



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: 2-17-15

Permit No.: B15000587

Building Address: 2150 Duvall Rd.
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: MULLINIX SUB
 Section: _____ Area: _____ Lot: 4
 Tax Map: 7 Parcel: 428 Grid: F-1
 Zoning: _____ Map Coordinates: _____ Lot Size: 1AC+

Property Owner's Name: ELIZABETH McDONALD
 Address: 2226 RIDGE Rd
 City: WEST State: MD Zip Code: 21157
 Phone: 443 821 5214 Fax: _____
 Email: BETH-MCDONALD @ COMCAST .NET

Existing Use: A9
 Proposed Use: RESIDENTIAL
 Estimated Construction Cost: \$ 550,000
 Description of Work: 3 BEDROOM 2 STORY
W/ FULL BASEMENT UNFINISHED
W/ 3 CAR GARAGE REAR PORCH
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: JOHN W PFAFF BUILDERS INC
 Address: 15119 OAK ORCHARD Rd
 City: NEW WINDSOR State: MD Zip Code: 21776
 Phone: 410 875 6640 Fax: 410 875 6564
 Email: PFAFF BUILD @ AOL .COM

Contractor Company: JOHN W PFAFF BLDG INC
 Contact Person: ALAN
 Address: 15119 OAK ORCHARD Rd
 City: NEW WINDSOR State: MD Zip Code: 21776
 License No.: 7083 MTHC 11642
 Phone: 410 875 6640 Fax: 410 875 6564
 Email: PFAFF BUILD @ AOL .COM

Engineer/Architect Company: SCOTT HELGES
 Responsible Design Prof.: _____
 Address: 3500 WOODBINE Rd
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 410 489 7468 Fax: 410 489 7468
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>34'</u>	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth <u>55</u> Width <u>68</u>
Gross area, sq. ft./floor:	1 st floor: <u>2664</u>
	2 nd floor: <u>2276</u>
Area of construction (sq. ft.):	Basement: <u>2637</u>
	<input type="checkbox"/> Finished Basement
Use group:	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade <u>682</u>
<input checked="" type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Masonry	No. of efficiency units:
<input checked="" 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:
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" 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>G15000049</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: John W Pfaff Print Name: John W PFAFF
 Email Address: PFAFF BUILD @ AOL .COM Date: 2/17/15
 Title/Company: PRESIDENT

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		

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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>3175</u>

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

Approved by D.B. on 4/7/15 - H.O.



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
Face book: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

DATE: March 6, 2014

TO: JOHN PFAFF
Via-e-mail: PFAFFBUILD@AOL.COM

RE: **Building Permit # B15000587**
2150 Duvall Road
Woodbine, Maryland 21797

Mr. Pfaff,

Please be advised that the Maryland Department of the Environment has declared a moratorium on installation of the ECOPOD systems as best available technology (BAT) units effective February 13, 2015. Installations of ECOPOD units as BAT will only be allowed on properties in which there is a signed purchase contract with Babylon dated February 12, 2015 or earlier.

Additionally, we will no longer approve BAT design plans utilizing ECOPOD units. If a BAT plan utilizing an ECOPOD unit has previously been approved, a revised plan utilizing an approved BAT model must be submitted and approved prior to issuance of a septic permit. If a septic permit has been issued for a project utilizing an ECOPOD unit and a purchase contract is not available, that permit will be revoked and a revised BAT plan utilizing an approved BAT model must be submitted and approved prior to issuance of a revised septic permit.

Please resubmit your plan with an alternate BAT unit. Your BAT plan and site plan must be submitted separately. You must resubmit 3 copies of your new BAT plan and a one copy of your new site plan which will reflect your new choice in units.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, 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

cc: Well & Septic program file



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Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
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 Phone: 443 821 5214 Fax: _____
 Email: BETH.MCDONALD@COMCAST.NET

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	<input type="checkbox"/> Finished Basement
Use group:	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Craw Space
Construction type:	<input checked="" type="checkbox"/> Slab on Grade <u>GRG</u>
<input checked="" type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input checked="" 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:
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
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Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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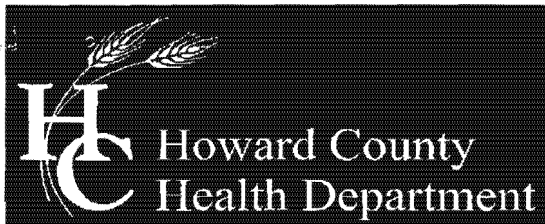
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Applicant's Signature: John W PFAFF
 Print Name: John W PFAFF
 Email Address: PFAFF BUILD @ AOL.COM
 Date: 2/17/15
 Title/Company: PRESIDENT

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front:	\$ <u>100</u>
Building Officials			Rear:	\$
PSZA (Zoning)			Side:	\$
PSZA (Engineering)			Side St.:	\$
Health		<u>47740 Bernard</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Excise Tax
			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:	\$
				Sub-Total Paid
				\$
				Balance Due
				\$
				Check # <u>3175</u>

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TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Face book: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

DATE: March 6, 2014

TO: JOHN PFAFF
Via-e-mail: PFAFFBUILD@AOL.COM

RE: **Building Permit # B15000587**
2150 Duvall Road
Woodbine, Maryland 21797

Mr. Pfaff,

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Please resubmit your plan with an alternate BAT unit. Your BAT plan and site plan must be submitted separately. You must resubmit 3 copies of your new BAT plan and a one copy of your new site plan which will reflect your new choice in units.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

ENTRANCE PERMIT

(410) 313-1810

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Permission is hereby granted by the Howard County Department of Inspections, Licenses & Permits for an entrance permit:

Owner Elizabeth McDonald Phone _____

Address 2236 Ridge Rd

* New Building Address 2150 Duvall Rd.

For what use: Entrance To 2150 Duvall Rd

Name of Contractor or Builder John Pfaff Bldrs.

Address _____

The applicant hereby certifies and agrees as follows: (1) that he is the owner or the duly authorized agent of the owner to make this application; (2) that he has read all of the information set forth and that the same is correct; (3) that the permit, when issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of Howard County Bureau of Highways; (5) that he will perform no work on the entrance not specifically described in this permit.

It must be noted that a use & occupancy permit will not be issued until entrance is completed to Bureau of Highways Standards & Specifications.

It is agreed and understood by the acceptance of this permit, the following conditions will be followed.

- A. The construction of the entrance or approach will, in no way, change the grade/and or alignment of any existing drainage ditches or structures. In the event same are damaged or destroyed, they shall be replaced to the satisfaction of the Howard County Department of Public Works representative.
- B. The right-of-way, affected by this permit, will be left in a neat and clean condition and no excess material will be permitted to remain on or adjacent to the right-of-way. Shoulders and flow-line areas disturbed shall be shaped up according to the Howard County Bureau of Highways Standards and Specifications. (For Driveway and Flow-line area.)

In consideration of the issuance of this permit, the applicant agrees that if he fails to comply with the above set-out standards and thereby causes damage to the Howard County Road System, that the applicant will be responsible to Howard County for such damage to its road system.

Sign JHP
(Name of applicant)

Address 15119 Oak Orchard Rd NEW WINDSOR MD 21776

Date 2/13/15 Approved _____

ATTENTION: The permit, when issued, is valid for period not to exceed six months.

John W. Pfaff Builders, Inc.	4211 Ridge Road, Westminster, MD 21157	4108756640	7083	6/1/2015
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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: 11/17/15

Permit No.: B15005059

Building Address: 2150 Duvall Rd
 City: Beltsville State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Multinix Sub
 Section: _____ Area: _____ Lot: 4
 Tax Map: 7 Parcel: 428 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1 AC

Existing Use: SFD
 Proposed Use: SFD w/ 1000 sq ft
 Estimated Construction Cost: \$ 10000
 Description of Work: Install 1000 sq ft underground propane tank
 Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: John & M. Donald
 Address: 2150 Duvall Rd
 City: Beltsville State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Michelle Kay
 Address: 10500 310
 City: Beltsville State: MD Zip Code: 21798
 Phone: 410 607 5114 Fax: _____
 Email: Michelle@appliedandapproved.com

Contractor Company: Tons Oil
 Contact Person: Kevin Staines
 Address: 1618 N. Main Street
 City: Harrodsburg State: MD Zip Code: 21074
 License No.: 468
 Phone: 410 339 9515 Fax: _____
 Email: _____

Engineer/Architect Company: Convincer
 Responsible Design Prof.: _____
 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	
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Applicant's Signature: Michelle Kay Print Name: Michelle Kay
 Email Address: Michelle@appliedandapproved.com Date: 11/17/15
 Title/Company: _____

