

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5, 1995

Name Vaazano plumbing & Heating, Inc

Telephone No. 829-2444

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

Asbligh Krolls
Lots 50, 52, (53), 54, 55
7010 Helms Dale Court

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

Received Payment CR # 16053

CUSTOMER FILE
P 50631

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

6/12/95 1-1:30
Co + up i
Septic line (short of ST.)

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50631C

A _____

DISTRICT _____

DATE 4-5-95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TAX ID#
OS-418747

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 53 ROAD 7013 Helmsdale Court

PROPERTY OWNER _____ Winchester Homes

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.

Add. Com. - Deck
BLDG. PERMIT ~~SUBMITTED~~
AND RETURNED 12-14-95
Serial # 62958

PLANS APPROVED BY _____

Craig Wilkins

DATE 5/9/95

P 50631C

6/13/95 to connection OK also

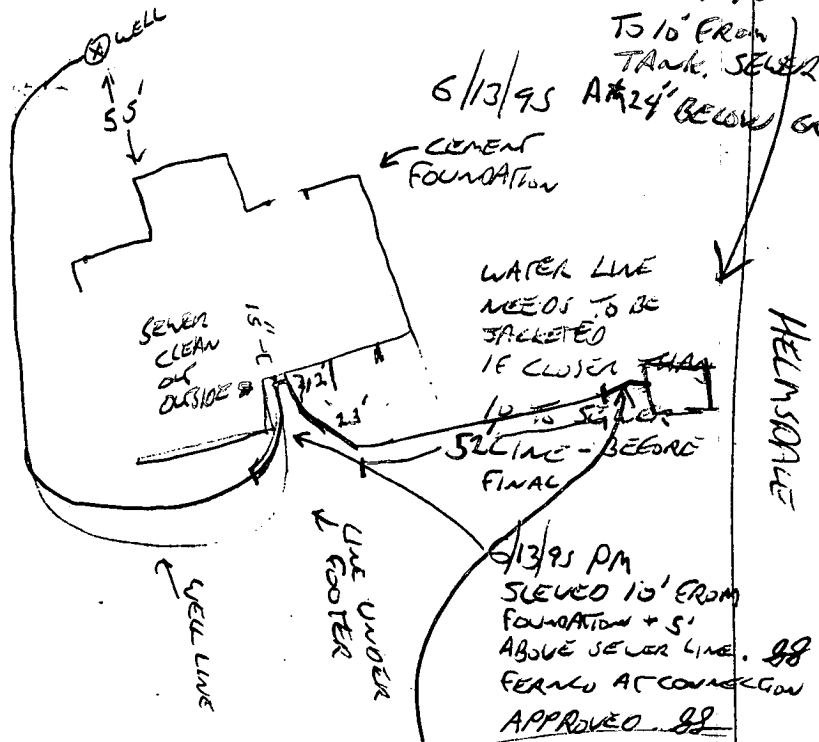
6/13/95 40-94-0298

W.P.I.
TAG ON WELL, GROUND OK.
PIELESS ADAPTER 2X CAAMAT / BELOW
DID NOT APPROVE, SEE NOTE BELOW
WELL LINE. OK TO COVER LINE ACCESS. *gg*
1" DEEP
36" DEEP

C.O.

6/14/95

TO 10' FROM
TANK. SEWER LINE
6/13/95 AM 24' BELOW GRADE



Final connection
to tank OK
6/17/95
SEWER LINE TO BE
ABOVE WELL LINE

95 JUN -1 PM 12:22

INFORMATION
DEPT.

ASHLEIGH KNOLLS

W50290M

SUBDIVISION:

LOT NUMBER: 53

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. Wilton



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: 58437

Proposed Use: Single Family Dwelling

Address: 7013 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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

58437

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7013 Helmsdale Court
Clarksville, Md. 21029

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

DESCRIPTION OF WORK AUTHORIZED
House type is Foxhall:
2 story, full basement, 11R, 2FB, 1HB,
rear solarium, 5BR, garage, opt, FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
53	174	2	2	7		

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

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

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 234
Ellicott City, Md. 21043 (410) 621-5768

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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54'	51'	10'
	54'	32'	10'
	54'	46'5"	10'

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

FOOTINGS	FOUNDATION	S. WALLS
16x8		WOOD FRM siding

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

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
150,000

LICENSE NUMBER
158-14160

PERMIT FEE

SIGNATURE
Permit Administrator 3-14-95

W/S CODE

FOR OFFICE USE ONLY

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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING	3/14/95	[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 two 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.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER
62958

