

11/25/98
3:00 C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511044

A 49914-X

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

03-319741

DATE 10/15/98

DATE SYSTEM APPROVED 12/1/98

INSPECTOR AM

INDEXED

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE (410) 875-4197

SUBDIVISION Sobus Farms LOT 8 ROAD 3013 Sobus Drive

PROPERTY OWNER Altierir Homes

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 70.00' and 211.24' lot lines, begin trenches 60 feet up the 211.24' lot line and 55 feet off that same lot line. Run trenches on contour toward the 589.24' 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/ma

PLANS APPROVED BY Amy McMillen

DATE 6/29/98

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

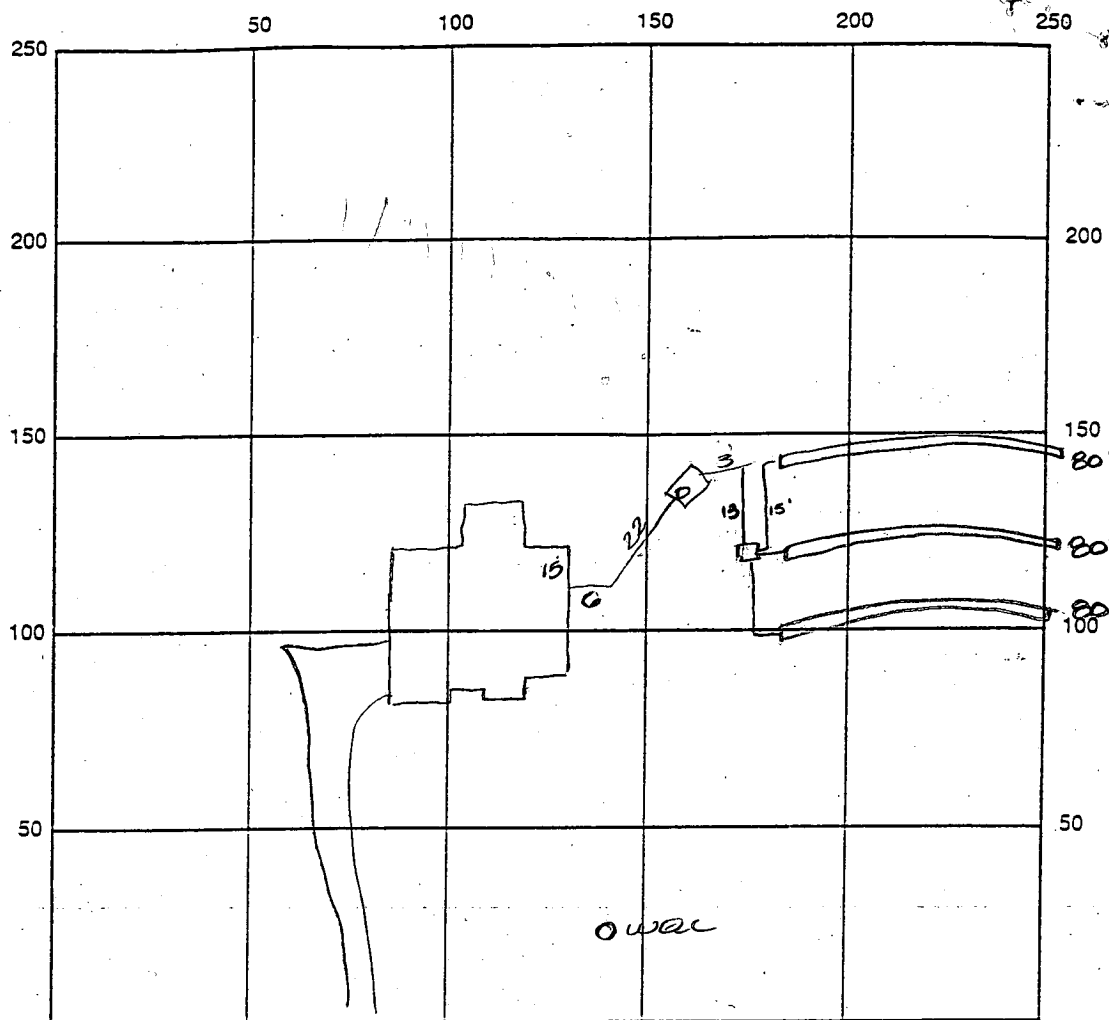
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

LOG. PERMIT SIGNED
AND RETURNED 2-24-99
Shirley Bro 116352
ack

A 49914-X



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL top sealed 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle 13 in

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA - SQ. FT.

