Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pavilion	B24002736	07/23/2024

Description of Work

SFD/install 12' x 18' open pavilion. Pavilion will be built off site and installed as one unit **SUBJECT TO FIELD INSPECTION**

Approved RJE ~~RSF~~ 8/1/2024

Online BP assigned to RSF. gf 7/30/24

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name		Street Type
13614	MITCHELLS		WAY
Unit Type	**Unit #**	**X Coordinate**	**Y Coordinate**
–Select–		-76.99251	39.30763
City		**State**	**Zip Code**	**Primary**
WEST FRIENDSHIP		MD	21794	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
927392	119	1.03	178800	867300	0	RURAL

Legal Description

LOT 10 45,036 SQ' [ ]13614 MITCHELLS WAY [ ]CLOVERFIELD SEC II

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	603000	5				

Plan Area	State Tax Id	Subdivision Name	
	1403353486	Cloverfield	
Section	**Area**	**Tax Map**	
		15	
Grid	**Zoning District**	**ADC Map**	
15-7	RC-DEO	4813-B1	
SDP No.	**Final Plan No.**	**WP File No.**	
	F-07-091		**Primary**
Record Plat No.	**WS Contract No.**	**FDP No.**	Yes
20256-2025			
Owner Occupied	**Year Built**	**Historic District**	
○ Yes ○ No	2015	○ Yes ◉ No	
Historic District Registry No.	**Stat Area**	**Flood Plain**	
	3-04	○ Yes ◉ No	
Building No			

Owner * *(This section is required.)*

Search Reset Clear

Name *
FARAS
Address Line 1
13614 MITCHELLS WAY

Address Line 2

Address Line 3

Mail City
WEST FIENDSHIP
Mail State
MD
Mail Zip Code
21794
Phone
443-604-4029
Primary
Yes
E-mail
jon@terranovadesignbuild.com
Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
08010092718
License Type
MHIC Ind
Primary
Yes
Business Name
TERRA NOVA LANDSCAPING INC
First Name **Middle Name** **Last Name**
GRANT REWEGA
Address Line 1
3309 DAMASCUS ROAD
Address Line 2
City **State** **ZIP Code**
BROOKEVILLE MD 20833-0000
Phone 1 **Phone 2** **Fax**
2408762837
E-mail
GRANT@TERRANOVADESIGNBUILD.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type
Applicant
Relationship
–Select–
Primary
Yes
First Name **MI** **Last Name**
jon m coakley
Full Name
jon m coakley
Organization Name
Terra Nova
Street Address
3177 elmmede rd
Address Line 2
City **State** **Zip Code**
ellicott city MD 21042
Phone **Cell** **Fax**
4436044029
E-mail
joncoakley55@gmail.com

Addtl Info

Est Construction Cost * **Housing Units** * **Number of Buildings** * **Public Owned**
10000 0 0 No
Construction Type
–Select–

PAVILION

PAVILION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt	Roadside Tree Project Permit	Roadside Tree Project Permit #
○ Yes ○ No	(Text)	○ Yes ○ No	○ Yes ◉ No	(Text)

Existing Use *	Total Square Footage *		Water Supply	Sewage Disposal	Expiration Date
SFD	216	SQFT (Number)	Private	Private	1/25/2025

