

*10/25/94
C.B.*

PERMIT

05-416019

SEWAGE DISPOSAL SYSTEM

P 5034

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41370A

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT

DATE 10/14/94

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 10/25/94

INDEXED

INSPECTOR C.B.

VanSant Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 3 North Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 4 ROAD 7112 Brookshire Lane

PROPERTY OWNER Winchester Homes BARBARA WILSON

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

5' (as seen 10/25/94)

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place first trench 40 feet from front lot line and 140 feet from right lot line. Run trenches along contour toward right side of property. *** Okay to install trenches to 120 feet long to maximize use of available septic area.

NOTES - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *ok*

PLANS APPROVED BY C. Williams DATE 3/15/94

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. *sewered porch*

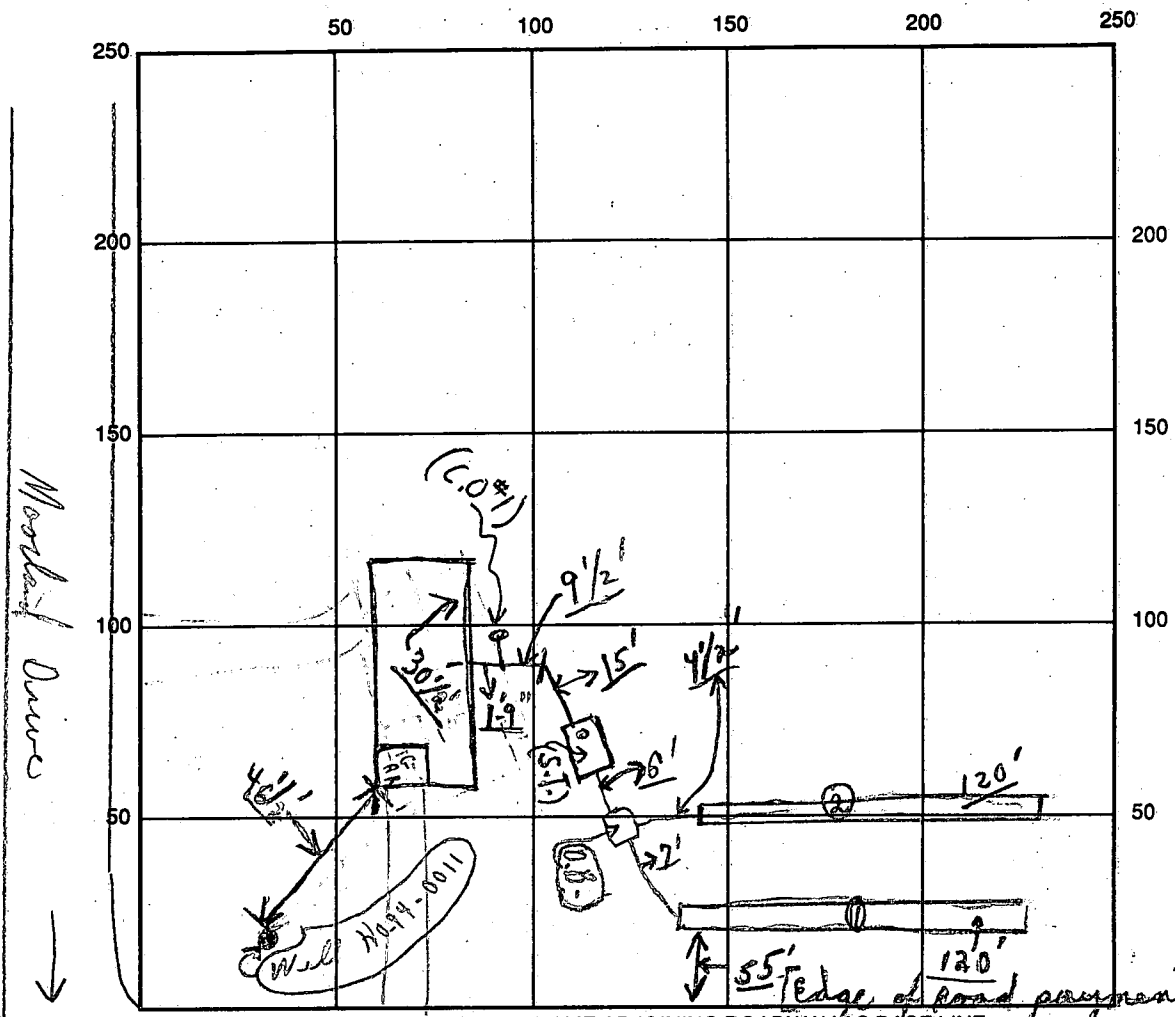
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41370A

BLDG. PERMIT SIGN'D
AND RETURNED 10-16-94
Serial # BTS108370

LOT 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Brookshire Lane S.T. C.O. #1

SEPTIC TANK LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffles in) OK (except plug-on side)

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 120 + 120 FT. (240)

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 220 SQ. FT.

