

7/31/00
10:30

03-310655

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

410-313-2640

P 513 335

A 35630
REPAIR

INDEXED

ISSUE DATE 3/21/2000

APPROVAL DATE 7/31/00

Mid-Atlantic Plumbing

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS Annapolis MD PHONE 800-822-2544

SUBDIVISION Hilltop Farms LOT NUMBER 1 ADDRESS 3134 Route 32

PROPERTY OWNER Howard & Jennifer Hays PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY — GALLONS

PUMP CHAMBER CAPACITY — GALLONS

NUMBER OF BEDROOMS —

SQUARE FEET PER BEDROOM —

LINEAR FEET OF TRENCH REQUIRED —

TRENCHES: Trenches to be — feet wide. Inlet — feet below original grade. Bottom maximum depth — feet below original grade. — feet of stone below distribution box.

LOCATION: —

REPAIR - PURPOSE - To support Building Permit B00122546 for plumbed pool house. 3-13-2000
Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED — DATE —

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

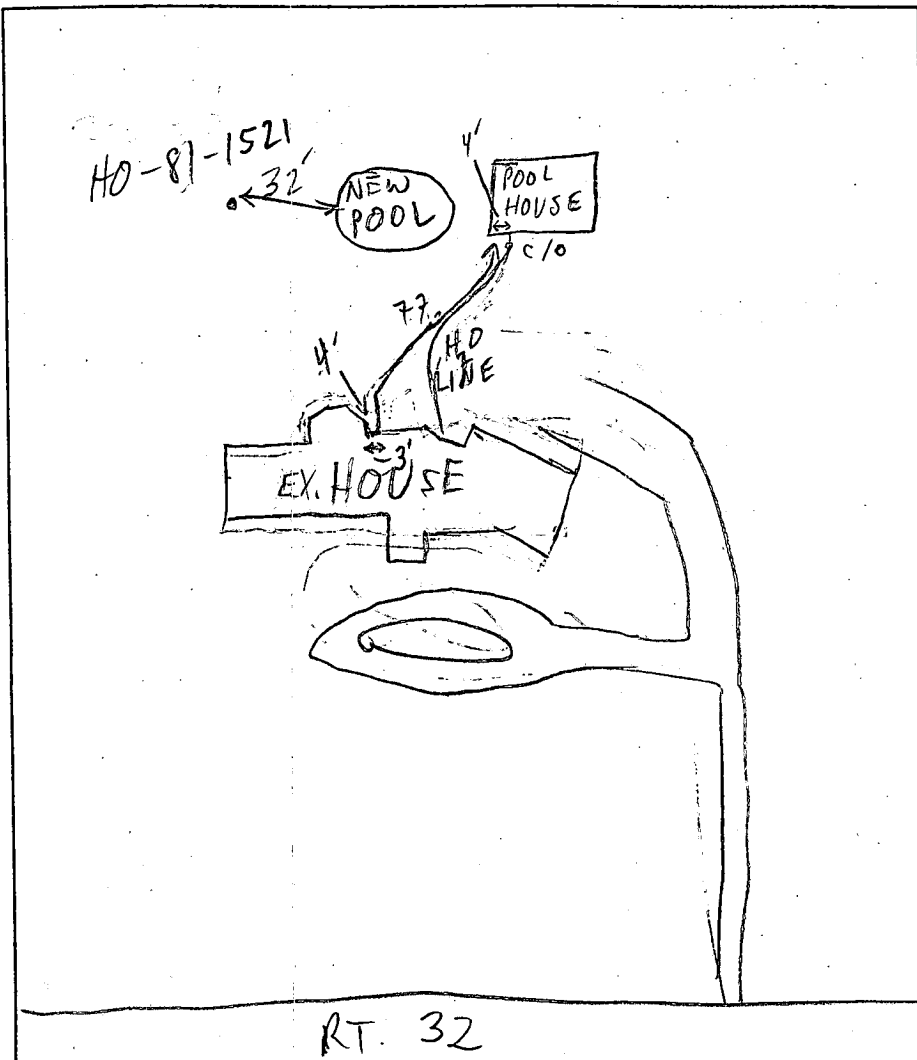
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

435630

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH
TRENCH INLET DEPTH
TRENCH BOTTOM DEPTH
DEPTH OF STONE
NUMBER OF TRENCHES
TOTAL TRENCH LENGTH
ABSORBENT AREA
DISTRIBUTION BOX LEVEL
BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK GALLONS
MANHOLE RISER
6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS
MANHOLE RISER
ALARM
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 7/31/00 OK TO COVER SEWER CONN; SLEEVE
H/D LINE INTO HOUSE; H₂O LINE NOT BELOW FROST DEPTH
DUE TO ABSENCE OF HEAT IN POOL HOUSE (MR)

INSPECTOR M. Riskin DATE SYSTEM APPROVED 7/31/00

4/17/90
AM Dept

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 46158

A 35630

DATE 1/17/90

DATE SYSTEM APPROVED 7/17/90

INSPECTOR RH

Arnold Backhoe & Septic Services, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 795-7873

SUBDIVISION Hilltop Farms

ROAD 3134 Sykesville Road LOT 1

PROPERTY OWNER Howard M. Hays

ADDRESS

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

~~GARBAGE GRINDER XXXX YES XXXXXXXXXXXXXXXXXXXX~~

PERMIT SIGNED

AND RETURNED 8-27-99

Serial # B01120113
Imposed Pmt

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

TRENCHES - 210 sq. ft. per bedroom. 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 - Place the first trench 260 feet down the right (443.78') lot line and 60 feet off the same lot line as seen when facing the lot from Route 32. Run the trenches on contour toward the left (346.21') lot line. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 7-16-90 JEN

