

Health

Building Address 14049 Triadelphia Rd.
Geneva, Md 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision _____

Section _____ Area _____ Lot 1

Tax Map 21 Parcel 160 Grid 18

Zoning RRDPO Map Coordinates 9F10 Lot size _____

Property Owner's Name same Brian Sisk

Address 14049 Triadelphia Rd.

City Geneva State Md Zip Code 21737

Home Phone 410-992-8105 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use 3FD

Proposed Use Master Bed + Bath 1-story addition

Estimated Construction Cost \$ 30,000 addition

Description of Work Construction + Bed + Bath on existing house
as stated unfinished basement

Contractor Company M.H.R.R.

Contact Person Ellen Williams

Address 11797-A Triadelphia Rd.

City E.C. State Md Zip Code 21042

License No. _____

Phone 410-531-9979 Fax 410-531-9978

Occupant or Tenant Brian + Jennifer Sisk

Contact Name _____

Address 14049 Triadelphia Rd.

City Geneva State Md Zip Code 21737

Phone 410 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>5600 sq ft</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>2</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of Bedrooms: <u>1</u>	NFPA #13D <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	NFPA #13R <input type="checkbox"/>
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: <u>20x34</u>	
Footings: <u>yes</u>	
Roof: <u>yes</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 REFRANDED 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.

Ellen Williams
 Applicant's Signature
Resident
 Title/Company

Ellen Williams
 Print Name
6/15/04 6:23:04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>7/31/04</u>	
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 58510

Filing fee \$ 15

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 1770

Validation # 11389

Accepted by: _____

Is Sediment Control approval required prior to issuance?
 YES NO

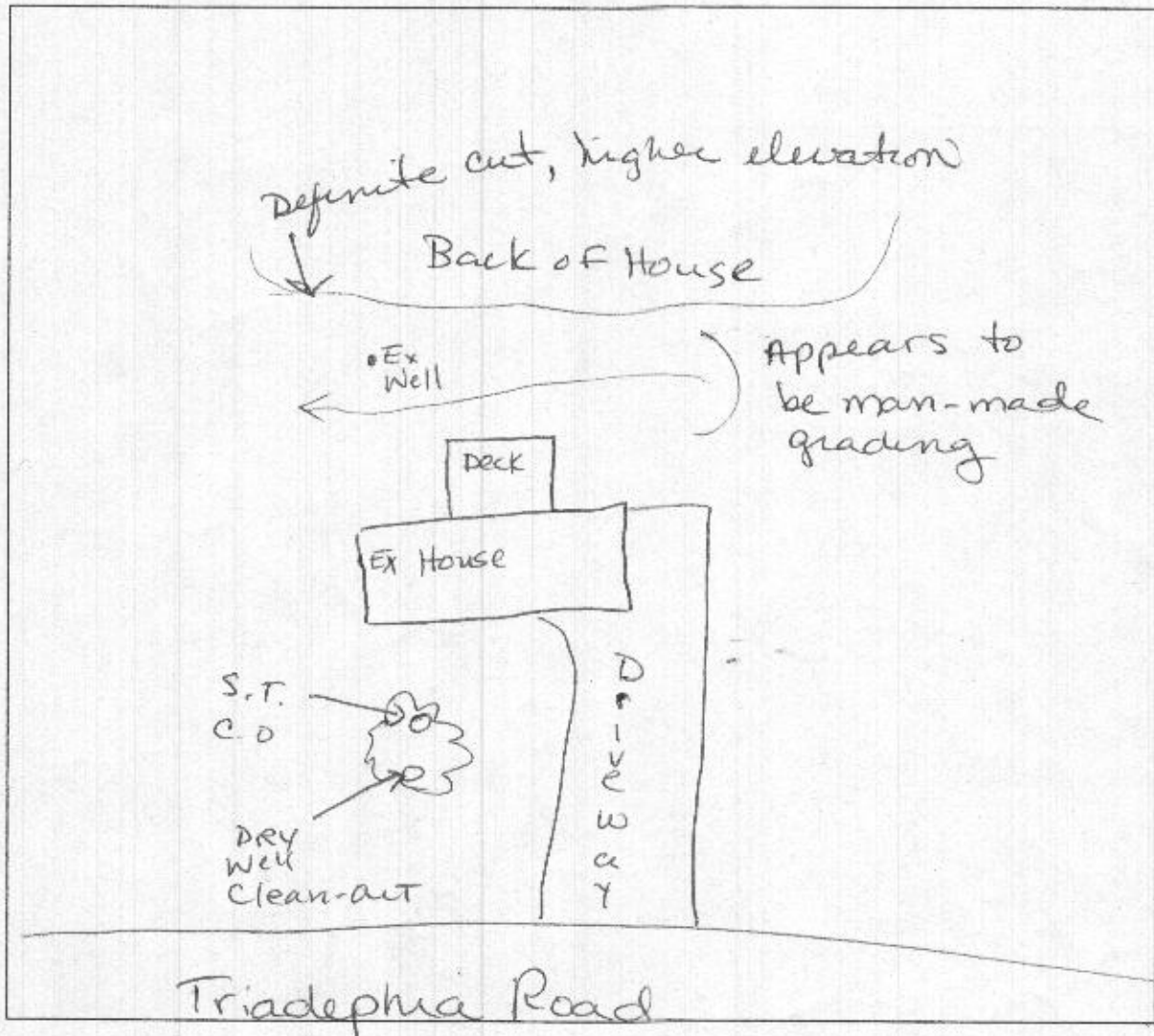
CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

