

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5, 1995

Name Varban Plumbing & Heating, Inc

Telephone No. 829-0444

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

Asheigh Knolls
Lots 50, (52) 53, 54, 55
7010 Helms Dale Court

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

Received Payment Wk # 16053

CUSTOMER FILE
P 50631B

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

8/18/95
9:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50631B

A _____

DISTRICT _____

DATE 4-5-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TOR ID#
05-418739

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 52 ROAD 7017 Helmsdale Court

PROPERTY OWNER _____ Winchester Homes, Inc.

ADDRESS _____ Greenbelt, MD 20770

Addition Deck
BLDG. PERMIT SIGNED
AND RETURNED 3-18-96
Serial # 63816

- 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. ***

PLANS APPROVED BY

Craig Wilkins

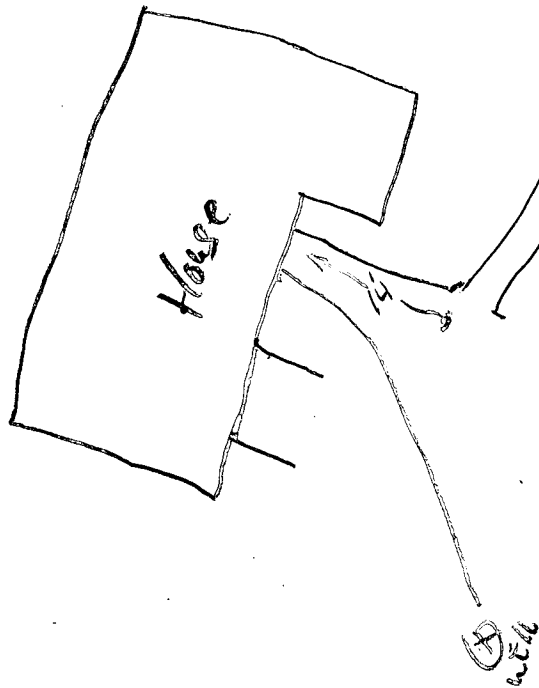
DATE

5/9/95

P 50631B

6/14/95
LINE NOT COMPLETED DON'T
COVER ~~SP~~

6/15/95 OK TO COVER ~~SP~~



Helm's Abject



8/18/95 Final House Connection to Septic Tank OK,
DPW OK ~~SP~~

ASHLEIGH KNOLLS

W50290L

SUBDIVISION:

LOT NUMBER: 52

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.

