

12/26/95
12/29/95
9/2/96 Pump Test
4/11/98 1st Pump Test
11/20/98 2nd Pump Test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-418526

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
313-2640

P 50950

A

DISTRICT 5th

DATE 10/30/95

DATE SYSTEM APPROVED 5/8/96

INSPECTOR *AF*

INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER
ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 682-6726
SUBDIVISION Ashleigh Knolls LOT 32 ROAD 7120 Ramsgate Court
PROPERTY OWNER Winchester Homes, Inc. *Bishop May* UNITED METHODIST CHURCH B/W CONFERENCE
ADDRESS

BLDG. PERMIT SIGNED
AND RETURNED 10/27/95
Serial# 62343
SFD-4Bm.

- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, Community system headworks, and shared disposal fields.

- This permit is for installation of the individual house sewer line and individual pump and alarm, Location as per the signed building permit site plan, copy attached.

Contact Health Department for inspection before covering the installation.

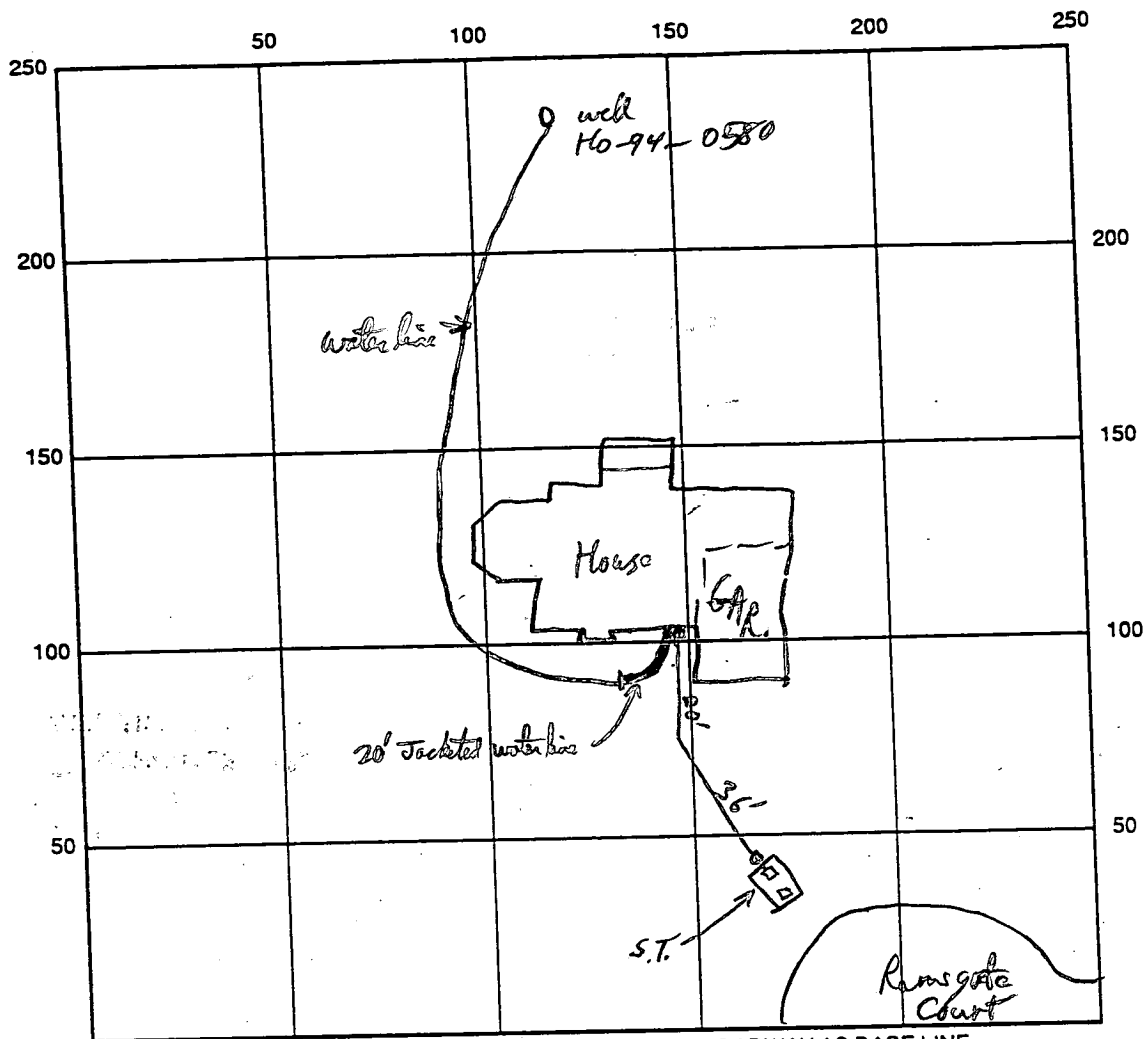
Handwritten signature

AND RETURNED 4/25/2000
Serial# B00123788
Screened Porch w/ Steps

BLDG. PERMIT SIGNED
AND RETURNED 10/3/96
Serial# B0102579-
clerk

BLDG. PERMIT SIGNED
AND RETURNED 12-8-98
Serial# B0015203
proper work

7250950



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____

CLEANOUTS _____

REMARKS: WPI - H. H. S. Adams & Son with line OK to cover (Need to sleeve near
septic house connection) 12/26/95

Septic House Connection Not Ready - Roof Trusses in way - they will call again when ready 12/29/95

House connection OK to cover (From House to S.T. Hookup. 12/29/95

- Need Pump Test Pump Test scheduled for 1 PM 4/11/96 - No one here.

Mr. Miller (DPR) and Contractor arrived @ 1:30 - Switches Not working (and electrician already left)

Need to Repair & Recheck Test 4/11/96 P/P

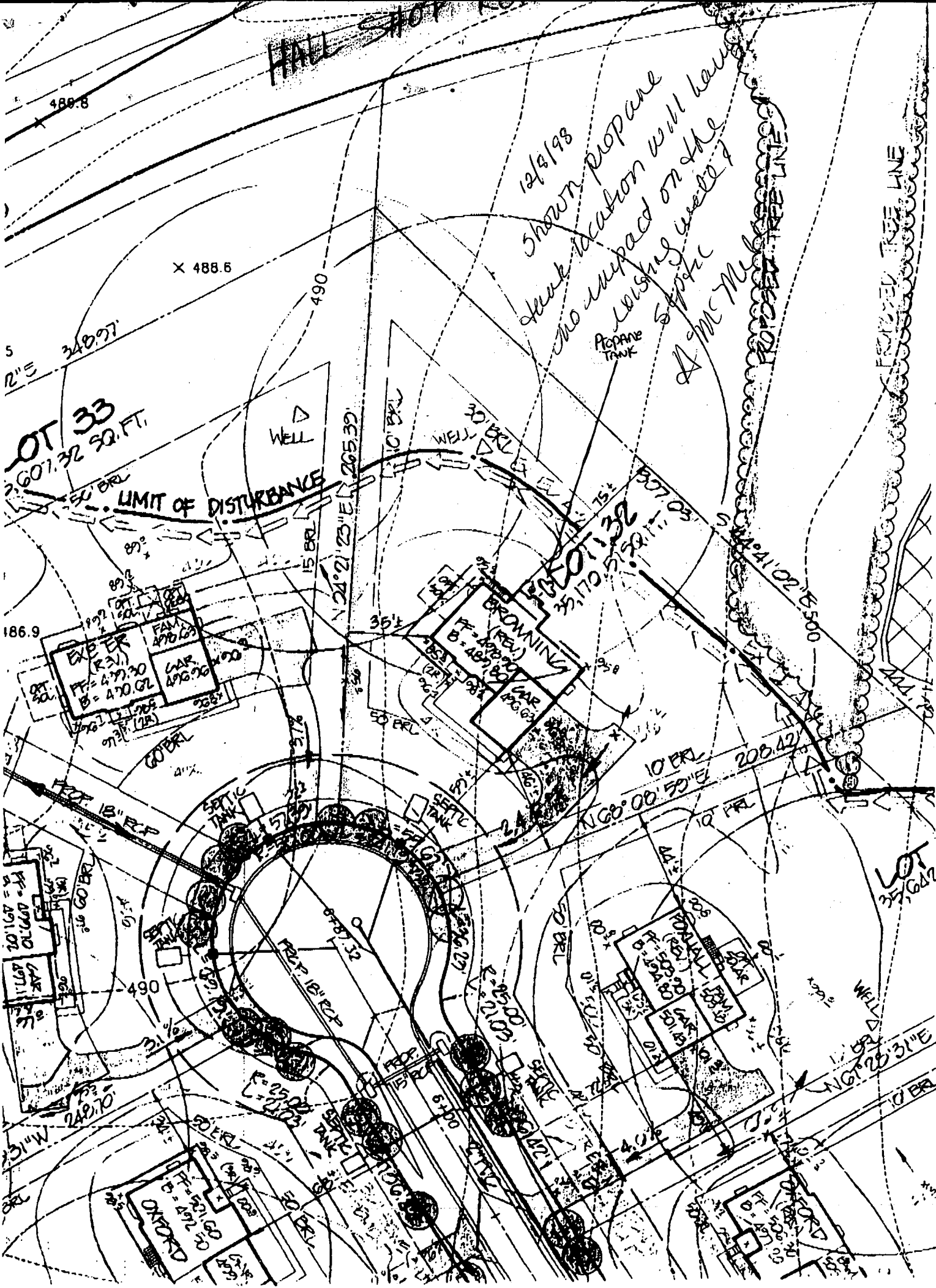
- 4/19/96 Pump Test Conducted by Mr. Miller - one officer notified to late to attend - Paperwork pending

DATE SYSTEM APPROVED 5/8/96

INSPECTOR Mark J. [Signature]

HALL SHOT

12/4/98
shown propane
tank location will have
no impact on the
existing well?
Septic
A McNeil



VERIEX
PUMP TEST

OUT OF OFFICE TO 5/7

SPEED LETTER

TO
Craig Williams
Environmental Health
Fax 2648

FROM
Jim Miller
Utilities
Phone 4858

SUBJECT

MESSAGE

Pam + test Lot 32 7120 Ramsgate Ct

Thursday 4/11/96 @ 1:00 PM

REPLY

DATE

4/9/96

SIGNED

Jim Miller

5/7/96 UTILITIES DIRECTED VERIFICATION QUESTION TO ART
MILLER (ART SAYS THAT JIM IS THE CONTACT PERSON) MESSAGE LEFT FOR JIM

GS

5/8 JIM MILLER CONFIRMED SUCCESSFUL PUMP TEST ON 5/1/96

JS

DATE

SIGNED

Post-It® Fax Note	7671	Date	4/9/96	# of Pages	1
To	Craig Williams	From	Jim Miller	Co.	Utilities
Cor/Dept.	En Health	Phone #	4858	Fax #	4919

W.P.X.
12/26/95 NOON

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 ☐

Name of Installer Van Sant Plbg + Htg Receipt # _____
Date _____
Telephone 829-0444

License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Donleigh Knolls Lot # 32 Well Tag # 110-94-0580
Site Address 7120 Ramsdale Ct
Clarksville, MD 21029

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒
2. Make Goulds
3. Model # _____
4. Capacity _____ 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 _____
a. 110 _____
b. 220 ☒

Pitless Adapter
1. Make Campbell
2. Model # 310X
3. Depth 48"

Tank
1. Capacity V-100
2. Pressure relief valve? ☒
pitless adapter & waterline OK
at 3 1/2 ft RPP 12/26/95

Piping
1. Type P.S.
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 48"

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? ☒

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: Harold A. Van Sant

Date: 11/22/95

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

pp
Winchester
Homes, Inc.

R A S A P

6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770
Tel (301) 474 4411
Toll Free (800) 527 8558
Fax (301) 474 1609



November 14, 1995

Mrs. Avis Corbin
Bureau of Licenses & Permits
Department of Public Works
3430 Court House Drive
Ellicott City, Maryland 21043

Re: Lot 32, 7120 Ramsgate Court
Permit # 62343, Ashleigh Knolls

RECEIVED

NOV 15 1995

LICENSES & PERMITS
DIVISION

Dear Mrs. Corbin:

On the above referenced property we have added options on the house that were not on the original permit. I have attached 4 site plans showing the new options which are 3 car garage and side solarium. I have also attached new work sheet and the old work sheet.

If you should have any questions, please call me at (301) 489-1144. Anything you can do to expedite this request would be appreciated.

ee Health 11/15/95
Dept
DPZ
Sincerely,
Winchester Homes, Inc.

Carol Viers

Carol Viers
Permit Administrator

/cv

Enclosure(s)

11-16-95 OK AS SHOWN ON SITE PLAN H.A. JAMES SANITATION



(410) 461-0079
Fax: (410) 750-6340

C12987

SEQUENCE NO.
(MDE USE ONLY)

221

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 13-

ST/CO USE ONLY
DATE Received

090695

DATE WELL COMPLETED

080295

Depth of Well

400

(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-0580

OWNER **Winchester Homes**

STREET OR RFD **Ramsdell Court**

SUBDIVISION **Ashleigh Knolls**

SECTION

TOWN **Highland**

LOT **32**

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		check if water bearing
	FROM	TO	
Top soil	0	2	
red clay	2	7	
Sand & Silt clay	7	50	
Sand Stone	50	52	
Mica	52	65	
Sand Stone	65	66	
Mica	66	400	

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **10** NO. OF POUNDS **1000**

GALLONS OF WATER **50**

DEPTH OF GROUT SEAL (to nearest foot)

from **0** ft. to **30** ft.

CASING RECORD

OTHER CASING (if used)

screen type or open hole

SCREEN RECORD

ST **ST** BR **BR** HO **HO**

STEEL BRASS BRONZE OPEN HOLE

PL **PL** OT **OT**

PLASTIC OTHER

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **9**

METHOD USED TO
MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **15** ft.

WHEN PUMPING **71** ft.

TYPE OF PUMP USED (for test)

A **A** air P **P** piston T **T** turbine

C **C** centrifugal R **R** rotary O **O** other (describe below)

J **J** jet S **S** submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

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

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)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED **Y** **N**

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.

TYPE: MWD/MSD/MGD **HO**

DRILLERS LIC. NO. **40**

DRILLERS SIGNATURE **George F. Easterday**

LIC. NO. **MWD 501**

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

C2

DEPTH (nearest ft.)

1 **40** 2 **56** 3 **400**

4 **56** 5 **60** 6 **60** 7 **60** 8 **60** 9 **60** 10 **60**

11 **60** 12 **60** 13 **60** 14 **60** 15 **60** 16 **60** 17 **60** 18 **60** 19 **60** 20 **60**

21 **60** 22 **60** 23 **60** 24 **60** 25 **60** 26 **60** 27 **60** 28 **60** 29 **60** 30 **60**

31 **60** 32 **60** 33 **60** 34 **60** 35 **60** 36 **60** 37 **60** 38 **60** 39 **60** 40 **60**

41 **60** 42 **60** 43 **60** 44 **60** 45 **60** 46 **60** 47 **60** 48 **60** 49 **60** 50 **60**

51 **60** 52 **60** 53 **60** 54 **60** 55 **60** 56 **60** 57 **60** 58 **60** 59 **60** 60 **60**

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK

MDE USE ONLY

TELESCOPE CASING

LOG INDICATOR

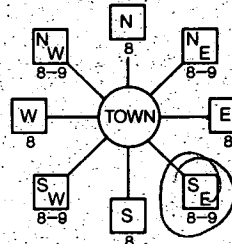
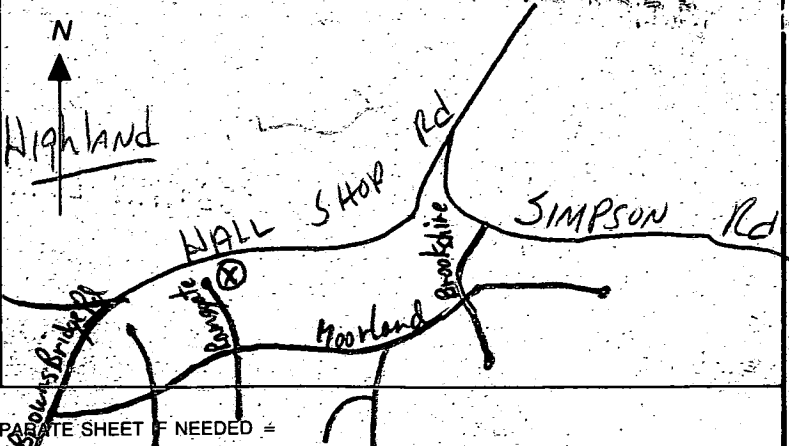
OTHER DATA

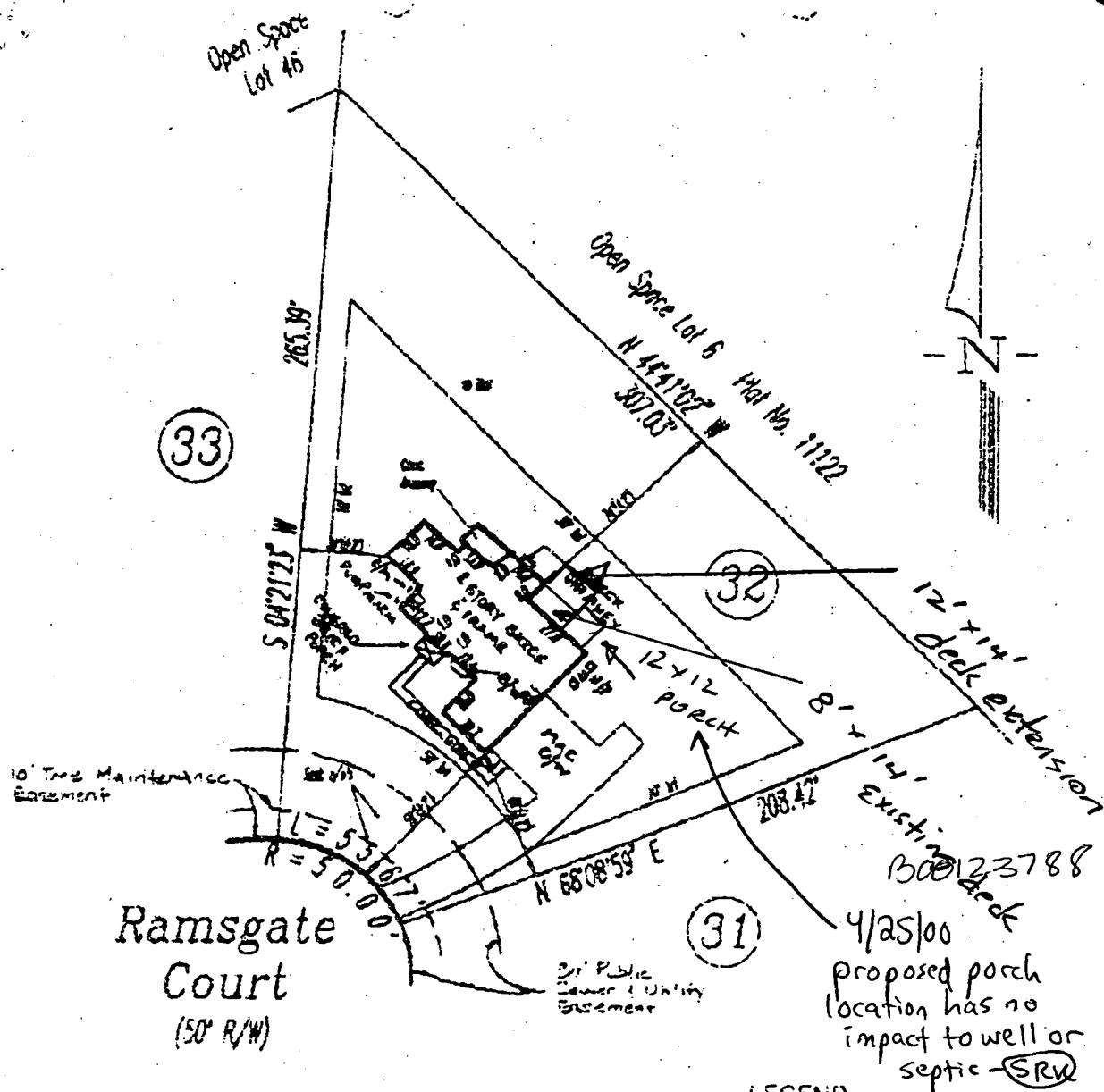
30' well

sideline

POD

AMC RATE CT.

B 1 9083	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0580 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			
OWNER INFORMATION Date Received (APA) 05/19/95 Winchester Homes 15 Last Name Owner First Name 34 6365 Ivy Lane 36 Street or RFD 55 Greenbelt MD 20770 57 Town 70 State 72 Zip 76		LOCATION OF WELL Howard 8 COUNTY 21 Ashleigh Knolls 23 SUBDIVISION 42 SECTION 44 LOT 32 44 46 48 50 Highland 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 M	
DRILLER INFORMATION MSD/MGD/MWD Driller's Name George F. Easterday L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature Date		B 3 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NEAR WHAT ROAD RAMSEY CT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH 200 DISTANCE FROM ROAD ENTER FT OR MI FT TAX MAP: 40 BLK: 12 PARCEL: 174	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ 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)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13- COUNTY NAME COUNTY NO. STATE SIGNATURE C. W. Williams DATE ISSUED 6/23/96 DATE ISSUED 062395 CO SIGNATURE C. W. Williams EXP. DATE NORTH GRID 489000 EAST GRID 0817000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 E 8187 N 4809 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) ☒ JETTED ☐ Jettied & DRIVEN ☐ AIR-ROTARY ☒ AIR-PERCussion ☐ ROTARY (Hydraulic Rotary) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT ☐ 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) ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ D THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) H0-94-0580		Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER GAP FORCE RP INITIALS IN BOX H0-94-0580	
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			



LEGEND

F/P	= FIREPLACE	O/H	= OVERHANG
B/W	= BAY WINDOW	H/P	= HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	= GAS METER
CONC	= CONCRETE	E/M	= ELECTRIC METER

ADDRESS No.: #7120 RAMSGATE COURT

TOP OF WALL ELEV. = 497.35

FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240944-0037-B

LOT 32

Ashleigh Knolls

Phase Two

PLAT No. 11540

ELECTION DISTRICT No. 5

HOWARD COUNTY, MARYLAND