PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A	40710	

47410

INDEXED

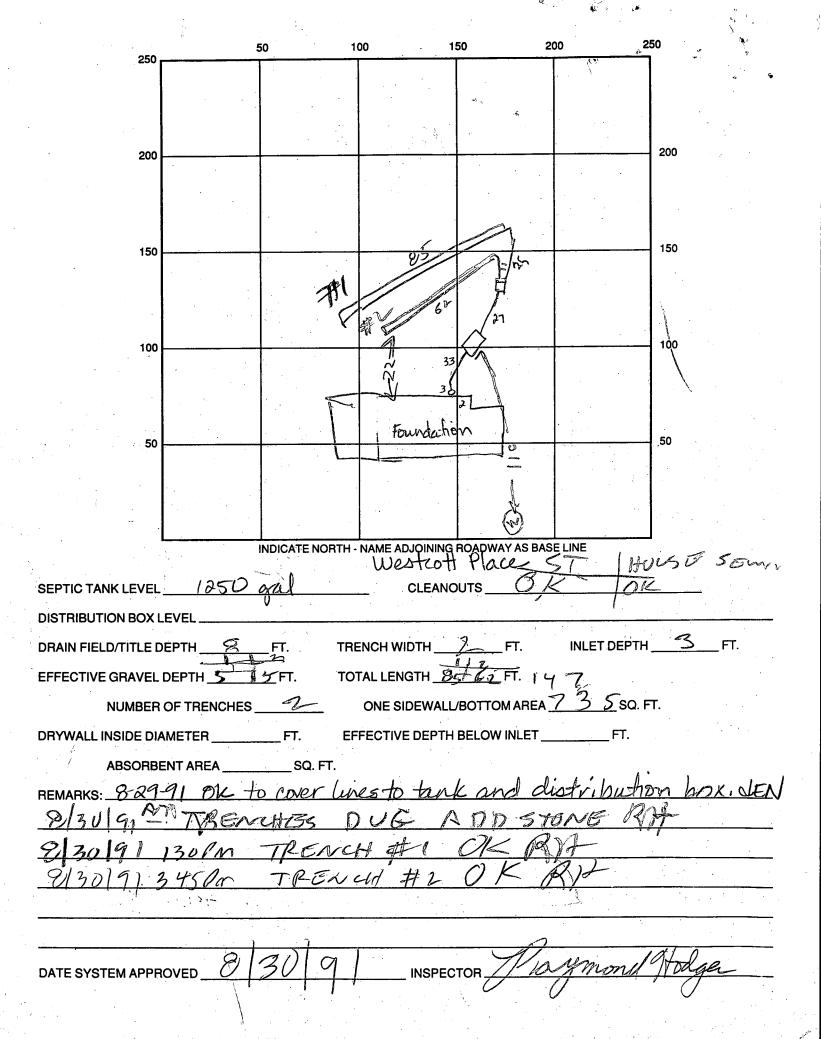
DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 461-9933

05-409845

VanSant Plumbing & Heating, Inc. IS PERM	MITTED TO INSTALL X ALTER
ADDRESS 3 North Main Street, Mt. Airy, Maryland 21771	PHONE795-6566
SUBDIVISION Ashleigh Greene, Sec. 1 LOT 3 ROAD 698	88 Westcott Place
PROPERTY OWNER Winchester Homes, Inc. Real Estate Deve	lopment Group
ADDRESS	
NUMBER OF REPROOMS: 4	EST SITE INSPECTION BY HEALTH
DEPARTMENT PRIOR TO A	ANY EXCAVATION."
180 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 144	
TRENCHES - Trench.tobbe 2 feet wide. Inlet 3 feet below original depth 8 feet below original grade. Effective area original grade. 5 feet of stone below distribution LOCATION - Place the distribution box 175 feet down the right same lot line as seen when facing the lot from West contour toward the left lot line. Maintain a minimum NOTE - No trench to exceed 100 feet in length. Provide 6 cap to grade or above on septic tank. 8-98-91 Ok to start excavation. Well is 137 feet.	a begins at 3 feet below on pipe. 1 lot line and 10 feet off the stcott Place. Run trenches on Imum of 100 feet from the well. 5" - 8" diameter cleanout and
PLANS APROVED BY Jane Nadeau	DATE 6/07/89
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUC	CCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FF ACCEPTABLE.	ROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET AUTHORIZED)	FROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN T	rench(es)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FE	ET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS	BLDG. PERMIT SIGNED
PERMIT VOID AFTER TWO YEARS	AND RETURNED //0/92
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAM PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE RE	ETER CAST IRON. CONCRETE OR TERRA COTTA OR EQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

