

Cio 9:00
8-17-95

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50586C

A _____

DISTRICT _____

DATE 3/16/95

DATE SYSTEM APPROVED 8/18/95

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Tax ID #
05-418801
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 58 ROAD 7168 Chilton Court

PROPERTY OWNER Winchester Homes, Inc.

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.

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

addition - DOCK
BLDG. PERMIT SIGNELY
AND RETURNED 9-27-95
Serial # 61764

BLDG. PERMIT SIGNELY
AND RETURNED 9/27/95
B00132596. screened porch w/ roof

PLANS APPROVED BY

Craig Wilbur

DATE

5/9/95

W502901

Lot 55

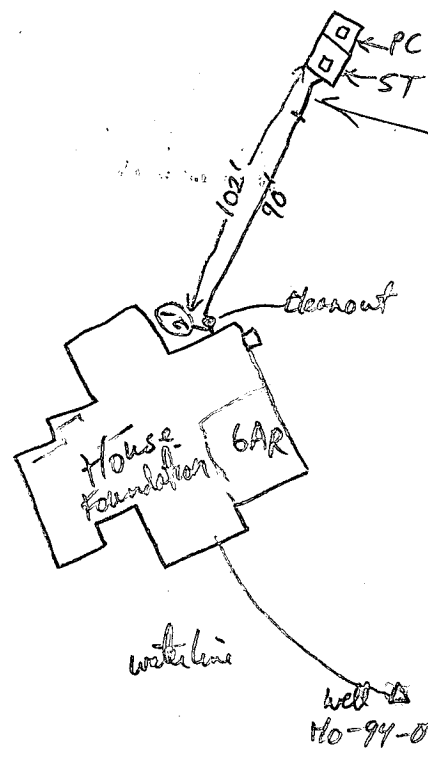


last 2 ft connection of
septic pipe from house to S.T.
is OK to lower R/P 8/27/95

Lot 57

open
space

Lot 57



Chilton Court



- 5/10/95 ① water line + pitless adapter OK at 4'
- ② Sewer Line From HSE Connection to 10ft from Septic Tank
OK to lower
- 8/17/95 ③
- 8/18/95 ④ Flats, pump, control box, alarm OK; DPW approved R/P.

ASHLEIGH KNOLLS

W50290 I

SUBDIVISION:

LOT NUMBER: 58

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. Willian



HOWARD COUNTY HEALTH DEPARTMENT

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

December 24, 1996

Mr. and Mrs. Hoffman
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293

Dear Mr. and Mrs. Hoffman:

This is to advise you that the septic system for the above referenced property received final approval 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.

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-94-0293.

Dates of Water Samples: October 28, 1996
December 17, 1996

Date of Well Completion: February 2, 1995

Approving Authority

Donna K. Soe, R.S.

Water and Sewerage Program

DKS
Enclosures
cc: file

(2)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

012562

Category Code 4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>W. Preston St.</u>	<u>UPSIDE TUB FAUCET</u>
Community <input type="checkbox"/>	Location: <u>7109 W. Preston St.</u>	
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>10:40</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-451</u>	Bottle No. <u>BC705</u>
Check Sample <input type="checkbox"/>	Collector Name <u>D. SOR</u>	County <u>W. DISTRICT</u>
Special <input type="checkbox"/>		

<u>13</u>	<u>---</u>	<u>---</u>	<u>12 17 76</u>
County	Plant No.	Sampling Station	Date Collected

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 †											
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 †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>
E. Coli ***	<u>---</u>

** 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

DEC 17 1976 Date & Hour

DEC 17 04 2:17 **DAP** Exam

DEC 18 04 3:02 **DAP** Rept.

