

10-22-98
C.O. pm
1/14/99
1100 pump test
1/21/99 1500

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510668

A _____

DISTRICT 5th

DATE 9-04-98

Tax ID # 05 - 418364

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXXXX 410-313-2640

DATE SYSTEM APPROVED 1/21/99

INSPECTOR AW

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 301-474-4411

SUBDIVISION Ashleigh Knolls LOT 18 ROAD 7114 Moorland Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY: 1250 GALLONS

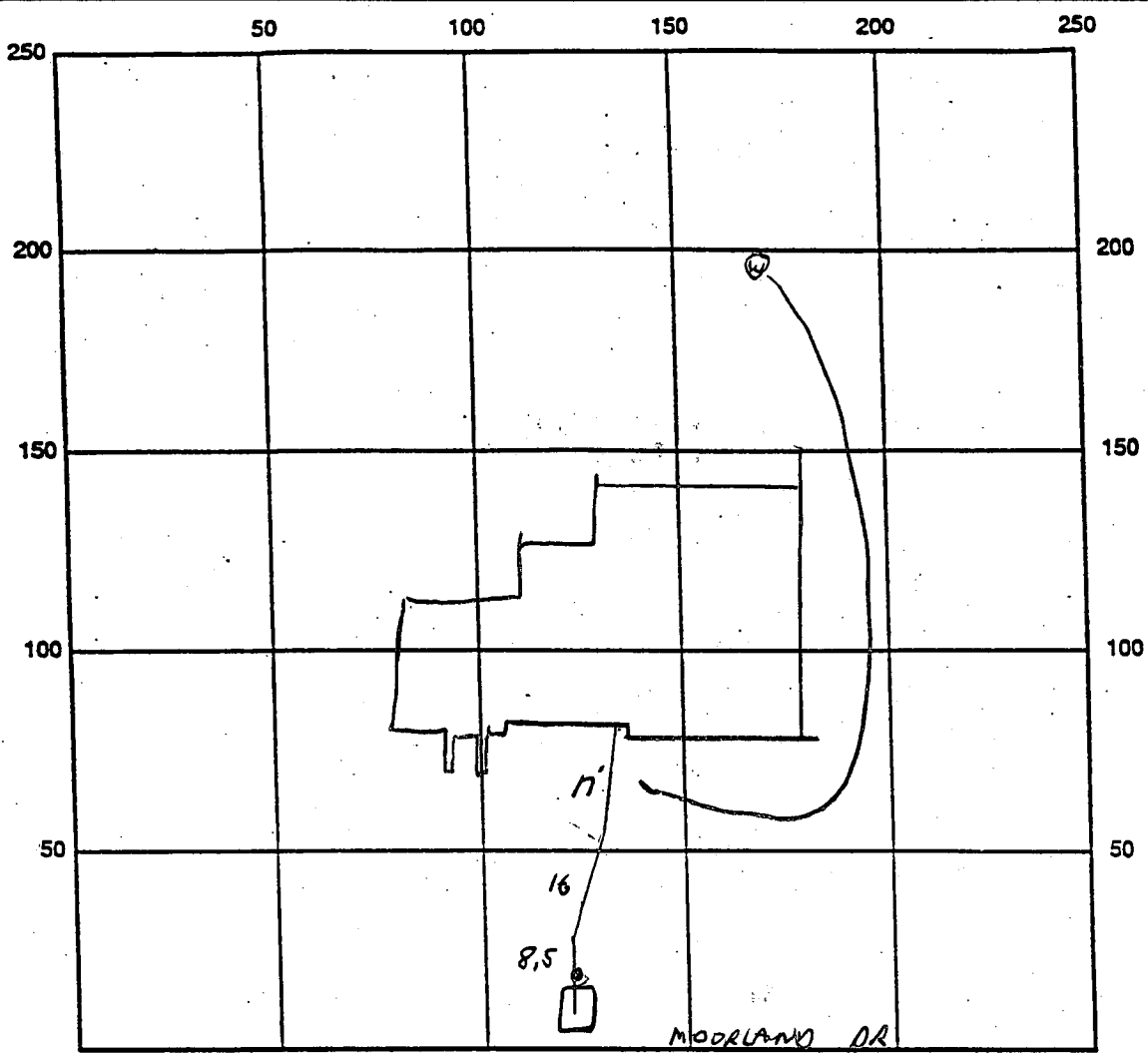
NUMBER OF BEDROOMS: 4

- 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.

