

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

*Walk-Through*

*B12000941*

Building Address: 6276 Linkyhorn Lane  
Clarksville, MD 21029

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: 0000

Section: \_\_\_\_\_ Area: 2 Lot: 7

Tax Map: 0034 Parcel: 0347 Grid: 0013

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 2.77 AC

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_

Estimated Construction Cost: \$ 19,000.00

Description of Work: Build new deck with 2x0  
floor joist / 2x12 support beams / 6x6  
post and stainless steel railing system

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Jarrah & Ryan O'Colman

Address: 6276 Linkyhorn Lane  
 City: Clarksville State: MD Zip Code: 21029

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: Ryanocol@hotmail.com

Contractor Company: Woodwind Construction

Contact Person: Dustin Wood

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_  
 Phone: 301-748-3612 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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.

Dustin Wood  
 Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date 3/22/2012  
Woodwind Construction  
 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>3-28-12</u>	<u>[Signature]</u>
Fire Protection		

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

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	\$

9/29/09

MARIO MANNARELLI & SONS INC.  
2929 Summit Circle  
Ellicott City, MD 21043

RE: PERMIT # B09000348  
6276 Linky Thorn LANE  
Highland, MD

DEAR Ms. Corbin,

*Revision approved with roof repair.  
1/22/2010  
PB*

WE would like to amend this permit  
to only complete the GARAGE Addition  
AND Front porch per Health Dept.

All other work will NOT be  
DONE. NEW cost to construct will  
be \$14,000.

MARIO MANNARELLI  
443-324-9614

CC: Health

RECEIVED

SEP 29 2009

LICENSES & PERMITS  
DIVISION

Cash  
# 184816

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B09000343

Building Address 6276 LENKETHORN LANE  
LARKSVILLE, MD 21029  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision AINTRIE ESTATE  
Section 1 Area \_\_\_\_\_ Lot 7  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name RYAN J. OLSAN  
Address 6276 LENKETHORN LN  
City LARKSVILLE State MD Zip Code 21029  
Phone 410 579-7266 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD  
Estimated Construction Cost \$ 60,000  
Description of Work ALL A 10' X 10' FRONT  
PORCH, ~~14' X 6'~~ EXTEND Dining  
Room 14' X 6'. EXTEND GARAGE  
9' X 23'.

Contractor Company MANNAVILLI & SONS INC.  
Contact Person MARIO MANNAVILLI  
Address 2979 SUMMIT CIR  
City ELLCOTT CITY State MD Zip Code 21043  
License No. 2046  
Phone 410-461-2274 Fax 410-461-2278

Occupant or Tenant \_\_\_\_\_  
Contact Name Sam AS  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person MIKE STASCH  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone 410-812-3485 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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 \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name MARIO MANNAVILLI  
Date 3/5/09

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health <u>1/22/2010</u> <u>R. Bisher</u>			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for New Town Zone _____	Accepted by _____
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ			Yellow: DED, DPZ	Pink: Health
T:Forms/PERMIT.FRM			Pink: Health	Gold: SHA



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

3/16/2009

TO: Ryan O'Colman, owner  
6276 Linkythorn Lane

FROM: Robert Bricker, R.S., Environmental Sanitarian  
Well and Septic Program

RB

RE: Building Permit Application B09000348, Percolation Certification Plan required

Dear Mr. O'Colman,

The referenced building permit application cannot be approved by the Health Department at this time. The Annotated Code of Maryland [COMAR, 26.04.02.02.D(4)] requires the Approving Authority, i.e. the Health Department, to certify existing on-site sewage disposal and water supply systems prior to issuance of a construction permit by the county. Furthermore, Howard County Code [3.805(A)(2)(X)] requires that each lot created prior to March 1972 have a septic easement having "adequate area for an initial septic system and two 2 repairs".

The Howard County Health Department requires that you have an approved Percolation Certification Plan. The content of this plan [Howard County Code 3.805] and the supporting data serve as Health Department's justification for approving the current building permit application (B09000348) and any subsequent building permit applications.

Percolation tests must be conducted in order to establish a septic easement. Certification of an existing on-site sewage disposal system is accomplished by exposing, and documenting the condition of, the components of the septic system. If an existing distribution trench or dry well appears suitable for continued use, a soil profile observation is dug nearby to describe and prove that an adequate soil buffer extends 4 feet deeper [COMAR 26.04.02.04.C(1)] than the bottom of the trench or dry well. An Environmental Sanitarian records data of these evaluations.

