

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	[REDACTED]	09/18/2024
Description of Work		
SFD/INSTALL (1) 1000 GAL UNDERGROUND PROPANE TANK FOR STUBOUT		

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
11507	BLUE FLAME	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.90739	39.16524
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Approved 9/24/24  
AT

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
846214	415	2.12	287400	584100	296700	RURAL

Legal Description  
IMPSLOT7 BLK B 2.124ARS[ ]11507 BLUE FLAME CT[ ]FLAMEWOOD

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	7	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405381088						
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-15	RR-DEO	5052-E4					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes	v			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1979	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-16C	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

NAWA

Address Line 1

11507 BLUE FLAME CT

Address Line 2

Address Line 3

**Mail City**  
 CLARKSVILLE  
**Mail State**  
 MD  
**Mail Zip Code**  
 21029  
**Phone**  
 443-610-7514  
**Primary**  
 Yes  
**E-mail**  
  
**Cell Number**      **Fax Number**

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

**License # \***      **Business Name**  
 20100102776      THOMPSON GAS  
**License Type \***      **First Name**      **Middle Name**      **Last Name**  
 Propane Gs      ROBERT      FRANCIS      HINKLEMAN  
**Primary**  
 Yes  
**Address Line 1**  
 5260 WESTVIEW DR., STE. 200  
**Address Line 2**  
  
**City**      **State**      **ZIP Code**  
 FREDERICK      MD      21703  
**Phone 1**      **Phone 2**      **Fax**  
 410-652-0050      855-965-5577  
**E-mail**  
 RHINKLEMAN@THOMPSONGAS.COM

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

Search     
  As Owner     
  As Lic. Prof     
  As Contact

**Type \***      **First Name**      **MI**      **Last Name**  
 Applicant      MICHELLE           CLANCY  
**Relationship**      **Full Name**  
 Applicant      MICHELLE CLANCY  
**Primary**  
 Yes  
**Organization Name**  
 APPLIED & APPROVED PERMITS LLC  
**Street Address**  
 P.O. BOX 310  
**Address Line 2**  
  
**City**      **State**      **Zip Code**  
 PERRY HALL      MD      21128  
**Phone**      **Cell**      **Fax**  
 443-340-1229  
**E-mail \***  
 MICHELLE@APPLIEDANDAPPROVED.COM

**Addtl Info**

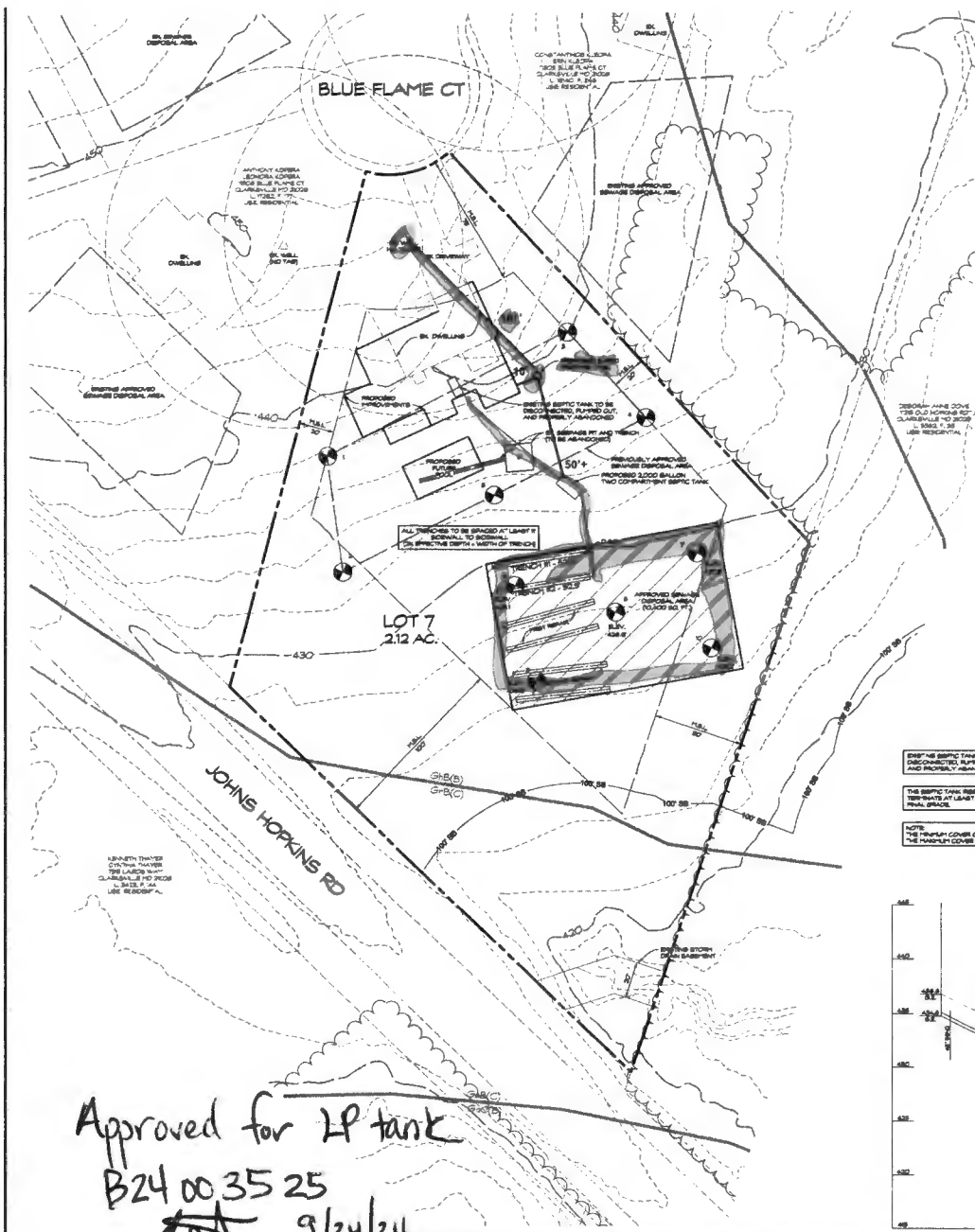
**Est Construction Cost \***      **Housing Units \***      **Number of Buildings \***      **Public Owned**  
 1200      0      0      No  
**Construction Type**  
 --Select--

