

11/21/00
Late AM
3/16/01
10-11 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Needs Regs Test

P 514636

A 58589-C

DISTRICT _____

DATE 11/8/2000

DATE SYSTEM APPROVED 3/16/01

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

#331512

INDEXED

S K Backhoe

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1220 Francis Scott Key Hwy, Keymar, MD 21757 PHONE 301-898-0955

SUBDIVISION Woodford's Grant III LOT 4 ROAD 11139 Willow Green Way

PROPERTY OWNER Trinity Builders

ADDRESS 7320 Grace Drive, Columbia, MD 21044 410-313-8722

COMPARTMENTED SEPTIC TANK REQUIRED

PUMPED SEPTIC SYSTEM PROPOSED

SEPTIC TANK CAPACITY 1500 GALLONS

INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

NUMBER OF BEDROOMS 4

NOTES: - Septic pump detail as provided by installer.
- Pump performance test is necessary prior to Health Department approval of pumped septic system.

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 10 feet from the right lot line, and 15 feet from the rear lot line. Run trenches along contour toward opposite side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" 8" diameter cleanout and cap to grade or above on septic tank. 7/27/00 O.K. (BR)

PLANS APPROVED BY Craig Williams, R.S. DATE 11-20-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

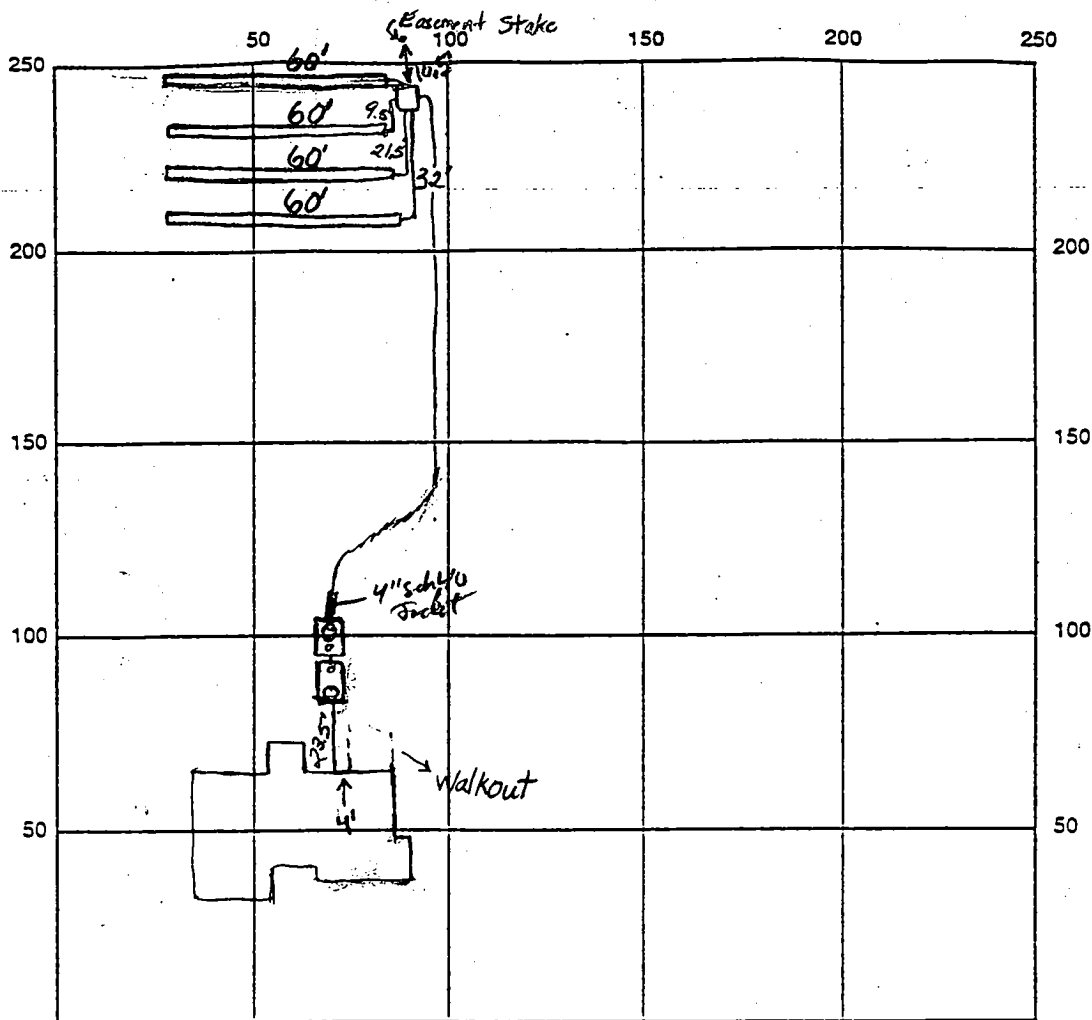
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Willow Green Way - Public Water