5/06/98

APPROVED BY: [Signature]

Date: 9/1/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 10/22/98 HOUSE TO TANK CONNECTION OK, LINES
 AT HOUSE TO BE SET IN GRAVEL WELL LINE
 NOT INSTALLED YET - TO BE UNDER ROOF
 4" SLEEVES W.I. / 10" OF SEWER LINE SINCE AREA
 WILL BE DUG UP LATER FOR WELL LINE INSTALLATION
 VERIFICATION OF STONE PLACEMENT AROUND SEWER
 LINES IS IMPORTANT UNLESS WELL LINE IS
 RUN THRU BACK WALL OF HOUSE PRESERVE
 1/21/99 Pump test passed

DATE SYSTEM APPROVED 1/21/99 INSPECTOR J. McMiller

FAX
cover sheet



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

To : Water and Sewer Program

Date : 1/19/99 Number of pages including this one 1

Fax Number : 2648

From : Matt Fisher

Comments : Sewer Pump Test - Ashleigh Knolls

1:00 pm Thursday January 21st 1999

Winchester Homes

Lot 18 7114 Moorland Drive passed for U+O

Lot 39 7101 Ramsgate Ct passed for U+O

Lot 68 7183 Moorland Drive passed for U+O

Final grading around tank covers has yet to be done due to weather, a letter from developer states that final grading will be done by April 1, 1999

To Kim -
40-313-2648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-N Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 1-19-99

Name of Installer Damon Wilson

Telephone 301-831-7057

License Number JSD065
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Winchester Homes

Telephone 301-831-7750

Subdivision _____ Lot # 18

Well Tag # HO 94 - 056

Site Address McCollend Dr

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM 3450
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Maitison
- 2. Model # B-10K
- 3. Depth 3 1/2

2. Make Grundfos

3. Model # SP-505420

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes _____ No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

- 1. Capacity 32
- 2. Pressure relief valve? Yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 300 ft.
- 2. Yield 7 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Damon Wilson

Date: 1-19-99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

300113936

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

7114 Moorland Dr. 3754
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Newbury w/Fam ext.
2 story, full finished bsmt, 9 R
3 FB, 1 HB, garage, 4 BR, 5' area
FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
18	475		2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR-41		5	6051.02

OWNER NAME AND ADDRESS
Winchester Homes, Inc.
6208 Ivy Ln Suite 100
Crownbell, MD 21030
PHONE NO. 301-474-4411

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R. M. Mack, Group
10120 A. Old National Pike
Ipswich, MD 21754 (301) 865-5858
PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
Same As Above
Winchester Homes
PHONE NO.

EXISTING USE	PROPOSED USE
Unkint	Res. Single Fam.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
170,000	158-14160	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54	42	10
	54	36	10
	54	40	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2038		A/C. able
ROOMS	1371		
BATHS			
FIREPLACES	1572		

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" cont	w/1/2" sil.

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

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: Permit Administrator
TITLE: Permit Administrator
DATE: 9-3-98

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

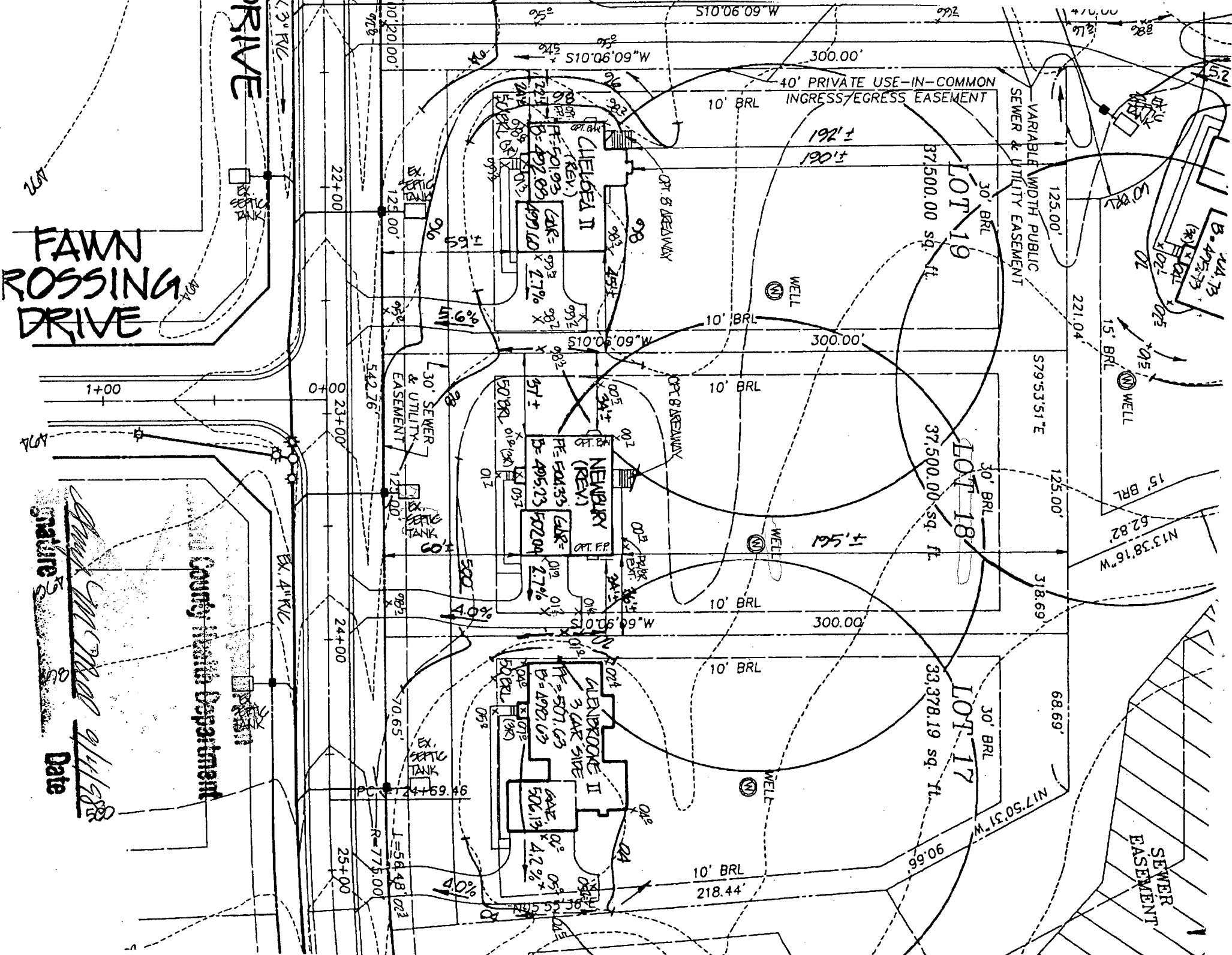
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER	X	
HEALTH DEPT.	9/4/98	A. McMillan
FIRE PROTECTION	X	
STORM WATER MGMT	X	

