

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

313-2640

INDEXED

P 56626B

A 49914M

DISTRICT 3

DATE 5/15/96

DATE SYSTEM APPROVED 8/2/96

INSPECTOR DKS

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Sobus Farms LOT 10 ROAD 3005 Sobus Drive

PROPERTY OWNER Altieri Homes, Inc. William & Lisa Willis

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BLDG. PERMIT SIGNED

AND RETURNED 6-3-98

BLDG. PERMIT SIGNED

AND RETURNED 12-2-99

Serial # B0012148
Serial # B00121585
addition
Interior alterations
Basement - the office room

TRENCHES - Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 1.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 145 feet up the 458.57 lot line and 25' off that same lot line. Run trenches on contour toward the back 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/cw

BLDG. PERMIT SIGNED

AND RETURNED 10-29-96

PLANS APPROVED BY Amy McMillen/Glen Savage

REVISED DATE 9/26/96, 4/2/96

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

BUILDING PERMIT SIGNED

AND RETURNED 5/29/02

B00136295 ENCLOSED PORCH

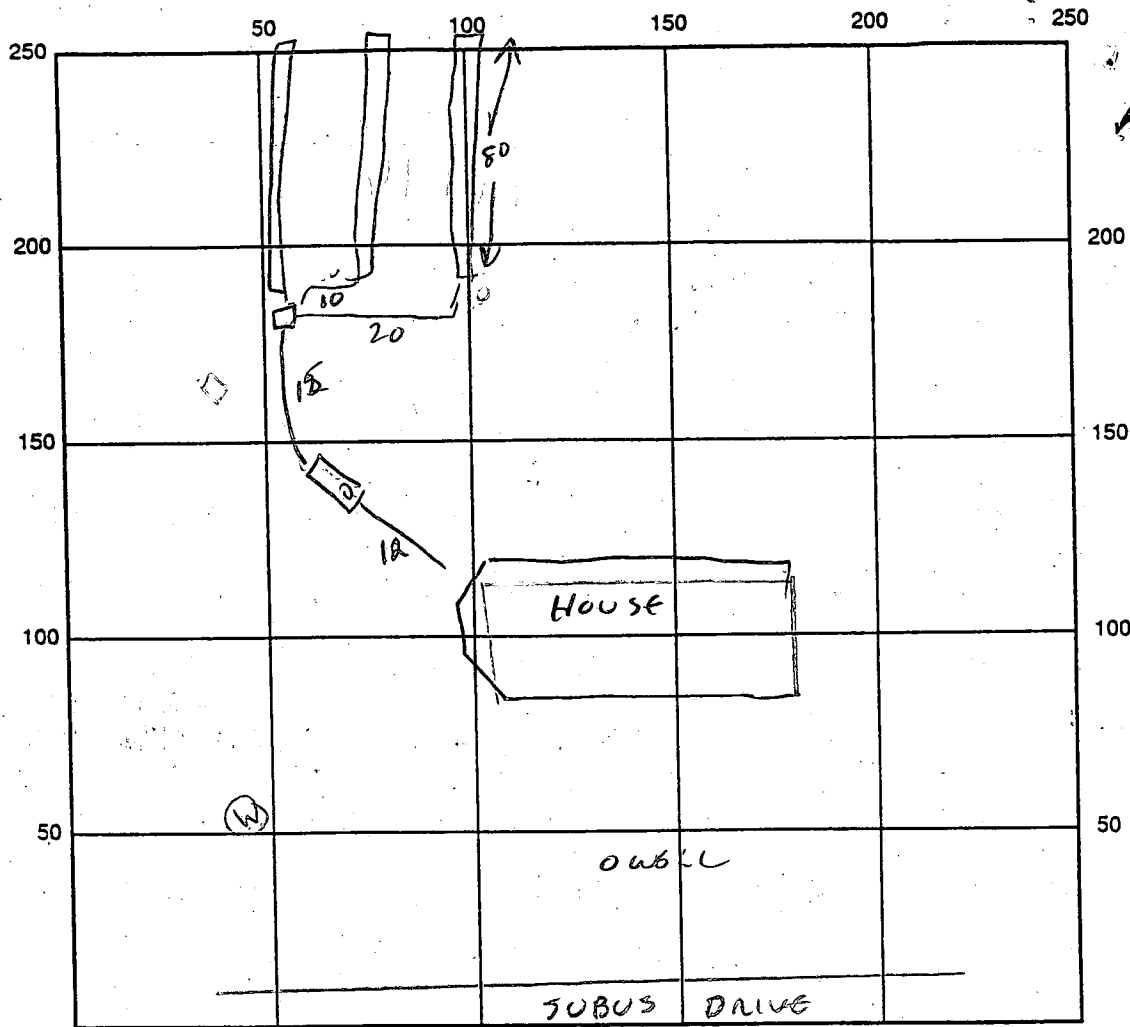
BLDG. PERMIT SIGNED

AND RETURNED 9/13/96

Serial # B00102153

Basement House Fan
equipment

49914M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓

CLEANOUTS 5" ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 3 1/2 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 1 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.

TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 (a) 80

ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: ALL OK TO COVER - HOUSE CONNECTION NEEDS FOR FINAL (a)
8/9/96 connection verified. DKS

DATE SYSTEM APPROVED 8/9/96

INSPECTOR SYSTEMS

APPLICATION

PERCOLATION TESTING

A 499/4M

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT 3

DATE 3/1/94

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 Altview Homes, Inc.
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. 10 9 (wine)

ROAD AND DESCRIPTION at the end of Winfield Rd.
3005 Sobus Drive

TAX MAP 15 PARCEL # 26 d 154

SIZE OF LOT 3 acres + TYPE BLDG. S.F.D. - 4 B Rms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 4-9-96
Serial # 63966

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

A49914M

COUNTY #

SOIL PROFILE

0' brn c
 1 1/2' dk greyish SL
 30-40% saprolite
 mica chunk mix
 throughout

1 1/2'

D

yel brn
 SCL

2 1/2'

orange
 red
 SiSL

4'