PERCOLATION TESTING

	Ρ	
DISTRICT .	5th	··-
DATE .	12/1/87	

A 40716

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

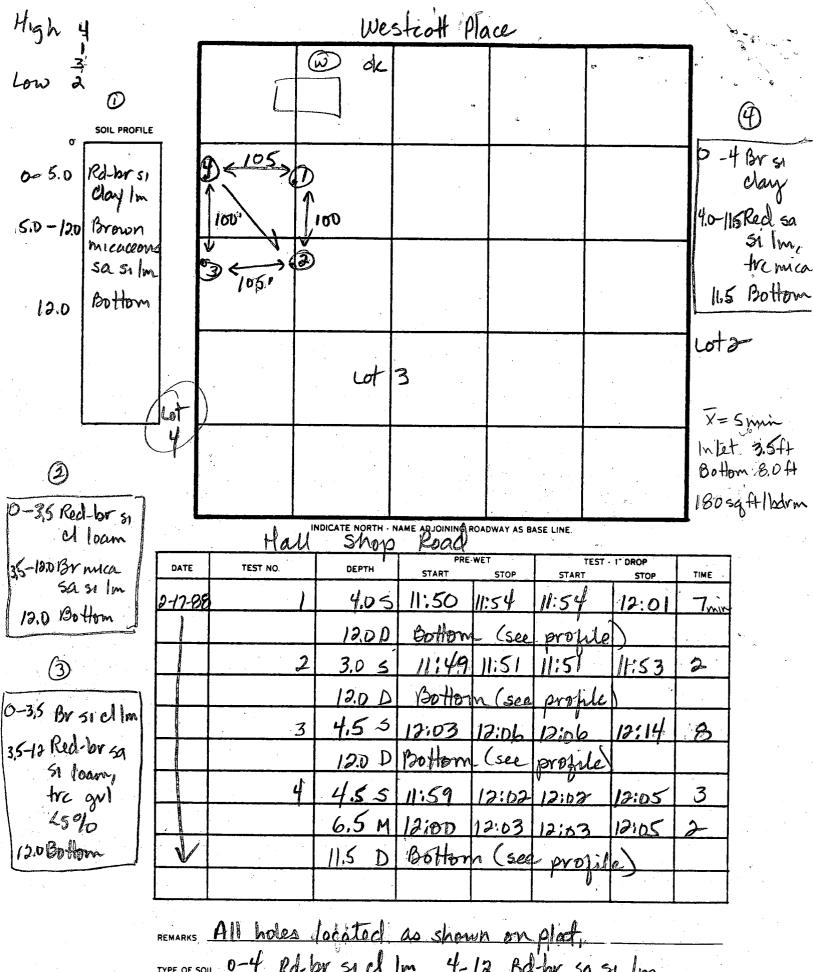
TO: THE COUNTY HEAL' ELLICOTT CITY, MAI			় • প		
I, HEREBY. APPLY F	OR THE NECESSARY TES	IN ORDER TO CONST	RUCT (OR RECONST	RUCTI A SEWAGE DISPO	SAL SYSTEM
PROPERTY OWNER	Winchester	Homes, I	nc. Real	Estate Dev	elopment Group
ADDRESS	6301 Ivy I	ane Gree	nbelt, MI	20770 рног	Nε 301-220-1117
PROSPECTIVE BUYER	N/A				
ADDRESS	N/A			PHON	·· VE
PROPERTY LOCATION:					
SUBDIVISION Ash	leigh Greer	e Sectio	n I	LOT NO.	3
ROAD AND DESCRIPTION	Intersection 698	n Hall Shor Westcot	op Road 8 + Place	Simpson R	oad '
TAX MAP41	PARCEL #139				
SIZE OF LOT	3.0 AC			TYPE BLDG	Single Family
					(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED	UNDER THIS APPLICATION	ATION IS ACCEPTAB	LE ONLY UNTIL P	UBLIC FACILITIES BEC	COME AVAILABLE I FULLY UNDERSTAND THE
FEE CONNECTED WITH	THE FILING OF THIS P	ERC TEST APPLICAT	TION IS NON-REF	INDABLE UNDER ANY	CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. RE	QUIREMENTS IN TES	TING THIS LOT. —	Busi	(SIGNATURE C	DE APPLICANT)