SEPTIC TANK LEVEL 2-1500 gal compartmented CLEANOUTS ✓ (Bldg Pst + S.T.) 10' from Pst + 3'
any give let 30 chambers 1000 + 500 + 500 = 2000 gal S.T. + let chamber = 1000 gal p.c.
 DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5.0' FT.

TRENCH WIDTH 3.0' FT.

INLET DEPTH 3.0' FT.

EFFECTIVE GRAVEL DEPTH 2.0' FT.

TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 4

~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER ✓ FT.

EFFECTIVE DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 11/20/00 O.K. to cover trenches. Need to finish running 2\"/>

DATE SYSTEM APPROVED 3/16/01

INSPECTOR Brian Baker

Building Address: 11139 WILLOW GREEN WAY MARRIOTTSVILLE 21049 21104	Property Owner's Name: Trinity Builders Address: 7320 Grace Dr. City: Columbia State: MD Zip Code: 21044
Suite/Apt. #: SDP/WP/Petition #: CP99-209	Home Phone: Work Phone: 410-313-8730
Census Tract: 6030 Subdivision: WOODFORDS GRANT II	Applicant's Name & Mailing Address (if other than stated hereon):
Section: 3 Area: Lot: 4	
Tax Map: 10 Parcel: 293 Grid: 22	Phone: Fax: 410-313-8731
Zoning: RC Map Coordinates: SK13 Lot size: 47,156 sq ft	
Existing Use: Vacant Lot	Contractor Company: Same
Proposed Use: S.F.D.	Contact Person:
Estimated Construction Cost: \$ 100,000	Address:
Description of Work: CUSTOM TRAILER W/ CHARLES 2510A1 FULL BSM, 2FB, 1UB, 9R, FP, GARAGE, 4BR	City: State: Zip Code:
	License No. Phone: Fax:
Occupant or Tenant: N/A	Engineer or Architect Company: Same
Contact Name:	Contact Person:
Address:	Address:
City: State: Zip Code:	City: State: Zip Code:
Phone: Fax:	Phone: Fax:

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height:	Water Supply: ☐ Public ☐ Private	SF Dwelling ☒ SF Townhouse ☐ Depth: Width:	Water Supply: ☒ Public ☐ Private
No. of stories:	Sewage Disposal: ☐ Public ☐ Private	1st floor:	Sewage Disposal: ☒ Public ☐ Private
Gross area, sq. ft. per floor:	Electric: Yes ☐ No ☐	2nd floor:	Electric: Yes ☒ No ☐
Use group:	Gas: Yes ☐ No ☐	Basement:	Gas: Yes ☒ No ☐
Construction type:	Heating System: ☐ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☐ Unfinished Basement ☒	Heating System: ☒ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
☐ Reinforced Concrete	Sprinkler system: N/A ☐	Crawl space ☐ Slab on Grade ☐	Sprinkler system: N/A ☒
☐ Structural Steel	Full	No. of Bedrooms: 4	NFPA #13D
☐ Masonry	Partial	No. of efficiency units:	NFPA #13R
☐ Wood Frame	Other Suppression	No. of 1 BR units:	Other:
☐ State Certified Modular	# of Heads	No. of 2 BR units:	
		No. of 3 BR units:	
		Other Structure:	
		Dimensions:	
		Footings:	
		Roof:	
		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 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.