PLANS APPROVED BY

Jane Nadeau

DATE 1/10/90

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

PERMIT SIGNED

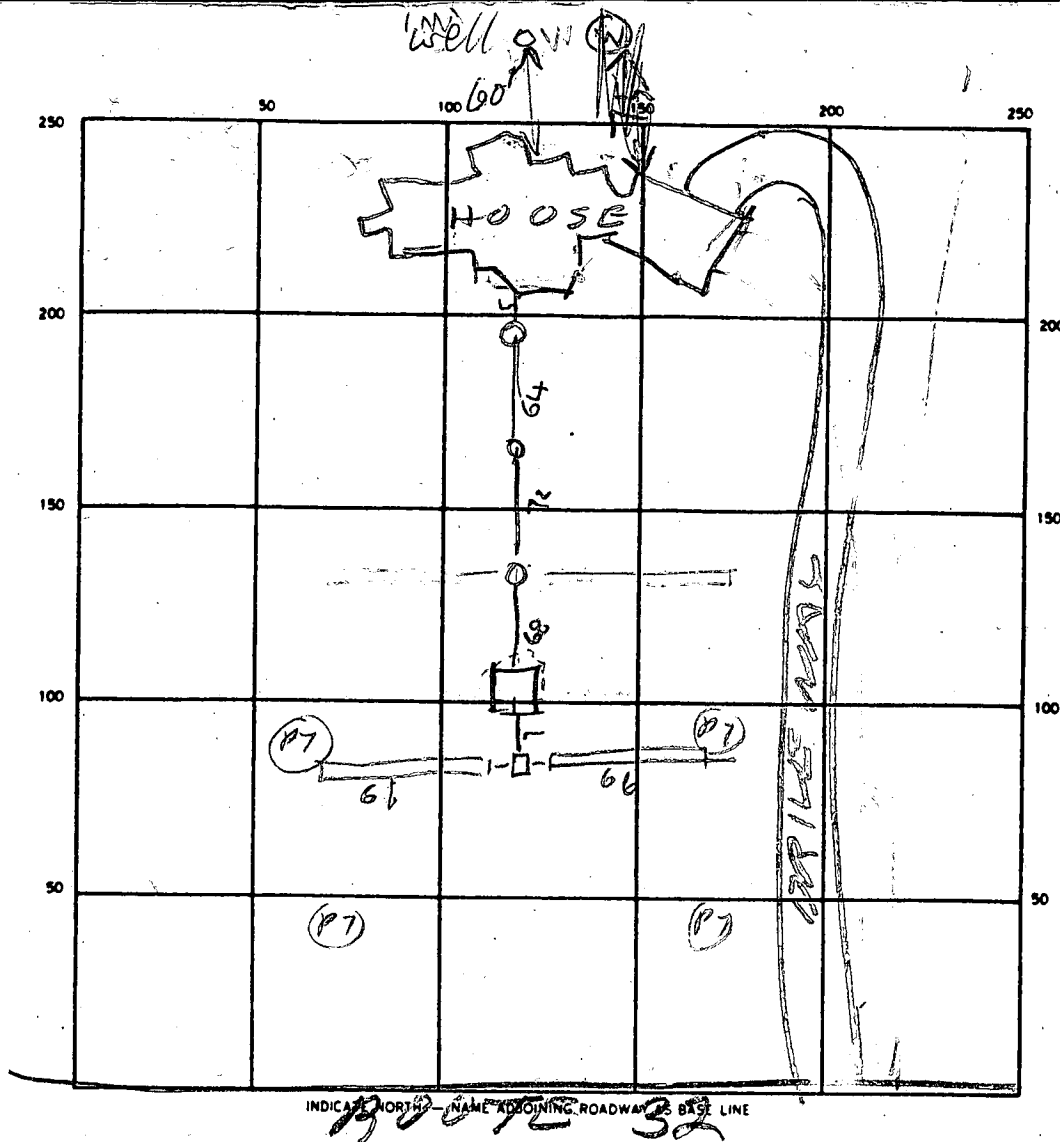
AND RETURNED 8/27/99

Serial # B01120113
Imposed Pmt

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS

A 35630



(PT) PERC
TEST
HOLES

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 68 1/2 FT. 126

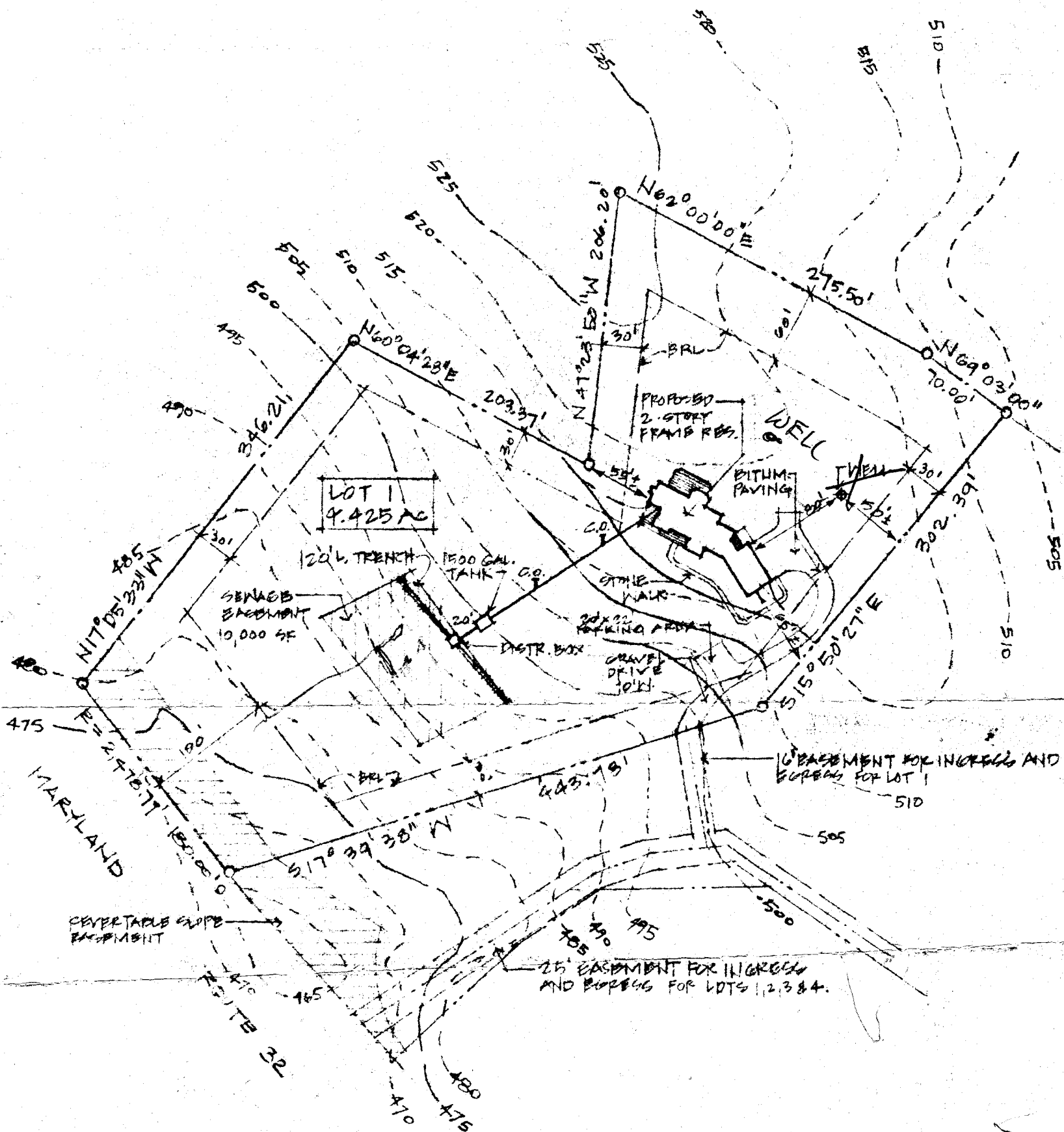
NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 630 SQ FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