SITE INSPECTION SHEET

OWNER: Bryan Sisk PHONE #: _____
 ADDRESS: 14049 Triadelphia Rd CONTRACTOR: Browning Pools & Spa
 WELL TAG #: HO-73-0876
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____
 PROPOSAL: Proposed BP for pool - need to identify if repair area is available.

LOCATION DIAGRAM



COMMENTS: 6/5/03 & inspected dry well - below inlet level - ok. S.T. ready to be pumped. Tag on well. Repair area in front yard. (K) (inspection done in case a future b.p. comes in.)

DATE: 6/5/03 INSPECTOR: Karen Roman

A519872-E



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.: B15000099

Building Address: 14099 Frederick Rd
 City: Beltsville State: MD Zip Code: 20814
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential
 Proposed Use: Garage
 Estimated Construction Cost: \$ 25,000
 Description of Work: 16'x20' Garage addition
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Raymond J. ...
 Address: 14099 Frederick Rd
 City: Beltsville State: MD Zip Code: 20814
 Phone: _____ Fax: _____
 Email: _____

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

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

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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 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:	
	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	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 1-2-15

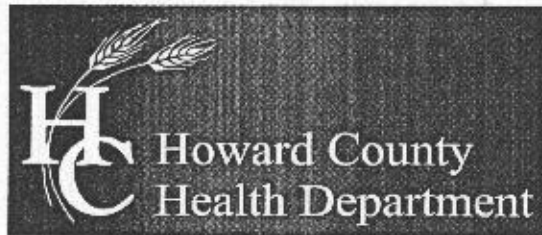
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2-25-15</u>	<u>Doree 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	#



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](https://twitter.com/HowardCoHealthDep)

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

February 27, 2015

Bryan R. Sisk
14049 Triadelphia Road
Glenelg, MD 21737

RE: Waiver Approval
14049 Triadelphia Road
Glenelg, MD 21737

Mr. Sisk:

The Department of Health has received your waiver request dated February 19, 2015 for the above referenced property. This agency will grant **approval** of the waiver to the required Percolation Certification Plan as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed sixteen (16) foot by fifty (50) foot garage is located within one hundred feet of the existing well and the area is not useable for on-site sewage disposal.

Be advised that any future addition may require percolation testing and a Percolation Certification Plan will be required. Any deviations from the site plan submitted with the request 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

Bryan R Sisk

14049 Triadelphia Road
Glenelg, MD 21737
(443) 745-8060

February 19, 2015

Attn: Michael Davis
Assistant Director, Bureau of Environmental Health

I am writing to request a variance from the percolation test in reference to permit #B15000099.

We are purposing to install a garage addition onto the existing garage. The current area for the garage addition is a concrete parking pad. The new garage will not have plumbing of any type and will be used for additional storage to eliminate a large out building located in the backyard.

The addition of this garage will not impede/interfere with the well or septic area.

