

10/22/96 LATE 3PM/330  
10/23/96 10AM+1PM  
12/12/96 11:00  
SEPTIC PUMP TEST

Tax ID - 03-315584

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57305-D

A 42200

DISTRICT 3rd

DATE 10-4-96

DATE SYSTEM APPROVED 12/12/96

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~800-9933~~ 313-2640

# INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 4105 Ten Oaks Road, Dayton, Maryland 21036 PHONE 988-9270

SUBDIVISION Second Discovery LOT 10 ROAD 12743 Maryvale Court

PROPERTY OWNER Ogden and Isa Cummings

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS **BUILDING PERMIT SIGNED**

NUMBER OF BEDROOMS 5 **AND RETURNED**

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

*7/30/04 800-9933-2 STORY ADDITION*

\*Septic Contractor to provide pump detail prior to issuance of septic permit.

\*A septic pump test is required prior to septic system approval.

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - From the right front lot corner, place the distribution box 120' down the right lot line and 50' off that lot line. Run trenches along contour within the platted septic reserve area.

NOTES - Septic under driveway installation for first system. No trench to exceed 100' in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *7/29/96 OK ALM*

PLANS APPROVED BY Amy Mc Millen DATE 7/10/96

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

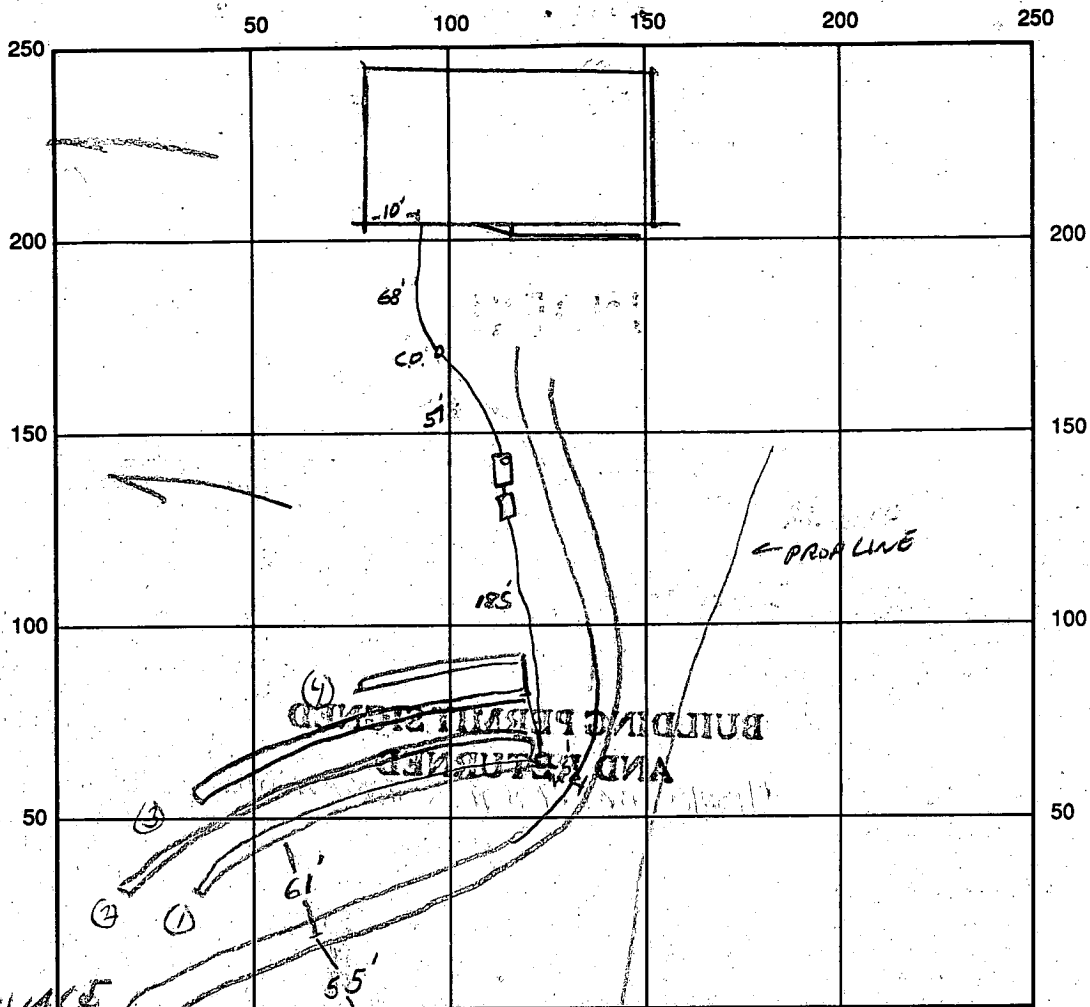
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

