

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

Date: 10/24/13
 To: Zoning - Health
 (Person's Name and Division)
 From: Jeremy Clancy (443) 340-1229
 (Your Name, Company Name and Telephone Number)
 Subject: Project name Wallace SFD
 Project site address 3236 Jones Rd Woodbine
 Permit Number B13003898 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 Plans changed per Creding comments. - No change to SFD, only to septic area and LOD
- 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 _____

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)

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 AKH










cc: DPZ
 DED
 Health

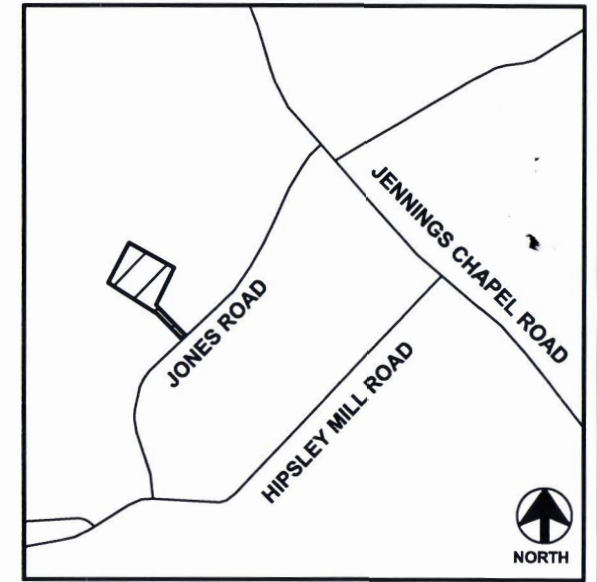
white: Plan Review Division
 yellow: Applicant
 pink: Permit Division

