



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: 2121 Miller Mill Road
 City: Cocksville State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: PAR 1 Tax Map: 0014 Parcel: 0076

Existing Use: Residential home
 Proposed Use: In-ground pool
 Estimated Construction Cost: \$ 144,000
 Description of Work: Constructing an in-ground pool.

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

Property Owner's Name: Ryan & Kate Geldermann
 Address: 2121 Miller Mill Road
 City: Cocksville State: MD Zip Code: 21723
 Phone: 323-245-6474 Fax: _____
 Email: ryangeldermann@gmail.com

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

Contractor Company: Browning Construction Co. Inc.
 Contact Person: Leticia Rivers
 Address: 23731 Kidge Road
 City: Germanstown State: MD Zip Code: 20876
 License No.: 1377
 Phone: 240-644-4704 Fax: _____
 Email: leticia.r@browningpools.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.): <u>7900</u>	Basement:
<u>CA.</u>	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
<u>In-ground pool</u>	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 checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input 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 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.

Leticia Rivers
 Applicant's Signature
leticia.r@browningpools.com
 Email Address
Project Coordinator / Browning Co.
 Title/Company

Leticia Rivers
 Print Name

 Date

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>8-21-19 D Bernard</u>

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

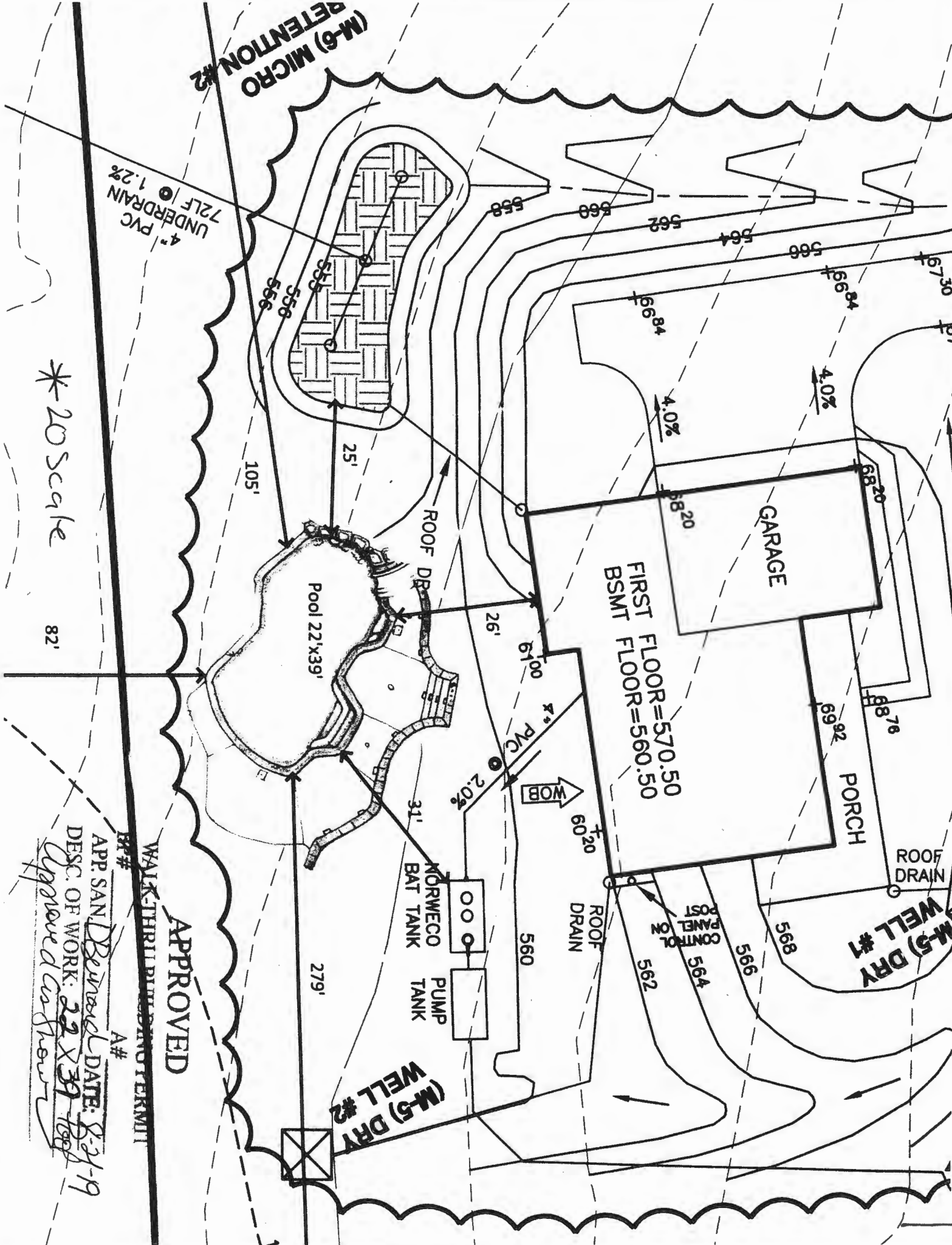
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 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	#

