

4-7-89
11 AM: Slater
4/10/89
ASAP-CLUTON

03-314081

PERMIT

P 43759

SEWAGE DISPOSAL SYSTEM

A 40588

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 6th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 3/10/89

DATE SYSTEM APPROVED 4/10/89

INSPECTOR M. Rifkin

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Roscommon Estates ROAD 3206 Rosway Court LOT 12

PROPERTY OWNER Rice S. F. Contractors, Inc. PHONE: 442-1751

ADDRESS 3368 Brantly Court
Glenwood, Maryland 21738

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 150 feet from the front lot line and 60 feet from the left lot line. Run trenches along contour in both directions (left and right)

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

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

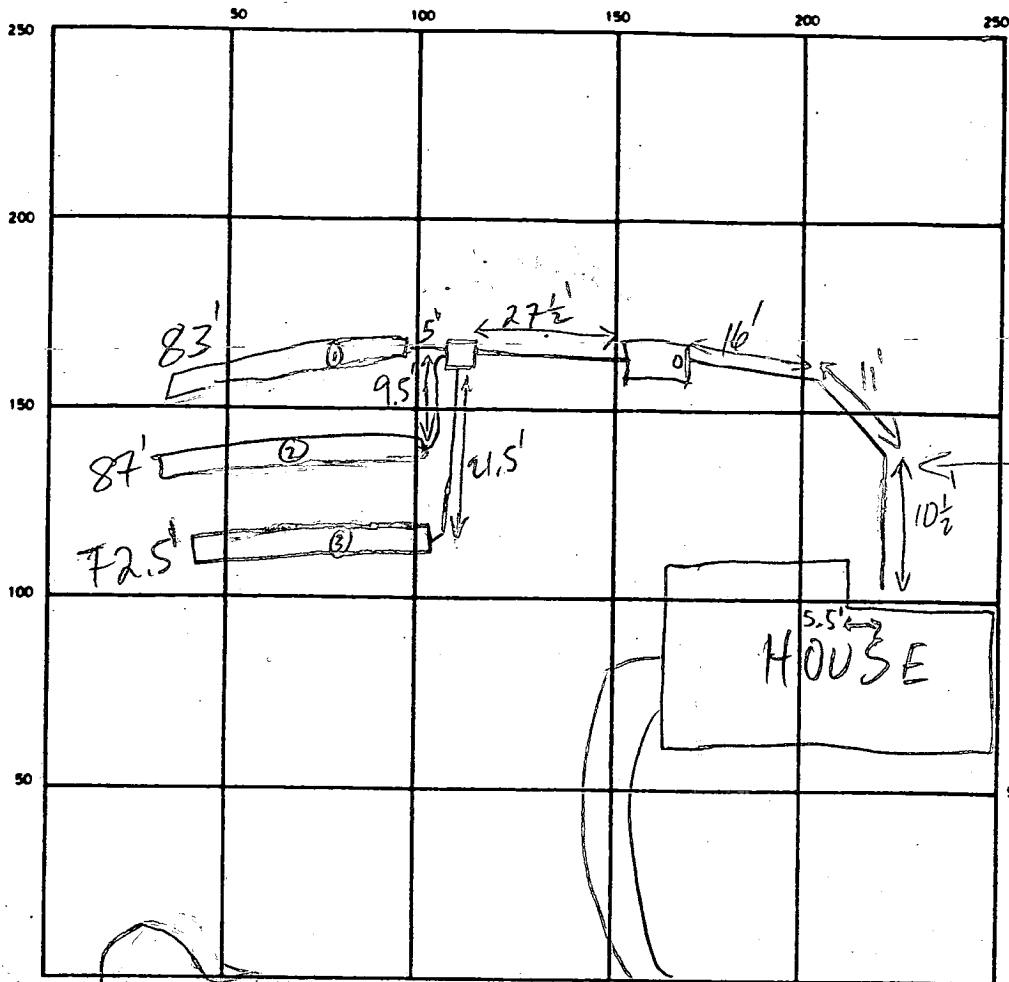
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
40588



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
ROSWAY CT

drainage easement
well
HO-88-0244
well pump installed
4' B.G.

