

5/25/00 C.O. 10am Layout  
5/26/00 10 AM

04-363337

KJS

INDEXED

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513601

A 59262-D

ISSUE DATE 5/23/2000

APPROVAL DATE 5/26/00

S K Backhoe & Septic Service

IS PERMITTED TO INSTALL x ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION McKendree Overlook LOT NUMBER 4 ADDRESS 13980 Weeping Cherry Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

**BUILDING PERMIT SIGNED  
AND RETURNED**

9-14-05 BOO 155730- GARNER QUERANTO

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth  
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 175 feet off the front lot line and 50 feet off the right lot line  
as seen when facing the front of the house. Run 4, 60-foot trenches toward the right  
lot line.

+ DO NOT ENCROACH INTO THE 100' WELL RADIUS +

WITH TANK OR DBOX

PLANS APPROVED Amy McMillen OK Steven R. Krieg 5/16/00 DATE 2-29-00

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

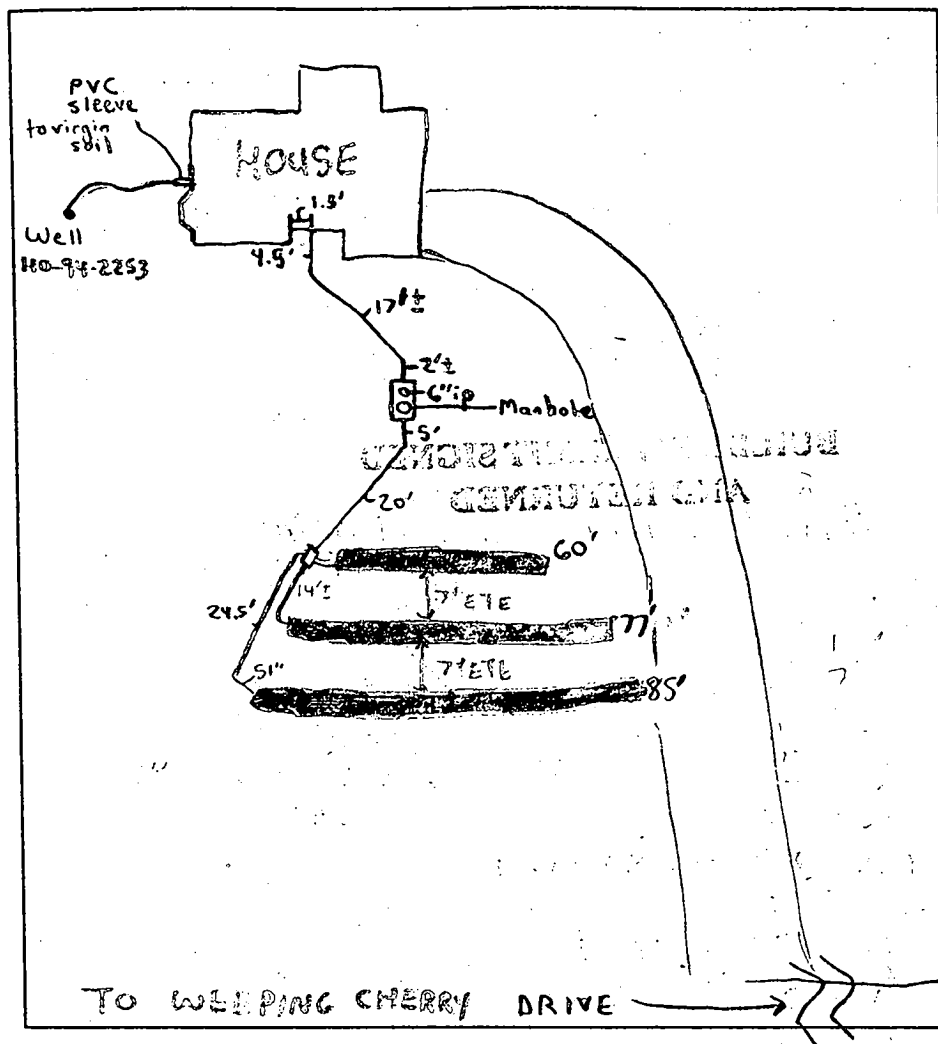
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM

**BUILDING PERMIT SIGNED  
AND RETURNED**  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

3-2-05 BO 0127262 Deck

A59262-D

NOT TO SCALE



### TRENCH DATA

TRENCH WIDTH 3'  
TRENCH INLET DEPTH 3'  
TRENCH BOTTOM DEPTH 5'  
DEPTH OF STONE 2'  
NUMBER OF TRENCHES 3  
TOTAL TRENCH LENGTH 222'  
ABSORBENT AREA 666 ft<sup>2</sup>  
DISTRIBUTION BOX LEVEL ☒  
BAFFLE IN DISTRIBUTION BOX ☒

### SEPTIC TANK DATA

SEPTIC TANK 1250 T.S. GALLONS  
BAFFLES IN ✓  
MANHOLE RISER ✓  
6 INCH INSPECTION PORT ✓

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A  
MANHOLE RISER N/A  
ALARM N/A  
PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 5/24/00-INSTALLER REPORTS BY TELEPHONE CONTOUR PROBLEMS  
(AS USUAL CONTOUR ON PLAN NOT THE SAME AS IN FIELD) LAYOUT INSP SCHEDULED-(SRK)  
5/26/00-OK TO PROCEED AS PLANNED, SOME SEPTIC AREA LOST TO CONTOUR BUT ENOUGH  
ROOM REMAINS FOR 2 REPAIRS-(SRK) 5/26/00-OK TO COVER ALL WORK, 222' OF  
TRENCH ACCEPTED INSTEAD OF 240' OK-(SRK)

5/26/00-WPI OK-(SRK)

INSPECTOR Steven R. Krug

DATE SYSTEM APPROVED 5/26/00

CONSTRUCTION  
CONSULTING CIVIL

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2465 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <b>B00127262</b>
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Building Address <u>13950 WEEKING CIRCLE DR</u> <u>WEST FRIENDSHIP MD 21754</u>	Property Owner's Name <u>BOB PRESTAL</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>13950 WEEKING CIRCLE DR</u>
Census Tract <u>6040</u> Subdivision <u>NICKEN DRIVE DRIVE</u>	City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21754</u>
Section _____ Area _____ Lot <u>4</u>	Home Phone <u>410 449 5871</u> Work Phone _____
Tax Map <u>15</u> Parcel <u>52</u> Grid <u>1</u>	Applicant's Name & Mailing Address, (if other than stated hereon): <u>ED SEEP / WOODBURNER BUILDERS</u> <u>519-C HILTON AVE</u> <u>BALTO MD 21228</u>
Zoning <u>RC-DEU</u> Map Coordinates _____ Lot size _____	Phone <u>410 740 8455</u> Fax _____

Existing Use <u>SFD</u>	Contractor Company <u>WOODBURNER BUILDERS</u>
Proposed Use <u>SFD</u>	Contact Person <u>ED SEEP</u>
Estimated Construction Cost <u>\$ 4500.00</u>	Address <u>519-C HILTON AVE</u>
Description of Work <u>ADD DECK FINISH</u>	City <u>BALTO</u> State <u>MD</u> Zip Code <u>21228</u>
<u>BASEMENT ROOM</u>	License No. <u>24587</u>
<u>NO PLUMBING</u>	Phone <u>410 740 8455</u> Fax _____

Occupant or Tenant _____	Engineer or Architect Company _____
Contact Name _____	Contact Person _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>ED SEEP</u>	Print Name <u>ED SEEP</u>
Title/Company _____	Date <u>11/01/00</u>

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>44789</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>301</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>301</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2227628</u>
			Accepted by _____	Validation # _____

BOB PRESTAL  
13980 WEEPING CHERRY DR.  
WEST FRIENDSHIP, MD 21794  
410-489-5571  
12' x 21' DECK

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.

# McKENDREE ROAD

25' (1/2 RIGHT OF WAY)

N65°21'08"W 1005.18'

N27°11'19"E 17.10'

MD STATE GRID MERIDIAN

LOT 4  
PLAT NO. 8525

S28°51'16"W  
143.58'

LOT 4  
1.5478 AC±  
PLAT NO. 14058

SEE INSET

EX. SEPTIC ESMT  
PLAT NO. 14058

LOT 5  
PLAT NO. 14058

BAY WINDOW (TYP.)

