10/24/97 meet installer 3pm 11/21/97 C.O. 10:00 + later

Needs Pump Test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59035

A 49914-D

DISTRICT 3rd

DATE 10/23/97

12/2/97 pm C.O. 11/26/97 11:00 C.O. 11/26/97 11 (tank only)

2/11/98 Pump test 12:00 03-319695

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

DATE SYSTEM APPROVED 2/11/98

12/2/97 12:00 12/10/97 House Cap Ready 10:00

INSPECTOR

INDEXED

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

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

SUBDIVISION Sobus Farms LOT 3 ROAD 3008 Sobus Drive

PROPERTY OWNER Altieri Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS **TOP SEAMED TANK**

PUMPED SEPTIC SYSTEM

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

INSTALL: 1-1000 Gal. Top Seamed Pump Chambers with Single/Dual Efflurent Pumps, Controls and Alarms.

CONTRACTOR To Supply Pump Detail Prior To Issuance of Septic Permit.

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3 feet below original grade. Effective area begins at 1.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 135 feet off the 300.00' lot line and 25 feet off the 312.00' lot line as seen when facing the lot from Sobus Drive. Run trenches on contour towards the 441.76' lot line.

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

Ok KM 10/17/97

PLANS APROVED BY Donna K. Soe/Amy McMillen REVISED DATE 10/02/97

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

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

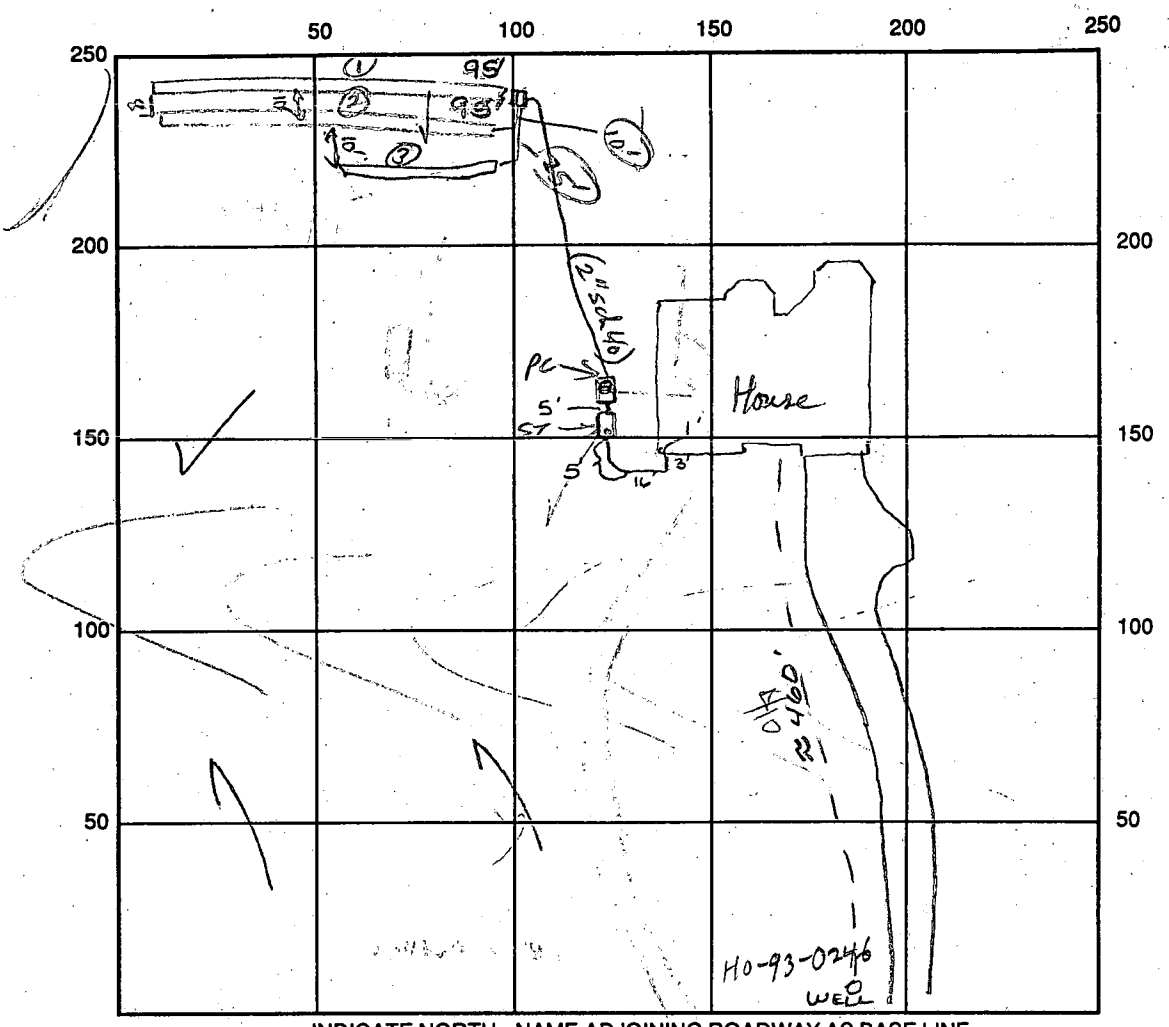
HD-260(6-90)

A 49914-D

(W)

100' RADIUS FLAGGED

9/20 OSK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Pump Chamber 1000 Top Seamed 1500 Top Seamed ST

CLEANOUTS 5 Ft Manhole Riser on P.C. 2 Ft cleanout pipe on S.T.

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 3' FT. TRENCH WIDTH 3 FT. INLET DEPTH 1½ FT.

EFFECTIVE GRAVEL DEPTH 1½ FT. TOTAL LENGTH ~~95~~ 95/95/50 FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/24/97 met contractor to verify change in tank/pump pit locations - OK to set tanks off left-front corner of house. ALM/DKS 11/4/97 TANK SET, HOLE NOT DUG CORRECTLY CONTRACTOR WILL CRACK TOP OF HOLE AFTER TANK IS SET CORRECTLY (MAY TAKE ALL DAY) 11/26/97 OK to cover ST's - hse conn made - WPI OK ALM 12/2/97 Due to unusual topo- OK to install 2:90 foot trenches @ 160 foot in upper edge of SDA ALM Alarm OK - No Contact, assign w/ float & waterproof plug by inside manhole pump work OK djf 12/11/98

DATE SYSTEM APPROVED 12/11/98 INSPECTOR djf

12/2/97 OK to store and cover 1st two trenches. DKS

12/3/97 OK to cover rest of system. call for pump Test PPP. 12/3 12/10/97 has house conn (KM)

APPLICATION

PERCOLATION TESTING

A 49914D

P _____

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

DISTRICT 3

DATE 3/9/94

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 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. 4 (Four) or 3

ROAD AND DESCRIPTION at the end of Winfield Rd. 3008 Sobus Drive

BLDG. PERMIT SIGNED AND RETURNED 4-30-97
Permit # B/01075 98

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 3 acres + 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)