SEPTIC TANK LEVEL OK (10 1/2 x 5) CLEANOUTS OK

DISTRIBUTION BOX LEVEL BAFFLE IN

DRAIN FIELD/TILE FIELD DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 1/3 FT. TOTAL LENGTH 287

NUMBER OF TRENCHES 3 or 4 ONE SIDEWALL/BOTTOM AREA 219 2/3 } 800 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 4/7/89 A TRENCH 1 DUG TO 29', ELEVATION PROBLEMS ON TRENCHES 1 & 2 REQ INLET AT 4', ADD 1/2 LINEAR FEET TO BE ADDED TO COMPENSATE MR 4/7/89 B TRENCH 1 DUG TO 83', OK TO COMPLETE 1 MR 4/10/89 A TRENCH 2 DUG, STONE IN PROCESS, TRENCH 3 DIGGING IN PROCESS NEED 72' TOTAL IN 3 - 4/10/89 B TRENCH 3 DUG, STONE IN PROCESS OK TO COVER WHEN READY MR

DATE SYSTEM APPROVED 4/10/89 INSPECTOR M. Rittin

APPLICATION

PERCOLATION TESTING

A 40588

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

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER Barbara Jarnagin S.F. CONTRACTORS, INC. 442-1751

ADDRESS Christopher Rd, Gaithersburg, MD 20878 PHONE 275-2233

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 Main Street, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12

ROAD AND DESCRIPTION 3100 Pfefferkorn Rd. 3206 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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SOILS OK, PLAT 1260' D. CWI DATE 1/27/88

REASONS FOR REJECTION OR HOLDING _____

APPLICANT'S PERMIT SIGNED
AND RETURNED 1-3-88

BP 23120 SA

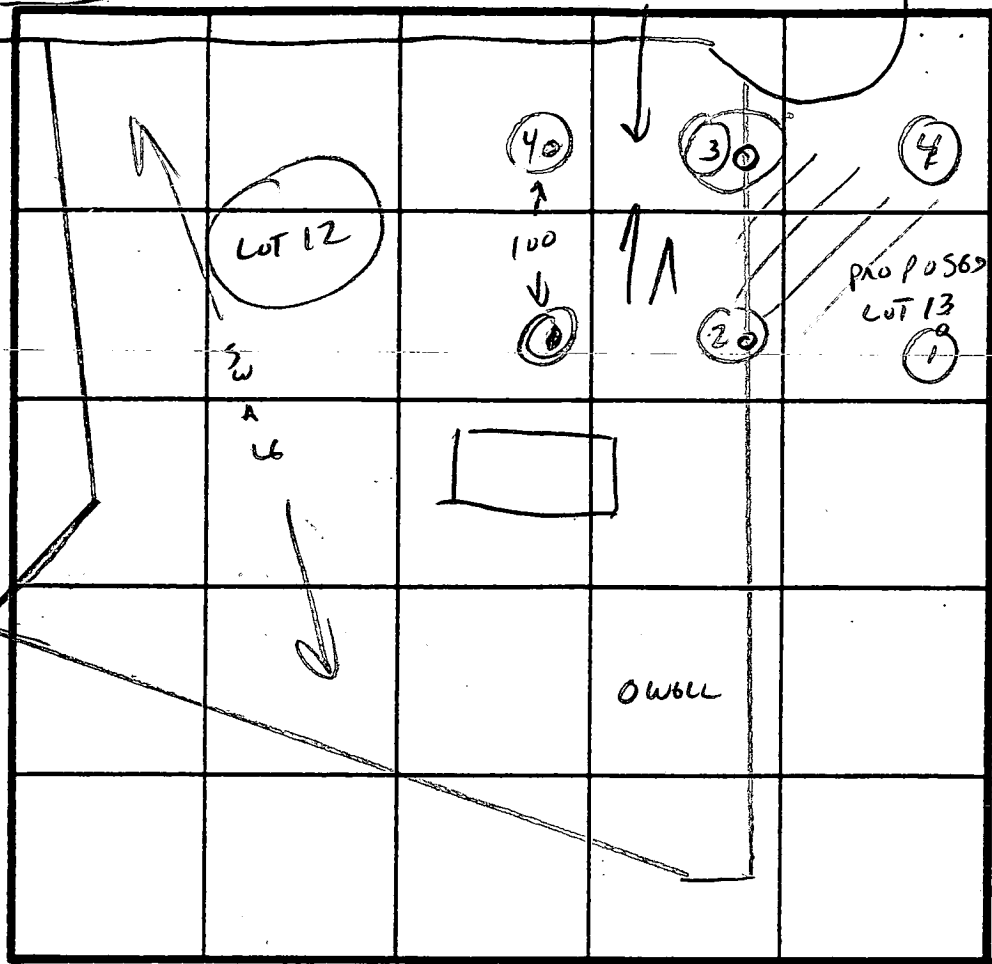
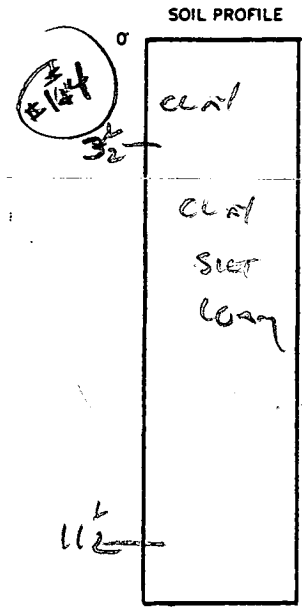
THIS IS NOT A PERMIT

