

10/14/94  
V. NEON

05-466132

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50323

A 41371

DISTRICT 5th

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE \_\_\_\_\_

DATE SYSTEM APPROVED 10/14/94

INSPECTOR C. B. ✓

VanSant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

SUBDIVISION Ashleigh Knolls, Sec. 1 LOT 15 ROAD 7107 Brookshire Lane

PROPERTY OWNER Winchester Homes, Inc. Thomas

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 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 125 feet from the front lot line and 85 feet from the left 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. OK 5/20/94 DKS

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

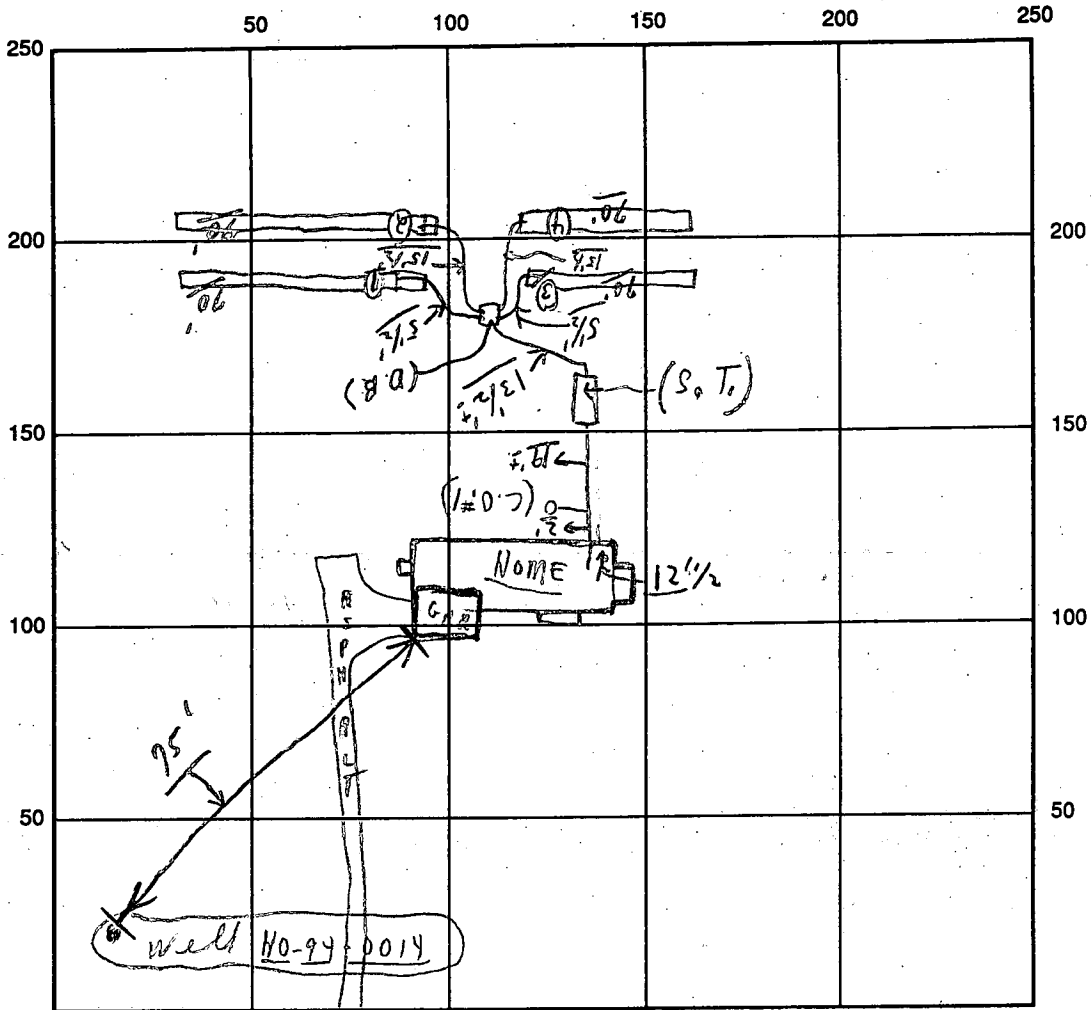
PERMIT VOID AFTER TWO YEARS

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  
41371



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

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

SEPTIC TANK LEVEL OK CLEANOUTS ok / ok

DISTRIBUTION BOX LEVEL OK (*Baffles in*)

DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 280 FT. } (*280*)

NUMBER OF TRENCHES 4 ONE ~~SIDEWALL~~/BOTTOM AREA 840<sup>+</sup> SQ. FT.

