



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 8-25-14

Permit No.: B14003084

Building Address: 14552 Edgewoods Way
City: Croft State: MD Zip Code: 21757
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edgewood Farm
Section: _____ Area: _____ Lot: 51
Tax Map: 21 Parcel: 90 Grid: 22
Zoning: _____ Map Coordinates: _____ Lot Size: 42,442

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: Install 1000 gallon in-ground propane tank

Occupant or Tenant:
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Toll MD V Limited Partnership
Address: 7164 Columbia Gateway Dr
City: Columbia State: MD Zip Code: 21056
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Eldersburg State: MD Zip Code: 21784
Phone: 443-340-1297 Fax: _____
Email: Jeremy@AppliedandApproved.com

Contractor Company: TECH AIR
Contact Person: JEFF KENNEY
Address: 8099 D Hill mark ct
City: Fredrick State: MD Zip Code: 21704
License No.: 6B164
Phone: 443-545-4393 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: <u>B14002849</u>

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 THERETO; (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.

Applicant's Signature: [Signature]
Print Name: Jeremy Clancy
Email Address: Jeremy@AppliedandApproved.com
Title/Company: Permits

Print Name: Jeremy Clancy
Date: 8/25/14
RECEIVED
AUG 25 2014

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/8/14</u>	<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$ <u>110</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>3822</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

Iterations\Updated Forms\Building applmp 8.2012.docx

14SE70895



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](https://twitter.com/HowardCoHealthDep)

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

August 26, 2014

NATHAN BRANDENBURG
TOLL MD V LIMITED PARTNERSHIP
7164 COLUMBIA GATEWAY DR STE 230
COLUMBIA, MD 21045

Sent via email to: NBRANDENBURG@TOLLBROTHERSINC.COM

**RE: Building Permit B14002849
14552 Edgewoods Way
Glenelg, MD 21737**

Dear Mr. Brandenburg:

This letter is in response to building permit # B14002849. The application describes the construction of a single family building. Upon review of the application, the submittal did not include a copy of the floor plans. Floor plans are required in order to confirm the number of bedrooms.

At this time, the building permit application has been placed on hold until a copy of the floor plans have been received and reviewed by the Health Department. Should any questions or concerns arise, please contact me directly at (410) 313 - 1786 or hoswald@howardcountymd.gov.

Sincerely,

Hank Oswald

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program

14552 Edgewoods Way

Design Your Own Home™ The Chamberlain

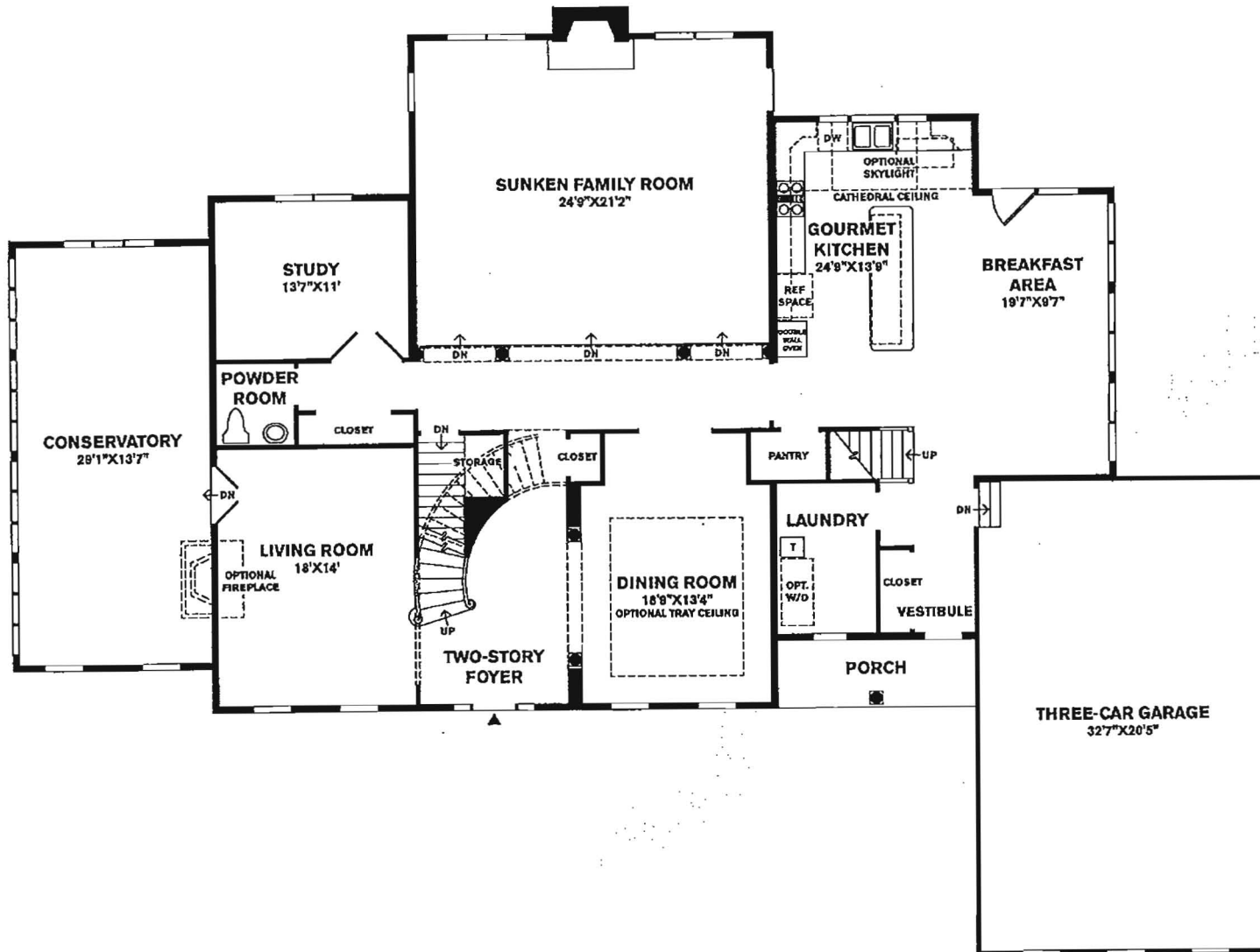
Toll Brothers
America's Luxury Home Builder™

