



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 SEP 5 PM 12:28
Date Received: _____

Permit No.: 817003342

Building Address: 13280 Triadelphia mill Rd
City: Clarkville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 1,900,000.00
Description of Work: new single family dwelling

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: James Smith
Address: 81 Country Manor Dr
City: Fredericksburg State: MD Zip Code: 22406
Phone: 443-379-6552 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Ber True
Address: 3920 London Bridge Rd
City: Sylkesville State: MD Zip Code: 21783
Phone: 443-313-0983 Fax: _____
Email: Bertrue213@gmail.com

Contractor Company: Trax Homes, LLC
Contact Person: Alex Trakhtman
Address: 10329 Falls Rd
City: Lithersville State: MD Zip Code: 21093
License No.: 7274
Phone: 443-475-0006 Fax: _____
Email: _____

Engineer/Architect Company: GB Custom Home Des.
Responsible Design Prof.: Greg Little
Address: PO Box 237
City: Linksvurg State: MD Zip Code: 21043
Phone: 410-833-8320 Fax: 410-833-4700
Email: gb1@qisnet.com

Utilities	
Electric:	☒ Yes ☐ No
Gas:	☐ Yes ☐ No
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☒ Propane Gas	
☐ Other:	
Sprinkler System:	
☒ Yes ☐ No	
Building Shell Permit Number:	

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 DESCRIBE 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.

Ber True, Agent Trax Homes
Applicant's Signature
Bertrue213@gmail.com

Ber True
Print Name
Date 9/5/17

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/11/17

To: Robert Bricker, Health Dept.
(Person's Name and Division)

From: Bob True (443) 398-0988
(Your Name, Company Name and Telephone Number)

Subject: Project name Smith
Project site address 13280 Triadelphia Mill Rd.
Permit # B-17003842 SDP # _____
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☒ Copies of Simplified Flood Plan (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Contact Person Information: (Required)

