

Bureau of Environmental Health  
 8930 Stanford Blvd. Columbia, MD 21045  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2323 Toll Free 1-866-313-6300  
 website: www.hchealth.org

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

RECEIPT DATE: 09/09/14

**ONSITE SEWAGE DISPOSAL SYSTEM**

P 554616

INSTALLATION  
 APPROVAL DATE: 9/2/2014

**PERMIT**  
**MINOR REPAIR**

A Repair

PROPERTY ADDRESS: 13521 Paternal Gift Drive

SUBDIVISION: Paternal Gift Farm LOT: 10 TAX ID: 05-421764

CONTRACTOR: Schaefer Mechanical EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 620 Old Westminster Pike, Westminster, MD 21157 PHONE: 410-876-6825

PROPERTY OWNER: Sam and Beth Lancelotta EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13521 Paternal Gift Drive, Highland, MD 20777 PHONE: \_\_\_\_\_

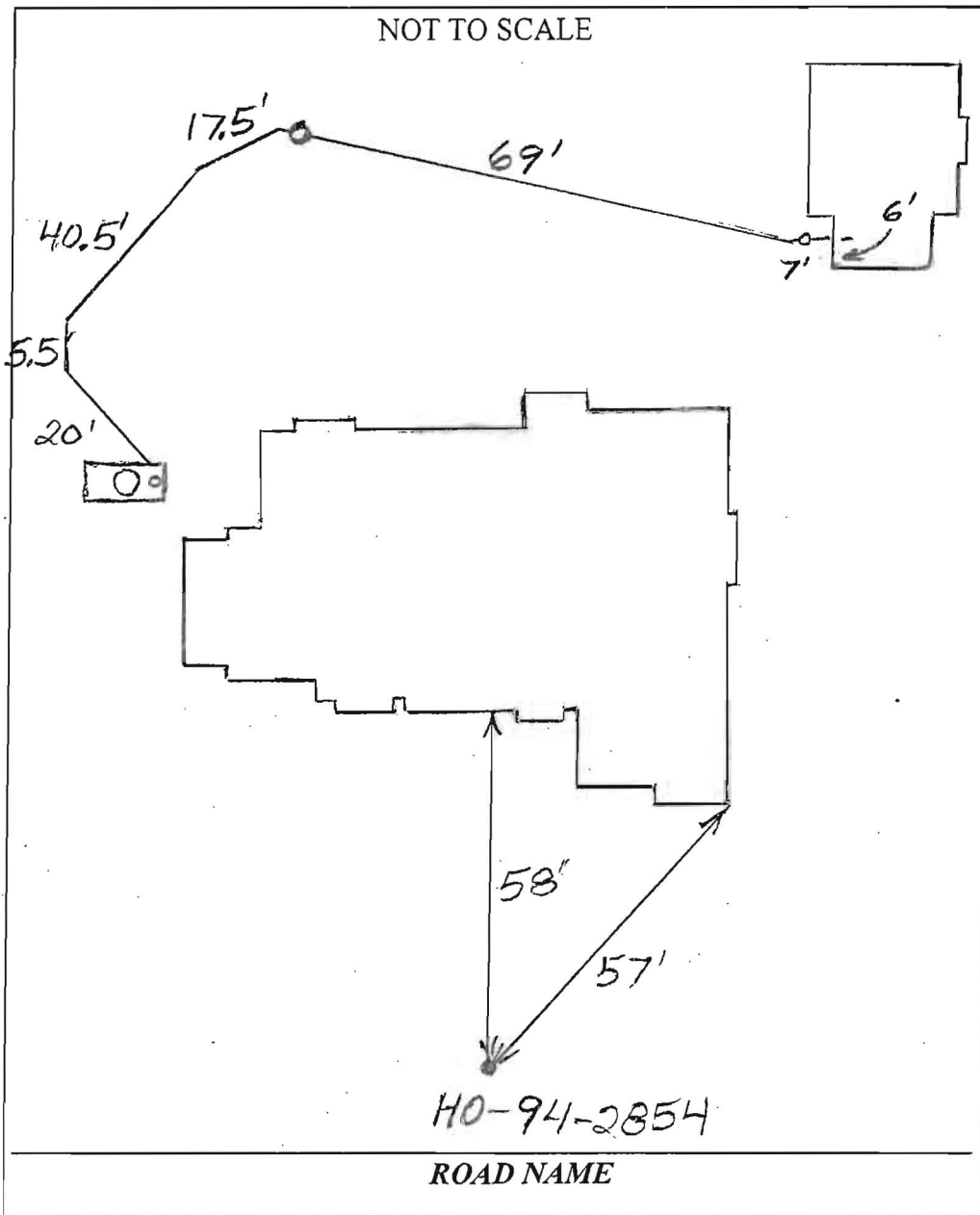
NUMBER OF BEDROOMS: 4 HOUSE SQ. FT. \_\_\_\_\_

