

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

SERIAL NUMBER

100951

3338

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

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
105	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	41	2	6323

OWNER NAME AND ADDRESS PHONE NO.

Winchester Homes, Inc.
630 S. Ivy Ln. Suite 200
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
330 N. Ridge Rd. Suite 233
Ellicott City, MD 21043 901-0001

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

Same As Above

EXISTING USE PROPOSED USE

Vacant Rec. Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
160,000	158-14160	

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW 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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	36'	10'
	62'	32'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2007	2007	Asph/Gable
ROOMS	1377	1377	
BATHS			
FIREPLACES	1479	1479	

FOOTINGS	FOUNDATION	S. WALLS
16 x 18	8" concrete	concrete

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

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 Permit 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 DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT		A. McMulle
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

LP-69-591

APPROVED DATE

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

10-2-96
11/29/96
House Connection - P4

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57099B

A _____

DISTRICT 5th

DATE 08/29/96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

Tax ID#
05-420520

INDEXED

DATE SYSTEM APPROVED _____

INSPECTOR _____

VanSant Plumbing & Heating IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Ashleigh Knolls LOT 105 ROAD 7116 Chardon Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

Septic Tank/Pump Chamber Capacity 1500 Gallons

Number of Bedroom 4

BLDG. PERMIT SIGNED
AND RETURNED 8/1/96
Serial # BR0100957
SFD - YKen

- 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.

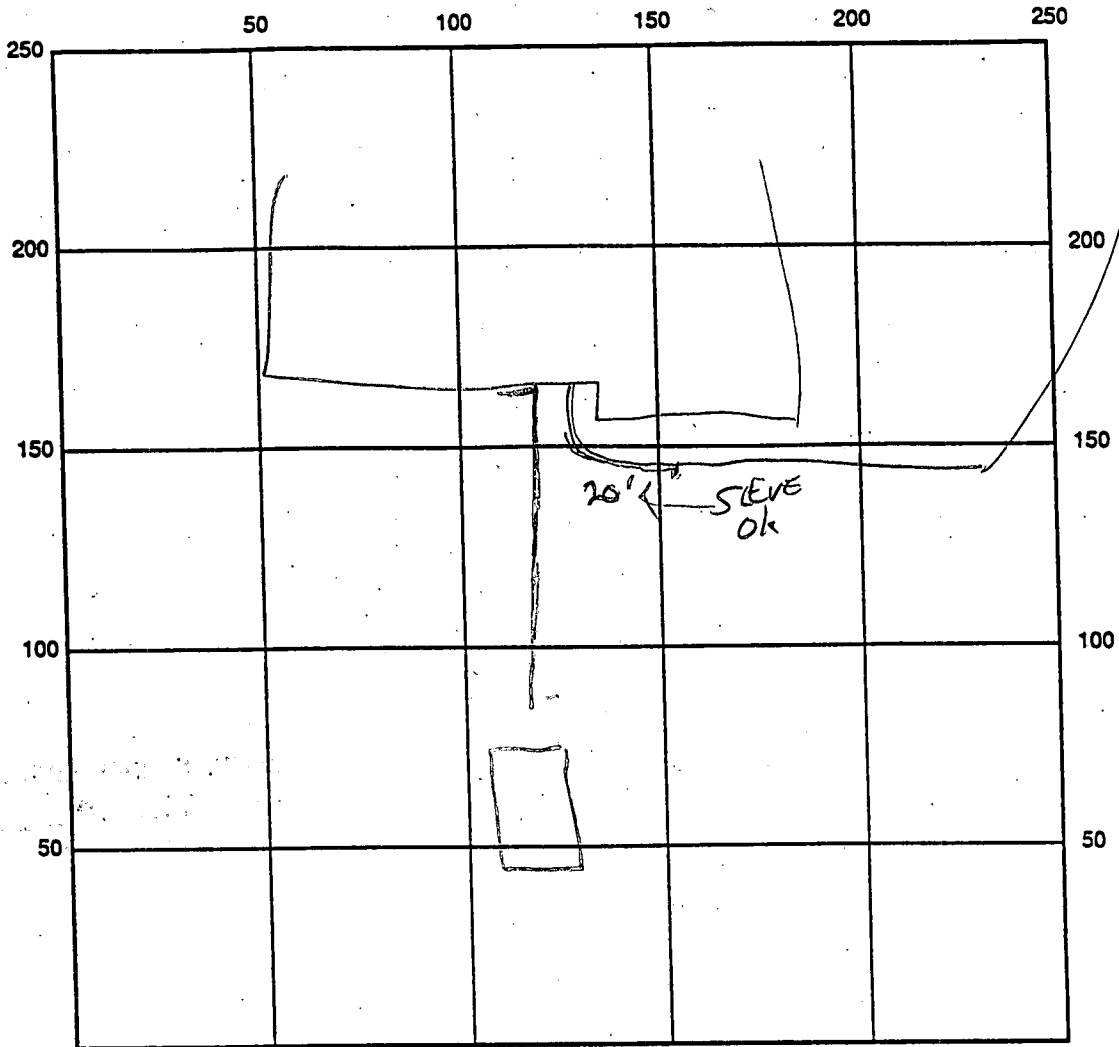
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

