

5-5-97
WPI
and
C.O. afternoon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58029

A _____

DISTRICT 5

DATE 03/17/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

TAX ID#
05-420725

INDEXED

DATE SYSTEM APPROVED 7-24-97

INSPECTOR *JH*

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 474-4411

SUBDIVISION Ashleigh Knolls LOT 123 ROAD 7121 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc. / Kasoff

ADDRESS _____

NUMBER OF BEDROOMS: 4

- 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.

BLDG. PERMIT SIGNED

AND RETURNED

15-15-97
Serial # B1109150
deck

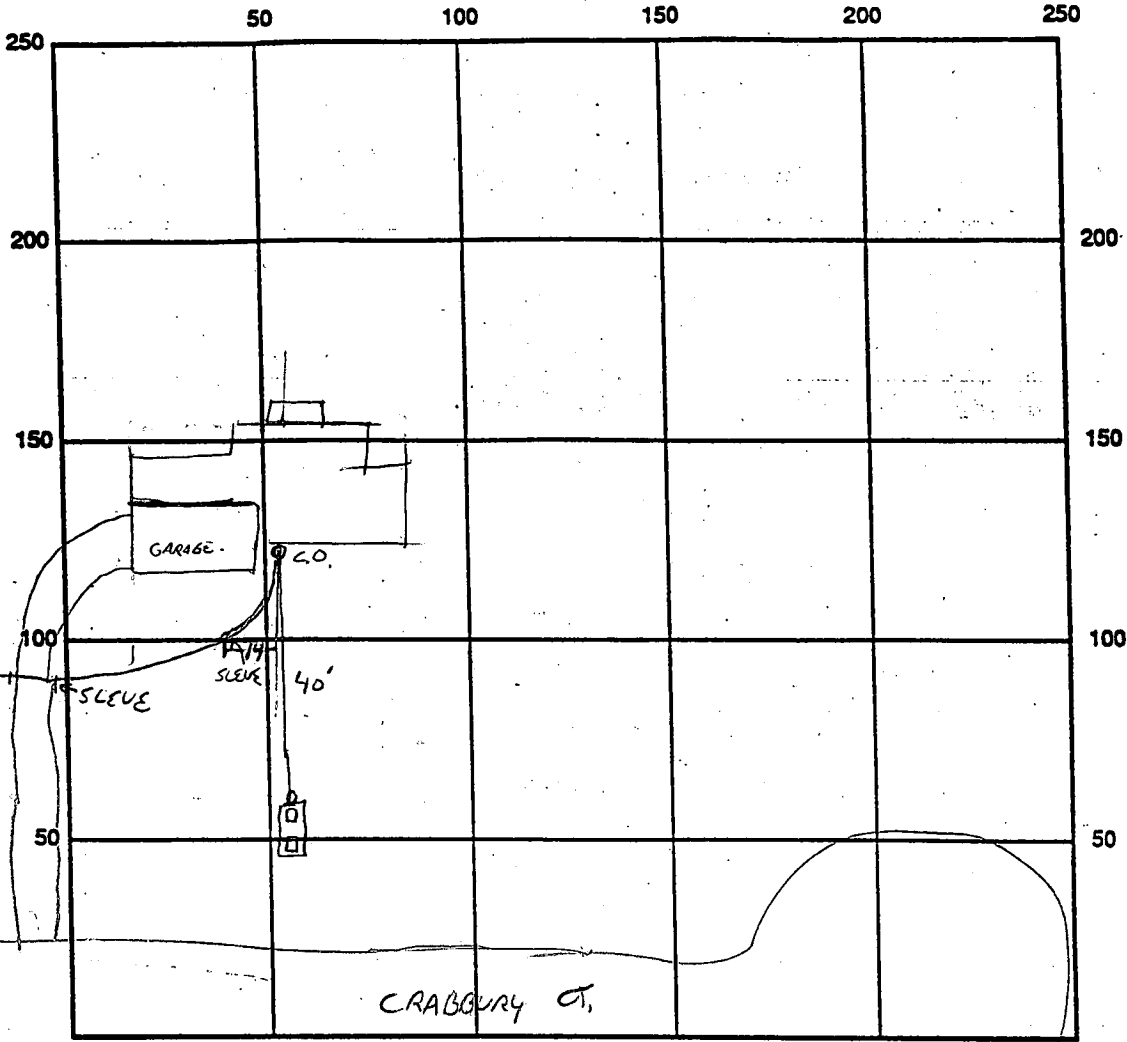
P 58029

Plans Approved By:

Radl P. [Signature]

Date:

4/10/97



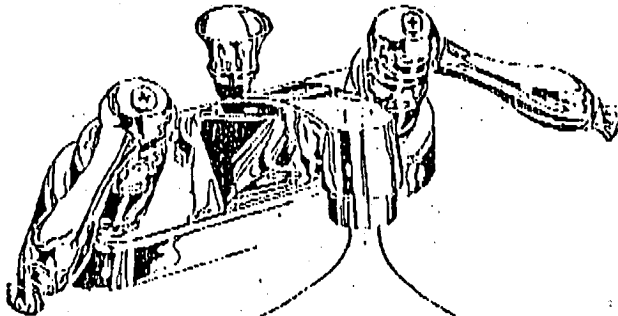
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS OK, 2 AS SHOWN

REMARKS: 5-5-97 CO, TANK CONNECTION OK TO COVER TO HOUSE, WELL
LINE, OK TO COVER, GROUND WIRE NOT ATTACHED TO WELL
CASING. AT 7-24-97 SEPTIC PUMP TEST OK JH

DATE SYSTEM APPROVED 7-24-97 INSPECTOR [Signature]

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: 7/24/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS: Pump test for Ashleigh Knolls

Lot 108 7725 Chardon Ct

Lot 123⁷¹²⁵ Crabby Ct

Are OK for U&O

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

1125
B00104442

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7121 Crabbury Court
Clarksville, MD. 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type is Chelsea II
2 story, full bsmt., 10 R, 3 FB,
1 HB, 4 BR, FP & garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
123	476174	2	2	7		

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

OWNER NAME AND ADDRESS
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
Winchester Home,s Inc.

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
R.M. Mochi Group
10120 A Old National Pike (301) 865-5858
Ijansville, Md. 21754-9706

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" conc	wd frm siding

CONTRACTOR'S NAME AND ADDRESS
Winchester Homes, Inc.
SAME AS ABOVE

UTILITIES				
WATER	WELL	SEWER	SEPTIC	AC

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 complied with.

EXISTING USE	PROPOSED USE
Vacant	Res. Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$166,000	158-14160	

SIGNATURE
Permit Administrator 3/14/97
TITLE DATE

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) _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 4/2/97	DOUGLAS SOLO
FIRE PROTECTION		
STORM WATER MGMT	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued 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-69-501

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

CA

EMERGENCY/TEMP NO. IF ANY

B 1	SEQUENCE NO. (MDE USE ONLY) 6424	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0561 <small>fill in this form completely</small>
------------	---	--	---

Date Received (APA)
05/17/95

OWNER INFORMATION

15 Last Name: **Winchester** Owner First Name: **Homes**

36 Street or RFD: **6305 Ivy Lane**

57 Town: **Greenbelt** 70 State: **MD** Zip: **20770**

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

George F. Easterday MSD MGD MWD

Driller's Name: **George F. Easterday** 77 License No. **80**

Firm Name: **L. Franklin Easterday, Inc.**

Firm Address: **9265 Brown Church Rd., Mt. Airy, Md. 21771**

Signature: *George F. Easterday* Date: **5-17-95**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: **300** FEET

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: _____

FORCE: **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0561**

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

LOCATION OF WELL

Howard COUNTY

ASHIEIGH KNOLLS SUBDIVISION

SECTION: _____ LOT: **123**

HIGHLAND NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): _____ MI

CRAB BURY CT NEAR WHAT ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX):

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):

E **W** **S** **N**

DISTANCE FROM ROAD: **100** 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