**TANK INFORMATION**

**RESIDENTIAL TANK INFORMATION**

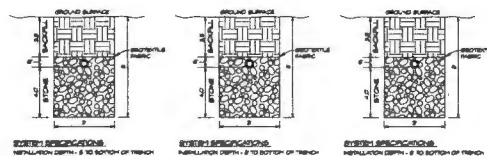
**Capital Project-No Fee \***      **Capital Project Number**      **Fee Exempt \***      **Roadside Tree Project Permit \***      **Roadside Tree Permit #**  
 Yes  No      (Text)       Yes  No       Yes  No      (Text)

**Existing Use \***      **Number of Tanks Installed \***      **Number of Tanks Removed \***  
 SFD      1      (Number)      0      (Number)

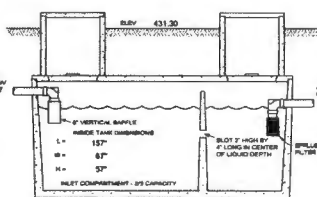


THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 1000 SQ. FT. AS REQUIRED BY THE ZONING AND DEVELOPMENT OF SEWERAGE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THE SEWAGE DISPOSAL AREA SHALL REMAIN SHALL AND GOOD WORK CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT A VARIATION TO THE SEWAGE DISPOSAL REQUIREMENT. RECONSTRUCTION OF A SEWER SERVICE BASIN SHALL NOT BE NECESSARY.

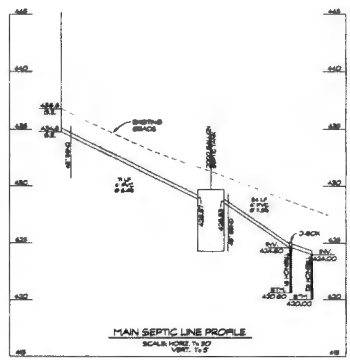
**SEPTIC SYSTEM DESIGN REQUIREMENTS:**  
 TOTAL BEDROOMS = 4 (800 GPD)  
**INSTALL AND RESIZEMENT SYSTEMS:**  
 180 GAL. 4 BEDROOMS 4000 GPD APPLICATION RATE = 0.05 GPD/FT<sup>2</sup> MINIMUM TRENCH DEPTH = 4 FT. MINIMUM TRENCH WIDTH = 8 IN.  
 200 GPD G.A. SYSTEM = 1800 GPD 200 G.P.F. MIN. TRENCH DEPTH = 4 FT. MIN. TRENCH WIDTH = 8 IN.  
 USE 2.5 IN. TRENCHES FOR SYSTEMS  
**SEPTIC TANKS:**  
 SQUARE FOOTAGE OF TANKS = 4,800 USE 2,000 GALLON TWO COMPARTMENT SEPTIC TANK



