

3/20/89 ASAP

03-314049 File

3/20/89 P.C.O.-A.M.
P.C.O. P.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 43763

A 40583

DISTRICT 6th

DATE 3/10/89

DATE SYSTEM APPROVED 3/20/89

INSPECTOR C.B.S.

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Roscommon Estates ROAD 3240 Roscommon Drive LOT 7

PROPERTY OWNER S. F. Contractors, Inc. Paul Bieliski

ADDRESS _____

BUILDING PERMIT SIGNED

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25% **AND RETURNED**

4605 Bldg 153076 Roof on patio

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place distribution box 200 feet from the center of Roscommon Drive and 150 feet from the left lot line. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

BLDG. PERMIT SIGNED

AND RETURNED 4-1-88

Serial # 20110819-did

PLANS APPROVED BY C. Williams DATE 10/17/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

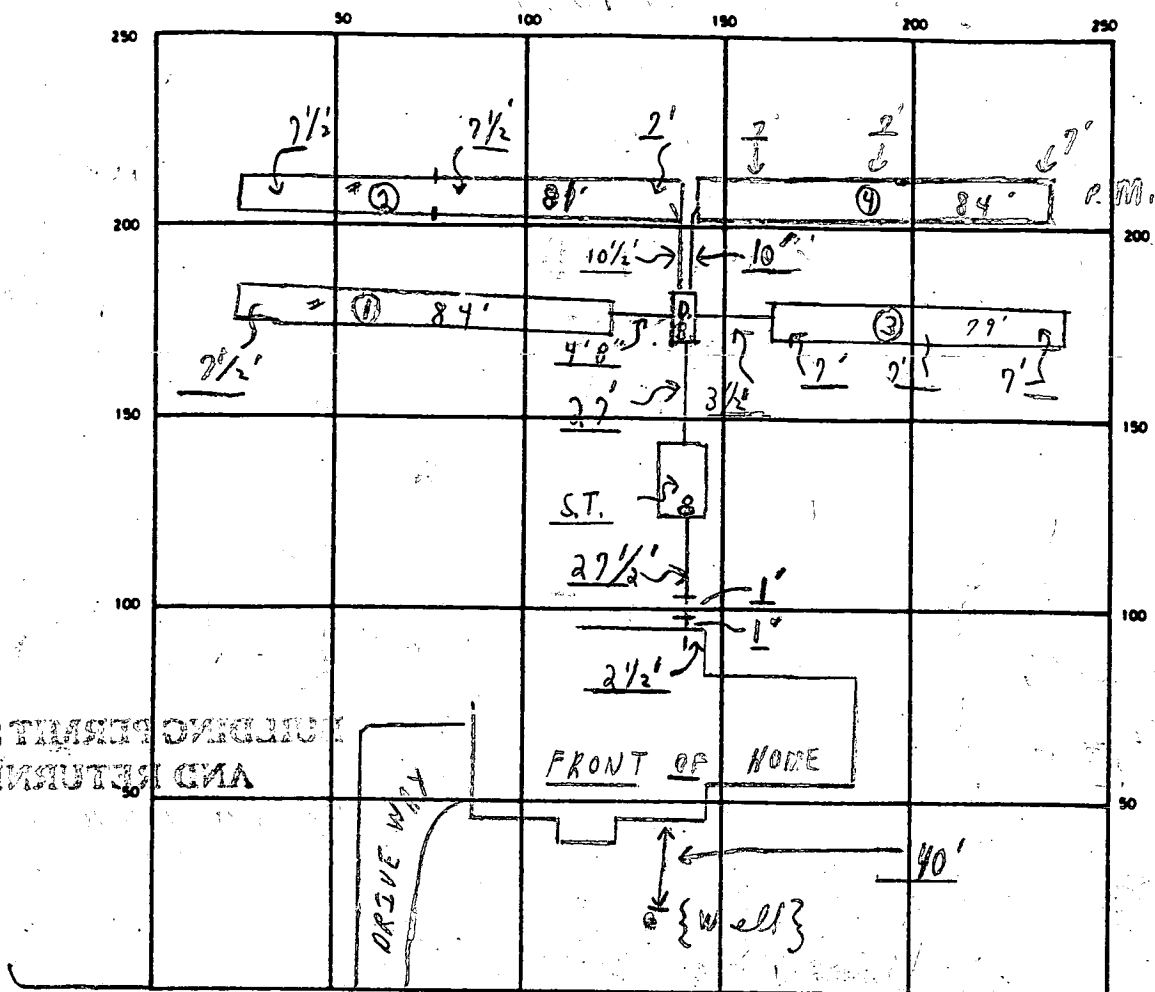
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 40583



