

PERMIT

05-415933

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49927A

A 41317B

DISTRICT _____

DATE 3/18/94

10/25/94
12/8/94

DATE SYSTEM APPROVED _____

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Van Sant Plumbing & Heating _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 North Avenue, Mt. Airy, Maryland 21771 PHONE (410) 795-6566

SUBDIVISION Ashleigh Knolls LOT 2 ROAD 7104 Brookshire Lane
Simpson Road

PROPERTY OWNER Winchester Homes, Inc. STEVE POWELL

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet $3\frac{1}{2}$ feet below original grade. Bottom maximum depth $5\frac{1}{2}$ feet below original grade. Effective area begins at $3\frac{1}{2}$ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 190' from the front lot line and 85' from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams ok/cw DATE 3/10/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

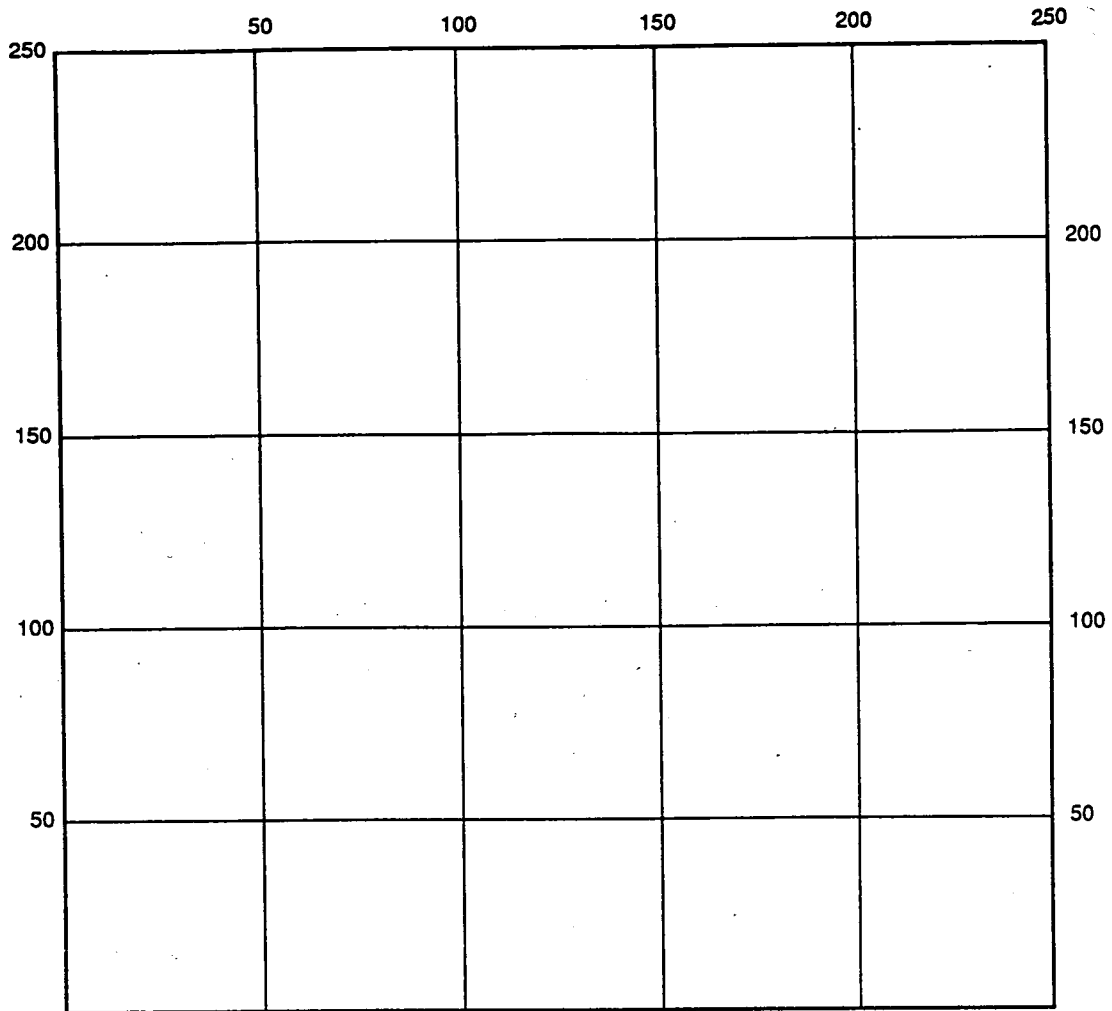
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

