

B11000016

Building Address: 13912 Rylon Drive
Glenelg Md 21137

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 30

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: Single family dwelling

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Toll MD Limited Partnership

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Toll Brothers (Mike)

Contact Person: Mike Boyle

Address: 7164 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21043

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: ESE

Responsible Design Prof.: Mike Boyle

Address: 7164 Columbia Gateway Dr

City: Columbia State: MD Zip Code: 21043

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 THERETO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name _____

Email Address _____ Date _____

Title/Company _____

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	4-19-11	D. Berard
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? ☐ Yes ☐ No

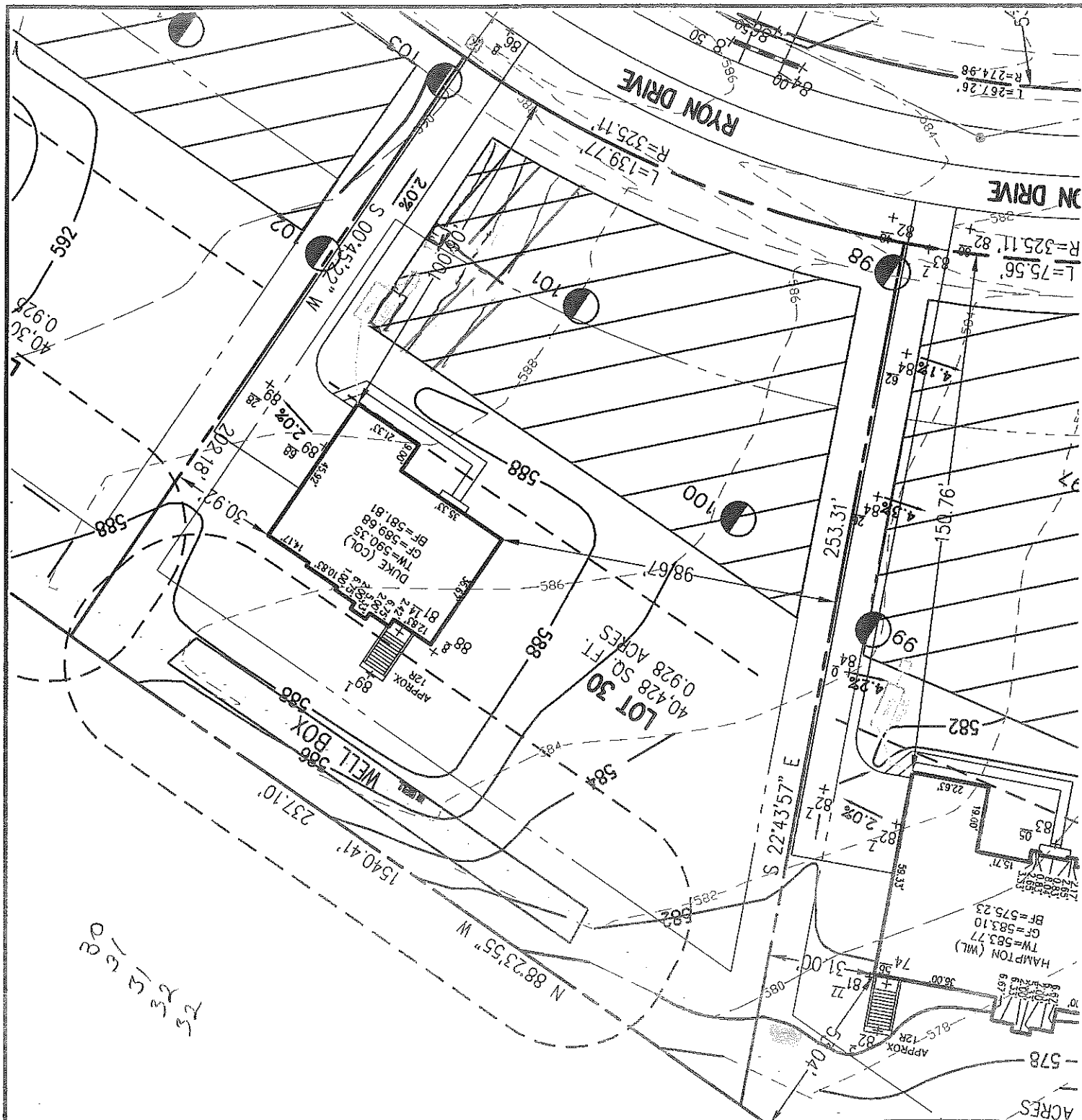
Is Entrance Permit Required? ☐ Yes ☐ No

Historic District? ☐ Yes ☐ No

Lot Coverage for 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	\$



ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR HOPKINS CHOICE- PHASE I, PLAT No. 17903. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

