

Record Detail (This section is required.)

<b>Permit Type</b>	<b>Permit Number</b>	<b>Opened Date</b>
Building/Residential/Misc/Pool Spa	B26000646	03/05/2026

**Description of Work**  
 SFD/ Installation of a NON-DIVING inground shotcrete swimming pool 16' x 30' rectangle with 8' x 12' tanning ledge on side of pool. Pool depth is 3' to 6'. Installation of approx. 1775 paver deck around pool.\*\*FENCE TO CODE, SUBJECT TO FIELD INSPECTION\*\*

Online BP.  
 gdl 3/17/26

[check spelling](#)

Address (This section is required.)

Search Reset Clear Get Parcel & Owner

<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	
14080	TRIADELPHIA	RD	
<b>Unit Type</b>	<b>Unit #</b>	<b>X Coordinate</b>	<b>Y Coordinate</b>
--Select--		-77.0031	39.26198
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Primary</b>
GLENELG	MD	21737	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
917882	163	10	356000	1403800	1047800	RURAL

**Legal Description**  
 IMPSPAR I 10.000 A[ ]14108 TRIADELPHIA RD[ ]HOPKINS CHOICE, PH II

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
12	I	605601	5				
<b>Plan Area</b>	<b>State Tax Id</b>	<b>Subdivision Name</b>					
	1404369912	Hopkins Choice					
<b>Section</b>	<b>Area</b>	<b>Tax Map</b>					
		21					
<b>Grid</b>	<b>Zoning District</b>	<b>ADC Map</b>					
21-18	RR-DEO	4812-K8					
<b>SDP No.</b>	<b>Final Plan No.</b>	<b>WP File No.</b>					
	F-03-159						
<b>Record Plat No.</b>	<b>WS Contract No.</b>	<b>FDP No.</b>		<b>Primary</b>			
17902-1790				Yes			
<b>Owner Occupied</b>	<b>Year Built</b>	<b>Historic District</b>					
<input type="radio"/> Yes <input checked="" type="radio"/> No	2024	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Historic District Registry No.</b>	<b>Stat Area</b>	<b>Flood Plain</b>					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
<b>Building No</b>							

Owner (This section is required.)

Search Reset Clear

**Name \***  
 GWIN I  
**Address Line 1**  
 14080 Triadelphia Rd.  
**Address Line 2**  
  
**Address Line 3**  
  
**Mail City**  
 Glenelg  
**Mail State**  
 MD  
**Mail Zip Code**  
 21737

Approved Septic System Plan  
 Howard County Health Department  
*DBernard* 4-20-26  
 Signature Date  
 Approved as shown  
 Pool Equipment must  
 remain within the  
 required setbacks.

Phone  
443-398-4083  
Primary  
Yes  
E-mail

Cell Number      Fax Number

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

License # \*      Business Name  
08010115872      WESLEY KANE  
License Type \*      First Name      Middle Name      Last Name  
MHIC Ind      WESLEY           KANE  
Primary      Address Line 1  
Yes      9396 G BALTIMORE NATIONAL PIKE  
Address Line 2  
  
City      State      ZIP Code  
ELLCOTT CITY      MD      21042-0000  
Phone 1      Phone 2      Fax  
4104651212  
E-mail  
LAUREN@POOLSUNLIMITEDMD.COM

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

Search      As Owner      As Lic. Prof      As Contact

Type \*      First Name      MI      Last Name  
Applicant      Wesley           Kane  
Relationship      Full Name  
Applicant      Wesley Kane  
Primary      Organization Name  
Yes      Pools Unlimited, Inc.  
Street Address  
9050 Red Branch Road Ste I  
Address Line 2  
  
City      State      Zip Code  
Columbia      MD      21045  
Phone      Cell      Fax  
410-465-1212      443-564-0467  
E-mail \*  
wes@poolsunlimitedmd.com

