

Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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Pennv E. Borenstein, M.D., M.P.H., Health Officer

**MEMORANDUM**

TO: George Beisser, Chief  
Division of Planning & Zoning Administration

FROM: Michael J Davis *mjd*  
Director,  
Well & Septic Programs

DATE: March 12, 2007

RE: Petition # BA07-002v

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The Department of Health is unable to determine if the pool meets the required 20 foot setback from the existing septic system drainfield. The end of the drainfield must be exposed to determine if the setback has been met. If the setback is met, this Department has no objection to the variance.

MJD

**Department of Planning and Zoning  
Howard County, Maryland  
Recommendations/Comments**

Date: 2/20/07

Planning Board \_\_\_\_\_ Hearing Examiner 3/26/07 \_\_\_\_\_ Zoning Board \_\_\_\_\_  
Board of Appeals \_\_\_\_\_  
Petition No. BA07-002V Map No. 40 Block 21 Parcel 449 Lot \_\_\_\_\_ Par 9  
Return Comments by 3/12/07 to Public Service and Zoning Administration  
Location of Property: East of Clarksville Pike  
Applicant: Doug Parkinson, T/A Anthony Sylvan Pools  
Applicant's Address: 14055 Clarksville Pike  
Owner: (if other than applicant) Frank and Iris Doyle  
Owner's Address: 14055 Clarksville Pike  
Petition: see application

\*\*\*\*\*

To:

\_\_\_\_\_ Department of Education  
\_\_\_\_\_ ☒ Bureau of Environmental Health  
\_\_\_\_\_ Development Engineering Division  
\_\_\_\_\_ Department of Inspections, Licenses and Permits  
\_\_\_\_\_ Department of Recreation and Parks  
\_\_\_\_\_ Department of Fire and Rescue Services  
\_\_\_\_\_ State Highway Administration  
\_\_\_\_\_ Sgt. Karen Shinham, Howard County Police Dept.  
\_\_\_\_\_ James Irvin, Department of Public Works  
\_\_\_\_\_ MD Dept. of Human Resources, Janice Burris  
\_\_\_\_\_ (Child Day Care)  
\_\_\_\_\_ Office on Aging, Betty Totaro (senior assisted living)  
\_\_\_\_\_ Police Dept., Animal Control, Deborah Baracco, (kennels)  
\_\_\_\_\_ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)  
\_\_\_\_\_ Land Development - (Religious Facility & Age-Restricted  
Adult Housing)

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

07 JAN 24 AM 3:55

DPZ office use only:

Case No. BA 07-002V

Date Filed 1/25/07

Date Accepted  
For Scheduling \_\_\_\_\_

**RESIDENTIAL DISTRICT VARIANCE PETITION  
TO THE HOWARD COUNTY HEARING EXAMINER**

1. PETITIONER'S NAME Doug Parkinson  
TRADING AS (IF APPLICABLE) Anthony Sylvan pools  
PHONE NO. (W) 410 461 2959 (H) 443 812 5327  
EMAIL D Parkinson @ anthony sylvan.com

2. COUNSEL FOR PETITIONER \_\_\_\_\_  
COUNSEL'S ADDRESS \_\_\_\_\_  
COUNSEL'S PHONE NO. \_\_\_\_\_  
EMAIL \_\_\_\_\_

**3. PROPERTY IDENTIFICATION:**

ADDRESS OF SUBJECT PROPERTY 14055 Clarksville pike  
Highland, MD 20777  
TOTAL ACREAGE OF PROPERTY 5.267  
ELECTION DISTRICT: 5th ZONING DISTRICT: \_\_\_\_\_  
TAX MAP # 40 GRID # 21 PARCEL # 449 LOT # PAR 9  
SUBDIVISION NAME (if applicable): \_\_\_\_\_  
PLAT NUMBER AND DATE: \_\_\_\_\_

**4. PETITIONER'S INTEREST IN SUBJECT PROPERTY:**

☐ OWNER (including joint ownership)

☒ OTHER (describe and give name and address of owner)

Frank and Iris Doyle  
14055 Clarksville pike, Highland, MD 20777

If the Petitioner is not the owner of the subject property, documentation from the owner authorizing the petition must accompany this petition.

6. VARIANCE REQUEST:

The undersigned hereby petition the Hearing Examiner for a variance from the requirement(s) of Section

105 E 4.9 of the Zoning Regulations to: (describe) Build an inground swimming pool within 19 feet of the side setback property line. The side setback is 30 feet.

A.) Describe why the application of the Zoning Regulations in question to your particular property would result in practical difficulties or unnecessary hardships in complying strictly with the bulk requirements:

1. The physical character of the property is different from the character of the surrounding properties because of its: ☒ narrowness, ☐ shallowness, ☐ shape, ☐ topography, ☐ other; explain: The property is only 200' wide which is narrow for 5.267 Acres. Also, the septic drain field runs across the middle of the yard, pushing the pool to the right side.
2. The uniqueness of the property prevents me from making a reasonable use of the property because: septic field blocked the original desired location of the swimming pool

B.) The intended use of the property, in the event the petition is granted: Inground swimming pool with retaining wall and fence

C.) Any other factors which the Petitioner desires to have considered: The shape and topography of the property required a retaining wall to be built which slid the pool location to the right side

D.) Explain why the requested variance is the minimum necessary to afford relief: \_\_\_\_\_

E.) Is the property connected to: public water?: Y\_\_\_ N ☒; public sewer?: Y\_\_\_ N ☒

F.) If the variance is granted, would it impact the water and/or septic/sewer on the site? Y\_\_\_ N ☒

G.) If the variance is granted, would it increase the intensity of uses on the site? Y\_\_\_ N ☒; if yes,

explain: \_\_\_\_\_



H.) If the requested variance is granted, would it increase traffic to or from the site? Y\_\_\_N\_\_\_☒; if yes, explain: \_\_\_\_\_

I.) Describe in detail all means of vehicular access onto the site (i.e. width, type of paving, etc.): \_\_\_\_\_

J.) Describe the topography of the site: The Lot is sloped from front to back.

