Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
07/09/2026

_Single Entry Edit-View Record Form

Application Name
B26001689

Description
SFD/ CONSTRUCT 50' X 25' 5" IRREGULAR SHAPED DECK W/ STEPS

On line BP. gs 7/13/26

Revise site plan comment sent by H.O. on 7/14. gs

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Program

Assigned to Staff Current User
Zack Silvast

Site visit confirmed, by SP, that well was 39' away from house. OK to approve BP. Approved in DILP. gs 7/22/26

Address * *(This section is required.)*

New Search Delete Set Primary

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	12158		Mount A...	RD	Elli...	MD	21042				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

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

Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Regio
◉	Dawit Belete	12125 Mount Albert Rd.			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

Full Name

First Name *
Ezequiel
Middle Name
Last Name *
Sanchez
Organization Name *
ECS Home Improvements LLC
Mobile Phone ((XXX)XXX-XXXX)
(240) 475-0844
Home Phone ((XXX)XXX-XXXX)
E-mail
ecshomeimprovementllc@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
7/8/2026
Due Date
7/22/2026
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
7/8/2026

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, foward 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: (Text)
Number of paper copies: (Number)
Number of mylar copes: (Number)
Number of buildable lots created: (Number)
Number of non-buildable lots created: (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
Fulll 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--


Lakeside
LOT A3
MOUNT ALBERT ROAD
WOODMARK
SURVEYS

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Tuesday, July 14, 2026 9:06 AM
To: ecshomeimprovementllc@gmail.com
Subject: B26001689_12158 Mount Albert Drive_Site Plan Revision Request
Attachments: WS_MountAlertRoad_12158_SepticRepairPermit-2023.pdf

Hi Mr. Cabrera Sanchez,

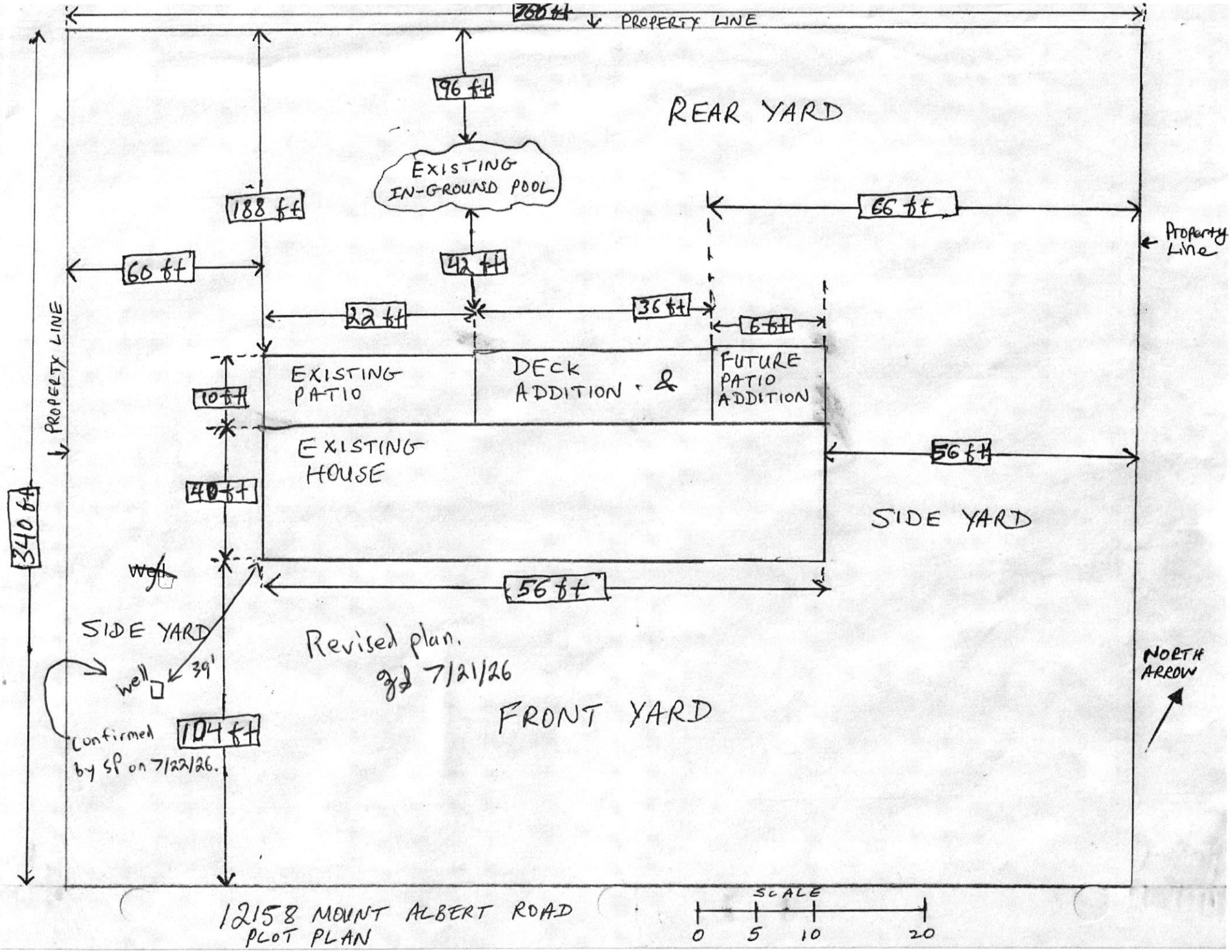
Please revise the site plan printable to engineer scale (1:30 - 1:60) on a sheet of paper no larger than 11"x17" and show the existing well and septic system components (i.e. septic tank and trenches). I've attached the as-built drawing for reference. The plan has to be uploaded as a pdf (no picture copy).