DRYWALL INSIDE DIAMETER 2 FT. EFFECTIVE DEPTH BELOW INLET 2 FT.

ABSORBENT AREA 220 SQ. FT.

REMARKS: 10/25/94 1st stop - final - ok to cover - Cld

DATE SYSTEM APPROVED 10/25/94 INSPECTOR Charles Bryan / treat

APPLICATION

PERCOLATION TESTING

A 41370A

P _____

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

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, Greenbelt, MD 20770 PHONE 301-220-1117

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section II LOT NO. 93 *Lot 4 SP-93-04 (4-91)*

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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-7-88 For perc hole locations and pending subdivision plat approval JBN

HD-216

THIS IS NOT A PERMIT

High 1
2
4-5
Low 3

A41370

①

SOIL PROFILE

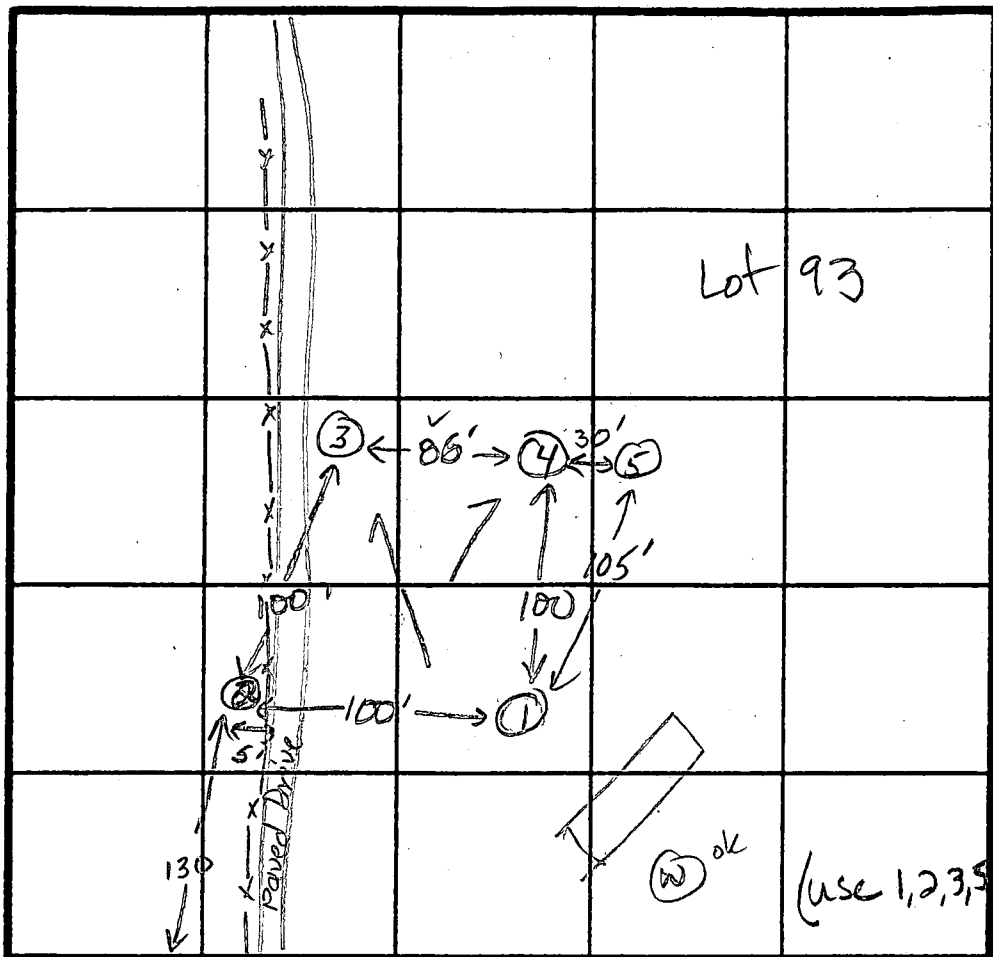
0-6.0	Br s&cl loam
6.0-12.0	Br mica sa silty little decamp rock, < 25%
12.0	Bottom