¹⁶⁰⁰ ABSORBENT AREA _____ SQ. FT.

REMARKS 7/17/90 LOCATION OK PERC HOLES FOUND. TRENCHES (1) & (2)
DUG. ADD STONE & INSTALL TANK RH 7/17/90 145PM TRENCH
#1 & #2 OK COVER TRENCHES HOOK UP TANK R. Hodger
7/17/90 TANK HOOKED UP

DATE SYSTEM APPROVED 7/17/90 INSPECTOR Reginald Hodger



SITE DEVELOPMENT PLAN

1" = 100'



SITE PLAN NOTES

LOT

LOT NO. 1
HILL TOP FARMS
TAX MAP 15

LEGEND

— OR — EXISTING GRADE

7-19-90
am

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☐
Replacement ☐

Receipt # _____
Date _____

Name of Installer FREDERICK PLUMBING
10 KEY AVE FREDERICK MD
License Number _____

Telephone 663 4175

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Howard M. Hays

Telephone _____

Subdivision Hilltop Farms Lot # 1

Well Tag # HD-81-1521

Site Address 3134 Sykesville Road

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

Tank

1. Capacity 200
2. Pressure relief valve? yes

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

7/19/90 OK TO COVER OUTSIDE
HD-215 WORK DON'T FORGET PERMIT
PRESSURE TANK OK RIT

35630

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 46274
Date 08/21/90

Name of Installer James E. Vonez

Telephone 663-4175

License Number 8109

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Howard M. Hays Telephone 665-6004

Subdivision Hill Top Farm Lot # 1 Well Tag # HO-91-1521

Site Address 3134 Sykesville Rd

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible ☒
- Make Goulds
- Model # CE5010 412
- Capacity 7 GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☐
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Motor

- Horsepower 1 1/4
- RPM 3450
- Voltage 2
 - 110
 - 220 ☒

Pitless Adapter

- Make Martinez
- Model # B 10 X
- Depth 4'

Tank

- Capacity 200 165 gal drawdown
- Pressure relief valve? yes 2518

Piping

- Type all plastic
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42'

Well data

- Depth 400 ft.
- Yield 2.5 GPM
- Static water level ft.
- Will water supply be disinfected by installer? ☒

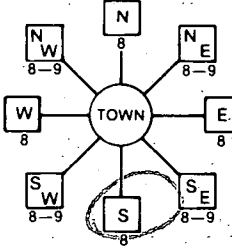
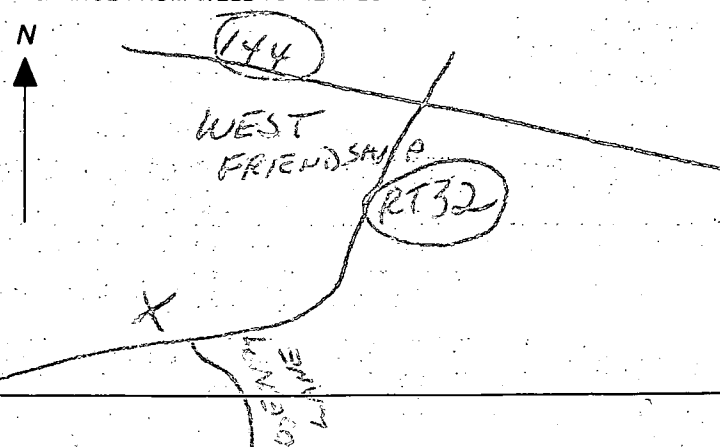
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: James E. Vonez

