

7/11/97
A.M.
septic & WPT

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58122

A _____

DISTRICT _____

DATE 05/02/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXX~~

313-2640

TAKED#
05-420784
INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland PHONE (301) 474-4411

SUBDIVISION Ashleigh Knolls LOT 128 ROAD 7201 Fawn Crossing Drive

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

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.

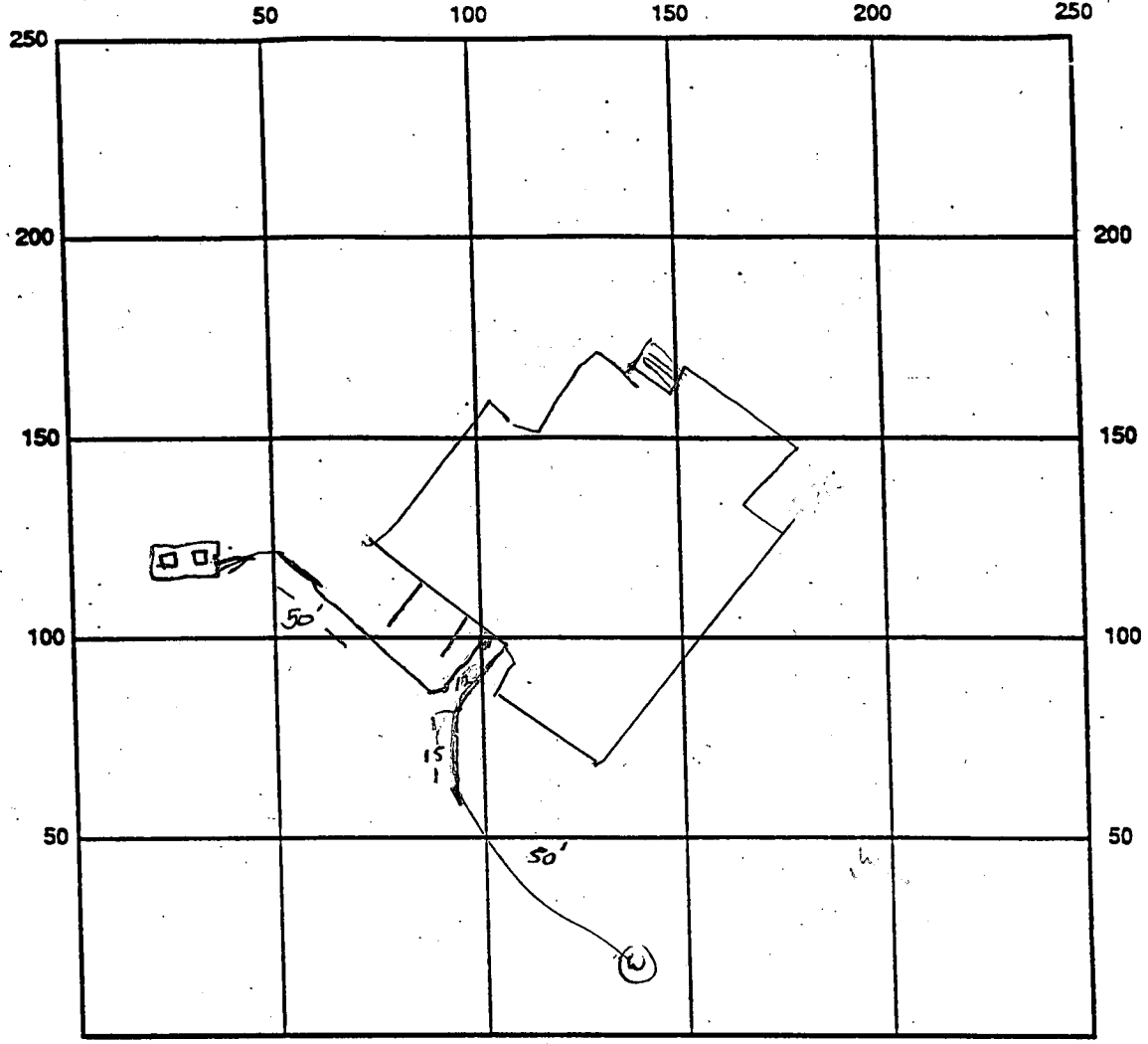
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

