

03-314111
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/27/91 P.C.O. No. 47475
P. 47475
11/29/91 P.C.O. No. 40590
A 40590

11/27/91
12/2/91
11/29/91
To call
after 3:00 PM
4:00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DISTRICT 3rd

DATE 9/13/91

DATE SYSTEM APPROVED 12-4-91

INSPECTOR R. Smith

12/4/91 11:00

461-9933

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Roscommon Estates LOT 14 ROAD 3218 Rosway Court

PROPERTY OWNER S. F. Contractors Paul BIEGEL

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - 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 195' from the rear (311') lot line and 95' from the left (332') lot line. Run trenches along contour toward left side of lot. First trench not exceed 65' in length.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/12/91 RH

PLANS APPROVED BY Craig Williams cm 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, 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)

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

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 35/40 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 PVA 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**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT DIV.
AND RETURNED 9-17-98
Serial # B10114075
check

A 40590

APPLICATION

PERCOLATION TESTING

A 48590

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

P _____
DISTRICT 642

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 Sanders S.F. CONTRACTORS

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

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 Main Street, Ellicott City PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Roscommon EST LOT NO. 14

ROAD AND DESCRIPTION ~~3100 Peffercorn Rd.~~
3218 Rosway CT

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 Sid Abel FOR Deep Foundations DATE 6-6-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SOILS OK, PLAT REQ'D, CW DATE 1/27/88

