

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 514252 B

A 58589

DISTRICT

DATE 9/14/2000

DATE SYSTEM APPROVED 12/19/00

INSPECTOR *dl*

INDEXED

RPS
3/31/02

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

SK Backhoe & Septic Service

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant III LOT 7 ROAD 11159 Willow Green Way

PROPERTY OWNER Trinity Builders

ADDRESS 7320 Grace Drive, Columbia, MD 21044

COMPARTMENTED SEPTIC TANK REQUIRED (TOP SEAMED) PUMPED SEPTIC SYSTEM PROPOSED (TOP SEAMED)

SEPTIC TANK CAPACITY 1500-1250 GALLONS INSTALL: - 1-1250 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

NUMBER OF BEDROOMS 4 1/2 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 left 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.

ON SRN 9/27/00

PLANS APPROVED BY Craig Williams, R.S. / Amy McMillen 4/10/00 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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

Needs Pump Test

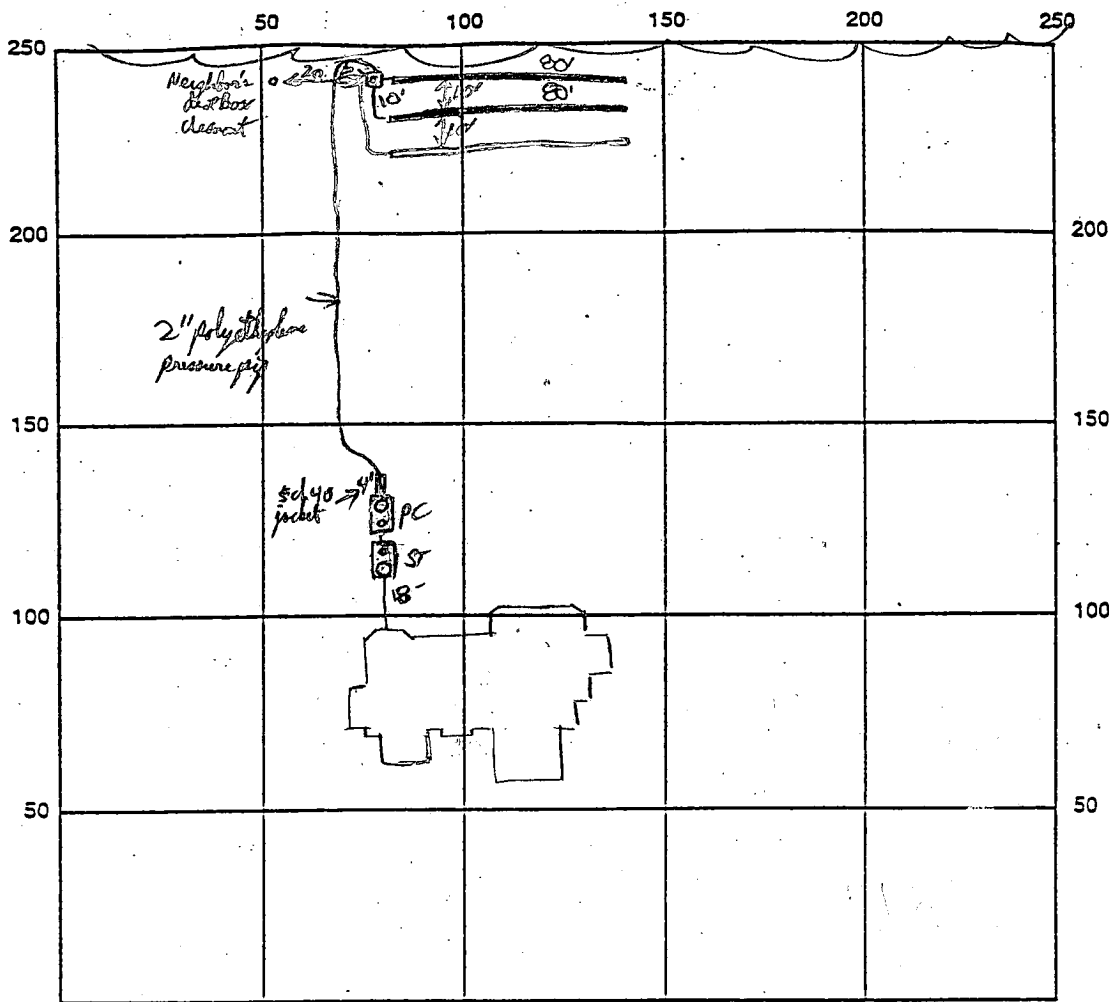
10/24/00
10/25/00
10/26/00
10/27/00
10/28/00
10/29/00
10/30/00
10/31/00
11/1/00
11/2/00
11/3/00
11/4/00
11/5/00
11/6/00
11/7/00
11/8/00
11/9/00
11/10/00
11/11/00
11/12/00
11/13/00
11/14/00
11/15/00
11/16/00
11/17/00
11/18/00
11/19/00
11/20/00
11/21/00
11/22/00
11/23/00
11/24/00
11/25/00
11/26/00
11/27/00
11/28/00
11/29/00
11/30/00
12/1/00
12/2/00
12/3/00
12/4/00
12/5/00
12/6/00
12/7/00
12/8/00
12/9/00
12/10/00
12/11/00
12/12/00
12/13/00
12/14/00
12/15/00
12/16/00
12/17/00
12/18/00
12/19/00
12/20/00
12/21/00
12/22/00
12/23/00
12/24/00
12/25/00
12/26/00
12/27/00
12/28/00
12/29/00
12/30/00
12/31/00