STATE SIGNATURE: *Ronald Binley* COUNTY NO. **13**

DATE ISSUED: **06/09/95** EXP/DATE: **6/19/96**

NORTH GRID: **485000** EAST GRID: **0818000**

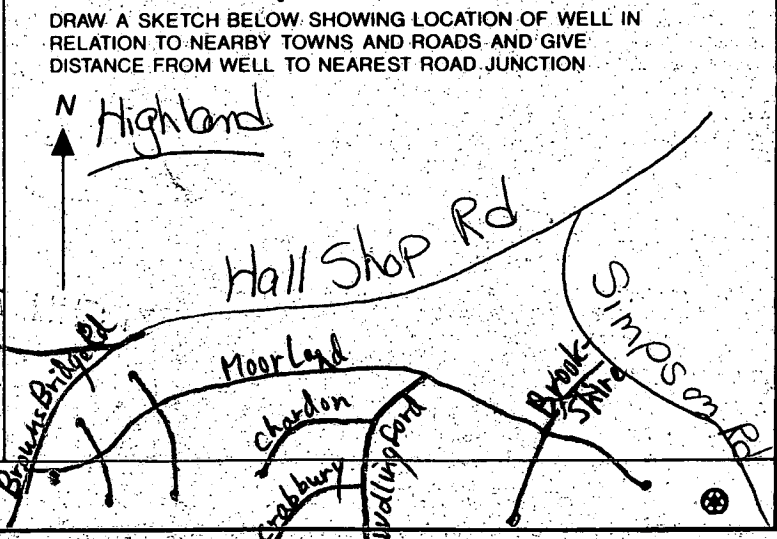
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER:

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE:

8728 **4825**



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 Pllbg + Htg

Telephone 829-0444

License Number 1467

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber

Name of Property Owner Winchester Homes

Telephone 670-1010

Subdivision Whisper Knolls

Lot # 123

Well Tag # _____

Site Address 7121 Crabbury Ct

Pump

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

2. Make Cowles

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 # B10X

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?

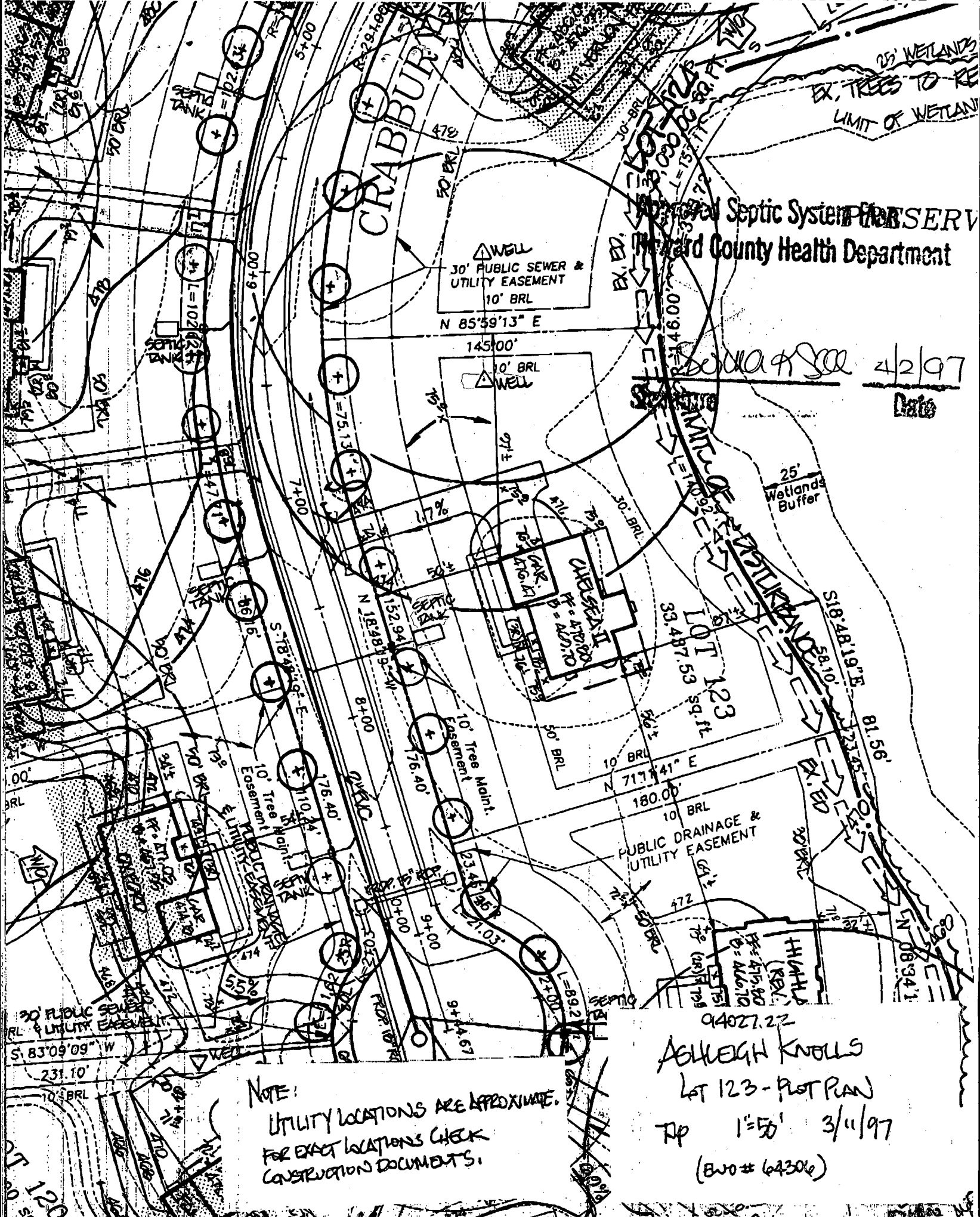
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Harold W. Van Sant