58122

Plans Approved By: [Signature]

Date: 5/7/97

M
O
R
L
A
N
D



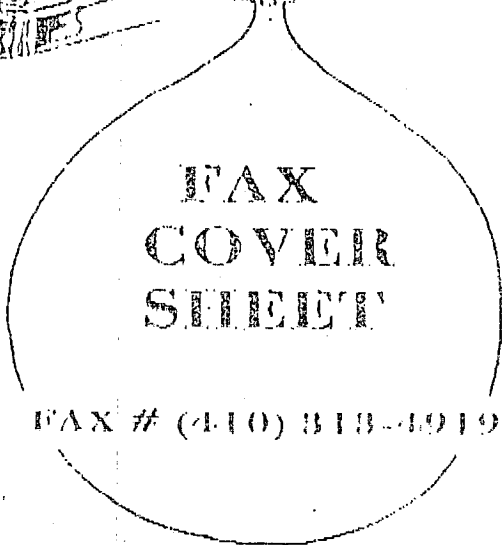
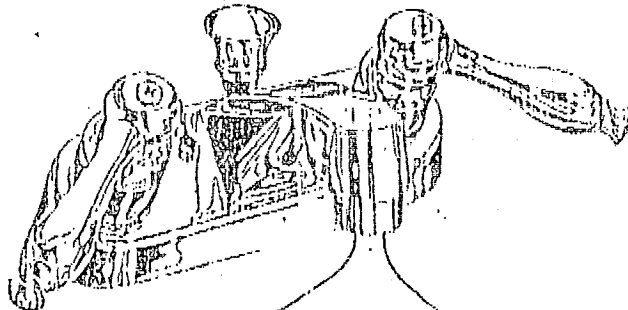
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
FAUN X-ING

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 7-11-97 SEPTIC CONNECTION OK, W/PT GROUND
 NOT ATTACHED TO CASING, NO PUMP, OK TO COVER
 WELL CASE, etc.

