

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50629E

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 4/5/95

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

*TOXID#  
05-418895*

DATE SYSTEM APPROVED 8/18/95

INSPECTOR R. [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 66 ROAD 7121 Chilton Court

PROPERTY OWNER Columbia Builders, Inc.

ADDRESS 7121 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. PERMITS SIGNED**

**AND RETURNED 7/13/2000**

B00125431 DECK W/STEPS

*W 50290 B*

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

40-94-0284  
well

← water line

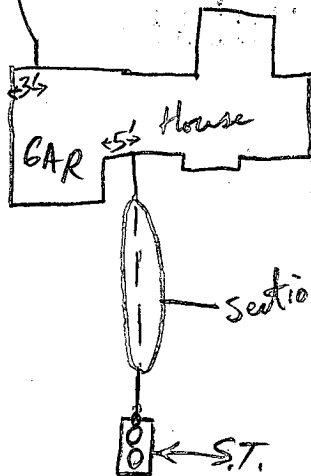
7/18/95

Septic House Connection Installed and Buried  
already. Unable to Tell if S.T. is already  
connected to House or line stops 20' Short

- Electrical wire grounds  
on side of Manhole riser  
to Pump Chamber have  
already been installed.

- Pump and Floats have been  
installed but not electrically  
committed to house power source yet

