

03-329933

# PERMIT

P 513866

## SEWAGE DISPOSAL SYSTEM

A 510195B

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 4/1/00

410-313-2640

APPROVAL DATE 4/6/00

### INDEXED

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 1835 West Old Liberty Road Westminster, MD 21157 PHONE (410) 875-2400

SUBDIVISION Delightful Daze LOT NUMBER 2 ADDRESS 956 Day Road (MAIN HOUSE)

PROPERTY OWNER Hernandez PROPERTY OWNER'S ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Starting at the end of the flagstem, place the distribution box 160 feet down the 395.91' lot line and 110 feet off this same lot line. Run trenches along contour towards the existing driveway. OK 3/25/00 DJS

PLANS APPROVED Donna K. Soe DATE 03/23/00

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

BLDG. PERMIT SIGN

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

AND RETURNED 5/9/00

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

B00123904 Propane Tank

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

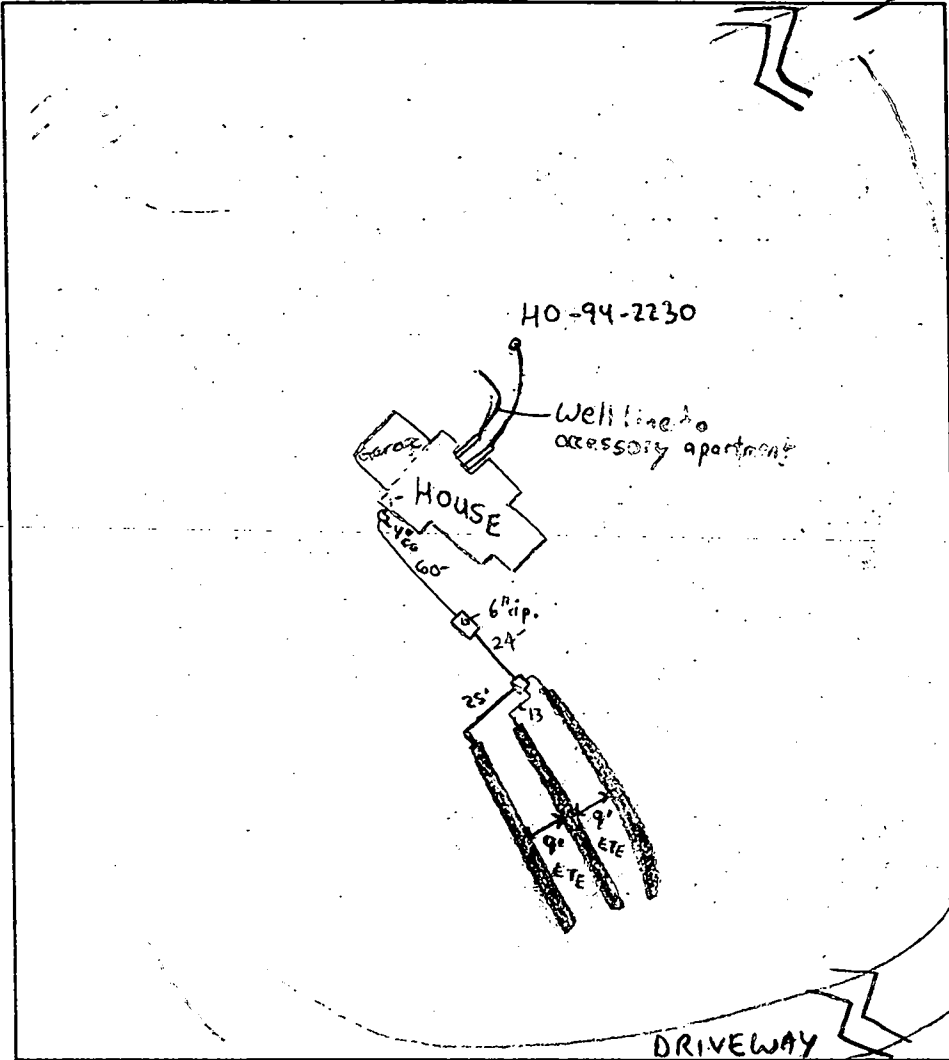
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A510195-B

4/5/00 AM  
4/6/00  
Sylvia Co  
PH

NOT TO SCALE

DAY ROAD



**TRENCH DATA**

TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 3.5'  
 TRENCH BOTTOM DEPTH 5.5'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 300'  
 ABSORBENT AREA 900 ft<sup>2</sup>  
 DISTRIBUTION BOX LEVEL   
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1500 GALLONS  
 MANHOLE RISER None NOT REQ. YET  
 6 INCH INSPECTION PORT   
 4 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

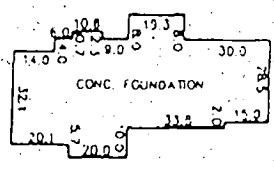
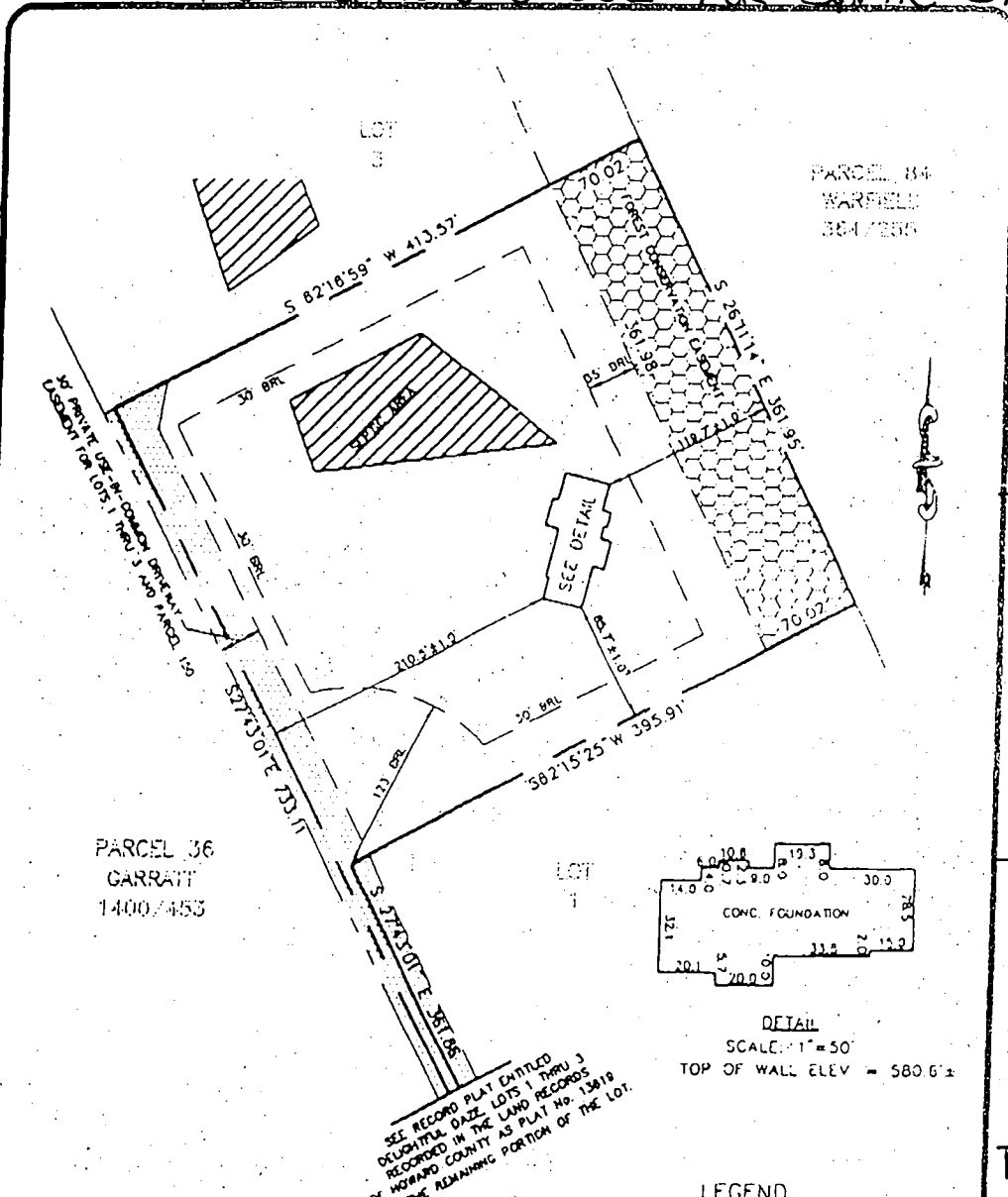
PUMP CHAMBER GALLONS N/A  
 MANHOLE RISER N/A  
 ALARM N/A  
 PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: N/A