BUILDING PERMIT SIGNED
AND RETURNED

8/12/04 800149873-16 PDL

P514252B

PM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PUMP AT - 1500 gal + S. Willow Green Way

SEPTIC TANK LEVEL OK - 1500 gal + S. comp CLEANOUTS ✓ manhole on each tank OK

DISTRIBUTION BOX LEVEL ✓ 4\"/>

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

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ^{Total} ONE SIDEWALL BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 10/24/00 Trench layout OK - 3, 80' trenches - tanks not due until 10/25/00

PM ~~CALL~~ RETURN DIA

10/25/00 OK to complete connection of tanks, run pump

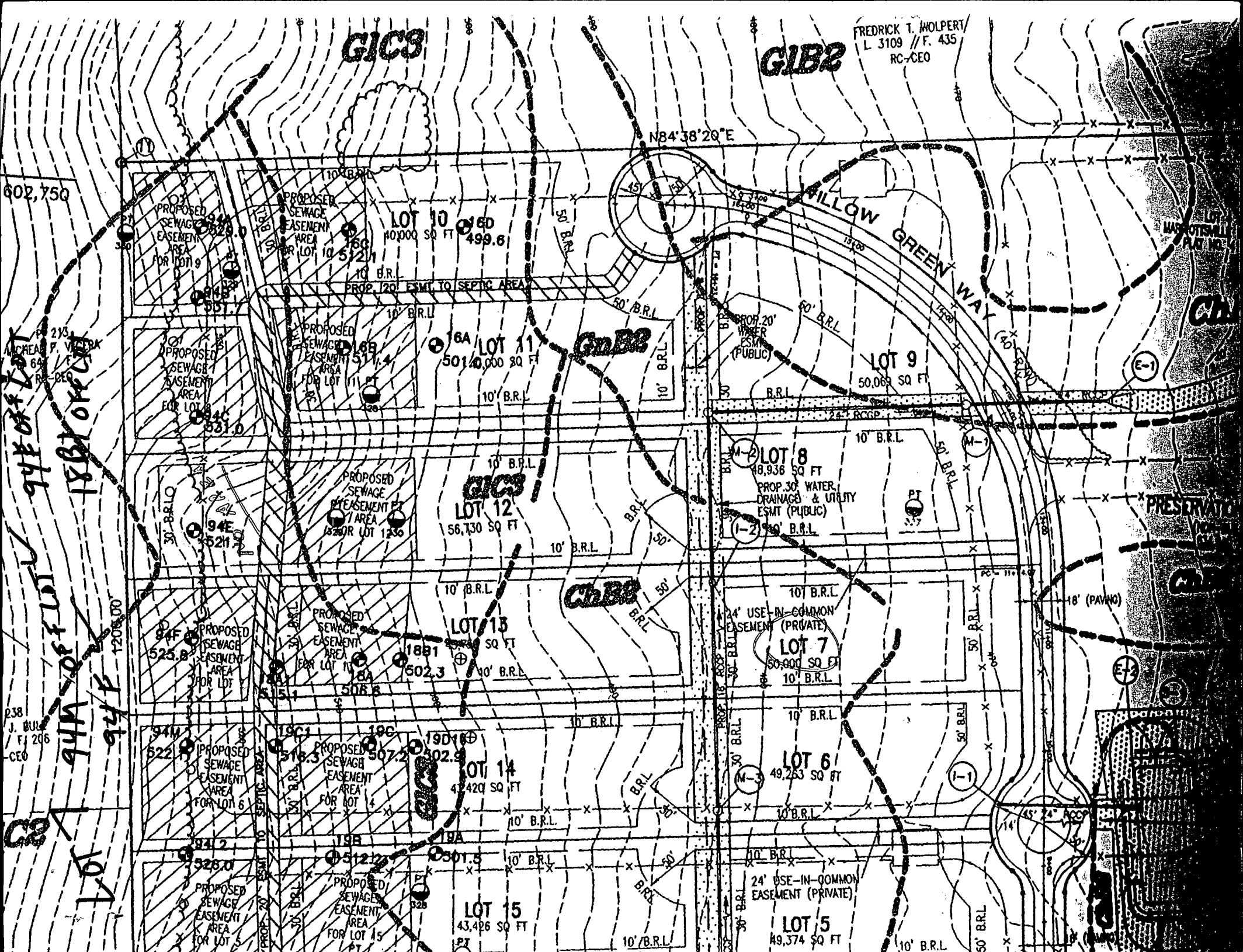
line, and install last trench. DRC ST + PC Manholes & baffles - OK to connect

to house connection. Last Trench OK, OK to overall work. R/P 10/26/00 Needs Pump Test 12/14/00 NO H₂O IN

PUMP TANK - RESCHEDULE MR 12/19/00 Pump insp. missed - per Verail - pump & alarm

DATE SYSTEM APPROVED 12/19/00 INSPECTOR Ann McMill ^{working properly}

FREDRICK T. WOLPERT/
L 3109 // F. 435/
RC-CEO



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 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

SOIL PROFILE



11

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



94 M
Brown
CLAY Lam
3
Brown
SANDY
FINE
MILL
Lam
7?
6
GREY
Brown
+ WHITE
SANDY
POWDERY
Lam
11'

[illegible]REMARKS 2 OF 4

TYPE OF SOIL

TESTED BY G. SAVAGE ALSO PRESENT MIKE KAJTOR CREW

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

PERMIT APPLICATION

PERMIT NUMBER **14**

B00123227

Building Address **1159 WILLOW GREEN WAY**
MARRIOTTVILLE 21104
Suite/Apt. # **N/A** SDP/WP/Petition # **N/A**
Census Tract **6030** Subdivision **WOODFORDS GRANT DE**
Section **3** Area **N/A** Lot **7**
Tax Map **10** Parcel **293** Grid **22**

Property Owner's Name **Trinity Builders**
Address **7320 Grace Dr.**
City **Columbia** State **MD** Zip Code **21044**
Home Phone _____ Work Phone **410-313-8732**
Applicant's Name & Mailing Address, (if other than stated hereon) _____
Phone _____ Fax **410-313-8731**

