

6/11/97
Septic line
10AM
(Please try to be there at 10!)
9/11/97
pump Test 1pm

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X2609884~~ 313-2640

P 58061A

A _____

DISTRICT 5th

DATE 4-2-97

DATE SYSTEM APPROVED 9/11/97

INSPECTOR [Signature]

Tax ID #
05-420482

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Ashleigh Knolls LOT 101 ROAD 7208 Fawn Crossing Drive

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

NUMBER OF BEDROOMS: 4

BUILDING PERMIT SIGNED

AND RETURNED 4/25/97
B00135741 - screened POCA

BLOG. PERMIT SIGNED

AND RETURNED 4/2/97

Permit # B01109640
SFD-4Bom

- 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.

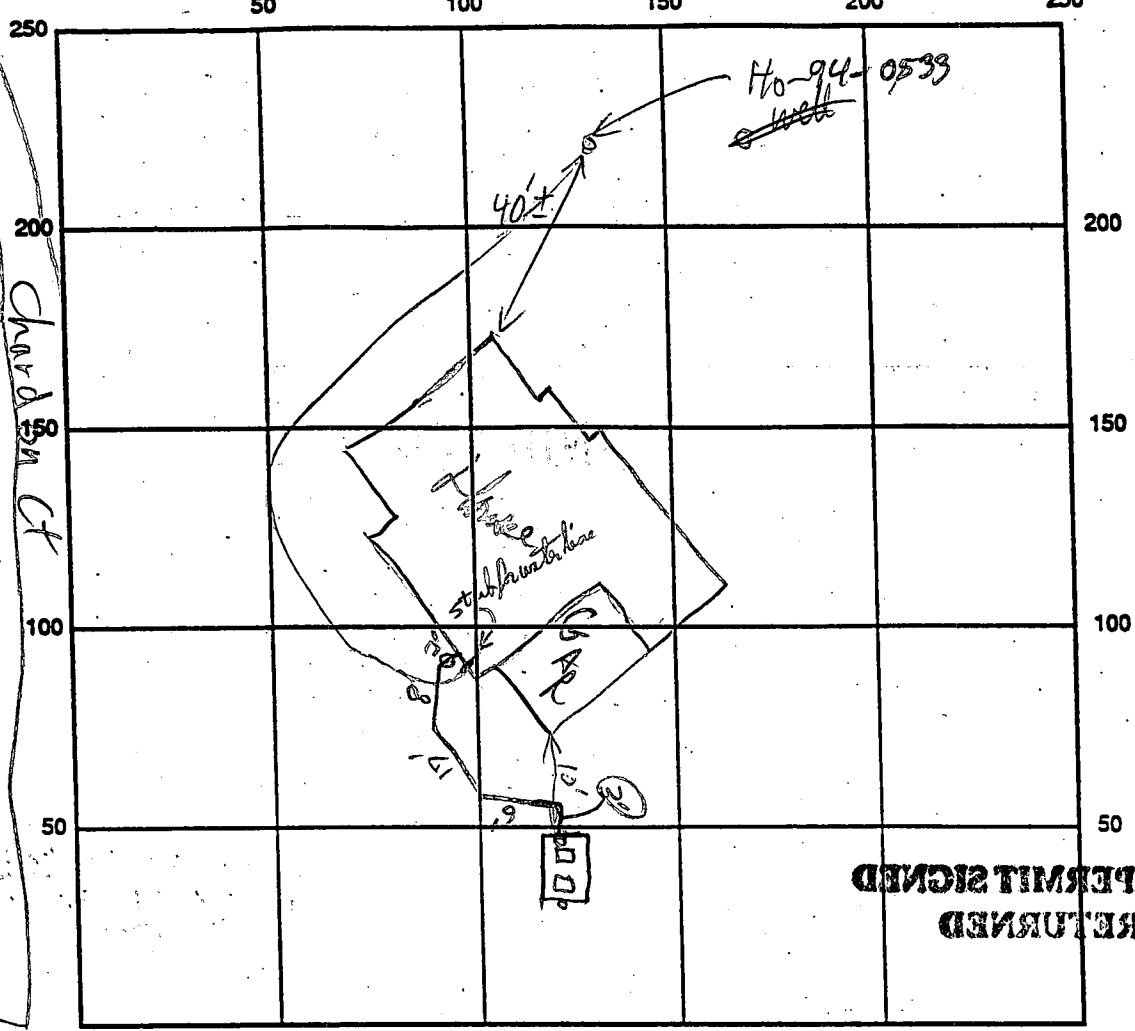
P
58
06
1A

Plans Approved By:

[Signature]

Date:

4/2/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Farm Crossing way

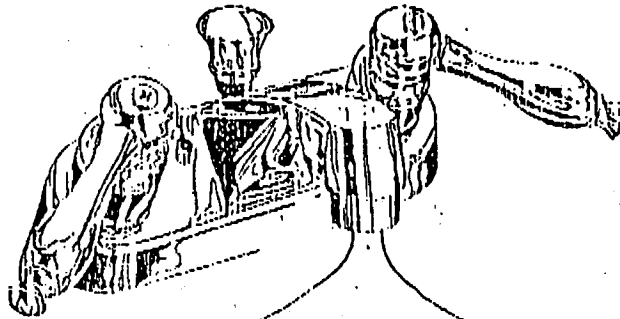
SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: *House correction grveled except New water line outlet - 0 ft cover where grveled 9/16/97*
Contractor says s.t. to have 4± ft grveled off before well line passes.

9/14/97 Pump test Septic - OK 9/14/97

DATE SYSTEM APPROVED 9/11/97 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: 9/11/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS:

Asleigh Knolls

Lot 67 7117 Chilton Ct

Lot 101 7208 Fawn Crossing

Pump test is OK for U+O

B 1 6409 SEQUENCE NO. (MDE-USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER HO-94-0533
70 fill in this form completely 79

Date Received (APA) 05/17/95 OWNER INFORMATION
 W. Howester HOMES
 15 Last Name 8 Owner 13 First Name 34
6305 Ivy Lane
 36 Street or RFD 55
Greenbelt MD 20770
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 George F. Easterday
 Driller's Name 77 License No. 80 40
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
 Signature George F. Easterday Date 5/20/95

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 500
 8 12
 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)

APPROXIMATE DEPTH OF WELL 300 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 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 _____

REPLACEMENT OR DEEPEMED 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 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE RA WRITE INITIALS IN BOX PERMIT No. HO-94-0533
 67 68 70 71 72 73 74 75 76 77 78 79

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

B 3 LOCATION OF WELL
Howard COUNTY
ASHLEIGH KNOLLS SUBDIVISION
 SECTION _____ LOT 101
Highland NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) 1 M 1

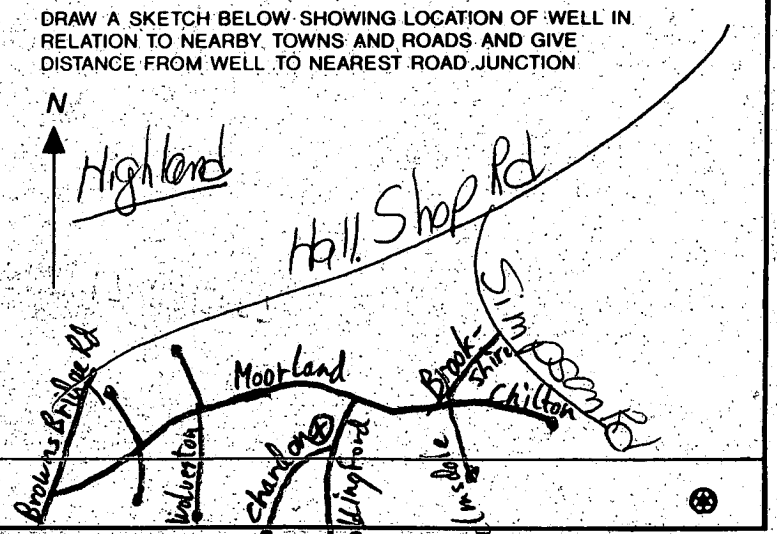
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