K.) Will the existing or proposed structure be visible from adjacent properties? ☒N\_\_\_; if yes, describe any proposed buffering or landscaping: Existing Fence and Landscaping to block the view of the swimming pool.

L.) Describe any existing buffering or landscaping: \_\_\_\_\_

**7. PRIOR PETITIONS:** Has any petition for the same variance, or substantially the same variance as contained herein, for the same property as the subject of this petition, been disapproved by the Hearing Examiner within twenty four (24) months of the date of this petition? ( ) YES ( ) NO

If yes, and six (6) months have elapsed since the last hearing, an affidavit setting forth new and different grounds on which re-submittal is based must be attached.

**8. ADDITIONAL MATERIAL, FEES, POSTING, AND ADVERTISING:**

- A) If desired, supplemental pages may be attached to the petition. The following number of petitions, plans and supplemental pages must be submitted:

**19 copies plus the original if the subject property adjoins a State road.**

**16 copies plus the original if the subject property adjoins a County road.**

- B) The undersigned agrees to furnish such additional plats, plans, reports or other material as may be required by the Department of Planning and Zoning and/or the Hearing Examiner in connection with the filing of this petition.

The undersigned agrees to pay all costs in accordance with the current schedule of fees.

The undersigned agrees to properly post the property at least fifteen (15) days prior to the hearing and to maintain the property posters as required, and submit an affidavit of posting at, or before the time of the hearing.

The undersigned agrees to insert legal notices, to be published one (1) time in at least two (2) newspapers of general circulation in Howard County, as prepared and approved by the Department of Planning and Zoning, within at least fifteen (15) days prior to the hearing, and to pay for such advertising costs; and further agrees to submit two (2) approved certificates of the text and publication date(s) of the advertisement at or before the time of the hearing.

**9. PLANNING BOARD REVIEW:**

The Hearing Examiner may, at its discretion, refer a residential district variance petition to the Planning Board for review and a recommendation.

**10. SIGNATURES:**

The undersigned hereby affirms that all of the statements and information contained in, or filed with, this petition are true and correct.

The undersigned has read the instructions on this form, filing herewith all of the required accompanying information.

Doug Parkinson  
Petitioner's Name (please print)

Doug Parkinson 1/24/2007  
Petitioner's Signature Date

\_\_\_\_\_  
Counsel's Name (please print)

\_\_\_\_\_  
Counsel's Signature

\_\_\_\_\_  
Date

For DPZ office use only: (Filing fee is \$300.00 plus \$15.00 per poster.)

Hearing fee: \$ 300.00

Poster fee: \$

TOTAL: \$

Receipt No. 1345.

(Make checks payable to "Director of Finance")

County Website: [www.co.ho.md.us](http://www.co.ho.md.us)

PETITIONER Doug Parkinson  
PROPERTY ADDRESS 10840 Guilford Rd Suite 406 Annapolis Junction  
MD 20701

Affidavit made pursuant to the pertinent provisions of Title 22 of the Howard county  
Code as amended.

THE UNDERSIGNED DOES HEREBY DECLARE THAT NO OFFICER OR  
EMPLOYEE OF HOWARD COUNTY, WHETHER ELECTED OR APPOINTED, HAS  
RECEIVED PRIOR HERETO OR WILL RECEIVE SUBSEQUENT HERETO, ANY  
MONETARY OR MATERIAL CONSIDERATION, ANY SERVICE OR THING OF VALUE,  
DIRECTLY OR INDIRECTLY, UPON MORE FAVORABLE TERMS THAN THOSE  
GRANTED TO THE PUBLIC GENERALLY IN CONNECTION WITH THE SUBMISSION,  
PROCESSING, ISSUANCE, GRANT OR AWARD OF THE ATTACHED APPLICATION  
FOR A RESIDENTIAL DISTRICT VARIANCE AS REQUESTED FOR THE PROPERTY  
REFERENCED ABOVE.

I WE, DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OR  
PERJURY THAT THE CONTENTS OF THE AFOREGOING AFFIDAVIT ARE TRUE AND  
CORRECT TO THE BEST OF MY, OUR, KNOWLEDGE, INFORMATION AND BELIEF.

_____ Witness	_____ Signature	_____ Date
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_____ Witness	_____ Signature	_____ Date
------------------	--------------------	---------------

_____ Witness	_____ Signature	_____ Date
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**Iris Doyle**  
14055 Clarksville Pike  
Highland, MD 20777  
Telephone 301-854-9460  
Fax 301-854-9436  
Cell 301-509-0153

07 JAN 24 AM 3:55

January 16, 2007

Anthony Sylvan  
Mr. Gene Kelley  
Mr. Doug Parkinson  
10840 Guilford Road  
Suite 407  
Annapolis Junction, MD 20701

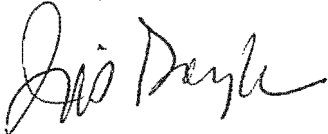
Dear Mr. Parkinson and Mr. Kelley:

Pursuant to our many telephone conversations, it is my understanding that you have assumed all responsibility to remediate the attached citation case # ZC-06-150 from Howard County Maryland Department of Planning and Zoning, as it relates to the pool your company built at my home.

