

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

INDEXED

03-319709

P 5/01/7

A 49914-C

DISTRICT 3rd

DATE 4-29-98

DATE SYSTEM APPROVED 7/6/98

INSPECTOR DKS

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION Sobus Farms LOT 4 ROAD 3012 Sobus Drive

PROPERTY OWNER Altieri Homes

**BUILDING PERMIT SIGNED
AND RETURNED**

12-16-04 BOD 151577-FINISH BASEMENT

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

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 - Beginning from the intersection of the 300.00' and 341.63' lot lines, place distribution box 125 feet up the 300.00' lot line and 110 feet off that same lot line. 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. OK/HR

PLANS APPROVED BY Amy McMillen/Donna K. Soe DATE 03/03/98

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**

A 49914-C

APPLICATION

PERCOLATION TESTING

A 49914-C

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND. 21043
TELEPHONE: 313-2640

DISTRICT 3

DATE 9-21-94

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 Altieri Homes

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. 4

ROAD AND DESCRIPTION at end of Wynfield Rd (3012 Sobus Drive)

~~BLDG. PERMIT SIGNED~~

~~AND RETURNED 3-3-98~~

~~Serial # B0110189~~

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 3.2 Acres TYPE BLDG. SFD - 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.

(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

COUNTY #

SOIL PROFILE

A/B/F/D

topsoil

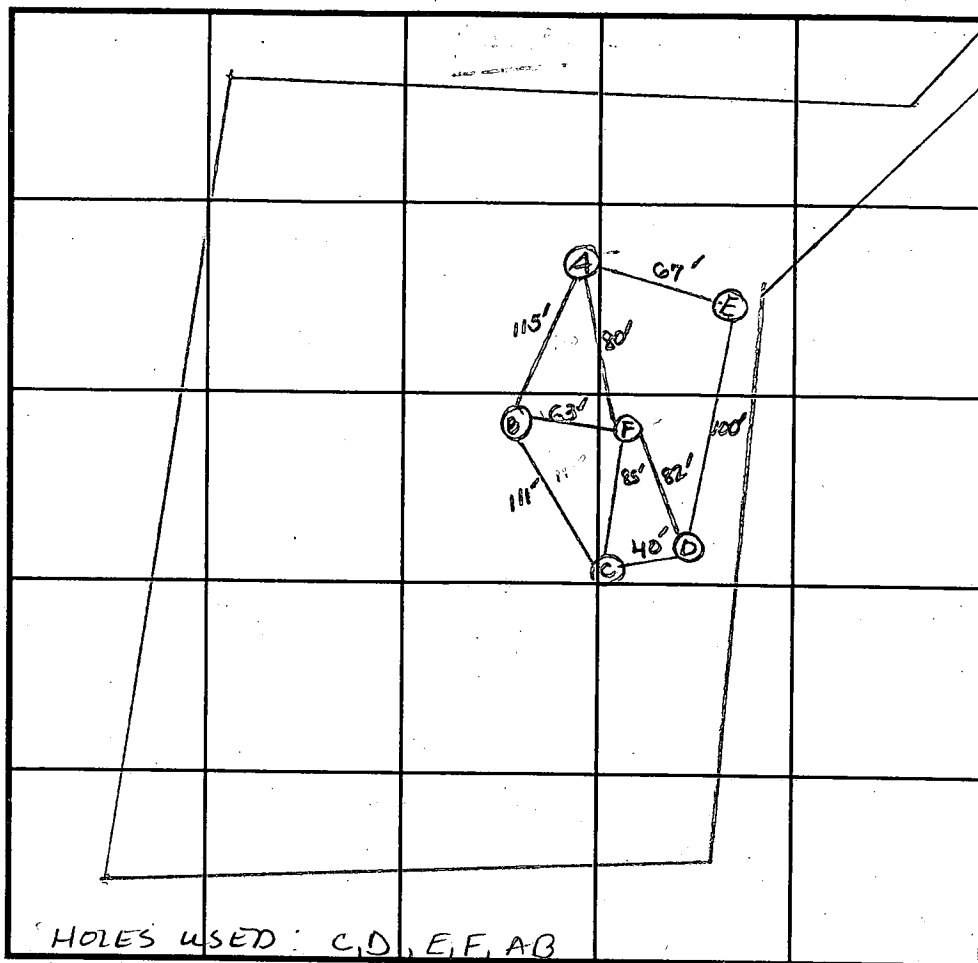
red
br cl lmor br
to tan
silty sandy
lm5% rock
frags

