

File

**A** 40728

DISTRICT 5th

DATE 01/19/90

05-410045

**DATE SYSTEM APPROVED**

**461-9933**

INSPECTOR C. E. O.

INDEXED

## Frall Septic Service

IS PERMITTED TO INSTALL X ALTER

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

PHONE 795-5779

SUBDIVISION Ashleigh Greene ROAD 12119 Sudbury Court LOT 21

PROPERTY OWNER \_\_\_\_\_ Winchester Homes

**ADDRESS** 6305 Ivy Lane, Greenbelt, Maryland 20770

~~X PARABACE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 70.~~

CARRIAGE GRINDER? YESXXXXXXXXXXXXNOXXXXXX

SEPTIC TANK CAPACITY 1250 GALLONS      NUMBER OF BEDROOMS 4

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

LOCATION- Place the distribution box 60 feet down the left lot line and 80 feet off the same lot line, as seen when facing the lot from Sudbury Court. Run trenches on contour toward the right 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 an cap to grade or above on septic tank. *OK/CW*

PLANS APPROVED BY Jane E. Nadeau 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**

**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 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**

**BUILDING PERMIT SIGNED**  
**AND RETURNED 4-17**

BOO 135534 - PORCH

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

HD-260



# APPLICATION

PERCOLATION TESTING

A 40728

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. 21

ROAD AND DESCRIPTION Intersection Hall Shop Road & Simpson Road  
(12119 Sudbury Court)

TAX MAP 41 PARCEL # 139

SIZE OF LOT 3.2 AC TYPE BLDG Single Family - 4 Brms  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BUDG. PERMIT SIGNED #28499  
AND RETURNED 8/21/89

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.

Burley Standa  
(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 additional acceptable perc holes.  
SHALLOW SYSTEM ONLY if accepted, JEN 2-23-88 septic area  
acceptable if house and well site and new lot lines are created JEN

## THIS IS NOT A PERMIT

High 154-1632  
Low  
SOIL PROFILE

0-3.5 Rd-br sil lm  
3.5-10.5 Brown sa sil m, trace of saprolite  
10.5 Bottom

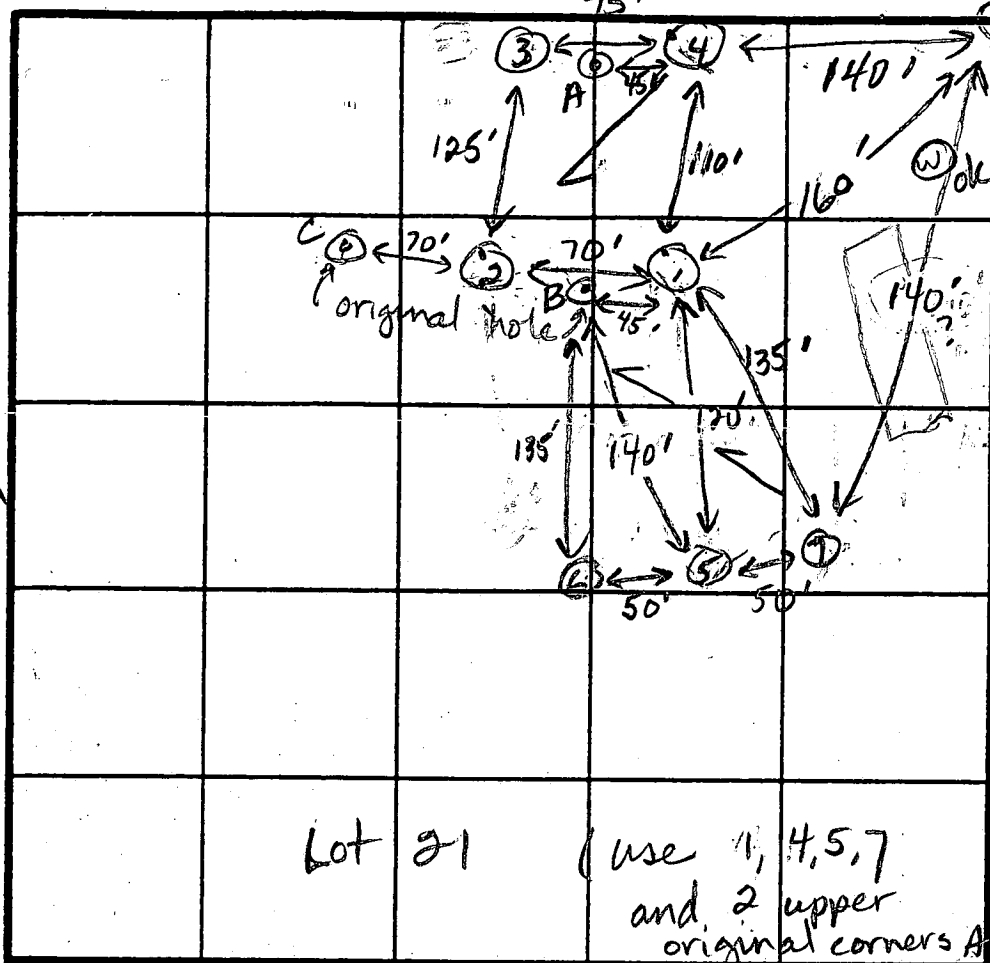
(2)

