

Menu Save Reset Cancel Help

Approved
MNE 1-16-26

Record Detail (This section is required.)

Case #
EH-PLANS-26-0
Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
01/05/2026

Single Entry Edit-View Record Form

Application Name
B25005576

Description
SFD/ CONSTRUCT 16' X 18' SCREENED PORCH**SUBJECT TO FIELD INSPECTION**

Online BP, 98 1/5/26

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Progrz

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 checked="" type="checkbox"/>	13737		Lakeside	DR	Clar...	MD	231029				

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 checked="" type="checkbox"/>	Kaur Navjot	13737 Lakeside Drive			Clarksville	MD	21029		US

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Kaur

Middle Name

Last Name *
Navjot

Home Phone ((XXX)XXX-XXXX)

Organization Name *
n/a

Mobile Phone ((XXX)XXX-XXXX)

(240) 676-1848

E-mail

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New

Look Up

Deactivate

Remove

Custom Fields

DATE TRACKING

Received Date

12/26/2025

Due Date

1/9/2026

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

12/26/2025

FACILITY INFORMATION

Name of Business (dba) *

n/a

(Text)

Does this project have a Building Permit?

Yes No

Associated Building Permit Number

(Text)

Building Permit Issued Date

Owner Switch Date

Non-Profit

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 Well? If Yes, forward to WS Program.

Yes No

Does the project include Private Septic? If Yes, forward to WS Program.

Yes No

Does the project include Food Services? If Yes, forward to FP Program.

Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.

Yes No

Facility Phone

(Text)

Facility Fax

(Text)

Facility Email

(Text)

Days of Operation

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Sewage Disposal

--Select--

Design Wastewater Flow

(Number)

Permit Type

--Select--

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

Licensed Type

--Select--

--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

Total Seating Capacity

--Select--

(Number)

Number of Restrooms

Interior Restaurant Seating Capacity

(Number)

(Number)

Bar Seating Capacity

Outdoor Seating Capacity

(Text)

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Description of Refrigeration Units

Yes No

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

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

To:

Howard county

Inspections, Licenses & Permits

3430 Courthouse Drive

Ellicott City, MD 21043

Dear Permit Department,

I am submitting this request along with the drawing and plot plan for review and approval of a proposed new porch addition.

I respectfully request your approval to proceed with the above improvement. Please let me know if any additional information or documentation is required.

Thank you for your time and consideration.

Property Address:

13737 Lakeside Dr.

Clarksville MD-21029

Parcel/Property ID

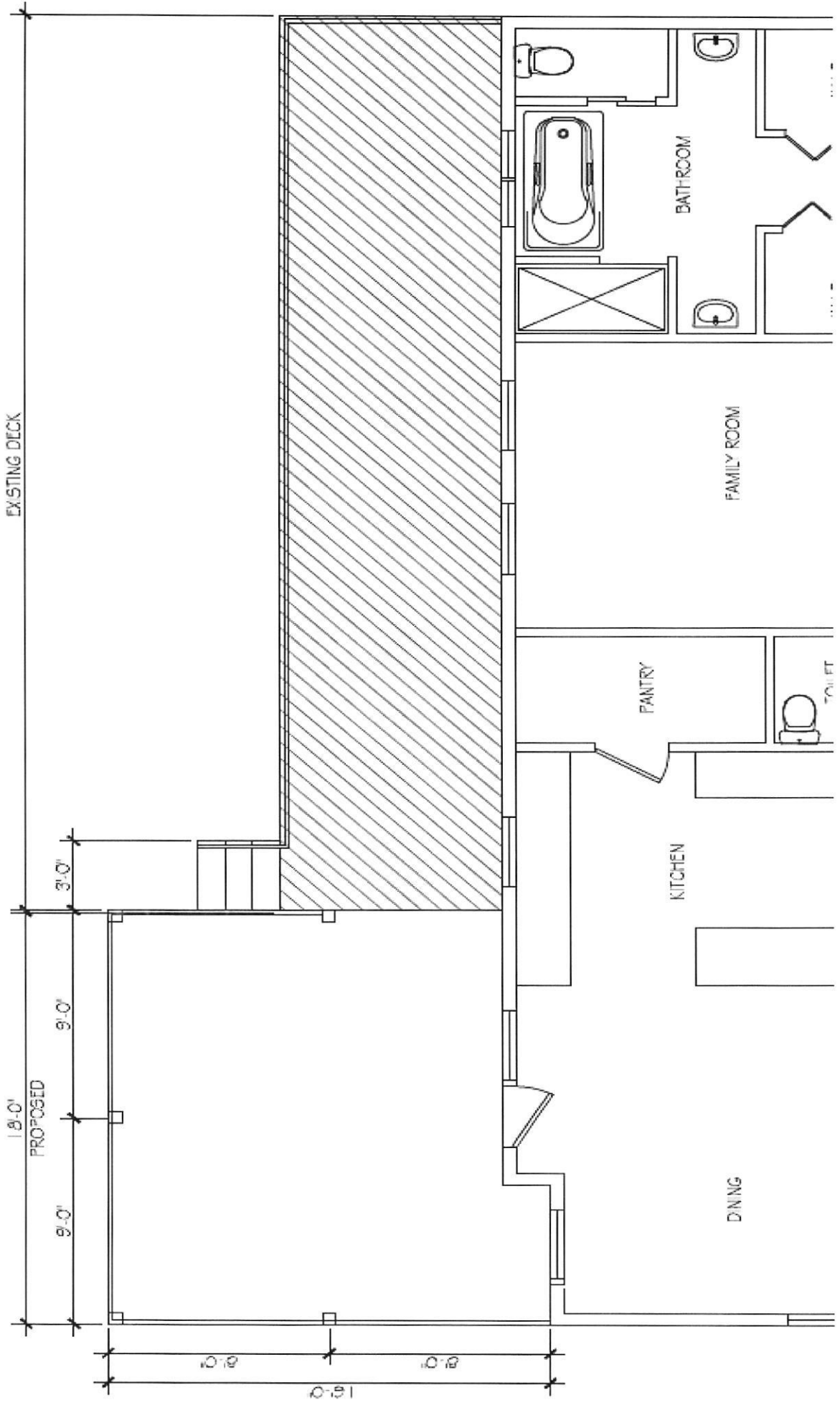
