10/9/97 later 11th 2-3pm.

10/10/97 11 and later (2-3)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57553-B

A 49915-K

DISTRICT 3rd

DATE 11-14-96

DATE SYSTEM APPROVED 10/10/97

INSPECTOR

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

INDEXED 03-31-9954

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 26 ROAD 2929 Summer Hill Drive

PROPERTY OWNER SCOTT RICTER Altieri Homes W. FRIENDSHIP 21794

ADDRESS 410-442-4471

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 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 345 feet up the right (562.03') lot line and 75 feet off that same lot line as seen when facing the lot from Summer Hill dRive. Run trenches on contour toward the 562.03 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.

PLANS APROVED BY C. Williams/Kim Maiste/Mark Rifkin O/T 8-5-97 REVISED DATE 08/04/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

BLDG PERMIT SIGNED AND RETURNED 3/8/2001

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) B00128751

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH ADDITION W/ FAMILY ROOM BASEMENT

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

BLDG PERMIT SIGNED AND RETURNED 7-15-98

PERMIT VOID AFTER TWO YEARS

Send # B011298

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.

deck

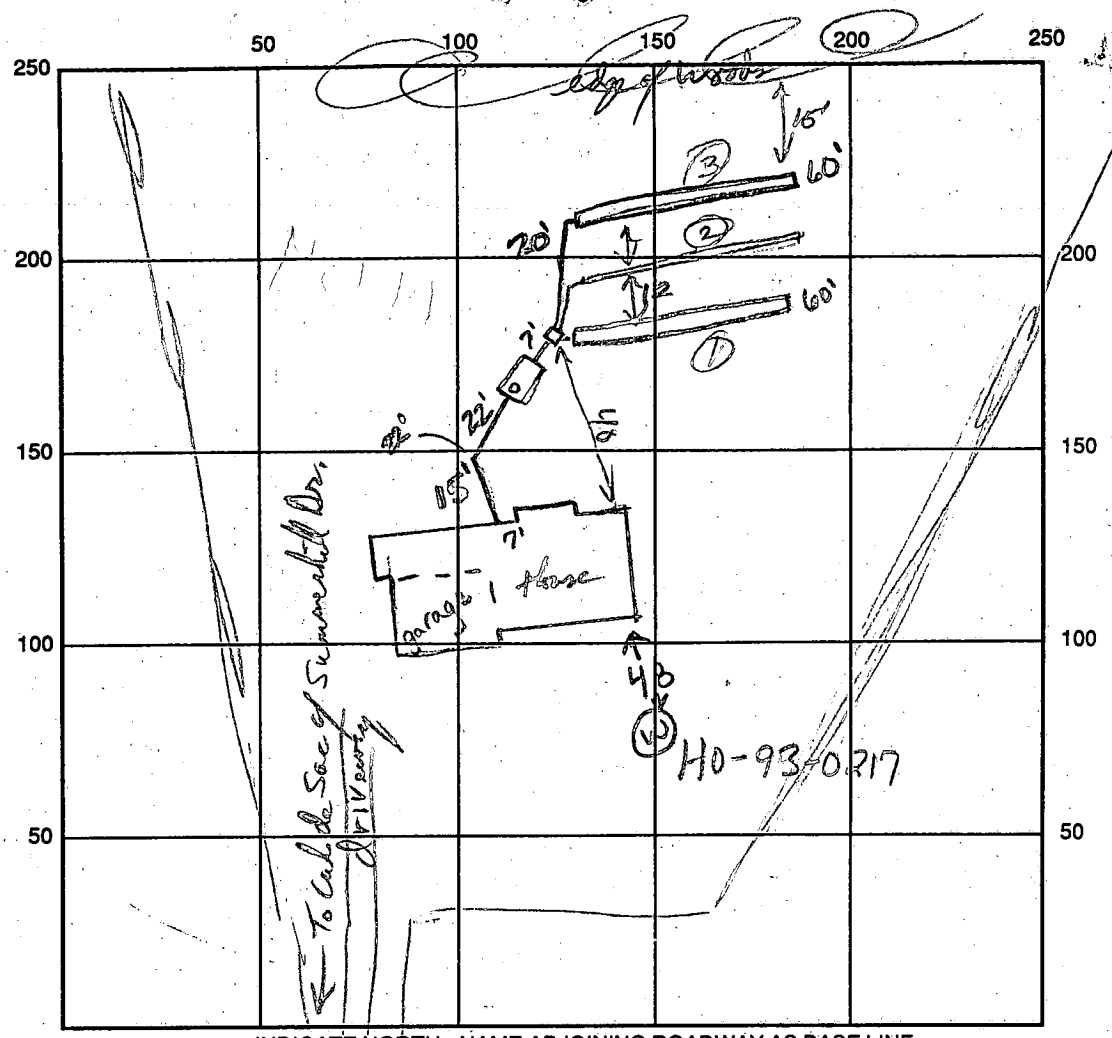
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

HD-260(6-90)

A 49915-K



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL ok, baffle in

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 1/60 2/60 3/60 FT.

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

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/9/97 has house conn, ok to continue KM

10/9/97 ok to cover up to distribution box KM N.E. tank yet 10/10/97

Last Trench OK to Cover 10/10/97 ff.

1-9-98 TC w/ KEN SCHISSLER / S. CARROLL BACKHOE, HE RE ATTACHED CLOSE CLEANOUT ON S.T., AND CEMENTED CAP FOR ODOR CONTROL. SEE COMPLAINT IN FILE. KEN FEELS THAT ODOR MAY BE DUE TO LANDSCAPE AND WEATHER CONDITIONS, LOCATION OF VENT. ff

DATE SYSTEM APPROVED 10/10/97 INSPECTOR ff Bailey

3/30/98 SEPTIC TANK CLEANOUT REPAIRED. CHECKED FOR ODOR, ACCOMPANIED BY OWNER. NOTICED NO OTHER THAN MUSTY SMELL IN TOILET TANKS, TANKS HAVE SOME FINE SAND/SILT IN BOTTOM. ff

APPLICATION

PERCOLATION TESTING

A 49915K

P _____

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

DISTRICT 3

DATE 3/9/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Hilltop Development Corporation (Ryan 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. 26 (Twenty-six)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(2929 Summer Hill Drive)

BLDG. PERMIT SIGNED
RETURNED 8-4-97
Permit # B 706954

TAX MAP 15 PARCEL # 26 & 154

SIZE OF LOT 1 acre + TYPE BLDG. S.F.D. - 4 Bdrm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

