



HEALTH

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 4/6/15

Permit No.: B15001199

Building Address: 15052 Double Bridges Ct.
City: Glenwood State: MD Zip Code: 21738
Suite/Apt. # - SDP/WP/BA #: FOB-139
Census Tract: _____ Subdivision: MERIWEATHER
Section: 1 Area: _____ Lot: 4
Tax Map: 0021 Parcel: 0024 Grid: 0021
Zoning: _____ Map Coordinates: _____ Lot Size: 40,989
SF

Existing Use: VACANT LOT
Proposed Use: NEW SINGLE FAM. DWELLING
Estimated Construction Cost: \$ 295,000
Description of Work: COLORADO, 6 FT. FAM ROOM
EXTENSION, MORN. RM. 3 CAR GARAGE (SIDE)
2 STORY, FULL BSMT, 14 RMS, 4 FB, 1 HB,
Occupant or Tenant: 1 FP, AND 3 CAR GARAGE, 4 BR,
Was tenant space previously occupied? Yes No
Contact Name: FINLEY W/ FBATH
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: MERIWEATHER FARM LLC
Address: 14944 Roxbury Rd.
City: _____ State: MD Zip Code: 21737
Phone: Glenig Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: VICKY MEYER
Address: MD BLDG PERMITS INC.
City: _____ State: _____ Zip Code: _____
Phone: 410-296-6900 Fax: _____
Email: MDBLDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANIAN HOMES
Contact Person: Chester Willett
Address: 1802 BRIGHTSEAT RD.
City: LANOVER State: MD Zip Code: 20785
License No.: 3149
Phone: 1-240-375-4515 Fax: _____
Email: CWillett@KHOV.COM

Engineer/Architect Company: Development Design Consult
Responsible Design Prof.: Brian
Address: 192 E. MAIN ST.
City: Westminster State: MD Zip Code: 21157
Phone: 410-386-0560 Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<u>Roadside Tree Project Permit #</u>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>013000386</u>
Building Shell Permit Number:	<u>013000386</u>

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT AND 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.

Applicant's Signature: Vicky Meyer
MDBLDGPERMITS@comcast.net
Email Address: _____
agent
Title/Company: _____

Print Name: Vicky Meyer
Date: 4/6/2015
APR 06 2015
LICENSES & PERMITS DIVISION
CR# 58099

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>5/5/15</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

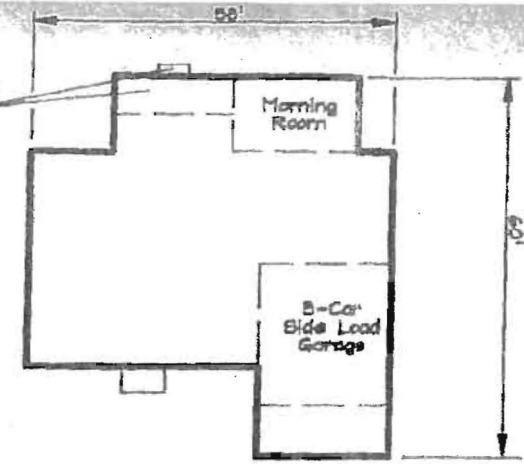
Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>58099</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

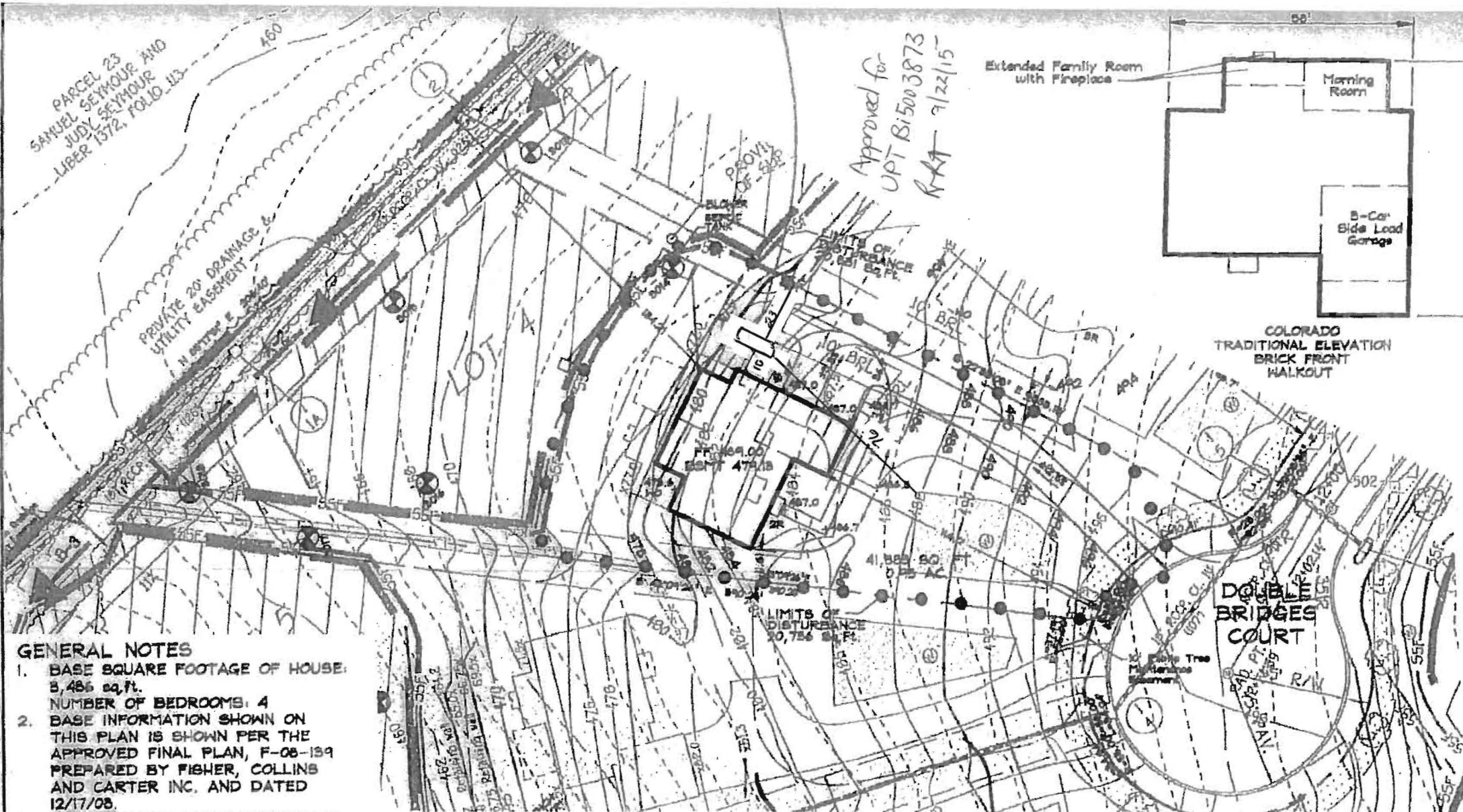
PARCEL 23
SAMUEL SEYMOUR AND
JUDY SEYMOUR
LIBER 1572, FOLIO 113

PRIVATE 20' DRAINAGE &
UTILITY EASEMENT
N. 100' W. 100' E. 100' S.

Approved for
UPT B15003873
R-1A 7/22/15



COLORADO
TRADITIONAL ELEVATION
BRICK FRONT
WALKOUT



GENERAL NOTES

1. BASE SQUARE FOOTAGE OF HOUSE: 3,486 sq.ft.
2. NUMBER OF BEDROOMS: 4
3. BASE INFORMATION SHOWN ON THIS PLAN IS SHOWN PER THE APPROVED FINAL PLAN, F-08-139 PREPARED BY FISHER, COLLINS AND CARTER INC. AND DATED 12/17/08.
4. EJECTOR PUMP NOT REQUIRED TO SEWER BASEMENT
5. PER F-08-139 A DRIVEWAY CULVERT IS NOT REQUIRED



Planners
Surveyors
Engineers
Landscape Architects

192 East Main Street
Washington, MD 21157
410.386.8540
410.386.8541 (Fax)
DDC@DDCinc.com
www.DDCinc.com

DDC JOB#:	19008.1
DATE:	04/28/2015
SCALE:	1" = 50'
DES. BY:	EKC
DRN. BY:	EKC
CHK. BY:	EKC

MERIWETHER FARM
4TH ELECTION DISTRICT HOWARD COUNTY
TAX MAP 21 PARCEL 24

LOT 4
15052 DOUBLE BRIDGES COURT
GLENELG, MD 21737
PLOT PLAN
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES
1802 Brightseat Road
Landover, Maryland 20785
(301)683-6268



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9-9-15

Permit No.: B15003873

Building Address: 15052 Double Bridges Ct
City: Crofton State: MD Zip Code: 21114
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Northwest Farm
Section: _____ Area: _____ Lot: 4
Tax Map: 21 Parcel: 24 Grid: 21
Zoning: _____ Map Coordinates: _____ Lot Size: 40,989

Property Owner's Name: K. Hovarian Homes of MD
Address: 1802 Brightstarr Rd
City: Londontown State: MD Zip Code: 20785
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Eldersburg State: MD Zip Code: 21784
Phone: 410-310-1253 Fax: _____
Email: Jeremy@AppliedAndApproved.com

Existing Use: SFD
Proposed Use: SFD w/ proper vent
Estimated Construction Cost: \$ 8000
Description of Work: Install 15000 gallon in-ground propane tank

Contractor Company: Valley National Gas
Contact Person: William Gruber
Address: 7201 Monticello Rd
City: Shesler State: MD Zip Code: 20771
License No.: 07713
Phone: 410-797-1114 Fax: _____
Email: _____

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: same
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
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	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: Jeremy Clancy
Email Address: Jeremy@AppliedAndApproved.com
Title/Company: Dummy

Print Name: Jeremy Clancy
Date: 9/9/15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/22/15</u>	<u>R-RA</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$ <u>110</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4127</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

SCALE:
 1/8" = 1'-0" @ 11 x 17
 1/4" = 1'-0" @ 24 X 36

NOTES:
 • W/ OPT. 3RD FLOOR WINDOW
 REMAIN AT 7'-0" 3/8" HEAD
 HEIGHT W/ WINDOW SIZES AS
 SHOWN.
 • SEE ELEVATIONS FOR FOYER
 WINDOW HEAD HEIGHT.