Submit Cancel

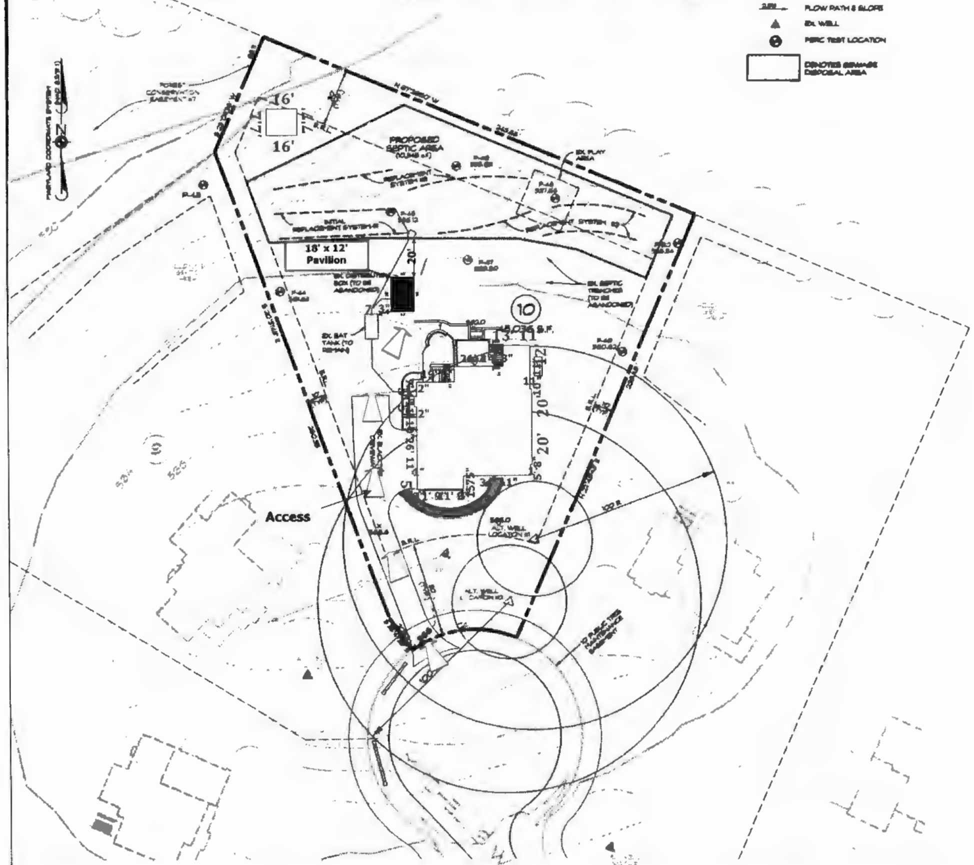
Approved RK B24002736 8/1/2024

CURVE DATA

NUMBER	RADIUS	ARC	DELTA	TAN	CHORD BRG.	DIST
C4	56.00	57.32	58°38'05"	31.45	N 65°29'43" E	54.85

LEGEND:

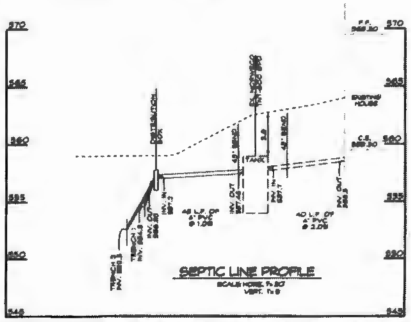
- SPOT ELEVATION
- FLOW PATH & SLOPE
- EX. WELL
- PERC TEST LOCATION
- DENOTES SEWAGE DISPOSAL AREA



PLAN
SCALE: 1"= 50'

TRENCH CHART

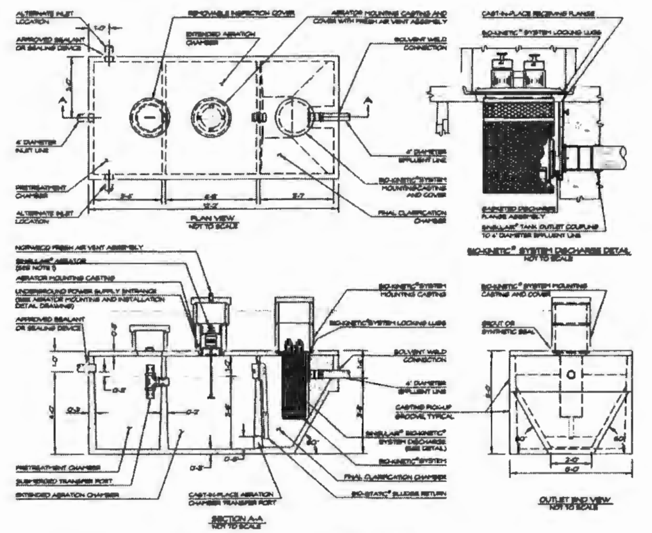
TRENCH	EX. GROUND	INV. ELEV.	BOTTOM OF TRENCH
1	558.0	554.5	552.0
2	556.0	552.5	550.0



