

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 514636

A 58589-J

DISTRICT _____

DATE 11/8/2000

DATE SYSTEM APPROVED 4/5/01

INSPECTOR BB

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

INDEXED

332047

S K Backhoe

IS PERMITTED TO INSTALL ☒ ALTER _____

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

SUBDIVISION Woodford's Grant III LOT 16 ROAD 11135 Willow Green Way

PROPERTY OWNER Trinity Builders 410-313-8722

ADDRESS 7320 Grace Drive, Columbia, MD 21044

COMPARTMENTED SEPTIC TANK REQUIRED

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

PUMPED SEPTIC SYSTEM PROPOSED

INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

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

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 370.37 lot line, and 10 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. 9/11/00 O.K. (BB)

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

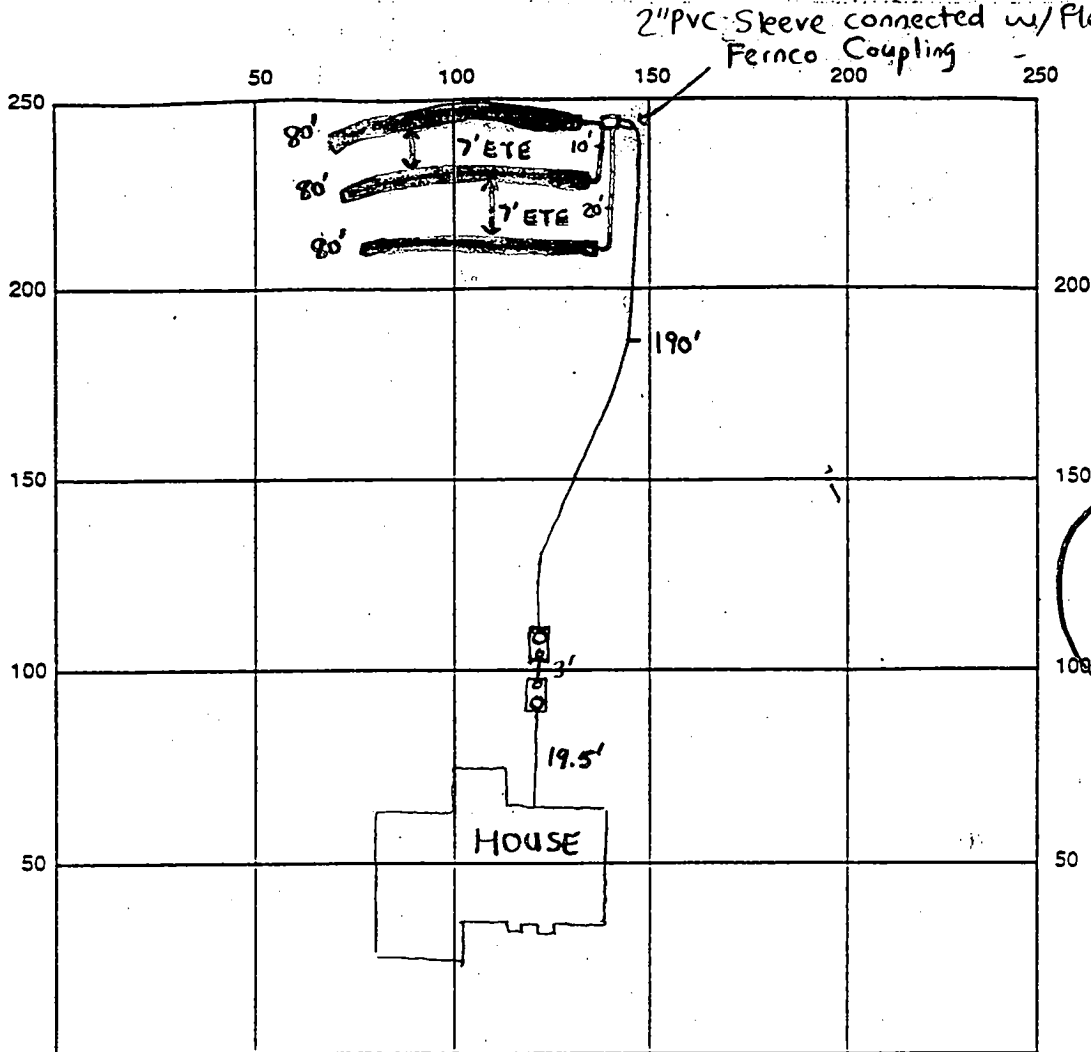
PERMIT VOID AFTER TWO YEARS

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

58589-J



Public
Water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Willow Green Way