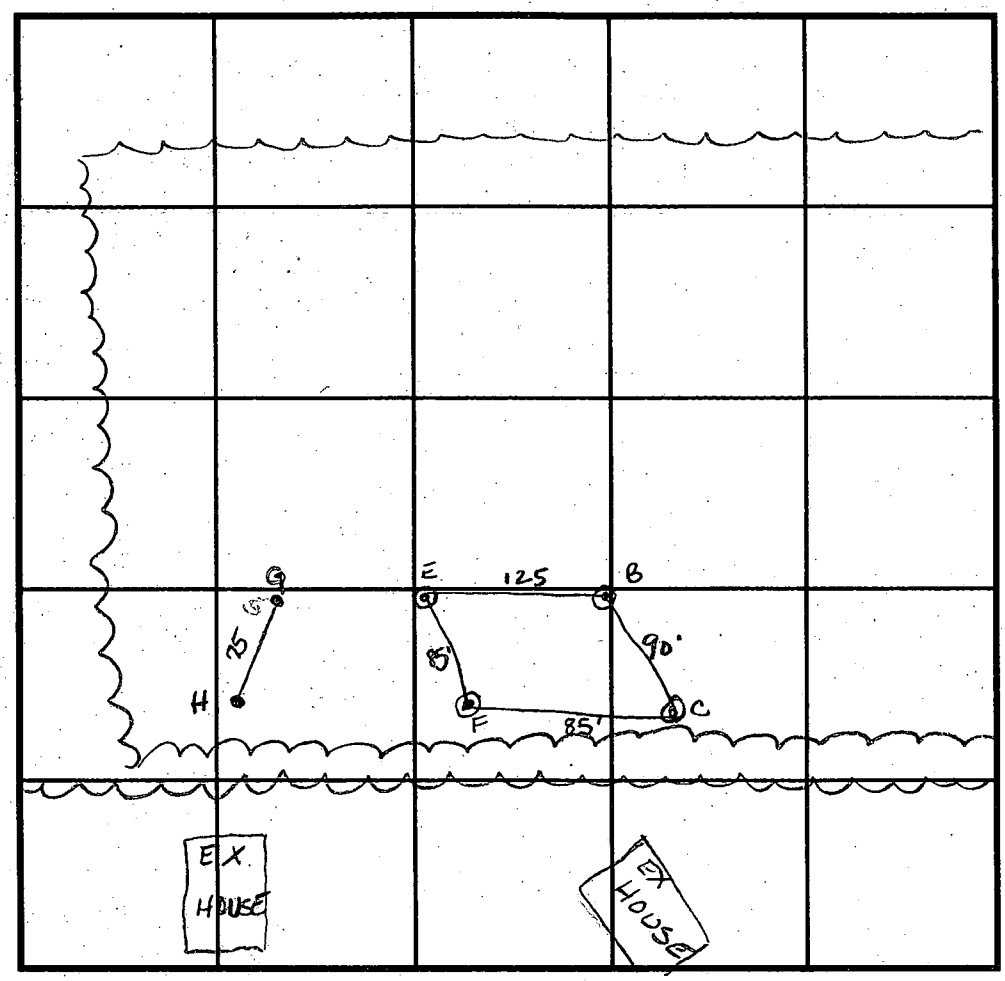
A49915 K
COUNTY #

SOIL PROFILE

F
0'
bright red CL
3½'
tan/brn SL mica shale <5% (black shale)
12

E
bright red CL
3'
red/brn SL mica 5% saprolite & shale mix OK
11½'

C
orange/brn CSL
3½'
tan/brn SL mica some shale <5% OK
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

B
0'
brn/orange CL
2½'
lgt gray/brn SL shale frags <5% large mica frags also
12'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/24/94	F	4' / V12	11:45	11:46	11:46	11:47	1 min
	E	4' / V11½'	11:49	11:49:45	11:49:45	11:50:30	45 sec
		repour	11:51:15	11:52:30	11:52:30	11:53:45	1¼ min
	B	3' / V12'	11:19	11:21	11:21	11:23	2 min
		6' / V12'	11:18:30	11:19	11:19	11:19:30	30 sec
	C	7' / V12'	11:28:30	11:30	11:30	11:31:45	1¾ min
		4½' / V12'	11:30:15	11:32	11:32	11:37	5 min
9-21-94	G	2'8" / V12.5'	1:04	1:05:30	1:05:30	1:07:30	2 min OKS
	H	5' / V12.5'	1:04:30	1:05:30	1:05:30	1:07	1½ min

REMARKS

TYPE OF SOIL ChB2 Chester Silt loam

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

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

INLET DEPTH 3½' MAXIMUM BOTTOM DEPTH 7½' SQ. FT/BEDROOM 180 ft²

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 (1 2 3 6) 1946 — SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: H0-93-0217 (70 fill in this form completely 79)

Date Received (APA): 11/27/95 (8 13)

OWNER INFORMATION

Dermith RICHARD (15 Last Name — Owner — First Name 34)
PO BOX 228 (36 Street or RFD 55)
CLARKSVILLE MD 21029 (57 Town — 70 State 72 — Zip 76)

DRILLER INFORMATION

CIRCLE: MSD/MGD/MWD
Joseph L. Mayne (Driller's Name) 24 (77 License No. 80)
Joseph L. Mayne Well Drilling (Firm Name)
5512 Ridge Rd. Mt. Airy MD. 21771 (Address)
Joseph L. Mayne 11/27/95 (Signature — Date)

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) (22)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET (24 28)

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

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 (39)
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER GAP (54 63)

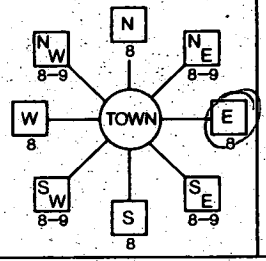
FORCE [C] [W] WRITE INITIALS IN BOX — PERMIT No. H0-93-0217 (67 68 — 70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

HOWARD (8 COUNTY. 21)
SOBUS FARMS (23 SUBDIVISION 42)
SECTION (44 46) LOT 26 (48 50)
WEST FRIENDSHIP (52 NEAREST TOWN 71)
MILES FROM TOWN (enter 0 if in town) 1½ MI (73 76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Summer Hill Dr. (11 NEAR WHAT ROAD 30)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) (S2) EAST (E) SOUTH (S)

DISTANCE FROM ROAD 260 (34 37)
ENTER FT OR MI FT (38 39)

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) A4991SK (COUNTY NO.)
STATE SIGNATURE _____ INSERT S (41)
DATE ISSUED 12/11/95 (43 48) CO SIGNATURE 12/10/96 EXP. DATE
NORTH GRID 531000 (50 55) EAST GRID 081700 (57 63)