**Addtl Info**

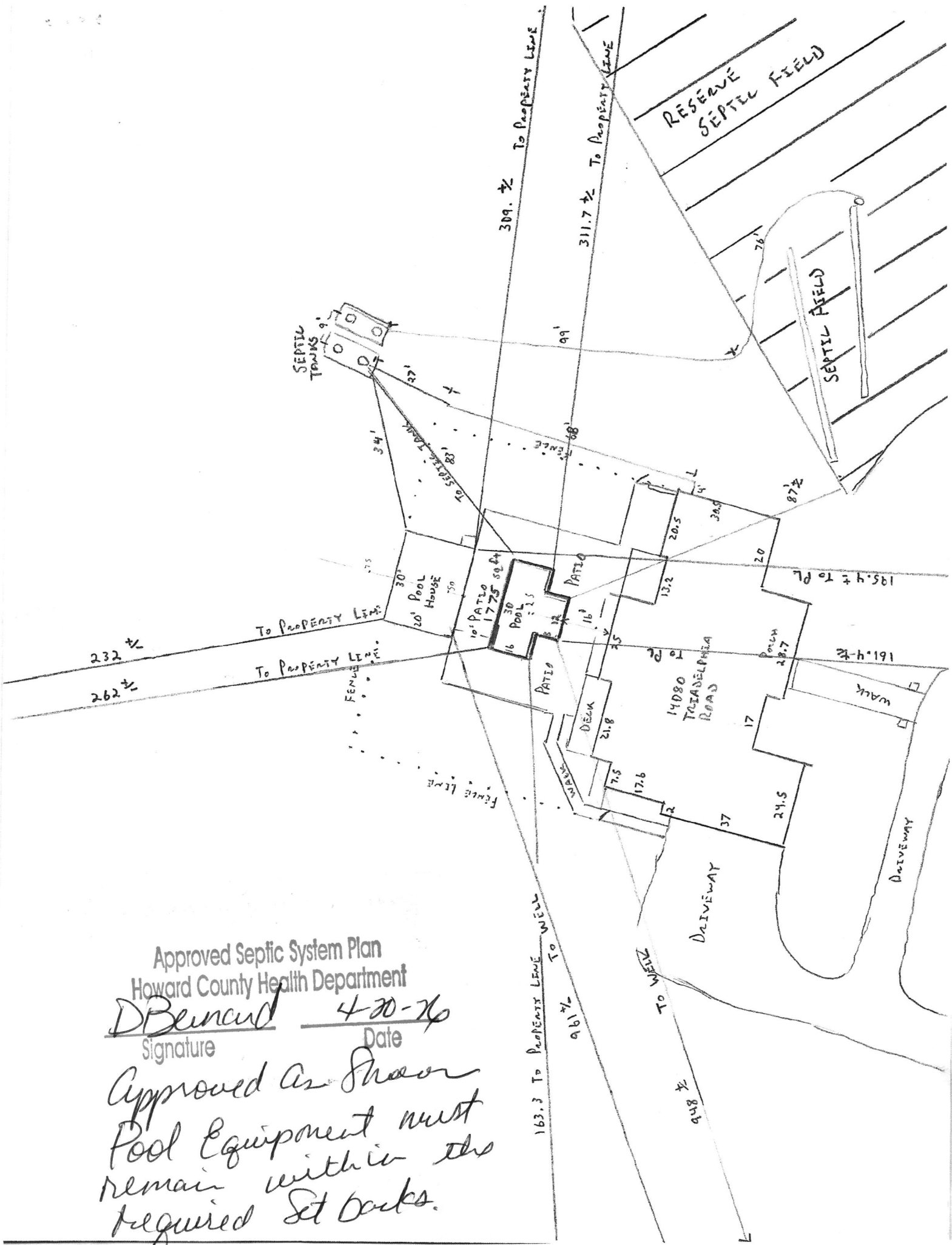
Est Construction Cost \*      Housing Units \*      Number of Buildings \*      Public Owned  
80000      0      0      No  
Construction Type  
329 - Structures Other Than Buildings (Retaining Walls/Tents)

**POOL INFORMATION**

**MISCELLANEOUS POOL INFORMATION**

Capital Project-No Fee \*      Capital Project Number      Fee Exempt \*      Water Supply \*      Sewage Disposal \*  
 Yes  No      (Text)       Yes  No      Private      Private  
Existing Use \*      Type of Pool or Spa \*      Pool Safety Device \*      Electrical Permit Number      Expiration Date  
SFD      In Ground Pool      Fence      (Text) 9/13/2026

Submit      Cancel



Approved Septic System Plan  
 Howard County Health Department

D. Beinaud      4-20-76  
 Signature                      Date

Approved as shown  
 Pool Equipment must  
 remain within the  
 required set backs.

