PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5758/FB

A 49914K

DISTRICT 3rd

DATE 11/26/96

DATE SYSTEM APPROVED 4/21/97

INSPECTOR JJ

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
[redacted] 313-2640

03-319857
INDEXED

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

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

SUBDIVISION Sobus Farm LOT 18 ROAD 2916 Summer Hill Drive

PROPERTY OWNER Altieri Homes

ADDRESS ____

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 - Place distribution box 145 feet up the left (338.17') lot line and 45 feet off that same lot line as seen when facing the lot from Summer Hill Drive. Run trenches on contour toward the left 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/MR

PLANS APROVED BY 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)

[redacted] PERMIT ISSUED
AND RECEIVED 2/8/2001
B00128396 - FINISH BASEMENT

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.

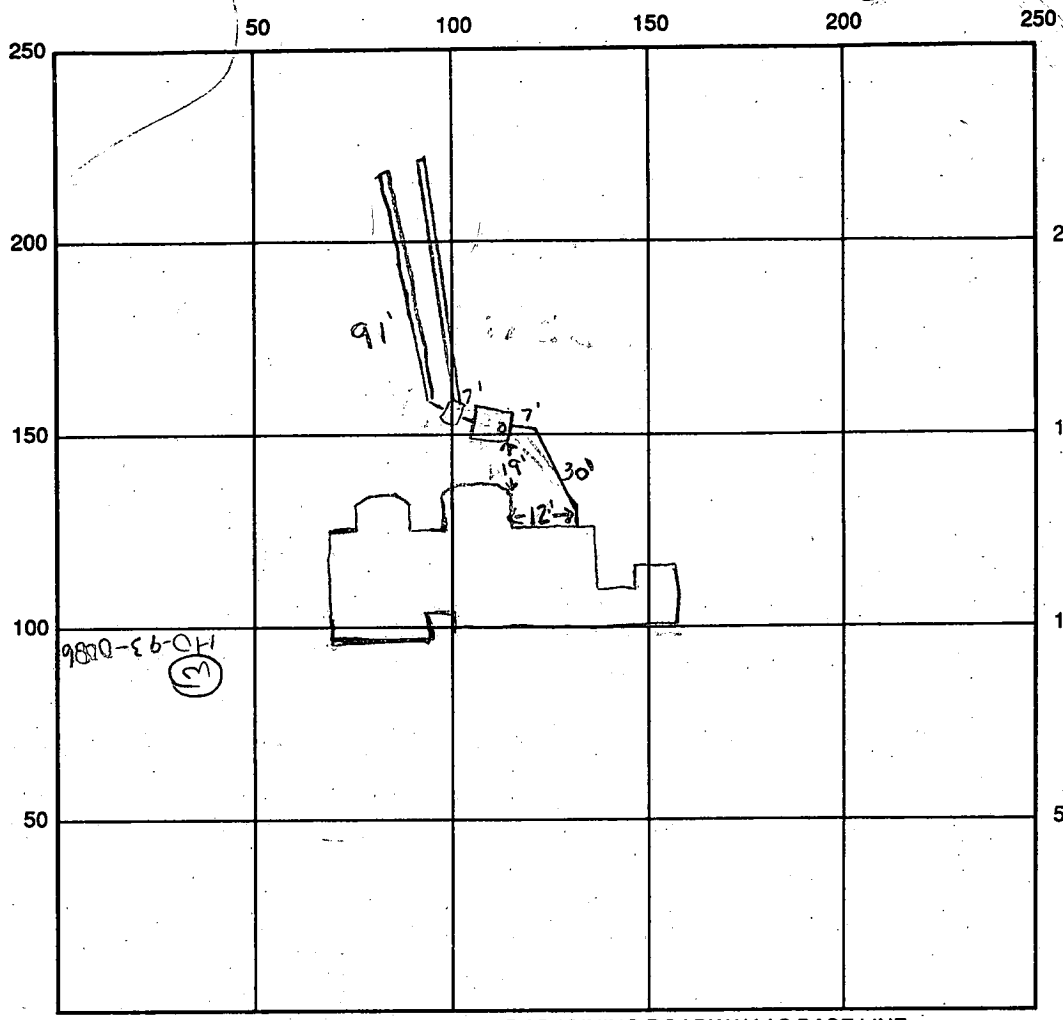
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

A 49914K



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Summer Hill Drive

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 91/91 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA +910 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 1-15-97 ok to continue work KM

1-16-97 no baffle in distribution box, pipes not cemented, ok to continue work KM

CONTRACTOR REQUESTS SYSTEM AS SHALLOW AS POSSIBLE GIVEN INVERT AT HOUSE + CONTOURS

1ST TRENCH STONED TO 8.5' SUPPOSEDLY ONLY LAST 15' IS DUG TO 9' gb

STONE DEPTH VERIFIED TO 8.5 gb 1/21/97 OK TO COVER ALL WORK gb

1-16-97 WP1 ok to cover INLL line, connection to house not seen KM

DATE SYSTEM APPROVED 1/21/97 INSPECTOR

1/6/97 PM INSP 1ST TRENCH COMPLETE, NEEDS PAPER. gb 11/17/97 AM INSP - NO WORK DONE. gb

1/17/97 2ND TRENCH OK TO SPECS, OK TO COVER ALL EXCEPT END OF 2ND TRENCH. gb

5/15/00 C.O.
1:30 pm

PERMIT

P 513382

SEWAGE DISPOSAL SYSTEM

A 512748

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

ISSUE DATE 4/11/2000

APPROVAL DATE 2/8/01

South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER ___

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

SUBDIVISION Sobus Farms LOT NUMBER 18 ADDRESS 2916 Summer Hill Drive

PROPERTY OWNER Glenn & Karen McEachern PROPERTY OWNER'S ADDRESS POOL HOUSE

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY NA GALLONS

NUMBER OF BEDROOMS ___

SQUARE FEET PER BEDROOM ___

LINEAR FEET OF TRENCH REQUIRED 80

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: Install the trench according to the attached plan, starting approximately 20' off the pool house, 50' off the right lot line and 95' from the rear lot line. Maximum trench length is 80'. OK/MR

PLANS APPROVED Mark E. Rifkin DATE 4-27-2000

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

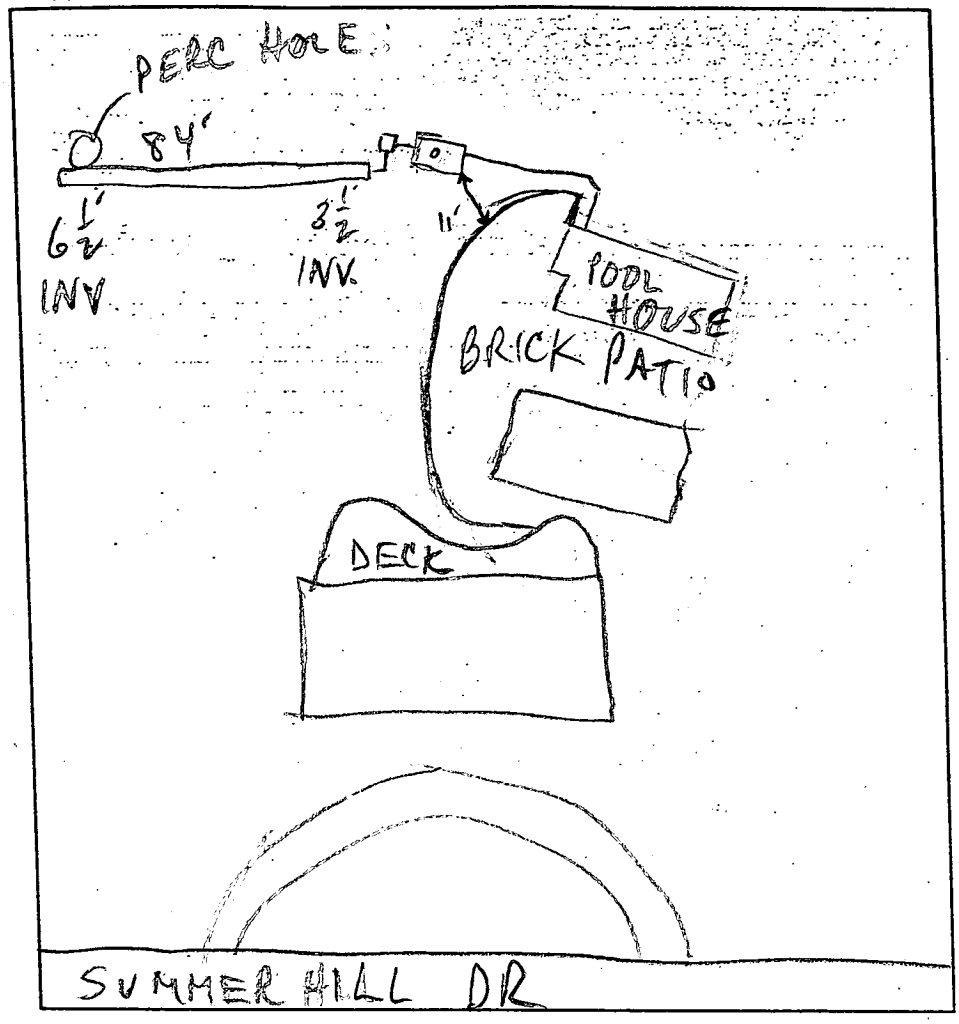
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

