

2/1/01
copy
4-1-00
2/2/01
GEO. PH

PERMIT

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

P 514288

A 41428

ISSUE DATE 10/10/2000

APPROVAL DATE 2/2/01

RPS# 283518

INDEXED

Dimitrios Topaltzas

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 7994 Brightlight Place, Ellicott City, MD 21043 PHONE 443-253-9088

SUBDIVISION Kings Gift LOT NUMBER 24 ADDRESS 11632 WEST WINCHESTER LANE
11752 Frederick Road

PROPERTY OWNER Dimitrios Topaltzas PROPERTY OWNER'S ADDRESS 7944 Brightlight Place
Ellicott City, MD 21043

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth
4.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box 195 feet from the center line of the road-in-common,
and 125 feet from the 352.0' lot line. Run trenches along contour in either direction.
8/24/00 O.K. (BA)

PLANS APPROVED Mark Rifkin DATE 7/27/2000

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

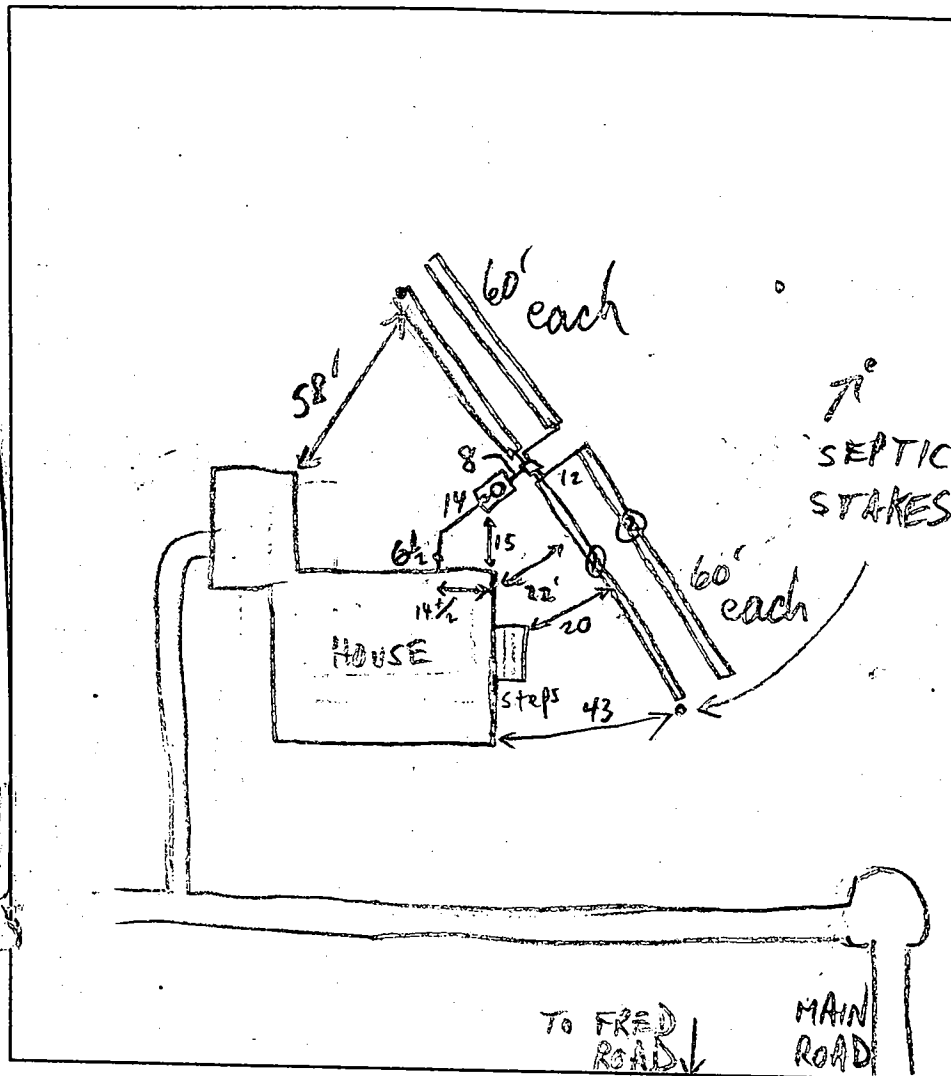
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