EXISTING TOPOGRAPHY IS TAKEN FROM A FIELD RUN TOPOGRAPHIC SURVEY WITH 2 - FOOT CONTOUR INTERVALS PREPARED BY ESE CONSULTANTS, INC., PERFORMED ON OCTOBER 14, 2009.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-4114) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

E & S CONTROLS PER PLAN GP 10-74

DRIVEWAY CULVERT NOT NEEDED FOR THIS LOT

SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

INV. @ HOUSE	585.76
GROUND @ INV. @ HOUSE	589.30
INV. IN TANK	585.65
INV. OUT TANK	585.35
TOP OF TANK	586.35
GROUND OVER TANK	589.00

INV. IN DIST. BOX	585.30
GROUND @ BOX	585.00
GROUND @ BOX	589.00

BASEMENT SERVED VIA GRAVITY SEWER

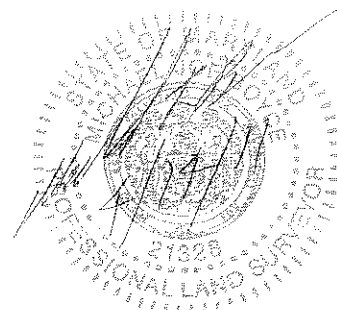
Approved Septic System Plan
Howard County Health Department
Dana Beard 4-19-11
Signature Date
4BR

ADDRESS: 13912 RYON DRIVE
GLENELG, MD 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE



TYPE: DUKE (COLONIAL)-
ADD'L 1' TO HEIGHT OF BASEMENT

OPTION No. 070

PERMIT PLOT PLAN
LOT #30
HOPKINS CHOICE
LIBER 12186, FOLIO 256
PLAT No. 17903
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 12/22/10

CHK'D: MJB

SCALE: 1"= 40'

JOB#: 2975

FILE: 2975 PHANT PP 12-2010

DRAWN: GTC

Permits: 410-313-2455
Inspections: 410-313-1810
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits
3430 Court House Drive
Ellicott City, MD 21043

Permit Number:

B12001566

Building Address: 13912 River Dr Glenelg Md 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Hopkins Chase
Section: _____ Area: 2 Lot: 30
Tax Map: 21 Parcel: 116 Grid: 12
Zoning: _____ Map Coordinates: _____ Lot Size: 40,428
Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: install 1000 gal in-ground propane tank
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Tall MD LLC Limited Partnership
Address: 19775 Belmont Executive Plz
City: Ashburn State: VA Zip Code: 20147
Home Phone: _____ Work Phone: _____
Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Clancy PO Box 1353
Eldersburg Md 21784
Phone: (443) 340-6299 Fax: _____
Email: Jeremy@AppliedandApproved.com
Contractor Company: Valley National Gas
Contact Person: William Gearing
Address: 7201 Montevideo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: 410-799-1114 Fax: _____
Email: _____
Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

BUILDING DESCRIPTION - COMMERCIAL
Bul: _____
Height: _____
No. of stories: _____
Gross area: _____
Area of cover: _____
Use group: _____
☐ Reinforced
☐ Structural
☐ Mason
☐ Wood
☐ State C
Road: _____
☐ Yes ☐ No ☐ Other Suppression
Roadside Tree Project Permit #: _____ No. of Heads: _____
B11000216
For SFD
never
issued
Issued on 5/9/12