REASONS FOR REJECTION OR HOLDING _____

BDDG. PERMIT SIGNED
AND RETURNED 6-6-87
BP26688 SAH

THIS IS NOT A PERMIT

HD-216

A 40590

LOT 14

Proposed RD

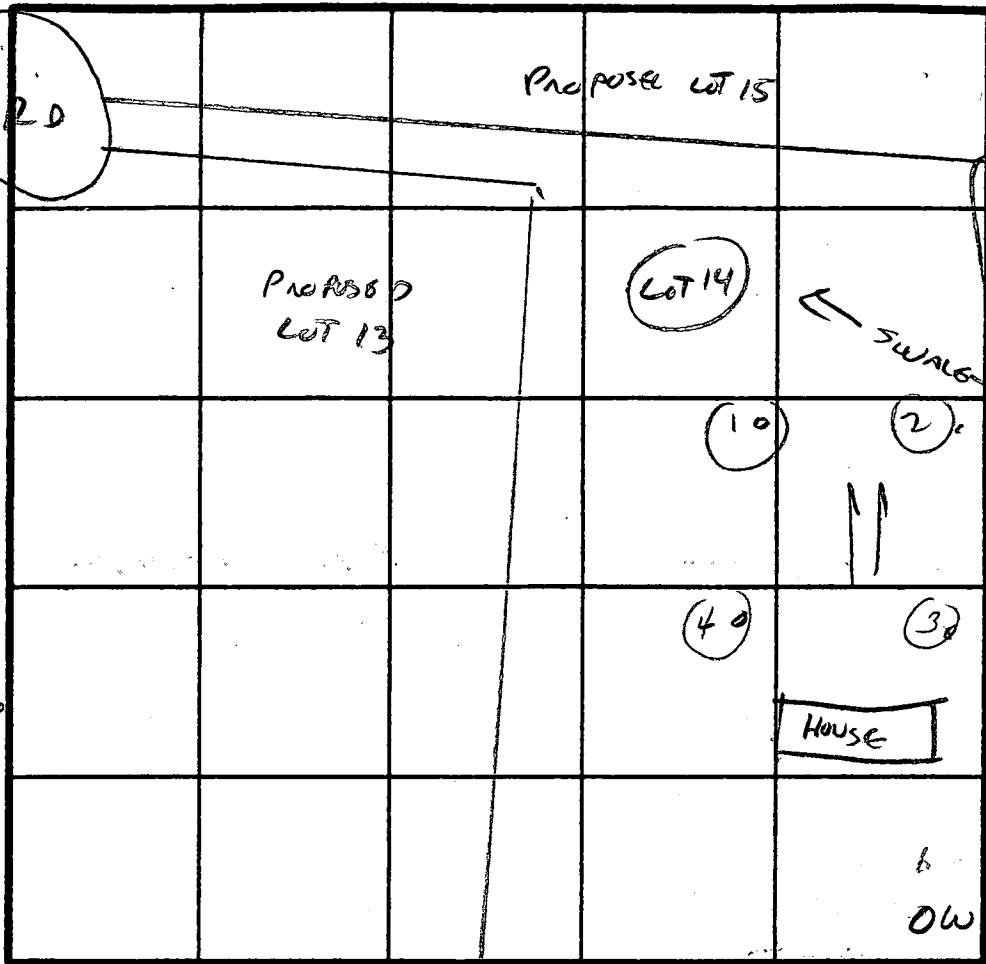
Proposed LOT 15

SOIL PROFILE

#142

0
2
4
8
11 1/2

CLAY
CLAY SILT LOAM
MICA SILT LOAM
UP TO
20% FRACTURED
SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#3

CLAY
2
CLAY SILT
4
MICA SILT LOAM
