

Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 12/30/15 **ONSITE SEWAGE DISPOSAL SYSTEM** P 557953

APPROVAL DATE: 1/27/16 **PERMIT: CONSTRUCTION** A _____

PROPERTY ADDRESS: 13533 Paternal Gift Drive

SUBDIVISION: Paternal Gift Farm LOT: 8 TAX ID: 05-421748

CONTRACTOR: J. Maurice Carlisle EMAIL: _____

CONTRACTOR ADDRESS: 19700 Barnesville Road PHONE: 301-428-8599

CONTRACTOR CERTIFIED FOR BAT INSTALLATION: MDE MANUFACTURER:

PROPERTY OWNER: William Farmer EMAIL: _____

OWNER ADDRESS: 13533 Paternal Gift Drive PHONE: 240-731-9981

BAT UNIT MODEL: Norweco TNTLP-1000 PUMP SIZE: N/A PUMP TANK CAPACITY: N/A

OPERATION & MAINTENANCE AGREEMENT DATE SIGNED: _____ DATE RECORDED: _____

DISTRIBUTION SYSTEM: GRAVITY PRESSURE DOSED BEDROOMS: 6 APPLICATION RATE: 0.8

| | | |
|-----------|--|--|
| TRENCHES: | LINEAR FEET REQUIRED: <u>202</u> | INLET DEPTH: <u>4.5</u> |
| | TRENCH WIDTH: <u>2</u> | MAXIMUM BOTTOM DEPTH: <u>8.5</u> |
| | MINIMUM SPACE BETWEEN TRENCHES: <u>9</u> | EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u> |

LOCATION: PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.

NOTES: 220' of trench exist- no additional tank required. Pump and properly abandon existing septic tank.
The attending Environmental Sanitarian shall not grant Final Approval of this installation without knowledge that the referenced Electrical permit has been issued. rec 12/31/15

ISSUED BY: Robert Bricker ISSUE DATE: _____ EXPIRATION DATE: 12/30/16

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM
 ELECTRICAL PERMIT ISSUED E 16000040
- NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See separate sheet for
as-built drawing

ROAD NAME

TRENCH/DRAINFIELD DATA

| | | |
|-------------------------|-------|--------|
| WIDTH | INLET | BOTTOM |
| NUMBER OF TRENCHES | _____ | |
| TOTAL LENGTH | _____ | |
| ABSORPTION AREA | _____ | |
| DISTRIBUTION BOX LEVEL | YES | |
| DISTRIBUTION BOX BAFFLE | YES | |
| DISTRIBUTION BOX PORT | NO | |

SEPTIC TANK DATA

| | |
|---------------------|--------------|
| SEPTIC TANK I LEVEL | YES |
| MANUFACTURER | CR SEMLER |
| CAPACITY | 1000 GAL |
| SEAM LOC | TDP |
| TANK LID DEPTH | 2.5-3' |
| BAFFLES | NO |
| BAFFLE FILTER | NO |
| MANHOLE LOC | MIDDLE |
| 6" PORT LOC | FRONT + REAR |
| WATERTIGHT TEST | NO |
| SLOTTED | NO |
| DATE ON LID | NONE |

PUMP/SEPTIC TANK LEVEL

| | |
|-------------------|--------------------|
| SEPTIC TANK LEVEL | YES |
| MANUFACTURER | CR SEMLER/NORWECO |
| CAPACITY | 1300 GAL |
| SEAM LOC | TDP |
| TANK LID DEPTH | 2.5-3' |
| BAFFLES | NO |
| BAFFLE FILTER | NONE |
| MANHOLE LOC | FRONT, MID, 2 REAR |
| 6" PORT LOC | NONE |
| WATERTIGHT TEST | NO |
| SLOTTED | NO |
| DATE ON LID | NONE |

PRE-CONSTRUCTION:

1/7/16 Ralph with Carlisle and Andy (builder) on site. Old tank and one trench located. Still need to locate D-box. BAT tank will be east/farther from existing house than existing tank. Informed Ralph + Andy that tank must be 10'+ off slab and 20'+ away from house with basement. BAT will be 100' from own well + neighbors well. (SC)

INSTALLATION:

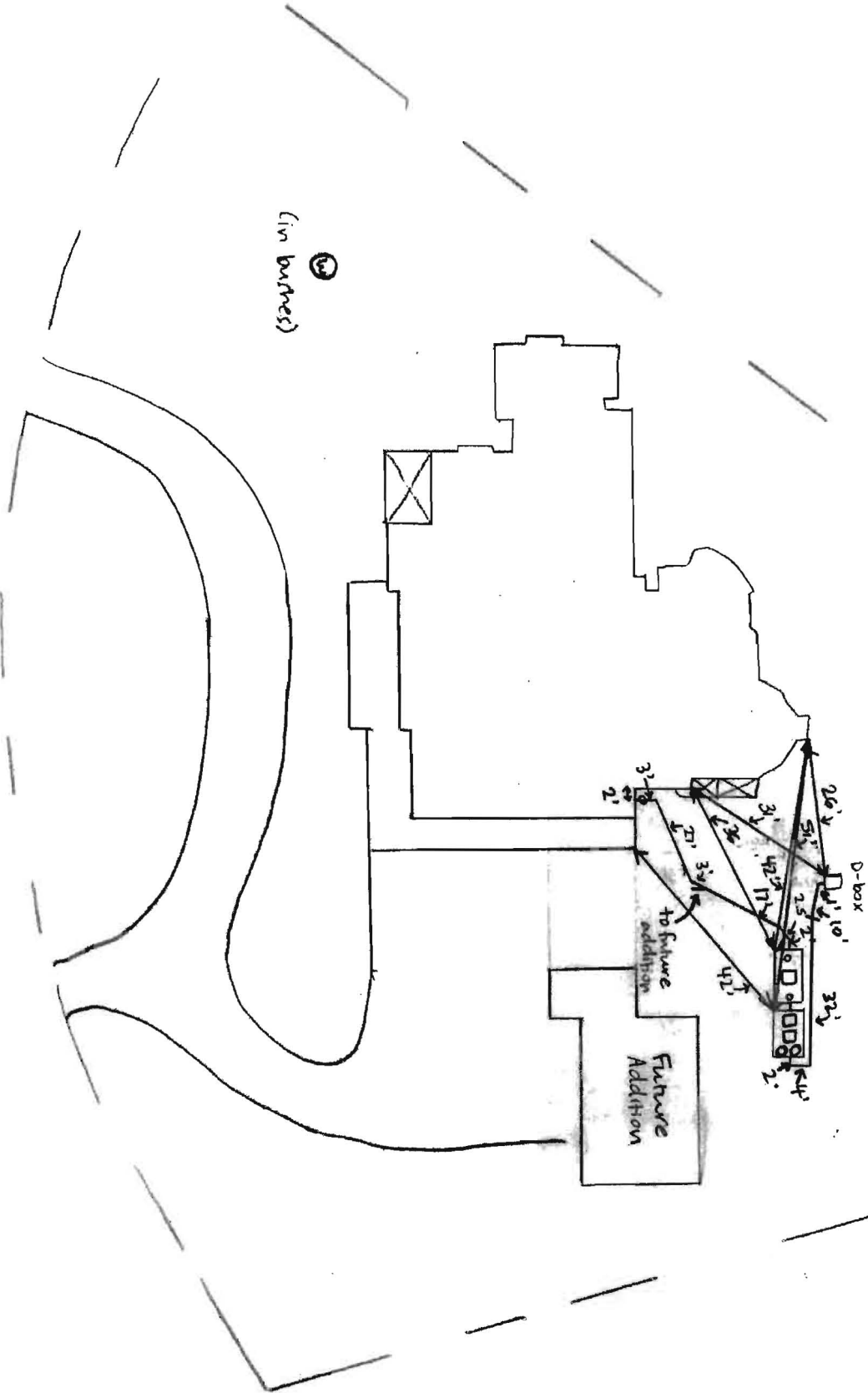
1/8/16 On site while tanks are set. Tank hole bedded with #57 stone. No visible cracks on bottom or sides of tanks. Square risers set in place with mastic tape (concrete risers). Old tank pumped by Hatfields. (SC) 1/8/16 Risers installed on tanks. Tanks connected. Pipe laid towards house and temporary house connection made to existing line during site visit. (SC) 1/11/16 New house connection made. Possible future connection to additional stubbed out (may not use per builder - addition set to begin in April). Tanks connected to D-box. Need BAT startup certification. (SC) 1/12/16 old tank is collapsed - contractor sent picture. (SC) 1/20/16 On site for BAT startup. Jason from CR Semler present - aerators run, alarm sounds, voltage + amperage correct. (SC) 1/27/16

FINAL INSPECTOR Sarah Collins

DATE OF APPROVAL 1/27/16

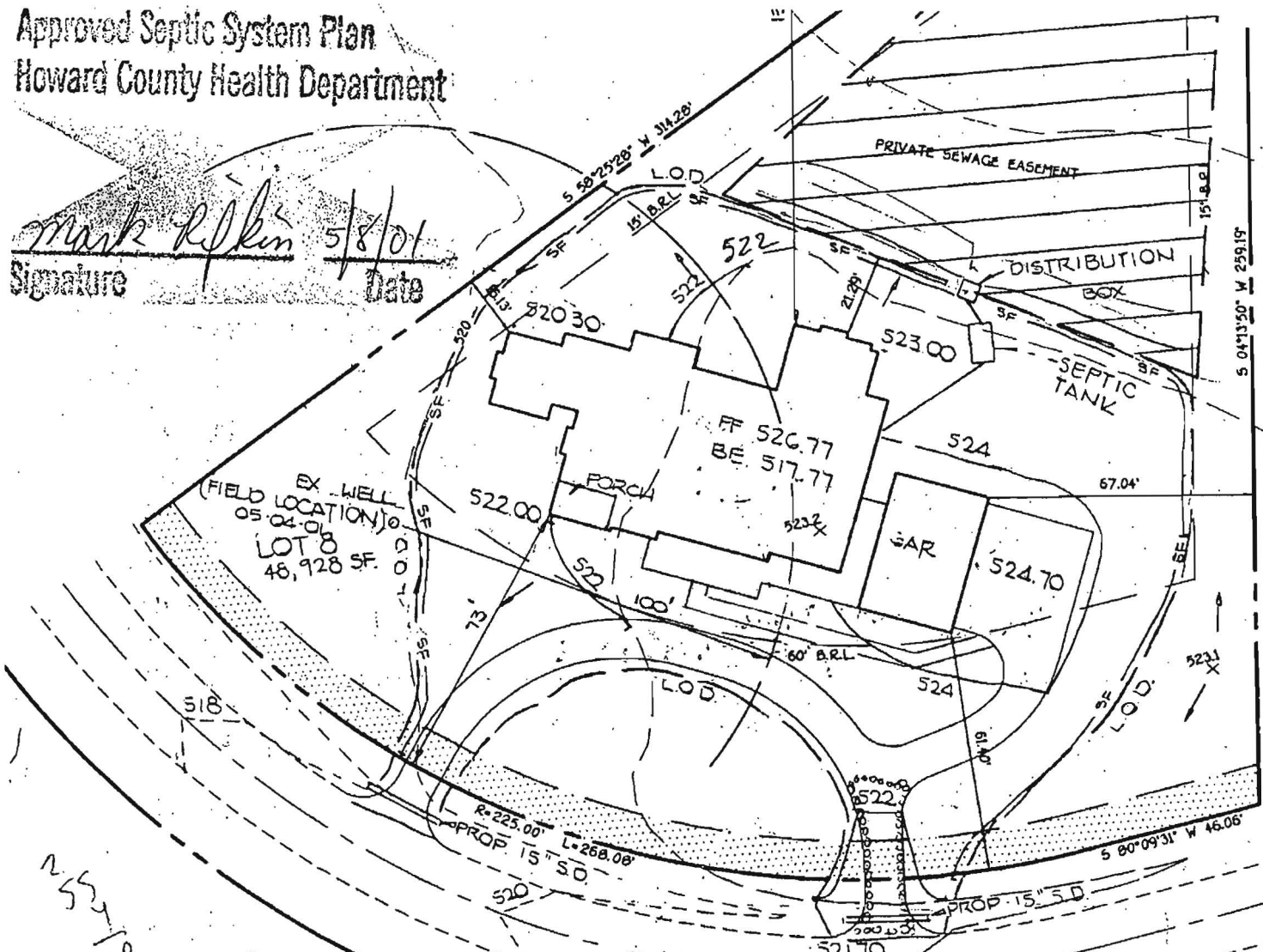
BAT startup report received. (SC)

