MB 7/18/19

Real Property Data Search (w1)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Account Identifier: **District -** 03 **Account Number -** 320006

Owner Information

Owner Name:	UY HALBERT LIM UY DEVLIN EUNJIN BACK	**Use:** **Principal Residence:**	RESIDENTIAL YES
Mailing Address:	2909 SUMMER HILL DR WEST FRIENDSHIP MD 21794-9538	**Deed Reference:**	/15725/ 00169

Location & Structure Information

Premises Address:	2909 SUMMER HILL DR WEST FRIENDSHIP 21794-	**Legal Description:**	LOT 31 1.3602 A 2909 SUMMER HILL DR SOBUS FARMS

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	11928
0015	0024	0026		2002			31	2019	Plat Ref:	

Special Tax Areas: **Town:** NONE
Ad Valorem: 100
Tax Class:

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1998	7,630 SF	1200 SF	1.3600 AC	000000

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
2	YES	STANDARD UNIT	BRICK	7 full	1 Attached	

Value Information

	Base Value	Value As of 01/01/2019	Phase-in Assessments As of 07/01/2018	Phase-in Assessments As of 07/01/2019
Land:	198,600	243,600		
Improvements	1,101,300	1,237,500		
Total:	1,299,900	1,481,100	1,299,900	1,360,300
Preferential Land:	0			0

Transfer Information

Seller: HEISS PAUL J	**Date:** 08/08/2014	**Price:** $1,100,000
Type: NON-ARMS LENGTH OTHER	**Deed1:** /15725/ 00169	**Deed2:**
Seller: HILLTOP DEVELOPMENT CORP	**Date:** 08/01/1997	**Price:** $125,000
Type: ARMS LENGTH VACANT	**Deed1:** /04027/ 00217	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2018	07/01/2019
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00|0.00	0.00|0.00

Tax Exempt: **Special Tax Recapture:**
Exempt Class: NONE

Homestead Application Information

Homestead Application Status: Approved 09/20/2016

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

1. This screen allows you to search the Real Property database and display property records.
2. Click **here** for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

A47715-A

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00122719

Building Address 2909 Summer Hill Dr West Friendship, MD 21794

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

Census Tract 6030 Subdivision _____

Section _____ Area _____ Lot 31

Tax Map 15 Parcel 154 Grid 24

Zoning RR-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Paul J. Heiss

Address 2909 Summer Hill Dr

City West Friendship State MD Zip Code 21794

Home Phone _____ Work Phone 410 442-5629

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 410 442-5629 Fax 410 442-5157

Existing Use Single Family Home

Proposed Use add Pool & Fence

Estimated Construction Cost $ 50,000

Description of Work Inground Pool

add Pool, Fence, Patio

Contractor Company Owner

Contact Person Paul Heiss

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant SAme

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private

Sewage Disposal:
___ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
___ Public
___ Private

Sewage Disposal:
___ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ 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.

Paul J. Heiss
Applicant's Signature

Paul J. Heiss
Print Name

Title/Company

3-8-2000
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	3/8/00	
Dev. Engineering, DPZ		
Health	3/8/00	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 30336

Filing fee	$
Permit fee	$ [illegible]
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ [illegible]
Balance due	$
Check	# 1098
Validation	# 27562

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

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Rev. 10/13/98

Pool perm + House??

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00123679

Building Address: 2909 Summer Hill Dr, West Friendship, MD 21794
Suite/Apt. #: SDP/WP/Petition #:
Census Tract: 6030 Subdivision: Sobus Farms
Section: Area: Lot: 31
Tax Map: 15 Parcel: 154 Grid: 24
Zoning: RR DEO Map Coordinates: 10E5 Lot size:

Property Owner's Name: Paul J. Heiss
Address: 2909 Summer Hill Dr
City: West Friendship State: MD Zip Code: 21794
Home Phone: 410 442 5629 Work Phone:
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone: Fax:

Existing Use: SF Residence
Proposed Use: add deck and pool Heiss
Estimated Construction Cost: $ 50K
Description of Work: 6x6 Deck w/ 10 steps
1 Story Pool House 24 x 24 slab on grade ... w/ 1 bar

Contractor Company:
Contact Person:
Address:
City: State: Zip Code:
License No.:
Phone: Fax:

Occupant or Tenant:
Contact Name: Paul J. Heiss
Address: 2909 ~~West Frien~~ Summer Hill
City: West Friendship State: MD Zip Code: 21794
Phone: 410 442 5629 Fax: 410 442-5157

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

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics
Height:
No. of stories:
Gross area/sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities
Water Supply: ____ Public ____ Private
Sewage Disposal: ____ Public ____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics
SF Dwelling ☑ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms
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:
____ State Certified Modular
____ Manufactured Home

Utilities
Water Supply: ____ Public ✓ Private
Sewage Disposal: ____ Public ✓ Private
Electric Yes ☑ No ☐
Gas Yes ☑ No ☐
Heating System: Electric ☐ Oil ☑ Natural Gas ☐ Propane Gas ☐
Sprinkler system: N/A ☐
____ 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.

Paul J. Heiss — *Applicant's Signature*
Paul J. Heiss — *Print Name*
Title/Company
4-19-00 — *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	4/19/00	[illegible]
Dev. Engineering, DPZ		
Health	4/17/00	Mark E. Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
Are minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for NewTown Zone:
SDP/Red-line approval date:

PROPERTY ID#: 30338
Filing fee $ 20
Permit fee $ 30
Excise tax $
Sub-total paid $
Add'l permit fee $
TOTAL FEES $ 83
Balance due $
Check # 1097
Validation # 30896
Accepted by: DL

