



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: _____

Permit No.: _____

Building Address: 2318 Meadow Trail Ln
 City: West Friendship State: MD Zip Code: 21794
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single family home
 Proposed Use: finish basement
 Estimated Construction Cost: \$ 20,000
 Description of Work: finish basement for Rec, Bedroom, Bathroom.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Joel Shinn
 Address: 2318 Meadow Trail Ln
 City: West Friendship State: MD Zip Code: 21794
 Phone: 260 226 5786 Fax: _____
 Email: JoelShinn@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Joel Shinn
 Address: 2318 Meadow Trail Ln
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Home owner
 Contact Person: Joel Shinn
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>2</u>	Depth	Width
Gross area, sq. ft./floor: <u>3200 sq</u>	1 st floor: _____	_____
Area of construction (sq. ft.): _____	2 nd floor: _____	_____
Use group: _____	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: _____	
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____	
<input type="checkbox"/> Masonry	No. of 1 BR units: _____	
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____	
<input type="checkbox"/> State Certified Modular	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	

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 type="checkbox"/> No	_____
Gas: <input 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: _____	

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 _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date _____

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

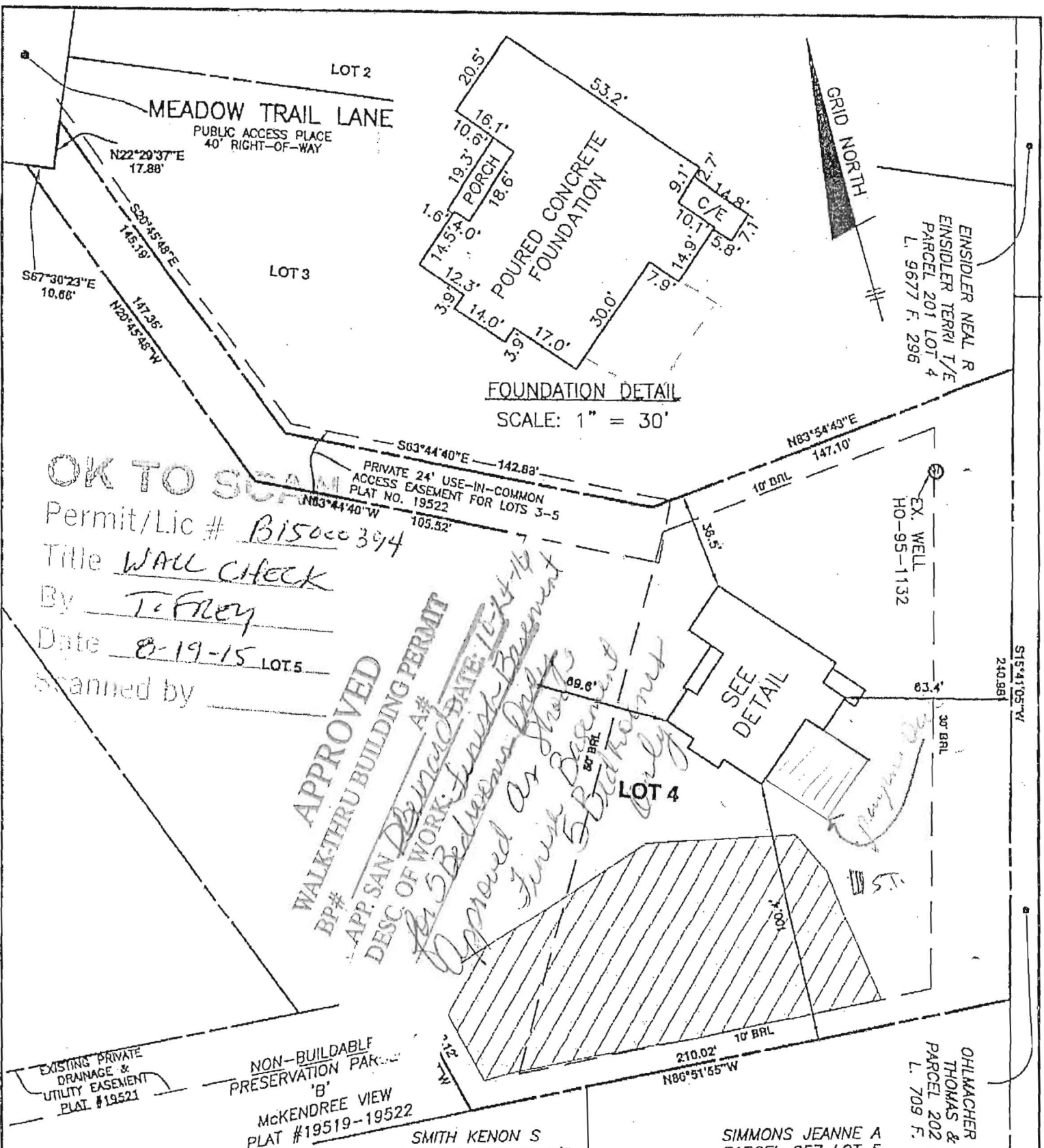
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/24/18</u>	<u>D. Bennett</u>

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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



SURVEYOR'S CERTIFICATE

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. 21320, EXPIRATION DATE 1-7-2017 AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 06/08/2015.

Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR
MD REG. No. 21320
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
FEMA FIRM No. 240027C0045D
ZONE: X
DATED: 11/06/2013



BENCHMARK
ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE A SUITE 315
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-6105 A fax: 410-465-6844
www.bel-civilengineering.com