BOB TRUE
Please Print Name

Telephone No: 443-398-0988
E-Mail Address: truecontactors@comcast.net

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

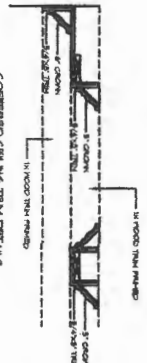
A. Skuman

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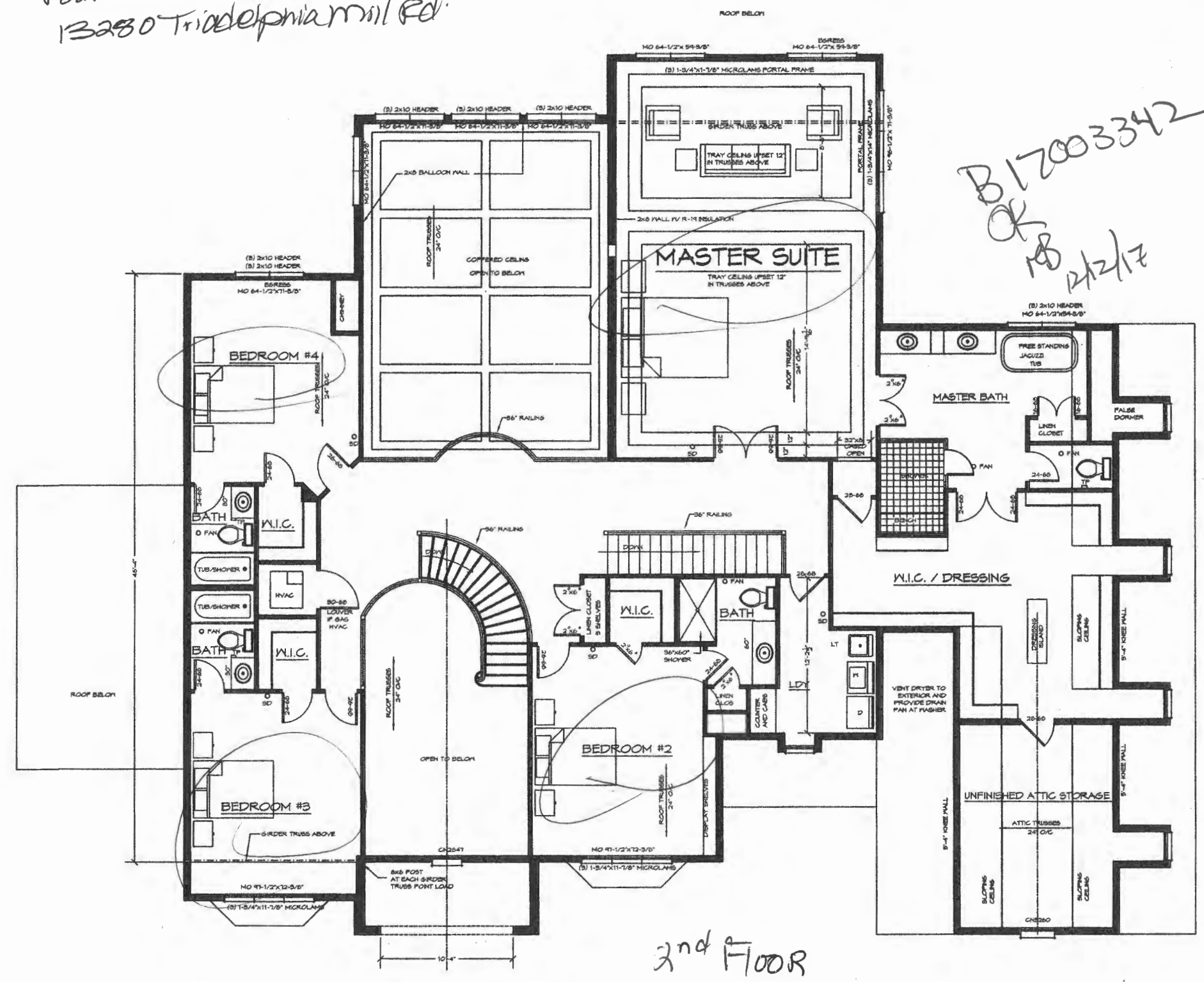
THE BULKING CONTRACTOR SHALL HAVE A GUARANTEED STARK MANUFACTURING CONDUCT AN ACTUAL FILL OF SAND AND MIXING OF THE FORTH STARK PROVIDED THE STARK PROGRAM SHALL PREPARE A DETAILED SHOP DRAWINGS OF THE STARK BALL, STARKS, AND BULKING TO PROVIDE TO THE OWNER AND BULKING PRIOR TO MANUFACTURE AND INSTALLATION. THE STARK PROGRAM SHALL ALSO BE PROVIDED BY THE STARK MANUFACTURER AND APPROVED.

THE SMITH RESIDENCE
ZANDER HOMES

PERMITS: ALL WINDOWS WHERE THE OPERABLE OPENING IS LOCATED MORE THAN 12" ABOVE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING SHALL BE A MIN. OF 24" ABOVE THE FINISHED FLOOR OR THE ROOM IN WHICH THE WINDOW IS LOCATED, SLAZING BETWEEN THE FLOOR AND 24" SHALL BE FIXED OR HAVE OPENINGS THROUGH WHICH A 4" DIA. SPHERE CANNOT PASS.

EXCEPTIONS:
 1. WINDOWS ABOVE OPENINGS WILL NOT ALLOW A 4" DIA. SPHERE TO PASS THROUGH THE OPENING WHEN THE OPENING IS IN ITS LARGEST OPENED POSITION.
 2. OPENINGS THAT ARE PROVIDED WITH WINDOW GUARDS THAT COMPLY WITH ASTM F 2086 OF F 2080.

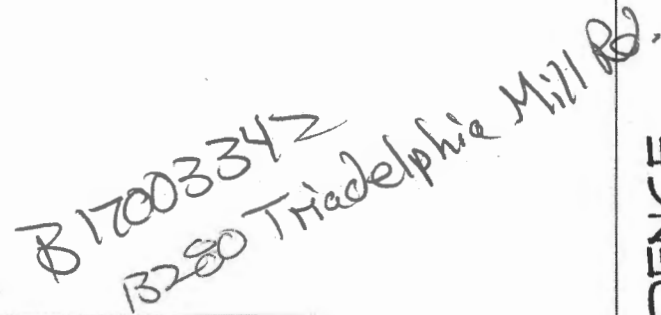
Permit B 17003342
 13280 Philadelphia Mill Rd.



