

AM
8/8/97
C-0 + WPT

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58519

A

DISTRICT 5th

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

Tax ID#
-05-420679

DATE 06/16/97

DATE SYSTEM APPROVED 11/6/97

INSPECTOR DKS ^{SRM}

Winchester Homes, Inc. IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Ashleigh Knolls LOT 118 ROAD 7120 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

- 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.

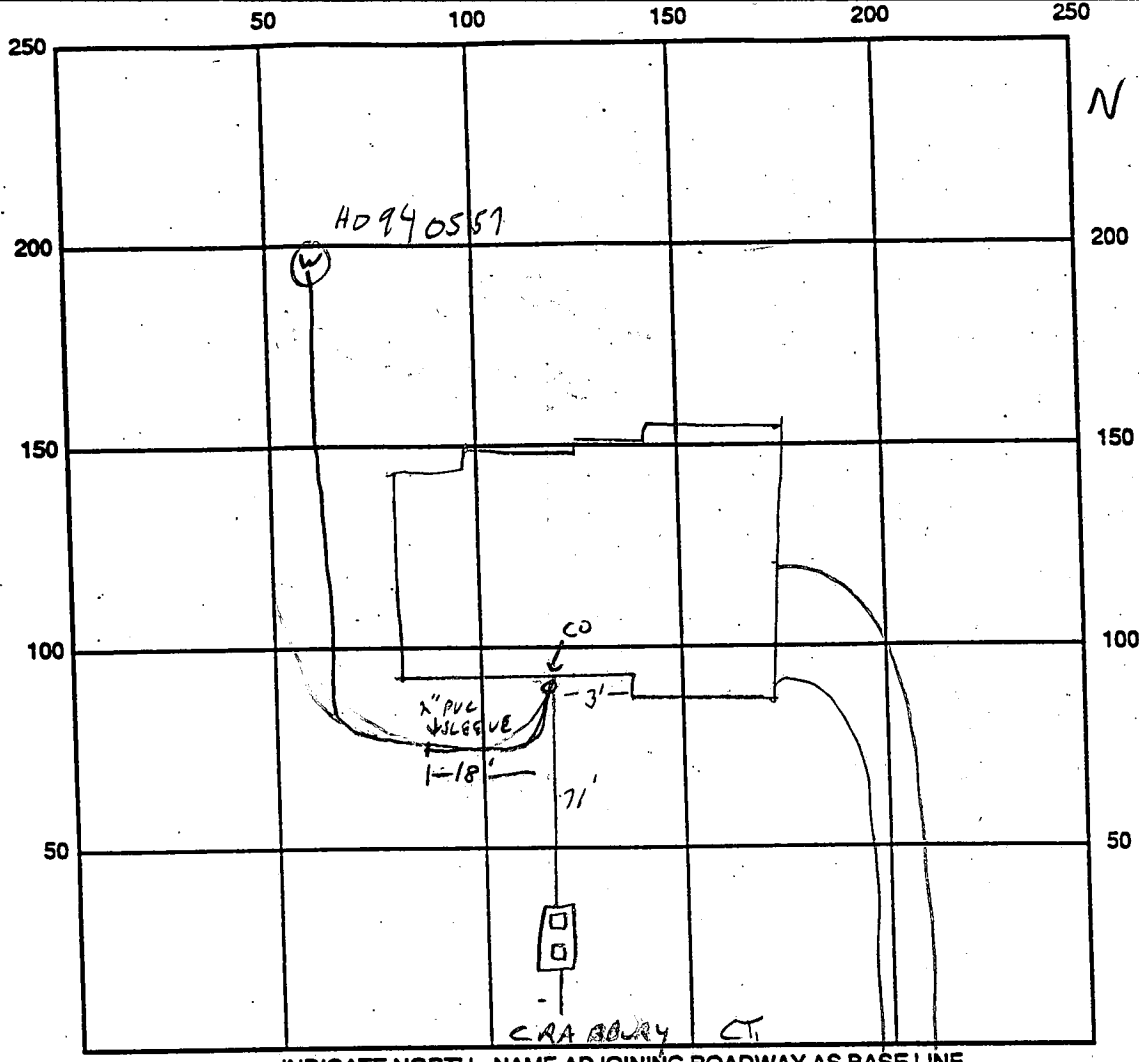
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

