

7/20/94
pm
10/21/94
AK

7/20/94 Needs pump tested.

PERMIT 05-416027

P 50059C

SEWAGE DISPOSAL SYSTEM

A 41370B

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

DATE 5/31/94

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED 10/21/94

INDEXED

INSPECTOR DKS

VanSant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Ashleigh Knolls, Sec. 1 LOT 5 ROAD 7106 Moorland Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

PUMPED SEPTIC SYSTEM

NUMBER OF BEDROOMS 4

INSTALL: --Single or Double Effluent Pump
In 1000 Gallon Pump Pit.

180 SQUARE FEET PER BEDROOM

--Contractor to supply pump detail
prior to issuance of septic permit.

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place distribution box 185 feet from the front lot line and 10 feet from the right lot line. Initial trench to follow contour toward rear lot line, additional trenches to follow 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. *ok/cw*

PLANS APPROVED BY C. Williams DATE 03/15/94

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

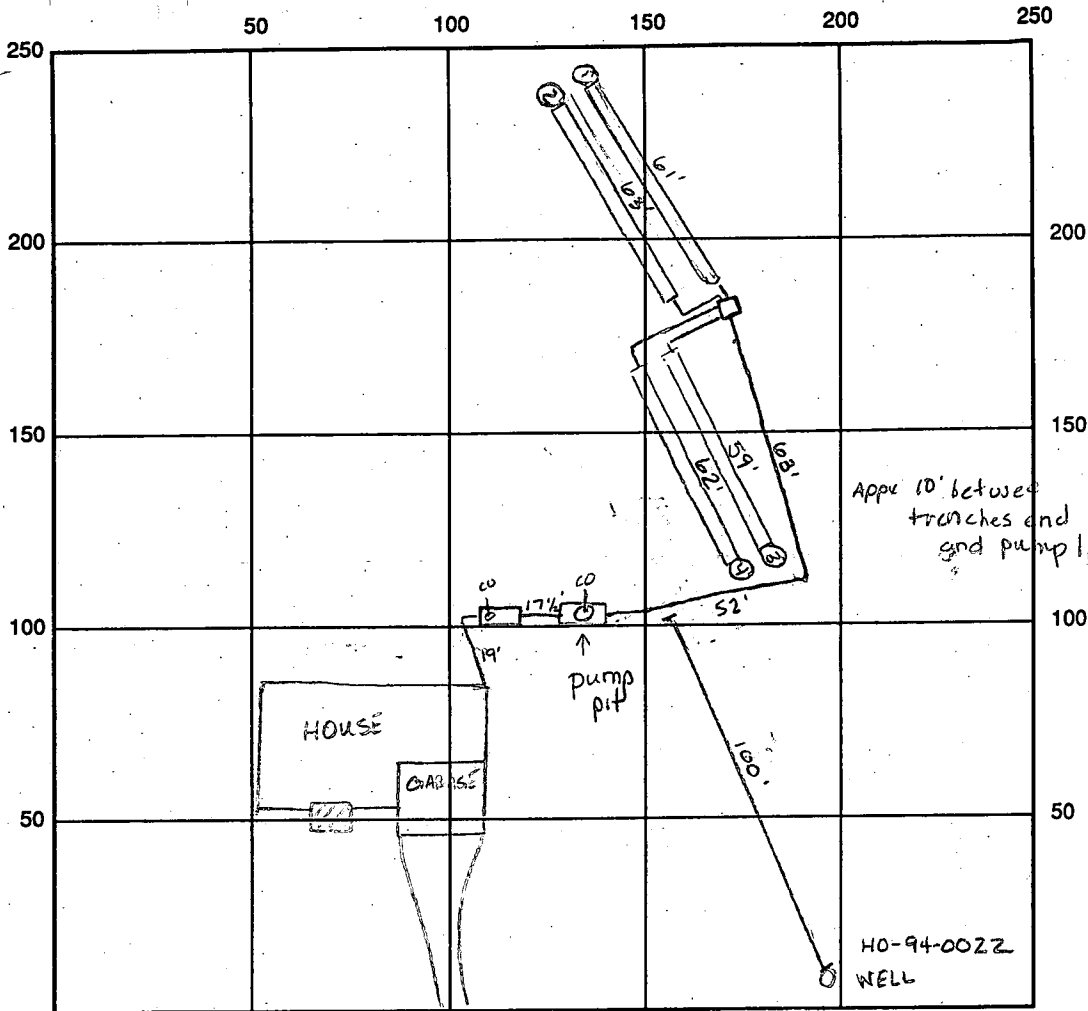
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 41370B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MOORELAND DRIVE

SEPTIC TANK LEVEL 1250 ST 1000gal pump CLEANOUTS CO #1 OK CO #2 OK

DISTRIBUTION BOX LEVEL OK baffle is in

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

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH ① 61 ② 63 ③ 59 ④ 62 FT. = 245 linear feet

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT. $\frac{245}{3} = 735$

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

ABSORBENT AREA — SQ. FT.

