

6/12/95
CO - Septic + water line Insp (wpi)
(Short of ST)
1: - 1:30
8/18/95
9:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50631A

A _____

DISTRICT _____

DATE 4-5-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Tax ID#
05-418712

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 50 ROAD 7010 Helmsdale Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS Greenbelt, MD 20770

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

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

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

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

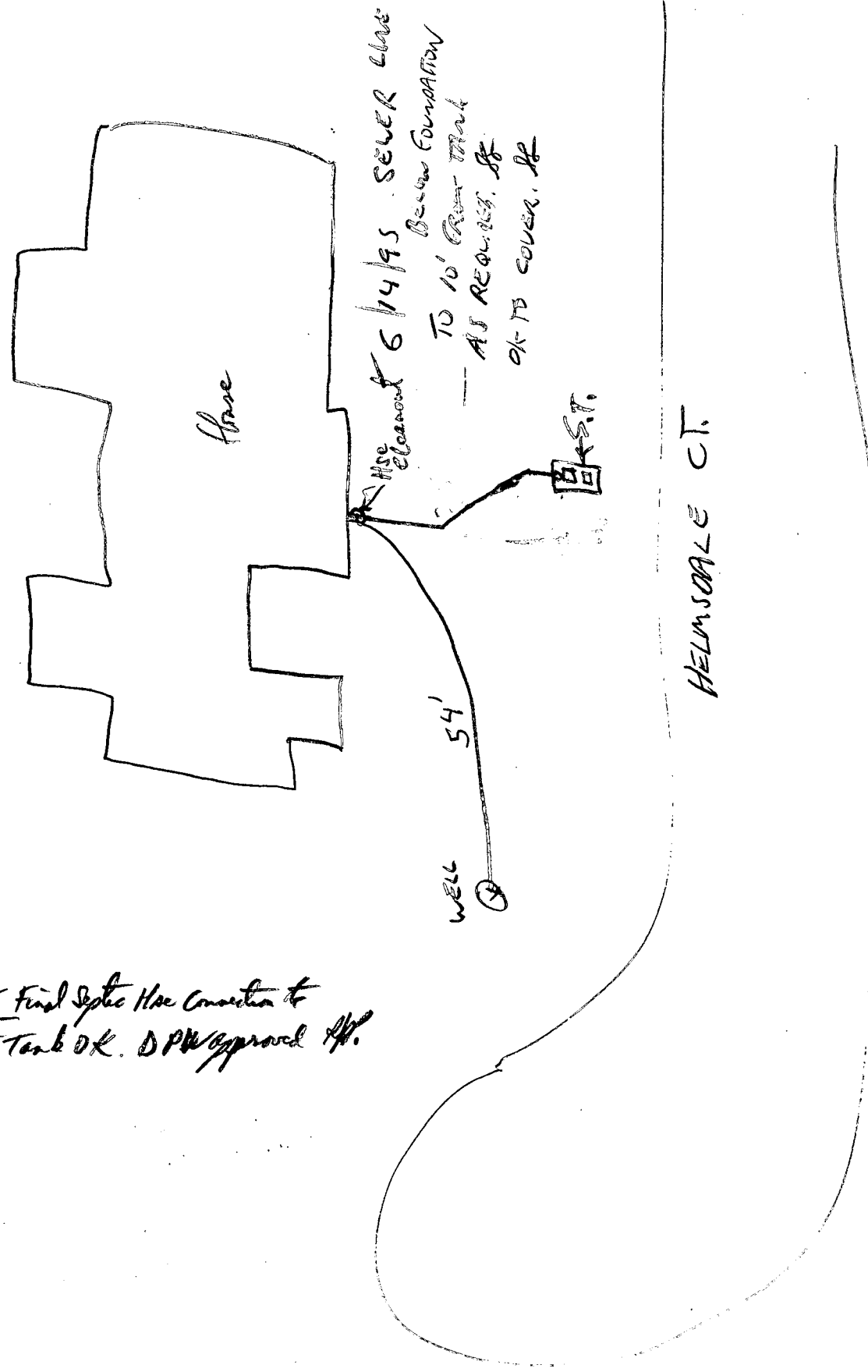
SEWER PERMIT SIGNED
AND RETURNED 3/20/97
1300128964 Trophy room

ALDG. PERMIT SIGNED
AND RETURNED 4-14-99
Serial # B00117290
Imperial P&H

P 50631A

PLANS APPROVED BY Craig Williams DATE 5/9/95

8/18/96 Final Septic Hose Connection to
Septic Tank OK. DPW approved *HP*.



SPEED LETTER

TO

Craig Williams
Environmental Health

FROM

Jeff Welby
Bureau of Utilities

X 2048

SUBJECT

Ashleigh Knolls - Final Insp.

MESSAGE

The following lot has been inspected and is acceptable for UTO:

Lot 50 7010 Helmsdale Ct. Winchester Hills

DATE

10/6/95

SIGNED

J. Welby

REPLY

DATE

SIGNED

ASHLEIGH KNOLLS

W50290K

SUBDIVISION:

LOT NUMBER: 50

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. Wilkin

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

58435

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

7010 Helmedale Court
Clarksville, Maryland 21029

GRADING/SEDIMENT CONTROL YES NO

G-3058

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is Oxford:
2 story, full basement, 1GR, 4BR, 3FB,
1HB, opt FP, rear solarium, garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
50	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	R2	41	5	6051.02

OWNER NAME AND ADDRESS PHONE NO.
 Winchester Homes, Inc.
 6305 Ivy Ln., Suite 800
 Greenbelt, Md. 20770 (301)489-1444

OCCUPANT'S NAME AND ADDRESS PHONE NO.
 ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
 R.M. Mochi & Assoc.
 330 N. Ridge Rd., Suite 800 234
 Ellicott City, Md. 21043 (410)621-5768

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

EXISTING USE: Vacant
 PROPOSED USE: Single Family

EST. CONSTRUCTION COST: 170,000
 LICENSE NUMBER: 158-14160
 PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
50' x 50'	60'	54'	10'
	60'	38'	10'
	60'	52'	10'

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

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

UTILITIES				
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
			X	HP
				AC
				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.

Permit Administrator: [Signature]
 TITLE: Permit Administrator
 DATE: 3-14-95

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW 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	3/14/95	[Signature]
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/21/95	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

