

Menu Save Reset Cancel Help

Record Detail (This section is required.)

Case # EH-PLANS-24-0
Type EnvHealth/Environmental Health/Plan Check/Application
Status
In Review
Opened Date 07/16/2024
Single Entry Edit-View Record Form
Application Name B24002463
Description SFD/ INSTALL 12 X 24 ABOVE GROUND POOL, WITH FENCE TO CODE**SUBJECT TO FIELD INSPECTION**

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00
Assigned to Department Current Department Well and Septic Progr
Assigned to Staff Current User Zack Silvast

Online BP.
gg 7/17/24

Address (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street #, Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix, Unit Type.

Parcel (This section is not required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1, Mail Address Line2, Mail Address Line3, Mail City, Mail State, Mail Zip Code, Phone, Country/Region.

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type Applicant
Primary
Yes
First Name Alyssa
Middle Name
Last Name Hykes
Home Phone (610) 349-4837

Organization Name

n/a
Mobile Phone (XXX)XXX-XXXX
(610) 349-4837
E-mail
adefreest1@gmail.com
Business Phone (XXX)XXX-XXXX

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. Below the table: 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 7/16/2024, Due Date: 7/30/2024
Dates to Complete: 14, Received by Food
Food Review Type: --Select--, Equipment Specification Sheets Submitted
Equipment Specification Sheet, Received by Community Hygiene

Received by Well and Septic

7/16/2024

FACILITY INFORMATION

Name of Business (dba): n/a
Associated Building Permit Number
Owner Switch Date

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.

Yes No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes No

Facility Fax

0 (Text)

Days of Operation

0 (Text)

Does the project include Private Well? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Facility Phone

0 (Text)

Facility Email

0 (Text)

PROPERTY INFORMATION

Water Source: Private, Sewage Disposal: Private
Design Wastewater Flow: (Number), Permit Type: --Select--

PLAT STATS

Total Number of buildable lots to be recorded: 0
Total number of open space lots to be recorded: 0
Total number of bulk parcels to be recorded: 0
Total number of lots / parcels to be recorded: 0
New buildable lots created: 0
Date PLAT signed by Health Officer:
PLAT Type: --Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes No

Number of paper copies

0

(Number)

Number of buildable lots created

0

(Number)

Total Number of Lots

0

(Number)

Plan Version

Initial

Engineer

0

(Text)

Number of mylar copies

0

(Number)

Number of non-buildable lots created

0

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally. What is the start month?

(Text)

Are pets allowed in an outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

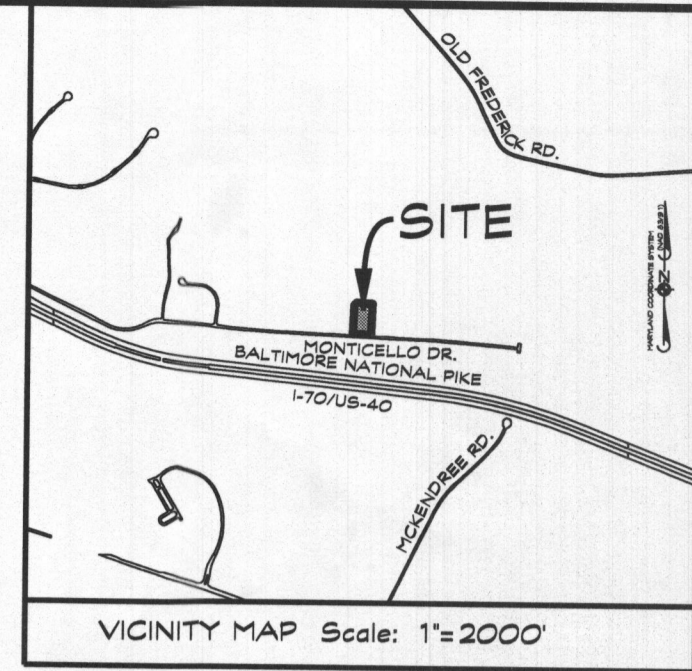
--Select--

Will there be a grease receptacle?