9/3/96

57099B

Plans Approved By: *[Signature]*

Date: 9/3/96



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 CHARDON ST.

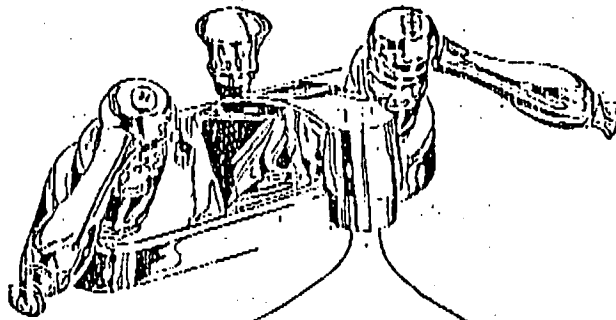
SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 10-2-86 SEWER LINE OK AT HOUSE NEEDS TANK

CONNECTION. Find Connection Already Covered. Contractor says D.P.P. gave permission to
 cover P.P. 11/29/86

DATE SYSTEM APPROVED _____ INSPECTOR _____

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: 12/6/96
TO: Craig Williams
FAX #: 2648
FROM: Jim Miller
COMMENTS: Pumptest for the Pelling
lots have been approved

Lot 99 7200 Fawn Crossing Dr
Lot 105 7216 Chatao Rd
Lot 127 7205 Fawn Crossing Dr

10-2-96
LINE OK AT HOUSE
SUBMERGED AT WELL
(WATER IN REACH)
ONEEDS RE-INSPECTION.

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

Name of Installer VAN SANT Plumbing & Heating Receipt # _____
Date _____
Telephone 829-0444

License Number 1467 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Dahlisch Knolls Lot # 105 Well Tag # -94-0536
Site Address 7116 Chardon Ct.
Clarksville, MD 21029

Pump

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

2. Make Coulds

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 _____
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