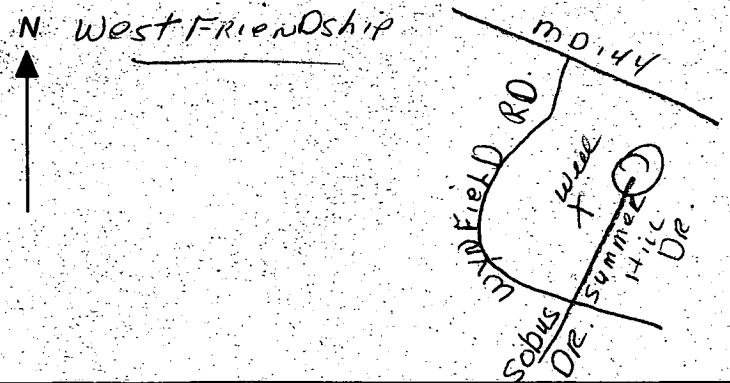
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 81.7
N 53.1
000 000

1/17/96 9:30
1/17/96 WELL SITE OK Apps.
52 CASING
49 OPEN

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

COUNTY

C 1 **1699** SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 49915 K

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 01 17 96

Depth of Well: 520 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-93-0217

OWNER Demmitt (last name) Richard (first name)

STREET OR RFD Summer Hill Dr TOWN West Friendship

SUBDIVISION Sabus Farms SECTION VI LOT 26

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	49	
Gray Mica Rock	49	520	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

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 IDENT. NO. 24

Joseph E Maupin

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 20 NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 49 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	52

EACH CASING — OTHER CASING (if used)

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

EACH SCREEN	DEPTH (nearest ft.)	
1	HO	51 to 520
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

8/4/97

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour): 6

PUMPING RATE (gal. per min. to nearest gal.): 2

METHOD USED TO MEASURE PUMPING RATE: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING: 37

WHEN PUMPING: 366

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 EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

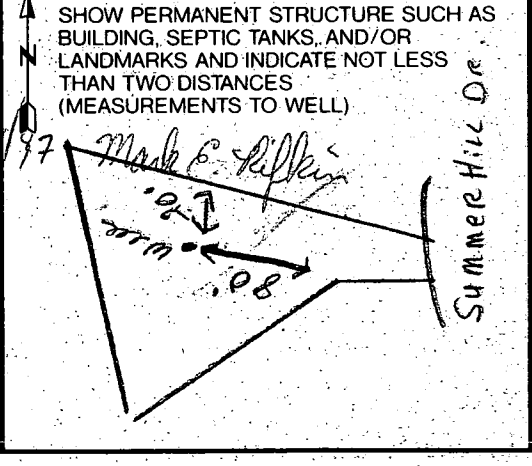
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

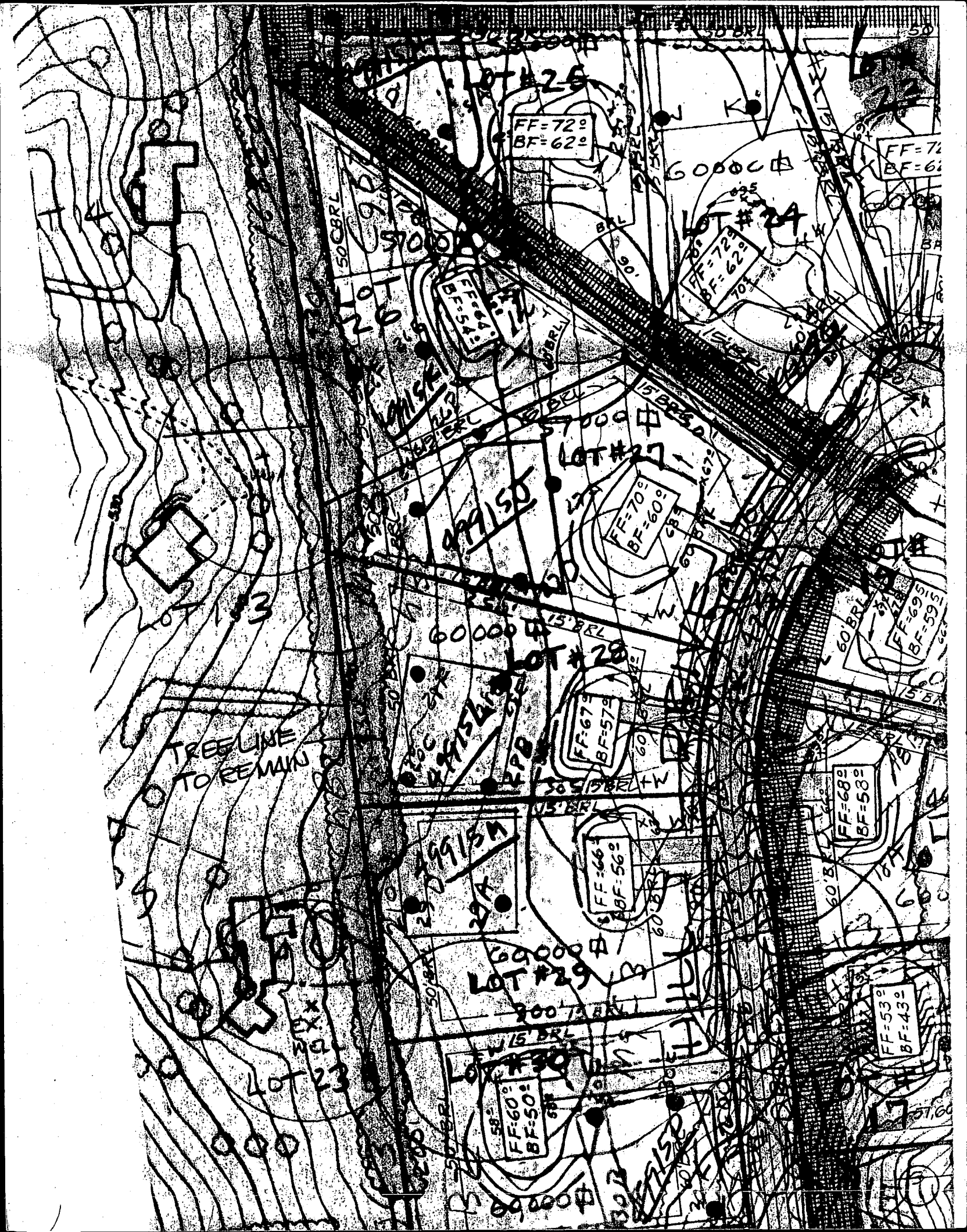
[+] above [−] below LAND SURFACE

1 (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


LOT #26
FF=72'
BF=62'
LOT #24
FF=72'
BF=62'
LOT #27
FF=70'
BF=60'
LOT #28
FF=67'
BF=57'
LOT #29
FF=66'
BF=56'
LOT #30
FF=60'
BF=50'
LOT 23
TREE LINE TO REMAIN
EX. HSE
FF=68'
BF=58'
FF=53'
BF=43'
FF=69'
BF=59'
60' BRL
15' BRL
50' BRL
90'
70'

