

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50629B

A _____

DISTRICT _____

DATE 4/5/95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

*Trans ID#
05-418852*

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Columbia Builders, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS P. O. Box 999, Columbia, MD 21044 PHONE 730-3939

SUBDIVISION Ashleigh Knolls LOT 62 ROAD 7128 Chilton Court

PROPERTY OWNER Columbia Builders, Inc.

ADDRESS _____

BLDG. PERMIT SIGNED
AND RETURNED 5/1/95
Serial# 58576
5 Bern

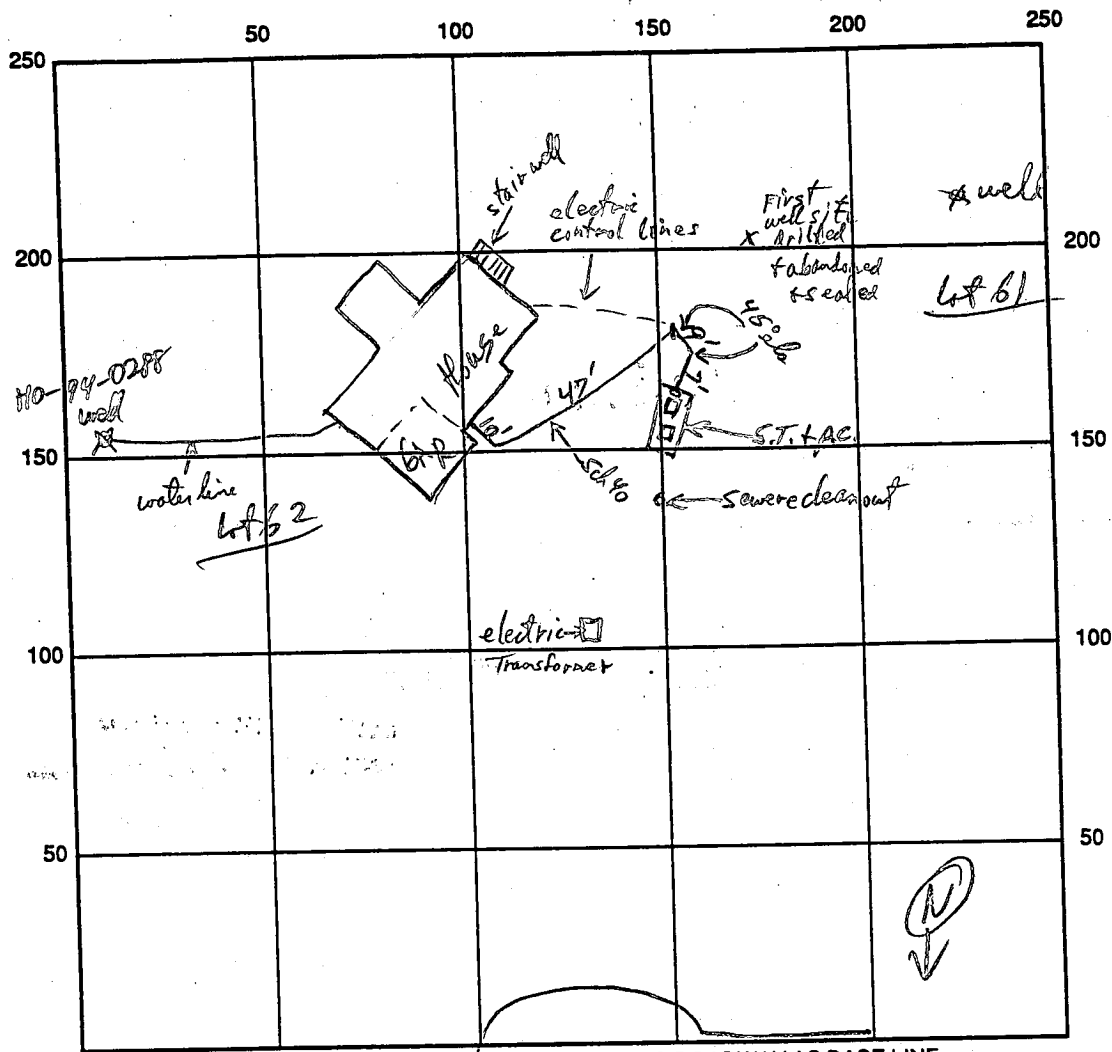
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- 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.

