

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07000016

Building Address 13230 Westmeath
Clarksville 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Waterford
Section _____ Area _____ Lot 13
Tax Map 34 Parcel 402 Grid _____
Zoning _____ Map Coordinates 13K9 Lot size _____

Existing Use SPD
Proposed Use SPD + Pool
Estimated Construction Cost \$ 25,000
Description of Work Inground concrete
pool 20' x 40' in rear yard
4/48 high fence to code.

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name Chris & Diana Frederick
Address 13230 Westmeath Ln
City Clarksville State MD Zip Code 21029
Home Phone 301-834-2112 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Contractor Company Maryland Pool
Contact Person Joanne Lathan
Address 9515 Gerwig Ln
City Columbia State _____ Zip Code 21046
License No. 6694
Phone 410-995-6600 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>3-8'</u> 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 _____ Height: _____ 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 Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ 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: N/A <input type="checkbox"/> 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.

Applicant's Signature Joanne Lathan
Title/Company Agent

Print Name Joanne Lathan
Date 1-3-07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

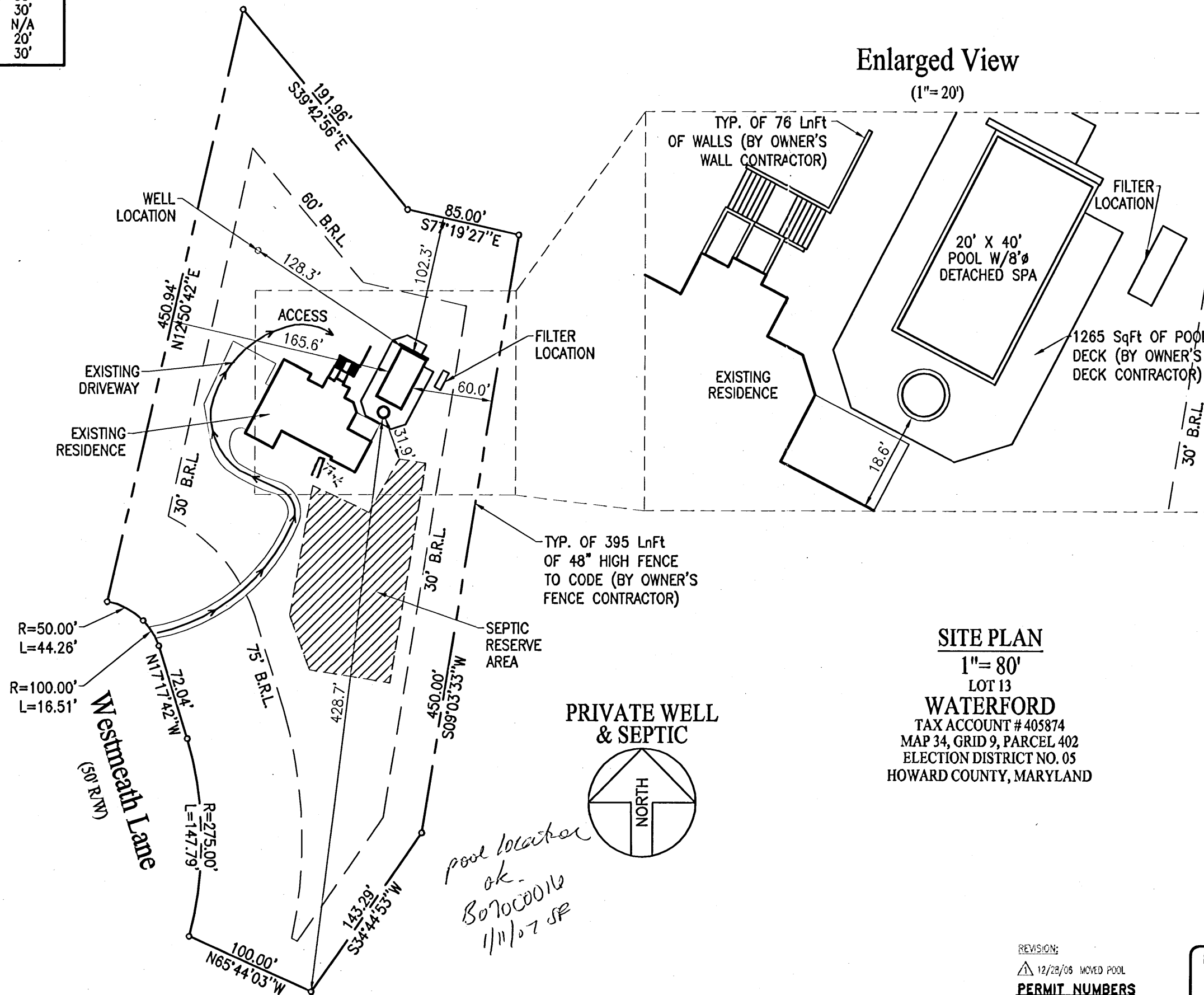
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>1/11/07</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>250.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ <u>25.00</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>275.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>0</u>
Lot Coverage for New Town Zone _____	Check # <u>6245</u>
SDP/Red-line approval date _____	Validation # _____