Let this letter also serve as authorization to submit the variance that you have prepared for such remediation.

If there are any misunderstandings regarding this letter, please respond in writing. Should you have any further questions, you can reach me by telephone at the above numbers.

Sincerely,

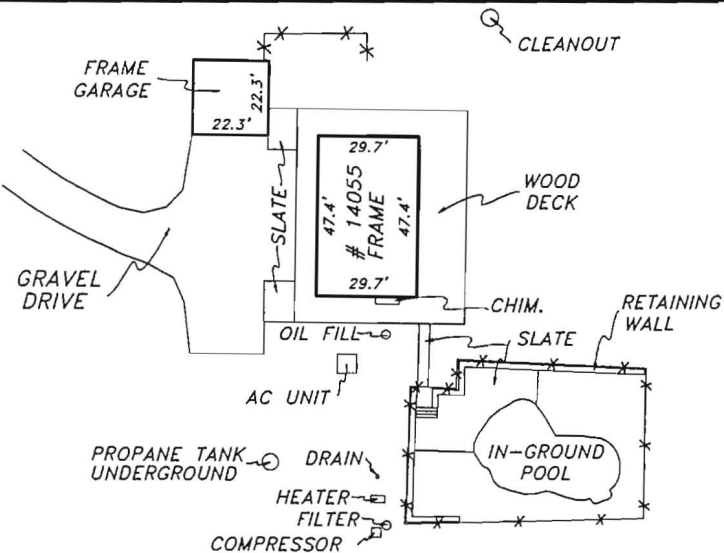
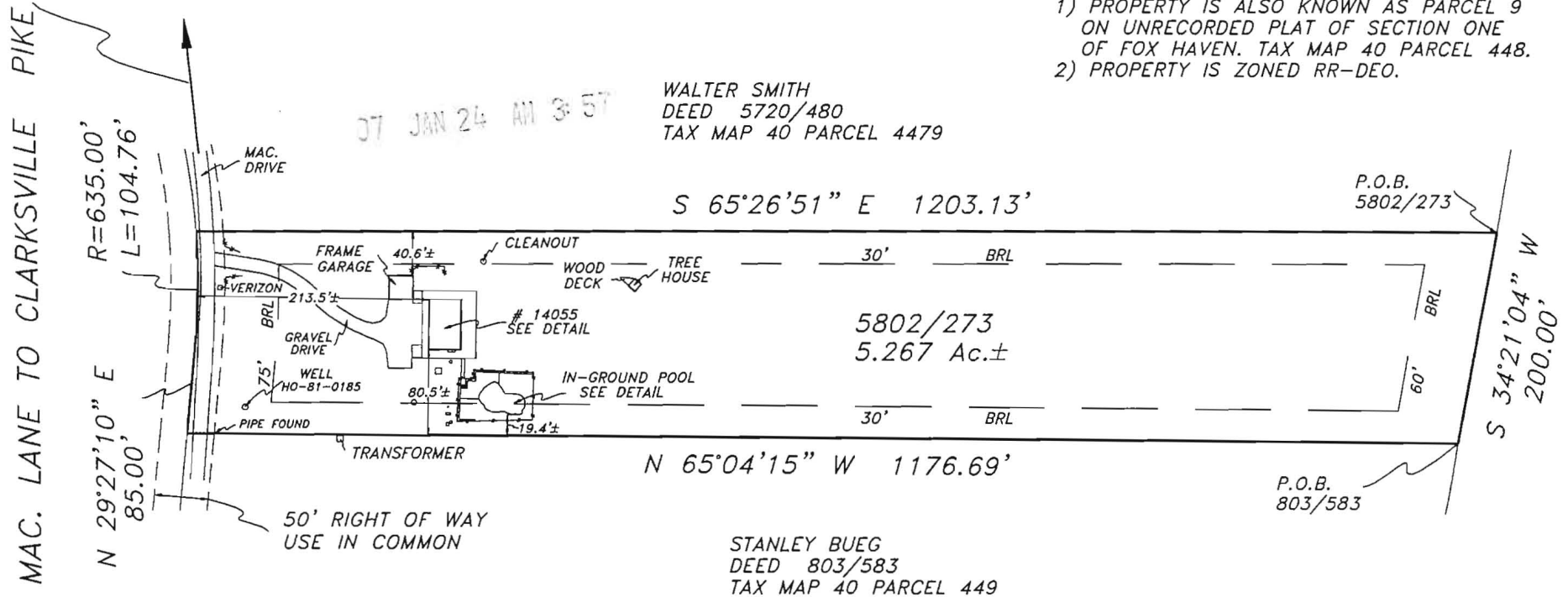


Iris Doyle

Cc: Gene Kelley, Anthony Sylvan Construction  
Steve Rolls, HC Inspector

# NOTES:

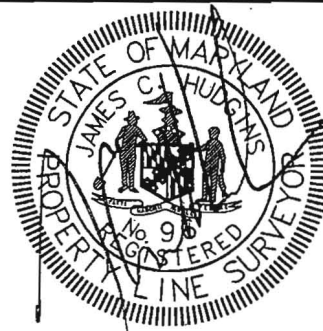
- 1) PROPERTY IS ALSO KNOWN AS PARCEL 9 ON UNRECORDED PLAT OF SECTION ONE OF FOX HAVEN. TAX MAP 40 PARCEL 448.
- 2) PROPERTY IS ZONED RR-DEO.