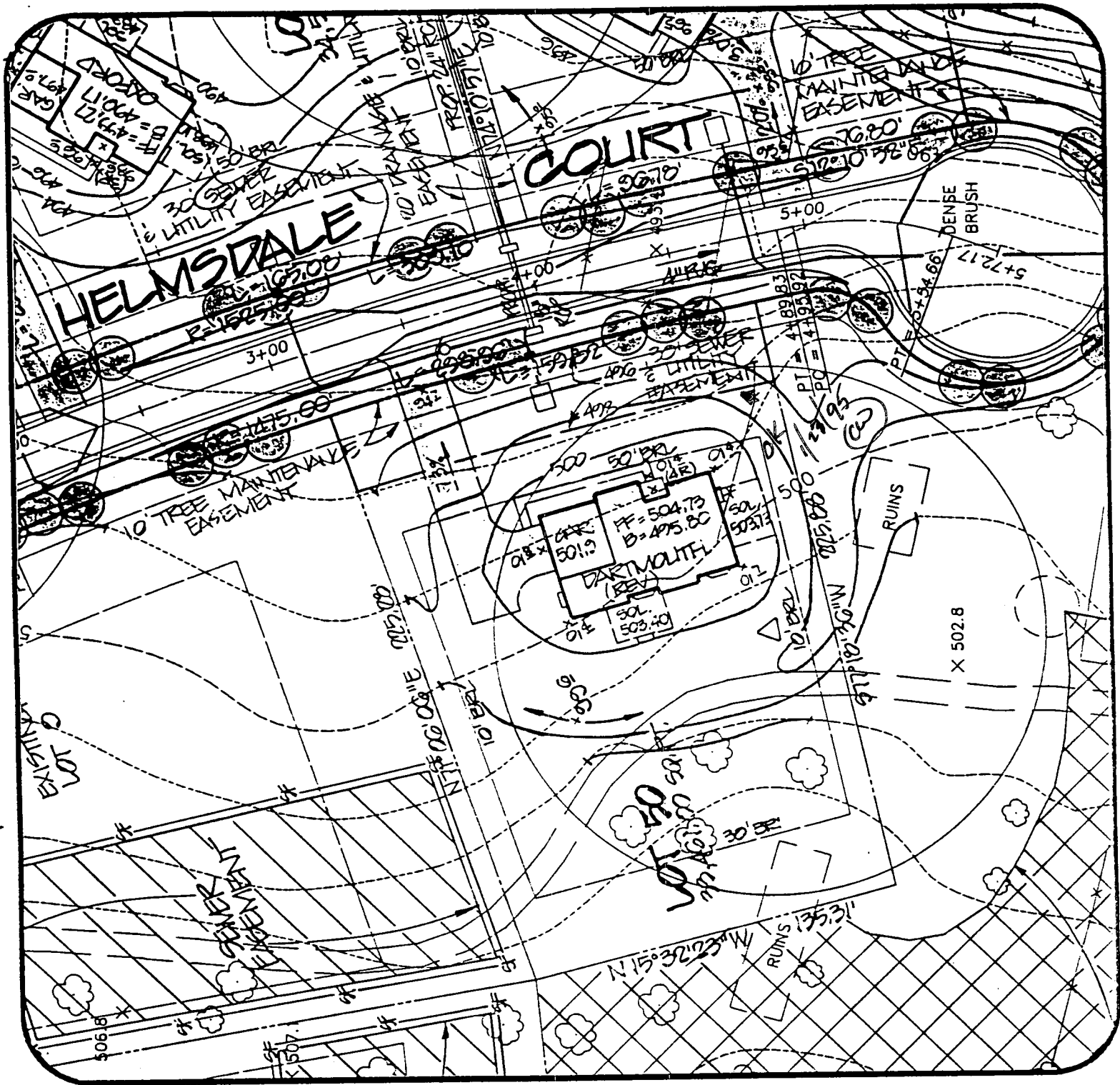
CAUTION
 This permit is a public document and shall be kept in a public place and displayed on the job site at all times. It is the responsibility of the contractor to obtain all necessary permits before any work is done.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

1-95-001

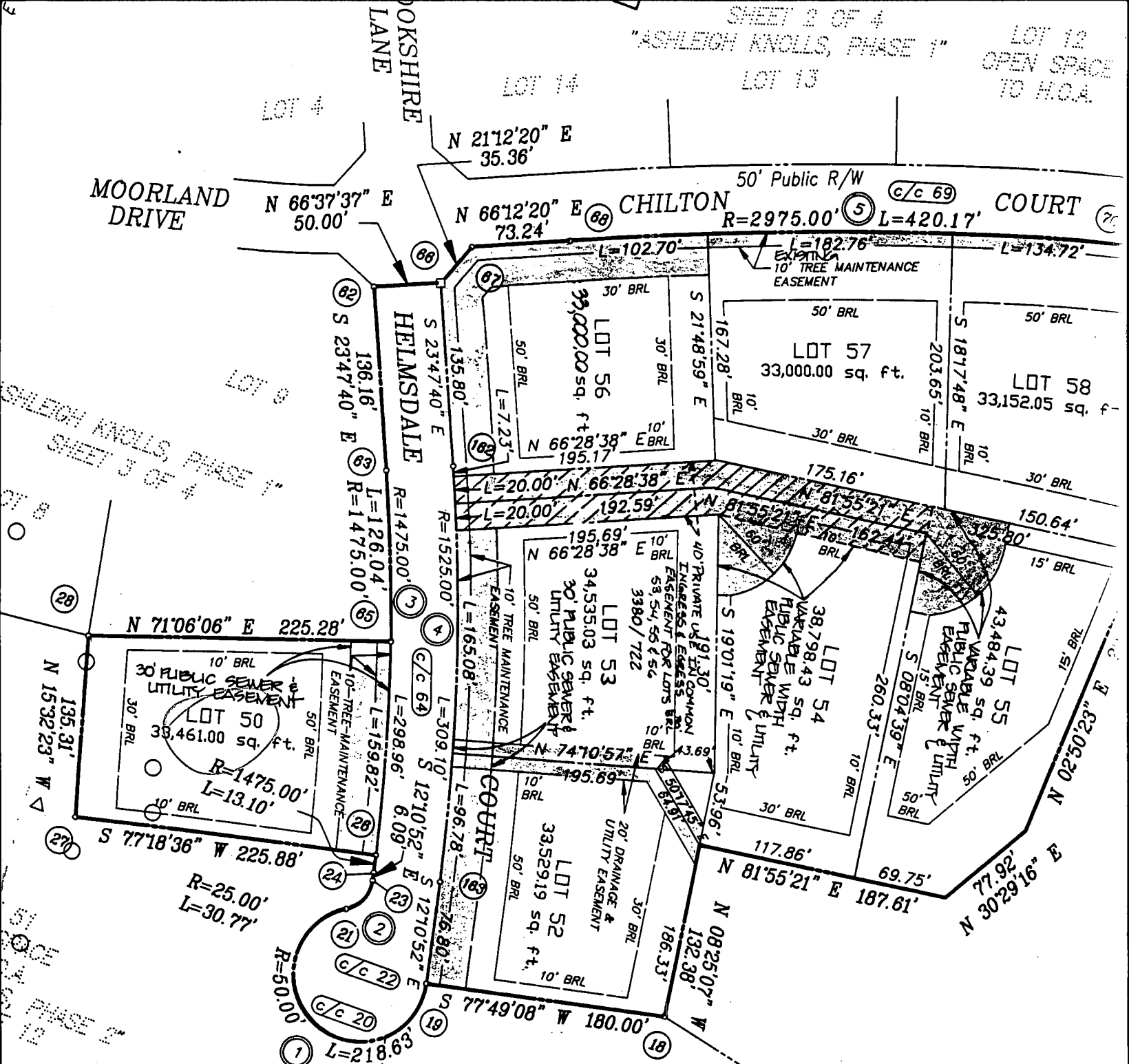
APPROVED _____ DATE _____

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



Ashleigh Knolls Lot 50		1/25/95 (CW)	R.M. MOCHI GROUP, P.C. CIVIL ENGINEERS LAND SURVEYORS PLANNERS ENVIRONMENTAL
DATE: 01/20/94	PROJECT NO.: 89027.06		
DRAWN BY: TJP	SCALE: 1" = 50'	3300 N. Ridge Road, Suite 235 Ellicott City, MD 21043-3305 (410) 461-0079 Fax: (410) 750-6340	

LOT 12
OPEN SPACE
TO H.O.A.

