

6/2/98
9:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

05.383226

P 570626

A REPAIR

DISTRICT _____

DATE 8-17-98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 8/10/98

INSPECTOR M. R. Rife

Hatfield's Equipment & Dedication Service, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, Maryland 21737 PHONE 410-854-6172

SUBDIVISION Hallmark-Section 2 LOT 43 ROAD 7391 Hopkins Way

PROPERTY OWNER Don Berry and Sue Medicus

ADDRESS _____

SEPTIC TANK CAPACITY EX GALLONS

NUMBER OF BEDROOMS 4

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO ADJUST EXISTING SEWAGE EASEMENT IN SUPPORT OF PROPOSED POOL.

Call for inspection when ground is opened so sanitarian can recommend repair. 06/02/98

TNV 3' BOT 9' MIN (2) TRENCHES 30' LONG, 2' WIDE

PREFER 3rd TRENCH

PREFER LEAVE D/W IN SERVICE; CAN ALSO INSTALL

BULL-RUN VALVE BUT NOT REQ'D

PLANS APPROVED BY MR DATE 8/16/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM ANY BUILDING (BUT NOT NEARER THAN 10 FEET FROM ANY BUILDING AUTHORIZED)

BUILDING PERMITS SIGNED

AND RETURNED

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 2/12/03 800 440 293 ALTAR
2 BATHROOMS

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

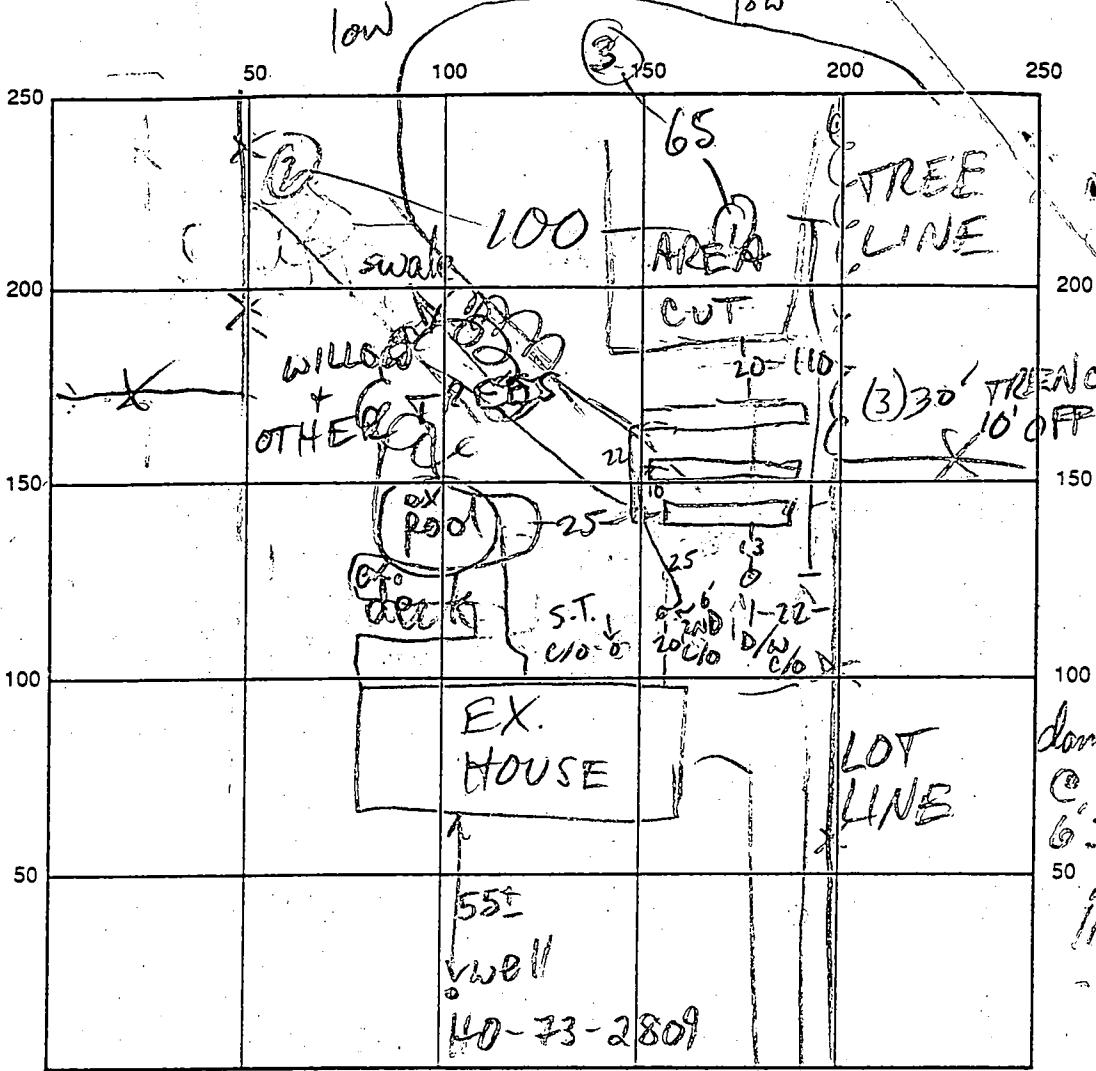
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

