

Menu Save Reset Cancel Help

Approved MOC  
4/8/26

Record Detail \* (This section is required.)

Case #  
EH-PLANS-26-0

Type  
EnvHealth/Environmental Health/Plan Check/Application

Status  
In Review

Opened Date  
04/01/2026

Online BP. gA 4/1/26

Single Entry Edit-View Record Form

Application Name  
B26000949

Description  
SFD/ FINISH BASEMENT TO INCLUDE full bath, media room, WET bar, gym, APX 2000 SQ FT

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

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
<input type="checkbox"/> <input checked="" type="radio"/>	13617		Noble	WAY	High...	MD	20777			

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/Region
<input type="checkbox"/> <input checked="" type="radio"/>	Muralidhar Mulpuri	13617 Noble Way			Highland	MD	20777		US

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*  
Applicant

Primary  
Yes

First Name \*  
Muralidhar

Middle Name

Last Name \*  
Mulpuri

Home Phone ((xxx)xxx-xxxx)

Organization Name \*  
 n/a  
 Mobile Phone (xxx)xxx-xxxx  
 (925) 577-1480  
 E-mail  
 mmulpuri@gmail.com  
 Business Phone (xxx)xxx-xxxx  
 Preferred Channel  
 --Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date: 4/1/2026 Due Date: 4/15/2026  
 Dates to Complete: 14 Received by Food:   
 Food Review Type: --Select-- Equipment Specification Sheets Submitted:   
 Equipment Specification Sheet:   
 Received by Well and Septic: 4/1/2026

FACILITY INFORMATION

Name of Business (dba) \* n/a (Text)  
 Associated Building Permit Number (Text)  
 Owner Switch Date  
 Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.  Yes  No  
 Does the project include Private Septic? If Yes, forward to WS Program.  Yes  No  
 Is this a Prototype Food Service Facility? If Yes, refer to State.  Yes  No  
 Facility Fax: 0 (Text)  
 Days of Operation: 0 (Text)  
 Does this project have a Building Permit?  Yes  No  
 Building Permit Issued Date  
 Non-Profit  
 Does the project include Private Well? If Yes, forward to WS Program.  Yes  No  
 Does the project include Food Services? If Yes, forward to FP Program.  Yes  No  
 Facility Phone: 0 (Text)  
 Facility Email: 0 (Text)

PROPERTY INFORMATION

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

Yes  No

Engineer

0  
(Text)

Number of paper copies

0  
(Number)

Number of mylar copies

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

Yes  No

Coordinate State Review

Yes  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)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes  No

Full Bar?

