

6/26/97
C.O. Pump Test
1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5767B

A _____

DISTRICT 5th

DATE 2/10/97

Tax ID #
05-420687
INDEXED

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

DATE SYSTEM APPROVED 6/26/97

INSPECTOR [Signature]

Winchester Homes, Inc.

IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Ashleigh Knolls LOT 119 ROAD 7124 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc.
6305 Ivy Lane, Suite 800
ADDRESS Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

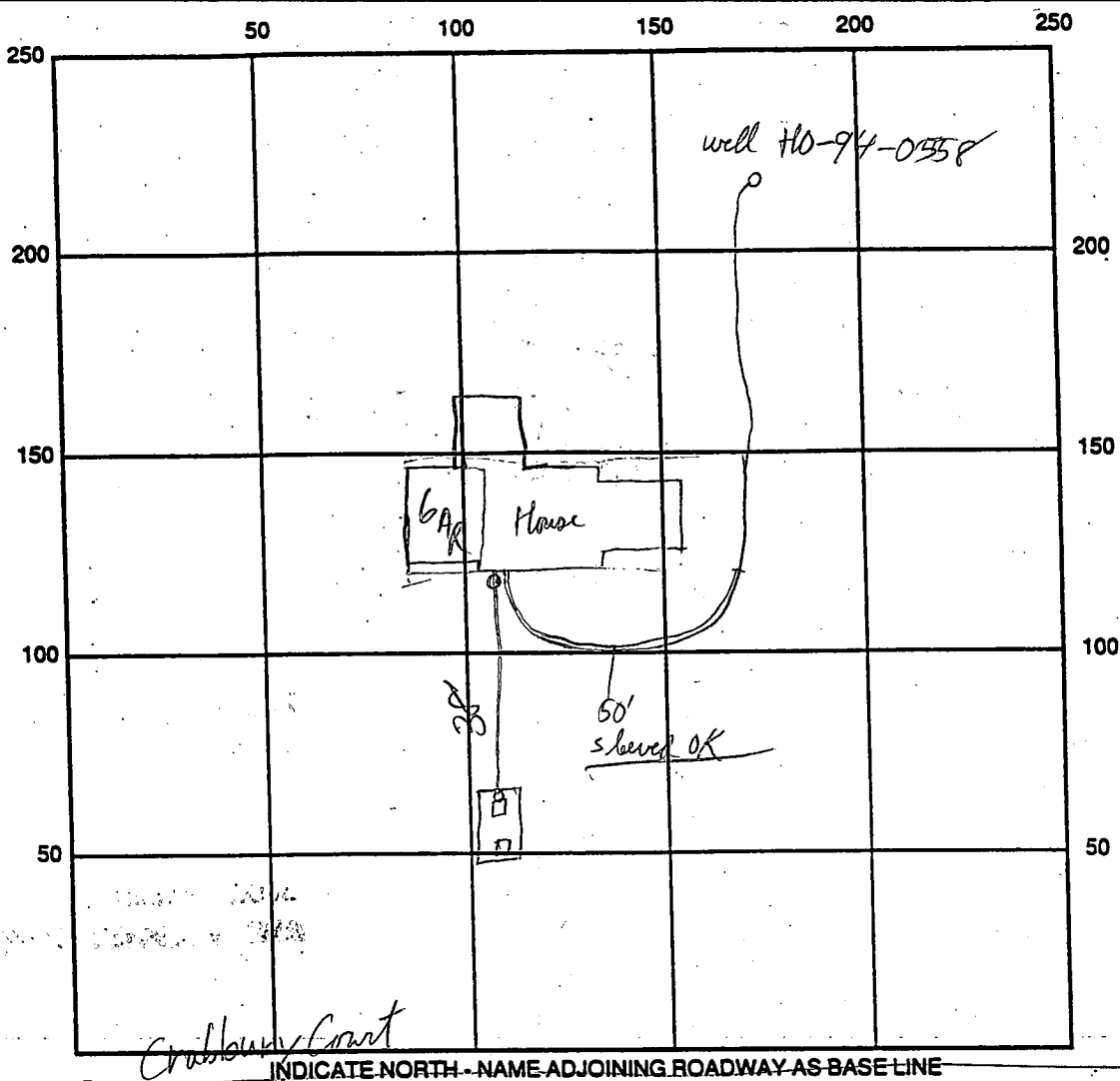
BLDG. PERMIT S.
AND RETURNED 9-11-97
dech

