

Approved 4/7/81  
Stayed

P 31305

A Repair

4/7/81  
around lunch time

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-288 269

ELLICOTT CITY

DISTRICT 4th

DATE \_\_\_\_\_

INDEXED

Jack Flock

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 3317 Roscommon Drive LOT \_\_\_\_\_

PROPERTY OWNER ~~Mrs. Krause~~ KRAUSS JAMES GROSS

ADDRESS 3317 Roscommon Drive, Glenelg, Md. 21737

### SPECIFICATIONS

- SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS
- DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.
- DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.
- SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.
- INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE
- EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.
- LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

Trench, 60 ft long, 10 ft deep with 6 ft of gravel. 5 ft buffer off of dry well

PLANS APPROVED BY Palmer F. Wine DATE 4/2/81

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

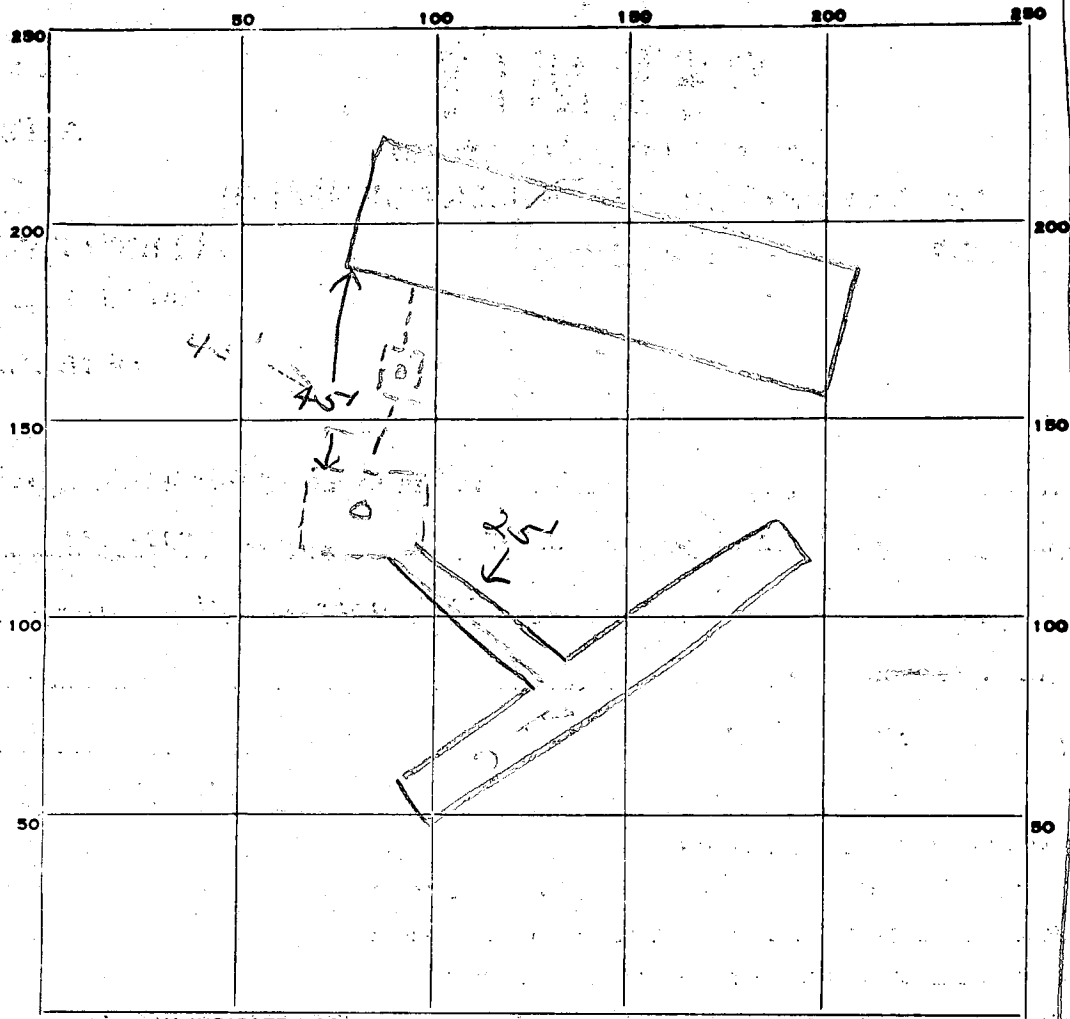
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

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

31305



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Rosecommon Dr.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 360

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 360 SQ. FT.

REMARKS 4/7/81 OK to cover all work. JS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED 4/7/81 INSPECTOR Stayer



# HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

***Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer***

August 8, 2002

James L. Gross  
3317 Roscommon Drive  
Glenelg, MD 21737

RE: **Replacement Well Issues**  
3317 Roscommon Drive  
Well Permit # HO-94-3436

Dear Mr. Gross:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

We have also noted in your file that your old well will not be abandoned & seal, as you plan to use it for non-potable irrigation. If you have any questions, or would like to discuss these matters further please call me at (410) 313-2640. Thank you for your time and cooperation.

