

C-0 4WPT  
8/8/97 AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58563

A \_\_\_\_\_

DISTRICT 5th

DATE 07/14/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXX~~ 410-313-2640

*TOX ID#  
05-420660*

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

### INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 410-474-4411

SUBDIVISION Ashleigh Knolls LOT 117 ROAD 7116 Crabbury Court

PROPERTY OWNER KARL FIELHAUER ~~Winchester Homes~~  
ADDRESS 6305 Ivy Lane, Suite 800  
Greenbelt, Maryland 20770

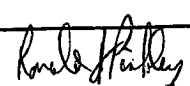
SEPTIC TANK CAPACITY: 1250 GALLONS

NUMBER OF BEDROOMS: 4

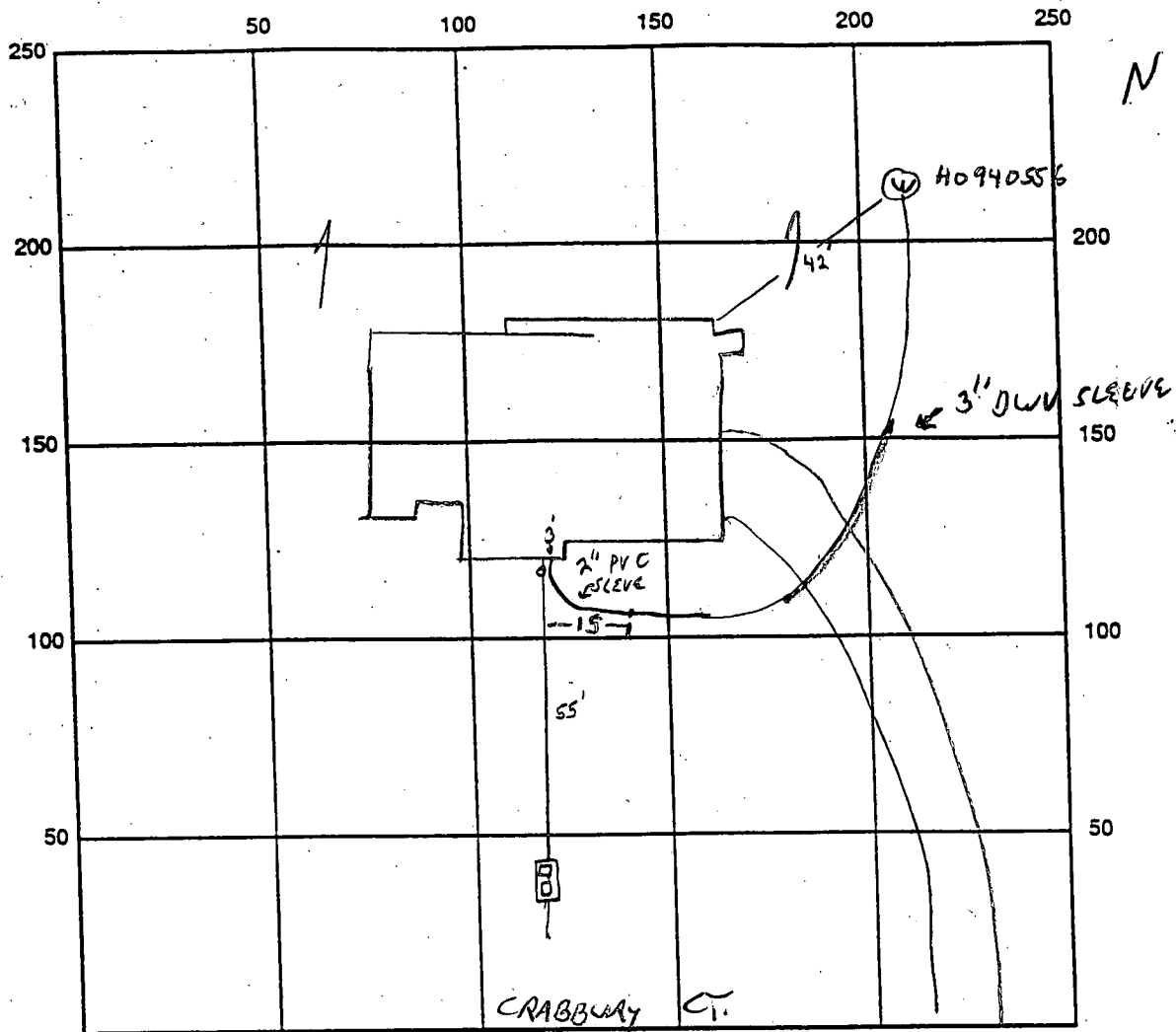
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.
- This 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.