BUILDING PERMITS SIGNED AND RETURNED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 ← ROS COMMON DRIVE S.T. →

SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK (Baffles in)
 DRAIN FIELD/TILE FIELD DEPTH 37 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 3 1/2 FT. TOTAL LENGTH 84 + 39 + 79 + 84 = 328 FT.
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 984 SQ. FT.

REMARKS A. 3/20/89 #1 TRENCH ONLY OK FOR STONE; B. TRENCH #1 OK FOR STONE AT END; #2 TRENCH OK FOR STONE 39' ± OK TO COVER FROM HOUSE TO 1' OF D. BOX. PARTIAL C.B. BOX; C. 3/20 OK TO COVER #1 TRENCH AND MOST OF #2; PARTIAL; #4 OK FOR STONE; #3 NOT DUG; #2 LATE - TRENCHES #4, #3, #2
 MAKE OK AND OK TO COVER ALL WORK; FILE FINAL.

DATE SYSTEM APPROVED 3/20/89 INSPECTOR Charles Bryan Theaker

APPLICATION

PERCOLATION TESTING

A 40583

P _____

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

DISTRICT 641

DATE 11-3-87

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 Paradis S.F. CONTRACTORS-442-1751

ADDRESS Christopher Rd., Ellicott City, MD 21913 PHONE 275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 main St, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION ROSCOMMON ESTATES LOT NO. 7

ROAD AND DESCRIPTION ~~3100 Pfefferkorn Rd.~~ 3240 ROSCOMMON DRIVE

TAX MAP 15 PARCEL # 1704177

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 Sch, Alul FOR Deep trenches DATE 12/2/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SOLCS OK, PLAT REQ'D. CW DATE 1/28/89

REASONS FOR REJECTION OR HOLDING _____

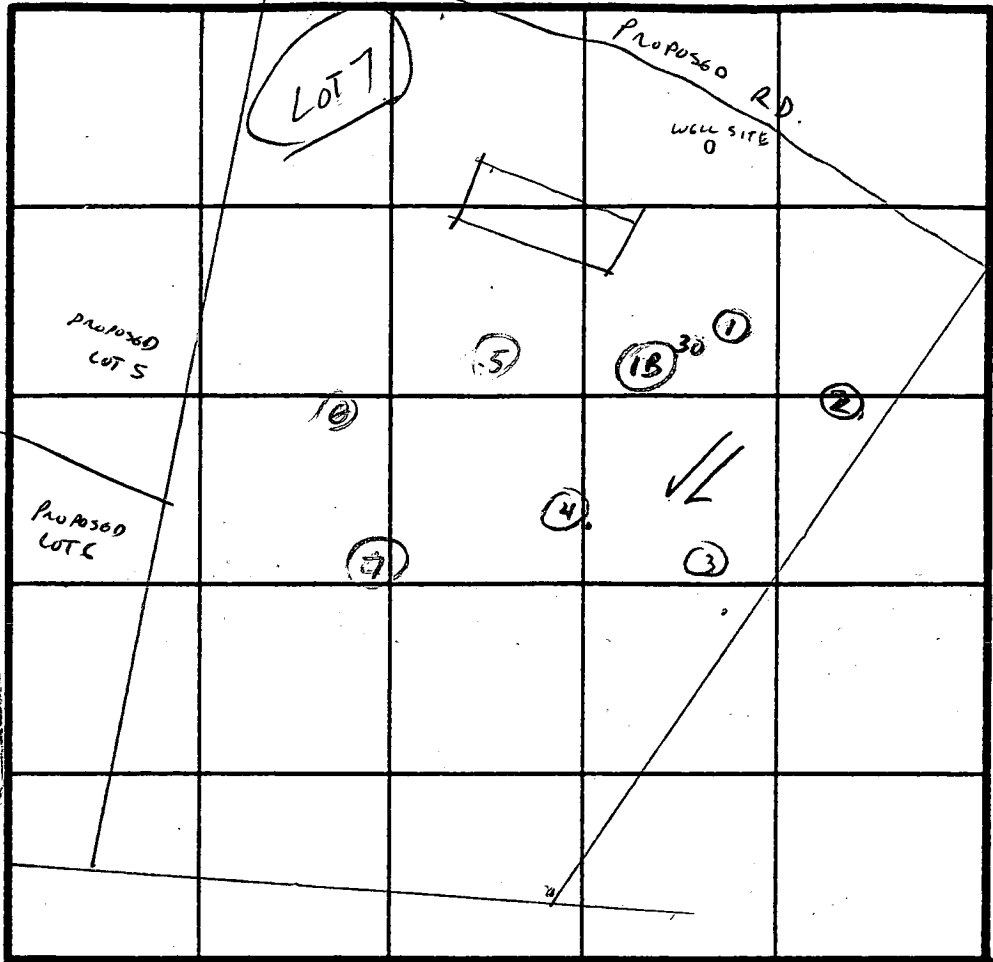
BDDG. PERMIT SIGNED
AND RETURNED 12-2-88