First Floor :

0532 Palladian Kitchen

0039 Conservatory Elite Addition

0023 Expanded Family Room



The actual appearance of these options in a particular home design may vary from the images shown on this page. Please consult the sales manager and the written details describing these options for exact specifications. All dimensions are approximate and are subject to field variations. Some windows and floor plan may vary with elevations. Some features may vary from community to community. Please consult Sales Manager for details. Options purchased must be specified in exhibit B. The floorplans and elevations of Toll Brothers homes are copyrighted. We have enforced and will continue to enforce our federal copyrights to protect the investment of our homebuyers.

V. 4.1 © Toll Brothers, Inc.
All rights reserved.

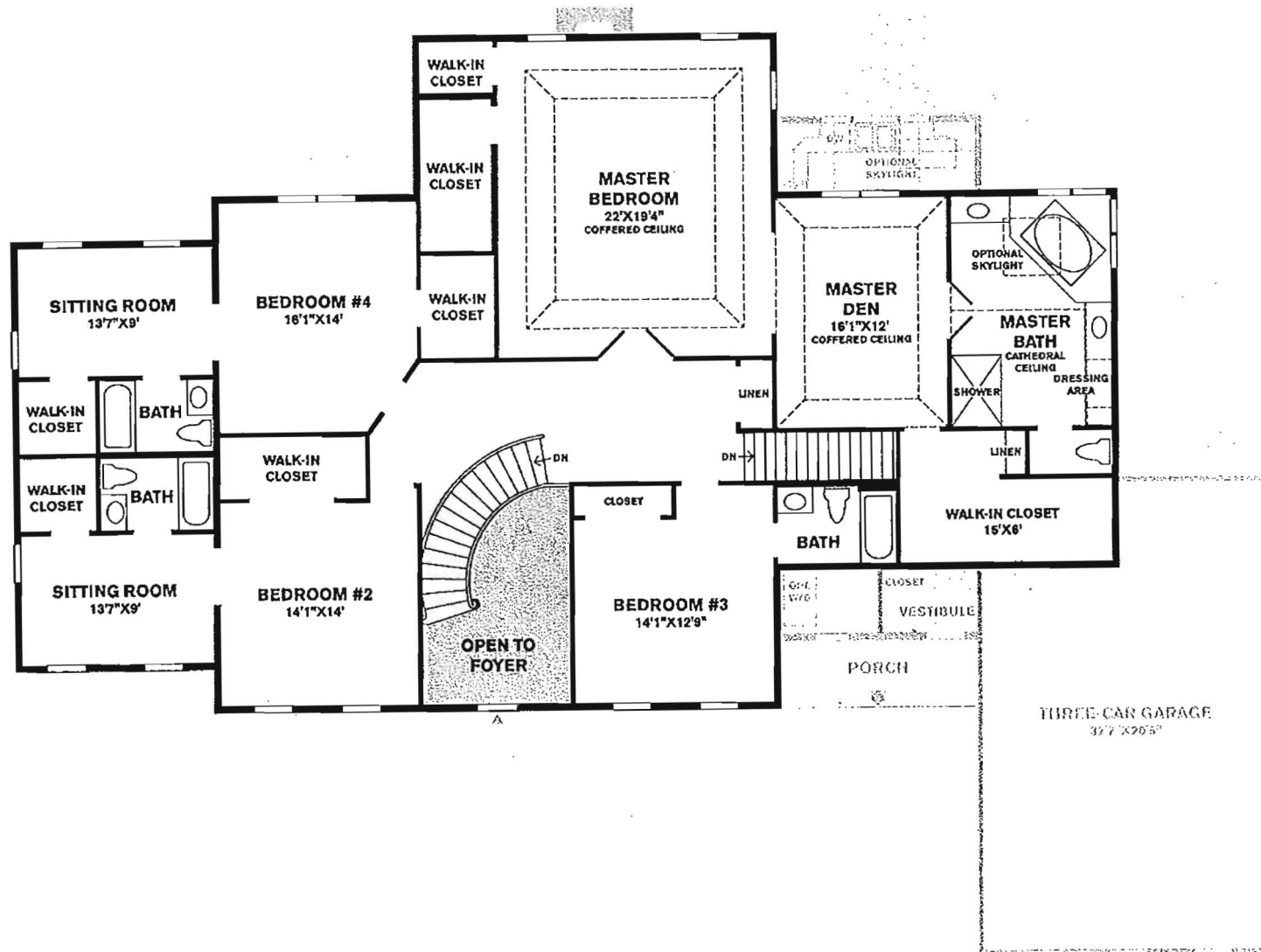
Design Your Own Home™ The Chamberlain

Toll Brothers
America's Luxury Home Builder™

Second Floor :

0521 Bedroom Suites Above Elite Addition

0023 Expanded Family Room



The actual appearance of these options in a particular home design may vary from the images shown on this page. Please consult the sales manager and the written details describing these options for exact specifications. All dimensions are approximate and are subject to field variations. Some windows and floor plan may vary with elevations. Some features may vary from community to community. Please consult Sales Manager for details. Options purchased must be specified in exhibit B. The floorplans and elevations of Toll Brothers homes are copyrighted. We have enforced and will continue to enforce our federal copyrights to protect the investment of our homebuyers.