Date: 8-20-90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

B 1 2859 <small>(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1521 <small>fill in this form completely</small>
Date Received 3:30 PM - 7/2/86 OWNER INFORMATION 15 Last Name: HAYS Owner First Name: MARTY 36 Street or RFD: 5950 ELK FOREST 57 Town: ELK RIDGE 70 State: MD Zip: 21127		B 3 LOCATION OF WELL 8 COUNTY: HOWARD 23 SUBDIVISION: MILL TOP FIELDS SECTION: 44 LOT: 1 52 NEAREST TOWN: WEST FRIENDSHIP MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION Driller's Name: George F. Easterday Firm Name: J. F. Easterday, Inc. Address: 9265 Brown Ch. Rd., Mt. Airy, Md. 21771 Signature: [Signature] Date: 5/15/86 77 License No. 80		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD: RT 32 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH [] WEST [] EAST [] SOUTH [] 34 DISTANCE FROM ROAD: 200 ENTER FT or MI: FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: A-35620 OEP SIGNATURE: [Signature] STATE HEALTH INSERT S DATE ISSUED: 060680 CO SIGNATURE: [Signature] EXP. DATE: 12-6-86 NORTH GRID: 528000 EAST GRID: 0809000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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: E 8069 N 5208	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one): BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROtary DRIVE-POINT other:		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: GAP FORCE: SA WRITE INITIALS IN BOX PERMIT No. 40-81-1521 SPECIAL CONDITIONS	

4/3/86 253 PM

- ① Well already Grouted at time of visit to check pump Test
- ② Pump Test OK
- ② Well was grouted before Today
(Cement very hard & Earthday Employee Blane said it was not grouted today)
- ③ Location Probably OK

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 35630

P _____

DISTRICT 3 RD

DATE June 3, 1985

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 Leroy C. Burkman, Jr. 910 Clare Kane 51348
ADDRESS 6605 Hillview Drive Howard M. Hayes, Jr 992-8122 (796-2537) PHONE _____

PROPERTY LOCATION:

SUBDIVISION Burkman Property LOT NO. 1
ROAD AND DESCRIPTION Maryland Route 32, adjacent to Rosemary Lane.
3134 Sykesville Rd

SIZE OF LOT 4.50 Acres TYPE BLDG. 3
(NUMBER OF 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. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Dennis M. Rudy

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-18-85, Hold For Certified hole location, House + well site. Sabel

BLDG. PERMIT SIGNED

AND RETURNED 7/13/89

Serial # 27129

SFD - 2 Bedroom

THIS IS NOT A PERMIT

C1 06479

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-35630

DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

070384

Depth of Well

22 400 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-81-1521

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

DESCRIPTION (Use additional sheets if needed)	FROM	TO	Check if water bearing
Top Soil	0	2	
Clay	2	4	
Shaley	4	15	
Sandstone	15	55	
Mica	55	95	
Sandstone	95	100	✓
Mica	100	460	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☒

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

STEEL ☒ CONCRETE ☐
PLASTIC ☐ OTHER ☐MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

ST 60 61 63 64 66 67 70

OTHER CASING (if used)

EACH CASING diameter depth (feet)
inch from toscreen type
or open hole

SCREEN RECORD

STEEL ☒ BRASS ☐ OPEN ☐
BRONZE ☐ HOLE ☐
PLASTIC ☐ OTHER ☐

C2

DEPTH (nearest ft.)
1 40 58 400
EACH SCREEN 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Buckets

WATER LEVEL (distance from land surface)

BEFORE PUMPING 51

WHEN PUMPING 131

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)above } LAND SURFACE (nearest foot)
below }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

C1 2576 SEQUENCE NO. (OEP USE ONLY)

1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-35630

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

070386

22 400 26
(TO NEAREST FOOT)140-81-1521
28 29 30 31 32 33 34 35 36 37

OWNER

MAYS

MARTY

STREET OR RFD

last name

Rt 32

first name

TOWN

WEST FRIENDSHIP

SUBDIVISION

Hill Top Farms

SECTION

LOT

1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

TOP Soil

0 2

Clay

2 4

Shale

4 15

Sand Stone

15 55

Mica

55 95

Sand Stone

95 100

Mica

100 400

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 16

NO. OF POUNDS 1600

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL CONCRETE

PL

OT

PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST

6

60

70

OTHER CASING (if used)

diameter inch

depth (feet) from to

EACH CASING

screen type or open hole

SCREEN RECORD

insert appropriate code below

ST

BR

HO

STEEL

BRASS

OPEN HOLE

PL

OT

PLASTIC OTHER

C2

EACH SCREEN

DEPTH (nearest ft.)

1 40 58 900 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70

72

74 75 76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 131

WHEN PUMPING 390

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other (describe below)

J jet

S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HEALTH

3-86
7:00
8:00
Page _____ of _____
Date _____

Review 11/5/86 OK'd (signature)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1521
Location of property (road) LT 32
Subdivision HILL TOP FARMS Lot 1 Block _____ Plat _____ Sec. _____
Well Driller G. EASTRICK DAY Owner MARTY MAX