BP 22806 8AC

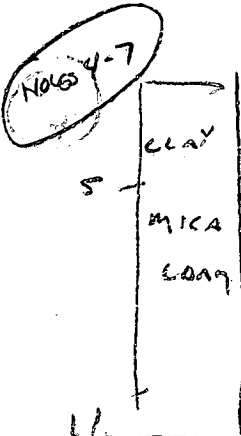
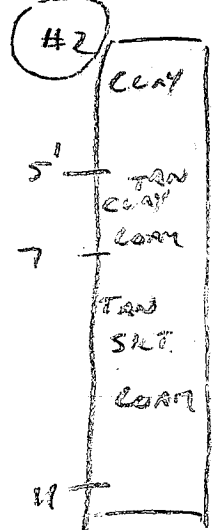
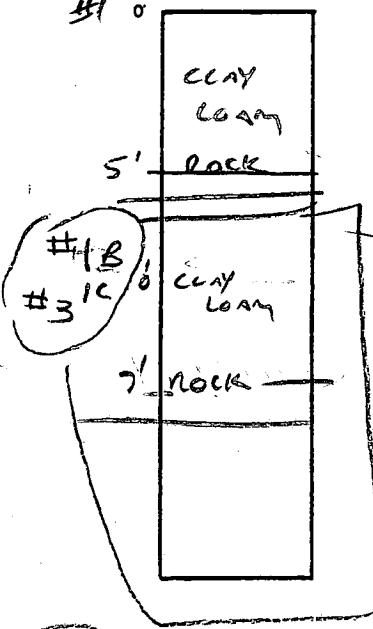
THIS IS NOT A PERMIT

