

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50765A

A _____

DISTRICT _____

DATE 07/07/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

Per ID# 05-418518

DATE SYSTEM APPROVED 11/2/95

INSPECTOR [Signature]

INDEXED

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566 800 682 6726

SUBDIVISION Ashleigh Knolls LOT 31 ROAD 7116 Ramsgate Court

PROPERTY OWNER Winchester Homes, Inc. PHONE: (301) 474-4411

ADDRESS 6305 Ivy Lane, Suite 800

Greenbelt, Maryland 20770

4 Bedrooms per Building Permit #60478

BLDG. PERMIT SIGNED
AND RECORDED 7-19-95
Serial Number 60478
S.F.D. - 4 BR

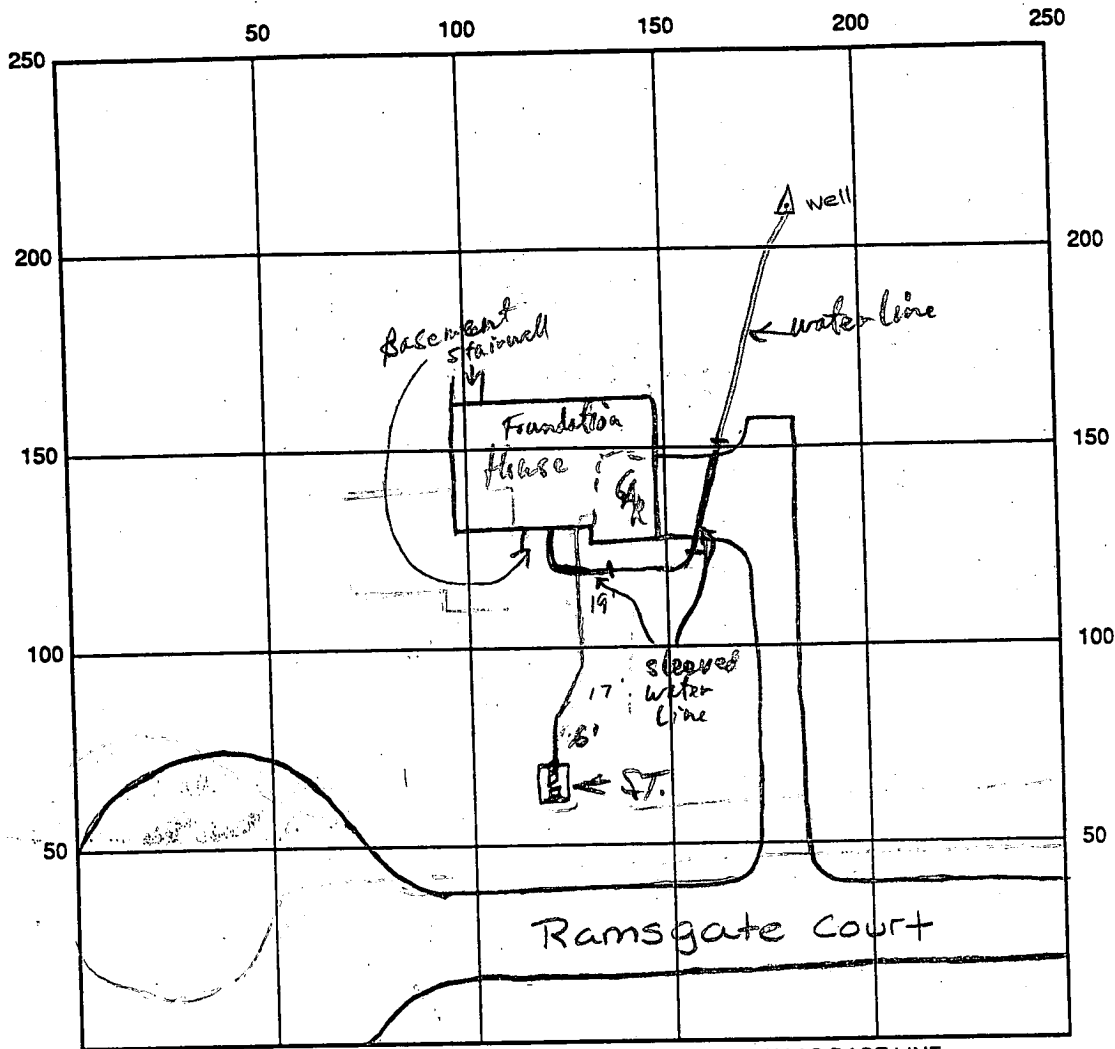
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- 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. [Signature] 7/18/95