BLDG. PERMIT SIGNED
AND RETURNED 11/21/97
Serial# B00108845 - 2 level deck

SEW. PERMIT SIGNED
AND RETURNED 6-16-97
Serial# B00106321 -
SFD-4Bm

Plans Approved By [Signature]

Date: 6/19/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS 1 AT WALL

REMARKS: 8-8-97 HOUSE TO S.T CONNECTION OK, WELL LINE,
INSTALLED, WELL NOT GROUNDED, DO NOT COVER PITLESS
ADAPTER, OK TO COVER WELL LINE TO HOUSE. W/

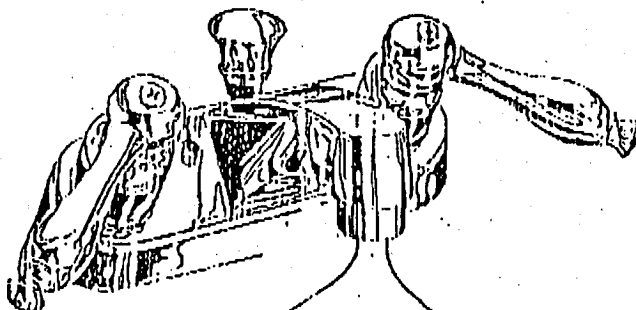
NOTE WPI FAILED INSPECTION

8-13-97 WPI RE-INSPECTION, GROUT COMPLETED OK
TO COVER WELL LINE (GROUNDS WERE NOT ATTACHED TO CASING)

10/30/97 No pump test performed. DKS

DATE SYSTEM APPROVED 11/6/97 INSPECTOR (DKS) SRK

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: 1/16/97
TO: Kim
FAX #: 2648
FROM: Jim Miller
COMMENTS:

Ashleigh Knolls
Lot 27 7100 Ramsgate Ct
Lot 117 7116 Crabbarry Ct
Lot 118 7120 Crabbarry Ct
Lot 131 7121 Musland Rd
Pump tests for U+O is OK

Please Mail To:
 APPLICATION
 2020 EDNA R RD
 COLLETSVILLE, MD 20705

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

30008845

\$30

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

7120 Crossway Ct
 Clarksville, MD 21029

GRADING/SEDIMENT CONTROL YES NO
 SDP #

DESCRIPTION OF WORK AUTHORIZED

2 Level Irregular Shaped Deck
 on Rear of Home with Steps To
 Ground. 11' 27x6 STEELING 31K16

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

115 175 - - 7 - -
 SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.
 Ashland Knolls RR-X 41 5 605102

OWNER NAME AND ADDRESS PHONE NO.

Larry - Melissa Greenblatt 301 963-4795
 SAME AS ABOVE

SIZE OF BLDG. FRONT DEPTH HEIGHT

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Owner

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

Wingelst, Thomas
 Greenbelt, MD

FOOTINGS FOUNDATION S. WALLS

Pier & Post

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Tom Panchas 301 607-4122
 22200 Federal Rd
 Clarksville, MD 20771

UTILITIES: WATER WELLS SEWER SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

EXISTING USE PROPOSED USE

Single Family Home Same w/ Deck

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.
 Jay Heavell
 SIGNATURE

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

\$14,000.00

Owner TITLE 11/18/97 DATE

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.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT	11/21/97	Mark E. Riffin
FIRE PROTECTION		
STORM WATER MGM.		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-89-591 CR 1445

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



HOWARD COUNTY HEALTH DEPARTMENT

August 8, 1997
Joyce M. Boyd, M.D., County Health Officer

Winchester Homes
6305 Ivy Lane
Suite 800
Greenbelt, MD 20770

RE: Ashleigh Knolls lot 118, 7120 Crabbury Ct.

To Whom It Will Concern:

A well pump installation inspection (WPI) was conducted August 8, 1997 at the above referenced property. The installation could not be approved because the well casing does not appear to have been grouted.