Laboratory

Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
Cheverly <input type="checkbox"/>	

Remarks _____

Bacteriologist D. Pierce

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

10:38

PROPERTY OWNER Hoffman DATE OF APPOINTMENT 12/17/96

ADDRESS 7108 Chilton Ct

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

<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 _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St. 009200
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehnen Joseph, Ph.D., Director

Category Code 4F-4C Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source: <u>Hoffman - Powder Room</u>		
Community <input type="checkbox"/>	Location: <u>7108 CHILTON CT.</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/> am.	
Non-Transient <input type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected: <u>9:00</u>	
Private <input checked="" type="checkbox"/>	Collector #: <u>95-456</u>	Bottle No. <u>BH214</u>	
Check Sample <input type="checkbox"/>	Collector Name: <u>B. Canning</u>	County: <u>Howard</u>	
Special <input type="checkbox"/>			

13 County	<input type="checkbox"/> Plant No.	<input type="checkbox"/> Sampling Station	10 28 96 Date Collected
pH <input type="checkbox"/> 7.0	Res. Cl: Free <input type="checkbox"/> 0.0	Total <input type="checkbox"/> 0.0	Card No. <input type="checkbox"/> - -

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*										CONFIRMED MTF TEST										No. of Pos.	
ml. of Sample		10 ml.								ml. of Sample		10 ml.									
Gas. 24 hours										Coliforms †											
Gas. 48 hours										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

<p>Date & Hour</p> <p>'96 OCT 28 PM 2:49</p> <p>'96 OCT 28 PM 2:07</p> <p>'96 OCT 29 PM 2:47</p>	<p style="text-align: right;">Laboratory</p> <table style="width: 100%;"> <tr> <td>Annapolis <input type="checkbox"/></td> <td>Cumberland <input type="checkbox"/></td> </tr> <tr> <td>Cambridge <input type="checkbox"/></td> <td>Frederick <input type="checkbox"/></td> </tr> <tr> <td>Central <input checked="" type="checkbox"/></td> <td>Salisbury <input type="checkbox"/></td> </tr> <tr> <td>Cheverly <input type="checkbox"/></td> <td></td> </tr> </table> <p>Remarks</p>	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>	Cheverly <input type="checkbox"/>	
Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>								
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>								
Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>								
Cheverly <input type="checkbox"/>									

Rec'd _____ Exam'd _____ Rept. _____

Bacteriologist D. Pearce

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Hoffman DATE OF APPOINTMENT 10/28/96
ADDRESS 7108 Chilton G
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

SAMPLE TYPE REASON FOR REQUEST
____ Health Hazard _____ New Residence
____ U & O _____ Nitrate Monitoring
____ Pond or Stream _____ Taste or Odor
____ Sewage _____ Replacement Well
____ Other _____ 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 9:00 DATE 10/28/96

SAMPLE FROM Powder Room BT244 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: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

November 4, 1996

Ms. Margie Hoffman
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293
Water Sample Date: October 28, 1996

Dear Ms. Hoffman:

The water sample recently collected for testing was found to be free of coliform bacteria. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second consecutive bacteriologically safe sample must be obtained, either by the health department or by a private laboratory certified for water testing.

Please contact this office at (410) 313-2640 to schedule the final water sample appointment. It is recommended that this water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample. This sample may also be collected and tested by a laboratory certified for water testing, providing the sample results are forwarded to this office for review.

Presently, there is no charge for this service.

Very truly yours,


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

DKS



HOWARD COUNTY HEALTH DEPARTMENT

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

October 2, 1996

Ms. Margie Hoffman
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293
Water Sample Date: September 23, 1996

Dear Ms. Hoffman:

The water sample recently submitted for testing was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing once you have completed the chlorination process. Presently, there is no charge for this service.

Very truly yours,

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

DKS
Enclosure

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

006994

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Hoffman - Powder Room</u>
Community <input type="checkbox"/>	Location: <u>7108 CHINON Ct.</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>8:55</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u> Bottle No. <u>145183</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>Howard</u>
Special <input type="checkbox"/>	

<u>13</u> County	<u>---</u> Plant No.	<u>---</u> Sampling Station	<u>09/23/96</u> Date Collected
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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 †											
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 †	<u>+</u>
Fecal Coliforms ‡	
E. Coli ***	<u>---</u>

** 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

'96 SEP 23 AM 1:43
 '96 SEP 23 AM 1:58
 '96 SEP 24 AM 3:07

Rec'd Exam	Annapolis Cambridge Central Cheverly Remarks	Cumberland Frederick Salisbury
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Rept. _____

Bacteriologist D. Prence

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Margie Hoffman DATE OF APPOINTMENT 09/23/96 8:30-9:00

ADDRESS 7108 Chilton Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

SAMPLE TYPE

REASON FOR REQUEST

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

- 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 8:55 DATE 09/23/96 8:30-9:00

SAMPLE FROM Powder Room ^{TR} AS 183 BACTERIA 7.6 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: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

September 6, 1996

Ms. Margie Hoffman
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293
Water Sample Date: August 20, 1996

Dear Ms. Hoffman:

The water sample recently submitted for testing was found to be free of coliform bacteria. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second consecutive bacteriologically safe sample must be obtained, either by the health department or by a private laboratory certified for water testing.