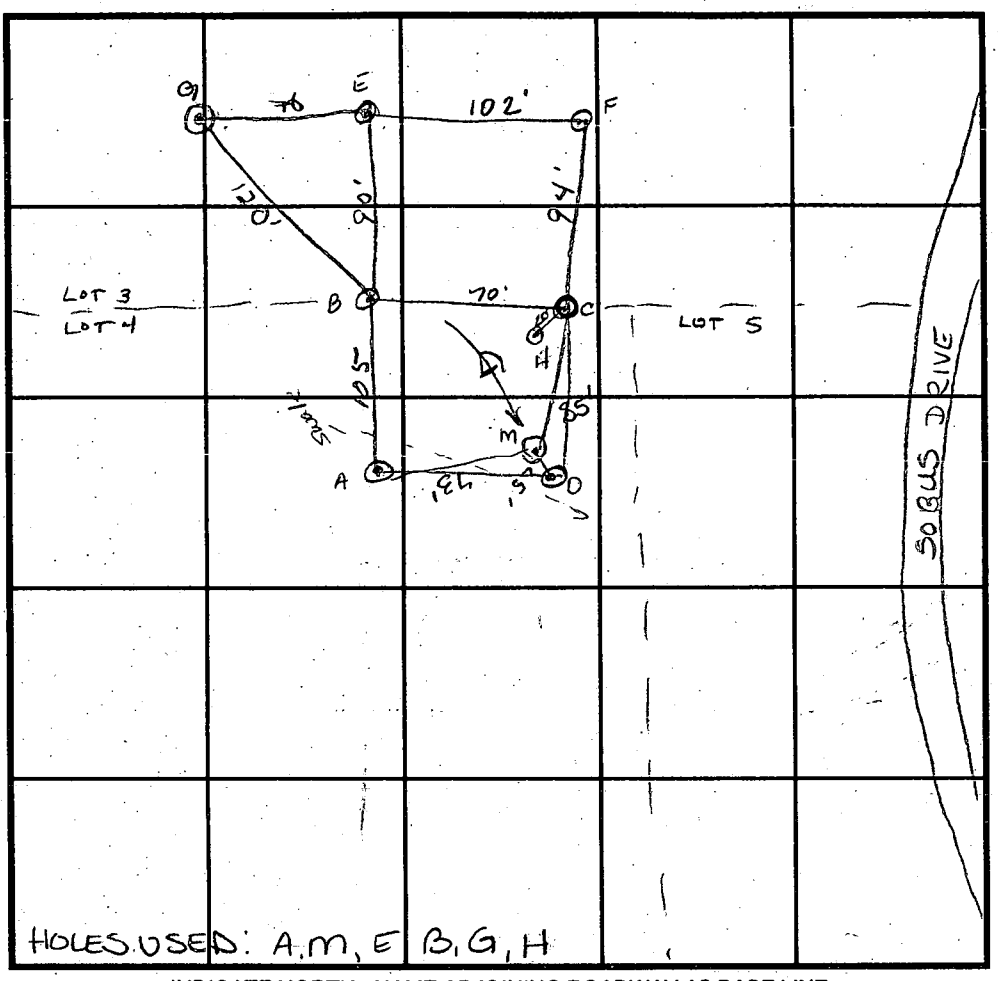
A49914D
COUNTY #

SOIL PROFILE

D
0' brn CL
2½ dark brn SiCL large chunks of shale a lot of soil around the chunks
10 hard bottom

A
1' red/brn SiL
SSiL brn some shale small frags OK
11'

C
SL brn
8' water



HOLES USED: A, M, E, B, G, H

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

H
0' same as A but a little more rock 10% OK
11½

M
red/brn CSL
3' brn SSiL 15% rock
hard bottom
10'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/22/94	D	2½' / V10	12:13	12:15 30	12:15 30	12:21	5½ min
	A	3' / V11'	12:16	12:17	12:17	12:18	1 min
	C	Visual	to 8'	Water	—	—	F
	H	Visual	to 11'	—	—	—	OK
	B	3' / V11'	12:00 45	12:01 30	12:01 30	12:03	1½ min
		5' / V11'	11:58 30	11:59	11:59	12:00 45	1¾ min
	M	Visual	to 10'	—	—	—	OK

REMARKS shallow system only - move off swale/bowl

TYPE OF SOIL ChB2 Chester Silt Loam

TESTED BY Amy McMillen / Mark Rifkin ALSO PRESENT R. Demuth

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

INLET DEPTH 1½' MAXIMUM BOTTOM DEPTH 3' SQ. FT/BEDROOM 180 ft²

APPLICATION

PERCOLATION TESTING

A 49914D

P _____

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

DISTRICT 3

DATE 3/9/94

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 Hill Top Development Corporation

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 Sabus Farms LOT NO. 3 (three)

ROAD AND DESCRIPTION at the end of Winfield Rd.

TAX MAP 15 PARCEL # 264 154

SIZE OF LOT 3 acres + TYPE BLDG. S.F.D.
(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)

A499140
COUNTY #

SOIL PROFILE

E

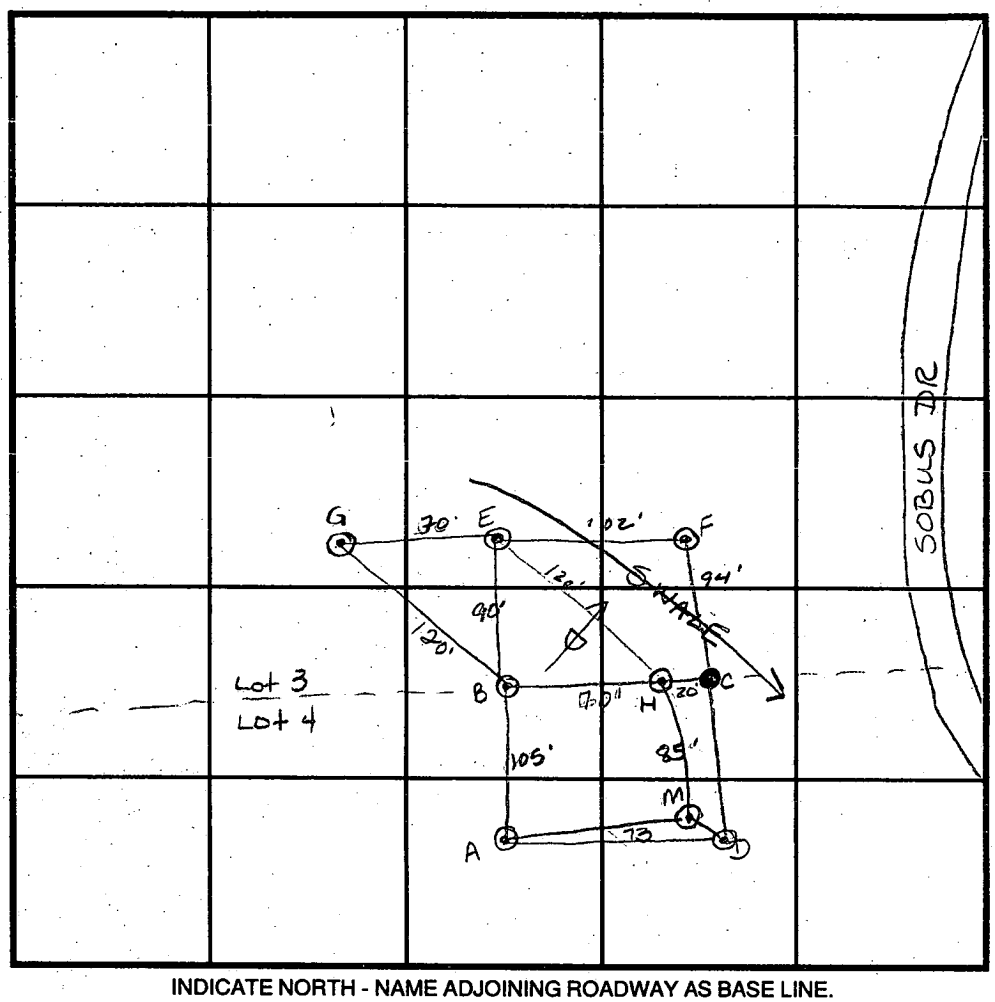
0'
brn SCL
1'
lgt brn SL mica very sandy so OK
12½'

