

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57660

A _____

DISTRICT 5th

DATE 3/3/97

DATE SYSTEM APPROVED 3/24/97

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX613913~~ 313-2640

Toxid#
05-418682

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 47 ROAD 7101 Carlisle Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

- 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.

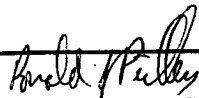
BLDG. PERMIT SIGNED

~~AND RETURNED~~ 3/4/97

Serial # BM103837
SFD - 4 Bms

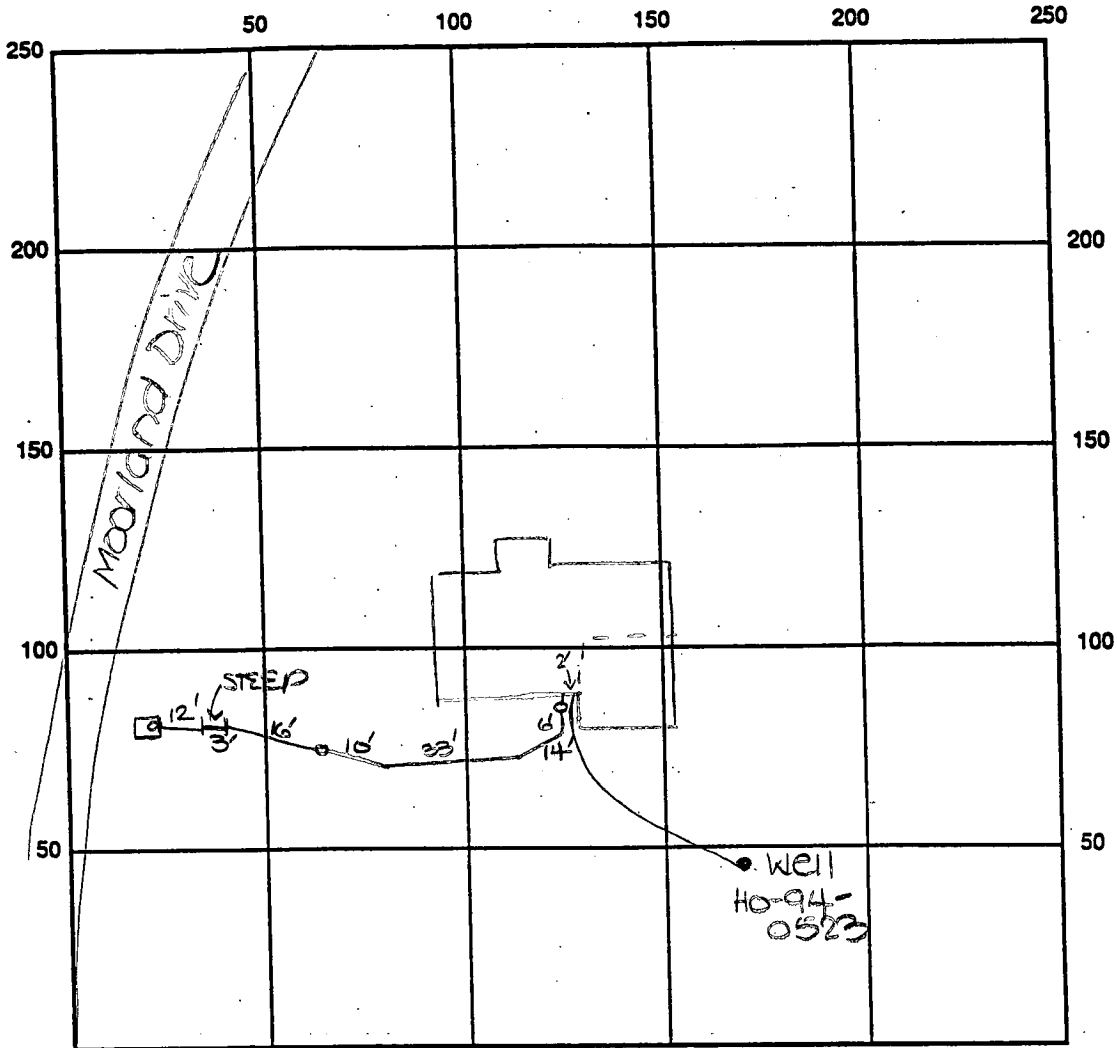
P
57
660
0

Plans Approved By



Date:

2/3/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Carlisle Court

SEPTIC TANK LEVEL OK

CLEANOUTS one at house, one in line, one on st.