50629B

PLANS APPROVED BY _____ DATE _____



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Chilton Cts

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: Septic line from house to 10ft from S.T. OK to cover RP 8/9/95
Septic line from house to Septic Tank / Pump Chamber Connected OK 8/23/95 RJP

DATE SYSTEM APPROVED _____ INSPECTOR _____

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

800151225

017

Building Address 7128 Chilton Ct
Clarksville, Md 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.02 Subdivision Ashlight Knolls
Section 2 Area _____ Lot 62
Tax Map 41 Parcel 475 Grid 7
Zoning RR Map Coordinates 14813 Lot size 41,961#

Property Owner's Name Mrs Mrs Diehl, Richard
Address 7128 Chilton Ct
City Clarksville State Md Zip Code 21029
Home Phone 410-531-1263 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD Finish Basement
Estimated Construction Cost \$ 15,000.00
Description of Work Finish Basement and
Bathroom + Bar Areas

Contractor Company Woodworking by Dave
Contact Person David Gooding
Address 6030 Daybreak Circle
City Clarksville State Md Zip Code 21029
License No. 87703
Phone 413-535-0487 Fax _____

Occupant or Tenant Same as owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ 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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads
<input type="checkbox"/> State Certified Modular	

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

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

David Gooding
Applicant's Signature
Contractor
Title/Company

David Gooding
Print Name
11-18-04
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		
Dev. Engineering, DPZ	<u>11-18-04</u>	<u>Kasie Noonan</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#: <u>3676</u>
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

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

No ↑ in bedrooms finishing basement

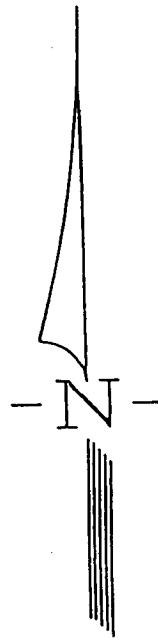
Original House Location Plat.

Chilton Court
(50' R/W)

Existing 10' Tree Maintenance Easement

30' Public Sewer & Utility Easement

60' PRIVATE USE IN COMMON INGRESS & EGRESS EASEMENT FOR LOTS 60, 61, 62, 63, AND 64 3380/716.