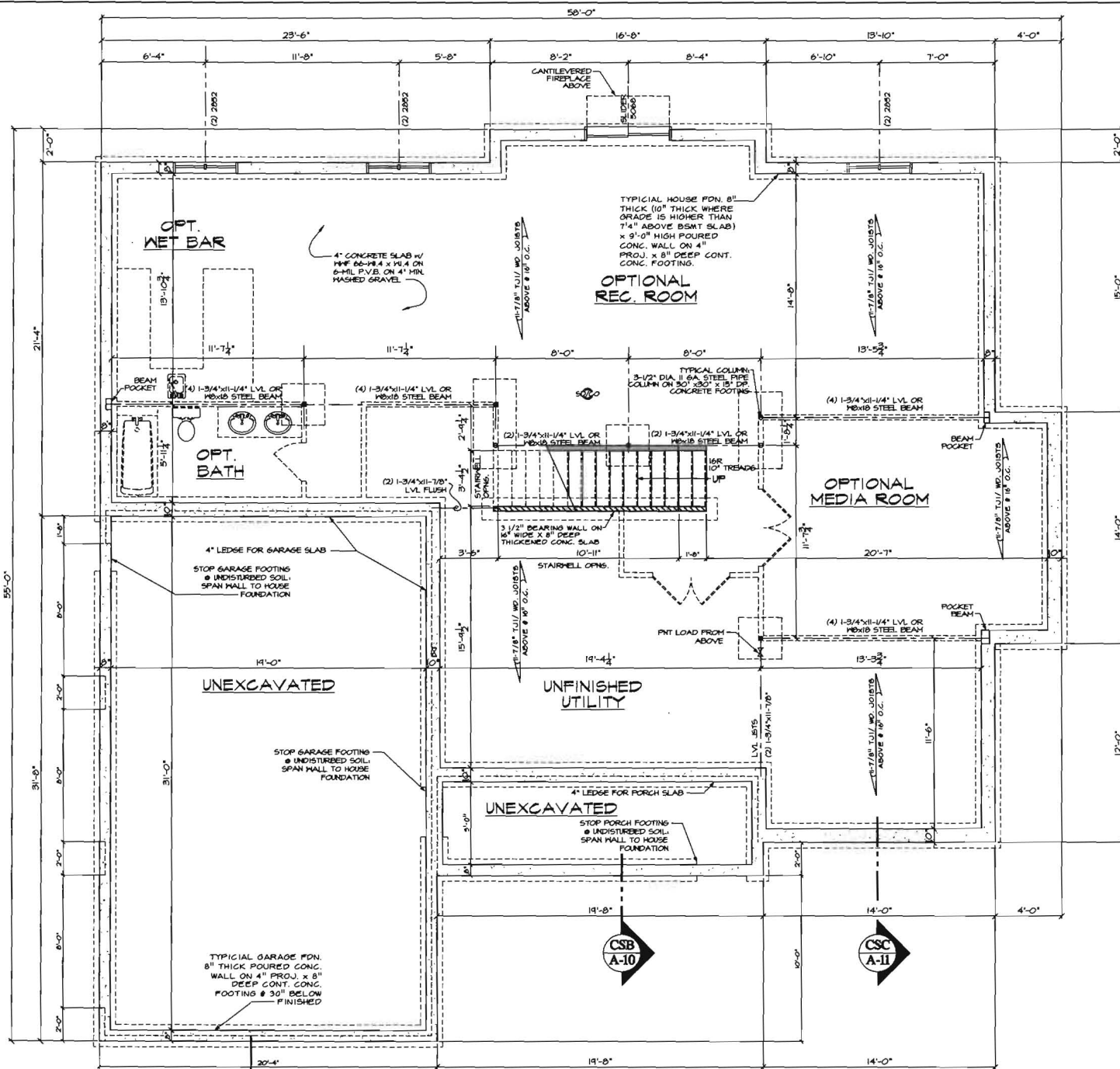
B15000394

TOP OF FOUNDATION WALL ELEVATION = 567.8'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

WALL CHECK
MCKENDREE VIEW
LOTS 1 THRU 8
PLAT No. 19522
LOT No. 4

2318 MEADOW TRAIL LANE

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 06/08/2015



CSA
A-9

FOUNDATION PLAN

SCALE: 1/4"=1'-0"

CSB
A-10

CSC
A-11

PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE

SHEET NO.
A-1

PROJ. NO.: 82139

FOUNDATION PLAN

SUBMITTALS

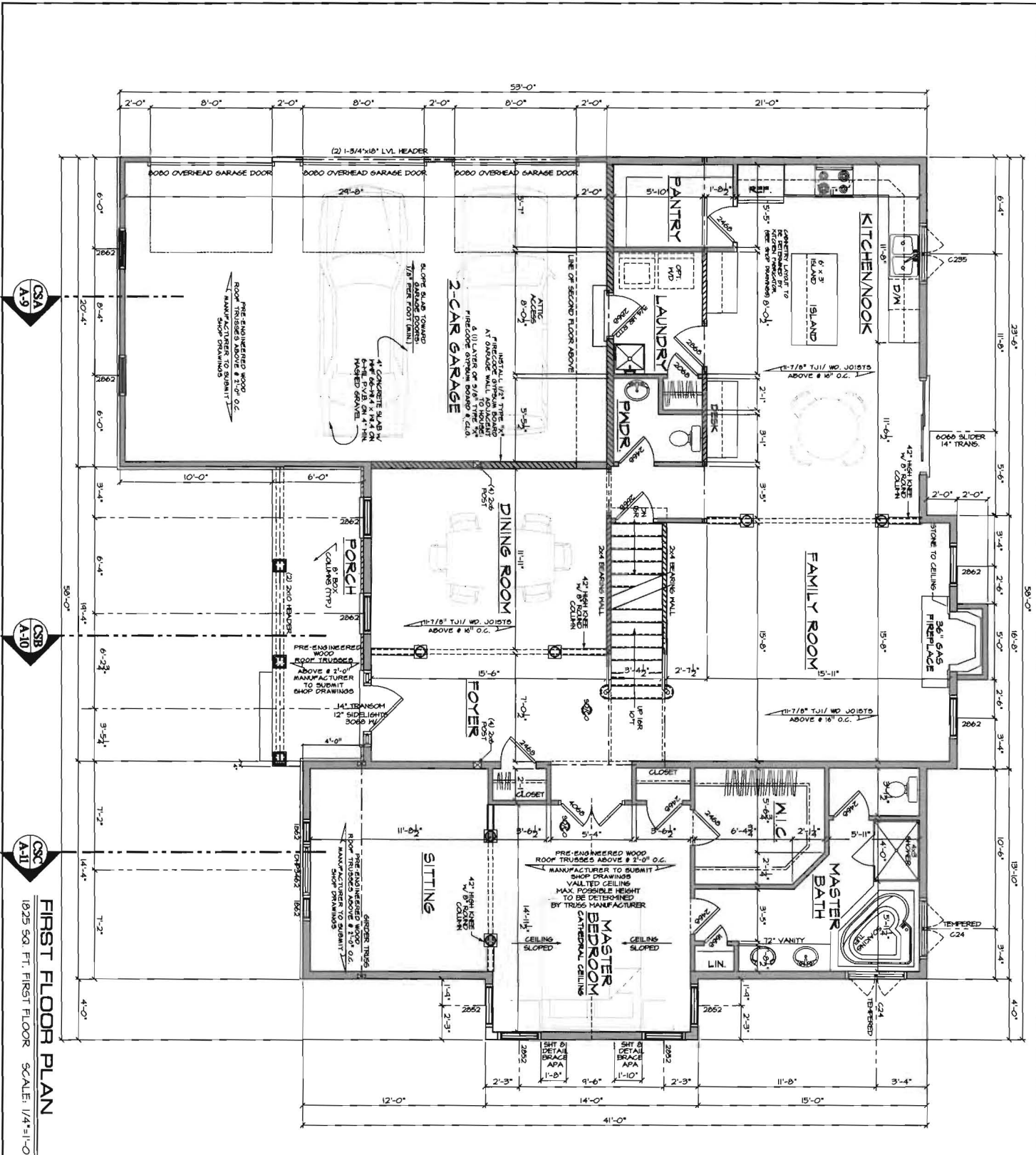
DATE	BY	REMARKS
0-20-14	DWR	FINAL PERMIT PLAN



