

5/2/96 1100
House Connection
Pump Test 2:00
8/23/96 - *W. Kelly*

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56510 A

A —

DISTRICT 5

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

Tax ID#
05-418623

DATE 3/20/96

DATE SYSTEM APPROVED 8/22/96

INSPECTOR W. Kelly

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 682-6726

SUBDIVISION Ashleigh Knolls LOT 42 ROAD 7108 Carlisle Court

PROPERTY OWNER Winchester Homes, Inc. / Thomas Gibben

ADDRESS _____

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

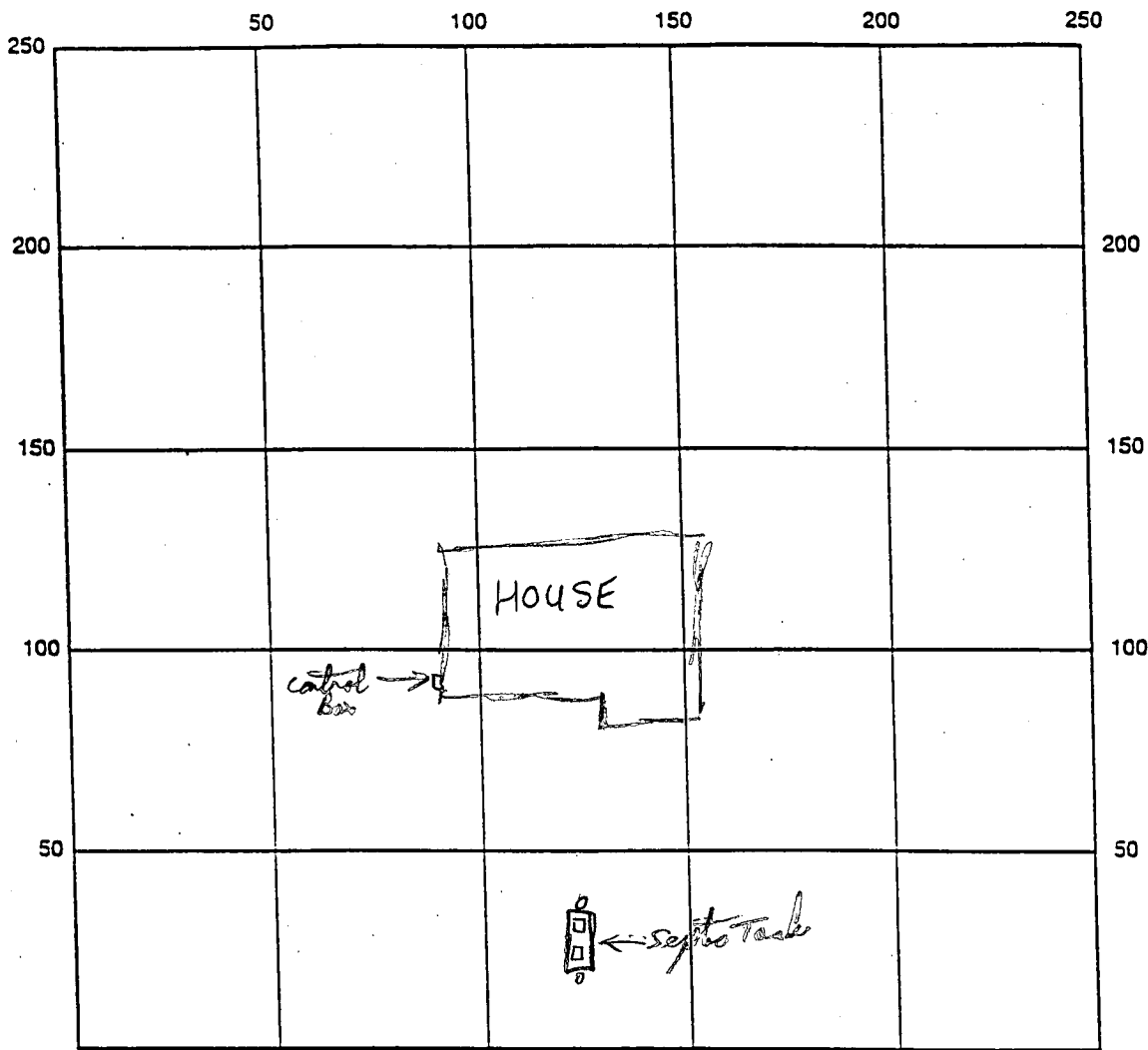
- This portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.

