PERMIT

05-413737

P 50733

A 41347

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE 6-12-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXX-XXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 6/14/95

INSPECTOR C.B.

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Ashleigh Greene-Sec. II LOT 33 ROAD 11895 Simpson Road

PROPERTY OWNER Charles S. Jennings

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 220 feet down the right lot line (259.25') and 90 feet off the same lot line as seen when facing the lot from Wollingford Court. Run trenches along contour toward the right (259.25') and left (333.47') lot lines. MAINTAIN A MINIMUM OF 100 FEET TO ALL WELLS.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8' diameter cleanout and cap to grade or above on septic tank. OK 2/2/95 TDKS

PLANS APROVED BY Jane Nadeau DATE 3/28/94

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 SIGNED RETURNED 8-28-99.

PERMIT VOID AFTER TWO YEARS

Sewall #20120148

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

Interior alterations new garage

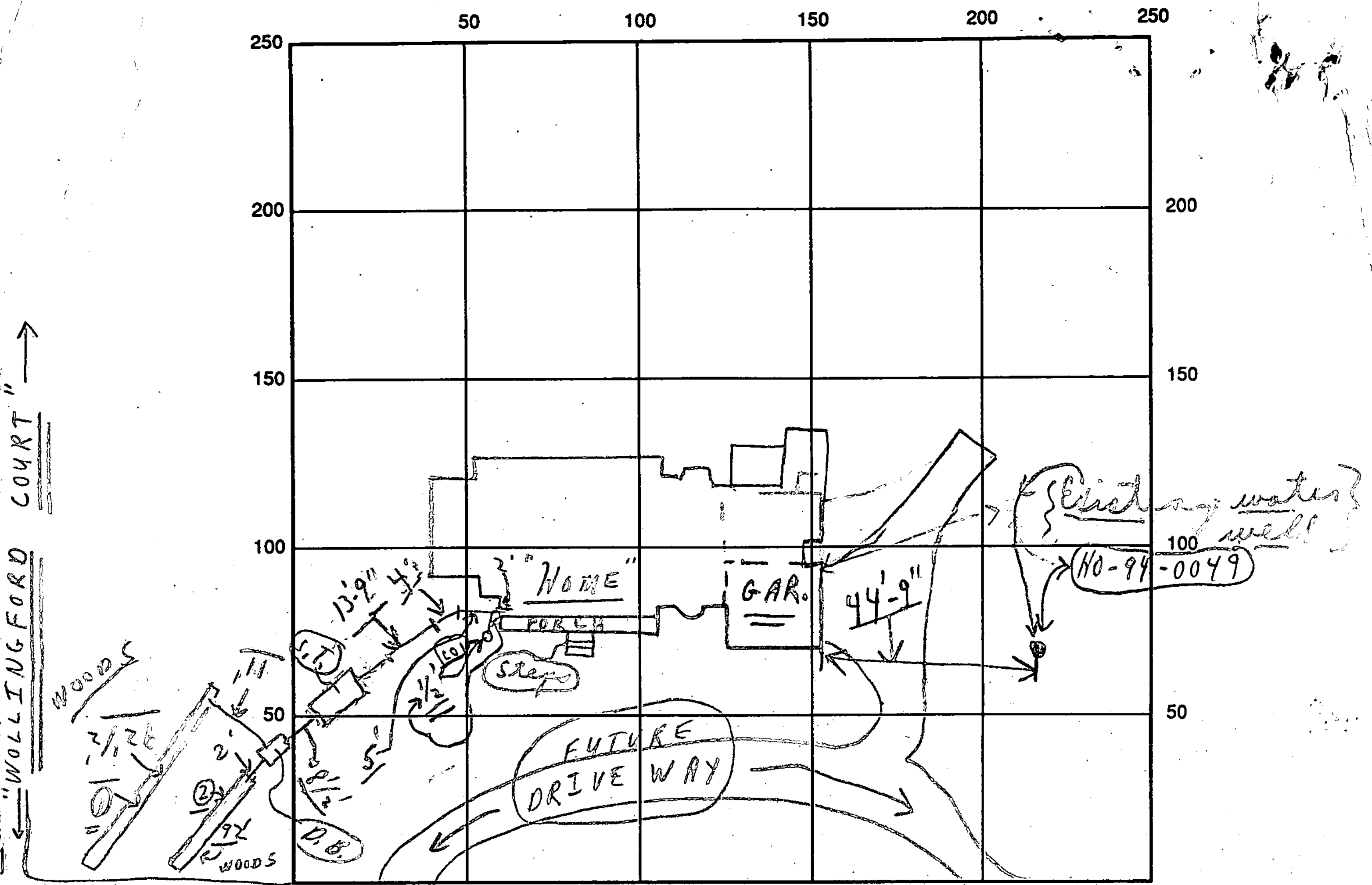
NOTE: DISTRICTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 41347