P514288

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 2 1/2 - 3 1/2
TRENCH BOTTOM DEPTH 4 1/2 - 5 1/2
DEPTH OF STONE 2
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL ☒
BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
MANHOLE RISER ☒
6 INCH INSPECTION PORT ☒

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 2/1/01 LAYOUT OK AS PER PLAN; OK TO SET TANK
CONTINUE (MR)

INSPECTION COMMENTS: 2/2/01 1:00 TRENCH (1) END 1' DEEP DUE TO TPO,
CONTINUE (MR)

2/2/01 3:30 OK TO FINISH & COVER (MR)

INSPECTOR M. Ripkin

DATE SYSTEM APPROVED 2/2/01

APPLICATION

PERCOLATION TESTING

A 41428

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 4/6/88
10 March, 1988

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos
TRUST

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 24

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive

TAX MAP 16 PARCEL # 341

SIZE OF LOT 5.833 Ac ± TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard F. Lane (Agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

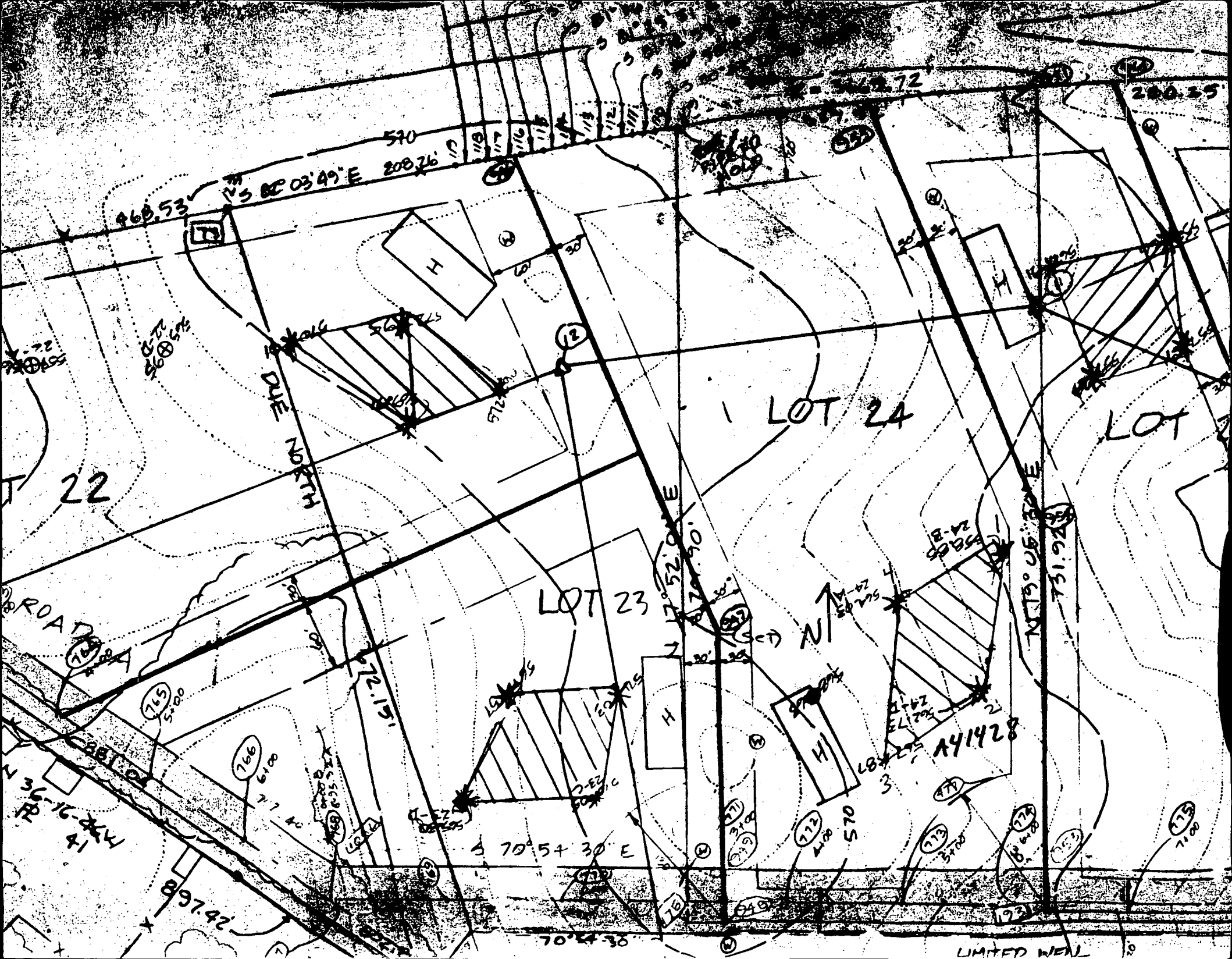
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/25/88 Per OK \$ held for Reat R.H.

