

Record Detail \* (This section is required.)

Permit Type Building/Residential/Misc/Pool Spa Permit Number B22003815 Opened Date 10/10/2022

Description of Work SFD/INSTALL 7'X7' HOT TUB ON DECK

*Approved  
R/E 10/14/2022*

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 5237 Street Name KALMIA Street Type DR  
 Unit Type -Select- Unit # X Coordinate -77.01339 Y Coordinate 39.22281  
 City DAYTON State MD Zip Code 21036 Primary Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID \* 878522 Parcel 127 Parcel Area 3.14 Land Value 147000 Improved Value 0 Exemption Value 668900 Plan Area RURAL

Legal Description IMPVLOT 10 3.137AR S 1[ ]5237 KALMIA DR[ ]KALMIA FARMS

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605101	5				
Plan Area		State Tax Id		Subdivision Name			
		1405386586		KALMIA FARMS SEC 1			
Section		Area		Tax Map			
				27			
Grid		Zoning District		ADC Map			
		RR-DEO		4932-H5			
SDP No.		Final Plan No.		WP File No.			
					Primary		
					Yes		
Record Plat No.		WS Contract No.		FDP No.			
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		1997		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		5-01		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

SCHOONMAKER BRIAN P

Address Line 1  
5237 KALMIA DR

Address Line 2

Address Line 3

Mail City                      Mail State                      Mail Zip Code  
DAYTON                      MD                      21036

Phone                      Primary  
301-437-5637                      Yes

E-mail

Cell Number                      Fax Number

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

Search                      Reset                      Clear

License # \*                      Business Name  
08010020247                      PRO BUILT CONSTRUCTION

License Type \*                      First Name                      Middle Name                      Last Name  
MHIC Ind                      ✓                      EDWARD                      PACYLOWSKI

Primary                      Address Line 1  
No                      ✓                      13330 CLARKSVILLE PIKE

Address Line 2

City                      State                      ZIP Code  
HIGHLAND                      MD                      20777-9701

Phone 1                      Phone 2                      Fax  
3018540821                      3018549632

E-mail  
JESSICA@PROBUILTCONSTRUCTION.COM

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

Search                      As Owner                      As Lic. Prof                      As Contact

Type \*                      First Name                      MI                      Last Name  
Applicant                      ✓                      EDWARD                      PACYLOWSKI

Relationship                      Full Name  
--Select--                      ✓

Primary                      Organization Name  
Yes                      ✓                      PRO BUILT CONSTRUCTION

Street Address  
13330 CLARKSVILLE PIKE

Address Line 2

City                      State                      Zip Code  
HIGHLAND                      MD                      20777 970

Phone                      Cell                      Fax  
3018540821                      3018549632

E-mail \*  
OFFICE@PROBUILTCONSTRUCTION.COM

**Addl Info**

Est Construction Cost \*                      Housing Units \*                      Number of Buildings \*                      Public Owned  
1000                      0                      0                      No                      ✓

Construction Type  
--Select--                      ✓

**POOL INFORMATION**

MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee \*    Capital Project Number    Fee Exempt \*    Water Supply \*    Sewage Disposal \*  
 Yes  No         Yes  No    Private    Private  
Existing Use \*    Type of Pool or Spa \*    Pool Safety Device \*    Electrical Permit Number    Expiration Date  
SFD    Hot Tub    Fence       4/12/2023

PAYMENT INFORMATION

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

Submit    Cancel

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B22000700	03/03/2022

Description of Work  
 SFD/INSTALL ABOVE GROUND APPROX. 8'X40'X4'6" STEEL SHIPPING CONTAINER POOL KIT.  
 FOUNDATION TO BE POST AND PIER PER MANUFACTURER GUIDELINES.

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
5237	KALMIA	DR
Unit Type	Unit #	X Coordinate
--Select--		-77.01339
City	State	Zip Code
DAYTON	MD	21036
		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
878522	127	3.14	147000	815900	668900	RURAL

Legal Description  
 IMPSL0T 10 3.137AR S 1[ ]5237 KALMIA DR[ ]KALMIA FARMS

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405386586	KALMIA FARMS SEC 1					
Section	Area	Tax Map					
		27					
Grid	Zoning District	ADC Map					
27-23	RR-DEO	4932-H5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
4170			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1997	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

Name \*

SCHOONMAKER BRIAN P

Address Line 1

5237 KALMIA DR

Address Line 2

Address Line 3

Mail City

DAYTON

Mail State

MD

Mail Zip Code

21036

3/21/22  
 Hi Zack: There are (2)  
 building permits for this  
 site. The contractor  
 would like approval of  
 the pool permit ahead  
 of replacing the trench.  
 Please let me TK-Hank  
 know.