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

7013 Helmsdale Court
Clarksville, Maryland 21029

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

Irregular shaped deck on rear of
Home w. steps to ground

35x25

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
53	174	2	2	7		

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

OWNER NAME AND ADDRESS

RICHARD + DIANE HOMERIZ (H) 301-859-7730
7013 Helmsdale Ct. Clarksville, MD 21029 (H) 301-489-1142

OCCUPANT'S NAME AND ADDRESS

Owner

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

None

CONTRACTOR'S NAME AND ADDRESS

River Hill Garden - Cedar 410-531-3303
12105 Clarksville Pike Clarksville, MD 21029

EXISTING USE

Single Fam Home

PROPOSED USE

Same with Deck

EST. CONSTRUCTION COST

20,000

LICENSE NUMBER

1587199

PERMIT FEE

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT

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.

Robert Edward...
Paul M... SIGNATURE
12-12-95 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)

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
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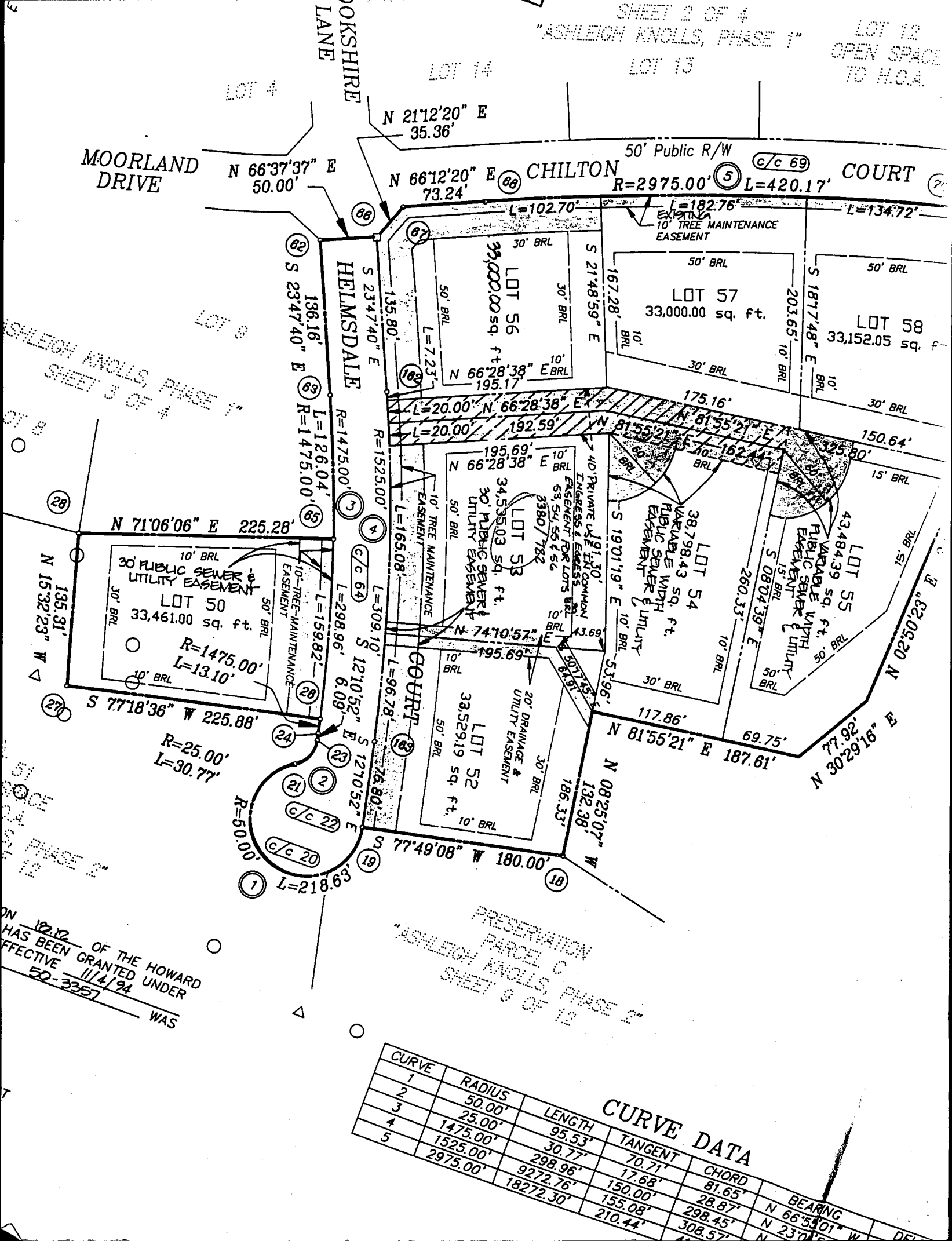
FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	12/14/95	Paul M...
FIRE PROTECTION		
STORM WATER MGMT		

