

BURNT WOODS RD.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROSCOMMON DRIVE

3/16 DRIVEWAY NOT IN

SEPTIC TANK LEVEL OK CLEANOUTS OK *6/19/90 OK C.B.*

DISTRIBUTION BOX LEVEL OK (*Baffle is in*)

DRAIN FIELD/TILE FIELD DEPTH 0 8 + average FT TRENCH WIDTH 2 FT INLET DEPTH 3 FT

EFFECTIVE GRAVEL DEPTH 5 + FT TOTAL LENGTH 0 73' *2145* FT
2 72' *0 365*

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 0 360 SQ FT

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT

ABSORBENT AREA 725 SQ FT.

REMARKS
 A.M. 3/16/90 0 Parted - ok for stone in #0 trench only.
 EARLY P.M. 3/16/90 0 OK TO COVER #0 trench only and #2 trench ready for stone; *C.B.*
 parted; 3/16/90 ok to cover all work back to S.T. C.O. ← need to see *C.B.*
 cleanout at septic tank and house connection only;
 parted; *C.B.* 3/19/90 COVER FROM PIPE START TO S.T. - NO HOUSE COVER FOR
 3/16 W.P.I. ↔ (OK - P.A. + LINE) *C.B.* 6/19/90 Water test ok at septic
 tanks
 6/19/90

DATE SYSTEM APPROVED

INSPECTOR

Charles Bryan

APPLICATION

PERCOLATION TESTING

A 40580

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 6th

DATE 11-3-87

EXISTING PERC APPROVED
NO FURTHER TESTING REQUIRED
IF ON FIELD INSPECTION AREA IS
OK. CENTER OF PERC AREA STAKED
SA

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Barbara Farnades S.F. CONTRACTORS

ADDRESS Christopher Rd, Ceullton, MD 21913 PHONE 275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 1307 Main Street, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION ROSCOMMON ESTATES LOT NO. 4

ROAD AND DESCRIPTION 3100 Pfefferkorn Rd. 3222 Roscommon Dr.

TAX MAP 15 PARCEL # 170 + 177

SIZE OF LOT 3.0+ TYPE BLDG Single family
(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.

Christine A. Richards
(SIGNATURE OF APPLICANT)

APPROVED BY Fred Allen FOR Deep trenches DATE 6-6-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING OK AS DRAWN

LOG. PERMIT SIGNED
AND RETURNED 6-6-89
BP 26690 S. Allen

THIS IS NOT A PERMIT

HD-216

SOIL PROFILE

0' [Empty vertical box for soil profile]

	SEE	131025 ORIGINALLY LOTS	FERNANDES	FARM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

Prel
EDW

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31025
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd
DATE 11/07/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER FARNANDIS FARMS, INC
ADDRESS 9095 FREDERICK RD PHONE 889-0300

PROPERTY LOCATION:
SUBDIVISION HOWARD COUNTY, MD LOT NO. 5
ROAD AND DESCRIPTION OFF PEEFFERKORN, 2000 FT LEFT OF CT 32

SIZE OF LOT 3 ACRES TYPE BLDG. _____

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 LIBERTY-FARNANDIS ENTERPRISES / Curtis Byrd
SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