Pitless Adapter

1. Make Campbell
2. Model # 310X
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).

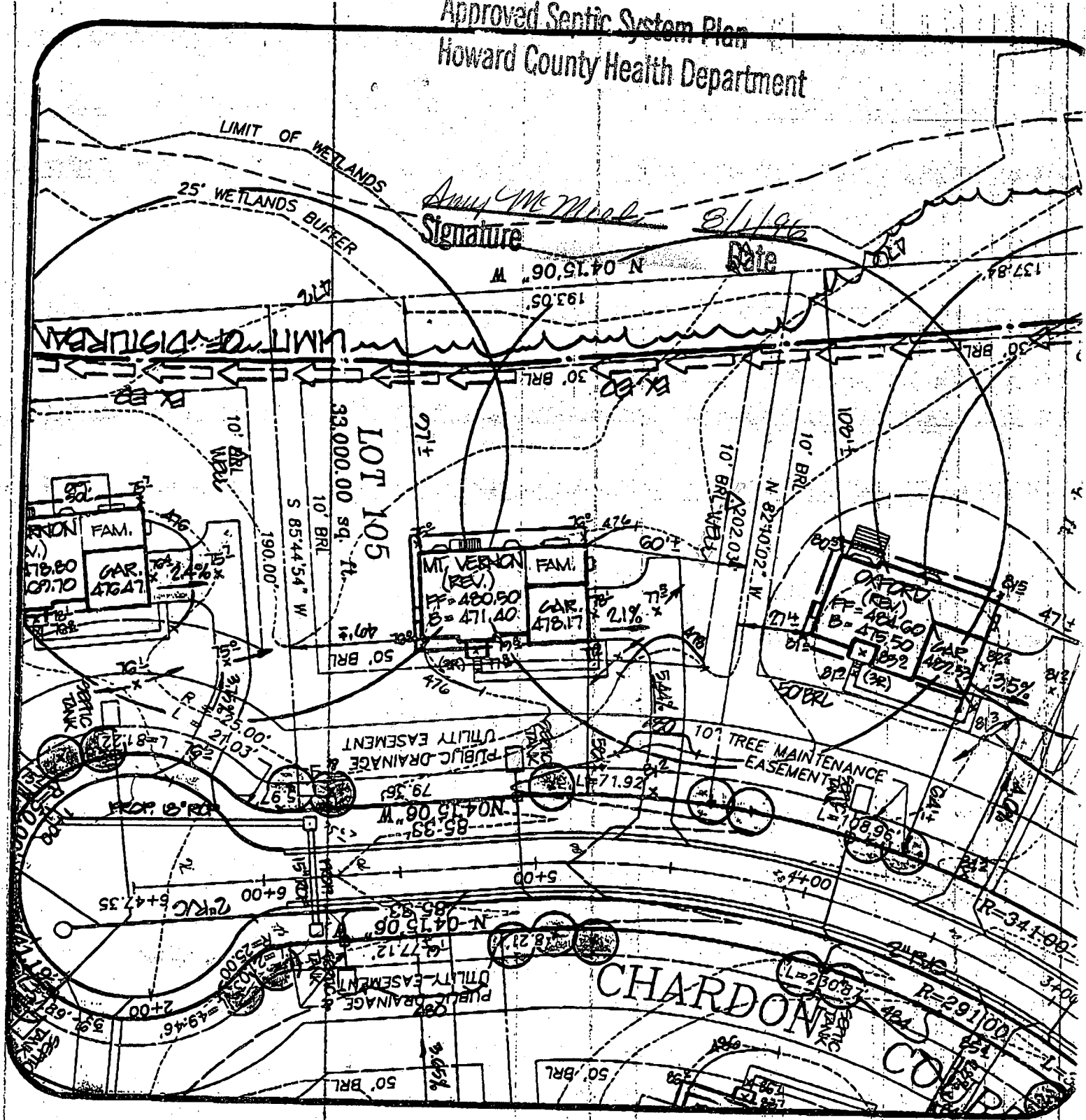
All information given above is true to the best of my knowledge

Signature of Applicant: Howard A. Van Sant
Date: 8.27.96

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

Approved Sentic System Plan
Howard County Health Department

Anna M. Mochi
Signature
8/1/96
Date



SHEET 1 OF 2

7116 Chardon Court

Ashleigh Knolls
Lot 105

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS
3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305

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

DATE: 7/1/96

PROJECT NO.: 94027.22

DRAWN BY: TJP

SCALE: 1" = 50'

	FF ELEV.	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 84					
LOT 85					
LOT 86					
LOT 87					
LOT 88					
LOT 89					
LOT 90					
LOT 91					
LOT 92					
LOT 93					
LOT 94					
LOT 95					
LOT 96					
LOT 97					
LOT 98					
LOT 99	500.20	492.20	492.24	492.40	490.00
LOT 100					
LOT 101					
LOT 102					
LOT 103					
LOT 104	484.60	470.60	471.31	471.70	476.60
LOT 105	480.50	474.50	470.41	470.00	471.30
LOT 106					
LOT 107					
LOT 108					
LOT 109					

SHEET 2 OF 2

7116 Chardon Court


Ashleigh Knolls
Lot 105

DATE: 7/1/96

PROJECT NO.: 94027.22

DRAWN BY: TJP

SCALE: N/A

R.M. MOCHI GROUP, P.C.


