

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B23000342	01/12/2023
Description of Work		
SFD/INSTALL 15' X 35' CONCRETE INGROUND SWIMMING POOL, DEPTH 3' TO 8'. WITH FENCE TO CODE BY OTHERS		

[check spelling](#)

After review of record

files, Approved. *gg* 2/23/23

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
6810	OWINGS OVERLOOK	--Select--	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96292	39.1822
City	State	Zip Code	Primary
HIGHLAND	MD	20777	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1101072	44	0.85	248000	1254100	1006100	RURAL

Legal Description
 IMPLOT 23, .852 A.[]6810 OWINGS OVERLOOK WAY[]OWINGS PROP

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	23	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405595242	Owings Property					
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-4	RR-DEO	5051-F1					
SDP No.	Final Plan No.	WP File No.					
	F-06-112						
Record Plat No.	WS Contract No.	FDP No.	Primary				
22325			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2014	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-04A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

PETERSON PAUL GABRIEL

Address Line 1

6810 OWINGS OVERLOOK

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
HIGHLAND	MD	20777
Phone	Primary	
410-207-5973	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

License # *
 08010095872
License Type *
 MHIC Ind
Primary
 Yes

Business Name
 ANTHONY & SYLVAN CORP
First Name Middle Name Last Name
 ALAN WALKER
Address Line 1
 8260 PRESTON COURT STE 1
Address Line 2

City State ZIP Code
 JESSUP MD 20794-0000
Phone 1 Phone 2 Fax
 2154896524 2154895610
E-mail
 AWALKER@ANTHONYSYLVAN.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * First Name MI Last Name
 Applicant
Relationship Full Name
 Applicant
Primary Organization Name
 Yes ANTHONY & SYLVAN POOLS
Street Address
 8260 PRESOTN COURT SUITE 1
Address Line 2

City State Zip Code
 JESSUP MD 20794
Phone Cell Fax
 410-705-5937 410-207-5973
E-mail *
 midatlanticpermits@ANTHONYSYLVAN.COM

Addtl Info

Est Construction Cost * 100000
Housing Units * 0
Number of Buildings * 0
Public Owned No

Construction Type
 --Select--

POOL INFORMATION

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee * Yes No
Capital Project Number
Fee Exempt * Yes No
Water Supply * Private Public
Sewage Disposal * Public
Existing Use * SFD
Type of Pool or Spa * In Ground Pool
Pool Safety Device * Fence
Electrical Permit Number
Expiration Date 8/9/2023

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B23000342	Residential Pool or Spa Permit	Review In Process	6810	OWINGS OVERLOOK	01/12/2023	SFD/INSTALL 15' X 35' CONCRETE INGROUND SWIMMING POOL. DEPTH 3' TO

Submit Cancel

16/88
NAD 83

CURVE TABLE						
CURVE	DELTA	RADIUS	TANGENT	LENGTH	CHD.DIST.	CHD.BRG.
C1	15°38'06"	170.00'	23.34'	46.39'	46.25'	S05°42'06"E



OWINGS OVERLOOK
WAY

NON-BUILDABLE
PRESERVATION PARCEL 'F'
11.293 AC.

*Wall checked OK
but certified
6 days prior
to approval
of BT Plan
Feb 8/14/14*

* DENOTES TOP OF WALL
SHOT - ELEV=503.35

FOUNDATION LOCATION SURVEY
ON
LOT 23
OWINGS PROPERTY, LOT 5
PLAT WAR 22220 - 22221
6810 OWINGS OVERLOOK
HOWARD COUNTY, MARYLAND
JUNE, 2014 SCALE: 1"=50'

I hereby state this plat represents a field run survey of the location of the foundation of the proposed building to the nearest tenth of a foot. The lot dimensions are depicted as per the current record plot and any encroachments by the newly constructed foundation on those recorded lines are shown hereon.

