

Record Detail (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B24002230 Opened Date 06/13/2024

Description of Work SFD/ALTERATIONS TO FINISH BASEMENT TO CREATE OPEN GYM, STUDY ROOM, MECHNAICAL CLOSET, LIVING ROOM, DEN, BEDROOM, FULL BATHROOM, WET BAR. APPROX 1982 SQFT

check spelling

Need floor plans of entire house.

gls 7/3/24

Site visit conducted, existing well & septic OK. MBL 8/19/24

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 12637 Street Name GOLDEN OAK Street Type DR

Unit Type -Select- Unit # -76.95284 X Coordinate 39.28096 Y Coordinate

City ELLICOTT CITY State MD Zip Code 21042 Primary 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
899239	528	4.34	183450	809600	330080	RURAL

Legal Description LOT 25 4.3450 A []12637 GOLDEN OAK DR []TRIADELPHIA WOODS S1 A1

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	25	603000	5				

Plan Area State Tax Id 1403312569 Subdivision Name TRIADELPHIA WOODS

Section Area Tax Map 22

Grid Zoning District RR-DEO ADC Map 4813-H6

SDP No. Final Plan No. WP File No.

Record Plat No. 7736 WS Contract No. FDP No. Primary Yes

Owner Occupied Year Built 1990 Historic District Yes No

Historic District Registry No. Stat Area 3-08A Flood Plain Yes No

Building No

Owner (This section is not required.)

Search Reset Clear

Name DROPL

Address Line 1 12637 GOLDEN OAK DR

Address Line 2

Address Line 3

Mail City ELLICOTT CITY

Mail State MD

Mail Zip Code 21042

Phone 443-799-2949

Primary Yes

E-mail

borodropulic@gmail.com

Cell Number Fax Number

Professionals (This section is not required.)

License # 08010019661
License Type MHIC Ind
Primary Yes
Business Name OWINGS HOME SERVICES
First Name MICHAEL **Middle Name** GERARD **Last Name** OWINGS
Address Line 1 5340 ENTERPRISE STREET
Address Line 2 5340 ENTERPRISE STREET
City SYKESVILLE **State** MD **ZIP Code** 21784-0000
Phone 1 4105493800 **Phone 2** **Fax** 4105499668
E-mail INFO@OWINGSBROTHERS.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Applicant
Relationship Applicant
Primary No
First Name Tina **MI** **Last Name** Simons
Full Name Tina Simons
Organization Name Owings Brothers Contracting
Street Address 5340 Enterprise Street
Address Line 2
City Sykesville **State** MD **Zip Code** 21784
Phone 410-781-7022 **Cell** **Fax** 410-549-9668
E-mail tina@owingsbrothers.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact
Relationship Agent for Owner
Primary Yes
First Name Tina **MI** **Last Name** Simons
Full Name Tina Simons
Organization Name Owings Brothers Contracting
Street Address 5340 Enterprise Street
Address Line 2
City Sykesville **State** MD **Zip Code** 21784
Phone 410-781-7022 **Cell** **Fax** 410-549-9668
E-mail tina@owingsbrothers.com

Addtl Info

Est Construction Cost 240000
Housing Units 0
Number of Buildings 0
Public Owned No
Construction Type 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