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

ABSORBENT AREA 840<sup>+</sup> SQ. FT.

REMARKS: *(NOON) 10/14/94 Final - ok. No covers as per print - last trench. (Material on site)*

DATE SYSTEM APPROVED 10/14/94 INSPECTOR Charles Bryan & Associates

# APPLICATION

PERCOLATION TESTING

A 41371

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: Lot-15 SP-93-04

SUBDIVISION Ashleigh Greene Section II LOT NO. 94 (491)

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,  
Hall Shop Road/Simpson Road (7107 Brookshire Lane)

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. K. ...  
(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

BLDG. PERMIT SIGNED  
AND RETURNED 5/16/89  
Sevitt 53975  
SFD - 4/8/88

HD-216

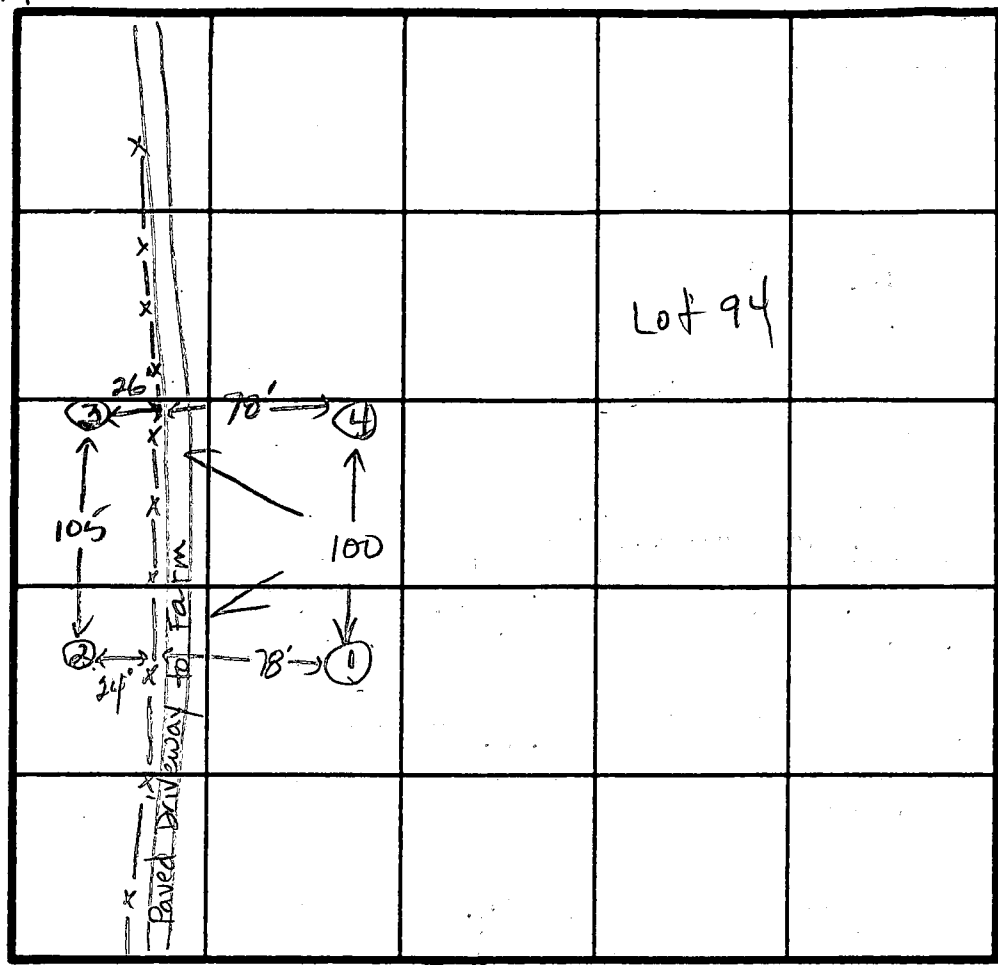
# THIS IS NOT A PERMIT

High 1/4 A41371

Low 3  
2

① SOIL PROFILE

0-4.0 Rd-br si cl lm  
4.0-11.0 Br mica sa si lm, little saprolite < 15%  
11.0 Bottom slight broken rx frags at 9.0'



②  
0-5.0 Rd-br si cl lm  
5.0-12.0 Br-tan mica sa si lm, little decom rock, < 25%  
12.0 Bottom

④

0-5.0 Br si cl lm  
5.0-11.5 Br mica sa si lm, < 25% saprolite, trc of structure at 7.0 ft  
11.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
↓ To Simpson Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-88	1	4.5 S	1:34	1:36	1:36	1:40	4min
		7.5' M	1:32	1:34	1:34	1:37	3min
		11.0 D	Bottom (trc. of broken rock frags at 8.0 ft)				ok
	4	11.5 V	see profile (slight structure of saprolite at 7.0 ft)				ok
