

11/16/00  
10:00  
5/2/01 10:00

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RPS# 331911

P 514636

A 58589

DISTRICT \_\_\_\_\_

DATE 11/8/2000

DATE SYSTEM APPROVED 5/2/01

INSPECTOR S.R.K.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

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 13 ROAD 11163 Willow Green Way

PROPERTY OWNER Trinity Builders

ADDRESS \_\_\_\_\_

**COMPARTMENTED SEPTIC TANK REQUIRED**

**PUMPED SEPTIC SYSTEM PROPOSED**

SEPTIC TANK CAPACITY 1500 GALLONS

INSTALL: - 1-1500 GALLON COMPARTMENTED PUMP CHAMBER REVERSED

NUMBER OF BEDROOMS 4/5

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 655.2' 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. 7/24/00 OK All

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

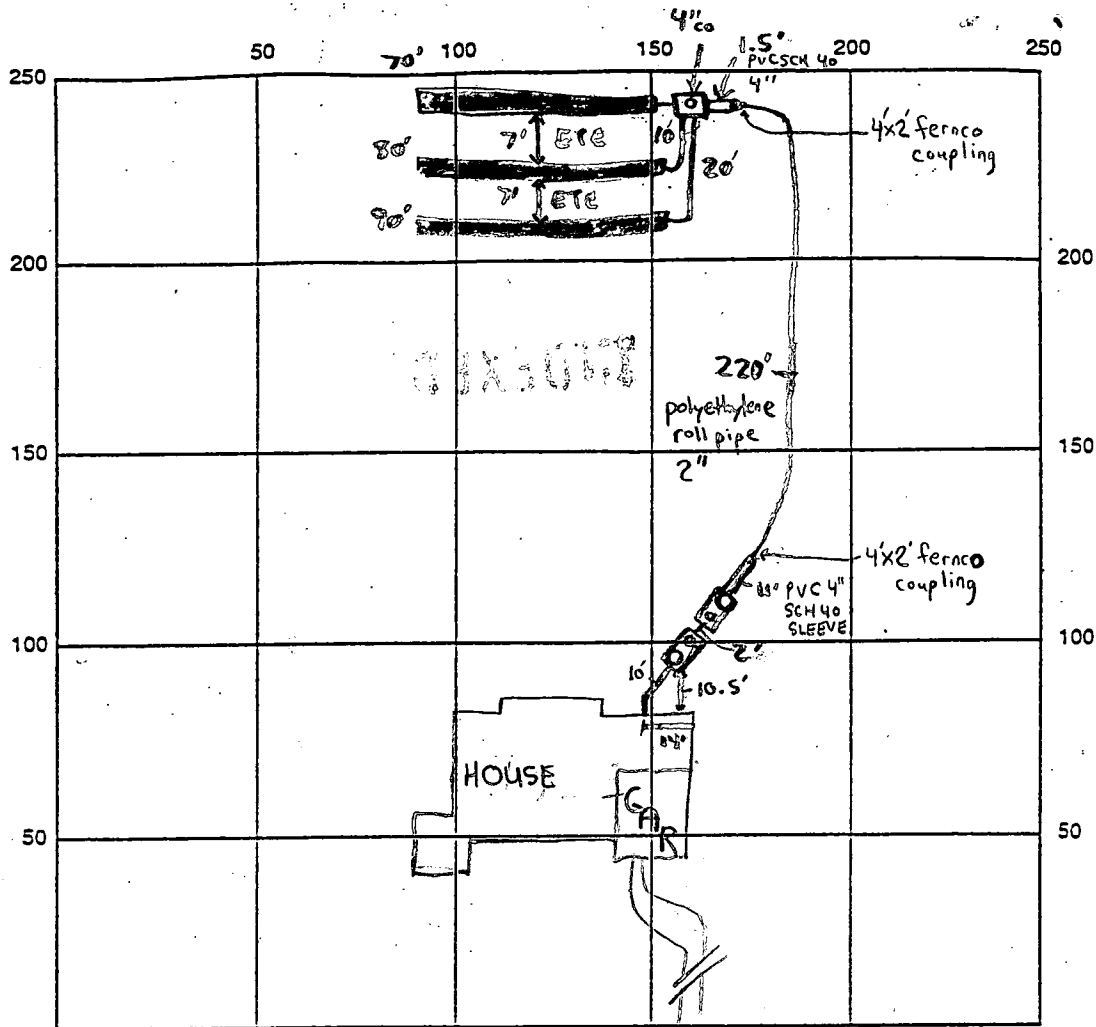
PERMIT VOID AFTER TWO YEARS

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

P. S. H. B. L.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL  1500 gallon TS Septic Tank  
 1500 gallon TS Pump Tank  
 BOTH COMPARTMENTED  
 DISTRIBUTION BOX LEVEL  BAFLE IS IN  
 CLEANOUTS S.T. = Manhole Front & 6" Rear  
 P.T. = 6" on Front & Manhole on Rear

Monitoring Pipe on D-Box (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 ONE SIDEWALL BOTTOM AREA 700 SQ. FT.

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

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/16/00 TRENCH LAYOUT CONFIRMED W/INSTALLER (SRK)  
11/17/00 - OK TO COVER ALL WORK, SEPTIC PUMP TEST NEEDED - (SRK)  
5/2/01 - PUMP AND ALARM OPERATIONAL - (SRK)