P 570626



①
brn pink
sac 1m
brn pink
sa mica
1m
210%
frags

②
dk
brn
sac 1m
dk brn
sa mica
1m
WATER
HOPKINS WAY

③
dk brn
sac 1m
3
damp
dk brn
orge streaks
mica
sa len
WATER
6'±
11
11/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: ~~W/CO REVIEW~~ DUG, HIT WATER IN 2 LOW HOLES; CANP.
W/CO ~~REDO~~ TO REVIEW RECOMMEND DENIAL (MR)
8/6/98 MR CW MET OWNER, MD POOL'S @ SITE, DISCUSSED REPAIR OPTIONS - SPECS
AS PER FRONT MR 8/10/98 REPAIR NAT, STARTED S.T. D/W FULL AGAIN (MR)
8/11/98 #1 OK - CONTINUE (MR) 8/11/98 #2 FINISH + COVER

DATE SYSTEM APPROVED 8/11/98 INSPECTOR M. Rittin

Approved
GUP

29 MAR 1979 P 29567
A 26386

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 3/13/79

Mitchell-Wiley IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hallmark ROAD HOPKINS WAY ~~Hallmark Road~~ LOT 43, Sec. 2

PROPERTY OWNER John Mikolasko

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Dry Well to have 336 sq. ft. absorbent sidewall area. Locate dry well 125 ft.

from Hopkins Way and 10 ft. from lot 42. TRENCH-To be 40 ft. long with inlet at

2 ft. and maximum depth 9 ft. Trench to run parallel to Hopkins Way, 125 ft.

from Hopkins Way.

PLANS APPROVED BY David J. O'Neill DATE 12/1/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BUDG. PERMIT SIGNED
AND RETURNED 6-8-88

Asst. Pool RP18741
SA

A 26386

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

APPLICATION

A 26386

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE JUNE 28, 1977

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JOHN MIKOLASKO

ADDRESS 2205 FOXLEY ROAD PHONE 252-3478
TIMONIUM, MD. 21093

PROPERTY LOCATION:
SUBDIVISION HALL MARK SECTION 2 LOT NO. 43

ROAD AND DESCRIPTION HALL MARK ROAD

SIZE OF LOT 1 ACRE (±) TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT JOHN MIKOLASKO by James L. Newborn

APPROVED BY Daniel J. O'Neill FOR By Well + Tank DATE 12/1/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

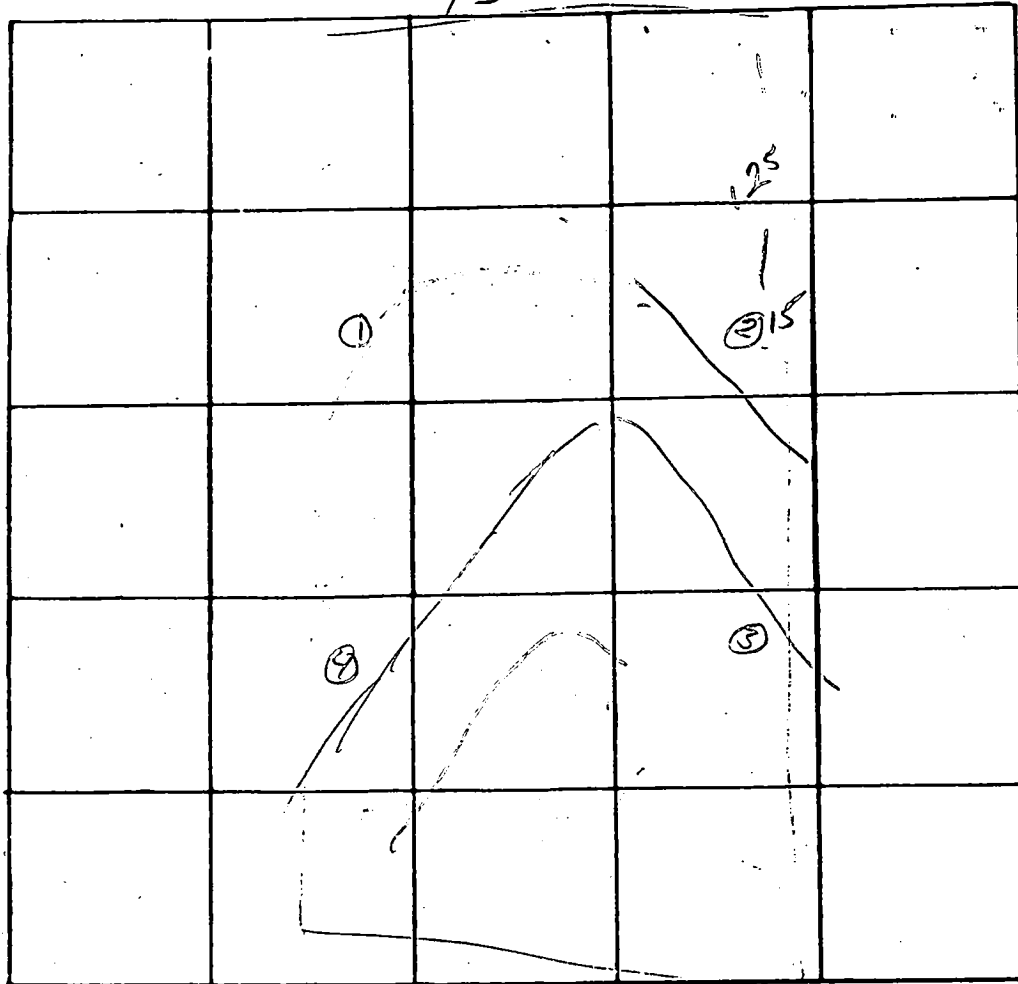
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 11/2/78
serial # 37553