WPT-OK 7/18/95 RPP



section already covered, No Inspection RPP 7/18/95

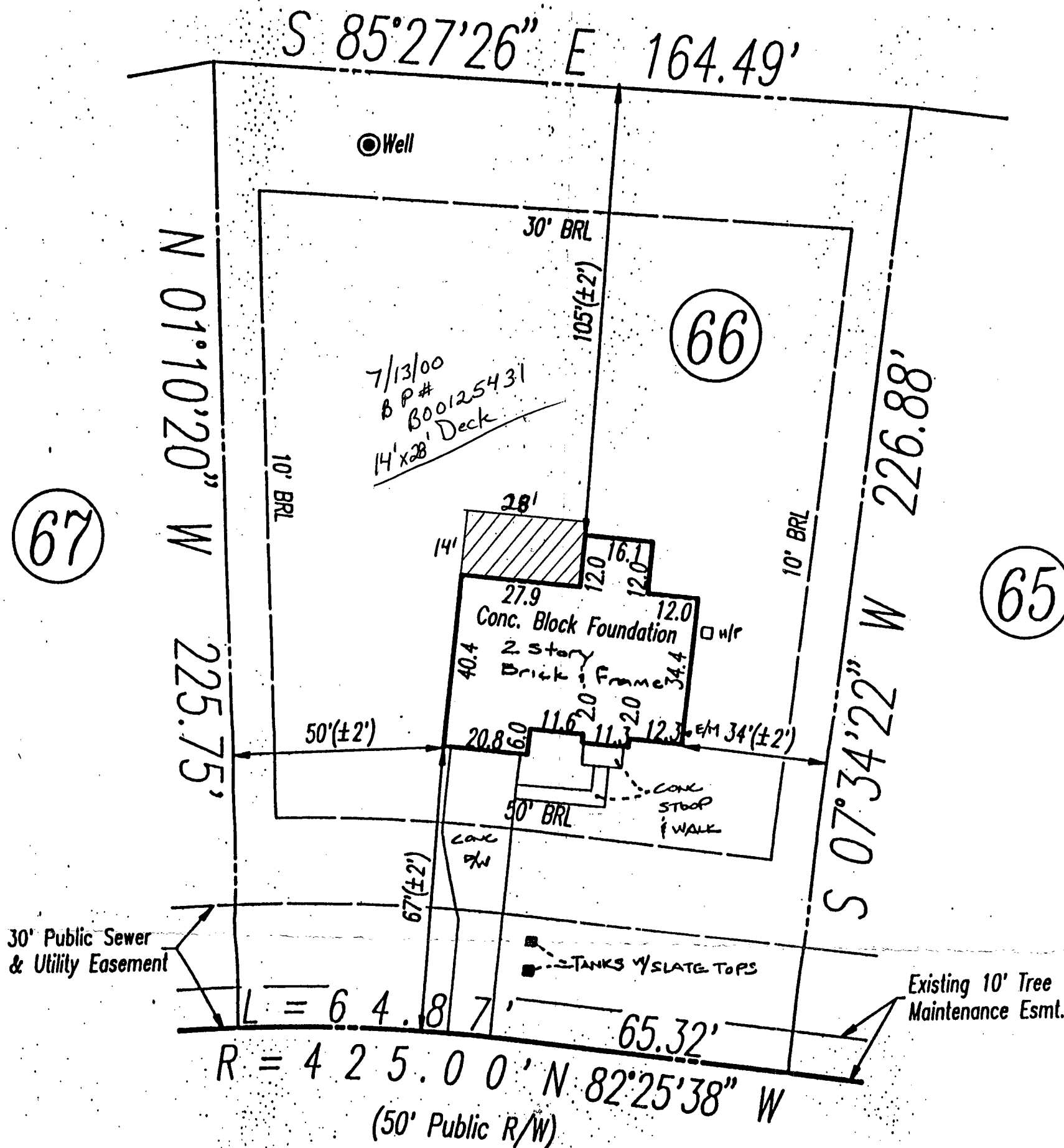
Chilton Court

8/18/95 - House Connection completed

Line covered from House to S.T. S.T. Manhole hole at final grade. RPP.  
(Man hole hole are square sections of Shale Stone).

8/18/95 Final House connection to S.T. OK & Cover. DPK approved. RPP

8/18/95 Pump, float, controls, alarm OK DPK approved RPP



# Chilton Court

## LEGEND

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

ADDRESS No.: #7121 Chilton Court

TOP OF WALL ELEV. = 498.66      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.

LOT 66  
**ASHLEIGH KNOLLS**  
PHASE 2

PI AT No. 11537



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## HOWARD COUNTY HEALTH DEPARTMENT

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*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: 58579

Proposed Use: Single Family Dwelling

Address: 7121 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

# ASHLEIGH KNOLLS

W50290 B

SUBDIVISION:

LOT NUMBER: 66

## DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Wilhoit

7/18/95  
AM

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

461-9999  
313-2440

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # - 0 -  
Date 7/17/95

Name of Installer JMI S. Inc.

Telephone 442-5780

License Number 4524

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Columbia Bldgs. Inc.

Telephone 442-5780

Subdivision Ashl. Egn Knolls Lot # 66

Well Tag # HO-94-0284

Site Address 7121 Chilton Ct.

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make
- Model #
- Capacity 6 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor

- Horsepower 3/4
- RPM
- Voltage 
  - 110
  - 220

Pitless Adapter

- Make HARVEY
- Model # PT-100
- Depth 42"

*used Campbell Martinson  
B-360 pitless adapter  
(per brochure @ site)*

Tank

- Capacity 80
- Pressure relief valve?

Piping

- Type Rly
- Size 1"
- NSF and/or BOCA Code approved
- Depth of supply line 42"

Well data

- Depth 400' ft.
- Yield 4 GPM
- Static water level 19 ft.
- Will water supply be disinfected by installer? YES

*Pitless adapter &  
water line OK @ 3 1/2 ft  
RJP 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.

C1 5966

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER W 50290 B

ST/CO USE ONLY DATE Received 120994

DATE WELL COMPLETED 022795

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0289

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for TOP soil, red shaley clay, Sand stone, gravel, Sand Stone, Mica, Sand Stone, Mica, Flint, Mica, Flint, Mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 41, GALLONS OF WATER 205, DEPTH OF GROUT SEAL 30 ft.

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter 6 inch, Total depth 103 feet.

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

SCREEN RECORD: screen type or open hole (ST), BRONZE (BR), PLASTIC (PL), HO (HOLE), OTHER (OT).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED (Y) (X)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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. 400, DRILLERS SIGNATURE (Mary F. Eustenling, Charles R. Felber), SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) 400, SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

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

PUMPING TEST: HOURS PUMPED (nearest hour) 8, PUMPING RATE (gal. per min. to nearest gal.) 7, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 19, WHEN PUMPING 16, 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: 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35, PUMP HORSE POWER 37 41, PUMP COLUMN LENGTH (nearest ft.) 43 47, CASING HEIGHT (circle appropriate box and enter casing height) above below, 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 diagram showing well location relative to a side line and landmarks.



