

6/28/00
1100
ASAP

03-327647

INDEXED

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513636
56430-A
A ~~56430-P~~

ISSUE DATE 6-14-2000

APPROVAL DATE 6/28/00

Hatfields Equipment IS PERMITTED TO INSTALL X ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Gaither Hunt II LOT NUMBER 51 ADDRESS 12016 Open Run Court

PROPERTY OWNER Ryan Homes PROPERTY OWNER'S ADDRESS 11460 Cronridge Drive

SEPTIC TANK CAPACITY 1250 GALLONS Owings Mills, MD 21117

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 155 feet down the right lot line and 50 feet off that same lot line as seen when facing the lot from Open Run Road. Run trenches on contour in both directions. 5/18/00 OK ALM

PLANS APPROVED Amy McMillen DATE 3-31-2000

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

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BÄFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 7/5/01
B00131346-deck

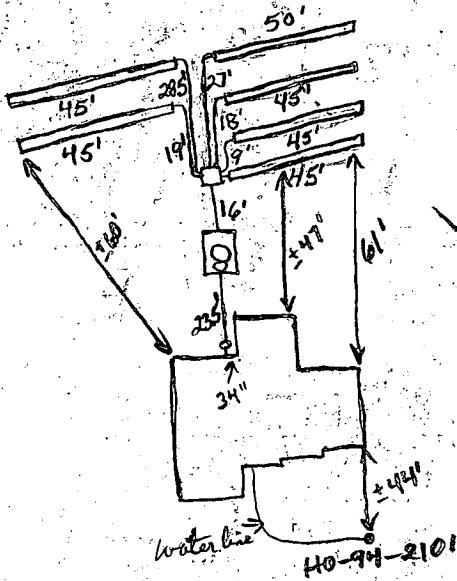
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS6430-A

NOT TO SCALE

TRENCH DATA

TRENCH WIDTH 3.0'
 TRENCH INLET DEPTH 3.5'
 TRENCH BOTTOM DEPTH 5.5'
 DEPTH OF STONE 2.0'
 NUMBER OF TRENCHES 6
 TOTAL TRENCH LENGTH 275'
 ABSORBENT AREA 825 sq ft.
 DISTRIBUTION BOX LEVEL OK
 BAFFLE IN DISTRIBUTION BOX Yes



SEPTIC TANK DATA

SEPTIC TANK 1250 MS GALLONS
 MANHOLE RISER Yes
 6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~

~~PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____~~

OPEN RUN ROAD

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 6/28/00 House connection made. Trenches installed very close to property lines. Total trench length is approximately 5' short. Will allow 5' shortage due to area limitations. System satisfactory. O.K. to cover (BB)

6/30/00
WFF P. Hesse/John OK @ 3:15, 2 piece cop, PVC pipe OK - Plumber does not use rope for pulling well so
any interior OK - AP 6/25/00
 INSPECTOR Brian Baker DATE SYSTEM APPROVED 6/28/00

2pm 6/30/00
WPI

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-8833

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 7/17/00

Name of Installer LEHSAC CORP

Telephone 410-242-6888

License Number 3344
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner RYAN
Subdivision Griffith Hunt Lot # 57
Site Address 1016 Griffith Hunt
Open Run Court

Telephone 410-654-0501
Well Tag # Ho-94-2101

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACOBI
3. Model # F254/1118-S2
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor
1. Horsepower 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make WICKS
2. Model # _____
3. Depth 42"

Tank
1. Capacity 86 gal
2. Pressure relief valve? YES

Piping
1. Type 16016
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"

Well data
1. Depth 150 ft.
2. Yield 10 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? YES

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.