Parcel # 867608 Lot 17

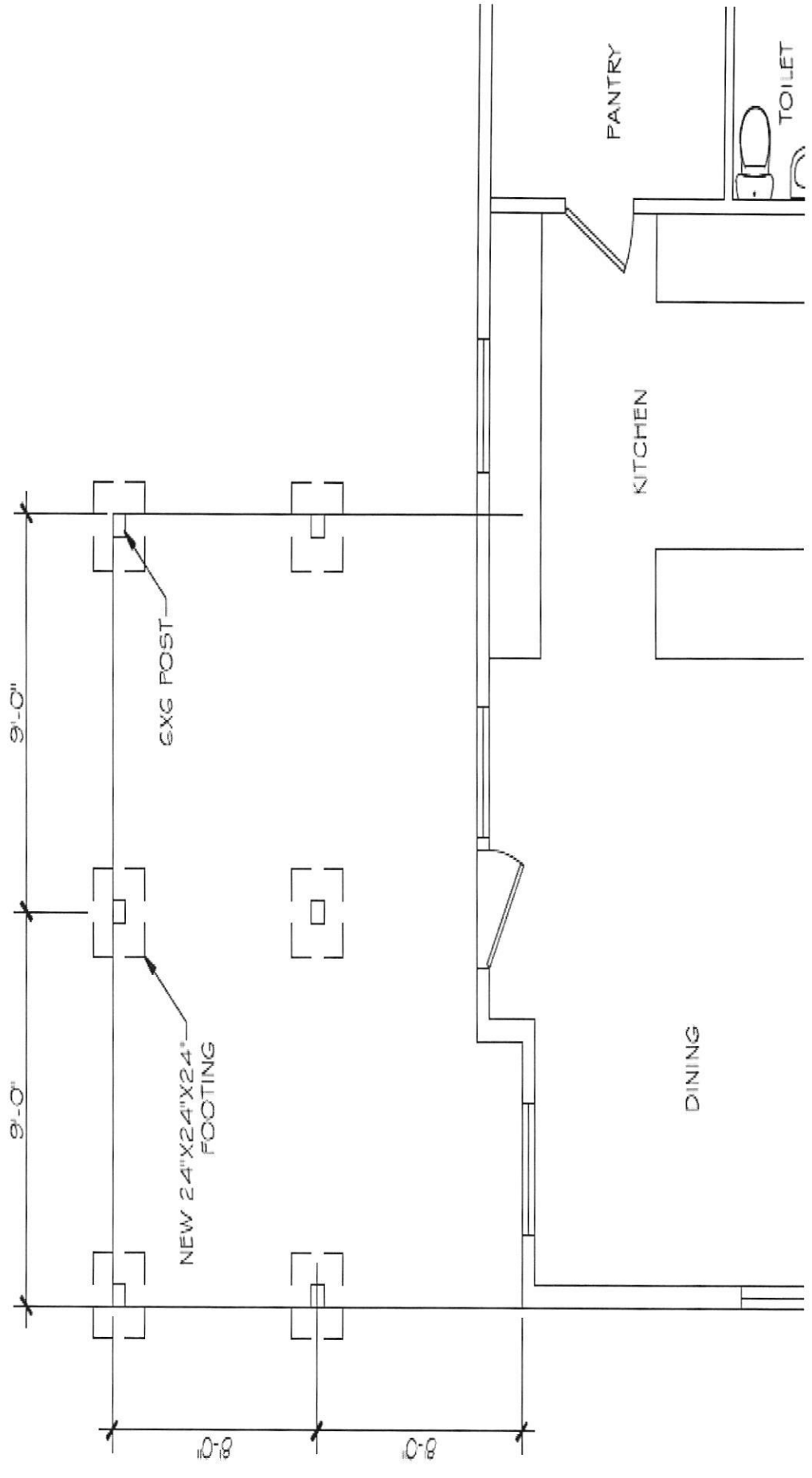
Thank you for your consideration.

