



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: 3/17/14

Permit No: 1314000749

Building Address: 7359 Hallmark Rd
 City: Clarksville State: md Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Hallmark
 Section: _____ Area: _____ Lot: 30
 Tax Map: 41 Parcel: 422 Grid: 10
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.22 @

Property Owner's Name: Charles - Mary Barnes
 Address: 7359 Hallmark Rd
 City: Clarksville State: md Zip Code: 21029
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ ^{above} propane tank
 Estimated Construction Cost: \$ 7000
 Description of Work: install 500 gal above ground tank

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clary
 Address: PO Box 1253
 City: Edwardsburg State: md Zip Code: 21784
 Phone: 443-240-1229 Fax: _____
 Email: Jeremy@AppliedAndApproved.com

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

Contractor Company: Poist Grac
 Contact Person: Michael Underwood
 Address: 360 main st
 City: Laurel State: md Zip Code: 20707
 License No.: 66894
 Phone: 301-725-3232 Fax: _____
 Email: Mail to this Address

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:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<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	<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:	
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 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:	

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: _____
 Email Address: Jeremy@AppliedAndApproved.com
 Title/Company: Permits

Print Name: Jeremy Clary
 Date: 3/16/14
RECEIVED
 MAR 17 2014
 LICENSES & PERMITS DIVISION

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>4/3/14</u>	<u>Andrew [Signature]</u>

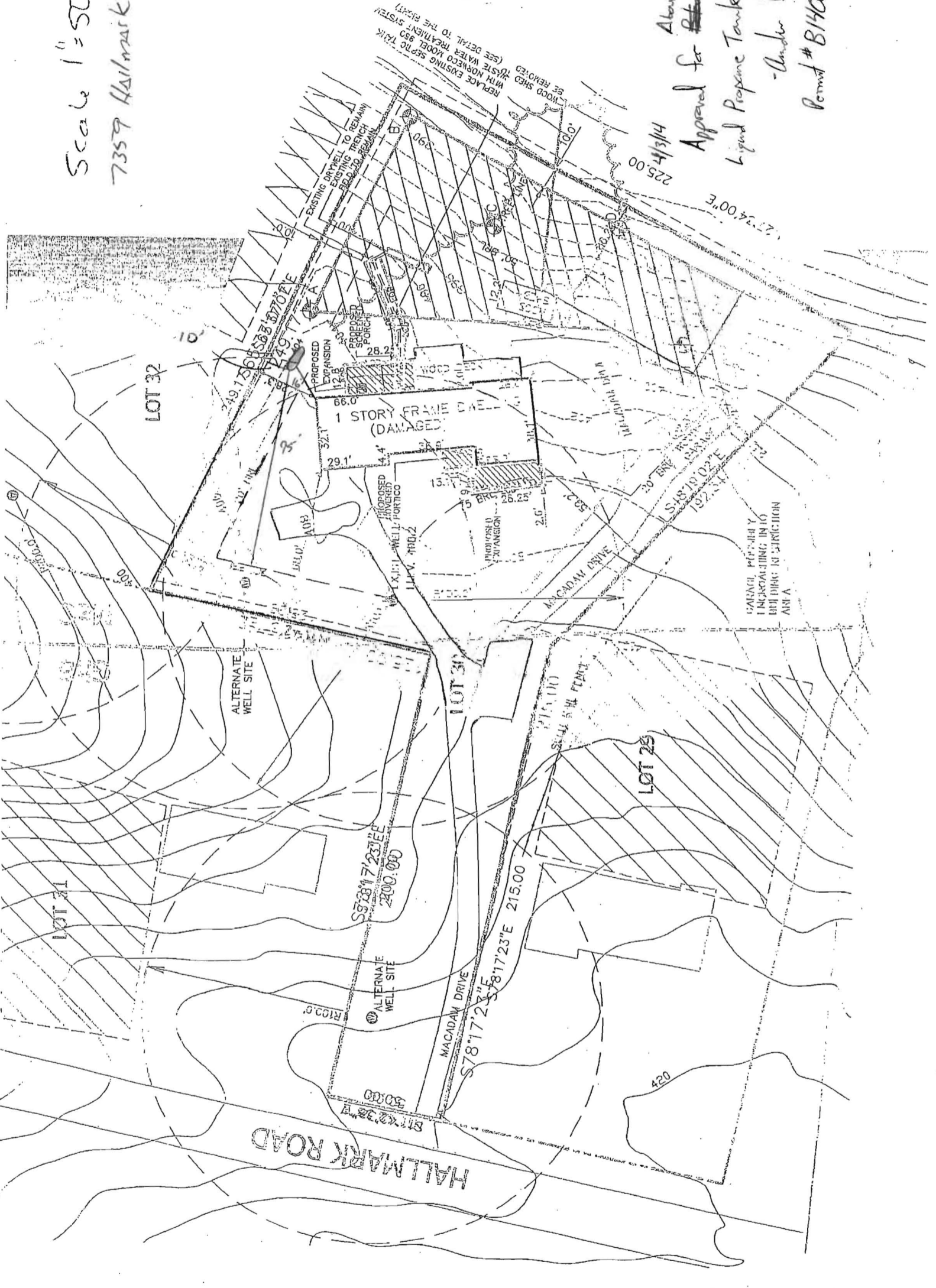
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 3514

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

Scale 1" = 50'
7359 Hallmark Rd



4/13/14
Above ~~Grade~~ Ground
Approval for
Liquid Propane Tank
- Andrew Shatt
Permit # B14000749

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: OCT. 15, 2013
To: BUILDING PERMITS
(Person's Name and Division)
From: BARRY MESSENGER (301) 602-5355
(Your Name, Company Name and Telephone Number)
Subject: Project name CHARLES BARNES
Project site address 7359 HALLMARK RD. CLARKSVILLE, MD. 21029
Permit Number B13001541 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other SITE PLAN REVISION TO SHOW SETBACK AT F.R.E. BRL

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

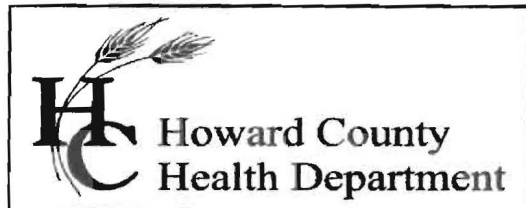
CHARLES OR MARY BARNES (301) 776-2941
(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

cc: Health
DPZ
DED

white: Plan Review Division
yellow: Applicant
pink: Permit Division



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

May 16, 2013

To: Charles Barnes, applicant,
messengerD@verizon.net

From: Robert Bricker, REHS/R.S.
Environmental Health Specialist
Well and Septic Program

RE: 7359 Hallmark Road; B13001541, Health Department comment

The Building Permit Application for 7359 Hallmark Road cannot be approved at this time.