6½
3½ 32

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 3½ - 6½'
TRENCH BOTTOM DEPTH 5½ - 8½'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 1
TOTAL TRENCH LENGTH 84'
ABSORBENT AREA 252 ft²
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1000 GALLONS
MANHOLE RISER —
6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

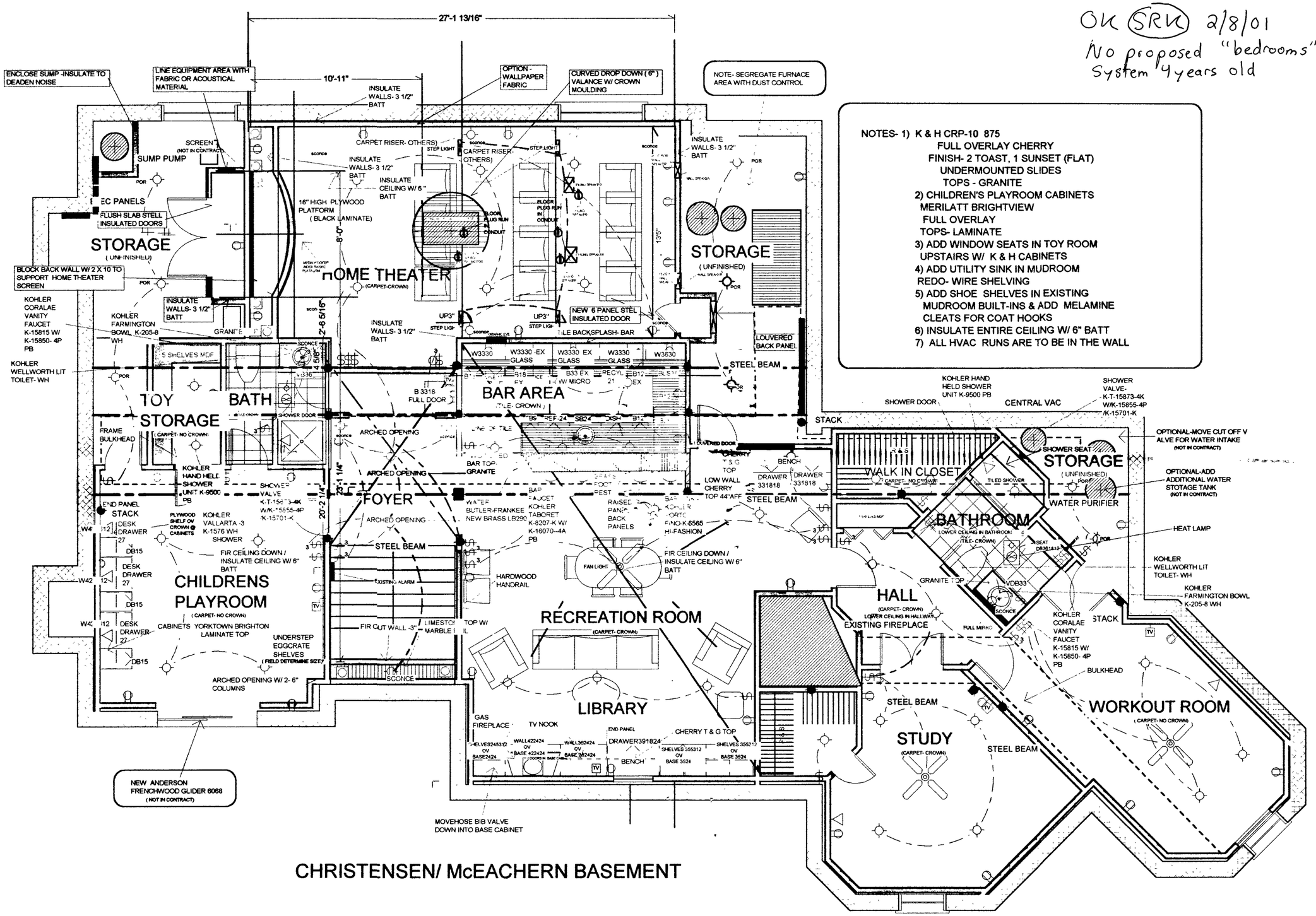
PUMP CHAMBER GALLONS —
MANHOLE RISER —
ALARM —
PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 5/15/00 TRENCH NOT ON TOP, CLOSER TO LOT LINE THAN SPECS; TRENCH LAYOUT ACCEPTED; HOLD FOR HOUSE CONN (MR) 2/8/01 - HOUSE CONNECTION VERIFIED THRU TELEPHONE CONV. W/ RICK FROM SUN PLUMBING - (SRK)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 2/8/01

Sobus Farms Lot 18
2916 Summer Hill Drive
OK (SRK) 2/8/01
No proposed "bedrooms"
System 4 years old



NOTES- 1) K & H CRP-10 875
FULL OVERLAY CHERRY
FINISH- 2 TOAST, 1 SUNSET (FLAT)
UNDERMOUNTED SLIDES
TOPS - GRANITE
2) CHILDREN'S PLAYROOM CABINETS
MERILATT BRIGHTVIEW
FULL OVERLAY
TOPS- LAMINATE
3) ADD WINDOW SEATS IN TOY ROOM
UPSTAIRS W/ K & H CABINETS
4) ADD UTILITY SINK IN MUDROOM
REDO- WIRE SHELVING
5) ADD SHOE SHELVES IN EXISTING
MUDROOM BUILT-INS & ADD MELAMINE
CLEATS FOR COAT HOOKS
6) INSULATE ENTIRE CEILING W/ 6" BATT
7) ALL HVAC RUNS ARE TO BE IN THE WALL

CHRISTENSEN/ McEACHERN BASEMENT

Christensen/McEachern
Basement

The Baywood Design/Build Group, Inc.
5550 Sterritt Place Suite 100
Columbia , MD 21046
410.995.6363 Fax 410.992-3211

12/11/00

3/16"= 1' 0"

APPLICATION

512748
A 511577

PERCOLATION TESTING

P _____

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

6/1/99 Perc not needed for pool - see plat for explination. AL
9/30/99 PROPOSAL MODIFIED PERC REQ'D FOR EXPANSION FOR POOL MR

DISTRICT _____

DATE ~~MAY 11, 1999~~ 10-1-99

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 GLENN D. CHRISTENSEN AND KAREN J. MCEACHERN

ADDRESS 2916 SUMMERHILL DR. WEST FRIENDSHIP MD. 21794 PHONE 410-489-5903

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION "SOBUS FARMS" LOT NO. 18

ROAD AND DESCRIPTION LOT 18 AS SHOWN ON THE PLAT ENTITLED "SOBUS FARMS", LOTS 1-33 AND PRESERVATION PARCELS A & B", WHICH PLAT IS RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MD IN PLAT NO. 11927. PROPERTY DESCRIBED IN LIBER 3849 FOLIO 173.

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.1 ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(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. Glenn D. Christensen Karen J. McEachern
(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)

COUNTY #

SOIL PROFILE

0'

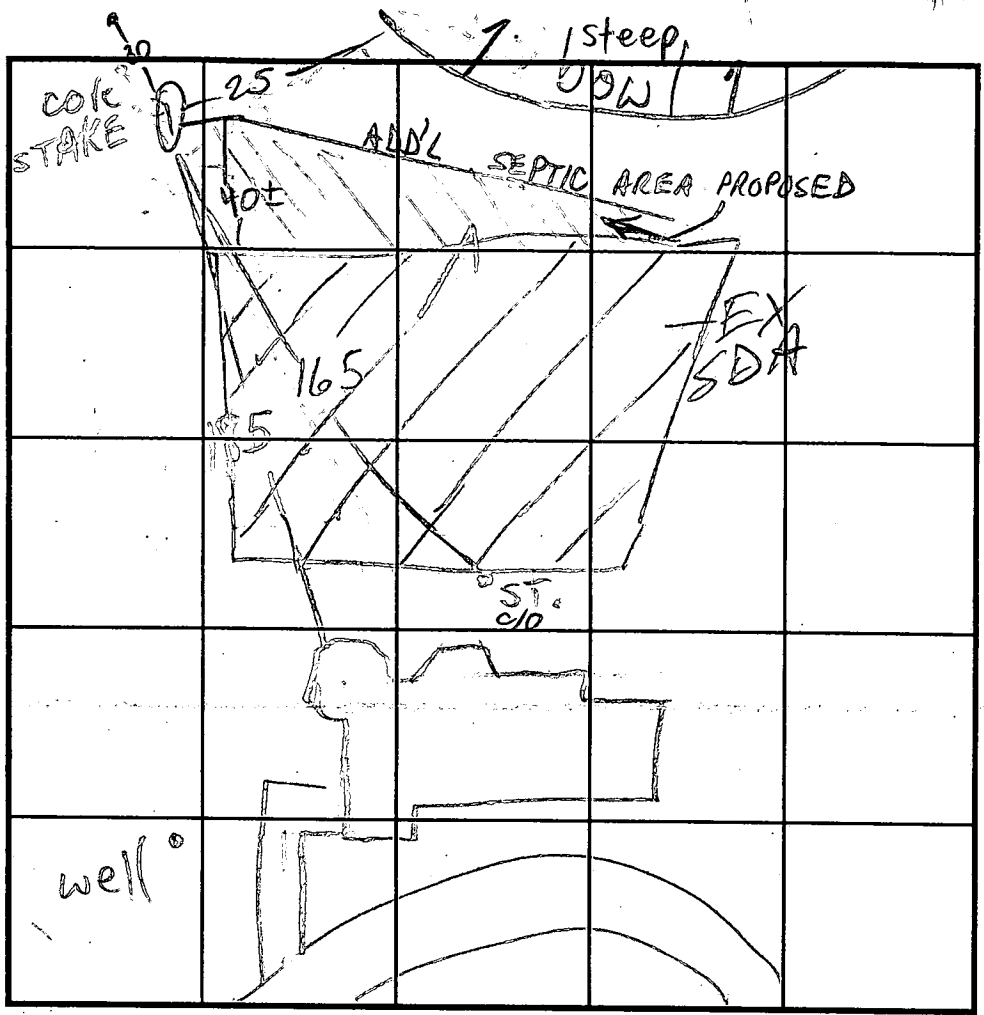
(1)

red brn
sacl lm

3-4'

tan
br
sa
15-20% mica
saprolite

12'9"