P 50765A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 8-16-95 House connection made - Tank to house not yet completed Am
 8/18/95 House sewer line connected to Septic Tank. OK. RPP
 11/2/95 - Pump Test OK - RPP

waterline + pitless adapter OK 8/15/95 RPP

DATE SYSTEM APPROVED

11/2/96

INSPECTOR

RPP

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B 00145748

Building Address 7116 Ramsgate Ct
Clarksville, MD

Property Owner's Name Kenneth Bratchie

Address 7116 Ramsgate Ct

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

City Clarksville State MD Zip Code 21029

Census Tract 605102 Subdivision Ashleigh Knolls

Home Phone 3018543194 Work Phone 7036139658

Section 2 Area 2 Lot 31

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

Tax Map 40 Parcel 475 Grid 12

Zoning RA-2 Map Coordinates 14513 Lot size _____

Phone _____ Fax _____

Existing Use None

Contractor Company None

Proposed Use _____

Contact Person _____

Estimated Construction Cost \$ 1,000.00

Address _____

Description of Work Construction of

City _____ State _____ Zip Code _____

finished basement

License No. _____

Occupant or Tenant Kenneth Bratchie

Phone _____ Fax _____

Contact Name Kenneth Bratchie

Engineer or Architect Company None

Address 7116 Ramsgate Ct

Contact Person _____

City Clarksville State MD Zip Code 21029

Address _____

Phone 3018543194 Fax _____

City _____ State _____ Zip Code _____

Address 7116 Ramsgate Ct

Phone _____ Fax _____

City Clarksville State MD Zip Code 21029

Phone 3018543194 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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

SF Dwelling SF Townhouse
 Depth Width
 1st floor: 26' 52'
 2nd floor: 26' 38'
 Basement: 26' 52'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4
 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.

Kenneth Bratchie
 Applicant's Signature

Kenneth Bratchie
 Print Name

Title/Company

Date

January 8, 2004

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

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Development/DPZ		
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side S: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date: _____

PROPERTY ID#: 16166

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
TOTAL FEES \$ 5600
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 2512
 Validation # 38817

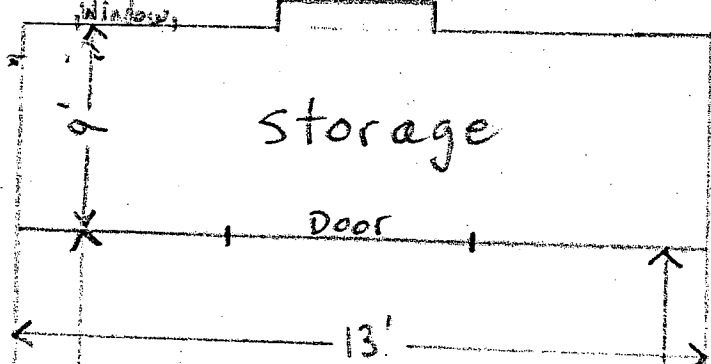
Accepted by _____

BP 00145748
7116 PATTSKATE CT.
CLARKSVILLE, MO.

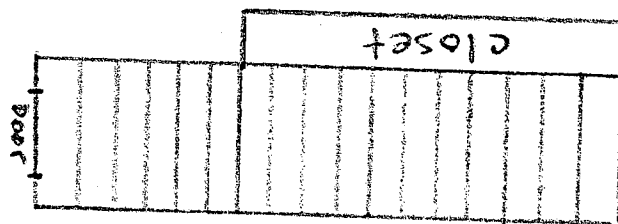
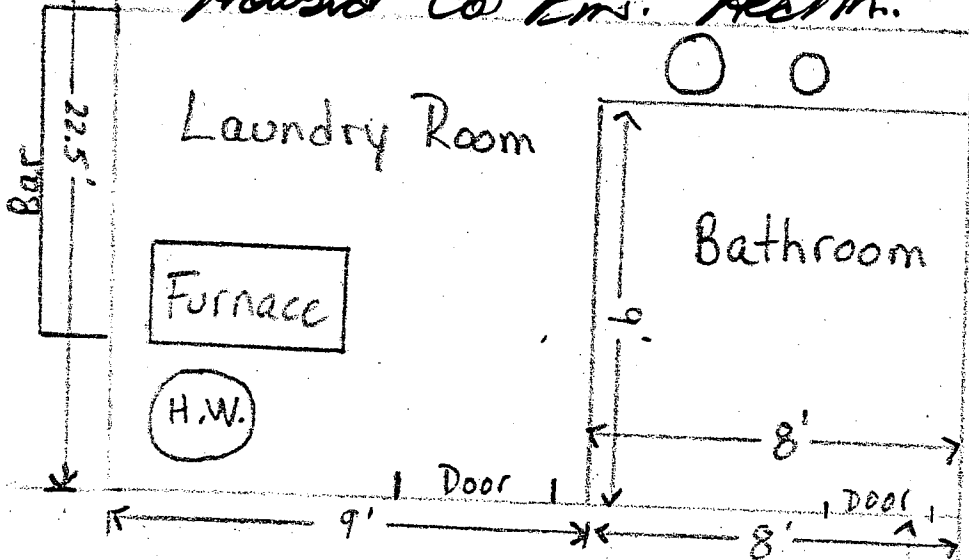
Approved for finishing
basement w/o addition
of any additional
bedrooms.

