

10/19/95
House connection
12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50290G

A _____

DISTRICT _____

DATE 4-27-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TOWNSHIP#
05-418844

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

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 61 ROAD 7124 Chilton Court

PROPERTY OWNER _____ Winchester Homes / Mark & Judy Simons

ADDRESS _____ Greenbelt, MD 20770

- 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.

BUILDING PERMIT SIGNED AND RETURNED 5/3/02

B00135944 - FINISHED BASEMENT

BLDG. PERMIT SIGNED AND RETURNED 2/5/97
Serial # 61143
SFD 4 BRMS

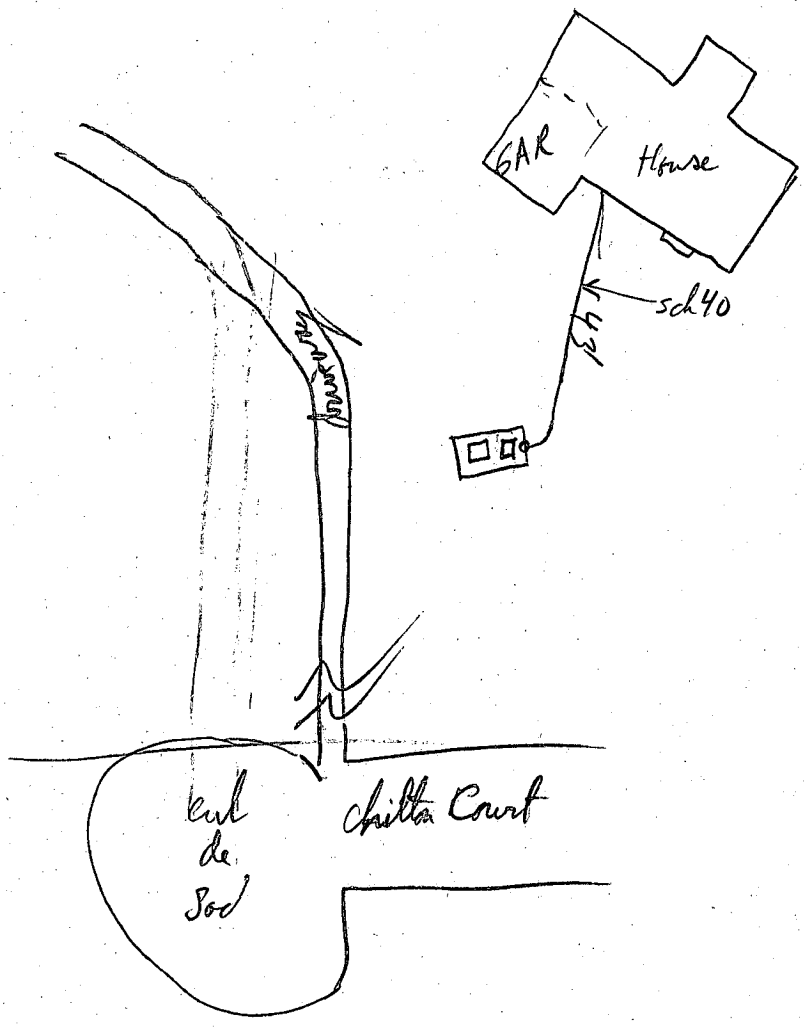
BLDG. PERMIT SIGNED AND RETURNED 9-21-95
Serial # 61143

PLANS APPROVED BY _____ DATE _____

P 50290G

well o

Neighbors
Home



① House connection OK all way to Septic Tank R/P. 10/19/95

② Pump test **AND RETURNED** 1/26/96

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00135944

Building Address 7124 Chilton Ct
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Ashleigh Knolls
 Section 2 Area - Lot 61
 Tax Map 41 Parcel 475 Grid 7
 Zoning RR Map Coordinates _____ Lot size _____

Property Owner's Name Judy Simons
 Address 7124 Chilton Ct
 City Clarksville State MD Zip Code 21029
 Home Phone (410)5310101 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Finished basement-playroom
 Estimated Construction Cost \$ 2556.00
 Description of Work Finish walls, ceiling
for playroom, bathroom,
unfinished storage ~~room~~, computer room

Contractor Company self
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant Judy Simons
 Contact Name Judy Simons
 Address 7124 Chilton Ct
 City Clarksville State MD Zip Code 21029
 Phone (410)5310101 Fax _____

Engineer or Architect Company None
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>3</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1100</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

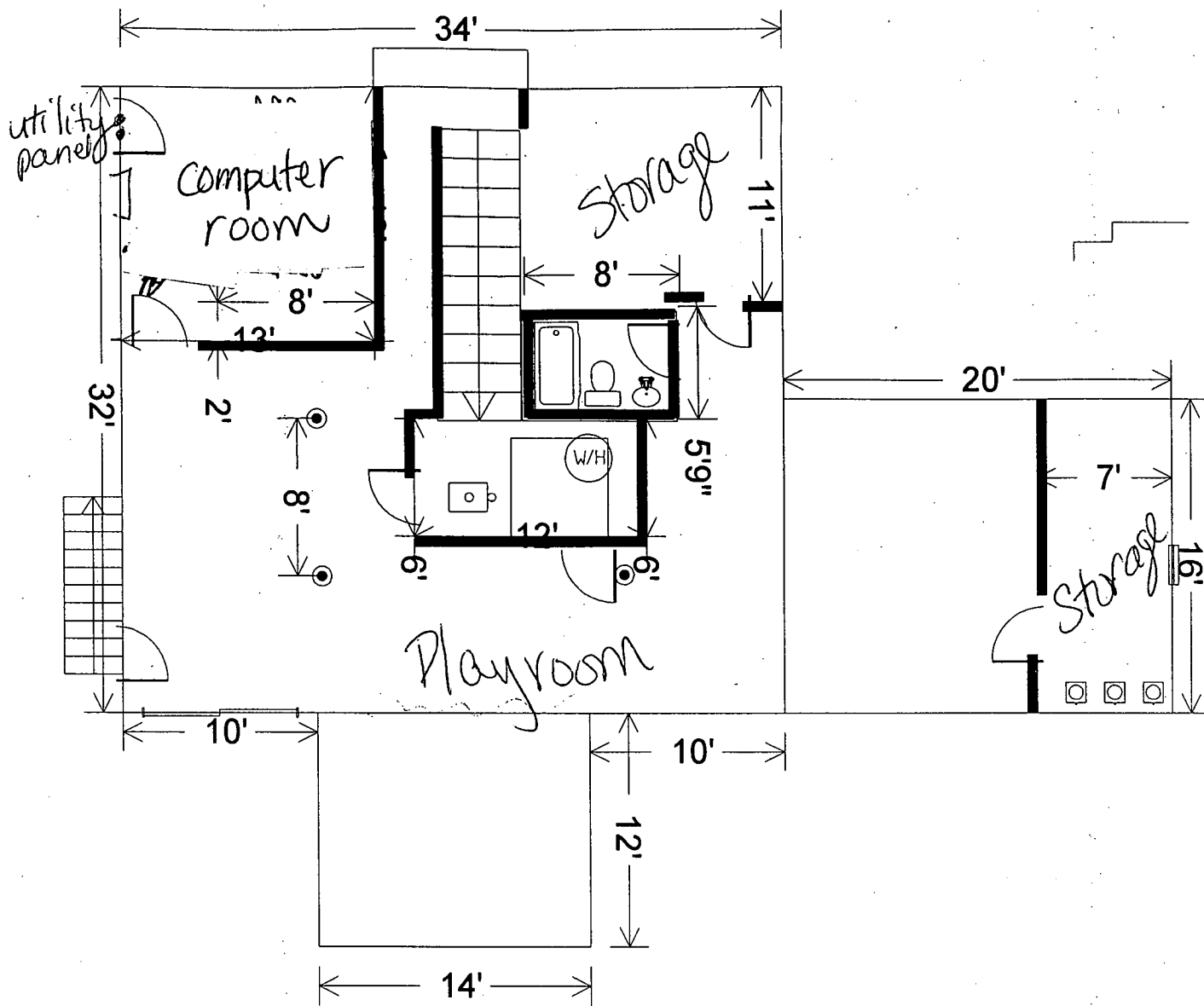
Judy Simons
 Applicant's Signature

 Title/Company _____

Judy Simons
 Print Name
5/3/2002
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # _____ Validation # _____
Dev. Engineering, DPZ	<u>5/3/02</u>	<u>Mark Keller</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	Accepted by _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				
ONE STOP SHOP: <input type="checkbox"/>				



~~Handwritten scribble~~

~~Handwritten scribble~~

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

013535

Category Code 44 40 Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Water - Powder Room

Location: 7021 S. ...

Iced: Yes No am.

Treated Yes No Time Collected 10:45 pm.

Collector # 75-456 Bottle No. BHLS

Collector Name B. ... County ...

County 13 Plant No. --- Sampling Station --- Date Collected 04 22 90

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

Date & Hour 04 22 90 Rec'd ...

Exam ...

Rept. ...

Annapolis
 Cambridge
 Central
 Cheverly
 Remarks

Cumberland
 Frederick
 Salisbury

Bacteriologist ...



HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Judy Simons DATE OF APPOINTMENT 04/22/96 11:30

ADDRESS 7124 Chilton Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

<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. Carrington TIME 10:45 DATE 04/22/96 11:30

SAMPLE FROM Powder Room BH695 BACTERIA 7.0 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

NAME _____
ADDRESS _____



HOWARD COUNTY HEALTH DEPARTMENT

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

January 29, 1996

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

RE: Ashleigh Knolls, Lot #61
7124 Chilton Court
Well Permit #HO-94-0448

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on January 26, 1996.

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.


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 well permit #HO-94-0448. 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 Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Date of Water Sample: January 23, 1996
Date of Well Completion: May 1, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file



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DKS

cc: Building Inspector's office
file

SPEED LETTER

TO

Craig Williams
 Enviro Health
 Fax 2648

FROM

Jeff Welty
 Utilities

SUBJECT

Ashleigh Knolls - Final Inspection

- FOLD NO. 1 OF 31

MESSAGE

We completed a final inspection on the septic tank & pump
 for the following address:

LOT 61

7124 Chilton Ct.

Columbia R 11000

Sorry about the mixup! We neglected to
 it won't happen again. DATE 1/26/96 SIGNED J. Welty

REPLY

- FOLD FOR NO. 2

- FOLD FOR NO. 31

DATE

SIGNED

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

13 Old Taneytown Road
 stminster, MD 21158

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

WATER ANALYSIS REPORT

COUNT NUMBER: 1550
 BORATORY ID NUMBER: 18966
 CATION: 7124 Chilton Court
 Ashleigh Knolls Lot 61
 CLARKSVILLE, HO, MD, 21029
 TE/TIME COLLECTED: 01-23-1996, 1110 @
 TE/TIME REC'D LAB: 01-23-1996, 1430
 LL NUMBER: HO-94-0448

COMPANY: Columbia Builders, Inc.
 REQUESTED BY: Brenda Zartman
 SOURCE: Well
 SITE: Kitchen Sink
 COLLECTED BY: J.S. 95-430 (FVAL)
 RESIDUAL CHLORINE: None Detected ✓
 WATER SUPPLY TREATED: NO ✓
 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
PH	6.8 ✓ 2.85 ✓	6.5 - 8.5	pH Units
TURBIDITY		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
Turbidity	6.7 ✓	Less Than 10	NTU
Lead	None ✓	None	

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: 01-24-1996

LABORATORY DIRECTOR: Chas Mooshian
 Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

PERMIT APPLICATION

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

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR VILLAGE) **AUG-3 A111: 82**
7124 Chilton Court
Clarksville, MD 21029

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

DESCRIPTION OF WORK AUTHORIZED
Model "S"
2 story, Full Base., 9 Rm, 2 FB, 1 HB,
Garage, Opt. FP, ~~XXXXXXXXXXXX~~ (4 BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
61	174	2		7	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		R-R	41	5	6051-02	

DUPLICATE

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'
B	56'	46'	10'

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

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2159		
ROOMS	1189		
BATHS			
FIREPLACES	1606		T. 4954

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Mildenberg, Mochi & Assoc, Inc.
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043
PHONE NO. 461-0079

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

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

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
X	X	X	X	gas	X

I have carefully examined and read this application and know the same is true and correct, and that is 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 completed with.

B. James Greenfield
SIGNATURE
Pres. TITLE
8/8/95 DATE

EXISTING USE
Vacant Lot
PROPOSED USE
Single Family Dwelling

EST. CONSTRUCTION COST \$100,000.00
LICENSE NUMBER 361106
PERMIT FEE \$25-00 495

FOR OFFICE USE ONLY

W/S CODE
DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE 27-3163
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 #
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	8/9/95	<i>[Signature]</i>
WATER & SEWER		
HEALTH DEPT.	7-21-95	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGM		

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

Health
ASAP

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

APPROVED _____ DATE _____

G-1 3000

SEQUENCE NO. (MDE USE ONLY)

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 AWS0290G

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

050195

22 200 26 (TO NEAREST FOOT)

40-94-0448

OWNER Winchester Homes last name Chilton Ct. first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 61

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 Shale, Brown Mica, Soft Gray mica, Gray mica, Brown Mica, Gray Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS 22, NO. OF POUNDS 2200, GALLONS OF WATER 110, DEPTH OF GROUT SEAL (70 ft.)

CASING RECORD

MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6 inch), Total depth of main casing (80 foot)

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST), BRONZE (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- 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 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Eusterman

LIC. NO.

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

C 2

DEPTH (nearest ft.) grid with rows for casing and screen.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) IW Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

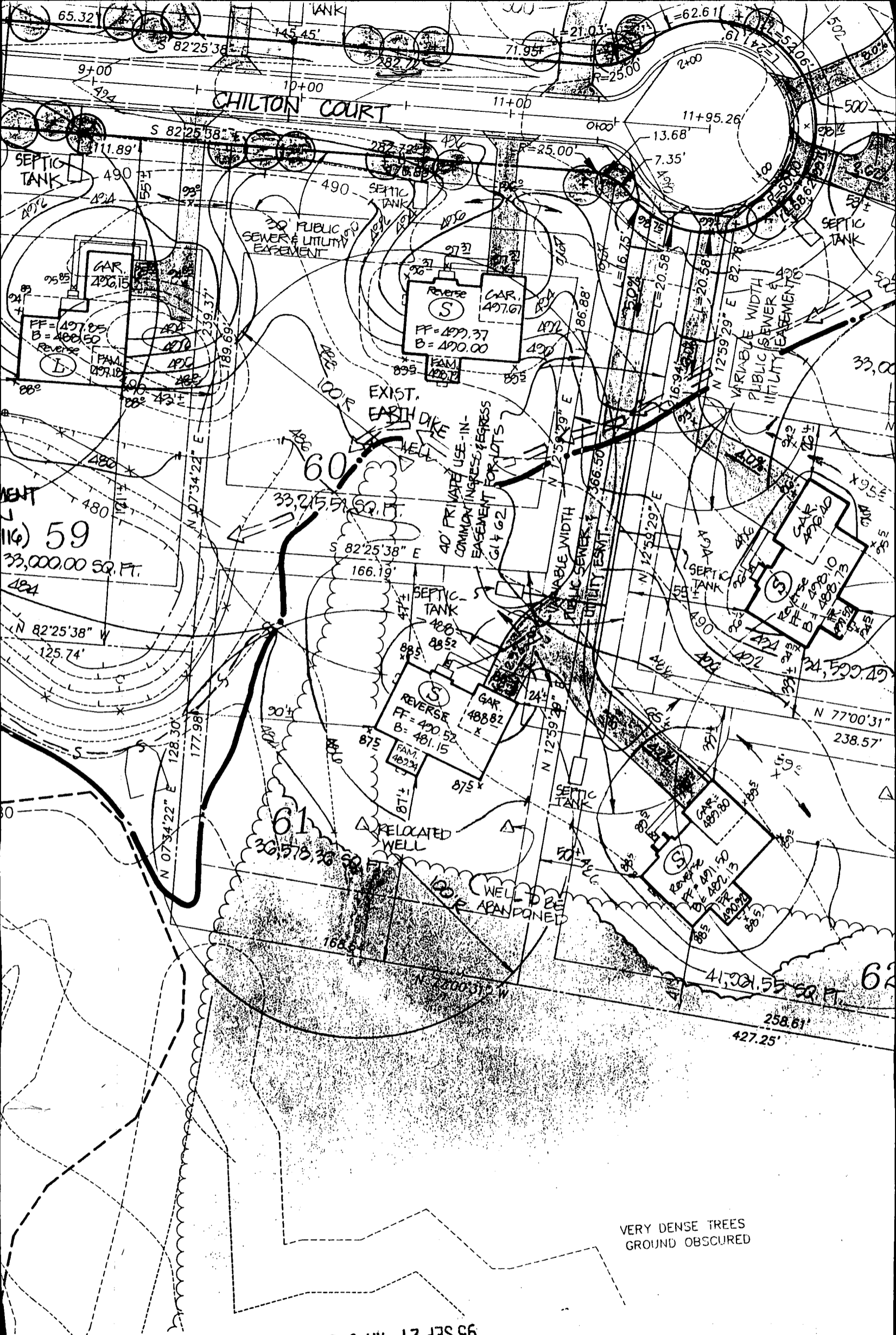
HOURS PUMPED (3), PUMPING RATE (12), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (8 ft), WHEN PUMPING (34 ft), TYPE OF PUMP USED (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO), 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) 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)

see plot

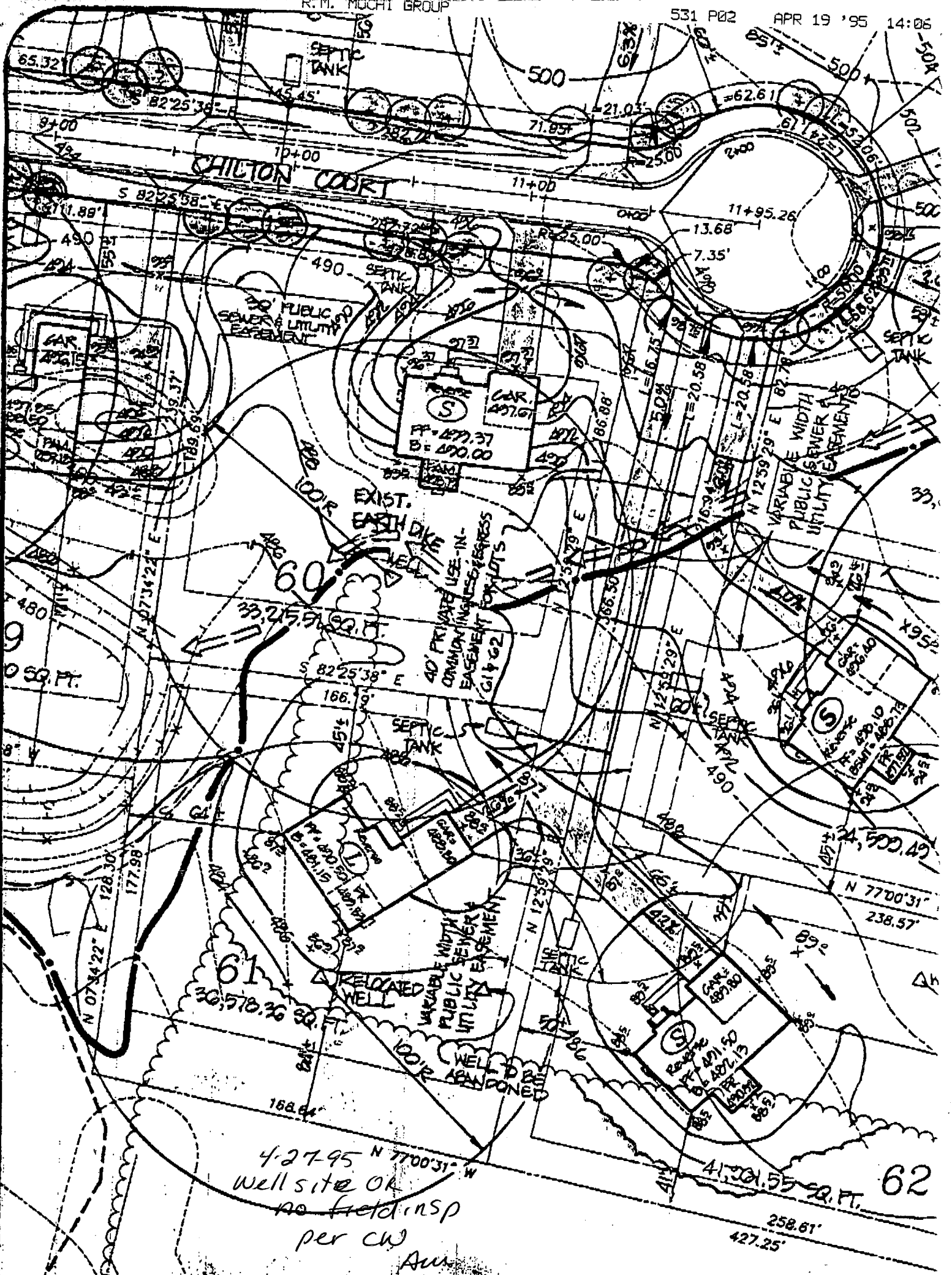


95 SEP 21 AM 9:54
 9-21-95 COPY FROM PERMITTING DIVISION
 LICENSES AND PERMITS DIVISION
 SITE PLAN FOR 80TH

R.M. MOCHI GROUP

531 P02

APR 19 '95 14:06



4.27.95 N 77°00'31" W
 well site OK
 no field insp
 per CW
 Au

62

258.61'
427.25'

N 77°00'31"
238.57'

24,500.49'

61
30,578.36 SQ. FT.

0 SQ. FT.

GAR 457.67
 PF = 477.37
 BF = 400.00

EXIST. EARTH DRAIN
 40' PRIVATE USE-IN-COMMONING LOTS EASEMENT FOR LOTS C14 & C2

PUBLIC SEWER & UTILITY EASEMENT

VARIABLE WIDTH PUBLIC SEWER UTILITY EASEMENT

RELOCATED WELL
 VARIABLE WIDTH PUBLIC SEWER UTILITY EASEMENT
 WELL DRILL ABANDONED

GAR 457.67

GAR 457.67

GAR 457.67

GAR 457.67

GAR 457.67

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK

SEPTIC TANK



HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Ms. Judy Simons
7124 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #61
7124 Chilton Court
Well Permit #HO-94-0448

Dear Ms. Simons:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on January 26, 1996.

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-94-0448.

Dates of Water Samples: January 23, 1996
April 22, 1996

Date of Well Completion: May 1, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file

Dear Jane -
 Craig said BP is OK, but I can't find
 the file. Sorry
 KW

30

30

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

600103872

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

7124 Chilton Ct 3674
 Clarksville MD 21029-1736

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

Install 22 X 15 IRREGULAR shaped
 Dec with steps to ground &
 H107 job (soft concrete block curb) curb
 on pad

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
61						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
ASHLEY HILLS				

OWNER NAME AND ADDRESS PHONE NO.
 Mark & Judi Simons (410) 531-0101
 7124 Chilton Ct
 Clarksville MD 21029-1736

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	22	15	7'11"

OCCUPANT'S NAME AND ADDRESS PHONE NO.
 Same as above

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
POSTS PER 24x24x30		

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
 FINE CARPENTRY CO. (301) 419-0011
 13293 BAITMORE AVE LARVAL MD 20707

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

EXISTING USE PROPOSED USE
 SF DWELLING SAME WITH 20' SHED

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.

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
 5000 19692 30

SIGNATURE DATE
 Permit man 2-05-97

W/S CODE

FOR OFFICE USE ONLY

DISTANCE 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.	2/5/97	DONALD K. SOLO
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.

APPROVED DATE

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

2 OK # 1427

CA

B 1	9004	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0448 <small>fill in this form completely</small>
------------	-------------	-------------------------------	------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

OWNER INFORMATION

Date Received (APA) **042795**

WINCHESTER HOMES
Last Name Owner First Name

6305 IVY LANE S700
Street or RFD

GREENBELT MD 20770
Town State Zip

DRILLER INFORMATION

MSD/MGD/MWD **40**

Driller's Name **George F. Easterday** License No. 80 **40**

Firm Name **2. F. Easterday**

Address **Mt. Airy Md 21771**

Signature **Henry F. Easterday** Date **4-21-95**

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)

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

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) **HO-94-0289**

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

APPROX. PERMIT NUMBER **G A P**

FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **HO-94-0448**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD COUNTY

ASHLEIGH KNOLLS SUBDIVISION

SECTION **61** LOT **61**

HIGHLAND NEAREST TOWN

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

CHILTON CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST NORTH SOUTH

DISTANCE FROM ROAD **320** FT

TAX MAP: _____ BLK: _____ PARCEL: _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **W50290G** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **4/26/94** EXP. DATE **4/26/94**

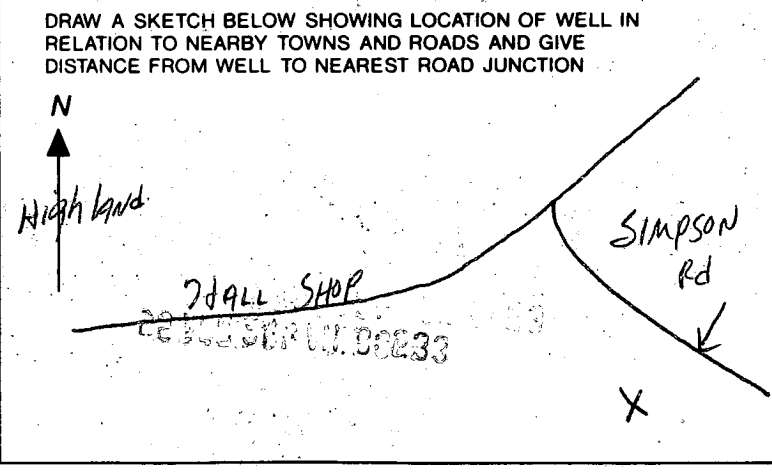
NORTH GRID **488000** EAST GRID **0819000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER **1 well 5**

WRITE THE BOX NUMBER FROM THE MAP HERE

810 **480**



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 5-8-95 (month/day/year)

H	0	-	9	4	-	0	2	8	9
---	---	---	---	---	---	---	---	---	---

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0	-	9	4	-	0	4	4	8
---	---	---	---	---	---	---	---	---	---

* PERSON ABANDONING WELL: SONNY FELLAKS

WELL DRILLERS LICENSE NUMBER: 501

* OWNER'S NAME: WINCHESTER HOMES

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: HIGHLAND
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: ASHLEIGH KNOLLS
 SECTION: _____ LOT: 61

	X
000	
000	

MARYLAND GRID COORDINATES

E 810
 BOX NUMBER
 N 480 ←

SHOW WELL LOCATION
 BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Pea Gravel	200	20
Cement	70	1

USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 200' FEET DEEP

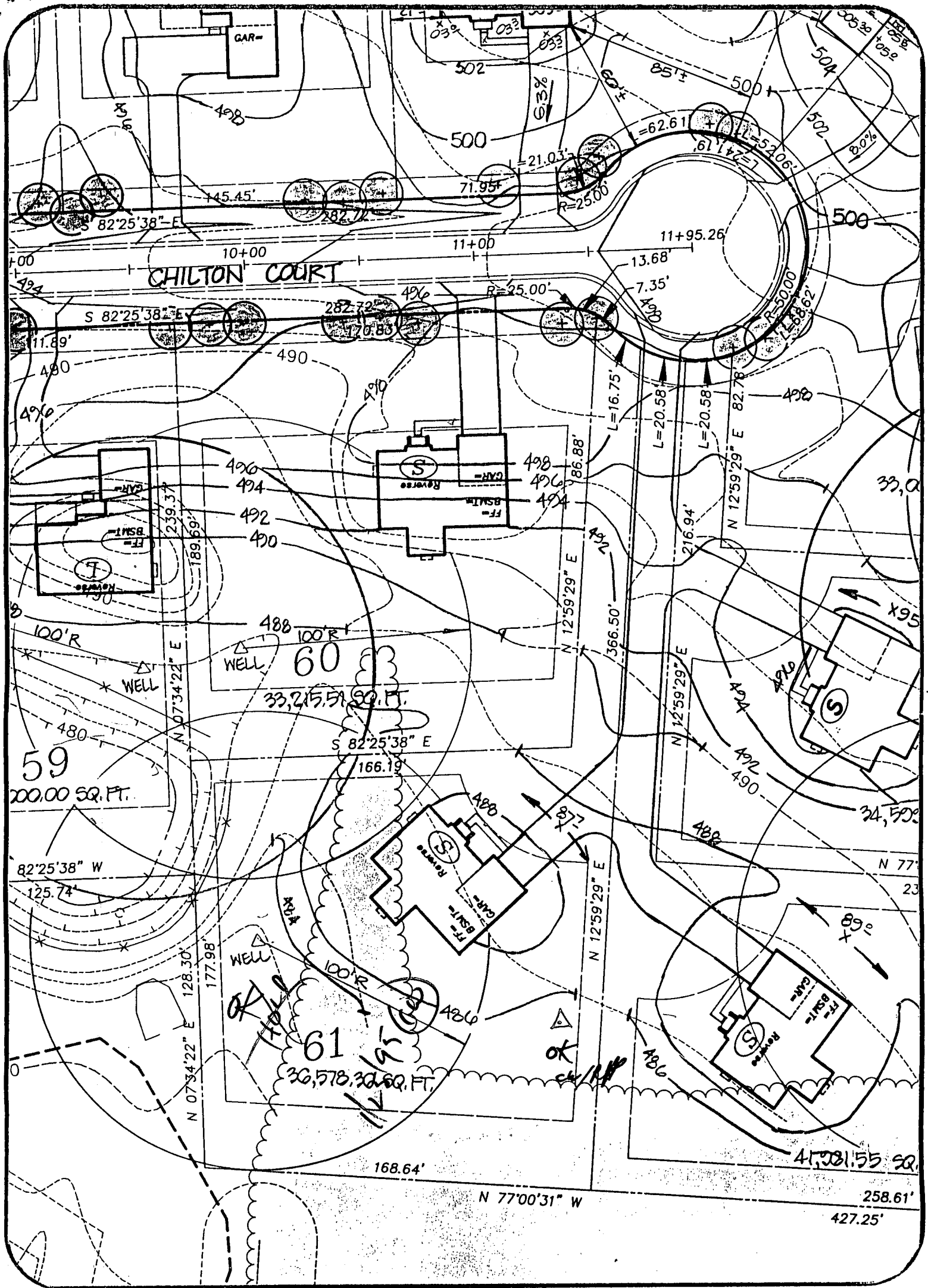
* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 3

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

George F. Estoway
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

40
 LICENSE #

5/8/95
 DATE



✓ Ashleigh Knolls
Lot 61

DATE: 9/20/24

PROJECT NO.:
89027.06

DRAWN BY:

TJP

SCALE:

1" = 50'

MMILDENBERG,
MMOCHI & ASSOCIATES, INC.
ENGINEERS • SURVEYORS • PLANNERS

3300 North Ridge Road, Suite 235
Ellicott City, Maryland 21043-3350

(410) 461-0078 D.C. Metro: (301) 621-5768
Fax: (410) 750-6340

C-1 5967

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 56290-G

ST/CO USE ONLY DATE Received 1/20/99

DATE WELL COMPLETED 02/07/95

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-99-0289

OWNER: last name first name TOWN Highland SECTION LOT 61

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Sandy Clay, Sand Stone, Mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY, NO. OF BAGS 18, NO. OF POUNDS 1800.

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

MAIN CASING TYPE: S T, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 70.

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.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: yes (Y), no (X).

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

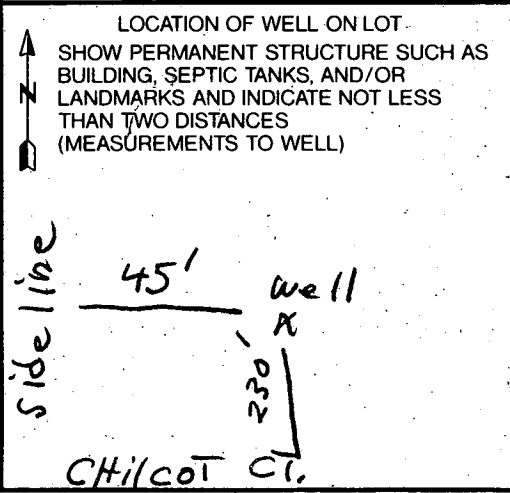
DEPTH (nearest ft.) table with rows 1-3 and columns 8-21. Values: 1: 40, 68, 200; 2: ; 3: .

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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min. to nearest gal.) 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 10, WHEN PUMPING 111, TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) + above, LAND SURFACE (nearest foot) 2.



ASHLEIGH KNOLLS

W502906

SUBDIVISION:

LOT NUMBER: 61

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. Wilkin

Logged 2/28/95 DCS
Lab No. Date Received

C318701 11:3 B

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2509 Name WINCHESTER HOMES County HOWARD County Code 13

Source ASHLEIGH KNOLLS LOT 61 Date Category Code 4F

Collected: Date 2/10/95 Time 11:00 AM Collector & Phone G. SAVAGE 313-2640 Submitter Code ✓

CHECK (one per box)

Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Federal Project	<u>5</u>
Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>		
Stream	<input type="checkbox"/>	Private	<input type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>		

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄

pH 6.0 Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: WELL TAG # HO-94-0289
PH 1.5 AFTER ADDING 2ML ACID

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			1.2	02-14-95	BK
	pH*, Ca CO ₃ 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 01

Section Chief Asoka I. Katumuluwa

Date Reported FEB 16 1995

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

95 FEB 23 PM 1:09

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