SHEET NUMBER
5A

SCALE

DRAWN BY
ACT

DATE
02-01-12

REV.#	DATE	REMARKS

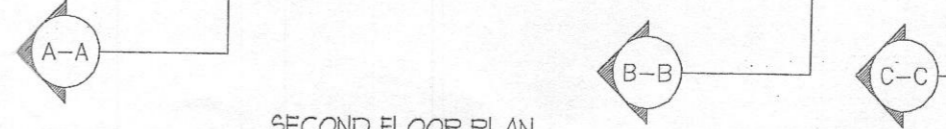
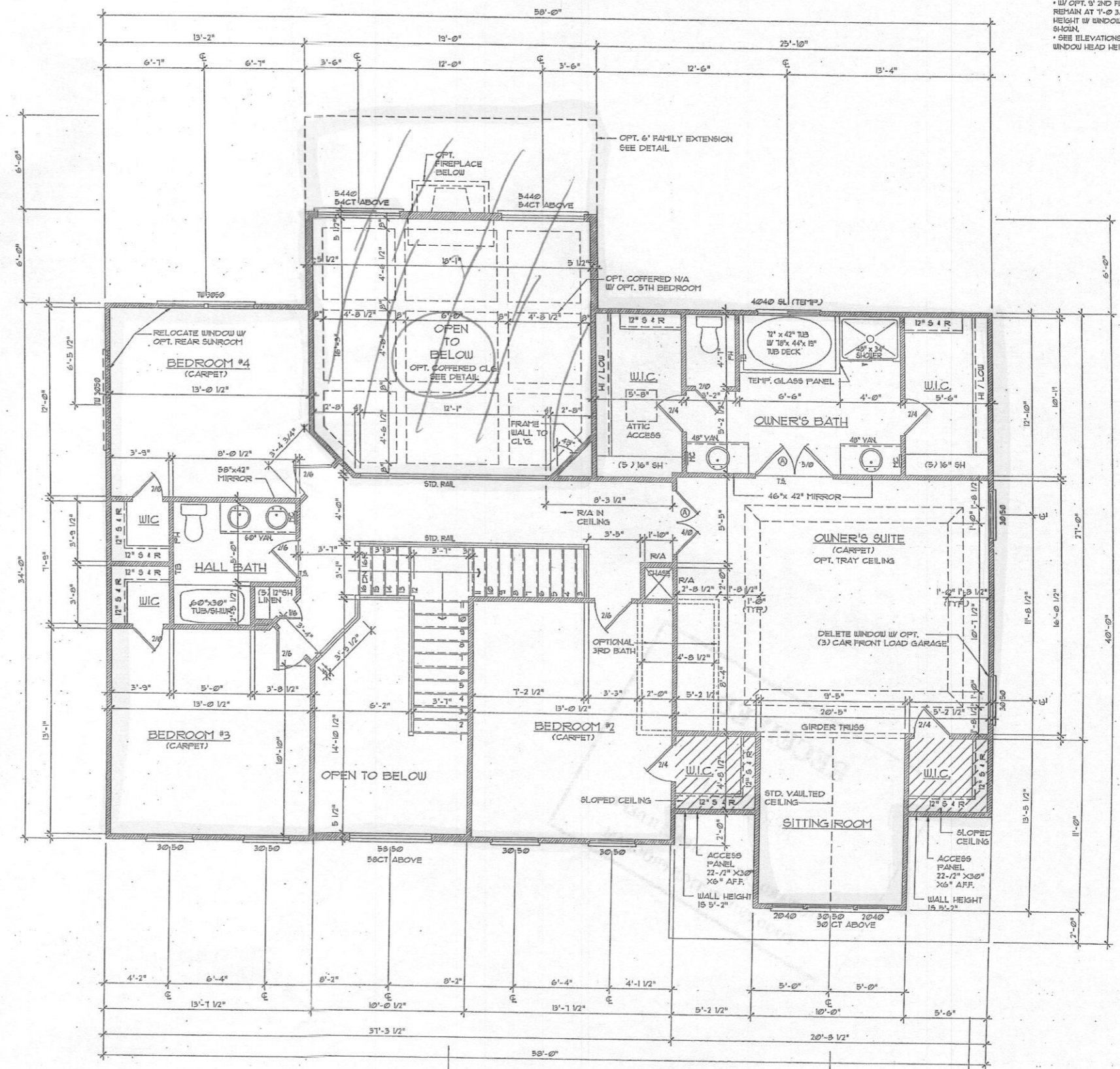
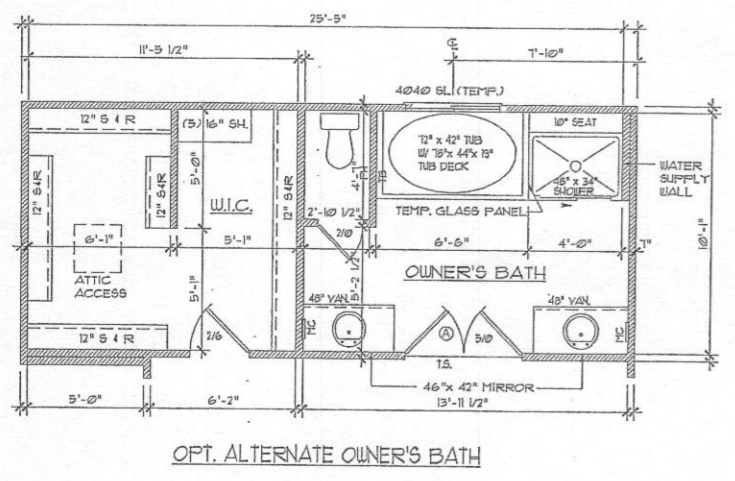
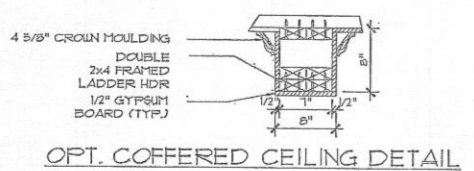
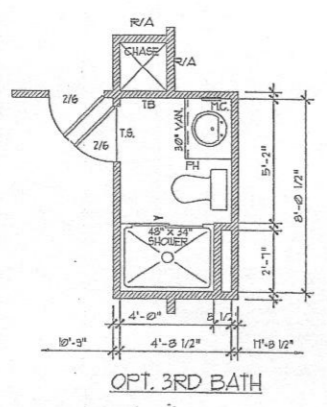
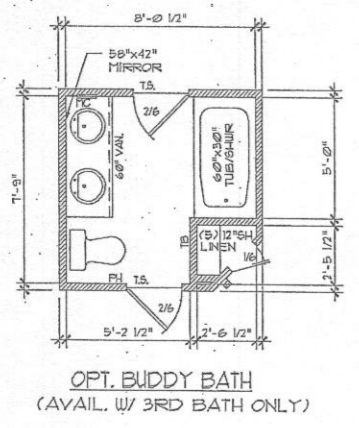
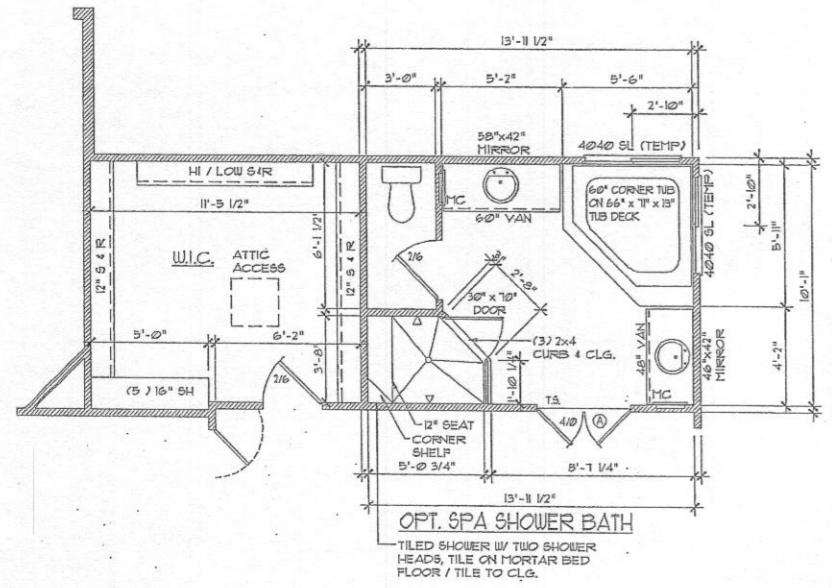
REV.#	DATE	REMARKS