HOUSE DETAIL  
NOT TO SCALE

## OWNER/PETITIONER

FRANK & IRIS DOYLE  
14055 CLARKSVILLE PIKE  
HIGHLAND, MARYLAND 20777



J. CARL HUDGINS  
PROPERTY LINE SURVEYOR #96

SPECIAL PURPOSE SURVEY  
PLAN TO ACCOMPANY VARIANCE PETITION  
14055 CLARKSVILLE PIKE  
5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.

16205 Old Frederick Road  
Mt. Airy, Maryland 21771  
Ph. (410)442-2031  
Fax No. (410)442-1315

Scale: 1" = 150'

Date: 21DEC06

Field By: RIK

Drawn By: RIK

Drawing # MISC8894

approved 2/10/84  
Stayer

2/7/84  
as late as possible  
for - Michien

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
992-2330

P 33446  
A 30829

ELLICOTT CITY  
DISTRICT 5th

INDEX  
05-375266

DATE 1/6/84

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737. PHONE 988-9270

SUBDIVISION Fox Haven ROAD 14055 Route 108 LOT 9

PROPERTY OWNER Karl Peters

ADDRESS 10403 Iris Place, Silver Spring, Md. 20903 Phone: 434-5944

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

GARBAGE GRINDER? YES X NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 193 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe. Start the trench ~~at~~ 270 feet from the front lot line and 20 feet from the left lot line, as seen when facing the lot from the right-of-way. Continue to dig the trench on level ground the necessary distance.

## BUILDING PERMIT SIGNED

### AND RETURNED

3/31/84 800147121- I6 PDDL

PLANS APPROVED BY Raymond Hodges and Frank Skinner DATE 1/6/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

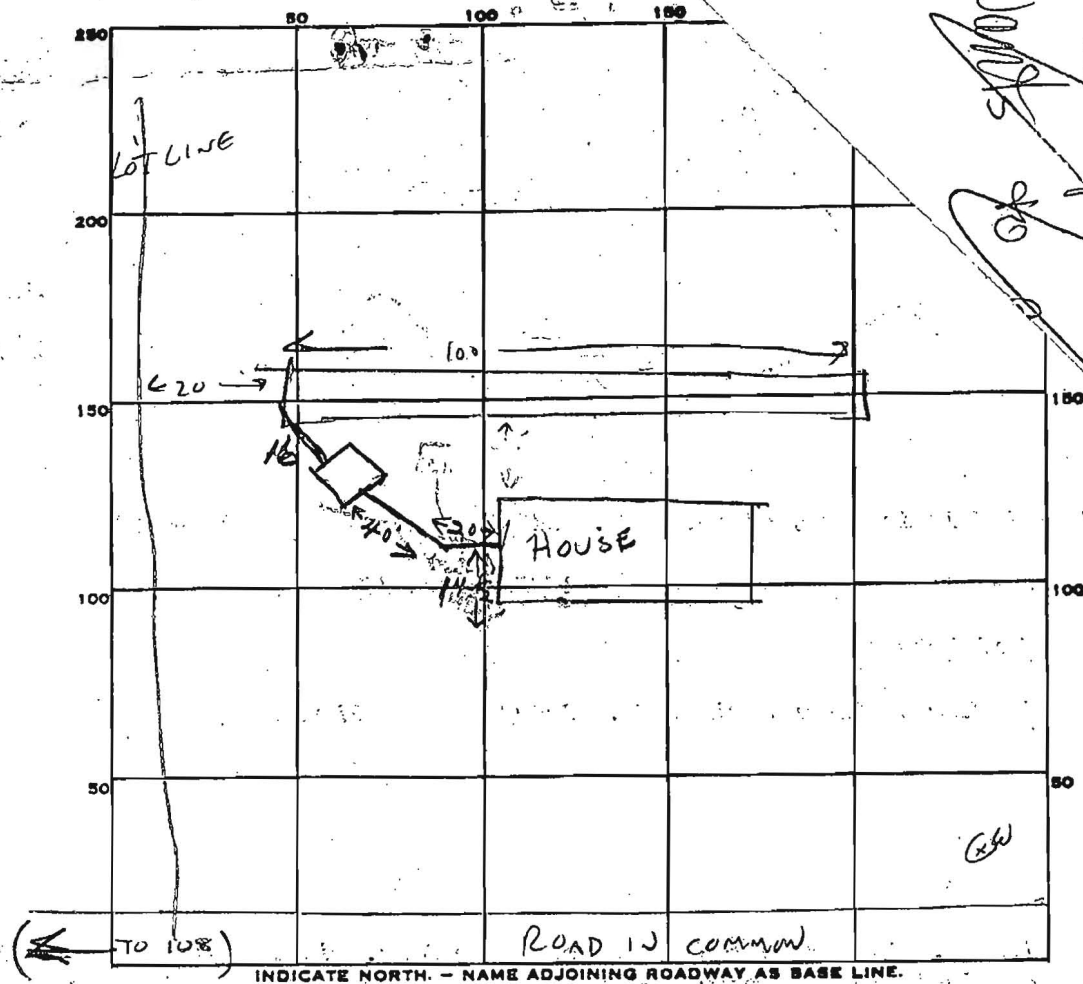
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30829



PERMIT CARD ☒

SEPTIC TANK, LEVEL ✓

1500 gal

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 10

FT.

TRENCH WIDTH 2

FT.

GRAVEL DEPTH 6 FT

IN.

TOTAL LENGTH 100

FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL

TOTAL BOTTOM AREA 600

SEEPAGE PITS, INSIDE DIAMETER         

FT.

DEPTH BELOW INLET         

FT.

ABSORBENT AREA 600

SQ. FT.

REMARKS

1. TRENCH IN - 100FT X 6FT STONE 2-6-84 CW

2/10/84 OK to cover all work JS

DATE SYSTEM APPROVED 2/10/84

INSPECTOR Stacy

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30829

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th.