1. A Site Plan must be submitted that accurately depicts existing conditions on the subject property as follow,
 - a. the locations of all 3 structures, including decks
 - b. locations of all driveways
 - c. current topography at 2-foot elevation intervals
 - d. location of the well
 - e. boundaries of the approved sewage disposal area (SDA)
 - f. septic tank, and the dry well with trench
2. Submittal to the Health Department of proposed floor plans for the entire residence is also required.

Please be advised that soil profile descriptions were not recorded when the percolation tests were conducted in about 1977. These soil descriptions are needed to properly design a septic system to serve the rebuilt residence. Soil profile observations will need to be recorded prior to Building Permit approval.

It is also likely that a Percolation Certification Plan revision may be needed as it appears that structures and driveways encroach on the approved SDA. A 10,000 square-foot SDA, free of such encroachments, must be approved for the subject property prior to building permit approval.

You may 'Reply' or call me at the Bureau of Environmental Health, 410-313-2691, to discuss any questions you may have concerning these requirements.

RB

Copy: Timothy J. Burton Construction, Inc.; timb76@juno.com
file



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: _____

Permit No.: **313001541**

Building Address: **7359 HALLMARK RD.**
 City: **CLARKSVILLE** State: **MD.** Zip Code: **21029**
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **RESIDENCE**
 Proposed Use: **RESIDENCE**
 Estimated Construction Cost: \$ **350,000.**
 Description of Work: **REBUILD NEW HOME ON EXISTING FOUNDATION W/ADDITIONAL SPACE ADDED**
 Occupant or Tenant: **OCCUPANT**
 Was tenant space previously occupied? Yes No
 Contact Name: **CHARLES BARNES**
 Address: **7359 HALLMARK RD.**
 City: **CLARKSVILLE** State: **MD.** Zip Code: **21027**
 Phone: **301-776-2941** Fax: _____
 Email: _____

Property Owner's Name: **CHARLES BARNES**
 Address: **7359 HALLMARK RD.**
 City: **CLARKSVILLE** State: **MD.** Zip Code: **21029**
 Phone: **301-776-2941** Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: **TIMOTHY J BORDEN CONSTRUCTION**
 Contact Person: **TM BORDEN**
 Address: **6707 WISS DR**
 City: **LARRET** State: **MD** Zip Code: **20757**
 License No.: **MHC 91246**
 Phone: **301-635-1281** Fax: **240-524-2350**
 Email: **tim@jbconstruction.com**

Engineer/Architect Company: **CHAO DESIGN ASSOC.**
 Responsible Design Prof.: _____
 Address: **5064 BUCKETPOST CT.**
 City: **COLUMBIA** State: **MD.** Zip Code: **21045**
 Phone: **410-730-4698** 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 st floor:	2 nd floor:
Area of construction (sq. ft.):	Basement:	
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 3	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input type="checkbox"/> Roadside Tree Project Permit	Footings:	
<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 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 checked="" 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 checked="" type="checkbox"/> No	
Grading Permit Number:	
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: **Charles Barnes** Print Name: **CHARLES BARNES**
 Email Address: **MESSINGERD@VERIZON.NET** Date: **4-10-13**
 Title/Company: _____

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		

DPZ SETBACK INFORMATION

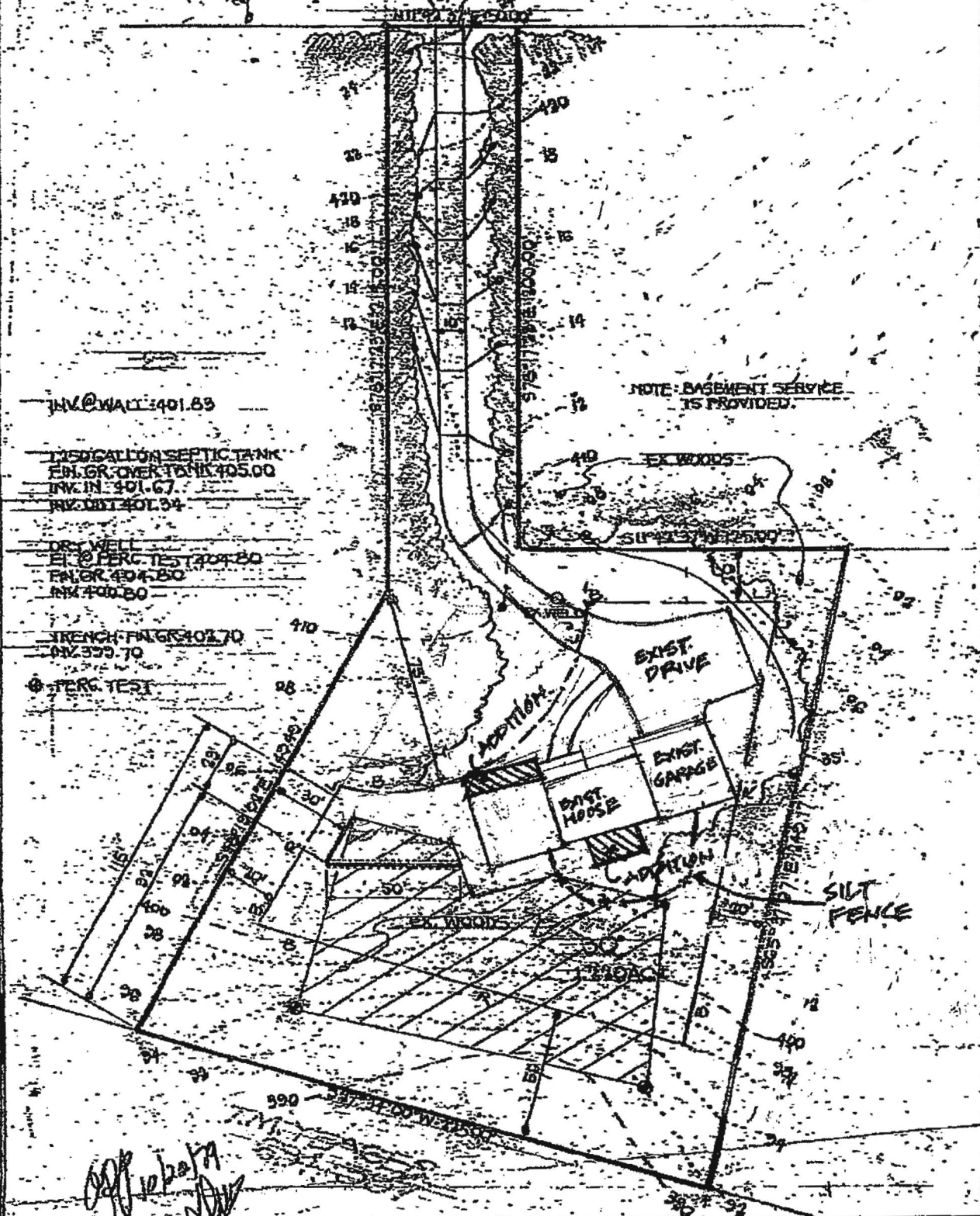
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$	150.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	271