HD-216

A 40583
LOT 7



SOIL PROFILE



240 #
IN LOT 4
BOTTOM

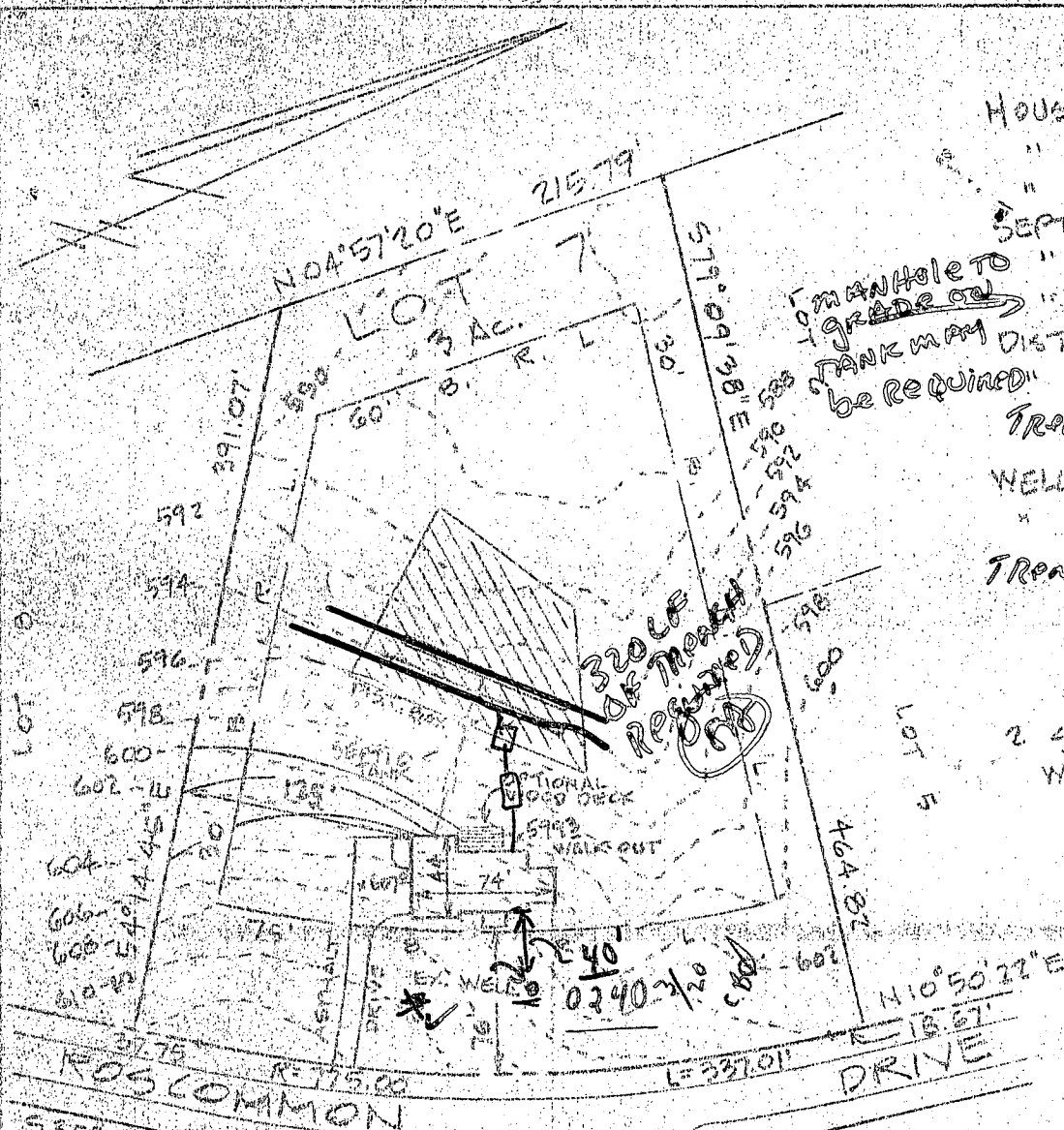
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/88	1	5	CLAY LOAM / ROCK				X
1/26/88	1B, C	5/7	CLAY LOAM / ROCK				X
1/26/88	2	5 1/2 8 1/2	VLS OK				
		11	UNABLE TO TIE IN TO PATTON.				
1/26/88	3	5/7	CLAY LOAM / ROCK				X
1/26/88	4	5 8	3:13	3:17	3:17	3:27	7 MIN
		11	VLS OK				
1/28/88	5	5 8	12:30 12:30	12:35 12:36	12:35 12:36	12:42 12:45	7 MIN 9 MIN
		11	VLS OK		ORANGE LOAM		
1/28/88	6	5 8	VLS OK		ORANGE LOAM		

1/28/88 7: 11 5/8/11 VLS OK. ORANGE LOAM

REMARKS TYPE OF SOIL MICA LOAM

TESTED BY C. Miller ALSO PRESENT R. STONER



SEPTIC DATA
 HOUSE FIN. FL. ✓ 6098
 " BSMT. FL. ✓ 6082
 " SEWER INV. ✓ 5938
 SEPTIC TANK INV. IN 5935
 " " OUT 5930
 " " FIN. GR. 5929
 DIST. BOX INV. IN. 5923
 " " OUT 5919
 TRENCH IN " 5909
 " FIN. GR. 5958
 WELL EX. GR. 6095
 " FIN. GR. "