BUILDING DESCRIPTION - RESIDENTIAL
Building Characteristics
☒ SF Dwelling ☐ SF Townhouse
Depth **Width** ☐ Public
1st floor: _____
2nd floor: _____
Basement: ☐ Public
☐ Finished Basement ☒ Private
☐ Unfinished Basement Electric: ☐ Yes ☐ No
☐ Crawl Space Gas: ☐ Yes ☐ No
☐ Slab on Grade
No. of Bedrooms: ☐ Electric
Multi-family Dwelling
No. of efficiency units: ☐ Natural Gas
No. of 1 BR units: ☐ Propane Gas
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
☐ State Certified Modular
☐ Manufactured Home
Utilities
Water Supply
☐ Public
☒ Private
Sewage Disposal
☐ Public
☒ Private
Heating System
☐ Electric
☐ Oil
☐ Natural Gas
☐ Propane Gas
Roadside Tree Project Permit
☐ Yes ☐ No
Roadside Tree Project Permit #

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy
Email Address: Jeremy@AppliedandApproved.com Date: 5/11/12
Title/Company: permit

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FOR OFFICE USE ONLY

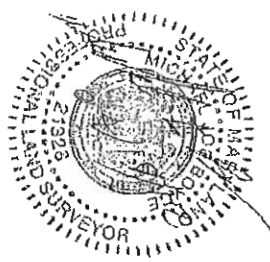
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START
☐ ONE STOP SHOP

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 New Town Zone: _____
SDP/Red-line approval date: _____

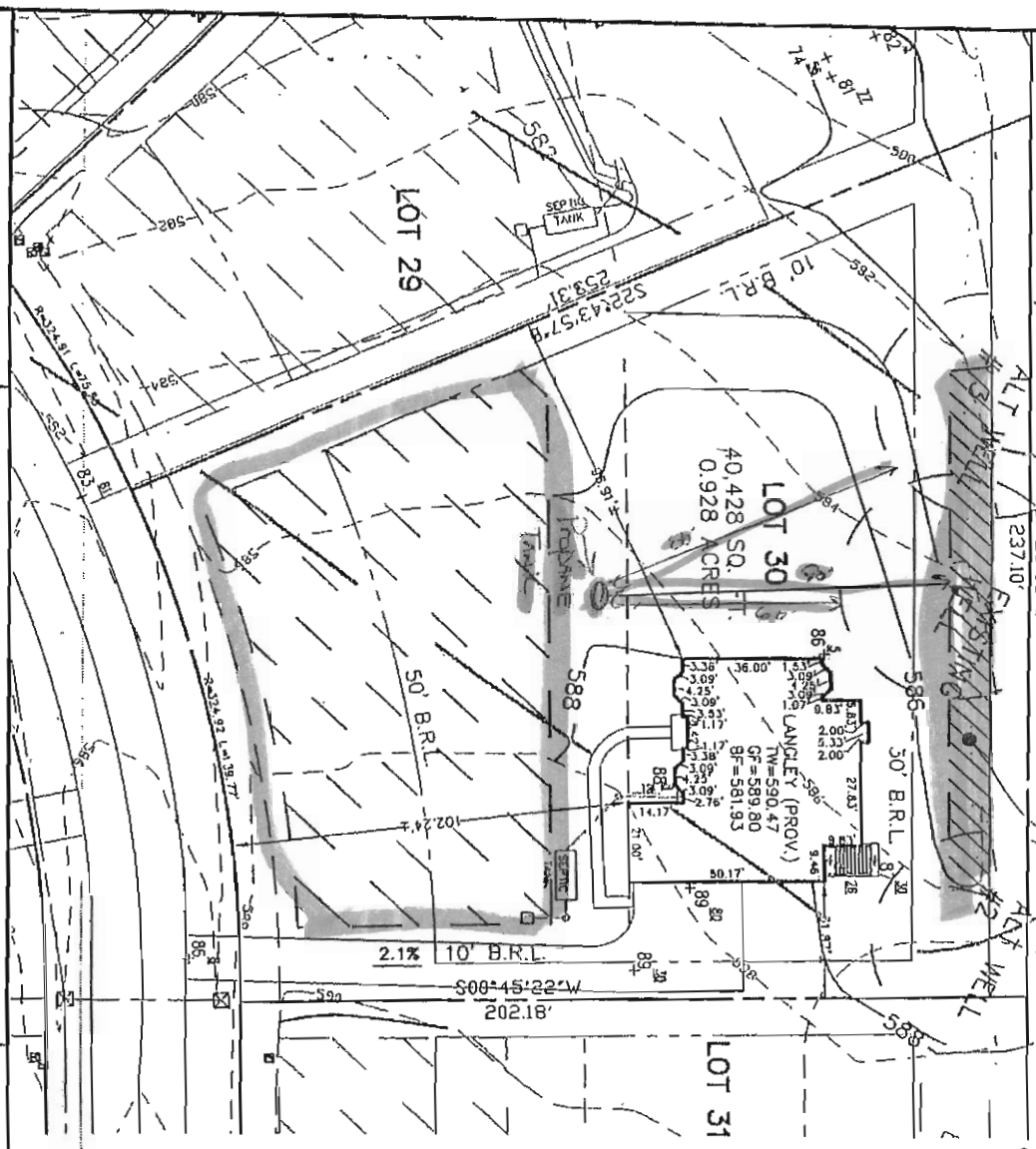
Filing Fee	\$
Permit Fee	\$ <u>1800.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub-Total Paid	\$ <u>110.00</u>
Balance Due	\$ <u>2845</u>