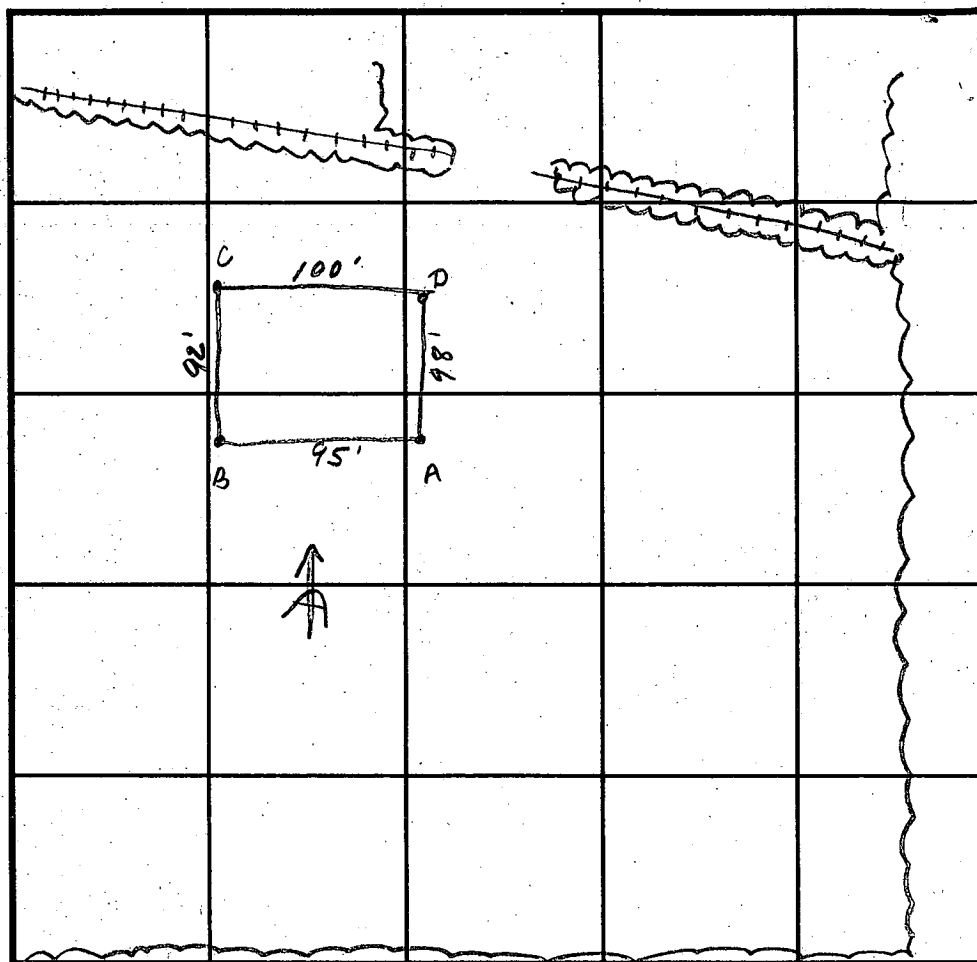
dk
 greyish brn
 SL
 30-40%
 saprolite
 mica mix

1 1/2'

A

orange
 brn
 SSIL
 throughout
 some
 8" rock
 frags but
 scattered
 throughout
 OK
 10%
 hard but
 diggable

10 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' yel brn
 c
 2' dk red
 brn
 SL
 a lot
 of mica
 chunks
 throughout
 10%

1 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/23/94	C	6' V 1 1/2'	11:12 ¹⁵	11:12 ³⁰	11:12 ³⁰	11:12 ⁵⁵	25sec
		repour	11:13 ²⁰	11:14 ¹⁰	11:14 ¹⁰	11:15 ¹⁰	50sec
		3' V 1 1/2'	11:16 ³⁰	11:16 ³⁰	11:16 ³⁰	11:17 ¹⁰	40sec
		repour	11:17 ⁴⁵	11:18 ³⁰	11:18 ³⁰	11:19 ¹⁵	45sec
	D	3' V 1 1/2'	11:22 ¹⁵	11:22 ⁴⁵	11:22 ⁴⁵	11:24 ¹⁵	1min 20sec
	A	3 1/2' V 10 1/2'	11:29 ¹⁵	11:30 ⁴⁵	11:30 ⁴⁵	11:35 ⁴⁵	4 1/4min
	B	3' V 1 1/2'	11:41 ³⁰	11:41 ⁵⁰	11:41 ⁵⁰	11:42 ²⁰	30sec
		6' V 1 1/2'	11:42 ²⁰	11:42 ²⁰	11:42 ²⁰	11:43 ⁴⁵	40sec
		repour	11:43 ³⁰	11:44 ³⁰	11:44 ³⁰	11:45 ⁴⁵	1 1/4min
		3' repour	11:46 ¹⁰	11:47 ¹⁵	11:47 ¹⁵	11:48 ¹⁵	1 1/4min

REMARKS shallow only

TYPE OF SOIL ChC₂ Chester Silt Loam

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

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

INLET DEPTH 1 1/2' MAXIMUM BOTTOM DEPTH 3 1/2' SQ. FT./BEDROOM 180 ft²

C10132SEQUENCE 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
NUMBERA 49914-M

ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED
012696

Depth of Well
200
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-93-0201

OWNER
Demmitt
last name

Richard
first name

STREET OR RFD
Sabus Drive

TOWN
West Friendship

SUBDIVISION
Sabus Farms

SECTION

LOT
10

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
FROMTO

check
if water
bearing

Sand046

Gray Mica46200✓

Rock

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENTCMBENTONITE CLAYBC

NO. OF BAGS17NO. OF POUNDS1598

GALLONS OF WATER102

DEPTH OF GROUT SEAL (to nearest foot)

from0ft. to46ft.

48TOP5254BOTTOM58

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STSTEELCOCONCRETE

PLPLASTICOTOOTHER

MAIN
CASING
TYPE

Nominal diameter
top (main) casing
(nearest inch)!

Total depth
of main casing
(nearest foot)

SH650

60616364666570

OTHER CASING (if used)

EACH
CASING

diameter
inch

depth (feet)
fromto

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STSTEELBRBRASS
BRONZE

HOOPEN
HOLE

PLPLASTICOTOOTHER

NUMBER OF UNSUCCESSFUL WELLS:0

WELL HYDROFRACTURED
yes
YN

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

DRILLERS' SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

DEPTH (nearest ft.)

HA048200

8911151721

232426303236

383941454751

SLOT SIZE 123

DIAMETER
OF SCREEN

(NEAREST
INCH)

5660

fromto

GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T(E.R.O.S.)

W.Q

747576

7072

TELESCOPE
CASING

LOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)3

89

PUMPING RATE (gal. per min.)008.5

1115

METHOD USED TO
MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING47ft.

1720

WHEN PUMPING132ft.

2225

TYPE OF PUMP USED (for test)

AairPpistonTturbine

272727

CcentrifugalRrotaryOother
(describe
below)

272727

JjetSsubmersible

2727

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

(CIRCLE) (YES or 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.

29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

3135

PUMP HORSE POWER

3741

PUMP COLUMN LENGTH
(nearest ft.)

4347

CASING HEIGHT (circle appropriate box
and enter casing height)

+above

LAND SURFACE

below

2(nearest
foot)

5051

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)

Sobus Dr.

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

Name of Installer

Telephone

License Number

Certified Well Pump Installer ☒

Well Driller ☐

Registered Plumber ☒

Name of Property Owner

Telephone

Subdivision

Lot #

Well Tag #

Site Address

Pump

1. Type

a. Deep well jet

b. Shallow well jet

c. Submersible ☒

2. Make

3. Model #

4. Capacity 7 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 ☒ NOISE- WOOD 75 SL (22/12)

Tank

1. Capacity 36 GALS.

2. Pressure relief

valve? YES

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage

a. 110

b. 220 ☒

Pitless Adapter

1. Make HARVARD

2. Model # PT800

3. Depth

Piping

1. Type POLY.

2. Size 1"

3. NSF and/or BOCA

Code approved YES

4. Depth of supply

line 42"

Well data

1. Depth 185 ft.

2. Yield 1 GPM

3. Static water

level 185 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. Feehan

Date: 7/11/96

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

USTER

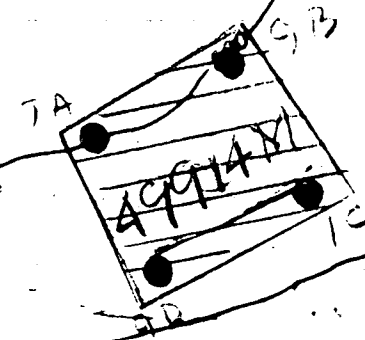
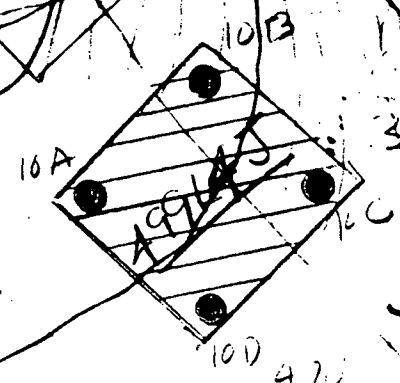
DEVELOPMENT

