

2/17/94
clb 1:00 - later
3/8/94 11:00

03-314162
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49863

A 40594

DISTRICT 6th

DATE 2/1/94

DATE SYSTEM APPROVED 2/8/94

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 876-4197

SUBDIVISION Roscommon Estates LOT 18 ROAD 3201 Rosway Court

PROPERTY OWNER S. F. Ferney John Yoder

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 200

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 - Place distribution box 130 feet down the right (219.71') lot line and 140 feet from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" 8" diameter cleanout and cap to grade or above on septic tank. OK MR 1/31/94

PLANS APPROVED BY C. Williams/Mark Rifkin REVISED _____ DATE 10/19/93

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

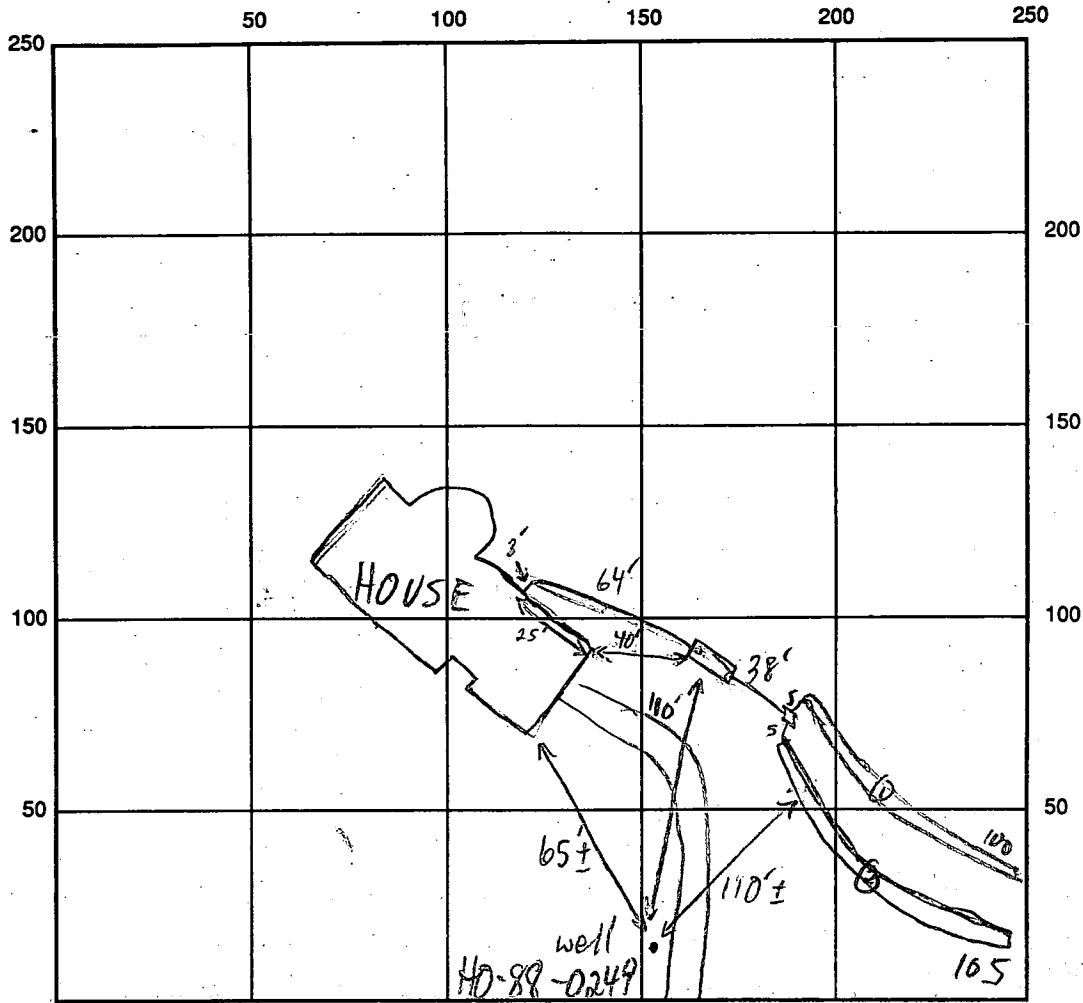
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
40594
76507

ROSCOMMON DR



ROSWAY CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{2}$ / $\frac{7}{7+}$ FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{2}$ / $\frac{3}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{4}{4+}$ FT. TOTAL LENGTH 2 @ 100 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 400 SQ. FT.

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

ABSORBENT AREA 800+ SQ. FT.

