

Menu Save Reset Cancel Help

approved 8.21.21  
- 11/11/21

## Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B21003040	08/12/2021
Description of Work		
SFD/ CONSTRUCT 12x8 laundry room addition and 11x2 bump-out to SFD with 31x12 deck, 1 STORY, Post & Pier, 1R, 0FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = Deck, ENERGY METHOD = N/A, undefined. **PLOT PLAN IS ON PAGE 3 OF CONSTRUCTION PLANS**		
check spelling		

## Address \* (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street #	Street Name	Street Type	
11729	WAYNERIDGE	ST	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.92237	39.16031
City	State	Zip Code	Primary
FULTON	MD	20759	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
845817	293	41294	205000	370400	165400	RURAL
Legal Description						
IMPSLOT 5 BL B S 2[]11729 WAYNERIDGE ST[]MOORESFIELD						
check spelling						

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
B	5	605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405349745						
Section	Area	Tax Map					
		41					
Grid	Zoning District	ADC Map					
41-14	RR-DEO	5052-C5					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1966	<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 not required.)

Search	Reset	Clear
Name *		
RUSNOCK EILEEN J		
Address Line 1		
11729 WAYNERIDGE ST		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
FULTON	MD	20759
Phone	Primary	
301-651-4726	Yes	
E-mail		
Cell Number	Fax Number	

## Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010042973	LIGHTPOINT DESIGN & RENOVATIONS LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	MARK	T	REDMAN
Primary	Address Line 1		
Yes	3283 DEERFIELD COURT		
	Address Line 2		
	City	State	ZIP Code
	WILLIAMSBURG	VA	23185
	Phone 1	Phone 2	Fax
	3017761136		4435398270
	E-mail		
	MARK@LIGHTPOINTDR.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	MARK		REDMAN
Relationship	Full Name		
Applicant	MARK REDMAN		
Primary	Organization Name		
No	LIGHTPOINT DESIGN & RENOVATIONS LLC		
	Street Address		
	3283 DEERFIELD COURT		
	Address Line 2		
	City	State	Zip Code
	WILLIAMSBURG	VA	23185
	Phone	Cell	Fax
	301-776-1136	410-984-4961	
	E-mail *		
	mark@lightpointdr.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	MARK		REDMAN
Relationship	Full Name		
Licensed Professional	MARK REDMAN		
Primary	Organization Name		
Yes	LIGHTPOINT DESIGN & RENOVATIONS LLC		
	Street Address		
	3283 DEERFIELD COURT		
	Address Line 2		
	City	State	Zip Code
	WILLIAMSBURG	VA	23185
	Phone	Cell	Fax
	301-776-1136	410-984-4961	
	E-mail		
	mark@lightpointdr.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
150000	0	0	No
Construction Type			
--Select--			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION 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	
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Half Baths *	Existing Use	
Model *	Post & Pier	N/A	1	0	0	Existing Structure	
12x8 laundry room addition and 11x2 bump-out to SFD with 31x12 deck							
check spelling							
Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *		
None	0	Deck	0	--Select--	N/A		
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *	Road Frontage	
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private	Electric	Electric	None	--Select--	
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height	

<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	<input type="text"/> FT	
Total Square Footage *		Occupiable Square Footage *		Affordable Housing Funding		Foundation Measurement		Footings
<input type="text"/> 118 SQFT		<input type="text"/> 118 SQFT		<input type="text"/> --Select--		<input type="text"/>		<input type="text"/>
Walls	Roof	Change In Use	Grading Permit No					
Additional Description Info		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="text"/>				
<div></div>				Expiration Date				
				<input type="text"/> 2/14/2022 <input type="button" value=""/>				
<a href="#">check spelling</a>								

## PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="button" value=""/>

Submit      Cancel



## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Wednesday, August 18, 2021 9:16 AM  
**To:** MARK@LIGHTPOINTDR.COM  
**Subject:** B21003040\_11729 Wayneridge Street  
**Attachments:** A08090\_P11219.pdf; Well and Septic Setback Distances.pdf

Hello Mr. Redman:

Good morning. Building permit # B21003040 for 11729 Wayneridge Street, in Fulton MD has been reviewed with the following comment:

- 1.) Revise site plan to show the existing well and septic components meeting required setbacks (see attachment). Submit revised site plan to permits office.

