

Approved MRE
8/20/24

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Deck Permit Number B24002896 Opened Date 08/05/2024
 Description of Work SFD/ REMOVING EXISTING DECK AND STEPS AND CONSTUCT NEW 18X29 OPEN TREX DECK WITH (2) SETS OF STEPS TO GRADE.**SUBJECT TO FIELD INSPECTION**

[check spelling](#)

Online BP.
gsl 8/13/24

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 3301 Street Name FOX VALLEY Street Type DR
 Unit Type --Select-- Unit # --Select-- X Coordinate -76.98425 Y Coordinate 39.27868
 City WEST FRIENDSHIP State MD Zip Code 21794 Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 897519 Parcel 559 Parcel Area 1.42 Land Value 389200 Improved Value 697200 Exemption Value 478690 Plan Area RURAL
 Legal Description LOT 91 1.423 A []3301 FOX VALLEY DR []W FRIEN EST S2 RSB S1&2

[check spelling](#)

Block 91 Lot 91 Census Tract 603000 Council Dist 5 Inspection Dist Supervisor Dist Map # DAP Zone
 Plan Area State Tax Id 1403321908 Subdivision Name WEST FRIENDSHIP ESTATE:
 Section Area Tax Map 22
 Grid Zoning District RC-DEO ADC Map 4813-C6
 SDP No. Final Plan No. F-95-183 WP File No.
 Record Plat No. 12455 WS Contract No. FDP No. Primary Yes
 Owner Occupied Year Built 2000 Historic District Yes No
 Historic District Registry No. Stat Area 3-04 Flood Plain Yes No
 Building No

Owner (This section is required.)

Search Reset Clear

Name RIVER:
 Address Line 1 3301 Fox Valley Dr
 Address Line 2
 Address Line 3

Mail City

West Friendship

Mail State

MD

Mail Zip Code

21794

Phone

443-386-1306

Primary

Yes

E-mail

debsellsmd@gmail.com

Cell Number

Fax Number

Professionals (This section is not required.)

License #

0

Business Name

License Type

Home Owner

First Name

DEBBI

Middle Name

Last Name

RIVERO

Primary

Yes

Address Line 1

3301 FOX VALLEY DR

Address Line 2

City

WEST FRIENDSHIP

State

MD

ZIP Code

21094

Phone 1

443-386-1306

Phone 2

Fax

E-mail

DEBSELLSMD@GMAIL.COM

Applicant (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Type

Applicant

First Name

Debbi

Mi

Last Name

Rivero

Relationship

Applicant

Full Name

Debbi Rivero

Primary

Yes

Organization Name

Street Address

3301 Fox Valley Dr

Address Line 2

City

West Friendship

State

MD

Zip Code

21094

Phone

443-386-1306

Cell

Fax

E-mail

debsellsmd@gmail.com

Addtl Info

Est Construction Cost

60000

Housing Units

0

Number of Buildings

0

Public Owned

No

Construction Type

434 - Additions, Alterations and Conversions - Residential

MISC PERMIT INFO

MISCELLANEOUS PERMIT INFORMATION

Capital Project-No Fee

Yes No

Capital Project Number

Fee Exempt

(Text) Yes No

Roadside Tree Project Permit

Yes No

Roadside Tree Project Permit #

(Text)