Depth of well 400 2 GPM
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 51

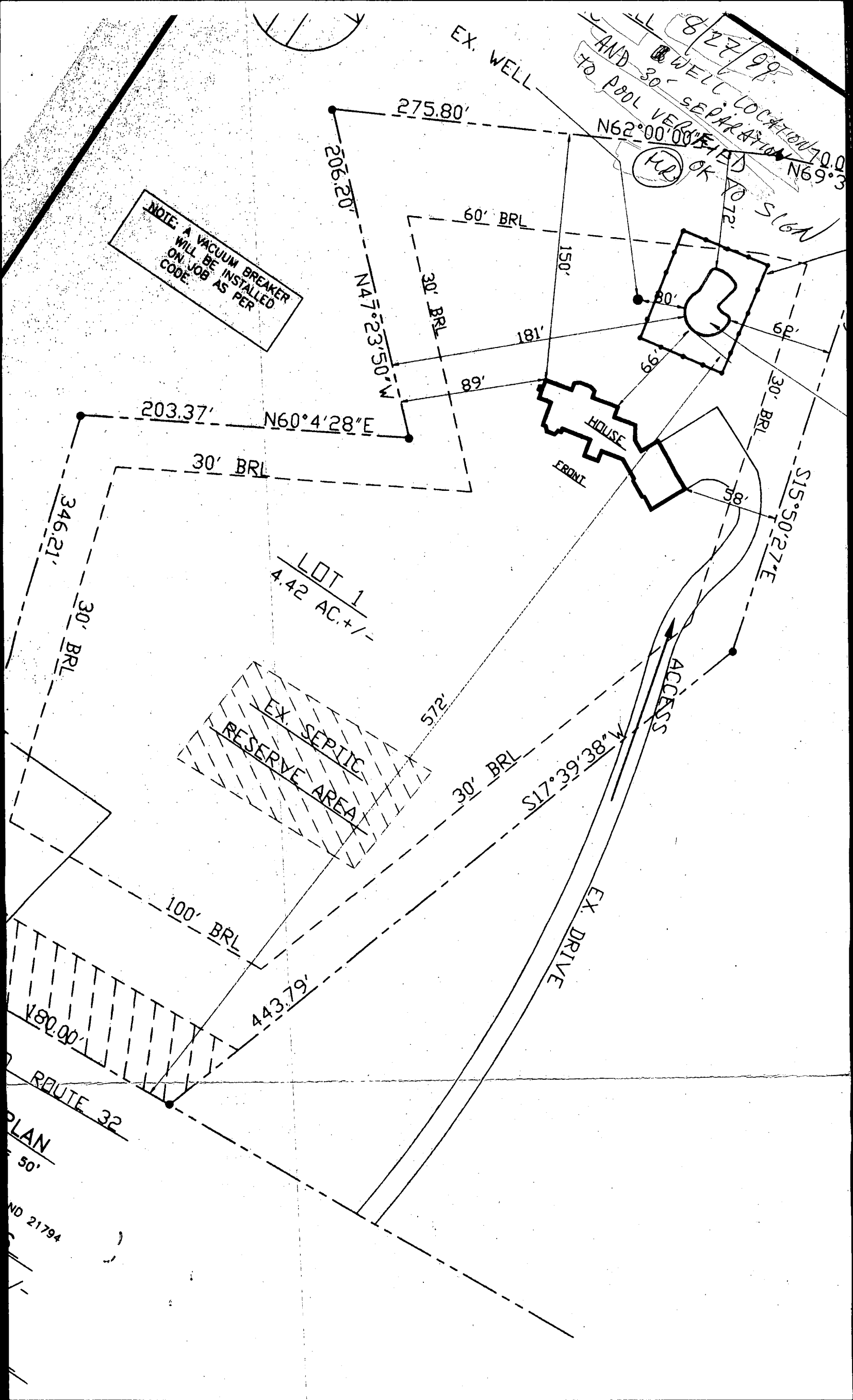
I. High rate pumping -- reservoir drawdown
Time pump started 8:30 Pumping rate 10 GPM
Total time 30 min. to reach pumping water level 156 ft. below M.P.

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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:15	143	30		2
9:30	140	35		2.5
9:45	132	25		2.5
10:00	135	25		2.5
10:15	139	20		3
10:30	137	25	<u>11/5/86</u> 1.5	2.5
10:45	135	25	400	2.5
11:00	132	25	20	2.5
11:15	130	25	120	2.5
11:30	131	25	120	2.5
11:45	131	25	2.5	2.5
12:00	131	25		2.5
12:15	131	25	600	2.5
12:30	131	25	240	2.5
12:45	131	25		2.5
1:00	131	25	300	2.5
1:15	131	25	120	2.5
1:30	131	25		2.5
1:45	131	25	420	2.5
2:00	131	25		2.5
2:15	131	25	short 500	2.5
2:30	131	25		2.5
2:45	131	25	well same	2.5
3:00	131	25	depth sufficient to be OK	2.5

8/27/99
WELL LOCATION
AND 30' SEPARATION
TO POOL VERIFIED
N62°00'00"E
N69°3'
70.0'
172'
AD SIGN
(H) OK

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



PLAN
50'
ND 21794

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>		<h2 style="margin: 0;">HOWARD COUNTY</h2> <h2 style="margin: 0;">PERMIT APPLICATION</h2>		<h2 style="margin: 0;">PERMIT NUMBER</h2> <p style="font-size: 1.2em; margin: 0;">B00120113</p>																															
Building Address <u>3134 Rt 32 Sykesville Rd</u> <u>West Friendship MD 21774</u>			Property Owner's Name <u>Howard Huijs & Jennifer Flatt</u> Address <u>3134 Rt 32</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21774</u> Home Phone <u>410-716-5734</u> Work Phone <u>410-442-5851</u> Applicant's Name <u>Dana L. Krawczyk</u> Mailing Address (if other than stated hereon): <u>9515 GERWIG LN #119</u> <u>COLUMBIA MD 21046</u> Phone <u>410-975-6600</u> Fax _____																																
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Hilltop Farms</u> Section _____ Area _____ Lot <u>1</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>10 A6</u> Lot size _____			Contractor Company _____ Contact Person _____ <u>MARYLAND POOLS</u> <u>9515 GERWIG LANE, SUITE 119</u> <u>COLUMBIA, MD 21046</u> Address _____ City _____ State _____ Zip Code _____ License No. <u>66694</u> Phone <u>410-975-6600</u> Fax _____																																
Existing Use <u>SFD</u> Proposed Use <u>SFD w/ pool & fence</u> Estimated Construction Cost \$ <u>20,000</u> Description of Work <u>Constant 20' x 12' 78" w/ round concrete</u> <u>and filter to be filled by truck enclosed by 12' high</u> <u>white aluminum fence @ 5' high</u> Occupant or Tenant <u>owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____																																
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<small>THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.</small>																																			
Applicant's Signature <u>[Signature]</u> Title/Company _____			Print Name <u>Dana L. Krawczyk</u> Date <u>8/23/99</u>																																
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -																																			
AGENCY _____ DATE _____ SIGNATURE/ APPROVAL _____ Land Development, DPZ _____ State Highways _____ Building Official _____ Dev. Engineering, DPZ _____ Health <u>8/23/99</u> <u>Mark E. Riphin</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____ Accepted by _____		PROPERTY ID# <u>42838</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>2276</u> Validation # _____																															
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>																																			
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA																																			



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

October 13, 1999

MEMORANDUM

TO: Board of Appeals
Department of Planning & Zoning

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: BA-99-59V
3134 Sykesville Road

While there is not objection from the Health Department to reduce the side building restriction line from 30 feet to 10 feet, the applicant should be advised that a repair permit for connection to the existing septic system would be necessary. In addition, it may be necessary to up-grade the existing septic system in order to handle the potential increase in sewage flow.