THIS IS NOT A PERMIT

43



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/15	1 S	2	10 ¹⁸			10 ²⁰	2
	d	1 1/2	10 ¹⁸	10 ²⁰	10 ²⁰	10 ²³	3
	2 S	1 1/2	10 ²²			10 ³¹	
	e	12	10 ²²	10 ²⁹	10 ²⁹	10 ⁴⁵	
	3 S	3	10 ²⁴	10 ³²		10 ⁴¹	9
	d	13	10 ²⁴	10 ³⁴		10 ⁴⁹	13
	4	3-13'	04				

2-8

REMARKS _____

TYPE OF SOIL _____

TESTED BY ALSO PRESENT: _____

B 1 7606 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-2809

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 8/3/78
 10:00 A.M.

OWNER
 COL 18 LAST NAME: *Smith Development Corporation*
 COL 34 FIRST NAME: _____
 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63 COL 64 COL 65 COL 66 COL 67 COL 68 COL 69 COL 70 COL 71 COL 72 COL 73 COL 74 COL 75 COL 76 COL 77 COL 78 COL 79 COL 80 COL 81 COL 82 COL 83 COL 84 COL 85 COL 86 COL 87 COL 88 COL 89 COL 90 COL 91 COL 92 COL 93 COL 94 COL 95 COL 96 COL 97 COL 98 COL 99 COL 100

STREET OR RFD
 COL 36: *218 Teachers Building*
 COL 55: _____

POST OFFICE
 COL 57: *Columbia Md - 21044*
 COL 76: _____

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
 DATE: *May 23, 1978* LICENSE NUMBER: *238*

FIRST NAME: *Joseph L.* DRILLER LAST NAME: *Mayne*

SIGNATURE: *Joseph L. Mayne*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
 COUNTY: *Howard* (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: *Hall Md.* 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SECTION: _____ LOT: *43*

NEAREST TOWN: *Fulton*

MILES FROM TOWN (ENTER 0 IF IN TOWN): *2 1/2* M I

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): *5*

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): *750*

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: *Hopkins Way*

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): *35* FT

APPROXIMATE DEPTH OF WELL: *300* FEET

APPROXIMATE DIAMETER OF WELL: *6* (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

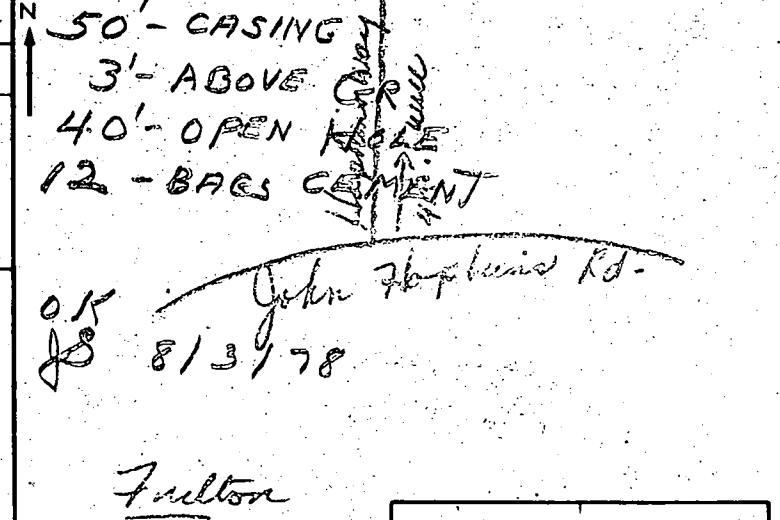
BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE): _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



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

THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

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

APPROPRIATION PERMIT NUMBER: _____ ENGINEER REVIEW DISTRICT NO.: _____

FORCE: _____ WRITE INITIALS IN BOX: _____ CONDITIONS: _____

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 COUNTY NAME: *Howard* COUNTY NO.: _____

DATE: *05 27 73*

APPROVED BY: *Donald W. Monaghan, Sanitarian*

BOX NUMBER
 E: *820*
 N: *480*

NORTH COORDINATE
 50 51 52 53 54 55

EAST COORDINATE
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET)
 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX): *S*

DATE: *05 27 73*

APPROVED BY: *Donald W. Monaghan, Sanitarian*

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

A 26386

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

June 3, 1988

Mr. Donald W. Berry
7391 Hopkins Way
Clarksville, Maryland 21029

RE: Building Permit Application
Serial Number 18741
Proposed Swimming Pool
7391 Hopkins Way

Dear Mr. Berry:

This is to advise that this office cannot complete review of the above referenced building permit application because of the submitted drawing is not sufficiently accurate to determine whether or not the proposed pool location impacts the septic reserve area.

