



BUREAU OF UTILITIES
Demolition Permit Release

DATE 9/11/2017

TO: Radiant Contracting

ATTN: Ausim Khan
Phone # 443-529-5595
Email: akhan@radiantcontracting.com

FROM: Joseph Lang
Supervisor - Meter Services
410-313-4986

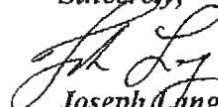
SUBJECT: 4398 College Ave
Ellicott City, Maryland 21043

Acct. # 5101006155

Use this letter as authorization from this Bureau to obtain a demolition permit for the above property. The above property is serviced by the county water system. The water has been turned off at the street and the meter has been removed. The existing water will need to be abandon and upgraded for a new house to be built in the future. Please be aware that you must cut and cap the existing water service 10' from the property line on private property prior to razing the house. The area must be protected to avoid any damage.

Please note that the existing water service will not be abandoned at the main by Howard County. It will be the owner's responsibility to do so when they submit plans to develop the property. If you have any questions please feel free to contact me. Please make check payable to: Howard County Director of Finance. Mail it to: 8270 Old Montgomery Road, Columbia, Maryland 21045.

Current balance: \$29.57
Meter removal fee: \$82.22
Total bill due: \$111.79

Sincerely,

Joseph Lang

F:\Demos\DemoMemo.wpd



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

3430 Courthouse Drive

Ellicott City, Maryland 21043

410-313-2350

Voice/Relay

Valdis Lazdins, Director

FAX 410-313-3467

September 11, 2017

Mr. Ausim Khan
3112 Rices Lane
Windsor Mill, MD 21244

Re: Demolition Permit
4398 College Ave.
Ellicott City, MD 21039

Dear Mr. Khan,

In response to the Historic Preservation Demolition Clearance, we find the house that exists at 4398 College Ave., Ellicott City is not on the Historic Sites Inventory and is not considered historic. There are no other buildings on the property. The house has been reviewed by the County's Architectural Historian and is approved for demolition.

In the County's environmental "green" interest, we request that you look into a minimal landfill footprint for this demolition by salvaging or recycling any building materials possible. There are opportunities to scrap items such as aluminum gutters and donate items like doors and cabinets. We hope you will consider donating and scrapping the materials possible to reduce Howard County's landfill and salvage what could be scrapped, reused or repurposed.

If you have any additional questions, please contact me at 410-313-4341 or bburgess@howardcountymd.gov. This letter is informational and does not serve as approval for your demolition permit. The fee for this review is \$250 (\$250 for each primary structure and \$50 for each outbuilding). Please make payment to the Howard County Director of Finance and then please take the DPZ staff signed Historic Preservation Demolition Clearance Permit Application Request form to all necessary departments for obtaining permits or clearance of the demolitions already completed on site. Thank you.

Sincerely,

Beth Burgess, Chief
Resource Conservation Division
Department of Planning and Zoning

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Air and Radiation Management Administration / Asbestos Division
1800 Washington Boulevard, STE 725 Baltimore, MD 21230-1720
Phone (410) 537-3200 • Fax 410-537-3924
www.mde.state.md.us/asbestos
demo.mde@maryland.gov

NOTE:
Please email to
demo.mde@maryland.gov
or fax to 410-537-3924

FOR MDE USE ONLY
Notification # _____
Postmark Date: _____
Date Received _____

Notification of Intent to Demolish Project Information

Structure Owner

Name: CHAUDHARY GILL
Address: 9 CALVIN SPRING COURT.
City: CATONSVILLE State: MD Zip: 21228
Contact Name: CHAUDHARY GILL
Phone Number: 443 756 0726
Fax Number:

Structure Information

Building Name: RESDANCE
Address/Location: 4398 COLLEGE AVE.
City: ~~CATONSVILLE~~ ELLICOTT CITY State: MD Zip: 21204
Age (years): 50 YRS. Size (sq. ft.): 1800
Present Use of Building: VACCANT
Prior Use of Building: VACCANT.

Type of Operation (check one): Demo Ordered Demo Fire Training

Demolition Contractor: RADIANT CONTRACTING Dates of renovation, demolition or fire training burn:
Address: 3112 RICES LANE Start Date: 10-01-17
City: WINDSOR MILL State: MD Zip: 21244 End Date: 10-30-17.
Contact Name: AUSIM KHAN Hours of Operation: 9-5 PM.
Phone Number: 443 529 5595 Fax Number:

Means of Demolition: MANUAL

Emergency Demolition (complete only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice:
2. Name of Authority Issuing Order: _____ Title: _____
3. Authority of Order (Citation of Code): _____
4. Date of Order (MM/DD/YY): _____

Date Ordered to Begin

Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.

Note: Federal regulations prohibit the intentional burning of any structure, including single-family homes, which have asbestos containing materials (ACMs), including floor tiles and exterior shingles.

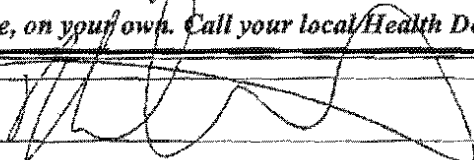
Date of Inspection:

Note: You must inspect the structure of the presence of ACMs prior to demolition.

Are any ACMs present? Yes No

Friable materials (can be crumbled under ordinary hand pressure), usually associated with thermal systems or fire-proofing, must be removed by a licensed asbestos contractor before demolition. You may remove exterior shingles, with care, on your own. Call your local Health Department or landfill for disposal instructions.

MDE Sign-Off & Date:



9-26-17



NEW BUSINESS CONSTRUCTION

1068 N. Front St, Rm. 501
Baltimore, MD 21202

October 2, 2017

Email: chaudharygill@msn.com

Dear Mr. Gill,

As per your request, this is to inform you that according to BGE records the electric meter and service has been removed from the address of 4398 College Ave, Ellicott City, MD 21043. This was completed on September 14, 2017.

Sincerely,

Lisa R Gosnell

Customer Representative
New Business Construction
410-637-8713



September 8th, 2017

Ausim Khan
3112 Rices Ln
Windsor Mill, Md 21244

Re: 4398 College Ave Ellicott, Md 21043

Mr. Ausim Khan:

All Verizon facilities have been removed from the above address as of September 7th 2017. Should you have questions concerning this matter, please call me on (410) 403-1435.

Respectfully,

Jay Wiggins
Engineering Assistant

4398 College Ave Coparative Assesment of Building Square Footage

DT : 05-10-18

S No	Floor Level	Space	Type	Area Square Footage				Remarks
				As Built		Proposed		
				Dimension	SqFt	Dimension	SqFt	
1	First	Foundation perimeter footprint	Structure	57.3x30.5	1683.00	57.3x30.6	1747.65	As Built Partial Slab & Crawl Space. Proposed Partial Slab Crawl Space & Full Basement Unfinished 8' Ceiling Height.
2	First	Crawl space	Structure	49x30.6	1494.50	23x30.5	701.50	Crawl Space less partial slab
3	First	Basement	Structure	-	-	24x30.5	732.00	8 Ft Ceiling Height, Unfinished, HVAC, Water Heater, Sprinkler System, Sump Pump.
4	First	Mud room	Non living	8x16	128.00	8x7.5	60.00	
5	First	Storage	Non living	9x11	99.00	4x7.5	30.00	Storage and stairway to 2nd floor
6	First	Pantry	Non living	-	-	6.5x7.5	48.75	
7	First	Utility	Non living	-	-	7.5x9	67.50	
8	First	Kitchen	Non living	11.5x14	161.00	13.5x17	229.50	Proposed eatin kitchen
9	First	Dining room	Non living	11.5x15	172.50	-	-	Open Area
10	First	Living Room	Non living	17x24	408.00	13.5x26	351.00	Proposed Dining living combined Extended after dealeting Guest room
11	First	Family Room	Non living	-	-	14x15.5	217.00	
12	First	Home Office	Non living	-	-	10x11	110.00	
13	First	Half Bath Room	Non living	-	-	6.5x8	52.00	Half bath room in place of full bathroom
14	First	Master Bathroom	Non living	11x12	132.00	-	-	
TOTAL Non living					1100.50		1165.75	

