

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date April 5, 1995

Name Va. East plumbing & Heating, Inc

Telephone No. 827-0444

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

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

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

Received Payment Wk ck # - 16053

CUSTOMER FILE

P 50631D

MARYLAND BUSINESS FORMS, INC. R-16468

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

9/2/95  
11:30

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50631D

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 4-5-95

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

*TO ID#*  
*05-418755*  
**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 54 ROAD 7009 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.

PLANS APPROVED BY

*Craig Wilkins*

DATE

5/9/95

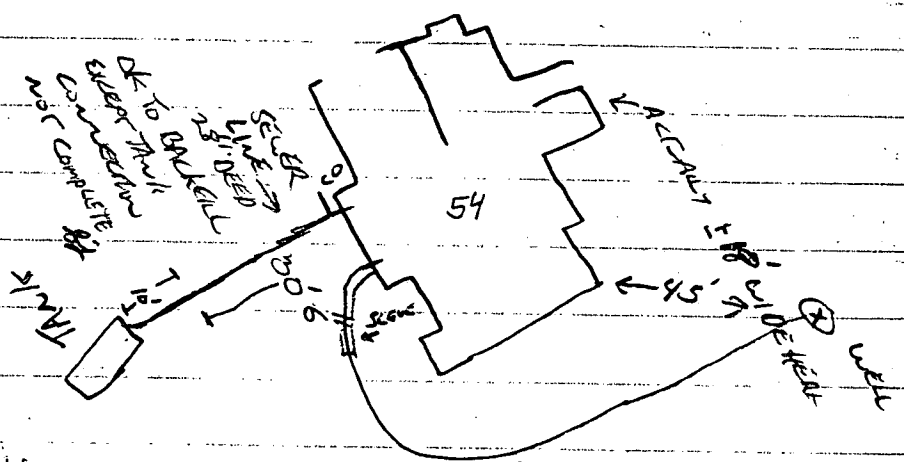
P 50631D

6/13/95 [REDACTED] ASHLEY/GH KNOWS LOT 54

HO 940297 TAB ON WELL

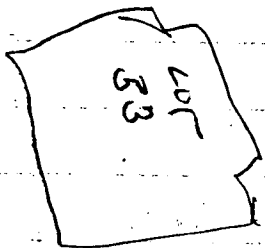
PITLESS ADAPTER OK, 2X CLAMPS, GROUND WIRE ON  
OK TO COVER WELL LINE, NEED TO SEE  
CASING ON LINE WHERE IT IS < 10' TO SEWER  
LINE BEFORE FINAL. Ⓝ

6/13/95 PM - WELL LINE SLEVED TO 10' FROM FOUNDATION + SEWER LINE. Ⓝ  
APPROVED. OK TO COVER. Ⓝ

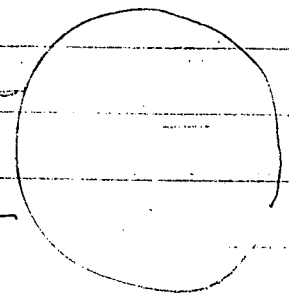


9/21/95 HOUSE - S.T. CONN.  
COMPLETE - OK TO COVER  
MR

WELL LINE REQUIRED  
SEWER LINE  
- 10' FROM



HELMSDALE CT.



# ASHLEIGH KNOLLS

W50290N

SUBDIVISION:

LOT NUMBER: 54

## 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.

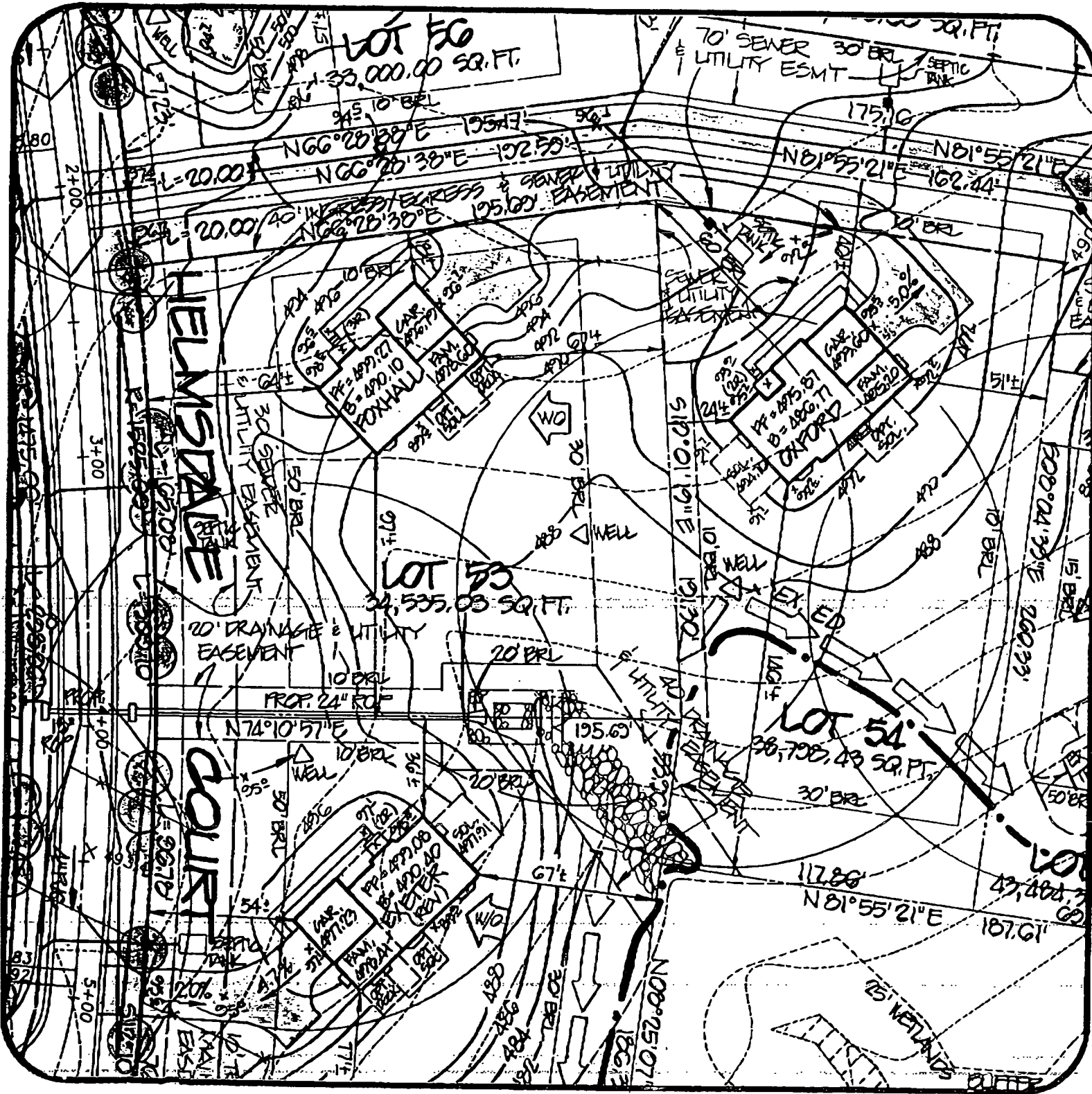
- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or 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