Phone 301-437-2637 Primary Yes  
E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # \* 08010020247 Business Name PRO BUILT CONSTRUCTION  
License Type \* MHIC Ind Primary Yes  
First Name EDWARD Middle Name Last Name PACYLOWSKI  
Address Line 1 13330 CLARKSVILLE PIKE  
Address Line 2  
City HIGHLAND State MD ZIP Code 20777 970  
Phone 1 3018540821 Phone 2 Fax 3018549632  
E-mail OFFICE@PROBUILTCONSTRUCTION.COM

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type \* Applicant Relationship Primary Yes  
First Name EDWARD MI Last Name PACYLOWSKI  
Full Name  
Organization Name PRO BUILT CONSTRUCTION  
Street Address 13330 CLARKSVILLE PIKE  
Address Line 2  
City HIGHLAND State MD Zip Code 20777 970  
Phone 3018540821 Cell Fax 3018549632  
E-mail OFFICE@PROBUILTCONSTRUCTION.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 Sewage Disposal \* Private  
Existing Use SFD Type of Pool or Spa \* Above Ground Pool Electrical Permit Number Expiration Date 9/7/2022

PAYMENT INFORMATION

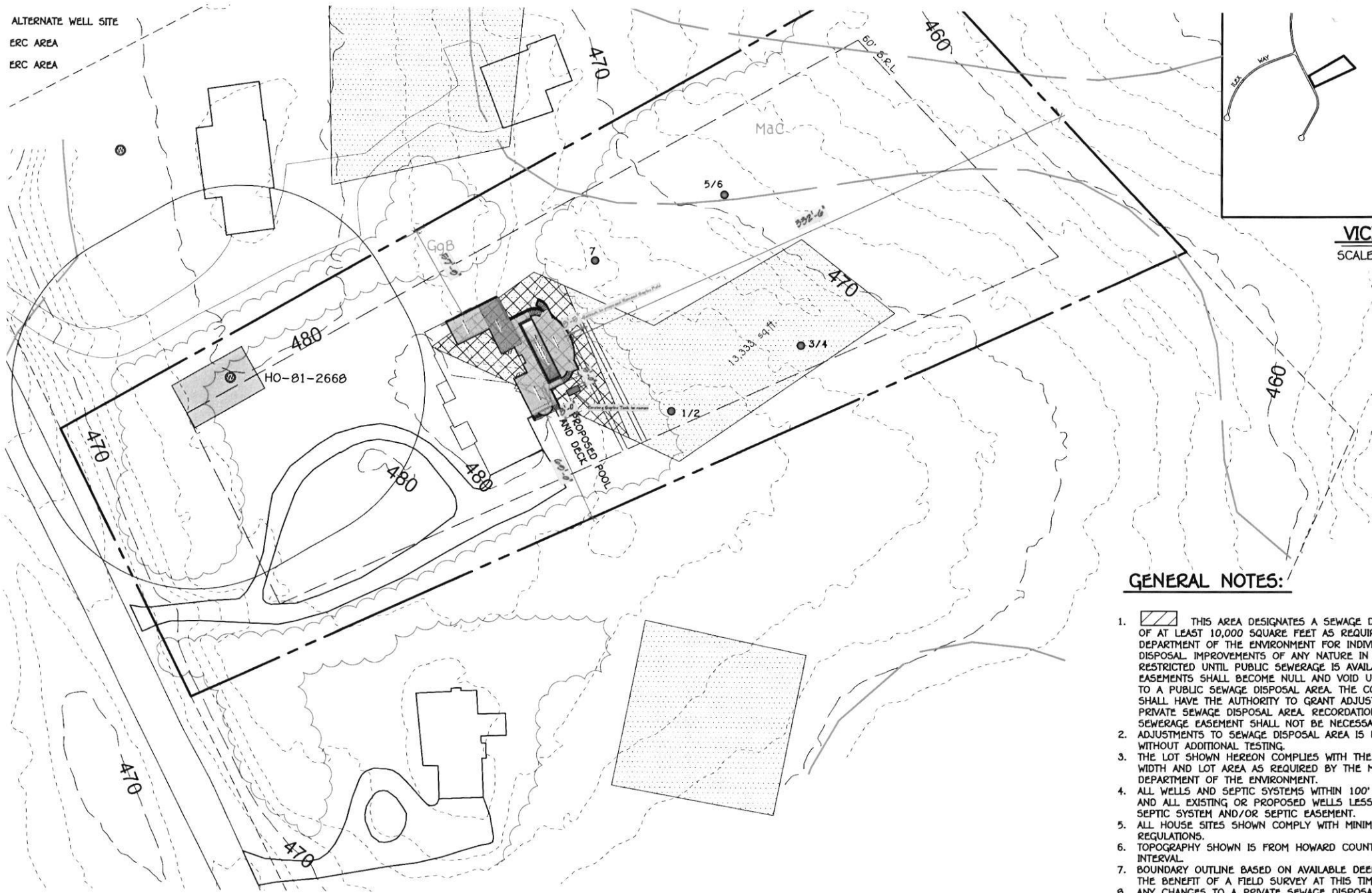
Check 1 Payee 1 SAP Doc No SAP Entered

Submit Cancel


ALTERNATE WELL SITE

ERC AREA

ERC AREA



**GENERAL NOTES:**

1.  THIS AREA DESIGNATES A SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA. IF PUBLIC SEWERAGE IS AVAILABLE, THESE EASEMENTS SHALL BECOME NULL AND VOID UPON THE DATE OF CONNECTION TO A PUBLIC SEWERAGE DISPOSAL AREA. THE COUNTY SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO SEWAGE DISPOSAL AREA RECORDATION. SEWERAGE EASEMENT SHALL NOT BE NECESSARY FOR ADJUSTMENTS TO SEWAGE DISPOSAL AREA IF WITHOUT ADDITIONAL TESTING.
2. THE LOT SHOWN HEREON COMPLIES WITH THE REQUIREMENTS FOR SEWERAGE DISPOSAL AS REQUIRED BY THE DEPARTMENT OF THE ENVIRONMENT.
3. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100' OF THIS SEWAGE DISPOSAL AREA SHALL BE LESS THAN 100' FROM A SEPTIC SYSTEM AND/OR SEPTIC EASEMENT.
4. ALL HOUSE SITES SHOWN COMPLY WITH MINIMUM REQUIREMENTS FOR SEWERAGE DISPOSAL.
5. TOPOGRAPHY SHOWN IS FROM HOWARD COUNTY RECORDATION.