(FR)

Howard Co. Eng. Health
1/8/04



Game Room



TV Area

French Doors

43'

closet

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24					
LOT 25					
LOT 26					
LOT 27					
LOT 28					
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30					
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32					
LOT 33					
LOT 34					
LOT 35					
LOT 36					
LOT 37					
LOT 38					
LOT 39					
LOT 40					
LOT 41					
LOT 42					
LOT 43					
LOT 44					
LOT 45					
LOT 47					
LOT 49					

SHEET 2 OF 2

Ashleigh Knolls
SEPTIC TANK INVERTS

DATE: 6/23/95

PROJECT NO.:
89027.09

DRAWN BY:
TJP

SCALE:
1" = 50'

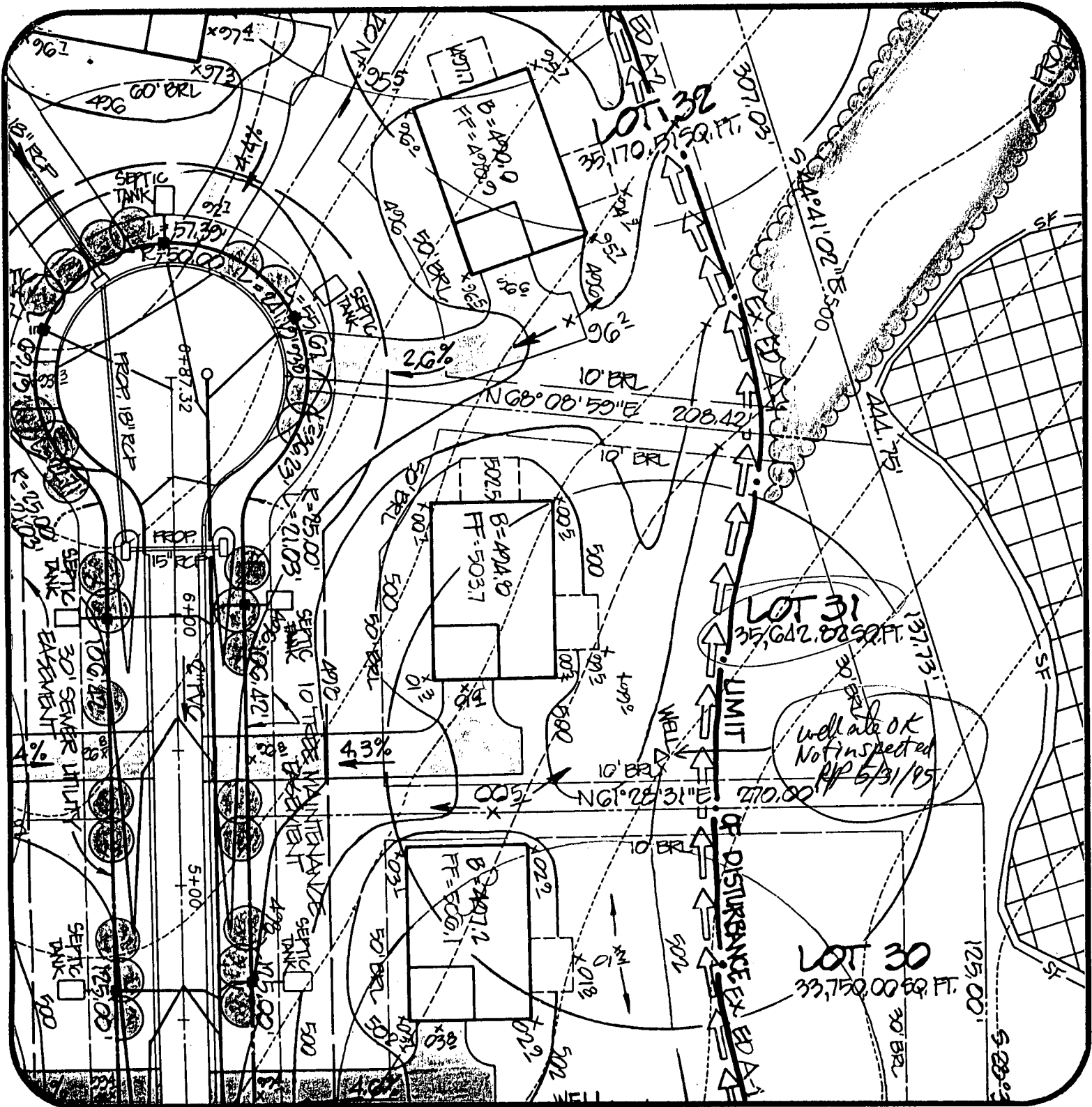
R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
AND SURVEYORS