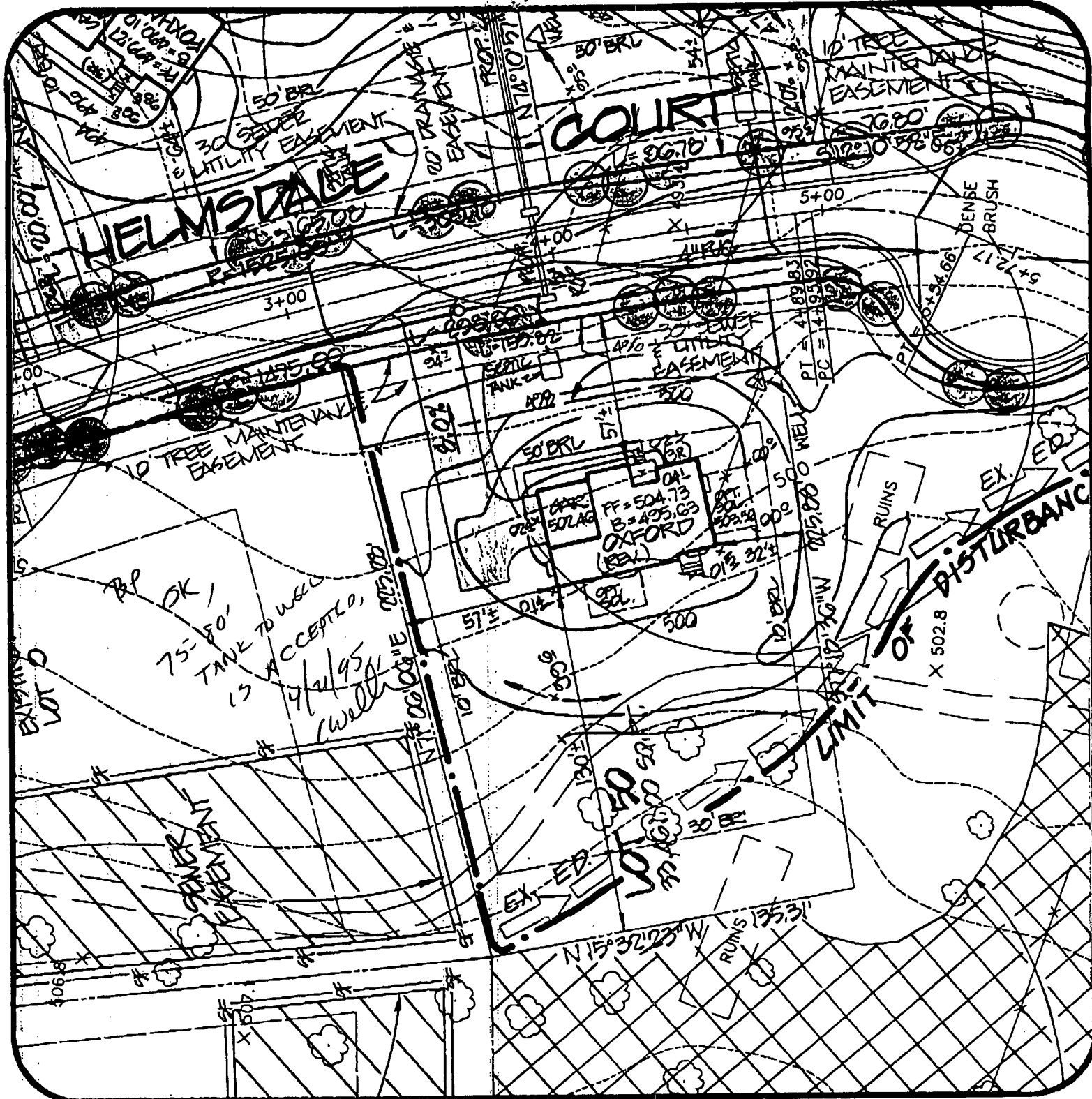


ASHLEIGH KNOLLS, PHASE 1
SHEET 3 OF 4

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

PRESERVATION
PARCEL C
"ASHLEIGH KNOLLS, PHASE 2"
SHEET 9 OF 12

CURVE	RADIUS	LENGTH	TANGENT	CHORD	BEARING
1	50.00'	95.53'	70.71'	81.65'	N 66°53'01" W
2	25.00'	30.77'	17.68'	28.87'	N 23°01'00" W
3	1475.00'	298.96'	150.00'	298.45'	N 66°53'01" W
4	1525.00'	9272.76'	18272.30'	308.57'	N 66°53'01" W
5	2975.00'	18272.30'	210.44'	308.57'	N 66°53'01" W



Ashleigh Knolls
Lot 50

DATE: 3/13/95

PROJECT NO.: 87027.09

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

May 12, 1995

MEMORANDUM

TO: Winchester Homes, Inc.
6305 Ivy Lane, Suite 800
Greenbelt, MD 20770

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

RE: Building Permit Number: 58435

Proposed Use: Single Family Dwelling

Address: 7010 Helmsdale 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

WAF
6/12/95
1:00 or 1:30

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Van about Pibg + Htg

Telephone 829-0444

License Number 1467
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Highway Knolls Lot # 50 Well Tag # _____
Site Address 1010 Delmsdale Ct Clawsville

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

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

Pitless Adapter
1. Make Campbell
2. Model # B310X
3. Depth 48"

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

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

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

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

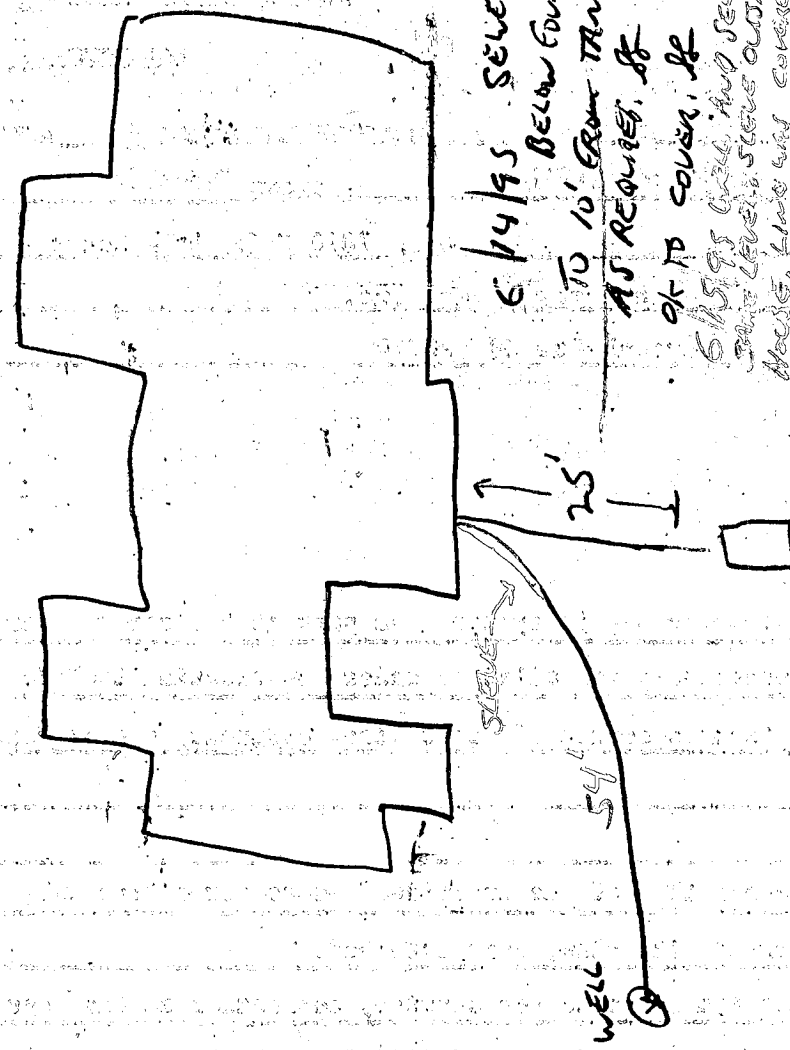
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6/17/95