Existing Use

SFD

Water

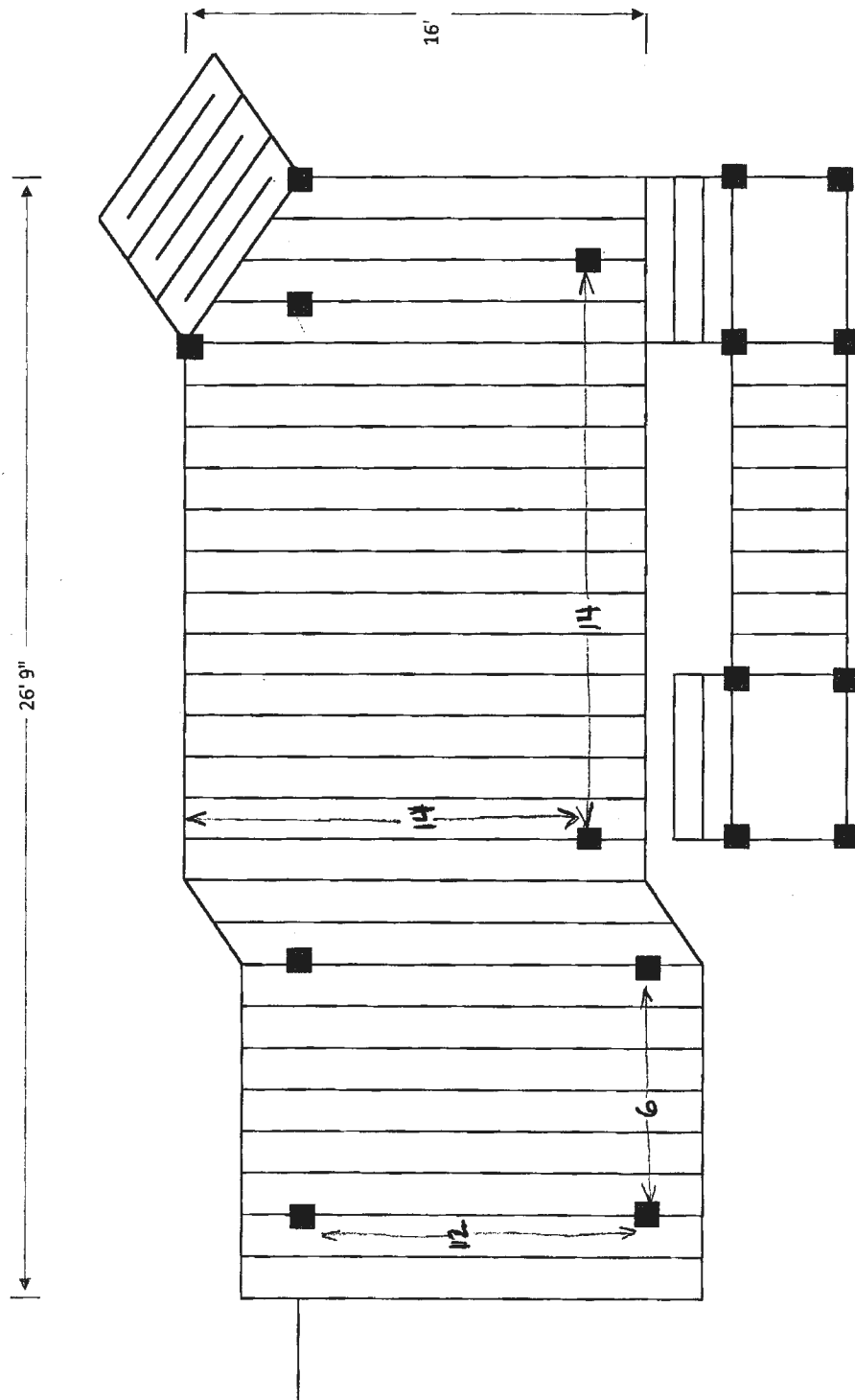
Private

Sewage

Private

Expiration Date

2/4/2025



PERMIT

Needs Pump Test

P 514163

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

A 48731

ISSUE DATE 7/31/00

APPROVAL DATE 10/20/00

*8/2/00
Septic Layout
1:00-2:00*

8/4/00 1 pm

*10/20/00
A.M.*

Union Paving Co., Inc.

IS PERMITTED TO INSTALL x ALTER

ADDRESS 5977 Sandy Ridge Road Elkridge, MD 21075 PHONE (410) 379-6463

SUBDIVISION West Friendship Estates II LOT NUMBER 91 ADDRESS 3301 Fox Valley Drive

PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9017 Red Branch Road
Columbia, MD 21045

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

*** LAYOUT INSPECTION REQUIRED PRIOR TO INSTALLATION***

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED ~~200~~ 210

TRENCHES: Trenches to be 2 1/8 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 1/8 feet below original grade. 4 1/2 feet of stone below distribution box.

LOCATION: Beginning from the intersection of the 231.49' and 273.00' lot lines, place the distribution box 61' feet up the 273.00' lot line and 10 feet off that same lot line. Start the high trench 65 feet from the distribution box. Run trenches on contour toward the 231.49' lot line.

