

6-14-96
7:10AM CW

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56581

A _____

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

Tax ID#
05-418445

DATE 4-26-96

DATE SYSTEM APPROVED 11/7/96

INSPECTOR [Signature]

INDEXED

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 26 ROAD 7150 Moorland Avenue

PROPERTY OWNER Winchester Homes, Inc.

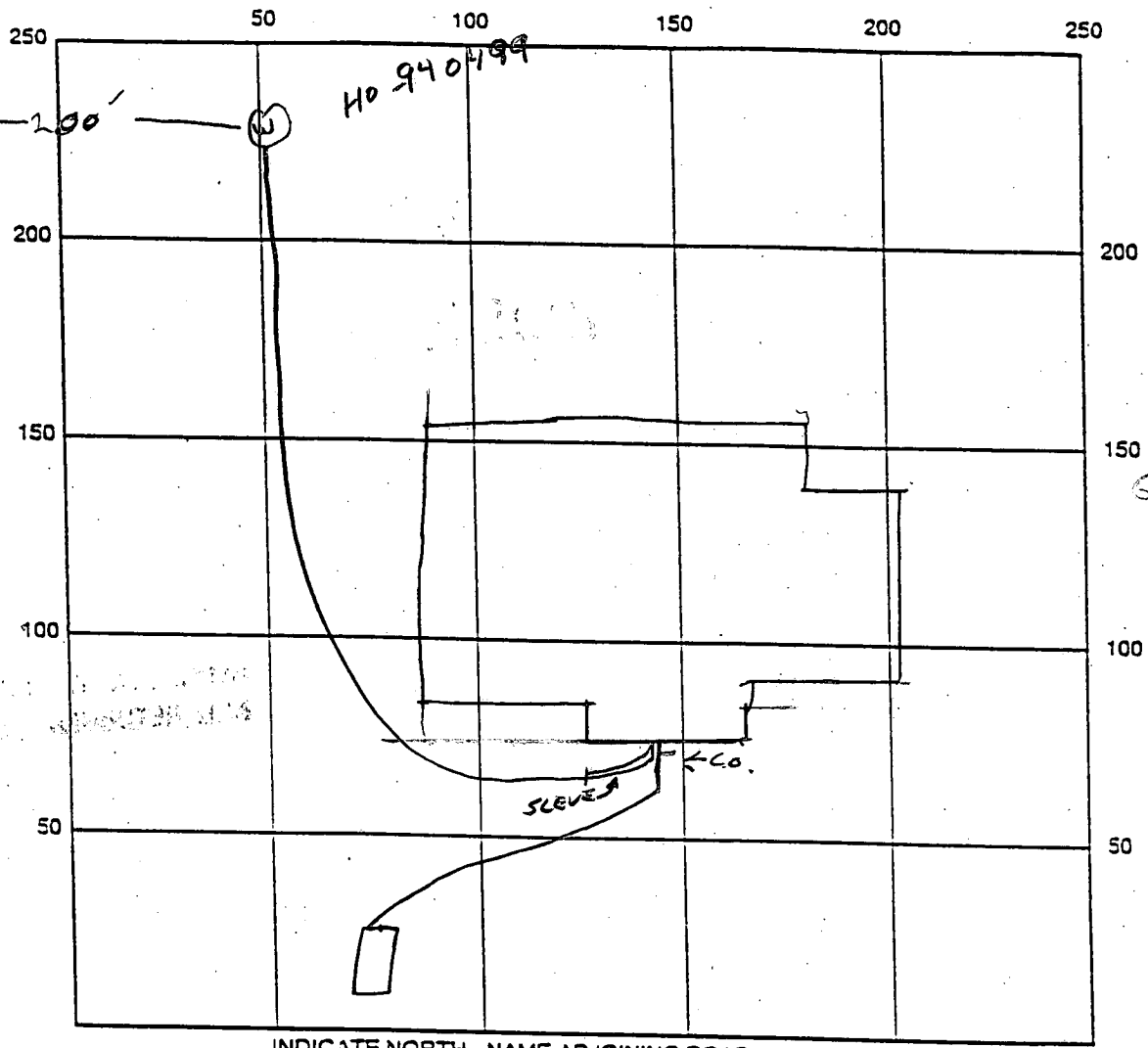
ADDRESS _____

BLDG. PERMIT SIGNED
AND RETURNED 4/24/96
Serial# 64617
SFD-4Bom.