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

W.P.T.



6/14/95 SEWER LINE
 BELOW FOUNDATION
 TO 10' FROM TANK
 AS REQUIRED. 8'

OK TO COVER. 8'

6/15/95 CALLING SEWER LINE AT
 THE LEVEL. STOVE OUTSIDE TO KITCHEN
 HOUSE. LINE WAS COVERED, VERIFYING
 THAT STOVE WAS PRESENT. BRUSHING
 A SECTION

WORKING SCHEDULED, PREPARED
 BY 2nd COMPANY, COMPANY
 CONSULTING ENGINEER (P.E.)

HELMSON CT

B 1	4033	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-99-0292 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) **120999**

WINCHESTER HOMES
15 Last Name Owner First Name 34

6305 IVY LANE S700
36 Street or RFD 55

GREENBELT MD 20770
57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday 49

Driller's Name L. Franklin Easterday, Inc. 77 License No. 80

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

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

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

AIR-ROtary **JETted** **Jetted & DRIVEN**

AIR-PERcussion **ROtary** (Hydraulic Rotary)

CABLe **REVerse-ROtary** **DRive-POINT**

other _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER _____

FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **40-99-0292**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

LOCATION OF WELL

HOWARD COUNTY

ASHLEIGH KNOKLS SUBDIVISION

SECTION _____ LOT **50**

HIGHLAND NEAREST TOWN

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

HEMSDALE CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST EAST

DISTANCE FROM ROAD **20** FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **W50290K** COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **12/09/95** INSERT S _____

487000 NORTH GRID **0819000** EAST GRID

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

8109 **4807**

2/29/95 9:00 X

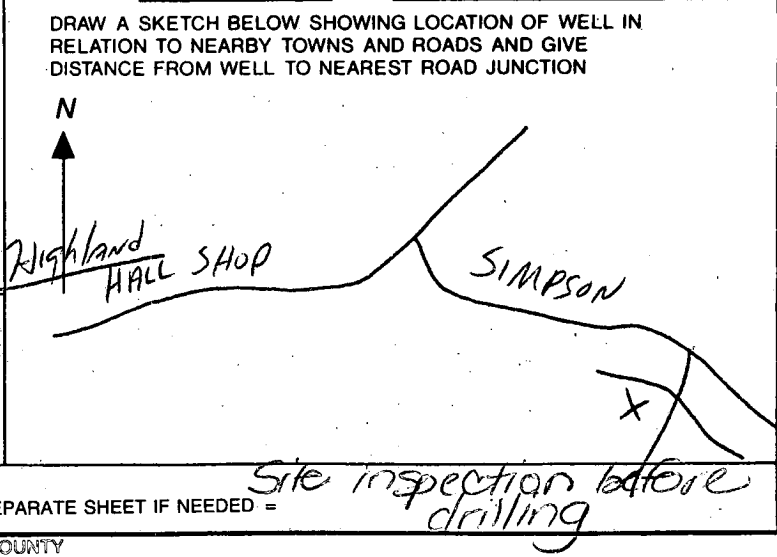
400' DEEP

80' CASING

60' OPEN

18 bags f.f. 2/24/95

no to go well



C 1 5951

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 K

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" 40-94-0292

OWNER last name + Liscate first name TOWN Highland SUBDIVISION ... SECTION ... LOT 50

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for top soil, shale, red clay, brown mica, and grey mica.

GROUTING RECORD form with fields for GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS (27), NO. OF POUNDS (2700), GALLONS OF WATER (135), DEPTH OF GROUT SEAL (60 ft).

CASING RECORD form with fields for casing types (ST, CO, PL, OT) and nominal diameter (6 inches).

SCREEN RECORD form with fields for screen type (ST, BR, HO, PL, OT) and slot size (1, 2, 3).

OTHER CASING (if used) form with fields for diameter and depth.

GRAVEL PACK form with field for IF WELL DRILLED WAS FLOWING WELL INSERT (F IN BOX 68).

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

CIRCLE APPROPRIATE LETTER: A (abandoned), E (electric log), P (test well converted).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE (George F. ...), SITE SUPERVISOR (sign. of driller or journeyman).

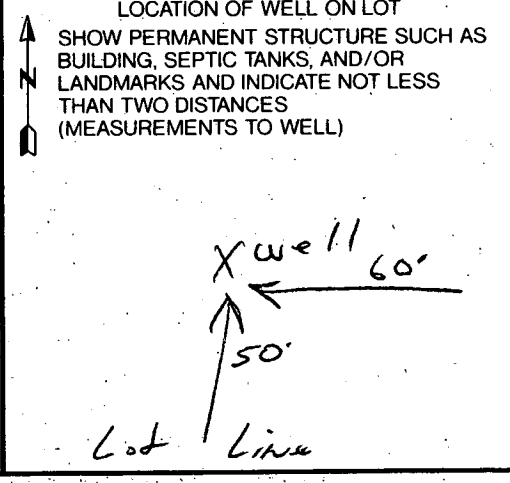
DEPTH (nearest ft.) table with columns for depth intervals (8-9, 11-15, 17-21, 23-24, 26-30, 32-36, 38-39, 41-45, 47-51) and rows for casing height (above/below).

GRAVEL PACK form with field for IF WELL DRILLED WAS FLOWING WELL INSERT (F IN BOX 68).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields for T (70), E.R.O.S. (72), W Q (74-76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (6), PUMPING RATE (24 gal/min), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (15 ft before, 135 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (20 ft).