12

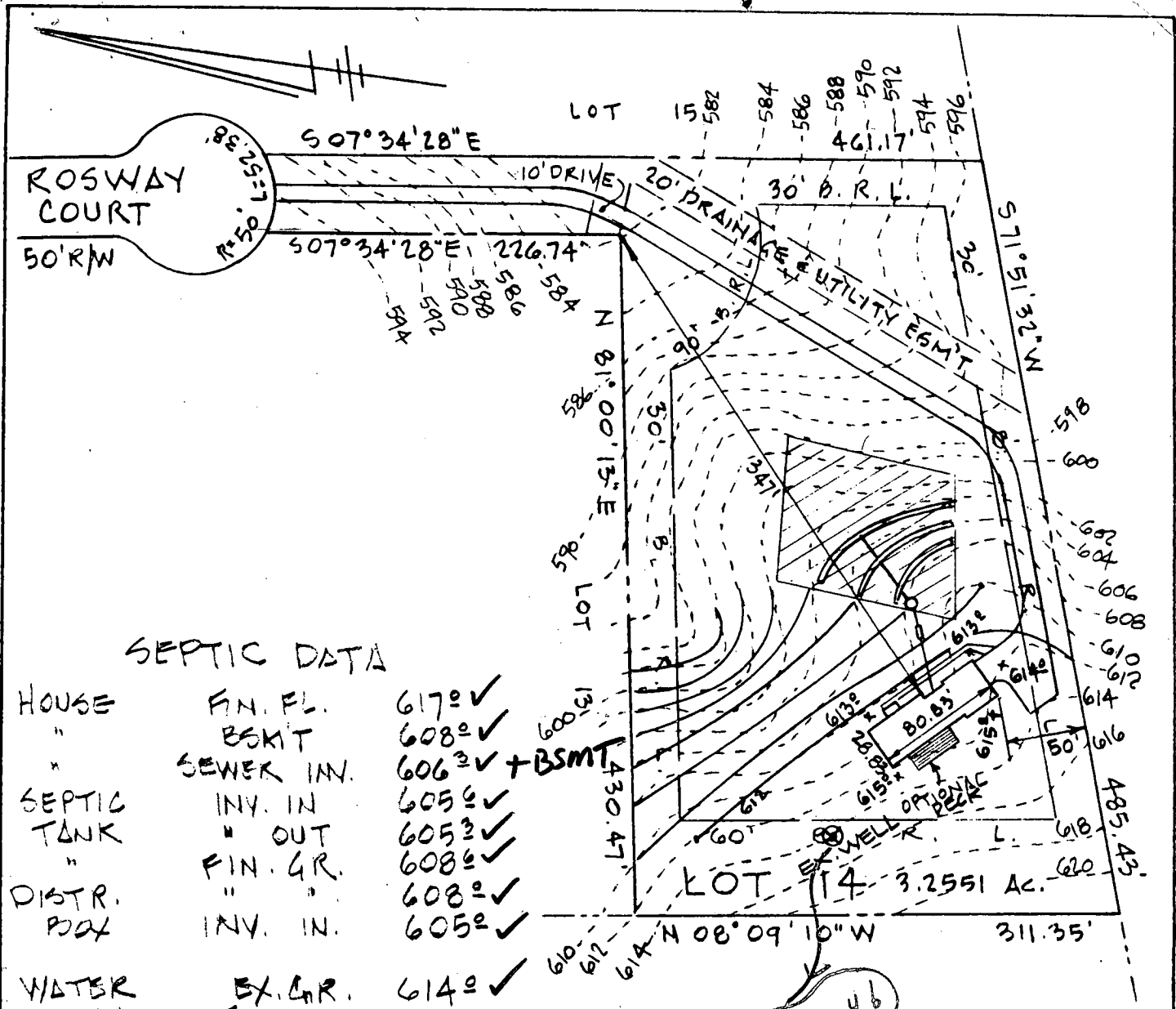
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/27/88	1	4 8	1136	1138	1136	1140		
	LOW	1 1/2	UP TO 20% FRACTURED SAPROLITE BELOWS'					
1/27/88	2	3 1/2 10'	VIS	OK				
		11	UP TO 20% FRACTURED ROCK BELOW 10'					
1/27/88	3	4 7 1/2	1142 1144	1146 1150	1146 1150	1152 1156	6 min 6 min	
	HIGH	11						
1/27/88	4	4 7 1/2	VIS	OK				
		11						

