



# 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: 1/30/15

Permit No.: B15000394

Building Address: 2318 Meadowcroft Lane  
City: West Friendship State: MD Zip Code: 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: EP-15-047  
Census Tract: \_\_\_\_\_ Subdivision: Alkandoo Howard  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
Tax Map: 14 Parcel: 54 Grid: 12  
Zoning: RC DDP Map Coordinates: \_\_\_\_\_ Lot Size: 1.2 ac

Property Owner's Name: Spa Anna Shinn  
Address: 8751 Evening Bird Lane  
City: Lanham State: MD Zip Code: \_\_\_\_\_  
Phone: 410 977 2188 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: Viking Development Corp  
Address: 815 Woodville Dr  
City: Sykesville State: MD Zip Code: 21784  
Phone: 410 977 2188  
Email: Cary@vikingcustomhomes.com

Contractor Company: Viking Development Corp  
Contact Person: Cary Cumberland  
Address: 815 Woodville Dr  
City: Sykesville State: MD Zip Code: 21784  
License No.: 1185  
Phone: 410 977 2188 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: Radwicks  
Responsible Design Prof.: \_\_\_\_\_  
Address: 332 West Patrick Street  
City: Fredrick State: MD Zip Code: \_\_\_\_\_  
Phone: 301 415 7131 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: Vacant land  
Proposed Use: SFD  
Estimated Construction Cost: \$ 250,000  
Description of Work: 5 Bedroom 3.5 Bath 2 story  
UNFINISHED Basement

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>43</u>	<u>58</u>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <u>39</u>	<u>58</u>
Use group:	Basement: <u>43</u>	<u>58</u>
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units:	
Roadside Tree Project Permit #	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>61500031</u>	
Building Shell Permit Number:	

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.

Applicant's Signature: Cary Cumberland  
Email Address: Cary@vikingcustomhomes.com  
Title/Company: President

Print Name: Cary Cumberland  
Date: 1-30-15

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>5/14/15</u>	<u>Dana Beard</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>11477</u>



# 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: 6-18-15

Permit No.: B15-20156

Building Address: 2318 MEADOW TRL LN  
 City: West Friendship State: MD Zip Code: 21794  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Meadow View  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
 Tax Map: 111 Parcel: 51 Grid: 12  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.20

Property Owner's Name: JOEL SHINN  
 Address: 4751 Ewing Blvd LN  
 City: Friend State: MD Zip Code: 20782  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: JEREMY CLARKE  
 Address: PO Box 1253  
 City: Edwardsburg State: MD Zip Code: 21784  
 Phone: 410-300-1329 Fax: \_\_\_\_\_  
 Email: Jeremy@AppliedandApproved.com

Existing Use: SED  
 Proposed Use: 310 w/ proposed tree  
 Estimated Construction Cost: \$ 5000  
 Description of Work:  
Asst. to owner get original proposed tree

Contractor Company: TECH AIR  
 Contact Person: JOEL SHINN  
 Address: 1500 AND Cabin Center Dr  
 City: Dallimore State: MD Zip Code: 21227  
 License No.: 628164  
 Phone: 443-545-4393 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: owner  
 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:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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

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.

Applicant's Signature: Jeremy Clarke  
 Email Address: Jeremy@AppliedandApproved.com  
 Title/Company: owner

Print Name: Jeremy Clarke  
 Date: 6/16/15

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

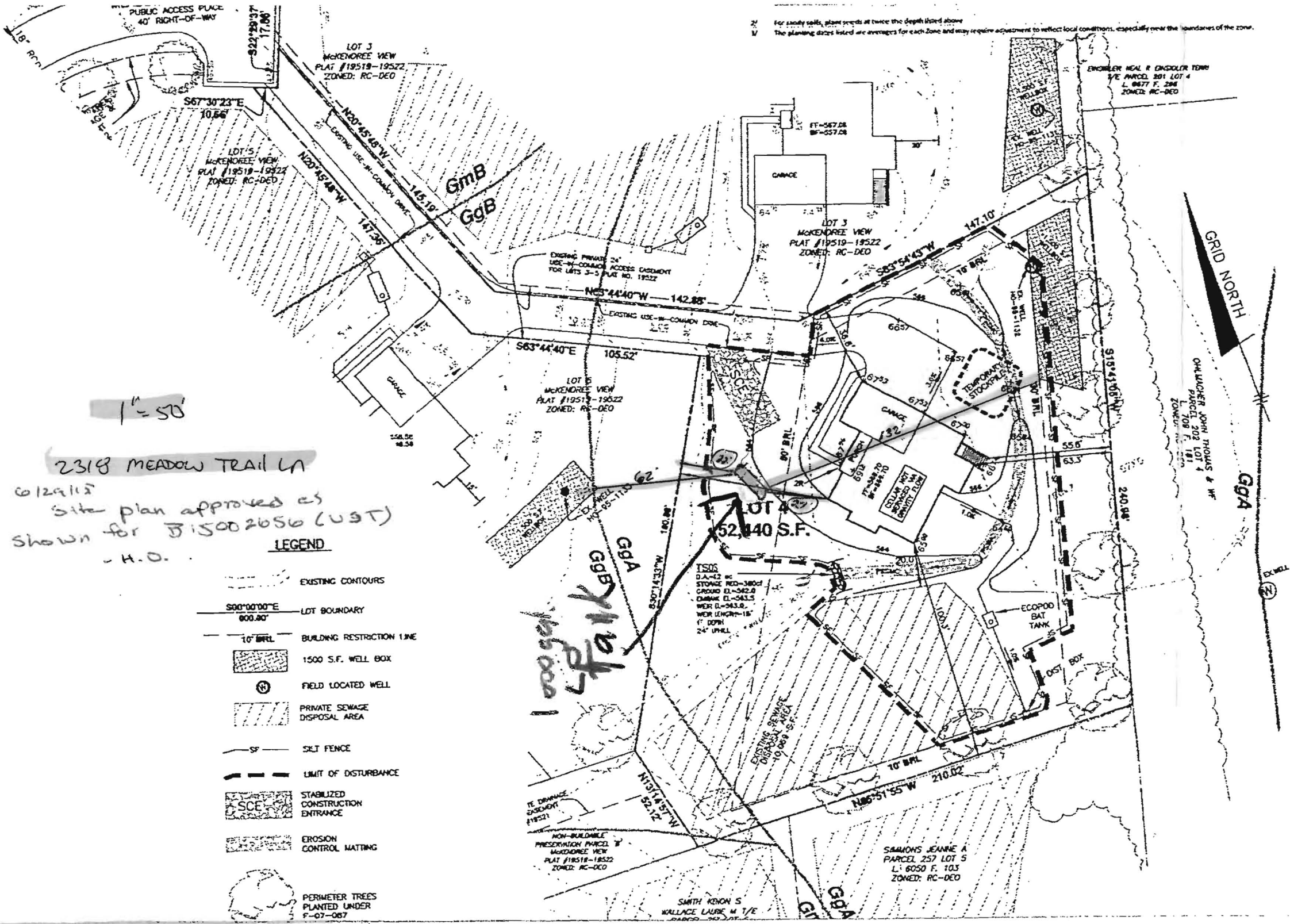
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/29/15</u>	<u>H. Oswell</u>

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	\$
Guaranty Fund	\$ <u>110</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>4478</u>
Check	#

- 8. SPOIL OF THE E
- 9. SEDIMENT CONTROL
- 10. STORAGE EXTENDED PRIVATELY



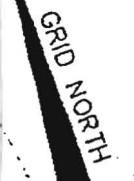
1" = 50'

2318 MEADOW TRAIL LA

6/29/15

Site plan approved as shown for 15002056 (U&T) - H.O.

- LEGEND**
- EXISTING CONTOURS
  - 500'00"00"E 600.00' LOT BOUNDARY
  - 10' BRL BUILDING RESTRICTION LINE
  - 1500 S.F. WELL BOX
  - FIELD LOCATED WELL
  - PRIVATE SEWAGE DISPOSAL AREA
  - SILT FENCE
  - LIMIT OF DISTURBANCE
  - STABILIZED CONSTRUCTION ENTRANCE
  - EROSION CONTROL MATTING
  - PERIMETER TREES PLANTED UNDER F-07-067



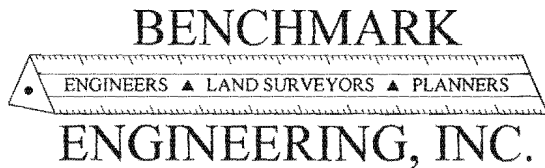
*1500 S.F. Well*

*1500 S.F. Well*

IS06  
D.A.-42 RC  
STORAGE 100-3800  
GROUND EL.-342.0  
DRAINAGE EL.-343.5  
WEIR LENGTH=18'  
1' DEPTH  
24" UPHILL

SMITHS JEANNE A  
PARCEL 257 LOT 5  
L: 6050 F. 10.3  
ZONED: RC-DEO

SMITH KENON S  
WALLACE LAURE M T/E



Christopher A. Malagari, P.E., President  
Donald A. Mason, P.E., L.S., Vice President

Ellicott City, MD  
410-465-6105 ~ 301-710-5686  
410-465-6644 FAX

April 10, 2015

Re: Building Permit #B15000394  
2318 Meadow Trail Lane  
West Friendship, Maryland 21794

Dana,

Below are responses to your BAT plan comments from your letter dated Feb 11, 2015:

1. The blower location has been shown in the plan view.
2. The location of the tank and the illustration profile were both previously shown and remain on the plan.
3. The septic profile was previously shown and remains on the plan. The septic line from the house to the tank has been revised to be at a 2.0% slope.

David Thompson  
Project Manager



Office of the Health Officer  
8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Face book: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

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DATE: February 11, 2015

TO: Mr. Cumberland  
Via-e-mail: [cary@vikingcustomhomes.com](mailto:cary@vikingcustomhomes.com)

RE: **Building Permit # B15000394**  
**2318 Meadow Trail Lane**  
**West Friendship, Maryland 21794**

Mr. Cumberland,

Further review is contingent upon submission of a revised Percolation Certification Plan and BAT plan showing the following: **(Note: Your BAT plan and Building plan must be prepared as separate documents. Your Building Plan and BAT plan must be approved before building permit release.)** Also please submit Floor plans to show that your proposed Septic System can accommodate the number of bedrooms proposed.

**BAT Plan must show the following:**

- Show location of blower on plan and an illustration profile of blower.
- Show the location of the tank on plan and an illustration profile for proposed BAT unit.
- Show an illustration of the septic profile. The connection from the house to the tank should have at least a 2% fall.

**Building Plan or Percolation Certification Plan must show the following:**

- Percolation testing holes must be shown with elevations and labeled correctly.
- Show location of blower on plan.
- Show the location of the tank.
- Show the existing well with well tag number and 2 proposed well replacements.
- Illustrate the location of the **initial absorption system** and a **replacement (s)** with **perforated pipe elevations**. The absorption system should show the exact amount of trench in equal lengths to accommodate the number of bedrooms.