REMARKS: 2/7/94 OK TO COVER TRENCH ① MR

2/8/94 OK TO COVER ALL MR

DATE SYSTEM APPROVED 2/8/94 INSPECTOR M. Rifkin

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

50902

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA) **AM 11:40**
3201 Rosway Ct
GLENELG, MD 21737

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
Two Story Colonial APP
2000 sq ft. 3 CAR GARAGE
1-masonry fireplace, 3 BATHS
Full UNFINISHED Basement

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
18	1	1	1			

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Roscommon Estates			3RD	6630

OWNER NAME AND ADDRESS PHONE NO.
S.F. FORNEY
3368 BRANTLY CT
GLENWOOD MD 21738 410-442-1155

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
APP 3000 sq ft. +/-	80'	46'	28'

OCCUPANT'S NAME AND ADDRESS PHONE NO.
S/AS ABOVE 442-1155

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS 4 ROOMS BATHS 3 FIREPLACES 1			ASPHALT

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
S.F. CONTRACTORS INC
3368 BRANTLY CT
GLENWOOD MD 21738 442-1155

FOOTINGS	FOUNDATION	S. WALLS
CONCRETE	POURED	ALUMINUM BRICK

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
S.F. CONTRACTORS INC
3368 BRANTLY CT
GLENWOOD MD 21738 442-1155

UTILITIES				
WATER/WELL <input checked="" type="checkbox"/>	SEWER/SEPTIC <input checked="" type="checkbox"/>	GAS <input checked="" type="checkbox"/> N/A	ELECTRICITY <input checked="" type="checkbox"/>	TYPE OF HEAT <input checked="" type="checkbox"/> H.P. <input checked="" type="checkbox"/> AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Steph F. Forney
SIGNATURE 10-4-93
TITLE DATE

EXISTING USE PROPOSED USE
Building Lot Single Family Home

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
200,000.00

FOR OFFICE USE ONLY

W/S CODE _____

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE _____
DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK _____ (CORNER LOT ONLY) SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	10/19/93	Mark E. Poffen
FIRE PROTECTION		
STORM WATER MGMT		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

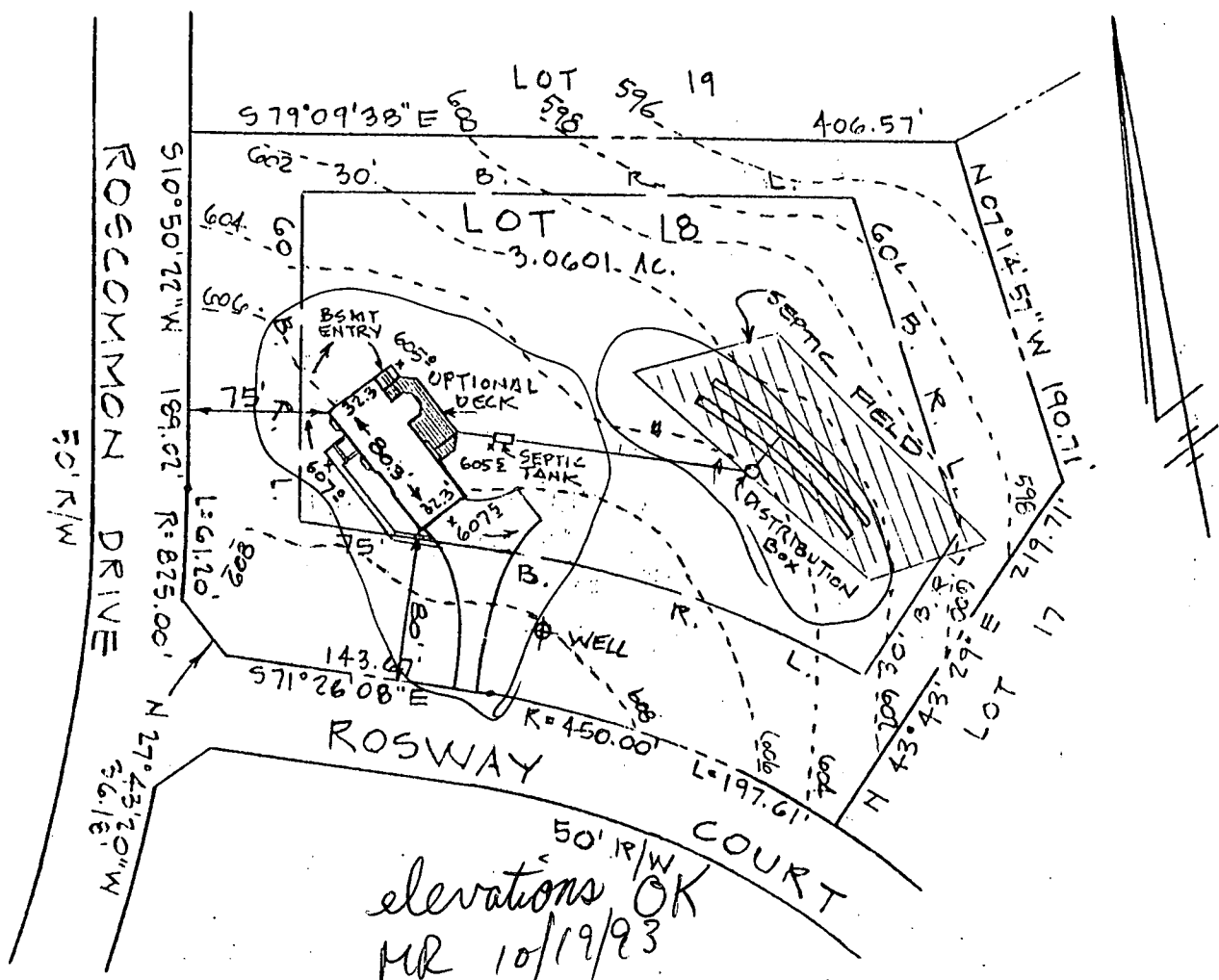
LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPROVED

DATE



SEPTIC DATA	10' prior to septic tank	NOTE:
HOUSE FIN. FL. 610±	and 10' prior to	1. HOUSE TYPE: 2 STY
" BSM'T 601±	dist. box @	W/FULL BSM'T.
" SEWER INV. 604±	1-2% fall;	2. ADDRESS: 3201
SEPTIC INV. IN 603±	18" FINISHED COVER OVER SEPTIC	
TANK " OUT 603±	TANK (MINIMUM)	
" FIN. GR. 605±		
DISTR. INV. IN 601±		
BOX FIN. GR. 604±		
WATER ET. GR. 608±		
WELL FIN. " "		

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

— BUILDER —
 S.F. CONTRACTORS, INC.
 3368 BRANTLY COURT
 GLENWOOD, MD. 21738
 442-1155 442-1751

— ENGINEER —
 JOHN L. SCHNEIDER, P.E.
 100 N. ROLLING RD
 CATONSVILLE, MD. 21228
 301-744-1945

RECORD PLAT NO 8263

GRADING STUDY	
LOT 18 "ROSCOMMON ESTATES"	
3RD ELECTION DISTRICT HOWARD COUNTY, MD.	
SCALE 1" = 100'	DATE: SEPT. 17, 1993

APPLICATION

PERCOLATION TESTING

A 40594

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
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Barbara Jernandez Stephen Forney

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

PROSPECTIVE BUYER Clayton Kemp

ADDRESS 8307 Main St, Ellicott City, PHONE 465-4920

PROPERTY LOCATION:

SUBDIVISION Rosecommon Est LOT NO. 18

ROAD AND DESCRIPTION 3100 Peppercorn Rd 3201 Rosway Ct

TAX MAP 15 PARCEL # 170x177

SIZE OF LOT 3.04 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 Srd Albul FOR Dug French DATE 6-6-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS SOLCS OK, PLNT 1250'0 CW DATE 1/26/88

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 10/19/93
Serial # 50902 - SFD-4 Bldg