B

brn/red SCL
1½'
lgt brn SL very micaceous some shale frags OK <5%
11'

G

orangl brn SCL
2'
S w/ mica greyish brn mixture
9½'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

H

0'
red/brn SiL
1'
SSiL brn some small shale frags 5%
11'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/22/94	F	Not	tested	- swale	—	—	—
	E	2½' / V12½'	11:45	11:45 30	11:45 30	11:46	1½ min
		repour	11:50 15	11:51	11:51	11:51 55	1 min
		6½' / V12½'	11:48	11:48 30	11:48 30	11:49 30	1 min
		repour	11:51 15	11:52	11:52	11:53 15	1¼ min
	B	3' / V11	12:00 45	12:01 30	12:01 30	12:03	1½ min
		5' / V11	11:58 30	11:59	11:59	12:45	45 sec
	G	3½' / V9½'	12:35	12:36	11:36	11:37	1 min
	C	Visual	to 8'	- water	—	—	F
	H	Visual	to 11'	—	—	—	OK

REMARKS need to stay 25' off swale

TYPE OF SOIL MIE Manor Loam

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

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3

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

A499.14C
COUNTY #

SOIL PROFILE

0'

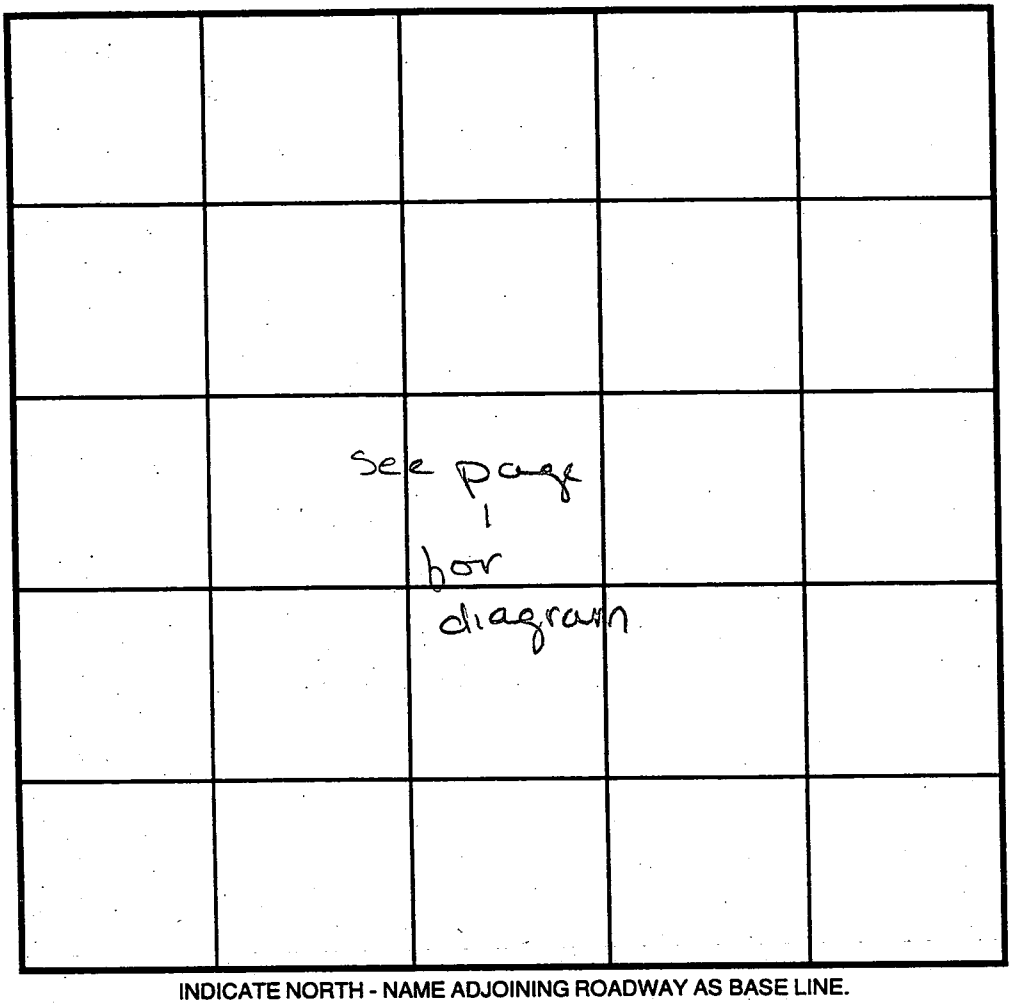
red/brn
CSL

3'

brn
SSiL
15% rock

10'

hard bottom



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
3/30/94	M	Visual	to	10'	—	—	ok
				10			