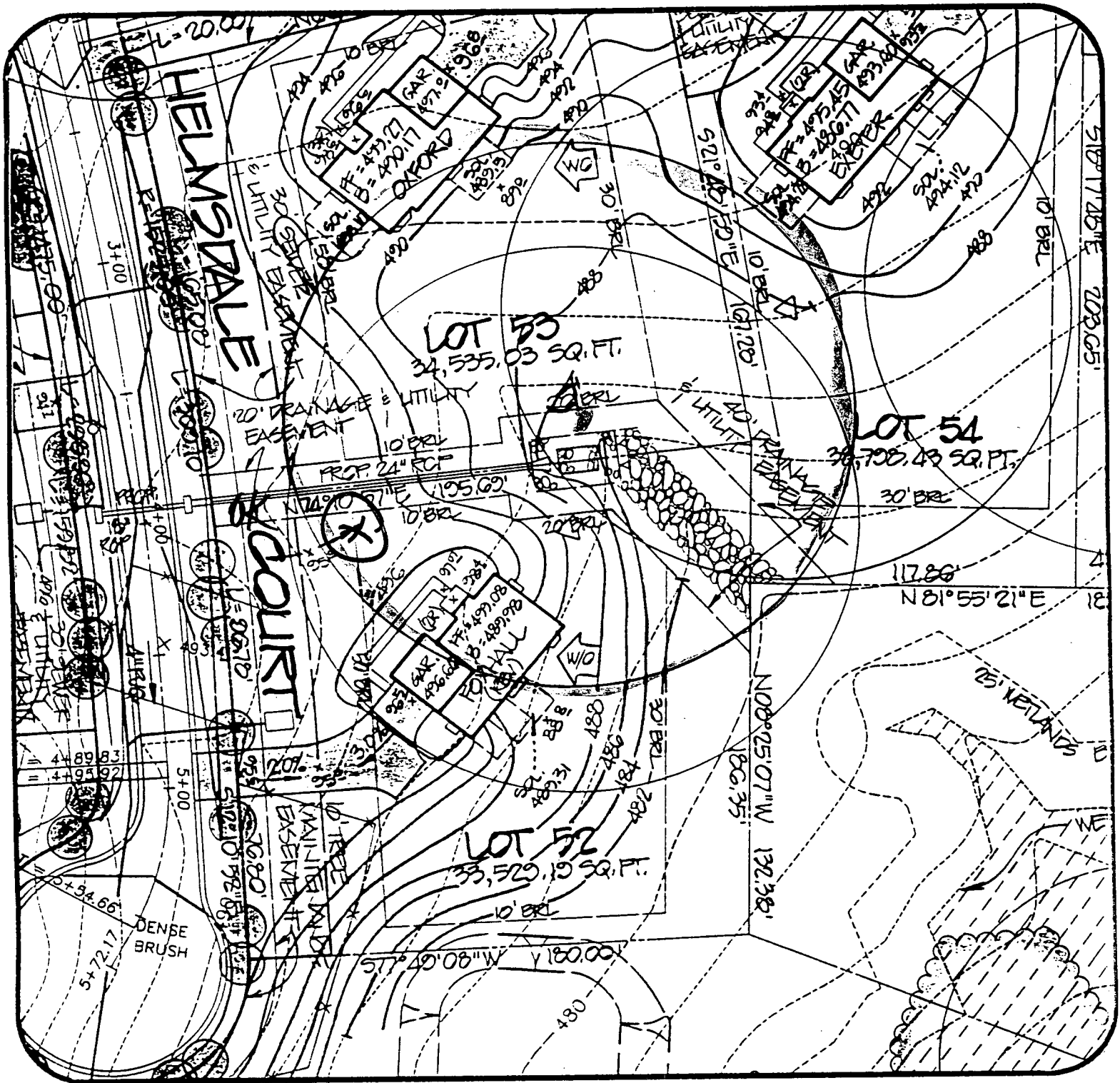
_____ feet of stone below distribution pipe.

- 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 52

DATE: 9/20/04

PROJECT NO.: 89027.06

DRAWN BY: TJP

SCALE: 1" = 50'

CHANGED

USE SITE AT 1/25/05 (CD)

~~HOLD~~
OK
HP

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

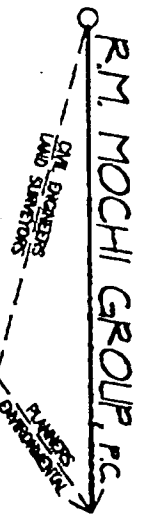
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

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



Ashleigh Knolls
Lot 52

DATE: 3/13/95	PROJECT NO.: 89071.09
DRAWN BY: TJP	SCALE: 1" = 50'



 R.M. MOCHI GROUP, P.C.
 CIVIL ENGINEERS
 LAND SURVEYORS

1300 N. Ridge Road, Suite 235 (410) 461-0078
 Elkott City, MD 21043-3305 Fax: (410) 750-6340

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

58438

PERMIT APPLICATION

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

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7017 Helmsdale Court
Clarksville, Md., 21029

GRADING/SEDIMENT CONTROL YES NO **G-3058**
SDP#

DESCRIPTION OF WORK AUTHORIZED
House type is Exeter:
2 story, full basement, 9R, 3FB, garage
4BR, opt. FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
52	174	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

OWNER NAME AND ADDRESS
Winchester Homes, Inc.
6305 Ivy Ln. Suite 800
Greenbelt, Md. 20770
PHONE NO. (301) 489-1144

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
4229	50' 6"	36' 4"	10'
	40'	30'	10'
	39' 8"	30' 4"	9'

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

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

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

FOOTINGS	FOUNDATION	S. WALLS
16x8	8" conc	wood fr
		siding

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

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
			X	HP	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 completed with.