RESIDENTIAL DESIGN
332 WEST PATRICK STREET / FREDERICK, MD / 37101
(410) 301.695.9721 (E) DESIGN@CADDWORKS.NET
(410) 301.695.4668 (M) WWW.CADDWORKS.NET

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HOWARD COUNTY, MD



1825 SQ. FT. FIRST FLOOR SCALE: 1/4"=1'-0"

PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE

FIRST FLOOR PLAN

HOWARD COUNTY, MD

SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
12-24-14	DR	PRELIMINARY PLAN

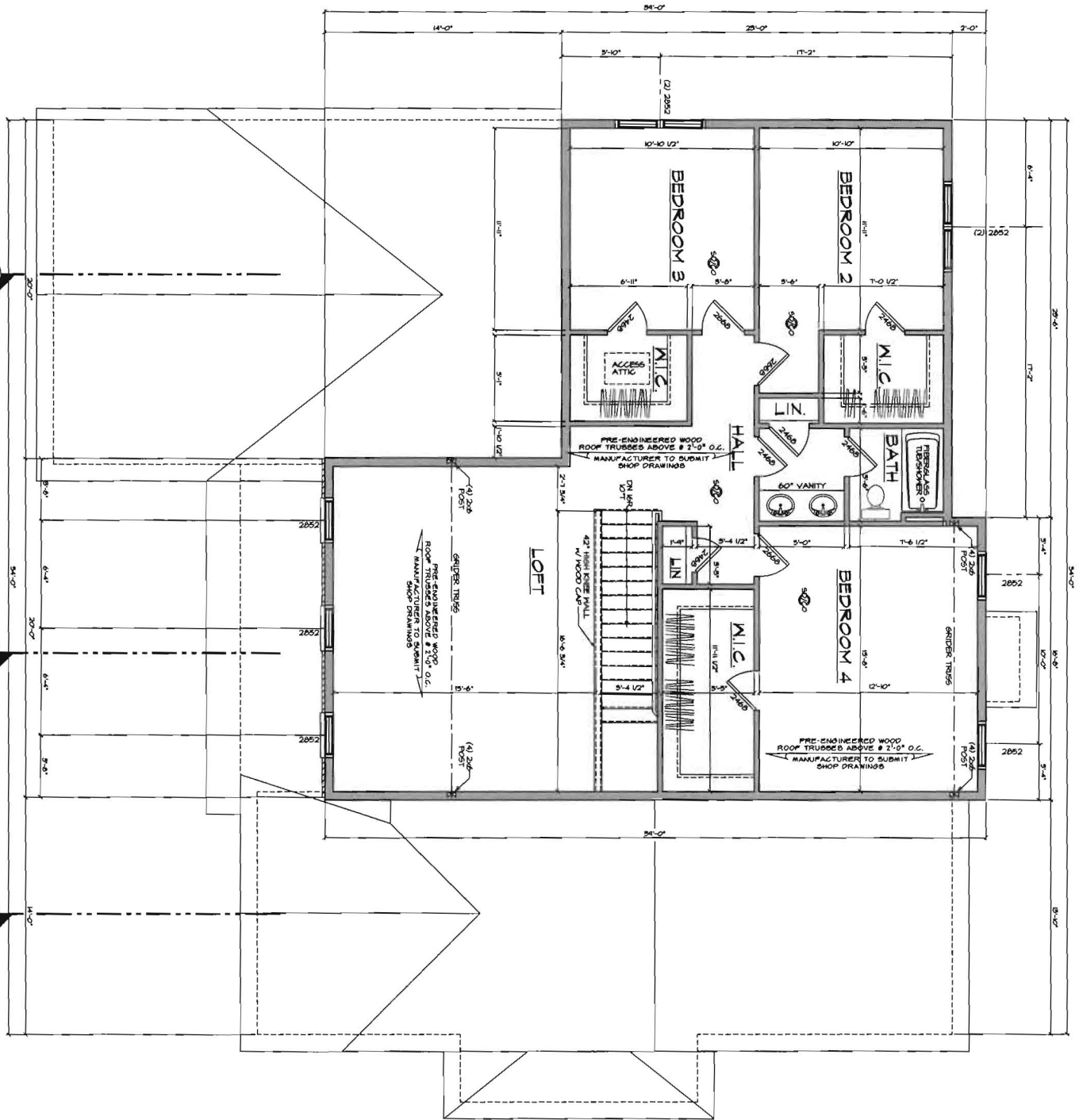


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SHEET NO.
A-2

FORM NO. 82319



CSA
A-9

CSB
A-10

CSA
A-11

SECOND FLOOR PLAN
1174 SQ. FT. SECOND FLOOR
SCALE: 1/4"=1'-0"

PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE

SECOND FLOOR PLAN

HOWARD COUNTY, MD

SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
0-26-H	CR	PRELIMINARY PLAN