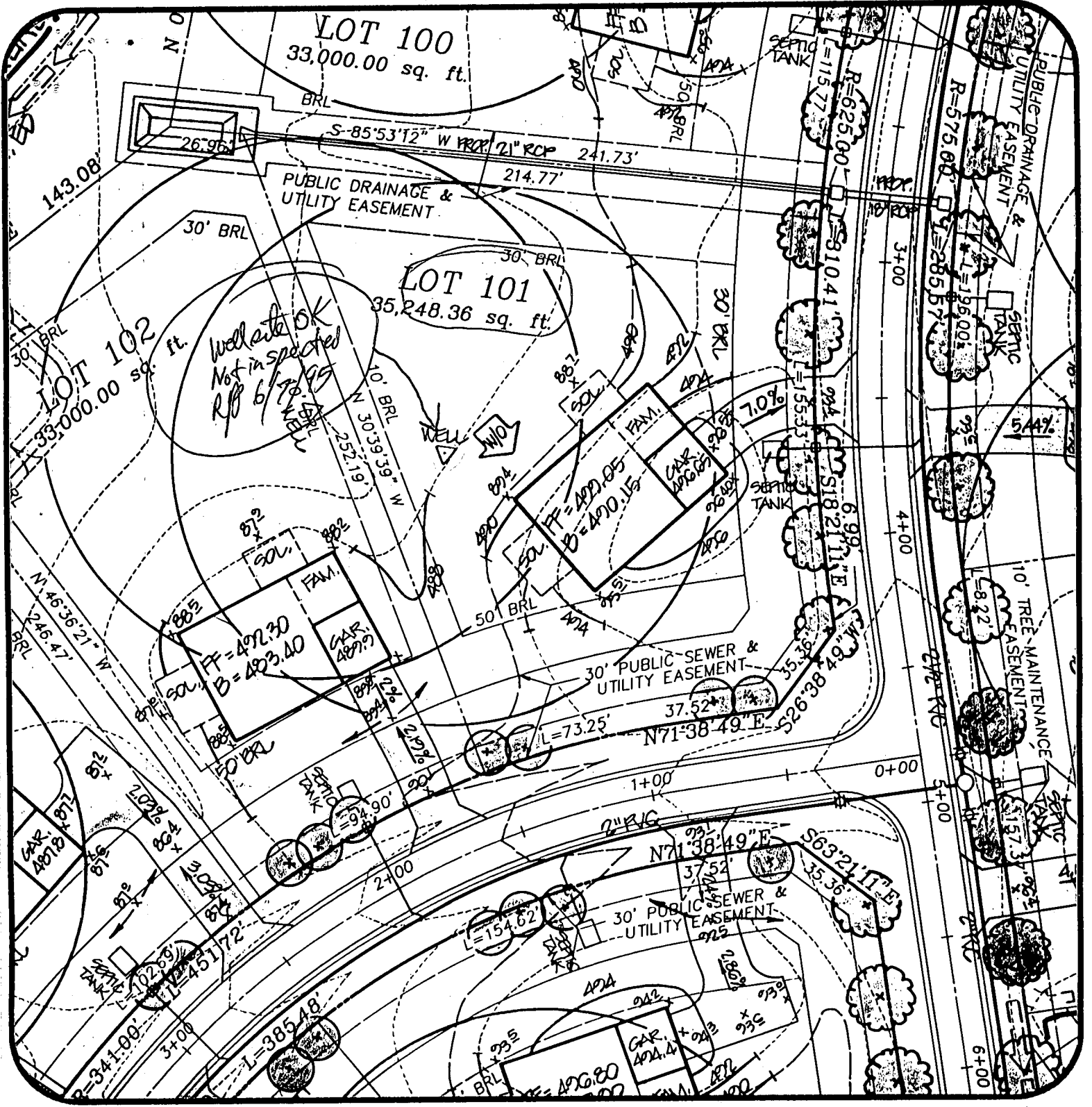
 CHARDON CT NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD 100 FT
 ENTER FT OR MI FT
 TAX MAP: 40 BLK: 12 PARCEL: 174

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 Howard COUNTY NAME 13- COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED 6/7/96 INSERT S _____
060695 CO SIGNATURE Arnold B. Bailey /EXP. DATE _____
 NORTH GRID 487000 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

 000 000





Ashleigh Knolls
Lot 101

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

6/16/97
10:00 WPI

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 John Sant Plbg + Elec Telephone _____
License Number 1467
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Ashtey Knolls Lot # 101 Well Tag # _____
Site Address 7208 Town Crossing Dr

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Campbell
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 PS
1. Type _____
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?