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.FRM

REAR PL.	50'
SIDE PL.	30'
HOUSE	N/A
SEPTIC	20'
WELL	30'



(1"= 20')

TYP. OF 76 LfT
OF WALLS (BY OWNER'S
WALL CONTRACTOR)

20' X 40'
POOL W/8'Ø
DETACHED SPA

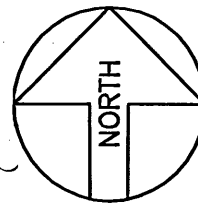
1265 SqFt OF POOL
DECK (BY OWNER'S
DECK CONTRACTOR)

EXISTING
RESIDENCE

-TYP. OF 395 LnFt
OF 48" HIGH FENCE
TO CODE (BY OWNER'S
FENCE CONTRACTOR)

SEPTIC
RESERVE
AREA

PRIVATE WELL & SEPTIC


$$1'' = 80'$$

LOT 13

TAX ACCOUNT # 405874
MAP 34, GRID 9, PARCEL 402
ELECTION DISTRICT NO. 05
HOWARD COUNTY, MARYLAND

1 12/28/05 MOVED POOL

POOL:
ELECT:
OTHER:

DATE: 12-28-06

nc.

WWW.MARYLANDPOOLS.COM

DIRT/GRADING: PER HUBER (MOST HAUL)
SPA: 50 SqFt W/(6) JETS,(1) LIGHT,SKIMMER & BLOWER
RAISED BEAM: 12" HIGH FACED W/TILE (APPROX. 13 SqFt)
TILE: TBD
COPING: 12" R/N BRICK
PLASTER: PEBBLE TEC - CREME DE MENTH
FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS: PCC-2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: INTELTOUCH i9+3
HEATER: AC-150 (POOL) 150K BTU PROPANE (SPA)
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: (2) @ 6' - INSIDE
AQUA BENCH: (1) @ 10'
RAIL GOODS: NONE
DECKING: NONE
FENCE: BY OWNER
POOL COVER: YES TYPE: AUTO - BLUE
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: PIPE FOR FUTURE WATERFALL, EQUIPOTENTIAL
BONDING GRID, UMBRELLA SOCKET IN
SHALLOW STEPS, WINTER DISCONNECT FOR SPA

ELECTRIC: 0 FT.

SIZE/SHAPE:	20' x 40' - RECTANGLE
POOL AREA:	800 SPA: 50 OTHER:
TOTAL AREA:	850
PERIMETER:	120 SPA: 26
GALLONAGE:	33,000 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS:
RT. 32 NORTH TO 108 - TURN LEFT TO TEN OAKS ROAD
- TURN RIGHT TO BRIGHTON DAM ROAD BEARING LEFT TO
WESTMEATH LANE - TURN RIGHT TO SITE ON RIGHT

MAP #

13

GRID

4-8

Chris L. & Diana M. Frederick
13230 Westmeath Lane
Clarksville, Maryland 21029
Howard County