15	First	Bed Room	Living	11x12.5	137.50	-	-	
16	First	Master Bed Room	Living	11x13	143.00	-	-	
TOTAL Living					280.50		-	
17	Second	Bed Room	Living	12x12	144.00	12x13	156.00	
18	Second	Bed Room	Living	12x15.5	186.00	11.5x13	149.50	
19	Second	Bed Room	Living	-	-	11.5x14	150.50	
20	Second	Master Bed Room	Living	-	-	15x17	255.00	
TOTAL Living					330.00		711.00	
21	Second	Master Bathroom	Non living	-	-	6.5x12	78.00	
22	Second	Bath Room	Non living	-	-	5x7.5	37.50	
23	Second	Bath Room	Non living	-	-	5x7.5	37.50	
24	Second	Bath Room	Non living	-	-	5x7.5	37.50	
25	Second	Lounge	Non living	-	-	13.5x22	297.00	
26	Second	Stair Well	Non living	3.5x9	31.50	3.5x9	31.50	
27	Second	Open Space	Non living	-	-	9x10	90.00	
28	Second	Laundry Room	Non living	-	-	7x9	63.00	
29	Second	Hallway	Non living	-	-	4x9.5	38.00	
30	Second	Total Closet Space	Non living	-	-	3x10	130.00	2x5=3, 2x9=1, 8x8=1
32	Second	Attic storage space	Non living	20x26	520.00	-	-	Ceiling height 8'
TOTAL Non living					551.50		840.00	

3544²??

4398 College Ave Financial Expense Detail

5/10/2018

S No	Investment / Expense Description	Amount	Remarks
General Expense			
1	Mortgage payment to date	38361.00	Monthly \$ 2090.00 Includes Mortgage and loan payments. To Date 19 months.
2	Utility Bills	3600.00	To Date
3	Landscaping & Mowng	1170.00	To Date
4	Junk removal and hauling	1300.00	Cost of labor & rolloff service
Construction Expense			
1	Foundation test pits	600.00	Contractor
2	Foundation & Structure evaluation	800.00	Strcture PE
3	Construction Plans Structural	2500.00	Strcture PE
4	Construction Plans Archetectoral	4500.00	Archetect
5	Civil Plan Perc Test	4100.00	Civil PE
6	Civil excavation perc test	1500.00	Contractor
7	General contractor consultaion	2400.00	Planning, co-ordination & followup
8	Fees	1200.00	County departments

TOTAL 62031.00

To,

Mr. Michael J. Davis
Deputy Director
Howard County Health Department

05-10-18

Subject : Variance waver request 4398 College Avenue Ellicott City MD 21043.

Dear Sir,

I would like you to kindly review my variance request as per the details and supporting documents including herein.

I have tried my best to explain to you the necessity and the positive effects, that me and my family can enjoy in case of a favorable decision from you.

I am a Federal Government Employee with the SSA, currently residing in Baltimore County with my family of four.

My wife also works with a local Day Care, and our three children daughter 16, daughter 11, & son 7 years old are school going, as a matter of fact all three are A students & the son is among the gifted & talented students in his class.

My wife of 18 years and I have always given top priority to providing good care and facilities to our kids.

We have always given special preference to their education. It was for this primary reason that we both decided to migrate to Howard County, and enable our kids to attend the school system there.

We took this decision and had to find a primary residence to fulfill this intention.

We knew real estate indicators were much higher than our current situation in the Baltimore County and so we had to do some extensive researching and had to put in extra efforts to match our find with our resources.

Finally, we came across our present property, no denying we could clearly see that it came with a few visible odds at the time in terms of spaces, finish and dated fixtures and appliances.

We being well motivated at the time saw all that favorable and manageable.

Unfortunately, we were very much oblivious of the other very dire and serious odds like the septic system inadequacy to update the house to fit the family needs. As a matter of fact, the kind of codes regulations and the science that is involved in this is not common public knowledge or even common to relative fields of work.

So at the time all we saw was upgradable property with a good size lot in serene wooded natural setting with county water and brand new un used septic system to support our expansion plans for the house. Above all with an affordable price detail.

Jeff,

Looks like 3rd BR.

Deleted on 1st Floor.

converted to 2nd floor.

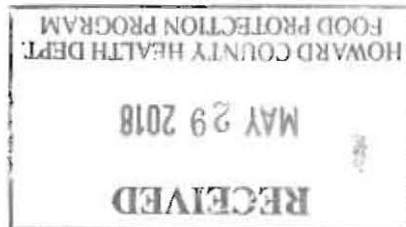
Total, ft increase of 354 ft².

Not sure where the difference?

Less original floor plus.

Break each room / Hall etc.,
down to 55 ft.

-Kwe



I feel that it is necessary for me to mention that we as a family were overly excited about our new dream come true home and we were collectively and individually picturing and discussing all sorts of exciting things like me and my wife being able to get the luxury of a master suite and the kids were over excited about their independent bed rooms and attached bathrooms. Quite frankly I was also very hyped up about the home office and the wife about the laundry center on the second floor. It all was very exciting and a wonderful family standard of living upgrade taking shape. There was and still is a great vibe about all this in the family but now for almost a year of stagnancy is somewhat tainted with disappointment.

While all the situation was building up internally some external interaction with the seller and in detail one with the real estate agency prompted a very favorable contribution to the scenario of rebuilding the house. Unfortunately, we were hearing all good things but being out of line with the actual septic system related regulation. Entire emphasis for these sources were also that of the new septic being available and having provision to build four bedrooms plus all else to suit the family requirements.

We closed on the house and as per our plans initiated the process of getting the remodeling work done.

I happened to engage the services of general contractor structure engineer and an architect to work on the project. As soon as the plans were done we approached the building department for permits. As per usual procedure we were asked to get the six release letters from the departments in question including the HCHD.

We went on to peruse the matter and in the process the utilities were all disconnected and the five release letters were served.

In case of the HCHD release letter we used the usual counter service to apply for the same and as a result a face to face consultation revealed that for us to increase the bedrooms on the existing house we would need additional 500 GL septic tank capacity and extend the existing drain lines by 60 feet and that the work could be performed by the licensed contractor on record.

We then contacted the contractor and got the estimate to do the upgrades to the septic system in line with getting the release letter. So now with the estimate for the upgrade in hand we went back to the HCHD to see how to proceed with the desired septic upgrade proposal in hand. This is when the subsequent detailed meeting took place with Mr. Kevin Wolf and the actual SDF code requirements were explained to us and the need for perc civil plan.

This took the entire project in a whole new direction. The implications of the same resulted in going through a time consuming and cost involving process. We had to comply with the SDF requirement and that too of wet season perc testing on the property per the soil conditions. This triggered an additional time & financial loss of six month.

After having to persevere and endure a great deal of sentimental and financial hardship the result of the long-awaited test results did not outrightly favor us.

All hopes of the family were shattered the kids felt very depressed and deprived of their dreams about their new home.

We as a couple have no explanation for them or for our self to all that we have been going through in terms of financial hardship and mental stress. I personally did not know that what I am buying as a dream come true will turn in to quiet a nightmare for me and my family

After the negative test results. We had a detailed and very cordial follow up meeting with Mr. Kevin Wolf at the HCHD.

I feel encouraged and most obliged to the Department that I got the much-needed guidelines and the desired hope which put me back on the path to recovery.

I was able to chalk out a way to move forward by providing all the details to you and to express and elaborate the mammoth effort that I have put in so far from my side to have this project materialize.

So, there for me and my family request you for a waiver on the variance that has occurred due to the soil conditions and the failed perc test on my property.

I agree to limiting my requirements to a four-bedroom house instead of the planned six bedrooms, to function on the existing new septic system.

Furthermore, I have attached a comparative statement of the square footage for your review and approval as well.

I am willing to comply with and provide any further details if required.

I now close with the hope that after reviewing my request, you will be able to find grounds for a favorable decision, for a good future for me and my family.

