

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DATE SYSTEM APPROVED 5-28-97

INSPECTOR KM

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Sobus Farms LOT 17 ROAD 2912 Summer Hill Drive

PROPERTY OWNER Altieri Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

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 - Place distribution box 140 feet up the left (300.00') lot line and 15' off that same lot line as seen when facing the lot from Summer Hill Drive. 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. 7/26/96 OK ALM

PLANS APPROVED BY Amy McMillen DATE 7/18/96

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

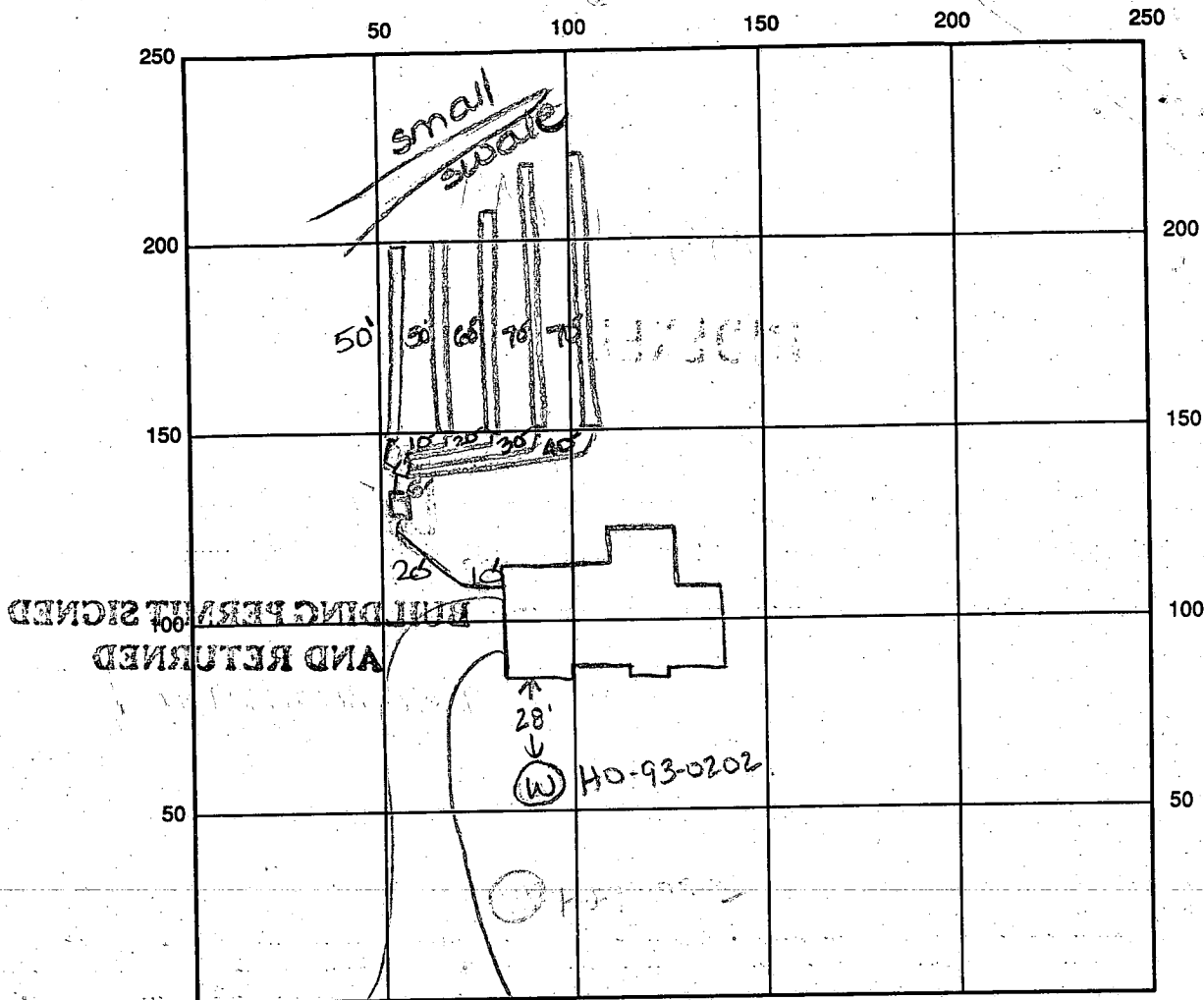
PERMIT VOID AFTER TWO YEARS

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

A 49914-2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Summerhill Drive

SEPTIC TANK LEVEL OK CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK _____

