

6-15-98  
2:00P  
pumpup inspection

# PERMIT

No WP# Noted.

## SEWAGE DISPOSAL SYSTEM

No House Inspection

P 510120-B

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

is water line jacketed within

A  
DISTRICT 5ch

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XX450813~~ 313-2640

Tax ID#  
05-418437

DATE 5/01/98

DATE SYSTEM APPROVED 9/10/98

INSPECTOR *did CW*  
(KN)

### INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Ashleigh Knolls LOT 25 ROAD 7146 Moorland Drive

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.

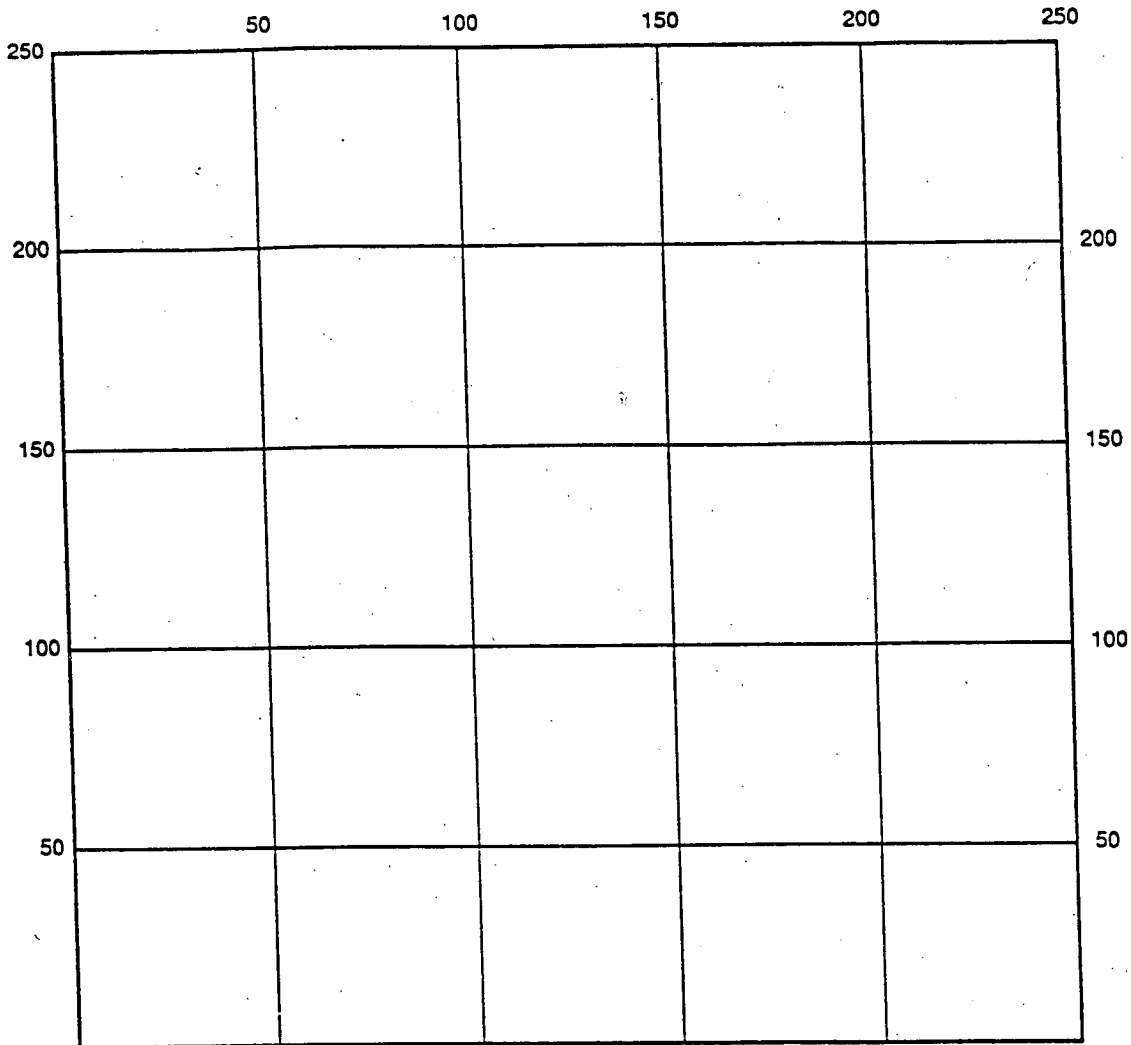
- Contact Health Department for inspection before covering the installation.