DATE SYSTEM APPROVED 5/2/01 INSPECTOR Steven R. Krieg

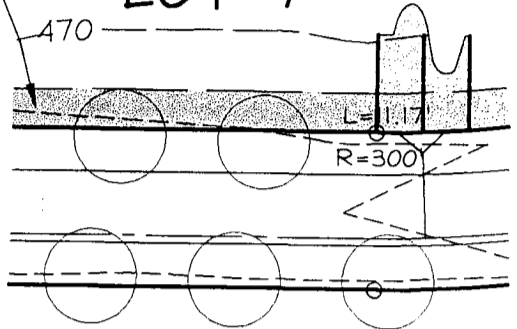
MARYLAND STATE GRID MERIDIAN

Distribution Box  
Ex. ground: 514.0  
Inv: 511.0

20' Private Septic Access Easement

10' Public Tree Maintenance Easement

LOT 7



WILLOW GREEN WAY

Pump Tank  
Ground: 494.0  
Inv: 487.7

1250 Gal. Septic Tank  
Ground: 491.0  
Inv. In: 488.1  
Inv. Out: 487.8

Total linear feet of trench  
required 240 feet

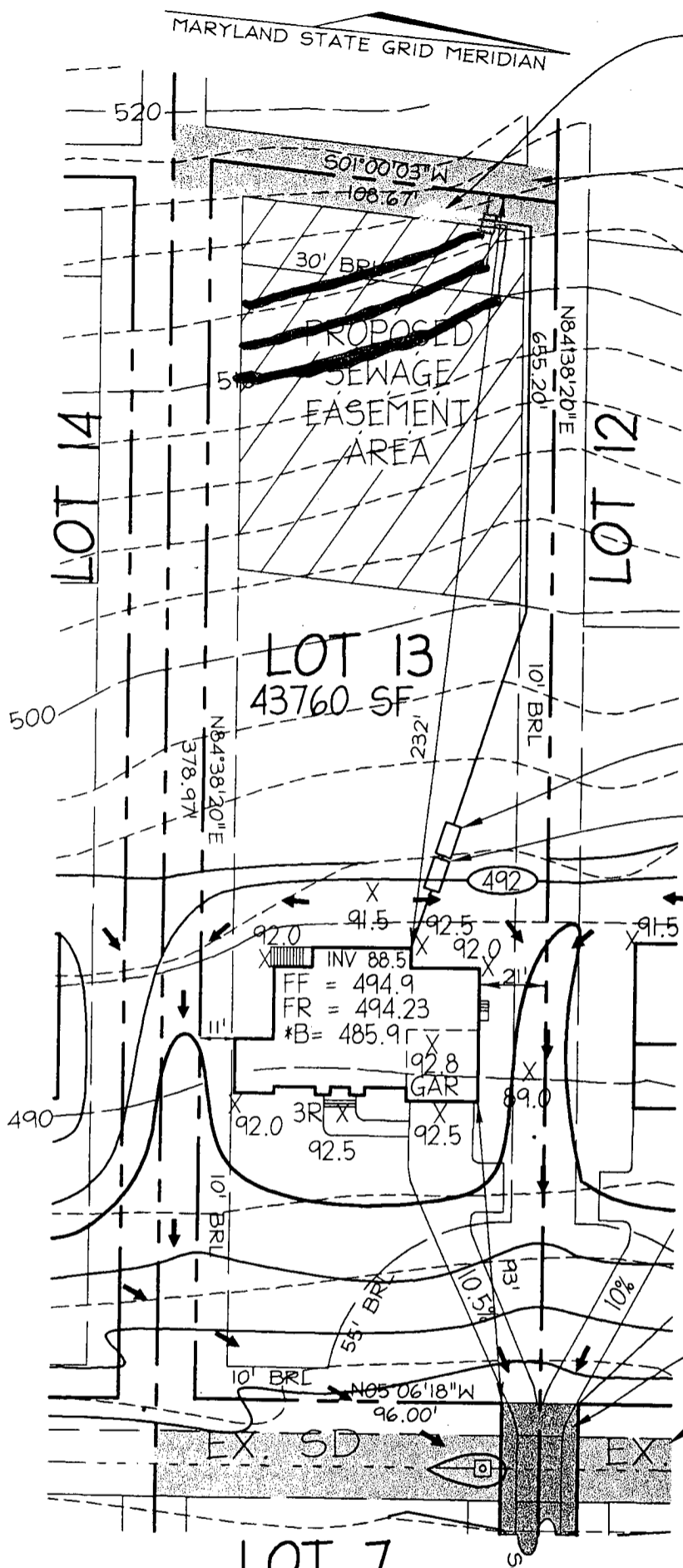
Width of trench (incl) 3.0 feet