②

0-5.0 Rd-br si cl lm, little grl

5-12.0 Br mica sa silty < 30% saprolite, trace of bedding apparent at 9.0 ft

12.0 Bottom



④

0-5.5 Rd s&cl lm

5.5-11.5 Rd-yellow mica sa silty little saprolite < 15%

11.5 Bottom

③

0-5.0 Br s&cl lm

5.0-13.0 Br-yellow mica sa silty < 30% saprolite

13.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-88	1	4.0 S	1:48	1:51	1:51	1:53	2min
		7.0 M	1:49	1:51	1:51	1:53	2min
		12.0 D	Bottom				OK
	④	4.5 S	1:54	2:00	1:54	2:00	Failed
		11.5 D	Bottom				OK
	3	6.0 S	2:05	2:02	2:02	2:04	2min
		13.0 D	Bottom				OK
	2	12.0 V	(see profile)				OK
	5	6.0 S	3:12	3:14	3:14	3:16	2min
			(next to hole 4)				

REMARKS All holes as shown on 6-6-88 plot except hole #5

TYPE OF SOIL 0-5 Br s&cl lm, 5-13 Br yellow mica sa silty < 30% saprolite

TESTED BY JES Wadean ALSO PRESENT Rocky

SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

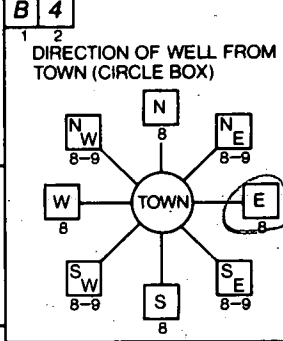
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 10-94-0011
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 011194
 MINCHESTER HOMES
 6305 IVY LANE
 GREENBELT MD 20770

LOCATION OF WELL
 HOWARD
 ASULEIGH KNOLLS
 SECTION 44 46 LOT 48 50
 HIGHLAND
 MILES FROM TOWN 5 MI

DRILLER INFORMATION
 George F. Easterday
 L. Franklin Easterday, Inc.
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 1-11-94



MOALLAND DR
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 50
 DISTANCE FROM ROAD
 ENTER FT or MI FT

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)

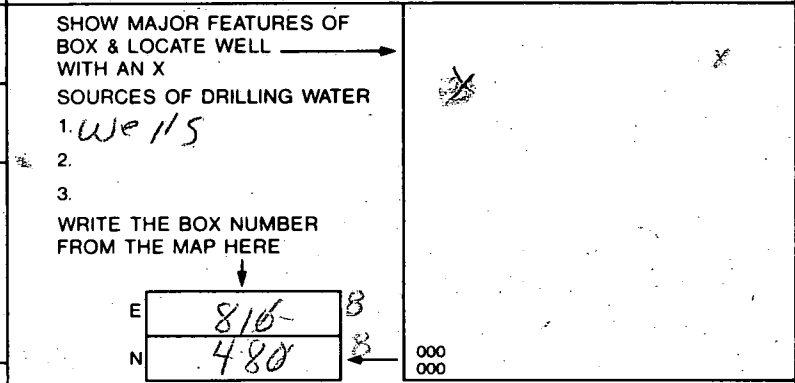
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard
 COUNTY NAME
 A11370A
 COUNTY NO.
 STATE SIGNATURE
 DATE ISSUED 020394
 CO SIGNATURE
 EXP. DATE 2-3-95
 NORTH GRID 483000
 EAST GRID 081000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

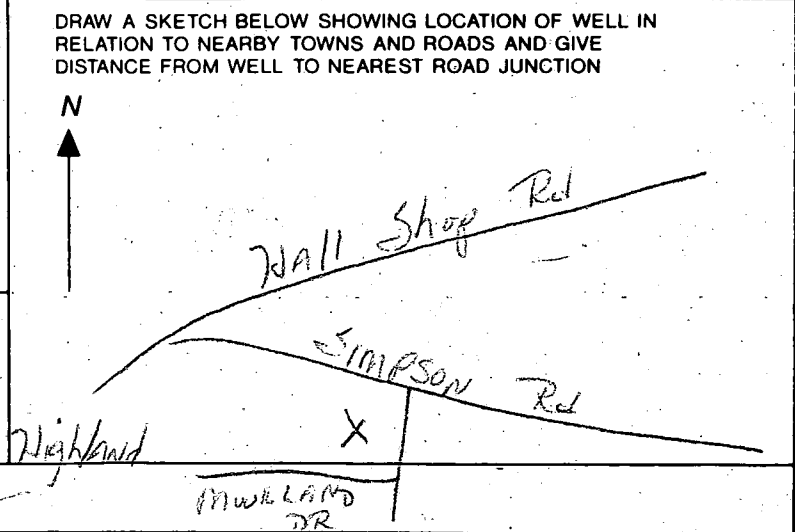
METHOD OF DRILLING (circle one)