Please contact this office at (410) 313-2640 to schedule the final water sample appointment. It is recommended that this water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample. This sample may also be collected and tested by a laboratory certified for water testing, providing the sample results are forwarded to this office for review.

Presently, there is no charge for this service.

Very truly yours,

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

DKS

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

004570

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Hoffman - Outside Tap</u>
Community <input type="checkbox"/>	Location: <u>7108 Chilton Court</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:45</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-457</u> Bottle No. <u>AY 091</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>Moward</u>
Special <input type="checkbox"/>	

13	-----	-----	08 20 96
County	Plant No.	Sampling Station	Date Collected

pH 70 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 †		
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
'96 AUG 20 PM 1:30

'96 AUG 20 PM 1:30

'96 AUG 21 PM 2:01

Rec'd Exam Rept.	Annapolis <input type="checkbox"/> Cambridge <input type="checkbox"/> Central <input checked="" type="checkbox"/> 3-5 Cheverly <input type="checkbox"/> Remarks	Cumberland <input type="checkbox"/> Frederick <input type="checkbox"/> Salisbury <input type="checkbox"/>
------------------------	---	---

Bacteriologist D. Pierce

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Margie Hoffman DATE OF APPOINTMENT 11:30
08 / 20 / 96
ADDRESS 7108 Chilton Court
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

SAMPLE TYPE

REASON FOR REQUEST

Health Hazard
 U & O
 Pond or Stream
 Sewage
 Other

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: _____

11:30

RESAMPLE COLLECTOR B. Canning TIME 10:45 DATE 08 / 20 / 96

SAMPLE FROM Outside Tap # AY091 BACTERIA 2.0 pH

0.0 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: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

August 12, 1996

Ms. Margie Hoffman
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293
Water Sample Date: July 31, 1996

Dear Ms. Hoffman:

The water sample recently submitted for testing was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing once you have completed the chlorination process. Presently, there is no charge for this service.

Very truly yours,

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

DKS
Enclosure

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

002860

Category Code 4E-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>Hoffman - Front outside Tap</u>
	Location: <u>7108 Chilton Ct.</u>
	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:20</u>
	Collector # <u>95-456</u> Bottle No. <u>A0183</u>
	Collector Name <u>B. Canning</u> County <u>Howard</u>

<u>13</u>	_____	_____	<u>073196</u>
County	Plant No.	Sampling Station	Date Collected

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 †	+	+	+	+	+	+	-	-	-	-	(6) 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

Date & Hour
 '96 JUL 31 PM 1:48
 '96 JUL 31 PM 1:49
 '96 AUG 5 AM 8:30

Laboratory

Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Central <input type="checkbox"/>	Salisbury <input type="checkbox"/>
Cheverly <input type="checkbox"/>	
Remarks	

Rec'd 100
 Exam DAP
 Rept. _____

Bacteriologist D Prance

OUTSIDE HOSE
BIB

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

10:30

PROPERTY OWNER Margie Hoffman DATE OF APPOINTMENT 07/31/96

ADDRESS 7108 Chilton Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME
ADDRESS

<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: _____

10:30

RESAMPLE COLLECTOR B. Canning TIME 10:20 DATE 07/31/96

SAMPLE FROM Front Outside Tap # A0183 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: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

April 11, 1996

Owner/Occupant
7108 Chilton Court
Clarksville, Maryland 21029

"Second Notice"

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293

Dear Sir or Madam:

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

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

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

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

September 13, 1995

Owner/Occupant
7108 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293

Dear Sir or Madam:

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

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

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

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

August 31, 1995

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

RE: Ashleigh Knolls, Lot #58
7108 Chilton Court
Well Permit #HO-94-0293

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-94-0293. 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 18, 1995
Date of Well Completion: February 2, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file