DEV. LOT 14

3.0 AC DEV AC

3.0 AC DEV LOT # 11

TO BE REMOVED



LOT # 10

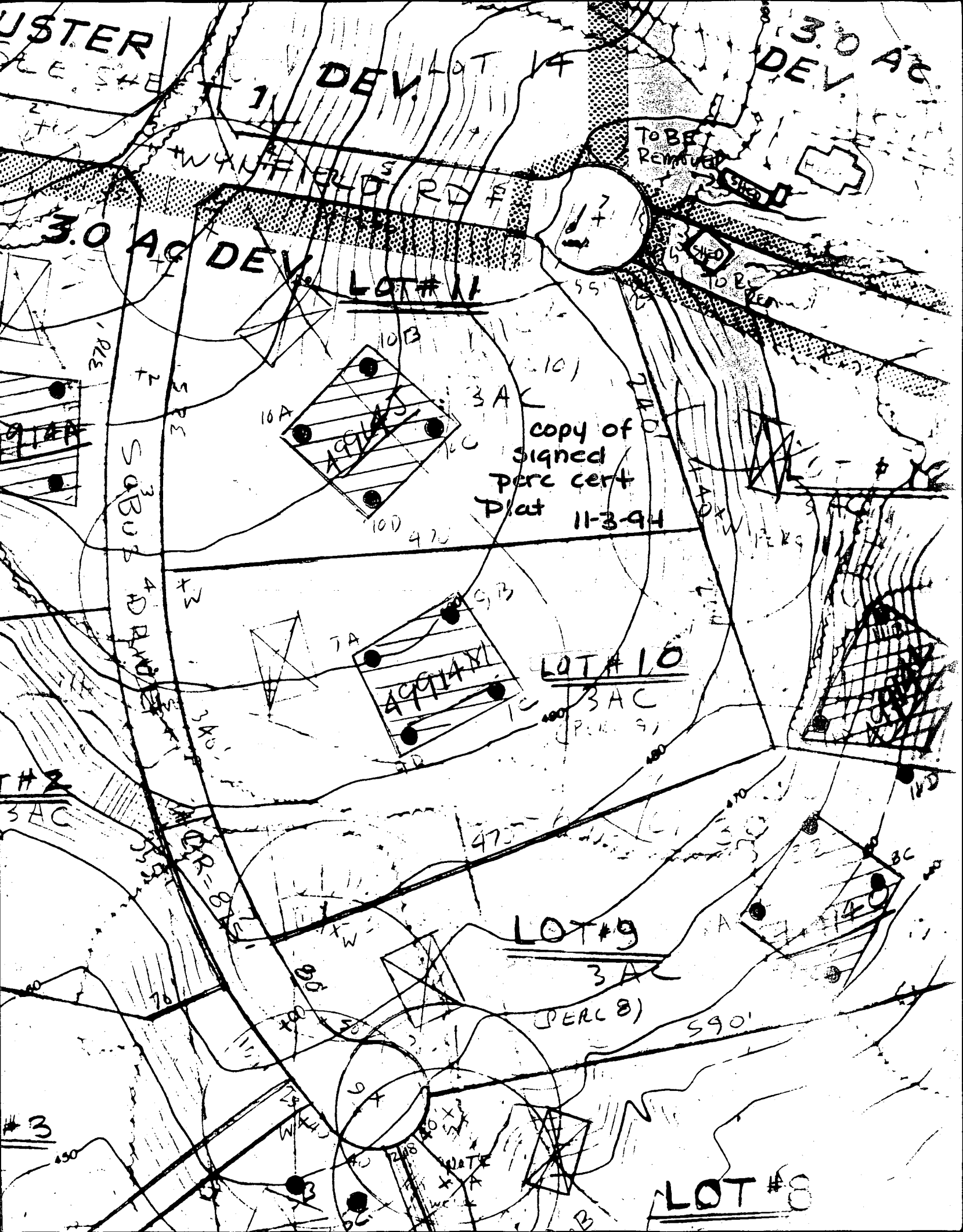
LOT # 9

3 AC (PERC 8)

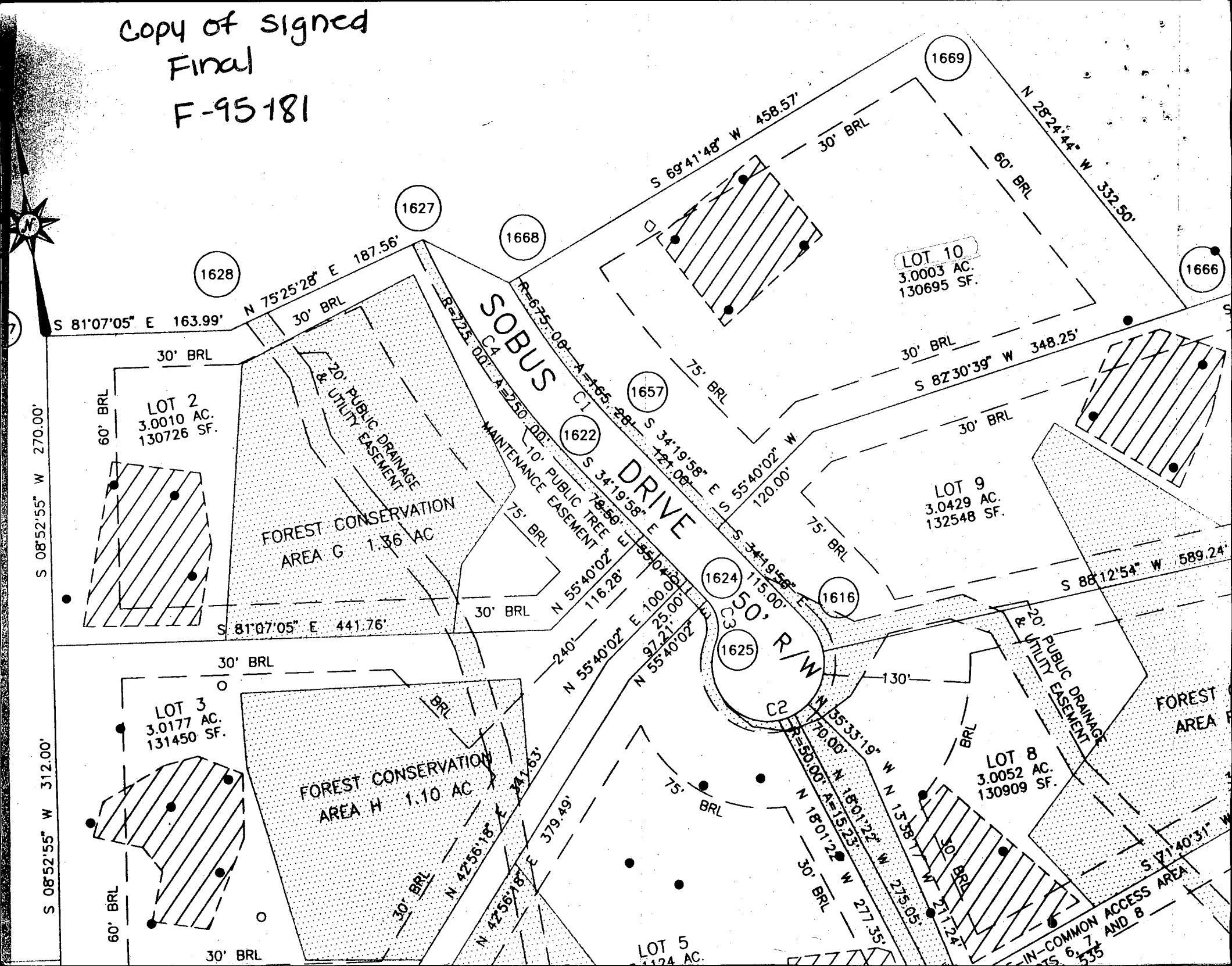
LOT # 8

LOT # 2

LOT # 3



Copy of signed
Final
F-95181



4/9/96 TELEPHONE CALL
DANBU ALTERN AGREES TO MOVE
DRIVEWAY TO AT LEAST 10' FROM WALL. (C4)

10' Public Tree
Maintenance
Easement

ED(A-2)
(CLEAN WATER
DIVERSION)