- 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

P
56581

RAMSGATE CT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← MOORLAND →

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: 6/14/96 WPI OK ~~off~~, SEPTIC TO TANK CONNECTION OK ~~off~~
C.O. pump test OK after changing pump - NP 11/9/96

DATE SYSTEM APPROVED 11/9/96

INSPECTOR NP [Signature]

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00124748

Building Address 7150 Moorland Drive
CLARKSVILLE MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6091.02 Subdivision ASHLEIGH KNOLLS

Section 2 Area 2 Lot 26

Tax Map 40 Parcel 474175 Grid 12

Zoning RR Map Coordinates 11.13 Lot size 33000

Property Owner's Name William P. Bialick

Address 7150 Moorland Drive

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410 531 5831 Work Phone 410 964 6400

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD

Proposed Use DECK ON HOUSE

Estimated Construction Cost \$ 6000

Description of Work Pressure Treated Lumber
12' w x 32' RECTANGULAR DECK w/ GAZEBO
no steps

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant same

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

William P. Bialick
 Applicant's Signature

 Title/Company

William P. Bialick
 Print Name

6/8/06
 Date

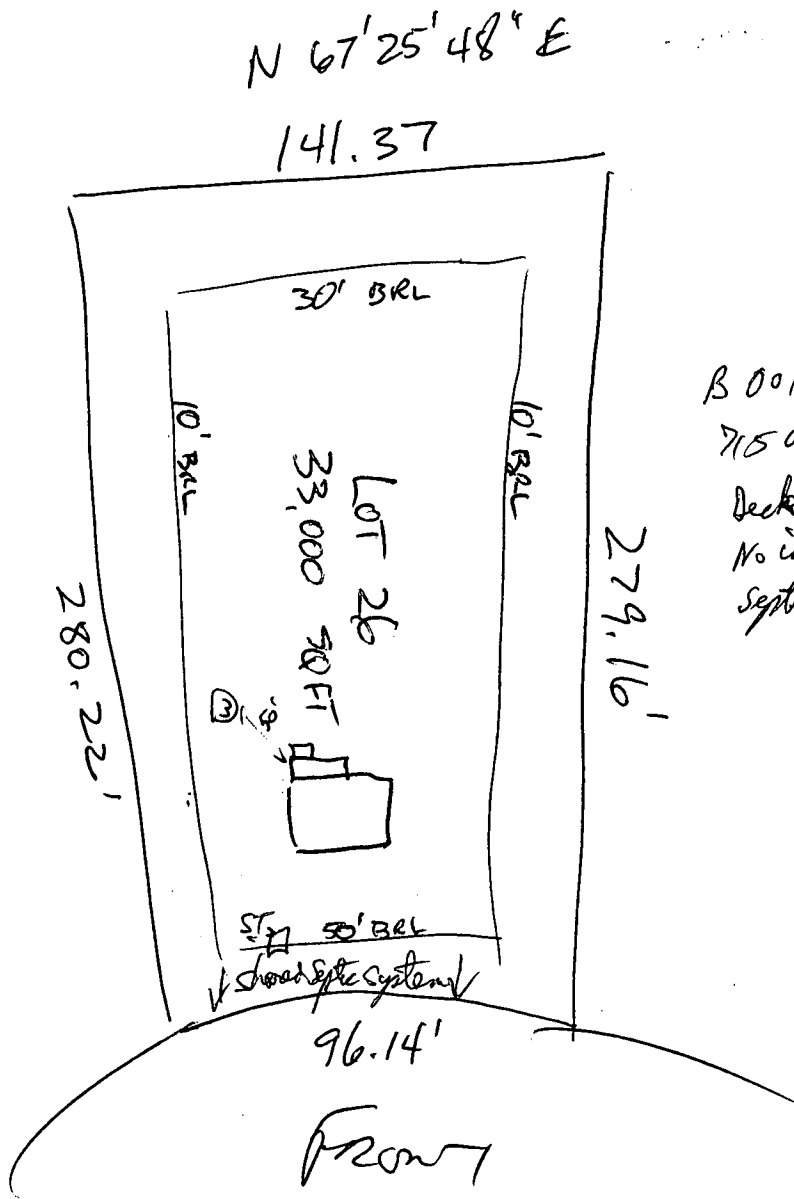
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>6/8/06</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/8/06</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>13610</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>50</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ <u>3</u>
SDP/Red-line approval date _____	Check # <u>608</u>
Accepted by _____	Validation # _____