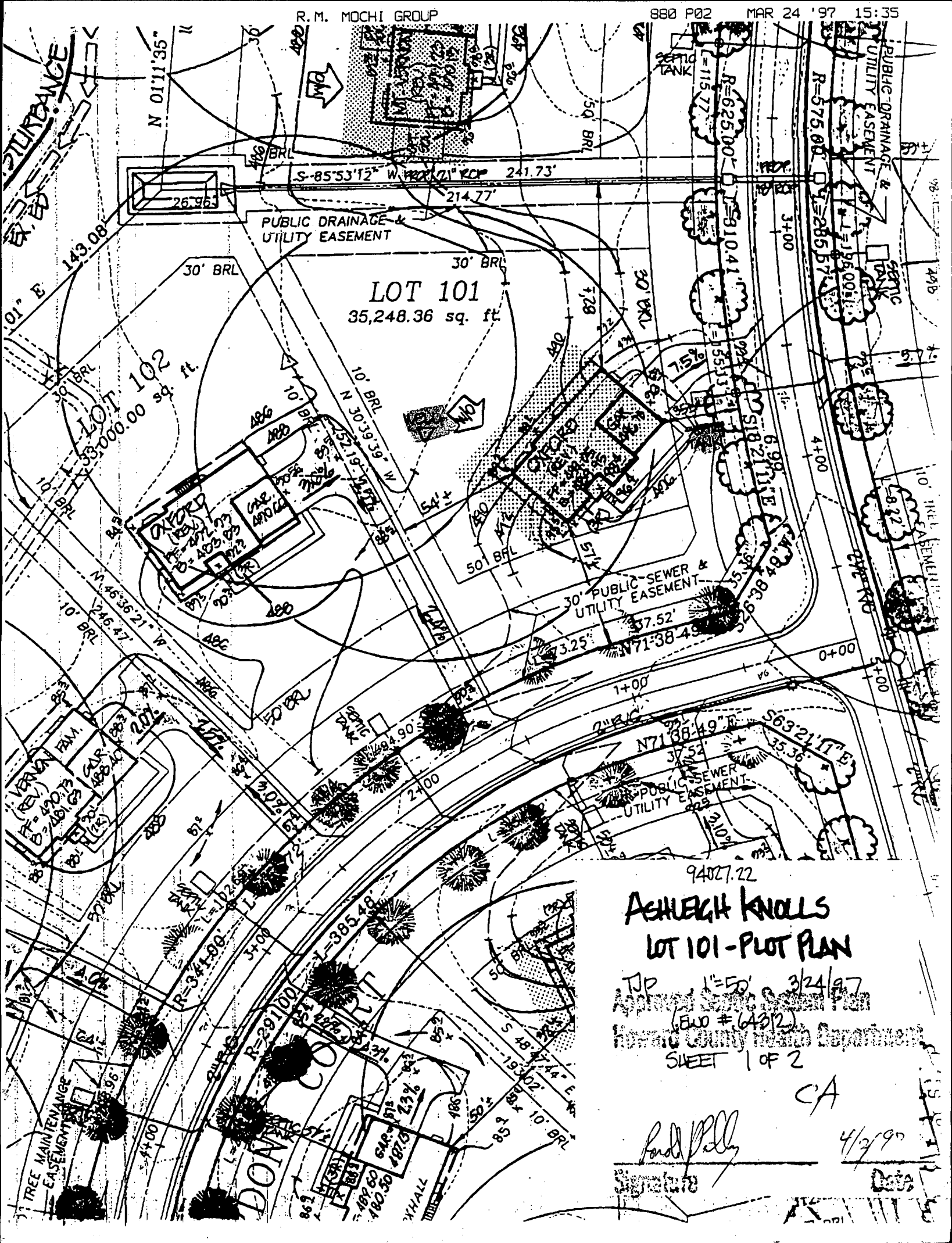
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]

Date: 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.

