

11/19/98  
1-2 pm  
2/19/99  
1:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511029

A \_\_\_\_\_

DISTRICT 5th

DATE 10-07-98

HOWARD COUNTY HEALTH DEPARTMENT

Tox ID # 05-418402

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 2/19/99

INSPECTOR [Signature]

## INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Ashleigh Knolls LOT 22 ROAD 7130 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.

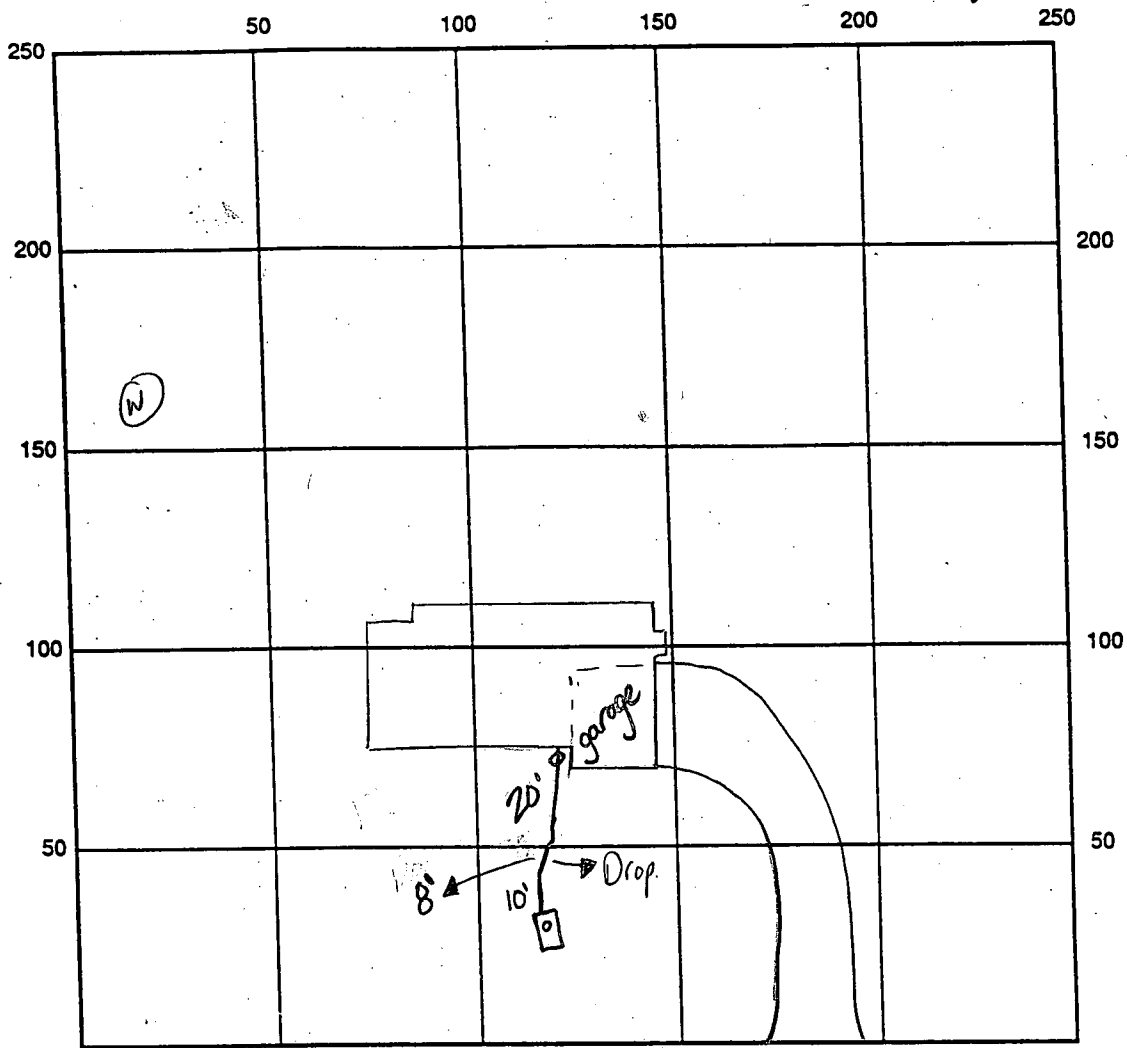