Zoning **CC600** Map Coordinates **5K12** Lot size **46459 sq ft**
Existing Use **Vacant Lot**
Proposed Use **S.F.D.**
Estimated Construction Cost \$ **100,000**
Description of Work **CUSTOM - 2 STORY, FULL**
BSMT, 4 BR, 1 HB, 1 P, 6 RANGE, 2 KITCHENS
QUARTERS, SR - 4 BR

Contractor Company **Same**
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____ Phone _____ Fax _____

Occupant or Tenant **N/A**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company **Same**
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public ☐ Private ☐
No. of stories: _____	Sewage Disposal: _____ Public ☐ Private ☐
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐	Sprinkler system: N/A ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads _____
State Certified Modular ☐	

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public ☒ Private ☐
1st floor: _____	Sewage Disposal: _____ Public ☐ Private ☒
2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
Finished Basement ☐ Unfinished Basement ☒ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms 4	Sprinkler system: N/A ☒ NFPA #13D ☐ NFPA #13R ☐ Other: _____
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 ☐	

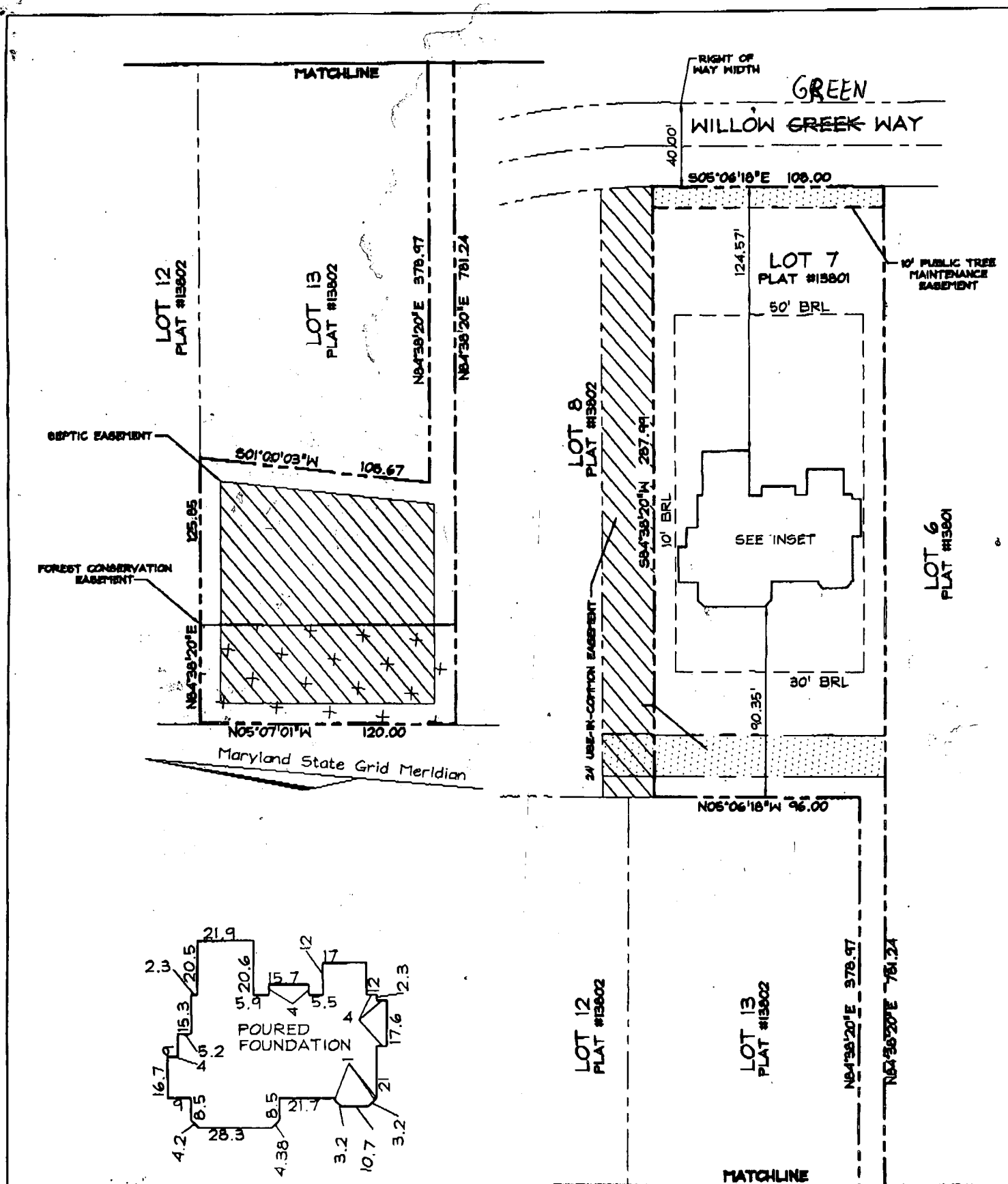
THIS UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L. Hodge
Applicant's Signature
VP. Operations - Trinity
Title/Company