NOT TO SCALE



Approved Septic System Plan
Howard County Health Department

Signature Mark R. Lakin Date 5/8/01

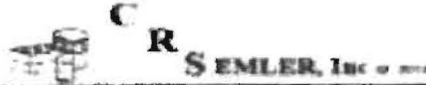



25370

1:40
PLAN BY
FCC

PATERNAL GIFT DRIVE
(100' R/W)

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. No.
3. PROPOSED 1500 GALLON SEPTIC TANK 526.77
 - A. FIRST FLOOR ELEVATION 517.77
 - B. BASEMENT ELEVATION 519.70
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 519.70
 - D. INVERT IN AT SEPTIC TANK 519.10
 - E. INVERT OUT AT SEPTIC TANK: 518.80
 - F. PROPOSED GRADE OVER SEPTIC TANK 522.00
 - G. INVERT AT DISTRIBUTION BOX: 517.10
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 521.60
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

1166 Mapleville Road, Smithsburg MD 21783
 Phone: (301) 824-2780 Fax (301) 824-2620
 EMAIL: jlocke@crsemler.com OR jacotton@crsemler.com

NORWECO TREATMENT UNIT ORDER FORM

Property Owner's Information

Property Owner Name: William Farmer
 Project Address: 13533 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 County: Howard

Mailing Address: Same
 City: _____ State: _____ Zip Code: _____

Home Phone: n/A (and/or) Cell Phone: Julie - 240-731-9981
 Email (optional): n/A.

System Information

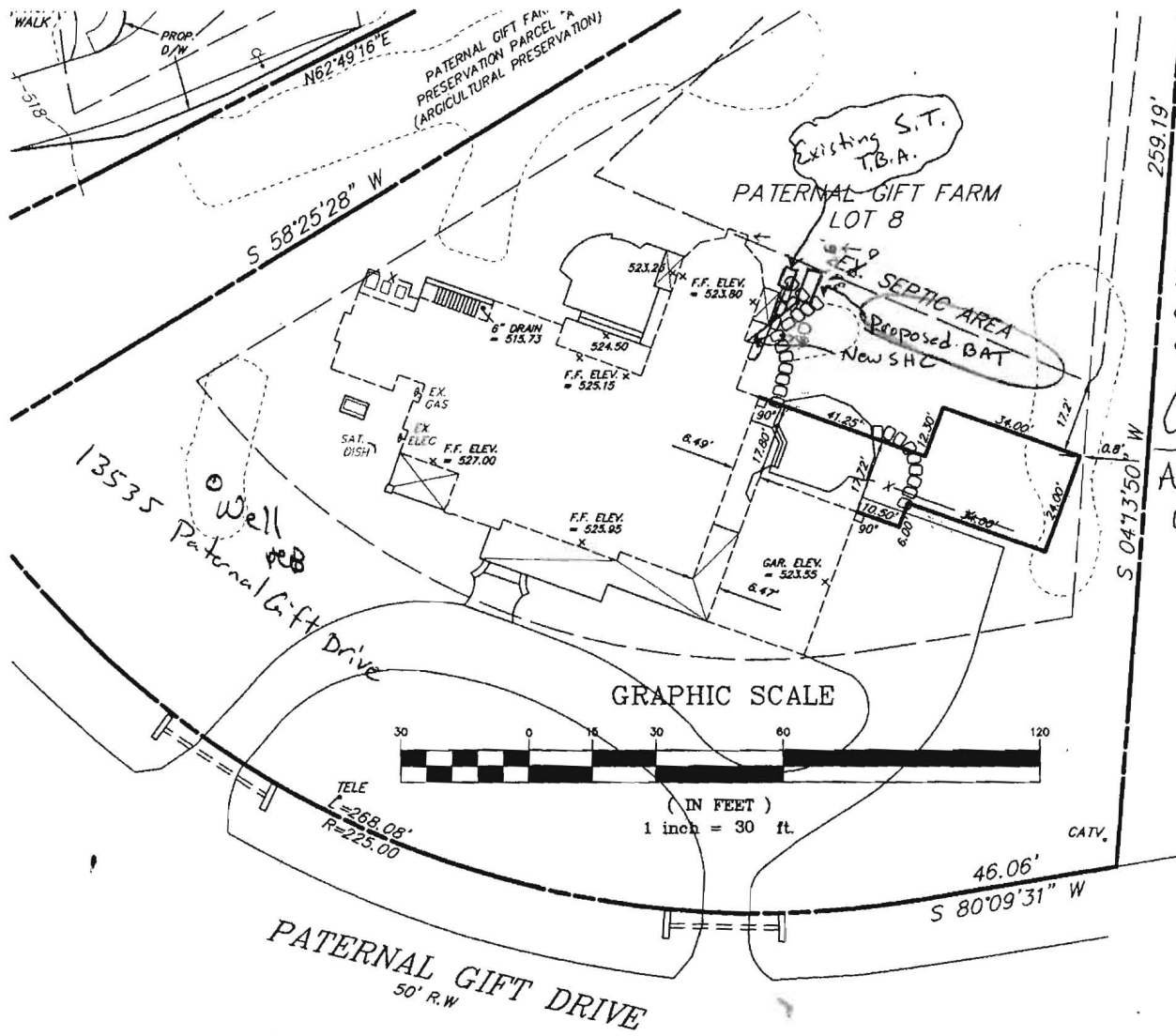
- 1) Number of Bedrooms in the Dwelling: _____
- 2) Is there a Water Softener Device in Dwelling? Yes or No
- 3) Health Dept. Septic Sys. Permit: _____ Please attach a copy of the Health Dept. Permit for the project.