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

Depth of stone required below  
distribution pipe\* 2.0 feet

24' Private Use-In-Common Easement  
for Lots 7, 8, 12 & 13.

20' Public Drainage & Utility Easement



LOT 7

Approved Septic System Plan  
Howard County Health Department

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

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

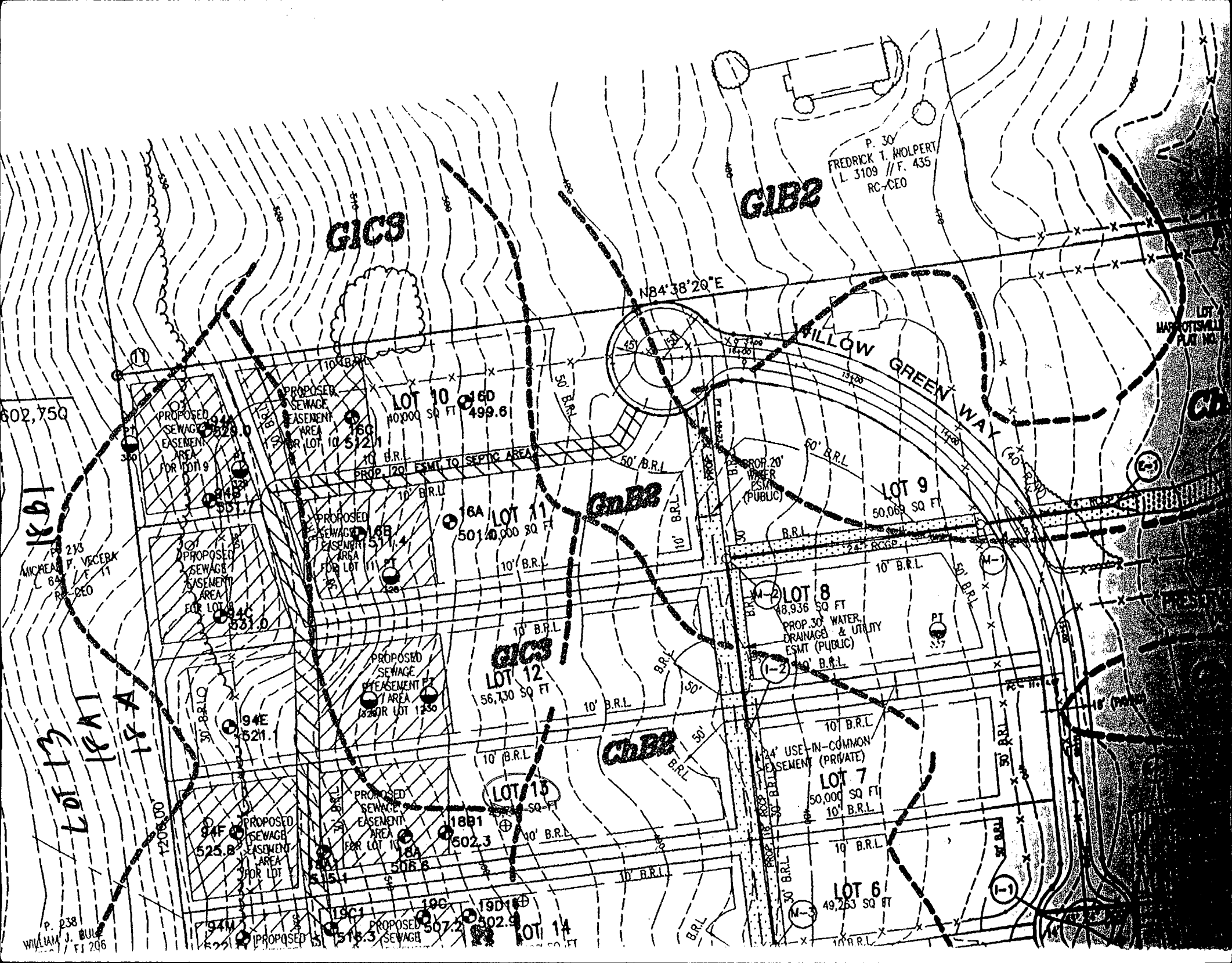
PREPARED FOR  
TRINITY HOMES, Inc.  
7320 Grace Drive  
Columbia, Maryland 21044