Yes  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

Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards

Yes  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

Yes  No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

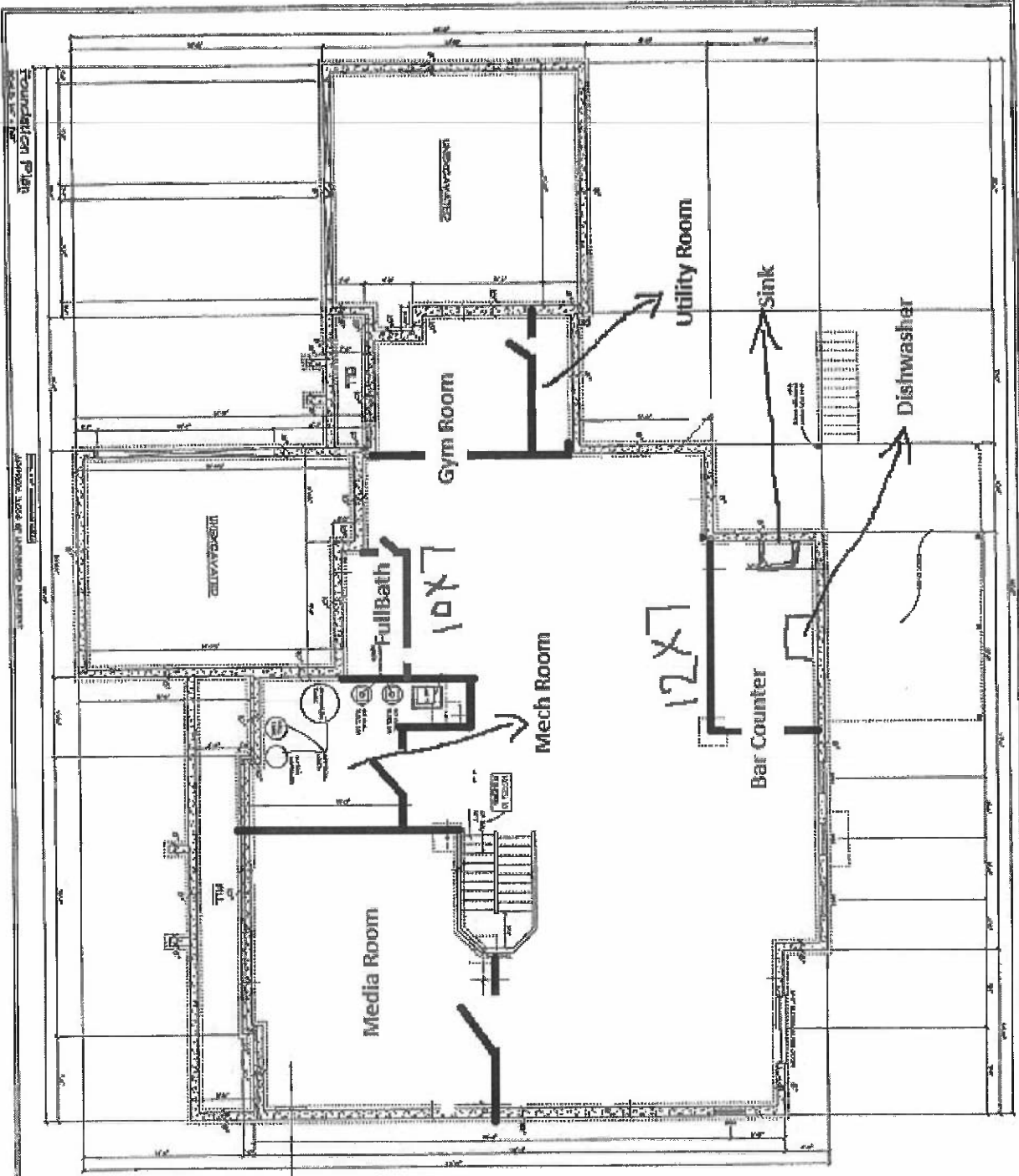
**PLUMBING**

Size and Installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--



FOUNDATION PLAN

FOUNDATION PLAN

2018 CODE

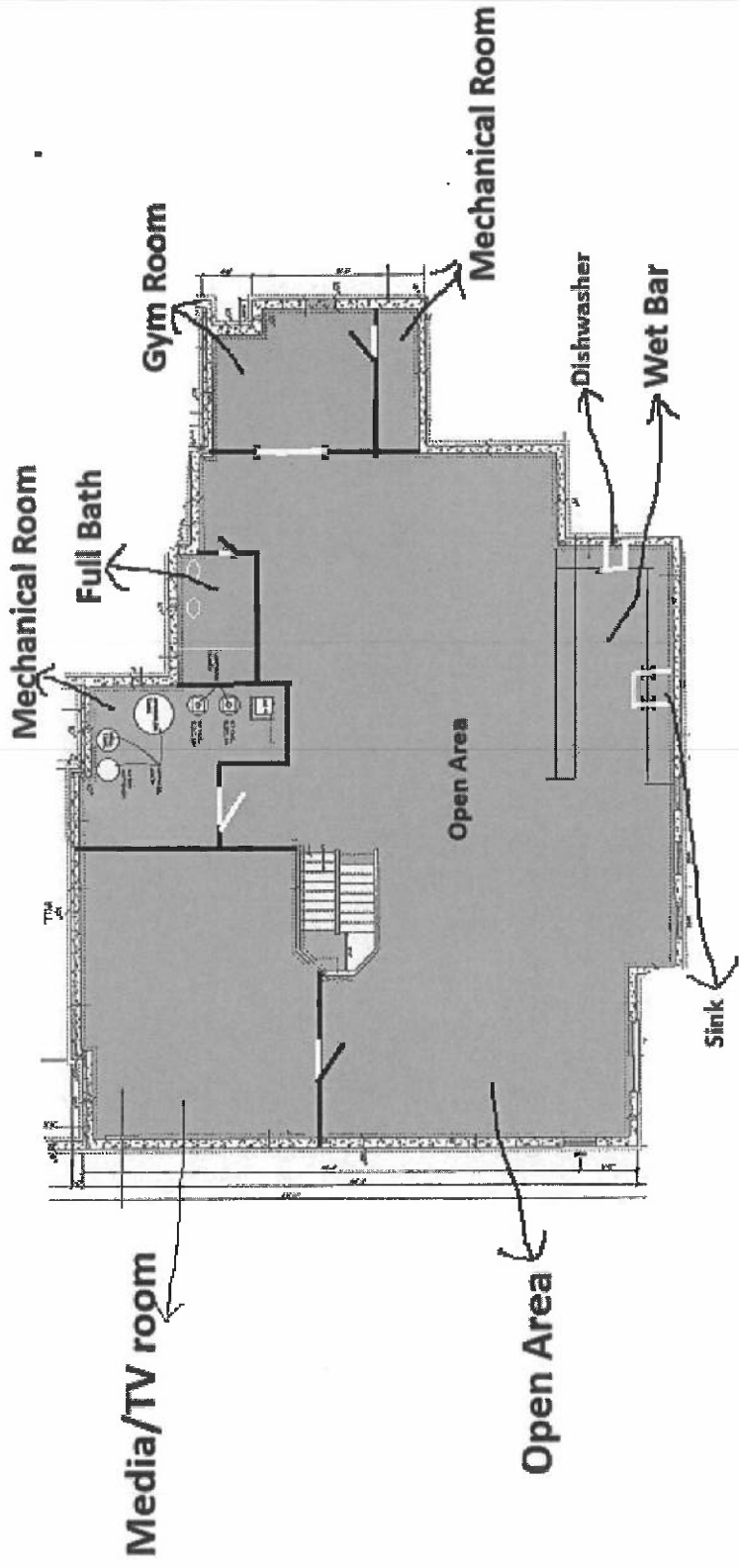
\*  