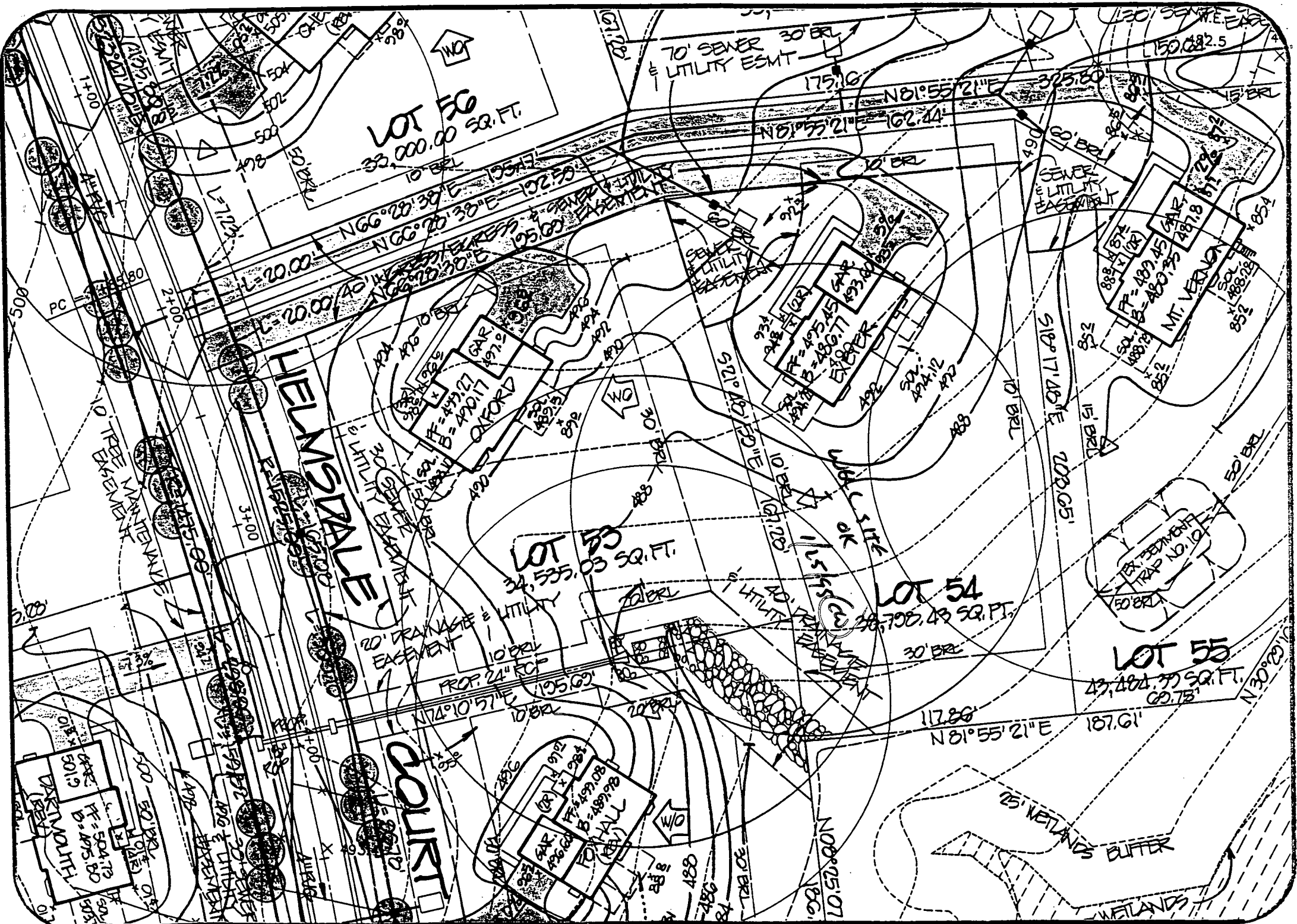
Ashleigh Knolls  
Lot 54

R.M. MOCHI GROUP, P.C.  
CIVIL ENGINEERS  
AND SURVEYORS  
INGERSOLL  
STRONG

DATE: 3/13/95  
PROJECT NO.: 8827.09  
DRAWN BY: TJP  
SCALE: 1" = 50'

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

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



Vashleigh Knolls  
Lot 54

DATE: 9/20/94  
DRAWN BY: TJP

PROJECT NO.: 89027.00  
SCALE: 1" = 50'

**M**ILDENBERG,  
MOCCHI & ASSOCIATES, INC.  
ENGINEERS • SURVEYORS • PLANNERS

3300 North Ridge Road, Suite 235  
Ellicott City, Maryland 21043-3350  
(410) 461-0078 D.C. Metro: (301) 621-5768  
Fax: (410) 750-6340

APPLICATION

HOWARD COUNTY  
**PERMIT APPLICATION**

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

SERIAL NUMBER  
55436

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

7009 Helmsdale Court  
Clarksville, Md. 21029

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

DESCRIPTION OF WORK AUTHORIZED

House type is Oxford:  
2 story, full basement, 10R, 2FB, 1HB,  
4BR, garage, rear solarium, opt FP,  
finished basement.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
54	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.  
6805 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

EXISTING USE	PROPOSED USE
Vacant	Res. Single Family

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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
5405	60'	54'	10'
	60'	38'	10'
	60'	52'	10'

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

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

UTILITIES				
WATER/WELL	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 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 completed with.

