



Howard County
Health Department

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

Thursday, October 22, 2009

MEMORANDUM

To: FILE

From: Sara Sappington
Well and Septic Program

Re: Ashleigh Knolls
Lot 33

**IMPORTANT
WELL INFO**

The existing well on Lot 33 is located directly downhill of the shared septic system for the subdivision. At this time, a septic system has not been installed in this area. Refer to the shared septic system plans 50-3357 before approving a replacement well location.

8/29/97
 Noon - ca Howard County
 9/8/97
 WPI 12:00
 12/4/97 Septic Pump Test
 1:08

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58588

A

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 410-313-2640

Tax ID# OS-418534

DATE 2-29-97

DATE SYSTEM APPROVED 12/4/97

INSPECTOR *[Signature]*

INDEX

Winchester Homes, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 301-474-4411

SUBDIVISION Ashleigh Knolls LOT 33 ROAD 7125 Ramsgate Court

PROPERTY OWNER Winchester Homes, Inc.
 6305 Ivy Lane, Suite 800
 ADDRESS Greenbelt, Maryland 20770

SEPTIC TANK CAPACITY: 1250 GALLONS

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.

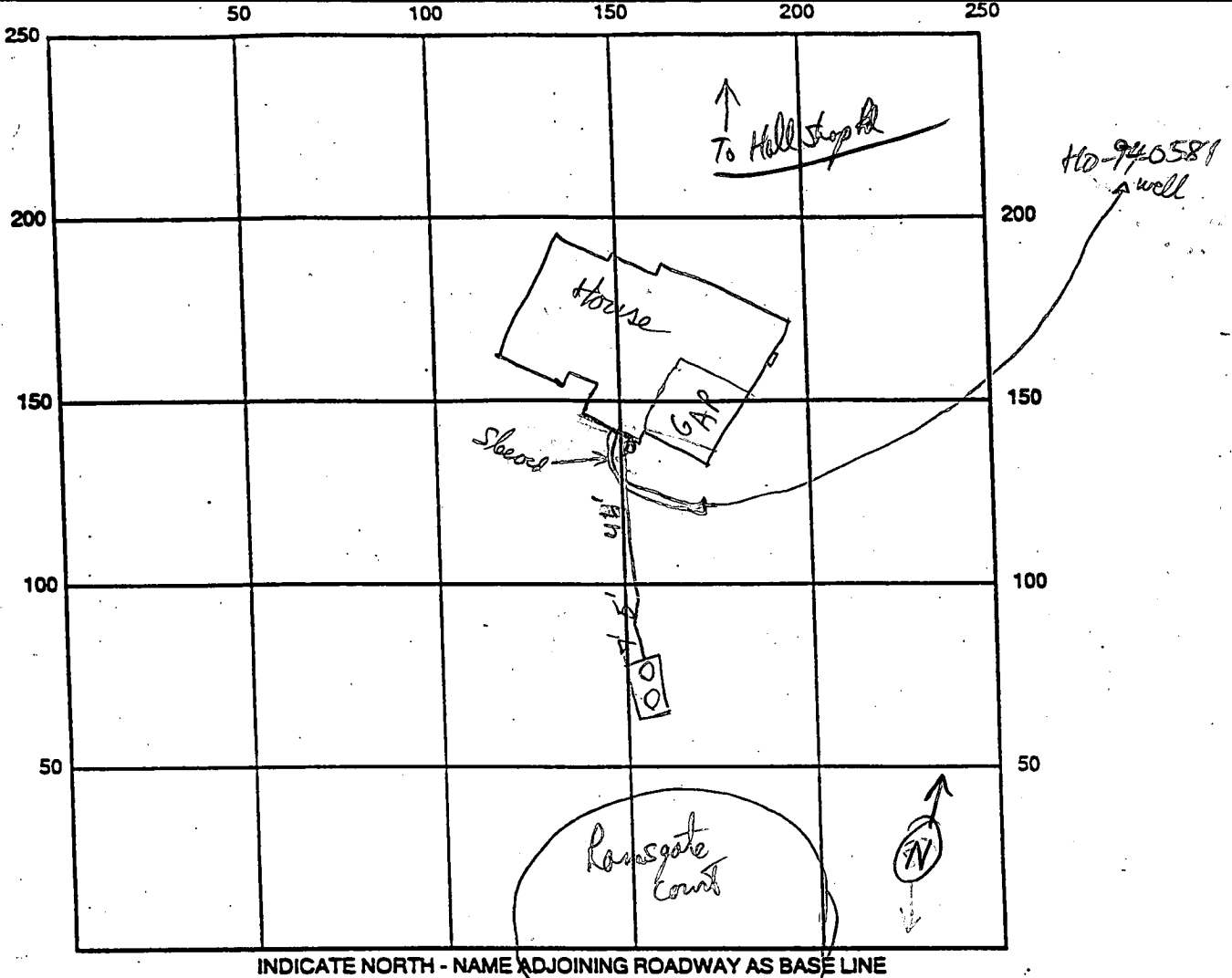
REC'D. PERMIT SERVICE
 SALES & SERVICE 8-1-97
 Smith 20770 7125
 SFD - Urban