Usually the data are compiled in a technical drawing by a Licensed Land Surveyor or Professional Engineer, and submitted to the Health Department for approval. The Health Department maintains lists of excavation contractors and engineers or surveyors who are known to offer their services in Howard County

You may contact me at the Bureau of Environmental Health, 410-313-1771 if you have questions about these contents.

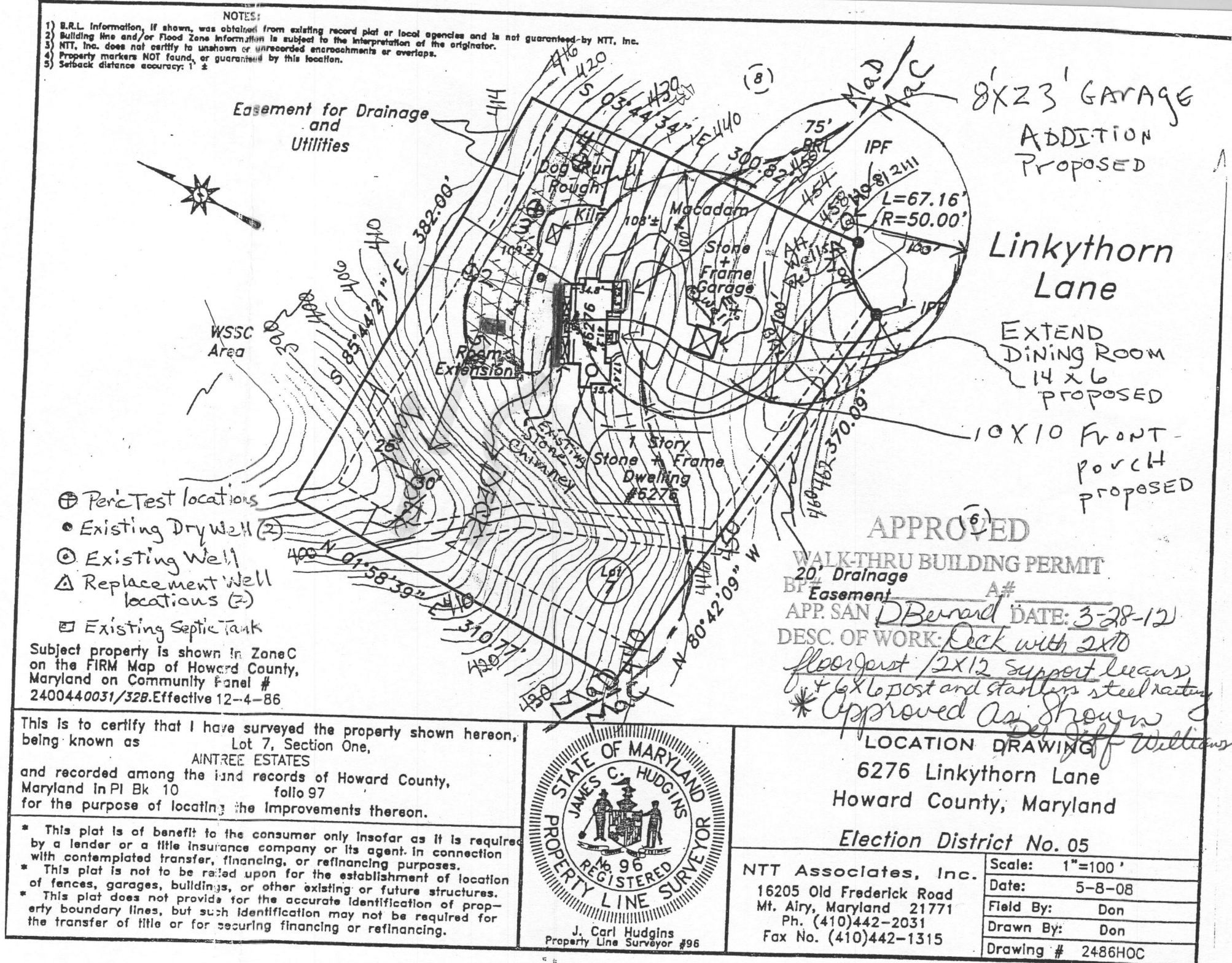
RB  
Copy: file

Mannavelli & Saas, Inc., applicant

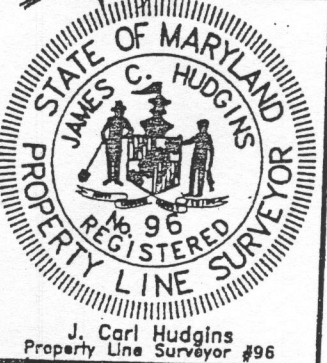
**NOTES**

1. THE PURPOSE OF THIS PERCOLATION CERTIFICATION REVISION IS TO ADJUST THE SEPTIC RESERVE AREA ON THE SUBJECT PROPERTY IN SUPPORT OF A BUILDING PERMIT APPLICATION (B09000348).
2. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.
3. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
4. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. ALL REASONABLE EFFORTS WERE USED TO LOCATE AND SHOW ALL EXISTING WELLS, SEPTIC SYSTEMS AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF SUBJECT PROPERTY BOUNDARIES.
6. TOPOGRAPHY IS AS PRESENTED ON HOWARD COUNTY GIS AND IS VERIFIED TO ACCURATELY REPRESENT THE RELATIVE ELEVATION CHANGES ON AND NEAR THE SUBJECT PROPERTY.
7. DUE TO RAPID PERCOLATION RATES AND NEAR PROXIMITY (<2500 FEET) TO A DRINKING WATER RESERVOIR, THE INSTALLATION OF ADVANCED PRETREATMENT FOR THE SEPTIC SYSTEM IS REQUIRED. THE PRETREATMENT DEVICES ARE DESIGNED TO REDUCE RELEASE OF NITROGEN BY USING BEST AVAILABLE TECHNOLOGY (BAT). ON-GOING MAINTENANCE IS REQUIRED. AN AGREEMENT ACKNOWLEDGING THE NEED FOR MAINTAINING A SERVICE CONTRACT WITH AN AUTHORIZED SERVICE PROVIDER MUST BE RECORDED IN THE HOWARD COUNTY LAND RECORDS FOR THIS LOT PRIOR TO BUILDING PERMIT APPROVAL.