6. BOUNDARY OUTLINE BASED ON AVAILABLE DEED RECORDATION. THE BENEFIT OF A FIELD SURVEY AT THIS TIME IS NOT GUARANTEED.
7. ANY CHANGES TO A PRIVATE SEWAGE DISPOSAL AREA SHALL BE MADE AT THE OWNER'S RISK.

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type  Permit Number  Opened Date

Description of Work

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #  Street Name  Street Type

Unit Type  Unit #  X Coordinate  Y Coordinate

City  State  Zip Code  Primary

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
878522	127	3.14	147000	815900	668900	RURAL

Legal Description

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	10	605101	5				

Plan Area  State Tax Id  Subdivision Name

Section  Area  Tax Map

Grid  Zoning District  ADC Map

SDP No.  Final Plan No.  WP File No.

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

Owner Occupied  Yes  No Year Built  Historic District  Yes  No

Historic District Registry No.  Stat Area  Flood Plain  Yes  No

Building No

Owner \* (This section is required.)

Search Reset Clear

Name

Address Line 1

Address Line 2

Address Line 3

Mail City  Mail State  Mail Zip Code

Phone  Primary

E-mail

Cell Number  Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010020247	PRO BUILT CONSTRUCTION		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	EDWARD		PACYLOWSKI
Primary	Address Line 1		
Yes	13330 CLARKSVILLE PIKE		
	Address Line 2		
	City	State	ZIP Code
	HIGHLAND	MD	20777 970
	Phone 1	Phone 2	Fax
	3018540821		3018549632
	E-mail		
	OFFICE@PROBUILTCONSTRUCTION.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	EDWARD		PACYLOWSKI
Relationship	Full Name		
--Select--			
Primary	Organization Name		
Yes	PRO BUILT CONSTRUCTION		
	Street Address		
	13330 CLARKSVILLE PIKE		
	Address Line 2		
	City	State	Zip Code
	HIGHLAND	MD	20777 970
	Phone	Cell	Fax
	3018540821		3018549632
	E-mail *		
	OFFICE@PROBUILTCONSTRUCTION.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
185000	0	0	No
Construction Type	--Select--		

