

5/2/91
✓A.M.

5-341 Fill in 30A.
Reperc for repair area JEN
5/2 P.C.O. C.B.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

0-29-910K JEN P 47015

A 40722

DISTRICT 5th

DATE 04/25/91

DATE SYSTEM APPROVED 0-29-91

INSPECTOR JEN

05-410998

VanSant Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS PHONE

SUBDIVISION Ashleigh Greene, Sec. 1 LOT 15 ROAD 6995 Westcott Place

PROPERTY OWNER Winchester Homes, Inc. Kirk S. Green

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ft

3 180 = 3 Trenches @ 20' ✓
3 180 = { 0 90'
240 ↔ { 0 80'

Revised
5-19-91
JEN

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 5.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe. 5.5

LOCATION - Place the distribution box 170 feet down the left lot line and 109 feet off the same lot line as seen when facing the lot from westcott Place. Run trenches on contour toward the left lot line. Maintain a minimum of 100 feet from all wells.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/29/91 RH

PLANS APPROVED BY Jane Nadeau cm DATE 05/23/89

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

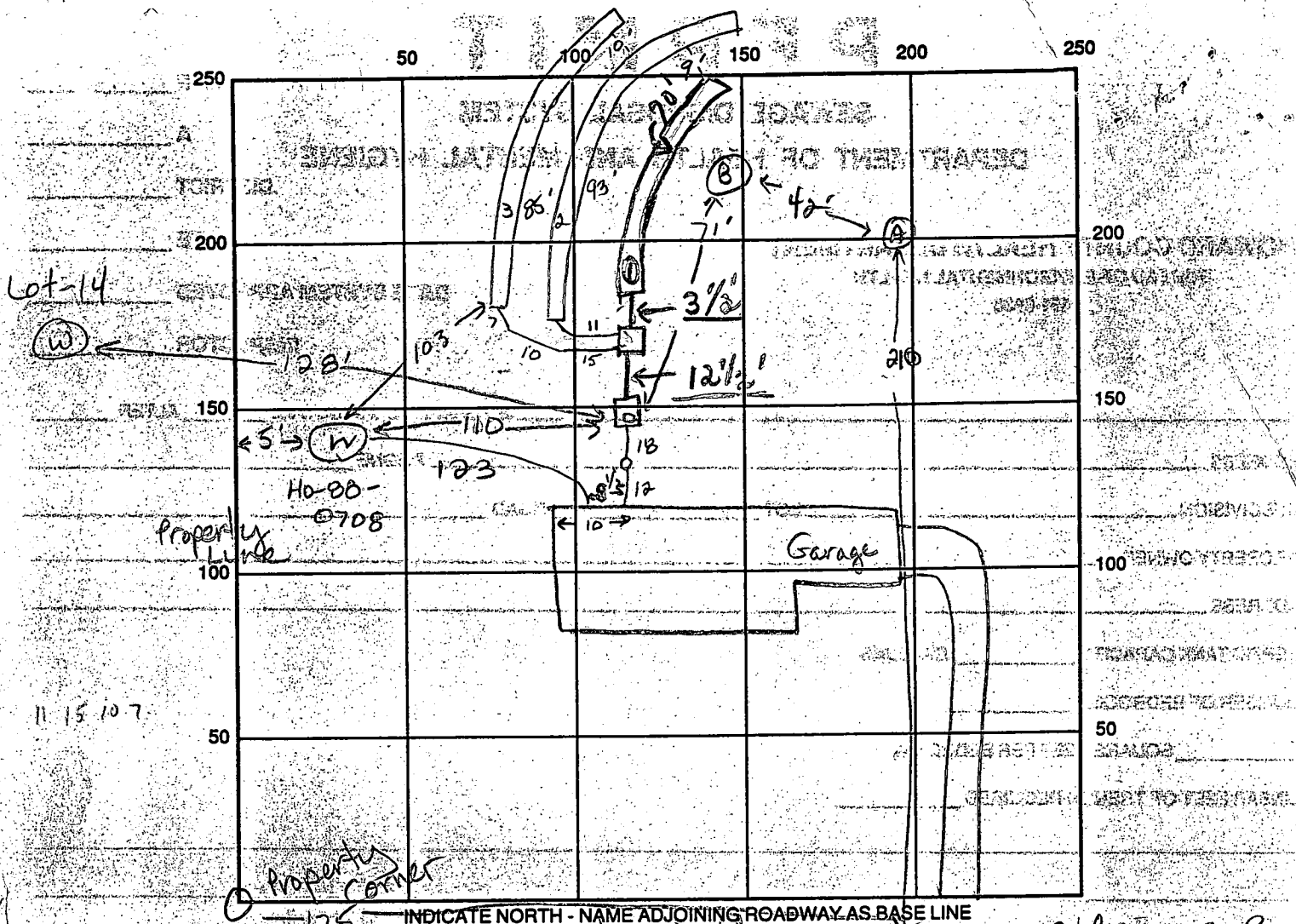
PERMIT VOID AFTER TWO YEARS

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

1-40722



SEPTIC TANK LEVEL 1250 gal CLEANOUTS 1 on septic tank, 1 in line.

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 7' 7" average TRENCH WIDTH 3' 0" INLET DEPTH 5' 5"

EFFECTIVE GRAVEL DEPTH 2' 0" TOTAL LENGTH 93' 0"

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 210/255 SQ. FT.

DRYWALL INSIDE DIAMETER 12' 0" EFFECTIVE DEPTH BELOW INLET 12' 0"