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

LP-69-591 5386

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



FAWN ROSSING DRIVE

RIVE

County Health Department

Shirley M. Mochi
 Date 9/1/98

C1. 2916 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 080695

DATE WELL COMPLETED 072795

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0516

OWNER: Winchester Homes last name Moorland Drive first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 18

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown shale, Brown Mica, Gray Mica, etc.

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 25 NO. OF POUNDS 2500

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (PL) (OT)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) (S) (T) (C) (O) (P) (L) (PL) (OT)

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

SCREEN RECORD screen type or open hole insert appropriate code below (S) (T) (B) (R) (H) (O) (P) (L) (PL) (OT)

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y) (X)

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)

LIC. NO. JS0038

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

DEPTH (nearest ft.) H0 88 300

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 19 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) (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

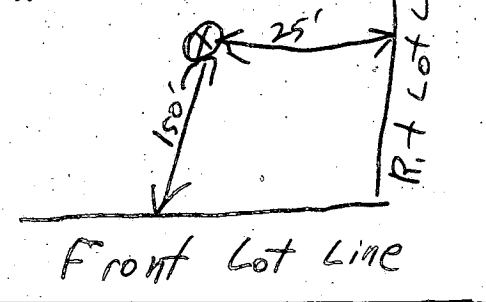
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

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)

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 **9059** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0516**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

OWNER INFORMATION
 Date Received (APA) **05/17/95**
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 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 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)
 BORED (or Augered) **JETTED** **Jetted & DRIVEN**
 AIR-ROTary **AIR-PERCussion** **ROTARY** (Hydraulic Rotary)
 CABLE **REVerse-ROTary** **DRive-POINT**
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ **GAP** _____
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **40-94-0516**
 67 88 70 71 72 73 74 75 76 77 78 79

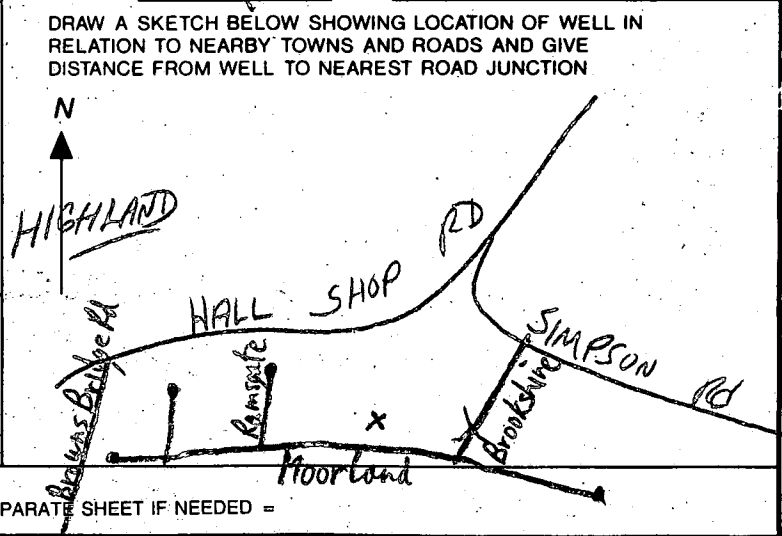
SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