C/E

topsoil

or red
br cl lmdk br
silty
lm
w/mica
flecks5% rock
frags

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-21-94	A	2'8"	2:10 ₃₀	2:12	2:12	2:13 ₃₀	1 1/2 min
		5'	2:12	2:12 ₃₀	2:12 ₃₀	2:13 ₃₀	1 min
		repour	2:12 ₃₀	2:14 ₃₀	2:14 ₃₀	2:16	1 1/2 min
	B	2.5'	2:18	2:19	2:19	2:20 ₃₀	1 1/2 min
		repour	2:20 ₃₀	2:22 ₃₀	2:22 ₃₀	2:24 ₃₀	2 min
		5'	2:18 ₃₀	2:19 ₃₀	2:19 ₃₀	2:20 ₃₀	1 min
	C	2'8"	2:27 ₃₀	2:28	2:28	2:29	1 min
		repour	2:29 ₃₀	2:30 ₃₀	2:30 ₃₀	2:32	1 1/2 min

REMARKS

TYPE OF SOIL

TESTED BY D. See

ALSO PRESENT R. Demmitt

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min

TRENCH WIDTH 2'

INLET DEPTH 3'

MAXIMUM BOTTOM DEPTH 7'

SQ. FT/BEDROOM 180

C 1 0130 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (MDE USE ONLY)		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 49914-C																																									
ST/CO USE ONLY DATE RECEIVED 		DATE WELL COMPLETED 03/29/96		Depth of Well 22 105 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-93-0099																																									
OWNER Demmitt last name		STREET OR RFD Sobus Drive first name		TOWN West Friendship		LOT 4																																									
SUBDIVISION Sobus Farms		SECTION		LOT																																											
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) ☒ Y yes ☐ N no TYPE OF GROUTING MATERIAL (Circle one) ☒ CM CEMENT ☐ BC BENTONITE CLAY NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 22 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft. (enter 0 if from surface)		C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 32 ft. WHEN PUMPING 33 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																																											
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th><th colspan="2">FEET</th><th rowspan="2">check if water-bearing</th></tr><tr><th>FROM</th><th>TO</th></tr></thead><tbody><tr><td>Sand</td><td>0</td><td>36</td><td></td></tr><tr><td>Gray Mica Rock</td><td>36</td><td>105</td><td></td></tr></tbody></table>		DESCRIPTION (Use additional sheets if needed)	FEET		check if water-bearing	FROM	TO	Sand	0	36		Gray Mica Rock	36	105		CASING RECORD ☒ ST STEEL ☐ CO CONCRETE ☐ PL PLASTIC ☐ OT OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 39		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. S CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47																													
			DESCRIPTION (Use additional sheets if needed)	FEET		check if water-bearing																																									
FROM	TO																																														
Sand	0	36																																													
Gray Mica Rock	36	105																																													
OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to		SCREEN RECORD ☒ ST STEEL ☐ BR BRASS BRONZE ☐ HO OPEN HOLE ☐ PL PLASTIC ☐ OT OTHER screen type or open hole ST insert appropriate code below		C 2 DEPTH (nearest ft.) <table border="1" style="width:100%; border-collapse: collapse;"><tbody><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr><tr><td colspan="21">H 0 38 105</td></tr></tbody></table> SLOT SIZE 1 2 DIAMETER OF SCREEN 56 60 (NEAREST INCH)		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	H 0 38 105																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21																											
H 0 38 105																																															
NUMBER OF UNSUCCESSFUL WELLS: 0		WELL HYDROFRACTURED ☒ Y ☐ N		TYPE: MWD/MSD/MGD		DRILLERS LIC. NO. 24		DRILLERS SIGNATURE Joseph L. Mayre (MUST MATCH SIGNATURE ON APPLICATION)		LIC. NO.		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		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 TELESCOPE CASING ☐ LOG INDICATOR ☐ OTHER DATA ☐																															
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																																											