- Contact Health Department for inspection before covering the installation.

- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time. *ok cw*

BLDG. PERMIT SIGNED
AND RETURNED 4/1/96
Serial # 600104818
duh

NOT TO SCALE



Carlisle Court INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/2/96 HOUSE TO TANK CONNECTION - LINE COVERED (CLEAN UP AT WALL) COULD NOT VERIFY, JL - MET CONTRACTOR @ LOT 39, (VAN SAIT), HE VERIFIES TANK CONNECTION, GIVEN OK TO COVER
8/30/96 SINCE SCHEDULED INSPECTOR DIDN'T SHOW UP, JL
8/23/96 electric line not connected to pump control system - possible not work. AP.
8/26/96 Pump Test - works OK AP

DATE SYSTEM APPROVED 8/26/96 INSPECTOR [Signature]

Row

SPEED LETTER

TO

FROM

Craig Williams
En Health

Jim Miller
Utilities

SUBJECT
MESSAGE

Pump Test for Lot 38 7105 Ramsgate
& Lot 42 7108 Carlisle CT were both OK

DATE

8/26/96

SIGNED

Jim Miller

REPLY

DATE

SIGNED

Wilson Jones • Carbonless • MADE IN U.S.A.
44-902 Impulse - © Wilson Jones, 1989

RECIPIENT: RETAIN WHITE COPY. RETURN TO SENDER.

Post-it® Fax Note	7071	Date	8/26/96	# of pages	1
To	Craig Williams	From	Jim Miller		
Co/Dept	En Health	Co.	Utilities		
Phone #	4958	Phone #	4958		
Fax #	2648	Fax #	4919		

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24					
LOT 25					
LOT 26					
LOT 27					
LOT 28	505.70	499.70	498.70	500.50	497.00
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30	500.30	500.30	497.70	499.70	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.70	492.90	493.10	493.85	490.10
LOT 33					
LOT 34					
LOT 35	501.60	495.60	492.50	496.00	493.10
LOT 36					
LOT 37	500.33	500.33	499.50	501.10	497.10
LOT 38	506.30	500.30	499.05	501.00	497.80
LOT 39					
LOT 40	501.20	495.20	491.39	495.10	491.60
LOT 41					
LOT 42	500.10	494.10	493.07	495.00	491.00
LOT 43	499.60	493.60	491.91	492.10	488.40
LOT 44	495.47	489.47	489.60	490.50	487.00
LOT 45	475.80	489.80	492.83	492.00	487.80
LOT 47					
LOT 49					

SHEET 2 OF 2

PLOT PLAN

Ashleigh Knolls
Lot 42

DATE: 3/9/76

PROJECT NO.: 89027.06

DRAWN BY: MWE/TJP

SCALE: N/A

R.M. MOCHI GROUP, P.C.
 CIVIL ENGINEERS
 LAND SURVEYORS
 PLANNERS
 ENVIRONMENTAL

3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3305

(410) 461-0079
 Fax: (410) 750-6340

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 # _____ Date _____
 Name of Installer Van Sant Plumbing Telephone 829-0444
 License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Winchester Homes Telephone 670-1010
 Subdivision North Knolls Lot # 42 Well Tag # HO-94-0513
 Site Address 1108 Carlisle Ct
Clarksville, MD 21029

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 _____

Pitless Adapter
 1. Make Campbell
 2. Model # B10K
 3. Depth 48"

Tank
 1. Capacity V-100
 2. Pressure relief valve?
4/30/96 NO INSP MR

Piping
 1. Type P.S.
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 48"

Well data
 1. Depth _____ ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer?

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: Harold P. Van Sant
 Date: 3.26.96

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

CT 2903

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE RECEIVED 090695

DATE WELL COMPLETED 072795

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0513

OWNER Winchester Homes STREET OR RFD Carlisle Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 42

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries for soil types and depths.

