

11:00  
1/13/99  
4/29/99  
Septic Co.  
10:00  
No Inspection

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511017

A SHARED

DISTRICT \_\_\_\_\_

DATE 10-01-1998

HOWARD COUNTY HEALTH DEPARTMENT T&D#  
BUREAU OF ENVIRONMENTAL HEALTH  
~~410-313-2640~~ 410-313-2640  
05-420377

DATE SYSTEM APPROVED 4/29/99

INSPECTOR ?

Mitchell & Best at Ashleigh Knolls LLC IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 1686 E. Gude Drive, Rockville, Maryland 20850 PHONE \_\_\_\_\_

SUBDIVISION Ashleigh Knolls LOT 91 ROAD 7229 Wolverton Court

PROPERTY OWNER Mitchell & Best

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.

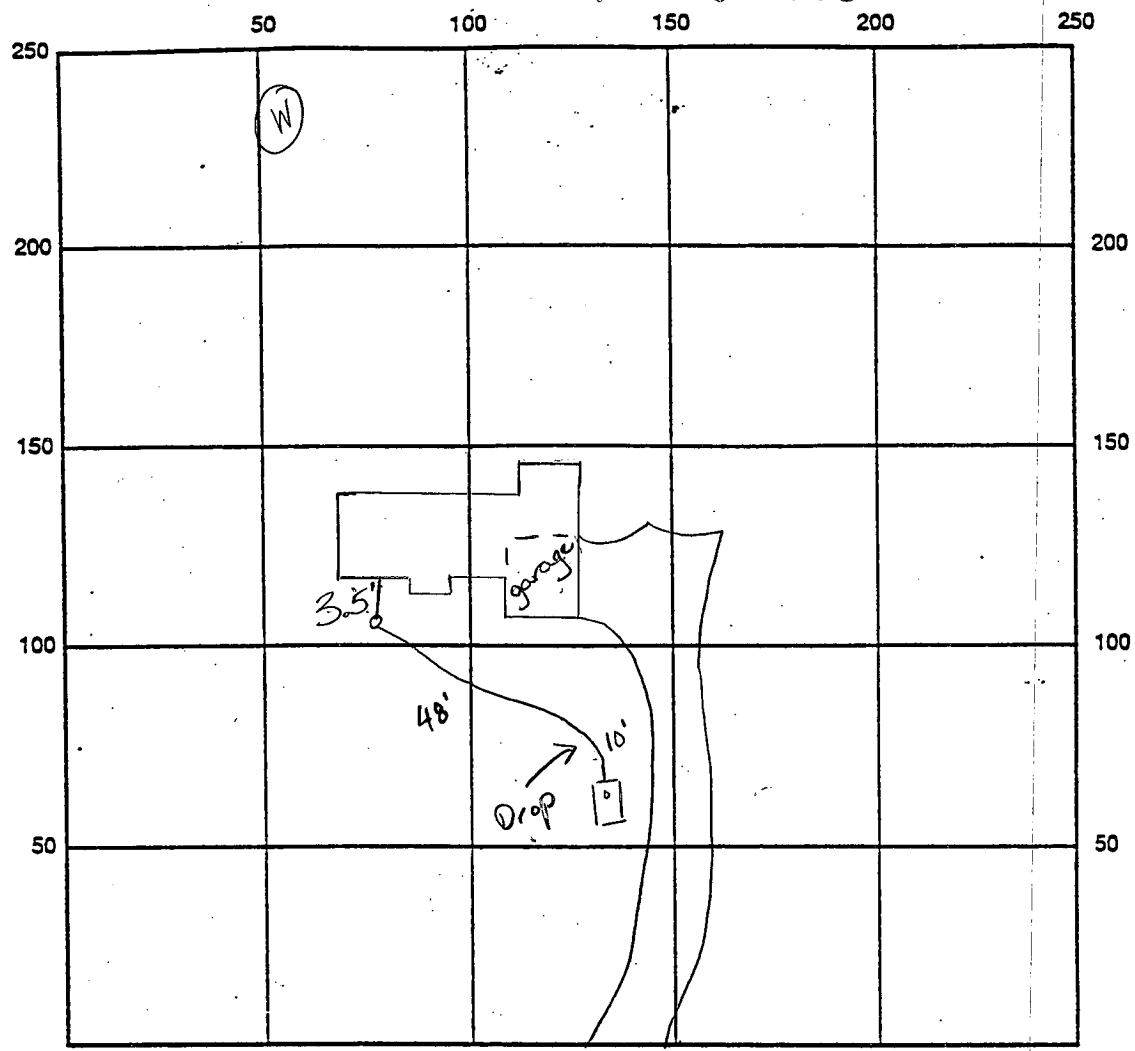
- Contact Health Department for inspection before covering the installation.