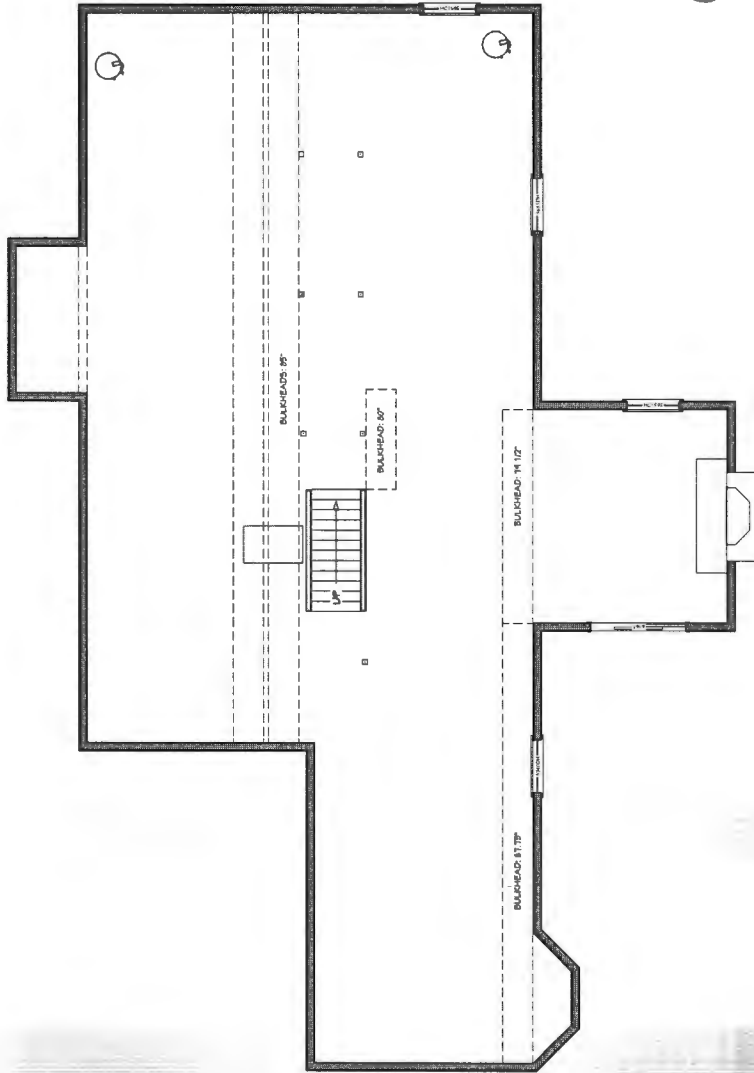
Total Square Footage	No of Stories	Basement	Bedrooms	Full Baths	Half Baths	Water	Sewage
1982	SQFT (Number) 2	(Number) Unfinished w/Rough-In	0	(Number) 1	(Number) 0	(Number) Private	Private



DATE: 01/03/2024
 SCALE: 1/8"=1'-0"

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PROJECT DESCRIPTION: DROPULIC BASEMENT EXISTING PLAN



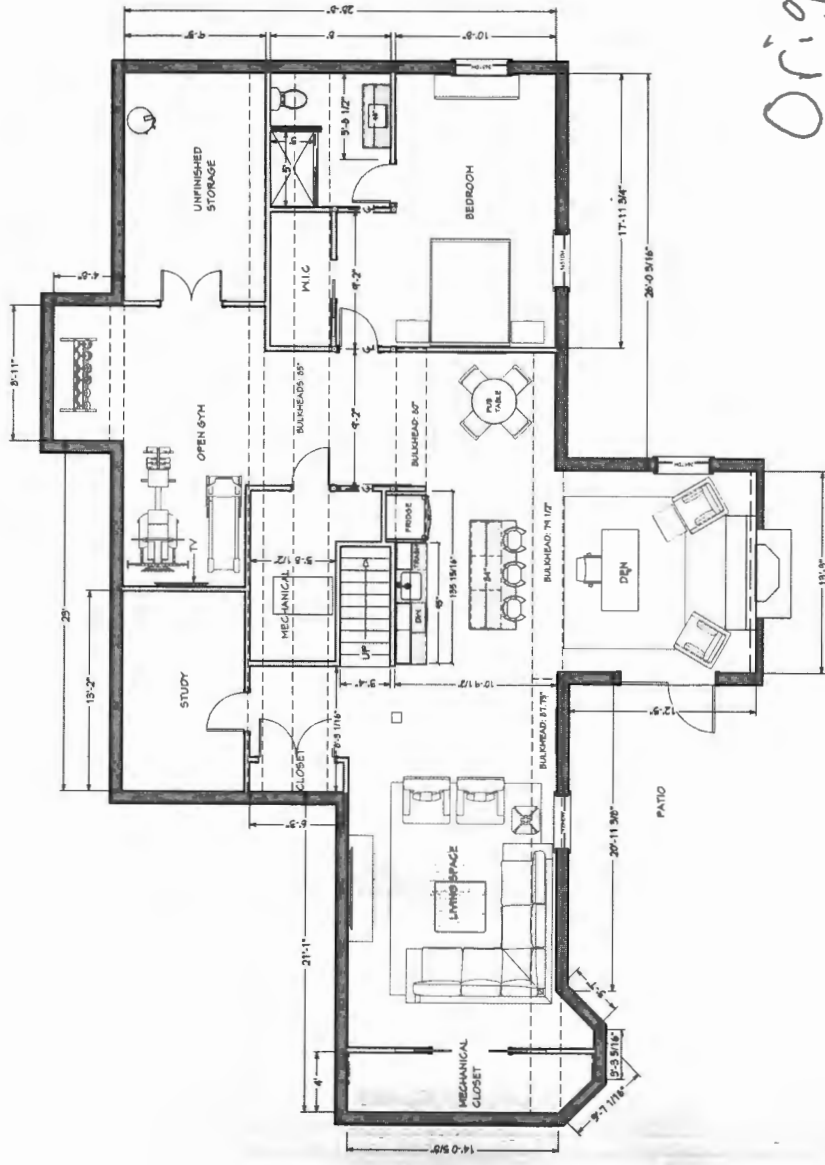
*Original
 Submittal*

11,962 Sqft.