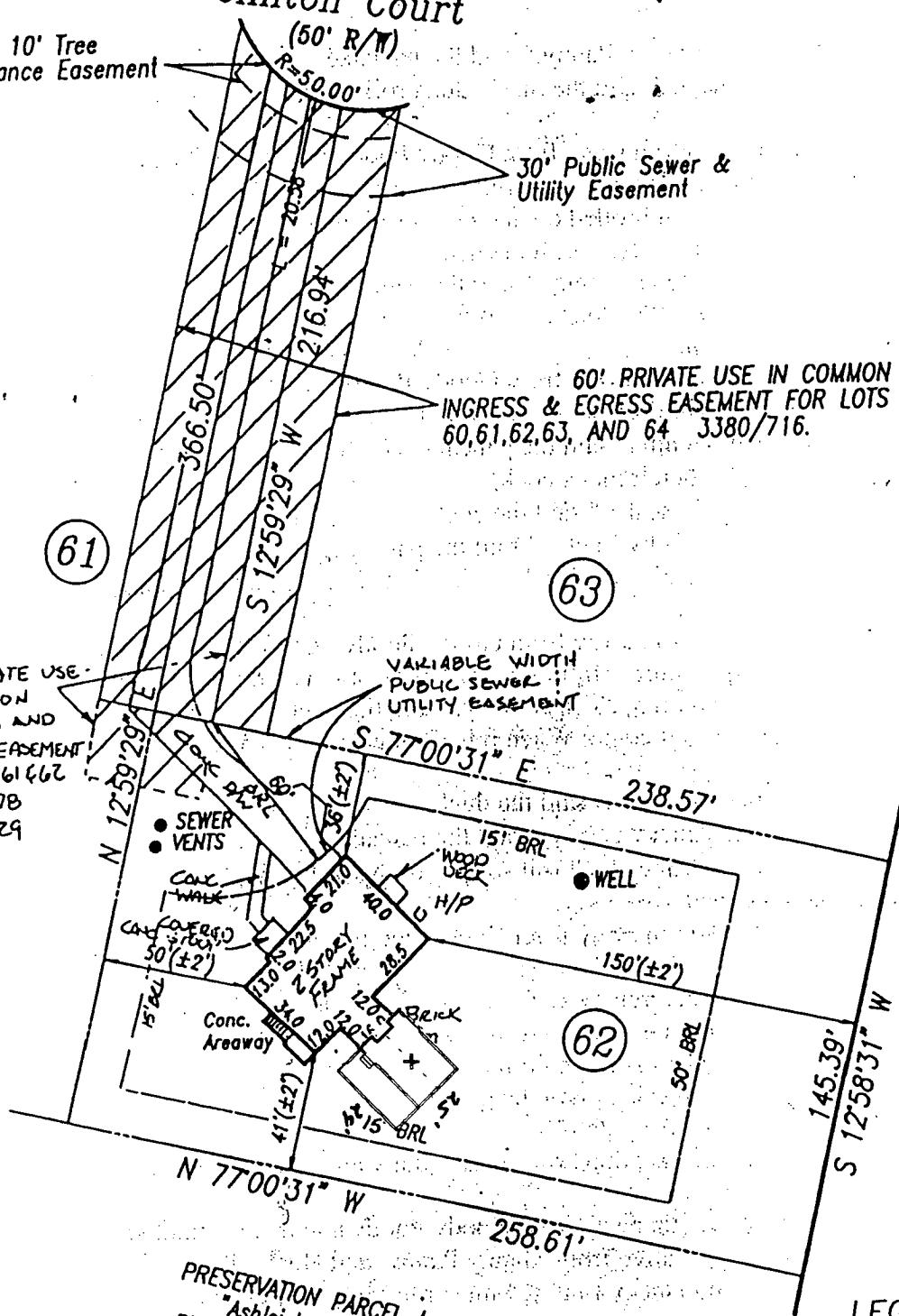


61

63

40' PRIVATE USE IN COMMON INGRESS AND EGRESS EASEMENT FOR LOTS 61 & 62 LIBER 347B FOLIO 329

VARIABLE WIDTH PUBLIC SEWER & UTILITY EASEMENT



Lot 3
"Cherry Brae"
Plat 5887

PRESERVATION PARCEL A
"Ashleigh Knolls"
Phase 1 Sheet 3 of 4

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00150634 P# 5062913

APP. SAN [Signature] DATE: 10/6/04

DESC. OF WORK: porch

LEGEND

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

ADDRESS No.: #7128 CHILTON COURT
TOP OF WALL ELEV. = 490.23' FIRST FLOOR ELEV. =
NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER OF INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSUR. 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, OTHER EXISTING OR FUTURE IMPROVEMENTS;
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE

LOT 62
ASHLEIGH KNOLLS

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

100156624

Building Address 7128 Chilton Ct.
Clarksville Md 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr. Richard Diehl

Address 7128 Chilton Ct.

City Clarksville State Md Zip Code 21029

Home Phone 410-531-1863 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD Screen Porch

Estimated Construction Cost \$ 10,000.00

Description of Work 24'x25' Screen Porch
with cable Roof on Rear of House

Contractor Company Woodworking by Dave

Contact Person David Gauding

Address 6030 Daybreak Circle

City Clarksville State Md Zip Code 21029

License No. 27703

Phone 443-550427 Fax _____

Occupant or Tenant Same as Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ 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: _____	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 _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input 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: _____	
Other Structure: _____ Dimensions: _____ Footings: <u>Conventional</u> Roof: _____	
State Certified Modular <input checked="" type="checkbox"/> Manufactured Home _____	

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David Gauding
 Applicant's Signature
 Contractor

