

wPI  
4/26/99

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511093

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 11-06-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX 410-313-2640

Tax ID# - 05-418399

DATE SYSTEM APPROVED

4/26/99

INSPECTOR

*[Signature]*

## INDEXED

Winchester Homes, Inc.

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

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

SUBDIVISION Asheligh Knolls LOT 21 ROAD 7126 Moorland Drive

PROPERTY OWNER

Winchester Homes, Inc. *DAN + NISHA ISAAC*

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY: 1250 GALLONS \*\*\*MANHOLE CLEANOUT REQUIRED ON SEPTIC TANK\*\*\*

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.

REG. PERMIT COST IS

AND RETURNED 8-25-99

Serial # B10120096

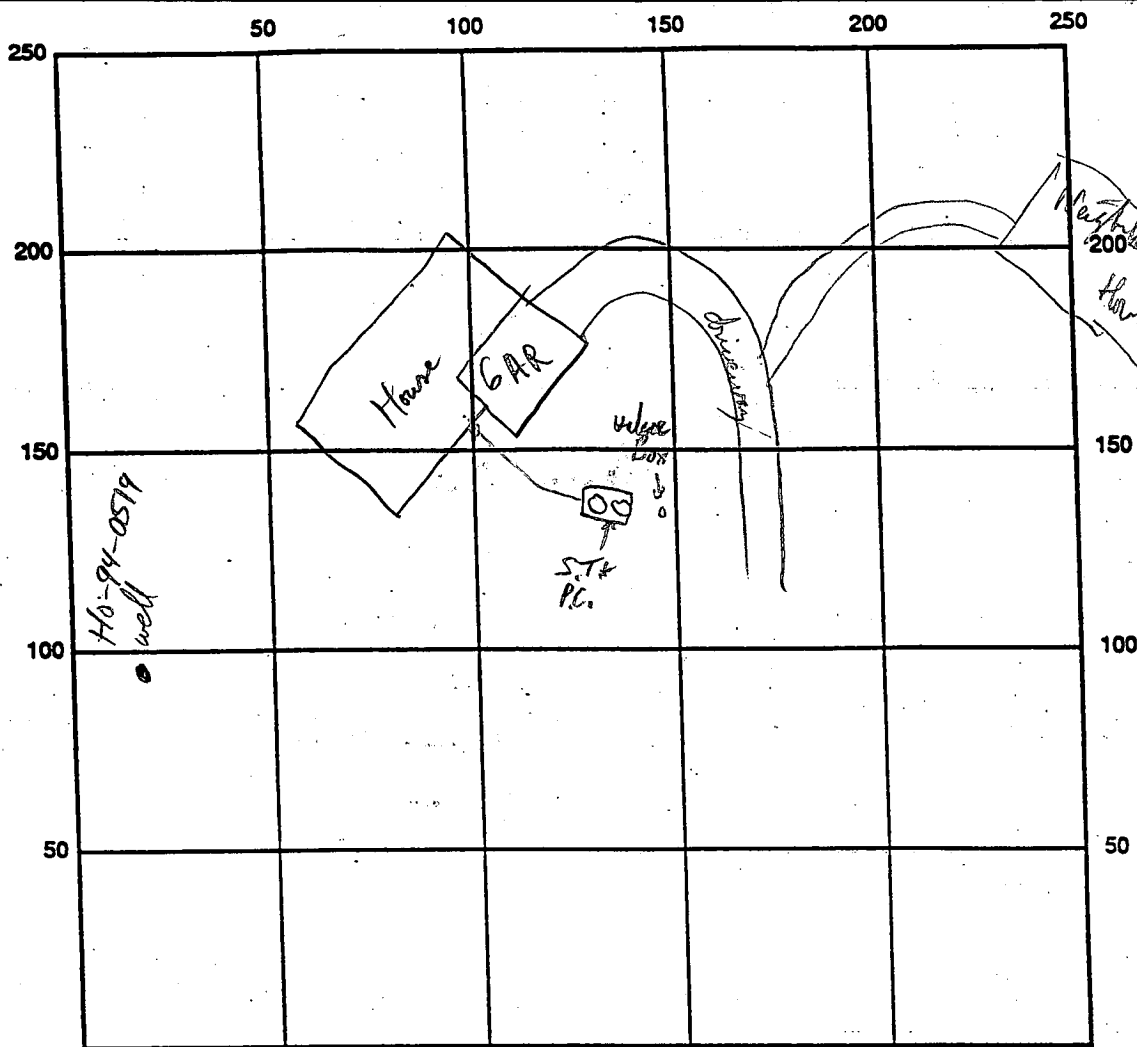
*deck*

Plans Approved By:

*[Signature]*

Date:

11/12/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

REMARKS: 12/30/98 MATT TUDOR OF UTIL. REPORTS GRAVITY  
HOUSE CONN COMPLETE AS OF 12/23/98 (MR)

4/26/99 Septic Pump Test, wiring backward, small piece of concrete in impeller. the check valve stem cleared, pump test OK. RJP 4/26/99

4/26/99 well has 2 piece cap + conduit PVC Pipe RJP

DATE SYSTEM APPROVED 4/26/99 INSPECTOR *[Signature]*

HOWARD COUNTY HEALTH DEPARTMENT  
REQUEST FOR SEPTIC PERMIT ISSUANCE

=====  
Date of septic permit request: \_\_\_\_\_ Date of septic permit issuance: \_\_\_\_\_  
=====

INSTALLER

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
=====

PROPERTY IDENTIFICATION

Subdivision Ashleigh Knolls Lot # 21

Street Address 7126 Moorland Drive  
=====

SEPTIC SYSTEM REQUIREMENTS (circle one)

Pumped septic system required:                      yes    no

    If yes, pump detail submitted by installer:    yes    no

        pump detail reviewed:                      yes    no

        date reviewed/reviewer: \_\_\_\_\_  
=====

CERTIFICATION LOCATION DRAWING

Date copy of certified location drawing (wall check) received: \_\_\_\_\_

    date reviewed/reviewer: \_\_\_\_\_  
=====

WELL PUMP INSPECTION (W.P.I.)

Date Well Pump Inspection form received: \_\_\_\_\_  
=====



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
November 12, 1998

### MEMORANDUM

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

RE: BP# B00114980  
Ashleigh Knolls - Lot 21  
7126 Moorland Drive

FROM: Kimberly Maiste, Sanitarian  
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



HOWARD COUNTY HEALTH DEPARTMENT

PS11093

DATE 11/06/98

Received From Winchester Homes

6205 Ivy Lane Greenbelt, MD 20770

CASH  
 CHECK

For septic system permit

Ashleigh Trails - lot 23

7126 Moorland Drive

NO. 5545

one hundred eighty and 00/100 Dollars

\$ 180.00

Received By [Signature]

5545

WINCHESTER HOMES, INC.  
6305 IVY LANE, SUITE 800  
GREENBELT, MD 20770

7-11/520  
BRANCH 92

DATE November 2, 1998

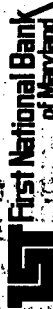
\$ 180.00

PAY TO THE ORDER OF

Howard County

THE SUM 180 DOLLARS

DOLLARS



BALTIMORE, MARYLAND ACCOUNTING CENTER 0291

7126 Moorland Dr.

FOR A/E 21-60014980

173 9886 11

100554511

0520001131

00554511

MP

410-313  
2648

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 4-21-99

Name of Installer Darren Wilson Telephone 301 489-1125

License Number \_\_\_\_\_ Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Winchester Homes Telephone \_\_\_\_\_

Subdivision Ashleigh Knolls Lot # 21 Well Tag # HO-99-0519

Site Address 7126 Maryland Dr

**Pump**

1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible

2. Make Goulds

3. Model # 5G507427

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 400 ft.  
 2. Yield 2 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.

4/26/99-WPI OK (RJP) <sup>SRK</sup>  
Signature of Applicant: Jenny E. Wilson  
Date: 4/22/99

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

**B0014980**

Building Address 7126 Moorland Drive  
Clarksville, Md. 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6051.02 Subdivision Ashleigh Knolls  
 Section \_\_\_\_\_ Area 2 Lot 21  
 Tax Map 41 Parcel 475 Grid 7  
 Zoning RD Map Coordinates 41 Lot size \_\_\_\_\_

Owner's Name Winchester Homes Inc.  
 Address 6305 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 Dwelling  
 Estimated Construction Cost \$ 130,000  
 Description of Work Chelsea II w/ sun room  
2 story finished bsm, 10R 4FB 11R FP  
Swim 8' x 20' w/ Deck

Contractor Company Winchester Homes Inc.  
 Contact Person Carol Viers  
 Address Same As Above  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 159-14160  
 Phone (301)489-1144 Fax (301)474-0899