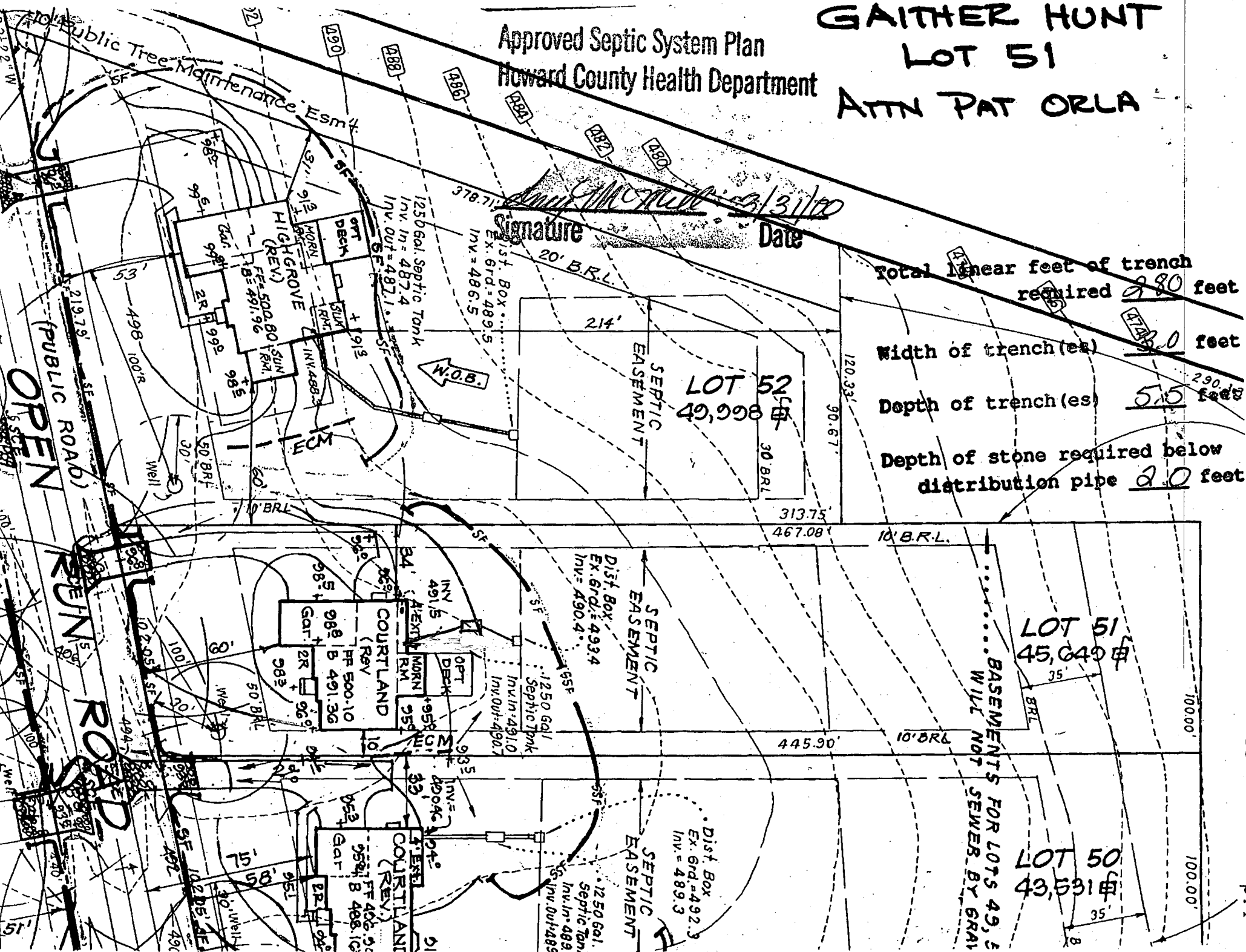
6/30/00-WPI OK
(RJP) SR4

Signature of Applicant: [Signature]
Date: 7/17/2000

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

GAITHER HUNT LOT 51 ATTN PAT ORLA

Approved Septic System Plan
Howard County Health Department



[Signature]
Signature Date 3/31/00

Total linear feet of trench required 280 feet
 Width of trench(es) 2.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

LOT 52
49,998

LOT 51
45,649

LOT 50
43,531

BASEMENTS FOR LOTS 49, 50 & 51 WILL NOT SEWER BY GRAV

PUBLIC ROAD
OPEN

APPLICATION

PERCOLATION TESTING

A 56429

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 J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

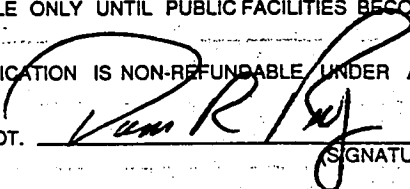
SUBDIVISION _____ LOT NO. 50 & 51

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(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.



