

2-18-97
2:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-319679

P 57658

A 49914-A

DISTRICT 3rd

DATE 01/31/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 2-18-97

INSPECTOR DKS

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

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

SUBDIVISION Sobus Farms LOT 1 ROAD 3000 Sobus Drive

PROPERTY OWNER

Altieri Homes ~~PARLONE + LARRY HOFFMAN~~

ADDRESS

Gay

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Starting from the right rear lot corner, place distribution box 190 feet up the rear (455.00') lot line and 195 feet off that same lot line as seen when facing the lot from Sobus Drive. Run trenches on contour toward Sobus Drive.

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

OK 12/2/96

PLANS APPROVED BY Mark Rifkin/Amy McMillen

DATE 9/26/96

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

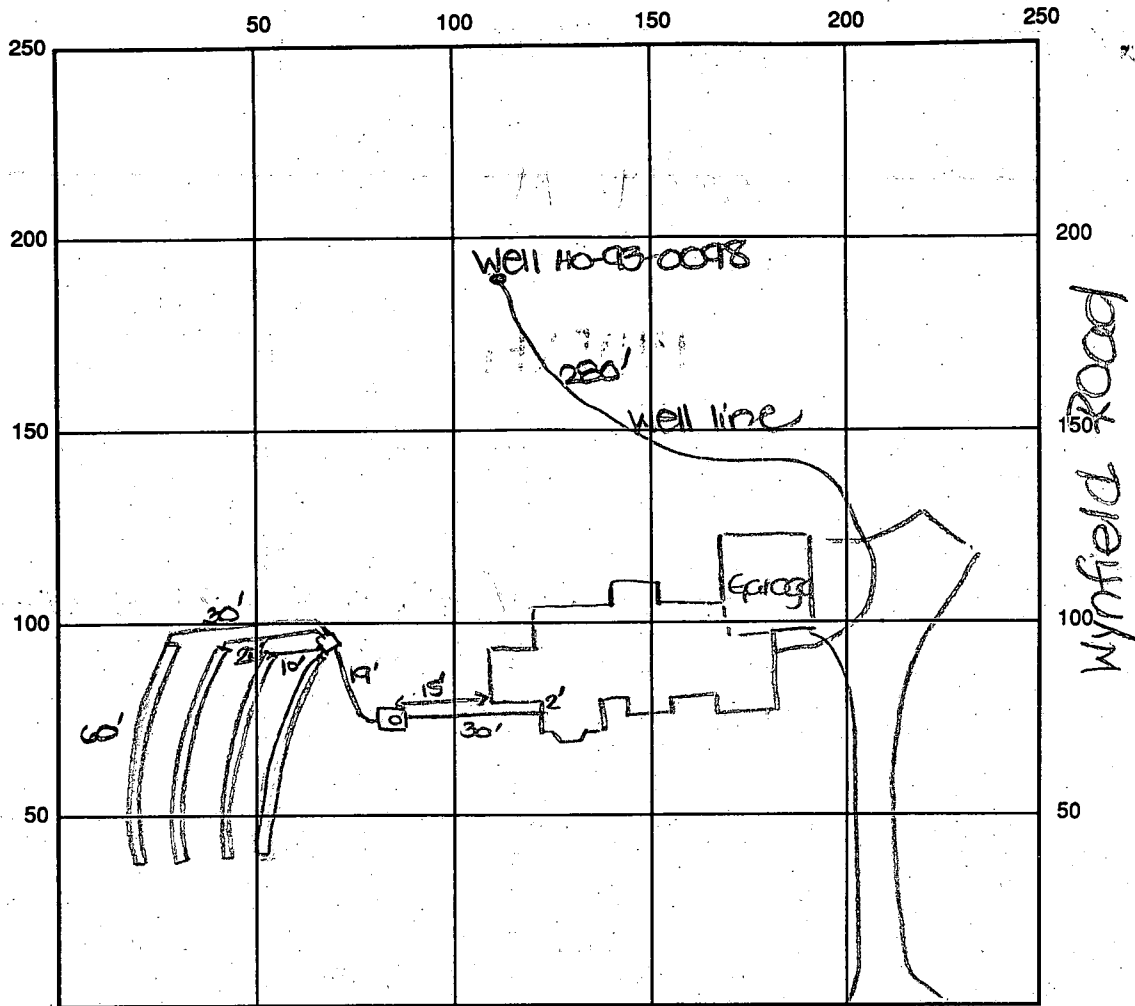
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 9-17-97