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. SUMMER HILL DR

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/5/99	1 V	12'9"	OK see profile				< 7
		SUITABLE FOR SHALLOW DESIGN					

REMARKS

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT Brett of Baywood owner, Tyock Crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME < 7 min TRENCH WIDTH

INLET DEPTH 3½ MAXIMUM BOTTOM DEPTH 5½ SQ. FT/BEDROOM 180

EMERGENCY/TEMP... IF ANY

B T 14337 — SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: Ho - 94 - 2524

fill in this form completely

Date Received (APA): 12/17/99

OWNER INFORMATION

McEachern (Last Name) Karen (First Name)

2916 Summerhill Dr. (Street or RFD)

West Friendship (Town) Md. (State) 21794 (Zip)

DRILLER INFORMATION

Joseph L. Mayne — MSD 24 (License No.)

Joseph L. Mayne well Drilling (Firm Name)

5512 Ridge Rd. Mt. Airy, Md. 21771 (Address)

Joseph L. Mayne — 12/17/99 (Date)

LOCATION OF WELL

B 3

Howard (County)

~~Woodbine Heights Estates~~ Sobus Farm Est. (Subdivision)

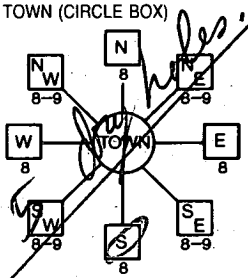
SECTION — LOT 18

West Friendship (Nearest Town)

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2916 Summer Hill Drive (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 20 FT (ENTER FT OR MI)

TAX MAP: 15 BLK: ____ PARCEL 154

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) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

Returned & Destroyed 6/00

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (COUNTY NAME) A49914K (COUNTY NO.)

STATE SIGNATURE ____ INSERT S

DATE ISSUED 12/22/99 — Ronald Parker — EXP. DATE 12/22/00

NORTH GRID 530 000 — EAST GRID 0817 000

APPROXIMATE DEPTH OF WELL: Returned 200 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 8187

N 530

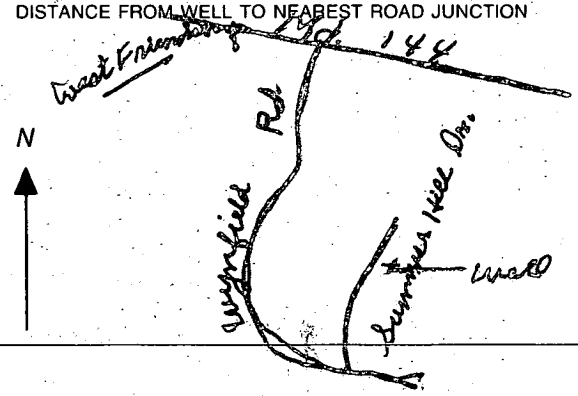
000 000

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): HO-93-0086

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

PERMIT No. HO - 94 - 2524

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

DENV-Permit 97

② COUNTY

C 1 07570 — 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 A 49914 K

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED: MM 3 DD 7 YY 2000

Depth of Well ____ (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO - 94 - 2524

OWNER McEachern (last name) Karen (first name)

STREET OR RFD 2916 Summerhill Dr TOWN

SUBDIVISION Schutz Farm SECTION LOT 18

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
Dry well backfilled			
500 - 40 drilling materials			
40 - 0 cement			
400 - 40 drilling materials			
40 - 0 Cement			
350 - 40 drilling materials			
40 - 0 Cement			
300 - 40 drilling materials			
40 - 0 cement			
350 - 40 drilling materials			
40 - 0 Cement			

NUMBER OF UNSUCCESSFUL WELLS 5

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. MSD024

Joseph L Mayne
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD027

Larry Mayne
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 ____ NO. OF POUNDS ____

GALLONS OF WATER ____

DEPTH OF GROUT SEAL (to nearest foot)
from ____ ft. TOP to ____ 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)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) 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		
2		
3		

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

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) ____

PUMPING RATE (gal. per min.) ____

METHOD USED TO MEASURE PUMPING RATE ____

WATER LEVEL (distance from land surface)

BEFORE PUMPING ____ ft.

WHEN PUMPING ____ 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 (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 ____ (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES. (MEASUREMENTS TO WELL)

N

See attached locations

DENV-CR97 — ② COUNTY

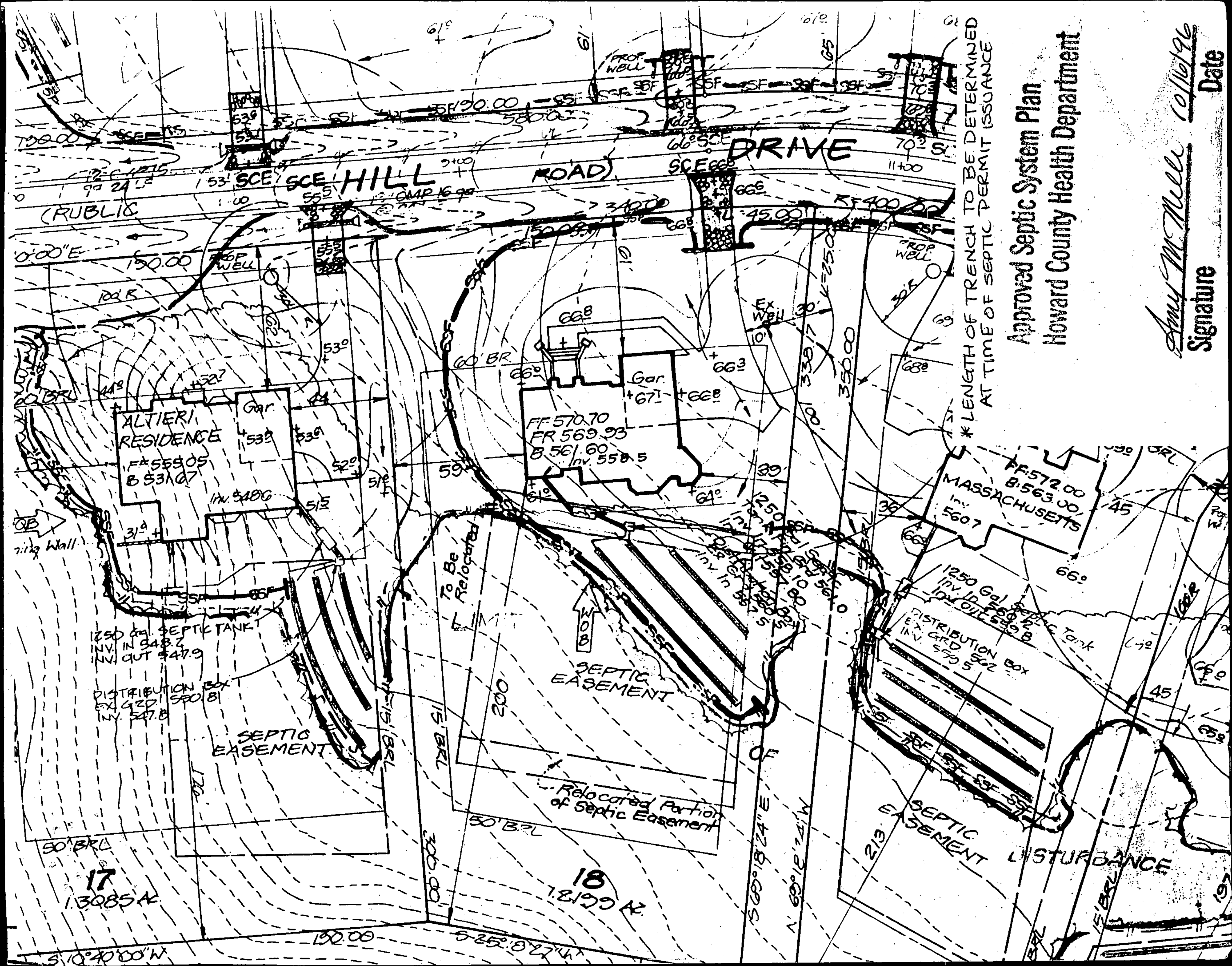
March 1/2000

Howard County, Bureau of
Environmental Health

Attention: Ron Pinkley,

This is a request for a variance on the 100 foot set back distance between wells and septic systems. My reason is a limited available area for developing a well after seven successive dry well attempts on the property. The production well was yield tested at just over 1 gallon per minute.