(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

56429

COUNTY #

SOIL PROFILE

187

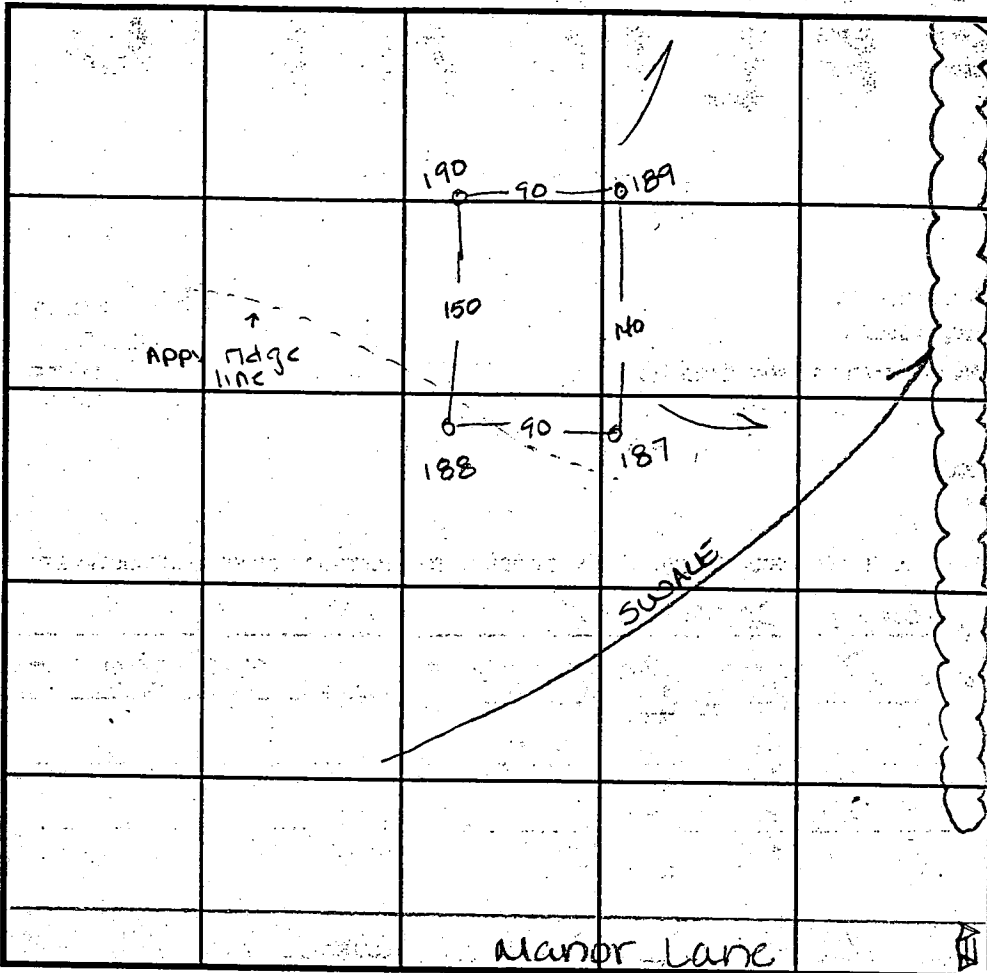
0' red brn
SiClm
3.0 lgt
orange
brn
SiSalm
20%
Saprolite
s rock
brag
mix
10.0 refusal

188

3.5 dark
red
SiClm
redbrn
SiSalm
40%
feldspar
brags
12.0

189

3.5 bright
orange
red
SiClm
lgt
orange
tan
Salm
12.5



SOIL PROFILE

190

0' red brn
SiClm
3.0 powdery
grey
brn
SiSalm
30%
schist
brags
11.0 refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-26-96	187	3.5 VII.0	3:20	3:33	3:33	3:40	7min
	188	4.0 VII.0	3:40	3:45	3:45	3:53	8min
	189	4.0 VII.0	3:39	3:50	3:50	4:04	14min
	190	Visual only	— see profile —				OK