DATE 8/6/80

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Karl Peters

ADDRESS 10403 Iris Place, Adelphi, Md. 20783 PHONE 434-5944

PROPERTY LOCATION: Silver Spring, Md. 20903

SUBDIVISION Fox Haven LOT NO. 9

ROAD AND DESCRIPTION On East side of Route 108 off first private road approx. 400 feet  
of Patuxent River. 14055 Route 108

SIZE OF LOT Parcel 9, 5.267 acres TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Karl G. Peters

BLDG. PERMIT, SIGNED  
AND RETURNED 9/21/80

Serial No. 55166  
with 3 bedrooms &  
with garage.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS OK DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8/11/80 Retest Failed Use Original

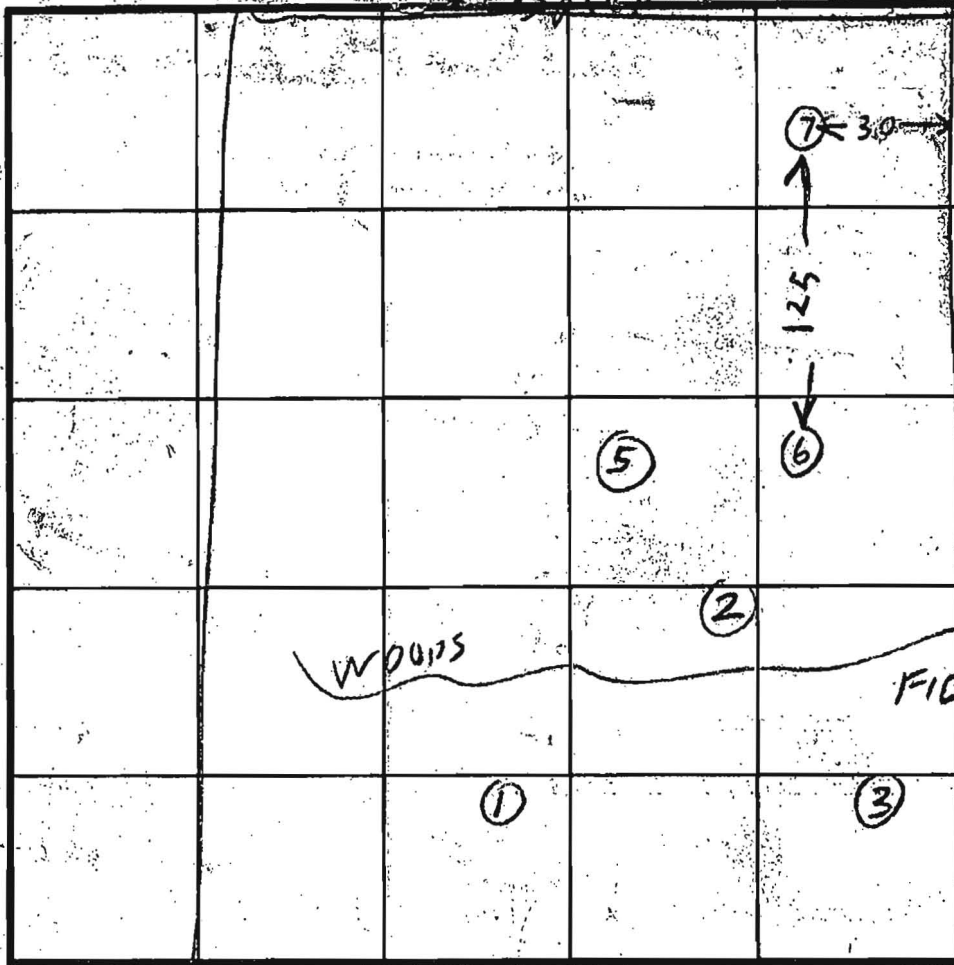
Specs

# THIS IS NOT A PERMIT



SOIL PROFILE

SOIL PROFILE



SEE  
ORIGINAL  
PERC SHEET  
FOR LOCATION  
OF HOLES

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/11/80	T	14	WATER				

REMARKS

FYOCK SAID WATER FOUND 14 FT  
SUGGESTED OWNER USE ORIGINAL SPECS  
WATER HOLE ABOUT 8 FT LOWER THAN LOWEST PERC

TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT

FYOCK  
CARL PETER  
POSSIBLE BUYER

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30829

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 176 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th.

DATE 8/6/80

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM:

PROPERTY OWNER Karl Peters

ADDRESS 10403 Iris Place, Adelphia, Md. 20783 PHONE 434-5944

PROPERTY LOCATION:

SUBDIVISION Fox Haven LOT NO. 9

ROAD AND DESCRIPTION On East side of Route 108 off first private road approx. 400 feet  
of Patuxent River.