Clyda V. Kelly
Clyda V. Kelly
Professional Land Surveyor
MD License No 10977

11 June 2014
Date

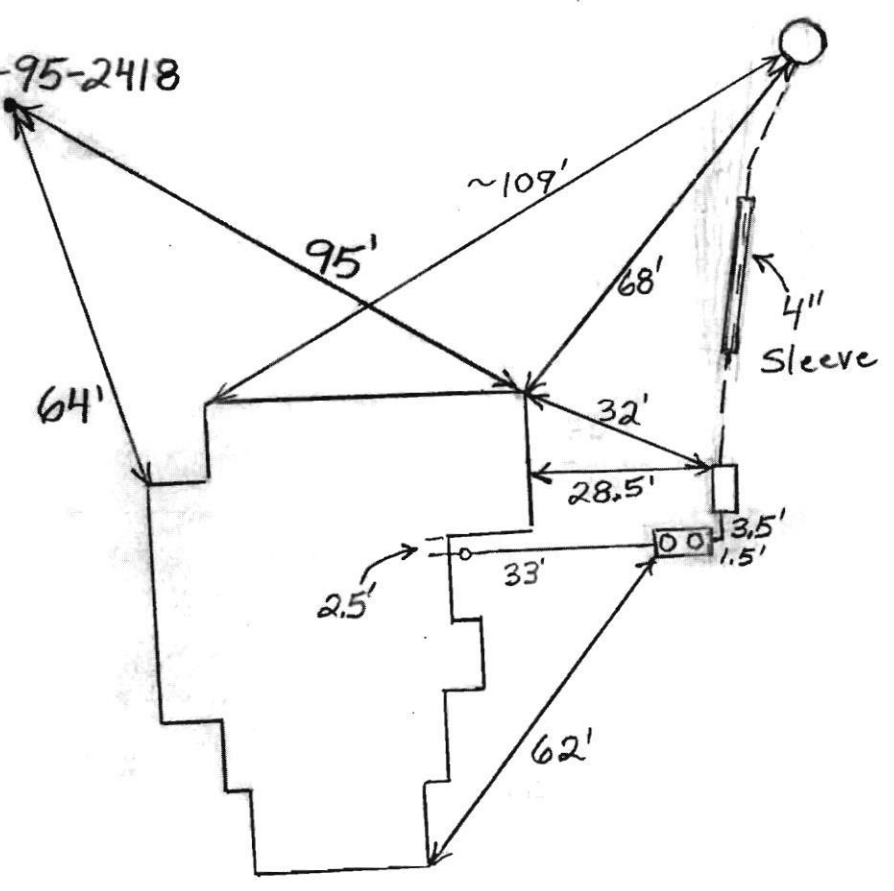


AB CONSULTANTS, INC.
9450 ANNAPOLIS ROAD
LANHAM, MARYLAND 20706
PHONE: (301) 306-3091
FAX: (301) 306-3092

DRAWN BY: *MBS*
CHECKED BY: *CVK*
FILE: *WCHK - Lot 23*

NOT TO SCALE

HO-95-2418



ROAD NAME

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Babylon
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5'
BAFFLES	Yes
BAFFLE FILTER	Yes
MANHOLE LOC	Front+Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	No
DATE ON LID	7/22/2014
PUMP/SEPTIC TANK LEVEL	
PUMP/SEPTIC TANK LEVEL	Yes
MANUFACTURER	Advantex
CAPACITY	800 GAL
SEAM LOC	N/A
TANK LID DEPTH	Above Grade
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	None
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	N/A

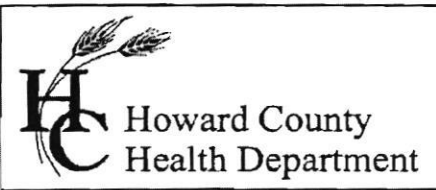
PRE-CONSTRUCTION

8/19/2014 Layout done (BB)

INSTALLATION: 8/27/2014 Tanks set, House connection made, O.K. to finish pump line and backfill. (BB)

FINAL INSPECTOR _____

DATE OF APPROVAL _____



Bureau of Environmental Health
 7178 Gateway Drive Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

RECEIPT DATE: 6-19-14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 554513-A

INSTALLATION APPROVAL DATE: _____ **PERMIT** A _____

CONSTRUCTION

PROPERTY ADDRESS: 6810 Owings Overlook

SUBDIVISION: Owings Property LOT: 23 TAX ID: _____

CONTRACTOR: Fogle's Septic Clean Inc. EMAIL: kurt@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Road, Sykesville, MD 21784 PHONE: 410-795-5670

PROPERTY OWNER: _____ EMAIL: _____

OWNER ADDRESS: Steuart -Kret Homes PHONE: 410-312-5163

7090 Samuel Morse Drive, Columbia, MD 21046

BAT UNIT MODEL: Orenco AX20RT PVA 1005 BAT UNIT SIZE: _____

PUMP CHAMBER CAPACITY (GALLONS): _____ PUMP SIZE: _____

NUMBER OF BEDROOMS: 5 HOUSE SQ. FT. _____ APPLICATION RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: <u>See Bat Plan</u>	INLET DEPTH: <u>See Bat Plan</u>
	TRENCH WIDTH: <u>See Bat Plan</u>	MAXIMUM BOTTOM DEPTH: <u>See Bat Plan</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>See Bat Plan</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>See Bat Plan</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit per plan.	