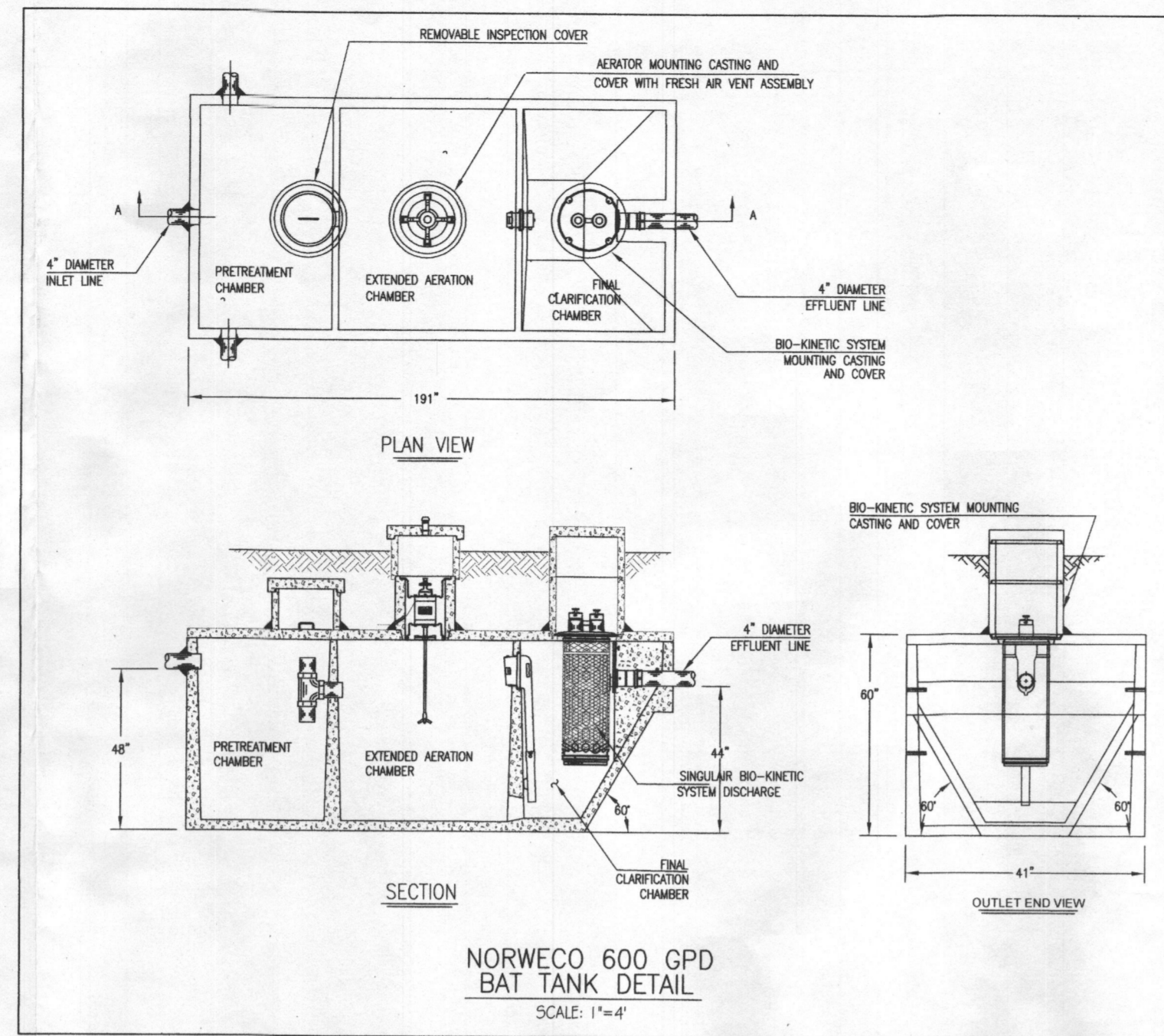
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/15</u>	<u>[Signature]</u>

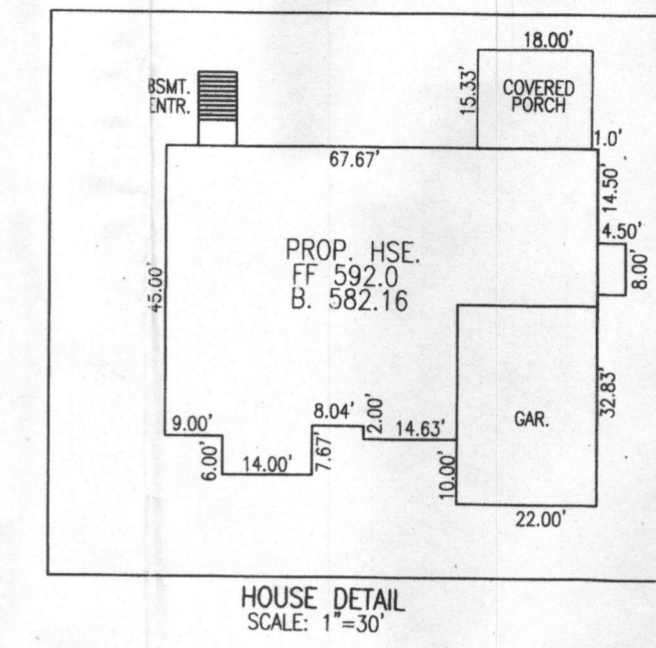
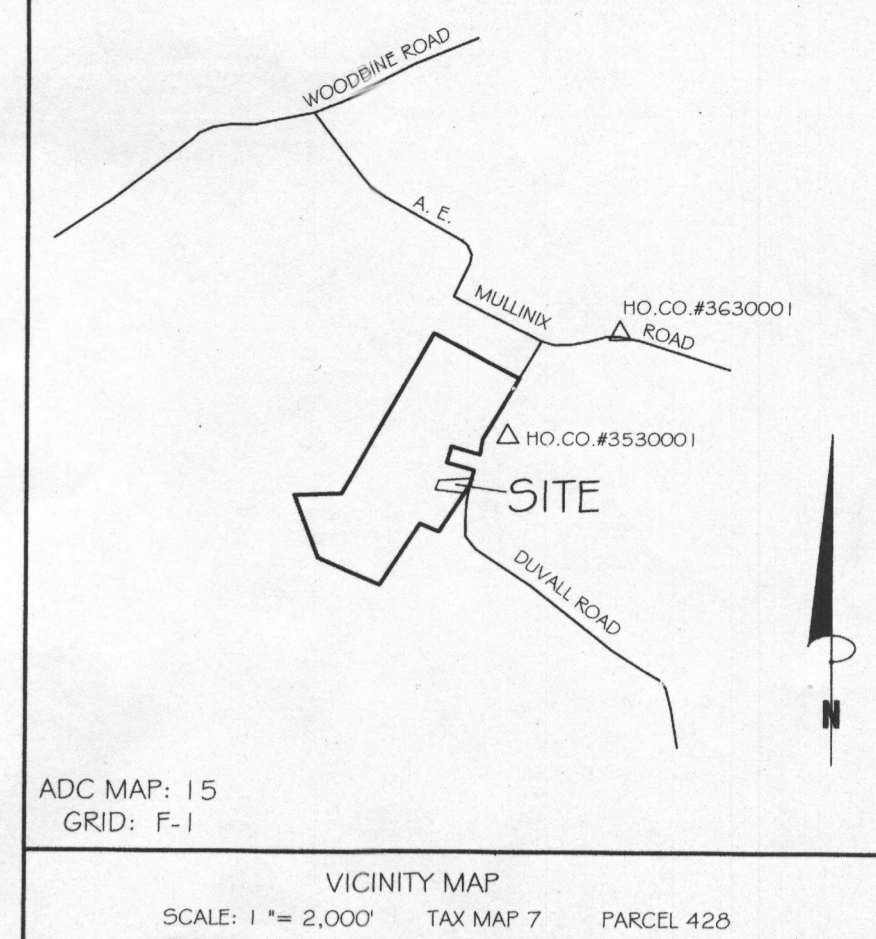
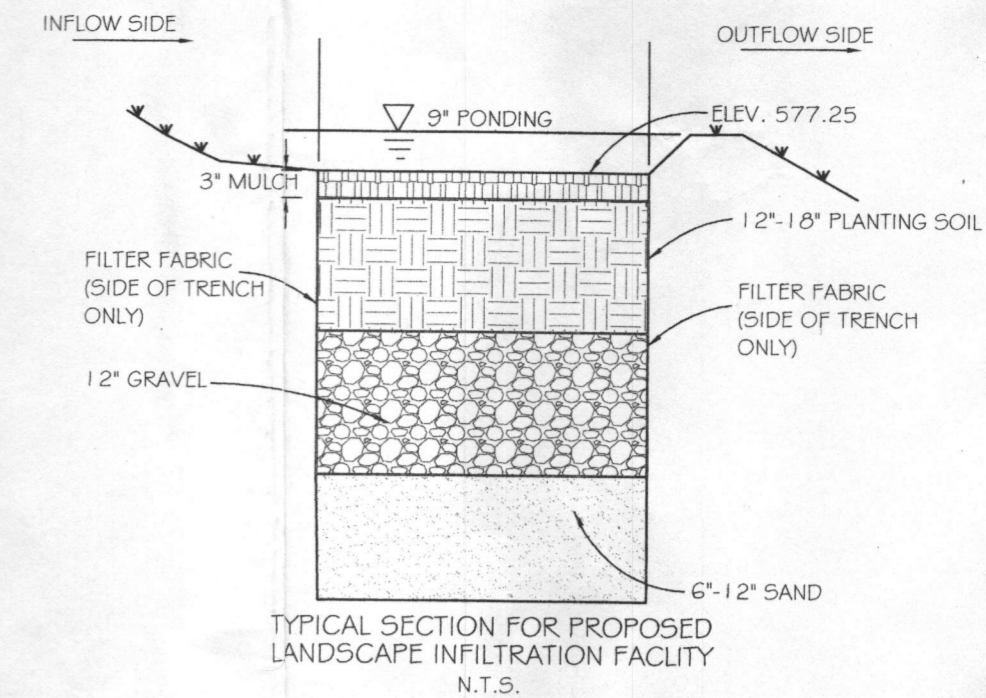
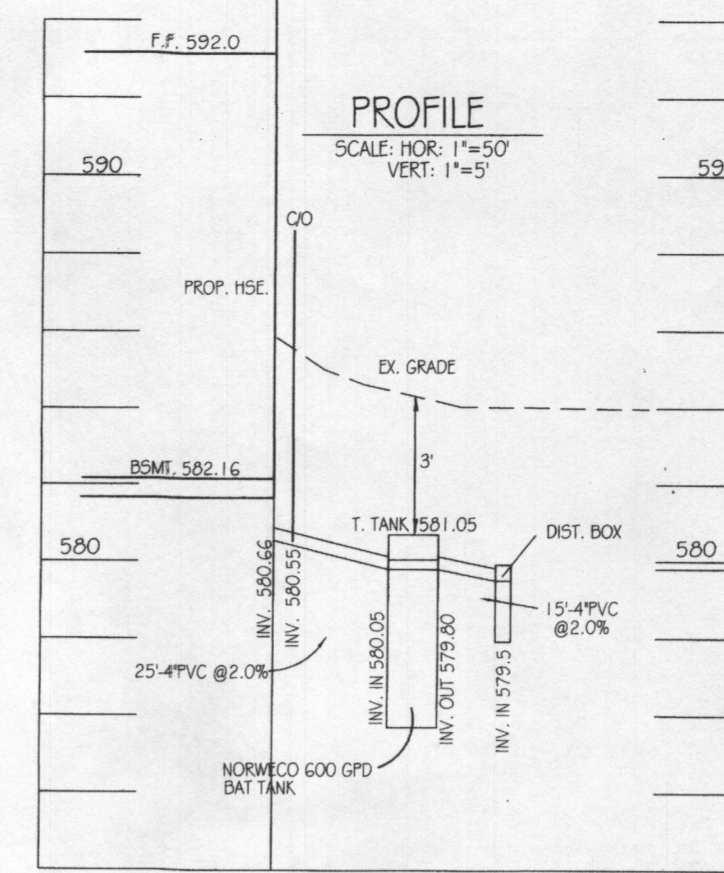
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Filing Fee	\$
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Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4838</u>