Serial # 800107950

A 49914-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1250 gal Sobus Drive CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4160 FT. → 240'

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 2/18/97 FINAL INSP - OK TO COVER ALL WORK. DKS

DATE SYSTEM APPROVED 2/18/97 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 49914A

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT 3

DATE 2-9-94

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 Holttop Development Corporation ATTEN: LAMES

ADDRESS PO Box 208 CLARKSVILLE MD 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard DeMunnitt

ADDRESS PO BOX 208 CLARKSVILLE MD 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. 1

ROAD AND DESCRIPTION At the End of New Field Road
(3000 Sobus Drive)

TAX MAP 15 PARCEL # 264154

SIZE OF LOT 3 acres + TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED

Serial # B10103203-SFP

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 DeMunnitt, President
(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 _____

BLDG. PERMIT SIGNED

AND RETURNED

Entrance Sign
11-14-95 Serial # 62611

THIS IS NOT A PERMIT

A49914A

COUNTY #

SOIL PROFILE

0' B
red/brn
CL some
mica
2' dark
red
brn
SL
w/ a lot
of
large
mica
flecks
OK
12'

A
no C layer
large
chunks
of
rock
&
mica
throughout
SL brn
throughout
9'

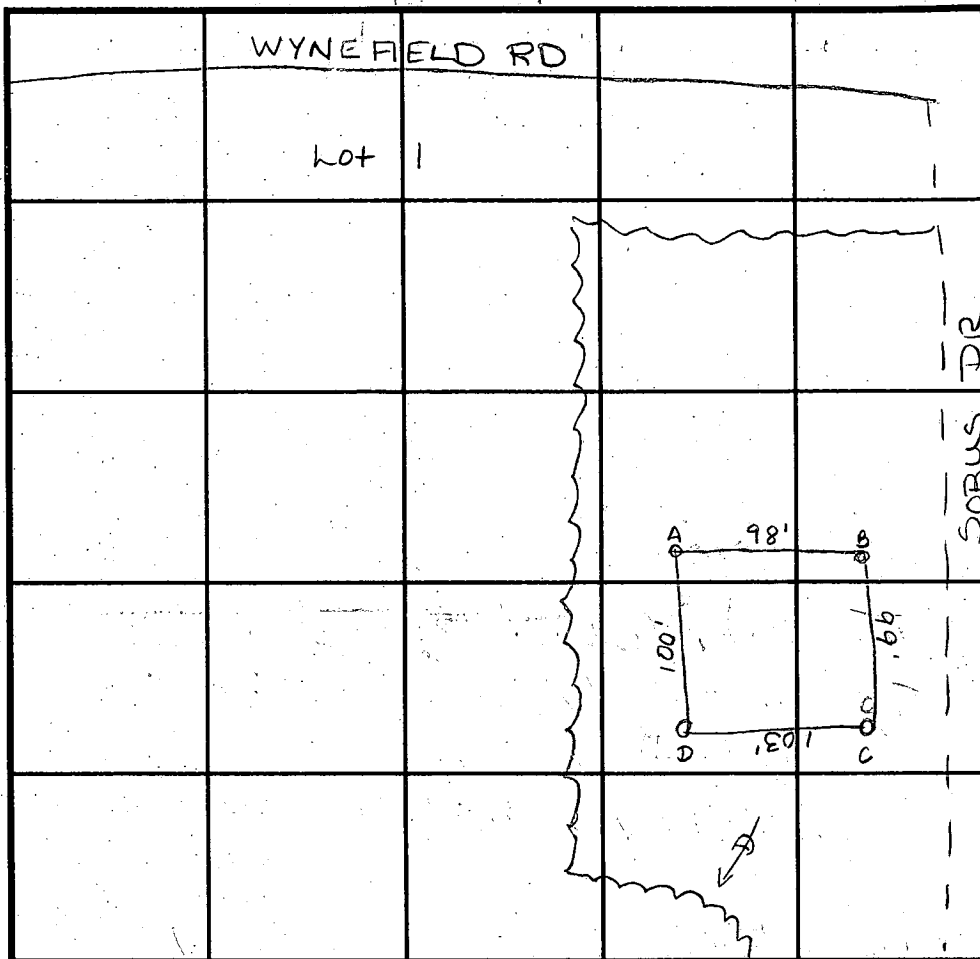
D
no
impermeable
C layer
apparent
brn w/
red streaks
SL
a lot of
mica saprolite
Shale
throughout
10%
OK
10'

