

Approved
R14
10/11/2020

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Pool Spa	B20002657	08/12/2020
Description of Work		
PUTTING IN PLUNGE POOL/SPA IN BACK YARD. POOL/SPA SIZE 8' WIDE 15' LONG 5' DEEP		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
2914	WINTERHAZEL	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.04613	39.28789
City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
926412	66	40964	216500	726800	510300	RURAL
Legal Description						
IMPSLOT 30 40964 SQ[]2914 WINTERHAZEL COURT[]BELLE HAVEN ESTATES						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	30	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404373960	Belle Haven Estates					
Section	Area	Tax Map					
		14					
Grid	Zoning District	ADC Map					
14-20	RC-DEO	4812-C4					
SDP No.	Final Plan No.	WP File No.	Primary				
	F-07-038		Yes				
Record Plat No.	WS Contract No.	FDP No.					
19948-1995							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2014	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-08	<input type="radio"/> Yes <input checked="" type="radio"/> No					

Edit Record By Single

Building No

Owner * (This section is required.)

Search Reset Clear

Name *

Address Line 1

Address Line 2

Address Line 3

Mail City Mail State Mail Zip Code

Phone Primary

E-mail

Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name
08010038011	J R TRAWICK COMPANY INC

License Type *	First Name	Middle Name	Last Name
MHIC Ind	JAMES		TRAWICK

Primary	Address Line 1
Yes	604 WEST WATERSVILLE RD

Address Line 2

City	State	ZIP Code
MOUNT AIRY	MD	21771-0000

Phone 1	Phone 2	Fax
3014424517		3016079017

E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	BOB		TRAWICK

Relationship	Full Name
Applicant	BOB TRAWICK

Primary	Organization Name
Yes	J. R. TRAWICK CO. INC

Street Address
PO BOX 121

Address Line 2

City	State	Zip Code
MT. AIRY	MD	21771
Phone	Cell	Fax
301-607-9017	301-442-4517	
E-mail *		
bob@jrtawickco.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
40000	0	0	No
Construction Type			
--Select--			

POOL INFORMATION

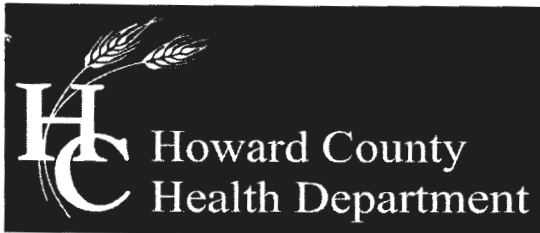
MISCELLANEOUS POOL INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Water Supply *	Sewage Disposal *
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private
Existing Use	Type of Pool or Spa *	Electrical Permit Number	Expiration Date	
SFD	In Ground Pool		2/8/2021	

PAYMENT INFORMATION

Check 1	Payee 1	SAP Doc No	SAP Entered

Submit Cancel



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

July 28, 2020

Carey E. Stern
2914 Winterhazel Court
Woodbine, MD 21797

*Approved
B20002657
R/K 10/19/2020*

RE: Waiver Approval
2914 Winterhazel Court
Woodbine, MD 21797

Mr. Stern,

This letter is being issued in response to your waiver request received on July 28, 2020. Your waiver has been **approved** to waive the setback from the proposed pool/spa to the existing sewage disposal area and allow the proposed pool/spa to be constructed two foot six inches from the area. Any equipment used to excavate for the pool should not be allowed to drive in the sewage disposal area. Any deviations from the proposed work illustrated on the building permit site plan will be subject to further review by this department.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis
Assistant Director
Bureau of Environmental Health

Dear Mike Davis, Deputy Director of Environmental Health,

As the homeowners at 2914 Winterhazel Court, Woodbine, MD 21797, we would like to have a waiver to move our small pool/spa closer to the sewage disposal area. The location is shown on the drawing included with this correspondence.

Thank you for your attention to this matter.

