PERMIT:

40709

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH

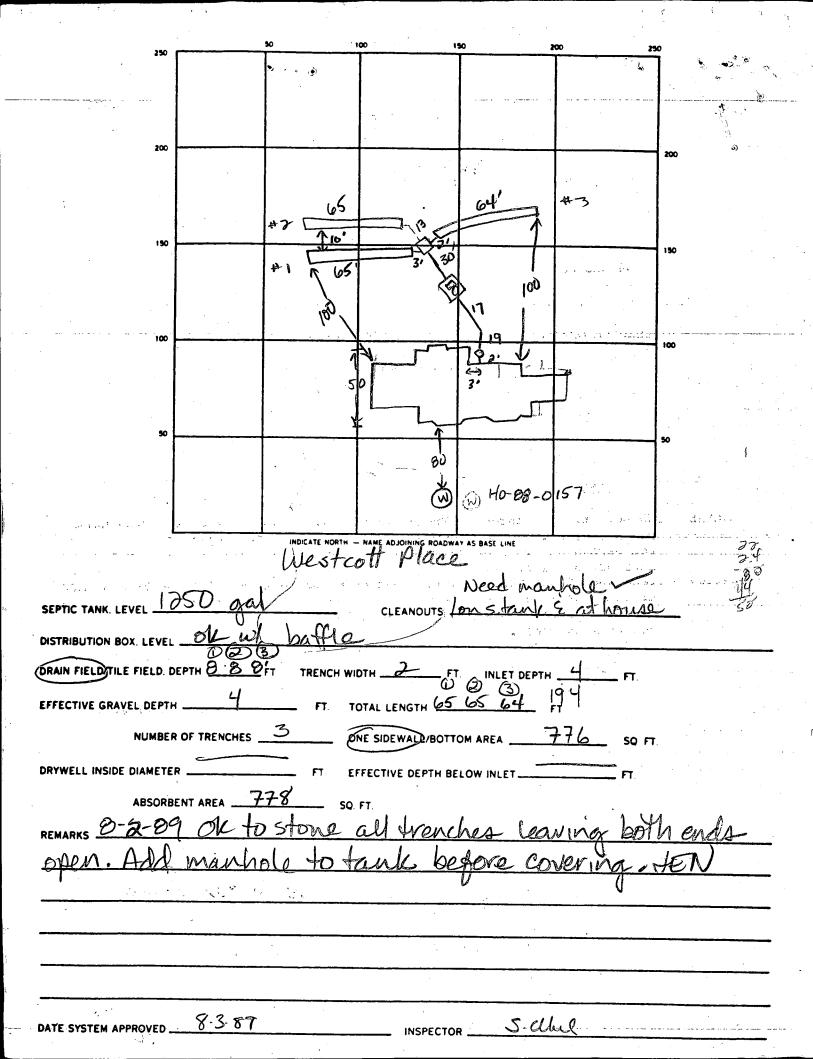
INDEXED

05-409837

	·	
F	rall Septic Service, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS P.	O. Box 659, Mt. Airy, Maryland 21771	· · · · · · · · · · · · · · · · · · ·
SUBDIVISION _	Ashleigh Greene ROAD 6994 Westo	
	NER Winchester Homes, Inc. Real Estate	
ADDRESS	11.11	
IF GARBAGE GF	RINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSO	RPTION AREA BY 22%.
GARBAGE GRIN	IDER? YES NOX	4 <u>720</u>
SEPTIC TANK CA	APACITY 1250 GALLONS NUMBER OF BEDROOMS	4_
TRENCHES -	- 180 sq. ft. per bedroom. Trench to be 2 fe original grade. Bottom maximum depth 8.0 f area begins at 4.0 feet below original grad distribution pipe.	eet holory original and a mee
LOCATION -	Place the distribution box 160 feet down the the same lot line as seen when facing the 1	ot from Westcott Place Pun tromphe
NOTE -	on contour toward both right and left lot 1 feet from the well. No trench to exceed 100 feet in length. Procap to grade or above on sentic tank	
	cap to grade or above on septic tank.	wide 0 - 8 diameter cleanout and
PLANS APPROVED B	Jane Nadeau	DATE 5/24/89
COVER NO WORK U	NTIL INSPECTED AND APPROVED	
NEITHER THE HOWA	ARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUC	CESSFUL OPERATION OF ANY SYSTEM
	REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HE	
	OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WE	
	ENCHIES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN 1	·
	LL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSURPTION TRENCH TO EXCEED 100 F	
	ROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS	BLDG. PERMIT SIGNED /
PERMIT VOID AFTER		AND RETURNED 5/6/9/
NOTE: INSTALL STA	AND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETE. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.	
	ON BOXES MUST HAVE BAFFLES	and requered 4/21/90
		MIN # 3212/ pull

NSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



APPLICATION

PERCOLATION TESTING

	Ρ	
STRICT _	5th	
DATE _	12/1/87	

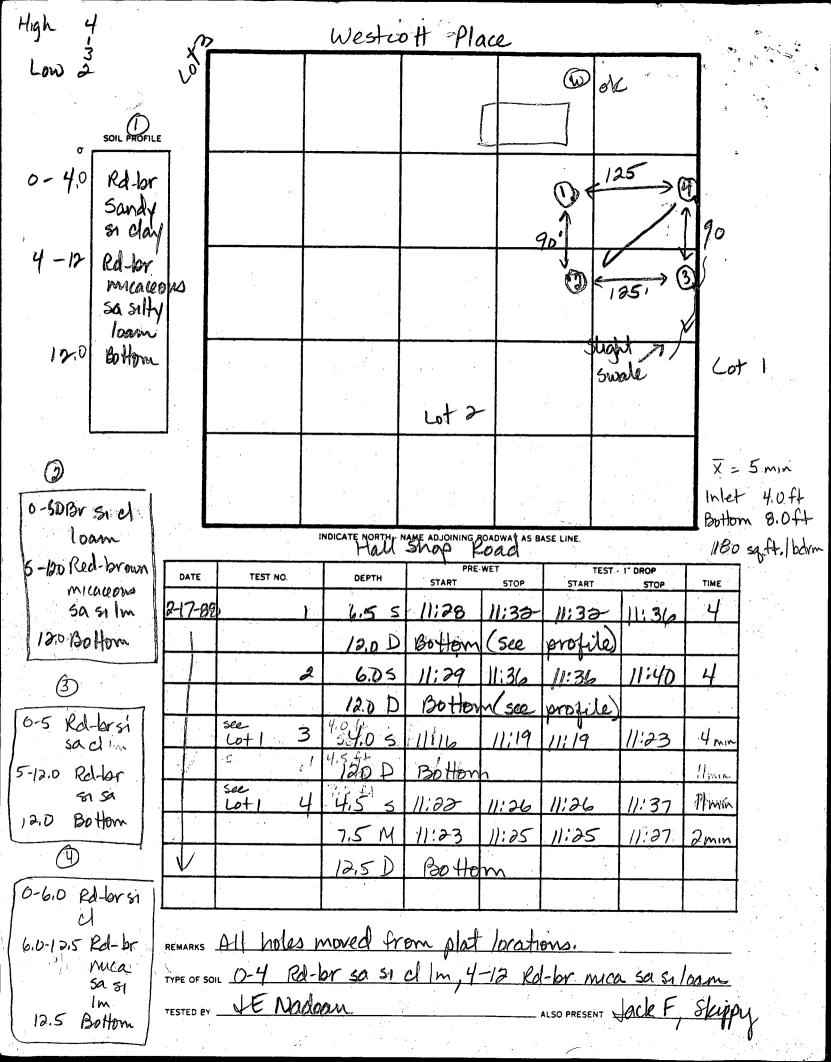
A 40709

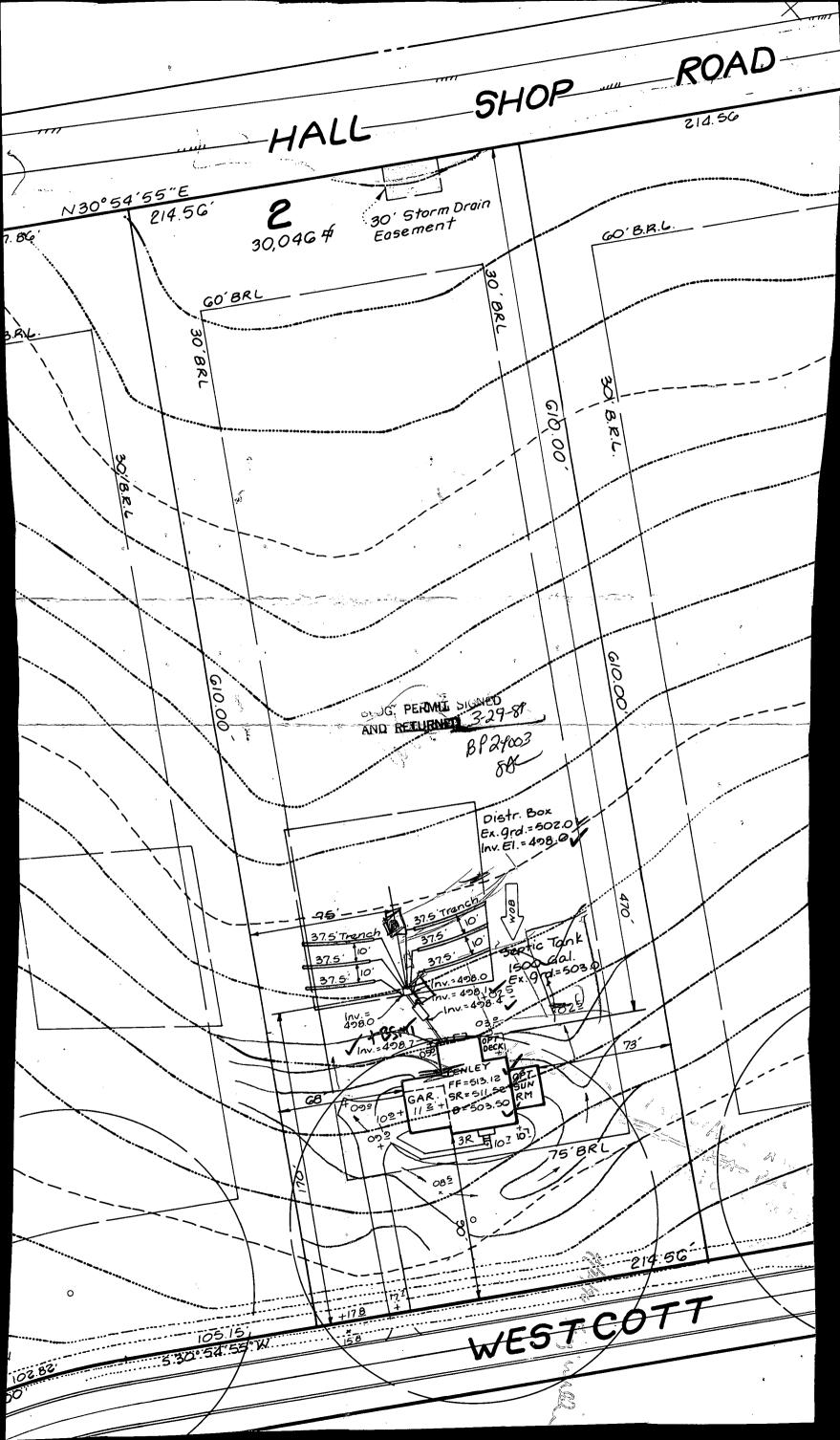
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 461-9933