OWNER/APPLICANT:
GORDON WALLACE
3236 JONES ROAD
WOODBINE, MD 21797

BUILDER:
HB HOMES LLC
719 LAKE VARUNA DR.
GAITHERSBURG, MD 20878
240-848-2045

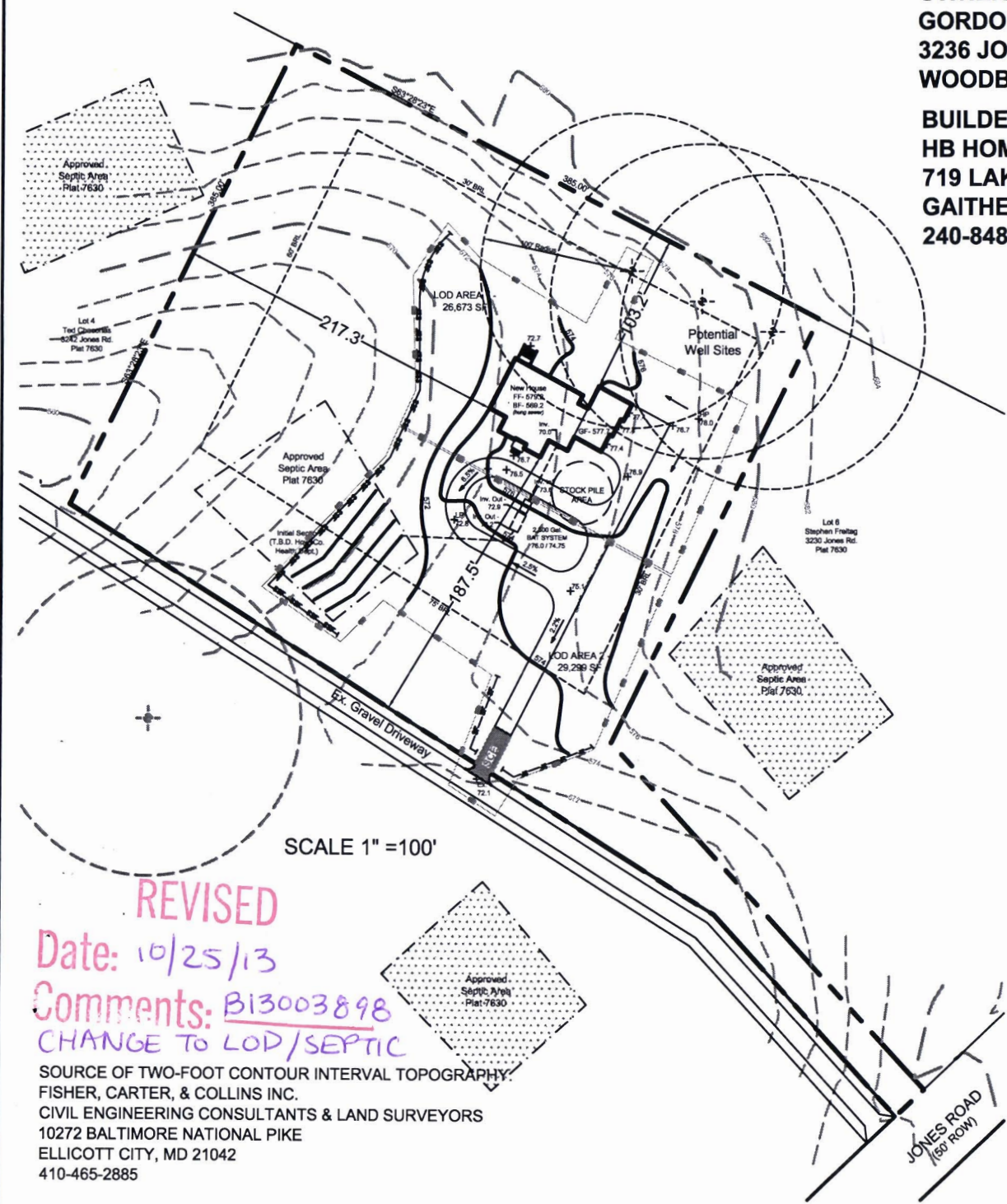
LEGEND:

- PROPOSED HOUSE 
- LIMIT OF DISTURBANCE 
- SUPER SILT FENCE 
- SILT FENCE 
- EXISTING CONTOUR 
- PROPOSED CONTOUR 
- PROPOSED WELL 
- PROPOSED SEPTIC 
- SEPTIC TANK 



VICINITY MAP
SCALE: 1" = 2,000'

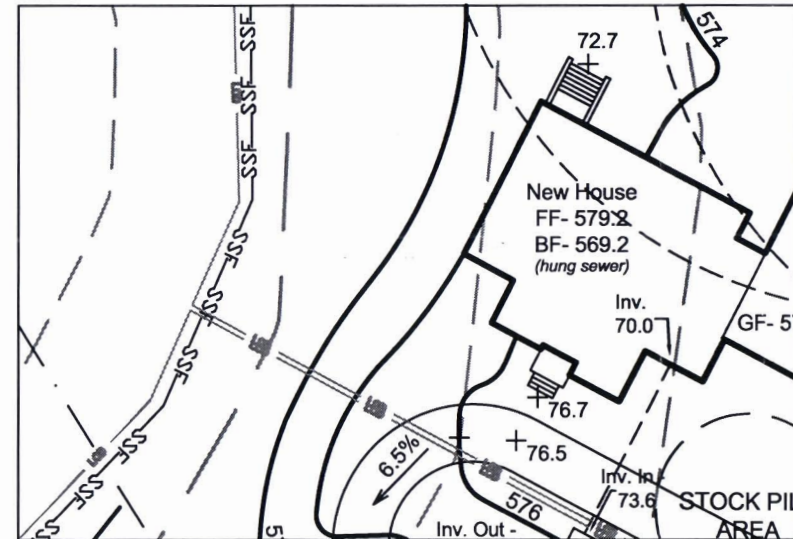
PLOT PLAN
3236 JONES RD.
Parcel 43
Election District 04
Tax Map 20
Howard County, Maryland
Date: 10/04/13
Sheet 1 of 2



