



CUSTOM HOME REMODELERS, INC.

12142 Mount Albert Road Ellicott City, MD 21042

MHIC 18678

JOSEPH P. BEAVAN 

PRESIDENT

(410) 988-8005

1-800-988-3727

Site
visit
other questions

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 3105 Argent Path
Ellicott City, MD. 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: 13728
 Census Tract 603000 Subdivision Branthwoods
 Section 1 Area - Lot 23
 Tax Map 16 Parcel 214 Grid 22
 Zoning RC Map Coordinates _____ Lot size 0.908

Property Owner's Name David Van Stone & Maria Gonzales
 Address 3105 Argent Path
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-535-0857 Work Phone 443-286-8659
 Applicant's Name & Mailing Address (if other than stated hereon):
Joseph Beavran
12142 Mt. Albert Rd.
Ellicott City, MD 21042
 Phone 410-988-8005 Fax 410-988-8005

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ _____

Contractor Company Custom Home Remodeling
 Contact Person Joseph Beavran

Description of Work BUILD IN-GROUND
Swimming Pool - Fence per code
By Homeowner, 8' Div. Board, 42' X 27'
3'-8" Deep.

Address 12142 Mt. Albert Rd.
 City Ellicott City State MD Zip Code 21042
 License No. 18678
 Phone 410-988-8005 Fax 410-988-8005

Occupant or Tenant David Van Stone
 Contact Name David Van Stone
 Address 3105 Argent Path
 City Ellicott City State MD Zip Code 21042
 Phone 443-535-0857 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	<input type="checkbox"/> Public
1st floor: _____	<input checked="" type="checkbox"/> Private
2nd floor: _____	Sewage Disposal: _____
Basement: _____	<input type="checkbox"/> Public
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: _____	Heating System: _____
Multi-family dwellings: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input checked="" type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 3 BR units: _____	<input type="checkbox"/> NFPA #13D
Other Structure: _____	<input type="checkbox"/> NFPA #13R
Dimensions: _____	<input type="checkbox"/> Other:
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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 HIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Print Name Joseph Beavran
 Title/Company RESIDENT Custom Home Remodeling Date 3/27/07

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 Planning			
Building Official			
Dev. Engineering DPZ			
Health			
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 \$ _____
Lot Coverage for New Town Zone _____	Check \$ _____
SDP/Red-line approval date _____	Validation \$ _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by _____



Howard County
Health Department

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

April 13, 2007

Mr. David C. VanStone
3105 Argent Path
Ellicott City, MD 21042

RE: **Variance Approval**
3105 Argent Path
Ellicott City, MD 21042

Dear Sir:

The Department of Health has received your variance request dated April 10, 2007 for the above referenced property. This agency will grant **approval** of the variance to the septic reserve area provided that the pool is constructed as shown on the revised perc certification plan. Approval of a building permit will be granted by this Department after the septic system has been abandoned and/or relocated (to be determined at the time of inspection) and 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.
Director, Well and Septic Programs

cc: File

3105 Argent Path
Ellicott City, MD 21042
April 10, 2007

Mr. Gabriel A. Creighton
Registered Environmental Sanitarian
Howard County Health Department
Bureau of Environmental Health
Well and Septic Program
7178 Columbia Gateway Drive
Columbia, MD 21046

**RE: Building Permit Proposal
Swimming Pool and Proposed Reallocation of Sewage Disposal Area
Brantwood, Section 1 Lot 23**

Dear Mr. Creighton:

With reference to the subject proposal, I have selected the following swimming pool contractor to install an in-ground swimming pool on my property:
Custom Home Pools, 12142 Mount Albert Road, Ellicott City, MD 21042
Mr. Michael Beavan of Custom Home Pools is seeking permit approval from your office to proceed with the proposed project.

I understand that the proposed pool location will require a reallocation of sewage disposal area that will necessitate variances to required setback distances in order to maintain the minimum requirement of 10,000 square feet of septic reserve. Therefore, with reference to preliminary discussions and correspondence on this matter between you and myself during the past year, I respectfully request variance approval for the following setback requirements:

1. 10' Septic reserve to eastern property line of Lot 23.
Setback requirement to be reduced from 10' to 5' along the entire east side of the lot. Note that the area directly adjacent along this property line is a 6.39 acre non-buildable preservation parcel for storm water management owned by the Brantwood Community Association, Inc.
2. 10' Septic reserve to public drainage and utility easement on southern boundary of Lot 23.
Setback requirement to be reduced from 10' to 5' along the south side of the lot, resulting in an effective distance of 15' from the septic reserve area to the southern property line. Note that the area directly adjacent along this property line is a 40' wide easement owned by the Brantwood Community Association, Inc. for maintenance access to the preservation parcel referenced above.