ABSORBENT AREA 734 SQ. FT.

REMARKS: 5-1-91 Revised septic specs due to incorrect contours on plan. DENADEAU 5/2/91 OK to cover from house to dist box and put stone #0 Trench - leave ends + middle open, partial 5-3-91 OK to cover all work. Issue of fill in SDA to be addressed prior to approval. JEN. 8-29-91 Observation hole (A) 0-2 ft Fill, no rubble, 2-6 ft Red silty clay loam (B) 0-2.5 ft Fill, no rubble, 2.5-7 ft Red silty loam JEN

DATE SYSTEM APPROVED 8-29-91 INSPECTOR Jane E. Nadeau

PERMIT

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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461-9933

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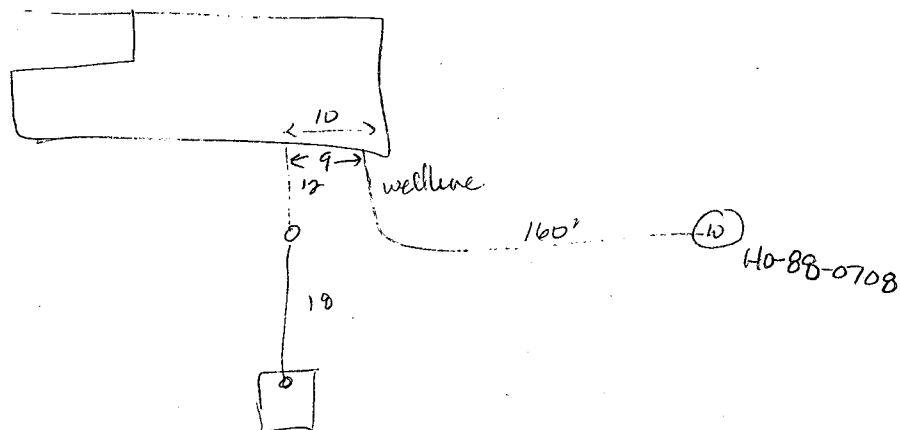
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5-1-91

WPI Pitless
adaptor
at 43 in
well line
at 36 in.
123 ft line
to house
Groundline
in place not
connected
House conn
OK

1250 gal tank

128 to
Lot-14 well



APPLICATION

PERCOLATION TESTING

A 40722

P _____

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

DISTRICT 5th

DATE 12/1/87

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 Greenbelt, MD 20770 PHONE 301-220-1117

PROSPECTIVE BUYER N/A

ADDRESS N/A PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section I LOT NO. 15

ROAD AND DESCRIPTION Intersection Hall Shop Road & Simpson Road
(6995 Westcott Place)

TAX MAP 41 PARCEL # 139

SIZE OF LOT 3.0 AC TYPE BLDG Single Family
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-18-88 Pending subdivision plat approval
and perc hole locations. Limited house and well site. JEN