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Don Reuwer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

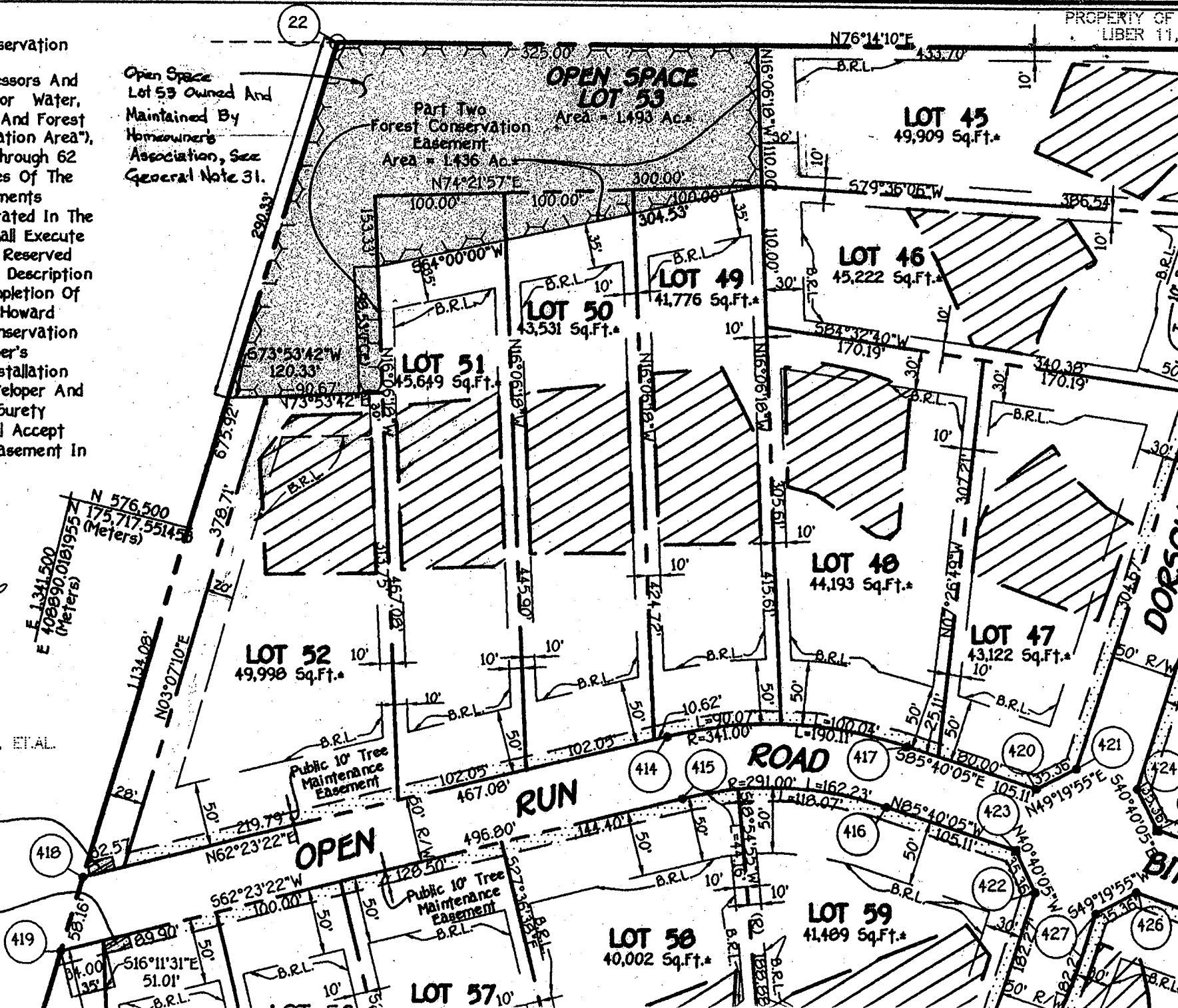
Public Utility And Forest Conservation
 serves Into itself, Its Successors And
 ents Shown On This Plan For Water,
 nage, Other Public Utilities And Forest
 gnated As "Forest Conservation Area"),
 ver, And Through Lots 34 Through 62
 Parcel 'A'. Any Conveyances Of The
 ll Be Subject To The Easements
 Whether Or Not Expressly Stated In The
 Said Lots(5). Developer Shall Execute
 For The Easements Herein Reserved
 With A Metes And Bounds Description
 servation Area. Upon Completion Of
 And Their Acceptance By Howard
 he Case Of The Forest Conservation
 Completion Of The Developer's
 The Forest Conservation Installation
 greement Executed By Developer And
 he Release Of Developer's Surety
 greement, The County Shall Accept
 d Record The Deed(5) Of Easement In
 Of Howard County."