	3	4.5 S	2:21	2:23	2:23	2:33	10min
		12.0 D	Bottom				ok
	2	4.0 S	2:28	2:30	2:30	2:32	2min
		12.0 D	Bottom				ok

③  
0-5.0 Rd-br si cl lm  
5.0-12.0 Rd-br mica sa si lm, little decom rock, < 30%  
12.0 Bottom

REMARKS All holes as shown on 6-6-88 plat.  
TYPE OF SOIL 0-5 Rd-br si cl lm, 5-12 Br mica sa si lm, < 30% decom rx  
TESTED BY JE Wadeau ALSO PRESENT Burtley Hamill Rocky Slap

**B 1** 01344 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  
 10-94-0014  
 fill in this form completely

**Date Received (APA)**  
 0111194  
**OWNER INFORMATION**  
 WINCHESTER HOMES  
 6305 IVY LANE  
 GREENBELT MD 20770

**B 3** LOCATION OF WELL  
 HOWARD  
 ASHLEIGH KROLLS  
 HIGHLAND  
 MILES FROM TOWN (enter 0 if in town) 2 MI

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

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 BROOKSHIRE LN  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD 20 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)**  
 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 A 41371  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE DATE ISSUED 020394  
 NORTH GRID 100000 EAST GRID 0818000

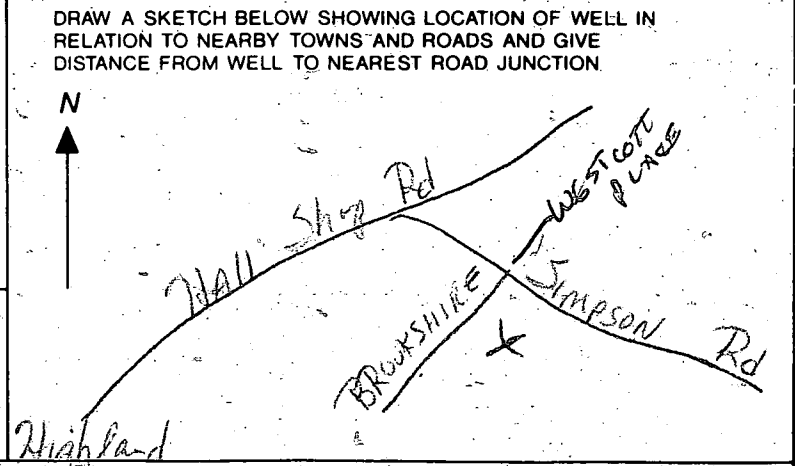
APPROXIMATE DEPTH OF WELL 200 FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 816  
 N 480  
 2/15/94 about 12:30 by 2-16-94 10:30am  
 38 ft open hole  
 3 ft casing above grade  
 82 ft casing  
 11+ bags cement  
 Location pk  
 JENadeau