REMARKS: 12/1/98 OK to cover all work final well casing has been
cut off - dirt in well, open for unknown amt of time

DATE SYSTEM APPROVED 12/1/98 INSPECTOR Amy McMele



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 2, 1998

MEMORANDUM

TO: Altieri Homes, Inc.
9017 Red Branch Road, Suite 301
Columbia, Maryland 21045

FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: Sobus Farms, Lot 8
3013 Sobus Drive

During a routine septic system inspection on December 1, 1998, it was observed that the existing well for the above referenced property had sustained the following damage:

- The metal casing has been broken off at ground level.
- The grout seal was shattered to an unknown depth when the casing was broken.
- The well has been sitting without a cap for an unknown period of time. During this time, sediment and any other contaminants in road and lot run-off may have contaminated the well.

For the above reasons, there is risk that the well has been damaged beyond repair and may need to be abandoned due to the potential health risks associated with using a damaged well.

In order to determine if the well can be saved, the well would need to be assessed by a licensed well driller, with the Health Department present. Please be advised that should a licensed well driller certify the well is of sound condition, additional sampling requirements for presence of VOC's (Volatile Organic Compounds) may be necessary.

cc:file

12/15/98
Anytime
See note re: well
damage in file

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 12/14/98

Name of Installer ROBERT L. FEEZER CO., INC.

Telephone 410-787-4655

License Number 2122

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner ALTIERI HOMES

Telephone 410-715-4500

Subdivision SOBUS FARM Lot # 8

Well Tag # HO-94-0896

Site Address 3013 Sobus Drive

Pump

1. Type

- a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☐

2. Make STARTE

3. Model # 402P31-2

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 None

Motor

1. Horsepower 3/4

2. RPM 3450

3. Voltage ☐

a. 110 ☐

b. 220 ☒

Pitless Adapter

1. Make HANCOCK

2. Model # 11800

3. Depth 42" +

Tank PD-30 CAPTIVE AIR

1. Capacity 22 GPM

2. Pressure relief valve? YES

Piping

1. Type 704

2. Size 1/2"

3. NSF and/or BOCA

Code approved ☒

4. Depth of supply

line 42" +

Well data WELL

1. Depth 405 ft.

2. Yield 5.5 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: 12/14/98

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

20' Public Drainage & Utility Easement

Forest Conservation Area F

Private Sewer
see General
Plat No. 118

#3015

20' Tree
Easement

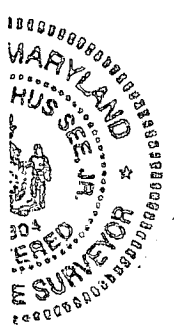
R=50.00'
L=49.06'

9/20/98
House location
consistent w/ approved
building permit plan
A McMill

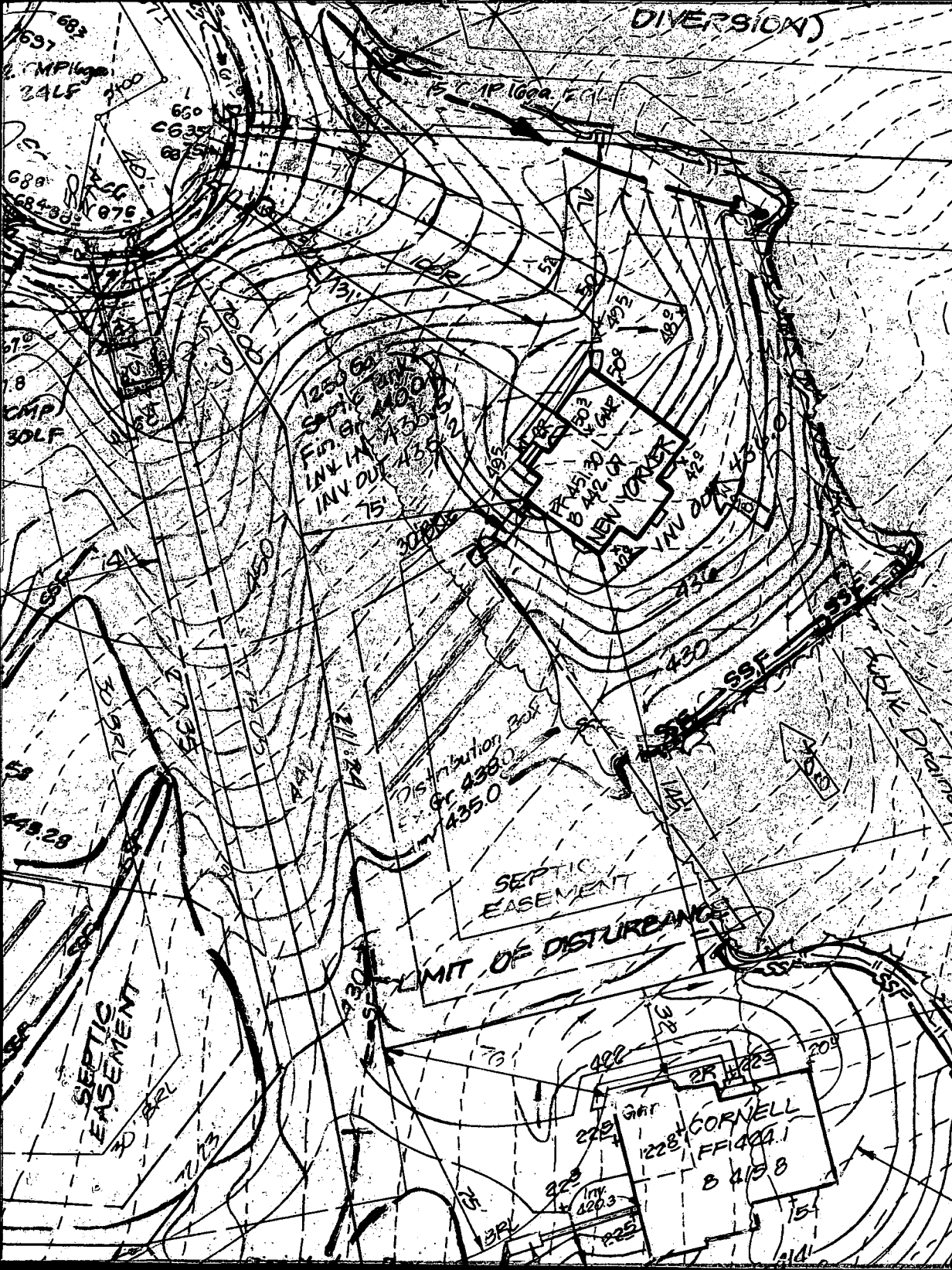
NOTES:

1. The 20' easement is shown on

Sobus Farms
Lot 8



GOELS
50' R/W
DRIVE



Total linear feet of trench required 240 feet

Width of trench(es) 3.0 feet

Depth of trench(es) 5.0 feet

Depth of stone required below distribution pipe 12.0 feet

Approved Septic System Plan
Howard County Health Department

[Signature] 6/29/98
Signature Date

BASEMENT WILL NOT
SEWER BY GRAVITY

BASEMENT WILL NOT
SEWER BY GRAVITY

Public 100 Year Floodplain,
Drainage & Utility Easement
BY COPY OF THIS PLAN THE HO CO
NEW YORK DEPT. ACCEPTS THIS
MODIFICATION TO THE PLATTED
SEWER DISPOSAL EASEMENT

"We certify that
according to this
control and that a
project will have a
Approved Training
beginning the pro
Howard Soil Cons
necessary."

Signature

I hereby certify
Sediment C
plan based

C1 7804

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETEDCOUNTY
NUMBER

A49912-X

ST/CO USE ONLY
DATE Received

1	2	3	4	5	6	7	8	9	10	11	12	13

DATE WELL COMPLETED

082396

Depth of Well

405

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0-94-0896

OWNER Demmitt

STREET OR RFD

SUBDIVISION

SOBUS

FARMS

SECTION

TOWN W. Friendship

LOT 8

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

check
if water
bearing

Sand	0	143	
Gray Mica Rock	143	180	
Sand	180	198	
Gray Mica	198	223	
Sand	223	243	
Gray Mica Rock	243	405	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ CMBENTONITE CLAY ☐ BC

NO. OF BAGS

25

NO. OF POUNDS

2350

GALLONS OF WATER

150

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 80 ft.

casing
types
insert
appropriate
code
below

CASING RECORD

STEEL ☒ STCONCRETE ☐ COPLASTIC ☐ PLOTHER ☐ OTMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

251

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

STEEL ☒ STBRASS ☐ BROPEN ☐ HOBRONZE ☐ BRHOLE ☐ HOPLASTIC ☐ PLOTHER ☐ OTinsert
appropriate
code
below

C 2

DEPTH (nearest ft.)

H0 250 405

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL INSERT

F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W. Q

70

72

74 75 76

TELESCOPE

LOG

OTHER DATA

CASING

INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

5.5

METHOD USED TO

MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

50 ft.

WHEN PUMPING

320 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other

J jet

S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

YES

NO

(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

CAPACITY

GALLONS PER MINUTE

(to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH

(nearest ft.)

