

Menu Save Reset Cancel Help

Reviewed / Approved on 9/16/19 - H.O.

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B19002922	09/05/2019
Description of Work		
SFD/ REMODEL KITCHEN APPROX. 13'X26' 338 SQ.FT. AREA/ REMOVE 2 EXISTING NON-BARING WALLS B/T KITCHEN & DINING ROOM/ REMOVE 1 KNEEWALL UNDER KITCHEN PENINSULA		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12735	FOLLY QUARTER	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95679	39.24928
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
888808		2.61	291100	566000	274900	RURAL
Legal Description						
IMPSLOT 7D 2.617 A S2 8A[]12735 FOLLY QUARTER RD[]GLENELG MANOR						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
		605101	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1405358671						
Section	Area	Tax Map					
		28					
Grid	Zoning District	ADC Map					
28-5	RR-DEO	4933-G1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1988	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

BENTIVENGA SALVATORE		
Address Line 1		
12735 FOLLY QUARTER RD		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
443-745-0579	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010020247	PRO BUILT CONSTRUCTION		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	EDWARD		PACYLOWSKI
Primary	Address Line 1		
No	13330 CLARKSVILLE PIKE		
Address Line 2			
City		State	ZIP Code
HIGHLAND		MD	20777-9701
Phone 1	Phone 2	Fax	
3018540821		3018549632	
E-mail			
EDWARD@PROBUILTCONSTRUCTION.COM			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	EDWARD		PACYLOWSKI
Relationship	Full Name		
--Select--			
Primary	Organization Name		
Yes	PRO BUILT CONSTRUCTION		
Street Address			
13330 CLARKSVILLE PIKE			
Address Line 2			
City		State	Zip Code
HIGHLAND		MD	207779701
Phone	Cell	Fax	
3018540821		3018549632	
E-mail *			
CHRISTINA@PROBUILTCONSTRUCTION.COM			

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	EDWARD		PACYLOWSKI
Relationship			

--Select--	Full Name	
Primary	Organization Name	
No	PRO BUILT CONSTRUCTION	
	Street Address	
	13330 CLARKSVILLE PIKE	
	Address Line 2	
	City	State
	HIGHLAND	MD
	Zip Code	207779701
	Phone	Cell
	3018540821	
	Fax	3018549632
	E-mail	
	CHRISTINA@PROBUILTCONSTRUCTION.COM	

Addtl Info

Est Construction Cost	*Housing Units *	Number of Buildings	*Public Owned
30000	0	0	No
Construction Type			
--Select--			

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
338 SQFT	0	0	0	Private	Private	Gas & Electric
Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *		
Unknown	None	--Select--	3/4/2020	<input type="radio"/> Yes <input checked="" type="radio"/> No		

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel



ProBuilt Construction, Inc.
13330 Clarksville Pike
Highland, MD 20777
(301) 854-0821