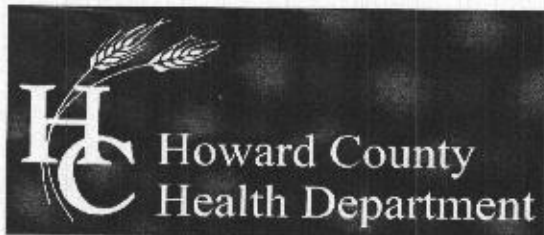
I have provided revised plot drawings and pictures to Ms. Dana Bernard to show the locations of the well and septic cleanout.

If you have any questions, please contact Bryan Sisk at 443-745-8060.

Thank You!

Bryan R. Sisk

2/26/15
Approved
Michael J. Davis



Office of the Health Officer

8930 Stanford Drive, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: [HowardCoHealthDepartment](https://twitter.com/HowardCoHealthDepartment)

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

DATE: January 28, 2015

TO: INEX CONSTRUCTION LLC
C/O David Mathias (Applicant)
Via E-mail: INEXCONSTRUCTION@COMCAST.NET

RE: **Building Permit # B15000099**
14049 Triadelphia Road
Glennelg, Maryland 21737

Mr. Mathias,

Limited information could be located regarding the soil profiles for the existing septic system area on your property. Our requirements for building permits are a full complete file for application approval. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed we will require the percolation certification plan to be submitted to our office for approval. This plan along with testing results will complete your file and allow us to review your building application. You must also submit a revised building plan showing your lot layout which should include your house, the addition, the septic system and the existing well.

Another alternative to avoid percolation testing and a percolation certification plan will require you to submit a variance request. This request must be submitted to Michael Davis, Deputy Director of the Howard County Health Department. Variance reviews are subject to a three week review period, however every effort will be made to review the request as soon as possible.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file





**HOWARD SOIL CONSERVATION DISTRICT
STANDARD SEDIMENT CONTROL NOTES**

1. A MINIMUM OF 48 HOURS NOTICE MUST BE GIVEN TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS, SEDIMENT CONTROL DIVISION PRIOR TO THE START OF ANY CONSTRUCTION (315-1855).
2. ALL VEGETATIVE AND STRUCTURAL PRACTICES ARE TO BE INSTALLED ACCORDING TO THE PROVISIONS OF THIS PLAN AND ARE TO BE IN CONFORMANCE WITH THE MOST CURRENT MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, AND REVISIONS THERE TO.
3. FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION SHALL BE COMPLETED WITHIN A) 3 CALENDAR DAYS FOR ALL PERIMETER SEDIMENT CONTROL, STRUCTURES, DIKES, PERIMETER SLOPES AND ALL SLOPES GREATER THAN 3:1, B) 7 DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE.
4. ALL DISTURBED AREAS MUST BE STABILIZED WITHIN THE TIME PERIOD SPECIFIED ABOVE IN ACCORDANCE WITH THE 2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL, FOR PERMANENT SEEDING (SEC. B-4.9), TEMPORARY SEEDING (SEC. B-4.10) AND MULCHING (SEC. B-4.9). TEMPORARY STABILIZATION WITH MULCH ALONE CAN ONLY BE DONE WHEN RECOMMENDED SEEDING DATES DO NOT ALLOW FOR PROPER GERMINATION AND ESTABLISHMENT OF GRASSES.
5. ALL SEDIMENT CONTROL STRUCTURES ARE TO REMAIN IN PLACE AND ARE TO BE MAINTAINED IN OPERATIVE CONDITION UNTIL PERMISSION FOR THEIR REMOVAL HAS BEEN OBTAINED FROM THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
6. SITE ANALYSIS:

TOTAL AREA OF SITE:	1.50 ACRES±
AREA DISTURBED:	0.04 ACRES±
AREA TO BE ROOFED OR PAVED:	0.04 ACRES±
AREA TO BE VEGETATIVELY STABILIZED:	0.50 ACRES±
TOTAL CUT:	0.00 YDS±
TOTAL FILL:	0.00 YDS±
ON-SITE WASTE/BORROW ARE LOCATION:	