You are requested to submit a revised sketch of your property showing the proposed pool location properly dimensioned relative to the lot lines, house and septic area in order that we may complete our review. A copy of your septic system installation diagram is enclosed to assist you in preparing this plan. An acceptable pool location would be at least 20 feet outside of the septic reserve area.

If you are unable to prepare a plan as requested, the alternative would be to request a site inspection from this office when you have staked the proposed pool location in the field.

If you have any questions relative to this matter, please contact one of the sanitarians from this office at 461-9933. Please reference your building permit application number (18741) in all communications.

Very truly yours,

Craig Williams/Sill

Craig Williams, Director
Water and Sewerage Program

CW:JR
Enclosure

cc: Ms. Avis Corbin, Chief
Bureau of Licenses and Permits

Progress Pools

Above Ground 6/8/88
POOL APPROVED
BP #18741
18777

C 1 **7329** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) **Aug 7 1978** DEPTH OF WELL **225** PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-73-2909**

DATE WELL COMPLETED **11** (TO NEAREST FOOT) **22** 26

8-13 15 20 DRILLERS IDENTIFICATION NO. **238**

OWNER **Kranley Development Corp** LAST NAME **Kranley** FIRST NAME **Columbia Md**

STREET OR RFD **119 S. ... Road** POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Sand</i>	0	47	
<i>Gray, mica rock</i>	47	225	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS **10** NO. OF POUNDS **1040**

GALLONS OF WATER **60**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **40** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE **S-T** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **50**

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM **48** TO **225**

EACH SCREEN

1 **40** 8 9 11 15 17 21

2

3

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** F

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

(PLEASE PRINT) **Joseph L. ...** SIGNATURE **Joseph L. ...**

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **6**

METHOD USED TO MEASURE PUMPING RATE **PM**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **15** (NEAREST FOOT)

WHEN PUMPING **5** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) **31** 35

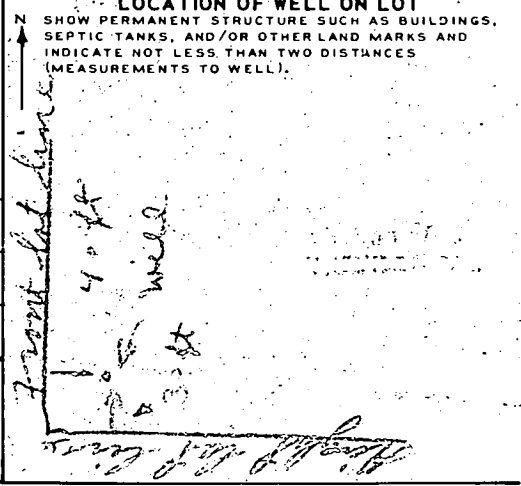
PUMP HORSE POWER **37** 41

PUMP COLUMN LENGTH (NEAREST FOOT) **43** 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) **50**