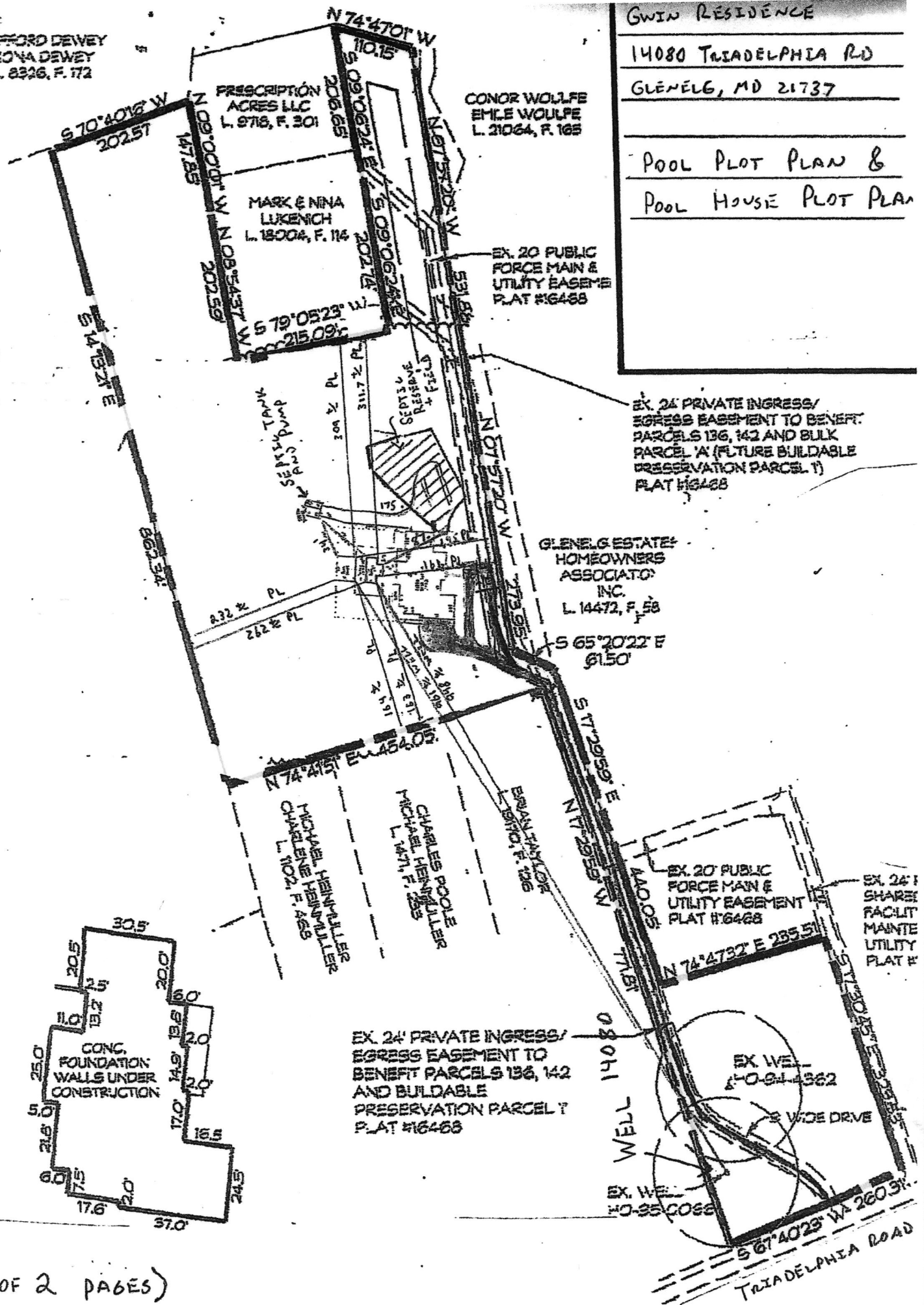
**GWIN RESIDENCE**  
 14080 TRIADDELPHIA RD  
 GLENELG, MD 21737

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**POOL PLOT PLAN &  
 POOL HOUSE PLOT PLAN**

CLIFFORD DEWEY  
 MONA DEWEY  
 L. 8326, F. 172

PER PLAT NO. 17902



CONOR WOLFE  
 EMILIE WOLFE  
 L. 21064, F. 165

PRESCRIPTION  
 ACRES LLC  
 L. 9718, F. 301

MARK & NINA  
 LUKENICH  
 L. 18004, F. 114

EX. 20 PUBLIC  
 FORCE MAIN &  
 UTILITY EASEMENT  
 PLAT #16468

EX. 24 PRIVATE INGRESS/  
 EGRESS EASEMENT TO BENEFIT  
 PARCELS 136, 142 AND BULK  
 PARCEL 'A' (FUTURE BUILDABLE  
 PRESERVATION PARCEL T)  
 PLAT #16468

GLENELG ESTATE  
 HOMEOWNERS  
 ASSOCIATION  
 INC.  
 L. 14472, F. 58

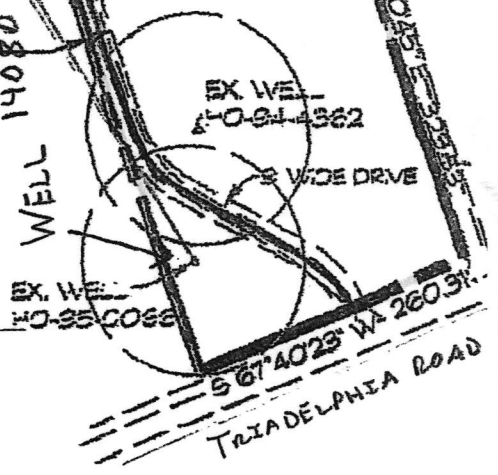
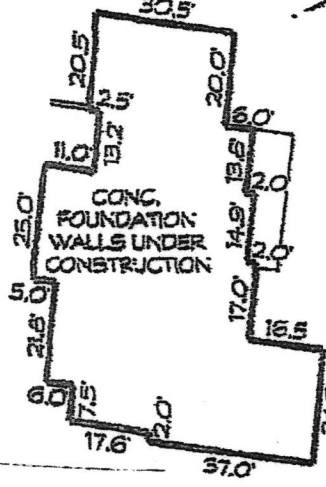
MICHAEL HEINMULLER  
 CHARLENE HEINMULLER  
 L. 11021, F. 465