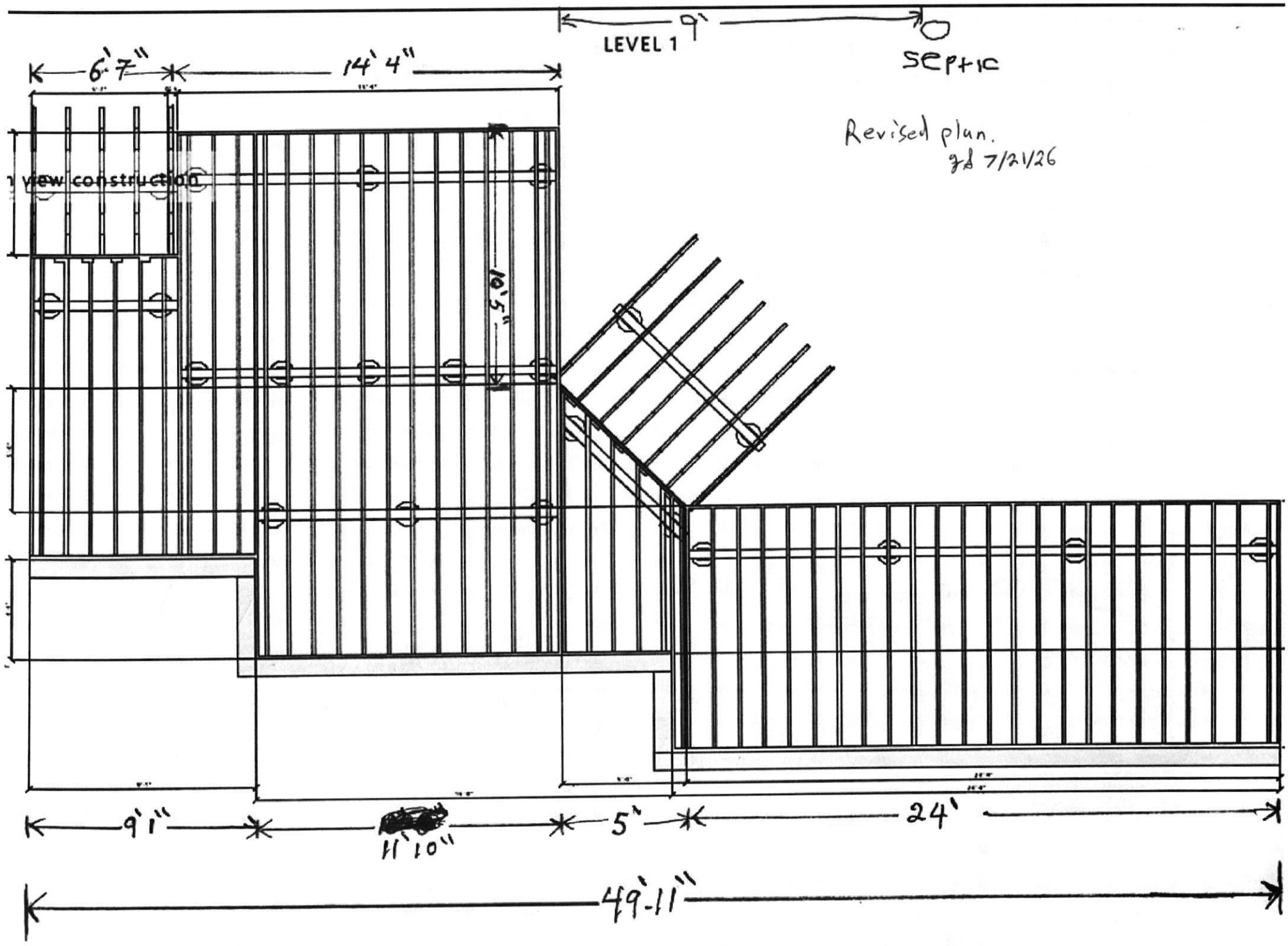
Should you have any questions, please feel free to contact me.