PORCH INFORMATION

PORCH INFORMATION

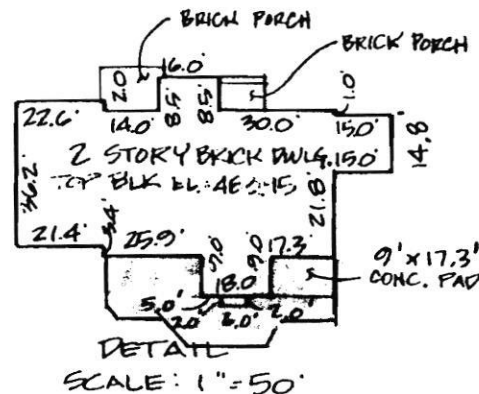
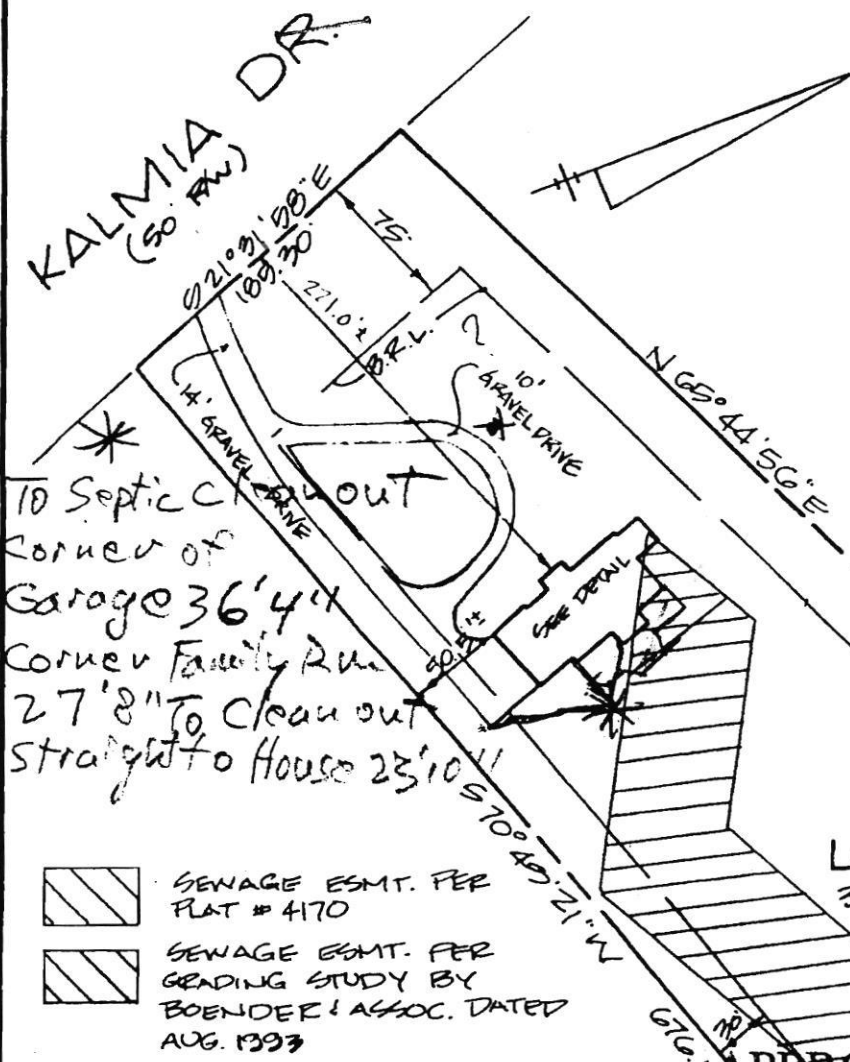
Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit *	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Existing Use *	Type of Porch *	Type of Porch Foundation *	Total Square Footage *	
SFD	Screened Porch	New Deck	462 SQFT	
Water Supply	Sewage Disposal	Expiration Date		
Private	Private	9/4/2022		

PAYMENT INFORMATION

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

Submit Cancel

THE PROPERTY SHOWN HEREON  
LIES IN ZONE C AS SHOWN ON  
FLOOD INSURANCE RATE MAP  
NO: 240044-0025 B  
DATED: DEC. 4, 1986



- SEWAGE ESMT. PER  
FLAT # 4170
- SEWAGE ESMT. PER  
GRADING STUDY BY  
BOENDER & ASSOC. DATED  
AUG. 1993

**NOTES:**

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF LOCATION OF FENCES, GARAGES, BUILDINGS, POOLS, BUILDING ADDITIONS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ACCURACY OF BUILDING MEASUREMENTS: 0.5'
5. ACCURACY OF SETBACK DIMENSIONS: 0.5'
6. ACCURACY OF ELEVATIONS: 0.2'

LOT 10  
3.137 AC.

**APPROVED**  
**WALK-THRU BUILDING PERMIT**  
 BP# 000158783 A# 263  
 APP SAN KJB DATE: 12/29-06  
 DESC OF WORK: *see sketch*  
*connecting on house septic*



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS AS SHOWN. THIS PLAT DOES NOT REPRESENT A BOUNDARY SURVEY AND CANNOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

*Shanaberger & Lane* 12/27/94  
**SHANABERGER & LANE** 12/5/96  
 8726 TOWN AND COUNTRY BLVD.  
 SUITE 104  
 ELLICOTT CITY, MD. 21043  
 (410)461-9563 FAX: 461-9693

**AS-BUILT LOCATION  
 DRAWING  
 LOT 10  
 KALMIA FARMS  
 SECTION 1  
 (FLAT # 4170)**

ELECTION DISTRICT: 5<sup>TH</sup>  
 COUNTY: HOWARD  
 SCALE: 1" = 100'  
 DATE: 12/23/94 REV. 12/4/96  
 DATE OF LATEST FIELD WORK: 12/31/96