V. 4.1 © Toll Brothers, Inc. All rights reserved.

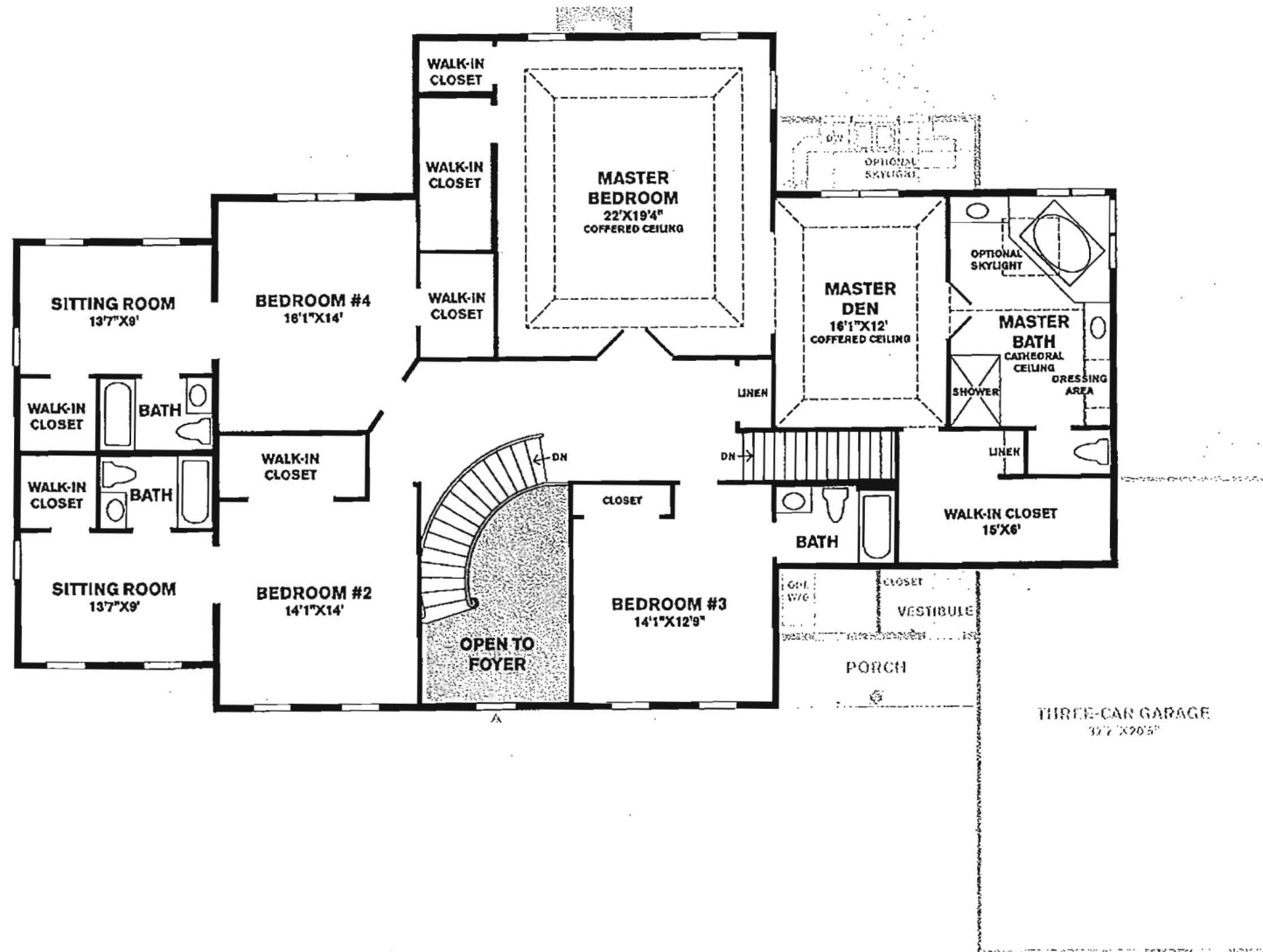
Design Your Own Home™ The Chamberlain

Toll Brothers
America's Luxury Home Builder™

Second Floor :

0521 Bedroom Suites Above Elite Addition

0023 Expanded Family Room



The actual appearance of these options in a particular home design may vary from the images shown on this page. Please consult the sales manager and the written details describing these options for exact specifications. All dimensions are approximate and are subject to field variations. Some windows and floor plan may vary with elevations. Some features may vary from community to community. Please consult Sales Manager for details. Options purchased must be specified in exhibit B. The floorplans and elevations of Toll Brothers homes are copyrighted. We have enforced and will continue to enforce our federal copyrights to protect the investment of our homebuyers.

