

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58039-B

A _____

DISTRICT 5th

DATE 03/24/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X4012013~~

313-2640

*TEX ID #
05-420598*

DATE SYSTEM APPROVED 8/28/97

INSPECTOR ALM

INDEXED

Winchester Homes, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800 Greenbelt, Md. PHONE 474-4411

SUBDIVISION Ashleigh Knolls LOT 111 ROAD 7101 Chardon Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

NUMBER OF BEDROOMS: 4

*BLDG. PERMIT SIGNED
AND RETURNED 9/13/2000
B00126414 DECK WITH
SCREENED ROOM*

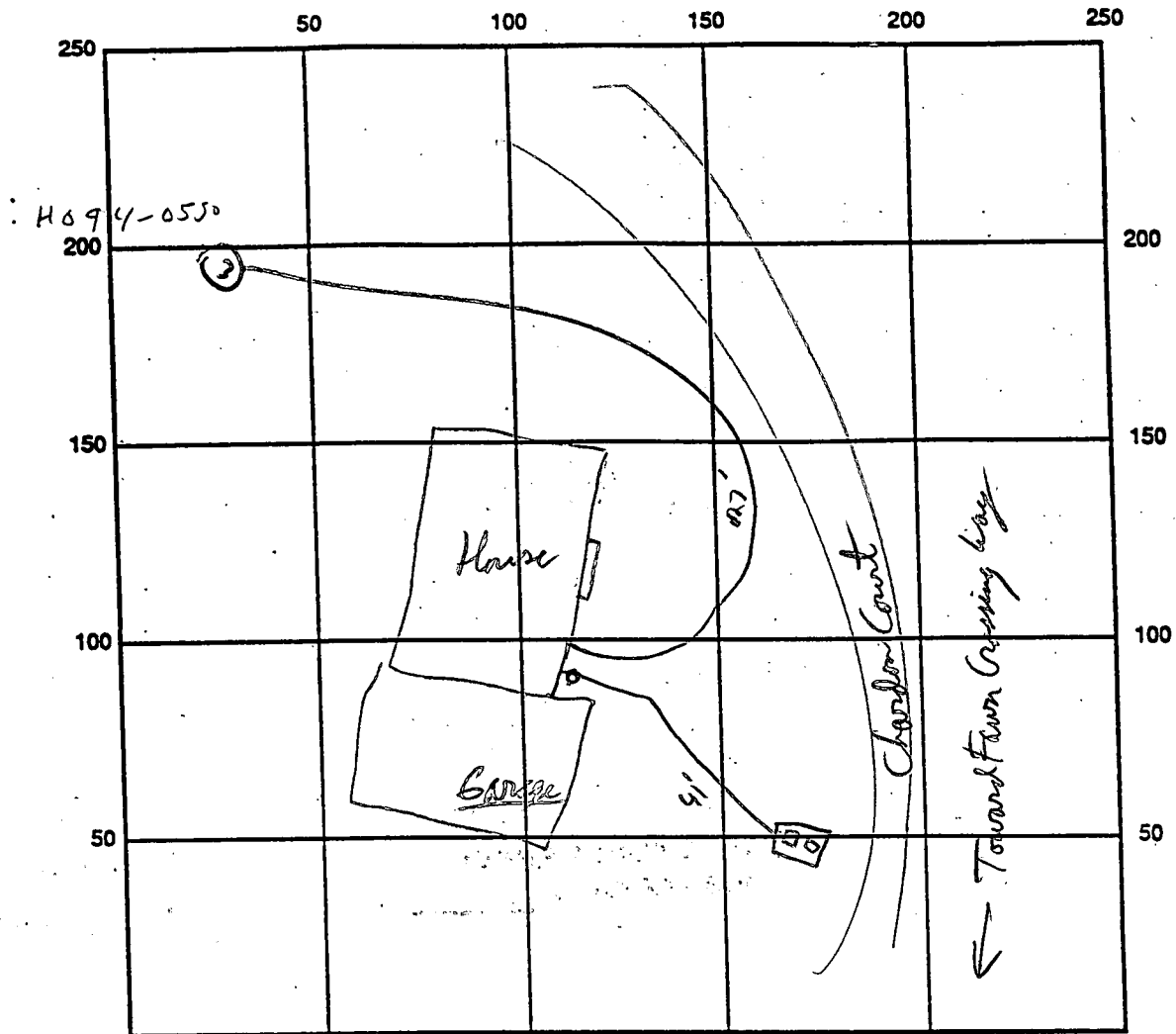
*BLDG. PERMIT SIGNED
AND RETURNED 3/24/97
Serial # B0104477*

