

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22002496	06/24/2022
Description of Work		
SFD/INSTALL (1) 500 UNDERGROUND PROPANE TANK AND RUN LINE TO HOUSE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1612	FLORENCE	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.14642	39.32683
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved 7/14/22
~~AAA~~

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059960	0065	1	185000	0	0	RURAL
Legal Description						
LOT 4 1.00 A.[]1612 FLORENCE RD[]PATRICK FAMILY LP II						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
17	4	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404602021	Patrick Family Limited Partner					
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-17	RC-DEO	4690-G8					
SDP No.	Final Plan No.	WP File No.					
	ECP-18-008						
Record Plat No.	WS Contract No.	FDP No.					
25140							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

6/29/22 - on hold - no OSDs
plan provided yet
notified applicant that
septic design more important
to get completed first.
email to Louann Nickle @
Dixie Land NRG.

Owner * (This section is required.)

Search Reset Clear

Name *

SCHUCK ROBERT NATHANIEL

Address Line 1

8703 WILD GINGER WAY

Address Line 2

Address Line 3

Mail City

MONTGOMERY

Mail State

MD

Mail Zip Code

20886

Phone

828-280-7169

E-mail

Primary

Yes

Cell Number _____ Fax Number _____

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
20100100429	DIXIE LAND ENERGY LLC		
License Type *	First Name	Middle Name	Last Name
Propane Gs	▼ BASIL	STEPHEN	PERRY
Primary	Address Line 1		
Yes	▼ 281 EAST MAIN STREET		
	Address Line 2		
	City	State	ZIP Code
	RISING SUN	MD	21911-0000
	Phone 1	Phone 2	Fax
	4434144940		
	E-mail		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	▼ LouAnn		Nickle
Relationship	Full Name		
Applicant	▼ LOUANN NICKLE		
Primary	Organization Name		
Yes	▼ Dixie Land Energy LLC		
	Street Address		
	281 E MAIN ST		
	Address Line 2		
	City	State	Zip Code
	RISING SUN	MD	▼ 21911
	Phone	Cell	Fax
	888-517-3680		
	E-mail *		
	Inickle@dixielandenergy.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
4500	0	0	No ▼
Construction Type			
--Select--			▼

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

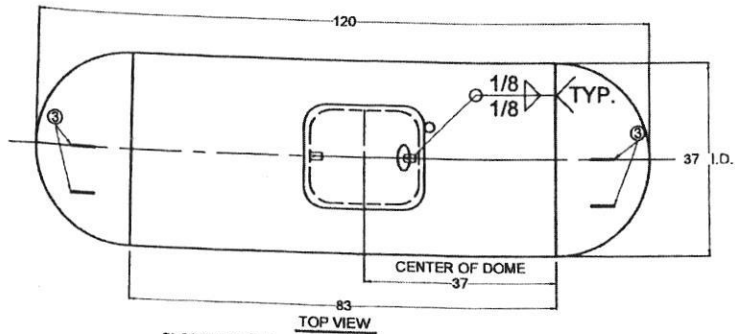
Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use	Number of Tanks Installed *	Number of Tanks Removed *		
SFD	▼ 1	0		
Water Supply	Sewage Disposal	Expiration Date	Relocate Existing Tank *	
Private ▼	Private ▼	12/26/2022	0	