- 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.

P 510120-B

Plans Approved By *[Signature]*

Date: 5/15/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

REMARKS: 6/16/98 No insp Au  
9/10/98 Pump test performed but we were not notified - All work covered by  
around, DPW says OK, will provide their report soon. DP 9/16/98 9/16/98 DPW Fax rec'd DP

9/10/98 Fax came from Matt Tuder saying  
pump test ok. Fax sent to C. Williams  
and response "OKay for U&D" (X.N)

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



HOWARD COUNTY HEALTH DEPARTMENT

P 510120

DATE 5/11/98

Received From Winchester Homes, Inc

6305 Ivy Ln, Suite 800, Greenbelt, Md 20770

For Septic Permits - 2 Ashleigh Knolls 53+/25  
7134 & 7146 Moorland Drive

CASH  
 CHECK

No. 5066

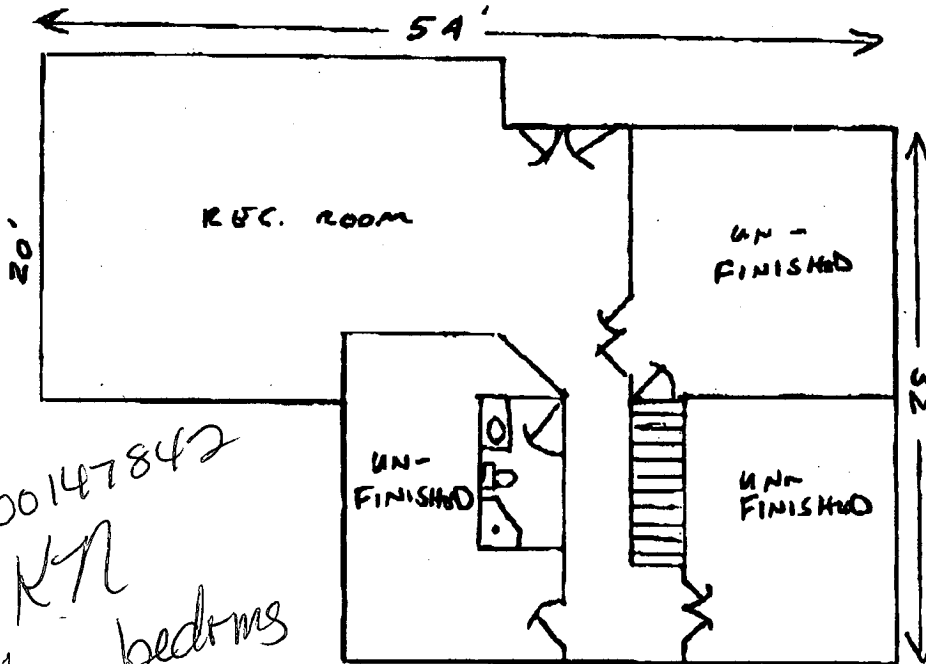
Three thousand Sixty & no/100

Dollars

\$ 360 00

Received By *[Signature]*

ATT: JOE WILLIAMS  
FROM: STEVE WILHELM / CUTTING EDGE  
FOR CONTRACTING INC.  
ALLISON PIHL BASMENT ?'s - 301-  
7146 MOORLAND DR. 514-3796  
CLARKSVILLE, MD. 21029



B00147842  
5/10/04 RT  
NOT in bedrms  
OK

Att: Stephanie  
X 2648

B... 147842

Thomas

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

**D00147842 KN**

Building Address 7146 MOORLAND DR.  
CLARKSVILLE, MD. 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605102 Subdivision ASHLEIGH KNOWS

Section Ph 2 Area \_\_\_\_\_ Lot 25

Tax Map AK40 Parcel 475 Grid 712

Zoning \_\_\_\_\_ Map Coordinates 14813 Lot size \_\_\_\_\_

Property Owner's Name ALLISON PHEL

Address 7146 MOORLAND DR.