P 58563

Plans Approved By:



Date: 7/16/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

REMARKS: 8-8-97 HOUSE TO ST CONNECTION OK, WELL LINE DE TO COVER  
 GROUND WIRE NOT ATTACHED TO WELL CASING. WPT OK *JS*

10/30/97 No pump test performed. *JS*

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

300134321

Building Address 7116 CRABBURY CT.  
CHARLESVILLE MD  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision A Shiloh Hills  
Section 4 Area \_\_\_\_\_ Lot 117  
Tax Map 411 Parcel 475 Grid 7  
Zoning R1D50 Map Coordinates DB1 Lot size \_\_\_\_\_

Property Owner's Name MR & MRS KARI FLEIHADER  
Address 7116 CRABBURY CT.  
City CHARLESVILLE State MD Zip Code 21029  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
THOMAS PANICHAS  
2028 URSANA PK  
CHARLESVILLE, MD 21754  
Phone 301-607-4011 Fax SAME

Existing Use SINGLE FAMILY DWELLING  
Proposed Use POREIN.  
Estimated Construction Cost \$ 24,000  
Description of Work SCREENED PORCH W/ WHEEL ATTACHED  
W/ STAIRS TO LANDING, AND STAIRS EACH  
WAY TO GRADE

Contractor Company PROGRESSIVE DESIGN  
Contact Person Tom  
Address ANNIE AT ABOVE  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. TDY23  
Phone SAME Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____
No. of stories: _____	Sewage Disposal: Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>324</u>	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Thomas Panichas  
Applicant's Signature

THOMAS PANICHAS  
Print Name

\_\_\_\_\_  
Title/Company

\_\_\_\_\_  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

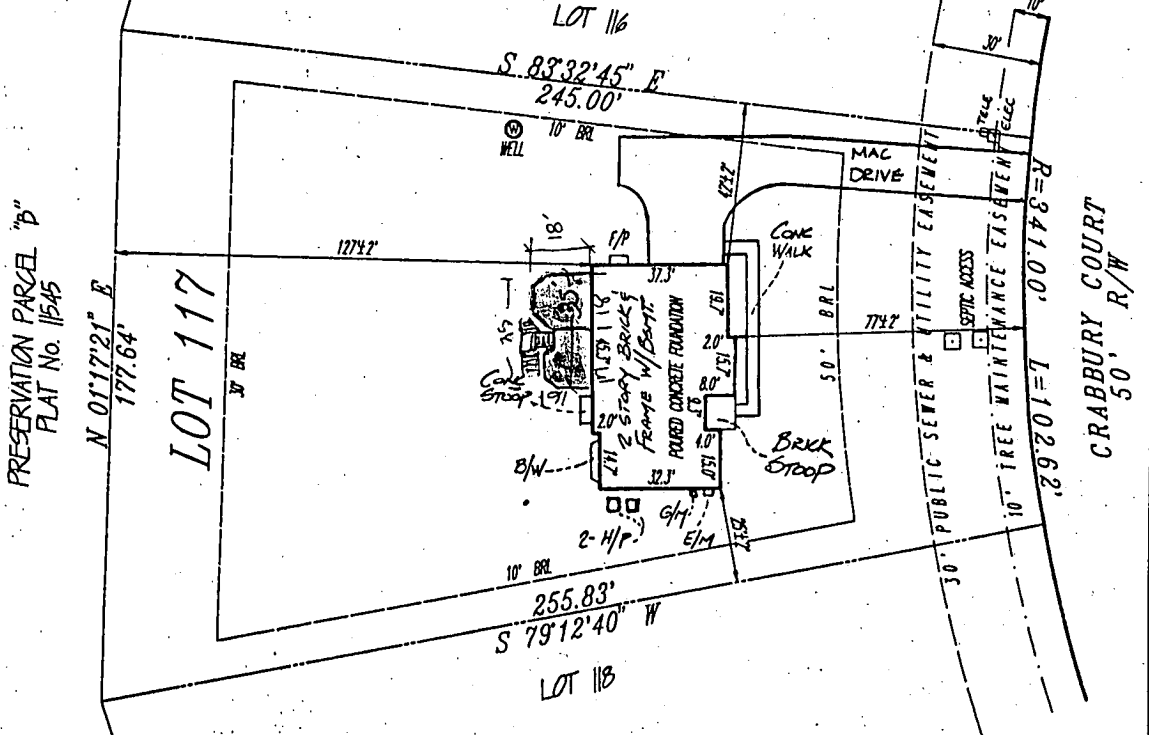
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>7/13/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>2/13/02</u>	<u>Karin Goedel</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	300134321
Rear: _____	Filing fee \$ <u>21</u>
Side: _____	Permit fee \$ <u>58</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>79</u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>5375</u>
	Validation # _____
	Accepted by _____