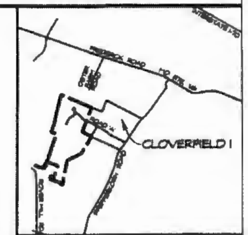
SEPTIC LINE PROFILE
SCALE: HORIZ. 1"= 50' VERT. 1"= 5'

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. THE MAXIMUM DEPTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 4 FEET.
3. THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
4. THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
5. 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 THE TYPE OF BAT INSTALLED.
6. ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
7. AN AGREEMENT AND EASEMENT MUST BE COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN LAND RECORDS OR HOWARD COUNTY.
8. THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
9. THE BLOWER MAY NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON MANUFACTURER'S SPECIFICATIONS.
10. IF A BUILDING PERMIT IS SUBMITTED ANY TIME IN THE FUTURE, A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED TO FINISH THE AREA CURRENTLY IDENTIFIED AS THE BASEMENT. AT THAT TIME A SEPTIC SYSTEM UPGRADE WILL BE REQUIRED AS FINISHING THE BASEMENT COULD POSSIBLY CREATE A FIFTH BEDROOM PER HOWARD COUNTY CODE 3.80 1(B).



NORWECO TNT-600 DETAIL
NOT TO SCALE



VICINITY MAP Scale: 1"=2000'

SEPTIC TANK NOTES

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

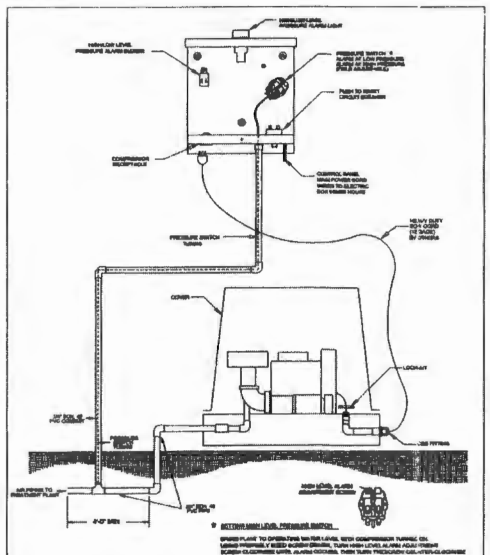
NOTE:
THE LOT BOUNDARY LINE MUST BE STAKED BY A LICENSED LAND SURVEYOR OR PROFESSIONAL ENGINEER WHEN INSTALLATION OF TRENCHES ARE PLANNED NEAR THE LOTS BACK BOUNDARY.

GENERAL NOTES

1. THE STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED OFF-SITE IN THE TWO MICROPOOL EXTENDED DETENTION FACILITIES AND GRASSED SWALES PER THE RECORDED PLAT NO. 20298.
2. THERE ARE NO STREAMS, PONDS, FLOODPLAINS, OR WETLANDS ON THIS LOT.
3. THERE ARE NO 20% OR GREATER SLOPES ON THIS LOT.
4. EXISTING WELL LOCATION IS FIELD LOCATED.