- 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.

P
58
039-B

Paul Kelly

3/27/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 7/3/97 SEPTIC CONNECTION - OK WPT OK TO COVER 4' DEEP. GROUND NOT ATTACHED TO CASING. 8/2/97 ^{Bottom} Pump float is turning on and off independently of others. Must be a short in electrical system - Needs repair re-inspection 8/28/97 8/28/97 Matt Tuder of Bureau of Utilities approved pumps on 8/27/97 ALM

DATE SYSTEM APPROVED 8/28/97 INSPECTOR A McMillen

Mail

JAD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

**PERMIT NUMBER
 B00139106**

Building Address 7101 Charleston Court Clarksville Md Property Owner's Name Bruce & Lisa Matthews
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ Address 7101 Charleston Court
 Census Tract: 605102 Subdivision Ashleigh Knolls City Clarksville State Md Zip Code 21029
 Section 2 Area 4 Lot 111 Home Phone 301-854-2659 Work Phone _____
 Tax Map 41 Parcel 475 Grid 7 Applicant's Name & Mailing Address, (if other than stated hereon):
 Zoning RRDEO Map Coordinates 18F1 Lot size _____ Phone _____ Fax _____

Existing Use Family Room SF Home Contractor Company Owner
 Proposed Use Family Room BATH OFFICE Contact Person _____
 Estimated Construction Cost \$ 6500.00 Address _____
 Description of Work finish part of basement for Family Rm & full bath + office City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant Owner Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|---|---|---|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| | | 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 _____ | |

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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Bruce Matthews Print Name Bruce Matthews
Owner Date 30 Oct 2002
 Title/Company _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

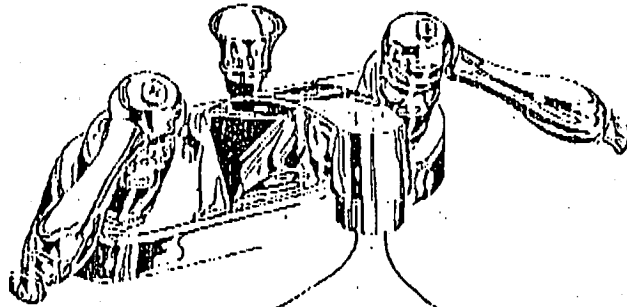
FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|-----------|--------------------|--|-----------------------|
| Land Development DPZ | | | Front: _____ | 28702 |
| Planning Official | | | Rear: _____ | |
| Dev. Engineering DPZ | | | Side: _____ | |
| Health <u>11/6/02</u> | <u>JL</u> | | Side St: _____ | |
| Fire Protection | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| CONTINGENCY CONSTRUCTION START <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ONE STOP SHOP <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | |
| | | | SDP/Red-line approval date _____ | |
| | | | | Accepted by <u>JL</u> |

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Rev. 5/17/00

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: 8/27/97
TO: Kim
FAX #: 2648
FROM: Matt Tudor
COMMENTS: Pump test for Winchester Homes (both)
Lot 107 7124 Chardon Ct
Lot 111 7101 Chardon Ct
Tested okay 8/27/97 for U&O

2946

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 last name Chardon Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 111

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, Sand Silt, clay, gravel, mica, Sand Stone, 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 18 NO. OF POUNDS 1800 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 115