7. ANY SEDIMENT CONTROL PRACTICE THAT IS DISTURBED BY GRADING ACTIVITY FOR PLACEMENT OF UTILITIES MUST BE REPAIRED ON THE SAME DAY OF DISTURBANCE.
8. ADDITIONAL SEDIMENT CONTROL MUST BE PROVIDED, IF DEEMED NECESSARY BY THE HOWARD COUNTY SEDIMENT CONTROL INSPECTOR.
9. ON ALL SITES WITH DISTURBED AREAS IN EXCESS OF 2 ACRES, APPROVAL OF THE INSPECTION AGENCY SHALL BE REQUESTED UPON COMPLETION OF INSTALLATION OF PERIMETER EROSION AND SEDIMENT CONTROLS, BUT BEFORE PROCEEDING WITH ANY OTHER EARTH DISTURBANCE OR GRADING. OTHER BUILDING OR GRADING INSPECTION APPROVALS MAY NOT BE AUTHORIZED UNTIL THIS INITIAL APPROVAL BY THE INSPECTION AGENCY IS MADE.
10. TRENCHES FOR THE CONSTRUCTION OF UTILITIES IS LIMITED TO THREE PIPE LENGTHS OR THAT WHICH SHALL BE BACK FILLED AND STABILIZED BY THE END OF EACH WORKDAY, WHICHEVER IS SHORTER.
11. ANY CHANGES OR REVISIONS TO THE SEQUENCE OF CONSTRUCTION MUST BE REVIEWED AND APPROVED BY THE PLAN APPROVAL AUTHORITY PRIOR TO PROCEEDING WITH CONSTRUCTION.
12. A PROJECT IS TO BE SEQUENCED SO THAT GRADING ACTIVITIES BEGIN ON ONE GRADING UNIT (MAXIMUM ACREAGE OF 20 AC PER GRADING UNIT) AT A TIME. WORK MAY PROCEED TO A SUBSEQUENT GRADING UNIT WHEN AT LEAST 50 PERCENT OF THE DISTURBED AREA IN THE PRECEDING GRADING UNIT HAS BEEN STABILIZED AND APPROVED BY THE ENFORCEMENT AUTHORITY, UNLESS OTHERWISE SPECIFIED AND APPROVED BY THE APPROVAL AUTHORITY. NO MORE THAN 30 ACRES CUMULATIVELY MAY BE DISTURBED AT A GIVEN TIME.

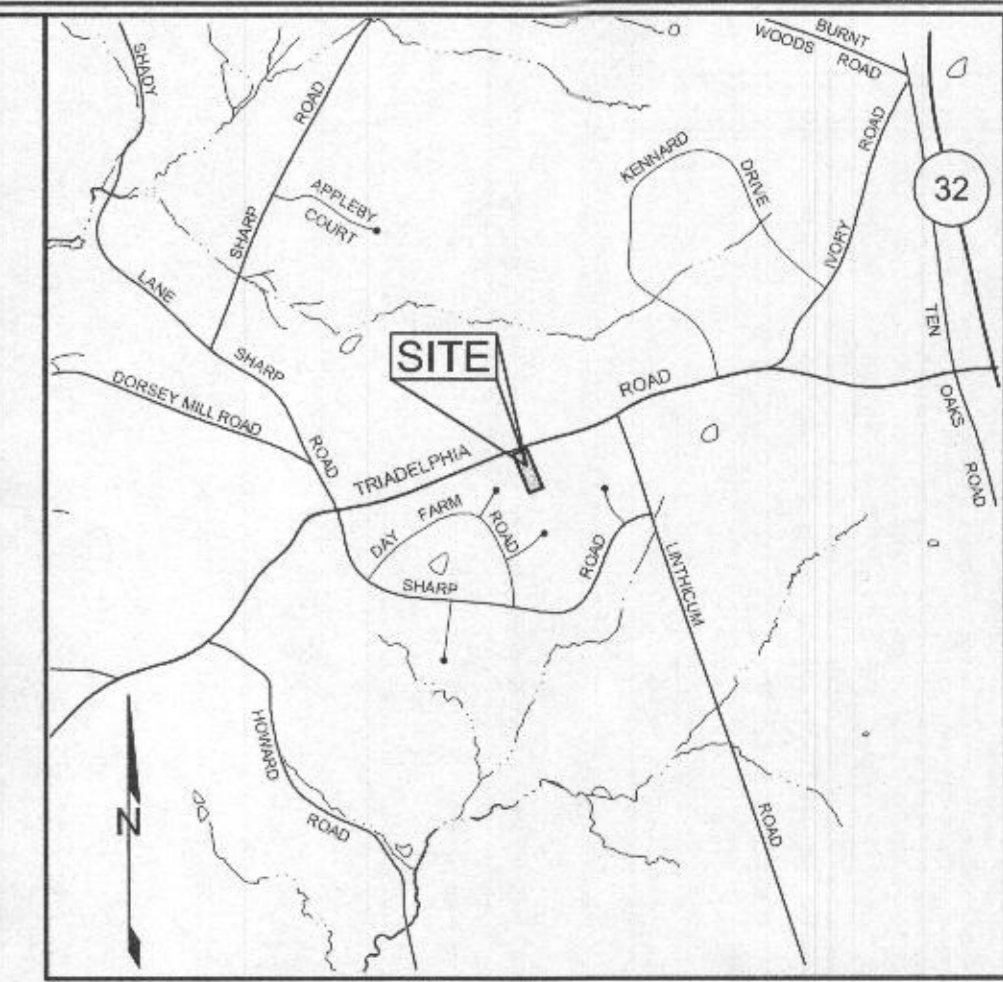
* EARTHWORK QUANTITIES ARE SOLELY FOR THE PURPOSE OF CALCULATING FEES. CONTRACTOR TO VERIFY ALL QUANTITIES PRIOR TO THE START OF CONSTRUCTION.
** TO BE DETERMINED BY CONTRACTOR, WITH PRE-APPROVAL OF THE SEDIMENT CONTROL INSPECTOR WITH AN APPROVED AND ACTIVE GRADING PERMIT.