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

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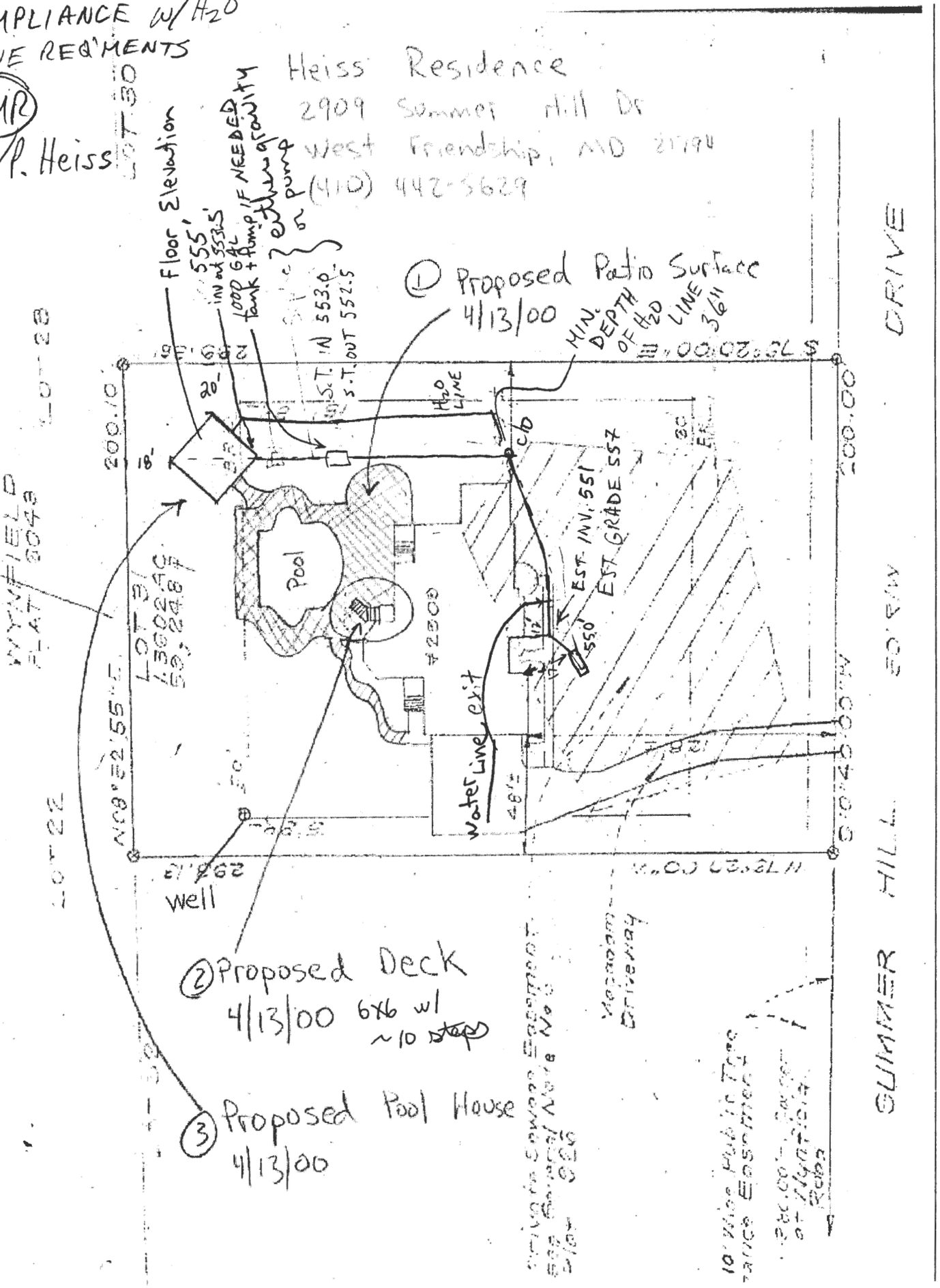
4/19/00
PROP. POOL HOUSE OK, CONTINGENT UPON PRE-INSTALLATION INSPECTION & COMPLIANCE W/ H_2O LINE REQ'MENTS

MR

w/ P. Heiss

NOTE RE: H_2O LINE BETWEEN EX. DWELLING AND POOL HOUSE:
H_2O TO BE INSTALLED IN SAME TRENCH AS SEWER LINE AND SHALL BE AT LEAST 12" HIGHER AT ALL LOCATIONS (THIS APPLIES TO H_2O LINE IN FRONT OF HOUSE)

Heiss Residence
2909 Summer Hill Dr
West Friendship, MD 21794
(410) 442-5629



PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513616
A REPAIR
ISSUE DATE 5/31/00
APPROVAL DATE _____

John E. ~~Roth~~ Ruth Company, Inc. IS PERMITTED TO INSTALL ___ ALTER X

ADDRESS ~~124 Mellbrook~~ 5820 Johnnycake Road, Baltimore, MD ~~21229~~ 21207 PHONE 410-747-1316

SUBDIVISION Sobus Farms LOT NUMBER 31 ADDRESS 2909 Summer Hill Drive

PROPERTY OWNER Paul Heiss PROPERTY OWNER'S ADDRESS same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

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

LOCATION:

REPAIR - PURPOSE - To connect plumbed pool house to existing septic system in support of building permit B00123679. NO TRENCH ADDITION (MR)

PLANS APPROVED _____ DATE _____

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

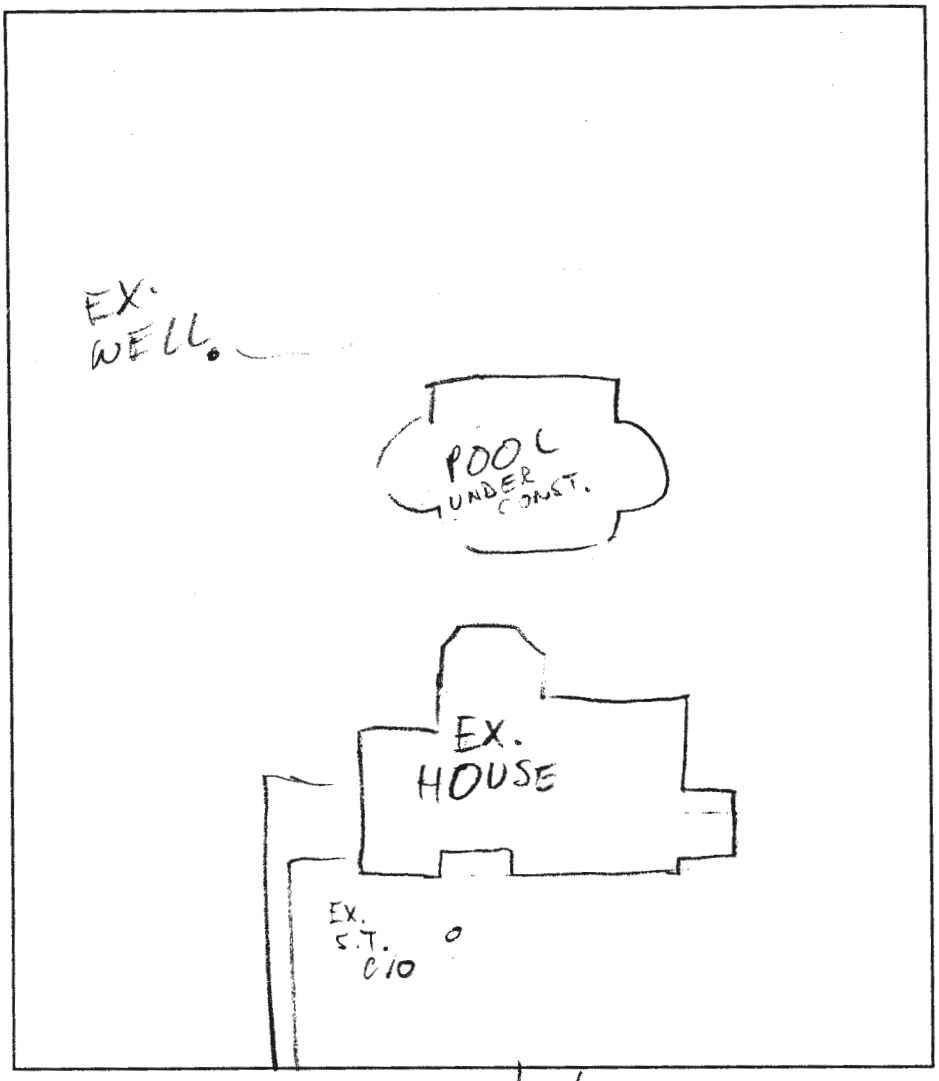
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE 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

