

Record Detail * (This section is required.)

Permit Type Building/Residential/Misc/Porch	Permit Number B25002242	Opened Date 06/09/2025
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Description of Work
SFD/ CONSTRUCT 34 X 12 OPEN PORCH, 5 STEPS TO GRADE AND FRONT PORTICO

Needs site visit to check on well & septic condition. Scope of work OK.
g& 6/23/25

[check spelling](#)

Site visit made, well & septic OK. BP Approved.
g& 6/24/25

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 6636	Street Name PRESTWICK	Street Type DR
Unit Type --Select--	Unit #	X Coordinate -76.96605
		Y Coordinate 39.18672
City HIGHLAND	State MD	Zip Code 20777
		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
853434	370	39988	274400	662500	388100	RURAL

Legal Description
IMPSLOT 36 .918 AR [6636 PRESTWICK DR [HIGHLAND LAKE

[check spelling](#)

Block 36	Lot 36	Census Tract 605101	Council Dist 5	Inspection Dist	Supervisor Dist	Map #	DAP Zone
Plan Area	State Tax Id 1405381797	Subdivision Name HIGHLAND LAKE					
Section	Area	Tax Map 34					
Grid 34-22	Zoning District RR-DEO	ADC Map 5051-F1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No. 3810	WS Contract No.	FDP No.	Primary Yes				
Owner Occupied <input type="radio"/> Yes <input type="radio"/> No	Year Built 1978	Historic District <input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area 5-04A	Flood Plain <input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *
ARAYA

Address Line 1
6636 PRESTWICK DR
Address Line 2

Address Line 3

Mail City

HIGHLAND

Mail State

MD

Mail Zip Code

20777

Phone

410-977-5705

Primary

Yes

E-mail

jim@allanhomes.com

Cell Number

Fax Number

Professionals (This section is not required.)

License # *

08010077138

License Type *

MHIC Ind

Primary

Yes

Business Name

ALLAN HOMES UNLIMITED INC

First Name

JIM

Middle Name

Last Name

BRUMSTEAD

Address Line 1

10260 OLD COLUMBIA ROAD

Address Line 2

City

COLUMBIA

State

MD

ZIP Code

21046-0000

Phone 1

4109775705

Phone 2

Fax

E-mail

JIM@ALLANHOMES.COM

Applicant (This section is not required.)