INSPECTION COMMENTS: 4/5/00 A.M. OK to cover from house to dist box and continue. DKS 4/6/00 PM - OK TO COVER ALL WORK, WPT OK (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 4/6/00

# FOUNDATION CHECK FOR SEPTIC SYSTEM



DETAIL  
SCALE: 1" = 50'  
TOP OF WALL ELEV. = 580.6 ±

- LEGEND**
- O/H - OVERHANG
  - H/P - HEAT PUMP/AIR COND
  - G/M - GAS METER
  - E/M - ELECTRIC METER
  - F/P - FIREPLACE
  - B/W - BAY WINDOW
  - D/W - DRIVEWAY
  - CONC - CONCRETE

LOT 2  
**DELIGHTFUL DAZE**  
LOTS 1 THRU 3

PLAT NO. 13619  
ELECTION DISTRICT No. 3  
HOWARD COUNTY, MARYLAND

ADDRESS: DAY ROAD

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

PERMIT #  
**BO0119752**

Homeowner/LOT  
**HERNANDEZ**  
**956 DAY RD**  
**SYKESVILLE MD**  
**21784**

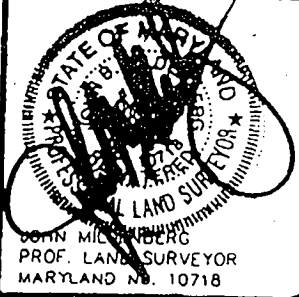
BUILDER  
**REGIONAL HOMES**  
**(410) 977-3624**  
**(410) 356-9110**

PLUMBER  
**GARTLAND PLUMBING**  
**410 875-2400**

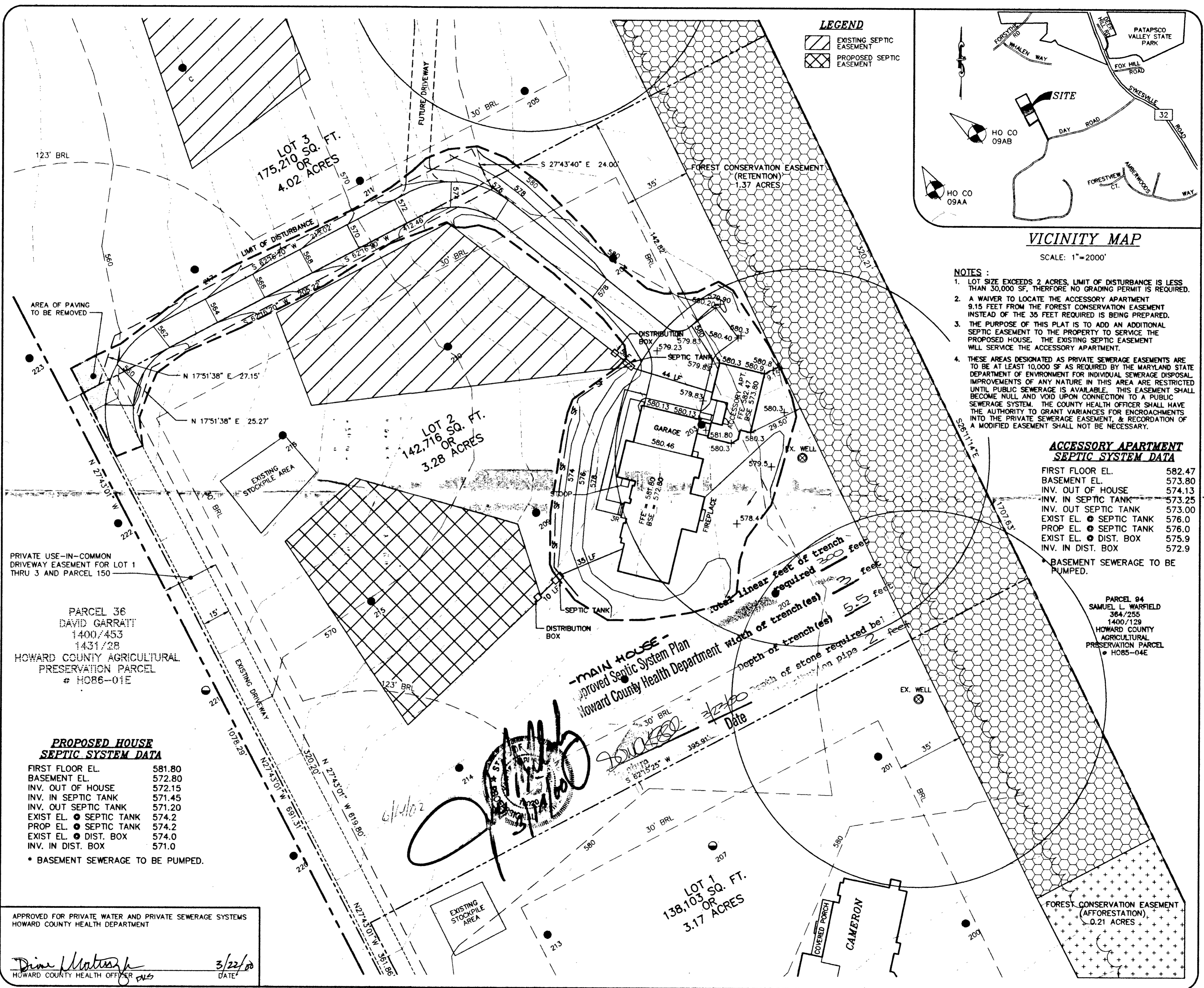
**WALL CHECK**  
**OK MR**

**1/7/00**

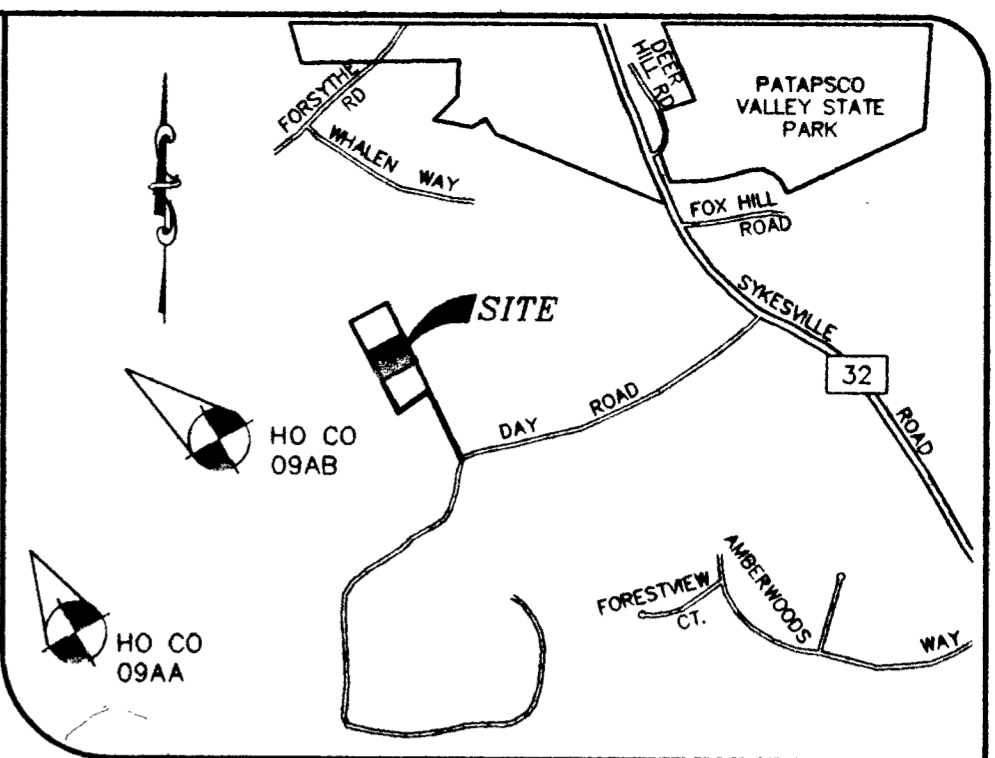
**MILDENBERG BOENDER, & ASSOC., INC.**  
Engineers Planners Surveyors  
6072 Dorsey Hall Drive, Suite 202, Ellwood City, Maryland 21042  
(410) 997-0298 Balt. (301) 621-6621 Wash. (410) 997-0298 Fax.