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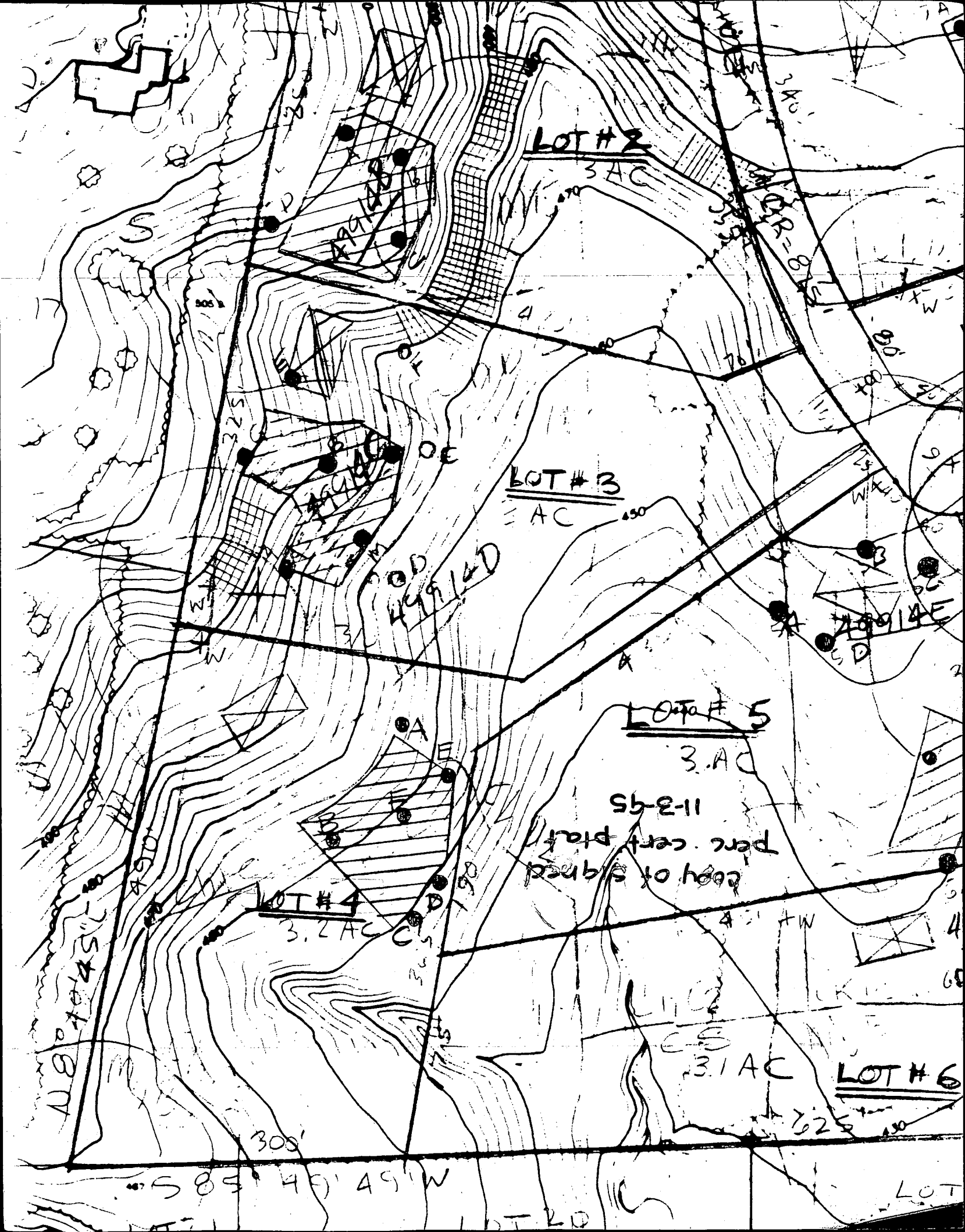
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