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

Engineer or Architect Company R.M. Moch, Grove  
 Contact Person Paul Bogel  
 Address 10120 A. Old National Pike  
 City Tyngsboro, Va State MD Zip Code 21754  
 Phone 301-865-5858 Fax (301)

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>56'</u> Width <u>56'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>56'</u> <u>56'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>56'</u> <u>56'</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
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 Shingle</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 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 Carol Viers Print Name Carol Viers  
 Title/Company Permit Administrator for Winchester Home Date 11-6-98

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>11/10/98</u>	<u>Kimberly Maish</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" 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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? <u>NO</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

**VALIDATION**

PROPERTY ID#: 32885  
 Filing Fee \$ 25  
 Permit Fee \$ \_\_\_\_\_  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
 TOTAL FEES \_\_\_\_\_  
 Check # 5544  
 Validation # \_\_\_\_\_  
 Accepted by: \_\_\_\_\_

Building Address 7126 Moorland Dr  
Clarksville MD 21029

Property Owner's Name Alisha Isaac  
 Address 7126 Moorland Dr.  
 City Clarksville State MD Zip Code 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 104-98  
 City Clarksville State MD Zip Code 21029

Census Tract 109112 Subdivision 181114K Kull  
 Home Phone 301-954-1133 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Section 2 Area \_\_\_\_\_ Lot 21 Pk. 2  
 Tax Map 41 Parcel 475 Grid 7  
 Zoning RFD Map Coordinates 14413 Lot size \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFO  
 Proposed Use garage with deck/gazebo  
 Estimated Construction Cost \$ 12,000.00  
 Description of Work 10x12' 24' x 18' w/wood  
garage deck w/ 12' x 12' gazebo and  
steps to gazebo.

Contractor Company Fire Specialty Co.  
 Contact Person Brian Spradlin  
 Address 10840 Guilford Rd.  
 City Lingulis Md. State MD Zip Code 20701  
 License No. ML02  
 Phone 410-774-5027 Fax \_\_\_\_\_

Occupant or Tenant same as owner  
 Contact Name \_\_\_\_\_  
 Address same as owner  
 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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> 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"/>	2nd floor: _____	Basement: _____
Use group: _____	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"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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: _____
<input type="checkbox"/> State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: <u>2x4 8 feet</u> Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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.