B 00124748
 715 Moonland Dr.
 Deck -
 No impact on well or
 septic. Affidavit 6/8/00

ASHLEIGH KNOWLS
 PHASE 2

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

64600

G-3058

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

7150 Moorland Ave.
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is: Talbot
2 story, full bsmt., 10 R, 3 PB,
1 HB, PP, garage, 4 BR

LOT NO.	PARCEL NO.	SEC	AREA	BLOCK NO.	LIBER	FOLIO
26	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.M. Mochi Group
330 N. Ridge Rd., Suite 233
Ellicott City, Md. 21043 (410) 4610079

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc.
Same as above

EXISTING USE	PROPOSED USE
Vacant	Res. Single fam.

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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54'	42'	10'
	54'	42'	10'
	54'	42'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1830	18300	f/g gable
ROOMS	1421	14210	
BATHS			
FIREPLACES	1410	14100	

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" conc. wd frm	siding

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

SIGNATURE
Permit Administrator
TITLE
DATE 4/18/96

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 #

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-89-591

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	4/18/96	WILLIAMSON
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	4/24/96	Redding
FIRE PROTECTION		
STORM WATER MGMT.	X	

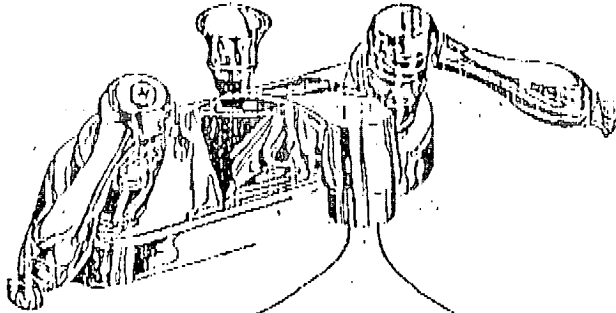
APPROVED

DATE

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

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

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900



FAX
COVER
SHEET

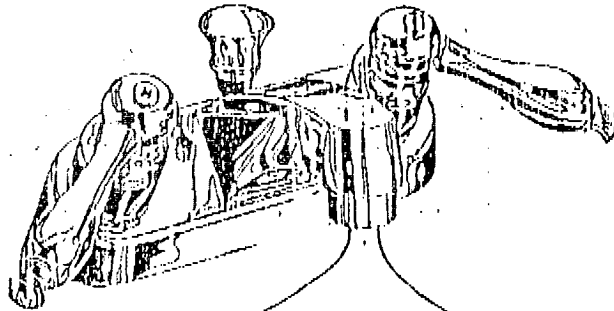
FAX # (410) 313-4919

RON

Number of Pages: 1
(Including this sheet)

DATE: 11/7/96
TO: Craig Williams
FAX #: 2648
FROM: Jim Miller
COMMENTS: Pump test for Lot 26
Ashleigh Knolls is OK.
Lot 41 Ashleigh Knolls is scheduled
for Thur Nov 14 at 1:00 PM

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900



**FAX
COVER
SHEET**

FAX # (410) 313-4919

Number of Pages: 1
(Including this sheet)

DATE: 11/4/96
TO: Craig Williams (RON)
FAX #: 2648
FROM: Jim Miller
COMMENTS: Pump test Lot 26
Ashleigh Knolls Thur Nov 7 1:00 pm
Also Lot 41 might be ready

6-14-96
W.P.I. ok
ll

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 _____ Telephone 829-0444

Name of Installer Van Sant Plumbing

License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes Telephone 670-1010

Subdivision Ashleigh Knolls Lot # 216 Well Tag # _____

Site Address 7150 Mabeland Dr
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 _____

