

Organization Name *
Heritage Elite, LLC
Mobile Phone ((XXX)XXX-XXXX)
(410) 808-6988
E-mail
dustin@elitepools.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select-- ▼

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date

12/13/2023

Due Date

12/15/2023

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select-- ▼

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic

12/13/2023

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

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 this project have a Building Permit?

☐ Yes ☐ No

Building Permit Issued Date

☐ Non-Profit

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 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0 (Number)

Date PLAT signed by Health Officer

PLAT Type

--Select-- ▼

DEVELOPMENT PLANS

Property Type Residential ▼	Plan Version Initial ▼
Signature Required <input type="radio"/> Yes <input checked="" type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copies 0 (Number)
Number of buildable lots created 0 (Number)	Number of non-buildable lots created 0 (Number)
Total Number of Lots 0 (Number)	Associated Plans _____

WELL AND SEPTIC INTERNAL

State Review Required <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally. What is the start month? _____ (Text)	Are pets allowed in a outdoor seating area? <input type="radio"/> Yes <input type="radio"/> No
Full Bar? <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> No	Description of Refrigeration Units _____ (Text)
Number of Walk-In Refrigerator Units _____ (Number)	Description of Walk-In Freezer Units _____ (Text)
Is there a bulk ice machine available <input type="radio"/> Yes <input type="radio"/> No	Space Limitation _____ (Text)
Number of Hand Sinks Available _____ (Number)	Hood System _____ (Text)
Ventless Equipment _____ (Text)	

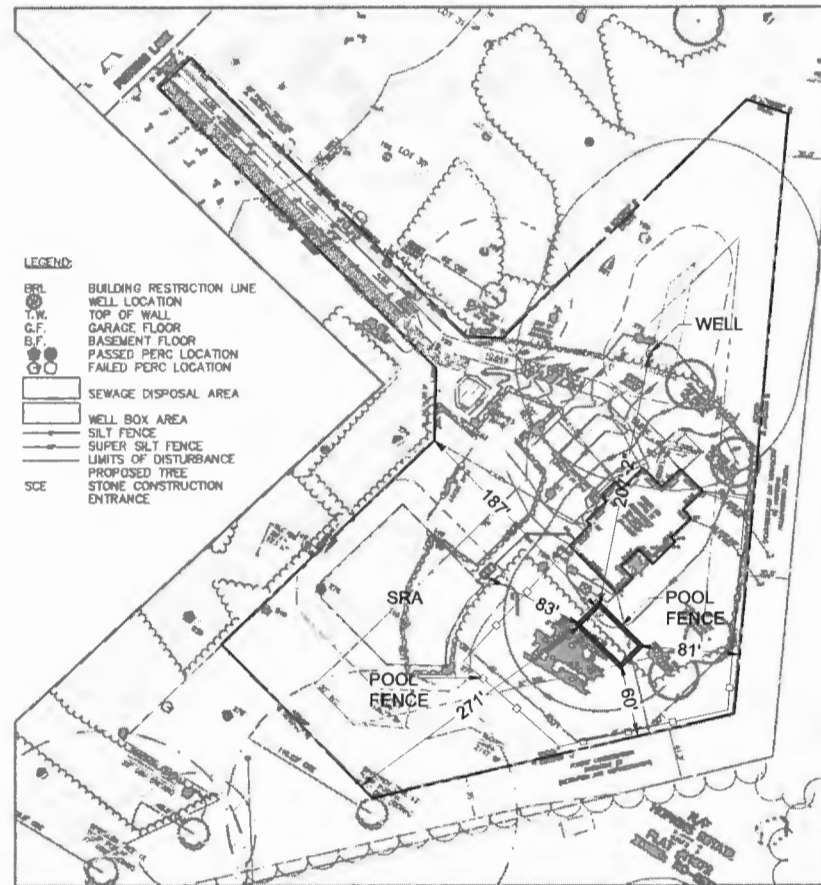
PLUMBING

Size and installation of the water heater? _____ (Text)	Is there a grease interceptor or grease trap? --Select-- ▼
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REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? --Select-- ▼	Will there be a grease receptacle? --Select-- ▼
--	--

PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/31/25.



OVERALL LOT
1"=100'

ANCE (LOD) = 73,978 SQ. FT.

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

Approved Septic System Plan
Howard County Health Department
Dana Beard 1-8-24
Signature Date
B23004815

Elite Pools

400 EAST PRATT STREET, SUITE 200
BALTIMORE, MARYLAND 21202
410-454-1546 OFFICE
800.ELITEPOOLS.COM

SHAGBAGHI RESIDENCE

10529 PUDDING LANE
ELLCOTT CITY, MD 21042

PERMIT

DATE: 12/17/23
SCALE: 1"=60'-0"

SHEET:

L1

NO. REVISIONS DATE



Howard County
Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 5-2-23

ONSITE SEWAGE DISPOSAL SYSTEM

P 574109

APPROVAL DATE: 9/19/2023

PERMIT: CONSTRUCTION

A

PROPERTY ADDRESS: 10529 Pudding Lane

SUBDIVISION: Kings Forest

LOT: 87

TAX ID:

CONTRACTOR: Forbes Septic Clean Inc

EMAIL: Kingforbes.com

CONTRACTOR ADDRESS: 580 Dorset Rd. Sykesville, MD 21784

PHONE: 410-755-520

CONTRACTOR CERTIFIED FOR BAT INSTALLATION:



MDE



MANUFACTURER:

PROPERTY OWNER: Toll Brothers

EMAIL: Sriley1@tollbrothers.com

OWNER ADDRESS: 6731 Columbia Gateway Drive, Suite 120

PHONE: (410) 872-9105

BAT UNIT MODEL: Norweco

PUMP SIZE: M:EP50

PUMP TANK CAPACITY: 2000 Gallon

OPERATION & MAINTENANCE AGREEMENT

DATE SIGNED:

DATE RECORDED:

DISTRIBUTION SYSTEM: ☐ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 6

APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED:	<u>125</u>	INLET DEPTH:	<u>3'2.5'</u>
	TRENCH WIDTH:	<u>3'</u>	MAXIMUM BOTTOM DEPTH:	<u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES:	<u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH:	<u>3'.5"</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.			
NOTES:	*****Electrical Permit Needed*****			

ISSUED BY: Dana Bernard

ISSUE DATE: 12-6-22

EXPIRATION DATE: 12-6-23

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL

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

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

10 ELECTRICAL PERMIT ISSUED E 2302346

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH 3 INLET 25 BOTTOM 9

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL Level

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER 750 LP M...

CAPACITY _____ GAL

SEAM LOC Top

TANK LID DEPTH 12"

BAFFLES -

BAFFLE FILTER N/A

MANHOLE LOC Top

6" PORT LOC Left / Right

WATERTIGHT TEST -

SLOTTED Yes

DATE ON LID 6/7/2023

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PRE-CONSTRUCTION:

6/7/2023 - SDA not started, snow fence around the area; undisturbed. (S)

6/22/2023 - SDA & trenches started. Site undisturbed. Trench lengths @ 62.5'. Upper trench on contour by 0.5'-2" & lower trench on contour by 0.5'-1". Tank started, location > 100' from well. D-box started. Sender coming out of house per plan. (S) to start work. (S)

INSTALLATION: 6/27/2023 Tank and trenches installed per plan will and start-up cert. before final approval.

8/19/2023 Start-up cert. received.

FINAL INSPECTOR

DATE OF APPROVAL

9/19/2023