0-3.0 Rd-br sil lm  
3.0-11.0 Brown micaceous sa sil m, <50% saprolite  
11.0 Bottom  
Water at 10.5

(3)

0-3.5 Rd-br sil lm  
3.5-11.0 Brown micaceous sa sil m, 40%-50% saprolite  
11.0 Bottom  
Water at 10.5

Lot 22



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Lot 20

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-18-88	✓ 1	3.0 S	3:19	3:21	3:21	3:23	2
		5.5 M	3:22	3:24	3:24	3:30	6
		10.5 D	Bottom (see profile)				
	2	3.5 S	3:26	3:28	3:28	3:30	2
		11.0 D	Bottom (water at 10.5)				
	3	2.5 S	3:30	3:32	3:32	3:34	2
		11.0 D	Bottom (water at 10.5)				
	✓ 4	12.5 V	(see profile)				
2-23-88	✓ 5	11.0 V	(see profile)				
	6	9.0 V	(see profile - water at 8.5)				

SHALLOW SYSTEM ONLY

REMARKS

Water along lower side at 10.5 ft. All holes moved 70 ft ± above plat locations

TYPE OF SOIL

0-4 Rd-br sil lm, 4-11 Br sa sil m, trc of saprolite, <50%

TESTED BY

JE Nadeau

ALSO PRESENT

Rocky, Skippy

Property Corner

Sudbury CT

(4)

0-4.5 Rd-br sil lm  
4.5-12.5 Brown sa sil m, trc of saprolite <20%  
12.5 Bottom

ONLY SHALLOW  
X = 5 min  
Inlet = 3.0 ft  
Bottom = 4.5 ft  
17.0 sq ft/bedm

# APPLICATION

PERCOLATION TESTING

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

A 40728

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DISTRICT 5th

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TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROSPECTIVE BUYER N/A

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Burley G. Howard  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

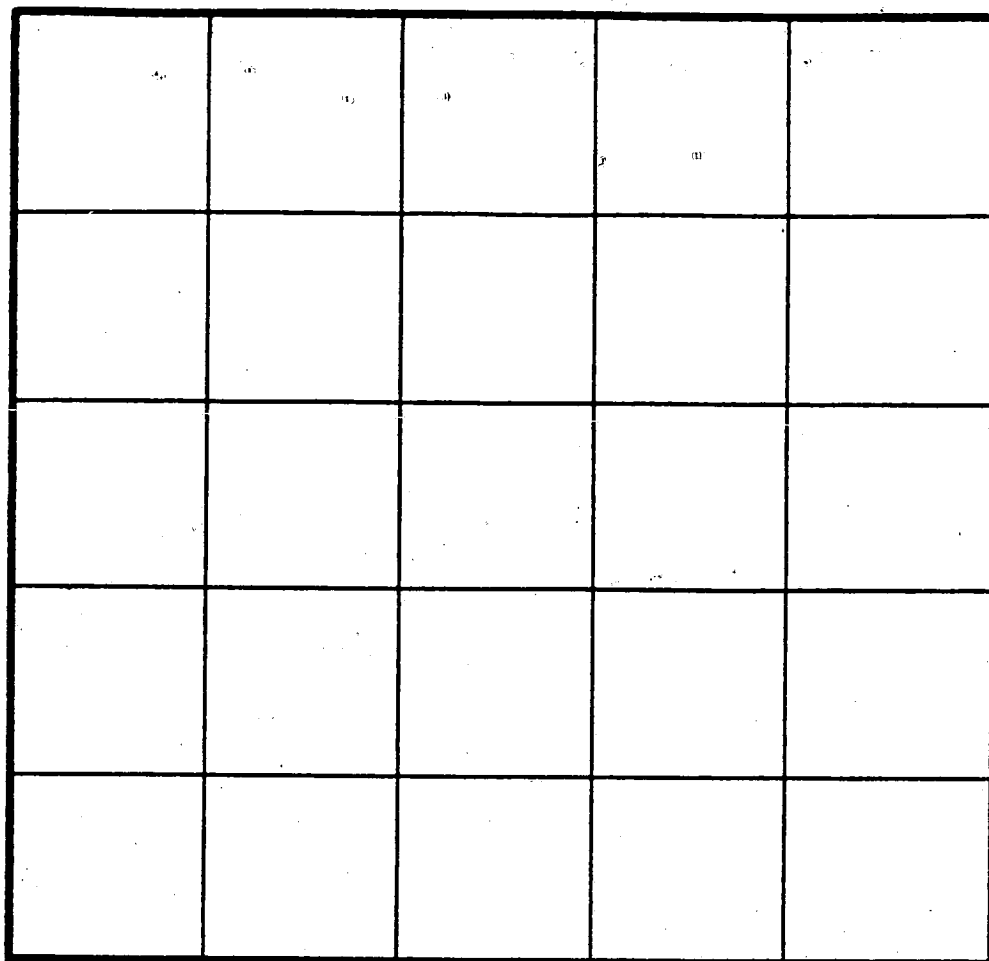
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

