

LAYOUT _____ INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 4/8/2005
 APPROVAL DATE: _____

P 522080
 UPGRADE
 A 513334

**PERMIT
 INDEXED
 TAX ID #03-300021**

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

Whitworth Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS: 12680 Clarksville Pike, Clarksville 21029 PHONE NUMBER: 410-531-5033

SUBDIVISION: Rosemary Estates LOT NUMBER: 19-B

ADDRESS: 3482 Rosemary Lane PROPERTY OWNER: Thomas & Susan Coyne

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 total 3 existing bedrooms, adding 2 bedrooms

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Keep the distribution box in the highest elevation. Run trenches on contour.
NOTES:	Septic installation must be done prior to building permit #B00153050 approval. Check to see if system has gravity service.

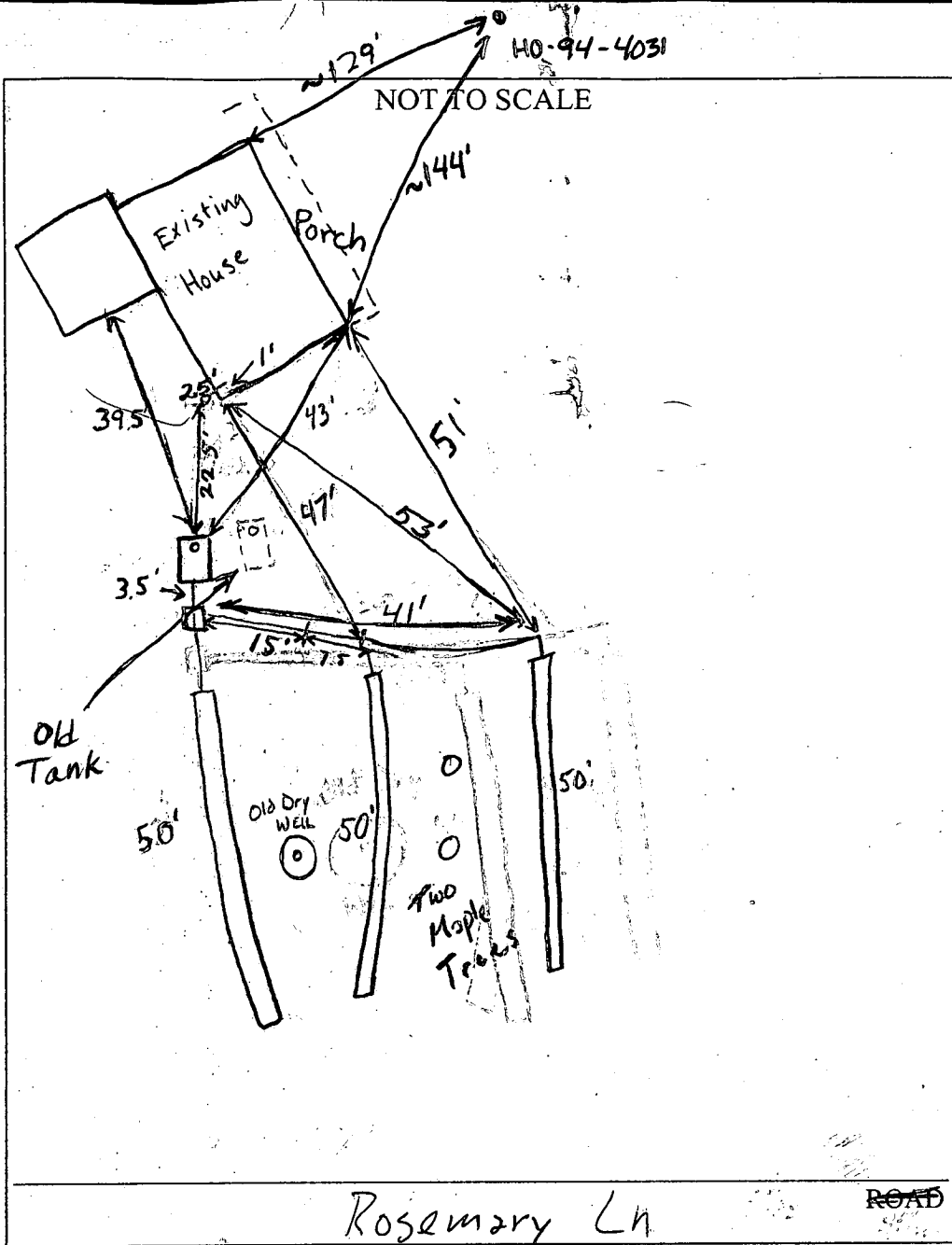
PLANS APPROVED: Peter A. Yencsik Reviewed by: _____ DATE: 4/8/05