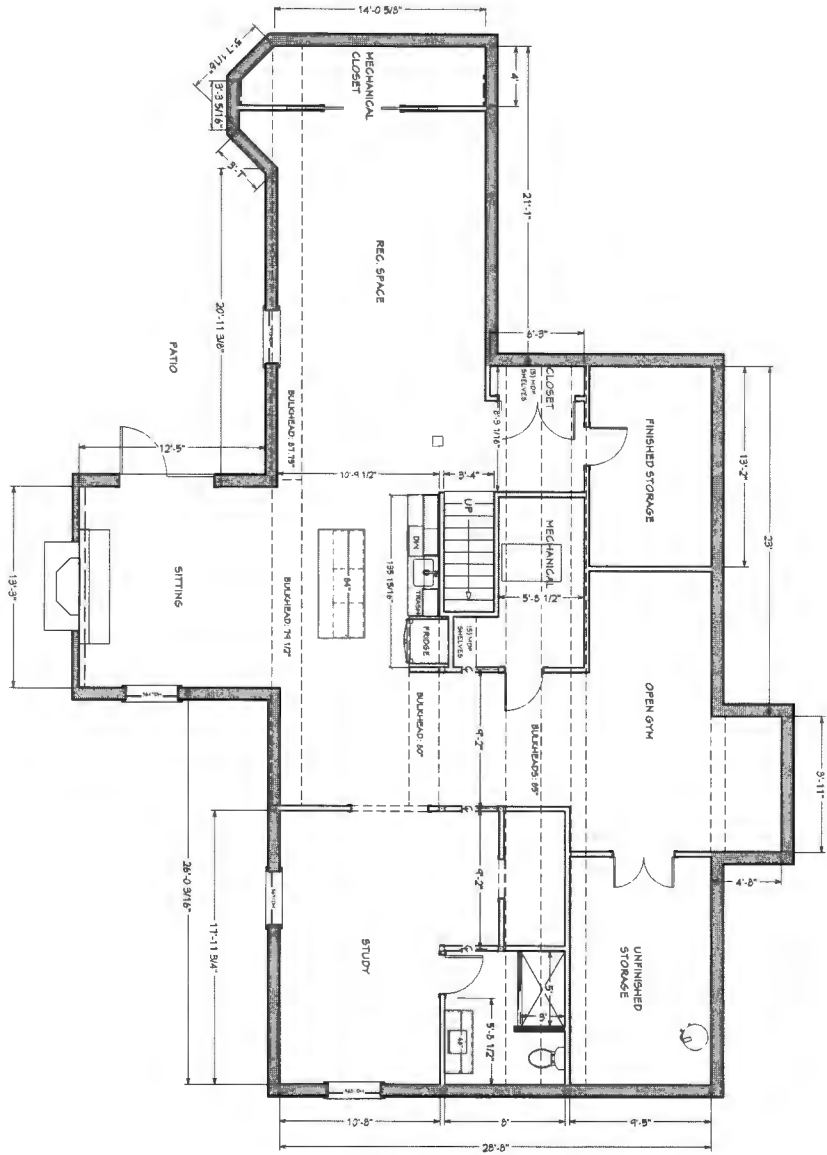


DATE: 04/17/2024
 SCALE: NTS
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PROJECT DESCRIPTION: PROPOLIC BASEMENT PROPOSED PLAN V1