SUGGESTED LAYOUT: HIGH TRENCH 60', MIDDLE TRENCH 85', LOW TRENCH 90' 02/31/00

Layout Review OK 8/2/00

PLANS APPROVED Mark Rifkin

DATE 6/13/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

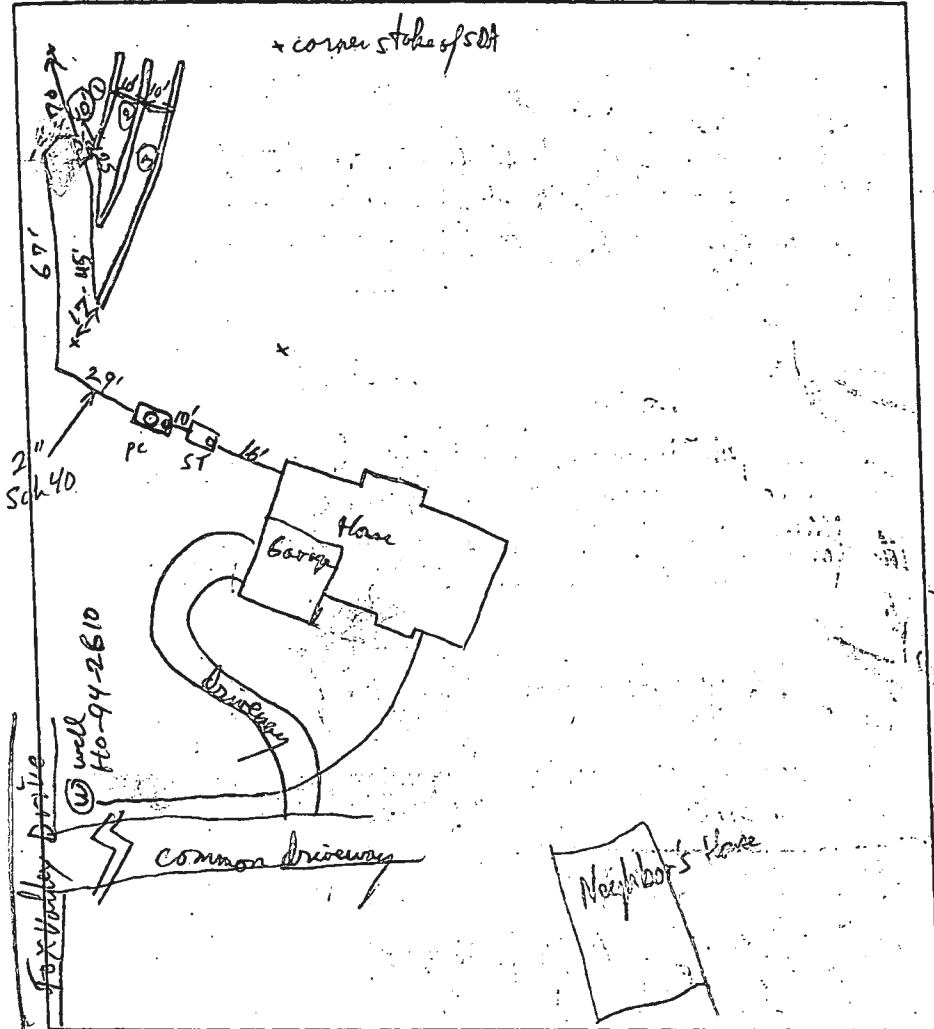
*BLDG. SERVICE PERMITS
AND REVISIONS 3/20/06
B00128886 Deck*

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 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 48731

NOT TO SCALE

* corner stake of SDT



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 4'
 NUMBER OF TRENCHES 3
 1-45', 2-75', 3-90'
 TOTAL TRENCH LENGTH 210
 ABSORBENT AREA 840 gal/ft
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 ^{Top Sealed} GALLONS
 MANHOLE RISER N/A
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS 1250 gal Top Sealed
 MANHOLE RISER Yes
 ALARM Operational
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: see Spec change to economize Septic area. Soil good enough to support this change P/P.

INSPECTION COMMENTS: House connection, Septic tank, pump chamber OK to cover. P/P 8/2/00

Trenches OK to cover, Needs Pump Test P/P 8/4/00

10/20/00 - PUMP & ALARM OPERATIONAL (SRV)

INSPECTOR

Steven R. Krieg

DATE SYSTEM APPROVED

10/20/00