B 1 **4049**

SEQUENCE NO.  
(DP USE ONLY)

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

STATE PERMIT NUMBER

**40-94-0284**  
fill in this form completely

Date Received (APA)

**120994**

OWNER INFORMATION

**WINCHESTER HOMES**

**6305 IVY LANE**

**GREENBELT MD 20770**

DRILLER INFORMATION

George F. Easterday

MSD/MGD/MWD

**40**

L. Franklin Easterday, Inc.

77 License No. 80

9265 Brown Church Rd., MT. Airy, Md. 21771

George F. Easterday 9/19/94

B 3

LOCATION OF WELL

**HOWARD**

COUNTY

**ASHLEIGH KNOLLS**

SUBDIVISION

SECTION **66** LOT **66**

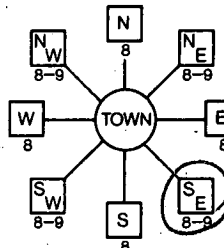
**HIGHLAND**

NEAREST TOWN

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**CHILCOT CT**

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **285**

ENTER FT OR MI **FT**

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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 B**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_

DATE ISSUED **12/14/94** **Carwell** **12/13/95**  
CO SIGNATURE EXP. DATE

NORTH GRID **488000** EAST GRID **0819000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

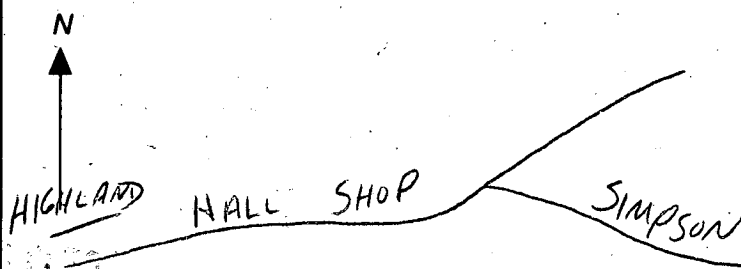
- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REverse-ROTary  DRIVE-POINT
- other \_\_\_\_\_

- SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
- SOURCES OF DRILLING WATER
- WRITE THE BOX NUMBER FROM THE MAP HERE

**2/27/95 1:00**  
**400' DEEP X**  
**103' CASING**  
**30' OPEN**  
**41' BAGS**  
**OR TO ADD 1 PRLY BAG (AT NEAR 40 BAGS) 65**  
**000' AB ON WELL**

8109  
4808

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



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) \_\_\_\_\_

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

APPROX. PERMIT NUMBER **GAP**

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-94-0284**

SPECIAL CONDITIONS

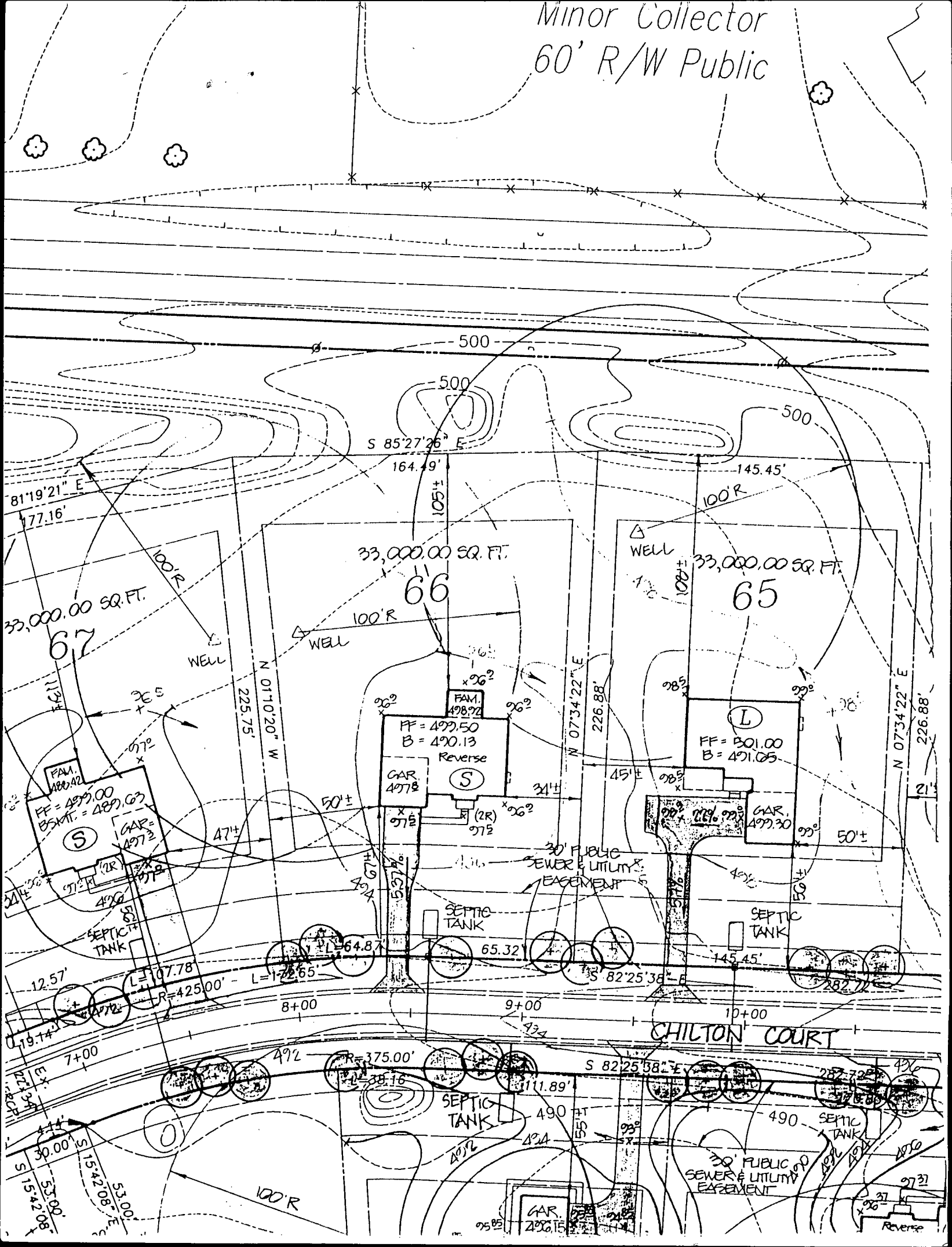
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