BLDG. PERMIT SIGNED
AND RETURNED 6-6-89

BP 26693 8A

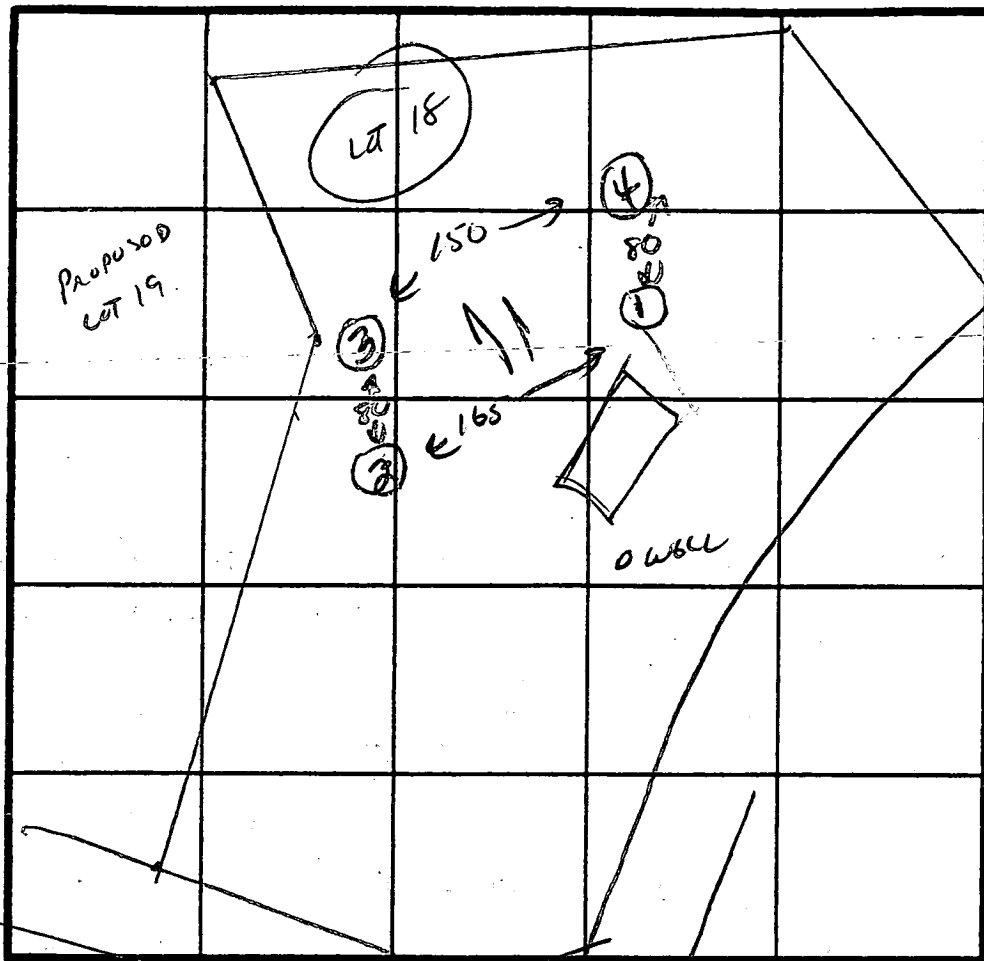
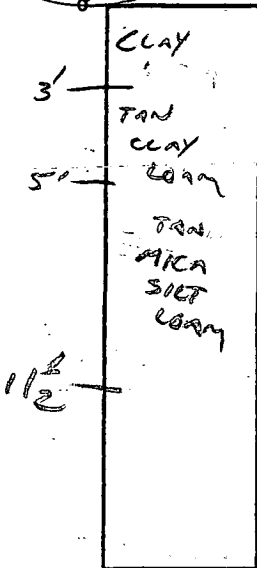
THIS IS NOT A PERMIT

HD-216

A 40594
LOT 18

PROPOSED LOT 17

ALL HOLE'S
SOIL PROFILE



200' INLET 3' BOTTOM 7'

INDICATE NORTH - NAME ADJOINING ROAD AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/88	1	4 8	1138 1138	1142 1141	1142 1141	1148 1145	7min 4min
		11 1/2	VIS OK		LOW		
1/26/88	2	4 8	VIS OK		LOW		
		11 1/2	VIS OK		LOW		
1/29/88	3	4 8	1140	1146	1146	1157	8min
		11 1/2	VIS OK		LOW		
1/29/88	4	4 8	VIS OK		LOW		
		11 1/2	VIS OK		LOW		