THIS IS NOT A PERMIT

TYPE OF SOIL



BOTTOM LENGTH 560.2
100'

559.1
100'

Approved Septic System Plan Howard County Health Department

THE H.C. ACCEPTS THIS MODIFICATION
TO THE APPROVED SEPTIC RESERVE AREA.

Signature Mark E. Keffner Date 7/27/00

SEPTIC SYSTEM DATA

INV. AT HOUSE ~~565.5~~ 566.5

SEPTIC TANK

EX. GRADE ~~566.5~~ 566.2
FIN. GRADE ~~567.5~~ 568.0
INV. IN ~~565.0~~ 565.5
INV. OUT ~~564.7~~ 565.3

DISTRIBUTION BOX

EX. GRADE ~~565.4~~ 565.6
FIN. GRADE ~~565.3~~ 565.6
INV. IN ~~562.3~~ 563.4
INV. OUT ~~562.3~~ 563.2

TRENCHES

#1, #3

EX. GRADE 565.2 565.6
FIN. GRADE 565.2 565.6
INV. IN 562.2 563.1
BOTTOM 560.2 561.1
LENGTH 100' 60'

#2, #4

564.7 565.0
564.7 565.0
561.7 562.5
559.7 560.5
100' 60'

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 1/2 feet

Depth of stone required below
distribution pipe 2 feet

S1752°01'W 261.00'

REVISED

LOT 24

5.4759 AC. ±

400.20'

N05°31'28"W

1:60

by Shanaberger & Lane

This plan reflects
a proposed BP amendment
(raise house 12") which is
planned for submission to DILP

LOT 26

MR

PROP.
S.C.E.

EXISTING DRIVEWAY

↑ PUBLIC WATER
LINE

N19°05'30"E 352.00'

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-00125208

Building Address 11752 FREDERICK RD
ELLICOTT CITY MD 21042
Suite/Apt. # SDP/WP/Petition #
Census Tract 6030 Subdivision KINGS CFT
Section Area Lot 24
Tax Map 16 Parcel 341 Grid 8
Zoning RC Map Coordinates 10J4 Lot size 5.47

Property Owner's Name DIMITRIOS TOPALTZAS
Address 7944 BRIGHT LIGHT PL
City ELLICOTT CITY State MD Zip Code 21043
Home Phone 4103798621 Work Phone 4103798621
Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use None
Proposed Use RESIDENTIAL
Estimated Construction Cost \$ 340,000
Description of Work 2 STORY COLONIAL
CUSTOM 4BR 4.5BATH
UNFINISHED BASEMENT ATTACHED GARAGE