## THIS IS NOT A PERMIT

⑤  
SOIL PROFILE

0-3.5 Rd-br  
si cl lm  
3.5-11.0 Br sa  
si lm  
L 10%  
saprolite  
11.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑥

0-8.5 Rd-br  
si cl lm  
8.5-9.0 White  
sa si  
lm  
9.0 Bottom  
water  
at 8.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
22388	✓ 7	12.0 V	(see profile)				10 min <sup>±</sup>

⑦

0-5 Rd-br  
si cl  
lm  
5-12 Rd-br  
cl sa si  
lm, trc  
saprolite  
L 10%  
12 Bottom

REMARKS 22388 Limited house and well site. Connect house to high end of field near hole 5.

TYPE OF SOIL

TESTED BY

Jane Nadeau (SA)

ALSO PRESENT

Rocky, Skip, Jack F

B 1	9127	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-88-0709</b> <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
<b>OWNER INFORMATION</b> Date Received (APA) <b>042689</b> 15 Last Name <b>WINCHESTER</b> Owner First Name <b>HOMES</b> 36 Street or RFD <b>6305 IVY LAKE S 700</b> 57 Town <b>CREEMBELT</b> 70 State 72 <b>MD</b> Zip 76 <b>20770</b>				
<b>DRILLER INFORMATION</b> Driller's Name <b>George F. Easterday</b> 77 License No. 80 <b>40</b> <b>L. Franklin Easterday, Inc.</b> 2285 Brown Church Rd., Mt. Airy, Md. 21771 Address <b>George F. Easterday</b> 4/18/89 Signature Date				
<b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b>				
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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)				
APPROXIMATE DEPTH OF WELL <b>200</b> FEET APPROXIMATE DIAMETER OF WELL <b>6</b> INCH				
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> 30 AIR-ROTARY <input checked="" type="checkbox"/> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> 57 CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____				
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <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 39 <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) 41 _____ 52 _____				
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE <b>UN</b> WRITE INITIALS IN BOX PERMIT No. <b>HO-88-0709</b> 67 68 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS				

B 3	LOCATION OF WELL <b>R 44099</b> <b>40.10</b> <b>4/26/89</b> <b>HOWARD</b> 8 COUNTY 21 <b>ASHLEY CH GREENE</b> 23 SUBDIVISION 42 SECTION <b>1</b> LOT <b>21</b> <b>HIGHLAND</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> MI 73 76 77 78
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD <b>SUDBURY CT</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD <b>3</b> FT ENTER FT OR MI <b>FT</b>
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> <b>A40728</b> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ DATE ISSUED _____ INSERT S _____ <b>060789</b> <b>Geo E. Hadean</b> <b>12-7-89</b> 43 48 CO SIGNATURE EXP. DATE NORTH GRID <b>490000</b> EAST GRID <b>0820000</b> 50 55 57 63	
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <b>WELL</b> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	

C1 0034 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 TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER A 40728ST/CO USE ONLY  
DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

0	7	1	2	8	9
---	---	---	---	---	---

Depth of Well

22	4	2	0			26
----	---	---	---	--	--	----

  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

40	-	08	-	07	07
----	---	----	---	----	----

OWNER Winchester Homes  
STREET OR RFD last name Sudbury Court first name first name TOWN Highland  
SUBDIVISION Ashleigh Greene SECTION 1 LOT 21

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Topsoil	0	2	
Br. Mica	2	85	
Gray mica	85	160	
Flint	160	165	
Gray mica	165	185	
Granite	185	310	
Flint	310	325	
Granite	325	420	

- 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. 40DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign of driller or journeyman  
responsible for sitework if different from permittee)

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes	no
<input checked="" type="radio"/> Y	<input type="radio"/> N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BCNO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 164 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

<input checked="" type="radio"/> ST	<input type="radio"/> CO
STEEL	CONCRETE
<input type="radio"/> PL	<input type="radio"/> OT
PLASTIC	OTHER

MAIN CASING TYPE  
Nominal diameter top (main) casing (nearest inch)  
Total depth of main casing (nearest foot)

<input checked="" type="radio"/> S	<input type="radio"/> T	<input type="radio"/> 6	<input type="radio"/> 9	<input type="radio"/> 1	<input type="radio"/> 0
------------------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

  
60 61 63 64 66 70OTHER CASING (if used)  
diameter inch depth (feet) from toscreen type or open hole  
insert appropriate code below