OTHER CASING (if used)

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

SCREEN RECORD

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES (Y) NO (X)

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

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: HO 113 300

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

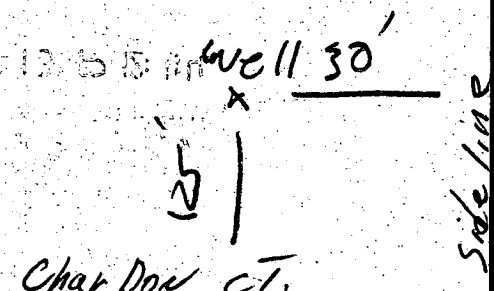
PUMPING TEST

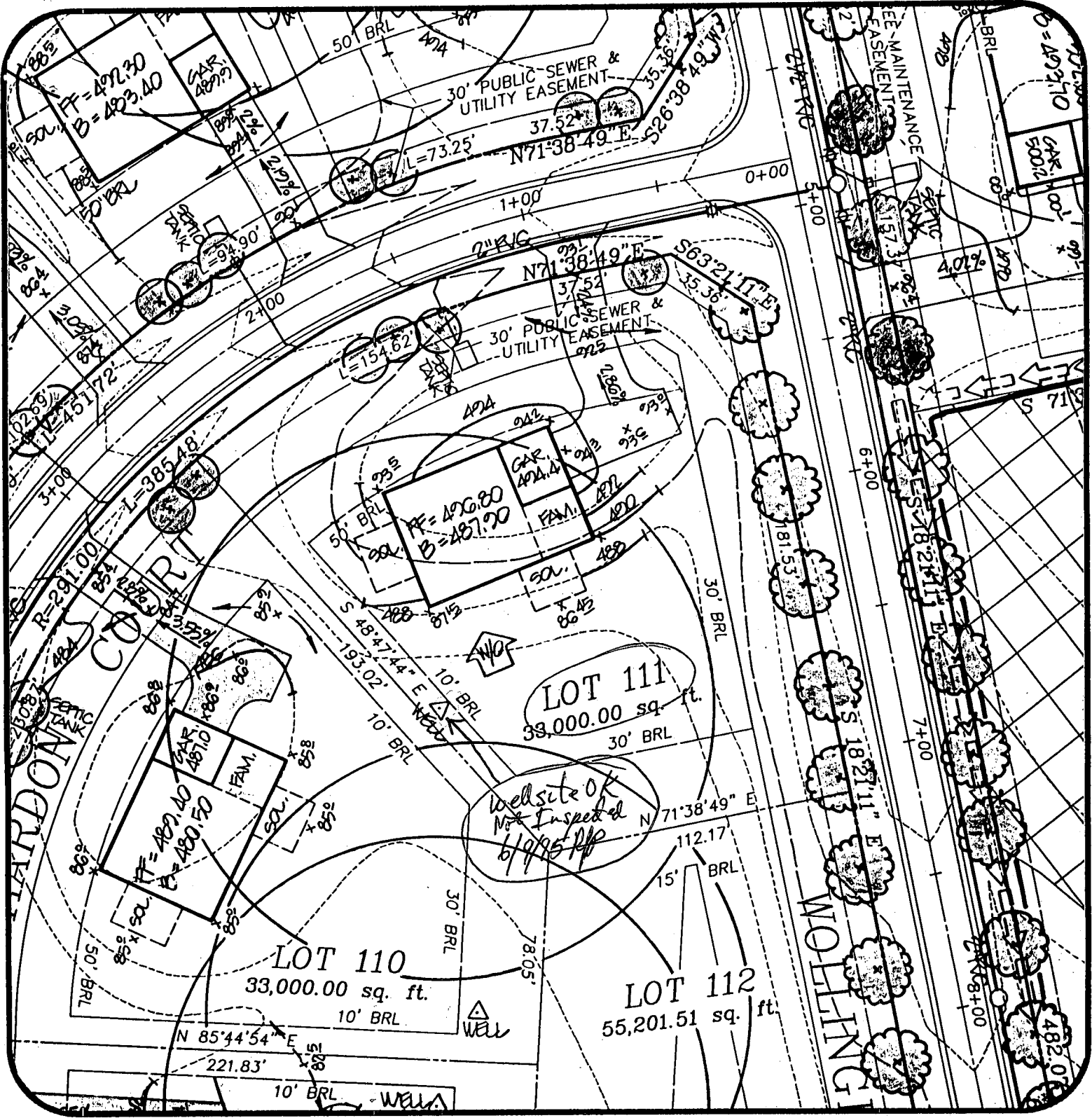
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 7 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 12 ft. WHEN PUMPING 56 ft. TYPE OF PUMP USED (for test) S submersible