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410-531-8588 Work Phone 202-409-9398

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 702-272-9398

Existing Use \_\_\_\_\_

Proposed Use \_\_\_\_\_

Estimated Construction Cost \$ 22,000.00

Description of Work BUILD OUT ROOM FOR  
CARPORT, STORAGE & GARAGE

Contractor Company CUTTING EDGE CONTRACTING INC.

Contact Person STEVE WILHELM

Address 12749 SUMMIT HILL RD.

City UNION BRIDGE State MD Zip Code 21791

License No. 120697

Phone 301-514-3796 Fax 410-775-0281

Occupant or Tenant ALLISON PHEL

Contact Name ALLISON PHEL

Address 7146 MOORLAND DR.

City CLARKSVILLE State MD Zip Code 21029

Phone 2-409-3340 Fax 2-409-9398

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p><b>Building Characteristics</b></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type:  <input type="checkbox"/> Reinforced Concrete  <input type="checkbox"/> Structural Steel  <input type="checkbox"/> Masonry  <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular</p>	<p><b>Utilities</b></p> <p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:  <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>  <input type="checkbox"/> Natural Gas <input type="checkbox"/>  <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>  <input type="checkbox"/> Pull  <input type="checkbox"/> Partial  <input type="checkbox"/> Other Suppression                      # of Heads _____</p>	<p><b>Building Characteristics</b></p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>1st floor: <u>32'</u> <u>35'</u></p> <p>2nd floor: <u>32'</u> <u>35'</u></p> <p>Basement: <u>32'</u> <u>35'</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>                      Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>                      No. of Bedrooms <u>1</u></p> <p>Multi-family dwellings:                      No. of efficiency units: _____                      No. of 1 BR units: _____                      No. of 2 BR units: _____                      No. of 3 BR units: _____</p> <p>Other Structure: _____                      Dimensions: _____                      Footings: _____                      Roof: _____</p> <p><input type="checkbox"/> State Certified Modular  <input type="checkbox"/> Manufactured Home</p>	<p><b>Utilities</b></p> <p>Water Supply:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:  <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>  <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/>  <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input checked="" type="checkbox"/>  <input type="checkbox"/> NFPA #13D  <input type="checkbox"/> NFPA #13R  <input type="checkbox"/> Other: _____</p>

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THE 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.

Applicant's Signature Steve Wilhelm Print Name STEVE WILHELM

Title/Company PREP. / CUTTING EDGE CONTRACTING INC. Date 1-24-04

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	35551
State Highways			Rear: _____	Filing fee \$ <u>27.00</u>
Building Official			Side: _____	Permit fee \$ <u>133.00</u>
Dev. Engineering, DPZ			Side St.: _____	Environ. tax \$ <u>14.00</u>
Health	<u>5-17-04</u>	<u>Racey Moore</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>172.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1407</u>
				Validation # <u>45211</u>
				Accepted by _____

LOT 6 OPEN PRA  
DEDICATED TO HOA  
N74°13'03" E  
135.97'