 ALL FINISHES TO BE DETERMINED BY THE ARCHITECT.  
 ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
 ALL WALLS ARE 1/2" THICK UNLESS NOTED OTHERWISE.  
 ALL FLOORS ARE TO BE DETERMINED BY THE ARCHITECT.

NOTE: FINISHES  
 SHALL BE DETERMINED BY THE ARCHITECT.  
 ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
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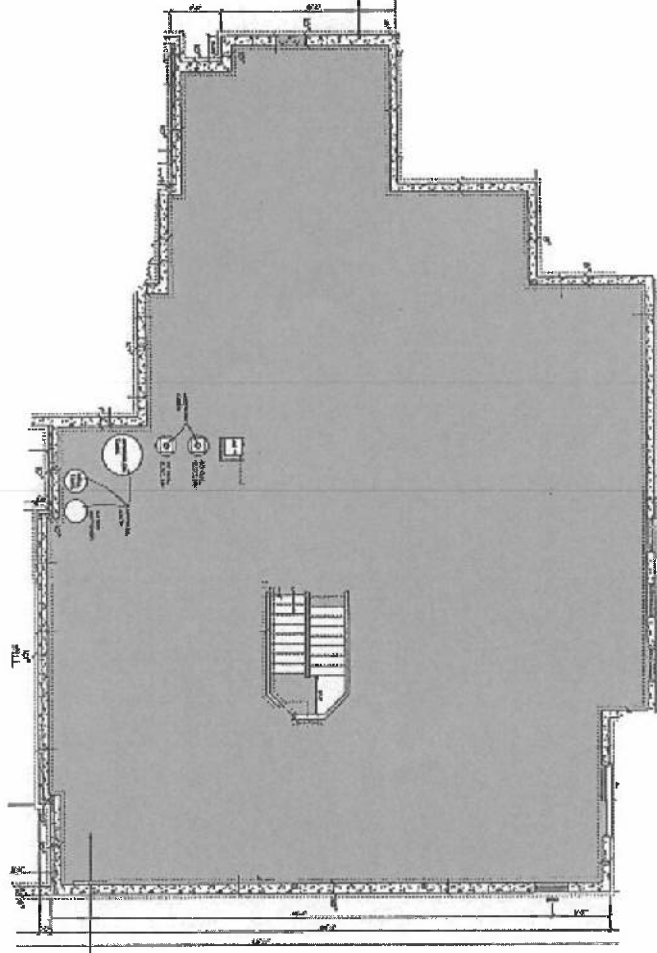
DATE: 03/21/2018  
 SHEET: A-3  
 PROJECT: THE HEARTHSTONE III

