

Building Address: 14620 Mustang Path
Glenwood up 21738

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Glenwood 2st

Section: _____ Area: _____ Lot: 6

Tax Map: 21 Parcel: 179 Grid: 5

Zoning: _____ Map Coordinates: _____ Lot Size: 1.25

Property Owner's Name: Patrick Coleman

Address: 14620 Mustang Path

City: Glenwood State: MD Zip Code: 21738

Home Phone: 4438121988 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Karen Rowley
293 Southland Ct Dunkirk 20754

Phone: 4105077705 Fax: _____

Email: KHKpermits05@yahoo.com

Existing Use: SFD

Proposed Use: In ground pool

Estimated Construction Cost: \$ 30,000.00

Description of Work: 38'x21' in ground concrete pool, depth 3 to 8, fence to code, filled by truck

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Sunrise Premiere Pools

Contact Person: Diane

Address: 1354 B Cape Saint Claire Rd

City: Annapolis State: MD Zip Code: 21409

License No.: 45494

Phone: 4103493852 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
Construction type:	Heating System
<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	Sprinkler System:
<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>
Depth Width	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms:	<input type="checkbox"/> Electric
Multi-family Dwelling	<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 checked="" 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.

Applicant's Signature: Karen Rowley Print Name: Karen Rowley

Email Address: _____ Date: 11/6/18

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>12/14/18</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? Yes No

Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSPS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

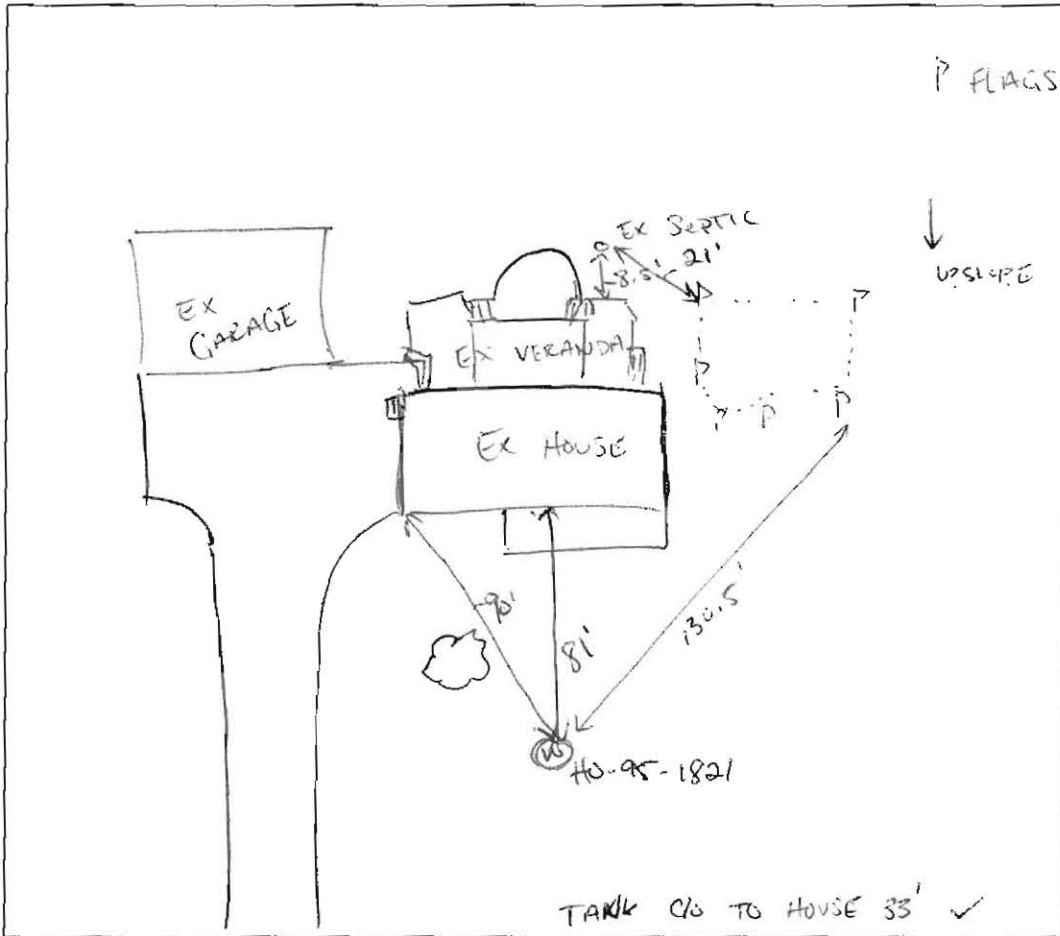
ADDRESS: 14620 Mustang Path CONTRACTOR: _____

WELL TAG #: _____

SUBDIVISION: Clearwood Est - LOT: _____ COUNTY #: 13

PROPOSAL: confirm Ex. well / septic up to satisfactory standards
to comply w/ proposed pool addition.