MODEL
COLORADO

SET #



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COLORADO
KV_003_5A

SCALE:
 1/8" = 1'-0" @ 11 x 17
 1/4" = 1'-0" @ 24 X 36

SHEET NUMBER
4A

SCALE

DRAWN BY
ACI

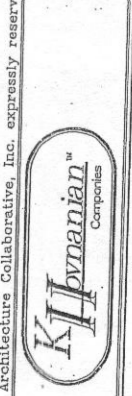
DATE
02-01-12

REV#	DATE	REV#	REMARKS

REV#	DATE	REV#	REMARKS

MODEL
COLORADO

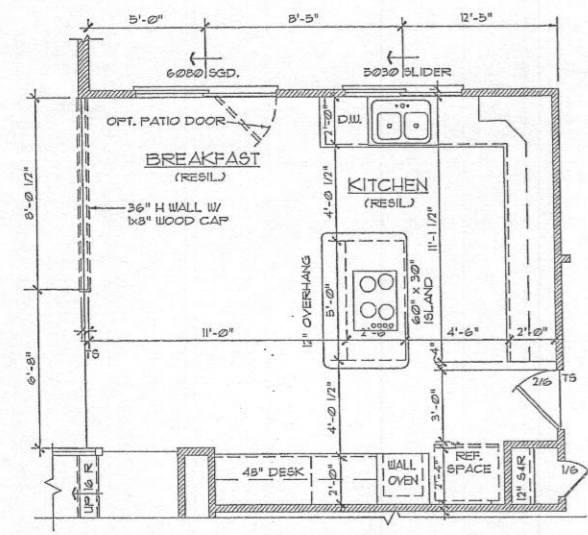
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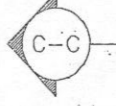
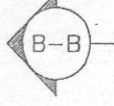
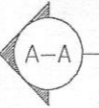
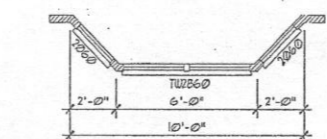
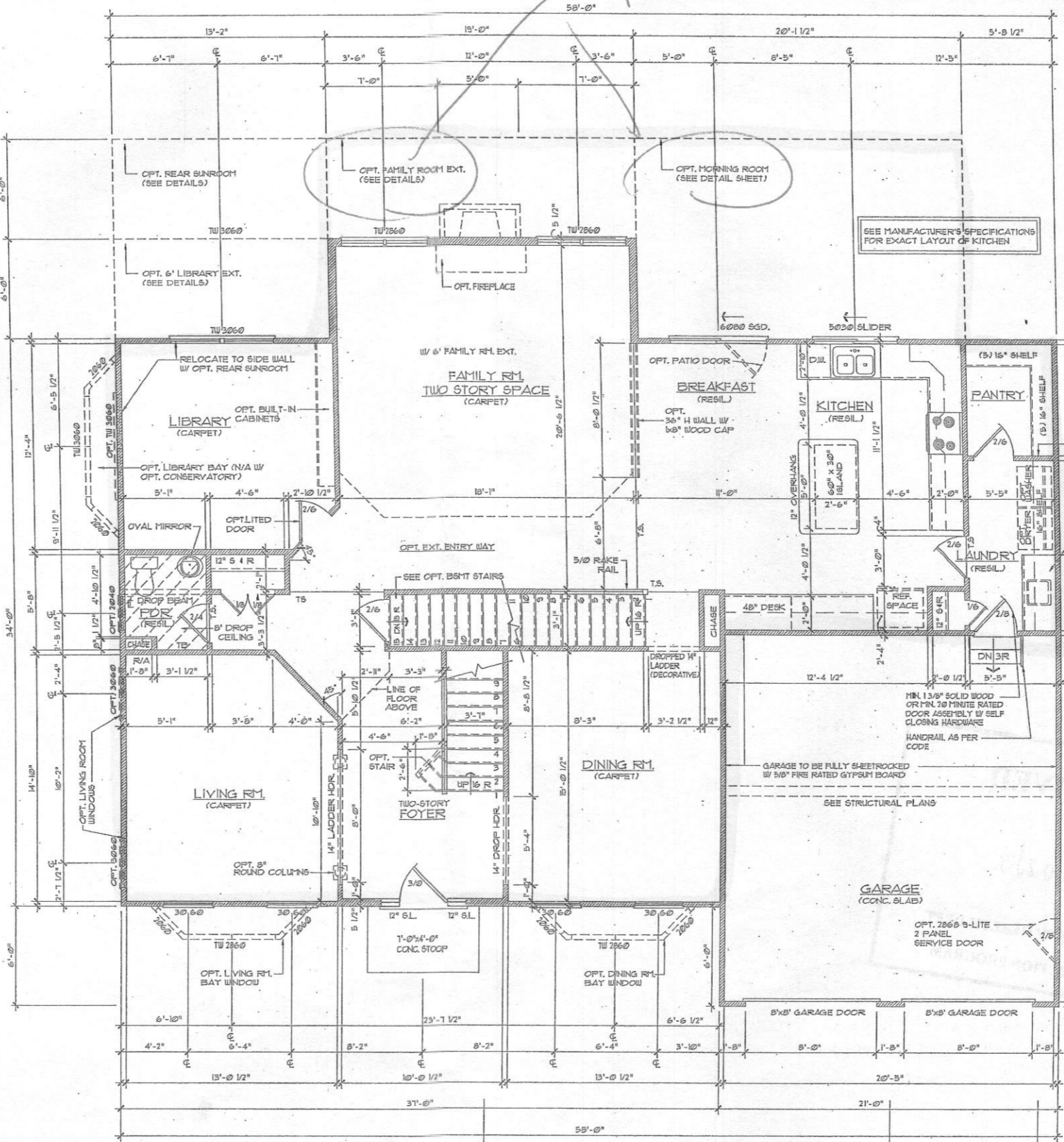
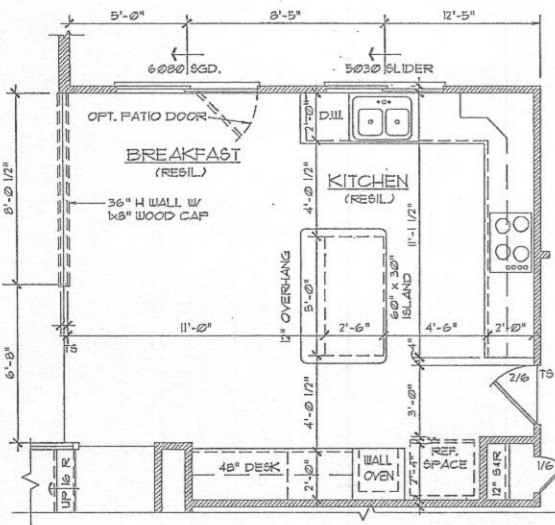
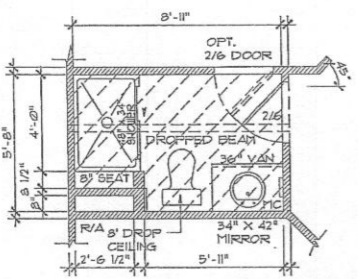
COLORADO
KV_003_4A

8/11/2014 9:20:08 AM, Architecture Collaborative, Inc.

See page 6G



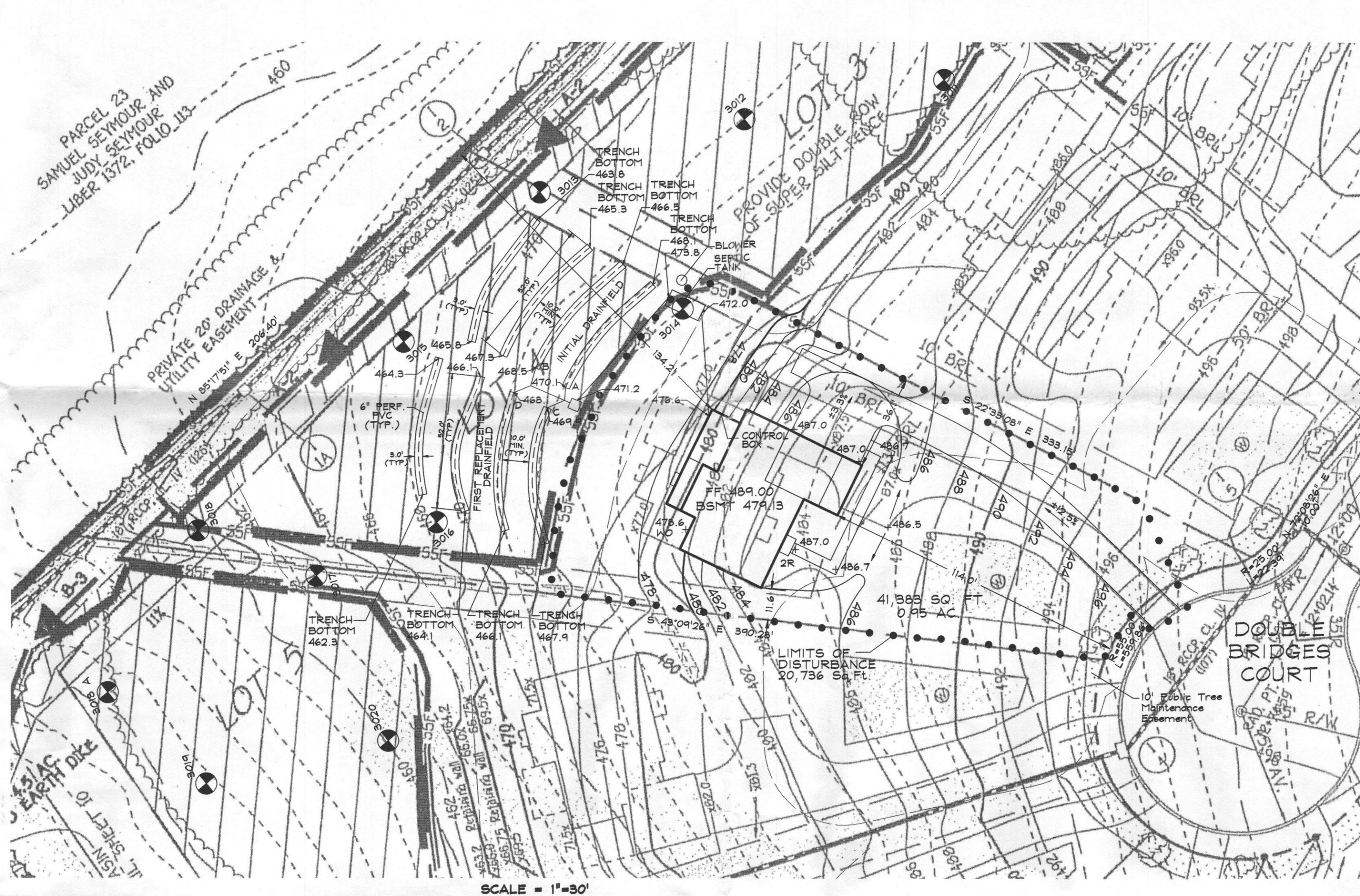
NOTE:
OPT. CONSERVATORY
(SEE DETAILS)