<input checked="" type="radio"/> ST	<input type="radio"/> BR	<input type="radio"/> HO
STEEL	BRASS	OPEN HOLE
<input type="radio"/> PL	<input type="radio"/> OT	<input type="radio"/> PL
PLASTIC	OTHER	OTHER

C2  
DEPTH (nearest ft.)SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)GRAVEL PACK  
IF WELL DRILLED WAS  
FLOWING WELL INSERT  
F IN BOX 68O&P USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

## PUMPING TEST

HOURS PUMPED (nearest hour)

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

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)

LAND SURFACE (nearest foot)

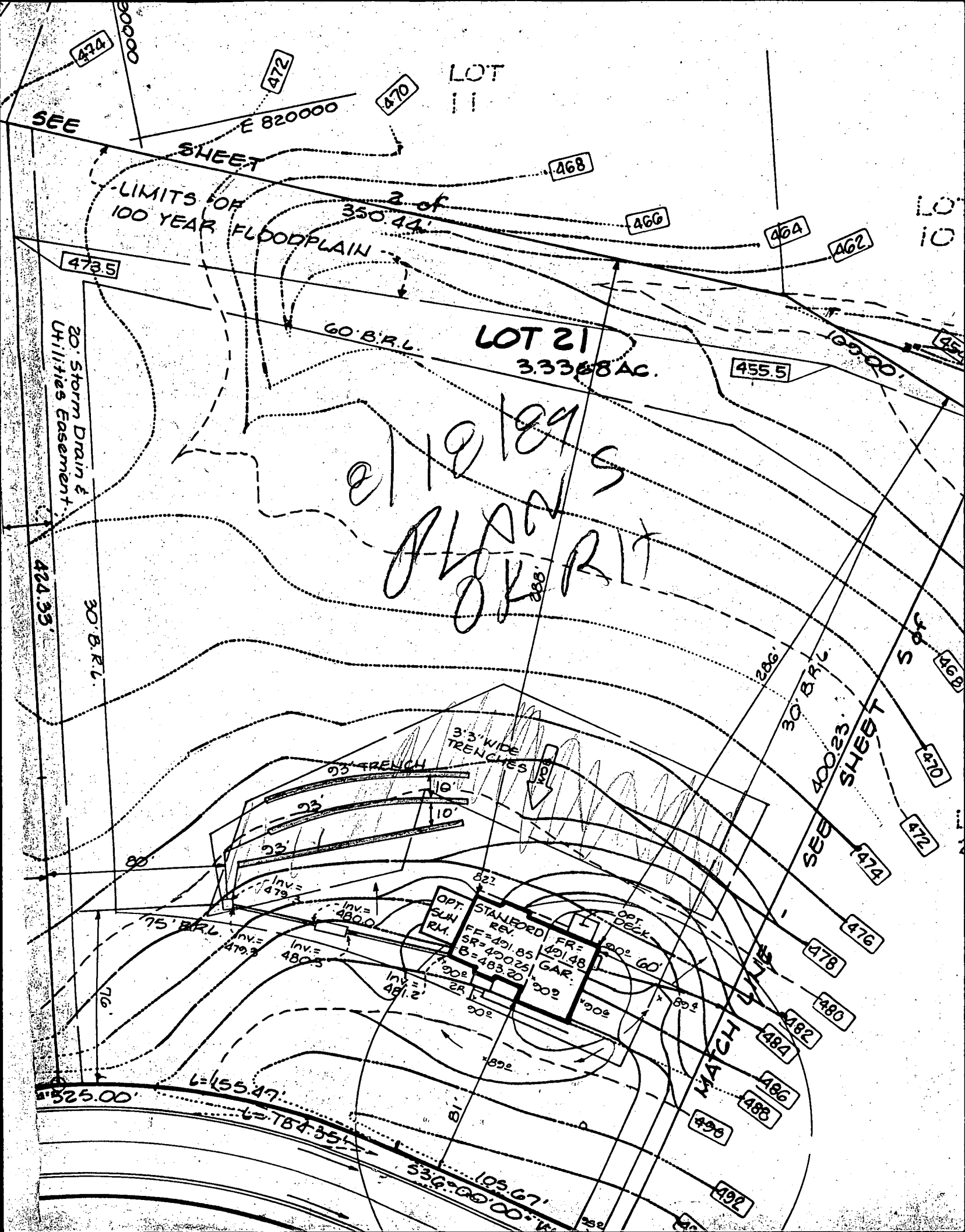
LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND/OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

COUNTY

Front lot line







HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Fogles Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Sykesville Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Douglas Shipe Telephone #: \_\_\_\_\_  
Subdivision: Goshleigh Green Lot #: 21 Well Tag #: HO-94-2963  
Site Address: 12119 Sudbury Ct