LOCATION DIAGRAM



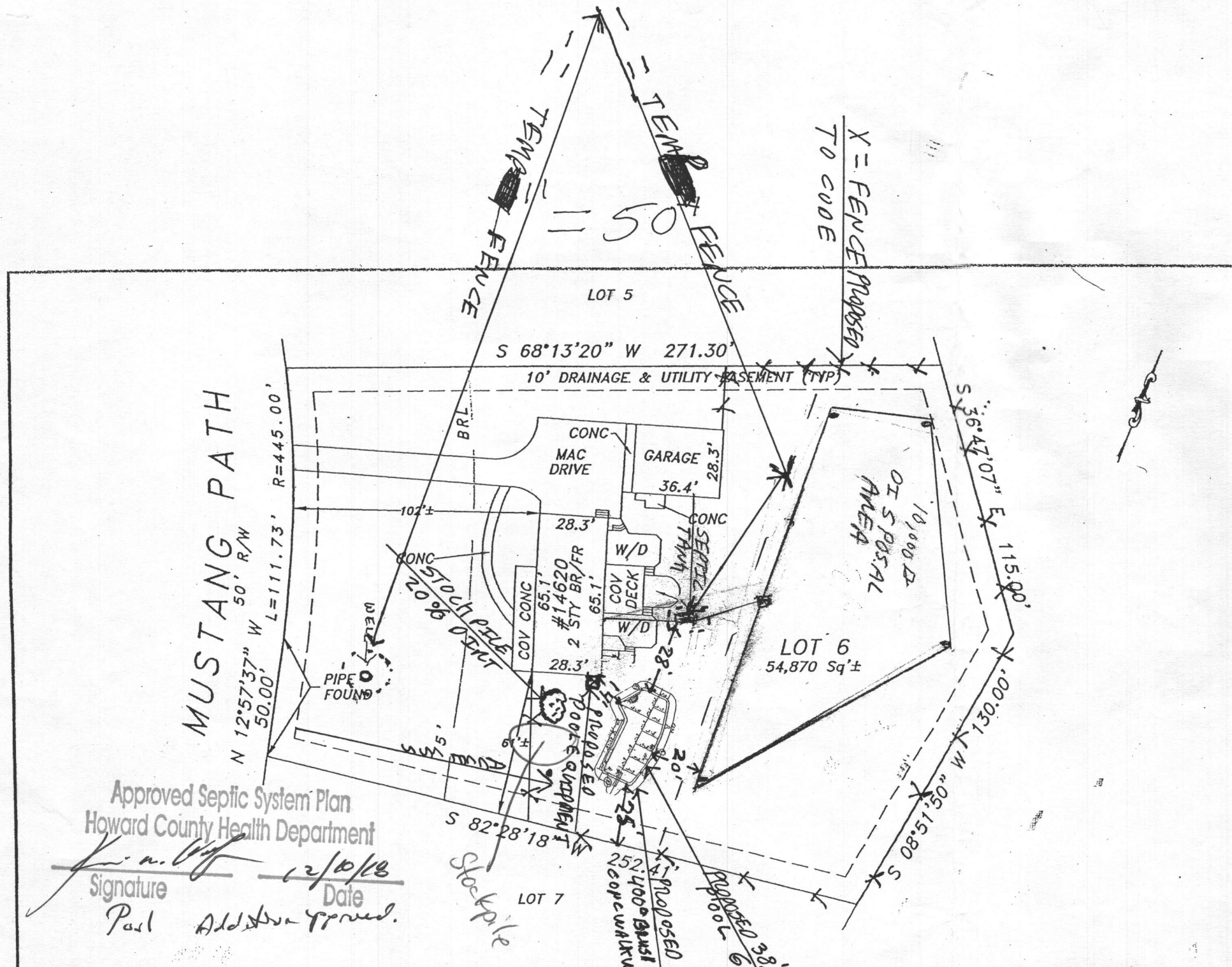
COMMENTS: EST 17' FROM C/O (TANK) TO EST LOC OF D BOX.
TRENCH IS CLOSE TO POOL SET BACK. RECOMMEND EXPOSING
TRENCH TO CONFIRM.