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

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

EMERGENCY/TEMP NO. IF ANY

B 1 **9098**

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-94-0536
fill in this form completely

Date Received (APA)

051795

OWNER INFORMATION

Winchester Homes
15 Last Name Owner First Name 34
6305 Ivy Lane
38 Street or RFD 65
Greenbelt MD 20770
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

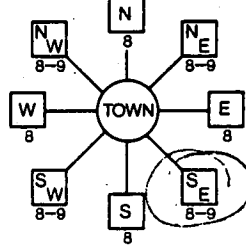
Howard
8 COUNTY 21
Ashtland
23 SUBDIVISION 42
SECTION **44** LOT **105**
44 48 48 50
Highland
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1 MI**
73 76 77 78

DRILLER INFORMATION

George F. Easterday
Driller's Name 77 License No. 80 **49**
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **5-20-95**
Signature Date

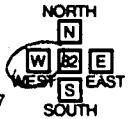
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHARDON CT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



100
34 DISTANCE FROM ROAD 37
ENTER FT OR MI **FT**
38 39

TAX MAP: **40** BLK: **12** PARCEL **174**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13-**
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S 41
DATE ISSUED **060795** **Ronald Parley** **6/7/95**
43 48 CO SIGNATURE EXP/DATE
NORTH GRID **487000** EAST GRID **0817000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

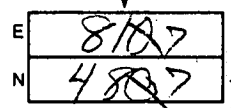
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
- CABLE REVerse-ROTary Drive-POINT
- other _____

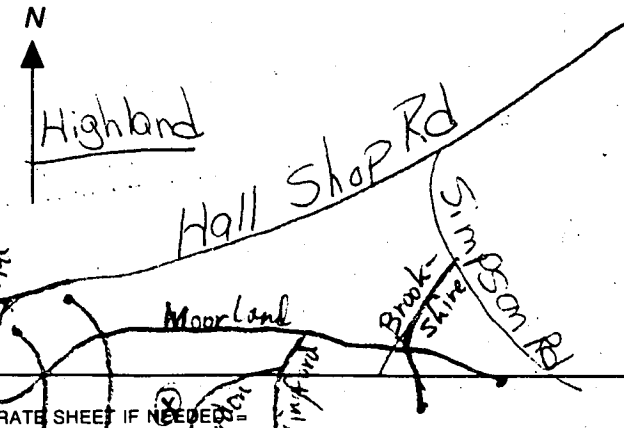
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. **Well**
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



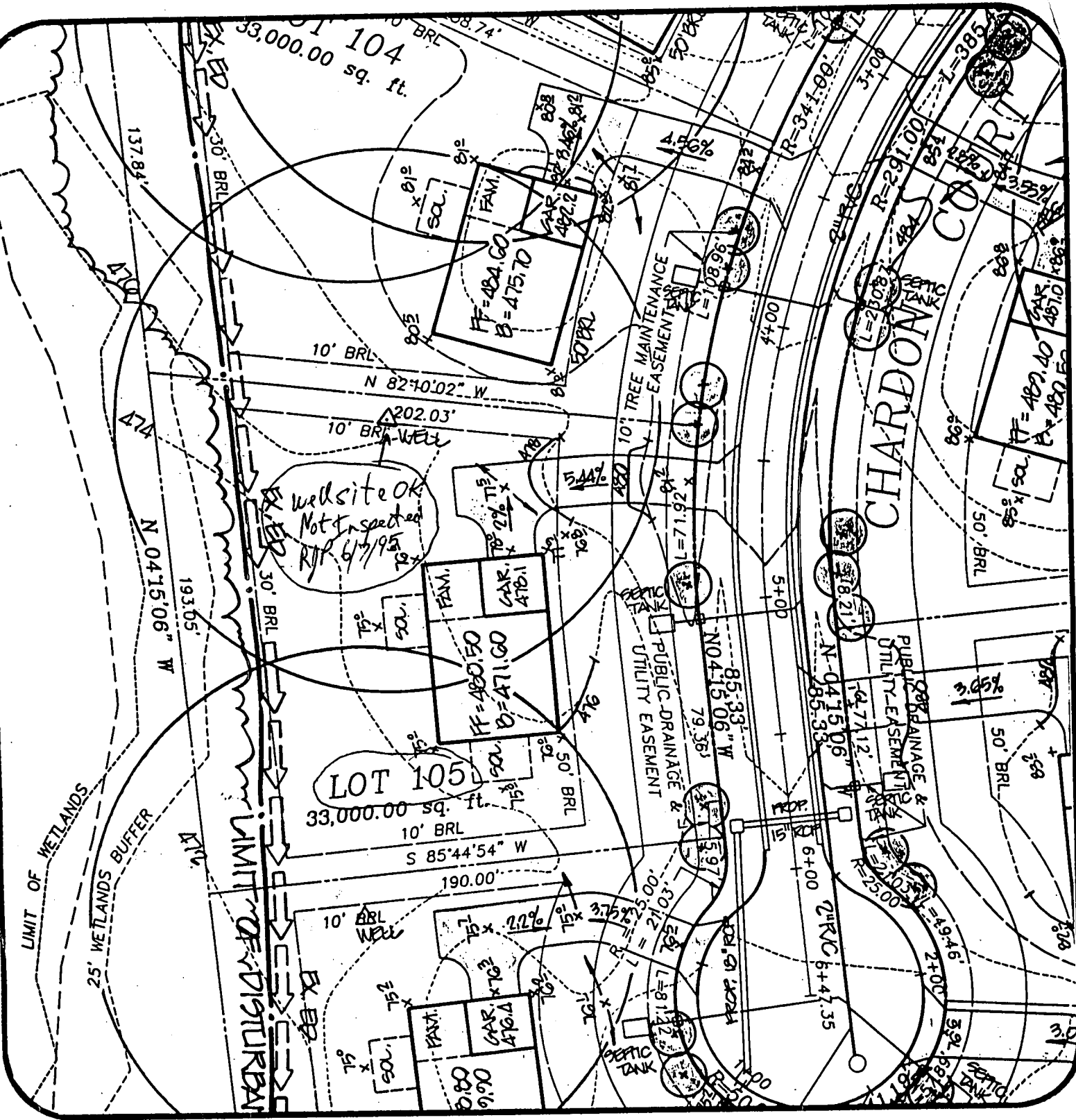
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 DEEPEAN 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)