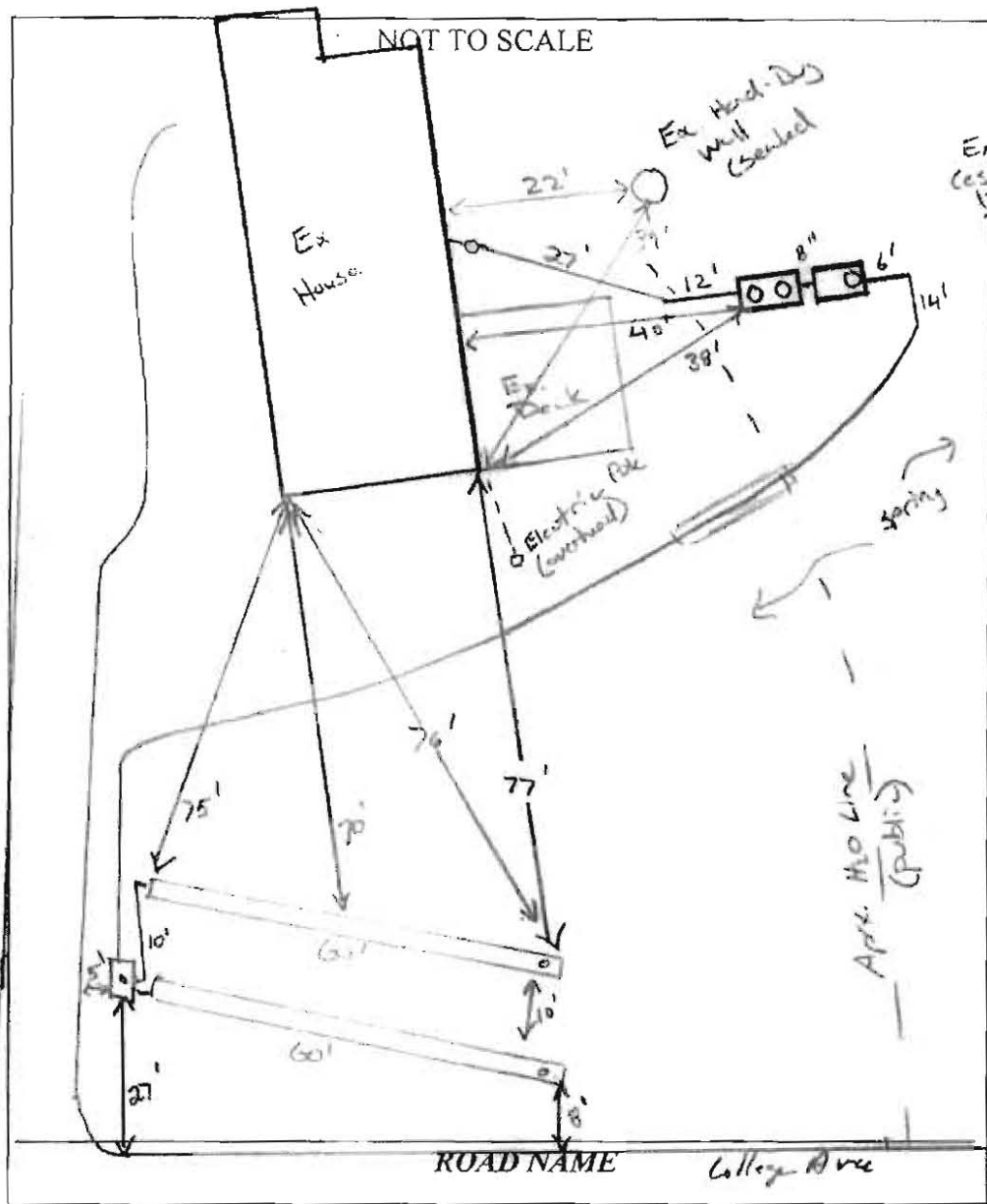
Thank you,

Yours Truly

Chaudhary Gill

Chaudhry Gill

4398 College Ave
Ellicott City MD 21209.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	2'	5.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		120'
ABSORPTION AREA		360 + SW
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		90° elbow
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	-
MANHOLE LOC	Front/Rear
6" PORT LOC	None
WATERTIGHT TEST	-
SLOTTED	Yes
DATE ON LID	3-10-16
PUMP SEPTIC TANK LEVEL Yes	
MANUFACTURER	Babylon
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	no
BAFFLE FILTER	-
MANHOLE LOC	Rear
6" PORT LOC	None
WATERTIGHT TEST	-
SLOTTED	No
DATE ON LID	3-28-16
Pump: Goulds WE0311M (1/2 hp)	

PRE-CONSTRUCTION:

5/25/16 site was laid out for 2 x 57' trenches on the highest part of the property just below pipe hole (B). Must use lower level to install manhole. Keep to be 20' from house. Need to seal well prior to connecting into system. (initials)

INSTALLATION:

6/10/16 Trenches completed. Dbox set. F.M. ran from Dbox approx 70'. Tank hole location started but moved in different location approx. 40' downhill from house. OK to continue (initials)
 6/13/16 F.M. completed. Tanks set. Wants watertight test done on both tanks. OK to cover work. Ex. well (hard dy) fill in. (initials)
 6/14/16 outside S.T. filled w/ H₂O to 1" in lid. (initials) 6/15/16 (Am) No drop in water level for 1 hr. Contractor advised, will fill H₂O in pump tank.
 6/16/16 (PM) H₂O tight test in done on P.T. OK! No drop in level 1 hr. OK to connect system. Alert PIA test for final approval.

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 6/23/16

6/23/16 On site for pump + alarm. Alarm sounds, pump pumps effluent to D-box. Some caving around tank after heavy rain - Fogler's will fill in with extra dirt. (initials)

Real Property Data Search (w4)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration			
Account Identifier:		District - 02 Account Number - 242613							
<i>Owner Information</i>									
Owner Name:		GILL CHAUDHARY KANWAL SHAMAILA				Use:		RESIDENTIAL	
Mailing Address:		4398 COLLEGE AVE ELLCOTT CITY MD 21043-5510				Principal Residence:		YES	
						Deed Reference:		/17286/ 00027	
<i>Location & Structure Information</i>									
Premises Address:		4398 COLLEGE AVE ELLCOTT CITY 21043-0000				Legal Description:		1.605 ACRES 4398 COLLEGE AVE	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:
0025	0021	0105		0000				2018	Plat Ref:
Special Tax Areas:				Town:		NONE			
				Ad Valorem:		104			
				Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use	
1959		1,470 SF				1.6000 AC			
Stories	Basement	Type		Exterior	Full/Half Bath	Garage	Last Major Renovation		
1	NO	STANDARD UNIT		SIDING	2 full				
<i>Value Information</i>									
		Base Value		Value		Phase-in Assessments			
				As of		As of		As of	
				01/01/2018		07/01/2017		07/01/2018	
Land:		186,000		186,000					
Improvements		132,400		133,600					
Total:		318,400		319,600		318,400		318,800	
Preferential Land:		0						0	
<i>Transfer Information</i>									
Seller: FRANCIAMONE DAVID J				Date: 11/30/2016		Price: \$240,000			
Type: ARMS LENGTH IMPROVED				Deed1: /17286/ 00027		Deed2:			
Seller: FRANCIAMONE DAVID J				Date: 03/10/1989		Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /01967/ 00629		Deed2:			
Seller:				Date:		Price:			
Type:				Deed1:		Deed2:			
<i>Exemption Information</i>									
Partial Exempt Assessments:		Class		07/01/2017		07/01/2018			
County:		000		0.00					
State:		000		0.00					
Municipal:		000		0.00 0.00		0.00 0.00			
Tax Exempt:				Special Tax Recapture:					
Exempt Class:				NONE					
<i>Homestead Application Information</i>									
Homestead Application Status: No Application									
<i>Homeowners' Tax Credit Application Information</i>									
Homeowners' Tax Credit Application Status: No Application						Date:			

