

Menu Save Reset Cancel Help

Reviewed 6/2/25, 6/4/25
Approved 6/5/25

Record Detail (This section is required.)

Case #
EH-PLANS-25-0
Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review
Opened Date
06/02/2025
Single Entry Edit-View Record Form
Application Name
B25002071

Description
SFD/ FINISH BASEMENT TO INCLUDE: OFFICE, TV ROOM, STORAGE ROOM, AND FIVE CLOSETS

Total Invoiced
0.00
Total Paid
0.00
Balance
0.00

Online BP.
6/4/25

Assigned to Department Current Department
Well and Septic Progr
Assigned to Staff Current User
Zack Silvast

Address (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/> <input checked="" type="radio"/>	13339		Ridgewood	DR	Ell...	MD	21042				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.										

Owner (This section is not required.)

Search Delete Set Primary

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Regio
<input type="checkbox"/> <input checked="" type="radio"/>	Bovas DharmaraJ	13339 Ridgewood Dr.			Ellicott City	MD	21042		US

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant
Primary
Yes
First Name *
Bovas
Middle Name
Last Name *
Dharmaraj
Home Phone (xxx)xxx-xxxx

Organization Name *

n/a
Mobile Phone ((XXX)XXX-XXXX)
(832) 630-4503
E-mail
boazphd@yahoo.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary Recipient, Status. Content: 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date: 6/2/2025, Due Date: 6/16/2025
Dates to Complete: 14 (Number), Received by Food
Food Review Type: --Select--, Equipment Specification Sheets Submitted
Equipment Specification Sheet, Received by Community Hygiene

Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba) *: n/a (Text)
Associated Building Permit Number: (Text)
Owner Switch Date:
Does the project include an Aquatic Facility...?
Does the project include Private Septic...?
Is this a Prototype Food Service Facility...?
Facility Fax: 0 (Text)
Days of Operation: 0 (Text)

Does this project have a Building Permit?
Building Permit Issued Date:
Non-Profit
Does the project include Private Well...?
Does the project include Food Services...?
Facility Phone: 0 (Text)
Facility Email: 0 (Text)

PROPERTY INFORMATION

Water Source: Private
Design Wastewater Flow: (Number)
Sewage Disposal: Private
Permit Type: --Select--

PLAT STATS

Total Number of buildable lots to be recorded: 0 (Number)
Total number of bulk parcels to be recorded: 0 (Number)
New buildable lots created: 0 (Number)
PLAT Type: --Select--
Total number of open space lots to be recorded: 0 (Number)
Total number of lots / parcels to be recorded: 0 (Number)
Date PLAT signed by Health Officer
Date Preliminary Plan Signed by HO

Extension Granted

DEVELOPMENT PLANS

Property Type Residential ▾	Plan Version Initial ▾
Signature Required <input type="radio"/> Yes <input type="radio"/> No	Engineer 0 (Text)
Number of paper copies 0 (Number)	Number of mylar copes 0 (Number)
Number of buildable lots created 0 (Number)	Number of non-buildable lots created 0 (Number)
Total Number of Lots 0 (Number)	Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> No
Proposed Septic System Type --Select-- ▾	

FOOD ESTABLISHMENT FACILITY

Priority Assessment --Select-- ▾	Licensed Type --Select-- ▾
License Category --Select-- ▾	

FOOD ESTABLISHMENT INFORMATION

Hours of Operation (Text)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally, What is the start month? (Text)	Are pets allowed in a outdoor seating area? <input type="radio"/> Yes <input type="radio"/> No
Full Bar? <input type="radio"/> Yes <input type="radio"/> No	

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category --Select-- ▾	Total Seating Capacity (Number)
Number of Restrooms (Number)	Interior Restaurant Seating Capacity (Number)
Bar Seating Capacity (Text)	Outdoor Seating Capacity (Text)
Does the restaurant have outdoor seating <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> No	Description of Refrigeration Units
Number of Walk-In Refrigerator Units (Number)	Description of Walk-In Freezer Units (Text)
Is there a bulk ice machine available <input type="radio"/> Yes <input type="radio"/> No	Space Limitation
Number of Hand Sinks Available (Number)	Hood System (Text)
Ventless Equipment (Text)	