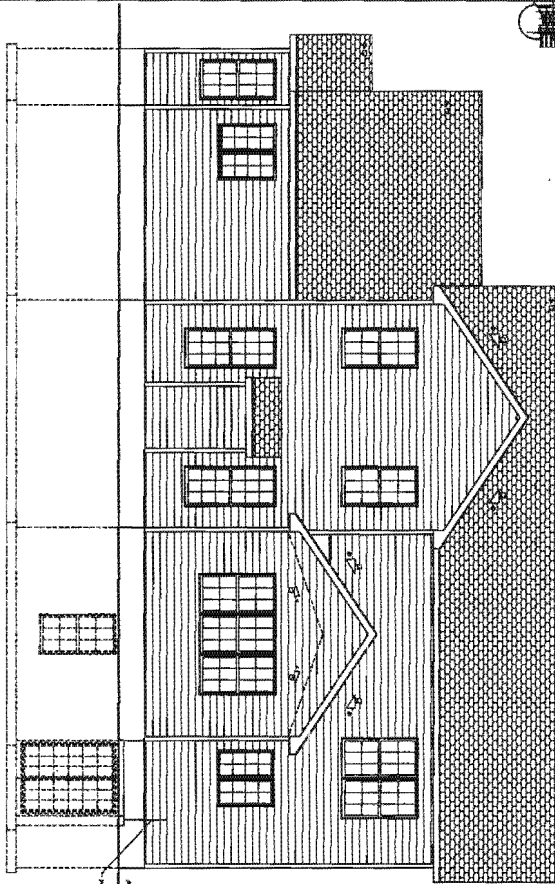
If you would like further guidance on the preparation of your plan, please give me call to discuss your plan. I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

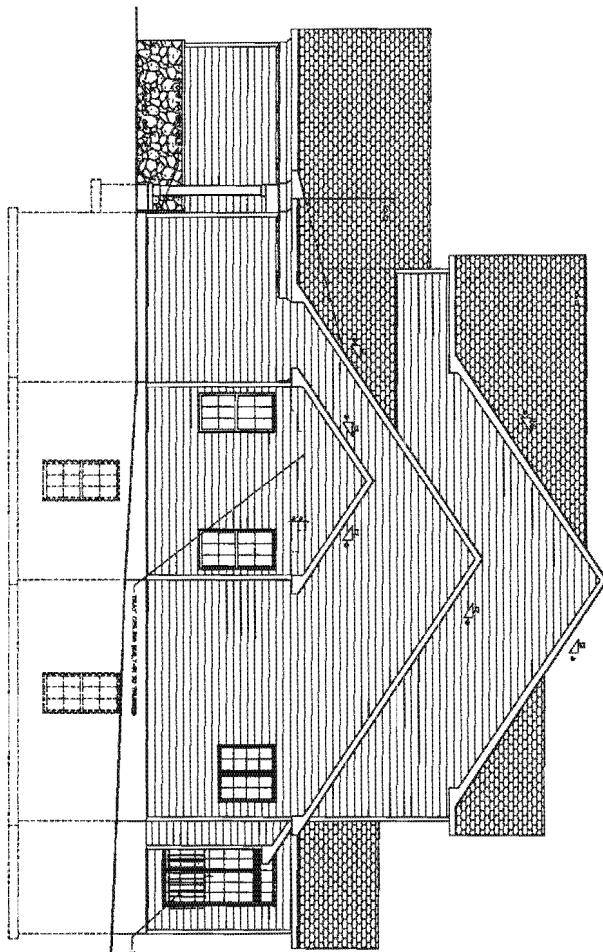
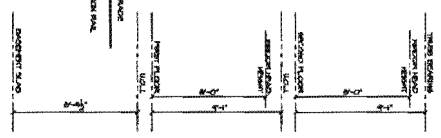
cc: Well & Septic program  
File





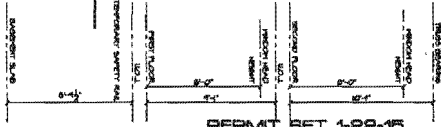
REAR ELEVATION

SCALE: 1/8"=1'-0"



RIGHT SIDE ELEVATION

SCALE: 1/8"=1'-0"



PERMIT BET 1-22-15

A-5

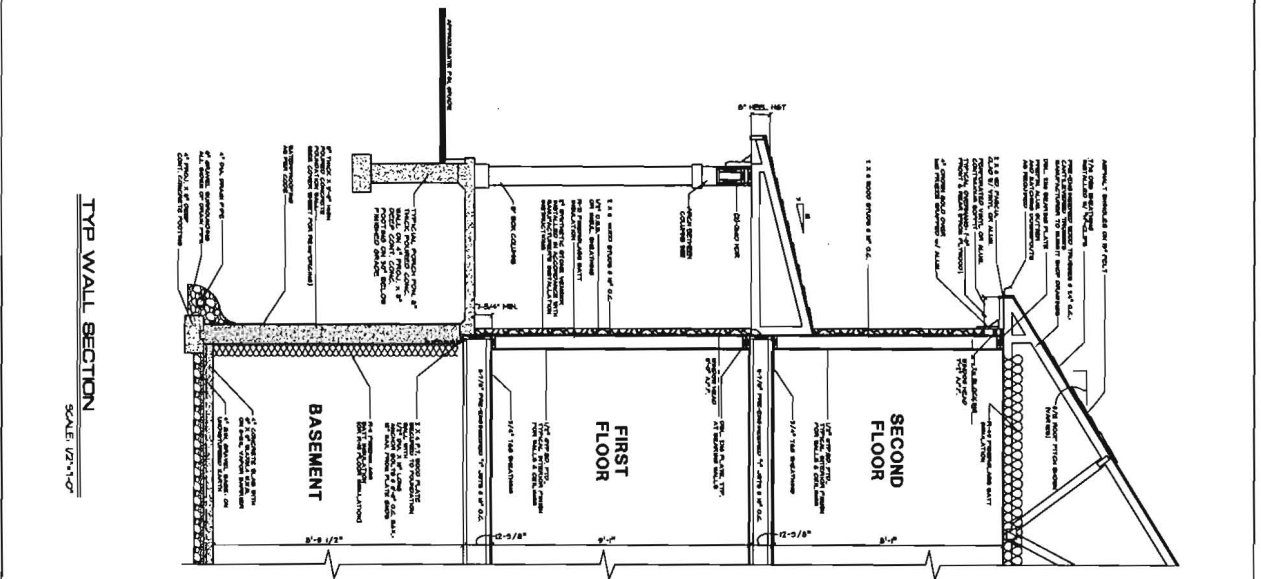
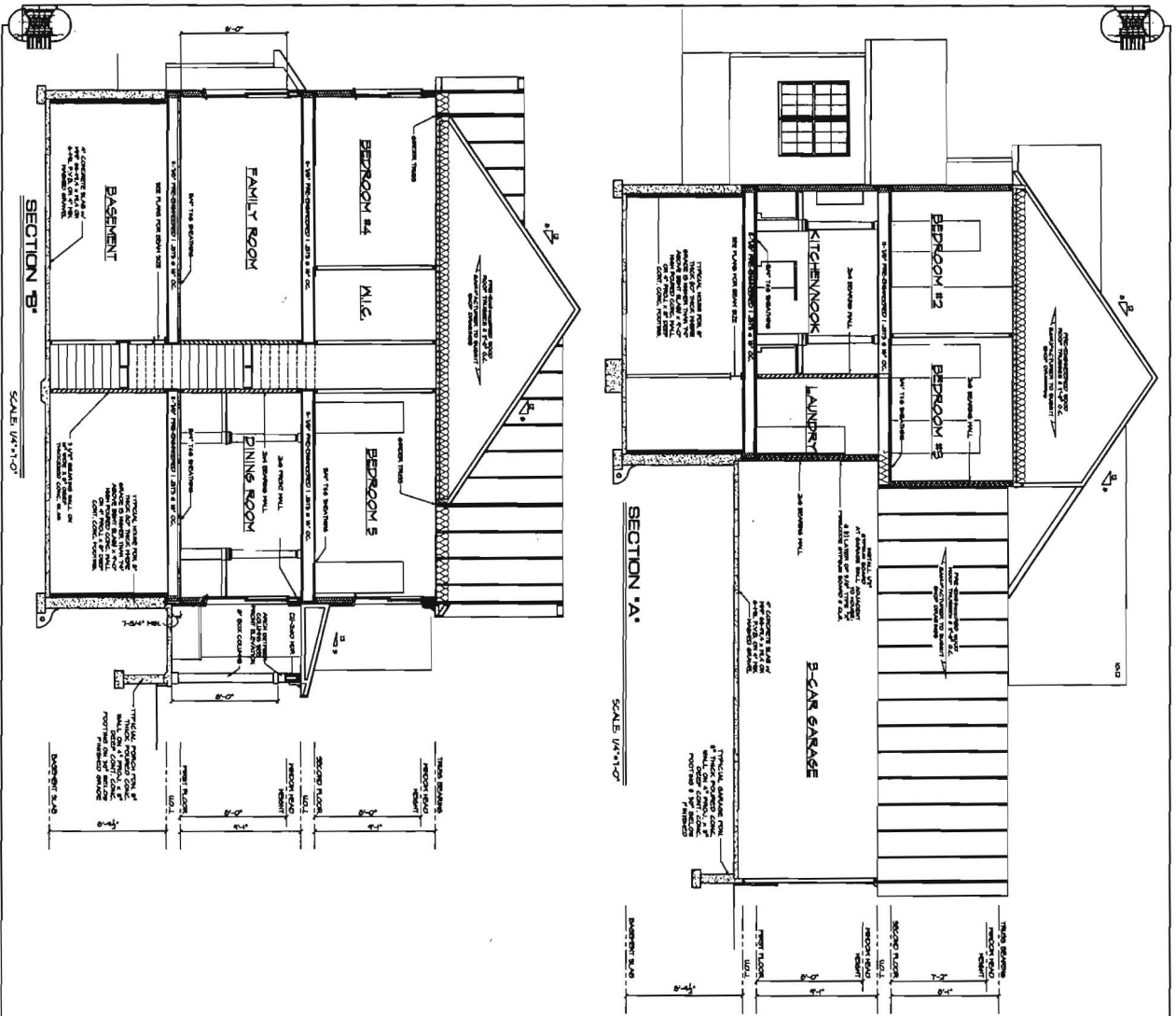
VIKING CUSTOM HOMES  
THE SHINN RESIDENCE  
HOWARD COUNTY, MD

REAR & RIGHT  
SIDE  
ELEVATIONS

SUBMITTALS	
DATE	REVISION
1-22-15	ISSUE FOR PERMIT
1-22-15	ISSUE FOR PERMIT

**cadworks**  
RESIDENTIAL DESIGN  
302 WALK PATRICK STREET / FARMERS, MD / 20741  
(4) 301.475.1515 (6) 301.475.1516  
(F) 301.475.1517 (E) 301.475.1518 (W) WWW.CADWORKS.NET

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PERMIT SET 1-22-15

VIKING CUSTOM HOMES  
THE SHINN RESIDENCE

HOWARD COUNTY, MD

SECTIONS

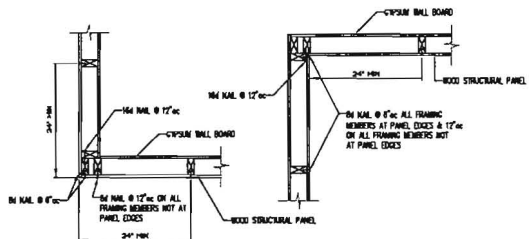
SUBMITTALS

NO.	DESCRIPTION	DATE
1	FOUNDATION	
2	ROOFING	
3	EXTERIOR WALLS	
4	INTERIOR WALLS	
5	FLOORING	
6	CEILING	
7	MECHANICAL	
8	ELECTRICAL	
9	PAINT	
10	GLASS	
11	IRONWORK	
12	STEEL	
13	CUPBOARD	
14	STAIRS	
15	WOODWORK	
16	ROOFING	
17	MECHANICAL	
18	ELECTRICAL	
19	PAINT	
20	GLASS	
21	IRONWORK	
22	STEEL	
23	CUPBOARD	
24	STAIRS	
25	WOODWORK	

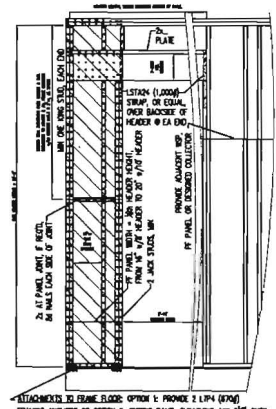
**cadworks**  
RESIDENTIAL DESIGN  
800 WEST PATRICK STREET / FREDERICK, MD / 20704  
TEL: 301-441-1111 FAX: 301-441-1112  
WWW.CADWORKS.NET

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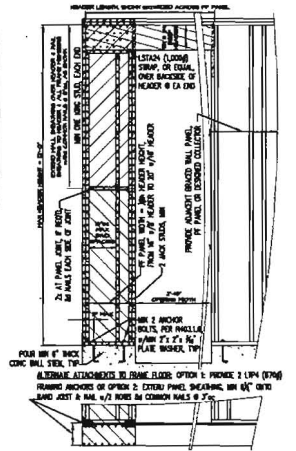
A-6



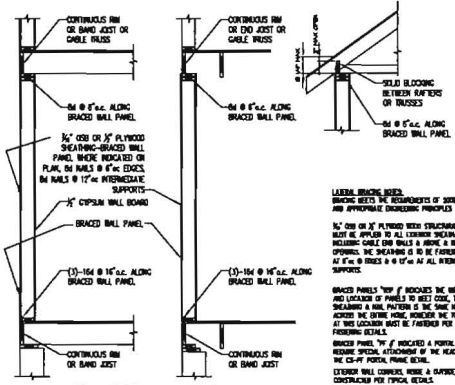
TYPICAL EXTERIOR CORNER DETAIL FOR CONTINUOUS SHEATHING - CS-WSP  
SCALE 1" = 1'-0"