Open Space
 Lot 53 Owned And
 Maintained By
 Homeowners
 Association, See
 General Note 31.

F-98-76

PROPERTY OF
 CARTER CARROLL ZIEGLER, ET AL.
 LIBER 2730, FOLIO 310

5'x20' Revertible
 Slope Easement
 5'x20' Revertible
 Slope Easement



PROPERTY OF
 LIBER 11,

C1 9885 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER A56429P

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 3 22 99. Depth of Well 22 150 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2101 28 29 30 31 32 33 34 35 36 37

OWNER Russell Dev. LLC. STREET OR RFD Open Run Road TOWN Ellicott City SUBDIVISION Gaither Hunt SECTION T LOT 51

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Red clay (0-12), Brown soil (12-29), Hard Gray Granite (29-150). Includes handwritten notes 67 and 85 with checkmarks.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 7 NO. OF POUNDS 870 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! (06) Total depth of main casing (nearest foot) (33)

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

SCREEN RECORD screen type or open hole (insert appropriate code below) (ST) (BR) (HO) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES (Y) NO (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. MJD 355 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Max S. Jones

LIC. NO. JW D 341 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

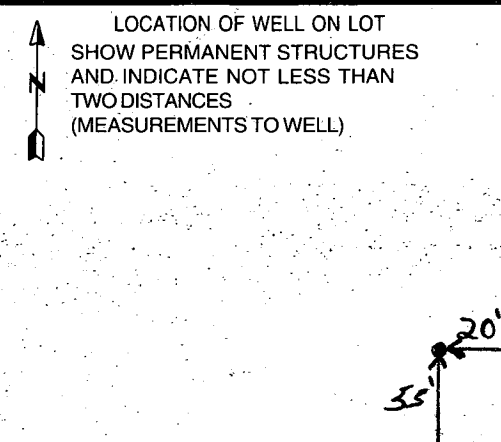
DEPTH (nearest ft.) Table with columns 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52. Includes handwritten values: 33, 150.

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

PUMPING TEST C 3 1 2 HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min.) 10 11 15 METHOD USED TO MEASURE PUMPING RATE watch & Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38' 17 20 ft. WHEN PUMPING 55' 22 25 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 INSTALLED PUMP YES NO (CIRCLE) (YES or 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 3 (nearest foot) 49 50 51



Right Prop. Line

B 1 5147 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2101 fill in this form completely

OWNER INFORMATION Date Received (APA) 01 26 99 Russell Development LLC 8808 Centre Park Dr. Suite 009 Columbia MD 21045

LOCATION OF WELL Howard Gaither Hunt 51 Ellicott City 4 miles from town

DRILLER INFORMATION MICHAEL BARLOW MW D 355 MICHAEL BARLOW Well Drilling Inc 912 FAWN CT. Joppe MD 21085

WELL INFORMATION 5 APPROX. PUMPING RATE 500 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