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

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

HALLMARK ROAD



INW @ WALL: 401.83

INDICATION SEPTIC TANK
 EML GR OVER TANK 405.00
 INW IN: 401.67
 RW: 401.34

DRY WELL
 EL @ PERG TEST 404.80
 FAVOR 404.80
 RW 400.80

TRENCH FAVOR 401.70
 RW 399.70

PERG TEST

NOTE: BASEMENT SERVICE IS PROVIDED.

EX WOODS

SUP 437.00 2500'

EXIST. DRIVE

EXIST. GARAGE

EXIST. HOUSE

ADDITION

SILT FENCE

26'
 51.5'

32'

[Handwritten signature]
 12/20/79

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

[Handwritten signature]
 BRUCE D. BURTON, DESIGN ENGINEER

[Handwritten signature]
 DATE

BURTON ASSOCIATES
 CIVIL ENGINEERS - LAND SURVEYORS
 LAND PLANNERS - LANDSCAPE ARCHITECTS
 210 SHADY NOOK CT. BALTO, MD 21228 301-744-8471

SITE DEVELOPMENT PLAN

HALLMARK SECTION ONE

5TH ELECTION DISTRICT, HOWARD CO, MARYLAND
 DATE: SEPT. 20/79 DRAWN: A.D.B. JOB NO: 10062
 SCALE: 1"=50' CHECKED: D.D.B. FILE NO: H-039

PREPARED FOR:
 BRANTLY DEVELOPMENT CORP.
 1000 W. BROADWAY
 COLUMBIA, MD 21044
 301-780-0810

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9-25-13
To: STEVE ROLLS
(Person's Name and Division)
From: BARRY MESSENGER (301) 602-5355
(Your Name, Company Name and Telephone Number)
Subject: Project name BARNES RESIDENCE PERIOD
Project site address 7359 HALLMARK RD. CLARKSVILLE 21029
Permit Number B 13001541 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of 5 PHOT PLANS (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

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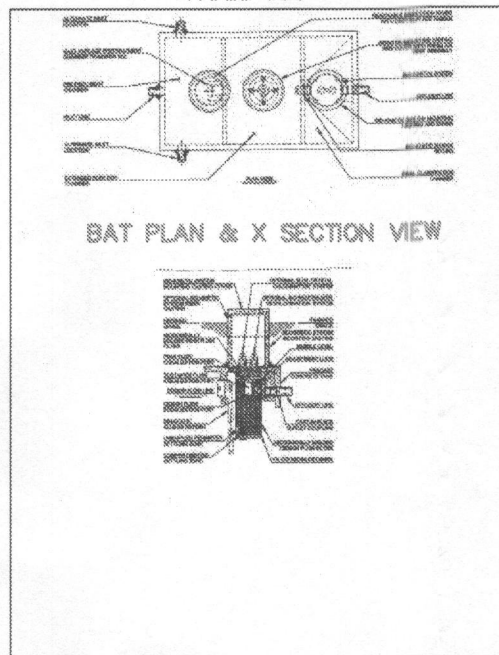
Received by AKH