PAYMENT INFORMATION

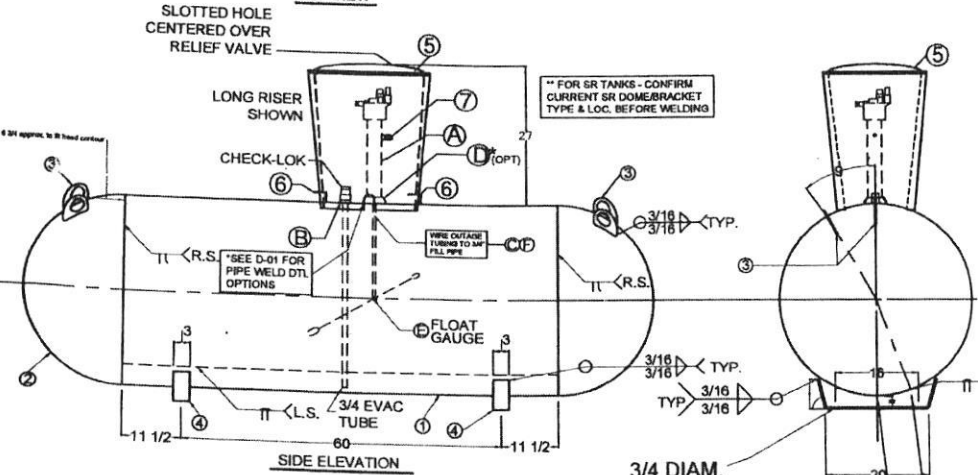
Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel

THIS VESSEL IS DESIGNED FOR THE STORAGE OF LIQUEFIED PETROLEUM GAS ONLY



TOP VIEW

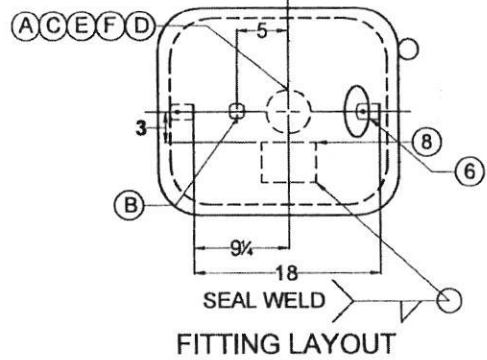


SIDE ELEVATION



3/4 DIAM. HOLES (4) PLACES

* May vary long seam loc. to miss leg weld



FITTING LAYOUT

SHORT RISER TANKS MUST HAVE DT LENGTH UPDATED TO 17.0

CERTIFIED BY: QUALITY STEEL CORPORATION
CLEVELAND, MS - FREMONT, OH - WEST JORDAN, UT

MAX. ALLOW. WORK. PRESS. **250 PSI** AT **400**

M.D.M.T. **-20** ° F. AT **250** PSI

YEAR BUILT **201** SER. NO. *

LENGTH **120** IN. OUTSIDE DIA. **37.5** IN.

HEAD THK. **1.85** IN. SHELL THK. **.218** IN.

UNDER GROUND TYPE **UQ5** SURFACE AREA **100** SQ. FT.

CONTAINER ASSEMBLY FOR LP GAS HEAD D.R. **HEMI**

WATER CAPACITY **500** GALL

THIS CONTAINER SHALL NOT CONTAIN A PRODUCT HAVING A VAPOR PRESSURE IN EXCESS OF 215 PSI AT 100°F. DIP TUBE LENGTH - 89% FULL AT 50°F. D.T. **17.0** IN.

DATA PLATE DETAIL

GENERAL NOTES:

- LIFTING LUGS DESIGNED FOR TOTAL LIFTING WEIGHT OF 15
- TOTAL EMPTY WEIGHT IS 976#
- ALL DIMENSIONS ARE IN INCHES UNLESS OTHERWISE SPECI
- COMPLETE TANK DRIED TO REMOVE ALL MOISTURE.
- ALL WEIGHTS AND CAPACITIES ARE APPROXIMATE
- EXTERIOR OF TANK TO BE GRIT BLASTED
- PAINT PER SHOP ORDER
- VACUUM PURGE TANK
- DIMENSIONS ARE SUBJECT TO CHANGE WITH OUT NOTICE. (NON-PRESSURE RETAINING COMPONENTS ONLY)
- THREADS OF ALL FITTINGS TO BE COATED WITH COMPOU SUITABLE FOR USE WITH LP GAS.
- FLOAT GAUGE TO BE INSTALLED WITH FLOAT ARM 45 ° OFF LONGITUDINAL CENTERLINE OF TANK
- DOUBLE LIFTING LUGS ON LONG RISER TANKS ONLY