WYNEFIELD RD

Lot 1

SOIL PROFILE

0' C
bright
re SCL
2' brn
SL
w/ a
lot of
mica
chunks
of
shale
50%
OK
12 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/22/94	B	5 1/2' $\sqrt{12'}$	10:33	10:33 ³⁰	10:33 ³⁰	10:34	30sec
		repour	10:34 ¹⁵	10:34 ⁴⁵	10:34 ⁴⁵	10:35 ³⁰	3/4min
		3' $\sqrt{12'}$	10:35 ⁵⁰	10:38	10:38	10:40 ²⁰	2 1/4min
	A	2 1/2' $\sqrt{9'}$	10:41 ⁴⁵	10:42	10:42	10:42 ¹⁵	15sec
		repour	10:40 ⁴⁵	10:42	10:42	10:43 ²⁰	1 1/2min
	D	3' $\sqrt{10'}$	11:07 ¹⁵	11:09 ¹⁵	11:09 ¹⁵	11:14	4 3/4min
	C	3 1/2' $\sqrt{12 1/2'}$	11:11 ⁴⁵	11:15 ³⁰	11:15 ³⁰	11:22	6 1/2min
		6' $\sqrt{12 1/2'}$	11:15 ¹⁵	11:15 ³⁰	11:15 ³⁰	11:16	30sec
		repour	11:16	11:16 ⁴⁵	11:16 ⁴⁵	11:17 ⁴⁰	1min

REMARKS shallow system only

TYPE OF SOIL CHD₂ Chester silt loam

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

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min TRENCH WIDTH 3'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 4' SQ. FT./BEDROOM 180 ft²

C1 0129 - 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 **A49914-A**

ST/CO USE ONLY
DATE Received
8 13

DATE WELL COMPLETED

032296

Depth of Well

22 385 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

40-93-0098
28 29 30 31 32 33 34 35 36 37

OWNER **Demmitt**
STREET OR RFD **Sobus Drive** TOWN **West Friendship**
SUBDIVISION **Sobus Farms** SECTION **1** LOT **1**

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		check if water bearing
	FROM	TO	
Sand	0	10	
Gray mica Rock	10	385	✓

3 dry wells 440', 440',
340' filled in with
cement & drilling materials

NUMBER OF UNSUCCESSFUL WELLS: **3**

WELL HYDROFRACTURED **Y** **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 L. Maigne
DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **27**

Sally Maigne
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 **6** NO. OF POUNDS **564**

GALLONS OF WATER **36**

DEPTH OF GROUT SEAL (to nearest foot)

from **0** ft. to **19** ft.
48 TOP 52 BOTTOM 58
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST **CO**
STEEL CONCRETE
PL **OT**
PLASTIC OTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

ST **6** **22**
60 61 63 64 66 70

OTHER CASING (if used)

EACH CASING
diameter inch depth (feet)
from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST **BR** **HO**
STEEL BRASS OPEN
HOLE
PL **OT**
PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 **H0** 20 385
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)

from to

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
74 75 76
70 72 OTHER DATA
TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **002.5**

METHOD USED TO
MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **27** ft.