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
 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 CW WRITE INITIALS IN BOX PERMIT No. 10-94-0011

SPECIAL CONDITIONS

COUNTY

C1 8735

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 41370 A

ST/CD USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 030794

Depth of Well grid: 22 380 26

PERMIT NO. grid: 10-94-0011

OWNER: Winchester Farms last name first name TOWN: Moorland SUBDIVISION: Johnson Knolls SECTION: LOT: 4

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. Rows include Top soil, sand & clay mixed, sand silt, clay mica, sand stone, gray mica, green slate, gray mica, mica & quartz, mixed mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box)

Grouting record boxes: Y (yes), N (no)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1500

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

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 52

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), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) grid: 1 H0 50 380

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 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...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid: 56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

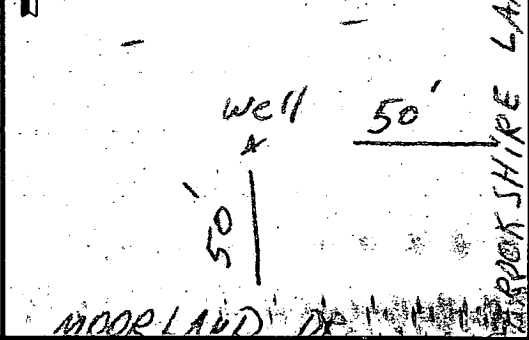
PUMPING TEST

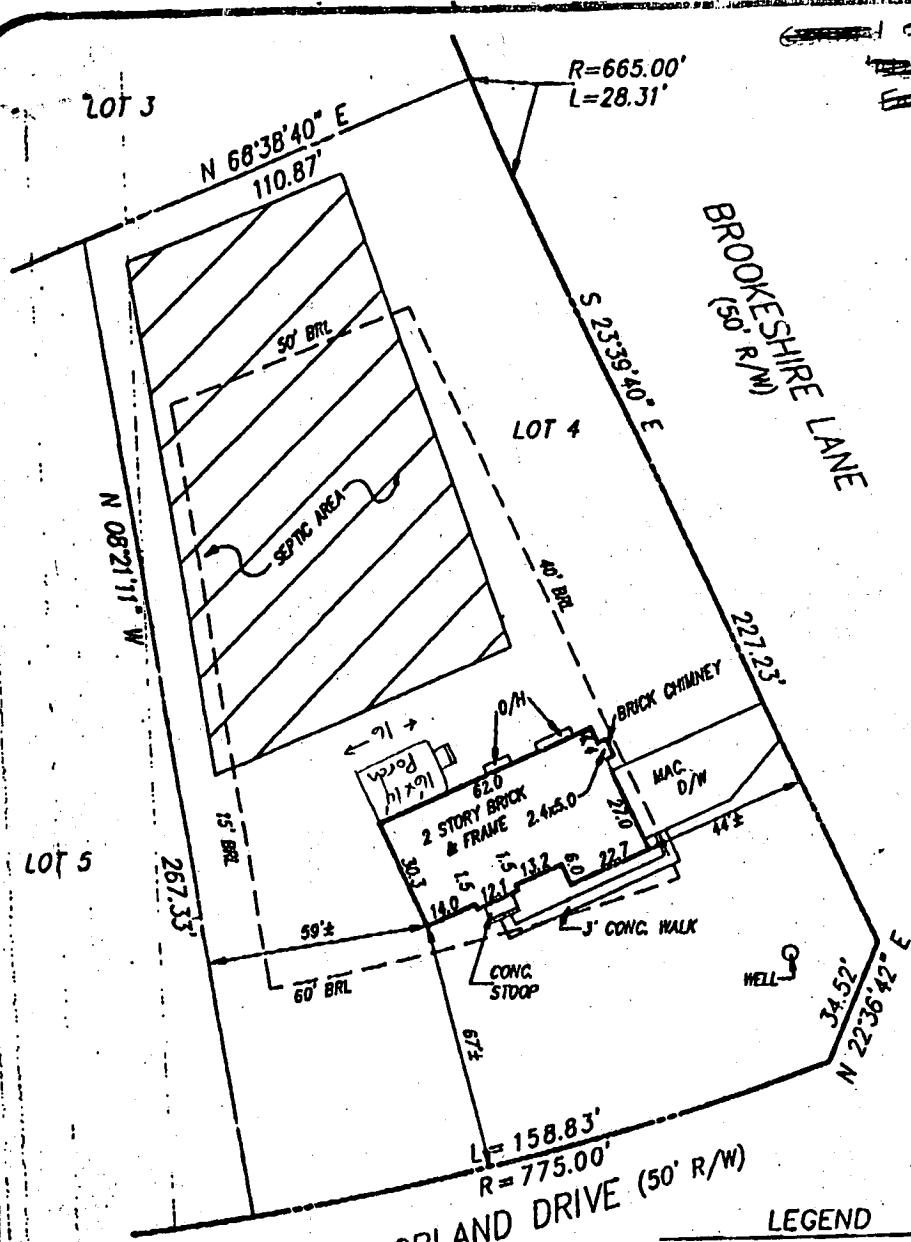
HOURS PUMPED (nearest hour) 9 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING: 29 WHEN PUMPING: 162 TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES OR NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)





