

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58978

A _____

DISTRICT 5th

DATE 9-17-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

*TORZO #
OS - 420652*

DATE SYSTEM APPROVED 12/12/90

INSPECTOR [Signature]

INDEXED

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 116 ROAD 7112 Crabbury Court

PROPERTY OWNER Winchester Homes, Inc. Margaret Pooler

ADDRESS 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770 *Bob Fenton*

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

BLDG. PERMIT SIGNED
AND RETURNED 9-18-97
Serial # B00107930
SFD - 5 Bums

- 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.

BUILDING PERMIT SIGNED ~~OR~~ **PERMIT SIGNED**

AND RETURNED 4/10/02 ~~AND RETURNED~~ 9-2-98
B00135546 - FINISHED *Serial # B00113891*

BASEMENT: BATH, REC RM + EX. RM

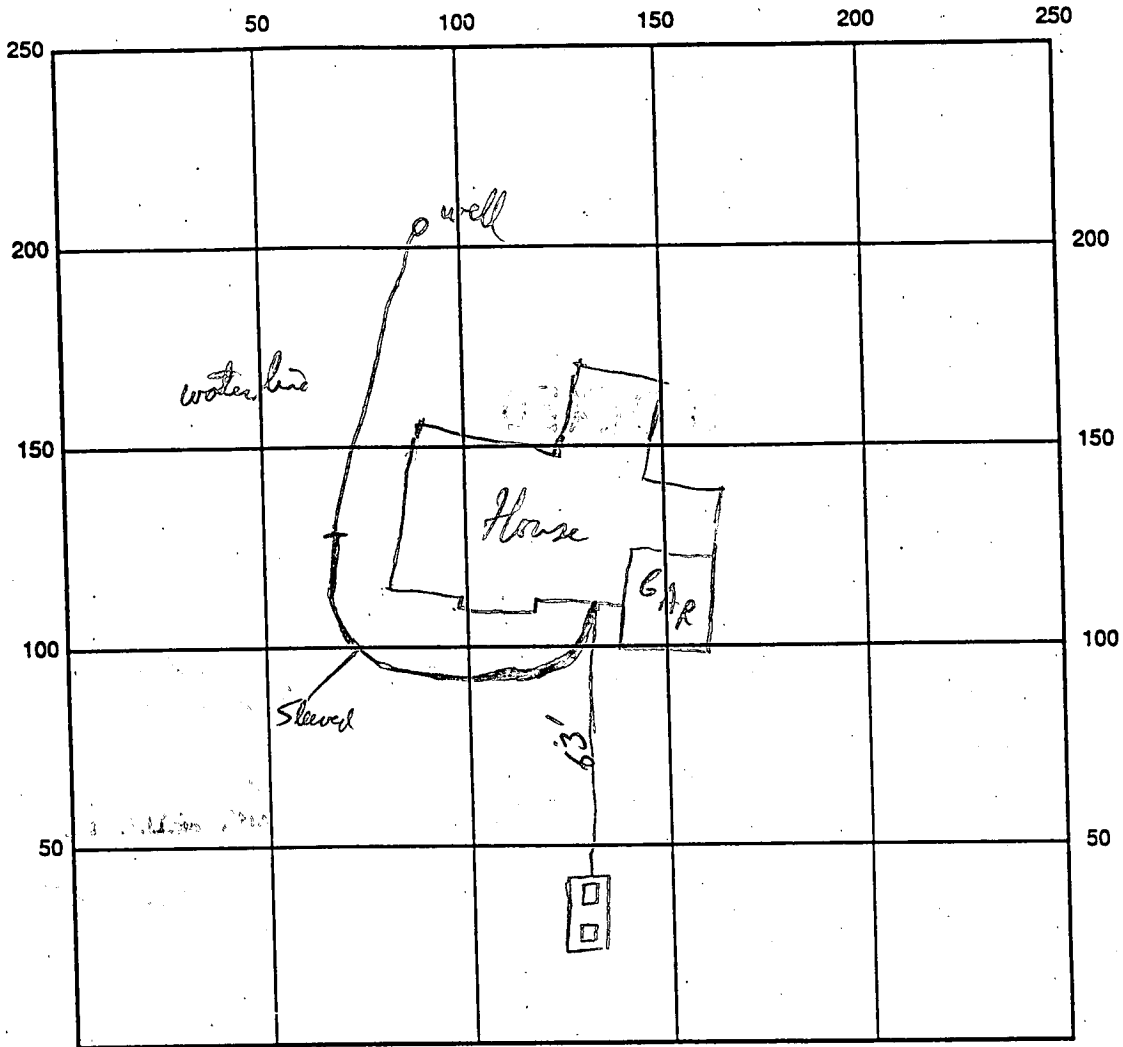
deck

Plans Approved By

[Signature]