Search

As Owner

As Lic. Prof

As Contact

Type *

Applicant

Relationship

Applicant

Primary

Yes

First Name

JIM

MI

Last Name

BRUMSTEAD

Full Name

Organization Name

ALLAN HOMES UNLIMITED INC

Street Address

10260 OLD COLUMBIA ROAD

Address Line 2

City

COLUMBIA

State

MD

Zip Code

21046-0000

Phone

4109775705

Cell

Fax

E-mail

JIM@ALLANHOMES.COM

Addtl Info

Est Construction Cost *

55000

Housing Units *

0

Number of Buildings *

0

Public Owned

No

Construction Type

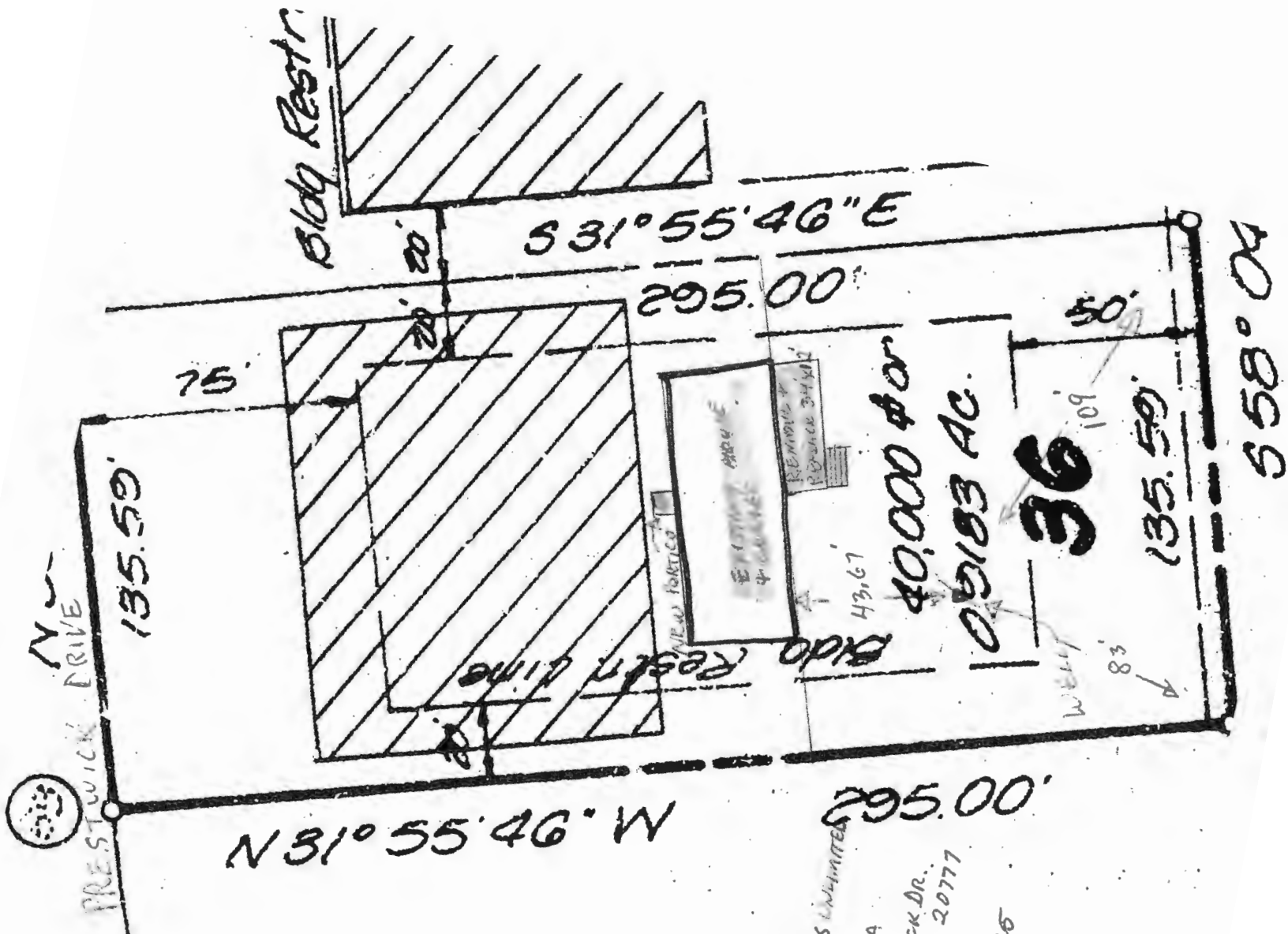
434 - Additions, Alterations and Conversions - Residential

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="text"/> (Text)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> (Text)
Existing Use *	Type of Porch *	Type of Porch Foundation *	Total Square Footage *	
SFD	Open Porch	Post & Pier	408 SQFT (Number)	
Water Supply	Sewage Disposal	Expiration Date		
Private	Private	12/14/2025		

Submit **Cancel**



N 31° 55' 46" W 295.00'

295.00'

ALLAN HOMES UNLIMITED
 DANIEL ARAYA
 6636 PRESTWICK DR.
 HIGHLAND MD. 20777
 SCALE: 1" = 30'
 DATE: 6-9-2026

Blky Restr

S 31° 55' 46" E

295.00'

75'

20'

50'

40.00' 40'

0.9183 AC.

36

109

135.59'

Well

83'

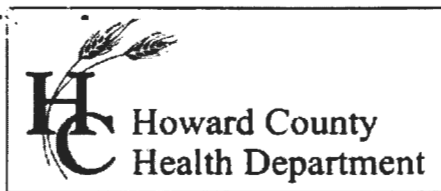
558° 04'

EXISTING DRIVE
 4 CARSPACES
 REMAINS
 43.67'

Blky Restr Line

PRESTWICK DRIVE

135.59'



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
 Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 10/17/18 **ONSITE SEWAGE DISPOSAL SYSTEM** P 564035

APPROVAL DATE: 11/7/18 **PERMIT:** SC **REPAIR** A _____

PROPERTY ADDRESS: 6636 Prestwick Drive

SUBDIVISION: Highland Lake LOT: 36 TAX ID: 05-381797

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

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

PROPERTY OWNER: Edmond Coale EMAIL: _____

OWNER ADDRESS: 6636 Prestwick Drive, Highland, MD 20777 PHONE: 410-707-8427

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

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

DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

TRENCHES:	LINEAR FEET REQUIRED: _____	INLET DEPTH: _____
	TRENCH WIDTH: _____	MAXIMUM BOTTOM DEPTH: _____
	MINIMUM SPACE BETWEEN TRENCHES: _____	EFFECTIVE AREA BEGINNING DEPTH: _____
LOCATION:	TO BE STAKED BY SANITARIAN DURING PRE-CONSTRUCTION INSPECTION.	
NOTES:	Tank Replacement only	