Submersible Pump Data

Make: Goulds  
Model #: \_\_\_\_\_  
Pump Capacity 5 GPM  
Well Yield: 1 GPM

Depth of well encountered at time of pump installation: 1600 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: Campbell  
Model#: \_\_\_\_\_  
Depth: 42 (36" min)  
NSF/WSC approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 4 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: N/A  
Sleeve caulked and sealed properly: NA

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton  
Signature of company representative responsible for installation

4-30-01  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 1/24/01 Date Insp. Approved: 1/24/01 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope not seen outside of well cap/casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

Connected to Existing Well

C 1		0211		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. 2/21/01 OK (20)	
1 2 3 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)		DATE RECEIVED MM DD YY 8 13 13		DATE WELL COMPLETED MM DD YY 01 13 01		Depth of Well 22 600 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2903	
OWNER Shipe		STREET OR RFD 12119		SUBDIVISION Ashleigh Green		TOWN Sudbury		LOT 21	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) 44 44		C 3		PUMPING TEST			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)		HOURS PUMPED (nearest hour) 01 8 9		PUMPING RATE (gal. per min.) 2 11 15		METHOD USED TO MEASURE PUMPING RATE 190L	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		GALLONS OF WATER 126		WATER LEVEL (distance from land surface)	
Brown mica		0 93				DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 62 ft. (enter 0 if from surface)		BEFORE PUMPING 50 ft. 17 20	
Gray mica		93 125				C 2		WHEN PUMPING 595 ft. 22 25	
Flint		125 126		✓		OTHER CASING (if used) diameter inch depth (feet) from to		TYPE OF PUMP USED (for test) A air P piston T turbine 27 27 27	
Gray mica		126 450				SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN PL PLASTIC PL BRONZE OT HOLE OTHER		PUMP INSTALLED DRILLER INSTALLED PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
Flint		450 451		✓		DEPTH (nearest ft.) H0 62 600		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
Gray mica		451 600				SLOT SIZE 1 2 3		CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35	
NUMBER OF UNSUCCESSFUL WELLS:		WELL HYDROFRACTURED YES (Y) NO (N)		C 2		PUMP HORSE POWER 37 41		PUMP COLUMN LENGTH (nearest ft.) 43 47	
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.		C 2		C 2		C 2	
DRILLERS LIC. NO. MSD 009		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		C 2		C 2		C 2	
LIC. NO. M D		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		C 2		C 2		C 2	
TELESCOPE CASING		LOG INDICATOR		C 2		C 2		C 2	
OTHER DATA		OTHER DATA		C 2		C 2		C 2	

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)

1/2/01  
1:00  
Met: driller

SITE INSPECTION SHEET

OWNER: Douglas Shippe

DATE REQUESTED: 1/2/01

PHONE #: \_\_\_\_\_

CONTRACTOR: Allen Compton  
(Poplar Well Drilling)