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**800158783**

Building Address 5237 KALMIA DR  
DAYTON, MD. 21036

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

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

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

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

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

Property Owner's Name RICHARD KOBLER  
GLORIA DAMHEN

Address 5237 KALMIA DR

City DAYTON State MD Zip Code 21036

Home Phone 410-531-9621 Work Phone 410-960-815

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

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

Existing Use SINGLE FAMILY RESIDENTIAL

Proposed Use DECK

Estimated Construction Cost \$ 135,000

Description of Work SINGLE LEVEL OPEN  
DECK WITH STEPS TO GRADE  
59x12/14

Contractor Company ADVANCED DECK/SHAW  
CONSTRUCTION

Contact Person STEVE SWEENEY

Address 5317 BROOKHAVEN ROAD

City LAYTONSVILLE State MD Zip Code 20892

License No. 21770

Phone 301-947-5772 Fax 301-947-5774

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 Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame <input checked="" type="checkbox"/>	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 DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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	

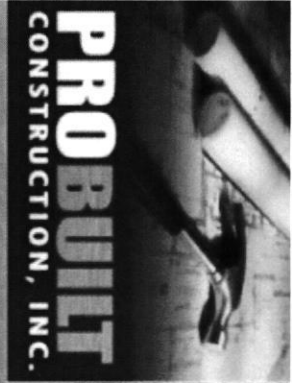
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

R. L. Colison  
 Applicant's Signature  
ADVANCED DECK/SHAW CONSTRUCTION  
 Title/Company

R. L. COLISON  
 Print Name  
3/29/06  
 Date

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	<u>3/29/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
T:Normal/PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



Artistic rendering ONLY. Not intended to represent final product.

## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Tuesday, December 14, 2021 1:44 PM  
**To:** 'edward@probuiltconstruction.com'  
**Subject:** Deck-Pool-Screened In Porch-Building Permit\_5237 Kalmia Drive

Hi Mr. Pacylowski:

Good afternoon. We will need the following completed prior to building permit approval:

- A revised perc cert plan
- An onsite sewage disposal system design plan
- Installation of the new system
- A revised building permit site plan

Please let me know if you have any questions.

Thanks,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
410.313.1786  
hoswald@howardcountymd.gov

## Christina

---

**From:** Jeff Palmer <jeff@foglesinc.com>  
**Sent:** Monday, December 13, 2021 9:29 AM  
**To:** Christina  
**Subject:** RE: HoCo Setback sheet

This may have been updated since I last inquired which is great. But I think only the one trench then may need to be located.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** Christina <Christina@probuiltconstruction.com>  
**Date:** 12/10/21 2:39 PM (GMT-05:00)  
**To:** Jeff Palmer <jeff@foglesinc.com>  
**Cc:** Edward <Edward@probuiltconstruction.com>  
**Subject:** HoCo Setback sheet

Hi Jeff,

This is Christina with ProBuilt. Ed wanted me to forward this to you – it is the setback requirements for HoCo, which shows a deck can be 5' away from the septic tank and reserve field 😊