SEPTIC SYSTEM TRENCH DESIGN:

HOUSE SQUARE FOOTAGE: 2817 S.F.
PROPOSED NUMBER OF BEDROOMS = 4
AVERAGE PERCOLATION TEST TIME = 4 MINS.
APPLICATION RATE = 1.2 GPD/SQ. FT.
DESIGN FLOW: 600 GALS = 4 BEDROOM = 150 GAL/DAY
600 GAL/DAY / 1.2 GAL /DAY/SQ. FT. = 500 SQ. FT.
500 SQ. FT. / 2 FT. = 250 LF. OF TRENCH
250 L.F. x 50 = 125 L.F. OF TRENCH = 126 L.F.
USE 2 - 63 L.F. OF TRENCH FOR INITIAL SYSTEM
USE 3 - 50 L.F. OF TRENCH FOR REPLACEMENT SYSTEM #2
USE 2 - 63 L.F. OF TRENCH FOR REPLACEMENT SYSTEM #3



CONTROL PANEL CONNECTIONS USING REGENERATIVE SERIES COMPRESSORS

DELTA ENVIRONMENTAL PRODUCTS
P. O. BOX 969 DENHAM SPRINGS, LA 70727

DWN BY:	DATE:	SCALE:	DWG. NO.:
C.RACHAL	05/18/09	N.T.S.	CP Con Regen

BLOWER DETAIL:

PURPOSE NOTE:
THIS PLAN IS TO REVISE THE LOCATION OF THE INITIAL SEPTIC SYSTEM FOR INSTALLATION OF A POOL.

REVISED SITE PLAN FOR ON-SITE SEWAGE DISPOSAL SYSTEM

SPRING HILL LLC
MITCHELLS WAY
TAX ACCOUNT NO.:
LOT 10

CLOVERFIELD- SECTION II

3RD ELECTION DISTRICT * HOWARD COUNTY, MD.
TAX MAP: 15 BLOCK: 7 PARCEL: 119

Linda D. Alexander 10/2/19
Qualified Professional

CLSI
Engineers - Surveyors
www.clsi-civileng.com
Land Planning & Environmental Consultants

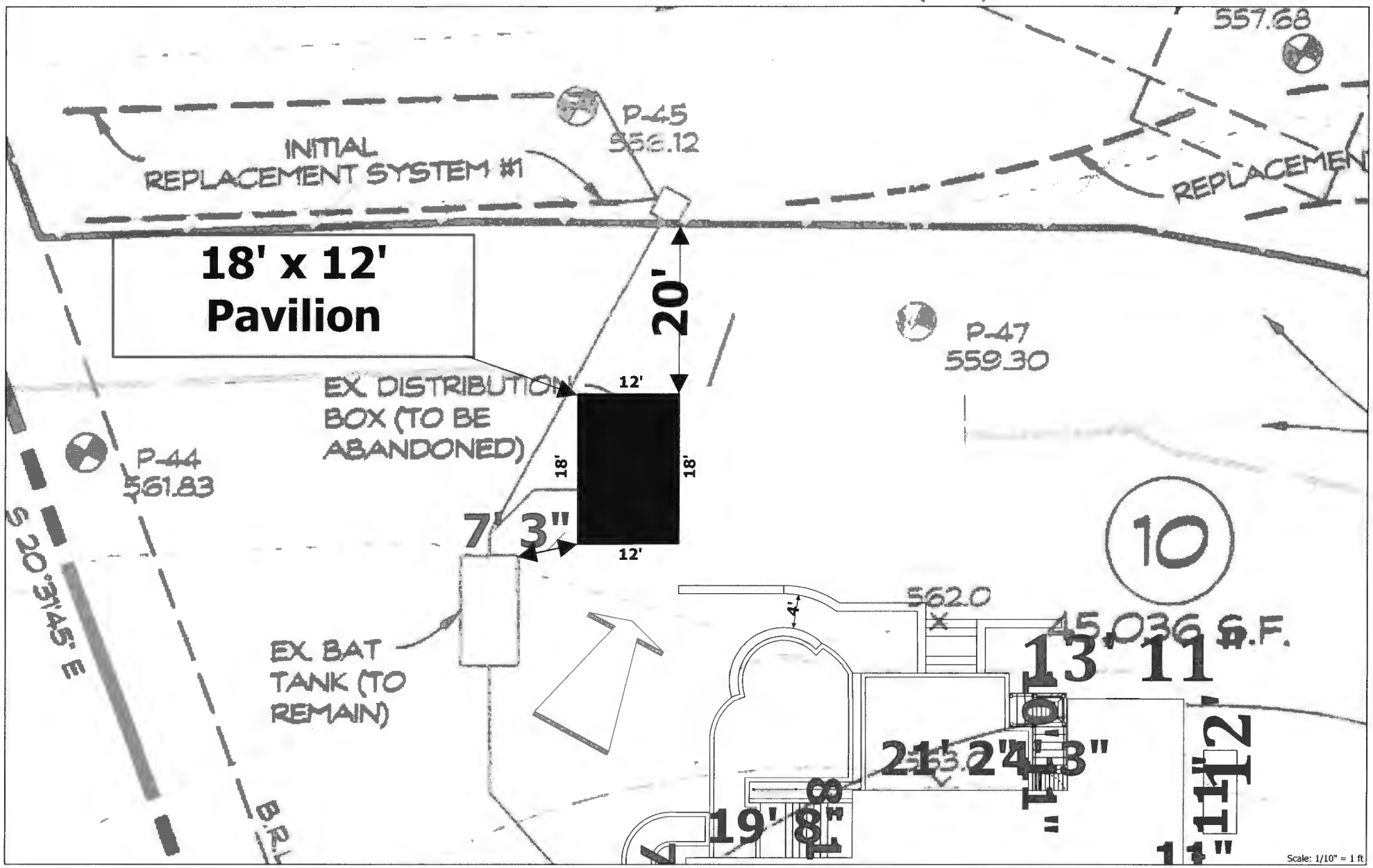
439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