LIMIT OF DISTURBANCE

MATCH LINE

SEE SHEET 2 OF 6

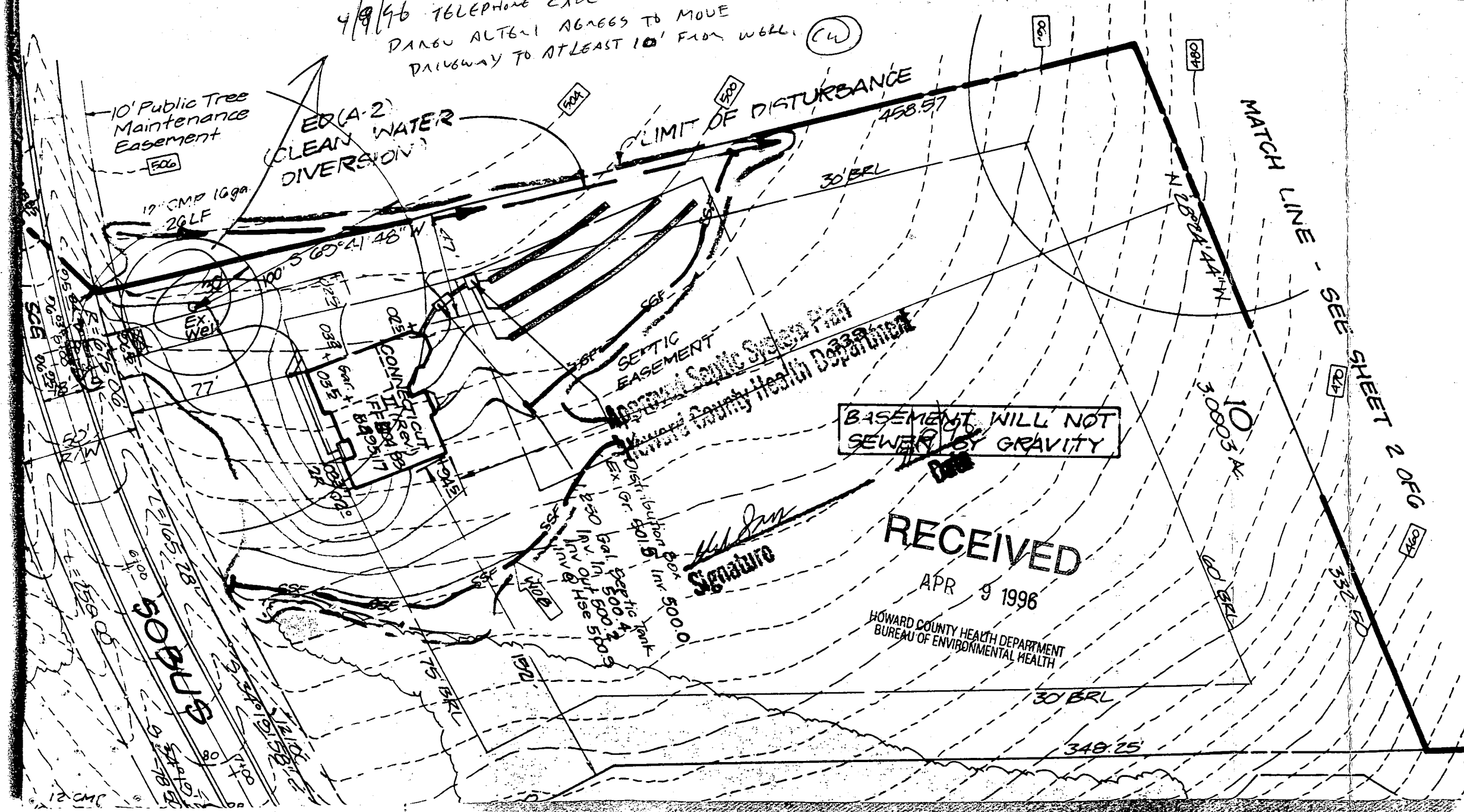
BASEMENT WILL NOT
SEWER BY GRAVITY

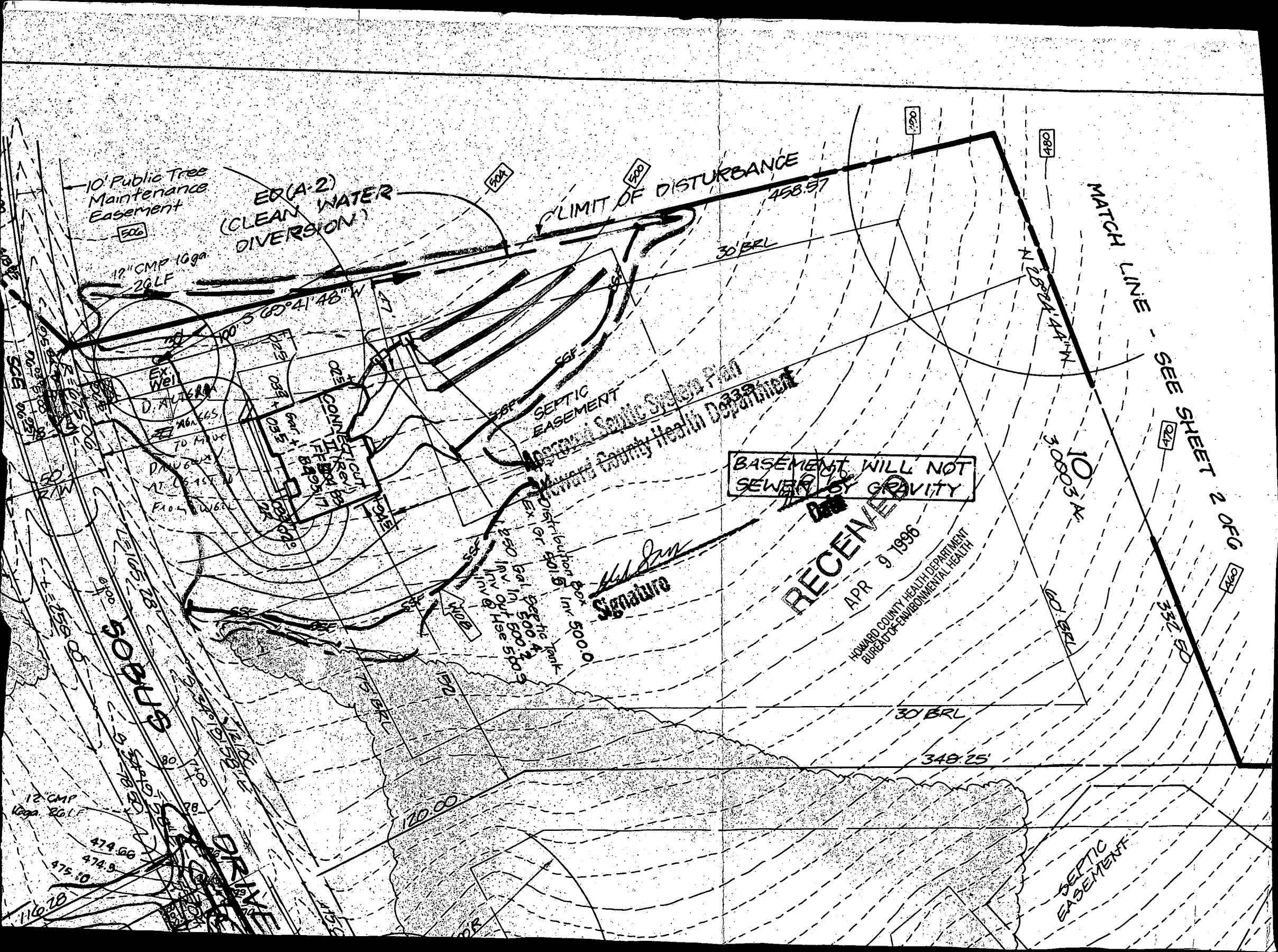
RECEIVED

APR 9 1996

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Signature





10' Public Tree Maintenance Easement

ED(A-2)
(CLEAN WATER DIVERSION)

LIMIT OF DISTURBANCE

MATCH LINE

SEE SHEET 2 OF 6

BASEMENT WILL NOT SEWER BY GRAVITY

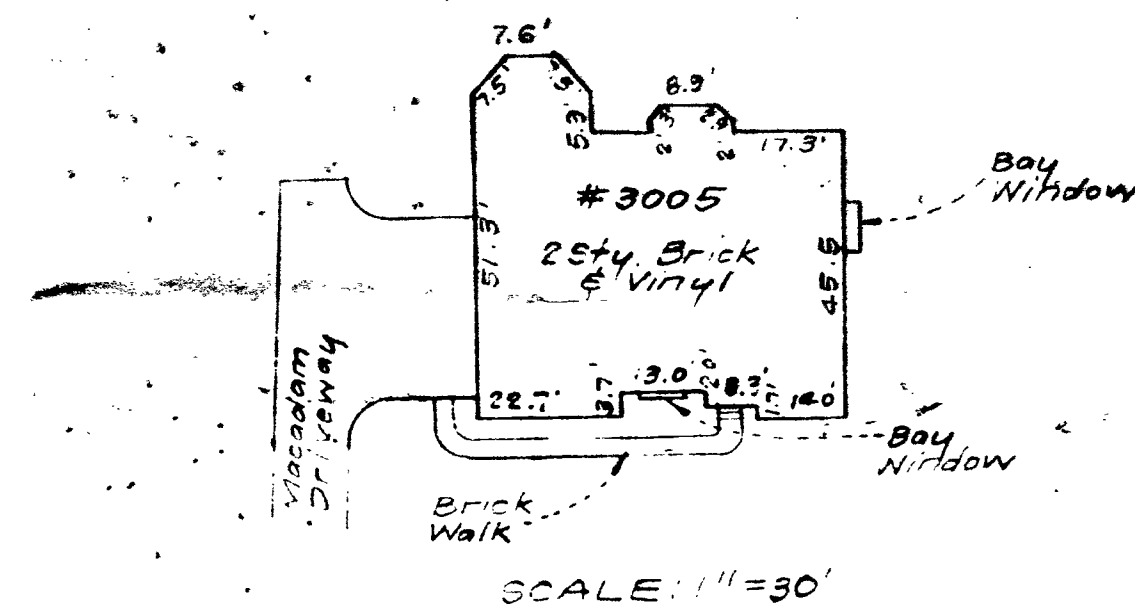
RECEIVED
APR 9 1996

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Signature

SEPTIC EASEMENT

Wall Check: 4-19-96
Top of Wall Elev.: 504.5
Final: 8-7-96



1. *This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;*
2. *This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;*
3. *This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.*

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

NOTES:

1. Setback Distance Accuracy = 1'±

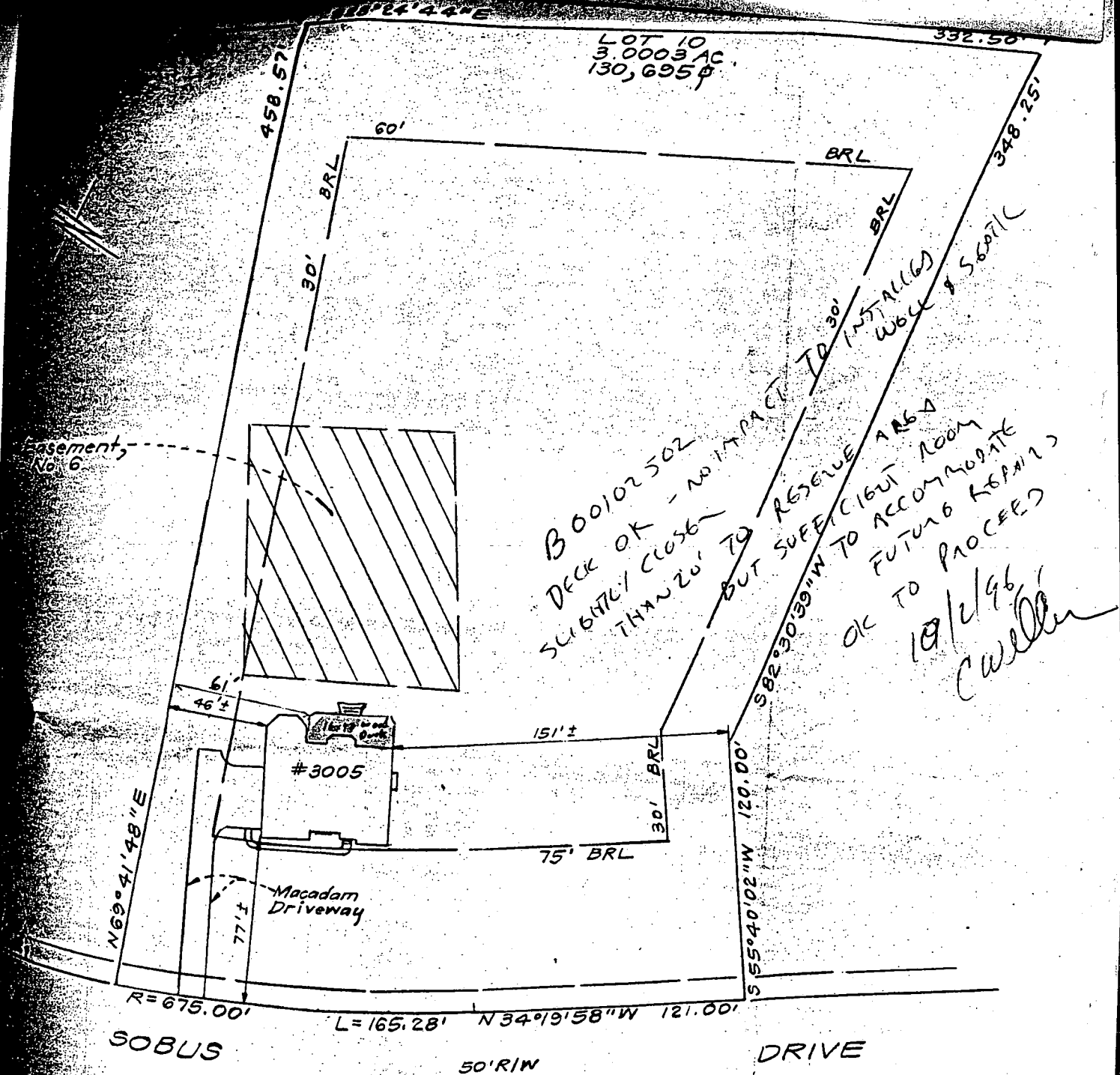
Plat Reference: Plat No. 1020



CLARK · FINEFROCK & SACKETT, INC.
ENGINEERS · PLANNERS · SURVEYORS

MINISTREI WAY • COLUMBIA MD 21046 • 41, 58" 200 PWT • 100% C. • 100% C. • 100% C.

DESIGNED:	LOCATION DRAWING 3005 SOBUSH DRIVE	SCALE 1"=50'
DRAWN:	LOT C SOBUSH FARMS	DRAWING NO.
CHECKED:	LOTS 1-33 AND PRESERVATION PARCELS A & B Third (3rd) Election District Howard County, Maryland	JOB NO.
DATE 1-8-86	FOR L. T. ERHOLMES, JR. 340 Gardenview Drive Baltimore, MD. 21227	FILE NO. 25-109



1996 OCT - 2 P 3:23
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 49914M

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Sobus Farms LOT 10 ROAD Sobus Drive

PROPERTY OWNER _____

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

*PROPERTY FILE LOST -
IF FOUND, PLEASE PUT
ATTACHED PLANS WITH
ORIGINAL FILE *

1-17-97 ALM

PLANS APPROVED BY _____ DATE _____

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.

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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.

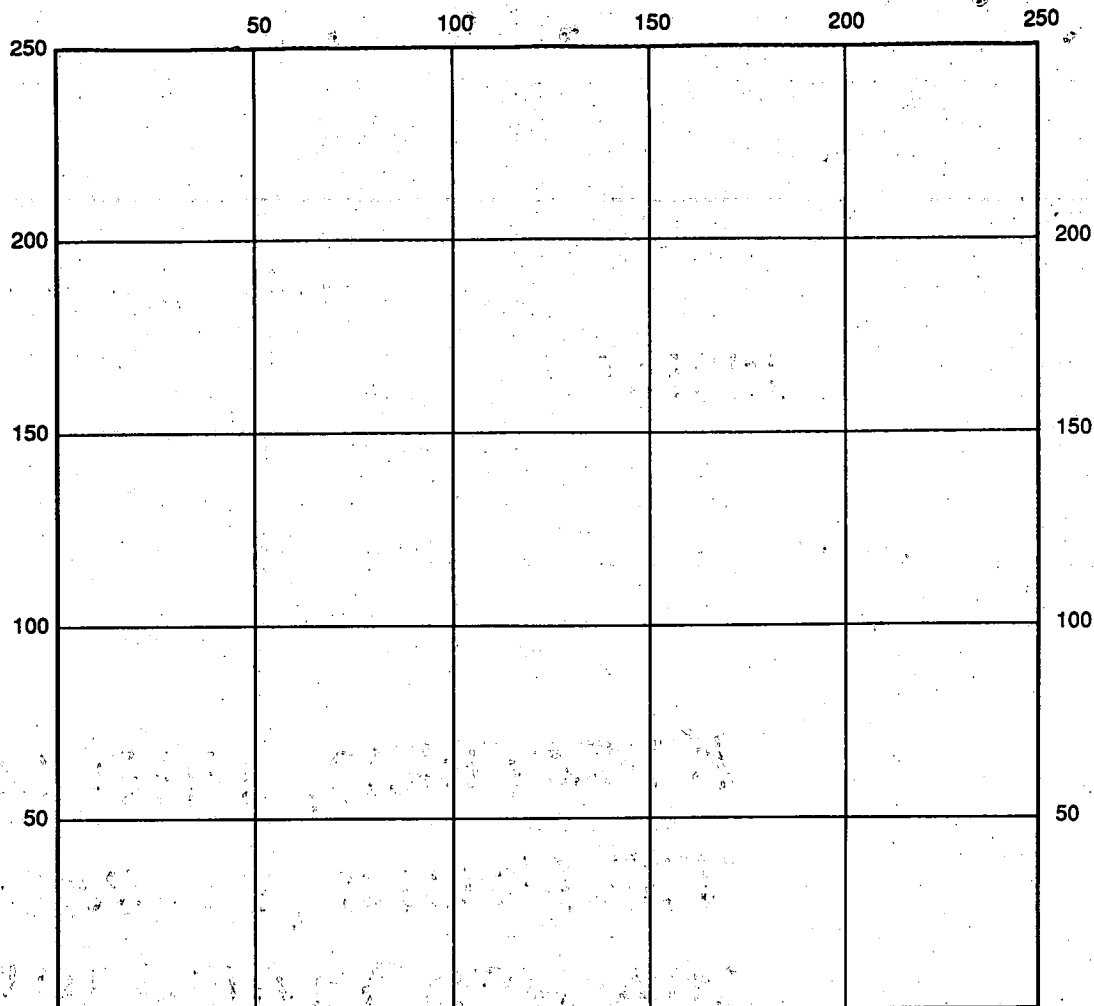
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 49914M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