Kindest regards,



Lori Lathrop Stern

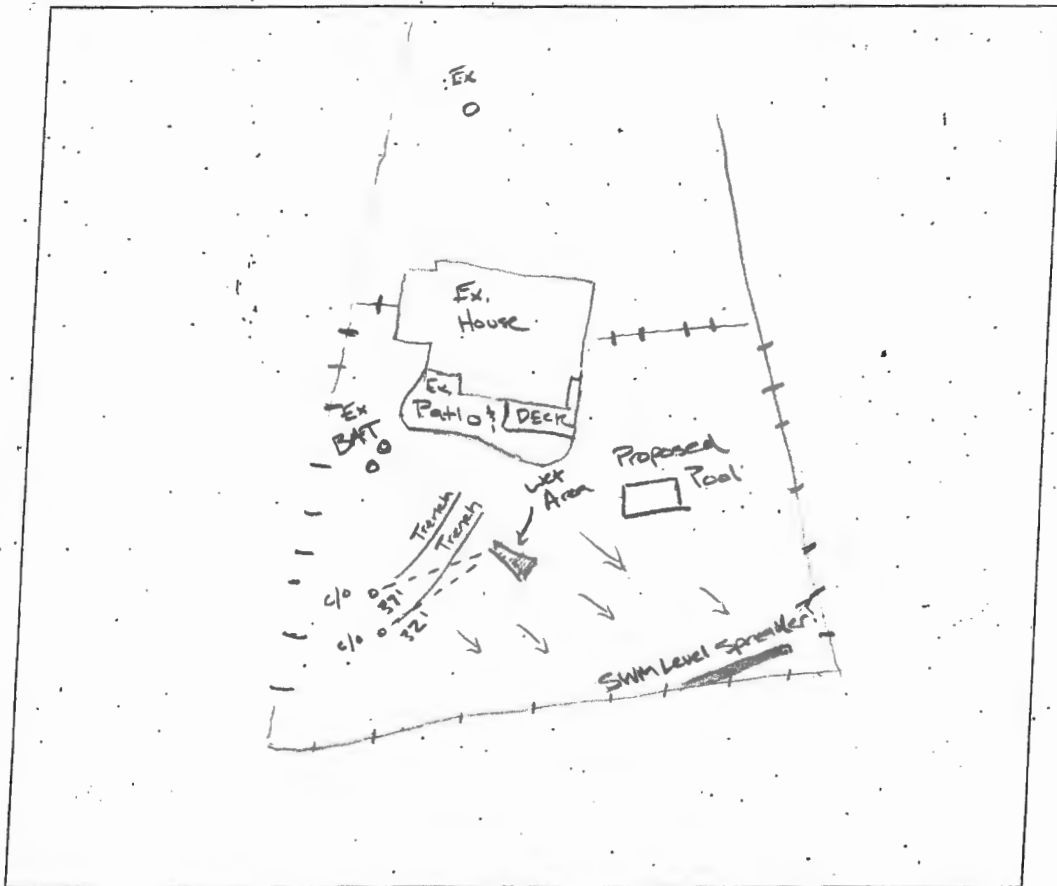


Carey E Stern

SITE INSPECTION SHEET

OWNER: Lori & Carey Stern PHONE #: _____
ADDRESS: 2914 Winterhazel Ct. CONTRACTOR: _____
Woodbine, MD 21777 WELL TAG #: HO-95-0638
SUBDIVISION: Bowley Property LOT: 32 COUNTY #: Howard
PROPOSAL: Asking for waiver to Revised Perc cert Plan for
a pool. Pool is proposed to be 2' 6" from S.D.A.

LOCATION DIAGRAM



COMMENTS: Septic system seems to be in good working
condition. Wet area was noticed close to trenches. Ground was
saturated however no sight or smell of sewage. Could be
due to recent rain over last couple days. Well seems to be
in good condition. Well has secure two piece cap and is GTS'd.

DATE: 8/20/2020 INSPECTOR: RSF

- * As of 8/20/2020 the owners are in compliance with their O & M agreement.
- * Waiver approved prior to site visit.