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 5/31/00 OK TO INSTALL 100 GAL GRINDER PUMP PIT; CONN DETAILS CONFIRMED (MP)

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

10/10/97
C.O. 11 + later

10/14/97
C.O.
2pm

10/15/97
C.O. 11 + later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58918

A 49915-R

DISTRICT 3rd

DATE 8-18-97

DATE SYSTEM APPROVED 10/15/97

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXX 410-313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Sobus Farms LOT 31 ROAD 2909 Summer Hill Drive

PROPERTY OWNER ~~Altieri Homes~~ Paul Heiss

ADDRESS ____

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 270

10'6" Long od
5' wide od
6'2" Liq depth
7½ Total depth

120
50
6000 gal/in 23 | 6000
462
1380
1386

26 gal/vert "
Liq depth 1560 gal

26
84 gal ht
104
208
218 4 gal
Total cu

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 130 feet up the left (293.13') lot line and 75 feet off that same lot line as seen when facing the lot from Summer Hill Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APROVED BY Amy McMillen/Glen Savage ok 7-23-97 Revised DATE 07/17/97

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 WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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.

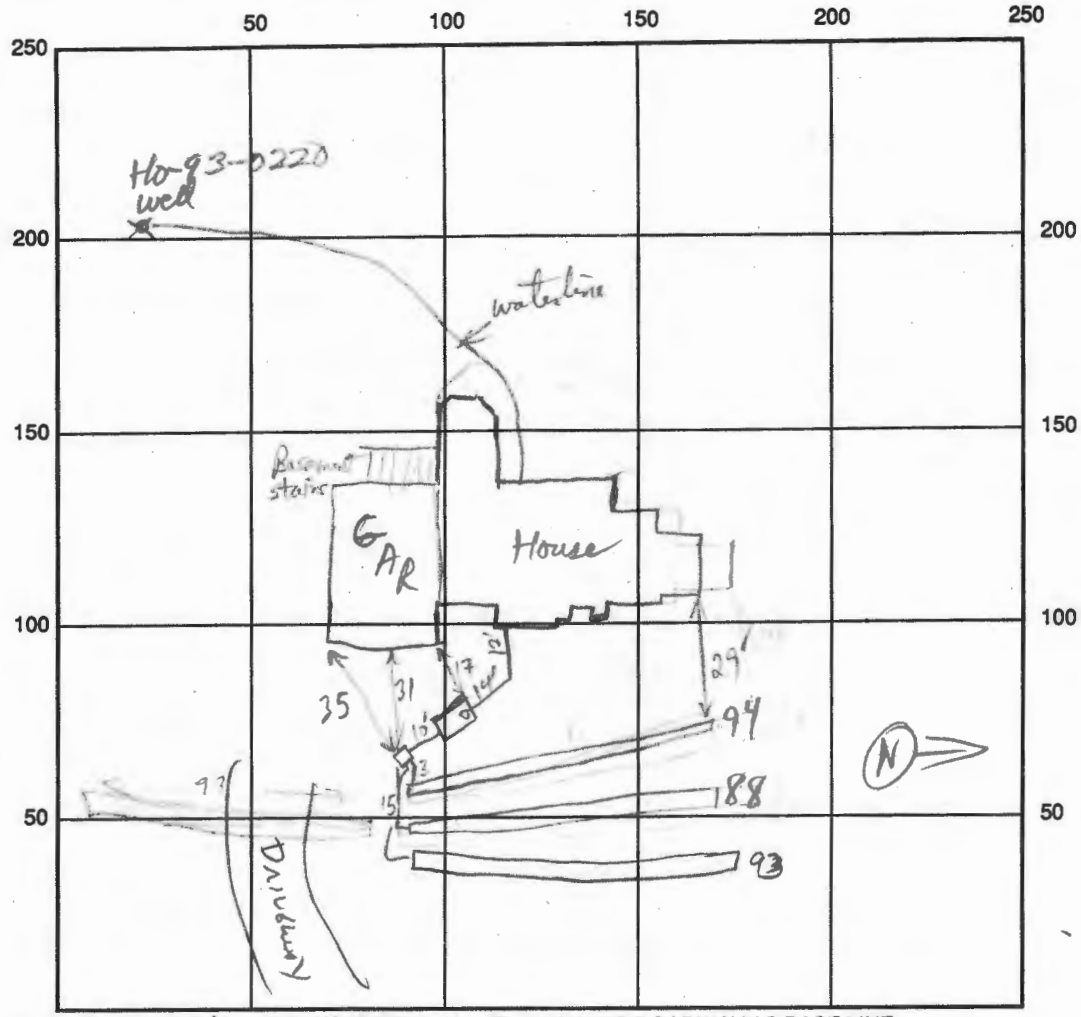
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 49915-R

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 gal CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 1 94 / 2 88 / 3 93 FT. 275

NUMBER OF TRENCHES 3 ONE SIDEWALL/~~BOTTOM~~AREA 1300 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: Septic Tank & dist. Box set, House Connection OK; Need to cement pipe & cleanouts for Septic Tank in & out & drain, etc. yet. No Trenches dug 10/10/97 RPP

1st Trench installed, OK to Cover (Soils are Sandy Loam - Manor Series) Thought) RPP 10/14/97

10/15/97 OK TO COVER TANK, FIRST TWO TRENCHES; CONTINUE MR

WPI - Pitless adapter & water line OK at 4½ ft. below RPP 10/10/97

DATE SYSTEM APPROVED 10/15/97 INSPECTOR C. Wilson

1 0162 — SEQUENCE NO. (MDE USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 49915 R

ST/CO USE ONLY
DATE Received 11295

DATE WELL COMPLETED 12695

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0220

OWNER Demmitt (last name) (first name)
STREET OR RFD Summer Hill Drive TOWN West Friendship
SUBDIVISION Sobus Farms SECTION LOT 31

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 FROM	FEET TO	check if water bearing
Sand	0	25	
Gray Mica Rock	25	360	✓

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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 24
Joseph E. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO.