9:30 2-27-95

Review OK 3/22/95 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0292
 Location of property (road) Helmstate Ct
 Subdivision Ashleigh Knolls Lot 50 Block _____ Plat _____ Sec. _____
 Well Driller Easterday Owner Winchester Homes

Depth of well 400 26pm
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 15'

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12 G.P.M.
 Total time 1 hr to reach pumping water level 138 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	138	20 sec.	Pump setting 380	3 G.P.M.
10:45	138	20 "	See below	3 "
11:00	138	20 "		3 "
11:15	138	20 "		3 "
11:30	138	20 "		3 "
11:45	138	20 "		3 "
12:00	138	20 "		3 "
12:15	138	20 "		3 "
12:30	138	20 "		3 "
12:45	138	20 "		3 "
1:00	138	20 "		3 "
1:15	138	20 "		3 "
1:30	137	20 "		3 "
1:45	137	20 "		3 "
2:00	137	20 "		3 "
2:15	136	20 "		3 "
2:30	135	20 "		3 "
2:45	135	20 "		3 "
3:00	135	20 "		3 "
3:15	135	20 "		3 "
3:30	135	20 "		3 "
3:45	135	20 "		3 "
4:00	135	20 "		3 "
4:15	135	20 "		3 "
4:30	135	20 "		3 "



HOWARD COUNTY HEALTH DEPARTMENT

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

October 10, 1995

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

RE: Ashleigh Knolls, Lot #50
7010 Helmsdale Court
Well Permit #HO-94-0292

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-94-0292. 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 22, 1995
September 26, 1995 (Turbidity)
Date of Well Completion: February 27, 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

Myersville, MD 21773

(301) 293-3340
FAX (301) 293-2366

CERTIFICATE OF ANALYSIS

Acct. No. 1967

FIELD RECORD

Sample Source: HT5 Date: 9/22/95
7010 Helemsdale Ct Time: 8:16 AM
Ashleigh Knolls Iced: yes no
CLARKVILLE Md pH: 7
21029 Res. Cl: _____

Well No. _____
 County Howard Co

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

This individual is a state certified water collector. State No.: 94-700

LABORATORY RECORD

Received at laboratory: 9/22/95 10:45 am
 Testing requested: Bacteriological Examined: 9/23/95 8 am

MPN (Most Probable Number)

Presumptive Bacteriological Test Confirmed Bacteriological Test

ml. of Sample	20 ml.				ml. of Sample	20 ml.				Coliforms/100 ml.	
	Gas, 24 hours	-	-	-		Coliforms	-	-	-	Total	Fecal
Gas, 48 hours	-	-	-	-	Fecal Coliforms	-	-	-	<1.1	<1.1	

Membrane Filter _____ Total Coliforms/100 ml

Bacteriological analysis of this sample indicates the water is safe unsafe for human consumption.

C. K. ... Analyst Date: 9/23/95

Chemical

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH		
/	/	1.1	36	None	/		

Phone (301) 694-7134
 (301) 293-3344
 FAX (301) 293-2366

CERTIFICATE OF ANALYSIS

Acct. No. 79674

FIELD RECORD

Sample Source: KIT SINK
7010 Helmdale Ct
Rosehigh Knolls
Charlottesville md
10950

Date 9/26/95
 Time 8:15
 Iced yes no
 pH 4
 Res. Cl _____

Client No. _____
 Client Name Howard Co
 Information was supplied by: H. A. Vansant

Location _____
 Individual is a state certified water
 for. State No.: 94-700

LABORATORY RECORD

Received at laboratory: 9/26/95 9:30
 Testing requested: _____
 Bacteriological
 Examined: 9/28/95

MPN (Most Probable Number)

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

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

Analyst _____ Date _____
 Chemical

Lead (mg/l)	Iron (mg/l)	N(NH3) (mg/l)	Turbidity (NTU)	Sand	pH		
/	/	/	0.7	none	/		

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00141
 W. Virginia Cert. No. 24-R

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

013886

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Jo Anne Beers - Powder Room</u>		
Community <input type="checkbox"/>	Location: <u>7010 Helmsdale Ct</u>		
Non-Community <input type="checkbox"/>	Iced: Yes <input 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>9:00</u> <input type="checkbox"/> pm.	
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u>	Bottle No. <u>AE 973</u>	
Check Sample <input type="checkbox"/>	Collector Name <u>B. Panning</u>	County <u>Howard</u>	
Special <input type="checkbox"/>			

13	—	—	42596
County	Plant No.	Sampling Station	Date Collected

pH 70 Res. Cl: Free 00 Total 00 Card No. —

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

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

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

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

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

ml. of Sample	100 ml.
Total Coliforms †	
Fecal Coliforms ‡	
E. Coli ***	

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

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

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

Heterotrophic Plate Count §/ml. =

- ** using m Endo-Agar LES at 35° C incubation
- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

<p>Date & Hour _____</p> <p style="text-align: right;">Rec.d. <u>JP</u></p> <p style="text-align: right;">Exam _____</p> <p style="text-align: right;">Rept. _____</p>	<p style="text-align: center;">Laboratory</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Annapolis <input type="checkbox"/></td> <td style="width: 50%;">Cumberland <input type="checkbox"/></td> </tr> <tr> <td>Cambridge <input type="checkbox"/></td> <td>Frederick <input type="checkbox"/></td> </tr> <tr> <td>Central <input checked="" type="checkbox"/></td> <td>Salisbury <input type="checkbox"/></td> </tr> <tr> <td>Cheverly <input type="checkbox"/></td> <td></td> </tr> </table> <p>Remarks _____</p>	Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>	Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>	Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>	Cheverly <input type="checkbox"/>	
Annapolis <input type="checkbox"/>	Cumberland <input type="checkbox"/>								
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>								
Central <input checked="" type="checkbox"/>	Salisbury <input type="checkbox"/>								
Cheverly <input type="checkbox"/>									

Bacteriologist Mehsen



HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Ms. Joanne Behrs
7010 Helmsdale Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #50
7010 Helmsdale Court
Well Permit #HO-94-0292

Dear Ms. Behrs:

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-94-0292.

Dates of Water Samples: September 22, 1995
September 26, 1995 (Turbidity)
April 25, 1996

Date of Well Completion: February 27, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5, 1995

Name Wasear Plumbing & Heating, Inc.

Telephone No. 829-2444

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

Ashtley Knolls
Units 50, 52, 53, 54, 55
1010 Helms Dale Court

Septic System Permit
5 lots @ \$180.00 each

Received Payment CR# = 16053

CUSTOMER FILE

50631A

MARYLAND BUSINESS FORMS, INC. R-16488

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

3/16/01

Mark,
Anne called about this
BP. Her number is
(410) 437-8010.

CONTRACTOR'S
PHONE #

Howard County Health Department

To: WELL LINE INSPECTOR

- PLEASE CHECK GROUT
DEPTH, GROUT LEVEL
DROPPED DRILLER WAS
ASKED TO ADD MORE.

From: GS

Date: 3/17/95

HD-170

B 00128954

Ashleigh Knolls lot 50
BP plan is for a 24' addition
24' wide by 30' long.
Stakeout is for a 24'x24'
if 30' is used well is only
22 1/2 ft from corner of
proposed addition.