10/10/97 Anytime

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 10/9/97

Name of Installer ROBERT L. FEEZER CO., INC. Telephone 781-4455

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

Name of Property Owner ALTIERI HOMES Telephone 410-715-4500
Subdivision YARDLEY HUNT Lot # 26 Well Tag # HO-93-027
Site Address SUMMER HILL DRIVE

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make GOULDS
3. Model # SS3104
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ____ No ✓
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ✓
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower .5
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make AM GRANDY
2. Model # PTS00
3. Depth + 42"

Tank
1. Capacity ____
2. Pressure relief valve? ✓

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

Well data
1. Depth 540 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).

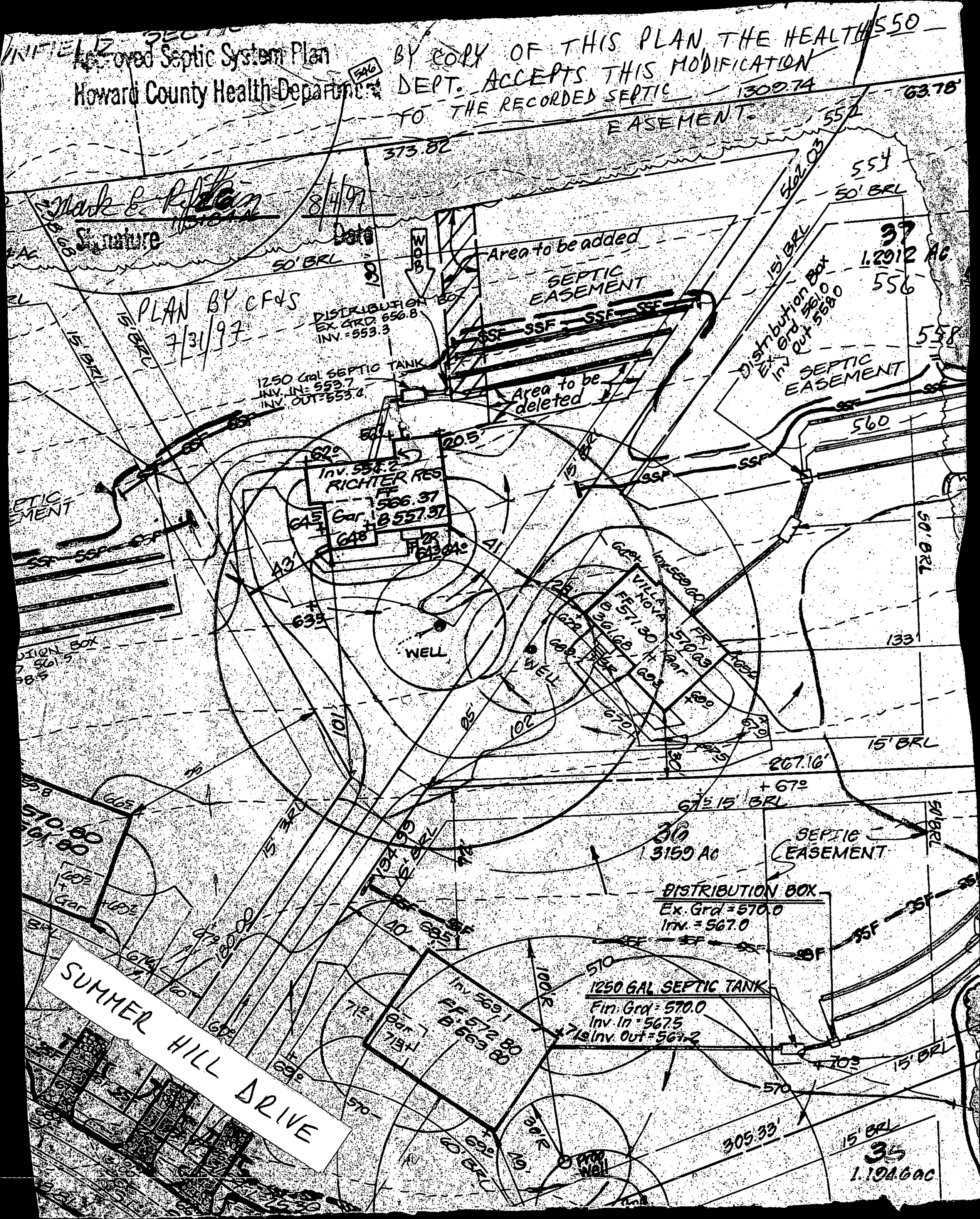
All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Feezer