B17003342
 OK
 10/21/17

2nd FLOOR

THE SMITH RESIDENCE
 TANDER HOMES



OK
12/12/12

THE SMITH RESIDENCE

4 of 13
11
12

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CROSS SECTION

1 OF 2

NORTHERN STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL		
U.S. DEPARTMENT OF AGRICULTURE NATURAL RESOURCES CONSERVATION SERVICE	2011	NORTHERN DEPARTMENT OF ENVIRONMENT SOILS MANAGEMENT ADMINISTRATION

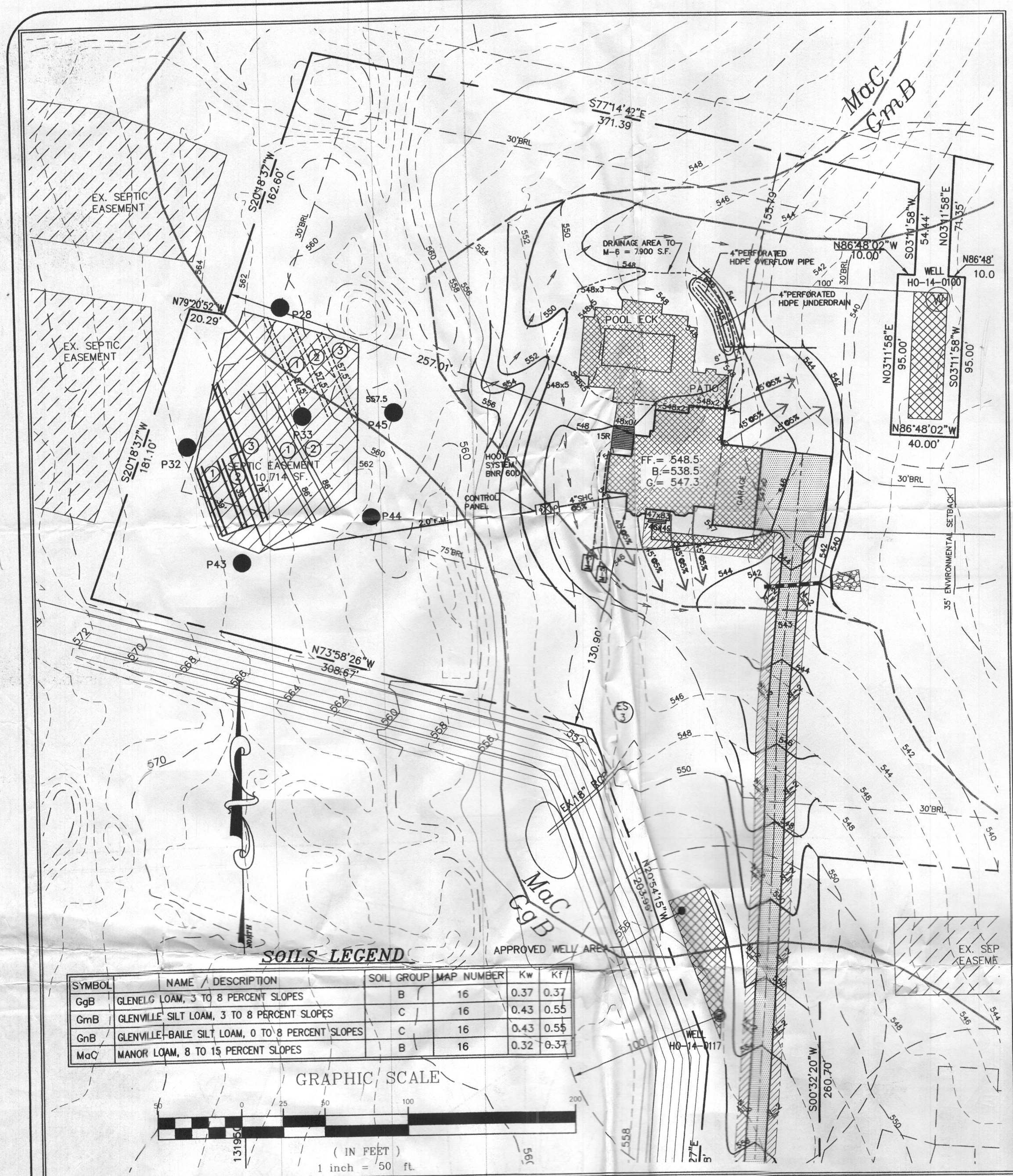
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Owner: James Smith
81 Country Manor Drive
Fredericksburg, MD 22406



SITE RITE
SURVEYING INC.