SIGNATURE: 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 # \_\_\_\_\_

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING	3/14/95	Rick Powell
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/18/95	Alan L. Smith
FIRE PROTECTION		
STORM WATER MGMT.		

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

<b>B 1</b>	<b>4036</b>	SEQUENCE NO (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>40-94-0297</b> <small>70 fill in this form completely 78</small>
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**OWNER INFORMATION**

Date Received (APA) **120994**

**WINCHESTER** **H6** **MES**  
15 Last Name Owner First Name 34

**6365** **IVY** **LANE**  
36 Street or RFD 55

**GREENBELT** **MD** **20770**  
57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

**HOWARD** **AISHLEIGH** **KNOX**  
8 COUNTY 21 23 SUBDIVISION 42

SECTION **54** LOT **54**  
44 46 48 50

**HIGHLAND**  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **M** **I**  
73 76 77 78

**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 **9-19-94**  
Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**HEUMSDALE CT**  
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
34 **300** 37  
DISTANCE FROM ROAD

ENTER FT OR MI **FT**  
38. 39

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

**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)

**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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** **W50290 N**  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **01/17/95** INSERT S **1/17/96**  
43 48 CO SIGNATURE EXP. DATE

NORTH GRID **487000** EAST GRID **0819000**  
50 55 57 63

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

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 \_\_\_\_\_

**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

**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) \_\_\_\_\_

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

APPROX. PERMIT NUMBER \_\_\_\_\_ **GAP** \_\_\_\_\_  
54 63

FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **40-94-0297**  
67 68 70 71 72 73 74 75 76 77 78 78

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells

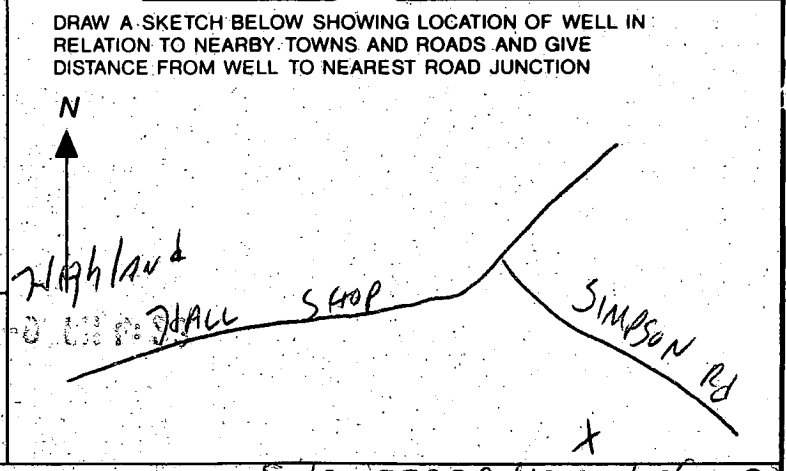
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

**8109**  
**4807**

000  
000



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

Site inspection before drilling

COUNTY \_\_\_\_\_

C1 5954

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 N

ST/CO USE ONLY DATE RECEIVED 12 29 94

DATE WELL COMPLETED 02 20 95

Depth of Well 260 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-99-0297

OWNER Winchester Homes STREET OR RFD Ashleigh Knolls SUBDIVISION SECTION LOT 54

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica w/clay, Br. mica, Green mica, Gray mica, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 43, NO. OF POUNDS 4300.

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE: ST (STEEL), Nominal diameter: 10, Total depth of main casing: 110.

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole insert appropriate code below, SCREEN TYPE: ST (STEEL), BR (BRASS), HO (OPEN HOLE).

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED: Y (yes), N (no).

DEPTH (nearest ft.) table with columns: 1-2, 3-6, 7-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-55. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT.