BAI Installer Information

Installer Name: J. Maurice Carlisle Date: _____
 Installer Address: 19700 Barnesville Road
 City: Dickerson State: MD Zip Code: 20842
 Business Phone: 301-428-8599 Cell Phone: _____
 Email: BOCARLISE@MSN.COM

**** PLEASE BE SURE TO ATTACH THE SEPTIC PERMIT ****

TNTLP - 1000



Plan to be revised if gravity flow cannot be achieved

Andrew P. Wivell
 Andrew P. Wivell
 Wivell Homes
 12-30-15



Office of the Health Officer

8930 Stanford Drive, MD 21045

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](https://twitter.com/HowardCoHealthDep)

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

DATE: April 12, 2016

TO: Andrew Wivell
Wivell Homes, LLC
Via E-mail: candrew@wivellhomes.com

RE: **Building Permit # B14001153**
13533 Paternal Gift Drive
Highland, Maryland 20777

Mr. Wivell,

Further review is contingent upon submission of a revised building plan showing the following:

- Floor plans for the existing house and the proposed addition must be submitted to determine the number of bedrooms used. If it is determined that number of bedrooms cannot accommodate your proposed plan, you will be required to upgrade your system.
- I have included a copy of the BAT plan requirements to help submit your BAT plan if needed.

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,

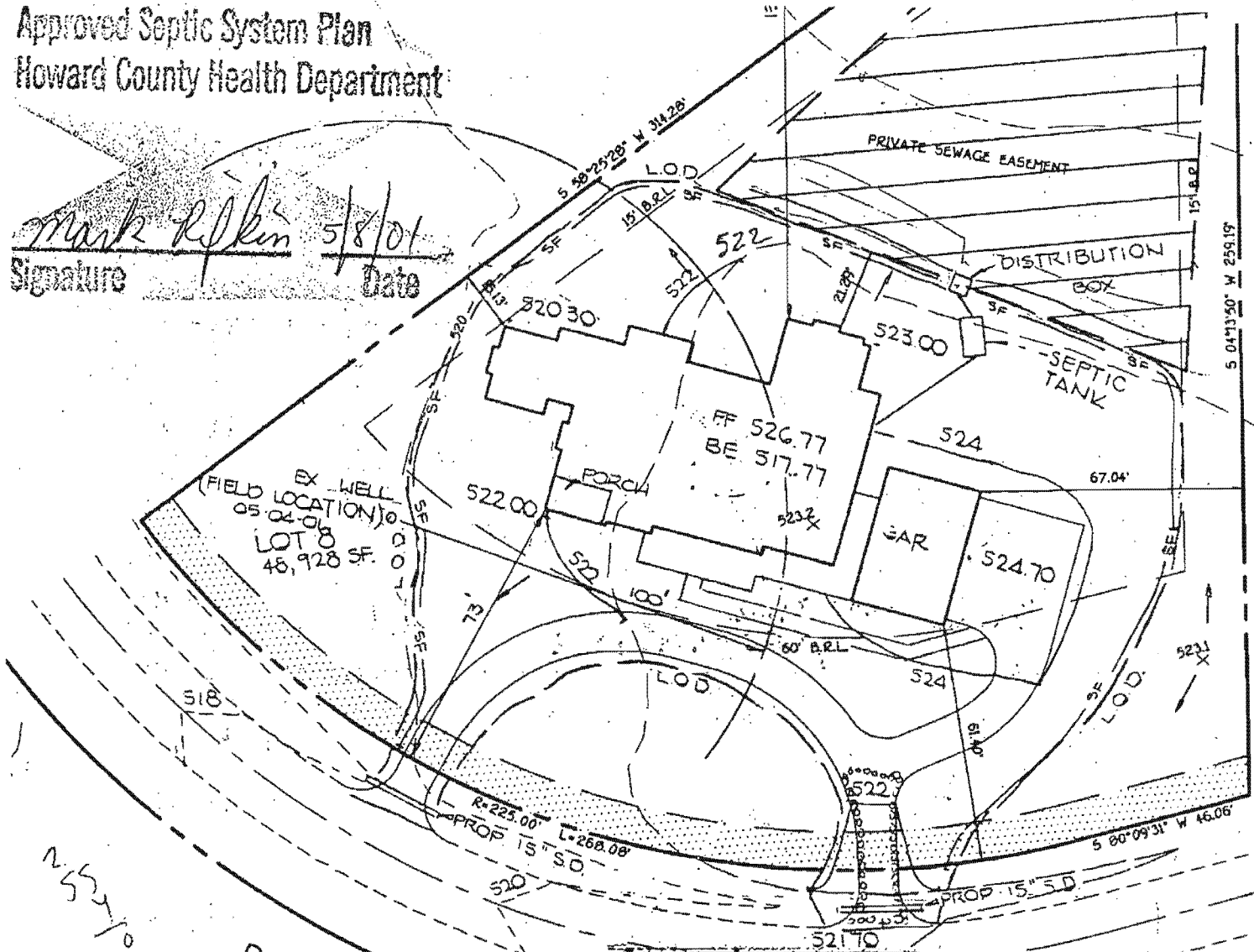
A handwritten signature in cursive script that reads 'Dana Bernard'.