Sales Consultant
Ed Pacyłowski

Date of Drawing
05/13/19

Design Consultant
Jessica Barwick

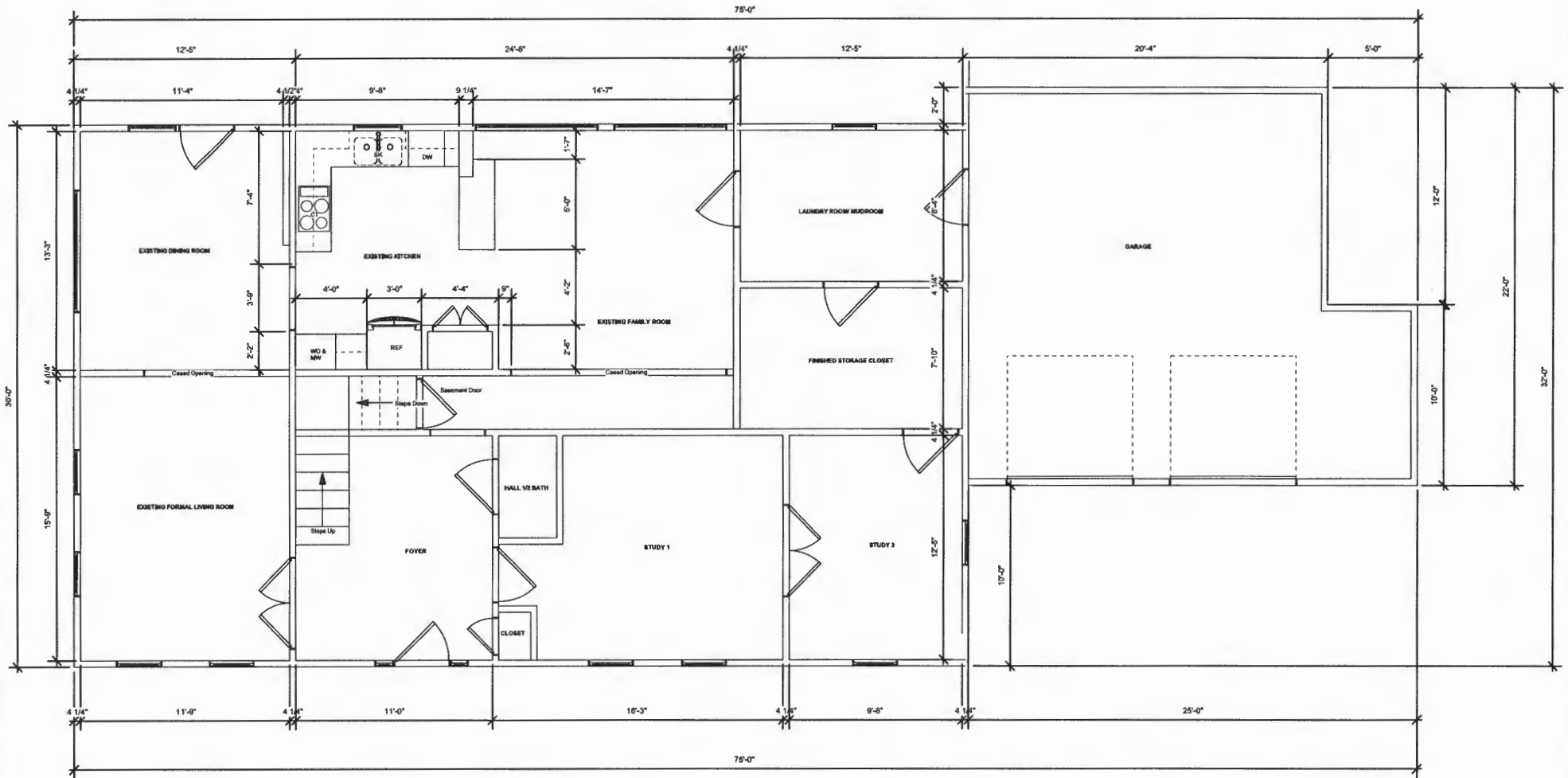
Drawing Title
**FLOORPLAN OF EXISTING
MAIN LEVEL**

Project Manager
Jason & Bruce Bates

Drawing Scale
3/16" = 1'0"

Project Information
The Bentvenga Residence
12735 Folly Quarter Rd
Ellicott City, MD 21042

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Date of Drawing

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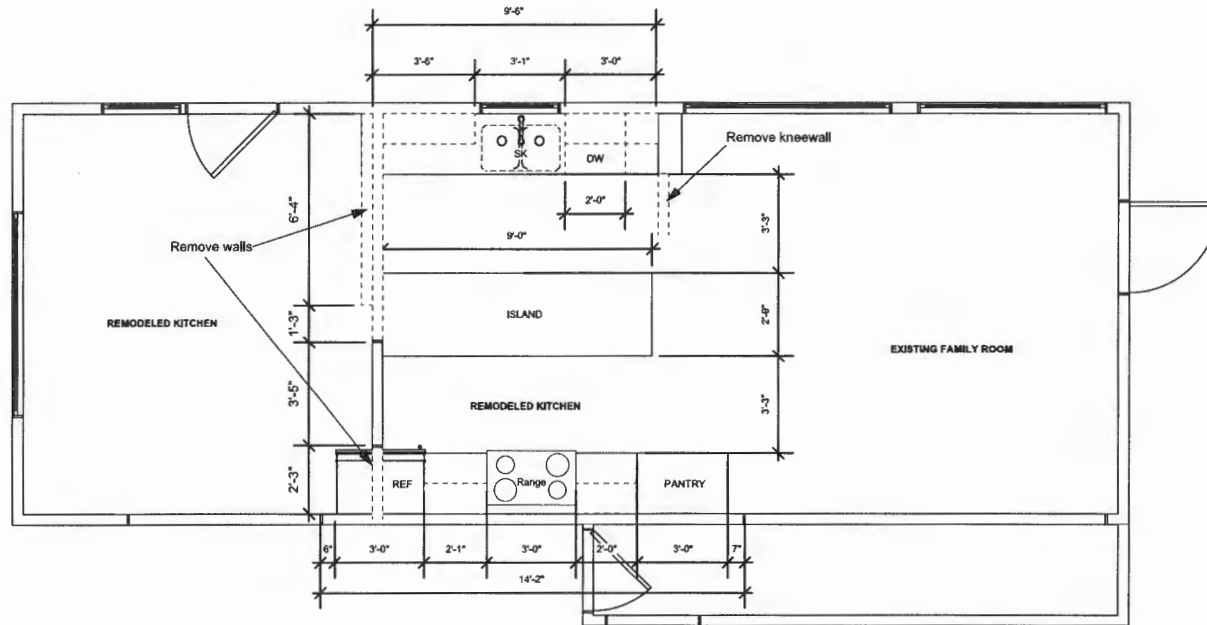
Drawing Title