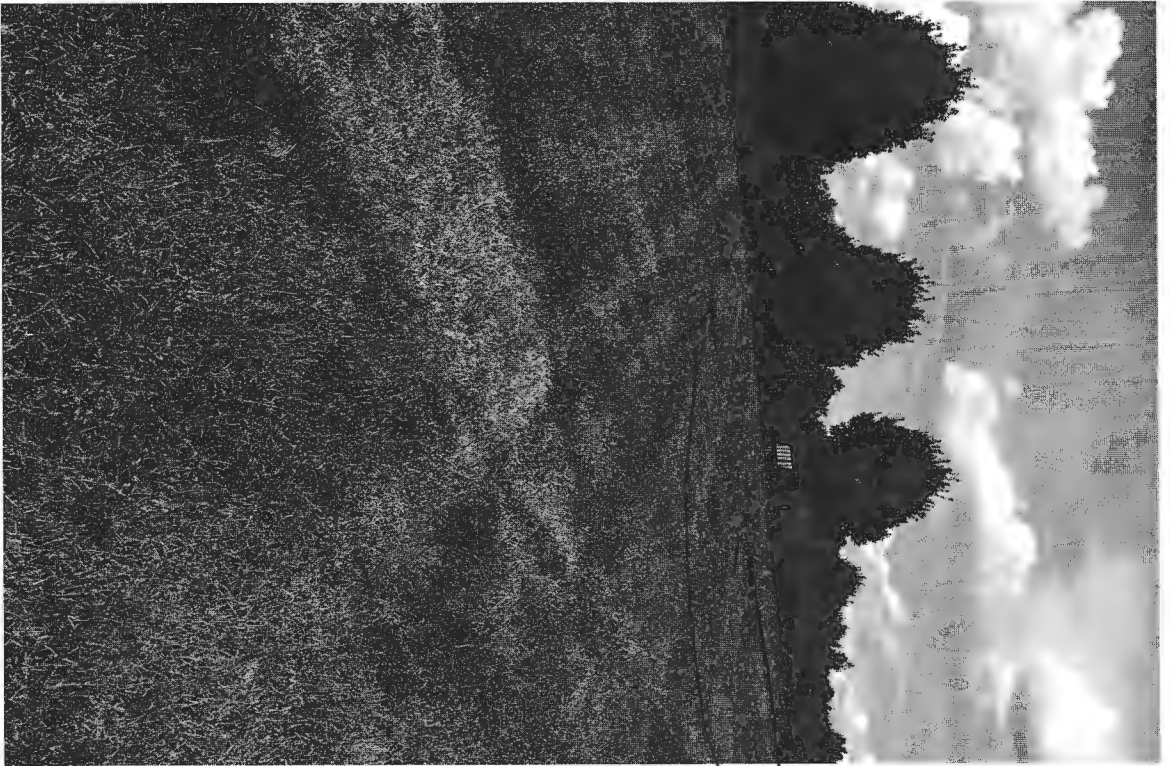


Trench
c/0s

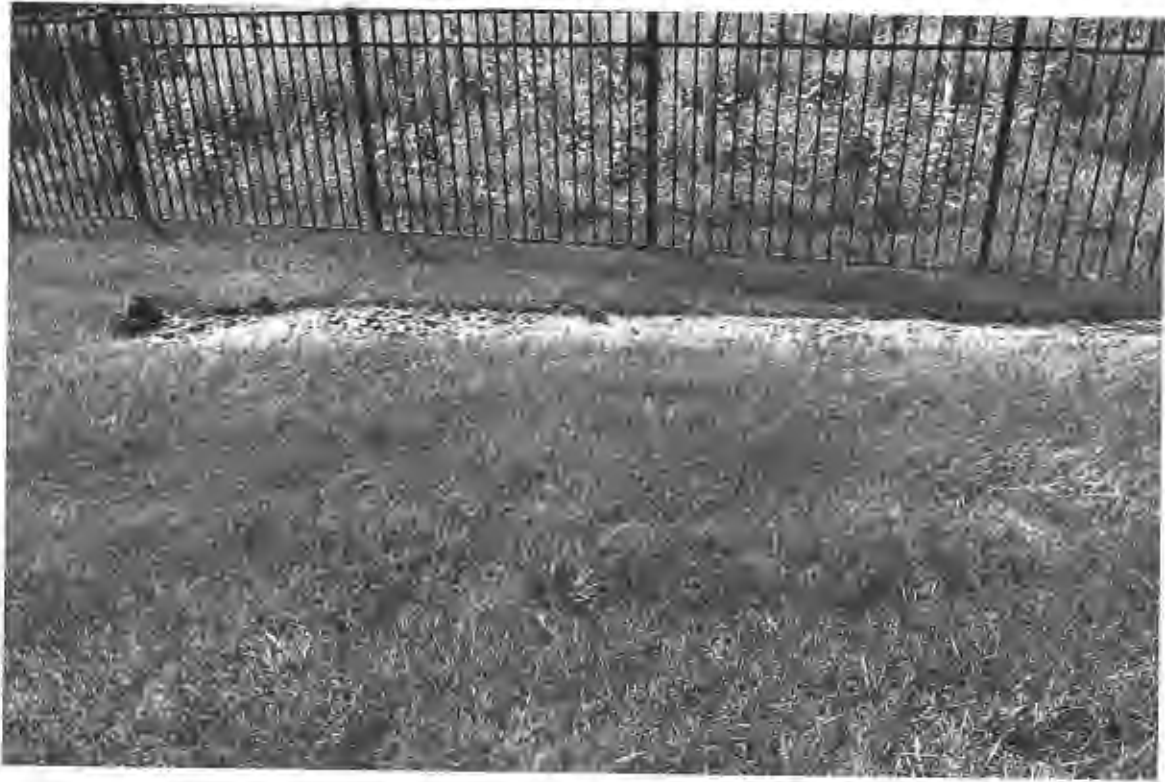
Wet Area
Saturated Grass
Yellow Grass

Approx.
Proposed
Pool
Area

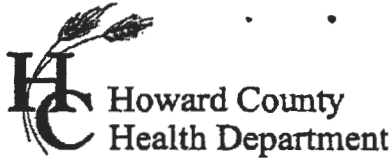
Saturated
Area: Grass
Yellow
No sight of
smell of
seeds



Trench close



SWM Level Spreader?



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

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

RECEIPT DATE: 7/24/14 **ONSITE SEWAGE DISPOSAL SYSTEM** P 554553

INSTALLATION APPROVAL DATE: 8/14/14 **PERMIT** A _____
CONSTRUCTION

PROPERTY ADDRESS: 2914 Winterhazel Court
 SUBDIVISION: Belle Haven Estates LOT: 30 TAX ID: _____
 CONTRACTOR: Ben Lewis Plumbing EMAIL: _____
 CONTRACTOR ADDRESS: 23407 Frederick Road, Clarksburg, MD 20871 PHONE: 301-674-3324
 PROPERTY OWNER: K Hovnanian Homes EMAIL: _____