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 BUILDING PERMIT SIGNED 13-1771 FOR INSPECTION OF SEPTIC SYSTEM
 AND RETURNED**

5-3-05 B00153050-CURT SUMR

A 513334



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	7'
NUMBER OF TRENCHES		3
TOTAL LENGTH		150'
ABSORPTION AREA		450'+ Sidewall
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		90° sweep
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
Mayer Bros. CAPACITY	1500 GAL
SEAM LOC	Topseam
2 Comp. TANK LID DEPTH	8"-14"
BAFFLES	2
BAFFLE FILTER	No
MANHOLE LOC	No
6" PORT LOC	Front & Rear
WATERTIGHT TEST	N/A

SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

Rosemary Ln

ROAD

PRE-CONSTRUCTION _____

INSTALLATION 4/25 Need House Connection Rear part 6" to be added
 Drywell & Tank (old) still need pumped and collapsed 4/25/2005
 Whitworth's did not install to plan. Trenches are very far apart. Saved
 some trees though Happy belated earth day! Most of good septic area
 now used (very poorly) 4/29/05 House connection done. Told builder
 to pump out and collapse old tank and drywell at least a week
 ago. As near as we can tell, it was done. (GAC) BUILDING PERMITS
 AND RETURNED

FINAL INSPECTOR GAC & DB

DATE OF APPROVAL 4/29/05

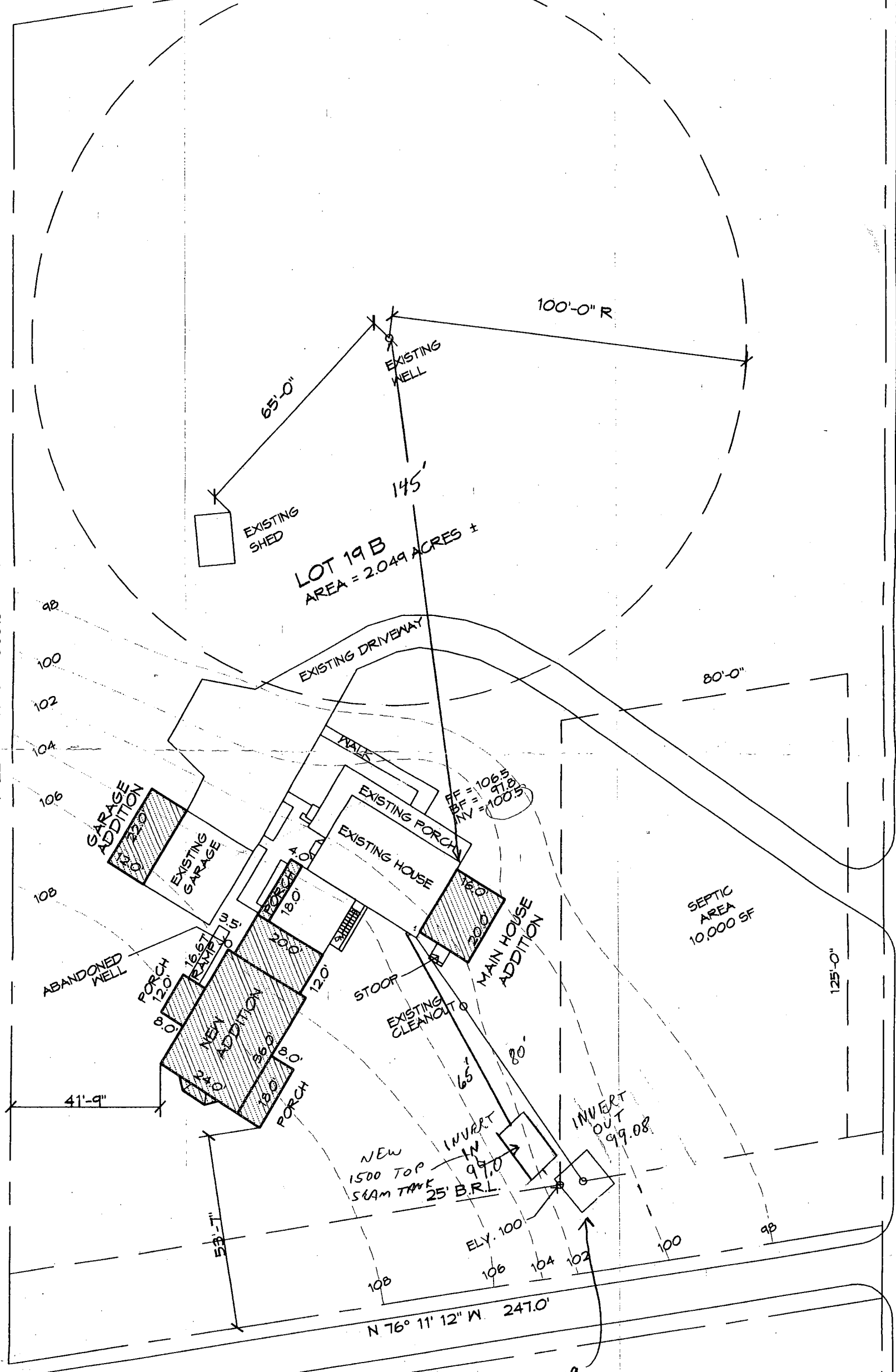
T 19 A

N 22° 46' 16" E 365.0'

S 76° 11' 12" E 247.0'

S 22° 46' 16" W 365.0'

ROSEMARY LANE
30' RW



APPROVED
WALK-THRU BUILDING PERMIT