200 E. JOPPA ROAD
SHELL BUILDING, SUITE 101
TOWSON, MD. 21286
410-828-9060



ON-SITE SEWAGE DISPOSAL SYSTEM:

RESIDENTIAL SYSTEM DESIGN: HOOT 600 BNR
5 BEDROOM HOUSE (LIVING AREA = 2,330 SQ.FT.)
150 GALLONS X # OF BEDROOMS = VOLUME OF WASTEWATER / DAY
150 X 5 = 750 GPD

PRIMARY SYSTEMS
PERC RATE = 6-15 MINUTES/INCH
APPLICATION RATE = 0.8 GPD/SQ.FT.
DESIGN FLOW + APPLICATION RATE = SQ.FT. OF TRENCH REQUIRED
750 + 0.8 = 937.5 SQ.FT.
SQ.FT. REQUIRED ÷ WIDTH OF TRENCH = LENGTH OF TRENCH
937.5 ÷ 3.0' = 312.5 FT
USE 36" OF GRAVEL BELOW DRAIN PIPE
312.5 X 0.50 = 156.25
USE TWO (2) TRENCHES (39') AND ONE (1) TRENCH 78'
A MINIMUM OF 10' BETWEEN TRENCHES UTILIZING SIDEWALL REDUCTION CREDIT.

SECONDARY SYSTEMS
PERC RATE = 6-15 MINUTES/INCH
APPLICATION RATE = 0.8 GPD/SQ.FT.
DESIGN FLOW + APPLICATION RATE = SQ.FT. OF TRENCH REQUIRED
750 + 0.8 = 937.5 SQ.FT.
SQ.FT. REQUIRED ÷ WIDTH OF TRENCH = LENGTH OF TRENCH
937.5 ÷ 3.0' = 312.5 FT
USE 30" OF GRAVEL BELOW DRAIN PIPE
312.5 X 0.55 = 171.88
USE TWO (2) TRENCHES (86')
A MINIMUM OF 10' BETWEEN TRENCHES UTILIZING SIDEWALL REDUCTION CREDIT.

TERTIARY SYSTEM:
PERC RATE = 6-15 MINUTES/INCH
APPLICATION RATE = 0.8 GPD/SQ.FT.
DESIGN FLOW + APPLICATION RATE = SQ.FT. OF TRENCH REQUIRED
750 + 0.8 = 937.5 SQ.FT.
SQ.FT. REQUIRED ÷ WIDTH OF TRENCH = LENGTH OF TRENCH
937.5 ÷ 3.0' = 312.5 FT
USE 30" OF GRAVEL BELOW DRAIN PIPE
312.5 X 0.55 = 171.88
USE THREE (3) TRENCHES (57.3')
A MINIMUM OF 10' BETWEEN TRENCHES UTILIZING SIDEWALL REDUCTION CREDIT.