P.O. Box 244, 3039-C Ventrie Ct.
Myersville, MD 21773

PHONE (301) 293-1134
(301) 293-3346
FAX (301) 293-2366

CERTIFICATE OF ANALYSIS

Acct. No. 1723

FIELD RECORD

Sample Source: Kit Sand Date 8/18/95
40758 Park Lane Time 11:30 AM
Knolls 7108 Philton Iced yes
ct no 11
pH _____
Res. Cl _____

Well No. _____
County Howard Co

The above field information was supplied by:
H. A. Vandant
Affiliation Vandant Pkg + Htg Inc

This individual is not a state certified water collector. State No.: 94-700

LABORATORY RECORD

Received at laboratory: 8/18/95 1:10 pm
Testing requested:
 Bacteriological Examined: 8/19/95 10:00 am
 MPN (Most Probable Number)

Presumptive Bacteriological Test				Confirmed Bacteriological Test				Coliforms/100 ml.	
ml. of Sample	20 ml.			ml of Sample	20 ml.			Total	Fecal
Gas, 24 hours	-	-	-	Coliforms				< 1-1	< 1-1
Gas, 48 hours	-	-	-	Fecal Coliforms					

Membrane Filter _____ Total Coliforms/100 ml.
Bacteriological analysis of this sample indicates the water is safe for human consumption.
unsafe

