



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

July 6, 2017

James F. Vicendese, Jr.
12190 Etchison Road
Ellicott City, MD 21042

RE: Waiver Approval
12190 Etchison Road
Ellicott City, MD 21042

Dear Mr. Vicendese,

This letter is being issued in response to your waiver request received on July 6, 2017. This agency has **approved** the waiver to the required Percolation Certification Plan. The approval is based on the fact that the proposed addition of less than one hundred (100) square feet is located between the house and garage, and therefore, not usable for future on-site sewage disposal system repairs. Any deviations from the proposed work indicated on the building permit site plan will be subject to further review by this Department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis

Assistant Director

Bureau of Environmental Health

MIKE Davis,

I am asking for a waiver to the
percolation ^{cont. plan} ~~plan~~ because the proposed
addition is less than 100 s/f and is only
enlarging a kitchen area.

Thank You for your cooperation.

James F. Vaider Jr.
12190 Etchison Rd
Ellicott City, MD 21042

7/6/17

Approved

Richard J. Davis



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: 12190 ETCHISON RD
 City: ELLCOTT CITY State: MD Zip Code: 21042
 Suite/Apt. #: _____ SDP/NP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: JAMES F VICENDESE JR
 Address: 12190 ETCHISON RD
 City: ELLCOTT CITY State: MD Zip Code: 21042
 Phone: 410 531-3374 Fax: _____
 Email: JAMESCRE@AOL.COM

Existing Use: RESIDENTIAL
 Proposed Use: RESIDENTIAL
 Estimated Construction Cost: \$ 25,000
 Description of Work: Expand kitchen area 9 x 11.5'

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

Occupant/Tenant Name: JAMES F VICENDESE JR
 Was tenant space previously occupied? Yes No
 Contact Name: JAMES F VICENDESE JR
 Address: 12190 ETCHISON RD
 City: ELLCOTT CITY State: MD Zip Code: 21042
 Phone: 410 531 3374 Fax: _____
 Email: JAMESCRE@AOL.COM

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

Engineer/Architect Company: MELISSA CLARK
 Responsible Design Prof.: _____
 Address: 1983 BARLEY RD
 City: MARROTTSVILLE State: MD Zip Code: 21104
 Phone: 410-549-3361 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Craw Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: James F Vicendese Jr
 Email Address: JAMESCRE@AOL.COM
 Title/Company: _____

Print Name: JAMES F VICENDESE JR
 Date: 7/6/17

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>7/6/17</u>	<u>[Signature]</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



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN H. OSK... DATE: 7/6/17
DESC. OF WORK: Expand kitchen
area 9' x 11.5"

PLOT PLAN
LOT #18
WOODMARK
RECORDED IN PLAT BOOK 29, PAGE 63
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

- NOTES**
1. All fencelines must be verified by a boundary survey.
 2. A statement of minimum advice is an integral part of the plat and is detailed on the attached general notes.
 3. The property shown hereon is not affected by the Flood Hazard Zone as shown on Flood Insurance Rate Map for Howard County, Maryland Panel No. 700 of 235, Community Panel No. 240044 0070 D as prepared by the National Flood Insurance Program, revision date NOVEMBER 5, 2013.

A licensed Maryland Surveyor either personally prepared the Location Drawing as shown hereon, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with article 09.13.06.12 of the Maryland Minimum Standards of Practice for Land Surveyors. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Signed this 5 day of July, 2017
[Signature]
Surveyor's Signature



Date: 5 July '17 BPR JOB No. 17-064-000 SCALE: 1 inch = 60 feet
Also known as # 12199 ETCHISON ROAD

Expires 11/26/17

1/18/77
1/18/77
1/18/77
PERMIT

P 10122
A 10004

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3rd

INDEXED

DATE 1/11/77

Jack Pyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Rd., Glenelg, Md.