FOUNDATION	DATE: 11/11/99	FINAL	DATE:
DRAWN BY: T.M.H.		SCALE: 1" = 100'	
PROJECT NO.: 99051(98048)		LOCATION DRAWING	



**LEGEND**  
 [Hatched Box] EXISTING SEPTIC EASEMENT  
 [Cross-hatched Box] PROPOSED SEPTIC EASEMENT



**VICINITY MAP**  
 SCALE: 1"=2000'

- NOTES :**
1. LOT SIZE EXCEEDS 2 ACRES, LIMIT OF DISTURBANCE IS LESS THAN 30,000 SF, THEREFORE NO GRADING PERMIT IS REQUIRED.
  2. A WAIVER TO LOCATE THE ACCESSORY APARTMENT 9.15 FEET FROM THE FOREST CONSERVATION EASEMENT INSTEAD OF THE 35 FEET REQUIRED IS BEING PREPARED.
  3. THE PURPOSE OF THIS PLAT IS TO ADD AN ADDITIONAL SEPTIC EASEMENT TO THE PROPERTY TO SERVICE THE PROPOSED HOUSE. THE EXISTING SEPTIC EASEMENT WILL SERVICE THE ACCESSORY APARTMENT.
  4. THESE AREAS DESIGNATED AS PRIVATE SEWERAGE EASEMENTS ARE TO BE AT LEAST 10,000 SF AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, & RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.

**ACCESSORY APARTMENT SEPTIC SYSTEM DATA**

FIRST FLOOR EL.	582.47
BASEMENT EL.	573.80
INV. OUT OF HOUSE	574.13
INV. IN SEPTIC TANK	573.25
INV. OUT SEPTIC TANK	573.00
EXIST EL. ● SEPTIC TANK	576.0
PROP EL. ● SEPTIC TANK	576.0
EXIST EL. ● DIST. BOX	575.9
INV. IN DIST. BOX	572.9

\* BASEMENT SEWERAGE TO BE PUMPED.

PARCEL 94  
 SAMUEL L. WARFIELD  
 364/255  
 1400/129  
 HOWARD COUNTY  
 AGRICULTURAL  
 PRESERVATION PARCEL  
 # H085-04E

PRIVATE USE-IN-COMMON  
 DRIVEWAY EASEMENT FOR LOT 1  
 THRU 3 AND PARCEL 150

PARCEL 36  
 DAVID GARRATT  
 1400/453  
 1431/28  
 HOWARD COUNTY AGRICULTURAL  
 PRESERVATION PARCEL  
 # H086-01E

**PROPOSED HOUSE SEPTIC SYSTEM DATA**

FIRST FLOOR EL.	581.80
BASEMENT EL.	572.80
INV. OUT OF HOUSE	572.15
INV. IN SEPTIC TANK	571.45
INV. OUT SEPTIC TANK	571.20
EXIST EL. ● SEPTIC TANK	574.2
PROP EL. ● SEPTIC TANK	574.2
EXIST EL. ● DIST. BOX	574.0
INV. IN DIST. BOX	571.0

\* BASEMENT SEWERAGE TO BE PUMPED.

**MAIN HOUSE -**  
 Approved Septic System Plan  
 Howard County Health Department

*[Handwritten Signature]*  
 Date: 3/22/00

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS  
 HOWARD COUNTY HEALTH DEPARTMENT

*[Signature]*  
 HOWARD COUNTY HEALTH OFFICER  
 DATE: 3/22/00

Project	99051	Illustration	SID	Scale	1"=30'
Date	MAR 2000	Engineering	SID	Approval	RH

**DELIGHTFUL DAZE, LOT 2**

PLOT PLAN & AMENDED PERC CERTIFICATION PLAT

**MILDENBERG, BOENDER & ASSOC. INC.**  
 Engineers, Planners, Surveyors  
 5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland, 21042  
 (410) 987-0296 Fax, (801) 621-5321 Wash, (410) 987-0298 Fax

1 OF 1

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 J Joseph Gerthard Inc Telephone \_\_\_\_\_  
 License Number 9549  
 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
 Name of Property Owner Hernandez Telephone \_\_\_\_\_  
 Subdivision Delightful Daze Lot # 7 Well Tag # HO-99-2230  
 Site Address 956 Daz Rd.

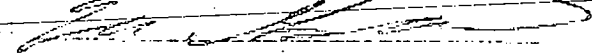
<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>American Granby</u>
a. Deep well jet _____	2. RPM <u>3600</u>	2. Model # <u>PT800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Coulters</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>75RA7</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <input checked="" type="checkbox"/>		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type <u>plastic</u>	1. Depth <u>245</u> ft.
2. Pressure relief valve? _____	2. Size <u>1"</u>	2. Yield <u>1</u> GPM
<u>4/6/00 WPI O.K. (SRN)</u>	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	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: 4-14-00

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

HD-215

C1 **06727** SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. ✓  
 COUNTY NUMBER **510195E**

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
**05 17 99**

DATE WELL COMPLETED  
 MM DD YY  
**05 17 99**

DEPTH OF WELL  
 22 **245** 26'  
 (TO NEAREST FOOT)  
 PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-94-2230**

OWNER **Northridge Development LLC**  
 STREET OR RFD **Day Road** TOWN \_\_\_\_\_  
 SUBDIVISION **Delightful Daze** SECTION \_\_\_\_\_ LOT **2**

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	
Sand Stone	20	25	
MICKA	25	50	✓
Sand Stone	50	55	
MICKA	55	120	✓
Sand Stone	120	125	
MICKA	125	245	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **800**  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft to **28** ft  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **PL**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **30**

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **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. **MSD1161**  
**John Wayne**  
 DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **MSD117**  
**John S. [Signature]**

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

**C 2** DEPTH (nearest ft.)  
**HO 28 245**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

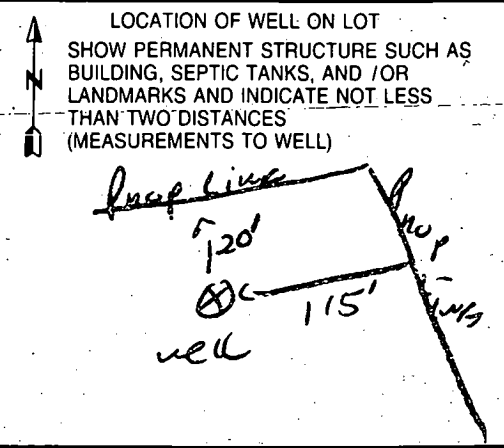
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **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.) **8.5**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **50** ft.  
 WHEN PUMPING **82** 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 (CIRCLE) (YES or NO) **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 37 \_\_\_\_\_ 41 \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47 \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } **2** (nearest foot)