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

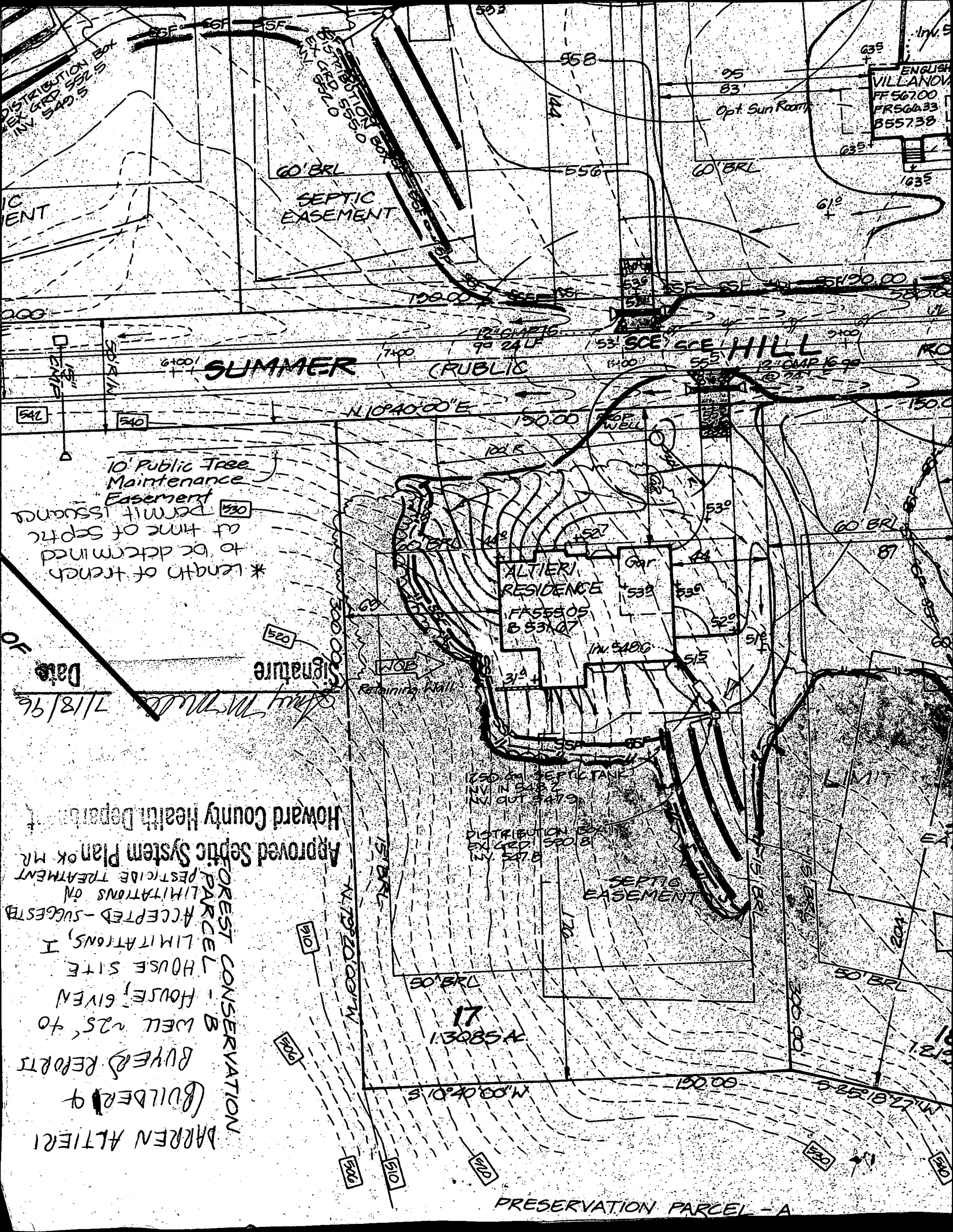
EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 150 60 70 70 300 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

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

ABSORBENT AREA 900 SQ. FT.

REMARKS: 1-24-97 WPI ok to cover well line, casing needs to be raised, HOI well tag number visible KM
 1-29-97 ok to cover first trench, casing on well still needs to be raised tag number still not visible KM/DKS
 1/30/97 OK to continue work. DKS
 1/30/97 (LATER) OK to cover work as completed. Needs
 DATE SYSTEM APPROVED 5-28-97 INSPECTOR Kim Maisto
 house connection. DKS
 5-28-97 house conn covered, ok'd inside connection (KM)



* Length of trench to be determined at time of Septic permit issuance

10' Public Tree Maintenance Easement

Date 7/18/96

Signature Shay M. Mudd

Approved Septic System Plan for MR. [Name] by Howard County Health Department

FOREST CONSERVATION PARCEL - B

ACCEPTED - SUGGESTED LIMITATIONS ON PESTICIDE TREATMENT

HOUSE SITE LIMITATIONS, I

HOUSE, GIVEN WELL 25' 40'