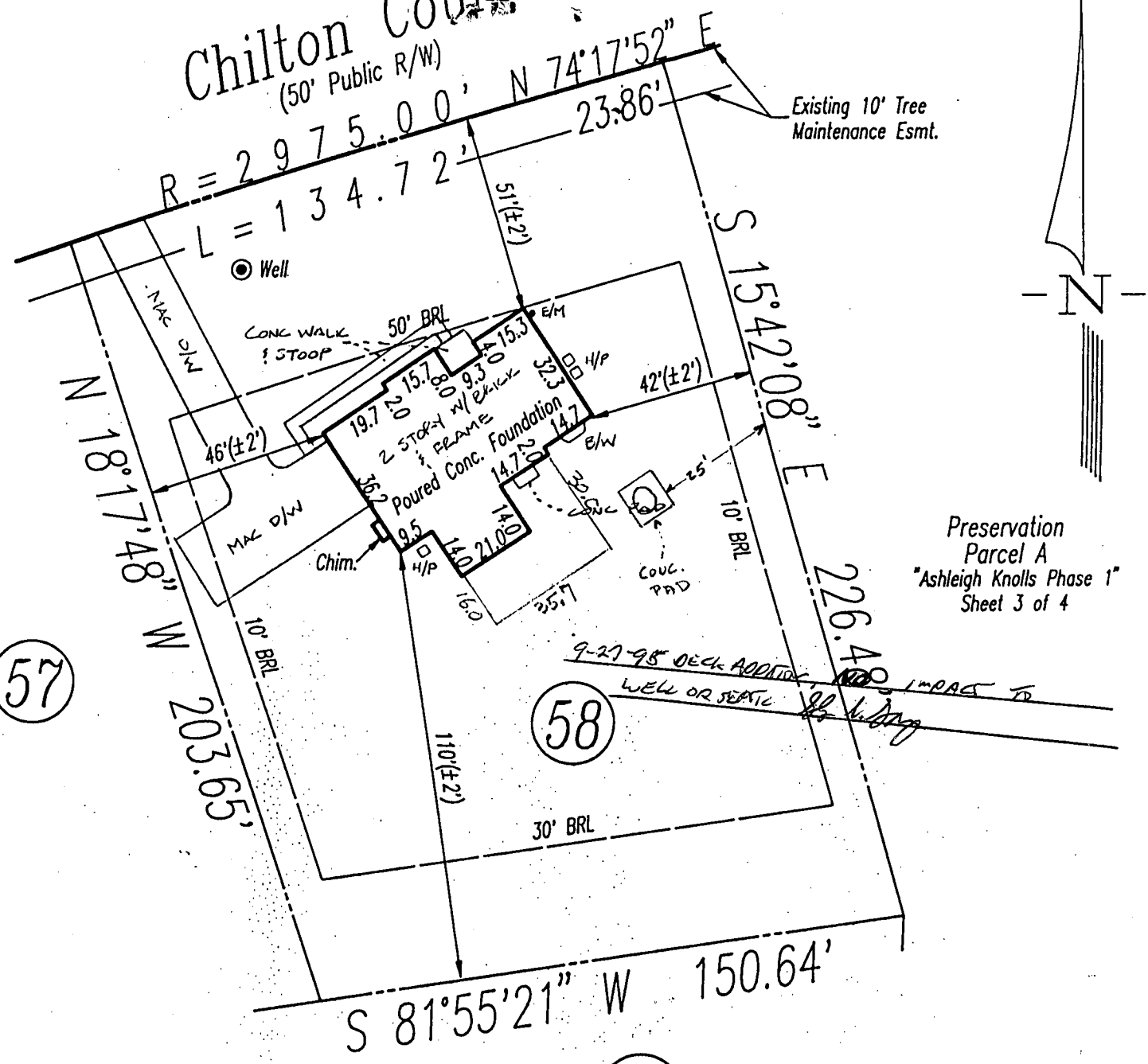
Analyst C. H. Hoggins Date 8/22/95

Chemical

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH		
/	/	0.4	0.3	None	/		

Chilton Court

(50' Public R/W)



Preservation Parcel A
"Ashleigh Knolls Phase 1"
Sheet 3 of 4

57

58

55

Shared Septic Area off of the lot.

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.: #7108 Chilton Court
TOP OF WALL ELEV. = 500.11 ✓ 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;