B 1 1921

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2230

fill in this form completely

Date Received (APA)

4 16 99

OWNER INFORMATION

NORTH RIDGE Development LLC
Last Name Owner First Name
14045 Ganeel DR
Street or RFD
Glenwood MD 21738
Town State Zip

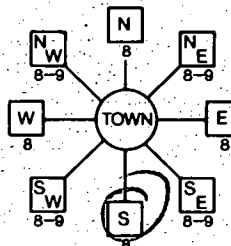
B 3 LOCATION OF WELL

Howard
COUNTY
Delightful DAZE
SUBDIVISION
SECTION 44 46 LOT 48 50
SYKESVILLE
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 2

DRILLER INFORMATION

Ralph MAYNE MS D 116
Driller's Name License No.
Ralph MAYNE Well Drilling
Firm Name
9120 Brown Church Rd, Wt. Army
Address
Ralph Mayne 4-4-99
Signature Date

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Day Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1200
DISTANCE FROM ROAD
ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard
COUNTY NAME
513195
COUNTY NO.
STATE
INSERT S - S
DATE ISSUED 4 29 99 Steven R King 4 29 00
CO SIGNATURE EXP. DATE
NORTH GRID 550 000 EAST GRID 870 000

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic, Rotary)
CABLE REVerse-ROTary Drive-POINT

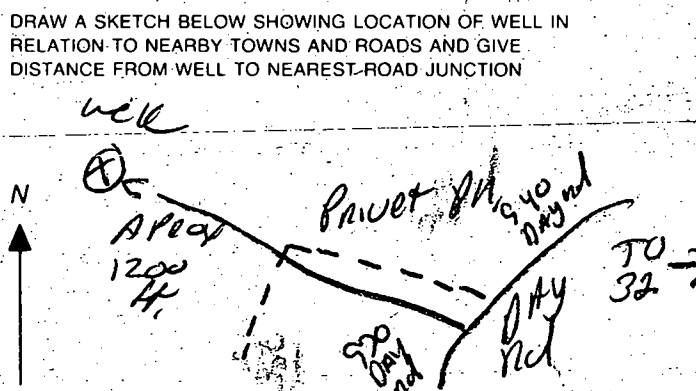
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEAN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROX. PERMIT NUMBER
PERMIT No. HO-94-2230

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 870
N 550

location on 30' casing
28 open holes
8 bags
Grout done prior to pump test arrival 5/17/99 SRK



SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



# APPLICATION

PERCOLATION TESTING

A 510195

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 MCGUADE LOUIS HERNANDEZ

ADDRESS 970 DAY RD. SYKESVILLE MD 21784 PHONE (410) 730-1074

AGENT OR PROSPECTIVE BUYER NORTH RIDGE DEVELOPMENT

ADDRESS 14045 GARET DRIVE, GLENWOOD MD 21738 PHONE (410) 730-1074

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 11

ROAD AND DESCRIPTION (DAY RD.) 1500' WEST OF RT 32, NORTH SIDE OF DAY ROAD.

~~ORIGINAL~~ PERMIT SIGNATURE

~~ORIGINAL~~ RETURNED 9-27-99  
Serial # B10119752

TAX MAP 9 PARCEL # 175

SIZE OF LOT 45,539 S.F. ± TYPE BLDG. SDF - 5 Bdrm  
(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.

Cindy Del Tomas  
(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

510195

COUNTY #

SOIL PROFILE

216

orange clay 1m

tan/or purple sandy cl 1m 10% frags

217

Same as test hole #16 216

211

orange clay

tan yellow sandy cl 1m 10% sp

SOIL PROFILE

or cl 1m

tan yellow Sclm 10% shale


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7.6.98	216	30'S	1:01:50	1:02:30	1:02:30	1:04:30	2min	
7.7.98		11.0'D	Visual ok - see profile					
	217	12.0'D	Visual only - ok see profile					
		12'						
	211	4	1:08:10	1:09:10	1:09:10	1:10:10		
		12						
			1:11:20	1:12:50	1:12:50	1:14:50		
	210	30.5'S	1:19:10	1:23	1:23	1:25		
	208	30.0'S	1:40	1:55	1:55	2:25		

REMARKS

TYPE OF SOIL

TESTED BY Kim Maiste / Hank Oswald ALSO PRESENT Chuck Zapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

# APPLICATION

PERCOLATION TESTING

A 510195

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 MCQUADE LOUIS

ADDRESS 970 DAY ROAD, SYKESVILLE, MD 21784 PHONE (410) 730-1074

AGENT OR PROSPECTIVE BUYER NORTH RIDGE DEVELOPMENT

ADDRESS 14045 GARET DRIVE, GLENWOOD MD 21738 PHONE (410) 730-1074

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 2

ROAD AND DESCRIPTION DAY ROAD, 1500' WEST OF S. RT. 32, NORTH SIDE OF DAY RD.

TAX MAP 9 PARCEL # 150

SIZE OF LOT 58,837 S.F. ± TYPE BLDG. SDF  
(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.

Cindy Del Zoppo  
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

510195

COUNTY #

SOIL PROFILE

209

topsoil

orange  
cl lm

tan  
orange  
pink  
sandy  
loam

113

or  
cl  
lm

tan  
or  
sandy  
cl  
lm  
20% rx

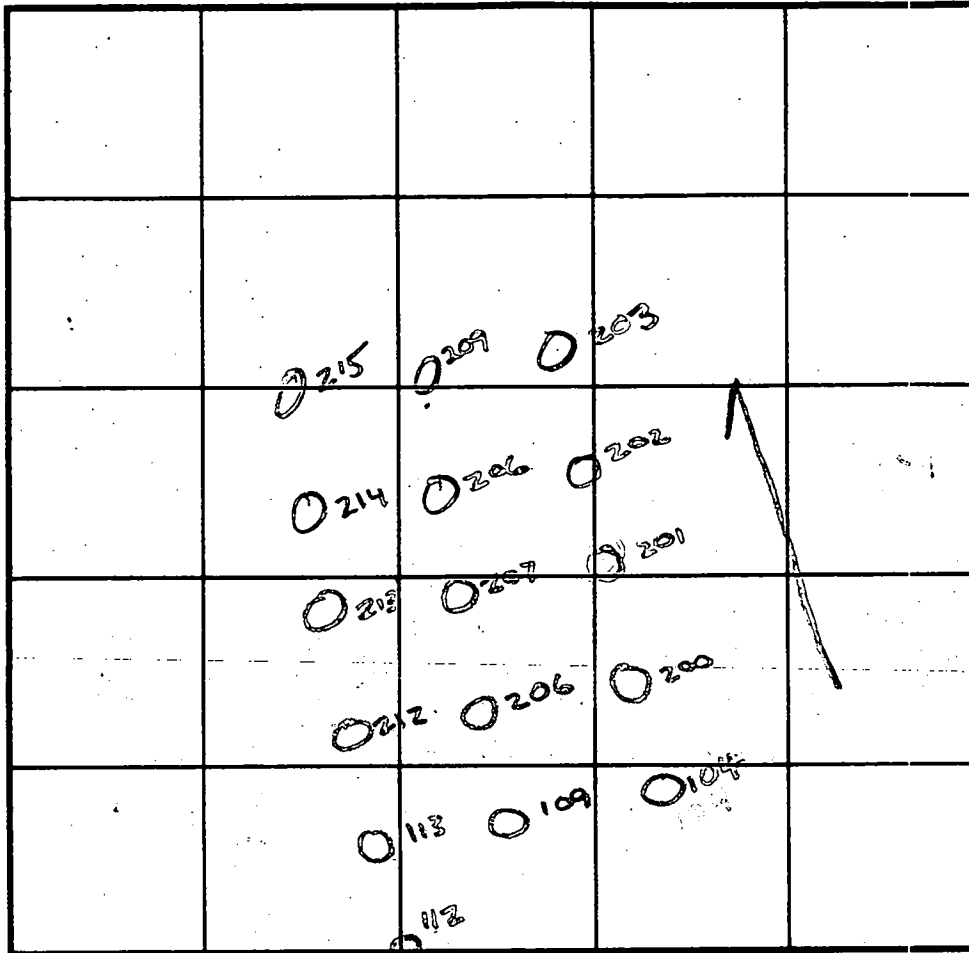
104

or cl  
lm

pink  
or  
sclm  
10%  
sp

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7.6.98	209	12.5'D	visual	only	ok	saz profile	
7.7.98		deep clay					
	112	4.5'S	2:37	2:55	2:55	3:16	
	104	3.0'	2:41	2:55	2:55	3:16	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Kim Marske / Hank Oswald ALSO PRESENT Chuck Zapp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 510195

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

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 MCQUADE LOUIS

ADDRESS 970 DAY RD. SYKESVILLE MD 21784 PHONE (410) 730-1074

AGENT OR PROSPECTIVE BUYER NORTH RIDGE DEVELOPMENT

ADDRESS 14045 GARET DRIVE, GLENWOOD MD 21738 PHONE (410) 730-1074

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION DAY RD, 1500' WEST OF RT 32, NORTH SIDE OF DAY ROAD.