LDG. PERMIT SIGNED  
**AND RETURNED** *7/13/96*  
*Serial # BM 309159 - Approved*  
*DKS*

A 42200



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TO MARYVALE COURT

SEPTIC TANK LEVEL OK 1500 GAL, 1000 GAL PUMP CHAMBER CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH 36 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH  $\frac{142}{98/10} / 90$  FT. } = 298 4 = 55 } 353

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1059 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 10/22/96 PUMP CHAMBER NEEDS RISER. 1ST TRENCH OK TO COVER OK TO CONTINUE TANKS + LINE TO HOUSE OK TO COVER. HANNOLE OK, TRENCH 30 FT TO COVER, 52' MORE NEEDED. FINAL TRENCH (#4) OK TO COVER, PUMP TEST REQUIRED FOR FINAL.

12/12/96 FINAL INSP - PUMP CHECK, OK. DKS/KAM

DATE SYSTEM APPROVED 12/12/96 INSPECTOR YOUNG & JOE

# APPLICATION

PERCOLATION TESTING

A 42200  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT Third  
DATE Feb. 26, 1988

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER William W. Aitcheson Ogden and Gae Cummings  
ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029 PHONE 301 596 9208

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: Second Discovery  
SUBDIVISION Aitcheson Property "Second Discovery" LOT NO. 10  
ROAD AND DESCRIPTION Court 'A' off Folly Quarter Rd.  
12743 maryvale court

TAX MAP 22 Blk 23 PARCEL # 45  
SIZE OF LOT 3.86 acres

BLDG. PERMIT SIGNED  
~~AND RETURNED~~ 7-10-96  
Serial # B06100806  
Single Family Dwg - 5 BRms  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

William W. Aitcheson  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

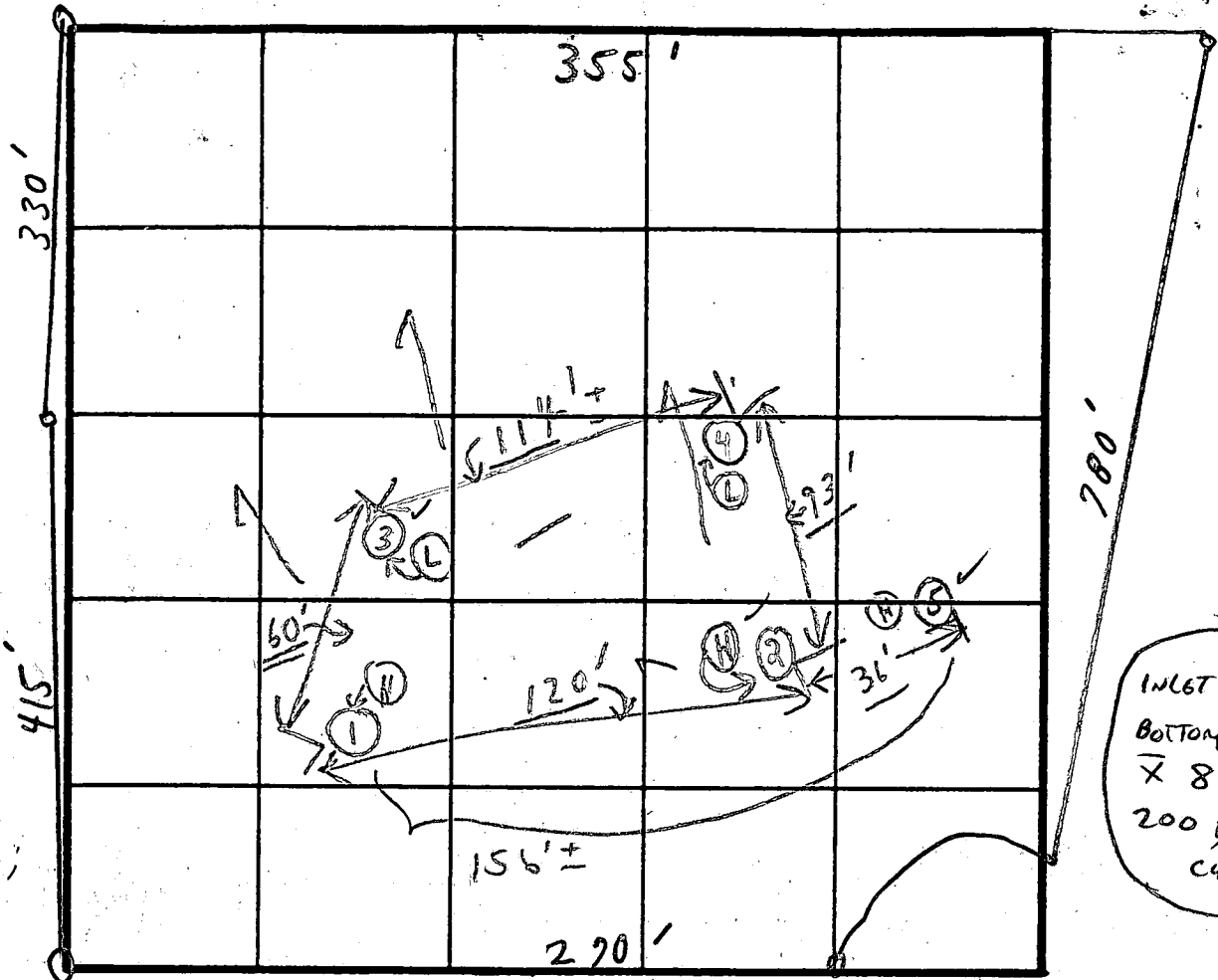
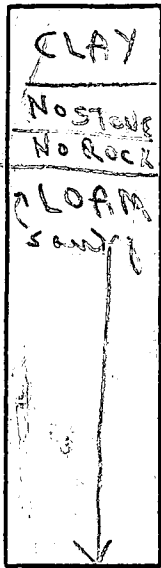
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A 42200