CS-PF - PORTAL FRAME  
NTS

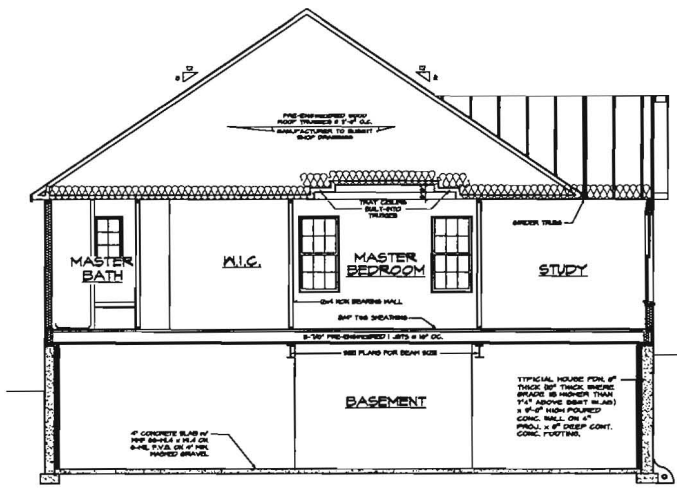


PFG - PORTAL FRAME AT GARAGE  
SCALE NTS

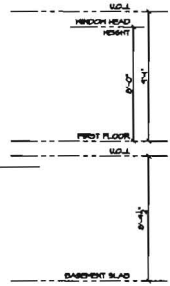


WSP FASTENING DETAILS  
DETAIL APPLIES ONLY WHERE INDICATED ON PLAN. TOP OF SCALE 1/4" = 1'-0"

LATERAL BRACE DETAILS



SECTION 'C'



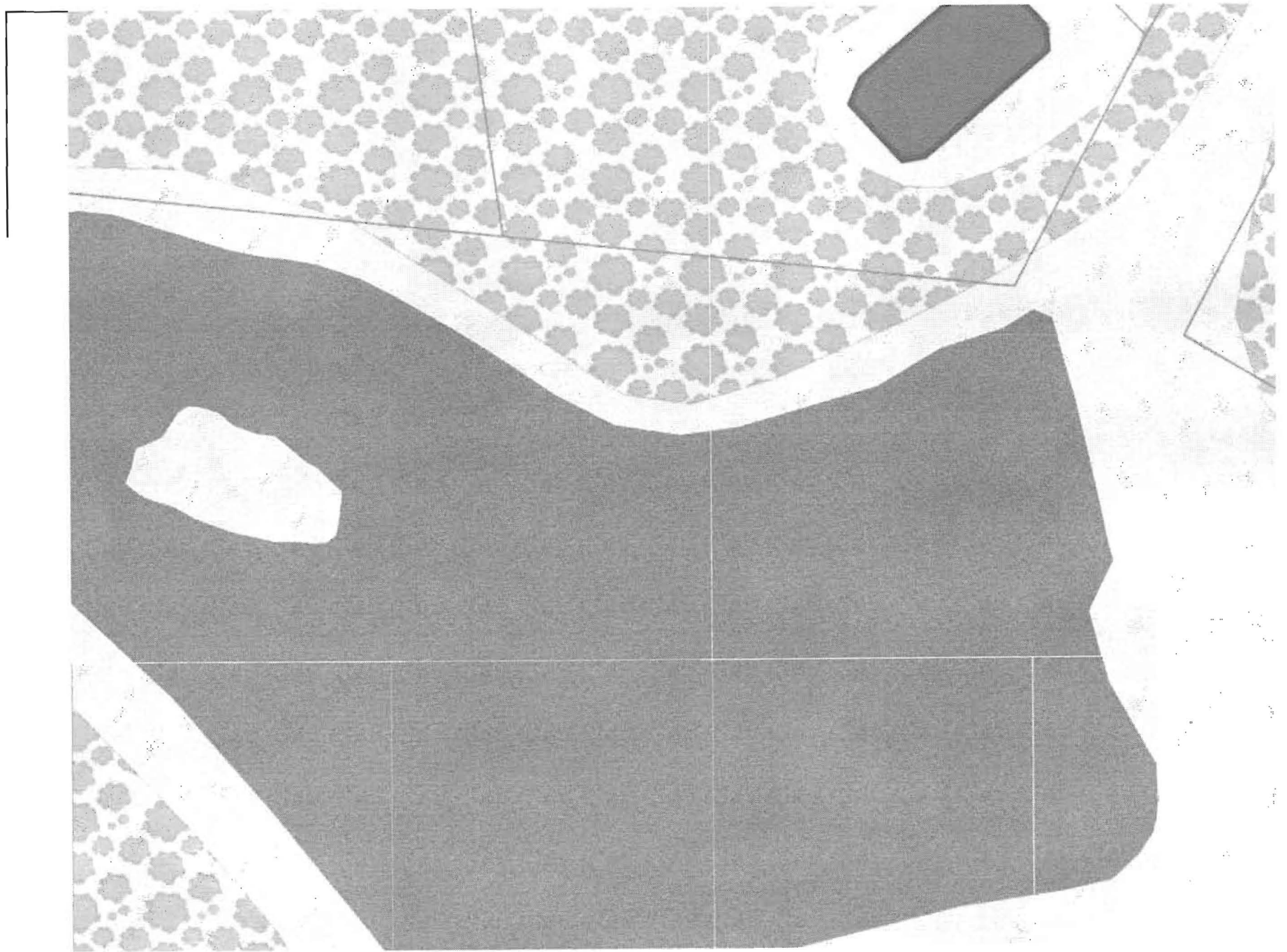
SHEETS	
NO.	DESCRIPTION
1	FOUNDATION
2	FLOOR PLAN
3	SECTION 'C'
4	WALL BRACE
5	WSP FASTENING
6	PORTAL FRAME
7	ROOF
8	MECHANICAL
9	ELECTRICAL
10	FINISH

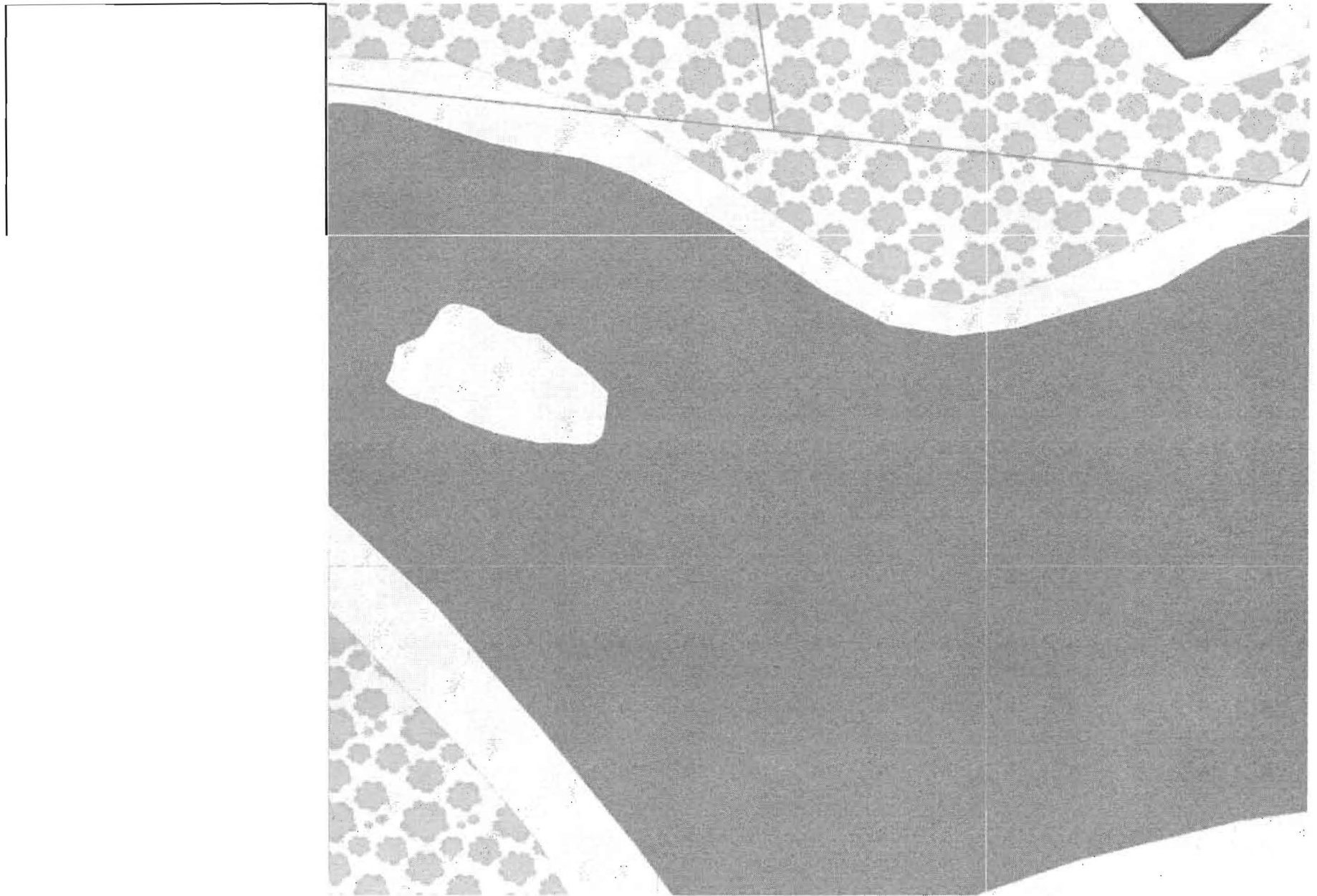
SECTION 'C'  
LATERAL BRACE  
DETAILS

PERMIT SET 1-22-15

VIKING CUSTOM HOMES  
THE SHINN RESIDENCE  
HOWARD COUNTY, MD

SHEET NO.  
A-7





**GENERAL NOTES**

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODES AND ALL APPLICABLE LOCAL ORDINANCES.
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPLICABLE AGENCIES.
3. ALL MATERIALS AND WORKMANSHIP SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE APPLICABLE AGENCIES.
4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.
5. ALL UTILITIES SHALL BE LOCATED AND MARKED PRIOR TO CONSTRUCTION.
6. THE CONTRACTOR SHALL BE RESPONSIBLE FOR PROTECTING ALL UTILITIES AND ADJACENT PROPERTIES.
7. ALL EXCAVATIONS SHALL BE PROTECTED AND SHORED AS REQUIRED.
8. ALL FOUNDATION WORK SHALL BE COMPLETED PRIOR TO THE START OF SUPERSTRUCTURE CONSTRUCTION.
9. THE CONTRACTOR SHALL MAINTAIN RECORDS OF ALL CONSTRUCTION ACTIVITIES.
10. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.

**FOUNDATION CHART**

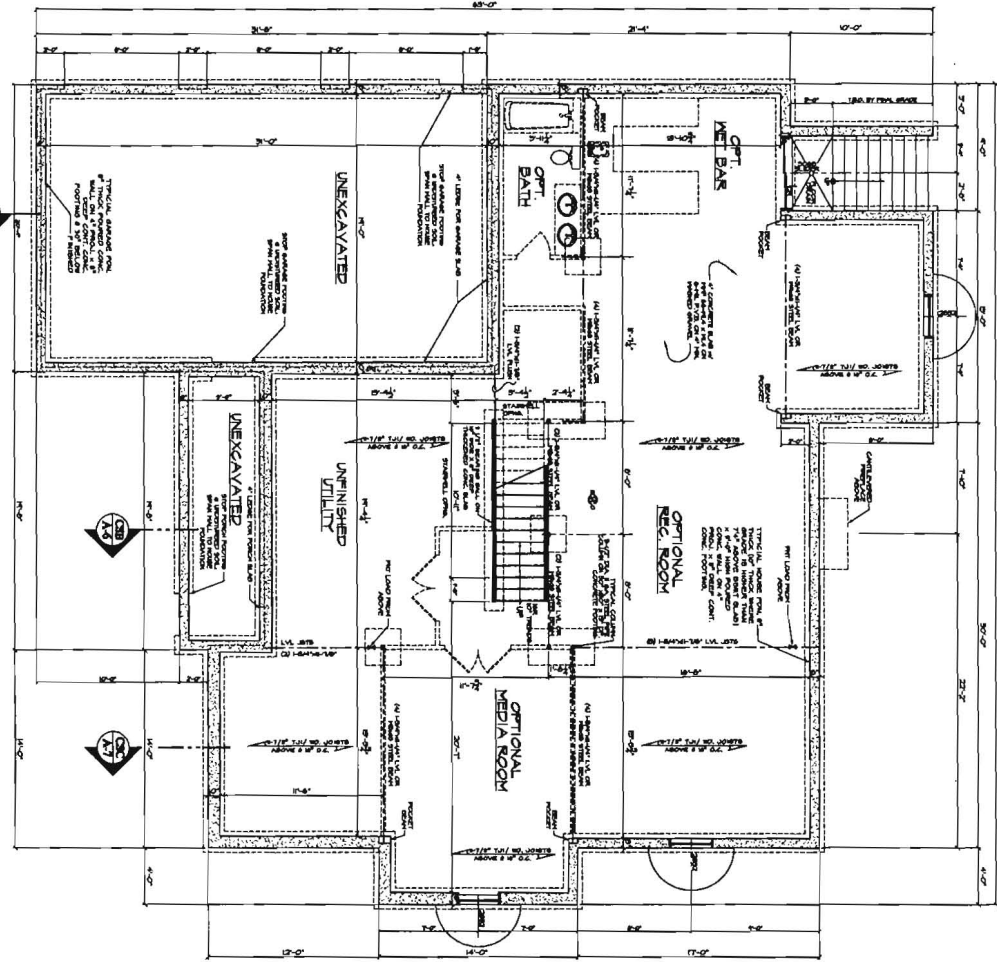
NO.	SECTION	TYPE	SIZE	DEPTH	REMARKS
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9
10	10	10	10	10	10