APPROP. PERMIT NUMBER _____ GAP _____ 63
FORCE **RA** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-94-0536**
70 71 72 73 74 75 76 77 78 79

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



Wellsite OK
 Not inspected
 RJP 6/7/95

LOT 105
 33,000.00 sq. ft.

CHARDON CORP

Ashleigh Knolls
 Lot 105

DATE: 5/2/95
 PROJECT NO.: 80027.01
 DRAWN BY: TJP
 SCALE: 1" = 50'

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

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

C1 2729

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" H0-94-0536

OWNER Winchester Homes STREET OR RFD Chardon Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 105

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. Includes handwritten entries: TOP Soil, Clay Sand, Silt Shale, Mica, Flint, Mica, Flint, Mica, Flint, Mica.

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 58 NO. OF POUNDS 5800 GALLONS OF WATER 290 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 67 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 148

OTHER CASING (if used)

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS BRONZE (PL) PLASTIC (HO) OPEN HOLE (OT) OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED: YES (Y) NO (N)

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

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

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

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 501

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

DEPTH (nearest ft.) table with handwritten entries: H0 148 600

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

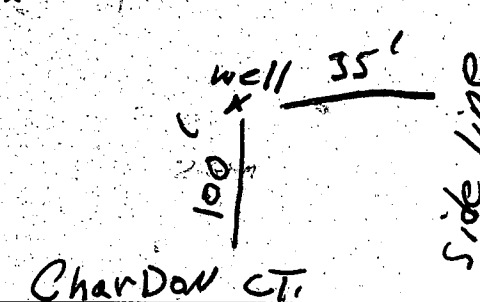
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 7 ft. WHEN PUMPING 251 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) 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)



7-27-96

Review 8/1/96 OK AUL

Page _____ of _____
Date _____

6345

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 940536
Location of property (road) Chardon Court
Subdivision Ashleigh Knolls Lot 105 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Winchester Homes