WHEN PUMPING **268** ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
27 27 27
C centrifugal **R** rotary **O** other
27 27 27
J jet **S** submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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)

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

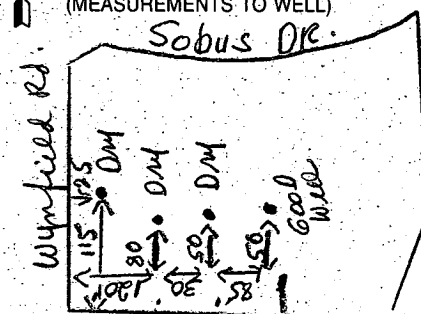
PUMP HORSE POWER

PUMP COLUMN LENGTH
(nearest ft.)

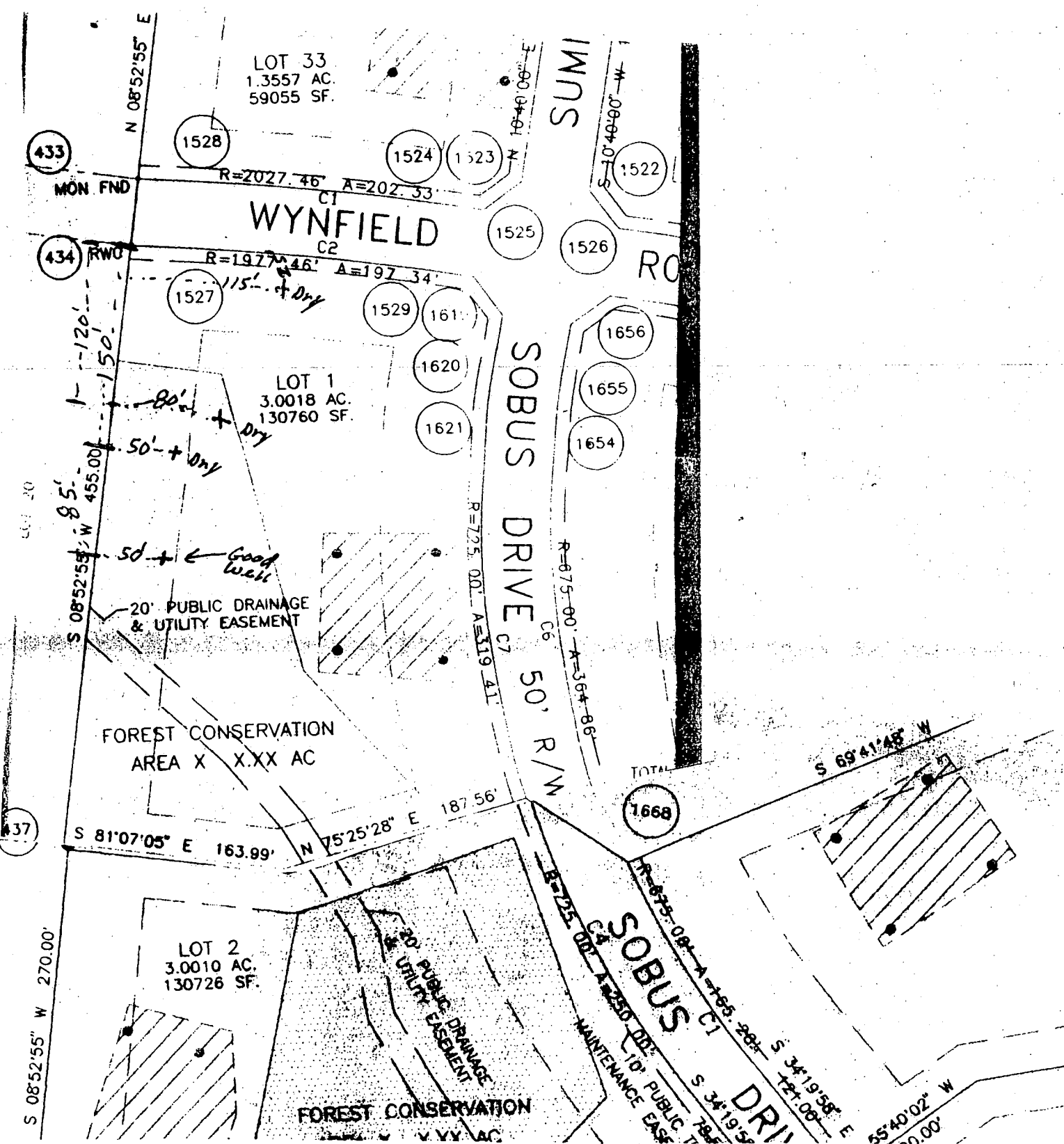
CASING HEIGHT (circle appropriate box
and enter casing height)
+ above
- below
LAND SURFACE **2** (nearest
foot)