1. This screen allows you to search the Real Property database and display property records.

2X \$\$\$

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NON-CON

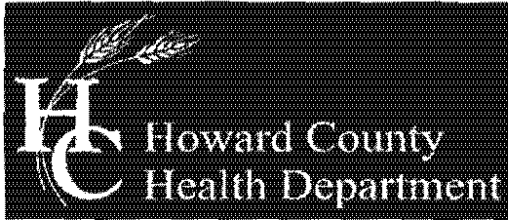
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CON

Wetlands #
Mittred
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no 1430

pur rates
2-30 mg





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

MEMORANDUM

TO: Charles Crocken
Charles R. Crocken and Associates, Inc

FROM: Jeff Williams
Program Supervisor, Well & Septic Program

RE: Perc test plan, 4398 College Avenue, Ellicott City, MD

DATE: November 14, 2017

I have reviewed the perc test plan submitted on 11/3/2017 with a perc test application for the above referenced parcel and have the following comments for revision:

1. The test plan must show the soil tests dug during a repair septic system installation on 5/25/2016 and indicate whether they passed or failed. A proposed disposal area on this test plan shall not incorporate area around a failed hole. A copy of that test notation sheet is attached to this memo.
2. The proposed test holes must be located at the corners of the proposed area with an additional hole in the center.
3. Due to the high water table encountered during the repair system testing and installation, the testing for this proposal must be done during a designated wet season. You may submit your revised test plan for our review, but we will place the project on hold. The applicant will be responsible for monitoring our website for announcement of the wet season and contact our office to schedule testing. We will not contact applicants to notify them of wet season dates.

Williams, Jeffrey

From: Williams, Jeffrey
Sent: Tuesday, November 14, 2017 11:29 AM
To: 'ausimkhan@icloud.com'; 'chaudharygill@msn.com'
Subject: 4398 College Ave perc test plan
Attachments: 4398 College Ave perc test plan memo.pdf; WS_CollegeAvenue_4398_SepticPermit_2016.pdf

Please see the attached memo for revisions needed to the perc test plan for 4398 College Ave. This is addressed to Charles Crocken, but no email address for him was in the documents. Please forward a copy of this memo to him.
Thanks

Jeff Williams
Program Supervisor, Well & Septic Program
Bureau of Environmental Health
Howard County Health Dept.
410-313-4261
jewilliams@howardcountymd.gov

CONFIDENTIALITY NOTICE

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HOWARD COUNTY HEALTH DEPARTMENT

62322

DATE 11/3/17

A5

Received From

PHONE #

Radiant Contracting 524-5595

For

Per App/4398 College Ave.

CASH

CHECK

NO.

433

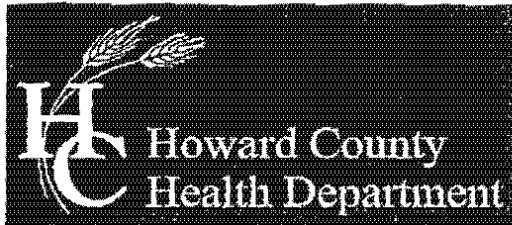
Five hundred six Dollars

\$

506 100

Received By

King



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

APPLICATION
FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME _____

PROPERTY ADDRESS 4398 COLLEGE AVE ELLCOTT CITY MD 21043
STREET TOWN ZIP

TAX ACCOUNT # _____ TAX MAP 25 GRID _____ PARCEL 105 LOT NO. _____ PROPOSED LOT SIZE (ACRES) 1.6

ZONING CATEGORY _____ TIER _____

PROPERTY OWNER(S) CHAUDHARY ATIQ GILL

DAYTIME PHONE _____ CELL 443-756-0726 EMAIL CHAUDHARYGILL@MSN.COM

MAILING ADDRESS 9 CALVIN SPRINGS COURT CATONSVILLE MD 21228
STREET CITY, STATE ZIP

APPLICANT AUSIM KHAN RELATIONSHIP TO OWNER: REP

DAYTIME PHONE 443-529-5595 CELL 443-529-5595 EMAIL AUSIM KHAN@ICWOOD.COM

MAILING ADDRESS 3112 RICES LANE WINDSOR MILL MD 21244
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

PROPERTY:

- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE: _____
 SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
- REPAIR OR REPLACE FAILING OSDS
- UPGRADE EXISTING OSDS

BUILDING:

- RESIDENTIAL WITH 5 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
- COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
- NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

A Rahman Lial

9/19/2017

SIGNATURE OF APPLICANT

DATE

**CHARLES R. CROCKEN
& ASSOCIATES, INC.**

Civil Engineering and Land Planning
902 Lee Avenue Sykesville, MD 21784
Tel. 410-549-2708 Fax. 410-549-9063

LETTER OF TRANSMITTAL

TO HCHD-ENVIRONMENTAL HEALTH
8930 STANFORD BLVD.
COLUMBIA, MD. 21045

DATE	11-2-2017	JOB NO.
ATTENTION	KEVIN WOLFE	
RE:	4398 COLLEGE AVE. PERK PLAN	

GENTLEMEN:

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

Shop drawings Prints Plans Samples Specifications

Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
3	11/2/17	1	PERK PLAN

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
- For your use Approved as noted Submit _____ copies for distribution
- As requested Returned for corrections Return _____ corrected prints
- For review and comment _____
- FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO AUSUM KHAN

SIGNED: Charles Crocker

**CHARLES R. CROCKEN
& ASSOCIATES, INC.**

Civil Engineering and Land Planning
902 Lee Avenue Sykesville, MD 21784
Tel. 410-549-2708 Fax. 410-549-9063

LETTER OF TRANSMITTAL

DATE	11-10-17	JOB NO.	
ATTENTION	KEVIN WOLFE		
RE:	4398 COLLEGE AVE ELLICOTT CITY, MD.		

TO: HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH
STANFORD BLD
COLUMBIA, MD.

GENTLEMEN:

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:
 Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
3	11/10/17	1	PERK TEST PLAN

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE _____ 19 _____
- Approved as submitted
- Approved as noted
- Returned for corrections
- _____
- Resubmit _____ copies for approval
- Submit _____ copies for distribution
- Return _____ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

REMARKS: REVISED PER COMMENTS W/ KURT CASSELL OF
FOGLE'S SEPTIC SERVICE.

COPY TO FILE

SIGNED: Charles Crocken

CHAUDHARY A. GILL

443-756-0726 (m).

443-379-9569 (BB).

440-966-3799 (O).

CHAUDHARY GILL@
msn.com



WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-13-16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Hausman WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: David Franciamone

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Hagerston
NEAREST TOWN: North City
TAX MAP 0025 BLOCK 002 PARCEL 0105
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 4398 College Ave.



LATITUDE 3 9. 5 0 1 4 8

LONGITUDE 7 6. 7 7 9 9 9

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Stone	15	6
Cement	6	1
Dirt	1	0

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL
- GEOTHERMAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) caselining

SIZE OF CASING: N/A INCHES IN DIAMETER

DEPTH OF WELL: 15 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# _____

MWD / MSD / MGS

CIRCLE ONE

DATE 6-14-16

COUNTY _____

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.



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

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

INFORMATION FORM - SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- Reason for Request:
[X] Failing System
[] System relocation for proposed addition
[] System upgrade for proposed addition
[] Inadequate treatment zone
[] Collapsed septic tank
[] Collapsed drywell

Has the septic tank been pumped within the last month?

- Has the septic tank been pumped within the last month?
[] Yes Date pumped:
[] No

Was a visual inspection of the septic tank and/or drain fields conducted?

- Was a visual inspection of the septic tank and/or drain fields conducted?
[] Yes Explain observations: Cesspool
[] No

Existing system design

- Existing system design
[] Drywell
[] Trench
[] Mound
[] Unknown
[X] Other: Cesspool

Was a visual inspection of the sewage line conducted?

- Was a visual inspection of the sewage line conducted?
[] Yes
Blockage leading to the tank
[] Yes Explain:
[] No
Blockage leading to the field
[] Yes Explain:
[] No

Is discharge surfacing on the ground?

