

7-31-89
P noon

LARRY 953-2934

8-2-89 Must confirm sewer line
at house has been covered
JEN

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-410002

P 44538

A 40724

DISTRICT 5th

DATE 6-16-89

DATE SYSTEM APPROVED 11-30-89

INSPECTOR JEN

Frall Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771

PHONE 795-5674

SUBDIVISION Ashleigh Greene, Sec. 1 ROAD 12110 Simpson Road LOT 17

PROPERTY OWNER Winchester Homes, Inc. Real Estate Development Group

ADDRESS KUMAR ANUJHA

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet off the right lot line and 290 feet off the front lot line as seen when facing the lot from Simpson Road. Run trenches on contour toward the front lot line. Maintain a minimum of 100 feet from the well.

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

7-27-89 OK to start trenches 190 ft from right lot line and 195 ft from front lot line JEN

PLANS APPROVED BY Jane Nadeau REVISED DATE 5/24/89

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

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

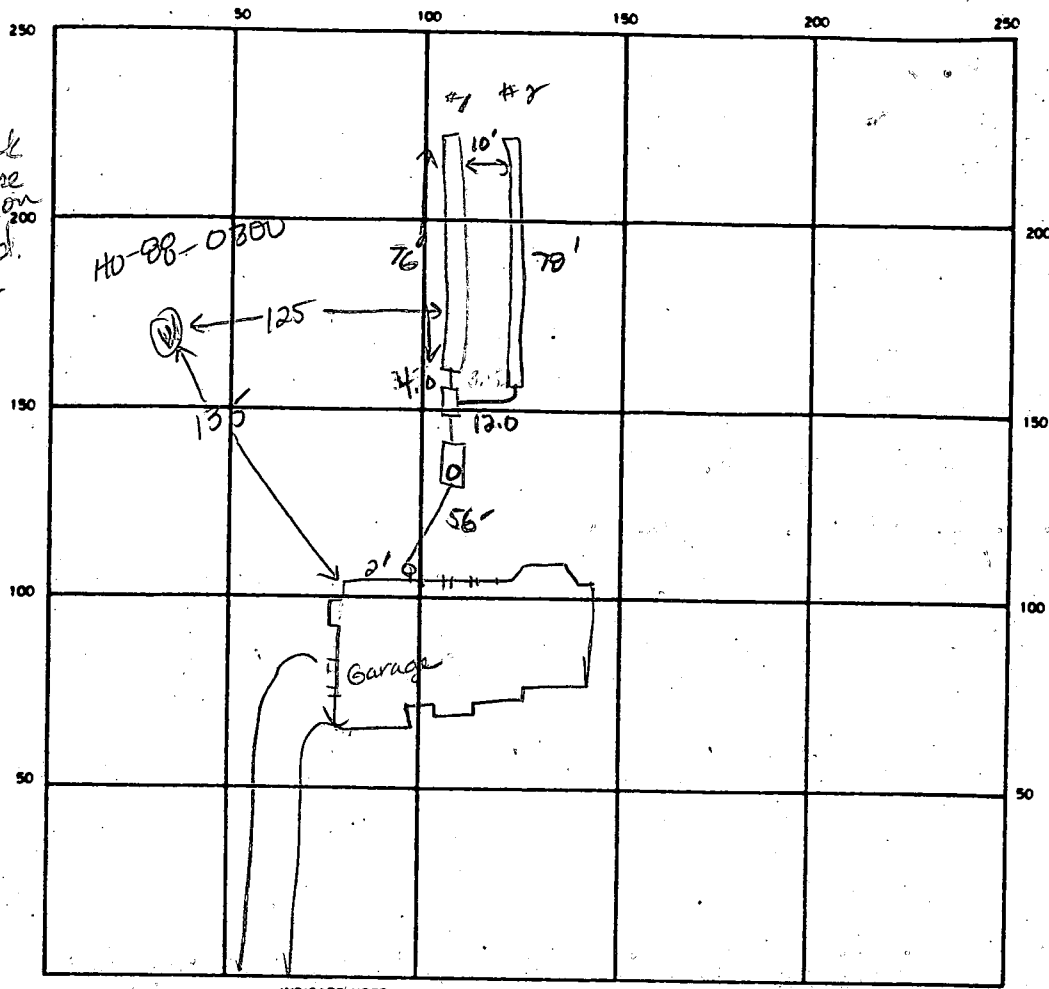
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 40724

WPT
P.A. at
4 1/2 inches
Ground covered
trench covered
7-31-89 Pump tank
in house
connection
covered.
valve on tank



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Simpson Road

SEPTIC TANK LEVEL 1250 gal

CLEANOUTS at house, 1 on septic tank

DISTRIBUTION BOX LEVEL ok w/ baffle

DRAIN FIELD TILE FIELD DEPTH 8.5 8 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3.0 3.0 FT.