 OWNER ADDRESS: 1802 Brightseat Road, Landover, MD 20785 PHONE: 301-683-6268

BAT UNIT MODEL: HOOT ABNR 600 BAT UNIT SIZE: 600 GPD
 PUMP CHAMBER CAPACITY (GALLONS): 750 PUMP SIZE: _____
 NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. _____ APPLICATION RATE: 1.2
 DISTRIBUTION SYSTEM: GRAVITY FED LOW PRESSURE DOSED

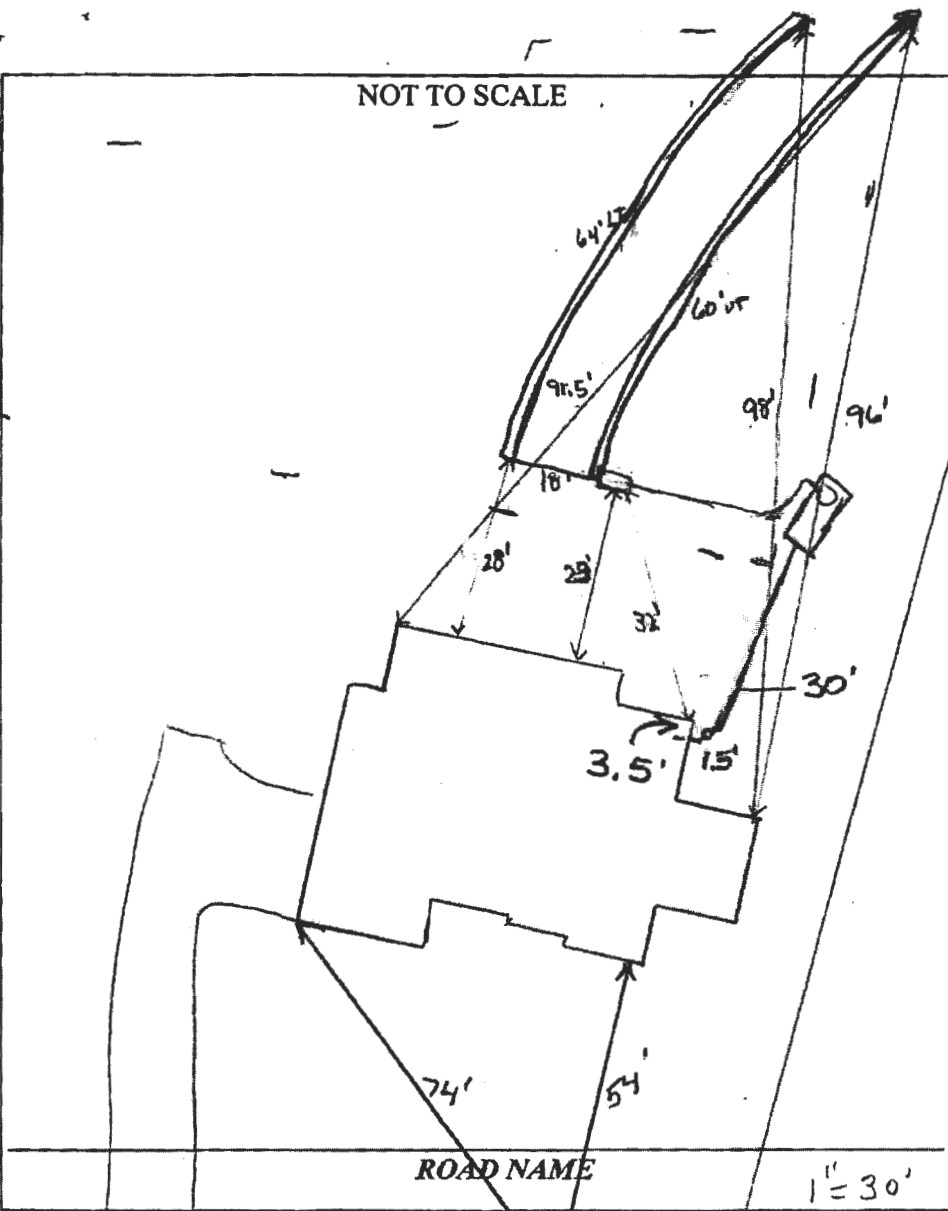
TRENCHES:	LINEAR FEET REQUIRED: <u>SEE BAT PLAN 120</u>	INLET DEPTH: <u>SEE BAT PLAN 3</u>
	TRENCH WIDTH: <u>SEE BAT PLAN 2'</u>	MAXIMUM BOTTOM DEPTH: <u>SEE BAT PLAN 7'</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>SEE BAT PLAN</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>SEE BAT PLAN</u>
LOCATION:	PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.	
NOTES:	Set BAT unit and pump tank per plan. Install 70' length trenches on contour. <u>2x60'</u> <u>n60 tan</u>	

