

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50629C

A _____

DISTRICT _____

DATE 4/5/95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TWO PDA
OS-418879

DATE SYSTEM APPROVED 8/18/95

INSPECTOR *[Signature]*

INDEXED

Columbia Builders, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Ashleigh Knolls LOT 64 ROAD 7136 Chilton Court

PROPERTY OWNER Columbia Builders, Inc.

ADDRESS 7136 Chilton Court
Clarksville, MD 21029

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

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

- As the community system is not yet approved for service, connection to the septic tank is prohibited at this time. Sewer line is to be capped so as to maintain a minimum 2 foot separation from the connecting stub on the inlet side of the septic tank. Contact Health Department for inspection before covering the installation.

BLDG. PERMIT SIGNED

AND RETURNED *[Signature]*

Serial # 6710835
Sundick

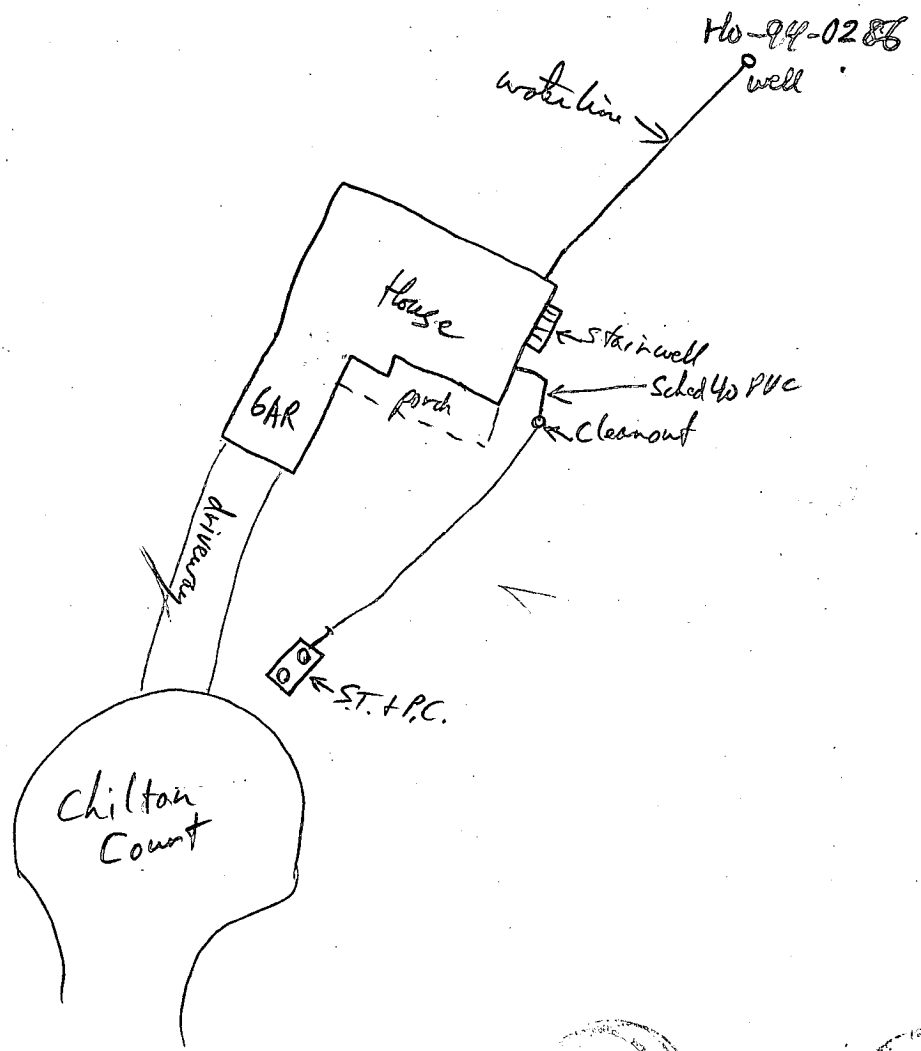
P 50629C

PLANS APPROVED BY _____ DATE _____

7/18/95
go. House connection pipe
to 2 ft from ST. already
installed and covered
WPI - Pitless adapter
& water line OK to cover
RPP 7/18/95

8/18/95 - Final House Connection
to Septic Tank OK. RPP

8/18/95
Pump, floats,
controls, alarm work OK
DPR approved RPP



7/18/95
AM

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

~~461-9933~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 00
Date 7/17/95

Name of Installer JMI Albg Co. Inc.