DEVELOPER

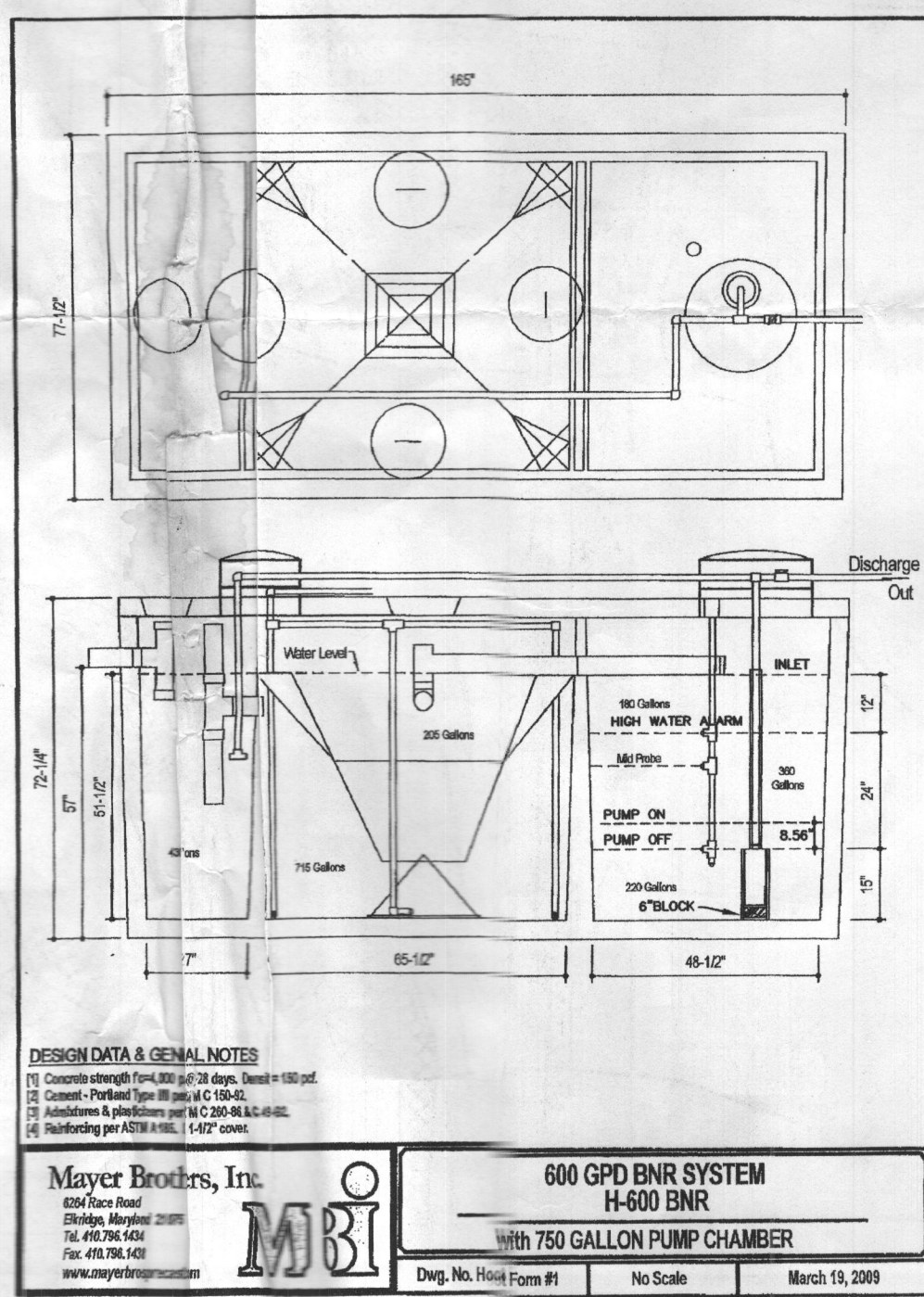
ZANDER HOMES
10829 FALLS ROAD
LUTHERVILLE, MD. 21092
443-421-2800

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A QUALIFIED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 17942, EXP. DATE 9/03/18.



WELL CERTIFICATION:

THE EXISTING WELL, TAG NO. HO-14-0117, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