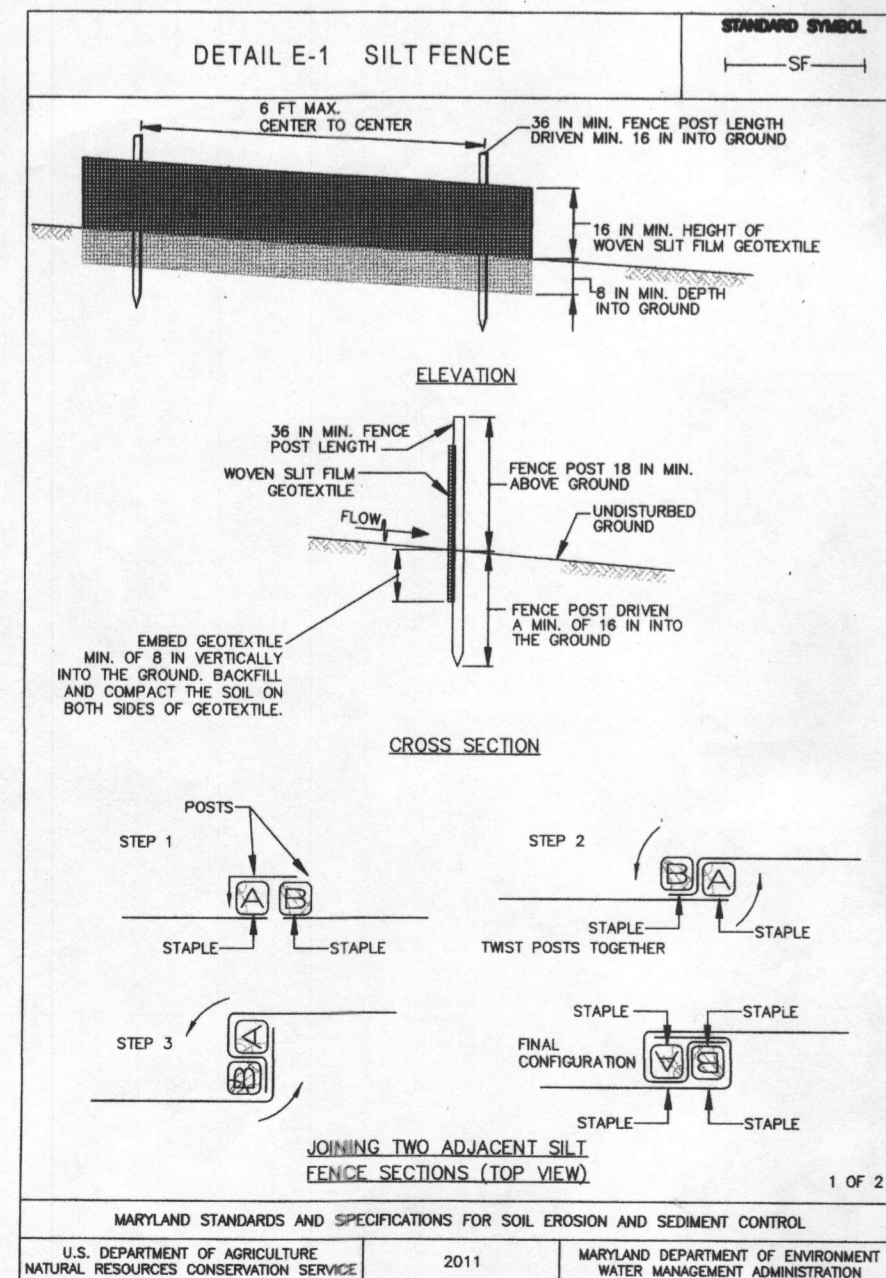
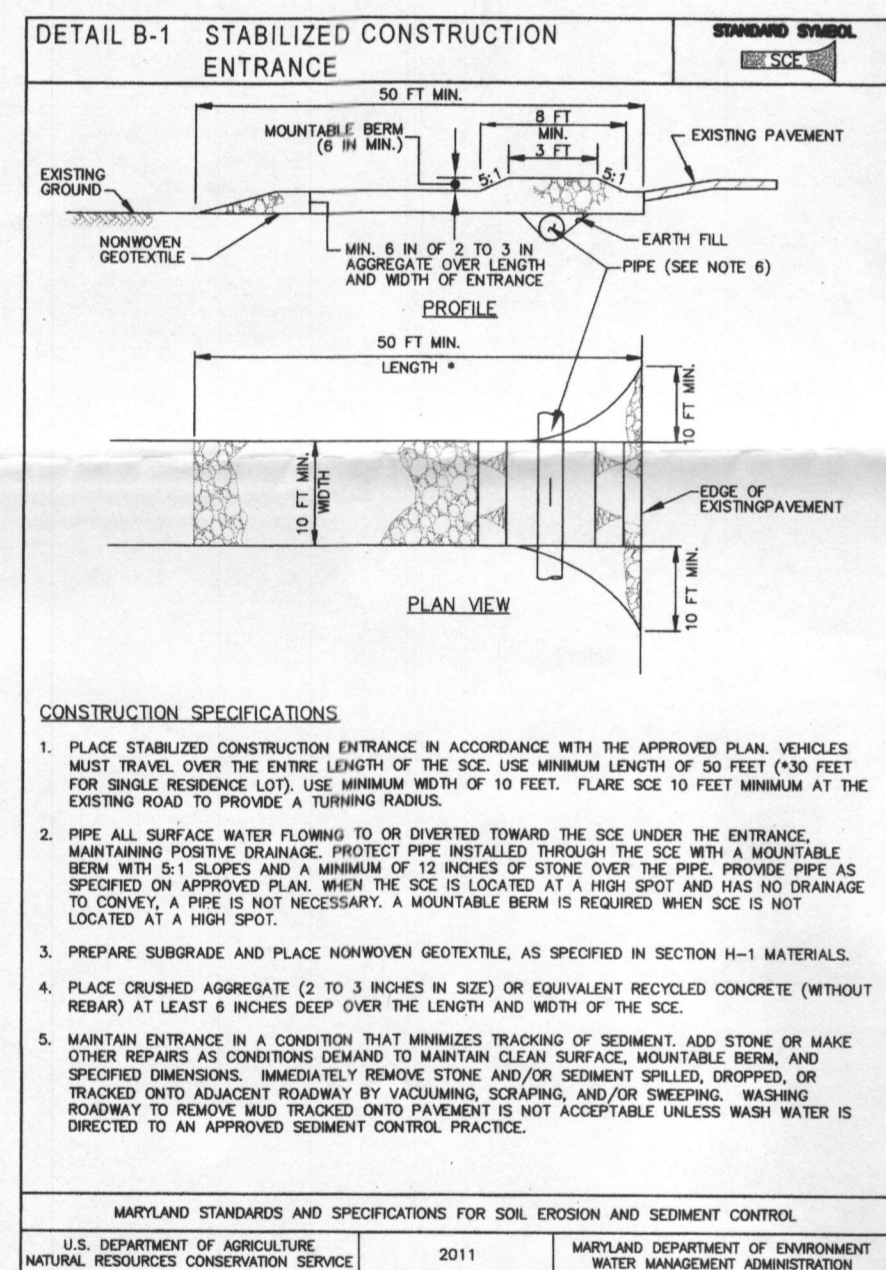


- BAT SITE PLAN NOTES:**
1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 2. MAXIMUM COVER OVER THE BAT PER MANUFACTURER'S SPECIFICATION IS 3 FEET.
 3. THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON MANUFACTURER'S SPECIFICATIONS.
 4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
 5. THE BAT SHALL BE OPERATED 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 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 INSTALLATION.