DATE SYSTEM APPROVED _____ INSPECTOR _____

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

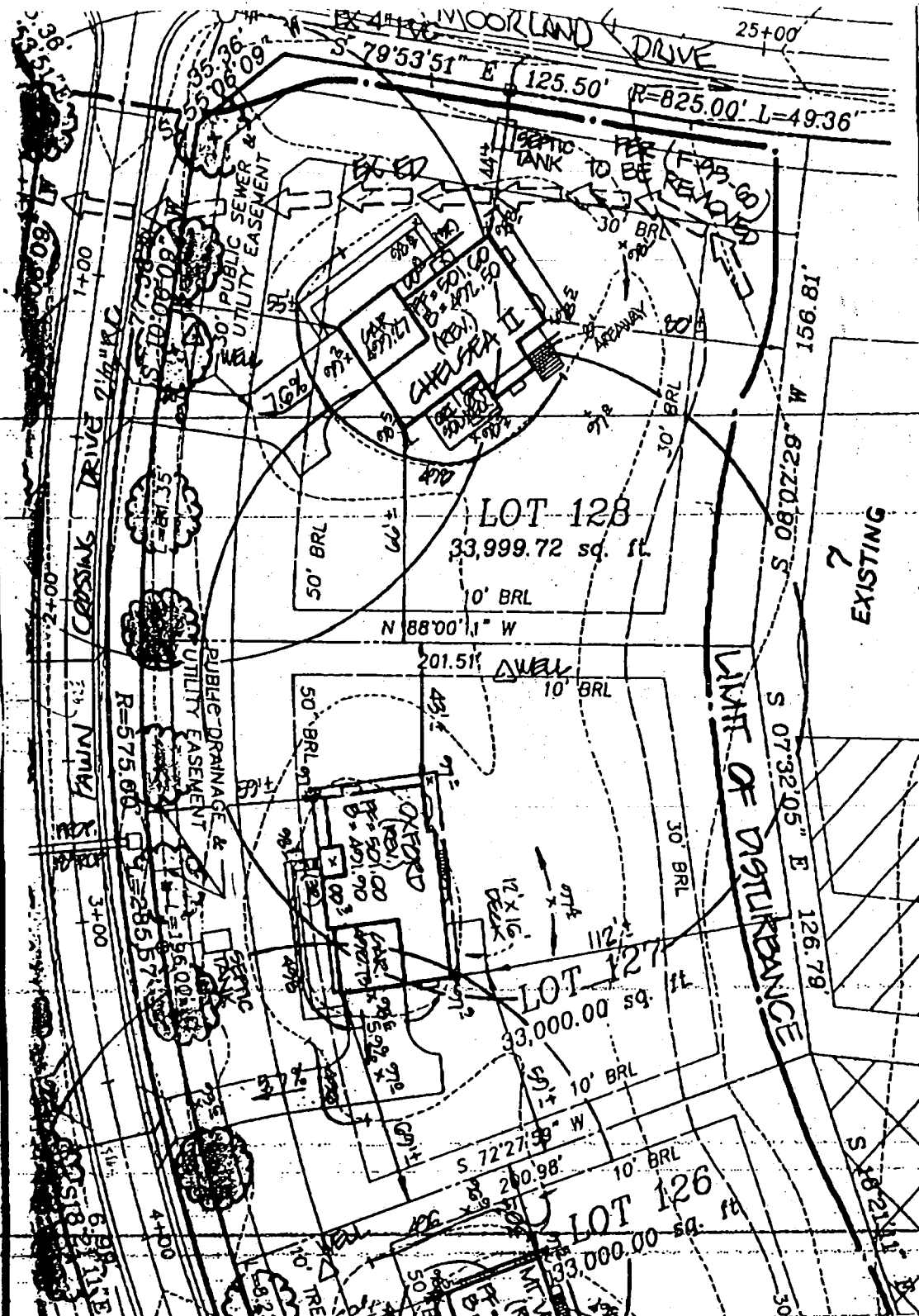


FAX
COVER
SHEET

FAX # (410) 313-4900

Number of Pages: 1
(Including this sheet)

DATE: 10/24/97
TO: Kim
FAX #: 2648
FROM: Bernard Sensibawh
COMMENTS: Pump Test for Winchester Homes
Lot # 12B - 7201 Fawn Crossing. cont # 50-3357
Tested OK for U+O 10/23/97



LOT 88					
LOT 89					
LOT 90					
LOT 91					
LOT 92					
LOT 93					
LOT 94					
LOT 95					
LOT 96					
	F. F. ELEV.	INV. OVT OF HOUSE	EX-GROUND @ SEPTIC TANK	PROP. GRADING @ SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 98					
LOT 99	500.20	494.20	492.24	494.40	492.00
LOT 100					
LOT 101	499.05	493.05	490.19	494.74	488.99
LOT 102	492.73	486.73	480.15	487.00	484.20
LOT 103	490.73	484.73	486.03	486.40	482.00
LOT 104	484.60	478.60	481.31	482.70	476.60
LOT 105	480.50	474.50	478.41	479.00	471.30
LOT 106	478.00	472.80	476.47	475.6	470.8
LOT 107	481.13	475.13	475.07	475.6	471.05
LOT 108	482.00	476.00	476.67	476.80	472.72
LOT 109	485.80	479.80	476.89	479.10	475.70
LOT 110	489.60	483.60	482.63	483.80	480.00
LOT 111	476.80	470.80	471.51	472.7	486.7
LOT 112					
LOT 126	502.60	494.60	497.07	496.80	492.94
LOT 127	501.00	495.00	493.81	494.10	490.00
LOT 128	501.00	495.00	493.81	494.10	490.00

X X X X

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

1300105113

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

7201 Fawn Crossing Drive
Clarksville, MD. 21029

29516

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Chelsea II:
2 story, finish bsmt, rear sunroom
10 R, 3 FB, 1BB, 4 BR, FP, garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
128	475	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 900
Greenbelt, Md. 20770 (301) 474-4411

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	50'	45'	10'
	50'	38'	10'
	55'	46'	10'

OCCUPANT'S NAME AND ADDRESS PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2294	22040	1/2 Gable
ROOMS	1410	14150	
BATHS			
FIREPLACES	1067	10071	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.M. Meoni Group
10120 A Old National Pike
Tjamsville, Md. 21754-9706 (301) 865-5858