Thanks,  
Christina Speiden



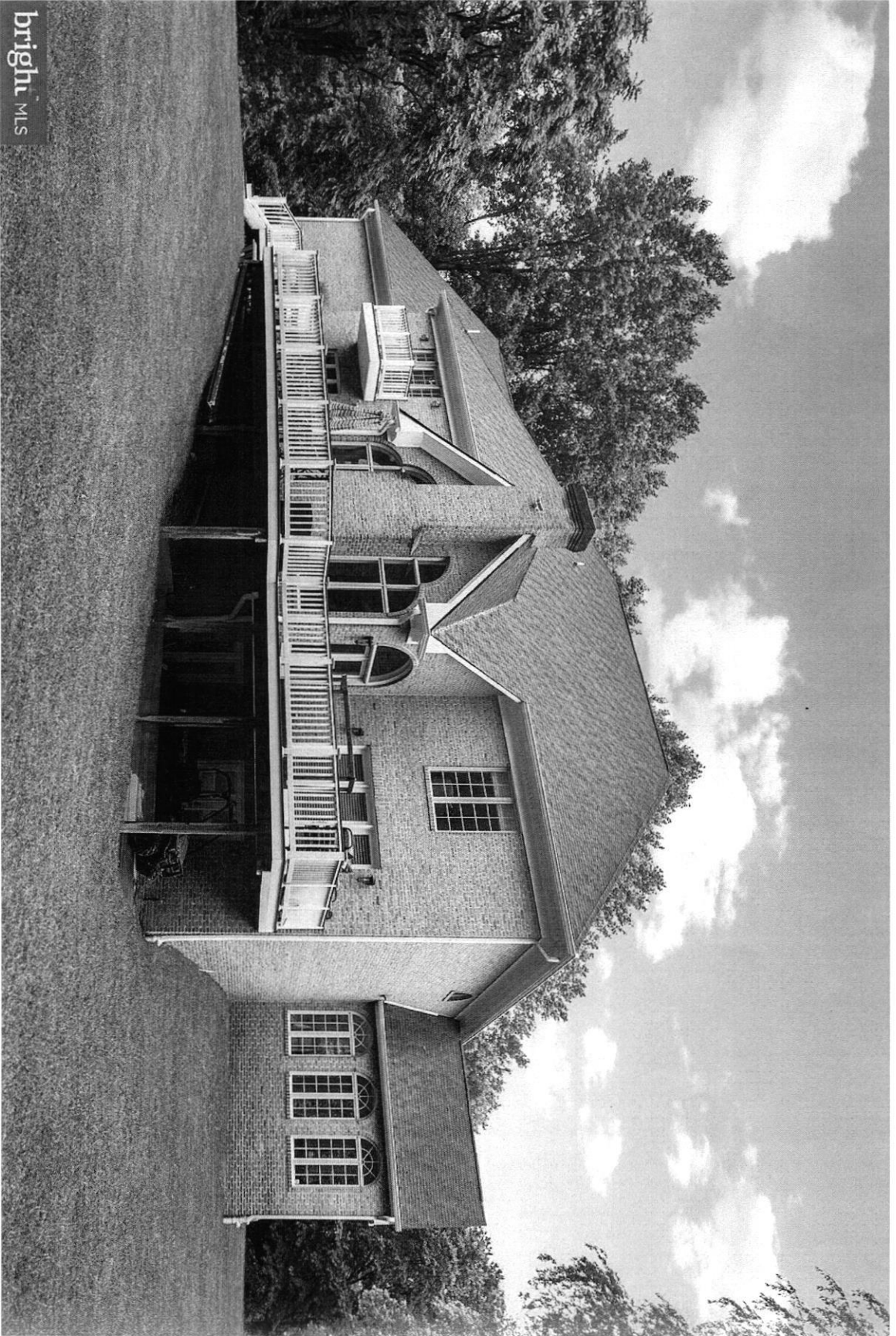
13330 Clarksville Pike, Highland, MD 20777

Ph. 301.854.0821

F. 301.854.9632

[www.probuiltconstruction.com](http://www.probuiltconstruction.com)

[www.facebook.com/probuiltconstruction](https://www.facebook.com/probuiltconstruction)