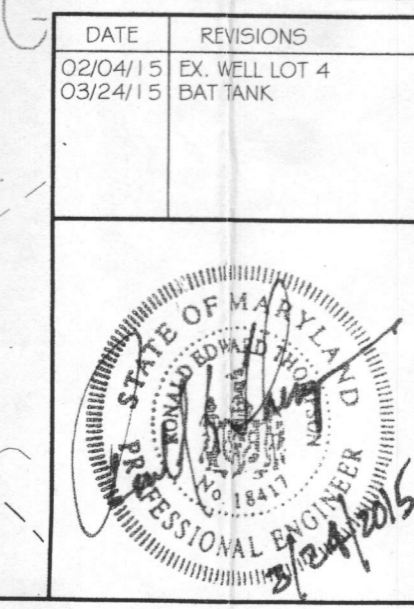
- GENERAL NOTES:**
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 2. THE EXISTING WELLS SHOWN ON THIS PLAN HAVE BEEN FIELD LOCATED BY VANMAR ASSOCIATES OR TAKEN FROM AVAILABLE RECORDS AND ACCURATELY SHOWN.
 3. ZONING DISTRICT: RC-DEO
 4. LIMIT OF DISTURBANCE (LOD) = 19,950 SQ.FT.
 5. THERE ARE NO STREAMS, PONDS, FLOODPLAINS OR WETLANDS ON THIS LOT.
 6. STORM WATER MANAGEMENT FOR THIS LOT IS PROVIDED BY N-1 ROOFTOP DISCONNECT AND M-3 LANDSCAPE INFILTRATION FACILITY.

- SEPTIC SYSTEM TRENCH DESIGN:**
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 APPLICATION RATE = 0.8 GPD / sq.ft.
 DESIGN FLOW: 150 GPD X 4 BEDROOMS = 600 GPD
 600 GPD / 0.8 GPD/sq.ft. = 750 sq.ft.
 750 sq.ft. / 3 ft. WIDE TRENCH = 250 LF TRENCH
 250 LF TRENCH X 0.45 REDUCTION CREDIT = 114 LF TRENCH
 TRENCH 1 (T-1) EX. GRD=583.5 - INV. TRENCH=579.5 - B. TRENCH=576.0
 TRENCH 2 (T-2) EX. GRD=583.0 - INV. TRENCH=579.0 - B. TRENCH=575.0



Approved Septic System Plan
 Howard County Health Department
Dana Burd 4-9-15
 Signature Date
 P15000587

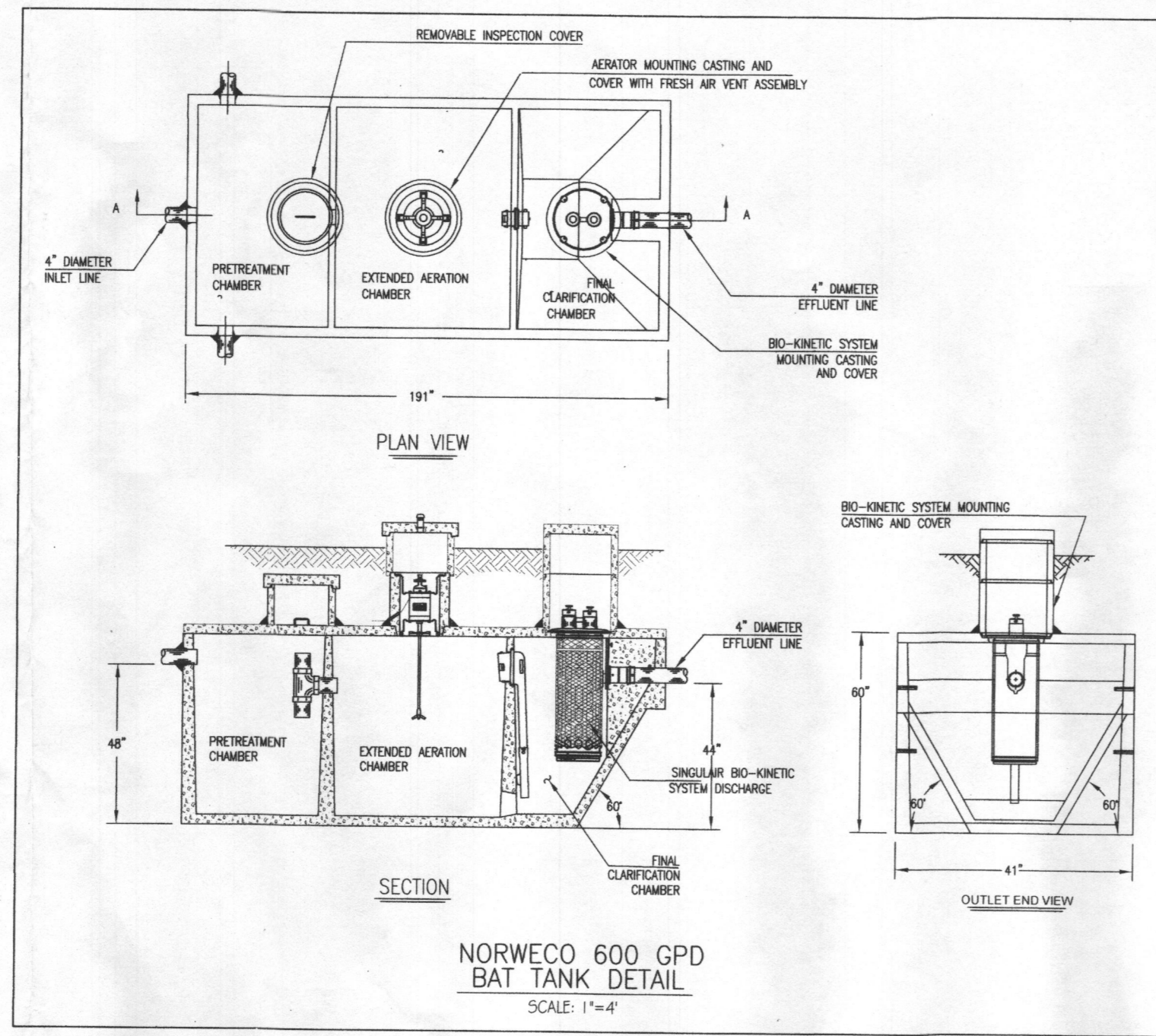
PROFESSIONAL CERTIFICATION
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. 43203, Expiration Date: 1-2-20-2014.