Applicant's Signature [Signature] Print Name Brian Spradlin  
 Date 08.25.99

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

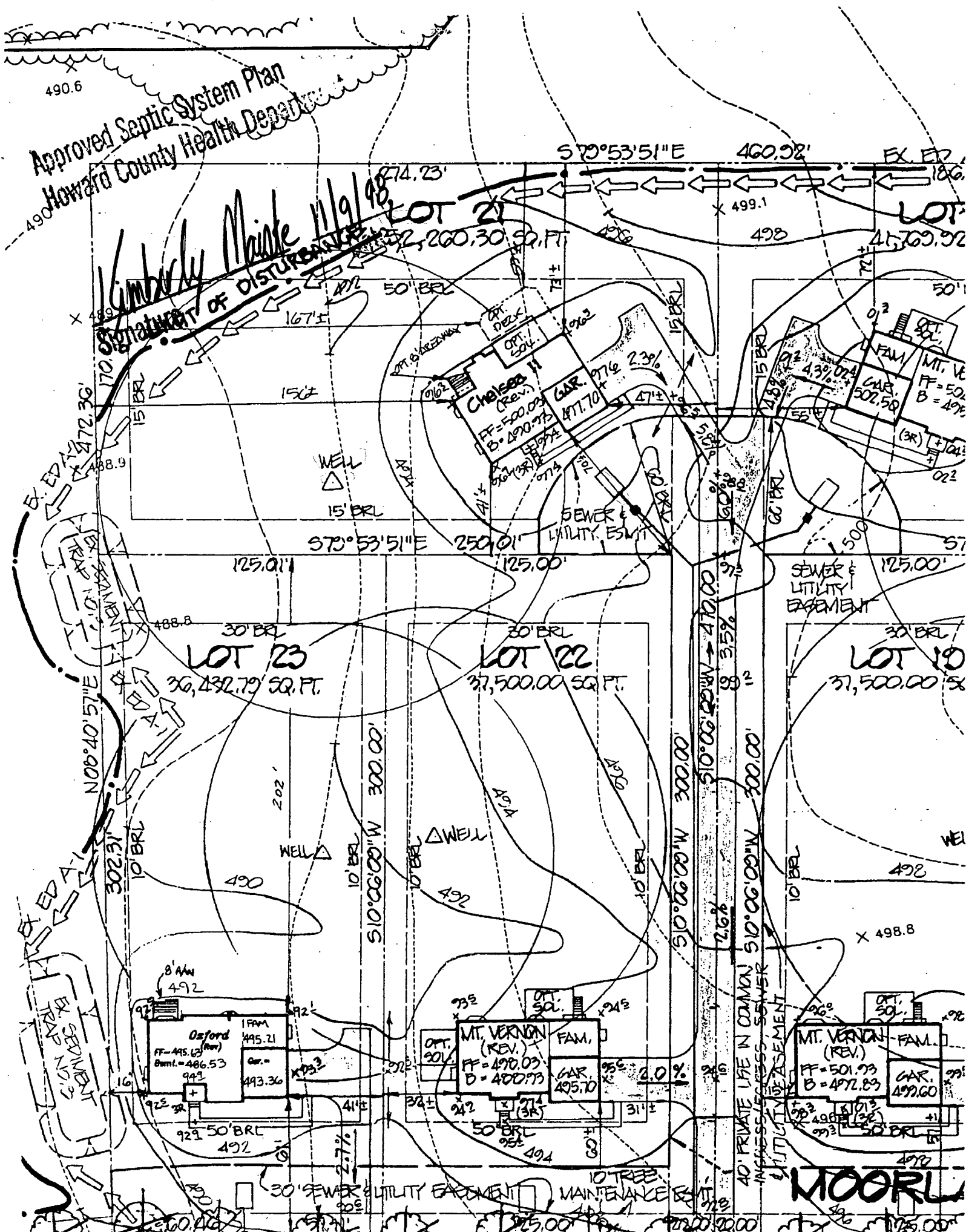
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: <u>5' min</u>	772885
State Highways			Rear: <u>50' min</u>	Filing fee \$ _____
Building Official	<u>8/25/99</u>	<u>[Signature]</u>	Side: <u>15' min</u>	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ			Side St.: <u>N/A</u>	Excise tax \$ _____
Health	<u>8/25/99</u>	<u>Mark E. Kiffin</u>	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>50</u>
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>2164</u>
			Accepted by _____	Validation # _____