- Is discharge surfacing on the ground?
[X] Yes
[] No

[] No

Additional Comments:

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: Fogle's Septic Contractor's Phone: 410-795-5670
Contractor's Address: 580 Obrecht Rd 21784

Property Address: 4398 College Ave County file:

Subdivision: Lot: Year Built:

Owner's Name: David Franciamone Owner's Phone: 443-998-5823

Name of previous owners: Existing bedrooms: 3
Proposed bedrooms:

Has this request been previously discussed with a Sanitarian? (Name): NO

Public Sewer available/nearby:

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website Indexed file found

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.



HOWARD COUNTY HEALTH DEPARTMENT

58714

DATE
5/22/16

Received
From

PHONE #

580 Chocoma Rd, Suite 311, Towson, MD 21284
Phone: 410-495-5870

For

CASH
 CHECK

NO.

33457

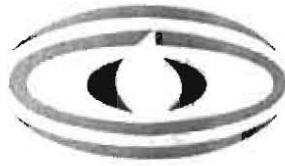
Three hundred thirty ^{00/100}

Dollars

Received By

\$ 330.00

A. C. [Signature]



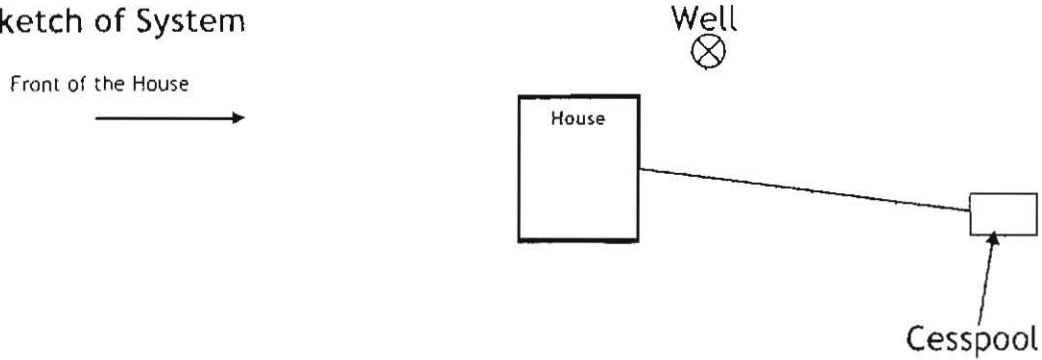
HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

Date: 5/2/2016 Name of Evaluator: Drew Henderson Time: 11:30 Property Address: 4398 College Avenue Ellicott City, MD 21043 Recent Weather Conditions: Normal		Ordered By: Bahner Tabana Buyers: Homeowner Interview: The homeowner interview was requested but not received prior to the inspection.		Occupied: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length of Time Vacant: Unknown # of People Living in Home: N/A # of People moving in: 3 Property Age: 1959 System Age: 1959 Last Date of Cleaning: Unknown	
Liquid level in tank is: <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal		Bottom Solids Depth: N/A			
Depth of tank: 14 inches		Type of Tank Access: None		Depth of tank access: N/A	
Maintenance appears: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor		Depth to Distribution Box: N/A			
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previous high liquid level: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Distance to well: -80 Feet	
Records Search: Records were requested but were not received from Howard County prior to the evaluation.					
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Type of Tank		Tank Composition and Size		Type of Absorption System	
<input type="checkbox"/> Septic Tank		<input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Plastic		<input type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound	
<input type="checkbox"/> Aeration System		Tank Size: N/A		<input type="checkbox"/> Drywell (Number of:) <input checked="" type="checkbox"/> Cesspool	
<input checked="" type="checkbox"/> Other: None				<input type="checkbox"/> Unknown: _____	
System Component		Condition		Comments	
Septic Tank		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		This home is served by a cesspool, there is no septic tank to this system. MDE no longer recognizes cesspools as a functional Onsite Sewer Disposal System for the purpose of a property transfer. A septic tank or BAT unit will have to be installed by a licensed septic contractor after a permit is issued from the health department.	
Absorption System		<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation		A SeeSnake camera was used to locate the cesspool. The cesspool has no access at grade; it is 14 inches below grade. The cesspool was excavated and effluent immediately came out of the side and submerged the excavated hole (See picture on page 3). The side of the cesspool was able to be probed through indicating there maybe structural integrity issue. The cesspool is hydraulically loaded and can no longer receive effluent from the dwelling. A new system will have to be installed by a licensed septic contractor after a permit is issued from the health department.	



Sketch of System



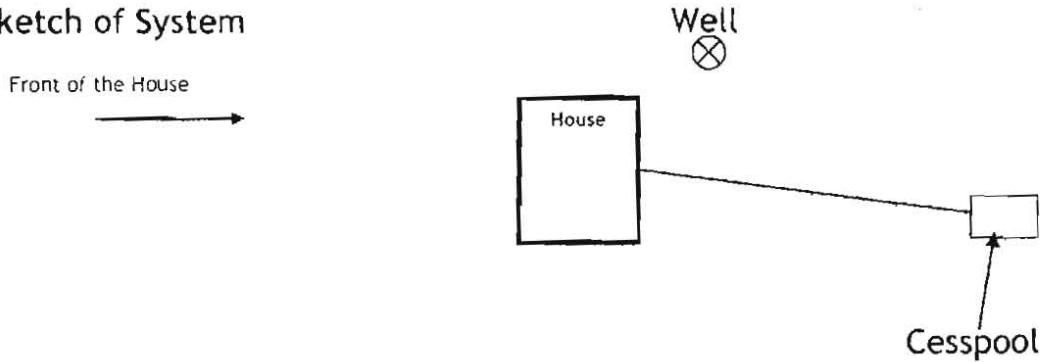
DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.

Representative's Signature:	<i>[Handwritten Signature]</i>	Date: 5/2/2016
Amount: \$665 (All Testing)	Check Number: 116	Date Paid: 5/2/2016



Sketch of System



DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
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Representative's Signature:	<i>Rachel Anderson</i>	Date: 5/2/2016
Amount: \$665 (All Testing)	Check Number: 116	Date Paid: 5/2/2016



HOME LAND
SEPTIC
CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

Property Address: 4398 College Avenue Ellicott City, MD 21043
Date: 4/2/2016 Time: 11:30 AM Name of Evaluator: Drew Henderson



Picture 1:

Showing the excavated cesspool filled with liquid effluent.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
5/17/16	<p>Property does not have access to sewer. Owner has plans w/ county to subdivide lot. It explained this will not happen on site. Pub sewer will need to be connected for this to happen. Initial Report per se that will be needed. <u>Know</u></p>
5/23/16	<p>Order of materials for site evaluation / Per Testing. Contractor did not have backhoe on site only the backhoe. Instrument were conveyed to. Fugate - a few of the substation were done, but a backhoe must be on site during construction to prevent possible soil compaction. General contractor site was dug by hand. In the afternoon backhoe was out on site until 4:30 pm will proceed to a residential area today to Wednesday 5/24/16. <u>Know</u> <u>→ Gross must be set 1/2</u></p>



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 558714

AGENCY REVIEW _____

DATE 5-12-16

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 3 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) David Franciamone

DAYTIME PHONE 410-792-5823 CELL _____ FAX _____

MAILING ADDRESS 4398 College Ave Ellicott City Md 21043
STREET CITY/TOWN STATE ZIP

APPLICANT Frank Seplin

DAYTIME PHONE 410-795-5670 CELL _____ FAX 410-795-3432

MAILING ADDRESS 3 Brecht Rd Sykesville Md 21784
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE DEVELOPER Builder BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION SUBDIVISION/PROPERTY NAME 4398 College Ave LOT NO _____

PROPERTY ADDRESS 4398 College Ave Ellicott City 21043
STREET TOWN/POST OFFICE

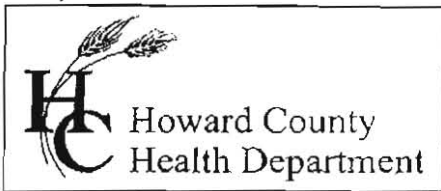
TAX MAP PAGE(S) 25 GRID 21 PARCEL(S) 105 PROPOSED LOT SIZE 1.605

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M O S H A AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

