CO 1:30 2/15/96 Not Ready
CO Pump Test 2/22/96 1:30 / Jeff Hurley
Booked for 8:30 AM 2/23/96

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 502904

A _____

DISTRICT _____

DATE 12-9-94

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Tax ID# 05-418836

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

~~Van Sant Plumbing & Heating~~ Souder IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE ~~795-6566~~ 829-0444

SUBDIVISION Ashleigh Knolls LOT 60 ROAD 7120 Chilton Court

PROPERTY OWNER George + Elaina ACS ~~Winchester Homes~~ Columbia Bldrs

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.

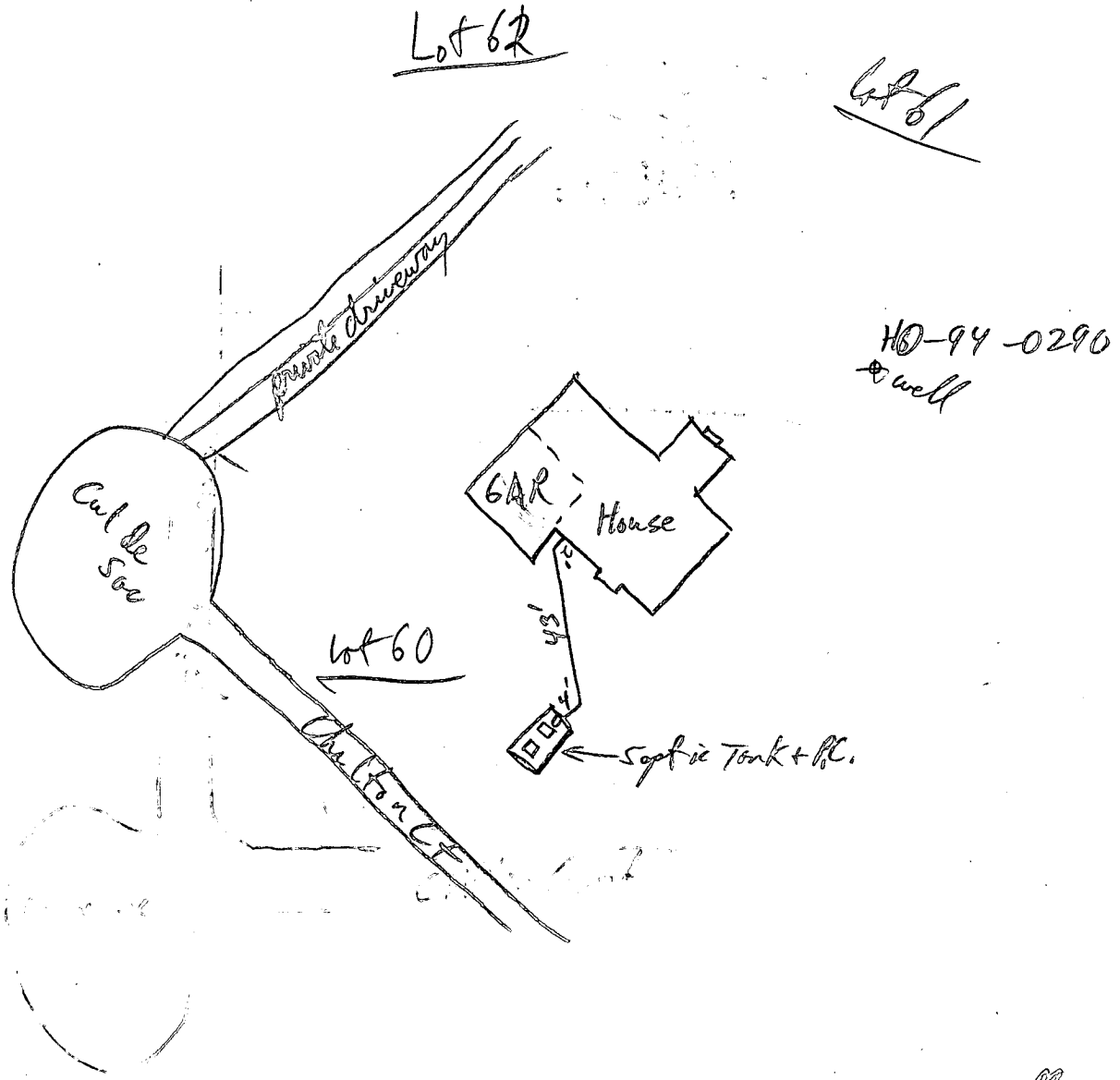
- This permit is limited to installation of the individual house sewer line only. Location as per the signed building permit site plan, copy attached.

- 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.

BLDG. PERMIT SIGNED AND RETURNED 1-7-98
Issued $ 800 10436
duck

PLANS APROVED BY _____ DATE _____

P502904



11/9/95 House Connection to S.T. OK to Cover. KP Jeffcoat
Visited Site - Not Ready for Pump Test 11/14/95 KPP

2/15/96 Mr Miller said they needed to install a 3/4 riser over S.T. access Manhole & will need to change electrical, & but connections etc + Test for seal on riser. So they'll need to reschedule pump Test for another Date 2/15/96 KPP.

2/22/96 1:PM — Riser Extenders installed but work Not Completed. Jeffcoat said to plan on Pump Test 8:30 or 9:00 Friday morning KPP.

2/23/96 10AM — Pump Test works OK per JW/Miller/KPP

IMPORTANT MESSAGE

TO Kim

DATE 2/26/96 TIME 11:45 A.M. / P.M.

WHILE YOU WERE OUT

M George Acs

OF

Area Code & Exchange 202-884-4131

TELEPHONED	✓	PLEASE CALL	✓
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
	RETURNED YOUR CALL		

Message Bacteria Problem
RE: 7120 Chilton Court
Ashleigh Knolls Lot 60
(He wants ICOP w/ special
exception for bacteria)

Operator Ann

SCM

Howard County Health Department

To: Kim

RE: Ashleigh Knolls Lot 60

The Septic System is Finally Approved (ie. Perc Test OK) but.

(1) as you know they have had two successive Positive Bacterial Water Samples

(2) No Well pump inspection was called for Nor observed by this office.

(3) Said well is only 75 ft From a Neighbors septic Tank and downslope of its own Septic Tank.

(4) House site is freshly graded, very muddy and drains toward well site. IE: Well construction / Seal May be Faulty.

From: Jon Pinsky

See me about our options + follow up.

Date: 7/23/96

Thanks for

HD-170

C 1 -5964 (1 2 3 6) — 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 IV 5.296 H

ST/CO USE ONLY
DATE Received 03 22 95 (8–13)

DATE WELL COMPLETED 02 10 95 (15–20)

Depth of Well 200 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0290 (28–37)

OWNER Winchester Homes
STREET OR RFD last name Chilcot Ct first name TOWN Highland
SUBDIVISION Ashleigh Knolls SECTION LOT 60

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Top Soil	0	2	
Red Clay	2	15	
Sand silt + clay	15	50	
Mica	50	75	
Sand Stone	75	76	✓
Mica	76	90	
Sand Stone	90	91	✓
Mica	91	105	
Sand Stone	105	106	✓
Mica	106	200	

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

WELL HYDROFRACTURED yes [Y] no (N)

CIRCLE APPROPRIATE LETTER
- A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E — ELECTRIC LOG OBTAINED
- P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40
George F Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles R. Fellows
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] (44) no [N] (44)
TYPE OF GROUTING MATERIAL
CEMENT [C M] (45 46) BENTONITE CLAY [B C] (45 46)
NO. OF BAGS 21 NO. OF POUNDS 2100
GALLONS OF WATER 105
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48) ft. to 30 ✓ (54) ft. (TOP 52, BOTTOM 58)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below: [S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T (60 61)	6 (63 64)	65 ✓ (66 70)

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below: [S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (1 2)

EACH SCREEN

		DEPTH (nearest ft.)	
1	H O (8 9)	63 (11–15)	200 ✓ (17–21)
2	(23 24)	(26–30)	(32–36)
3	(38 39)	(41–45)	(47–51)

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

from ____ to ____
GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

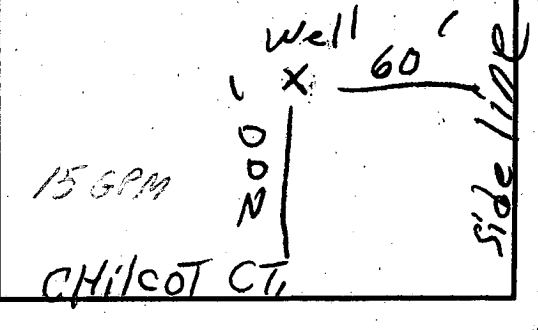
C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 ✓ (8 9)
PUMPING RATE (gal. per min. to nearest gal.) 12 ✓ (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 7 ✓ (17–20)
WHEN PUMPING 38 ✓ (22–25)

TYPE OF PUMP USED (for test) (27)
- 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 or NO) 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: (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft.) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above (48) / (−) below (49) LAND SURFACE 2 (nearest foot) (50 51)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

019

Page _____ of _____

Date 7/10/95

Review OK 7-12-95 Ann

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0296
Location of property (road) ~~Chilton Ct~~ Chilton
Subdivision Ashleigh Knolls Lot 20 Block _____ Plat _____ Sec. _____
Well Driller Easterday Owner Winchester Homes

Depth of well 200 15 GPM
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 7'

I. High rate pumping -- reservoir drawdown

Time pump started 12:45 Pumping rate 12 G.P.M.
Total time _____ to reach pumping water level 31' 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:45	31'	5" sec		12
1:00	34'	5	Pump 180'	12
1:15	36'	5	A.E.	12
1:30	36'	5		12
1:45	36'	5		12
2:00	36'	5		12
2:15	37'	5		12
2:30	37	5		12
2:45	37	5		12
3:00	37	5		12
3:15	38'	5		12
3:30	38'	5		12
3:45	38'	5		12

HD-224

Page 1 of _____
Date _____

2/10/95
3 hr pump?
7:30

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0290
Location of property (road) Chilcoat Ct
Subdivision Ashleigh Knolls Lot 69 Block ____ Plat ____ Sec. ____
Well Driller Easterday Owner Winchester Homes

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. *High rate pumping -- reservoir drawdown*

Time pump started _____ Pumping rate 15 GPM (PER DRILLER) GS
Total time _____ to reach pumping water level _____ 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)

HD-224 Well @ at stake; location appears O.K. TH/G.S.

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 7 4043 — SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

STATE PERMIT NUMBER: H0-94-0290
fill in this form completely

Date Received (APA): 12/09/94

OWNER INFORMATION

Last Name: WINCHESTER — First Name: HOMES
Street or RFD: 6305 IVY LANE
Town: GREENBELT — State: MD — Zip: 20770

DRILLER INFORMATION

MSD/MGD/MWD:
Driller's Name: George F. Easterday — License No. 80: 40
Firm Name: L. Franklin Easterday, Inc.
Address: 9265 Brown Church Rd., Mt. Airy, Md. 21771
Signature: George F. Easterday — Date: 9/19/94

WELL INFORMATION

B 2
APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- (P) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- (T) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET
APPROXIMATE DIAMETER OF WELL: 6 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
other

REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

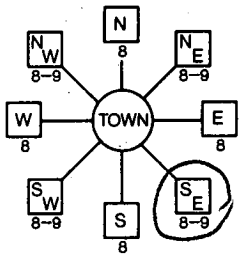
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: MR (WRITE INITIALS IN BOX) PERMIT No. H0-94-0290

LOCATION OF WELL

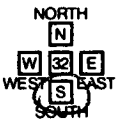
B 3
COUNTY: HOWARD
SUBDIVISION: ASHLEIGH KNOLLS
SECTION: — LOT: 60
NEAREST TOWN: HIGHLAND
MILES FROM TOWN (enter 0 if in town): 1 M

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: CHILCOT CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD: 200
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD — COUNTY NO.: W50290H
STATE SIGNATURE: _____ INSERT S
DATE ISSUED: 01/13/95 — CO SIGNATURE: Mark E. Rifkin — EXP. DATE: 01/13/96
NORTH GRID: 488000 — EAST GRID: 081900

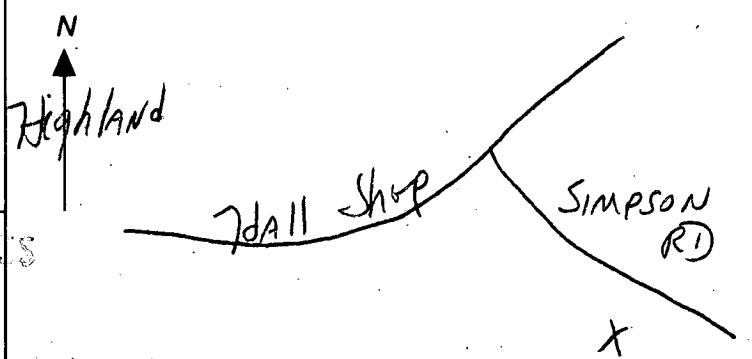
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well 5
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8109
N 4888

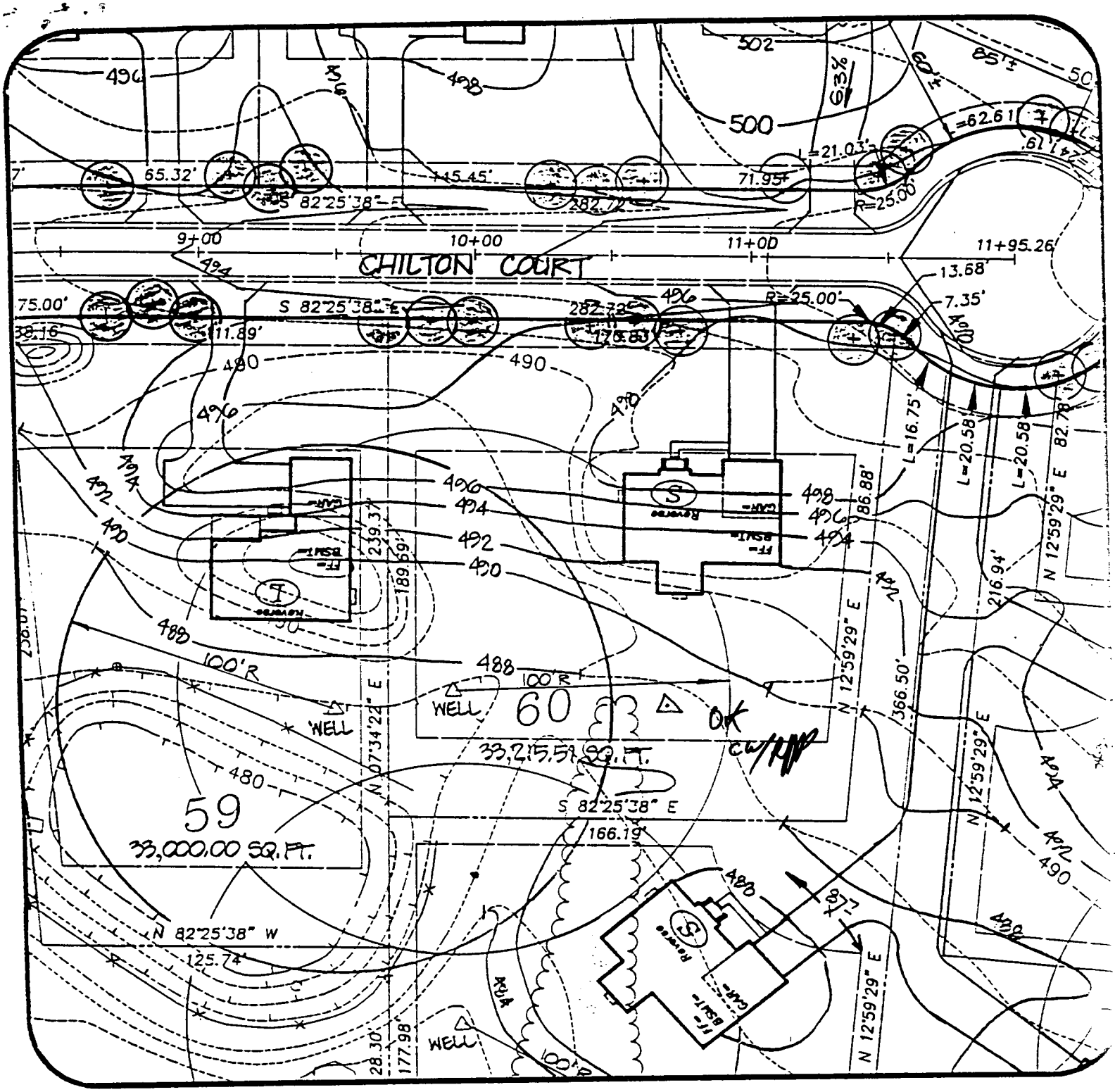
2/10/95 grout per well driller X
30' open
65' casing
21' bags grout
well at stake appears ok. GS
000 000 TAG on well GSATH

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



SPECIAL CONDITIONS
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = Site inspection before drilling

COUNTY



Ashleigh Knolls Lot 60	60 OK 11/25/95 (CW)
DATE: 9/20/94	PROJECT NO.: 89027.06
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) 750-6345

ASHLEIGH KNOLLS

W50290 H

SUBDIVISION: LOT NUMBER: 60

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	Septic Tank	Minimum Total Square Feet
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 Willa

HD-191

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER 60211

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7120 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
60	174	2	N/A	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	R-R	41	5	6051-02

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

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.
Clark, Finefrock & Sackett 381-7500
7135 Minstrel Way
Columbia, MD 21045

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

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

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

FOOTINGS	FOUNDATION	S. WALLS
20" x 8" 1	12" cmu	wd fr w/br
		& sid

UTILITIES					
WATER/WELL	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 complied with.

B James Greenfield
SIGNATURE

Pres. — TITLE
6/14/95 — DATE

EXISTING USE: Vacant Lot
PROPOSED USE: Single Family Dwelling

EST. CONSTRUCTION COST: $100,000.00
LICENSE NUMBER: 361106
PERMIT FEE: $25.00

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W 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 #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING X		
SHA X		
SEDIMENT/GRADING X		
BUILDING OFFICIAL X		
WATER & SEWER		
HEALTH DEPT. X	6/21/95	C. Willen
FIRE PROTECTION		
STORM WATER MGM. X		

APPROVED _____ DATE _____

CAUTION

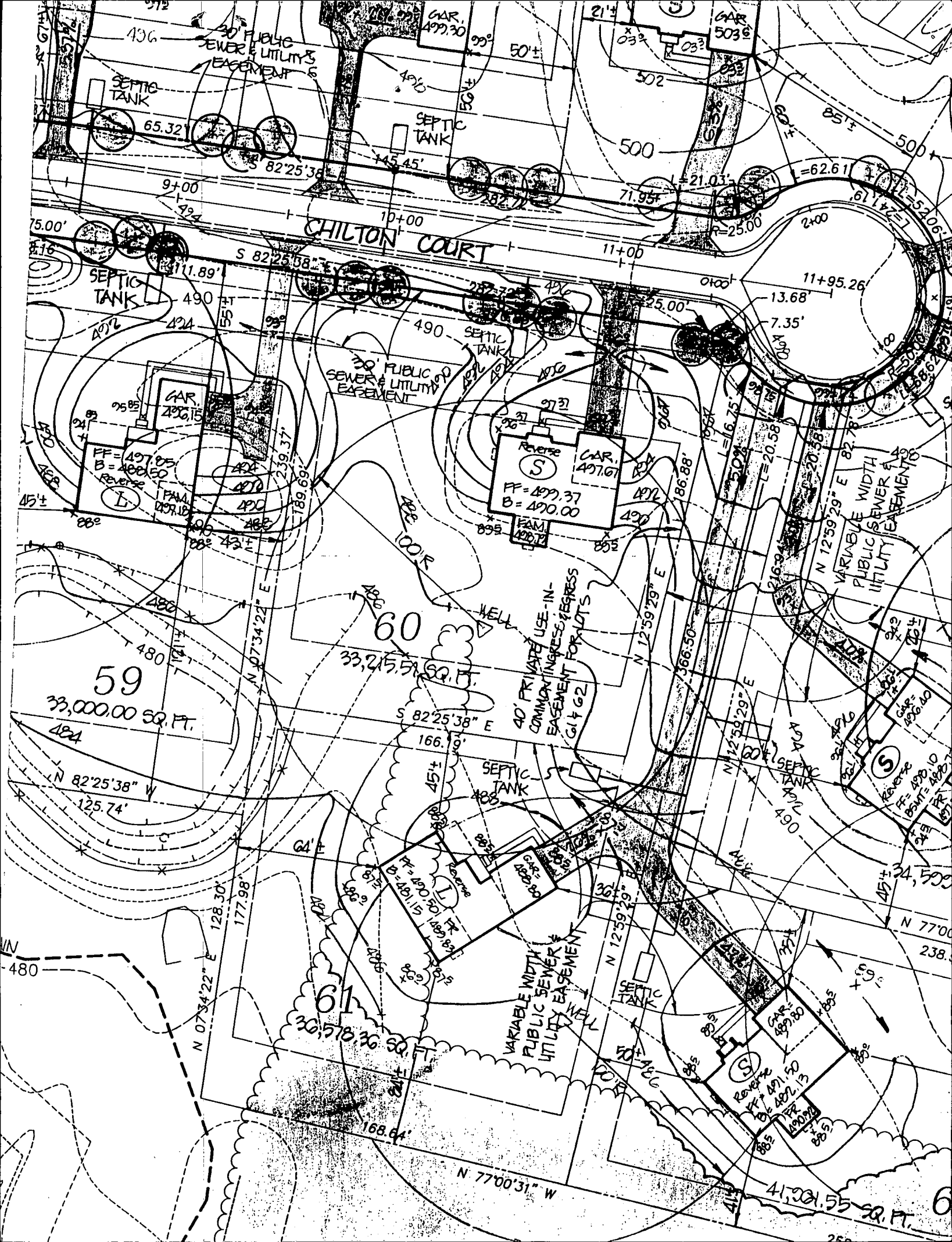
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

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

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


CHILTON COURT
S 82°25'38" E
145.45'
65.32'
9+00
10+00
11+00
11+95.26'
R=25.00'
L=21.03'
L=62.61'
L=24.61'
L=52.06'
30' PUBLIC SEWER & UTILITY EASEMENT
SEPTIC TANK
GAR. 499.30
GAR. 503.6'
GAR. 496.15
GAR. 497.61
GAR. 489.80
GAR. 491.50
GAR. 490.10
FF = 497.85
B = 488.50
Reverse
FF = 499.37
B = 490.00
FF = 490.50
B = 481.15
FF = 491.50
B = 482.13
FF = 490.70
BSMT = 488.70
FAM 489.12
FAM 490.12
60
33,215.59 SQ. FT.
59
33,000.00 SQ. FT.
61
30,578.36 SQ. FT.
41,001.55 SQ. FT.
34,509
40' PRIVATE USE-IN-COMMON INGRESS & EGRESS EASEMENT FOR LOTS 60 & 62
VARIABLE WIDTH PUBLIC SEWER & UTILITY EASEMENT
WELL
N 12°59'29" E
366.50'
216.94'
N 07°34'22" E
100'±
N 82°25'38" W
125.74'
166.19'
128.30'
177.98'
168.64'
N 77°00'31" W
N 77°00
239.37'
189.69'
186.88'
L=16.75'
L=20.58'
R=50.00'
71.95'
282.72'
111.89'
S 82°25'38" E
SEPTIC TANK
ADR
480
490
500
502

HOWARD COUNTY HEALTH DEPARTMENT

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

March 20, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chilton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 23, 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-94-0290.

Dates of Water Samples: February 28, 1996
March 14, 1996

Date of Well Completion: February 10, 1995

Approving Authority
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

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

Category Code 41 4C Lab. No. 811797

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:
- Community ☐
- Non-Community ☐
- Non-Transient ☐
- Private ☑
- Check Sample ☐
- Special ☐

Source K2 - Powder Room
Location: 7120 Central Ct
Iced: Yes ☑ No ☐ ☑ am. ☐ pm.
Treated Yes ☐ No ☑ Time Collected 9:45
Collector # 95-456 Bottle No. 00-66
Collector Name R. Cummings County Howard

County	Plant No.	Sampling Station	Date Collected
13			03 14 96

pH 7.6 Res. Cl: Free 0.0 Total 0.0 Card No. —

LABORATORY RECORD

Thiosulfate: Pres. ☑ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

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

CONFIRMED MTF TEST

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

PRESUMPTIVE P/A TEST*

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

CONFIRMED P/A TEST

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

Date & Hour
Rec.d
Exam
Rept.

Laboratory
Annapolis ☐ Cumberland ☐
Cambridge ☐ Frederick ☐
Central ☑ Salisbury ☐
Cheverly ☐
Remarks

Bacteriologist

DHMH - 86 12/94 COUNTY COPY 60M

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER George ACS DATE OF APPOINTMENT 03/14/96 9:30

ADDRESS 7120 Chilton Ct

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME _____

ADDRESS _____

SAMPLE TYPE

_____ Health Hazard
_____ U & O
_____ Pond or Stream
_____ Sewage
_____ Other

REASON FOR REQUEST

_____ New Residence
_____ Nitrate Monitoring
_____ Taste or Odor
_____ Replacement Well
_____ 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. Canning TIME 9:45 DATE 03/14/96 9:30

SAMPLE FROM Powder Room # 00-66 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: _____

HD-232 (9/93)

HOWARD COUNTY HEALTH DEPARTMENT

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

March 8, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chilton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

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

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

HOWARD COUNTY HEALTH DEPARTMENT

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

February 29, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chilton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 23, 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-94-0290. 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: February 28, 1996
Date of Well Completion: February 10, 1995

Approving Authority

Amy Mc Millen, R.S.
Water and Sewerage Program

ALM
cc: Building Inspector's office
file

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road
Westminster, MD 21158

MD State Certification #132
(410) 848-1914 or 876-4554

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995
LABORATORY ID NUMBER: 19278
LOCATION: 7120 Chilton Court
Ashleigh Knolls, Lot 60
CLARKSVILLE , HO, MD. 21029
DATE/TIME COLLECTED: 02-28-1996, 1015 @
DATE/TIME REC'D LAB: 02-28-1996, 1125
WELL NUMBER: HO-94-0290

COMPANY: CASH ACCOUNT
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 RESULTS @	6.7	6.5 - 8.5	pH Units
NITRATES	N/A	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST:

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

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS

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: 02-29-1996 LABORATORY DIRECTOR: Chas Mooslian

Charles Mooslian, BS, MT(HHS)

COMMENTS: Use & Occupancy, retest.

Sample Analyzed As Received

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.. 1413 Old Taneytown Rd. Westminster, MD 21158
Carroll (410) 848-1014 FAX (410) 848-0298 Baltimore (410) 876-4554 Harford (410) 893-3694

FAX

Date 2/29

Number of Pages 2

TO: KIM FUE
HOWARD COUNTY HEALTH DEPARTMENT

313-2648

FROM: FOUNTAIN VALLEY ANALYTICAL LAB

CH

REMARKS: Water Analysis results for Use & Occupancy Permit.

re 7120 Chilton Court HK-60
Clarksville, MD
H0-94-0290

CONFIDENTIALITY NOTICE

This information is intended ONLY for the addressee. The information contained herein may be legally privileged and confidential. If you have received this information in error, please notify us immediately. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this information or its contents is strictly prohibited.

HOWARD COUNTY HEALTH DEPARTMENT

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

February 27, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chillton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on February 23, 1996.

This is a **Temporary Deviation** to the Code of Maryland Regulation (COMAR 26.04.04) to allow additional time for a well failing certification of potability to be brought into compliance with these regulations.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N or to allow for the installation of an ultraviolet disinfection system.

By the end of the interim period (**fifteen days**), a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a, or to grant a Permanent Deviation, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the owner. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the above referenced property.

Date of Well Completion: February 10, 1995

Approving Authority
Donna K. Soe

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: Building Inspector's office
file

HOWARD COUNTY HEALTH DEPARTMENT

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

February 27, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chillton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on February 23, 1996.

This is a **Temporary Deviation** to the Code of Maryland Regulation (COMAR 26.04.04) to allow additional time for a well failing certification of potability to be brought into compliance with these regulations.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N or to allow for the installation of an ultraviolet disinfection system.

By the end of the interim period (**fifteen days**), a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a, or to grant a Permanent Deviation, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the owner. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the above referenced property.

Date of Well Completion: February 10, 1995

Approving Authority
Donna K. Soe

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: Building Inspector's office
file

HOWARD COUNTY HEALTH DEPARTMENT

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

February 27, 1996

Mr. and Mrs. George Acs
7120 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #60
7120 Chillton Court
Well Permit #HO-94-0290

Dear Mr. and Mrs. Acs:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on February 23, 1996.

This is a **Temporary Deviation** to the Code of Maryland Regulation (COMAR 26.04.04) to allow additional time for a well failing certification of potability to be brought into compliance with these regulations.

This certifies that bottled water will be used for drinking purposes in the interim period of time (**fifteen days**) to allow for additional disinfection procedures as described in Regulation COMAR 26.04.04.07N or to allow for the installation of an ultraviolet disinfection system.

By the end of the interim period (**fifteen days**), a determination shall be made by this office whether to accept the well as being in compliance with the bacteriological standard of Regulation 26.04.04.09B3a, or to grant a Permanent Deviation, or to issue an order that the well be abandoned and sealed.

Issuance of this Temporary Deviation is based on information submitted by the owner. By issuance of this letter, this office recommends release of the Use and Occupancy permit for the above referenced property.

Date of Well Completion: February 10, 1995

Approving Authority
Donna K. Soe
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: Building Inspector's office
file

REQUEST FOR TEMPORARY DEVIATION TO CERTIFICATE OF POTABILITY

DATE: 2/27/96

PROPERTY OWNER: Mr. and Mrs. George ACS

PROPERTY ADDRESS: Ashleigh Knolls - Lot 60
7120 Chilton Ct. Clarksville

WELL PERMIT #: HO - 94 - 0290

TESTIMONIAL: (Steps taken thus far by well owner to make the well water supply bacteriologically safe)

Chlorinated & Sampled twice

PLEDGE: (Steps to be taken by the well owner to bring the well into compliance with COMAR 26.04.04.09 within fifteen (15) days)

re chlorinate & Sample again

CONDITIONS:

1) Within fifteen (15) days, the well installed under permit #HO-94-0290 will be bacteriologically free resulting from approved disinfection procedures

2) If condition #1 is not met through disinfection techniques, then either:
   a) an ultra violet disinfection system must be installed and maintained continuously to ensure a bacteriologically safe water supply
   b) an order to abandon and seal the well will be issued

I hereby request that a 15 day Temporary Deviation to Certificate of Potability be granted for the well installed under permit #HO-94-0290. I am fully aware of the conditions under which this deviation will be granted. I am fully aware of my responsibilities as the well owner.

2/27/96
(Property Owner)

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: 4995
LABORATORY ID NUMBER: 19251
LOCATION: 7120 Chilton Court
Ashleigh Knolls, Lot 60
CLARKSVILLE , HO, MD, 21029
DATE/TIME COLLECTED: 02-23-1996, 1130 @
DATE/TIME REC'D LAB: 02-23-1996, 1330
WELL NUMBER: HO-94-0290

COMPANY: CASH ACCOUNT
REQUESTED BY: Brenda Zartman
SOURCE: Well
SITE: Kitchen
COLLECTED BY: C.M. 96-160 (FVAL)
@ RESIDUAL CHLORINE: None Detected
WATER SUPPLY TREATED: NO
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.2	6.5 - 8.5	pH Units
NITRATES	N/A	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST:

COLIFORMS, TOTAL	2 2.2	0 tubes out of 10 Less than 1.1	MPN/100ml
COLIFORMS, FECAL	0 <1.1	0 tubes out of 10 Less than 1.1	MPN/100/ml

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS

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

@ FTNOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 02-26-1996 LABORATORY DIRECTOR: Chas Mooshian
Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy, retest

Sample Analyzed As Received

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: 4995
LABORATORY ID NUMBER: 19205
LOCATION: 7120 Chilton Court
Ashleigh Knolls, Lot 60
CLARKSVILLE , HO, MD, 21029
DATE/TIME COLLECTED: 02-20-1996, 1210 @
DATE/TIME REC'D LAB: 02-20-1996, 1320
WELL NUMBER: HO-94-0290

COMPANY: CASH ACCOUNT
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 RESULTS @	6.9	6.5 - 8.5	pH Units
NITRATES	N/A	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST:

COLIFORMS, TOTAL	5 6.9	0 tubes out of 10 Less than 1.1	MPN/100ml
COLIFORMS, FECAL	0 <1.1	0 tubes out of 10 Less than 1.1	MPN/100/ml

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS

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: 02-21-1996 LABORATORY DIRECTOR: Chas Mooshian

Charles Mooshian, BS, MT(

COMMENTS: Use & Occupancy, Retest

Sample Analyzed As Received

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: 4995
LABORATORY ID NUMBER: 19165
LOCATION: 7120 Chilton Court
Ashleigh Knolls, Lot 60
CLARKSVILLE , HO, MD, 21029
DATE/TIME COLLECTED: 02-13-1996, 1105
DATE/TIME REC'D LAB: 02-13-1996, 1215
WELL NUMBER: HO-94-0290

COMPANY: CASH ACCOUNT
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 RESULTS @	7.1	6.5 - 8.5	pH Units
NITRATES	3.08	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST:

COLIFORMS, TOTAL	10 >23.0	0 tubes out of 10 Less than 1.1	MPN/100ml
COLIFORMS, FECAL	0 <1.1	0 tubes out of 10 Less than 1.1	MPN/100/ml

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Turbidity	8.5	Less Than 10	NTU
Sand	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: 02-14-1996 LABORATORY DIRECTOR: Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

SPEED LETTER®

TO Craig Williams
Environmental Health
Fax # 2648

FROM Jeff Welty
Utilities

SUBJECT Ashleigh Knolls

MESSAGE

The following lot is ready to be released for U/O:

Lot 7124 Ch. Hyth Ct. Columbia Builders

Test Not Complete
Pump Test Not Complete
Rescheduled for 2/22/96 AM

DATE 2/21/96 SIGNED J. K. Welty

DATE SIGNED

Wilson Jones • Carbonless • M... S.A.
44-902 ... © T. Wilson Jones, 1989

RECIPIENT: RETAIN WHITE COPY, RET...

BUREAU OF UTILITIES TEL: 410-3[illegible]919 Feb 15,96 14:42 No.007 P.01

SPEED LETTER

TO Craig Williams
Envir Health

FROM Jeff Welty
Utilities

SUBJECT Ashleigh Knolls

MESSAGE

The following lot has been rejected for U&O due to pump & tank problems.

Lot 60 7120 Chilton Ct, Columbia Builders.

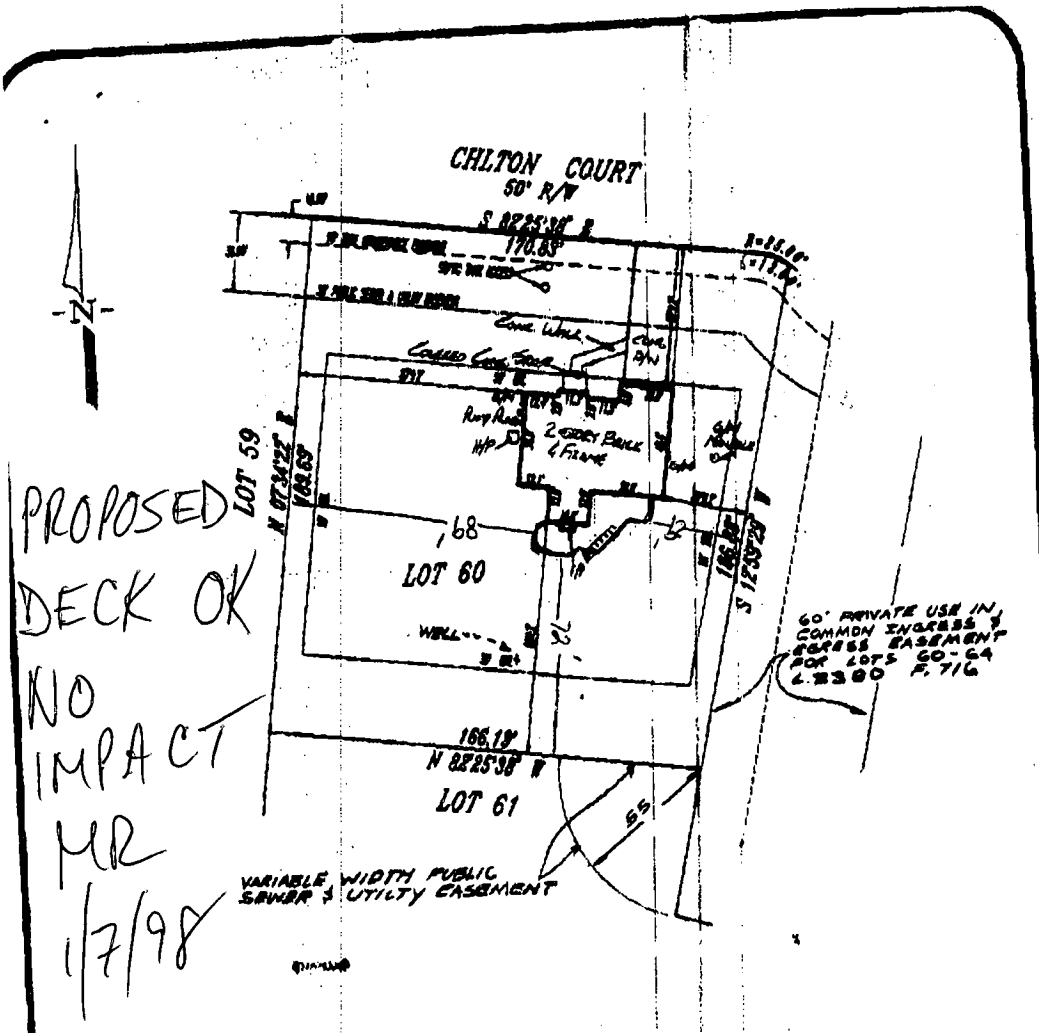
We will notify you when a reinspection has been scheduled.

DATE 2/15 SIGNED JW

DATE SIGNED

WilsonJones • Carbonless • MADE IN U.S.A.
44-900 Triplicate • © WilsonJones 1995

RECIPIENT: RETAIN WHITE COPY, RETURN PINK



LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

ADDRESS No.: 7120 CHILTON COURT

TOP OF WALL ELEV. = 497.9 FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044 0038 B

LOT 60

ASHLEIGH KNOLLS

Phase Two

PLAT No. 11537
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: 11/3/95
FINAL	DATE: 02-20-96
DRAWN BY: AWG	SCALE: 1"=50'
PROJECT No.:	94503.00

STATE OF MARYLAND — REVIEWED — PROPERTY LINE SURVEYOR — Property Line Surveyor — Maryland

R.M. MOCHI GROUP, P.A.
CIVIL ENGINEERS LAND SURVEYORS PLANNERS ENVIRONMENTAL
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305
(410) 461-0070
Fax: (410) 750-8340

11/25/1997 08:41 14105315103 GEORGE ACS PAGE 02

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

30

SERIAL NUMBER

B0009368

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7120 CHILTON CT
CLARKSVILLE, MD 21029

3678

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
60	174	2		7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
ASHLEIGH KNOLLS	RR	41	5	6051.02

OWNER NAME AND ADDRESS — PHONE NO.
GEORGE & ELAINA ACS
7120 CHILTON COURT
CLARKSVILLE, MD 21029
410-531-0112

OCCUPANT'S NAME AND ADDRESS — PHONE NO.
SAME AS OWNER

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.
MARYLAND DECK & PATIO
43 GRAVENHURST CT
GAITHERSBURG, MD 20878
301-253-2216

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.
SAME AS ARCHITECT

EXISTING USE	PROPOSED USE
SFH	SFH W/DECK

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
10,000	41629	30

W/S CODE

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO — SDP #

DESCRIPTION OF WORK AUTHORIZED
IRREGULAR SHAPED DECK
ON REAR OF HOUSE
W-STEPS
42'X 12 X14'

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

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

FOOTINGS	FOUNDATION	S. WALLS
PIER & POST		

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 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 complied with.

SIGNATURE

MANAGER — TITLE

1-7-98 — DATE

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)

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 X		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL X	1/7/98	
WATER & SEWER		
HEALTH DEPT. X	1/7/98	Mark E. Tipton
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.

APPROVED _____ DATE _____

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591 CK5524 (8)

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

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