- 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
57674B

[Signature]

2/10/97



SEPTIC TANK LEVEL _____

CLEANOUTS _____

REMARKS: House Connection OK to cover.

Pump test OK (Miller holding for them to raise valve box access pipe to grade) P/P 6/28/97

Note well is Not routed - open annular space to below pitless attachment. P/P 3/25/97

WFE water lines sleeved 50 ft above nearest service line - OK, pitless adapter - OK @ 4 1/2'

Well Driller check grant was only 5' or 6" below pitless attachment - OK P/P

DATE SYSTEM APPROVED 6/28/97

INSPECTOR [Signature]

To

Kim

Date

7-2

Time

1:30

AM
 PM

WHILE YOU WERE OUT

M

Barry

of

Winchester Homes

Phone

(301)

854-9984

Area Code

Number

Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message

Regarding

Ashleigh Knolls Lot 119

7/3/97 left message 4:20 pm

Kim 7-2

Operator



AMPAD EFFICIENCY®

PAK 601 854 9984

REORDER #23-000

C1 2723 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
 032797

DATE WELL COMPLETED
 031997

Depth of Well
 22 320 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-94-0558

OWNER Winchester Homes
 STREET OR RFD Crabbury Court TOWN Highland
 SUBDIVISION Ashleigh Knolls SECTION LOT 119

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	
Shale	2	5	
red clay	5	110	
Green clay	110	140	
Brown muck	140	150	
Green clay	150	170	
Brown muck	170	220	✓
gray muck	220	290	✓
Sand stone	290	310	✓
Quartz			
Gray muck	310	320	

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 41 NO. OF POUNDS 4100
 GALLONS OF WATER 205
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 100 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)
 S G 6 178
 60 61 63 64 66 70

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED Y 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) H0
 DRILLERS LIC. NO. George F. Estabrook

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. 481

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

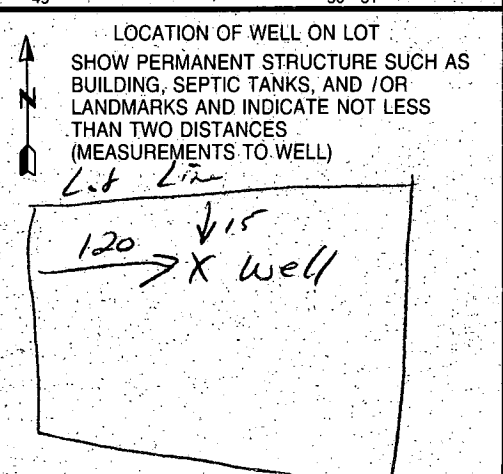
C 2
 DEPTH (nearest ft.)
 H0 176 320
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60

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

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 110
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 11 ft.
 WHEN PUMPING 160 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 ⊕ above } LAND SURFACE
 ⊖ below } 2 (nearest foot)
 49 50 51



B 1 **6420** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0558**
70 fill in this form completely 79

2 **05/17/95** **OWNER INFORMATION**
8 **Winchester Home**
15 Last Name 13 Owner First Name 34
6305 Ivy Lane
36 Street or RFD 56
Greenbelt MD 20770
57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday **40**
77 License No. 80
 Driller's Name **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**
8 12 14 20

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
24 28

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) **AIR-ROTary** **AIR-PERCussion** **ROTARY** (Hydraulic Rotary) **DRIVEN**
 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 (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **HO-94-0558**
67 68 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
8 COUNTY 21
Ashleigh Knolls
23 SUBDIVISION 42
 SECTION _____ LOT **119**
44 46 48 50
Highland
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) _____ MI
73 76 77 78