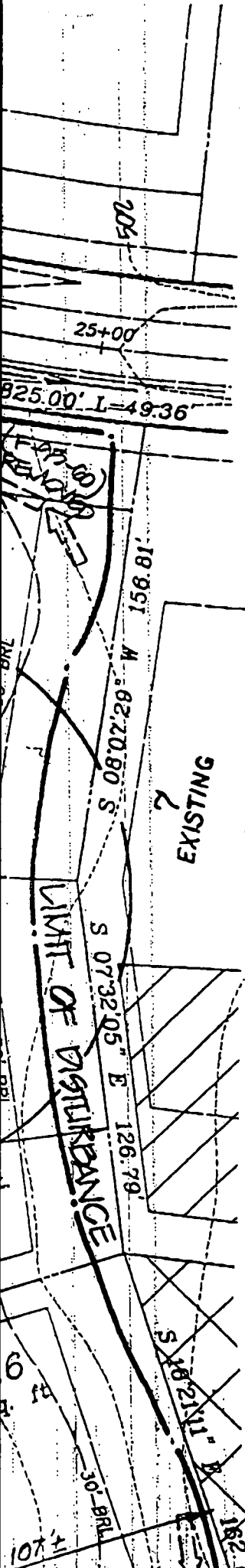


LOT 101
35,248.36 sq. ft.

94827.22
ASHLEIGH KNOLLS
LOT 101 - PLOT PLAN

TP 1"=50' 3/24/97
Approved by Planning Commission
(EWO # 64312)
Harris County Health Department
SHEET 1 OF 2

CA
Rod Pelly
Signature
4/2/97
Date



LOT	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	499.05	493.05	490.19	494.74	488.99
LOT 102	492.73	486.73	488.15	489.00	484.70
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	478.00	472.00	476.47	475.6	470.8
LOT 107	481.13	475.13	475.07	475.6	471.05
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	499.81	494.10	490.00
LOT 128					

pro 840; illustr MAS scale

7/21/95
7/16/95
6/13/95
5/22/95
5/12/95
5/1/95
5/1/95

8 REMOVED STRUCTURAL FILL PADS TO REFLECT MAX. SIZE OF 55' X 80' PER G. COLLINS, WHI 12/18/94
 7 SITED LOTS 99-112, 126-128 AS VIT. VERSION PER L. BURGOON, WHI 9/18/95
 6 DELINEATED STRUCTURAL FILL FOR HOUSE PADS
 5 REVISED WELL LOCATION LOT 99 & WELL AND TANK LOCATION LOT 126 PER HO. CO. HEALTH DEPT.
 4 ADDED SEWER SERVICE NOTE
 3 REVISED DRIVEWAYS-12' APART PER L. BURGOON, WHI
 2 REVISED WELL LOCATIONS LOTS 85, 89, 91, 92, 94, 95, 96, 97, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111 & 127
 1 RELOCATED SEPTIC TANK LOTS 89 & 90

8/21/96

LET TREES PER L. BURGOON, WHI BASED
 ERGASOM, L.A. TREE SELECTION

MARYLAND

94027.22
ASHLEIGH KNOLLS
LOT 101 - PLOT PLAN
 TYP No SCALE 3/24/97
 SHEET 2 of 2

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

300104640

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7208 Fawn Crossing Drive
Clarksville, Md. 21029 *28707*

GRADING/SEDIMENT CONTROL YES NO SDP#

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

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
101	475	2	2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	41	5	6051.02	

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	60'	40'	10'
	60'	38'	10'
	60'	38'	10'

OWNER NAME AND ADDRESS
Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, MD. 20770 (301) 474-4411

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1987	19870	ASP Gable
ROOMS	1393	13930	
BATHS			
FIREPLACES	1492	14920	

OCCUPANT'S NAME AND ADDRESS
R.M. Mochi Group
330 N. Ridge Rd., Suite 233
Ellicott City, Md. 20770 (301) 865-5358

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	3" conc wd frm	siding

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
R.M. Mochi Group
330 N. Ridge Rd., Suite 233
Ellicott City, Md. 20770 (301) 865-5358