Motor

1. Horsepower _____
 2. RPM 314
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter

1. Make Camco
 2. Model # B10K
 3. Depth 48"

Tank

1. Capacity V-100
 2. Pressure relief valve?

Piping

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

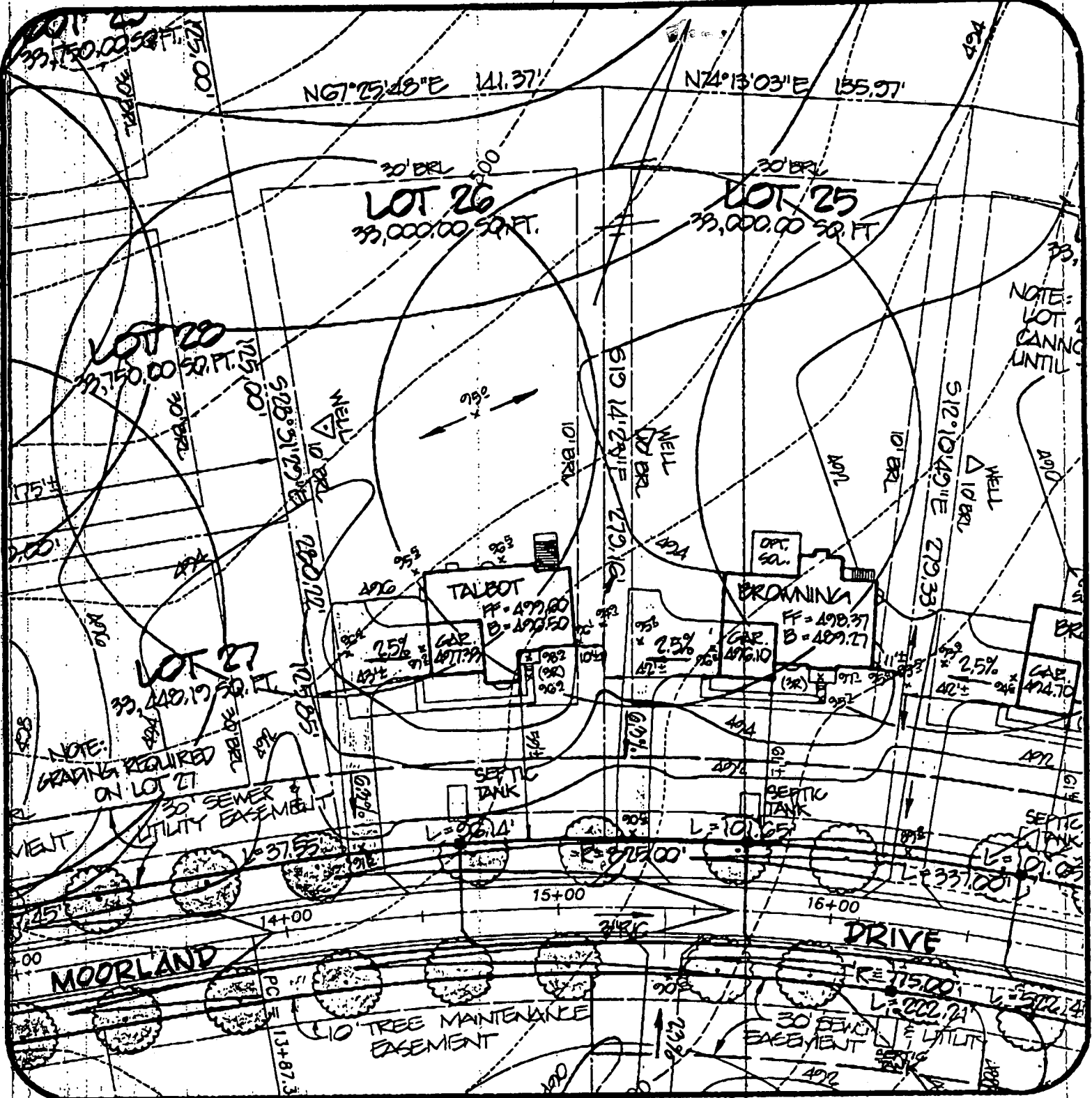
Well data

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 A. Van Sant
Date: 6-15-96

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



SHEET 1 of 2

PLOT PLAN

Ashleigh Knolls
Lot 26

DATE: 4-18-96	PROJECT NO.: 89027.09
DRAWN BY: TJP	SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235 (410) 461-0079
 Ellicott City, MD 21043-3305 Fax: (410) 750-6340