#10  
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
COURT "A"

SOIL PROFILE

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
				START	STOP	START	STOP	
1" - 2" topsoil	8/1/88	1A	2'	12:	13:	12:	11:	Sandy
3" - 10" Sand	4/28/88	1B	10'					ok
11" - 1 1/2" clay		2A	1 1/2'	12:39	12:41	12:41	12:44	3m
11" - 1 1/2" SANDY		2B	4'	12:40	12:41	12:41	12:43	2m
1" - 4" (Sandy) Sand Loam		3A	4'	12:16	12:21	12:21	12:35	11m
1" - 3" CLAY		4A	3'	12:18	12:22	12:22	12:34	12m
3" - 10" SAND LOAM SANDSTONE		4B	10'					
Extra for		35	11'					

REMARKS  
area of 10,000 sq ft.

(all tests category #2; etc. Tests on woods)

TYPE OF SOIL

TESTED BY

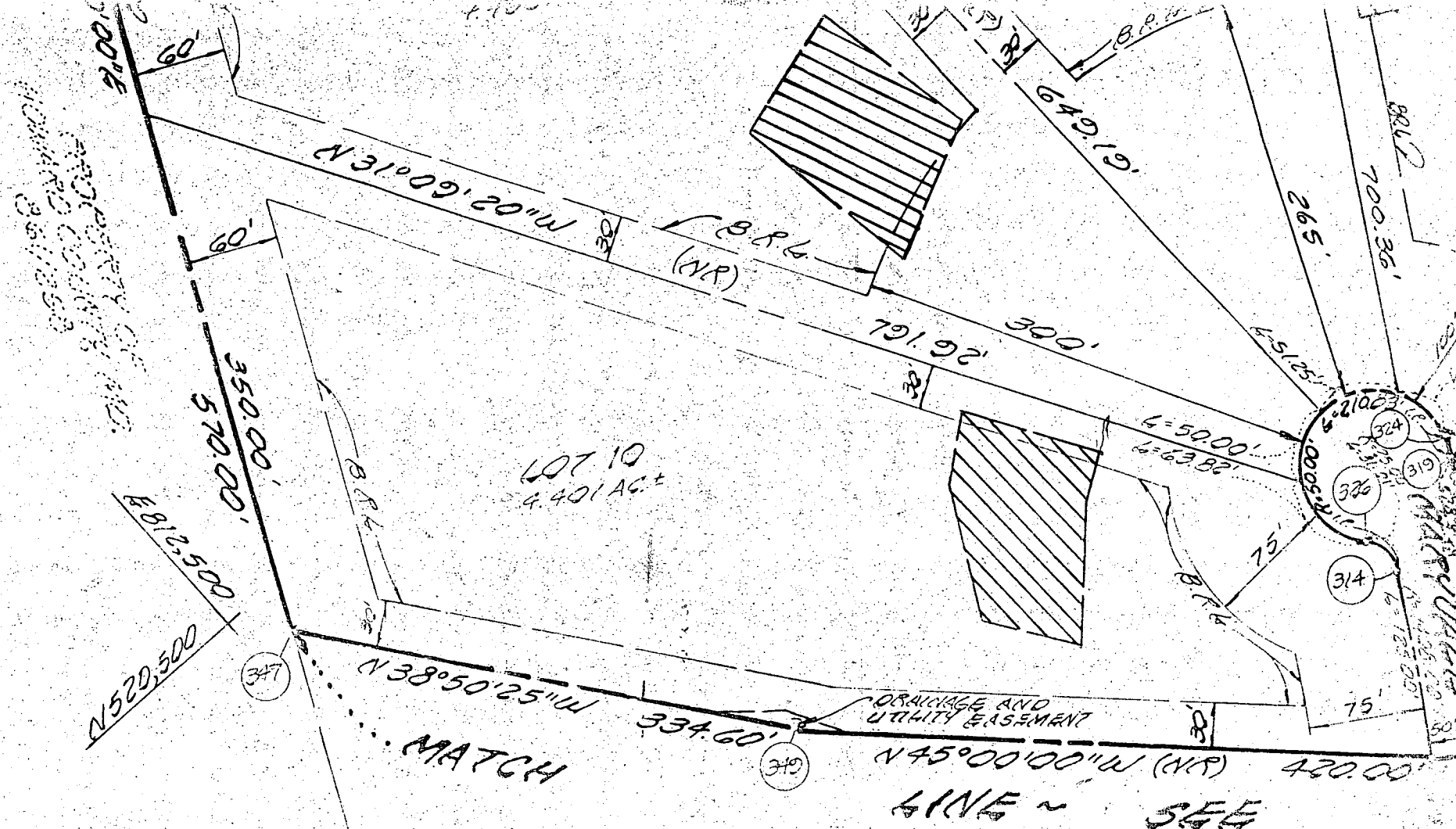
C.B.A.