X *Wes. Shell*  
 X *guy*



PRESERVATION PARCEL "D"  
 PLAT No. 11545

N 01°17'21" E  
 177.64'

LOT 117

LOT 116  
 S 83°32'45" E  
 245.00'

LOT 118  
 S 79°12'40" W  
 255.83'

R=841.00'  
 L=1028.62'  
 CRABBURY COURT  
 50' R/W

**LEGEND**

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 7116 CRABBURY COURT  
 TOP OF WALL ELEV. = 480.6 FIRST FLOOR ELEV. =  
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY  
 INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
 TRANSFER, FINANCING OR REFINANCING;  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE EST-  
 ABlishMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR  
 OTHER EXISTING OR FUTURE IMPROVEMENTS;  
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE  
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT  
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER  
 OF TITLE OR SECURING FINANCING OR REFINANCING.  
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"  
 AREA OF MINIMAL FLOODING  
 PER COMMUNITY PANEL NUMBER 240044 0038 B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 117  
**ASHLEIGH KNOLLS**  
 PHASE 4

PLAT No. 11841  
 ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND

**LOCATION DRAWING**

FOUNDATION	DATE: <i>SRP</i> 7/31/97
FINAL	DATE: <i>AWG</i> 11/11/97
DRAWN BY: AWG	SCALE: 1"=40'
PROJECT No.:	94517.00



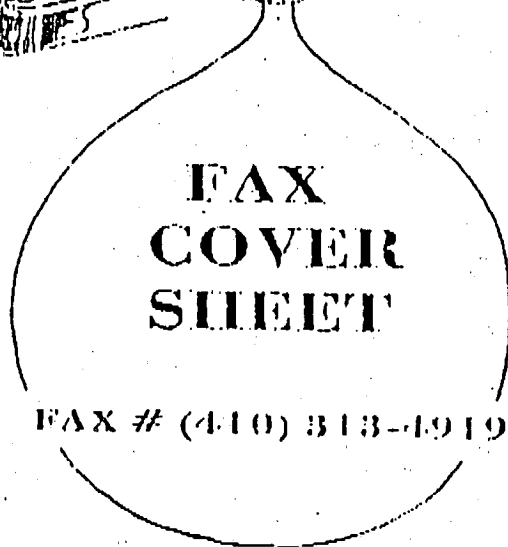
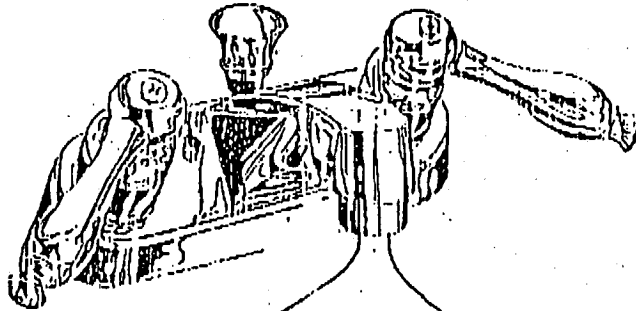
**R.M. MOCHI GROUP, P.C.**  
 CIVIL ENGINEERS  
 LAND SURVEYORS  
 PLANNERS  
 ENVIRONMENTAL