Site inspection before drilling





Minor Collector  
60' R/W Public



81°19'21" E  
177.16'

S 85°27'26" E  
164.49'

33,000.00 SQ. FT.  
67

33,000.00 SQ. FT.  
66

33,000.00 SQ. FT.  
65

FAM. 488.42  
FF = 499.00  
B = 489.63  
GAR = 497.2  
SEPTIC TANK

FAM. 498.92  
FF = 499.50  
B = 490.13  
Reverse  
GAR 497.8  
SEPTIC TANK

WELL  
FF = 501.00  
B = 491.05  
GAR 499.30  
SEPTIC TANK

30' PUBLIC SEWER & UTILITY EASEMENT

SEPTIC TANK

SEPTIC TANK

CHILTON COURT

SEPTIC TANK

SEPTIC TANK

30' PUBLIC SEWER & UTILITY EASEMENT

GAR 497.15

Reverse

11/01  
APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

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

SERIAL NUMBER

35579

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
7121 Childen 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 PBa., 1 HBA,  
Garage, Opt 5th BR. (5th BR)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
66				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'
B	56'	46'	10'

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

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2159	21590	Asp. Gable
ROOMS	1798	17980	5563
BATHS			
FIREPLACES	1606	16060	T. 491540X

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	wd fr w/ & 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 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

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

*Thomas Greenfield*  
SIGNATURE  
Pres. TITLE  
6/22/95 DATE

## 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>Alan L. Souza</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.

LP-69-591

APPROVED

DATE

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1415 and Taneytown Road MD State Certification #133 800 S. South Main Street  
 Westminster, MD 21158 (410) 848-1014 or 876-4554 Bel Air, MD 21014

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995 COMPANY: CASH ACCOUNT  
 LABORATORY ID NUMBER: 17661 REQUESTED BY: Jim Greenfield  
 LOCATION: 7121 Chilton Court SOURCE: Well  
 CLARKSVILLE, HO, MD, 21029 SITE: Kitchen  
 DATE/TIME COLLECTED: 08-31-1995, 1100 @ COLLECTED BY: J. Starr 95-430  
 DATE/TIME REC'D LAB: 08-31-1995, 1330 @ RESIDUAL CHLORINE: None Detected  
 WELL NUMBER: HO-94-0286 WATER SUPPLY TREATED: NO  
 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.1 ✓	6.5 - 8.5	pH Units
NITRATES	N/A	10 OR LESS	mg/L (PPM)
(INFG/MIG 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.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 09-01-1995 LABORATORY DIRECTOR: *Charles Mooshian*  
 Charles Mooshian, BS, MT(HHS)

COMMENTS: Use & Occupancy.