Date: 8/28/97

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



Approved Septic System Plan
 Howard County Health Department

25' WETLANDS
 EX. TREES TO REMAIN
 LIMIT OF WETLANDS

Sever & Seel 4/2/97
 Date

NOTE:
 UTILITY LOCATIONS ARE APPROXIMATE.
 FOR EXACT LOCATIONS CHECK
 CONSTRUCTION DOCUMENTS.

94027.22
 ASHLUGH KNOLLS
 LOT 123 - PLOT PLAN
 RP 1"=50' 3/11/97
 (BVO# 64306)

WINCHESTER HOMES, INC.
6305 IVY LANE, SUITE 800
GREENBELT, MD 20770

4284

7-11/520
BRANCH 92

PAY
TO THE
ORDER OF

Howard County

March 14 19 *97*

\$ *180.00*

THE SUM IS *180.00* DOLLARS

1st First National Bank
of Maryland
BALTIMORE, MARYLAND ACCOUNTING CENTER

Security features
Detailed on back.



FOR AK-123 (600164442) 7121 Crabbury Ct.

⑈004284⑈ ⑆052000113⑆ 173⑈9186 ⑈⑈

MP

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 113					
LOT 114					
LOT 115	485.82	479.82	480.50	480.50	477.01
LOT 116					
LOT 117					
LOT 118					
LOT 119	477.05	471.05	472.93	472.03	468.03
LOT 120					
LOT 121					
LOT 122	475.80	469.80	469.93	470.78	467.36
LOT 123	478.80	472.80	474.53	473.63	469.80
LOT 124					
LOT 125					

**PUBLIC SUBSURFACE WASTEWATER
DISPOSAL AREA & UTILITY EASEMENT**

LOT 124 9/9/97

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

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

7121 Crabburn Ct.
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Deck - Irregular Shape
30' x 20' with steps
to ground

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
123	475			7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RA	41	5	605/10