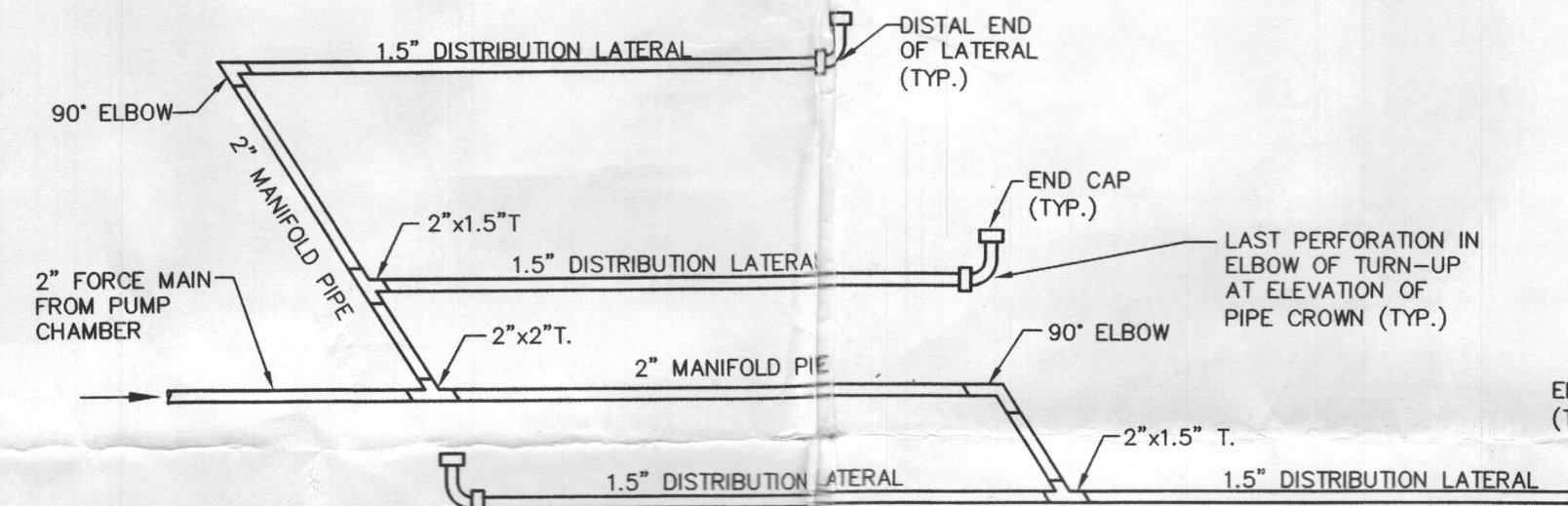


SEPTIC TRENCH SIZING

SYSTEM	APPLICATION RATE (GPD / SF)	MAXIMUM FLOW RATE (GPD)	AREA OF REQUIRED TRENCH (SF)	TRENCH LENGTH (FT)	EFFECTIVE TRENCH DEPTH (FT)	TRENCH BOTTOM DEPTH (FT)	TRENCH REDUCTION FACTOR**	ADJUSTED LENGTH OF REQUIRED TRENCH (FT)	MINIMUM TRENCH SPACING (FT)	NUMBER OF TRENCHES	PROVIDED TRENCH LENGTH (FT)	
PRIMARY	0.8	750	937.5	3	312.5	4.5	7.5	0.50	156.25	10.0'	3	2X36' 1X78'
SECONDARY	0.8	750	937.5	3	312.5	4.5	7.0	0.55	171.9	10.0'	2	86'
TERTIARY	0.8	750	937.5	3	312.5	4.5	7.0	0.55	171.9	10.0'	3	57'