Sincerely,

Navjot Kaur

240-676-1848





(2) 2X12 BEAM

2X10 @ 16" O.C.
FLOOR JOISTS

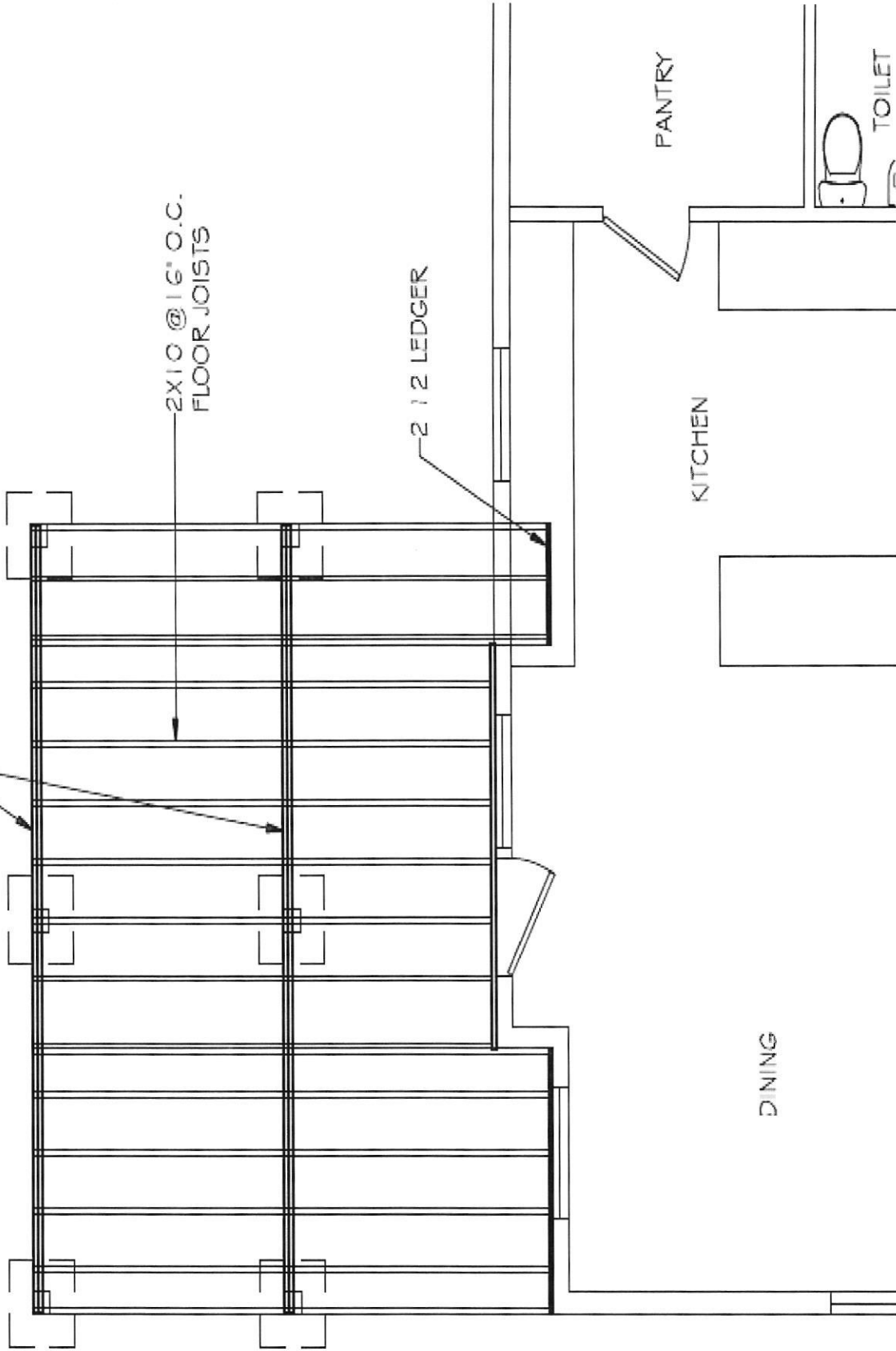
2 12 LEDGER

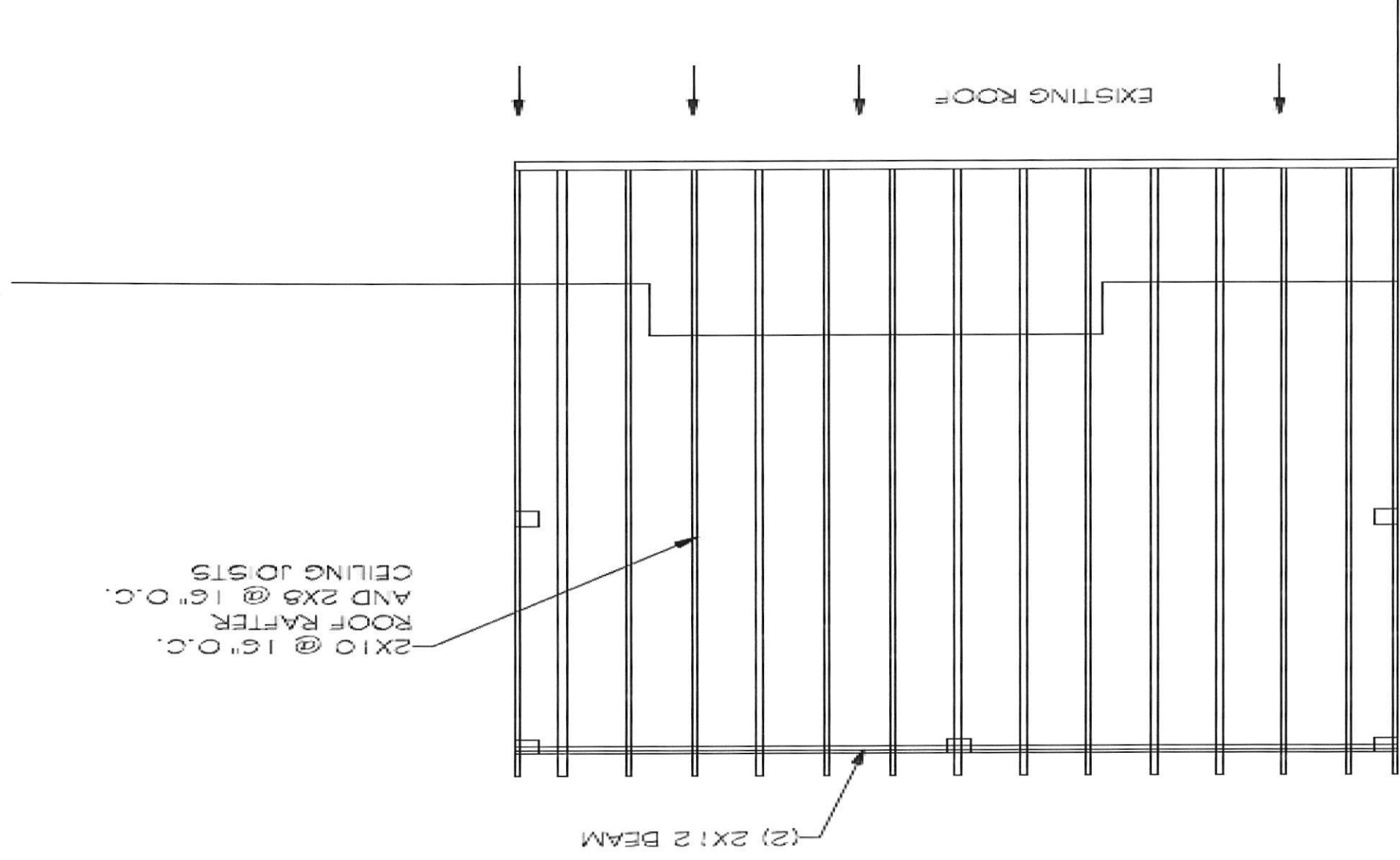
PANTRY

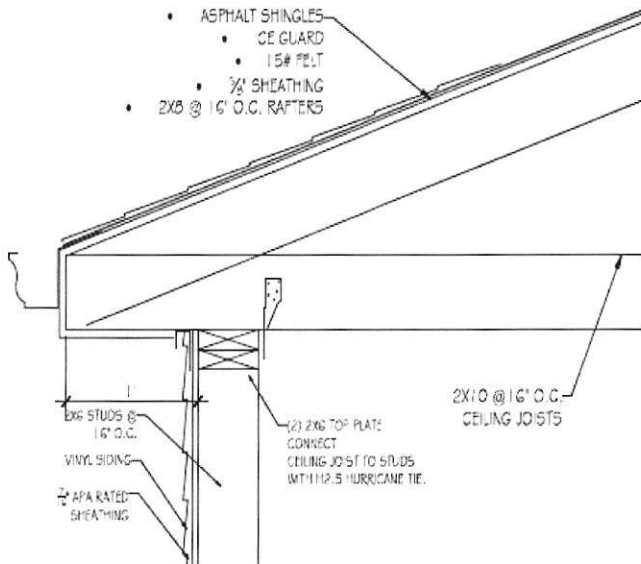
KITCHEN

TOILET

DINING

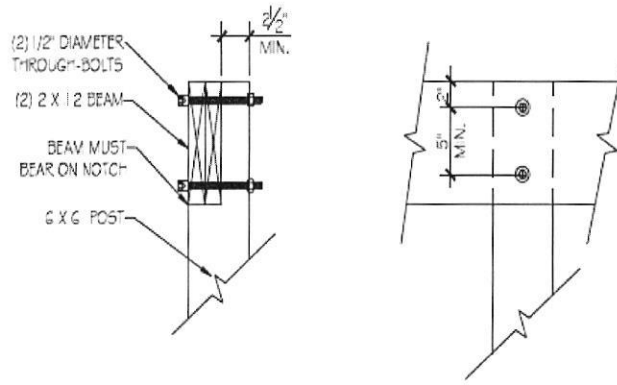






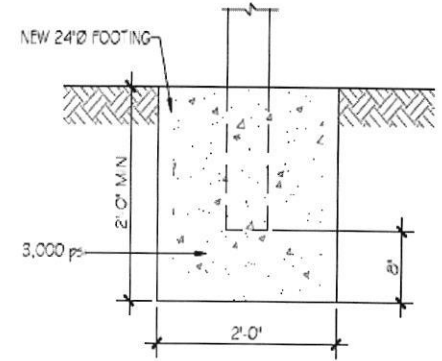
SECTION DETAIL

Scale: 1/2" = 1'-0"



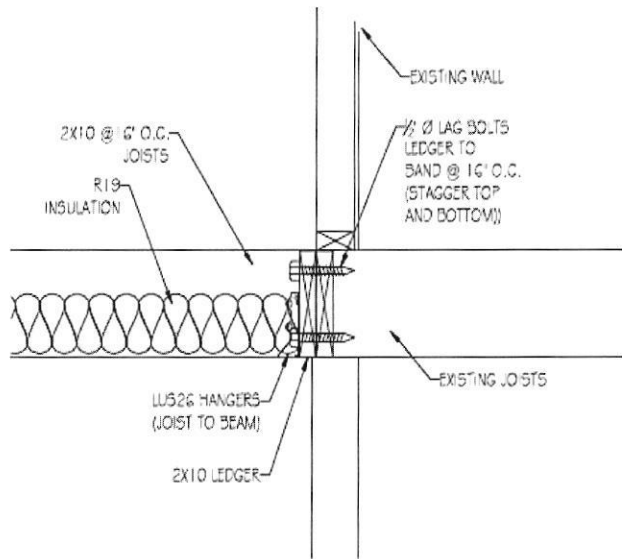
BEAM TO POST DETAIL

Scale: 1" = 1'-0"



POST FOOTING DETAIL

Scale: 1" = 1'-0"



LEDGER DETAIL

Scale: 1" = 1'-0"

11/27/87
Chaincuttime

05-396158

11/30/87 10:30 AM - 2:00 PM
BPA

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 38438
33531
A

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT 9531

DATE 1-15-87

DATE SYSTEM APPROVED 11/30/87

INSPECTOR R.H.

Olen Ketterman IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE 442-1336

SUBDIVISION Brighton Pines ROAD Lakeside Drive LOT 17

PROPERTY OWNER A.D. Gantt Jr.

ADDRESS Oakstream Drive

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

GARBAGE GRINDER? YES _____ NO xx

SEPTIC TANK CAPACITY 1250 GALLONS xx NUMBER OF BEDROOMS 4
158 sq. ft. per bedroom.

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 145' from the front lot line and 130' from the left (277.32') lot line. Run Trench (s) along level ground toward left side of property.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.

PLANS APPROVED BY Craig Willaims DATE 1-15-87

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.