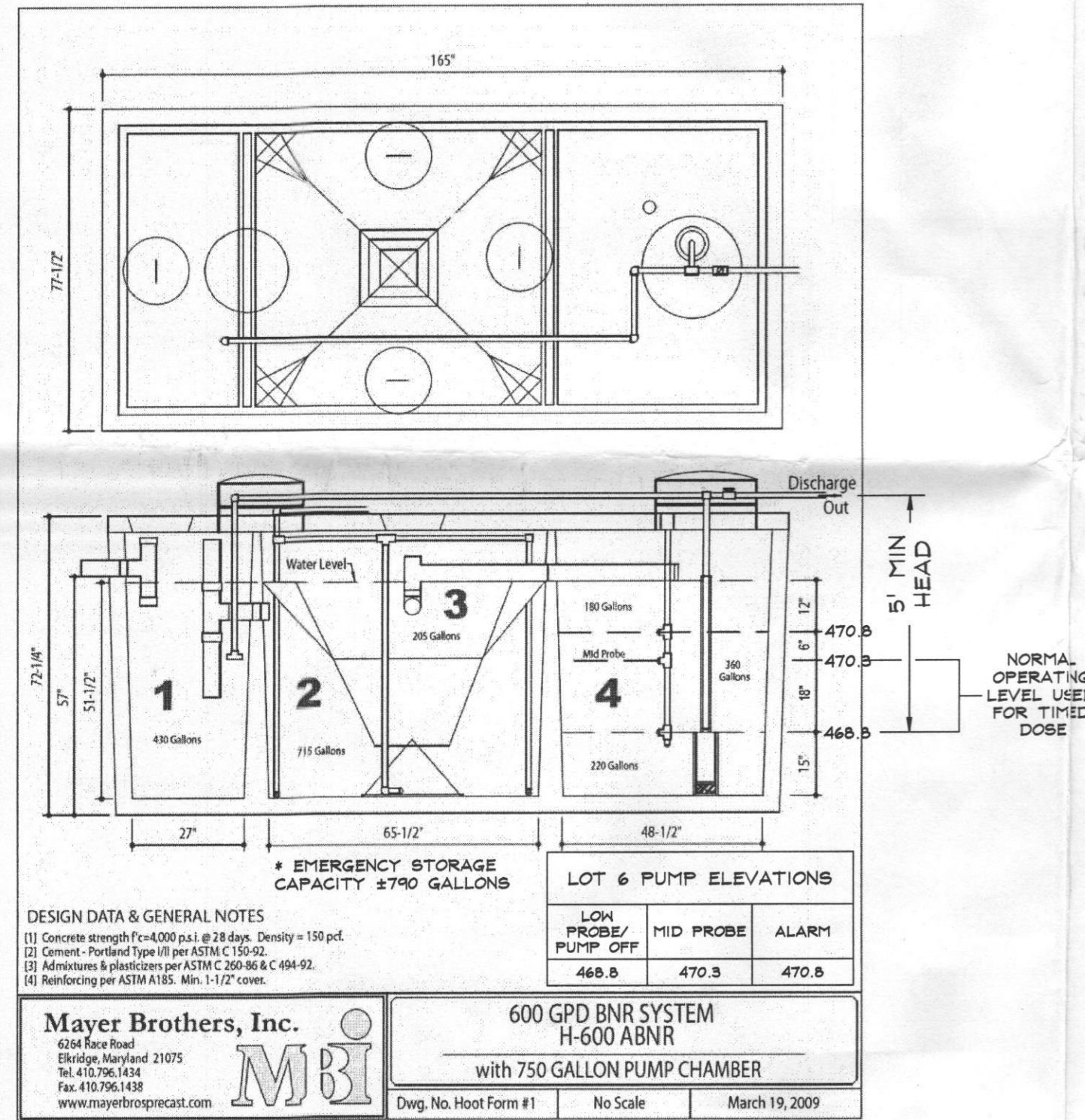
NOTE:
OPT. SIDE LOAD GARAGE I
OPT. (3) CAR GARAGE
(SEE DETAILS)

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- GENERAL NOTES**
1. BASE SQUARE FOOTAGE OF HOUSE: 3,486 SQ.FT.
 2. NUMBER OF BEDROOMS: 4
 3. EJECTOR PUMP NOT REQUIRED TO SEWER BASEMENT
 4. DRIVEWAY CULVERT IN NOT REQUIRED PER THE APPROVED ROAD DRAWINGS, F-08-139.
 5. THE SUBJECT PROPERTY IS ZONED RC-DEO PER THE 2/2/04 COMPREHENSIVE ZONING PLAN AND PER COMP-LITE ZONING REGULATIONS DATED 7/28/06.
 6. PLAT REFERENCE: #21359
 7. BASE INFORMATION SHOWN ON THIS PLAN IS SHOWN PER THE APPROVED FINAL PLAN, F-08-139 PREPARED BY FISHER, COLLINS AND CARTER INC. AND DATED 12/17/08.
 8. SEE ARCHITECTURAL PLANS FOR BUILDING DIMENSIONS AND DESIGN DETAILS. PRIOR TO STAKEOUT FOR CONSTRUCTION, IT SHALL BE THE OWNER/BUILDER'S RESPONSIBILITY TO PROVIDE DDC, INC. WITH THE MOST RECENT SET OF HOUSE PLANS.
 9. THE CONTRACTOR OR DEVELOPER SHALL NOTIFY THE DEVELOPMENT OF PUBLIC WORKS / BUREAU OF ENGINEERING / CONSTRUCTION INSPECTION DIVISION AT (410)313-1881 AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE START OF WORK.
 10. THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800-257-7777 AT LEAST FORTY-EIGHT (48) HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
 11. TOTAL LIMIT OF DISTURBANCE: 20,736 SQ. FT. / 0.48 AC.
 12. STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED PER THE PREVIOUSLY APPROVED FINAL PLAN (F-08-139).
 13. ANY DAMAGE TO PUBLIC "RIGHT-OF-WAYS" OR PAVED PUBLIC ROADS SHALL BE REPAIRED IMMEDIATELY AT THE CONTRACTORS EXPENSE IN ACCORDANCE WITH THE HOWARD COUNTY STANDARDS AND SPECIFICATIONS.
 14. DEVIATIONS FROM THESE PLANS AND SPECIFICATIONS WITHOUT PRIOR WRITTEN CONSENT OF THE CIVIL ENGINEER (DDC, INC.) MAY CAUSE THE WORK TO BE UNACCEPTABLE.
 15. THE DIMENSIONED DISTANCES SHALL GOVERN IF SCALED AND DIMENSIONED DISTANCES ON THIS PLAN ARE FOUND TO BE IN DISAGREEMENT.
 16. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM LOT AREA AND OWNERSHIP WIDTH AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
 17. THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQ.FT. AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 18. EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL AREAS WITHIN 100' OF THE PROPERTY AND THOSE WELLS WITHIN 200' DOWN GRADIENT OF EXISTING OR PROPOSED SEPTIC SYSTEMS OR SEWAGE DISPOSAL AREAS HAVE BEEN SHOWN.
 19. ANY CHANGES TO A PRIVATE SEWAGE AREA SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
 20. UPON BUILDING PERMIT REVIEW THE SEPTIC SYSTEMS OF ALL PROPOSED STRUCTURES AND OR EXISTING STRUCTURE EXPANSIONS SHALL BE RE-EVALUATED TO DETERMINE SUFFICIENT SYSTEM CAPACITY.
 21. THE DEVELOPMENT OF THIS LOT DOES NOT REQUIRE AN ENVIRONMENTAL CONCEPT PLAN SINCE STORMWATER MANAGEMENT WAS PREVIOUSLY APPROVED UNDER F-08-139.
 22. AT ANY TIME IN THE FUTURE THAT A BUILDING PERMIT IS SUBMITTED TO FINISH THE AREA CURRENTLY IDENTIFIED AS OPTIONAL DEN, THEN A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED AS FINISHING THE OPTIONAL DEN CREATES A FIFTH BEDROOM PER HOWARD COUNTY CODE 3.80(B).



- SEPTIC SYSTEM/BEST AVAILABLE TECHNOLOGY (BAT) NOTES:**
1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 2. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET.
 3. THE BLOWER MAY NOT BE LOCATED MORE THAN 10 FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
 4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
 5. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
 6. WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE MARYLAND DEPARTMENT OF THE ENVIRONMENT (MDE) IN A MANNER ACCEPTABLE TO MDE, THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
 7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
 8. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
 9. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.