HOME PHONE: 301-854-2112
CELL PHONE 1: 410-953-6170 (Mr.)
CELL PHONE 2: 410-707-5441 (Mrs.)
OFFICE PHONE:

LOT: 13	SUBDIVISION NAME: WATERFORD	DISTRICT: 05	PIN # 405874
SITE PLAN			ZONE: ONE
SCALE: 1" = 80'	BY: DLC	DATE: 12/22/06	JOB NUMBER: MS06-9097
			SHEET #: 1.0

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07 000 728

Building Address 13230 Westmeath Lane
CLARKSVILLE, MD 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision WATERGATE 53
Section _____ Area _____ Lot 10
Tax Map 44 Parcel 402 Grid 1
Zoning _____ Map Coordinates _____ Lot size 3.01 AC

Existing Use SF DEVELOPMENT
Proposed Use SF DEVELOPMENT
Estimated Construction Cost \$410,000
Description of Work NEW ATTACHED GARAGE

Occupant or Tenant _____
Contact Name _____
Address 13230 Westmeath Lane
City CLARKSVILLE State MD Zip Code 21029
Phone 410-955-6170 Fax _____

Property Owner's Name _____
Address 13230 Westmeath Lane
City CLARKSVILLE State MD Zip Code _____

Home Phone 410-955-6170 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company SMITH & HARRIS INC.
Contact Person BENJAMIN T. SMITH

Address 1520 MARSH ST. STE 214
City SYKEVILLE State MD Zip Code 21151
License No. _____
Phone 410-781-7844

Engineer or Architect Company DVT TAYLOR ASSOCIATES INC.
Contact Person DAVID TAYLOR

Address 5027 DORRIS HILL RD. STE 100
City CLARKSVILLE State MD Zip Code 21029
Phone 410-964-1101 Fax 410-997-2124

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: N/A	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>N/A</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	
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 Height: _____	
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 _____
Title/Company _____

Print Name _____
Date _____

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	3/30/02	<i>[Signature]</i>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- _____ T:\forms\PERMIT.FRM		

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>200.00</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# <u>4703</u>
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA

VARIANCE REQUEST LETTER

March 22, 2007

Permit Number: 07000728
Property Address: 13230 Westmeath Lane
Clarksville, MD 21029

Mr. Mike Davidson
Howard County Health Department
Environmental Health
7178 Columbia Gateway Drive
Columbia, MD 21046

Dear Mr. Davidson:

This letter will serve as my Request for a Variance to place the corner of my proposed Garage addition approximately 24' away from the well head instead of the regular 30' setback for a well.

The garage will have poured concrete walls whose footers will extend only 3'4" below grade.

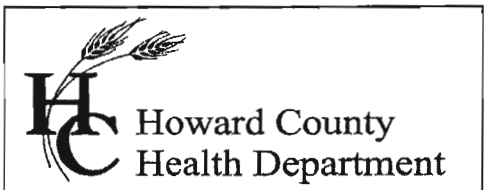
Prior to permit submission we contacted the County and were informed that the Garage would not be a problem since county regulations allow swimming pools to be within 20' from a well head.

Please let me know if there is any additional information that you need in order to process this variance. Thank you for your time.

Sincerely,

A handwritten signature in dark ink, appearing to read "Christopher L. Frederick", is written over a light blue rectangular background.

Christopher Frederick
Homeowner
13230 Westmeath Lane
Clarksville, MD 21029



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

March, 29, 2007

Mr. Christopher Frederick
13230 Westmeath Lane
Clarksville, MD 21029

RE: **Variance Approval**
13230 Westmeath Lane
Clarksville, MD 21029

Dear Mr. Frederick,

The Department of Health has received your variance request dated March 22, 2007 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed attached garage is constructed without a basement and is constructed no closer than twenty-four feet to the existing well. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance. Any deviations from the site plan submitted with the request 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, R.S.
Director, Well and Septic Programs

cc: File



Loi 12



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B0700-4450

Building Address 13230 Westmeath Ln.
Clarksville, MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Chris Frederick

Address 13230 Westmeath Lane

City Clarksville State MD Zip Code 21029

Home Phone 301-854-2112 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Suburban Propane
31 Derwood Cr. Rockville, MD 20850
Phone 301-251-0606 Fax 301-251-0608

Existing Use SF Dwelling

Proposed Use Same

Estimated Construction Cost \$ _____

Description of Work Dig-up 1-1000 gal tank
and bury 1-1450 gal tank

Contractor Company Suburban Propane

Contact Person James McKenney

Address 31 Derwood Cr.