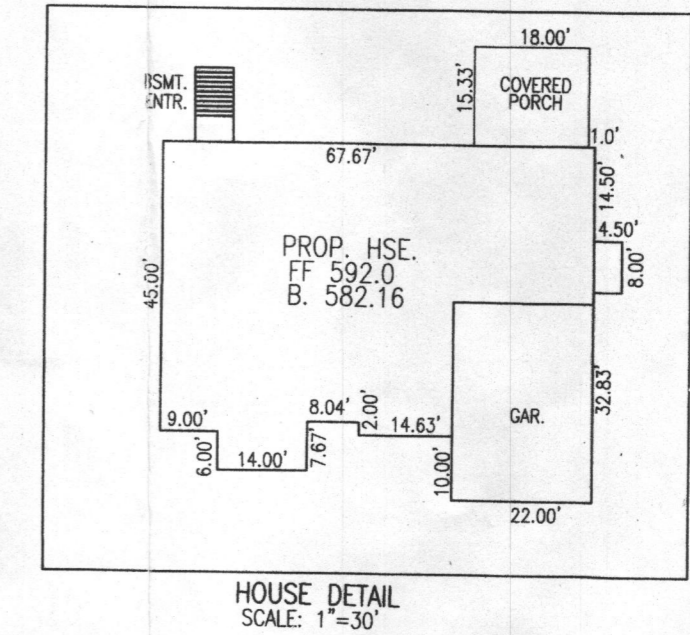
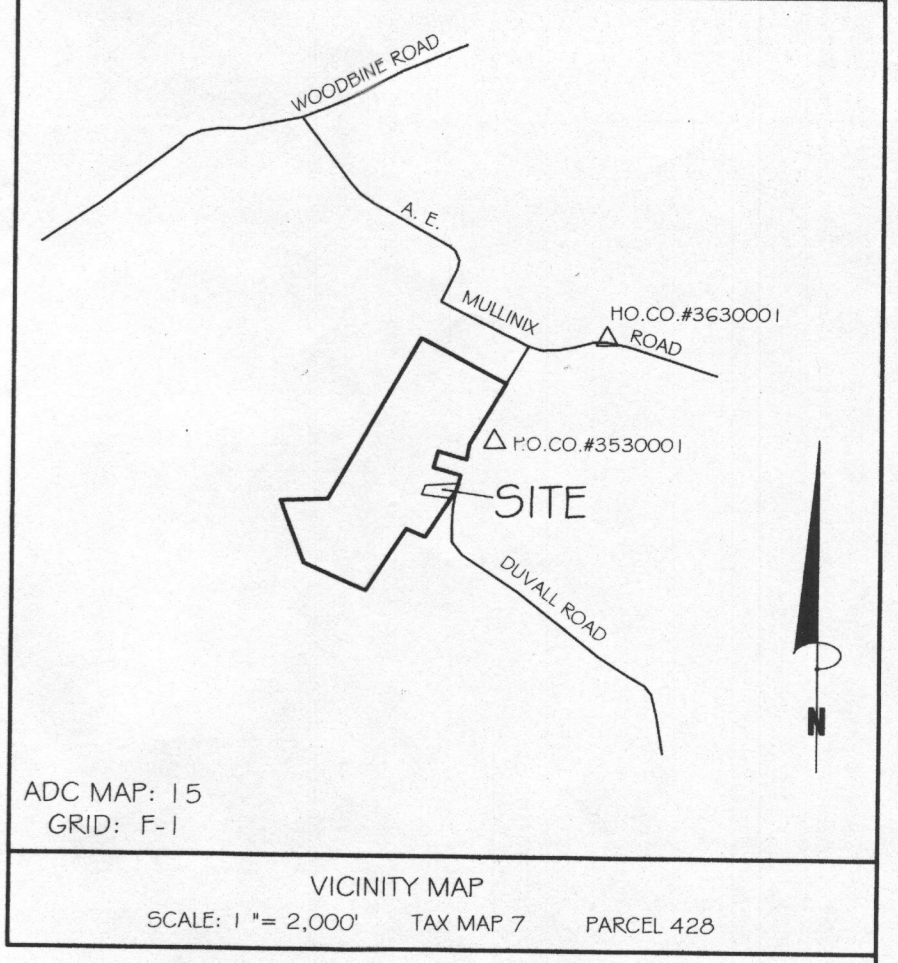
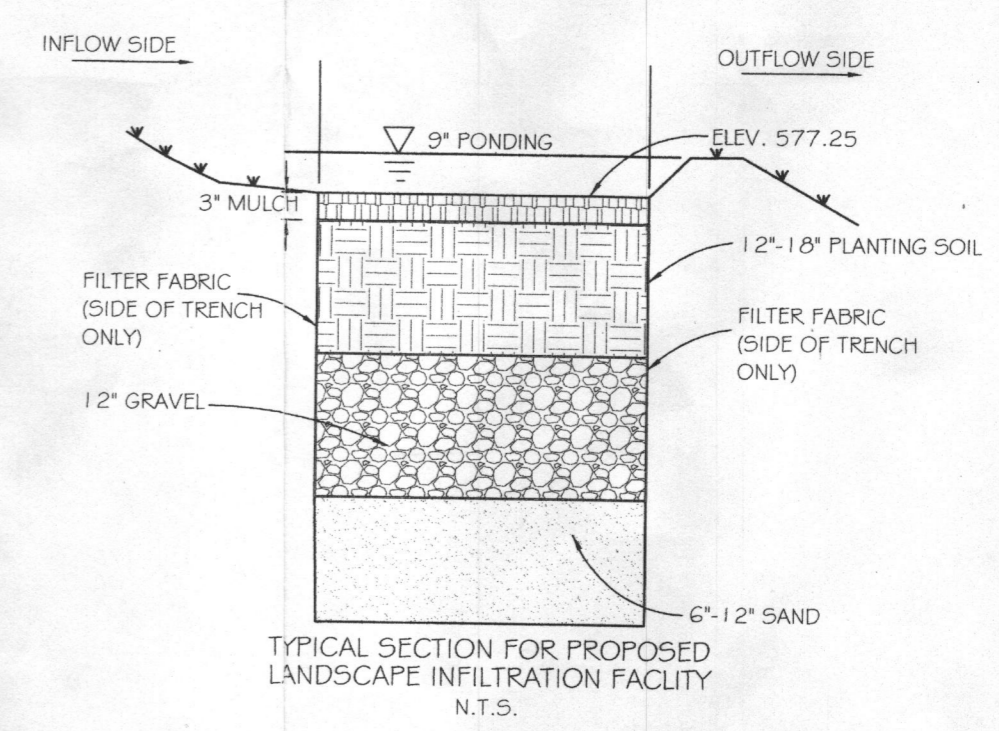
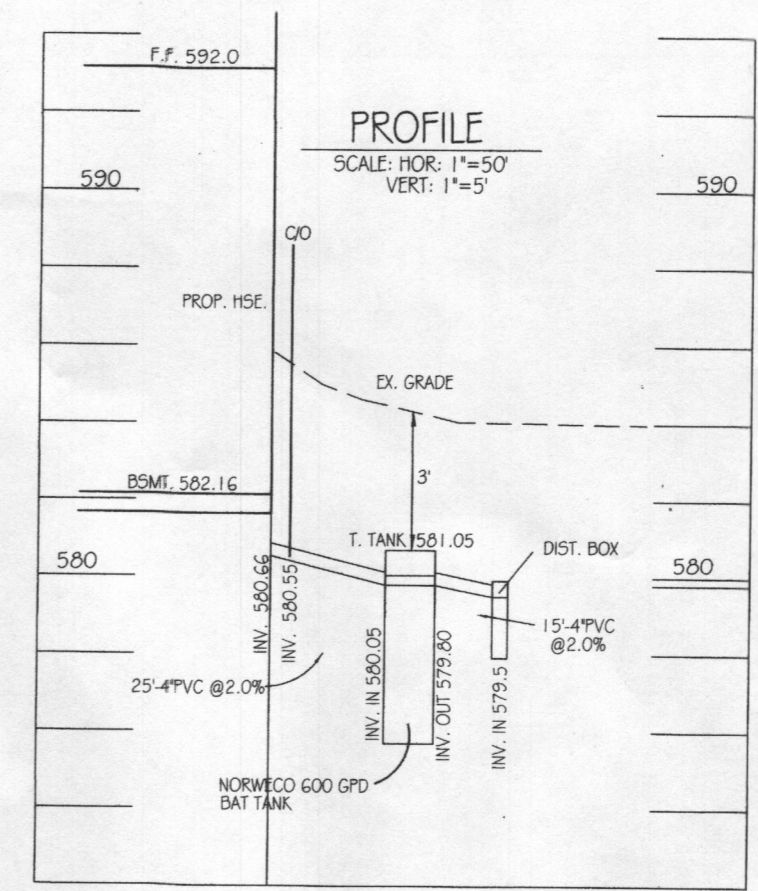
SITE PLAN
 LOT 4
MULLINIX SUBDIVISION
 PLAT No. _____
 ELECTION DISTRICT: No. 4
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 50'
 JAN. 2015

VANMAR ASSOCIATES, INC.
 Engineers Surveyors Planners
 310 South Main Street Mount Airy, Maryland 21771
 (301) 829-2890 (301) 831-5015 (410) 549-2751
 Fax (301) 831-5603 ©Copyright, Latest Date Shown

OWNER:
 GENE W. MULLINIX
 16525 A.E. MULLINIX ROAD
 WOODBINE, MD 21797
 410-489-410

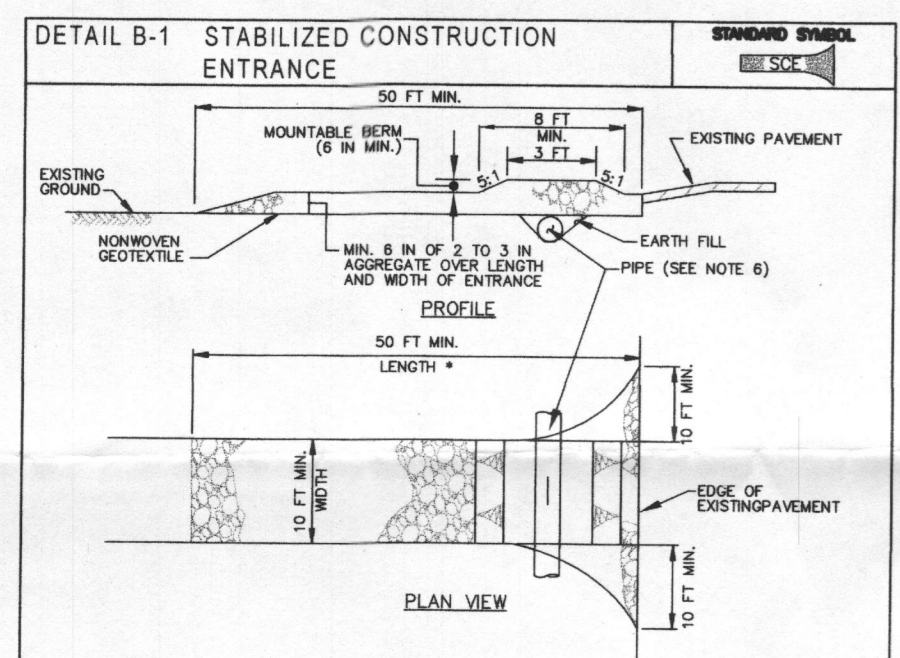
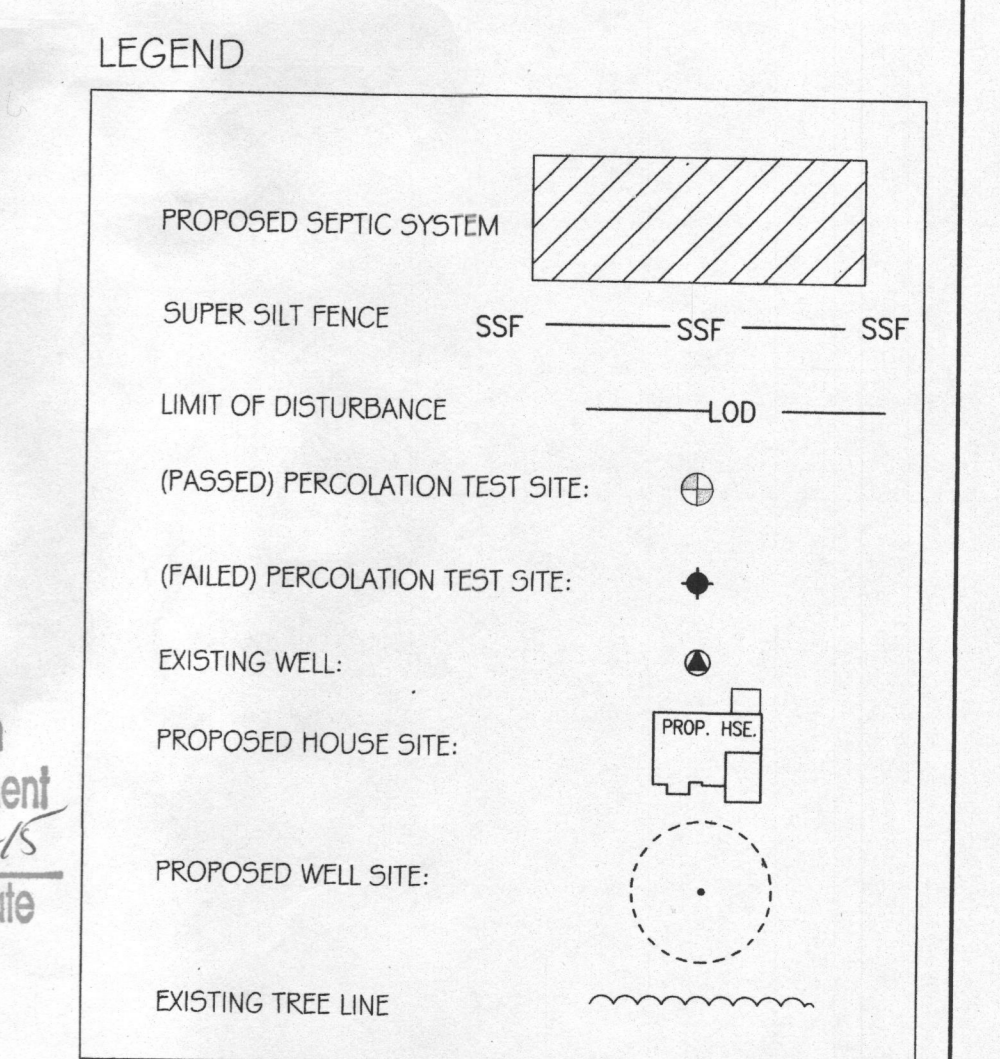


