

Approved
MOE 5/1/26

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B26001248	04/21/2026

Description of Work
SFD/Construct a 20' x 45' inground swimming pool. Depth 3'6" x 6'. Automatic pool cover and a 48" Aluminum fence.

Online BP.
gJ 4/27/26

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
12402	STELLA	DR	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.94122	39.18015
City	State	Zip Code	Primary
FULTON	MD	20759	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1101645	205	25	358500	910400	551900	RURAL

Legal Description
IMPSPAR B 25.003 A BUIL[]12402 STELLA DR[]FULTON MANOR II

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR B	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405595842	Fulton Manor					
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-6	RR-DEO	5051-K2					
SDP No.	Final Plan No.	WP File No.					
	F-07-047						
Record Plat No.	WS Contract No.	FDP No.	Primary				
22479-2248			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No	2015	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
PFAU I

Address Line 1
12402 Stella Dr.

Address Line 2

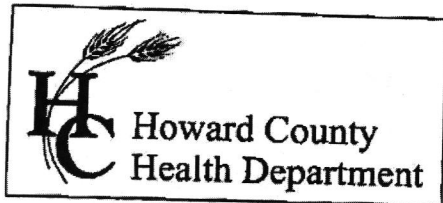
Address Line 3

Mail City
Fulton

Mail State
MD

Mail Zip Code
20759

1833



Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 7/10/14

ONSITE SEWAGE DISPOSAL SYSTEM

P 554535

INSTALLATION

APPROVAL DATE: 3/12/15 *(Kmw)*

**PERMIT
CONSTRUCTION**

A _____

PROPERTY ADDRESS: 12402 Stella Drive

SUBDIVISION: Fulton Manor II

LOT: P/B

TAX ID: _____

CONTRACTOR: Freedom Septic Clean Inc.

EMAIL: _____

CONTRACTOR ADDRESS: 2809 Liberty Road, Eldersburg, MD 21784

PHONE: 410-795-2947

PROPERTY OWNER: Trinity Quality Homes

EMAIL: _____

OWNER ADDRESS: 3675 Park Avenue Ste 301, Ellicott City, MD 21043

PHONE: 443-324-9806

BAT UNIT MODEL: Norweco

BAT UNIT SIZE: 600GPD

PUMP CHAMBER CAPACITY (GALLONS): _____

PUMP SIZE: _____

NUMBER OF BEDROOMS: 4

HOUSE SQ. FT. _____

APPLICATION RATE: 0.8

DISTRIBUTION SYSTEM: GRAVITY FED

LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>214'</u>	INLET DEPTH: <u>SEE BAT PLAN 4</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>SEE BAT PLAN</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>6'</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:	Set BAT unit per plan.	

ISSUED BY: Jeff Williams

ISSUE DATE: _____

EXPIRATION DATE: 7/10/15

- 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 DOWNGRADIENT 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

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 As-Built Drawing
On Separate Sheet

ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		215'
ABSORPTION AREA		330
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Elbow
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA

SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Back River Pre-cast Norweco
CAPACITY	1300 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-2'
BAFFLES	No
BAFFLE FILTER	N/A
MANHOLE LOC	Front/Middle/Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	9/29/2014
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Back River Pre-cast
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-1.5'
BAFFLES	None
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	Dry

PRE-CONSTRUCTION:

10/14/2014 Layout done. Install similar to plan. (BB)

INSTALLATION:

10/20/2014 Tanks set. Plumbing from house to septic tanks covered without inspection. (BB)

10/23/2014 (AM) Pump line installed. Starting on trenches. (BB)

10/23/2014 (PM) System finished except for pump and alarm test and BAT certification from Norweco inspector. (BB)

3/12/15 Pump/Alarm test OK.

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

3/12/15