GENERAL NOTES

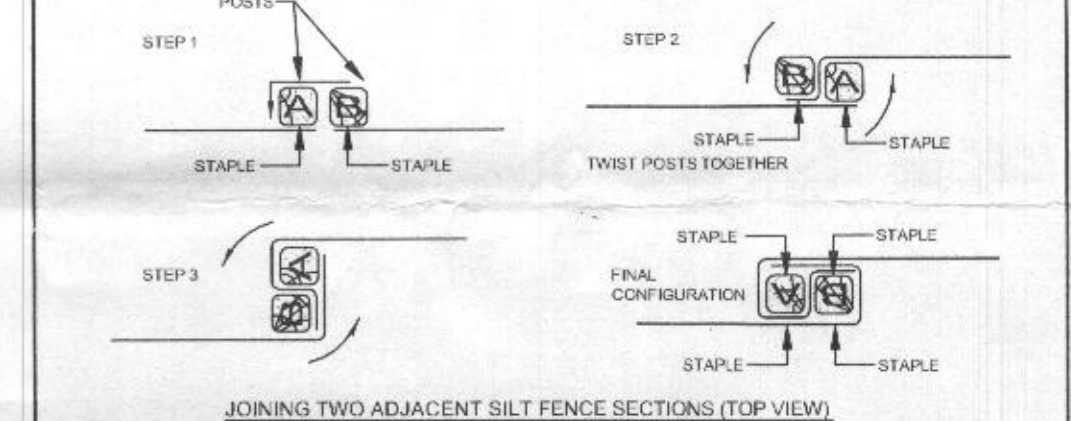
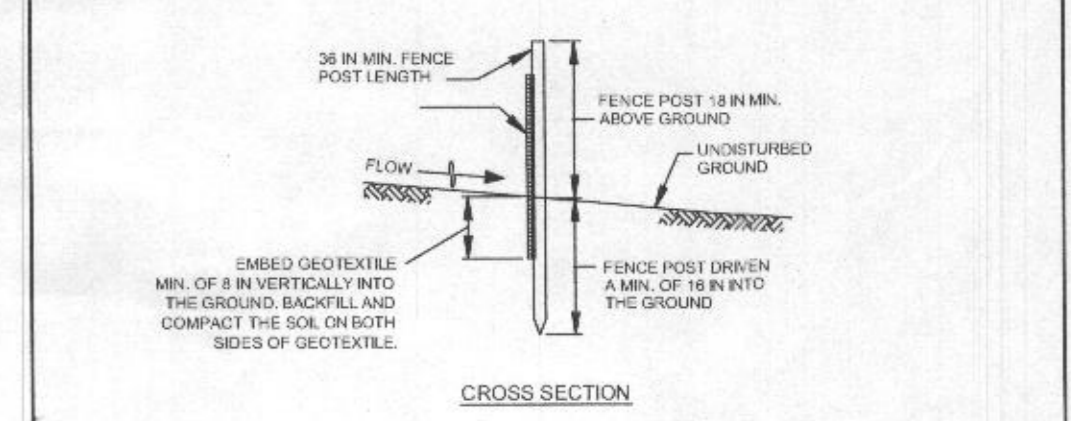
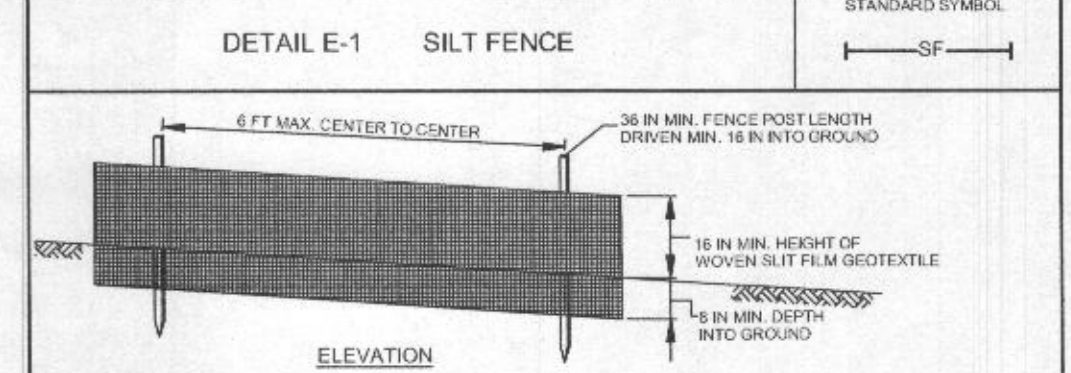
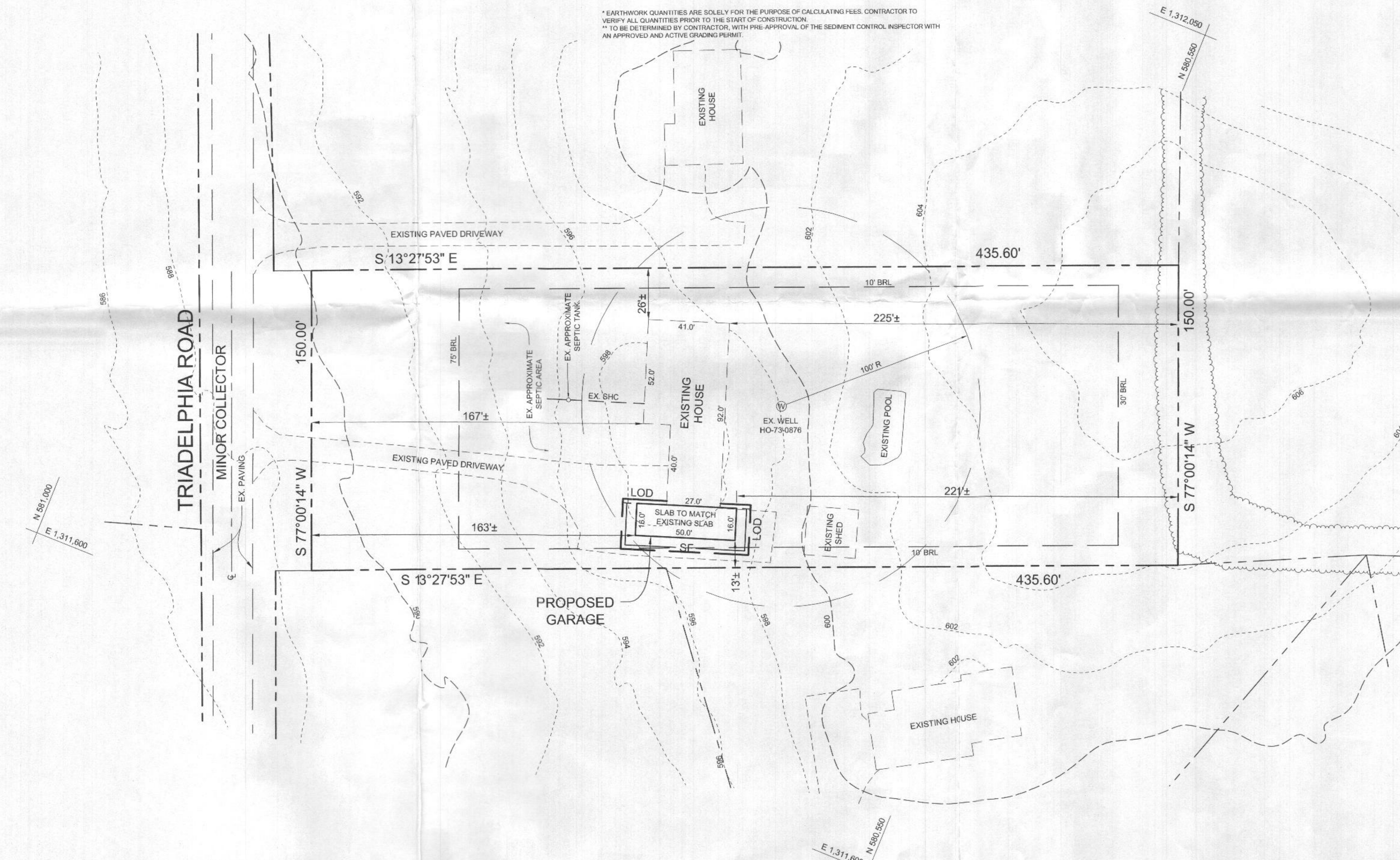
1. SUBJECT PROPERTY ZONED RR-DEO PER 10/06/13 COMPREHENSIVE ZONING PLAN.
2. TOTAL AREA OF PROPERTY = 1.500 AC±.
3. PRIVATE WATER AND PRIVATE SEWER WILL BE USED WITHIN THIS SITE.
4. THE BOUNDARY SHOWN HEREON IS BASED ON HOWARD COUNTY TAX MAP INFORMATION AND DEED PLOTS.