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

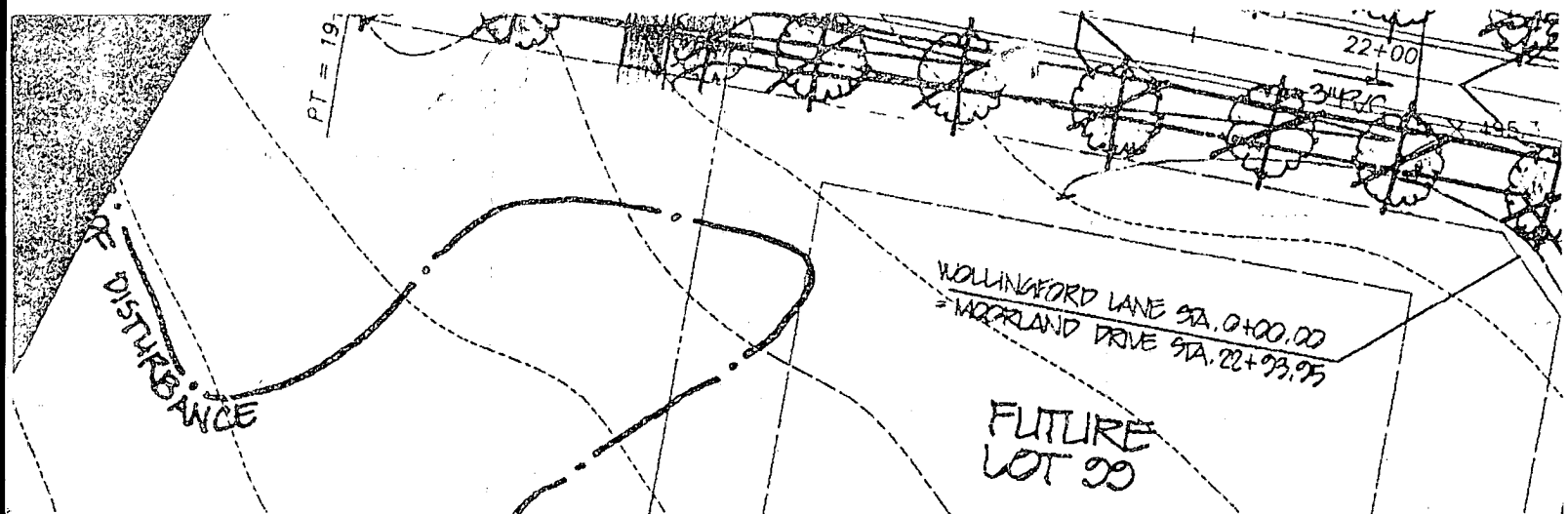


Approved Septic System Plan  
Howard County Health Department

*Kimberly Maize 11/9/98*  
**SIGNATURE OF DISTURBER**

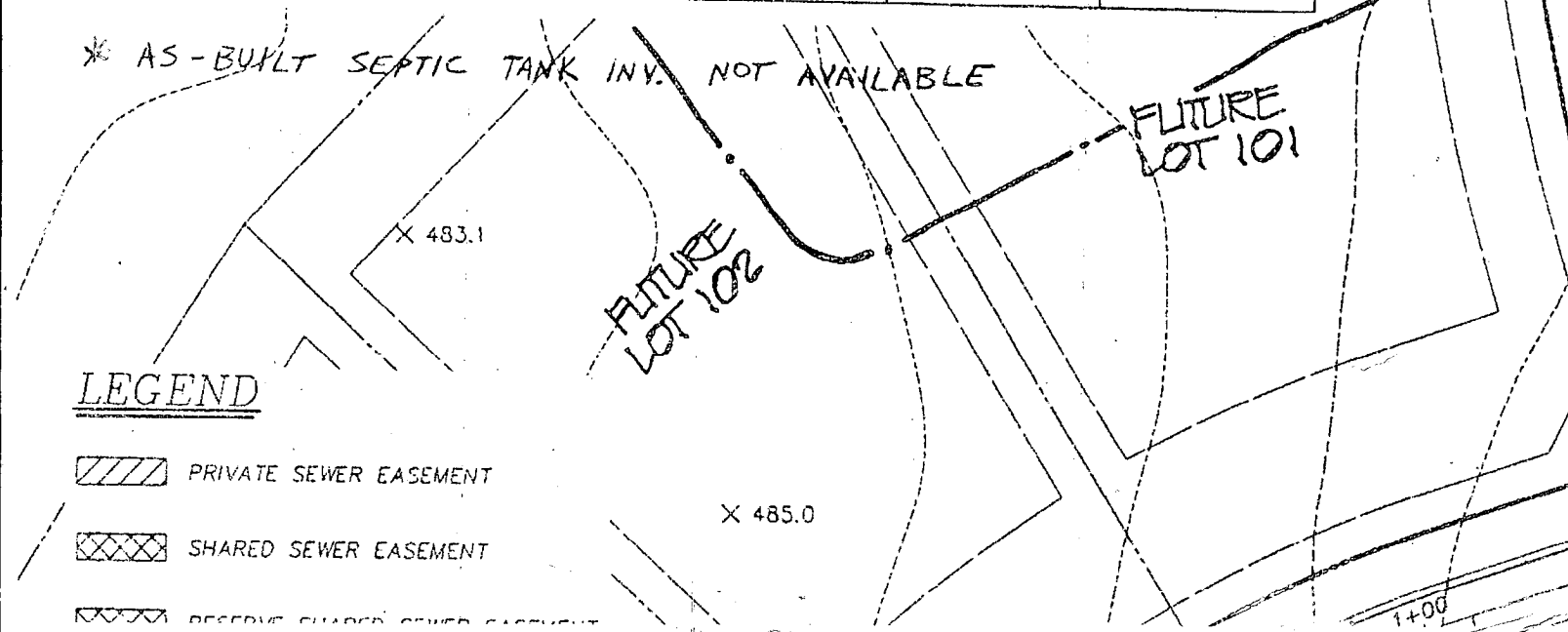


**MOORL**



	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 17	507.57	501.57	501.92	502.40	498.50
LOT 18					
LOT 19					
LOT 20					
LOT 21	500.03	492.40	497.0	495.70	491.80*(PLAN)
LOT 22					
LOT 23	495.63	489.63	487.78	490.8	487.0
LOT 50	504.73	498.73	491.93	496.00	492.04
LOT 52	499.08	493.08	493.63	495.50	489.99
LOT 53	499.27	493.27	492.11	494.00	488.94
LOT 54	495.87	489.87	494.39	493.05	488.15
LOT 55	489.45	483.45	489.50	487.43	481.50
LOT 56					
LOT 57					
LOT 58					