Schematics  
**The Hearthstone III**





**Basement New Plan**



**Existing basement plan with no  
partition(Unfinished)**

**NOTE: PLUMBER**  
PASSIVE RADON SYSTEM:  
3" PVC PIPE VENTED THROUGH  
ROOF LOCATION PER PLUMBER.

**HYAC EQUIPMENT - GOODMAN**  
ZONE 1, ON FREQUENCY PROGRAM, HAS  
FRANKE WITH 14 SEER A/C UNIT ON  
ZONE 2, 14 SEER NIGHT PUMP & TON  
VENT RANGE HOOD TO EXTERIOR.

**\* BELL ZONE 1 HARDWARE CFM**  
**\* ADD SEPARATE DUCT**  
**W/ DAMPER**

**NOTE: ADD APRILIAE HOOD TO ONE**  
**TO ZONE 1 HYAC**

**NOTE: ADD APRILIAE HOOD TO ONE**  
**TO ZONE 1 HYAC**

PROVIDE	PROVIDE
Gas Pressure Sensor:	YES
Fire Place:	YES
Coat Top:	YES

**W/C**  
**STORM DRAIN**  
**KINE**

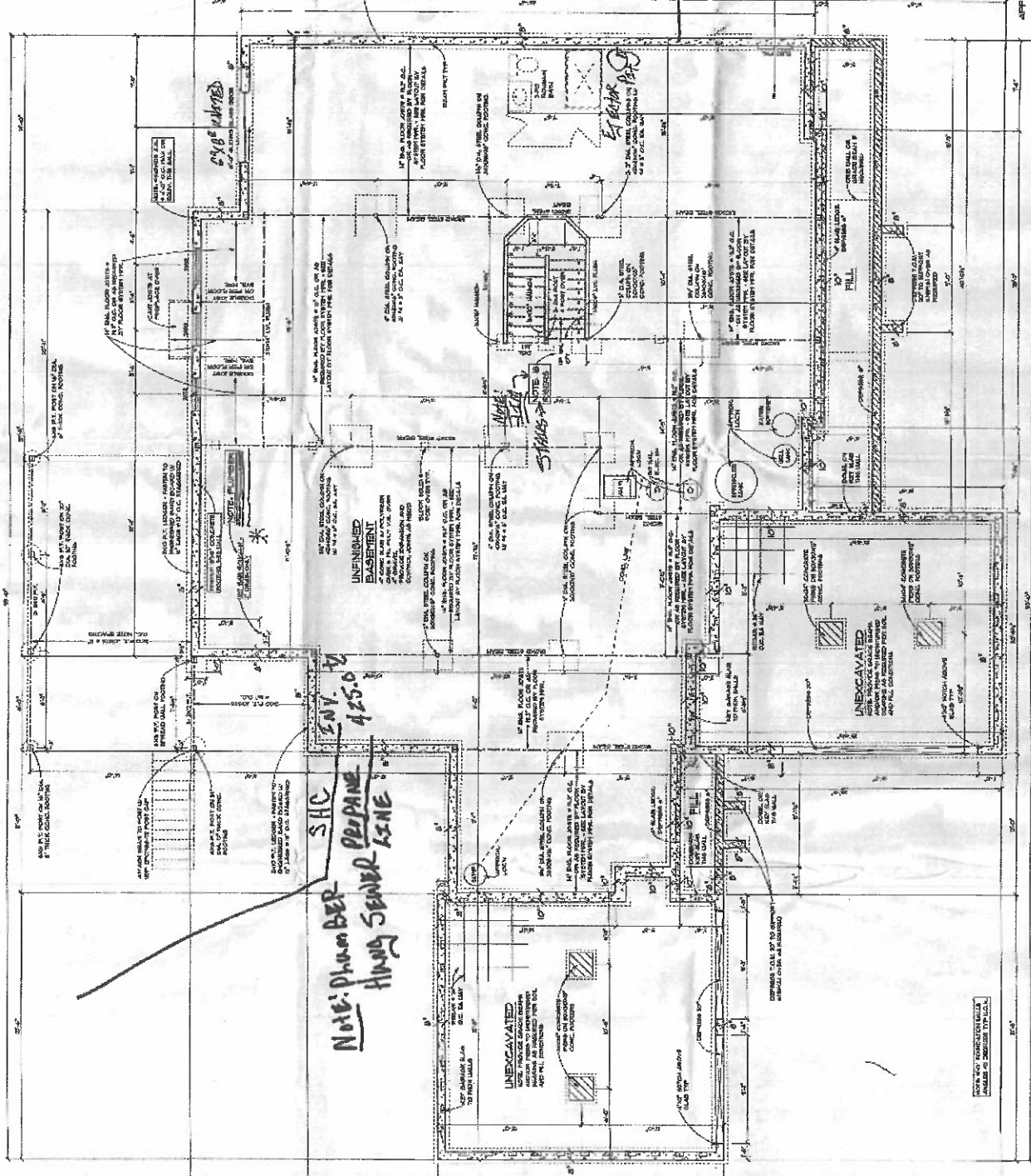
**NOTE: 9'-0" FOUNDATION WALLS**

**NOTE:**  
1. SOILS ARE CLASSIFIED AS "TYPE III" AND "TYPE IV" BASED ON THE RESULTS OF THE SOIL TESTS. "TYPE III" SOILS ARE CLASSIFIED AS "TYPE III" AND "TYPE IV" SOILS ARE CLASSIFIED AS "TYPE IV".  
2. THE FOUNDATION SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2018 IBC AND THE 2018 IRC.  
3. THE FOUNDATION SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REQUIREMENTS OF THE 2018 IBC AND THE 2018 IRC.

**HYAC**  
**C.F.A. = 5511**

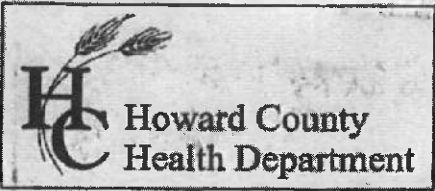
**2018 CODE**

APPROX. SIZE OF UNEXCAVATED BASEMENT



Foundation Plan  
SCALE 1/4" = 1'-0"





**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: 2-3-22 **ONSITE SEWAGE DISPOSAL SYSTEM** P 570942  
 APPROVAL DATE: 02/03/2022 **PERMIT: CONSTRUCTION** A \_\_\_\_\_  