Telephone 442-5780

License Number 4524

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Columbia Bldrs Inc.

Telephone 730-3939

Subdivision Ashliegh Knolls Lot # 64

Well Tag # HO-94-0286

Site Address 7136 Chilton Ct.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make _____
3. Model # _____
4. Capacity 10 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 HAERUED
2. Model # PT-100
3. Depth 42"

Tank
1. Capacity 80
2. Pressure relief valve?

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

Well data
1. Depth 400 ft.
2. Yield 12 GPM
3. Static water level 13 ft.
4. Will water supply be disinfected by installer? YES

Pitless adapter and water line
OK @ 3 1/2 PM 7/18/95

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: 7-17-95

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



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: 58577

Proposed Use: Single Family Dwelling

Address: 7136 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



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: 58577

Proposed Use: Single Family Dwelling

Address: 7136 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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

58577

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7136 Chilton Court
Clarksville, MD 21029

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

DESCRIPTION OF WORK AUTHORIZED
Model (L)
2 Story, Full Base., 10 RM, 4 BA.,
Garage, Opt. FP (4 BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
64				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	50'	63'	10'
2	50'	65'	10'
B	50'	41'	10'

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

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2143	21430	Asp. Gable
ROOMS	1863	18630	
BATHS			
FIREPLACES	1587	15870	T 55,593

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Mildenberg, Moch & 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	wd fram 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
X	X		X	ELEC
AC				
X				

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

EXISTING USE
Vacant Lot
PROPOSED USE
Single Family Dwelling

B. James Greenfield
Pres. SIGNATURE
TITLE
DATE 3/2/95

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		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/18/95	<i>Blair S. Sanger</i>
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 _____

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

C1 5959

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-3219A

ST/CO USE ONLY DATE Received 120994

DATE WELL COMPLETED 020795

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0286

OWNER: Vincent M. Moore last name first name TOWN: Highland SUBDIVISION: Aerial Knolls SECTION: LOT: 64

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for Top Soil, Red Clay, Sand+Shale, Sand Silt Clay, Mica, Sand Stone, Mica, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT BENTONITE CLAY, NO. OF BAGS: 35, NO. OF POUNDS: 350, DEPTH OF GROUT SEAL: 47 ft.

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

MAIN CASING TYPE: ST, Nominal diameter top (main) casing (nearest inch): 6, Total depth of main casing (nearest foot): 72.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Codes: 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).

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: Gene F. Gusterburg, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): Charles R. Allen

DEPTH (nearest ft.) table with columns 1-21. Values: 70, 400. SLOT SIZE 1, 2, 3. DIAMETER OF SCREEN (NEAREST INCH) table with columns 56-60.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): T (TELESCOPE CASING), LOG INDICATOR, W Q (OTHER DATA).

PUMPING TEST: HOURS PUMPED (nearest hour) 6, PUMPING RATE (gal. per min. to nearest gal.) 24, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING: 13, WHEN PUMPING: 205, 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, LAND SURFACE (nearest foot): 2.

LOCATION OF WELL ON LOT: SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes handwritten notes: well 40', CH/CO CT, Side Line.

2-8-95 8:00

Review OK PP 9/18/95

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 940286
Location of property (road) Chilcot Ct
Subdivision Ashleigh Knolls Lot 64 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. 13'