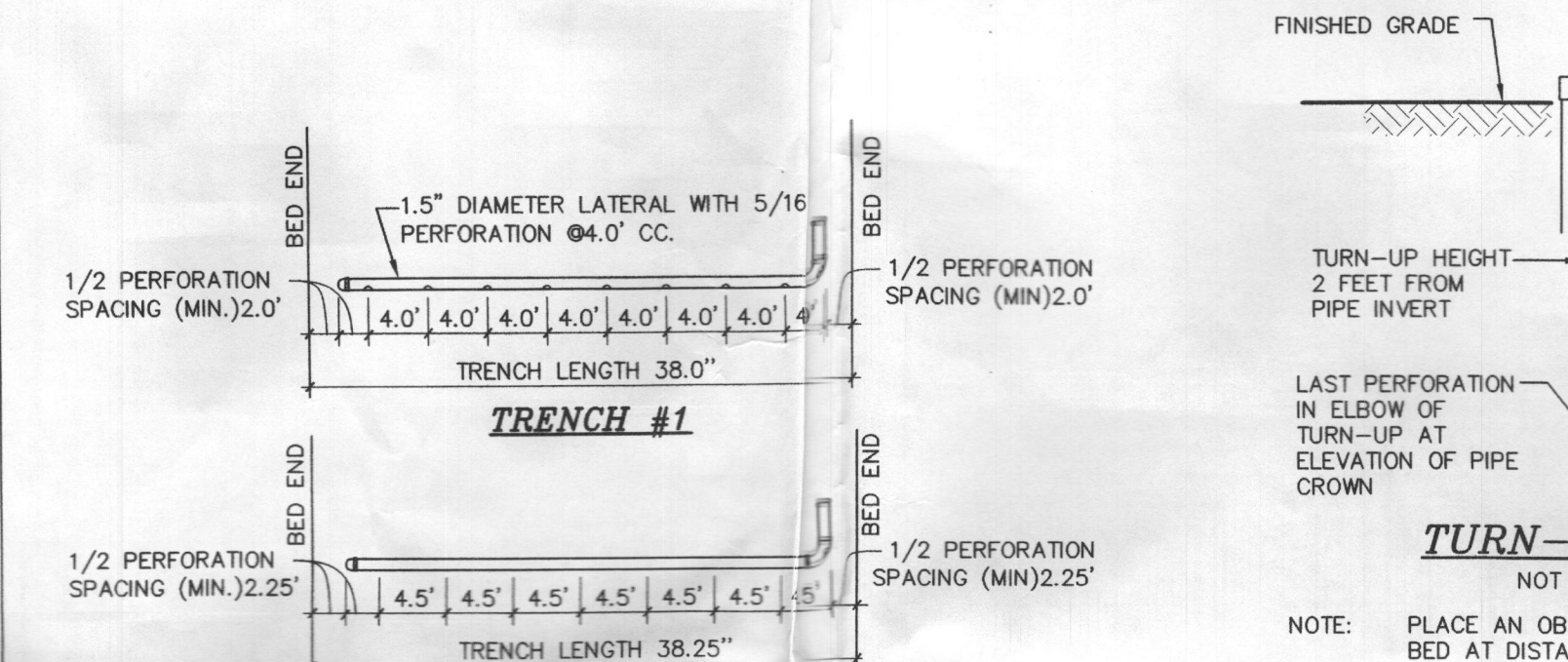
LOW PRESURE DOSING SYSTEM - INITIAL INSTALLATION

TRENCH	GROUND ELEVATION	PIPE INV. ELEVATION	TRENCH LENGTH (FT)	LATERAL LENGTH (FT)	PERFORATION DIAMETER (IN)	PERFORMANCE HEAT (BTU)	PERFORMANCE FLOW RATE (GPM)	PERFORMANCE SPACING (FT)	NUMBER OF PERFORATIONS	TRENCH FLOW RATE (GPM)
1	565.50	561.50	38.00	34.00	5/16	2.0	1.63	4.0	9	14.67
2	565.00	561.00	37.75	33.75	5/16	2.0	1.82	4.5	8	14.56
3	564.50	560.50	75.00	70.00	5/16	3.0	1.99	5.0	14	27.86



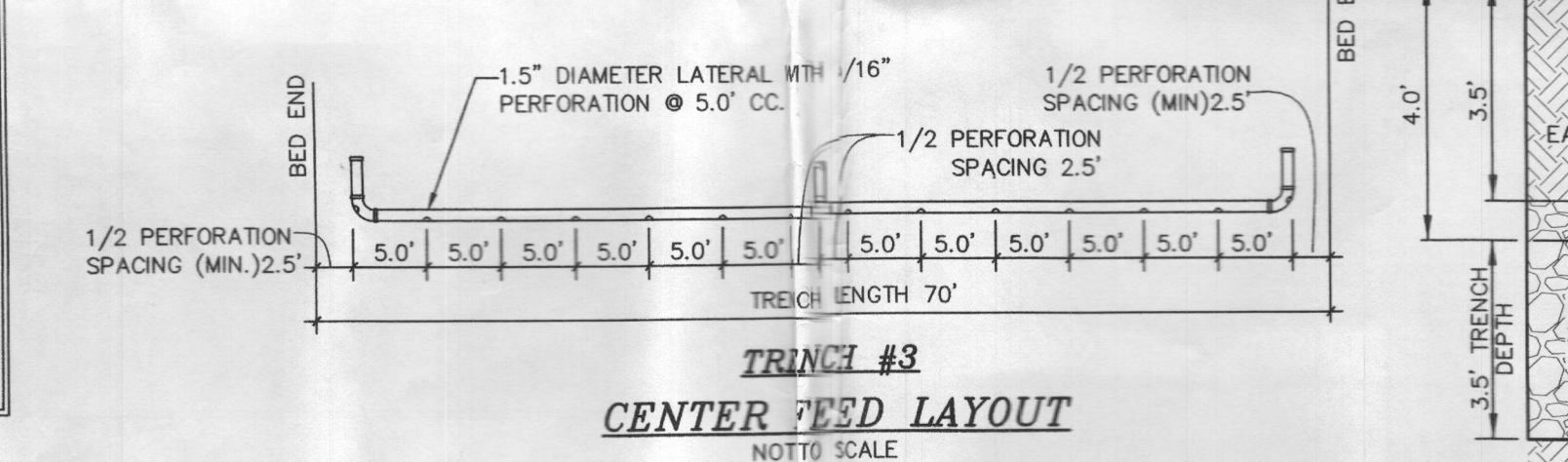
CENTER FEED MANIFOLD DISTRIBUTION NETWORK SCHEMATIC

NOTE: ALL PIPE ARE SCH. 40 PVC ROGED PIPE NOT TO SCALE



TRENCH #3 CENTER FEED LAYOUT

NOT TO SCALE



LOW PRESURE DOSING SYSTEM

NO. OF BEDROOMS: 5 BEDROOMS
TRENCH LENGTH: TRENCH #1 = 38.0', TRENCH #2 = 38.25', TRENCH #3 = 70.0' (3A AND 3B = 35.0' EACH)
GRAVITY TO TANK: COMBINATION OF END AND CENTER FEED MANIFOLD
5/16"