SIZE OF LOT Parcel 9, 5.267 acres TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER  
ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT Karl Peters

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

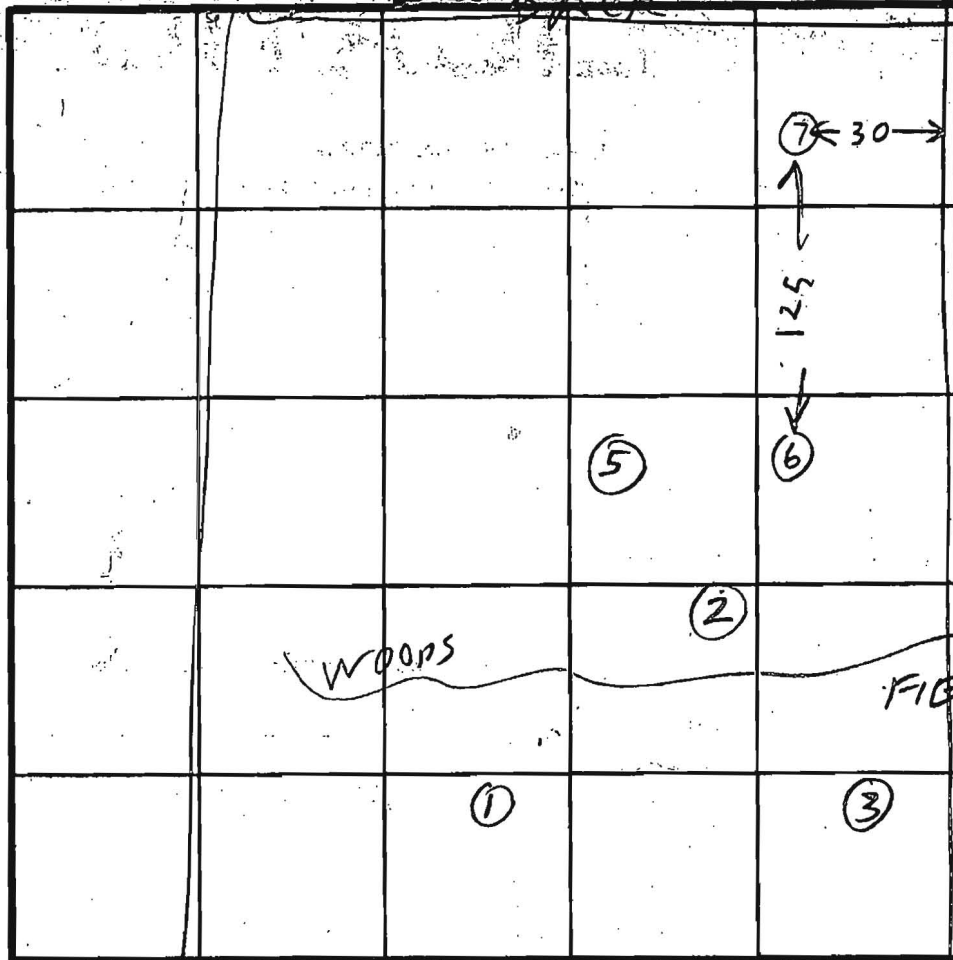
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

SOIL PROFILE



SEE  
ORIGINAL  
PERC SHEET  
FOR LOCATION  
OF HOLES

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/11/80	T	14	WATER				

REMARKS

FYOCK SAID WATER FOUND 14 FT  
SUGGESTED OWNER USE ORIGINAL SPEEDS  
WATER HOLE ABOUT 8 FT LOWER THAN LOWEST PERC  
FYOCK

TYPE OF SOIL

TESTED BY

B. HODGES

ALSO PRESENT

CARL PETER  
POSSIBLE BUYER

Recorded  
Liber 714, Folio 101

# APPLICATION

520

A 21587

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 6/2/75

3 B.R. 1000 gal. septic tank | 4 B.R. 1250 gal. septic tank  
Drywell to have 125 sq. ft. effective sidewall absorption area  
per bedroom, to begin below the first 4 ft. of non-porous soil.  
Maximum depth permitted for drywell is 12 ft. below original grade.  
Locate drywell 270 ft from the front lot line and 20 ft  
from the left side line as seen when facing the property  
from the right-of-way.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Richard Hallowell

ADDRESS Highland, Md. 20777 PHONE 286-2988

PROPERTY LOCATION: Highland, Md.

SUBDIVISION (Fox Haven) LOT NO. 9

ROAD AND DESCRIPTION On E. side of Rt 108 off first private road  
approx 400' N. of Patuxent River..

SIZE OF LOT Parcel 9, 5.267 ac - 714/101 TYPE BLDG. Res. (4) bedrms.  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Hallowell  
Richard Hallowell

✓ APPROVED BY Frank Skinner FOR Drywell DATE 1/21/76  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6/6/75 Hold for certified holes F.S.

# THIS IS NOT A PERMIT



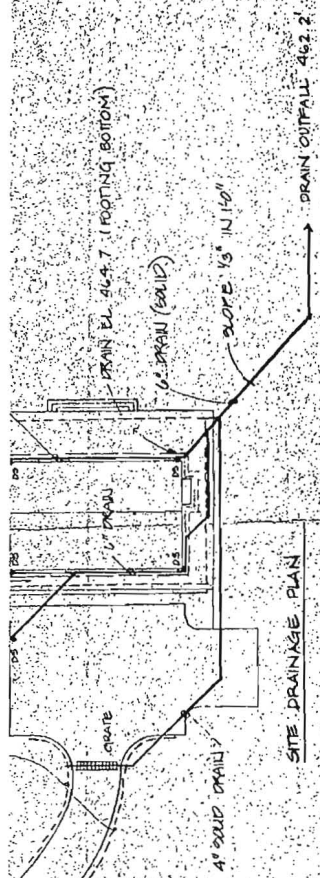


469.9  
 465.9  
 467.5  
 472.8  
 467.75  
 468.12

EXIST. ELEV. OF DRYWELL  
 DRYWELL INLET ELEV.  
 INVERT ELEV. OF SEPTIC TANK  
 EXIST. ELEV. AT SEPTIC TANK  
 INVERT ELEV. INTO SEPTIC TANK  
 INVERT ELEV. OUT OF HOUSE  
 (18' OF RUN @ 1/4" = 1/8")