City Rockville State MD Zip Code 20850

License No. 78260

Phone 301-251-0606 Fax 301-251-0608

Occupant or Tenant Chris Frederick

Contact Name James McKenney

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

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 ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐
Depth Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Height: _____

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 Height: _____

____ State Certified Modular
____ Manufactured Home

Utilities

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.

James McKenney
Applicant's Signature
Mgr. Suburban Propane
Title/Company

James McKenney
Print Name
10-26-07
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY		DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION		PROPERTY ID#
Land Development DPZ				Front	Filing fee	\$
State Highway				Rear	Permit fee	\$
Building Official				Side	Excise fee	\$
Dev. Engineering DPZ				Side St	Add'l per. fee	\$
Health				All minimum setbacks met?	TOTAL FEES	\$
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$
Is Sediment Control approval required prior to issuance?				Is Entrance Permit required?	Balance due	\$
YES <input type="checkbox"/> NO <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Historic District?	Validation	\$
ONE STOP SHOP: <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: DED, DPZ Pink: Health Gray: SHA				Lot Coverage for New Town Zone	Accepted by	
T:\Name\PERMIT.FRM				SDP/Red-line approval date		

* MINIMUM DISTANCE FROM GARAGE TO WELL IS 30'. CURRENT DISTANCE FROM GARAGE TO WELL IS 23.99'.

*TRANSFORMER HAS BEEN MOVED FORWARD 50'
AS PER CLIENT NOTIFICATION.

WATERFORD
LOT 13

TOPO WORKSHEET
 SCALE: 1"=30'
 PLAT NO. 7311
 SECTION 3

TAX MAP: 34, PARCEL 261
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2055

Variance Request

11/13/07

Howard County Health Department

Columbia, Md.

Att: Sarah Sappington/ Mike Davis

Hello Sarah,

I appreciate your quick response to me regarding my request for variance to allow Suburban propane to upgrade my existing propane tank. The tank was installed two years ago by Suburban propane before the change in distance from wells. The existing tank is 39 feet from the well and I understand the new rule is 100 feet. I would sincerely appreciate your department considering a variance to allow me to upgrade the tank size. The problem is the delivery truck cannot reach the tank if we move it farther back on the property. The only other solution is to move it to the front yard, 200 feet away from the needed source which would be very expensive and worse in a development like Waterford where it could affect the value of the house.

I would appreciate your help as soon as possible because the landscape company is closing off access to the rear yard with some new brick piers.

Thanks Again,

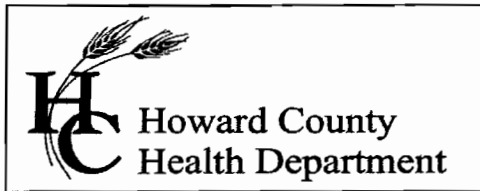


Chris Frederick

13230 Westmeath Lane

Clarksville, Md 21029

410-935-6170



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

Peter L. Beilenson, M.D., M.P.H., Health Officer

December 11, 2007

Chris Frederick
13230 Westmeath Lane
Clarksville, MD 21029

RE: **Variance Approval**
13230 Westmeath Lane
Clarksville, MD 21029

Dear Mr. Frederick,

The Department of Health has received your variance request dated November 13, 2007 for the above referenced property. This agency will grant **approval** of the variance provided that the proposed new underground propane tank is constructed no closer to the well than the existing propane tank; thirty-nine feet. Approval of a building permit will be granted by this Department provided that the site plan submitted with the building permit application is consistent with the site plan approved under this variance request. Any deviations from the site plan submitted with the request 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, R.S.
Well and Septic Program Manager

cc: File