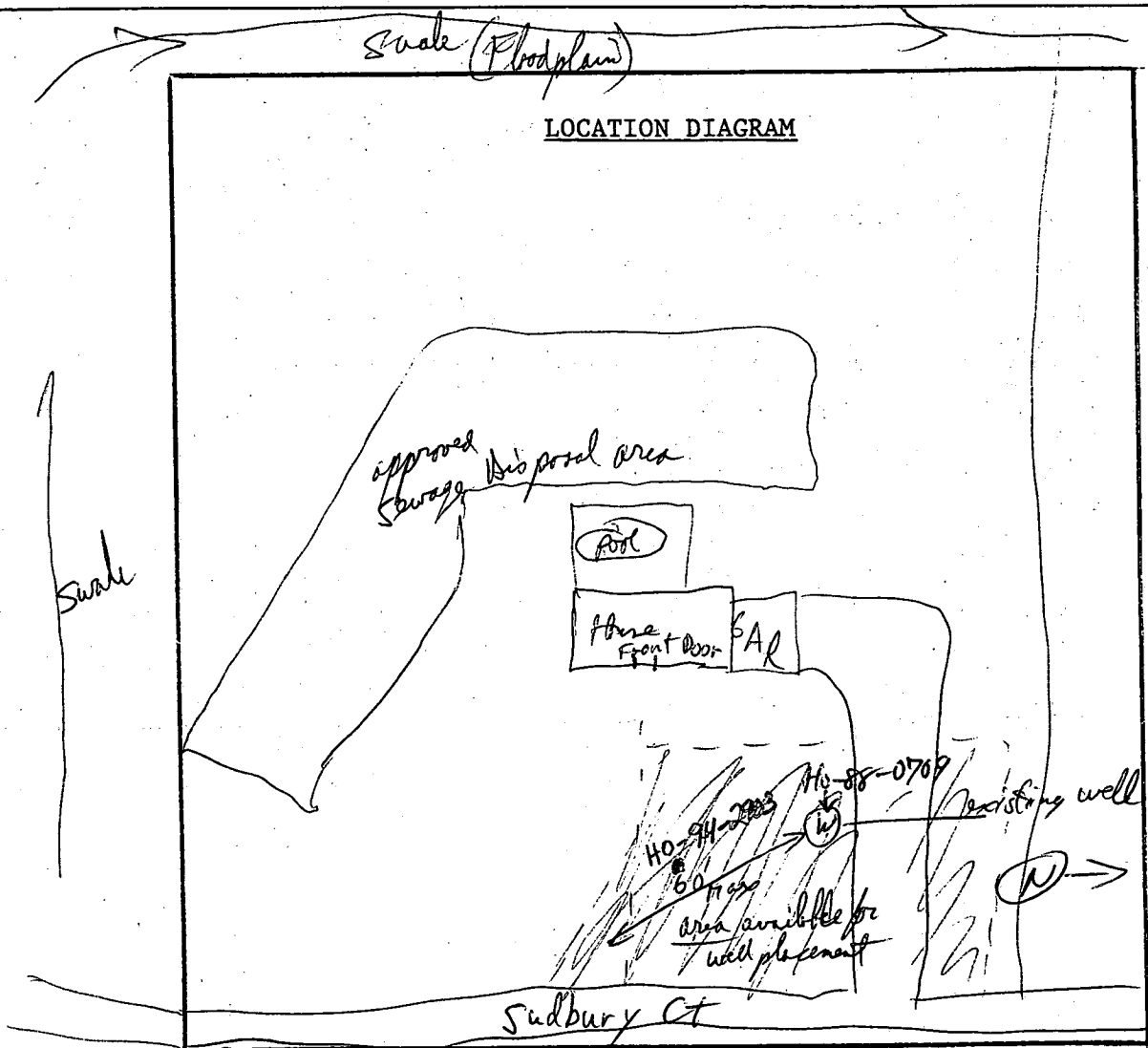
ADDRESS: 12119 Sudbury Ct

WELL TAG #: \_\_\_\_\_

Ashleigh Greene, Lot 21

COUNTY #: P46467

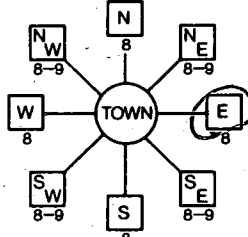

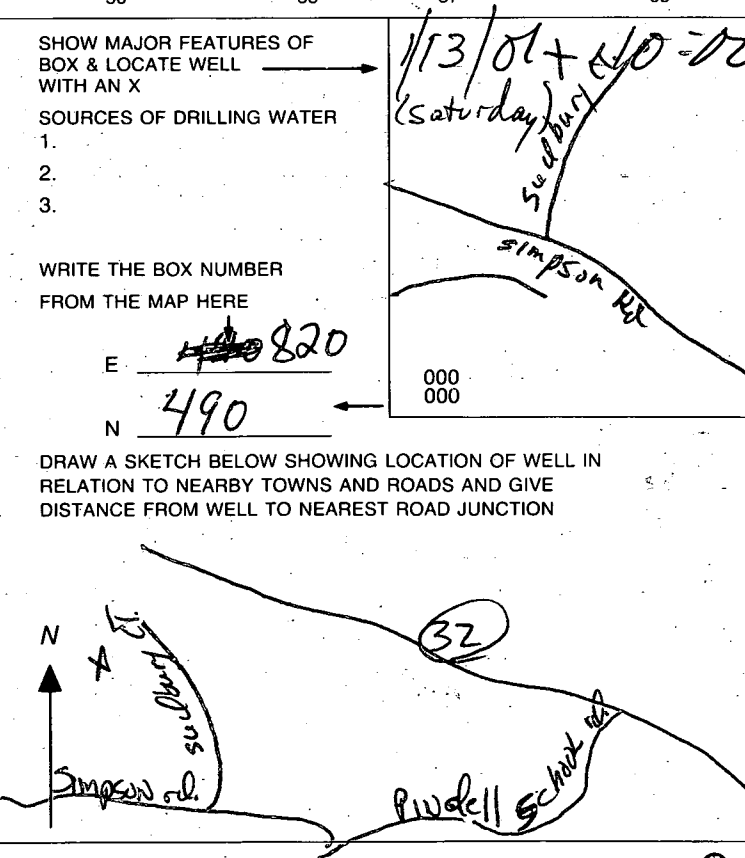
PROPOSAL: repl. well requested due to insuff. supply



COMMENTS: well is running low (records show yield only 1 1/2 gpm yield tot).  
only available area is to front and right of House Front door, for well  
to be > 100 ft from Reserve Septic Area. Anywhere in this area is ok for a well etc.  
1/24/01 New well "Teed" to old well near old well. (BB)