CASING HEIGHT

(circle appropriate box
and enter casing height)

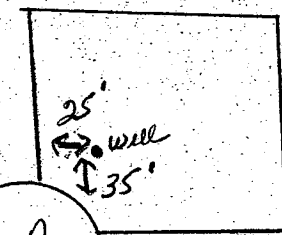
+ above

LAND SURFACE

- below

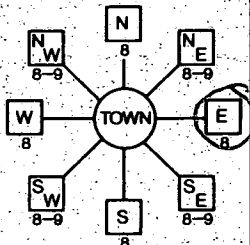
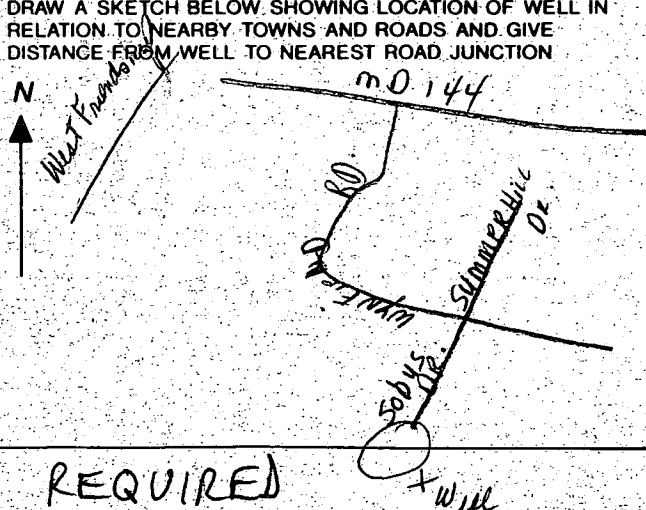
(nearest foot)

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)

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 4632		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER 40-94-0896 <small>fill in this form completely</small>	
Date Received (APA) 073096 OWNER INFORMATION Demmitt RICHARD 10 Bost 228 CLARKSVILLE MD 21029				B 3 LOCATION OF WELL HOWARD SP BUS FARMS SECTION 44 46 LOT 8 48 50 WEST FRIENDSHIP MILES FROM TOWN (enter 0 if in town) 1 1/2 MI			
DRILLER INFORMATION Joseph L. Mayne Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt Airy 21771 Signature: Joseph L. Mayne Date: 7/29/96				B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Sobies Dr. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 35 37 DISTANCE FROM ROAD ENTER FT OR MI FF TAX MAP: 15 BLK: 24 PARCEL: 26			
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500				USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 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				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME STATE SIGNATURE DATE ISSUED 080696 Mark E. Riffin 8/6/97 NORTH GRID 530000 EAST GRID 0817000 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 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 40-93-0247 52				Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE MTR WRITE INITIALS IN BOX PERMIT No. 40-94-0896 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				PUMP TEST REQUIRED COUNTY			

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/23/96 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Joseph L. Mayne

* OWNER'S NAME: Richard Demmitt

* WELL LOCATION:

COUNTY: Howard
NEAREST TOWN: West Friendship
TAX MAP 15 BLOCK 24 PARCEL 26
SUBDIVISION: Sabin Farms
SECTION: _____ LOT: 8

MARYLAND GRID COORDINATES

E 810
BOX NUMBER
N 530

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

* USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 175 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne LICENSE # 24 DATE 8/23/96

DENV 828 JULY 1993

H0-93-0247

H0-94-0896

WELL DRILLERS LICENSE NUMBER: 24

000	+
000	

SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Gravel & Cement</u>	<u>0</u>	<u>175</u>

C1 0222 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-X

ST/CO USE ONLY
DATE RECEIVED
030596

DATE WELL COMPLETED
021496

Depth of Well
22 175 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-93-0247

OWNER: Demmitt Richard
STREET OR RFD: Sobus Drive
SUBDIVISION: Sobus Farms SECTION: TOWN: West Friendship LOT: 8

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	check if water bearing
FROM	TO	
Sand	0	60
gray mica rock	60	90 ✓
Sand	90	162
Brown Mica rock	162	175 ✓

GRROUTING 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 71 NO. OF POUNDS 6674
GALLONS OF WATER 426
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 122 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL (ST) CONCRETE (CO)
PLASTIC (PL) OTHER (OT)
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch)!
Total depth of main casing (nearest foot)
S 6 168

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL (ST) BRASS (BR) OPEN HOLE (HO)
BRONZE (PL) PLASTIC (OT) OTHER (OT)
C 2

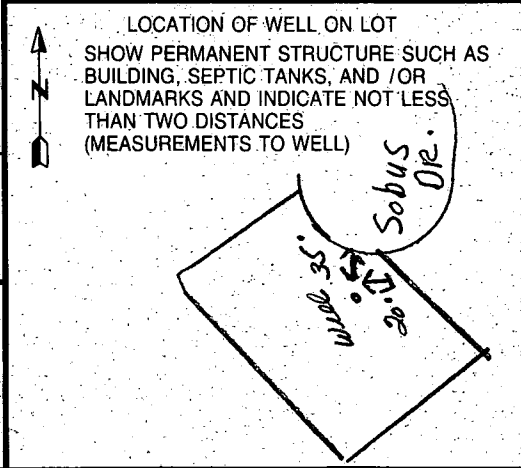
DEPTH (nearest ft.)
H 0 165 175
SLOT SIZE 1 2 3
DIAMETER OF SCREEN 56 60
from to