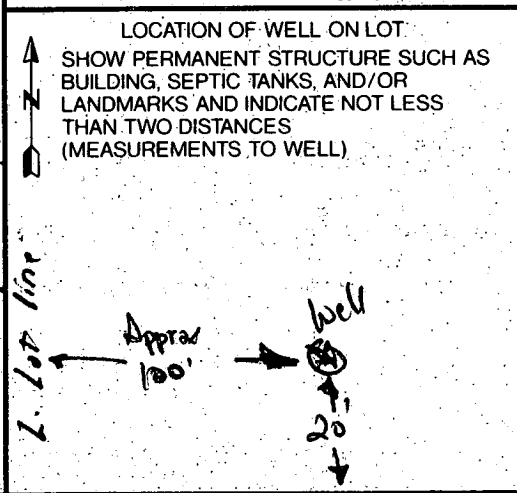
DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE: George F. Eastman, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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.), WQ (WATER QUALITY), 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 11, WHEN PUMPING 76, TYPE OF PUMP USED (for test): S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED: S (submersible), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height): + above, LAND SURFACE 2 (nearest foot).



COUNTY





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 Sant Pibgo & ditz

Telephone 829-0444

License Number 1467

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Winchester Homes

Telephone 670-1010

Subdivision Ashley Knolls Lot # 54 Well Tag # \_\_\_\_\_

Site Address 7009 Helmsdale Ct Clarksville

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make Cowles
- 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 # 3100
- 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: 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.



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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:** 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: 58436

Proposed Use: Single Family Dwelling

Address: 7009 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

SPEED LETTER

TO

Craig Williams

FROM

Jeff Welby  
B of U

Environmental Health

Fax # 2648

SUBJECT

Ashleigh Knolls - Approved lots

MESSAGE

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

lot 52	7017	Helmsdale	Winchester
" 53	7013	"	"
" 54	7009	"	"

REPLY

DATE

9/21/95

SIGNED

J. Welby

Post-It™ brand fax transmittal memo 7671 # of pages ▶

To	Kim	From	J. Welby
Co.		Co.	Utilities
Dept.	Health Dept	Phone #	4990
Fax #	2648	Fax #	

DATE

SIGNED



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## HOWARD COUNTY HEALTH DEPARTMENT

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

October 18, 1995

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

RE: Ashleigh Knolls, Lot #54  
7009 Helmsdale Court  
Well Permit #HO-94-0297

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.

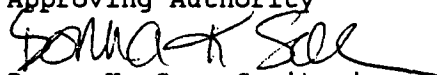
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### 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-94-0297. 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: October 4, 1995  
October 9, 1995 (Turbidity)  
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, 3039-C Ventrie Ct.  
Myersville, MD 21773

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

# CERTIFICATE OF ANALYSIS

Acct. No. 8073A

## FIELD RECORD

Sample Source: OUTSIDE TAP Date: 10/9/95  
54 MSHLEIGH AVENUE Time: 11:30 PM  
 Iced  yes  no  
 pH \_\_\_\_\_  
 Res. Cl \_\_\_\_\_

Well No \_\_\_\_\_  
 County \_\_\_\_\_

The above field information was supplied by:  
[Signature]  
 Affiliation: KANSANI PUMPING

This individual  is a state certified water collector. State No.: \_\_\_\_\_

## LABORATORY RECORD

Received at laboratory: 10/9/95 11:35 pm  
 Testing requested:

- Bacteriological Examined: \_\_\_\_\_  
 MPN (Most Probable Number)

Presumptive Bacteriological Test				Confirmed Bacteriological Test				Coliforms/100 ml	
ml of Sample	20 ml.			ml of Sample	20 ml.			Total	Partial
Gas, 24 hours				Coliforms					
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: [Signature] Date: \_\_\_\_\_  
 Chemical

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH		
/	/	/	0.3	0.05	/	/	/

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

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

# CERTIFICATE OF ANALYSIS

Acct. No. 2073

## FIELD RECORD

Sample Source: WET SINK Date 10/4/95  
Lot 54 Ashleigh Knoll Time 11: AM  
7009 Helmedale Ct. Iced  yes  no  
CLACKEVILLE Md pH 7  
21029 Res. Cl. \_\_\_\_\_