Depth of well 600 29pm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 0 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:15 AM Pumping rate 12 GPM
Total time 4:5 AM to reach pumping water level 251 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) <u>PUMP SET</u>	CALCULATED FLOW (gallons per minute)
8:00 AM	251 ft	30 sec.	380 ft	2 GPM
8:15 AM	251 ft	30 sec.	380 ft	2 GPM
8:30 AM	251 ft	30 sec.	380 ft	2 GPM
8:45 AM	251 ft	30 sec.	380 ft	2 GPM
9:00 AM	251 ft	30 sec.	380 ft	2 GPM
9:15 AM	251 ft	30 sec.	380 ft	2 GPM
9:30 AM	251 ft	30 sec.	380 ft	2 GPM
9:45 AM	251 ft	30 sec.	380 ft	2 GPM
10:00 AM	251 ft	30 sec.	380 ft	2 GPM
10:15 AM	251 ft	30 sec.	380 ft	2 GPM
10:30 AM	251 ft	30 sec.	380 ft	2 GPM
10:45 AM	251 ft	30 sec.	380 ft	2 GPM
11:00 AM	251 ft	30 sec.	380 ft	2 GPM
11:15 AM	251 ft	30 sec.	380 ft	2 GPM
11:30 AM	251 ft	30 sec.	380 ft	2 GPM
11:45 AM	251 ft	30 sec.	380 ft	2 GPM
12:00 PM	251 ft	30 sec.	380 ft	2 GPM
12:15 PM	251 ft	30 sec.	380 ft	2 GPM
12:30 PM	251 ft	30 sec.	380 ft	2 GPM
12:45 PM	251 ft	30 sec.	380 ft	2 GPM
1:00 PM	251 ft	30 sec.	380 ft	2 GPM
1:15 PM	251 ft	30 sec.	380 ft	2 GPM
1:30 PM	251 ft	30 sec.	380 ft	2 GPM
1:45 PM	251 ft	30 sec.	380 ft	2 GPM
2:00 PM	251 ft	30 sec.	380 ft	2 GPM

1	9098	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0536 <small>70 fill in this form completely 79</small>
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OWNER INFORMATION

Date Received (APA) **051795**

Winchester Homes
Last Name Owner First Name

6305 Ivy Lane
Street or RFD

Greenbelt MD 20770
Town State Zip

LOCATION OF WELL

Howard COUNTY

Ashland SUBDIVISION

SECTION **44** LOT **105**

Highland NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1 1 1 M I**

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday License No: **40**

Driller's Name **L. Franklin Easterday, Inc.** License No: **80**

Firm Name **9265 Brown Church Rd., MT. Airy, Md. 21771**

Address **George F Easterday** Date **5-20-95**

CHARDON CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **100** 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

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE **Ronald Parkey** DATE ISSUED **6/7/96**

NORTH GRID **487000** EAST GRID **0817000**

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**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

8107

4807

groot 2:00
7/12/96
7/24/96 groot
11 AM No Resp

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)

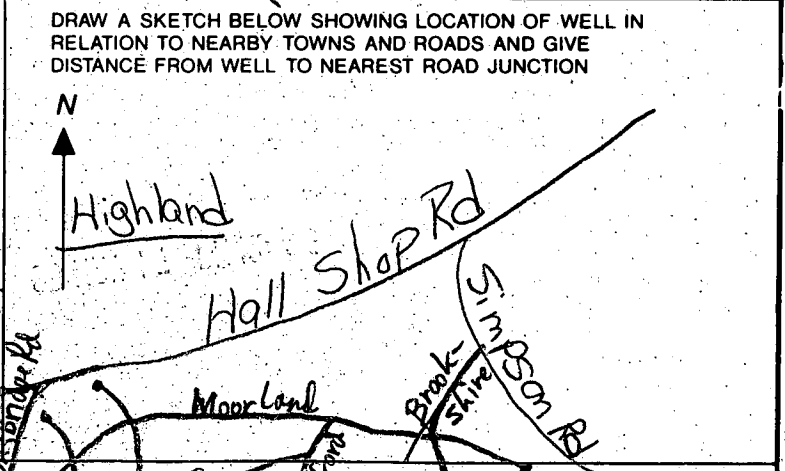
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **G A P**