REMARKS:

3/24/97 DIC to cover line from house to septic tank.

WPI: OK to cover well line. Well line 4' below grade.

Two piece well cap installed. Casing only 4" above grade. DKS

DATE SYSTEM APPROVED 3/24/97

INSPECTOR [Signature]

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

1300103836

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7101 Carlisle Ct. 27927
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type is: Chelsea II
2 story, finished bsmt, den in bsmt
4 FB, 1 HB, rear solatium, garage,
4 BR, opt FP.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
47	475	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	56'	46'	10'
	56'	38'	10'
	56'	46'	10'

OCCUPANT'S NAME AND ADDRESS
R.M. Mochi Group
10120 A Old National Pike (301) 865-5858
Ijamsville, Md. 21754-9706

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2264	22640	Asp gable
ROOMS	1413	14130	
BATHS			
FIREPLACES	1807	18070	

CONTRACTOR'S NAME AND ADDRESS
Winchester Homes, Inc.
Same as above

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

EXISTING USE
Vacant

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

PROPOSED USE
Res. Single Family

I have carefully examined and read this application and know the same to be 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 Permit 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 \$171,000
LICENSE NUMBER 158-14160
PERMIT FEE

SIGNATURE
Permit Administrator 1/31/97
TITLE DATE

W/S CODE
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		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	X 2/19/97	HOWARD'S SOU
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.