(M-6) MICRO RETENTION #2

4" PVC UNDERDRAIN 72LF @ 1.2%

* 20 Scale



APPROVED

WALK-THRU BUILDING PERMIT

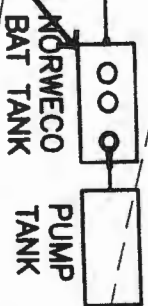
APP. SAN. *Benard* DATE: 8-21-19

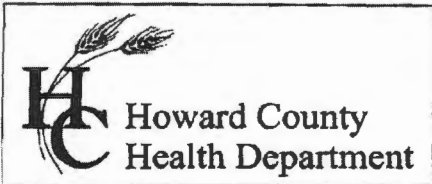
DESC. OF WORK: 22' X 39' POOL

Approved as shown

(M-5) DRY WELL #2

(M-5) DRY WELL #1





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: 6/7/16 **ONSITE SEWAGE DISPOSAL SYSTEM** P 558747
 APPROVAL DATE: 12/8/16 **PERMIT: CONSTRUCTION** A _____
 PROPERTY ADDRESS: 2121 Millers Mill Road
 SUBDIVISION: Princeton Mill LOT: 1 TAX ID: _____
 CONTRACTOR: Rainmaker Contracting, Inc. / J+A Construction EMAIL: sarterburn@therainmakergroup.com
 CONTRACTOR ADDRESS: 6755 Business Pkwy, Suite 103, Elkridge, MD 21705 PHONE: 443-829-9222

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER: 1st one

PROPERTY OWNER: Rainmaker Development, Inc. EMAIL: sarterburn@therainmakergroup.com

OWNER ADDRESS: 6755 Business Pkwy, Suite 103, Elkridge, MD 21705 PHONE: 410-379-1525 301-674-6730

BAT UNIT MODEL: Norweco TNTLP-600 PUMP SIZE: 0.5 hp PUMP TANK CAPACITY: 2000 gallons

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: 6/7/2016 DATE RECORDED: 6/13/16

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

TRENCHES:	LINEAR FEET REQUIRED: <u>260</u>	INLET DEPTH: <u>4</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>7</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: Run force main outside SDA.

ISSUED BY: Sarah Collins ISSUE DATE: 05 02 16 EXPIRATION DATE: 6-4
7/20/16 7/20/17

- 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 16003926
- 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

See separate sheet
for as-built

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
3'	4'	8'
NUMBER OF TRENCHES		4
TOTAL LENGTH		258'
ABSORPTION AREA		474' + SIDEWALK
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL	YES
MANUFACTURER	BACKRIVER/
CAPACITY	1300 GAL NORWECO
SEAM LOC	TOP
TANK LID DEPTH	2.5'
BAFFLES	NO
BAFFLE FILTER	NO
MANHOLE LOC	FRONT, MID, REAR
6" PORT LOC	NONE
WATERTIGHT TEST	NO
SLOTTED	NO
DATE ON LID	6-28-16
PUMP/SEPTIC TANK LEVEL	YES
MANUFACTURER	BACKRIVER
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	3.3.5'
BAFFLES	NO
BAFFLE FILTER	NO
MANHOLE LOC	FRONT, REAR
6" PORT LOC	NONE
WATERTIGHT TEST	NO
SLOTTED	NO
DATE ON LID	7-8-16
Pump:	1/2 hp

PRE-CONSTRUCTION:

8/19/16 Met Jason + Nathan on site for layout. No SDA or tank stakes. Laid out tank locations by measuring off house corners. Wait to layout trenches until SDA is staked. (SC)

8/23/16 Corners of SDA staked. Laid out 4 x 65' trenches on contour. (SC) 8/25/16 Met Scott from Rainmaker on site to discuss force main. I had told J+A to run it along edge of SDA instead of up through middle; Scott is concerned about proximity to specimen tree - need to take down others. Measured bottom edge of SDA - marked location for f.m. to run up center. (SC)