ALSO PRESENT

2 Fyochs men  
1 owner

INLET 3'  
BOTTOM 6'  
X 8 MIN  
200 CW





TABULATION FOR SHEET 4 OF 4

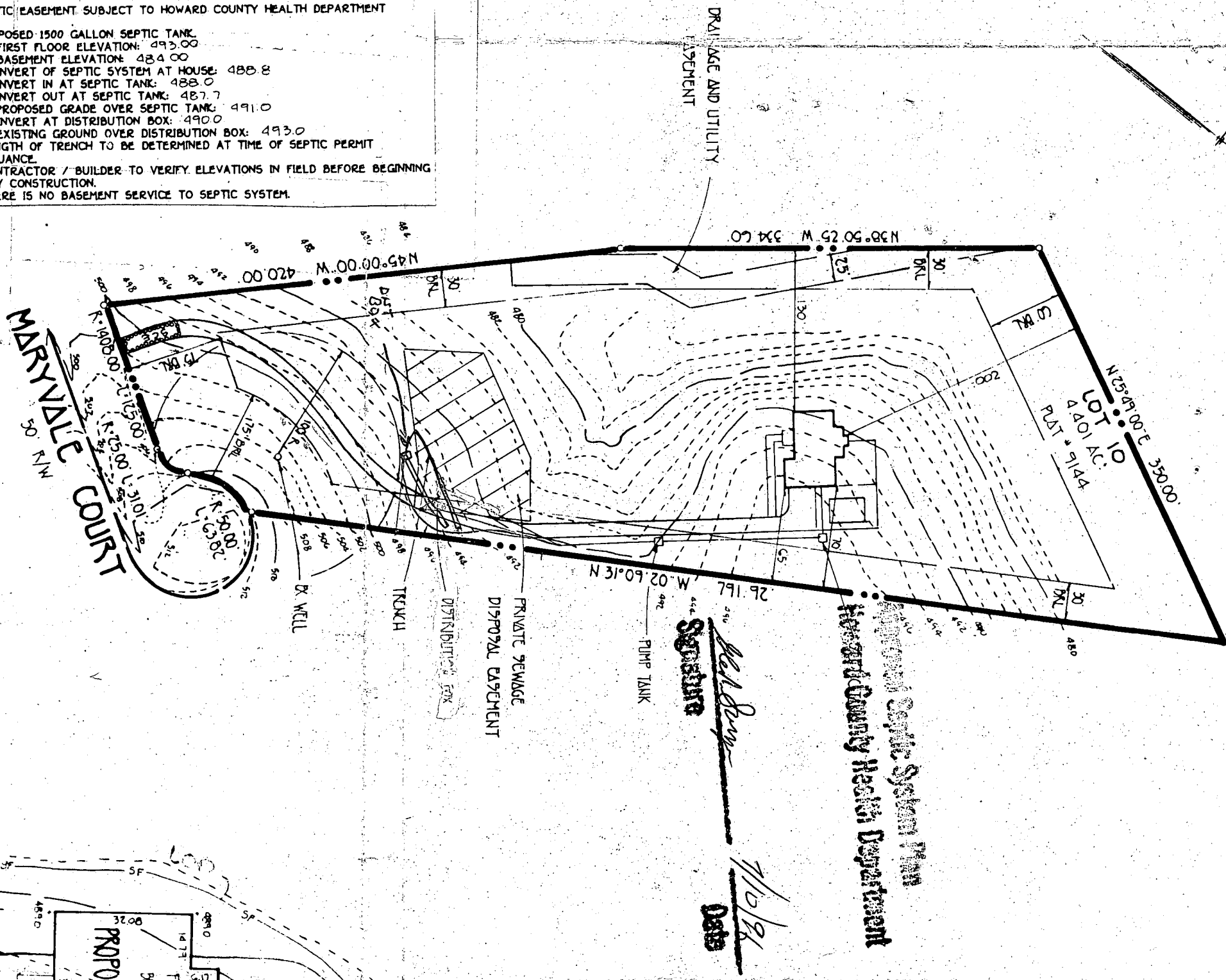
NUMBER OF BUILDABLE LOTS TO BE RECORDED.....	4
NUMBER OF OPEN SPACE LOTS TO BE RECORDED.....	0
NUMBER OF LOTS TO BE RECORDED.....	4
AREA OF BUILDABLE LOTS TO BE RECORDED.....	20.383AC. ±
AREA OF OPEN SPACE TO BE RECORDED.....	0.000AC. ±
AREA OF 100 YEAR FLOODPLAIN TO BE RECORDED.....	0.042AC. ±
AREA OF ROADWAY TO BE RECORDED.....	0.355AC. ±
AREA OF ... TO BE RECORDED.....	20.748AC. ±

OWNER'S CERTIFICATE

WILLIAM W. MITCHESON, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT AND THE ESTABLISHMENT OF THE MINIMUM BUILDING RESTRICTION LIEN, I HEREBY ESTABLISH THE MINIMUM BUILDING RESTRICTION LIEN AND ASSIGNS, (1) THE RIGHT OF FIRST REFUSAL TO THE MUNICIPALITY AND OTHER MUNICIPAL UTILITIES AND (2) THE RIGHT OF FIRST REFUSAL TO THE MUNICIPALITY AND OTHER MUNICIPAL UTILITIES IN CONNECTION WITH ANY OTHER MUNICIPAL UTILITIES AND OTHER MUNICIPAL UTILITIES EASEMENTS.

# GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3. A. FIRST FLOOR ELEVATION: 493.00
- B. BASEMENT ELEVATION: 484.00
- C. INVERT OF SEPTIC SYSTEM AT HOUSE: 488.8
- D. INVERT IN AT SEPTIC TANK: 488.0
- E. INVERT OUT AT SEPTIC TANK: 487.7
- F. PROPOSED GRADE OVER SEPTIC TANK: 491.0
- G. INVERT AT DISTRIBUTION BOX: 490.0
- H. EXISTING GROUND OVER DISTRIBUTION BOX: 493.0
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.