- 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. OK/MP

Plans Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

NOT TO SCALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Wolverton Court

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank

REMARKS:

1.13.99 OK to cover from house to septic tank (CM)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

C 1 2709

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 WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

040297

200 (TO NEAREST FOOT)

H0-94-0582

OWNER Winchester Homes 94-0587
STREET OR RFD Wolverton Court first name
TOWN Highland
SUBDIVISION Ashleigh Knolls SECTION LOT 91

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. Includes handwritten entries like 'top soil', 'shale', 'brown mica', etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)
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 to 18 ft.

CASING RECORD

MAIN CASING TYPE (SJ, G, 20)
Nominal diameter top (main) casing (nearest inch!)
Total depth of main casing (nearest foot)

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

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT)
insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

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...

TYPE (MWD/MSD/MGD) 40
DRILLERS LIC. NO.

DRILLERS SIGNATURE (George F. Eastman)

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 481

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

DEPTH (nearest ft.)

Table for recording depth measurements at various intervals (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51).

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

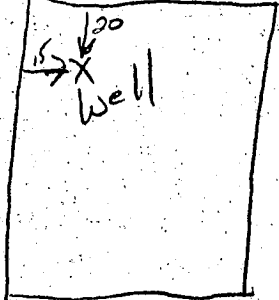
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 115
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 17-20 ft. WHEN PUMPING 28-25 ft. TYPE OF PUMP USED (for test) S submersible

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) 31-35
PUMP HORSE POWER 37-41
PUMP COLUMN LENGTH (nearest ft.) 43-47
CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 2 (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)





**SEND REPORT TO:**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 Laboratories Administration  
 201 W. Preston St.  
 P.O. Box 2355; Baltimore, Maryland 21203  
 J. Mehsen Joseph, Ph.D., Director

Lab No. \_\_\_\_\_ Date Received \_\_\_\_\_

*4/18/97 logged  
 C304006 & 10  
 DJS*

**WATER ANALYSIS**

Do not write above this line.

S A M P L E I D	Bottle Number <u>H0-2754</u> Name <u>Winchester Homes</u> County <u>Howard</u> County Code <u>13</u>
	Source <u>Wolverton Ct</u> Data Category Code <u>4F</u>
Collected: Date <u>4/9/97</u> Time <u>2:15 PM</u> Collector & Phone <u>RJ Pinkley</u> <u>313-2640</u> Submitter Code _____	
CHECK (one per box)	
<input checked="" type="checkbox"/> Drinking Water <input type="checkbox"/> Landfill <input type="checkbox"/> Stream <input type="checkbox"/> Other	<input type="checkbox"/> Community Non-community <input type="checkbox"/> Private <input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Source (raw water) <input type="checkbox"/> Distribution (treated) <input type="checkbox"/> MCL	<input type="checkbox"/> Emergency Routine <input checked="" type="checkbox"/> Recheck <input type="checkbox"/> Special
Federal Project <u>S</u>	

F I E L D	Plant No. _____ Sampling Station _____ Preservation: Iced <input type="checkbox"/> Acid <input checked="" type="checkbox"/> Type of Acid <u>H2SO4</u>
	pH _____ Chlorine: Free _____ Total _____ Specific Conductance _____
Notes to Lab/Remarks: <u>Asleigh Knolls lot 91 H0-94-0589</u>	

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N	00630			<u>0.3</u>	<u>4-11-97</u>	<u>BK</u>
	pH*, Ca CO <sub>3</sub> Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

\* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 8/1  
 DHMH 90-A 10/93

Section Chief: Asoka I. Katumuluwa  
 SUBMITTER'S COPY

Date Reported APR 14 1997

DEPARTMENT OF ENVIRONMENTAL HEALTH

1997 APR 17 P 3:03

### Partial List of Submitter Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

### Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

### Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

### Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample



B 1 9032  
(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER

HD-94-0587  
fill in this form completely

Date Received (APA)

05/29/95

OWNER INFORMATION

Winchester Homes

6305 Ivy Lane

Greenbelt MD 20770

B 3

LOCATION OF WELL

Howard

Aspleigh Knolls

SECTION 44 46 LOT 91

Highland

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

MSD/MGD/MWD

George F. Easterday

4d

Driller's Name

77 License No. 80

L. Franklin Easterday, Inc.

Firm Name

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

Address

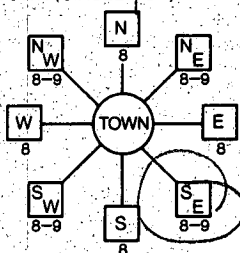
George F. Easterday 5/15/95

Signature

Date

B 4

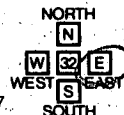
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WOLVERTON CT

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 280

ENTER FT. OR MI FT

TAX MAP: 40 BLK: 12 PARCE: 174

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)
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 DATE ISSUED INSERT S

052395 Co. Williams 6/23/95

NORTH GRID 486000 EAST GRID 0817000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

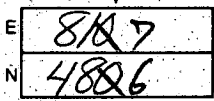
APPROX. PERMIT NUMBER GAP

FORCE RIA WRITE INITIALS IN BOX PERMIT No HD-94-0587

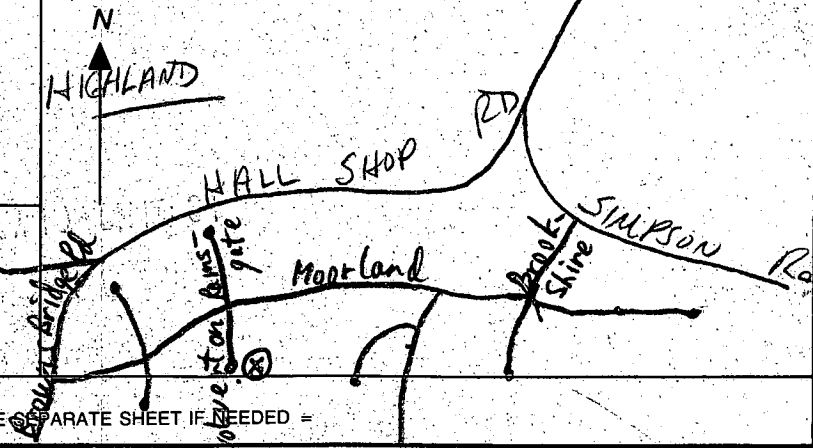
SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER 1 well
WRITE THE BOX NUMBER FROM THE MAP HERE



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



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525 H Ellicott Mills Drive  
Ellicott City, MD 21043

~~410-0588~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Allen & Sons Inc

Telephone 301-897-0700

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Mitchell & Best Homes Telephone 301-762-9511  
Subdivision Ashleigh Knolls Lot # 91 Well Tag # HO-94-0587  
Site Address 7229 Wollerton Ct, Clarksville

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4 HP</u>	1. Make <u>Harvard</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT 800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Jacuzzi</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>754712 BS2WB</u>		
4. Capacity <u>7 GPM</u> GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type <u>200psi Polyethylene</u>	1. Depth <u>200</u> ft.
2. Pressure relief valve? <u>7516</u>	2. Size <u>1"</u>	2. Yield <u>15</u> GPM
	3. NSF and/or BOCA Code approved <u>yes</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

WPI 1/13/99 O.K. (BB) SRH

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: [Signature]

Date: 1-13-99

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

*Handwritten notes at top left, possibly "An. 1/10/00" and "100 ft. FLOODPLAIN".*

