

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510243-A

A _____

DISTRICT 5th

DATE 06/30/98

DATE SYSTEM APPROVED 1/21/99

INSPECTOR AM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

TEX ID # - 05-418593

Winchester Homes, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 39 ROAD 7101 Ramsgate Court

PROPERTY OWNER Winchester Homes, Inc.

6305 Ivy Lane, Suite 800

ADDRESS Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

- 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.

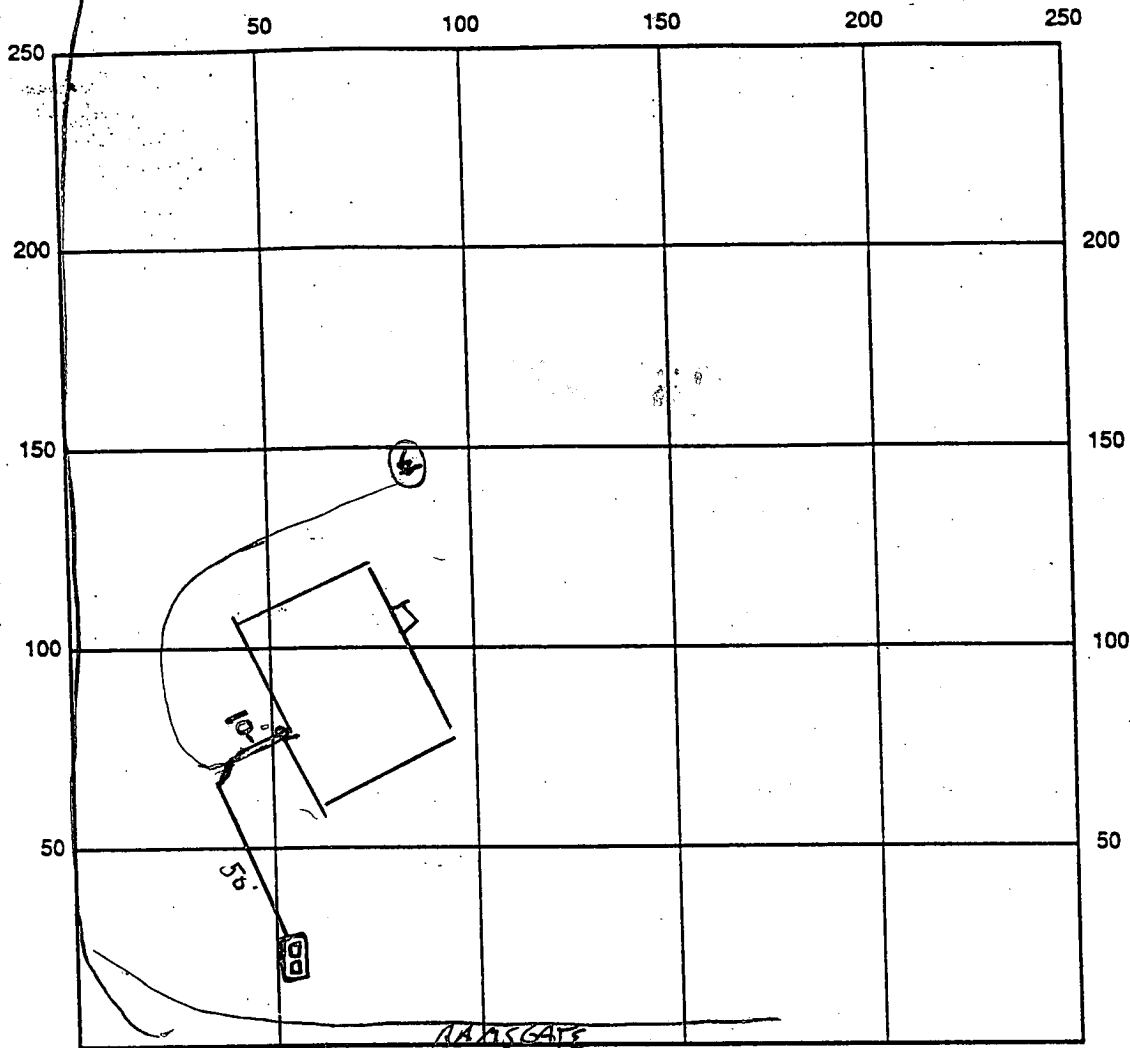
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time. 7/10/98 OK AM

Plans Approved By _____

Date: _____

510243-A

M O O R L A N D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 8/27/98 OK TO COVER TO 45' BY HOUSE

NEED TO SEE WELL LINE AT HOUSE SCREEN

+ SEWERLINE SET IN GRAVEL TO UNDISTURBED SOIL

AM

11/25/98 well line RA. 3' below grade; well casing 1' above grade; 2 piece well cap installed; PVC conduit pipe installed - OK TO COVER. DKS

12-17-98 INLET T DISCONNECTED IN TANK TEST POSTPONED.