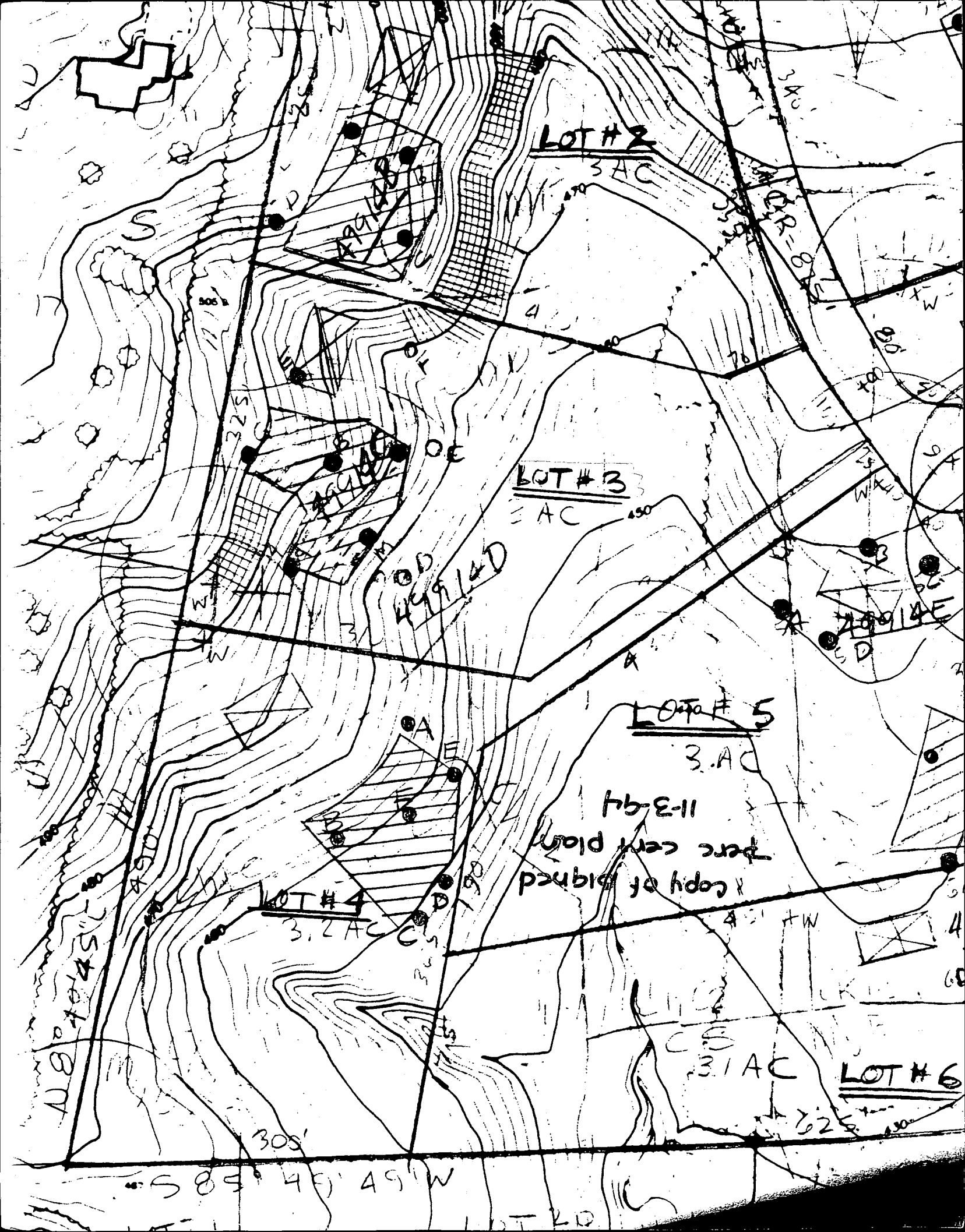
REMARKS _____

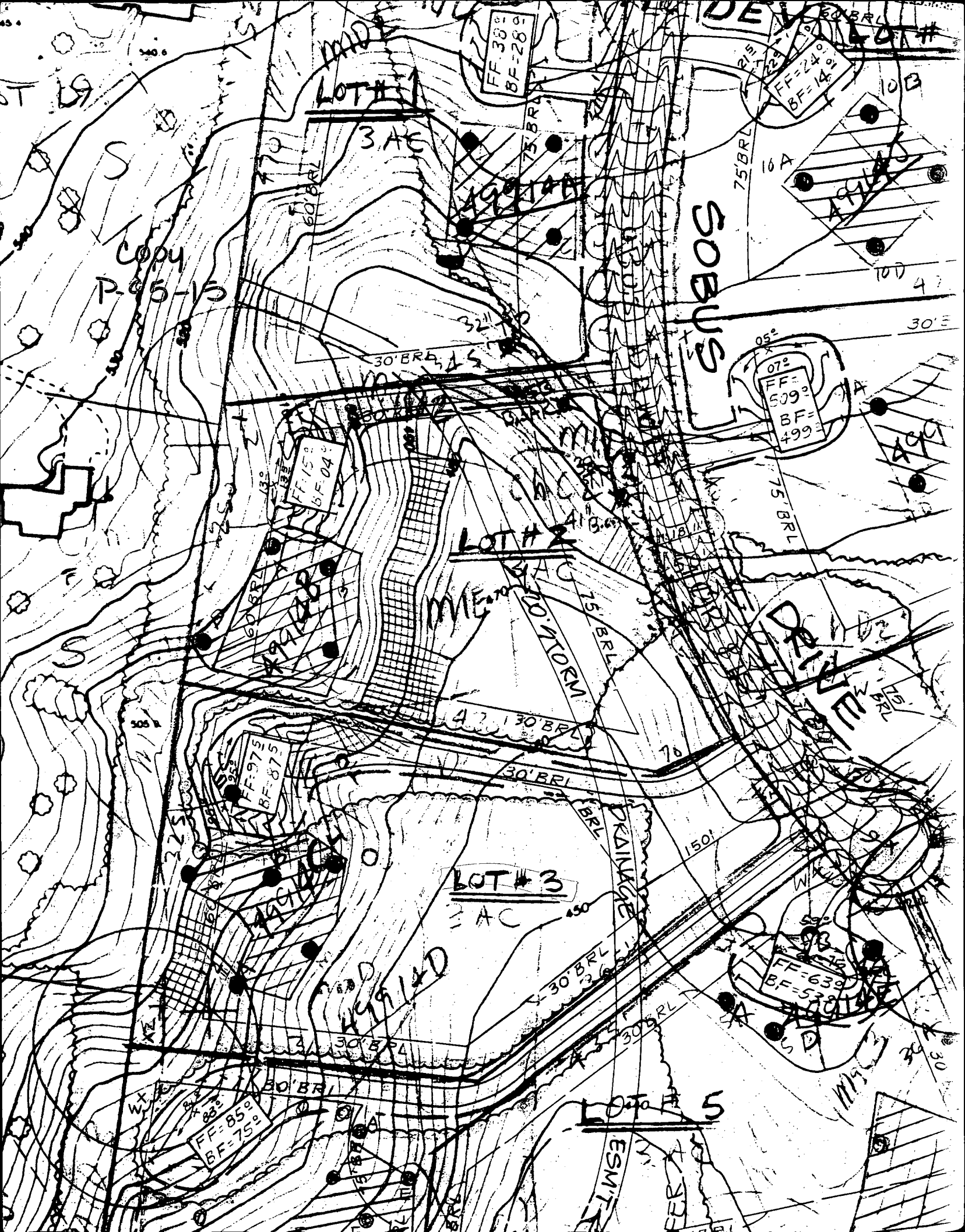
TYPE OF SOIL _____