Sample Analyzed As Received

## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

## MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSTS

1413 Old Taneytown Road  
Westminster, MD 21152MD State Certification #133  
(410) 848-1014 or 876-4554839 C South Main Street  
Bel Air, MD 21014

## WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4995  
LABORATORY ID NUMBER: 17617  
LOCATION: 7121 Chilton CourtCOMPANY: CASH ACCOUNT  
REQUESTED BY: Jim Greenfield  
SOURCE: Well  
SITE: KitchenCLARKSVILLE, HO, MD, 21029  
DATE/TIME COLLECTED: 08-28-1995, 0945  
DATE/TIME REC'D LAB: 08-28-1995, 1320  
WELL NUMBER: HO-94-0286COLLECTED BY: J. Starr 95-430  
@ RESIDUAL CHLORINE: None Detected  
WATER SUPPLY TREATED: NO  
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.1	6.5 - 8.5	pH Units
NITRATES	N/A	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
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PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S)  
TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 08 30 1995

LABORATORY DIRECTOR:

Charles Mooshian, BS, MCHES

COMMENTS: Use &amp; Occupancy, Retest

Sample Analyzed As Received

## FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

## MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road Westminister, MD 21090 MD State Certification #133 (410) 848-1014 or 876-4554 839 C South Main Street Bel Air, MD 21034

## WATER ANALYSIS REPORT

ACCOUNT NUMBER: 4935  
LABORATORY ID NUMBER: 17511  
LOCATION: 7125 Clifton Court

COMPANY: CASH ACCOUNT  
REQUESTED BY: Jim Greenfield  
SOURCE: Well  
SITE: Basement

CLARKSVILLE, MD, MD, 21029  
DATE/TIME COLLECTED: 08-17-1995, 1040 @  
DATE/TIME REC'D LAB: 08-17-1995, 1255  
WELL NUMBER: HO-94 0284

COLLECTED BY: J. Starr 95-430  
RESIDUAL CHLORINE: None Detected  
WATER SUPPLY TREATED: NO  
TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
RESULTS @ RATES	6.7 <1.0	6.5 - 8.5 10 OR LESS	pH Units mg/L (PPM)

## ONPG/MUC 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	7.8	Less Than 10	NTU

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

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 08 18 1995

LABORATORY DIRECTOR:

*Charles Moushian*  
Charles Moushian, Director

COMMENTS: Use & D 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. Mehsen Joseph, Ph.D., Director

310055

Category Code 4F-4C

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

<b>SAMPLE TYPE:</b>	Source <u>KWON - Powder Room</u>
Community <input type="checkbox"/>	Location: <u>7121 Chilton Ct</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Non-Transient <input checked="" type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:00</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u> Bottle No. <u>13F590</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>HCWD(CR)</u>
Special <input type="checkbox"/>	

<u>13</u>	<u>---</u>	<u>---</u>	<u>11 12 96</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										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 †		<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

Date & Hour	Laboratory	
<u>'96 NOV 12 PM 2:49</u>	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
<u>'96 NOV 12 PM 3:06</u>	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
	Cheverly <input type="checkbox"/>	
<u>'96 NOV 13 PM 6:17</u>	Remarks _____	
	Rept. <u>lw</u>	
	Bacteriologist <u>L. Shanks</u>	



HOWARD COUNTY HEALTH DEPARTMENT  
WATER SAMPLE REQUEST

PROPERTY OWNER Kwon DATE OF APPOINTMENT 11/12/96 <sup>10:30</sup>  
ADDRESS 7121 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 B. Canning TIME 10:00 DATE 11/12/96

SAMPLE FROM Powder Room BF 590 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: \_\_\_\_\_



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## HOWARD COUNTY HEALTH DEPARTMENT

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

October 18, 1996

Mr. Wonohbin Kwon  
7121 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284  
Water Sample Date: October 3, 1996

Dear Mr. Kwon:

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

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

007766

Category Code 4F-4C

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

<b>SAMPLE TYPE:</b>	Source <u>Ohbinkwon - Powder Room</u>		
Community <input type="checkbox"/>	Location: <u>7121 Chilton Ct.</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> am.	
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Time Collected <u>9:30</u> <input type="checkbox"/> pm.	
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u>	Bottle No. <u>BC804</u>	
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u>	County <u>Howard</u>	
Special <input type="checkbox"/>			