HD-216

A 40588
LOT 12

PROPOS 56 LOT 16

200 TO WELL SITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

200 ft
IN LOT 3
BATTERY 7'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/27/88	1	4 7	VIS	OK	-LOAM		
		11 1/2	VIS OK	28% S APPROX			
1/27/88	2	4 7 12	1109 1109	1115 1112	1115 1112	1122 1116	7 MIN 4 MIN
		12	VIS	OK - LOAM			
1/27/88	3	4 1/2 7 12	1104	1107	1107	1111	4 MIN
		12	VIS	OK - LOAM			
1/27/88	4	4 7 11 1/2					
		11 1/2	VIS	OK			

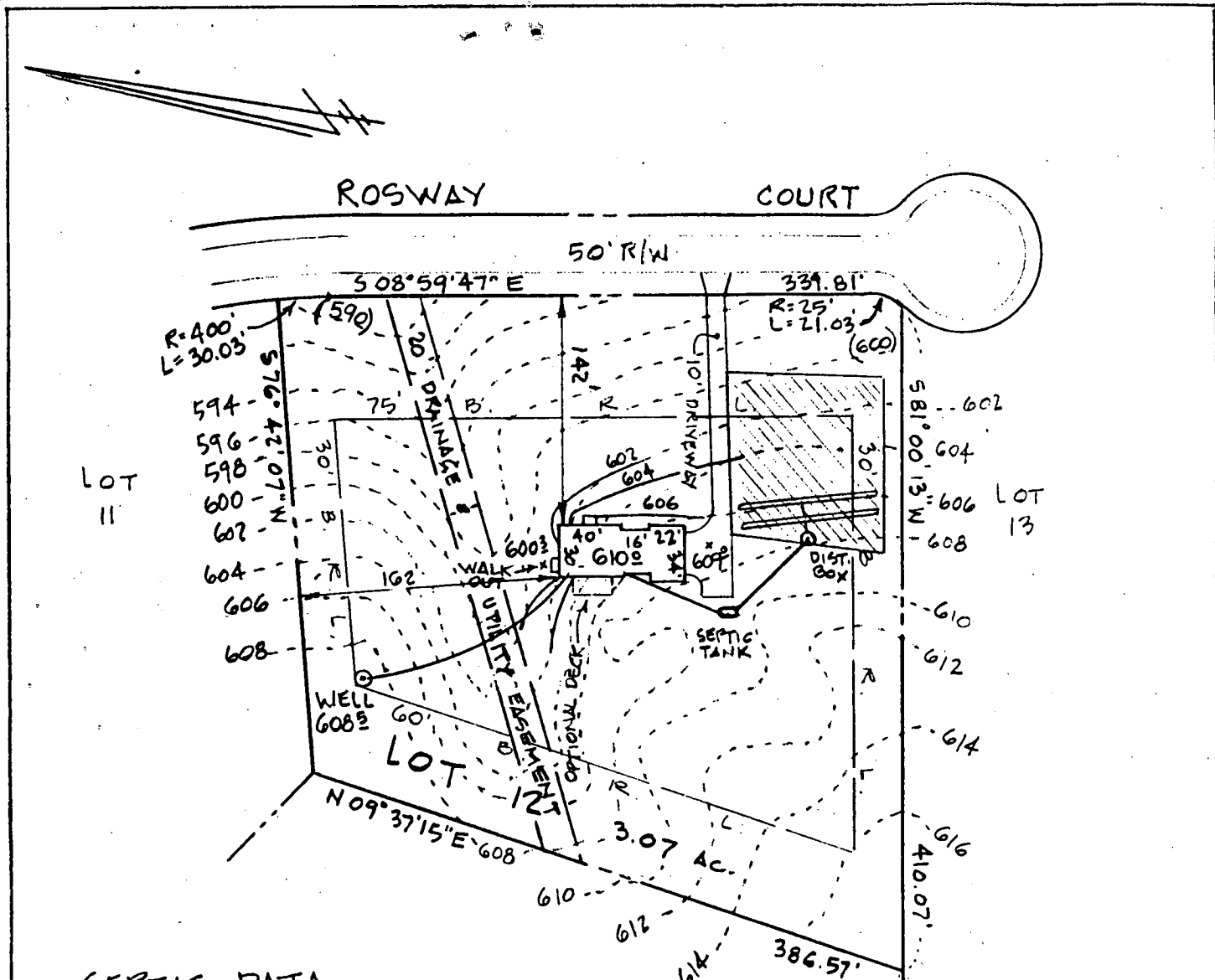
"AS PER PLAT"