Original
 Submittal

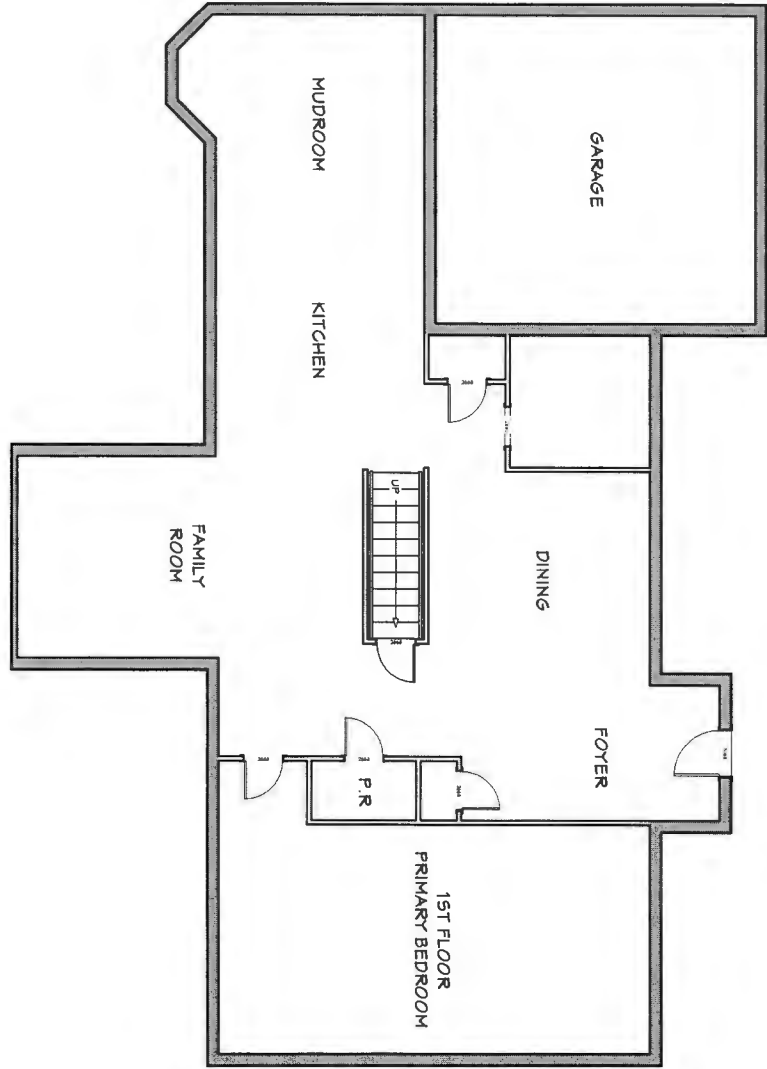


PROJECT DESCRIPTION:
DROPULIC BASEMENT PROPOSED PLAN

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DATE:
 07/24/2024
 SCALE:
 1/8"=1'-0"





PROJECT DESCRIPTION

DROPULIC 1ST FLOOR PROPOSED PLAN

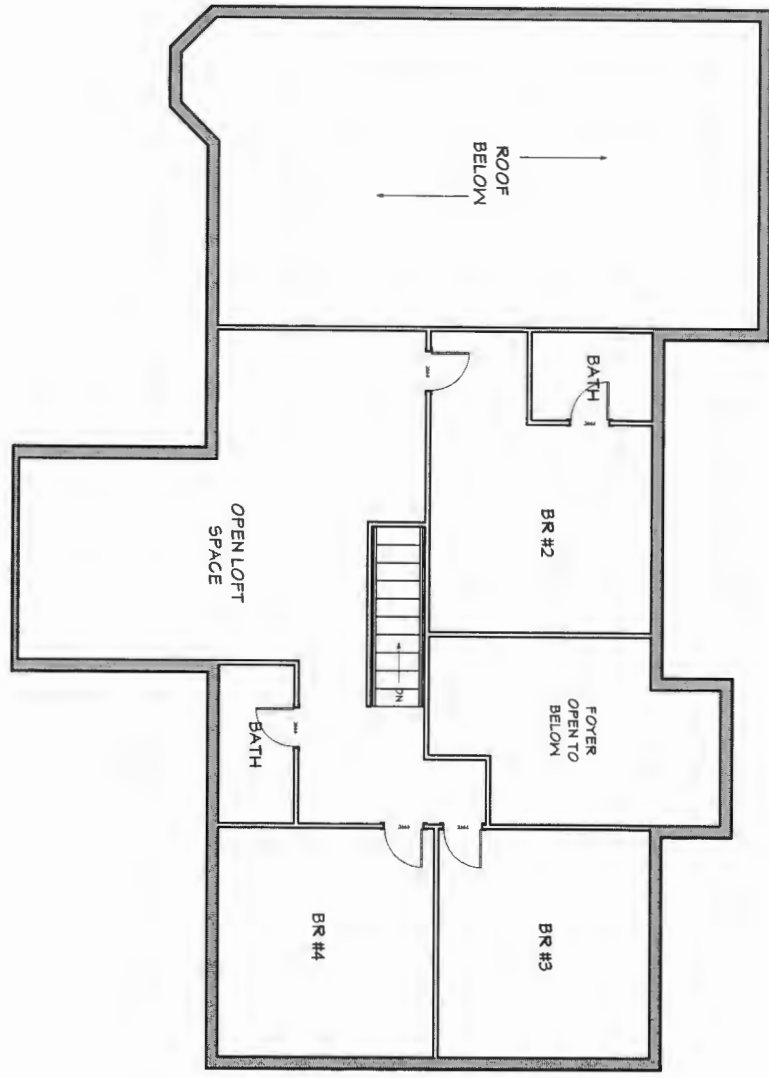
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DRAWINGS ARE FOR CONCEPT ONLY. VARIATIONS TO BE EXPECTED. CHECK MEASURE AND CLIENT APPROVAL REQUIRED.