PLANNERS
ARCHITECTS

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

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



Ashleigh Knolls
Lot 31

DATE: 5/2/95

PROJECT NO.: 89027.01

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

B 1 **9085** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0509**
70 fill in this form completely 79

Date Received (APA) **05/29/95** OWNER INFORMATION:
Winchester Homes
 15 Last Name 13 Owner 34 First Name
6305 Ivy Lane
 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 Date

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROtary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER **GAP**
 FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0509**

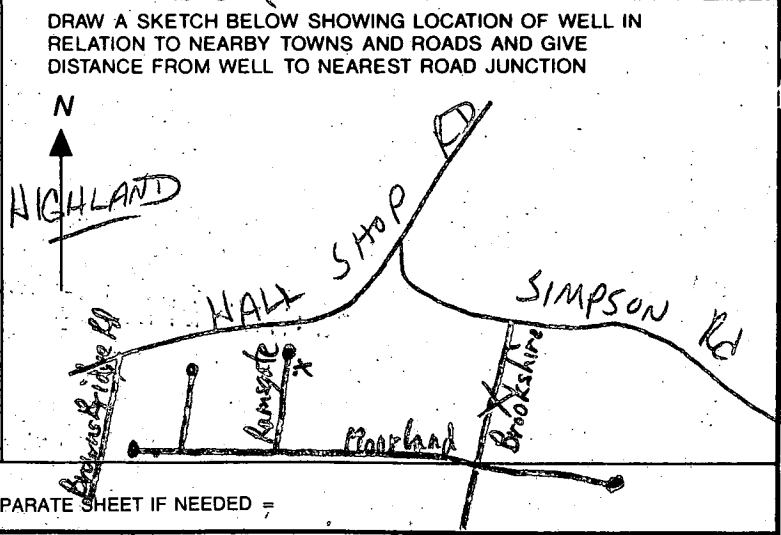
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
Ashtleigh Knolls
 23 SUBDIVISION 42
 SECTION **31** LOT **31**
 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 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD **Ramsgate Ct**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **125** ENTER FT OR MI **FT**
 TAX MAP: **40** BLK: **12** PARCEL **174**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **13** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **053195** **Paul Kelly** **5/3/96**
 43 48 CO SIGNATURE 79 EXP. DATE
 NORTH GRID **488000** EAST GRID **0817000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
8187
4808



C 1 2988

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Winchester Homes Ramegate Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 31

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, Brown Shale, Brown Mica, Gray Mica, etc.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. JSD 0240

DRILLERS SIGNATURE George T. Eustace

LIC. NO. JSD 038

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 (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 43 NO. OF POUNDS 4300

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

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

SCREEN RECORD screen type or open hole (insert appropriate code below) STEEL BRASS BRONZE PLASTIC OPEN-HOLE OTHER

DEPTH (nearest ft.) H061200

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) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 122