Respectfully,

*Kacie Noonan* (SRK)

Kacie Noonan, Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ALLEN M. VAN JANT, INC  
AVS PLUMBING & HEATING Telephone #: 410-442-2231  
Address: 12630 FREDERICK ROAD  
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): CRAIG R. KASNER License# 7080

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: JAMES GROSS Telephone #: 410-489-4947  
Subdivision: Burntwoods Lot #: 1 Well Tag #: HO-94-3436  
Site Address: 3317 KOSCOMMON DRIVE  
GLENELG, MD 21937

Submersible Pump Data

Make: Grundfos  
Model #: 56907417  
Pump Capacity 5 GPM  
Well Yield: 1 GPM

Pitless Adapter

Make: Campbell  
Model #: B-10X  
Depth:        (36" min)  
NSF approved:       

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 7.0 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: well pipe  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:         
Approximate length of sleeve:         
Sleeve caulked and sealed properly:       

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 7-16-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested:        Date Insp. Approved: 7/16/02  
Inspection Data: Pitless adapter and water supply line at least 36" below grade

- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

7/16/02  
Well call  
back w/ well  
tag #  
Charles  
Rouse



B 1 **7976** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3436**

1 2 3 6 70 71 72 73 74 75 76 77 78 79

fill in this form completely

**OWNER INFORMATION**

Date Received (APA) **7 10 02**

8 MM DD YY 13

15 Last Name **Gross** Owner First Name **L. James** 34

36 Street or RFD **3317 Roscommon Dr.** 55

57 Town **Glencol** 70 State **md** 72 Zip **21737** 76

**LOCATION OF WELL**

B 3 **Howard** COUNTY 21

23 SUBDIVISION **Burntwoods** 42

SECTION **44** 46 LOT **1** 50

52 NEAREST TOWN **Glencol** 71

MILES FROM TOWN (enter 0 if in town) **2** M 73 76 77 78

**DRILLER INFORMATION**

Driller's Name **Joseph L. Mayne** License No. **MSD 24** 76 81

Firm Name **Joseph L. Mayne Well Drilling**

Address **5512 Ridge Rd. Mt. Airy md 21771**

Signature **Joseph L. Mayne** Date **7/10/02**

**3317 Roscommon Dr** 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI

TAX MAP **27** BLK: **L** PARCEL **110**

**WELL INFORMATION**

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)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

COUNTY NAME **HOWARD** COUNTY NO. **P 31305**

STATE SIGNATURE **KACIA MOON** INSERT S → 41

DATE ISSUED **7-10-02** EXP. DATE **7-10-03**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **526000** EAST GRID **802000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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 **790802**

N **526**

000 000

9AM grant 7/12/02  
Grant looks OK

No bags around **SU**

7/16/02 15 Bags

**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 \_\_\_\_\_

**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

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

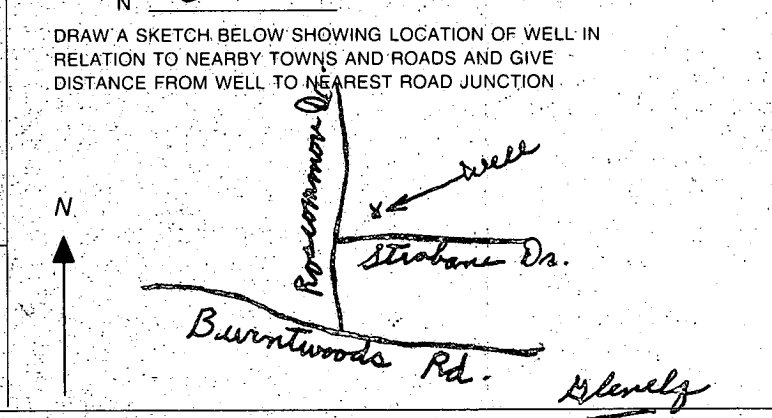
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No. **HO-94-3436**