MANHOLE TO GRADE OR TANK MAY BE REQUIRED

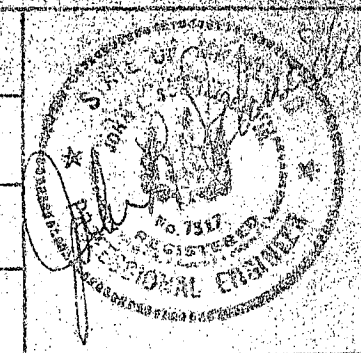
TRENCH EXISTING 994

HOUSE TYPE
 2 STORY WITH FULL WALK OUT BSMT

12/2/88
 elevations ok
 Sahul

LOG. PERMIT SIGNED
 AND RETURNED 12-2-88
 BP 22806
 Sahul

ENGINEER
 John L. Schneider
 100 N. Rolling Road
 Catonsville, Md. 21228
 301-744-1945



GRADING	STUDY
LOT 7 "ROSCOMMON ESTATES"	
3RD ELECTION DISTRICT - HOWARD COUNTY - MD.	
SCALE 1"=100'	NOV. 16, 1988

B 1 **7884** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

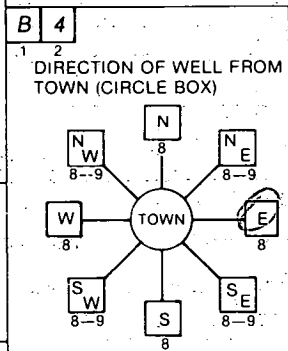
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0240
 fill in this form completely

Date Received (APA) **100588**
OWNER INFORMATION
 Last Name: **BRUNFEL** Owner: **W. H. F. COUSINS** First Name: **W. H.**
 Street/PO Box: **3368 BRUNFEL COURT**
 Town: **OKWOOD** State: **MD** Zip: **21738**

LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **ROSSCOMMON EST**
 SECTION: **44** LOT: **7**
 NEAREST TOWN: **GLENNWOOD**
 MILES FROM TOWN: **2** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Mayne** License No. **238**
 Firm Name: **Joseph L. Mayne Well Drilling**
 Address: **5512 Ridge Rd. Mt. Airy 21771**
 Signature: **Joseph L. Mayne** Date: **10/14/88**



NEAR WHAT ROAD: **Roscommon Drive**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**
DISTANCE FROM ROAD: **40** FT
 ENTER FT or MI: **FT**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A# 40583 COUNTY NO.
 STATE SIGNATURE: _____ INSERT S _____
 DATE ISSUED: **10/17/88**
 CO SIGNATURE: **Chris Wilber** EXP. DATE: **4/17/89**
 NORTH GRID: **527000** EAST GRID: **0801000**

APPROXIMATE DEPTH OF WELL: **260** FEET

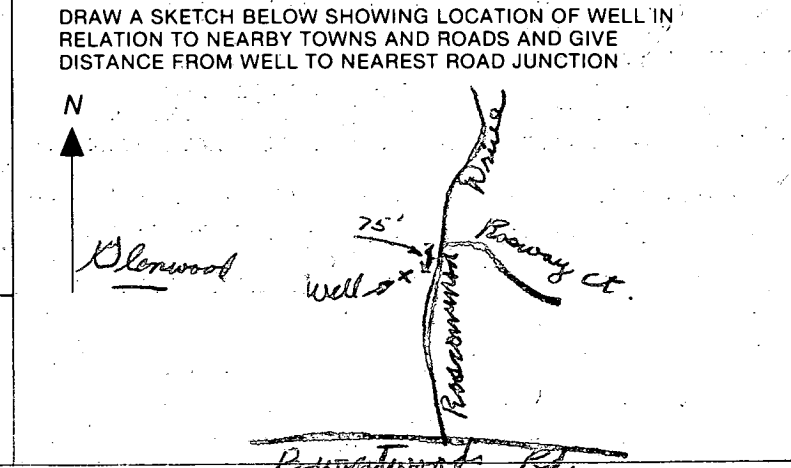
APPROXIMATE DIAMETER OF WELL: **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other: _____

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
800
520

10/25/88
 GROUNDED BEFORE INSPECTION, C.W.