**SEPTIC TRENCHES:**  
 MINIMUM DEPTH = 4 FT. BOTTOM OF TRENCH DEPTH OF SPREAD BELOW PIPE = 2 FT.  
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 MINIMUM DEPTH = 4 FT. BOTTOM OF TRENCH DEPTH OF SPREAD BELOW PIPE = 2 FT.  
**SEPTIC TRENCHES:**  
 MINIMUM DEPTH = 4 FT. BOTTOM OF TRENCH DEPTH OF SPREAD BELOW PIPE = 2 FT.



SEPTIC TANK SHALL BE DISCONNECTED, PLUMBED OUT, AND PROPERLY ABANDONED.  
 THE SEPTIC TANK SHALL BE DISCONNECTED, PLUMBED OUT, AND PROPERLY ABANDONED.  
 NOTE: THE MAINLINE COVER OVER THE TANK IS 1'. THE MANHOLE COVER OVER THE TANK IS 2'.



**LEGEND**

- PROJ. APPROVAL
- 10' CONTIGUOUS
- 2' CONTIGUOUS
- PROJ. SEPTIC AREA
- SEPTIC AREA
- PROPOSED PUMP TEST
- PROPOSED WELL OPEN
- WELL LOCATION
- EXIST. LINES
- EXIST. TREE CANOPY
- PROPOSED BUILDING LINES

VICINITY MAP Scale: 1" = 2000'

**DATA TABULATIONS**

- OWNER: SALIN NAWAWEY
- NUMBER OF BLDG. BEDS: 4
- TOTAL AREA OF LOT: 2.12 ACRES

**GENERAL NOTES**

- CLIENT'S TITLE REFERENCE: OWNER: SALIN NAWAWEY; DEED REFERENCE: L. 2 1972 P. 188; DATE: MAY 13, 2023
- THE LOT BOUNDARY INFORMATION IS BASED ON THE PLAT AND COUNTY RECORDS. THE BOUNDARY INFORMATION IS BASED ON THE PLAT AND COUNTY RECORDS. THE BOUNDARY INFORMATION IS BASED ON THE PLAT AND COUNTY RECORDS.
- THE BOUNDARY INFORMATION IS BASED ON THE PLAT AND COUNTY RECORDS. THE BOUNDARY INFORMATION IS BASED ON THE PLAT AND COUNTY RECORDS.
- ALL EXISTING WELLS AND/OR SEWAGE DISPOSAL AREAS WITHIN 100' OF THE LOT LINES HAVE BEEN LOCATED. THERE ARE NO WELLS SOON ADJACENT TO THE SEPTIC DISPOSAL AREA SHOWN.
- ANY CHANGES TO THE PRIVATE SEWAGE DISPOSAL AREA SHALL BE APPROVED BY THE HEALTH DEPARTMENT.
- ALL SEWER MAINS AND SERVICE LINES SHALL BE INSTALLED TO THE PROPERTY LINE.
- THE BOUNDARY INFORMATION IS FROM THE RECORDED PLAT.
- NO BOUNDARY SURVEY HAS BEEN PROVIDED FOR CONVEYED BY CLS.
- THIS PLAN IS A SUBMITTAL TO THE COUNTY ONLY INsofar as it IS REQUIRED BY HOWARD COUNTY FOR THE PURPOSE OF THE APPROVAL OF THE PRESCRIPTION. IT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF BOUNDARY, EASEMENT, OR RIGHT-OF-WAY LINES FOR ANY REASON, SUCH AS THE LOCATION OF PRECISE BOUNDARY, BOUNDARY OR EASEMENT, EASEMENT, OR RIGHT-OF-WAY LINES OR OTHER BOUNDARY OR EASEMENT INFORMATION, OR OTHER INFORMATION TO PROPERTY LINE AND TO THE NEAREST FOOT (1) UNLESS OTHERWISE NOTED.

NOTE: THE PURPOSE OF THIS PLAN IS TO DISCONNECT A 4-BEDROOM (800 GPD) SEPTIC TANK AND SEPTIC LAYOUT FOR THE PURPOSE OF REPLACING THE EXISTING SEPTIC SYSTEM PRIOR TO THE CONSTRUCTION OF A PROPOSED ADDITION.