PLUMBING

Size and installation of the water heater? (Text)	Is there a grease Interceptor or grease trap? --Select-- ▾
---	--

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. Oskar Schulz
6600 Isle of Skye Drive
Highland, Maryland 20777

4. Article Number

P 489-653-919

Type of Service:

- Registered Insured
 Certified COD
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

11.5.90

8. Addressee's Address (*ONLY if requested and fee paid*)

RWT
11/8/90



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 31, 1990 *Reply to:*

Mr. Oskar Schulz
6600 Isle of Skye Drive
Highland, Maryland 20777

RE: NOTICE OF VIOLATION
Well Location too Close to Foundation
Well Tag Number: HO-81-2501
Ridgewood Subdivision - Lot 17
13339 Ridgewood Drive

Dear Mr. Schulz:

This is to advise that during the septic system installation inspection conducted October 17, 1990, the above referenced well was observed to be located 10 feet from the house foundation.

This condition is in violation of Maryland Well Construction Regulation (COMAR 26.04.04.05B[2]) which states:

"...(2) Siting.

(a) A proposed well location shall satisfy the following minimum distance requirements: ...

(iii) 30 feet from a building foundation, for the purpose of protecting the well from a foundation or soil treated to control pests, insects or vermin."

*new well - Ho-88-1634
PR4660 11/15/90
WATER SAMPLE
& SEPTIC HOUSE CONNECTION
STILL NEED P.
CWD*



621
9/11
1/2/25
1/2/25
1/2/25

631
1/2/25
1/2/25
1/2/25

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-88-1634
 Location of property (road) Ridgewood Drive
 Subdivision Ridgewood Estates Lot 17 Block _____ Plat _____ Sec. _____
 Well Driller William W. Reichart Inc Owner Oskar Schulz Inc

Depth of well 400'
 Distance of measuring point (M.P.) above ground surface
 Static water level (S.W.L.) below M.P. 30'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 8 1/2 gpm
 Total time 1 1/4 hrs to reach pumping water level 319' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

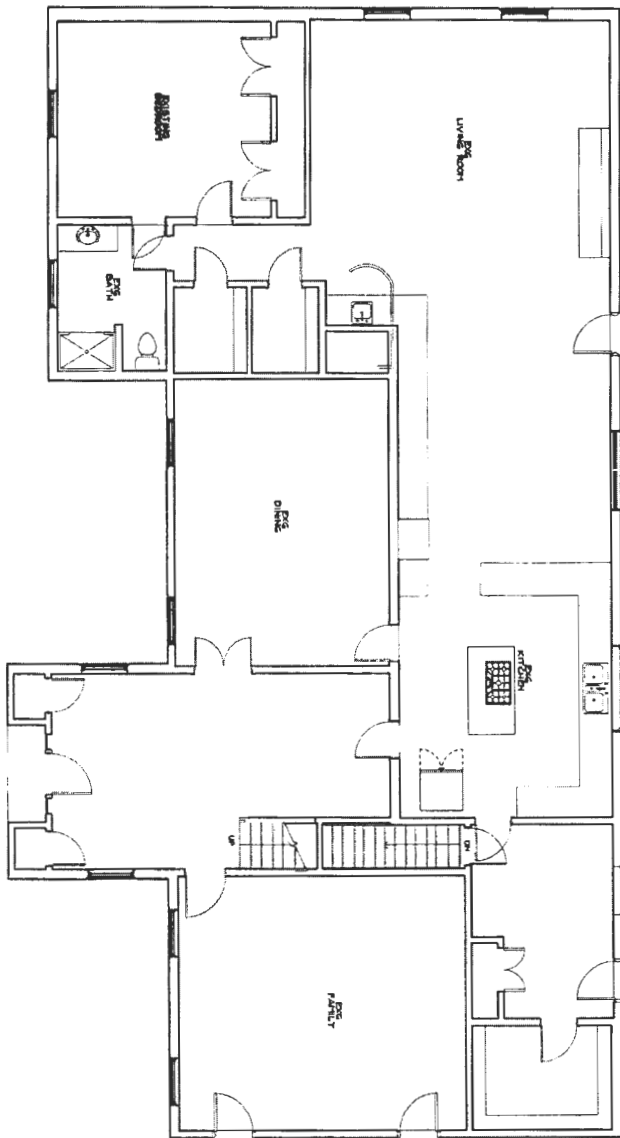
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	30'	7 sec		8 1/2
9:15	93'	7 sec		8 1/2
9:30	164'	7 1/2 sec		8
9:45	220'	8 1/2 sec		7
10:00	295'	10 sec		6
10:15	319'	10 sec		6
10:30	319'	50 sec		1.2
10:45				
11:00				
11:15				
11:30				
11:45				
12:00				
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3:00				
3:15				
3:30				
3:45				
4:00				
4:15				
4:30	319'	50 sec		1.2