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



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

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒

Replacement ☐

Receipt \$

Date

2/18/97

Name of Installer

ROBERT L. FREEZER CO. INC.

Telephone

781-4655

License Number

2122

Certified Well Pump Installer ☒

Well Driller ☐

Registered Plumber ☒

Name of Property Owner

Altieri Homes

Telephone

795-1405

Subdivision

SOBUS FARMS

Lot #

1

Well Tag #

40-93-0098

Site Address

3000 SOBUS DRIVE

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

4FSD02 JL

3. Model #

4. Capacity

5

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

3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make

HADCO

2. Model #

PT800

3. Depth

42"

Tank

1. Capacity

34 GALS.

2. Pressure relief

valve? ☒

Piping

1. Type

PVC

2. Size

1"

3. NSF and/or BOCA

Code approved ☒

4. Depth of supply

line 42"

Well data

1. Depth

382 ft.

2. Yield

GPM

3. Static water

level ☐ ft.

4. Will water supply

be disinfected by

installer? ☒

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.

Signature of Applicant

Robert L. Freezer

Date:

2/18/97

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

CLUSTER

SEE SHEET

DEV.

1

WYNTFIELD RD

3.0 AC DEV.

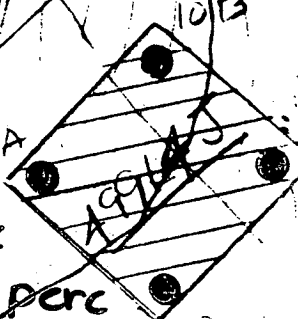
LOT #

LOT #1

3 AC



Copy of
Signed perc
cert plat
11-3-94



LOT #2

3 AC



LOT #3

3 AC



COPY
P-95-15

WYNFIELD CLUSTER

OK TO HOLD ON
ANY DATES
THAT I
OR ABOVE
AND CONTACT
530

LOT 100' FROM
SUNSHINE
SEATICS
3/4
M

LOT #1

3 AC

540 #3

2nd GPM 32"

