

Menu Save Reset Cancel Help

Approved 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

Single Entry Edit-View Record Form

Application Name

B26000953

Description

SFD/ EXTEND EXISTING DECK BY 5 FT. WE WILL NOT ALTER THE EXISTING SCREEN PORCH SECTION. WE WILL USE THE EXISTING FOOTERS, LEDGERBOARD ATTACHED TO HOUSE AND BEAMS ALREADY EXISTING ON DECK AND ONLY CONSTRUCT NEW JOISTS AND BEAMS ON THE OUTSIDE OF THE DECK TO BRING IT UP TO CODE. WE WILL CONSTRUCT ONE SET OF NEW DECK STEPS.

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

Hank Oswald

Address * (This section is required.)

New Search Delete Set Primary

15534 Foxpaw Trail
Woodbine, MD 21797

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

James

Middle Name

Last Name *

Trawick

Home Phone ((xxx)xxx-xxxx)

Organization Name *

J.R Trawick Co Inc.

Mobile Phone ((xxx)xxx-xxxx)

(301) 607-9017

E-mail

bob@jrtawickco.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date

4/1/2026

Due Date

4/15/2026

Dates to Complete

14

(Number)

Received by Food

Food Review Type

--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

[Empty text box]

Received by Community Hygiene

[Empty text box]

Received by Well and Septic

4/1/2026

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

[Empty text box] (Text)

Owner Switch Date

[Empty text box]

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

[Empty text box]

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--

Design Wastewater Flow

[Empty text box]

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0 (Number)

Total number of open space lots to be recorded

0 (Number)

Total number of bulk parcels to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

New buildable lots created

0 (Number)

Date PLAT signed by Health Officer

[Empty text box]

PLAT Type

--Select--

Date Preliminary Plan Signed by HO

[Empty text box]

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

[Empty text box]

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--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received

Yes No

Date HACCP Approved by the State

[calendar icon]

Date HACCP Plan Submitted

[calendar icon]

HACCP Plan Approved

[calendar icon]

HACCP Plan Review

[calendar icon]

Plan Review Letter Mailed

[calendar icon]

HACCP Plan Revision Submitted

[calendar icon]

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

Toilet Area Cove

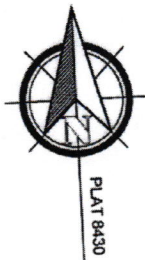
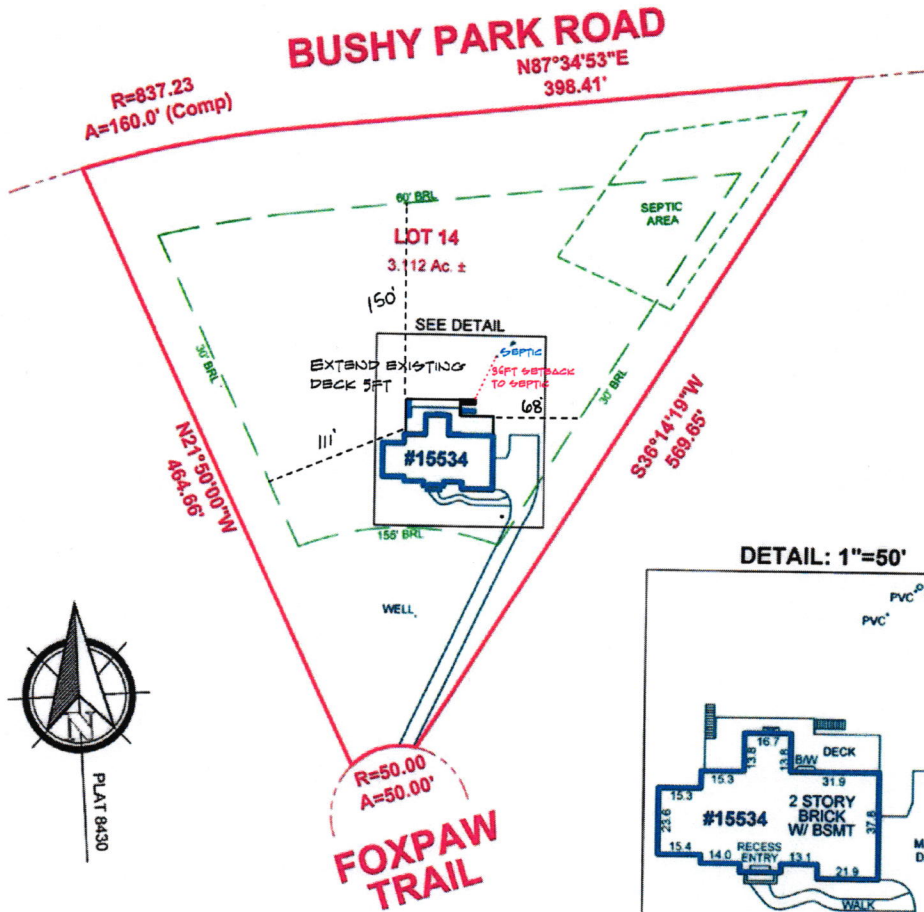
THIS DOCUMENT IS CERTIFIED TO:

J.R. Trawick
Company, Inc.



J.R. Trawick
Company, Inc.

CASE #



LOCATION DRAWING OF:
#15534 FOXPAW TRAIL
LOT 14
4th ELECTION DISTRICT
FOXPORT PLANTATION
PLAT No. 8430
HOWARD COUNTY, MARYLAND
SCALE: 1"=100' DATE: 09-18-2020
DRAWN BY: AP FILE #: 209212-200

- LEGEND:**
- FENCE
 - B/E - BASEMENT ENTRANCE
 - B/W - BAY WINDOW
 - BR - BRICK
 - BRL - BLDG. RESTRICTION LINE
 - BSMT - BASEMENT
 - C/S - CONCRETE STOOP
 - CONC - CONCRETE
 - D/W - DRIVEWAY
 - EX - EXISTING
 - FR - FRAME
 - MAC - MACADAM
 - G - GATE
 - O/H - OVERHANG
 - P/UE - PUBLIC UTILITY ESMT.
 - PIE - PUBLIC IMPROVEMENT ESMT.
- COLOR KEY:**
- (RED) - RECORD INFORMATION
 - (BLUE) - IMPROVEMENTS
 - (GREEN) - ESMTS & RESTRICTION LINES

A Land Surveying Company

DULEY
and
Associates, Inc.

Serving D.C. and MD.

14604 Elm Street, Upper Marlboro, MD 20772
Phone: 301-888-1111 Fax: 301-888-1114
Email: orders@duley.biz On the web: www.duley.biz



SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREIN AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN REGULATION 12 CHAPTER 09.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar as IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYOR'S OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED "TEMPORARY" MAY NOT BE SHOWN. IF IT APPEARS ENCROACHMENTS MAY EXIST, A BOUNDARY SURVEY IS RECOMMENDED.

DULEY & ASSOC.
WILL GIVE YOU A 100% FULL CREDIT TOWARDS UPGRADING THIS SURVEY TO A "BOUNDARY/STAKE" SURVEY FOR ONE YEAR FROM THE DATE OF THIS SURVEY.
(EXCLUDING D.C. & BALT. CITY)

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Thursday, April 2, 2026 8:43 AM
To: Bob Trawick
Subject: B26000953_15534 Foxpaw Trail_Site Plan
Attachments: A39227_04-348621_15534_FOXPAW_ROAD.pdf

Hi Mr. Trawick:

Good morning. Please revise the site plan (BP# B26000953) to include the existing septic tank location. Prior to uploading the revised site plan, please make sure the plan prints to scale (holds scale). I've included the as-built drawing on page #2 of the septic record to assist you with plotting the septic tank location.