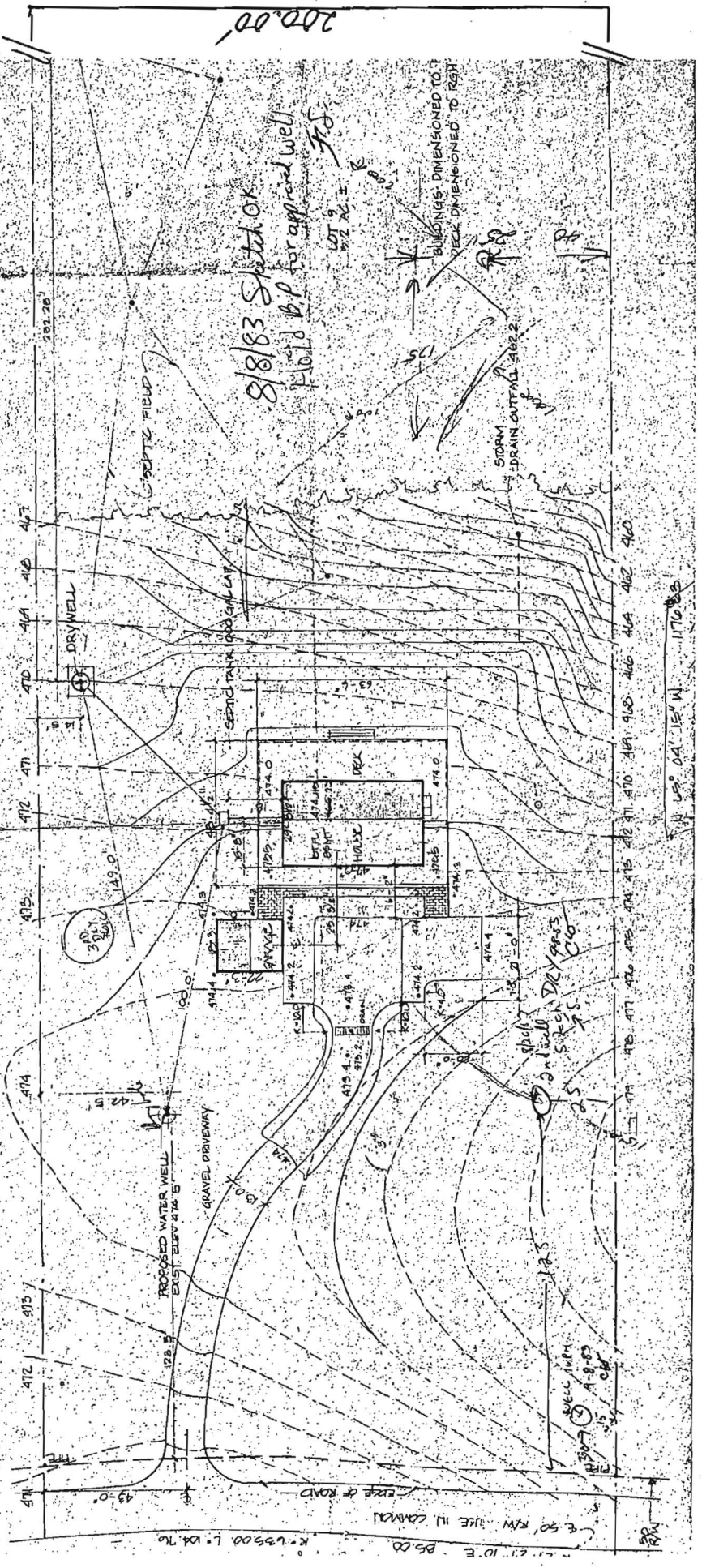
SEPTIC SYSTEM DATA

1:50



DRAIN OUTFALL 462.2

SITE DRAINAGE PLAN



N 15° 04' 15\"/>

## HEALTH

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-0185  
Location of property (road) MD. Rt 108  
Subdivision FOX HAVEN Lot 9 Block — Plat — Sec. —  
Well Driller Robert L. Cline Owner Karl Peters

Depth of well 42.5'  
Distance of measuring point (M.P.) above ground 0  
Static water level (S.W.L.) below M.P. 4.5'

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:35 Pumping rate 10 GPM  
Total time 25 MIN to reach pumping water level 161 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:35	45	6 SECONDS	✓	10
8:50	128	6 "	✓	10
9:05	160	6 "	✓	10
9:20	161	53"	✓	1+
9:35	161	53"	✓	1+
9:50	161	53"	✓	1+
10:05	161	53"	✓	1+
10:20	161	53"	✓	1+
10:35	161	53"	✓	1+
10:50	161	53"	✓	1+
11:05	162	53"	✓	1+
11:20	162	53"	✓	1+
11:35	162	53"	✓	1+
11:50	162	53"	✓	1+
12:05	163	53"	✓	1+
12:20	163	53"	✓	1+
12:35	164	53"	✓	1+
12:50	164	53"	✓	1+
1:00	164	53"	✓	1+
1:15	165	53"	✓	1+
1:30	165	53"	✓	1+
1:45	165	53"	✓	1+
2:00	165	53"	✓	1+





Reviewed By: *g.s.* 9/19/83 OK

FIELD DATA SHEET  
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-81-0185 Owner or Applicant \_\_\_\_\_

Location of Property (road) MD RT 108

Subdivision FOX HAVEN Lot 9 Block      Plat      Sec.     

