

4/9/97
a.m.c.o

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57674A

A _____

DISTRICT 5th

DATE 02/10/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

TAKED#
05-420644

DATE SYSTEM APPROVED 2/10/97

INSPECTOR [Signature]

INDEXED

Winchester Homes, Inc.

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Ashleigh Knolls LOT 115 ROAD 7108 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc.

6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

ADDRESS _____

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.

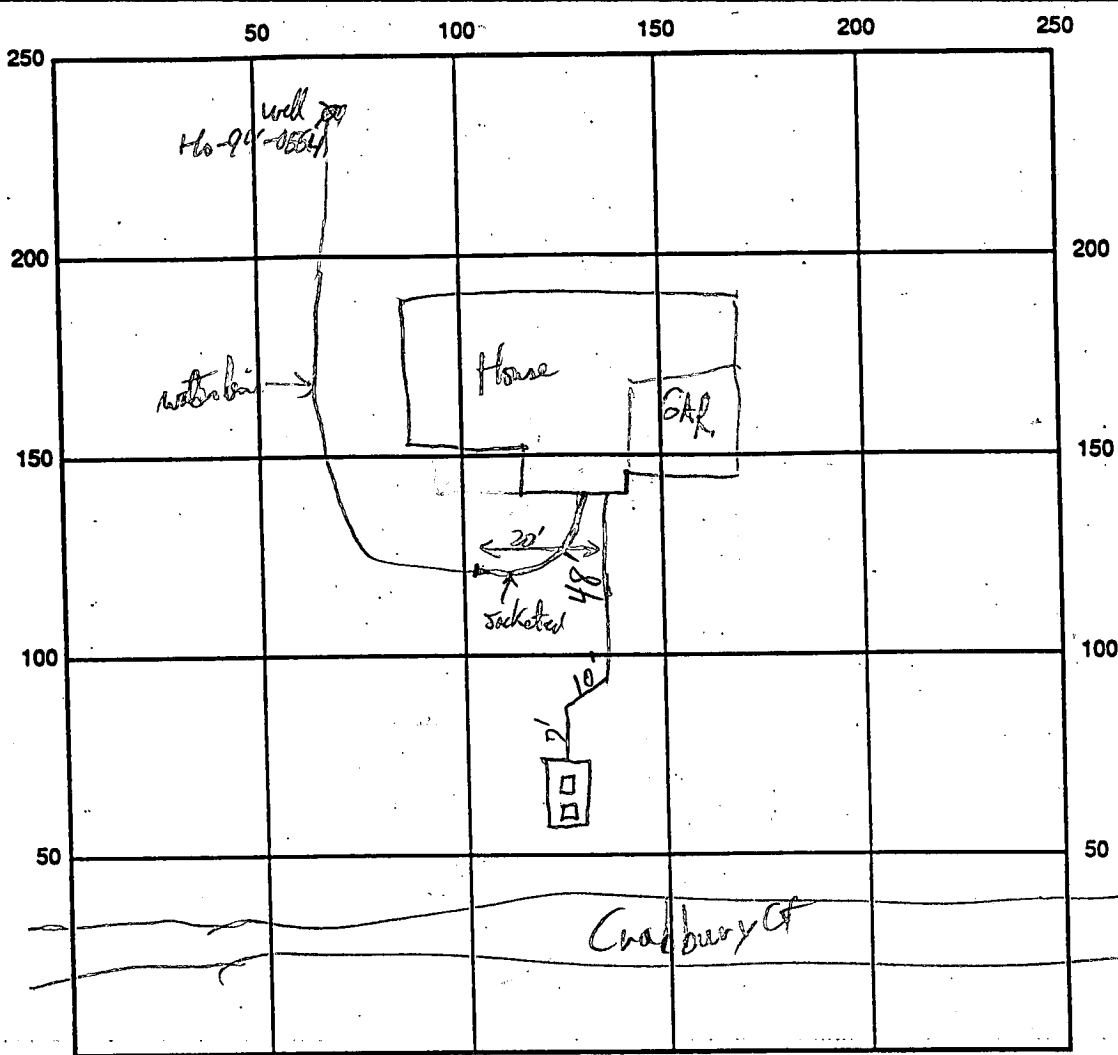
- Contact Health Department for inspection before covering the installation.