PORCH

CONC. WALK

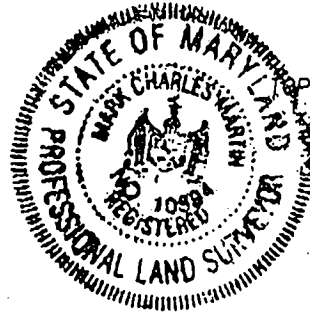
INSET

SCALE: 1"=30'  
OF WALL: 564.31'

WEEPING CHERRY DRIVE

40' RIGHT OF WAY

R=50.00'  
L=12.71'



S24°38'52"W 114.17'

248.34'

24' USE IN COMMON  
ACCESS EASEMENT  
PLAT NO. 14058

## RECORD REFERENCES

LIBER/FOLIO  
PLAT BOOK N/A  
PLAT NO./FOLIO 14058

SCALE 1"=50'  
DATE 04-12-00

## FINAL LOCATION OF

LOT 4

McKENDREE OVERLOOK

HOWARD COUNTY

MARYLAND

## VOGEL & ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS  
3891 PARK AVE. #101 ELLICOTT CITY, MD 21043  
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 9/19/2000  
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-M 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 S.K. Plumbing & Heating Inc.

Telephone 410-775-0822

License Number 12285

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber Yes

Name of Property Owner Trinity Homes

Telephone 410-813-8722

Subdivision McKeesboro Overlook Lot # 4

Well Tag # 410-54-2253

Site Address 13900 Deeping Cherry Dr

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible XS
2. Make XS221
3. Model # \_\_\_\_\_
4. Capacity 7 GPM

Motor

1. Horsepower 3/4
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 ☒

Pitless Adapter

1. Make Howard
2. Model # \_\_\_\_\_
3. Depth 42"

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 Screen

Tank

1. Capacity 411-x-trail 302
2. Pressure relief valve? Yes

Piping

1. Type P.E.
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data

1. Depth 65 ft.
2. Yield 12 GPM
3. Static water level 28 ft.
4. Will water supply be disinfected by installer? Yes

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.

S/26/00 - WPI OK

Signature of Applicant: [Signature]

Date: 8-3-00

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300122399

Building Address 13950 WEEPING CREEK DR

Property Owner's Name TRINITY BUILDERS

WEST FRIENDSHIP 21794

Address 7320 GRACE DR

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: GP00-119

City COLUMBIA State MD Zip Code 21044

Census Tract 6040 Subdivision MCKENDELLE OVERLOOK

Home Phone \_\_\_\_\_ Work Phone 410-313-5722

Section N/A Area N/A Lot 4

Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map 15 Parcel 52 Grid 1

Zoning RD05 Map Coordinates \_\_\_\_\_ Lot size 67.4230

Phone \_\_\_\_\_ Fax 410-313-8722

Existing Use VACANT LOT

Contractor Company SAME

Proposed Use SFD

Contact Person \_\_\_\_\_

Estimated Construction Cost \$ 120,000

Address \_\_\_\_\_

Description of Work CUSTOM TRENTON W/CHANGES

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2 STORY, FULL BSMT, 3 FB, 1 HB, FP +

License No. \_\_\_\_\_

GARAGE (4BR) FINISHED BSMT (1DR)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant N/A

Engineer or Architect Company SAME

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BUILDING DESCRIPTION - COMMERCIAL

## BUILDING DESCRIPTION - RESIDENTIAL

### Building Characteristics

### Utilities

Height: \_\_\_\_\_

Water Supply:

No. of stories: \_\_\_\_\_

Public ☐  
Private ☐

Sewage Disposal:

Public ☐  
Private ☐

Gross area, sq. ft. per floor: \_\_\_\_\_

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Use group: \_\_\_\_\_

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

Full ☐

Partial ☐

Other Suppression ☐

# of Heads \_\_\_\_\_

Construction type:

Reinforced Concrete ☐

Structural Steel ☐

Masonry ☐

Wood Frame ☐

State Certified Modular ☐

### Building Characteristics

### Utilities

SF Dwelling ☒ SF Townhouse ☐

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement ☒ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

Multi-family dwellings:

No. of efficiency units: \_\_\_\_\_

No. of 1 BR units: \_\_\_\_\_

No. of 2 BR units: \_\_\_\_\_

No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Footings: \_\_\_\_\_

Roof: \_\_\_\_\_

State Certified Modular ☐

Manufactured Home ☐

Water Supply:

Public ☐  
Private ☒

Sewage Disposal:

Public ☐  
Private ☒

Electric Yes ☒ No ☐

Gas Yes ☐ No ☒

Heating System:

Electric ☒ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☒

NFPA #13D ☐

NFPA #13R ☐

Other: \_\_\_\_\_

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L Hodge  
Applicant's Signature  
VP, Operations  
Title/Company

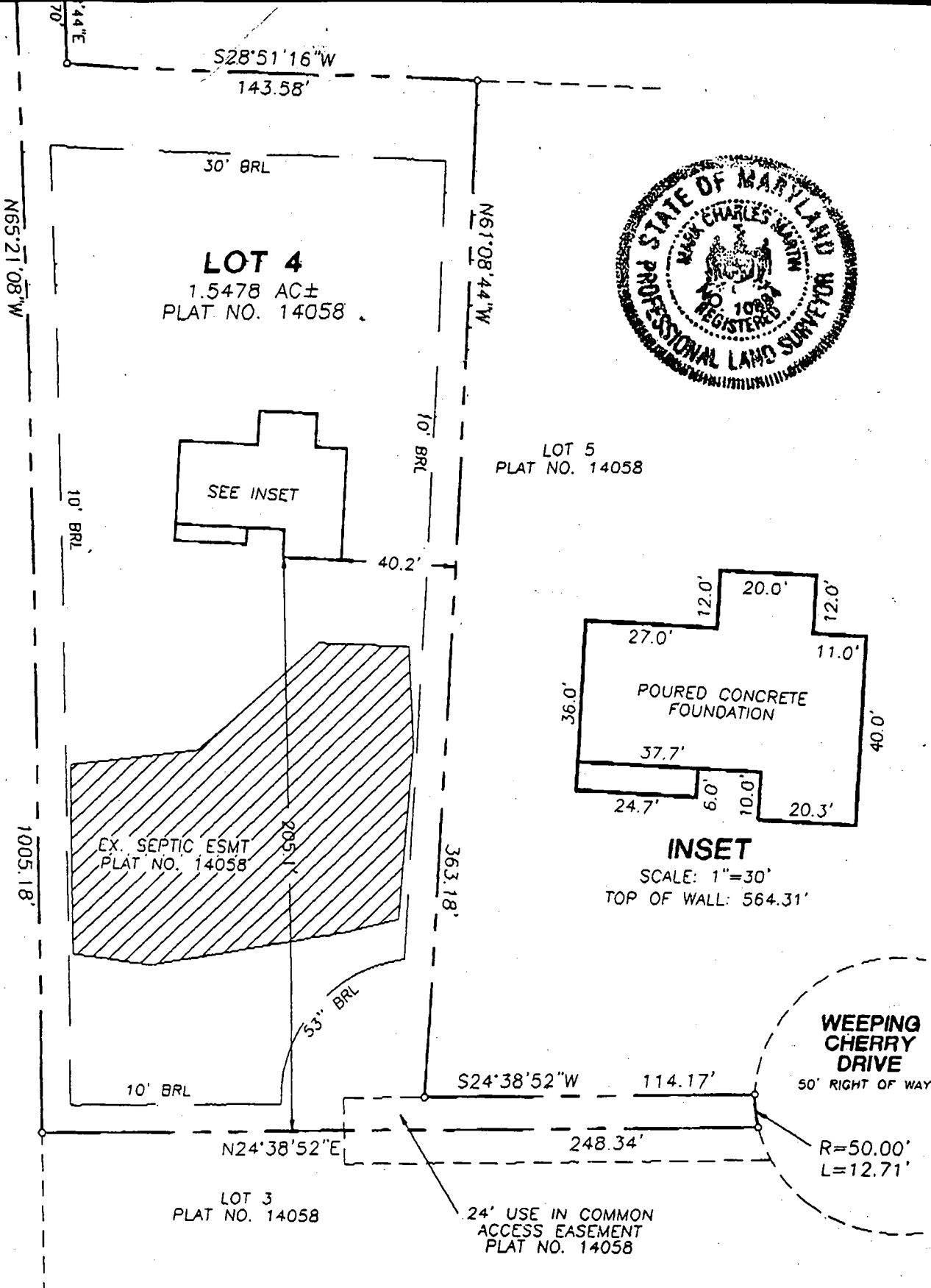
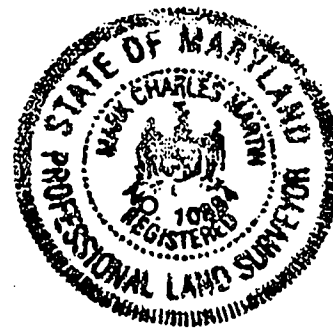
SALLY HODGE  
Print Name  
2/11/00  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY



WALL  
CHECK  
OK (MR)  
5/23/00

R.M. HOUGH  
L.2182 / F.191



# RECORD REFERENCES

LIBER/FOLIO \_\_\_\_\_  
PLAT BOOK \_\_\_\_\_ N/A  
PLAT NO./FOLIO \_\_\_\_\_ 14058

SCALE \_\_\_\_\_ 1"=50'  
DATE \_\_\_\_\_ 04-12-00

## WALL CHECK OF

LOT 4

McKENDREE OVERLOOK

HOWARD COUNTY

MARYLAND

## VOGEL & ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS  
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043  
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Mark C. Martin* 4/12/2000  
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

# APPLICATION

PERCOLATION TESTING

A 59262

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 12/12/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER OSTERMAN

ADDRESS 2169 MCKENDREE ROAD PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER MICHAEL FFAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION OSTERMAN PROPERTY LOT NO. LOT 3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF  
INTERSECTION OF FREDERICK ROAD (144)

TAX MAP 15 PARCEL # 52

SIZE OF LOT 1 AC. ± TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Michael J. R  
(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

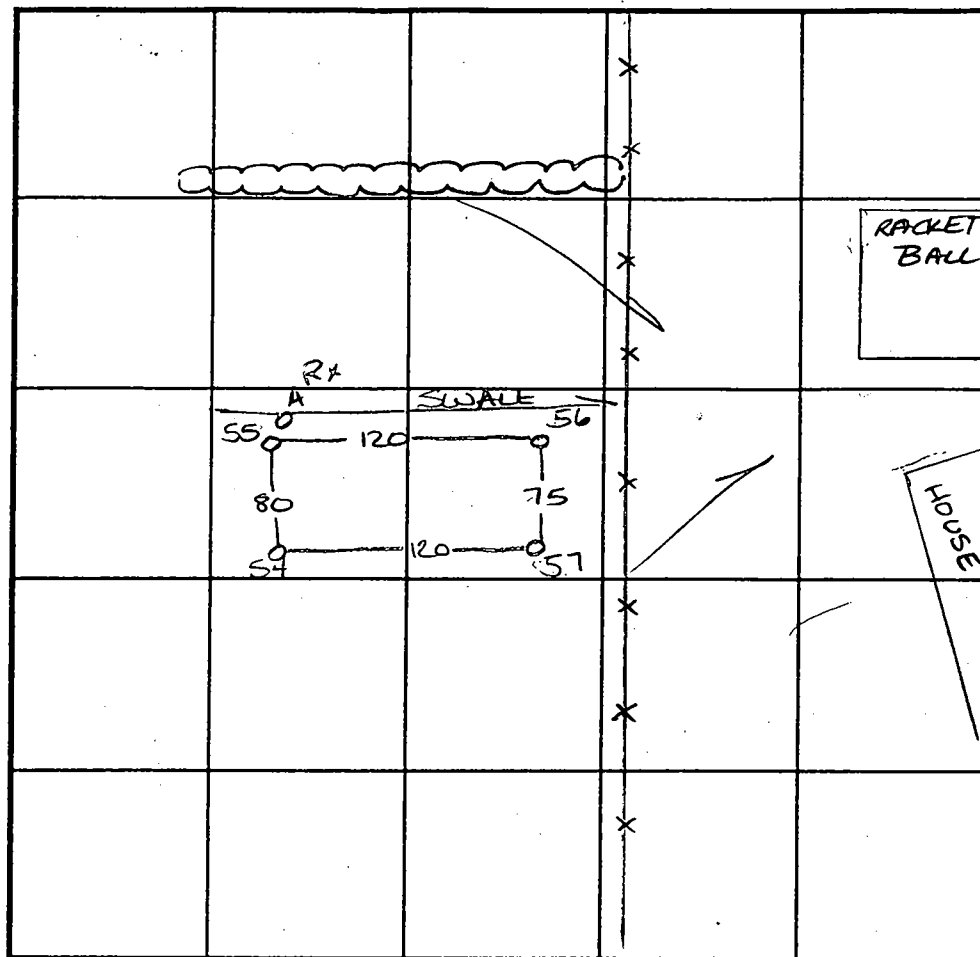
## THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 5.4  
dark  
orange  
brown  
silt  
3.0  
orange  
loam  
silt  
10%  
Rx  
11.0

5.5  
dull  
brn  
silt  
20%  
Rx  
4.0  
dark  
pink  
silt  
12.0



0' 56, 57  
dark  
red  
silt  
4.5  
lt  
orange  
tan  
silt  
5%  
Rx  
12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	54	3.5 v11.0	10:45	10:48	10:48	10:53	5min
	55	Visual	to 12.0 - see profile				OK
	56	5.0 v12.0	12:01	12:03	12:03	12:06	3min
	57	Visual	to 11.5 - see profile				OK