OK KM 10/21/98

511029

800126510  
Perch 9/22/00

Plans Approved By \_\_\_\_\_

Date: \_\_\_\_\_



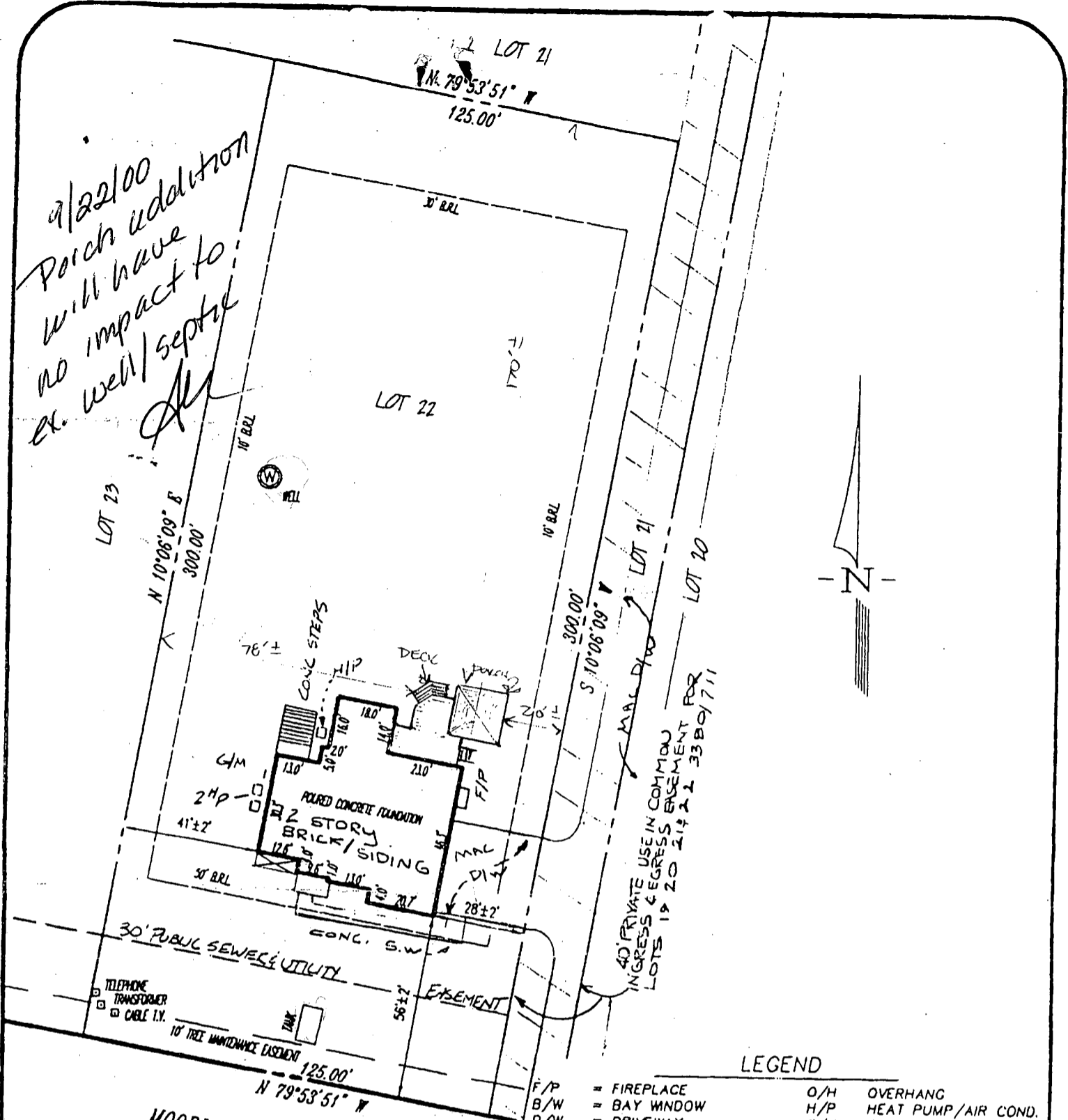
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Moorland Drive

SEPTIC TANK LEVEL OK CLEANOUTS 1 on tank, 1 at house

REMARKS: 11/19/98 ok to cover from house to tank -  
WPI ok to cover, P.A. 5' below grade, casing 1.0' above grade, has 2 piece cap  
Pump Test OK - DPW ok also - Feb 2/29/99 (LA)