PER DED
cc: Bldg
DPZ
Heath

white: Plan Review Division
yellow: Applicant
pink: Permit Division

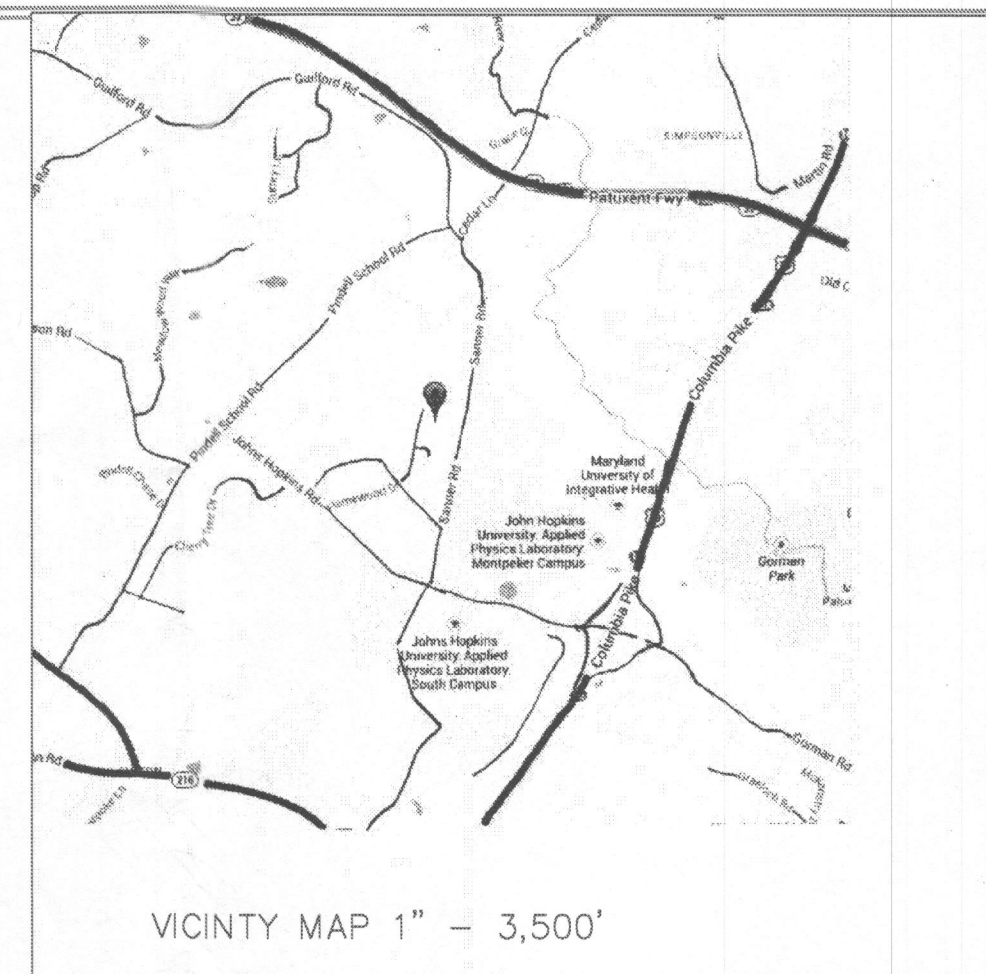


SINGLAIR BIO-KINETIC WASTE WATER TREATMENT SYSTEM MODEL 980



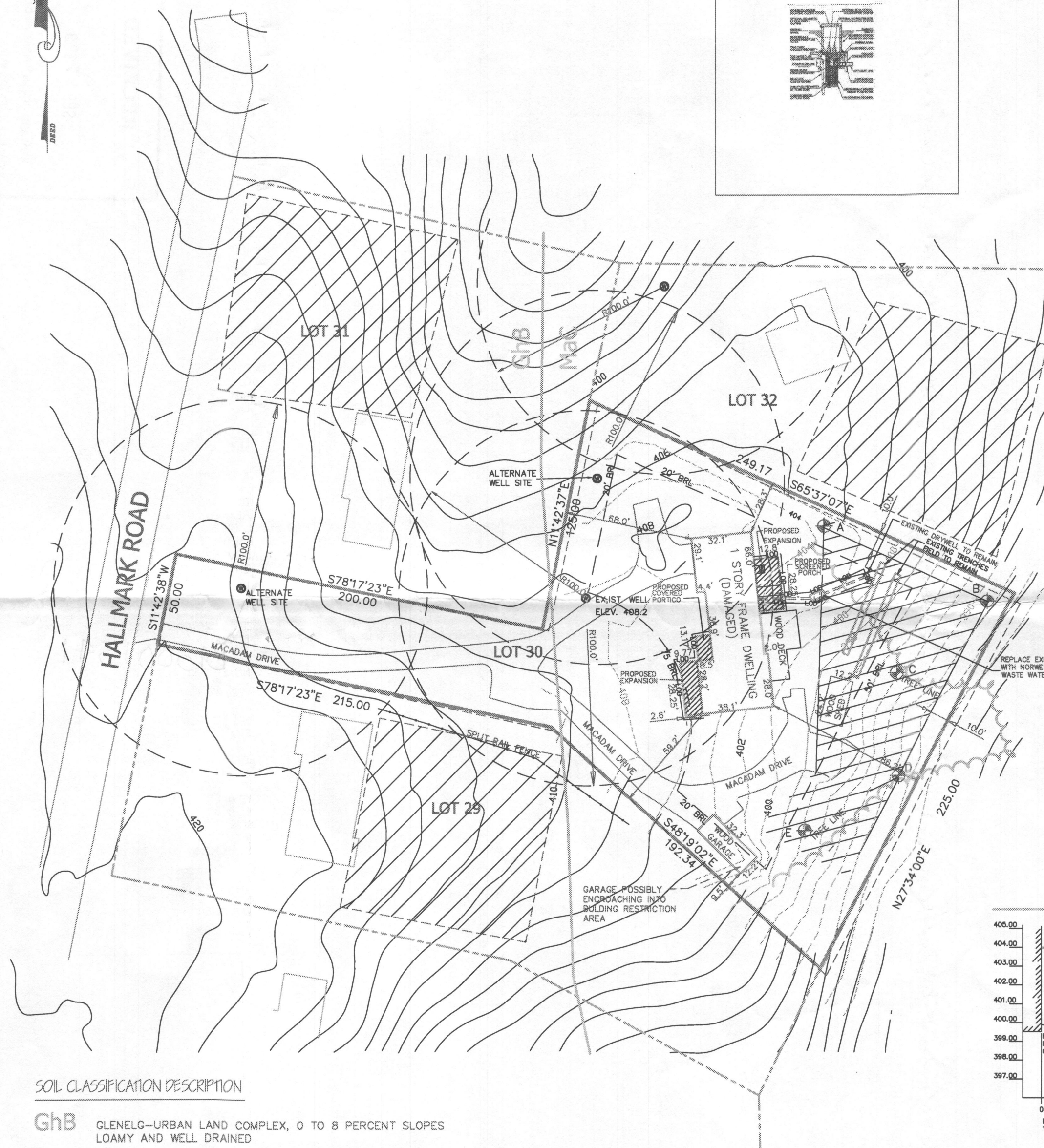
LEGEND

- PERCOLATION TEST HOLE THAT PASSED
- PROPOSED ADDITION
- SOIL BOUNDARY
- EXISTING WELL
- TREE LINE
- PROPOSED SEPTIC EASEMENT
- 408 --- CONTOURS FROM FIELD RUN SURVEY
- 408 --- CONTOURS FROM GIS
- - - - - LIMIT OF DISTURBANCE