EXISTING USE: Vacant
PROPOSED USE: Res. Single Family

EST. CONSTRUCTION COST: 155,000
LICENSE NUMBER: 158-14160
PERMIT FEE

SIGNATURE: Permit Administrator
TITLE: Permit Administrator
DATE: 3-14-95

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	3/1/95	[Signature]
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/18/95	[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 120 weeks before it will be issued.

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

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



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: 58438

Proposed Use: Single Family Dwelling

Address: 7017 Helmsdale Court
Clarksville, MD 21029

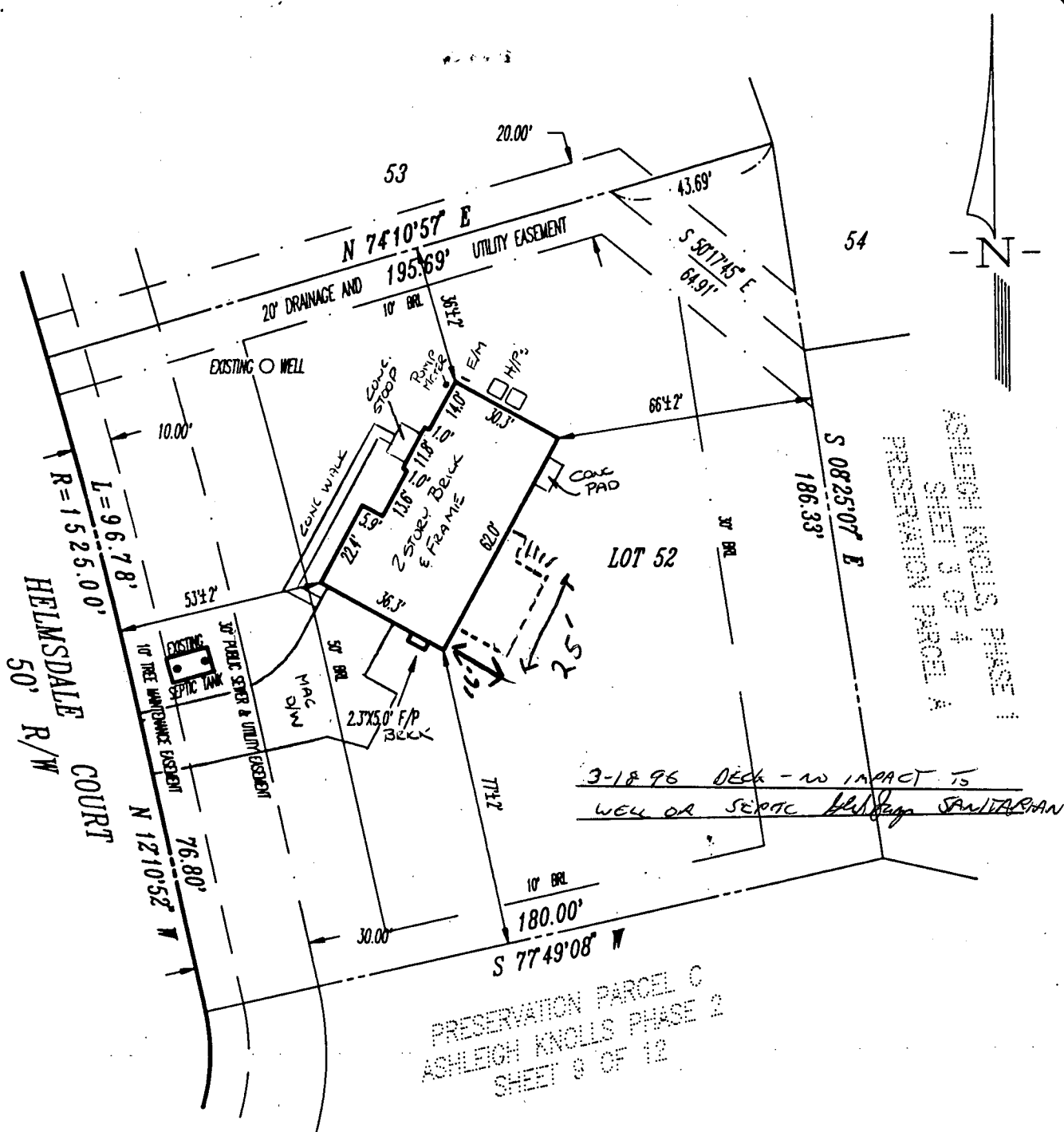
This is to confirm that the above referenced building permit application was recommended for approval subject to the following conditions and/or cautions:

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

CW:vr



ASHLEIGH KNOLLS, PHASE 1
 SHEET 3 OF 4
 PRESERVATION PARCEL A

PRESERVATION PARCEL C
 ASHLEIGH KNOLLS PHASE 2
 SHEET 9 OF 12

3-18-96 DECK - NO IMPACT TO
 WELL OR SEPTIC *bls Jagan SANTARAN*

LOT 52
ASHLEIGH KNOLLS
 PHASE TWO
 PLAT No. 11539
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

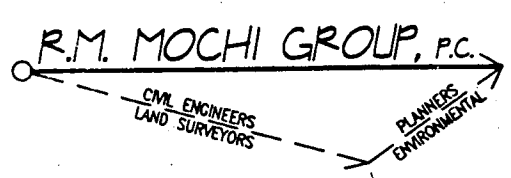
LEGEND

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

ADDRESS No.: 7017 HELMSDALE COURT
 TOP OF WALL ELEV. = 498.3 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.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044 0038 B

LOCATION DRAWING

FOUNDATION	DATE: 6/16/95
FINAL	DATE: 9-18-95
DRAWN BY: AWG	SCALE: 1"=40'
PROJECT No.:	94517.00



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

B 1 **4034** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-99-0299**
70 fill in this form completely 78

OWNER INFORMATION
 Date Received (APA) **1/20/94**
WINEHESTER HOMES
 15 Last Name 8 Owner 13 First Name 34
6305 IVY LANE ST00
 36 Street or RFD 55
GREENBELT MD 20770
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION MSD/MGD/MWD
George F. Easterday 40
 Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 9/16/94
 Signature Date

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

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 30 37
 CABLE REVerse-ROTary Drive-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-99-0299**
 67 68 70 71 72 73 74 75 76 77 78 79

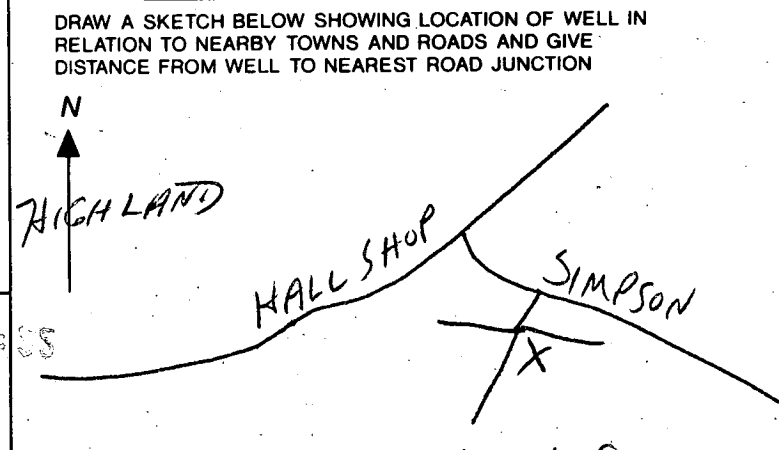
SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
ASHLEIGH KNOLLS
 23 SUBDIVISION 42
 SECTION _____ LOT **52**
 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
HELMSDALE CT
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W
 EAST E
 SOUTH S
175
 34 DISTANCE FROM ROAD 37
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

HOWARD W50290 L
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **01/17/95** **Mark E. Piffin** 1/17/96
 43 48 CO SIGNATURE 41 EXP. DATE
 NORTH GRID **487000** 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
 E **8109**
 N **4807**
 000
 000



Site inspection before drilling

C1 5952

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 50276 L

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0299

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top soil, Shale, clay, Shale, Gray M. ch, Brown M. ch, Gray M. ch, Quartz, Gray M. ch.