DATE SYSTEM APPROVED 2/19/99 INSPECTOR brad/brady

9/22/00  
 Porch addition  
 will have  
 no impact to  
 ex. well/septic



MOORLAND DRIVE  
 50' R/W

LOT 22  
**ASHLEIGH KNOLLS**  
 PHASE TWO  
 PLAT No. 11538  
 ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND

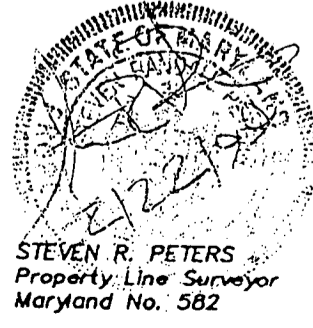
**LEGEND**

- 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.: 7130 MOORLAND DRIVE  
 TOP OF WALL ELEV. = 497.13' 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 0038 B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

**LOCATION DRAWING**

FOUNDATION	DATE: S.R.P. 12/07/98
FINAL	DATE: S.R.P. 2/22/00
DRAWN BY: KMB	SCALE: 1"=40'
PROJECT No.:	94517.20



**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  
PERMIT APPLICATION**

PERMIT NUMBER

**30006510**

Building Address 7170 MOORLAND DRIVE  
CLARKSVILLE MD 21029  
Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
Census Tract 6051.02 Subdivision ASHLEIGH KNOLLS  
Section Area II Area N/A Lot 22  
Tax Map 91 Parcel 475 Grid 7  
Zoning AR-101 Map Coordinates 14173 Lot size 25 x 300

Property Owner's Name ASHLEIGH KNOLLS  
PANAMA COMMARVESTA  
Address 7170 MOORLAND DRIVE  
City CLARKSVILLE State MD Zip Code 21029  
Home Phone 410-531-4675 Work Phone 703-706-2607  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY HOME  
Proposed Use DECK FOR GAME  
Estimated Construction Cost \$ \_\_\_\_\_  
Description of Work DECK FOR GAME 16x16 (256sq ft)  
21x8 with  
DECK w/STEPS  
280sq  
40sq

Contractor Company QUAYLE COMPANY  
Contact Person HAL QUAYLE  
Address 125 HILLCREST LA.  
City SEVERNA PARK State MD Zip Code 21146  
License No. 29819  
Phone 410-647-1262 Fax 410-647-0449

Occupant or Tenant RICHARD KRASS  
Contact Name \_\_\_\_\_  
Address 7170 MOORLAND DR.  
City CLARKSVILLE State MD Zip Code 21029  
Phone 410-531-4875 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" 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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 THEREON; (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.

Applicant's Signature: HAL QUAYLE  
Title/Company: QUAYLE COMPANY

Print Name: HAL QUAYLE  
Date: 7-16-00

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

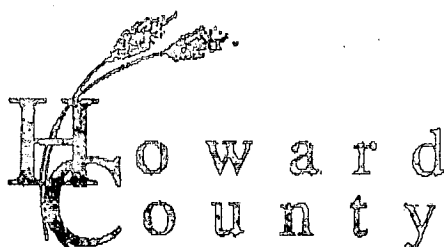
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met?  
YES  NO   
Is Entrance Permit required?  
YES  NO   
Historic District?  
YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 37780

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>51.00</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>56.00</u>
Balance due	\$ _____
Check #	<u>2702</u>
Validation #	<u>3074</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