Note that neither requested variance impacts any directly adjacent property that is owned by an individual home owner. Approval of the preceding variances will allow a septic reserve in excess of the minimum area to be maintained.

I appreciate the time and consideration that you and your office have provided during the course of the feasibility and design phases of the proposed project. If you are in agreement, please confirm your concurrence with the variance requests herein and grant approval for the permit being requested by Custom Home Pools to proceed to the next step of the project. Please contact me at 443 286 8659 or via email at dcvanstone@comcast.net if you have any questions or require additional information. Thanks again for your kind assistance with my project plans.

Sincerely,



David C. Van Stone

OK 4/13/07
GAC

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 3105 Argent Path
Ellicott City, MD. 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name David Van Stone & Maria Gonzales
 Address 3105 Argent Path
 City Ellicott City State MD Zip Code 21042
 Home Phone 443-535-0857 Work Phone 443-286-8659
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work BUILD In-GROUND
Swimming pool - Fence per code
By Homeowner, 8' Dive Board, 42' X 27'
3'-8" Deep.

Contractor Company _____
 Contact Person _____
 Address 12142 Mt. Albert Rd.
 City Ellicott City State MD Zip Code 21042
 License No. 18678
 Phone _____ Fax _____

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

Print Name _____

Title/Company _____

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	_____	_____
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"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
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 # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	
Accepted by _____	

scale

1" = 30'

Septic field Info

Proposed Area 10,061 Sq. Foot

2300 SF.

Pool 42'x27' ID.

50°58'34" W PRESERVATION FORCEL "C"