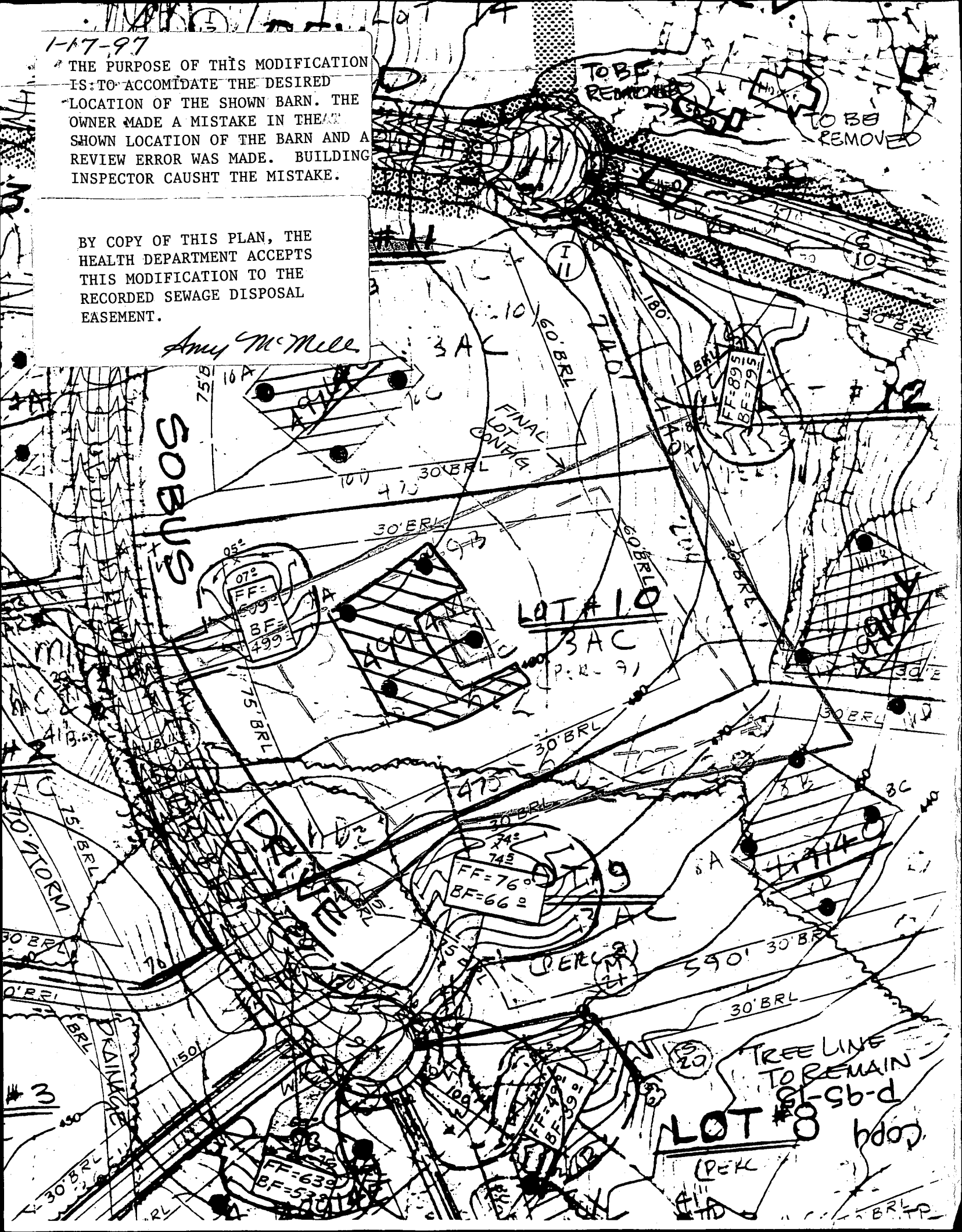
DATE SYSTEM APPROVED _____ INSPECTOR _____

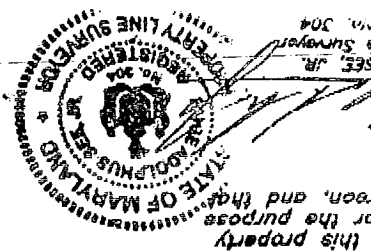
1-17-97

THE PURPOSE OF THIS MODIFICATION IS TO ACCOMMODATE THE DESIRED LOCATION OF THE SHOWN BARN. THE OWNER MADE A MISTAKE IN THE SHOWN LOCATION OF THE BARN AND A REVIEW ERROR WAS MADE. BUILDING INSPECTOR CAUGHT THE MISTAKE.

BY COPY OF THIS PLAN, THE HEALTH DEPARTMENT ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT.