41317B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A 41317 (B)

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

*# ORIGINAL TESTIAL FOR
LARGER SHARED FACILITY - NOT APPROVED
AT THIS LOCATION,
PORTIONS OF THESE TESTS
NOW APPLY TO LOTS 1, 2, & 3,
SUFFICIENT SOIL CONDITIONS TO SUSTAIN
APPROVAL FOR ON-SITE SYSTEM
ON EACH OF THESE LOTS,
3/17/94 OW [Signature]*

DISTRICT 5 th
DATE 2/21/91

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Winchester Homes, Inc

PROPERTY OWNER Berwin Joint Venture c/o Winchester Homes Potomac Division

ADDRESS 818 West Diamond Avenue, Suite 300 PHONE (301) 670-1010
Gaithersburg, Maryland 20878

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: ASHLEIGH KNOLLS

SUBDIVISION Ashleigh Greene Section II LOT NO. Lot 2 (491)
I ST (A 41317)

ROAD AND DESCRIPTION Intersections of Brown Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road (12099 Simpson Road)

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 acres TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-16-91 Recommend rejection JEN

BLDG. PERMIT SIGNED AND RETURNED 6/20/93
Serial # 49289-SFD
4Dms

HD-216

THIS IS NOT A PERMIT

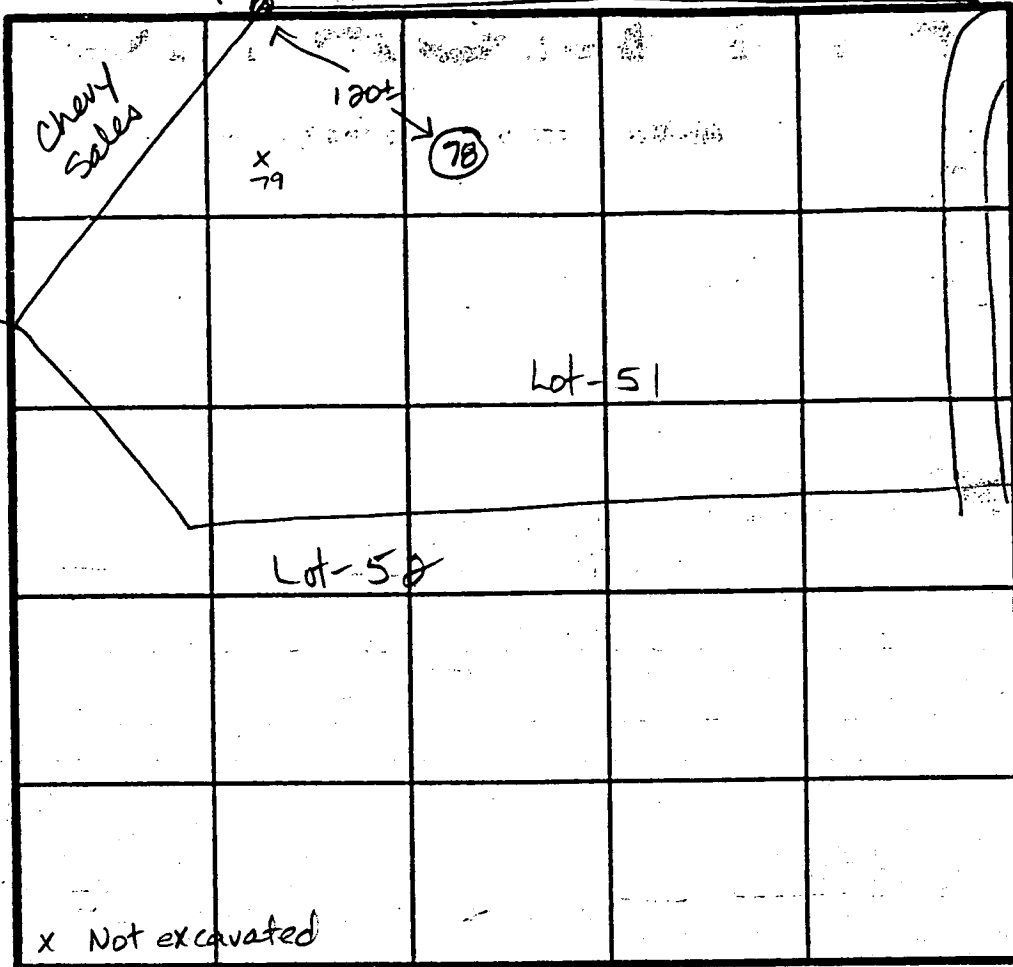
A 4317

Fence To Simpson Road ↑

(78)

