

6-14-96
7:10 AM C.O.
6-17-96
after 12:00 do
C.O. - Pump Test
1.00 16/29/96

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56534

A _____

DISTRICT _____

DATE 4-1-96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Tax ID#
05-418607
INDEXED

DATE SYSTEM APPROVED 10/24/96

INSPECTOR [Signature]

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 682-6726

SUBDIVISION Ashleigh Knolls LOT 40 ROAD 7100 Carlisle Ct.

PROPERTY OWNER Winchester Homes, Inc.

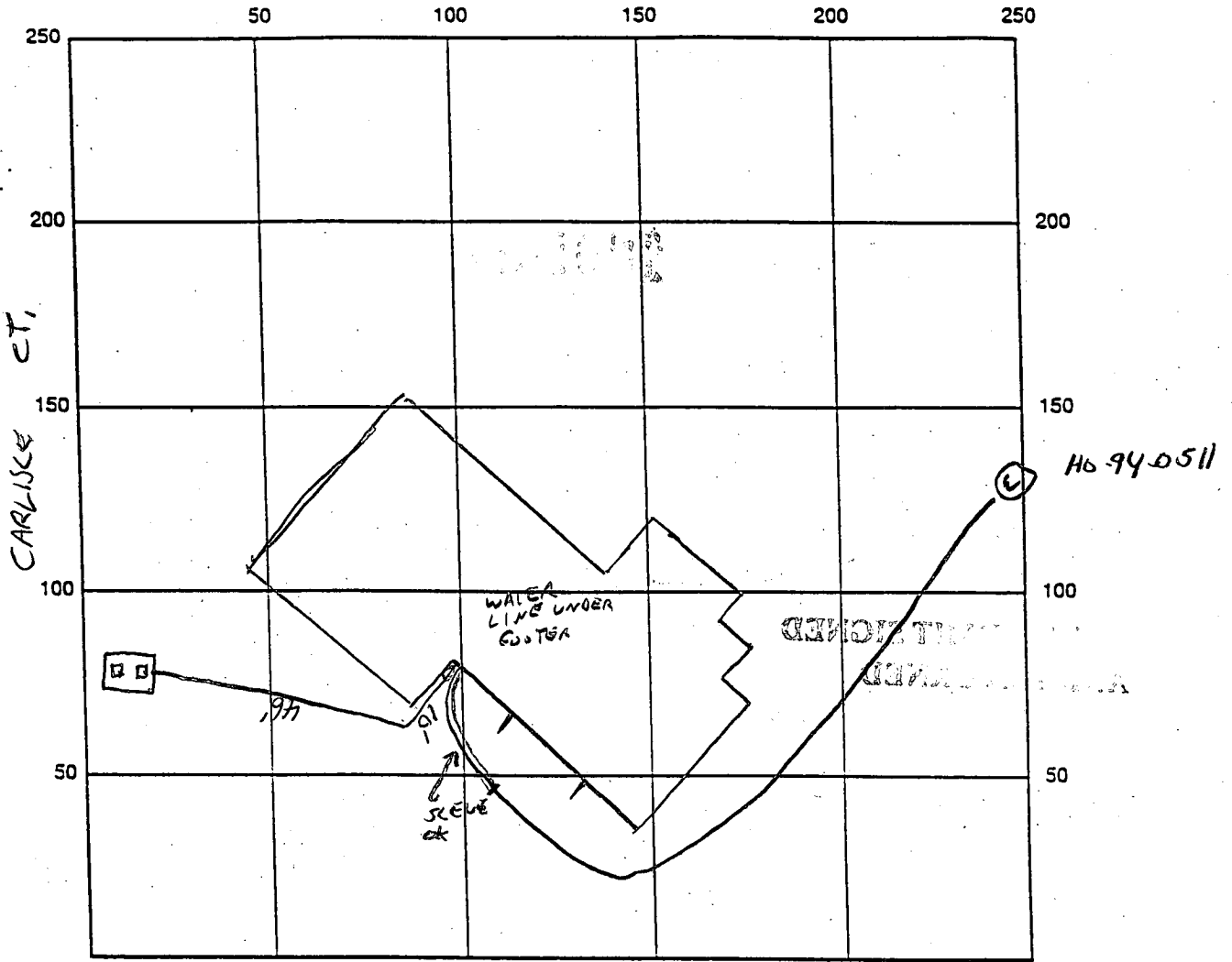
ADDRESS _____

BUILDING PERMIT SIGNED AND RETURNED

12/27/04 B00151698- GARWOOD/SPR

- 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 portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associated piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.
- Contact Health Department for inspection before covering the installation.
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time. *OK/CW*