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____
 FORCE: **CW** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0240**

SPECIAL CONDITIONS

C1 0556 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# 40583**

DATE Received
 [] [] [] [] [] [] [] []

DATE WELL COMPLETED
10 25 89

Depth of Well
165
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-0240

OWNER **S.F. CONTRACTORS, INC.**
 STREET OR RFD **ROSSCOMMON DR.** TOWN **GLENWOOD**
 SUBDIVISION **ROSSCOMMON EST** SECTION **---** LOT **7**

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 STONE	0	16	
GRAY MICR ROCK	16	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **470**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **17** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing **22**
 (nearest inch) (nearest foot)

OTHER CASING (if used)
 diameter inch from to

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
1 **HO** **20** **165**
2 **23** **24** **26** **30** **32** **36**
3 **38** **39** **41** **45** **47** **51**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 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.

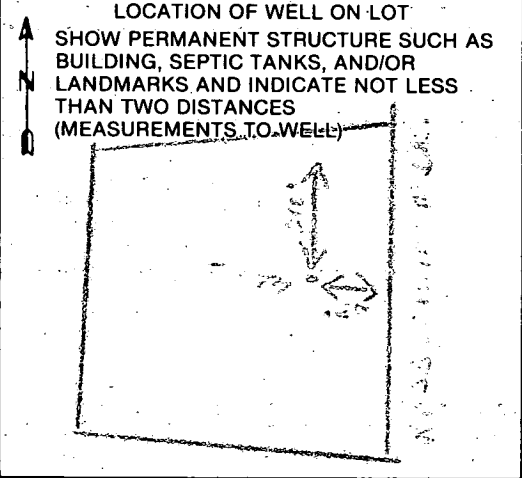
DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **45**
 WHEN PUMPING **45**
 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 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: **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 (nearest foot)
- below } **2** (nearest foot)



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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 43916
Date 3/30/89
Name of Installer CLARKE P+H Inc Telephone 489-4029
License Number 3808
Certified Well Pump Installer Well Driller Registered Plumber 3808
Name of Property Owner S.F. Contractor Inc Telephone 442-1133
Subdivision Roscommon Estates Lot # 7 Well Tag # HO-88-0240
Site Address 3240 Roscommon Dr.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goildo
3. Model # _____
4. Capacity _____ 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 _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter
1. Make _____
2. Model # PT 800
3. Depth _____

Tank
1. Capacity 66gal
2. Pressure relief valve? 7516
4/7/89 Pitless Adaptor
OK MR

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

Well data
1. Depth 165 ft.
2. Yield 15 GPM
3. Static water level _____ ft.
4. 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: Harriet C. Clarke