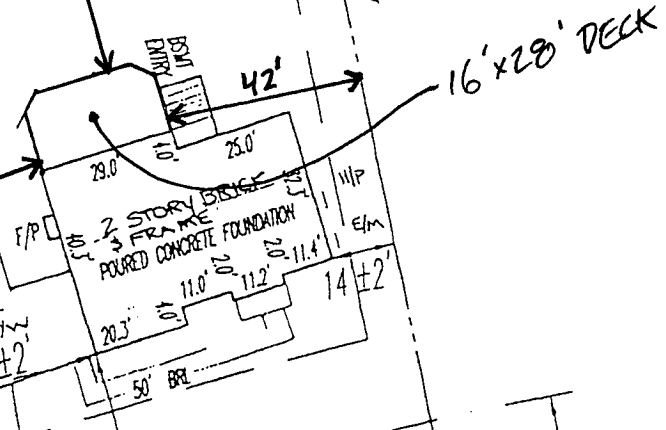
LOT 25

LOT 24

LOT 26

300125816

8/3/00  
Shown  
deck no  
impact to  
well/  
septic tank



MOORLAND DRIVE  
50' R/W

LEGEND

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

ADDRESS No.: 7146 MOORLAND DRIVE  
TOP OF WALL ELEV. = 497.4 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 ES-  
TABLISHMENT 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 0037 B

SCALE: 1"=40'

LOT 25

ASHLEIGH KNOLLS

PHASE TWO

PLAT No. 11540

ELECTION DISTRICT No. 5



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

May 15, 1998

### MEMORANDUM

TO: Winchester Homes, Inc.  
6305 Ivy Lane, Suite 800  
Greenbelt, MD 20770

RE: BP# B00111457  
7146 Moorland Drive

FROM: Donna K. Soe, R.S.  
Water and Sewerage Program

This is to advise that the Health Department has recently recommended approval of the above referenced building permit application. Please be aware of the following conditions related to future permit processes:

#### SEPTIC SYSTEM ISSUES

1. A copy of the certified location drawing (i.e., wall check) for each structure shall be submitted to this office to allow sufficient review time prior to septic permit issuance.
2. Corners of the approved septic area should be staked by a licensed surveyor/engineer prior to system installation.
3. No grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

#### WELL WATER ISSUES

1. Final driveway location should be at least 15 feet from the existing well.
2. Notification of the well pump installation and well line connection must be forwarded to this office by the installer (licensed plumber/well driller/pump installer) prior to any approval request regarding the well water supply.
3. Prior to application for a Use and Occupancy Permit, the well water supply should be sampled by a private, state-certified laboratory and tested for at least the following parameters:

- pH, chlorine, nitrates, coliform/fecal coliform bacteria, sand and turbidity

4. A licensed installer should submit "Notification of Water Treatment Device Installation" (if applicable).

5. OTHER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

cc: File

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

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

SERIAL NUMBER

6825  
B00111457

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

7146 Moorland Drive  
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Structure House type  
2 story full bsmt. 1 R. 2 FB. 1180  
8' overhang 4 BR. 10' 0" deep

LOT NO. 25	PARCEL NO. 475	SEC. -	AREA 2	BLOCK NO. 7	LIBER -	FOLIO -
SUB DIVISION Ashleigh Knolls		ZONE RR	ZONE MAP 40	ELEC. DIST. 5	CENSUS TR. 6051.02	

OWNER NAME AND ADDRESS

Winchester Home Dev  
63053 up rd Suite 200  
Clarksville, Md. 21029 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

R.M. Mack Group  
10120 H. Old National Rd  
Towson, Md. 21284 (301) 703-5400

CONTRACTOR'S NAME AND ADDRESS

Simon M. Brown  
Winchester Home Dev

EXISTING USE Vacant	PROPOSED USE Res. Single Fam
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EST. CONSTRUCTION COST 140,000	LICENSE NUMBER 15X-14160	PERMIT FEE
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SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54	36	10
	34	32	10
	54	32	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1730		1 1/2 gable
ROOMS	1250		
BATHS			
FIREPLACES	1324		

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8' conc.	2 1/2" c/c

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.