Amy McMill





CATE

For G. Martin

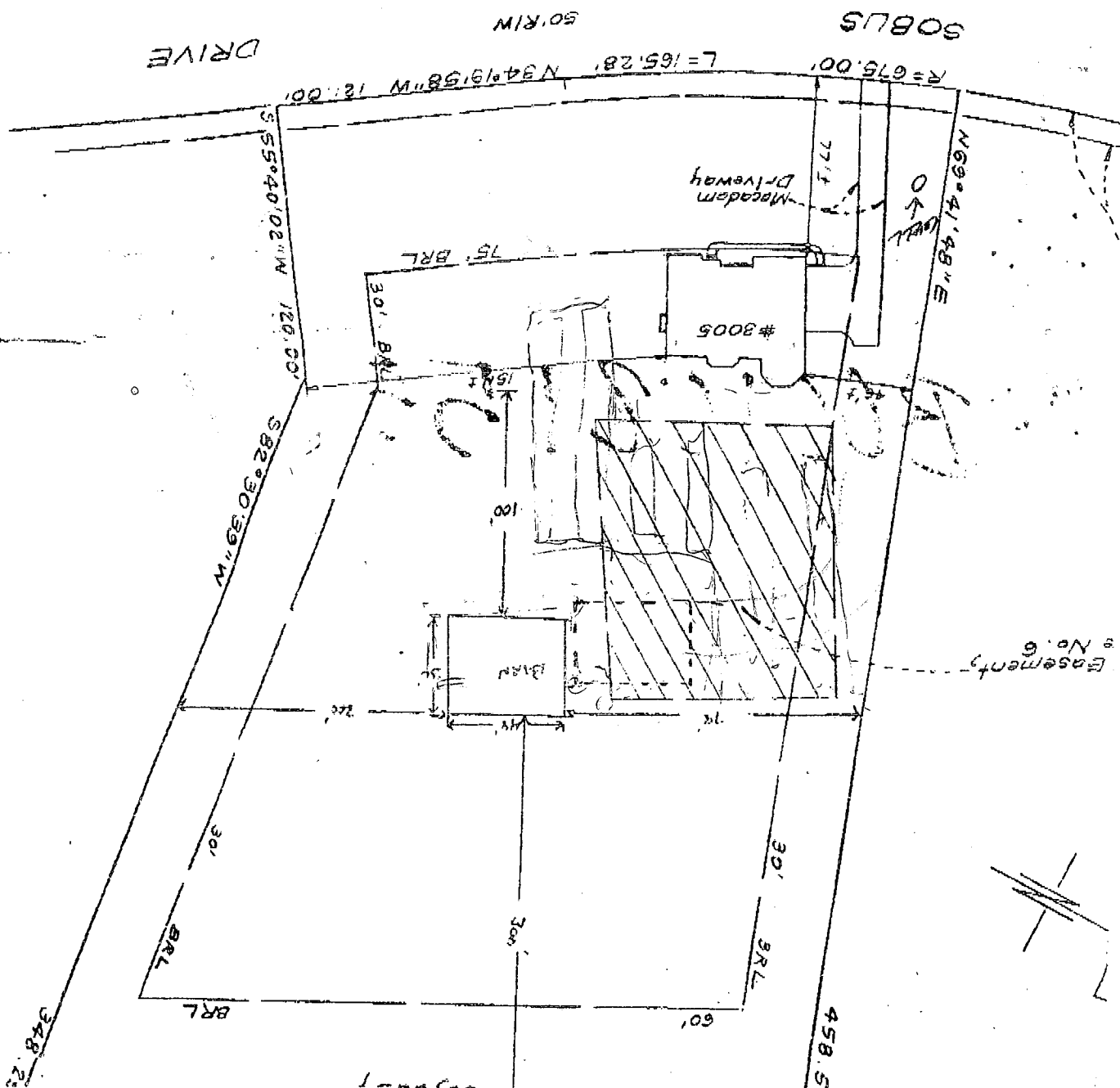
NOTES

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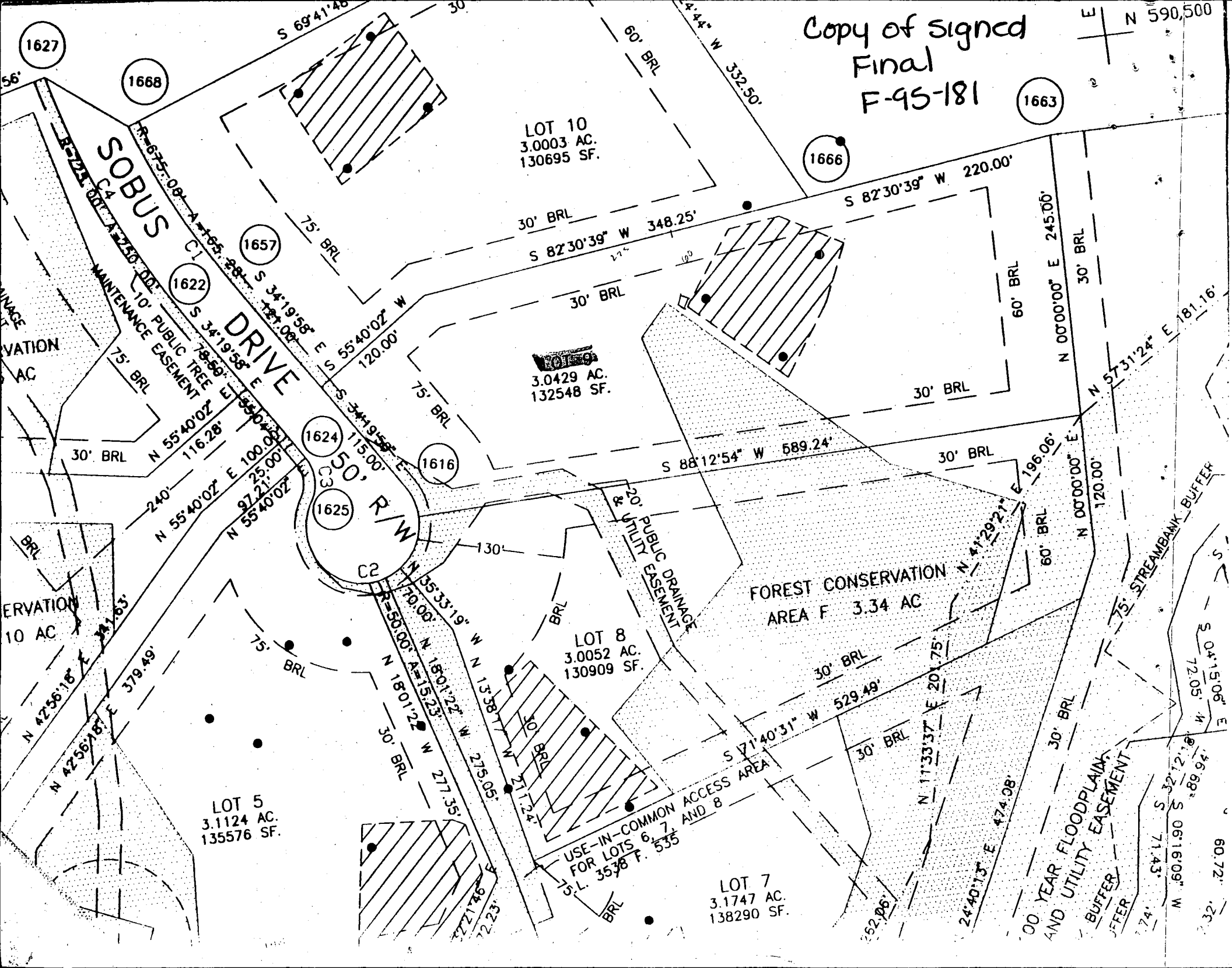
FAX
859-9447
ATTN WILLIE

2006-2007

10
of 1978
but
the
: 1978
' 1978
of
1978
of 1978



W N 590,500



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 8430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00121585
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Building Address <u>3005 Sobus Drive</u> <u>West Friendship, Md 21794</u>	Property Owner's Name <u>William Willie</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>3005 Sobus Drive</u>
Census Tract <u>6030</u> Subdivision <u>Sobus Farms</u>	City <u>West Friendship</u> State <u>Md</u> Zip Code <u>21794</u>
Section _____ Area _____ Lot <u>10</u>	Home Phone <u>410-442-4077</u> Work Phone _____
Tax Map <u>15</u> Parcel <u>26</u> Grid <u>21</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning <u>R1-050</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>SFH</u>	Contractor Company <u>Double D Construction</u>
Proposed Use <u>SFH w/ bathroom/bedroom extension</u>	Contact Person <u>Dave Dunshoe</u>
Estimated Construction Cost \$ <u>2,000</u>	Address <u>4754 Woodland Rd</u>
Description of Work <u>Construct 8'x18'</u> <u>bedroom/bathroom extension</u>	City <u>Ellicott City</u> State <u>Md</u> Zip Code <u>21042</u>
Occupant or Tenant _____	License No. <u>33426</u> Phone <u>410-740-4433</u> Fax <u>410-740-4828</u>
Contact Name <u>Same</u>	Engineer or Architect Company _____
Address _____	Contact Person <u>N/A</u>
City _____ State _____ Zip Code _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

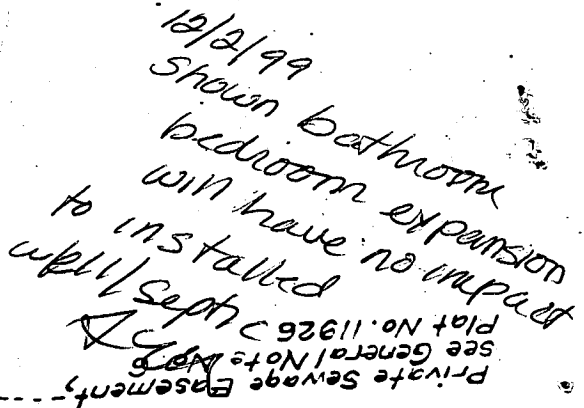