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

APPROVED _____ DATE _____

LP-69-591

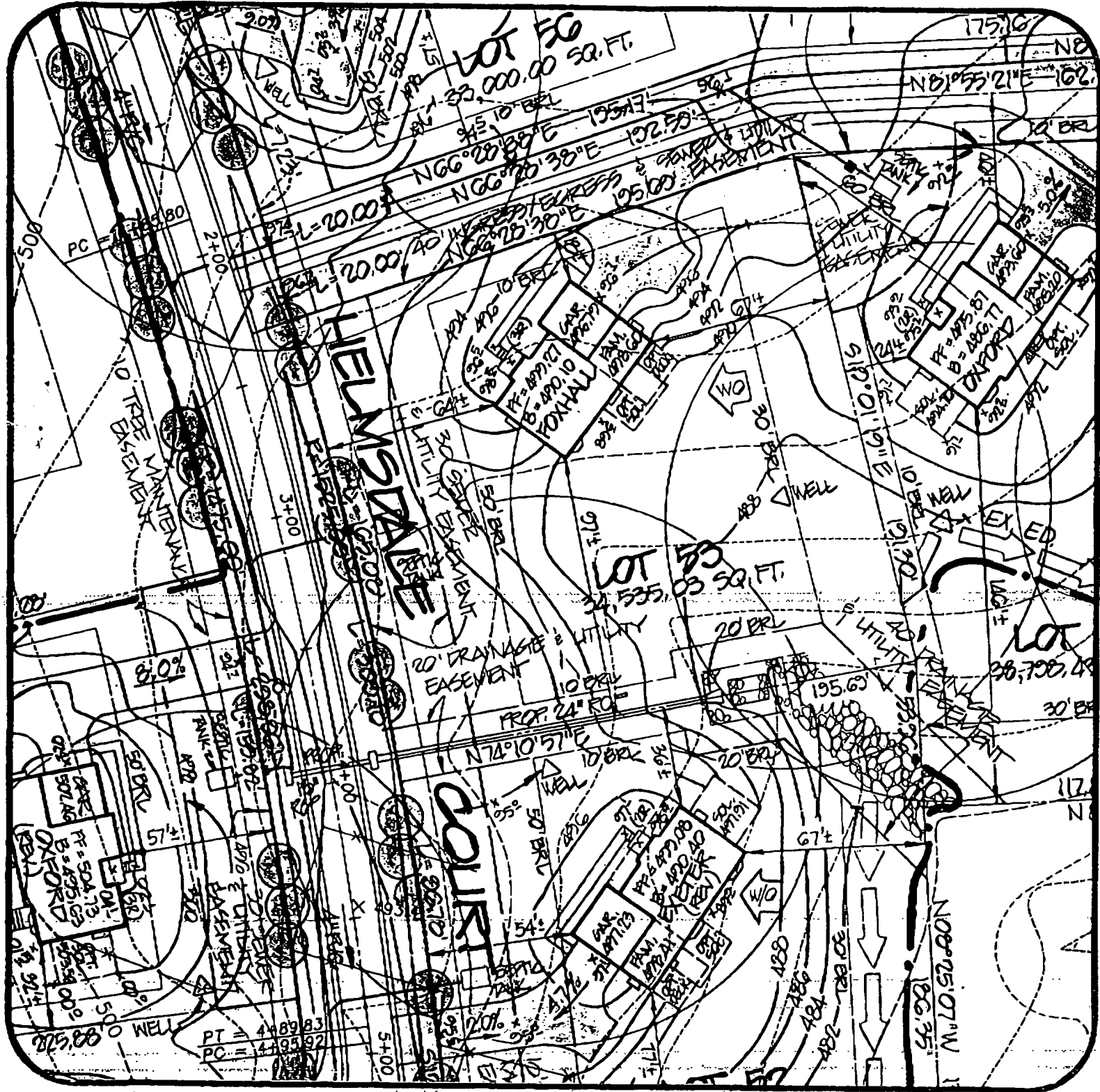
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PRESERVATION PARCEL C
 "ASHLEIGH KNOLLS, PHASE 1"
 SHEET 2 OF 4