Date: 9/22/97

P 58978



Crabbury Ct. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection Not Made yet, water line ok to main. RPP 10/14/97
 House Connection OK, call for pump test RPP 10/19/97
 12/11/97 Pump Test - Pump Not Working will be scheduled for 12/12/97 as per RPP
 Pump Test OK 12/12/97 RPP

BUILDING PERMIT SIGNED

WPI - photos attached OK 4 ft. above grade, OK to cover

DATE SYSTEM APPROVED 12/12/97 INSPECTOR RPP

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

30

800113891

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7112 CRABBORY CT
CLARKSVILLE, MD. 21029

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
APPROX 20x16 DECK WITH STEPS
TO GRADE

LOT NO.	PARCEL NO.	SECT	AREA	BLOCK NO.	LIBER.	FOLIO
116	415	1/4		7	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
ASHLEIGH KNOLL		PR-02	21	5	6051.02	

OWNER NAME AND ADDRESS
MARGARET POOLER + BOB FENTON
SAME
PHONE NO. 301-854-0651

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
SAME
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
Post		

CONTRACTOR'S NAME AND ADDRESS
BERNIE SASSER CONCEPTS IN DESIGN
7525 COLUMBIA PIKE
LAUREL MD 20723
PHONE NO. 301 498-2982

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

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 completed with.

EXISTING USE
SFD
PROPOSED USE
SFD + DECK

SIGNATURE
Bernie Sasser
TITLE
DATE 9-2-98

EST. CONSTRUCTION COST
2500.00
LICENSE NUMBER
36695
PERMIT FEE
30

W/S CODE FOR OFFICE USE ONLY - 303567

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 #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	9/2/98	[Signature]
WATER & SEWER		
HEALTH DEPT.	9/2/98	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

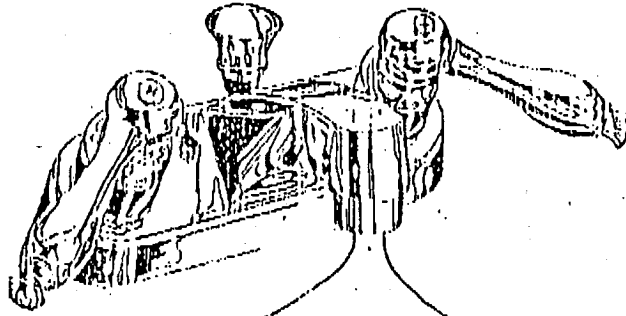
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

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

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

LP-69-591
H/1555 (2)

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: 12/12/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

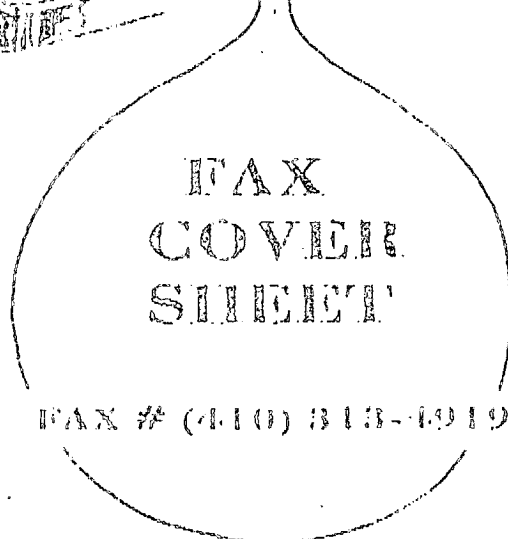
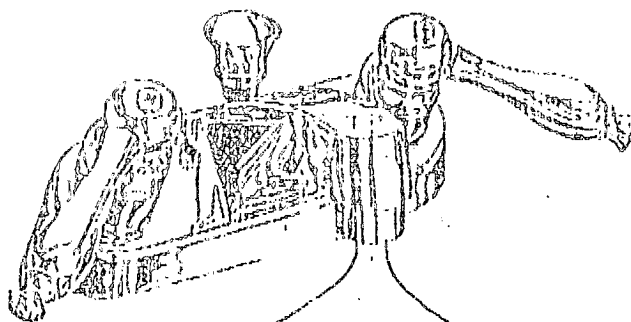
COMMENTS:

Ashleigh Koolis

Pump test for lot 116 7112 Crabbury Ct
lot 120 7128 Crabbury Ct

Are OK for 4x0

HOWARD COUNTY
BUREAU OF PUBLIC WORKS
8250 OLD MARY ROAD
COLUMBIA, MD 21045
(410) 313-4900



Number of Pages: 1
(Including this sheet)

DATE: 12/4/97
TO: Craig Williams
FAX #: 2648
FROM: Jim M. Hev

COMMENTS:
Ashleigh Knott's Seder Pump Test
12/11/97 Thur 1:00 PM
Lot 81 7/12 Pumping - Resolved 12/12
Lot 116 7/12 Grubbing - Resolved 12/12 @ 11:00
Lot 120 Grubbing OK 12/14/97

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

600107930

60825

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

7112 Cobble Court
\$222.6

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Full
2 story, full basement, 1100 sq ft

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
116	975	2				
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
KNOX		R-1	41	5	1.1	

OWNER NAME AND ADDRESS
PHONE NO.