REMARKS LOCATION AS P&R PLAT

TYPE OF SOIL MICA SILT LOAM

TESTED BY CWaller ALSO PRESENT MARK REICH

FOR CONTINUATION SEE
PLAT SHEET 2 OF 6

LOT 17
3.3080 AC

LOT 20

LOT 19
3.0306 AC

LOT 18
3.0601 AC

LOT 11
3.0000 AC

ROSCOMMON

ROSOWAY

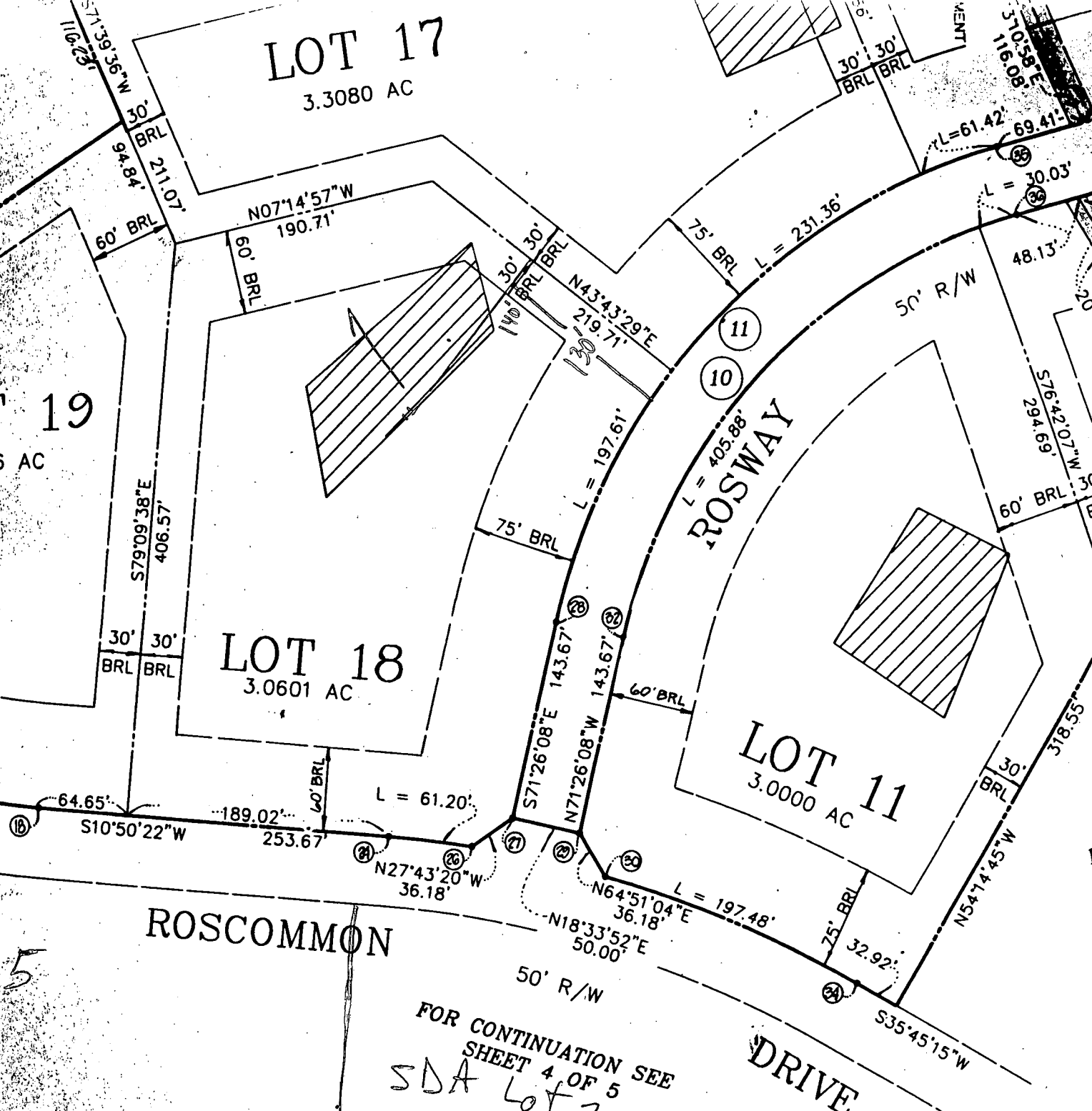
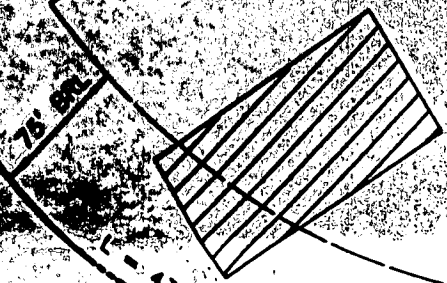
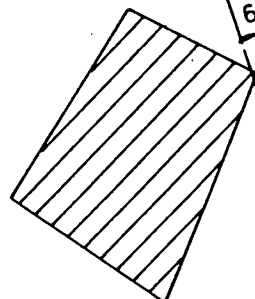
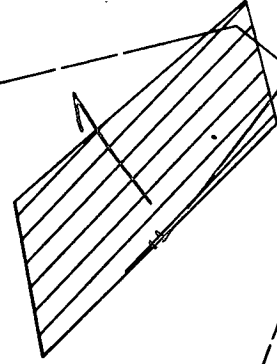
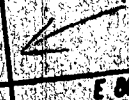
DRIVE