OWNER NAME AND ADDRESS

Ed Kasoff 7121 Crabburn Ct
Clarksville, Md 21029

OCCUPANT'S NAME AND ADDRESS

Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

CONTRACTOR'S NAME AND ADDRESS

Blake Contractors 410-549-5744
6531 Tydings Rd. Ellicott City, Md. 21043

EXISTING USE

Single Family

PROPOSED USE

Deck on Single Family

EST. CONSTRUCTION COST

12,250

LICENSE NUMBER

18140

PERMIT FEE

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

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

CR 2384

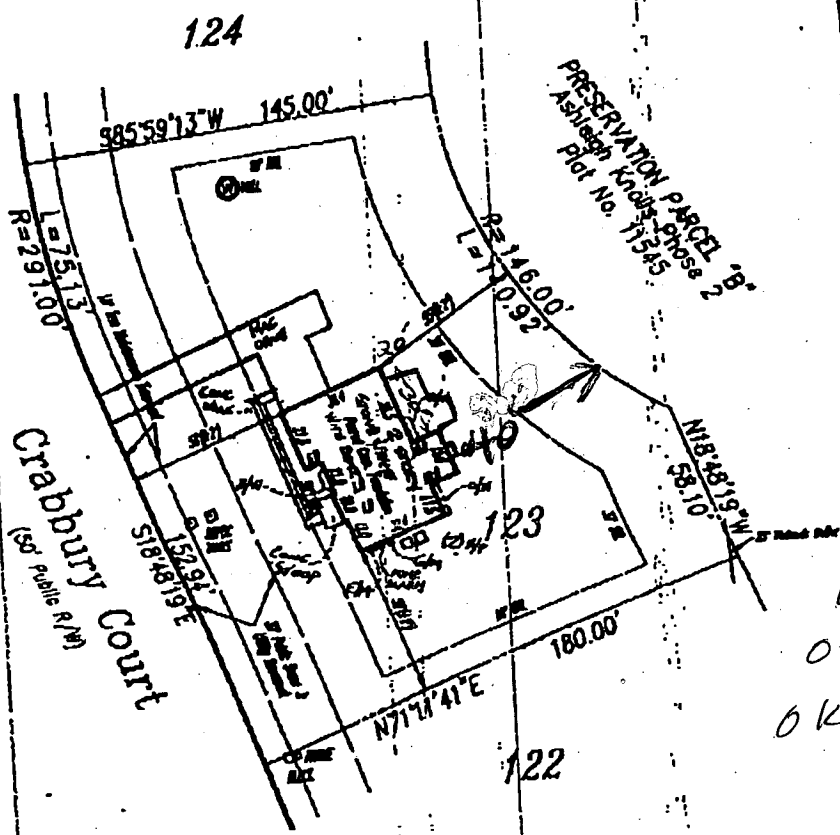
FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	12/15/97	A McMeelle
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

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

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



PRESERVATION PARCEL 'B'
 Ashleigh Knolls Phase 4
 Plot No. 11545

12/15/97
 shown deck
 location will
 have no impact
 to the existing
 well-septic is
 off-site shared.
 OK to proceed
 AU

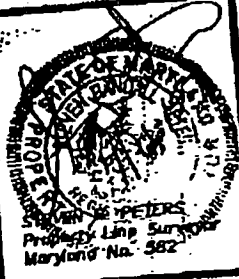
LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No. 7721 CRABBURY COURT
 TOP OF WALL ELEV. = 477.45
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER OR
 INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING:
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE
 ESTABLISHMENT OR LOCATION OF FENCES, DRIVAGES, BUILDINGS,
 OTHER EXISTING OR FUTURE IMPROVEMENTS;
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, &
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.
 FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0038-B

LOCATION DRAWING

FOUNDATION	DATE: 4/15/97
FINAL	DATE: 7/16/97
DRAWN BY: AWG/DBW	SCALE: 1"=50'
PROJECT No.:	94517.03



R.M. MOGHI GROUP, P.C.

P.O. Box 78
 New Market, MD 21774-0078
 10120 A Old National Pike
 Pikesville, MD 21754-9708

(301)
 Fax (301)

EMK DAK

C-15 2737

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 032897

Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0561

OWNER Winchester Homes last name Crabbury Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 123

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, brown shaley clay, Mica, Sand Stone, 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 20 NO. OF POUNDS 2000

CASING RECORD: casing types insert appropriate code below. Includes codes: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER).

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot). Includes handwritten: ST, 6, 92.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. Includes codes: ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100. Includes handwritten: 40, 90, 500.

SLOT SIZE: 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T 1/2 (E.R.O.S.) W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 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 4 ft.

WHEN PUMPING 153 ft.