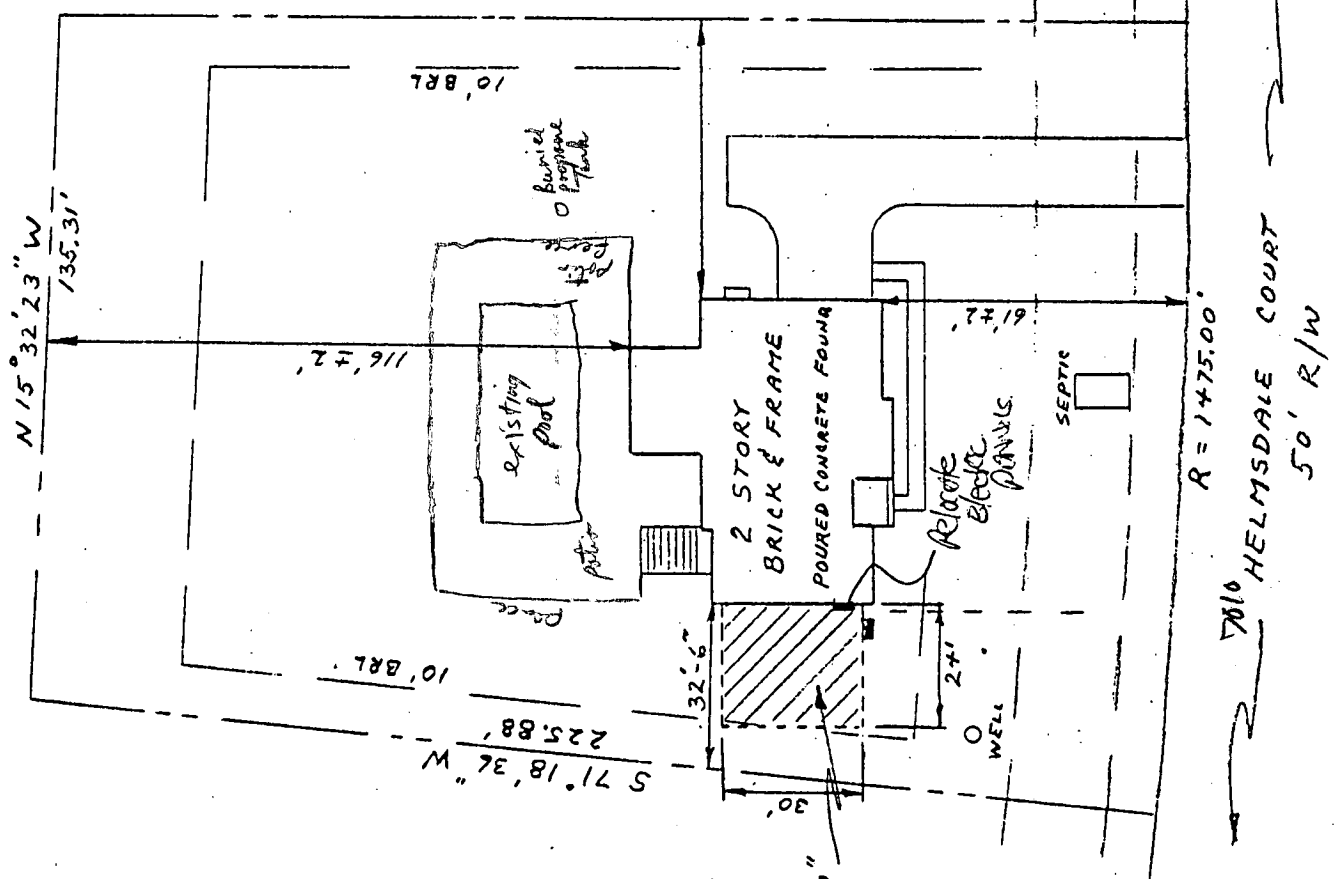
3/21/01

Addition approved
Termite protection
shown here-on
There will never be
a need for spraying

(Handwritten signature)

30' UTILITY EASEMENT
10' MAINTENANCE EASEMENT

PA 3/21/01 7:25:00



MICHAEL R. BEERS
7010 HELMSDALE COURT
CLARKSVILLE MD, 21029

LOT 50
ASHLEIGH KNOLLS

PHASE 2
PLAT No. 11539 ELEC. DIST. No. 5
HOWARD COUNTY MARYLAND

SHEET 1 OF 11
SCALE 1/8" = 30'-0"

TROPHY ROOM
PROPOSED
ADDITION
30'-0" x 24'-0"

SITE PLAN

LECC<<< ± ±ααα 0LLXQ ±αLqLūq'x>f



March 19, 2001

Dear Amy McMillen,

I am sending this letter to ask you for permitting or allowing me to construct a room addition for Mr. & Mrs. Michael Beers with a 22 1/2' set-back from existing well from a requirement of 30' that is a standard requirement.

This new addition has been designed to look like it was built with house, cutting back size of addition would sacrifice the design totally and the homeowners really do not want addition if it can't be like their drawings, which puts me in a bad position.

This addition will have a monolithic poured foundation in which the footings and addition floor will be poured with concrete all at one time. There will be no crawl space or basement eliminating any need for termite control which could contaminate well. Also, the serviceability of well would no be hindered in any way due to the fact it is located in front yard close to the street and the soil is extremely hard.

With this in mind, I am asking that before you make a quick decision and say no, that you consider these facts in and also I want you to know that I have put a lot of time and effort in this project because the homeowner came to me with these drawings and a "letter of approval" from Howard county for a variance to allow them to construct this addition. During the variance process, no one from the Health department checked measurement before issuing variance.

I was totally unaware of the well being even close enough to new addition when I made my field inspection. I would certainly understand if the well would have been 15 feet away from new addition and the building having a basement. Mark recommended that I simply move well 10 feet over and that would be the remedy.

This house is 5 years old and the landscaping is spectacular and so is the water quality. To move the well would not be in the best interest of the homeowner because there is too much involved. It is my understanding that it is your decision to make this call.

I am willing to do everything I can to influence you on your decision. If it means meeting you in person at your office or out at the Beers residence, I am willing to do that. You can contact me at 410-437-8010 or page me directly at 410-906-7555.

Respectfully Submitted,

Bill A. Burns
Bill A. Burns

Building permit # B00128854

*COMAR
245/244*

"Quality with a Smile"



BABCO

CONTRACTORS OF MARYLAND

Date 3/19/01

TO: Amy McMillen FAX NUMBER: (410) 313-2048

COMPANY: Howard County Health Department

FROM: Bill Burns

NUMBER OF PAGES INCLUDING COVER SHEET _____

ORIGINAL WILL BE SENT UNDER SEPERATE COVER _____ YES NO

PLEASE CHECK THIS TRANSMISSION AFTER LAST PAGE. IF YOU DO NOT RECEIVE THE NUMBER OF PAGES SHOWN ABOVE OR HAVE ANY PROBLEMS, PLEASE CALL US AT (410) 437-8010.

OUR FAX # IS THE SAME AS OUR BUSINESS LINE, PRESS THE * BUTTON ON YOUR PHONE ANY TIME DURING OUR MESSAGE AND START TRANSMISSION.

REMARKS: MR. & MRS. MIKE BEERS
7010 Helmsdale Court
CHARLESVILLE, MD.
Permit # B00128854

"DON'T LET YOUR HOUSE GO...Call BABCO"

Thank you,
BABCO Contractors

"Quality with a Smile"

Bill A. Burns



March 21, 2001

Bureau of Environmental Health
Dept. of Water & Sewage
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Mrs. McMillen,

As per our conversation today, enclosed you will find a foundation plan showing a monolithic poured concrete foundation. As per Howard County code, all framing lumber must be a least 8" off finished grade. For termite proofing, we will install a pressure treated 2 x 6 mudsill on top of new poured concrete foundation, separated by Styrofoam sill-sealer.