GROUTING RECORD form with fields for grouting status, material type (Cement, Bentonite Clay), and quantities.

CASING RECORD form with fields for casing type (Steel, Concrete, Plastic, Other) and main casing details.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and slot size.

PUMPING TEST form with fields for hours pumped, pumping rate, method used, water level, and pump type.

WELL HYDROFRACTURED form with Yes/No options.

DEPTH (nearest ft.) form with a grid for recording depth measurements.

DIAMETER OF SCREEN (NEAREST INCH) form with a grid for recording diameter measurements.

PUMP INSTALLED form with fields for pump type, capacity, horse power, and casing height.

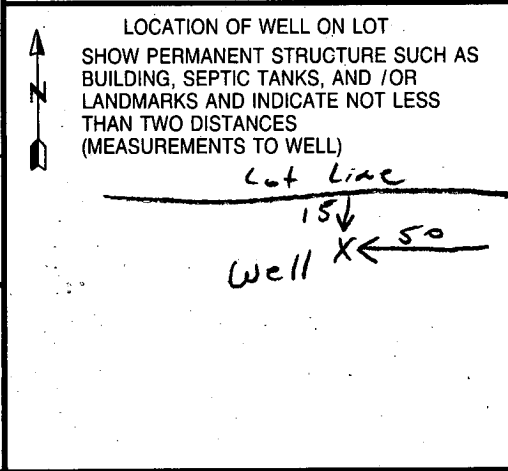
A/E/P test results form with instructions for well status.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40 DRILLERS SIGNATURE George F. Eusten Day LIC. NO. MWD 481

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 form.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for telescope casing, log indicator, and other data.



Sat 7/29/95

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0513
Location of property (road) Carlisle Court
Subdivision Ashleigh Knolls Lot 42 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Winchester Homes

Depth of well 300 39pm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 14 ft

I. High rate pumping -- reservoir drawdown

Time pump started 6:15 AM Pumping rate 12 GPM
Total time 15 min to reach pumping water level _____ 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 time to fill gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30 AM	96 ft	15 sec.	Not used	4 gpm
6:45 AM	96 ft	15 sec.	Not used	4 gpm
7:00 AM	96 ft	15 sec.	Not used	4 gpm
7:15 AM	96 ft	15 sec.	Not used	4 gpm
7:30 AM	96 ft	15 sec.	Not used	4 gpm
7:45 AM	96 ft	15 sec.	Not used	4 gpm
8:00 AM	96 ft	15 sec.	Not used	4 gpm
8:15 AM	96 ft	15 sec.	Not used	4 gpm
8:30 AM	96 ft	15 sec.	Not used	4 gpm
8:45 AM	91 ft	10 sec.	Not used	4 gpm
9:00 AM	96 ft	15 sec.	Not used	4 gpm
9:15 AM	96 ft	15 sec.	Not used	4 gpm
9:30 AM	96 ft	15 sec.	Not used	4 gpm

72 2887 0-20.11.11 000

W50695-5/17/95

B 1 **9073** SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0513
fill in this form completely

OWNER INFORMATION

Date Received (APA) **05/17/95**

Winchester Homes
Last Name Owner First Name

6305 Ivy Lane
Street or RFD

Greenbelt MD 20770
Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

Ashleigh Knolls SUBDIVISION

SECTION **44** LOT **42**

Highland NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

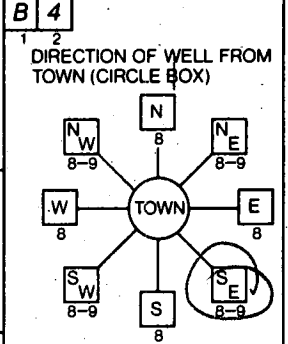
DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday
Driller's Name

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday
Signature Date



CARLISE CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

180 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: **40** BLK: **12** PARCEL **174**

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

13 COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED _____ INSERT S

053195 *Small Party* **5/3/96**
CO SIGNATURE EXP. DATE

NORTH GRID **488000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **300** 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-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) _____