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

CONTRACTOR'S NAME AND ADDRESS
Winchester Homes, Inc.
Same as above

SIGNATURE
Permit Administrator *3/27/97*
TITLE DATE

EXISTING USE
Vacant

PROPOSED USE
Res. Single Family

EST. CONSTRUCTION COST
\$155,000.00

LICENSE NUMBER
158-14160

PERMIT FEE

FOR OFFICE USE ONLY

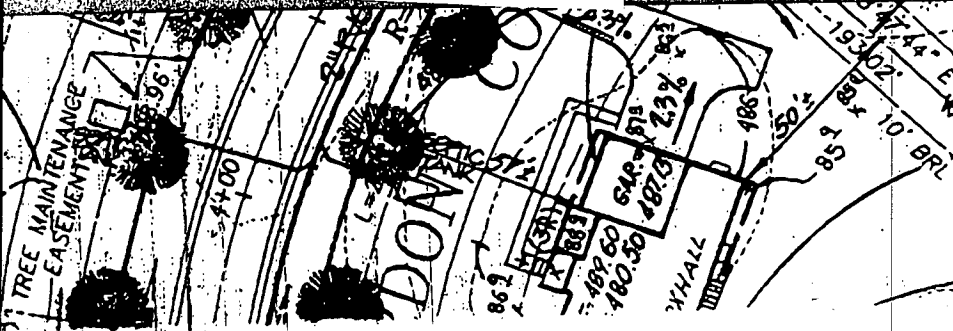
3/28/97 HOLD,
SEPTIC PERMIT
~~SEE NOT PAID~~
~~OWNER NOTIFIED~~

GS 4/2/97 fee paid
DKS

PROPERTY LINE
SDP #
COUNTY
has been issued
for two weeks
NEVER REQUIRED.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/2/97	<i>[Signature]</i>
FIRE PROTECTION		
STORM WATER MGMT.		

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



SHEET 1 OF 2

[Signature]

4/2/97

Date

09/17/96

C1 2733

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

082696

22 400 26

28 29 30 31 32 33 34 35 36 37

OWNER Winchester Homes

STREET OR RFD Chardon Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 101

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
top soil	0	10	
Shale	10	140	
Brown mica	140	180	✓
gray mica	180	265	✓
Quartz	265	270	
gray mica	270	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 76 NO. OF POUNDS 1600

GALLONS OF WATER 380

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 72 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT

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

SJ 6 159

OTHER CASING (if used)

diagram of other casing with diameter and depth fields

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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...

TYPE: MWD/MSD/MGD 40

DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 481

C 2

E A C H S C R E E N	DEPTH (nearest ft.)	
	1	2
1	H0 152	900
2		
3		

SLOT SIZE 1 2 3 DIAMETER OF SCREEN

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.0

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 11 ft.

WHEN PUMPING 1.30 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 (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,G,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 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)



C1 2733

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"

DATE Received grid

08 26 96

400

10-94-0533

OWNER Winchester Homes last name first name STREET OR RFD Chardon Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 101

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, Shale, Brown mica, Gray mica, Quartz, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 76 NO. OF POUNDS 7600 GALLONS OF WATER 380 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 72 ft.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 159 OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole (insert appropriate code below) [ST] [BR] [HO] [PL] [OT]

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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)

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED [Y] [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 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE George F. Esterday

LIC. NO. 481

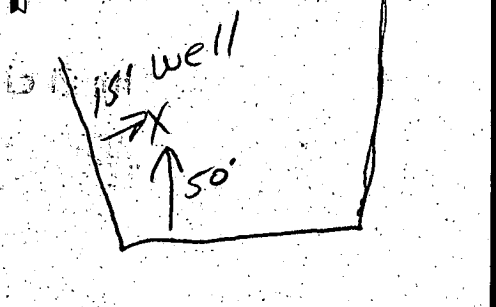
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2 DEPTH (nearest ft.) 152 900

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

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)



B00135741

Building Address 7208 FAWN CROSSING DR
CLARKSVILLE MD 21029
 Suite/Apt # _____ S / P / WP / Petition # _____
 Census Tract 60-102 Division Ashleigh Knolls
 Section 4 Ar _____ Lot 101
 Tax Map 41 Par 4175 Grid 7
 Zoning RR-1 Map Coord 851 L size _____

Property Owner's Name Michael + Susan Mooney
 Address 7208 Fawn Crossing
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-854-0383 Work Phone 410-347-1040
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 2700
 Description of Work adding screened porch
to existing deck

Contractor Company Ray Tave
 Contact Person Ray Tave Owner
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone 410-991-3932 Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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"/>
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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> None <input type="checkbox"/> 13D _____ None <input type="checkbox"/> 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: _____
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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