The front and side of new addition will have a 4" brick veneer on exterior of walls. However, the rear wall will have aluminum siding. On the rear wall, we will install an aluminum shield under treated lumber plate to prevent any termites from infesting rear wall.

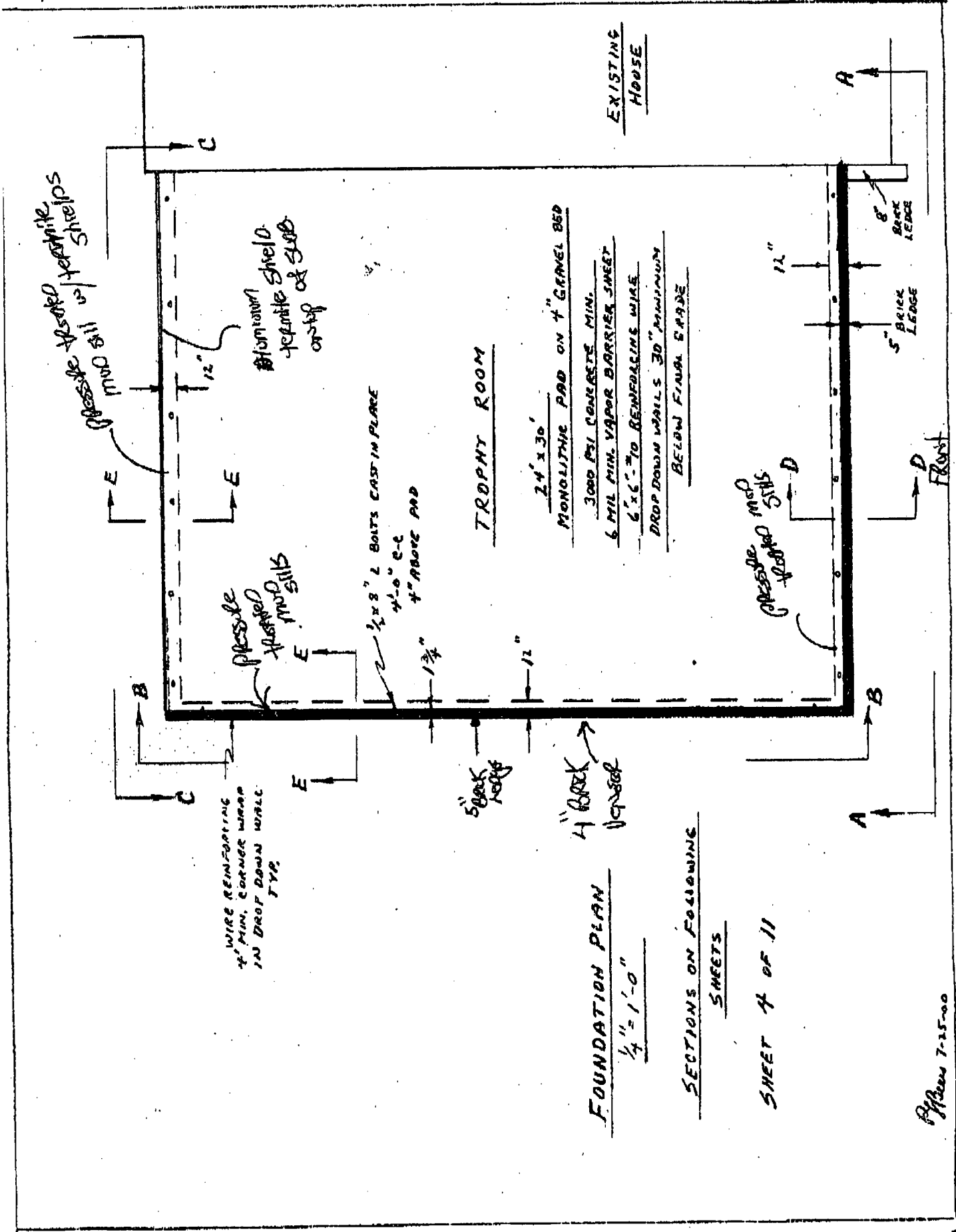
On the front and side walls the termites won't be able to get to the wood from exterior because it will all be masonry. Any more questions, or if I can help in any way, please contact me at 410-437-8010.

Respectfully Submitted,

Bill A. Burns, President
BABCO Contractors of Maryland, Inc.

"Quality with a Smile"

1118 Willow Brook Drive • Pasadena, Maryland 21122 • (410) 437-8010 • MHIC# 40666



FOUNDATION PLAN

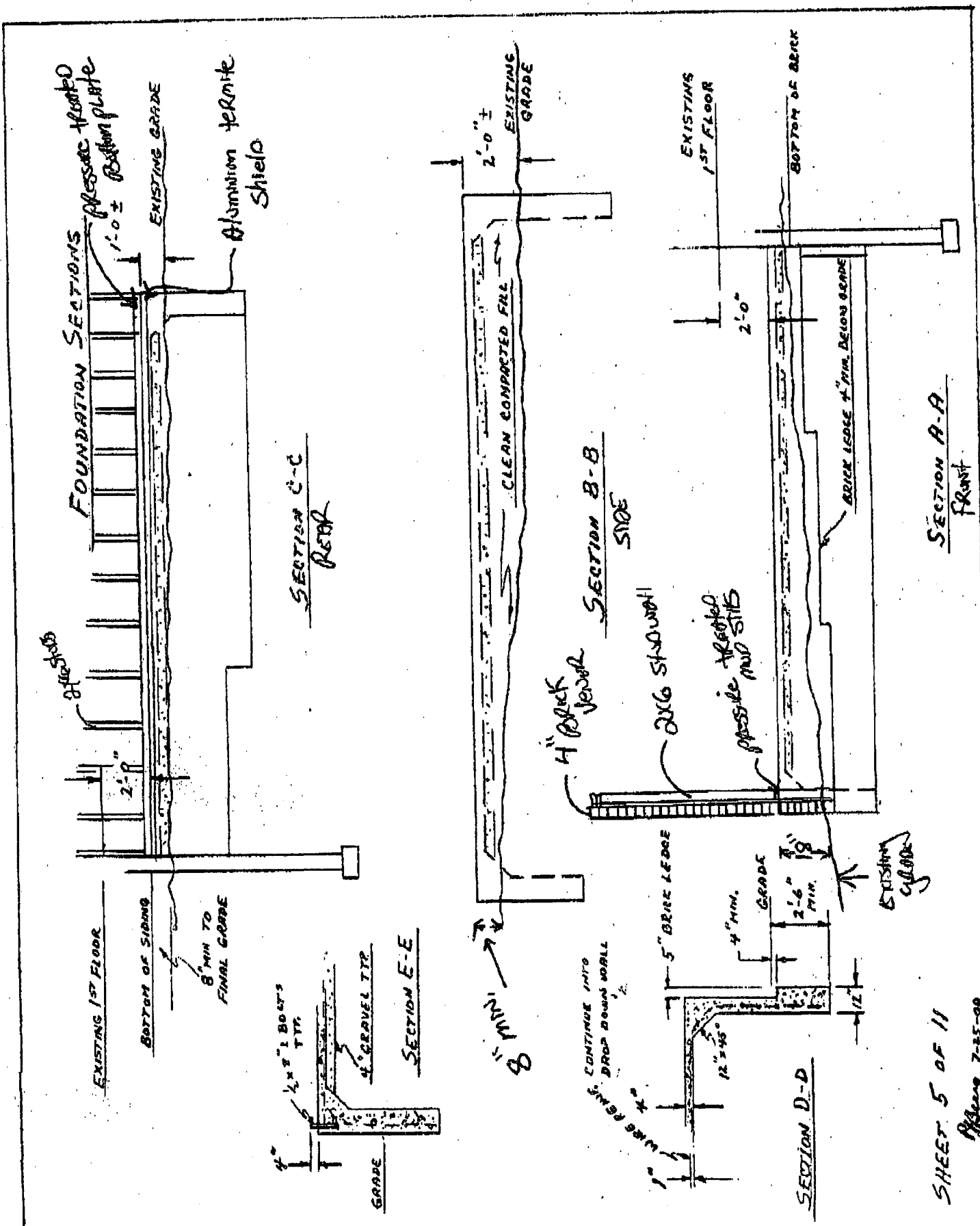
1/4" = 1'-0"