LOCATION:	Connect pool house discharge to SHC.
NOTES:	Call for inspection prior to covering work.

ISSUED BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

- NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING
- NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

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



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL _____	
MANUFACTURER _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	
PUMP/SEPTIC TANK LEVEL _____	
MANUFACTURER _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SLOTTED _____	
DATE ON LID _____	

PRE-CONSTRUCTION:

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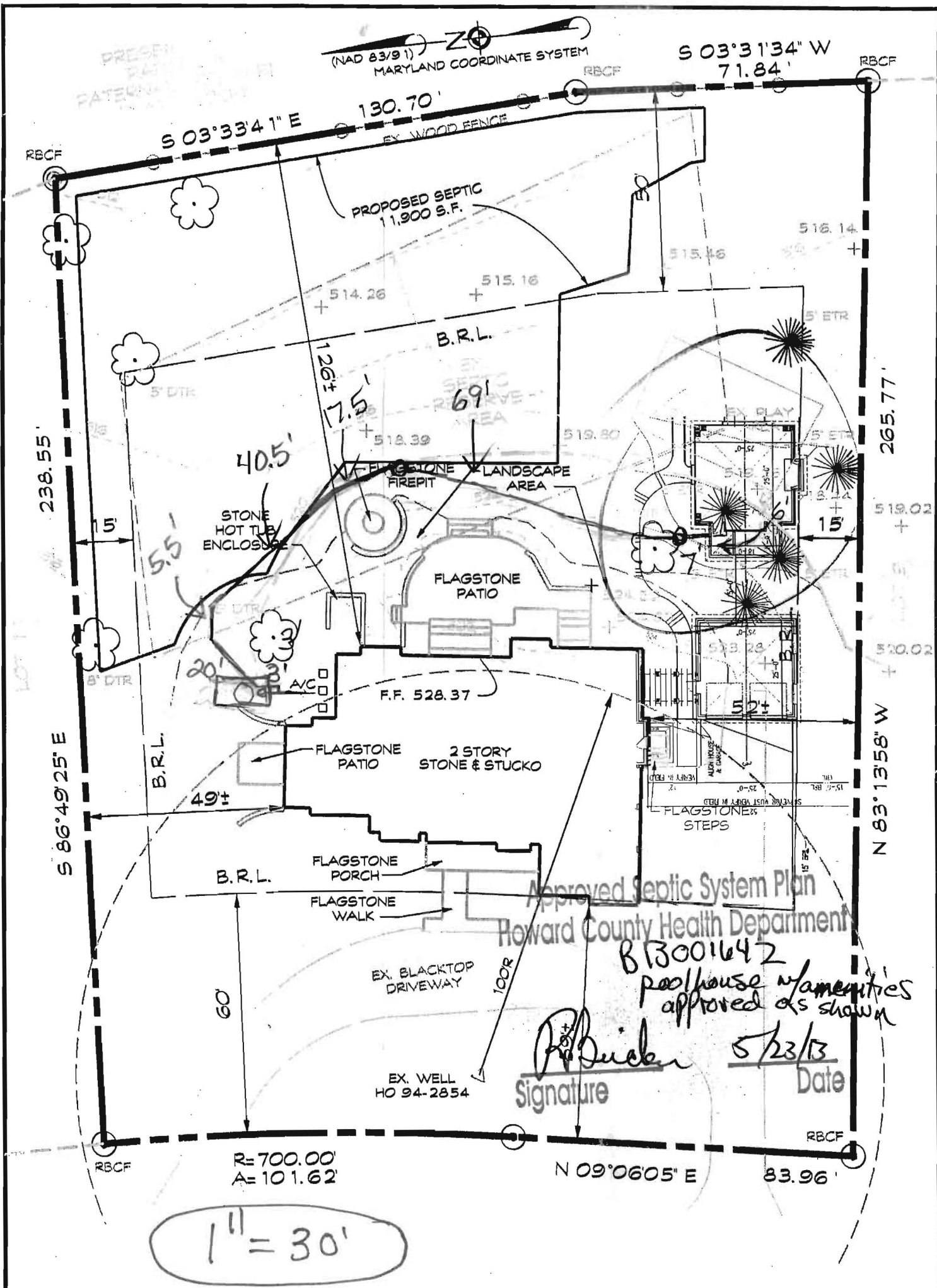
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INSTALLATION: 9/2/2014 Water line installed from pool building to house. A force main was installed from pool building to gravity line before existing septic tank. Told builder that they needed to lengthen water line sleeve at pool building. Sleeve only one foot long and sitting on fill. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 9/2/2014