 PROPERTY ADDRESS: 13617 NOBLE WAY, HIGHLAND, MD 20777  
 SUBDIVISION: THE ESTATES AT RIVER HILL LOT: 5 TAX ID: \_\_\_\_\_  
 CONTRACTOR: Freedom Septic EMAIL: \_\_\_\_\_  
 CONTRACTOR ADDRESS: 2809 Liberty Road, Sykesville MD 21781 PHONE: 410-752-9717  
 PROPERTY OWNER: ESTATES AT RIVER HILL LLC EMAIL: tkeane@trinityhomes.com  
 OWNER ADDRESS: 3675 PARK AVE., SUITE 301, ELLICOTT CITY, MD 21043 PHONE: (443)324-9806  
 SEPTIC TANK SIZE (GALLONS): 1500 TANK MANUFACTURER: MAYER BROS., INC.  
 PUMP MODEL: GOULDS PUMP SIZE: 0.3 HP PUMP TANK CAPACITY: 1500

DISTRIBUTION SYSTEM:  GRAVITY  PRESSURE DOSED BEDROOMS: 5 APPLICATION RATE: 1.2

TRENCHES:	LINEAR FEET REQUIRED: <u>80</u>	INLET DEPTH: <u>2.5</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>7.0</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>12</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>2.5</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND TANK LOCATIONS MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	INSTALL CLEANOUTS IN SHC. <i>The installed system must PASS a Pump &amp; Alarm test prior to Health Dept release for use &amp; occupancy. VB</i>	

ISSUED BY: R BRICKER ISSUE DATE: 2-3-22 EXPIRATION DATE: 2-3-23

- 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 TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT 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 72000115
- 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.**