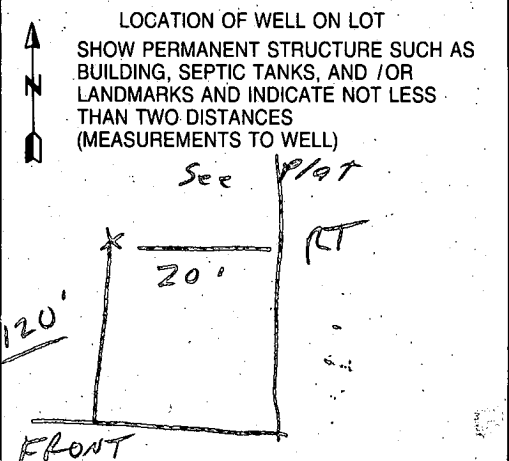
METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING 34 ft. WHEN PUMPING 57 ft. 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. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon)

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



7-12-95 Wed

Review OK 7/19/95 (CW)

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

TK

Well Permit No. HO - 94-0504
 Location of property (road) Ramsgate Court
 Subdivision Ashleigh Knolls Lot 31 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Winchester Homes

Depth of well 200 25 gpm
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 34

I. High rate pumping -- reservoir drawdown

Time pump started 12:15 Pumping rate 12 GPM
 Total time _____ to reach pumping water level _____ 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)
12:30	34	5 sec		12
12:30	47.2	5		12
12:45	49.6	5 sec		12
1:00	51.2			12
1:15	53.6		12	
1:30	54.8		12	
1:45	55.3		12	
2:00	55.9		12	
2:15	56.1		12	
2:30	56.6		12	
2:45	57.4		12	
3:00	57.4		12	
3:15	57.4		12	
				12 gpm

Pump Test
4-12-95

8.00

Location OK

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0504
Location of property (road) Ramsgate Court
Subdivision Ashleigh Knolls Lot 31 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Winchester Homes

Depth of well 200 25 gpm
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 34

I. High rate pumping -- reservoir drawdown

Time pump started 12:15 Pumping rate 12 gpm
Total time 15 min to reach pumping water level 47' ft below M.P.
60 min 535'

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)
<u>3:15</u>	<u>57.4</u>	<u>50 sec</u>		<u>12 gpm</u>

Miscellaneous
No Sample taken
4/11/95

TO

Craig Williams
Health Dept
X 2648

KIM

FROM

Jeff Welty
Utilities

SPEED LETTER

SUBJECT

Ashleigh Knolls - Final Pung Tests

MESSAGE

The following lots were final tested for UF
and are ok:

7108	Ramsgate	CT	Lot 29	Winchester
7116	Ramsgate	CT	Lot 31	"

Please call me if you have questions

REPLY

DATE

11/3/95

SIGNED

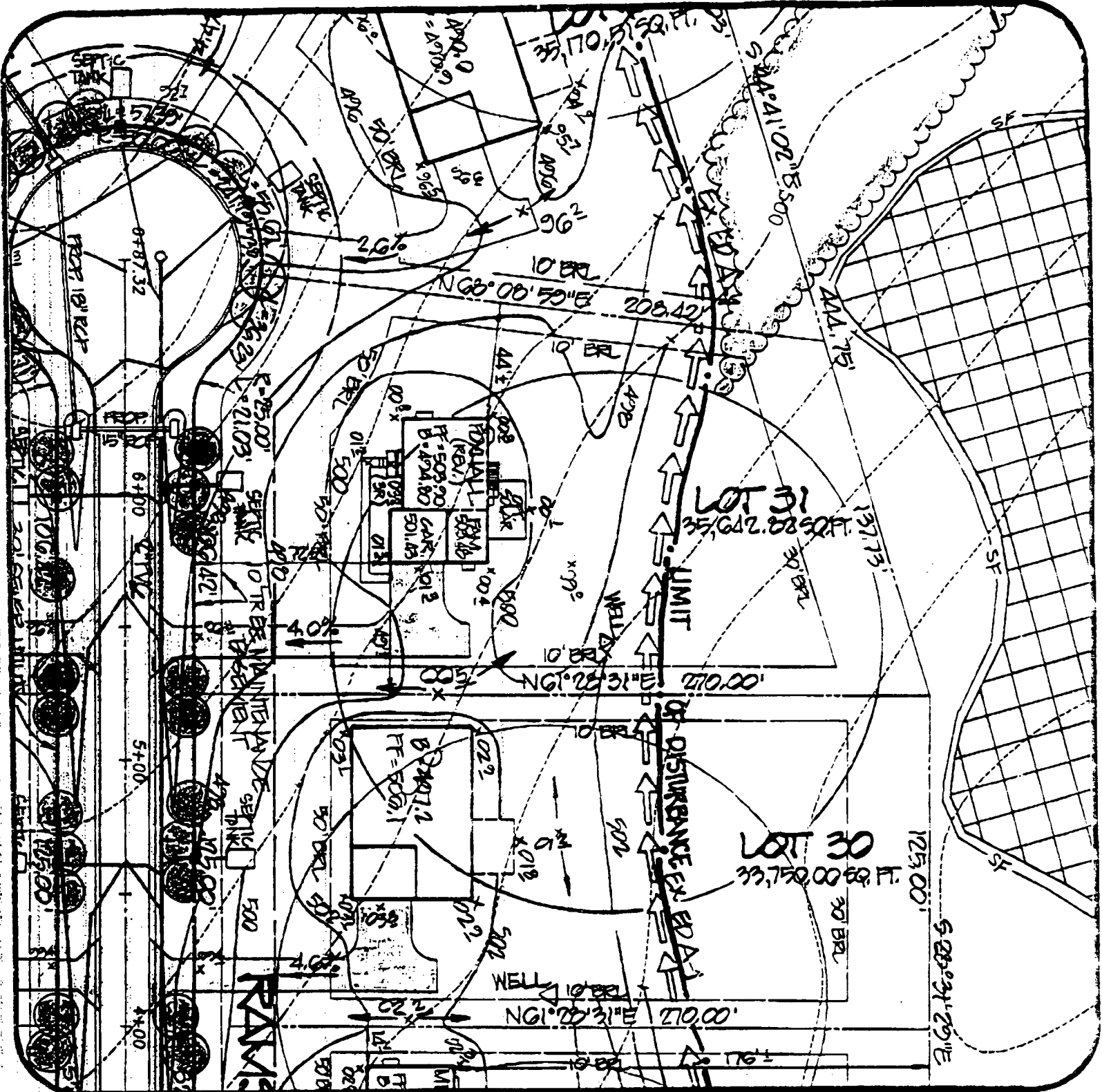
J. Welty

FOLD FOR NO. 9

FOLD FOR NO. 10

DATE

SIGNED



SHEET 1 OF 2

NOTE: SEE SHEET 2 FOR INFORMATION RELATING TO SEPTIC TANKS

Approved Septic System Plan
Howard County Health Department

R.M. MOCHI GROUP, P.C.

Ashleigh Knolls
Lot 31

Signature 7/19/95

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

DATE: 6/23/95

PROJECT NO.: 89027.09

DRAWN BY: TJP

SCALE: 1" = *Signature*

Date

CIVIL ENGINEERS
AND SURVEYORS
PLANNERS
AND ARCHITECTS

8-16-95
ASAP WPI

WELL LINE OK
3 1/2 B.G.
RUN TO FOUNDATION
8/15/95 (CW)

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

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # 0-1-
Date 8/3/95

Name of Installer Van Sant Pllg & Hwy Telephone 829-0444

License Number 1467 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Winchester Atmos Telephone 670-1010
Subdivision Ashleye Hills Lot # 31 Well Tag #
Site Address 7116 Ramscote Ct
CLARKSVILLE, MD 21029

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 # 510x
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 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: 8.1.95

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



HOWARD COUNTY HEALTH DEPARTMENT

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

November 20, 1995

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

RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 2, 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-94-0504. 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: November 6, 1995 (Chemical)
November 14, 1995 (Bacteriological)
Date of Well Completion: July 10, 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



Fredericktowne Labs, Inc.

3039 Ventrice Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293 2366

Certificate of Analysis

Acct. No. 120 - 2

Field Record

Site visit performed: Monday, November 06, 1995 10:00 AM

by: H. A. Van Sant State ID No. 94-700

Property Owner: Kitchen

Property Address: 31 Ashley Knolls
7116 Ramsgate Court
Clarksburg, MD. 21029

Sample Source: Kitchen

Field pH: 7

Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/6/95 11:00:00 AM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
1.1	<1.1	11/7/95 9:30 AM	9221B	CH

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

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate Nitrogen	5.2	mg/l	10	11/6/95	WeWWG 5880	KG
Turbidity & Sand	6.0	NTU'	10	11/6/95	180.1	KG

Verified by:

M. A. Miller 11/11/95
SMP

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 118 Virginia Cert. No. 00141 W. Virginia Cert. No. 9224-M



Fredericktowne Labs, Inc.