NO BUILDING PERMIT APPROVAL WILL BE GIVEN UNTIL THE OLD SEPTIC SYSTEM HAS BEEN PROPERLY ABANDONED AND THE NEW SEPTIC SYSTEM HAS BEEN PLUMBED AND APPROVED.

**OWNER/DEVELOPER**  
 SALIN NAWAWEY  
 11507 BLUE FLAME COURT  
 CLARKSVILLE, MD 21038

**ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN**  
**FLAMEWOOD LOT 7**  
 11507 FLAMEWOOD CT  
 CLARKSVILLE, MD 21038  
 LIBER 20272, FOLIO 190  
 TAX MAP #1 - BLOCK # 21 - PARCEL# 418  
 5TH ELECTION DISTRICT - HOWARD COUNTY, MD



439 East Main Street, Clarksville, MD 21117-5559  
 (410) 846-1780 FAX (410) 846-1781

Date	Revised	Drawn By	SP1
8/15/23	CONVERT FROM PLAN INTO PERIC CERT PLAN	Drawn By	PH
10/23/23	REVISE PER HEALTH DEPARTMENT COMMENTS	Revised By	
		Date	JULY 2023
		Scale	1" = 20'
		Job No.	2023158
		Sheet	1 of 1

Approved for LP tank  
 B24 00 35 25  
 9/24/24

11505 Blue Flame Let Next Door

Building Address 110505 Blue Flame Ct  
Clarksville 21029

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

Census Tract \_\_\_\_\_ Subdivision Flamewood

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 41 Parcel 415 Grid 15

Zoning \_\_\_\_\_ Map Coordinates 18K2 Lot size \_\_\_\_\_

Property Owner's Name David + Yvona Ward

Address 11505 Blue Flame Ct

City Clarksville State MD Zip Code 21029

Home Phone 410-531-4792 Work Phone \_\_\_\_\_

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

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

Existing Use SPD

Proposed Use SPD + Pool

Estimated Construction Cost \$ 25,000

Description of Work Inground concrete  
pool 27' x 46' in rear yard w/ 48"  
high fence to code

Contractor Company Maryland Pools Inc

Contact Person Joanne Latham

Address 9515 Grewig LA

City Columbia State MD Zip Code 21046

License No. 6694

Phone 410-995-6600 Fax \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	BUILDING DESCRIPTION - <u>RESIDENTIAL</u>
--	---

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ 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"/>	Water Supply: _____ _____ Public _____ Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>3-8'</u>	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 type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input 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	