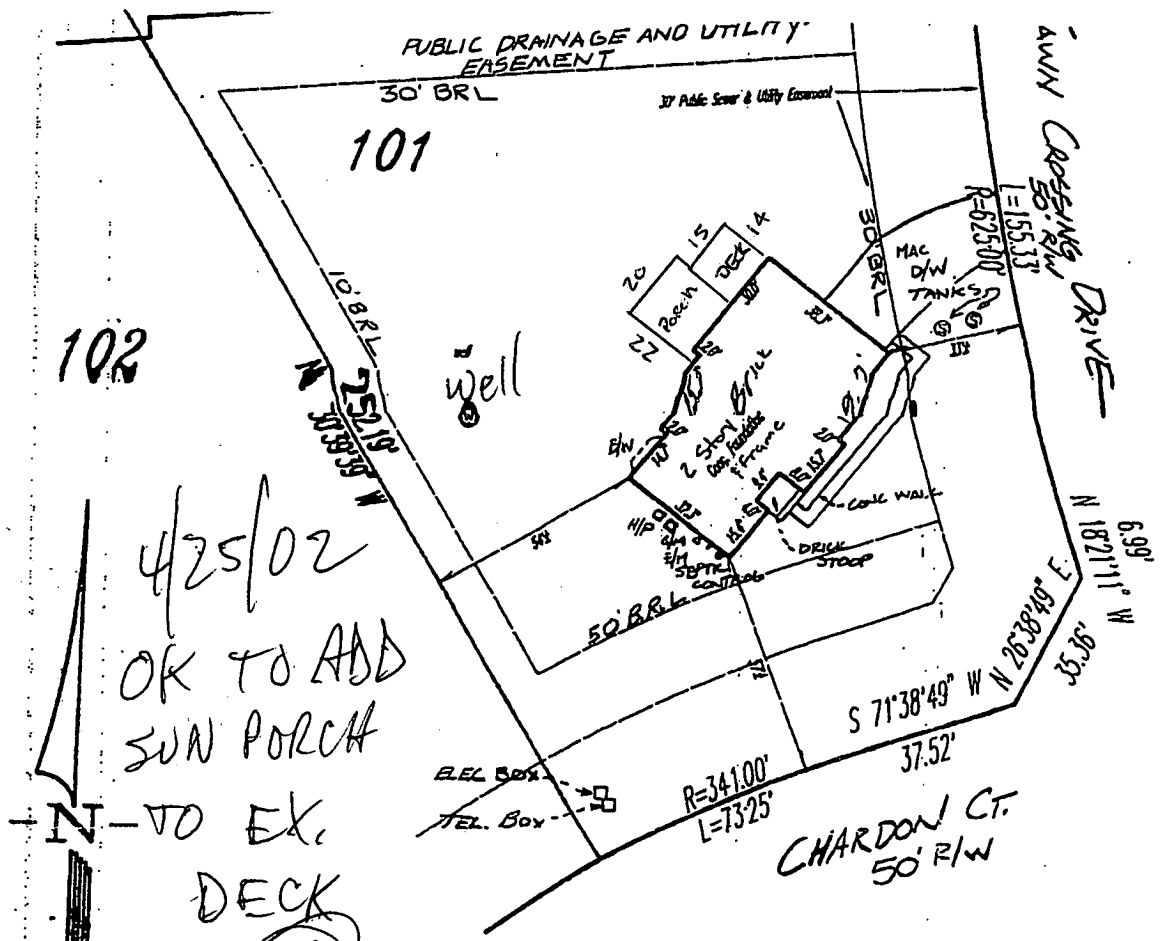
Susan Mooney
 Applicant's Signature

SUSAN MOONEY
 Print Name

Title/Company 42502

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

FOR OFFICE USE ONLY



4/25/02
 OK TO ADD
 SUN PORCH
 N-TO EX.
 DECK
 (MR)

ALL DISTANCES ARE ± ONE FOOT UNLESS OTHERWISE INDICATED

LEGEND

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

ADDRESS No.: 7208 FAWN CROSSING DRIVE
 TOP OF WALL ELEV. = 497.66 FIRST FLOOR ELEV. =
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 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 ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 PER COMMUNITY PANEL NUMBER 240044-0038-B

LOT 101

Ashleigh Knolls
 PHASE FOUR
 PLAT No. 11840
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING	
FOUNDATION	DATE: 6/05/97
FINAL	DATE: 9/17/97
DRAWN BY: STP	SCALE: 1"=40'
PROJECT No:	94517.03



R.M. MOCHI GROUP, P.C.
 P.O. Box 10
 New Market, MD 21774-0010
 10120 A Old National Pike
 Jamsville, MD 21754-9706
 (301) 865-5858
 Fax: (301) 865-5111