DATE: 11/16/2018 INSPECTOR: _____

Wolf, Kevin

From: DILP@howardcountymd.gov
Sent: Wednesday, November 14, 2018 1:14 PM
To: Freemon, Robert; Bernard, Dana; Bricker, Robert; Wolf, Kevin; Oswald, Hank; Martin, Sharhonda; Williams, Jeffrey; ILPadminstrator@howardcountymd.gov
Subject: Howard County New On Line Pool or Spa Permit Ready for Health Review

This email is to inform you that Pool or Spa Permit #B18003826 is ready for review. Please check your quick query and process accordingly.



Approved Septic System Plan
Howard County Health Department

Signature

Date

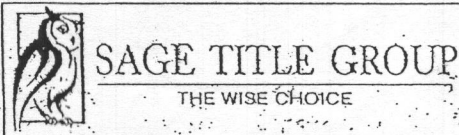
Paul Addison approved. 12/10/18

The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:

Lot 6 as shown on plat entitled Section one "GLENWOOD ESTATES"

recorded among the land records of Howard County, Maryland in Plat Number 3496

PREPARED FOR:



This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



James Carl Hudgins
Property Line Surveyor #96
Expiration Date: 3/11/2020

LOCATION DRAWING
14620 MUSTANG PATH
4th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.nttsurveyors.com

Scale: 1" = 50'
Date: 6/13/2018
Field By: TOM/SB
Drawn By: DAM
File No.: 234553HIRS
Page No.: 1 of 2

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

Date: 11/30/18
To: Hank - Health Dept
(Person's Name and Division)
From: Karen Rowley (410) 507 7705 Sanvise Premiere
(Your Name, Company Name and Telephone Number) Pools
Subject: Project name Coltman
Project site address 14620 Mustang Path Glenwood
Permit # B1800 3826 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of siteplan (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Revised to show septic lines

Contact Person Information: (Required)

Karen Rowley
Please Print Name

Telephone No: 410 507 7705
E-Mail Address: khkpermits05@yahoo.com

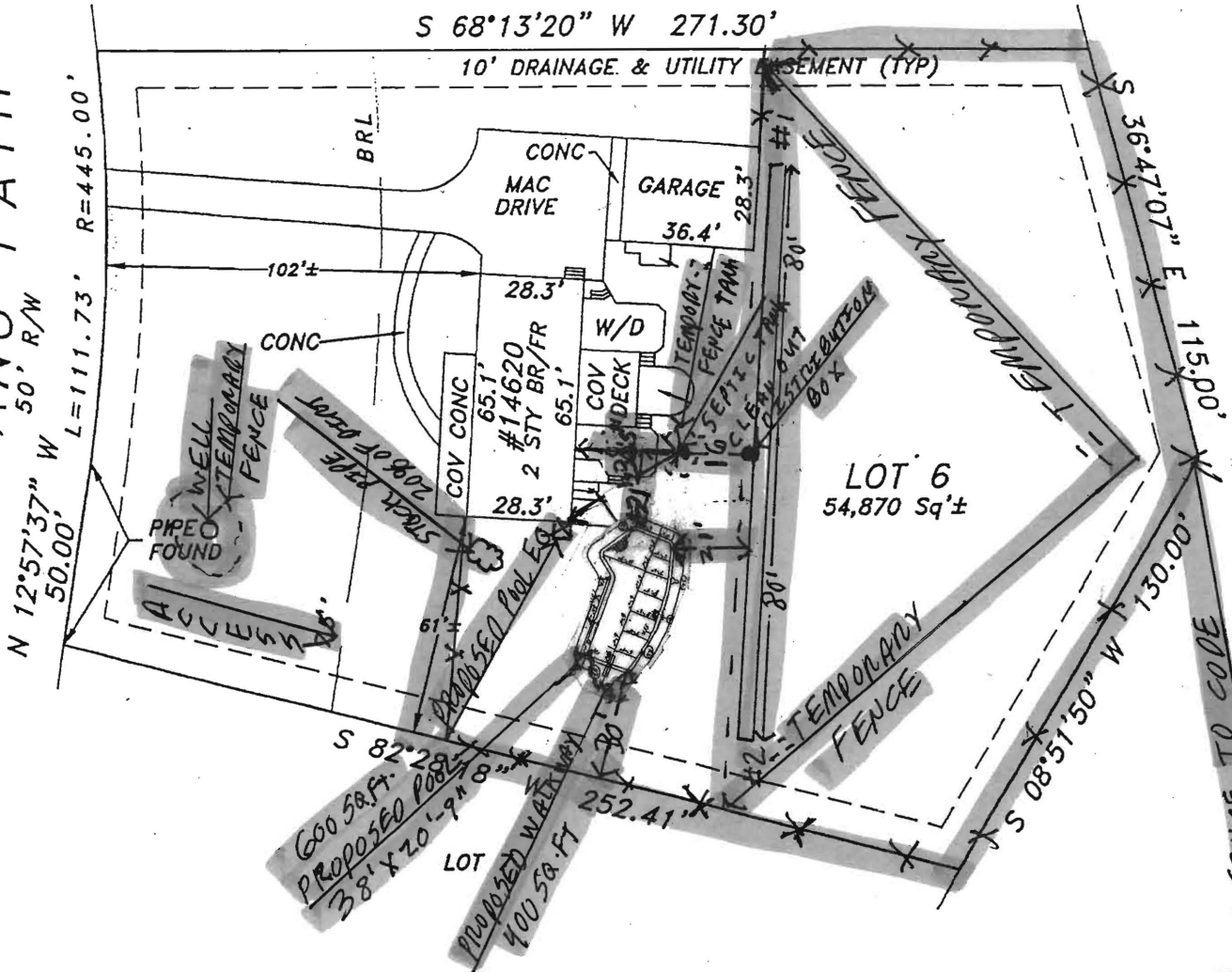
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 [Signature]