OCCUPANT'S NAME AND ADDRESS
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
PHONE NO.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54	37	10
	54	32	10
	54	32	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1745		
ROOMS	1340		
BATHS			
FIREPLACES	1275		

FOOTINGS	FOUNDATION	S. WALLS

EXISTING USE
PROPOSED USE

EST. CONSTRUCTION COST
LICENSE NUMBER
PERMIT FEE

W/S CODE

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				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 completed with.

SIGNATURE
TITLE
DATE

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)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/18/97	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

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LP-69-591

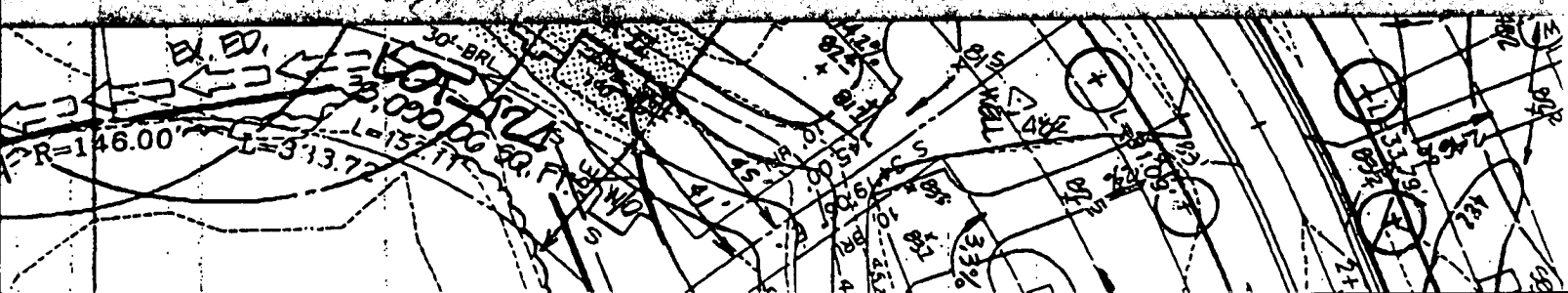
Handwritten: 11633

APPROVED

DATE

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

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



EL B

15' STREAM BUFFER



470

S 23°36'40" W
128.20'

S 15°57'34" W
175.32'

EX. TREES TO REMAIN

LOT 117
34,339.06 sq. ft.

LOT 114
33,000.00 sq. ft.

CRABBURYS COURT

30" PUBLIC SEWER & UTILITY EASEMENT
10' BRL

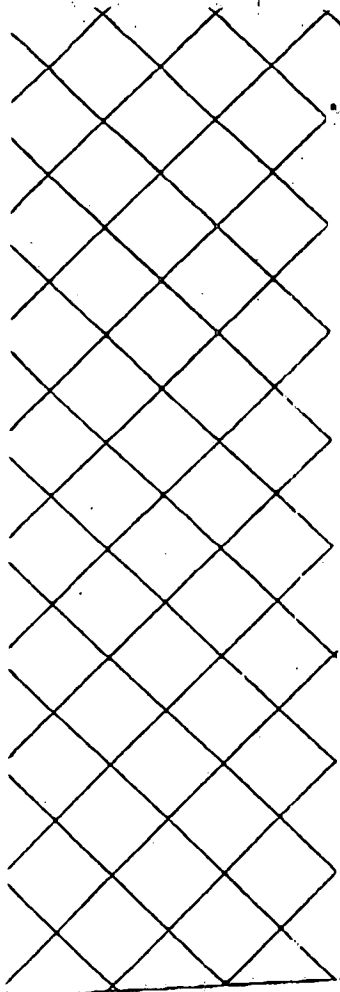
LOT 116
33,163.58 sq. ft.

10' BRL
WELL

LOT 117
34,339.06 sq. ft.