check 2845



TYPE: LANGLEY (PROVINCIAL) -
THREE CAR SIDE ENTRY GARAGE
DAYLIGHT BASEMENT
ADDITIONAL 1' TO BASEMENT WALLS
SOLARIUM ADDITION

OPTION NO. 001
OPTION NO. 078
OPTION NO. 070
OPTION NO. 501



ChB2
GIB2

EX. WELL BOX
TO BE
ABANDONED

ChB2
EKB2

MD-CRIB-PLAT No. 17903

TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THE FOLLOWING STATEMENTS ARE TRUE:

1) ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100' OF THE PROPERTY BOUNDARIES HAVE BEEN SHOWN. ALL EXISTING AND PROPOSED WELLS THAT ARE LOCATED WITHIN 200 FEET DOWNGRADIENT OF ANY EXISTING OR PROPOSED SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS HAVE BEEN SHOWN. THE ENGINEER HAS USED ALL EFFORTS TO FIND THE LOCATIONS OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTHS AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AS SHOWN ON THE RECORD PLAT 18240 GENERAL NOTES ITEM 2.

ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.

THE SOIL TYPES FOR THIS LOT ARE: EKB2, ChB2 & GIB2.

THE PURPOSE OF THIS PLAN IS TO ABANDON THE EXISTING WELL-BOX AND USE ALTERNATE WELLS TO MAINTAIN COUNTY REQUIREMENTS FOR SETBACKS FROM WELL SITES.

THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT, RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

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DRIVEWAY CULVERT IS DESIGNED PER F-05-29 PLAN SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-94-4114 HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC. - PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

ADDRESS: 13912 RYON DR.
GLENELG, MD. 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER DATE

Approved Septic System Plan
Howard County Health Department
Conrad Conrad 5-21-12
Signature Date
BP# 12001566

INV. @ HOUSE	586.2
GROUND @ INV. @ HOUSE	588.8
INV. IN TANK	585.83
INV. OUT TANK	585.53
TOP OF TANK	586.53
GROUND OVER TANK	586.7
INV. IN DIST. BOX	585.4
INV. OUT DIST. BOX	585.1
GROUND @ BOX	589.1

NOTE: BASEMENT DOES NOT GRAVITY SEWER.