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **40-94-0513**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Wells**

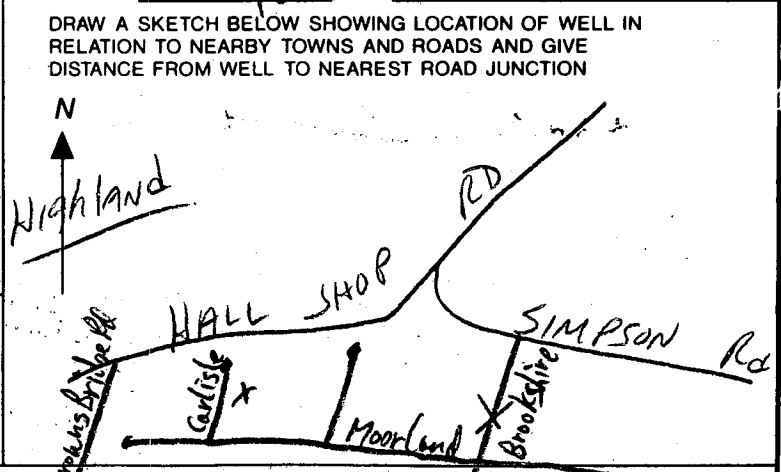
2. _____

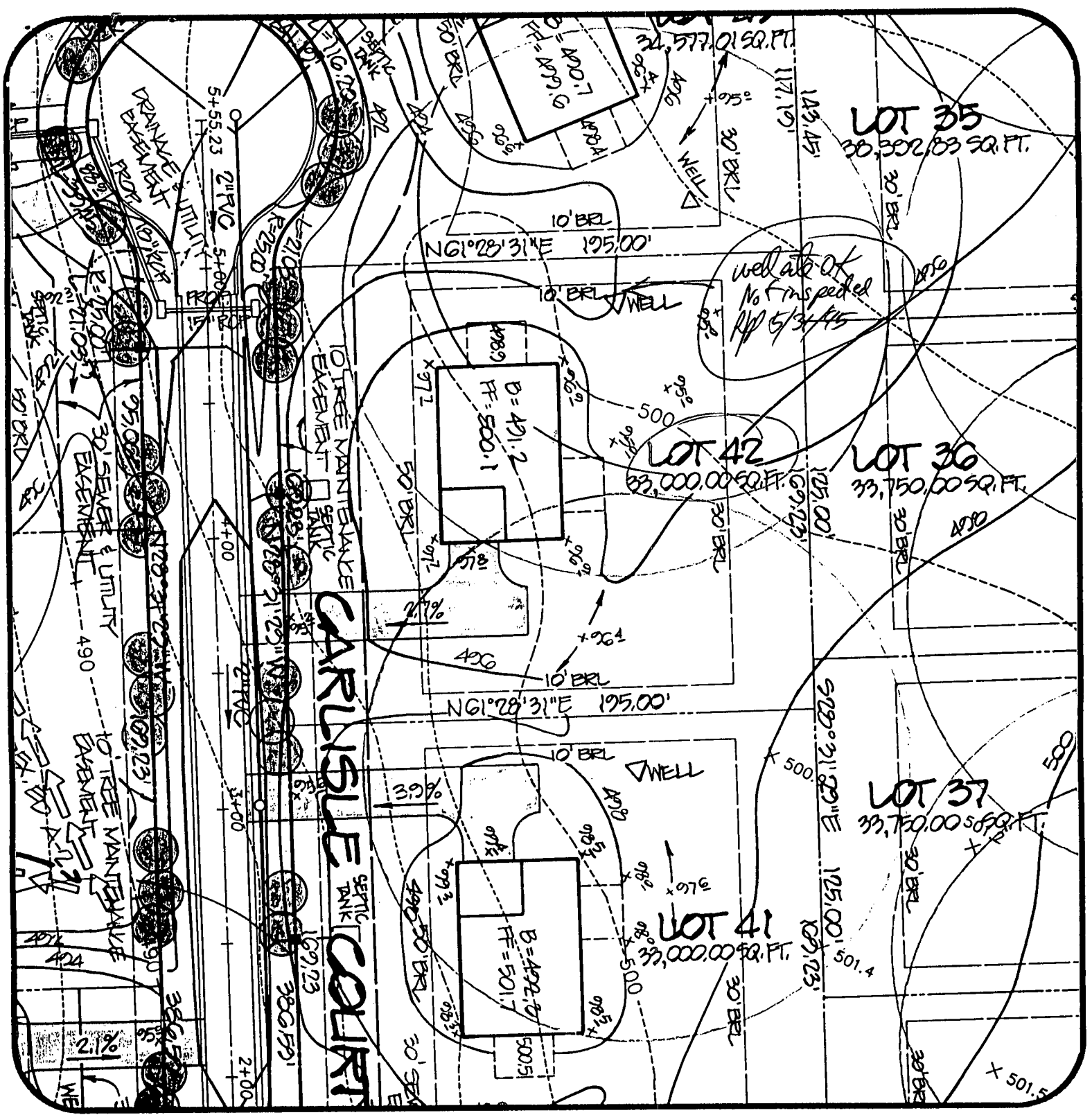
3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