BUYER'S REPORTS

(BUILDER)

BARRON ALTIERI

PRESERVATION PARCEL - A

APPLICATION

PERCOLATION TESTING

A 499142

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 313-2640

DISTRICT 3

DATE 3/4/94

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 Allier 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 Sabus Farms LOT NO. 2017 17 (seventeen)

ROAD AND DESCRIPTION at the end of Winfield Rd.
2912 Summer Hill Drive

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre + TYPE BLDG. S.F.D. B00101138 5 Brms
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 7-18-96

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

A499142

COUNTY #

SOIL PROFILE

0' E.
orange
brn
C
3'
white
tan
SL
mica
10%
to 15%
10' hard
bottom

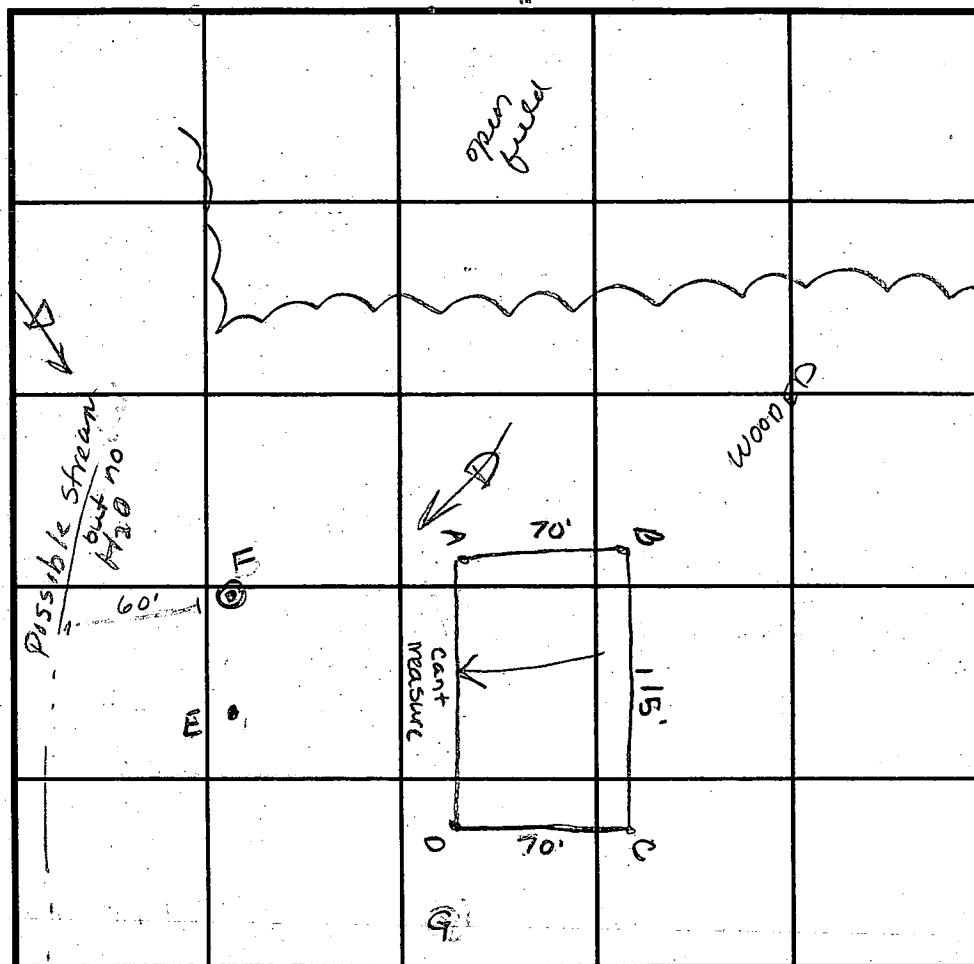
IF

8' water

A

2' orange
CL
1 1/2'
tan
mica
throughout
OK

1 1/2'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/25/94	E	3 1/2' V10	2:06	2:07	2:07	2:10	3min
3/25/94	F	Visual	9' water				F
3/30/94	B	5' V12	10:45	10:46	10:46	10:48	1/4min
		2 1/2' V12	10:46	10:46	10:46	10:48	2 1/4min
	A	4' V11 1/2	10:50	10:50	10:50	10:51	1min
		repour	10:52	10:53	10:53	10:55	1 3/4min
	D	2 1/2' V12	11:00	11:10	11:10	11:30	20min
		6' V12	10:59	11:00	11:00	11:02	1 1/2min
	C	3' V11	11:04	11:09	11:09	10:17	6min
9-21-94	G	3' V12	1:28	1:29	1:29	1:30	1min
			1:30	1:32	1:32	1:33	1 1/2min