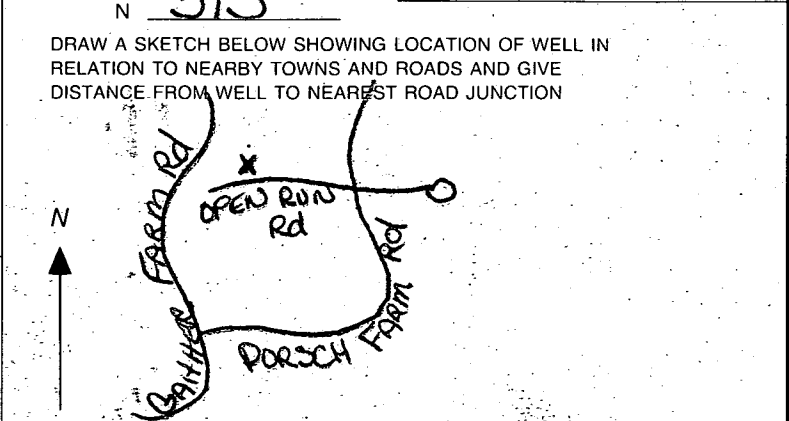
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co A56429P

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER

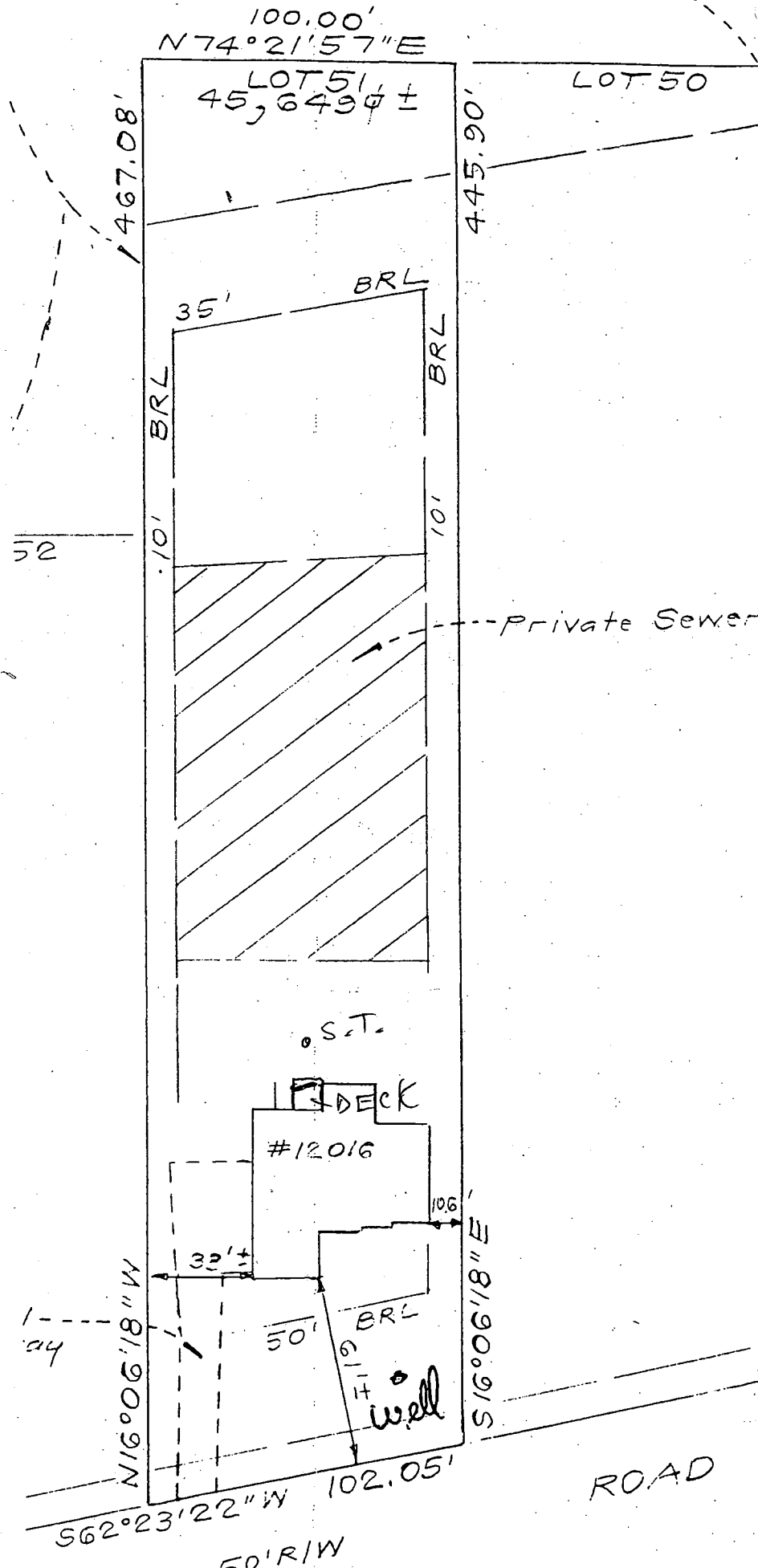
METHOD OF DRILLING (circle one) JETTED AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP PERMIT No. HO-94-2101