V. 4.1 © Toll Brothers, Inc.
All rights reserved.

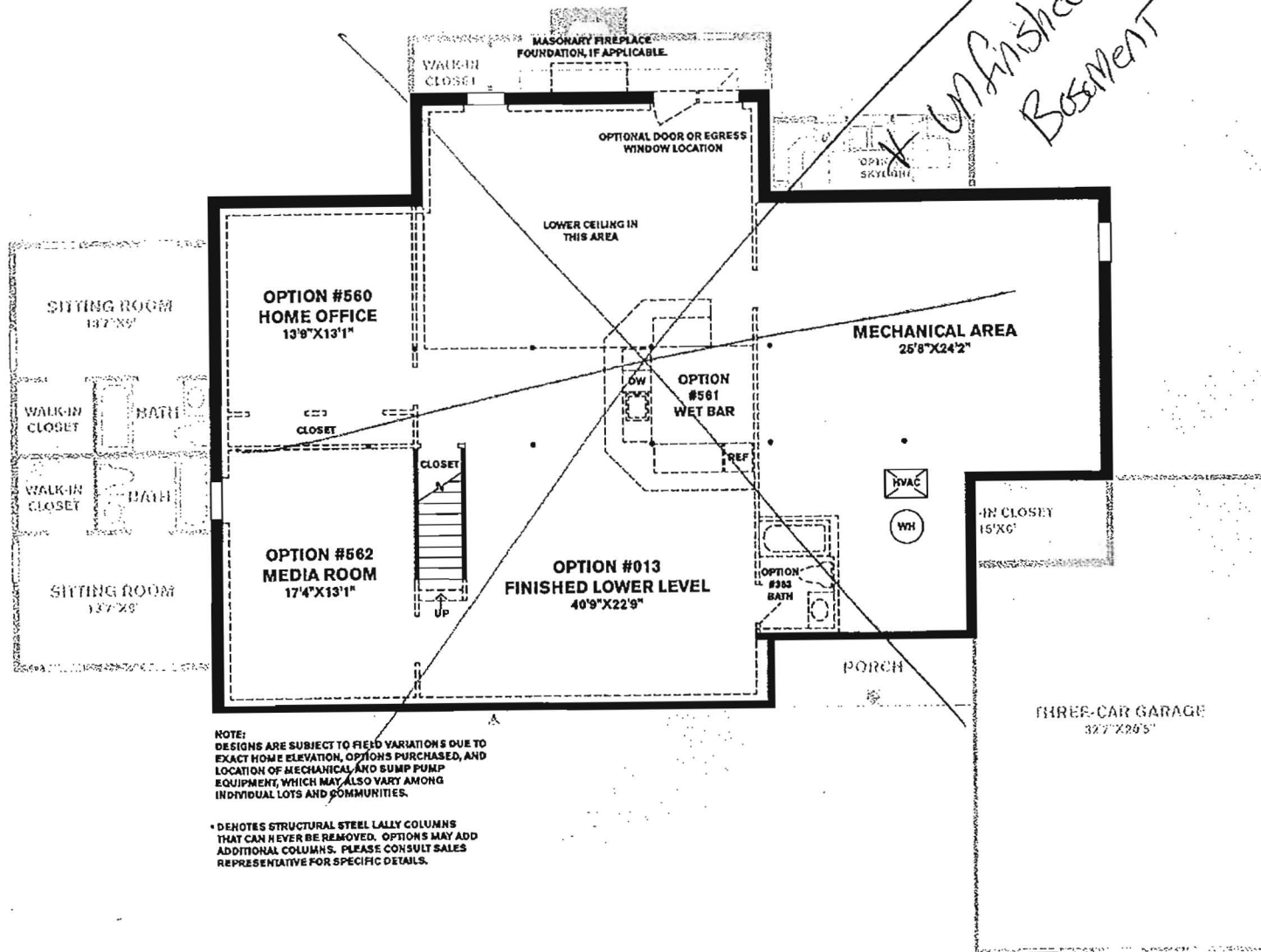
Design Your Own Home™ The Chamberlain

14552 Edgewoods Way

Toll Brothers
America's Luxury Home Builder™

Basement :

No Options Available.



The actual appearance of these options in a particular home design may vary from the images shown on this page. Please consult the sales manager and the written details describing these options for exact specifications. All dimensions are approximate and are subject to field variations. Some windows and floor plan may vary with elevations. Some features may vary from community to community. Please consult Sales Manager for details. Options purchased must be specified in exhibit B. The floorplans and elevations of Toll Brothers homes are copyrighted. We have enforced and will continue to enforce our federal copyrights to protect the investment of our homebuyers.

V. 4.1 © Toll Brothers, Inc. All rights reserved.

Oswald, Hank


From: Nathan Brandenburg [NBRANDENBURG@tollbrothersinc.com]
Sent: Tuesday, August 26, 2014 1:57 PM
To: Oswald, Hank
Subject: RE: B14002849 (14552 Edgewoods Way)
Attachments: 20140826141040393.pdf

Good Afternoon,

Floor plan attached.

Nathan Brandenburg
Project Manager - Toll Brothers Inc.
Patuxent Chase & The Reserve at Triadelphia Crossing
Field Office (410) 489-2275 ~ Fax (410) 489-2278

Learn more about our homes at www.tollbrothers.com

 Become a fan of Toll Brothers Howard County, MD on Facebook



The information provided herein is for informational purposes only. Nothing contained herein is intended to obligate or bind Toll Brothers, Inc., its affiliates, or subsidiaries unless signed by all parties in an Agreement of Sale.

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Tuesday, August 26, 2014 12:14 PM
To: Nathan Brandenburg
Subject: B14002849 (14552 Edgewoods Way)