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

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 9 NO. OF POUNDS 846
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 26 ft. BOTTOM (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	29

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

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	27 to 360
2		
3		

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T ____ (E.R.O.S.) ____ W Q ____
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 5.
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 36 ft.
WHEN PUMPING 190 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) YES 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)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE 2 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

COUNTY

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 1949 | SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: H0-93-0220
fill in this form completely

Date Received (APA): 11/27/95

OWNER INFORMATION

Dermitt, Richard
Last Name, Owner, First Name

PO Box 128
Street or RFD

Clarksville, MD 21029
Town, State, Zip

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD

Joseph L. Mayne — 24
Driller's Name — License No. 80

Joseph L. Mayne Well Drilling
Firm Name

5512 Ridge Rd. Mt. Airy MD. 21771
Address

Joseph L. Mayne 11/27/95
Signature — Date

LOCATION OF WELL

B 3

Howard
8 COUNTY

Sobus Farms
23 SUBDIVISION

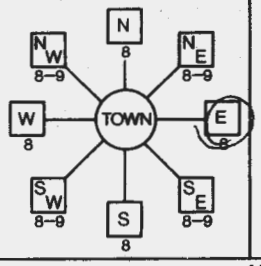
SECTION — LOT 31

West Friendship
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1½ MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Summer Hill Dr.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, E EAST, S SOUTH

DISTANCE FROM ROAD: 220

ENTER FT OR MI: Ft

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T — TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — A4991 5 R
COUNTY NAME — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 12/11/95 — CO SIGNATURE: Cia Williams — EXP. DATE: 12/10/96

NORTH GRID: 530000 — EAST GRID: 0817000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

Grade 9'.30
12-26-95

No insp

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 7
N 530 8

000
000

X

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other _____

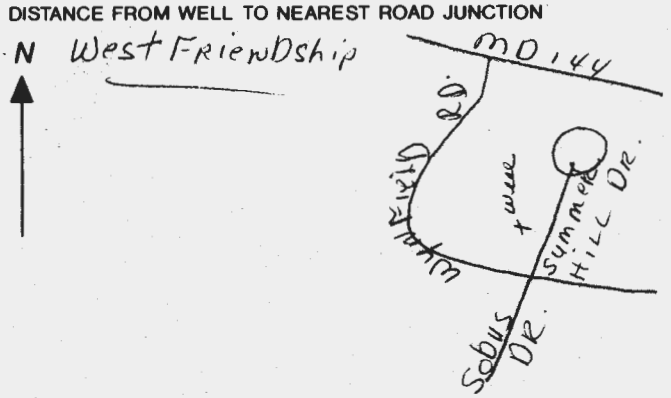
REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- N — THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y — THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S — THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D — THIS WELL WILL DEEPEN AN EXISTING WELL

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: CW (WRITE INITIALS IN BOX) PERMIT No. H0-93-0220

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

COUNTY

7

Page ___ of ___
Date 12/20/95

Review OK 2/2/96 DKS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - HO-93-0220
Location of property (road) Summerhill Drive
Subdivision Solow Farm Lot 31 Block ___ Plat ___ Sec. ___
Well Driller Joseph Mayne Owner Richard Demmitt

Depth of well 360'
Distance of measuring point (M.P.) above ground 1½'
Static water level (S.N.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 7:30 Pumping rate 20 gpm.
Total time 30 min to reach pumping water level 190' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	145	3 sec.		20 gpm
8:00	190	3 sec.		20
8:15	183	:12		5
8:30	183	:12		5
8:45	183	12		5
9:00	183	12		5
9:15	182	12		5
9:30	182	12		5
9:45	182	12		5
10:00	182	12		5
10:15	182	12		5
10:30	182	12		5
10:45	182	12		5
11:00	182	12		5

HD-224

Page ____ of ____ Pump - 7:30 (3 hrs) 12-26-95 NO INSP Review ____

Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 93-0220

Location of property (road) Summerhill Drive

Subdivision Sobus Farms Lot 31 Block ____ Plat ____ Sec. ____

Well Driller Joseph Mayne Owner Demmitt

Depth of well ____

Distance of measuring point (M.P.) above ground ____

Static water level (S.W.L.) below M.P. ____

I. High rate pumping -- reservoir drawdown

Time pump started ____ Pumping rate ____

Total time ____ to reach pumping water level ____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

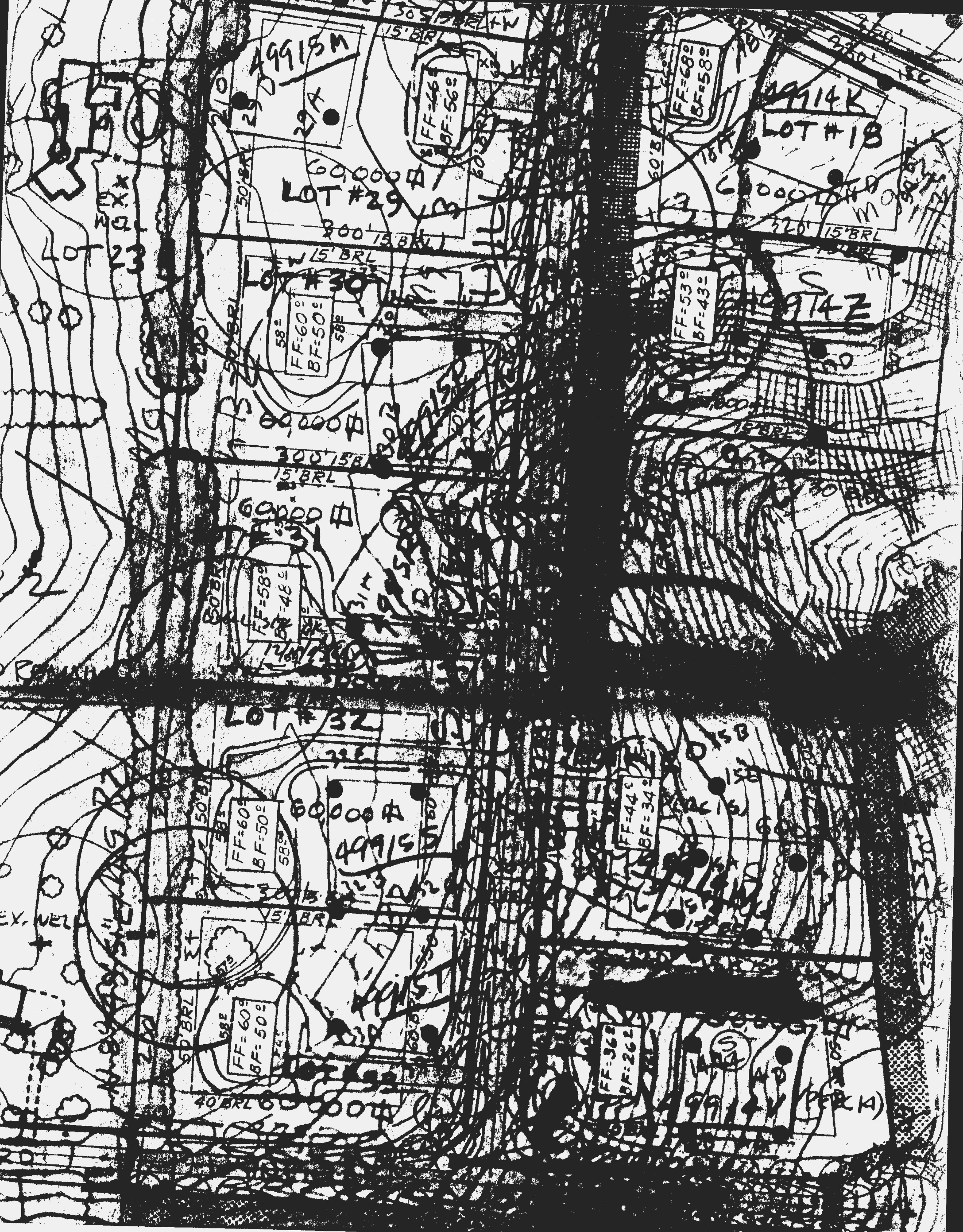
TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224