bright MLS

Contact Agent

54 / 60



brighi MLS

Contact Agent

55 / 60



Contact Agent

51 / 60



brighi MLS

Contact Agent

52/760



brighi MLS

Contact Agent

53 / 60



Contact Agent

56 / 60

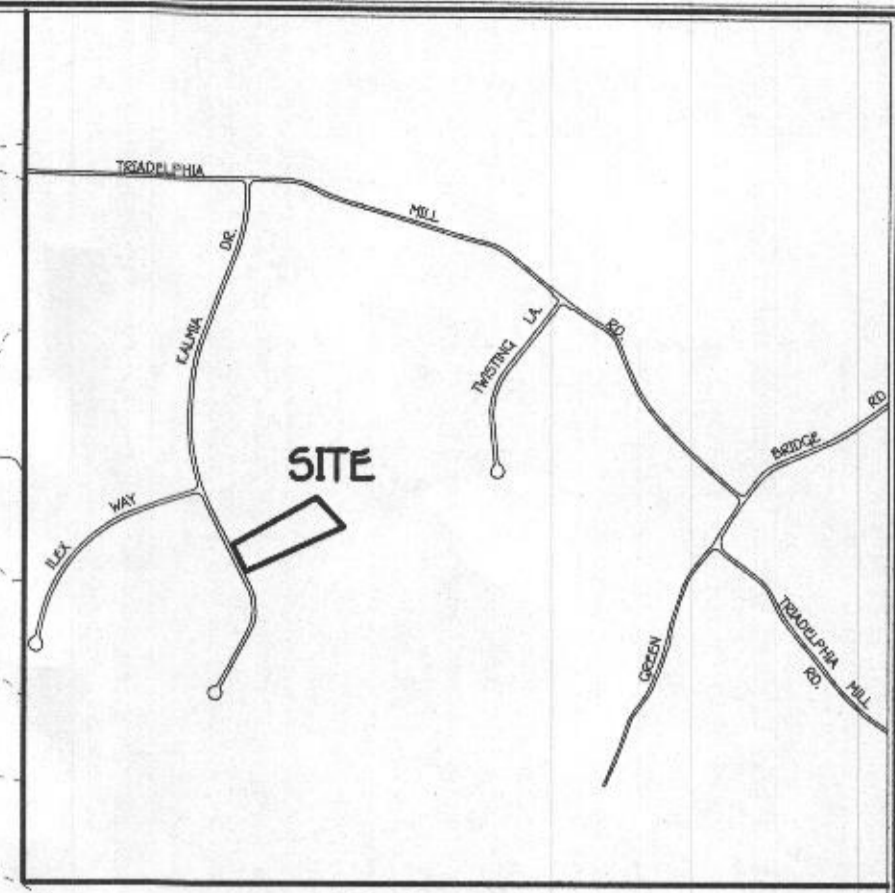


bright MLS





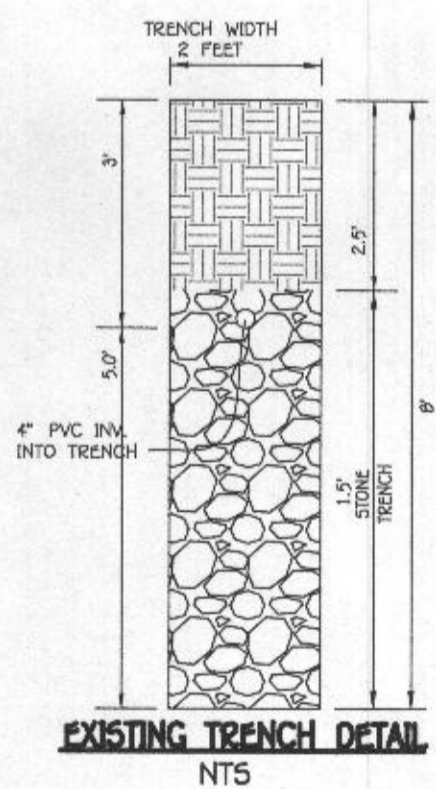
1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
3. THE WELL HO-01-2660 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
4. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.



**VICINITY MAP**  
SCALE: 1" = 1200'



Approved Septic System Plan  
Howard County Health Department  
*Jack Lubert* 3/31/22  
Signature Date



**1ST REPLACEMENT SYSTEM**  
SEWAGE DISPOSAL SYSTEM DATA DESIGN FOR 4 BEDROOMS  
LOADING RATE = 4 BEDROOMS X 150 GPD/BEDROOM = 600 GPD  
APPLICATION RATE = 1.2  
EFFECTIVE SIDEWALL BEGINS AT FEET 3.5  
TRENCH DEPTH = FEET 8  
TRENCH WIDTH (W) = FEET 3  
EFFECTIVE DEPTH (D) = FEET 4.5  
SF OF DRAINFIELD = 600 GPD / = 500 SF  
COEFFICIENT OF REDUCTION OF TRENCH LENGTH =  $(W+2)/(W+1+2D) = (3+2)/(3+1+(2 \times 4.5)) = .385$   
TRENCH LENGTH =  $166.67 \text{ SF} \times 0.385 = 64.10 \text{ FEET}$   
TRENCH SPACING =  $2D+W = ((2 \times 4.5) + 3) = 12"$  USE 12"

**2ND REPLACEMENT SYSTEM**  
SEWAGE DISPOSAL SYSTEM DATA DESIGN FOR 4 BEDROOMS  
LOADING RATE = 4 BEDROOMS X 150 GPD/BEDROOM = 600 GPD  
APPLICATION RATE = 1.2  
EFFECTIVE SIDEWALL BEGINS AT FEET 3.5  
TRENCH DEPTH = FEET 8  
TRENCH WIDTH (W) = FEET 3  
EFFECTIVE DEPTH (D) = FEET 4.5  
SF OF DRAINFIELD = 600 GPD / = 500 SF  
COEFFICIENT OF REDUCTION OF TRENCH LENGTH =  $(W+2)/(W+1+2D) = (3+2)/(3+1+(2 \times 4.5)) = .385$   
TRENCH LENGTH =  $166.67 \text{ SF} \times 0.385 = 64.10 \text{ FEET}$   
TRENCH SPACING =  $2D+W = ((2 \times 4.5) + 3) = 12"$  USE 12"

PURPOSE FOR THIS PLAN IS TO SHOW ONE REPLACEMENT TRENCH AND 2 REPLACEMENT SYSTEMS CAN BE INSTALLED IN THE SEPTIC AREA. EXISTING SYSTEM CALCULATIONS ARE FROM HOWARD COUNTY HEALTH DEPARTMENT. DECK BEING CONSTRUCTED BUILDING PERMIT B2200701.