BELOW } **51**



CIRCLE APPROPRIATE BOXES

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

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

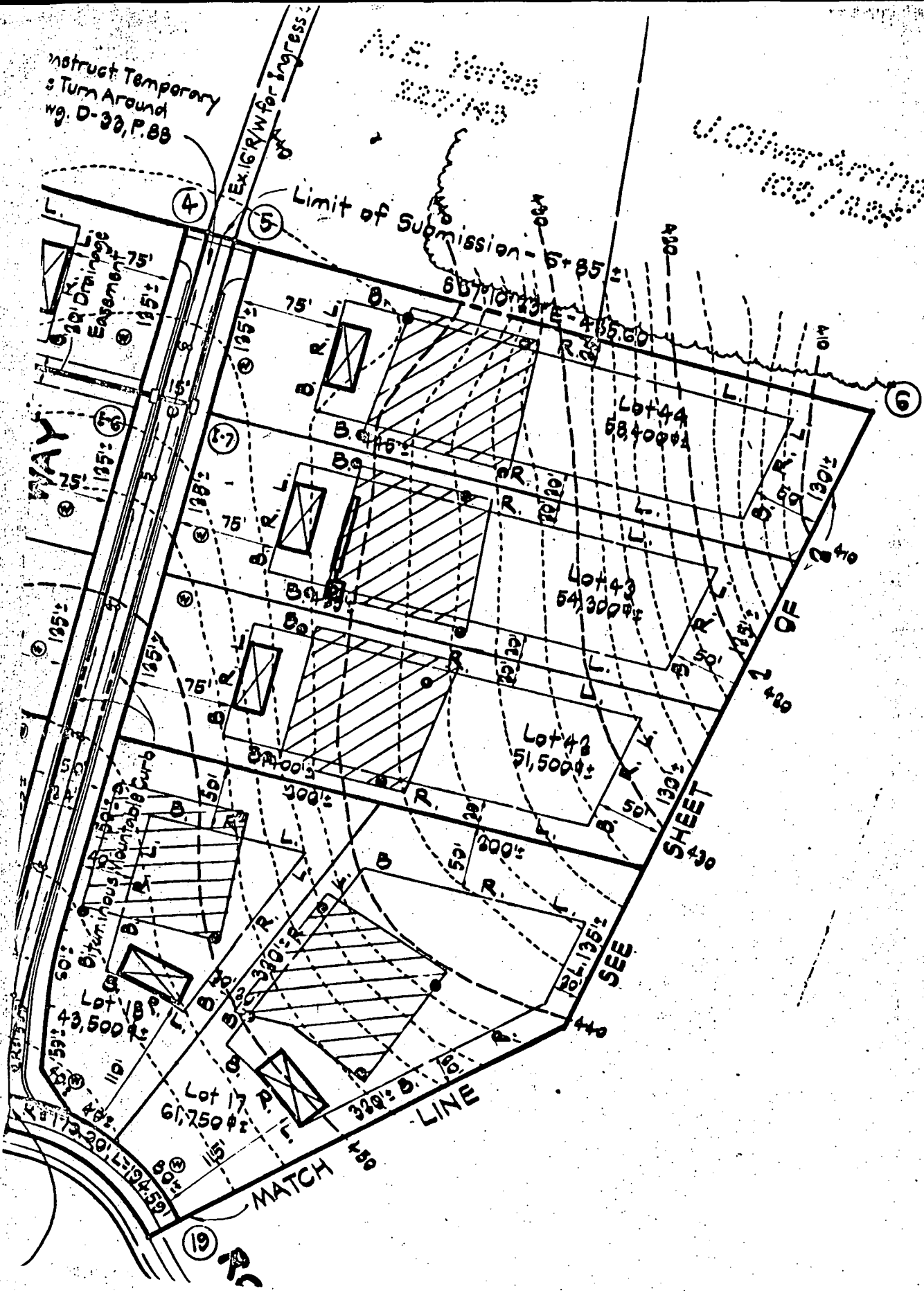
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