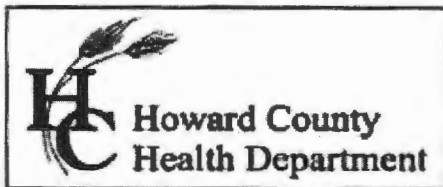
PERMIT PLAN OF
KITCHEN REMODEL

Drawing Scale

1/4" = 1'0"

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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: 6/11/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 563021
 APPROVAL DATE: 6/20/18 SEC **PERMIT:** **REPAIR** A _____
 PROPERTY ADDRESS: 12735 Folly Quarter Road
 SUBDIVISION: _____ LOT: _____ TAX ID: 05-358671
 CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com
 CONTRACTOR ADDRESS: P.O. Box 519 Annapolis Junction, Maryland 20701 PHONE: 301-490-4289
 PROPERTY OWNER: Sal and Sue Bentivenga EMAIL: _____
 OWNER ADDRESS: 12735 Folly Quarter Road, Ellicott City, MD 21042 PHONE: _____

SEPTIC TANK SIZE (GALLONS): _____ PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 0.8
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>179'</u>	INLET DEPTH: <u>4'</u>
	TRENCH WIDTH: <u>3'</u>	MAXIMUM BOTTOM DEPTH: <u>7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>8'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>5'</u>

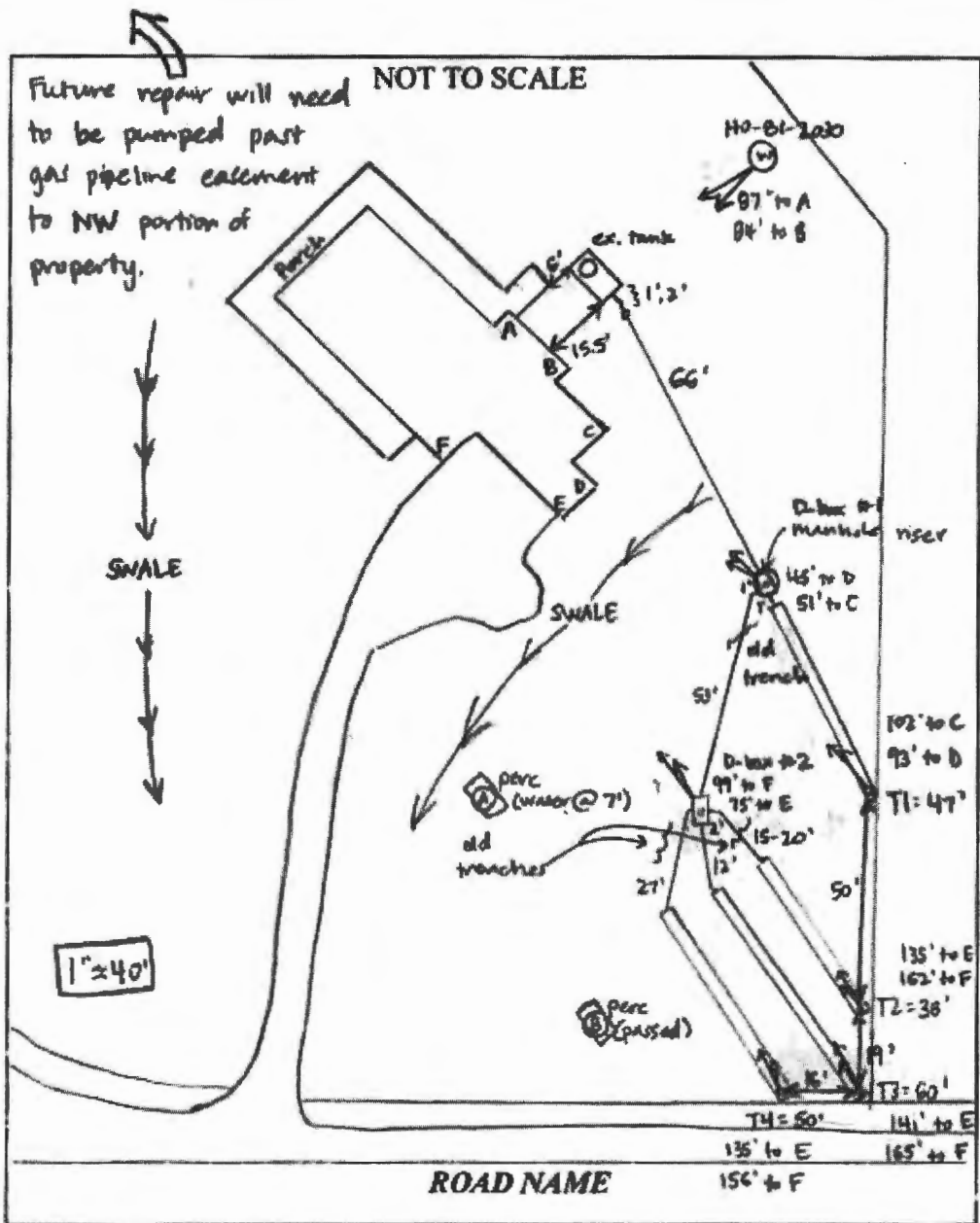
LOCATION: **TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.**