TOTAL DYNAMIC HEAD CALCULATIONS

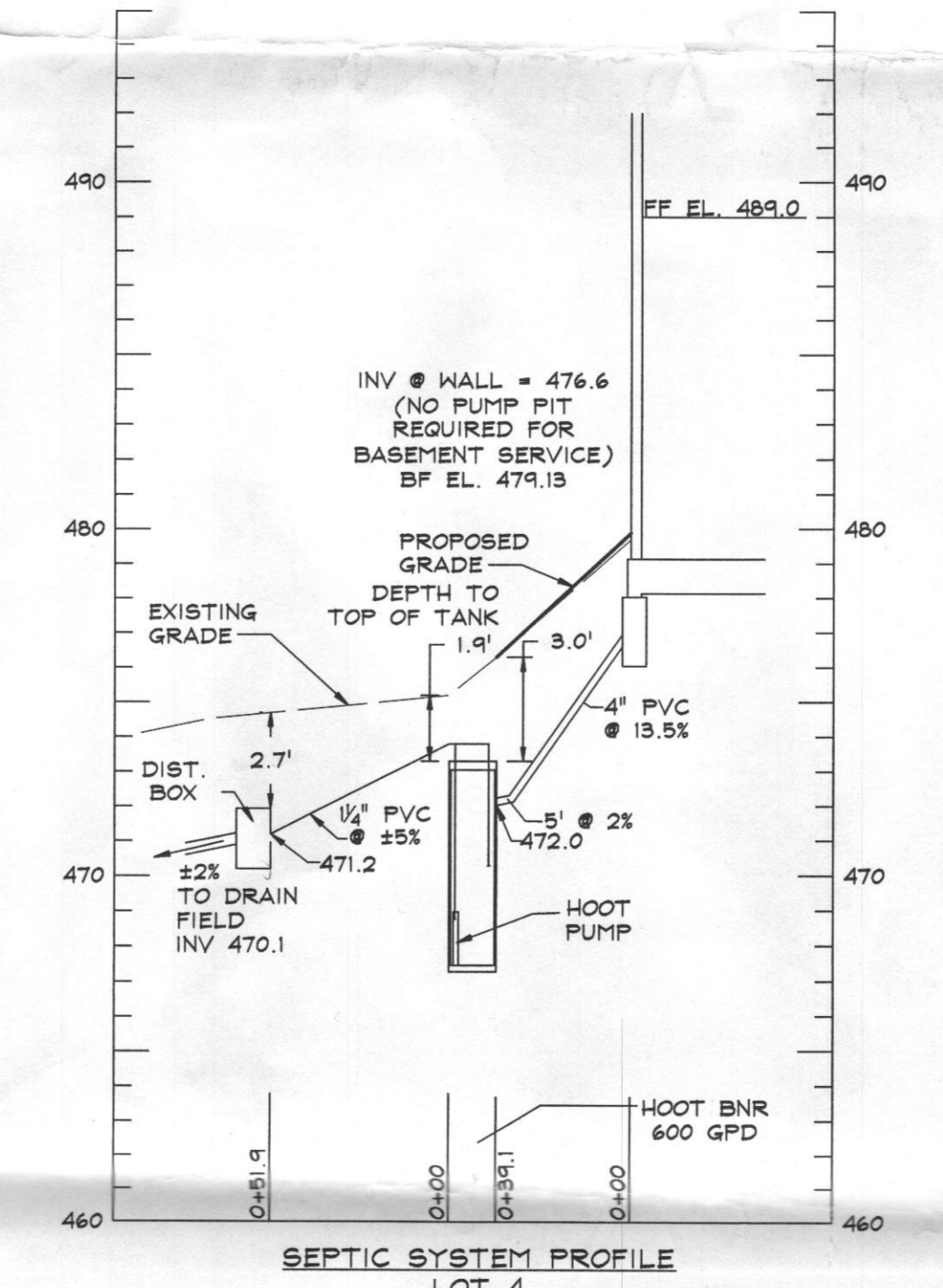
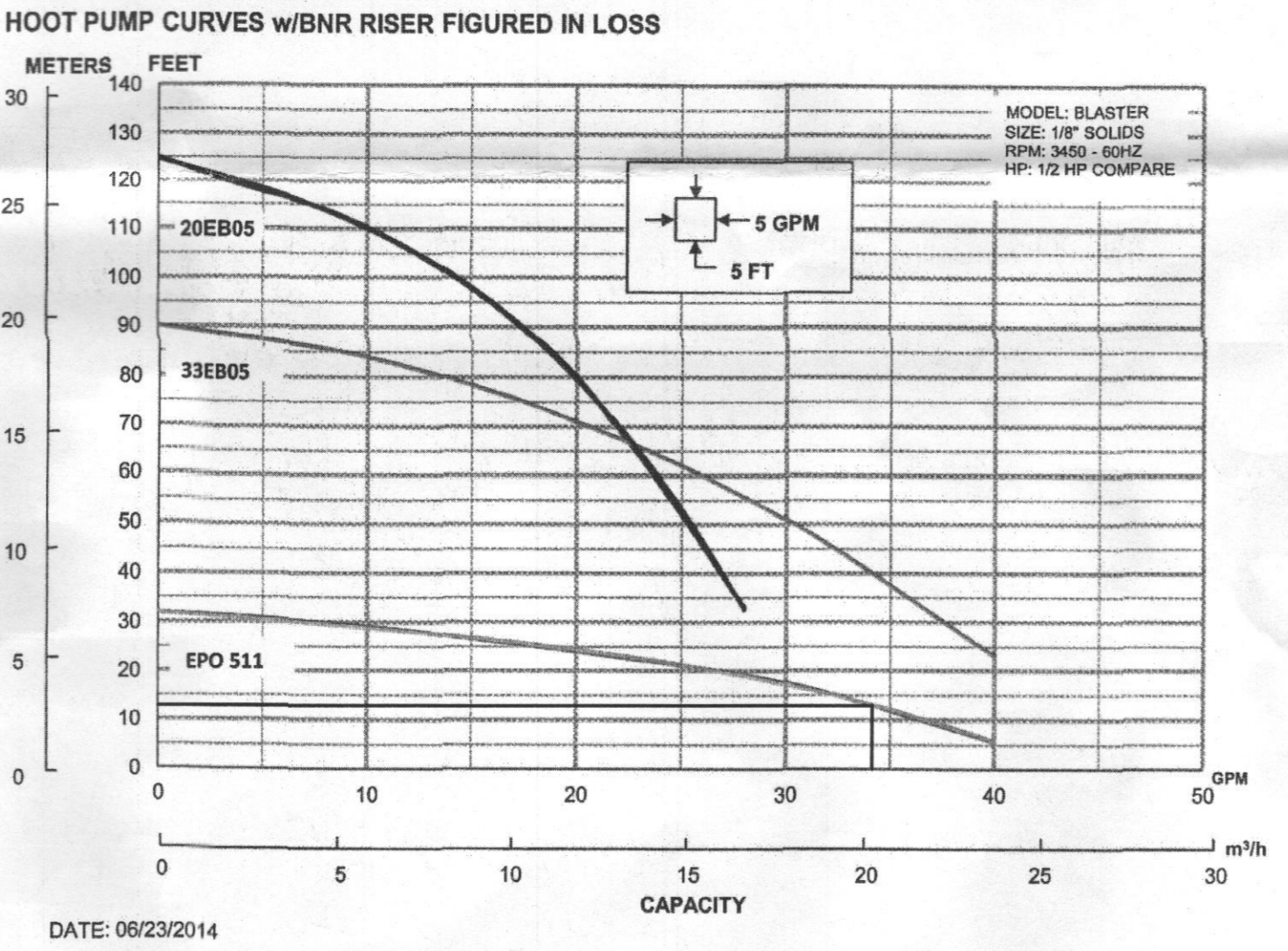
STATIC HEAD	5.0'
FRICITION HEAD	8.9'
DISTAL END HEAD	0'
TOTAL DYNAMIC HEAD	13.9'
GALLONS PER MINUTE	34.0 GPM
DOSE	68 GAL
PUMP RUN TIME	2.0 MIN