30' BR 1/2

FF=38°
BF=28°

FF=24°
BF=14°

07°
FF=509°
BF=499°

FF=15°
BF=04°

FF=97°
BF=87°

SOBUS

LOT #2

MEAN

CONFORM

DE RD

DEV

DE RD

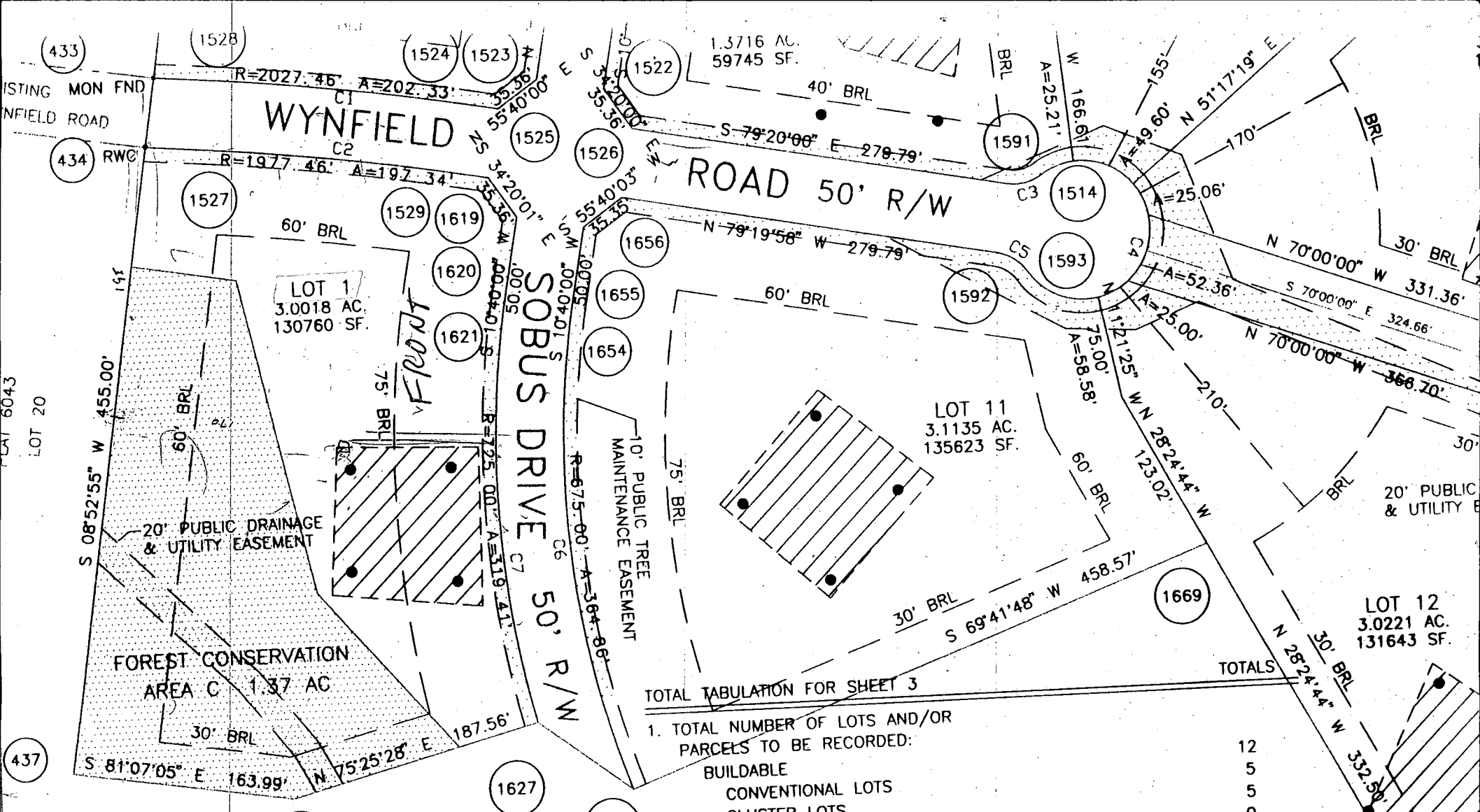
DE RD

DE RD

DE RD

DE RD

DE RD



TOTAL TABULATION FOR SHEET 3

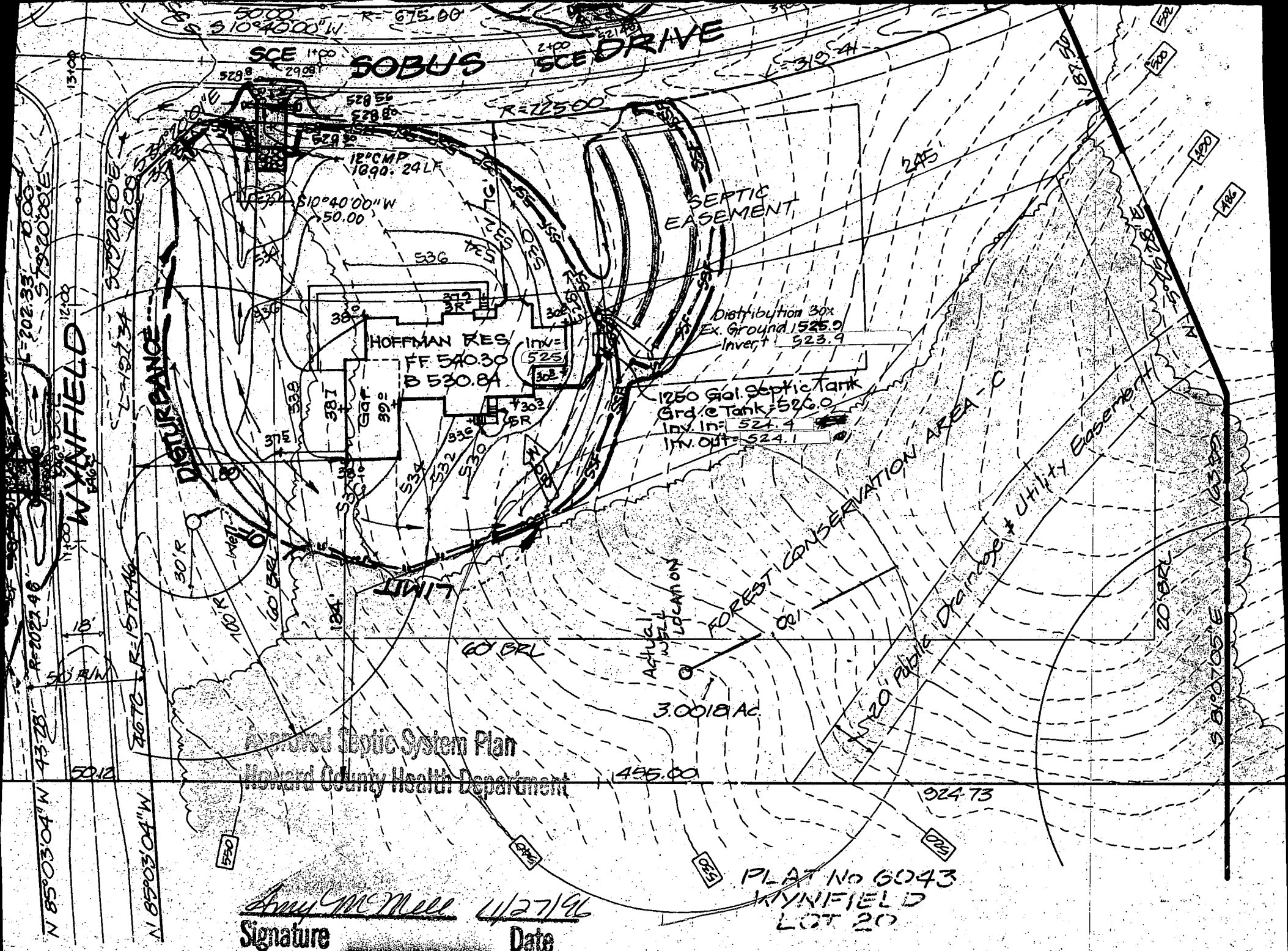
1. TOTAL NUMBER OF LOTS AND/OR PARCELS TO BE RECORDED:	
BUILDABLE	5
CONVENTIONAL LOTS	5
CLUSTER LOTS	0
NONBUILDABLE	0
2. TOTAL AREA OF LOTS AND/OR PARCELS:	46.8483 AC.
BUILDABLE	0 AC.
NONBUILDABLE	
TOTAL AREA OF 100-YEAR FLOODPLAIN AND 25% SLOPES	9.5959 AC.
3. TOTAL AREA OF ROAD RIGHT-OF-WAY TO BE RECORDED INCLUDING WIDENING STRIPS:	2.1485 AC.
4. TOTAL AREA OF THIS SHEET TO BE RECORDED:	48.9968 AC.

OWNER'S CERTIFICATE

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS FOR HOWARD COUNTY HEALTH DEPARTMENT

Hilltop Development Corporation, by Richard J. Demmitt, President, owner of the property shown and described hereon, hereby adopt this plan of subdivision, and consideration of the approval of this final plan by the Department of Planning establish the minimum building restriction lines and grant unto Howard

Copy of signed Final
F-95-181



Proposed Septic System Plan
Howard County Health Department

Amy McMill 11/27/96
Signature Date

PLAT No 6043
WYNFIELD
LOT 20