Date	Revisions
3/29/19	REVISED ALT. WELL LOCATIONS AND BAT TANK
10/1/19	REVISED SEPTIC AREA & SYSTEM FOR POOL

Drawn By:	BM
Designed By:	LDA
Reviewed By:	LDA
Date:	2/3/19
Scale:	1" = 50'
Job No.:	2012089
Sheet:	

10/15/19

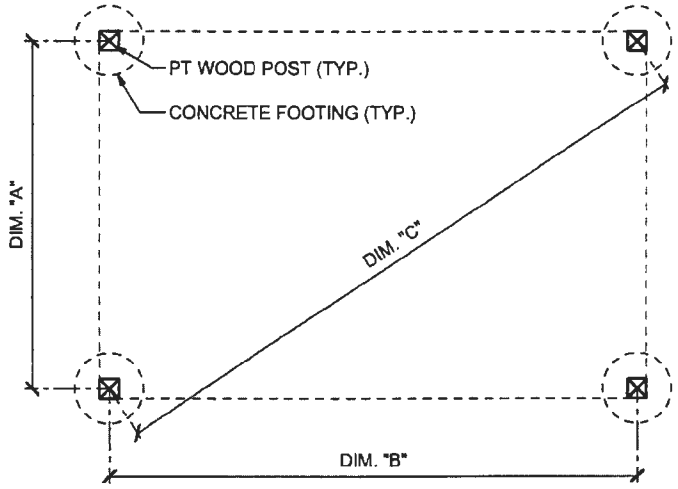
Approved 7/12
B2402736
8/1/2024



VINYL PAVILION - MANOR & HAMPTON STYLES
POST LOCATION PLAN

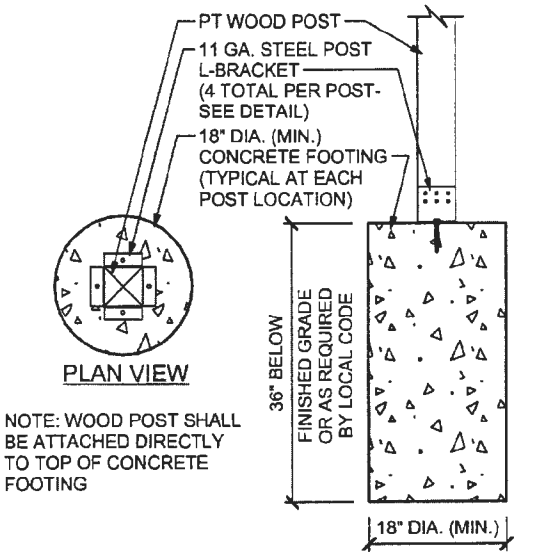
FOR FOUR POST UNITS

NOTES:
- ALL DIMENSIONS ARE TO THE CENTER OF THE FOOTINGS / POSTS AND ARE FOR ALL POST SIZES (STANDARD 6" SQUARE, 8" SQUARE AND 10" ROUND COLUMNS).
-STANDARD ROOF DESIGN WITH 12" OVERHANGS, ADD 32" TO DIMENSION SHOWN.



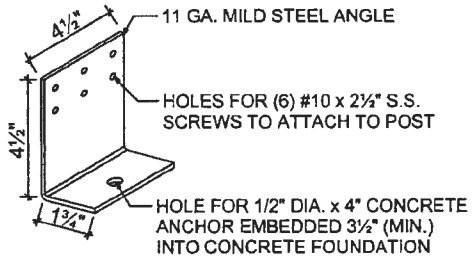
PAVILION SIZE	DIM. "A"	DIM. "B"	DIM. "C"
8 x 10	6'-4⅞"	8'-7¼"	10'-8¾"
8 x 12	6'-4⅞"	10'-7½"	12'-4⅞"
8 x 14	6'-4⅞"	12'-7½"	14'-1⅞"
10 x 10	8'-7¼"	8'-7¼"	12'-2"
10 x 12	8'-7¼"	10'-7½"	13'-8"
10 x 14	8'-7¼"	12'-7½"	15'-3⅜"
10 x 16	8'-7¼"	14'-4⅞"	16'-9⅜"
10 x 18	8'-7¼"	16'-4⅞"	18'-6¼"
12 x 12	10'-7½"	10'-7½"	15'-0¼"
12 x 14	10'-7½"	12'-7½"	16'-6"