U. S. DEPARTMENT OF THE ARMY
ENGINEERING CENTER
WATERWAYS EXPERIMENT STATION

Instruct Temporary
Turn Around
wg. D-30, P. 88

Limit of Submission - 5+85 =
687.10+23 E - 455.60

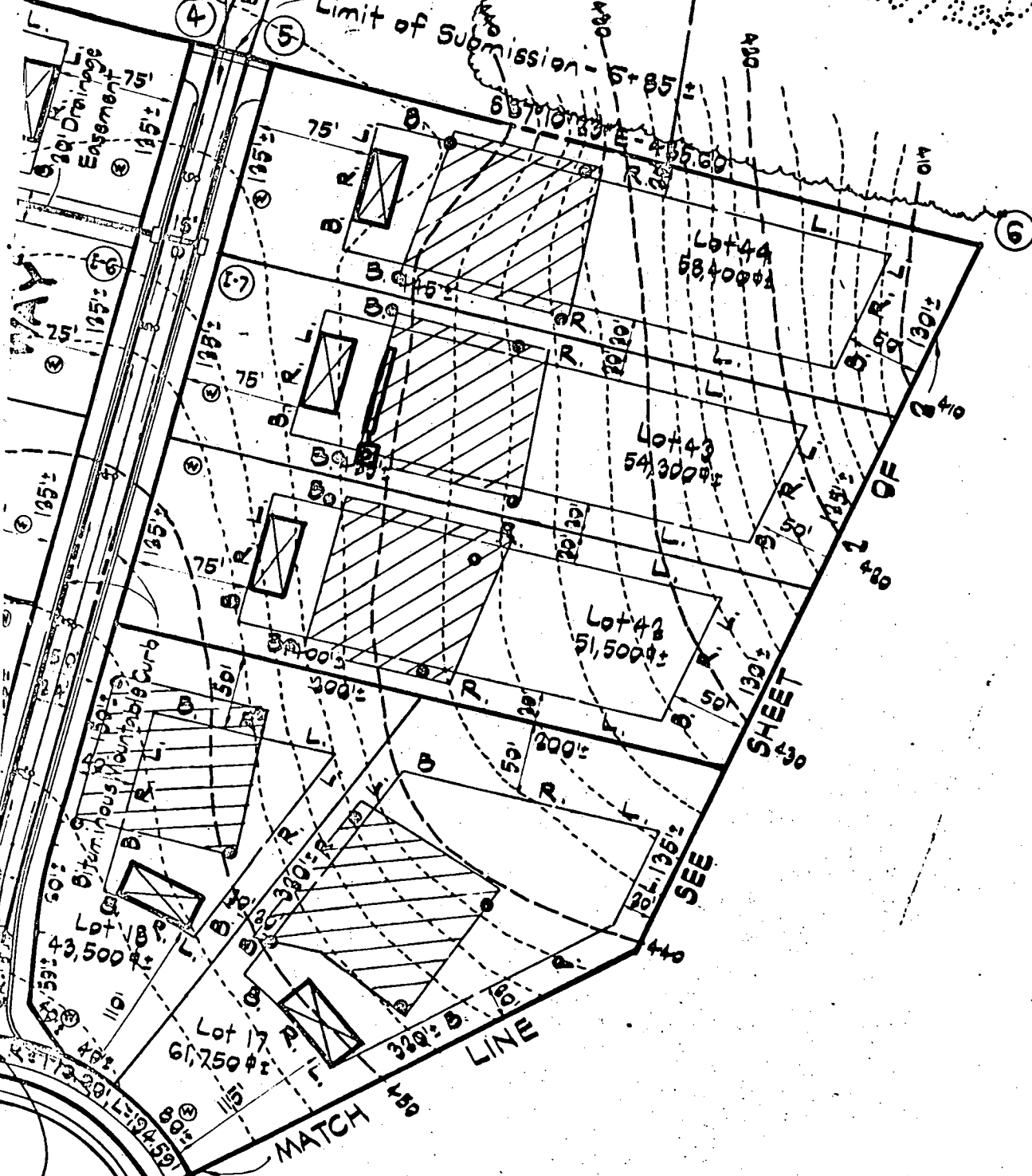


Instruct Temporary
Turn Around
wg. D-30, P. 88

COVERED
BY
RECORD

Ex. GRW for Ingress

Limit of Submission - 6+85±



WAY

SEE SHEET 5430

MATCH LINE

Lot 17
61,750±

Lot 42
51,500±

Lot 43
54,300±

Lot 44
58,400±



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 4, 1998

Don Berry and Sue Medicus
7391 Hopkins Way
Clarksville, MD 21029

RE: Repair Percolation Test
Proposed Pool (Pre-Building Permit)
Hallmark Lot 43
7391 Hopkins Way

Dear Mr. Berry and Ms. Medicus:

This letter is being issued pursuant to your proposed sewage easement adjustment to accommodate a proposed inground swimming pool. The planned pool would occupy a location basically identical to the existing above ground pool, which is about thirty feet directly behind the left side of the house. The pool location and the required setbacks would conflict with approximately 3500 square feet of the existing sewage easement. Informal review of the proposal based on a site drawing prepared by Maryland Pools concluded that percolation testing would be required to determine if sufficient replacement sewage easement area could be established.

Repair percolation testing conducted June 3, 1998 indicated that insufficient areas of satisfactory soil conditions would remain to replace sewage easement area lost to the proposed pool. Primary limiting factors were restricted lot size and shallow depth to water table. Based on these observations, this office would be unable to recommend approval of a building permit application for pool installation in the location discussed.

Although a permitted above-ground pool occupies part of the existing recorded sewage area, this recommendation for approval would have been contingent upon the understanding that recovery of this portion of the sewage easement via pool removal was a possibility. Therefore, this portion of the easement continues to be potential repair area.

Although there was discussion of the impact of the swale on the existing sewage easement, the swale is prohibitive only toward the bottom edge of the easement. Therefore, even after accounting for the most significant portion of the swale, approximately 75% of the existing sewage area remains intact and useable.

In the proposed sewage easement adjustment, the only area not restricted by the worst portion of the swale includes a test hole with water observed at eleven feet and noticeably damp soils shallower. Although the characteristic soil discoloration ("mottling") typical of seasonal water table saturation was not clearly observed, micaceous soils, as encountered in this location, are less likely to exhibit such mottling even if seasonally saturated. Including the best test hole, the most area that could be established under the pool proposal would approximate 5000 to 6000 square feet.

This preliminary determination is based on the limited site detail provided with the initial submittal. If you believe this decision to be unreasonable, reconsideration would be subject to submission of a more complete site plan due to concerns about adequate sewage area. This plan would be necessary to support any contention that the condition and useability of the proposed sewage easement adjustment is no worse than the condition and useability of the current easement. This plan should show the existing lot lines, sewage easement, house, well, septic system and accurate topography along with the proposed 10,000 square-foot sewage easement and proposed inground pool.

If you have any questions, please call myself or Craig Williams at (410) 313-2640.

Very truly yours,

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

MR:MR

cc: Jim Spero, Maryland Pools
File

6/18/98 SUE MEDICUS REPORTED THAT OBTAINING A "SURVEYED SITE PLAN" WOULD BE UNREASONABLY COSTLY. I OFFERED THAT AN "ACCURATELY SCALED PLAN" NEED NOT NECESSARILY BE A "SURVEYED PLAN," AND INDICATED I WOULD ASSIST HER IN PREPARATION OF THE PLAN, IF SHE STARTED WITH AN ~~(EXISTING)~~ EXISTING BOUNDARY SURVEY OF THE PROPERTY AND HOUSE LOCATION (SUCH A PLAN IS NORMALLY PROVIDED AT TIME OF SALE OF THE HOUSE, SO WOULD LIKELY BE IN HER POSSESSION) AND ~~FOR~~ MADE HER OWN MEASUREMENTS OF CRITICAL ITEMS, THEN I COULD SCALE THOSE LOCATIONS IN FOR HER. (CW)

CW

7/13/98
CONCLUSION OF OFFICE REVIEW CONFERENCE WAS THAT FRONT-LEFT CORNER OF SEPTIC AREA WAS NOT USABLE DUE TO SWALE/GROUNDWATER ELEV. DEDICATION FOR A POOL WOULD BE OF NO CONSEQUENCE, OK TO SUBMIT PROPOSAL FOR POOL IN THIS CORNER OF SEPTIC AREA.