- 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.

P
57
674A

[Signature]

2/10/97



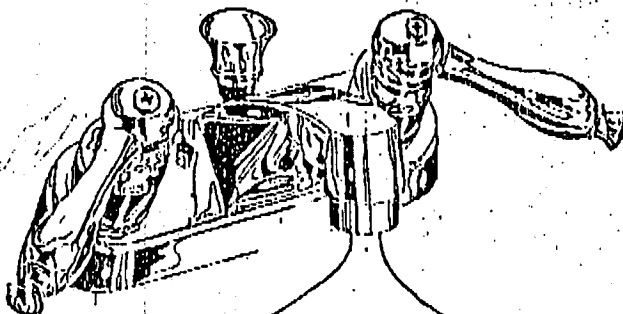
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection OK 4/9/97 RPP
7/10/97 Septic Pump Test, float set wrong, corrected RPP - OK to operate

WPI well lined with pithless adapter OK at 4 ft. (water table is even with pithless adapter does not drain)
OK to cover. RPP 4/9/97
 DATE SYSTEM APPROVED 7/10/97 INSPECTOR RPP

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: 7/11/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS:

Pump test OK for

Lot 115 7108 Crabbarry CT (Winchester)

Lot 83 7201 Wolverton CT (Mitchell & Best)

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 001
Receiver : 913018549988
Transmitter : HQCD ENVHEALTH
Date : Jul 16, 97 8:28
Time : 00:40
Mode : NORM
Document : 01 Pages
Result : O K

2726

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

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

032697

22 060 26 (TO NEAREST FOOT)

42897 ML HO-99-0554

OWNER Winchester Homes last name Crabbury Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 115

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 (0-2), shale (2-8), red clay (8-160), gray mica (160-170), brown mica (170-200), gray mica (200-260).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes (Y) no (N)

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.

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO.

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

GROUTING RECORD YES (Y) NO (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 26 NO. OF POUNDS 2600 GALLONS OF WATER 130 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below. MAIN CASING TYPE: ST (STEEL), PL (PLASTIC), CO (CONCRETE), OT (OTHER). Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 166.

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

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

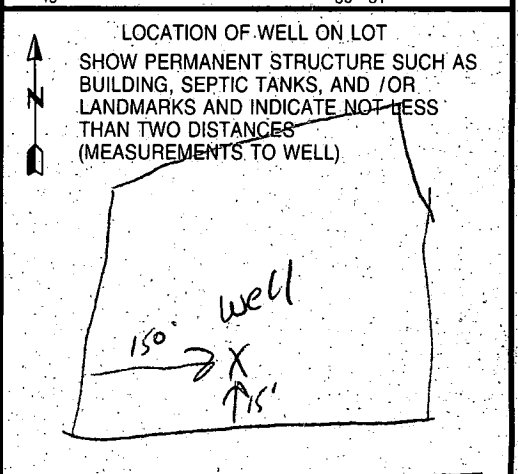
DEPTH (nearest ft.) 110, 169, 260. SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH) 56, 60.

GRAVEL PACK 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 (74, 75, 76). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST C 3. PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 8. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 3 ft. WHEN PUMPING 93 ft. TYPE OF PUMP USED (for test) 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) 31-35. PUMP HORSE POWER 37-41. PUMP COLUMN LENGTH (nearest ft.) 43-47. CASING HEIGHT (circle appropriate box and enter casing height) above (X) below (2) (nearest foot).



B 1 **6416** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HD-94-0554**
70 fill in this form completely 70

2 **05/17/95** Date Received (APA) **OWNER INFORMATION**
Winchester Homes
 15 Last Name 13 Owner First Name 34
6305 Ivy Lane
 36 Street or RFD 55
Greenbelt MD 20770
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday
 Driller's Name 77 License No. 80 **EP**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 5-17-95
 Signature Date

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)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE **RIP** WRITE INITIALS IN BOX PERMIT No. **HD-94-0554**
 67 88 70 71 72 73 74 75 76 77 78 79