REMARKS: 7/20/94 OK to cover work call for pump test when pumps are installed. A.M.

7/20/94 No WPI A.M.

DATE SYSTEM APPROVED 10/21/94

INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A 41370-8

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

PERCOLATION & ORIGINAL TESTING WAS FOR SHALES FACILITY. THIS PORTION OF PROJECT CHANGED TO INDIVIDUAL ON-5 1/2 SEPTIC. PLAT APPROVES WITH TEST HOLES "IN-VICINITY", BUT NOT ON THIS LOT. SEE SUBD. EVIDENCE IF THAT TEST DETAIL IS REQ'D. THIS TESTING TO CONFIRM SOIL CONDITIONS AT TIME OF INSTALLATION AND PRIOR TO BP APPROVAL. NO ADDTN'L TEST FEE 2/18/94 (CW)

DISTRICT _____

DATE 2-18-94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WINCHESTER HOMES

ADDRESS 6305 IVY LANE GREENBELT, MD 20770 PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ASHLEIGH KNOLLS SECTION I LOT NO. 5

ROAD AND DESCRIPTION BROOKSHIRE LANE

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1 ACRE TYPE BLDG. S.F.D.
(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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A41370-B

↑ TO BROOKSHIRE LANE

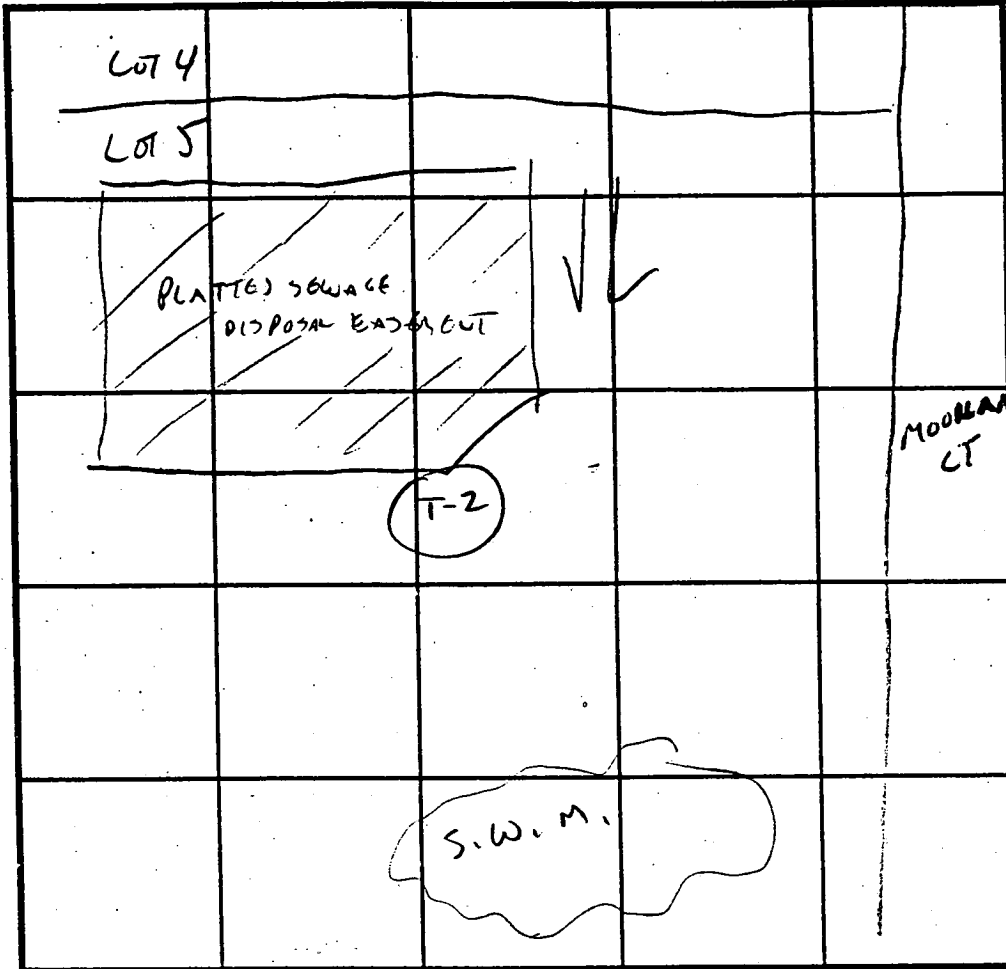
COUNTY #

SOIL PROFILE

0'
CLAY LOAM
4'
MICA SILT LOAM
12'
DRY

SOIL PROFILE

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-2	VIS OK	4-12'				OK
		NO EVIDENCE OF	WATER		TABLE PROBLEM		(CL)
		5' TEST	12:01	12:06	12:06	12:13	7 MIN