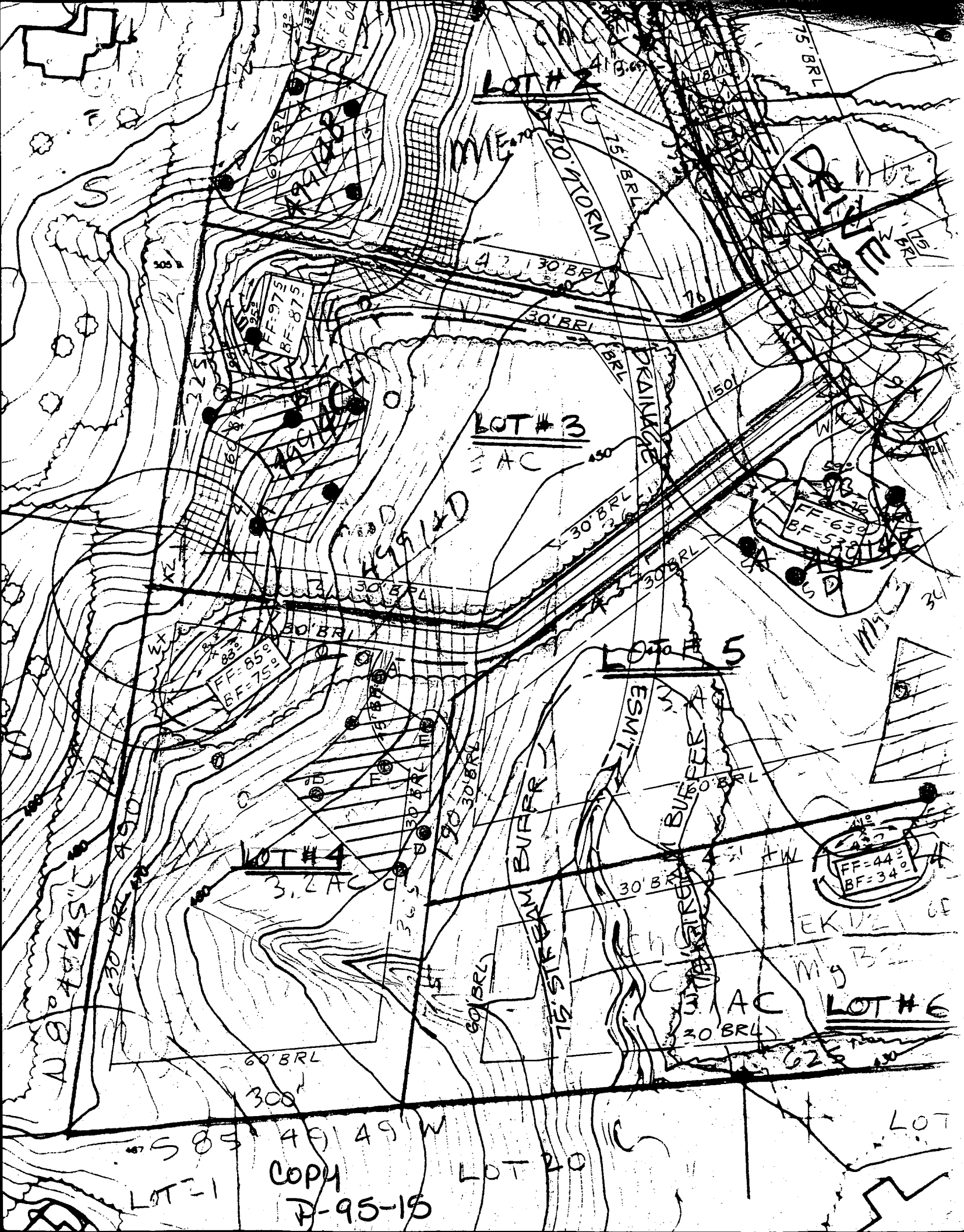
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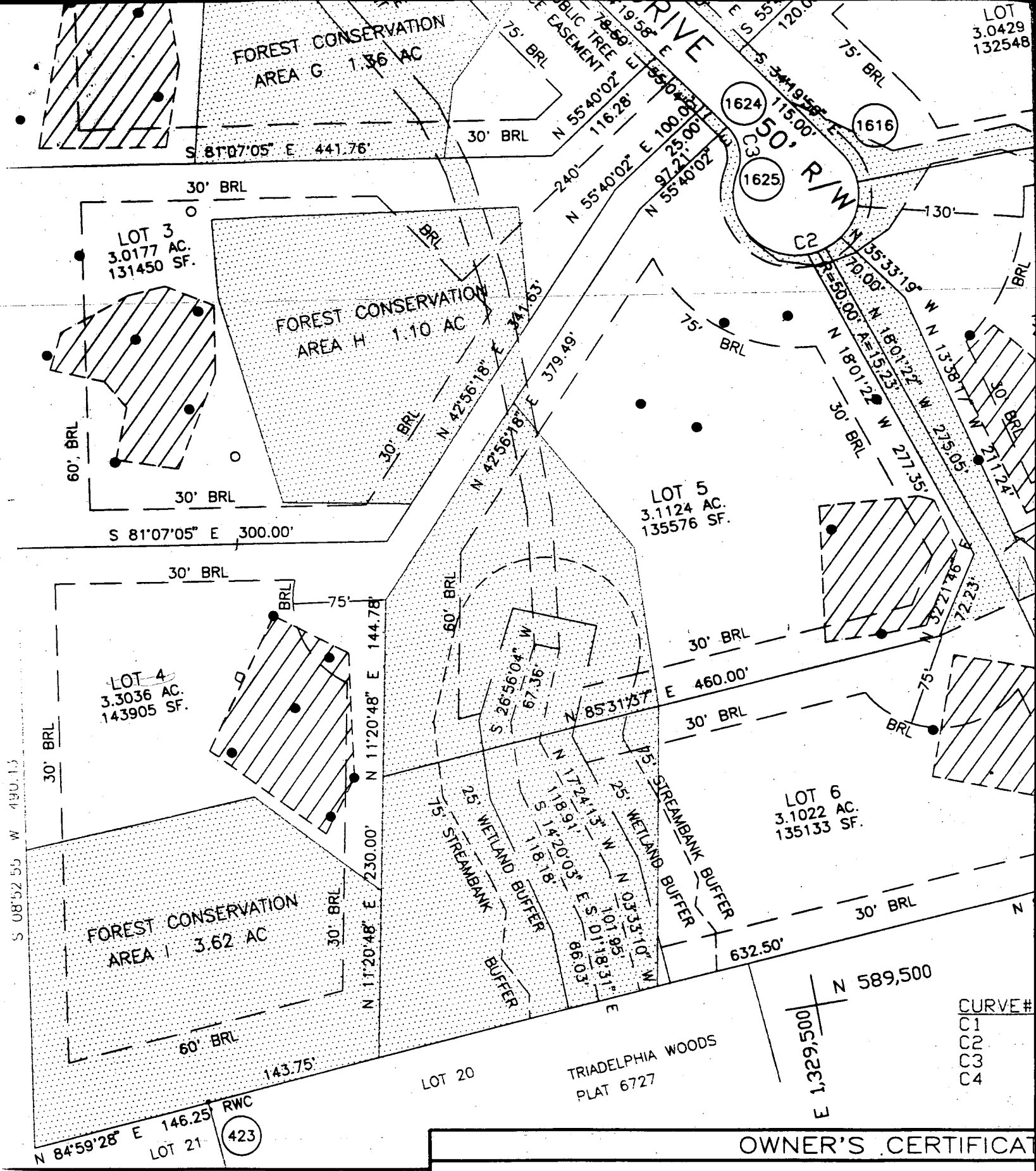
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D: FOR PRIVATE WATER AND PRIVATE
SYSTEMS FOR HOWARD COUNTY HEALTH