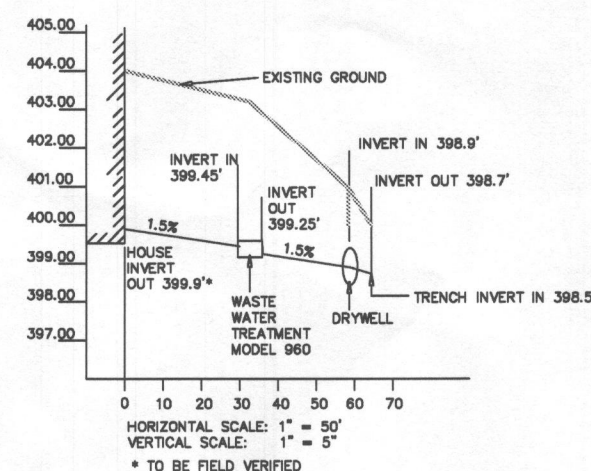


NOTES

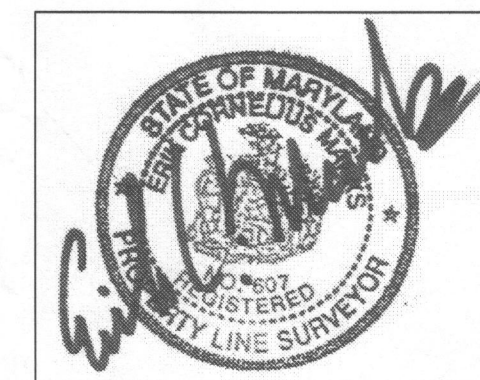
1. SITE ADDRESS: 7359 HALLMARK ROAD, CLARKSVILLE, MARYLAND 21029
2. EXISTING ZONING IS RR-DEO.
3. BOUNDARY LINES SHOWN HEREON ARE BASED ON BOUNDARY EVIDENCE AND DEED PLOTS, PERFORMED BY MARKS & ASSOC. LLC IN JUNE, 2013
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
AREA OF SEPTIC RESERVE AREA: 10,270 SQUARE FEET
5. THIS AREA DESIGNATES A MINIMUM 10,000 SQUARE FOOT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL, IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. TOPOGRAPHY SHOWN HEREON IS FIELD RUN AND SUPPLEMENTED BY GIS; VERIFIED BY MARKS & ASSOCIATES.
7. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL SEPTIC SYSTEMS, WELLS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF BOUNDARY LINES HAVE BEEN LOCATED.
8. ALL PHYSICAL FEATURES SHOWN HEREON ARE EXISTING EXCEPT FOR THOSE LABELED AS PROPOSED.
9. DAMAGED HOUSE TO BE REBUILT WITH ADDITIONS AS SHOWN.
10. ANY CHANGES TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A SITE PLAN MAY BE REQUIRED.
11. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS FEET.
12. THE BLOWER MAY NOT BE LOCATED MORE THAN FEET FROM THE TANK BASED ON THE MANUFACTURER'S SPECIFICATIONS.
13. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
14. THE BAT SYSTEM SHALL BE OPERATED AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
15. 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, ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
16. TOTAL AREA OF DISTURBANCE: 1,210 SQUARE FEET



PROFILE OF SEPTIC SYSTEM



THIS IS TO CERTIFY THAT THIS SURVEY WAS PERFORMED IN ACCORDANCE WITH THE PRINCIPALS AND PRACTICE OF ACCEPTED SURVEYING PROCEDURES



ERIK C. MARKS R.P.L.S. NO. 607

REVISED
Date: 09.25.13
Comments: B13001541
PER IDED

SOIL CLASSIFICATION DESCRIPTION

- GhB GLENELG-URBAN LAND COMPLEX, 0 TO 8 PERCENT SLOPES LOAMY AND WELL DRAINED
- MaC MANOR LOAM, 8% TO 15% SLOPES WELL DRAINED LOAMY RESIDUUM DERIVED FROM SCHIST PHYLLITE.

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS

OWNER \ BUILDER INFORMATION:
CHARLES M. & MARY A. BARNES
7359 HALLMARK ROAD
CLARKSVILLE, MARYLAND 21029
CONTACT PERSON: Barry Messenger Ph. 301 602 5355