Date: ____

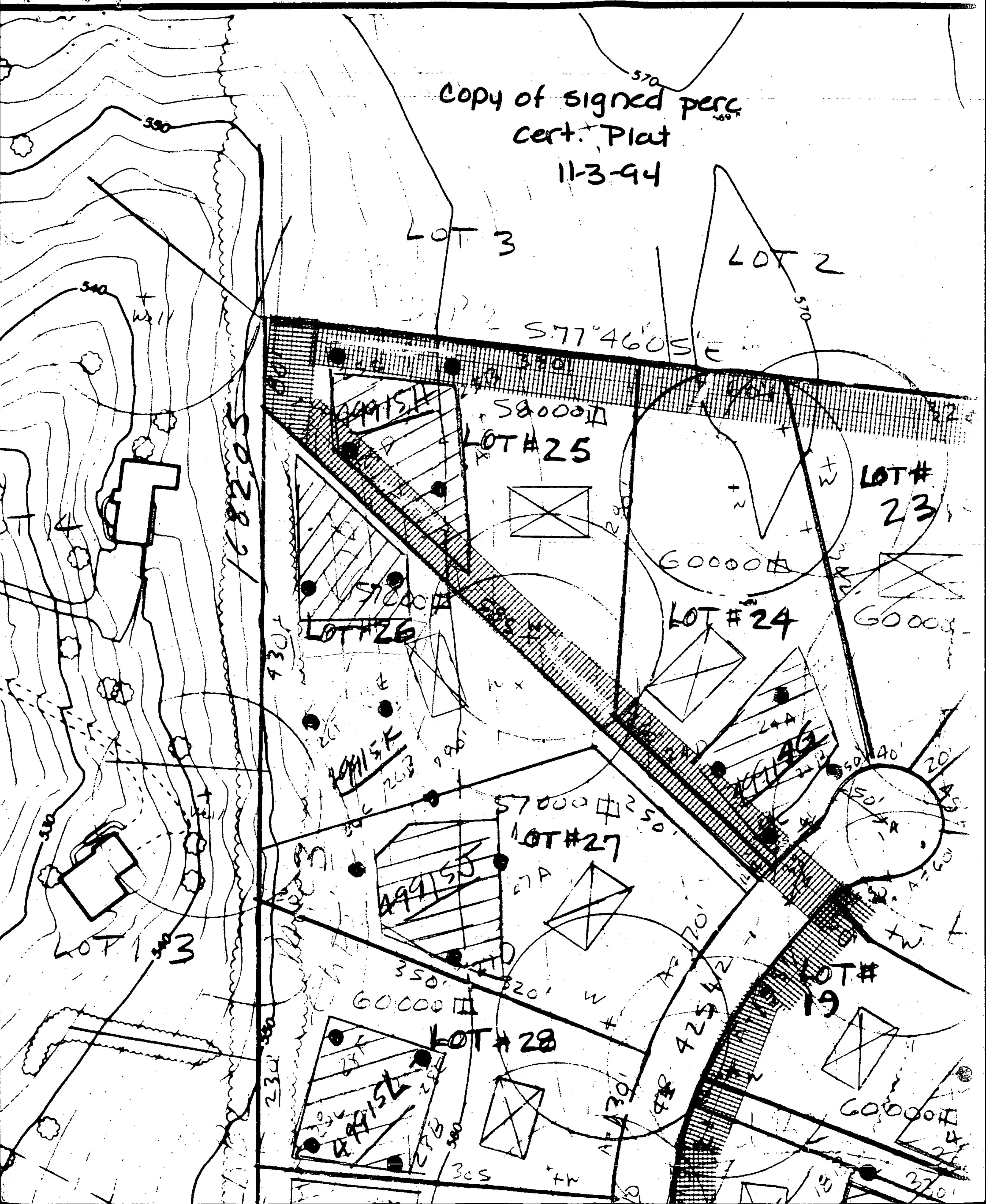
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