P
56534



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/14/96 WELL LINE INSTALLED PRIOR TO SEPTIC
 House Connection OK to cover (have lost 5 ft for DPH) 6/17/96 Needs Pump Test
 Septic Pump test OK 10/24/96

WPF - Water line has green tag Poles previously installed 6/17/96
 DATE SYSTEM APPROVED 10/24/96 INSPECTOR *[Signature]*

W 50695-5/17/95

B 1	9076	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0511 fill in this form completely
-----	------	----------------------------	---	---

Date Received (APA) 05/17/95

OWNER INFORMATION

Winnhester Homes
6305 Ivy Lane
Greenbelt MD 20770

LOCATION OF WELL

Howard
Arlington Knolls
Highland

SECTION 44 46 LOT 48 50

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

DRILLER INFORMATION

George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771

MSD/MGD/MWD 40
77 License No. 80

CARLISLE CT

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200 DISTANCE FROM ROAD

ENTER FT OR MI FT

TAX MAP: 40 BLK: 12 PARCEL 174

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13-
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 05/31/95

CO SIGNATURE EXP. DATE 5/31/96

NORTH GRID 488000 EAST GRID 0812000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

8189
4808

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)

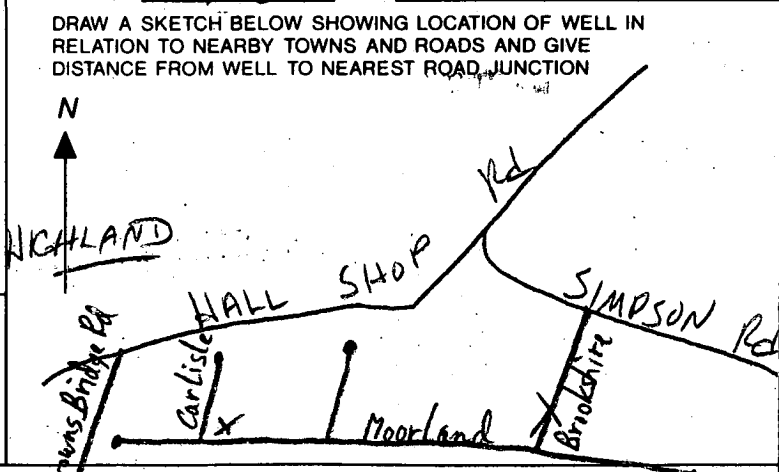
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 H0 GAP

FORCE RP PERMIT No. H0-94-0511

C1 2906

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 090695

DATE WELL COMPLETED 072195

Depth of Well 2206 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0511

OWNER Winchester Homes last name Carlisle Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 40

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 Topsoil, Clay, Sand & silt, Sand Stone, Mica, Sand Stone, mica, Sand Stone, Mica, Sand Stone, Mica.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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.

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 501

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 2000 GALLONS OF WATER 100 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 25 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 51

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N and rows for depth measurements.

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) (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 120

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

BEFORE PUMPING 13 ft.

WHEN PUMPING 28 ft.

TYPE OF PUMP USED (for test) A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, 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)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

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

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Handwritten notes: well 30', 126' distance, Red line, Side line, CARLISLE CT

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 Plumbing + Heating

Telephone 829-0444

License Number 1467

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes

Telephone 670-1010

Subdivision Ashleigh Knolls Lot # 40 Well Tag # _____

Site Address 7100 Carle Ct.

Clarksville, MD 21029

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible Gowds

Motor

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

Pitless Adapter

1. Make Campbell
2. Model # B10X
3. Depth 48"

2. Make _____

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 _____

Tank

1. Capacity 1-100
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?

WPI Inspected 6/17/92 RPP

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: Harold A. Van Sant

Date: 5-30-92

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

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

63920

G-3058

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

7100 Carlisle Ct.
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is: Chelsea II
2 story, full bamt, 10 R, 3 FB, 1
FP, 4 BR & garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
40	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	41	5	6031.02

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770 (301) 474-4411

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	56'	42'	10'
	56'	38'	10'
	56'	42'	10'

OCCUPANT'S NAME AND ADDRESS PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1977	19770	F/G Gable
ROOMS	1413	14130	
BATHS			
FIREPLACES	1520	15200	

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

R.M. Mochi Group
330 N. ridge Rd., suite 233
Ellicott City, Md. 20770 (410) 461-0079

FOOTINGS	FOUNDATION	S. WALLS
12 x 8	4" conc.	wood fr
		siding

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Winchester Home,s Inc.
Same as above

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

I have carefully examined and read this application and know the same is true and correct, and that 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.

