

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56508 B

A _____

DISTRICT 5

DATE 3/20/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~4214333~~

313-2640

DATE SYSTEM APPROVED 8/20/96

INSPECTOR [Signature]

INDEXED

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771

PHONE 682-6726

SUBDIVISION Ashleigh Knolls LOT 38 ROAD 7105 Ramsgate Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

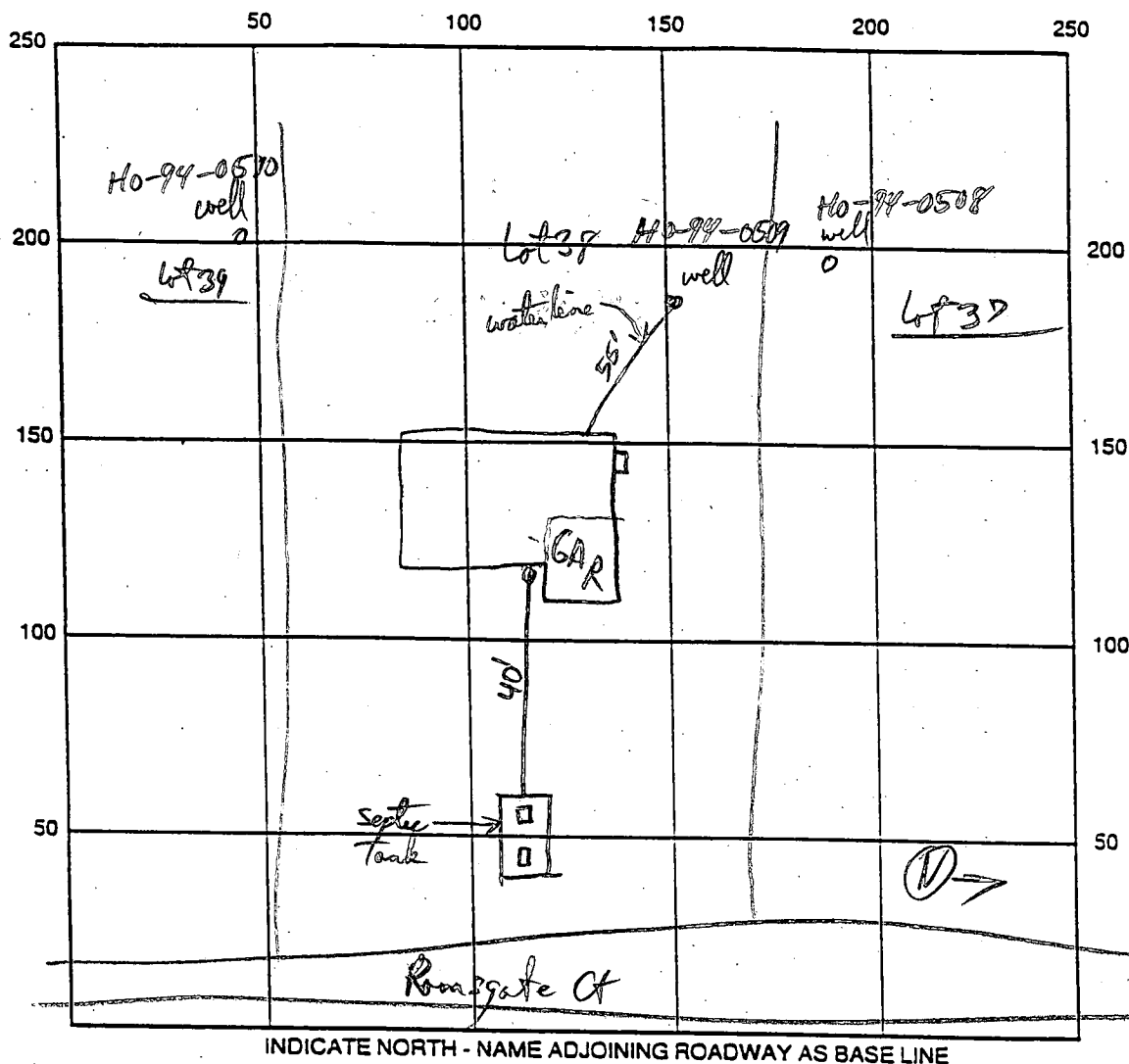
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- 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. OK/CW

P 56508 B



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: Hse Connection ok to Cover. 5/3/96 Needs Pump Test.