EFFECTIVE GRAVEL DEPTH 5.5 5.0 FT.

TOTAL LENGTH 76 78 FT.

NUMBER OF TRENCHES 2

ONE SIDEWALL BOTTOM AREA 418 400 SQ FT.

DRYWELL INSIDE DIAMETER. 2 FT.

EFFECTIVE DEPTH BELOW INLET 5.5 FT.

ABSORBENT AREA 818 SQ FT.

REMARKS 7-31-89 Pipe out of house has no cover. Must have some cover or fail at house. OK to continue stoning trench #1 leaving ends open for inlet inspection. JEN 8-1-89 OK to stone trench #2 leaving both ends open. JEN 8-2-89 OK to cover all work. Must cover at house connection before final approval JEN

DATE SYSTEM APPROVED 11-30-89

INSPECTOR Jane E. Madigan

APPLICATION

PERCOLATION TESTING

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

A 40724

P _____

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. 17

ROAD AND DESCRIPTION Intersection Hall Shop Road & Simpson Road

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 Sid Abel FOR Deeptunchs DATE 3-10-89

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 JEN.

REG. PERMIT SIGNED
AND RETURNED 3-10-89

BP24005 SCL

THIS IS NOT A PERMIT

High 1
2
4
Low 3

Lot 15

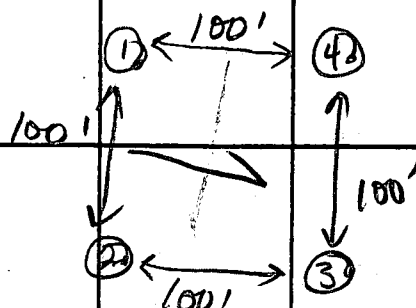
Lot 14

①

SOIL PROFILE

0-2.5 Br si cl lm
2.5-12.0 Red-pink sa si lm
12.0 Bottom

⑤ ok



②

0-30 rd-br si cl lm
30-12.5 Red-pink sa si lm
some saprolite
12.5 Bottom

X = 5 min
Inlet at 3.0 ft
Bottom at 8.0 ft
160 sq ft / bedrm

④

Lot 16

0-2.5 Brick red si cl lm
2.5-12.0 Red sa si lm,
12.0 Bottom

Lot 17

Lot 18

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Simpson Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-18-88	1	4.0 S	1:49	1:51	1:51	1:53	2
		7.0 M	1:50	1:52	1:52	1:54	2
		12.0 D	Bottom (see profile)				
	4	3.5 S	1:52	1:54	1:54	2:00	6
		12.0 D	Bottom (see profile)				
	3	4.5 S	1:54	1:56	1:56	1:58	2
		11.5 D	Bottom (see profile)				
	2	12.5 V	(see profile)				ok

REMARKS All holes as shown on plat.