SOIL PROFILE

0-1.0 Dark br sil cl
 1.0-4.5 Br-red sil cl
 4.5-12.0 Red-yellow mottled c sil, trace of broken rock <10%
 Mottles at 5.5 ft
 Water at 10.5 ft Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/6/91	(78)	120 ✓	Mottles at 5.5 ft		H ₂ O at 10.5 ft		Failed

REMARKS Shallow depth to mottles = water table

TYPE OF SOIL 0-4.5 sil cl 4.5-12.0 Mottled c sil

TESTED BY Jane Nadeau

ALSO PRESENT Alan K

Ralph Price

APPLICATION

PERCOLATION TESTING

A 41317
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

ws 1989 1/2

DISTRICT 5th
DATE 2/2/88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 301-220-1117
Greenbelt, Maryland 20770

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Prelim plat. (4-91)

SUBDIVISION Ashleigh Greene Section II LOT NO. 51

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 Ac. TYPE BLDG SF
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

BS Hauler

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-7-88 Must retest lower holes (6,5) in wet season
evidence of mottled soils. NEN

HD-216

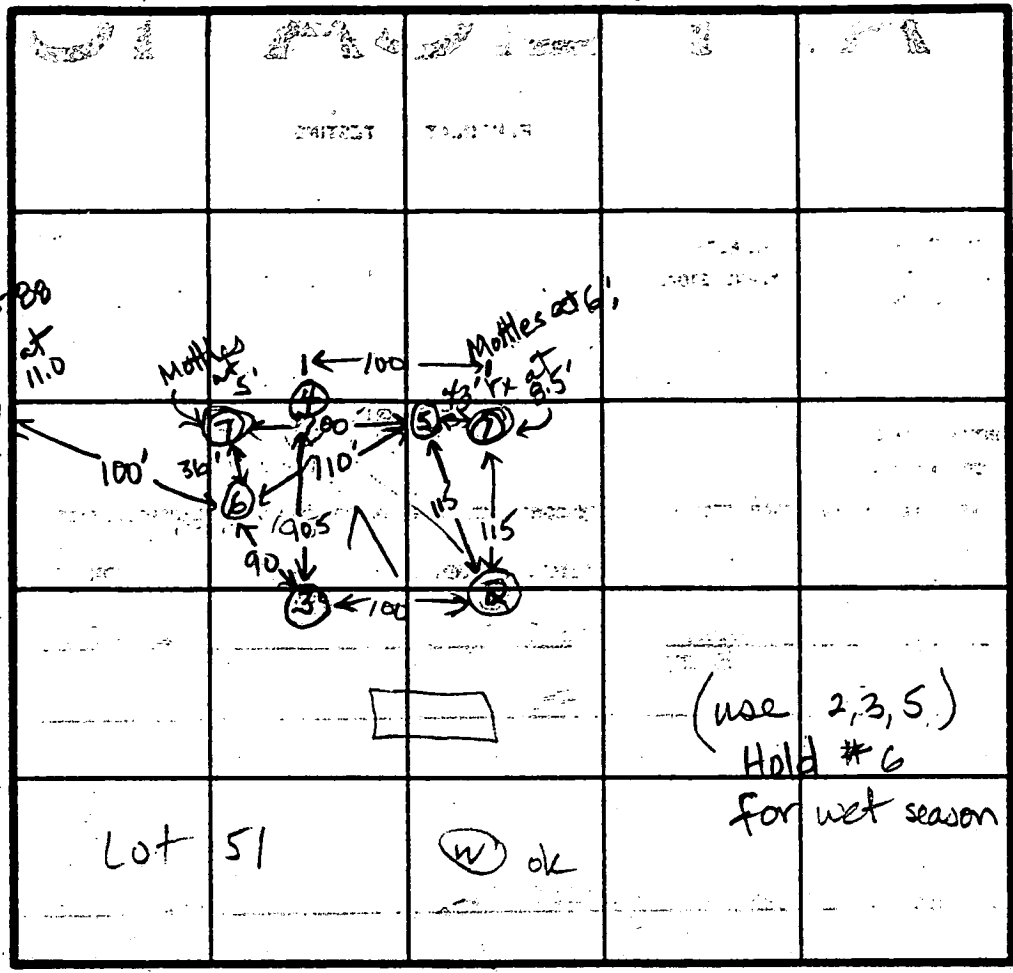
THIS IS NOT A PERMIT

High 2
3
1
6
Low 7
5
4
7

A41317

SOIL PROFILE

0-5.0 Rd-br si cl lm
5.0-12.5 Rd-yellow mica sa si loam, < 20% saprolite
12.5 Bottom