12 x 16	10'-7½"	14'-4⅞"	17'-10⅞"
12 x 18	10'-7½"	16'-4⅞"	19'-6½"
14 x 14	12'-7½"	12'-7½"	17'-10¼"
14 x 16	12'-7½"	14'-4⅞"	19'-1⅞"
14 x 18	12'-7½"	16'-4⅞"	20'-8⅜"
16 x 16	14'-4⅞"	14'-4⅞"	20'-4½"
16 x 18	14'-4⅞"	16'-4⅞"	21'-10"
18 x 18	16'-4⅞"	16'-4⅞"	23'-2½"
20 x 20	18'-4⅞"	18'-4⅞"	26'-0⅜"

CONCRETE FOOTING REQUIREMENTS:
A MINIMUM OF 18" ROUND FOOTING IS REQUIRED AT EACH POST LOCATION, DUE TO LOCATION OF THE CONCRETE ANCHORS AND POST SIZE.
DEPTH PER LOCAL CODE REQUIREMENT.



NOTE: WOOD POST SHALL BE ATTACHED DIRECTLY TO TOP OF CONCRETE FOOTING

FOUNDATION DETAIL



L-BRACKET DETAIL

HOMEOWNER / CONTRACTOR:
IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT THE FOOTINGS ARE IN THE EXACT LOCATION AND AT THE CORRECT HEIGHT. DOUBLE CHECK ALL DIMENSIONS BEFORE AND AFTER THE CONCRETE IS POURED. IF THE BUILDER ARRIVES AT THE SITE AND THE FOOTINGS ARE NOT IN THE CORRECT LOCATIONS, THEY WILL NOT BE ABLE TO INSTALL YOUR STRUCTURE. ADDITIONAL CHARGES WILL APPLY TO COVER THE LABOR AND MILEAGE COSTS.

VINYL PAVILION

UPDATED 8/7/19