I. High rate pumping -- reservoir drawdown
Time pump started 9:15 Pumping rate 126 GPM 0
Total time 30 min to reach pumping water level 203' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:45	203'	25 sec		2 1/2 G.P.M
10:00	203'	25 sec		2 2 G.P.M
10:15	203'	25 sec		2 1/2 G.P.M
10:30	203'	25 sec		2 1/2 G.P.M
10:45	203'	25 sec		2 3/4 G.P.M
11:00	203'	25 sec		2 3/4 G.P.M
11:15	203'	25 sec		2 1/2 G.P.M
11:30	203'	25 sec		2 1/2 G.P.M
11:45	203'	25 sec		2 1/2 G.P.M
12:00	204'	25 sec		2 1/2 G.P.M
12:15	204'	25 sec		2 1/2 G.P.M
12:30	204'	25 sec		2 1/2 G.P.M
12:45	204'	25 sec		2 1/2 G.P.M
1:00	204'	25 sec		2 1/2 G.P.M
1:15	204'	25 sec		2 1/2 G.P.M
1:30	204'	25 sec		2 1/2 G.P.M
1:45	204'	25 sec		2 1/2 G.P.M
2:00	204'	25 sec		2 1/2 G.P.M
2:15	204'	25 sec		2 1/2 G.P.M
2:30	205'	25 sec		2 1/2 G.P.M
2:45	205'	25 sec		2 1/2 G.P.M
3:00	205'	25 sec		2 1/2 G.P.M
3:15	205'	25 sec		2 1/2 G.P.M
3:30	205'	25 sec		2 1/2 G.P.M
3:45	205'	25 sec		2 1/2 G.P.M

B 1 **4047** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-99-0285**
70 fill in this form completely 79

OWNER INFORMATION
 Date Received (APA) **120999**
WIMCHESTER HOMES
 15 Last Name Owner First Name 34
6305 IVY LANE
 36 Street or RFD 55
GREENBELT MD 20770
 57 Town 70 State 72 Zip 76

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

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

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

APPROXIMATE DIAMETER OF WELL **6** INCH
 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)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ 54 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-99-0285**
 67 68 70 71 72 73 74 75 76 77 78 79

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
ASHLEIGH KMOLLS
 23 SUBDIVISION 42
 SECTION _____ LOT **64**
 44 46 48 50
HIGHLAND
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** MI
 73 76 77 78

B 4
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **CHILCOT CT**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
 34 **200** 37
 DISTANCE FROM ROAD
 ENTER FT-OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **W50290 D**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **01/13/95** Mark E. Rifkin **01/13/96**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **488000** EAST GRID **0819000**
 50 55 57 63

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

 000 000
 Tag on well

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

ASHLEIGH KNOLLS

W50290D

SUBDIVISION:

LOT NUMBER: 64

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.

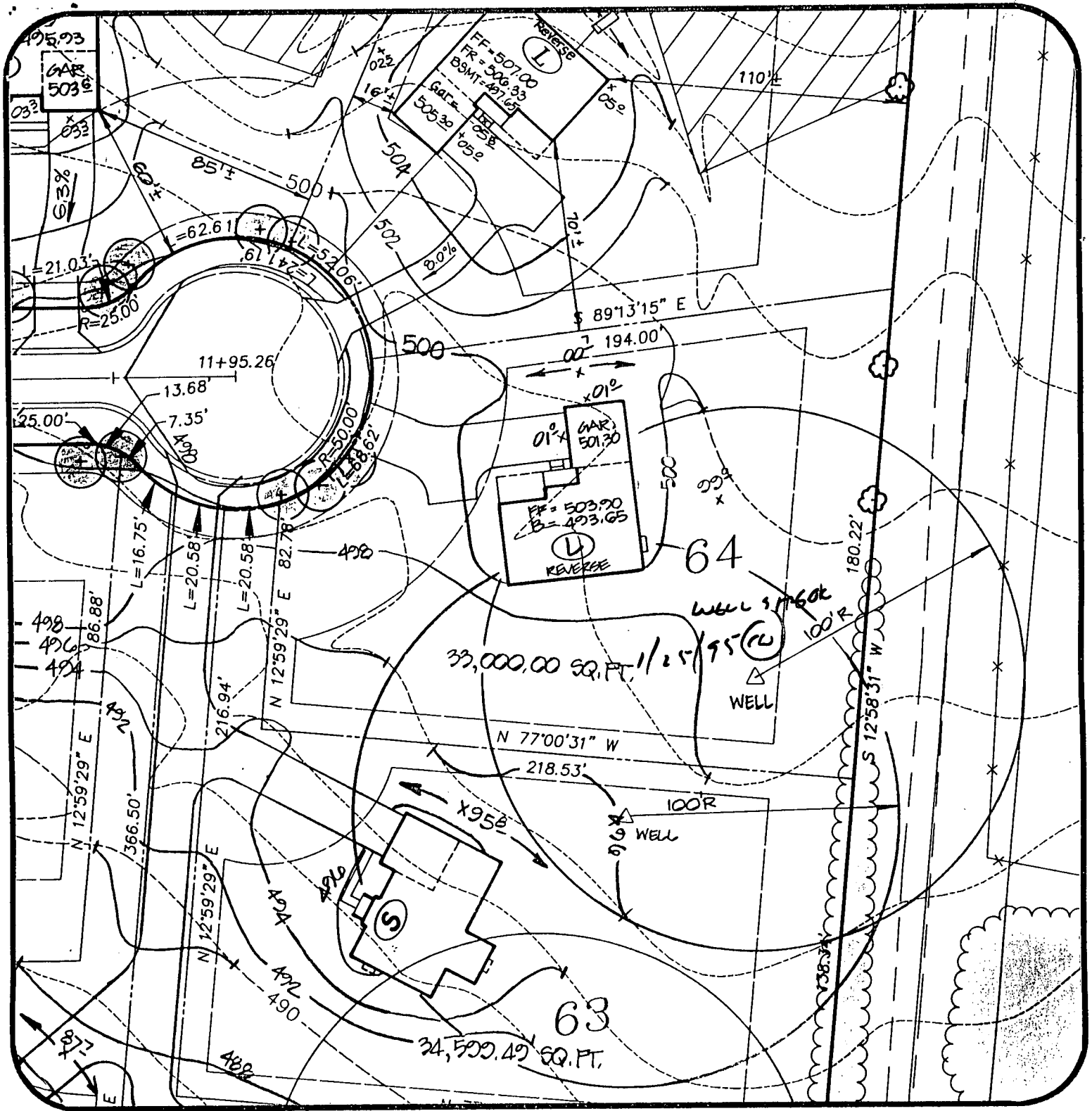
_____ feet of stone below distribution pipe.