SEPTIC TANK LEVEL 2-1500 Compartmented TS CLEANOUTS 2-Manhole, 2-6"

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TILE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/29/00 Septic tank set - pre const. OK All

11/30/00 Tank set. Line ran up to distribution box area. (BB)

12/1/00 - SYSTEM COMPLETE, OK TO COVER ALL WORK (SRK)

PUMP TEST NEEDED

4/5/01 Pump and alarm working. (BB)

DATE SYSTEM APPROVED 4/5/01 INSPECTOR B. Baker

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE MILLICOTT CITY, MD 21043 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B 00126225
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Building Address <u>11135 WILLOW GREEN WAY</u> <u>MARIOTTSVILLE 21104</u>	Property Owner's Name <u>Trinity Builders</u>
Suite/Apt. # _____ SDP/WP/Petition # _____	Address <u>7320 Grace Dr.</u>
Census Tract <u>6030</u> Subdivision <u>WOODFORDS GRANT III</u>	City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u>
Section <u>3</u> Area _____ Lot <u>16</u>	Home Phone _____ Work Phone <u>410-313-8733</u>
Tax Map <u>10</u> Parcel <u>293</u> Grid <u>22</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>RCDLO</u> Map Coordinates _____ Lot size <u>43,091</u> sq. ft.	Phone _____ Fax <u>410-313-8731</u>
Existing Use <u>Vacant Lot</u>	Contractor Company <u>Same</u>
Proposed Use <u>S.F.D.</u>	Contact Person _____
Estimated Construction Cost \$ <u>100,000</u>	Address _____
Description of Work <u>CUSTOM TRENCH w/chanels</u> <u>2 SIDRI, FULL BSMT, 2 FB, 111B,</u> <u>FPS GARAGE (4BR) 9R</u>	City _____ State _____ Zip Code _____
Occupant or Tenant <u>N/A</u>	License No. _____ Phone _____ Fax _____
Contact Name _____	Engineer or Architect Company <u>Same</u>
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

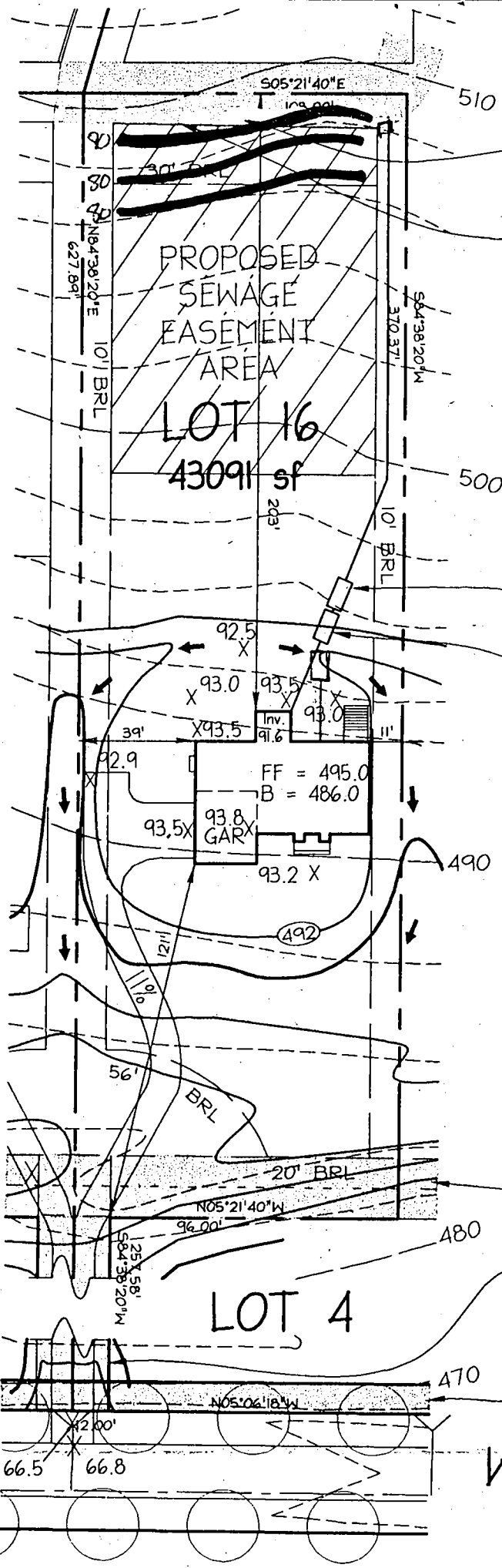
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ ☒ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: <u>N/A</u> ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: <u>N/A</u> ☒ NFPA #13D _____ NFPA #13R _____ Other _____