TAX MAP 9 PARCEL # 175

SIZE OF LOT 47,081 S.F. ± TYPE BLDG. SDF  
(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.

Candy DelZoppo  
(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

510195

COUNTY #

SOIL PROFILE

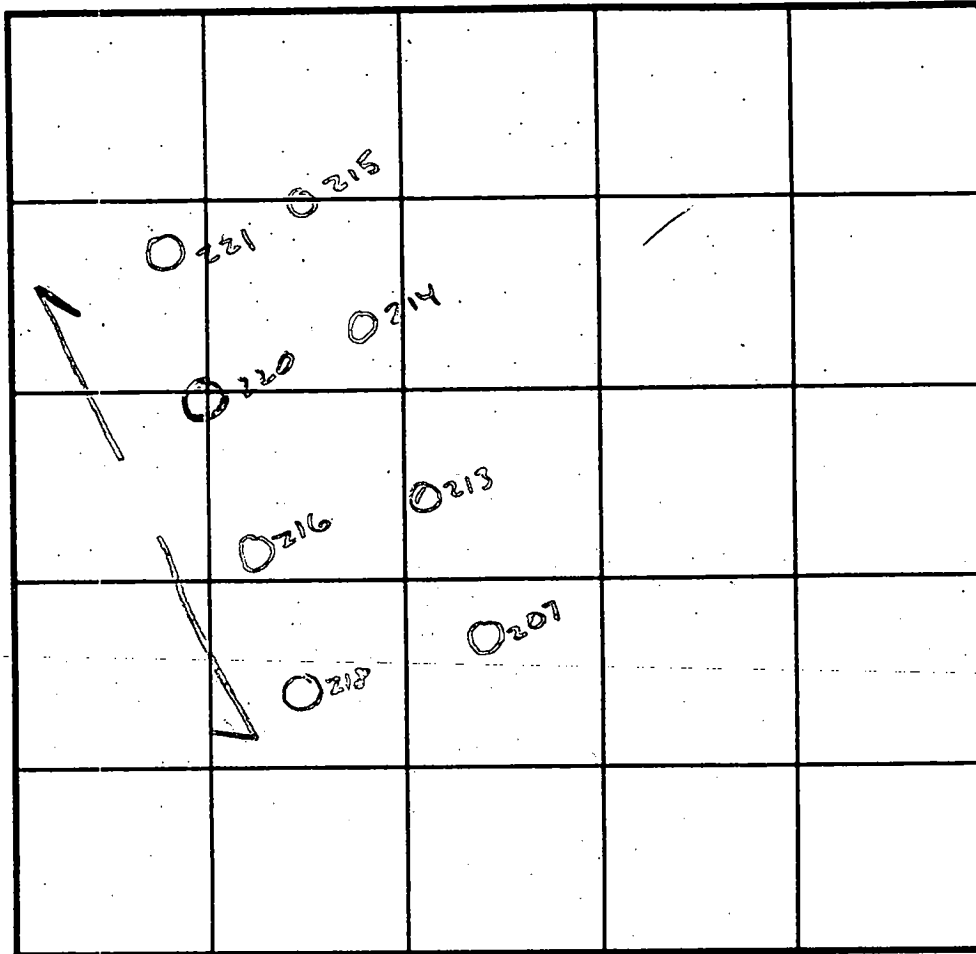
0' orange clay loam  
 3' pink silty clay loam  
 11.5' ↓

213

1' topsoil  
 orange clay loam  
 4.5' 1/4 tan orange sandy clay loam 15% rx frags  
 12'

218

1' topsoil  
 orange clay 1m  
 4' tan/or pink sandy cl. 1m  
 11.5'



SOIL PROFILE

215

same as test hole #218

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-6-78	213	4.0'S	12:46:00	12:48:00	12:48:00	12:50:00	1:30
		12'D	visual	ok	- see profile		
	218	11.5'D	visual	only	ok - see profile		
	214	3.0'	12:51:30	12:52:00	12:52:00	12:54:00	2min
		11.5'D	visual	ok	- see profile		
	215	3.0'S	12:57	12:58:00	12:58:00	1:00:00	1:30
		11.0'D	visual	ok	- see profile		
		11.5'D	12:57	12:58			
		12:00	same	as 215			

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Kim Maiste / Hank Oswald ALSO PRESENT Chuck Zepp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

N62°22'24"E 430.53'

LOT 3-  
157,987 SQ. FT.  
OR  
3.62 ACRES

LOT 2  
152,484 SQ. FT.  
OR  
3.50 ACRES

LOT 1  
145,417 SQ. FT.  
OR  
3.34 ACRES

555

560

565

570

Perc Cert  
10.13.98  
580

580

N 27°43'01" W

1078.29'

115'

115'

30' BRL

123' BRL

30' BRL

123' BRL

75' BRL

30' BRL

60' BRL

30' BRL

30' BRL

60' BRL

30' BRL

30' BRL

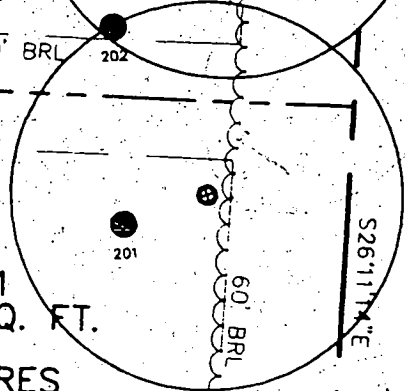
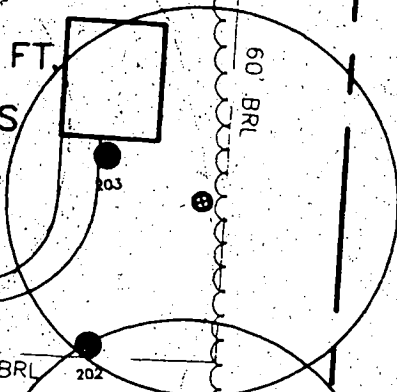
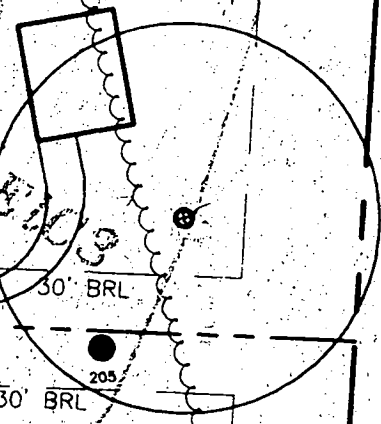
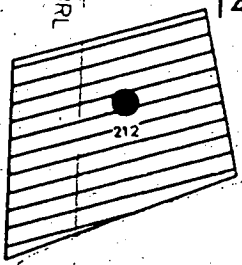
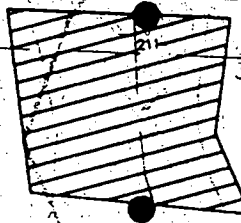
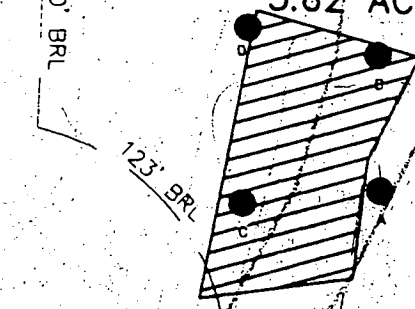
60' BRL