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Simpson Road → S.T. C.O.#1

← MEADOW WOOD WAY

SEPTIC TANK LEVEL OK CLEANOUTS OK OK

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TITLE DEPTH ① + 8 + average FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH ② 4 + FT. {TOTAL LENGTH ① 92½; ② 92 FT.} = (184)

NUMBER OF TRENCHES 2 ONE SIDEWALL/~~BOTTOM~~ AREA 736 + SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.

ABSORBENT AREA 736 + SQ. FT.

REMARKS: (Early) 6/13/95 (P.M) ok to cover to 4' of new S.T - only from home; partial; CBS 6/13/95 Late P.M. Trench #① ok for stone; etc; ok to cover from house to Dist. Box partial

Partial 6/14/95 #① Trench ok to cover - see ends of #2 trench only CBS

6/14/95 Final; ok to cover - last trench; CBS

Early 6/13/95 W.P.I. - final - CBS

DATE SYSTEM APPROVED 6/14/95 INSPECTOR Charles Bryan Streaker

APPLICATION

A 41347

PERCOLATION TESTING

P

WS

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

DISTRICT 5th

DATE 2/2/88

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 Charles S. Jennings ~~Winchester Homes, Inc. Real Estate Development Group~~

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 710-6732 ~~301-220-1117~~
Greenbelt, Maryland 20770

PROSPECTIVE BUYER

ADDRESS PHONE

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section II LOT NO. Prelim Lot-~~X~~33 ~~79~~

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road (11895 Simpson Road)

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 AC. TYPE BLDG SF SFD-4Bdrm

BLDG. PERMIT SIGNED AND RETURNED 1/26/95
Serial # 57897-

(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. B C Hamilton

(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 4-22-88 For perc hole locations and subdivision plat approval. JEN