PHONE 988-0270

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Hoodmark

ROAD Etchinson Road

LOT 18, Blk. E, Sec. 11

PROPERTY OWNER Mark Wakefield

ADDRESS Carroll Mill Road, E.C.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL-to have 125 sq. feet effective absorbant sidewall area per bedroom below first 5 feet of original soil. Inlet to be 4 feet and maximum depth 11 1/2 feet. Place Dry Well 10 feet off left property line and 100 feet from rear property line when facing lot from road. (Perc Hole 142)

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PERMIT APPROVED BY Charles B. Streaker

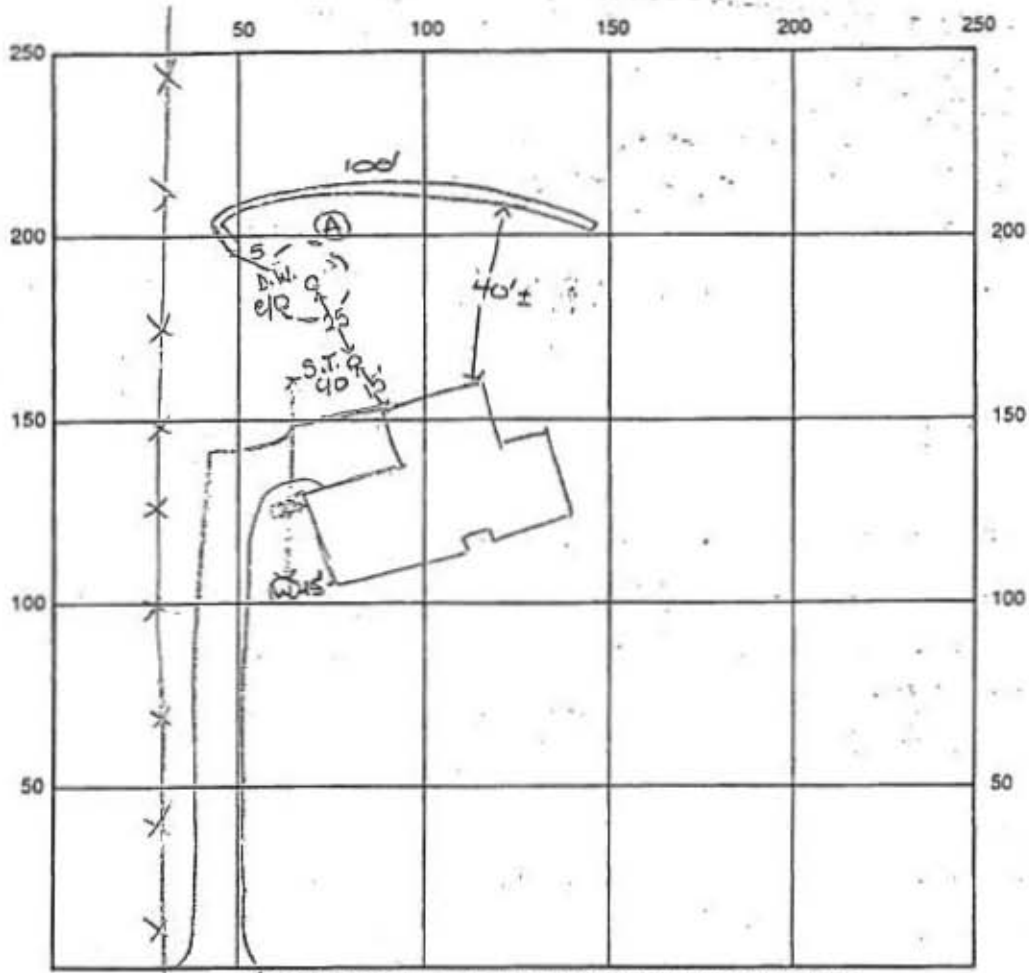
DATE 9/6/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

18396

0' (A)
 1' top soil
 4' org brn c l m
 13' pale org brn to tan sa si l m
 10-15% Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Edchison Road

SEPTIC TANK LEVEL Existing CLEANOUTS one on s.t., one on d.w.
 DISTRIBUTION BOX LEVEL N/A
 DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 100 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 500 SQ. FT.
 DRYWALL INSIDE DIAMETER EX FT. EFFECTIVE DEPTH BELOW INLET EX FT.
 ABSORBENT AREA 500 SQ. FT. + EX

REMARKS: 9/24/97 A.M. Perc hole OK - OK to install system
as specified. Drywell level ~1' from top. DKS
9/24/97 P.M. OK to stone trench. DKS
9/24/97 P.M. FINAL INSP - OK to cover all work. DKS

DATE SYSTEM APPROVED 9/24/97 INSPECTOR [Signature]