**ALLOWABLE SPANS FOR UNFLOOR SUPPORTING MASONRY VENEER**

SIZE OF STUD	NO. STORIES ABOVE	NO. OF SPANS	REMARKS
1.5 x 1.5	1	1	
1.5 x 2.0	1	1	
2.0 x 2.0	1	1	
2.0 x 2.5	1	1	
2.5 x 2.5	1	1	
3.0 x 2.5	1	1	
3.0 x 3.0	1	1	
3.0 x 3.5	1	1	
3.5 x 3.5	1	1	
3.5 x 4.0	1	1	
4.0 x 3.5	1	1	
4.0 x 4.0	1	1	
4.0 x 4.5	1	1	
4.5 x 4.0	1	1	
4.5 x 4.5	1	1	
4.5 x 5.0	1	1	
5.0 x 4.5	1	1	
5.0 x 5.0	1	1	
5.0 x 5.5	1	1	
5.5 x 5.0	1	1	
5.5 x 5.5	1	1	
5.5 x 6.0	1	1	
6.0 x 5.5	1	1	
6.0 x 6.0	1	1	
6.0 x 6.5	1	1	
6.5 x 6.0	1	1	
6.5 x 6.5	1	1	
6.5 x 7.0	1	1	
7.0 x 6.5	1	1	
7.0 x 7.0	1	1	
7.0 x 7.5	1	1	
7.5 x 7.0	1	1	
7.5 x 7.5	1	1	
7.5 x 8.0	1	1	
8.0 x 7.5	1	1	
8.0 x 8.0	1	1	
8.0 x 8.5	1	1	
8.5 x 8.0	1	1	
8.5 x 8.5	1	1	
8.5 x 9.0	1	1	
9.0 x 8.5	1	1	
9.0 x 9.0	1	1	
9.0 x 9.5	1	1	
9.5 x 9.0	1	1	
9.5 x 9.5	1	1	
9.5 x 10.0	1	1	
10.0 x 9.5	1	1	
10.0 x 10.0	1	1	
10.0 x 10.5	1	1	
10.5 x 10.0	1	1	
10.5 x 10.5	1	1	
10.5 x 11.0	1	1	
11.0 x 10.5	1	1	
11.0 x 11.0	1	1	
11.0 x 11.5	1	1	
11.5 x 11.0	1	1	
11.5 x 11.5	1	1	
11.5 x 12.0	1	1	
12.0 x 11.5	1	1	
12.0 x 12.0	1	1	
12.0 x 12.5	1	1	
12.5 x 12.0	1	1	
12.5 x 12.5	1	1	
12.5 x 13.0	1	1	
13.0 x 12.5	1	1	
13.0 x 13.0	1	1	
13.0 x 13.5	1	1	
13.5 x 13.0	1	1	
13.5 x 13.5	1	1	
13.5 x 14.0	1	1	
14.0 x 13.5	1	1	
14.0 x 14.0	1	1	
14.0 x 14.5	1	1	
14.5 x 14.0	1	1	
14.5 x 14.5	1	1	
14.5 x 15.0	1	1	
15.0 x 14.5	1	1	
15.0 x 15.0	1	1	
15.0 x 15.5	1	1	
15.5 x 15.0	1	1	
15.5 x 15.5	1	1	
15.5 x 16.0	1	1	
16.0 x 15.5	1	1	
16.0 x 16.0	1	1	
16.0 x 16.5	1	1	
16.5 x 16.0	1	1	
16.5 x 16.5	1	1	
16.5 x 17.0	1	1	
17.0 x 16.5	1	1	
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17.5 x 17.0	1	1	
17.5 x 17.5	1	1	
17.5 x 18.0	1	1	
18.0 x 17.5	1	1	
18.0 x 18.0	1	1	
18.0 x 18.5	1	1	
18.5 x 18.0	1	1	
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19.0 x 19.5	1	1	
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46.5 x 46.0	1	1	
46.5 x 46.5	1	1	
46.5 x 47.0	1	1	
47.0 x 46.5	1	1	
47			



FOUNDATION PLAN  
SCALE 1/4"=1'-0"



PERMIT SET 1-22-15

VIKING CUSTOM HOMES  
THE SHINN RESIDENCE  
HOWARD COUNTY, MD

FOUNDATION PLAN

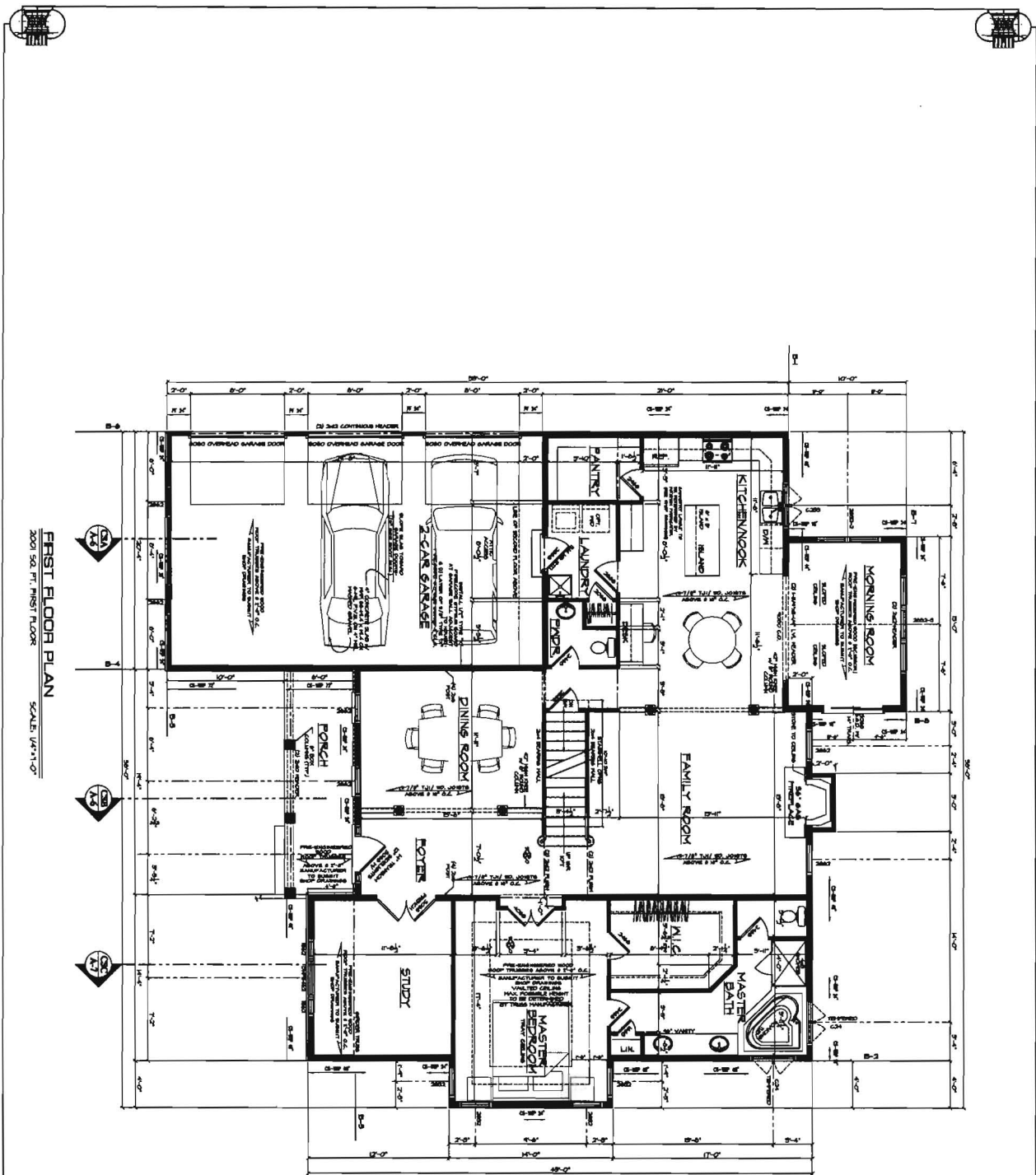
SUBMITTALS

DATE	BY	REVISION
1-22-15	ESL	ISSUED FOR PERMIT

**cadworks**  
RESIDENTIAL DESIGN  
222 WEST PATRICK STREET / FREDERICK, MD / 21701  
TEL: 301.441.1515 | FAX: 301.441.1516  
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A-1



2001 SQ. FT. FIRST FLOOR  
**FIRST FLOOR PLAN**  
 SCALE: 1/4" = 1'-0"

(SEE BRACE WALL DETAILS SHEET A-7)

ROOM NO.	FINISH	WALLS PER TABLE REQ'D (1,2,3)
1	1/4" CD	1, 2, 3
2	1/4" CD	1, 2, 3
3	1/4" CD	1, 2, 3
4	1/4" CD	1, 2, 3
5	1/4" CD	1, 2, 3
6	1/4" CD	1, 2, 3
7	1/4" CD	1, 2, 3
8	1/4" CD	1, 2, 3

PERMIT BET 1-22-15

**A-2**

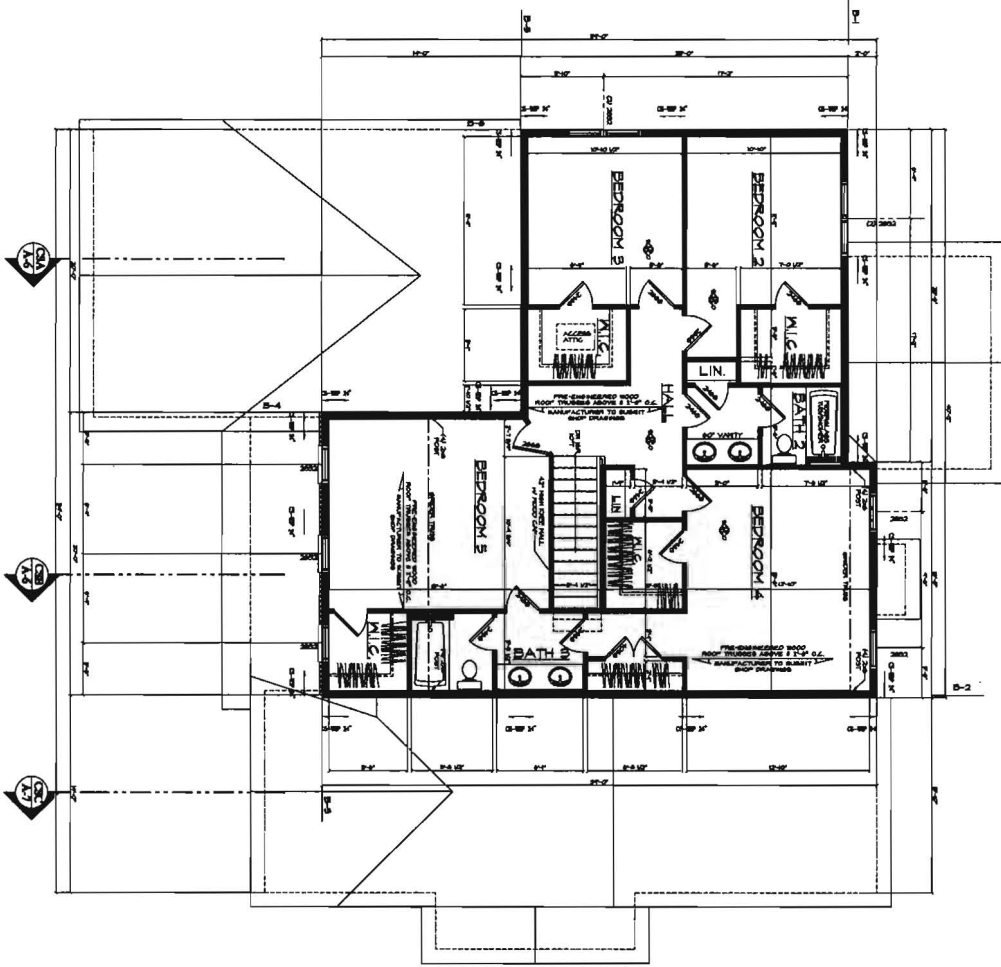
**VIKING CUSTOM HOMES**  
**THE SHINN RESIDENCE**  
 HOWARD COUNTY, MD

**FIRST FLOOR PLAN**

SUBMITTALS	
NO.	DESCRIPTION

**cadworks**  
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 885 WEST PATRICK STREET / FARMERSVILLE, MD / 20741  
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SECOND FLOOR PLAN  
1208 SQ. FT. FIRST FLOOR  
SCALE: 1/4"=1'-0"



