

Approved  
MRE 1/29/24

Record Detail (This section is required.)

Permit Type Building/Residential/Misc/Pool Spa Permit Number B24000273 Opened Date 01/25/2024  
Description of Work SFD/INSTALL A 41'X18' IN GROUND POOL, FENCE TO CODE, DEPTH 3 1/2' TO 7', FILLED BY TRUCK

Online BP assigned to MRE,  
a lot of public records online,  
gjd 1/29/24

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12415 Street Name ALL DAUGHTERS Street Type LN  
Unit Type --Select-- Unit # X Coordinate -76.94197 Y Coordinate 39.16238  
City HIGHLAND State MD Zip Code 20777 Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID 926303 Parcel 178 Parcel Area 1.14 Land Value 251400 Improved Value 1075500 Exemption Value 824100 Plan Area RURAL

Legal Description IMPSLOT 4 1.1420 A[ ]12415 ALL DAUGHTERS LN[ ]ORCHARD ESTATES

check spelling

Block 4 Lot 4 Census Tract 605102 Council Dist 4 Inspection Dist Supervisor Dist Map # DAP Zone  
Plan Area State Tax Id 1405451094 Subdivision Name Orchard Estates  
Section Area Tax Map 40  
Grid 40-18 Zoning District RR-DEO ADC Map 5051-K5  
SDP No. Final Plan No. F-07-005 WP File No.  
Record Plat No. 19876-1987 WS Contract No. FDP No. Primary Yes  
Owner Occupied Year Built 2018 Historic District Yes No  
Historic District Registry No. Stat Area 5-15A Flood Plain Yes No  
Building No

Owner (This section is required.)

Search Reset Clear

Name POORE ROBERT MICHAEL TR  
Address Line 1 12415 ALL DAUGHTERS LN  
Address Line 2

Address Line 3

Mail City HIGHLAND Mail State MD Mail Zip Code 20777  
Phone 824-516-8487 Primary Yes  
E-mail

Cell Number Fax Number

**Professionals** (This section is not required.)

**License #** : 08010045494  
**License Type** : MHC Ind  
**Primary** : Yes  
**Business Name** : SUNRISE PREMIERE POOL BUILDERS LLC  
**First Name** : DONALD  
**Middle Name** :  
**Last Name** : SEYFFERTH  
**Address Line 1** : 1517 RITCHIE HWY, SUITE 103  
**Address Line 2** : 1517 RITCHIE HWY, SUITE 103  
**City** : ARNOLD  
**State** : MD  
**ZIP Code** : 21012-0000  
**Phone 1** : 4103493852  
**Phone 2** :  
**Fax** : 4103493668  
**E-mail** : SUNRISEPOOLS33@AOL.COM

**Applicant** (This section is not required.)

Search   
  As Owner   
  As Lic. Prof   
  As Contact

**Type** : Applicant  
**Relationship** : Agent for Applicant  
**Primary** : Yes  
**First Name** : KAREN  
**MI** : H  
**Last Name** : ROWLEY  
**Full Name** : KAREN H ROWLEY  
**Organization Name** : KH & K  
**Street Address** : 293 SOUTHLAND COURT  
**Address Line 2** :  
**City** : DUNKIRK  
**State** : MD  
**Zip Code** : 20754  
**Phone** : 410-507-7705  
**Cell** :  
**Fax** :  
**E-mail** : KHKPERMITS05@YAHOO.COM