If there are any questions regarding this matter, I may be contacted at the address below or by calling (410) 313-2640.

cc:File

COPY

RESIDENTIAL DISTRICT VARIANCE PETITION
TO THE HOWARD COUNTY BOARD OF APPEALS

99 SEP 21 PM 2:56

For DPZ office use only:
CASE NO. BA 99-59V
DATE FILED _____
DATE ACCEPTED _____
FOR SCHEDULING _____

1. PETITIONER'S NAME HOWARD HAYS & JENNIFER HASH-HAYS
TRADING AS (IF APPLICABLE) N/A
ADDRESS 3134 SYKESVILLE RD. (RT.32), WEST FRIENDSHIP, MD 21794
PHONE NO. (W) (410) 796-5754 (H) (410) 442-5851

2. COUNSEL FOR PETITIONER _____
COUNSEL'S ADDRESS N/A
COUNSEL'S PHONE NO. _____

3. PROPERTY IDENTIFICATION:
ADDRESS OF SUBJECT PROPERTY 3134 SYKESVILLE RD. (RT.32)
WEST FRIENDSHIP, MD 21794
TOTAL ACREAGE OF PROPERTY 4.425 ACRES
PROPERTY LOCATION:
ELECTION DISTRICT: 3 ZONING DISTRICT: RC-DEO
TAX MAP # 15 BLOCK # 22 PARCEL/LOT # 24 / #1
SUBDIVISION NAME (if applicable): HILL TOP FARMS

4. PETITIONER'S INTEREST IN SUBJECT PROPERTY:
☒ OWNER (including joint ownership) ☐ OTHER (describe and
give name and address of owner)

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

NOTE: Completed petition forms must be submitted before the
first day of the month in order to be heard on the last Tuesday
of the Month. Incomplete petitions may result in postponement.

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

Go to page 2.

PLEASE READ CAREFULLY
DATA TO ACCOMPANY PETITION:

5. VARIANCE PLAN.

No application for a variance shall be considered complete unless the plan indicates the required setback or other requirement, and the requested variance from the subject setback or other requirement. The submitted plans shall be folded to approximately 8 1/2 x 14 inches.

The plan must be drawn to scale and must include the items listed below:

- ☒ (a) Courses and distances of outline boundary lines and the size of the property
- ☒ (b) North arrow.
- ☒ (c) Zoning of subject property and adjoining property.
- ☒ (d) Scale of plan.
- ☒ (e) Existing and proposed uses, structures, natural features and landscaping.
- ☒ (f) Location and surface material of existing and proposed parking spaces, driveways, and points of access; number of existing and proposed parking spaces.
- ☒ (g) ~~N/A~~ Same as (e) and (f) above, of any adjoining property as necessary for proper examination of the petition.
- ☒ (h) Location of well and private sewerage easement area, if property is to be served by private water and sewer.
- ☒ (i) Election District in which the subject property is located.
- ☒ (j) Tax Map and parcel number on which the subject property is located.
- ☒ (k) Name of local community in which the subject property is located or name of nearby community.
- ☒ (l) Name and mailing address of the petitioner.
- ☒ (m) ~~N/A~~ Name and mailing address of attorney, if any.
- ☒ (n) Name and mailing address of property owner.
- ☒ (o) Floor area and height of structures, setback distances from property lines, and other numerical values necessary for the examination of the petition.
- ☒ (p) Location of subject property in relation, by approximate dimension, to the center line of nearest intersection of two public roads.
- ☒ (q) Ownership of affected roads.
- ☒ (r) A detailed description of all exterior building materials for all proposed structures.
- ☒ (s) Any other information as may be necessary for full and proper consideration of the petition.

Go to page 3.

98-0144 8-30-65

6. OTHER DATA TO ACCOMPANY PETITION.

The Petitioner must also submit with the petition an area location map (tax map) of the subject property, indicating the street address of the site, the zoning district of the site and the zoning district of all adjacent properties.

7. VARIANCE REQUEST.

The undersigned hereby petition the Board of Appeals for a variance from the requirement(s) of section 104.E.4.2.(3). (6) of the Zoning Regulations to: (describe) REDUCE THE SIDE SETBACK REQUIREMENT FOR BUILDING CONSTRUCTION FROM 30' TO 10' TO ALLOW FOR CONSTRUCTION OF A POOLHOUSE / GARAGE IN ACCORDANCE WITH THE ATTACHED DRAWING.

A) Describe why the Zoning Regulations in question would result in practical difficulties or unnecessary hardships in complying strictly with the bulk requirements:

() narrowness, () shallowness, () shape, () topography, (X) other; explain: MAINTAINING A 30' SETBACK WOULD NOT PERMIT THE MOST PRACTICAL PLACEMENT OF THE PROPOSED BUILDING IN CONJUNCTION TO THE LOCATION OF THE POOL. FURTHERMORE, LOCATING THE BUILDING ELSEWHERE WOULD REQUIRE EXTENSIVE GRADING & ADD'L PAVING FOR ACCESS TO / FROM THE GARAGE.

B) If exceptional narrowness, shallowness or shape of the property is claimed, give the date of the recording of the plat of present subdivision, if any: N/A; or if property is not subdivided, give the date on which a deed conveying the identically bounded tract was first recorded:

N/A

C) The intended use of the property, in the event the petition is granted: POOL HOUSE / GARAGE WHICH WE INTEND ON USING PRIMARILY AS A WOODWORKING WORKSHOP & FOR STORAGE OF A 19' CENTER CONSOLE FISHING BOAT (WITH OUTBOARD MOTOR).