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private ☒	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private ☒	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐	2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
Use group: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☒ Slab on Grade ☐ No. of Bedrooms _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____
State Certified Modular _____		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____

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.

<u>David Dunshoe</u> Applicant's Signature <u>Owner / Double D Const.</u> Title/Company	<u>David Dunshoe</u> Print Name <u>12-2-99</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
☒ Land Development, DPZ			Front: _____	Filing fee \$ _____
☒ State Highways			Rear: _____	Permit fee \$ _____
☒ Building Official			Side: _____	Excise tax \$ _____
☒ Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
☒ Health	<u>12/2/99</u>	<u>A. Mc Miller</u>	All minimum setbacks met? YES ☐ NO ☐	Add'l permit fee \$ _____
☒ Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ <u>165</u>
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for NewTown Zone _____	Check # <u>11417</u>
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	



LOT 12

528°24'44"E

332.50'

LOT 10
3.0003 AC
130,695[±]

458.571

348.251

BRL

ERL

BR L

60

2

3

...

78

Zoe

BARN

36

-ic

PROPOSED UNHABITABLE
ENCLOSED PORCH

S

50.

46'±

2

#3005

151'

75' BRL

Macadam W
Driveway

V69°41'48"E

R=675.00

1-155281

N 34° 19' 58" W 12.00

DRIVE

SOB/LS

50' R/W

SOBUS#9695
1"=50'
5/15/02

NOTE: SEPTIC TANK AND C/O TO
LOCATED BY A SEPTIC LOCA
COMPANY PRIOR TO DIG