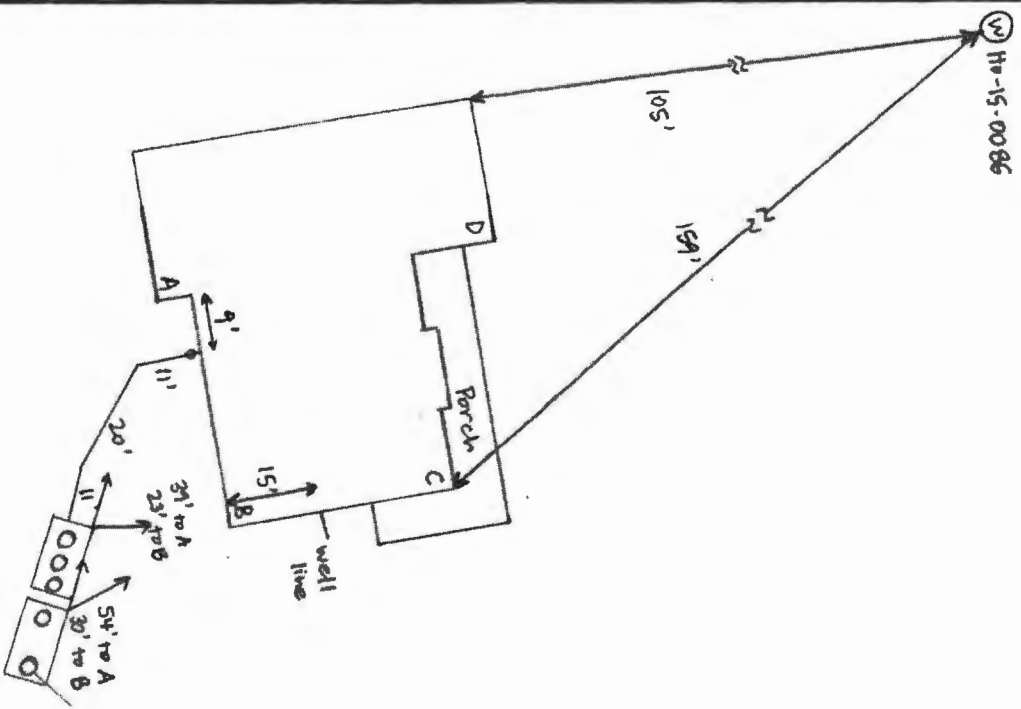
INSTALLATION: 8/23/16 Tanks set. Matt Geckle from Norweco on site certifying chassis. House connection made. (SC) 8/29/16 Force main run up middle of SDA to trench area. J+A adding stone to T1. 3' wide, 4' inlet. Using laser to check depths. (SC) 8/30/16 T1-T4 complete, T3+T4 left open + T2 open at ends. J+A setting D-box. (SC) 8/31/16 D-box and force main connections made. Need BAT startup certification and pump + alarm. (SC) 10/18/16 BAT startup certification received. (SC) 12/8/16 On site for pump + alarm. Norweco alarm sounds + aerator runs. Pump alarm sounds, pumps effluent to D-box. Rainwater diverted around tanks. (SC)

FINAL INSPECTOR

Sarah Collins

DATE OF APPROVAL

12/8/16

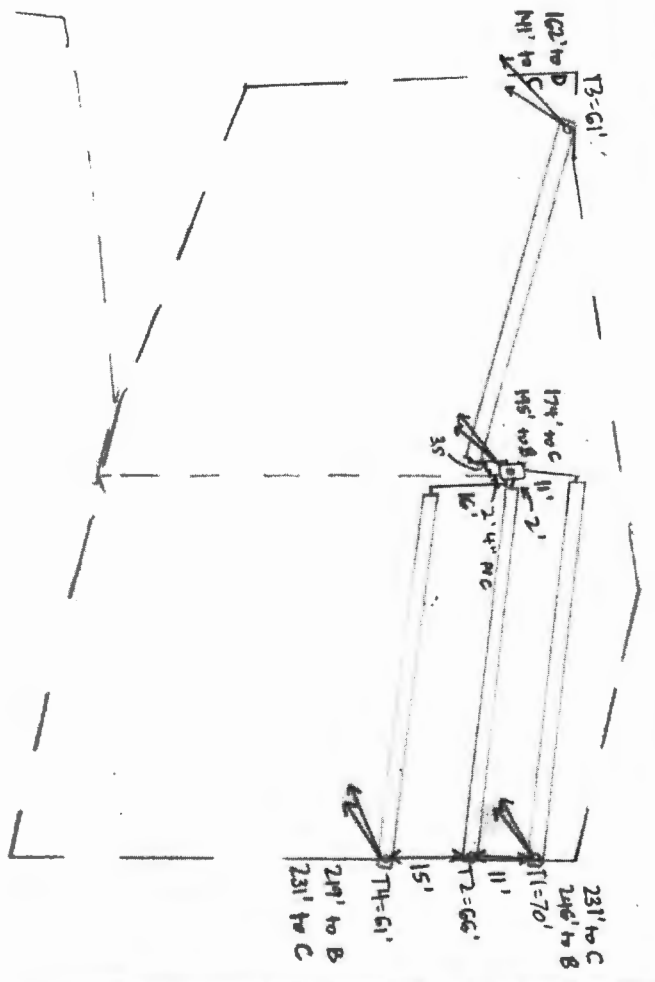


② H-15-0086

105'
191'

1.5" f.m.
approximate path

NOT TO SCALE



102' to B
111' to C
174' to C
186' to B
11' to C
2' to C
2.4' to C
35'
11'
11'=70'
231' to C
246' to B
15'
11'
T2=66'
14=61'
249' to B
231' to C