ISSUED BY: Andrew Geisert ISSUE DATE: 7-30-14 EXPIRATION DATE: 7-30-15

- NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION
- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.
 CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		124'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	Yes
MANUFACTURER	Mayer Bros. 4007
CAPACITY	_____ GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2'
BAFFLES	Front
BAFFLE FILTER	No
MANHOLE LOC	Front + Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SLOTTED	N/A
DATE ON LID	Dry
PUMP/SEPTIC TANK LEVEL	N/A
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____
DATE ON LID	_____

PRE-CONSTRUCTION:

H0-95-0638

9/15/14 BAT unit staked per approved sit plan. Contractor shot close to site plan. Adjusted slightly. Install 2x60' trenches, 2' wide. Inlet @ 3' below grade, bottom depth @ 7' below grade. Trenches staked in field. INSTALLATION: Call for insp. (K) 9/29/14 - upper trench open, shot bottom trench elevation and was level throughout verified w/ K. Wolf on site. Shot invert elevation for lower trench and was level throughout, lower trench pipe installed w/ stone and geotextile cloth installed; stone tickets provided stone looks good and soil is a good sandy loam - ok to continue. (K) 9/30/14 - upper trench complete pipe laid uniform at 3' inlet, stone & geotext. cloth in place. looks good ok to continue. (K) 10/3/2014