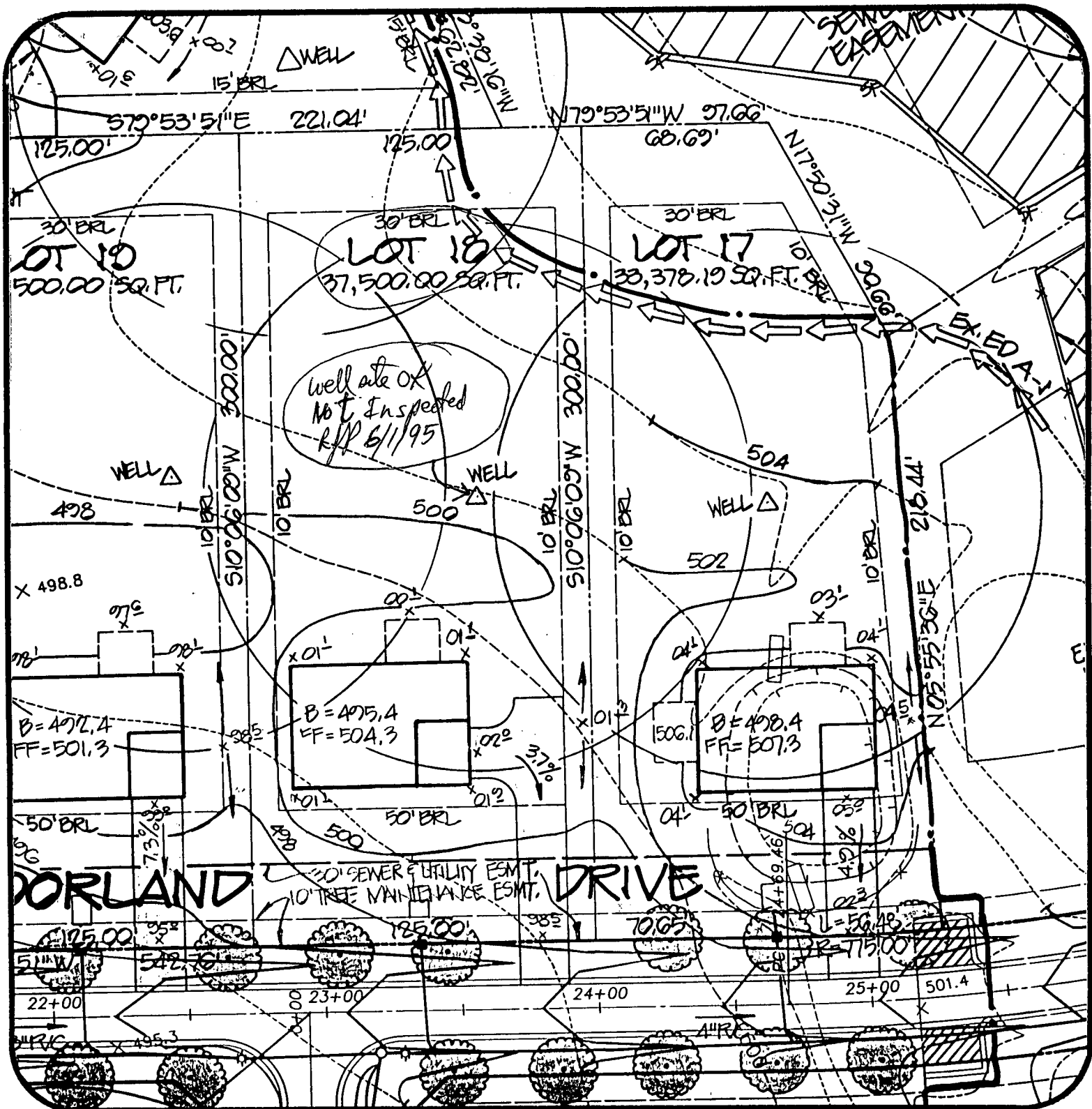
B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Asleigh Knolls
 23 SUBDIVISION 42
 SECTION _____ LOT **18**
 44 46 48 50
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **M**
 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 TOWN
 N, NE, E, SE, S, SW, W, NW
MOORLAND DR.
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)
 34 **140** 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 **06/01/95** **6/11/96**
 43 48 CO SIGNATURE 41 EXP/DATE
 NORTH GRID **488000** EAST GRID **0818000**
 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 **818**
 N **488**
 000 000





Ashleigh Knolls
Lot 18

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