

1/23/95
C/O 102000000
6/1/95
ASAP

05-413702

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Needs
Pumps etc.
Tasted
+ see
at P. 502

1/23 P.C.O
1/25 P.C.O
P 5042500
A 41344

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

6/1/95 pump
check-OK
DATE 4/26/95
DATE SYSTEM APPROVED 6/1/95
INSPECTOR DKS

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBDIVISION Ashleigh Greene LOT 30 ROAD 11813 Wollingford Court

PROPERTY OWNER Ed and Mary Binseel

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS PUMPED SEPTIC SYSTEM

NUMBER OF BEDROOMS 4
Install single effluent pump with controls and high water alarm, in a 1000 gallon pump pit.

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the first trench on the 498' contour interval. Beginning location should be approximately 100 feet from the rear (296') lot line and 180 feet from the right-rear (563') lot line. Run trenches along contour toward rear lot line. Highest trench should maintain 100 feet separation from well.

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

PLANS APPROVED BY C. Williams DATE 10/11/94

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 VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

Add-on - Deck
BLDG. PERMIT SIGNED
AND RETURNED 7-10-96
B00104088

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 41344

11/31
APPLICATION
Call out

HOWARD COUNTY
PERMIT APPLICATION

SERIAL NUMBER

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

16 125
56380

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

11813 WOLLINGFORD COURT
Clarksville MD. 21029

GRADING/SEDIMENT CONTROL YES NO *SOP*

DESCRIPTION OF WORK AUTHORIZED

2 story, full basement, 13 room, 4 fb, 1 lfp, garage, 1 ri, opt. deck, 4BR

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
30	174	2	1			

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Greene			5	

OWNER'S NAME AND ADDRESS PHONE NO.

Ed and Mary Binseel
192 Liards Way
Columbia, MD. 21029
531-2632

OCCUPANT'S NAME AND ADDRESS PHONE NO.

Same as above

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

Same as below

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Palladian Homes Inc.
11830 Triadelphia Rd.
Ellicott City, MD 21042
531-2632

EXISTING USE PROPOSED USE
Vacant Lot Single family Dwelling

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
250,000.00

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	73	77	
	73	77	
	73	77	

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

FOOTINGS	FOUNDATION	S. WALLS

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

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 Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

SIGNATURE DATE
TITLE

W/S CODE 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)
DISTANCE IN FEET FROM SIDE STREET R/W LINE TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK (CORNER LOT ONLY)
CONDITIONS (IF ANY) *SOP*

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	9/20/94	Chai Wilho
FIRE PROTECTION		
STORM WATER MGM.		

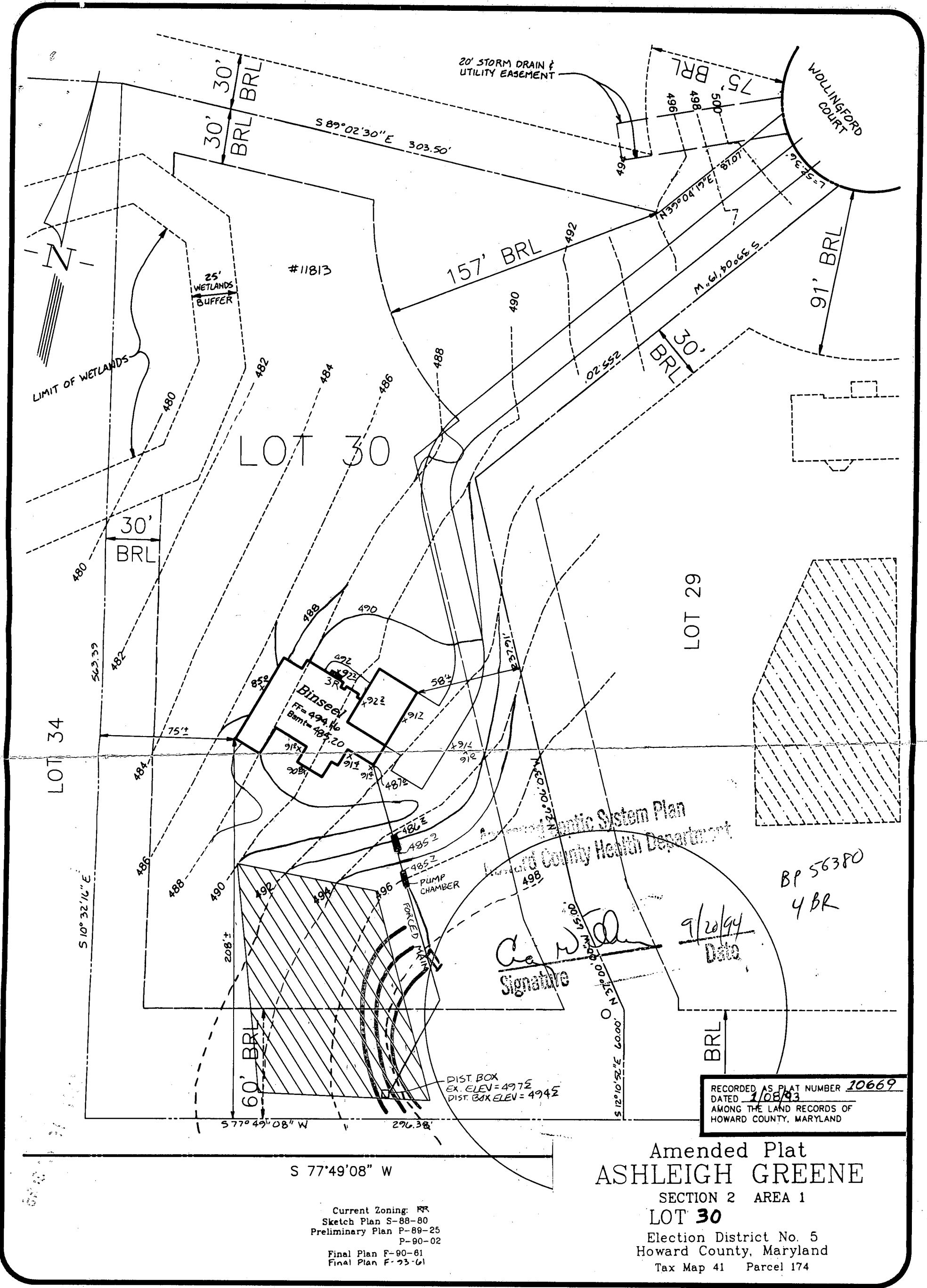
APPROVED DATE

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

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
Revised



BP 56380
4 BR

Ca. W. [Signature]
Signature
9/20/94
Date

RECORDED AS PLAT NUMBER 10669
DATED 1/08/93
AMONG THE LAND RECORDS OF
HOWARD COUNTY, MARYLAND

Amended Plat
ASHLEIGH GREENE
SECTION 2 AREA 1
LOT 30
Election District No. 5
Howard County, Maryland
Tax Map 41 Parcel 174

Current Zoning: RR
Sketch Plan S-88-80
Preliminary Plan P-89-25
P-90-02
Final Plan F-90-81
Final Plan F-93-61

R.M. MOCHI GROUP, P.C.
CIVIL ENGINEERS
LAND SURVEYORS
PLANNERS
ENVIRONMENTAL

3300 N. Ridge Road, Suite 235 (410) 461-0079
Ellicott City, MD 21043-3305 Fax: (410) 750-6340

ASHLEIGH GREENE

RESITE
LOT 30
11813 WOLLINGFORD COURT

DATE: 8/26/94	DRAWN BY: LJG	PROJECT NO.: 94029.00
	CHECKED BY: TJP	SCALE: 1"=50'

APPLICATION

PERCOLATION TESTING

A 41344
P _____

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

WS

1/2

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 Ed and Mary Binsee / Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 531-2632 / 301-220-1117
Greenbelt, Maryland 20770

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

Prelim Lot-30

SUBDIVISION Ashleigh Greene Section II LOT NO. 76

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

TAX MAP 41 PARCEL # 174

BLDG. PERMIT SIGNED AND RETURNED 9/28/84
SFD Serial # 56380
SF 4500
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 3.0 AC. TYPE BLDG _____

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. B. Hauler

(SIGNATURE OF APPLICANT)

APPROVED BY JN/Williams FOR PUMPED SYSTEM DATE _____

REJECTED BY _____ FOR BASED ON RE-TEST OF 4/29/88 AT HIGHER LOCATION DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-22-88 Recommend rejection, water at moderate depths with unsatisfactory soils SEN 4-29-88 Hold for perc hole location and subdivision plat approval SEN

HD-216

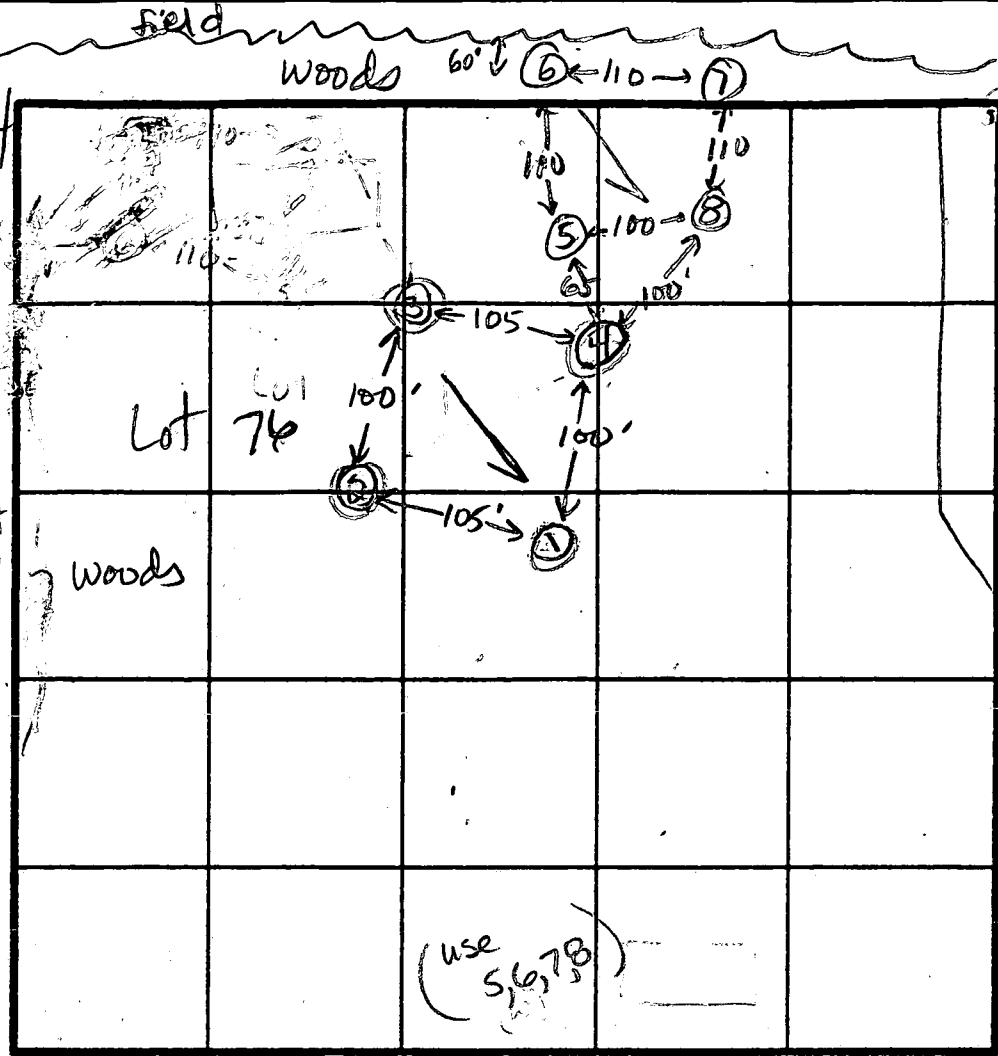
THIS IS NOT A PERMIT

High 6
7
5-3
8
A41344
Low 1
2
4
SOIL PROFILE

0-5 Yellow-br si cl loam
5-12.5 Br mica sa si loam, < 10% saprochite
Bottom Water at 12.5

①
0-4 Br si cl loam
4-12.0 Br mica sa si loam, < 10% saprochite
12.0 Bottom Water at 10.5 ft

④
0-4.0 Red si cl lm
4.0-12.5 Red mica sa si loam, < 10% saprochite
12.5 Bottom Water at 12.0 ft



③
0-4 Br si cl lm
4-13 Rd mica sa si loam
13.0 Bottom

⑥
Lot 75
0-4.0 Rd si cl lm
4.0-13.0 Rd-white sa si loam
13.0 Bottom

(use 5, 6, 7, 8)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Westcott Place

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-88							
	①	12.0 V	(Water at 10.5 ft)				F
	④	3.5 S	Not Perced				
		12.5 D	Bottom (Water at 12.0 ft)				F
	③	3.5 S	3:00	3:19	no movement		F
		7.0 M	3:02	3:04	3:04	3:06	2 min
		13.0 D	Bottom				
	②	3.5 S	2:59	3:19	no movement		F
		12.5 D	(Water at 12.5 ft)				

b
25
24
100
50
35
24
0

REMARKS All holes as shown on plat. Water at moderate depths. Unsatisfactory soils
TYPE OF SOIL 0-5 Br-yellow si cl lm, 5-13 Rd-mica sa si lm & 10% saprochite
TESTED BY JE Nadeau ALSO PRESENT Rooley

APPLICATION

PERCOLATION TESTING

A 41344
P _____

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

DISTRICT _____

2/2

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene, Sec II LOT NO. Prelim Lot-30
Lot 76

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

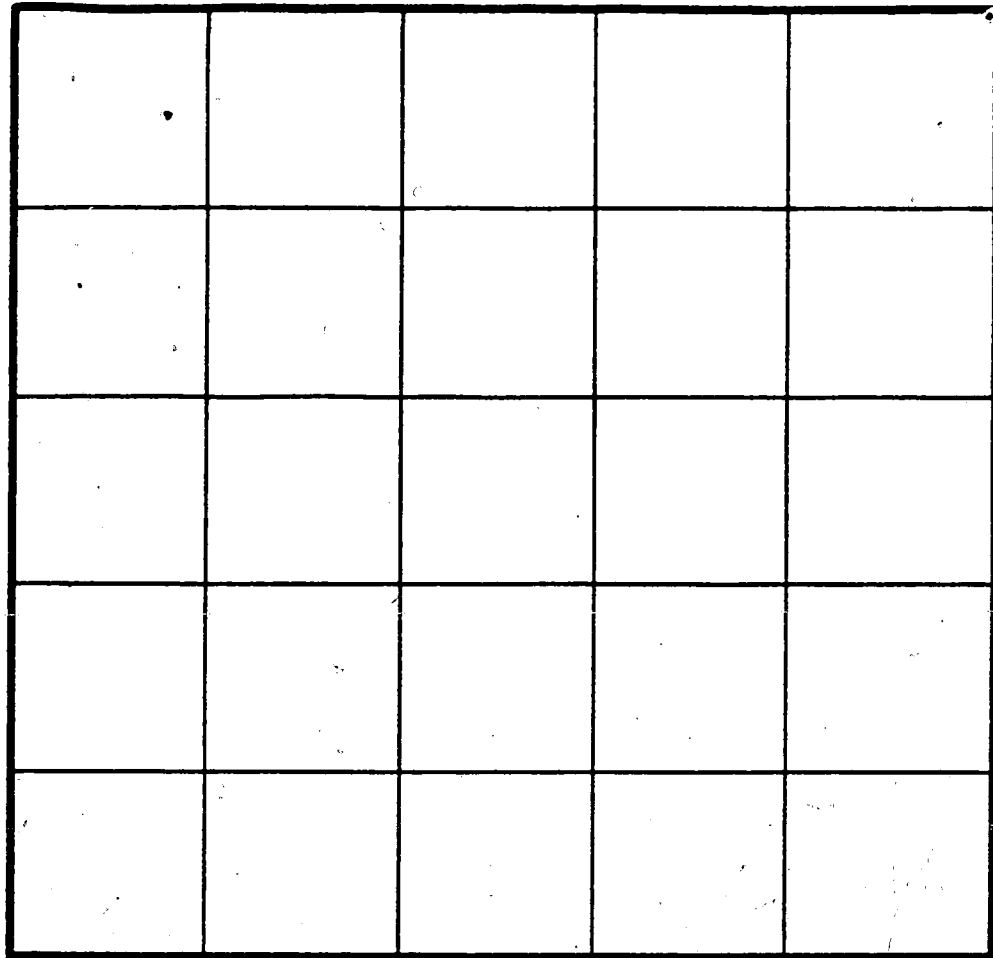
HD-216

THIS IS NOT A PERMIT

A#1344

⑤ SOIL PROFILE

0-4.0 Rd. br
si cl lm
4-13.5 Rd. white
sa si lm
13.5 Bottom



$\bar{x} = 12 \text{ min}$
Inlet = 4.0 ft
Bottom = 8.0 ft
210 sq ft / bdrm

⑦

0-3.5 Rd. br
si cl lm
3.5-13.5 Rd. grey
mac
sa si
loam,
410%
saprotite
13.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-29-88	5	4.5 S	3:02	3:04	3:04	3:06	2min
		13.5 D	Bottom				ok
	6	4.5 S	3:08	3:19	3:19	3:29	10min
		13.0 D	Bottom				ok
	8	4.5 S	3:09	3:22	3:22	3:39	17min
		12.5 D	Bottom				ok
	7	4.0 S	3:31	3:33	3:33	3:39	5min
		13.5 D	Bottom				ok

⑧

0-3.5 Rd. si
cl lm
3.5-12.5 Rd. sa
si lm
<10%
saprotite
12.5 Bottom

REMARKS Use 5,6,7,8 holes, Not shown as platted

TYPE OF SOIL _____

TESTED BY J.E. Nadeau ALSO PRESENT _____

B 1 6380

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT-TO DRILL WELL

STATE PERMIT-NUMBER

40-08-1404

please print or type

fill in this form completely

Date Received (APA)

022290

OWNER INFORMATION

Winchester Homes Inc, 6701 Rockledge Drive, Bethesda Md 20817

B 3

LOCATION OF WELL

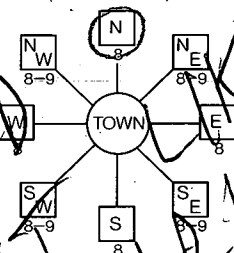
Howard County, Ashleigh Green Sub, Section 2, Lot 30, Eulaton, 1 mile from town

DRILLER INFORMATION

Frank Delph, Frank Delph Well Drillers Inc, 18234 Penn Shop Rd Mt Airy Md, 2/19/90

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Willingford Ct, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 100 FT

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)

- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), FARMING, INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, DATE ISSUED 021590, DOME E Noveau, 2-15-91, NORTH GRID 487000, EAST GRID 0021000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

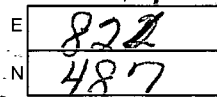
- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROtary, AIR-PERcussion, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROtary, Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

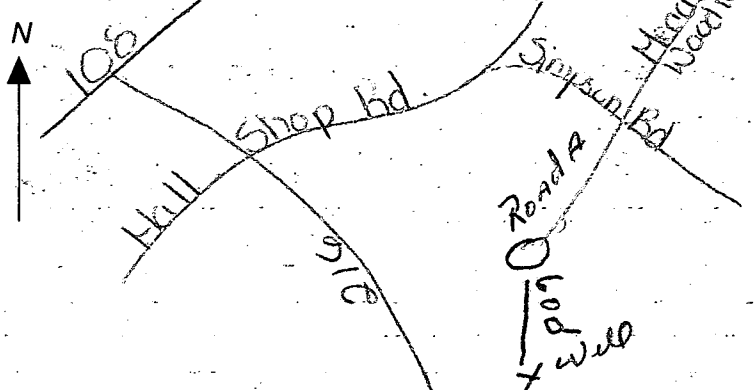
SOURCES OF DRILLING WATER

- 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



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, 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 GAPE-001

FORCE JN PERMIT No. 40-08-1404

SPECIAL CONDITIONS

C1 8894

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 A41344

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

042294

22 400 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37 110-94-0057

OWNER Winchester Homes last name Winkler first name TOWN Highland SUBDIVISION Winfield Creek SECTION II LOT 30

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 (0-2), Sandy clay (2-8), Red Shale (8-65), Sand (65-68), Gravel (68-71), Mica (71-80), Sand Stone (80-81), Mica (81-135), Sand Stone (135-136), Mica (136-295), Flint (295-296), Mica (296-400).

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 25 NO. OF POUNDS 2500 GALLONS OF WATER 105 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 70 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 75

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

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

DEPTH (nearest ft.) 40 73 400

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 70

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE Pumpt WATER LEVEL (distance from land surface) BEFORE PUMPING 18

WHEN PUMPING 155

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 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:

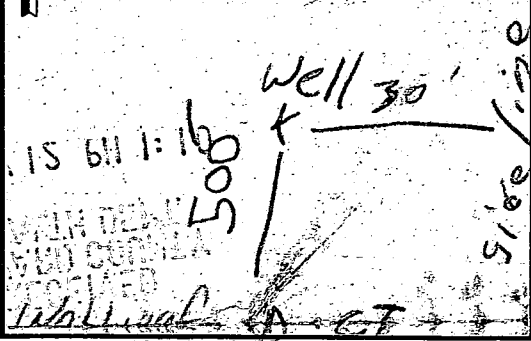
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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 2 (nearest foot)

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)



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 1/26/95

Name of Installer MARINO PLUMBING + HEATING

Telephone 747-5615

License Number M-3095

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner BINSEEL

Telephone 531-2632

Subdivision ASHLEIGH GREEN Lot # 30 Well Tag # _____

Site Address 11813 WOOLINGFORD COURT

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible

Motor

- Horsepower 1
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make CAMPBELL
- Model # _____
- Depth 42"

- Make JACUZZI
- Model # 9256-8526-13W-6G
- Capacity _____ GPM

- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- Capacity 80
- Pressure relief valve? YES

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved YES
- Depth of supply line 42"

Well data

- Depth 400 ft.
- Yield 6 GPM
- Static water level 18 ft.
- 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: Joseph P. Marino

Date: 1/26/95

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

B 1 05923

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-0059 fill in this form completely

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

Date Received (APA)

03/17/94

OWNER INFORMATION

WINCHESTER HOMES, INC

6305 IVY LAKE ST RD

GREENBELT MD 20770

DRILLER INFORMATION

George F. Easterday

40

L. Franklin Easterday, Inc.

77 License No. 80

5205 Brown Church Rd., MT. Airy, Md. 21771

George F. Easterday 3-11-94

LOCATION OF WELL

HOWARD

8 COUNTY GREENBELT

23 SUBDIVISION

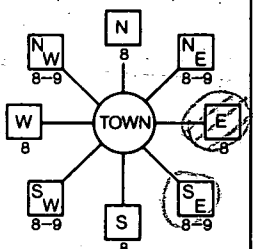
SECTION 2 LOT 30

413 BLVD

2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



WELLINGFORD CT

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



500 250 37 DISTANCE FROM ROAD

ENTER FT or MI FT

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 41344 COUNTY NO.

DATE ISSUED 4-8-95

CO SIGNATURE Gene E. Hadican 4-8-95

NORTH GRID 406000 EAST GRID 0021000

APPROXIMATE DEPTH OF WELL 200 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

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
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)

APPROP. PERMIT NUMBER

FORCE MAIN PERMIT No. 10-94-0059

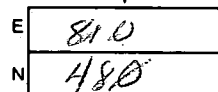
SPECIAL CONDITIONS

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



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

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