30' BRL

S26°11'14"E

1707.63'

381.32'



580

580

580

580

580

580

555

OR  
4.02 ACRES

35'

N 27°43'01" W

30' BRL

123' BRL

BRL

580

583

585

30' BRL

PRIVATE INGRESS/EGRESS  
EASEMENT FOR LOT 1  
THRU 3 AND PARCEL 150

560

565

570

575

580

Parc Cert  
12.14.98

580

1078.29'

30' BRL

LOT 2  
142,716 SQ. FT.  
OR  
3.28 ACRES

30' BRL

BRL

204

123' BRL

580

203

585

208

209

202

30' BRL

30' BRL

75' BRL

LOT 1  
138,103 SQ. FT.  
OR  
3.17 ACRES +

BRL

201

35'

580

212

206

200

575

113

109

570'04"

30' BRL

S26°11'14"E

1707.63'

FORE

25.37'

33.83'

N 54°00'59" E 381.32'

S66°26'57"E 38.68'

EXISTING PRIV  
EGRESS EASEM  
PARCEL 175  
(LIBER 4 175)

111

107

102

PARCEL 150  
LOT 1  
142,716 SQ. FT.  
OR  
3.28 ACRES



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

Division of Land Development

DATE: 4/13/00

P&Z File No. WP-00-99

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Comprehensive Planning and Zoning Administration
- Research
- Address Coordinator

- 1 Agricultural Preservation
- 1 Development Engineering Division
- 2 Forest Conservation Planner
- 2 File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Bureau of Environmental Health
- Board of Education
- Recreation and Parks

- Tax Assessment
- Bell Atlantic Telephone
- BG&E
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: Delightful Daze lot 2

ENCLOSED FOR YOUR →  Signature Approval  Review & Comments  Files

THE ENCLOSED →  Original

Plans	# of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> FSD/FCP/Worksheet and Application
<input type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management Comps.
<input type="checkbox"/> Applications		<input type="checkbox"/> Industrial Waste Survey (DPW)
<input checked="" type="checkbox"/> Waiver Petition Applic/Exhibit	<input type="checkbox"/>	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Response Letter
<input type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input type="checkbox"/> Perc Plat
<input type="checkbox"/> DED Application/Checklist	<input type="checkbox"/>	<input type="checkbox"/> Scenic Road Exhibits
<input type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	<input type="checkbox"/>	

WAS:  Received  Tentatively Approved  Recorded

Received and Revised  Approved On 4/13/00

COMMENTS: \_\_\_\_\_ SRC/COMMENTS DUE BY: 5/10/00

\_\_\_\_\_

\_\_\_\_\_

VJKS  
5/11/00

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

Howard County Department of Planning and Zoning  
Division of Land Development

# WAIVER PETITION APPLICATION

Date Submitted/Accepted 4/13/00 DPZ File Number WP-00-99

I. **Site Description**

Subdivision Name/Property Identification: Delightful Daze Lot 2

Location of property: 956 DAY ROAD  
(Street Address and/or Road Name)

New Single Family Home  
(Existing Use)

Add on Accessory Apartment  
(Proposed Use)

9  
(Tax Map No.)

4  
(Grid/Block No.)

8  
(Parcel No.)

3  
(Election District)

RC-  
(Zoning District)

3.28 ac  
(Total Site Area)

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

Our new home is currently under construction. Completion anticipated 10 May.

II. **Waiver Request**

In accordance with Section 16.104 of the Howard County Subdivision and Land Development Regulations, the Department of Planning and Zoning, in conjunction with the Subdivision Review Committee **may grant waivers or modifications to the minimum requirements stipulated within the Regulations if it is determined that extraordinary hardships or practical difficulties may result from strict compliance with the regulations, or if it is determined that the regulations may be served to a greater extent by an alternative proposal.**

In the area below, the petitioner shall enumerate the specific numerical section(s) from the Subdivision and Land Development Regulations for which a waiver is being requested and provide a brief summary of the regulation. Attach a separate sheet if additional information is appropriate.

Section Reference No.	Summary of Regulation
1. <u>Section 16.120.b (4)</u>	<u>Forest Conservation Easement - Subdivision Regs</u> <u>Requesting a reduction of setback</u>
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____




- 1. Vicinity map, scale 1" = 2,000'.
- 2. Bearings and distances of property boundary lines for the entire tract and size of tract area.
- 3. North arrow and scale of plan.
- 4. Location, extent, boundary lines and area of any proposed lots.
- 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on the subject and adjacent properties which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- 6. Delineation of building setback lines.
- 7. Delineation of all existing public road and/or proposed street systems.
- 8. Identification and location of all easements.
- 9. Approximate delineation of floodplain, wetland and forested areas, if applicable.
- 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).
- 12. Photographs, perspective sketches or cross-sections as necessary to adequately portray the waiver request.
- 13. The exhibit plans should be highlighted to accurately illustrate the requested waiver(s) to allow proper evaluation (i.e. proposed grading, tree clearing or other disturbances within environmentally sensitive areas or buffers).

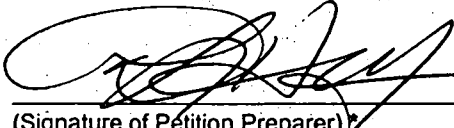
V. Fees

The Waiver Petition application fee shall be in accordance with the adopted fee schedule. All checks shall be made payable to the *Director of Finance*. **The petition will not be accepted for processing until the fee has been paid. Incomplete, incorrect or missing information may result in the rejection of the application and could cause additional time to be required to revise the petition for resubmittal and re-review.**

VI. Owner's/Petitioner's Certification

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. **\*If the applicant is the owner's agent, written documentation from owner granting that authority is required.**

  
 \_\_\_\_\_  
 (Signature of Property Owner)  
 (Fee Simple Owner Only)  
 4/10/00  
 \_\_\_\_\_  
 (Date)  
 DIANA L. HERNANDEZ  
 \_\_\_\_\_  
 (Name of Property Owner)

  
 \_\_\_\_\_  
 (Signature of Petition Preparer)  
 4/10/00  
 \_\_\_\_\_  
 (Date)  
 \_\_\_\_\_  
 (Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)

4917 Brampton Pkwy  
 \_\_\_\_\_  
 (Address)  
 Ellicott City, MD 21043  
 \_\_\_\_\_  
 (City, State, Zip Code)

\_\_\_\_\_  
 \_\_\_\_\_  
 (Address)  
 \_\_\_\_\_  
 (City, State, Zip Code)

(E-mail) care-dyne@home.com

(E-mail) \_\_\_\_\_

410-461-2298      410-461-9975  
 \_\_\_\_\_  
 (Telephone)                      (Fax)

\_\_\_\_\_  
 \_\_\_\_\_  
 (Telephone)                      (Fax)

Contact Person: Dia Hernandez

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

Howard County Department of Planning and Zoning  
Division of Land Development

INITIAL SUBMISSION  
WAIVER PETITION WORKSHEET  
(For DPZ Use Only)

Project Name: Delightful Daze Lot 2 DPZ File No. WP-00-99

I. Application Requirements

Indicate Yes, No or N/A

Application is complete ..... ✓  
Required number of plans and applications are provided .....  
 Plans (14 sets on County Road or  
 Applications (18 sets on State Road)  
Supplemental Information is provided .....