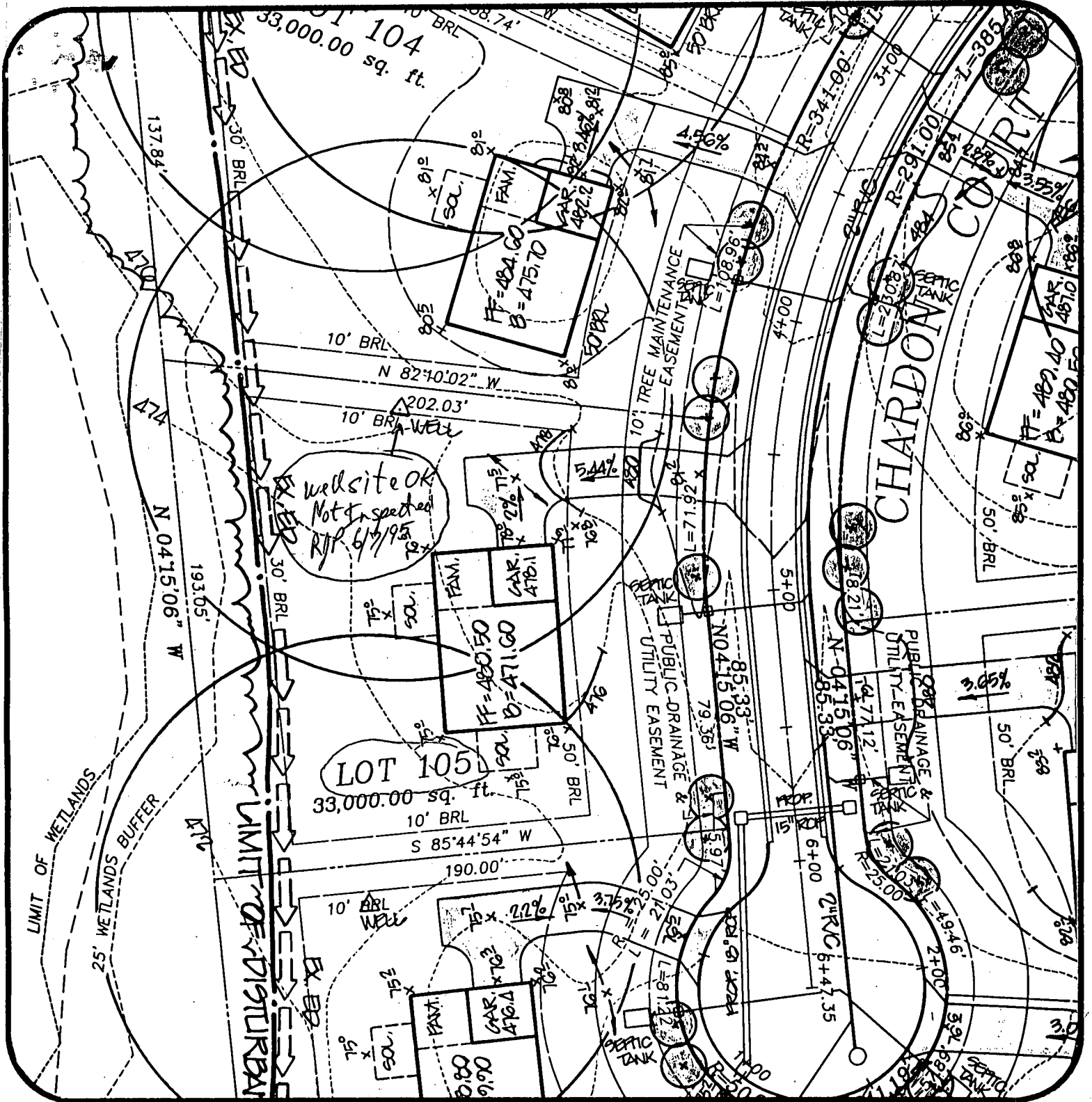
FORCE **R P** WRITE INITIALS IN BOX

PERMIT No. **H0-94-0536**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

COUNTY



Ashleigh Knolls
Lot 105

DATE: 5/2/95

PROJECT NO.: 80027.01

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



HOWARD COUNTY HEALTH DEPARTMENT

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

December 13, 1996

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

NOTE
ADDRESS
CONNECTION
↓

RE: Ashleigh Knolls, Lot #105
7110 Chardon Court
Well Permit #HO-94-0536

7116 (CW)

Dear Sirs:

This is to advise you that the septic system for the above referenced property received final approval on December 6, 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-94-0536. 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: December 10, 1996
Date of Well Completion: July 24, 1996

Approving Authority

Handwritten signature of Donna K. Soe in black ink.

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

DKS

cc: Building Inspector's office
file