Date: 3-27-89

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

RWS CONTRACTING
 Contracted Decks
 JoAnn Bielski

RWS CONTRACTING

For 3240 Roscommon Dr

21737

(w) 301-731-3690

9-1934

STEPS TO GRADE

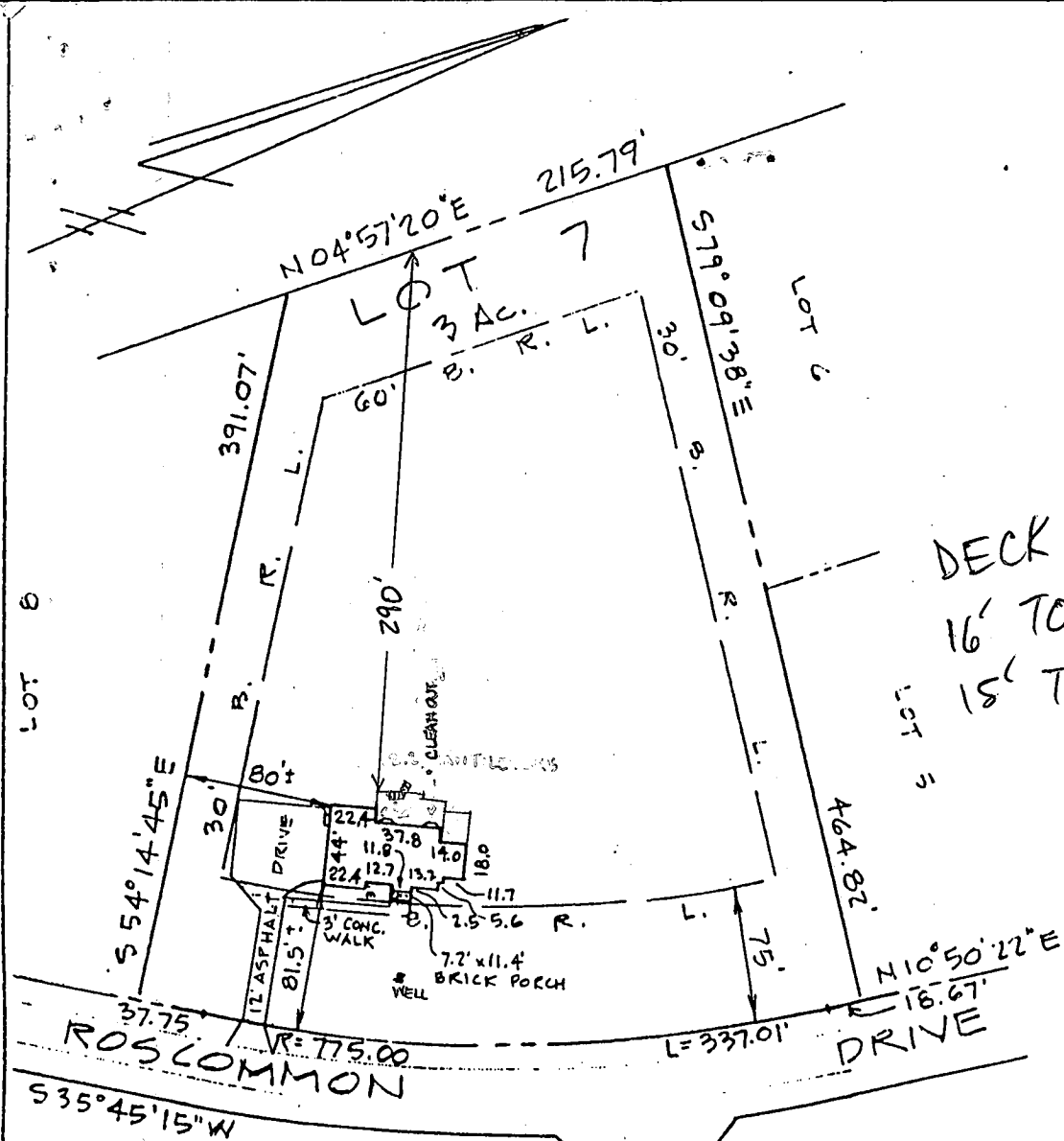
16 TO S.T. C/O

15 TO S.T. C/O

DECKING

DECKINGS

KITCHEN DECK - 38 x 12 - 429 #
 BAY BUMP-OUT - 2 x 3 - 16 #
 SUNROOM DECK - 14 x 16 - 224 #
 (14) STEPS - 3 x 14 - 42 #
 711 #
 x 12.00
 \$8532.00



DECK w/STEPS OK
 16' TO STEPS
 15' TO DECK
 MR 4/1/98

NOTE:
 FOUNDATION SHOWN IS
 POURED CONCRETE.
 ADDRESS # 3240
 HOUSE TYPE: 2 STORY
 FRAME WITH FULL PKIT

ENGINEER'S CERTIFICATE
 I HEREBY CERTIFY THAT I HAVE MADE
 A SURVEY OF THIS LOT FOR THE PURPOSE
 OF LOCATING THE IMPROVEMENTS THEREON
 AND THAT THEY ARE LOCATED AS SHOWN.
 THIS PLOT IS NOT INTENDED FOR
 USE IN ESTABLISHING PROPERTY LINES.

ENGINEER
 John L. Schneider
 100 N. Rolling Road
 Catonsville, Md. 21228
 301-744-1945

FINAL CERTIFICATION	
LOT 7 "ROSCOMMON ESTATES"	
2 ND ELECTION DISTRICT - HOWARD COUNTY - MD.	
SCALE 1"=100'	APRIL 28, 1989