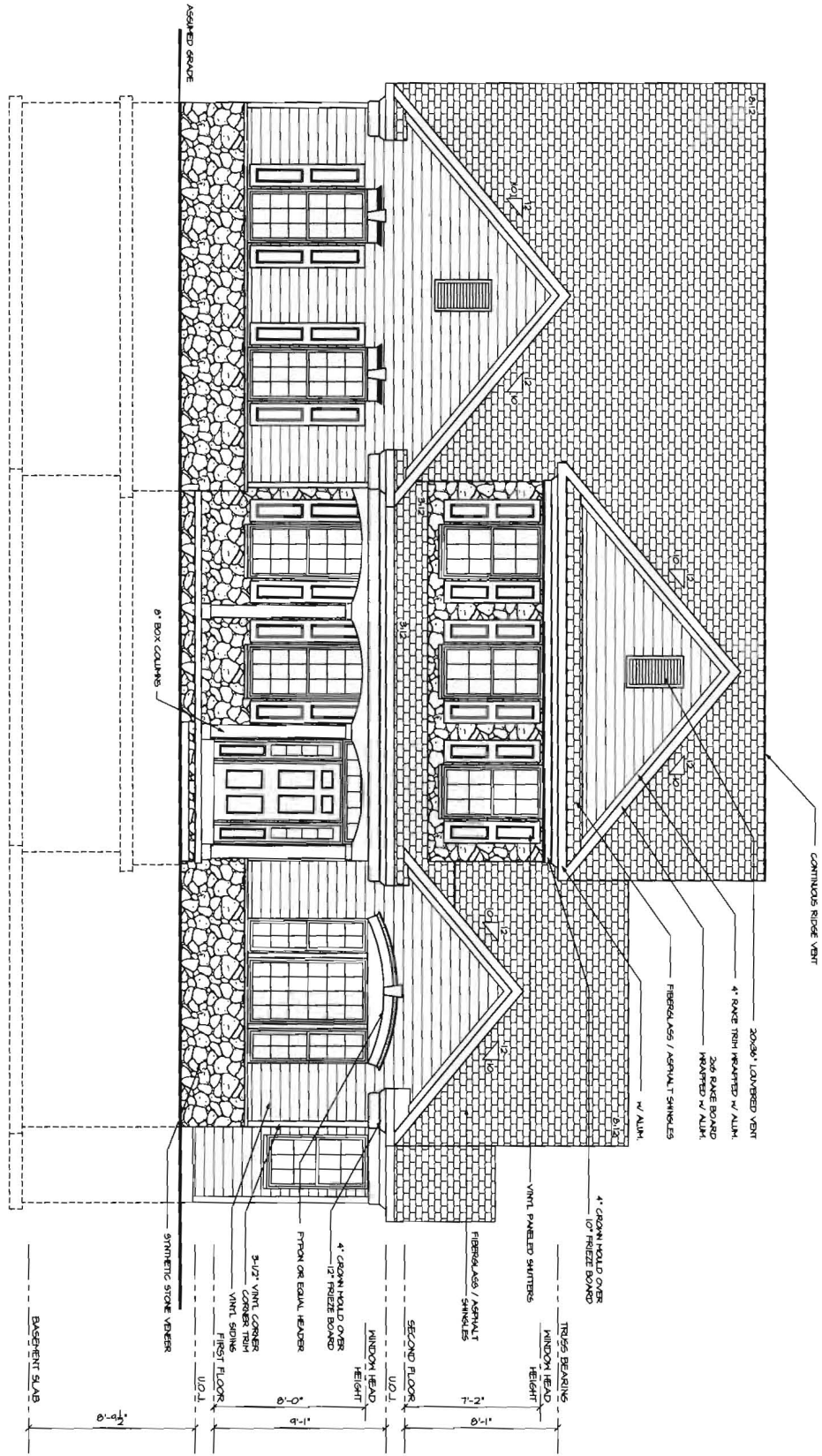


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SHEET NO.
A-3

FRONT NO. 82139



FRONT ELEVATION
SCALE: 1/4"=1'-0"

PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE
HOWARD COUNTY, MD

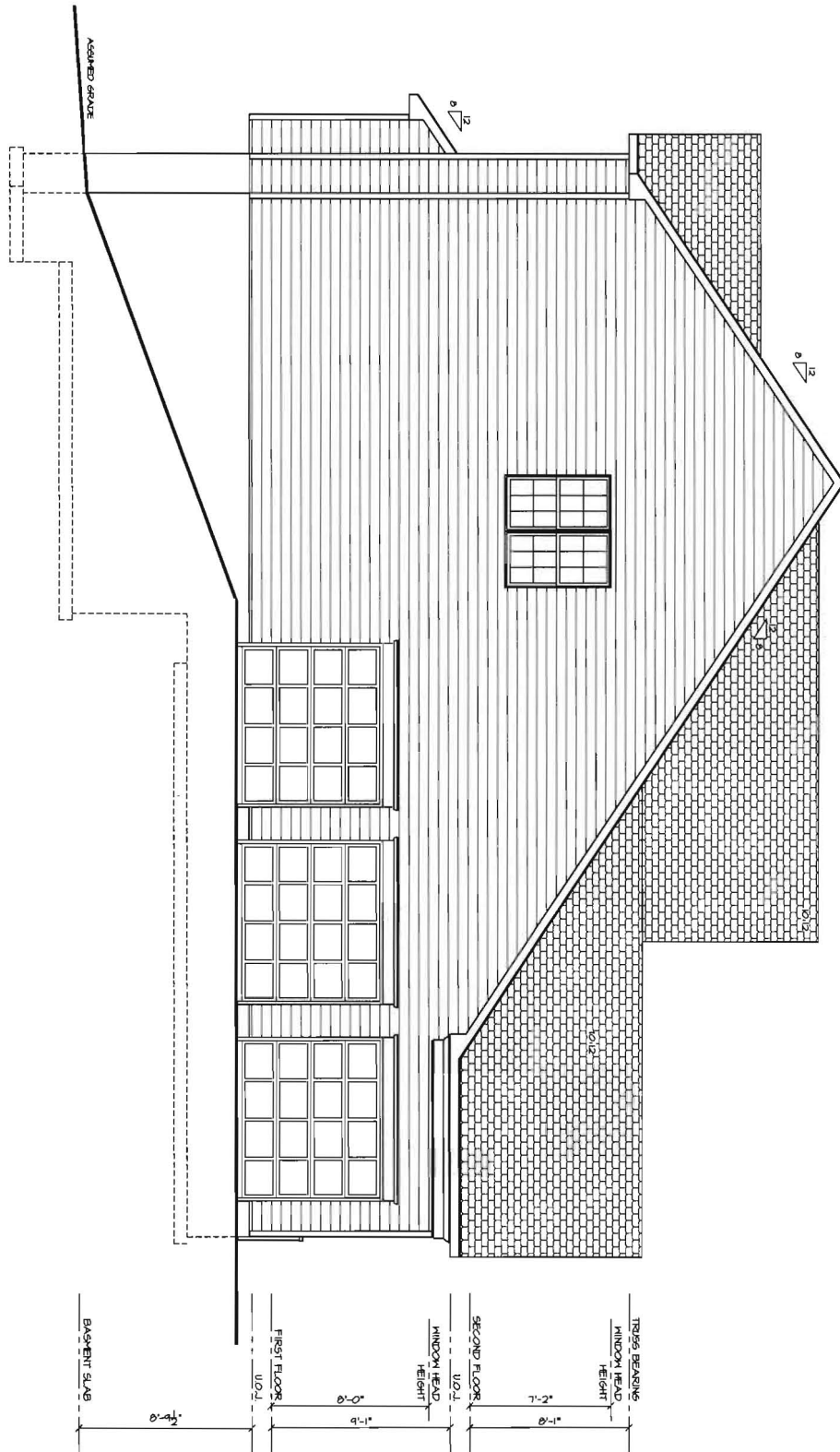
FRONT ELEVATION

SUBMITTALS		
ISSUE DATE	DRAWN BY	REMARKS
0-24-14	DWR	PRELIMINARY PLANS

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SHEET NO.
A-4
FORM NO. 03139



LEFT SIDE ELEVATION
SCALE: 1/4"=1'-0"

PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE
HOWARD COUNTY, MD

LEFT SIDE ELEVATION

SUBMITTALS

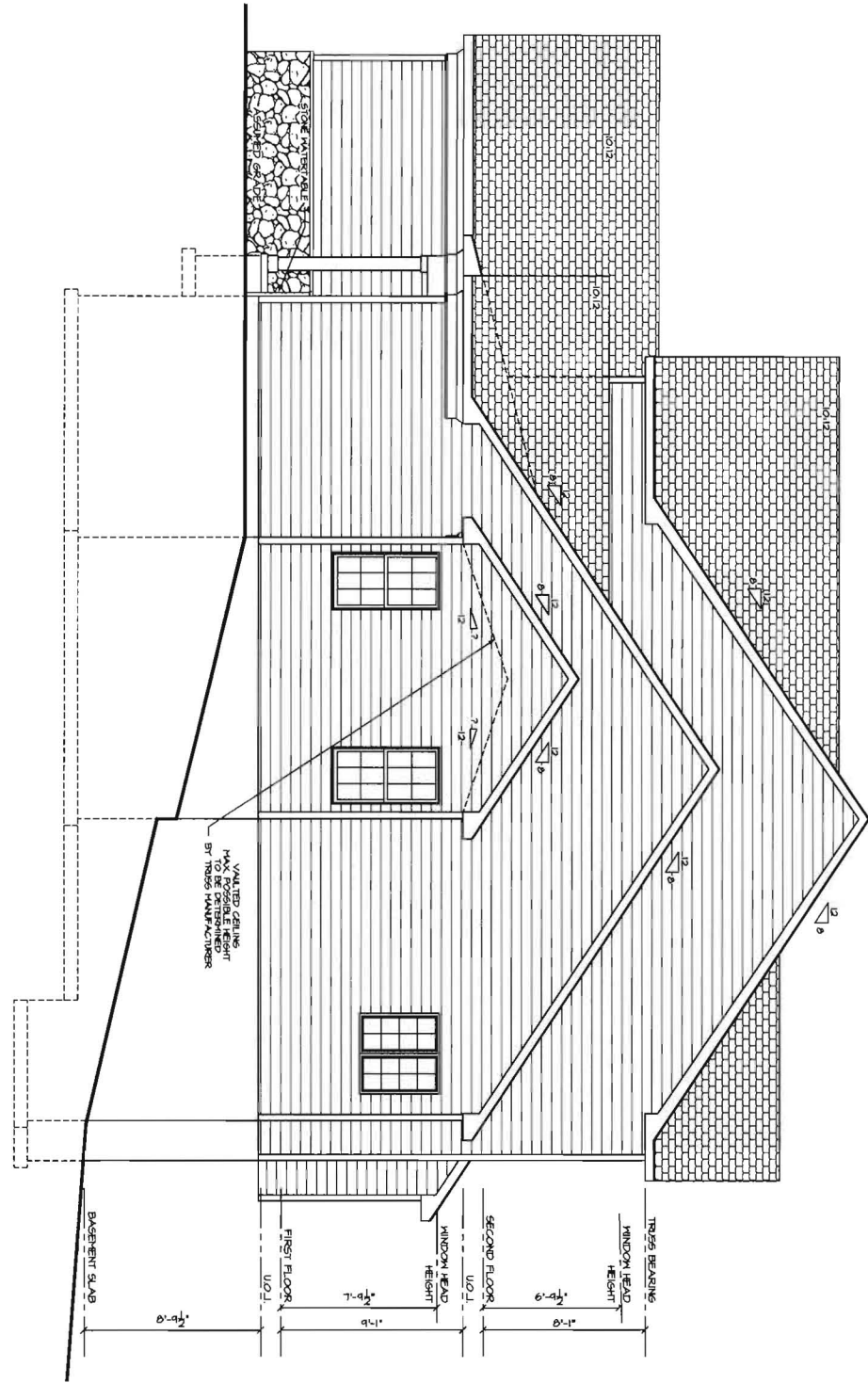
ISSUE DATE	DRAWN BY	REMARKS
12-28-14	DJR	PRELIMINARY PLAN

caddworks inc.
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SHEET NO.
A-5
FORM NO. 02/13