①
0-5.5 Br si cl lm
5.5-11.5 Br-wi mottled sa si lm, broken rock frags < 30% w/ str. at 8.5
11.5 Refuse

⑤
0-4.5 Br si lm
4.5-13.0 Br mica sa si < 25% saprolite
13.0 Bottom

③
0-6.0 Rd-br si cl loam
6.0-13.0 Red mica sa si lm, < 25% saprolite
13.0 Bottom

⑦
0-5.0 Br si cl lm
5.0-7.0 Br-white mottled sa si cl lm
7.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Westcott Place

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-88	2	4.5 S	10:35	10:40	10:40	10:56	10min
		7.0 M	10:34	10:36	10:36	10:38	2min
		12.5 D	Bottom				ok
	3	13.0 V	(see profile)				ok
	6	5.5 S	11:09	11:15	11:15	11:40	25min
		13.0 D	Bottom (Trc of mottling at 8.5 ft)				Hold for wet season
	⑦	11.5 V	(see profile - mottles at 6.0 ft, rock structure at 8.5 ft)				Failed
	5	5.0 S	10:57	11:02	11:02	11:07	5min
		13.0 D	Bottom (slight mottles at 12.0 ft)				Hold for WS
	⑦	7.0 V	(see profile - at 5.0 ft)				Failed

⑦ was mistakenly dug on top of hole ④ (4-88).
Hole ⑦ was never logged in 4-88. JEN

REMARKS 4-28-88 No water in any of 4 holes opened in wet season by mistake. JEN
6-7-88 Holes # 65 must be held for wet season testing. JEN

TYPE OF SOIL 0-5 Rd-br si cl lm, 5-13 Rd-tan mica sa si lm, < 25% saprolite
TESTED BY JF Nadeau ALSO PRESENT Rocky, Burley, Han Skup

APPLICATION

PERCOLATION TESTING

A 41317

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

2/2

DISTRICT 5th

DATE 2-2-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Prelim. plat (491)

SUBDIVISION Ashleigh Greene, Sec II LOT NO. Lot 51

ROAD AND DESCRIPTION Simpson Road

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 Acres TYPE BLDG SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

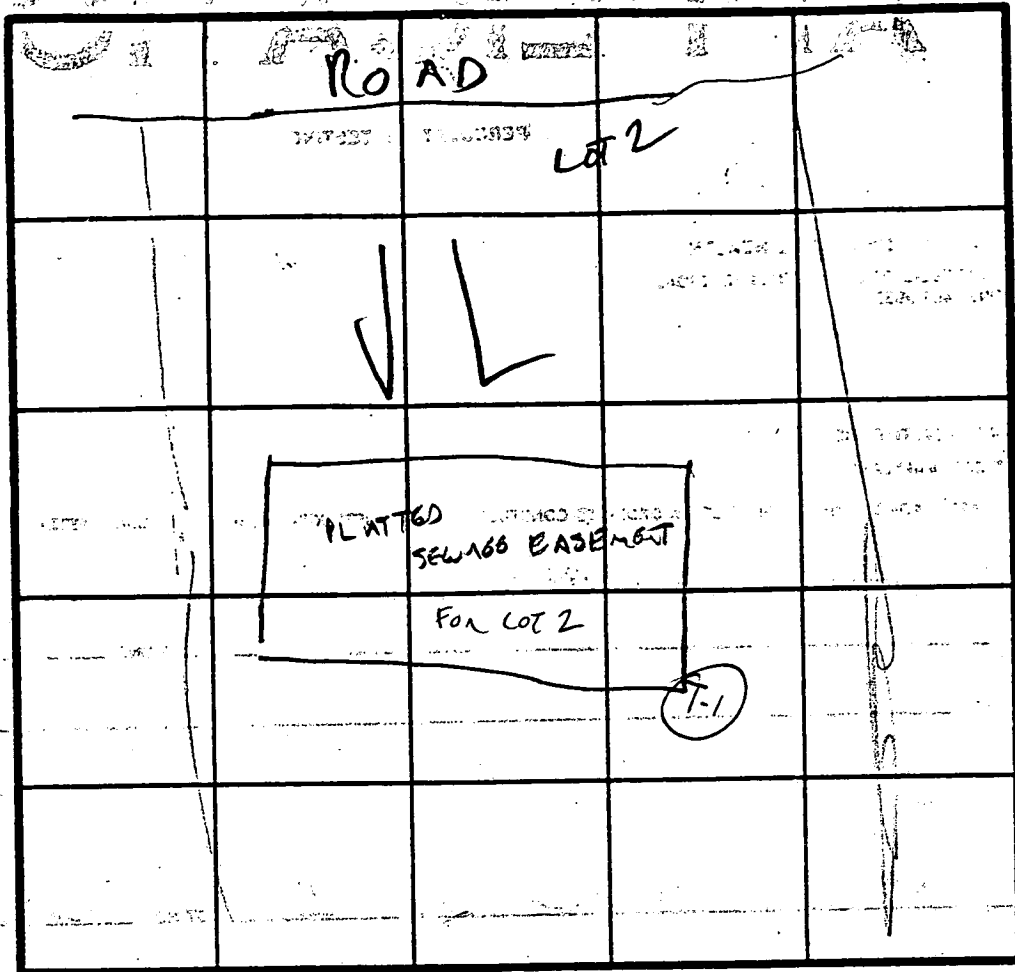
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A 41317