PERC CERT REVISION & PERMIT PLOT PLAN

LOT #30

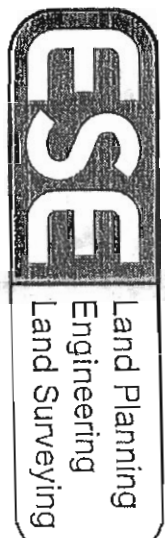
HOPKINS CHOICE

LIBER 12186, FOLIO 256

PLAT No. 17903

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

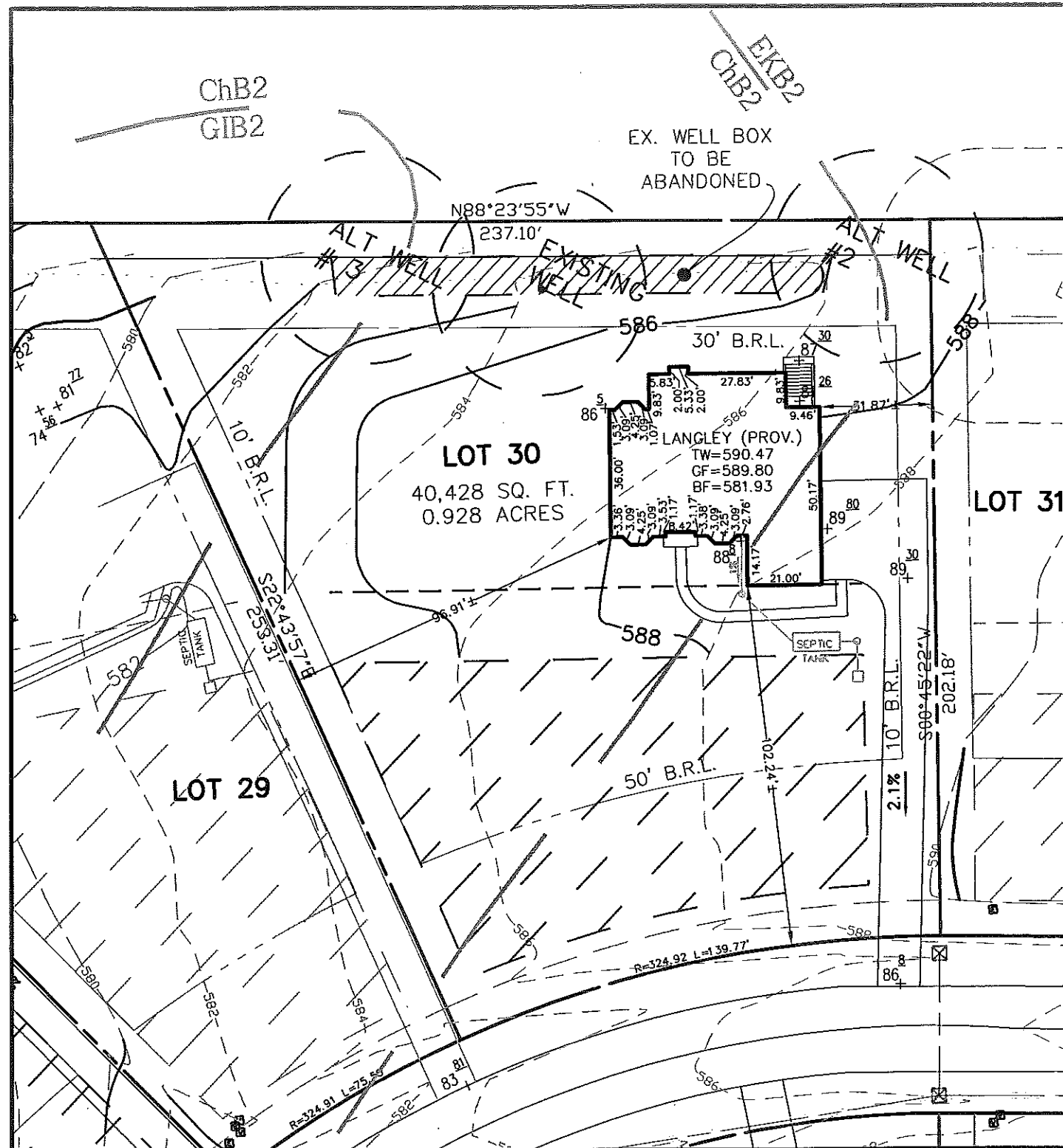


ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 04/17/12

SCALE: 1" = 50'

FILE: PP LOT 30 LANGLEY-PROV



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Approved Septic System Plan
Howard County Health Department
Don Conrad 5-9-12
Signature Date
4BR
BP# B11 000216

DRIVEWAY CULVERT IS DESIGNED PER F-05-29 PLAN

SWM FOR THIS LOT IS ADDRESSED BY THE APPROVED PLAN F-05-29.

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INV. @ HOUSE 586.2
GROUND @ INV. @ HOUSE 588.8

INV. IN TANK 585.83
INV. OUT TANK 585.53
TOP OF TANK 586.53
GROUND OVER TANK 588.7

INV. IN DIST. BOX 585.4
INV. OUT DIST. BOX 585.1
GROUND @ BOX 589.1
NOTE: BASEMENT DOES NOT GRAVITY SEWER.