REMARKS

TYPE OF SOIL MLE Manor Loom

TESTED BY A McMillen / M Rifkin

ALSO PRESENT R. Demitt

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

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT/BEDROOM 180 ft²

OKS

C1	0133	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.	
(THIS NUMBER IS TO BE PUNCHED IN CQLS 6 ON ALL CARDS)				COUNTY NUMBER A 49914-Z		
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED 12/29/5		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-93-0202		
OWNER Demmitt		Depth of Well 365 (TO NEAREST FOOT)				
STREET OR RFD Summerhill Drive		TOWN West Friendship				
SUBDIVISION Sobus Farms		SECTION		LOT 17		

WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS 9 NO. OF POUNDS 846		HOURS PUMPED (nearest hour) 3	
FEET FROM TO		GALLONS OF WATER 54		PUMPING RATE (gal. per min.) 007.5	
check if water bearing		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 27 ft.		METHOD USED TO MEASURE PUMPING RATE Bucket	
Sand		from 0 TOP 52 ft. to 27 BOTTOM 58 ft. (enter 0 if from surface)		WATER LEVEL (distance from land surface)	
Gray mica Rock		CASING RECORD		BEFORE PUMPING 56 ft.	
		casing types insert appropriate code below		WHEN PUMPING 178 ft.	
		ST CO STEEL CONCRETE		TYPE OF PUMP USED (for test)	
		PL OT PLASTIC OTHER		A air P piston T turbine	
		MAIN CASING TYPE		C centrifugal R rotary O other (describe below)	
		Nominal diameter top (main) casing (nearest inch) 6		J jet S submersible	
		Total depth of main casing (nearest foot) 29			
		OTHER CASING (if used)		PUMP INSTALLED	
		diameter inch depth (feet) from to		DRILLER WILL INSTALL PUMP (YES or NO) NO	
		SCREEN RECORD		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
		screen type or open hole insert appropriate code below		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
		ST BR HO STEEL BRASS OPEN HOLE		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
		PL OT PLASTIC OTHER		PUMP HORSE POWER	
NUMBER OF UNSUCCESSFUL WELLS: 1		C 2		PUMP COLUMN LENGTH (nearest ft.)	
WELL HYDROFRACTURED Y N		DEPTH (nearest ft.)		CASING HEIGHT (circle appropriate box and enter casing height)	
CIRCLE APPROPRIATE LETTER		1 2 3		+ above - below	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		1 2 3		LAND SURFACE 2 (nearest foot)	
E ELECTRIC LOG OBTAINED		1 2 3		LOCATION OF WELL ON LOT	
P TEST WELL CONVERTED TO PRODUCTION WELL		1 2 3		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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.		SLOT SIZE 1 2 3			
TYPE: MWD/MSD/MGD		DIAMETER OF SCREEN (NEAREST INCH)			
DRILLERS LIC. NO. 24		from to			
DRILLERS SIGNATURE Joseph P. Marjone		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68			
LIC. NO.		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)			
		T W Q			
		70 72 74 75 76			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA			

Resolved
5-28-97



HOWARD COUNTY HEALTH DEPARTMENT

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

January 30, 1997

Altieri Homes
9017 Red Branch Road, Suite 201
Columbia, Maryland 21045

RE: Sobus Farms, Lot #17
2912 Summer Hill Drive
Well Permit #HO-93-0202

Dear Sirs:

Upon inspection of the septic system installation at the above referenced property, it was observed that the well casing for the well installed under permit #HO-93-0202 terminates approximately two inches above present grade. According to COMAR, "a minimum of 8 (eight) inches of the casing length shall extend above ground level after final grading."

After final grading, please make certain that the well casing meets the COMAR standard. Any necessary casing repair should be performed by a licensed well driller. Please contact the Health Department once the well is ready for reinspection.

Please be advised that no Interim Certificate of Potability will be issued for the property until this issue is resolved.

Thank you in advance for your prompt attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donna K. Soe".

Donna K. Soe, R.S.
Water and Sewerage Program

DKS

cc: 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 1/28/97

Name of Installer ROBERT L. FEEZER CO INC Telephone 781-4655

License Number 2122

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner ALTIERI HOMES Telephone 795-1405

Subdivision SOBUS FARMS Lot # 17 Well Tag # 1-7-7

Site Address 2912 SUMMIT HILL DR. AN TAG ATTACHED TO WELL

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make STARTE
3. Model # 5
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ☐ No ☒

Motor

1. Horsepower 1
2. RPM 3450
3. Voltage
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make HARVARD
2. Model # DT-800
3. Depth 42"