NOTES: Install 4 x 45' trenches on contour. Place a D-box at start of T1, run line to start of T2 + place a 2nd D-box. Install a manhole riser over 1st D-box to allow access OK for T2 to be 50', T3 to be 40'.

ISSUED BY: Sarah Collins ISSUE DATE: 6/11/18 EXPIRATION DATE: 6/11/19

- 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: 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.



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4-5'	7'
NUMBER OF TRENCHES		4
TOTAL LENGTH		195'
ABSORPTION AREA		SBS' + SIDEWALK
DISTRIBUTION BOX LEVEL		YES
DISTRIBUTION BOX BAFFLE		YES
DISTRIBUTION BOX PORT		YES

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL <u>EXISTING</u>	
MANUFACTURER	?
CAPACITY	1250 GAL
SEAM LOC	MID
TANK LID DEPTH	20"
BAFFLES	YES
BAFFLE FILTER	NO
MANHOLE LOC	FRONT
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:

6/11/18 Laid out 4 x 45' trenches, avoiding existing trenches. Inlet @ T1 to be ~5'. All others 4'. Place 1st D-box @ T1, pipe to 2nd D-box @ T2 to serve T2-T4. Install a manhole cover over 1st D-box to allow adjustment of speed levelers. (S)

INSTALLATION:

6/19/18 Existing tank connected to D-box #1. T1 complete - left open for inspection - 3' wide, 4.5-5' to stone. Pipe run to D-box #2, T2 dug - left open 3' wide, 3.5-4' to stone. Hatfield's using laser to check depths. First ~10' of T3 has solid pipe to stabilize over old trench crossing. Some liquid from old trenches flowing into T2. Hatfield's installed manhole riser on front of tank. (S) 6/20/18 T3 finished - left open at ends for inspection. T4 finished - left open. 3' wide, 3.5' to stone. 2nd D-box installed, leveled speed levelers. Manhole risers installed over 1st D-box speed levelers appear level w/ liquid coming into box from house. Hydraulic cement used around D-box outlet pipes. (S)

FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 6/20/18

Oswald, Hank

From: Oswald, Hank
Sent: Monday, September 16, 2019 8:32 AM
To: Christina (Christina@probuiltconstruction.com)
Subject: B19002922_12735 Folly Quarter Road_Kitchen Remodel

Hi Christina:

Thank you for contacting the Health Department about your building permit. Building permit #B1900292 has been approved.

Have a great day!

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov



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