200# / BR
INLET 3'
BOTTOM 7'

REMARKS AS PER PLAN

TYPE OF SOIL MICA SILT LOAM

TESTED BY CW [Signature] ALSO PRESENT M. [Signature]



SEPTIC DATA

HOUSE	FIN. FL.	617 [±] ✓
"	BSMT	608 [±] ✓
"	SEWER INV.	606 [±] ✓ + BSMT
SEPTIC TANK	INV. IN	605 [±] ✓
"	" OUT	605 [±] ✓
"	FIN. GR.	608 [±] ✓
DISTR. POOL	INV. IN.	608 [±] ✓
"	"	605 [±] ✓
WATER WELL	EX. GR.	614 [±] ✓
"	FIN. "	"

NO-88-0246

NOTE:

1. HOUSE TYPE: 2 STY W/ FULL BSM'T.
2. ADDRESS: 3218

BOG. PERMIT SIGNED AND RETURNED 6-6-89

BP26688
S. Allen

— BUILDER —

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

PLAT NO 8263

GRADING STUDY

LOT 14 "ROSCOMMON ESTATES"

3RD ELECTION DISTRICT
HOWARD COUNTY - MD.

SCALE 1"=100'

JUNE 1, 1987

16
130,690.00 sq. ft.
3.00 acres

507°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

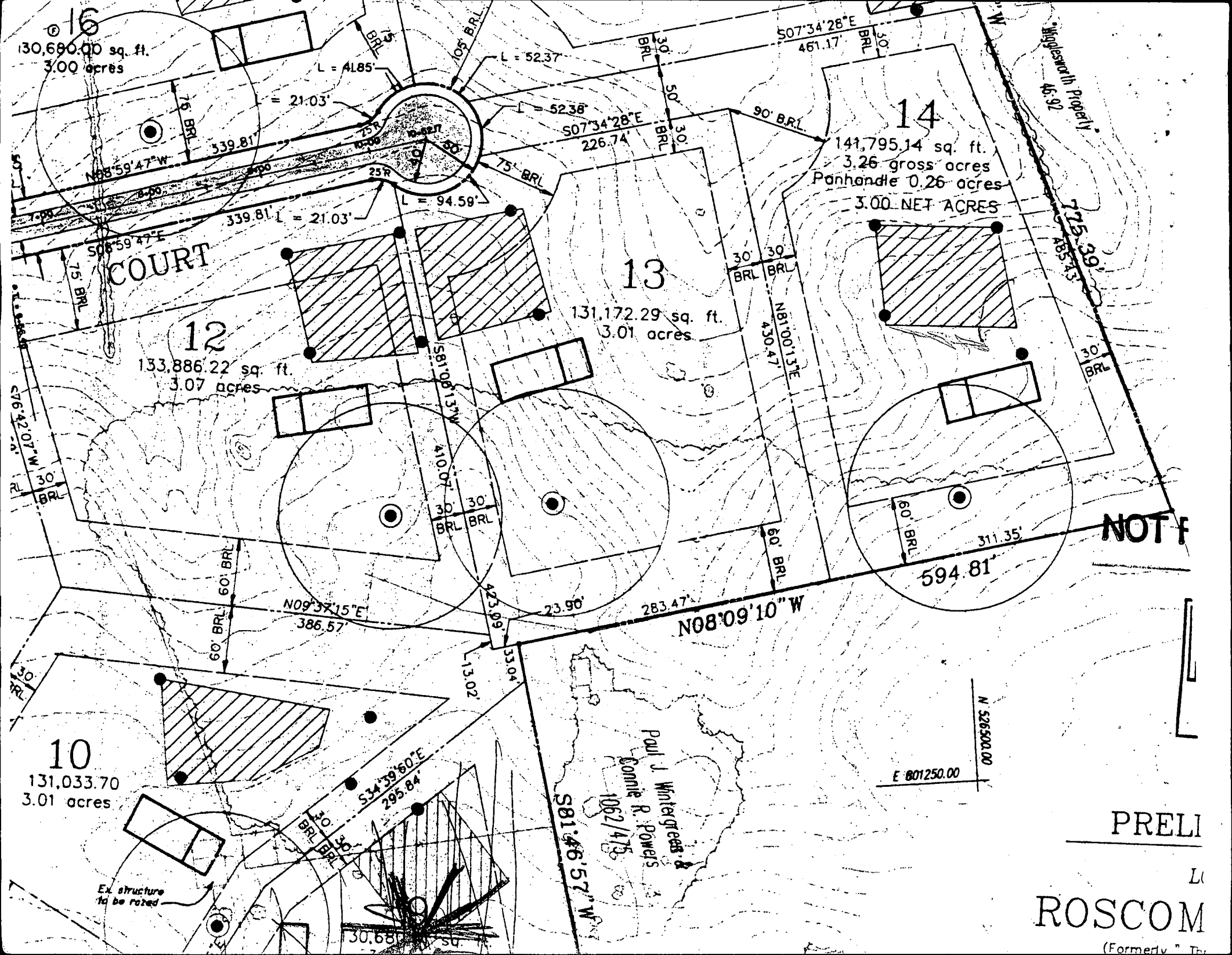
PRELI

ROSCOM

(Formerly "The

Paul J. Wintergreen &
Connie R. Powers
1062/475

Ex. structure
to be razed



B 1 **7900** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

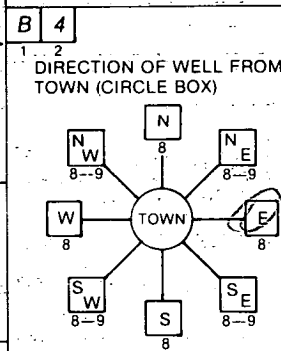
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-0246
 fill in this form completely

Date Received (APA) **100588**
 OWNER INFORMATION
 S O F O R C M I K H A F O R S T W C
 15 Last Name Owner First Name 34
 336 S K I N T U T L V E U K F
 36 Street or RFD 55
 K L W O O D
 57 Town 70 State 72 1 2 3 3 8
 Zip 76

B 3 LOCATION OF WELL
 1 2
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 14 50
 52 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78

DRILLER INFORMATION
 Joseph L. Mayne 238
 77 License No. 80
 Joseph L. Mayne Well Drilling
 Firm Name
 5512 Milford D. Mt. Airy 2171
 Address
 Joseph L. Mayne 10/4/88
 Signature Date



Rosway Court
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 525 37
 DISTANCE FROM ROAD
 ENTER FT or MI FT 38 39