FAX cover sheet



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

To: Water & Sewer Division

Date: 2/18/99 Number of pages including this one one

Fax Number: 2648

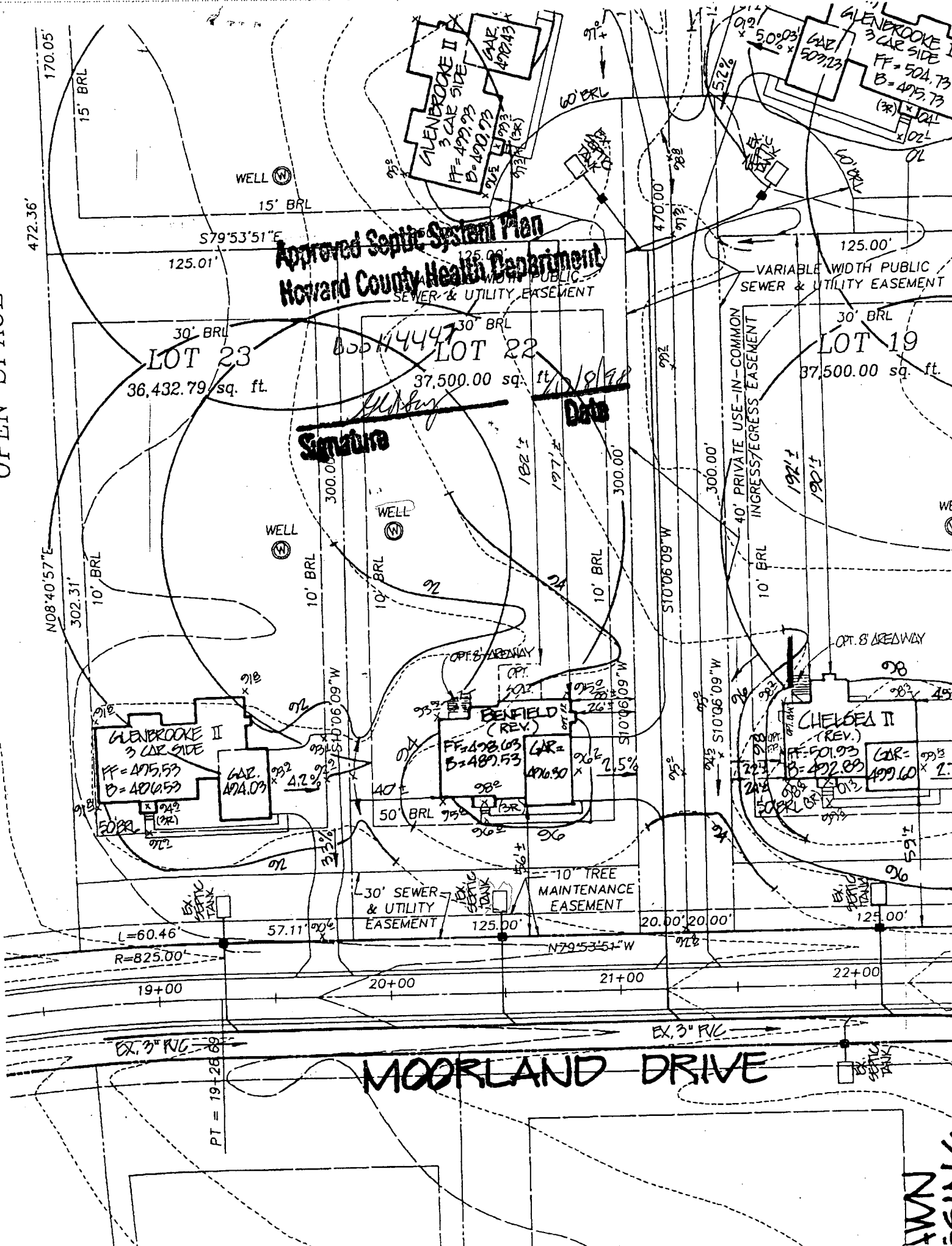
From: Matt Tucker

Comments: Sewer Pump Test  
Asheleigh Knolls Shared Septic System  
Winchester Homes lot 72  
7130 Mountland Drive  
~~at 1:00 p.m.~~  
at 1:00 p.m.

Follow-up from conversation with Kim  
Rescheduled for  
Friday 2/19

OPEN SPACE - LUI U

# Approved Septic System Plan Howard County Health Department



*Signature*

*Date*

## MOORLAND DRIVE

NW

FAWN CROSSIN DRIVE

99

1+00

N FROM THE  
ADE THE SITE:

USED GRADES  
INC. PLOT PLAN

USED GRADES  
NTROL PLAN,

USED GRADES  
NTROL PLAN.

60.

IONS SHOWN PER  
ATMENT AND  
2-3383-D

IS AND EASE-

ED FOR THE FIRST  
R THE BASEMENT  
CTOR PUMP.