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)





Ashleigh Knolls
Lot III

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

B 1 **6412** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
110-94-0550
 fill in this form completely

Date Received (APA) **05/17/95**
 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

B 3 LOCATION OF WELL
 1 2 **Howard**
 8 COUNTY 21
Asheigh Knolls
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **111** 48 50
Highland
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 MI 76 77 78

DRILLER INFORMATION CIRCLE: 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 5-17-95
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 N, NE, E, SE, S, SW, W, NW
 (S, SE, E, NE are circled)
 NEAR WHAT ROAD **CHARDON CT** 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, SOUTH, EAST
 (S, SE, E, NE are circled)
 DISTANCE FROM ROAD **125** 34 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** 1 2 3 4
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 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)

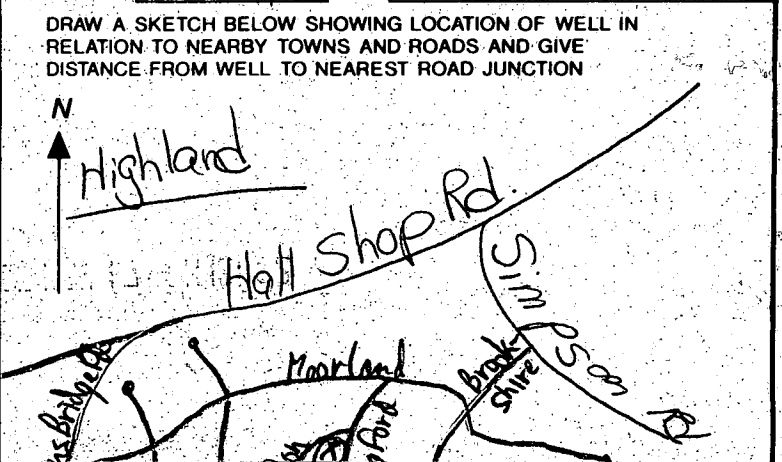
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard 13-
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE **Local Policy** INSERT'S 41
 DATE ISSUED **6/9/95**
 NORTH GRID **487000** EAST GRID **0818000**
 43 48 CO SIGNATURE 57 55 56 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

APPROXIMATE DEPTH OF WELL **300** 24 28 FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST 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
 E **8/8**
 N **4807**
 000 000
 8/14 PLUM-AM
 N.S. 9.150. 88 X

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) 41 _____ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____ 54 GAP _____ 63
 FORCE **RA** WRITE INITIALS IN BOX 67 68 PERMIT No. **110-94-0550** 70 71 72 73 74 75 76 77 78 79

7-3-97
WPT NM
OK

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 Pldg + 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 Abner Knolls Lot # 111 Well Tag # HD-94-0550

Site Address 7101 Chardon Ct

| | | |
|---|--|-------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make <u>Campbell</u> |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # <u>B10X</u> |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth <u>48"</u> |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>Grundfos</u> | b. 220 <input checked="" type="checkbox"/> | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/> | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____ | | |

| | | |
|---|--|---|
| Tank | Piping | Well data |
| 1. Capacity <u>V-100</u> | 1. Type <u>PS</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? <input checked="" type="checkbox"/> | 2. Size <u>1"</u> | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/> | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>48"</u> | 4. Will water supply be disinfected by installer? <input checked="" type="checkbox"/> |