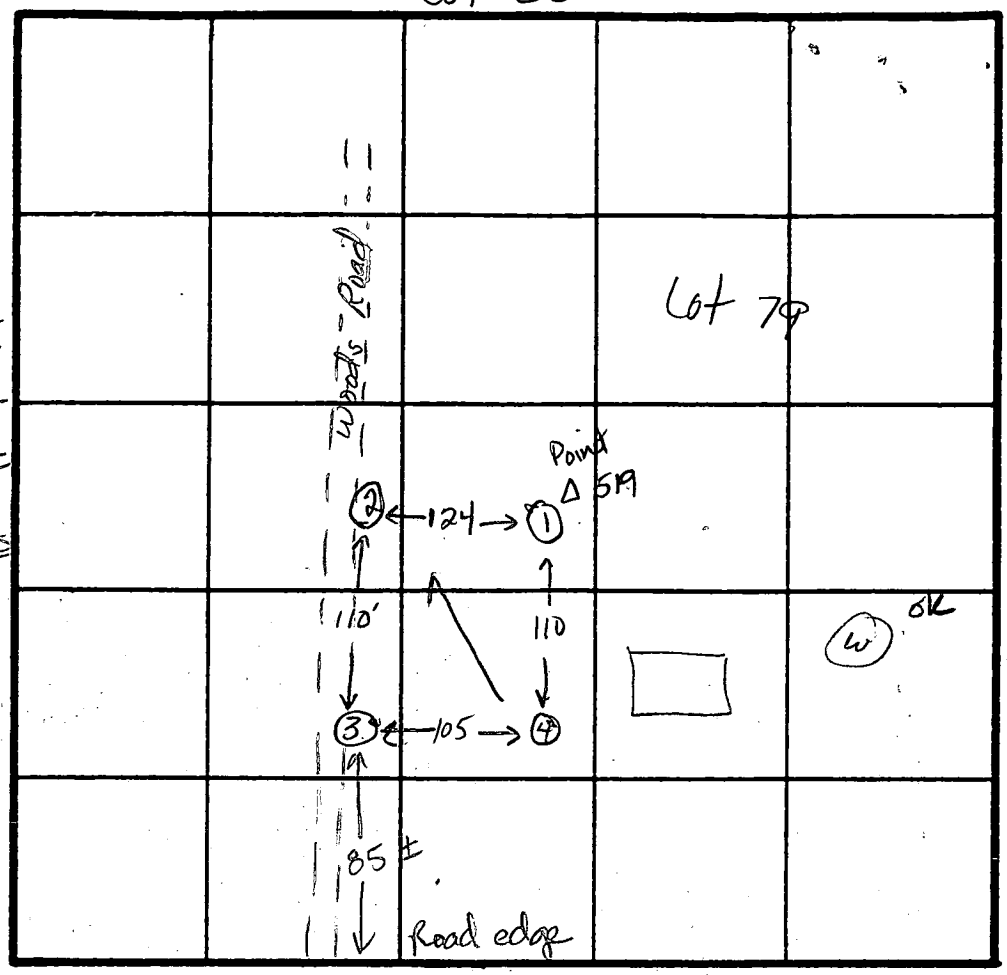
HD-216

THIS IS NOT A PERMIT

High 4
3
1
Low 2

A41347

Lot 80



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(3) SOIL PROFILE

0
0 – 3.5 Rd-sl cl loam
3.5 – 12.5 Rd mica sa si lm, some saprolite < 40%
12.5 Bottom

(2)
0 – 4.0 Br si cl loam
4 – 12.5 Rd mica sa si loam, < 10% saprolite
12.5 Bottom

$\bar{x}$ = 6 min
Inlet = 4.0 ft
Bottom = 8.0 ft
180 sq ft/bdrm

(4)
0 – 4.0 Rd-br si cl loam
4.0 – 12.5 Rd-yellow micaceous sa si loam < 30% saprolite
12.5 Bottom

(1)
0 – 3.5 Rd si cl loam
3.5 – 13.5 Rd mica sa si loam, < 10% saprolite
13.5 Bottom

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-22-88	3	4.0 S	11:32	11:34	11:34	11:36	2 min
		12.5 D	Bottom				ok
	4	3.5 S	11:37	12:00		slow	F
		4.5 S	2:02	2:06	2:06	2:16	10 min
		7.0 M	11:36	11:38	11:38	11:41	3 min
		12.5 D	Bottom				
	2	4.0 S	11:25	11:27	11:29	11:31	4 min
		12.5 D	Bottom				ok
	1	4.0 S	11:50	11:52	11:52	11:54	2 min
		13.5 D	Bottom				ok

REMARKS All holes located as shown on plat.