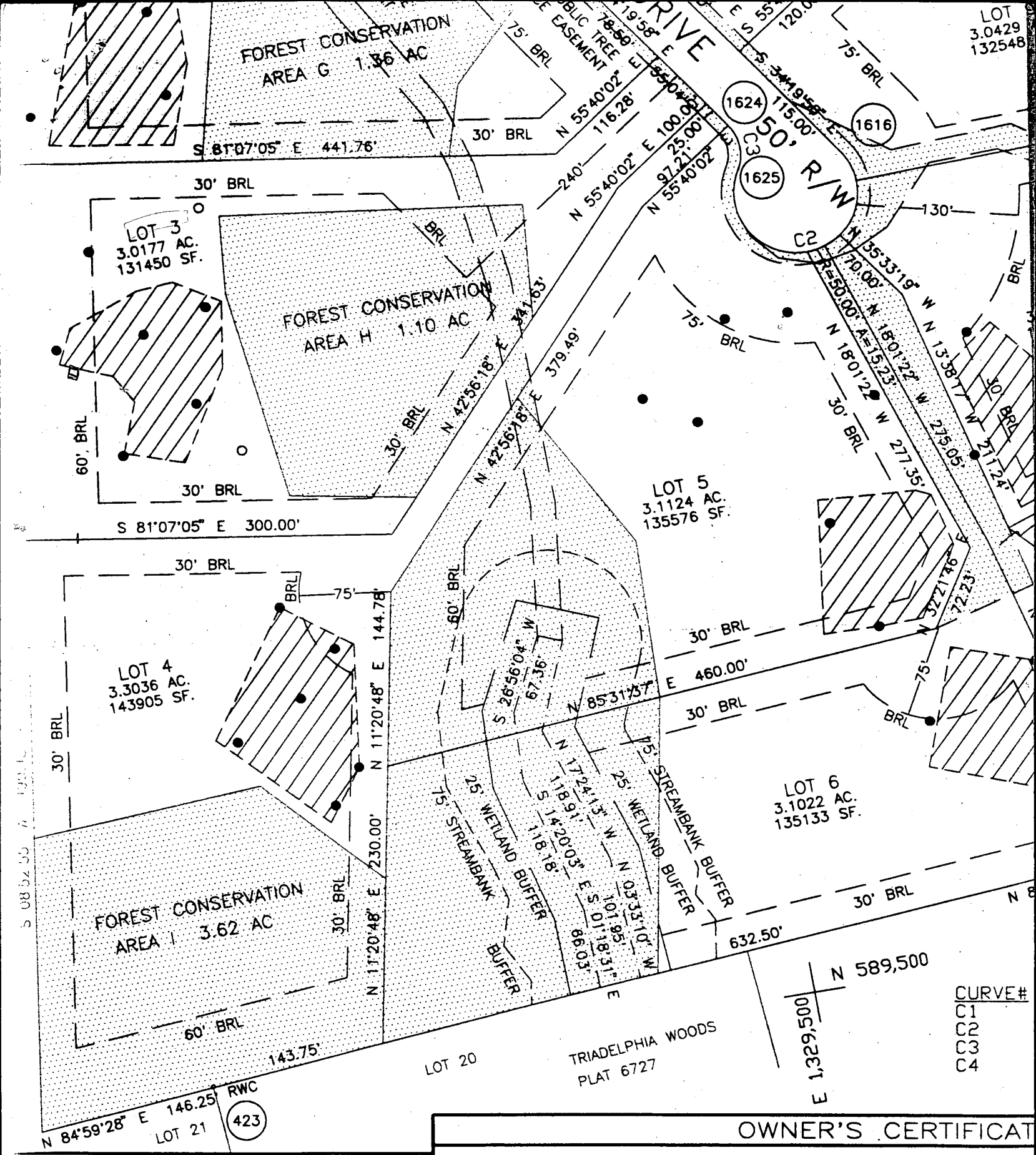
TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____