SCALE 1" = 100'

REVISED
Date: 10/25/13
Comments: B13003898
CHANGE TO LOD/SEPTIC

SOURCE OF TWO-FOOT CONTOUR INTERVAL TOPOGRAPHY:
 FISHER, CARTER, & COLLINS INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MD 21042
 410-465-2885



DETAIL VIEW: SEPTIC
1" = 40'

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 2001 EXPIRATION DATE 10/21/2014



DM
 10-4-13

B&A
 Benning & Associates, Inc.
 Land Planning Consultants
 8933 Shady Grove Court
 Gaithersburg, MD 20877
 (301)948-0240



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: 9-18-14

Permit No.: B14003396

Building Address: 3236 Jones Rd
 City: Landover State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: B14 Sub
 Section: _____ Area: _____ Lot: 5
 Tax Map: 20 Parcel: 43 Grid: 3
 Zoning: _____ Map Coordinates: _____ Lot Size: 3240
 Existing Use: SFD
 Proposed Use: SFD w/ Porch Deck
 Estimated Construction Cost: \$ 8000
 Description of Work: _____
105 sq ft porch deck
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Charles Wallace
 Address: 3236 Jones Rd
 City: Landover State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: MD Zip Code: 21797
 Phone: 410-313-1379 Fax: _____
 Email: _____
 Contractor Company: TECH
 Contact Person: Joe Kennedy
 Address: _____
 City: _____ State: MD Zip Code: 21797
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 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	Multi-family Dwelling
<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 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 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: _____ Print Name: Joe Kennedy
 Email Address: _____ Date: 9/18/14
 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	<u>10/2/14</u>	<u>H. O'Connell</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3825</u>

B13003810

Benning & Associates, Inc.

8933 Shady Grove Court
Gaithersburg, MD 20877
Phone: 301-948-0240
Fax: 301-948-0241
E-mail: pstaley@benninglandplan.com

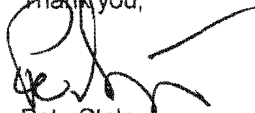
To: Mr. Jeffrey Williams, Supervisor-Howard County Dept. of Environmental Health
Date: September 11, 2014
Re: 3236 Jones Rd

Jeff:

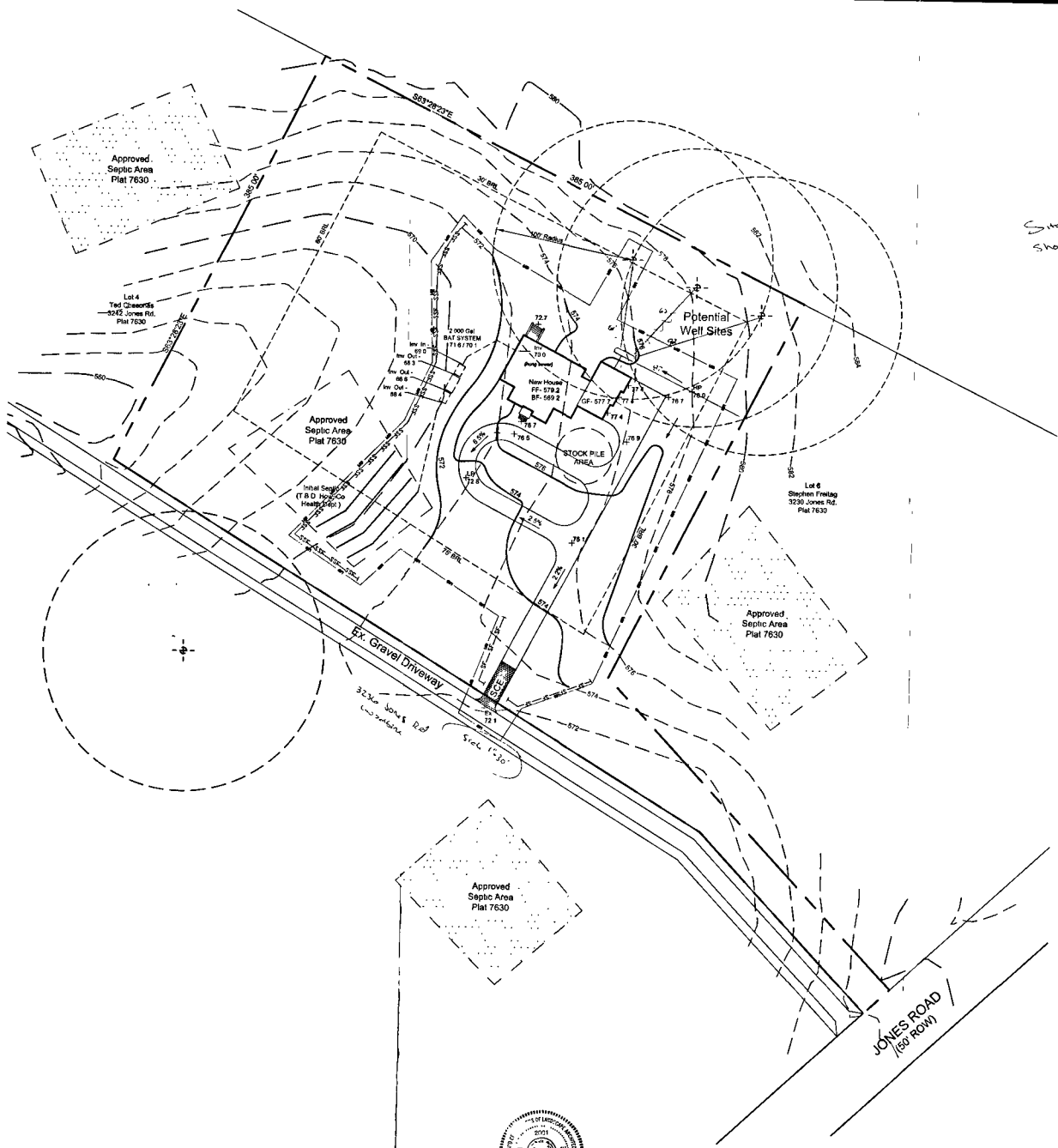
Enclosed please find 2 copies of the BAT Plan for your use and review. The builder has elected to relocate the tank and not incur the cost of a 2nd tank for purposes of housing a pump. A hung sewer and ejector pump will be installed in the basement.

Please contact our office if you have any questions regarding this matter.

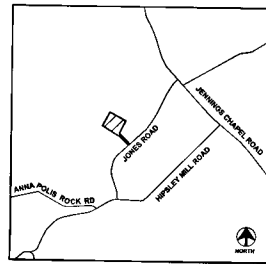
Thank you,



Pete Staley



Site plan approved as shown for B1400 3316 (Ramp Tank) 10/2/14 - u.o.



VICINITY MAP
SCALE: 1" = 2,000'

PREPARED FOR:
GORDON WALLACE
3236 JONES ROAD
WOODBINE, MD 21797

Sheet 1 of 2
Revisions



date: 10/4/13
scale: 1" = 40'

LEGEND:

- PROPOSED HOUSE
- LIMITS OF DISTURBANCE
- PROPOSED CONTOUR
- SEDIMENT CONTROL ENTRANCE
- SUPER SILT FENCE
- SILT FENCE
- STOCKPILE AREA
- DOWNSPOUT
- PROPOSED SEPTIC TANK
- PROPOSED WELL

Banning & Associates, Inc.
Lead Planning Consultants
893 Shady Grove Court
Gaithersburg, MD 20878
Tel: (301) 948-0240