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 ☐

CAPITIVE AIR

Tank WEL-X-TROL WX251

1. Capacity 62 GALS.
2. Pressure relief valve? YES

Piping

1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42" +

Well data

1. Depth 360 ft.
2. Yield ? GPM
3. Static water level ? ft.
4. Will water supply be disinfected by installer? ☒

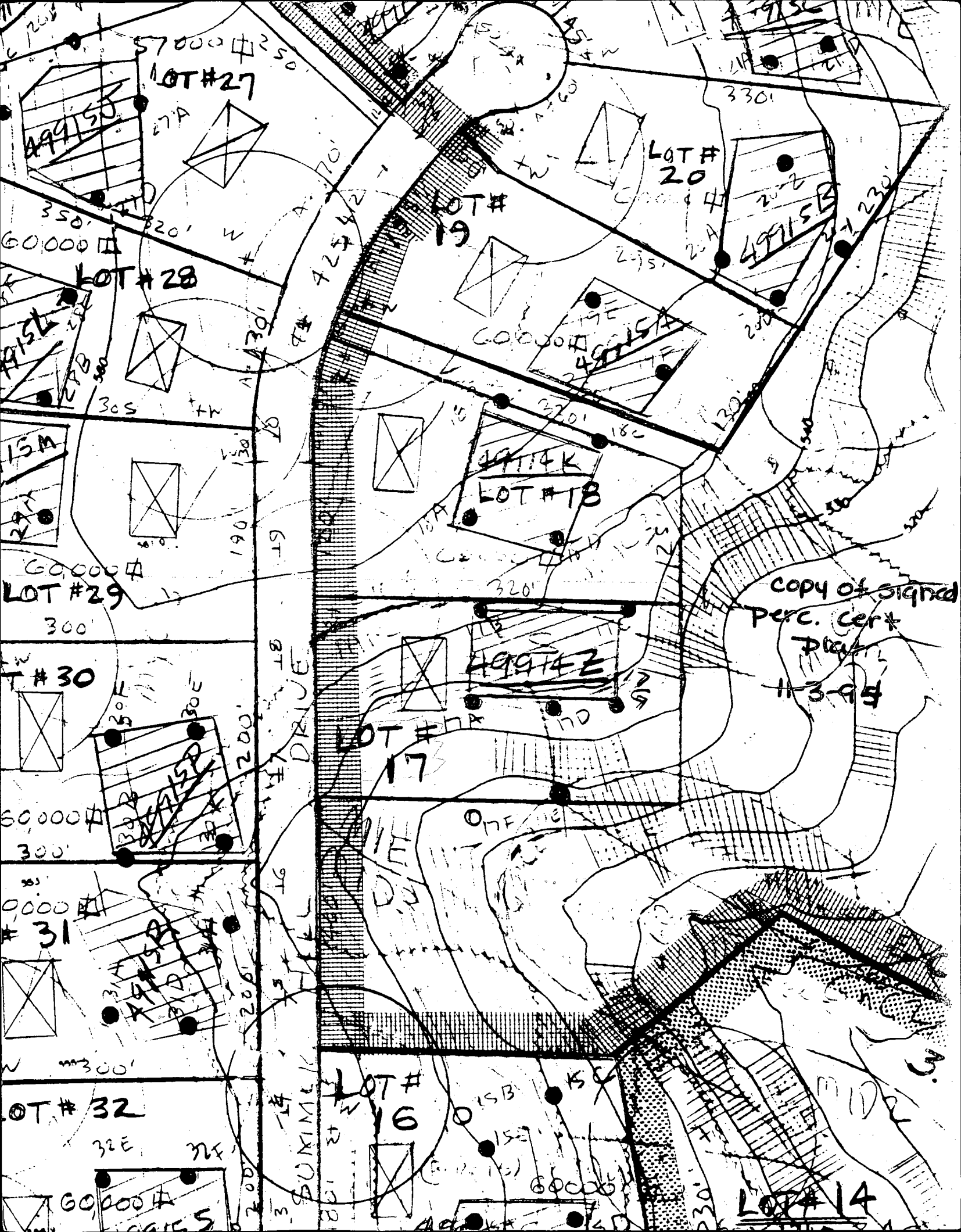
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant Robert L. Feezer

