dr.
City Cooksville State MD Zip Code 21723

Home Phone 410 916-9947 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use _____
Proposed Use 3 BR 1 1/2 BA

Estimated Construction Cost \$ 100,000

Description of Work 4 ON, 3 FULL B, 1 1/2 BA
CONVERT GARAGE (1400 SQ FT) INTO 3 BR
1 1/2 BA, 1 1/2 BA

Contractor Company B SQUARE CONSTRUCTION

Contact Person Barry Boone

Address 2420 Aire's Dr.

City North Wales State MD Zip Code 21776

License No. 3364

Phone 410 443-8644 Fax 8550 410-635-6414

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4 BR</u>	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Nancy M Boone
Applicant's Signature

V-10-12
Title/Company

Nancy M Boone
Print Name

3/17/04
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/22/04</u>	<u>Mark Riffkin</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?
YES NO

Is Entrance Permit required?
YES NO

Historic District?
YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: _____

Filing fee \$ 100.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

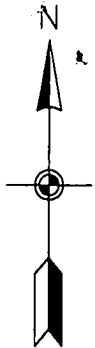
Sub-total paid \$ _____

Balance due \$ _____

Check # 1068

Validation # 42149

Accepted by [Signature]



PREVIOUSLY APPROVED SEPTIC AREA

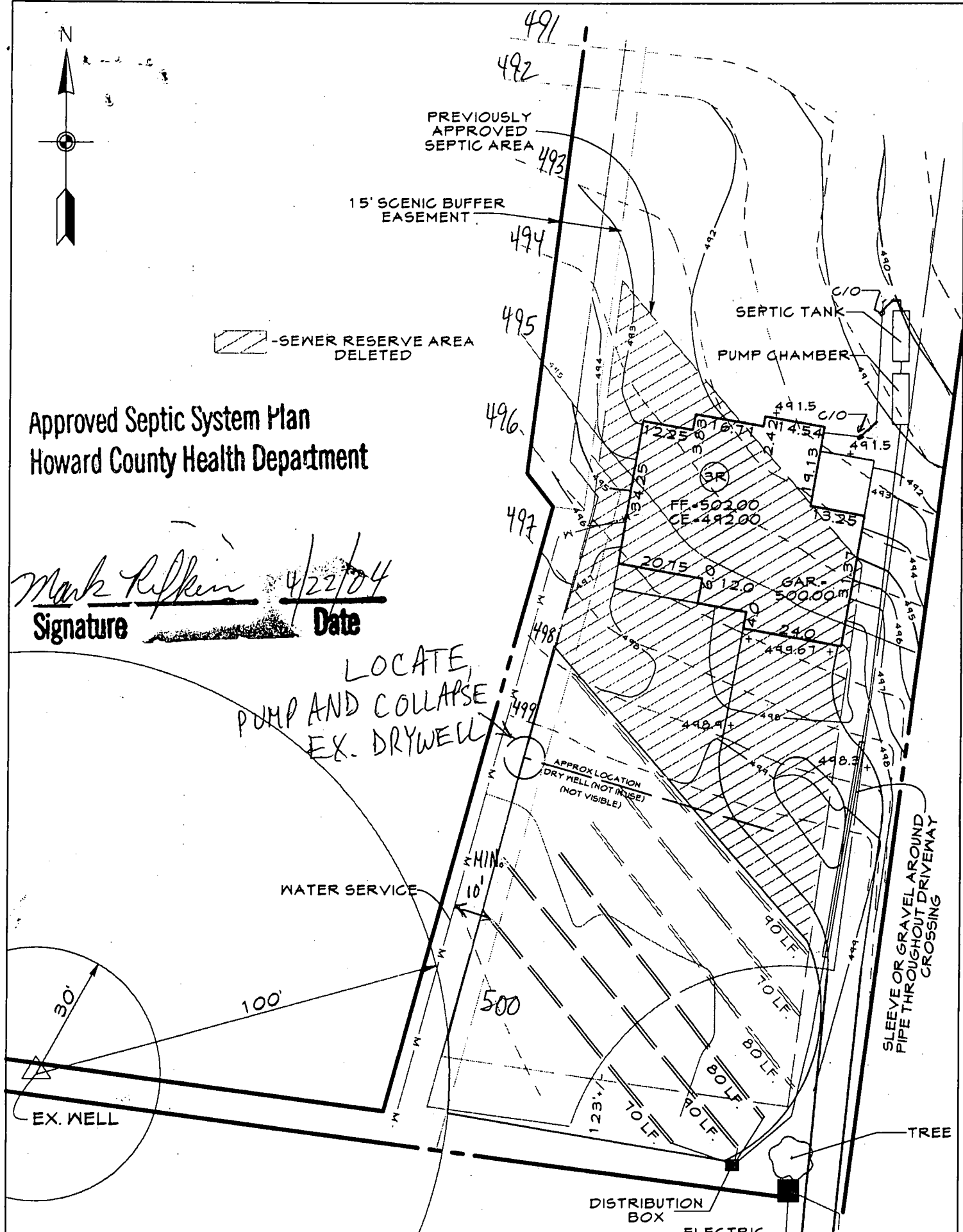
15' SCENIC BUFFER EASEMENT

-SEWER RESERVE AREA DELETED

Approved Septic System Plan
Howard County Health Department

Mark Ripkin 4/22/04
Signature **Date**

LOCATE,
 PUMP AND COLLAPSE
 EX. DRYWELL



SEPTIC SYSTEM NOTES

1. PROPOSED 1500 GALLON SEPTIC TANK.
2. A. FIRST FLOOR ELEVATION: 502.00
- B. BASEMENT ELEVATION: 492.00
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 490.50
- D. INVERT AT SEPTIC TANK: 487.50
- E. INVERT OUT AT SEPTIC TANK: 487.10
- F. PROPOSED GRADE OVER SEPTIC TANK: 490.50
- G. INVERT AT DISTRIBUTION BOX: 497.80
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 499.80
4. SEE SEPTIC AREA FOR LENGTH OF TRENCHES
5. CONTRACTOR/BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- INVERT IN @ PUMP CHAMBER: 486.8
- PROPOSED GRADE OVER PUMP CHAMBER: 491.0

PLOT PLAN
PROPERTY OF
DANIEL J. ESPENSHADE

5th ELECTION DISTRICT HOWARD COUNTY, MD.
 DEED REF. 5712/449

EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS	
9-26-03	REVISE UTILITY LINE LOCATION	CDD
3-05-04	REVISED HOUSE TYPE & LOCATION	CDD
4-06-04	REV. SEPTIC TANK LOCATION	CDD

CLSI

Carroll Land Services
 Incorporated
 Engineers • Surveyors • Land Development Consultants
 Landscape Architects • Environmental Specialists
 439 East Main Street Westminster, MD 21157-3539
 (410) 876-2017 FAX (410) 876-0009

DRAWN BY:	CDD
DESIGN BY:	
REVIEW BY:	DEM
DATE:	12-2-02
SCALE:	1"=30'
JOB NO:	2002203
SHEET:	2 OF 2