Well No. \_\_\_\_\_  
 County Howard

The above field information was supplied by:

H. P. Vandant  
 Affiliation Van Sant Pkg & Htg Serv.

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

## LABORATORY RECORD

Received at laboratory: 10/4/95 2:15 pm

Testing requested:

Bacteriological Examined: 10/5/95 8:30 am

MPN (Most Probable Number)

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
<u>&lt; 1.0</u>	<u>&lt; 1.0</u>

Membrane Filter \_\_\_\_\_ Total Coliforms/100 ml.

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

C. H. R. G. W. S. 10/7/95  
 Analyst Date

Chemical

Lead (mg/l)	Iron (mg/l)	N(NO3) (mg/l)	Turbidity (NTU)	Sand	pH
		<u>&lt; 0.5</u>	<u>24.0</u>	<u>naq</u>	<u>7</u>

014181

**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 45-AC

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

**BACTERIOLOGICAL DRINKING WATER REPORT**

Field Record

**SAMPLE TYPE:**

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Cunningham - Powder Room

Location: 709 Helmsdale Ct.

Iced: Yes  No   am.  pm.

Treated Yes  No  Time Collected 10:30

Collector # 95-456 Bottle No. AX116

Collector Name B. Canning County Hawaii

County 13 Plant No.      Sampling Station      Date Collected 050296

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	<u>1</u>
Gas, 48 hours	<u>1</u>

ml. of Sample	10 ml.
Coliforms †	<u>1</u>
Fecal Coliforms ‡	<u>1</u>

No. of Pos.
<u>0</u>

**PRESUMPTIVE P/A TEST\***

**CONFIRMED P/A TEST**

ml. of Sample	100ml.
Gas, 24 hours	<u>0</u>
Gas, 48 hours	<u>0</u>

ml. of Sample	100 ml.
Total Coliforms †	<u>    </u>
Fecal Coliforms ‡	<u>    </u>
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     

Rec.d       
Exam     

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"/>           |                                     |

Bacteriologist Player



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## HOWARD COUNTY HEALTH DEPARTMENT

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

May 17, 1996

Ms. Colleen Cunningham  
7009 Helmsdale Court  
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #54  
7009 Helmsdale Court  
Well Permit #HC-94-0297

Dear Ms. Cunningham:

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 #HC-94-0297.

Dates of Water Samples:   October 4, 1995  
                                  October 9, 1995  
                                  May 2, 1996

Date of Well Completion:   February 20, 1995

Approving Authority

Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS  
cc: file

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

**RECORD OF INVESTIGATION**

SHARED SEPTIC SYSTEM  
- ON LOT SEPTIC TANK

LOCATION ASHLEIGH KNOLLS ZIP \_\_\_\_\_

OWNER  OCCUPANT  ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

COMPLAINANT COLLEEN CUNNINGHAM ADDRESS 7009 HELMSDALE CT PHONE 854-9557

REASON FOR INVESTIGATION REPORTS SEWAGE DISCHARGE AT SEPTIC TANK.

CODES \_\_\_\_\_

RECEIVED BY C. Williams DATE 3/25/96 ASSIGNED TO \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF INVESTIGATION 3/25/96 TIME 10:00 WEATHER \_\_\_\_\_

REPORT INITIAL INSPECTION BY JIM MILLER - BUREAU OF UTILITIES,  
CONFIRMS PROBLEM IS BREAK IN DISCHARGE LINE  
AFTER SEPTIC TANK.

JIM MORK OF WINCHESTER HOMES NOTIFIED TO  
HAVE TANK PUMPED AND LINE REPAIRED.

HE INDICATED NOTIFIED WILL PUMP TANK,  
GAINES TO DO LINE REPAIR.

WILL NOTIFY HEALTH DEPT WHEN CORRECTION  
IS COMPLETED.

6/96 ± NO NEWS - PRESUMED REMEDIATED - FILE CLOSED  
(MR)

DATE SUBMITTED 3/25/96 SANITARIAN C. Williams