GENERAL SPECIFICATIONS

WATER CAPACITY (GALLONS)	500
ALLOWABLE WORKING PRESSURE (PSIG)	250
JOINT EFFICIENCY: ASME UW-51 LONG SEAM	100
ASME UW-52 HEAD TO SHELL	80
HYDROSTATIC TEST PRESSURE (PSIG)	325
SURFACE AREA (SQ. FT.)	100
RELIEF VALVE SETTING (PSIG)	250
RELIEF DISCHARGE RATE - (CFM REQ'D.)	702
HEAT TREATMENT NOT REQUIRED	
CODE: ASME SECTION VIII DIV. I	
STANDARDS: UNDERWRITERS LABORATORIES INC.	MH-72
N.F.P.A. 58 LP GAS CODE	
MATERIAL SPECS.: COUPLINGS SA-105	
TANK FLANGES SA-105 OR SA-181	
ADAPTOR SA-105	
PIPE - SA53B OR SA106B	

500 W.G. UNDERGROUND PROPANE TANK-TYPE-UQ5 (FORMERLY AWT-UG)

QUALITY STEEL CORPORATION

PART NUMBER: 0105004x LONG RISER
0105003x SHORT RISER

MARK	QTY.	SIZE	TYPE	FITTINGS	SERVICE
A	1	2 1/2	SCHED. 80 PIPE T.O.E.	BPG008475RL24,1	MULTIVALVE
A (ALT.)	1	2 1/2	SCHED. 80 PIPE T.O.E. X 1 1/4 I.D. & DOME HT. = 18"	BPG008475RL24,1	MULTIVALVE
B	1	3/4	XH FLG. W/ EVAC TUBE	007580UT	CHEK-LOK
C	1	3/4	SCH. 40 PIPE (T.O.E.)		FILL PIPES X 1/2" OR UNDR RISER PIPE ATTACHMENT
D (OPT.)	1	2 1/2	XH SOCKET WELD FLG		FLOAT GAUGE (Long Rise)
E	1	1 1/4	4 - BOLTS	Squibb Taylor J8370GP or Rochester 86281-483	FLOAT GAUGE (Short Rise)
E (AL)	1	1 1/4	4 - BOLTS	Squibb Taylor J8386AP or Rochester 86281-484	OUTAGE TUBE, 17" SR 24" LR
F	1	1/8	BRASS TUBE		

MARK	QTY.	DESCRIPTION	DWG. NO.
1	1	SHELL. 0.218" X 83" X 116 11/16" - SA414G	
2	2	HEADS - 37" I.D. X 0.185" - HEMI: SA414C	
3	4	LIFTING LUGS	D - 63
4	2	TANK LEGS (SINGLE PIECE LEGS)	D - 3
5	1	DOMES	D-5 & D-47
6	2	DOMES BRACKETS	D - 30
7	1	ANODE ATTACHMENT	D - 17
8	2	DATA PLATE, 500 GAL., U/G	D - 60

REV.	BY:	DESCRIPTION	DATE:
17	CDH	REVISED FILL PIPE LENGTHS	12/13/01
18	CDH	ADDED FLOAT GA. DESCRIPTIONS CHANGED MONT PRESSURE TO 250 PSI	5/21/02
19	CDH	REMOVED DOME CLIPS, ADDED SNAP LOCKS	8/28/02
20	CDH	REPOSITIONED SNAP LOCKS & REMOVED DETAIL	10/21/02
21	SEA	ADD SA-181 AS OPTION FOR FLANGES	8/28/05
22	RGA	REVISED COMPANY NAME	12/08/07
23	wfo	STANDARDIZE DRAWINGS	08/30/11
24	wfo	UPDATED NAME PLATE	09/13/12
25	bto	UPDATED SHELL LENGTH	03/18/14
26	TWV	UPDATED HEAD & PCT THICKNESS & NAMEPLATE. UPDATE TO QSC STD COMPONENTS.	05/19/15

DATE:	01 / 03 / 00	DRAWN BY:	RAC	APPROVED BY:	TWW	REVISION:	26	DRAWING NO.:	R-5000
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UG STANDARD