<u>Sally L. Hodge</u> Applicant's Signature VP Operations - Trinity Title/Company	<u>Sally Hodge</u> Print Name 6/8/00 Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
☒ Land Development DPZ			Front: _____	Filing fee: \$ 25.00
☒ State Highways			Rear: _____	Permit fee: \$
☒ Building Official			Side: _____	Excise tax: \$
☒ Dev Engineering DPZ	6/19/00	Mark Rappin	Side St: _____	Sub-total paid: \$
☒ Health			All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee: \$
☒ Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES: \$
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? _____	Balance due: \$
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone: _____	Check: # 8276
ONE STOP SHOP: ☐			SDP/Red-line approval date: _____	Validation: #
			Accepted by: _____	

Distribution Box
Ex. ground: 526.2
Inv: 523.2

MARYLAND STATE GRID MERIDIAN

24' Private Use-In-Common Easement
for Lots 3, 4, 16 & 17.

LOT 16

LOT 4
47156 SF

LOT 5

LOT 16

20' Private Septic Access Easement

20' Public Drainage & Utility Easement

Pump Tank
Ground: 476.5
Inv: 472.4

1250 Gal. Septic Tank
Ground: 476.5
Inv. In: 473.6
Inv. Out: 473.3

House is 23.00' from north property line.

*Basement does not sewer by gravity

**Total linear feet of trench
required 240 feet**

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

**Depth of stone required below
distribution pipe 2 feet**

10' Public Tree Maintenance Easement

Approved Septic System Plan
Howard County Health Department

**VOGEL &
ASSOCIATES**
ENGINEERS • SURVEYORS • PLANNERS

PREPARED FOR
TRINITY HOMES, Inc.
7320 Grace Drive
Columbia, Maryland 21044

3691 Park Avenue, Suite 101 • Ellicott City, Maryland 21043
Tel 410.461.5828 • Fax 410.465.3966

SCALE 1"=50'
DRAWN BY MM
CHECKED BY JCO
DATE June 2, 2000
W. O. # 98-097

Mark Ripken 6/14/00
Signature PLOT PLAN
Date LOT 4

WOODFORDS GRANT III

TAX MAP 10 BLOCK 22 REFERENCE PLAT'S 13800-13802
PARCEL 293 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND

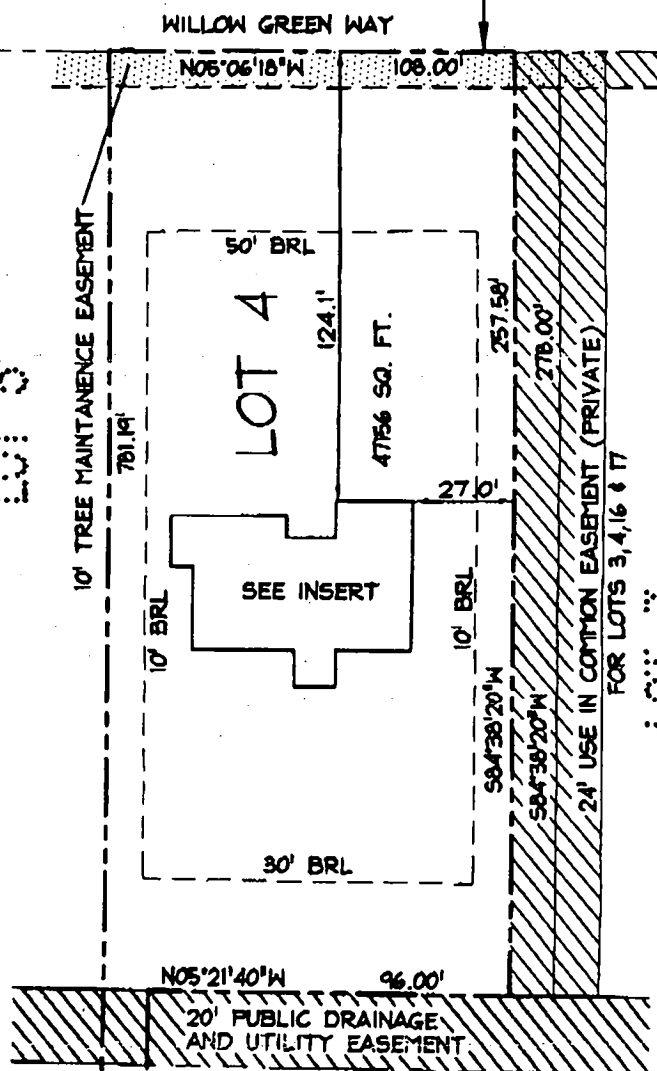
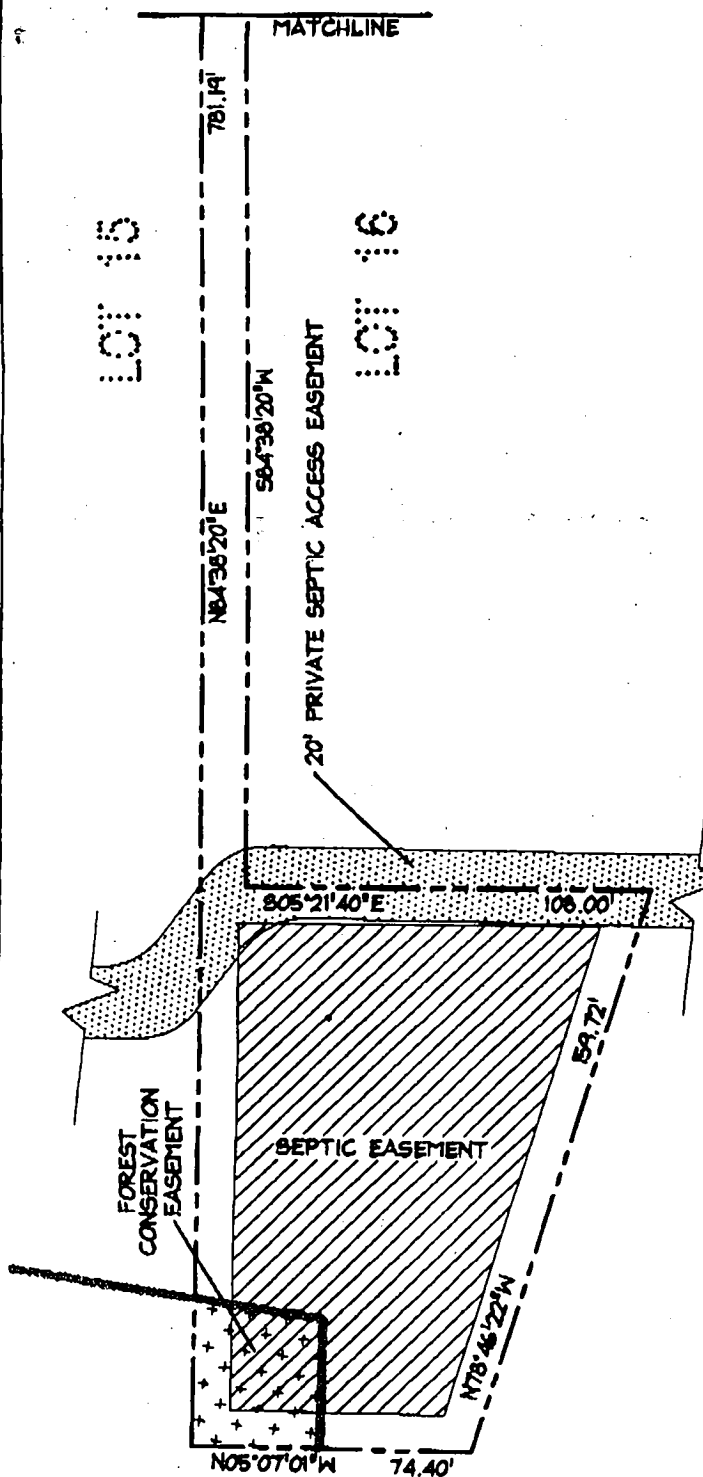
MARYLAND STATE GRID MERIDIAN