GROUTING RECORD WELL HAS BEEN GROUTED (yes Y, no N) TYPE OF GROUTING MATERIAL CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 21, NO. OF POUNDS 2700, GALLONS OF WATER 105, DEPTH OF GROUT SEAL (to nearest foot) from 0 to 85 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE, PL OT PLASTIC OTHER

MAIN CASING TYPE S7, Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 100

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

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

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

WELL HYDROFRACTURED yes Y, no N

CIRCLE APPROPRIATE LETTER A. A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, E. ELECTRIC LOG OBTAINED, P. TEST WELL CONVERTED TO PRODUCTION WELL

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

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

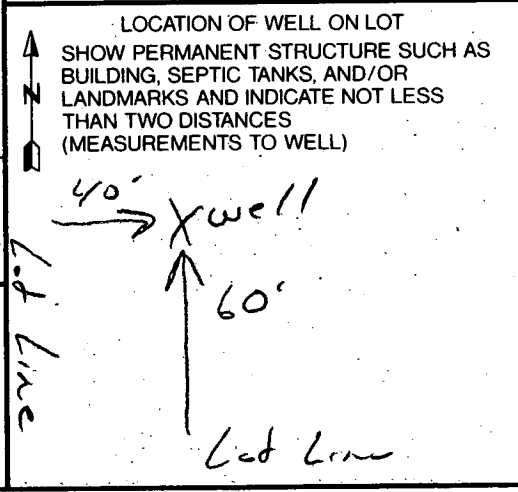
DEPTH (nearest ft.) 1 40, 2 98, 3 900, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

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) 3, PUMPING RATE (gal. per min. to nearest gal.) 12, METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 17, WHEN PUMPING 81, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO, 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 49, below 49, LAND SURFACE 2 (nearest foot)



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 Plant Plog + 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 Northen Knolls Lot # 52 Well Tag # _____

Site Address 7017 Helmsdale Ct Clarksville

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 # B10x
3. Depth 48"