- BAT SITE PLAN NOTES:**
1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
 2. MAXIMUM COVER OVER THE BAT PER MANUFACTURER'S SPECIFICATION IS 3 FEET.
 3. THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON MANUFACTURER'S SPECIFICATIONS.
 4. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
 5. THE BAT SHALL BE OPERATED 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 TYPE OF BAT INSTALLED.
 7. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
 8. AN AGREEMENT AND ASSESSMENT 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 INSTALLATION.

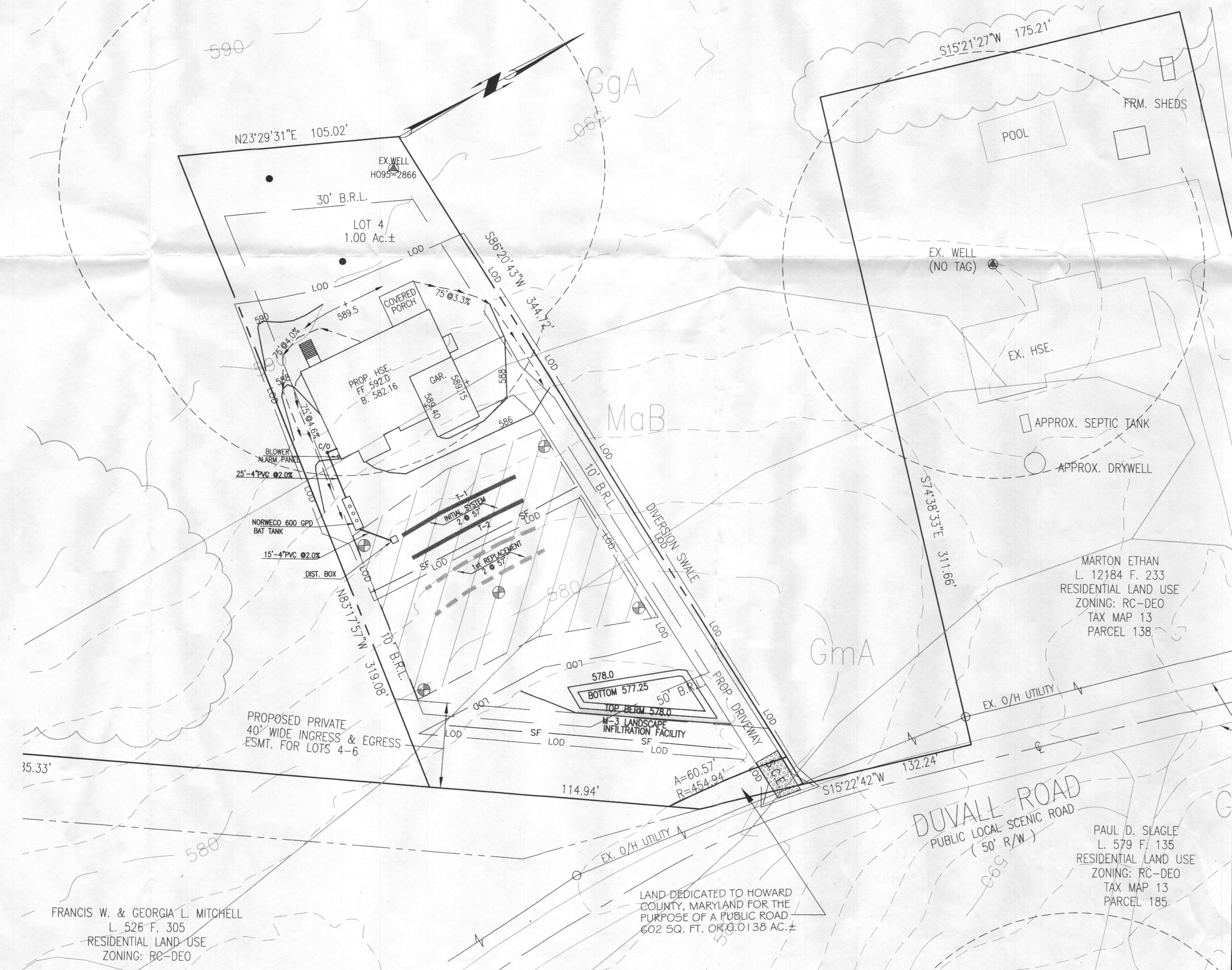
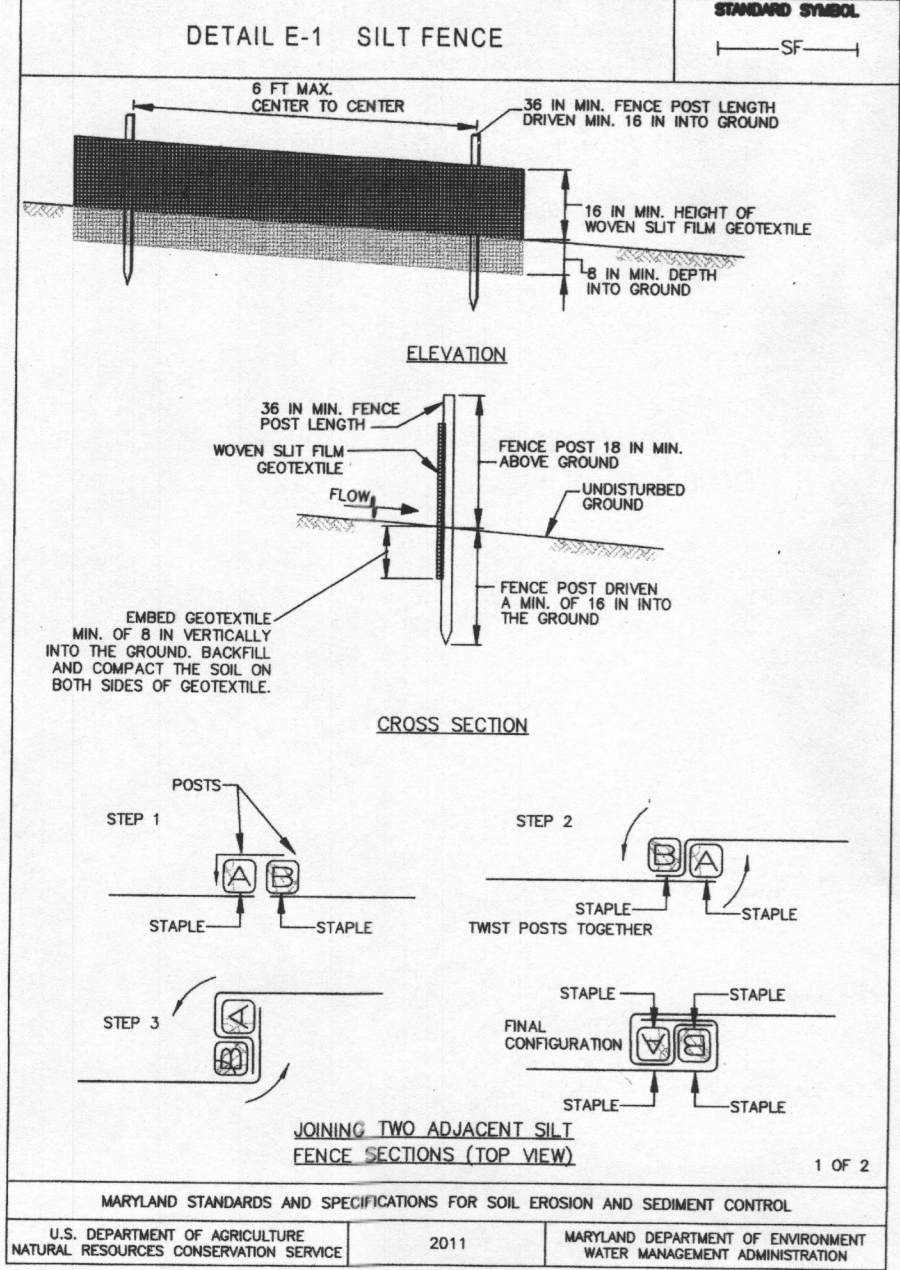