SECTIONS ON FOLLOWING

SHEETS

SHEET 4 OF 11

APPROX 7-25-00

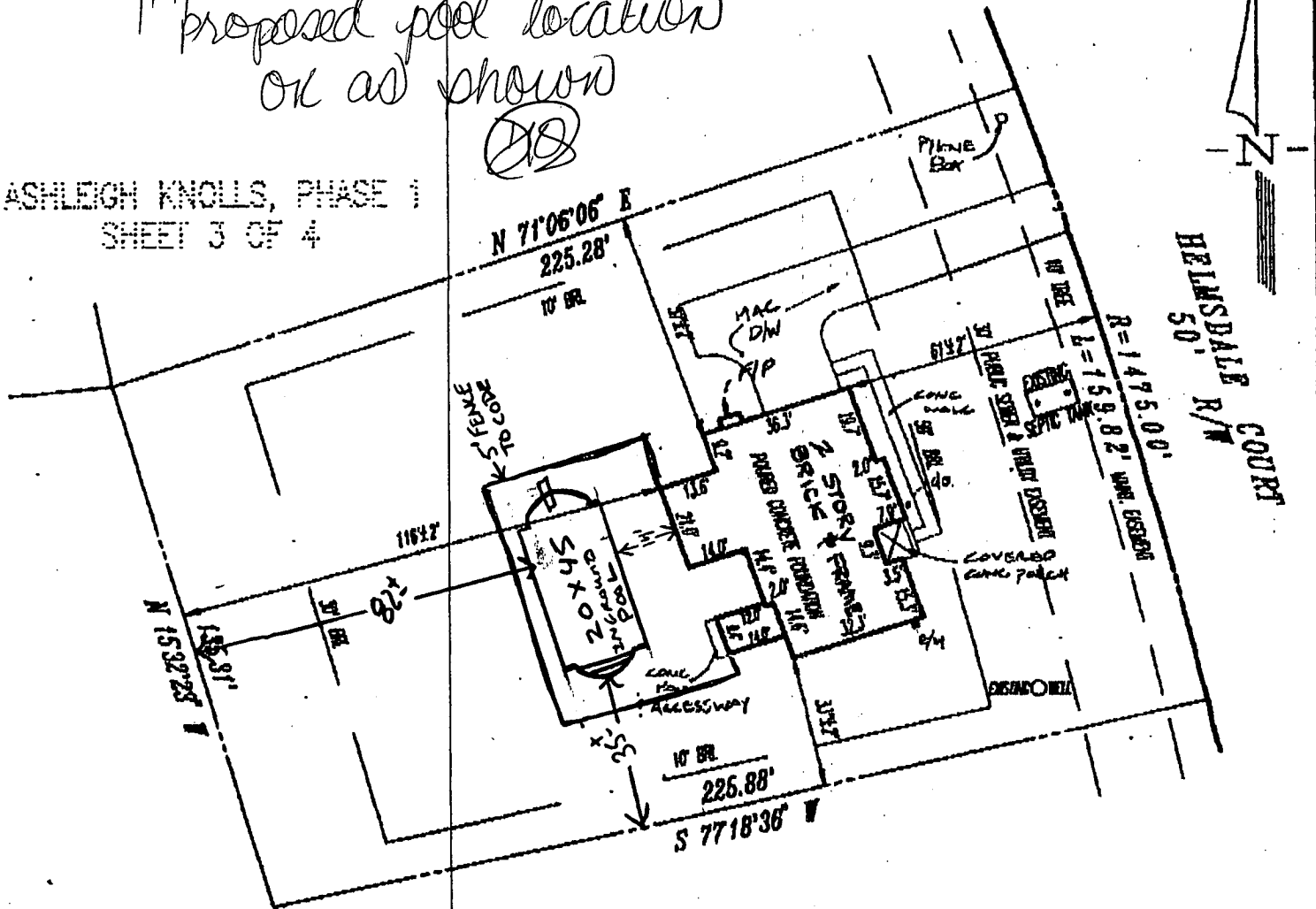


Mar. 21 2001 11:52AM PA

4/14/99
proposed pool location
OK as shown

(28)

ASHLEIGH KNOLLS, PHASE 1
SHEET 3 OF 4



HELMSDALE COURT
50' R/W

LOT 51
OPEN SPACE
TO THE H.O.A.
ASHLEIGH KNOLLS, PHASE 2
SHEET 9 OF 12

Mrs. Joanne Beers
7010 Helmsdale Court
Clarksville, MD 21029

LOT 50
ASHLEIGH KNOLLS
PHASE 2
PLAT No. 11539

SCALE 1" = 40'

LEGEND

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

ADDRESS No.: 7010 HELMSDALE COURT
 TOP OF WALL ELEV. = 503.3 FIRST FLOOR ELEV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING;
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00117290

Building Address 7010 Helmsdale Ct
Clarksville, MD 21029

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

Census Tract _____ Subdivision Ashleigh Knolls

Section _____ Area _____ Lot 50

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Michael Beers
 Address 7010 Helmsdale Ct.

City Clarksville State MD Zip Code 21029

Home Phone 301 854-9929 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use In-ground Swimming Pool

Estimated Construction Cost \$ 25,000

Description of Work INSTALL IN-GROUND SWIMMING

Pool w/ max Depth of 20x45

Contractor Company Browning Pools

Contact Person Chuck Browning

Address 23731 Ridge Rd

City German town State MD Zip Code 20876

License No. 1277

Phone 301 977-3800 Fax 301 540-9646

Occupant or Tenant _____

Contact Name Chuck Browning

Address 23731 Ridge Road

City German town State MD Zip Code 20876

Phone 301 977-3800 Fax 301 540 9646

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric: Yes No
 Gas: Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 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: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric: Yes No
 Gas: Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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.

Robert M. Campbell
 Applicant's Signature

Robert Campbell Jr.
 Print Name

 Title/Company

4/14/99
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	9114
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>125</u>
Dev. Engineering DPZ			Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ <u>20</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

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