(SEE BRACE WALL DETAILS SHEET A-7)

NO.	DESCRIPTION	START	FINISH	REMARKS
1	REWORK	1-11-16	1-11-16	REWORK
2	REPAIR	1-11-16	1-11-16	REPAIR
3	REWORK	1-11-16	1-11-16	REWORK
4	REPAIR	1-11-16	1-11-16	REPAIR
5	REWORK	1-11-16	1-11-16	REWORK
6	REPAIR	1-11-16	1-11-16	REPAIR

PERMIT SET 1-22-16

VIKING CUSTOM HOMES  
THE SHINN RESIDENCE  
HOWARD COUNTY, MD

SECOND FLOOR PLAN

SUBMITTALS	
NO.	DESCRIPTION
1	REVISION
2	REVISION
3	REVISION
4	REVISION
5	REVISION
6	REVISION
7	REVISION
8	REVISION
9	REVISION
10	REVISION

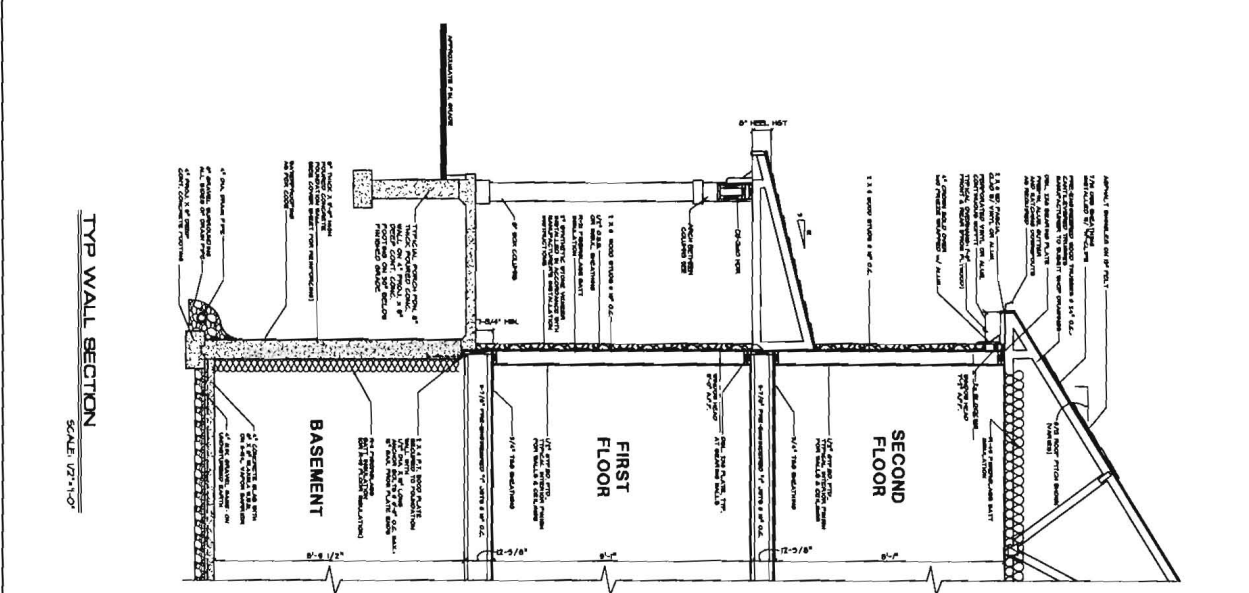
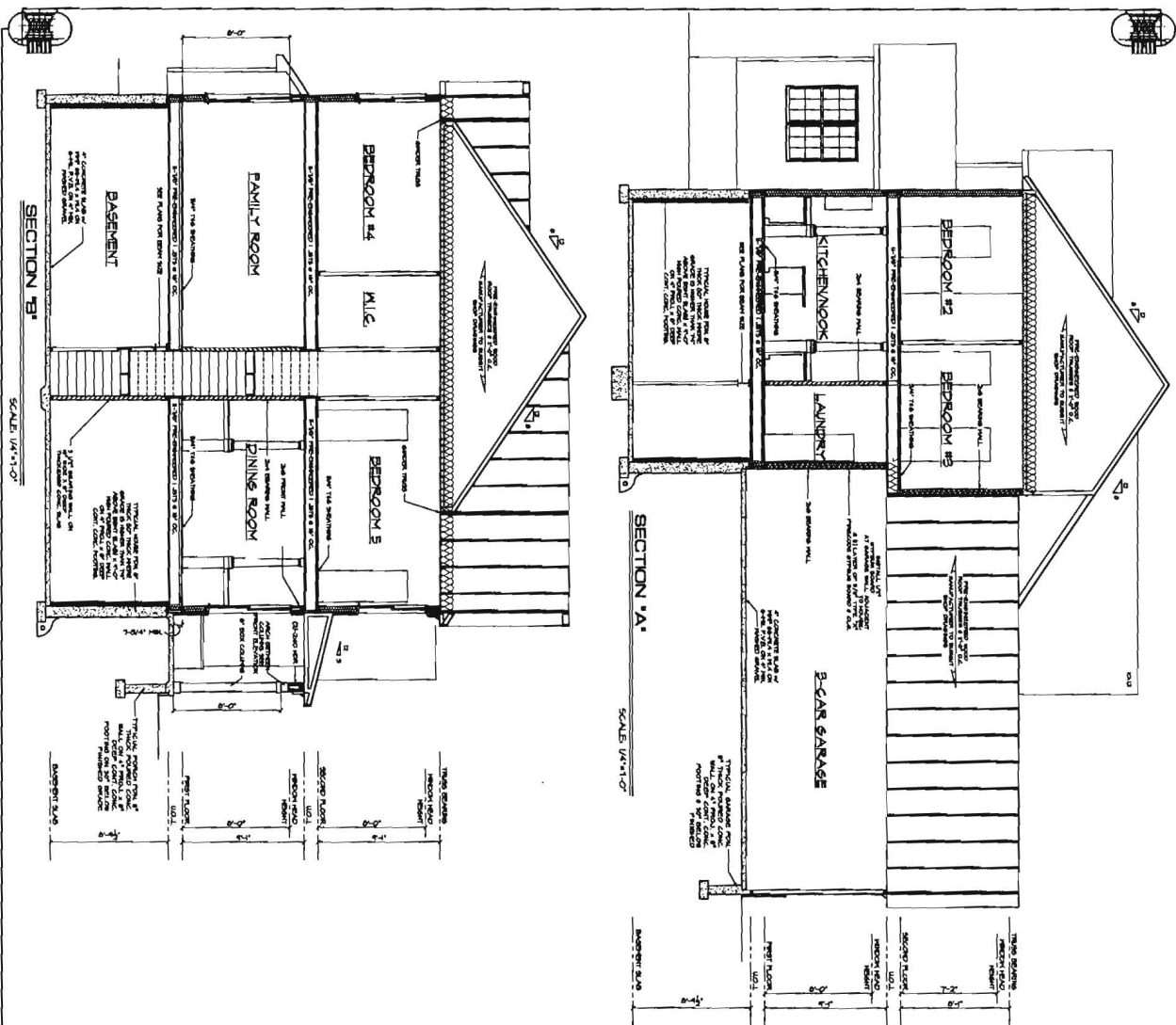
**caddworks**  
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A-3







PERMIT BET 1-22-16

**VIKING CUSTOM HOMES**  
**THE SHINN RESIDENCE**  
HOWARD COUNTY, MD

**SECTIONS**

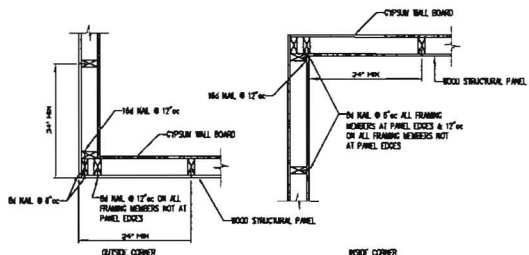
A-6

SUBMITTALS

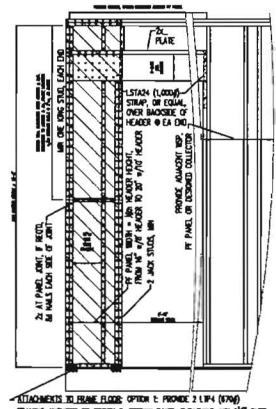
NO.	DATE	REVISION

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355 WEST PATRICK STREET / PERRYVILLE, MD / 20858  
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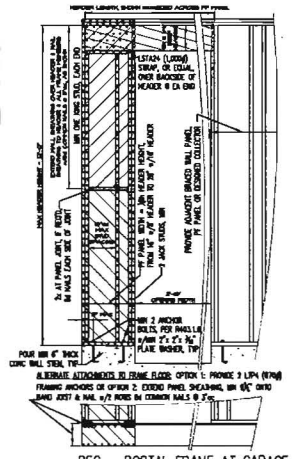
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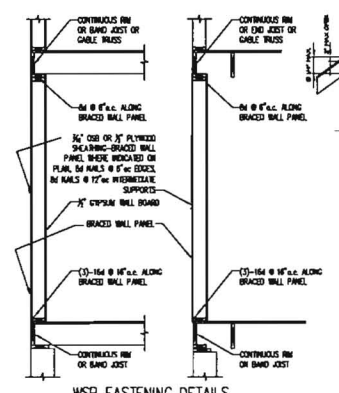
TYPICAL EXTERIOR CORNER DETAIL FOR CONTINUOUS SHEATHING - CS-WSP  
SCALE 1" = 1'-0"



CS-PF - PORTAL FRAME  
SCALE NTS

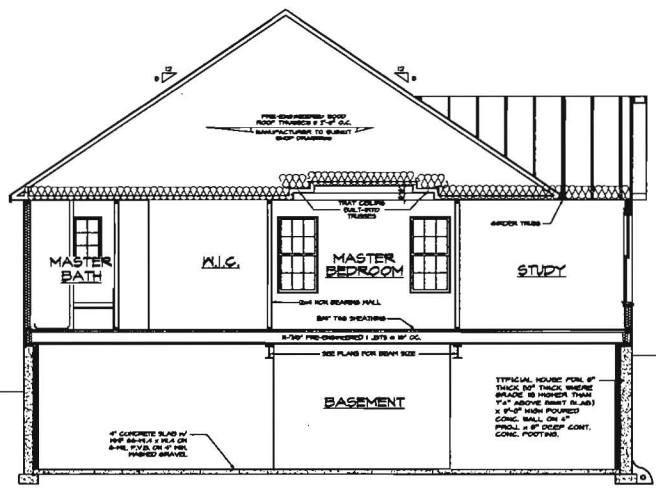


PFG - PORTAL FRAME AT GARAGE  
SCALE NTS

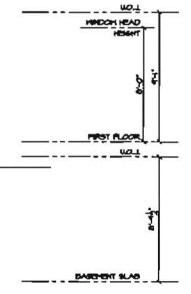


WSP FASTENING DETAILS  
DETAIL APPLIES ONLY WHERE INDICATED ON PLAN VIEW  
SCALE 1/2" = 1'-0"

LATERAL BRACE DETAILS



SECTION 'C'