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. DATE

Marks & Associates, LLC
Engineering-Surveying-Land Planning

4531 College Avenue
Ellicott City, Maryland 21043

Phone (410) 747-8738 Fax (410) 747-8738

SCALE 1"=50'
DRAWN BY J.J.
CHECKED BY CM
DATE 09/09/2013
REVISED: 08/04/2013

Site Plan and
BAT Installation
& PERCOLATION
CERTIFICATION PLAT

7359 HALLMARK ROAD TAX ID NO. 383072
HALLMARK, SECTION ONE, LOT 30
CLARKSVILLE, MARYLAND

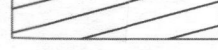
TAX MAP #41
5TH ELECTION DISTRICT

PARCEL 422
HOWARD COUNTY, MARYLAND

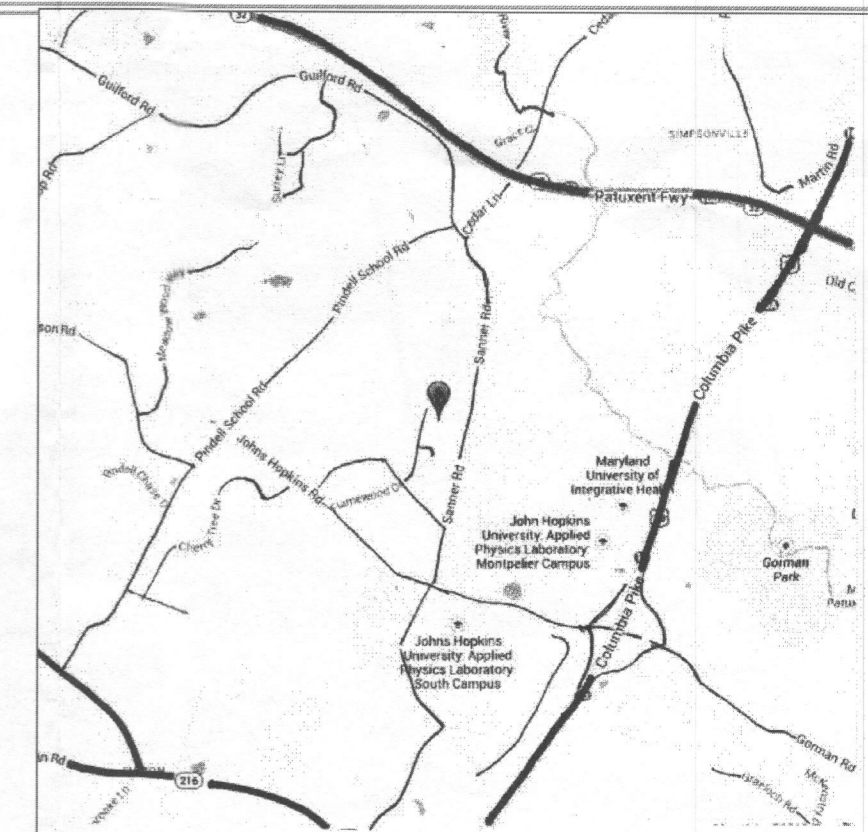
NOTES

1. SITE ADDRESS: 7359 HALLMARK ROAD, CLARKSVILLE, MARYLAND 21029
2. EXISTING ZONING IS RR-DEO.
3. BOUNDARY LINES SHOWN HEREON ARE BASED ON BOUNDARY EVIDENCE AND DEED PLOTS, PERFORMED BY MARKS & ASSOC. LLC IN JUNE, 2013
4. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.