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 MIN TRENCH WIDTH 3

APPLICATION

A 41370 B

PERCOLATION TESTING

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

*THESE TESTS WERE ORIGINALLY
ACTED
FOR LOT 4, BUT ALSO APPLY TO LOT 5.
3/17/84
(CW)*

P _____

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.

B. Stambler
(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 JEN

HD-216

THIS IS NOT A PERMIT

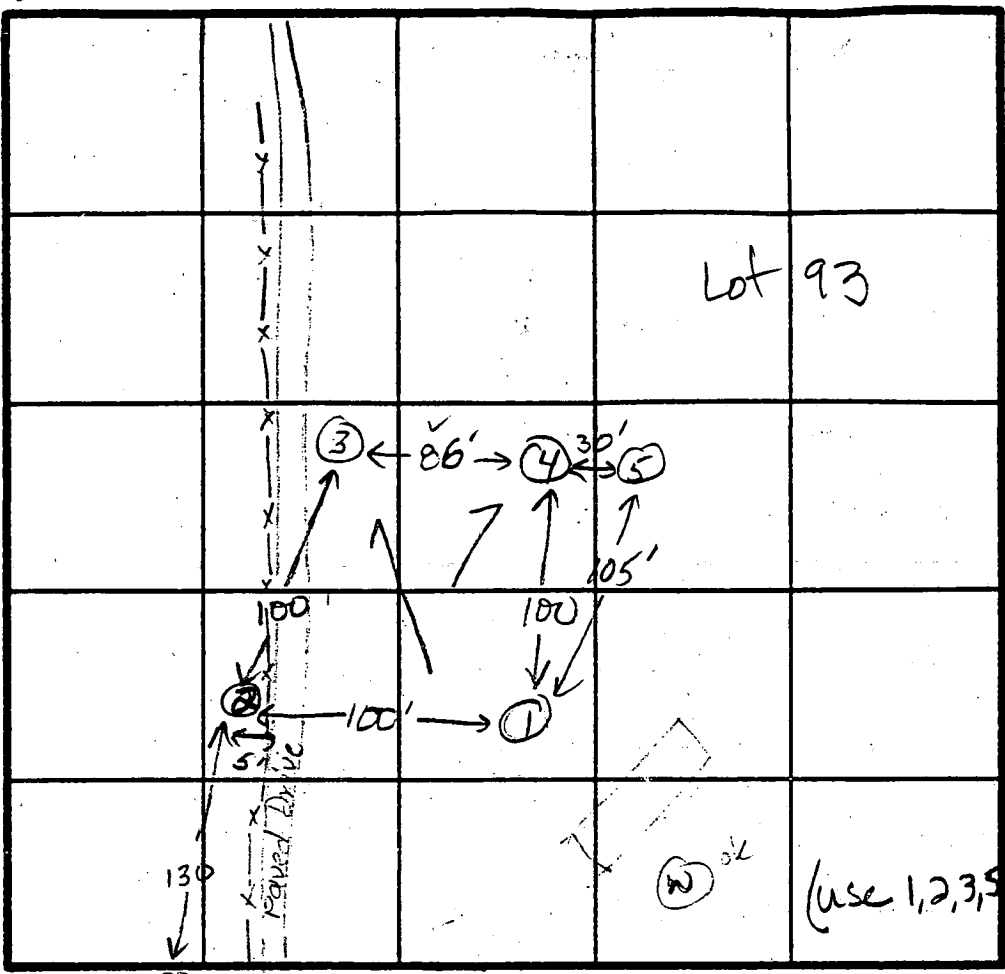
High 1/2 A41370

Low 4-5
3

(2)

SOIL PROFILE

0-6.0 Br sil cl loam
6.0-12.0 Br mica sa sil m, little decomp rock, < 25%
12.0 Bottom



0-5.0 Rd-br cl lm, little g
5-12.0 Br mica sa sil m, < 30% saproli
trc on bedding
appars
at 9.0
12.0 Bottom