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

Occupant or Tenant OWNER
Contact Name DIMITRIOS TOPALTZAS
Address 7944 BRIGHT LIGHT PL
City ELLICOTT CITY State MD Zip Code 21043
Phone 4103798621 Fax 410-379 0168

Engineer or Architect Company SIANABERGER BLANE
Contact Person JULIE IMMELER
Address 8726 TOWN AND COUNTRY
City ELLICOTT CITY State MD Zip Code 21043
Phone 4104619563 Fax 4103790168

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐	Water Supply: ☒ Public ☐ Private
1st floor: Depth <u>40'</u> Width <u>57'</u>	Sewage Disposal: ☐ Public ☒ Private
2nd floor: <u>40'</u> <u>57'</u>	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
Basement: <u>40'</u> <u>57'</u>	Heating System: ☐ Electric ☐ Oil ☐ Natural Gas ☒ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☒	Sprinkler system: ☐ NFPA #13D ☒ NFPA #13R ☐ Other: ☐
Crawl space ☐ Slab on Grade ☐	
No. of Bedrooms <u>4</u>	
Multi-family dwellings:	
No. of efficiency units: <u> </u>	
No. of 1 BR units: <u> </u>	
No. of 2 BR units: <u> </u>	
No. of 3 BR units: <u> </u>	
Other Structure: <u>GARAGE</u>	
Dimensions:	
Footings: <u>CONCRETE</u>	
Roof: <u>SHINGLE</u>	
☐ State Certified Modular	
☐ Manufactured Home	

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 THERE TO; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Dimitrios Topaltzas

Print Name DIMITRIOS TOPALTZAS
Date 5/30/00

Title/Company OWNER

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>7/27/00</u>	<u>Mark E. Riffin</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES ☐ NO ☐		
CONTINGENCY CONSTRUCTION START: ☐		
ONE STOP SHOP: ☐		

DPZ SETBACK INFORMATION
Front: <u> </u>
Rear: <u> </u>
Side: <u> </u>
Side St: <u> </u>
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone <u> </u>
SDP/Red-line approval date <u> </u>

PROPERTY ID#	46444
Filing fee	\$ <u>25.00</u>
Permit fee	\$ <u> </u>
Excess tax	\$ <u> </u>
Sub-total paid	\$ <u> </u>
Add'l permit fee	\$ <u> </u>
TOTAL FEES	\$ <u> </u>
Balance due	\$ <u> </u>
Check # <u>11413</u>	
Validation # <u>8303</u>	
Accepted by <u> </u>	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.