FOOTINGS	FOUNDATION	S. WALLS
10 R & S	4" CONCRETE	FRM S

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	X	Gas	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 Family

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

SIGNATURE DATE
Permit Administrator 5/2/97

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		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	5-6-97	Kimberly A. Maiste
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

H 9353

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

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

APPROVED

DATE

CA

C1 2701 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 ST/CO USE ONLY
 DATE RECEIVED

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-
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 H0-94-0569

DATE WELL COMPLETED 082896 Depth of Well 500 (TO NEAREST FOOT)
 OWNER **Winchester Homes**
 STREET OR RFD **Moorland Drive** TOWN **Highland**
 SUBDIVISION **Ashleigh Knolls** SECTION LOT 128

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	
Sand silt clay	2	85	
Sand Stone	85	100	
Mica	100	145	
Sand Stone	145	146	✓
Mica	146	275	
Felsint	375	376	
Mica	376	490	
Quartz	490	441	✓
Mica	441	500	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 56 NO. OF POUNDS 5600
 GALLONS OF WATER 280
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 65 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 6 114

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

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

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. 40

DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 George F. Kusterday

LIC. NO. 501

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

C2 DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
 H 0 1 1 2 5 0 0
 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) (E.R.O.S.) W.Q.
 TELESCOPE CASING LOG INDICATOR OTHER DATA

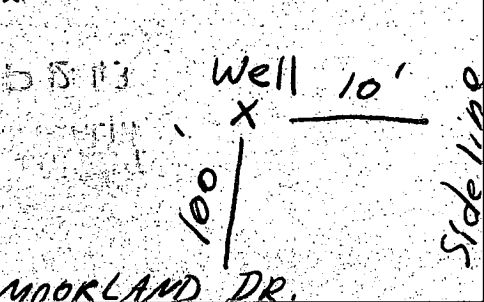
C3 PUMPING TEST

HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 120
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 10 ft.
 WHEN PUMPING 151 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
 (CIRCLE) (YES or 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)

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)



B 1 **6428** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-99-0564
 fill in this form completely

Date Received (APA) **05/17/99**
 OWNER INFORMATION:
Winchester Homes
 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

B 3 LOCATION OF WELL
Howard COUNTY 21
Ashleigh Knolls 23 SUBDIVISION 42
 SECTION 44 46 LOT **128** 48 50
Highland 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday 77 License No. **40** 80
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
George F Easterday 5-1795
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
MOORLAND DR 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
100 34 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** 8
 AVERAGE DAILY QUANTITY NEEDED (GAL PER DAY) **500** 12 20

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 COUNTY NO. **13**
 STATE SIGNATURE **Errol Kelly** INSERT S 41
 DATE ISSUED **6/19/96**
 NORTH GRID **487000** EAST GRID **0818000**
 50 55 57 63

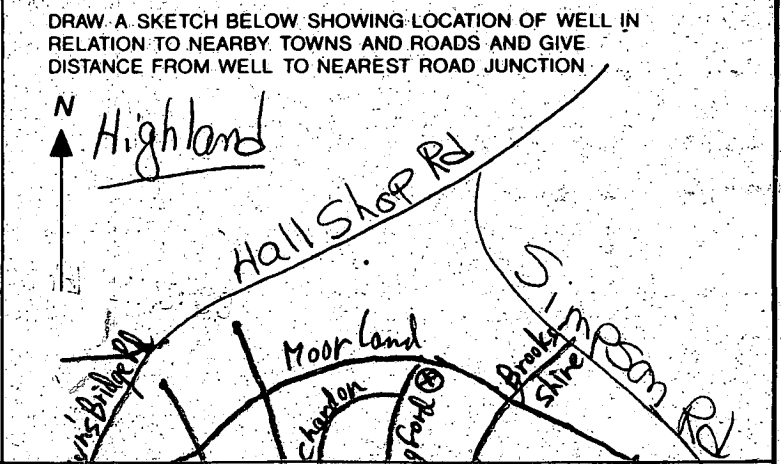
APPROXIMATE DEPTH OF WELL **300** 24 28 FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

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

 000 000

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) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER. _____ 54 63
 FORCE **RP** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-99-0564** 70 71 72 73 74 75 76 77 78 79