B 1 9090

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

40-94-0499 fill in this form completely

Date Received (APA)

05/17/95

OWNER INFORMATION

Winchester Homes

6305 Ivy Lane

Greenbelt MD 20770

DRILLER INFORMATION

George F. Easterday

L. Franklin Easterday, Inc.

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

George F. Easterday 5/15/95

B 3

LOCATION OF WELL

Howard

8 COUNTY 21 Ashleigh KNOLIS

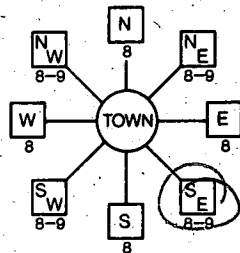
23 SUBDIVISION SECTION 44 46 LOT 26 48 50

52 NEAREST TOWN Highland 71

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MOORLAND DR 11 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 175 37 DISTANCE FROM ROAD

ENTER FT OR MI FT 38 39

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13- COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 05/31/95

43 48 CO. SIGNATURE EXP. DATE

NORTH GRID 488000 EAST GRID 0817000

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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

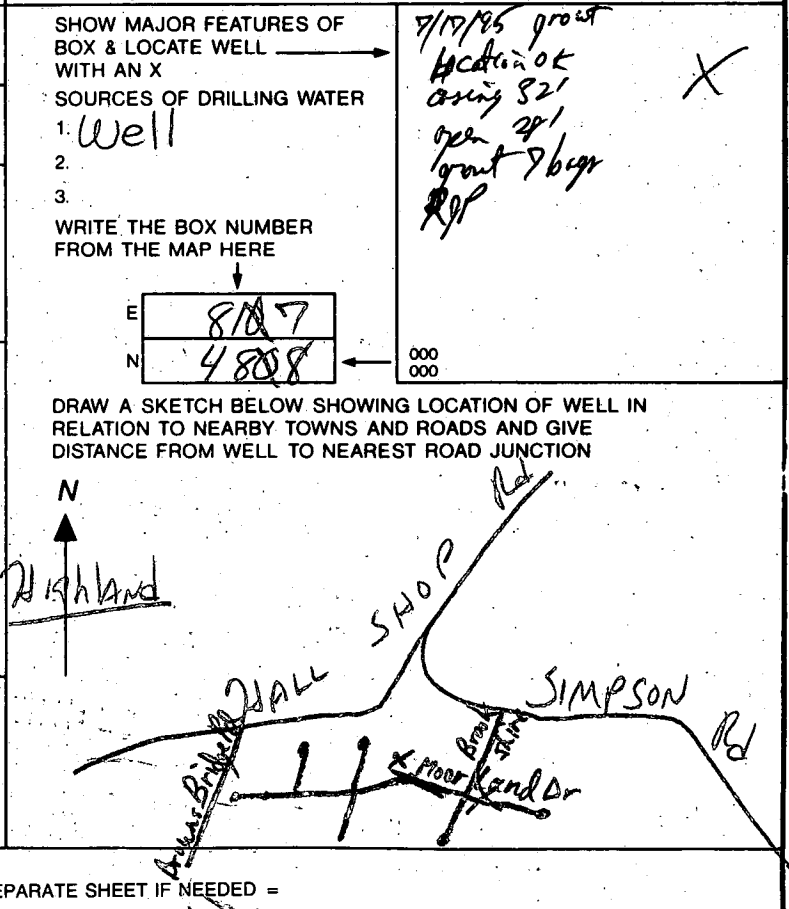
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE PERMIT No. 40-94-0499

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



2919
 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY
 NUMBER 13-

ST/CO USE ONLY
 DATE RECEIVED
 090695

DATE WELL COMPLETED
 071795

Depth of Well
 22 360 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 40-99-0499

OWNER Winchester Homes
 STREET OR RFD Moorland Drive TOWN Highland
 SUBDIVISION Ashleigh Knolls SECTION _____ LOT 26

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		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	15	
Brown Mica	15	20	
Gray Mica	20	60	
Brown Mica	60	61	✓
Gray Mica	61	120	
open 1" g	120	121	✓
Gray Mica	121	360	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 7 NO. OF POUNDS 700
 GALLONS OF WATER 35
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 28 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
 ST 6 32

OTHER CASING (if used)
 diameter depth (feet)
 inch from to
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: _____
 WELL HYDROFRACTURED yes no

DEPTH (nearest ft.)
 1 2
 E A C H S C R E E N
 1 H 0 3 0 3 6 0
 2
 3
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 56 _____ 60

CIRCLE APPROPRIATE LETTER
 A 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 26.04.04 "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.