TYPE OF SOIL 0 – 4 Rd-br si cl lm, 4-13 Rd mica sa si lm, < 30% saprolite

TESTED BY JE Nadeau

ALSO PRESENT Burleigh Hamill

PLAT 5887

* HOWARD COUNTY, MD.
LOT 34 *

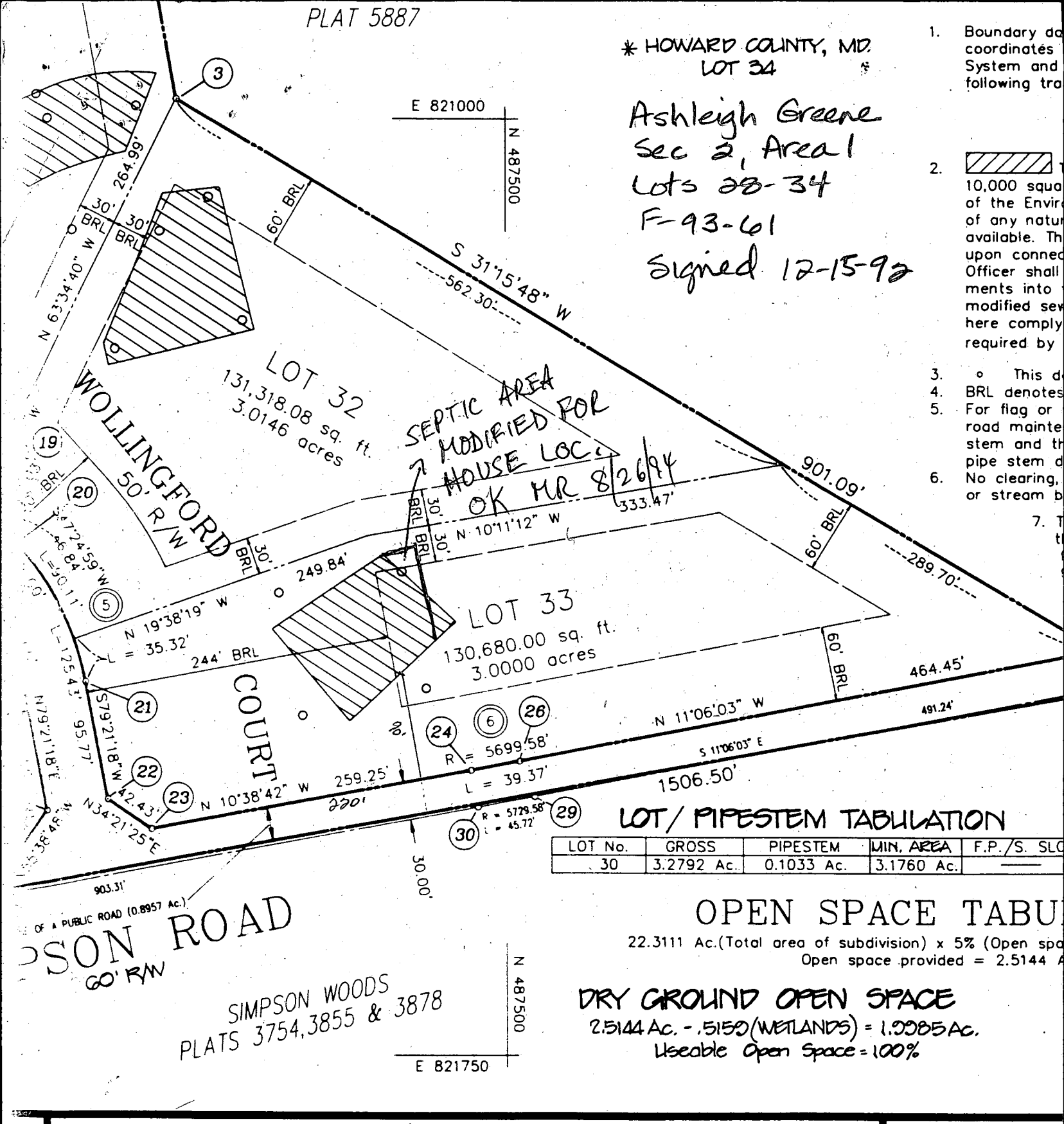
Ashleigh Greene
Sec 2, Area 1
Lots 28-34
F-93-61
Signed 12-15-93

1. Boundary do
coordinates
System and
following tra

2. [hatched] t
10,000 squa
of the Envir
of any natur
available. Th
upon connec
Officer shall
ments into
modified sev
here comply
required by

3. ○ This d
4. BRL denotes
5. For flag or
road mainte
stem and th
pipe stem d
6. No clearing,
or stream b

7. T
t



LOT/PIPESTEM TABULATION

LOT No.	GROSS	PIPESTEM	MIN. AREA	F.P./S. SLO
30	3.2792 Ac.	0.1033 Ac.	3.1760 Ac.	———

OPEN SPACE TABU

22.3111 Ac.(Total area of subdivision) x 5% (Open spa
Open space provided = 2.5144 A

DRY GROUND OPEN SPACE

2.5144 Ac. - .5159 (WETLANDS) = 1.9985 Ac.
Useable Open Space = 100%

OWNER'S DEDICATION

I, Peter Byrnes, President of Winchester Homes, Inc., a Delaware Corporation, General and Managing Partner of Berwin Joint Venture, a Maryland General Partnership, along with Howard County, Maryland, a Body Coroporate and Politic of the State of Maryland, owners of the property shown hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this final plat by the Department of Planning and Zoning, establish minimum building restriction lines and grant unto Howard County, Maryland, its successors and assigns; (1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services, in and under all roads and street right-of-ways and the specific easements shown hereom; (2) the right to require dedication for public use the beds of streets and/or roads, and floodplains and open space where applicable and for good and other valuable consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities and open space where applicable; and (3) the right to require dedication of waterways and drainage easements for the specific purpose of their construction.