LOT 15

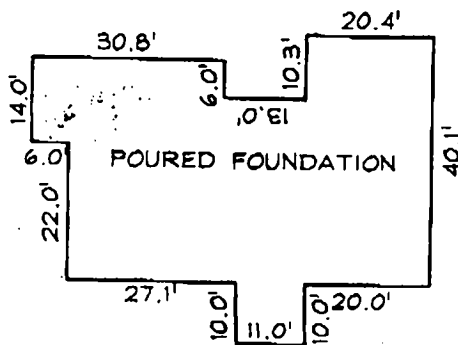
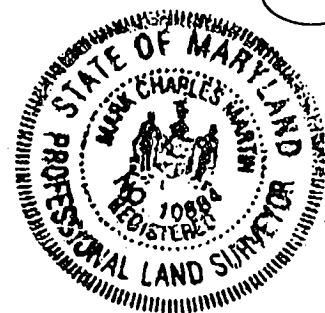
LOT 16

LOT 5

LOT 3



11/9/00 -
House location
consistent
w/ approved
BP plan
(ON SR)



INSERT
1"=30'

TOP OF WALL ELEV. 477.79'

RECORD REFERENCES

LIBER/FOLIO _____
PLAT BOOK _____ N/A
PLAT NO./FOLIO _____ 13801

SCALE _____ 1"=50'
DATE _____ 8/30/00

WALL CHECK OF

LOT 4

WOODFORDS GRANT III

HOWARD COUNTY
MARYLAND

VOGEL ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS
8691 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410) 461-5828 FAX (410) 465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 9/1/00
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

11139 Willow Green Way

APPLICATION

PERCOLATION TESTING

A 58589

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 1/29/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER L D & D

ADDRESS 10805 Hickory Ridge Rd Suite 215 Cal, MD 21047 PHONE 410-740-2600

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10805 Hickory Ridge Rd Suite 215 Cal, MD 21047 PHONE 410-740-2600

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. _____

ROAD AND DESCRIPTION Marriottville Rd

TAX MAP 10 PARCEL # 293

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNT



0' 324

12	Topsoil
4	4" OR CL
	Realistic Brown SL
	Low DEPOSITION + ACCUMULATIONS MAY BE ACCUMULATION BELOW 7

17

0'

TOPSW
RCS
OR
LOAN
CANY
Blown
LOAN +
WAYNS
CANY
SANDY
LOAN
30%
PARTY
RECU

REMARKS SUPPLEMENTAL TESTING TO SUPPORT CURRENT PROPOSAL

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT BOB SHEESLEY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A 58589

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 7/29/97

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER L D & D

ADDRESS 10805 Hickory Ridge Rd Suite 205 Cal, MD 21047 PHONE 410-740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10805 Hickory Ridge Rd Suite 205 Cal, MD 21047 PHONE 410-740-2100

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Rd

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PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

Woods

94I 94J 94K 94L 94M

PASTURE

PASTURE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 3' 12'

DARK ORANGE CLAY LOAM

BROWN MICA GRANULAR QUARTZITE LOAM LAYERS WITH MICA SANDY LOAM

A58589
COUNTY #

SOIL PROFILE

0' 2-5' 6'

BROWN MICACEOUS CLAY LOAM

BROWN COARSE MICA SANDY LOAM

50% Rock

LARG

94I

1-2'

VIEW OF QUARTZITE DIAGONAL THROUGH ROCK

4'-?

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/97	94K	4.5/12	12:13:35	12:16:30	12:21	12:21	5 MIN
		6.5	12:17:55	12:17:55	12:18:30	12:19:45	75 SEC
	94L	11V					
	94L2	5/11	12:31:45	12:32:05	12:32:05	12:32:34	29 SEC
		7	12:33:30	12:34:21	12:34:21	12:35:29	69 SEC
	94J	6'	NOT TESTED		- ROCK		F

REMARKS 4 OF 4

TYPE OF SOIL: EXTREMELY COARSE TEXTURED MICA

TESTED BY: G. SAVAGE ALSO PRESENT MIKE KASNER, CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

470