Karen A McFadden
2916 Summer Hill Dr.
West Friendship, MD 21794


HILL
ROAD
DRIVE
PUBLIC
SCE
PROP WELL
EX WELL
ALTIERI RESIDENCE
FF 555.05
B 531.67
Inv. 548.6
Gar.
FF 570.70
FR 569.93
B 561.60
Inv. 558.5
FF 572.00
B 563.00
MASSACHUSETTS
Inv. 560.7
1250 Gal. SEPTIC TANK
INV. IN 548.2
INV. OUT 547.9
DISTRIBUTION BOX
EX GRD 550.81
INV. 547.8
SEPTIC EASEMENT
To Be Relocated
Relocated Portion of Septic Easement
LIMIT OF DISTURBANCE
50' BRL
15' BRL
60' BR
17
1.3085 Ac.
18
1.2199 Ac.
150.00
350.00
338.17
300.00
S 10°40'00"W
S 25°18'27"W
* LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE
Approved Septic System Plan
Howard County Health Department
Signature
10/10/96
Date

APPLICATION

PERCOLATION TESTING

A 49914K

P _____

DISTRICT 3

DATE 3/9/94

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

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. 18 (eighteen)

ROAD AND DESCRIPTION at the end of Winfield Rd.

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre + 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)

A499-14K
COUNTY #

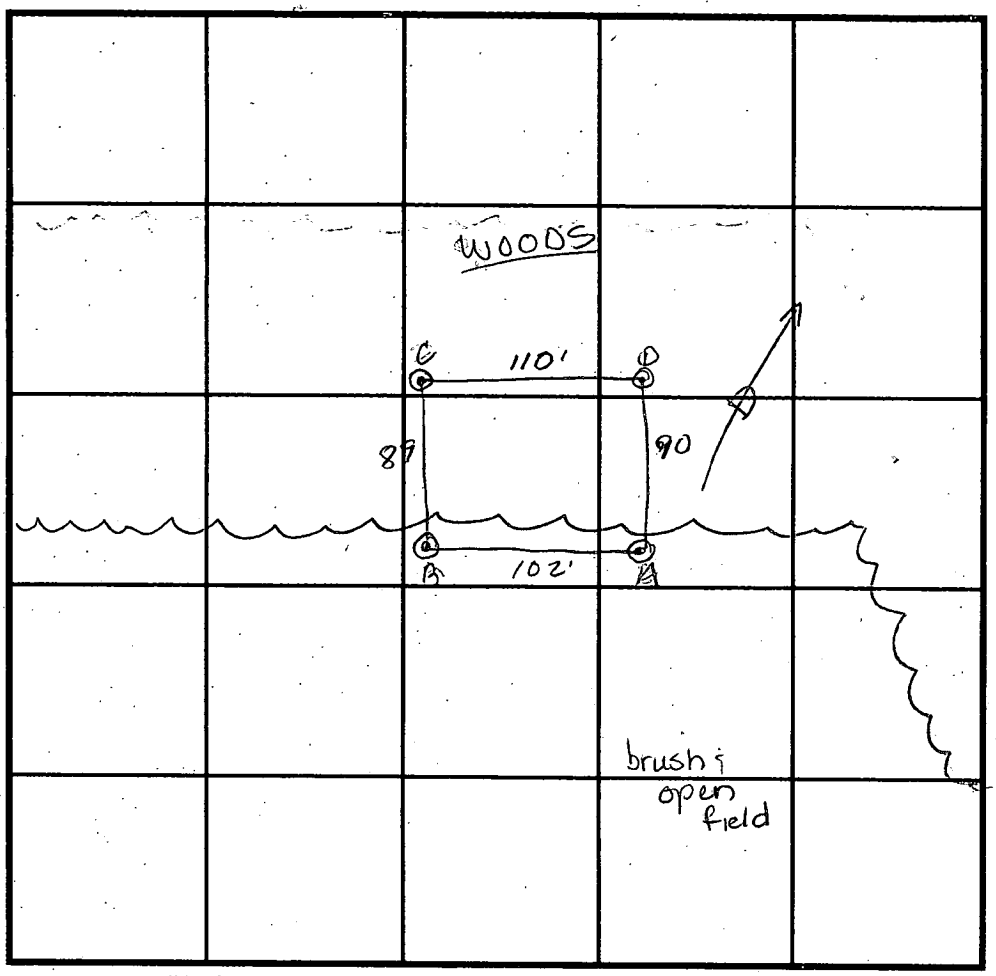
SOIL PROFILE

A
0' orange/red CSL
2½' tan & lgt red brn mix SL mica; shale <5% OK
11'

B
0' red brn CL
1 brn SL
3 lgt grey SL <5% shale
11½'

C
bright red CSL
3' yel/tan SL mica chunks 5%
12

D
lgt red orange CSL
1½' red/white SL mica chunks throughout 10% OK
11½'



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
3/25/94	A	3½' / V11'	11:04	11:04:30	11:04:30	11:05:45	1½min
	D	3½' / V11½'	11:07:45	11:09:30	11:09:30	11:12:15	2¾min
	C	5½' / V12'	11:14:15	11:15:15	11:15:15	11:16:30	1¼min
		3½' / V12'	11:15:15	11:15:45	11:15:45	11:16:45	1min
	B	3' / V11½'	11:23:20	11:23:40	11:23:40	11:24:15	35sec
		5 / V11½'	11:22:05	11:22:25	11:22:25	11:23:05	40sec
		repour	11:25:05	11:25:55	11:25:55	11:26:50	1min

REMARKS shallow only due to fast times

TYPE OF SOIL MgC3 Manor Gravelly Loam

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

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

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

4.7914 r

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 B00120384

Building Address 2916 Summer Hill Dr. West Friendship, MD 21794

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

Census Tract 6061 Subdivision Sikes Farms

Section N/A Area N/A Lot 18

Tax Map 15 Parcel 26 Grid 18

Zoning R-RDC Map Coordinates 10ESH Lot size

Property Owner's Name Karen McEachern

Address 2916 Summer Hill Dr.

City West Friendship State MD Zip Code 21794

Home Phone ______ Work Phone ______

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

Phone ______ Fax ______

Existing Use Single family home

Proposed Use same w/ pool house

Estimated Construction Cost $ 40,000

Description of Work One story detached pool house 21'x31' w/full bath, snack bar, irreg. decks w/16x16 screen porch w/step to grade, retaining wall 42x12'

Contractor Company [illegible]

Contact Person Brett Schuchnick

Address 1015 Old Columbia Rd. 21046

City Columbia State MD Zip Code 21046

License No. 01-21664

Phone 410 995-6363 Fax 410-290-7415

Occupant or Tenant Owner

Contact Name ______ POOL BY OTHER!

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

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 _V_ Private

Sewage Disposal: ____ Public _V_ 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.

[signature] Denise Nash-Baden

Applicant's Signature *Print Name*

Files Systems Mgr. 9-14-99

Title/Company *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY Note: POOL HOUSE NOT TO BE USE FOR RESIDENTIAL QUARTERS

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	10/18/99	Martin E. Rifkin
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 60' Min
Rear: 50' Min
Side: 15' Min
Side St.: N/A

All minimum setbacks met? YES ☑ NO ☐

Is Entrance Permit required? YES ☐ NO ☑

Historic District? YES ☐ NO ☑

Lot Coverage for New Town Zone ______

SDP/Red-line approval date ______

PROPERTY ID#:

Filing fee $ 25
Permit fee $ ______
Excise tax $ ______
Sub-total paid $ ______
Add'l permit fee $ ______
TOTAL FEES $ ______
Balance due $ ______
Check # 91479
Validation # [illegible]

Accepted by [initials]

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

a:\permit.frm Rev. 10/15/98


Copy
P.95-15
L.714
F.747
L.723
LOT #25
LOT #24
LOT #22
LOT #21
LOT #27
LOT #20
LOT #19
LOT #18
LOT #17
FF=72'
BF=62'
FF=58'
BF=48'
FF=65'
BF=55'
FF=70'
BF=60'
FF=69'
BF=59'
FF=63'
BF=53'
FF=53'
BF=43'
FF=24'
BF=14'
15' BRL
30' BRL
50' BRL
60' BRL
90'
370'
359'
230'
310'
TO

C 1 | 0113 — 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 A49914K

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 01/30/96

Depth of Well: 480 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": AA-93-0086

OWNER Pennitt (last name) Richard (first name)
STREET OR RFD Summer Hill Dr TOWN W. Friendship
SUBDIVISION SOBUS FARMS SECTION LOT 18

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	27	
Gray Mica Rock	27	480	✓

Drywells 360', 360' 400, 260, 460'

Filled in with cement + drilling materials

NUMBER OF UNSUCCESSFUL WELLS: 5

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. Wayne
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 27 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)
SH	6	30

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	29 to 480
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
70 TELESCOPE CASING 72 LOG INDICATOR 74-76 OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min.) 001.2
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 33 ft.
WHEN PUMPING 303 ft.