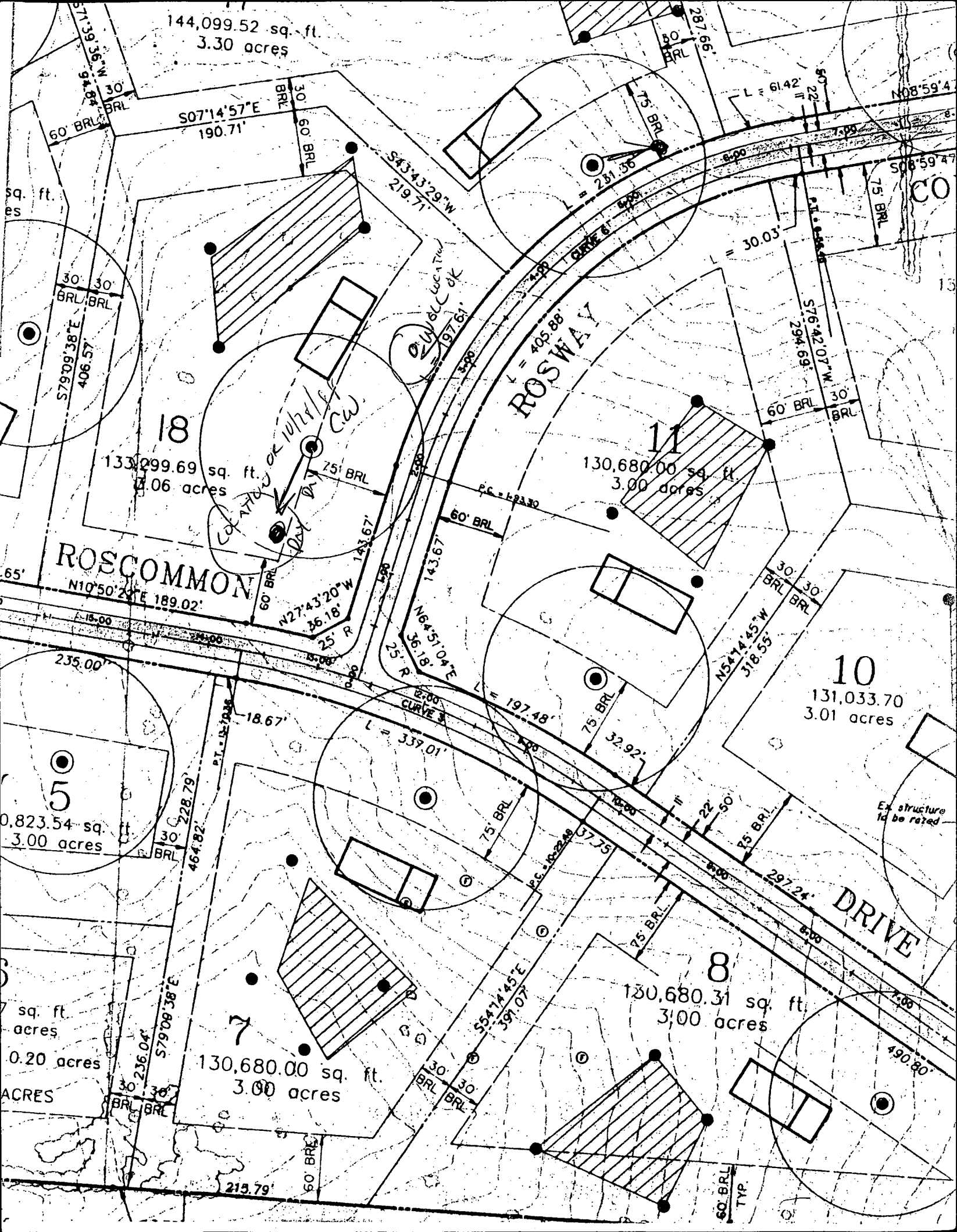
FOR CONTINUATION SEE
SHEET 4 OF 5
SDA Lot 7

SDA
Lot 5

E 801250

0.0005 M





C1 0565

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 # 40594

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

110988

22 400 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 H0-88-0249

OWNER S.F. CONTRACTORS INC. STREET OR RFD ROSWAY COURT TOWN GLENWOOD SUBDIVISION ROSS COMMON SECTION LOT 18

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 notes: SAND, CORNY MICH, 2 dry wells, 400' 400', Filled in with cement & drilling materials.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1330

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST Nominal diameter 4 Total depth 77

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

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

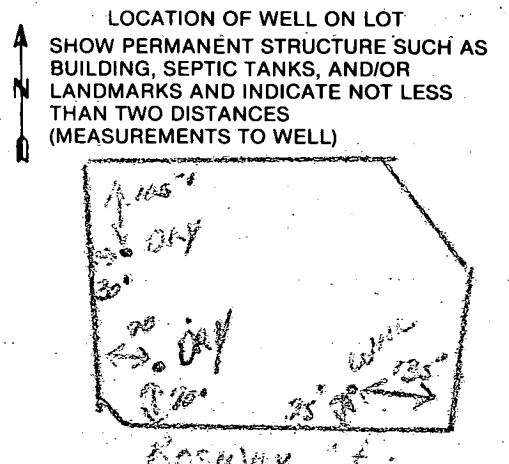
DEPTH (nearest ft.) H0 75 400. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH)