3039 Ventrie Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 6

Field Record

Site visit performed: Tuesday, November 14, 1995 10:00 AM

by: H. A. Van Sant State ID No. 94-700

Property Owner: Winchester Homes
 Property Address: 7116 Rainsgate Court
 Lot 31, Ashley Knolls
 Clarksville, MD. 21029

Sample Source: Kitchen Sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 11/14/95 12:21:00 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1.1	<1.1	11/15/95 9:33 AM	9221B	CH

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

Verified by: M. G. Miller 11/17/95
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M



HOWARD COUNTY HEALTH DEPARTMENT

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

April 11, 1996

Owner/Occupant
7116 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504

Dear Sir or Madam:

According to our records, an Interim Certificate-of-Potability was recently issued for the above referenced property. It is now necessary for a second water sample to be obtained. This second sample is required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1). The purpose of the second sample is to confirm that the water supply continues to be free of bacteriological contamination. As long as the water supply remains free of bacteriological contamination, a Final Certificate-of-Potability will be issued for the well water supply.

You are requested to call this office at (410)313-2640 to arrange an appointment for the second water sample to be taken. It is recommended that the second water sample be taken from an inside tap, the most reliable location from which to obtain an accurate sample. Presently, there is no charge for this service.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

Enclosure

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

016308

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

Category Code 41-AC

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Bitchie - Powder Room

Location: 716 Rindgile Ct.

Iced: Yes No am.

Treated Yes No Time Collected 9:05 pm.

Collector # 95-456 Bottle No. AP672

Collector Name B. Manning County ICELAND

County 13 Plant No. Sampling Station Date Collected 06/13/94

pH 6.8 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.	No. of Pos.
Coliforms †	<u>1</u>	<u>1</u>
Fecal Coliforms ‡	<u>1</u>	<u>0</u>

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

96 JUN 13 PM 1:51

96 JUN 13 PM 1:51

96 JUN 15 PM 1:26

Laboratory

Annäpolis

Cambridge

Central

Cheverly

Cumberland

Frederick

Salisbury

Rec.d _____

Exam

Rept. _____

Remarks _____

Bacteriologist D. Prere



HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Bratschie DATE OF APPOINTMENT 06/13/96 8:30-9:00

ADDRESS 7116 @ Ramsgate Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

NAME _____
ADDRESS _____

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SEPTIC SYSTEM: Approved Disapproved DATE ____/____/____

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Canning TIME 9:05 DATE 06/13/96 8:30-9:00

SAMPLE FROM Powder Room AP 672 BACTERIA 6.8 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH _____

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

(3)

007765

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
401 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehser Joseph, Ph.D., Director

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source Pot Bralchie - Powder Room

Location: 7116 Remsgate Ct

Iced: Yes No am. pm.

Treated Yes No Time Collected 8:55

Collector # 95-456 Bottle No. AT 401

Collector Name B. Pannings County Howard

13 County --- Plant No. --- Sampling Station 100396 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 †											
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

Laboratory

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Pat Bralchiv DATE OF APPOINTMENT 10 103 196
ADDRESS 7116 Ramsgate Ct - Clarksville, Md
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME _____
ADDRESS _____

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SEPTIC SYSTEM: Approved Disapproved DATE ____/____/____

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Canning TIME 8:55 DATE 10 103 196

SAMPLE FROM Powder Room # AT-40 BACTERIA 7.0 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

(4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehseu Joseph, Ph.D., Director

312899

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE:	Source <u>Pat Brauschie - 2nd Fl. Bath Tub</u>
Community <input type="checkbox"/>	Location: <u>7116 Ramsgate Ct</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Non-Transient <input type="checkbox"/>	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:10</u>
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u> Bottle No. <u>AC977</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>Howard</u>
Special <input type="checkbox"/>	

13	---	---	12 26 96
County	Plant No.	Sampling Station	Date Collected

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

LABORATORY RECORD

Thiosulfate: Pres Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

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

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

PRESUMPTIVE P/A TEST*

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

CONFIRMED P/A TEST

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

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

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

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

Heterotrophic Plate Count §/ml. = _____

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

Laboratory

'96 DEC 26 PM 12:35 Date & Hour

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"/>	

'96 DEC 26 PM 12:44
'96 DEC 27 PM 2:44

Rec'd
Exam
Rept.

Remarks _____
Bacteriologist Alarico



HOWARD COUNTY HEALTH DEPARTMENT

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

October 18, 1996

Ms. Pat Bratschie
7116 Ramsgate Court
Clarksville, Maryland 21029

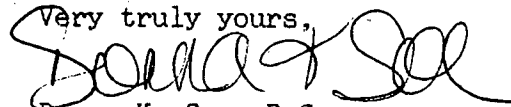
RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504
Water Sample Date: October 3, 1996

Dear Ms. Bratschie:

The water sample recently collected for testing was found to be free of coliform bacteria. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second consecutive bacteriologically safe sample must be obtained, either by the health department or by a private laboratory certified for water testing.