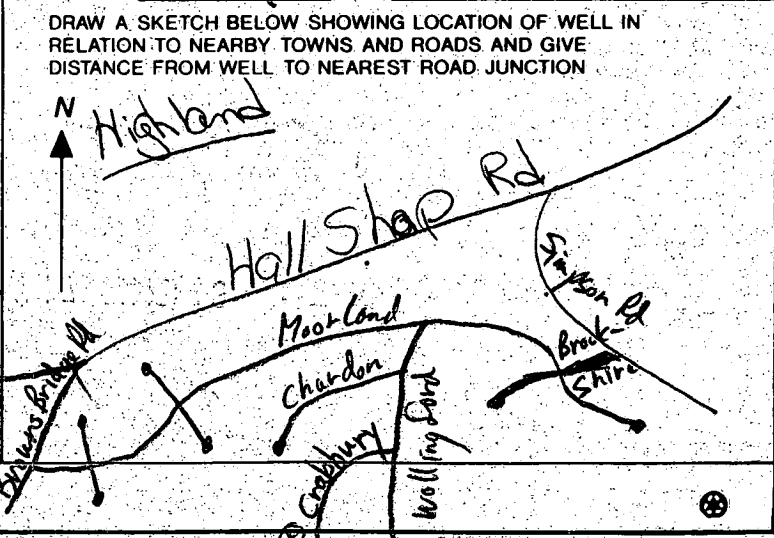
B 4 **CRABBURY CT**
11 NEAR WHAT ROAD 30
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

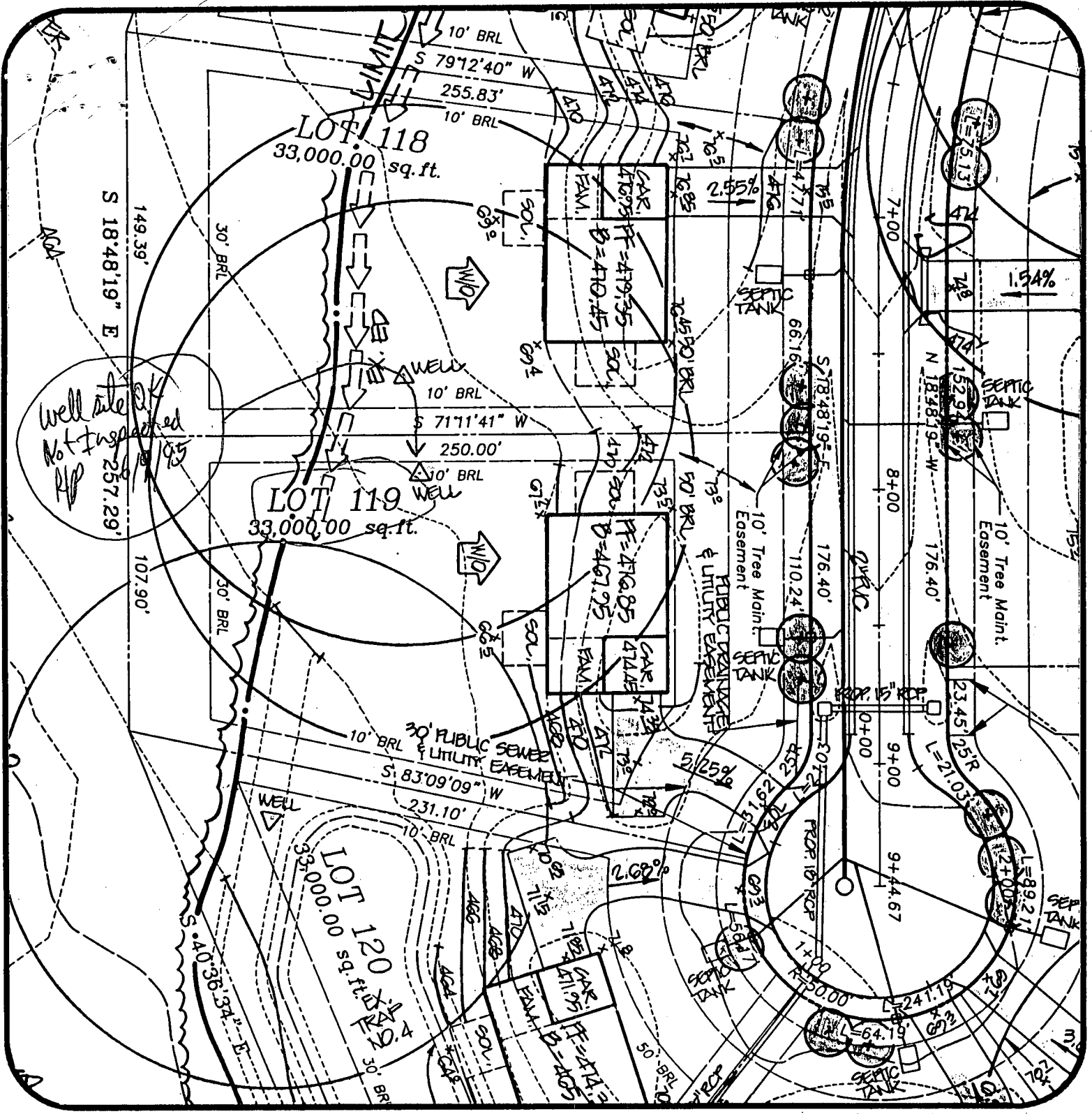
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **100** ENTER FT OR MI **FT**
34 37 38 39
 TAX MAP: **40** BLK: **12** PARCEL: **179**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **13-**
 COUNTY NAME COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **06/09/95** **6/9/95**
 NORTH GRID **485000** EAST GRID **0818000**
43 48 CO SIGNATURE 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2. **Grout 3/19/97**
 3. **no insp. km**
 WRITE THE BOX NUMBER FROM THE MAP HERE
8108
4805
000 000