40-17-0006

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22002623	07/11/2022
Description of Work		
SFD/INSTALL (1) 1000 UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
16493	FREDERICK	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.08813
		Y Coordinate
		39.33947
City	State	Zip Code
WOODBINE	MD	21797
		Primary
		Yes

Approved 7/14/22
[Signature]

(could not locate file)

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1678	395	1.5	190000	0	0	RURAL
Legal Description						
1.500 ACRES[]ROUTE 144[]WOODBINE						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404313453						
Section	Area	Tax Map					
		7					
Grid	Zoning District	ADC Map					
7-10	RC-DEO	4691-F6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

AUGUSTIN, ERMSO

Address Line 1

8471 WINDING TRAIL

Address Line 2

Address Line 3

Mail City

LAUREL

Phone

240-264-7020

E-mail

Mail State

MD

Mail Zip Code

20724

Primary

Yes

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # * 20100100429	Business Name DIXIE LAND ENERGY LLC		
License Type * Propane Gs	First Name BASIL	Middle Name STEPHEN	Last Name PERRY
Primary Yes	Address Line 1 281 EAST MAIN STREET		
	Address Line 2 		
	City RISING SUN	State MD	ZIP Code 21911
	Phone 1 4434144940	Phone 2 	Fax
	E-mail 		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant	First Name LouAnn	MI 	Last Name Nickle
Relationship Applicant	Full Name LouAnn Nickle		
Primary Yes	Organization Name Dixie Land Energy LLC		
	Street Address 281 E MAIN ST		
	Address Line 2 		
	City RISING SUN	State MD	Zip Code 21911
	Phone 888-517-3680	Cell 	Fax
	E-mail * lnickle@dixielandenergy.com		

Addtl Info

Est Construction Cost * 5500	Housing Units * 0	Number of Buildings * 0	Public Owned No
Construction Type --Select--			

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number <input type="text"/>	Fee Exempt * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Permit # <input type="text"/>
Existing Use * Multi Family	Number of Tanks Installed * 1	Number of Tanks Removed * 0		
Water Supply Private	Sewage Disposal Private	Expiration Date 1/9/2023	Relocate Existing Tank * 0	

PAYMENT INFORMATION

Check 1 <input type="text"/>	Payee 1 <input type="text"/>	Check 2 <input type="text"/>	Payee 2 <input type="text"/>	SAP Doc No <input type="text"/>	SAP Entered <input type="text"/>
----------------------------------------	----------------------------------------	----------------------------------------	----------------------------------------	-------------------------------------------	--------------------------------------------

Submit Cancel

GENERAL NOTES

1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
2. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
3. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
4. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
5. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
6. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
7. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
8. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
9. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
10. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.

DESCRIPTION OF WORK

INSTALLATION OF 115' SEPTIC TANK AND 15' FRONT 158' REAR 140' RIGHT NEARBY TANK

115' Septic
158' well
35' left
115' Front
158' Rear
140' Right
Property lines
NEARBY TANK
15' off house

ITEM	DESCRIPTION	QUANTITY	UNIT
1	115' SEPTIC TANK	1	EA
2	158' WELL	1	EA
3	35' LEFT	1	EA
4	115' FRONT	1	EA
5	158' REAR	1	EA
6	140' RIGHT	1	EA
7	NEARBY TANK	1	EA
8	15' OFF HOUSE	1	EA