<u>13</u>	---	---	<u>10 03 96</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 †	
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	Laboratory	
<u>30 OCT 3 PM 2:38</u>	Annopolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
<u>30 OCT 3 PM 2:43</u>	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
<u>30 OCT 4 PM 2:42</u>	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
	Cheverly <input type="checkbox"/>	
	Remarks	

Bacteriologist \_\_\_\_\_



HOWARD COUNTY HEALTH DEPARTMENT  
WATER SAMPLE REQUEST

PROPERTY OWNER Ohbin Kwon DATE OF APPOINTMENT 10 10 3 196  
ADDRESS 7121 Chilton Ct - Clarksville, Md  
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 B. Canning TIME 9:30 DATE 10 10 3 196

SAMPLE FROM Powder Room BC804 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: \_\_\_\_\_



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HOWARD COUNTY HEALTH DEPARTMENT

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

July 31, 1996

Mr. Wonohbin Kwon  
7121 Chilton Court  
Clarksville, Maryland 21029

"SECOND NOTICE"

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284  
Water Sample Date: June 20, 1996

Dear Mr. Kwon:

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. Presently, there is no charge for this testing.

Very truly yours,

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

DKS

Enclosure



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HOWARD COUNTY HEALTH DEPARTMENT

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

July 2, 1996

Mr. Wonohbin Kwon  
7121 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284  
Water Sample Date: June 20, 1996

Dear Mr. Kwon:

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, Sanitarian  
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. Mehsen Joseph, Ph.D., Director

Category Code 41 40 Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

<b>SAMPLE TYPE:</b>	Source <u>KITCH - Powder Room</u>
Community <input type="checkbox"/>	Location: <u>7121 S. HOWARD</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>9:30</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u> Bottle No. <u>SS 734</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>HOWARD</u>
Special <input type="checkbox"/>	

13	---	---	00 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.						ml. of Sample		10 ml.						No. of Pos. <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">2</span>	
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

Date & Hour		Laboratory	
<u>06 JUN 20 AM 1:48</u>		Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>
<u>06 JUN 20 AM 1:48</u>	Rec.d	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
<u>06 JUN 24 AM 9:36</u>	Exam <u>h</u>	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>
	Rept.	Cherley <input type="checkbox"/>	
		Remarks	

Bacteriologist D Pierce

HOWARD COUNTY HEALTH DEPARTMENT  
WATER SAMPLE REQUEST

PROPERTY OWNER Wonohbin Kwon DATE OF APPOINTMENT 06/20/96 <sup>9:30</sup>  
ADDRESS 7121 Chilton Ct.  
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 9:30 DATE 06/20/96 <sup>9:30</sup>

SAMPLE FROM Powder Room # 85734 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: \_\_\_\_\_



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**HOWARD COUNTY HEALTH DEPARTMENT**

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

April 11, 1996

Owner/Occupant  
7121 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284

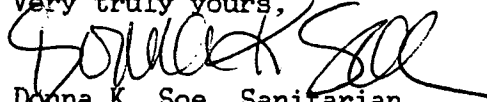
Dear Sir or Madam:

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



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## HOWARD COUNTY HEALTH DEPARTMENT

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

September 5, 1995

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

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284

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-94-0284. 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: August 17, 1995 (Chemical)  
August 31, 1995 (Bacteriological)  
Date of Well Completion: February 27, 1995

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS  
cc: Building Inspector's office  
File



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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 #66  
7121 Chilton Court  
Well Permit #HO-94-0284  
Water Sample Date: August 17, 1995

Dear Sirs:

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. Presently, there is no charge for this service.

Very truly yours,

*Donna K. Soe/AW*

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

Enclosure



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## HOWARD COUNTY HEALTH DEPARTMENT

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

November 26, 1996

Mr. Wonohbin Kwon  
7121 Chilton Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #66  
7121 Chilton Court  
Well Permit #HO-94-0284

Dear Mr. Kwon:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on August 18, 1996.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### **FINAL CERTIFICATE OF POTABILITY**

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0284.

Dates of Water Samples: October 3, 1996  
November 12, 1996

Date of Well Completion: February 27, 1995

Approving Authority

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

DKS  
Enclosures  
cc: file