Very Truly Yours,

Glen Savage, R.S.

cc: Easterday Well Drilling
File

8-13-97 ISSUE RESOLVED, GRout CEMENT AND BENTONITE, ADDED
TO TOP CO DROPPED GRout, COMPLETED 8-11-97 (SEE
GEO DATA SHEET). JJ

ashwd.let

please Mail To:
 APPLICATION
 2020 EDNA ROAD
 CLARKSVILLE, MD 21035

\$30

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

10003845

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

7120 Crabby CT
 Clarksville, MD 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

2 Level Irregular shaped Deck
 on Rear of Home, with Steps To
 Ground. #1 27x6 STEPPING 31x16

30724

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
118	775	-	-	7	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashland Knolls		RE-1	71	5	605102	

OWNER NAME AND ADDRESS
 Lane - Melissa Greenblatt
 301 963-4725
 SAME AS ABOVE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
 Owner

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
 Winkler - Thomas
 Greenbelt, MD

FOOTINGS	FOUNDATION	S. WALLS
Pier & Post		

CONTRACTOR'S NAME AND ADDRESS
 Tom Panichas
 30200 Frederick Rd
 Clarksville, MD 21031
 301 607-4122

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

EXISTING USE
 Single Family Home

PROPOSED USE
 Same w/ Deck

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.

Jay H. Hinkle
 SIGNATURE

EST. CONSTRUCTION COST
 \$14,000.00

LICENSE NUMBER

PERMIT FEE

11/18/97
 DATE

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 # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	11/21/97	Mark E. Riffin
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED. APPROVED _____ DATE _____