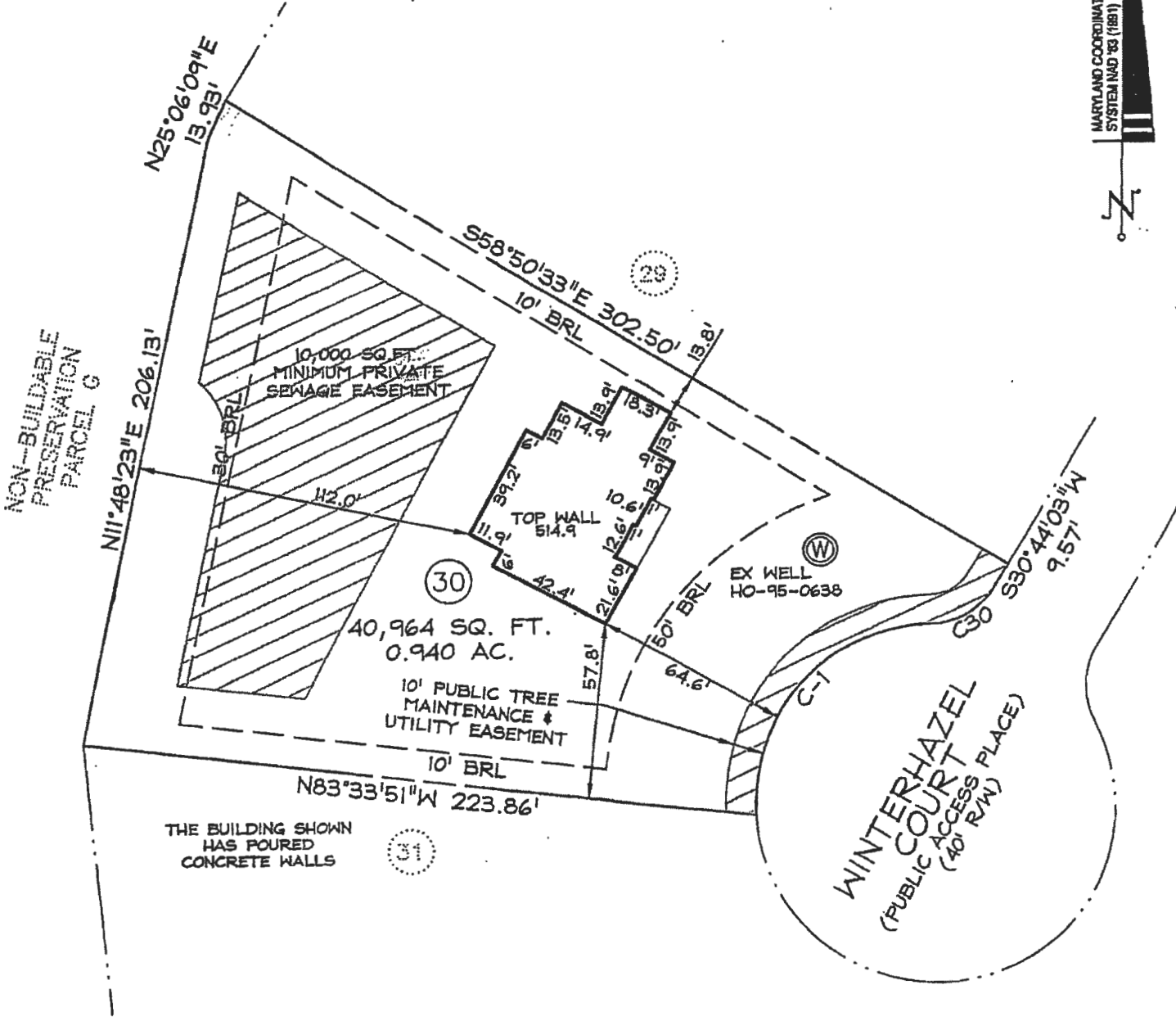
FINAL INSPECTOR Hank Oswald DATE OF APPROVAL 10/14/14

Back dated approval of septic permit for recent waiver request dated 7.28.20 and approved on 7.24.20.

CURVE TABLE

CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C-1	60.00'	95.50'	91°11'20"	61.26'	S43°10'26"W	85.73'
C30	25.00'	25.32'	58°02'03"	13.87'	S59°45'04"W	24.25'

MARYLAND COORDINATE SYSTEM NAD 83 (1981)



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE.

I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/6/16.

STATE OF MARYLAND
John B. Gauthier 7-17-14

APPLICATION

PERCOLATION TESTING

A 516057

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 10/5/01

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 JOHN C BEWLEY, REVOCABLE TRUST
15359 UNION CHAPEL RD.
ADDRESS WOODBINE MD 21797 PHONE _____

AGENT OR PROSPECTIVE BUYER GRAYSON DEV. CO. LLC. c/o KOREN DEV. CO.
815 CENTER PARK DR. STB 104
ADDRESS COLUMBIA MD 21045 PHONE _____

PROPERTY LOCATION:

DIVISION BEWLEY PROPERTY LOT NO. 30

ROAD AND DESCRIPTION UNION CHAPEL RD

TAX MAP 14 PARCEL # 666

SIZE OF LOT ± 1 AC TYPE BLDG. SF 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.