B 2 WELL INFORMATION
 1 2
 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)
 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 R# 40590
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED 101788
 CO SIGNATURE EXP. DATE 4/17/89
 NORTH GRID 526000 EAST GRID 0801000
 50 55 57 63

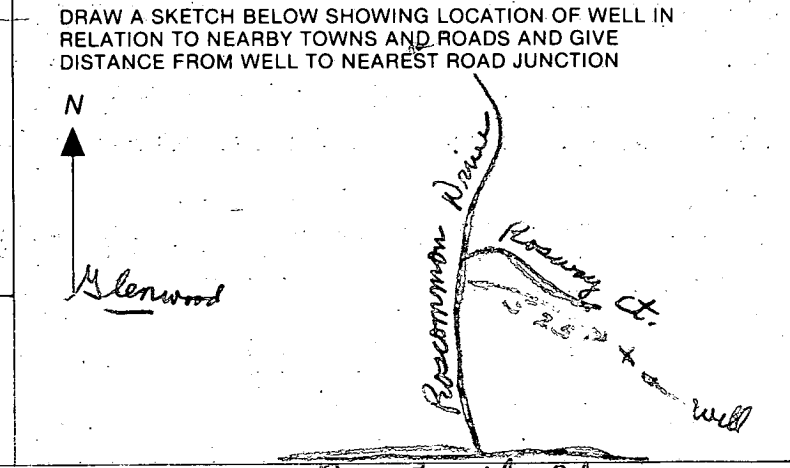
APPROXIMATE DEPTH OF WELL 260 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 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
 E 800
 N 520 6
 000 000

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) 41 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 GAP 63
 FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-88-0246
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 0562 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# 40590

DATE Received

DATE WELL COMPLETED 110388

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0246

OWNER S.F. CONTRACTORS INC. last name ROSEWAY CANAL first name TOWN GLENWOOD SUBDIVISION ROSSCOMMON EST. SECTION LOT 14

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 Stone 0-57, GRAY Mica Rock 57-165.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 12 NO. OF POUNDS 1125 GALLONS OF WATER 600 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 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) 163

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 PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) H0 41 165

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.

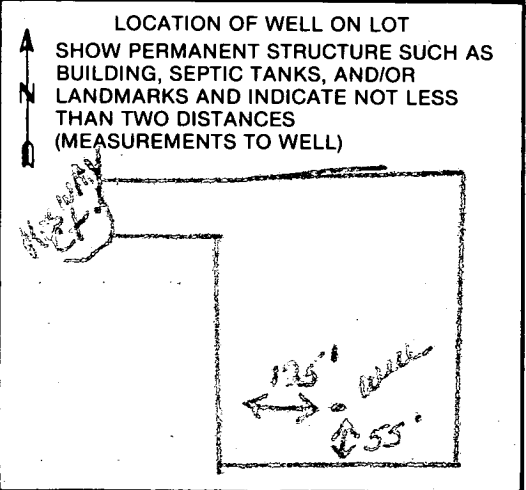
DRILLERS IDENT. NO. 237 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 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 45 WHEN PUMPING 51 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: 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 - below (nearest foot)



COUNTY

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 # 47634
Date 11/25/91

Name of Installer CLARKE P & H INC

Telephone 489-4029

License Number _____
Certified Well Pump Installer _____

Well Driller _____

Registered Plumber 3808

Name of Property Owner S.F. Contractor
Subdivision ROSCOMMON ESTATE Lot # 14
Site Address 3218 Rosway Ct

Telephone 442-1751

Well Tag # _____

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # _____
- Capacity _____ GPM

Motor

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

Pitless Adapter

- Make PT 800
- Model # _____
- Depth 42"

- 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 _____

Tank

- Capacity 42
- 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).