CHARLES POOLE  
 MICHAEL HEINMULLER  
 L. 14711, F. 255

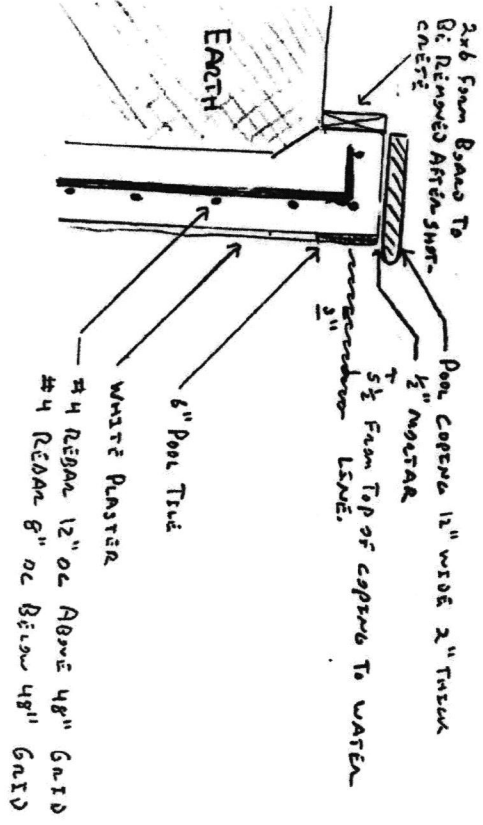
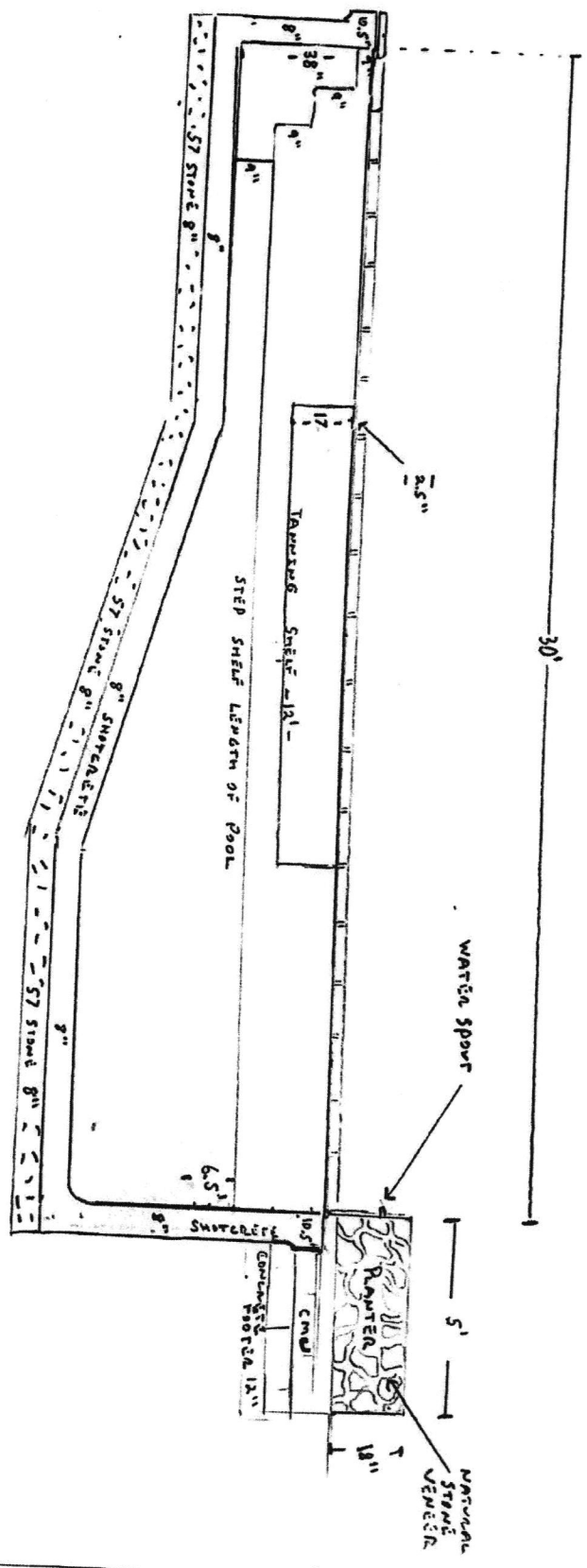
EX. 20 PUBLIC  
 FORCE MAIN &  
 UTILITY EASEMENT  
 PLAT #16468

EX. 24 1  
 SHARE  
 FACILIT  
 MAINTEN  
 UTILITY  
 PLAT #

EX. 24 PRIVATE INGRESS/  
 EGRESS EASEMENT TO  
 BENEFIT PARCELS 136, 142  
 AND BUILDABLE  
 PRESERVATION PARCEL T  
 PLAT #16468