ADDRESS: 13912 RYON DR.
GLENELG, MD. 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

PERC CERT REVISION & PERMIT PLOT PLAN

LOT #30

HOPKINS CHOICE

LIBER 12186, FOLIO 256

PLAT No. 17903

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

OPTION No. 001
OPTION No. 018
OPTION No. 070
OPTION No. 501

TYPE: LANGLEY (PROVINCIAL)-
THREE CAR SIDE ENTRY GARAGE
DAYLIGHT BASEMENT
ADDITIONAL 1' TO BASEMENT WALLS
SOLARIUM ADDITION

ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 04/17/12

SCALE: 1"=40'

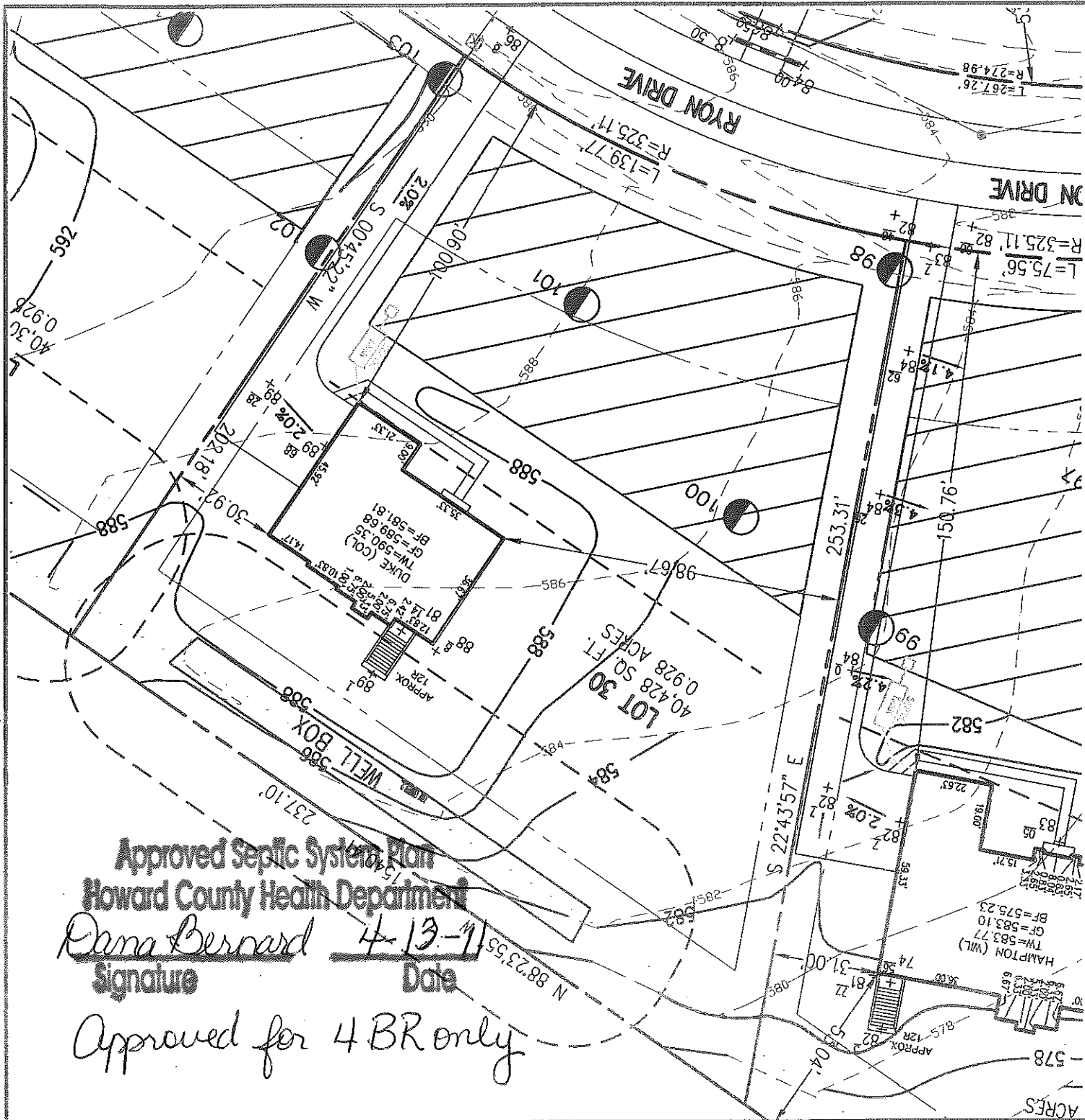
FILE: PP LOT 30 LANGLEY-PROV.