DATE:
08/12/2024

SCALE:
1/8"=1'-0"





PROJECT DESCRIPTION:

DROPULIC 2ND FLOOR PROPOSED PLAN

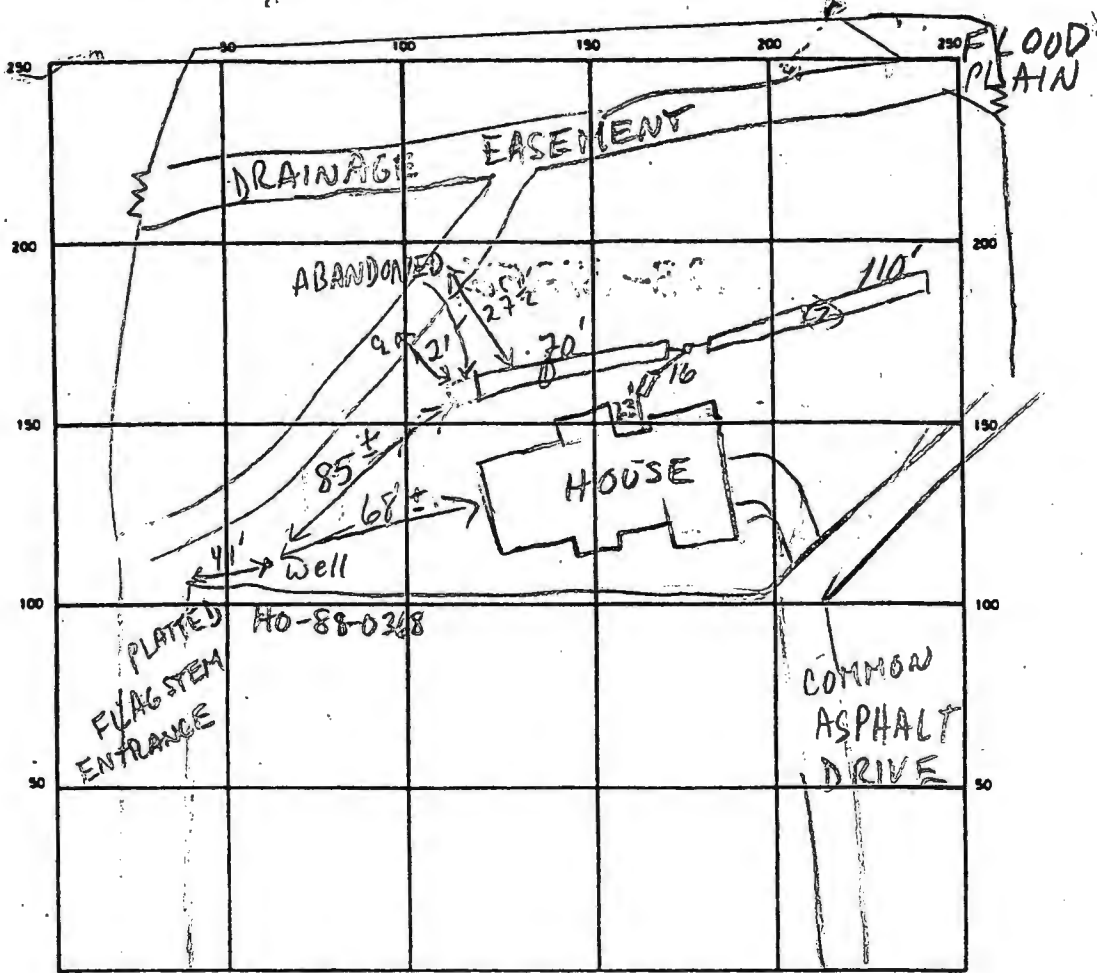
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DRAWINGS ARE FOR CONCEPT ONLY. VARIATIONS TO BE EXPECTED. CHECK MEASURE AND CLIENT APPROVAL REQUIRED.