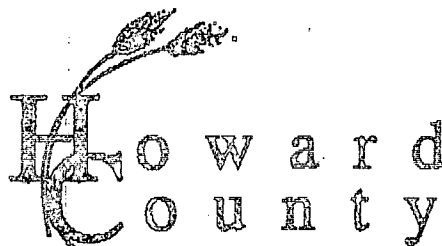
12-18-98 AWAITING REPAIRS AM

12-30-98 T REPAIRED, PRESSURE SIDE LEAK, TO BE REPAIRED. AM

1/21/99 Pump test OK AM

DATE SYSTEM APPROVED 8/25/99 INSPECTOR A Mc Mille

FAX
cover sheet



Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel. : 410 313 4900
Fax : 410 313 4989

To : Water and Sewer Program

Date : 1/19/99

Number of pages
including this one 1

Fax Number : 2648

From : Matt Fisher

Comments : Sewer Pump Test - Oakleigh Knolls

1:00 pm Thursday January 21st 1999

Winchester Homes

Lot 18 7114 Moorland Drive passed for U+O

Lot 39 7101 Ramsgate Ct passed for U+O

Lot 68 7183 Moorland Drive passed for U+O

Final grading around tank covers has yet to be done
due to weather, a letter from developer states that
final grading will be done by April 1, 1999

FAX
cover sheet

Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel. : 410 313 4900
Fax : 410 313 4989

To : Water & Sewer Program

Date : 12/18/98 Number of pages including this one one

Fax Number : 2648

From : Matt Tudor

Comments : Follow up inspection from failed Sewer Pump Tests on 12/17/98.