5. THE TOPOGRAPHY SHOWN HEREON IS BASED ON HOWARD COUNTY AERIAL TOPOGRAPHY FLOWN IN 2004.
6. PROPERTY ADDRESS: 14049 TRIADELPHIA ROAD
7. DEED REFERENCE: LIBER 3672 FOLIO 553
8. APPROXIMATE DATE OF HOUSE CONSTRUCTION: 1974
9. EXISTING USE: RESIDENTIAL
10. PROPOSED USE: RESIDENTIAL
11. GROSS FLOOR AREA:
TOTAL: 2,650 SQUARE FEET
12. NET FLOOR AREA:
TOTAL: 2,650 SQUARE FEET
13. SIZE OF ADDITION:
GARAGE: 800 SQUARE FEET
PERCENTAGE OF NET BUILDING AREA: 800 SF / 2,650 SF = 0.30 OR 30%
14. LIMIT OF DISTURBANCE: 1,533 SQUARE FEET±
15. THIS PROJECT IS EXEMPT FROM STORMWATER MANAGEMENT REQUIREMENTS SINCE NO NEW IMPERVIOUS SURFACES ARE BEING CREATED AND THE LIMIT OF DISTURBANCE IS LESS THAN 5,000 SQUARE FEET. GARAGE EXTENSION IS LOCATED ON EXISTING CONCRETE PAD.
16. SILT FENCE TO BE PLACED PER THIS PLAN OR AS DIRECTED BY THE SEDIMENT CONTROL INSPECTOR.