I've provided the septic record for this property as a reference. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
(410) 313 - 1786  
hoswald@howardcountymd.gov

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 11/17/65

P 11219

A 08090

Elwood Scaggs IS PERMITTED TO INSTALL X ALTER

ADDRESS Box 267D - Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Mooresfield ROAD Wayne Ridge Ct LOT 5, Blk. B

PROPERTY OWNER John-Sommerville W. A. Vail

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. sidewall area below the top of clay.  
Place the center of the dry well 119 ft. from the front lot line and 29 ft.  
from the right side of the lot as seen when facing the lot from Wayne Ridge  
Rd. If this dry well cannot be installed in this location call for a re-test.  
The ground is spotty.

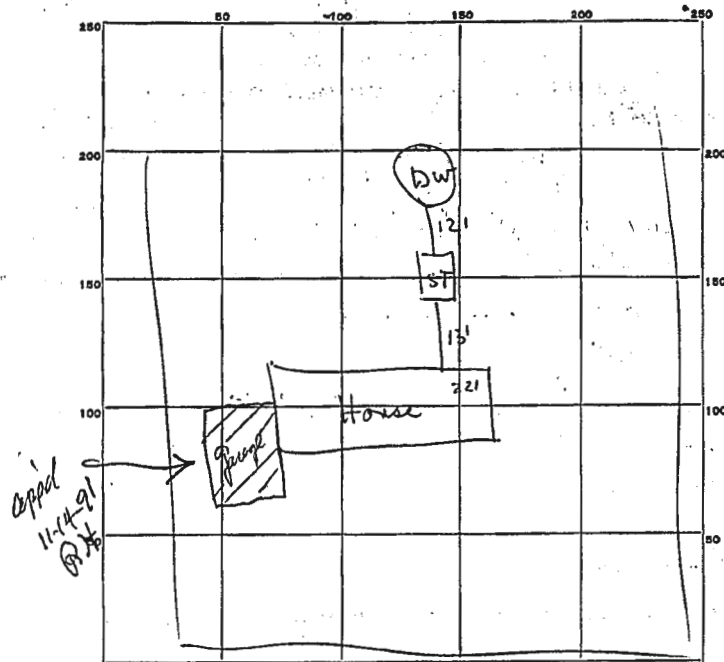
PLANS APPROVED BY Raymond Hodges DATE 3/4/64

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK  
UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED  
AND RETURNED 11/14/65  
Serial # 40319  
addition - garage.

A 08090



PERMIT CARD OK

Wayne Ridge Rd

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 15 Overall FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 329 SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE SYSTEM APPROVED

12/1/65

INSPECTOR

R. E. Little

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

DISTRICT 5

DATE 3/2/64

Dry Well - 350 sq ft sidewalk area  
Below the top 5 ft of Clay  
Place the center of the dry well 119 ft  
from the front lot line and 20 ft the right  
side of the lot as seen when facing the lot  
from Wayne Ridge Rd. If other dry well  
call for a Retest. Diagram in photo

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER John Sommerville

ADDRESS Rt. 32 - Dayton, Maryland PHONE At 6-3452

PROPERTY LOCATION:

SUBDIVISION Mooresfield LOT NO. 5 Bk. B.

ROAD AND DESCRIPTION WAYNE RIDGE ROAD

OFF PINDELL SCHOOL ROAD

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 1 ACRE TYPE BLDG. 3 NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT David Scaggs