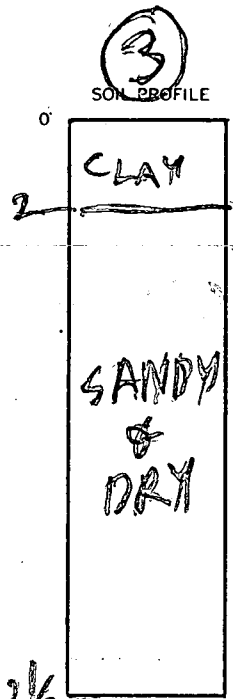
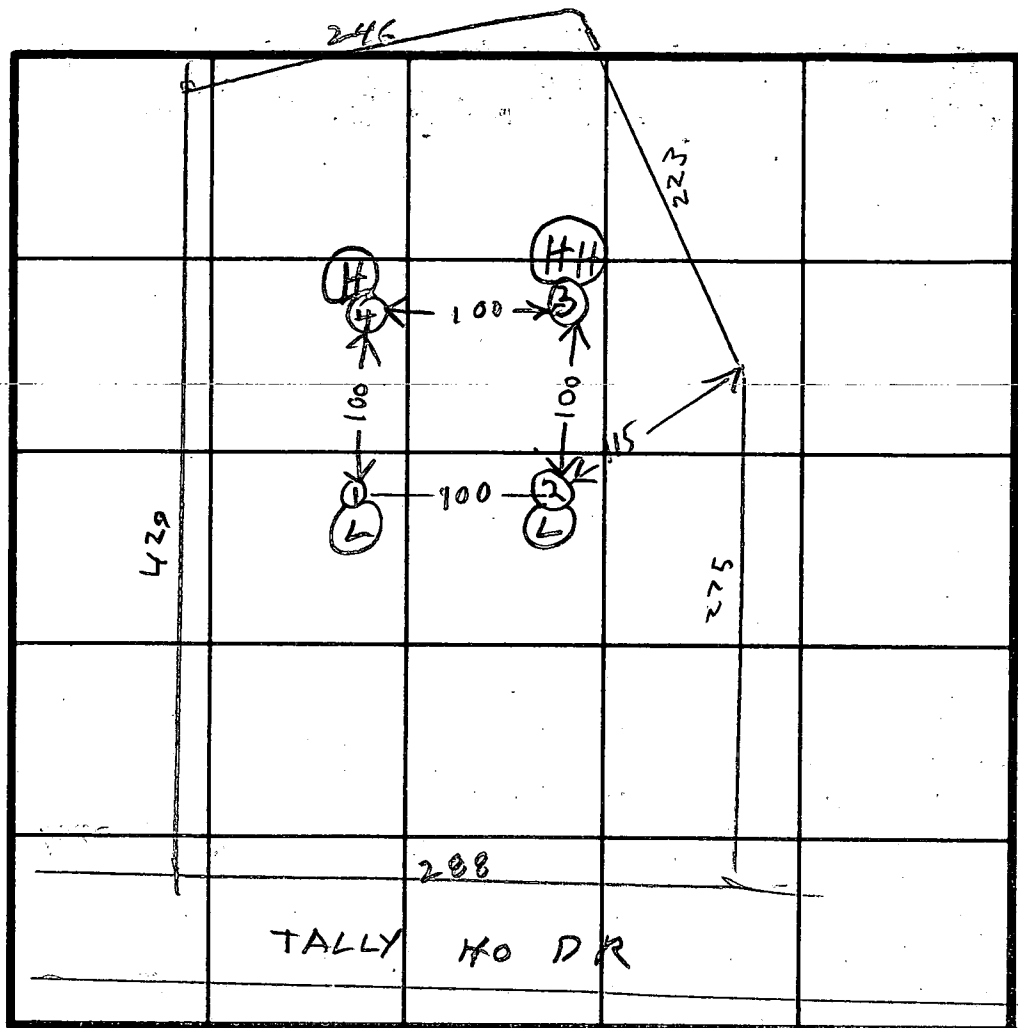
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/2/80	1S	4	235	240	240	244	4	
	1D	8	236	238	238	244	6	
	2S	4	238	240	240	247	7	
	2D	9	238	240	240	244	4	
	3S	4	247	252	252	256	4	
	3D	9	247	252	252	256	4	
	4S	4	255	258	258	303	5	
	4D	8 1/2	255	309	309	325	16	
11/2/80	3V	12 1/2	SEE SOIL PROFILE					

max depth 4
air time 6 min

REMARKS

TYPE OF SOIL

TESTED BY

R H O J S

ALSO PRESENT

ORATTERMAN
L LIPPIN

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

3/16/90
Final
C.B.S.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION
LIVE