8. THE SEPTIC SYSTEM UPGRADE WILL BE COMPLETED AND APPROVED BY THE ATTENDING ENVIRONMENTAL SANITARIAN, AND THE EXISTING SEPTIC TANK AND (2) DRY WELLS ABANDONED, PRIOR TO BUILDING PERMIT APPROVAL.

- NOTES:
- 1) B.R.L. Information, if shown, was obtained from existing record plot or local agencies and is not guaranteed by NTT, Inc.
  - 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
  - 3) NTT, Inc. does not certify to unknown or unrecorded encroachments or overlaps.
  - 4) Property markers NOT found, or guaranteed by this location.
  - 5) Setback distance accuracy: 1' ±



This is to certify that I have surveyed the property shown hereon, being known as Lot 7, Section One, AINTREE ESTATES and recorded among the land records of Howard County, Maryland in PI Bk 10 folio 97 for the purpose of locating the improvements thereon.



LOCATION DRAWING  
6276 Linkythorn Lane  
Howard County, Maryland  
Election District No. 05

NTT Associates, Inc.	Scale: 1"=100'
16205 Old Frederick Road Mt. Airy, Maryland 21771 Ph. (410)442-2031 Fax No. (410)442-1315	Date: 5-8-08
	Field By: Don
	Drawn By: Don
	Drawing # 2486HOC

- \* This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- \* This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- \* This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

**PERCOLATION CERTIFICATION PLAN**

**6276 LINKYTHORN LANE**

TAX MAP 34 PARCEL 247

OWNERS: RYON AND FARRAH O'COLMAN  
6276 LINKYTHORN LANE  
CLARKSVILLE, MD 21029

*"Upgrade a septic system"*  
*7178 Col. Gateway Dr*

I CERTIFY THAT THE INFORMATION SHOWN HERON IS BASED ON FIELD WORK PERFORMED BY ME OR IN MY PRESENCE, OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*[Signature]* 6/9/09  
*[Signature]* 6/9/09  
SIGNATURE DATE

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS.