HD-216 (2/03) PLEASE SUBMIT ORIGINALS ONLY (BY MAIL OR IN PERSON)



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: 5/12/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558714
 APPROVAL DATE: 6/23/16 **PERMIT:** **REPAIR** A _____
 PROPERTY ADDRESS: 4398 College Avenue
 SUBDIVISION: _____ LOT: _____ TAX ID: 02-242613
 CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kurt@foglesinc.com
 CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670
 PROPERTY OWNER: David Franciamone EMAIL: _____
 OWNER ADDRESS: 4398 College Avenue, Ellicott City, MD 21043 PHONE: 443-992-5823

SEPTIC TANK SIZE (GALLONS): 1500 PUMP CHAMBER CAPACITY (GALLONS): 1250 PUMP SIZE: 1/2 HP
 NUMBER OF BEDROOMS: 3 HOUSE SQ. FT. 2350 APPLICATION RATE: 0.8
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

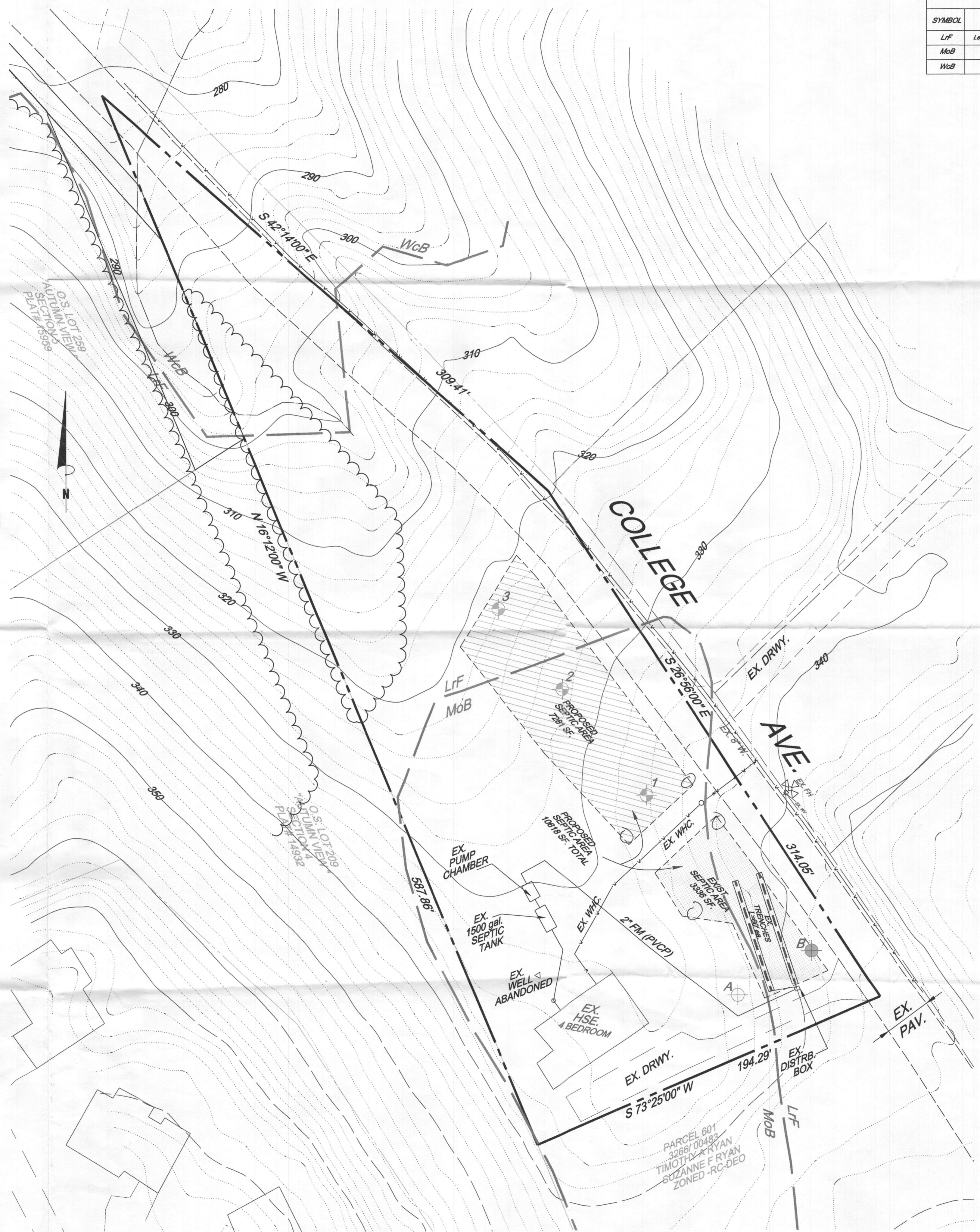
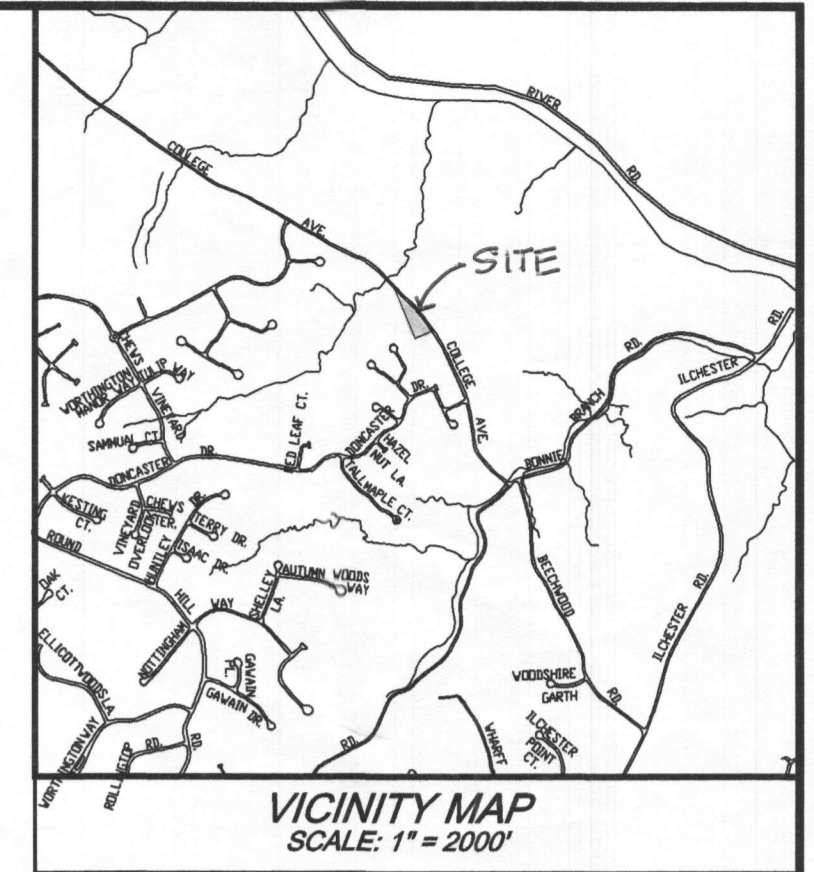
TRENCHES:	LINEAR FEET REQUIRED: <u>112 LF</u>	INLET DEPTH: <u>2'</u>
	TRENCH WIDTH: <u>8</u>	MAXIMUM BOTTOM DEPTH: <u>5.5'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>11"</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2'</u>
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	<i>Install 2 x 57' trenches parallel to College Ave. Trenches pointed out in field. Set Dbox @ start of top trench. * System sized for 4 BR per owner. * Will need well Abandonment report prior to putting septic in use.</i>	

ISSUED BY: K. Wolf ISSUE DATE: 5/25/16 EXPIRATION DATE: 5/25/17

- 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 DOWNGRADIENT 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: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- 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.**