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.

<u>Sally L. Hodge</u> Applicant's Signature <u>VP, Operations - Trinity</u> Title/Company	<u>Sally Hodge</u> Print Name <u>8/31/00</u> 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# <u>44790</u>
☒ Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
☒ State Highways			Rear: _____	Permit fee \$ _____
☒ Building Official			Side: _____	Excise tax \$ _____
☒ Dev. Engineering DPZ			Side St. _____	Sub-total paid \$ _____
☒ Health <u>9/1/00</u> <u>Amy McMillen</u>			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? YES ☐ NO ☐	Balance due \$ <u>1023</u>
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for New Town Zone _____	Check # <u>376.11</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation _____
			Accepted by <u>(Signature)</u>	



MARYLAND STATE GRID MERIDIAN

Distribution Box
Ex. ground: 509.0
Inv: 506.0

20' Private Septic Access Easement

**Approved Septic System Plan
Howard County Health Department**

Amey M. Mel 9/1/00
Signature Date

Pump Tank
Ground: 496.5
Inv: 493.5

1250 Gal. Septic Tank
Ground: 494.0
Inv. In: 491.1
Inv. Out: 490.8

Total linear feet of trench
required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet
*Basement does not sewer by gravity

Depth of stone required below
distribution pipe 2.0 feet

20' Public Drainage & Utility Easement

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

10' Public Tree Maintenance Easement

WILLOW GREEN WAY

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

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

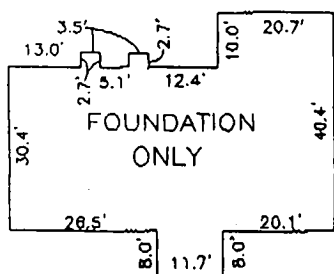
PREPARED FOR
TRINITY HOMES, Inc.
7320 Grace Drive
Columbia, Maryland 21044