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


766 ft
PROPERTY LINE
96 ft
REAR YARD
EXISTING IN-GROUND POOL
188 ft
66 ft
Property Line
60 ft
42 ft
22 ft
36 ft
6 ft
PROPERTY LINE
EXISTING PATIO
DECK ADDITION & FUTURE PATIO ADDITION
10 ft
EXISTING HOUSE
56 ft
340 ft
40 ft
SIDE YARD
well
56 ft
SIDE YARD
Revised plan.
gd 7/21/26
well
39'
FRONT YARD
NORTH ARROW
Confirmed by SP on 7/22/26.
104 ft
12158 MOUNT ALBERT ROAD
PLOT PLAN
SCALE
0 5 10 20


LEVEL 1
9'
septic
Revised plan.
JD 7/21/26
6' 7"
14' 4"
10' 5"
9' 1"
11' 10"
5'
24'
49' 11"

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
Facebook: www.facebook.com/hocohealth

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

RECEIPT DATE: 2/22/2023

ONSITE SEWAGE DISPOSAL SYSTEM PERMIT: REPAIR

P 572797

APPROVAL DATE: 3/10/2023

A Repair

PROPERTY ADDRESS: 12158 Mount Albert Road

SUBDIVISION: Woodmark **LOT:** 42 **TAX ID:** 03-280721

CONTRACTOR: Young Septic **EMAIL:** ben@younngseptic.com

CONTRACTOR ADDRESS: 1802 Baltimore Boulevard, Westminster, MD 21157 **PHONE:** 443-775-7353

PROPERTY OWNER: Dawit Belete **EMAIL:** 443.277-5857

OWNER ADDRESS: Same as above **PHONE:** 651-245-3185

SEPTIC TANK SIZE: Existing **PUMP TANK CAPACITY (g):** n/a

DISTRIBUTION SYSTEM: ☒ GRAVITY ☐ PRESSURE DOSED **BEDROOMS:** 5 **LOADING RATE:** 1.2

TRENCHES:	LINEAR FEET REQUIRED: 125	INLET DEPTH: 3
	TRENCH WIDTH: 2	MAXIMUM BOTTOM DEPTH: 8.5
	MINIMUM SPACE BETWEEN TRENCHES: 9	EFFECTIVE AREA BEGINNING DEPTH: 5
LOCATION:	To be installed in the location per approved design plan.	
NOTES:	Install repair system per submitted design. Existing trenches to be disconnected and abandoned.	