Title/Company _____

David Gauding
 Print Name

10-6-04
 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		
Dev. Engineering, DPZ		
Health	<u>10/6/04</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DEZ/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 _____

PERMIT FEE

Plan Fee: _____

Permit Fee: _____

Examiner: _____

Add'l per. fee: _____

TOTAL FEE: \$ _____

Sub-total paid: \$ _____

Balance due: \$ _____

Check # _____

Validation # _____

Accepted by: _____

SPEED LETTER®

TO

Craig Williams
Enviro Health
Fax 2648

FROM

Jeff Welby
B of Utilities

SUBJECT

Ashleigh Knolls

FOLD NO. 9 of 10

MESSAGE

The filling lots were approved by B of U for
U&O as of this writing:

Lot 62 7128 Chilton Ct Columbus Builders

DATE

9/19/95

SIGNED

J Welby

REPLY

FOLD FOR NO. 9

FOLD FOR NO. 10

DATE

SIGNED

ASHLEIGH KNOLLS

W50290 F

SUBDIVISION:

LOT NUMBER: 62

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 Willia

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

58576

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7128 Childon 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 FBa., 1 HBa
Garage, Opt. PP, Opt 5th BR. (5 BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
62				7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		R-R	41	5	6051-02	

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

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

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

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2159		Asp. Gable
ROOMS	1798		
BATHS			
FIREPLACES	1605		T. 5563

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

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

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

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

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
Vacant Lot
PROPOSED USE
Single Family Dwelling

SIGNATURE
Pres. [Signature]
TITLE
DATE 3/22/95

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

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 #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER	X	
HEALTH DEPT.	X 5/1/95	[Signature]
FIRE PROTECTION	X	
STORM WATER MGM.	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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.

8-11-95
WPI am

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 8-10-95

Name of Installer JMI Co.

Telephone 442-5780

License Number 4524

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Columbia Bldgs.

Telephone 730-3990

Subdivision Ashleigh Knolls Lot # G2

Well Tag # 94-02-0288

Site Address Chilton Ct.

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make JACUZZI
3. Model # _____
4. Capacity 8 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 HARWARD
2. Model # PT-100
3. Depth 48"

Tank
1. Capacity WX-203
2. Pressure relief valve?

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"

Well data
1. Depth 400 ft.
2. Yield 2 GPM
3. Static water level 9 ft.
4. Will water supply be disinfected by installer? YES

No Insp - System already covered on 8/23/95

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: 8-10-95

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

C 1 5963

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER W 50290 F

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

120994

020295

400 (TO NEAREST FOOT)

40-99-0288

OWNER: Winchell Homes last name: Winchell first name: TOWN: Highland SUBDIVISION: Highland Knolls SECTION: LOT: 62

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top soil, red clay, sand silt, clay, sand + silt, mica, sand stone, mica, sand stone, mica, sand stone, mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 30, NO. OF POUNDS: 3000, GALLONS OF WATER: 150, DEPTH OF GROUT SEAL: from 0 to 55 ft.

CASING RECORD: casing types insert appropriate code below. Includes ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: ST, Nominal diameter: 6, Total depth: 82.

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

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

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

WELL HYDROFRACTURED: yes (Y), no (N)

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

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

DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE: Gene F. Rustoway, Charles R. Feller
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

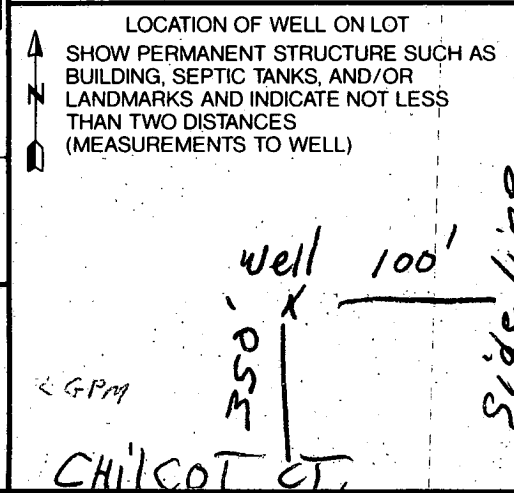
DEPTH (nearest ft.) table with columns 1-36. Includes handwritten entries: 80, 400. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) table.