LOT #2
3 AC
LOT #3
3 AC
LOT #4
3.2 AC
LOT #5
3 AC
LOT #6
3.1 AC
305'
S 85° 45' 49" W


LOT #1
3 AC
LOT #2
2 AC
LOT #3
2 AC
LOT #5
SOBUS
DRIVE
30' BRL
75' BRL
60' BRL
20' STORM
DRAINAGE
ESMT
Copy
P-85-15



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

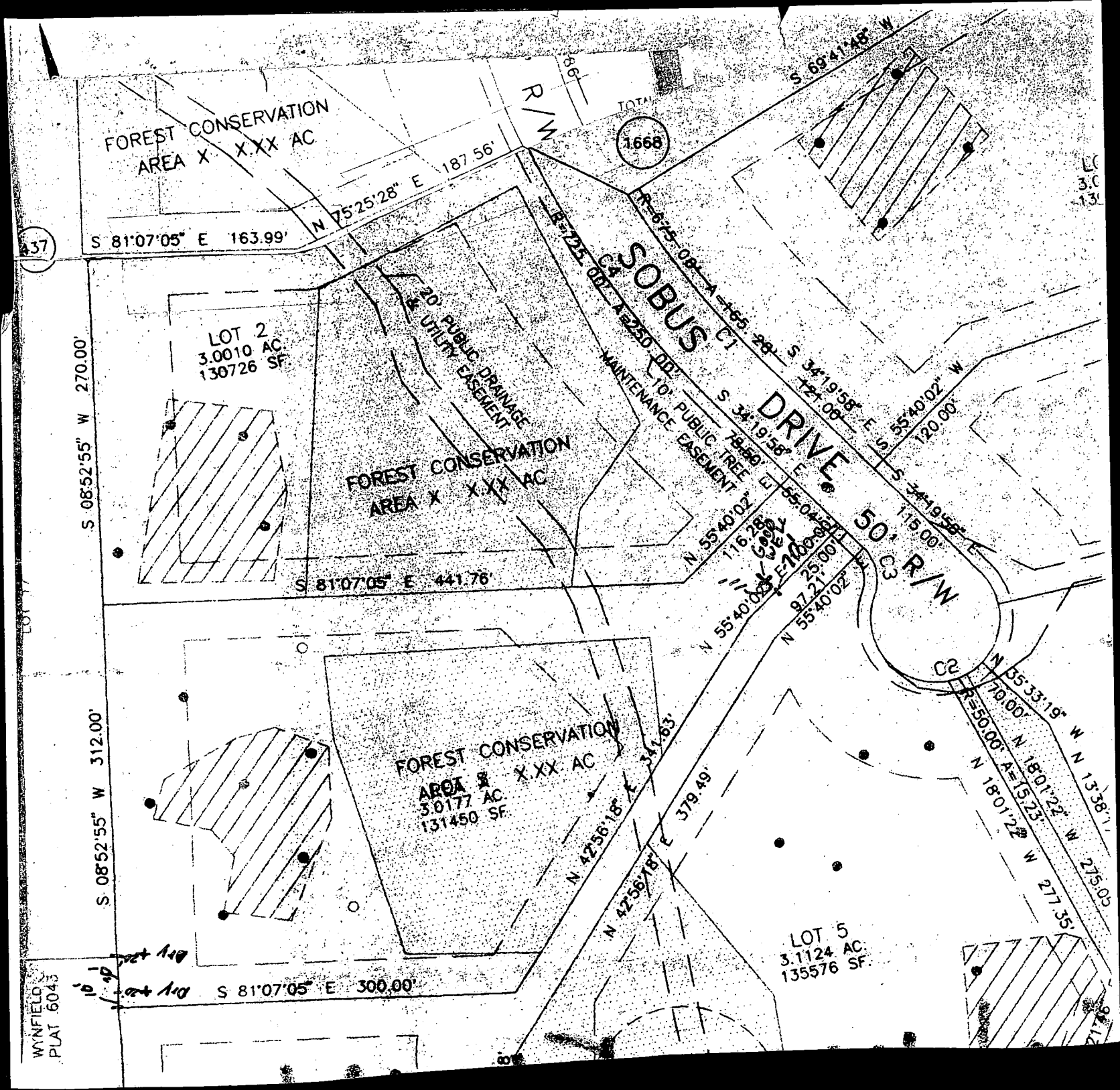
Copy of signed final

F-95-181

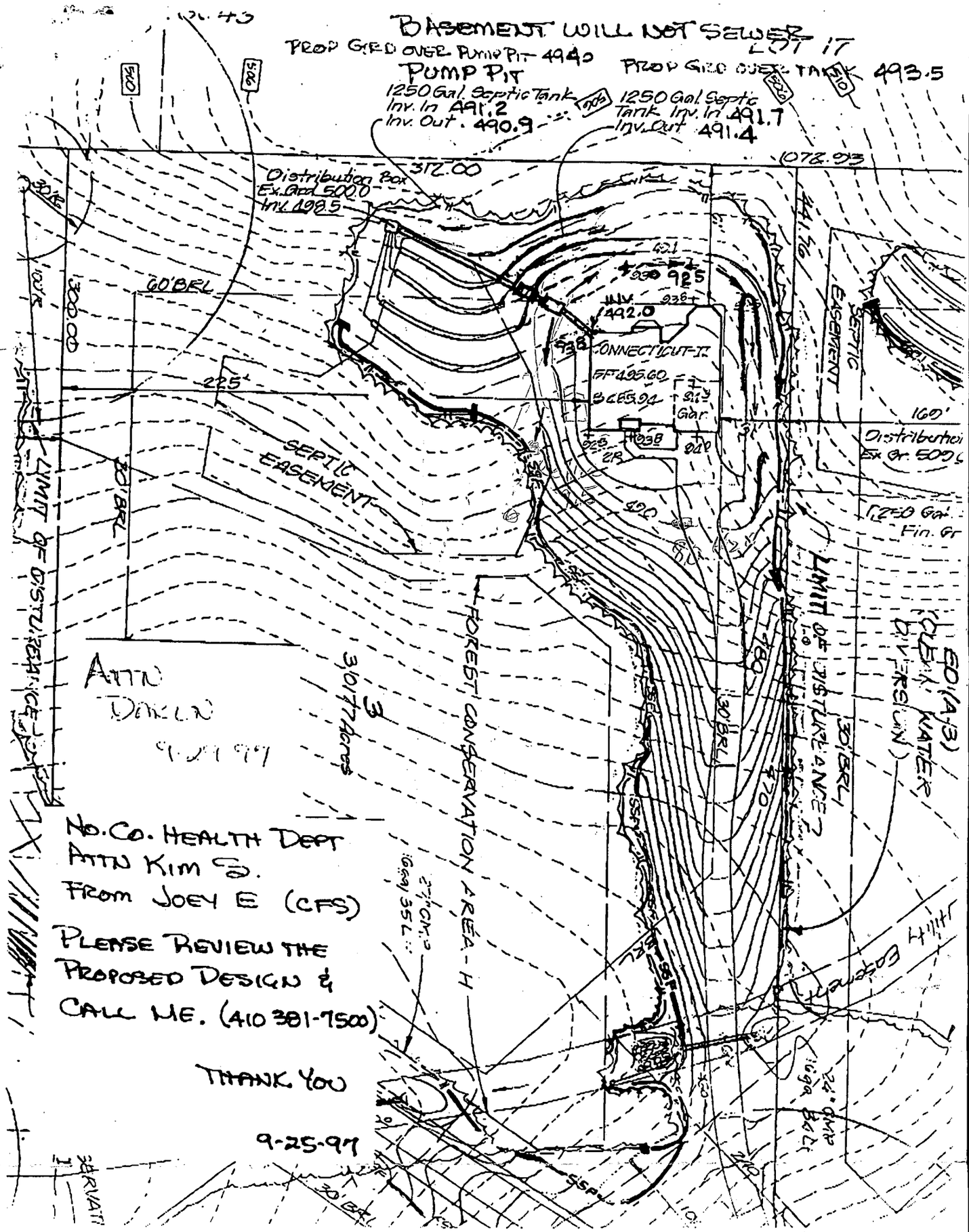
UNTY HEALTH OFFICER DATE

OWNER'S CERTIFICAT

Hilltop Development Corporation, by Richard J. Demmitt, Pr property shown and described hereon, hereby adopt this p consideration of the approval of this final plan by the Dep Zoning, establish the minimum building restriction lines an Maryland, its successors and assigns, (1) the right to lay, sewers, drains, water pipes and other municipal utilities ar roads and street rights-of-way and the specific easement (2) the right to require dedication for public use the beds and floodplains and open space applicable and for


FOREST CONSERVATION
AREA X X.XX AC
R/W
1668
S 69°41'48" W
N 75°25'28" E 187.56'
S 81°07'05" E 163.99'
437
SOBUS
DRIVE
50' R/W
C1
C2
C3
C4
R=675.00' A=465.28'
S 34°19'58" E 221.08'
R=225.00' A=250.00'
10' PUBLIC TREE MAINTENANCE EASEMENT
20' PUBLIC DRAINAGE & UTILITY EASEMENT
S 55°40'02" W 120.00'
S 34°19'58" E 115.00'
N 55°40'02" E 116.28'
55.04'
25.00'
97.21'
N 55°40'02" E
LOT 2
3.0010 AC.
130726 SF.
S 08°52'55" W 270.00'
FOREST CONSERVATION
AREA X X.XX AC
S 81°07'05" E 441.76'
FOREST CONSERVATION
AREA X X.XX AC
3.0177 AC.
131450 SF.
S 08°52'55" W 312.00'
N 42°56'18" E 341.63'
N 42°56'18" E 379.49'
N 35°33'19" W
70.00'
R=50.00' A=15.23'
N 18°01'22" W 277.35'
N 13°38'1
275.05
LOT 5
3.1124 AC.
135576 SF.
S 81°07'05" E 300.00'
WYNFIELD
PLAT 6043


Well Site
Adjusted toward
Lot Line for
Dry Hole
MR 2/14/96
LOT B
LOT 5
LOT 4
3.1 AC
30' BRL
75' BRL
STORM
DRAINAGE
EASEMENT
BUFFER
FF=509
BF=499
FF=639
BF=529
FF=85
BF=75
FF=44
BF=34



B0001107548

REVISED

Date: 9-29-97

Comments: House moved

Total linear feet of trench required 180 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 3.0 feet

Depth of stone required below distribution pipe 1.5 feet

Info below conveyed to builder 9/29/97 3:45

Howard County Health Department

My last contact w/eng. i.e. when revision was approvable - 9/26 2:05

To: File

B-00107548

Sobus Farms - Lot 3

This septic layout is ~~OK~~ for BP, but DO NOT sign BP until we receive a revised site plan from BP office. This fax is from CF&S - house location, plumbing, septic are revised from original site plan 8/25.