Ashleigh Knolls
Lot 119

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

APPLICATION

HOWARD COUNTY

H25M

SERIAL NUMBER

PERMIT APPLICATION

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

B00103880

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7124 Crabbury Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type is Oxford:
2 story, full bsmt, 10 R, 3 FB,
1 HB, rear solarium, 4 BR, opt FP,
garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FCLID
119	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60'	54'	10'
	60'	38'	10'
	60'	52'	10'

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

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

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

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

UTILITIES				
<input checked="" type="checkbox"/> WATER/WEL	<input checked="" type="checkbox"/> SEWER/SEPTIC	<input checked="" type="checkbox"/> GAS	<input checked="" type="checkbox"/> ELECTRICITY	<input checked="" type="checkbox"/> AC
			TYPE OF HEAT GAS	

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 complied with.

EXISTING USE
Vacant

PROPOSED USE
Res. Single family

EST. CONSTRUCTION COST
\$160,000

LICENSE NUMBER
158-14160

PERMIT FEE
7546

SIGNATURE
Permit Administrator

DATE
2/5/97

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE 4324

SIDE YARD
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) 4870

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	2/6/97	[Signature]
WATER & SEWER		
HEALTH DEPT.	2/24/97	[Signature]
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 CK4235

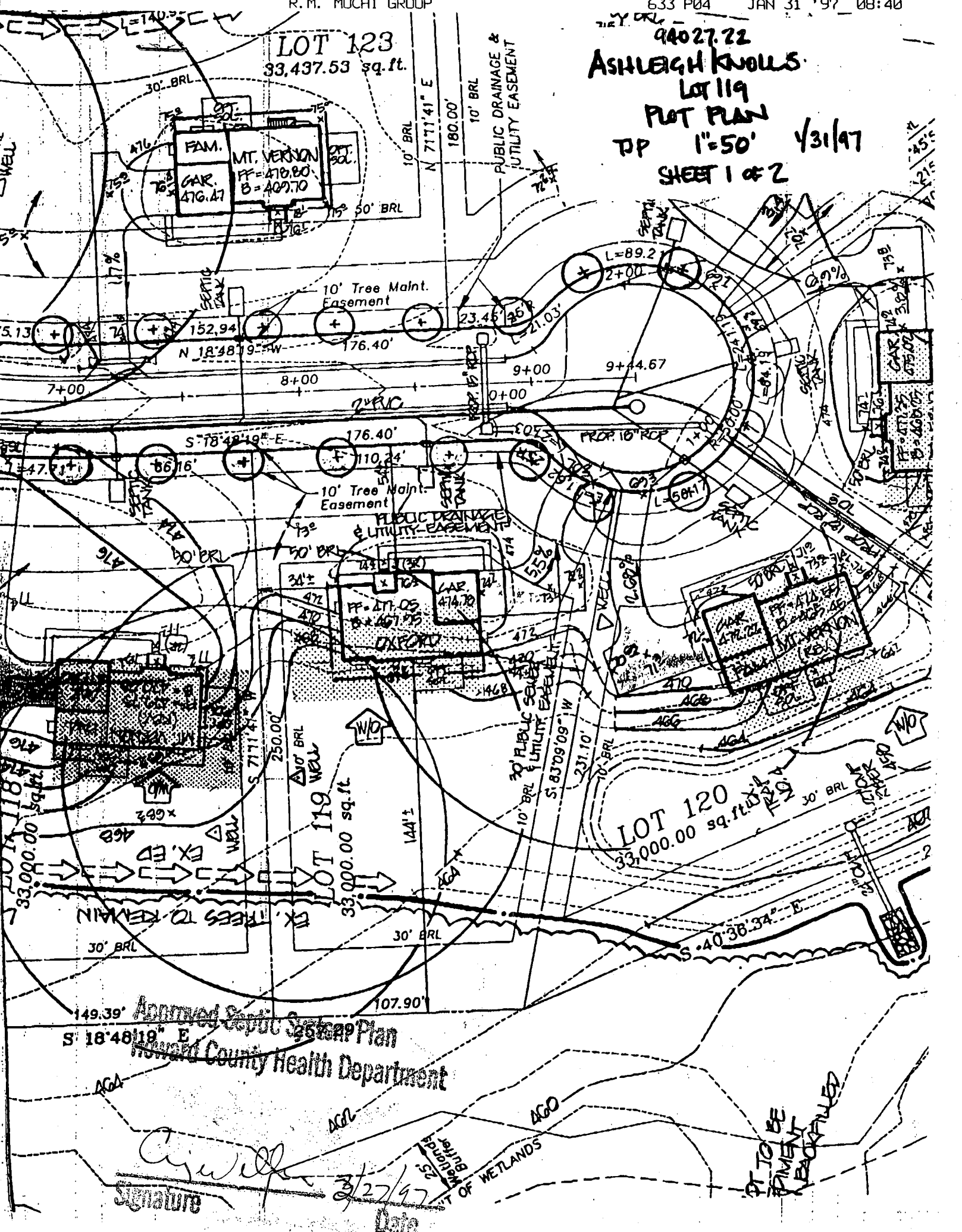
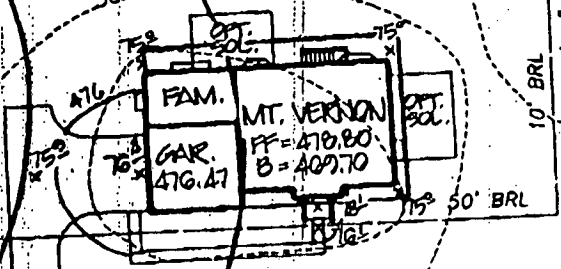
APPROVED _____ DATE _____

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

contact Dianna Nason @ Engr.
see Jean Kell

94027.22
ASHLEIGH KNOLLS
Lot 119
PLAT PLAN
TP 1"=50' 4/31/97
SHEET 1 of 2

LOT 123
33,437.53 sq.ft.