FRICITION HEAD

FITTINGS	13.8'
LENGTH OF PVC PIPE	+ 51.9'
TOTAL LENGTH	65.7'
65.7'/100 x 19.62 = 8.9' TOTAL FRICTION LOSS	

TOTAL HEAD

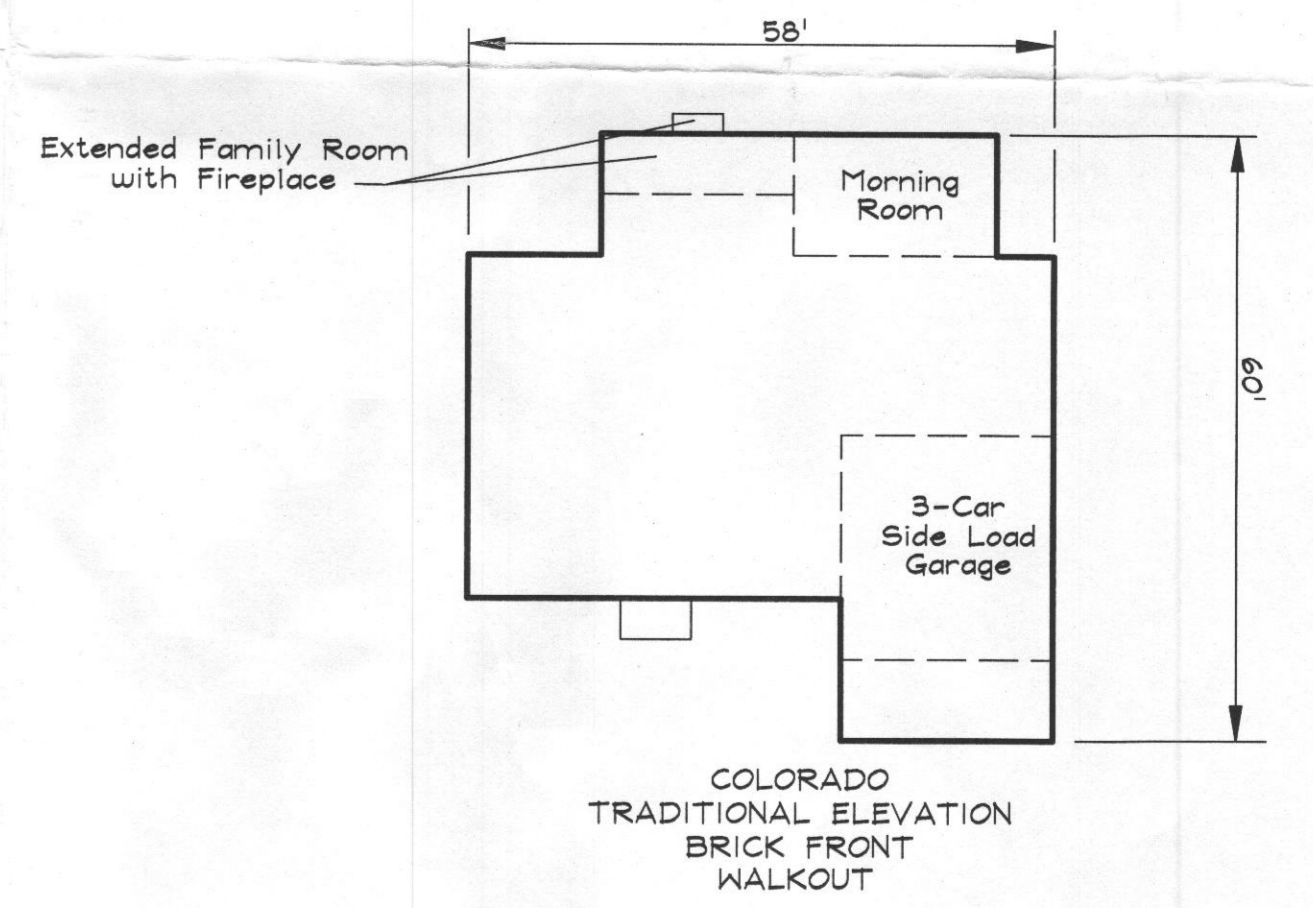
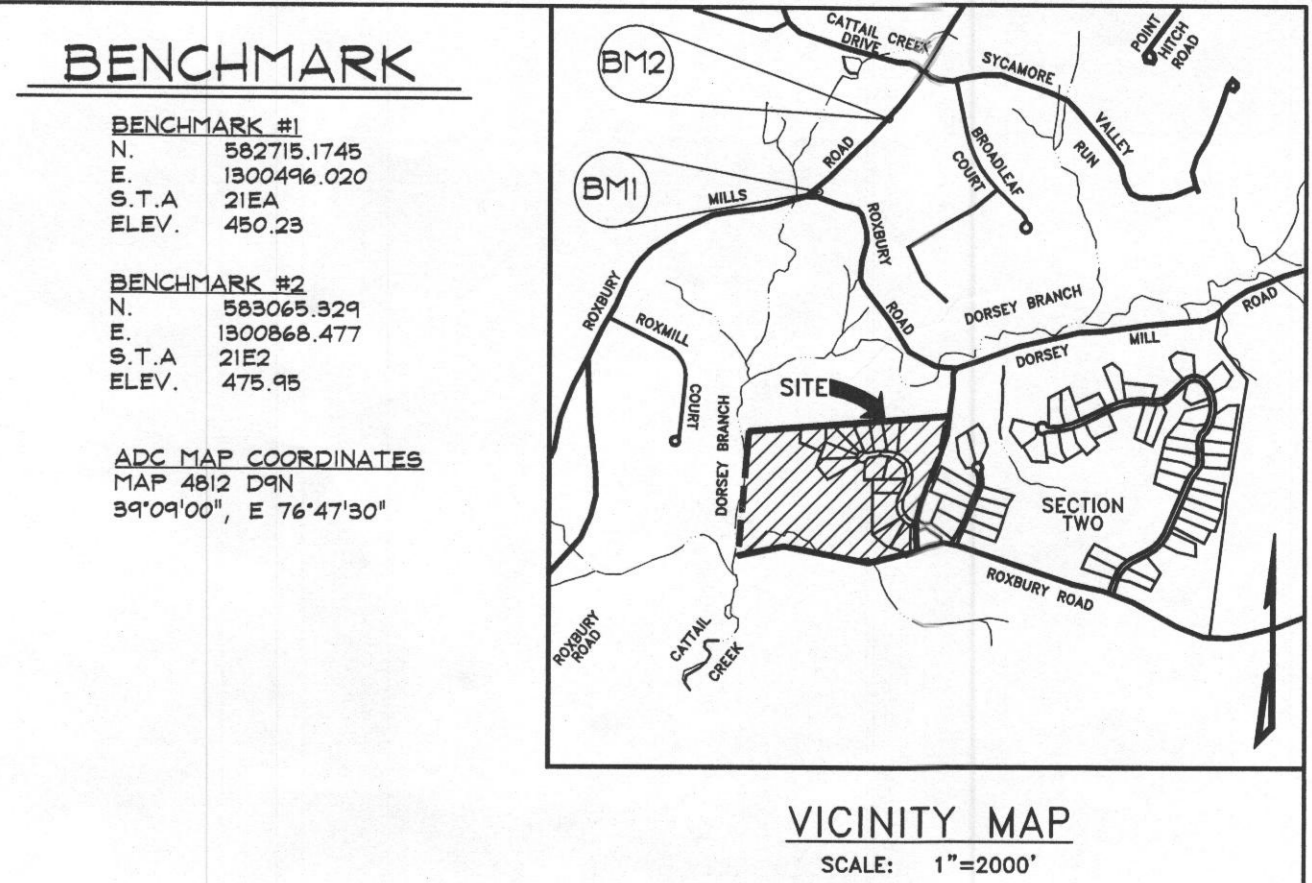
VERTICAL ELEVATION CHANGE	5.0'
TOTAL FRICTION LOSS	8.9'
SYSTEM PRESSURE REQUIREMENTS	+ 0.0'
TOTAL DYNAMIC HEAD	13.9'



LOT 4 SYSTEM TRENCH SPECIFICATIONS

	GROUND ELEVATION	INVERT ELEVATION	BOTTOM ELEVATION
INITIAL SYSTEM TRENCH A (52')	474.1	470.1	468.1
INITIAL SYSTEM TRENCH B (52')	472.5	468.5	466.5
INITIAL SYSTEM TRENCH C (52')	473.90	469.9	467.9
INITIAL SYSTEM TRENCH D (52')	472.1	468.1	466.1
FIRST REPLACEMENT TRENCH A (52')	471.3	467.3	465.3
FIRST REPLACEMENT TRENCH B (52')	469.80	465.8	463.8
FIRST REPLACEMENT TRENCH C (52')	470.10	466.1	464.1
FIRST REPLACEMENT TRENCH D (52')	468.3	464.3	462.3

- SEWAGE DISPOSAL SYSTEM DATA (4 BEDROOM):**
1. INVERT @ FOUNDATION WALL: 476.6
 2. 600 GPD BNR SYSTEM W/ 750 GALLON PUMP CHAMBER EX. GRADE OVER TANK: 476.3 PROPOSED GRADE OVER TANK: 476.3
 3. DISTRIBUTION BOX EX. PROPOSED GRADE OVER TANK: 474.2 INVERT: 471.5
 4. TRENCH DESIGN (4 BDRM x 150 GPD/BDRM = 600 GPD) INITIAL SYSTEM 600 GPD / 0.8 GPD/SF (APP. RATE) = 750 SF USE 3' WIDE TRENCH W/ 1/2" OF GRAVEL BELOW PIPE 750 SF / 3' WIDTH = 250 LF x 0.83 = 208 LF MIN. TRENCH 10' MIN SPACING BETWEEN TRENCH EDGES
- USE 4 - 52' LONG TRENCH FOR INITIAL SYSTEM
 USE 4 - 52' LONG TRENCH FOR FIRST REPLACEMENT SYSTEM
 USE 4 - 52' LONG TRENCH FOR SECOND REPLACEMENT SYSTEM



DDC
 Development Design Consultants

Planners
 Surveyors
 Engineers
 Landscape Architects

192 East Main Street
 Westminster, MD 21157
 410.386.0560
 410.386.0564 (Fax)
 DDC@DDCinc.us
 www.DDCinc.us

OWNER:
 K. HOVANNIAN HOMES
 1802 BRIGHTSEAT ROAD
 LANDOVER, MD 20786
 (301)888-6288

BUILDER:
 K. HOVANNIAN HOMES
 1802 BRIGHTSEAT ROAD
 LANDOVER, MD 20786
 (301)888-6288

SITE ADDRESS:
 18052 DOUBLE BRIDGES COURT
 GLENWOOD, MD 21738

Approved Septic System Plan
 Howard County Health Department
 Hoot CEO BNR
 To Gravity Drainfield
 Backus
 Signature 5/6/2015
 Date
 B15001199
 15052 Double Bridges Ct

Professional Certification:
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 27202, Expiration Date: 01/28/18