Date: 1/28/97

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



499153

LOT # 27

LOT # 20

499152

LOT # 19

LOT # 28

LOT # 18

LOT # 29

LOT # 30

499142

LOT # 17

LOT # 31

LOT # 32

LOT # 16

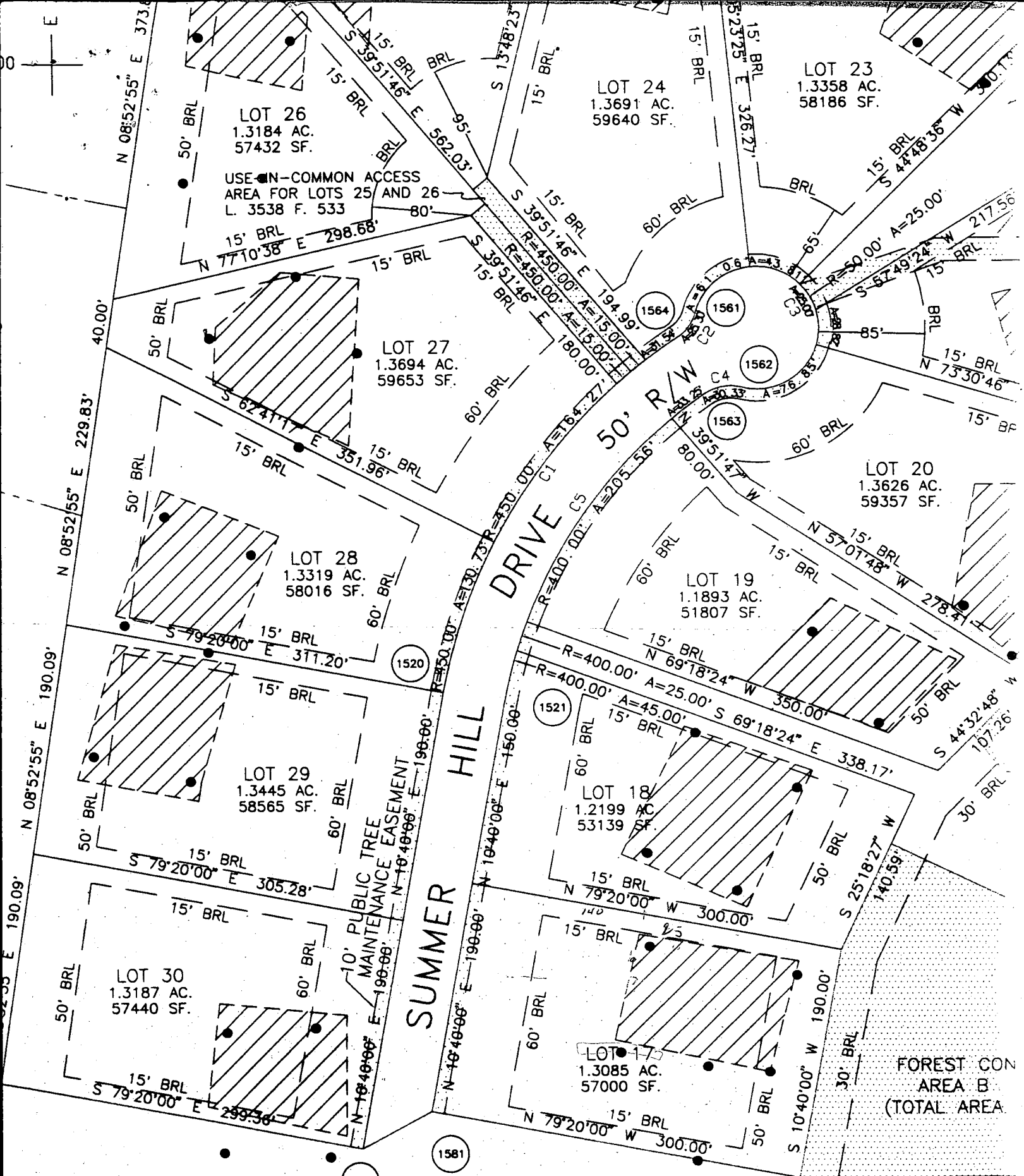
LOT # 14

copy of signed
Perc. Cert.
Plan
11-3-94

DRIVE

SUNMICK HILL

[illegible]