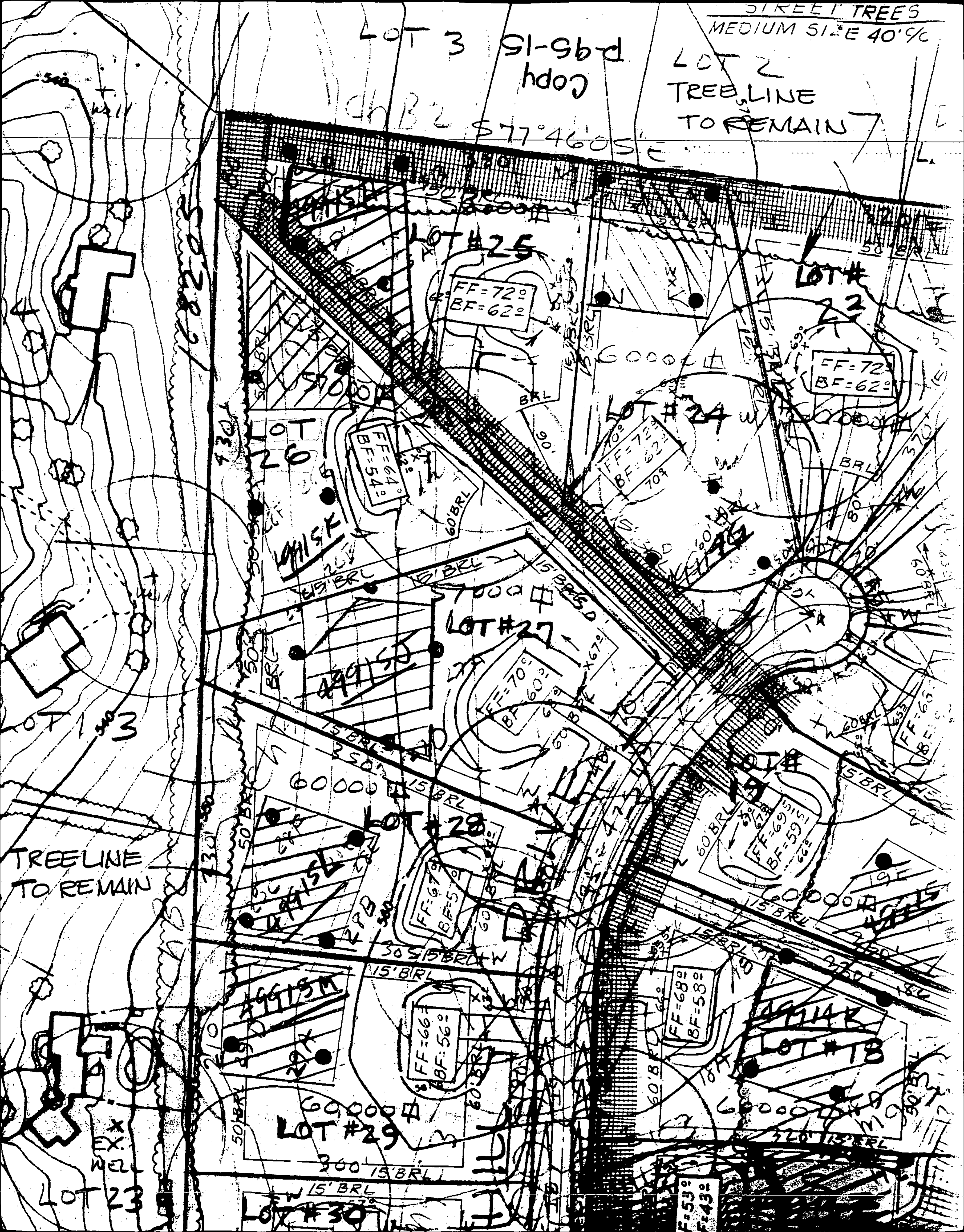
MD-215

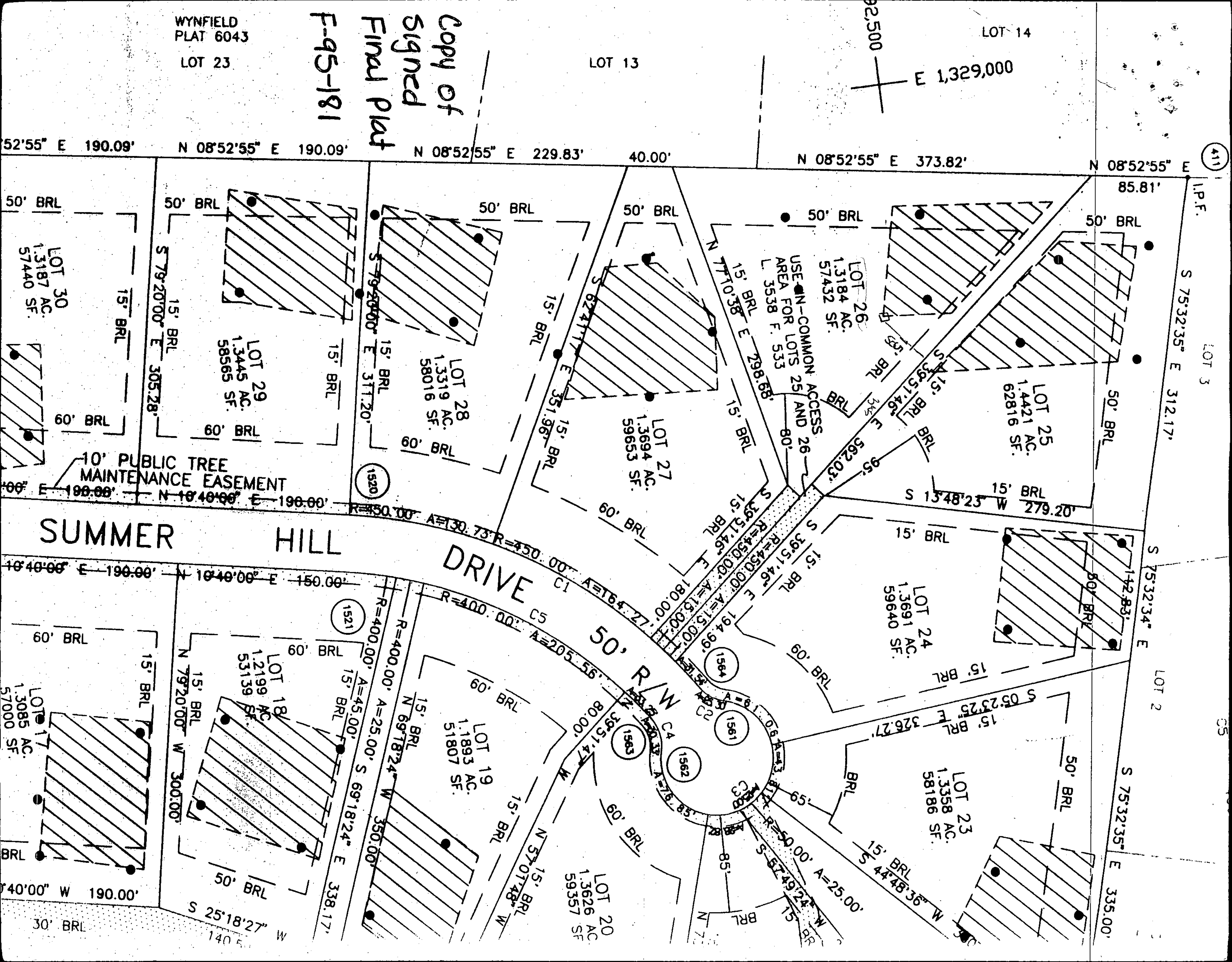


Approved Septic System Plan
Howard County Health Department
BY COPY OF THIS PLAN THE HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE RECORDED SEPTIC EASEMENT.
Signature
Date
8/4/97
PLAN BY CF&S 7/31/97
1309.74
373.82
562.03
63.78'
550
552
554
556
558
560
50' BRL
15' BRL
37
1.2912 Ac
Area to be added
SEPTIC EASEMENT
DISTRIBUTION BOX
EX. GRD. 556.8
INV. = 553.3
1250 Gal SEPTIC TANK
INV. IN= 553.7
INV. OUT=553.4
Area to be deleted
Distribution Box
Ex Grd 561.0
Inv Out 558.0
RICHTER RES.
FF 566.37
B 557.37
Gar.
WELL
VILLA NOVA
FF 570.03
B 561.68
133
267.16'
36
3.159 Ac
DISTRIBUTION BOX
Ex. Grd = 570.0
Inv. = 567.0
1250 GAL SEPTIC TANK
Fin. Grd = 570.0
Inv In = 567.5
Inv. Out = 567.2
Inv 569.1
FF 572.80
B 563.80
Gar
305.33'
35
1.1946 ac
Prop. Well
SUMMER HILL DRIVE

Copy of signed perc
cert. Plat
11-3-94




STREET TREES
MEDIUM SIZE 40' O/C
LOT 3
LOT 2
TREELINE TO REMAIN
S77°46'05"E
LOT #25
FF=72°
BF=62°
LOT #22
FF=72°
BF=62°
LOT #24
BRL
LOT 26
FF=64°
BF=54°
60' BRL
15' BRL
LOT #27
FF=70°
BF=60°
LOT #19
FF=69.5°
BF=59.5°
60' BRL
15' BRL
60000 ☐
LOT #28
FF=67°
BF=57°
TREELINE
TO REMAIN
LOT 1
15' BRL
FF=68°
BF=58°
FF=66°
BF=56°
60' BRL
LOT #18
60000 ☐
LOT #29
360 15' BRL
EX. WELL
LOT 23
15' BRL
LOT #30
F=59°
F=43°


WYNFIELD
PLAT 6043
LOT 23
Copy of Signed Final Plat
F-95-181
LOT 13
LOT 14
E 1,329,000
N 08°52'55" E 190.09'
N 08°52'55" E 229.83'
40.00'
N 08°52'55" E 373.82'
N 08°52'55" E
85.81'
411
I.P.F.
50' BRL
15' BRL
60' BRL
LOT 30
1.3187 AC.
57440 SF.
LOT 29
1.3445 AC.
58565 SF.
S 79°20'00" E 305.28'
LOT 28
1.3319 AC.
58016 SF.
S 79°20'00" E 311.20'
LOT 27
1.3694 AC.
59653 SF.
S 62°41'17" E 351.96'
N 77°10'38" E 298.68'
LOT 26
1.3184 AC.
57432 SF.
USE-IN-COMMON ACCESS AREA FOR LOTS 25 AND 26
L. 3538 F. 533
LOT 25
1.4421 AC.
62816 SF.
S 39°51'46" E 562.03'
S 75°32'35" E 312.17'
LOT 3
S 13°48'23" W 279.20'
10' PUBLIC TREE MAINTENANCE EASEMENT
N 10°40'00" E 190.00'
1520
SUMMER HILL DRIVE
50' R/W
R=450.00' A=130.73'
R=450.00' A=164.27'
C1
R=450.00' A=15.00'
S 39°51'46" E 180.00'
S 39°51'46" E 194.99'
LOT 24
1.3691 AC.
59640 SF.
142.83'
S 75°32'34" E
LOT 2
S 05°23'25" E 326.27'
10°40'00" E 190.00'
N 10°40'00" E 150.00'
1521
R=400.00' A=205.56'
C5
R=400.00'
A=45.00'
A=25.00'
LOT 17
1.3085 AC.
57000 SF.
LOT 18
1.2199 AC.
53139 SF.
N 79°20'00" W 300.00'
S 69°18'24" E 338.17'
N 69°18'24" W 350.00'
LOT 19
1.1893 AC.
51807 SF.
80.00'
N 39°51'47" W
1563
1562
1561
1564
C2
C3
C4
A=31.58
A=61.06
A=43.81
A=76.85
A=33.28
80'
65'
85'
R=50.00' A=25.00'
S 57°49'24" W
S 44°48'36" W
LOT 20
1.3626 AC.
59357 SF.
N 57°07'48" W
LOT 23
1.3358 AC.
58186 SF.
S 75°32'35" E 335.00'
C5
'40'00" W 190.00'
S 25°18'27" W
30' BRL