II. Fee Computation

Fee

Number of waivers requested ..... 1  
\* Base Fee for first two waiver sections (\$350) ..... 350  
Fee for each additional waiver section (\_\_\_ additional waivers x \$50) .....  
\* (Maximum fee of \$350 for Agricultural Preservation parcels)  
**TOTAL** 350 -

III. Certification

Cash Receipt No. 401017 Account #011-005-4201 Amount 350 -  
Check issued by # 7973 D. Hernandez

Waiver petition application is accepted for processing.

5/11/00 Scheduled SRC meeting date.

Waiver petition application is rejected.

Reason: \_\_\_\_\_

Resubmission is accepted. Date \_\_\_\_\_ Staff initials \_\_\_\_\_

**Dia & Efrain Hernandez**  
**4917 Brampton Parkway**  
**Ellicott City, MD 21043**  
**Home: 410-461-2298**  
**Cell: 410-215-6222**

Re: Waiver Petition Application  
Address: 956 Day Road – Delightful Daze Lot 2

Request to Reduce the 35' Setback from a Forest Conservation Easement  
Section 16.120.b. (4) of the Subdivision Regulations, to 9 Feet at the closest point of the structure

To Whom It May Concern:

In follow up to previous correspondence regarding the enclosed Waiver Petition (copies appended), I am submitting this petition to request a waiver to assist in addressing a hardship which has been identified relative to our new home & property.

Problem: After construction was under way by 3 months – my husband's parents were in contact with us and indicated that due to increasing health problems, they would like to consider the possibility of residing with us, at the new property, if we could accomplish accommodations that would still provide them with their own space and privacy. The most significant health issue relates to my husband's mother, who has increasing difficulty with ambulation, and is unable to climb stairs. This mandates a one level apartment, with placement on our lot that still permits attachment to the home as required for an accessory apartment. Unfortunately, not having anticipated such a possibility, discussions with our builder and architect quickly identified obstacles relative to the building restriction line and the forest conservation easement.

Additional discussions with our architect and builders, and meetings with representatives from Planning & Zoning, further clarified that due to the following issues, there is really only one reasonable location for an accessory apartment.

**SUMMARY OF HARDSHIPS – PRACTICAL DIFFICULTIES:**

1. Lot topography and the existing septic easement preclude any possibility of placement of the apartment toward the front or side of the main house.
2. Placement on the opposite side of the main house would be inaccessible for them, requiring a substantial walk around the house, essentially impossible due to the health issues.
3. The only reasonable/logical placement is at the corner of the house that backs to the driveway.
4. Planning for an 800 Sq. Ft apartment at that location, must allow for the Health Department requirement that any structure must be a minimum of 30 feet from the existing well (because the well is subject to contamination risks depending upon the proximity of the structure to it.)
5. The placement of the designed structure, as mandated by these requirements and/or obstacles, results in a footprint that at one corner of the apartment, the structure would be slightly over 9 feet from the forest conservation easement. The structure's proximity to the forest conservation declines to the opposite corner at 29 feet from the easement.
6. Given all these considerations, and because the structure would pose no "contamination risk" to the forest area we are submitting this petition requesting the setback reduction.

## ADDITIONAL NOTES – CONSIDERATIONS:

### SEPTIC FIELD MODIFICATIONS ALREADY DESIGNED AND APPROVED:

In preparing for the submission of this waiver, it was necessary to involve our architect in planning a draft apartment design, with breezeway connection to the main house garage, and to discuss the additional requirements such a structure would mandate relative to the planned septic field. The attached Site Plan copies show the planned placement of the accessory apartment, and also shows the revised septic field plans. The revised septic field plan was prepared by our engineer, and submitted to Kim Soh, at the Howard County Department of Environment and Health. This revised septic field plan has been approved by the Health Department. We are confident that having addressed the Health & Environment issues pertinent to this plan, we have made every attempt to take all potential issues into consideration and adequately plan for them, before the submission of this waiver. It would appear that the primary remaining obstacle to going forward with plans for the accessory apartment relates to the issue of granting the waiver for a reduction of the setback, as outlined in this petition.

### SERVING THE INTENT OF THE REGULATIONS RELATIVE TO THE FOREST CONSERVATION EASEMENT:

In reviewing the issues and discussions with the Dept. of Zoning & Planning, a variety of possibilities were mentioned relative to our problems with the encroachment into the easement. Some suggestions included:

- Petitioning for a removal of the existing conservation easement (because county regulations have changed since this easement was determined and current regulations would not longer support its requirement)
- Petitioning to be permitted to “cut into the easement” and replace the trees removed by adding trees at another location on the lot – thereby “preserving” the intent of the easement.

In all these discussions we have reiterated that while we are committed to finding a solution in order to enable my husband’s parents to reside with us on the property, we are also very committed to maintaining this forest conservation area – as is. In fact, the presence of this easement was one of the very important selling points for our group, (ourselves and the two friends who purchased the adjoining lots) when we chose to purchase the property. We would certainly be willing to include in our plan for this apartment, the addition of 4-5 appropriate trees (from the approved Howard County list) to the area of the forest conservation that is closest to the apartment – if it is felt that this would positively impact the conservation easement and assist in preserving the intent of the regulations.

### WAIVER REQUEST NOT DETRIMENTAL TO PUBLIC INTERESTS

This lot location is very private, and in fact is bordered only by a large 3 acre lot on each side (purchased by close friends) and in front and behind by large agricultural preservation farms. We are committed to every reasonable action which will preserve the integrity of the forest conservation which borders our property, and thereby preserves the interests of all adjoining neighbors. That is also the reason we suggest our willingness to add trees in the closest affected area, to enhance the easement.

### APPROVAL OF THIS WAIVER – WILL NOT NULLIFY THE INTENT OF THE REGULATIONS

This request for setback reduction has been carefully planned, to the best of our engineer and architect’s abilities, so that the conservation easement itself is not impacted or infringed upon. We believe that adding some additional trees at the edge of the conservation easement will also serve to bolster the easement and serve to additionally enhance the area for local wildlife which is at the heart of the intent in forest conservation.