APPROVED BY Raymond Hodge FOR Dry Well DATE 4 MAR 64

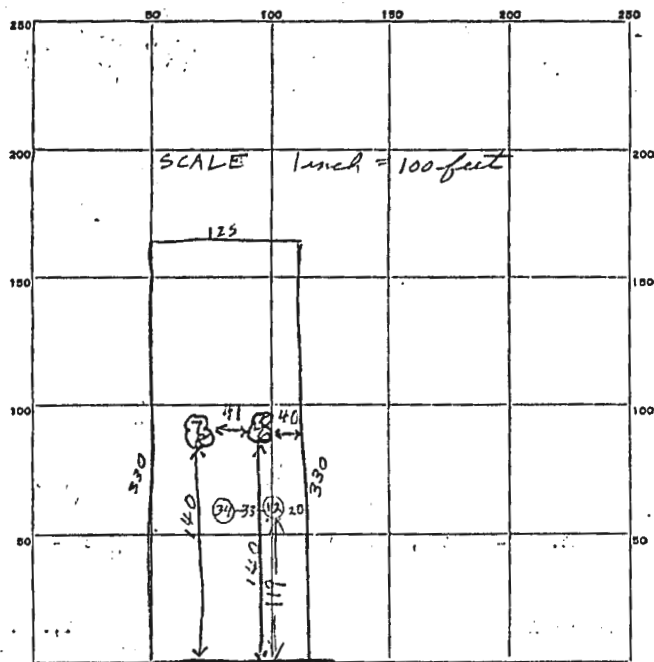
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT





INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WAYNERIDGE RD

TO PINDELL SCHOOL RP.

DATE		TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
4/1/26	1	9 1/2	945	948	948	953	5	
"	2	5	946	951	dur	fe	10 min	
"	3	9	956	1011	1011	1040	29	
"	4	4	958	1040	little	perc		
4/26/25	5	8 1/2	1:50	1:51	1:51	1:52	1 min	
1	6	5	1:51	1:52	1:52	1:55	3 min	
1	7	8	2:05	2:18	2:18	2:44	26 min	
	8	5	2:08	2:23	2:23	2:53	30 min	

### SOIL AUGER FINDING.

TESTED BY \_\_\_\_\_

REMARKS

### ALSO PRESENT

LOT NO

State Office Building  
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND  
DEPARTMENT OF  
WATER RESOURCES

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

WELL COMPLETION REPORT **A 08090**

WELL DESCRIPTION

**WELL LOG**  
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

**CASING AND SCREEN RECORD**  
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET from ___ to ___
dirt 0-12
rotten rock 12-37
sandstone 37-51

Water entering  
48-50 ft

H066-W-49

DIAM. (inches)	FEET from ___ to ___
Start 6 1/4	0-42

Permit Number **H066-W-49**  
Owner **John S. Leonard**  
Address **W. Mansfield**  
Subdivision **7**  
Section **5B** Lot **5B**

**PUMPING TEST**

Hours Pumped **2**  
Type of Pump Used **Builder**  
Pumping Rate  
Gallons per Minute **6**

**WATER LEVEL**

Distance from land surface to water:  
Before Pumping **31** Ft.  
When Pumping **40** Ft.

**APPEARANCE OF WATER**

Clear ☒ Cloudy ☐  
Taste **good**  
Odor **normal**

Height of Casing Above Land  
Surface **2** Ft.

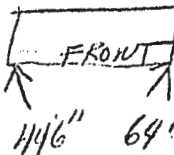
**PUMP INSTALLED**

Type **None**  
Capacity  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

**LOCATION OF WELL ON LOT**

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well  
Was Completed **11/20/65**

Well Driller **Russell R. Hunter**  
Signature

DRILLER

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 8/18/2021

To: DILP  
(Person's Name and Division)

From: MARK REDMAN (410) 984-4961 cell  
(Your Name, Company Name and Telephone Number)

Subject: Project name RUSNOCK RESIDENCE  
Project site address 11729 WAYNERIDGE ST  
Permit # BZ1003040 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

✓ Please check the attachments below that you are submitting with this transmittal:

- \_\_\_\_ Letter of response to address plan review comment letter
- \_\_\_\_ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- \_\_\_\_ Letter Summarizing Changes
- \_\_\_\_ Energy conservation calculations
- 3 Copies of PLANS FOR PERMIT (be specific).
- \_\_\_\_ Health Department Request      \_\_\_\_ DPZ/ DED Request      \_\_\_\_ Applicant's Request
- \_\_\_\_ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

**Contact Person Information: (Required)**

MARK REDMAN  
Please Print Name

Telephone No: 410-984-4961

E-Mail Address: mark@lightpointer.ca

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by MB

White-Plan Review / Yellow-Applicant / Pink-Permit Division  
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

CC: Health

**RECEIVED**

**AUG 18 2021**

**LICENSES & PERMITS  
DIVISION**