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	298.96'	927.76'	155.08'	308.57'	N 66°53'01" W
5	2975.00'	1827.30'	210.44'		

ON 12/12 OF THE HOWARD
 HAS BEEN GRANTED UNDER
 EFFECTIVE 11/4/94
 50-3357 WAS



Ashleigh Knolls
Lot 53

DATE: 3/13/95
PROJECT NO.: 202709
DRAWN BY: TJP
SCALE: 1" = 50'

R. M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
AND SURVEYORS

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

(410) 461-0078
Fax: (410) 750-6340

SPEED LETTER

TO

Craig Williams
Environmental Health
Fax # 2648

FROM

Jeff Welby
B of U

SUBJECT

Ashleigh Kusks - Approved Lsts

MESSAGE

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

Lot 52	2017	Helmisdale	Winchester
" 53	7013	"	"
" 54	7009	"	"

DATE 9/21/95

SIGNED J. Welby

REPLY

DATE

SIGNED

WPI
6/12/95
~1:00

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 06/01/95

Name of Installer Van About Plumbing & Heating

Telephone 829-0444

License Number 1467
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes

Telephone _____

Subdivision Ashleigh Knolls Lot # 23

Well Tag # _____

Site Address 7013 Helendale Ct.

- Pump
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
 - Make Garwood
 - Model # _____
 - Capacity _____ 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 Campbell
 - Model # B102
 - Depth 48"

- Tank
- Capacity V-100
 - Pressure relief valve?

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

- Well data
- Depth 400 ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - 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.

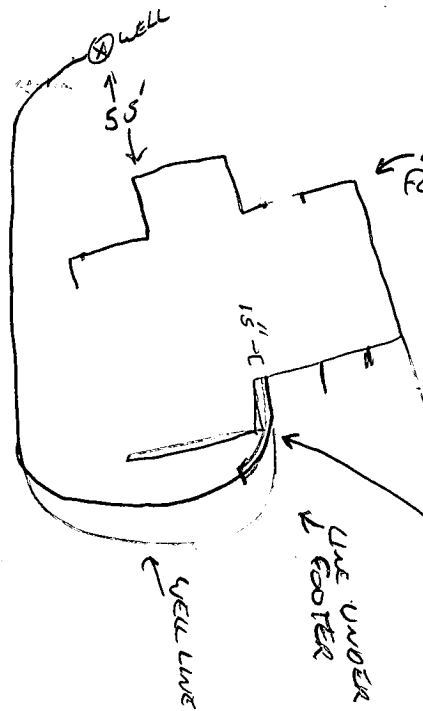
Signature of Applicant: [Signature]

Date: 5/30/95

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

6/13/95 40-94-0298

W.P.I.
TAG ON WELL, GROUND OK.
PITLESS APPROX 2X CAMP AT BELOW
DID NOT APPROVE, SEE NOTE
WELL LINE. OK TO COVER LINE ACCESS. *gg*
1" DEEP
36"



6/13/95 AM

← CEMENT FOUNDATION

WATER LINE
NEEDS TO BE
SPACED
10 TO SEWER
LINE - BEFORE
FINAL

HELMSON

6/13/95 PM

SLEVED 10' FROM
FOUNDATION + 5'
ABOVE SEWER LINE. *gg*
FERNO AT CONNECTION
APPROVED. *gg*

← LINE UNDER
FOOTER

← WELL LINE

SEWER LINE TO BE
ABOVE WELL LINE

95 JUN -1 PM 12:22

RECEIVED
MAY 11 1995
MAY 11 1995

B 1	4035	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-99-0298 <small>70 fill in this form completely 79</small>
------------	-------------	-------------------------------	--	---

Date Received (APA)
1 2 3 4 5 6
120989

OWNER INFORMATION

8 13
WINCHESTER HOMES

15 Last Name Owner First Name 34

36 55
6305 IVY LANE

Street or RFD

57 70 State 72 Zip 76
GREENBELT MD 20770

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday **40**

Driller's Name 77 License No. 80

L. Franklin Easterday, Inc

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

Address
George F. Easterday 9-19-84

Signature Date

B 2 WELL INFORMATION

1 2
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)

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 **300** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

36 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTary DRive-POINT

other _____

REPLACEMENT OR DEEPEMED 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

39 **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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

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

APPROX. PERMIT NUMBER _____ GAP _____

54 63

FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **40-99-0298**

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

1 2
HOWARD

8 COUNTY 21

ASHLEIGH KNOLLS

23 SUBDIVISION 42

SECTION _____ LOT **53**

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

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

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TOWN

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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 IV 00290 M