CHK'D: MJB

JOB#: 2975

DRAWN: WST





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E & S CONTROLS PER PLAN GP 10-74

DRIVEWAY CULVERT NOT NEEDED FOR THIS LOT

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BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

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GROUND @ INV. @ HOUSE	589.30
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TOP OF TANK	586.35
GROUND OVER TANK	589.00

INV. IN DIST. BOX	585.30
INV. OUT DIST. BOX	585.00
GROUND @ BOX	589.00
BASEMENT NOT SERVICED VIA GRAVITY SEWER	

ADDRESS: 13912 RYON DRIVE
GLENELG, MD 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER

DATE

Approved Septic System Plan
Howard County Health Department

Dana Bernard 4-13-11
Signature Date

Approved for 4 BR only

TYPE: DUKE (COLONIAL)-
ADD'L 1' TO HEIGHT OF BASEMENT

OPTION No. 070

PERMIT PLOT PLAN
LOT #30
HOPKINS CHOICE
LIBER 12186, FOLIO 256
PLAT No. 17903
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 12/22/10

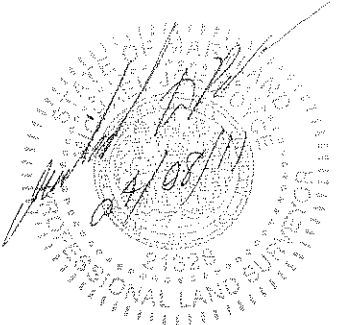
SCALE: 1"= 40'

FILE: 2975 PHANT PP 12-2010

CHK'D: MJB

JOB#: 2975

DRAWN: GTC



GR-5

Check# 09178964

Toll Brothers Inc -Glenelg Estates/Hopkins Choice
14116 Patterson Farm Court
Glenelg Maryland 21737

April 20, 2012

Ms. Avis L. Corbin-
Chief of Licenses and Permits Division
3430 Court House Drive
Ellicott City Maryland 21043

Re: Permit Revision
B11000216- Permit Number
13912 Ryon Drive.
Hopkins Choice Lot #30

APR 20 2012
LICENSES & PERMITS
DIVISION

Dear Ms. Corbin

Thank you for taking the time to review the attached documentation. The reason for the letter is that the homeowner re-selected their house type. Included in the documentation are a revised blue prints, revised site plan, and an amendment check

Please accept my apologies for the trouble. Please contact me with any questions or concerns of any kind at 410-320-0223 or mmartin3@tollbrothersinc.com.

CC: zoning
heather
DED

Sincerely,


Michael Martin
TOLL BROTHERS, INC.
Project Manager



Howard County
Health Department

7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

MEMORANDUM

TO: Interested Parties

FROM: Sara Sappington, R.S.
Well and Septic Program
Bureau of Environmental Health

RE: Hopkins Choice

DATE: August 28, 2009

The Health Department recognizes the limitations a number of current lot layouts have with respect to their individual sewage disposal areas and driveway locations in the Hopkins Choice subdivision. For lots where the individual sewage disposal area is impacted by a potential driveway, we offer the following response:

1. Septic system trenches must be installed prior to the final driveway installation and paving.
2. If the initial and replacement septic systems must be located under the driveway to adequately support the proposed structure, the 2nd replacement system must also be installed.
3. If the initial and replacement septic systems adequately fit in the established area without being impacted by the driveway, the 2nd replacement system does not need to be installed.
4. Any changes to the currently approved sewage disposal areas or well areas will be subject to current setback regulations.

Individual lot owners or builders of the properties in Hopkins Choice impacted by these limitations will be required to sign this document acknowledging the above information is understood prior to building permit approval.

Owner

Date

Health Department Representative

Date