SEPTIC FIELD

ABANDON 3 TRENCH 20' FROM POOL

5' VARIANCE

Prop Line

S93°41'51" W 22'15" S

PUBLIC DRAIN EQUIPMENT

Prop Line

LOT 24
LOT 22

CLEAN OUT

DECK

HOUSE

Pool Equipment

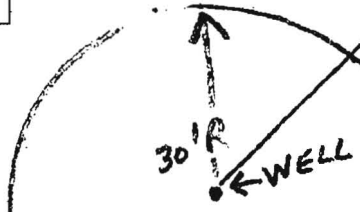
FENCE PER CODE

N85°10'18" W 101' BRK

PLAT NO. 13929
3105 ARGENT PATH
LOT 23
BRANTWOOD

LEGEND

- ORIGINAL AREA
- NEW AREA
- ABANDON AREA



Notes

ABANDON 114 LINEAL FEET OF TRENCH
20' FROM PROPOSED POOL LOC.
REMAINING TRENCH = 642 SQ. FT. 214 LINEAL

scale

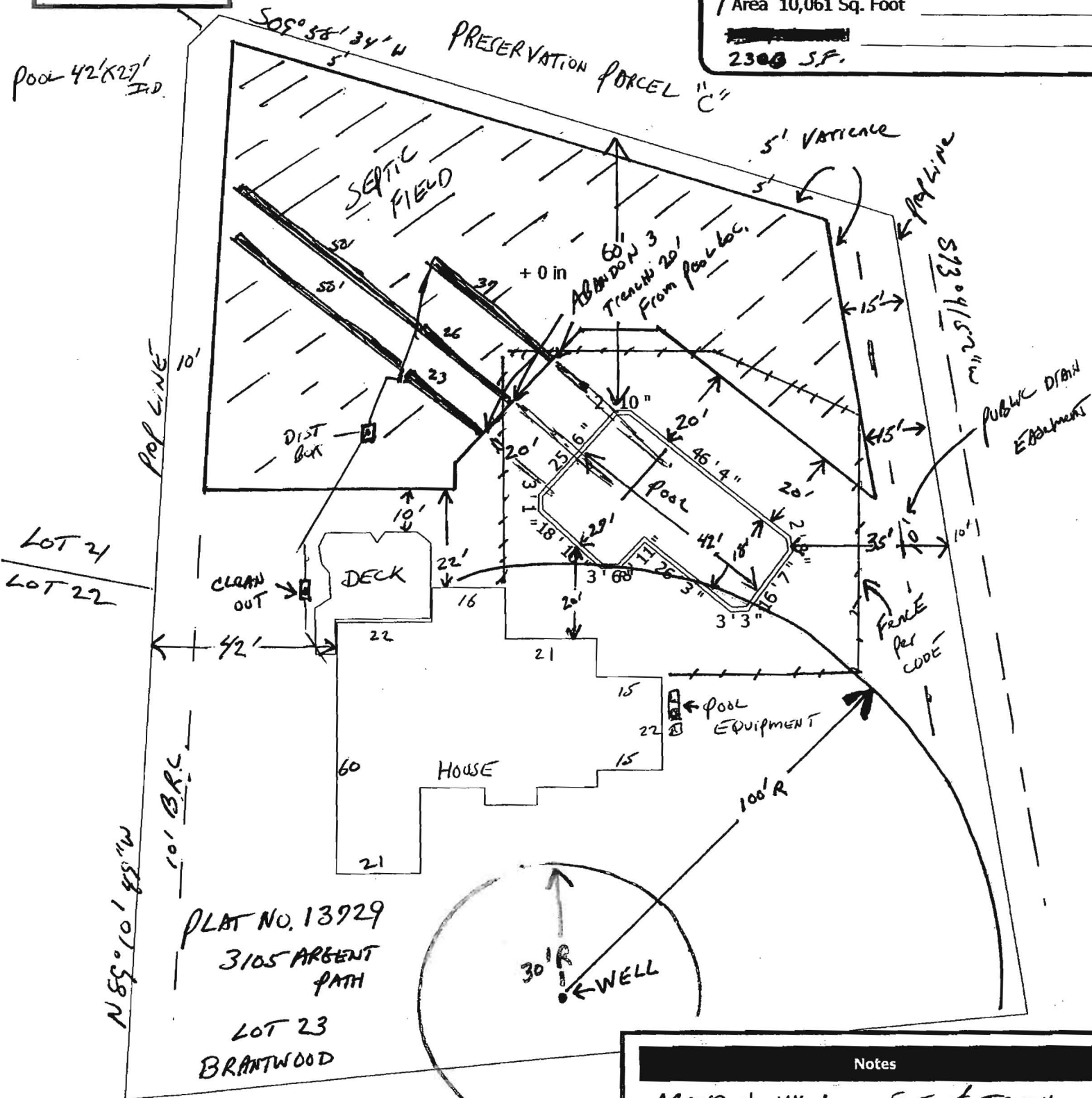
1" = 30'

Septic field Info

Proposed Area 10,061 Sq. Foot

~~2300 S.F.~~

Pool 42'x27' ID

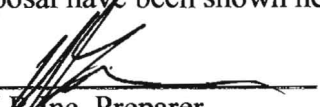


Notes

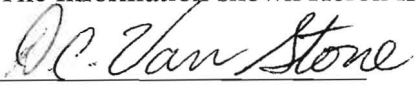
ABANDON 114 LINEAR FEET OF TRENCH 20' FROM PROPOSED POOL LOC. REMAINING TRENCH = 642 SQ. FT. 214 LINEAR

**RE: Van Stone residence,
3105 Argent Path, Ellicott City, Howard County, Maryland.**

All information, including wells and septic systems on this property & impacting this proposal have been shown here to the best of my knowledge.


C.H. Inc. Preparer

The Information shown Heron is true and correct to the best of my knowledge.


Dave Van Stone

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307002083

Building Address 3105 Argent Path
Ellicott City, MD. 21042
Suite/Apt. #: _____ SDP/WP/Petition #: 13728
Census Tract 603000 Subdivision Brantwoods
Section 1 Area - Lot 23
Tax Map 16 Parcel 214 Grid 22
Zoning RC Map Coordinates _____ Lot size 0.968