*[Signature]* 6/23/09  
SIGNATURE DATE

Bureau of Environmental Health

PC530972



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

May 27, 2009

TO: Ryan and Farrah O'Colman, owners  
6276 Linkythorn Lane

FROM: Robert Bricker, CPSS, R.S.  
Environmental Sanitarian

RE: Percolation Test Results, 6276 Linkythorn Lane, A530972  
(Build Permit Application B09000348)

Dear Mr. and Mrs. O'Colman,

Percolation testing was conducted on the referenced property on May 22, 2009. All percolation tests conducted were standard tests, measuring rate of fall for a pre-wet period followed by measurement and recordation of the time required for the water level to drop 1 inch. Percolation Test Results indicate soils' conditions that are satisfactory for onsite wastewater disposal. Subsequently, the area of your property represented by these observations may be designated as a septic easement.

Five test holes were dug for profile description and standard percolation tests. Three of the five locations were tested for percolation rate and 'Passed' at similar depths. All locations have a moderately rapid percolation rate. Soil profiles were very similar with exception of much deeper subsoil at location #1. Depth to a restrictive layer of mica schist occurred at 11 feet at test locations 5 and 2, and at 12 feet and 13 feet at locations #3 and #4, respectively. Field data collected are shown on the Percolation Test Results Worksheet. Subsequent recommendations are based on observed soil properties and characteristics at respective test locations as well as the particular soils materials tested. The detailed specifications for the designated replacement systems will be similar to the initial system.

The potential of the area that may be defined as a septic easement meets the Howard County Code (3.805.A.2.X) requirement for an initial system and 2 replacement systems. The extent of the suitable soils in the westerly direction is limited by a regulated 25-foot setback to slopes greater than 25 percent. The northern boundary of suitable area is defined by a setback to the 25-foot wide "Easement for Drainage and Utilities" along your north property line. A 10-foot setback must be observed along your east property line. The total area is estimated to be over 11,000 square feet, large enough to avoid destruction of large trees (your stated preference) during septic system installation.

During field evaluation, one of two existing dry wells was found to have cinder block walls (not meeting current construction requirements) and to be near failure. Though no surface seeps were noticeable, the solution level in the dry well 'A' was 0.5 ft. to 1ft. above the level of the Inlet (recorded as 2 feet below soil surface). These two dry wells are to be replaced and properly abandoned prior to Health Department approval of your Building Permit Application. The septic tank will also be relocated (i.e. replaced) to meet current requirements for distance from foundation.

Due to the moderately rapid percolation rates, sandy subsoil, and proximity to a drinking water reservoir, the Health Department requires that you install a pre-treatment module.

These pre-treatment systems reduce the amount of nitrogen released in the wastewater, and many of them are self contained in their own tank.

You may apply to the Bay Restoration Fund (see BRF Links attachment) to obtain a grant for the cost of the system. Several factors favor your obtaining a grant: you are within 2500 feet of a drinking water reservoir, you need a repair (re: to replace a failing system for an existing residence), and you may qualify for having household income below the median household income for your county of residence (Howard County). I encourage you to begin the process as soon as possible by completing the pre-approval application online and submitting it as soon as possible.

Once the specific technology has been determined and approved by the Maryland Department of the Environment, you or your consultant will be responsible for providing a detailed cross-sectional/spec sheet of what is proposed to be installed at your property, i.e. new tank, BAT to be used with existing tank, etc. If a new tank is to be used, a drawing showing the new, detailed tank along with a profile showing the depth and amount of earth cover shall be submitted to this office. These details should be available from the manufacturer.

In addition, a scaled site plan showing the exact locations of the well and septic components, i.e. septic tank and dry well, must be submitted to the Health Department for review. Elevations of these system components may be required based on site characteristics. Neighboring septic systems and wells may need to be included on the site plan as they are shown on the Percolation Certification Plan. Also submit contact information of the contractor that is to install the system, including a phone number. BAT systems are subject to Howard County Health Department Code and the Annotated Code of Maryland Regulations (COMAR), i.e. setback to dwelling, existing drive, existing well, slopes, etc.

Once the site plan has been reviewed and accepted by the Health Department, and a copy of the Agreement and Easement for Installation of Best Available Technology Systems with Bay Restoration Funds has been received in the Health Department (and the Percolation Certification Plan is approved), the septic permit can be released. A fee of \$396.00 is required in order to release the septic permit for installation of the pretreatment system and trenches for the above referenced property.

If you have any questions regarding the soil evaluation, the Percolation Certification Plan, or the stated requirements for a new septic system, please contact me at the above address or by calling (410) 313-2691.

Respectfully,

Robert Bricker, CPSS, RS  
Well and Septic Program  
Development Coordination Section

Copy: File