David B. Yanny GRAYSON DEVELOPMENT
DAVID B. YANNOY (SIGNATURE OF APPLICANT) COMPANY, LLC

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING Needs Wet Season Tests

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

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

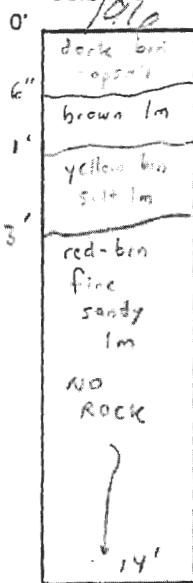
THIS IS NOT A PERMIT

576037

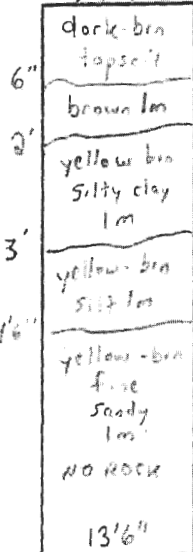
NOT TO SCALE

COUNTY #

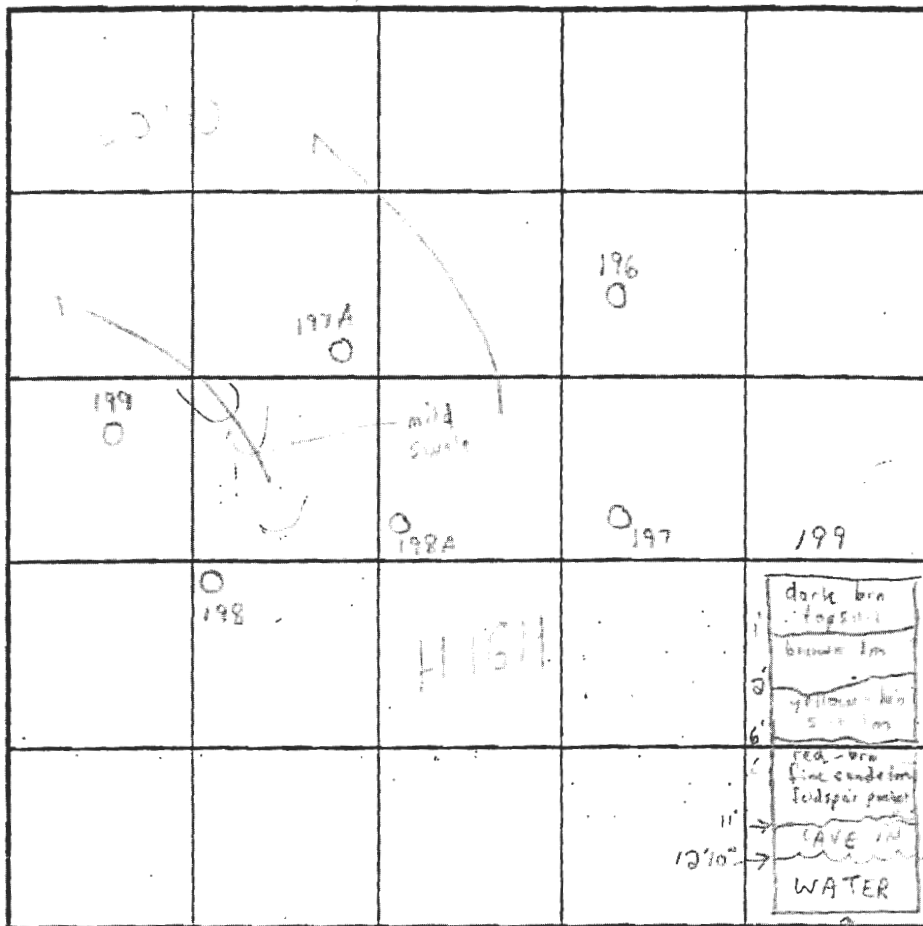
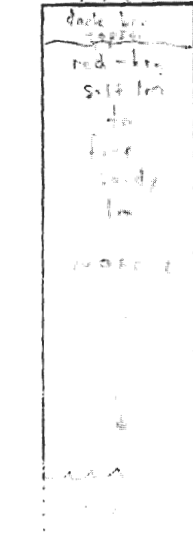
SOIL PROFILE



197

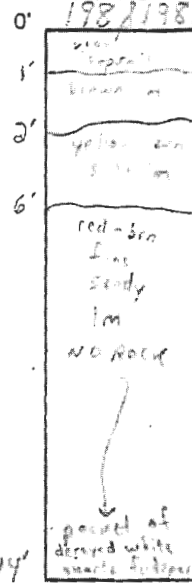


197A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/19/03	196	3 1/2' T 11'	11:29	11:30	11:32	11:37	5 min	OK
	197	4' T 13' 6"	11:44	11:47	11:47	11:51	4 min	OK
	197A	3' T 13' 6"	11:57	12:03	12:03	12:12	9 min	OK
	198A	3 1/2' T 14'	12:25	12:28	12:28	12:33	5 min	OK
	199	3 1/2' T 14'	12:38	12:44	12:44	12:52	8 min	OK
	196	14' V	VISUAL OK		SEE SOIL PROFILE		NA	OK