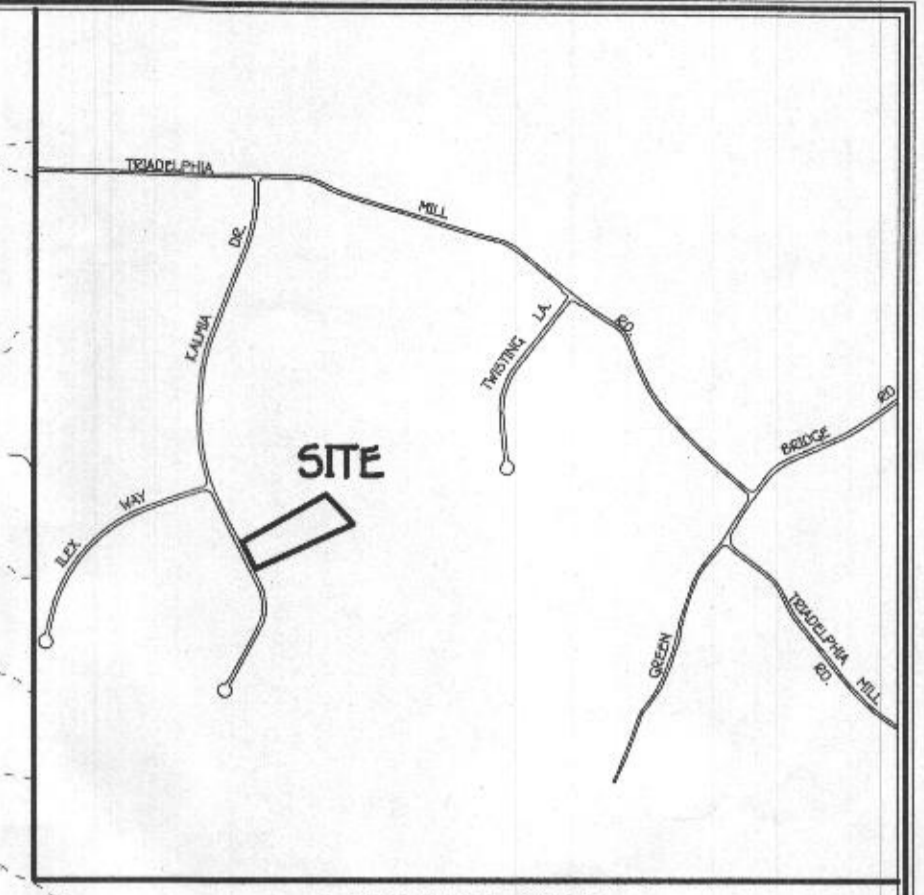
# SITE PLAN

## 5237 KALMA DRIVE

TAX MAP #27 GRID: 17 PARCEL: 127  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=50' DATE: MARCH 20, 2022

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2895

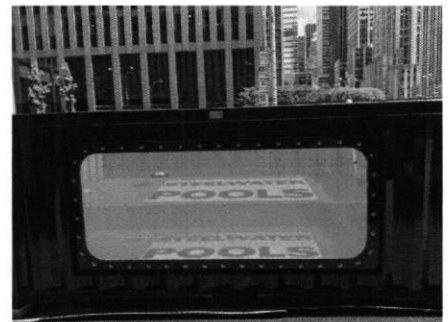
1. ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
2. THE MAXIMUM EARTH COVER OVER THE TANK IS 3 FEET. GREATER EARTH COVER WILL REQUIRE A HEAVY LOAD BEARING TANK.
3. THE WELL HO-01-2660 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
4. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE PROPERTY BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.



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## 20' OR 40' CONTAINER POOLS

Our pools are ready upon arrival and set up in one day. Pools are placed in the desired location, and electrical components are connected. Pools are then ready to be filled and enjoyed!





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the evening

- High efficiency variable speed pump
- Filter system
- Connects to your smart phone, Alexa, and Google
- 54" depth/water level

## Optional Features

click and scroll to see more options

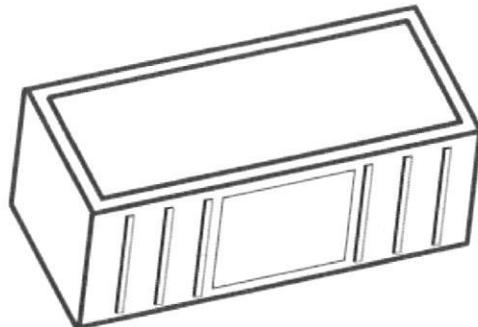
Windows

Swim Jets

Spa Section

Additional Lighting

Built-in Staircase with





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## TESTIMONIALS

“ Everyone is stunned at the quality of this pool. These are some of the most particular, detail oriented craftsmen and they continue to compliment the build. They are welders, custom home builders, electricians, etc. Mr Dick T., who is about 70 and has built more than 80% of the steel I beam style metal buildings around here proclaimed it a finely built piece of equipment...easily his highest compliment. Thank you for delivering such an outstanding product and also for over delivering on everything you promised. Quality and service. Awesome!

- Chris G.

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Check out our pools in progress!





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## INSTALLATION

1. We will walk you through the coordination of the necessary contractors.



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Site Preparation, Installation and Commissioning

PRICING

## SITE PREPARATION

We suggest at minimum 8 inches of compacted road crush or gravel, but numerous other types of base can be used including a concrete slab, piles, frames or a combination of the above. We can provide insight, but you should consult with a local general contractor to advise on site preparation and installation

### FREQUENTLY ASKED QUESTIONS

### Follow Us!

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m

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