**Approved Septic System Plan  
Howard County Health Department**

**B00114332**

*Mark E. Refkin*  
**Signature**

*10/2/01*  
**Date**

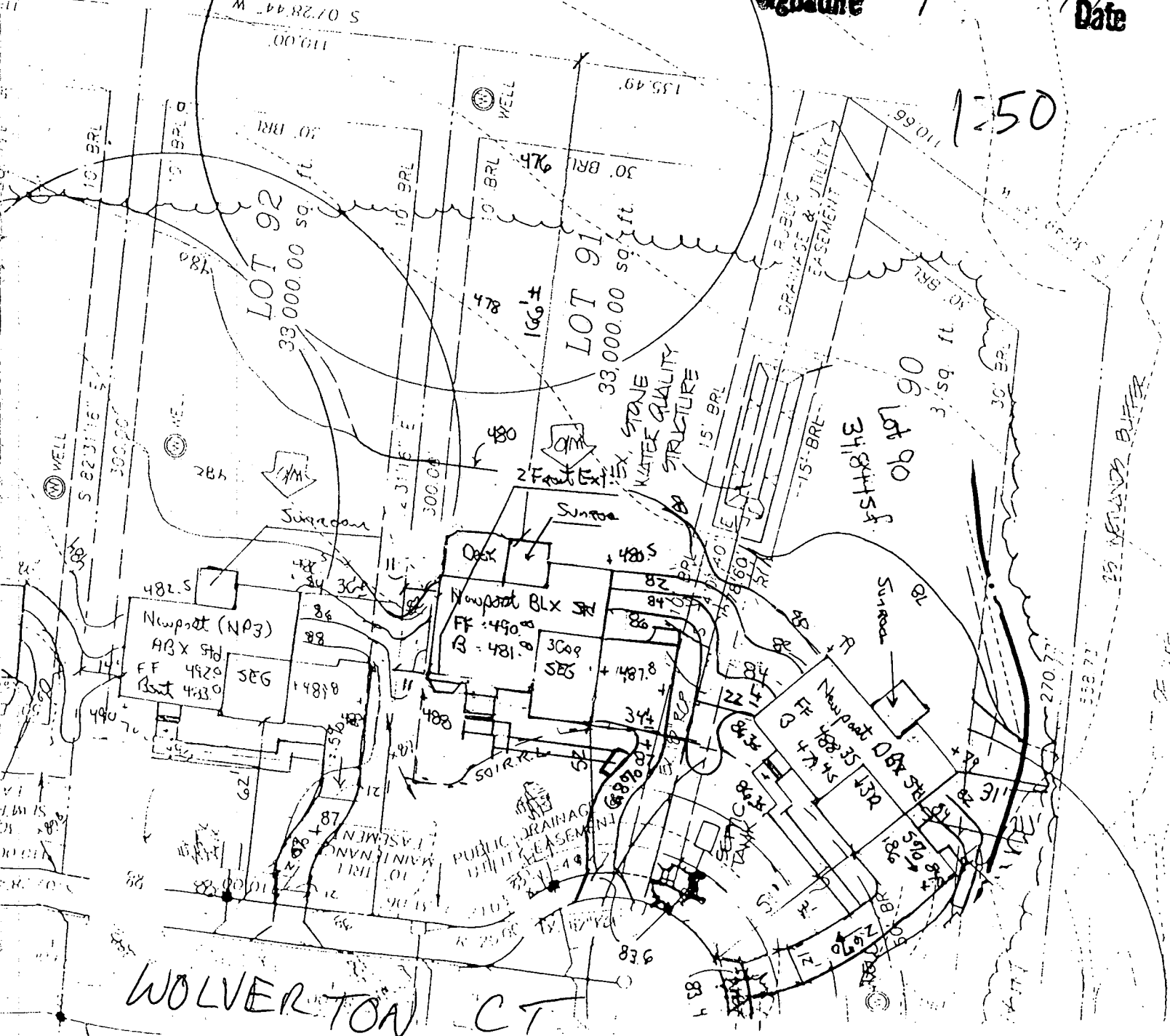
**PRESERVATION PARCEL, B.**

25' WETLANDS BUFFER

LIMIT OF WETLANDS

100 FT. FLOODPLAIN

1:50



**WOLVERTON CT**