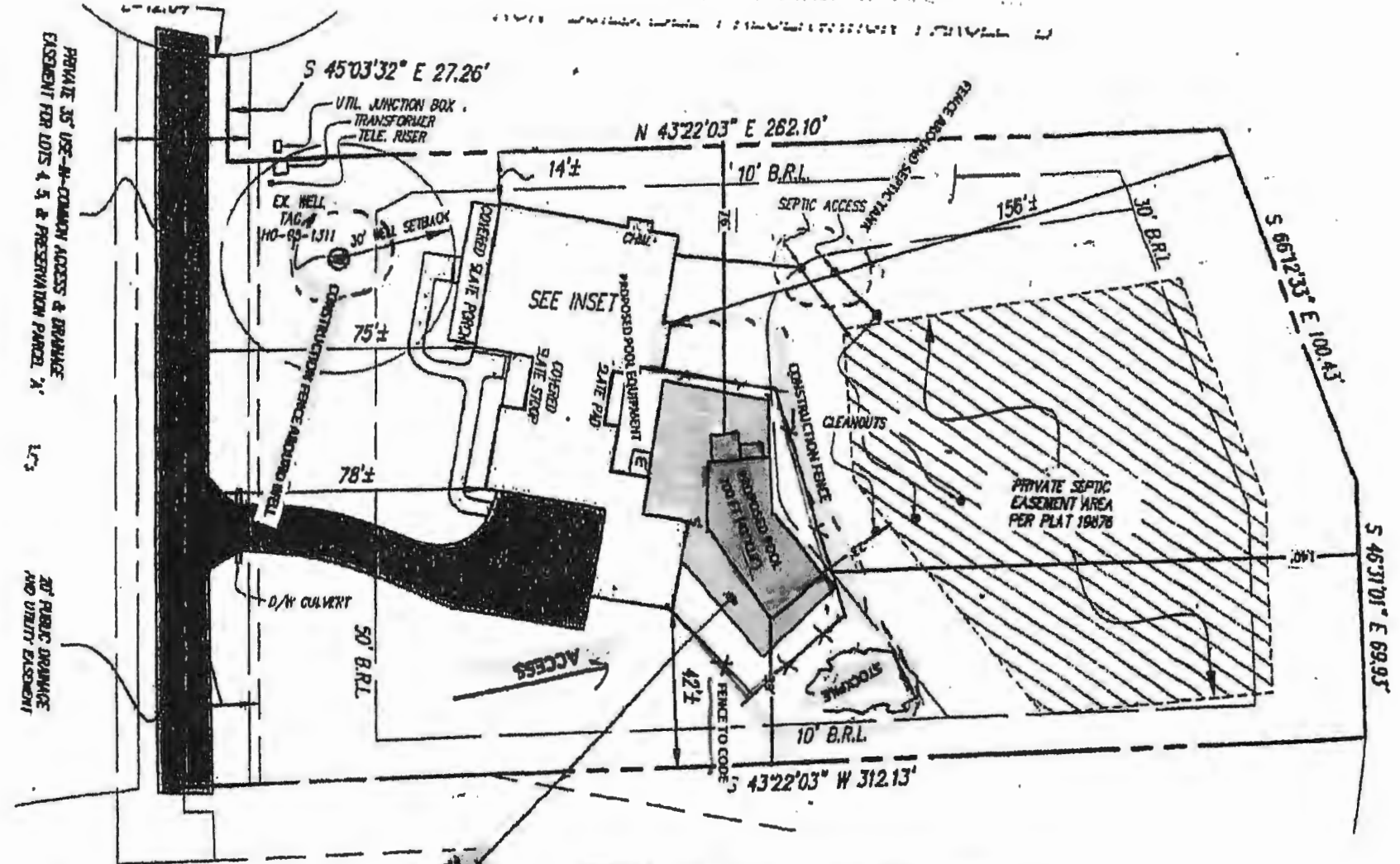
**Addtl Info**

**Est Construction Cost** : 60000  
**Housing Units** : 0  
**Number of Buildings** : 0  
**Public Owned** : No  
**Construction Type** : 434 - Additions, Alterations and Conversions - Residential

**POOL INFORMATION**

**MISCELLANEOUS POOL INFORMATION**

**Capital Project-No Fee** :  Yes  No  
**Capital Project Number** :  
**Fee Exempt** :  Yes  No  
**Water Supply** : Private  
**Sewage Disposal** : Private  
**Existing Use** : SFD  
**Type of Pool or Spa** : In Ground Pool  
**Pool Safety Device** : Fence  
**Electrical Permit Number** :  
**Expiration Date** : 7/27/2024



PRIVATE 35' USE-4-COMMON ACCESS & DRAINAGE EASEMENT FOR LOTS 4, 5, & PRESERVATION PARCEL 'A'

20' PUBLIC DRAINAGE AND UTILITY EASEMENT

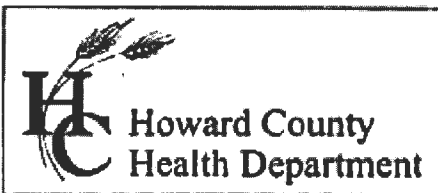
SCALE 1" = 40'

**BUILDABLE PRESERVATION PARCEL 'A'**

POOL/PATIO TOTAL 150 CUBIC YARDS  
 112 CUBIC YARDS REMOVED (FDS)  
 48 CUBIC YARDS REMAIN (FDS)

PROPOSED CONCRETE PATIO/POOL DECK

**SURVEYOR'S CERTIFICATE**  
 THIS IS TO CERTIFY TO:  
 "MB ORCHARD ESTATES, LLC"



**Bureau of Environmental Health**  
 8930 Stanford Boulevard, Columbia, MD 21045  
 Main: 410-313-2640 | Fax: 410-313-2648  
 TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
 Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 2/12/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 562435  
 APPROVAL DATE: 03/13/18 **PERMIT: CONSTRUCTION** A \_\_\_\_\_  
 PROPERTY ADDRESS: 12415 ALL DAUGHTERS LANE, HIGHLAND, MD 20777  
 SUBDIVISION: ORCHARD ESTATES LOT: 4 TAX ID: \_\_\_\_\_  
 CONTRACTOR: Hatfield's Equipment EMAIL: ken@hatfieldsequipment.com  
 CONTRACTOR ADDRESS: P.O. Box 519, Annapolis, Junction, MD 20701 PHONE: 301-490-4289  
 PROPERTY OWNER: MB Orchard Estates LLC EMAIL: MQuint@mitchellbest.com  
 OWNER ADDRESS: 1686 E.GUDE DRIVE, ROCKVILLE, MD 20850 PHONE: (301) 762-9511  
 SEPTIC TANK SIZE (GALLONS): 2000 TANK MANUFACTURER: BABYLON  
 PUMP MODEL: N.A. PUMP SIZE N.A. PUMP TANK CAPACITY: N.A.

DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: \_\_\_\_\_

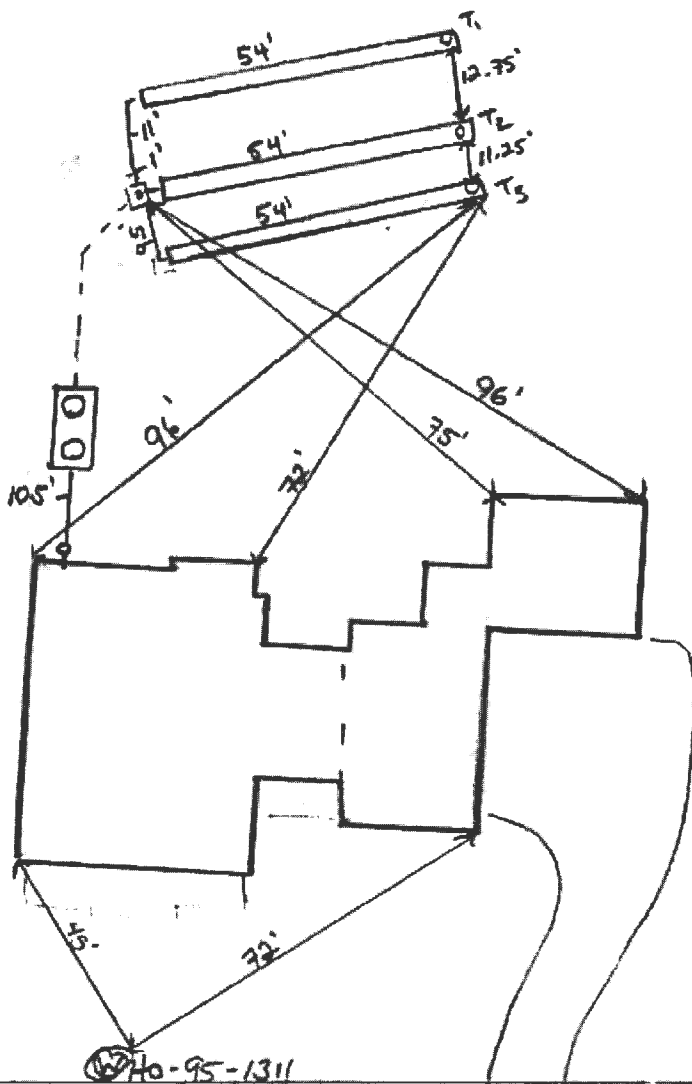
TRENCHES:	LINEAR FEET REQUIRED: <u>156.3</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>6</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3</u>
LOCATION:	PER APPROVED SITE PLAN, SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:		

ISSUED BY: Hank Oswald ISSUE DATE: 2/12/18 EXPIRATION DATE: 2/12/19

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM  
 ELECTRICAL PERMIT ISSUED E N.A.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.  
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.  
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3'	3'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		162'
ABSORPTION AREA		486 sq ft + Sys.
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes

**SEPTIC TANK DATA**

SEPTIC TANK I LEVEL	DNI
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	TOP
TANK LID DEPTH	1-1.5'
BAFFLES	yes
BAFFLE FILTER	no
MANHOLE LOC	Front/back
6" PORT LOC	inlets
WATERTIGHT TEST	no
SLOTTED	yes
DATE ON LID	1-28-19

**PUMP/SEPTIC TANK LEVEL**

MANUFACTURER	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

ALL DAUGHTERS ROAD NAME LANE

**PRE-CONSTRUCTION:**

3/9/18 onsite for layout. shot elevations for trenches shown on approved O&D's Plan. OK to install per plan. Trenches perched out in field. Told contractor to watch out for soil inclusions. (Kov)

SL. Solo. welded steel for PVC

INSTALLATION: 03/12/18 Tank set, SL from house installed. D Box shifted down to middle trench. @ 03/12/18 (PM) T1 installed, commencing T2 @ 03/13/18 T3 completed. Effluent line installed to D Box. D Box leveled. (Kov)

FINAL INSPECTOR

*[Signature]*

DATE OF APPROVAL 03/13/18