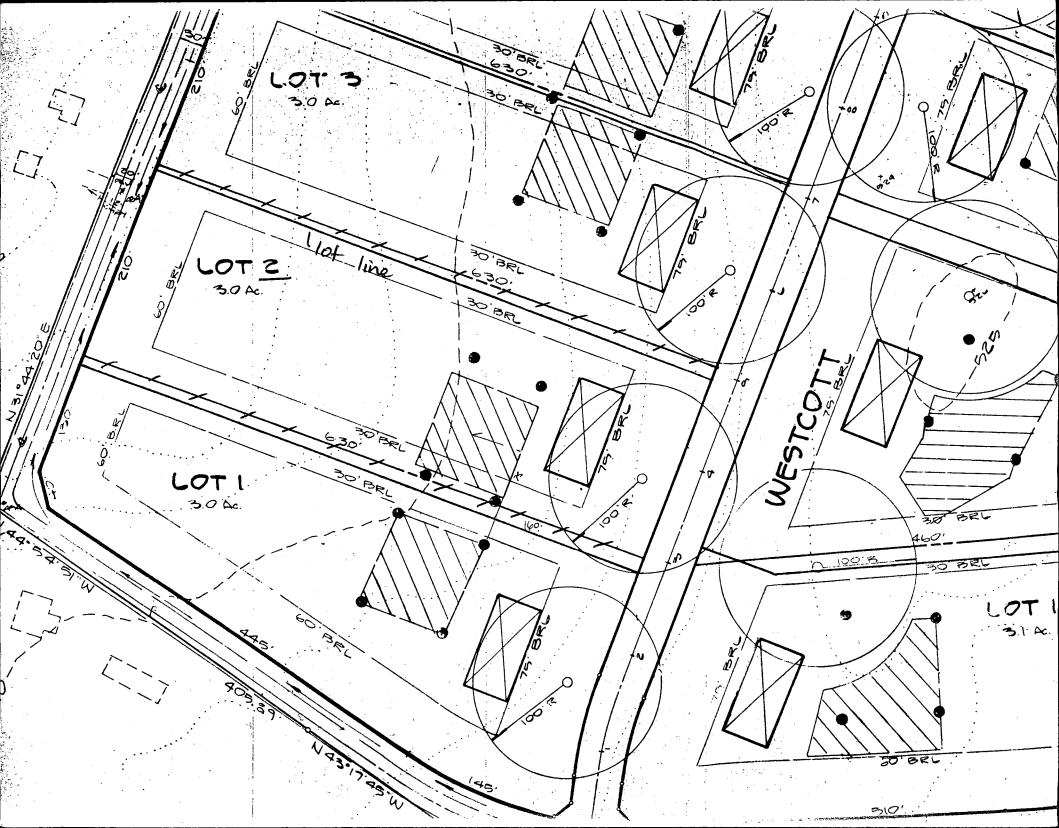
O: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR	BECONSTRUCT A SEWAGE RISPOSAL SYSTEM
I HEREBI APPLI FOR THE NECESSART TEST IN ORDER TO CONSTRUCT TOR	RECONSTRUCTI A SEWAGE DISPOSAL SYSTEM.
PERTY OWNER Winchester Homes, Inc. Re	al Estate Development Group
ADDRESS 6301 Ivy Lane Greenbelt, M	MD 20770 PHONE 301-220-1117
SPECTIVE BUYER N/A	
ADDRESS N/A	PHONE
PERTY LOCATION:	
DIVISION Ashleigh Greene Section I	LOT NO2
Intergration Hall Chan D	oad & Simpson Road 6994 Westortland
MAP 41 PARCEL # 139	
OF LOT 3.0 AC	TYPE BLDG Single Family
	(SINGLE FAMILY DWELLING OR COMMERCIAL)
SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY	Y UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS A	NON-REFUNDABLE UNDER ANY CIRCUMSTANCES JALSO AGREE TO COMPLY
	3. A. (2) An. (6)
H ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	welly Name (e)
C	(SIGNATURE OF APPLICANT)
OVED BY Sid Ulul FOR	Derphenolis DATE 3-10-89
	DATE
CTED BY FOR	DATE
PENDING FURTHER TESTS	DATE
ons for rejection or folding 2-17-88 Pending Derc hole locations JEN	subdivision plat approval and
zere hole Torotions JEN	, , , ,
	BLOG. PERMIT SIGNED

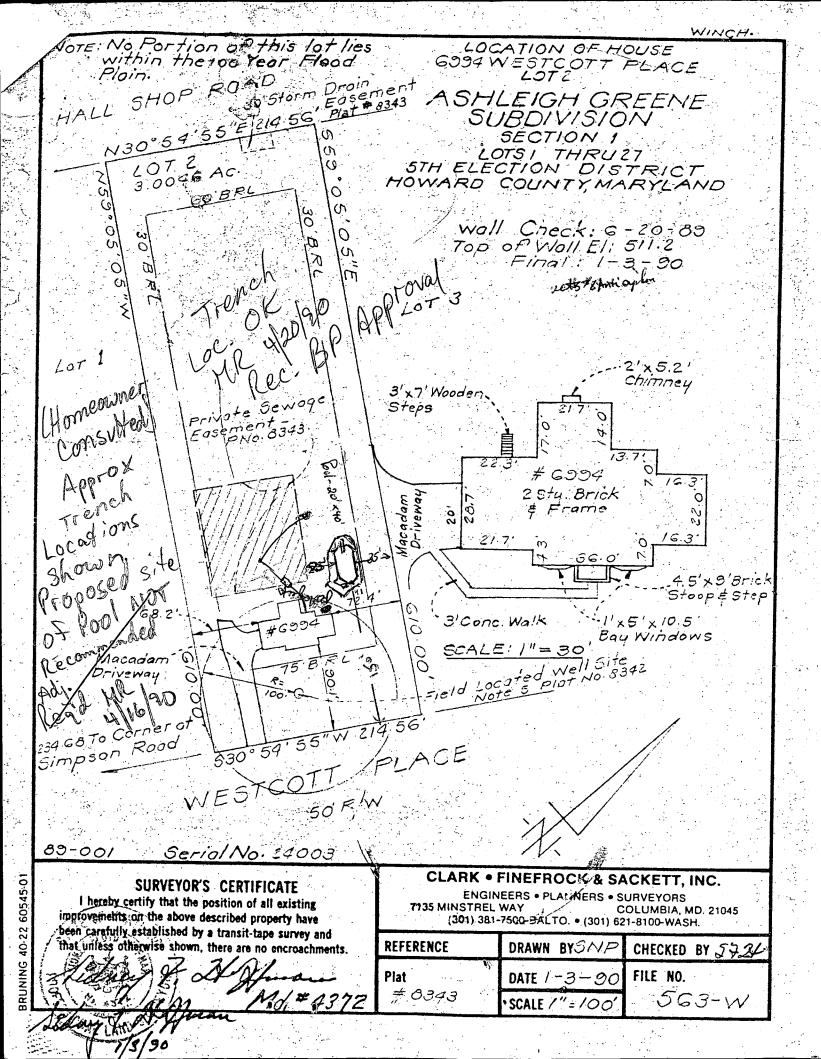
HD-216

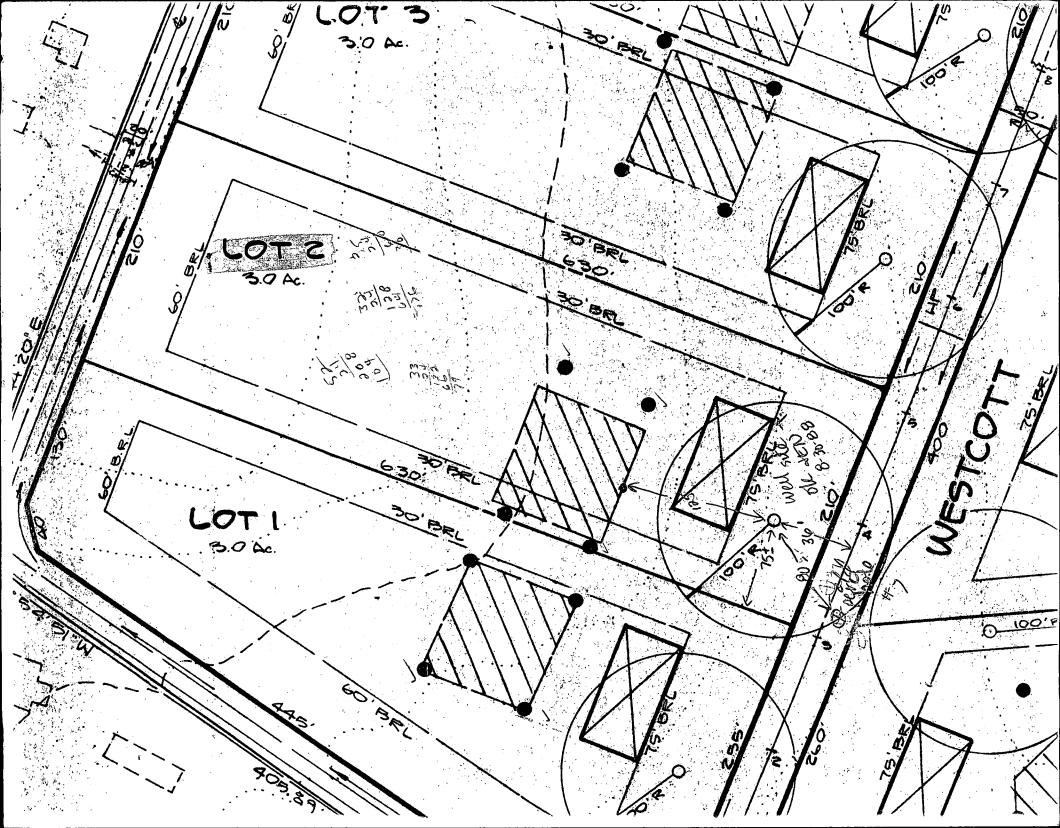
THIS IS NOT A PERMIT











	B 1 2586 SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
	(DP USE ONLY)		DRILL WELL	WAL-99-1011CH
	(THIS NUMBER IS TO BE PUNCHED		int or type	70 fill in this form completely
	IN COLS. 3-6 ON ALL CARDS)	piease pi	T T T	6 /6 //3 57
	Date Received (APA)		$\begin{bmatrix} B & 3 \end{bmatrix}$	LOCATION OF WELL R-4293
	ONNER INFORMA	ATION:: 1	HOWARD	
	MINCHESTER HO	MESITOR	8 COUNTY	21 0/24/88.
	15 Last Name Owner	First Name 34	HSHLEIG,	HIGREENE
	6301 IVY LANE			LOTAL
	36 Street or RFD	55	SECTION 44 46	LOT 48 50
	GREENKELT TOWN	OState 72 Zip 76	HICHLAND	
	DRILLER INFORMATIO	ON.	52 NEAREST TOWN	71
	George F. Easterday		MILES FROM TOWN (ent	ter 0 if in town) $\frac{1}{73}$ $\frac{M}{76}$ $\frac{1}{77}$ $\frac{1}{78}$
	Driller's Name	77 License No. 80	B 4	
	L. Franklin Easterday, Inc.	•	1 2 DIRECTION OF WELL FROM	WESOUT PLACE
	9265 Brown Church Rd., Mt.	Airy, Md. 21771	TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
	Address 7 C 4 A	8/23/88		NORTH
	Signature A Collect	Date	W 1 E 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
	B 2 WELL INFORMATION	<i>I</i> = 1		SOUTH
4-	APPROX. PUMPING RATE (GAL. PER MIN.)		W TOWN E	
	8	12	IS S	34 5 7 37 DISTANCE FROM ROAD
	AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		S S S S S S S S S S S S S S S S S S S	ENTER FT or MI F 7
	HOE FOR WATER CORE LOSS	20	8	¹ 38 39
	USE FOR WATER (CIRCLE APPR			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
	D HOME (SINGLE OR DOUBLE HOUSEH		MAINTEL	A 40700
	FARMING (LIVESTOCK WATERING & .	AGRICULTURAL	COUNTY NAME	COUNTY NO.
	INDUSTRIAL, COMMERCIAL, STATE A		STATE SIGNATURE	INSERT S
	22 L' OTHER (REQUIRES APPROPRIATION DUBLIC OR PRIVATE WATER COMPA	· · · · · · · · · · · · · · · · · · ·	DATE ISSUED	31.1.13/21/
	P APPROPRIATION PERMIT AND STATE	HEALTH DEPARTMENT	0906886	OSIGNATURE EXP. DATE
	APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH A D G O O	FAST [7]
	APPROPRIATION PERMIT)	***	GRID 1 1 50	55 57 63
			SHOW MAJOR FEATUR	RES OF 9-20-88 11 am / Well Poille
	APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X	57'
		NEAREST	SOURCES OF DRILLING	WATER 2
	APPROXIMATE DIAMETER OF WELL	INCH	THUELL	25 Bags of cement.
·	METHOD OF DRILLING	(circle one)	2. 3.	110'0
	BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUMB	TI pen will
	30. AIR-ROTary AIR-PERcussion Ri	OTARY (Hydraulic Rotary)	FROM THE MAP HERE	
	CABLE REVerse ROTary	DRive POINT	<u> </u>	C. B.D.
	-11		E SIB	9 - Granted 9/20
	other		N effers	9 - 000 Vol Tasible on CBC
	REPLACEMENT OR DEEPENE		DRAW A SKETCH BELC	OW SHOWING LOCATION OF WELL IN
	(CIRCLE APPROPRIATE B		RELATION TO NEARBY	TOWNS AND ROADS AND GIVE
	N THIS WELL WILL NOT REPLACE AN E		DISTANCE FROM WELL	TO NEAREST ROAD JUNCTION
	ABANDONED AND SEALED		N	
	39 S THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	A	
	D THIS WELL WILL DEEPEN AN EXISTIF		(10x)/	
	PERMIT NUMBER OF WELL TO BE REPLA	•		
	(IF AVAILABLE) 41	52		
	Not to be filled in by driller (OEP	USE ONLY)		
			HIGHLAND	
	APPROP. PERMIT NUMBER	A P 63	Killa	
	FORCE WRITE PERMIT NO. H -	00-01-0		HALL LANDER
		73 74 75 76 77 78 79	1 (616)	
	SPECIAL CONDITIONS			S/ACDE

COUNTY

c ₁ 0673		ENCE N USE ON		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE IN COLS. 3-6 ON ALL CAR	PUNCHE			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A = 4070 9
DATE Received	DATE W	ELL CO	MPLETE	D Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	Ø	120	BB'	22[4] 0 0 26 (TO NEAREST FOOT)	HO-88-0157
OWNER M/	IUC	* £ 5	TER	Hames INC.	28 29 30 31 32 33 34 35 36 37
STREET OR RFD	last name	В	WES	TOWN_	HIGHLAND
SUBDIVISION		FTC	<u>. N</u>	CREENE SECTION 1	LOT
ু W ELL Not required fo		wells		GROUTING RECORD WELL HAS BEEN GROUTED WELL HAS BEEN GROUTED	C 3
STATE THE KIND O PENETRATED THE			н.	(Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST
THICKNESS AND IF		BEARIN		CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)			if water bearing	NO. OF BAGS 25 NO. OF POUNDS 2500	PUMPING RATE (gal. per min. 4 to nearest gal.)
TOP Soil	0			GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Bucket
PEO Clay	· · · · · · · · · · · · · · · · · · ·	0 4		from from 10 ft. to 49 ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING 36
PET MICA	3	43		casing CASING RECORD	WHEN PUMPING 735
PR. MICA	43	100		insert appropriate code STEEL CONCRETE	TYPE OF PUMP USED (for test)
PR. MICH	100	400	L	code below PLASTIC OTHER	A air P piston T turbine
				MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary O (describe below)
្រឹង				S7 (a) (S7)	jet Ssubmersible
. 4				60 61 63 64 66 70 E OTHER CASING (if used) 7	
·				diameter depth (feet)	PUMP INSTALLED
				C A S	DRILLER WILL INSTALL PUMP YES (O) (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
				NG L	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		٠		screen type SCREEN RECORD or open hole Insert STEEL BRASS OPEN	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: 29
				code BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
			~	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER 37 41
				DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
			,	E 1 HO ST 15 17 0 0 1	CASING HEIGHT (circle appropriate box and enter casing height)
		·	·	H 2 23 24 26 30 32 36	LAND SURFACE (nearest foot)
CIRCLE APPRO	DONED A	ND SEA	ALED	R 23 41 45 47 51	LOCATION OF WELL ON LOT
WHEN THIS WELL WELL WELL WELL WELL WELL WELL WEL		PLETEC)	SLOT SIZE 1 2 3	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVER		PRODU	CTION	DIAMETER (NEAREST	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
I HEREBY CERTIFY THAT THIS WE				OF SCREEN 1 1 1 INCH) from to	(MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10. AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, A	L CONDITIO	NS STATE	ED IN THE	GRAVEL PACK	
PRESENTED HEREIN IS ACCURAT OF MY KNOWLEDGE.				FLOWING WELL INSERT	23 88 .88 2 2/0]
DRILLERS IDENT. NO.	40		1	F IN BOX 68 OEP USE ONLY	The second second
DRILLERS SIGNATURE	Jana,		<i></i>	(NOT TO BE FILLED IN BY DRILLER)	1
DRILLERS SIGNATURE (MUST-MATCH SIGNATUR	7.1		ION)	T (E.R.O.S.) W Q · · ·	3/60/3
SITE SUPERVISOR (SIZE)				70 72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 1
SITE SUPERVISÓR (sign. o responsible for sitework if				CASING INDICATOR	1
· · · · · · · · · · · · · · · · · · ·	-			COUNTY	

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 X Replacement Name of Installer Arroll License Number 1 074 Certified Well Pump Installer Name of Property Owner Latrical Subdivision 1 141 24 2012 2012 2012 2012 2012 2012	Y Well Driller F Fester Homes To 1 Lot # _ Z Well	Registered Plumber
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make 3. Model # HALN 21 4. Capacity GPM 5. Pump exceeds well capacity 6. If Yes, is low pressure cuto 7. What methods are used to provibrations? Torque arresto	ff switch installed? Ye tect the pump and electri	ical wiring from
Tank 1. Capacity /20 2. Pressure relief valve? ✓ LS	Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line 4. Depth	Well data 1. Depth 4/5 ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply be disinfected by installer?
I understand that it is my rest Department when the installation is null and void). All information given above is Signatu	n is ready for inspection	otherwise this permit

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

- 7-31-89 Pittess adaptor at the inches below grade, well line and trench covered. House connected connection covered. Ground line connected 5.4" casing above grout. Rapp in annulus above grout. Check grout depth. JEN.
- 8-1-89 Well was grouted to 49 feat from surface and appears to have more than an adequate amount of grout around the casing, JEN.

7-31-89

HD-215

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 #
	vew Windsor, MD	Telephone <u>635-614</u> 5
License Number	ller Well Driller	Registered Plumber
Name of Property Owner Subdivision	Greens Lot # 2 We	11 Tag # <u>Ho-88-0157</u>
Pump		Pitless Adapter
rump 1. Type	1. Horsepower	-
a. Deep well jet		2. Model #
b. Shallow well jet	3. Voltage	3. Depth
a Submanaible	a 110	
2. Make	b. 220	
3. Model #	b. 220	
· · · · · · · · · · · · · · · · · · ·	7DM	
4. Capacity	orm .	
 Pump exceeds well capade If Yes, is low pressure What methods are used 	city Yes No e cutoff switch installed? to protect the pump and elect	rical wiring-from
5. Pump exceeds well capace6. If Yes, is low pressure7. What methods are used vibrations? Torque as	city Yes No e cutoff switch installed? to protect the pump and elect rrestors Cable guards	rical wiring from
 Pump exceeds well capade If Yes, is low pressure What methods are used vibrations? Torque as 	city Yes No e cutoff switch installed? to protect the pump and elect rrestors Cable guards Piping	rical wiring from
 Pump exceeds well capacity If Yes, is low pressure What methods are used vibrations? Torque at Tank Capacity 	city Yes No e cutoff switch installed? to protect the pump and elect rrestors Cable guards Piping 1. Type 2 Size	well data 1. Depth ft. 2. Yield GPM
 Pump exceeds well capacity If Yes, is low pressure What methods are used vibrations? Torque at Tank Capacity Pressure relief 	city Yes No	well data 1. Depth ft. 2. Yield GPM 3. Static water
 Pump exceeds well capacity If Yes, is low pressure What methods are used vibrations? Torque as Tank Capacity Pressure relief 	city Yes No	well data 1. Depth ft. 2. Yield GPM 3. Static water
 Pump exceeds well capacity If Yes, is low pressure What methods are used vibrations? Torque as Tank Capacity Pressure relief 	city Yes No e cutoff switch installed? to protect the pump and elect rrestors Cable guards Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply	Well data 1. Depth ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply
 If Yes, is low pressure What methods are used 	city Yes No	Well data 1. Depth ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply be disinfected by installer?
5. Pump exceeds well capace 6. If Yes, is low pressure 7. What methods are used vibrations? Torque as Tank 1. Capacity 2. Pressure relief valve? I understand that it is Department when the instatis null and void). All information given about	city Yes No	Well data 1. Depth ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply be disinfected by installer? the Howard County Health lon (otherwise this permit

7-31-89

Para a some of

Pitless adaptor at 46 inches below grade.

Well line and trench covered. House connected of connection covered, Ground line connected of 4" casing above grout. Rago in annulus above grout. Check grout depth. JEN 8-189 Well was grouted to 49 feet from surface and appears to have more than an adequate amount of grout around the casing. JEN