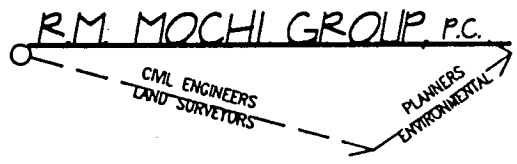
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

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

LOT 58
ASHLEIGH KNOLLS
PHASE 2
PLAT No. 11539
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING

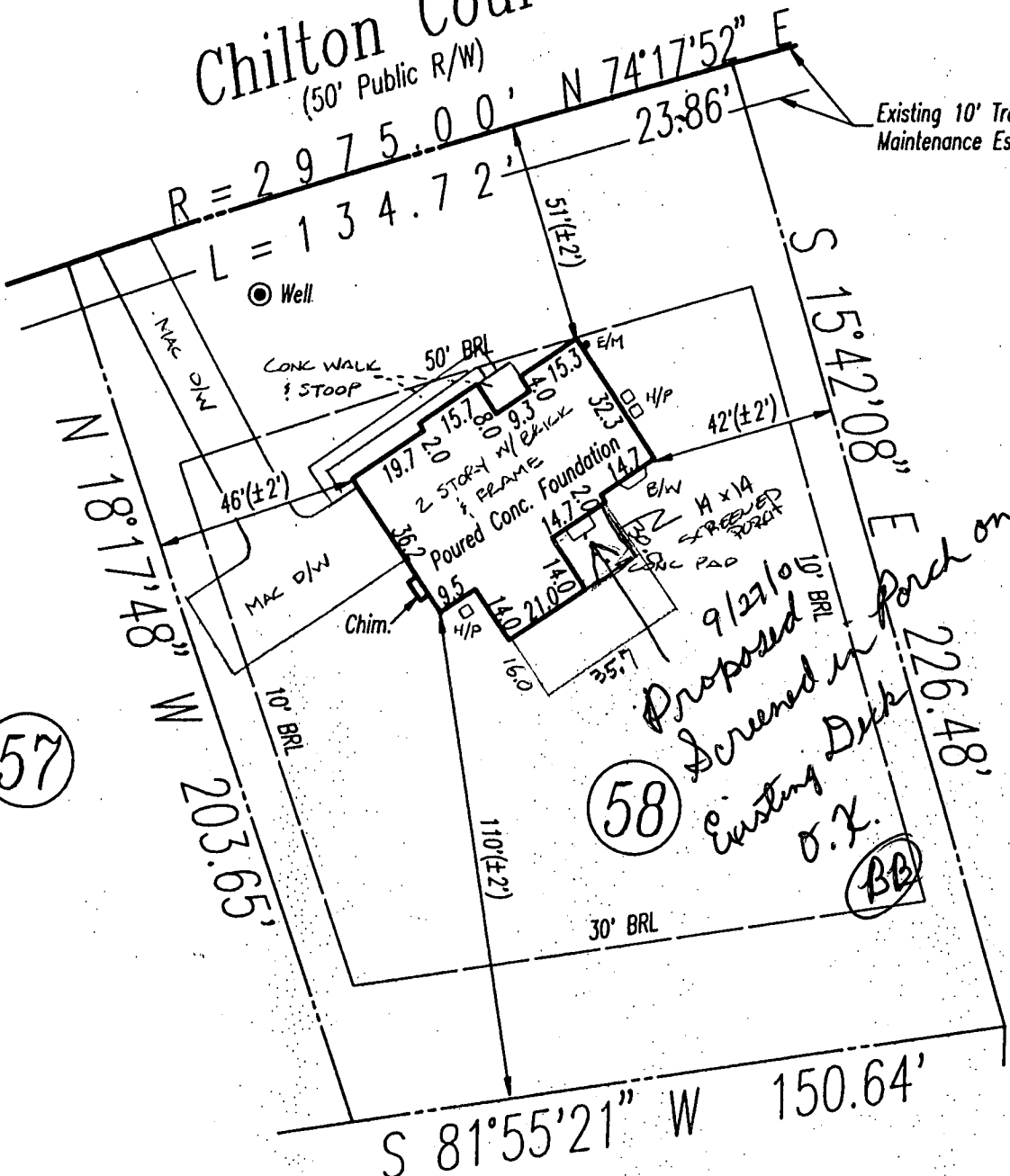
FOUNDATION	DATE: SRP 5/4/95
FINAL	DATE: SRP 8/4/95
DRAWN BY: DBW	SCALE: 1"=40'
PROJECT No.:	94517.00