ISSUED BY: K. Wolf ISSUE DATE: 11/7/18 EXPIRATION DATE: 11/7/18

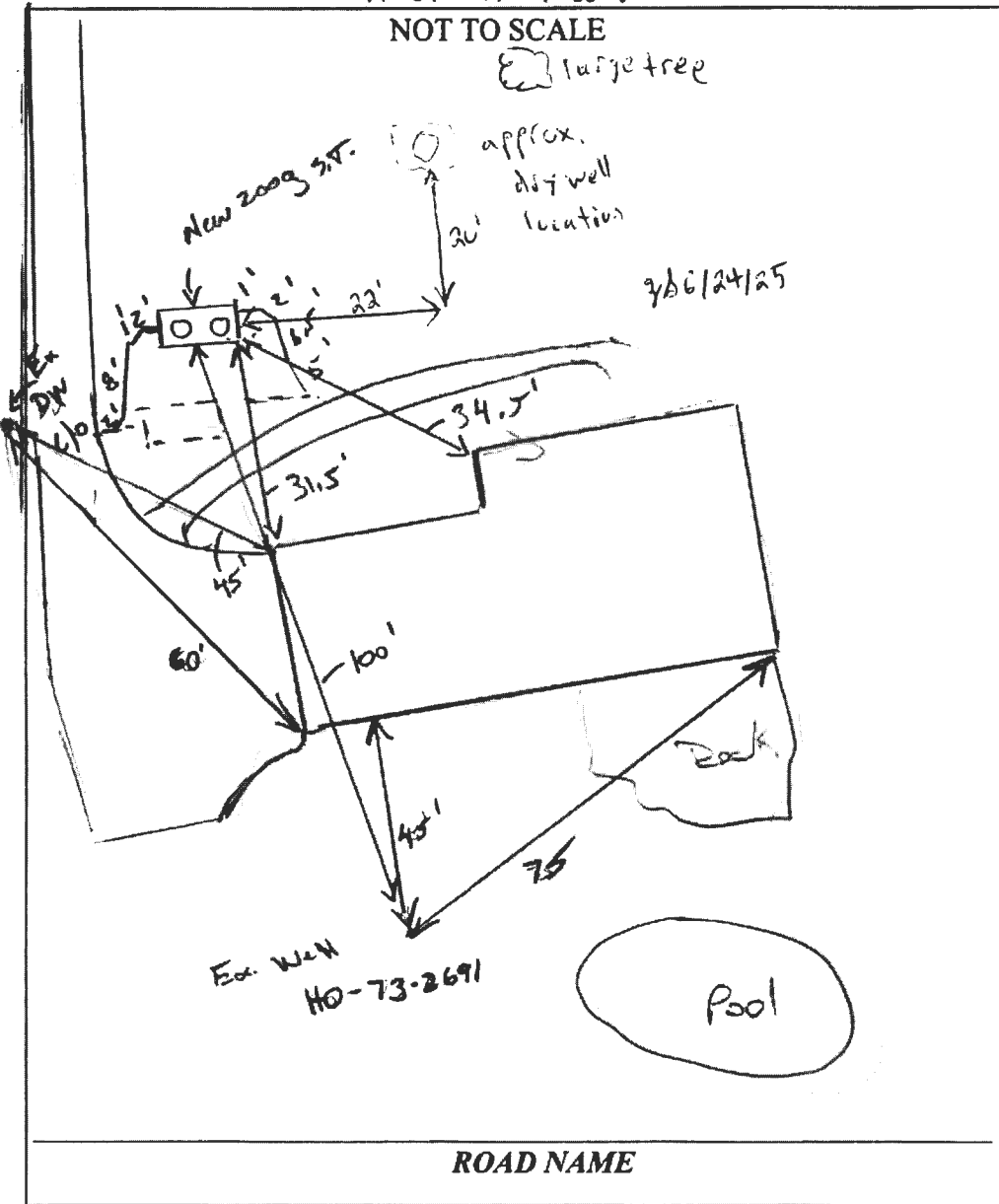
- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE 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
 ELECTRICAL PERMIT ISSUED E N/A
- NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKNOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIDANCE.
- NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

**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.**

- Prestwik Road -

NOT TO SCALE

Target tree



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM

SEPTIC TANK DATA

SEPTIC TANK I LEVEL Yes
 MANUFACTURER Budlyn
 CAPACITY 2000 GAL
 SEAM LOC Top
 TANK LID DEPTH 2.5'
 BAFFLES Yes
 BAFFLE FILTER no
 MANHOLE LOC Front/Road
 6" PORT LOC none
 WATERTIGHT TEST —
 SLOTTED Yes
 DATE ON LID 10-1-16

PUMP/SEPTIC TANK LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

11/7/18 Exposed existing Tank and piping. New location 100' from ex. well, cut Tank to be set below ex. fluke. Ex. tank pumped. Piping is cast iron. (JC)

INSTALLATION:

11/7/18 (pm) New S.T. set per instructions. new sch 40 plumbing installed w/ "ferroc" to ex. 4" cast iron old tank collapsed, OK to cover all work. (JC)

FINAL INSPECTOR K. Wolff DATE OF APPROVAL 11-7-18