SOURCE OF TWO-FOOT CONTOUR INTERVAL TOPOGRAPHY:
FISHER, CARTER, & COLLINS INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MD 21042
410-465-2885

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DAILY LICENSED PROFESSIONAL LANDSCAPE ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 2001, EXPIRATION DATE: 10/21/2014



10-4-13

ENGINEERS CERTIFICATE
I certify that this plan for erosion and sediment control represents a practical and workable plan on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

David W. McKee
Signature of Engineer (print name below signature) 10-4-13
Date

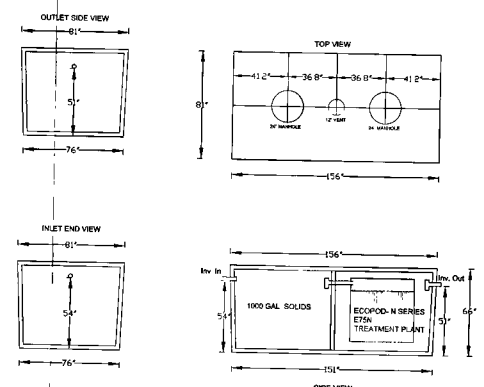
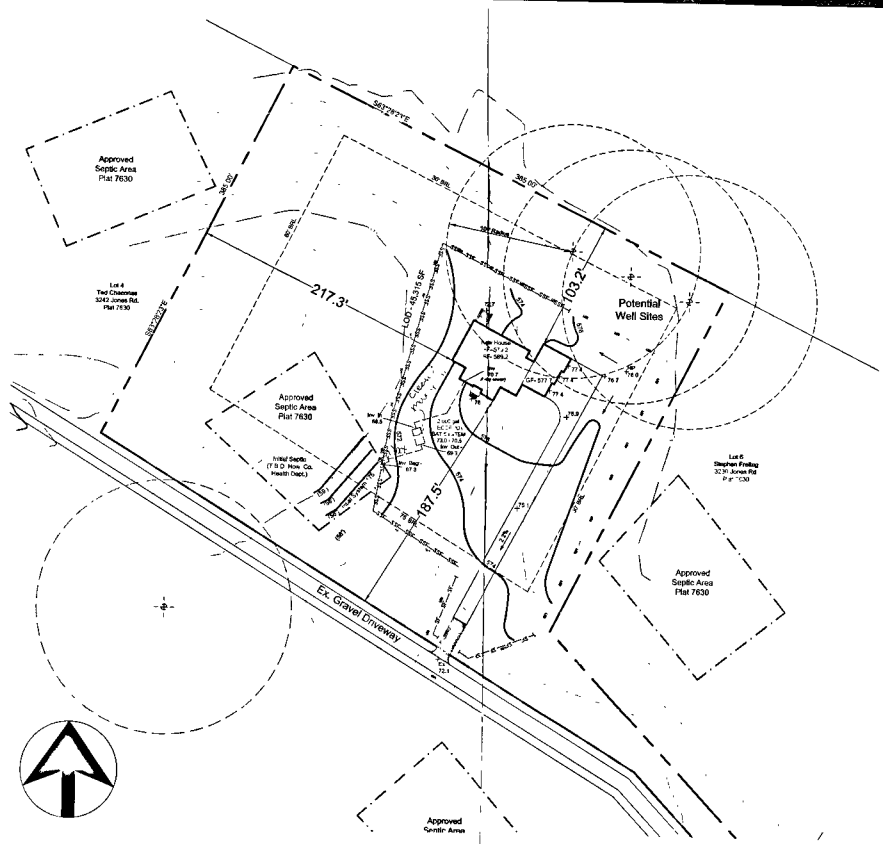
DEVELOPERS CERTIFICATE
I certify that all development and construction will be done according to this plan, and that any responsible personnel involved in the construction project will have a Certificate of Sediment and Erosion Control before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District.