BOG. PERMIT SIGNATURE
AND RETURNED 8/31/89
Serial # 28121

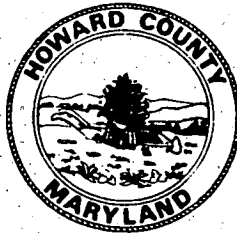
THIS IS NOT A PERMIT

SFD - 4 Bedrooms

HD-216

Jack F. Rocky

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
May 7, 1991

Reply to:

Mr. Don Thurman
Winchester Homes, Inc.
818 West Diamond Avenue, Suite 300
Gaithersburg, Maryland 20770

RE: Sewage Disposal Easement
Ashleigh Greene, Section 1
Lot 15
6995 Westcott Place

Dear Sir:

During inspection May 3, 1991 of the septic system installation on the above referenced lot, it was observed that approximately four to eight feet of rubble and miscellaneous fill was encountered within a major portion of the sewage disposal area.

This fill must be removed with the supervision of the health department prior to approval of the septic system. Once the rubble and fill material is removed, it will be possible to determine if additional reserve sewage disposal area needs to be established.

Please contact this office at your earliest convenience, Monday through Friday, 8:30 a.m. to 4:30 p.m. to discuss this matter.

Very truly yours.

Craig Williams, Director
Water and Sewerage Program

CW:jr

cc: Jeff Sefsic
Winchester Homes, Inc.

Paul Bowman of Winchester Homes (854-2055) called to pick up 1 cop. I discussed fill situation referenced in letter. Bowman is an assistant to J. Sefsic. He confirmed that the fill had been removed without Health Dept. involvement. Sefsic will call to arrange a meeting w/ C. Williams. JEN 8-27-91 4:10pm

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

over →

8-27-91 4:15pm

Jeff Sefsic of W.H. called. He explained that C. Williams had authorized removal of fill on Lot-15 without Health Dept. inspection. Sefsic was to inform Health Dept. that this had been completed. No notes were found in the file to this effect. ~~at~~ Recommend several observation holes to confirm that soils below inlet depth were not disturbed. JEN

B 1 9131 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY) 042689 OWNER INFORMATION WILKINSHETER HOMES L 205 IVY LANE S 700 GREENBELT MD 20770	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HD-88-0708 <small>fill in this form completely</small>
DRILLER INFORMATION Driller's Name George F. Easterday L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> Date 4/18/89		B 3 LOCATION OF WELL R 44095 8 COUNTY HOWARD 23 SUBDIVISION ASHLEIGH GREENE SECTION 1 LOT 15 52 NEAREST TOWN HILLIARD MILES FROM TOWN (enter 0 if in town) 2 M 1	
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) <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)		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD WESTCOTT PLACE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 160 ENTER FT OR MI FT	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other _____		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A40722 STATE SIGNATURE _____ DATE ISSUED _____ 060789 <i>Chm. E. Nadeau</i> 12-7-89 NORTH GRID 489000 EAST GRID 0819000 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 512 4409	
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 <input type="checkbox"/> 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 JN WRITE INITIALS IN BOX PERMIT No. HD-88-0708 SPECIAL CONDITIONS		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	

C1 0033 SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 40722

ST/CO USE ONLY
DATE Received
DATE WELL COMPLETED
Depth of Well
PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER Winchester Homes
STREET OR RFD last name Westcott place first name TOWN Highland
SUBDIVISION Ardleigh Greene SECTION 1 LOT 15

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
Topsoil	0 2	
Sandstone	2 45	
Br. Mica	45 65	
Sandstone	65 70	
Tan Mica	70 77	
Gray Mica	77 123	
Tan Mica	123 125	
Gray Mica	125 260	
Granite	260 400	

GRROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 76 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)
LT 1 90

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.)
EACH SCREEN
1 HO 90 400
2
3

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

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

C 3
1 2

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.)
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
(CIRCLE) (YES or 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)
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)
L. lot line
100' well
200'

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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO.
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)
SITE SUPERVISOR (sign of driller or journeyman
responsible for sitework if different from permittee)

COUNTY

Westcott Dr