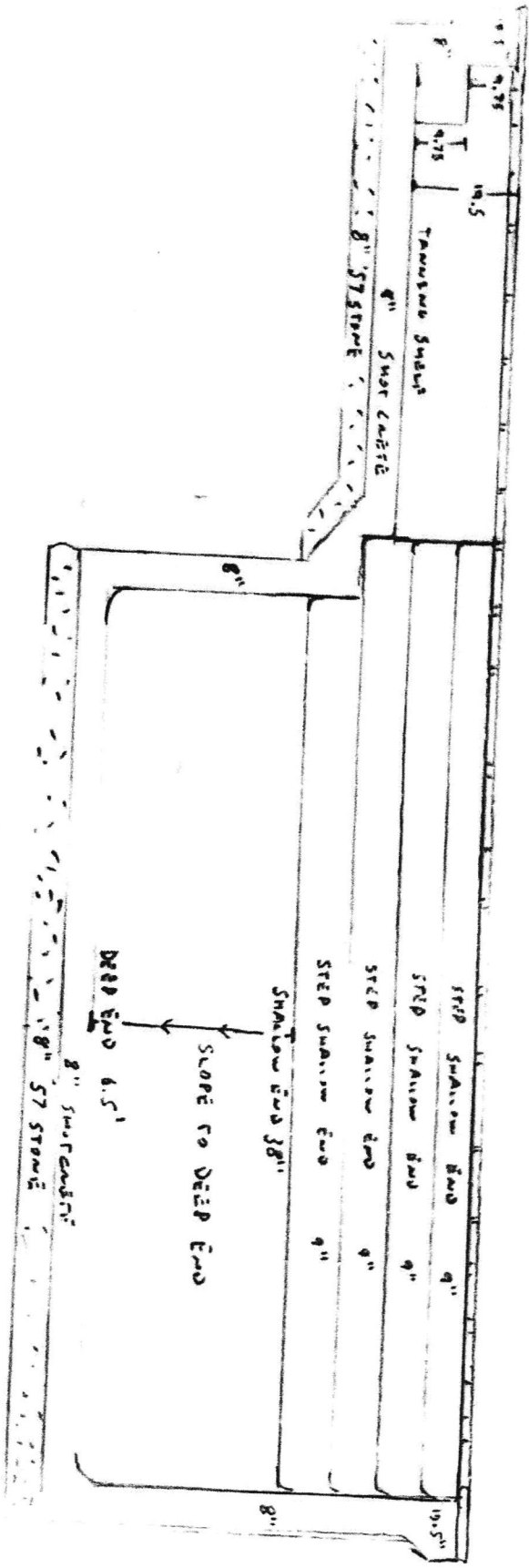


- REBAR IN POOL SHELF 12" OC, DEEP END REBAR 8" OC.
- DOUBLE REBAR IN BAND BEAM, ALL REBAR TO BE 3/4 INCH / #4 60 GRADE OR GREATER.



TYPE O NON-DIVING POOL

Guest Residence
03/16/26
SIDE VIEW LONG SIDE
+ REBAR REINFORCEMENT



8'

16'

TYPE O NON-DIVING POOL

GWIN RESIDENCE

03/16/26

SIDE VIEW SHIRT SIDE



**Howard County  
Health Department**

**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](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

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

RECEIPT DATE: 1/23/23 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 572755

APPROVAL DATE: 1/10/2021 **PERMIT: CONSTRUCTION**

A

PROPERTY ADDRESS: 14080 Triadelphia Road

SUBDIVISION: Hopkins Choice

LOT: 1

TAX ID:

1404369912

CONTRACTOR: Fogles

EMAIL:

CONTRACTOR ADDRESS: 580 Obrecht Rd. Suite B, Sykesville MD PHONE: 410 795 5670

PROPERTY OWNER: Eric Gwin and Yvonne Wing Kwan Poon

EMAIL: Eric.gwin@gerbercollision.com

OWNER ADDRESS: 2813 Tally Ho Court

PHONE:

SEPTIC TANK SIZE (GALLONS): 2000

TANK MANUFACTURER: Babylon

PUMP MODEL: WE05H

PUMP SIZE

1/2 HP

PUMP TANK CAPACITY: 2000

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

TRENCHES:	LINEAR FEET REQUIRED: <u>105</u>	INLET DEPTH: <u>3</u>
	TRENCH WIDTH: <u>3</u>	MAXIMUM BOTTOM DEPTH: <u>8</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>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:	<p>- If tanks have more than 3ft of cover a revised OSDS plan will be required.</p> <p>- Portion of SDA closest to house must be staked by licensed surveyor.</p>	

ISSUED BY: Dana Bernard

ISSUE DATE: 9-16-22

EXPIRATION DATE: 9-16-23

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 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 23002747

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 Separate Sheet  
for Asbuilt

ROAD NAME

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
3	3'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		107'
ABSORPTION AREA		321 sq'
DISTRIBUTION BOX LEVEL		—
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		yes & Manhole

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL	yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	6" Front & 4" back
BAFFLE FILTER	—
MANHOLE LOC	front & back
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	yes
DATE ON LID	4/28/2023
PUMP/SEPTIC TANK LEVEL	yes
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	Front & back
6" PORT LOC	—
WATERTIGHT TEST	—
SLOTTED	—
DATE ON LID	6/20/2023

**PRE-CONSTRUCTION:**

7/21/2023 - SDA not staked. sewer coming out lower than planned location. tank location too far below grade, would have 4.5' of cover. Restored tank to have 3' of cover & 1.1" of fall. Respect for staked SDA & trenches. Supervisor stated red line not needed (P)

7/24/2023 - SDA staked. Trenches staked upper trench on contour by 1"-3". Upper trench length @ 57.5. Lower trench on contour by 1"-2", length @ 52.5'. Space between trenches > 10'. (P)