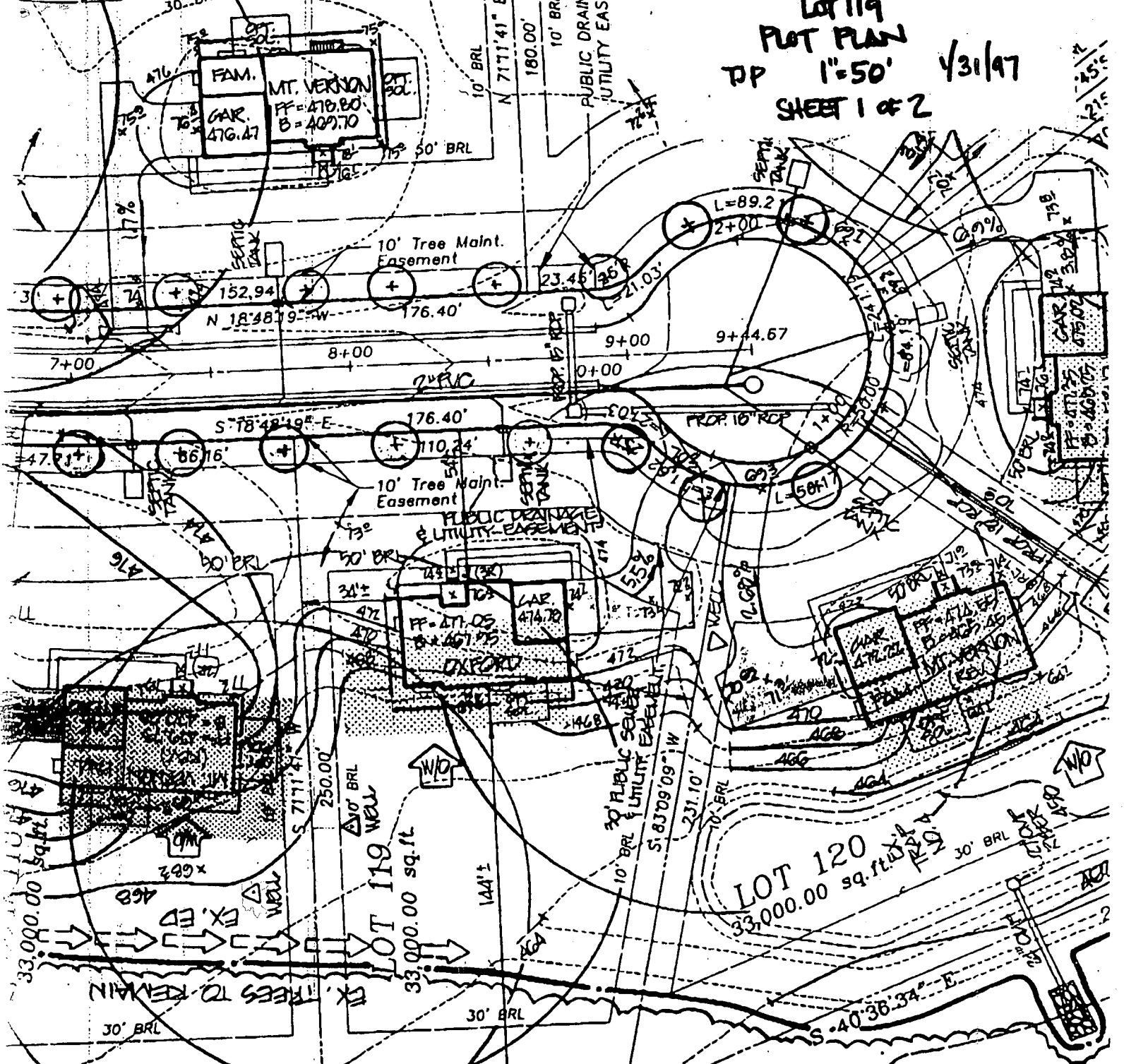
LP-69-591 CK 1445

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LOT 123
33,437.53 sq. ft.

94027.22
ASHLEIGH KNOLLS
LOT 119
PLOT PLAN
DP 1"=50' 4/31/97
SHEET 1 of 2



33,000.00 sq. ft. EX. ED. EX. TREES TO REMAIN

LOT 119 33,000.00 sq. ft.

LOT 120 33,000.00 sq. ft.

30' BRL

107.90'