N 85°59'13" E
145.00'

	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	480.59	477.01
LOT 116	483.63	477.63	478.08	478.49	474.82
LOT 117	482.03	476.03	475.83	476.56	473.40
LOT 118	479.73	473.73	473.47	474.26	471.18
LOT 119	477.05	471.05	472.93	472.09	468.09
LOT 120	474.55	468.55	469.55	469.78	465.78
LOT 121	477.35	471.35	469.81	469.72	466.38
LOT 122	475.80	469.80	469.99	470.78	467.36
LOT 123	478.80	472.80	474.53	479.69	469.88
LOT 124	486.05	480.05	479.08	479.14	475.72
LOT 125					



SED STRUCTURAL FILL PADS TO MAX. SIZE OF 55' x 80' PER C. COLLINS, WHI 12/18/95
 D LOTS 113-125 AS MT. VERNON PER L. BURGOON, WHI 7/18/95

INTEGRATED STRUCTURAL FILL FOR HOUSE PADS
 VISED LOT 120 SEPTIC TANK & WELL LOCATIONS PER
 CO. HEALTH DEPT.

SED SEWER SERVICE NOTE
 VISED DRIVEWAYS - 12' APRONS PER L. BURGOON, WHI
 VISED LOT 115 WELL LOCATION PER L. BURGOON, WHI

VISED WELL LOCATIONS LOTS 114, 115, 116, 117, 118, 119,
 122, 123, 124 & 125

description	date
revisions	

project	date
84027.21	12/94
illustration	engineering
MAS	TJP
scale	approval
1" = 50'	RMM

21 2704

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 032797

DATE WELL COMPLETED 032497

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0555

OWNER Winchester Homes last name Crabbury Court first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 116

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries for soil, clay, shale, and mica.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED: YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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. George F. Eustand

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 481

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE, Nominal diameter, Total depth.

OTHER CASING (if used): diameter, depth (feet)

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT), SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN.

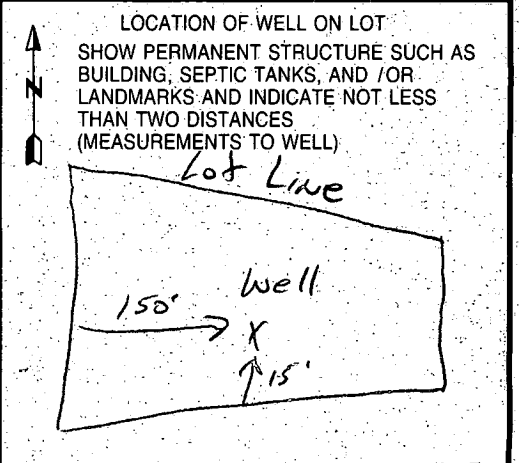
GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: PUMPING TEST, HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



SEND REPORT TO:

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

Lab No. _____ Date Received _____

C303740 E26 5

WATER ANALYSIS

Do not write above this line.

SAMPLED

Bottle Number H0-2743 Name Winchester Homes County Howard County Code 13

Source Crabbury Ct Data Category Code 4F

Collected: Date 3/25/97 Time 2:30 PM Collector & Phone R.J. Pinkley 313-2640 Submitter Code _____

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project 5

FIELD

Plant No. _____ Sampling Station _____ Preservation: Iced Acid Type of Acid H2SO4

pH _____ Chlorine: Free _____ Total _____ Specific Conductance _____

Notes to Lab/Remarks: H0-94-0555 Ashleigh Knolls Lot 116 *JLF*

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
✓	Nitrate - Nitrite, N	00630			<u>0.3</u>	<u>3-27-97</u>	<u>AK</u>
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported MAR 31 1997

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH

Partial List of Submitter Codes

Code Description

1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

Code Description

S	Safe Drinking Water Act (SDWA)
R	Resource Conservation and Recovery Act (RCRA)

Code Description

N	National Pollution Discharge Elimination System (NPDES)
M	Miscellaneous (Other)

Partial List of Data Category Codes

Code Description

1F	Sediment Samples
2A	Industrial Effluents/Compliance
2B	Industrial Grab
2C	Municipal Compliance
2D	Municipal Grab
4A	MCL Surveys
4B	Routine Monitoring & Other Communities
4D	Potable - County Community
4E	Potable - Non Community
4F	Potable - Private Wells
4G	Real Estate Trans./Charge Samples

Code Description

2F	Innovative Disposal
5A	Solid Waste/Landfills
5B	Kidney Dialysis
5C	Commercial Bottled Waters
5D	Misc. Wastewaters
5E	Misc. River/Stream
5F	Misc. Drinking Water
5G	Swimming Pools
5H	Marine or Estuarine Natural Bathing Areas

Partial List of Error Codes

Code Description

A	Laboratory Accident
C	Mechanical/Materials failure
D	Insufficient Sample
E	Sample past holding time

Code Description

J	Wrong sample type
RR	No sample received
X	Improper preservation
LL	Mislabeled sample

RECEIVED
 HOWARD CO. HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 1997 APR -4 A 11: 24