P.O. Box 10  
 New Market, MD 21774-0010

10120 A Old National Pike  
 Ijamsville, MD 21754-9706

(301) 865-5858  
 Fax: (301) 865-5111

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



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 Newland Rd  
Pump tests for U+O is OK



APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

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

1500/06824

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

7116 Crabbury Ct  
Clarksville MD 21029

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House 7116 1 1/2 Oxford  
2 story, full basement, 200 sq. ft.  
porch, 4 BR, 2 1/2

LOT NO. 117	PARCEL NO. 475	SEC. 2	AREA 7	BLOCK NO. 7	LIBER.	FOLIO
SUB DIVISION Ashlark Knolls		ZONE RR	ZONE MAP 41	ELEC. DIST. 5	CENSUS TR. 6051.02	

30204

OWNER NAME AND ADDRESS PHONE NO.

Winchester Home Inc.  
6305 Tully Ln Suite 200  
Crownsville MD 21032  
301 474 4411

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R. M. Mechi, Group  
P.O. Box 10  
New Market MD 21774  
(301) 865-5558

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Winchester Home Inc.  
Same as Above

EXISTING USE Vacant	PROPOSED USE Residential Single Family
------------------------	--

EST. CONSTRUCTION COST 160,000	LICENSE NUMBER CR404716	PERMIT FEE
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SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60'	40'	10'
	60'	38'	10'
	60'	38'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1787	17870	Asph/Flt
ROOMS	1783	17830	
BATHS			
FIREPLACES	1117	11170	

FOOTINGS	FOUNDATION	S. WALLS
16x8	Concrete	Asph/Flt

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

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.

Signature: [Signature]  
TITLE: [Title]  
DATE: 7-14-97

### FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW 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		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/15/97	A. McMiller
FIRE PROTECTION		
STORM WATER MGMT		

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

LP-69-591 CR 4496  
APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A. CR

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 113					
LOT 114					
LOT 115	4875.82	479.82	4800.50	4800.50	477.01
LOT 116					
LOT 117	482.03	476.03	475.83	476.56	473.40
LOT 118	479.73	473.73	473.47	474.26	471.18
LOT 119	477.05	471.05	472.93	472.03	468.09
LOT 120	474.39	468.39	469.55	469.78	465.78
LOT 121	477.35	471.35	469.81	469.72	466.30
LOT 122	475.80	469.80	469.93	470.78	467.36
LOT 123	478.80	472.80	474.53	473.69	469.88
LOT 124	486.05	480.05	479.08	479.14	475.72
LOT 125					

project	date	approval
94027.21	12/94	RMM
illustration	engineering	
MAS	TJP	
scale		
1" = 50'		

description	date
1. STRUCTURAL FILL PADS TO MAX. SIZE OF 55' x 80' PER C. COLLINS, MHI	12/18/95
2. DRIVEWAYS - 12' AFFRONS PER L. BURGOON, MHI	7/18/95
3. ED LOT 120 SEPTIC TANK & WELL LOCATIONS PER HEALTH DEPT.	7/21/95
4. SEWER SERVICE NOTE	8/13/95
5. DRIVEWAYS - 12' AFFRONS PER L. BURGOON, MHI	5/12/95
6. ED LOT 115 WELL LOCATION PER L. BURGOON, MHI	5/21/95
7. ED WELL LOCATIONS LOTS 114, 115, 116, 117, 118, 119, 120, 121, 122 & 125	5/11/95

7. STRUCTURAL FILL PADS TO MAX. SIZE OF 55' x 80' PER C. COLLINS, MHI 12/18/95  
 8. DRIVEWAYS - 12' AFFRONS PER L. BURGOON, MHI 7/18/95  
 9. ED LOT 120 SEPTIC TANK & WELL LOCATIONS PER HEALTH DEPT. 7/21/95  
 10. SEWER SERVICE NOTE 8/13/95  
 11. DRIVEWAYS - 12' AFFRONS PER L. BURGOON, MHI 5/12/95  
 12. ED LOT 115 WELL LOCATION PER L. BURGOON, MHI 5/21/95  
 13. ED WELL LOCATIONS LOTS 114, 115, 116, 117, 118, 119, 120, 121, 122 & 125 5/11/95

C-1 2725 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT

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  
 032497

Depth of Well  
 300 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO-99-0556

OWNER Winchester Homes  
 STREET OR RFD Crabbury Court TOWN Highland  
 SUBDIVISION Ashleigh Knolls SECTION LOT 117

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	1	
shale	1	4	
brown clay	4	45	
green clay	45	150	
brown mica	150	165	
gray mica	165	180	
brown mica	180	260	
gray mica	260	300	

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. 40

DRILLERS SIGNATURE  
 George F. Eastending

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

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

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 19 NO. OF POUNDS 1700  
 GALLONS OF WATER 90  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 60 ft.