04/28/15
 DATE

PAUL G. CAVANAUGH
 PROFESSIONAL ENGINEER

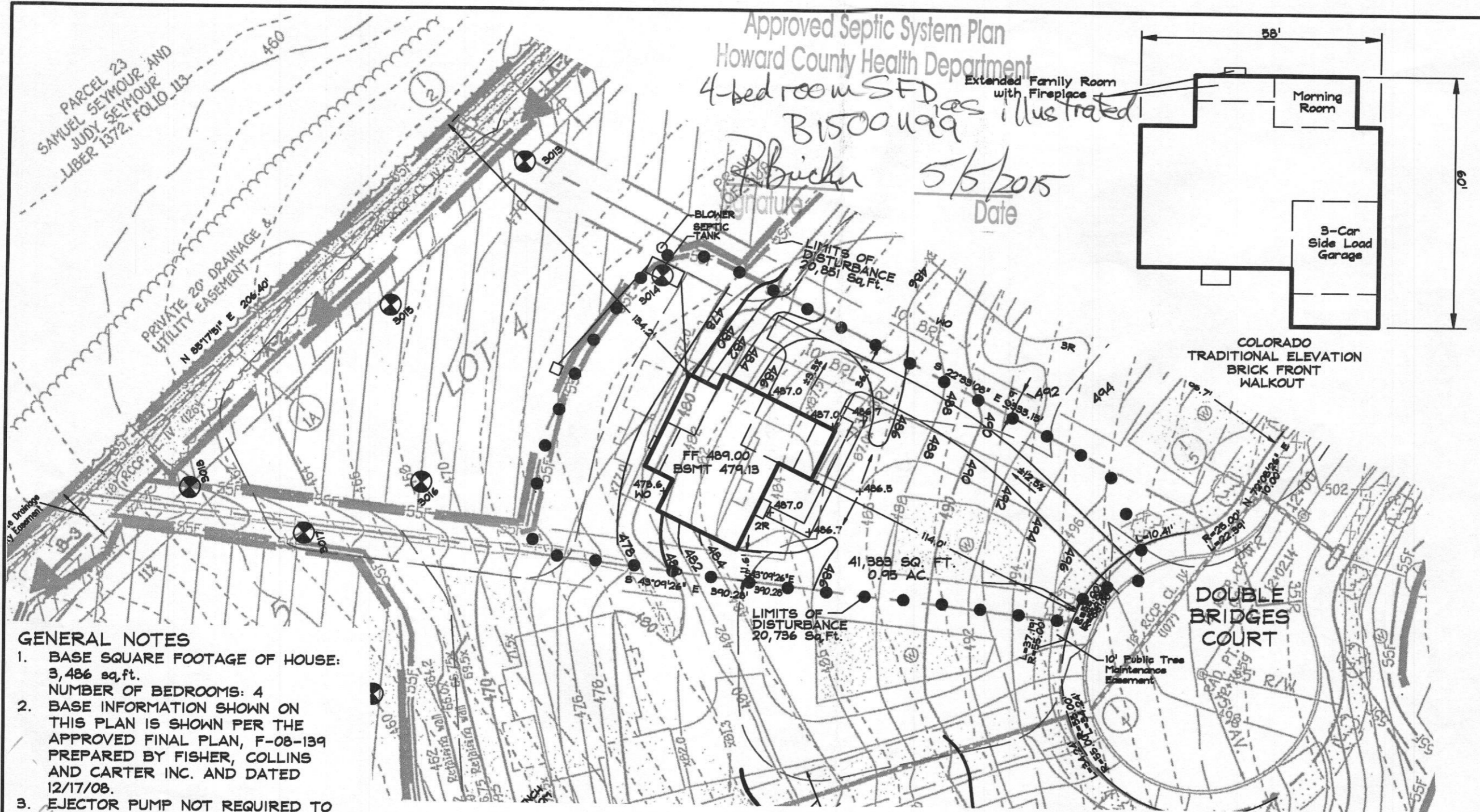
MERIWETHER FARM
 LOT 4

**SITE PLAN FOR
 BAT INSTALLATION**

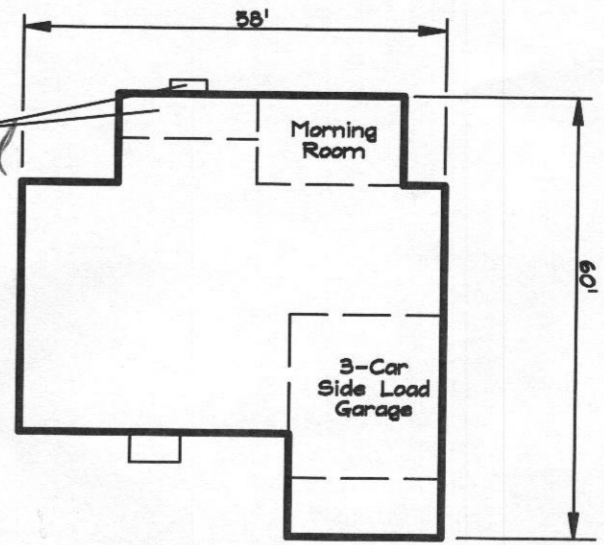
4TH HOWARD COUNTY

NO.	DESCRIPTION OF CHANGES	DRN.	REV.	DATE
CO. FILE # F-08-139	DES. BY: BKC			
TAX ACC. #: 1404375173	DRN. BY: BKC			
TAX MAP: 21	CHK. BY: BKC			
BLOCK / GRID: 21	DATE: 04/28/2015			
PARCEL #: 24	DDC JOB#: 13085.1			
ZONE / USE: RC-DEO	SHEET NUMBER:			
DWG. SCALE: 1"=30'	1 of 1			

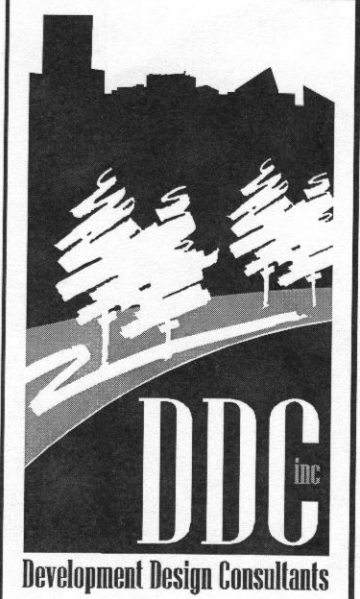
B15001199



Approved Septic System Plan
 Howard County Health Department
 4-bed room SFD as illustrated
 B15001199
 B. Bicker 5/5/2015
 Date



- GENERAL NOTES**
1. BASE SQUARE FOOTAGE OF HOUSE: 3,486 sq.ft.
NUMBER OF BEDROOMS: 4
 2. BASE INFORMATION SHOWN ON THIS PLAN IS SHOWN PER THE APPROVED FINAL PLAN, F-08-139 PREPARED BY FISHER, COLLINS AND CARTER INC. AND DATED 12/17/08.
 3. EJECTOR PUMP NOT REQUIRED TO SEWER BASEMENT
 4. PER F-08-139 A DRIVEWAY CULVERT IS NOT REQUIRED



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 DDC@DDCinc.us
 www.DDCinc.us

DDC JOB#:	13085.1
DATE:	04/28/2015
SCALE:	1" = 50'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	BKC

MERIWETHER FARM
 4TH ELECTION DISTRICT HOWARD COUNTY
 TAX MAP 21 PARCEL 24

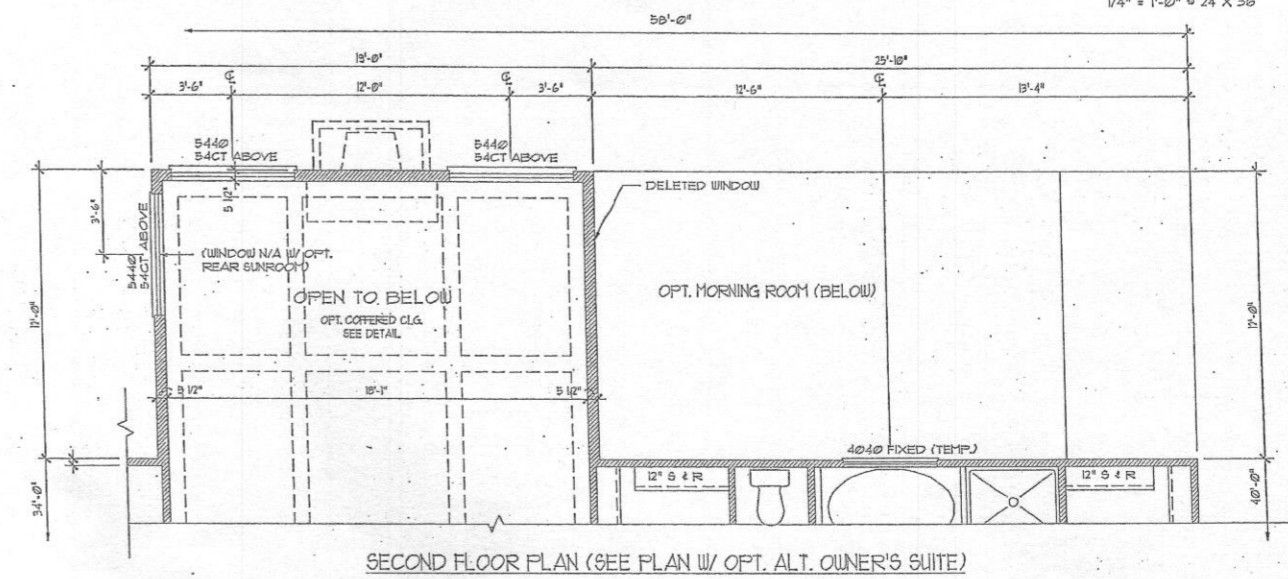
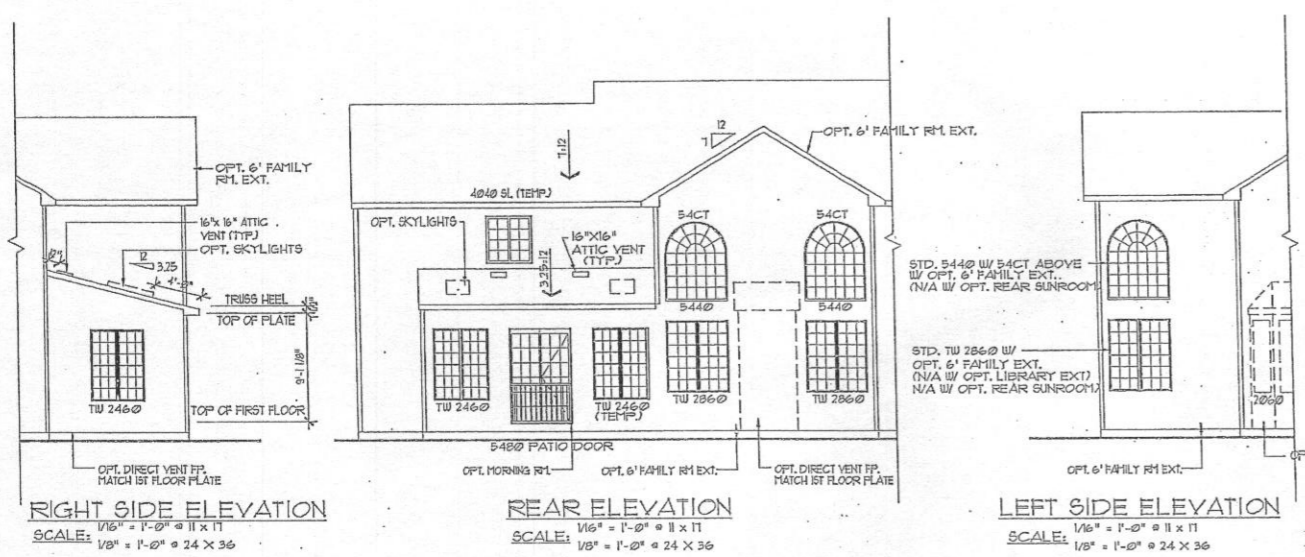
LOT 4
 15052 DOUBLE BRIDGES COURT
 GLENELG, MD 21737
 PLOT PLAN
 KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES
 1802 Brightseat Road
 Landover, Maryland 20785
 (301)683-6268