SIGNATURE  
DATE 4-28-98

### 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)

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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER	X	
HEALTH DEPT.	X 5/15/98	DONALD K 800
FIRE PROTECTION	X	
STORM WATER MGM.	X	


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





**NOTE:**


HOUSES AS SITED ON THE  
THE FIRST FLOOR ELEVAT  
ELEVATION MAY BE PRO

**LEGEND**

 PRIVATE SEWER EASEMENT

 SHARED SEWER EASEMENT

 RESERVE SHARED SEWER EASEMENT


 SEPTIC TANK


 PRIVATE WELL

 WALKOUT BASEMENT

 OCTOBER GLORY RED MAPLE

 WILLOW OAK

 STRUCTURAL FILL REQUIRED

 LONDON PLANE

LOT	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24	496.97	490.97	487.39	489.60	486.00
LOT 25	498.29	492.29	491.61	490.90	487.00
LOT 26	499.60	493.60	490.31	491.20	488.50
LOT 27	504.10	498.1	497.30	498.60	495.00
LOT 28	505.70	499.70	498.70	500.50	497.00
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30	506.30	500.30	497.30	499.20	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.90	492.90	493.10	493.85	490.10
LOT 33	499.72	493.72	492.14	493.20	488.10
LOT 34	499.57	493.57	492.06	493.30	489.20
LOT 35	501.60	495.60	492.50	496.00	493.10
LOT 36	504.34	498.34	497.19	498.90	494.90
LOT 37	506.33	500.33	499.50	501.10	497.10
LOT 38	506.30	500.30	499.05	501.00	497.80
LOT 39					
LOT 40	501.20	495.20	471.39	495.10	491.60
LOT 41	507.10	501.10	493.73	496.20	492.70
LOT 42	500.10	494.10	493.07	495.00	491.00
LOT 43	499.60	493.60	491.91	492.10	488.40
LOT 44	495.47	489.47	489.60	490.50	487.00
LOT 45	474.80	488.80	472.83	492.00	487.80
LOT 47	499.43	493.43	486.94	490.40	486.90
LOT 49					
LOT 30	494.85	488.85	492.46	491.00	486.30

483.2 X  
482.2 X

Ø

C1 **2978** 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  
**090695**

DATE WELL COMPLETED  
**071795**

Depth of Well  
 22 **200** 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**H0-99-0498**

OWNER **Winchester Homes**  
 STREET OR RFD **Moorland Drive** TOWN **Highland**  
 SUBDIVISION **Ashleigh Knolls** SECTION \_\_\_\_\_ LOT **25**

**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	
Brown Shale	2	12	
Brown Mica	12	30	
Sand Stone	30	50	
Brown Mica	50	52	✓
Gray Mica	52	105	
Brown Mica	105	106	✓
Gray Mica	106	150	
opening	150	151	✓
Gray Mica	151	200	

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**  
*Gene F. Esterling*  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. **JSD 038**  
*Bwa Thompson*  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**GROUTING RECORD**  YES  NO  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **8** NO. OF POUNDS **800**  
 GALLONS OF WATER **40**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **35** 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** **42**  
 60 61 63 64 66 70

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

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

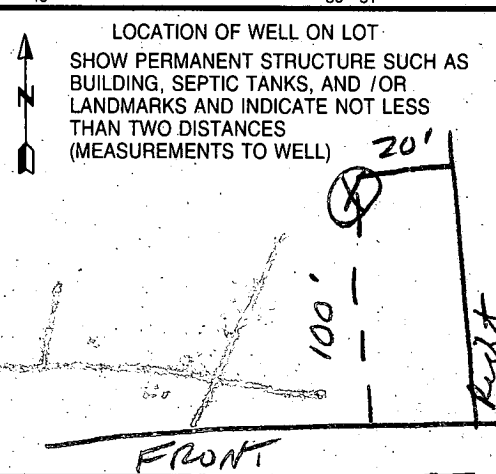
**C 2**  
 1 2 DEPTH (nearest ft.)  
 E A 1 **H0 38 200**  
 A C H 8 9 11 15 17 21  
 S 2 \_\_\_\_\_  
 C R E 23 24 26 30 32 36  
 E E 3 \_\_\_\_\_  
 N 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 56 60