12/10/97
anytime...

0220

w/p 10/20/97 -



LOT #29
LOT #30
LOT #18
LOT #32
LOT 23
EX. WELL
FF=60'
BF=50'
FF=58'
BF=48'
FF=53'
BF=43'
FF=44'
BF=34'
FF=36'
BF=26'
15'BRL
50'BRL
40'BRL
300' 15'BRL

APPLICATION

PERCOLATION TESTING

A 49915R

P _____

DISTRICT 3

DATE 3/1/94

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

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 Hilltop Development Corporation (ALTIERI HOMES)

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard Demmitt

ADDRESS P.O. Box 208 Clarksville Md. 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. 31 (thirty-One)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(2909 Summer Hill Drive)

BLDG. PERMIT SIGNED AND RETURNED 2-17-97
Serial # B01063 29

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre+ TYPE BLDG. S.F.D - 4 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. Richard Demmitt
(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

HD-216 (3/92)

A49915R
COUNTY #

SOIL PROFILE

0'

A

bright red CL

1½'

gray/brn SL white quartz like 6" dia rockets

12'

B/D

brn CL

1½'

gray/brn SL some shale mica 10% OK

11'

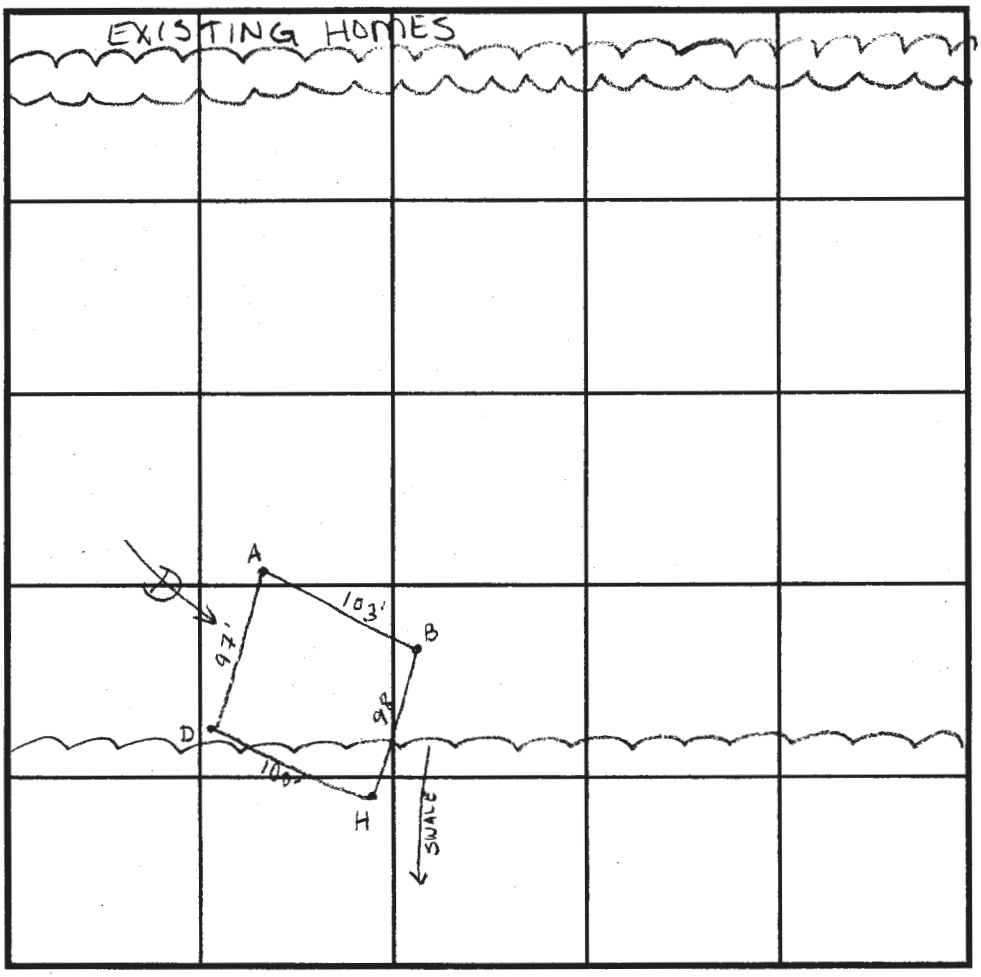
H

brn/orange CL

3'

gray/brn SL shale and mica mix 5%

11½'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/24/94	A	4' / V12'	9:44 45	9:45 30	9:45 30	9:46 45	1¼ min
	B	4' / V11'	9:47 30	9:51 15	9:51 15	9:58	6¾ min
	H	3' / V11½	9:55 30	9:56 10	9:56 10	9:57	50 sec
		6' / V11½	9:53 45	9:54 15	9:54 15	9:54 30	35 sec
	D	4' / V11'	9:41 30	9:41 50	9:41 50	9:42 30	50 sec