- 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



✓ Ashleigh Knolls
Lot 64

DATE: 9/20/94

PROJECT NO.: 89027.06

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

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



HOWARD COUNTY HEALTH DEPARTMENT

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

August 23, 1995

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

RE: Ashleigh Knolls, Lot #64
7136 Chilton Court
Well Permit #HO-94-0286

Dear Ms. 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-94-0286. 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 21, 1995
Date of Well Completion: February 7, 1995

Approving Authority

Donna K. Soe/AW
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

1100 Old Taneytown Road MD State Certification #133 219 C South Main Street
 Bel Air, MD 21158 (410) 848-1014 or 876-4954 Bel Air, MD 21014

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995 COMPANY: CASH ACCOUNT
 LABORATORY ID NUMBER: 17546 REQUESTED BY: Jim Greenfield
 LOCATION: 7136 Chilton Court SOURCE: Well
 CLARKSVILLE, HO, MD, 21029 SITE: Kitchen
 DATE/TIME COLLECTED: 08-21-1995, 1200 COLLECTED BY: J. Starr 95-430
 DATE/TIME REC'D LAB: 08-21-1995, 1315 @ RESIDUAL CHLORINE: None Detected
 WELL NUMBER: HO-94-0286 WATER SUPPLY TREATED: NO
 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.6	6.5 - 8.5	pH Units
NITRATES	N/A	10 OR LESS	mg/L (PPM)

UNFC/MUC 24-HOUR TEST:

COBIFORMS, TOTAL	ABSENT	Absent	Bacteria Total Coliform
COBIFORMS, FECAL	N/A	Absent	Bacteria Fecal Coliform

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
-----------	---------	-----------	-------

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

@ BENEFITS SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 08-22-1995 LABORATORY DIRECTOR: Charles Mesharian
 Charles Mesharian, BS, MT(HRS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL * CHEMICAL * PHYSICAL WATER ANALYSIS

1413 Old Tanevlow Road Westminister, MD 21088 MD State Certification #133 (410) 848-1014 or 876-4554 839 C South Main Street Bel Air, MD 21034

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995 COMPANY: CASH ACCOUNT
 LABORATORY ID NUMBER: 17510 REQUESTED BY: Jim Greenfield
 LOCATION: 7136 Clifton Court SOURCE: Well
 SITE: Basement
 CLARKSVILLE, MD, 21029 COLLECTED BY: J. Starr 95-430
 DATE/TIME COLLECTED: 08-17-1995, 1050 @ RESIDUAL CHLORINE: None Detected
 DATE/TIME REC'D LAB: 08-17-1995, 1255 WATER SUPPLY TREATED: NO
 WELL NUMBER: HO-94-1000 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.7	6.5 - 8.5	pH Units
NITRATES	0.0	10 OR LESS	mg/L (PPM)