SCALE 1"=50'  
DRAWN BY MM  
CHECKED BY JCO  
DATE July 11, 2000  
W. O. # 98-097

7/24/00  
Date

PLOT PLAN  
LOT 13  
WOODFORDS GRANT III

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



P. 30  
FREDRICK T. HOLPERT  
L. 3109 // F. 435  
RC-CEO

G1C3

G1B2

N84°38'20"E

WILLOW GREEN WAY

LOT 5  
HARTFORDSALL  
PLAT NO. 1

ChB2

602,750

PROPOSED SEWAGE EASEMENT AREA FOR LOT 9

PROPOSED SEWAGE EASEMENT AREA FOR LOT 10

LOT 10  
40,000 SQ FT  
499.61

50' B.R.L.

G1B2

PROP. 20' WATER ESMT. (PUBLIC)

LOT 9  
50,069 SQ FT

P. 213  
MICHAEL P. VECERA  
L. 64 // F. 11  
RC-CEO

PROPOSED SEWAGE EASEMENT AREA FOR LOT 8

PROPOSED SEWAGE EASEMENT AREA FOR LOT 11

LOT 11  
501,000 SQ FT

G1B2

LOT 8  
48,936 SQ FT  
PROP. 30' WATER, DRAINAGE & UTILITY ESMT (PUBLIC)

PROPOSED SEWAGE EASEMENT AREA FOR LOT 12

LOT 12  
56,730 SQ FT

ChB2

24' USE-IN-COMMON EASEMENT (PRIVATE)

LOT 7  
50,000 SQ FT

LOT 13  
LOT 14  
LOT 15

PROPOSED SEWAGE EASEMENT AREA FOR LOT 13

PROPOSED SEWAGE EASEMENT AREA FOR LOT 14

LOT 13  
50,000 SQ FT

LOT 14  
502.3

LOT 6  
49,253 SQ FT

P. 238  
WILLIAM J. BULL  
L. 1 // F. 206

PROPOSED SEWAGE EASEMENT AREA FOR LOT 15

PROPOSED SEWAGE EASEMENT AREA FOR LOT 16

LOT 15  
507.2

LOT 16  
502.9

Doug McKnew

Put on Final Plans!