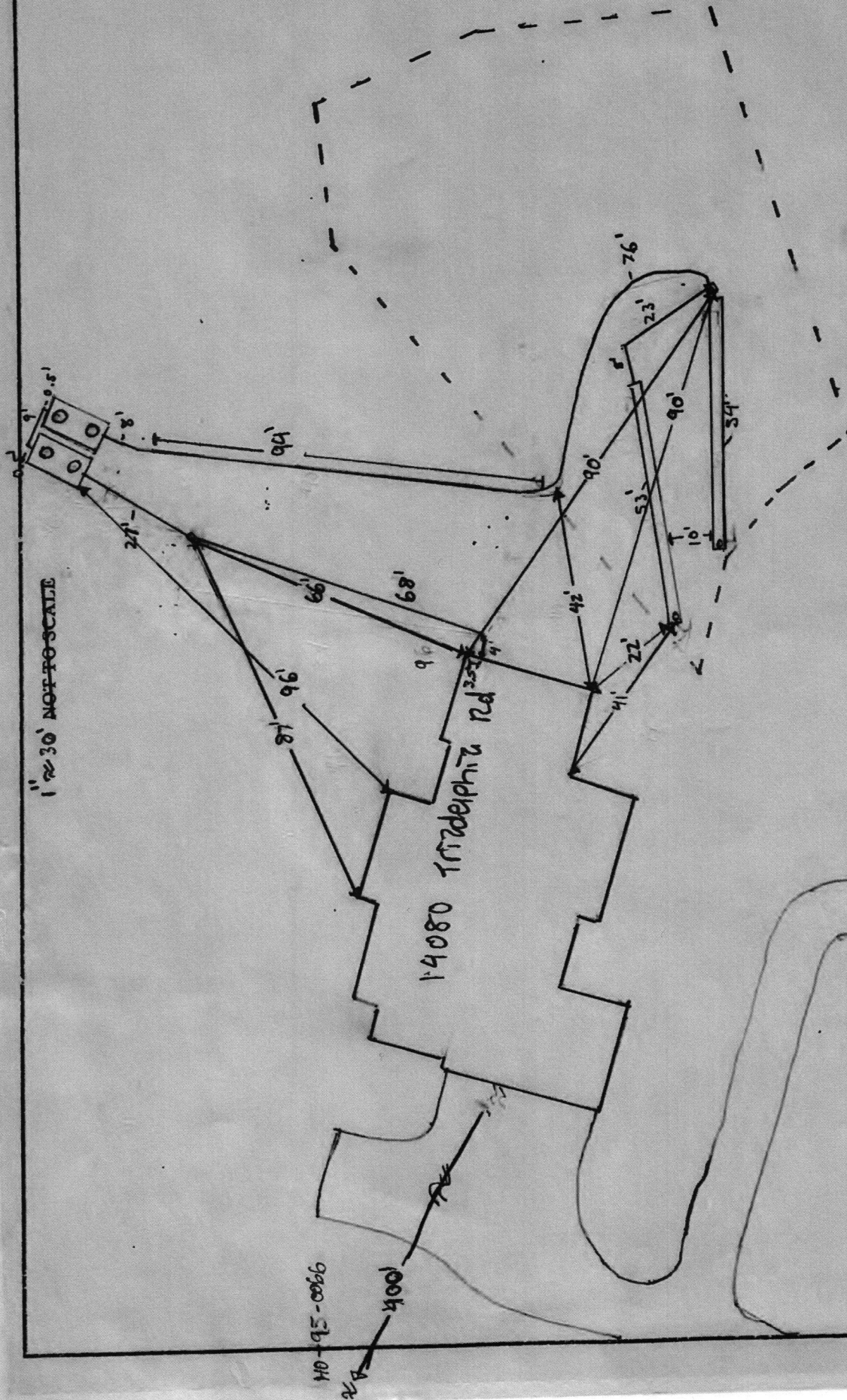
**INSTALLATION:** 7/24/2023 - Line coming out of house installed. SCHED 40 PVC used. 20' between 1st & 2nd C/O. Respect for 20' pit 2nd C/O, tank, FM, & trenches (P)

7/25/2023 - Tanks installed. 3'-2" of cover on tank, 6" front & 4" back baffle installed on septic tank, confirmed slot 2000 gal. Cover installed. 4" sleeve installed @ outlet from pump tank. Measured 55' of FM, PVC SCHED 40 280 PSI. (P)

7/26/2023 - Trenches finished. FM to D-box installed. D-box has baffles, port, & manhole cover. OK to backfill all work. Respect for P+A. (P) 1/10/2024 - Electrician advise for P+A. Man outside of house. Float for alarm set off and visual alarm outside house. Float for pump bit water from tank to d-box. (P)