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

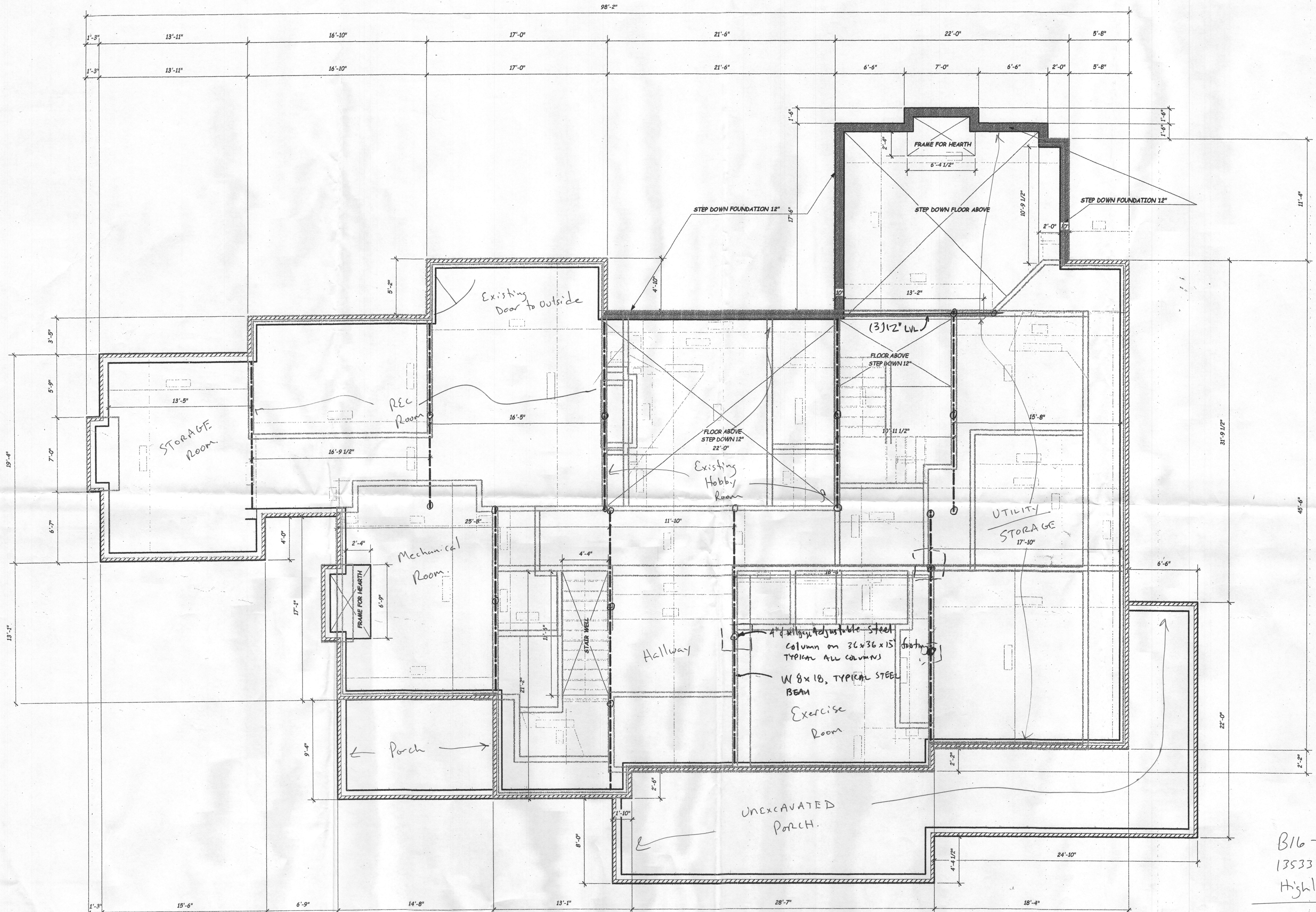
Approved Septic System Plan
Howard County Health Department

Signature: *Mark H. Klein* Date: *5/8/01*



1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 526.77
 B. BASEMENT ELEVATION: 517.77
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 519.70
 D. INVERT IN AT SEPTIC TANK: 519.10
 E. INVERT OUT AT SEPTIC TANK: 518.80
 F. PROPOSED GRADE OVER SEPTIC TANK: 522.00
 G. INVERT AT DISTRIBUTION BOX: 518.60
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 521.60
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

2553/0
1:40
 PLAN BY
 FCC
 PATERNAL GIFT DRIVE
 (100' R.W.)