ASH
E
Ho

LOT 33

ASHLEIGH GREENE, SEC. 2, AREA 1

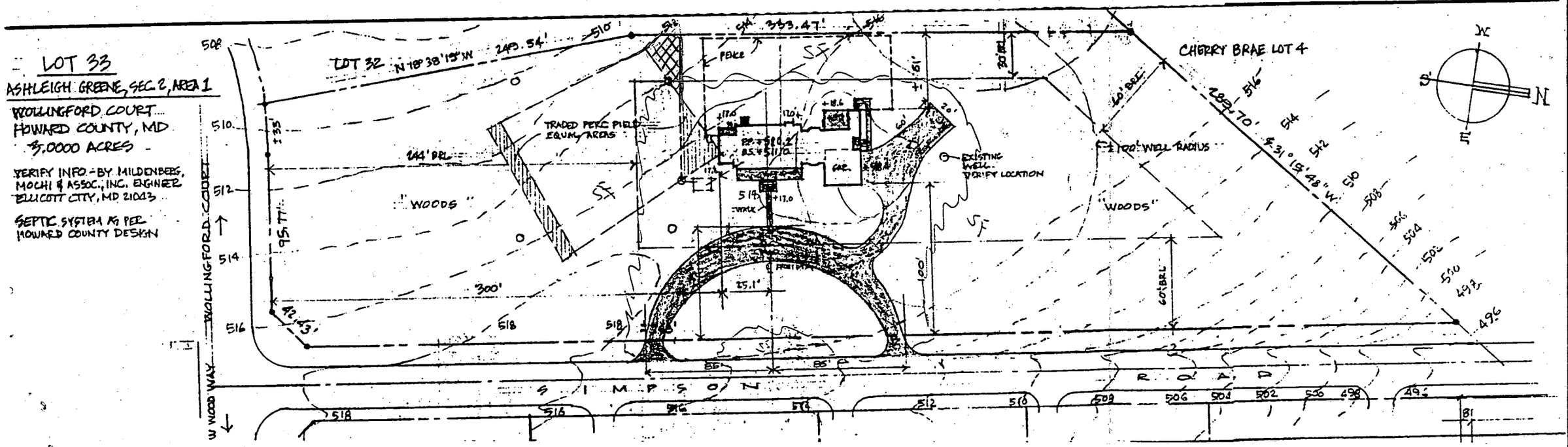
ROLLINGFORD COURT

HOWARD COUNTY, MD

3.0000 ACRES

VERIFY INFO. - BY MILDENBERG, MOCHI & ASSOC., INC. ENGINEER ELLICOTT CITY, MD 21043

SEPTIC SYSTEM AS PER HOWARD COUNTY DESIGN



1/20/95 BP57897

ACCEPTABLE MODIFICATION TO SEWAGE DISPOSAL EASEMENT, PER MARK RIFKIN 8/26/94

AWW

JENNINGS RESIDENCE : PERMIT 57897
SITE PLAN
SCALE: 1" = 50'
ELEVATIONS:
BASEMENT SLAB: + 511.0
FIRST FLOOR: + 520.2
INVERT OUT-OF-HOUSE: + 514.5
INVERT INTO SEPTIC TANK: + 514.0
INVERT OUT OF SEPTIC TANK: + 513.7
INVERT INTO DISTRIBUTION BOX: + 513.5
EXIST. GRADE AT SEPTIC TANK: + 517.2
EXIST. GRADE AT DISTRIBUTION BOX: + 517.1
EXIST. GRADE AT TRENCH(S): + 513.0
EXIST. GRADE AT EXIST. WELL: + 517.0
NOTE: BASEMENT SEWER EJECTION PUMP WILL BE REQUIRED FOR BASEMENT PLUMBING, IF ANY.
LENGTH OF TRENCHES TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
LOT 33
ASHLEIGH GREENE, SEC. 2, AREA 1
WOLLINGFORD COURT
HOWARD COUNTY, MD
3.0000 ACRES
VERIFY INFO - BY MILDENBERG, MOCH & ASSOC., INC. ENGINEER ELLICOTT CITY, MD 21043
SEPTIC SYSTEM AS PER HOWARD COUNTY DESIGN
"BY COPY OF THIS PLAN, THE HEALTH DEPT. ACCEPTS THE MODIFICATION OF THE SEWAGE DISPOSAL EASEMENT."
Approved Septic System Plan
Howard County Health Department
1/26/95
Signature
Date
LOT 32
CHERRY BRAE LOT 4
N 18°38'19" W 249.54'
333.47'
289.70'
S 31°15'48" W
"WOODS"
TRACED PERC FIELD EQUAL AREAS
EXISTING WELL VERIFY LOCATION
100' WELL RADIUS
FENCE
GAR.
FRONT DOOR
WALK
WOLLINGFORD COURT
MEADOW WOOD WAY
SIMPSON ROAD
60' BRL
30' BRL
244' BRL
UNEXCAVATED

MARYLAND STATE GRID N

TIE INTO EXISTING PAVEMENT

SIMPSON WOOD
SECTION 2
LOT 1
P. 423
ZONED: R
PLAT 3878

SIMPSON W
SECTIO
P. 41
ZONE
PLAT

3-2394
well site
OK IEAGO

46-92-0494

LOT 32
3.0 A.

LOT 33
3.1 Ac.

LOT 1

LOT 2

LOT 3

ROAD

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSES OF A PUBLIC ROAD (.86 Ac.)

MEADOW WOOD WAY

22' PAV.

50' R/W

BRL

1501.07'

767'

290'

140'

244'

C 1 | 8746 — 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 41347