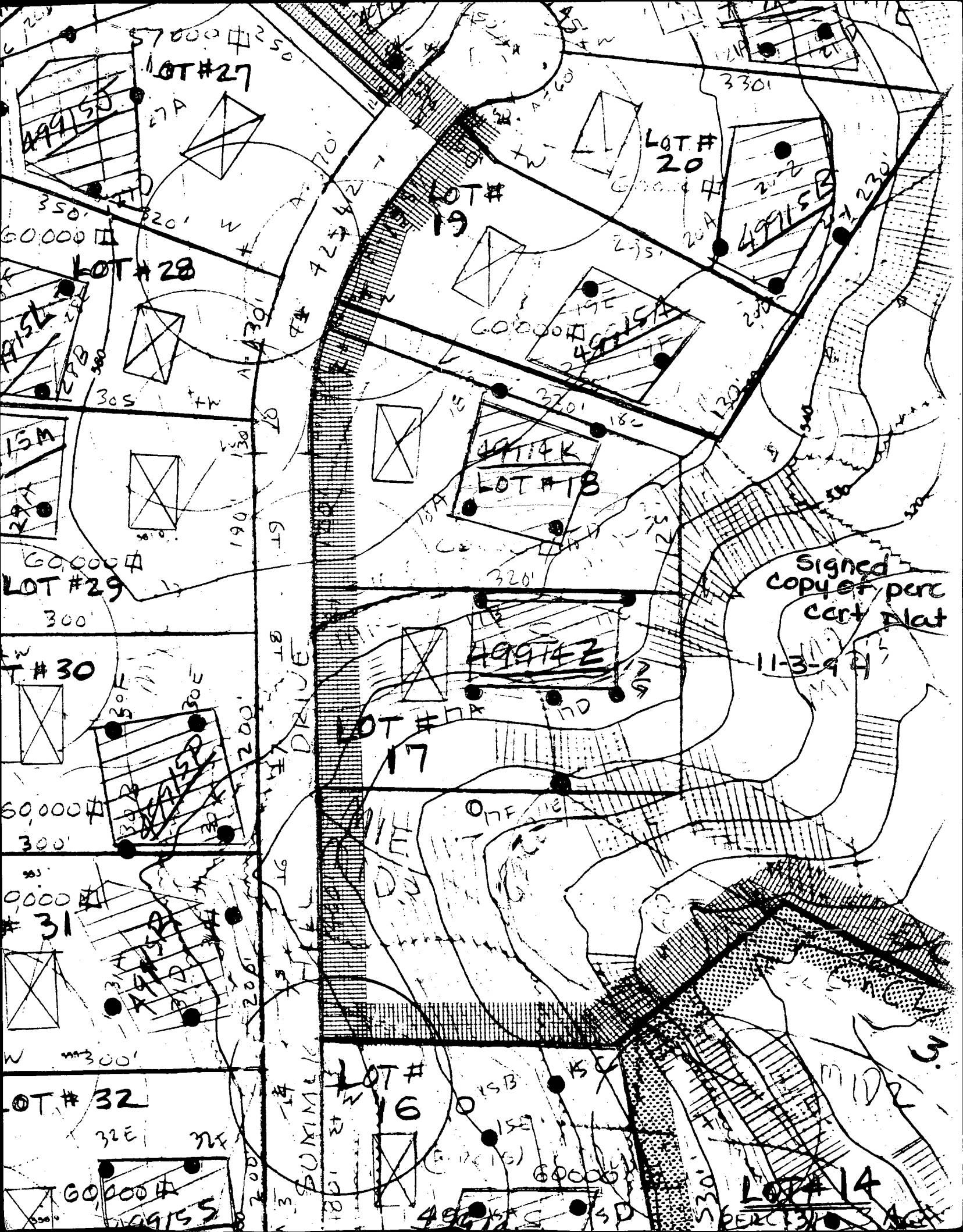
TYPE OF PUMP USED (for test)
A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

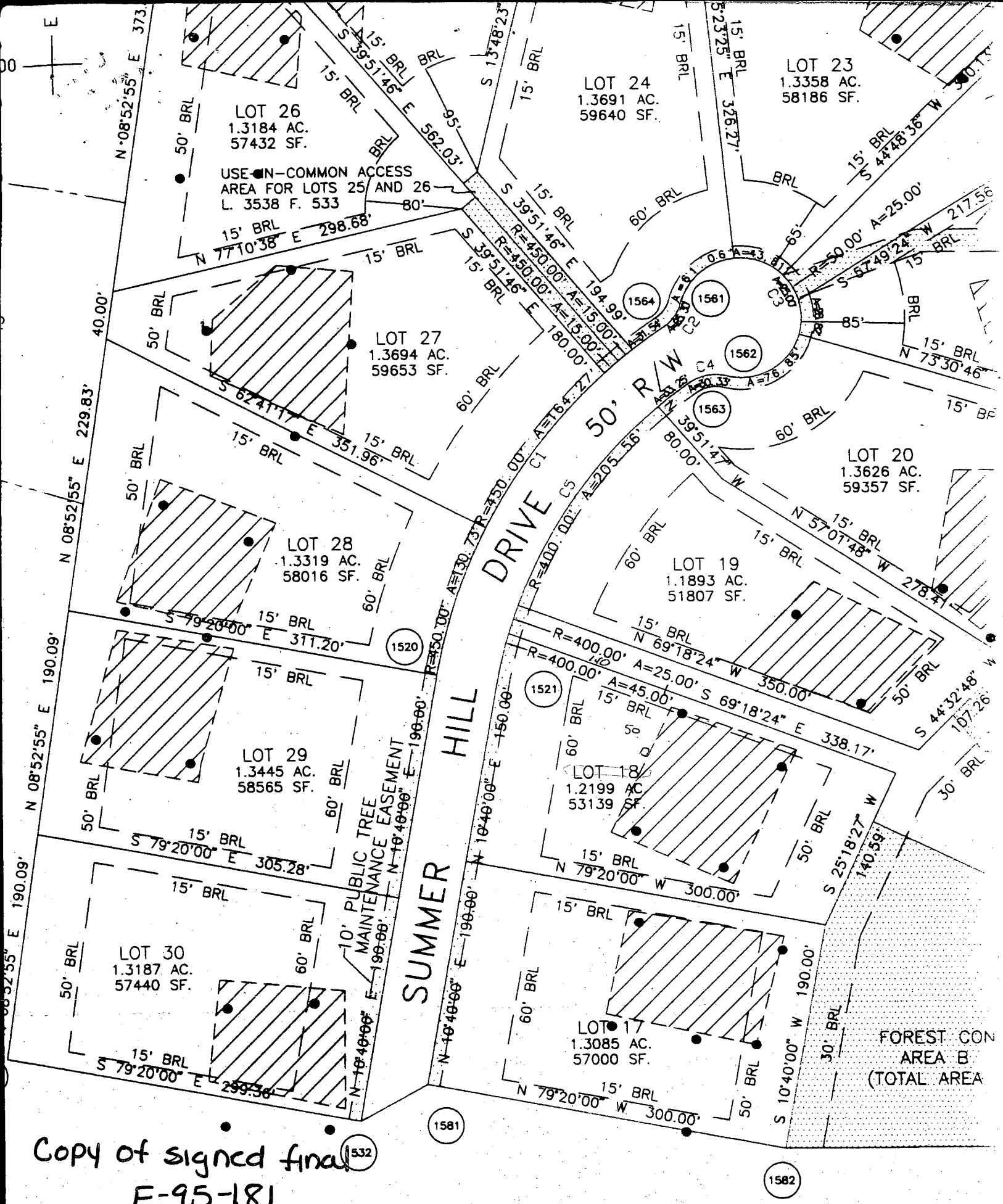
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
– below (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)
N

See attached well locations

COUNTY


LOT #27
LOT #28
LOT #29
LOT #30
LOT #31
LOT #32
LOT #19
LOT #20
LOT #18
LOT #17
LOT #16
LOT #14
Signed copy of perc cert plat
11-3-94
SUMMIT DRIVE
MIDDLE RIDGE DR