New Installation
Replacement

Receipt # 45613
Date 02/27/90

Name of Installer CLARKE P & H

Telephone 489-4029

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner S.F. Contractor

Telephone 442-1133

Subdivision Roscommon Lot # 4

Well Tag # HO-88-0237

Site Address 3222

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Coulters
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower _____
- RPM _____
- Voltage
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # PT 800
- Depth _____

Tank

- Capacity 66gal
- Pressure relief valve? 7516

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? NO

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: Kenneth C. Clarke

Date: 2-27-90

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

C1 0553

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A # 40580

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

DEPTH OF WELL grid

PERMIT NO. grid

OWNER S.F. CONTRACTORS INC. STREET OR RFD ROS COMMON DR. TOWN GLENWOOD - EIX SUBDIVISION ROSSCOMMON EST. SECTION LOT 4

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, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICA ROCK, 72, 165.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1128 GALLONS OF WATER 22 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 49 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (S), Nominal diameter (6), Total depth of main casing (78)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) grid with handwritten values: 76, 165

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 10.17.13 "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. 256 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

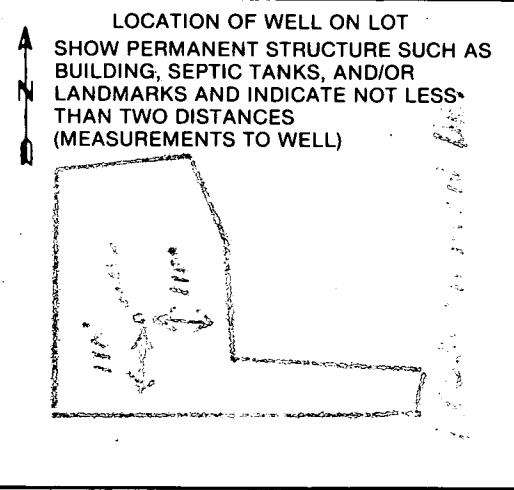
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 30 WHEN PUMPING 42 TYPE OF PUMP USED (for test) C centrifugal, S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP 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) LAND SURFACE (nearest foot)



101-102
103-104
S.T.S.

Juane E Miller
Anthony R Miller
556/46

18
133,299.69 sq. ft.
3.06 acres
ROSCOMMON
N10°50'20"E 189.02'

3.00 acres
Ex. structure to be razed

3
132,000.01 sq. ft.
3.03 acres

Ex. approved 1980
(Old lot 6)

Ex. approved 1980
(Old lot 3)

5
130,823.54 sq. ft.
3.00 acres

S10°18'40"E 225.87'

S16°41'30"W 336.05'

Ex. approved 1980
(Old lot 5)