AT THE SUBSTATION SHE WILL ADD HER OWN DIMENSIONS OF ABOVE GARAGE

To CRAIG
Date 6/18 Time 10:20 AM PM

WHILE YOU WERE OUT

M Sue Metticus

of _____

Phone () 301 775 3555
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message _____

① show # for next 1/2 hr

[Signature]
Operator



AMPAD EFFICIENCY®

REORDER #23-000

EXTEND ABOVE TO
DINING
THROW AWAY
HELP SCALE
INTAYIAL
TBE
PLATED
EASER
6/18/98
PM
Cu

To CW
Date 4/18 Time 1:10 AM PM

WHILE YOU WERE OUT

M Sue Medeiros
of _____

Phone () _____
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message _____

A
Operator



AMPAD
EFFICIENCY®

REORDER
#23-000

To CW
Date 9/11 Time 12:30 AM PM

WHILE YOU WERE OUT

M Sue Medicus
of _____

Phone (301) 317-1952
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message Letu Mark write
Concerning 7391 Hopkins
Way

-TALKS TO HER ABOUT A

LESS THAN 5000000

PRAISE THAT WE COULD

5000000

Operator



AMPAD
EFFICIENCY®

REORDER
#23-000

6/18/98

MARK - SUE MEDICUS
CALLED BACK AND
SAID SHE HAD DECIDED
NOT TO DO A SCALE
DRAWING, SHE WAS NOT
ABLE TO OBTAIN SERVICE
AT "REASONABLE" COST.

SHE REPEATED THAT
SHE THOUGHT YOU SAID
IT WAS OK WHEN YOU
LEFT THE SITE, AND THAT
SHE CONFIRMED THIS ~~FEELING OF OK WA~~
ALSO THE WAY HER HUSBAND AND
THE POOL BUILDER THOUGHT WAS DETERMINED.
SHE WANTED TO KNOW WHY YOU
CHANGED YOUR MIND.

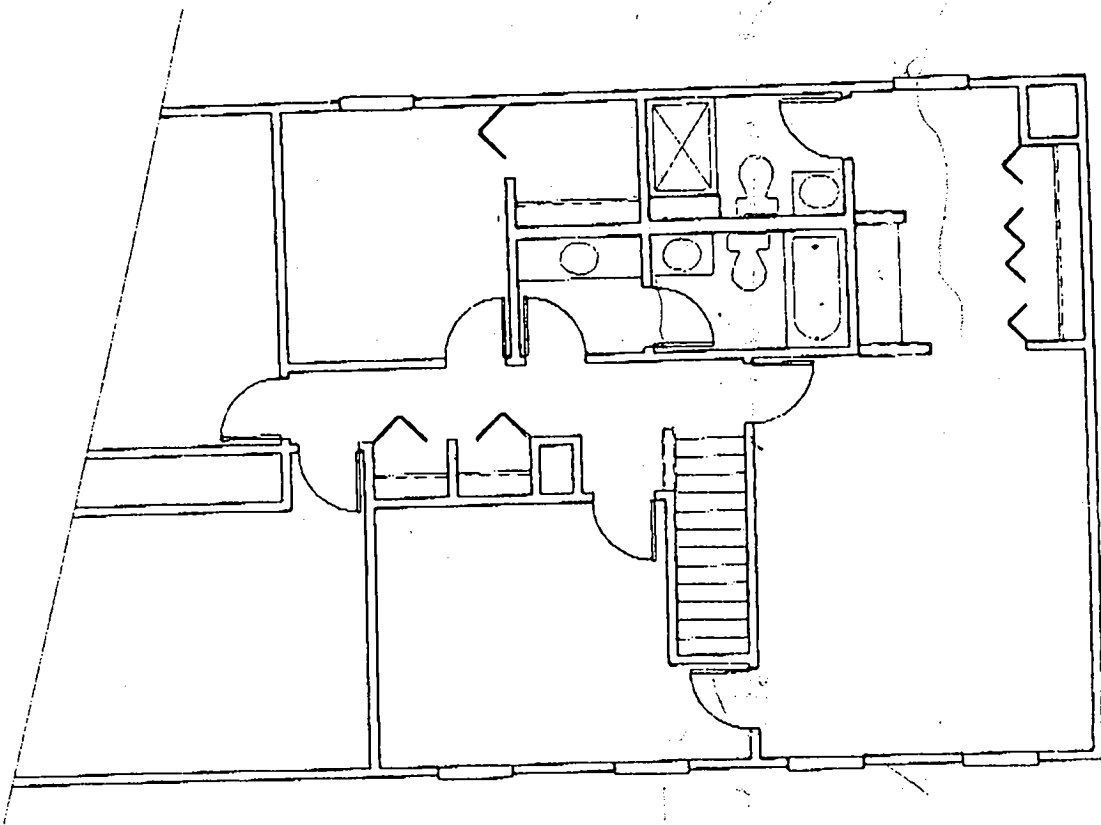
I CALLED HER BACK + SUGGESTED
THAT ALL THE FOCUS ON
WHO SAID WHAT TO WHO WAS
LEADING NOWHERE, PARTICULARLY
SINCE NEITHER OF US WAS PRESENT,
I REPEATED THAT A DRAWING MORE DETAILED
THAN THE ONE ON FILE WAS THE ONLY WAY
↑ TO