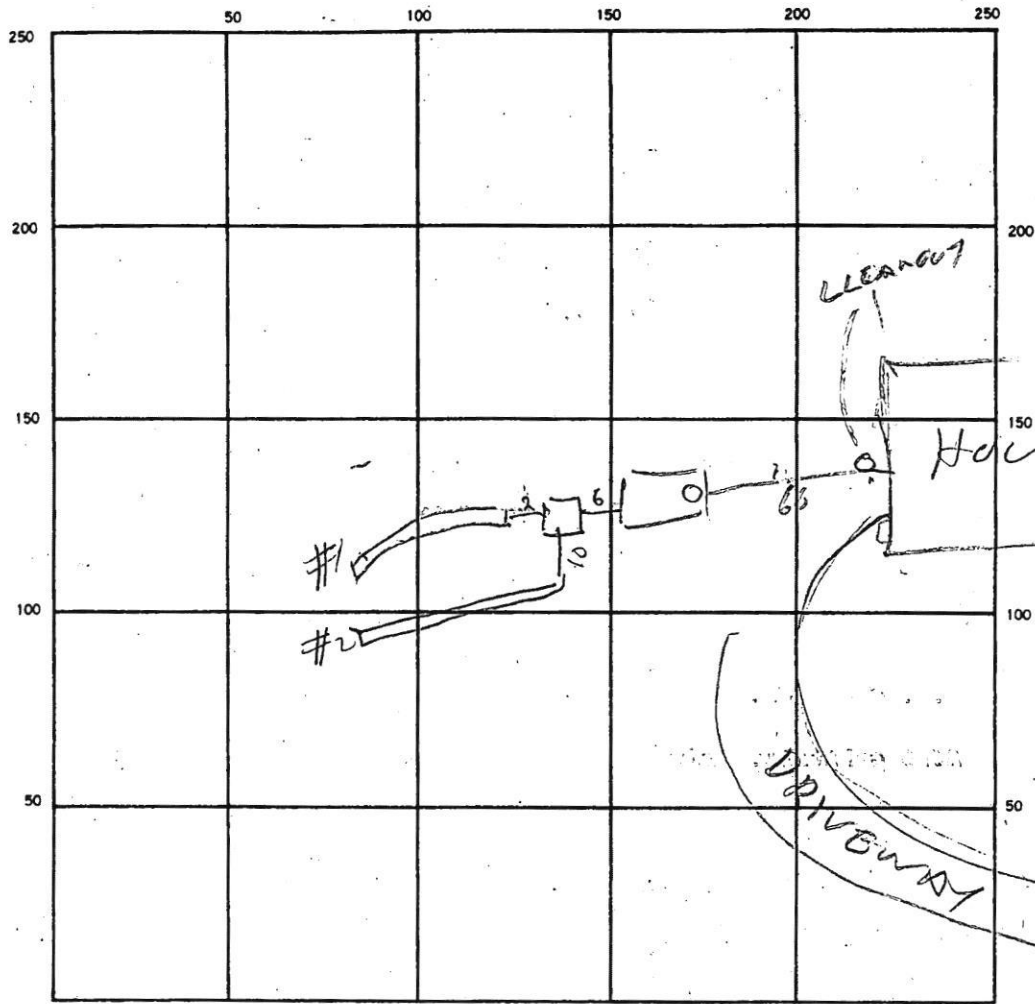
AND RETURNED 12/1/87
Serial # 15668 -
3 call charges

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 33531



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL OK 2000 CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL OK

DRAIN FIELD/TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 55 7/8 FT.