807

4808





Ashleigh Knolls
Lot 42

DATE: 5/2/95

PROJECT NO.: 89021.01

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.
CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

(410) 461-0079
Fax: (410) 750-6340

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

63710

G-3059

10/25

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7100 Carlisle Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO SDP # _____

DESCRIPTION OF WORK AUTHORIZED
**House type is: Mt. Vernon
2 sty, full beam., 9 R, 2 PB, 1 HB,
garage, 4BR, opt. PP**

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
42	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	42	5	6051.02

OWNER NAME AND ADDRESS PHONE NO.
Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770 (301) 474-4411

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	36'	10'
	62'	32'	10'
	62'	32'	10'

OCCUPANT'S NAME AND ADDRESS PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2007	20070	ASP Gable
ROOMS	1387	13870	
BATHS			
FIREPLACES	1479	14790	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
R.M. Mochi Group
330 N. Ridge Rd., Suite 233
Ellicott City, Md. 21043 (410) 461-0079

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" conc. wood frm/	BY siding

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
Winchester Homes, Inc.
Same as above

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
			X	HP	X

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 complied with.

EXISTING USE PROPOSED USE
Vacant Res. single fam.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$160,000	158-14160	

SIGNATURE DATE
Permit Administrator 3-5-76

W/S CODE FOR OFFICE USE ONLY

DISTANCE 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	X	
SHA	X	
SEDIMENT/GRADING	3-4-96	<i>Paul Sel</i>
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	3/11/96	<i>Paul Sel</i>
FIRE PROTECTION		
STORM WATER MGM.	X	

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.

APPROVED DATE

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.

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

118300
B00104818

MW
BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
Thomas A. Gribben 3016
7108 Court St
Clarkville, MD 21029

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
12' x 28' Deck on rear of home

LOT NO. 42 PARCEL NO. 475 SEC. PH. 2 AREA N/A BLOCK NO. 12 LIBER FOLIO

SUB DIVISION Ashleigh Knolls ZONE R1C1 ZONE MAP 410 ELEC. DIST. 5 CENSUS TR. 61510

OWNER NAME AND ADDRESS
Same Thomas A. Gribben
PHONE NO. 301-854-3144

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
Same
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Same
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
Same
PHONE NO.

UTILITIES					
WATER/WEIR	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

EXISTING USE Residential PROPOSED USE Deck

I have carefully examined and read this application and know the same is true and correct, and that in 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.

EST. CONSTRUCTION COST \$1400 LICENSE NUMBER PERMIT FEE

Signature: *Thomas A. Gribben*
TITLE: _____ DATE: 4/11/97

W/S CODE FOR OFFICE USE ONLY

DISTANCE 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	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 4/10/97	Kimberly Maisto/DKS
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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Use and occupancy permit must be applied for two weeks before it will be issued.