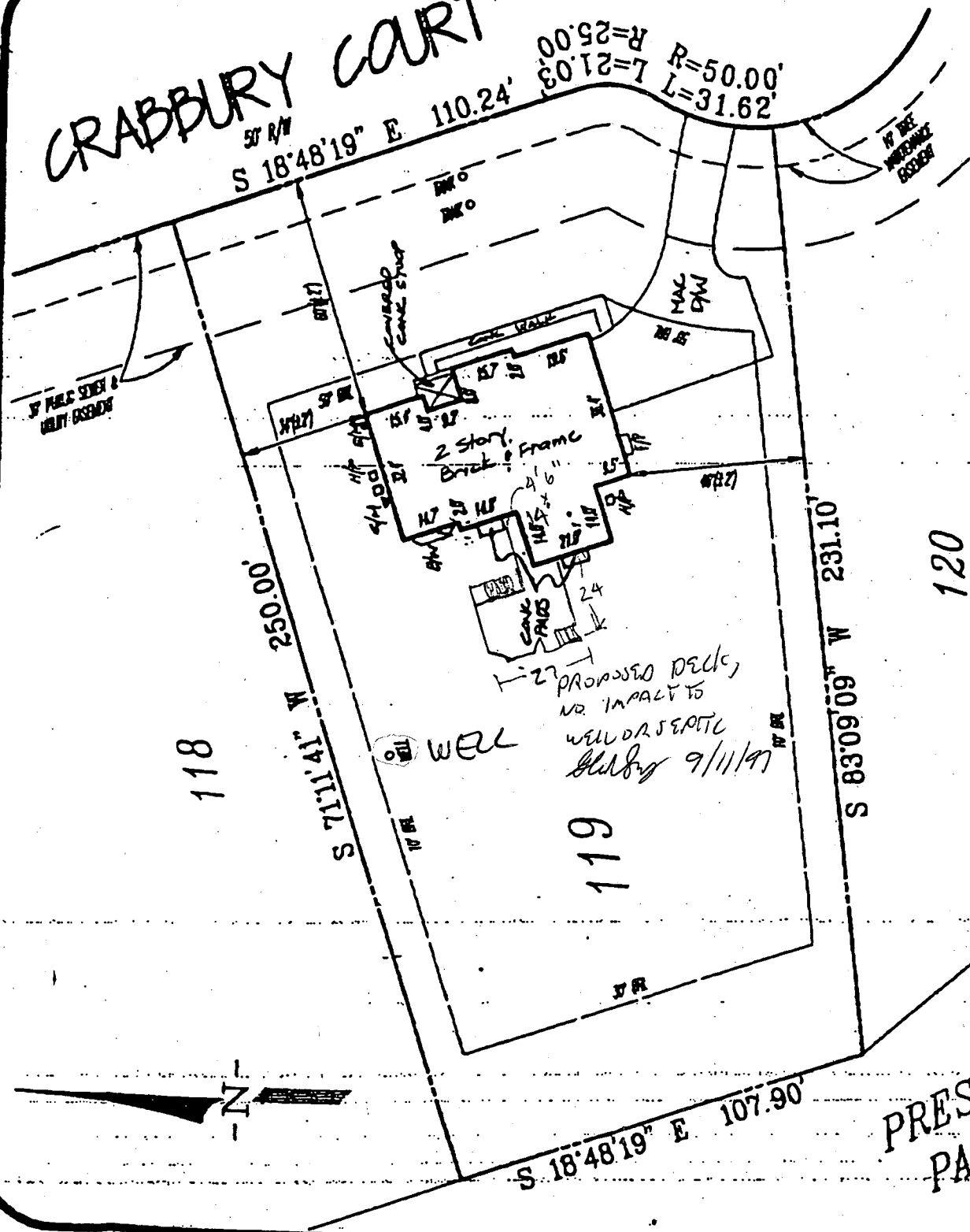


Approved Septic System Plan
Howard County Health Department

Signature
Date 3/27/97

PT TO BE
FILLMENT
BACKFILLED

CRABBY CART



PRESERVATION
PARCEL "B"

LEGEND

REQUEST FOR TEMPORARY DEVIATION TO CERTIFICATE OF POTABILITY

DATE: 7-7-97

PROPERTY OWNER: Winchester Homes Inc.