FINAL INSPECTOR S. Page DATE OF APPROVAL 1/10/2024

1" = 30' NOT TO SCALE



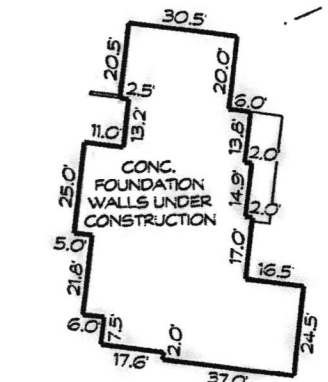
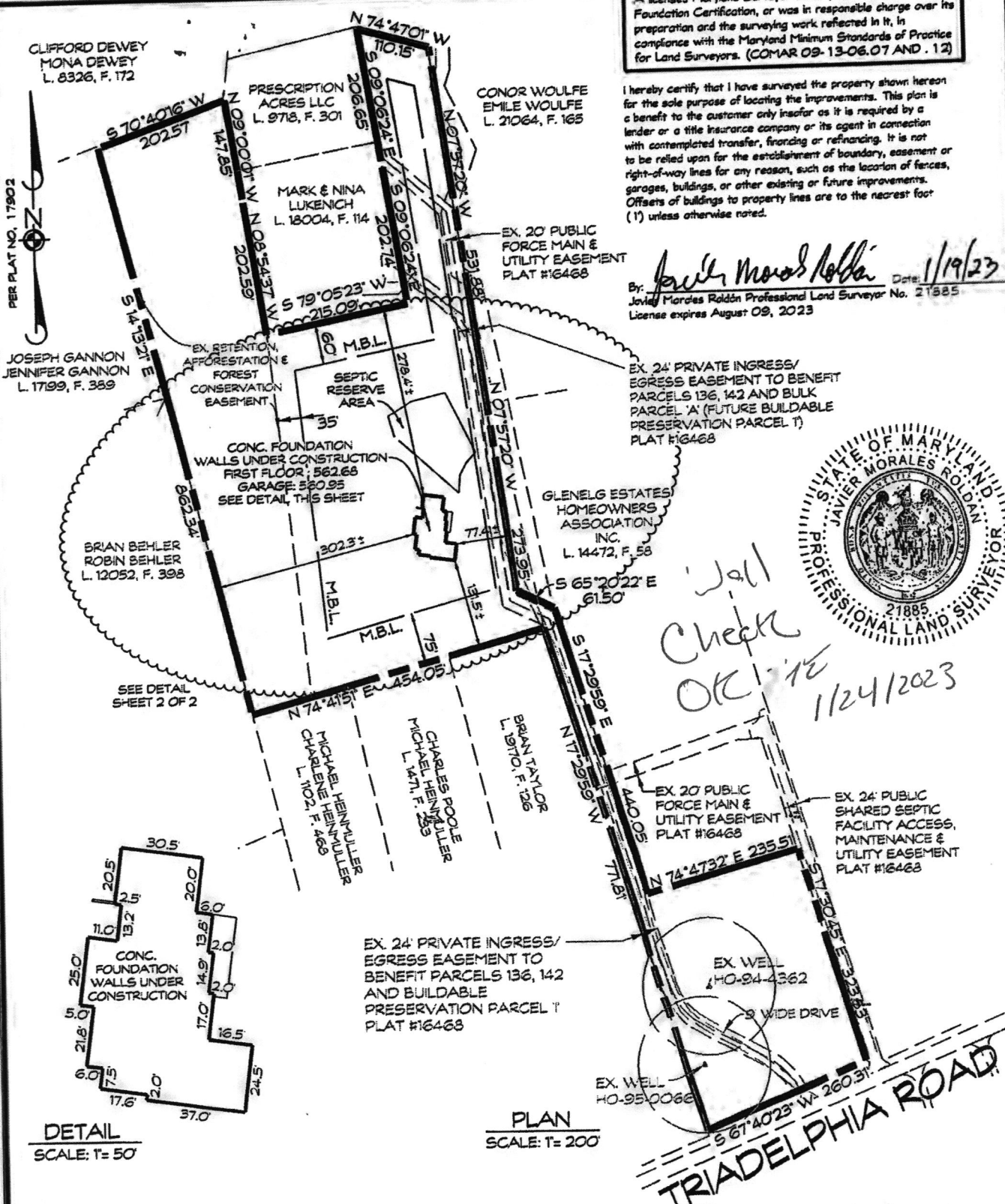
A licensed Maryland Surveyor either personally prepared this Foundation Certification, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors. (COMAR 09-13-06.07 AND .12)

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the customer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements. Offsets of buildings to property lines are to the nearest foot (1') unless otherwise noted.

By: *Javier Morales Roldán* Date: 1/19/23  
 Javier Morales Roldán Professional Land Surveyor No. 21885  
 License expires August 09, 2023