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) 6 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 53 WHEN PUMPING 276 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) LAND SURFACE (nearest foot)



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

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0249
 Location of property (road) ROSWAY COURT
 Subdivision ROSSCOMMON EST. Lot 18 Block - Plat - Sec. -
 Well Driller J.L. MAYNE Owner S.F. CONTRACTORS, INC

Depth of well 400
 Distance of measuring point (M.P.) above ground 1 1/2
 Static water level (S.W.L.) below M.P. 53

I. High rate pumping -- reservoir drawdown

Time pump started 11:05 Pumping rate 15 G.P.M.
 Total time 45 min to reach pumping water level 276 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE 1 time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:20	130	4 sec	N/A	15 G.P.M.
11:35	200	5 sec		12
11:50	276	5 sec		12
12:05	276	30 sec		2
12:20	276	30 sec		2
12:35	276	30 sec		2
12:50	276	30 sec		2
1:05	276	30 sec		2
1:20	276	30 sec		2
1:35	276	30 sec		2
1:50	276	30 sec		2
2:05	276	30 sec		2
2:20	276	30 sec		2
2:35	276	30 sec		2
2:50	276	30 sec		2
3:05	276	30 sec		2
3:20	276	30 sec		2
3:35	276	30 sec		2
3:50	276	30 sec		2
4:05	276	30 sec		2
4:20	276	30 sec		2
4:35	276	30 sec		2
4:50	276	30 sec		2
5:05	276	30 sec		2
HD-226:20	276	30 sec		2
5:35	276	30 sec	(OVER)	2

B 1 **7894** 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-88-0249
 fill in this form completely

Date Received (APA) **10-05-88**
 OWNER INFORMATION
 S. F. E. L. W. R. A. C. T. O. R. S. E. U. C.
 B. K. S. B. R. I. V. I. T. Y. C. O. N. V. E. R. T.
 C. K. W. O. O. D. M. D. 9. 1. 2. 3. 8.

B 3 LOCATION OF WELL
 H. E. W. A. R. D.
 R. E. S. S. E. C. M. M. O. N. E. S. T. A. T. E. S.
 SECTION 18 LOT 18
 C. K. W. O. O. D.
 MILES FROM TOWN (enter 0 if in town) 18 MI

DRILLER INFORMATION
 Joseph L. MAYNE License No. 80
 Joseph L. MAYNE Well Drilling
 5512 MILC-RU. III. HWY 2177
 Joseph L. Mayne 10/4/88

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N, NE, E, SE, S, SW, W, NW

Roanoke Court
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, SOUTH, EAST
 75 DISTANCE FROM ROAD
 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 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
 40594 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED 10/17/88
 CO SIGNATURE
 NORTH GRID 527000 EAST GRID 0801000
 EXP. DATE 10/17/89

APPROXIMATE DEPTH OF WELL 200 FEET

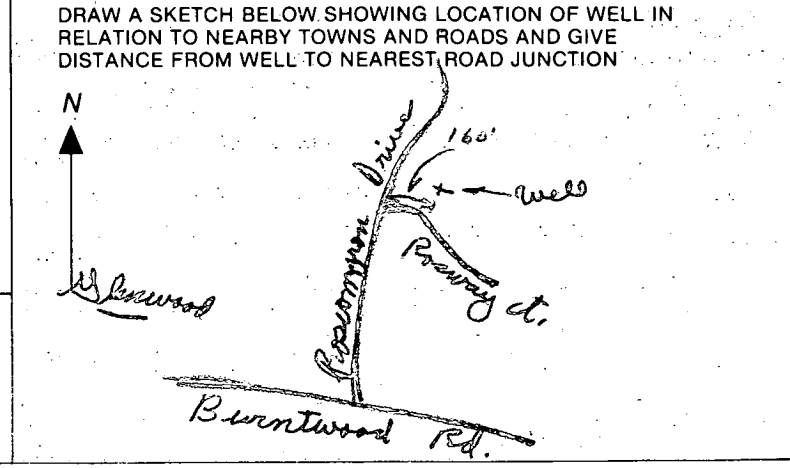
APPROXIMATE DIAMETER OF WELL 6 INCH

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

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 GAP
 FORCE CW WRITE INITIALS IN BOX PERMIT No. HO-88-0249

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 11/9/88 9:30
 SOURCES OF DRILLING WATER
 1. Well
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 800 1
 N 520 7



- ① 30 FT open hole
- ② 77 FT casing
- ③ Location of
- ④ 53 FT static water level

For 3/2/94
A.S.A.P.