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) 6  
 Total depth of main casing (nearest foot) 172

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 HO OPEN HOLE  
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)  
 1 40 2 170 3 300  
 A C H S C R E E N  
 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

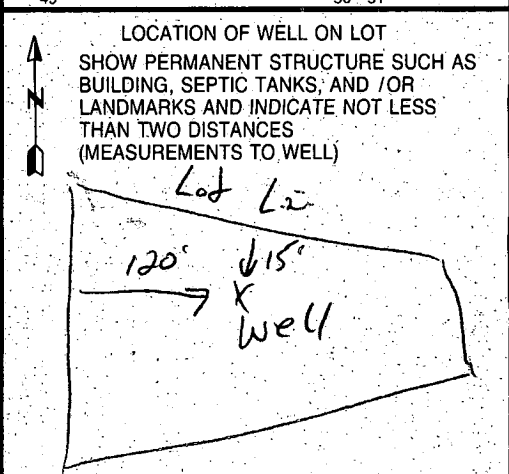
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 112.0  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 3 ft.  
 WHEN PUMPING 65 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 (Y) NO (N)

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 (nearest foot)  
 (-) below







<b>B 1</b>	<b>6418</b>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-0556</b> <small>70 fill in this form completely 79</small>
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**Date Received (APA)**  
**05/17/95**

**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** **40**  
Driller's Name 77 License No. 80

**L. Franklin Easterday, Inc.**  
Firm Name

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

**George F. Easterday** **5-17-95**  
Signature Date

**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

**METHOD OF DRILLING (circle one)**

**BORED** (or Augered)  **JETTED**  **Jettied & 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) \_\_\_\_\_

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

APPROX. PERMIT NUMBER \_\_\_\_\_

FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **HO-94-0556**

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

**LOCATION OF WELL**

**Howard** **NSHleigh Knolls**  
8 COUNTY 21

**SECTION** \_\_\_\_\_ **LOT** **117**  
44 46 48 50

**Hiland**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ MI  
73 76 77 78

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

**CRABSBURY CT**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **150** 37  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**  
38 39

TAX MAP: **40** BLK: **12** PARCEL **174**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard** **13-**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
DATE ISSUED **060995** **Ronald Pelly** **6/9/96**  
43 NORTH GRID **986000** 48 CO SIGNATURE EAST GRID **0818000** 55 EXP. DATE 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **Well**