(4)

0-5.5 Rd sil cl lm
5.5-11.5 Rd-yellow mica sa sil m, little saproli
< 15%
11.5 Bottom

Lot 94 (3) INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. To Simpson Rd

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	7:54	2:03	1/2 inch	slow	Failed
		11.5 D	Bottom				
	3	6.0 S	2:00	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)					

0-5.0 Br sil cl lm
5.0-13.0 Br-yellow mica sa sil m, < 30% saproli
13.0 Bottom

REMARKS All holes as shown on 6-6-88 plat except hole #5
TYPE OF SOIL 0-5 Br sil cl lm, 5-13. Br yellow mica sa sil m, < saproli
TESTED BY J.E. Madean ALSO PRESENT Rocky

B 1 01349

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

MD-94-0022

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

Date Received (APA)

0111179

OWNER INFORMATION

WINCHESTER HOMES

6305 IVY LANE

GREEKVALE LT MD 20770

B 3

LOCATION OF WELL

HOWARD

ASHLEIGH KNOLLS

SECTION 44 46 LOT 5 48 50

HIGHLAND

2 MI

DRILLER INFORMATION

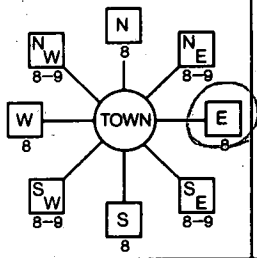
George F. Easterday 40 L. Franklin Easterday, Inc. 77 License No. 80

9205 Brown Church Rd., Mt. Airy, Md. 21771

George F. Easterday 1-11-94

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MOORLAND DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 37 DISTANCE FROM ROAD ENTER FT or MI FT

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 141730B

COUNTY NAME COUNTY NO.

DATE ISSUED 020894

NORTH GRID 400000 EAST GRID 0010000

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

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
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

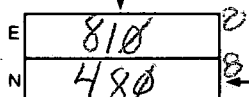
FORCE PERMIT No. MD-94-0022

SPECIAL CONDITIONS

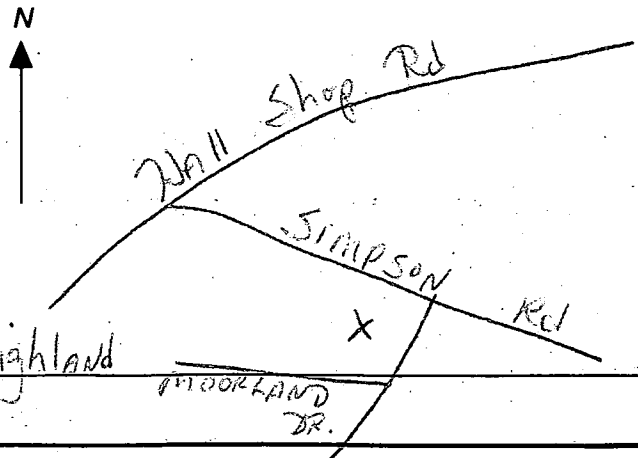
- SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells

Possible 7/8" Well... 2/25/94 Not ready to go... 3/1/94 10:00 P.M.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



7/1/94
anytime

7/1/94
Final
CDS

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 # 70
Date 5/31/94

Name of Installer VAN SANT P&S Mr. Ariz

Telephone 795-6566

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

Name of Property Owner Windsor Homes Telephone 795-6566
Subdivision Abbleigh Woods Lot # 5 Well Tag # HO-94-0022 ✓
Site Address _____

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1</u>	1. Make <u>Campbell</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>6104</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>48'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Goodyear</u>	b. 220 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>V-100</u>	1. Type _____	1. Depth <u>400</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <u>48</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>48"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

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).