Please let me know when the revision has been uploaded to the permit system. Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org

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DY-348621

12/20/89 ASAP

PERMIT

P 45227

SEWAGE DISPOSAL SYSTEM

A 39227

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 11/16/89

INDEXED

DATE SYSTEM APPROVED 12/2/89

INSPECTOR H. Rifkin

Frall Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 659 Mt. Airy, Maryland 21771 PHONE (301) 795-5674

SUBDIVISION Foxport Plantation ROAD 15534 Foxpaw Trail LOT 14

PROPERTY OWNER The Bryant Group

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - With Disposal 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 ft. from the back lot line and 70 ft. from the right side of the lot as seen when facing the lot from Foxpaw Trail. Run the trenches toward both side lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK(W)

PLANS APPROVED BY Craig Williams DATE 11/13/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

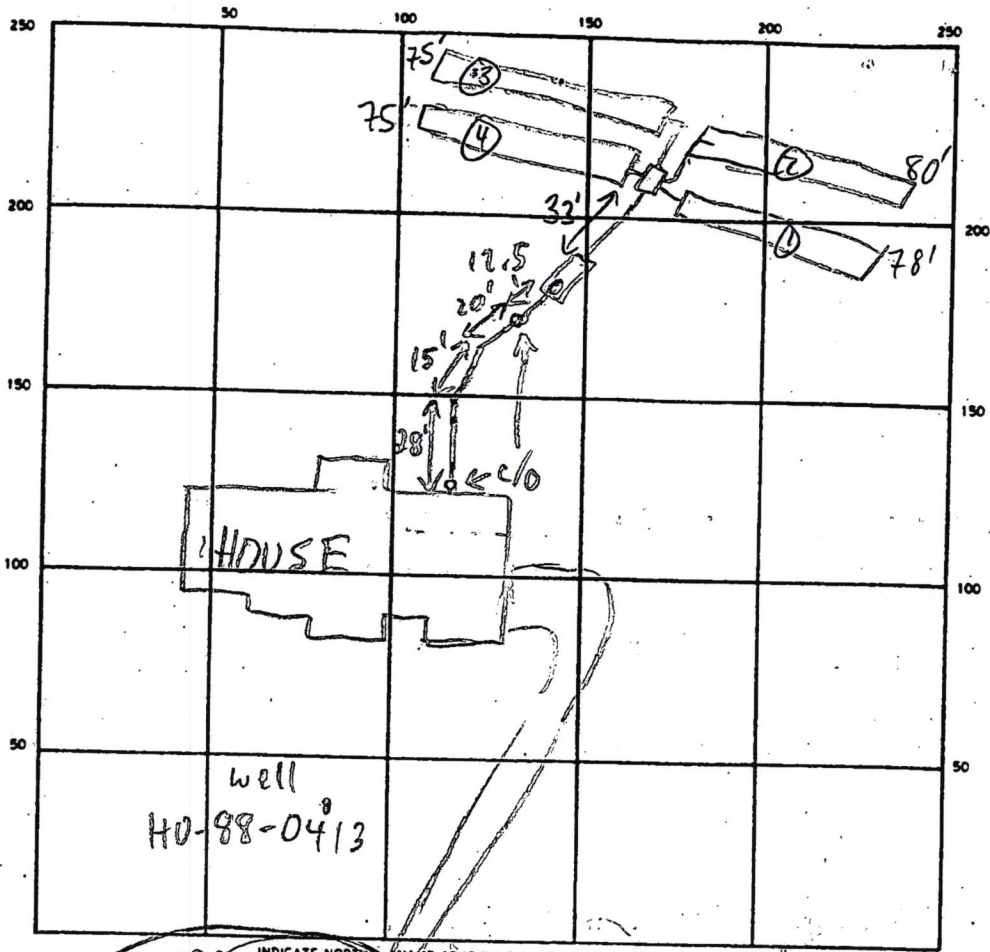
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A 39227



INDICATE NORTH
 NAME ADJOINING ROADWAY AS BASE LINE
 FOXPAW TRAIL

SEPTIC TANK LEVEL 2000 GAL - OK CLEANOUTS S.T. & 2 INLINE - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 78 75 308 FT.
 NUMBER OF TRENCHES 4 ~~ONE SIDEWALL~~ BOTTOM AREA 924 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 12/21/89 OK TO COVER ALL HR

DATE SYSTEM APPROVED 12/21/89 INSPECTOR H. Ripkin