DRAWING LEGEND

--- PROPERTY LINE

--- SEPTIC TANK

--- WELL

--- NEARBY TANK

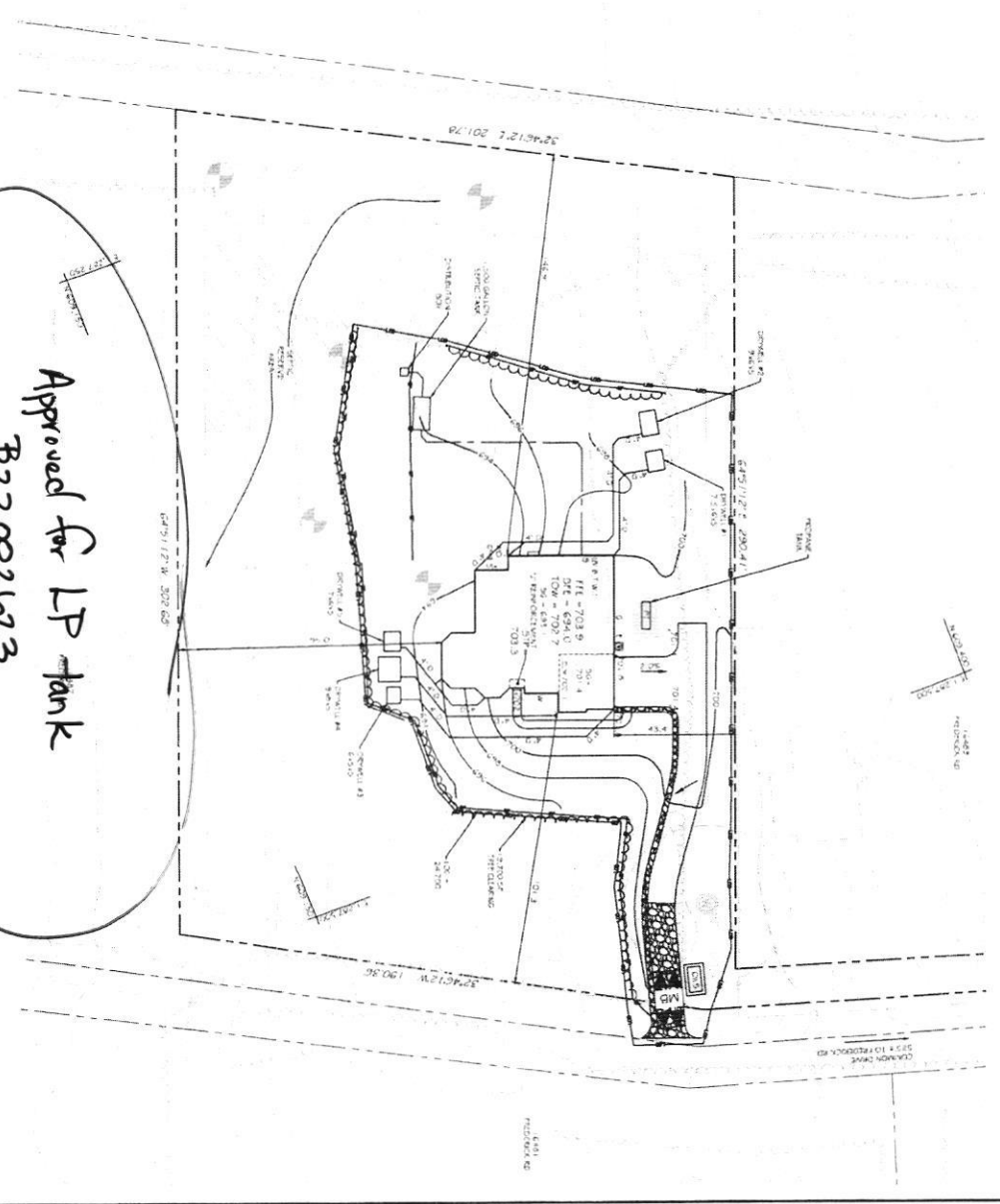
--- 15' OFF HOUSE

--- 35' LEFT

--- 115' FRONT

--- 158' REAR

--- 140' RIGHT



Approved for LP tank
B22002623
RST 7/11/22

NO.	DATE	DESCRIPTION	BY	CHKD.
1	7/11/22	ISSUED FOR PERMIT	RST	EM
2	7/11/22	REVISED PER COMMENTS	RST	EM

16493 Frederick Rd
Woodbine, MD 21797

EMSO & FRANCELAIN AUGUSTIN
PROPERTY
KEYSTONE PLOT PLAN
787 FREDERICK RD
WOODBINE, MD 21797

ZhoFR3
SHEET 1 OF 1
DATE: 7/11/22

PERMIT NUMBER: B21004772

DATE ACCEPTED: 12/8/2021

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: **1612 Florance Rd** Unit: _____
 City: **Mount Airy** State: **MD** Zip Code: **21771**
 Subdivision/Village/Complex Name: **Patrick Family LP II 24/140** SDP/WP/BA #: _____
 Lot: **4** Tax Map: **06 / Grid 17** Parcel: **065** Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: **Vacant unimproved lot** Proposed Use: **SFD** Estimated Cost: **\$625,033.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
*Construction of new SFD. - 5 Bed rooms, 2 Full baths, 1 half bath, 1 fireplace
 1st floor (50x50) 2nd floor (10x10), Basement (50x50). Cross Area
 to 3rd site and returned area (5,325 ft²) has attached garage.*

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Robert & Brittany Schuck** Primary Residence: Yes No
 Owner's Street Address: **8703 Wild Ginger Way**
 City: **Montgomery Village** State: **MD** Zip Code: **20886**
 Phone: **(734) 223-0945** Email: **schuckro@gmail.com**

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: **KCI Technologies, Inc.** Contact Name: **Frank White**
 Street Address: **936 Ridgebrook Road**
 City: **Sparks** State: **MD** Zip Code: **21152**
 Phone: **(410) 316-0803** Email: **frank.white@kci.com**

CONTRACTOR INFORMATION REQUIRED

Business Name: **Keystone Custom Homes**
 Licensee's Name: *Gregory Grein Smith* License #: **MHBR# 2937 (exp 12/01/2021)**
 Street Address: **227 Granite Run Drive, Suite 100**
 City: **Lancaster** State: **PA** Zip Code: **17601**
 Phone: **(717) 719-1362** Email: **grein smith@keystonecustomhome.com**

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: **James F. Collins, P.E.** Name: **James F. Collins**