DATE:
08/12/2024

SCALE:
1/8"=1'-0"





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
GOLDEN OAK DR

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK Baffle IN

DRAIN FIELD/TILE FIELD. DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 270 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 280 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 3/15/90 ADD 10' TO TRENCH ①, 38' TO TRENCH ②;
DB NOT IN CORRECT LOC, TRENCH ① TOO CLOSE TO WELL;
ALREADY GAVE OK TO CONTINUE BEFORE ERROR REALIZATION MR
3/16/90 MAINTAIN ① AT 80', DIG ② TO 100' + CONTINUE
3/23/90 OK TO COVER ALL, AFTER ADDING ANOTHER 17' ON
TRENCH ② MR.

DATE SYSTEM APPROVED 3/26/90 INSPECTOR M. Rifkin

TRIADDELPHIA WOODS
GOLDEN OAK DRIVE

A 38475

SUBDIVISION:

LOT NUMBER: 25

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2' wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 7 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

4 feet of stone below distribution pipe.

YBR no garbage Disposal

BUDG. PERMIT SIGNED AND RETURNED

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: STARTING FROM EOTICORNER COMMON TO LOTS 23, 24, AND 25, START FIRST TRENCH 270' DOWN THE LEFT LOT LINE (510') AND 260' OFF THIS SAME LOT LINE. RUN TRENCHES IN BOTH DIRECTIONS ALONG CONTOURS.

MR. 2/13/89

APPLICATION

PERCOLATION TESTING

A 38475

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 10/20/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Patuxent Land Co. Inc. Fred J. Weaver

ADDRESS 10320 Kettle drum Ct., E.C., Md. PHONE ~~531-5539~~
465-4679

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. LOT 25 Prelim. 2/26 6/89

ROAD AND DESCRIPTION Triadelphia Rd on right 1/2 mile

West of Carroll Mill Rd. 12637 "GOLDEN OAK DRIVE" E.C., Md.

TAX MAP 02 PARCEL # 528

SIZE OF LOT 3+ Acre TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Richard J. Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-11-87 PERC SATISFACTORY; HOLD FOR Subdivision PLAT + LOT LINE