\* AS-BUILT SEPTIC TANK INV. NOT AVAILABLE



LEGEND

PRIVATE SEWER EASEMENT

SHARED SEWER EASEMENT

RESERVE SHARED SEWER EASEMENT

X 485.0

1+00



C1 2913

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

080995

400

AD-94-0519

OWNER Winchester Homes last name Moorland Drive first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 21

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, shale, gray mica, tan mica, grey mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 40 NO. OF POUNDS 4000

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) S+ 6 218

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 PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes Y no 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...

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD-481

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

DEPTH (nearest ft.) 40 216 400

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

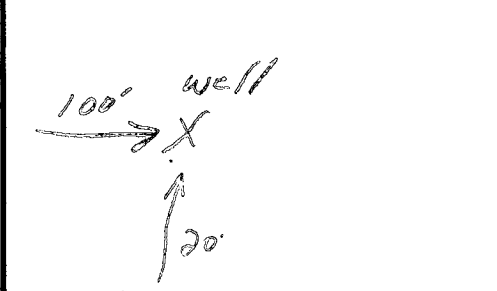
C 3

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 16 WHEN PUMPING 316 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) 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)



8-13-95

Review \_\_\_\_\_

Date \_\_\_\_\_ of \_\_\_\_\_

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0519  
 Location of property (road) Moorland Drive  
 Subdivision Ashleigh Knolls Lot 21 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller G. Easterday Owner Winchester Homes

Depth of well 400 3.5  
 Distance of measuring point (M.P.) above ground 2'6"  
 Static water level (S.W.L.) below M.P. 16'

I. High rate pumping -- reservoir drawdown

Time pump started 5:45 Pumping rate 125 PPM  
 Total time 75 min to reach pumping water level 314' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

PPM 30

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	314'	30 sec		2 G.P.M.
7:15	314'	30 sec		2 G.P.M.
7:30	314'	30 sec		2 G.P.M.
7:45	314'	30 sec		2 G.P.M.
8:00	314'	30 sec		2 G.P.M.
8:15	314'	30 sec		2 G.P.M.
8:30	314'	30 sec		2 G.P.M.
8:45	315'	30 sec		2 G.P.M.
9:00	315'	30 sec		2 G.P.M.
9:15	315'	30 sec		2 G.P.M.
9:30	315'	30 sec		2 G.P.M.
9:45	315'	30 sec		2 G.P.M.
10:00	315'	30 sec		2 G.P.M.
10:15	315'	30 sec		2 G.P.M.
10:30	315'	30 sec		2 G.P.M.
10:45	315'	30 sec		2 G.P.M.
11:00	315'	30 sec		2 G.P.M.
11:15	315'	30 sec		2 G.P.M.
11:30	316'	30 sec		2 G.P.M.
11:45	316'	30 sec		2 G.P.M.
12:00	316'	30 sec		2 G.P.M.
12:15	316'	30 sec		2 G.P.M.
12:30	316'	30 sec		2 G.P.M.
12:45	316'	30 sec		2 G.P.M.

HD-224 1:00

316'

30 sec

2 G.P.M.



**B 1** **9055** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **10-94-0519**  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **05/12/95**  
**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  
 Driller's Name **George F. Basterday** 77 License No. 80  
**L. Franklin Basterday, Inc.**  
 Firm Name **9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address **George F. Basterday** **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

**METHOD OF DRILLING (circle one)**  
 **AIR-ROTary**  **JETTED**  **DRIVEN**  
 **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 (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **10-94-0519**

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

**B 3 LOCATION OF WELL**  
**Howard** COUNTY  
**Ashtleigh Knolls** SUBDIVISION  
 SECTION \_\_\_\_\_ LOT **21**  
**Highland** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) \_\_\_\_\_ MI

**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 **250** ENTER FT OR MI **FT**  
 TAX MAP: **40** BLK: **12** PARCEL **174**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard** COUNTY NO. **13**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **06/01/95** INSERT S \_\_\_\_\_  
 CO SIGNATURE **Paul Pally** EXP. DATE **6/11/96**  
 NORTH GRID **488000** EAST GRID **0818000**

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  
**8108**  
**4808**