Sally Hodge
Print Name
3/30/02
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE CLEARLY AND LEGIBLY **
FOR OFFICE USE ONLY

Signed 4/10/00
45560



INSET
SCALE: 1"=50'

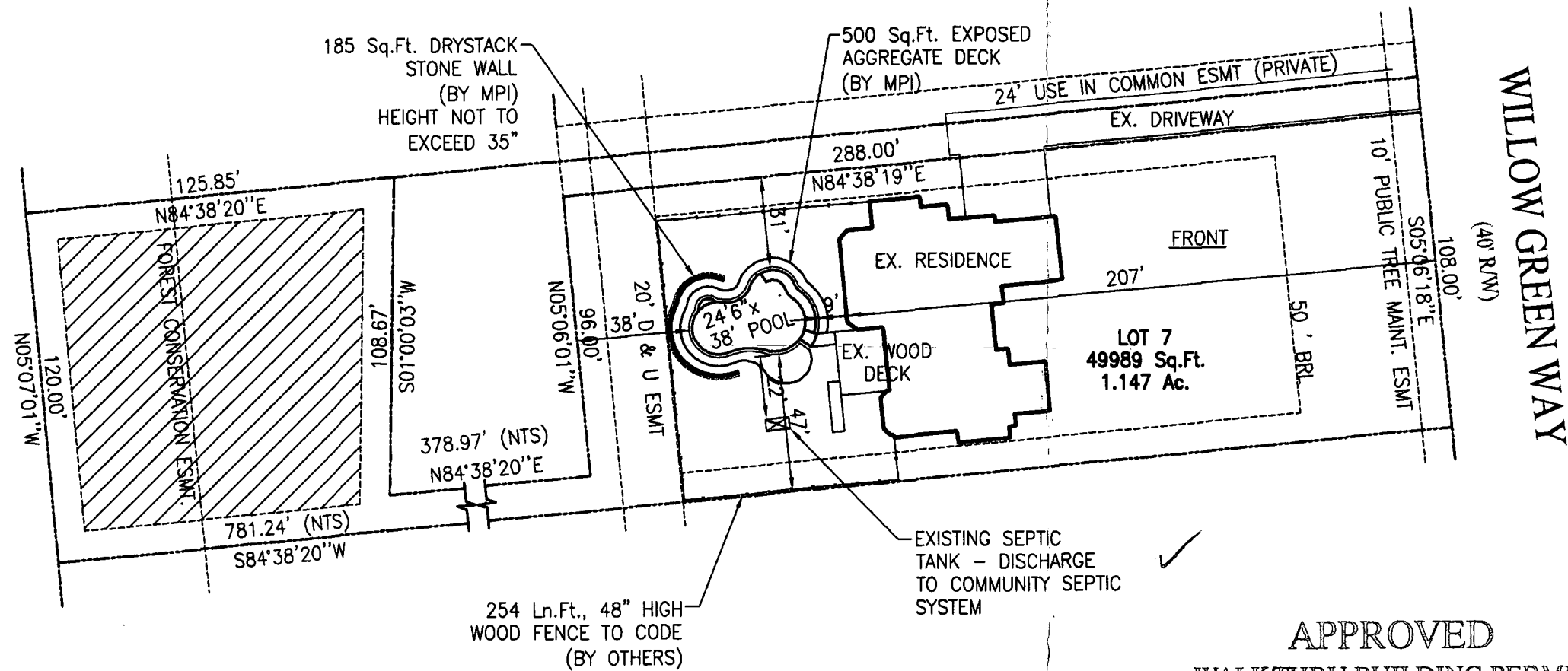
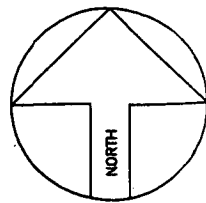