B 1 **6417** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

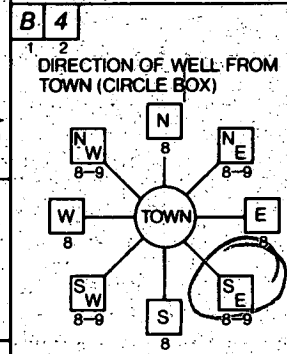
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-0555
 fill in this form completely

Date Received (APA) **051795** OWNER INFORMATION
Winchester Homes
 15 Last Name 13 Owner First Name 34
6305 Ivy Lane
 36 Street or RFD. 55
Greenbelt MD 20770
 57 Town 70 State 72 Zip 78

B 3 LOCATION OF WELL
Howard COUNTY 21
Asleigh Knolls 23 SUBDIVISION 42
 SECTION 44 46 LOT **116** 48 50
Highland 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **M** 76 **1** 77 **1** 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
George F. Easterday 77 License No. **80**
 Driller's Name
B. Franklin Easterday, Inc. 77 License No. **80**
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday 5-17-95
 Signature Date



CRABBURY CT 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **140** 37 DISTANCE FROM ROAD
 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** 12 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) Church Rd., MT. Airy, Md. 21771
 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)

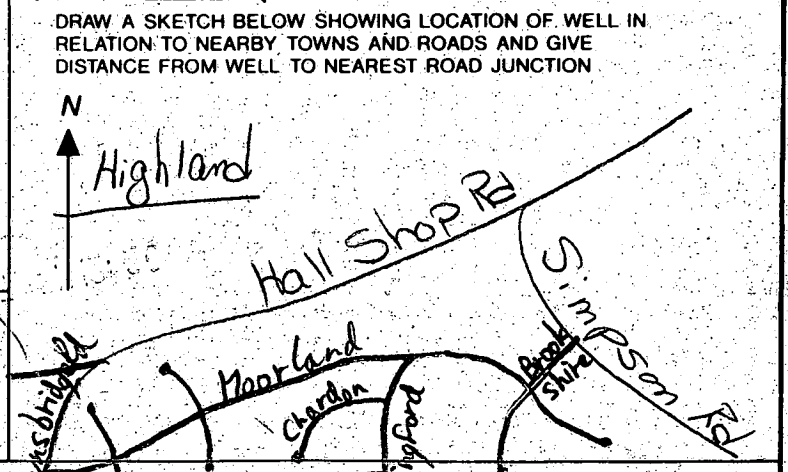
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 13- COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **060995** **Ronald P. Bly** **6/9/95**
 NORTH GRID **486000** EAST GRID **0818000**
 43 48 CO SIGNATURE EXP. DATE 50 55 57 83

APPROXIMATE DEPTH OF WELL **300** 24 FEET 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

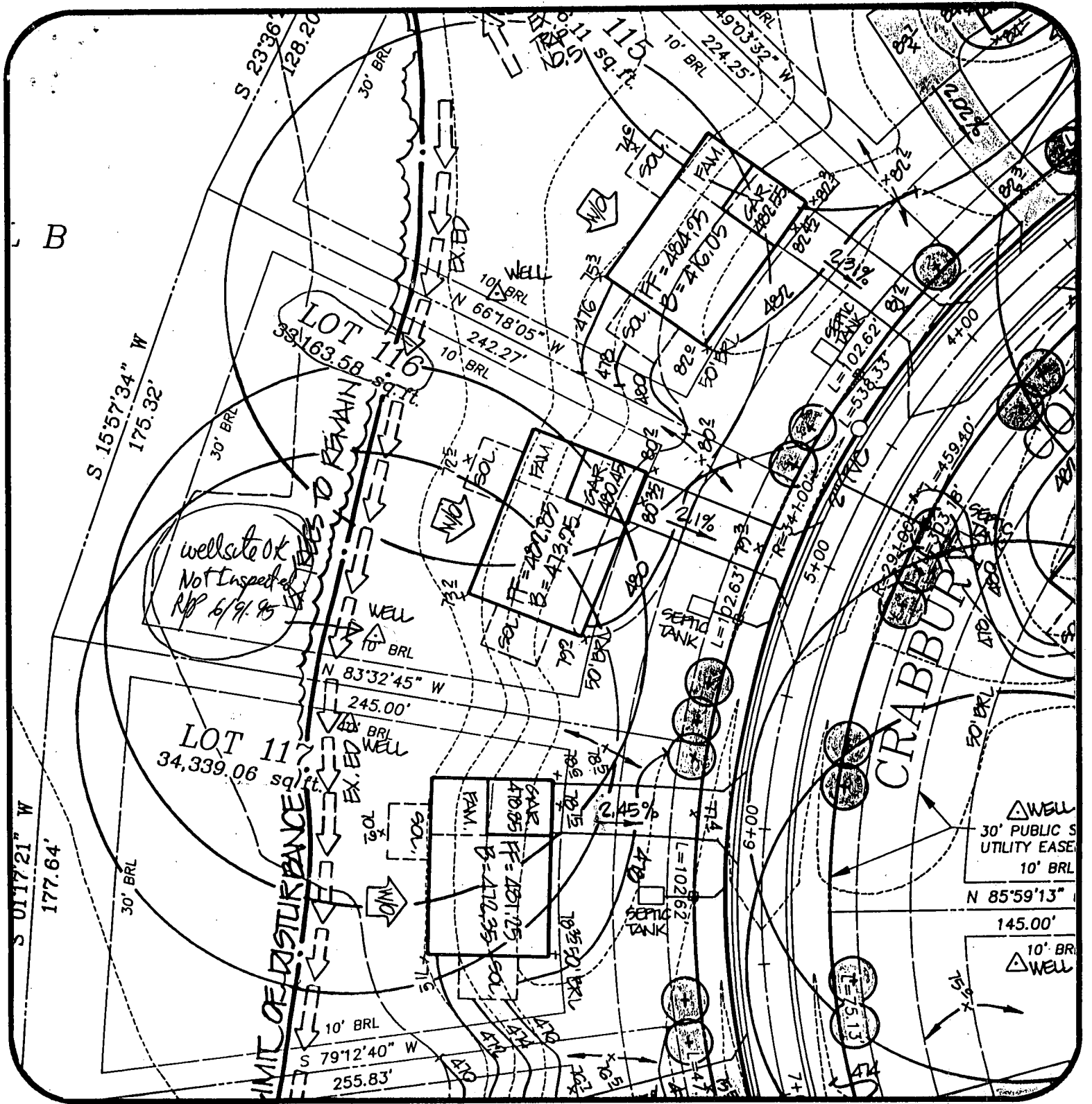
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **Well**
 2.
 3. **no more**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8188**
 N **4806** 000 000
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
3/24/97 12:00 TENTATIVE