APPROVED DATE

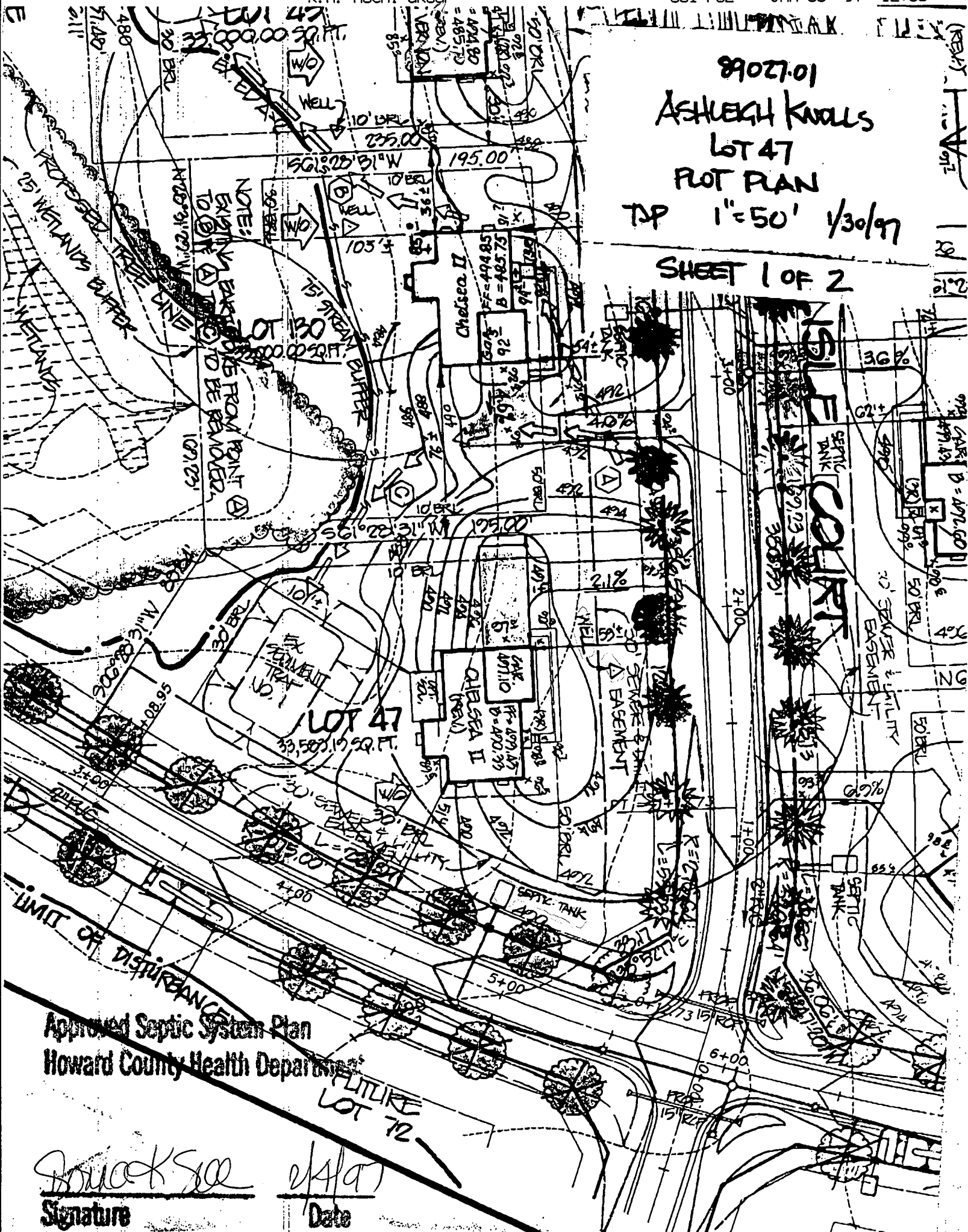
LP-69-691 # 4229

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

CA

89077-01
ASHLEIGH KNOLLS
LOT 47
PLOT PLAN
TP 1"=50' 1/30/97

SHEET 1 OF 2



NOTES:
EXISTING EXTERIOR LIGHTS FROM FRONT TO BE REMOVED.

LOT 47
33,583.15 SQ. FT.

CHelsea II
GAR. 409.45
D = 470.33

Approved Septic System Plan
Howard County Health Department

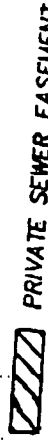
[Signature]
Signature

2/4/97
Date

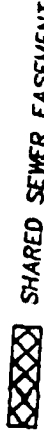
NOTE:

HOUSES AS SITED ON THESE
THE FIRST FLOOR ELEVATIC
ELEVATION MAY BE FROM

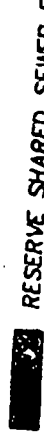
LEGEND



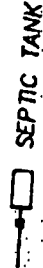
PRIVATE SEWER EASEMENT



SHARED SEWER EASEMENT



RESERVE SHARED SEWER EASEMENT



SEPTIC TANK



PRIVATE WELL



WALKOUT BASEMENT



OCTOBER GLORY RED MARBLE



WILLOW OAK



STRUCTURAL FILL REQUIRED



LONDON PLANE

89027.01

ASHLEIGH KNOWS

LOT 47

PLAT PLAN

SHEET 2 OF 2

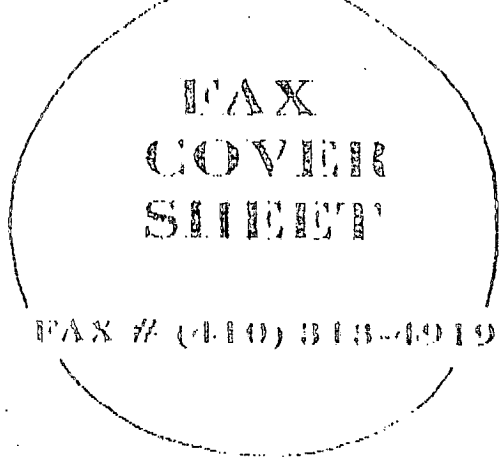
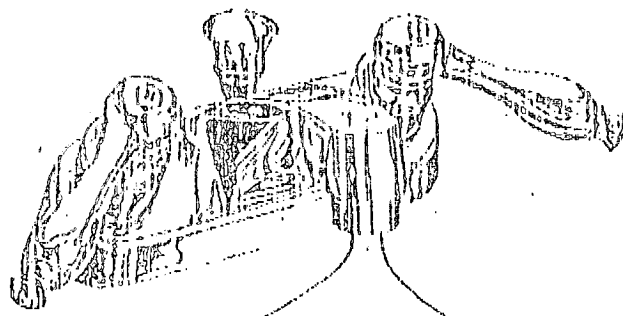
TDP

1/30/97

LOT	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	499.60	499.60	499.91	499.90	488.50
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	497.30	499.20	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.90	498.90	493.10	493.85	490.10
LOT 33					
LOT 34	499.57	499.57	498.06	493.30	489.90
LOT 35	501.00	495.60	498.50	496.00	493.10
LOT 36	504.34	498.34	497.10	498.90	494.90
LOT 37	506.33	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	471.39	495.10	491.60
LOT 41	507.10	501.10	493.73	496.20	492.70
LOT 42	500.10	494.10	493.07	495.00	491.00
LOT 43	499.60	493.60	471.91	472.10	488.40
LOT 44	495.47	489.47	489.60	490.50	487.00
LOT 45	474.80	488.80	472.83	472.00	487.80
LOT 47	499.43	499.43	486.94	490.40	486.90
LOT 49					
LOT 130	494.85	488.85	492.46	491.00	486.30