8/23/96 Pump Del Not Run - Mark Bellet AP

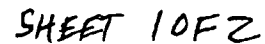
8/16/96 Pump test OK / Justin Miller AP

WPI done & inspected 5/2/96

DATE SYSTEM APPROVED 8/26/96 INSPECTOR [Signature]

B 1 9078	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0509 <small>fill in this form completely</small>
Date Received (APA) 05/19/95		B 3 LOCATION OF WELL	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name </div> <div style="display: flex; justify-content: space-between;"> 36 Street or RFD 55 </div> <div style="display: flex; justify-content: space-between;"> 57 Town 70 State 72 Zip 76 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div>	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date		MSD/MGD/MWD <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4 0 </div> 77 License No. 80	
B 2 WELL INFORMATION		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 11 30 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 11 30 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div>	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME 13- COUNTY NO. STATE SIGNATURE DATE ISSUED 05/31/95 NORTH GRID 488000 EAST GRID 681700	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTary JETTED <input type="checkbox"/> AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> REVerse-ROTary Drive-POINT <input type="checkbox"/> other		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 <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> E 8107 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> N 4808 </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE RIP WRITE INITIALS IN BOX PERMIT No. 40-94-0509		SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =	

HD-224



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

5-3-96
W.P.I. ok *[initials]*

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 ☐
Name of Installer Van Sant Plumbing Receipt # _____ Date _____ Telephone 829-0444
License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒
Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Highleigh Knolls Lot # 38 Well Tag # 110-94-0509
Site Address 7105 Ramsgate Ct.
Clarksville, MD 21029
Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make Goulds
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 Campbell
2. Model # 510X
3. Depth 48"
Tank
1. Capacity 1.00
2. Pressure relief valve? ☒
Piping PS
1. Type _____
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 48"
Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? ☒

WPI done & covered 5/2/96.
Van Sant said it was inspected (perhaps by b.s.)
5/3/96 RJP

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: Harold A. Wardant

Date: 4.19.96

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

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24					
LOT 25					
LOT 26					
LOT 27					
LOT 28	505.70	499.70	498.70	500.50	497.00
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30	506.30	500.30	497.30	499.20	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.50	497.90	493.10	493.85	490.10
LOT 33					
LOT 34					
LOT 35	501.60	495.60	492.50	496.00	493.10
LOT 36					
LOT 37	506.33	500.33	499.50	501.10	497.10
LOT 38	506.30	500.30	499.05	501.00	497.80
LOT 39					
LOT 40	501.20	495.20	491.39	495.10	491.60
LOT 41					
LOT 42	500.10	494.10	493.07	495.00	491.00
LOT 43	499.60	493.60	491.91	492.10	488.40
LOT 44	495.47	489.47	489.60	490.50	487.00
LOT 45	475.80	489.80	492.83	492.00	487.80
LOT 47					
LOT 49					

PLOT PLAN

Ashleigh Knolls
Lot 38DATE:
3/1/96PROJECT NO.
89027.06DRAWN BY:
MW3/TJPSCALE:
N/A

SHEET 2 OF 2

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
AND SURVEYORSPLANNERS
ENVIRONMENTAL3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305(410) 461-0079
Fax: (410) 750-6340

RON

SPEED LETTER

TO

FROM

Craig Williams
En Health

Jim Miller
Utilities

SUBJECT

MESSAGE

Pump Test for Lot 38 7105 Ramsdell
+ Lot 42 7108 Carlisle CT were both OK

DATE

8/26/96

SIGNED

Jim Miller

REPLY

DATE

SIGNED

Wilson Jones • Carbonless • MADE IN U.S.A.
44-902 Duplicate • © Wilson Jones, 1988

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY

Post-It® Fax Note		7671
Date	8/26/96	# of pages 1
To	Craig Williams	
Co./Dept.	En Health	
Phone #	4458	
Fax #	4419	



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 29, 1996

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

RE: Ashleigh Knolls, Lot #38
7105 Ramsgate Court
Well Permit #HO-94-0509

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 26, 1996.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0509. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Dates of Water Samples: August 23, 1996 (Chemical)
August 26, 1996 (Bacteriological)
Date of Well Completion: July 19, 1995

Approving Authority

Amy McMillen

Amy Mc Millen, Sanitarian
Water and Sewerage Program

ALM

cc: Building Inspector's office
file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323



Fredericktowne Labs, Inc.