EXISTING USE PROPOSED USE

Vacant Res. Single Fam.

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
176,000	158-14160	

SIGNATURE
Permit Administrator 3/20/96
TITLE DATE

FOR OFFICE USE ONLY

W/S CODE

DISTANCE 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	3/17/96	Sediment 016
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/1/96	Craig Williams
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

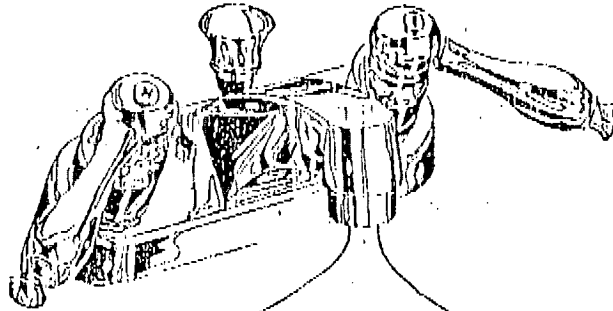
DATE

LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900



**FAX
COVER
SHEET**

FAX # (410) 313-4919

Number of Pages: 1
(Including this sheet)

DATE: 10/24/96
TO: Craig Williams
FAX #: 2648
FROM: Jim Miller
COMMENTS: Lot 40 7100 Carlise Court
Pump test is OK



HOWARD COUNTY HEALTH DEPARTMENT

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

October 28, 1996

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

RE: Ashleigh Knolls, Lot #40
7100 Carlisle Court
Well Permit #HO-94-0511

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on October 24, 1996.

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-94-0511. 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. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample: October 18, 1996
Date of Well Completion: July 21, 1995

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
file

Runp check
10/24/96



Fredericktowne Labs, Inc.

2075 Marple Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 28

Field Record

Site visit performed on: Friday, October 18, 1996 11:00 AM
 by: H. A. Van Sant State ID No. 94-700
 Property Seller: Winchester Homes
 Property Address: 7100 Carisle Court
 Lot 40, Ashley Knolls Sub.
 Clarksville, MD.
 Sample Source: Kitchen Sink
 Field pH: Not Performed
 Res. Cl.: <0.1 mg/l

Laboratory Report

Sample Received at laboratory: 10/18/96 2:15 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	10/18/96 4:00 PM	9221B	MM

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

Inorganic Chemical results:

<u>Parameter</u>	<u>Result Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate Nitrogen	1.6 mg/l	10	10/22/96	WeWWG 5880	PH
Turbidity & Sand	1.0 NTU'	10	10/20/96	180.1	KG

Verified by: M. G. Miller / smp 10/23/96

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

012952

Category Code 4F-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

SAMPLE TYPE:

Community

Non-Community

Non-Transient

Private

Check Sample

Special

Source KROCK - 1st Fl. Bath Tub

Location: 7100 CARLISLE CT.

Iced: Yes No am.

Treated Yes No Time Collected 10:10 pm.

Collector # 95-456 Bottle No. AK 975

Collector Name B. Lanning County HOWARD

13 --- --- 12 30 96

County Plant No. Sampling Station Date Collected

pH 7.0 Res. Cl: Free 00 Total 00 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

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

ml. of Sample	10 ml.								No. of Pos.
Coliforms †									
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 †	<u>---</u> ✓
Fecal Coliforms ‡	
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

'96 DEC 30 PM 1:33

'96 DEC 30 AM 1:33

'96 DEC 31 PM 1:32

Rec'd
 Exam.
 Rept.

Laboratory

Annapolis Cumberland

Cambridge Frederick

Central Salisbury

Cheverly

Remarks

Bacteriologist M. K. O. J.

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Pat Knack DATE OF APPOINTMENT 12/30/96 ^{10:30}
ADDRESS 7100 Carlisle Ct.
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME _____
ADDRESS _____

SAMPLE TYPE REASON FOR REQUEST
____ Health Hazard _____ New Residence
____ U & O _____ Nitrate Monitoring
____ Pond or Stream _____ Taste or Odor
____ Sewage _____ Replacement Well
____ Other _____ 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 10:10 DATE 12/30/96
SAMPLE FROM 1st Fl. Bath Tub ^{AK 975} 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: _____



HOWARD COUNTY HEALTH DEPARTMENT

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

January 10, 1997

Ms. Pat Knaack
7100 Carlisle Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #40
7100 Carlisle Court
Well Permit #HO-94-0511

Dear Ms. Knaack:

This is to advise you that the septic system for the above referenced property received final approval on October 24, 1996.