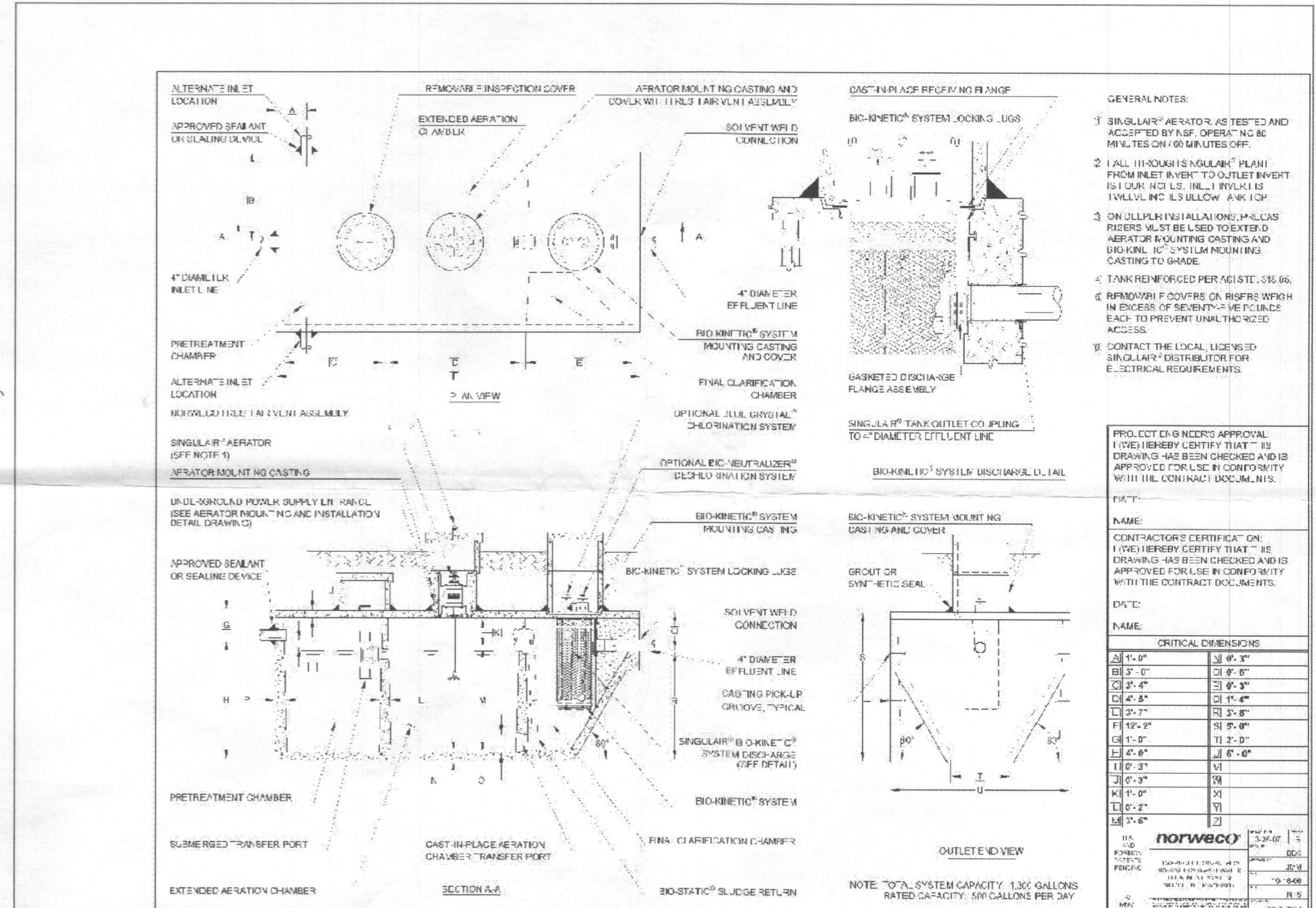
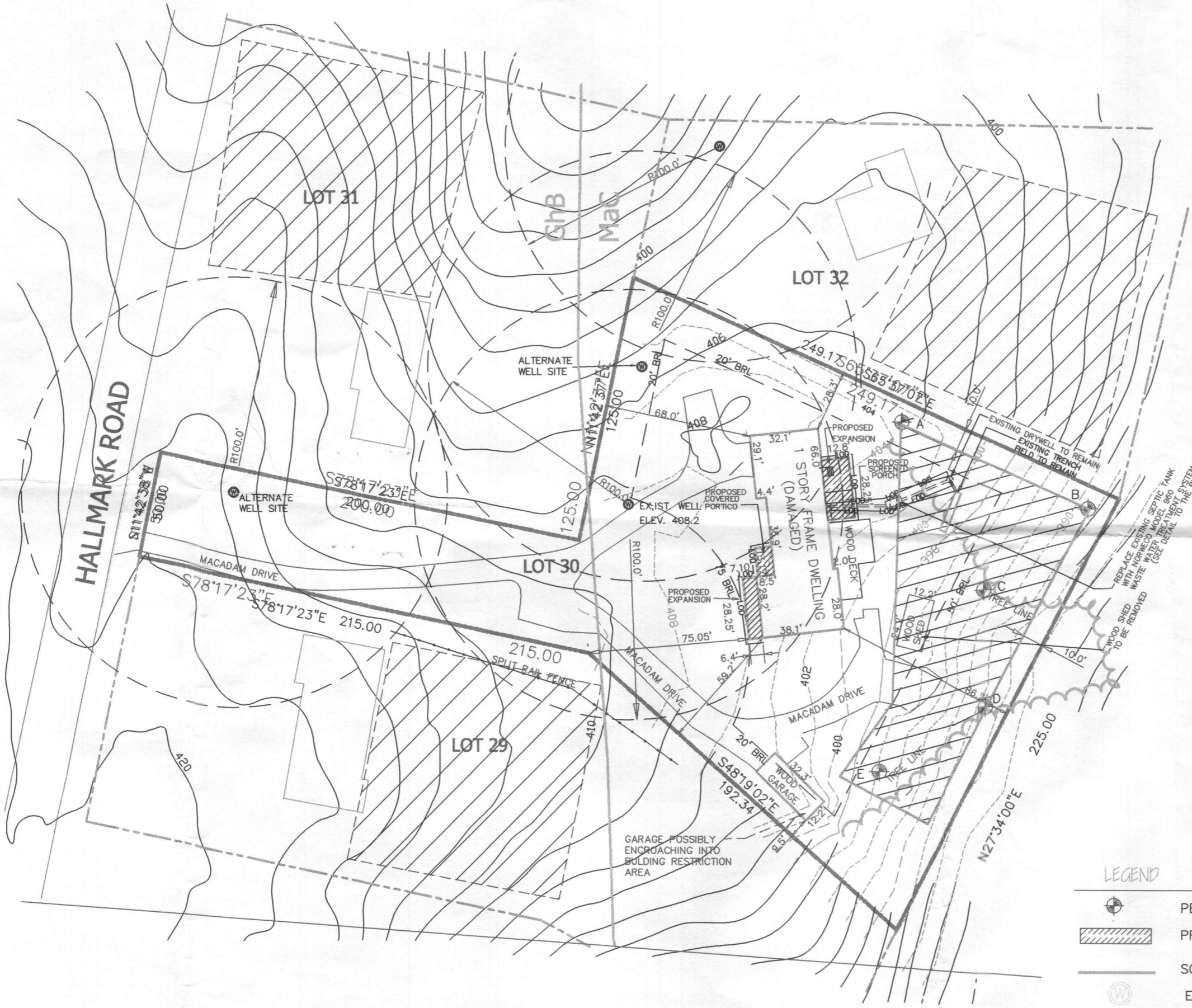
AREA OF SEPTIC RESERVE AREA: 10,100 SQUARE FEET

5.  THIS AREA DESIGNATES A MINIMUM 10,000 SQUARE FOOT PRIVATE SEWAGE EASEMENT REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BE NULL AND VOID UPON CONNECTION TO A PUBLIC SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCRoACHMENT INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
6. TOPOGRAPHY SHOWN HEREON IS FIELD RUN AND SUPPLEMENTED BY GIS; VERIFIED BY MARKS & ASSOCIATES.

7. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL SEPTIC SYSTEMS, WELLS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF BOUNDARY LINES HAVE BEEN LOCATED.
8. ALL PHYSICAL FEATURES SHOWN HEREON ARE EXISTING EXCEPT FOR THOSE LABELED AS PROPOSED.
9. DAMAGED HOUSE TO BE REPAIRED WITH ADDITIONS AS SHOWN.
10. ANY CHANGES TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A SITE PLAN MAY BE REQUIRED.
11. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3.0 FEET TO TOP.
12. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
13. THE BAT SYSTEM SHALL BE OPERATED AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
14. 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, ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
15. TOTAL AREA OF DISTURBANCE: 1,210 SQUARE FEET
16. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERC CERTIFICATION PLAN.
17. WOOD SHED WILL BE REMOVED PRIOR TO INSTALLATION OF SEPTIC SYSTEM.