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T **507 (E.R.O.S.)** **100** **W.O.P.**  
 70 72 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 8 9  
 PUMPING RATE (gal. per min.) **10**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **15** ft.  
 17 20  
 WHEN PUMPING **55** ft.  
 22 25  
 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) \_\_\_\_\_  
 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





EMERGENCY/TEMP NO. IF ANY

**B 1** **9070** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **40-94-0498**  
 APPLICATION FOR PERMIT TO DRILL WELL please print or type **fill in this form completely**

**OWNER INFORMATION**  
 Date Received (APA) **05/19/95**  
**Winchester Homes**  
 15 Last Name 8 Owner 13 First Name 34  
**6305 Ivy Lane**  
 36 Street or RFD 55  
**Greenbelt MD 20770**  
 57 Town 70 State 72 Zip 76

**DRILLER INFORMATION** MSD/MGD/MWD  
**George F. Easterday** **49**  
 Driller's Name 77 License No. 80  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9205 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
**George F. Easterday** **5/15/95**  
 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)  
 **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 DEEPEEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

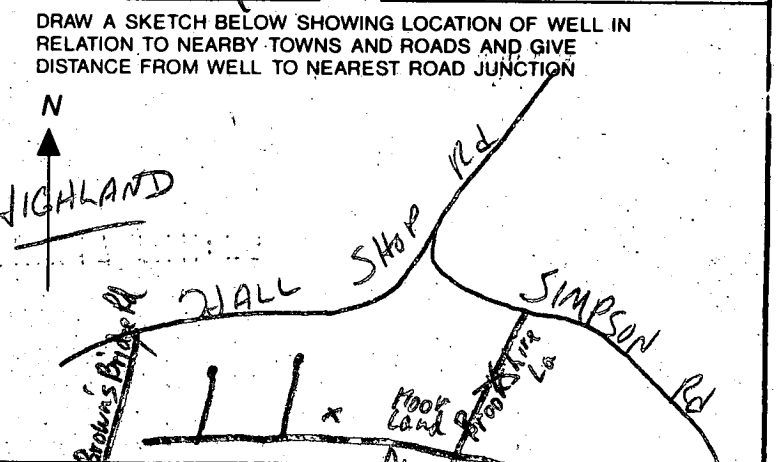
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ **G A P** \_\_\_\_\_  
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **40-94-0498**

**B 3** **LOCATION OF WELL**  
**Howard**  
 8 COUNTY 21  
**Asheleigh Knolls**  
 23 SUBDIVISION 42  
 SECTION \_\_\_\_\_ LOT **25**  
 44 46 48 50  
**Highland**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** MI  
 73 76 77 78