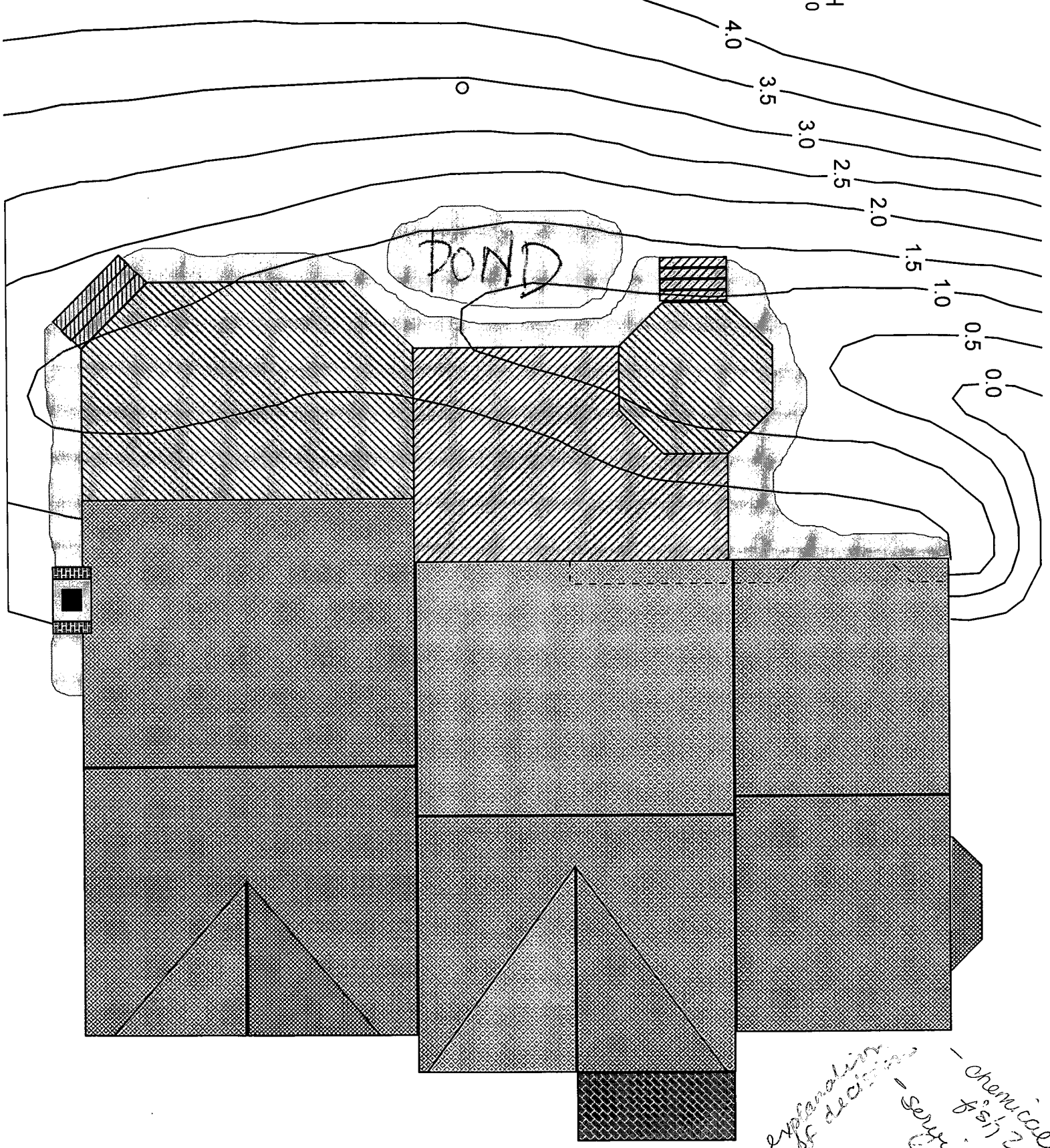
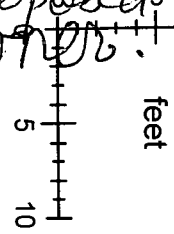
All information given above is true to the best of my knowledge.

Signature of Applicant: Bennett C. Clarke

Date: _____

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

4/11/98 met w/ Mr. Biegel - I agreed to deck location shown -
deck to be 15' from existing water well. Proposed pond
shown shall not be constructed, per owner.
BP application to be submitted



Explanation
of decisions -
- Chemicals 2
8/5/2001
- Service
Date