TYPE OF SOIL 0-3 Brick red si cl lm 3-12 Red-pink sa si lm, <30% saprolite

TESTED BY JE Nadeau

ALSO PRESENT Rocky, Skippy

BSMT DOES NOT
SEWER BY GRAVITY

DISTR. BOX
Ex. qrd. = 511.5
INV. = 508.5

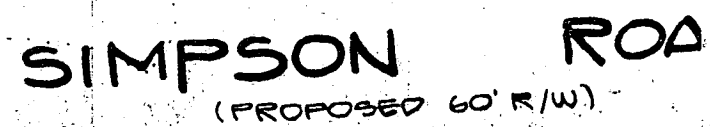
SEPTIC TANK
1250 GAL.
Ex. qrd. = 511.00

OPT DECK
EXETER
FR = 514.33
FF = 515.00
SR = 513.40
B = 506.55
GAR

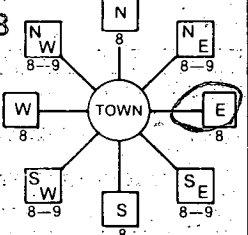
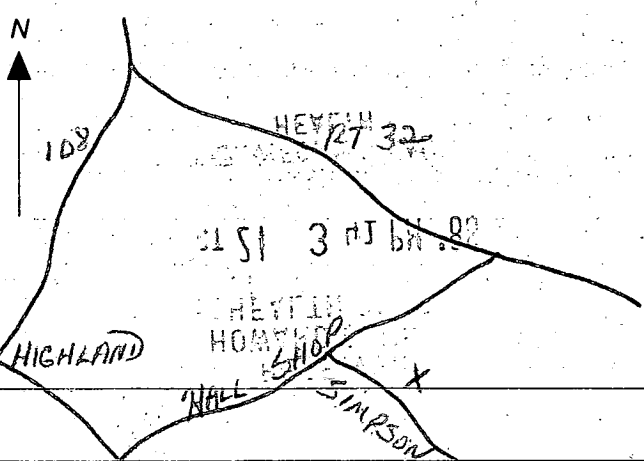
BSMT DOES NOT
SEWER BY GRAVITY

ROAD

REG. PERMIT SIGNED
AND RETURNED



דוגמא גמורה ושייח

B 1 9865 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-0300 <small>fill in this form completely</small>
Date Received (APA) 10/22/88		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION ASHLEIGH GREENE SECTION 44 LOT 48 52 NEAREST TOWN HIGHLAND MILES FROM TOWN (enter 0 if in town) 2 M 1	
OWNER INFORMATION 15 Last Name WYNNE 13 Owner HESTER 34 First Name HOMES 34 Street or RFD EVY LAKE 55 Town GREENBELT 57 70 State 72 MD 73 Zip 20170 76		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
DRILLER INFORMATION Driller's Name George F. Easterday L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address Signature George F. Easterday 10/19/88 Date		11 WESCOTT PLACE 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER- HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A#40724 COUNTY NO. STATE SIGNATURE _____ INSERT S. _____ DATE ISSUED 11/16/88 CO/SIGNATURE K. J. ... EXP. DATE 5/16/89 NORTH GRID 189 000 EAST GRID 0819 000	
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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WELL WRITE THE BOX NUMBER FROM THE MAP HERE E 819 N 489	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input checked="" type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> DRive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
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 (DP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX PERMIT NO. HO-88-0300 SPECIAL CONDITIONS	

C1 6602	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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A 40774	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0300
DATE Received	DATE WELL COMPLETED 11/30/88	Depth of Well 22 240 26 (TO NEAREST FOOT)	

OWNER WINCHESTER HOMES INC	last name WESCOTT	first name PLACE	TOWN HIGHLAND
STREET OR RFD		SUBDIVISION ASHLEY GREENE SECTION — LOT 17	

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	0 1	
RED MICA	1 100	
GREEN MICA	100 130	✓
BLUE MICA	130 300	✓
GRAY MICA	300 340	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 15	NO. OF POUNDS 1500
GALLONS OF WATER 75	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft.	to 100 ft.
(enter 0 if from surface)	

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)
ST	6
60 61	63 64
105	
66 67 68 69 70	

OTHER CASING (if used)	
diameter inch	depth (feet) from to
3	10
3 4	11 12

SCREEN RECORD		
screen type or open hole insert appropriate code below		
ST	BR	HO
STEEL	BRASS	OPEN HOLE
PL	OT	
PLASTIC	OTHER	

C2	
DEPTH (nearest ft.)	
110	105
8 9	11 12 13 14 15 16 17 18 19 20 21
23	24
23 24	26 27 28 29 30 31 32 33 34 35 36
38	39
38 39	41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56	60
56 57 58 59	61 62 63 64 65 66 67 68 69 70

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 10.17.13 "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 (MUST MATCH SIGNATURE ON APPLICATION) Blane Lee Thomas
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	
68	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	WQ
70	72	74 75 76
70 71	72 73	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 4		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	35	
17 18 19	20 21 22	
WHEN PUMPING	123	
22 23 24	25 26 27	
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
27	27	27
C centrifugal	R rotary	O other (describe below)
27	27	27
J jet	S submersible	
27	27	

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:	
29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	31
31 32 33 34	35 36 37 38
PUMP HORSE POWER	37
37 38 39 40	41 42 43 44
PUMP COLUMN LENGTH (nearest ft.)	43
43 44 45 46	47 48 49 50
CASING HEIGHT (circle appropriate box and enter casing height)	49
A above	LAND SURFACE (nearest foot)
49 50	50
below	50 51

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)	
100'	
CL. CON. LINE	
100'	
CL. CON. LINE	
100'	
CL. CON. LINE	

COUNTY