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer (Ken Clark called in 3/1/94) Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner S.F. FORNEY Telephone _____
Subdivision ROSS COMMON EST. S/B Lot # 18 Well Tag # HO-88-0249
Site Address 3201 ROSWAY COURT

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

NO INSP - 2 Now
MR 3/2/94

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: _____

Date: _____

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

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehser Joseph, Ph.D., Director

Lab No. CD25216 810 8

WATER ANALYSIS

Bottle Number: H 1720 Name: S F CONTRACTORS County: HOWARD

Source of Sample: ROSS COMMON ESTATES LOT 18 Collector: HODGES
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: H0 89 0249 ROSWAY COURT

County
 Plant No.
 Sampling Station
 Date Collected
 Time
 Acid
 Iced

Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630	02		Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
	Turbidity*	00076			Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm) L. E. Meyer

Date Received _____ Date Reported NOV 30 1988 Chemist _____

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030
(410) 252-7742

REPORT DATE: Apr 20, 1994

County Howard

Lab Number 94-1445

Sample iced Yes

Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: S. F. Contractors
3368 Brantley Court
Glenwood, Maryland 21738
Attn: Steve Forney

Property Sampled: U&O: 3201 Roseway Court

Station Sampled: Laundry Tub

Date/Time Sampled: Apr 19, 1994 12:40 pm

Owner, Telephone No.:

Subdivision Name: Roscommon Estates

Building Permit No.: 50902

Well Number: HO-88-0249

Tax Map #:

Parcel #:

Sampler: E. Hause #91-714

Lot Number: 18

Observation: Satisfactory

RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	<1.0 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	4.4 NTU	EPA 180.1	10.0 NTU	Pass
pH	6.9 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	Absent	ONPG-MMO MUG	Absent	Pass

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was **SAFE** for drinking purposes.



Heather R. Beam

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

015590

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

- Community
- Non-Community
- Non-Transient
- Private
- Check Sample
- Special

Source Yoder - Powder Room
 Location: 3201 Rosway Ct
 Iced: Yes No am.
 Treated Yes No Time Collected 9:00 pm.
 Collector # Bottle No. AQ84
 Collector Name B. Canning County Howard

County 113 Plant No. Sampling Station Date Collected 05 09 95

pH 7.0 Res. Cl: Free 00 Total 00 Card No.

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.
Gas. 24 hours	<u> </u>
Gas. 48 hours	<u> </u>

ml. of Sample	10 ml.
Coliforms †	<u> </u>
Fecal Coliforms ‡	<u> </u>

No. of Pos.
<u>0</u>

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	<u> </u>
Gas. 48 hours	<u> </u>

ml. of Sample	100ml.
Total Coliforms †	<u> </u>
Fecal Coliforms ‡	<u> </u>

** Presumptive Coliforms/100 ml. (Membrane Filter) =
 † Verified Total Coliforms/100ml. (Membrane Filter) =
 ‡ Verified Fecal Coliforms/100ml. (Membrane Filter) =
 Heterotrophic Plate Count §/ml. =

- ** using m Endo-Agar LES at 35° C incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C incubation
- † using Brilliant Green Lactose Bile Broth at 35°C incubation
- ‡ using EC Broth at 44.5°C incubation
- § using Plate Count Agar at 35°C incubation

Laboratory

Date & Hour

- Annapolis
- Cumberland
- Cambridge
- Federick
- Central
- Salisbury
- Cheverly

9 MAY 95 13

Recd.

9 MAY 95 13

Exam.

11 MAY 95 14

Rept. 52

Remarks

Bacteriologist Coan



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 26, 1995

Mr. John Yoder
3201 Rosway Court
West Friendship, MD 21794

RE: Roscommon Estates, Lot #18
3201 Rosway Court
Well Permit #HO-88-0249

Dear Mr. Yoder:

This is to advise you that the septic system was installed, inspected and approved on February 8, 1994.

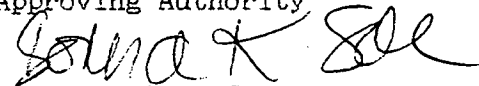
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-88-0249. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Final Sampling: May 9, 1995
Date of Well Approval: November 9, 1988

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

Water Sample Dates: May 9, 1995
April 19, 1994

DKS
cc: file