ST/CO USE ONLY DATE Received 120994

DATE WELL COMPLETED 022095

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-99-0298

OWNER Winchester Homes STREET OR RFD last name first name TOWN SUBDIVISION SECTION LOT 53

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, Gray mica, Brown mica, Gray mica, Quartz, Gray mica, Gray mica Soft.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED yes Y no X

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)

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 40 NO. OF POUNDS 4000 GALLONS OF WATER 200 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 80 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST L 128

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

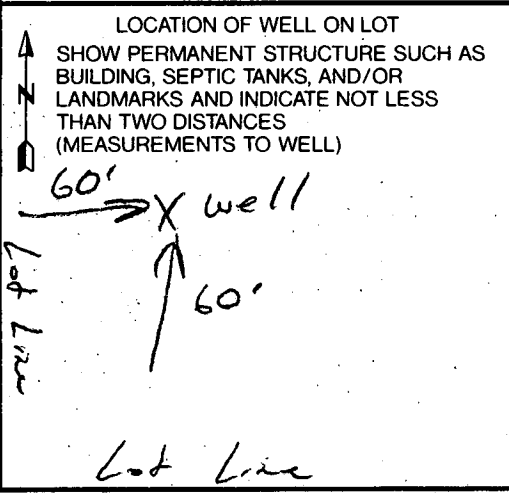
DEPTH (nearest ft.) H O 126 300. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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 LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 15 WHEN PUMPING 48 TYPE OF PUMP USED (for test) S submersible

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





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 #53
7013 Helmsdale Court
Well Permit #HO-94-0298 -

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.

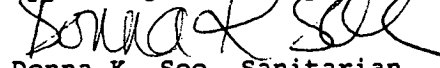
INTERIM CERTIFICATE OF POTABILITY

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-94-0298. 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 7, 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

Fredericktowne Labs, Inc.
 P.O. Box 244, 3039-C Ventrie Ct.
 Myersville, MD 21773

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

CERTIFICATE OF ANALYSIS

Acct. No. 1864

FIELD RECORD

Sample Source: Lot 53 Date 9/7/95
10 + 53 Ashby Knoll Time 10:46 AM
7013 Helmsdale Ct. Iced yes no
Clarksville MD pH _____
21029 Res. Cl 0.0

Well No. _____
 County Howard

The above field information was supplied by:
H. Vandant
 Affiliation Vandant Pllc & Pllc Inc.

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

LABORATORY RECORD

Received at laboratory: 9/7/95 11:25 P.M.

Testing requested:
 Bacteriological Examined: 9/8/95 8:30

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				<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

Analyst June Jones Date 9/10/95

Chemical

Lead (mg/l)	Iron (mg/l)	Nitrate (mg/l)	Turbidity (NTU)	Sand	pH
/	/	.12	0.3	None	7.7

Fredericktowne Labs, Inc.
 P.O. Box 244, 3039-C Ventrie Ct.
 Myersville, MD 21773

CERTIFICATE OF ANALYSIS

Acct. No. 1864

FIELD RECORD

LABORATORY RECORD

Received at laboratory: 9/7/95 11:25 AM

Testing requested:

Bacteriological

Examined: 9/8/95 8:30 AM

MPN (Most Probable Number)

Sample Source: Kitt Smith
Lot 53 Ashby Knoll
7013 Helmsdale Ct.
Clarksville, Md.
21029

Date 9/7/95

Time 12:40 AM

Iced yes no

pH _____

Res. Cl 0.0

Presumptive Bacteriological Test Confirmed Bacteriological Test

ml. of Sample	20 ml.
Gas, 24 hours	-- -- -- --
Gas, 48 hours	-- -- -- --

ml. of Sample	20 ml.
Coliforms	
Fecal Coliforms	

Coliforms/100 ml.	
Total	Fecal
<1.1	<1.1

Membrane Filter _____ Total Coliforms/100 ml.

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

Analyst Anne Jeano

Date 1/10/95

Chemical

The above field information was supplied by:

H. A. Vansant
 Affiliation Vansant Ppty & Mfg. Inc.

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

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH
/	/	.12	0.3	None	7.7



HOWARD COUNTY HEALTH DEPARTMENT

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

June 3, 1996

Ms. Diane Thometz
7013 Helmsdale Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #53
7013 Helmsdale Court
Well Permit #HO-94-0298

Dear Ms. Thometz:

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-94-0298.

Dates of Water Samples: September 7, 1995
May 20, 1996

Date of Well Completion: February 20, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file