SCALE 1"=50'
DRAWN BY PS
CHECKED BY JCO
DATE August 24, 2000
W. O. # 98-097

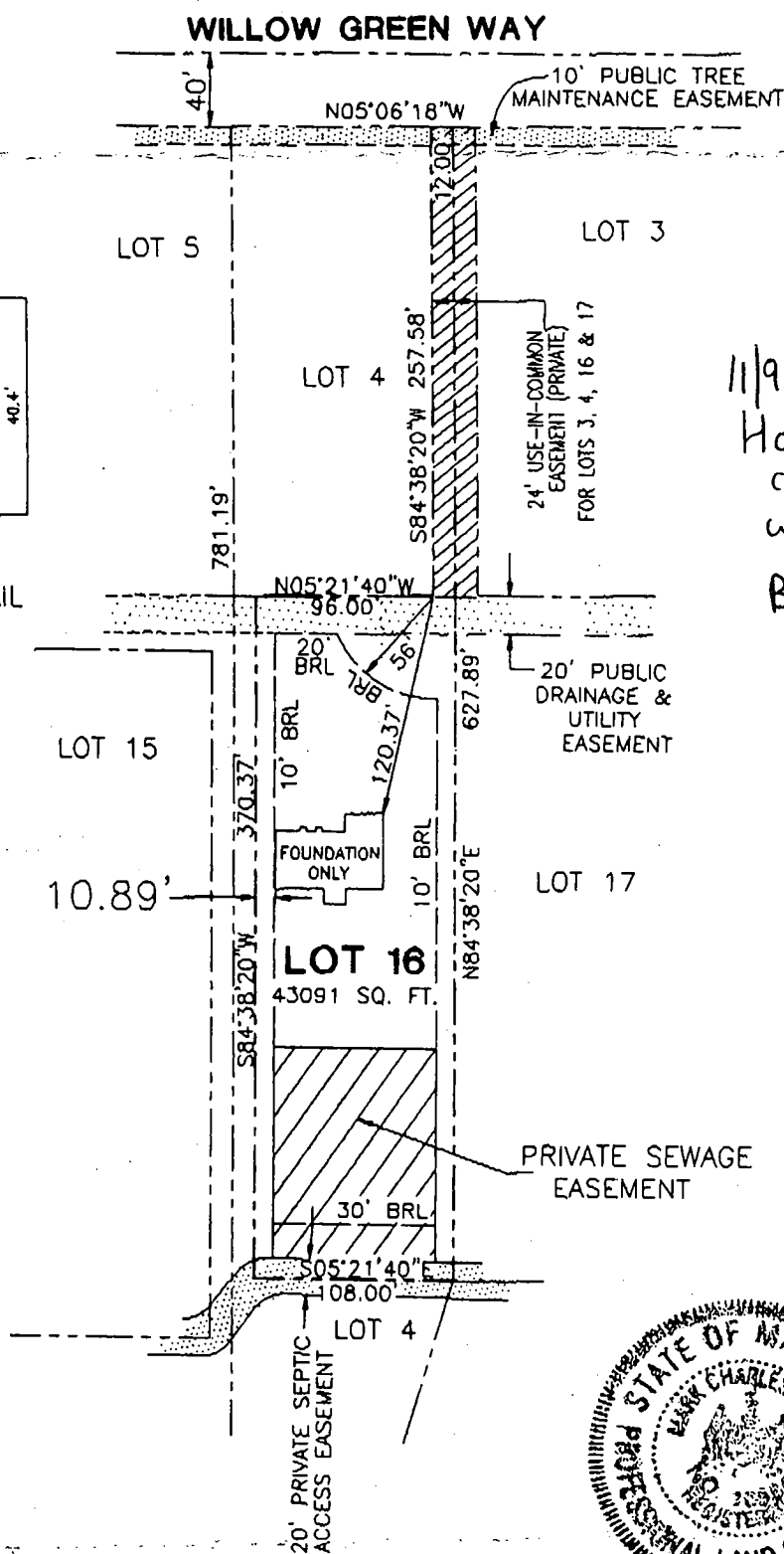
**PLOT PLAN
LOT 16
WOODFORDS GRANT III**

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

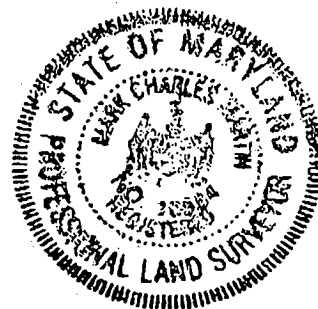
Woodford first



FOUNDATION DETAIL
(NOT TO SCALE)