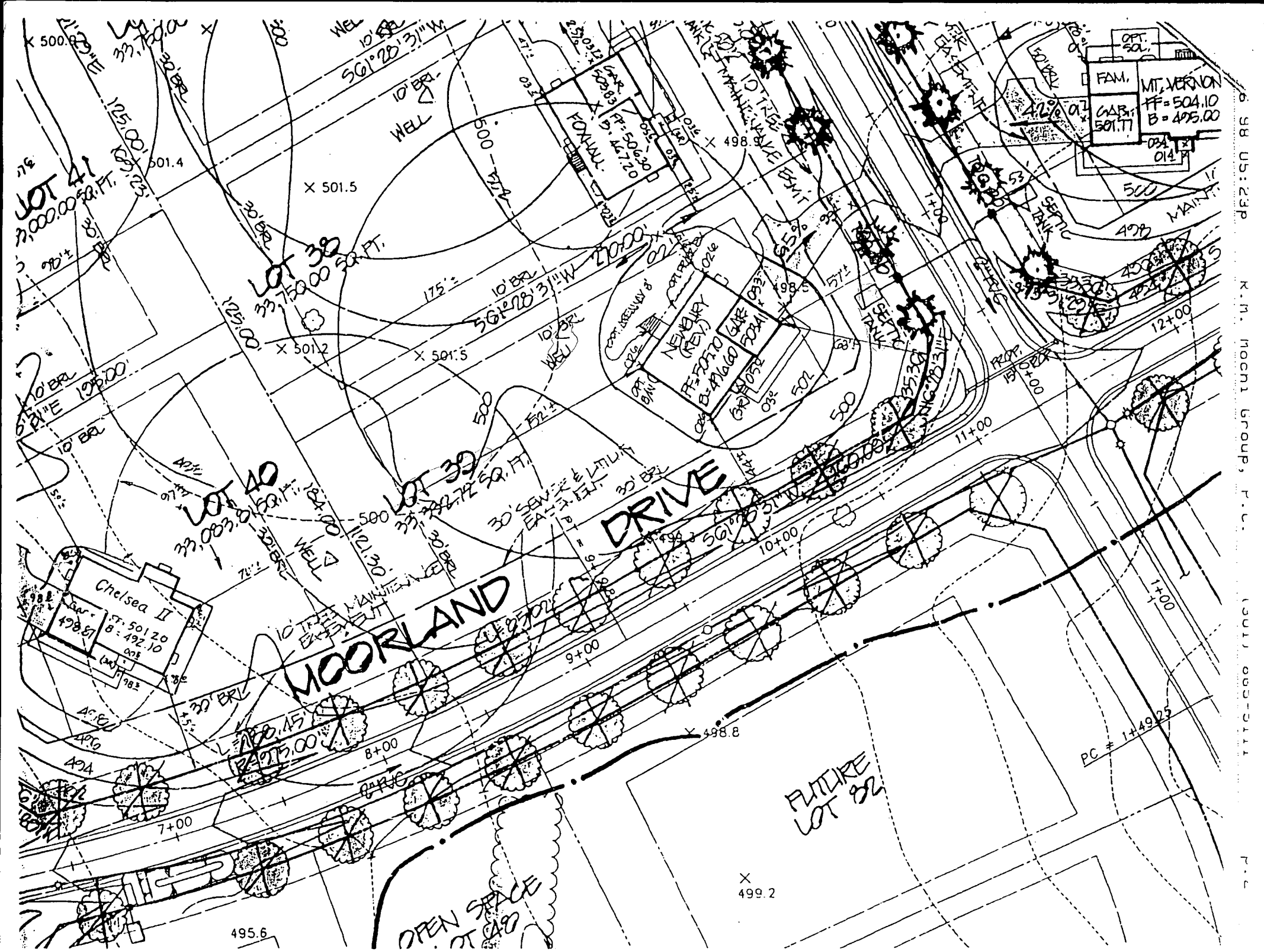
Winchester Homes

1.) Lot #49 7141 Moorland Ave (pump in siphon tank)
re-cleaned today. Approved for U20

2.) Lot #39 7101 Ramsgate failed due to
broken inlet sanitary tee & busted blue stone cover.
Awaiting approval & scheduling of repairs

Mitchell & Best Homes

3.) Lot 87 7216 Wolverton Ct (anti siphon hole
blockage) Cleaned 12/18/98. Approved for U20



11-25-98
AM - VAN SANT

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 # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision _____ Lot # _____ Well Tag # _____

Site Address _____

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 _____

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: _____

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	496.97	490.97	487.39	489.60	486.00
LOT 25	498.29	492.29	491.61	490.90	487.00
LOT 26	499.60	493.60	490.31	491.20	488.50
LOT 27	504.10	498.1	497.30	498.60	495.00
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	498.90	492.90	493.10	493.85	490.10
LOT 33	499.72	493.72	492.14	493.20	489.10
LOT 34	499.57	493.57	492.06	493.30	489.20
LOT 35	501.60	495.60	492.50	496.00	493.10
LOT 36	504.34	498.34	497.19	498.20	494.20
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	505.70	499.70	497.07	499.30	495.80
LOT 40	501.20	495.20	491.39	495.10	491.60
LOT 41	507.10	501.10	493.73	496.20	492.70
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	494.80	488.80	492.83	492.00	487.80
LOT 47	499.43	493.43	486.24	490.40	486.20
LOT 49					
LOT 130	494.85	488.85	492.46	491.00	486.30

NOTE:

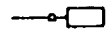
HOUSES AS SITE
THE FIRST FLOOR
ELEVATION MAY

LEGEND

 PRIVATE SEWER EASEMENT

 SHARED SEWER EASEMENT

 RESERVE SHARED SEWER

 SEPTIC TANK

 PRIVATE WELL

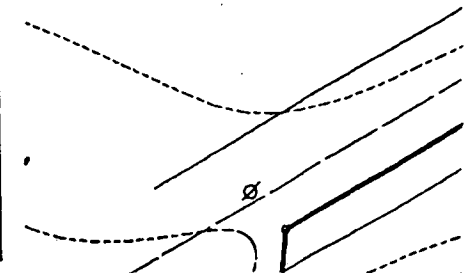
 WALKOUT BASEMENT

 OCTOBER GLORY

 WILLOW OAK

 STRUCTURAL FILL RE

 LONDON PLANE



Approved Septic System Plan Howard County Health Department

Signature

Date

LOT 38

33,750.00 SQ. FT.

well site OK
not inspected
RHP 5/31/95

LOT 39

33,332.72 SQ. FT.

DRIVE

Ashleigh Knolls
Lot 39

DATE: 5/2/95

PROJECT NO.:
82027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

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

C 2919

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
072195

Depth of Well
340
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-0510

OWNER Winchester Homes
STREET OR RFD Ramsgate Court
SUBDIVISION Ashleigh Knolls

TOWN Highland

SECTION LOT 39

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
FROM TO

check if water bearing

Top Soil
red clay
Sand + Silt
Sand Stone
mica
Sand Stone
mica
Quant 2
mica

0 2
2 5
5 68
68 75
75 80
80 81
81 270
270 271
271 340

✓
✓

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 1200
GALLONS OF WATER 60
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 30 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 79
OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL ST BRASS BRONZE BR
PLASTIC PL OPEN HOLE OT
DEPTH (nearest ft.)
H0 77 340
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