*Signature*  
*Bel Pump*

*11/10/98*  
*Date*

Howard County Health Department  
 Septic System Plan

PROPO  
 32.00  
 489.0

# Landscaping Plan

- Over all plan

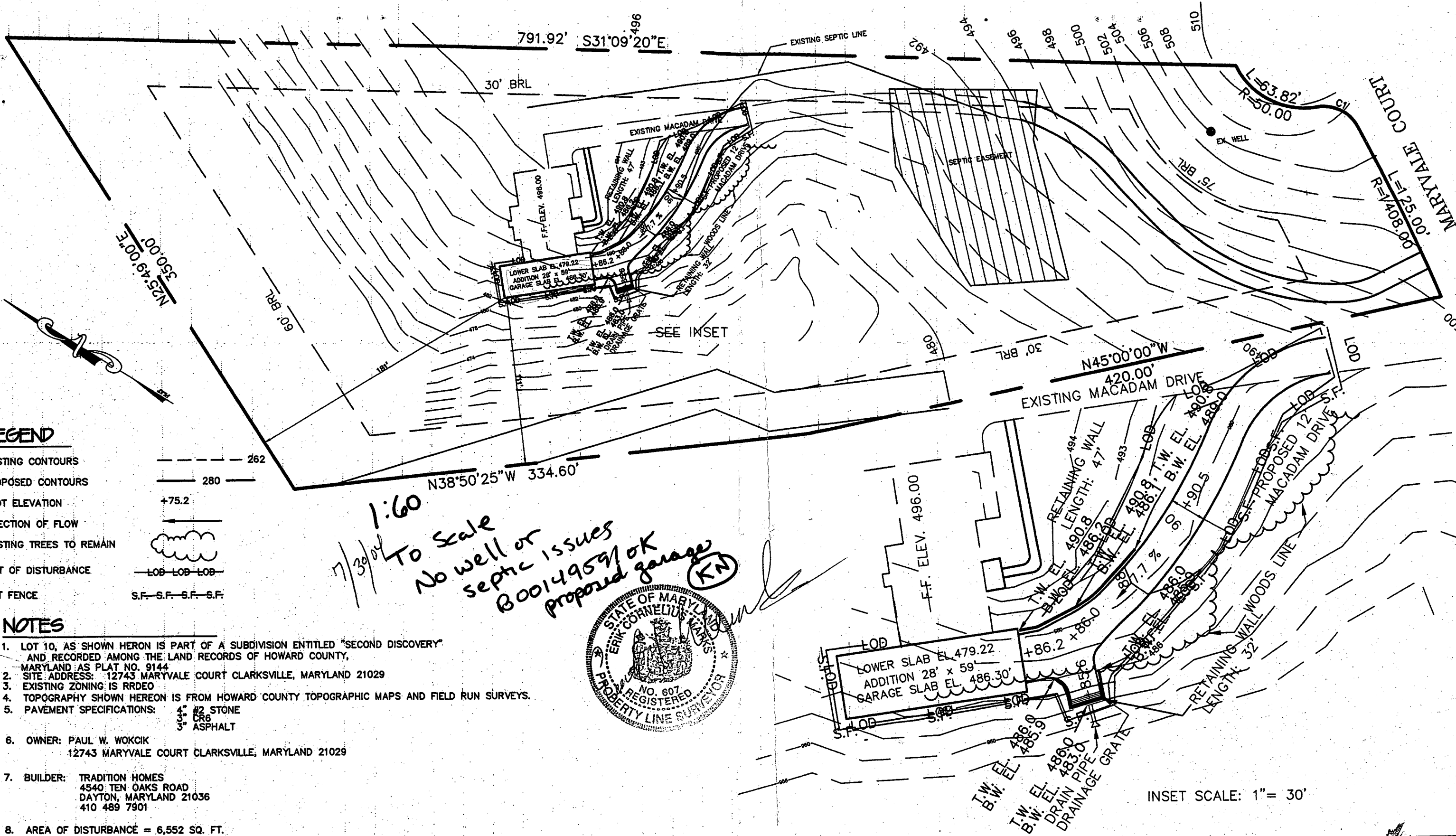
9/13/96

Pool location  
OK as shown.