NOT TO SCALE

\* see attached

ROAD NAME

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
<u>3'</u>	<u>2.5'</u>	<u>6.5'</u>
NUMBER OF TRENCHES	<u>2</u>	
TOTAL LENGTH	<u>80'</u>	
ABSORPTION AREA	<u>240 sq ft + side area</u>	
DISTRIBUTION BOX LEVEL	<u>PUMP</u>	
DISTRIBUTION BOX BAFFLE	<u>90° Down</u>	
DISTRIBUTION BOX PORT	<u>D/C</u>	

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	<u>yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>top</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>-</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>inlet + outlet</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>YES</u>
DATE ON LID	<u>1-3-22</u>
PUMP/SEPTIC TANK LEVEL	<u>yes</u>
MANUFACTURER	<u>Babylon</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>top</u>
TANK LID DEPTH	<u>2.5'</u>
BAFFLES	<u>-</u>
BAFFLE FILTER	<u>-</u>
MANHOLE LOC	<u>inlet + outlet</u>
6" PORT LOC	<u>-</u>
WATERTIGHT TEST	<u>-</u>
SLOTTED	<u>no</u>
DATE ON LID	<u>1-2-22</u>

**PRE-CONSTRUCTION:**

2/8/22 2x40' trenches were staked out on contour according to plan. Confirmed SHC will be coming out in planned location. Approved moving d-box to start of trenches. (S)

**INSTALLATION:**

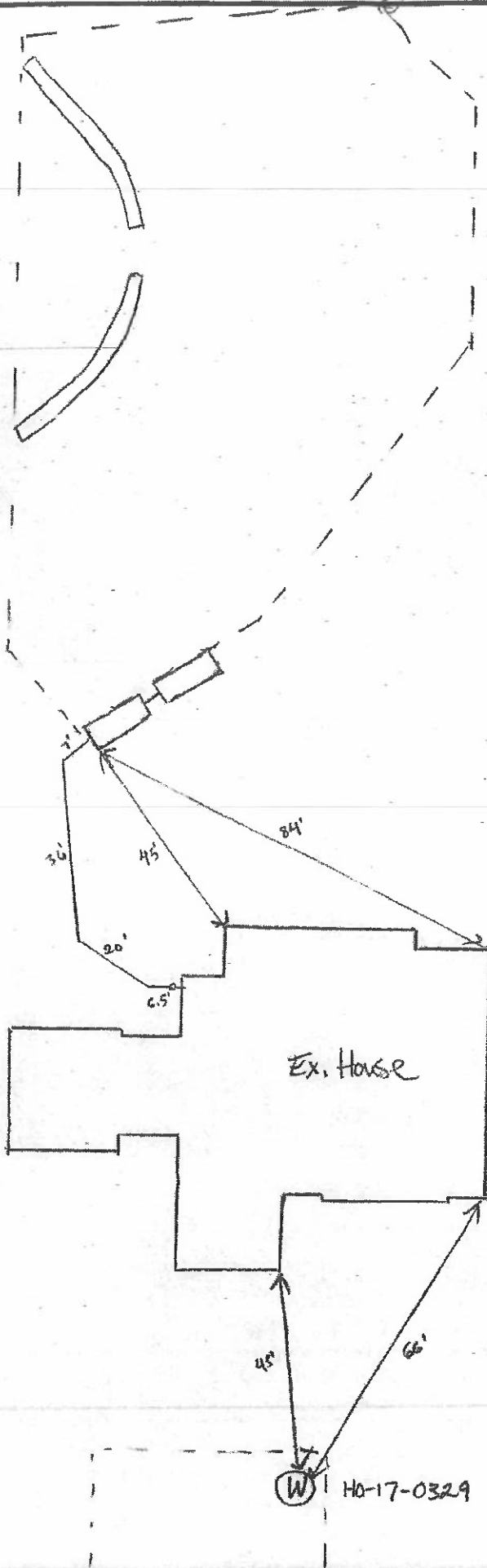
2/10/22 Tanks set and SL constructed. (S) 2/11/22 2x40' trenches installed, D-box set. Most of FM constructed. (S) 2/14/22 FM completed. Reinsp for baffles and SHC. (S) 08/03/2022 P/A on S/B panel, SEP. breaker. Pump 662 flow @ Dbox. Alarm functions. (P)

FINAL INSPECTOR

DATE OF APPROVAL

08/03/2022

15011 Noble Hwy



NOT TO SCALE

1" = 30'