--Select--

PLAT NORTH
PLAT NO. 12074

SOILS LEGEND				
SOL SYMBOL	SOL SERIES	SOL HSG	ERODIBLE (K-FACTOR x35)	HYDRG
GmB	GLENVILLE SILT LOAM	C/D	+	+
GpB	GLENELLS LOAM	B	-	-



WHOLE HOUSE REVERSE OSMOSIS SYSTEM DESIGN

WATER APPROPRIATION PERMIT
AVERAGE DAILY FLOW = 250 GALLONS PER DAY
PEAK DAILY FLOW = 250 X 1.6 = 400 GALLONS PER DAY

WHOLE HOUSE REVERSE OSMOSIS SYSTEM
WATER USAGE = 2 GALLONS OF DISCHARGE FOR EVERY GALLON OF CLEAN WATER
DISCHARGE WATER = 800 GALLONS PER DAY

APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 3'
TRENCH WIDTH = 3'
800 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 960 SQ. FT.
960 SQ. FT. / 3' = 320 L.F.
320 L.F. x .63 = 201.6 L.F. OF DEEP TRENCH
USE 2 - 101 L.F. OF TRENCH FOR EACH SYSTEM

CONTRACTOR TO INSTALLED WATERITE, INC. VECTAMAXX RBR COMMERCIAL REVERSE OSMOSIS SYSTEM RO-SYS-005 RS FOR THE WHOLE HOUSE THAT DISCHARGE RATE DOES NOT EXCEED A 1:1 WATER USAGE RATIO, (I.E. 1 GALLONS OF DISCHARGE FOR EVERY GALLON CLEAN WATER PRODUCED)

TRENCH CHART

TRENCH	EX. GROUND	INV. ELEV.	BOTTOM OF TRENCH
A	578.5	574.5	570.5
B	577.8	573.8	569.8

PLAN NOTES

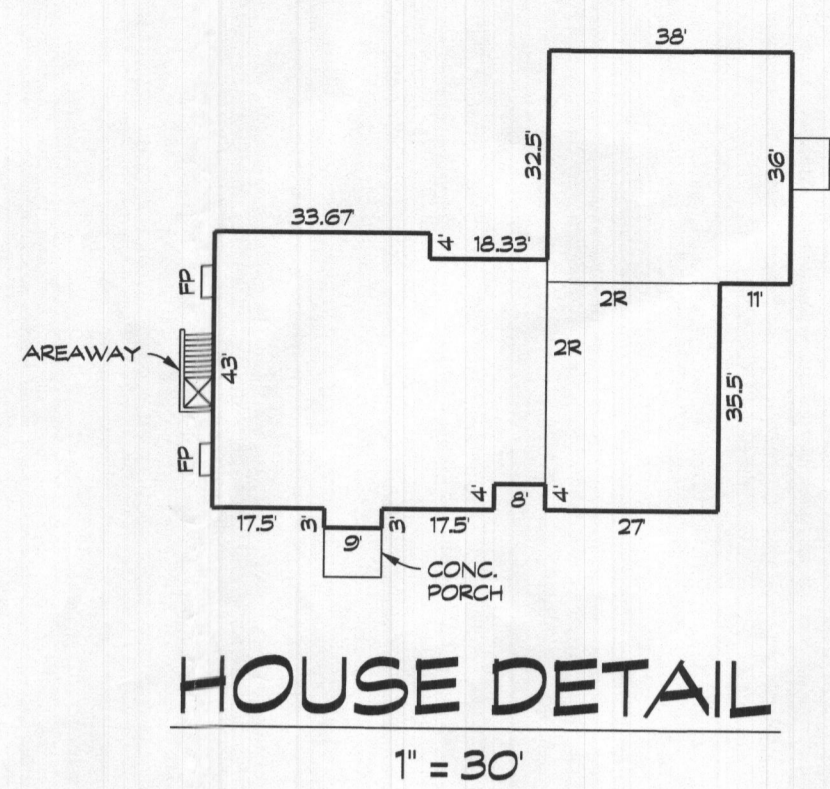
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
- THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
- IF A BUILDING PERMIT IS SUBMITTED ANYTIME IN THE FUTURE, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED TO FINISH THE AREA CURRENTLY IDENTIFIED AS THE BASEMENT. AT THAT TIME, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED, AS FINISHING THE BASEMENT COULD POSSIBLY CREATE A FIFTH BEDROOM, PER HOWARD COUNTY CODES & 501(B).
- TANK MEASUREMENTS AND ELEVATIONS ARE BASED ON SEPTIC TANKS AS MANUFACTURED BY HAYTER BROS., ELKROBE, MD 410-726-1434.
- ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100 FEET OF THE PROPERTY BOUNDARIES AND 200 FEET DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

