

4-15-98
10100 Hsc Conn

11/6/98
Pump Test Ham

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510136

A _____

DISTRICT _____

DATE 5/11/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

~~TEXT#~~
05-420415

INDEXED

DATE SYSTEM APPROVED 11/10/98

INSPECTOR M.R. Pkin

Mitchell & Best Homes IS PERMITTED TO INSTALL ALTER

ADDRESS 1686 E. Gude Drive, Rockville, Maryland 20850 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 95 ROAD 7213 Wolverton Court

PROPERTY OWNER Mitchell & Best Homes

ADDRESS _____

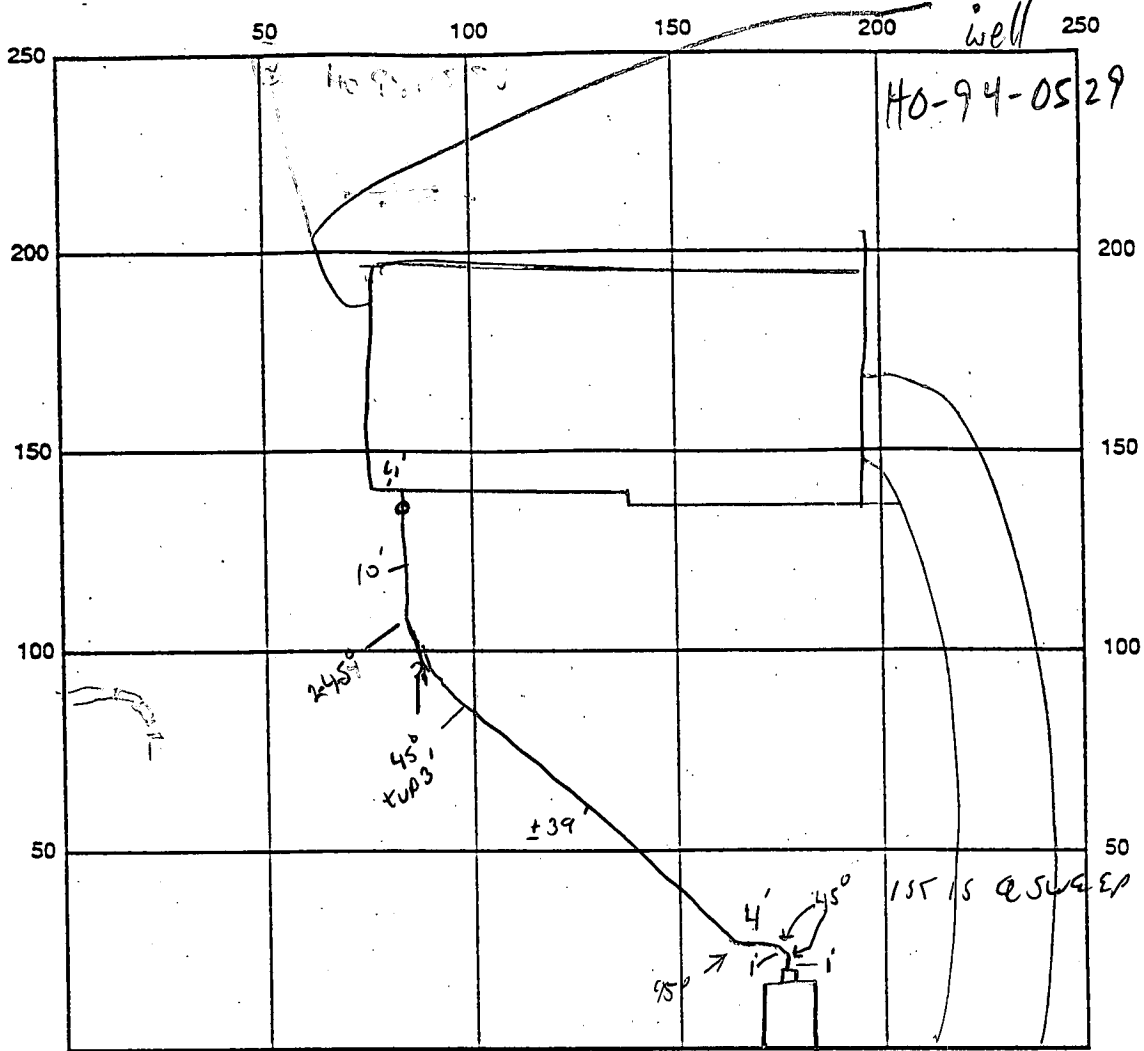
NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

- 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 portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.
- Contact Health Department for inspection before covering the installation.
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

Plans Approved By: Randall P. Day

Date: 5/15/98



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 9/15/98 2 45° PIPE PIECES USED TOGETHER TO MAKE 90° TO GET A 90° ANGLE

BED PIECES + LINE AT WELL IN GRAVEL WHERE NOT SUPPORTED ON ORIGINAL GRASS. SUGGEST SLEEVE AT WALL OF HOUSE UNDER FOOTER OTHERWISE OK GRAVEL PLACED AT WELL & TO COVER WELL LINE. CW OK TO COVER 9/15/98

11/10/98 1ST CONN ACTUALLY TO WRONG WELL - LATER CORRECTED w/ INSP. MR PUMP & ALARM OK (MR) 11/12/98

DATE SYSTEM APPROVED 11/10/98 INSPECTOR M. Ripkin



Mitchell & Best

Rockmanor Office Park • 1686 E. Guide Drive • Rockville, Maryland 20850

Lot 95 - Ashleigh Knolls

Elkridge District No 5

Mapset A8X

Howard County

(modified from)

Customers: James and June Weigley

Scale 1"=50'

5/6/98

North

Approved Septic System Plan

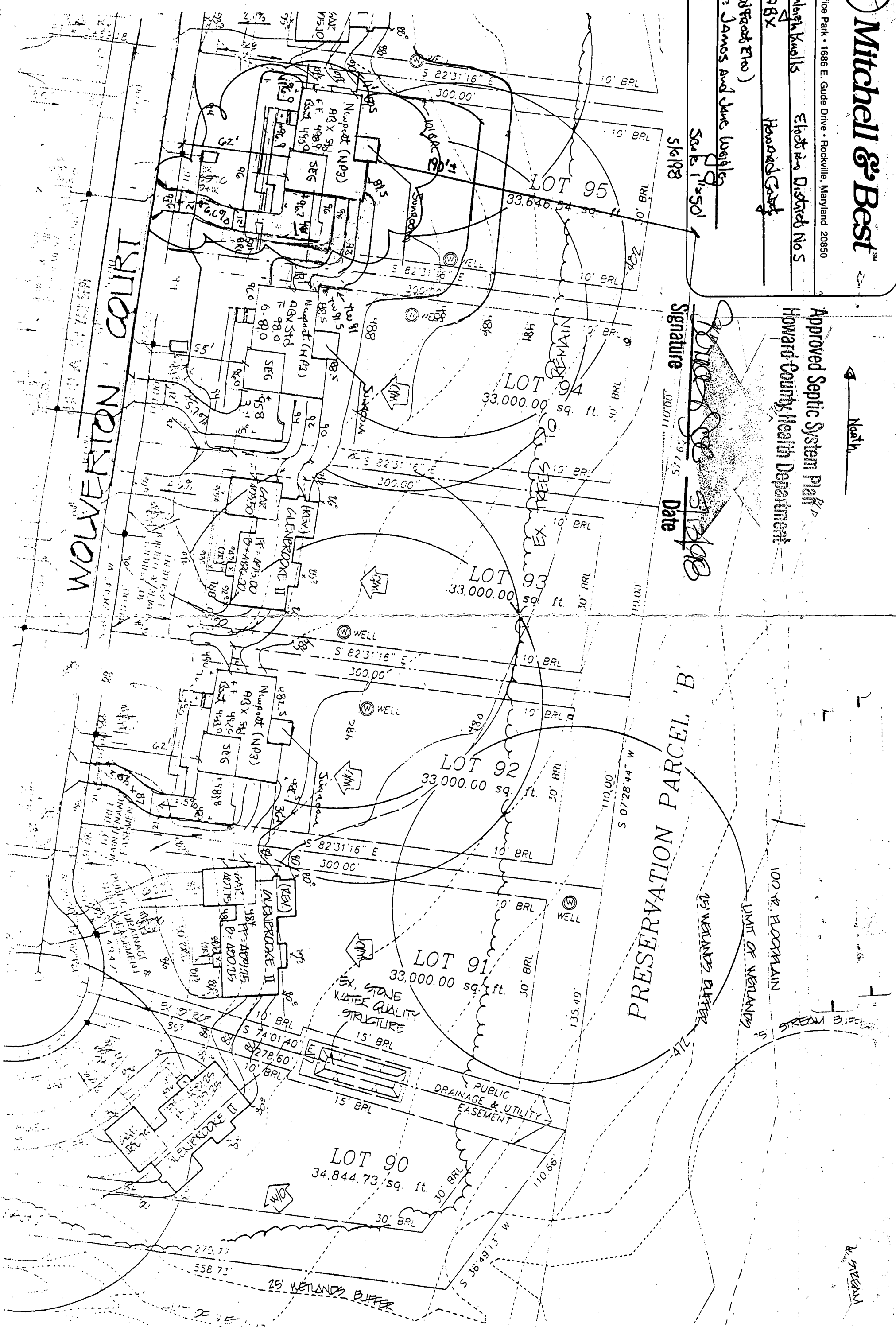
Howard County Health Department

Signature

000111

Date

5/13/98



APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

00011636

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7213 Wolverton Court
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

2 story, full basement
11 rooms, 2 PB, 1 HB, 1 P
2 car garage 4 BR - Sunroom
Suburban (Newport)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
95	475	4	2	12		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	40	5	6051.02	

OWNER NAME AND ADDRESS (301-762-8511) (X2108) PHONE NO.
 Mitchell & Best at Ashleigh Knolls
 1486 East Ende Drive Clarksville MD 21030

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	58'	40'	10'
2	58'	24'	10'
B	58'	42'	10'

OCCUPANT'S NAME AND ADDRESS PHONE NO.
 Vacant

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			Asph. gable
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
 Susan Yantis (703) 734-9733
 1952 Gallows Road Vienna VA

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	2" concrete	wood frame
		4 siding

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
 Same as owner

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		X	X	Gas	X

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE PROPOSED USE
 Vacant Residential
 Single Family Home

SIGNATURE DATE
 John B. Corcoran
 5-11-98

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
 \$158,000 STR04175 \$592

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
 SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
 TO SIDE BUILDING LINE _____
 DISTANCE IN FEET, REAR YD. REQUIRING SET _____
 BACK _____ (CORNER LOT ONLY) _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	5/2/98	John B. Corcoran
FIRE PROTECTION		
STORM WATER MGMT.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
 To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
 Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

1364

APPROVED DATE
 Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning
 Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.

A

C-1 2705

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

012097

260

H0-94-0529

OWNER Winchester Homes last name first name STREET OR RFD Wolverton Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 95

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER-BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water-bearing. Rows include: Top soil, brown shaler clay, Sand Stone, Mica, Sand Stone, Mica, mica Flint, Mica, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.

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 58

OTHER CASING (if used) diameter inch depth (feet) from to

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

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes Y no 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 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Eustending

LIC. NO. 501

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

DEPTH (nearest ft.) H0 56 260 CASING HEIGHT (circle appropriate box and enter casing height) + above 2 below

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.0

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 14 ft.

WHEN PUMPING 51 ft.

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.

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

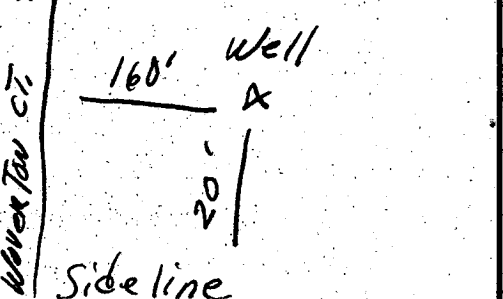
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above 2 below

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)



B 1 **6403** SEQUENCE NO. (MDE 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-99-0529
 fill in this form completely

Date Received (APA) **05/17/95**

OWNER INFORMATION

Winchester Homes
 15 Last Name 34 Owner First Name

6305 Ivy Lane
 36 Street or RFD 55

Greenbelt MD 20770
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

Howard COUNTY 21

Nashleigh Knolls 23 SUBDIVISION 42

SECTION LOT **915**
 44 46 48 50

Highland 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

George F. Easterday 77 License No. **40**

Driller's Name

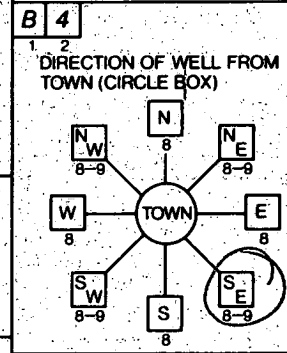
L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday **5-20-95**
 Signature Date



WOLVERTON CT 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

34 **160** 37 DISTANCE FROM ROAD

ENTER FT OR MI **FT**
 38 39

TAX MAP: **48** BLK: **12** PARCEL: **174**

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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13- COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **060695** **6/6/96**
 43 48 CO SIGNATURE /EXP/DATE

NORTH GRID **487000** EAST GRID **0817000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

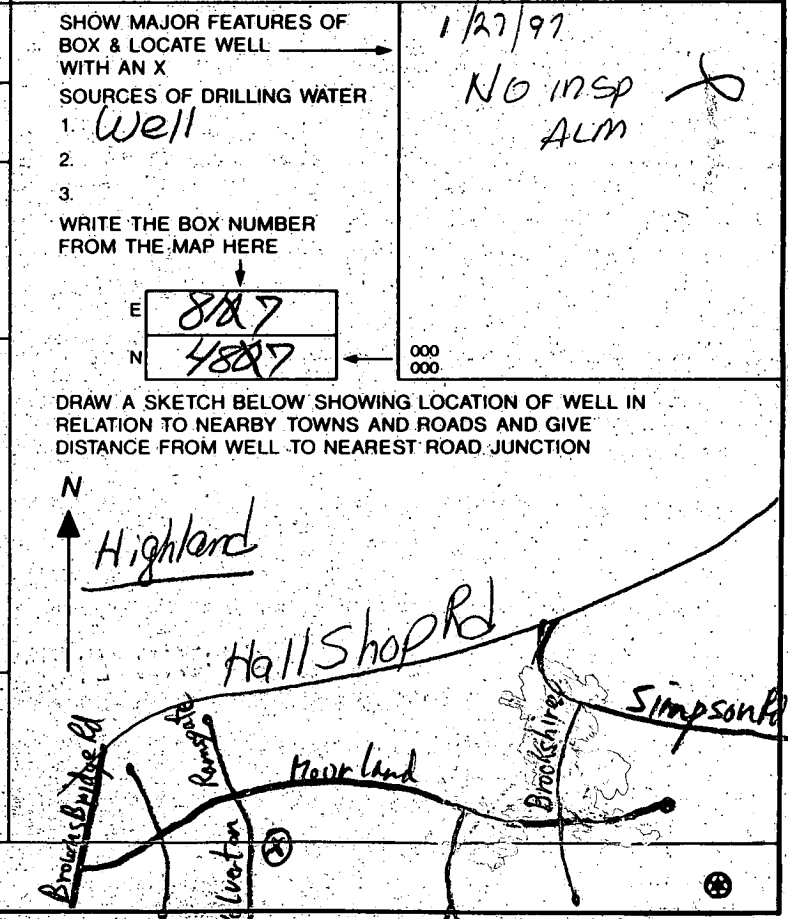
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER _____ **G A P** _____
 54 63

FORCE **RP** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-99-0529**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 11, 1998

Mr. and Mrs. Jim Weigley
7213 Wolverton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #95
7213 Wolverton Court
Well Permit #HO-94-0529
ULTRAVIOLET DISINFECTION SYSTEM
CORRECTED CERTIFICATE

Dear Mr. and Mrs. Weigley:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 10, 1998.

The treated water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking. The water sample was found to be in compliance for chemical water quality COMAR standards.

COMAR 26.04.04.09 prohibits approval of any water supply with bacteriological contamination. This department hereby grants a Temporary Deviation to that section of the regulation on the condition that the ultra violet light disinfection system effectively maintains the required bacteriologically free condition of the well water supply.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. A yearly bacteriological analysis should be performed by a state certified water testing laboratory.
3. If you decide to sell or rent your home in the future, you should notify any potential buyer/tenant of the above condition.