Hi Nathan:

Please see attached letter regarding comments about B14002849.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045
410-313-1786
410-313-2648 (Fax)



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 8/6/14

Permit No.: B14002849

Building Address: 14552 Edgewoods Way
City: Glenelg State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edgewood Farm
Section: _____ Area: _____ Lot: 51
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
Proposed Use: Residential Home
Estimated Construction Cost: \$ 600,000
Description of Work: Chamberlain Federal, 41m, Corneway, 3 car garage.
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Toll MD V LP
Address: 14540 Edgewoods Way
City: Glenelg State: MD Zip Code: 21737
Phone: 410 404 2275 Fax: _____
Email: Mbrandenburg e Tollbrothersinc.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Toll MD V LP
Contact Person: Nathan Brandenburg
Address: 14540 Edgewoods Way
City: Glenelg State: MD Zip Code: 21737
License No.: 3630
Phone: 410 404 2275 Fax: _____
Email: Mbrandenburg e Tollbrothersinc.com

Engineer/Architect Company: ESE
Responsible Design Prof.: Mike Boyce
Address: 7164 Wimbis Gateway Dr. #230
City: Columbia State: MD Zip Code: 21046
Phone: 410 365 4175 Fax: _____
Email: Mboyce e ESEENG.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor: <u>61'</u>	<u>88'</u>
	2 nd floor: <u>61'</u>	<u>88'</u>
Area of construction (sq. ft.):	Basement: <u>61'</u>	<u>88'</u>
Use group:	<input type="checkbox"/> Finished Basement	
Construction type:	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input type="checkbox"/> Wood Frame	No. of efficiency units:	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000035</u>	
Building Shell Permit Number: _____	

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 THERETO; (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.