RECEIVED
NOV 30 2018
LICENSES & PERMITS
DIVISION

SCALE 1"=50'

MUSTANG PATH



X = FENCE TO CODE PROPOSED

REVISED

Date: 11-30-18

Comments: Revised to show septic lines

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James Carl Hudgins
 Property Line Surveyor #96

LOCATION DRAWING
 14620 MUSTANG PATH
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315
 www.nttsurveyors.com

Scale: 1" = 50'
 Date: 6/13/2018
 Field By: TOM/SB
 Drawn By: DAM
 File No.: 234553HIRS

PREPARED FOR:

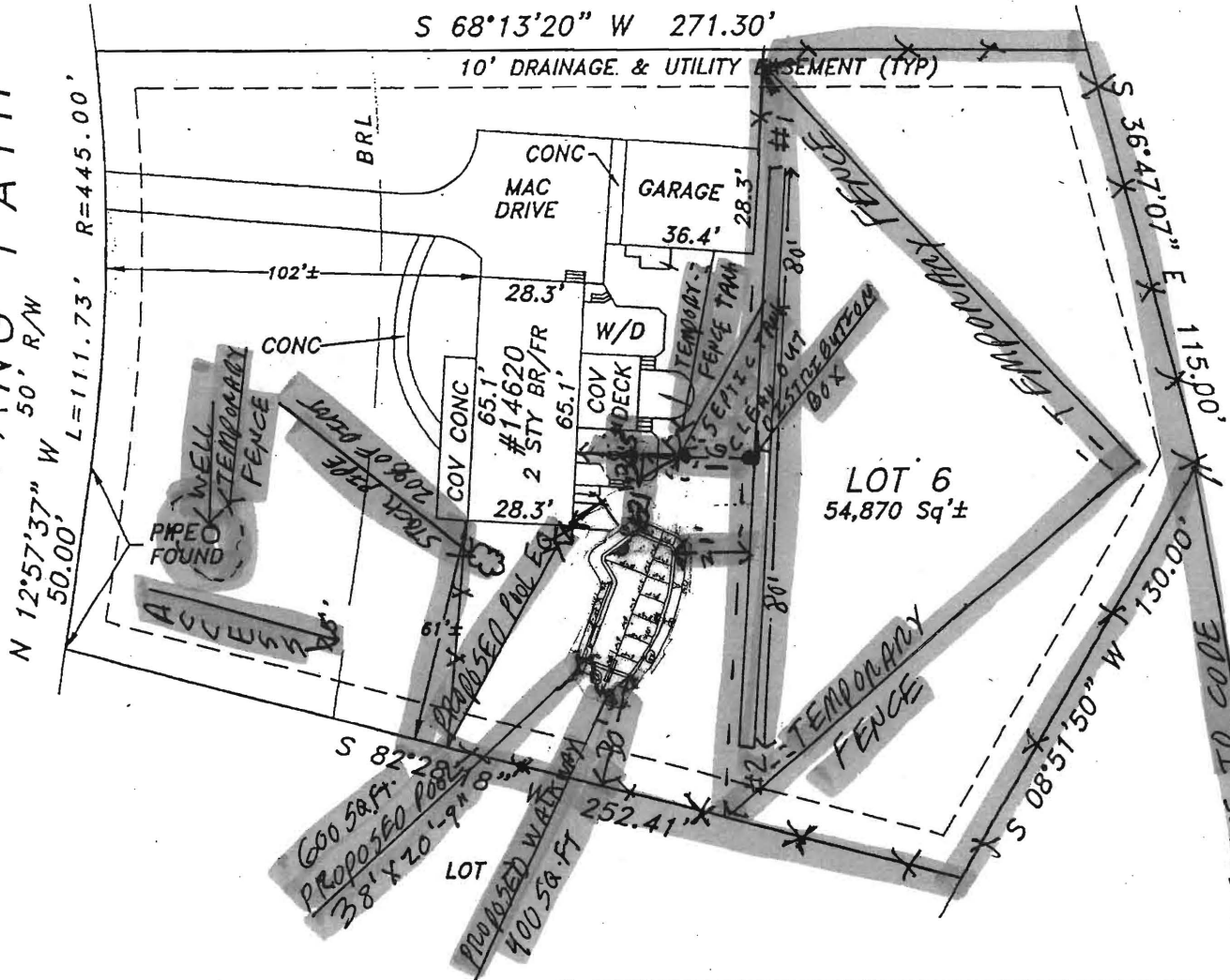


SAGE TITLE GROUP