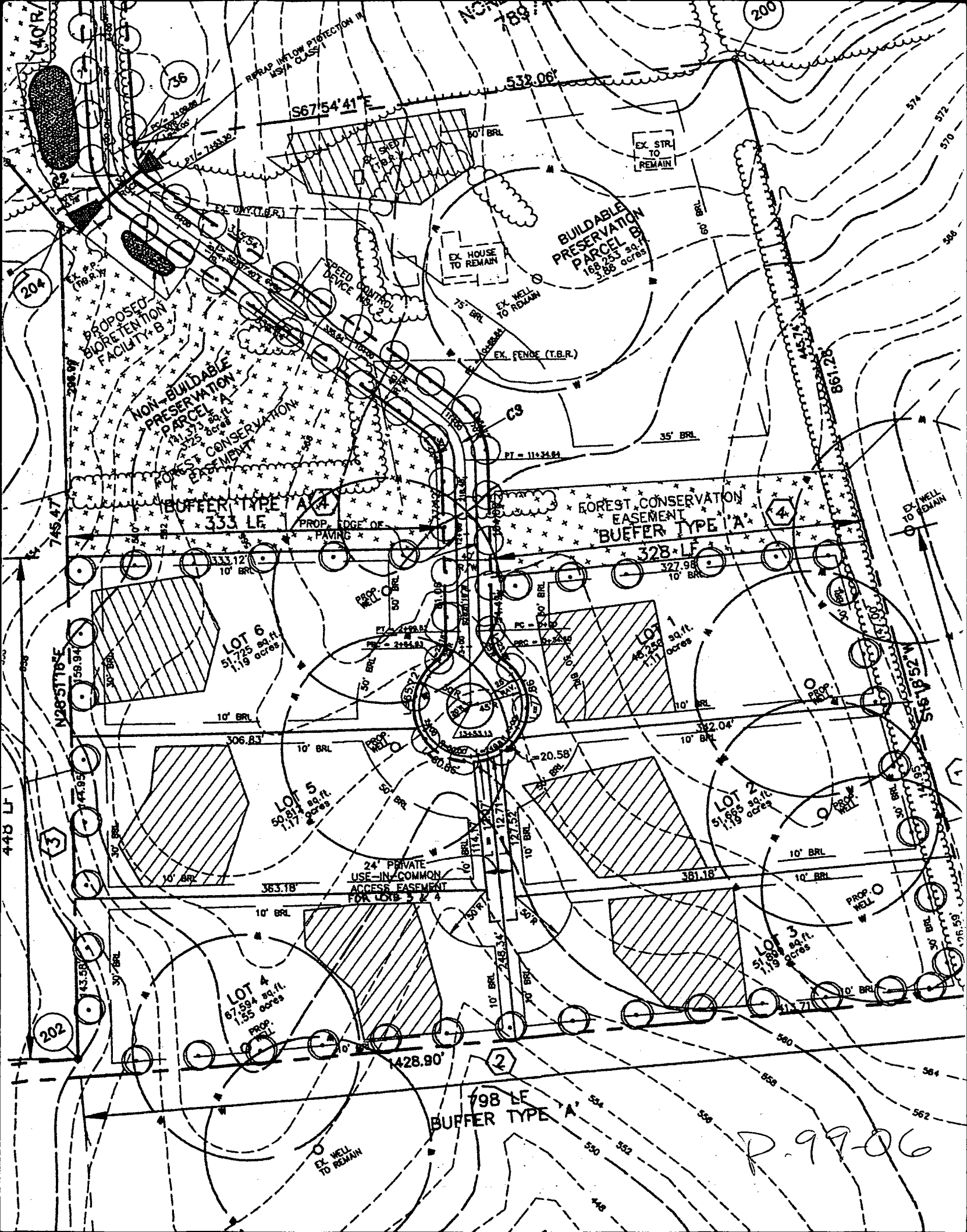
REMARKS

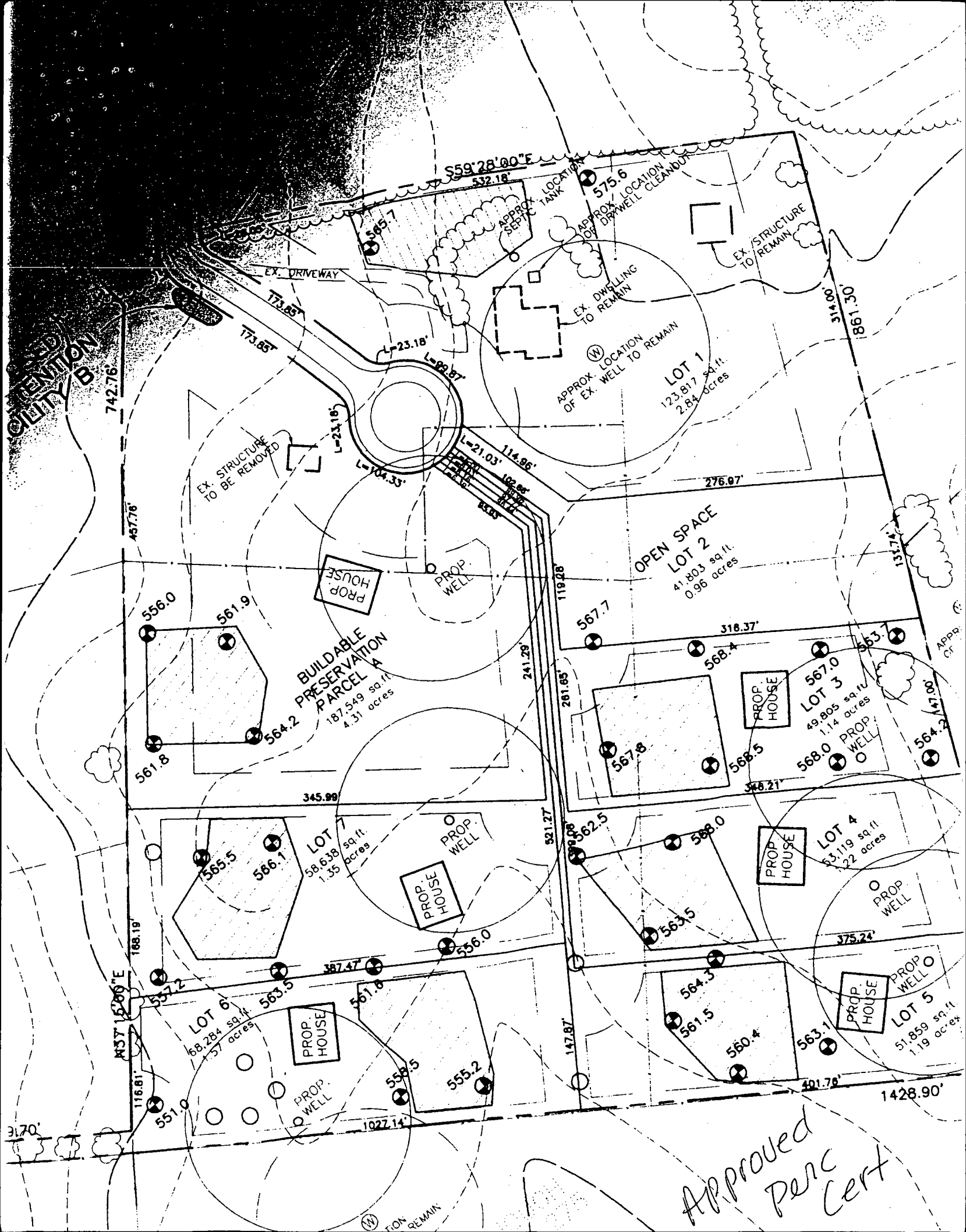
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH 5.6 SQ. FT/BEDROOM





C 1 06754 SEQUENCE NO. (MDE USE ONLY)

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 A59262 D1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)ST/CO USE ONLY  
DATE Received  
10-26-99

DATE WELL COMPLETED

MM DD YY  
09 23 99

Depth of Well

22 165 26  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-2253OWNER Trinity Homes  
STREET OR RFD Mckendree Road TOWN COOKSVILLE  
SUBDIVISION Osterman Prop SECTION LOT 4

## WELL LOG

Not required for driven wells

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)YES NO  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CEMENT BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 22 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowST  
STEELCO  
CONCRETEPD  
PLASTICOT  
OTHERMAIN  
CASING  
TYPE  
PLNominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

60 61 63 64 66 70

## OTHER CASING (if used)

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

## SCREEN RECORD

(insert  
appropriate  
code  
below)ST  
STEELBR  
BRASSHO  
OPEN HOLEPL  
PLASTICOT  
OTHER

C 2. DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

E A C H S C R E E N

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft.

WHEN PUMPING 22 ft.

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.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon) 31 35

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

LAND SURFACE

- below

(nearest foot) 2

## 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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

YES NO  
Y N

## 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 26.04.04 "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 LIC. NO. 1 MSD 116

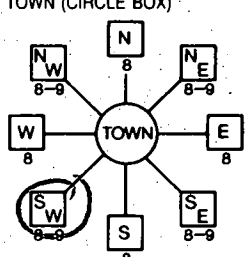
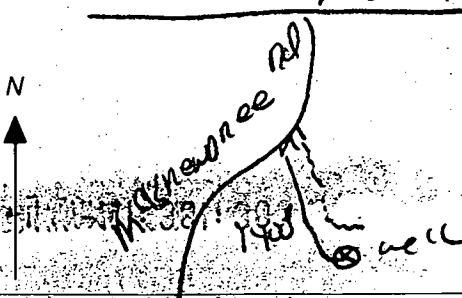
DRILLERS SIGNATURE

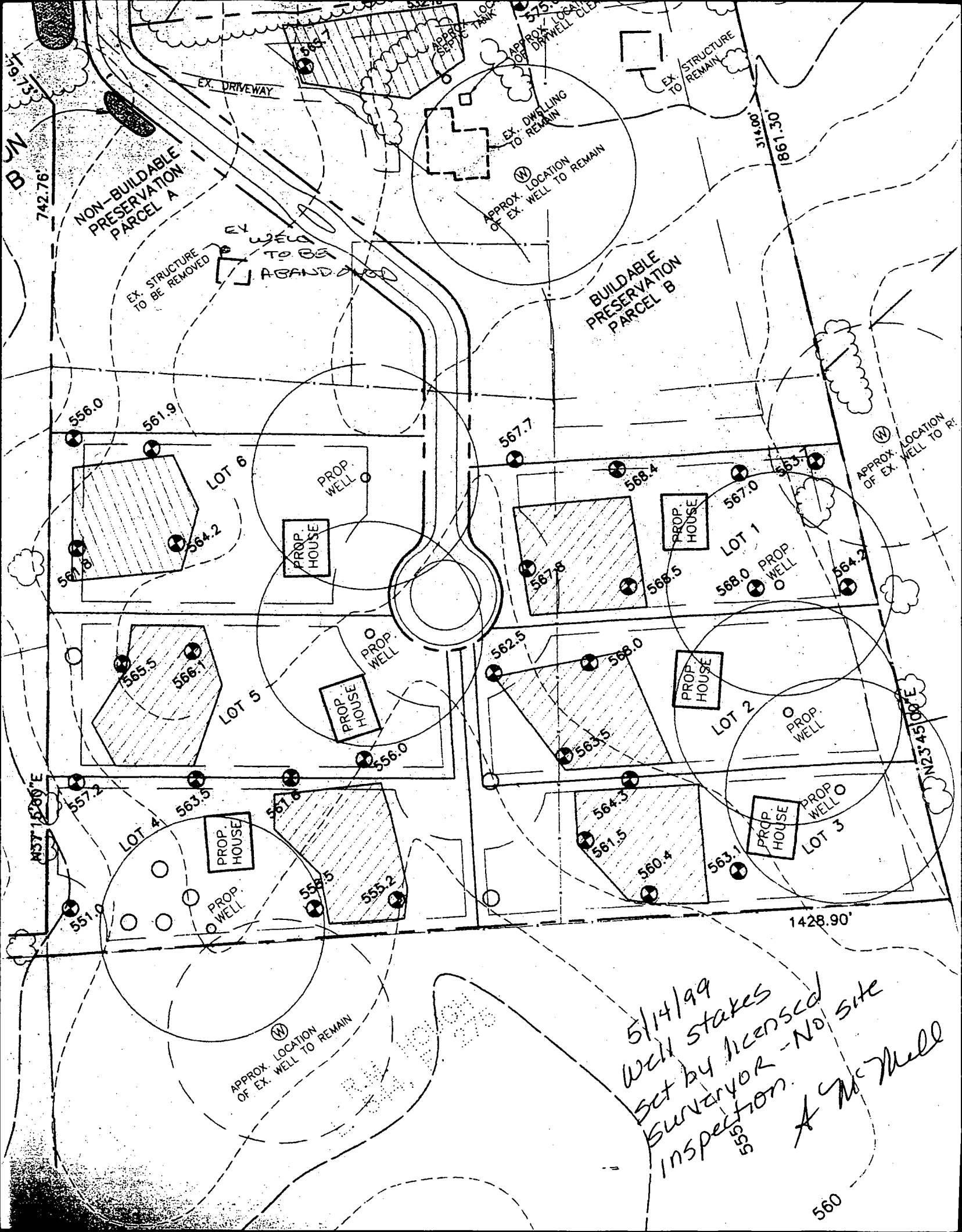
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD 112