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

Chilton Court

(50' Public R/W)



Existing 10' Tree Maintenance Esmt.

Preservation Parcel A
"Ashleigh Knolls Phase 1"
Sheet 3 of 4

57

58

55

Shared Septic Area off of the lot.

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.: #7108 Chilton Court
TOP OF WALL ELEV. = 500.11 ✓ FIRST FLOOR ELEV. =
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FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044-0038-B

LOT 58

ASHLEIGH KNOLLS

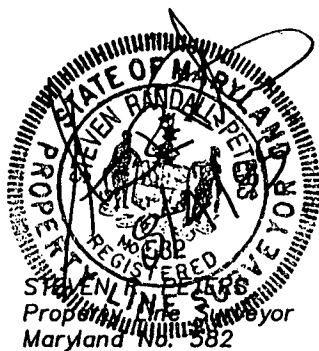
PHASE 2

PLAT No. 11539

ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

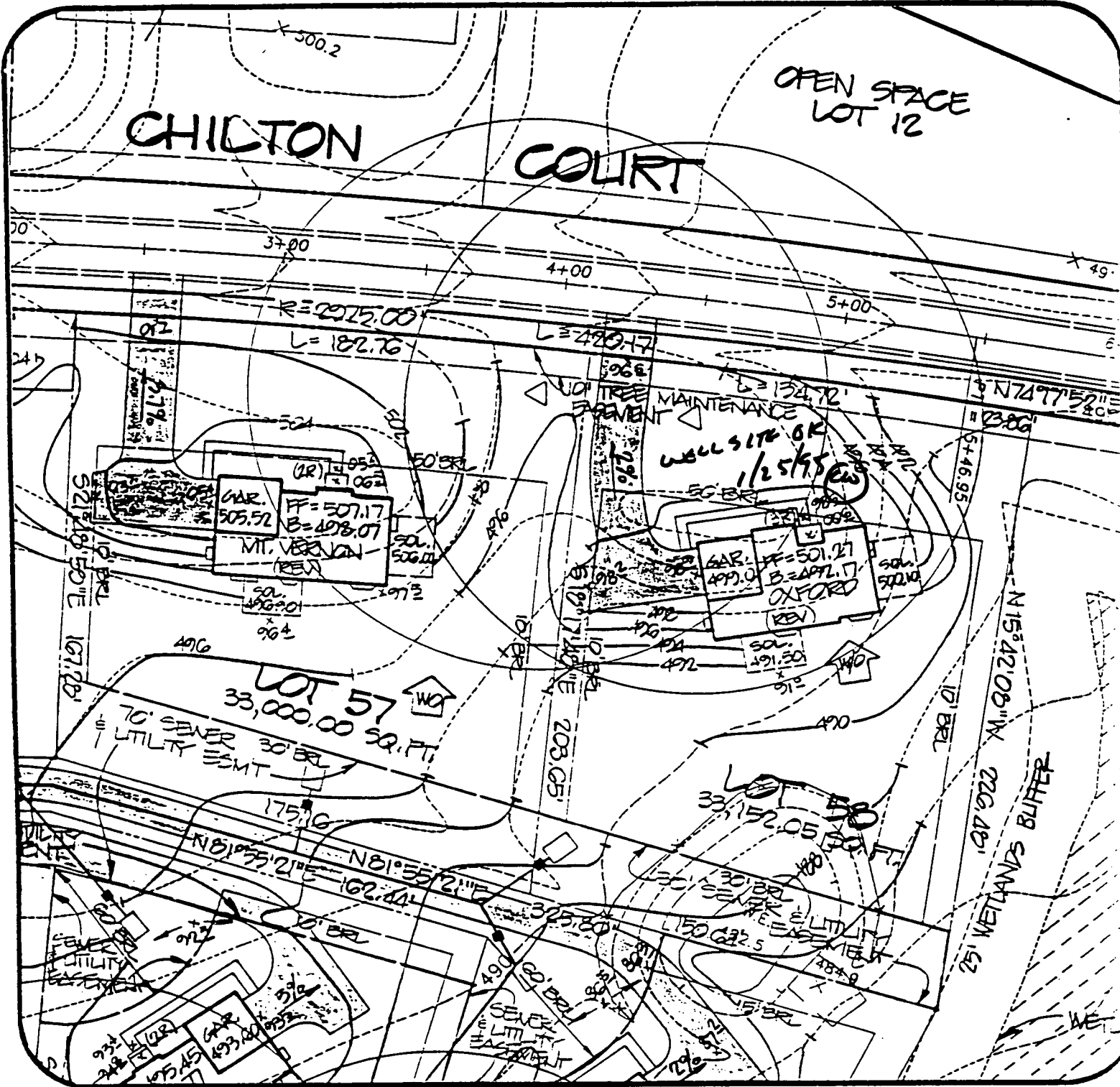
LOCATION DRAWING

FOUNDATION	DATE: SRP 5/4/95
FINAL	DATE: SRP 8/4/95
DRAWN BY: DBW	SCALE: 1"=40'
PROJECT No.:	94517.00



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

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



Ashleigh Knolls
Lot 58

DATE: 9/20/04

PROJECT NO.: 87027-06

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) 750-6340

EMERGENCY/TEMP NO. IF ANY

B 1	4040	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-99-0293 <small>70 fill in this form completely 79</small>
------------	-------------	-------------------------------	--	---

Date Received (APA)
[][][][][][]

OWNER INFORMATION

WINCHESTER HOMES
15 Last Name 34 Owner First Name

6305 IVY LANE
36 Street or RFD 55

GREENBELT MD 20770
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

HOWARD
8 COUNTY 21

ASHLEIGH KNOLLS
23 SUBDIVISION 42

SECTION [][] LOT **58**
44 46 48 50

HIGHLAND
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** [][] [][] MI
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday [][] [][]
Driller's Name 77 License No. 80

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., M.T Airy, M.d 21771
Address

George F. Easterday **9-19-94**
Signature Date

B 4

CHOCOT CT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)
34 **175** 37
DISTANCE FROM ROAD
ENTER FT OR MI **FT**
38 39

TOWN (CIRCLE BOX)
N, NE, E, SE, S, SW, W, NW

TAX MAP: _____ BLK: _____ PARCEL _____

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** [][][][][][]
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** [][][][][][][][][][][][]
14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **W50290 I**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S []
DATE ISSUED **01/13/95** *Mark E. Reffin* **1/13/96**
43 48 CO SIGNATURE EXP. DATE 41

NORTH GRID **487000** EAST GRID **0819000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **200** [][][][][][] FEET
24 28

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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [][][][][][][][][][][][] 52