S 18°48'19" E

County Health Department

WETLANDS

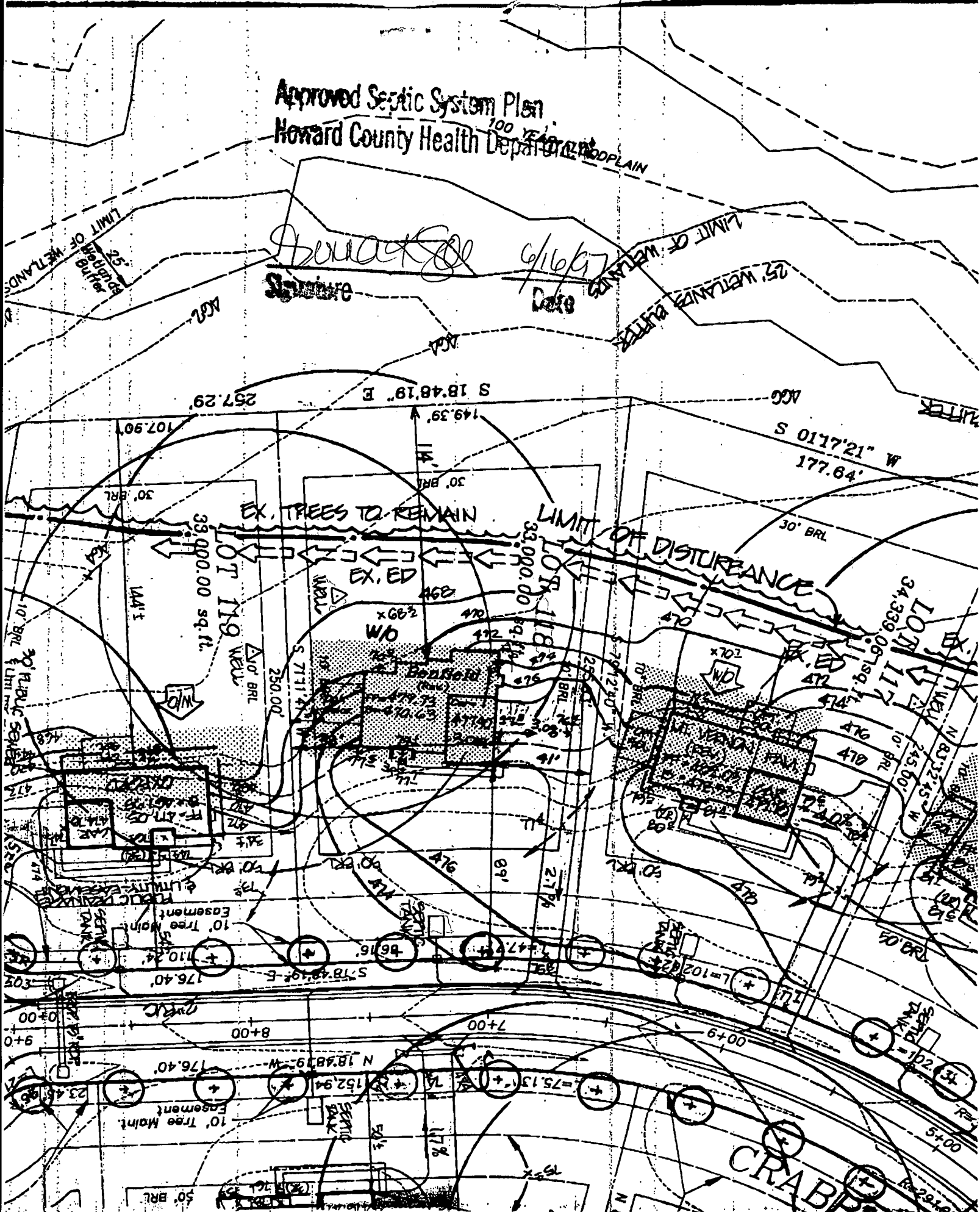
PT TO BE FILLMENT BACKFILLED

2/27/97

Approved Septic System Plan Howard County Health Department

Howard
Signature

6/16/97
Date



C11 2724

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 040497

Depth of Well 500 (TO NEAREST FOOT)

OK MR 4/28/97

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0557

OWNER Winchester Homes last name Crabbury Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 118

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Top soil, clay, Gray mica & Quartz, Shale, Brown mica, Soft shale nod, Gray mica, Brown mica, Gray mica.

GROUTING RECORD YES NO (Y) (N) WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 27 NO. OF POUNDS 2700 GALLONS OF WATER 135 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) (ST) (6) (205)

OTHER CASING (if used) 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 OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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/MDG 40 DRILLERS LIC. NO. 40

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

LIC. NO. 481

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

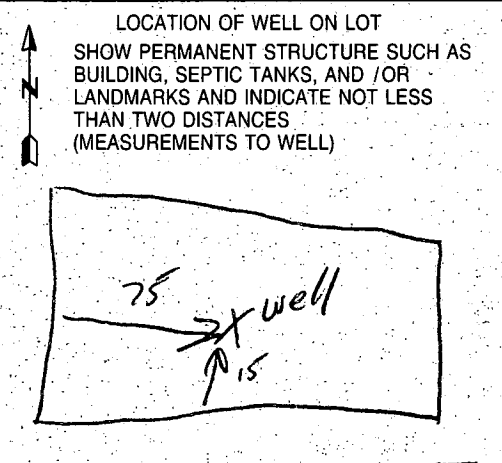
DEPTH (nearest ft.) ACHSCREN 1 H0 203 500 2 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft. WHEN PUMPING 252 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) (+) above () below LAND SURFACE (nearest foot)



B 1 6419 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER:
H0-94-0557
fill in this form completely

B 2 OWNER INFORMATION

Date Received (APA) 05/17/95

WINDCHEST HOMES
Last Name Owner First Name

6305 Ivy Lane
Street or RFD

Greenbelt MD 20770
Town State Zip

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

George F. Easterday
Driller's Name License No. 40

L. Franklin Easterday, Inc
Firm Name

9265 Brown Church Rd / MP. 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)

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)

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)

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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER G A P

FORCE RIP WRITE INITIALS IN BOX PERMIT No. H0-94-0557

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

B 3 LOCATION OF WELL

Howard COUNTY

Ashleigh Knolls SUBDIVISION

SECTION 44 LOT 118

Highland NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD CRABBURY CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

DISTANCE FROM ROAD 125 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 COUNTY NO. 13

STATE SIGNATURE _____ DATE ISSUED 060995 CO SIGNATURE Donald Purley EXP. DATE 6/9/96

NORTH GRID 485000 EAST GRID 0818000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

818
485