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

COUNTY

B 1 1992 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2253</u> <small>fill in this form completely</small>
Date Received (APA) <u>050499</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> 15 Last Name <u>Trinity</u> Owner First Name <u>Home's</u> 34 36 <u>6212 Devon Dr.</u> Street or RFD 55 57 <u>Columbia MO 21044</u> Town 70 State 72 Zip 76		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>OSTERMAN Prop</u> 21 23 SUBDIVISION SECTION <u>4</u> LOT <u>4</u> 44 46 48 50 <u>Cooksville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I 73 76 77 78	
<b>DRILLER INFORMATION</b> <u>RAUL MAYNE</u> MS D 116 Driller's Name 76 License No. 81 <u>RAUL MAYNE WELL DRILLING</u> Firm Name <u>9120 Brown Church Rd. Mt Airy</u> Address <u>Raul Mayne 4-30-99</u> Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>McKnewree Rd.</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>1400</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>4</u> 38 39 TAX: MAP: _____ BLK: _____ PARCEL: _____	
B 2 <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A59262D</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>051799</u> <u>A M. M. M.</u> <u>051700</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>540 000</u> EAST GRID <u>770 000</u> 50 55 57 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>540</u> N <u>540</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY DRIVE-POINT other _____		9/22/99 Grout A.M. 24' casing 22' open 7 bags cement Not present to observe ⊗ grout ⊗	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>MO 144</u> 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> GAP <u>63</u> PERMIT No. <u>HO-94-2253</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			



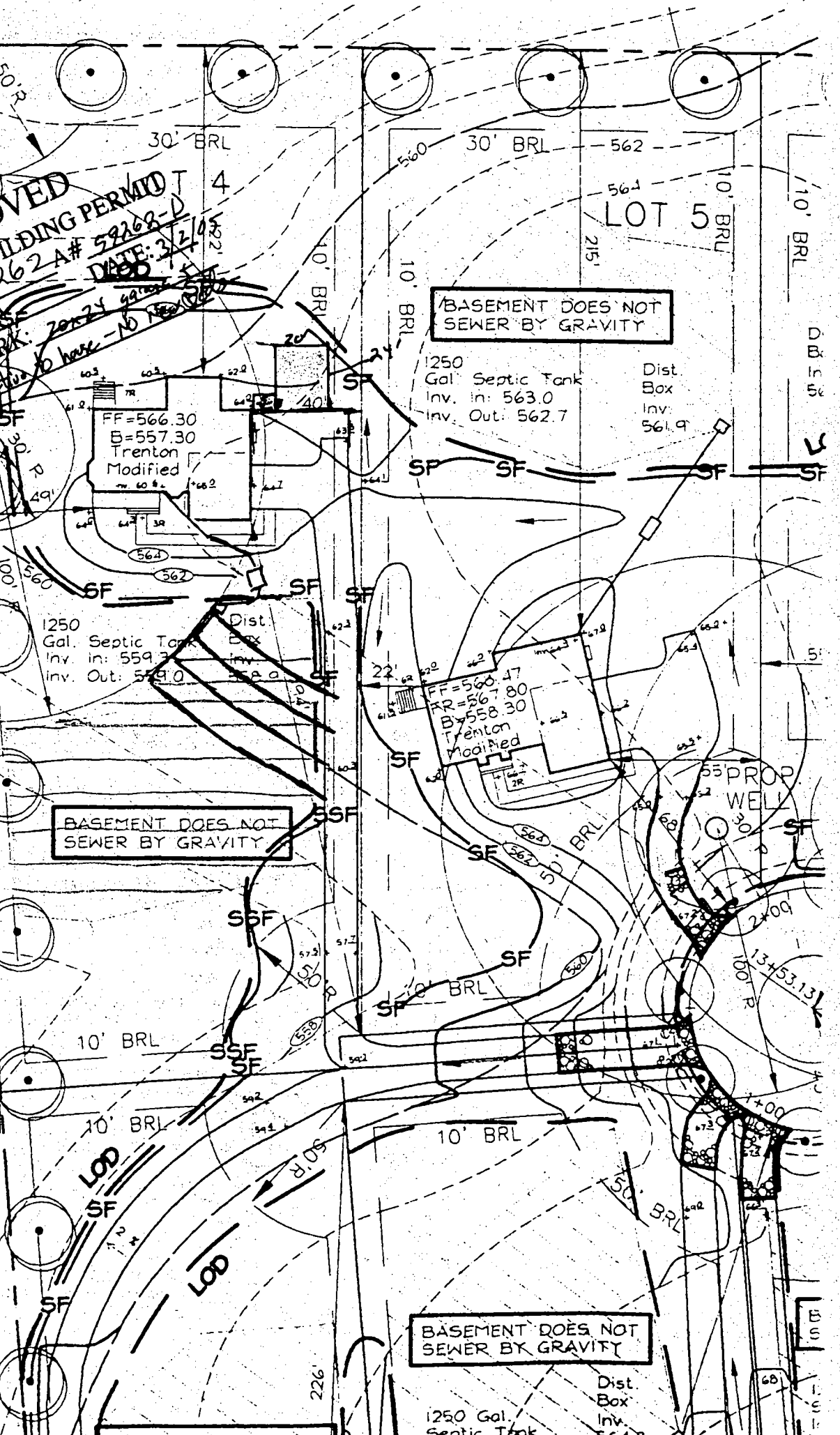
5/14/99  
Well stakes  
set by licensed  
surveyor - No site  
inspection.  
A. McNeill

# Approved Septic System Plan Howard County Health Department

required 240 feet  
width of trenches) 30 feet  
Depth of trench(es) 50 feet  
Depth of stone required below  
distribution pipe 20 feet

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# 60012  
262 A# 59268-D  
DATE: 3/2/05  
APP. SAN. 1555  
BAS. OF WORK: 20124 gauge 5  
WELL: perspective to base - NO NEW

Date  
Signature  
Date  
Signature



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

Date: 3/22/05

Planning Board \_\_\_\_\_ Hearing Examiner 5/9/05  
Board of Appeals \_\_\_\_\_ Zoning Board \_\_\_\_\_

Petition No. BA05-009V Map No. 15 Block 1 Parcel 52 Lot 4

Return Comments by 4/18/05 to Public Service and Zoning Administration

Location of Property: Terminus of Weeping Cherry Drive

Applicant: Robert L. Prestel

Applicant's Address: 13980 Weeping Cherry Drive, West Friendship, MD 21794

Owner: (if other than applicant)

Owner's Address:

Petition: Variance for a side setback of 12' for a detached garage.

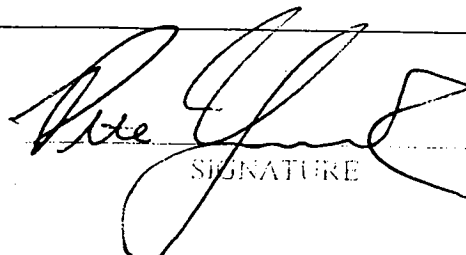
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To:

\_\_\_\_\_ 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, Brenda Purvis, (kennels)  
\_\_\_\_\_ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)  
\_\_\_\_\_ Land Development - (Religious Facility & Age-Restricted  
Adult Housing)

COMMENTS: Need a scale plan w/  
proposed addition (garage) with  
well & Septic locations.  
Plan does not have well location.