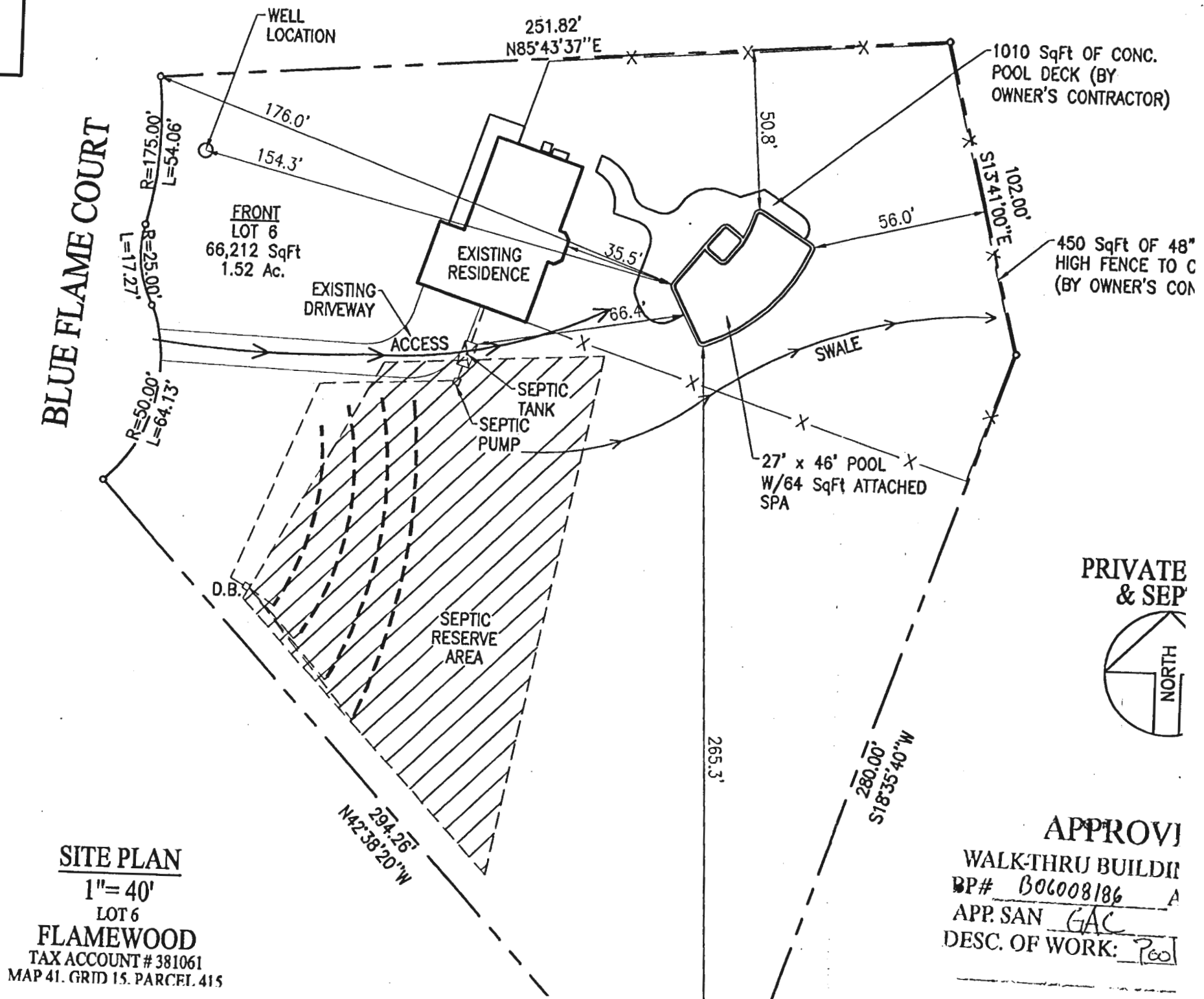
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

J. Latham  
 Applicant's Signature  
agent  
 Title/Company

J. Latham  
 Print Name  
 Date

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	N/
SEPTIC	20'
WELL	30'

BLUE FLAME COURT



**SITE PLAN**

1" = 40'

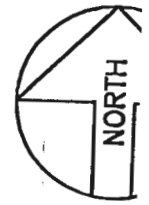
LOT 6

**FLAMEWOOD**

TAX ACCOUNT # 381061  
MAP 41. GRID 15. PARCEL 415

APPROVED  
WALK-THRU BUILDING  
BP# B06008186 A  
APP. SAN GAC  
DESC. OF WORK: Pool

PRIVATE & SEP



Building Address 11505 Blue Flame Ct.  
Clarksville, Md. 21029

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

Census Tract \_\_\_\_\_ Subdivision Flamewood

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name David + Yovna Ward

Address 11505 Blue Flame Ct

City Clarksville State Md Zip Code 21029

Home Phone 301 725-8474 Work Phone 301 594 2645

Applicant's Name & Mailing Address, (if other than stated hereon):  
Steven H. Cooley  
5010 Shepard Ln.  
Clarksville Md. 21029

Phone 301 854 3510 Fax 410 531 6574

Existing Use \_\_\_\_\_

Proposed Use Deck

Estimated Construction Cost \$ \$10,000.00

Description of Work 14' x 32" wood Deck  
to w/ steps to grade, 8' above grade

Contractor Company Town Creek Landscaping

Contact Person Steven H. Cooley

Address 5010 Shepard Ln.

City Ellicott City State Md Zip Code 21042

License No. 44966

Phone 301 464 3510 Fax 410 531 6574

Occupant or Tenant Ward, David

Contact Name \_\_\_\_\_

Address 11505 Blue Flame Ct

City Clarksville State Md. Zip Code 21029

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**      **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Utilities

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

Building Characteristics

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_

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: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

Utilities

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

THE USER 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 IN HOWARD COUNTY WHICH ARE APPLICABLE TO THE PROJECT, (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 AND TO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND EXISTING PROJECTS.

Steven H. Cooley  
 Applicant's Signature

Steven H. Cooley  
 Print Name  
Nov 1 2006  
 Date

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

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>11/1/06</u>	<u>[Signature]</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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____