D's S. Hwy

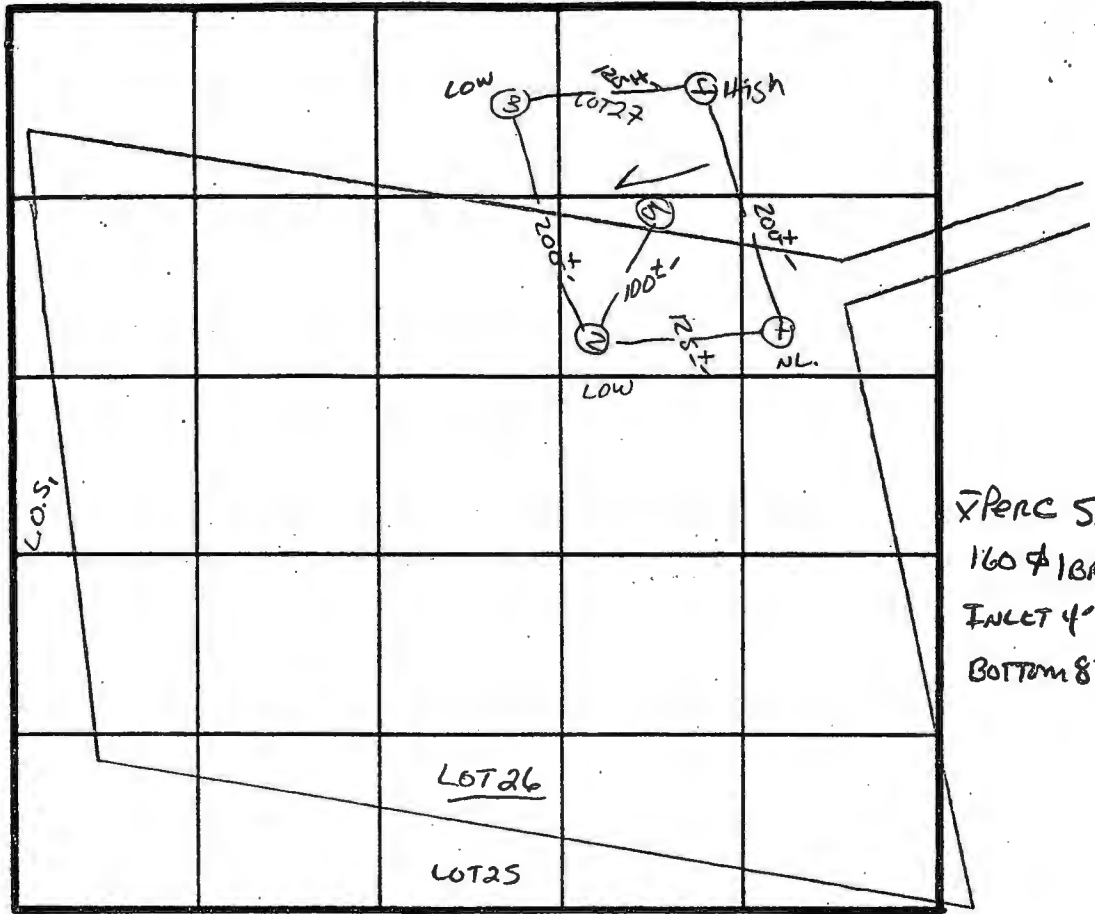
THIS IS NOT A PERMIT

④ ⑤
⑥ ⑦ ⑧
SOIL PROFILE

0
6"
3.5-
4.0'
12-13'

A-3
Yellow BR
Silt loam
9-12% clay
110% frags

Yellow BR
TO 17"
Silty SAND
LOAM
Highly
micaceous
25-30%



̄PERC 5min
160 & 180
INLET 4'
BOTTOM 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TRIADelphia Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/87	1V	12.5'	UNIFORM SOIL below 4'				
	2 S	4'	10:27	10:29	10:29	10:35	6 min
	2 V	13'	UNIFORM SOIL below 2.5'				
	3 S	4'	10:42	10:43	10:43	10:45	2 min
	3 V	12.5'	UNIFORM SOIL below 3.5'				
	4 S	4'	10:33	10:35	10:35	10:41	6 min
	4 M	8.5'	10:32	10:34	10:34	10:37	3 min
	4V	13'	UNIFORM SOIL below 4'				
	5 V	12'	UNIFORM SOIL below 4'				

REMARKS Holes diff than plat; Hole 3+4 to be common holes lot 26+27
Hole # 4 original perc hole lot 27