4-25-05

  
SIGNATURE

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

Date: 3/22/05

Hearing Examiner 5/9/05  
Planning Board \_\_\_\_\_ Board of Appeals \_\_\_\_\_ Zoning Board \_\_\_\_\_

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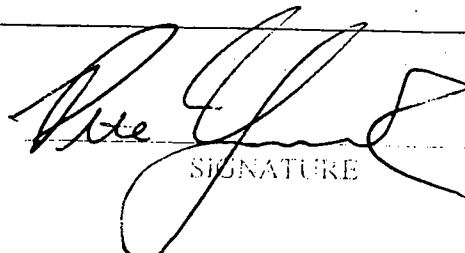
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\_\_\_\_\_ Susan Fitzpatrick, Health Dept. (Nursing & Res. Care)  
\_\_\_\_\_ Land Development - (Religious Facility & Age-Restricted  
Adult Housing)

COMMENTS: Need a scale plan w/  
proposed addition (garage) with  
well & septic locations.  
Plan does not have well location.

4-25-05

  
SIGNATURE

**RESIDENTIAL DISTRICT VARIANCE PETITION  
TO THE HOWARD COUNTY BOARD OF APPEALS**

05 MAR -4 PM 3:29

For DPZ office use only:

CASE NO. BA 05-009V

DATE FILED \_\_\_\_\_

DATE ACCEPTED FOR

SCHEDULING \_\_\_\_\_

1. PETITIONER'S NAME ROBERT L. PRESTEL

TRADING AS (IF APPLICABLE) \_\_\_\_\_

ADDRESS 13980 WEEPING CHERRY DR, WEST FRIENDSHIP, MD. 21794

PHONE NO. (W) \_\_\_\_\_ (H) (410) 489-5571

2. COUNSEL FOR PETITIONER \_\_\_\_\_

COUNSEL'S ADDRESS \_\_\_\_\_

COUNSEL'S PHONE NO. \_\_\_\_\_

**3. PROPERTY IDENTIFICATION:**

ADDRESS OF SUBJECT PROPERTY 13980 WEEPING CHERRY DRIVE  
WEST FRIENDSHIP, MD. 21794

TOTAL ACREAGE OF PROPERTY 1.5478

PROPERTY LOCATION:

ELECTION DISTRICT: 3<sup>RD</sup> ZONING DISTRICT: RC-DEO

TAX MAP # 15 BLOCK # 1 PARCEL/LOT # 52/4

SUBDIVISION NAME (if applicable): Mc KENDREE OVERLOOK

**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.

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) 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) 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.

**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 \_\_\_\_\_ of the Zoning Regulations to: (describe) ERECT A DETACHED

GARAGE (20'W X 24'L) AT THE REAR OF DRIVEWAY  
RESULTING IN A SIDE SETBACK OF 12' FROM THE ADJACENT  
PROPERTY.

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, ☒ other; explain: GARAGE MUST BE  
WIDE ENOUGH TO HOUSE 2 VEHICLES. IF LOCATION IS MOVED TOWARD REAR OF LOT SO  
AS NOT TO BLOCK VIEW FROM HOUSE, IT ENCOUNTERS A SEVERE SLOPE (APPROX. 5 IN 12).  
THE PROPOSED LOCATION PERMITS USE OF EXISTING DRIVEWAY FOR ACCESS.

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: 9/19/2002, or if property is not subdivided, give the date on which a deed conveying the identically bounded tract was first recorded: \_\_\_\_\_

C) The intended use of the property, in the event the petition is granted: WILL PROVIDE  
GARAGE FOR 2 VEHICLES, THUS ALLOWING FOR EXPANSION OF LIVING SPACE  
INTO EXISTING GARAGE.

D) Any other factors which the Petitioner desires to have considered: THE LOCAL HOME-  
OWNERS ASSN. AND THE NEXT DOOR NEIGHBOR HAVE NO OBJECTION TO A SIDE  
SETBACK OF 12' FROM THE NEIGHBOR'S PROPERTY. THIS ACTION WILL NOT ALTER THE  
ESSENTIAL CHARACTER OF THE NEIGHBORHOOD NOR IMPAIR USE OF ADJACENT PROPERTY.

E) Explain why the requested variance is the minimum necessary to afford relief: \_\_\_\_\_  
WITHOUT IT, THE GARAGE WOULD BE TOO NARROW AND IT CAN'T  
BE REASONABLY RELOCATED TO REAR BECAUSE OF TOPOGRAPHY CONSIDERATIONS.

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 ☒

H) If the requested variance is granted, would it increase the intensity of uses on the site? Y\_\_\_ N ☒; if yes, explain: WE WOULD STILL ONLY HAVE 2 VEHICLES  
HOUSED AT THIS PROPERTY.

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: PRESENT DRIVEWAY IS MACADAM AND 33' WIDE FOR THE ENTIRE

LENGTH OF EXISTING SIDE-ENTRY GARAGE. PROPOSED NEW STRUCTURE WOULD BE SITUATED ADJACENT TO BACK END OF DRIVEWAY WITH A SIDE SETBACK OF 12'

K) Describe the topography of the site: \_\_\_\_\_

THE SITE OF PRESENT DRIVEWAY AND EXTENDED APPROX. 30' IS LEVEL. BEYOND 30' TO THE REAR OF EXISTING DRIVEWAY, THERE IS A SIGNIFICANT SLOPE (APPROX. 5 IN 12)

L) Will the existing or proposed structure be visible from adjacent properties? Y\_\_\_N ☒; if

yes, describe any proposed buffering or landscaping: THE ATTACHED SKETCH SHOWS THAT THE ADJACENT PROPERTY IS APPROX. 106' BELOW AND 29' TO THE RIGHT OF THE PROPOSED LOCATION. SEVERAL TREES HAVE ALREADY BEEN PLACED (AND MORE WILL BE ADDED) TO PROVIDE A VISUAL BARRIER BETWEEN THE TWO PROPERTIES.

M) Describe any existing buffering or landscaping: \_\_\_\_\_

SEVERAL TREES HAVE BEEN PLANTED OVER THE LAST THREE YEARS ALONG THE PROPERTY LINE

8. **PRIOR PETITIONS:** Has any petition for the same, or substantially the same, variance as contained herein for the same property as the subject of this petition been disapproved by the Board of Appeals 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.

#### 9. **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:

18 copies if the subject property adjoins a State road.

15 copies 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 Board of Appeals in connection with the filing of this petition.

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

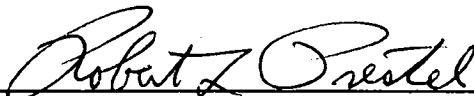
The undersigned also agrees to properly post the property at least fifteen (15) days prior

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 also 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.

**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.

  
\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Attorney

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

Hearing fee: \$ \_\_\_\_\_  
Poster fee: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_  
(Make checks payable to "Director of Finance")

County Website: WWW.CO.HO.MD.US

## **GENERAL REQUIREMENTS:**

The Petitioner shall note that all requests for variances must meet the following requirements of section 130.B.2.a.(1) through (5) of the Howard County Zoning Regulations in order to be approved:

(1) That there are unique physical conditions, including irregularity, narrowness or shallowness of lot or shape, exceptional topography or other existing features peculiar to the particular lot; and that as a result of such unique physical conditions, practical difficulties or unnecessary hardships arise in complying strictly with the bulk provisions of these regulations.

2. That the variance, if granted, will not alter the essential character of the neighborhood or district in which the lot is located; will not substantially impair the appropriate use or development of adjacent property; and will not be detrimental to the public welfare.

3. That such practical difficulties or hardships have not been created by the owner provided, however, that where all other required findings are made, the purchase of a lot subject to the restrictions sought to be varied shall not itself constitute a self-created hardship.

4. That within the intent and purpose of these regulations, the variance, if granted, is the minimum variance necessary to afford relief.

5. That no variance be granted to the minimum criteria established in Section 131 for special exception uses, except where specifically provided therein or in an historic district. Nothing herein shall be construed to prevent the granting of variances in any zoning district other than to the minimum criteria established in Section 131 except as provided therein.