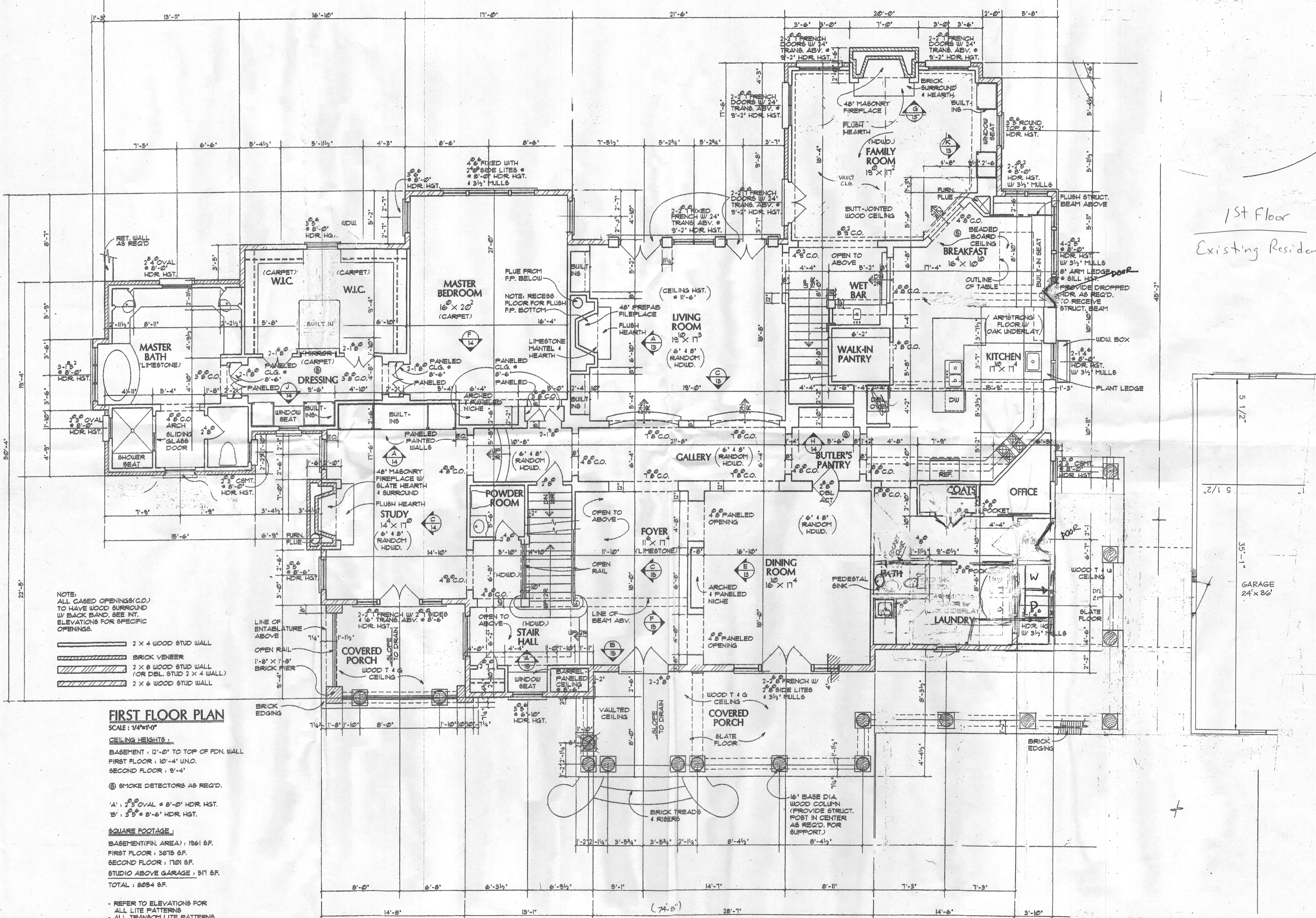


FOUNDATION PLAN

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

B16-1153
 13533 Paternal Gift Drive
 Highland, MD 20777

Andrew Wivell + Contractor
 Wivell Homes, LLC
 301-748-5344



1st Floor
Existing Residence

NOTE:
ALL CASED OPENINGS (C.O.)
TO HAVE WOOD SURROUND
W/ BACK BAND. SEE INT.
ELEVATIONS FOR SPECIFIC
OPENINGS.

FIRST FLOOR PLAN

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

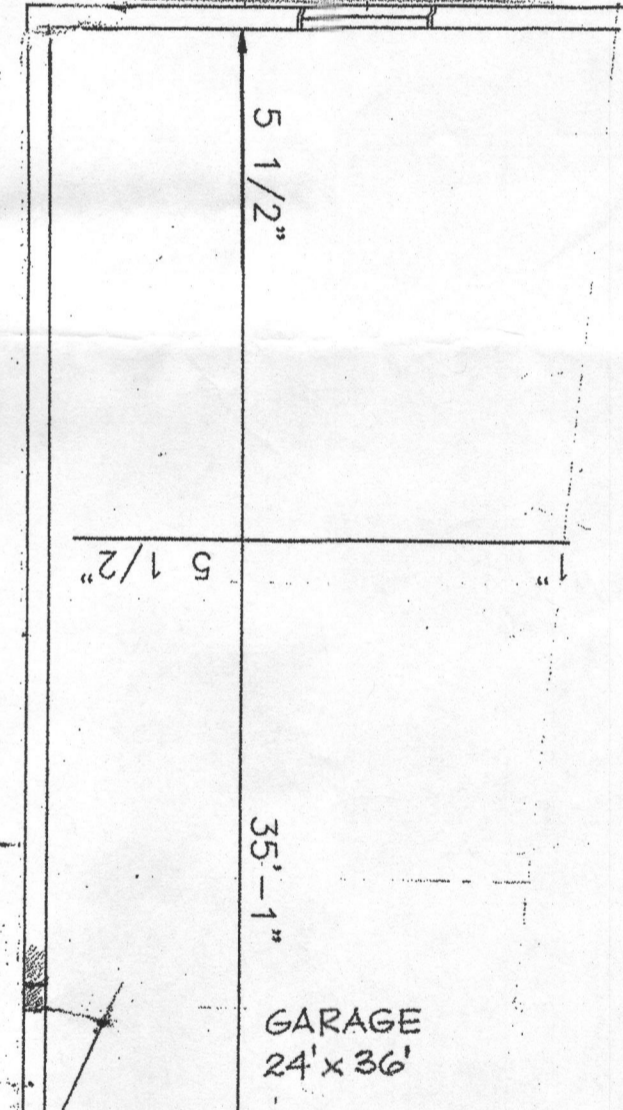
CEILING HEIGHTS:
 BASEMENT: 12'-0" TO TOP OF FDN. WALL
 FIRST FLOOR: 10'-4" U.O.
 SECOND FLOOR: 9'-4"