TYPE OF SOIL MAROR

TESTED BY S. Abel

Neil, Criss, Jim, Richard

ALSO PRESENT

EH-12-1079

Well T89 # HO 88-0368

BP# 27174
C&J HOMES INC
FRED WEAVER 465-4679

LOT 25
TRIADDELPHIA Woods
3rd ELECTION DIST
Block # 5
Zone R

Availability of Pub Water & Sewer
WATER Yes — No X
SEWER Yes — No X

INV. IN TRENCH 499.8

INV. INTO DIST BOX 500.0
LOT 23

INV. OUT OF ST 502.6

INV. INTO SEPTIC TANK 502.8
EXIST ELEV. AT SEPTIC TANK 505.0

INV. OUT OF HOUSE 503.0

WELL ELEVATION 503.0

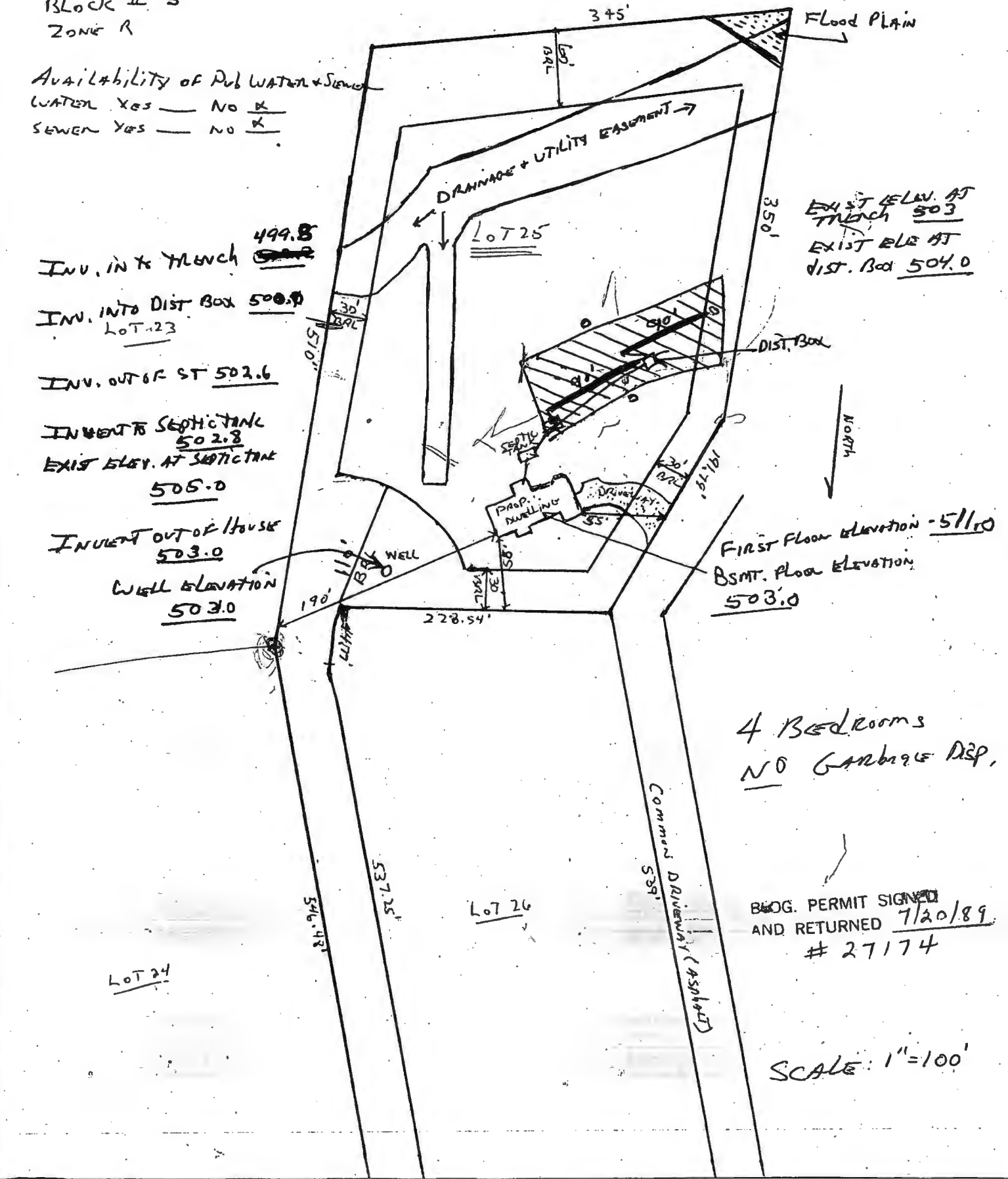
EXIST ELEV. AT TRENCH 503
EXIST ELEV. AT DIST. BOX 504.0

FIRST FLOOR ELEVATION 511.0
BSMT. FLOOR ELEVATION 503.0

4 BED ROOMS
NO GARBAGE DISP.

BLOG. PERMIT SIGNED
AND RETURNED 7/20/89
27174

SCALE: 1"=100'



C1 **6724** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 38475**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **01/25/89** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **110-88-0368**

OWNER **WEAVER FRED** last name first name
 STREET OR RD. **GOLDEN OAK DR.** TOWN **GLENELG**
 SUBDIVISION **TRT ADELPHI WOODS SECTION** LOT **25**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND Stone	0	35	
GRAY Mica sh	35	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** YES **N** NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **34** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **42**

OTHER CASING (if used)
 diameter inch [] [] depth (feet) from [] to []

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2

E A C H S C R E E N	DEPTH (nearest ft.)	
	1	2
1	40	325
2	[]	[]
3	[]	[]

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 from [] to []

CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13, "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE *[Signature]*
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

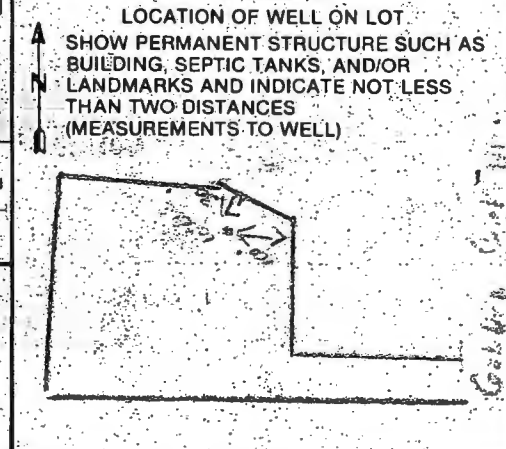
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 (E.R.O.S.) W.O.
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **27**
 WHEN PUMPING **255**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE:
 CAPACITY GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE
 (-) below } (nearest foot)



County