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- CONSTRUCTION SPECIFICATIONS**
1. PLACE STABILIZED CONSTRUCTION ENTRANCE IN ACCORDANCE WITH THE APPROVED PLAN. VEHICLES MUST TRAVEL OVER THE ENTIRE LENGTH OF THE SCE. USE MINIMUM LENGTH OF 50 FEET (750 FEET FOR SINGLE RESIDENCE LOTS), USE MINIMUM WIDTH OF 10 FEET. FLARE SCE TO FEET MINIMUM AT THE EXISTING ROAD TO PROVIDE A TURNING RADIUS.
 2. PIPE ALL SURFACE WATER FLOWING TO OR DIVERTED TOWARD THE SCE UNDER THE ENTRANCE. MAINTAIN POSITIVE DRAINAGE PROTECT PIPE INSTALLED THROUGH THE SCE WITH A MOUNTAIN BERRY WITH 5:1 SLOPES AND A MINIMUM OF 12 INCHES OF STONE OVER THE PIPE. PROVIDE PIPE AS SPECIFIED ON APPROVED PLAN. WHEN THE SCE IS LOCATED AT A HIGH SPOT AND HAS NO DRAINAGE TO CONVEY, A PIPE IS NOT NECESSARY. A MOUNTAIN BERRY IS REQUIRED WHEN SCE IS NOT LOCATED AT A HIGH SPOT.
 3. PREPARE SUBGRADE AND PLACE NONWOVEN GEOTEXTILE AS SPECIFIED IN SECTION H-1 MATERIALS.
 4. PLACE CRUSHED AGGREGATE (2 TO 3 INCHES IN SIZE) OR EQUIVALENT RECYCLED CONCRETE (WITHOUT REBAR) AT LEAST 6 INCHES DEEP OVER THE LENGTH AND WIDTH OF THE SCE.
 5. MAINTAIN ENTRANCE IN A CONDITION THAT MINIMIZES TRACKING OF SEDIMENT, ADD STONE OR MAKE OTHER REPAIRS AS CONDITIONS DEMAND TO MAINTAIN CLEAR SURFACE. MAINTAINABLE SOLEM, AND SPECIFIED DIMENSIONS. IMMEDIATELY REMOVE STONE AND/OR SEDIMENT SPILLED, DROPPED, OR TRACKED ONTO ADJACENT ROADWAY BY WACHTING, SCRAPING, AND/OR SWEEPING. WASHING ROADWAY TO REMOVE MUD TRACKED ONTO PAVEMENT IS NOT ACCEPTABLE UNLESS WASH WATER IS DIRECTED TO AN APPROVED SEDIMENT CONTROL PRACTICE.



Approved Septic System Plan
 Howard County Health Department
Rana Burd 4-7-15
 Signature Date
 B1500 0587

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. 43203, Expiration Date: 1-2-20-2014.

DATE: 02/04/15
 REVISIONS: 03/24/15
 EX. WELL LOT 4
 BAT TANK

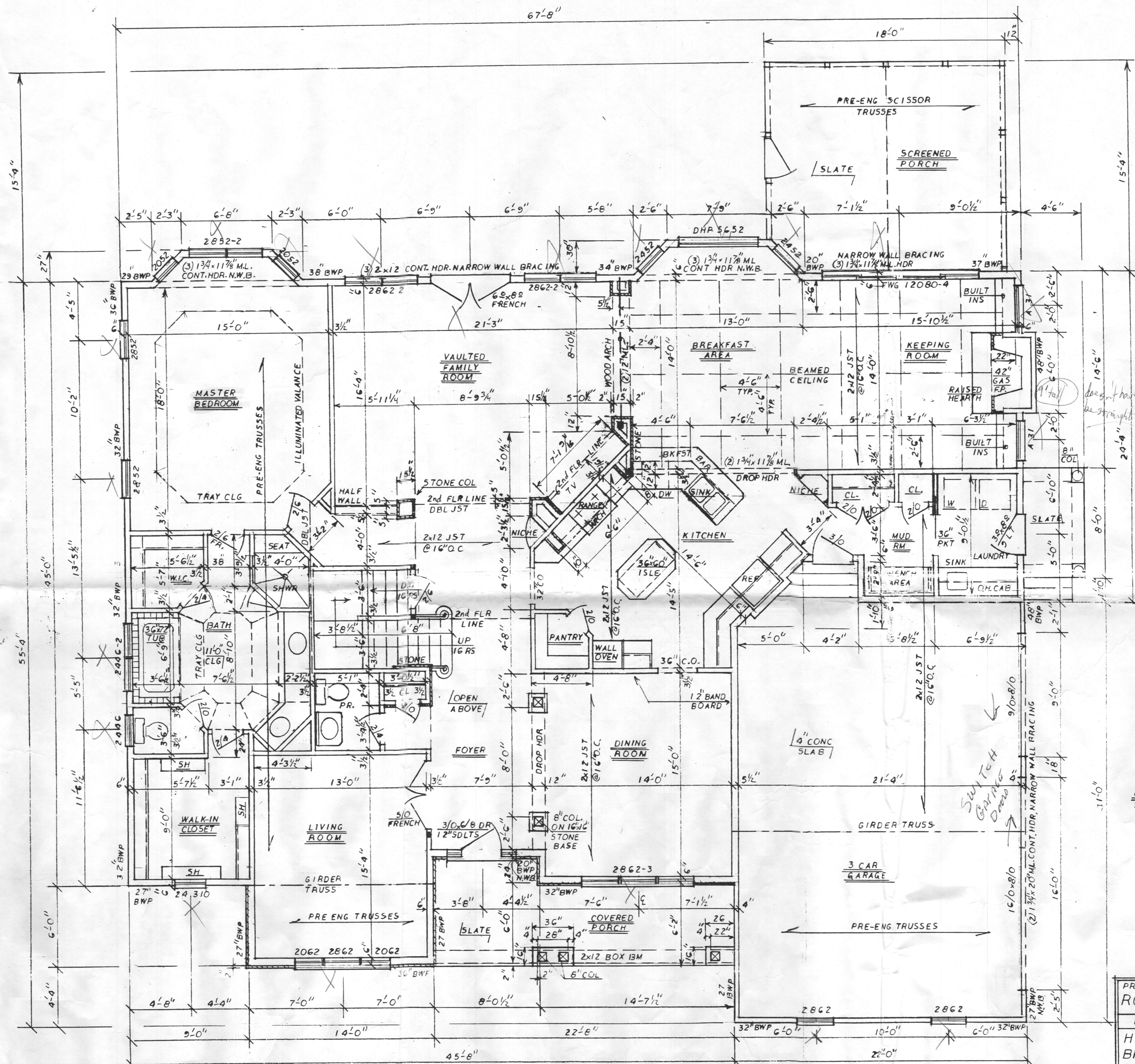
SITE PLAN
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 SCALE 1" = 50'
 JAN. 2015

OWNER:
 GENE W. MULLINIX
 16525 A.E. MULLINIX ROAD
 WOODBINE, MD 21797
 410-489-4510

PAUL D. SLAGLE
 L. 579 F. 135
 RESIDENTIAL LAND USE
 ZONING: RC-DEO
 TAX MAP 13
 PARCEL 185

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD 602 SQ. FT. ON 0.0138 AC.±