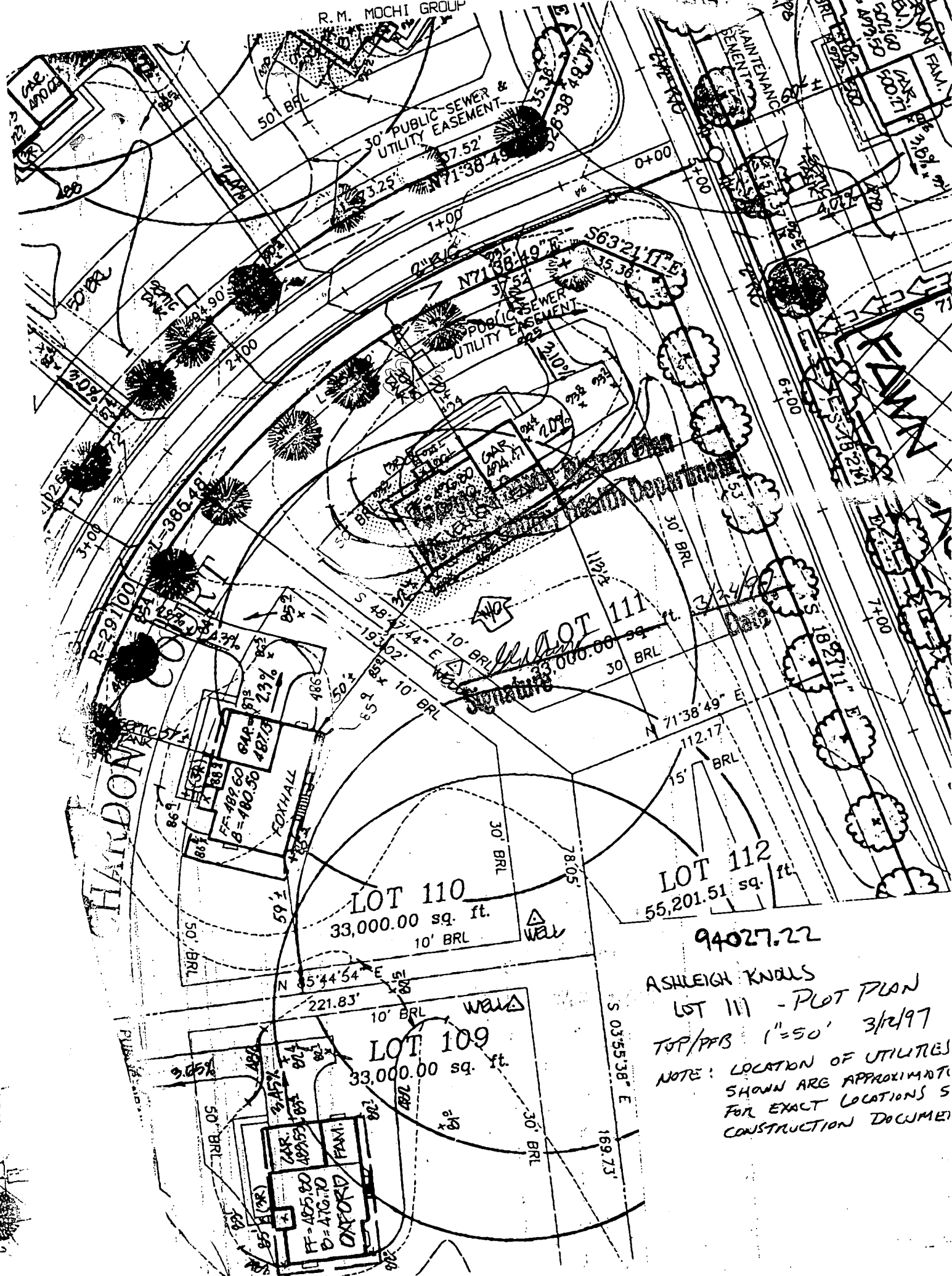
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]
Date: 5/28/97