 THE WISE CHOICE

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SCALE 1" = 50'

MUSTANG PATH




X - FENCE TO CODE
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 THE WISE CHOICE

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James C. Hudgins
 REGISTERED
 PROPERTY LINE SURVEYOR
 No. 96

LOCATION DRAWING
 14620 MUSTANG PATH
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

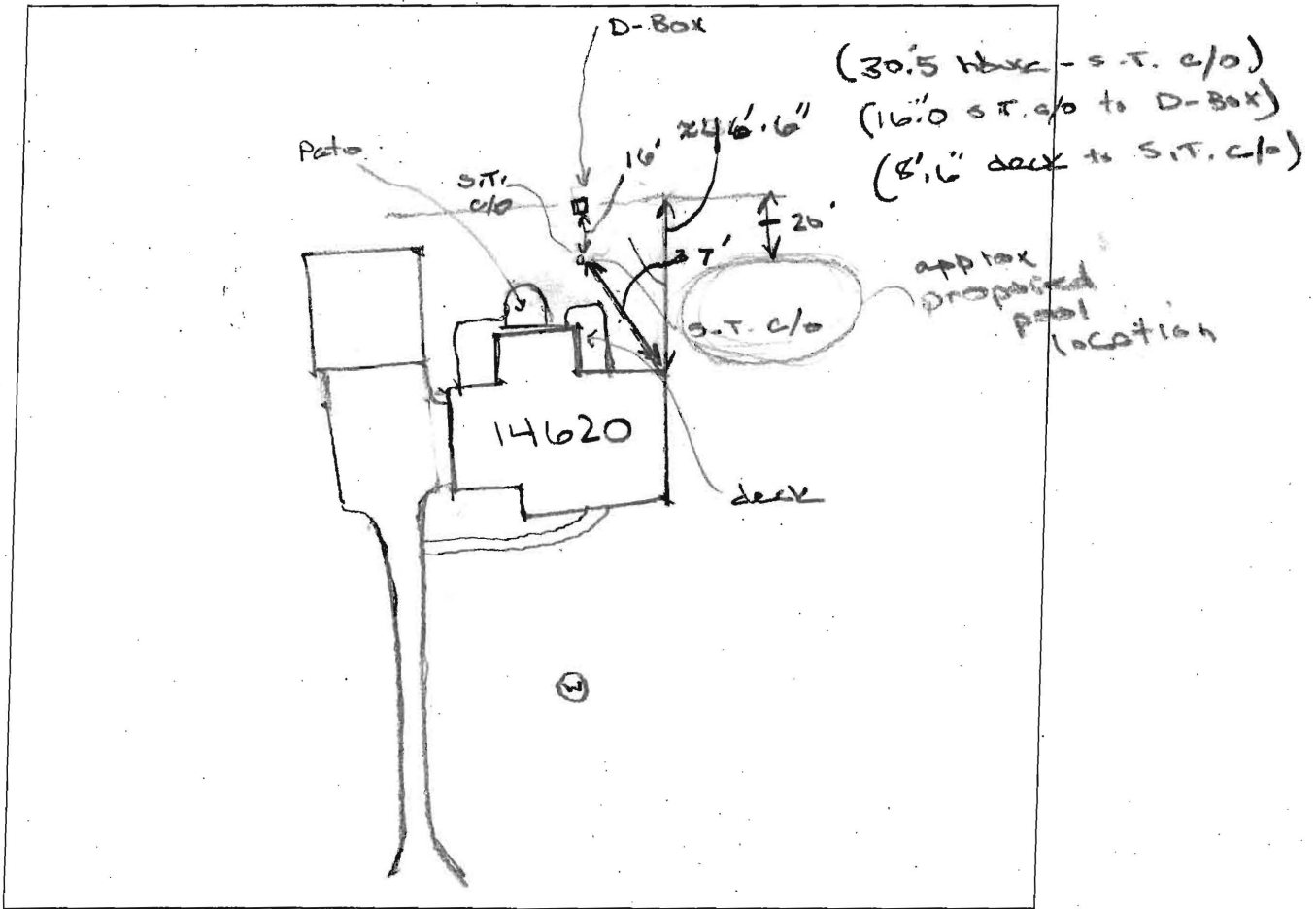
NTT Associates, Inc.
 16205 Old Frederick Rd.
 Mt. Airy, Maryland 21771
 Phone: (410) 442-2031
 Fax: (410) 442-1315