ROL REQUIRE-

UCTED UNTIL

	FF ELEV.	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 17					
LOT 18	504.33	498.33	498.06	498.30	498.90
LOT 19	501.93	495.93	496.36	495.40	491.50
LOT 20					
LOT 21					
LOT 22	498.63	492.63	489.84	491.80	488.40
LOT 23					
LOT 82					
LOT 83					
LOT 84					
LOT 85					
LOT 86					
LOT 87					
LOT 88					
LOT 89					
LOT 90					
LOT 91					
LOT 92					
LOT 93					
LOT 94					
LOT 95					
LOT 96					
LOT 97					
LOT 98					

**FAX**  
cover sheet



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

To : Water & Sewer Program

Date : 2/22/99 Number of pages including this one one

Fax Number : 2648

From : Matt Tudor

Comments : Sewer Pump Test Results  
Ashleigh Knells - Winchester Homes Lot 22  
7130 Mountland Drive

On Friday, February, 19, the above  
dwelling pass the pump test inspection  
and is improved for U & O.

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 2/14/99

Name of Installer Darren Wilson

Telephone 301-831-7057

License Number \_\_\_\_\_

Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Winchester Homes

Telephone \_\_\_\_\_

Subdivision Ashleigh Knolls

Lot # 22

Well Tag # HC-94-0500

Site Address moorland Dr

Pump

1. Type

a. Deep well jet \_\_\_\_\_

b. Shallow well jet \_\_\_\_\_

c. Submersible

2. Make Goulds

3. Model # 5G505422

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 \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_

2. RPM 3450

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

a. 110 \_\_\_\_\_

b. 220

Pitless Adapter

1. Make Martinson

2. Model # B-10X

3. Depth 3 1/2

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 240 ft.

2. Yield 15 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: Darren Wilson

Date: \_\_\_\_\_

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

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300/14447

Building Address: 7130 Moorland Drive  
Clarksville, MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract (2051) Subdivision Ashleigh Knolls  
 Section N/A Area 2 Lot ~~22~~ 22  
 Tax Map 41 Parcel 475 Grid 7  
 Zoning RR- Map Coordinates 41 Lot size \_\_\_\_\_

Owner's Name Winchester Homes, Inc.  
 Address 6306 Ivy Ln., Suite 800  
 City Greenbelt State Md Zip Code 20770  
 Home Phone \_\_\_\_\_ Work Phone (301) 474-4411  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone (301) 474-4411 Fax (301) 474-0898

Existing Use Vacant  
 Proposed Use Res. Single Family  
 Estimated Construction Cost \$ 183,000  
 Description of Work Bedfield w/ rear sunroom  
10R 4FB, 1HB, 4BR, FP, Rear Solarium  
3 car side load garage finished bsmt 8' clear

Contractor Company Winchester Homes, Inc  
 Contact Person Carol Viers  
 Address Same as above  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 158-14160  
 Phone (301) 489-1144 Fax (301) 474-0898

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

Engineer or Architect Company R. M. Mochi Group  
 Contact Person Paul Bogel  
 Address 10120 A Old National Pike  
 City Ijamsville State Md. Zip Code 21754  
 Phone (301) 865-5858 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ <input checked="" type="checkbox"/> Private
1st floor: <u>56</u> Depth <u>56</u> Width <u>56</u>	Sewage Disposal: _____ Public _____ <input checked="" type="checkbox"/> Private
2nd floor: <u>40-56</u> <u>110</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>55</u> <u>55</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____ Footings: <u>16x8</u>	
Roof: <u>ASP GABLE</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 THERETO; (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.

Carol Viers Carol Viers  
 Applicant's Signature Print Name

Permit Administrator for Winchester Homes, Inc.  
 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
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>10/18/98</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? 8-111 8-05 YES  NO   
 Lot Coverage for New Town Zone \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

PROPERTY ID#: 37980

Filing Fee \$ 25.00  
 Permit Fee \$ \_\_\_\_\_  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
 TOTAL FEES \_\_\_\_\_  
 Check # 5454  
 Validation # 11076  
 Accepted by: \_\_\_\_\_

C1- 2942

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

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

090695

081995

22 240 26 (TO NEAREST FOOT)

40-94-0520

OWNER Winchester Homes. STREET OR RFD Moorland Drive TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 22

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entries: top soil (0-2), Shaley (2-75), Gray mica (75-240).