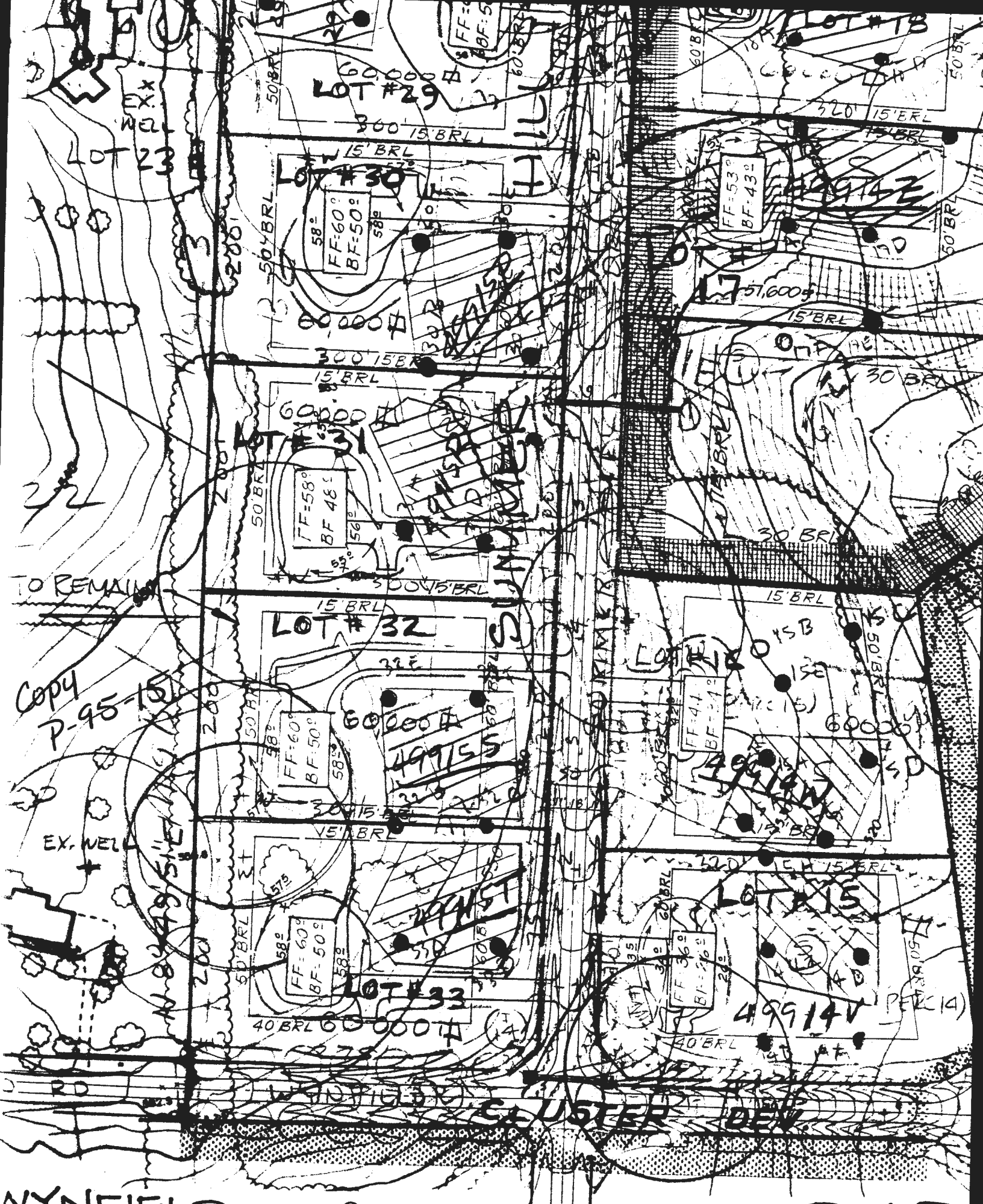
REMARKS Stay 25' off swale

TYPE OF SOIL ChB2 Chester Silt loam

TESTED BY A. McMillen / M. Rifkin ALSO PRESENT R. Demitt

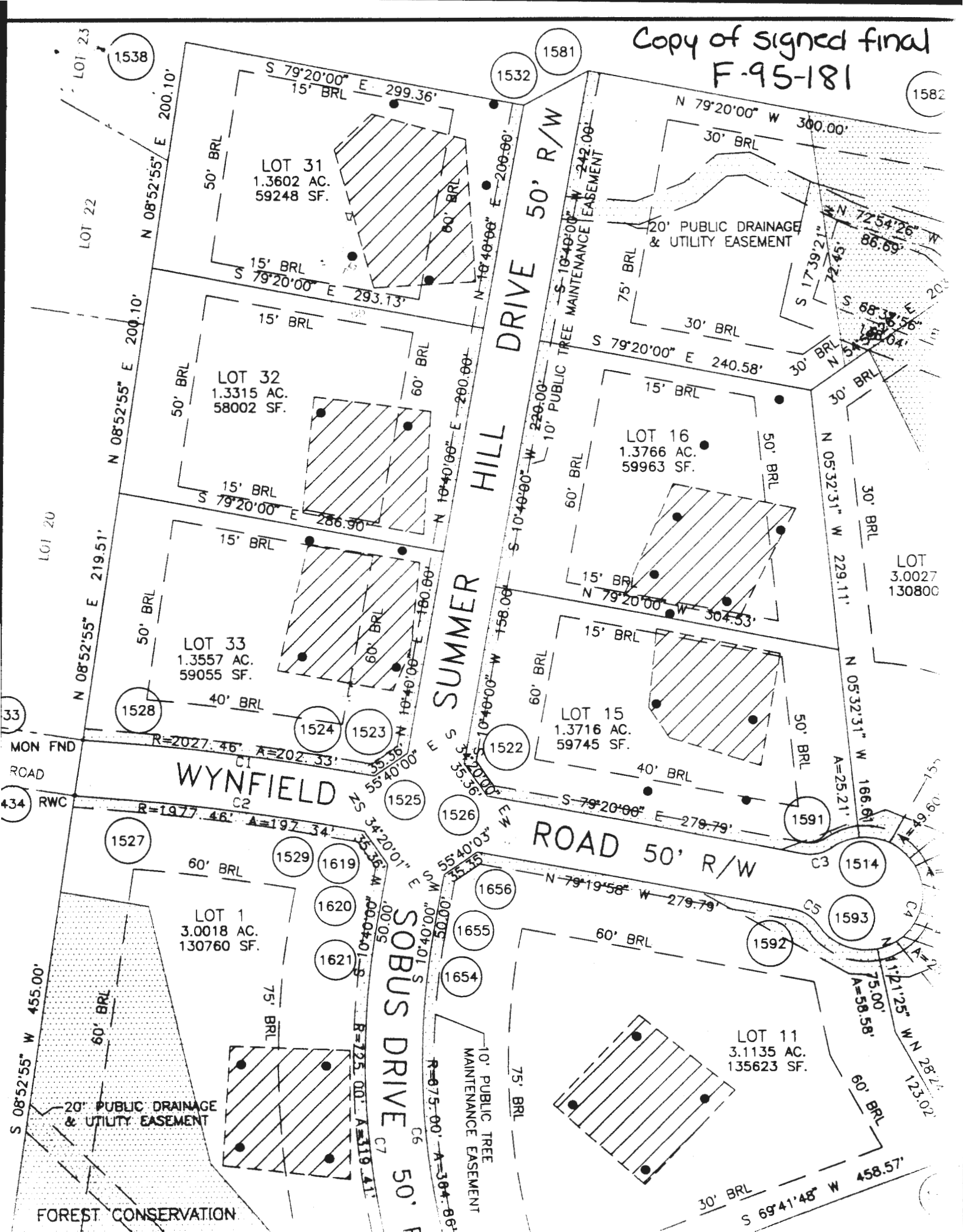
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min TRENCH WIDTH 2'