- 21 151 3

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



Number of Pages: 1
(Including this sheet)

DATE: 6/19/97
TO: Kim
FAX #: 2648
FROM: Jim Miller

COMMENTS:
Pump test for 7101 Carlise Ct lot 47
is OK for use
Pump test for 7124 Crabbarry Ct lot 119
is scheduled for Thur 6/26 at 1:00 pm

2918

SEQUENCE NO. (MDE USE ONLY)

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-

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

ST/CO USE ONLY DATE Received

090695

DATE WELL COMPLETED

0808751-0523

Depth of Well

400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-94-0523

OWNER Winchester Homes

STREET OR RFD Carlisle Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 47

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. Rows include Top Soil, Clay, Sand-silt, Sand Stone, gravel, mica, Sand Stone, Mica, Flint, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 80

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 41 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

ST 6 70

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

Y X

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...

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Easterday

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 501

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T W Q 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft.

WHEN PUMPING 95 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 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)

LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Handwritten notes: Well 30', 38', 40', CarListe Ct., Sub lease

B 1 **9060** 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
H0-94-0523
fill in this form completely

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

OWNER INFORMATION

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 **47**

Highland NEAREST TOWN

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

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday License No. **40**

L. Franklin Easterday, Inc.

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

George F. Easterday Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **CARLISLE CT**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 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)

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 COUNTY NAME COUNTY NO. **13**

STATE SIGNATURE **Ronald Pinkley** DATE ISSUED **6/1/96**

060195 DATE ISSUED

488000 NORTH GRID **0817000** EAST GRID

APPROXIMATE DEPTH OF WELL **300** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Wells**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8127

4888

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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)

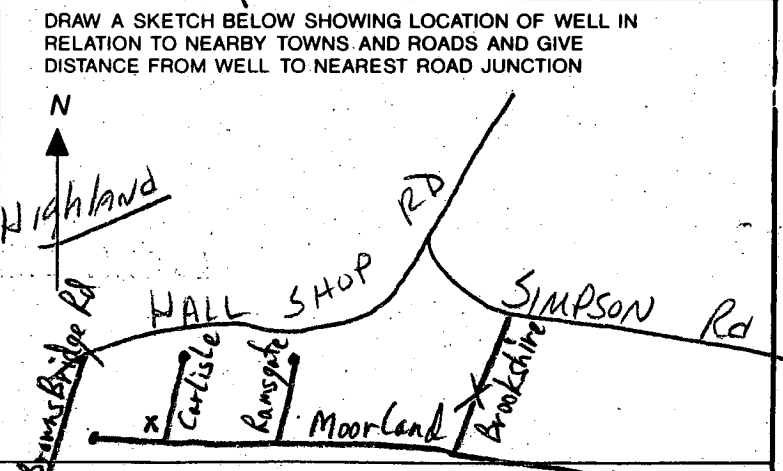
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEMED 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 **RI** WRITE INITIALS IN BOX PERMIT No. **H0-94-0523**

Pump 9:00
 8-4-95

Review 9-26-95 OK *[initials]*

3 hrs

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0523
 Location of property (road) Carlisle Court
 Subdivision Ashleigh Knolls Lot 47 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Winchester Homes

Depth of well 400' 3 gpm
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 14'