BA CASE # \_\_\_\_\_

PETITION VARIANCE

ADDRESS 13980 WEEPING CHERRY DR., WEST FRIENDSHIP, MD. 21794

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 WITHIN APPLICATION OR PETITION IN ZB OR BA CASE # \_\_\_\_\_ FOR A ZONING CHANGE AS REQUESTED.

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.

Stephen Shambler

Witness

Robert Z. Orsini

Signature

1-28-05

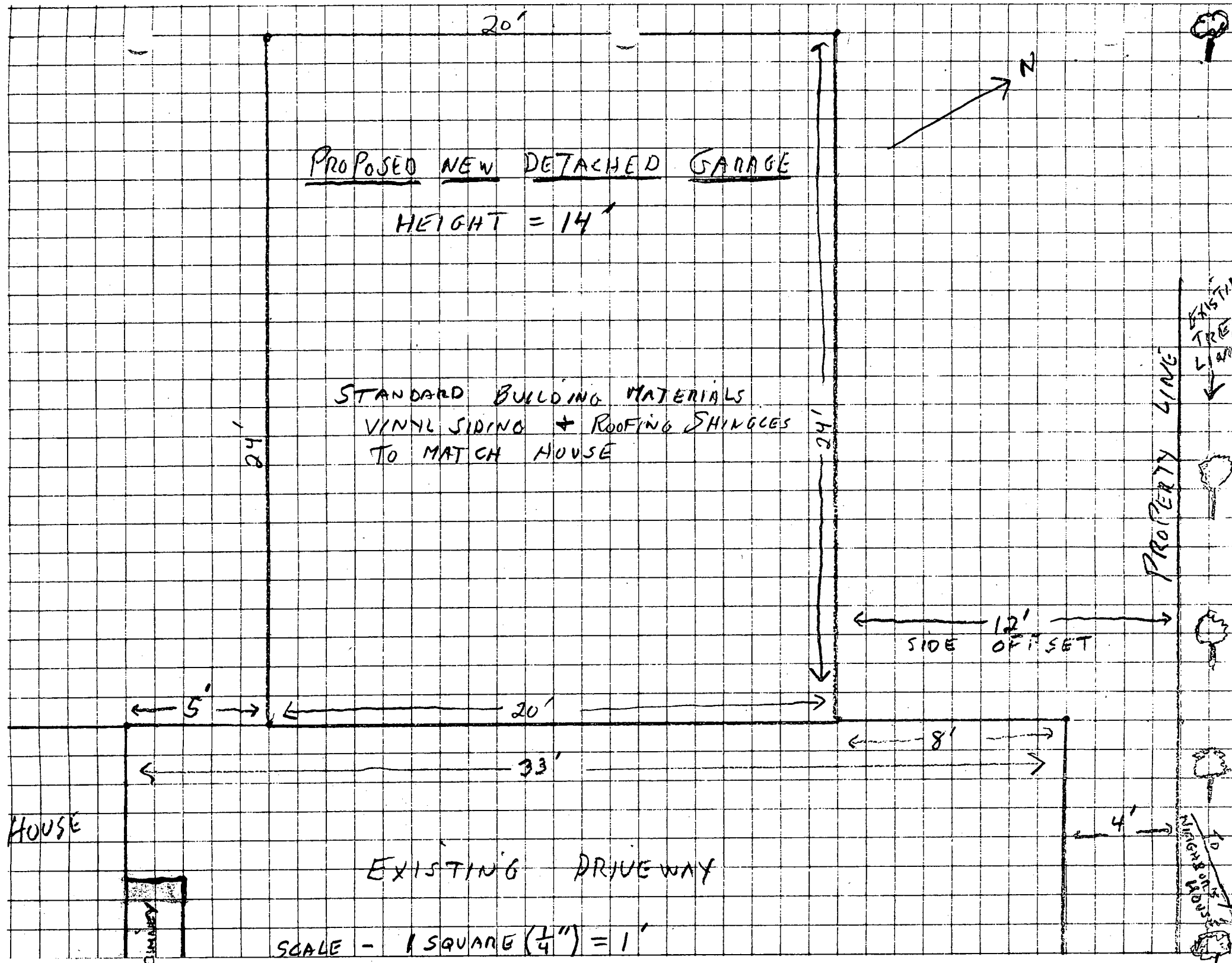
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature Date



PROPOSED NEW DETACHED GARAGE

HEIGHT = 14'