GENERAL NOTES

- THE STORMWATER MANAGEMENT WAS NOT REQUIRED.
- THERE ARE NO STREAMS, PONDS, FLOODPLAINS, OR WETLANDS ON THIS LOT UNLESS OTHERWISE SHOWN HEREON.
- THERE ARE NO 20% OR GREATER SLOPES ON THIS LOT UNLESS SHOWN.
- THIS LOT IS SERVICED BY AN EXISTING WELL.

DATA TABULATIONS

- ZONING DISTRICT: RC-DEO (RURAL RESIDENTIAL)
- NUMBER OF BUILDING SITES: 1
- TOTAL AREA OF LOT: 1.37 ACRES



SEPTIC SYSTEM TRENCH DESIGN:

TOTAL BEDROOMS - 6

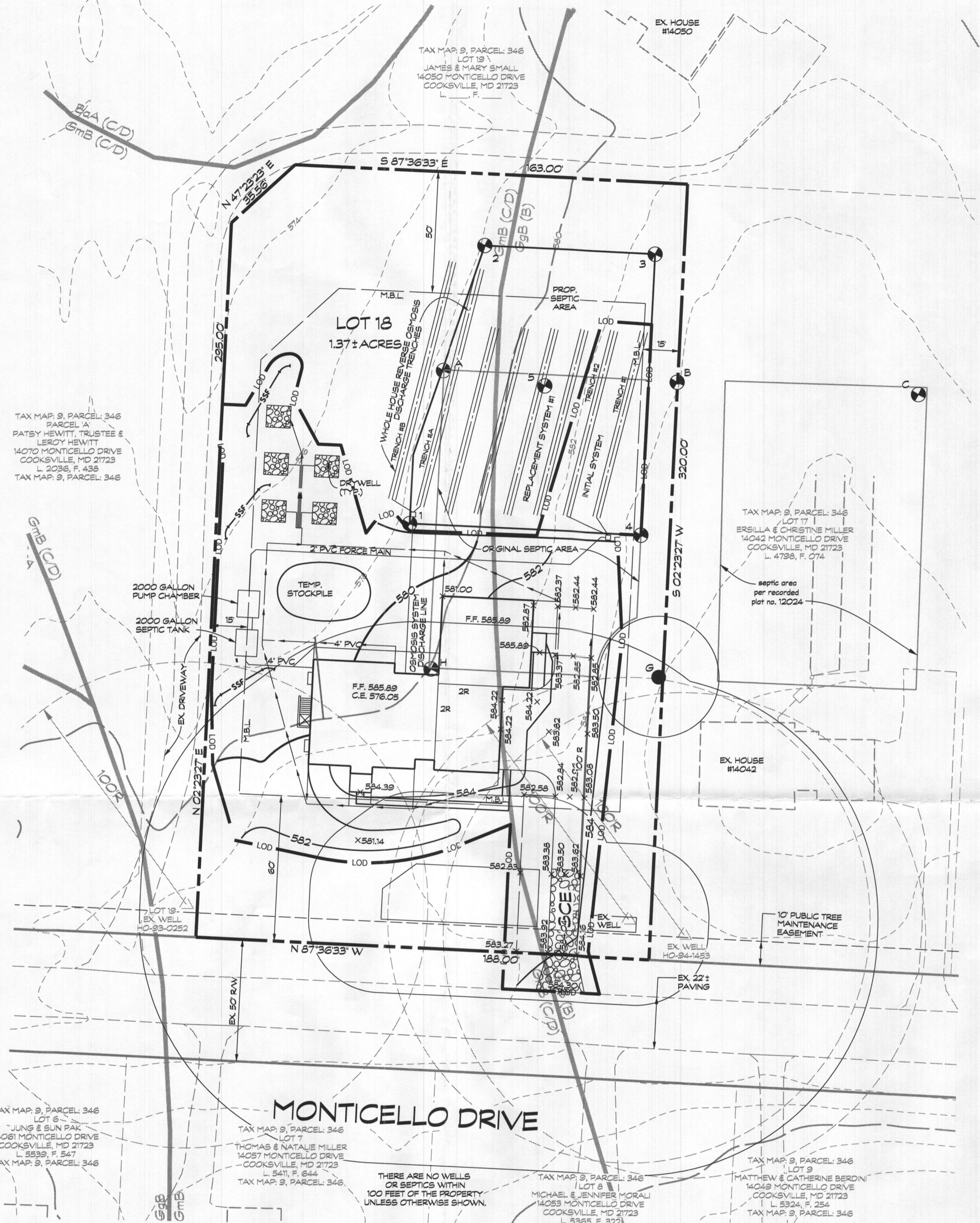
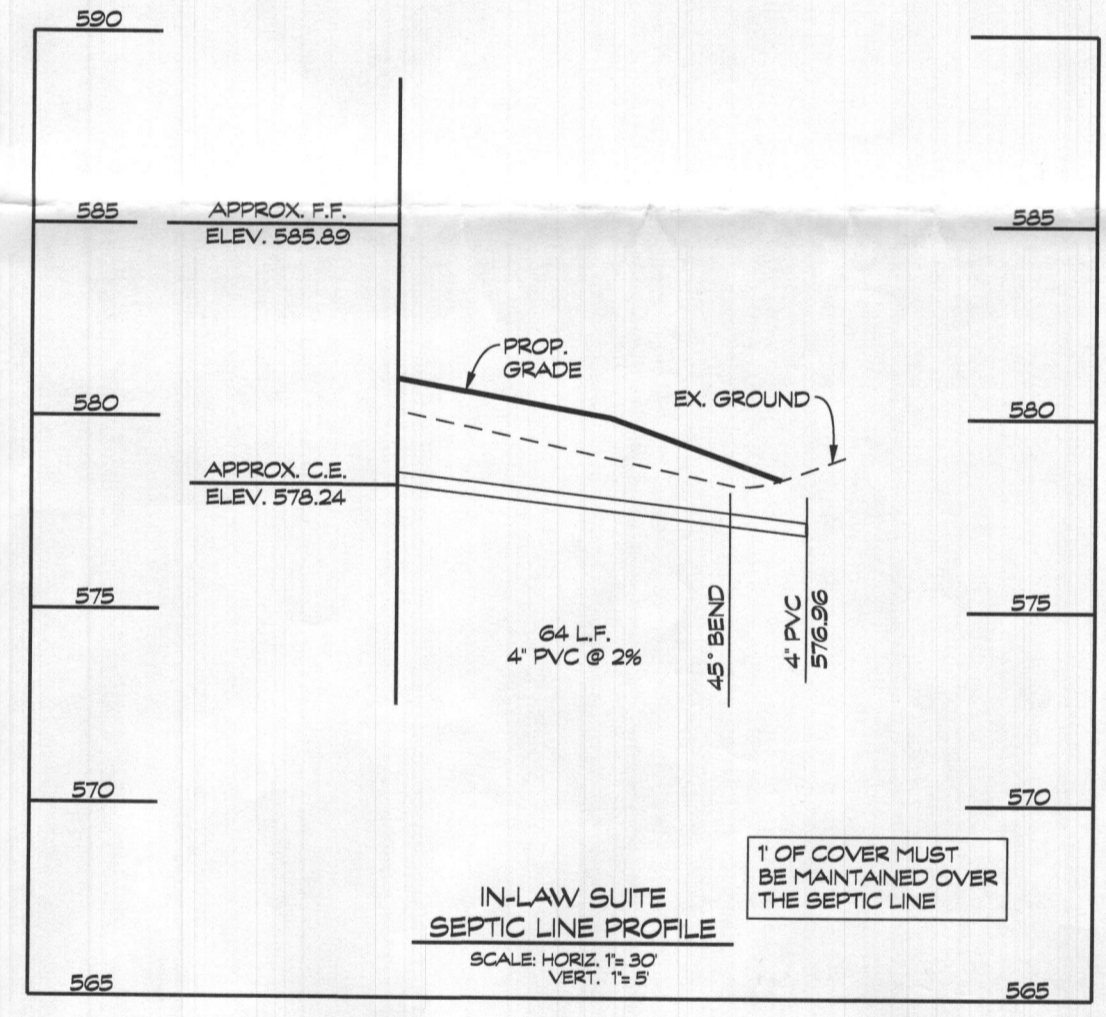
INITIAL SYSTEM:
APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 3'
TRENCH WIDTH = 3'
150 GAL x 6 BEDROOMS = 900 GAL/DAY
900 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 750 SQ. FT.
750 SQ. FT. / 3' = 250 L.F.
250 L.F. x .63 = 158 L.F. OF DEEP TRENCH
USE 2 - 79 L.F. OF TRENCH FOR EACH SYSTEM