(DKS)

Lawn Area



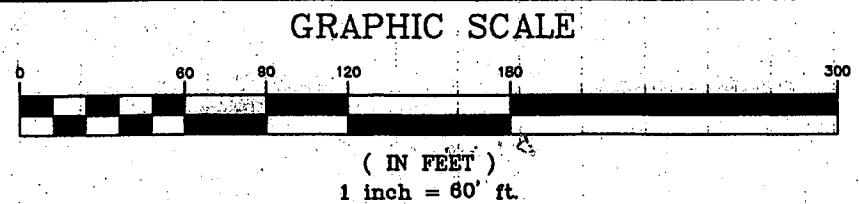
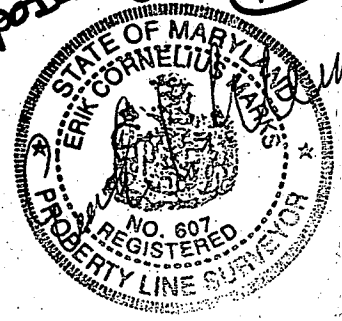


**LEGEND**

- EXISTING CONTOURS 262
- PROPOSED CONTOURS 280
- SPOT ELEVATION +75.2
- DIRECTION OF FLOW
- EXISTING TREES TO REMAIN
- LIMIT OF DISTURBANCE
- SILT FENCE

**NOTES**

1. LOT 10, AS SHOWN HEREON IS PART OF A SUBDIVISION ENTITLED "SECOND DISCOVERY" AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND AS PLAT NO. 9144
2. SITE ADDRESS: 12743 MARYVALE COURT CLARKSVILLE, MARYLAND 21029
3. EXISTING ZONING IS RRDEO
4. TOPOGRAPHY SHOWN HEREON IS FROM HOWARD COUNTY TOPOGRAPHIC MAPS AND FIELD RUN SURVEYS.
5. PAVEMENT SPECIFICATIONS:
  - 4" #2 STONE
  - 3" CR6
  - 3" ASPHALT
6. OWNER: PAUL W. WOKCIK  
12743 MARYVALE COURT CLARKSVILLE, MARYLAND 21029
7. BUILDER: TRADITION HOMES  
4540 TEN OAKS ROAD  
DAYTON, MARYLAND 21036  
410 489 7901
8. AREA OF DISTURBANCE = 6,552 SQ. FT.



DATE: 07/07/04

**MARKS & ASSOCIATES L.L.C.**  
 SURVEYING-ENGINEERING-LAND PLANNING  
 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND  
 TELEPHONE (410)747-8738 FAX (410)747-8739

**PLOT PLAN FOR ADDITION**  
 12743 MARYVALE COURT  
 LOT 10, SECOND DISCOVERY  
 TAX MAP #22 3RD ELECTION DISTRICT  
 PARCEL 44 & 45  
 HOWARD COUNTY, MARYLAND

INSET SCALE: 1" = 30'

9144

Building Address 12734 Maryvale Ct  
Ellicott City, MD 21042

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

Census Tract 60300 Subdivision Second Discovery

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 10

Tax Map 22 Parcel 45 Grid 17

Zoning REDED Map Coordinates 10C10 Lot size 4.40 ac

Property Owner's Name Paul and Charlotte Wojcik  
 Address 12734 Maryvale Ct  
 City Ellicott City State MD Zip Code 21042

Home Phone 4435359082 Work Phone \_\_\_\_\_

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

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

Existing Use Residential Home 3FD  
 Proposed Use Addition to Home  
 Estimated Construction Cost \$ 170,000  
2 car

Description of Work Addition of a garage, storage  
space, office, media & gym. Asphalt shingles &  
bride to match existing 22' - 60'  
Bathroom Addition 1 BR

Contractor Company Tradition Home Builders  
 Contact Person Steven Leaf  
 Address 15084 Bushy Park Rd  
 City Woodbine State MD Zip Code 21797  
 License No. 13912157  
 Phone 410-489-6045 Fax 410-489-6215

Occupant or Tenant Paul and Charlotte Wojcik  
 Contact Name Paul Wojcik  
 Address 12734 Maryvale Ct  
 City Ellicott City State MD Zip Code 21042  
 Phone 4435359082 Fax \_\_\_\_\_

Engineer or Architect Company Dave Johnson  
 Contact Person Dave Johnson  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 410 978 7493 Fax 602157

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>
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Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>40'</u> Width <u>22'4"</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement <u>Garage</u> _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>0</u>	
Multi-family dwellings: <u>deleting 2 + adding 2 total 5 bedrooms</u>	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<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.

Steven Leaf  
 Applicant's Signature  
Tradition Home Builders Inc  
 Title/Company

Steven Leaf  
 Print Name  
7/28/04  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>7/30/04</u>	<u>Race Norman</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: <u>23802</u>
Filing fee \$ <u>25</u>
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>6800</u>
Validation # <u>74266</u>
Accepted by <u>[Signature]</u>