Applicant's Signature: Nathan Brandenburg Print Name: Nathan Brandenburg
Email Address: Mbrandenburg e Tollbrothersinc.com Date: 8/6/14
Title/Company: Toll Brothers Inc.

RECEIVED

AUG 06 2014

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>8/27/14</u>	<u>H. O'Connell</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$ 50.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>09425247</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

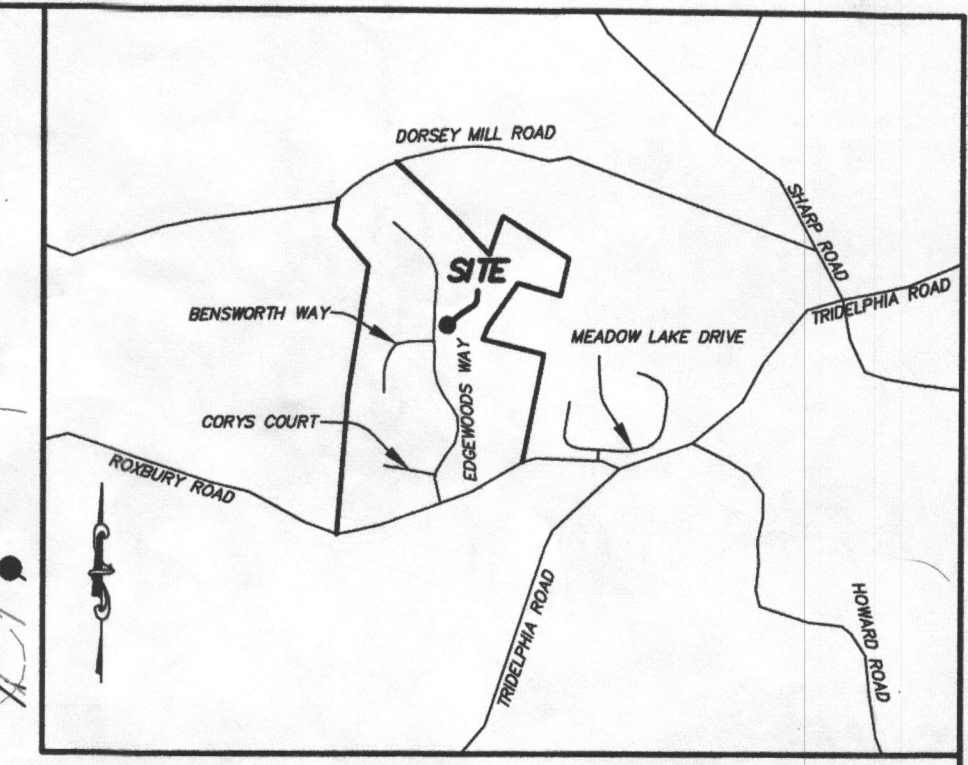
PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15.

HOUSE OPTIONS:

TYPE: CHAMBERLAIN (FEDERAL)
 WALKOUT BASEMENT
 EXPANDED FAMILY ROOM/GREAT ROOM
 CONSERVATORY ELITE ADDITION
 ADD'L 1' TO BASEMENT FOUNDATION WALLS
 BEDROOM SUITES ABOVE AN ELITE ADDITION
 PALLADIAN KITCHEN ADDITION

LEGEND:
 ● PERC TEST LOCATION
 ○ FAILED PERC TEST LOCATION
 ○ WELL LOCATION
 -LOD- LIMITS OF DISTURBANCE
 TW TOP OF WALL
 GF GARAGE FLOOR
 BF BASEMENT FLOOR
 BRL BUILDING RESTRICTION LINE