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

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

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 2, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 9, WHEN PUMPING: 178, TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. TYPE OF PUMP INSTALLED: PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE: 2 (nearest foot)



6081

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0288
 Location of property (road) Chilcot of Chilton
 Subdivision Ashleigh Knolls Lot 62 Block _____ Plat _____ Sec. _____
 Well Driller Easterday Owner Winchester Homes

Depth of well 400 2 GPM
 Distance of measuring point (M.P.) above ground 18"
 Static water level (S.W.L.) below M.P. 9'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate 12 G.P.M.
 Total time 30 min 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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	178'	30 sec	Pump 360'	2
9:45	"	30	Trailer	2
10:00	"	30	AE	2
10:15	"	30		2
10:30	"	30		2
10:45	"	30		2
11:00	"	30		2
11:15	"	30		2
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2:15	"	30		2
2:30	"	30		2
2:45	"	30		2
3:00	"	30		2
3:15	"	30		2

B 1 4045

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

40-94-0288

fill in this form completely

Date Received (APA)

120999

OWNER INFORMATION

WINCHESTER HOMES

6305 IVY LANE

GREENBELT MD 20770

B 3

LOCATION OF WELL

HOWARD

ASALEIGH KNOLLS

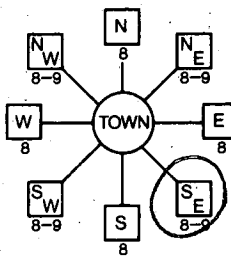
SECTION LOT 62

HIGHLAND

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHILCOT CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD 350

ENTER FT OR MI Ft

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD W50290 F

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED Mark E. Ripkin 01/13/95

CO SIGNATURE EXP. DATE

NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

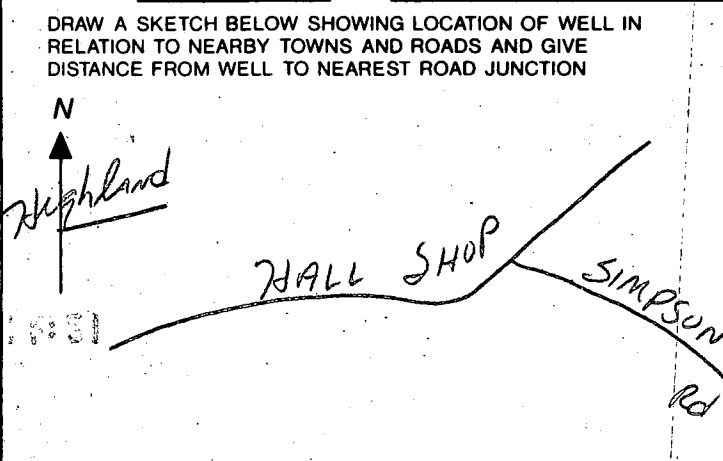
APPROX. PERMIT NUMBER GAP

FORCE PERMIT No. 40-94-0288

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8108
N 4809



SITE INSP BEFORE DRILLING



HOWARD COUNTY HEALTH DEPARTMENT

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

May 12, 1995

MEMORANDUM

TO: Columbia Builders, Inc.
P. O. Box 999
Columbia, MD 21044

FROM: Craig Williams, Program Director
Water and Sewerage Program
Bureau of Environmental Health