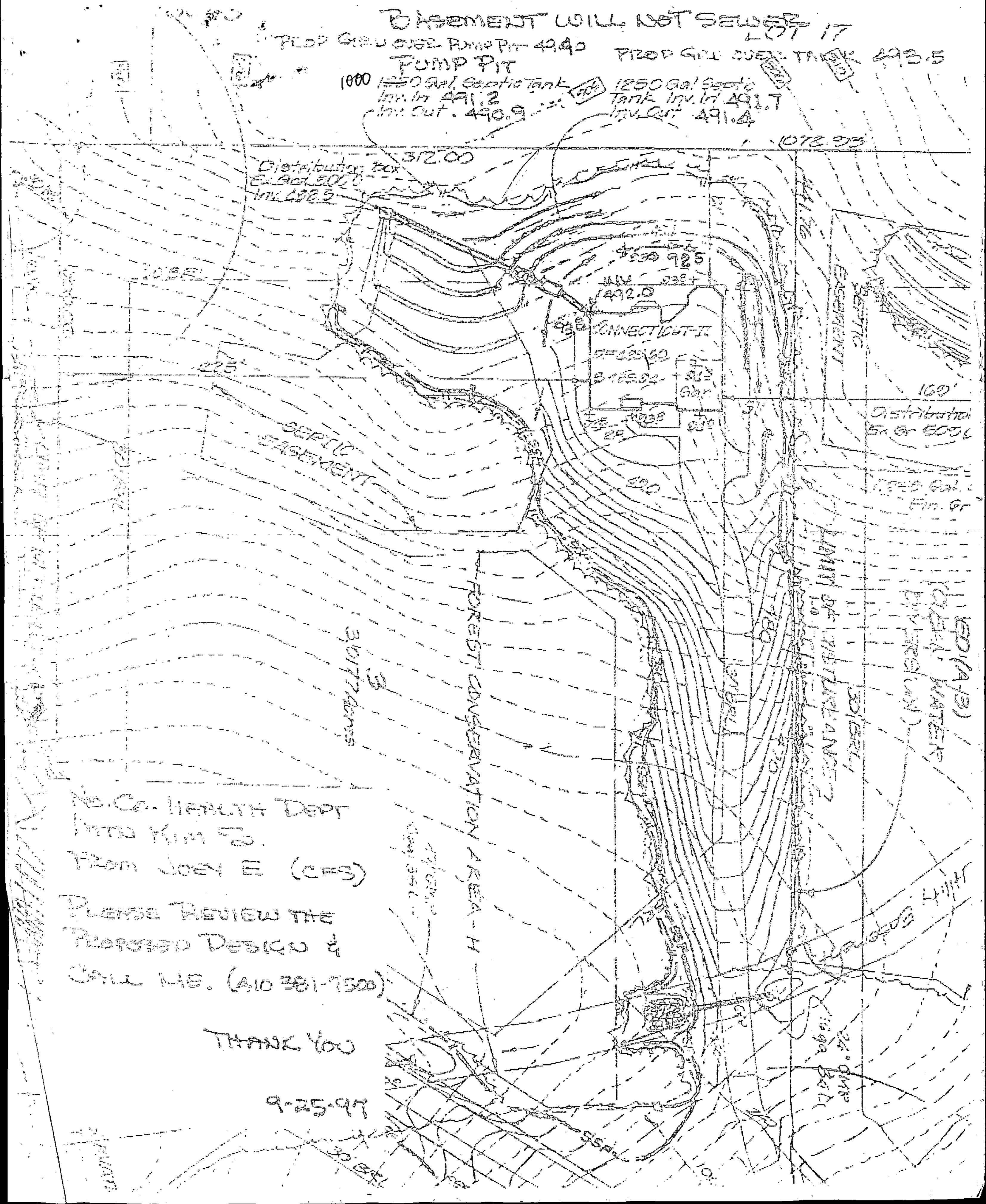
From:

Date:

HD-170

Thanks! Kim

bring
paperwork
to



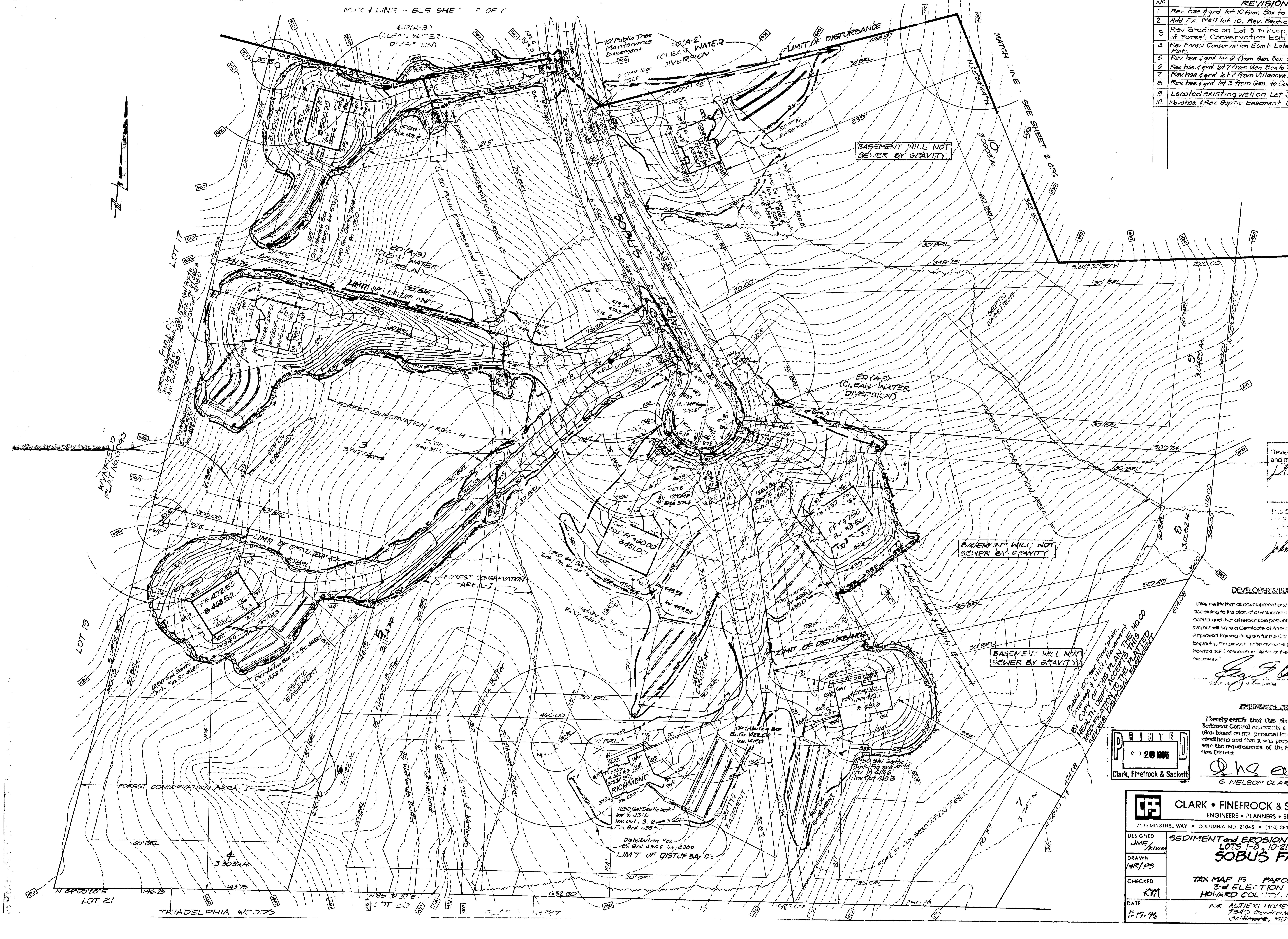
Ho. Co. Health Dept
Attn: Kim S.
From Joey E. (CFS)

Please Review the Proposed Design & Call Me. (410 381-7500)

Thank You

9-25-97

№	REVISION	Date
1	Rev. hse. & grd. lot 10 from Box to Connecticut II (Rev.)	3-5-96
2	Add Ex. Well lot 10, Rev. Septic System	4-1-96
3	Rev. Grading on Lot 8 to keep disturbance outside of Forest Conservation Esm't.	6-26-96
4	Rev. Forest Conservation Esm't. Lots 2, 3 & 5 per rev. Record Plats	8-14-96
5.	Rev. hse. & grd. lot 6 from Gen. Box to Richmond	1-9-97
6	Rev. hse. & grd. lot 7 from Gen. Box to Villanova II (Rev)	2-12-97
7	Rev. hse. & grd. lot 7 from Villanova II to Cornell	2-20-97
8	Rev. hse. & grd. lot 3 from Gen. to Connecticut II	8-19-97
9.	Located existing well on Lot 3	8-27-97
10.	Movehse. & Rev. Septic Easement Lot 3	9-24-97



Reviewed for HOWARD S.C.D. and meets Technical Requirements.