TYPE: MWD/MSD/MGD 40
 DRILLERS LIC. NO. _____
Geary F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. JS0038
Bruce Thompson

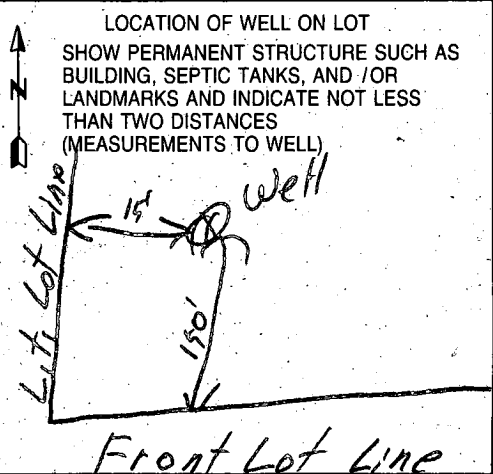
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from _____ to _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 16 ft.
 WHEN PUMPING 107 ft.
 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 (CIRCLE) (YES or NO) YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 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 } 2 (nearest foot)



Date _____ of _____

SUN.
7-23-95

Review 9-26-95 *OK*

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0499
 Location of property (road) Moorland Drive
 Subdivision Ashleigh Knolls Lot 26 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Winchester Homes

Depth of well 360 2 1/2
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 16 ft

I. High rate pumping -- reservoir drawdown

Time pump started 6:25 AM Pumping rate 12 GPM
 Total time 20 min to reach pumping water level 107 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 4 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:45 AM	107 ft	20 sec.	Not used	3 GPM
7:00 AM	107 ft	20 sec.	Not used	3 GPM
7:15 AM	107 ft	20 sec.	Not used	3 GPM
7:30 AM	107 ft	20 sec.	Not used	3 GPM
7:45 AM	107 ft	20 sec.	Not used	3 GPM
8:00 AM	107 ft	20 sec.	Not used	3 GPM
8:15 AM	107 ft	20 sec.	Not used	3 GPM
8:30 AM	107 ft	20 sec.	Not used	3 GPM
8:45 AM	107 ft	20 sec.	Not used	3 GPM
9:00 AM	107 ft	20 sec.	Not used	3 GPM
9:15 AM	107 ft	20 sec.	Not used	3 GPM
9:30 AM	107 ft	20 sec.	Not used	3 GPM
9:45 AM	107 ft	20 sec.	Not used	3 GPM
10:00 AM	107 ft	20 sec.	Not used	3 GPM
10:15 AM	107 ft	20 sec.	Not used	3 GPM
10:30 AM	107 ft	20 sec.	Not used	3 GPM
10:45 AM	107 ft	20 sec.	Not used	3 GPM
11:00 AM	107 ft	20 sec.	Not used	3 GPM
11:15 AM	107 ft	20 sec.	Not used	3 GPM
11:30 AM	107 ft	20 sec.	Not used	3 GPM
11:45 AM	107 ft	20 sec.	Not used	3 GPM
12:00 PM	107 ft	20 sec.	Not used	3 GPM
12:15 PM	107 ft	20 sec.	Not used	3 GPM
12:30 PM	107 ft	20 sec.	Not used	3 GPM
12:45 PM	107 ft	20 sec.	Not used	3 GPM

360' 2 1/2" pipe 32'



HOWARD COUNTY HEALTH DEPARTMENT

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

November 20, 1996

Winchester Homes
6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

RE: Ashleigh Knolls, Lot #26
7150 Moorland Drive
Well Permit #HO-94-0499

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 7, 1996.

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.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0499. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample: November 14, 1996
Date of Well Completion: July 17, 1995

Approving Authority

Donna K. Soe, R.S.

Water and Sewerage Program

DKS

cc: Building Inspector's office
file