Please contact this office at (410) 313-2640 to schedule the final water sample appointment. It is recommended that this water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample. This sample may also be collected and tested by a laboratory certified for water testing, providing the sample results are forwarded to this office for review.

Presently, there is no charge for this service.

Very truly yours,

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

DKS



HOWARD COUNTY HEALTH DEPARTMENT

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

June 20, 1996

Ms. Bratschie
7116 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504
Water Sample Date: June 13, 1996

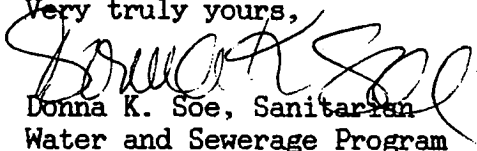
Dear Ms. Bratschie:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing once you have completed the chlorination process. Presently, there is no charge for this service.

Very truly yours,


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

July 31, 1996

Ms. Bratschie
7116 Ramsgate Court
Clarksville, Maryland 21029

"SECOND NOTICE"

RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504
Water Sample Date: **June 13, 1996**

Dear Ms. Bratschie:

The water sample recently submitted for testing was found to contain **coliform bacteria** indicating that some contamination is present. It is possible that some pathogenic bacteria could enter your water supply at anytime.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing. Presently, there is no charge for this testing.

Very truly yours,

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

DKS

Enclosure



HOWARD COUNTY HEALTH DEPARTMENT

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

January 10, 1997

Ms. Pat Bratschie
7116 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #31
7116 Ramsgate Court
Well Permit #HO-94-0504

Dear Ms. Bratschie:

This is to advise you that the septic system for the above referenced property received final approval on November 2, 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-94-0504.

Dates of Water Samples: October 3, 1996
December 26, 1996

Date of Well Completion: July 10, 1995

Approving Authority

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

DKS
Enclosures
cc: file

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

60478

6-3058

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

7116 Ramsgate Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is: Foxhall
2 story, full beam., 9R, 2FB, 1HB,
4 BR, garage, opt. FP.

LOT NO.	PARCEL NO.	SEC	AREA	BLOCK NO.	LIBER	FOLIO
31	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) 474-4411

OCCUPANT'S NAME AND ADDRESS PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.M. Mochi Group
3300 N. Ridge Rd., Suite 235
Ellicott City, Md. 21043 (410) 461-0079

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc.
Same as above

EXISTING USE PROPOSED USE

Vacant Res. Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$150,000.00	158-14160	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54'	37'	10'
	34'	32'	10'
	54'	32'5"	10'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1785	17850	
ROOMS	996	9960	
BATHS			
FIREPLACES	1279	12790	

FOOTINGS	FOUNDATION	S. WALLS
16x8	8" 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 completed with.

SIGNATURE
Permit Administrator 6-28-95
TITLE DATE

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	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	7/19/95	Craig Will
FIRE PROTECTION		
STORM WATER MGM	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

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

LP-69-591

APPROVED DATE

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

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

ASHLEIGH KNOWLS LOT 31 B?

LOCATION 7116 RAMSGATE ZIP _____

OWNER ~~EX~~ KEN BRATSCHE ADDRESS 7116 RAMSGATE PHONE W 703-938-3957

OCCUPANT ~~A~~ _____ ADDRESS _____ PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION REPORTS SEWAGE BUBBLING UP FROM SEPTIC TANK MANHOLE. ALSO REPORTS RECURRING STORM DRAIN BLOCKAGE.

RECEIVED BY C. Welch DATE 4/1/96 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 4/1/96 TIME 11:00 WEATHER RAINY

REPORT NO SITE INSPECTION. I CONTACTED DAVID MONK - WINCHESTER HOMES CONSTRUCTION SUPERINTENDENT 489-1121. HE INDICATED HE WOULD RESPOND - SYSTEM IS STILL OPEN UNDER CONTROL OF DEVELOPER; WILL NOT BE DEDICATED TO THE COUNTY UNTIL OCCUPANCY HAS INCREASED TO TARGET LEVELS.

(JEFF WELCH - BUR OF UTILITIES ADVISED IN 4/2/96 - PLANNED TO INSPECT)

DATE SUBMITTED _____ SANITARIAN _____