VICINITY MAP 1" = 3,500'



- GENERAL NOTES:
1. SINGULAR AERATOR AS TESTED AND ACCEPTED BY USE OPERATING 15 MINUTES ON OR 15 MINUTES OFF.
 2. ALL 11-HOUR ISOLATION PLANT FROM INLET INVERT TO OUTLET INVERT IS TO BE BELIEVED TO BE 1.5% SLOPE TO PREVENT BACKFLOW.
 3. ON ALL PERMANENT INSTALLATIONS, PREPARED TO BE BELIEVED TO BE 1.5% SLOPE TO PREVENT BACKFLOW AND BREAKING OF SYSTEM HOUSING CASTING TO GRADE.
 4. TANK REINFORCED PER AGS 316.06.
 5. APPROVED F COVERS OR RISERS WITH IN EXCESS OF SEVENTEEN FEET TO PREVENT MINOR ACCESS.
 6. CONTRACT THE LOCAL LICENSED SINGULAR DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

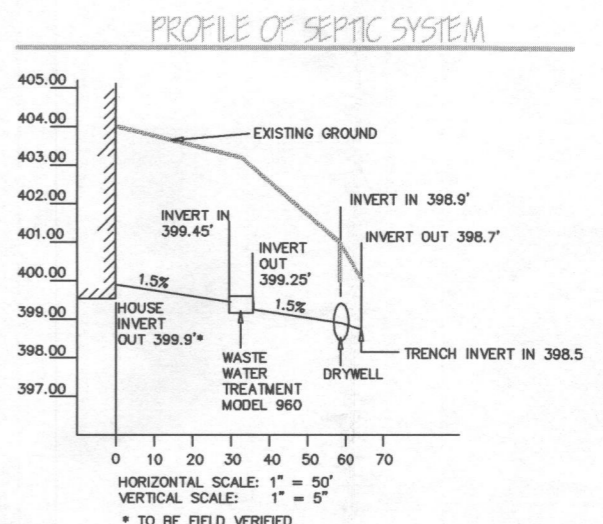
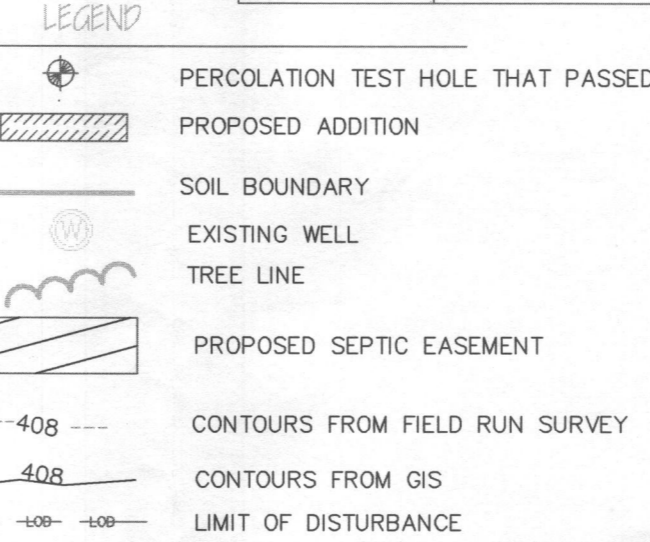
PROJECT OWNER'S APPROVAL (I HAVE HEREBY IDENTIFIED THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMANCE WITH THE CONTRACT DOCUMENTS.)

DATE: _____

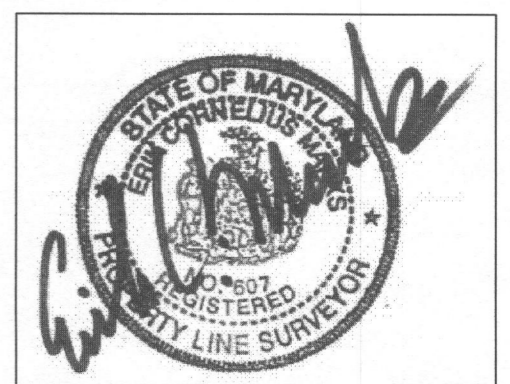
NAME: _____

CRITICAL DIMENSIONS	UNIT
A1 1'-0"	1'-0"
B1 3'-0"	3'-0"
C1 2'-4"	2'-4"
D1 4'-0"	4'-0"
E1 2'-0"	2'-0"
F1 15'-2"	15'-2"
G1 1'-0"	1'-0"
H1 4'-0"	4'-0"
I1 6'-3"	6'-3"
J1 6'-3"	6'-3"
K1 1'-0"	1'-0"
L1 6'-2"	6'-2"
M1 3'-6"	3'-6"

NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS
RATED CAPACITY: 800 GALLONS PER DAY



THIS IS TO CERTIFY THAT THIS SURVEY WAS PERFORMED IN ACCORDANCE WITH THE PRINCIPLES AND PRACTICE OF ACCEPTED SURVEYING PROCEDURES



ERIK C. MARKS R.P.L.S. NO. 607

SOIL CLASSIFICATION DESCRIPTION

GhB GLENELG—URBAN LAND COMPLEX, 0 TO 8 PERCENT SLOPES LOAMY AND WELL DRAINED

Mac MANOR LOAM, 8% TO 15% SLOPES WELL DRAINED LOAMY RESIDUUM DERIVED FROM SCHIST PHYLLITE.

REVISED
Date: 10/15/13
Comments: 13/30015/41
Revision OK MS

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS

HEALTH OFFICER, HOWARD COUNTY HEALTH DEPT. DATE _____

OWNER \ BUILDER INFORMATION:
CHARLES M. & MARY A. BARNES
7359 HALLMARK ROAD
CLARKSVILLE, MARYLAND 21029
CONTACT PERSON: Barry Messenger Ph. 301 602 5355

Marks & Associates, LLC
Engineering-Surveying-Land Planning
4531 College Avenue
Ellicott City, Maryland 21043
Phone (410) 747-8738 Fax (410) 747-8738

SCALE 1"=50'
DRAWN BY J.J.
CHECKED BY CM
DATE 10/14/2013
REVISED 10/14/2013

Site Plan and BAT Installation & PERCOLATION CERTIFICATION PLAT
7359 HALLMARK ROAD TAX ID NO. 383072
HALLMARK, SECTION ONE, LOT 30
CLARKSVILLE, MARYLAND
TAX MAP #41 5TH ELECTION DISTRICT
PARCEL 422 HOWARD COUNTY, MARYLAND