LEGEND

- EXISTING CONTOUR
- PROPOSED CONTOUR
- EXISTING SPOT ELEVATION
- PROPOSED SPOT ELEVATION
- DIRECTION OF FLOW
- EXISTING TREELINE
- PROPOSED TREELINE
- STABILIZED CONSTRUCTION ENTRANCE
- SILT FENCE
- LIMIT OF DISTURBANCE
- SOIL BOUNDARY



VICINITY MAP
SCALE: 1"=200'



- CONSTRUCTION SPECIFICATIONS**
1. USE WOOD POSTS 3/4" X 1 1/2" X 3/4" INCH (MINIMUM) SQUARE CUT OF SOUND QUALITY HARDWOOD AS AN ALTERNATIVE TO WOODEN POST USE STANDARD "T" OR "U" SECTION STEEL POSTS WEIGHING NOT LESS THAN 1 POUND PER LINEAR FOOT.
 2. USE 36 INCH MINIMUM POSTS DRIVEN 18 INCH MINIMUM INTO GROUND NO MORE THAN 6 FEET APART.
 3. USE WOVEN SILT FENCE GEOTEXTILE AS SPECIFIED IN SECTION H-1 MATERIALS AND FASTEN GEOTEXTILE SECURELY TO UPSIDE SIDE OF FENCE POSTS WITH WIRE TIES OR STAPLES AT TOP AND MIDSECTION.
 4. PROVIDE MANUFACTURER CERTIFICATION TO THE AUTHORIZED REPRESENTATIVE OF THE INSPECTION/ORDINANCE AUTHORITY SHOWING THAT THE GEOTEXTILE USED MEETS THE REQUIREMENTS IN SECTION H-1 MATERIALS.
 5. EMBED GEOTEXTILE A MINIMUM OF 8 INCHES VERTICALLY INTO THE GROUND, BACKFILL AND COMPACT THE SOIL ON BOTH SIDES OF FABRIC.
 6. WHERE TWO SECTIONS OF GEOTEXTILE ADJOIN, OVERLAP, TWIST, AND STAPLE TO POST IN ACCORDANCE WITH THIS DETAIL.
 7. EXTEND BOTH ENDS OF THE SILT FENCE A MINIMUM OF FIVE HORIZONTAL FEET UPSLOPE AT 45 DEGREES TO THE MAIN FENCE ALIGNMENT TO PREVENT RUNOFF FROM OVERFLOWING THE ENDS OF THE SILT FENCE.
 8. REMOVE ACCUMULATED SEDIMENT AND DEBRIS WHEN BULGES DEVELOP IN SILT FENCE OR WHEN SEDIMENT REACHES 25% OF FENCE HEIGHT. REPLACE GEOTEXTILE IF TOPK FINGERING OCCURS, REINSTALL FENCE.
- MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL
U.S. DEPARTMENT OF AGRICULTURE MARYLAND DEPARTMENT OF ENVIRONMENTAL AND NATURAL RESOURCES CONSERVATION SERVICE 2011 WATER MANAGEMENT ADMINISTRATION

OWNER/DEVELOPER
BRYAN AND JENNIFER SISK
14049 TRIADELPHIA ROAD
GLENELG, MARYLAND 21737

14049
Dena Bernard
7178 Columbia Gateway Dr
PLOT PLAN
SISK PROPERTY
B15000099

TAX MAP 21 GRID 21 PARCEL 160
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

STANDARD STABILIZATION NOTE

FOLLOWING INITIAL SOIL DISTURBANCE OR REDISTURBANCE, PERMANENT OR TEMPORARY STABILIZATION MUST BE COMPLETED WITHIN:

- a. THREE (3) CALENDAR DAYS AS TO THE SURFACE OF ALL PERIMETER DIKES, SWALES, DITCHES, PERIMETER SLOPES AND ALL SLOPES STEEPER THAN 3 HORIZONTAL TO 1 VERTICAL (3:1) AND
- b. SEVEN (7) CALENDAR DAYS AS TO ALL OTHER DISTURBED OR GRADED AREAS ON THE PROJECT SITE NOT UNDER ACTIVE GRADING.

DURING GRADING AND AFTER EACH RAINFALL, CONTRACTOR WILL INSPECT AND PROVIDE NECESSARY MAINTENANCE TO THE SEDIMENT CONTROL MEASURES ON THIS PLAN.

SILL ENGINEERING GROUP, LLC
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682
Fax: 443.325.7685
Email: info@sillengineering.com
Civil Engineering for Land Development

DESIGN BY: PS
DRAWN BY: PS
CHECKED BY: PS
SCALE: 1"=50'
DATE: FEBRUARY 12, 2015
PROJECT #: 14-020
SHEET #: 1 of 1

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. 32025, EXPIRATION DATE: JUNE 30, 2015