RE: Building Permit Number: 58576

Proposed Use: Single Family Dwelling

Address: 7128 Chilton Court
Clarksville, MD 21029

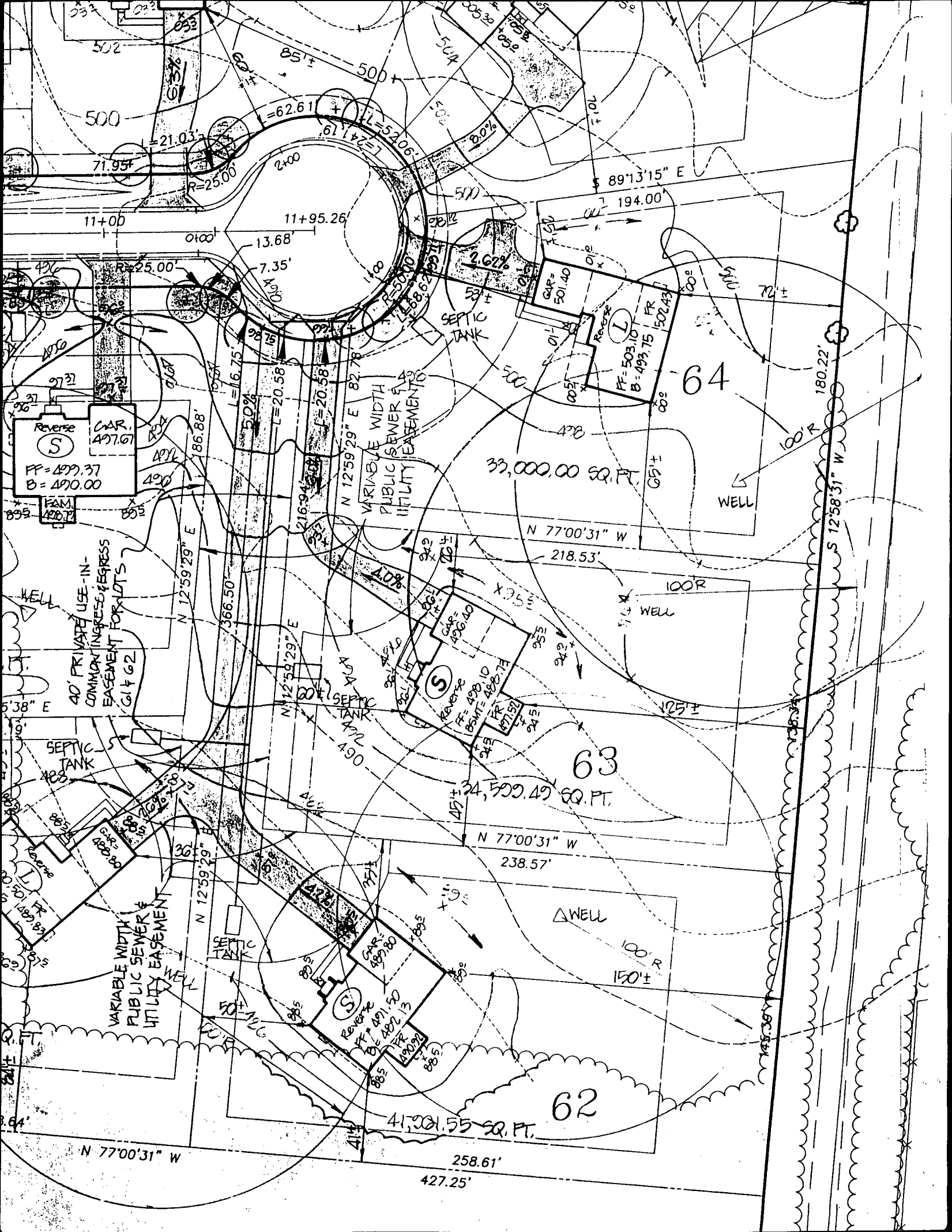
This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions and/or cautions:

- 1) building sewer may not be connected to septic tank until public utilities are placed in service.
- 2) septic tank pump, piping, floats, and controls must be installed prior to final plumbing inspection.
- 3) Final inspections require minimum of seven (7) days notice.

This office's recommendation for approval of the building permit application was based upon your acceptance of these conditions.

Please contact Howard County DPW (410) 313-4900 or the Howard County Health Department (410) 313-2640 to schedule the final inspection.

CW:vr



Reverse (S)
CAR: 497.67
PF = 497.37
B = 490.00
FAM: 420.73

40' PRIVATE USE-IN-COMMON INGRESS/EGRESS EASEMENT FOR LOTS G1 & G2

VARIABLE WIDTH PUBLIC SEWER & UTILITY EASEMENT

VARIABLE WIDTH PUBLIC SEWER & UTILITY EASEMENT

41,001.55 SQ. FT.