Case Rating

January - Frank

February Greg

March



1
A1.1
1/4" = 1'-0"
EXISTING 1ST FLOOR PLAN - NO CHANGE

GENERAL NOTES:

1. ALL DIMENSIONS ARE TO FACE OF GIRDERS OR INSIDE OF WALLS, UNLESS NOTED OTHERWISE.
2. WELDED WALLS ARE TO BE REINFORCED WITH #4 BARS AT 18" ON CENTER.
3. SEE ALL NOTES ON OTHER SHEETS OF THIS PROJECT.

FLOOR PLAN LEGEND

- EXISTING WALL TO REMAIN
- NEW PARTITION WALL 1/2" GYP. BOARD
- CONSTRUCTION NEW 2x4 STUD WALL 8'-0" TALL

EXISTING WALL TO BE REMOVED
 EXISTING TRIM TO BE REMOVED

GENERAL DEMO NOTES:

1. CONTRACTOR TO DEMOLISH AND REMOVE ALL WALLS AND CEILING TO EXPOSE THE STRUCTURE AND ALL MECHANICAL SYSTEMS.
2. ALL DEMOLITION SHALL BE DONE IN ACCORDANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS AND ALL APPLICABLE PERMITS.
3. ALL DEMOLITION SHALL BE DONE IN ACCORDANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS AND ALL APPLICABLE PERMITS.
4. ALL DEMOLITION SHALL BE DONE IN ACCORDANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS AND ALL APPLICABLE PERMITS.

ROMERO ARCHITECTS, LLC
 4106 GALLATIN STREET
 HYATTSVILLE MD 20781
 202.436.2200
 info@romeroarchitects.com

REVISIONS:

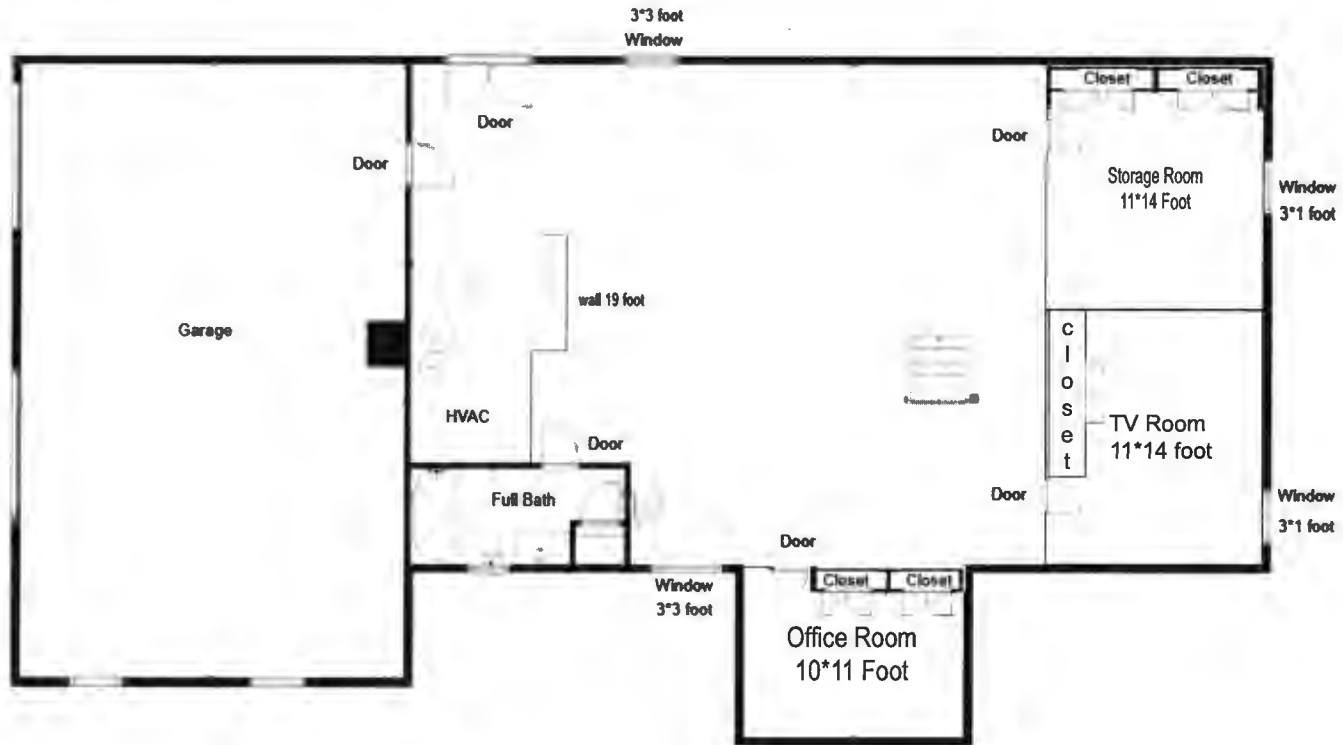
**DAVIS DWYER RESIDENCE
 INTERIOR RENOVATION**
 13339 Ridgewood Dr, Ellicott City, MD 21042



PROFESSIONAL ARCHITECT
 STATE OF MARYLAND
 PROJECT NUMBER: 20117
 DATE: 12/21/2011

ENG/DEMO
 FLOOR PLANS
A1.1

Proposed Floor Plan for altering existing basement

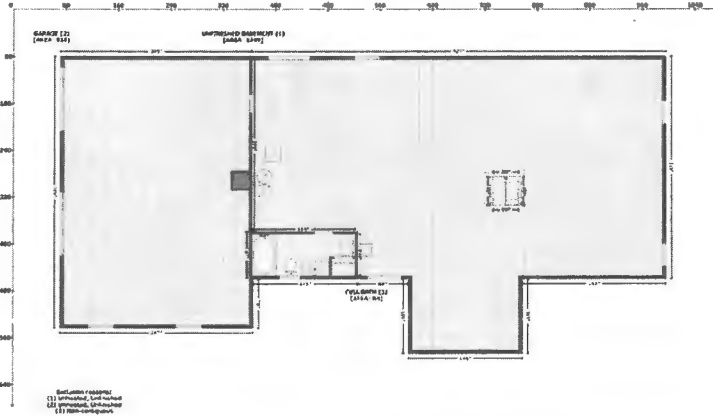


I want to add 3 Rooms
and add a wall to cover HVAC system

2021 IRC
Sleeping/Bedrooms Rooms are required to meet Egress per Code
All smoke alarms required to meet current code

REVIEWED FOR CODE COMPLIANCE
DEPARTMENT OF INSPECTIONS LISCENSES
AND PERMITS HOWARD COUNTY
BY: Michael Blevins
SUBJECT TO FIELD INSPECTION