 Street Address: **227 Granite Run Drive, Suite 100**
 City: **Lancaster** State: **PA** Zip Code: **17601**
 Phone: **(352) 250-3146** Email: **jcollins@keystonecustomhome.com**

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: **Hawthorne Heritage**
 # of Bedrooms (SF): **4** # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: **22** # Full Baths: **2** # Half Baths: **1** # Fireplaces: **1**
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: **50** 1st Fl Depth: **50** 2nd Fl Width: **50** 2nd Fl Depth: **44** Bsmt Width: **50** Bsmt Depth: **50**
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: **6,301** sq ft Occupiable Area: **5,865** sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: **12/7/2021**

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health SHA CID

SUBMITTAL FEES: **\$2,000.00** PAYMENT: **12/8/2021** ACCEPTED BY: *[Signature]*

Bernard, Dana

From: Bernard, Dana
Sent: Monday, January 31, 2022 12:47 PM
To: greinsmith@keystonecustomhome.com
Cc: frankwhite@kci.com; schuckro@gmail.com
Subject: 1612 Florence Road
Attachments: Lot 4 Florence Road.pdf

Good Afternoon All,

I have received your building permit and I need the following to proceed with the review.

1. OSDS plan. I have attached the septic specs to help complete this task.

Thanks
Dana Bernard

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, August 9, 2022 10:23 AM
To: Frank.White@kci.com
Cc: greinsmith@keystonecustomhome.com
Subject: 1612 Florence Road

Good Morning Frank,

I am approving your building permit for 1612 Florence Road. However, after reviewing your plan I noticed a possible bedroom in the basement and we should upgrade the system to accommodate the future basement . Per your request I will allow the permit to be approved. Also could you let me know the manufacture of the septic tank.

Respectfully
Dana Bernard
Well and Septic Tank

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, August 9, 2022 10:23 AM
To: Frank.White@kci.com
Cc: greinsmith@keystonecustomhome.com
Subject: 1612 Florence Road

Good Morning Frank,

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Well and Septic Tank