24,509.49 SQ. FT.

37,000.00 SQ. FT.

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63

62

N 77°00'31" W

427.25'

S 12°58'31" W

89°13'15" E

N 77°00'31" W

N 77°00'31" W

N 12°59'29" E

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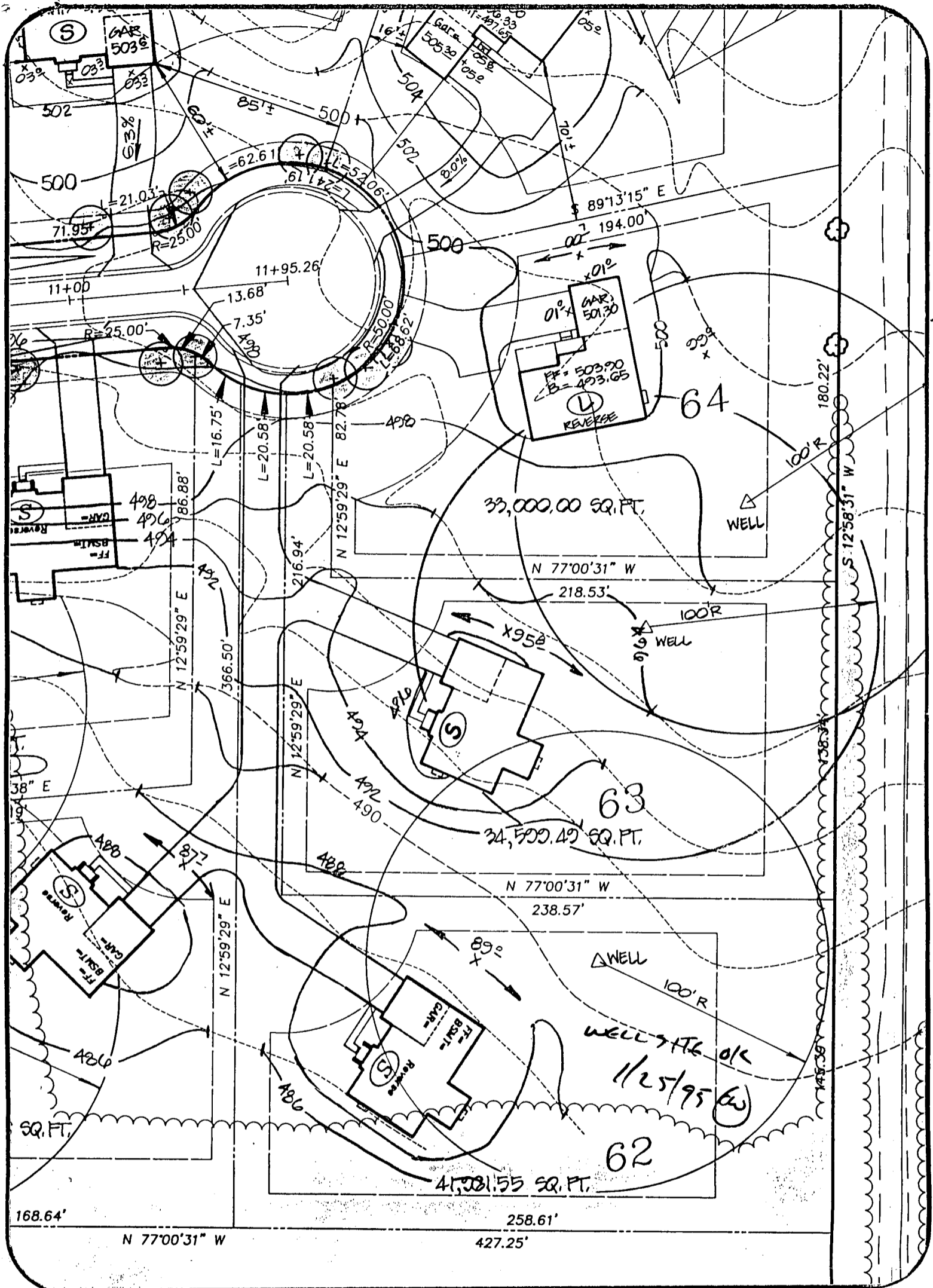
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89.5