Woodford's Grant

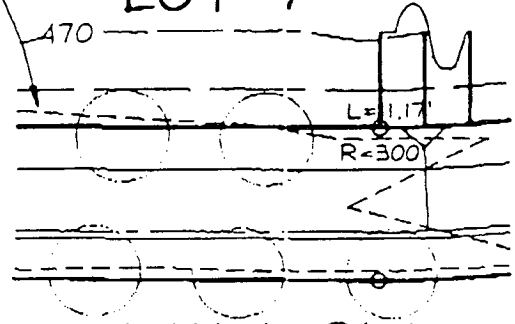
Lot 12

MARYLAND STATE GRID MERIDIAN

Distribution Box  
Ex. ground: 514.0  
Inv: 511.0

20' Private Septic Access Easement  
10' Public Tree Maintenance Easement

LOT 7



WILLOW GREEN WAY

Pump Tank  
Ground: 494.0  
Inv: 487.7

1250 Gal. Septic Tank  
Ground: 491.0  
Inv. In: 438.1  
Inv. Out: 487.8

Buyers!

Propane  
Installer!

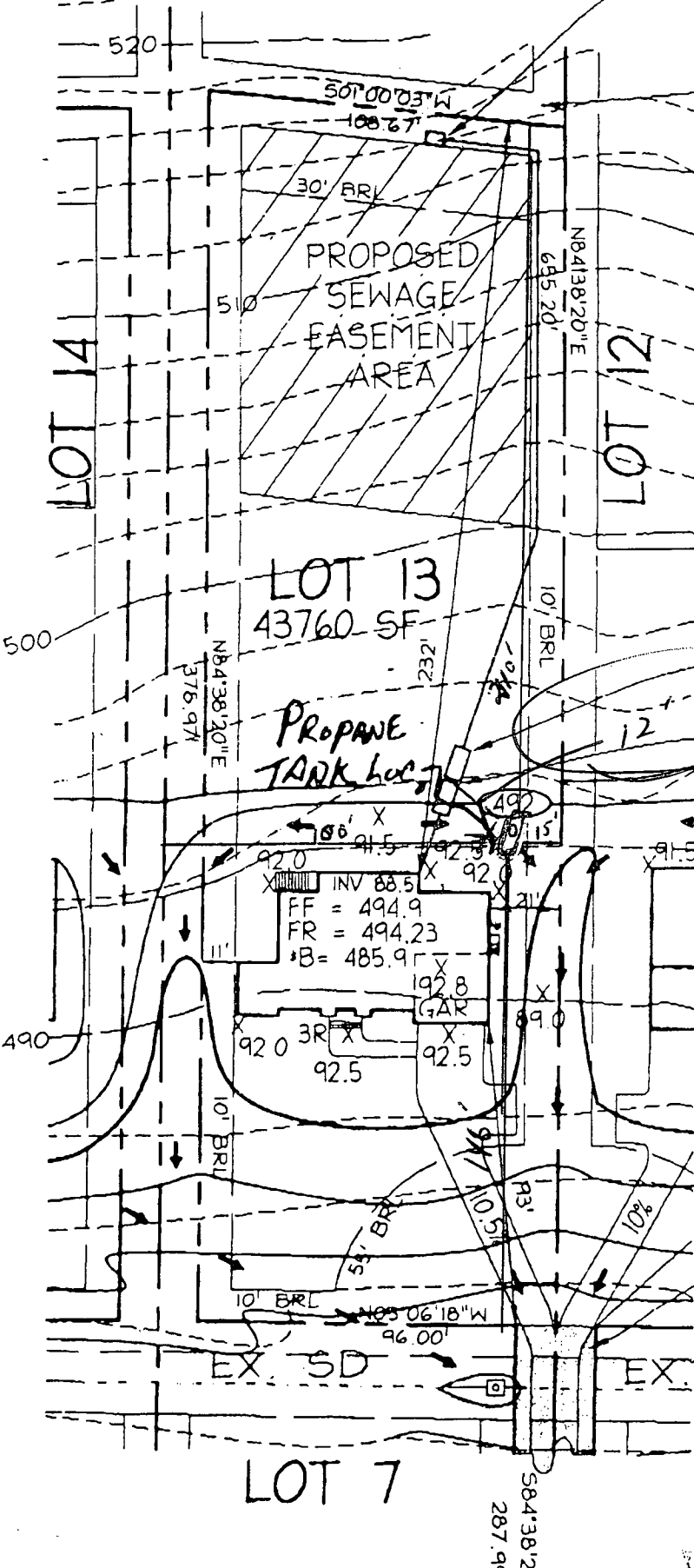
\*Basement does not sewer by gravity

2/27/01 T/C w/PROPANE Co. REP:  
ALTHO S.TANKS NOT INSTALLED  
EXACTLY AS SHOWN (10-15' OFF),  
INSTALLER COMMITTED TO MAINTAINING  
12" TO 6" PVC CLEANOUTS -

24' Private Use-In-Common Easement  
for Lots 7, 8, 12 & 13.