SUBMITTALS	
NO.	DESCRIPTION
1	SECTION 'C' LATERAL BRACE DETAILS

SECTION 'C' LATERAL BRACE DETAILS

PERMIT SET 1-22-15

VIKING CUSTOM HOMES  
THE SHINN RESIDENCE  
HOWARD COUNTY, MD

PROJECT NO.  
**A-7**

FILE NO. 021-26

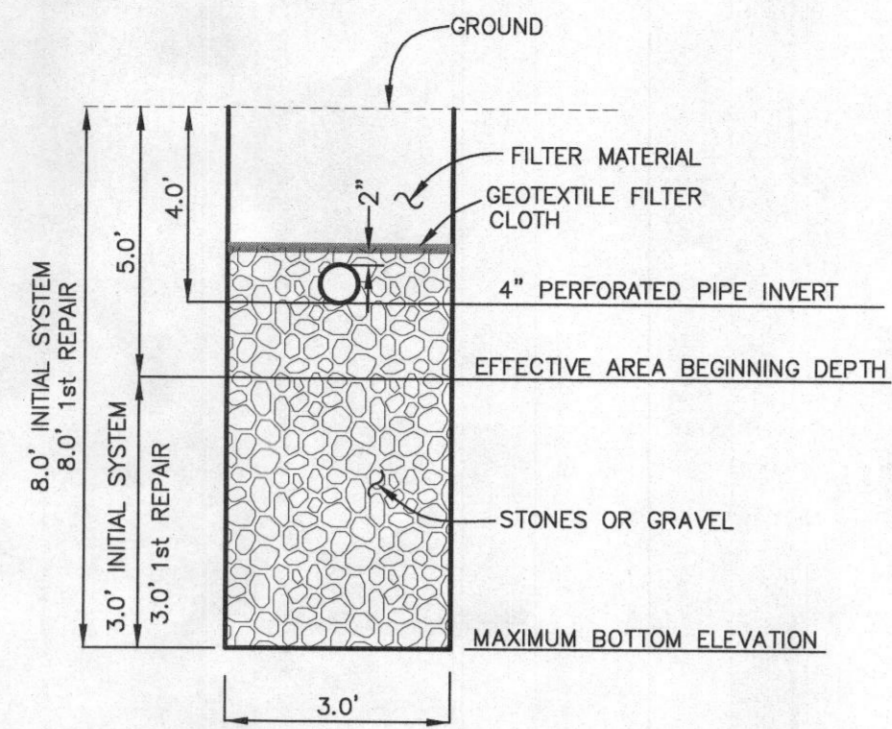




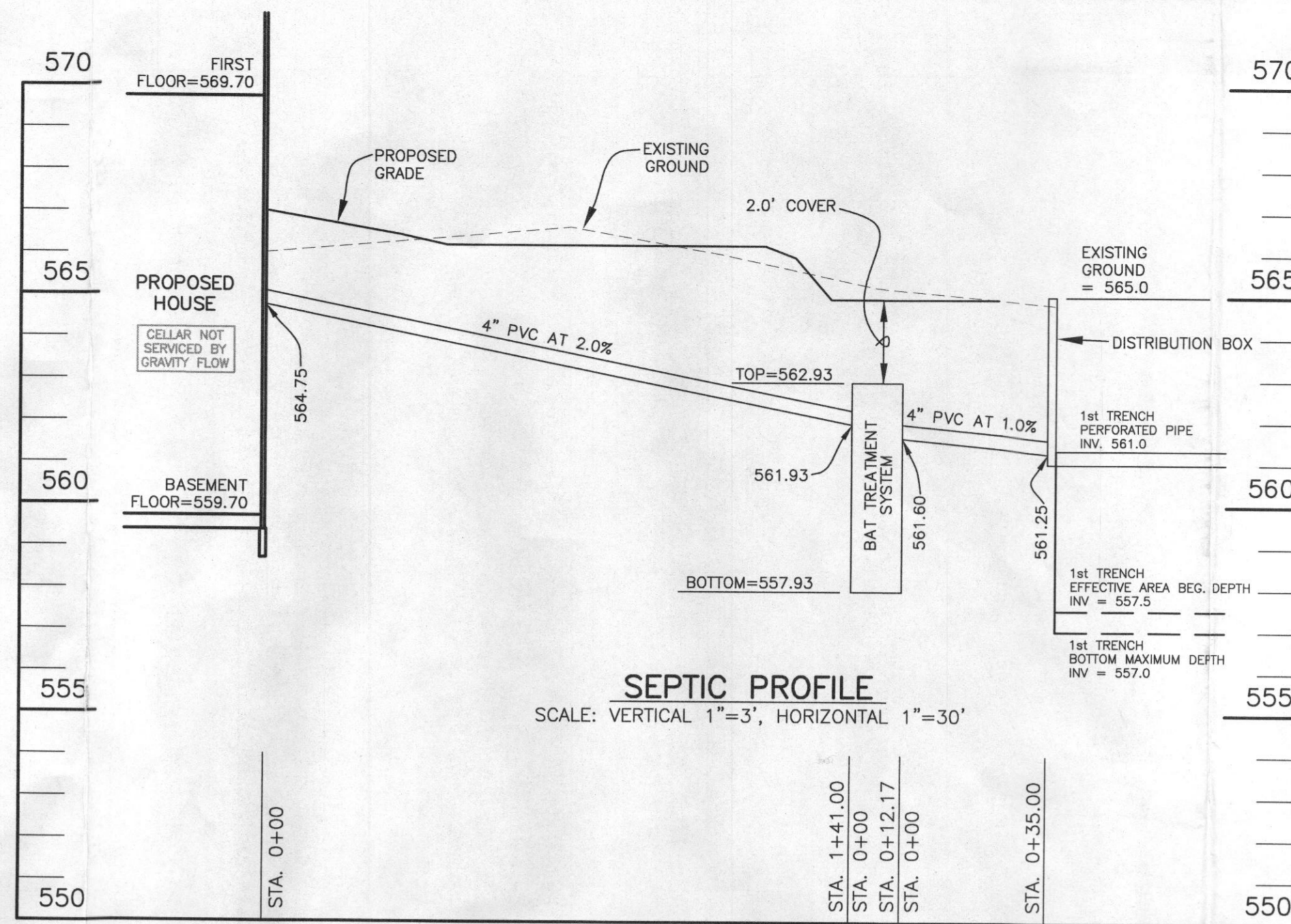
NRCS SOILS CHART - HoCo Soils Map No. 10				
SYMBOL	HYDRIC	GROUP	Kw	MAP UNIT NAME
GgB		B	0.37	GLENELG LOAM, 3 TO 8 PERCENT SLOPES
GgA		B	0.37	GLENELG LOAM, 0 TO 3 PERCENT SLOPES
GmB*	YES	C	0.43	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES

**NOTES:**

- 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.
- THE MAXIMUM COVER OVER BAT TANK PER THE MANUFACTURER'S SPECIFICATION IS THREE (3) FEET.
- THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITHIN ONE (1) 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.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
- AT ANY TIME IN THE FUTURE THAT A BUILDING PERMIT IS SUBMITTED TO FINISH THE BASEMENT THAT ADDS A BEDROOM, THE EXISTING SEPTIC SYSTEM MAY HAVE TO BE UPGRADED.



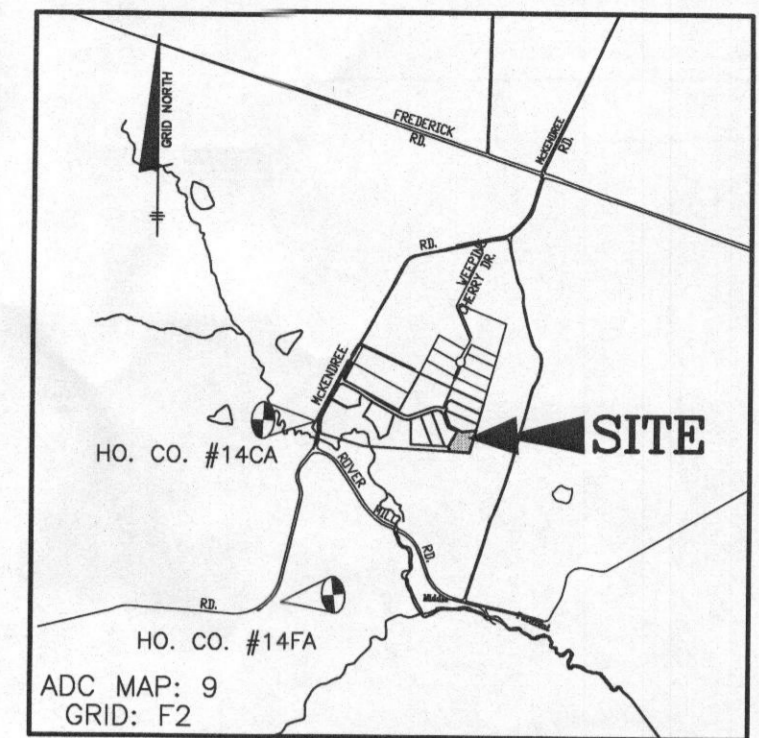
TYPICAL TRENCH DETAIL  
NOT TO SCALE



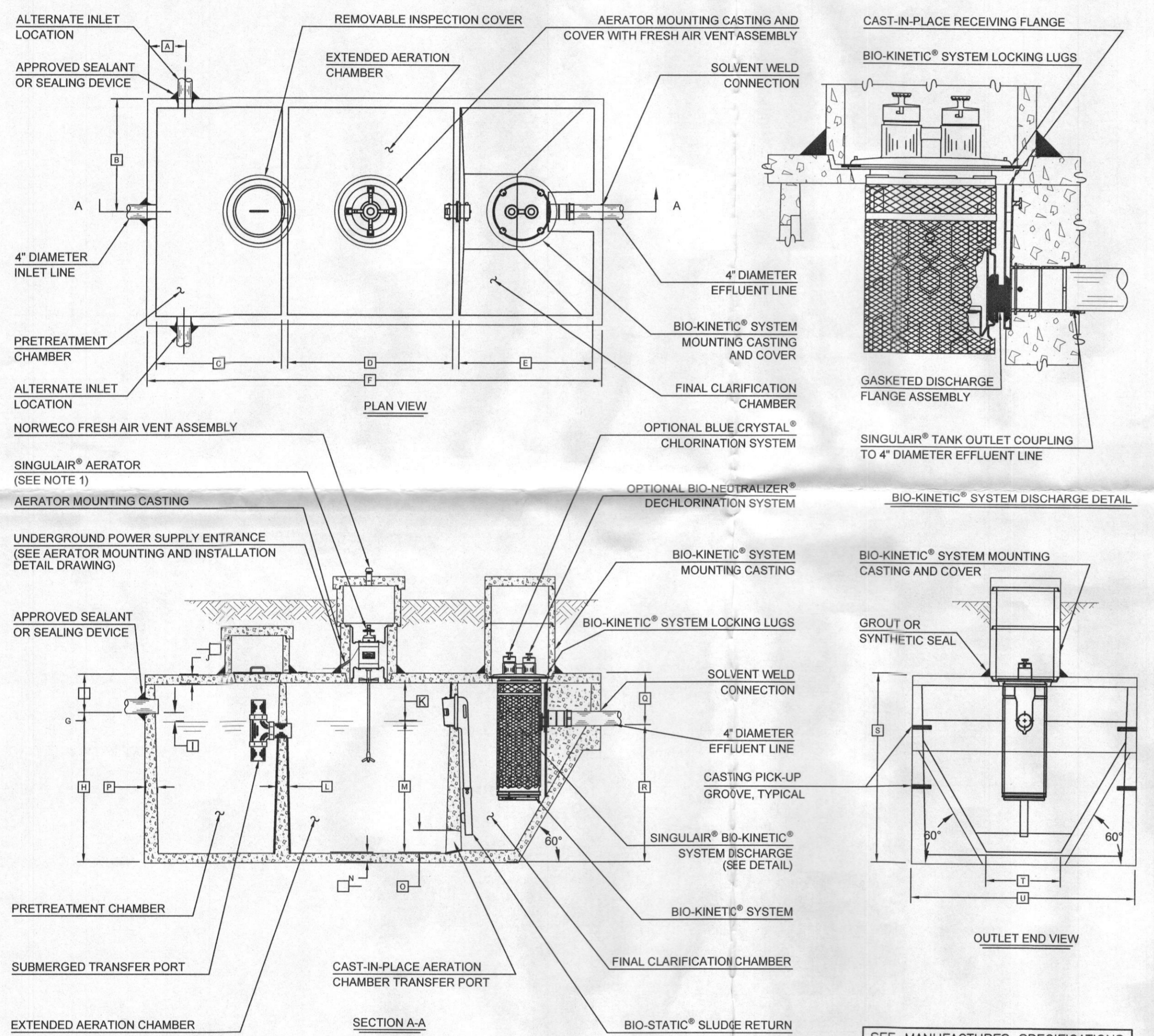
SEPTIC PROFILE  
SCALE: VERTICAL 1"=3', HORIZONTAL 1"=30'

**BENCHMARKS NAD'83 HORIZONTAL**

HO. CO. #14FA STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE. N 595829.611' E 1310622.17' ELEVATION: 560.299'
HO. CO. #14CA STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE. N 597624.973' E 1311015.48' ELEVATION: 560.299'



VICINITY MAP  
SCALE: 1" = 2000'



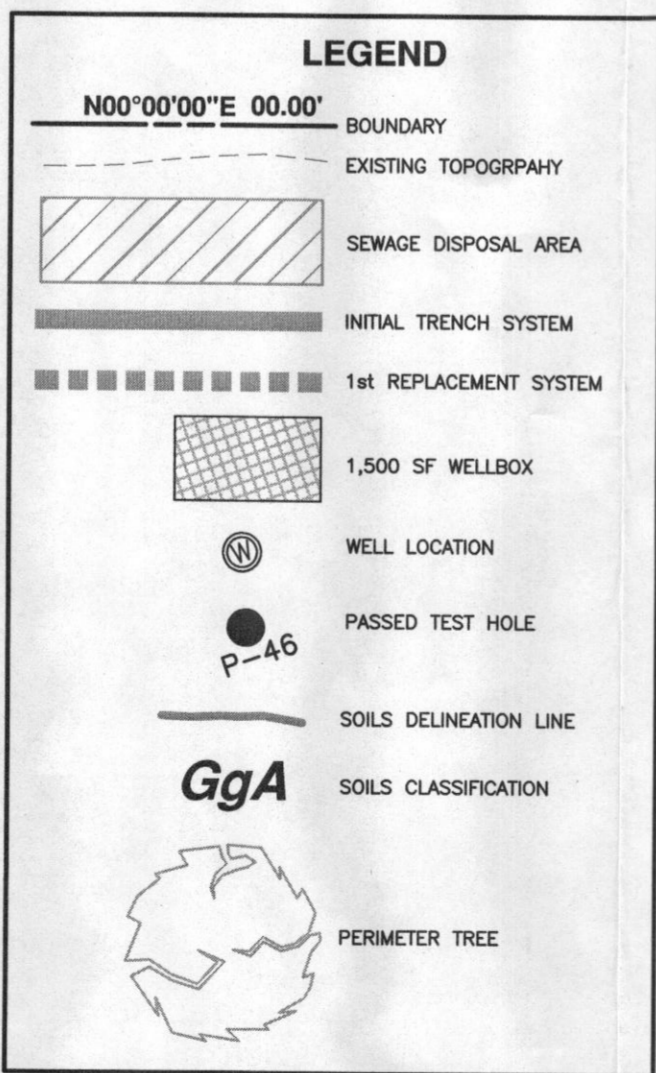
SEE MANUFACTURER'S SPECIFICATIONS FOR DETAILS. WWW.NORWECO.COM

**GENERAL NOTES:**

- SINGULAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- FALL THROUGH SINGULAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK DP.
- ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
- TANK REINFORCED PER ACI STB. 318-05.
- REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- CONTACT THE LOCAL, LICENSED SINGULAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

NOTES: TOTAL SYSTEM CAPACITY: 1,300 GALLONS  
RATED CAPACITY: 600 GALLONS PER DAY PER MANUFACTURER.  
ABLE TO SERVICE UP TO FIVE (5) BEDROOMS.