DATE: 1/2/01

INSPECTOR: HPM

<b>B 1</b> <span style="font-size: 1.2em; font-weight: bold;">13653</span> <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type <i>W514 727</i>	STATE PERMIT NUMBER <span style="font-size: 1.2em; font-weight: bold;">HO 94 - 2903</span> <small>70 79</small> fill in this form completely
Date Received (APA) <i>1/2/01</i> <small>8 MM DD YY 13</small> 15 <u>Shipc</u> Last Name      Owner <u>Douglas</u> First Name      34 36 <u>12119 Sudbury CT.</u> Street or RFD      55 57 <u>Highland MD.</u> Town      70 State      72 Zip      76		<b>B 3</b> LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION <u>Ashleigh Green</u> 42 SECTION <u>44</u> 46 LOT <u>21</u> 48 50 <u>Highland</u> 52 NEAREST TOWN      71 MILES FROM TOWN (enter 0 if in town) <u>3</u> M I <small>73 76 77 78</small>	
<b>DRILLER INFORMATION</b> Driller's Name <u>Allen Compton</u> MS D 009      76 License No.      81 Firm Name <u>Foght's Well Drilling</u> Address <u>380 Obericht rd. Sykesville md 21784</u> Signature <u>Allen Compton</u> Date <u>1/2/01</u>		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 12119 Sudbury CT.      30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 30 37 DISTANCE FROM ROAD      38 39 ENTER FT OR MI TAX MAP: <u>41</u> BLK:      PARCEL <u>139</u>	
<b>B 2</b> WELLS INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>P45451</u> STATE SIGNATURE _____ INSERT S → DATE ISSUED <u>1/2/01</u> CO SIGNATURE <u>Donald P. [Signature]</u> 41 <small>43 MM DD YY 48</small> EXP. DATE <u>1/2/02</u> NORTH GRID <u>490</u> 0 0 0      EAST GRID <u>0820</u> 0 0 0 <small>50 55 57 63</small>	
<b>USE FOR WATER</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE E <u>490</u> N <u>490</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL <u>6</u> INCH <b>METHOD OF DRILLING</b> (circle one) BORED (or Augered)      JETTED      Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion      ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTARY      DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>HO - 88 - 0709</u> 52	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER <u>54</u> G A P      63 PERMIT No. <u>HO - 94 - 2903</u> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

Building Address 12119 SUDBURY CT  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605102 Subdivision Ashleigh Green  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 21  
Tax Map 4 Parcel 456 Grid 1  
Zoning RR Map Coordinates 14G13 Lot size \_\_\_\_\_  
Existing Use \_\_\_\_\_  
Proposed Use SFD  
Estimated Construction Cost \$ 22,000  
Description of Work 20x12 screen porch

Property Owner's Name Barbara & Doug Shaipe  
Address \_\_\_\_\_  
City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax 301 854 3447  
Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics  
Height: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
☐ Reinforced Concrete  
☐ Structural Steel  
☐ Masonry  
☐ Wood Frame  
☐ State Certified Modular

Utilities  
Water Supply:  
☐ Public  
☐ Private  
Sewage Disposal:  
☐ Public  
☐ Private  
Electric Yes ☐ No ☐  
Gas Yes ☐ No ☐  
Heating System:  
Electric ☐ Oil ☐  
Natural Gas ☐  
Propane Gas ☐  
Sprinkler system: ☐ N/A ☐  
☐ Full  
☐ Partial  
☐ Other Suppression  
# of Heads \_\_\_\_\_

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics  
SF Dwelling ☐ SF Townhouse ☐  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement ☐ Unfinished Basement ☐  
Crawl space ☐ Slab on Grade ☐  
No. of Bedrooms \_\_\_\_\_  
Multi-family dwellings:  
No. of efficiency units: \_\_\_\_\_  
No. of 1 BR units: \_\_\_\_\_  
No. of 2 BR units: \_\_\_\_\_  
No. of 3 BR units: \_\_\_\_\_  
Other Structure: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof: \_\_\_\_\_  
☐ State Certified Modular  
☐ Manufactured Home

Utilities  
Water Supply:  
☐ Public  
☒ Private  
Sewage Disposal:  
☐ Public  
☒ Private  
Electric Yes ☐ No ☐  
Gas Yes ☐ No ☐  
Heating System:  
Electric ☐ Oil ☐  
Natural Gas ☐  
Propane Gas ☐  
Sprinkler system: ☐ N/A ☐  
☐ NFPA #13D  
☐ NFPA #13R  
☐ Other: \_\_\_\_\_

THIS UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mark A. Shaipe  
Applicant's Signature  
Title/Company \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY  
☒ Land Development DPZ  
☒ State Highways  
☒ Building Official  
☒ Dev. Engineering DPZ  
☒ Health  
☒ Fire Protection

DATE  
4/17/02

SIGNATURE APPROVAL  
Mark A. Shaipe

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met?  
YES ☐ NO ☐  
Is Entrance Permit required?  
YES ☐ NO ☐  
Historic District?  
YES ☐ NO ☐  
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 19301  
Filing fee \$ \_\_\_\_\_  
Permit fee \$ 4.5  
Excise tax \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ 10.5  
Balance due \$ \_\_\_\_\_  
Check # 1208  
Validation # 62174  
Accepted by SK

CONTINGENCY CONSTRUCTION START: ☐  
ONE STOP SHOP: ☐

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

e:\permit.fm Rev. 10/15/98

LOCATION OF HOUSE  
12119 SUDBURY COURT  
LOT 21

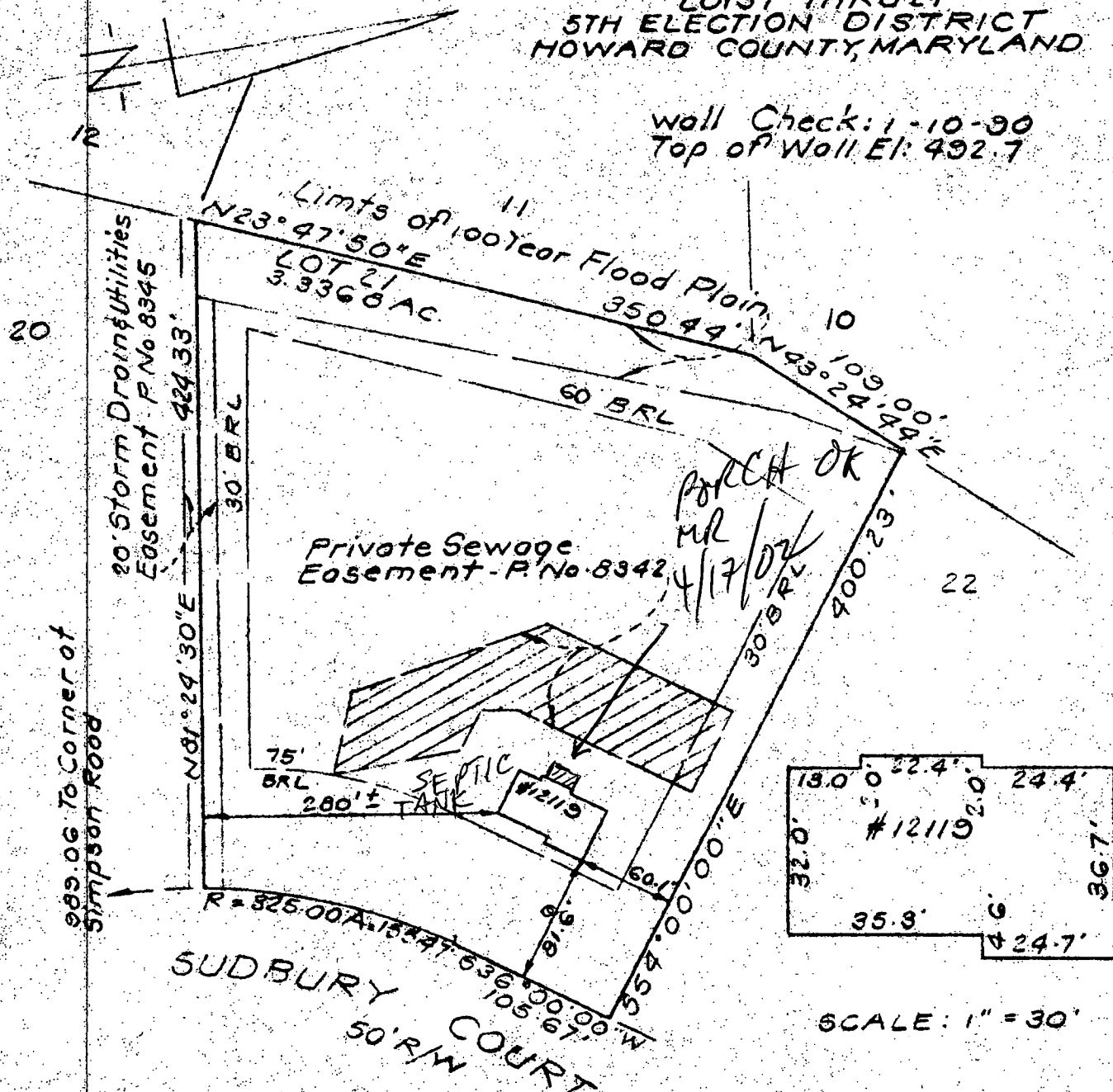
ASHLEIGH GREENE  
SUBDIVISION

## SECTION 1

LOTS 1 THRU 27

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

Wall Check: 1-10-90  
Top of Wall El: 492.7



SCALE: 1" = 30'

89-001 Serial No. 28499

# SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

**CLARK • FINEFROCK & SACKETT, INC.**

**ENGINEERS • PLANNERS • SURVEYORS**  
**7135 MINSTREL WAY COLUMBIA, MD. 21045**  
**(301) 381-7800-BALTO. • (301) 621-8100-WASH.**

REFERENCE	DRAWN BY SNP	CHECKED BY KWC
FIG No. 8345	DATE 1-10-90	FILE NO. 1610-W
	SCALE 1"=100'	