3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

4. ACCURACY OF BUILDING MEASUREMENTS: 01

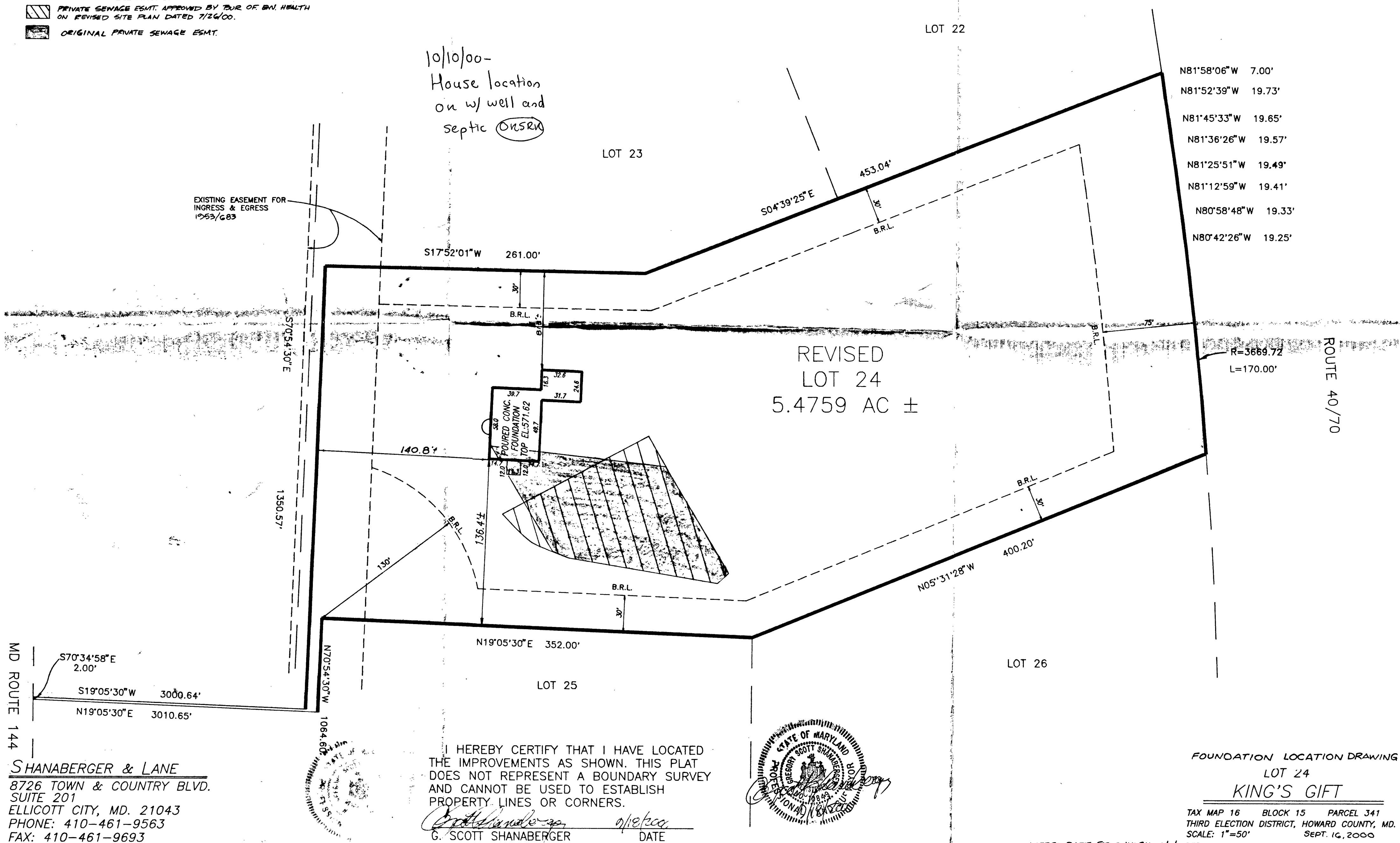
5. ACCURACY OF SETBACK DIMENSIONS: 0' ±

6. ACCURACY OF ELEVATIONS: 0.5'

 PRIVATE SEWAGE ESMT. APPROVED BY BUR. OF ENV. HEALTH
ON REVISED SITE PLAN DATED 7/26/00.

ORIGINAL PRIVATE SEWAGE ESMT.

THE PROPERTY SHOWN HEREON
LIES IN ZONE C AS SHOWN ON
FLOOD INSURANCE RATE MAP
NO:240044 0016B
DATED: DECEMBER 4, 1986



MD ROUTE 144

SHANABERGER & LANE
8726 TOWN & COUNTRY BLVD.
SUITE 201
ELLICOTT CITY, MD. 21043
PHONE: 410-461-9563
FAX: 410-461-9693

I HEREBY CERTIFY THAT I HAVE LOCATED
THE IMPROVEMENTS AS SHOWN. THIS PLAT
DOES NOT REPRESENT A BOUNDARY SURVEY
AND CANNOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

G. SCOTT SHANABERGER

DATE _____

FOUNDATION LOCATION DRAWING

LOT 24

KING'S GIFT

TAX MAP 16 BLOCK 15 PARCEL 341
THIRD ELECTION DISTRICT, HOWARD COUNTY, MD.
SCALE: 1"=50' SEPT. 16, 2000

LATEST DATE FIELD WORK: 9/4/00 DEED REFERENCE: LIBER 4314, FOLIO 654

F:\ACADWIN\8714724C.DWG