STANDARD BUILDING MATERIALS  
VINYL SIDING + ROOFING SHINGLES  
TO MATCH HOUSE

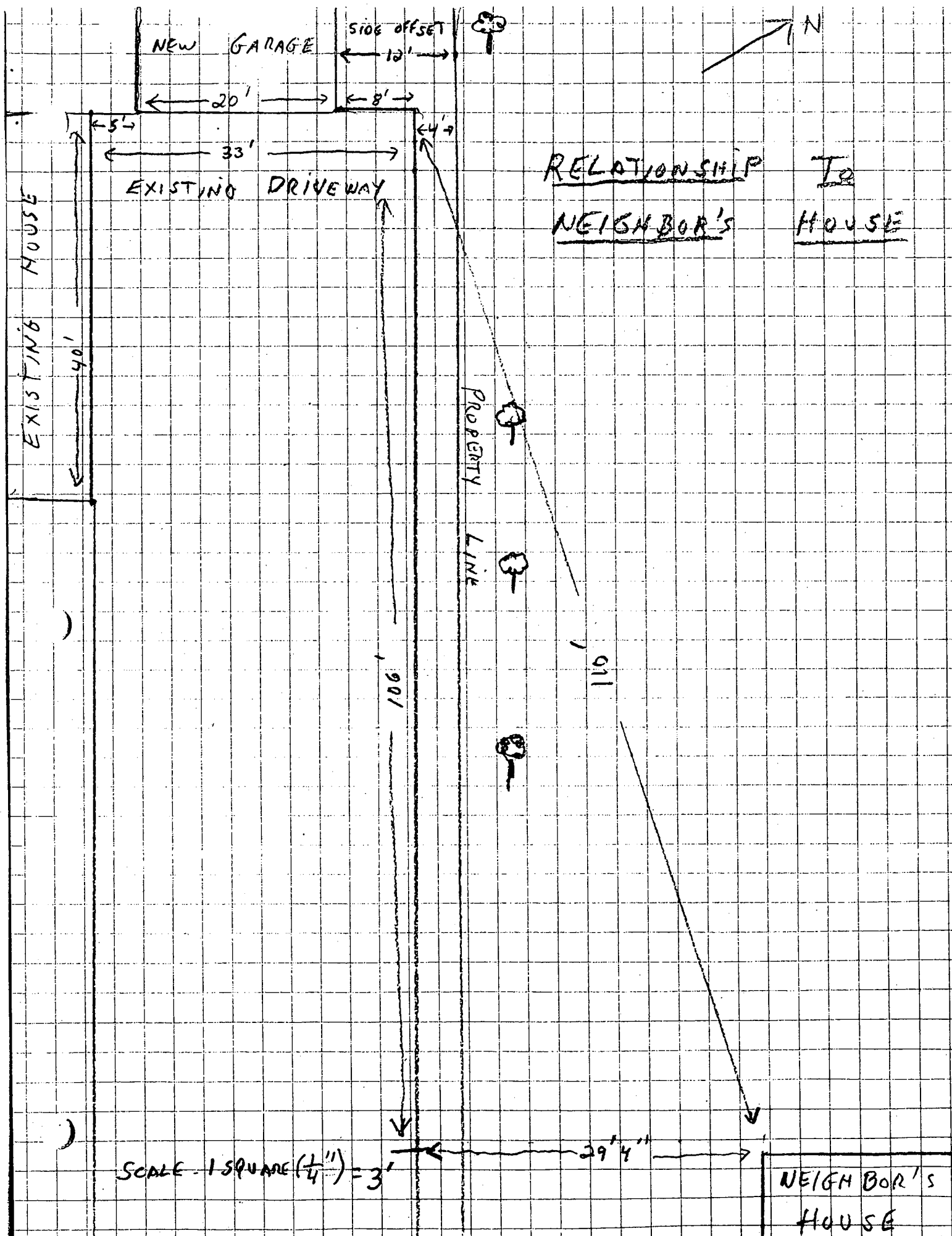
PROPERTY LINE

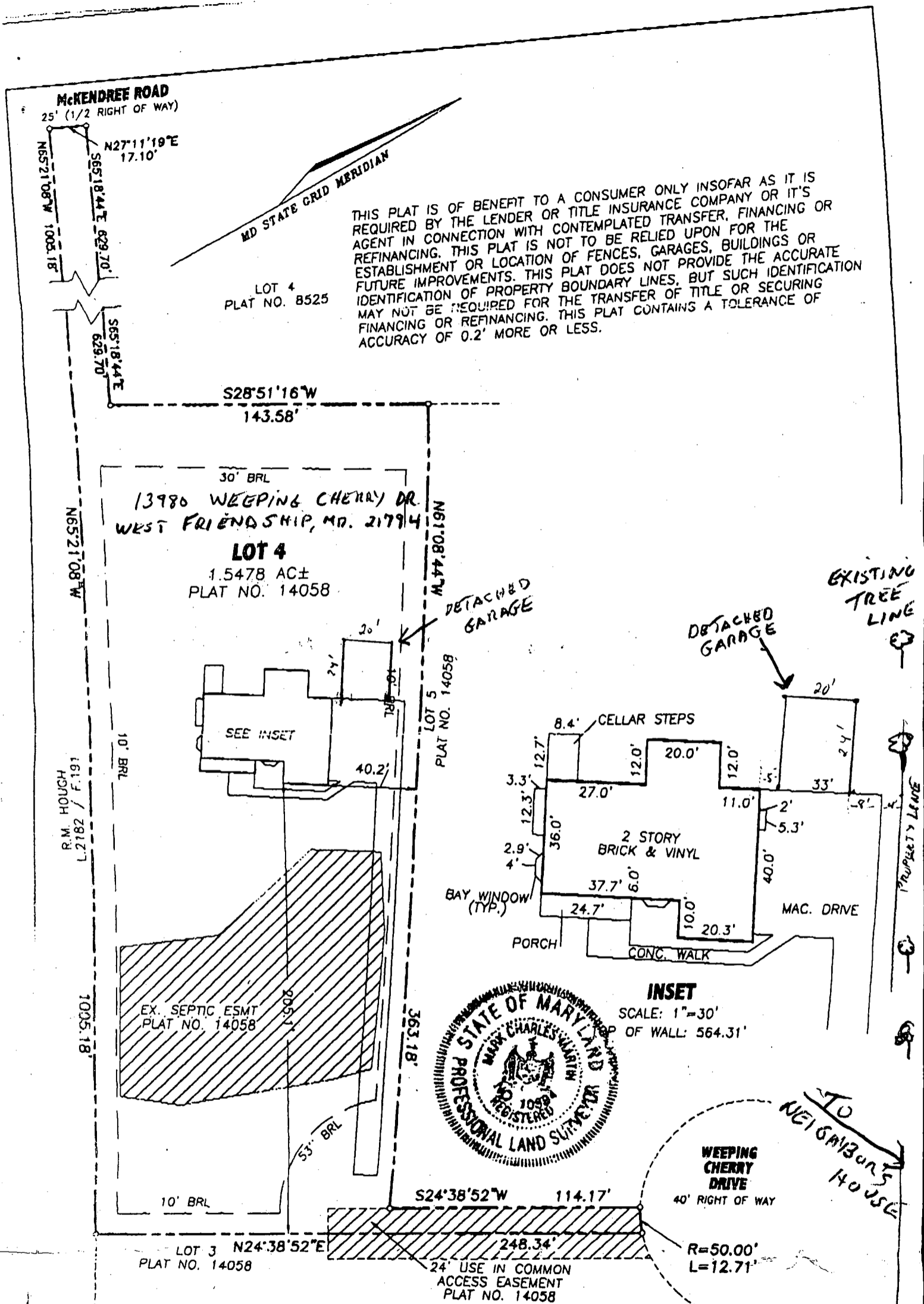
12' SIDE OFFSET

HOUSE

EXISTING DRIVEWAY

SCALE - 1 SQUARE (1/4") = 1'





RECORD REFERENCES	FINAL LOCATION OF	VOGEL & ASSOCIATES, INC.
LIBER/FOLIO		CONSULTING ENGINEERS-SURVEYORS-PLANNERS
PLAT BOOK		3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
PLAT NO./FOLIO		TELEPHONE (410)461-5828 FAX (410)465-3966
SCALE		I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
DATE		<i>Mark C. Martin</i> 9/19/2000
		MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884

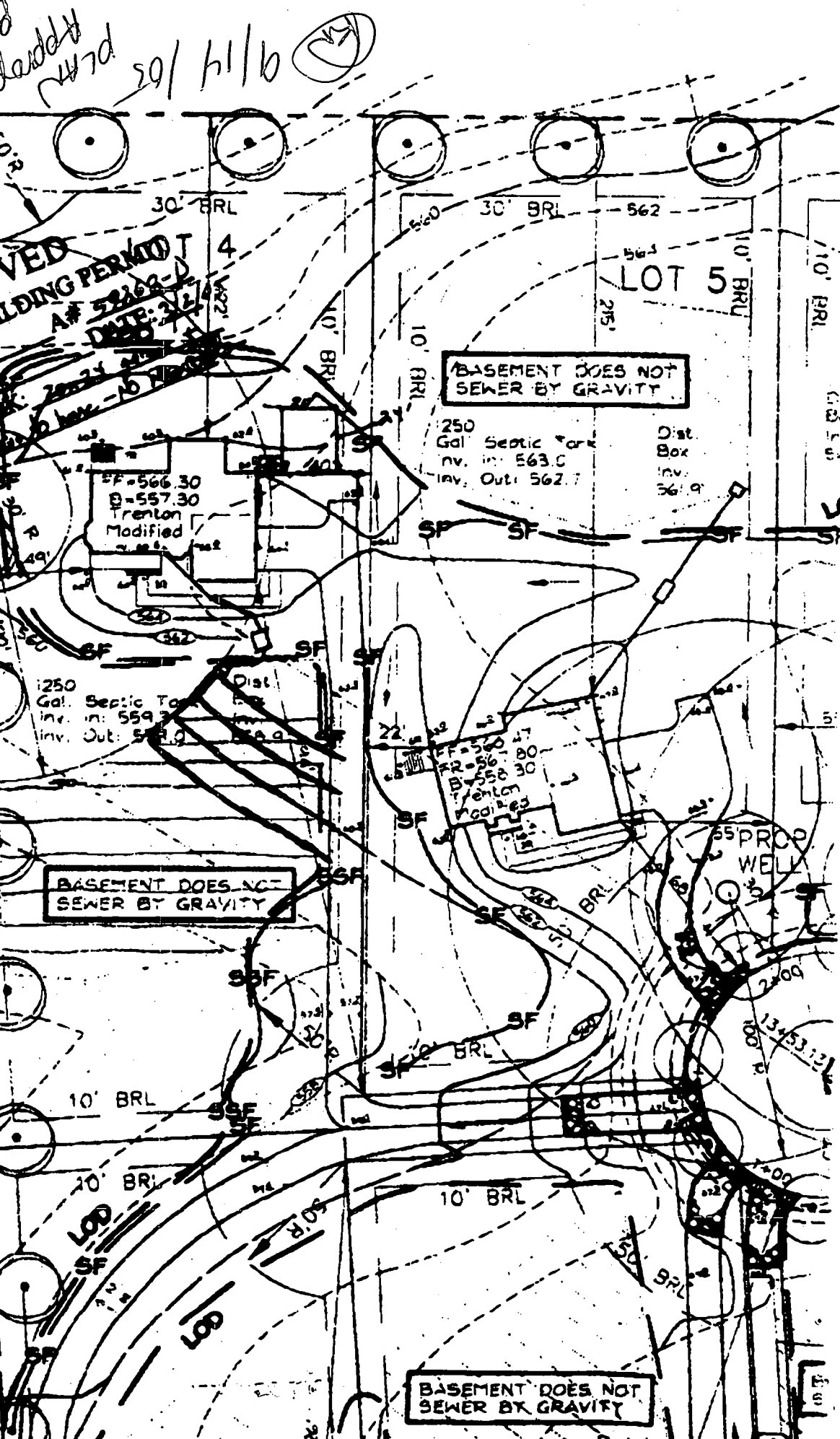
8/14/68  
 59/61/6  
 820015 5930  
 447d  
 Approved by  
 8/14/68  
 59/61/6  
 820015 5930  
 447d

Approved Septic System  
 Howard County Health Department

required 240 feet  
 width of trenches) 30 feet  
 depth of trench(es) 50 feet  
 depth of stone required below  
 distribution pipe 20 feet

Signature  
 Date

APPROVED  
 WALK-THRU BUILDING PERMIT  
 A# 5930-0  
 DATE 8/14/68  
 BR#  
 10-74-2153



BASEMENT DOES NOT SEWER BY GRAVITY