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Joseph Beavard
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Contractor Company Custom Home Remodeling
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Description of Work BUILD IN-GROUND
SWIMMING POOL - Fence per code
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Address 12142 Mt. Albert Rd.
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Occupant or Tenant David Van Stone
Contact Name David Van Stone
Address 3105 Argent Path
City Ellicott City State MD Zip Code 21042
Phone 443 535 0857 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
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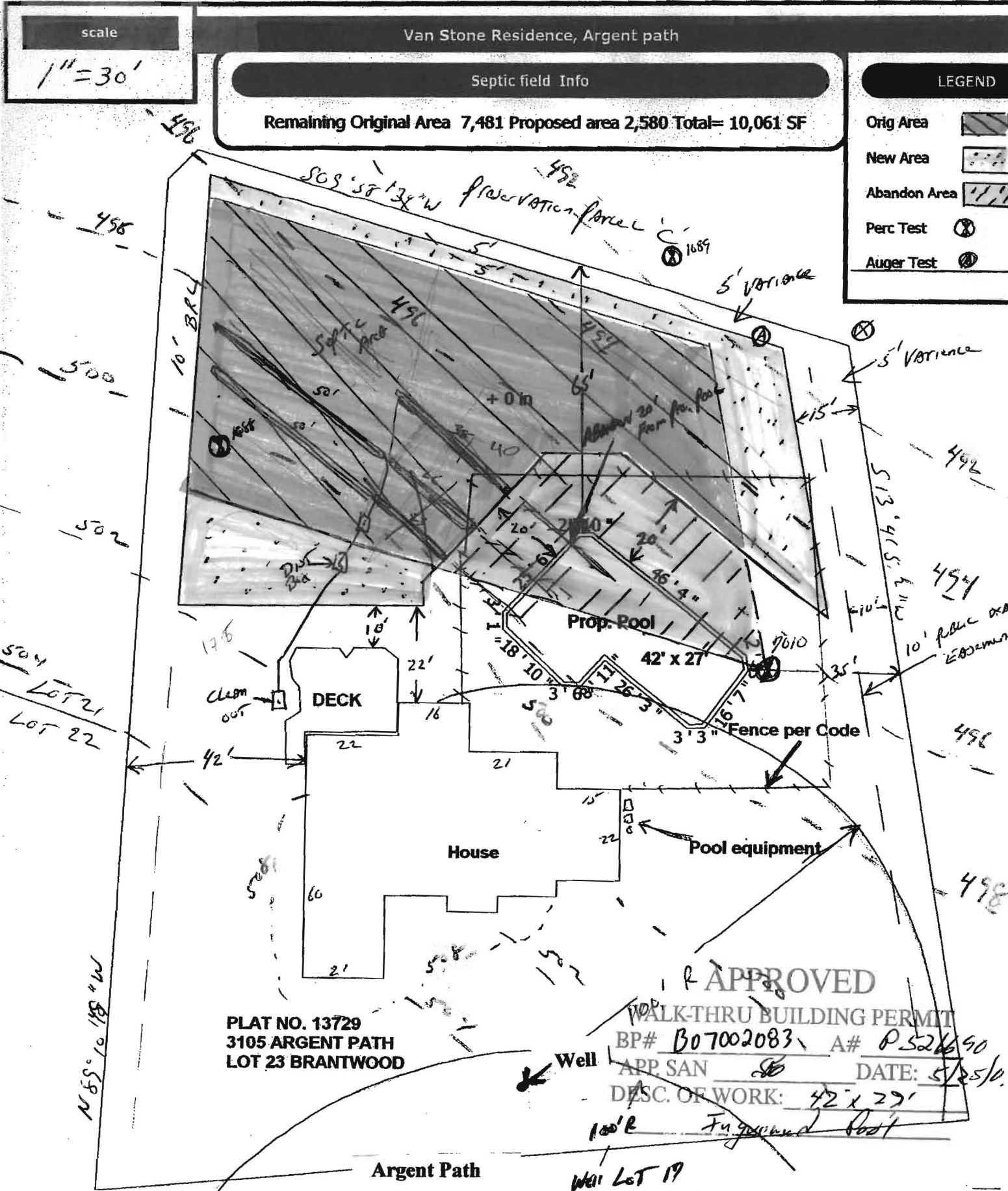
Applicant's Signature [Signature] Print Name Joseph Beavard
Title/Company Custom Home Remodeling Date 3/27/07

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 \$ _____	
Dev. Engineering, DPZ	<u>3/25/07</u>	<u>[Signature]</u>	Side St.: _____ Add'l per. 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-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

PERCOLATION CERTIFICATION PLAN

Owner: David Van Stone & Maria Gonzales 3105 Argent Path, Ellicott City MD 443-535-0857
Prepared by Mike Beavan, C.H.R.Inc 12142 Mt Albert rd Ellicott City 410-988-8005 3-27-07



PLAT NO. 13729
 3105 ARGENT PATH
 LOT 23 BRANTWOOD

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# B07002083, A# P526490
 APP SAN SB DATE: 5/25/06
 DESC. OF WORK: 42' x 27'
 100' E Fugate Road Pool

MDE Sewage Easement statement. This area designates a private sewage easement of at least 10,000 square feet as required by MD Dept of Environment for individual sewage disposal. Improvements of any nature in this area are restricted. Easement to become null & Void upon Public sewage connection. The County Health Officer shall have the authority to grant adjustments to the private sewage easement. Recordation of a revised sewage easement shall not be necessary. "THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT." Any changes to a private sewage easement shall require a revised percolation certification plan."