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

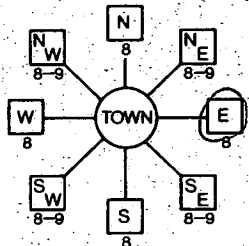
MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 005.5
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45 ft.
WHEN PUMPING 154 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) (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)
LAND SURFACE 3 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0
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
DRILLERS SIGNATURE Joseph L. Mayne
LIC. NO.
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 1942 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-93-0247 <small>70 fill in this form completely 79</small>
Date Received (APA) 11/27/95 OWNER INFORMATION Demmitt + RICHARD <small>15 Last Name 34 Owner First Name</small> PO BOX 228 <small>36 Street or RFD 55</small> CLARKSVILLE MD 21029 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> SOBYS FARMS <small>23 SUBDIVISION 42</small> SECTION 44 46 LOT 8 48 50 WEST FRIENDSHIP <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 1.2 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Joseph L. MAYNE <small>Driller's Name 77 License No. 80</small> Joseph L. MAYNE WELL DRILLING <small>Firm Name</small> 5512 Ridge RD. Mt. Airy MD. 21771 <small>Address</small> Joseph L. Mayne 11/27/95 <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Sobus Dr. <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI FT <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A-49914-X <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <input type="checkbox"/> <small>DATE ISSUED</small> 01/26/96 A. McMillen 1/26/97 <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 530000 EAST GRID 0817000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		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 TAG OK	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		2/14/96 11:30 a.m. 168' CASING 122' OPEN 3' CASING A.G. 71 BAGS TAG OK	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <small>30 37</small> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N West Friendship MOUNTAIN RD. SOBYS SUMMIT DR. X Well	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE AM WRITE INITIALS IN BOX PERMIT No. HD-93-0247 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			

APPLICATION

PERCOLATION TESTING

A 49914X

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT 3

DATE 3/8/94

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. 836 (sixteen)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(3013 Sobus Drive)

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre + TYPE BLDG. S.F.D. - 4 Bm
(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

A49914X

COUNTY #

SOIL PROFILE

0' A1B
red
brn
CL

3'

brn
SL
mica
some
5" dia
frags
<5%
OK

11'

D

dk
brn
CL

3'

reddish
brn
SL
mica
<5%
small
frags
of
shale
OK

12'

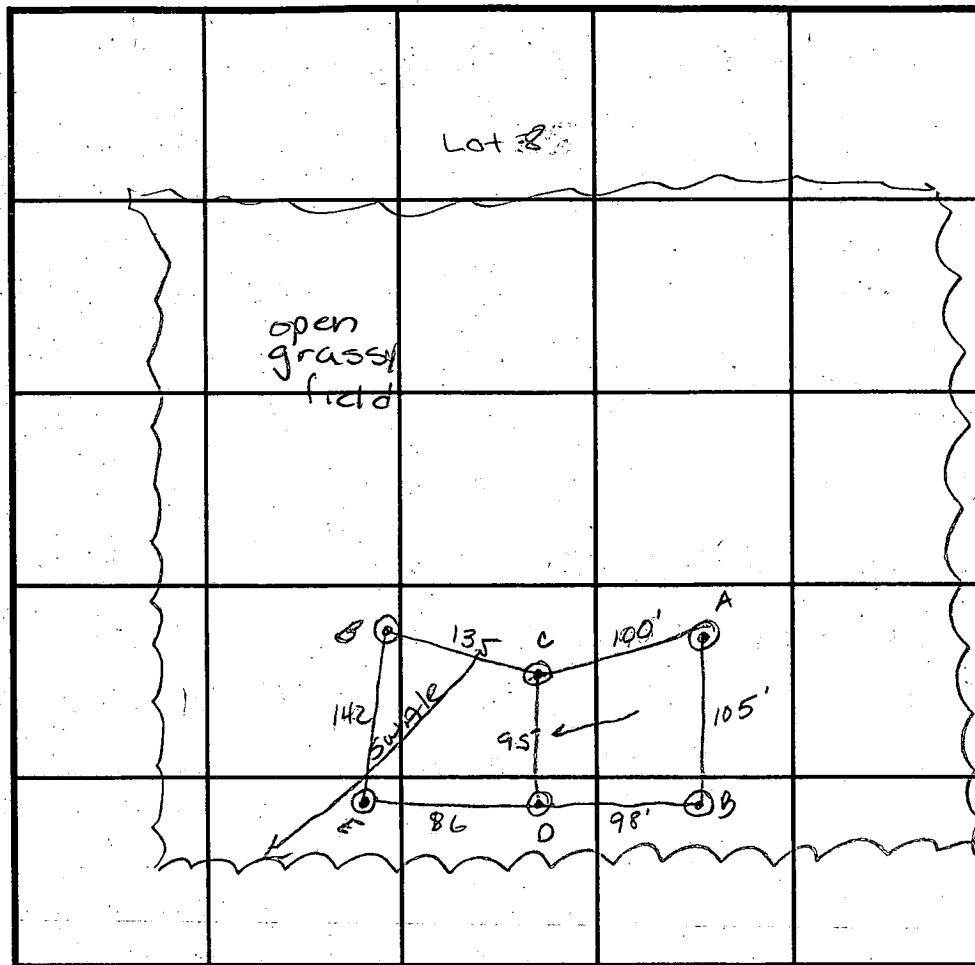
C

brn
CL

3'