13339 Ridgewood Drive, Ellicott City, Maryland 21042, United States
 Gross Living Area: 4699 sq. ft



Space	Area (sq. ft)	Calculation
UNFINISHED BASEMENT (Non-living area)	1749	Coordinate Polygon Area Algorithm using inches $-(995.9 + 995.9) * (79.6 - 460.7) + (995.9 + 777.3) * (460.7 - 460.7) + (777.3 + 777.3) * (460.7 - 588.3) + (777.3 + 603.2) * (588.3 - 588.3) + (603.2 + 603.2) * (588.3 - 460.7) + (603.2 + 525.5) * (460.7 - 460.7) + (525.5 + 525.5) * (460.7 - 454.7) + (525.5 + 521.5) * (454.7 - 454.7) + (521.5 + 521.5) * (454.7 - 383.6) + (521.5 + 364.4) * (383.6 - 383.6) + (364.4 + 364.4) * (383.6 - 379.6) + (364.4 + 360.4) * (379.6 - 379.6) + (360.4 + 360.4) * (379.6 - 85.6) + (360.4 + 364.4) * (85.6 - 85.6) + (364.4 + 364.4) * (85.6 - 79.6) + (364.4 + 995.9) * (79.6 - 79.6) * 0.5 = 0.00694$
GARAGE (Non-living area)	938	$-(364.4 + 364.4) * (79.6 - 85.6) + (364.4 + 360.4) * (85.6 - 85.6) + (360.4 + 360.4) * (85.6 - 379.6) + (360.4 + 364.4) * (379.6 - 379.6) + (364.4 + 364.4) * (379.6 - 458.7) + (364.4 + 366.4) * (458.7 - 460.7) + (366.4 + 366.4) * (460.7 - 544.4) + (366.4 + 71.7) * (544.4 - 544.4) + (71.7 + 71.7) * (544.4 - 79.6) + (71.7 + 364.4) * (79.6 - 79.6) * 0.5 = 0.00694$
FULL BATH (Non-living area)	84	$-(521.5 + 521.5) * (383.6 - 454.7) + (521.5 + 525.5) * (454.7 - 454.7) + (525.5 + 525.5) * (454.7 - 460.7) + (525.5 + 366.4) * (460.7 - 460.7) + (366.4 + 364.4) * (460.7 - 458.7) + (364.4 + 364.4) * (458.7 - 383.6) + (364.4 + 521.5) * (383.6 - 383.6) * 0.5 = 0.00694$

Report generated on Sun, 10 Sep 2023 04:30:36 GMT.
 Measurements and calculations are derived from public records, but not guaranteed.



$$75 + 77 + 85 + 20$$

$$257 \text{ LF} \times 3' =$$

$$771 \div 0.56 = 1376$$

$$\times 1.2 = 1652 \div 150$$

$$\text{side } w = 3 + 2 = 11$$

$$\underline{3 + 1 + 2(2.5)}$$

$$5/9 = 0.56$$

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

RIDGEWOOD DRIVE

ARC = 25.02'
RADIUS = 375.00'

EXISTING USE IN CONDIION GRAVEL DRIVE FOR LOTS 17 & 18
S 16° 45' 00" E 580'
N 16° 45' 00" W

640.00'
570'
680.00'
174.18'

S 47° 00' 00" E 207.97'

PLOT PLAN
LOT 17, RIDGEWOOD DRIVE
RIDGEWOOD, PLAT NO. 8090
ELECTION DISTRICT 5
HOWARD COUNTY MD.

EXIST. GRN. AT DISTR. BOX	586.00
INV. IN DISTR. BOX	582.50
INV. OUT OF SEPTIC TANK	582.60
INV. INTO SEPTIC TANK	583.00
INV. OUT OF DWELLING	584.60
FIRST FLOOR ELEV.	592.00
CELLAR ELEV.	583.00
WELL ELEV.	591.80
NO. OF BEDROOMS	4
ACREAGE	4.0034 AC.S.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