J.G. Warfield / JMM 2/27/96

Signature Date

U.S. Natural Resources Conservation Service

This Development Plan is Approved for Soil Erosion and Sediment Control by the Howard Soil Conservation District

John R. Robertson 2/27/96

DEVELOPER'S/BUILDER'S CERTIFICATE

"I/We certify that all development and construction will be done according to this plan of development and plan for erosion and sediment control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary."

[signature] 1-19-96

Signature of Developer Date

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.

[signature] 1-19-96

G NELSON CLARK Date

STATE OF MARYLAND — G. NELSON CLARK — 1-19-96

PRINTED SEP 26 1997 Clark, Finefrock & Sackett

CLARK • FINEFROCK & SACKETT, INC.

ENGINEERS • PLANNERS • SURVEYORS

7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (410) 381-7500 — BALTO. • (301) 621-8100 — WASH.

DESIGNED JMF/KIWM	SEDIMENT and EROSION CONTROL PLAN LOTS 1-8, 10-21, 26-37 **SOBUS FARMS**	SCALE 1" = 50
DRAWN MR/PS		DRAWING 3 of 6
CHECKED KM	TAX MAP 15 PARCELS 26 & 154 3rd ELECTION DISTRICT HOWARD COUNTY, MARYLAND	JOB NO. 95-209
DATE 1-17-96	FOR ALTIERI HOMES, INC 7349 Gardenview Drive Baltimore, MD 21227	FILE NO. 95-209X

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 1938 | 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: 40-93-0246
fill in this form completely

Date Received (APA): 11/27/95

OWNER INFORMATION

Last Name: DEMMITT | First Name: RICHARD
Street or RFD: PO BOX 228
Town: CLARKSVILLE | State: MD | Zip: 21029

DRILLER INFORMATION

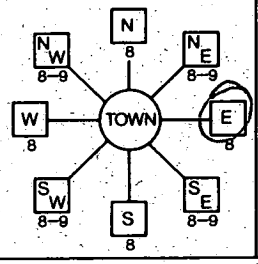
CIRCLE: MSD / MGD / MWD

Driller's Name: Joseph L. MAYNE | License No.: 24
Firm Name: Joseph L. MAYNE Well Drilling
Address: 5512 RIDGE RD. MT. AIRY MD 21771
Signature: Joseph L. Mayne | Date: 11/29/95

LOCATION OF WELL

B 3
COUNTY: HOWARD
SUBDIVISION: SOBUS FARMS
SECTION: | LOT: 3
NEAREST TOWN: WESTFRIENDSHIP
MILES FROM TOWN (enter 0 if in town): 1 1/2 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: SOBUS DR.

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

DISTANCE FROM ROAD: 570
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

COUNTY NAME: Howard Co | COUNTY NO.: A 49914-D
STATE SIGNATURE: _____ | INSERT S
DATE ISSUED: 01/26/96 | CO SIGNATURE: A. McMillan | EXP. DATE: 1/26/97
NORTH GRID: 53000 | EAST GRID: 081700

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 817
N 530

3/18/96 4/1/96
Grout 9'30 9'30
Grout 11', 30
3-28-96
GROUT OK
2' CASING A.G.
40' OPEN
15 BAGS
42' CASING
000 000 TAG OK LOCOK

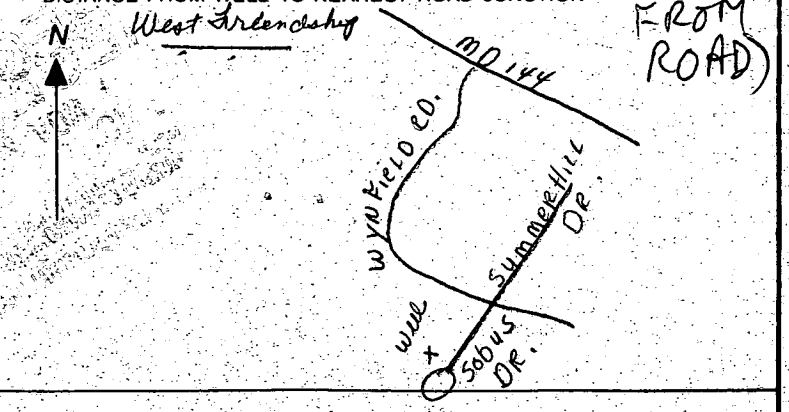
REPLACEMENT OR DEEPENED WELLS

(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: AM (WRITE INITIALS IN BOX) PERMIT No.: 40-93-0246

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

COUNTY

C 1 0221 — 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 49914-D

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 04 01 96

Depth of Well: 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-93-0246

OWNER Demmith Richard (last name / first name)
STREET OR RFD Sobus Drive TOWN West Friendship
SUBDIVISION Sobus Farms SECTION LOT #3

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	38	
Gray Mica Rock	38	185	✓

2 dry wells 400' 400' Filled in with Cement & Drilling materials

NUMBER OF UNSUCCESSFUL WELLS: 2

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 L. 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 15 NO. OF POUNDS 1410
GALLONS OF WATER 90
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft. (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	42

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

DEPTH (nearest ft.)

EACH SCREEN			
1	HO	40	185
2			
3			

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

GRAVEL PACK: from ____ to ____
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
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

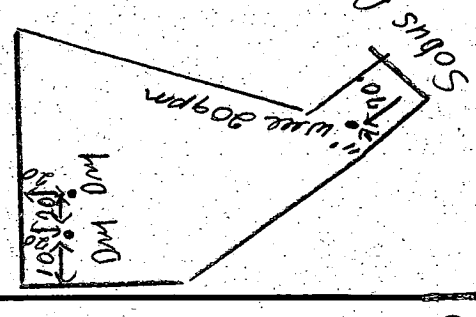
C 3

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: 38 ft.
WHEN PUMPING: 41 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

11/26/97
OK to cover WPI
AWE

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 11/25/97

Name of Installer ROBERT L. FEEZER CO. INC. Telephone 410-781-4633

License Number 2122
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner ALBERT HOMES Telephone 410-795-1925
Subdivision HARLEY HUNT Lot # 3 Well Tag # MO-93-0246
Site Address SCIRUS DRIVE

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make AERMOTOR
3. Model # AT5-50
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 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make AMERICAN GRAVELY
2. Model # PT-800
3. Depth 42"

Tank WX-203 CAPTIVE AIR
1. Capacity 32 GAL.
2. Pressure relief valve? YES

Piping
1. Type POLY 160 PSI
2. Size 1" (ACROSS)
3. NSF and/or BOCA Code approved ✓
4. Depth of supply line 42"

Well data
1. Depth 180 ft.
2. Yield 2+ GPM
3. Static water level ? 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.

Signature of Applicant: Robert L. Feezer

Date: 11/25/97

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

FD-215