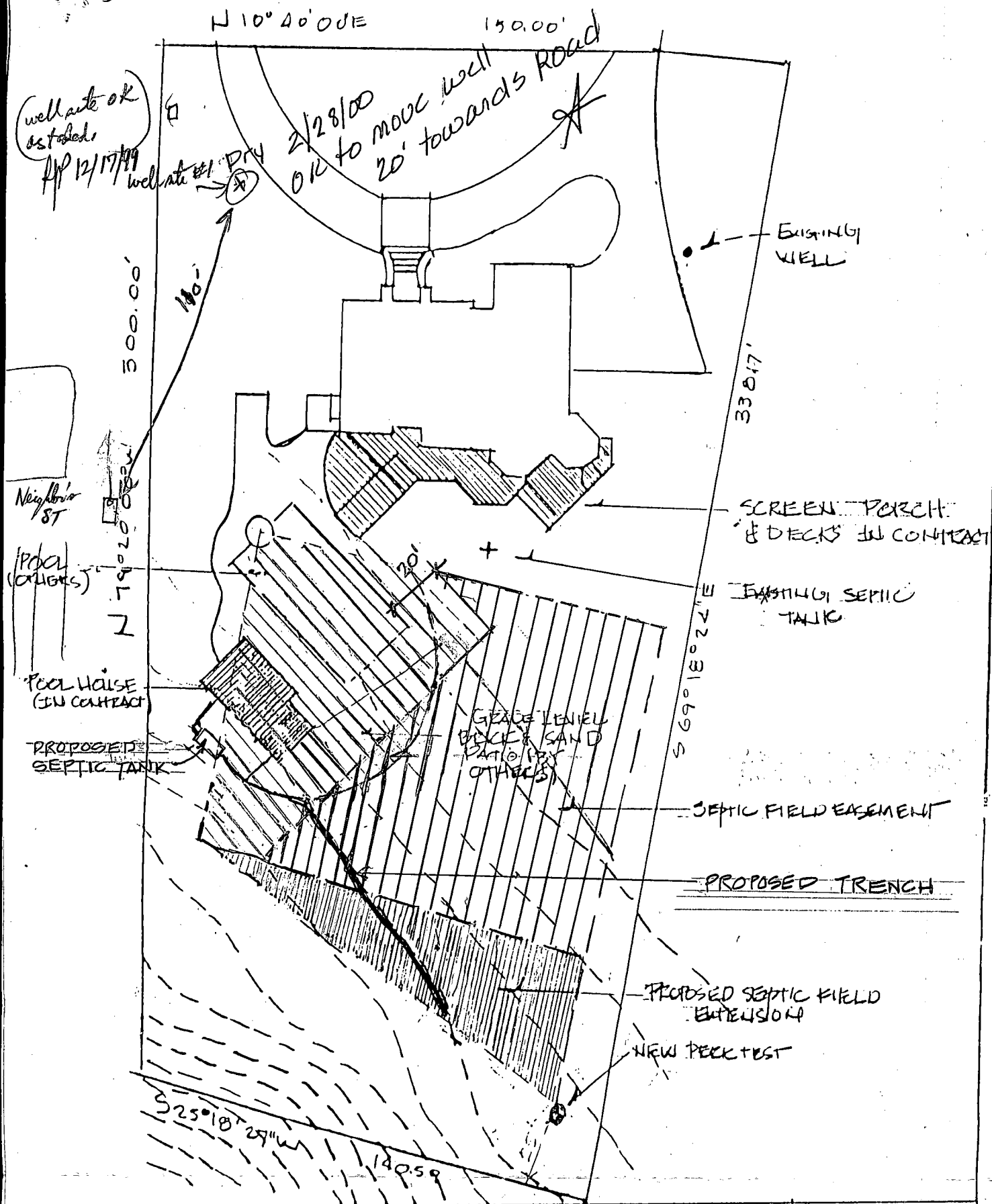
Copy of signed final
F-95-181

PRIVATE WATER AND PRIVATE
HOWARD COUNTY HEALTH

OWNER'S CERTIFICATE

Hilltop Development Corporation, by Richard J. Demmitt, President, ow

LOTS 1-3 & PRESERVATION PARCELS A & B
SHEET 2 OF 4 PLAT 11927
3RD ELECTION DISTRICT - HOWARD COUNTY, MD



916 SUMMERHILL DRIVE	MCEACHERN PROJECT	SCALE 1"=40'	DATE 10/8/99

THE BAYWOOD DESIGN/BUILD GROUP, INC
10015 OLD COLUMBIA RD J-137
COLUMBIA MD 21046 410 995 6363 of at least 10,000 ☑

This area designates a private sewerage easement as required by the Maryland Department of the Environment for individual sewerage disposal. Improvements of any nature in this area are restricted until public sewerage is available. These easements shall become null and void upon connection to a public sewerage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewerage easement. Recordation of a modified sewerage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus: ⊕

The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

THE PURPOSE OF THIS PLAT ABANDON THIS: ▨ EXISTING SEWERAGE AREA, AND TO REPLACED WITH THIS. ▨ NEW SEWERAGE AREA.

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPT.

copy sent by DATE 10/12/99
(MR HOWARD COUNTY HEALTH OFFICER)

HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 2, 1999

Karen McFcEachern/Glenn D. Christensen
Sobus Farms - Lot 18
2916 Summer Hill Drive
West Friendship, MD 21794

Dear Madam & Sir:

On 5/11/99 you paid the Howard County Health Department $225.00 (receipt #A511577) for your Percolation application fee. Since no lots were tested the Howard County Health Department is honoring your request for a refund. Enclosed please find a check from the Howard County Government in the amount of $225.00. If you have any questions please call 313-6353.

Sincerely,

Linda Beyer

Linda Beyer
Bureau of Administration

Env. Hlth
3765-1933
cc: file

Staple Supporting Documents to Back

☒ Mail Attachment

HEALTH DEPARTMENT
REFUND PAYMENT CLAIM
(CHARGES AGAINST REVENUE ACCOUNT)
HOWARD COUNTY, MARYLAND

DOC ID PV 003 RPC HD 0905

Data Entered By _____

Document Accepted By System _____

PV DATE _____ ACCT PRD _____ BFY 00 ACTION E PV TYPE 1 SCHEDULED PV DATE _____

☐ Single Check Flag

VENDOR NUMBER _____

	Payee Name & Address (30)
1	Karen McFcEachern/Glenn D. Christensen
2	Sobus Farms - Lot 18
3	2916 Summer Hill Drive
4	West Friendship, MD 21794

LN	REFUND REASON	FUND	AGY	ORGN	ACTV	REV/SRS	B/S AC	DESCRIPTION	AMOUNT
01	~~xxxxxx~~ refund	035	361	0001	3765	1933		EH refund	225.00
02									
03									
04									
05									
06									
								DOCUMENT TOTAL	225.00

Agency Name: Health Department DATE: 7/2/99

REASON FOR REFUND: Refund for percolation application fee. No lots were tested.

Special Instructions for Checks:

_____

_____

APPROVALS

Authorized Agency Signature

Jeanica K. Worth 7/6/99

Finance

_____

Required if over $150.00

DISTRIBUTION OF COPIES: White/Yellow - Accounts Payable, Pink - Agency

HD-476

Glenn D. Christensen
Karen J. McEachern
2916 Summerhill Drive
West Friendship, MD 21794

Howard County
Dept. of Environment
Maryland

We are writing this letter in response to the permit application and check which we submitted to Howard County for $225. We were notified by your representative that we are not required to perform additional perc holes which we thought would be necessary. Therefore, we are requesting the amount of $225 be refunded to us. Thank-you for your co-operation.

Yours truly,

Karen J. McEachern

Karen J. McEachern

Post-it® Fax Note 7671 | Date 6/11/01 | # of pages ▶ 1
To Amy | From Glenn Christensen
Co./Dept. | Co.
Phone # | Phone # 410 489 9703
Fax # 410-313-2648 | Fax #

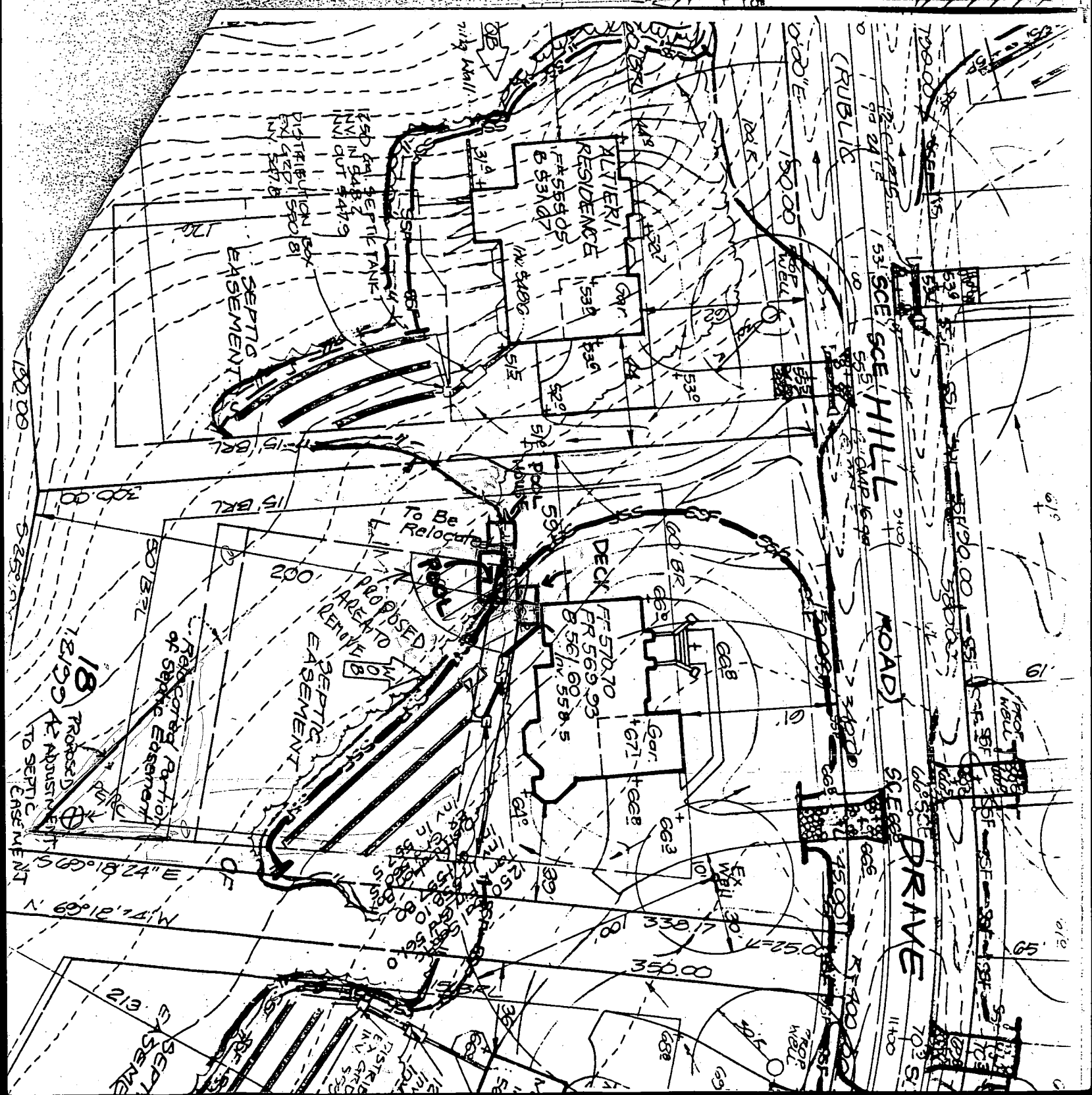
5/27/99

ALM: Per CW, this is yours by prior assoc. Esp in light of D. Kerr review

Re: test proposal to allow for pool/deck/poolhouse

Thanks
MR

6/1/99 Re-perc not necessary
Ex SDA is 13,200 # - area to be removed is 850 #. AM