ONPG/MUG 24-HOUR TEST:

COLIFORMS, TOTAL	PRESENT	Absent	Bacteria Total Coliform
COLIFORMS, FECAL	ABSENT	Absent	Bacteria Fecal Coliform

ADDITIONAL TEST:

PARAMETER	RESULTS	REFERENCE	UNITS
Sand	None	None	
Turbidity	0.5	Less Than 10	NTU

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

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 08-18-1995 LABORATORY DIRECTOR: *Charles Mooshian*
 Charles Mooshian, BS, (410) 848-1014

COMMENTS: Use & Company,

Sample Analyzed As Received

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

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

005341

Category Code 45-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source 106man - Powder Room

Location: 7136 Chiller Ct.

Iced: Yes No am.

Treated Yes No Time Collected 10:00 pm.

Collector # 95-456 Bottle No. AX171

Collector Name B. Panning County Howard

County 13 Plant No. --- Sampling Station --- Date Collected 10 12 95

pH 7.0 Res. Cl: Free 00 Total 00 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

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

CONFIRMED MTF TEST

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

PRESUMPTIVE P/A TEST*

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

CONFIRMED P/A TEST

ml. of Sample	100ml.										
Total Coliforms †											
Fecal Coliforms ‡											

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____

† Verified Total Coliforms/100ml. (Membrane Filter) = _____

‡ Verified Fecal Coliforms/100ml. (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

Date & Hour 12 01 95 12 5

Recd. 12 01 95 13 15

Exam 13 01 95 15 27

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 Gan



HOWARD COUNTY HEALTH DEPARTMENT

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

November 8, 1995

Mr. Foreman
7136 Chilton Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #64
7136 Chilton Court
Well Permit #HO-94-0286
Final Sample Date: October 12, 1995

Dear Mr. Foreman:

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.

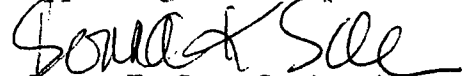
FINAL CERTIFICATE OF POTABILITY

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-94-0286.

Dates of Water Samples: August 21, 1995
October 12, 1995

Date of Well Completion: February 7, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

B00101835

\$30.00
fee

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

7136 Chilton Ct
Clarksville MD 21029 3680

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Surdeck 27x16
on floor of room w/ steps
to grade

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
604						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Abbeigh Knolls				

OWNER NAME AND ADDRESS: Robert Terpan, 7136 Chilton Ct., Clarksville MD 21029
 PHONE NO.: 301 604 0160

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS: Same as owner
 PHONE NO.:

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: Name at court.
 PHONE NO.:

FOOTINGS	FOUNDATION	S. WALLS
12x9 post		

CONTRACTOR'S NAME AND ADDRESS: Fine Carpentry, Inc., 307 Chilton Ave., Laurel MD 20707
 PHONE NO.: 201 604 0160

UTILITIES				
WATER	WELL	SEWER/SEPTIC	GAS	ELECTRICITY

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 completed.

EXISTING USE: SFD
 PROPOSED USE: SFD w/ deck

EST. CONSTRUCTION COST: 1,924.00
 LICENSE NUMBER: 19692
 PERMIT FEE: \$30.00

SIGNATURE: [Signature]
 TITLE: [Title]
 DATE: 9/14/96

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____
 SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) _____
 TO SIDE BUILDING LINE _____
 DISTANCE IN FEET, REAR YD. REQUIRING SET _____
 BACK (CORNER LOT ONLY) _____ SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	9/14/96	[Signature]
WATER & SEWER		
HEALTH DEPT.	9/20/96	[Signature]
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.