⊙ SMOKE DETECTORS AS REQ'D.

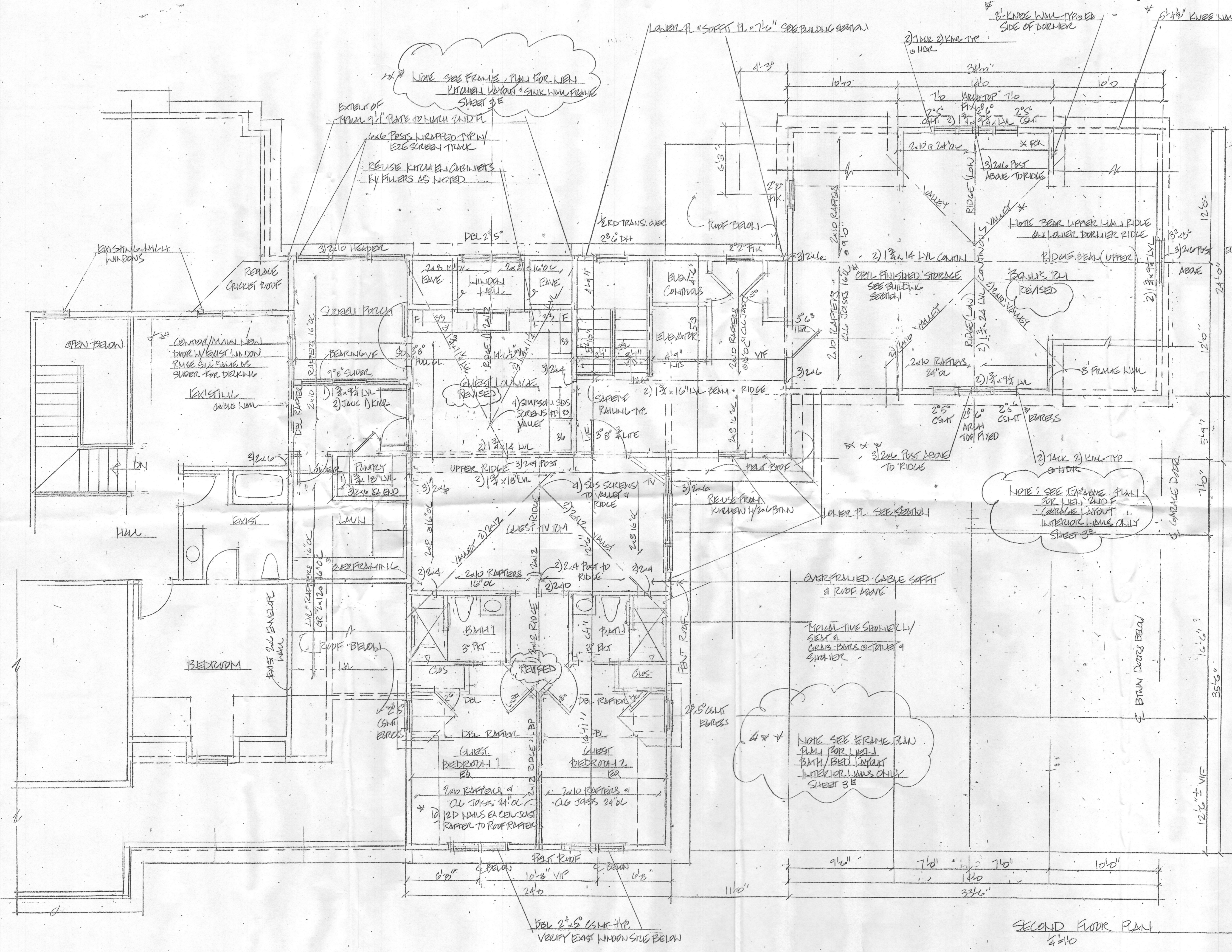
'A': 2'-3" OVAL @ 8'-0" HDR. HGT.
 'B': 3'-5" @ 8'-6" HDR. HGT.

SQUARE FOOTAGE:
 BASEMENT (FIN. AREA): 1961 SF.
 FIRST FLOOR: 3815 SF.
 SECOND FLOOR: 1701 SF.
 STUDIO ABOVE GARAGE: 517 SF.
 TOTAL: 8054 SF.