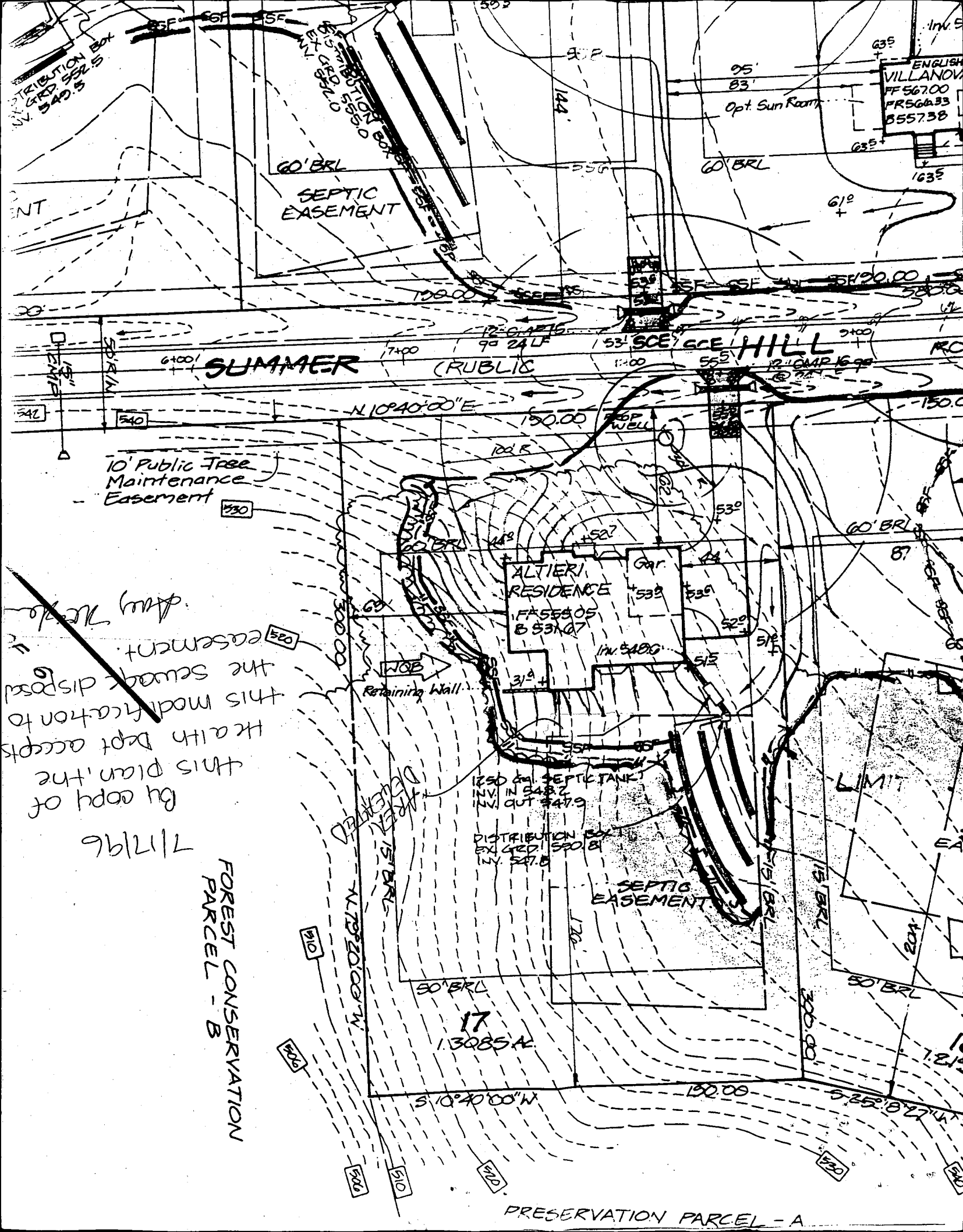


Copy of Signed Final
F-95-181

OWNER'S CERTIFICATE

PRIVATE WATER AND PRIVATE
HOWARD COUNTY HEALTH

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



By copy of this plan, the Health Dept accepts this modification to the sewerage disposal easement.

7/17/96

FOREST CONSERVATION
PARCEL - B

PRESERVATION PARCEL - A

SUMMER HILL DRIVE 50' R/W

N 10° 40' 00" E

190.00'

MACADAM

PAVING

BRICK PORCH AND WALK

11' x 3' WINDOW

60' BRL 7

2' x 10' WINDOW BOX

2012

2 STY BRICK DWELL. W/ SIDING

MACADAM PAVING

60' +/-

16' x 18' ADDITION

35' x 16' DECK

2' x 15.5' WINDOW

20' x 20' PORCH

15' BRL

LOT 17

1.3085 Acs.
57,000 sqft.

SDA

300.00'

N 79° 20' 00" W

15' BRL

300.00'

N 79° 20' 00" W

50' BRL

190.00'

S 10° 40' 00" W

FOREST CONSERVATION
AREA B

3/8/05
Waiting
on
permit
OK
to sign
Kw

LOT 18

6 x 33 = 1
18 x 10 = 18
Tr (18 x 18) / 2 = 162
54

1/2 (96 x 7) = 336
3 x 96 = 288
624

APPROVED

WALK-THRU BUILDING PERMIT

A# 49914-2

APP. SAN *San Antonio* DATE: 3-8-05

DESC. OF WORK: Deck

50005

SHEET 30

SDA to Deck

10' sep from Deck

1" = 40'-0"

