

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P. 50290E

A. \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 12-9-94

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

*TACED*  
*OS - 418800*  
**INDEXED**

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

INSPECTOR \_\_\_\_\_

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 63 ROAD 7132 Chilton Court

PROPERTY OWNER Winchester Homes

ADDRESS Greenbelt, MD 20770

**BLDG. PERMIT SIGNED**  
**AND RETURNED** 4/2/95  
*Serial # 60022-SFD(5 Bms)*

- 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 limited to installation of the individual house sewer line only. Location as per the signed building permit site plan, copy attached.

- As the community system is not yet approved for service, connection to the septic tank is prohibited at this time. Sewer line is to be capped so as to maintain a minimum 2 foot separation from the connecting stub on the inlet side of the septic tank. Contact Health Department for inspection before covering the installation.

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

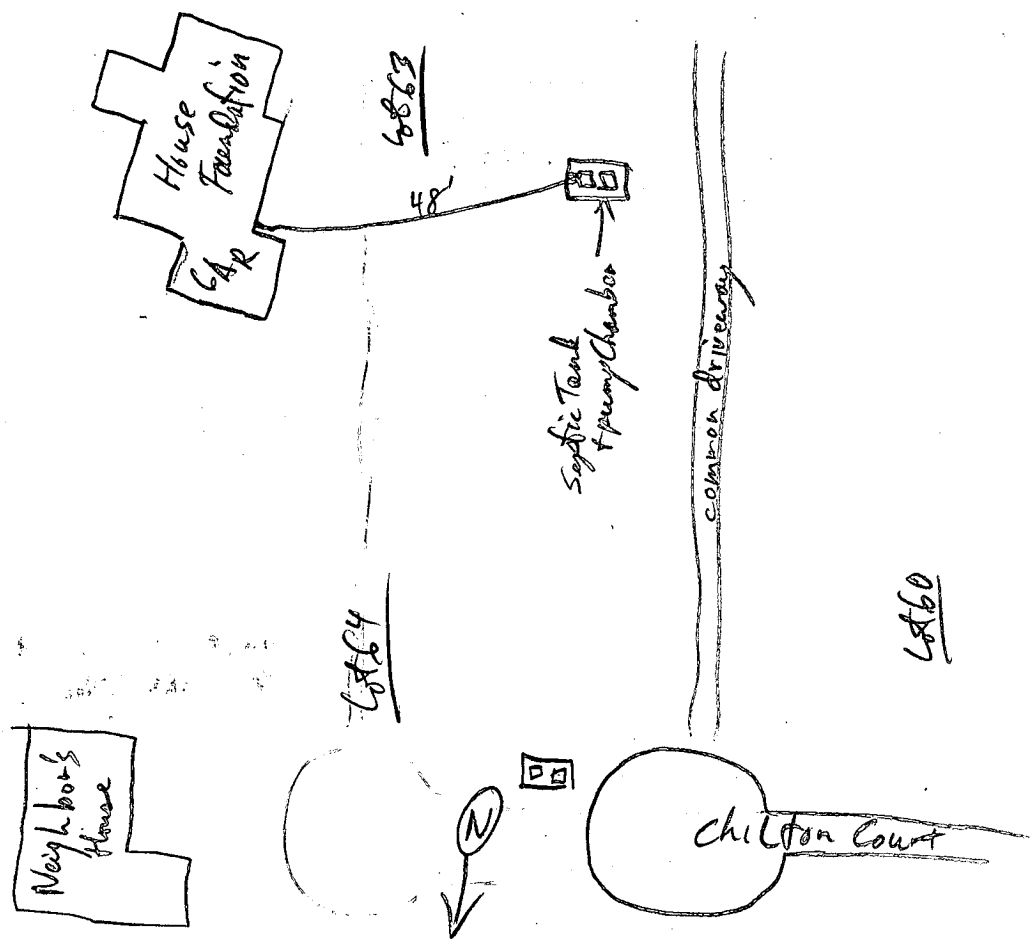
*50290E*

Neighbors well  
\* well

Neighbors well

Lot 62

Lot 61



8/23/95 House Connection to Septic Tank OK to Cover. RJP

01 5962

SEQUENCE NO. (DENV 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)

COUNTY NUMBER W 50290 E

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

120999

020295

400 (TO NEAREST FOOT)

40-99-0287

OWNER: last name first name TOWN SUBDIVISION SECTION LOT

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, FEET (FROM, TO), Check if water bearing. Rows include Top soil, red Clay, Sand Silt & Clay, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Flint & Quartz, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT BENTONITE CLAY

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from ft. to ft. (enter 0 if from surface)

CASING RECORD

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 84

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PL OT PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED yes no 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...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Charles J. Easterday SITE SUPERVISOR

Table with columns: E A C H C A S I N G S C R E E N DEPTH (nearest ft.) 170 82 800

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 19

WHEN PUMPING 21

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 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)

Handwritten notes: Well 50', 275', Side line

Handwritten notes: CHILCOT CT.

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-0287  
 Location of property (road) Chilcot Ct  
 Subdivision Ashleigh Knolls Lot 63 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Easterday Owner Winchester Homes

Depth of well 400 2 GPM  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 14'6"

**I. High rate pumping -- reservoir drawdown**

Time pump started 9:25 Pumping rate 12 GPM  
 Total time 30 min to reach pumping water level 209' ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill @ 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:55	209'	30 sec		2 GPM
10:10	209'	30 sec		2 GPM
10:25	209'	30 sec		2 GPM
10:40	209'	30 sec		2 GPM
10:55	209'	30 sec		2 GPM
11:10	209'	30 sec		2 GPM
11:25	210'	30 sec		2 GPM
11:40	210'	30 sec		2 GPM
11:55	210'	30 sec		2 GPM
12:10	210'	30 sec		2 GPM
12:25	210'	30 sec		2 GPM
12:40	210'	30 sec		2 GPM
12:55	210'	30 sec		2 GPM
1:10	210'	30 sec		2 GPM
1:25	210'	30 sec		2 GPM
1:40	210'	30 sec		2 GPM
1:55	211'	30 sec		2 GPM
2:10	211'	30 sec		2 GPM
2:25	211'	30 sec		2 GPM
2:40	211'	30 sec		2 GPM
2:55	211'	30 sec		2 GPM
3:10	211'	30 sec		2 GPM
3:25	211'	30 sec		2 GPM
3:40	211'	30 sec		2 GPM
3:55	211'	30 sec		2 GPM



<b>B 1</b> <b>4046</b>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>40-94-0287</b> <small>70 fill in this form completely 79</small>
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**OWNER INFORMATION**

Date Received (APA) **120999**

**MIRHESTERA HOMES**  
Last Name Owner First Name

**6305 IVY LANE**  
Street or RFD

**GREENBELT MD 20770**  
Town State Zip

**LOCATION OF WELL**

**HOWARD** COUNTY

**ASHLEIGH MOULDS** SUBDIVISION

SECTION   LOT **63**

**HIGHLAND** NEAREST TOWN

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

**DRILLER INFORMATION** MSD/MGD/MWD

George F. Easterday **40**

Driller's Name L. Franklin Easterday, Inc. License No. 80

Firm Name **9265 Brown Church Rd., Mt. Airy, Md. 21771**

Address **George F. Easterday 9/19/94**  
Signature Date

**CHILCOT CT** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**275** DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**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 **W50290E** COUNTY NO.

STATE SIGNATURE **Mark E. Riffin** DATE ISSUED **01/13/95** EXP. DATE **01/13/96**

NORTH GRID **488000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

WRITE THE BOX NUMBER FROM THE MAP HERE

**810**  
**480**

**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)

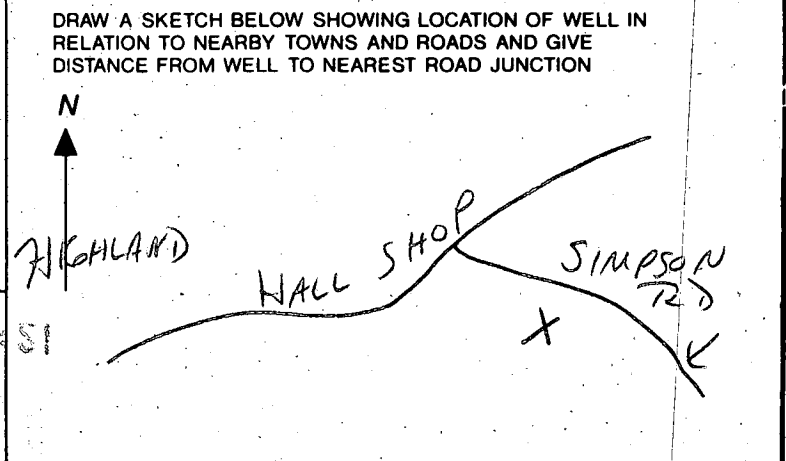
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_



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

APPROX. PERMIT NUMBER **GAP**

FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **40-94-0287**

SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = **site Insp before drilling**

# ASHLEIGH KNOLLS

W50290 E

SUBDIVISION:

LOT NUMBER: 63

## DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

1500 GAL. "CUSTOM"  
SEPTIC TANK

## TRENCHES

N/A sq. ft./bedroom

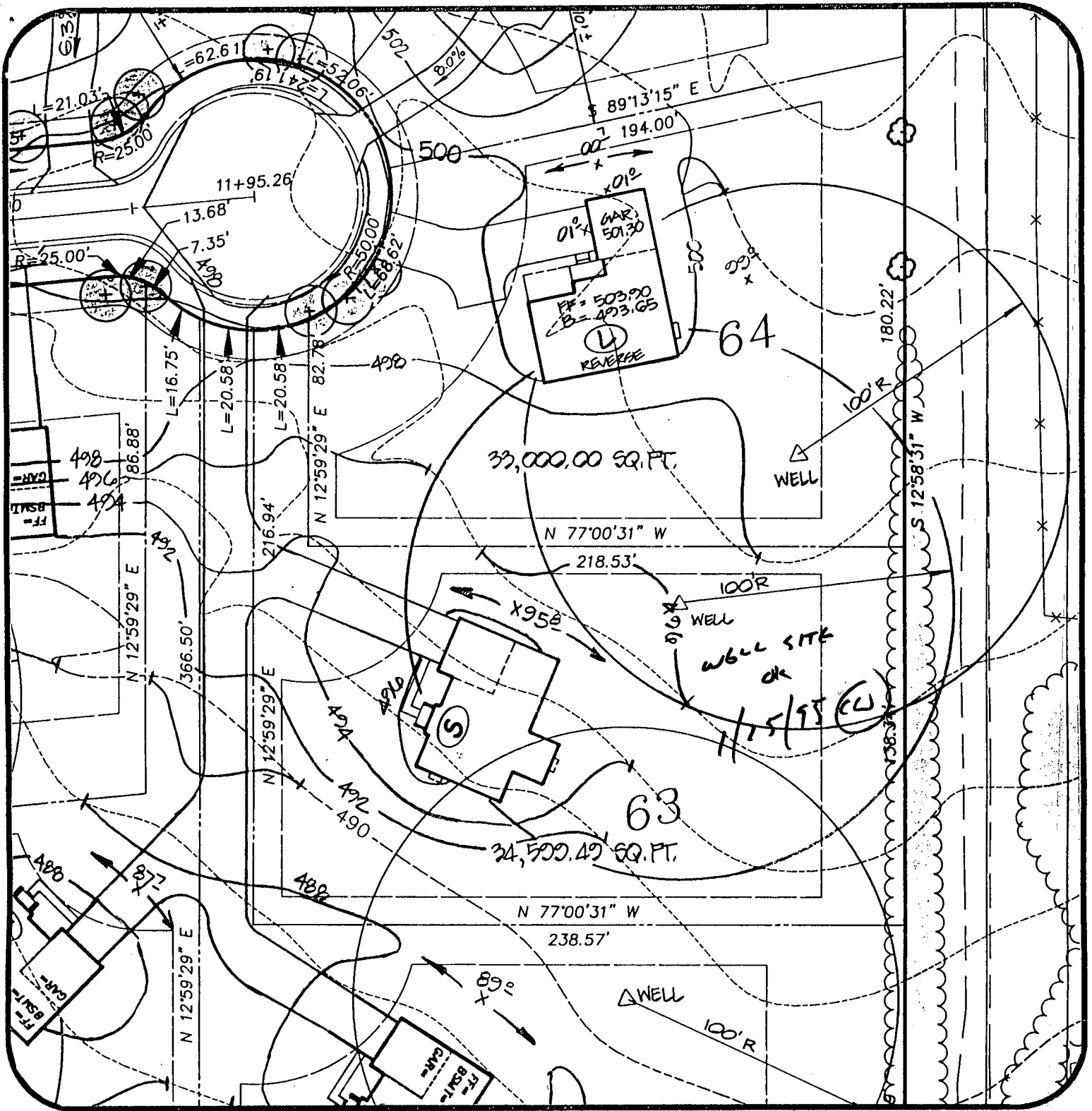
Trench to be \_\_\_\_\_ wide.  
 Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.  
 \_\_\_\_\_ feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: SHARED DISPOSAL FIELD,

POINT OF CONNECTION IS COMMON SEWER LINE AT  
FRONT PROPERTY BOUNDARY.

2/2/95 C. Willha



✓ Ashleigh Knolls  
Lot 63

DATE: 9/20/04

PROJECT NO.: B9027.00

DRAWN BY: TJP

SCALE: 1" = 50'

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

3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043-3305

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

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

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

60022

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
7132 Chilton Court  
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL  YES  NO **F93-116**  
SDP #

DESCRIPTION OF WORK AUTHORIZED  
**Model "S"**  
2 story, Full Base, 10 RM, 2 FB, 1 HB,  
Garage, Opt FP, Opt 5th BR (5 BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
63	174	2		7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		R-R	41	5	6051-02	

OWNER NAME AND ADDRESS  
Columbia Builders, Inc.  
P.O. Box 999  
Columbia, MD 21044  
PHONE NO. 730-3939

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	56' 6"	52'	10'
2	56'	34'	10'
3	56'	46'	10'

OCCUPANT'S NAME AND ADDRESS  
N/A  
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2159		Asp. Gable
ROOMS	1798		
BATHS			
FIREPLACES	1606		T. 5563

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
Mildenberg, Mochl & Assoc., Inc.  
3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043  
PHONE NO. 461-0078

FOOTINGS	FOUNDATION	S. WALLS
20" x 8"	12" cmu	wd fr w/ & sid

CONTRACTOR'S NAME AND ADDRESS  
Columbia Builders, Inc.  
P.O. Box 999  
Columbia, MD 21044  
PHONE NO. 730-3939

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
X	X		X
		TYPE OF HEAT	AC
		elec.	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  
Vacant Lot  
PROPOSED USE  
Single Family Dwelling

*D. James Greenfield*  
Pres. SIGNATURE  
6/2/95  
TITLE DATE

EST. CONSTRUCTION COST \$100,000.00  
LICENSE NUMBER 361406  
PERMIT FEE

WS CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW 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)  
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	6/2/95	<i>C. J. Will</i>
FIRE PROTECTION		
STORM WATER MGM		

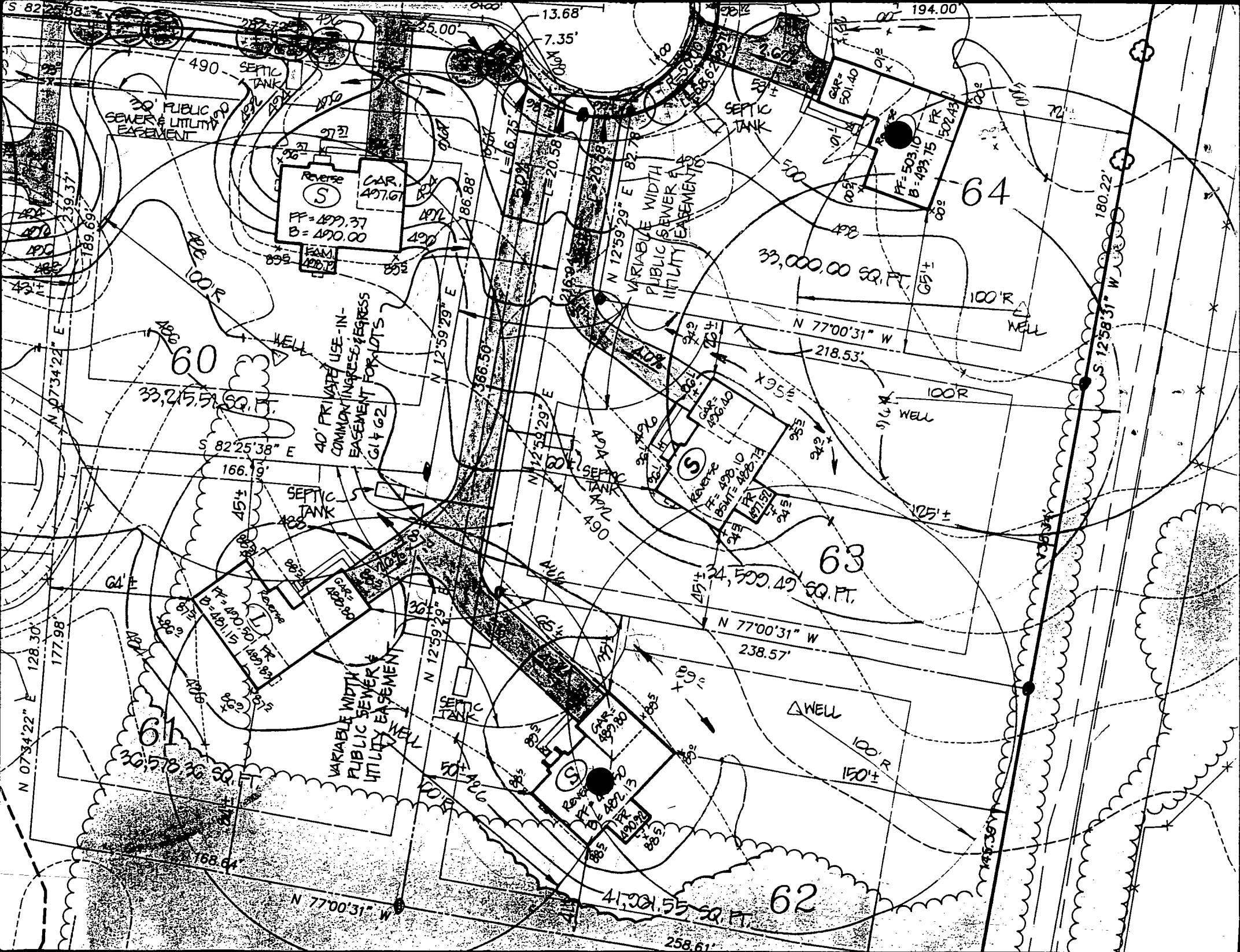
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**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

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





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## HOWARD COUNTY HEALTH DEPARTMENT

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

June 3, 1996

Mr. Tuwiner  
7132 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #63  
7132 Chilton Court  
Well Permit #HO-94-0287

Dear Mr. Tuwiner:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on December 7, 1995.

The 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.

### **FINAL CERTIFICATE OF POTABILITY**

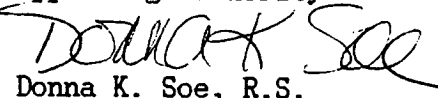
This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0287.

In addition, a water sample was submitted for testing for the presence of fluoride. The sample results indicated fluoride at a level less than 0.10 ppm, which is below the maximum contaminant level of 4.0 ppm, set by EPA. A copy of the test results is enclosed.

Dates of Water Samples: December 13, 1995  
May 2, 1996

Date of Well Completion: February 2, 1995

Approving Authority

  
Donna K. Soe, R.S.  
Water and Sewerage Program

DKS  
cc: file

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

014180

Category Code 204

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

**SAMPLE TYPE:**

- Community
- Non-Community
- Non-Transient
- Private
- Check Sample
- Special

Source Runner - Powder Room

Location: 7132 Chilton Ct.

Iced: Yes  No   am.  pm.

Treated Yes  No  Time Collected 9:30

Collector 95-43-6 Bottle No. BH 55

Collector Name B. Panning County Howard

County 13 Plant No.      Sampling Station      Date Collected 05 22 96

pH 7.0 Res. Cl: Free 00 Total 00 Card No.     

**LABORATORY RECORD**

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE MTF TEST\***

**CONFIRMED MTF TEST**

ml. of Sample	10 ml.
Gas. 24 hours	- - - - -
Gas. 48 hours	- - - - -

ml. of Sample	10 ml.	No. of Pos.
Coliforms †	- - - - -	0
Fecal Coliforms ‡	- - - - -	

**PRESUMPTIVE P/A TEST\***

**CONFIRMED P/A TEST**

ml. of Sample	100ml.
Gas. 24 hours	- - - - -
Gas. 48 hours	- - - - -

ml. of Sample	100 ml.
Total Coliforms †	- - - - -
Fecal Coliforms ‡	- - - - -
E. Coli ***	- - - - -

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_  
 † Verified Total Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_  
 ‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_  
 Heterotrophic Plate Count §/ml. = \_\_\_\_\_

- \*\* using m Endo-Agar LES at 35° C incubation
- \* using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MUG at 35° C incubation

**Laboratory**

- Annapolis
- Cambridge
- Central
- Cheverly
- Remarks \_\_\_\_\_
- Cumberland
- Frederick
- Salisbury

Date & Hour 2 11 50 19

Rec.d

Exam

Rept.

Bacteriologist Playe



RECEIVED  
HOWARD CO. HEALTH DEPT.  
ENVIRONMENTAL HEALTH

96 MAY -8 AM 11:48

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	Standard & 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

\*FLUORIDE  
TOO PLEASE!

HOWARD COUNTY HEALTH DEPARTMENT  
WATER SAMPLE REQUEST

PROPERTY OWNER Towiner DATE OF APPOINTMENT 05/02/96 <sup>9:30</sup>  
ADDRESS 7132 chilton Ct.  
TELEPHONE NUMBER \_\_\_\_\_ NEW WELL NUMBER \_\_\_\_\_  
DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

ADDRESS  
NAME

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SEPTIC SYSTEM:  Approved  Disapproved DATE \_\_\_/\_\_\_/\_\_\_

CONDITION: \_\_\_\_\_

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SAMPLE FROM \_\_\_\_\_ BACTERIA \_\_\_\_\_ pH

CHEMICAL  Free Cl  Res. Cl  NITRATES  OTHER

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR B. Panning TIME 9:30 DATE 05/02/96 <sup>9:30</sup>

SAMPLE FROM Powder Room <sup>#BH95</sup> BACTERIA 2.0 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl  NITRATES Fluoride OTHER #4073-132

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SAMPLE FROM \_\_\_\_\_ BACTERIA \_\_\_\_\_ pH

CHEMICAL  Free Cl  Res. Cl  NITRATES  OTHER

ACTION: \_\_\_\_\_



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## HOWARD COUNTY HEALTH DEPARTMENT

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

April 11, 1996

Owner/Occupant  
7132 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #63  
7132 Chilton Court  
Well Permit #HO-94-0287

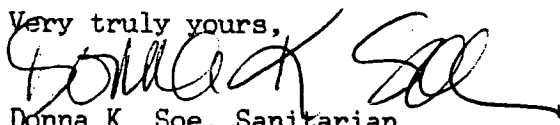
Dear Sir or Madam:

According to our records, an Interim Certificate-of-Potability was recently issued for the above referenced property. It is now necessary for a second water sample to be obtained. This second sample is required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1). The purpose of the second sample is to confirm that the water supply continues to be free of bacteriological contamination. As long as the water supply remains free of bacteriological contamination, a Final Certificate-of-Potability will be issued for the well water supply.

You are requested to call this office at (410)313-2640 to arrange an appointment for the second water sample to be taken. It is recommended that the second water sample be taken from an inside tap, the most reliable location from which to obtain an accurate sample. Presently, there is no charge for this service.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

Enclosure



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## HOWARD COUNTY HEALTH DEPARTMENT

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

December 15, 1995

Columbia Builders, Inc.  
P.O. Box 999  
Columbia, Maryland 21044

RE: Ashleigh Knolls, Lot #63  
7132 Chilton Court  
Well Permit #HO-94-0287

Dear Sirs:

This to advise you that the septic system for the above referenced property was installed, inspected and approved on December 7, 1995.

The 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 turbidity sample result was documented to be 27 NTU's on December 13, 1995. COMAR 26.04.04.09 prohibits approval of any water supply with a turbidity level in excess of 10 NTU's. This department will grant a temporary deviation to that section of the regulation on condition that the turbidity level be lowered to below the limit either over time naturally or through the use of an approved treatment device.

### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit HO-94-0287. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

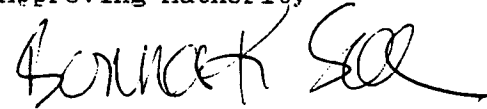
Columbia Builders, Inc.

Ashleigh Knolls, Lot #63

This certificate may become final upon completion of the final bacteriological and turbidity tests which are to be taken by the county health department within six months of the date of this letter.

Date of Well Completion: February 2, 1995  
Date of Water Sample: December 13, 1995

Approving Authority

A handwritten signature in black ink, appearing to read "DONNA K. SOE". The signature is written in a cursive style with some capital letters.

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

cc: Building Inspector's office  
file

WT 63

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road  
Westminster, MD 21158

MD State Certification #133  
(410) 848-1014 or 876-4554

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 1550  
LABORATORY ID NUMBER: 18674  
LOCATION: 7132 Chilton Court

COMPANY: Columbia Builders, Inc.  
REQUESTED BY: Brenda Zartman  
SOURCE: Well  
SITE: Kitchen Sink  
COLLECTED BY: D.K. 95-621 (FVAL)  
RESIDUAL CHLORINE: None Detected  
WATER SUPPLY TREATED: No  
TYPE OF TREATMENT: None

CLARKSVILLE, HO, MD, 21029  
DATE/TIME COLLECTED: 12-13-1995, 1245  
DATE/TIME REC'D LAB: 12-13-1995, 1450  
WELL NUMBER: HO-94-0287

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	6.9	6.5 - 8.5	pH Units
NITRATES	2.93	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST:

COLIFORMS, TOTAL	0 <1.1	0 tubes out of 10 Less than 1.1	MPN/100ml
COLIFORMS, FECAL	N/A	0 tubes out of 10 Less than 1.1	MPN/100/ml

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Sand	None	None	
Turbidity	27.0	Less Than 10	NTU
Iron, Total	5.6	Less Than 0.3	mg/L

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 12-14-1995

LABORATORY DIRECTOR:

*Chas Mooshian*  
Charles Mooshian, BS, MT(HHS)

COMMENTS: Client's Info, Use And Occupancy

Sample Analyzed As Received

**SPEED LETTER**

TO Craig Williams

FROM Jeff Welty

X 2048

SUBJECT Ashleigh Knolls -

MESSAGE

The following lot has been approved for use

lot 63

7132 Chilton Ct

Columbia

DATE 12/7/95

SIGNED J. Welty

REPLY

FORM NO. 9

FORM NO. 10

DATE

SIGNED