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

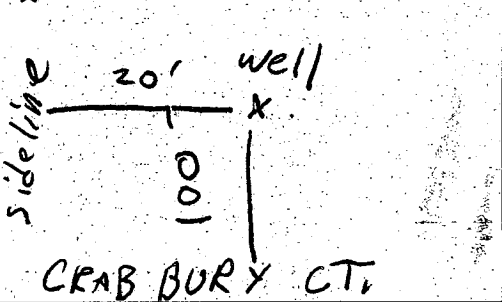
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 2 (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)



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

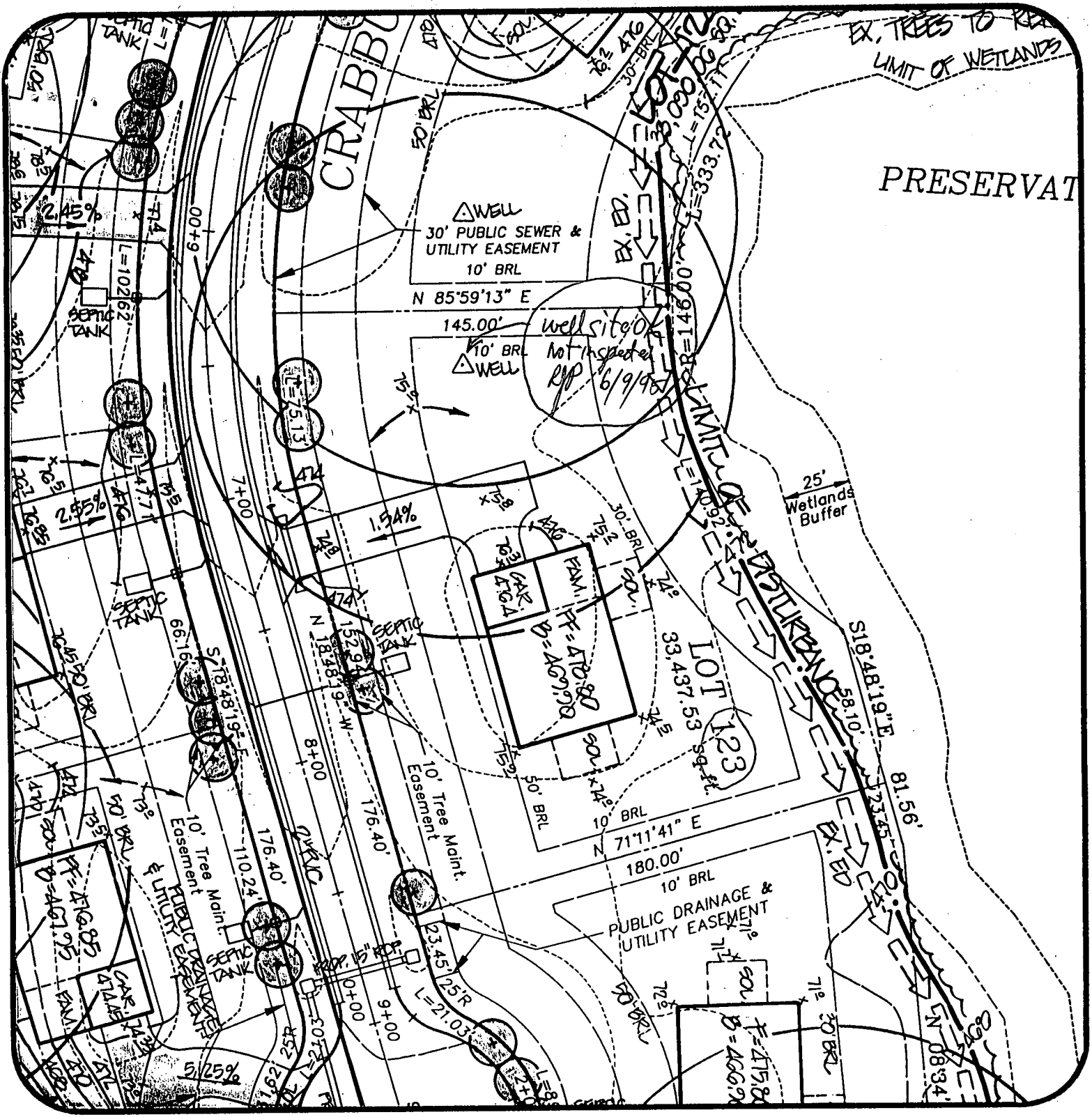
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

George F. Custenluy DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

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



Ashleigh Knolls
Lot 123

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

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 003
Receiver : 913018549988
Transmitter : HCCO ENVHEALTH
Date : Aug 5.97 14:40
Time : 01'17
Mode : NORM
Document : 02 Pages
Result : O K