REMARKS

TYPE OF SOIL

TESTED BY

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

INLET DEPTH

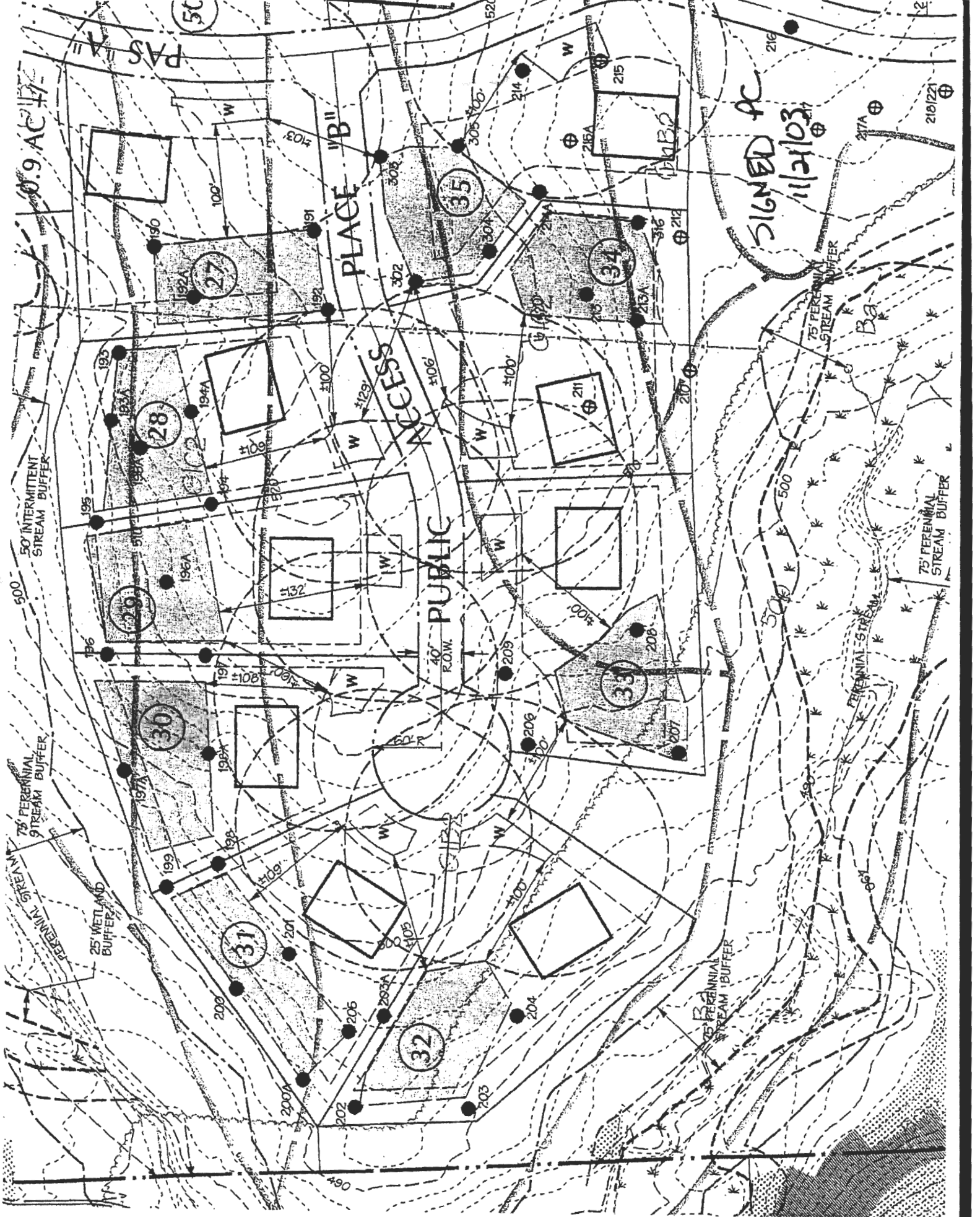
MAXIMUM BOTTOM DEPTH

ALSO PRESENT

TRENCH WIDTH

SEE PROFILE

DATE



0.9 AC ±

50

PLACE "B"

ACCESS

PUBLIC

SIGNED PC
11/21/03

50' INTERMITTENT
STREAM BUFFER

75' PERENNIAL
STREAM BUFFER

25' WETLAND
BUFFER

75' PERENNIAL
STREAM BUFFER

75' PERENNIAL
STREAM BUFFER

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