tan/
brn
SL
mica
some
rock
frags
<5%
OK

13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/30/94	A	4' VII'	2:38 ³⁵	2:44 ¹⁵	2:44 ¹⁵	2:51 ¹⁵	6 ³ / ₄ min
	B	3' VI 12'	1:24 ³⁰	1:26 ³⁰	1:26 ³⁰	1:30 ¹⁵	3 ³ / ₄ min
	D	Visual	to 12'	—	—	—	OK
	C	Visual	to 13'	—	—	—	OK

REMARKS

TYPE OF SOIL CgC2 Chester gravelly silt loam

TESTED BY A. McMillen / M. Rifkin

ALSO PRESENT R. Demitt

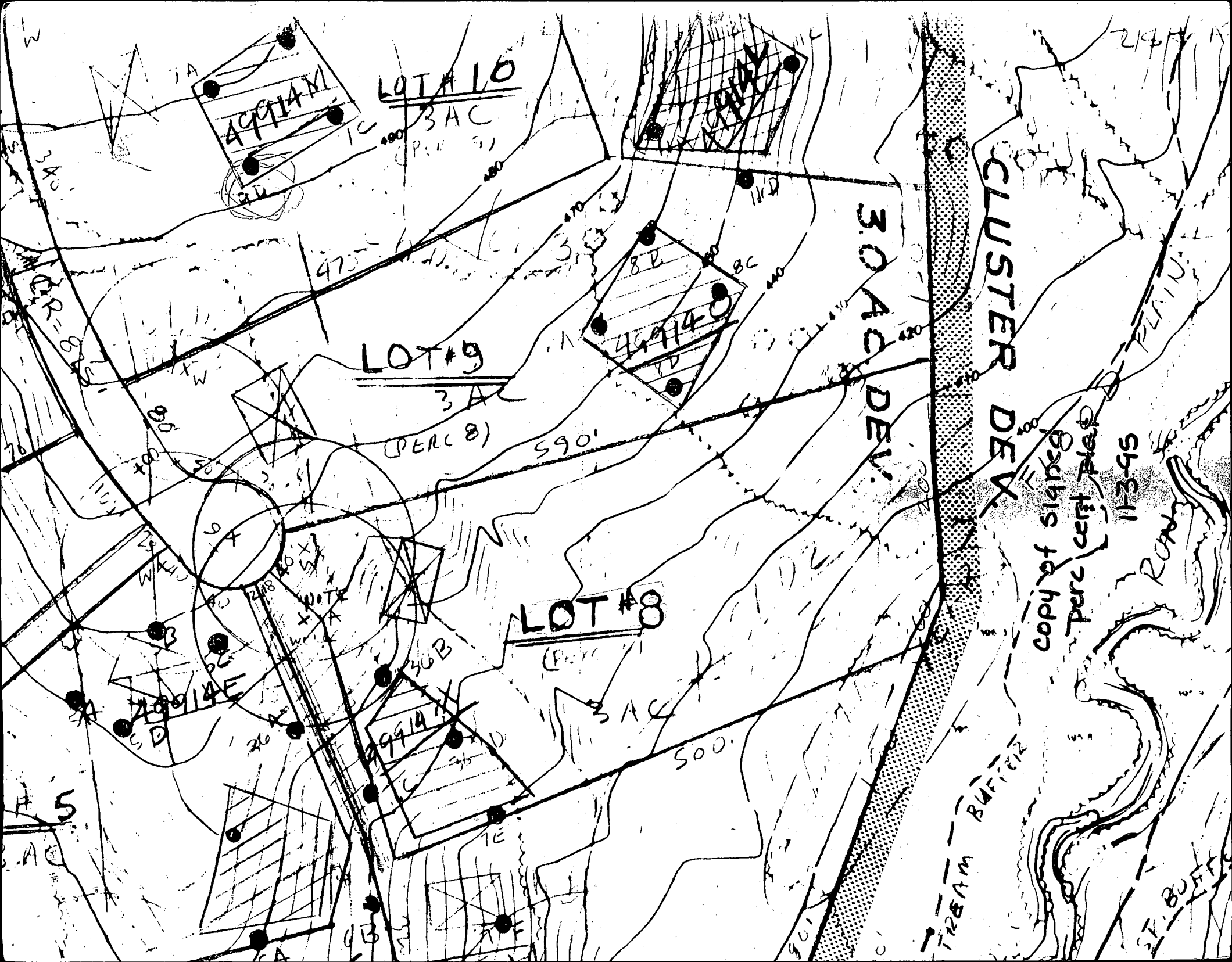
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 4 min

TRENCH WIDTH 3'

INLET DEPTH 3'

MAXIMUM BOTTOM DEPTH 5'

SQ. FT./BEDROOM 180 ft²



CLUSTER DEV.