10-16-97
 35' house to
 septic easement
 on ~~map~~ to-scale
 drawing -
 shown screen
 porch will
 have no impact
 to the existing
 well & septic.

A McMillen

MOORLAND DRIVE (50' R/W)
 L=158.83'
 R=775.00'

- 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.: 7112 BROOKSHIRE LANE
 TOP OF WALL ELEV. = N/A FIRST FLOOR ELEV. = 514.3'
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.
 THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT
 ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD
 INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE PURPOSES
 ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROPERTY LINES.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0038-B

LOT 4
ASHLEIGH KNOLLS
 PHASE ONE
 PLAT No. 11120
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION SURVEY	
FOUNDATION	DATE: 11-28-94
FINAL	DATE: 12-12-94
DRAWN BY: RLC	SCALE: 1"=40'
PROJECT No.:	94517.00

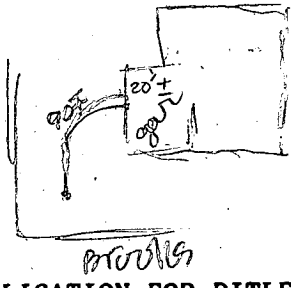


R.M. MOCHI GROUP, P.C.
 3300 N. Ridge Road, Suite 235
 Elkton City, MD 21043-3305
 (410) 461-0078
 Fax: (410) 750-6340

lot 4?

HO-94-0011

Mooreland



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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision Ashleigh Knolls Lot # 4 Well Tag # HO-94-0011
Site Address Brookshire Lane

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ 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	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply _____	4. Will water supply be disinfected by installer? _____

10/4/94
2.5' above grade OK to cover line
4.5' below grade DKS

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: _____

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 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 # -0-
Date 10/14/94

Name of Installer VAN SANT P & S Mr. Amy

Telephone 795-6566

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Winchester Telephone _____

Subdivision Adelphi Knolls Lot # 4 Well Tag # _____

Site Address 7104 Brookshire Ln.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible

2. Make Boulds
3. Model # 56505-422
4. Capacity _____ 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

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Camball
- Model # Biox
- Depth 48

Tank

- Capacity V-100
- Pressure relief valve?

Piping

- Type PS
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 48"

Well data

- Depth 380 ft.
- Yield 15 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer?