CERTIFICATION

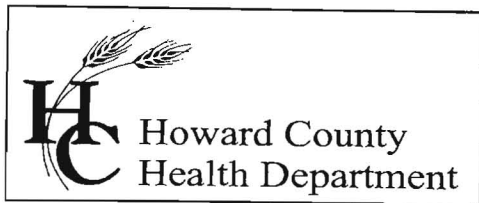
I certify that the information shown heron is based on field work performed by me or under direct supervision, and is correct, to the best of my knowledge and belief. All reasonable efforts to locate all surrounding wells and septics are noted.

Signature of preparer _____ Date 4/3/06

Signature of Home Owner David C. Van Stone Date 04/04/07

"APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS."
 HEALTH OFFICER Signature B. Nylan for Peter B. Jensen Date 4/13/2007

BAC MJO



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

Penny E. Borenstein, M.D., M.P.H., Health Officer
September 13, 2006

TO: Mr. Dave VanStone
3105 Argent Path
Ellicott City, MD 21042

FROM: Gabriel A. Creighton, R.S.
Bureau of Environmental Health
Well and Septic Program

RE: Building Permit Proposal
Swimming Pool and Proposed
Re-allocation of Sewage Disposal Area
Brantwood, Section 1 Lot 23

Dear Mr. VanStone:

This office has received and reviewed the proposed re-allocation of the sewage disposal area at the above mentioned address. The proposal is not approvable at this time.

In the interest of your proposal, a soil auger test was performed on or about 8/14/2006. Soils in the area of the area of the proposed re-allocation are ideal for septic systems with a sandy loam texture beginning at four feet below grade and no evidence of high rock content or seasonal water table within 9 feet of current grade.

Further review of the file revealed that the easement discussed in earlier conversations is not only adjacent to the lot in question but also encumbers an additional 10' wide strip of the lot along the lot line on the southeast side. This easement and the additional setback of 10' from the easement render greater than half of the proposed allocation unusable.

To proceed with your proposal, please submit to this office a plan drawn in an engineer's scale (10, 20, 30, 40, 50 or 60 feet per inch) showing the proposed pool with a 20' radial setback to Sewage Disposal Area (SDA) (measured from the edge of the water to the SDA), sewage disposal easement reallocation, the well, topography lines and the 10' wide Public Drainage and Utility easement on Lot 23. Sewage Disposal Area re-allocations should attempt to retain the square footage of the area to be removed, with the total square footage of the final (re-allocated) SDA to be a minimum of 10,000 square feet pursuant Code of Maryland Regulations.

For informational purposes I have enclosed a copy of the recorded final plat for the property and an approximate drawing of the location of the soil auger test.

If you have any questions regarding this, I can be reached at (410) 313-1771.

Respectfully,

Gabriel A. Creighton, R.S.
Bureau of Environmental Health
Well and Septic Program

GAC
Enclosures
cc: Well & Septic program file

SLATER

A S S O C I A T E S , I N C .

FAX MEMORANDUM

TO: Gabriel A. Creighton, R.S.
FROM: Adam Boarman
DATE: October 9, 2006
RE: Building Permit Proposal for Brantwood, Section 1 Lot 23

Number of pages including this cover sheet: **1**

If this fax has not been received clearly or completely, please contact above sender:

Phone: (410) 992-0001 Fax Number: (410) 992-0212

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We are the Landscape Architects currently working with Mr. Dave VanStone to develop a design for a Swimming Pool that will comply with the County's parameters relative to the Septic, Drainage, and other setbacks found on his property at 3105 Argent Path.

My boss, John Slater, has been trying to get a hold of you by telephone to discuss the project, but has been unsuccessful in getting through on any of your listed phone numbers. Therefore, if you could please give him a call at our office at your nearest convenience, that would help us to resolve the issues involved with this complicated site.