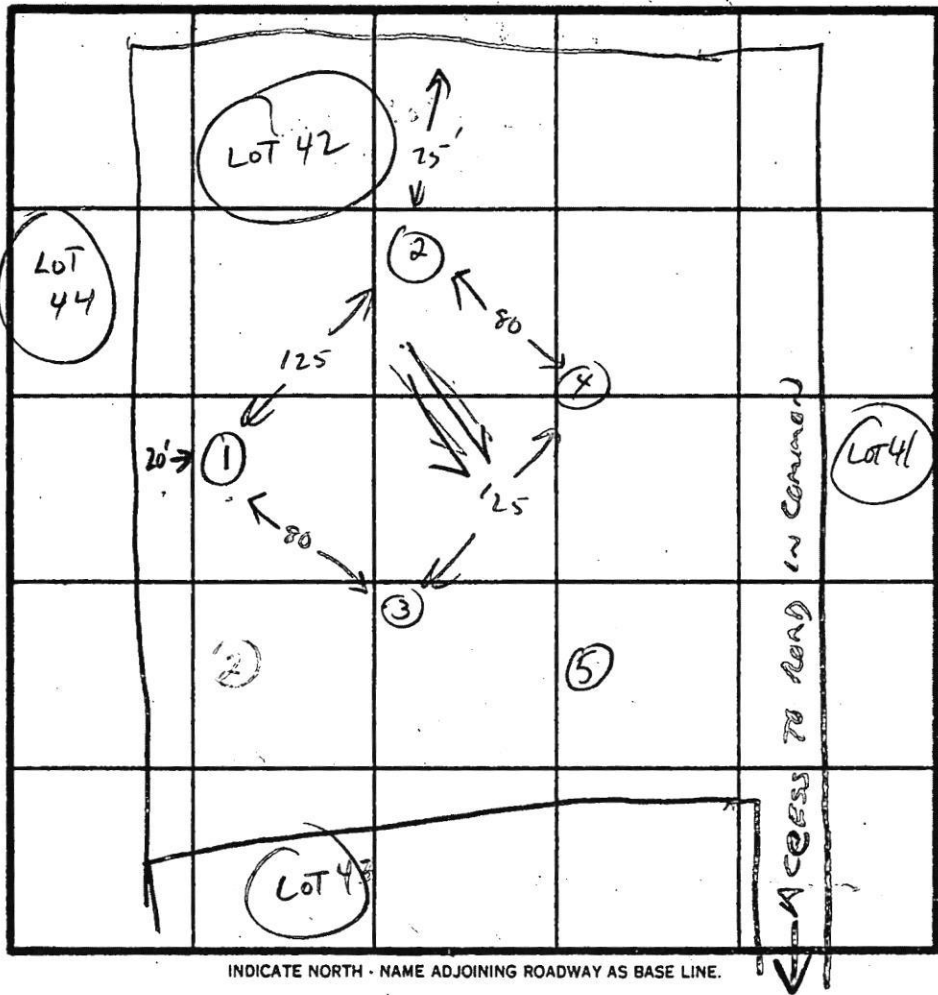
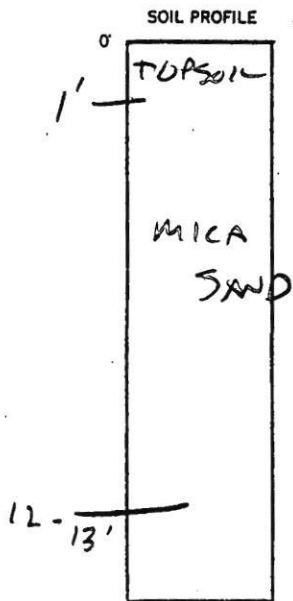
NUMBER OF TRENCHES	<u>2</u>	ONE SIDEWALL/BOTTOM AREA	<u>275</u>	<u>42</u>	<u>2</u>	INSTALLED	REQUIRE
						<u>169.5</u>	<u>632</u>

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 4 1/2 FT.

RAIN TOTAL ABSORBENT AREA _____ SQ. FT.

REMARKS 11/27/07 LOCATION OK. TRENCH #1 DUG & PARTLY STONE
ADD STONE TO #1 DIG #2 RH 11/27/07 - TRENCH #1 FINISH
11/30/07 - TRENCH #2 RH 11/30/07 - TRENCH #2 IS DUG RH
11/30/07 - STONE ADDED TO TRENCH #2 RH

DATE SYSTEM APPROVED 11/30/87 INSPECTOR Raymond Hodges



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-10-84	1 <u>2ND HIGH</u>	3	10:41	10:43	10:43	10:45	2 MIN
		9	10:41	10:43	10:43	10:45	
		12	SANDY				
2-10-84	2 <u>HIGH</u>	3	10:42	10:44	10:44	10:46	2 MIN
		9					
		13	SANDY				
2-10-84	3 <u>LOW</u>	3	10:49	10:51	10:51	10:53	
		9					
		13	SANDY				
2-10-84	4	3	10:42	10:44	10:44	10:46	2 MIN
		9					
		12	SANDY				
	5						

REMARKS _____

TYPE OF SOIL MICA SAND

TESTED BY C. Willman ALSO PRESENT PAUL RISSEL