Scale:	1" = 50'
Date:	6/13/2018
Field By:	TOM/SB
Drawn By:	DAM
File No.:	234553HIRS

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____
ADDRESS: 14620 Mustang Path CONTRACTOR: _____
Glenwood WELL TAG #: _____
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Inground Pool

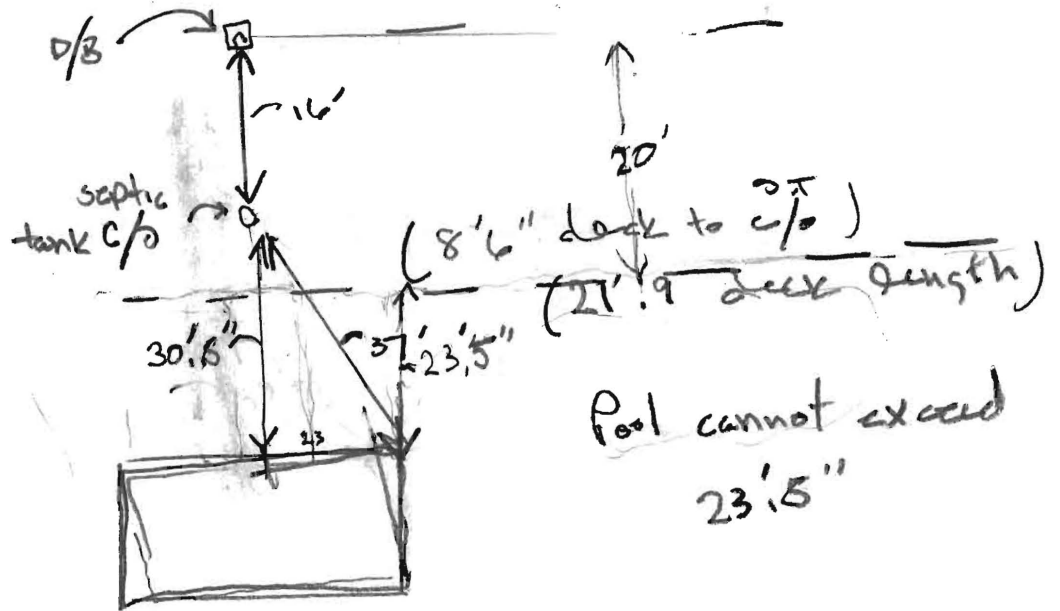
LOCATION DIAGRAM



COMMENTS: Field located d-box & closest trench.
Pool contractor staked pool perimeter & will
revise plot plan