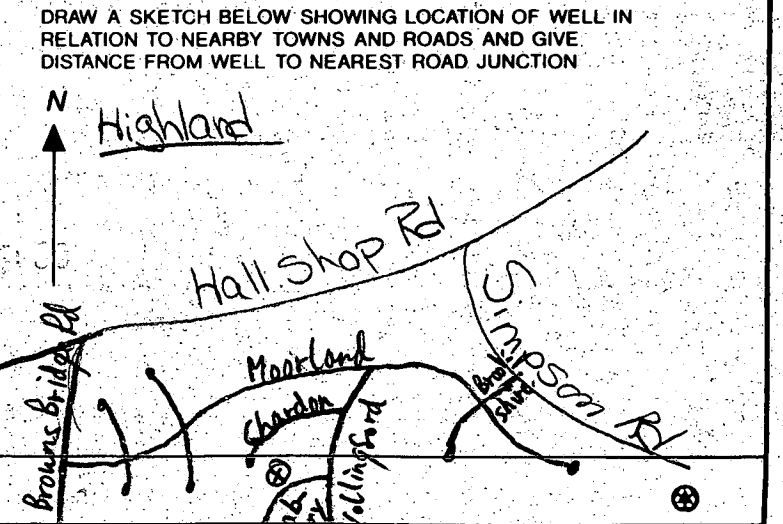
SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

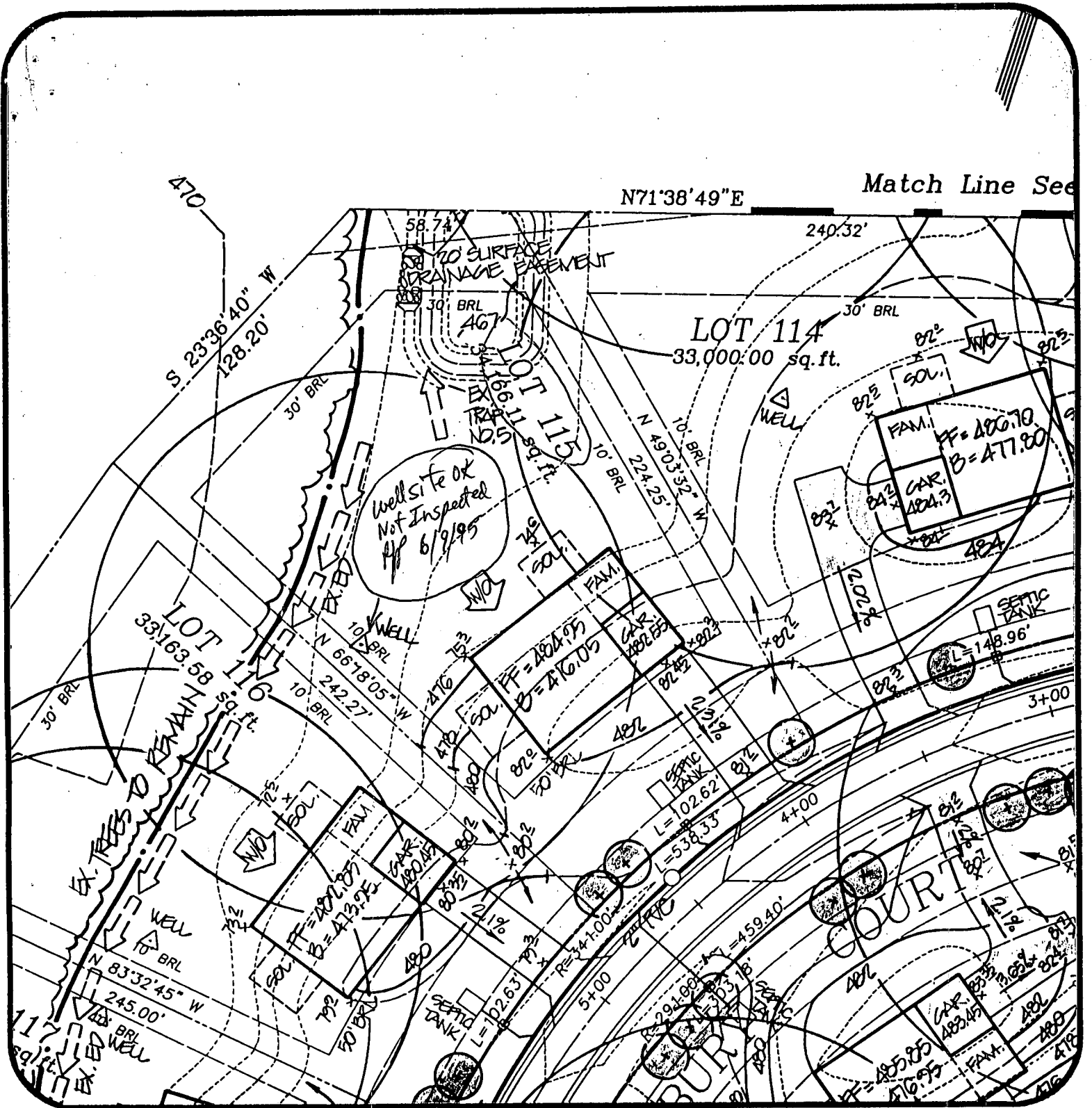
B 3 **LOCATION OF WELL**
Howard COUNTY
Ashleigh Knolls SUBDIVISION
 SECTION _____ LOT **115**
Highland NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