(NAD 83/91)  MARYLAND COORDINATE SYSTEM

S 03°31'34" W  
71.84'



Approved Septic System Plan  
Howard County Health Department

B13001642  
poolhouse w/amenities  
approved as shown

*[Signature]*  
Signature

5/23/13  
Date

1" = 30'

TOPOGRAPHICAL SURVEY  
LOT 10  
PATERNAL GIFT FARM  
5TH ELECTION DISTRICT • HOWARD COUNTY, MARYLAND  
RECORDED PLAT No. 11969

A licensed Maryland Surveyor either personally prepared this Location Drawing, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors. (COMAR 09-13-06.06 AND .12)



439 East Main Street Westminster, MD 21157-5539  
(410) 848-1790 FAX (410) 848-1791

DRAWN BY:	KMB
DESIGN BY:	
REVIEW BY:	DEM
DATE:	03-22-12
SCALE:	1" = 30'
JOB NO:	2012023
SHEET:	1 OF 1



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

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November 20, 2012

Christine Dockstader & Barry Ritter  
13521 Paternal Gift Drive  
Highland, MD 20777

RE: **Variance Approval**  
13521 Paternal Gift Drive  
Highland, MD 20777

Dear Sir & Madam:

This letter is being issued as follow up to the Health Department's verbal approval of your waiver request. The Health Department has received your waiver request dated October 25, 2012 to allow the Sewage Disposal Area to be located five (5) feet from the property line. This agency grants **approval** of the waiver. Any deviation from the perc certification plan signed on November 20, 2012 will require 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,

A handwritten signature in black ink, which appears to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis, R.S.

Assistant Director

Bureau of Environmental Health

439 East Main Street  
Westminster, MD 21157-5539



(410) 848-1790 • (301) 662-1799  
FAX (410) 848-1791

October 25, 2012

Howard County Health Department  
Bureau of Environmental Health  
7178 Columbia Gateway Drive  
Columbia, MD 21046

Attn: Mr. Michael J. Davis, Assistant Director

Re: Paternal Gift Farm, Lot 10- Variance Request  
(aka 13521 Paternal Gift Drive, Highland, MD 20777)  
CLSI Job No. 2012023

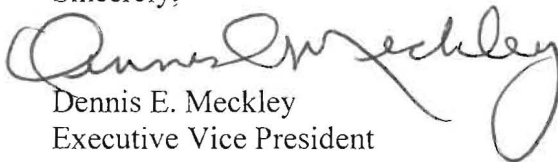
Dear Mr. Davis,

CLSI, on behalf of Christine Dockstader and Barry Ritter, is requesting a variance in setback distance to the property line of the septic easement. We are asking for a reduction from the required ten-foot setback, as indicated in Howard County Code, Section 3.808(M), to a five-foot setback of the septic easement to the property line, due to limited area.

A revised "Percolation Certification Plat" has been submitted to the Howard County Health Department, which shows the need for a five-foot reduction in setback along the South 86°49'25" East, 238.55 foot line, the South 03°33'41" East, 130.70 foot line, and the South 03°31'34" West, 71.84 foot line.

Thank you for your consideration of this variance request. Please contact me if additional information is necessary for your review.

Sincerely,

  
Dennis E. Meckley  
Executive Vice President

Cc: File

DEM/sm  
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11/19/12  
Approved  
M. Davis