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

APPROX. PERMIT NUMBER [][][][] **G A P** [][][][]
54 63

FORCE **MTR** WRITE INITIALS IN BOX PERMIT No. **40-99-0293**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

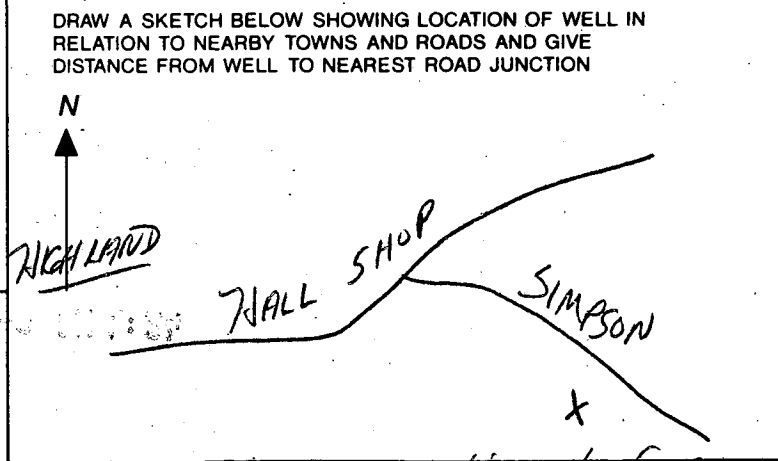
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8109
4807

000
000



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

Site inspection before drilling

5968

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 50296 I

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

120997

020295

300

40-99-0293

OWNER: Winchester Homes, last name, first name, TOWN, SUBDIVISION, SECTION, LOT 38

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries like Topsoil, Br. mica & clay, Br. mica, Tan mica, Br. mica, Quartz, Tan mica, Gray mica, Green mica, Gray mica, Fractured Gray mica w/ quartz, Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 37, NO. OF POUNDS: 3700, GALLONS OF WATER: 185, DEPTH OF GROUT SEAL: 0 to 80 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter: 6, Total depth: 100.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE, DIAMETER OF SCREEN.

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 12 gal. per min., METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 15 before, 75 when pumping, TYPE OF PUMP USED: submersible (S).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED: S, PLACE (A,C,J,P,R,S,T,O), CAPACITY: 31, PUMP HORSE POWER: 37, PUMP COLUMN LENGTH: 43, CASING HEIGHT: above, LAND SURFACE: 0.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: YES (Y), NO (N).

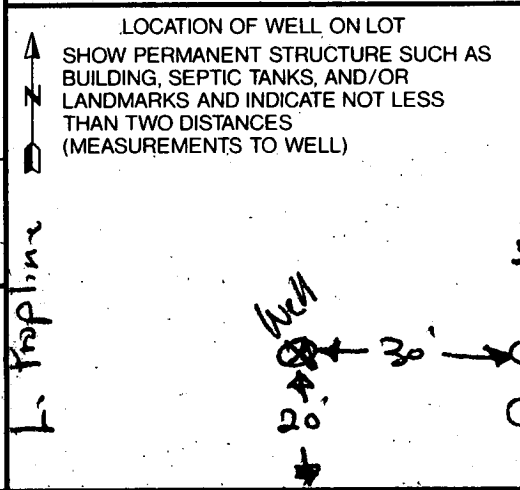
DEPTH (nearest ft.) table: 100, 98, 300. SCREEN table: 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51.

CIRCLE APPROPRIATE LETTER: A (WELL WAS ABANDONED AND SEALED), 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: George F. Gustafson, Wendy Blouin, SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



COUNTY

Clifton Ct.

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 Pllbg & Altg

Telephone 829-0444

License Number 1467
 Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes Telephone _____

Subdivision Asheigh Knolls Lot # 58 Well Tag # _____
 Site Address 7108 Whitten Ct Clarksville 21029

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Goulds
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make Ampbell
 2. Model # 310X
 3. Depth 48"

Tank
 1. Capacity V-100
 2. Pressure relief valve?

Pitless adapter OK 4/18
& water line. R/P 5/14/95

Piping
 1. Type P.S.
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 48"

Well data
 1. Depth 400 ft.
 2. Yield _____ GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer?

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: [Signature]

Date: 5/3/95

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