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

R. M. MOCHI GROUP

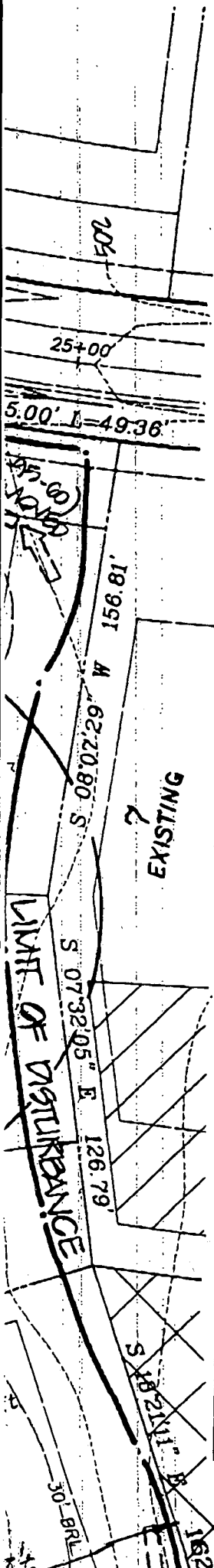


LOT 110
33,000.00 sq. ft.
10' BRL

LOT 112
55,201.51 sq. ft.

LOT 109
33,000.00 sq. ft.

94027.22
ASHLEIGH KNOWS
LOT 111 - PLOT PLAN
TOP/PFB 1"=50' 3/12/97
NOTE: LOCATION OF UTILITIES
SHOWN ARE APPROXIMATE
FOR EXACT LOCATIONS SEE
CONSTRUCTION DOCUMENTS



| | 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 | 494.20 | 492.94 | 494.40 | 490.00 |
| LOT 100 | | | | | |
| LOT 101 | | | | | |
| LOT 102 | 492.73 | 486.73 | 488.15 | 489.00 | 484.20 |
| LOT 103 | 490.73 | 484.73 | 486.03 | 486.40 | 482.00 |
| LOT 104 | 484.60 | 478.60 | 481.31 | 481.70 | 476.60 |
| LOT 105 | 480.50 | 474.50 | 478.41 | 479.00 | 471.30 |
| LOT 106 | 478.80 | 472.80 | 476.47 | 475.6 | 470.8 |
| LOT 107 | | | | | |
| LOT 108 | 482.00 | 476.00 | 476.67 | 476.80 | 472.72 |
| LOT 109 | 485.80 | 479.80 | 476.89 | 479.10 | 475.70 |
| LOT 110 | 489.60 | 483.60 | 482.63 | 483.80 | 480.00 |
| LOT 111 | 496.80 | 490.80 | 491.51 | 490.7 | 486.9 |
| LOT 112 | | | | | |
| LOT 126 | 502.60 | 494.60 | 497.07 | 496.80 | 492.94 |
| LOT 127 | 501.00 | 495.00 | 493.81 | 494.10 | 490.00 |
| LOT 128 | | | | | |

REVISED STREET TREES PER L. BURGOON, WHI BASED ON MICHAEL VERGASON, L.A. TREE SELECTION

8/21/96

REMOVED STRUCTURAL FILL PADS TO REFLECT MAX. SIZE OF 55' X 80' PER C. COLLINS, WHI 12/18/96
 SITED LOTS 99-112, 106-108 AS MT. VERNON PER L. BURGOON, WHI 9/18/95

project 94027
 illustrat MAS
 scale 1" = 4'