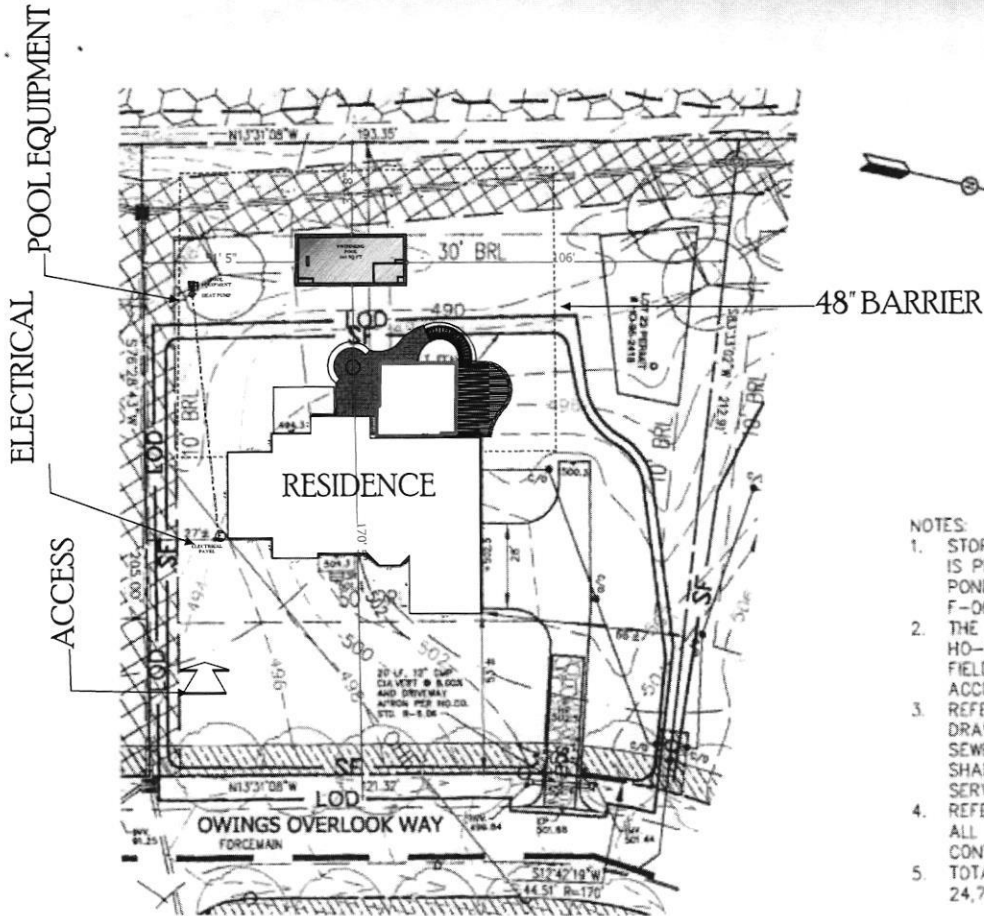
ISSUED BY: Robert Bricker ISSUE DATE: 8/14/14 EXPIRATION DATE: 6/18/15

- 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 SEPTIC 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

**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.**

PETERSON-PATEL
 6810 OWINGS OVERLOOK WA
 LOT 5
 HIGHLAND MD 20777
 HOWARD COUNTY

ALL FENCING TO BE 48"
 ALL GATES SELF-CLOSING
 SELF-LATCHING
 DOOR ALARMS



- NOTES:
1. STORMWATER MANAGEMENT IS PROVIDED IN THE MD-378 POND, BUILT UNDER F-06-112.
 2. THE EXISTING WELL, TAG NO. HO-95-2418 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
 3. REFER TO CONTRACT DRAWINGS 50-4436-D FOR SEWER FORCE MAIN AND SHARED SEPTIC FIELD THAT SERVES THIS LOT.
 4. REFER TO GP-13-085 FOR ALL EROSION & SEDIMENT CONTROL MEASURES.
 5. TOTAL DISTURBED AREA: 24,798 SF

SEWER HOUSE CONNECTION:
 INVERT OUT AT HOUSE = 504.00
 INVERT IN AT PUMP = 502.50
 INVERT OUT AT PUMP = 502.40
 INVERT IN AT F.M. = 501.84

REVISED

Date: 12-11-13

Comments: *per Neath*

PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NO. 31042 EXPIRATION DATE: 02/18/15



OWNER / DEVELOPER:

SK HOMES AT HIGHLAND OWINGS, LLC
 7090 SAMUEL MORSE DRIVE
 SUITE 500
 COLUMBIA, MD 21046
 301-870-5603

ANTHONY & SYLVAN
 SWIMMING POOLS
 8260 PRESTON COURT
 SUITE 1
 JESSUP MD 20794
 MD LIC MHIC#129792
 301-543-3861

SCALE 1" = 40'
 LEDGER 11" X 17'