ACCEPTED

20' Public Drainage & Utility Easement



LOT 7

NOVEL

MH1L 10 Contractor

|   |   |                                   |
|---|---|-----------------------------------|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410)313-2466 INSPECTIONS (410)313-1810<br>AUTOMATED INFORMATION (410) 313-3800 | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> | <b>PERMIT NUMBER</b><br>B00128552 |
|---|---|-----------------------------------|

|   |  |
|---|--|
| Building Address <u>11163 Willow Green Way</u><br><u>Marriottsville Mo. 21104</u>   | Property Owner's Name <u>Holly Farnella</u><br>Address <u>11163 Willow Green Way</u><br>City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____<br>Census Tract <u>1030</u> Subdivision <u>Woodford Grant III</u><br>Section _____ Area _____ Lot <u>13</u><br>Tax Map <u>10</u> Parcel <u>293</u> Grid <u>22</u><br>Zoning <u>R1B2</u> Map Coordinates <u>6A12</u> Lot size _____ | Home Phone <u>410-552-1378</u> Work Phone _____<br>Applicant's Name & Mailing Address, (if other than stated hereon): _____<br><br>Phone _____ Fax _____ |

|   |  |
|---|--|
| Existing Use <u>S.F.D</u><br>Proposed Use <u>Same with Tank</u><br>Estimated Construction Cost \$ <u>3600.00</u><br>Description of Work <u>Burying 1000 gallon underground propane tank</u> | Contractor Company <u>United Propane</u><br>Contact Person <u>Douglas McKnew</u><br>Address <u>205 Najales Road</u><br>City <u>Millersville</u> State <u>MD</u> Zip Code <u>21108</u><br>License No. <u>01475</u><br>Phone <u>410-987-5900</u> Fax <u>410-987-5900</u> |
|---|--|

|  |  |
|--|--|
| Occupant or Tenant <u>Owner</u><br>Contact Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____ | Engineer or Architect Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____ |
|--|--|

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

|  |   |
|--|---|
| Applicant's Signature <u>[Signature]</u><br>Title/Company <u>Salesman United Propane</u> | Print Name <u>Douglas McKnew</u><br>Date <u>2-22-01</u> |
|--|---|

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

|   |                               |   |   |   |
|---|-------------------------------|---|---|---|
| <b>AGENCY</b><br><input checked="" type="checkbox"/> Land Development, DPZ<br><input type="checkbox"/> State Highways<br><input type="checkbox"/> Building Official<br><input checked="" type="checkbox"/> Dev. Engineering, DPZ<br><input type="checkbox"/> Health<br><input type="checkbox"/> Fire Protection | <b>DATE</b><br><u>2/27/01</u> | <b>SIGNATURE APPROVAL</b><br><u>[Signature]</u> | <b>DEPZ SETBACK INFORMATION</b><br>Front: _____<br>Rear: _____<br>Side: _____<br>Side St.: _____<br>All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/><br>Lot Coverage for New Town Zone _____<br>SDP/Red-line approval date _____ | <b>PROPERTY ID#:</b> <u>44787</u><br>Filing fee \$ <u>100</u><br>Permit fee \$ _____<br>Excise tax \$ _____<br>Sub-total paid \$ _____<br>Add'l permit fee \$ _____<br>TOTAL FEES \$ _____<br>Balance due \$ _____<br>Check # <u>26793</u><br>Validation # <u>[Signature]</u> |
| Is Sediment Control approval required prior to issuance?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |                               |   | CONTINGENCY CONSTRUCTION START: <input type="checkbox"/><br>ONE STOP SHOP: <input type="checkbox"/>   |   |