OPEN SPACE ~~LOT 53~~ LOT 53
Forest Conservation Easement



DECK OK
MR 7/5/01

ROAD

Building Address 12016 OPEN ROW ROAD
ELLICOTT CITY, MD 21042

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

Census Tract 6030 Subdivision GAITHER HOLT

Section 1 Area 2 Lot 51

Tax Map 29 Parcel 21 Grid 4

Zoning R1-DU Map Coordinates 1551 Lot size _____

Property Owner's Name THOMAS V. ENGLISH
 Address 12016 OPEN ROW ROAD
 City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410 712 8578 Work Phone 443 285 251
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use RESIDENCE SFP
 Proposed Use RESIDENCE W/ DECK
 Estimated Construction Cost \$ 4700.00

Contractor Company NOTE OWNER
 Contact Person _____
 Address _____

Description of Work ADDITION OF 10'x10' DECK
ON REAR OF HOUSE WITH
steps

City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant NOTE OWNER
 Contact Name _____
 Address _____

Engineer or Architect Company NOTE
 Contact Person _____
 Address _____

City _____ State _____ Zip Code _____
 Phone _____ Fax _____

City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>32'</u> <u>56'</u> 2nd floor: <u>32'</u> <u>56'</u> Basement: <u>32'</u> <u>56'</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Thomas V. English
 Title/Company OWNER

Print Name THOMAS V. ENGLISH
 Date JULY 4, 2001

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

AGENCY	DATE	SIGNATURE/APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side Setback: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	11286
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official	<u>7/5/01</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering DPZ			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	
Health	<u>7/5/01</u>	<u>[Signature]</u>		
Fire Protection				
Sediment Control approval required prior to issuance: YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				
Accepted by <u>[Signature]</u>				

10/20/2005

Mike Davis,

After speaking with Kevin, He informed me of the opportunity to ask for a waiver to the 10 foot "keep out" space with regard to my septic tank. I would like to ask for relief so I may build a deck onto my house. I have included a diagram of the deck and where I would like to place the footings.