B 4 **CRAB BURY CT** NEAR WHAT ROAD
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **WEST**
 DISTANCE FROM ROAD **140** ENTER FT OR MI **FT**
 TAX MAP: **40** BLK: **12** PARCEL **174**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **13** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **060995** **Frank Kelly** CO SIGNATURE **6/9/96** EXP. DATE
 NORTH GRID **489000** EAST GRID **0818000**

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
8108
4807





Ashleigh Knolls
Lot 115

DATE: 5/2/95

PROJECT NO.:
80027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

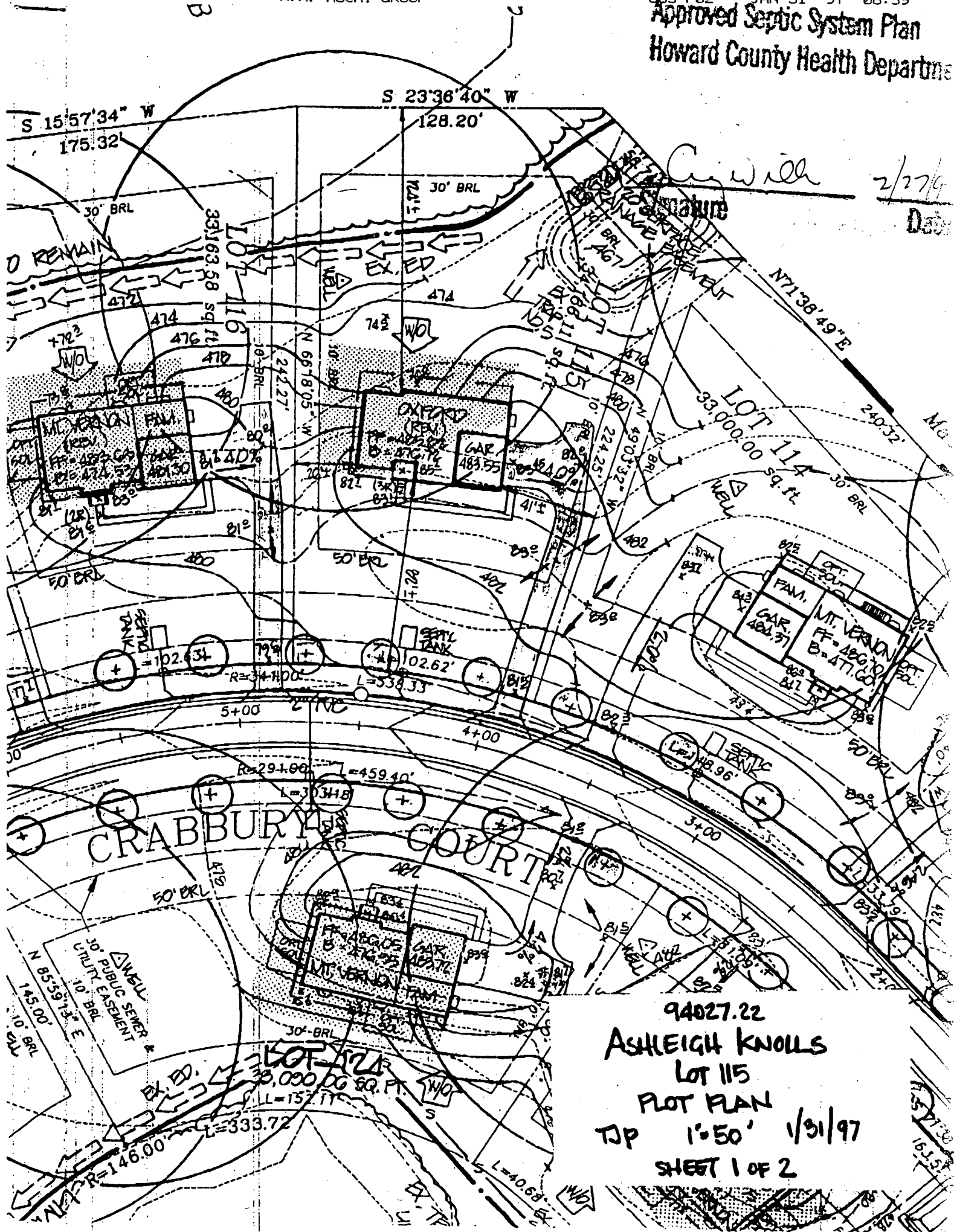
PLANNERS
ENVIRONMENTAL

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

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

Approved Septic System Plan Howard County Health Department

B



C. Will
 Signature

2/27/97
 Date

94027.22
 ASHLEIGH KNOLLS
 LOT 115
 PLOT PLAN
 TJP 1"=50' 1/31/97
 SHEET 1 OF 2

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

B0003879

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

7108 Crabbury Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Oxford:
2 story, full bsmt., 9 R, 2 FB,
1 HB, 4 BR, opt. FP, garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
115	134475	2	X	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR-	41	5	6051.02	

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

OCCUPANT'S NAME AND ADDRESS
Winchester Homes,

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

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

EXISTING USE: Vacant
PROPOSED USE: Res. Single family

EST. CONSTRUCTION COST: \$160,000
LICENSE NUMBER: 158-14160
PERMIT FEE: 7987

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60'	40'	10'
	60'	38'	10'
	60'	38'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1987	19870	Asp gable
ROOMS	1393	13930	
BATHS			
FIREPLACES	1492	14920	

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" conc	w frm/sidi