TOP OF WALL ELEV. 478.93

RECORD REFERENCES	WALL CHECK OF	VOGEL ASSOCIATES, INC. CONSULTING ENGINEERS-SURVEYORS-PLANNERS 3891 PARK AVE. #101 ELLICOTT CITY, MD 21043 TELEPHONE (410)461-5828 FAX (410)465-3968
LIBER/FOLIO _____ PLAT BOOK _____ N/A PLAT NO./FOLIO _____ 13802	LOT 7	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.
SCALE _____ 1"=80' DATE _____ 7-19-00	WOODFORDS GRANT HOWARD COUNTY MARYLAND	<i>Mark C. Martin</i> MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'

PUBLIC WATER &
PRIVATE SEPTIC



SITE PLAN

1"=50'

LOT 7

WOODFORDS GRANT III

TAX ACCOUNT #331652
MAP 1101, GRID 16, PARCEL 326
3RD ELECTION DISTRICT NO.
HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT

BP# 00149873 A# 58589

APP. SAN KN DATE: 8-12-04

DESC. OF WORK: ungr pool

OK

Maryland
POOLS
Inc.

9515 GERWIG LANE | 11166 MAIN STREET
SUITE 119 | SUITE 402
COLUMBIA, MD 21046 | FAIRFAX, VA 22030
410-995-6600 | 703-359-7192
800-252-SWIM

WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: SOME HAUL
SPA: NONE
RAISED BEAM: NONE
TILE: STB-808
COPING: TAN SUIT SAVER
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS: PCC2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: AC-125 HEAT PUMP
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: (1) @ 6' OUTSIDE
AQUA BENCH: NONE
RAIL GOODS: CUSTOM RAILS - PER PLANS
DECKING: 500 Sq.Ft. EXP. AGG
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: 110 Sq.Ft. RAMP INTO POOL
ACCENT TILE PER PLANS
EXTRA STEP RISERS

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 24'-6" x 38'-0" - CUSTOM
POOL AREA: 687 SPA: OTHER: 132
TOTAL AREA: 819
PERIMETER: 120 SPA:
GALLONAGE: 27,600 DEPTH: 3'-0" TO 6'-0"

DIRECTIONS TO SITE

RT-32 WEST TO RT-99 NORTH
L/T ON MARIOTTVILLE RD
1ST L/T ON WILLOW GREEN WAY INTO NEIGHBORHOOD
BEAR RIGHT @ 1ST CIRCLE
SITE ON RIGHT

MAP #

6

GRID

A13

Harry & Marie Grunwell
11159 Willow Green Way
Marriottsville, Maryland 21104
Howard County

HOME PHONE: 410-442-7449
OFFICE PHONE 1:
OFFICE PHONE 2:

SITE PLAN

ZONE:

ONE

LOT: 7	SUBDIVISION NAME: WOODFORDS GRANT III	DISTRICT: 3	PIN # 331652
SCALE: 1"=50'	BY: JEK	DATE: 8/12/04	JOB NUMBER: DW04-8031
			SHEET #: S-1

IN-PROGRESS
NOT FOR
CONSTRUCTION
DATE: 08-12-04

REVISIONS:

00/00/00