LP-69

OK # 1191

APPROVED _____ DATE _____

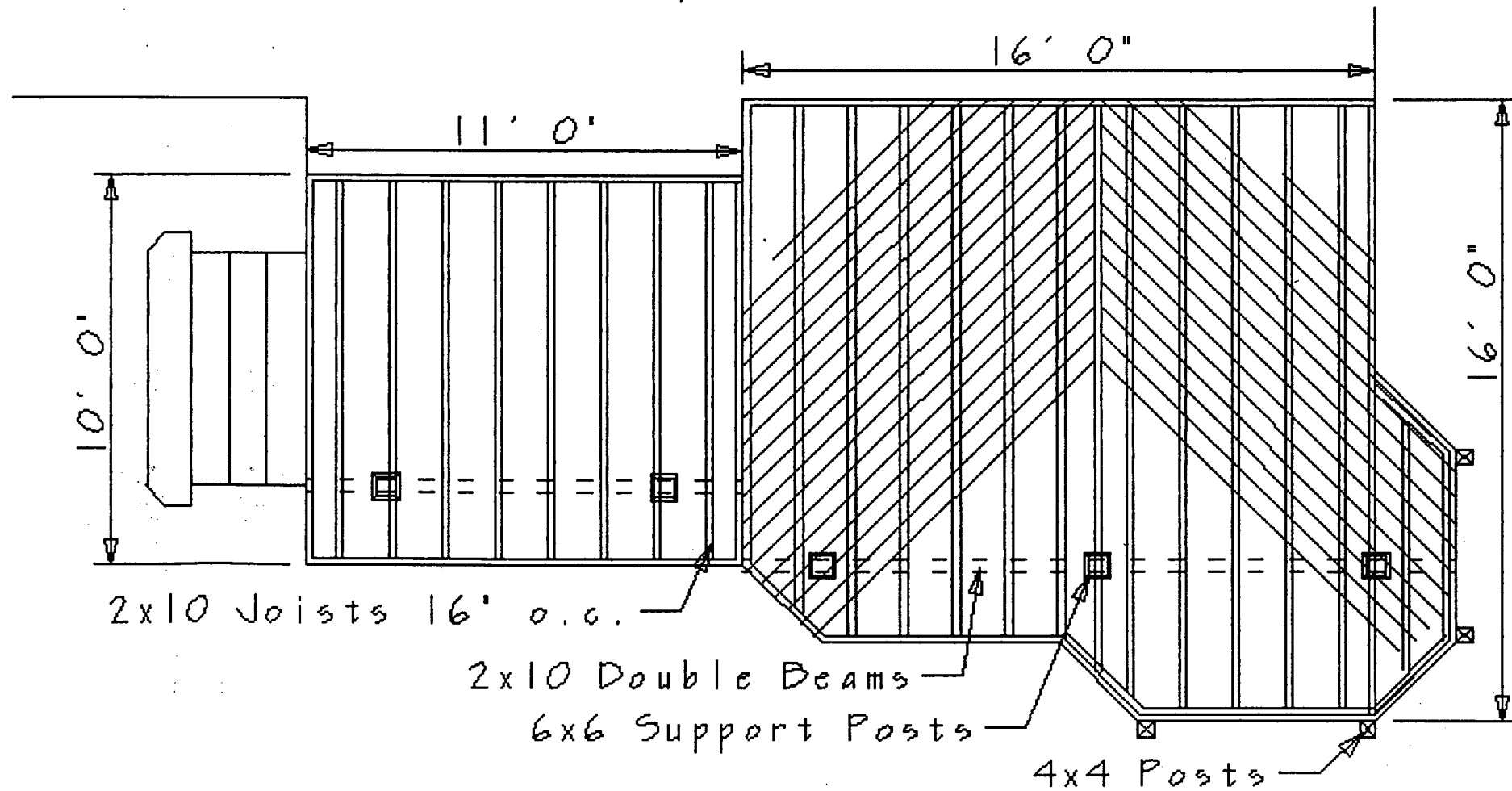
Distribution of Copies:
 White - Building Official
 Green - Planning & Zoning
 Yellow - Engineering
 Pink - Health Dept.
 Gold - S.H.A.

CP

SBHO 141

1/4" = 1'

Robert Forman
7136 Chilton Ct.
Clarksville, MD. 21029



HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5 1975

Name Columbia Builders, Inc

Telephone No. 730-3939

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION, ROAD, LOT NO. & ELECTION DISTRICT

Ashleigh Knolls
Lots 59, 62, 64, 65, 66

Septic System Permit
5 lots @ \$180.00 each \$ 900.00

Received Payment check # 3245

CUSTOMER FILE

P 50629

THIS RECEIPT IS NOT A PERMIT AND IT IS NOT A WARRANTY OF PERFORMANCE OF THE SYSTEM THAT IS INSTALLED