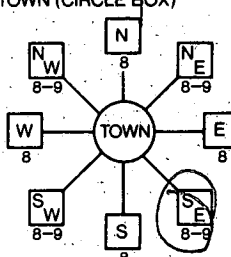
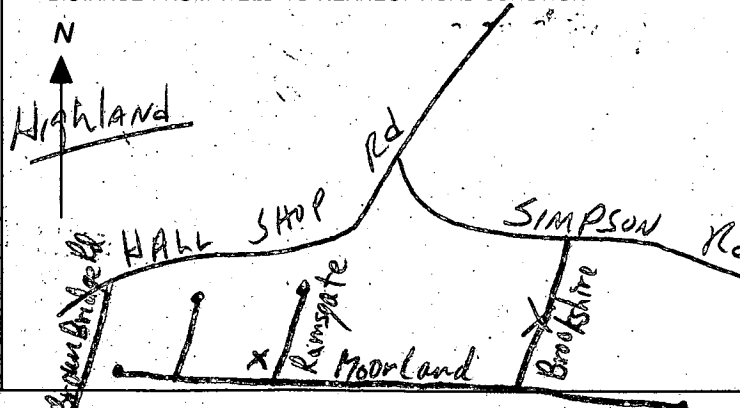
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 6
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 25 ft.
WHEN PUMPING 134 ft.
TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
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)
above below
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)

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED yes no
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
DRILLERS SIGNATURE George F. Easterday
LIC. NO. MWD 501
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

well 40'

W 50695-5/17/95

B 1 1 2 3 4 5 6 9077 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0510 fill in this form completely
OWNER INFORMATION Date Received (APA) 05/29/95 8 13 Winchester Homes 15 Last Name 34 Owner First Name 6305 Ivy Lane 36 55 Street or RFD Greenbelt MD 20770 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 Howard 8 COUNTY 21 NEBLEIGH KNOLLS 23 SUBDIVISION 42 SECTION 44 46 LOT 39 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) MI 73 76 77 78	
DRILLER INFORMATION MSD/MGD/MWD George F. Easterday Driller's Name 77 License No. 80 20 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 Ramsdale Ct 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 100 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: 40 BLK: 12 PARCEL: 174	
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		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13- COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S ☐ 41 DATE ISSUED 05/31/95 5/31/96 43 48 CO SIGNATURE EXP. DATE NORTH GRID 488000 50 55 EAST GRID 0817000 57 63	
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)		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 	
APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augured) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 <u>AIR-ROTary</u> 37 <u>AIR-PERcussion</u> <u>ROTARY</u> (Hydraulic Rotary) <u>CABLE</u> <u>REVerse-ROTary</u> <u>Drive-POINT</u> other _____	
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 39 ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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	
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ 54 63 FORCE RTA WRITE INITIALS IN BOX PERMIT No. HO-94-0510 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

Review 9-26-95 OK

Well Permit No. HO - 94-0510
Location of property (road) Rams Gate Court
Subdivision Ashleigh Knolls Lot 39 Block Plat Sec.
Well Driller G. Easterday Owner Winchester Homes

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

LOCATION

PERMIT APPLICATION

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

SERIAL NUMBER

B00012813

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

2A 7101 Ramsgate Court
Baltimore, MD 21029

NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
9	475	111	2	7/2	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Sleigh Knolls		LR	40	5	6051. #2	

OWNER NAME AND ADDRESS

Michael H. Jones Inc.
1500 W. 11th St. Suite 200
Baltimore, MD 21201 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

Mr. Mochi Group
120 N. Old National Pike
Baltimore, MD 21204 (301) 865-5488

CONTRACTOR'S NAME AND ADDRESS

EXISTING USE

PROPOSED USE

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

W/S CODE

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

SIDE YARD

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

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Newbury w/fam ext.
2 story, finished bsmt. 1 R. 3 FB
1 MB, 5 ACAS, 4 BR driveway

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54	42	10
	54	36	10
	54	40	10
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2038		AG Gable
ROOMS	1371		
BATHS	1572		
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
4' x 4'	8' concrete	w/11m.

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

Cand J. Jones
Signature
7-698
DATE

Permit Administrator
TITLE

FOR OFFICE USE ONLY

FUNCTION

DATE

SIGNATURE APPROVAL

ZONING/PLANNING

SHA

SEDIMENT/GRADING

BUILDING OFFICIAL

WATER & SEWER

HEALTH DEPT.

FIRE PROTECTION

STORM WATER MGM

APPROVED

DATE

Distribution of Copies:
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Gold - S.H.A.