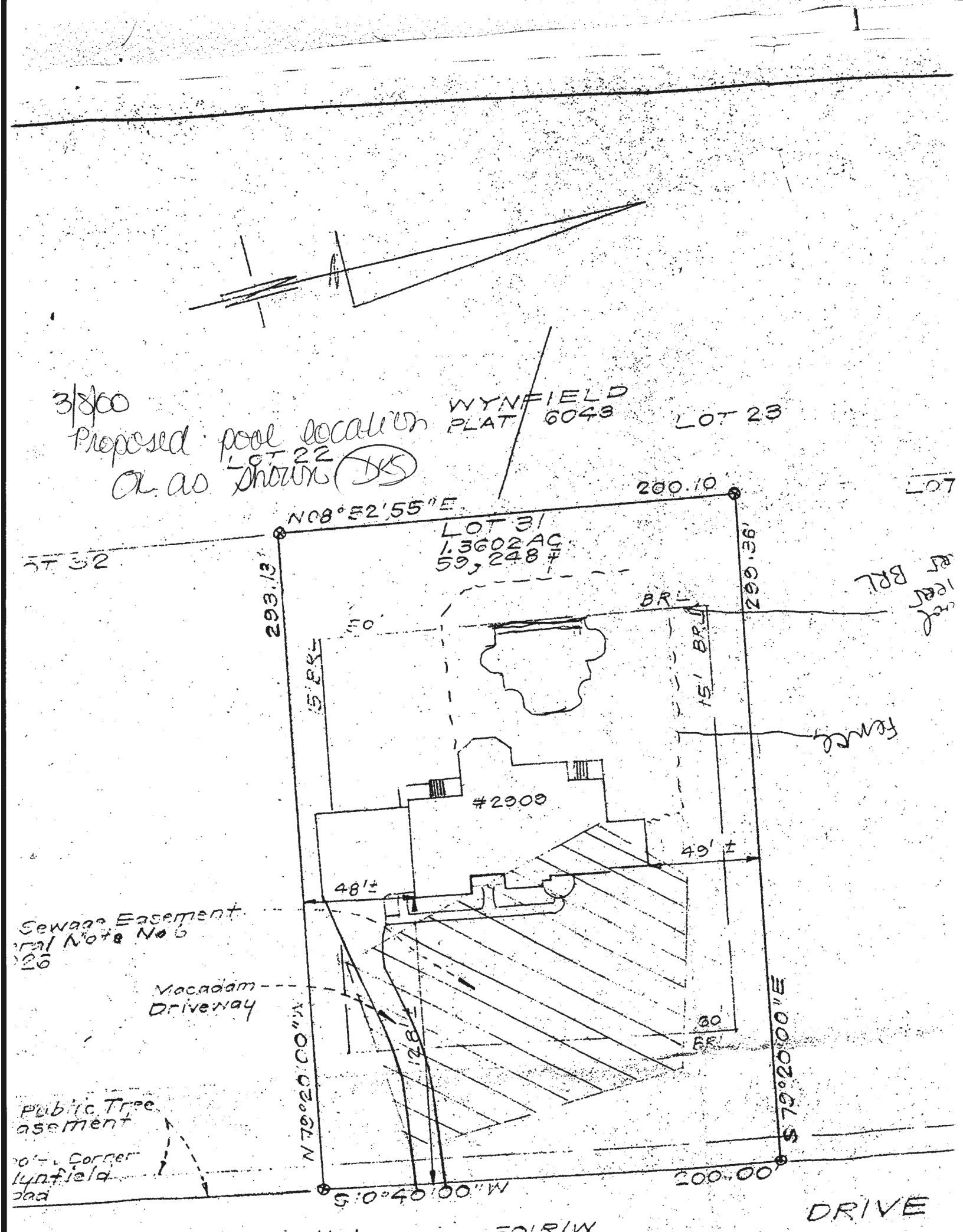
INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 7' SQ. FT/BEDROOM 180 ft²