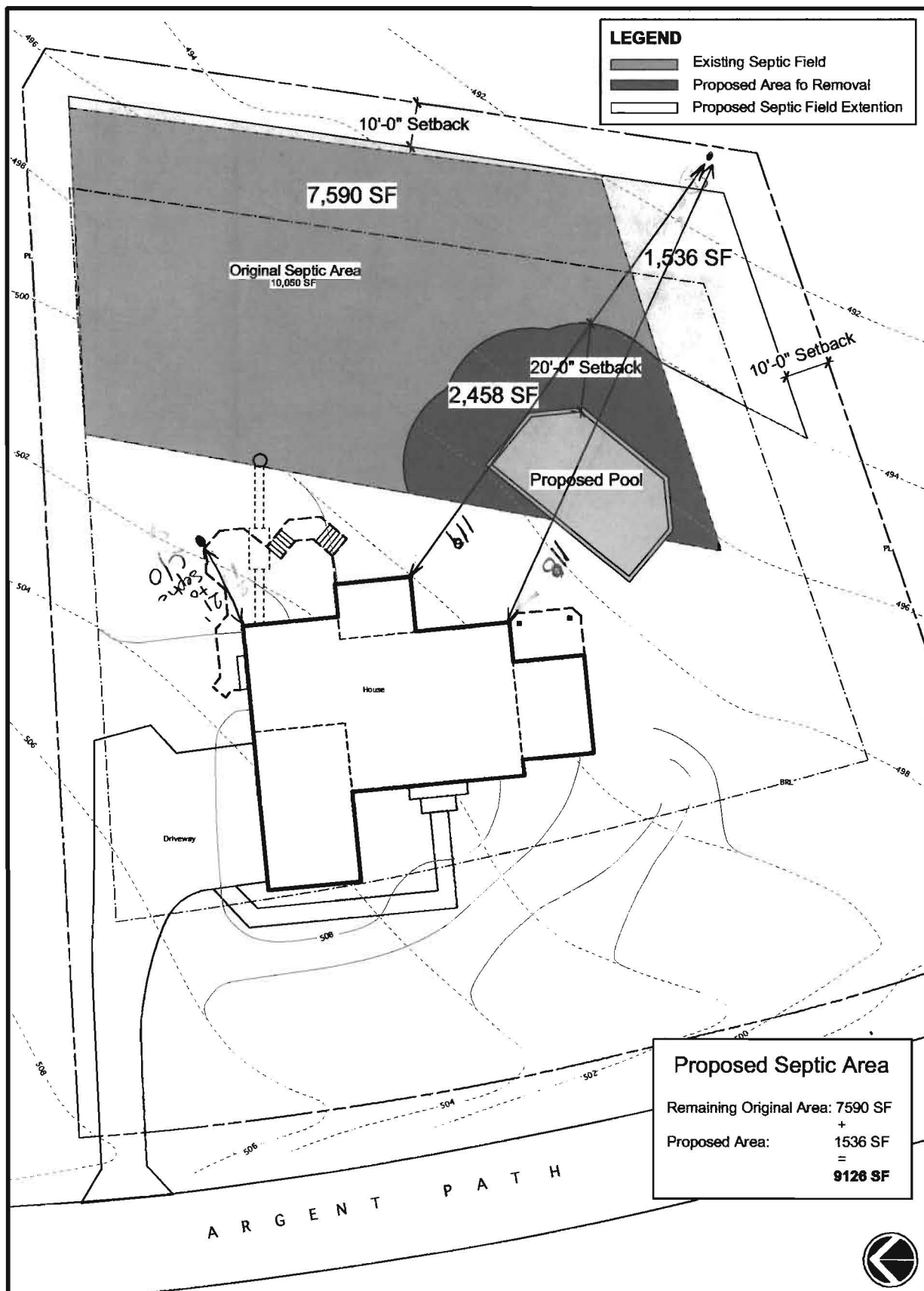
Thank you,


Adam

A
 2
 So-Sol
 Jaanus
 Microcar
 Red-
 Orange
 4'
 Yellow
 Brown
 Sal(m)b
 7'
 DK Brown
 - Red Brown
 Sz
 9'

LEGEND

- Existing Septic Field
- Proposed Area to Removal
- Proposed Septic Field Extension



Proposed Septic Area

Remaining Original Area:	7590 SF
+	
Proposed Area:	1536 SF
=	9126 SF

Pool Context Plan

Gonzales/ VanStone Residence

0 5' 10' 20' 30' 50'

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Landscape Architecture • Site Planning • Land Planning