**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 DEEPEMED 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. 10-94-0014

SPECIAL CONDITIONS

C1 8739

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 91371

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 02/16/94

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-94-0014

OWNER Winchester Homes last name Brockschire lane first name TOWN Ashland SUBDIVISION Ashland Knolls SECTION LOT 15

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 & Clay Mixed, Sand Stone, Shale Mixed Mica, Sand Stone Mica, Sand Stone Mica, Sand Stone Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1100 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 3 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE 5 T 6 3 2 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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 PL OT PLASTIC OTHER

DEPTH (nearest ft.) 170 85 400 C2 SCREEN DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE Charles R. Fuller

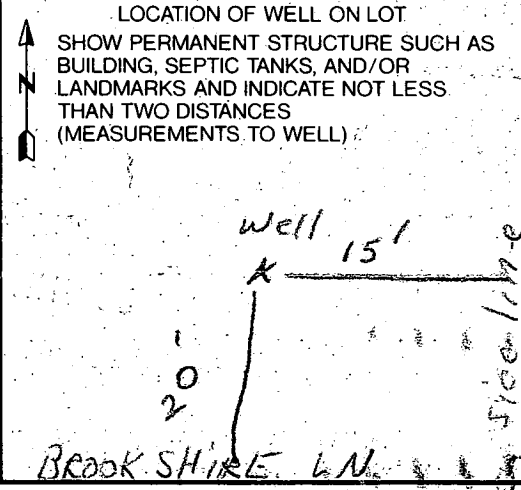
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (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



7/1/94 anytime

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

Final  
7/1/94  
C. Bel

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 # 15 Well Tag # HO-94-0014  
Site Address Brookshire Lane

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
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 \_\_\_\_\_

**Motor**  
1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
4. 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: \_\_\_\_\_

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

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.

FREDERICKTOWNE LABS, INC.  
P.O. Box 244, 3039-C Ventrie Ct.  
Myersville, MD 21773

(301) 293-3340  
FAX (301) 293-2366

# CERTIFICATE OF ANALYSIS

Acci. No. 1985

## LABORATORY RECORD

### FIELD RECORD

Sample Source: LOT 15 Date 10.20.94  
Carlough Knolls Time 2:30 pm  
Back of house Iced yes  
Marksville #10 pH 7.0  
W.R. LAY Res. Cl: 0.0  
Well No. 110940014  
County HO

Received at laboratory: 10/20/94 4:30 pm  
Testing requested:

Bacteriological

Examined: 10/21/94 9 am

MPN (Most Probable Number)

Presumptive Bacteriological Test Confirmed Bacteriological Test

ml of Sample	20 ml	10 ml	5 ml	2 ml
Gas, 24 hours	-	-	-	-
Gas, 48 hours	-	-	-	-

ml of Sample	20 ml	10 ml	5 ml	2 ml
Coliforms				
Fecal Coliforms				

Coliforms/100 ml	
Total	Fecal
<1.1	<1.1

Membrane Filter \_\_\_\_\_ Total Coliforms/100 ml.

Bacteriological analysis of this sample indicates the water is safe for human consumption.  
unsafe

[Signature] Analyst 10/23/94 Date

Chemical

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH		
/	.08	4	1.6	None	/	/	/

The above field information was supplied by:

Kimberly Hensley

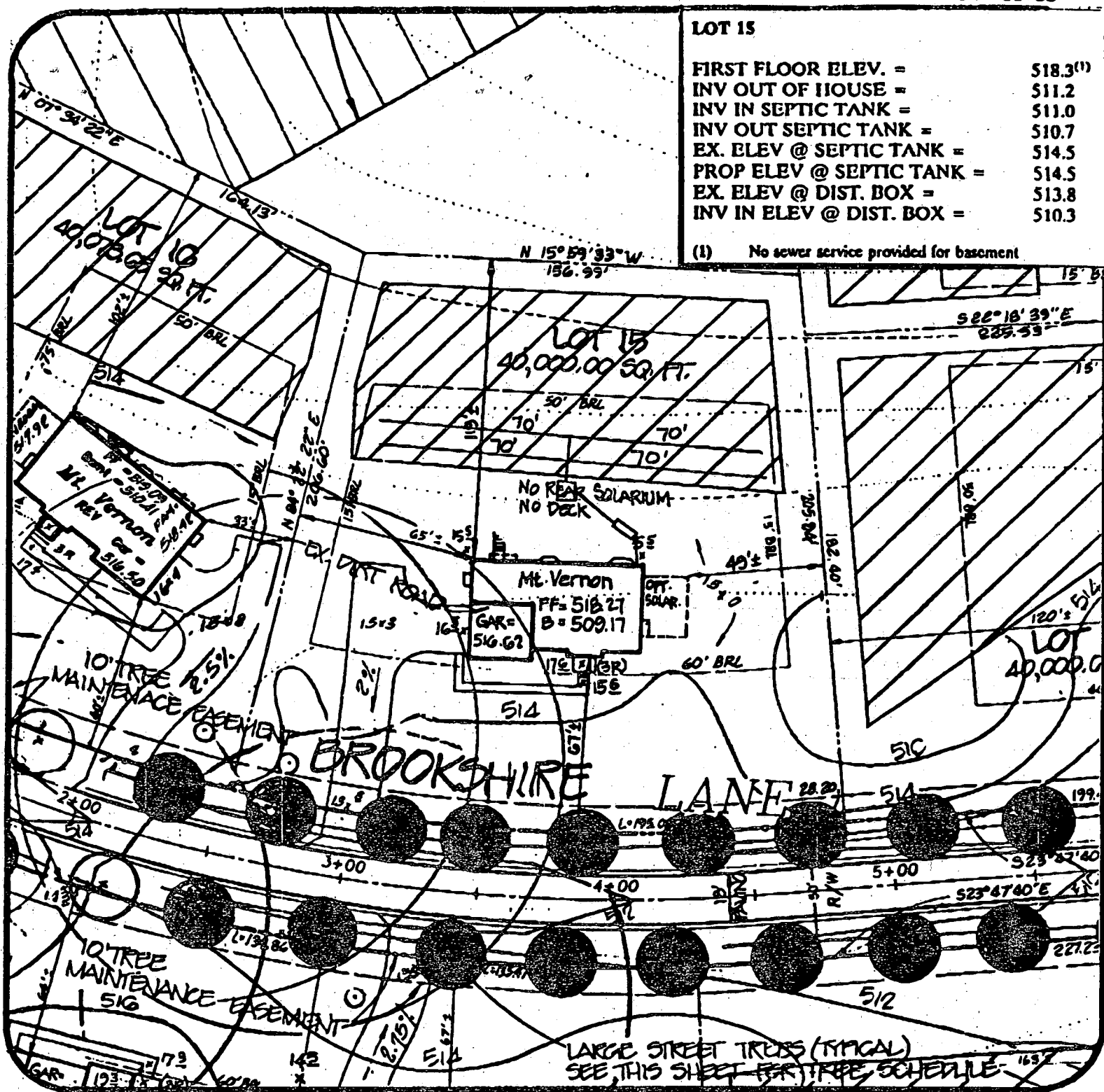
Affiliation Van Sant Klemmery

This individual is a state certified water collector. State No. 93-135

**LOT 15**

FIRST FLOOR ELEV. =	518.3 <sup>(1)</sup>
INV OUT OF HOUSE =	511.2
INV IN SEPTIC TANK =	511.0
INV OUT SEPTIC TANK =	510.7
EX. ELEV @ SEPTIC TANK =	514.5
PROP ELEV @ SEPTIC TANK =	514.5
EX. ELEV @ DIST. BOX =	513.8
INV IN ELEV @ DIST. BOX =	510.3

(1) No sewer service provided for basement



**Ashleigh Knolls  
Lot 15**

Approved: *[Signature]*  
Howard County Health Dept.

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

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: 5/4/94

DRAWN BY: TJP

PROJECT NO.: 82027.09

SCALE: 1" = 50'

*[Signature]* 5-16/94