7/21/95
 7/16/95
 6/13/95
 5/12/95
 5/11/95
 5/11/95

description
 6 DELINEATED STRUCTURAL FILL FOR HOUSE PADS
 5 REVISION WELL LOCATION LOT 98 & WELL AND TANK LOCATION LOT 106 PER HO. CO, HEALTH DEPT.
 4 ADDED SEWER SERVICE NOTE
 3 REVISION DRIVEWAYS-12' APPROX PER L. BURGOON, WHI
 2 REVISION WELL LOCATIONS LOTS 85, 88, 89, 91, 92, 94, 95, 96, 97, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111 & 112
 1 RELOCATED SEPTIC TANK LOTS 89 & 90

no. date

JLS
 D COUNTY, MARYLAND

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

125 #
B00104477

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

7101 Chardon Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type is Mt Vernon:
2 story, full bsmt., 9 R, 2 FB
1 HB, 4 BR, opt. FP, garage

| LOT NO. | PARCEL NO. | SEC. | AREA | BLOCK NO. | LIBER | FOLIO |
|---------|------------|------|------|-----------|-------|-------|
| 111 | 475 | 2 | 2 | 7 | | |

| SUB DIVISION | ZONE | ZONE MAP | ELEC. DIST. | CENSUS TR. |
|-----------------|------|----------|-------------|------------|
| Ashleigh Knolls | RR | 41 | 5 | 6051202 |

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 |
|---------------|-------|-------|--------|
| | 62' | 36' | 10' |
| | 62' | 32' | 10' |
| | 62' | 32' | 10' |

OCCUPANT'S NAME AND ADDRESS PHONE NO.

| TYPE OF BLDG. | AREA | VOLUME | ROOF |
|---------------|------|--------|---------|
| B. ROOMS | 2007 | 20070 | Asp gab |
| ROOMS | 1387 | 13870 | |
| BATHS | 1479 | 14790 | |
| FIREPLACES | | | |

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
 R.M. Mochi Group
 10120 A Old National Pike
 Ijamsville, Md. 20770 (301) 474-4411

| FOOTINGS | FOUNDATION | S. WALLS |
|----------|--------------|----------|
| 16 x 8 | 8" CONC. W/D | |

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
 Winchester Homes, Inc.
 Same as above

| UTILITIES | | | | |
|------------|--------------|-----|-------------|--------------|
| WATER/WELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT |
| | | X | X | Gas |

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 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 until such inspections have been completed with.

EXISTING USE PROPOSED USE
 Vacant Res. single family

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
 \$159,000 158-14160

SIGNATURE DATE
 Permit Administrator 3/18/97

FOR OFFICE USE ONLY

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 # _____

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.

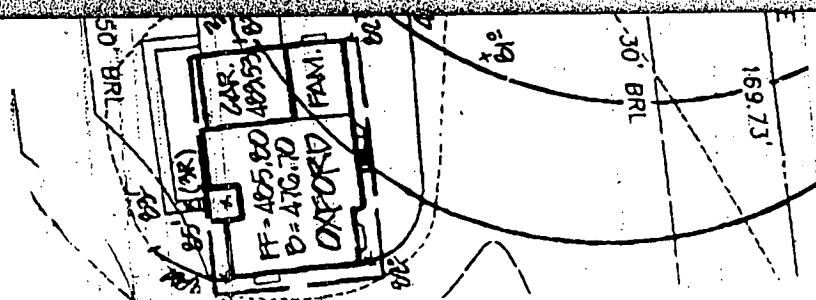
| FUNCTION | DATE | SIGNATURE APPROVAL |
|-------------------|---------|--------------------|
| ZONING/PLANNING | | |
| SHA | | |
| SEDIMENT/GRADING | | |
| BUILDING OFFICIAL | | |
| WATER & SEWER | | |
| HEALTH DEPT. | 3/24/97 | [Signature] |
| FIRE PROTECTION | | |
| STORM WATER MGMT. | | |

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

LP-69-591

CK 4289

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



FOR EXACT LOCATION CONSTRUCTION DOC.

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