D) Any other factors which the Petitioner desires to have considered: WE REQUEST PERMISSION TO LOCATE THE BUILDING HERE BECAUSE IT IS THE MOST PRACTICAL LOCATION IN PROXIMITY TO THE POOL. THE POOL WAS LOCATED HERE BECAUSE IT WAS THE MOST LEVEL AREA OF THE PROPERTY. A SIGNIFICANT PORTION OF OUR LOT IS A HILL - FROM THE FRONT OF Go to page 4. THE HOUSE SOUTH TO RT. 32; THE BALANCE OF THE BACKYARD SLOPES UP TO THE TREELINE ON THE WEST AND SLOPES DOWN TO THE WOODS TO THE NORTH.

E) Explain why the requested variance is the minimum necessary to afford relief: THE PROPOSED LOCATION OF THE POOLHOUSE/GARAGE IS THE MOST PRACTICAL LOCATION IN CONJUNCTION TO THE PLACEMENT OF THE POOL. (PLEASE REFERENCE ITEMS A & D, AGAIN.)

F) Is the property connected to: public water?: Y___ N ☒
public sewer?: Y___ N ☒

G) If the requested variance is granted, would it impact the water and/or septic/sewer on the site? Y ☒ N___ ALTHOUGH THE IMPACT SHOULD BE MINIMAL SINCE USE OF A BATHROOM PROPOSED FOR THE POOLHOUSE WILL ELIMINATE THE USE OF THE BATHROOM IN THE MAIN HOUSE WHEN THE POOL IS IN USE.

H) If the requested variance is granted, would it increase the intensity of uses on the site? Y___ N ☒; if yes, explain: THIS IS A PRIVATE RESIDENCE

I) If the requested variance is granted, would it increase traffic to or from the site? Y___ N ☒; if yes, explain: _____

J) Describe in detail (i.e. width, type of paving, etc.) all means of vehicular access onto the site: ACCESS WOULD BE BY MEANS OF EXISTING DRIVEWAY & PARKING AREA; PLEASE SEE ATTACHED DRAWING.

K) Describe the topography of the site: TOPOGRAPHY OF THE PROPOSED BUILDING SITE IS RELATIVELY FLAT WHICH IS ALSO WHY THE POOL WAS LOCATED IN THIS AREA AS THE BALANCE OF THE PROPERTY IS HILLY / SLOPES. (PLEASE REFERENCE ITEM D, AGAIN.)

L) Will the existing or proposed structure be visible from adjacent properties? Y ☒ N___; if yes, describe any proposed buffering or landscaping: PROPOSED STRUCTURE IS WELL BUFFERED FROM THE NEIGHBOR TO THE EAST BY MATURE CYPRESS TREES & WHITE PINES. (PLEASE REFERENCE ATTACHED PLAN.) ALSO,

Go to Page 5

THE EXTERIOR CONSTRUCTION OF THE PROPOSED STRUCTURE WILL MATCH THAT OF THE EXISTING MAIN HOUSE WITH THE USE OF THE SAME COLOR VINYL SIDING (CLAY) TRIMMED IN WHITE, WITH ANDERSON / PELLA WINDOWS & DOORS & A 30-YEAR ELK PRESTIQUE ROOF SHINGLE OF THE SAME COLOR - WEATHERED WOOD.



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

March 7, 2000

Howard and Jennifer Hays
3134 Rt. 32
West Friendship, MD 21794

RE: Building Permit Application B00122546
3134 Rt. 32
Hilltop Farms, Lot 1
Proposed Pool House/Garage

Dear Mr. and Mrs. Hays:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of the need for additional site plan detail. Specifically, the following information and/or changes are requested:

- confirm that the proposed structure will have plumbing and identify the number and type of fixtures proposed.
- provide plumbing elevations and layout for any proposed connection to the existing septic system. Be advised that any proposed connections to the existing septic system require a septic system repair permit (\$25 fee).

Please submit the requested information or revised drawings to this office at the address below. If you have any questions, please contact this office at (410) 313-2640.

MR
cc: Department of Inspections, Licenses & Permits
File

Very Truly Yours,

Mark E. Rifkin
Mark E. Rifkin, R.S.
Water & Sewerage Program

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD (410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

ML: Please prepare
septic repair
permit —
installer: Mid-Atlantic
Plumbing
1-800-822-2544
owners as listed
purpose to support
BP # for plumbed
pool house
Thx (MR)

3/10/00 T/C to owner
(MR) Poolhouse to have 1 Full Bath, 1 Bar Sink
connex to s.s. thru ex. house
plan detail, elevs forthcoming