Tank
1. Capacity N-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: 6/7/95

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

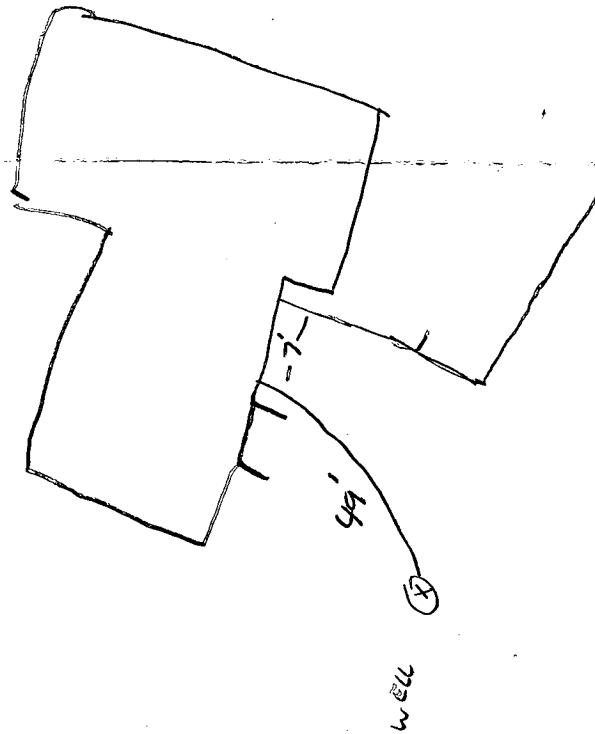
6-14-95

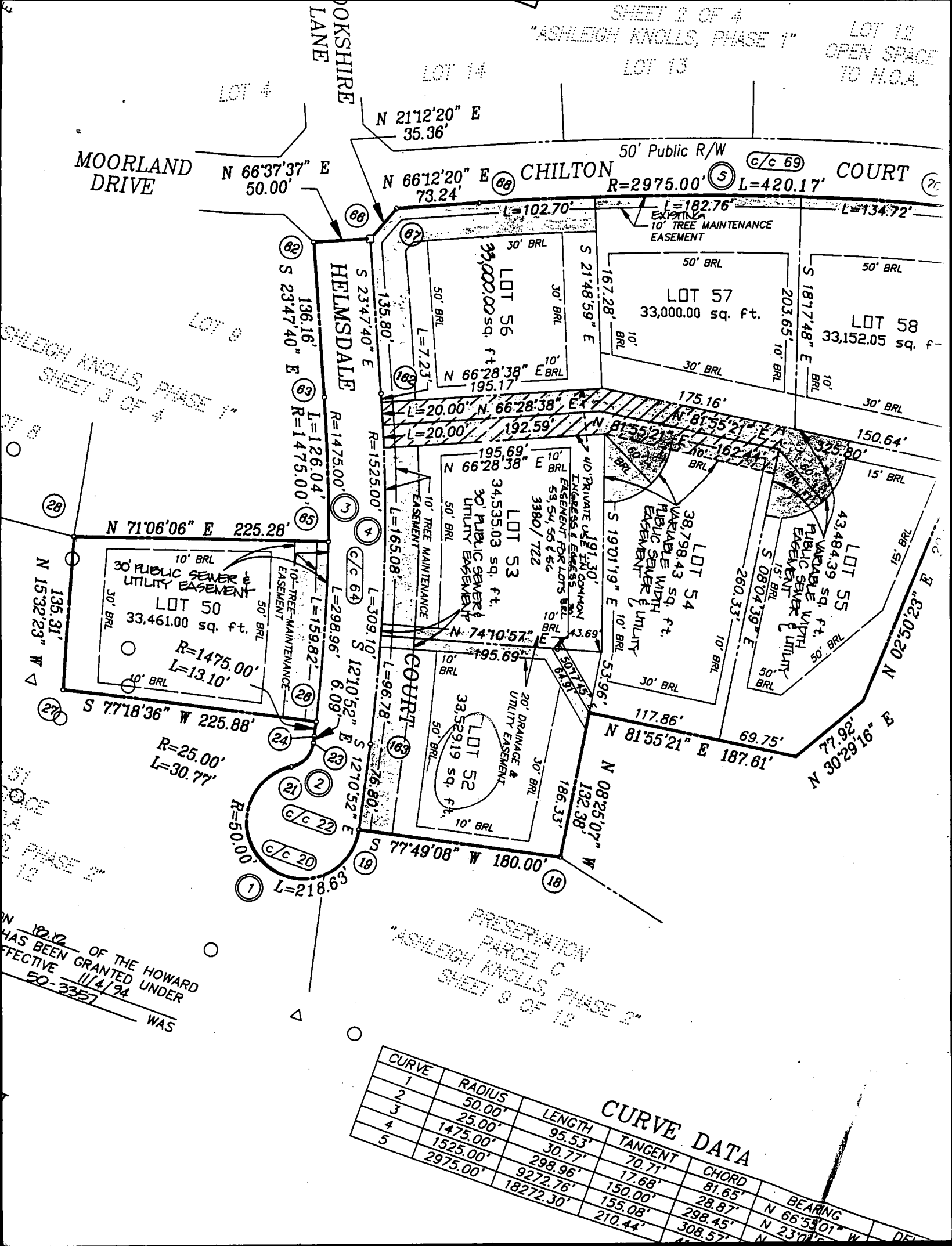
HO 940299

WPI LINE BELOW BOTTOM OF WALL
5' BELOW SEWER, SCHEDULED TO 10' FROM
WALL DEPTH 3-4', PILES ADAPTED OR
2X CLAMPS, GROUNDWIRE OK TO COVER *ll*

DEPARTMENT OF HEALTH
ADAMS COUNTY
HEALTH DEPT.