LOCATION AS PER TEST PLAT

REMARKS BOTTOM OF TAGNET NO MORE THAN 7

TYPE OF SOIL TAN/ORANGE MICA LOAM SAND ROCK BELOW 11

TESTED BY C. W. [Signature] ALSO PRESENT [Signature]



SEPTIC DATA

- HOUSE FIN. FL. 610.0 ✓
- " BSM IT 601.0 ✓
- " SEWER INV. 607.1 ✓ - BSMT
- SEPTIC INV. IN 606.5 ✓
- TANK " OUT 606.2 ✓
- " FIN. GR. 609.5 ✓
- DISTR. INV. IN 605.0 ✓
- BOX " OUT 604.0 TRENCH #1 ✓
- " " " 603.0 " #2 ✓
- " FIN. GR. 608.0 ✓

- HOUSE TYPE -
2 story with full
walkout basement.
- ADDRESS -
3206 ROSWAY CT.
- RECORD PLAT -
B263

OG. PERMIT SIGNED
AND RETURNED 1-3-89
BP 23120
SAL

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

GRADING STUDY	
LOT 12 "ROSCOMMON ESTATES"	
3RD ELECTION DISTRICT HOWARD COUNTY, MD.	
1" = 100'	DEC. 28, 1988

16
130,690.00 sq. ft.
3.00 acres

S07°34'28"E
461.17'