956 DAY RD

HERNANDEZ

NOTE : CALL MISS UTILITY

THERE WILL BE AN IN LAW HOUSE BUILT OFF THE CORNER OF THE GARAGE

FOREST CONSERVATION EASEMENT (RETENTION) 1.37 ACRES

BGE

BRI BGE LINE

EX WELL

PROpane TANK



DISTRIBUTION BOX

GARAGE

FIREPLACE

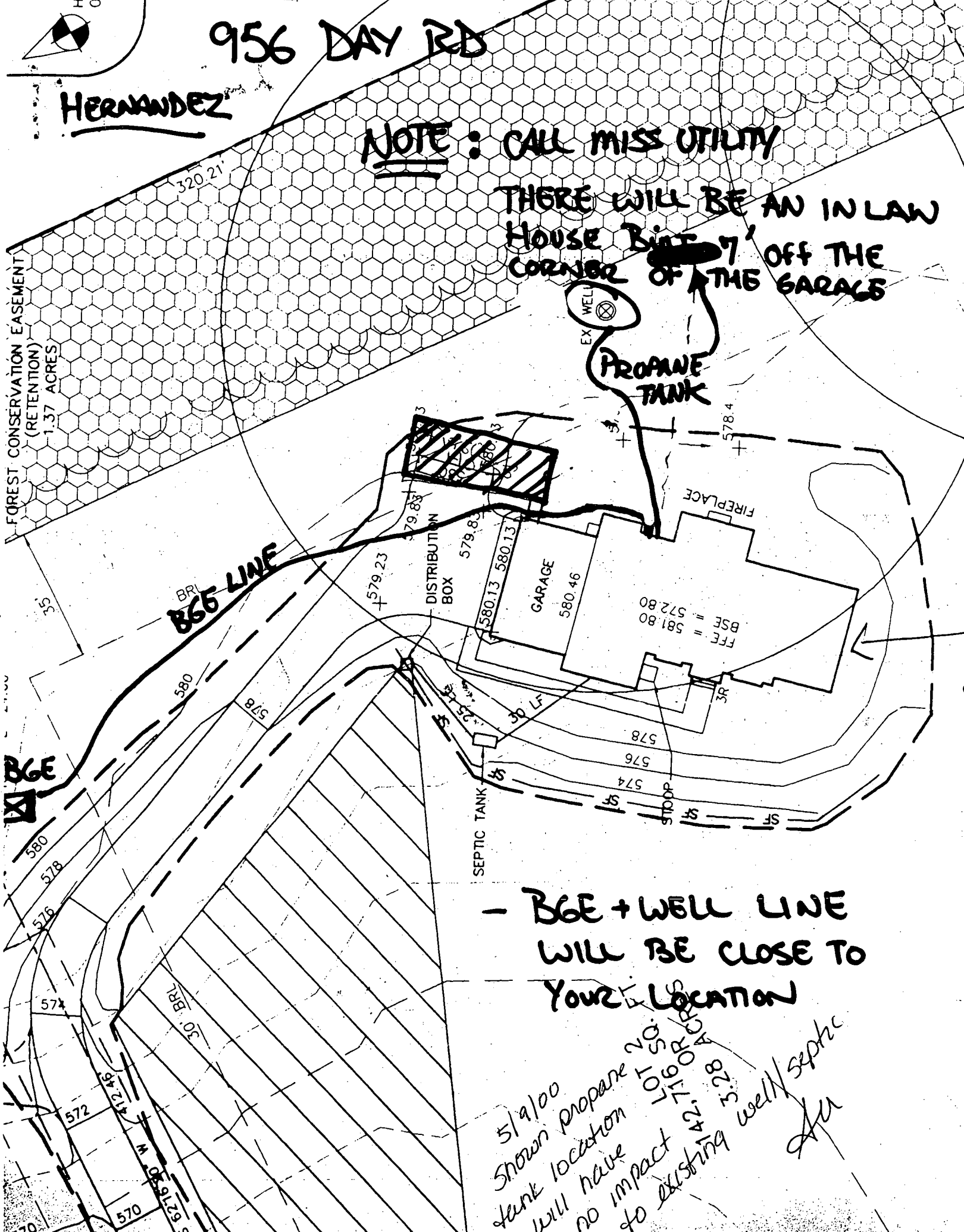
FEE = 581.80  
BSE = 572.80

SEPTIC TANK

STOP

- BGE + WELL LINE WILL BE CLOSE TO YOUR LOCATION

5/19/00  
shown propane tank location will have no impact to existing well/septic



Building Address: 956 Day Rd  
Sykesville MD 21784

Suite/Apt # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract: 6030 Subdivision: Delightful Days

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 7 Parcel 175 Grid 3

Zoning: RCDER Map Coordinates: 4K8 Lot size \_\_\_\_\_

Existing Use: Residential Single Family  
 Proposed Use: Necessary Apartment for SMC  
 Estimated Construction Cost: \$ 80000

Description of Work: 1 Story IN LAW SUITE  
2 BR 1 1/2 BA LR Kitchen attached  
to existing home in driveway WP-00-99

Occupant or Tenant: Espana & Maria Hernandez

Contact Name: Diana Hernandez  
 Address: 956 Day Rd  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name: DIANA HERNANDEZ  
 Address: 956 DAY RD  
 City: Sykesville State: MD Zip Code: 21784

Home Phone: 410-412-2558 Work Phone: 410-412-4600  
 Applicant's Name & Mailing Address (if other than stated hereon):  
pager 410-934-4152  
cell 410-215-6222

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

Contractor Company: To Be Determined  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

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 THEREBY, (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: [Signature] Print Name: DIANA HERNANDEZ  
 Date: 1/16/02

Title/Company: \_\_\_\_\_ 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: _____	Filing Fee \$ _____
State Highways			Rear: _____	Permit Fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
City Engineering/DPZ			Side St: _____	Add'l permit fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-grant paid \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Iron Discharge? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Is Coverage for New Town Zoning? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check _____
ONE-STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation _____

Distribution Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SEA

Approved Septic System Plan  
Howard County Health Department

*Mark Rifkin*

6/14/02

Signature Date

1. LOT SIZE EXCEEDS 2 ACRES, LIMIT OF DISTURBANCE IS LESS THAN 30,000 SF., THEREFORE NO GRADING PERMIT IS REQUIRED.
2. A WAIVER TO LOCATE THE ACCESSORY APARTMENT 9.15 FEET FROM THE FOREST CONSERVATION EASEMENT INSTEAD OF THE 35 FEET REQUIRED IS BEING PREPARED.
3. THE PURPOSE OF THIS PLAT IS TO ADD AN ADDITIONAL SEPTIC EASEMENT TO THE PROPERTY TO SERVICE THE PROPOSED HOUSE. THE EXISTING SEPTIC EASEMENT WILL SERVICE THE ACCESSORY APARTMENT.
4. THESE AREAS DESIGNATED AS PRIVATE SEWERAGE EASEMENTS ARE TO BE AT LEAST 10,000 SF AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT, & RECORDATION OF A MODIFIED EASEMENT SHALL NOT BE NECESSARY.

LOT 2  
2,716 SQ. FT.  
OR  
3.28 ACRES

**ACCESSORY APARTMENT  
SEPTIC SYSTEM DATA**

FIRST FLOOR EL.	582.47
<del>BASEMENT EL.</del>	<del>573.80</del>
INV. OUT OF HOUSE	574.13
INV. IN SEPTIC TANK	573.25
INV. OUT SEPTIC TANK	573.00
EXIST EL. @ SEPTIC TANK	576.0
PROP EL. @ SEPTIC TANK	576.0
EXIST EL. @ DIST. BOX	575.9
INV. IN DIST. BOX	572.9

Total linear feet of trench required 120 feet  
Width of trench(es) 3.0 feet  
Depth of trench(es) 5.5 feet  
Depth of stone required below distribution pipe 2.0 feet

USE-IN-COMMON  
EASEMENT FOR LOT 1  
AND PARCEL 150

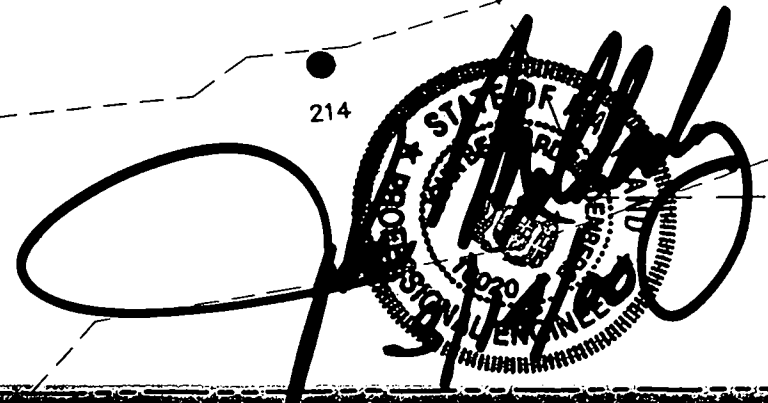
PARCEL 36  
D. GARRATT  
400/453  
131/28  
AGRICULTURAL  
PARCEL  
6-01E

USE  
DATA

581.80  
572.80  
572.15  
571.45  
571.20

SYSTEMS

EXISTING DRIVEWAY



1:30

FOREST CONSERVATION EASEMENT  
(RETENTION)  
1.37 ACRES

DRIVEWAY  
UNITS  
BECAUSE  
THE AL  
INTO TH  
A MODIF

S 26°11'14"E

1707.63'

PR  
EX  
INV.  
BA

N 27°43'01" W 222'

221

1078.29'

220

N 27°43'01" W 691.31'

N 27°43'01" W 619.80'

320.20'

N 27°43'01" W 619.80'

320.20'

214

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251

252

253

254

16

S 62°15'25" W 395.91'

320.21'

S 26°11'14"E

1707.63'

PR  
EX  
INV.  
BA