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 05 20 94

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0049

OWNER Winchester Homes
STREET OR RFD Wallingford Ct (last name / first name) TOWN Highland
SUBDIVISION Hickory Green SECTION TE LOT 33

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	FEET TO	Check if water bearing
Top Soil	0	2	
red Clay	2	4	
brown Shale	4	10	
red Shale	10	70	
Sand Stone	70	75	
gray Mica	75	86	
Sand Stone	86	88	
Mica	88	100	
Sand Stone	100	102	✓
Mica	102	220	
Sand Stone	220	221	✓
Mica	221	340	
Flint	340	343	✓
Mica	343	400	

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.

DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles R. Fillbus
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes (Y) / no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 27 NO. OF POUNDS 2700
GALLONS OF WATER 135
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	84

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

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

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	82	400
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (TELESCOPE CASING) (E.R.O.S.) (LOG INDICATOR) W Q (OTHER DATA)

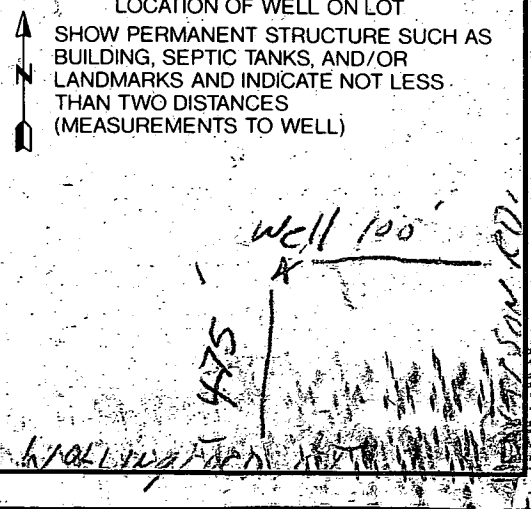
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 8
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 37
WHEN PUMPING 42

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 (CIRCLE) (YES or NO) — 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) + above / − below LAND SURFACE (nearest foot) 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)



COUNTY

EMERGENCY PERMIT NO. IF ANY

B 1 | 05921 | SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0047
70 fill in this form completely 79

Date Received (APA): 03 14 94
8 13

OWNER INFORMATION

WINCHESTER HOMES INC
15 Last Name Owner First Name 34

6305 IVY LANE S700
36 Street or RFD 55

GREENBELT MD 20770
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Eastreday
Driller's Name 80 77 License No.

L. Franklin Eastreday, Inc,.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Eastreday 3-11-94
Signature Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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)

APPROXIMATE DEPTH OF WELL: 200 FEET
24 28

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
30 37 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

other

REPLACEMENT OR DEEPENED 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
D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
54 63

FORCE: N (WRITE INITIALS IN BOX) PERMIT No. HO-94-0047
67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL

HOWARD
8 COUNTY

ASHLEIGH GREENVALE
23 SUBDIVISION 42

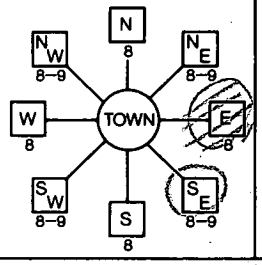
SECTION 7 44 46 LOT 33 48 50 ✓

HIGHLAND
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town): 2 M I
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOLLINGFORD CT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

475
34 237 37
DISTANCE FROM ROAD

ENTER FT or MI: FT
38 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A 41347
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED: 03 28 94 Anne E Nadeau 3-28-95
43 48 CO SIGNATURE EXP. DATE

NORTH GRID: 187000 50 55
EAST GRID: 0821000 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 Wells
2.
3.

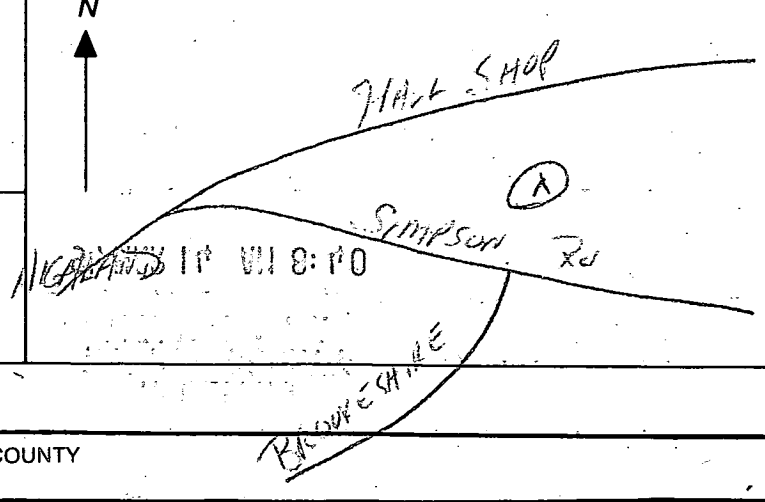
WRITE THE BOX NUMBER FROM THE MAP HERE: 21

E 840
N 480

000
000

5/20 Ground (2:00 P.M.)
X T/C 12:00's
No inspection CBD

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 6383 | SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-88-1284
fill in this form completely

Date Received (APA): 022290

OWNER INFORMATION

Last Name / Owner / First Name: Winchester Homes Inc
Street or RFD: 6701 Rock Ledge Drive
Town: Bethesda State: Md Zip: 20817

DRILLER INFORMATION

Driller's Name: Frank Delph License No.: 453
Firm Name: Frank Delph Well Drillers Inc
Address: 18234 Penn Shop Rd Mt. Airy Md.
Signature: Frank Delph Date: 2/19/90

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)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- 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)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN
AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary) — circled
CABLE | REVerse-ROTary | DRive-POINT

other ______

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) ______

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: ML (WRITE INITIALS IN BOX) PERMIT No.: HO-88-1284

SPECIAL CONDITIONS

B 3 LOCATION OF WELL

COUNTY: Howard
SUBDIVISION: Ashleigh Green Sub
SECTION: 2 LOT: 33
NEAREST TOWN: ~~Fulton~~ Clarksville
MILES FROM TOWN (enter 0 if in town): 3 MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N (circled) — NW, NE, W, TOWN, E, SW, SE, S

NEAR WHAT ROAD: ~~Road A~~ Wellingford Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N (circled)

DISTANCE FROM ROAD: 520 ENTER FT or MI: FT

EXPIRED PERMIT
LIKELY NOT DRILLED
TAG & PERMIT DESTROYED
MR 4/27/93

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: 41347

STATE SIGNATURE ______ INSERT S

DATE ISSUED: D40990 CO SIGNATURE: Mark E. Rifkin EXP. DATE: 10/9/90

NORTH GRID: 487000 EAST GRID: 0822000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

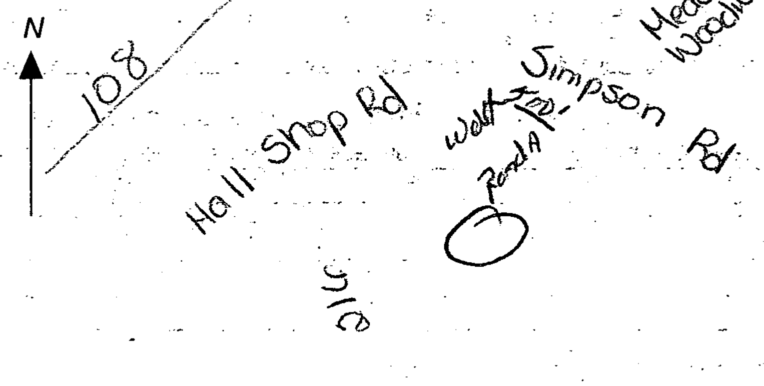
well (X)

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E: 822
N: 487

000
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



COUNTY

313-2640

6/13 Fund UKD

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 ROB. PLUMBING INC. Telephone 531-2982

License Number 4605 Well Driller ____ Registered Plumber ✓
Certified Well Pump Installer ____

Name of Property Owner TINA + CHARLES JENNINGS Telephone 236-5020
Subdivision ASHLEIGH GREENE Lot # 33 Well Tag # HO-94-0049
Site Address 11897 SIMPSON RD

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make RED JACKET
3. Model # 805-075-5
4. Capacity 7 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 ____

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage 208/230
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make CAMPBELL MANUFACTURING
2. Model # B-200X
3. Depth 42"

Tank WELL X MOL
1. Capacity 203
2. Pressure relief valve? YES

Piping
1. Type BLACK WELL TUBING
2. Size 1"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 4'

Well data
1. Depth 400 ft.
2. Yield 12 GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

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: Robert Kelly

Date: 6/8/95

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00120145

Building Address 11895 Simpson Rd
Clarksville MD 21029

Suite/Apt. #: SDP/WP/Petition #:

Census Tract 6051.04 Subdivision Hollifield Grove

Section 2 Area 1 Lot 33

Tax Map 41 Parcel 174 Grid 8

Zoning R-20 Map Coordinates 13H1 Lot size

Property Owner's Name Charles S. Jennings

Address 11895 Simpson rd.

City Clarksville State MD Zip Code 21029

Home Phone 301-725-8665 Work Phone 410-515-0788

Applicant's Name & Mailing Address, (if other than stated hereon):
Kevin J. Delaney
2419 Sunset farm rd
E.C. MD 21042

Phone 410-461-1797 Fax Same

Existing Use SFD

Proposed Use SFD w/ room over Garage finished

Estimated Construction Cost $ 9,000.00

Description of Work Install bathroom and Bedroom/Family room above existing garage

Contractor Company Delaney Construction

Contact Person Kevin J. Delaney

Address 2419 Sunset farm rd

City E. C. State MD Zip Code 21042

License No. 28513

Phone 410-461-1797 Fax 410-461-1797

Occupant or Tenant Same as owner

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company Same as above

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
X Private

Sewage Disposal:
___ Public
X 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 ☐

	Depth	Width
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:

THE 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 THERETO; (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.

Applicant's Signature *Print Name* Kevin J. Delaney

Title/Company Owner of Delaney Construction *Date* 8/26/99

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	8/26/99	
Dev. Engineering, DPZ		
Health	82899	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 11210

Filing fee	$
Permit fee	$ 65
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 65
Balance due	$
Check	# 6200
Validation	# 14042

Accepted by

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

s:\permit.frm

Rev. 10/15/98

Jennings Existing Conditions

8/26/99 Proposed addition of one bedroom may adversely impact life of ex. septic system - OK to proceed w/ this caution Mr. Delaney shall notify owner.

Charles S. Jennings
11895 Simpson Rd
Clarksville MD 2102
301-725-8665

APPROVED
SMOKE DETECTORS SHALL BE PROVIDED IN ALL BEDROOMS.