 BP# B00153050 A# 513334
 APP. SAN RAY DATE: 5/3/05
 DESC. OF WORK: Additions (3 altogether)

LOT 21 C

EXISTING DRYWELL TO BE REMOVED

Tom + Susan Coyne
 3482 ROSEMARY LANE
 ROSEMARY ESTATES
 LOT 25-D
 SCALE 1"=30'
 DATE 4/8/05

1:00

3482 Rosemary Lane

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: AVS Plumbing & Heating Telephone #: 410-442-2221
Address: 12630 FAIRMILK RD
WEST FRIENDSHIP MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): CRAIG R. KASTRA License# 7080

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Susan Coyne Telephone #: 443-535-8758
Subdivision: _____ Lot #: _____ Well Tag #: HO 94-4031
Site Address: 3482 ROSEMARY LN
ELLICOTT CITY, MD 21048

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Gould Make: MAYHEW Two piece watertight cap: ✓
Model #: 56500412 Model#: B-10X Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: ✓
Well Yield: 4 GPM NSF approved: _____ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

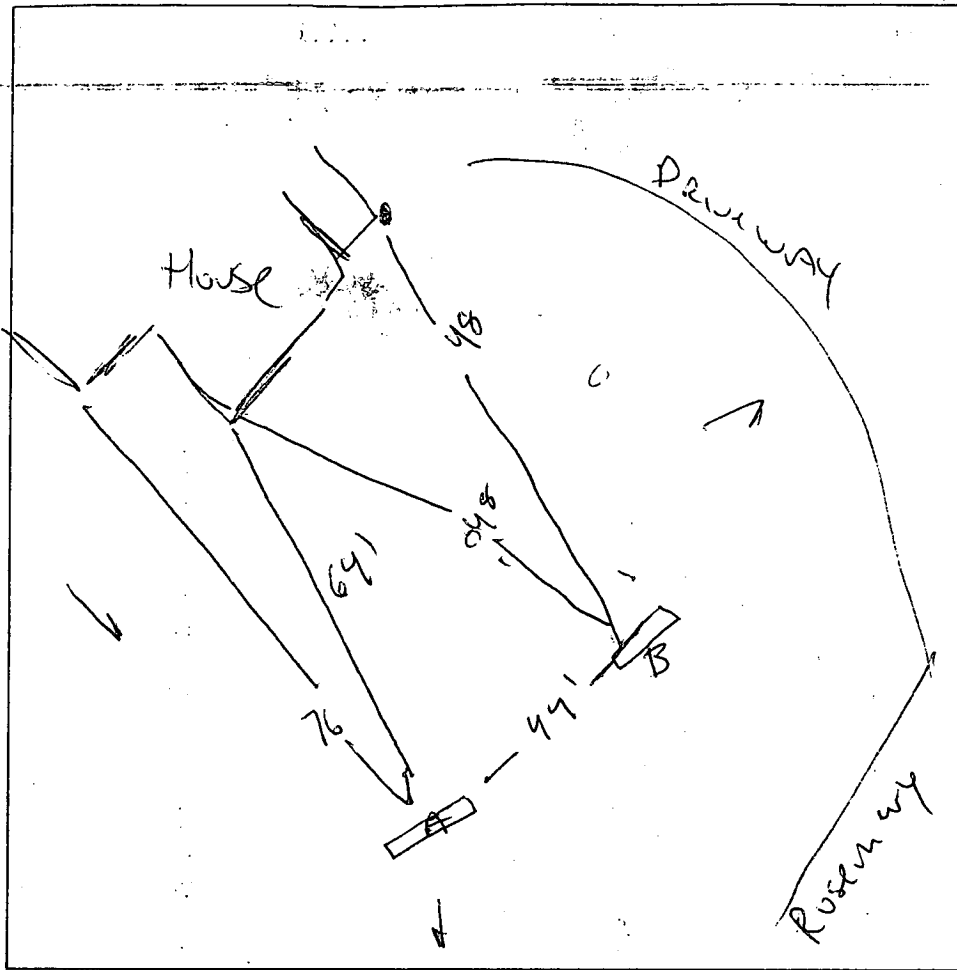
Piping to house House Connection
Type: Cherrie HD160 PVC sleeved to undisturbed soil at wall penetration: ✓
PSI: 160 (160 psi min) Approximate length of sleeve: 180"
Depth of supply line: 36 (36" min) Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: C. R. KASTRA date: 11-10-04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 11/10/04 RB
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓



A

brown
 red orange brown
 sil
 slightly mealy

red yellow brown
 sil
 ↓
 sil

yellow brown
 sil
 w/ 5% cherty
 grass/mud
 B

brown
 orange brown
 sil
 w/ 15% cobbles

yellow brown
 sil
 w/ rock 5% cobbles

rock yellow cobbles brown
 sil

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
2/15/05	A	5	9:13	9:14	9:16	2	P
	B	12	usual				P

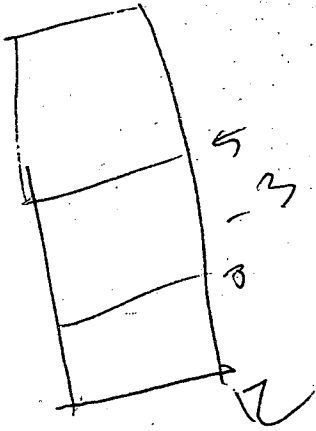
REMARKS checking soils

SANITARIAN PAY/T.M BACKHOE _____ OTHERS 410-9775705

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT/BR _____

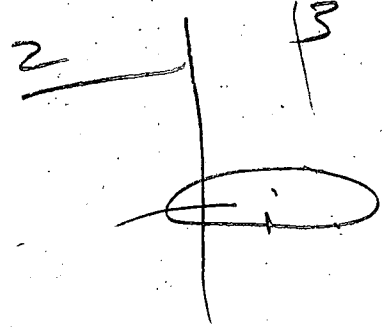
TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE SW _____

12



$$\frac{4 \times 180}{3}$$

$$\frac{680}{3}$$



2-8

$$\frac{180 \times 4}{3} = \frac{680}{3} = 226.66 \dots$$

22

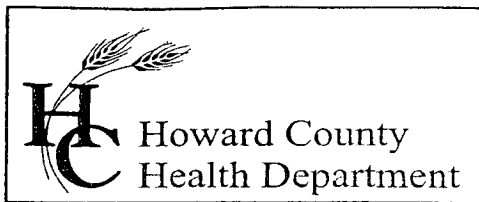
6 — effective area

8 —

12 —

3

—



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 19, 2004

Susan Coyne
3482 Rosemary Lane
Ellicott City, MD 21042

RE: **Replacement Well Issues**
3482 Rosemary Lane
Well Permit #: HO-94-4031

Dear Ms. Coyne:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

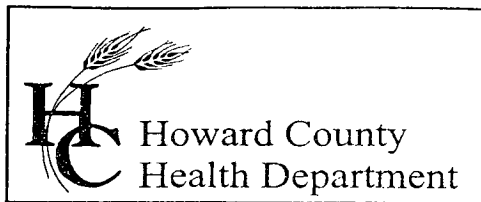
It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

This well abandonment process can best be accomplished by a licensed well driller, who may perform the work without inspection. The driller will file an abandonment report with this office.

We must confirm that the old well is still being used as a water supply and not a possible source of contamination if it is to remain unsealed.

Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call Community Environmental Health or me at (410) 313-2643. Thank you for your attention to these important matters.