3039 Ventric Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293 2366

Certificate of Analysis

Acct. No. 120 - 23.2

Field Record

Site visit performed on: Monday, August 26, 1996 3:00 PM
by: H. A. Van Sant State ID No. 94-700
Property Seller: Winchester Homes
Property Address: 7105 Ramsgate Court
Ashley Knolls Sub.
Clarksburg, MD. 21029
Sample Source: Kitchen

Field pH: Not Performed

Res Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 8/26/96 16:15

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1	<1	8/27/96 1:45 PM	9222B	CH

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

Verified by:

Mary Miller 8/28/96
Date



Fredericktowne Labs, Inc.

3039 Venture Ct. • P.O. Box 244 • Myersville, MD 21771 • (301) 293-3140 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 23

Field Record

Site visit performed on: Friday, August 23, 1996 8:30 AM
 by: H. A. Van Sant State ID No. 94-700
 Property Seller: Winchester Homes
 Property Address: 7105 Ramsgate Court
 Ashley Knolls Sub.
 Clarksburg, MD. 21029
 Sample Source: Kitchen Sink

Field pH: Not Performed

Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 8/23/96 9:24

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
4.6	<1.1	8/23/96 9:00 AM	9221B	PH

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

Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate Nitrogen	2.5 mg/l	10	8/23/96	WeWWG 5880	PH
Turbidity & Sand	5.7 NTU	10	8/23/96	180.1	PH

Verified by:

Mary Miller 8/28/96
 Date



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 2, 1996

Owner/Occupant
7105 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #38
7105 Ramsgate Court
Well Permit #HO-94-0509

Dear Sir or Madam:

According to our records, an Interim Certificate-of-Potability was recently issued for the above referenced property. It is now necessary for a second water sample to be obtained. This second sample is required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1). The purpose of the second sample is to confirm that the water supply continues to be free of bacteriological contamination. As long as the water supply remains free of bacteriological contamination, a Final Certificate-of-Potability will be issued for the well water supply.

You are requested to call this office at (410)313-2640 to arrange an appointment for the second water sample to be taken. It is recommended that the second water sample be taken from an inside tap, the most reliable location from which to obtain an accurate sample. Presently, there is no charge for this service.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Donna K. Soe, R.S.
Water and Sewerage Program

DKS

Enclosure

010057

Category Code 4F-4C

Lab. No. _____

Field Record

SAMPLE TYPE:

Community ☐

Non-Community ☐

Non-Transient ☐

Private ☒

Check Sample ☐

Special ☐

Source BYANT - Powder Room

Location: 7105 RINGGATE CT

Iced: Yes ☒ No ☐

Treated Yes ☐ No ☒ Time Collected 9:20

Collector # 95456 Bottle No. B4419

Collector Name B. Canning County HAWAII

County Plant No. Sampling Station Date Collected

pH Res. Cl: Free Total Card No.

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

CONFIRMED MTF TEST

ml. of Sample	10 ml.						ml. of Sample	10 ml.						No. of Pos.
Gas. 24 hours							Coliforms †							
Gas. 48 hours							Fecal Coliforms ‡							

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas. 24 hours	
Gas. 48 hours	

ml. of Sample	100 ml.
Total Coliforms	†
Fecal Coliforms	‡
E. Coli ***	

** Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

Heterotrophic Plate Count $\$/\text{ml.}$ =

--	--	--	--	--

**** using m Endo-Agar LES at 35° C incubation**

* using Lauryl Sulfate Trypticase Broth at 35° C incubation

† using Brilliant Green Lactose Bile Broth at 35° C incubation

‡ using EC Broth at 44.5° C incubation

§ using Plate Count Agar at 35° C incubation

*** using ONPG-MUG at 35° C incubation

Laboratory

Annapolis Cambridge Central Cheverly Remarks	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Cumberland Frederick Salisbury	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	---	--------------------------------------	--

Rec.d

Exam

Rept.