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)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE **RA** WRITE INITIALS IN BOX 67 68 PERMIT No. **HO-94-0555** 70 71 72 73 74 75 76 77 78 79



Ashleigh Knolls
Lot 116

DATE: 5/2/95

PROJECT NO.: 82027.01

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

Winchester
Homes, Inc.

6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770
Tel (301) 474 4411
Toll Free (800) 527 8558
Fax (301) 474 1609



September 30, 1997

Howard County
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Attn: Ms. Avis L. Corbin, Chief
Licenses & Permits Division

Re: Permit Number B00107930
Ashleigh Knolls, Lot 116
7112 Crabbury Court

Dear Ms. Corbin:

Winchester Homes, Inc. would like to amend the above permit to add a rear solarium per the homeowner's request. Enclosed, please find copies of the revised site plan for this house.

If you should have any questions, please call me at (301) 489-1144. Thank you for your consideration in this matter.

Sincerely,
Winchester Homes, Inc.

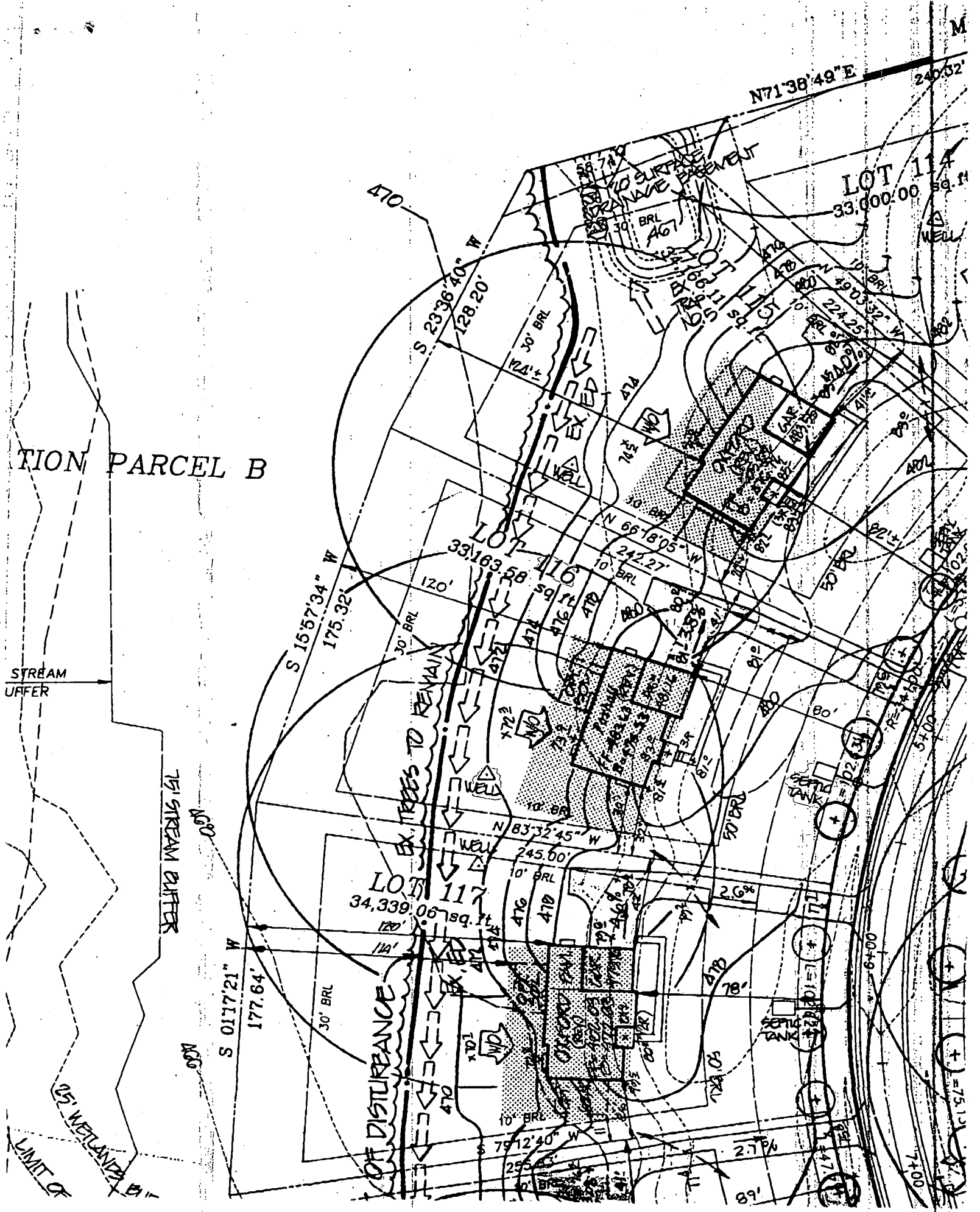
A handwritten signature in cursive that reads "Carol Viers".

Carol Viers
Permit Administrator

/cv

Enclosure(s)

*Above addition represents No
significant impact on well or septic system.
No object to change per this department
Lorel J. Kinley, R.S.
Water & Sewerage Program
Howard County Health Dept
9/30/97*