5.38' E

10.38' E

10.38' E



✓ Ashleigh Knolls
Lot 62

DATE: 1/20/94

PROJECT NO.: 99027.06

DRAWN BY:

TJP

SCALE:

1" = 50'

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

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

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



HOWARD COUNTY HEALTH DEPARTMENT

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

September 26, 1995

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

RE: Ashleigh Knolls, Lot #62
7128 Chilton Court
Well Permit #HO-94-0288

Dear Sirs:

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

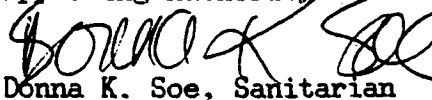
INTERIM CERTIFICATE OF POTABILITY

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-94-0288. 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.

Dates of Water Samples: September 7, 1995 (Chemical)
September 25, 1995 (Bacteriological)
Date of Well Completion: February 2, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

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

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

0338702 413 B

20:1 117 63:1 11722
WATER ANALYSIS

Do not write above this line.

S Bottle Number H02510 Name Winchester Homes County Howard County Code 13
 A Source Ashleigh Knolls Lot #62 Date Category Code 4F
 M Collected: Date 2/10/95 Time 11:30 AM Collector & Phone G. Savage 313-2640 Submitter Code +
 P CHECK (one per box)
 E Drinking Water Landfill Stream Other
 I Community Non-community Private Other
 D Source (raw water) Distribution (treated) MCL
 Emergency Routine Recheck Special Federal Project S

F Plant No. + Sampling Station — Preservation: Iced Acid Type of Acid H2SO4
 I pH 6.0 Chlorine: Free 0 Total 0 Specific Conductance 0
 E Notes to Lab/Remarks: Well tag # H0-94-0288
 L pH after addition of 2 droppers of H2SO4 = 1.5
 D

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrate, N	00630			0.3	02-14-95	BR
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported FEB 16 1995

95 FEB 23 PM 1:09

Partial List of Submitter Codes

<u>Code Description</u>	<u>Code Description</u>
1-30 County Codes	53 Chesapeake Bay & Special Projects
41 Individual Septics & Wells Program	59 Standard & Certification Program
42 Water Supply Program	63 Division of Food Control
43 Recreational Sanitation & Migrant Camps, DHMH	64 Engineering & Maintenance, DHMH
44 STP Inspection Division	65 Division of Community Services
45 Hazardous & Solid Waste Admin. (Landfill Samples)	66 Office of Attorney General
46 Pre-Treatment Enforcement Division	67 Dept. of General Services
48 Licensing and Certification, DHMH	77 E.P.A.
52 Water Quality Monitoring Program	91 State Highway Administration
	96 L.U.S.T./U.S.T./CERCLA
	99 Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code Description</u>	<u>Code Description</u>
S Safe Drinking Water Act (SDWA)	N National Pollution Discharge Elimination System (NPDES)
R Resource Conservation and Recovery Act (RCRA)	M Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code Description</u>	<u>Code Description</u>
1F Sediment Samples	2F Innovative Disposal
2A Industrial Effluents/Compliance	5A Solid Waste/Landfills
2B Industrial Grab	5B Kidney Dialysis
2C Municipal Compliance	5C Commercial Bottled Waters
2D Municipal Grab	5D Misc. Wastewaters
4A MCL Surveys	5E Misc. River/Stream
4B Routine Monitoring & Other Communities	5F Misc. Drinking Water
4D Potable - County Community	5G Swimming Pools
4E Potable - Non Community	5H Marine or Estuarine Natural Bathing Areas
4F Potable - Private Wells	
4G Real Estate Trans./Charge Samples	

Partial List of Error Codes

<u>Code Description</u>	<u>Code Description</u>
A Laboratory Accident	J Wrong sample type
C Mechanical/Materials failure	RR No sample received
D Insufficient Sample	X Improper preservation
E Sample past holding time	LL Mislabeled sample