MR
9/15/99

AS PER DISCUSSION w/BAYWOOD MR 9/15/99

NEED TO SHOW

CURRENT SEWAGE EASEMENT (AS PER RECORD PLAT), PROVIDE TOTAL ⌀

PROVIDE ⌀ OF ADJUSTMENT

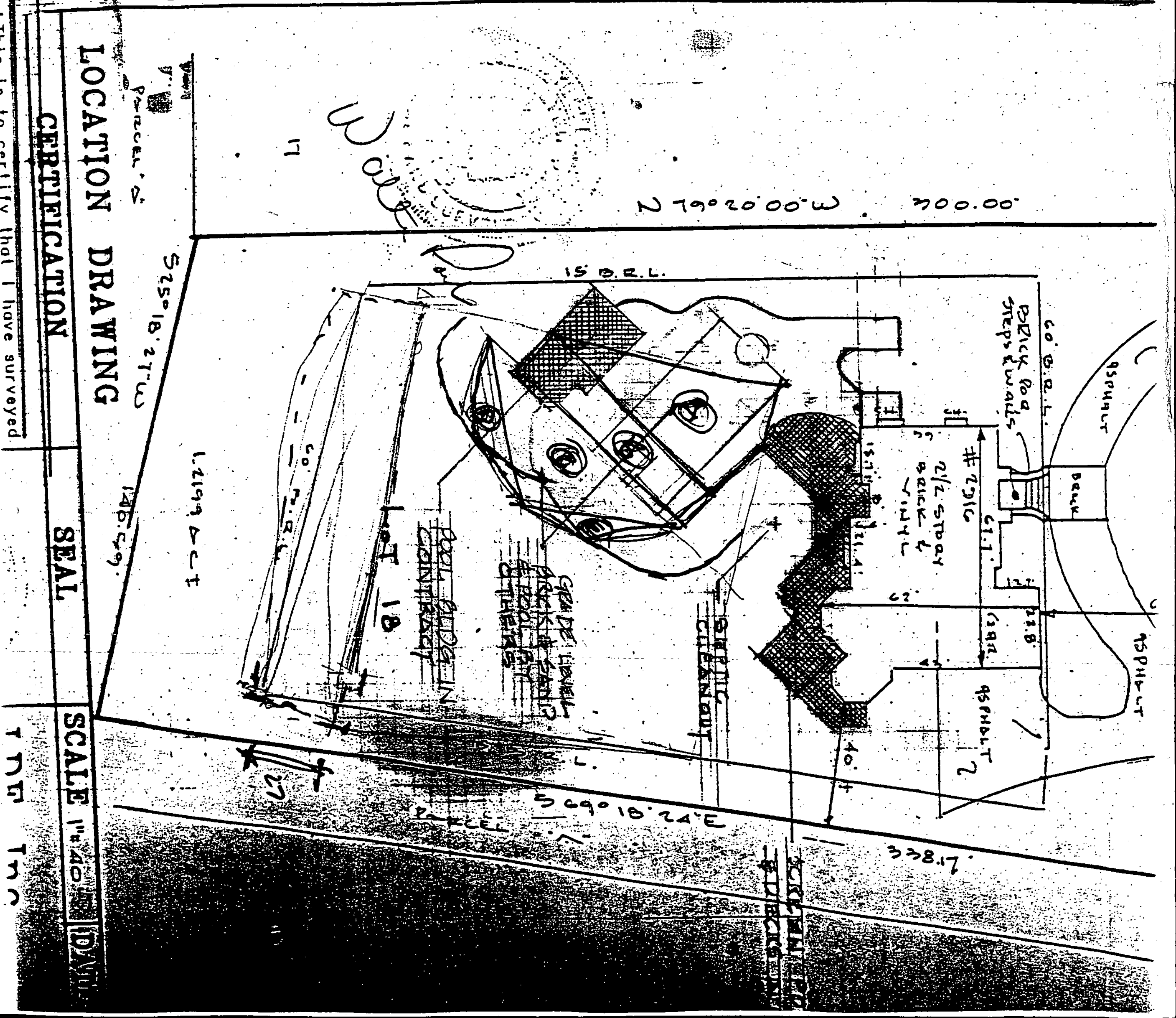
W/ADEQUATE SEPARATION DISTANCES

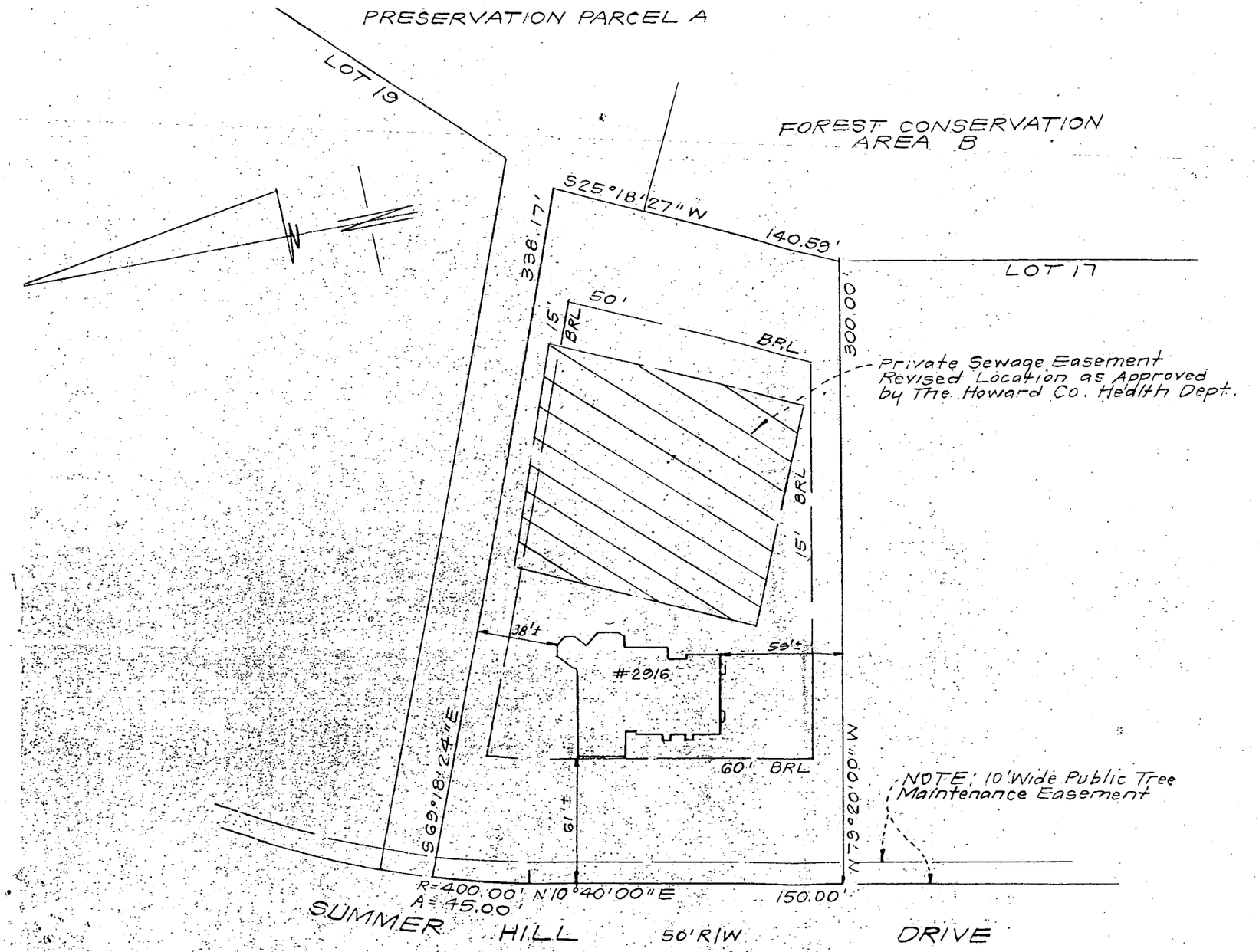
SHOW EX. S.S., EX. WELL

SUGGEST POOL, POOL HOUSE BE ADJ. OUT OF SEWAGE EASEMENT

DIREC OK

BP (AMEND REQ'D)