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<h2 style="margin:0;">HOWARD COUNTY</h2> <h3 style="margin:0;">PERMIT APPLICATION</h3>	PERMIT NUMBER <div style="font-size: 1.5em; font-family: cursive;">1000122,546</div>
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Building Address <u>3134 Rt. 32 Sykesville, MD</u> <u>WEST FRIENDSHIP, MD 21794</u> Suite/Apt. #: <u>—</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>603</u> Subdivision <u>HILL TOP FARMS</u> Section <u>1</u> Area <u>1.2</u> Lot <u>1</u> Tax Map <u>15</u> Parcel <u>24</u> Grid <u>22</u> Zoning <u>RC-DED</u> Map Coordinates <u>1046</u> Lot size <u>4.425 AC</u> Existing Use <u>SINGLE FAMILY DWELLING</u> Proposed Use <u>SAFARI</u> Estimated Construction Cost \$ <u>15,000.00</u> Description of Work <u>CONSTRUCTION OF POOL</u> <u>HOUSE/GARAGE w/ left for storage</u> <u>(REF: VARIANCE GRANTED UNDER BOA #99-31V)</u> Occupant or Tenant <u>HOWARD & JENNIFER HAYS</u> Contact Name <u>HOWARD OR JENNIFER HAYS</u> Address <u>3134 Rt. 32</u> City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Phone <u>410/442-5851</u> Fax <u>410/796-8542</u>	Property Owner's Name <u>HOWARD & JENNIFER HAYS</u> Address <u>3134 Rt. 32</u> City <u>W. FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410/442-5851</u> Work Phone <u>410/796-5754</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ Phone _____ Fax _____ Contractor Company <u>Owner</u> Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>ANTHONY J. IANNIELLO, INC.</u> Contact Person <u>TONY IANNIELLO</u> Address <u>1906 FOREST CT.</u> City <u>TIMONIUM</u> State <u>MD</u> Zip Code <u>21093</u> Phone <u>410/561-0087</u> Fax <u>N/A</u>
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: <u>N/A</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>POOL HOUSE/GARAGE</u> Dimensions: <u>880 SF</u> Footings: _____ Roof: _____ <u>N/A</u> State Certified Modular <u>N/A</u> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <u>N/A</u> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Howard H. Hays & Jennifer L. Hays Print Name HOWARD H. HAYS & JENNIFER L. HAYS
 Title/Company PROPERTY OWNERS Date 7-24-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: <u>10.5' WMA</u>	4253
State Highways			Rear: <u>10' WMA</u>	Filing fee \$ <u>25</u>
Building Official			Side: <u>10' WMA (BAY 11-97)</u>	Permit fee \$ _____
Dev. Engineering DPZ			Side St.: <u>N/A</u>	Excise tax \$ _____
Health			All minimum setbacks met?	Sub-total paid \$ <u>25.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # <u>1132</u>
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>27451</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone	
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date	Accepted by <u>[Signature]</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

ML:
 please
 turn over
 for add'l
 request
 (MD)

FINDINGS OF FACT

Based upon the evidence presented at the hearing, the Board makes the following Findings of Fact:

1. The subject property, 3134 Sykesville Road, West Friendship, Howard County, Maryland, is located in the Third Election District on the north side of Sykesville Road (MD 32), approximately 1400 feet east of River Valley Chase. The property is designated as Parcel 24, Lot 1, of Block 22, on Tax Map 15 (the "Property").
2. The Petitioners are the fee simple owners of the Property. The Property is 4.425 acres in size and is improved with a two-story single family detached dwelling and a 29' x 40' swimming pool.
3. The Petitioners are requesting a variance to reduce the 30 foot side setback to 10 feet for a pool-house and garage which would be used primarily as a woodworking workshop and for storage of a 19' fishing boat. The proposed pool house and garage's exterior construction will match that of the existing residence on the subject property.
4. Jennifer Hash-Hays testified that the lot is irregular in shape and that the topography of the proposed building site is relatively flat while the balance of the property is hilly and sloped. Ms. Hash-Hays stated that a significant portion of her lot is a hill. The hill runs from the front of the house south to Route 32, and that the balance of her backyard slopes up to the tree-line on the west and slopes down to the woods to the north of the property. Without a variance being granted the Petitioners would be precluded from constructing a building on the property.

5. The proposed structure will be well buffered from the neighbor to the east by mature cypress trees and white pines.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, the Board concludes as follows:

1. The Board concludes that the shape of the lot, combined with the topography of the site, constitute unique physical conditions that result in practical difficulties in complying strictly with the setback requirement of the Regulations, in accordance with Section 130.B.2.a.(1) of the Regulations.

2. The granting of the variance will enable the Petitioner to build a pool-house and garage within the required 30 side setback. The granting of the variance will not change the nature or intensity of the use of the lot. The lot will continue to be used as a single family dwelling. The Board concludes that the variance, if granted, will therefore not alter the character of the neighborhood in which the Property is located, nor substantially impair the appropriate use or development of adjacent property, nor be detrimental to the public welfare as required in accordance with Section 130.B.2.a.(2) of the Regulations.

3. The practical difficulty in complying strictly with the setback regulations arises from the topography of the lot and shape of the Property restricting the building envelope of the Property and was not created by the Petitioner, in accordance with Section 130.B.2.a.(3) of the Regulations.

4. To locate the pool house and garage elsewhere on the property would require extensive grading and additional paving for access to and from the garage, thus, the Board

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Howard Hays & Jennifer Hash Hays

concludes that within the intent and purpose of the regulations, then, the variance is the minimum variance necessary to afford relief, in accordance with Section 130.B.2.a.(4).

ORDER

Based upon the foregoing, it is this 9th day of November, 1999, by the Howard County Board of Appeals, **ORDERED**:

That the Petition of Howard Hays and Jennifer Hash-Hays, for a variance to reduce the required 30 foot side setback to 10 feet for a detached pool-house and garage in an RC-DEO (Rural Conservation - Density Exchange Option) Zoning District be, and the same hereby is, **GRANTED**, subject to the following conditions:

1. The variance shall apply only to the pool-house and garage as described in the petition and plan submitted to the Board, and not to any other activities, uses, or structures on the Property.
2. The Petitioner shall comply with all applicable Federal, State, and County laws and regulations.

ATTEST:

HOWARD COUNTY BOARD OF APPEALS

Nichole Baker
Nichole Baker, Secretary

Jerry Rushing
Jerry Rushing, Chairperson

Robert C. Sharps
Robert C. Sharps, Vice Chairperson

NO INDICATION THAT
POOL HOUSE HAS PLBG.
(PRESUMED AFFIRMATIVE)
NO SEPTIC ELEVS./LAYOUT
FOR NEW PLBG.
NO INDICATION OF POOLHOUSE
CAPACITY \Rightarrow UNABLE TO
DETERMINE IF REPAIR REQ'D

1 Full Bath
1 Bar Sink

3/10/00 T/C w/owner

11/11/11
SUFFICIENT FALL
EXISTS PER OWNER
SEPTIC LINE TO BE
INSTALLED BETWEEN
POOL HOUSE & EX. DWELLING;
OWNER AGREES TO REQUEST
REPAIR PERMIT & INSPECTION
OK TO SIGN ?