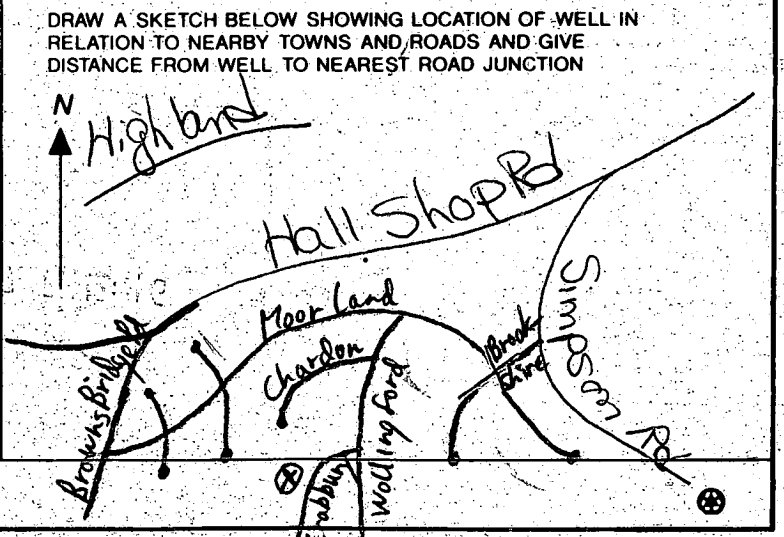
2. \_\_\_\_\_

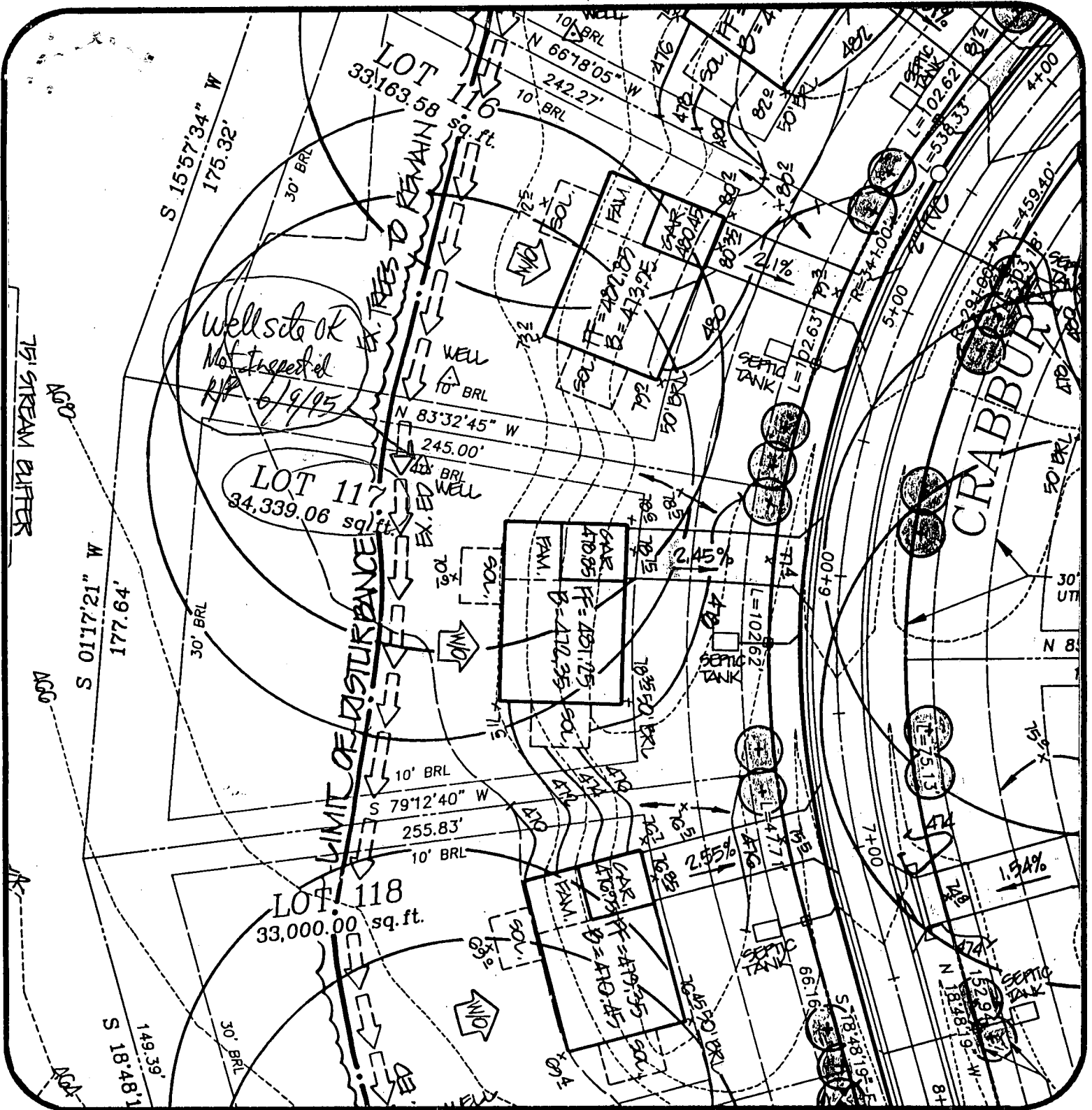
3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

**8188**  
**4806**

000  
000





Ashleigh Knolls  
Lot 117

DATE: 5/2/95

PROJECT NO.: 80027.01

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS  
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PLANNERS  
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