FLOW METHOD: MANIFOLD TYPE: HOLE DIAMETER: HOLE SPACING:

LATERAL LENGTH: LATERAL #1 = 4.5' (FIGURE 4.4) LATERAL #2 = 5.0' LATERAL #3A AND 3B = 5.5' LATERAL #1 = 34.00' LATERAL #2 = 33.75' LATERAL 3A AND 3B = 32.50' EACH LATERAL #1 = 9' LATERAL #2 = 8' LATERAL 3A AND 3B = 7 EACH 1.5" (FIGURE 4.4) LATERAL #1 = 2.0'; LATERAL #2 = 2.5'; LATERAL 3 = 3' LATERAL #1 = 1.63 GPM; LATERAL #2 = 1.82 (NO. OF HOLES X ORIFICE DISCHARGE) LATERAL #1 = 14.67 LATERAL #2 = 14.56 LATERAL #3A AND 3B = 13.93 EACH 57.09

LATERAL DIAMETER: PRESSURE HEAD: ORIFICE DISCHARGE: LATERAL DISCHARGE:

SYSTEM DISCHARGE: MINIMUM DOSE: 5X LATERAL VOL. + MANIFOLD VOL. + FORCE MAIN VOL. FORCE MAIN DIAMETER: 2.0" (TABLE 4.4) MANIFOLD DIAMETER: 2.0" LATERAL VOLUME: (34.0x10.6/100)+(33.75x10.6/100)+(2x35.0x10.6/100) MANIFOLD AND FORCE MAIN VOLUME: 43.5 GAL. (25x17.4/100) 117.72 GAL. (5x14.6+44.72) MINIMUM DOSE: 6 DISCHARGES PER DAY VOLUME PER DISCHARGE (750/6) 125 GAL. > 117.72 GAL.

TOTAL HEAD: DYNAMIC HEAD + STATIC HEAD + OPERATING HEAD F.M. AND MANIFOLD FRICTION LOSS: 15.47 FITTINGS FRICTION LOSS: 3.97 (4x90° ELBOW, 7' PER FITTING = 28' OF PIPE) + (3x90° TEE, 10' PER FITTING = 30' OF PIPE) + (2x45° ELBOW, 4' PER FITTING = 8' OF PIPE) 47.84' (15.47+3.97+1.5+24.9+2.0)

LATERAL SAFETY FACTOR: 1.5' STATIC HEAD: 24.9' DISTAL HEAD: 2.0' TOTAL DYNAMIC HEAD: 47.84' (USE GOULDS PUMP WEIGH.)

BAT SYSTEM CHART

DESCRIPTION	ELEVATION
FINISHED GRADE AT SEPTIC TANK	548.00
INVERT INTO TANK	543.39
INTERIOR BOTTOM OF TANK	538.65
PUMP OFF	540.23
PUMP ON	540.94
HIGH WATER ALARM	542.23
WATER LEVEL	543.23
INVERT OUT OF TANK	544.91
FINISHED GRADE AT TRENCH #1	565.50
INVERT INTO TRENCH #1	561.50
FINISHED GRADE AT TRENCH #2	565.00
INVERT INTO TRENCH #2	561.00
FINISHED GRADE AT TRENCH #3	564.50
INVERT INTO TRENCH #3	560.50
TOTAL DYNAMIC HEAD	47.84'
DOSED VOLUME	125 GAL
PUMP RUNTIME	2:19 MIN.

BEST AVAILABLE TECHNOLOGY (BAT) SITE PLAN NOTES

1. 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.
2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3.0' FEET.
3. THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON MANUFACTURER'S SPECIFICATIONS.
4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
6. WITHIN ONE (1) MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.

NOTE: NO GRAVITY SEWER TO THE BASEMENT. EJECTOR PUMP TO BE PROVIDED FOR BASEMENT SERVICE.