PROPERTY ADDRESS: 7124 Crabbury Ct
Clarksville, MD 21029

WELL PERMIT #: HO - - -

TESTIMONIAL: (Steps taken thus far by well owner to make the well water supply bacteriologically safe)

2 Samples Taken, chlorinated again
7-3-97

PLEDGE: (Steps to be taken by the well owner to bring the well into compliance with COMAR 26.04.04.09 within fifteen (15) days)

Sample has been taken again 7-7-97
Should no results no Later than 7-9-97

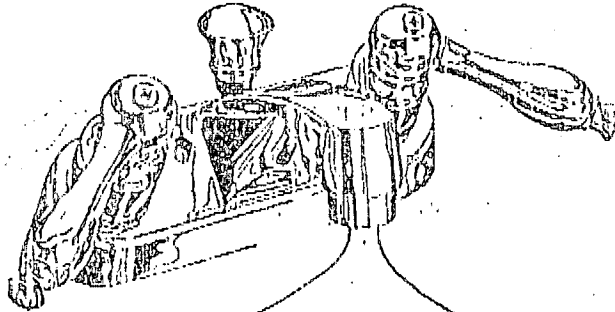
CONDITIONS:

- 1) Within fifteen (15) days, the well installed under permit #HO- - will be bacteriologically free resulting from approved disinfection procedures
- 2) If condition #1 is not met through disinfection techniques, then either:
 - a) an ultra violet disinfection system must be installed and maintained continuously to ensure a bacteriologically safe water supply
 - b) an order to abandon and seal the well will be issued

I hereby request that a 15 day Temporary Deviation to Certificate of Potability be granted for the well installed under permit #HO- - . I am fully aware of the conditions under which this deviation will be granted. I am fully aware of my responsibilities as the well owner.

Ben K. DeRoe
(Property Owner)

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: 6/26/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS: Pump test for lot 119

7124 Crabbury Court

Test OK For 420

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

30007870

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

7124 CRABURY CT.
ELLICOTT CITY MD 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

BUILD DECK 27' x 24'
W/WALKWAY 4'
W/STEPS (2)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
119						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
ASHLEIGH FLOOD			5	

OWNER NAME AND ADDRESS
LEONA ANN COLEMAN MCGOWAN
7124 CRABURY CT.
ELLICOTT CITY MD 21029

PHONE NO.
301-854-1209

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
A 12

PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
BREWWOOD CONSTRUCTION INC.
4707 FOUNTAINVIEW RD.
ELLICOTT CITY MD 21029

PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT

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.

EXISTING USE: SFD

PROPOSED USE: DECK

EST. CONSTRUCTION COST: \$15,000.00

LICENSE NUMBER: #47539

PERMIT FEE: \$30

SIGNATURE: *Thomas Orsally*

TITLE: _____

DATE: 09.11.97

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)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	<i>[Signature]</i>
WATER & SEWER		
HEALTH DEPT.	X	9/11/97 <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.

APPROVED _____ DATE _____

LP-89-591

11. UG # 1652

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

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

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 007
Receiver : 913018549988
Transmitter : HOCO ENVHEALTH
Date : Jul 9,97 14:48
Time : 00'45
Mode : NORM
Document : 01 Pages
Result : 0 K

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 004
Receiver : 913013454833
Transmitter : H000 ENVHEALTH
Date : Jul 10,97 15:58
Time : 03'34
Mode : NORM
Document : 05 Pages
Result : 0 K