REPLACEMENT SYSTEM #1:
APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 2'
TRENCH WIDTH = 3'
150 GAL x 6 BEDROOMS = 900 GAL/DAY
900 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 750 SQ. FT.
750 SQ. FT. / 3' = 250 L.F.
250 L.F. x .63 = 158 L.F. OF DEEP TRENCH
USE 2 - 79 L.F. OF TRENCH FOR EACH SYSTEM

REPLACEMENT SYSTEM #2:
APPLICATION RATE = 1.2 GPD/SQ. FT.
EFFECTIVE DEPTH IS 2'
TRENCH WIDTH = 3'
150 GAL x 6 BEDROOMS = 900 GAL/DAY
900 GAL/DAY / 1.2 GAL./DAY/SQ. FT. = 750 SQ. FT.
750 SQ. FT. / 3' = 250 L.F.
250 L.F. x .63 = 158 L.F. OF DEEP TRENCH
USE 2 - 79 L.F. OF TRENCH FOR EACH SYSTEM

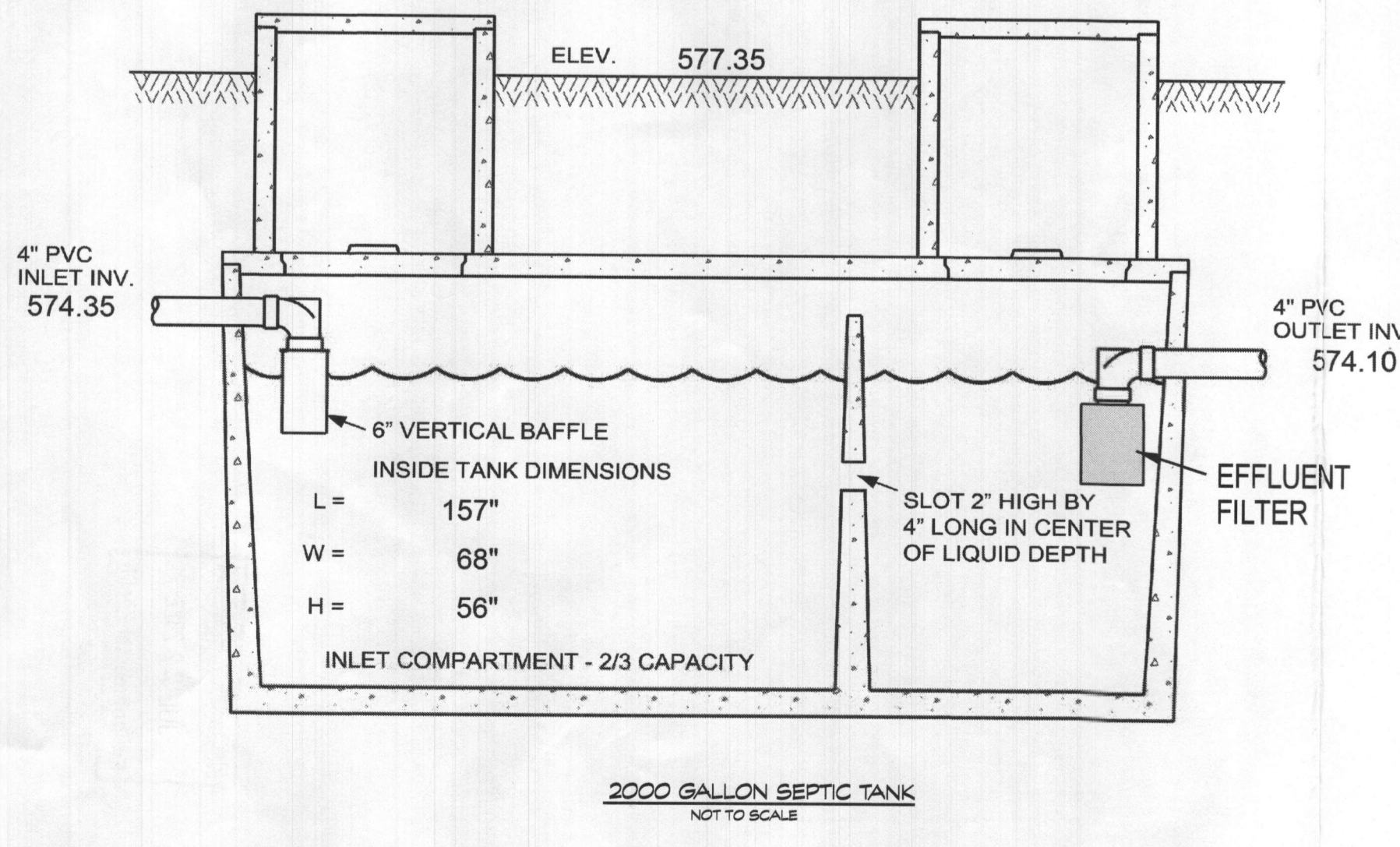
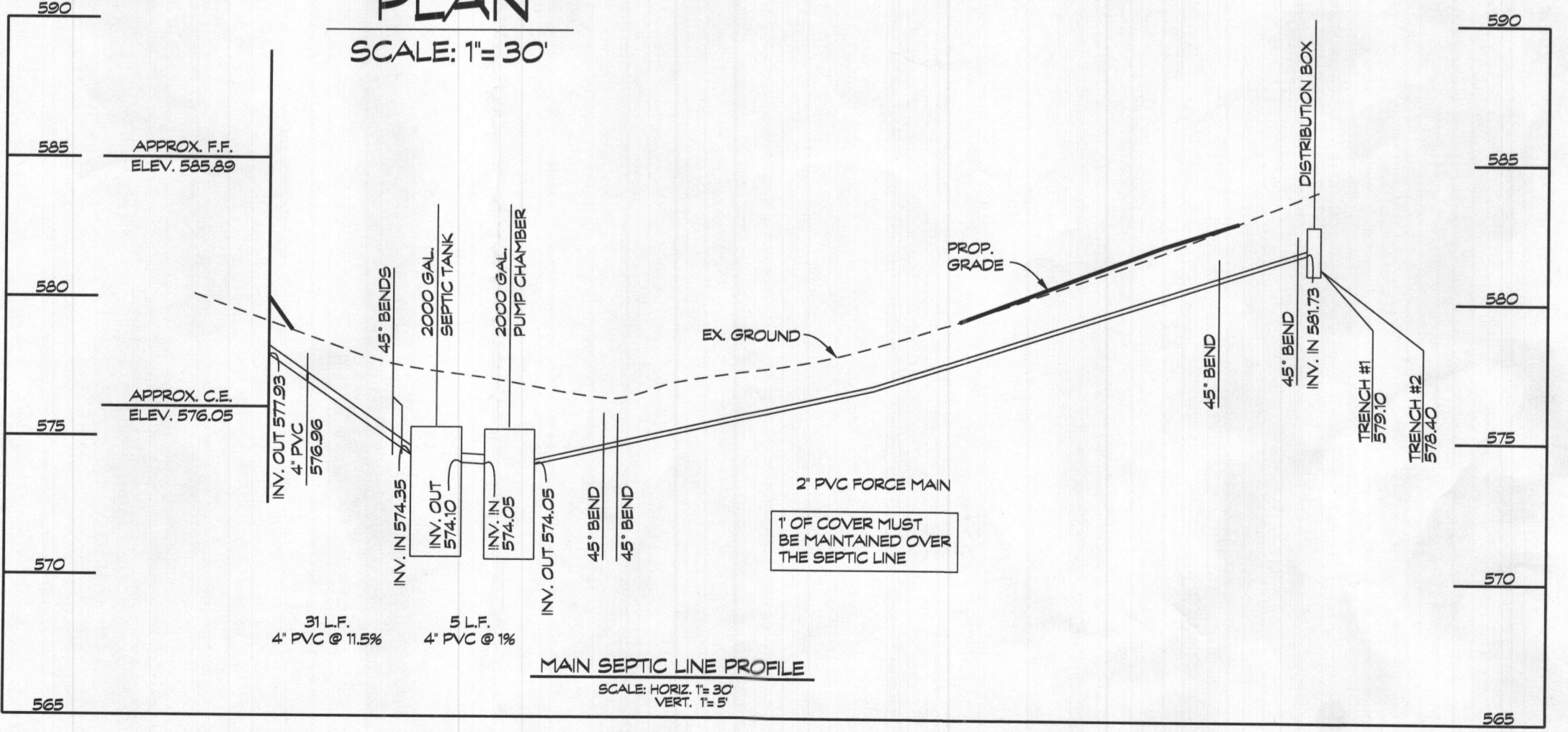
TRENCH CHART