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 2929 Summer Hill Drive ZIP _____

OWNER ☒
OCCUPANT ☐ SCOTT J. RICHTER ADDRESS SAME PHONE 410-442-1841

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION sewage odor around house

CODES _____

RECEIVED BY Craig Williams DATE 12-15-97 ASSIGNED TO G. SAVAGE DATE _____

DATE OF INVESTIGATION 12/19/97 TIME NOON WEATHER 40's, OVERCAST, SLIGHT BREEZE

REPORT OUTSIDE INSPECTION AROUND HOUSE DID NOT RELEAL AN OBVIOUS SOURCE OF COMPLAINT. NO ODOR DETECTED.

NOTE: TANK CLEAN-OUT IS TIPPED SLIGHTLY - NOT SEATED ON TANK - REQUEST BUILDER FIX (OWNER REQUEST) - LETTER TO BE SENT

(WOMAN WHOSE NAME I FAILED TO WRITE DOWN CALLED THIS IN;
SCOTT RICHTER SAID HE WAS UNAWARE OF THE REPORT

DATE SUBMITTED 12/19/97 SANITARIAN _____

HD-172

HOWARD COUNTY HEALTH DEPARTMENT

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

January 6, 1998

Mr. Scott J. Richter
2929 Summer Hill Drive
West Friendship, MD 21794

Dear Mr. Richter:

On December 19, 1997, an inspection was performed at the above referenced address for the purpose of locating an outdoor sewage odor.

During the course of the inspection, it was noted that the septic tank cleanout did not appear to be securely fastened to the septic tank. This situation could cause septic odor, and of allow entry of groundwater in to your septic system, leading to a reduction in system life. In addition, utilization of the cleanout for its intended purpose may be difficult.

It is suggested that you make arrangements to repair the septic tank, restoring the tank to the watertight condition originally intended by this office.

No other problems were noted during the course of the inspection.

If you have any questions, you may contact me at the above referenced address, or by calling me at 410-313-2640.

Sincerely,

Glen M. Savage, R.S.