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
		X	X	Gas
				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 complied with.

Signature: *Carol J. ...*
Permit Administrator
DATE: 2/5/97

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE: 3878
SIDE YARD: 4385
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	2/6/97	<i>[Signature]</i>
WATER & SEWER		
HEALTH DEPT.	2/26/97	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGM		

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
CR 4235

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

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 7108 Crabbury Ct. ZIP _____

OWNER OCCUPANT Carol Golden ADDRESS 7108 Crabbury Ct PHONE 301 854 1239

COMPLAINANT same ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Septic tank seems to be backing up - Sewage in the front yard (REFER TO UTILITIES)

CODES _____

RECEIVED BY A McMill DATE 8/11/97 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 8/11/97 TIME 10:50 AM WEATHER Sunny

REPORT Definitive sewage overflow and sewage odor at access valve box 8 FT past outlet end of pump chamber access box. There is a continuous stream of effluent water overflowing this iron access pipe, overflowing onto ground surface and down into drainage ditch on Road side front of property. grass is dead and grey, decomposing, nearest outfall, and lush green on north side. 60 ft down slope of this out break, the begin of sewage entry into drainage ditch. Problem appears to be a backflow pressurized sewage from collector mains to this valve box. ~~There is supposed to be a call~~ call DPW for repairs 8/11/97

Jim Miller of DPW + Mike Lemon of Winchester Homes. Jim closed valve + flow ceased so break in line is between Tank and valve box. Mark of Homes arrived on scene, He'll be taking care of problem. 8/11/97

8/21/97 - DPW said problem had been fixed - No longer discharging 8/21

DATE SUBMITTED 8/11/97 SANITARIAN [Signature]