- REFER TO ELEVATIONS FOR ALL LITE PATTERNS
 - ALL TRANSLUCENT LITE PATTERNS TO ALL LITE PATTERNS



(74'-0")



GENERAL FRAMING NOTE
 UNLESS NOTED: MIN. (JACK) KING STUD OR EA END OF 2x12 MIN. HEADER @ BEARING WALL OPENINGS

UNLESS NOTED OTHERWISE:
 (JACK) KING STUD OR EA END OF ANY DBL LVL HEADER @ BEARING WALL OPENINGS

2nd Floor
 Proposed Additions

SECOND FLOOR PLAN
 4/10

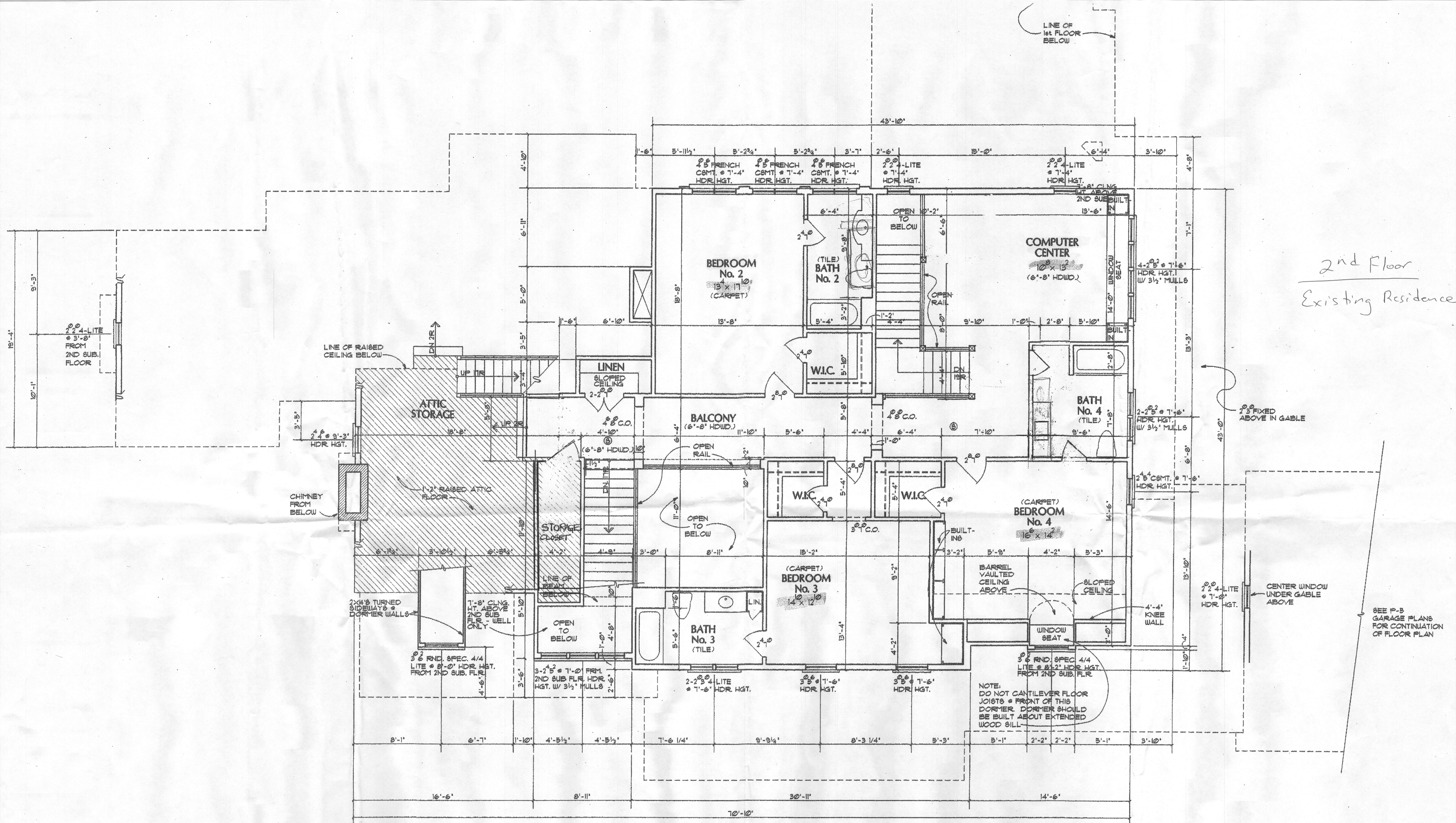
MNR
 THIS DRAWING IS PROPERTY OF MNR DESIGN AND MAY NOT BE USED OR REPRODUCED WITHOUT THEIR PERMISSION. ALL DRAWINGS ARE FOR DESIGN PURPOSES ONLY. GENERAL CONTRACTOR AND ARCHITECTURAL ENGINEER ASSUME ALL CONSTRUCTION LIABILITY. CONTRACTORS SHALL VERIFY ALL DIMENSIONS AND FIELD CONDITIONS PRIOR TO CONSTRUCTION AND MUST REPORT ALL SUCH CONDITIONS TO MNR DESIGN. THE FINAL RESOLUTION WORK BY ALL CONTRACTORS MUST MEET ALL LOCAL BUILDING CODES.

RENOVATIONS & ADDITIONS TO RESIDENCE HILARY & JULIANNE FURBER PATRIARAL GIFT DRIVE HIGHLAND MD

DATES: PREVIOUS 12/14
 REV. 1/8/2016
 FINAL ENGINEERING 2/14/2016
 REVISION 2/24/2016
 NOTES 3/7/2016

REV ELEV/FRAME 4/10

SHEET 5 OF 7



2nd Floor
Existing Residence

SECOND FLOOR PLAN

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

③ SMOKE DETECTORS AS REQ'D.

NOTE:
DO NOT CANTILEVER FLOOR JOISTS @ FRONT OF THIS DORMER. DORMER SHOULD BE BUILT ABOUT EXTENDED WOOD SILL.

SEE P-5 GARAGE PLANS FOR CONTINUATION OF FLOOR PLAN