cc: Alteri Homes
file

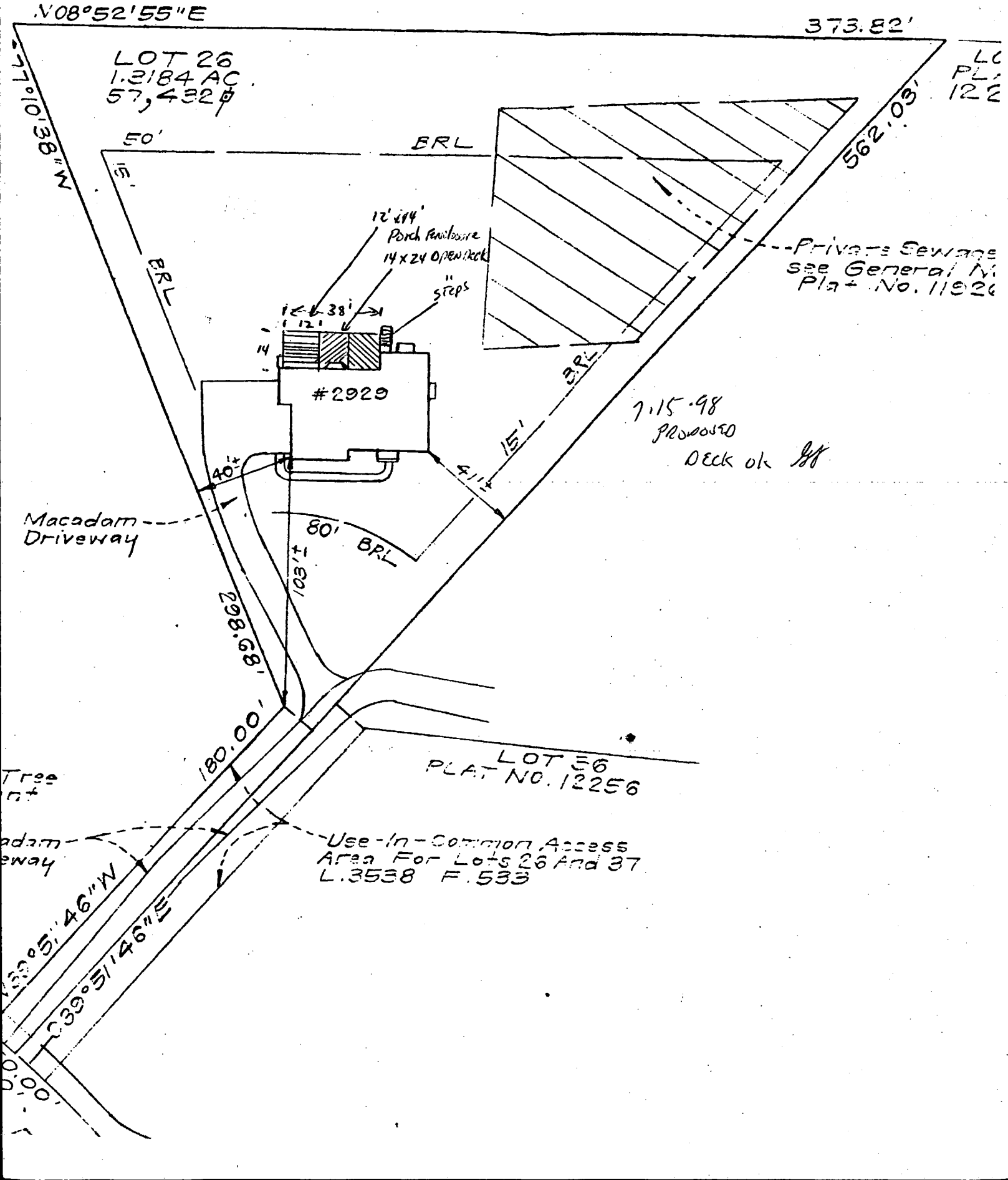
GS:gs
sobus26.let

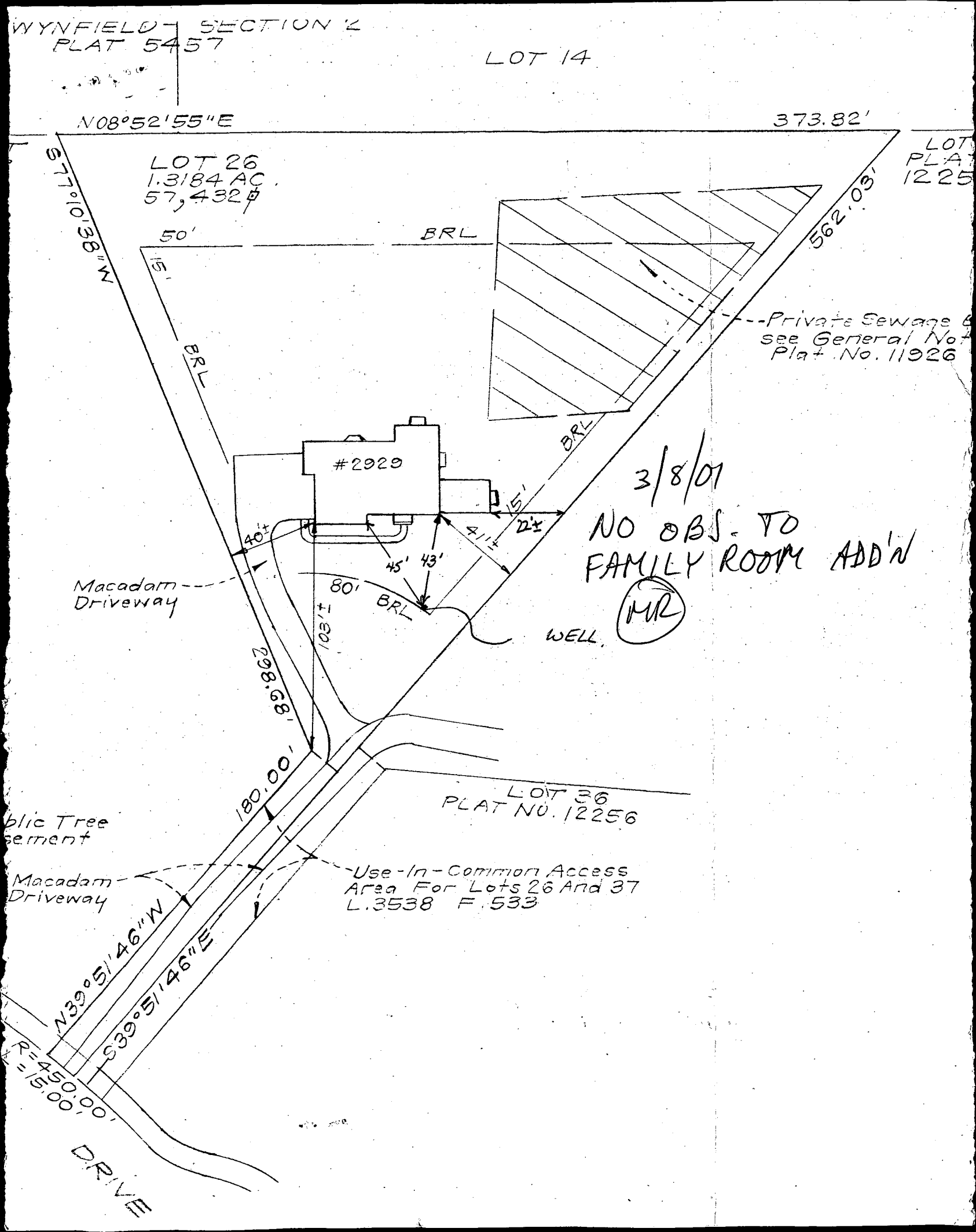
Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

A49915-K

VFIELD - SECTION 2
PLAT 5457

LOT 14




WYNFIELD SECTION 2
PLAT 5457
LOT 14
N08°52'55"E
373.82'
LOT 26
1.3184 AC.
57,432 ±
S77°10'38"W
50'
BRL
15'
562.03'
Private Sewage
see General No
Plat No. 11926
#2929
3/8/01
NO OBS. TO
FAMILY ROOM ADD'N
MR
15'
22'±
41'±
40'±
45'
43'
Macadam
Driveway
80'
BRL
103'±
WELL.
298.68'
180.00'
LOT 36
PLAT NO. 12256
blic Tree
sement
Macadam
Driveway
Use-In-Common Access
Area For Lots 26 And 37
L.3538 F.533
N39°51'46"W
S39°51'46"E
R=450.00'
=15.00'
D.R.I.E

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 B00128751

Building Address 2929 Summer Hill Drive

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

Census Tract ______ Subdivision Sobus Farms

Section ______ Area ______ Lot 26

Tax Map 15 Parcel ______ Grid 18

Zoning ______ Map Coordinates ______ Lot size ______

Property Owner's Name ______ Richter

Address ______

City ______ State MD Zip Code ______

Home Phone 410-442-18__ Work Phone ______

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

Phone ______ Fax 410-750-2596

Existing Use ______

Proposed Use ______

Estimated Construction Cost $ ______

Description of Work 15 x 22 addition w/ unfinished bsmt, FP

Contractor Company Catonsville Homes

Contact Person ______

Address 10753 ______

City Woodstock State MD Zip Code 21163

License No. 990

Phone 410-750-1200 Fax 410-750-2596

Occupant or Tenant owner

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company owner

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:	22	15

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
X Private

Sewage Disposal:
____ Public
X 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.

Applicant's Signature ______ Print Name ______

Title/Company Catonsville Homes ______ Date 3/2/01

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

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	3/8/01	Mark ______
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: ______
Rear: ______
Side: ______
Side St.: ______
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone ______
SDP/Red-line approval date ______

PROPERTY ID#: 30988
Filing fee $ 25.00
Permit fee $ ______
Excise tax $ ______
Sub-total paid $ ______
Add'l permit fee $ ______
TOTAL FEES $ ______
Balance due $ ______
Check # 1264
Validation # ______
Accepted by ______

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

s:\permit.frm

Rev. 10/15/98