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-94-0511.

Dates of Water Samples: October 18, 1996
December 30, 1996

Date of Well Completion: July 21, 1995

Approving Authority

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

DKS
Enclosures
cc: file

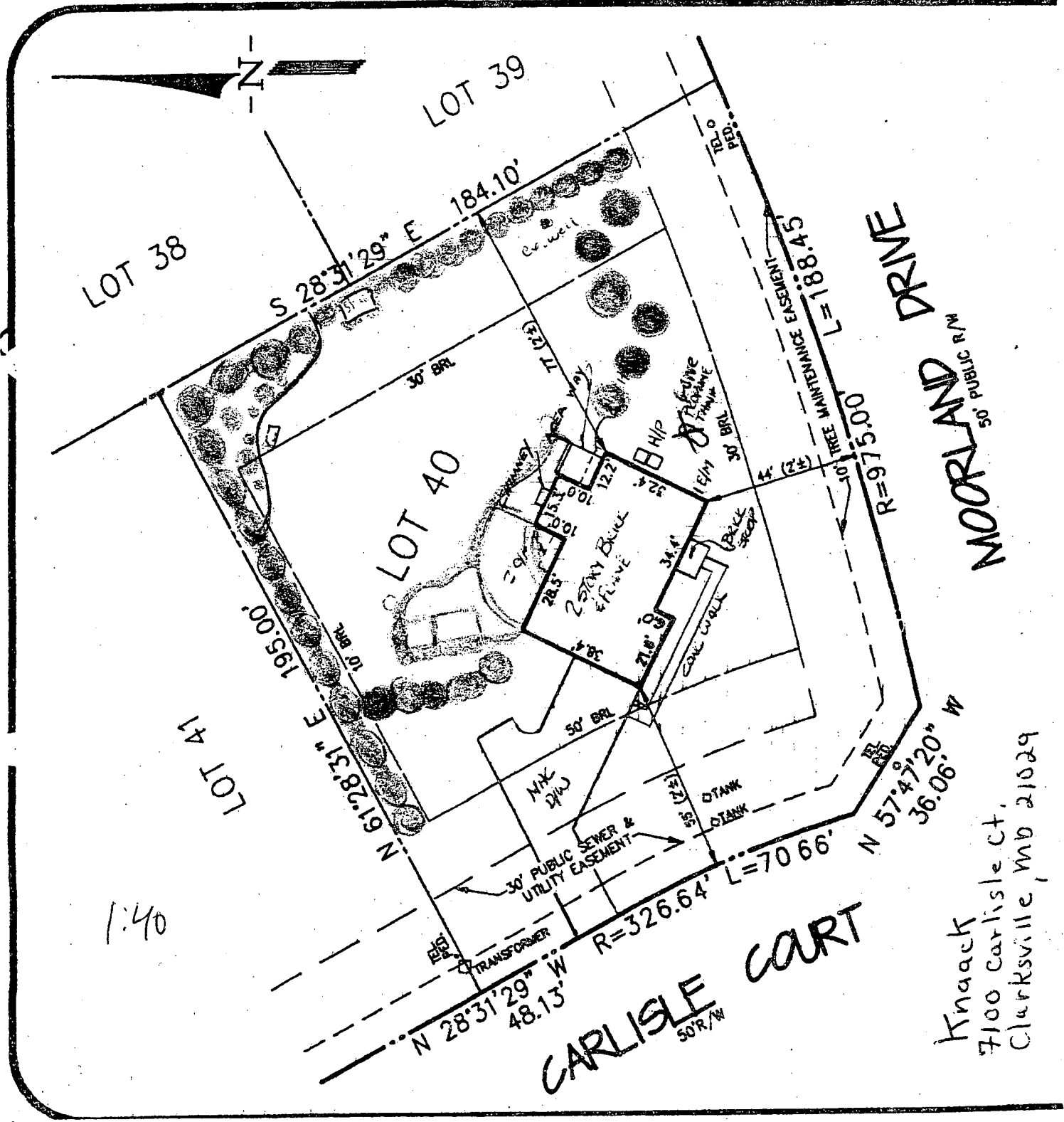
APPROVED

WALK-THRU BUILDING PERMIT

BP# 80015169 A# P 56534

APP. SAN P.A. Y DATE: 12/27/04

DESC. OF WORK: SPA



1:40

CARLISLE COURT
50R/W

Knaack
7100 Carlisle Ct.
Clarksville, MD 21029

MOORLAND DRIVE
50R/W