Signature of Developer (print name below signature) _____
Date

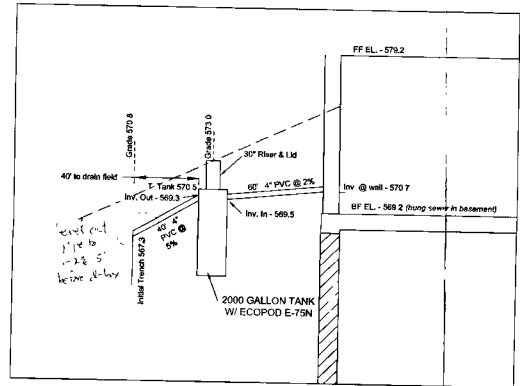
This development plan is approved for soil erosion and sediment control by the HOWARD SOIL CONSERVATION DISTRICT

Howard SCD _____
Date _____

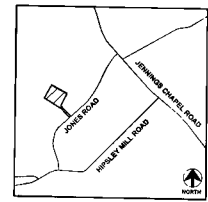
ENGINEERED SEDIMENT CONTROL PLAN
Lot 5 - PETTY SUBDIVISION
3236 Jones Road
Howard County, Maryland



BAT TANK DETAIL
1" = 4"
ECOPOD - N - SERIES MANUFACTURED BY
DELTA ENVIRONMENTAL PRODUCTS



SEPTIC SYSTEM PROFILE
Vertical 1" = 4"
Horizontal 1" = 40"



VICINITY MAP
SCALE: 1" = 1,200'

PREPARED FOR:
GORDON WALLACE
3236 JONES ROAD
WOODBINE, MD 21797

SEPTIC SYSTEM TRENCH DESIGN

Number of Bedrooms - 5
Application Rate - 0.8 gpd / sq. ft.
Design Flow: 150 gpd x 5 bedrooms = 750 gpd
750 gpd / 0.8 gpd/sq. ft. = 938 sq. ft.
938 sq. ft. / 3ft. Wide Trench = 313 lf. trench
313 lf trench x 0.56 reduction credit = 175 lf. trench
Trench 1 (T1) Ex. Grade = 570.8 Inv. Trench = 567.3 Bot. Trench 564.8
Trench 2 (T2) Ex. Grade = 570.4 Inv. Trench = 566.9 Bot. Trench 564.4
Trench 3 (T3) Ex. Grade = 570.0 Inv. Trench = 566.5 Bot. Trench 564.0

Handwritten note:
313 lf = 315'
175 lf = 175'

LEGEND:

- PROPOSED HOUSE
- LIMITS OF DISTURBANCE
- PROPOSED CONTOUR
- SEDIMENT CONTROL ENTRANCE
- SUPER SILT FENCE
- SILT FENCE
- DOWNSPOUT
- PROPOSED SEPTIC TANK
- PROPOSED SEPTIC
- PROPOSED WELL

SEPTIC SYSTEM / BEST AVAILABLE TECHNOLOGY (BAT) 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 specifications is 3' feet.
3. The blower may not be located more than 10 feet from the tank based on the manufacturer's specifications.
4. The BAT system shall be maintained and operated for the life of the system.
5. The BAT system 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), the address and date of completion of the BAT installation and the 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 operation from the manufacturer prior to final approval of the installation.



I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND LICENSE NO. 2021 EXPIRATION DATE: 07/2024

REVISIONS	

SITE PLAN FOR BAT INSTALLATION
Lot 5 of the Petty Subdivision
3236 Jones Road
Tax Map No. 20 Fourth Election District
Grid 3, Parcel 43
Howard County, Maryland

DESIGN BY: DWM DRAWN BY: PHS CHECKED BY: DWM DATE: SEPT 2014 SCALE: 1" = 50'	OWNER/APPLICANT: GORDON WALLACE 3236 JONES ROAD WOODBINE, MD 21797 BUILDER: NB HOMES LLC 719 LAKE VARUNA DR GAITHERSBURG, MD 20878 240-848-2045
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1 SHEET OF 1