CRITICAL DIMENSIONS			
A 1'-0"	N 0'-3"	B 3'-0"	O 0'-6"
C 3'-4"	P 0'-3"	D 4'-5"	Q 1'-4"
E 3'-7"	R 3'-8"	F 12'-2"	S 5'-0"
G 1'-0"	T 2'-0"	H 4'-0"	U 6'-0"
I 0'-3"	V	J 0'-3"	W
K 1'-0"	X	L 0'-2"	Y
M 3'-6"	Z		



I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DAVID THOMPSON



**TRENCH INFORMATION**

TRENCH LENGTH	52 LF	TRENCH LENGTH	52 LF
GROUND ELEVATION	565.0	GROUND ELEVATION	563.5
INVERT ELEVATION	561.0	INVERT ELEVATION	559.9
MAX BOTTOM ELEV	557.0	MAX BOTTOM ELEV	555.5
TRENCH LENGTH	52 LF	TRENCH LENGTH	52 LF
GROUND ELEVATION	564.5	GROUND ELEVATION	563.0
INVERT ELEVATION	560.5	INVERT ELEVATION	559.0
MAX BOTTOM ELEV	556.5	MAX BOTTOM ELEV	555.0
TRENCH LENGTH	52 LF	TRENCH LENGTH	52 LF
GROUND ELEVATION	563.9	GROUND ELEVATION	562.7
INVERT ELEVATION	559.9	INVERT ELEVATION	558.7
MAX BOTTOM ELEV	555.9	MAX BOTTOM ELEV	554.7

**INITIAL SYSTEM**

Number of Bedrooms	5
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Effective Area Beginning Depth	5 ft
Bottom Max Depth	8 ft
Design Flow	750 gpd
Drainage Field square footage	937.5 sf
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Trench width	3
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Linear Length of trench Required	156 lf

**1st REPLACEMENT SYSTEM**

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ENGINEERS • LAND SURVEYORS • PLANNERS  
8480 BALTIMORE NATIONAL PIKE SUITE 315 & ELLICOTT CITY, MARYLAND 21104  
(P) 410-460-8105 (F) 410-460-8644  
WWW.BE-CIVILENGINEERING.COM

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**MCKENDREE VIEW LOT 4**  
2318 MEADOW TRAIL LANE  
WEST FRIENDSHIP, MARYLAND 21794  
TAX MAP: 14 GRID: 12 PARCEL: 54  
ZONED: RR-DEO ELECTION DISTRICT NO. 4

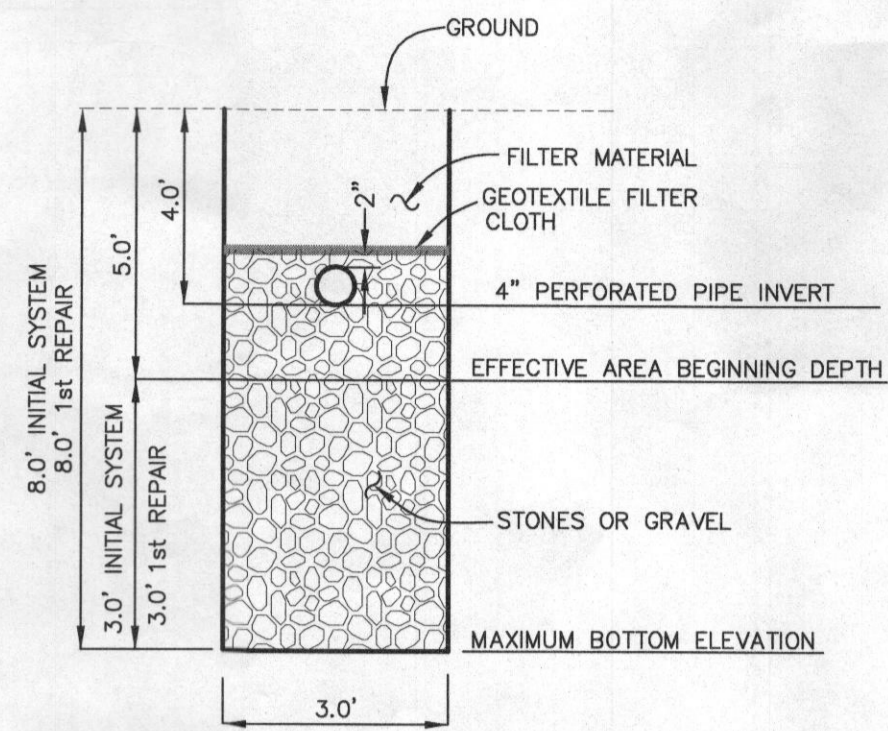
**SITE PLAN FOR BAT INSTALLATION**

DATE: MAY 4, 2015 BEI PROJECT NO: 1777-L4  
SCALE: AS SHOWN SHEET 1 OF 1

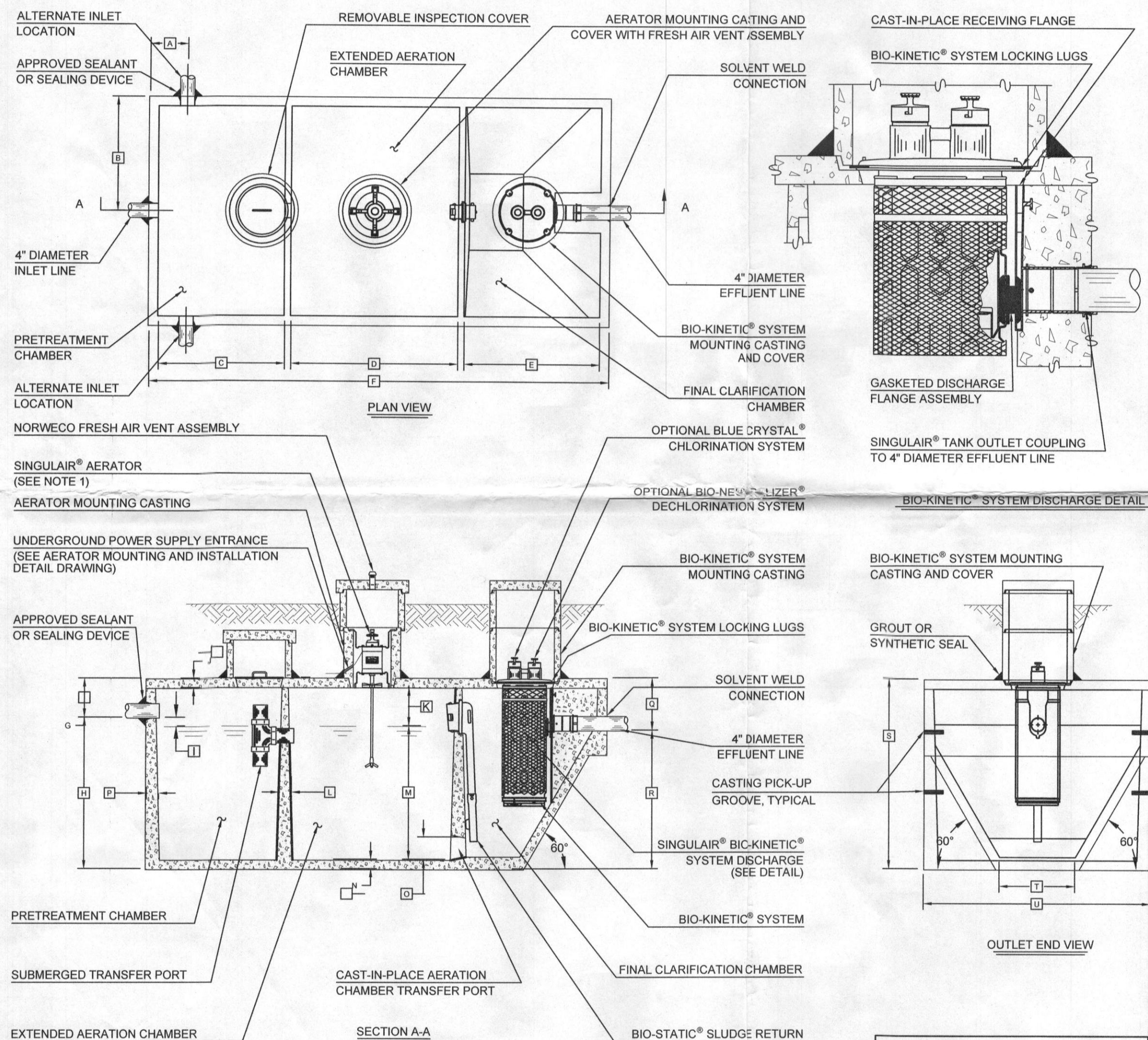
NRCS SOILS CHART - HoCo Soils Map No. 10				
SYMBOL	HYDRIC	GROUP	Kw	MAP UNIT NAME
GgB		B	0.37	GLENELOAM, 3 TO 8 PERCENT SLOPES
GgA		B	0.37	GLENELOAM, 0 TO 3 PERCENT SLOPES
GmB	YES	C	0.43	GLENVILLE SILT LOAM, 3 TO 8 PERCENT SLOPES

**NOTES:**

- 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.
- THE MAXIMUM COVER OVER BAT TANK PER THE MANUFACTURER'S SPECIFICATION IS THREE (3) FEET.
- THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
- THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
- WITHIN ONE (1) 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.
- ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
- AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OF HOWARD COUNTY.
- THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
- AT ANY TIME IN THE FUTURE THAT A BUILDING PERMIT IS SUBMITTED TO FINISH THE BASEMENT THAT ADDS A BEDROOM, THE EXISTING SEPTIC SYSTEM MAY HAVE TO BE UPGRADED.