*Wall Check OK 1/24/2023*

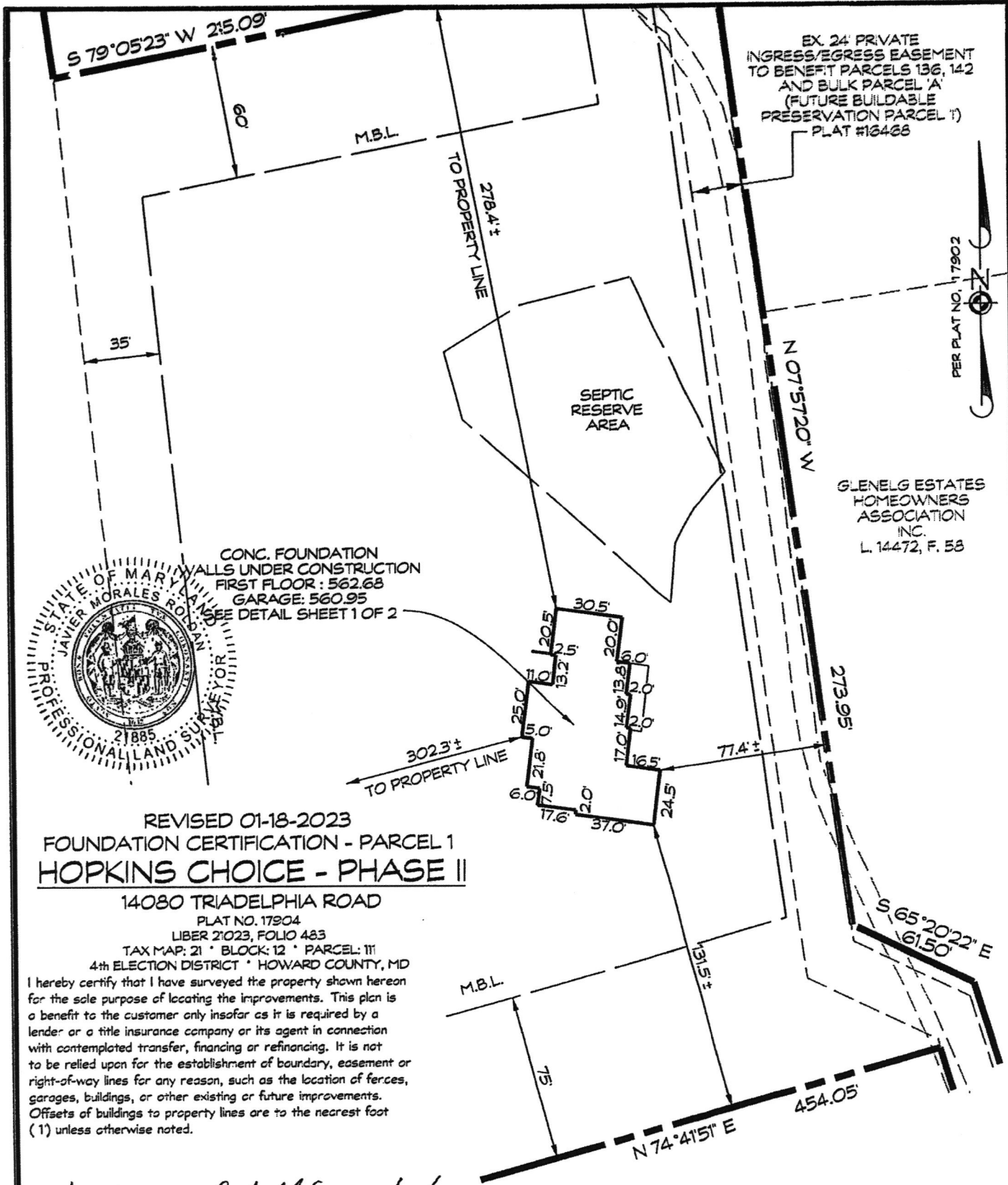


PLAN  
SCALE: T=200

REVISED 01-18-2023  
 FOUNDATION CERTIFICATION - PARCEL 1  
**HOPKINS CHOICE - PHASE II**  
 14080 TRIADELPHIA ROAD  
 PLAT NO. 17904  
 LIBER 21023, FOLIO 483  
 TAX MAP: 21 \* BLOCK: 12 \* PARCEL: III  
 4th ELECTION DISTRICT \* HOWARD COUNTY, MD

439 East Main Street Westminster, MD 21157-5539  
 (410) 648-1790 FAX (410) 648-1791

DRAWN BY:	JS
DESIGN BY:	
REVIEW BY:	JMR
DATE:	12-20-2022
SCALE:	AS SHOWN
JOB NO:	2006018
SHEET:	1 OF 2



CONC. FOUNDATION WALLS UNDER CONSTRUCTION  
 FIRST FLOOR: 562.68  
 GARAGE: 560.95  
 SEE DETAIL SHEET 1 OF 2

REVISED 01-18-2023  
 FOUNDATION CERTIFICATION - PARCEL 1  
**HOPKINS CHOICE - PHASE II**

14080 TRIADELPHIA ROAD  
 PLAT NO. 17904  
 LIBER 21023, FOLIO 483  
 TAX MAP: 21 \* BLOCK: 12 \* PARCEL: 111  
 4th ELECTION DISTRICT \* HOWARD COUNTY, MD

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the customer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements. Offsets of buildings to property lines are to the nearest foot (1) unless otherwise noted.

By: *Javier Morales Roldan* Date: *1/19/23*  
 Javier Morales Roldan Professional Land Surveyor No. 21885  
 License expires August 09, 2023

A licensed Maryland Surveyor either personally prepared this Foundation Certification, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors. (COMAR 09-13-06.07 AND .12)

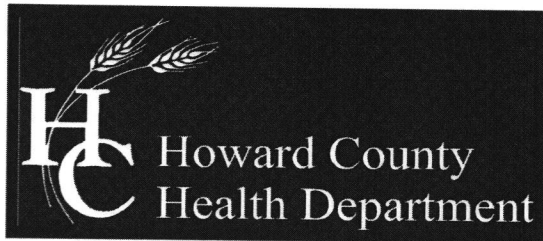


439 East Main Street Westminster, MD 21157-5539  
 (410) 848-1790 FAX (410) 848-1791

DRAWN BY:	JS
DESIGN BY:	
REVIEW BY:	JMR
DATE:	01-18-2023
SCALE:	1" = 60'
JOB NO:	2006016
SHEET:	2 OF 2

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Need Electrical  
Permit Pulled Prior  
To OSDS Permit  
Issuance. Wall Check  
OK otherwise. RJE 1/24/23



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

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Maura J. Rossman, M.D., Health

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DATE: March 19, 2026

TO: Wesley Kane (Applicant)

Via E-mail: [Lauren@poolsunlimitedmd.com](mailto:Lauren@poolsunlimitedmd.com)

**RE: Building Permit #B26000646**  
**14080 Triadelphia Road**  
**Glenelg, MD 21737**

Mr. Kane,

Our department has reviewed your building permit B2600646 and, based on your proposal, we will need additional information to approve your building permit. This decision is based on several conditions concerning your property.

1. Your plan shows a pool house which is not mentioned in the building permit. We need to see floor plans for the proposed pool house and the existing house to ensure your septic system can support your proposal. Please resubmit your plan showing these requests to help us review your permit.
2. If your proposal contains a pool house, you must modify your building permit to state so. This can be corrected at the Department of Planning and Zoning.
3. Your well will be evaluated also to make sure it is up to code. If the well is not up to code, it must be addressed prior to building permit approval. A site visit must occur to complete a well evaluation.
4. We will perform a site visit to verify the location of the septic system and the well.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the email address given below or by telephone at (410) 313-2775.

A handwritten signature in black ink that reads 'D Bernard'.

Respectfully,

Dana Bernard, REHS/RS, Environmental Specialist II,

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)