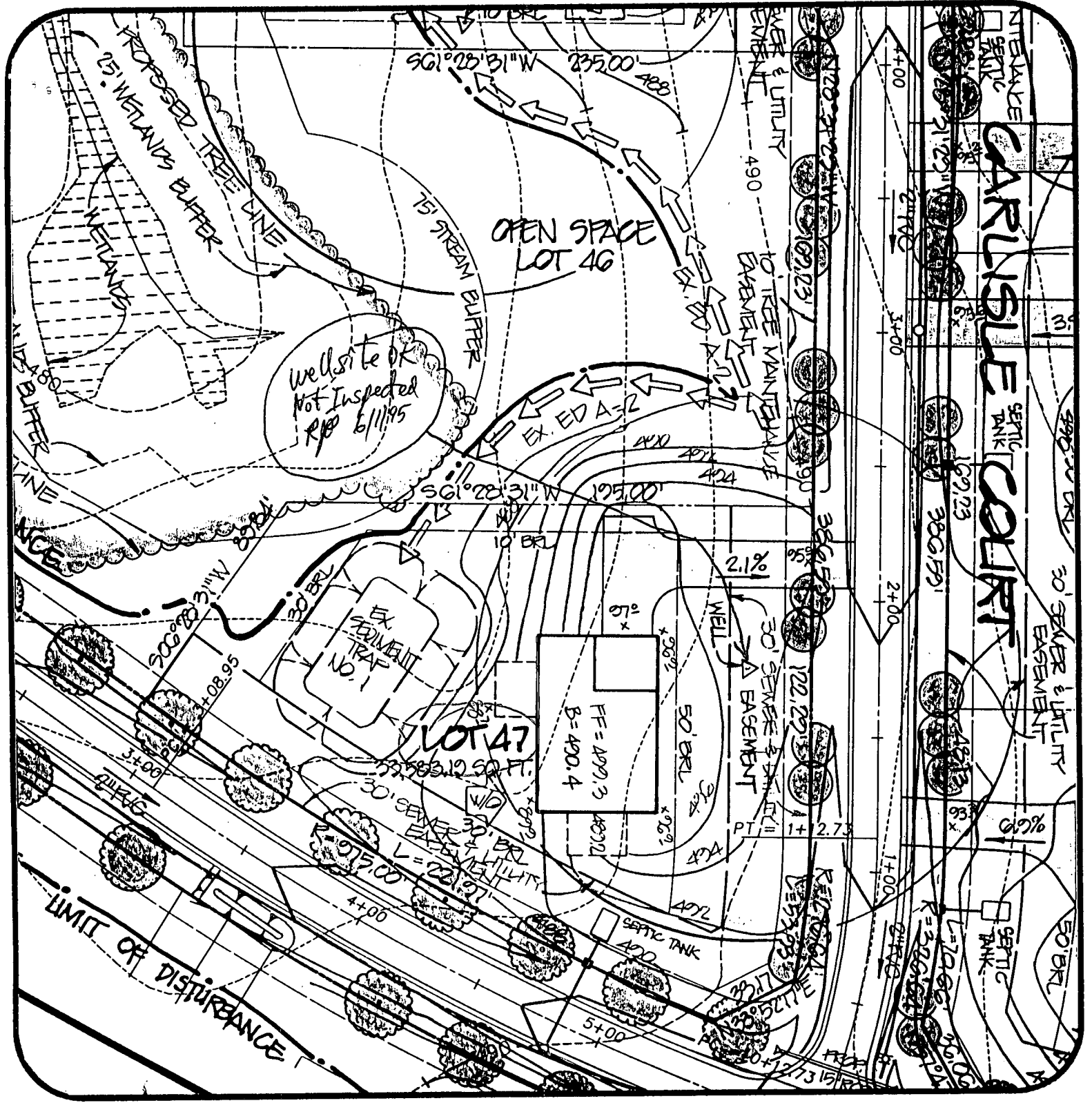
I. High rate pumping -- reservoir drawdown

Time pump started 9:12 Pumping rate 12 gpm
 Total time 17 to reach pumping water level 95 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:15	95'	12 sec	-	5 gpm

8-4-95
 clarity - cloudy
 No sample taken
 location OK
 tag not on well, driller had it on site
 Amy Mc Miller



Ashleigh Knolls
Lot 47

DATE: 5/2/95

PROJECT NO.: 89027.01

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

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 P/bg H/Wg Telephone 829-0444
 License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Winchester Homes Telephone 670-1010
 Subdivision Shirley Knolls Lot # 47 Well Tag # _____
 Site Address 7101 Carlisle Ct

Pump Motor Pitless Adapter
 1. Type 1. Horsepower _____ 1. Make Campbell
 a. Deep well jet _____ 2. RPM _____ 2. Model # B10K
 b. Shallow well jet _____ 3. Voltage _____ 3. Depth 48"
 c. Submersible
 2. Make Lowado a. 110 _____
 3. Model # _____ b. 220
 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 V-100 1. Type P.S. 1. Depth _____ ft.
 2. Pressure relief valve? 2. Size 1" 2. Yield _____ GPM
 3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
 4. Depth of supply line 48" 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: Howard Van Sant

Date: 5/28/97

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

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 Plog & Hlg Telephone 829-0444
License Number 1467
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Ashleigh Knolls Lot # 47 Well Tag # _____
Site Address 7101 Carlisle Ct

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make Campbell
a. Deep well jet _____ 2. RPM _____ 2. Model # B10X
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 48"
c. Submersible a. 110 _____
2. Make Campbell 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 V-100 1. Type PS. 1. Depth _____ ft.
2. Pressure relief valve? 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
4. Depth of supply line 48" 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: Stanford Van Sant
Date: 5/28/97

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