14
141,795.14 sq. ft.
3.26 gross acres
Panhandle 0.26 acres
3.00 NET ACRES

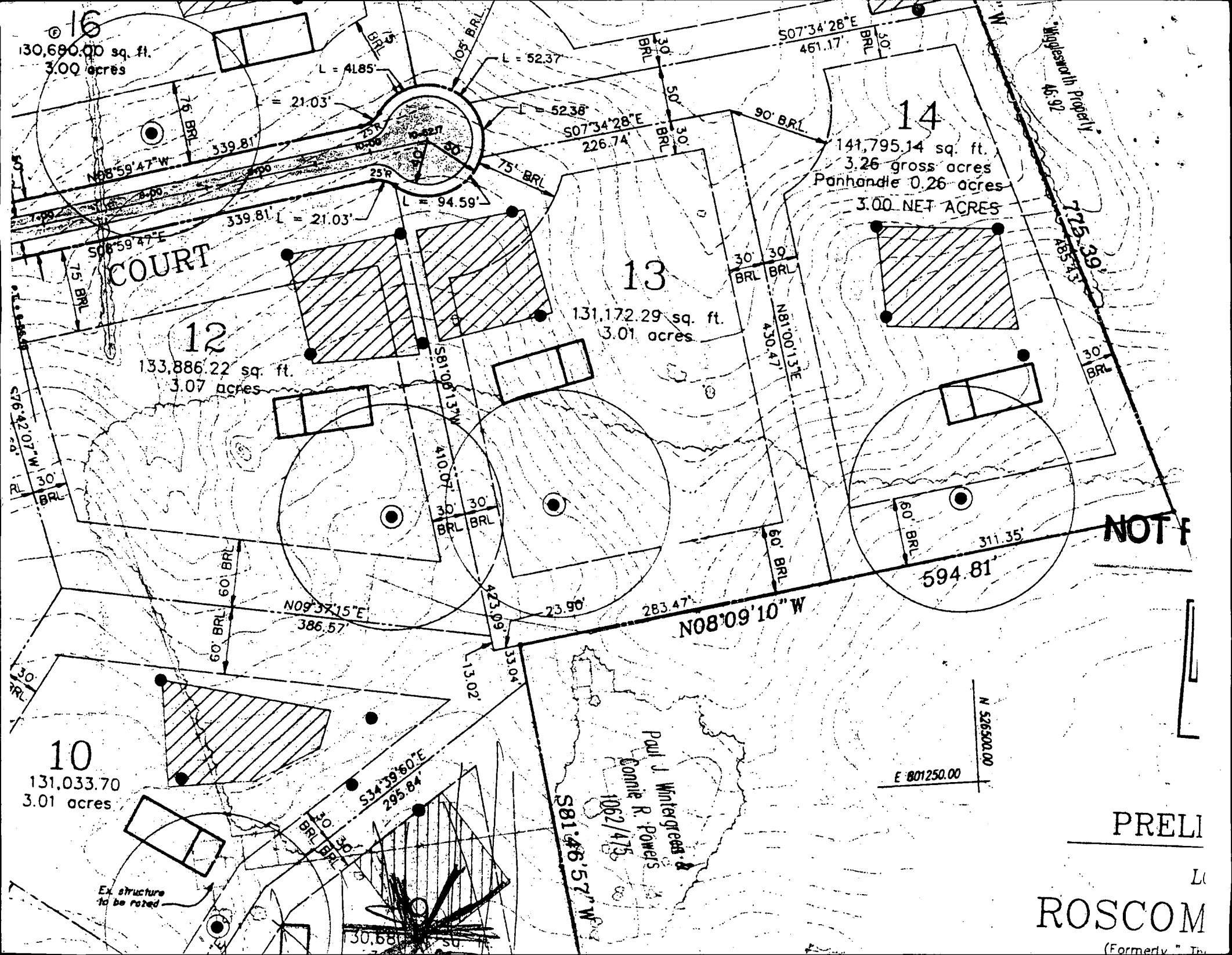
13
131,172.29 sq. ft.
3.01 acres

12
133,886.22 sq. ft.
3.07 acres

10
131,033.70
3.01 acres

NOT F

PRELIMINARY
L
ROSCOM
(Formerly "In")



Ex. structure
to be razed

Paul J Wintergreen &
Connie R. Powers
1062/475
S81°46'57\"/>

N 526500.00
E 801250.00

B 4 **7898** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

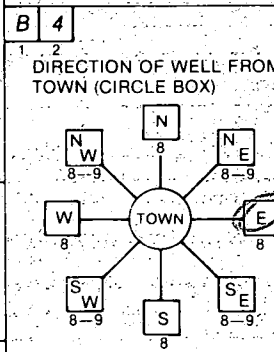
STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
NO-88-0244
 fill in this form completely

Date Received (APA) **100588**
OWNER INFORMATION
 S. F. CONTRACTORS, INC.
 3368 BRANTLEY COURT
 ELKWOOD TOWN, MD 21728

B 3 LOCATION OF WELL
 HOWARD COUNTY
 ROSS COMMON ESTATES
 SECTION 12 LOT 12
 ELKWOOD
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 Joseph L. Myhre
 Joseph L. Myhre With Drilling
 5510 Ridge Rd. Hill Hill 21771
 10/1/88



ROSWAY COURT
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **300 FT**
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