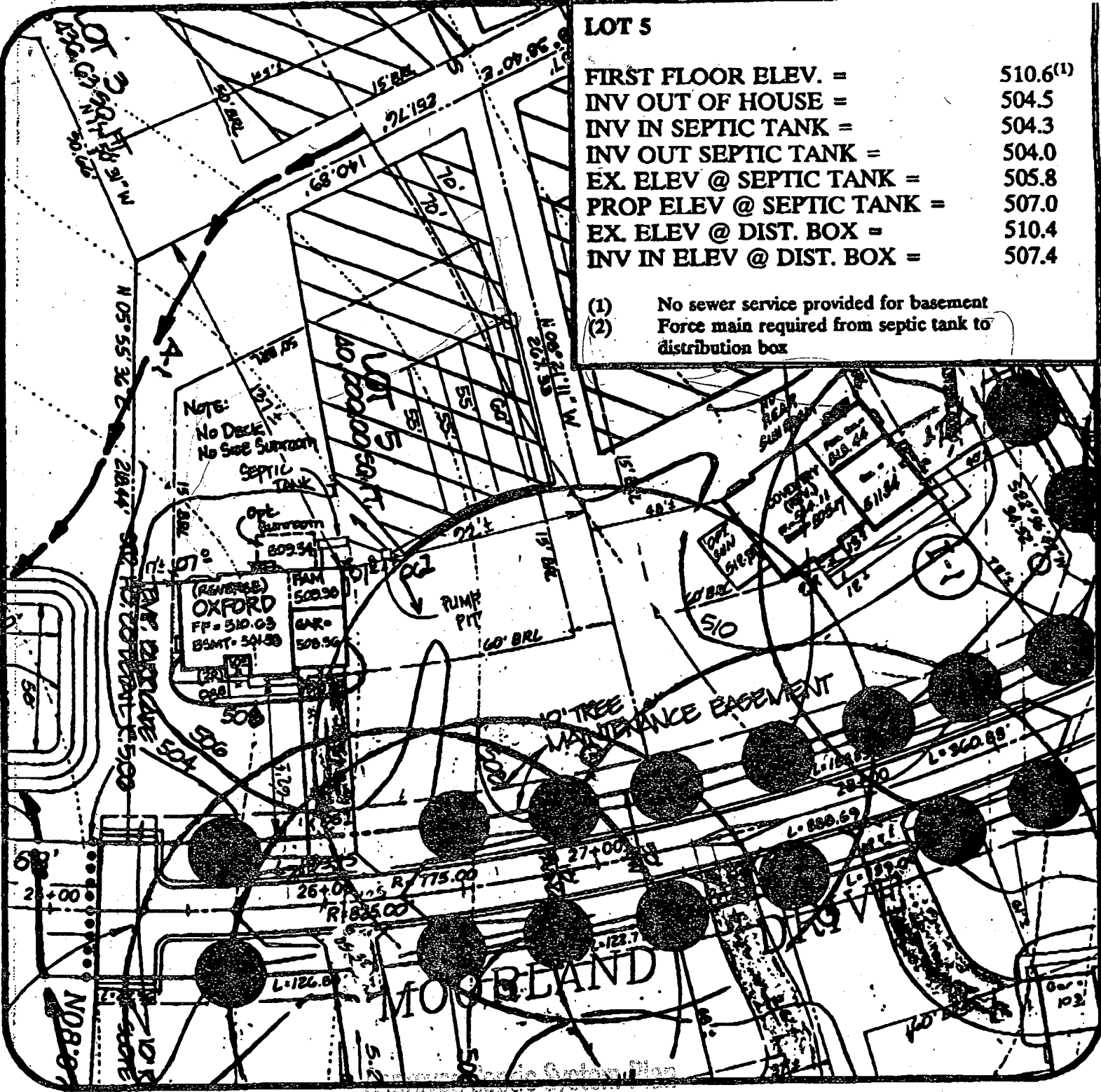
All information given above is true to the best of my knowledge.

Signature of Applicant: Harford Van Sant

Date: 5/31/94

Green 7/1/94

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



LOT 5

FIRST FLOOR ELEV. =	510.6 ⁽¹⁾
INV OUT OF HOUSE =	504.5
INV IN SEPTIC TANK =	504.3
INV OUT SEPTIC TANK =	504.0
EX. ELEV @ SEPTIC TANK =	505.8
PROP ELEV @ SEPTIC TANK =	507.0
EX. ELEV @ DIST. BOX =	510.4
INV IN ELEV @ DIST. BOX =	507.4

- (1) No sewer service provided for basement
- (2) Force main required from septic tank to distribution box

NOTE:
No Deck
No Sept. Subroom

(REVERSE)
OXFORD
FP = 510.03
BSMT = 541.59

MOORELAND

Howard County Health Department

Ashleigh Knolls
Lot 5

Signature 4/22/94

**MILDENBERG,
MOCHI & ASSOCIATES, INC.**
ENGINEERS • SURVEYORS • PLANNERS

DATE: 3/31/94	PROJECT NO.: 89027.00
DRAWN BY: TJP	SCALE: 1" = 50'

Signature of VBB - P bwhs: Date

3300 North Ridge Road, Suite 235
Ellicott City, Maryland 21043-3350
(410) 461-0078 D.C. Metro: (301) 621-5768
Fax: (410) 750-6340