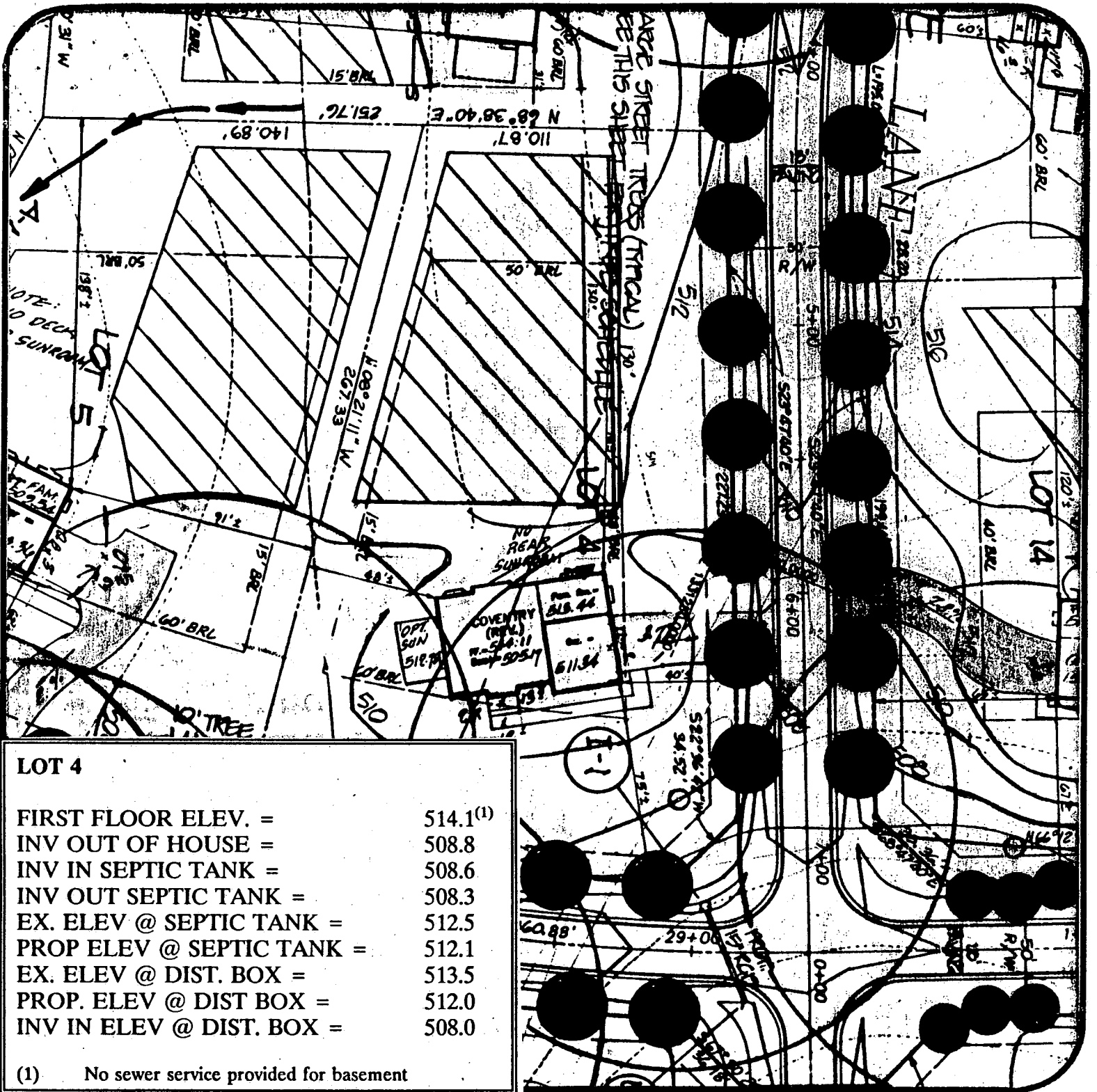
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: HA Van Sant