TION PARCEL B

STREAM
BUFFER

75' STREAM BUFFER

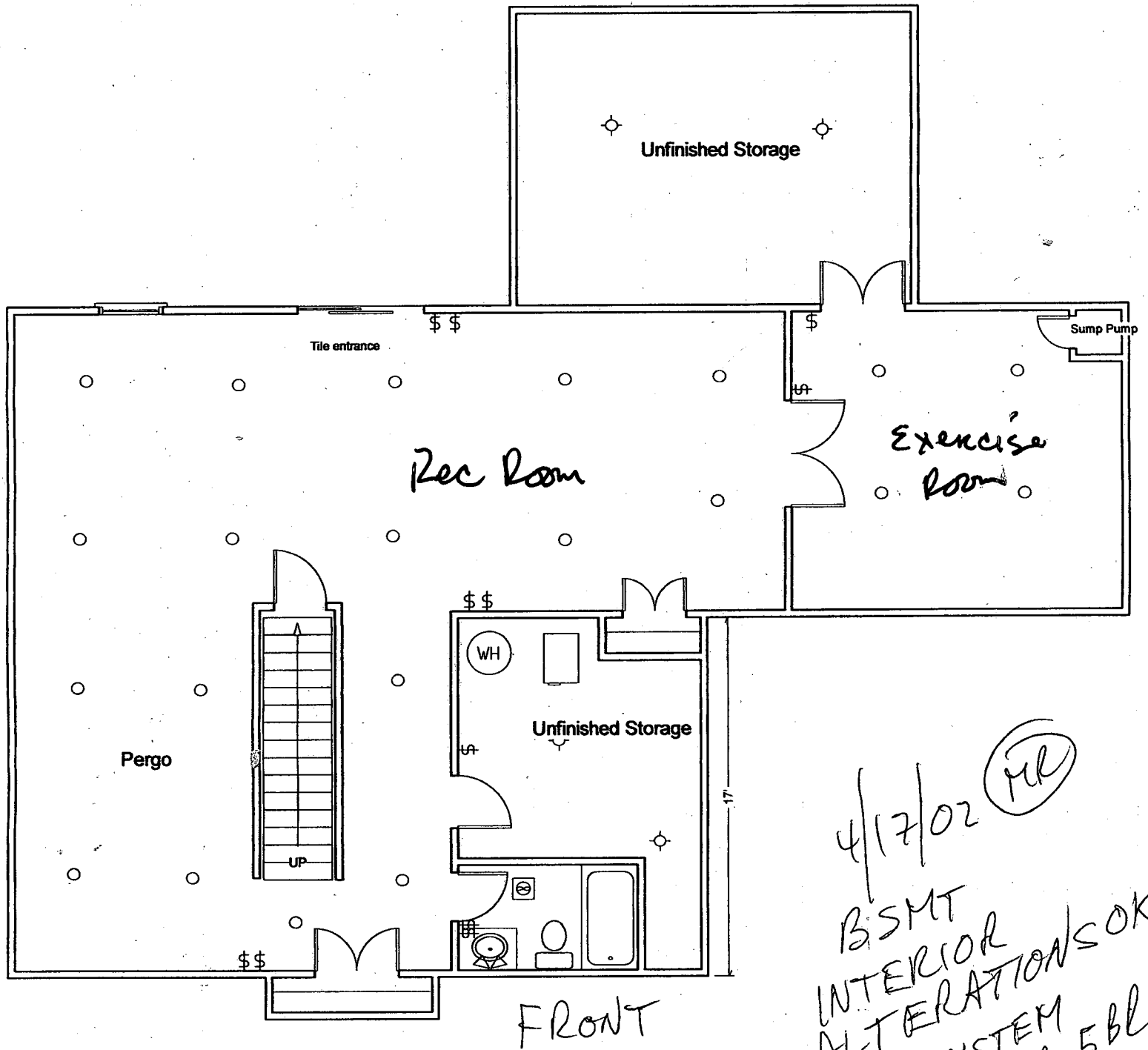
LIMIT OF
WETLANDS BY

	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	483.63	477.63	478.08	478.49	474.82
LOT 117	482.03	476.03	475.83	476.50	473.40
LOT 118	479.73	473.73	473.47	474.26	471.18
LOT 119	477.05	471.05	472.93	472.03	468.09
LOT 120	474.55	468.55	469.55	469.78	465.78
LOT 121	477.35	471.35	469.81	469.72	466.30
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	486.05	480.05	479.08	479.14	475.72
LOT 125					

project	94027.21	date	12/94
illustration	MAS	engineering	TJP
scale	1" = 50'	approval	RMM

6) REVIEWED STRUCTURAL FILL PADS TO MAX. SIZE OF 55' x 80' PER C. COLLINS, MHI, 12/10/95
 7) SITED LOTS 113-125 AS INT. VERNON PER L. BURKSON, MHI 9/18/95

description	date
DELIMITED STRUCTURAL FILL FOR HOUSE PADS	7/21/95
REMOVED LOT 120 SEPTIC TANK & WELL LOCATIONS PER W.D. CO. HEALTH DEPT.	7/18/95
ADDED SEWER SERVICE NOTE	9/13/95
REMOVED DRIVEWAYS - 12' APARTS PER L. BURKSON, MHI	5/12/95
REMOVED LOT 115 WELL LOCATION PER L. BURKSON, MHI	5/2/95
REMOVED WELL LOCATIONS LOTS 114, 115, 116, 117, 118, 119, 121, 122, 123, 124 & 125	5/1/95



4/17/02 (ml)
 BSMT
 INTERIOR
 ALTERATION/SOK
 (SHARED SYSTEM FOR 5 BL
 HOUSES)

Building Address 7112 Crabbury Ct
Clarksville 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605102 Subdivision Ashleigh Knolls

Section _____ Area _____ Lot 116

Tax Map 41 Parcel 475 Grid 7

Zoning R.P.D.F.O Map Coordinates 18F1 Lot size _____

Property Owner's Name Margaret Fenton

Address 7112 Crabbury Ct.

City Clarksville State MD Zip Code 21029

Home Phone 3018540656 Work Phone NA

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SFD

Proposed Use: SFD Finished Basement

Estimated Construction Cost \$ 5,000.

Description of Work Finished Basement
Bath, Rec Room, Exercise Room

Contractor Company Brentwood Bldgs

Contact Person Brent Johnson

Address 17116 Spring Hollow Ct.

City Mt. Airy State MD Zip Code 21777

License No. 48689

Phone 4102908211 Fax _____

Occupant or Tenant SAME

Contact Name: _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company NA

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>Depth</u> <input type="checkbox"/> <u>Width</u> <input type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Craw space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Other Structure: _____	<input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufacture Home	

THIS 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 TO THIS PROJECT; (4) THAT HE/SHE WILL PERFORM ALL 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND EXISTING NOTICES.

Applicant's Signature [Signature]

Title/Company owner/Brentwood Bldgs

Print Name Brent Johnson

Date 1-7-02

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: _____	32226
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>4/17/02</u>	<u>Mark [Signature]</u>	Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee: \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____