GROUTING RECORD. YES NO. WELLS HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 30, NO. OF POUNDS 3000. GALLONS OF WATER 150. DEPTH OF GROUT SEAL 30 ft.

CASING RECORD. CASES TYPES INSERT APPROPRIATE CODE BELOW. ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST 6 86.

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

SCREEN RECORD. screen type or open hole. ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

CIRCLE APPROPRIATE LETTER. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. ELECTRIC LOG OBTAINED. TEST WELL CONVERTED TO PRODUCTION WELL.

TYPE: MWD/MSD/MGD. DRILLERS LIC. NO. 40. DRILLERS SIGNATURE: George F. Easterday. LIC. NO. MWD 481.

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

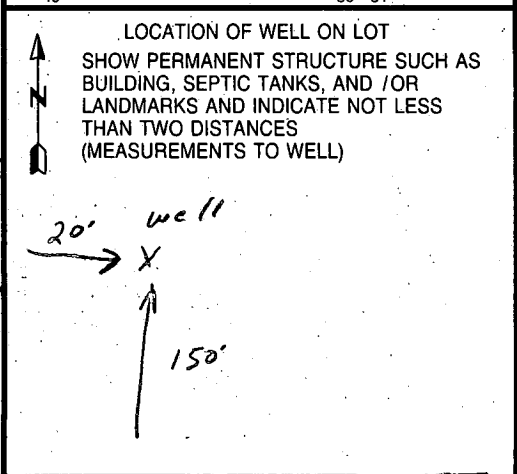
DEPTH (nearest ft.) 84 240. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60.

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.) 120. METHOD USED TO MEASURE PUMPING RATE: Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 14 ft, WHEN PUMPING 33 ft. TYPE OF PUMP USED (for test): 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) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) above 49 below 49. LAND SURFACE (nearest foot) 2.





**B 1** **9054** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER  
 APPLICATION FOR PERMIT TO DRILL WELL **HO-94-0520**  
 please print or type <sup>70</sup> fill in this form completely <sup>79</sup>

**OWNER INFORMATION**  
 Date Received (APA) **05/19/95**  
**Winchester Homes**  
 15 Last Name 34 Owner First Name  
**6305 Ivy Lane**  
 36 Street or RFD 55  
**Greenbelt** **MD 20776**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
**Howard** COUNTY  
**Ashleigh Knolls** SUBDIVISION  
 SECTION **44** LOT **22**  
**Highland** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **MI**

**DRILLER INFORMATION** MSD/MGD/MWD  
**George F. Easterday** License No. **40**  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address  
**George F. Easterday** Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **MOORLAND DR.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **125** ENTER FT OR MI **FT**  
 TAX MAP: **40** BLK: **12** PARCEL **179**

**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)

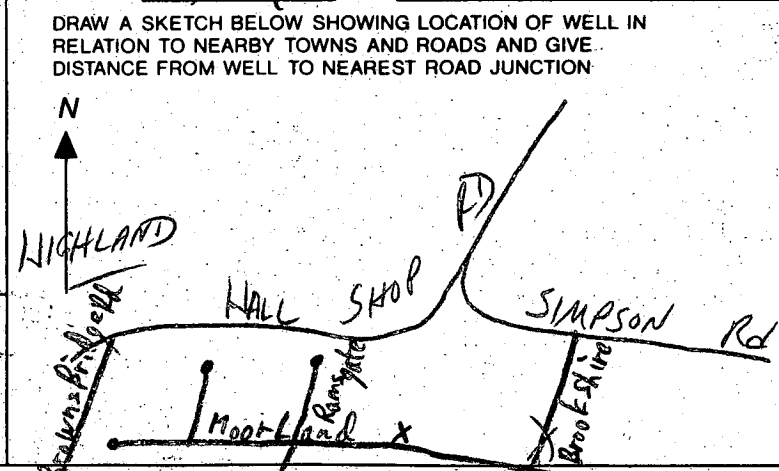
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME COUNTY NO. **13**  
 STATE SIGNATURE **Donald P. Kelly** DATE ISSUED **6/1/96**  
 NORTH GRID **488000** EAST GRID **0818000**

APPROXIMATE DEPTH OF WELL **300** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **well**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
**8108**  
**4808**

**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 (OEP USE ONLY)  
 APPROX. PERMIT NUMBER **GAP**  
 FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **HO-94-0520**

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