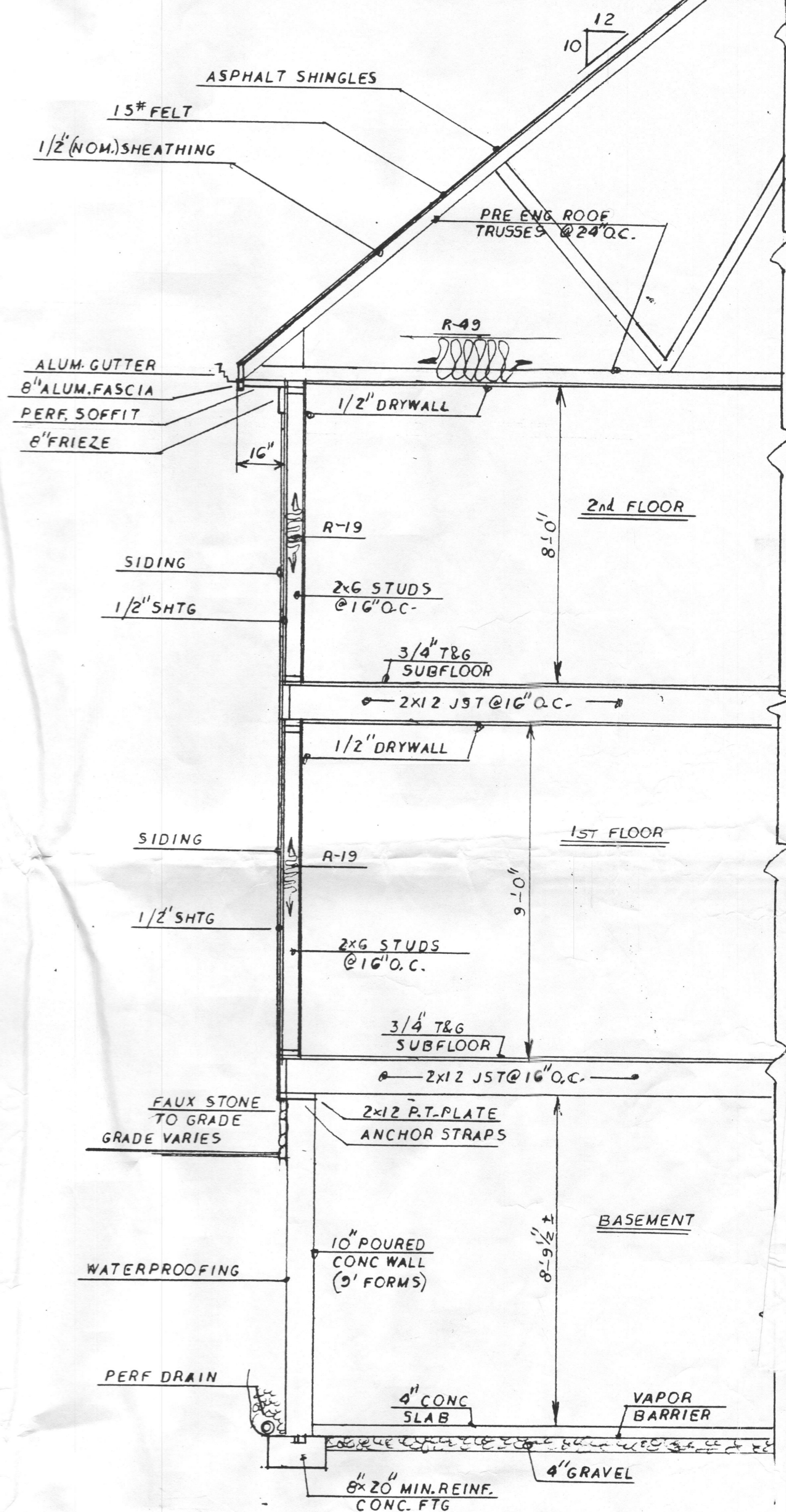
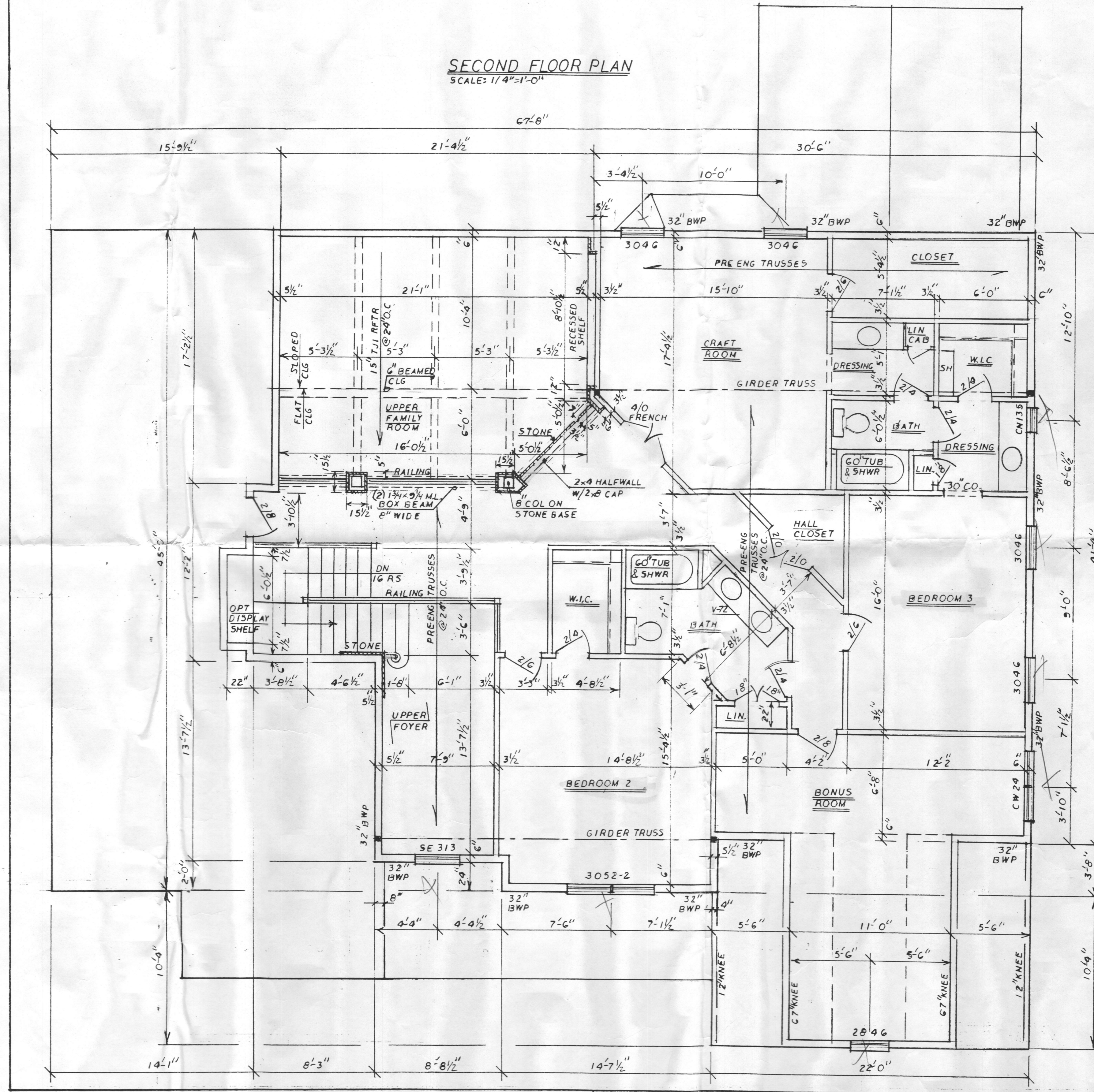
U.S. DEPARTMENT OF AGRICULTURE
 NATURAL RESOURCES CONSERVATION SERVICE
 2011



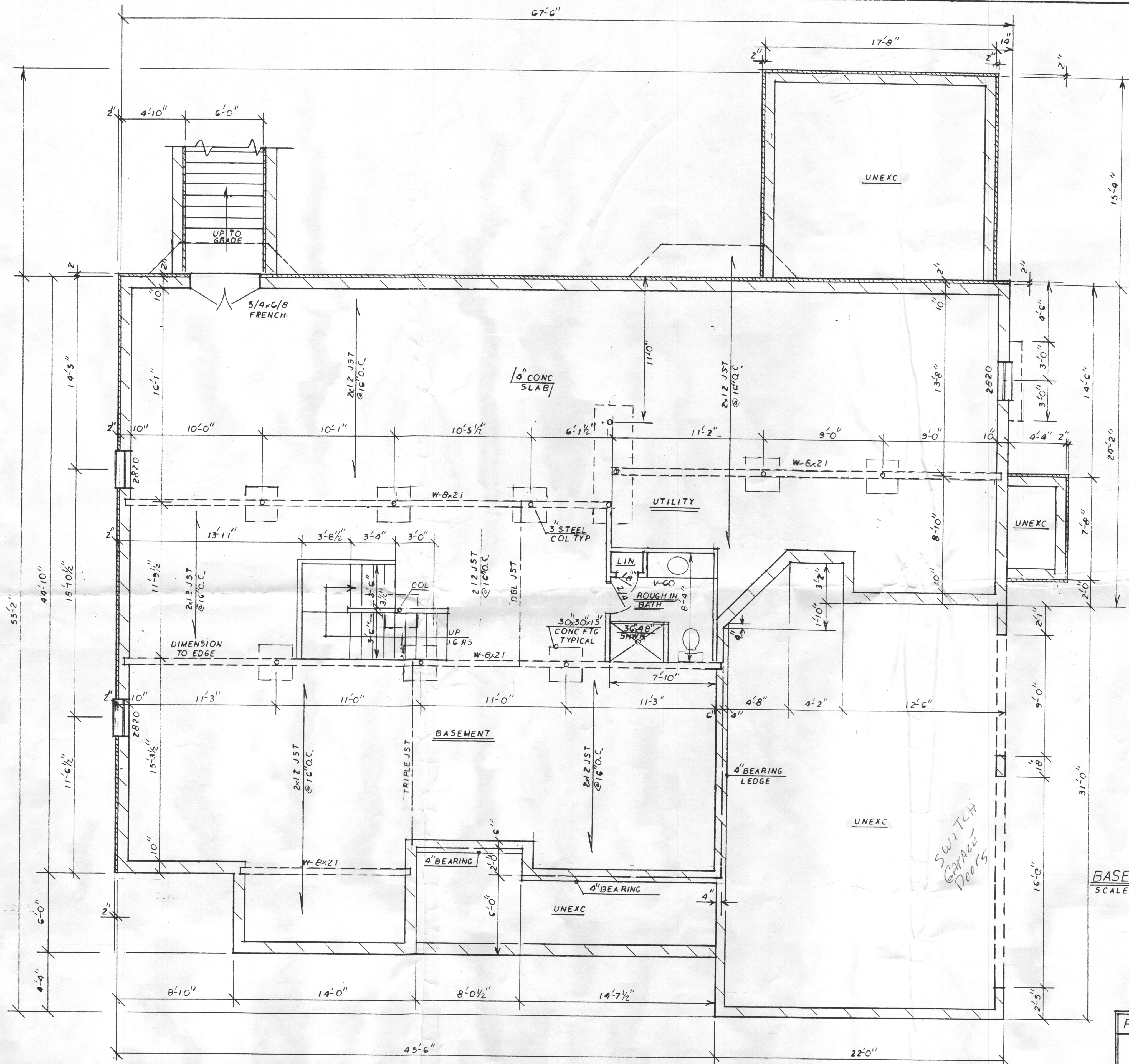
FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

PROPOSED RESIDENCE FOR ROBERT & BETH McDONALD		
DRAWN BY	DATE	SHEET NO.
HEIGES BROTHERS	AUG, 2014	1 OF 4

SECOND FLOOR PLAN
SCALE: 1/4"=1'-0"



CROSS SECTION
SCALE: 3/8"=1'-0"



BASEMENT & FOUNDATION PLAN
 SCALE: 1/4" = 1'-0"

ROBERT & BETH McDONALD
 SHEET NO.
 3 OF 4

*SWITCHES
 GATEWAY
 DOORS*



FRONT ELEVATION
SCALE: 1/4" = 1'-0"



RIGHT SIDE

REAR

LEFT SIDE

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

ROBERT & BETH McDONALD
SHEET NO.
4 OF 4