TYPICAL TRENCH DETAIL  
NOT TO SCALE

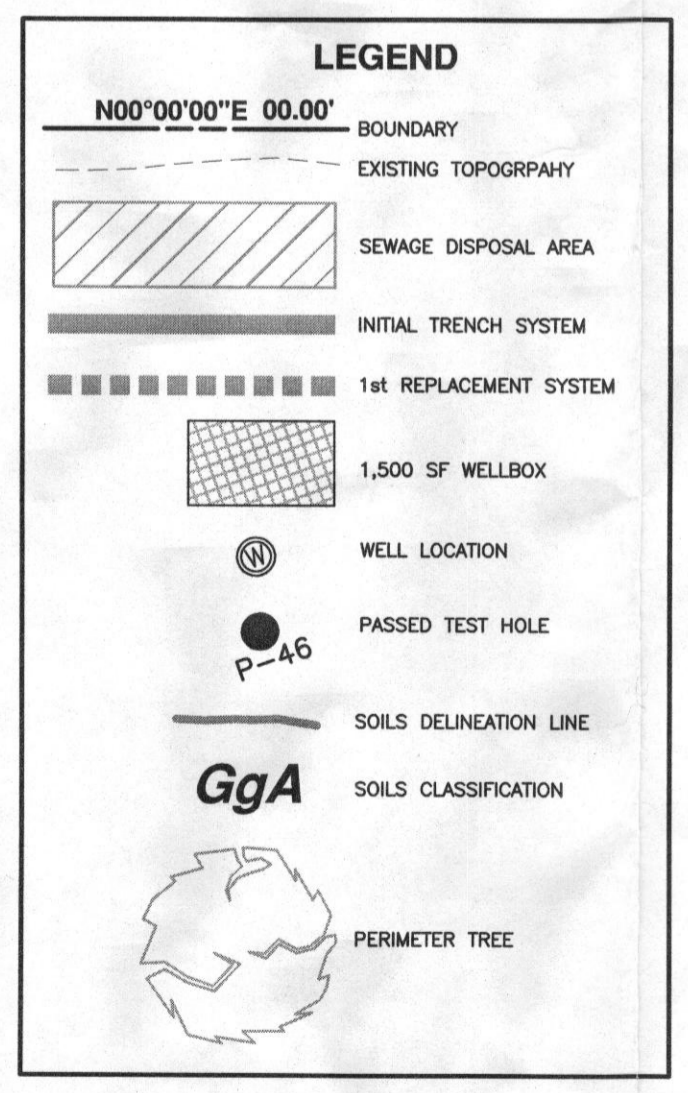


SEE MANUFACTURER'S SPECIFICATIONS FOR DETAILS. WWW.NORWECO.COM

**GENERAL NOTES:**

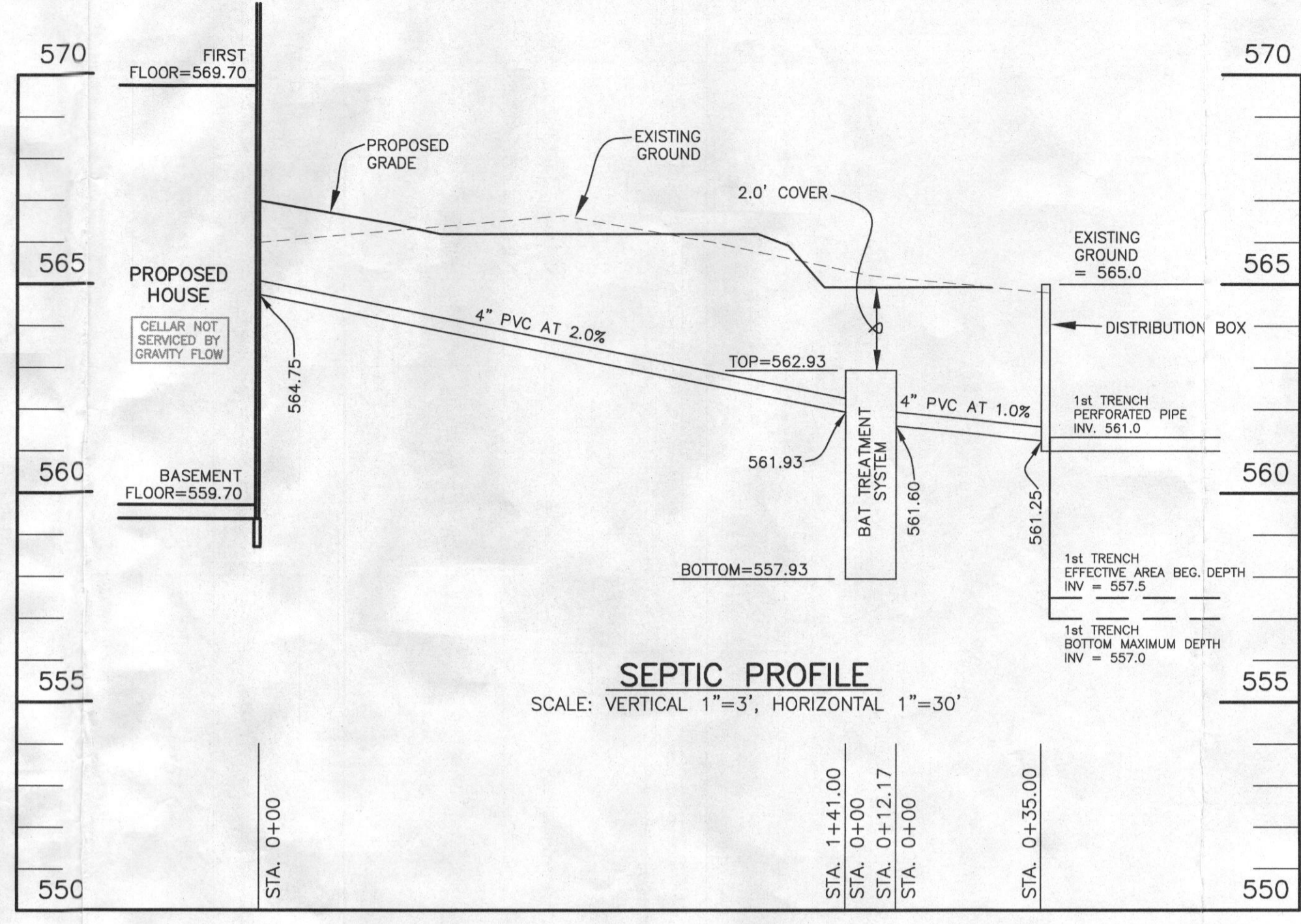
- SINGLAIR® AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 30 MINUTES ON / 60 MINUTES OFF.
- FALL THROUGH SINGLAIR® PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW TANK TOP.
- ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC® SYSTEM MOUNTING CASTING TO GRADE.
- TANK REINFORCED PER ACI STD. 318-05.
- REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- CONTACT THE LOCAL, LICENSED SINGLAIR® DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

CRITICAL DIMENSIONS			
A	1'-0"	N	0'-3"
B	3'-0"	O	0'-6"
C	3'-4"	P	0'-3"
D	4'-5"	Q	1'-4"
E	3'-7"	R	3'-8"
F	12'-2"	S	5'-0"
G	1'-0"	T	2'-0"
H	4'-0"	U	6'-0"
I	0'-3"	V	
J	0'-3"	W	
K	1'-0"	X	
L	0'-2"	Y	
M	3'-6"	Z	



I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

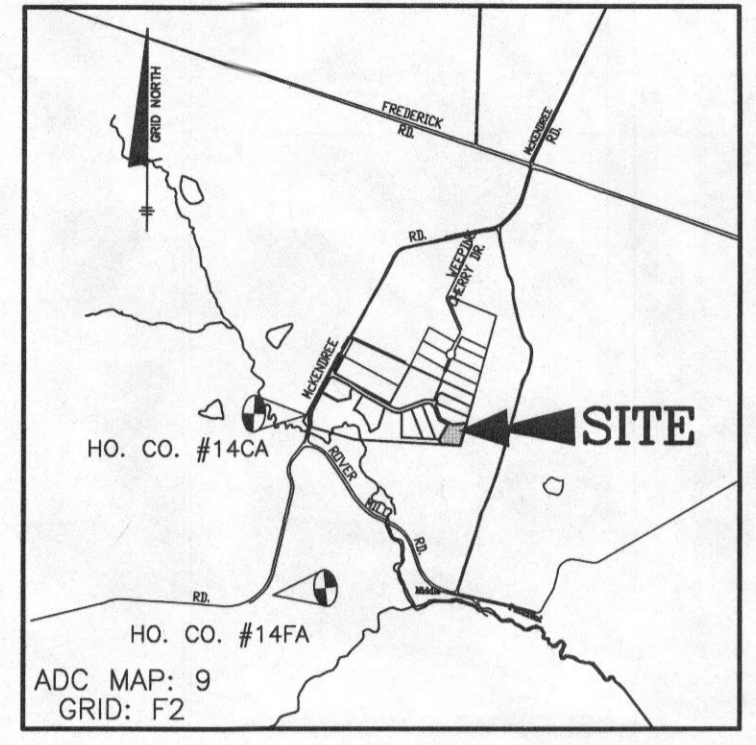
5/4/2015  
DAVID THOMPSON



SEPTIC PROFILE  
SCALE: VERTICAL 1"=3', HORIZONTAL 1"=30'

**BENCHMARKS NAD'83 HORIZONTAL**

HO. CO. #14FA STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE N 595829.611' E 1310622.17' ELEVATION: 560.299'
HO. CO. #14CA STAMPED BRASS DISK SET ON TOP OF CONCRETE BASE N 597624.973' E 1311015.48' ELEVATION: 560.299'



VICINITY MAP  
SCALE: 1" = 2000'

**TRENCH INFORMATION**

A	TRENCH LENGTH 52 LF GROUND ELEVATION 565.0 INVERT ELEVATION 561.0 MAX BOTTOM ELEV 557.0	D	TRENCH LENGTH 52 LF GROUND ELEVATION 563.5 INVERT ELEVATION 559.9 MAX BOTTOM ELEV 555.5
B	TRENCH LENGTH 52 LF GROUND ELEVATION 564.5 INVERT ELEVATION 560.5 MAX BOTTOM ELEV 556.5	E	TRENCH LENGTH 52 LF GROUND ELEVATION 563.0 INVERT ELEVATION 559.0 MAX BOTTOM ELEV 555.0
C	TRENCH LENGTH 52 LF GROUND ELEVATION 563.9 INVERT ELEVATION 559.9 MAX BOTTOM ELEV 555.9	F	TRENCH LENGTH 52 LF GROUND ELEVATION 562.7 INVERT ELEVATION 558.7 MAX BOTTOM ELEV 554.7

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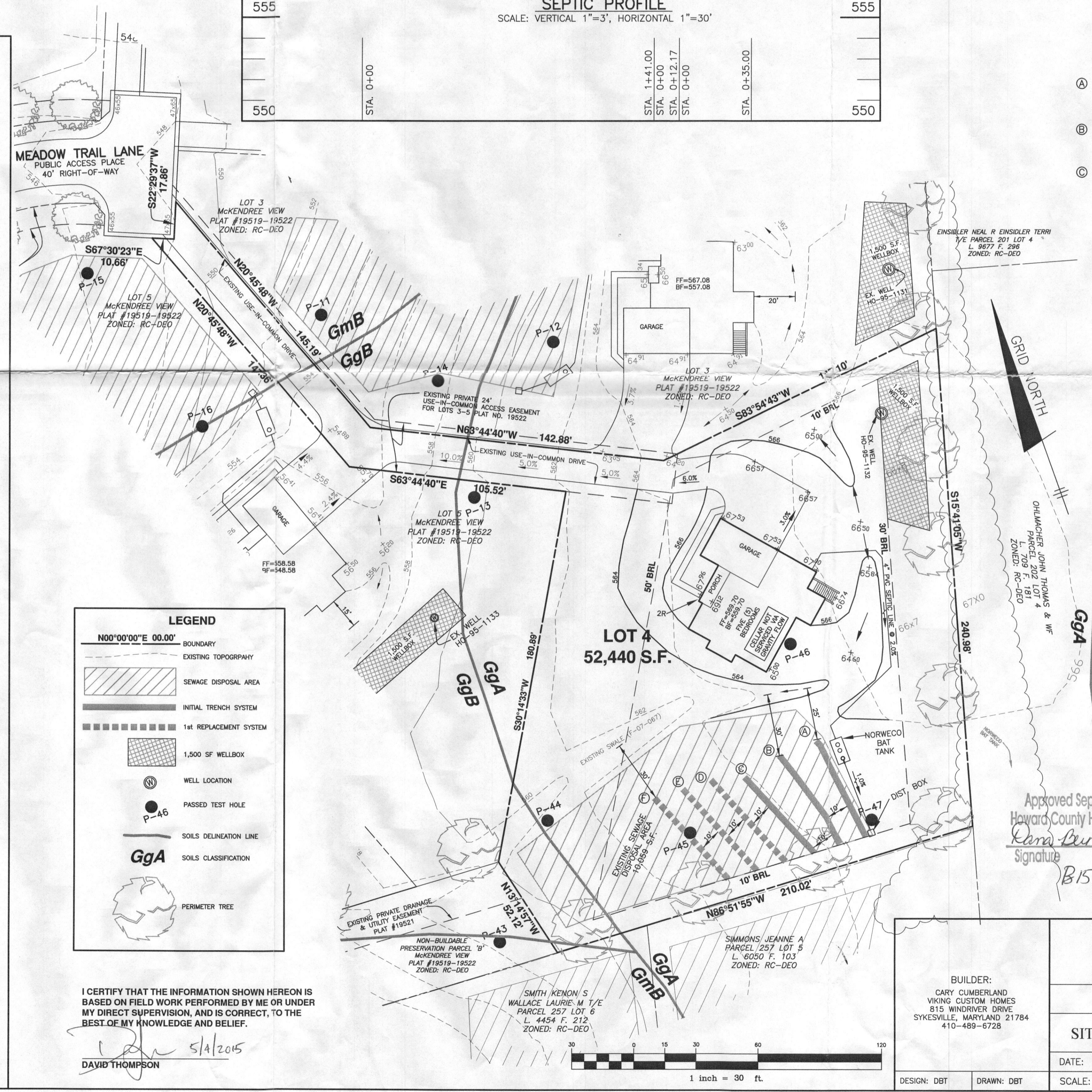
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Approved Septic System Plan  
Howard County Health Department  
Rami Beaud 5-14-15  
Signature Date  
B15000394

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