signed *William E. Doyle*

• - DENOTES, BUILDING RESTRICTION STAKE SET



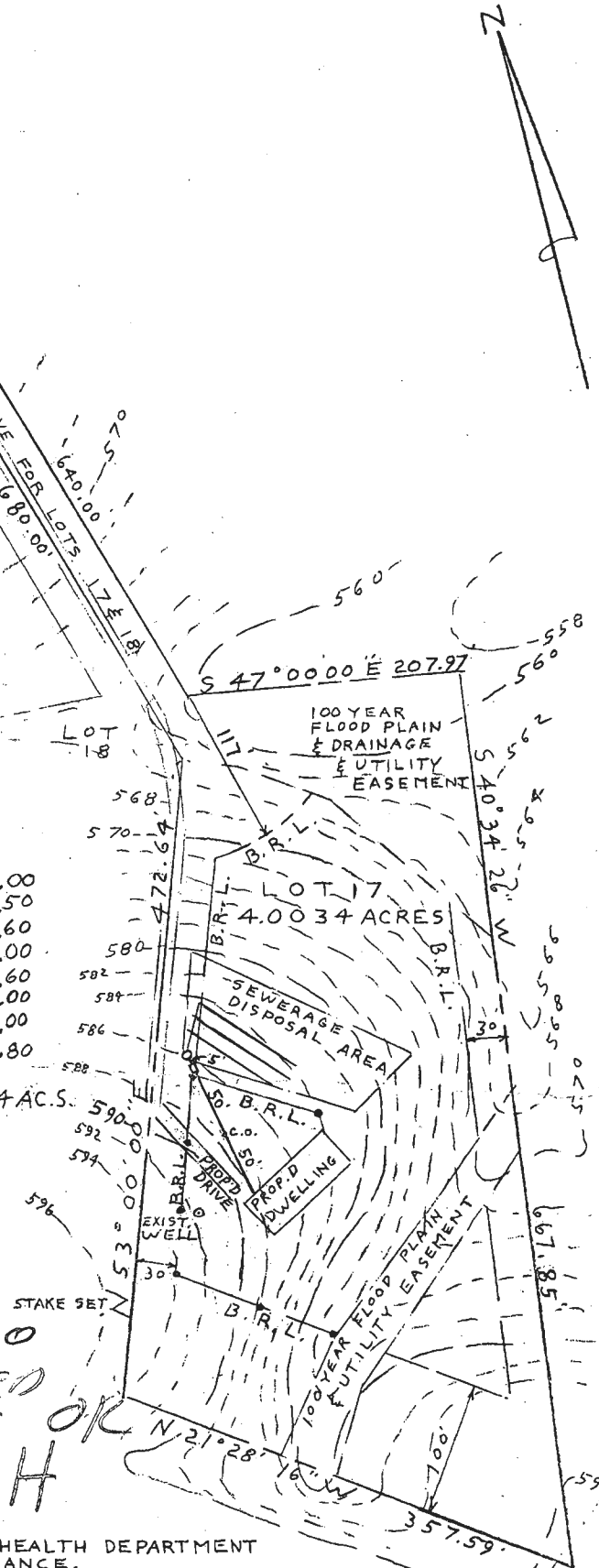
6/28/90
REVISED
PLANS OF
RH

TRENCH TO BE DETERMINED BY HEALTH DEPARTMENT AT TIME OF SEPTIC PERMIT ISSUANCE.

SCALE: 1" = 100'

DRAWN: MAY 5, 1990
REVISED: JUNE 26, 1990

FILE NO. 369-5



APPLICATION

PERCOLATION TESTING

A 38875

P _____

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

E to be perked 7-20-87
4/20/87
perc and
sewerage
approved plan
(10)

DISTRICT _____

DATE 2/26/87

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 Royden A. Blunt Oskar Schultz, Inc
c/o F.A.M. Equities, Inc. 233 E. Redwood Street.
ADDRESS Baltimore, MD 21202 PHONE _____

PROSPECTIVE BUYER F.A.M. Equities, Inc.
802 Garrett Bldg., 233 E. Redwood Street
ADDRESS Baltimore, MD 21202 PHONE 531-2110
301-685-8588

PROPERTY LOCATION: Intersection of Rt. 32 and Folly Quarter Road
(13339 Ridgewood Drive) LOT #7 on Prelim
SUBDIVISION Ridgewood LOT NO. 31

ROAD AND DESCRIPTION Corner of Public Ct. A and Public Ct. C

TAX MAP 22 PARCEL # 160
SIZE OF LOT 3.3 AC TYPE BLDG. Single Family 4 Bedroom
(SINGLE FAMILY DWELLING OR COMMERCIAL)
BUDG. PERMIT SIGNED AND RETURNED 4/28/90
Serial # 32710 - SFD

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. Wigand H. Theimer (Agent for F.A.M. Ea.)
(SIGNATURE OF APPLICANT)

APPROVED BY B. Nuyon FOR DEEP DATE 10/28/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING field located holes & sub-plan

(SHALLOW SYSTEMS FOR REPAIRS)

THIS IS NOT A PERMIT