Well Driller ROBERT CLINE

Depth of Well 425

Distance of Measuring Point (M.P.) above ground 0

Static Water Level (S.W.L.) below M.P. 48'

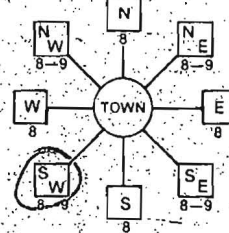

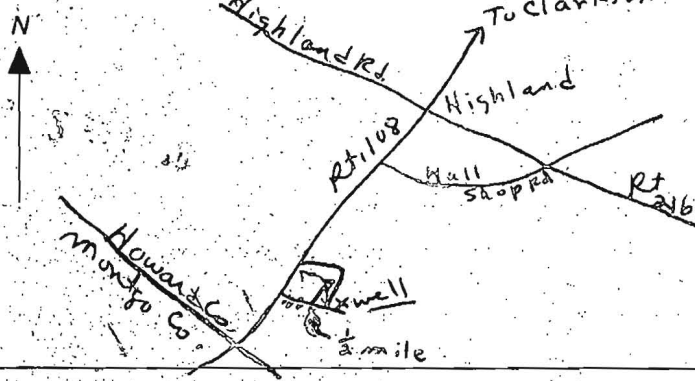
I. High Rate Pumping -- reservoir drawdown

Time pump started - 8:35 - Pumping rate 10 GPM

Total time 25 MIN to reach pumping water level 161 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

[illegible]

B 4	3901	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-0185</b> <small>fill in this form completely</small>
Date Received <b>9/8/83</b> <b>061383</b>		OWNER INFORMATION Last Name <b>PETERS</b> Owner First Name <b>KARL</b> Street or RFD <b>10403 IRIS PLACE</b> Town <b>ADDELPHI</b> State <b>MD</b> Zip <b>20837</b>		
DRILLER INFORMATION Driller's Name <b>Robert L. Cline</b> Firm Name <b>Cline and Duvall, Inc</b> Address <b>8093 Hillmark Court, Frederick</b> Signature <b>Robert L. Cline</b> Date <b>6-8-83</b> License No. <b>139</b>		LOCATION OF WELL COUNTY <b>HOWARD</b> SUBDIVISION <b>FOXHAVEN</b> SECTION <b>44</b> LOT <b>9</b> NEAREST TOWN <b>HIGHLAND</b> MILES FROM TOWN (enter 0 if in town) <b>2</b> M I		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>300</b>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NEAR WHAT ROAD <b>MD. Route 108</b> DISTANCE FROM ROAD <b>0.5</b> ENTER FT or MI <b>M I</b>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST/OBSERVATION/ MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> COUNTY NAME <b>A 30829</b> COUNTY NO. OEP SIGNATURE <b>Frank Skinner</b> STATE HEALTH (INSERT S) DATE ISSUED <b>07/11/83</b> EXP. DATE <b>1/1/84</b> NORTH GRID <b>482000</b> EAST GRID <b>0808000</b>		
APPROXIMATE DEPTH OF WELL <b>300</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH.		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE N <b>800 8</b> E <b>480 2</b>		
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input checked="" type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____		LOCATION OK 48' CASING 1 1/2' ABOVE GR. 20' OPEN PIPED TO 30' Howard Co. BAGS CEMENT Montgo. Co. 9-8-83 Brown Rd. Clarksville		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ FORCE <b>FS</b> WRITE INITIALS IN BOX PERMIT No. <b>40-81-0185</b> SPECIAL CONDITIONS _____				



*R. L. E. P. O.*

C-4194

5.267 ACRES

(9)

PLAT OF SURVEY  
OF

LOT 9 FOX HAVEN  
FIFTH ELECTION DIST., HOWARD CO.  
HIGHLAND, MARYLAND

SCALE 1"=100 FT. FEB. 7, 1975

Radius = 635.00'  
Arc L = 104.76'  
Ch = N 24° 43' 24" E  
104.64'

R/W U.S. In Common  
N 29° 27' 10" E  
13.00'

Notes: Field location of parcelation first  
The lot shown herein complies with the  
uniform ownership and lot area as required  
by the Maryland State Health Department  
and: Private Water & Sewer

*W. J. M. D. 6/18/75*  
and City Health Officer Date

panel

m to the  
property  
level of  
should be  
an

en located

med.

LIBER 1210  
FOLIO 728

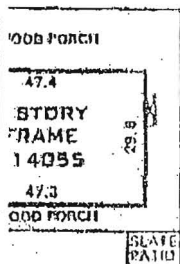
5.26 Ac.

1203.13'

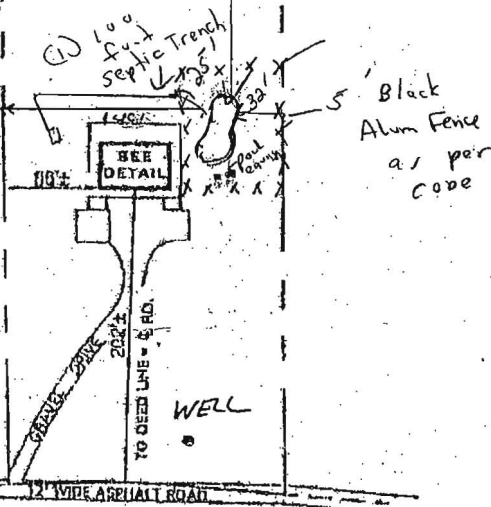
S 65°26'51"E

1176.69'

N 65°04'15"W



BP00147121  
OK  
Proposed pool location  
KN  
3/31/04  
Approx location  
of well compared  
to well driller's  
well completion  
report



TAIL  
1"=50'

A = 114.72' 75.00'  
R = 635.00' N 29°27'10"E

ING  
IS PROPERTY  
FOLIO 728  
ARYLAND

CLARKSVILLE PIKE  
(50' R/W)