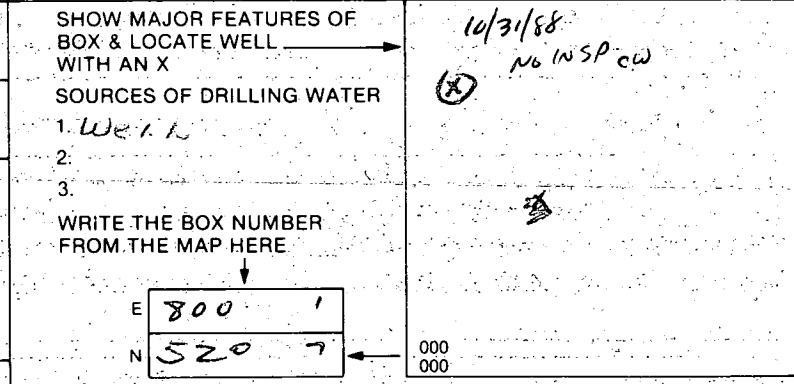
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROVAL PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A# 40588 COUNTY NO.
 STATE SIGNATURE _____ INSERT S. _____
 DATE ISSUED: **1017 APR 21 1989**
 CO SIGNATURE: _____ EXP. DATE: _____
 NORTH GRID **527000** EAST GRID **0801000**

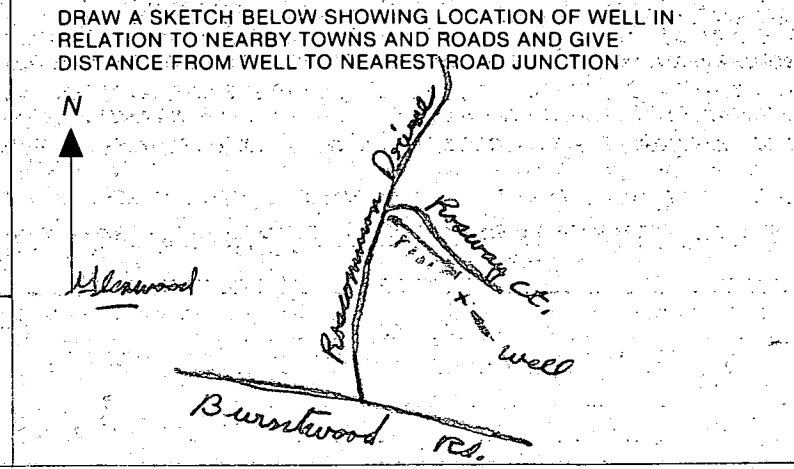
APPROXIMATE DEPTH OF WELL **260** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-88-0244**

SPECIAL CONDITIONS

C1 0560 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# 40588

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER S.F. CONTRACTORS INC., STREET OR RFD ROSWAY COURT, TOWN GLENWOOD, SUBDIVISION ROSS COMMON EST, SECTION, LOT 12

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 TO. Check if water bearing.

A CIRCLE APPROPRIATE LETTER 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. 938

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 (Y/N), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 54, GALLONS OF WATER 54, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 38 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE ST, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 77.

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

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

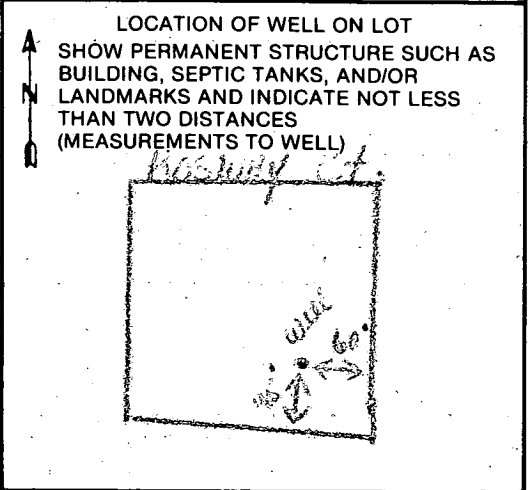
DEPTH (nearest ft.) HO 74, 125. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) from to.

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, 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 Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 35, WHEN PUMPING 35, TYPE OF PUMP USED (for test) 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).



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 # 43911
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 489-4029
Subdivision Roscommon Estates Lot # 12 Well Tag # HO - 88 - 0244
Site Address 3206 ROSWAY CT

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Goulds
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 665A1
2. Pressure relief valve? 7516

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

Well data
1. Depth 125 ft.
2. Yield 15 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? NO

4/7/89 Pitless Adaptor
OK MR

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: 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.