SOILS LEGEND				
SYMBOL	NAME/DESCRIPTION	SOIL GROUP	K-VALUE	HYDRO GROUP
Lf	Lagone-Raley gravelly loams, 25 to 65 percent slopes, very stony	C	-	
MoB	Mount Lucas silt loam, 3 to 8 percent slopes, stony	C/D	0.37	
WcB	Watchung silt loam, 3 to 8 percent slopes, stony	C/D	0.43	



GENERAL NOTES

- OWNERS: SHAUCHARY GILL
SHAMALA KANWAL
4398 COLLEGE AVE
ELLICOTT CITY, MD. 21043
DEED REFERENCE: LIBER 17266, FOLIO 027
DATE: 11/08/2016
GRANTOR: DAVID J. FRANCIAMONE
BUILDER: MR. ALISHI KHAN
RADIANT CONTRACTING
PHONE: 443-526-5505
- TAX MAP 025, GRID 021, PARCEL 105
- THE BOUNDARY SHOWN HEREON IS BASED UPON RECORDED DEED: LIBER 17266, FOLIO 027
- SOILS BASED UPON NRCS - SOIL WEB MAPS
- WATER SERVICE IS PUBLIC, SEWER SERVICE IS PRIVATE
- THERE IS NO 100 YEAR FLOOD PLAIN LOCATED ON THIS PROPERTY BASED ON FEMA INSURANCE RATE MAP COMMUNITY PANEL #
- TOPOGRAPHY SHOWN HEREON IS FIELD RUN BASED UPON HOWARD COUNTY GIS DATA NAVD83, CONTOUR INTERVAL = 2 FT. FIELD VERIFIED BY CRC & ASSOC.
- THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT. OF THE SUBJECT PROPERTY UNLESS OTHERWISE SHOWN HEREON.
- SUBJECT PROPERTY IS ZONED RC-DEO

HEALTH DEPARTMENT NOTES

- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH AND AREA REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- THE AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ-FT. 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 AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
- THERE ARE NO EXISTING WELLS AND SEPTIC SYSTEMS WITHIN 100 FT. OF THE LOT LINES SHOWN HEREON UNLESS NOTED OTHERWISE.
 - ⊕ DENOTES "PROPOSED" PERCOLATION TEST
 - ⊕ DENOTES "PASSED" PERCOLATION TEST
 - ⊕ DENOTES "FAILED" PERCOLATION TEST
- THE NEAREST WATER INTAKE STRUCTURE IS FOUR MILES+ AWAY.

PURPOSE NOTE:
PURPOSE OF THIS PLAN IS TO PERC TEST FOR A NEW 5 BEDROOM HOUSE

LEGEND

WELL LOCATION	
ALTERNATE WELL LOCATION	
PROPOSED SEPTIC LOCATION	
EXISTING SEPTIC LOCATION	
EX. PROPERTY LINE	
EX. RIGHT-OF-WAY	
PROP. LOT LINES	
EX. EASEMENTS	
EX. CONTOURS	
EX. TREEWOODS LINE	
SOILS LINE	
LIMIT OF DISTURBANCE	
DENOTES SLOPES 25% OR GREATER	
DENOTES SLOPES 15% - 25%	

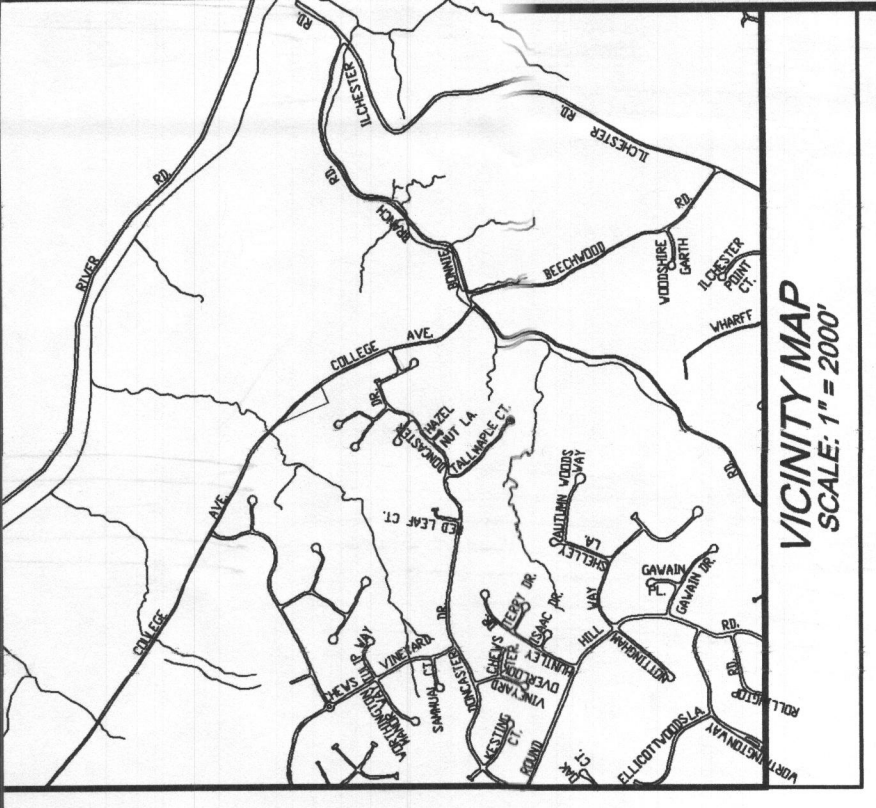
APPROVED FOR PUBLIC WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER _____ DATE _____
PROFESSIONAL CERTIFICATION
 I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 7803 EXPIRATION DATE 4-22-2019
Charles R. Crocken 11-10-17
 CHARLES R. CROCKEN, PE MD. LICENSE REG. NO. 7803 DATE



PERCOLATION CERTIFICATION
 I HEREBY CERTIFY THAT THE PERCOLATION TEST LOCATIONS SHOWN HEREON ARE TO THE BEST OF MY KNOWLEDGE ARE CORRECT AS SHOWN.
 CHARLES R. CROCKEN, PE MD. LICENSE REG. NO. 7803 (EXPIRATION DATE 4-22-2019) DATE _____

PERC RECERTIFICATION PLAN
"4398 COLLEGE AVE"
 SINGLE FAMILY DETACHED
 LIBER 17266 FOLIO 027
 ZONED RC-DEO
 2ND ELECTION DISTRICT TAX MAP #25, GRID 21, PARCEL 105
 HOWARD COUNTY, MARYLAND
 Prepared by:
CHARLES R. CROCKEN AND ASSOCIATES, INC.
 902 LEE AVE.
 SYKESVILLE, MARYLAND 21157
 Tel. (410) 549-2708
 Fax. (410) 549-9063
 SCALE: 1"=30' DATE: 11/02/17 SHEET 1 OF 1



SOILS LEGEND

SYMBOL	NAME/DESCRIPTION	SOIL GROUP	K-VALUE	HYDRO GROUP
LfF	Lignitic clay (primarily loam), 25 to 65 percent slopes, very stony	C	-	
MoB	Medium loess silt loam, 3 to 8 percent slopes, stony	CD	0.37	
WcB	Weakly silty loam, 3 to 8 percent slopes, stony	CD	0.43	

GENERAL NOTES

- OWNERS: CHAUDHARY GILL, SHAMALA KANNIYAL, 4398 COLLEGE AVE, ELICOTT CITY, MD. 21043
DEED REFERENCE: LIBER 17286, FOLIO 027
DATE: 1/18/2015
GRANTOR: DAVID J. FRANCIAMONE
BUILDER: MR. AUSIM KHAN, RADIANT CONTRACTING, PHONE: 443-529-5595
- TAX MAP 025, GRID 021, PARCEL 105
- THE BOUNDARY SHOWN HEREON IS BASED UPON RECORDED DEED: LIBER 17286, FOLIO 027
- SOILS BASED UPON NRCS SOIL WEB MAPS
- WATER SERVICE IS PUBLIC, SEWER SERVICE IS PRIVATE
- THERE IS NO 100 YEAR FLOOD PLAIN LOCATED ON THIS PROPERTY BASED ON FEMA INSURANCE RATE MAP COMMUNITY PANEL #
- TOPOGRAPHY SHOWN HEREON IS FIELD RUN BASED UPON HOWARD COUNTY GIS DATA 1/14/2008. CONTOUR INTERVAL = 2 FT. FIELD VERIFIED BY CRC & ASSOC.
- THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100 FT OF THE SUBJECT PROPERTY UNLESS OTHERWISE SHOWN HEREON.
- SUBJECT PROPERTY IS ZONED RC-DEO