Sincerely,

Brian Baker
Brian Baker, R.S.
Well and Septic Program

cc: Community Environmental Health Program
File

 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: 1-10-05 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL 76 - 94 - 4031

* PERSON ABANDONING WELL: Joseph P. Payne

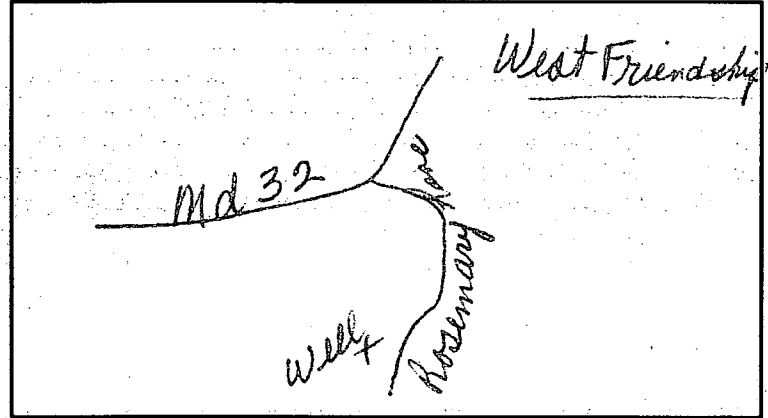
WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Joseph P. Payne

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: West Friendship
 TAX MAP 27 BLOCK H PARCEL HGH
 SUBDIVISION: Rosemary Estates
 SECTION: _____ LOT: 1 19B
 NEAREST ROAD: 3482 Rosemary Lane



* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED
- _____ BORED/AUGERED _____ HAND DUG
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC
- _____ IRRIGATION _____ INDUSTRIAL
- _____ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- STEEL _____ PLASTIC
- _____ CONCRETE _____ OTHER (specify) _____

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

* DEPTH OF WELL: 300 FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES _____ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	300
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph P. Payne LICENSE # 024
 DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

MWD/MSD/MGD CIRCLE ONE 1-11-05 DATE

C1 1109

SEQUENCE NO. (MDE USE ONLY)

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

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

COUNTY NUMBER P 513334

1 2 3 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY 11 1 04

Depth of Well 440 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-4031

OWNER Crome last name Susan first name STREET OR RFD 134 82 Rosemary Lane TOWN Cleeve City 21042 SUBDIVISION Rosemary Estates SECTION LOT 19B

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING.

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-65, Gray Mica Rock 65-440, Drywells backfilled, 540-40 drilling materials, 40-0 cement, 400-40 drilling materials, 40-0 cement.

GRÖUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 26 NO. OF POUNDS 45 2644 GALLONS OF WATER 156 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 65 ft.

CASING RECORD

STAINLESS STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT) MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 69

OTHER CASING (if used)

Table for OTHER CASING with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD

STEEL (ST) BRASS (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y) (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...

DRILLERS LIC. NO. 1 M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

Table for DEPTH (nearest ft.) with columns 1-21 and handwritten values: 67, 440.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

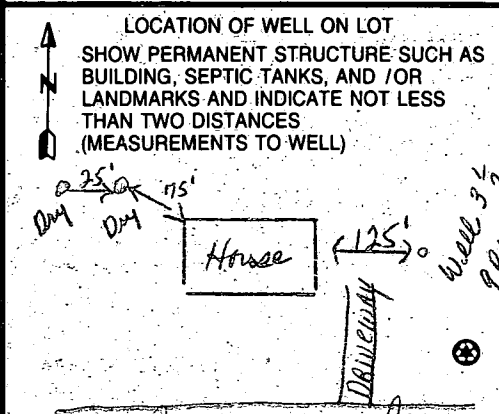
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 3.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 46 ft. WHEN PUMPING 280 ft. TYPE OF PUMP USED (for test) Air (A) piston (P) turbine (T) centrifugal (C) rotary (R) other (O) jet (J) submersible (S)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (-) below 2 (nearest foot)



B 1 9857

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-4031

521524 please type

fill in this form completely

Date Received (APA)

10/6/2004

OWNER INFORMATION

Coyne Susan 3482 Rosemary Lane Ellicott City Md 21042

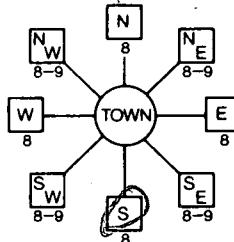
LOCATION OF WELL

Howard Rosemary Estates 19B West Friendship

DRILLER INFORMATION

Joseph E. Mayne MS D024 5512 Ridge Rd. Mt Airy Md 21771 10/6/04

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3482 Rosemary Lane 200 22 4 494

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P513334 Brian Baker 10/6/2005

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

AIR-ROtary JETted DRIVEn

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM 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 HO-94-4031

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8101 N 5296

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