3.0 AC DEV.

LOT #8

LOT #9

LOT #10

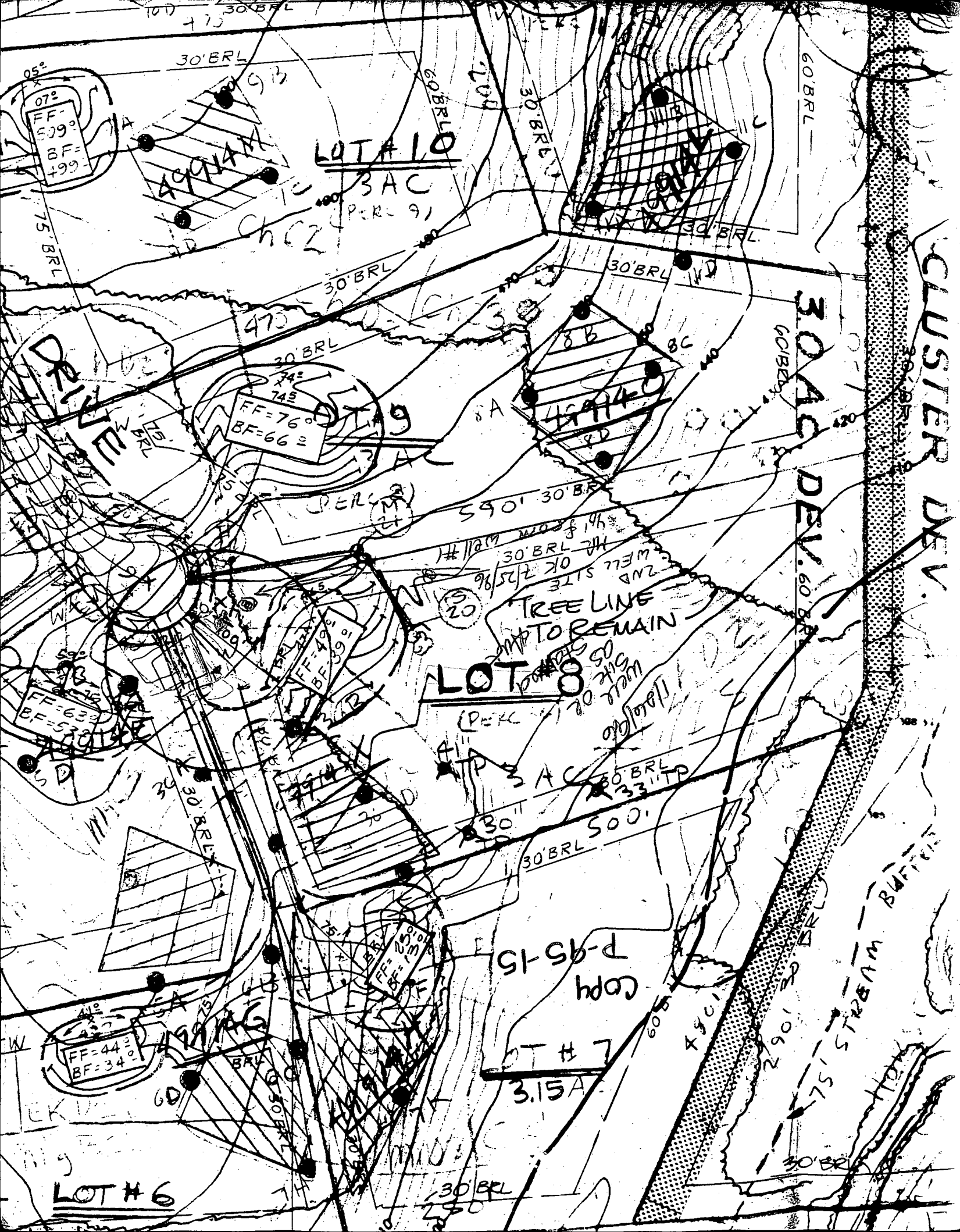
copy of signed

pages for

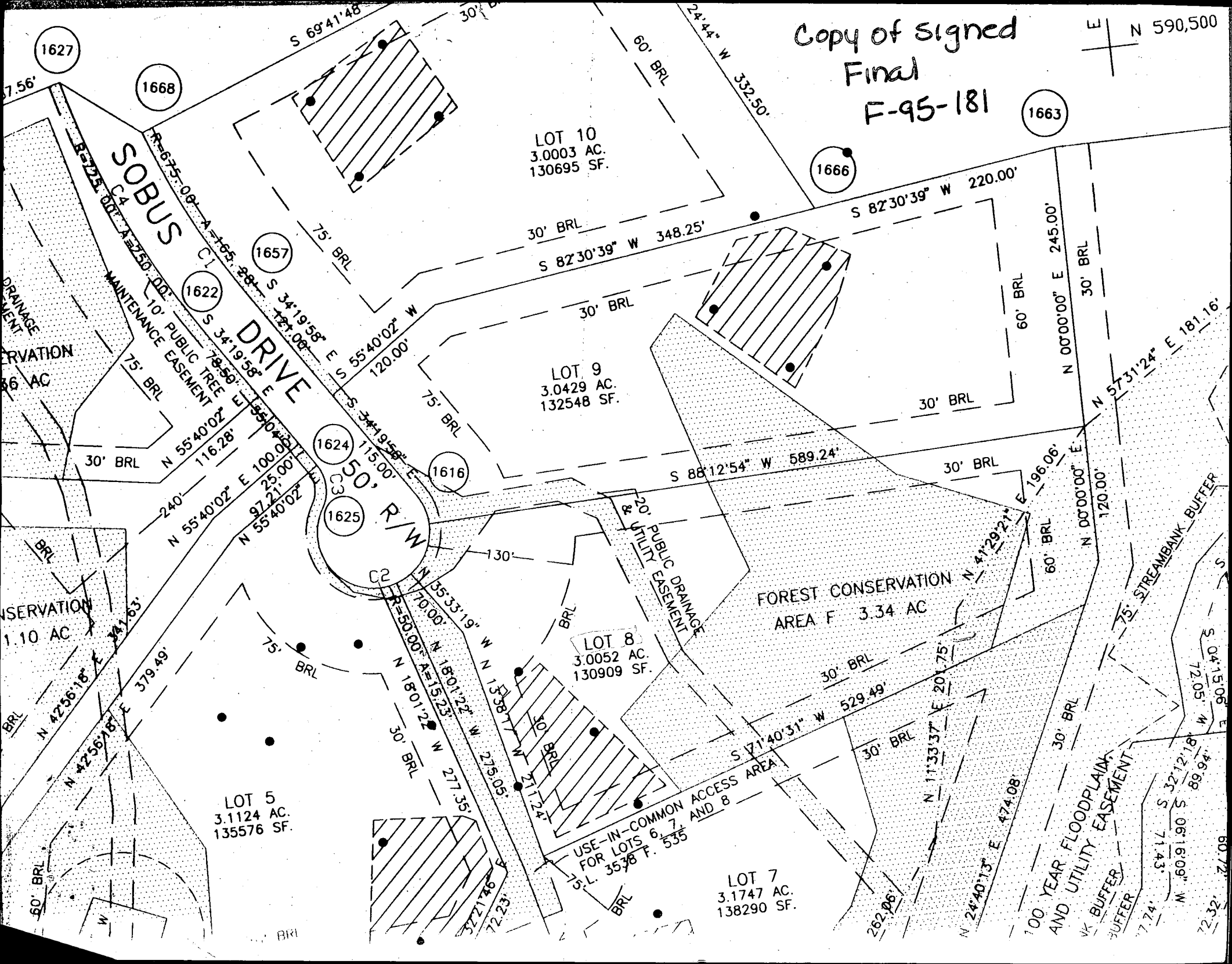
perc cert filed

11-3-95

21.80



W N 590,500





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 23, 1998

Altieri Homes
9017 Red Branch Road, Suite 301
Columbia, Maryland 21045

RE: Sobus Farms - Lot 8
3013 Sobus Drive
Well Permit #HO- 94-0896

Dear Mr. Altieri,

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on December 1, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 94-0896. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 18 & 22, 1998
Date of well completion: August 23, 1996

Approving Authority

Amy Mc Millen Sanitarian
Water and Sewerage Program

cc: Building Inspector's office
file

Forest Conservation Area F

20' Public Drainage & Utility Easement

Private Sewage Eas see General Note 1 Plat No. 1926

#30.3
22'
14'
30' S.R.L.
74'
N 13° 38' 17" W
N 35° 33' 13" W 70.00'
R = 50.00'
L = 49.06'
gravel drive
121'±
589.24'
529.49'
1211.24'

Use-In-Common Access for Lots 6, 7 and 8 L. 3538 = 2535

2/24/99
shown deck
location will have
no impact to the
existing well or
septic.
AW