4
142,407.57 sq. ft.
3.27 gross acres
Panhandle 0.21 acres
3.06 NET ACRES

6
139,230.57 sq. ft.
3.20 gross acres
Panhandle 0.20 acres
3.00 NET ACRES

N75°14'16"E
C. Edgar Pugh
1328/717

N05°22'33"E

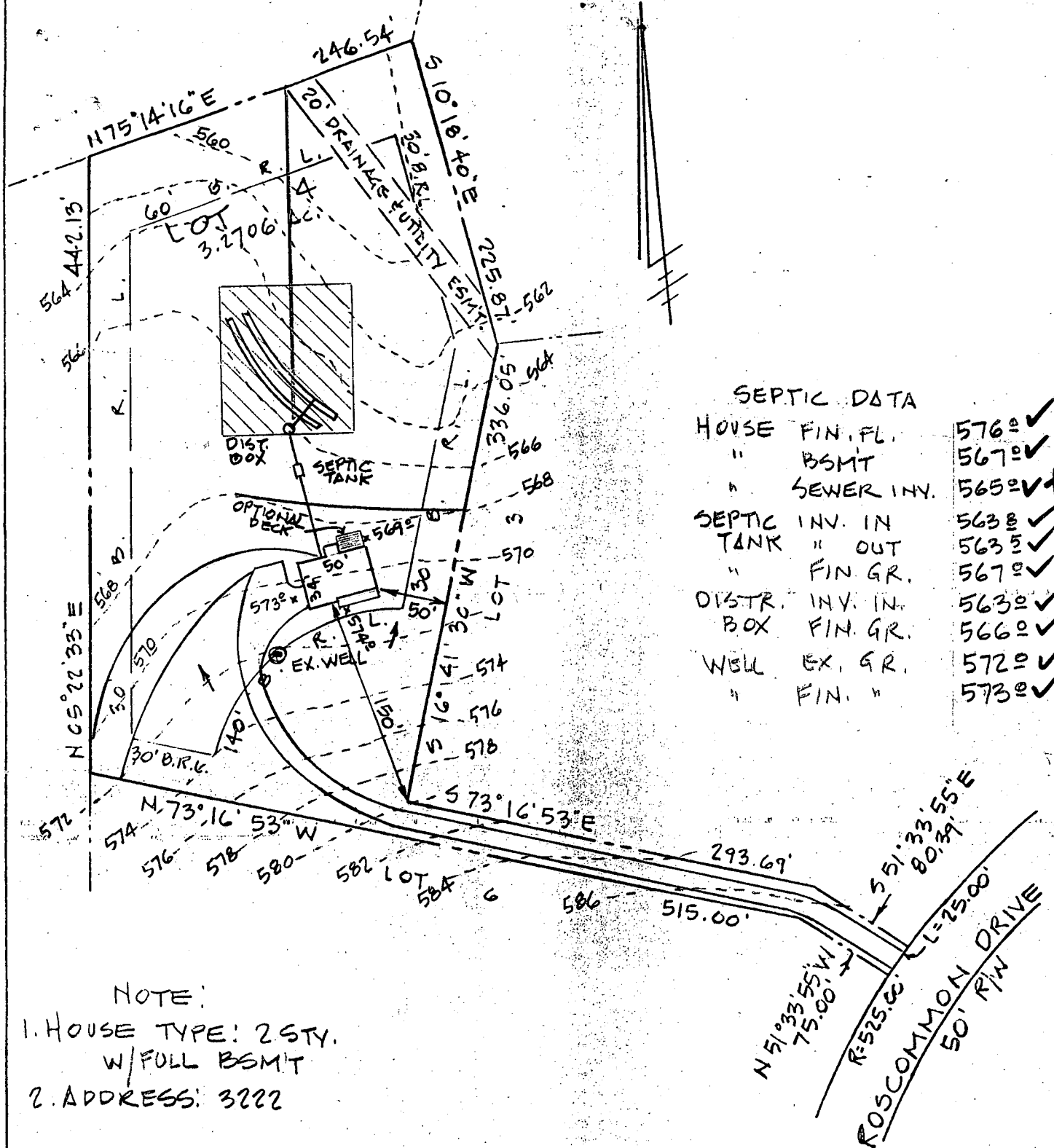
996.84'

Lot 4

Lot 5

130.6
3

1377



SEPTIC DATA

HOUSE FIN. FL.	576.0	✓
" BSMT	567.0	✓
" SEWER INV.	565.0	✓
SEPTIC INV. IN TANK	563.8	✓
" " OUT	563.5	✓
" FIN. GR.	567.0	✓
DISTR. INV. IN BOX	563.0	✓
" FIN. GR.	566.0	✓
WELL EX. GR.	572.0	✓
" FIN. "	573.0	✓

NOTE:
 1. HOUSE TYPE: 2 STY.
 W/FULL BSMT
 2. ADDRESS: 3222

BUDG. PERMIT SIGNED
 AND RETURNED 6-6-89

BUILDER
 S.F. CONTRACTORS, INC.
 3368 BRANTLY COURT
 GLENWOOD, MD. 21738
 301-442-1133

26690
 JAL