ISSUED BY: K. Wolf **ISSUE DATE:** 2/22/2023 **EXPIRATION DATE:** 2/22/2024

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 SEPTIC 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 n/a

NOTE: THE HCHD DOES NOT WARRANTY ANY SYSTEM AND CANNOT GUARANTEE THE PERFORMANCE OF THIS SYSTEM AS DESIGNED. BY ACCEPTING THIS PERMIT, THE OWNER AND/OR APPLICANT ACKOWLEDGE THAT THE SPECIFICATIONS DETAILED IN THIS DESIGN ARE ONE POSSIBLE OPTION AND THAT THE HCHD WILL REVIEW OTHER PROPOSALS. YOU HAVE THE OPTION TO SEEK THE ADVICE OF A QUALIFIED DESIGN CONSULTANT OR PROFESSIONAL ENGINEER FOR FURTHER GUIADNCE.

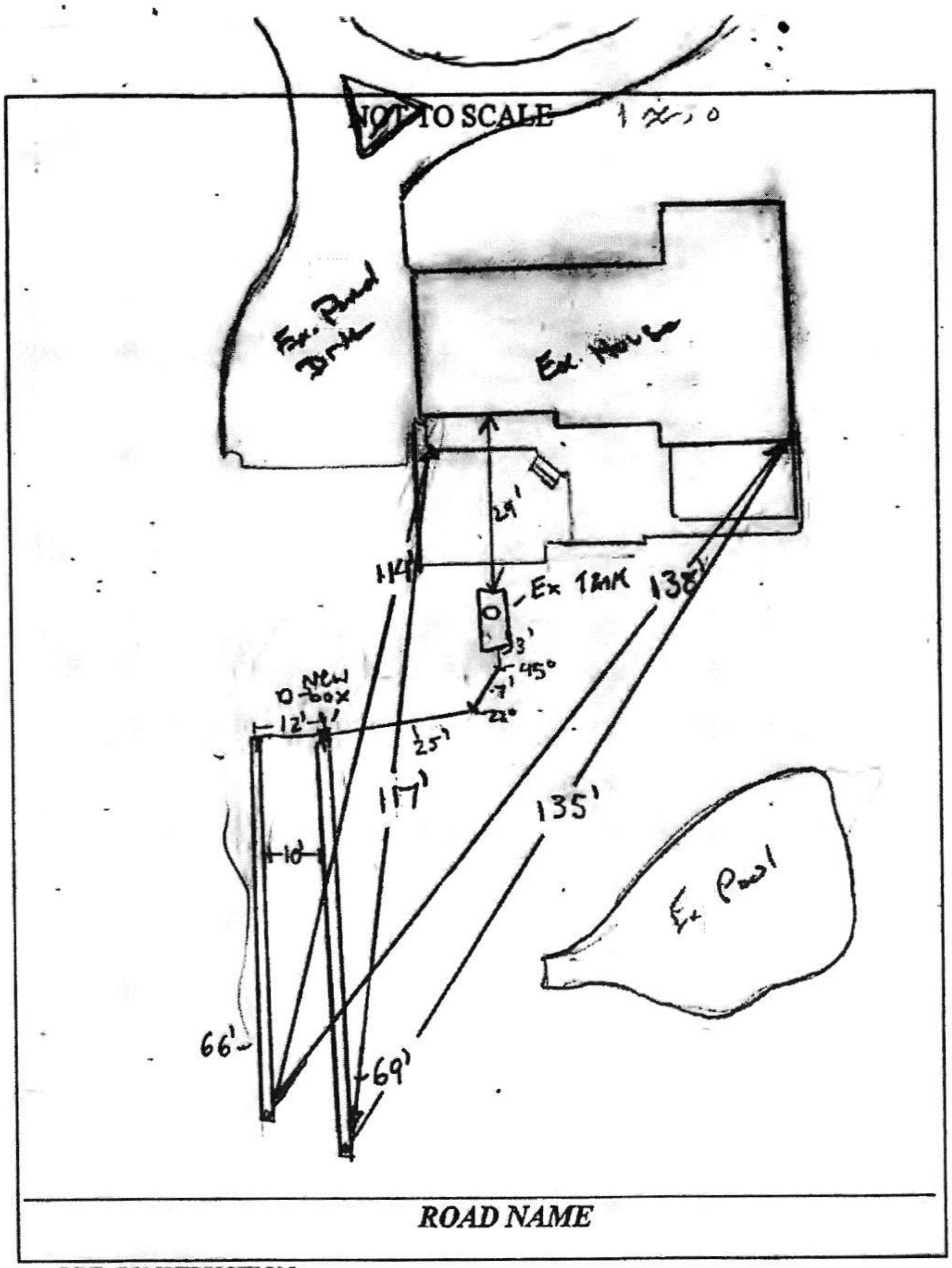
NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