RIGHT SIDE ELEVATION
SCALE: 1/4"=1'-0"



PRELIMINARY DRAWINGS (NOT FOR PERMIT OR CONSTRUCTION)

VIKING CUSTOM HOMES
THE SHINN RESIDENCE
HOWARD COUNTY, MD

RIGHT SIDE ELEVATION

SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
03-26-14	DMR	PRELIMINARY PLANS

caddworks inc.
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SHEET NO.
A-7
TOTAL NO. 25/39



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

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

RECEIPT DATE: 9-23-15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557381

APPROVAL DATE: 10/7/15 **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 2318 Meadow Trail Lane

SUBDIVISION: McKendree View LOT: 4 TAX ID: _____

CONTRACTOR: Sams Creek EMAIL: _____

CONTRACTOR ADDRESS: _____ PHONE: 443-821-4932

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: Joel Shinn EMAIL: _____

OWNER ADDRESS: 9751 Evening Bird Lane PHONE: _____

BAT UNIT MODEL: Norweco TNTLP-500 PUMP SIZE: _____ PUMP TANK CAPACITY: _____

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 0.8

TRENCHES:	LINEAR FEET REQUIRED: <u>156 210'</u>	INLET DEPTH: <u>4.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	<u>3x70'</u>	

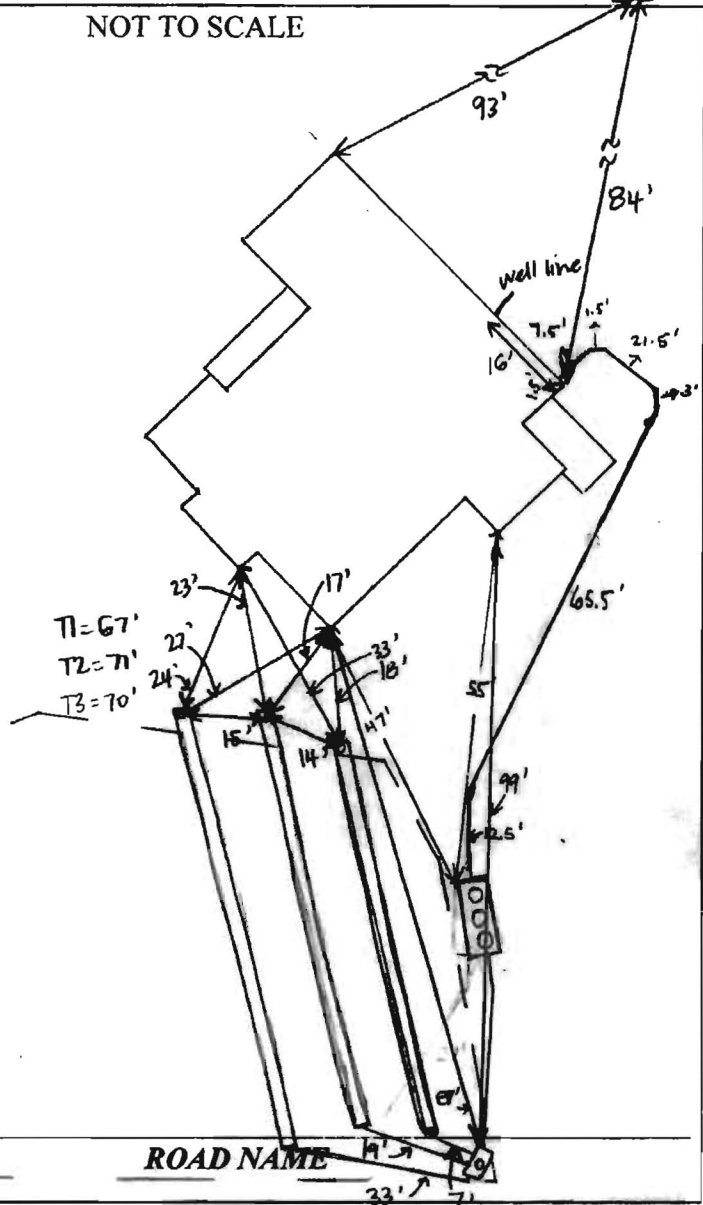
ISSUED BY: Hank Oswald ISSUE DATE: 9/28/15 EXPIRATION DATE: 9/28/15

- 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 DOWNGRAIENT 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: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- 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.

NOT TO SCALE

HW-95-1132



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	8'

NUMBER OF TRENCHES 3
 TOTAL LENGTH 208'
 ABSORPTION AREA 416' + SIDEWALL
 DISTRIBUTION BOX LEVEL YES
 DISTRIBUTION BOX BAFFLE YES
 DISTRIBUTION BOX PORT YES

SEPTIC TANK DATA

SEPTIC TANK I LEVEL YES
 MANUFACTURER BACKRIVER/NORWEGIAN
 CAPACITY 1300 GAL
 SEAM LOC TDP
 TANK LID DEPTH ~2'
 BAFFLES NO
 BAFFLE FILTER NO
 MANHOLE LOC FRONT, MID, REAR
 6" PORT LOC NONE
 WATERTIGHT TEST NO
 SLOTTED NO
 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:

9/28/15 Met Joe and Tim from Sams Creek for layout. All SDA and tank stakes present. Laid out 3x70' trenches on contour. Lower trench will be a few feet shorter in order to avoid a tree. Dan from Viking Homes on site - he's okay with running sewer line more directly towards tank from house vs. what's shown on the plan shift tank a few feet away from SDA to maintain 5' between tank and upper trench. (SC)

INSTALLATION:

9/30/15 Site inspection completed, contractor on site. 4" pre-discharge line from house to tank almost complete except for last 12.5' piece into the tank, partial completion of discharge line from tank to D-box. Stone not delivered yet - requested they had the line with stone then ok to backfill site not completed yet. Trenches were just being started but it was raining and as per KW no work on trenches in the rain - requested that protect exposed soil and resume work when rain stops - told them to leave ends of trenches open for inspection and retain stone tickets for rework/parking. (SC)

10/1/15 T1 dug and left open. ^{4' to stone.} Missing an observation pipe + only 61' - add observation pipe + lengthen 4'. (SC) 10/5/15 T2 finished. T3 dug - adding stone at site visit. 4' to stone under pipe. 8' to bottom. T1 has observation pipe + is 6' longer than last visit. No cement on hand to seal D-box outlet pipes - need to seal and to level speed levelers. (SC) 10/6/15 Line from

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 10/7/15
 D-box to T3 still leaking. House connection made. (SC) 10/6/15 BAT startup certification received.
 10/7/15 D-box not leaking, speed levelers leveled. (SC)

Back River Pre-Cast, LLC

PO BOX 329
Glyndon, MD 21071
Phone # 410-833-3394
Fax # 410-833-4116


Letter of Certification

This is to certify that the Norweco Singlair TNT 600 GPD Septic Tank installed at 2318 Meadow Trail Ln., West Friendship, MD 21794 September 30, 2015 was installed according to the manufacture's specifications.