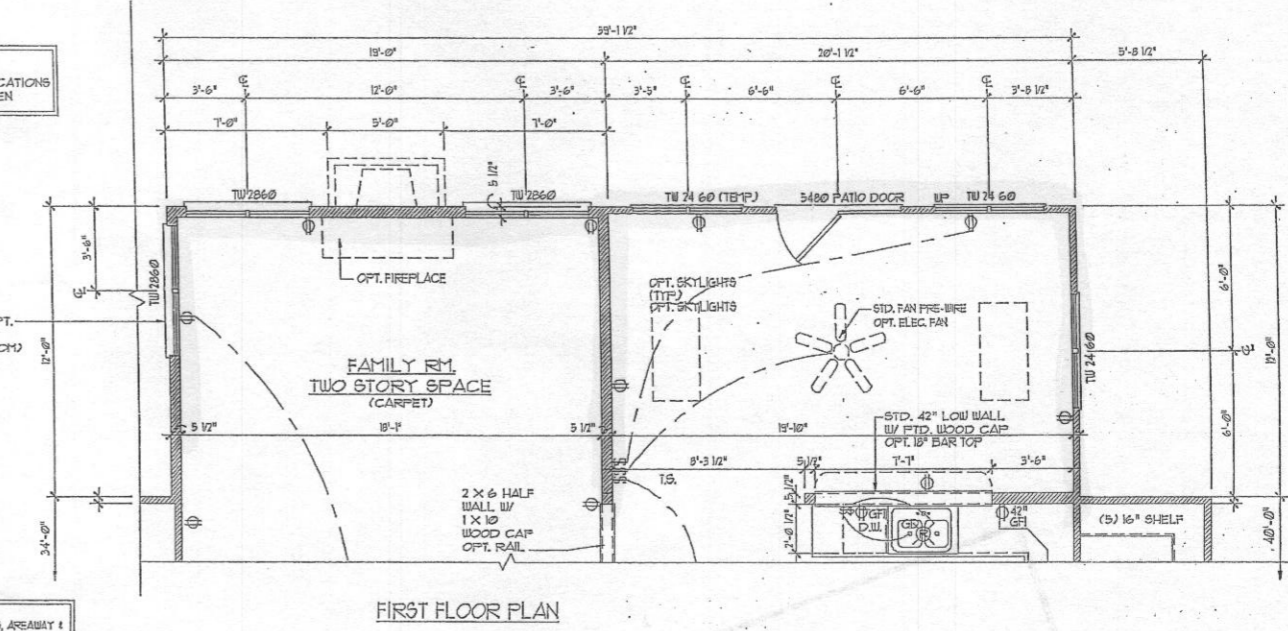
B15001199

SCALE:
 1/8" = 1'-0" @ 11 x 17
 1/4" = 1'-0" @ 24 X 36

SHEET NUMBER	6G
SCALE	
DRAWN BY	AC_AJH
DATE	5-6-99
REVISION	
REVISION	
REVISION	
REVISION	
REVISION	
REVISION	

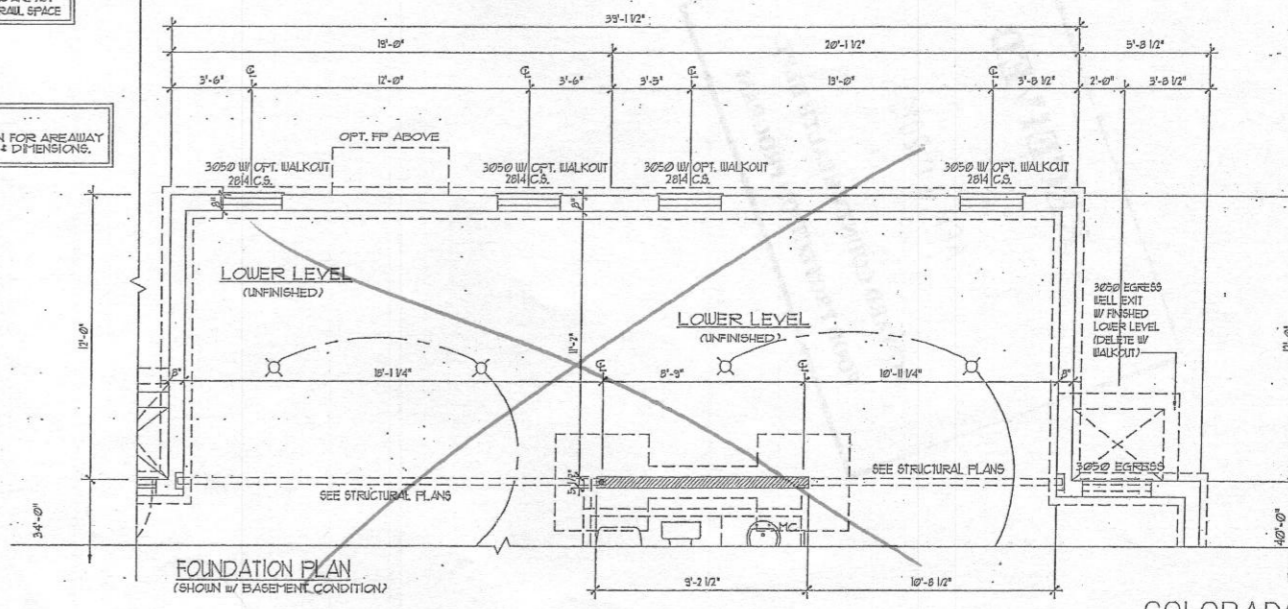
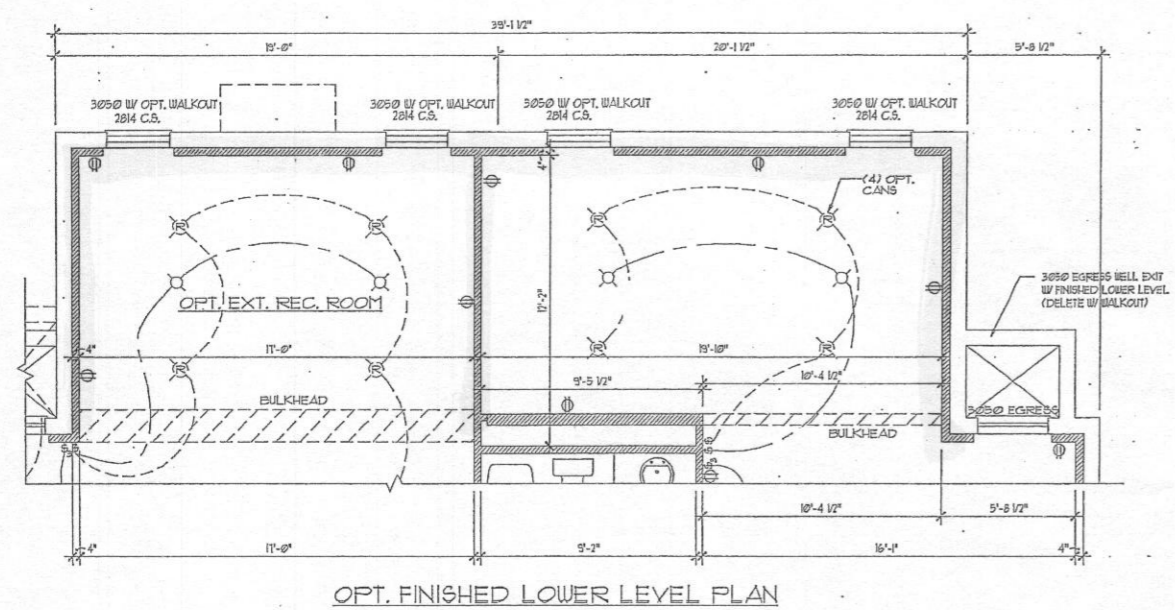


NOTE:
 SEE MANUFACTURER'S SPECIFICATIONS
 FOR EXACT LAYOUT OF KITCHEN



NOTE:
 WINDOWS, DOORS, AREAWAY &
 WALKOUT OPTIONS ARE NOT
 AVAILABLE W/ CRAWL SPACE

NOTE:
 SEE PLAN FOR AREAWAY
 DETAILS & DIMENSIONS.



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MODEL: COLORADO
 SET #

REVISION DATE REV.# REMARKS

05G	11-27-01	055-01	2006 ISC CONVERSION
06G	07-14-01	055-01	055-01
07G	12-27-01	055-01	055-01
08G	07-25-03	055-01	055-01