HEALTH DEPARTMENT NOTES

- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP, WIDTH AND AREA REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQ. FT. AS SHOWN ON THE SEWER EASEMENT MAP. THIS EASEMENT IS FOR THE 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 AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENTS.
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 - ⊕ DENOTES "FAILED" PERCOLATION TEST
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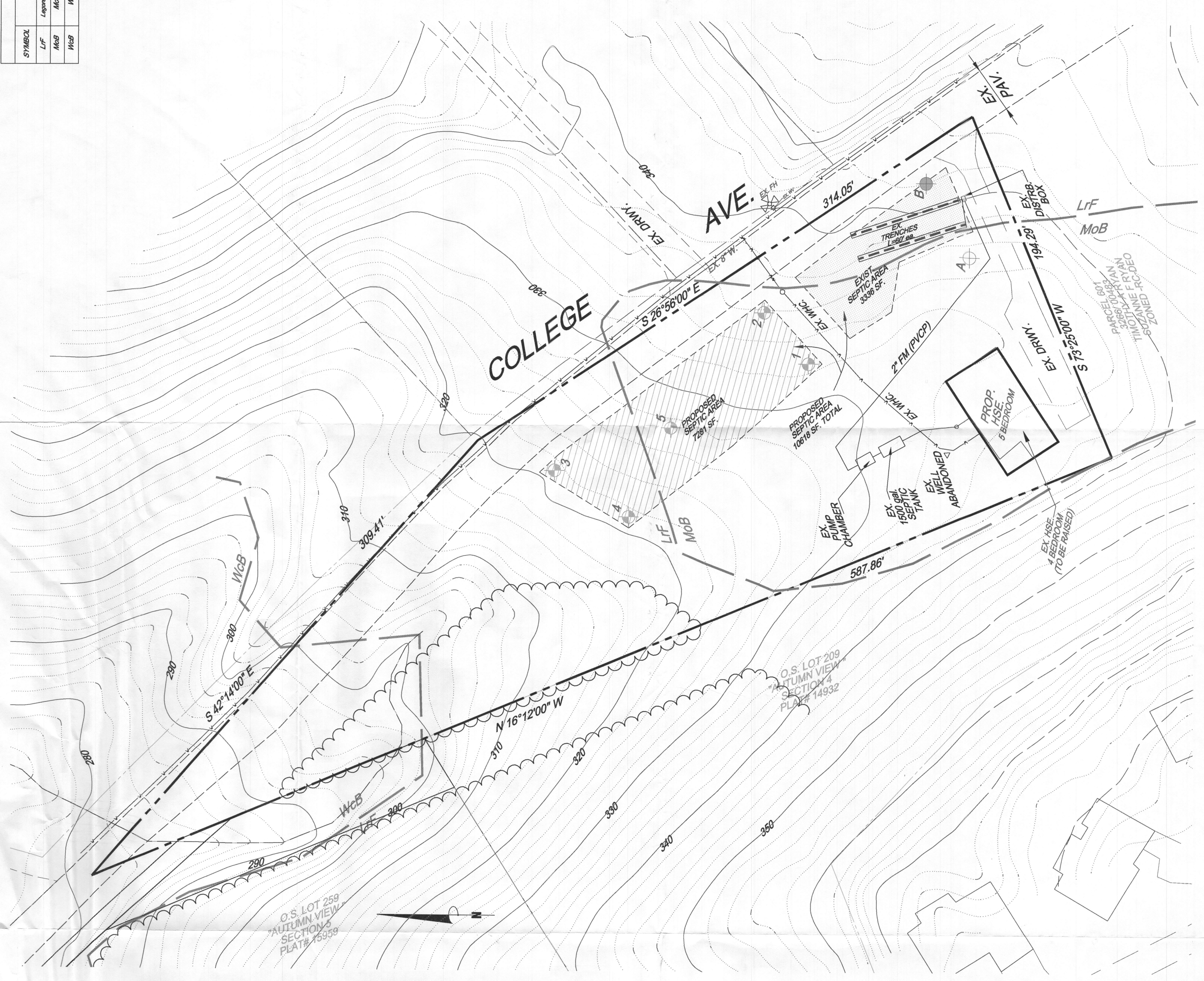
LEGEND

- WELL LOCATION
- ALTERNATE WELL LOCATION
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PERC RECERTIFICATION PLAN
"4398 COLLEGE AVE"
SINGLE FAMILY DETACHED
LIBER 17286/FOLIO 027
ZONED RC-DEO
2ND ELECTION DISTRICT TAX MAP REG. GRID 21, PARCEL 105
HOWARD COUNTY, MARYLAND

Prepared by:
CHARLES R. CROCKEN AND ASSOCIATES, INC.
902 LEE AVE.
SYKESVILLE, MARYLAND 21157
Fax: (410) 549-5063

DATE: 11/02/17
SCALE: 1" = 30'
SHEET 1 OF 1



APPROVED FOR PUBLIC WATER AND PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER
DATE: _____

PROFESSIONAL CERTIFICATION
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A FULLY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND LICENSE NO. 7803 EXPIRATION DATE 4/25/2019

Charles R. Crocken
CHARLES R. CROCKEN, PE, MD LICENSE REG. NO. 7803
DATE: 3-3-2018

PERCOLATION CERTIFICATION
I HEREBY CERTIFY THAT THE PERCOLATION TEST LOCATIONS SHOWN HEREON ARE TO THE BEST OF MY KNOWLEDGE ARE CORRECT AS SHOWN.

Charles R. Crocken
CHARLES R. CROCKEN, PE, MD LICENSE REG. NO. 7803 (EXPIRATION DATE 4/25/2019)
DATE: 3-3-2018





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: 1/26/18

Permit No.: B18000278

Building Address: 4398 COLLEGE AVE
 City: FELICITY CITY State: MD Zip Code: 21043
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 25 Parcel: 105 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT
 Proposed Use: PRIMARY RESIDENCE
 Estimated Construction Cost: \$ 220000.00
 Description of Work: DEMOLISH EXISTING HOUSE
REBUILD ON SAME FOUNDATION 6 BED
ROOMS 6.5 BATHROOM UNFINISHED 1/2
BASEMENT.
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: CHAUDHARY GILL
 Address: 9 CALVIN SPRINGS COURT
 City: CAPITOLVILLE State: MD Zip Code: 21228
 Phone: 413-751-0726 Fax: _____
 Email: CHAUDHARYGILL@MSN.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: AUSIM KHAN
 Address: 342 RICES LANE
 City: WINNIXE MILLS State: MD Zip Code: 21228
 Phone: 413-579-5595 Fax: _____
 Email: AUSIM.KHAN@GMAIL.COM

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

Engineer/Architect Company: TALL ORDER CONTRACTS
 Responsible Design Prof.: SYED SHAKIB AIA
 Address: PO BOX 141
 City: LINTHicum State: MD Zip Code: 21090
 Phone: 301-275-7653 Fax: _____
 Email: INFO@TALLORDERPROJECTS.COM

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: <u>47'</u>	<u>30'</u>
	2 nd floor: <u>14'</u>	<u>30'</u>
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl 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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input checked="" 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
<u>PER PLANS</u>	
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: Chaudhary G. Gill
 Email Address: CHAUDHARYGILL@MSN.COM
 Title/Company: OWNER

Print Name: CHAUDHARY GILL
 Date: 01-25-18

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		

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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>441</u>