70 71 72 73 74 75 76 77 78 79



**SPECIAL CONDITIONS**

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Call → Mail tag

SITE INSPECTION SHEET

OWNER: James L Gross

DATE REQUESTED: \_\_\_\_\_

ADDRESS: 3317 Roscommon Dr.  
Buentswoods - Lot 1 Bl E

DRILLER/CONTRACTOR: J. Mayne

WELL TAG NUMBER: \_\_\_\_\_

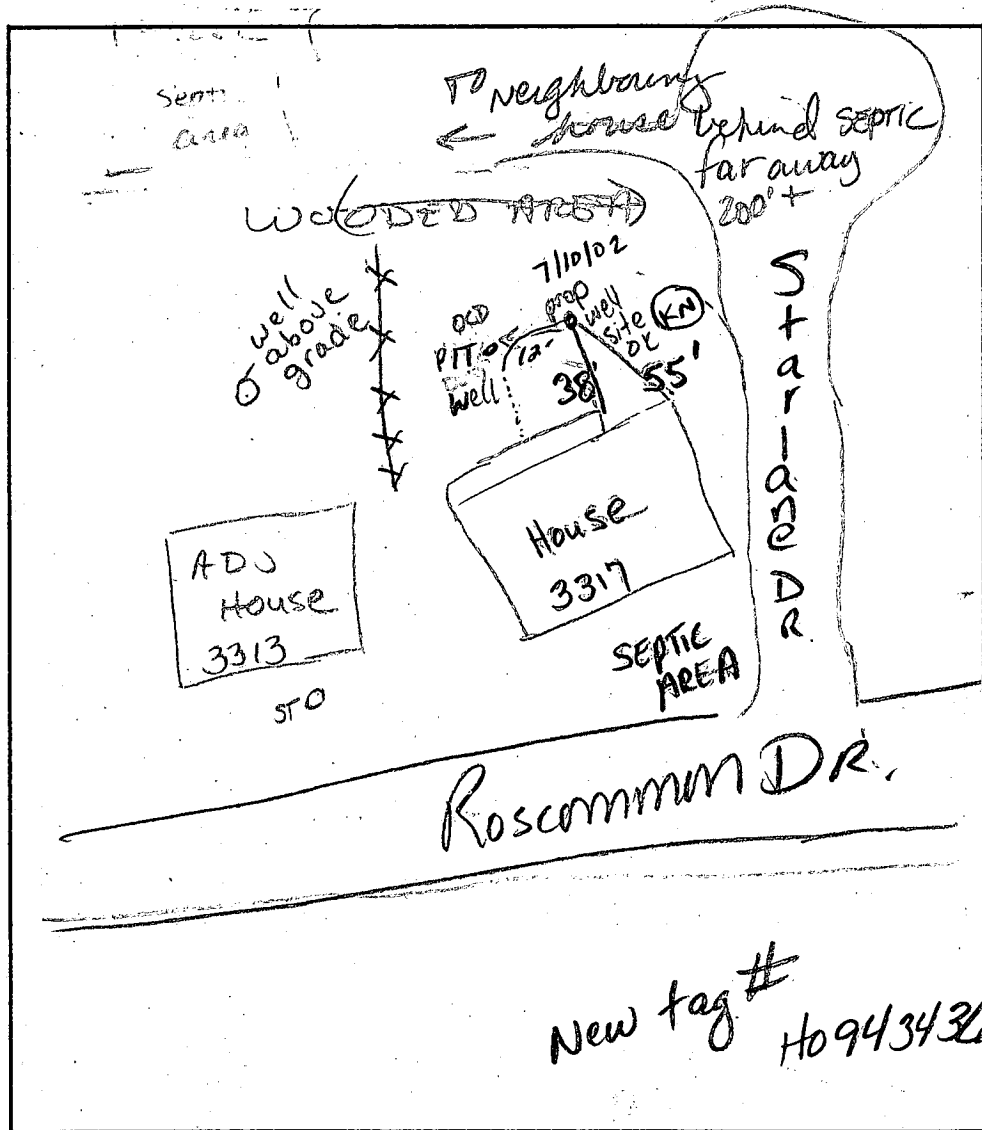
TAX & PARCEL: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROPOSAL: Out of Water - extremely

LOCATION DIAGRAM

P 31305



COMMENTS: 7-10-02 ex well 35' deep raised underground  
Abandoning ex. well. Prop well site okay. Neighboring  
lots no water problems (KN) 7/16/02 Ex well grouted w/  
6 bags (SD)

DATE: 7-10-02

INSPECTOR: KN

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-12-02 (month/day/year)

OKSRK  
 8/1/02

\* PERMIT NUMBER OF ABANDONED WELL (if any) no tag

\* PERMIT NUMBER OF REPLACEMENT WELL 210 - 94 - 3436

\* PERSON ABANDONING WELL: Joseph Mayne

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD / MSD / MGD

\* OWNER'S NAME: James L. Cross

WELL LOCATION:

COUNTY: Howard  
 NEAREST TOWN: Glennolga  
 TAX MAP: 22 BLOCK 1 PARCEL 110  
 SUBDIVISION: Burtonwoods  
 SECTION: 11 LOT: 1  
 NEAREST ROAD: 3317 Roscommon Dr.

*	

0 0 0  
 0 0 0

SHOW WELL LOCATION  
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 790  
 BOX NUMBER  
 N 520

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 35 FEET DEEP

\* WAS ANY CASING REMOVED? YES  NO   
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel	0	35