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.



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
2'	3'	3.5

NUMBER OF TRENCHES 2
TOTAL LENGTH 135'
ABSORPTION AREA 270 ft²
DISTRIBUTION BOX LEVEL yes
DISTRIBUTION BOX BAFFLE yes (brick)
DISTRIBUTION BOX PORT yes

Existing **SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL Yes
MANUFACTURER N/A
CAPACITY 1250? GAL
SEAM LOC mid
TANK LID DEPTH ?
BAFFLES Good ✓
BAFFLE FILTER —
MANHOLE LOC Front
6" PORT LOC none
WATERTIGHT TEST OK
SLOTTED no
DATE ON LID N/A

PUMP/SEPTIC TANK LEVEL N/A
MANUFACTURER
CAPACITY GAL
SEAM LOC
TANK LID DEPTH
BAFFLES
BAFFLE FILTER
MANHOLE LOC
6" PORT LOC
WATERTIGHT TEST
SLOTTED
DATE ON LID

PRE-CONSTRUCTION:
2/10/2023 Shot elevations w/ contractor. Repl. system proposed below perc A. Will wait for design plan from contractor (initials)
2/17/2023 Design rec'd approved. Need payment to issue permit (initials)

INSTALLATION: 2/8/2023 - While onsite lower trench had been dug, waiting on stone to finish rest of trench, stone onsite was OK, depth to bottom OK. Came back after stone arrival, saw finished lower trench, told contractor it needed a cap @ observation port. Trench length @ 66 width 2' & inlet 3'. Upper trench ran with older existing system 30' from start down 26', contractor dug to see where existing trench ended, looks like bottom of existing system is deeper than new system. Contractor told to provide trench width, length, & bottom before installing trench. Contractor cannot install upper trench yet. (SP)
3/1/2023 - Installer using laser level in upper trench. First 30' dug, stone laid, & pipe laid, so far inlet 3' per plan. Came back onsite stone on top of pipe had soil in it, stone under pipe OK. Measured upper trench length & distance to house. Gave OK to backfill trenches. Re inspect to level D box & see connection to tank

FINAL INSPECTOR Shepsura Page DATE OF APPROVAL 3/10/2023

3/10/2023 - D-box had no baffle, installer used brick as baffle. Hydraulic cement used to seal pipe from D-box to existing tank. Sch 40 220 PSI used from tank to D box. D box level. (SP)
D-box from Backriver

tps://data.howardcountymd.gov)

Info | Legend | About

12158 MOUNT ALBERT RD

Detailed Search

Add Layer

2025 Aerial Photo

BASE MAP LAYERS

HEALTH SPECIAL LAYERS

UTILITY LAYERS

- HOUSE CONNECTION CARDS
- NATURAL GAS ROW
- STORM DRAIN FEATURES V2
- WATER FEATURES
- SEWER FEATURES

GEOGRAPHY

PLANNING