Thank You,

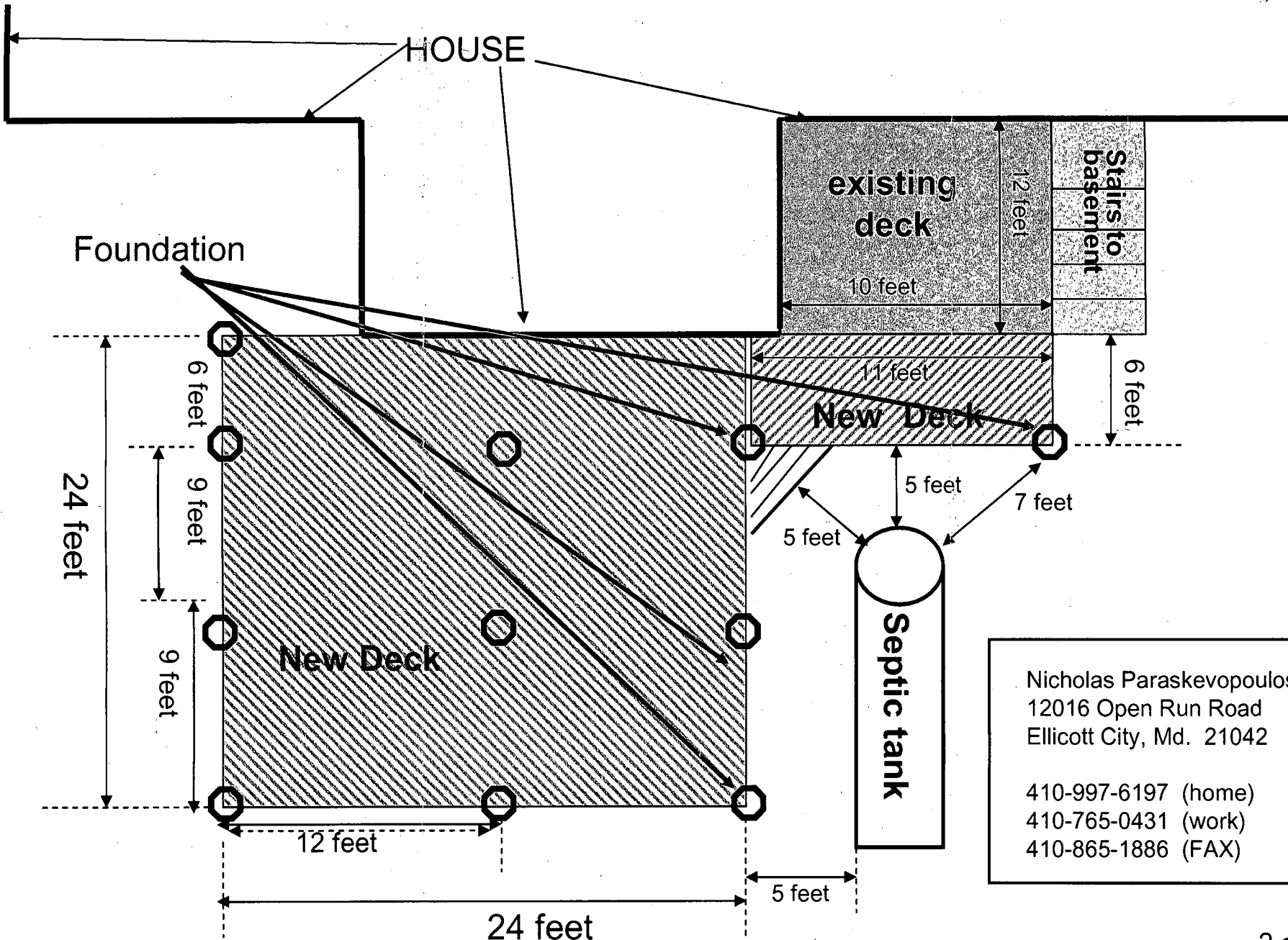


Nicholas Paraskevopoulos
12016 Open Run Road
Ellicott City, Md., 21042

410-997-6197 (home)
410-765-0431 (work)
410-865-1886 (FAX)

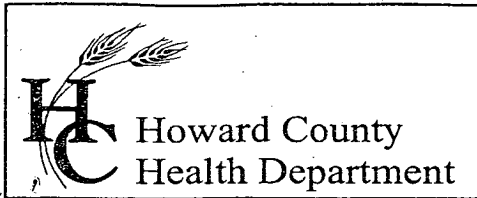
11-3-05
BP to come
owner submitted
variance prior
to septic permit
application
KC

Waiver request for deck foundation to be 5ft. From edge of septic tank



Nicholas Paraskevopoulos
12016 Open Run Road
Ellicott City, Md. 21042

410-997-6197 (home)
410-765-0431 (work)
410-865-1886 (FAX)



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

November 3, 2005


Mr. Paraskevopoulos
12016 Open Run Ct.
Ellicott City, MD 20142

Re: Variance Letter
Deck Permit
12016 Open Run Ct

Dear Mr. Paraskevopoulos,

Our office has reviewed your proposal of the distance of the deck to the septic tank. Our office will approve the variance for a 5' setback from the deck to the edge of the septic tank; ensure the deck is not covering any part of the septic tank.

If you have any further questions, contact the desk sanitarian @ 410-313-1771. Thank you for your time in this important matter. Our office awaits your building permit to sign.

Sincerely,

Kacie Noonan, R. S.
Well & Septic Program

KN

Cc: file

(Approved by Mike Davis)