11/9/00-
House location
consistent
w/ approved
BP plan
ON SRK

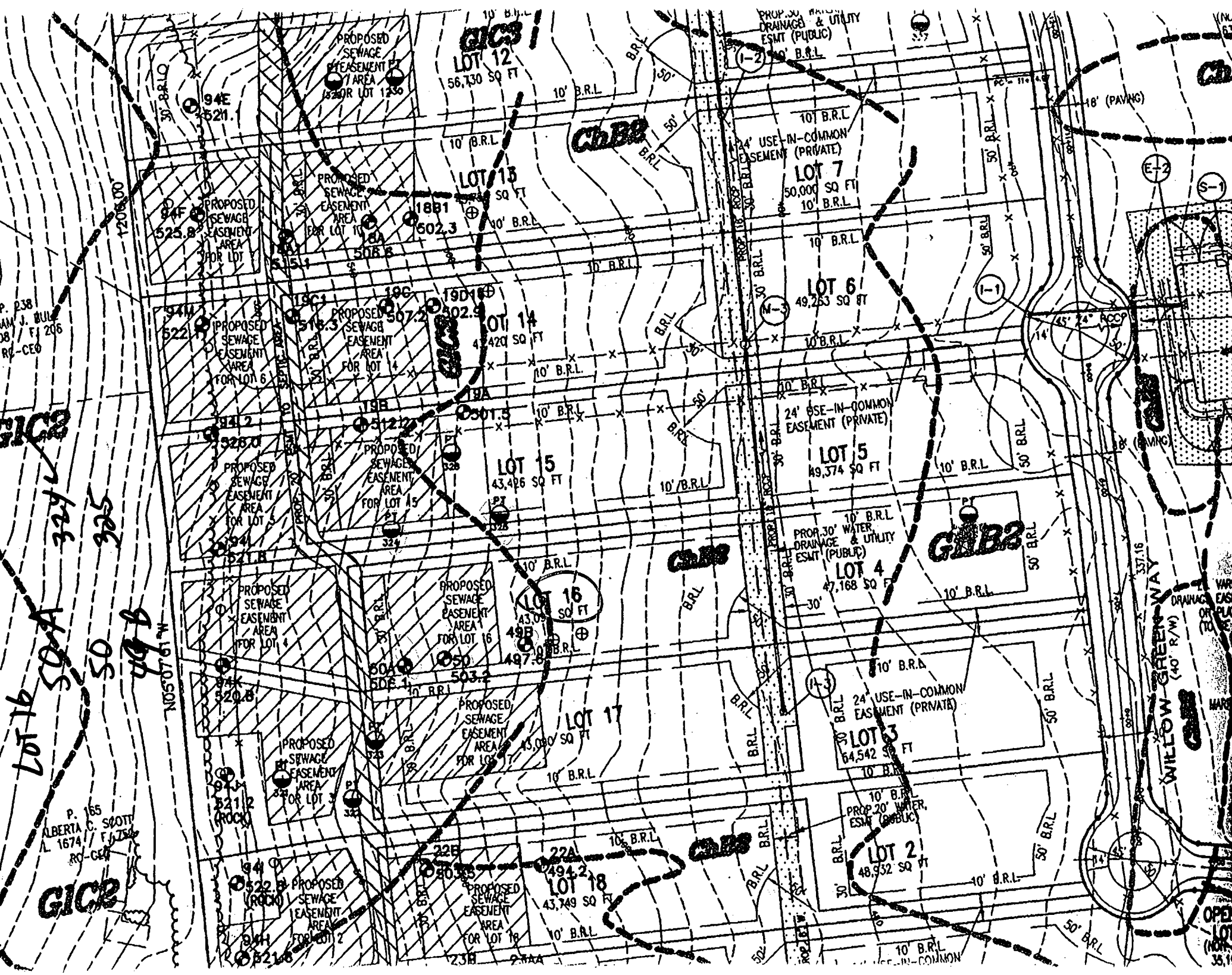


TOP OF WALL ELEVATION = 494.10'

RECORD REFERENCES LIBER/FOLIO _____ PLAT BOOK _____ PLAT NO./FOLIO 13801	WALL CHECK OF LOT 16	VOGEL & ASSOCIATES, INC. 3691 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3966
SCALE 1"=100' DATE 10/1/2000	WOODFORDS GRANT III HOWARD COUNTY MARYLAND	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. <i>Mark C. Martin</i> 10/11/2000 MARK C. MARTIN PROFESSIONAL LAND SURVEYOR NO. 10884