95 JUN -9 AM 11:19





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 8 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'	210.44'	N 23°01'00" W
5	2975.00'	18272.30'	210.44'	308.57'	N 23°01'00" W

SPEED LETTER

TO

Craig Williams
Environmental Health
Fax # 2648

FROM

Jeff Welby
B of U

SUBJECT

Ashleigh Knolls - Approval Lsts

MESSAGE

The following lists are approved for U&O as of
9/21/95:

Lot 52	7017	Helmisdale	Winchester
" 53	7013	"	"
" 54	7009	"	"

DATE 9/21/95 SIGNED J. Welby

REPLY

DATE _____ SIGNED _____



HOWARD COUNTY HEALTH DEPARTMENT

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

September 21, 1995

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

RE: Ashleigh Knolls, Lot #52
7017 Helmsdale Court
Well Permit #HO-94-0299

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on September 21, 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-94-0299. 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: September 13, 1995
Date of Well Completion: February 20, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: Building Inspector's office
file

P.O. BOX 244, SUSSEX MARINE CT.
Myersville, MD 21773

PHONE (301) 293-1135
(301)-293-334
FAX (301) 293-2366

CERTIFICATE OF ANALYSIS

Acct. No. 1908

FIELD RECORD

Sample Source: KIT Sink Date 9/13/95
KOT 52 - 7017 Time 10:50 AM
Helm's Dale Ct Iced yes no
Ashington Knolls pH 7
Clarksville md 21029 Res. Cl _____

Well No. _____
 County Howard

The above field information was supplied by:
H. A. Vandant
 Affiliation Vandant Pkg #179

Is this individual Is a state certified water
 Is not
 Director. State No.: 94-700

LABORATORY RECORD

Received at laboratory: 9/13/95 12:20
 Testing requested:
 Bacteriological Examined: 9/14/95 9:20 am
 MPN (Most Probable Number)

Presumptive Bacteriological Test				Confirmed Bacteriological Test				Coliforms/100 ml	
ml. of Sample	20 ml.			ml. of Sample	20 ml.			Total	Fecal
Gas, 24 hours	-	-	-	Coliforms				2.1	1.1
Gas, 48 hours	-	-	-	Fecal Coliforms					

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

C. H. G. 12 9/16/95
 Analyst Date

Chemical

Lead (mg/l)	Iron (mg/l)	NH ₄ (mg/l)	Turbidity (NTU)	Sand	pH		
/	/	25	2.5	None	/		

3

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: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>Joe LEISS - Outside Tap</u>			
	Location: <u>7017 Helmsdale Ct</u>			
	Iced: Yes <input type="checkbox"/> No <input type="checkbox"/>	Time Collected <u>9:30</u>	<input checked="" type="checkbox"/> am. <input type="checkbox"/> pm.	
	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Collector # <u>95-456</u>	Bottle No. <u>00-519</u>	
	Collector Name <u>B. Canning</u>	County <u>Howard</u>		

<u>13</u>	<u>---</u>	<u>---</u>	<u>4 25 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 †	-	-	-	-	-	-	-	-	-	-	-	0
Fecal Coliforms ‡	-	-	-	-	-	-	-	-	-	-	-	

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

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

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

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____
 † Verified Total Coliforms/100 ml. (Membrane Filter) = _____
 ‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) = _____
 Heterotrophic Plate Count §/ml. = _____

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

Date & Hour _____
 Rec'd _____
 Exam _____
 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 K. Lange





HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Mr. Joe Leiss
7017 Helmsdale Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #52
7017 Helmsdale Court
Well Permit #HO-94-0299

Dear Mr. Leiss:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on September 21, 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-94-0299.

Dates of Water Samples: September 13, 1995
April 25, 1996

Date of Well Completion: February 20, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file