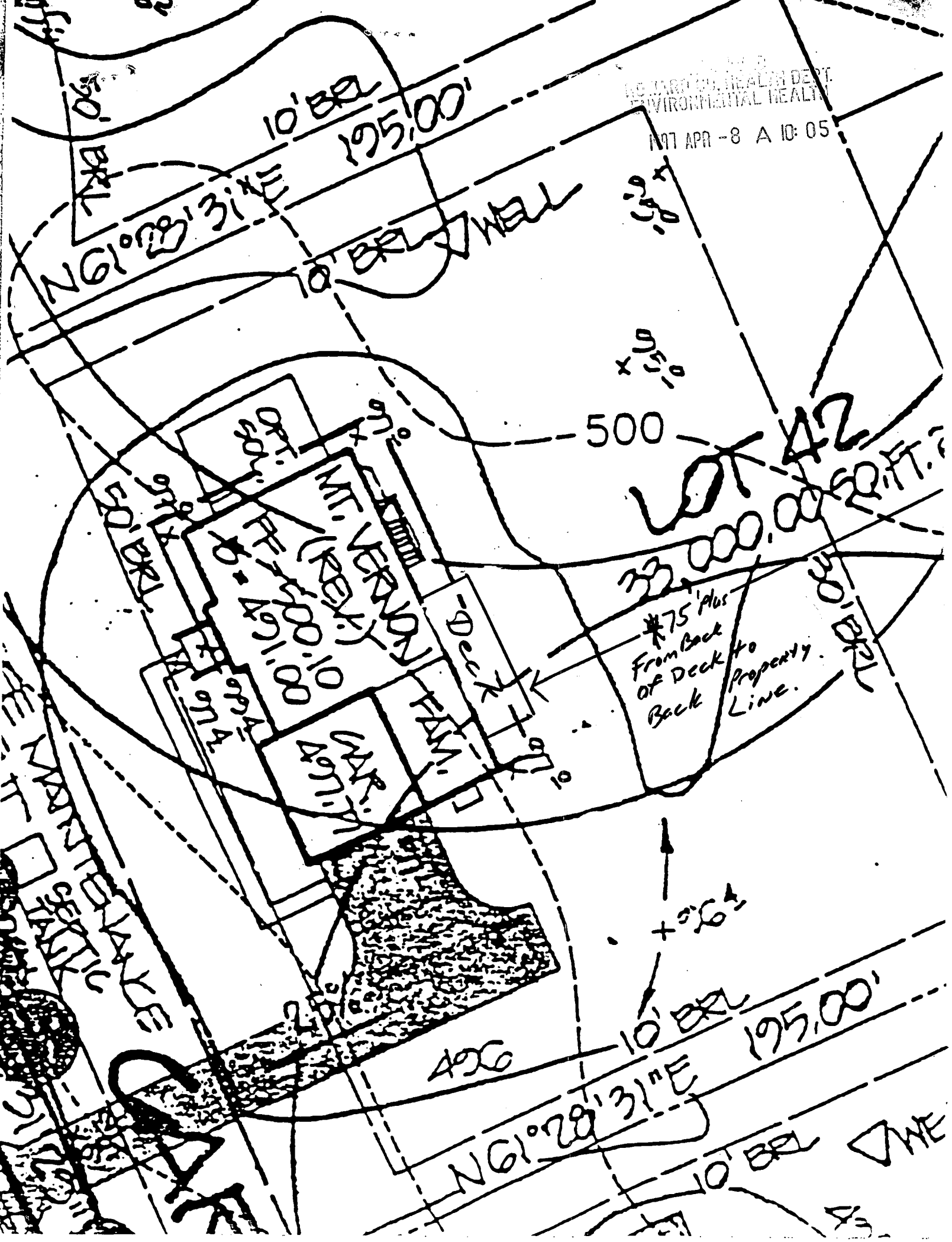
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 # 1244

APPROVED _____ DATE _____
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

HEALTH DEPT.
ENVIRONMENTAL HEALTH

197 APR -8 A 10:05



10' BEA
195.00'

61°28'31"E
50' BEA

WELL

500

LOT 42
33,000.00 SQ. FT.

*75' Plus
From Back
of Deck to
Property
Line.

400

61°28'31"E
10' BEA

195.00'

10' BEA
DWE