Bacteriologist

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Susan Bryant DATE OF APPOINTMENT 11/12/96 ^{9:30}

ADDRESS 7105 Ramsgate Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

SAMPLE TYPE

☐ Health Hazard
☐ U & O
☐ Pond or Stream
☐ Sewage
☐ Other

REASON FOR REQUEST

☐ New Residence
☐ Nitrate Monitoring
☐ Taste or Odor
☐ Replacement Well
☐ Other

SEPTIC SYSTEM: ☐ Approved ☐ Disapproved DATE ____/____/____

CONDITION: _____

SUPPLY TYRE: ☐ Drilled Well ☐ Hand Dug ☐ Spring ☐ Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

☐ CHEMICAL ☐ Free Cl ☐ Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Lanning TIME 9:20 DATE 11/12/96

SAMPLE FROM Powder Room BA417 BACTERIA 7.0 pH

☐ CHEMICAL 0.0 Free Cl 0.0 Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

☐ CHEMICAL ☐ Free Cl ☐ Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

NAME
ADDRESS

NAME



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 26, 1996

Ms. Susan Bryant
7105 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #38
7105 Ramsgate Court
Well Permit #HO-94-0509

Dear Ms. Bryant:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 26, 1996.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0509.

Dates of Water Samples: August 23, 1996 (Chemical)
August 26, 1996 (Bacteriological)
November 12, 1996

Date of Well Completion: July 19, 1995

Approving Authority

Donna K. Soe, R.S.
Water and Sewerage Program

DKS
Enclosures
cc: file

C12904

SEQUENCE NO.
(MDE 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 13--

ST/CO USE ONLY
DATE Received
090695

DATE WELL COMPLETED
071995

Depth of Well
2220026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-94-0509

OWNER Winchester Homes

STREET OR RFD Ramsgate Court

SUBDIVISION Ashleigh Knolls

SECTION

TOWN Highland

LOT 38

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET	check if water bearing
	FROM	TO
TOP Soil	0	2
red clay	2	8
brown shale	8	25
Sand & Silt	25	72
Sand Stone	72	75
Mica	75	80
Mica & Quartz	80	82
Mica	82	200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 45 ft.

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE

PL OT
PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter
top (main) casing
(nearest inch)

Total depth
of main casing
(nearest foot)

57 6 78

OTHER CASING (if used)

Each casing

diameter
inch

depth (feet)
from to

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS
BRONZE OPEN
HOLE

PL OT
PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes Y no X

CIRCLE APPROPRIATE LETTER

A 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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 40

George F. Eastenbury

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

Charles R. Feller

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

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

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN

56 60

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

68

MDE 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 35 ft.

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.

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)

well 25'

Side line

RAMSGATE CT.

Well Permit No. HO - 94-0509

Subdivision Ashleigh Knolls

Well Driller G. Easterday

Owner Winchester Homes

Distance of measuring point (M.P.) above ground 72

Static water level (S.W.L.) below M.P. +20

Time pump started 2:45 pm Pumping rate 10 gpm
Total time 30 min to reach pumping water level 35 ft. below M.P.

Total time 30 min to reach pumping water level 35 ft. below M.P.

[illegible]

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

63711

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

G-3058

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7105 Ramsgate Ct.
Clarkeville, Md. 21029GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is: Foxhall
2 sty, full bamt., 10 R, 2 PB,
HB, garage, opt. FP & 5th BR.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
38	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS

PHONE NO.

Winchester Home,s Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770

(301) 474-4411

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

R.M. Mochi Group
330 N. Ridge Rd., Suite 233
Ellicott City, Md. 20770 (410) 461-0079

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Winchester Homes,, Inc.
Same as above

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54'	37'	10'
	54'	32'	10'
	54'	32'5"	10'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1785	17850	ASP gable
ROOMS	1240	12400	
BATHS			
FIREPLACES	1279	12790	

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" conc.wood frp	BV & sidin

UTILITIES					
WATER	WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				X	HP
					AC
					X

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE
Permit Administrator

3-5-96

TITLE

DATE

EST. CONSTRUCTION COST

\$143,800

LICENSE NUMBER

158-14160

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.