Date: 10/14/94

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

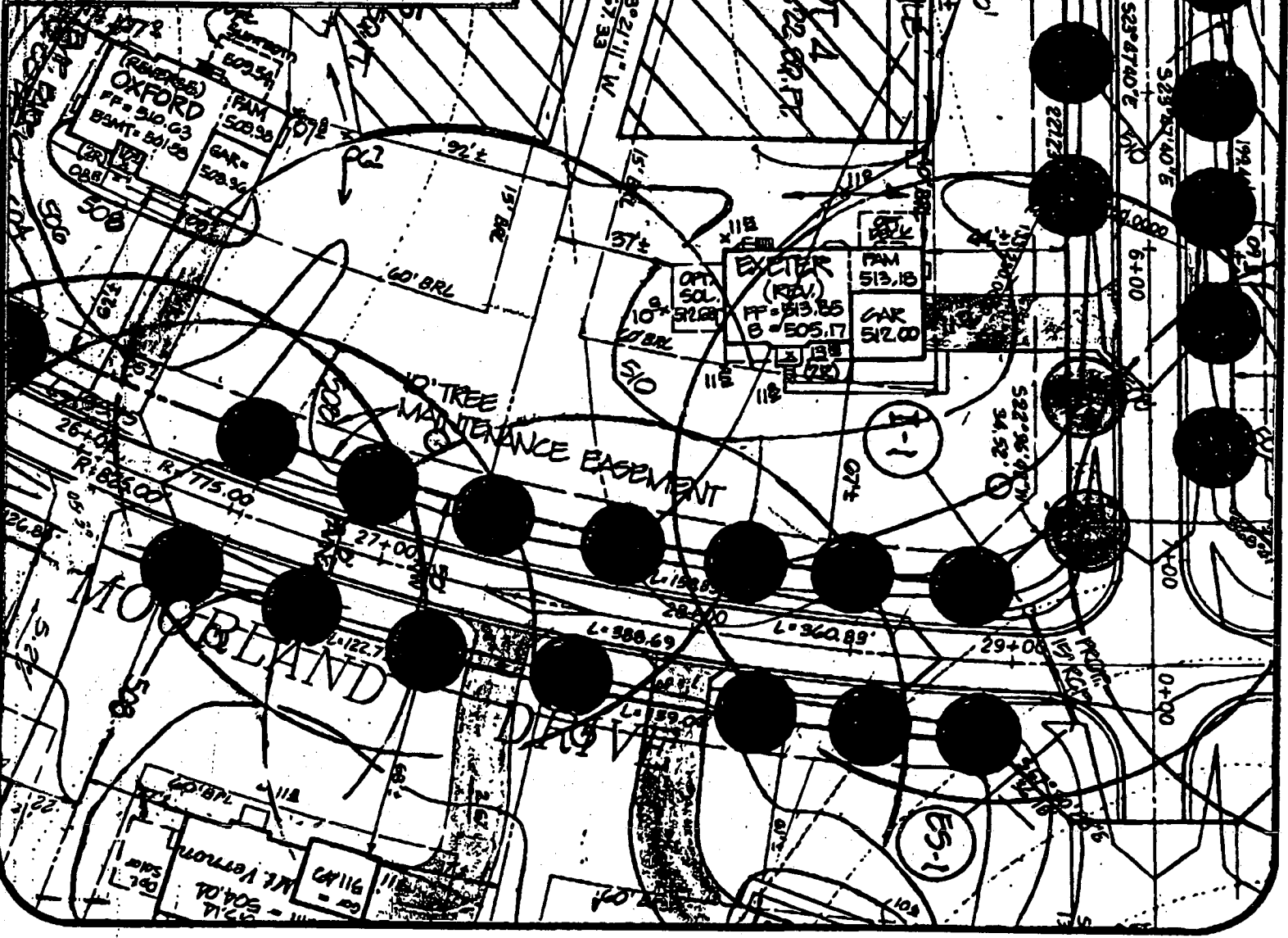


Approved Septic System Plan Howard County Health Department		MILDENBERG, MOCHI & ASSOCIATES, INC. ENGINEERS • SURVEYORS • PLANNERS	
Ashleigh Knolls Lot 4		3300 North Ridge Road, Suite 235 Ellicott City, Maryland 21043-3350 (410) 461-0078 D.C. Metro: (301) 621-5768 Fax: (410) 750-6340	
DATE:	PROJECT NO.:	<i>Caywella</i> 3/18/94 Signature	Date
DRAWN BY:	SCALE:		
TJP	1" = 50'		

LOT 4

FIRST FLOOR ELEV. =	513.8 ⁽¹⁾
INV OUT OF HOUSE =	508.8
INV IN SEPTIC TANK =	508.6
INV OUT SEPTIC TANK =	508.3
EX. ELEV @ SEPTIC TANK =	512.5
PROP ELEV @ SEPTIC TANK =	511.0
EX. ELEV @ DIST. BOX =	513.5
PROP. ELEV @ DIST BOX =	512.0
INV IN ELEV @ DIST. BOX =	508.0

(1) No sewer service provided for basement



Approved Septic System Plan
Howard County Health Department

Ashleigh Knolls
Lot 4

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
DRAINAGE

DATE: 6/8/94

PROJECT NO.: 87027-02

Signature

6/17/94

DRAWN BY: TJP

SCALE: 1" = 30'

Signature

3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

(410) 461-0079
Fax: (410) 750-6340

Date