MARK'S EXPLANATION
TO ME WAS THAT
SHE WASN'T PRESENT,
ONLY BERRY + SPERO'S
(HUSBAND + POOL BUILDER)

I SAID I COULDN'T SPEAK TO WHAT
YOU DID OR DID NOT SAY TO THEM IN THE FIELD.

~~YOU HAD BROUGHT THE FILE BACK FOR ME
AS FAR AS I~~

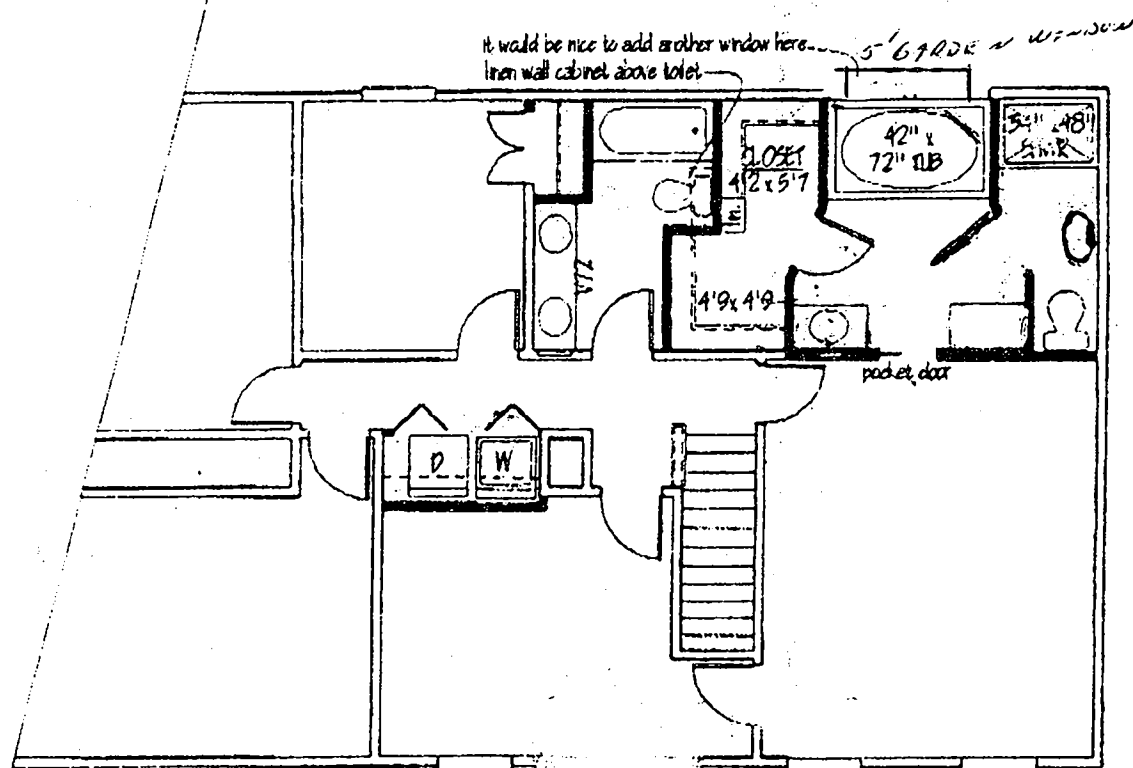
I CONSULTATION WITH ME, WE (I) HAD
DECIDED THAT IT WAS LIKELY NOT APPROXABLE,
BUT ALLOWED THAT ~~POTENTIALS~~ WITH A BETTER
SCALE DRAWING WE COULD ~~REACH~~ RECONSIDER
THE DECISION.



MEDICUS/ BARRY SECOND FLOOR RENOVATION
 EXISTING SECOND FLOOR PLAN
 Lisa W. Sunderwirth Associates, Architects
 2/17/97

Present

2/12/03
 changed
 to bathroom -
 no effect on
 brm, septic
 (KN)



MEDICUS/ BERRY SECOND FLOOR RENOVATION

PROPOSED SECOND FLOOR PLAN 3

Lisa W. Sunderwirth Associates, Architects

2/27/97

PROPOSED