Installer: Joe Wright

Property Owner: Joel Shinn

Permit #



MATTHEW GECKLE
Vice-President



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

**OPERATION AND MAINTENANCE AGREEMENT
FOR AN ON-SITE SEWAGE DISPOSAL SYSTEM
HAVING AN ADVANCED PRE-TREATMENT SYSTEM**

THIS AGREEMENT is made this 24th day of August, among Jel and Anna Shima, hereinafter collectively referred to as "Owner", and the Howard County Health Department hereinafter referred to as the "County".

WHEREAS, Owner is the owner or contract owner of a parcel of land located at 2318 Meadow Trail Lane, in the 4th Election District of Howard County, Maryland, and the deed to same is recorded or shall be recorded among the Land Records of Howard County, Maryland in Liber 1577 Folio 2112.

WHEREAS, The Lot is suitable for the installation of a conventional on-site sewage disposal system with an advanced pre-treatment system, utilizing best available technology to perform nitrogen reduction, in accordance with the Code of Maryland Regulations 26.04.02.07, effective January 1, 2013. The pre-treatment device being installed is Norwaco Sinquak-TVT 600

NOW, THEREFORE, the parties hereto agree as follows:

A. Owner hereby grants to the County the right to enter upon the Lot at any reasonable time for access to the system to make periodic inspections and the Owner agrees to provide any information and data in Owner's possession reasonably requested and needed by the County to develop accurate and thorough test results.

B. Owner acknowledges and agrees that neither the County nor any of its agents or employees, either officially or individually, underwrites the operation of any system approved by them.

C. The Owner will devote reasonable care and effort to the operation and maintenance of the system in perpetuity or until a public sewer connection is made so that a system malfunction is not the result of poor maintenance, faulty operation, or neglect.

D. The Owner agrees to enter into a contract reasonably acceptable to the Owner and the County with a private entity to operate and maintain on a regularly scheduled basis an approved advanced pre-treatment system. The owner shall supply a copy of the contract to the County when it is renewed or altered.

E. This agreement shall run with the land and upon Owner's taking title to the Lot shall bind the Owner, their heirs, successors, and assigns to the provisions of the agreement as long as the property is in existence and after installation of the system. Owner further agrees that they shall inform in writing any subsequent purchaser or lessee of the Lot that the system shall require

maintenance or other attention. Upon taking title to the Lot, the Owner agrees to cause this agreement to be recorded in the Land Records of Howard County and assure that it becomes part of the Deed for the subject property in order that prospective buyers may be aware of the special conditions affecting this property.

F. This agreement shall not be construed to limit any authority of the County to protect the public health, safety or comfort or to issue any other orders to take any other action which is now or may hereafter be within its authority.

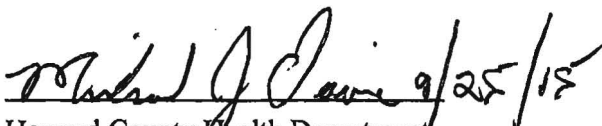
G. This agreement may be voided at any time at the discretion of the County.

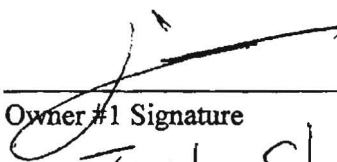
H. This agreement contains the entire agreement and understanding between the County and the Owner. There are no additional terms other than as contained in this agreement. This agreement may not be modified, except in writing signed by each of the parties or by their authorized representatives.

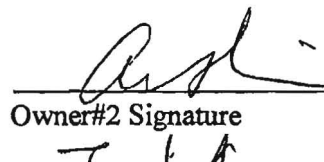
I. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

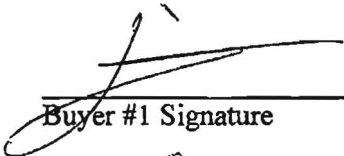
J. Owner acknowledges and agrees that interior renovations to increase the number of bedrooms or an increase in living space shall not be permitted without approval from the County.

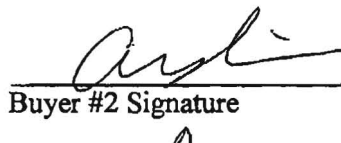
IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated above.