TRENCH	EX. GROUND	INV. ELEV.	BOTTOM OF TRENCH
1	583.1	579.1	575.1
2	582.4	578.4	574.4



MONTICELLO DRIVE

PLAN SCALE: 1"=30'



Approved Septic System Plan
Howard County Health Department
Signature: *[Signature]* Date: *[Date]*
REDLINE - IN-LAW SUITE SH TIE IN
82100681

OWNER
ALYSSA HYKES & ALICE DEFREEST
6064 MAJORS LANE
COLUMBIA, MD 21045
(610) 349-4837

DEVELOPER
BENJAMIN & ALYSSA HYKES
6064 MAJORS LANE
COLUMBIA, MD 21045
(610) 349-4837

ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN
LOT 18
HARLESS MANOR - PHASE 1
14046 MONTICELLO DRIVE
PLAT NO. 12074
LIBER 1870, FOLIO 385
TAX MAP 9 - BLOCK 19 - PARCEL: 346
4th ELECTION DISTRICT - HOWARD COUNTY, MD

Engineers - Surveyors
CLSI
www.clsi-civileng.com
439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

LINDA D. ALEXANDER
QUALIFIED PROFESSIONAL

Date	Revisions	Drawn By: BH, LDA, BH
7/28/2021	revised per Health Dept comments received on July 28, 2021	Designed By: LDA, BH
10/5/2021	ADDED REVERSE OSMOSIS SYSTEM TRENCH DESIGN	Reviewed By:
10/25/2021	ADDED REVERSE OSMOSIS SYSTEM SPECIFICATIONS	Date: JUNE, 2021
7/9/2022	REVISED PER FIELD CONDITIONS	Scale: AS SHOWN
		Job No.: 2020272
		Sheet: 1 OF 2