REVISED

Date: 1-10-96

2916 Summer Hill Dr

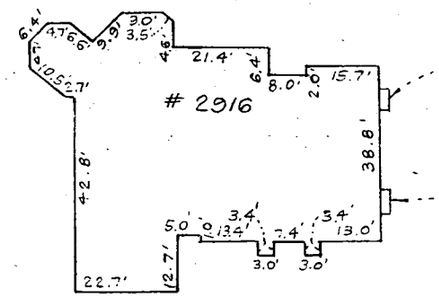
Comments: B00102487

bigger house

Revision Approved

1-15-97

Amy McMillie



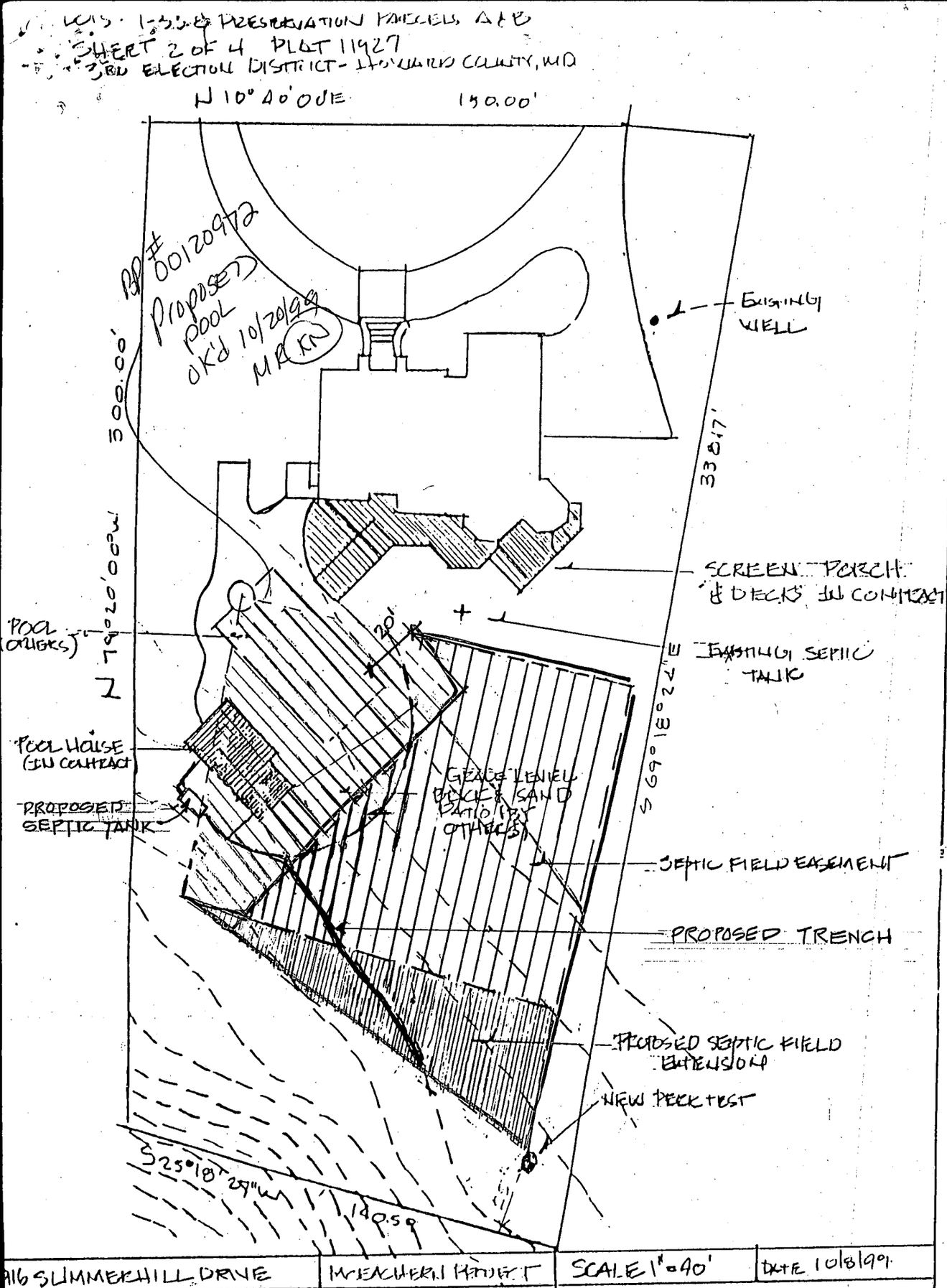
SCALE: 1"=30'

B00102487

Lot 18

Sabus Farms

LOTS 1-3 & PRESERVATION PARCELS A & B
SHEET 2 OF 4 PLAT 11927
3RD ELECTION DISTRICT - HOWARD COUNTY, MD



116 SUMMERHILL DRIVE	MECHANICAL PERMIT	SCALE 1" = 40'	DATE 10/8/99

THE BAYWOOD DESIGN/BUILD GROUP, INC
10015 OLD COLUMBIA RD J-137
COLUMBIA MD 21046 410 995 6363 of at least 10,000 ☑

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All percolation test holes shown hereon have been field located and shown thus: ⊕

The lots shown hereon comply with the minimum ownership width and lot area as required by the Maryland State Department of the Environment.

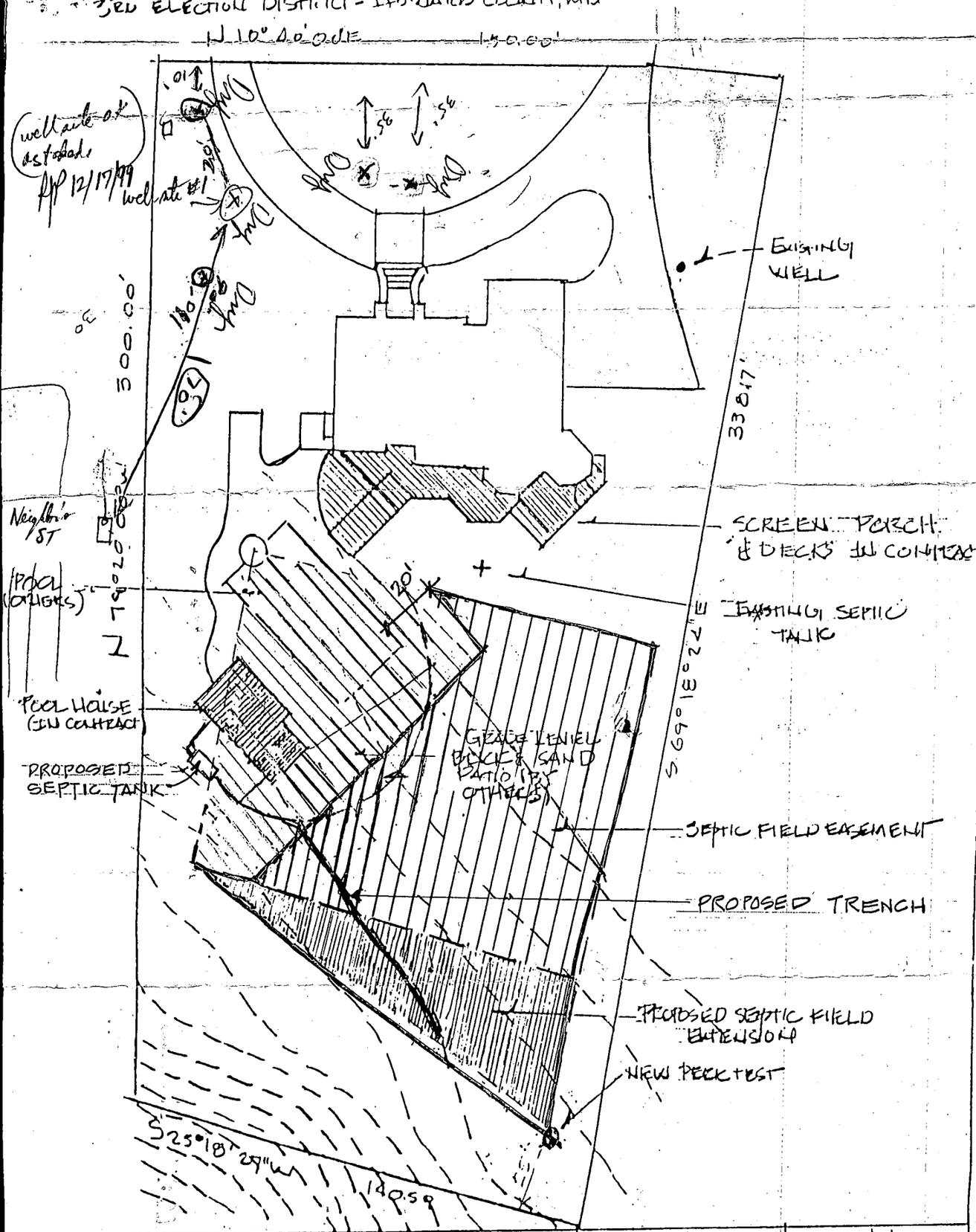
Percolation areas and water wells for adjoining lots have been shown where pertinent.

THE PURPOSE OF THIS PLAT ABANDON THIS: ▨ EXISTING SEWERAGE AREA, AND TO REPLACED WITH THIS. ▨ NEW SEWERAGE AREA.

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPT.
SOBUS FARMS LOT 18

DATE 10/20/99
(MR) HOWARD COUNTY HEALTH OFFICER

LOTS 1-3 & PRESERVATION PARCELS A & B
SHEET 2 OF 4 PLAT 11927
3RD ELECTION DISTRICT - HOWARD COUNTY, MD



916 SUMMERHILL DRIVE	MEACHEM MANOR	SCALE 1"=40'	DATE 10/8/99

THE BOXWOOD DESIGN/BUILD GROUP, INC
10015 OLD COLUMBIA RD J-137
COLUMBIA MD 21046 410-995-6363 of at least 10,000 ☑

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APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS
HOWARD COUNTY HEALTH DEPT.

copy sent Sig DATE 10-22-99
(MR) HOWARD COUNTY HEALTH OFFICER

Silver Hill Drive