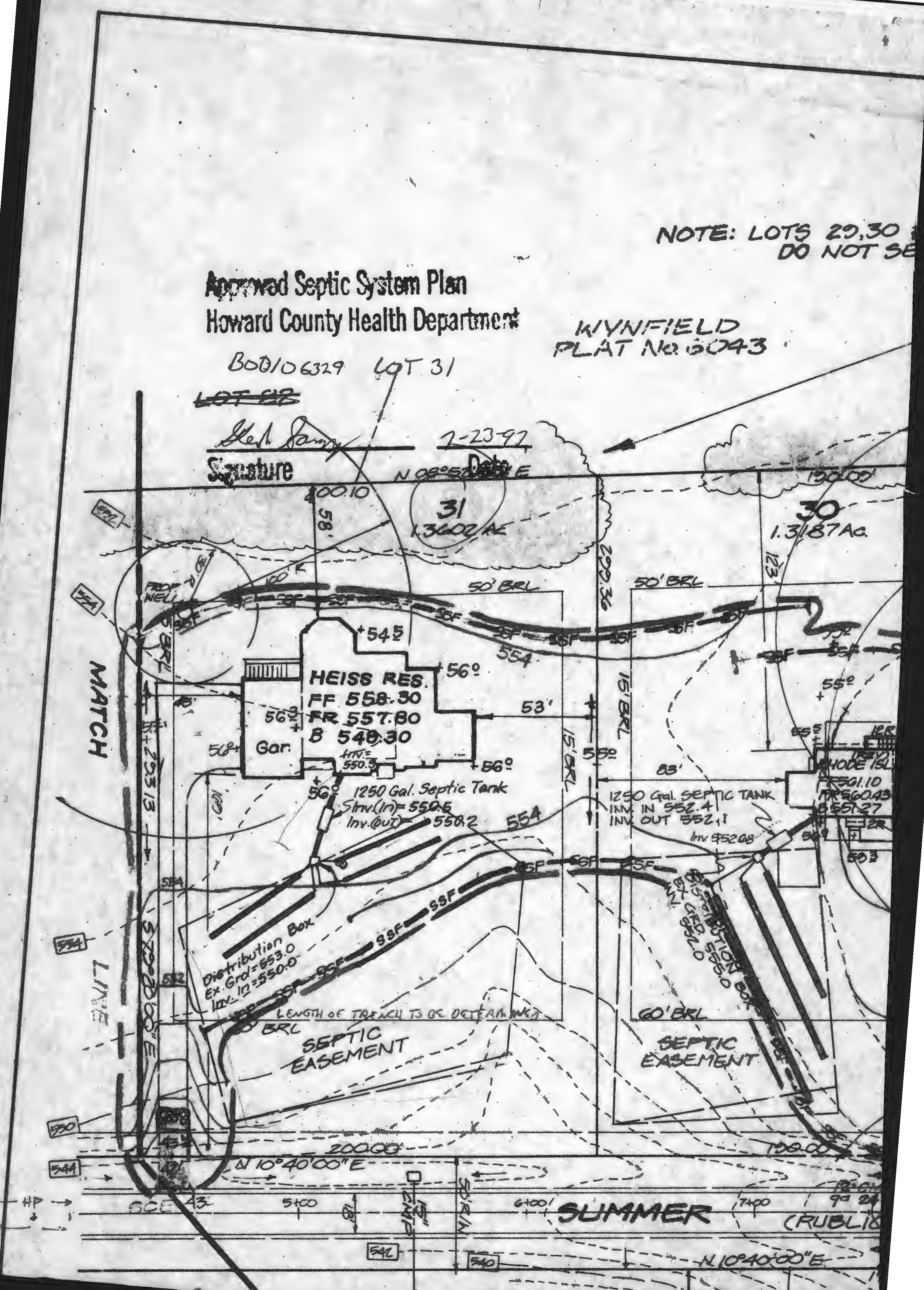


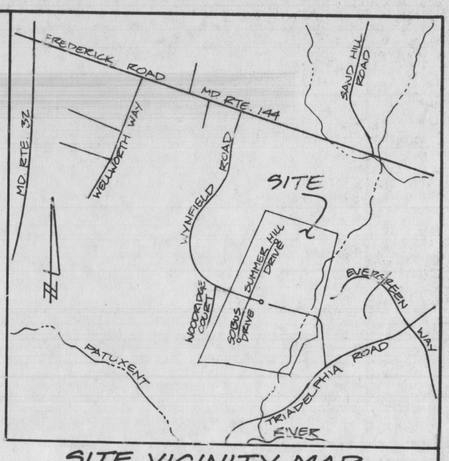
NO.	REVISIONS

Copy of signed final
F-95-181




3/8/00
Proposed pool location
OK as shown (DS)
WYNFIELD
PLAT 6048
LOT 23
LOT 22
LOT 31
1.3602 AC
59,248 ±
N08°E2'55"E
200.10
293.13'
299.36'
BRL
50'
15' BRL
15' BRL
#2909
49' ±
48' ±
Sewage Easement
Macadam
Driveway
128' ±
30'
BRL
N79°20'00"W
S79°20'00"E
200.00
S10°40'00"W
Public Tree
Easement
DRIVE


Approved Septic System Plan
Howard County Health Department
B00106329 LOT 31
LOT 28
Signature
Date
2-23-97
NOTE: LOTS 29,30
DO NOT SE
WYNFIELD
PLAT No. 6043
31
1.3602 AC
30
1.3187 Ac.
PROP. WELL
50' BRL
HEISS RES.
FF 558.30
FR 557.80
B 548.30
Gar.
1250 Gal. Septic Tank
Inv.(In)=550.5
Inv.(out)=550.2
1250 Gal. SEPTIC TANK
INV. IN 552.4
INV. OUT 552.1
Distribution Box
Ex. Grd=553.0
Inv. In=550.0
LENGTH OF TRENCH TO BE DETERMINED
SEPTIC EASEMENT
SEPTIC EASEMENT
60' BRL
15' BRL
MATCH LINE
N 10°40'00" E
SUMMER
(PUBLIC



SITE VICINITY MAP

SCALE- 1"=2000'

LEGEND

Contour Interval 2 Ft
Existing Contour 570
Proposed Contour 570
Spot Elevation + 70.2
Direction of Drainage
Walkout Basement
Existing Trees To Be Saved
Tree Protection Fence
Super Silt Fence SSF
Earth Dike
Stabilized Construction Entrance SCE

No	REVISIONS	Date
1	Raise hse. 1' lot 20, Revise grade	1-25-96
2	Rev. hse & grd. lot 28 from Gen. to Connecticut	5-2-96
3.	Rev. hse. & grd. lot 23 from Gen. to Oxford (Rev.)	6-4-96
4.	Rev. hse & grd. lot 20 from Gen to Villanova II and lot 31 from Gen. to Villanova II (Rev.)	6-4-96
5	Rev. hse & grd. lot 30 from Gen. to Rhode Island II (Rev.)	6-25-96
6	Add Existing Wells to Lots 29	6-26-96
7.	Rev. hse & grd. lot 17 from Gen. to Altieri Residence, Rev. Septic Easement & Septic System lot 20 (HoCo Health)	7-9-96
8	Rev. hse. lot 23 and 29 per new Arch	7-19-96
9	Reversed house lot 25 (New lot 35)	7-26-96
10	Resub lots 22-25 (New lots 34-36)	7-26-96
11	Rev. hse. & grd. lot 34 from Gen. to Massachusetts	9-11-96
12	Rev. hse. & grd. lot 18 from Gen. to Richmond	10-2-96
13	Rev. hse. grd. & Septic System lot 18 Add Ex. Well from Richmond to Altieri Res.	10-10-96
14	Rev. hse. & grd. from Box to Villanova II (Rev.) Lot 37	3-7-97
15	Flip hse. lot 37	3-11-97
16	Raise hse. 1' lot 37	4-7-97
17	Rev. hse, from Gen. Box to Heiss Res	6-13-97
18	Rev. hse & grd. lots 21 from Box to Sun Res. lot 26 from box to Richter Res.	7-14-97
19	Rev. Septic Tank & Distribution Box locations lot 31	7-18-97

NOTE LOTS 23 AND 24, BASEMENTS WILL NOT SEWER BY GRAVITY

PLAT No 5965

STATE OF MARYLAND
G. NELSON CLARK
No. 7113
REGISTERED
PROFESSIONAL ENGINEER

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Erosion and Sediment Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

1-19-96

G NELSON CLARK — Date

CLARK • FINEFROCK & SACKETT, INC.
ENGINEERS • PLANNERS • SURVEYORS
NSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 – BALTO. • (301) 621-8100 – WASH.

SEDIMENT and EROSION CONTROL PLAN
LOTS 1-8, 10-21, 26-37
SOBUS FARMS

TAX MAP 15 PARCELS: 26 & 154
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

FOR ALTIERI HOMES, INC.
7349 Gardenview Drive
Elkridge, MD 21227

SCALE	1"= 50'
DRAWING	1 OF 6
JOB NO.	95-209
FILE NO.	95-209X

GP 96-90