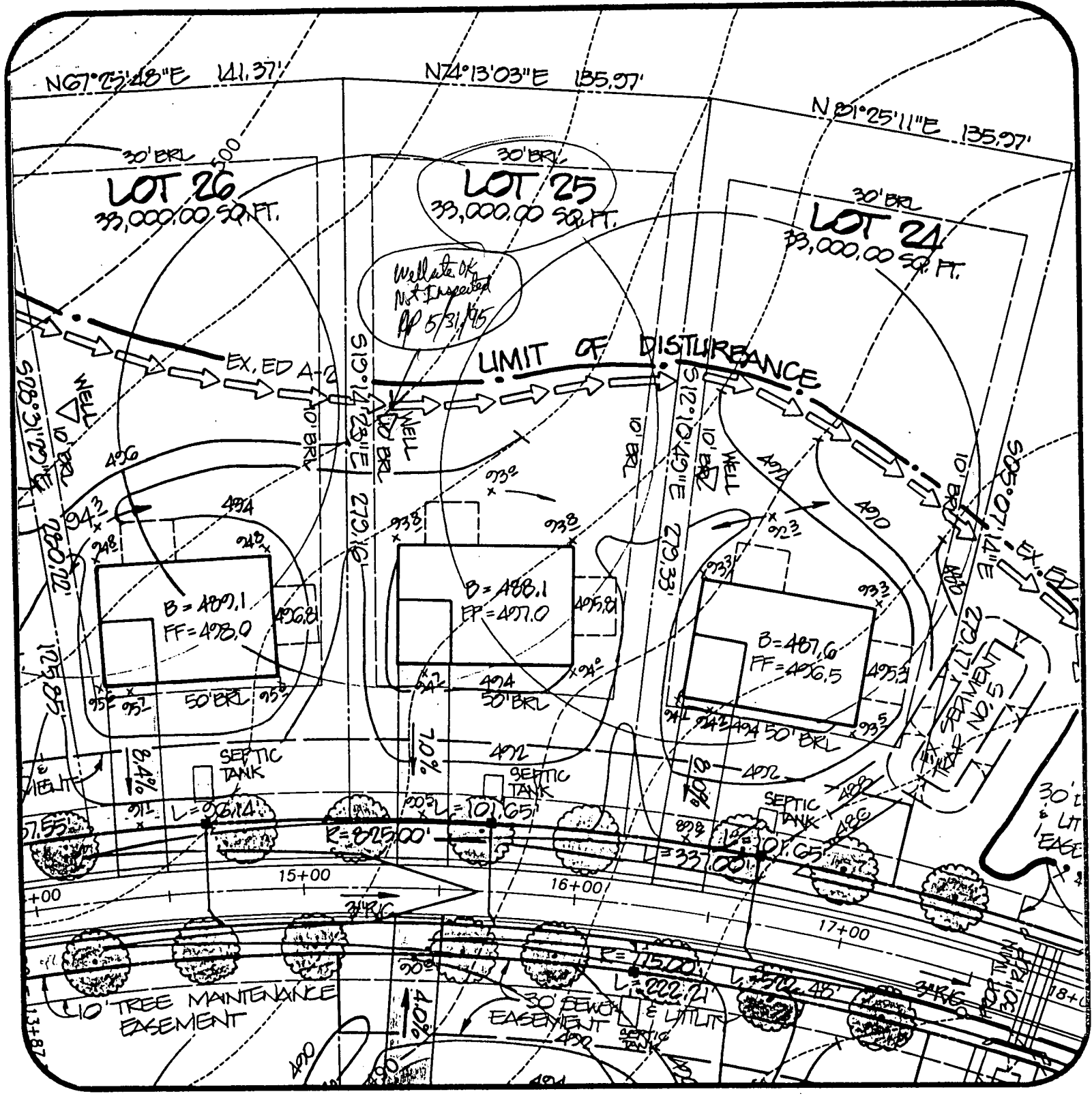
**B 4** **DIRECTION OF WELL FROM TOWN** (CIRCLE BOX)  
 N W N E W E S W S E S  
 8-9 8-9 8-9 8-9 8-9 8-9 8-9 8-9  
 TOWN  
 NEAR WHAT ROAD **MOORLAND DRIVE**  
 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N WEST W EAST E SOUTH S  
 34 **175** 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI **FT**  
 38 39  
 TAX MAP: **46** 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 **06/3/95** **5/3/96**  
 43 48 CO SIGNATURE EAST GRID EXP. DATE  
 NORTH GRID **488000** EAST GRID **6817000**  
 50 55 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  
 E **8187**  
 N **4808**  
 000 000



SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = COUNTY



Ashleigh Knolls  
Lot 25

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



\*\* TRANSMIT CONFIRMATION REPORT \*\*

Journal No. : 003  
Receiver : 913018549988  
Transmitter : HOOO ENVHEALTH  
Date : Sep 17.98 3:57  
Time : 00'41  
Mode : NORM  
Document : 01 Pages  
Result : OK

**FAX** cover sheet



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel: (410) 313 4900  
Fax: (410) 313 4989

Date: 9/10/98 Number of pages including this one 1  
To: Carroll Mass  
Fax No.: 301 278 1111  
From: Matt Tuder

Comments: Pemp Inspection  
Delmar Koalk Contract # 50-3382  
Winchester Homes lot # 25  
7146 Moorland Ave  
Okay also U & O