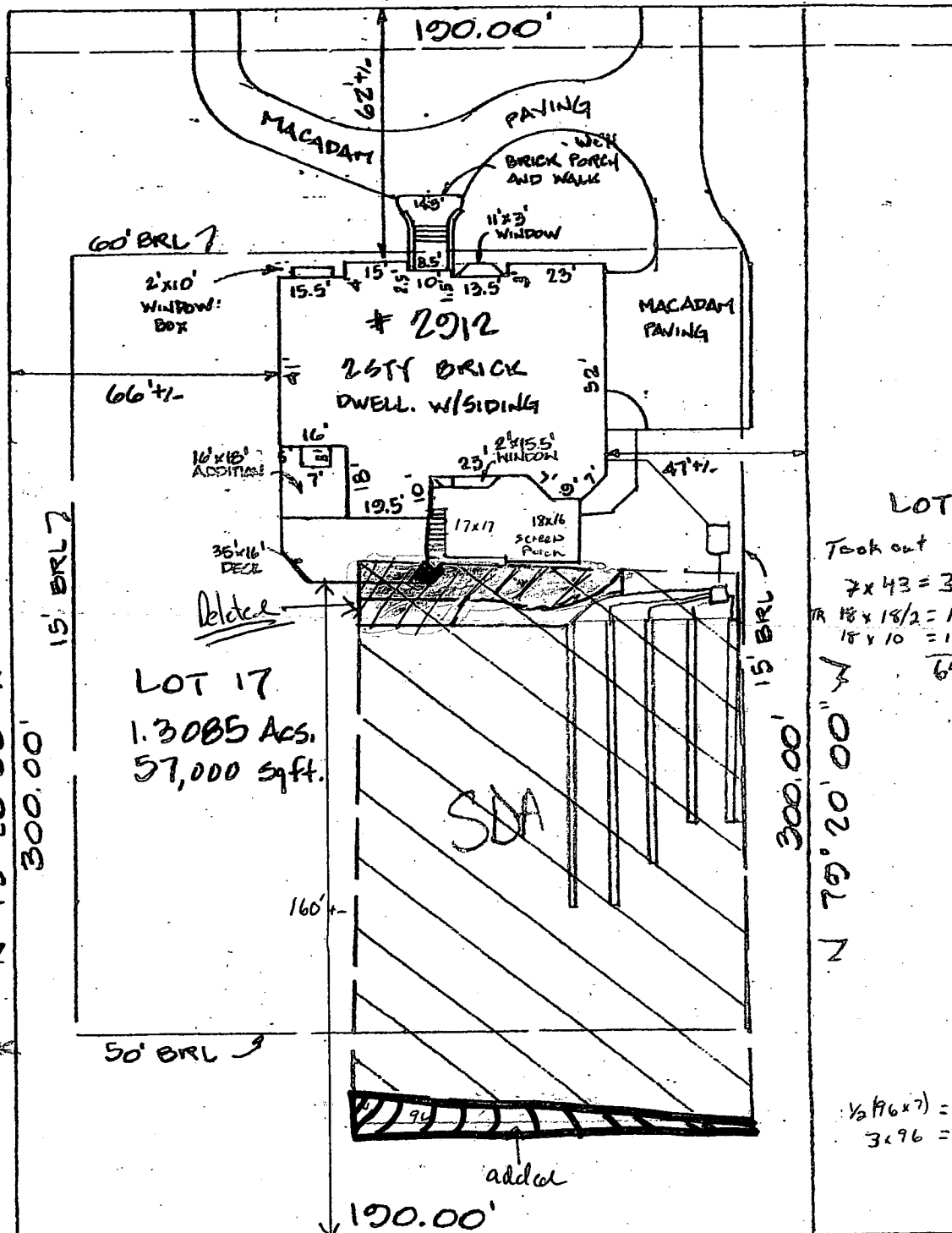
THE LOT SHOWN HEREON IS IN FLOOD
ZONE C PER F.E.M.A. FLOOD INSURANCE
RATE MAP PANEL # 240044 00158



4/25/05
 Proposed deck
 location ok
 KTB
 600153307

SUMMER HILL DRIVE
 50' R/W

N 10° 40' 00" E



SOBUS
 FARMS
 SHEET 3 of 4

LOT 18

Took out

$$7 \times 43 = 301$$

$$18 \times 18/2 = 162$$

$$18 \times 10 = 180$$

$$643$$

LOT 17
 1.3085 Acs.
 57,000 sqft.

SEA

SEA to Deck
 10' gap from Deck

$$\frac{1}{2} (76 \times 7) = 336$$

$$3 \times 96 = 288$$

$$624$$

S 10° 40' 00" W

FOREST CONSERVATION
 AREA B

1" = 40' - 0"

THE LOT SHOWN HEREON IS IN FLOOD
 ZONE C PER F.E.M.A. FLOOD INSURANCE
 RATE MAP PANEL # 240044 0013B