9897LT16WK.DWG

11135 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: 313-2640

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 410-740-2100

AGENT OR PROSPECTIVE BUYER LAND DESIGN & DEVELOPMENT

ADDRESS 10805 Hickory Ridge Rd Suite 215 Cal, MD 21047 PHONE 410-740-2100

PROPERTY LOCATION:

SUBDIVISION Willow Wood LOT NO. _____

ROAD AND DESCRIPTION Marriottsville 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 _____

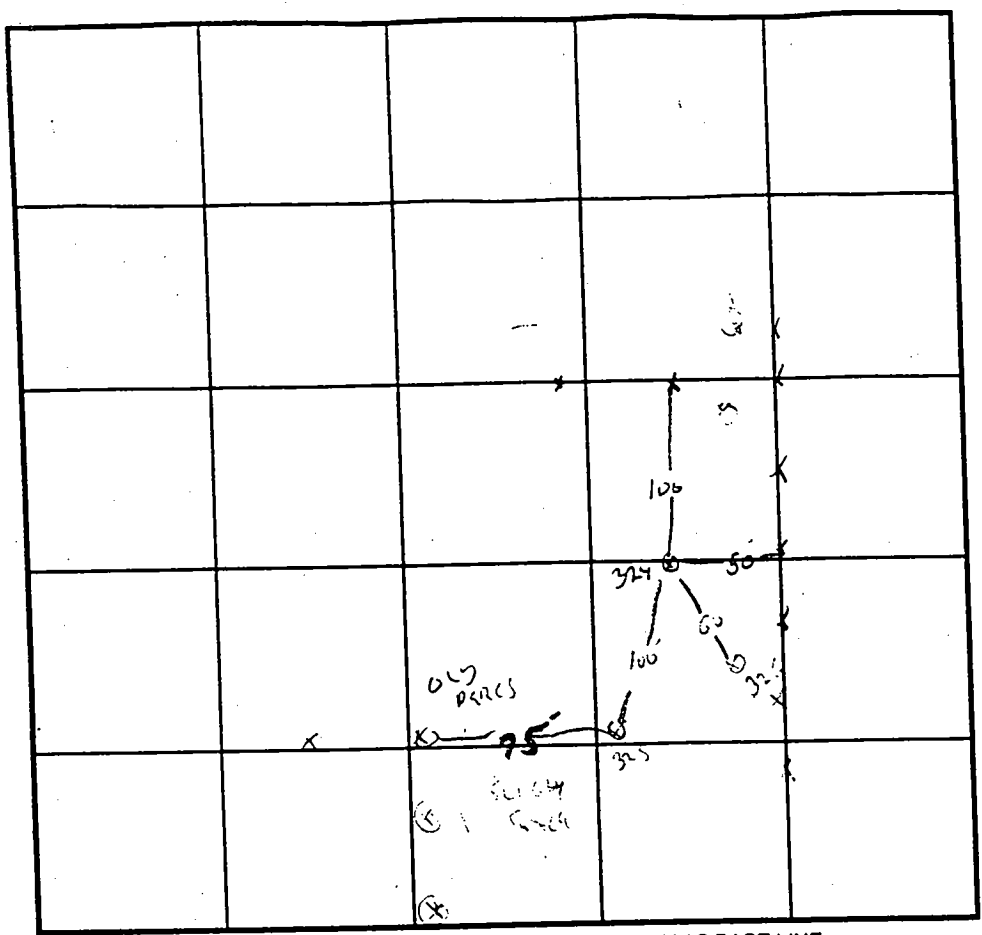
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT



TOPSW
RWS
OK
LOAN
CASH
DOWN
LOAN
LAW
GREEN
SANDY
LOAN
30 1/2
RATV
RECO



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS SUPPLEMENTAL TESTING TO REPORT DATED 11/1/84

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT JOE FRESELEY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