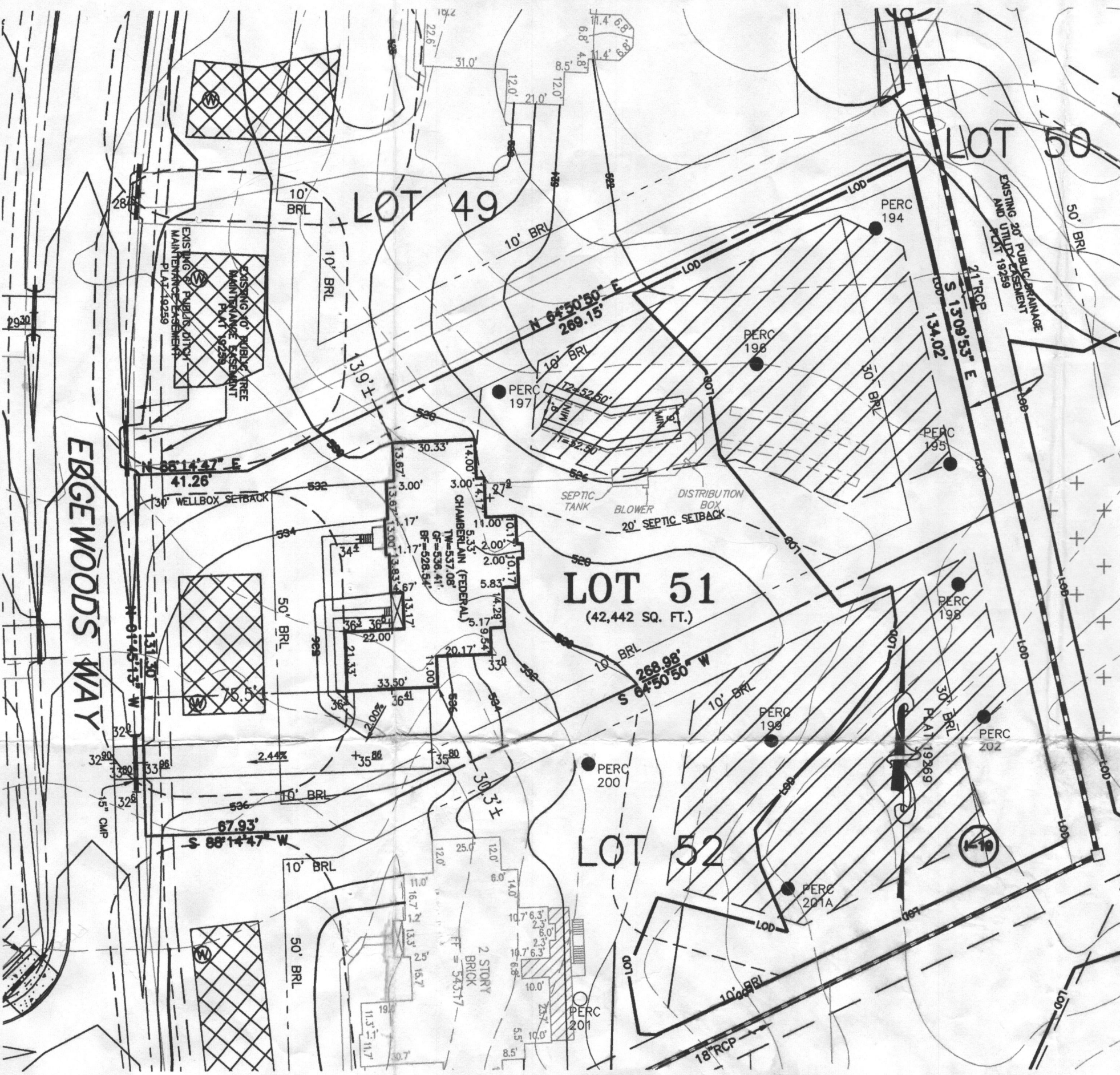
Approved for
 B14002849
 4.0. 8/27/14



VICINITY MAP
 1" = 2000'

GENERAL NOTES:

- THE SUBJECT PROPERTY IS ZONED RC-DEO PER THE 2/2/04 COMPREHENSIVE ZONING PLAN AND PER COMP-LITE ZONING REGULATIONS DATED 7/28/06.
- PLAT REFERENCE: PLAT No. 19268.
- THE EXISTING TOPOGRAPHY WITHIN THE AREA OF PROPOSED WORK IS TAKEN FROM FIELD RUN SURVEY WITH MAXIMUM TWO FOOT CONTOUR INTERVALS PREPARED BY ESE. DATED 4/27/11.
- SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS AND DESIGN DETAILS. PRIOR TO STAKEOUT FOR CONSTRUCTION, IT SHALL BE THE OWNER/BUILDERS RESPONSIBILITY TO PROVIDE ESE CONSULTANTS INC. WITH THE MOST RECENT SET OF HOUSE PLANS.
- THE CONTRACTOR OR DEVELOPER SHALL NOTIFY THE DEPARTMENT OF PUBLIC WORKS / BUREAU OF ENGINEERING / CONSTRUCTION INSPECTION DIVISION AT (410-313-1881) AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK.
- THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800-257-7777 AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
- TOTAL LIMIT OF DISTURBANCE: 31,006 SQ. FT. / 0.71 AC.±
- STORMWATER MANAGEMENT PER PLAN F-06-108.
- ANY DAMAGE TO PUBLIC "RIGHT-OF-WAYS" OR PAVED PUBLIC ROADS SHALL BE REPAIRED IMMEDIATELY AT THE CONTRACTORS EXPENSE IN ACCORDANCE WITH THE HOWARD COUNTY STANDARDS AND SPECIFICATIONS.
- DEVIATIONS FROM THESE PLANS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN CONSENT OF THE CIVIL ENGINEER (ESE) MAY CAUSE THE WORK TO BE UNACCEPTABLE.
- THE DIMENSIONED DISTANCES SHALL GOVERN IF SCALED AND DIMENSIONED DISTANCES ON THIS PLAN ARE FOUND TO BE IN DISAGREEMENT.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- THESE AREAS DESIGNATE A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS UNTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
- EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPERTY AND THOSE WELLS WITHIN 200' DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN.
- ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
- UPON BUILDING PERMIT REVIEW THE SEPTIC SYSTEMS FOR ALL PROPOSED STRUCTURES AND/OR EXISTING STRUCTURE EXPANSIONS SHALL BE RE-EVALUATED TO DETERMINE SUFFICIENT SYSTEM CAPACITY.
- THE DEVELOPMENT OF THIS LOT DOES NOT REQUIRE AN ENVIRONMENTAL CONCEPT PLAN SINCE STORMWATER MANAGEMENT WAS PREVIOUSLY APPROVED UNDER F-06-108.
- A STANDARD SEDIMENT CONTROL PLAN MAY BE USED FOR DEVELOPMENT OF THIS LOT. REFERENCE GRADING PLAN GP-14-031, DATED 10/31/13.
- THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-1052 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.
- BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.
- CULVERT FOR DRIVEWAY IS A 15" CORRUGATED METAL PIPE (CMP) PER NOTE 30 AS SHOWN ON SHEET LABELED "ROADS, STORMWATER MANAGEMENT AND STORM DRAIN CONSTRUCTION PLANS" IN THE F-06-108 PLAN.



SEPTIC SYSTEM/BEST AVAILABLE TECHNOLOGY (BAT) NOTES:

- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
- THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET COVER.
- THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
- THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE), IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

SEWAGE DISPOSAL SYSTEM DATA (5 BDRM)

- PROPOSED INVERT AT FOUNDATION WALL: 526.5'
- E60 ECOPOD SYSTEM
 EX. GRADE OVER TANK: 526.0'
 PROPOSED GRADE OVER TANK: 526.0'
 INVERT IN: 522.9' INVERT OUT: 522.6'
 - DISTRIBUTION BOX
 EXISTING GRADE OVER TANK: 526.0'
 PROPOSED GRADE OVER TANK: 526.0'
 INVERT IN: 522.3' INVERT OUT: 522.0'
 - TRENCH DESIGN (5 BDRM x 150 GPD/BDRM = 750 GPD)
 750 GPD ± 1.2 APP. RATE = 625 SF
 USE 3" WIDE TRENCH WITH 48" GRAVEL BELOW PIPE
 9" MIN. SPACING BETWEEN TRENCH EDGES
 625 SF x 3" WIDTH = 208.33 LF x 0.50 = 104.17 LF MIN. TRENCH
 USE 2 52.50' LONG TRENCHES = 105 LF

TRENCH DATA:

- BOTTOM MAX. DEPTH (8')
- TRENCH 1 (T1):
 GROUND ABOVE = 525.4'
 INV. IN = 521.4'
 BOTTOM TRENCH = 517.4'
- TRENCH 2 (T2):
 GROUND ABOVE = 524.7'
 INV. IN = 520.7'
 BOTTOM TRENCH = 516.7'

APPROVED: FOR HOWARD COUNTY DEPARTMENT OF PLANNING & ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION
 DATE
 DIRECTOR
 DATE
 PROFESSIONAL ENGINEER
 DATE

PLOT PLAN FOR BAT INSTALLATION
 LOT 51
EDGEWOOD FARM
 LIBER 10677, FOLIO 461
 PLAT No. 19269
 TAX No. 04-372867
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 ADDRESS: 14552 EDGEWOODS WAY
 GLENELG, MARYLAND

ESE Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870

DATE: 07/16/14 SCALE: 1"=40' FILE: PP LOT 51
 CHK'D: M.J.B. JOB NO: 1498 DRAWN: R.C.K.