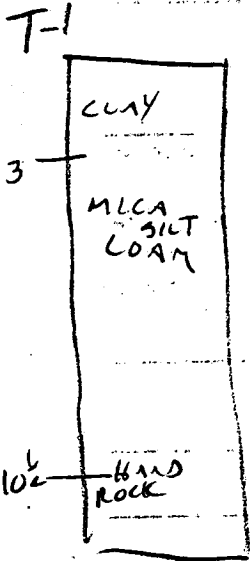


(6)
SOIL PROFILE

0-4.5 Br sil
lm
4.5-13.0 Br tan
mca
sa si
lm, little
mottling
at 8.5 ft
trc of
saprolite
2-10%
Bottom
13.0

X =
Inlet = 4.5'
Bottom = 6.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/7/94	T-1	3'	11:49	11:58	11:58	12:10	12 MIN	
		10 1/2'	VIS OK	3-10 1/2'	THEN BEDROCK			
			NO SIGN OF WATER TABLE PROBLEM					

REMARKS TEST PERFORMED AFTER LOT WAS APPROVED
TO RESOLVE SOME UNCERTAINTIES ABOUT 1/10" TEST RESULTS.

TYPE OF SOIL: OK FOR SHALLOW SYSTEM
TESTED BY: 3/7/94
AGGREGENT: [Signature]

B 1 05902 SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6 7 8
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-0009
fill in this form completely

Date Received (APA) 011194
OWNER INFORMATION
15 Last Name 21 Owner 27 First Name 34
WIMCHESTER HOMES
36 Street or RFD 42
6305 IVY LANE
57 Town 70 State 72 Zip 76
GREENBELT MD 20770

B 3 LOCATION OF WELL
1 2
HOWARD
18 COUNTY 21
AMERICAN KNOLLS
23 SUBDIVISION 42
SECTION 44 46 LOT 2 48 50
ALCHLAND
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 2 L M I
73 76 77 78

DRILLER INFORMATION
George F. Easterday
Driller's Name 77 License No. 80 40
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 1-11-94
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N W N E
8-9 8-9
W TOWN E
8 8
S W S E
8-9 8-9
S
8
NEAR WHAT ROAD
2205 BROWN CHURCH LANE
11 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 25 37
DISTANCE FROM ROAD
ENTER FT OR MI FT
38 39

B 2 WELL INFORMATION
1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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
A 41217 B
COUNTY NO.
STATE SIGNATURE
DATE ISSUED
020394
43 148 CO SIGNATURE EXP. DATE
Craw Willson 2-3-95
NORTH GRID 4090000 EAST GRID 0818000
50 55 57 63

APPROXIMATE DEPTH OF WELL 266 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other 2

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 810
N 480
000
000
2/25/94
JCS

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
N
Hall Shop Rd
SIMPSON RD
HIGHLAND
2/25/94
JCS

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-94-0009
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

8733

SEQUENCE NO. (DENV USE ONLY)

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 A 41317B

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO, USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

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, FEET (FROM, TO), Check if water bearing. Includes entries like Topsoil, Red Clay, Brown Shale, Sand Silt, Clay, Mica, Sand Stone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing, Total depth of main casing

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

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

DEPTH (nearest ft.) grid, SLOT SIZE, DIAMETER OF SCREEN

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED 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.

DRILLERS IDENT. NO. SIGNATURE

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