Copy of signed final

F-95-181

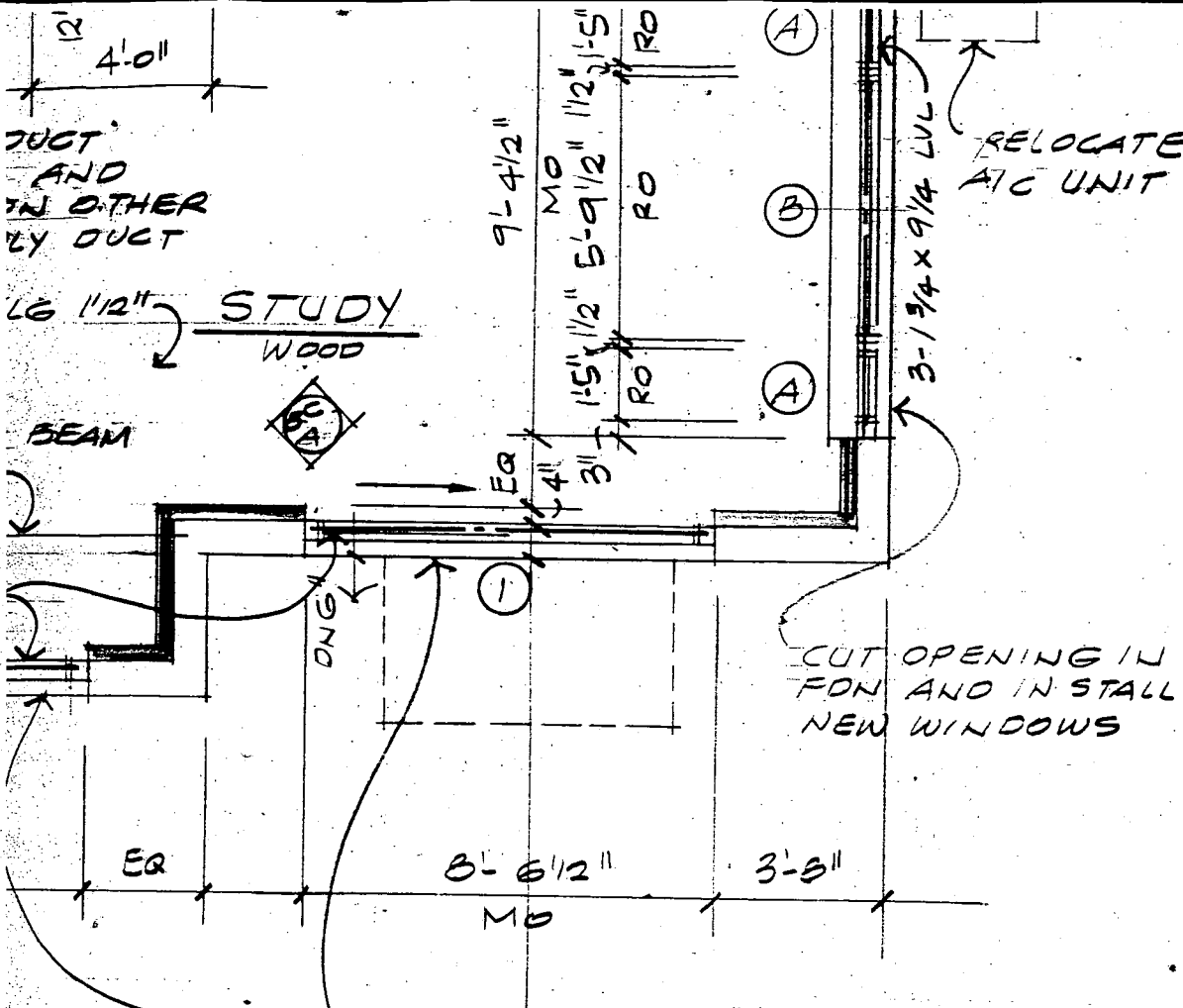
COUNTY HEALTH OFFICER

DATE

OWNER'S CERTIFICATE

Hilltop Development Corporation, by Richard J. Demmitt, P.E., property shown and described hereon, hereby adopts this plan in consideration of the approval of this final plan by the Department of Zoning, establish the minimum building restriction lines and easements, its successors and assigns, (1) the right to lay out sewers, drains, water pipes and other municipal utilities and roads and street rights-of-way and the specific easements (2) the right to require dedication for public use the bed and floodplains and open space, where applicable, and for





EX. FTG
BELOW GRADE

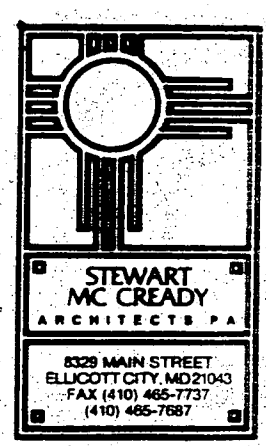
CUT NEW OPENINGS IN
CONC FOUNDATION AND
INSTALL 8'x8' SLIDING DOORS
W/ 3- 1 3/4 x 9 1/4' HEADER

CONC. RETAINING WALL
TR ELEVATIONS FOR HEIGHTS.

APPROVED
WALK-THRU BUILDING PERMIT
BP# B20151577 A# 49974-C
APP. SAN KTB DATE: 12/16/04
DESC. OF WORK: Finish Basement
W/ NO New Del room

Heath Co.
1-3
Walk-thru

BASEMENT ALTERATIONS -
3012 SOBUS DRIVE - WEST
FLOOR PLAN - INTERIOR ELEV



JOB
63-03
DATE
10-29-04
SHEET
1
OF 2