Howard County Health Department

 9/24/15
Owner #1 Signature Date
Joel Shinn
Owner #1 Print Name

 9/24/15
Owner #2 Signature Date
Joel Anna Shinn
Owner #2 Print Name

 9/24/15
Buyer #1 Signature Date
Joel Shinn
Buyer #1 Print Name

 9/24/15
Buyer #2 Signature Date
Anna Shinn
Buyer #2 Print Name

Clerk of the Circuit Court for
Howard County
Land Records/Licensing

The Thomas Dorsey Building
9250 Bendix Road
Columbia, MD 21045
410-313-5850

=====
LR - Agreement Recording Fee
1x 20.00 20.00

Grantor/Grantee Name: Shinn
Reference/Control #: 64

LR - Agreement Surcharge
1x 40.00 40.00

=====
SubTotal: 60.00

Total: 60.00

=====
REV-Check-BOA 60.00
Number : 11748

09/25/2015 12:03 CC13-DS

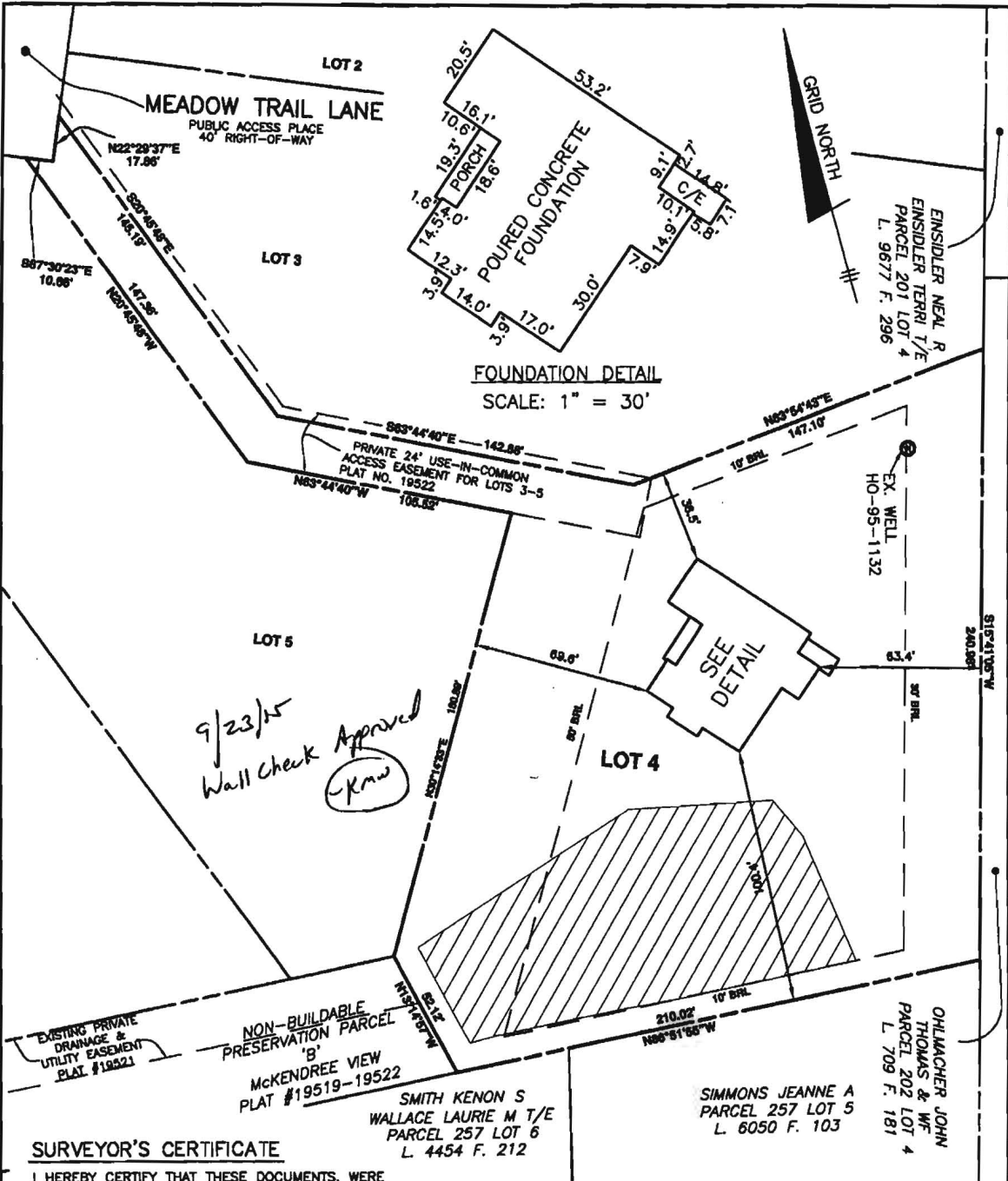
#4904537 /1246/109

Thank you for visiting us today~

2318
~~2318~~ Meadow Trail

Land

Lot 4



SURVEYOR'S CERTIFICATE

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. 21320, EXPIRATION DATE 1-7-2017 AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 06/08/2015.

Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR
MD REG. No. 21320
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
FEMA FIRM No. 240027C0045D
ZONE: X
DATED: 11/08/2013

BENCHMARK ENGINEERING, INC.
8480 BALTIMORE NATIONAL PIKE & SUITE 315
ELLCOTT CITY, MARYLAND 21043
phone: 410-485-6105 • fax: 410-485-6644
www.bei-civilengineering.com

TOP OF FOUNDATION WALL ELEVATION = 567.8'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

October 24, 2016

Homeowner
14001 Celbridge Drive
Glenwood, MD 21738

RE: **Replacement Well Sampling**
14001 Celbridge Drive
#HO-15-0245

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well was abandoned by Phillips and Son Drilling, Inc. on 4/25/16. Documentation was received by the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Collins'.

Sarah Collins, L.E.H.S.
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Bernard, Dana

From: Bernard, Dana
Sent: Thursday, October 20, 2016 3:44 PM
To: Stephanie Tuite (Stephanie@fcc-eng.com)
Subject: Revisions Needed on BAT Plan



To: Fisher, Collins, and Carter, Inc.
C/o Stephanie Tuite
Via E-Mail: Stephanie Tuite (Stephanie@fcc-eng.com)
10272 Baltimore National Pike
Ellicott City, Maryland 21042

RE: BAT Plan Revision
12665 Lime Kiln Road

DATE: October 20, 2016

The following comments apply to the plan prepared by Fisher, Collins, and Carter, Inc. Applicant is advised to revise and resubmit.

BAT Plan

- ✚ The floor plans submitted show 4 bedrooms, with possibly 5. Make sure that your calculations reflect the number of bedrooms you are proposing. If you are proposing a 4 bedroom house it must be reflected in your floor plans and you must state the building restriction note in the general notes. Your calculations should reflect a five bedroom house if you are proposing a 5 bedroom house.
- ✚ The tank must be upgraded to reflect a tank that can support a 5 bedroom house.
- ✚ Any grading must have a 25' setback from the septic area.
- ✚ The O and M agreement statement should be included in the general notes.
- ✚ The fall between the house and the tank should be between 2%-5% to create the best environment for gravity flow.

The next step in this process is to resubmit a Percolation Certification Plan to confirm the design of the septic reserve area. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan, please contact me at the above address or by telephone at (410) 313-2775.

Dana Bernard, R.E.H.S./L.E.H.S.
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov