

C.O. 9:00
8-17-95

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50586B

A _____

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TOX ID#
05-418798

DATE 3-16-95

DATE SYSTEM APPROVED 8/18/95

INSPECTOR [Signature]

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 57 ROAD 7164 Chilton Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS Greenbelt, MD 20770

**BUILDING PERMIT SIGNED
AND RETURNED**

8-12-04 800149874-IG POOL

**BLDG. PERMIT SIGNED
AND RETURNED**

*3/27/95
Serial # 58330 -
SFD-48m*

- 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.

*** Shared system approved for service as of August 15, 1995. Okay to connect house sewer to septic tank.***

PLANS APPROVED BY

Craig Wilbur

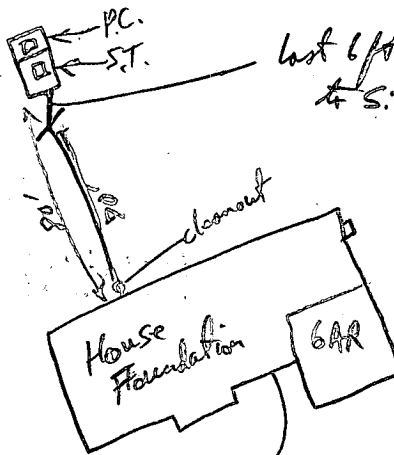
DATE

5/9/95

505-86B

← Driveway To lots 54, 55

Lot 58



last left connection of House Sewer line to S.T. is OK to town. App 8/17/95

Lot 56

Lot 57

BUILDING PERMIT SIGNED AND RETURNED

will 10-94-0294

Chilton Court



- 5/10/95 ① pitless adapter + water line OK at 4' (3" Finish grade)
- 5/10/95 ② Sewer line OK to cover as installed (end 10' from Septic tank)
- 8/17/95 ③ Final connection of sewer line to S.T. OK App.
- 8/18/95 ④ Pump, Floats, alarm, control Box all OK, DPL approved App

SETBACKS:	
REAR PL.	10'
SIDE PL.	10'
HOUSE	0'
SEPTIC	20'
WELL	30'

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 149874 A# P50586B
 APP. SAN KN DATE: 8/12/04
 DESC. OF WORK: Inground pool

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL - 1 HOUR (IN CONTRACT)
SPA: 50 SQ.FT, 6 JTS, 100W LGHT, SKM, BLWR
RAISED BEAM: NONE
TILE: RM-06
COPING: PA FULL RANGE FLAGSTONE - CUT
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS: PCC 2000
TREATMENT SYS: MINERAL SPRINGS
CONTROL SYS: NONE
HEATER: AC 125 - HEAT PUMP
LIGHTS: ONE WATTS: 500 VOLTS: 120
LOVESEAT: (1)@6'-INSIDE W/2 JTS, (1)@6'-OUTSIDE
AQUA BENCH: (2) @ 4'
RAIL GOODS: NONE
DECKING: AGGREGATE CONC. FIN. @ 1590 SQ.FT.
FENCE: BY OWNER
POOL COVER: NONE TYPE: N/A
CHEMICALS: \$50 CHEMICAL ALLOWANCE
OTHER ITEMS: 250 SQ.FT. DRY STACKING STONE RET. WALL, 100 LN.FT DRAIN PIPE & STONE (2) VOLLEYBALL SOCKETS
ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 20' X 40' - CUSTOM
POOL AREA: 800 **SPA:** 50 **OTHER:** 12
TOTAL AREA: 862
PERIMETER: 114' **SPA:** 25'
GALLONAGE: 35,300 **DEPTH:** 3'-0" TO 8'-0"

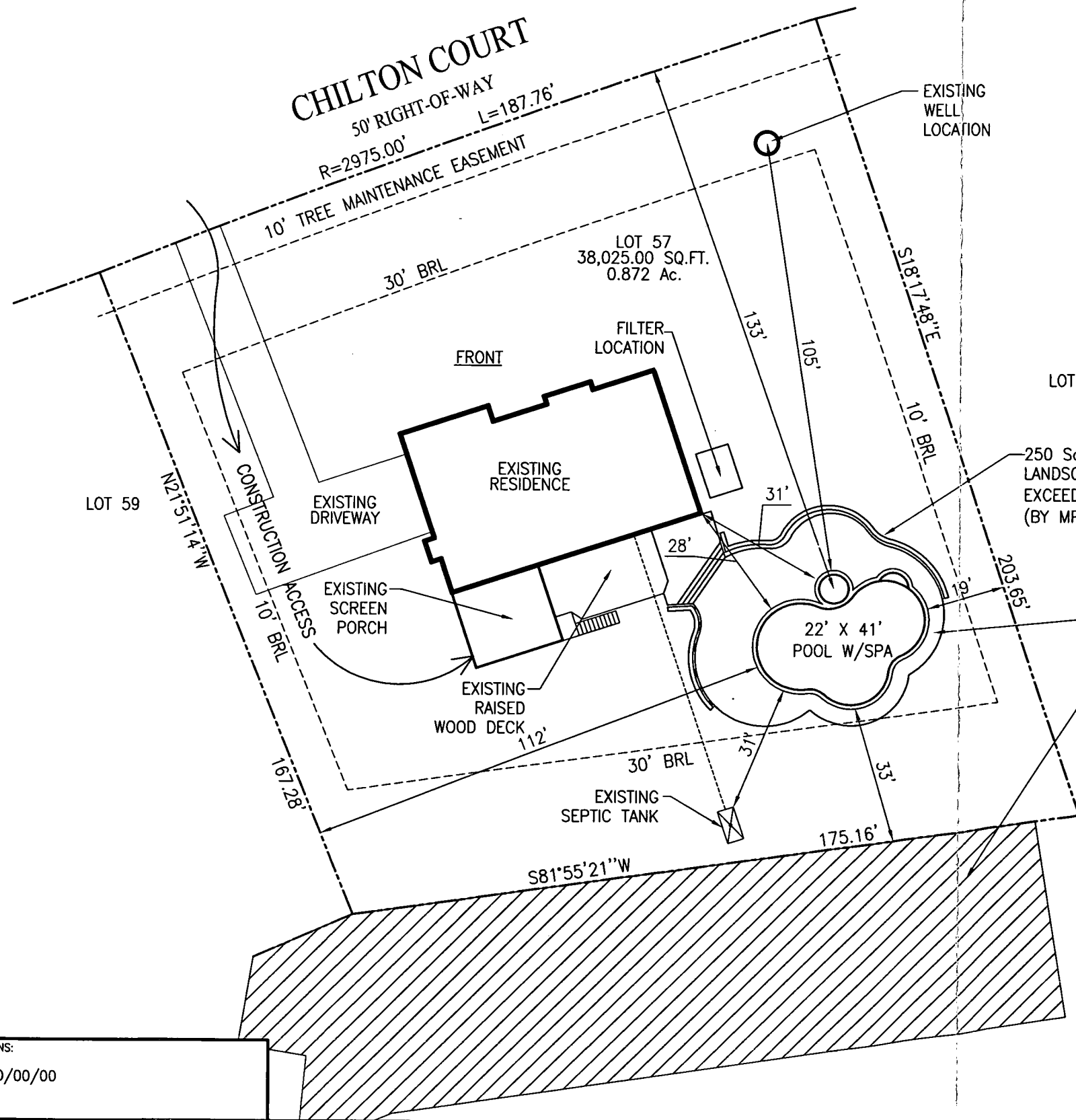
DIRECTIONS TO SITE

RT-32 W TO CEDAR LN/SANNER RD EXIT. L/T ONTO CEDAR LN
 R/T ONTO GUILFORD RD. L/T ONTO HALL SHOP RD. L/T ONTO
 SIMPSON RD. R/T ONTO BROOKSHIRE RD. L/T ONTO CHILTON CT.
 MAP # 14
 GRID F-13
 ****SITE IS 1ST HOUSE ON RIGHT****

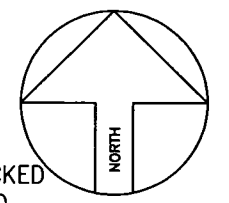
Kerry & Rebecca Ireland
 7104 Chilton Court
 Clarksville, Maryland 21029
 Howard County

HOME PHONE: 410-531-1849
 MR. CELL PHONE: 410-746-3776
 OFFICE PHONE 2:

SITE PLAN			ZONE: ZONE 1
LOT: 57	SUBDIVISION NAME: ASHLEIGH KNOLLS	DISTRICT: 05	PIN # 418798
SCALE: 1"=30'	BY: CNL	DATE: 7/27/04	JOB NUMBER: GS04-8007 SHEET #: S-1



PRIVATE WELL & SEPTIC



ZONE 1

SITE PLAN

1"=30'

LOT 57 ASHLEIGH KNOLLS

ACCOUNT #418798
 MAP 41, GRID 7, PARCEL 475
 ELECTION DISTRICT NO. 05
 HOWARD COUNTY, MARYLAND

REVISIONS:
 00/00/00

APPLICATION

HOWARD COUNTY

SERIAL NUMBER
58330

PERMIT APPLICATION

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

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

GRADING/SEDIMENT CONTROL YES NO G-3058
SDP#

7104 Chilton Court
Clarksville, Md. 21029

DESCRIPTION OF WORK AUTHORIZED
House type is Mt Vernon:
2 story, full basement, 9R, 2PB, 1BB,
garage, 4 BR, optional FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
57	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS
Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770
PHONE NO. (301) 489-1144

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	36'	10'
	62'	32'	10'
	62'	32'	10'

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2007	20070	Asph shble
ROOMS	1387	13870	
BATHS			
FIREPLACES	1470		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R. M. Mochi & Associates
3300 N. Ridge Rd., Suite 234
Ellicott City, Md. 21043
PHONE NO. (410) 621-5788

FOOTINGS	FOUNDATION	S. WALLS
16x8	3" conc	wood fra siding

CONTRACTOR'S NAME AND ADDRESS
Same as Above
PHONE NO.

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
			X	HP	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
PROPOSED USE
Res. Single Family

EST. CONSTRUCTION COST \$172,000
LICENSE NUMBER 158-14160
PERMIT FEE

SIGNATURE
Permit Administrator
TITLE
DATE 3-3-95

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# _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/27/95	C. Wall
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.

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

ASHLEIGH KNOLLS

W50290 Q

SUBDIVISION:

LOT NUMBER: 57

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.

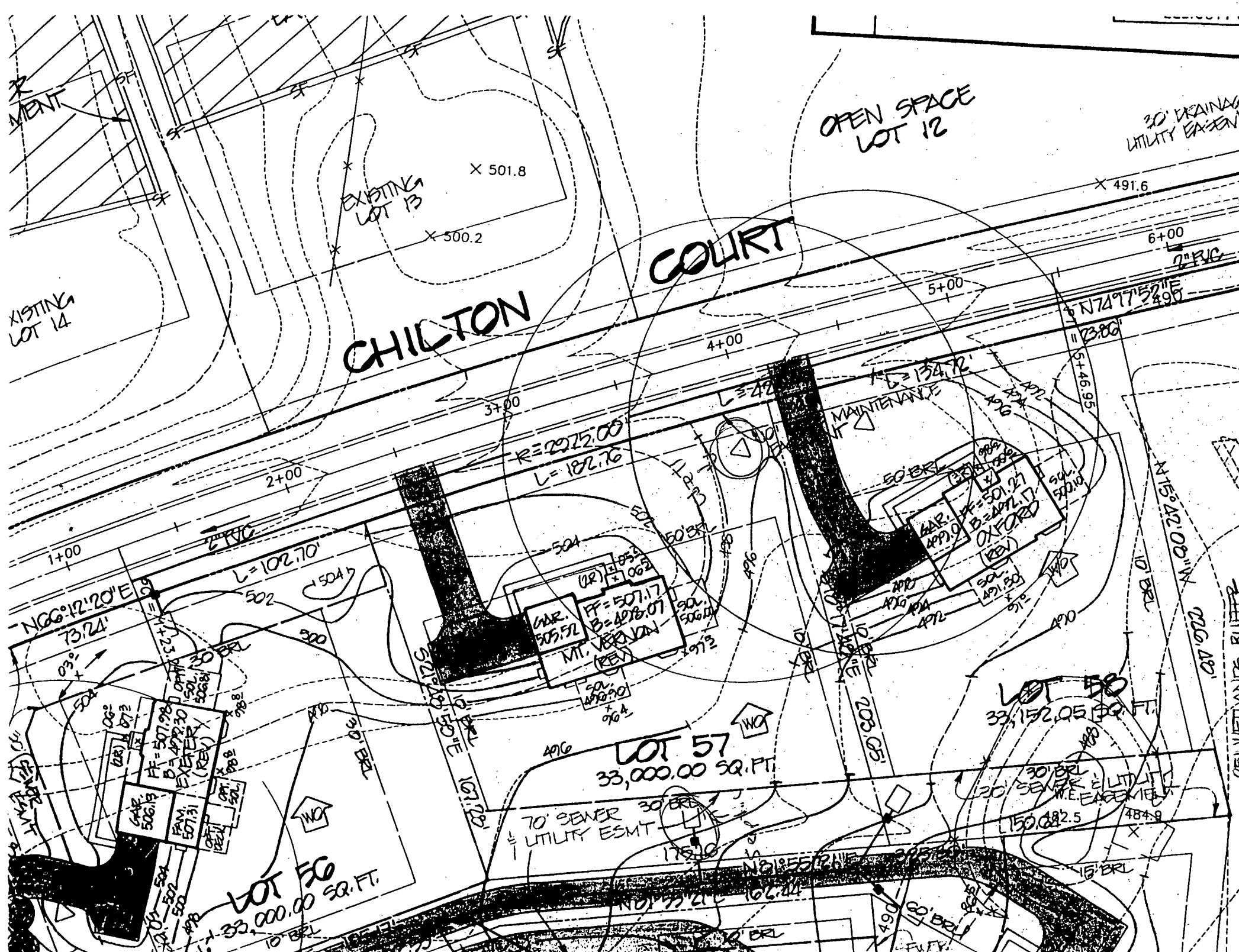
_____ feet of stone below distribution pipe.

- 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 Wilbur



EXISTING LOT 14

CHILTON COURT

OPEN SPACE LOT 12

EXISTING LOT 13
X 501.8
X 500.2

30' DRAINAGE UTILITY EASEMENT

NG6°12'20"E
73.24'

L=102.70'

R=2972.00
L=182.76

LOT 56
33,000.00 SQ. FT.
GAR. 506.15
FF=507.98
B=472.30
EXTER. 507.31
FAM. 507.31
10' BRL

LOT 57
33,000.00 SQ. FT.
GAR. 505.52
FF=507.17
B=478.07
MT. VERMONT (REV)
10' BRL

LOT 58
33,152.05 SQ. FT.
GAR. 501.27
FF=501.17
B=471.17
OXFORD (REV)
10' BRL

25' WETLANDS BUFFER
20' BRL
10' BRL

70' SEWER & UTILITY ESMT

30' BRL
SEWER & UTILITY ESMT

6+00

5+00

4+00

3+00

1+00

N74°17'52"E
499'

23.88'

5+46.95'

N15°42'08"W
10' BRL

20' BRL

25' WETLANDS BUFFER

MAINTENANCE

L=134.72'

L=47'

L=27'

112.12'

50'

60' BRL

60' BRL

498'

496'

492'

490'

490'

490'

490'

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10' BRL

EMERGENCY/TEMP NO. IF ANY

B 1	4039	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0294 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **120994**

WINCHESTER HOMES
Last Name Owner First Name

6305 IVY LANE
Street or RFD

GREENBELT MD 20770
Town State Zip

DRILLER INFORMATION

MSD/MGD/MWD
George F. Easterday **40**

Driller's Name **L. Franklin Easterday, Inc.** License No. **77**

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

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

WELL INFORMATION

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** INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) **J**ETTED **D**RIVEN

AIR-ROTary **A**IR-PERcussion **R**OTARY (Hydraulic Rotary)

CABLE **R**EVERSE-ROTary **D**RIVE-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

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

APPROX. PERMIT NUMBER _____ **G A P** _____

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-94-0294**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD COUNTY

ASHLEIGH RMD LLS SUBDIVISION

SECTION _____ LOT **57**

HIGHLAND NEAREST TOWN

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

CHILCOT CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

150 DISTANCE FROM ROAD ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **W 50290 Q** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **01/17/95** INSERT S **11/7/96**

Mark E. [Signature] CO SIGNATURE EXP. DATE

NORTH GRID **487000** EAST GRID **5819000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

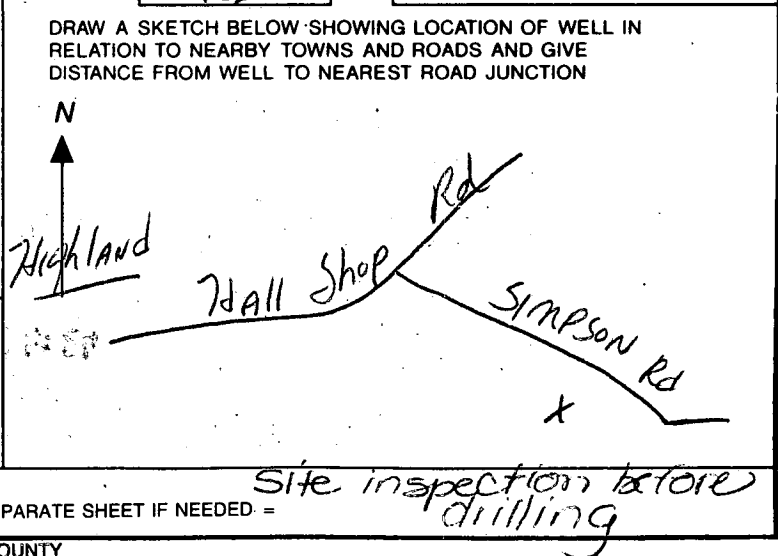
- Wells**
-
-

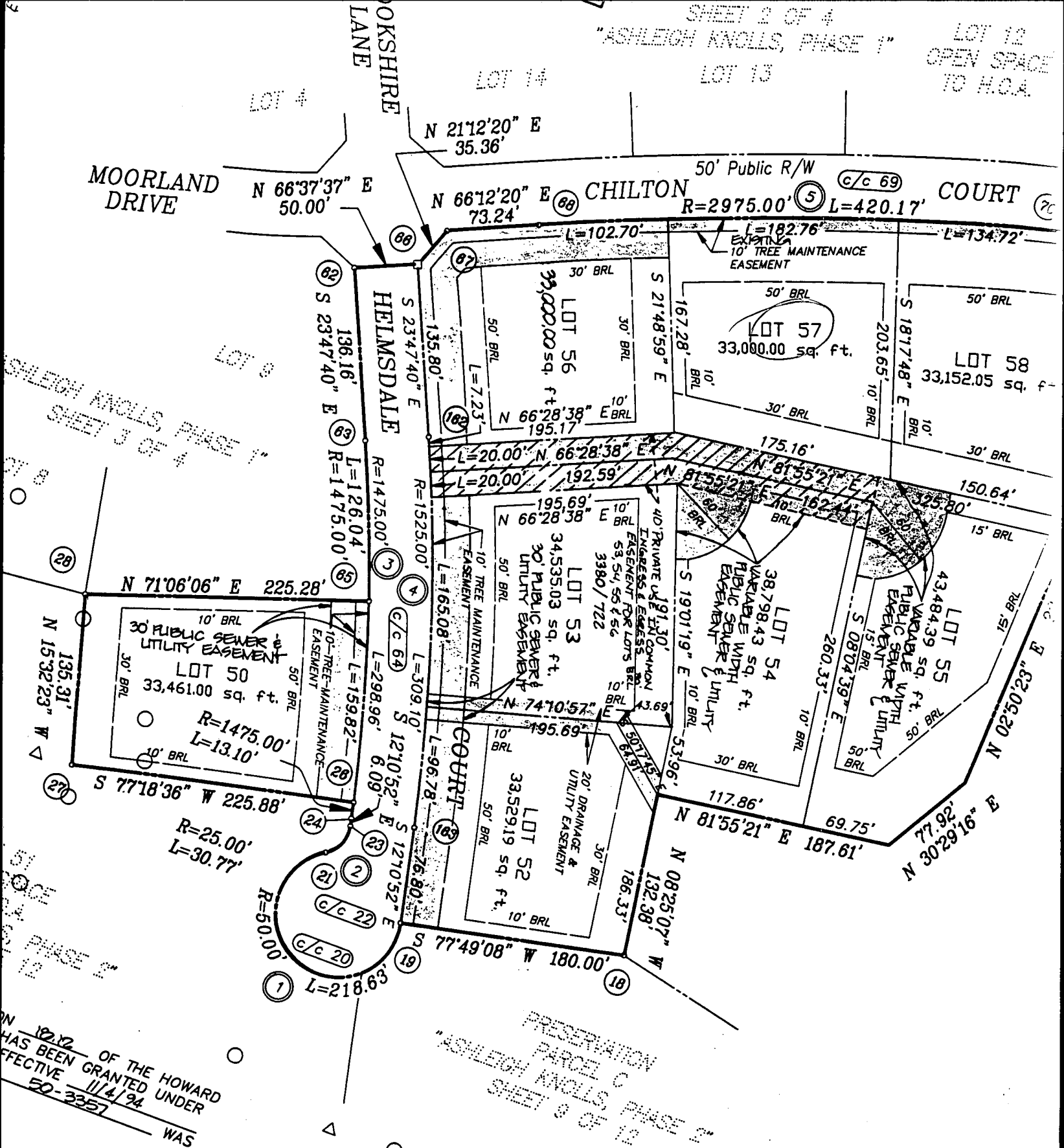
WRITE THE BOX NUMBER FROM THE MAP HERE

8109
4807

No. 2/17/95
2/10/95 govt
41 # BAGS
100' CASING
40' OPEN
2' CASING ABOVE GROUND

WELL LOGS APPEAR ON 65.
TAG ON WELL





ASHLEIGH KNOLLS, PHASE 1
SHEET 3 OF 4

ON 10/12 OF THE HOWARD
HAS BEEN GRANTED UNDER
EFFECTIVE 11/4/94
50-3357 WAS

PRESERVATION
PARCEL C
"ASHLEIGH KNOLLS, PHASE 1"
SHEET 3 OF 4

CURVE DATA					
CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING
1	50.00'	95.53'	70.71'	81.65'	N 66°53'01" W
2	25.00'	30.77'	17.68'	28.87'	N 23°21'01" W
3	1475.00'	298.96'	150.00'	298.45'	N 66°28'38" E
4	1525.00'	9272.76'	155.08'	308.57'	N 23°21'01" W
5	2975.00'	18272.30'	210.44'		

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date _____

Name of Installer Van Sant Plumbing & Heating

Telephone 829-0444

License Number 1467 3 N. Main Street Mc. Airy, MD 21041
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Winchester Homes Telephone _____
 Subdivision Ashleigh Knolls Lot # 57 Well Tag # HO-84-0294
 Site Address 1104 Chilton Ct.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>Hampebel</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>B10X</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>48"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Goulds</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>1-100</u>	1. Type <u>P.S.</u>	1. Depth <u>400</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield _____ GPM
<u>Pitless Adapter & water line OK at 4' (3' Final grade) RJP 6/10/95</u>	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>48"</u>	4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/>

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Harold Van Sant
 Date: 4/19/95

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

C1-5957

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

ST/CO USE ONLY DATE Received 120994

DATE WELL COMPLETED 021095

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0294

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT, TOWN

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Topsoil, Br. Mica w/Clay, Br. Mica, Green Mica, Gray Mica, Green Mica, Gray Mica, Green Mica, Gray Mica.

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

WELL HYDROFRACTURED YES NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE, SITE SUPERVISOR

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 41, NO. OF POUNDS 4100, GALLONS OF WATER 205, DEPTH OF GROUT SEAL 40

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE ST, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 100

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

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

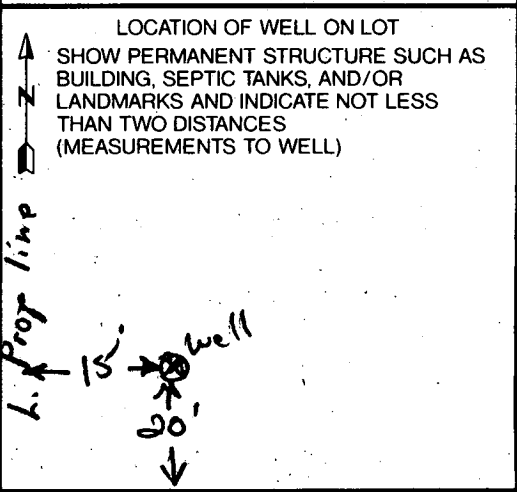
DEPTH (nearest ft.) 400, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 3, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 15, WHEN PUMPING 163, TYPE OF PUMP USED (for test) S submersible

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



COUNTY

Chilton Ct.

JM

3/3/95

Review *6/10/95 OK*
7/26/95 JJP

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0294
Location of property (road) Chilcot Ct
Subdivision Ashleigh Knolls Lot 57 Block Plat Sec.
Well Driller Easterday Owner Winchester Homes

Depth of well 400 1 1/2 GPM
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown
Time pump started 7:30 Pumping rate 12 G.P.M.
Total time 30 MIN. to reach pumping water level 163 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)
8:00	163	20 SEC.	Pump Setting 380	3 G.P.M.
8:15	163	20 "	Lee Holland	"
8:30	163	20 "		"
8:45	163	20 "		"
9:00	163	20 "		"
9:15	163	20 "		"
9:30	163	20 "		"
9:45	163	20 "		"
10:00	163	20 "		"
10:15	164	20 "		"
10:30	164	20 "		"
10:45	164	20 "		"
11:00	164	20 "		"
11:15	164	20 "		"
11:30	164	20 "		"
11:45	164	20 "		"
12:00	164	20 "		"
12:15	164	20 "		"
12:30	164	20 "		"
12:45	164	20 "		"
1:00	164	20 "		"
1:15	164	20 "		"
1:30	164	20 "		"
1:45	164	20 "		"
2:00	164	20 "		"



HOWARD COUNTY HEALTH DEPARTMENT

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

September 1, 1995

Winchester Homes
6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

RE: Ashleigh Knolls, Lot #57
7104 Chilton Court
Well Permit #HO-94-0294

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 18, 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.


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-94-0294. 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: August 29, 1995
Date of Well Completion: February 10, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00124179

Building Address 7104 Chilton Ct.
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision A (Large Lots)
 Section 2 Area _____ Lot 57
 Tax Map 111 Parcel 174 Grid 7
 Zoning RR Map Coordinates 11113 Lot size _____

Property Owner's Name Mr. & Mrs. Ireland
 Address 7104 Chilton Ct
 City Clarksville State MD Zip Code 21029
 Home Phone 410-531-1849 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use Screen porch
 Estimated Construction Cost \$ 26,405.00
 Description of Work Build 16'x22' screened porch, 25'x18' deck with 2 stairways

Contractor Company KIRKCO SAYER
 Contact Person John Riegele
 Address 10315 S. Duffield Rd
 City Owings Mills State MD Zip Code 21117
 License No. 28743
 Phone 410-365-9410 Fax 410-356-4855

Occupant or Tenant Mr & Mrs Ireland
 Contact Name KEVIN Ireland
 Address 7104 Chilton Ct.
 City Clarksville State MD Zip Code 21029
 Phone 410-531-1849 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 THERE TO; (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.

John Riegele
 Applicant's Signature
Installation Manager
 Title/Company

John Riegele
 Print Name
5.25.2000
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

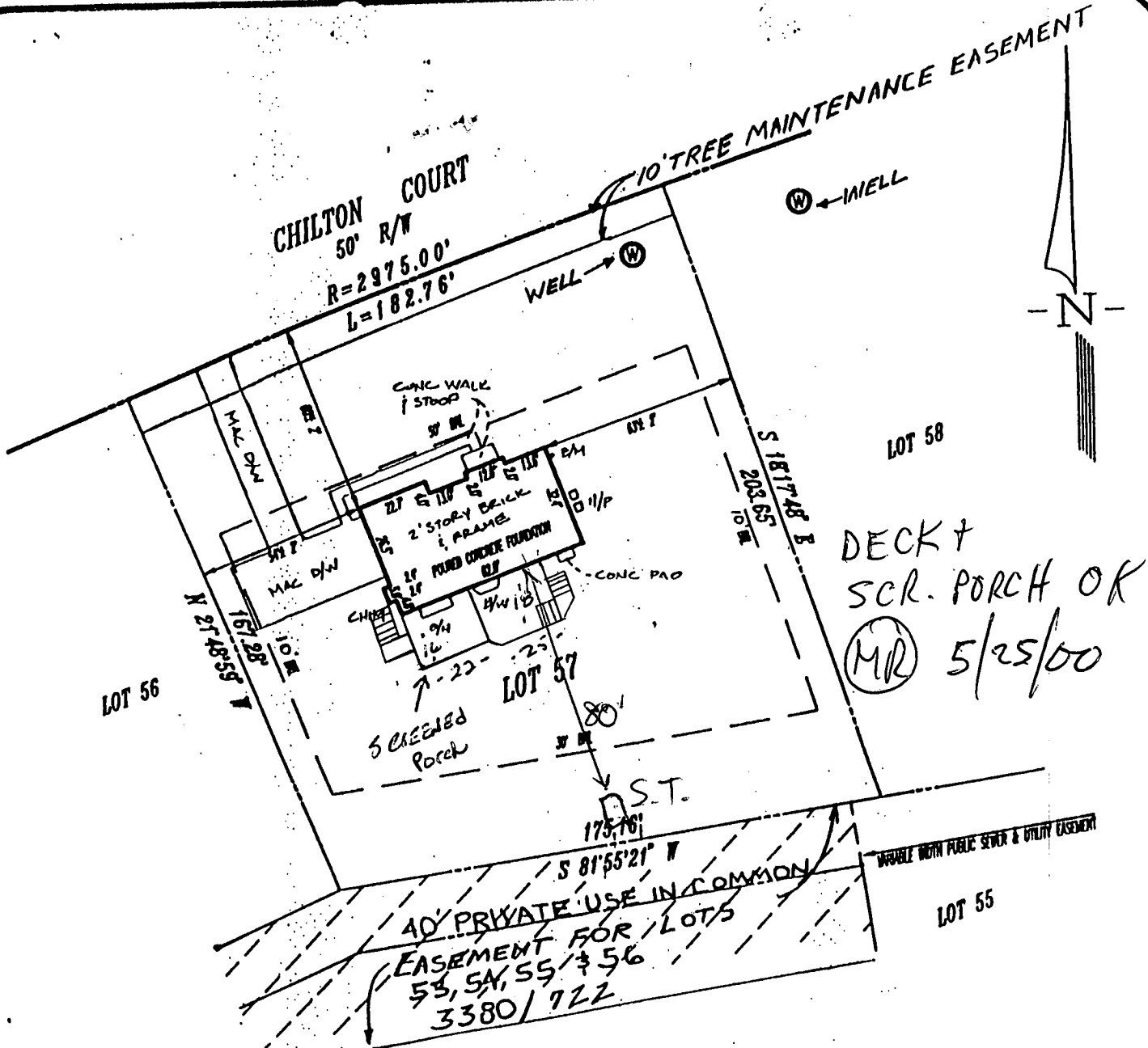
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official	<u>5/25/00</u>	<u>Mark Kuffner</u>
Dev. Engineering DPZ		
Health		
Fire Protection		

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID# 3668
 Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
TOTAL FEES \$ 60.00
 Balance due \$ _____
 Check # 12102
 Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



DECK +
SCR. PORCH OK
MR 5/25/00

X Kerry C. Ireland 9/12/95
X Rebecca A Ireland 11/2/95

LEGEND

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

ADDRESS No.: 7104 CHILTON COURT
 TOP OF WALL ELEV. = 505.83 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 ES-
 TABLISHMENT 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 57
ASHLEIGH KNOLLS
 PHASE 2
 PLAT #11539
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: ^{SRP} 4/18/95
FINAL	DATE: ^{SRP} 8/4/95
DRAWN BY: AWG	SCALE: 1"=50'
PROJECT No.:	94517.00



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