DATE: 11, 29, 18 INSPECTOR: Hank Oswald

11/29/18 - field located d/b & closest # trench. Flags were installed to locate pool setback



Pool cannot exceed 23'5"

WQ

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, November 08, 2018 11:13 AM
To: 'sunrisepools33@aol.com'
Subject: List of Septic Contractors
Attachments: file.pdf; Septic Contractors.pdf

Hello Don:

Attached, please find a list of septic contractors as well as the As-Built drawing for the septic system located at 14620 Mustang Path. I can meet up on the 13, 15, or 16th of next week. Please have the pool location staked out before our field meeting.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

CONFIDENTIALITY NOTICE

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8/1/86
10 AM

8-1-86
S. Abel

P 37428
A 19180

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXXXX
461-9933

ELLICOTT CITY
DISTRICT 4th
DATE 7/31/86

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland PHONE 831-7257

SUBDIVISION Glenwood Estates ROAD 14620 Mustang Path LOT 6, Section 1

PROPERTY OWNER Roger Howell

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185 feet from the front (160') lot line and 110 feet from the right (285') lot line as seen when facing the property from Mustang path. Run trenches on contour toward left and right lot lines.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 7/29/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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

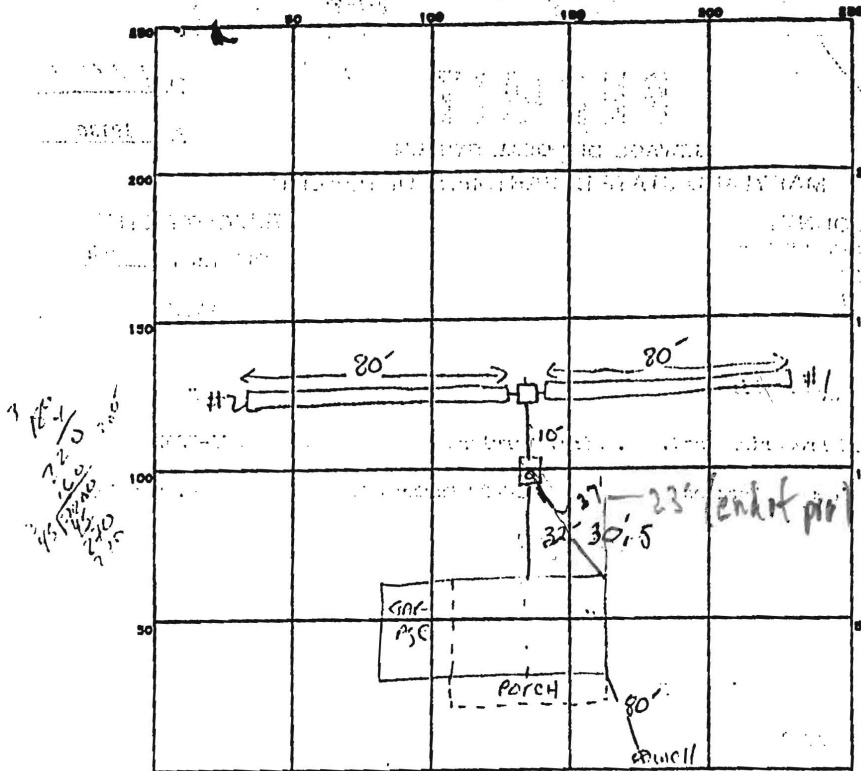
PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 19180



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MUSTANGS - Pit 11

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9" 9" FT. TRENCH WIDTH 7" FT. Inlet 4.5"

GRAVEL DEPTH 4.5" 4.5" IN. TOTAL LENGTH 80' 40' FT. TOTAL 160'

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 720 sq

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 8-1-86 OK TO EXPOSE WITH TRENCHES. S. Abel

DATE SYSTEM APPROVED

8-1-86

INSPECTOR

S. Abel

SUNRISE POOLS

FAX

P.O. BOX

333 ARNOLD MD. 21012

410-349-3852

877-349-7665

TO:	HANK	FROM:	DON
ATTN:		#PAGES:	7
FAX:	410.313.2648	DATE:	11.6.18
RE:		FAX#	410-349-3668

COMMENTS:

HANK,
PLEASE CALL TO
DIRECT ME ONCE YOU LOOK
AT THIS.

DON ☺