ID-216

REJECTED BY

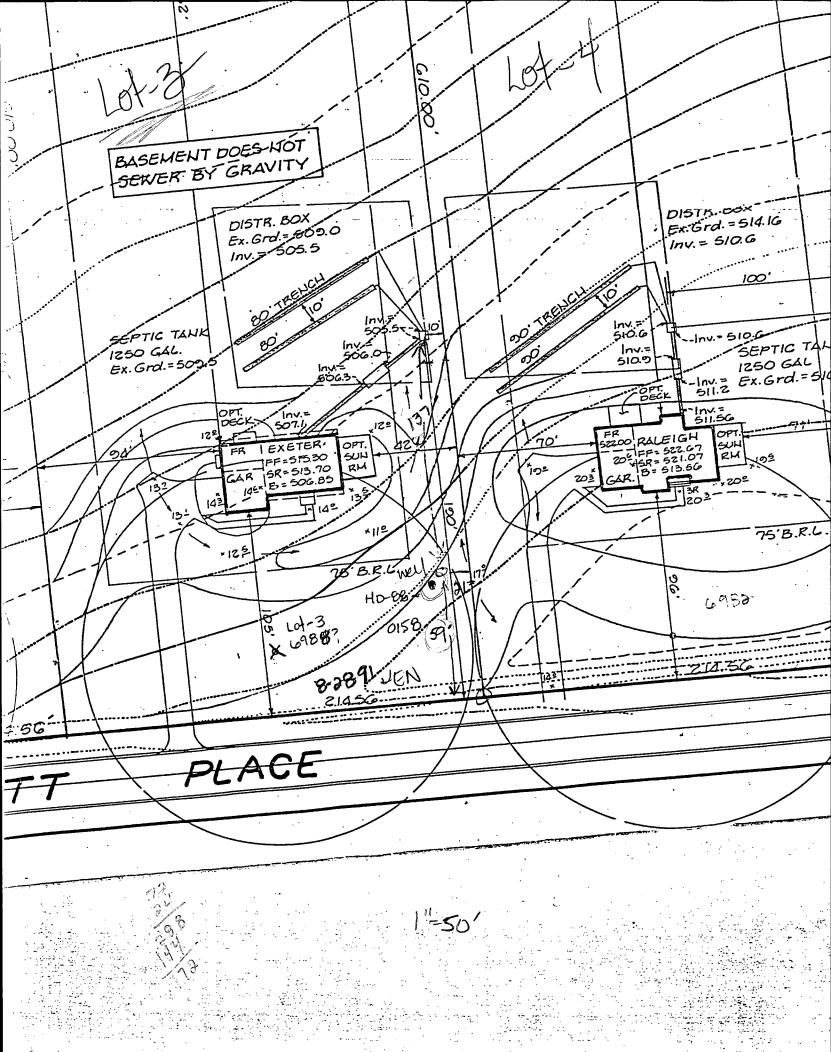
HOLD PENDING FURTHER TESTS

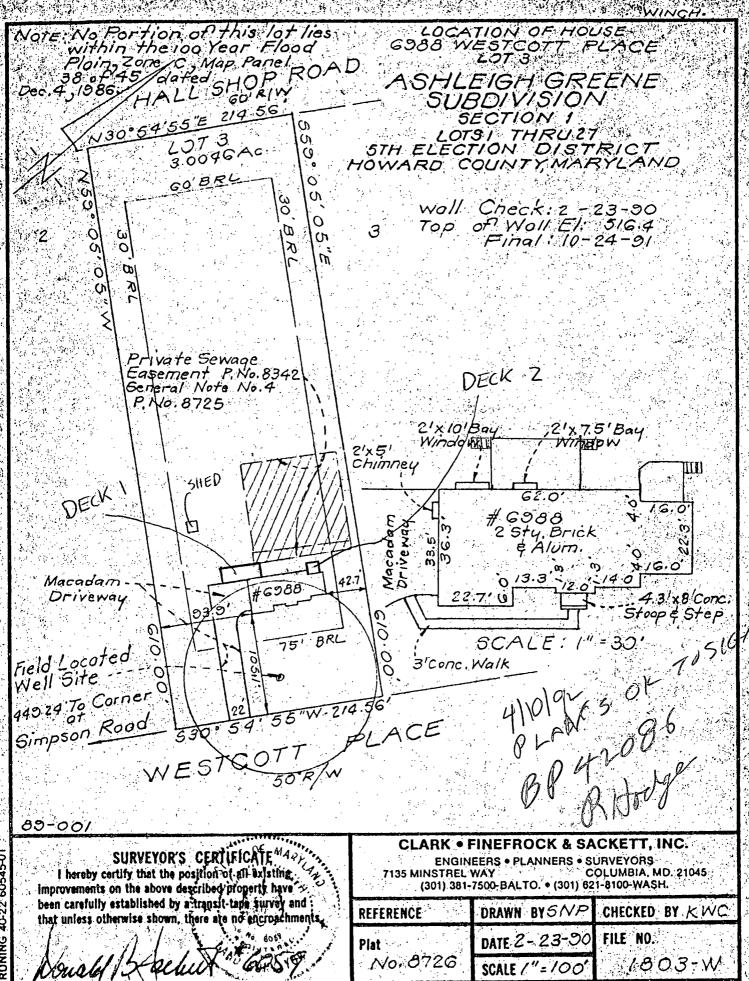
THIS IS NOT A PERMIT



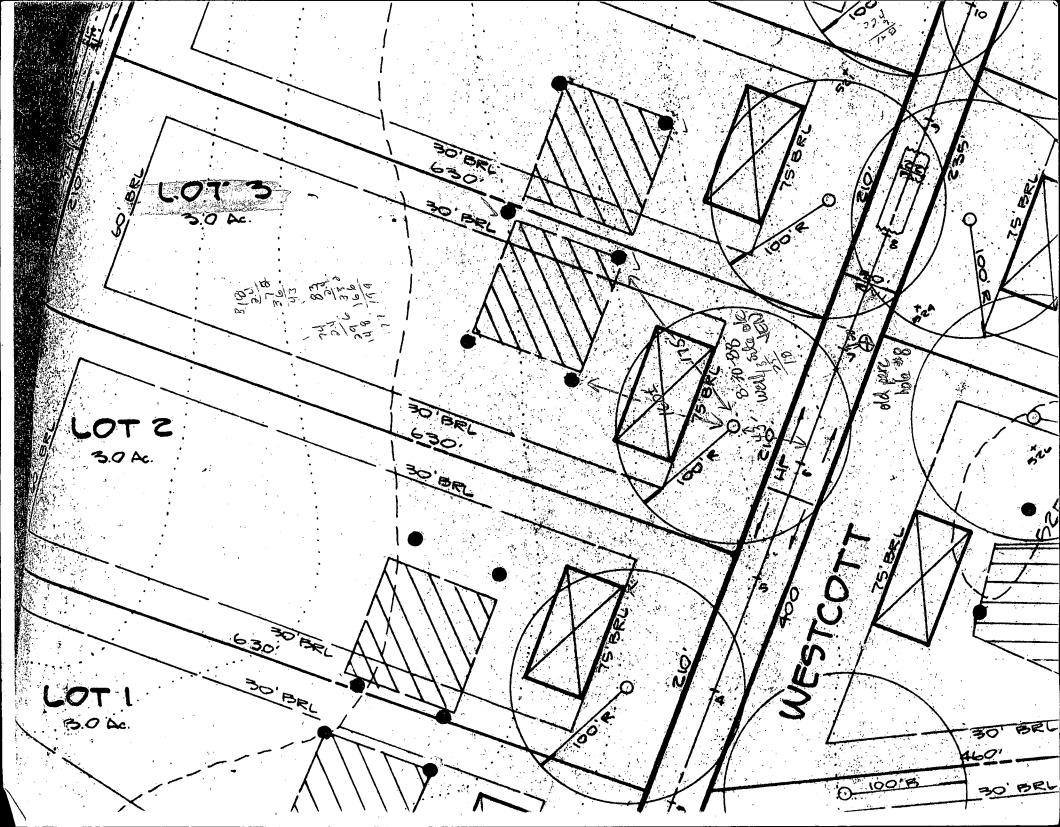
TYPE OF SOIL 0-4 Rd-by SA SI Im 4-12 Rd-by SA SI Im

TESTED BY SE NACLAM ALSO PRESENT JACK F. SKUPPY





11NING 40-22 60545-



COUNTY

SPECIAL CONDITIONS

C1. 0676 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 407/0
DATE Received DATE WELL COMPLET		PERMIT NO.
060189	22 400	FROM "PERMIT TO DRILL WELL"
8 13 15 20 OWNER WZNCAESTEA	NOMES INC.	28 29 30 31 32 33 34 35 36 37
	COTT PLACE first name TOWN	MIGHLRUD
	EENE SECTION	LOT 3
Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO if water bearing	NO. OF BAGSNO. OF POUNDS 2700	PUMPING RATE (gal. per min. / 11 15
Top Sail 10 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE
100 7011 0 2	from ft. to 40 ft.	WATER LEVEL (distance from land surface)
2 50	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
1 1/2 5 hale	casing types types Insert ST	WHEN PUMPING 202
	insert appropriate STEEL CONCRETE	22 25 TYPE OF PUMP USED (for test)
Bn Shale 2 50. Tan Mica 50 66	code below PLASTIC OTHER	A air P piston T turbine
Gray Mila 66 75	MAIN. Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe 27 below)
Gravilla 10	TYPE (nearest inch) (nearest foot)	J jet Supmersible
	60 61 63 64 66 70	27
In Mica 75 16 0	E OTHER CASING (if used) & A diameter depth (feet)	
I Con Title and the second	H inch from to	PUMP INSTALLED
Gray Mica 76 400	Š — — — — — — — — — — — — — — — — — — —	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
Gray Mica	G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert appropriate STEEL BRASS OPEN	IN BOX-SEE ABOVE:
	code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE
	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 31 35
A 6.		PUMP COLUMN LENGTH
	DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
Solin M	A 8 9 11 15 17 21	and enter casing height)
	H ₂ S C 23 24 26 30 32 36	LAND SURFACE (nearest
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	R 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	49 foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE	from to	N
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO. 40	F IN BOX 68	A STATE OF THE STA
Star 2 Particles	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	The state of the s
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
Bana Shanas	70 72 10 10 10 10 10 10 10 10 10 10 10 10 10	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
	COUNTY	