58588

Plans Approved By:

[Signature]

Date: 8/4/97



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection OK to cover, No WPI at this time P/P 8/29/97

I reminded installer H.D. does not require a gravel base under sched 40 pipe, where it rests on consolidated soil (as is broken until 8 ft from ST). I advised them to gravel support there and to keep that portion open for D.P.'s inspection (that's the part they're most concerned with) Call for WPI and septic pump test when ready P/P 8/29/97.

11/20/97 Work not ready, and electric not working at time of inspection, Jim Miller will fax info to us when pump test passes (RM/PO)

12/4/97 Septic Pump Test Finally works - OK to cover P/P 12/4/97

WPI - water line OK at 4 ft P/P 9/8/97
& pitless at depth
 DATE SYSTEM APPROVED 12/4/97 INSPECTOR Carl Kelly

OPEN SPACE

N43°05'55"E

348.97

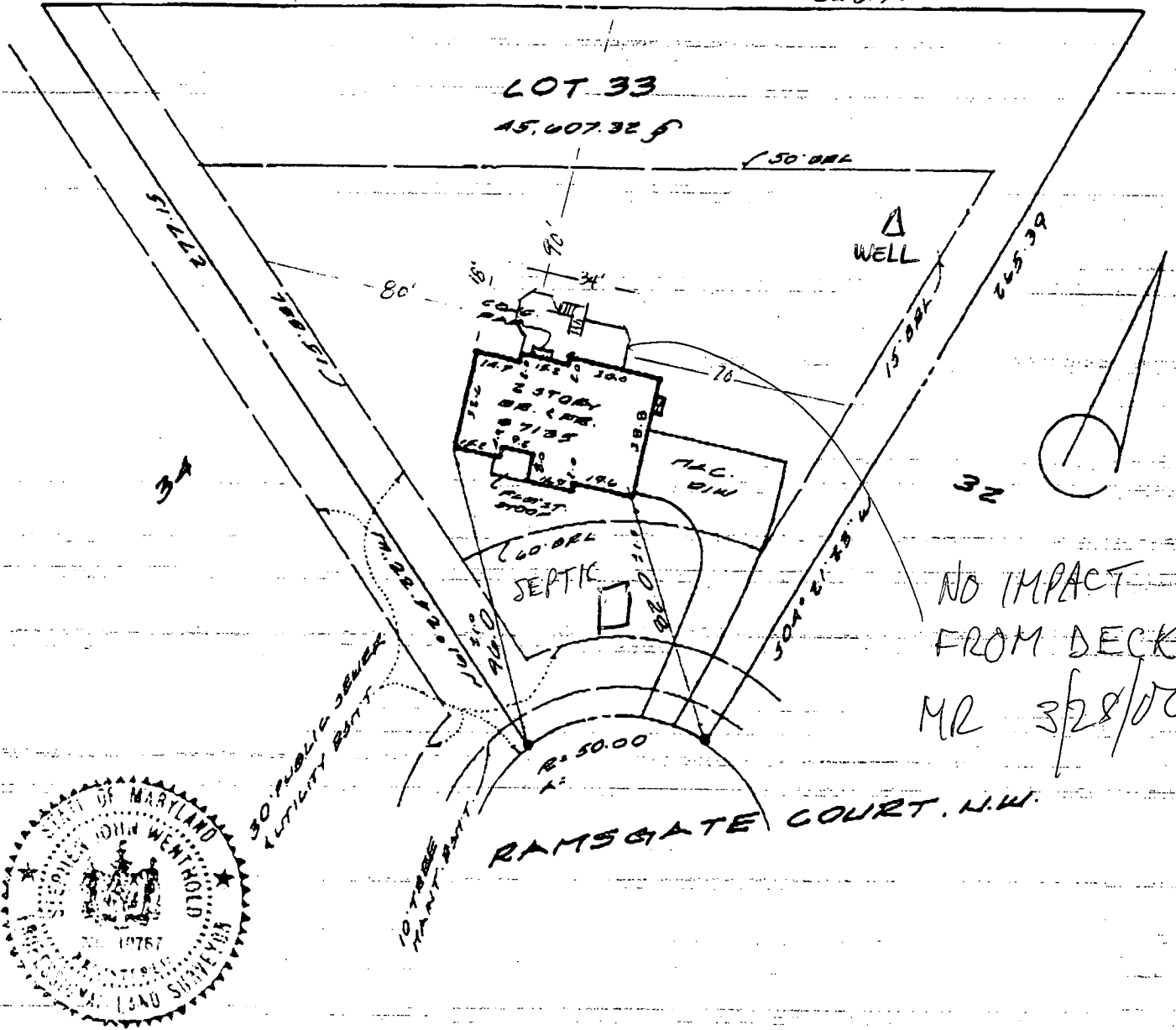
LOT 33

45,607.32 S

150' 0" BELL

WELL

265.39



NO IMPACT
FROM DECK
MR 3/28/00

RAMSGATE COURT, N.W.



Date: 8-3-99
 Plat Book:
 Plat No.: 11540
 Work Order: 99-3451
 Address: 7125 RAMSGATE COURT, NW
 District: 5
 Jurisdiction: HOWARD COUNTY, MARYLAND

Scale: 1"=50' Dm: 00
 NO TITLE REPORT FURNISHED

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines, if shown, are approximate in location. This property does not lie within a 100-year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown are as per available information and are subject to the interpretation of the originator.

Stephen S. Lenthall



Meridian Surveys, Inc.
 811 Russell Avenue
 Suite #303
 Gaithersburg, MD 20879
 (301) 721-9400

NOTE: This plat is of benefit to a 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. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat 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.

Building Address 7125 RAMSGATE Ct.
CLARKSVILLE, MD. 21029.

Suite/Apt. #: _____ SDP/N/P/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JOE FRANTZ.
 Address 7125 RAMSGATE Ct.
 City Clarksville State MD Zip Code 21029.
 Home Phone 301-854-9931 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING.
 Proposed Use SAME w/ DECK
 Estimated Construction Cost \$ 8000

Description of Work 2-Level Deck.
Deck #1 is 16'x13' w/STEPS
Deck #2 is 18'x8'

Contractor Company DECKS GALDRE.
 Contact Person DAVID SILVA.
 Address 6631 CEDAR La.
 City Columbia State MD Zip Code 21044
 License No. 120340
 Phone 410-750-0487 Fax 301-596-9655

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

Engineer or Architect Company NONE
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 _____	Other Structure: _____ Dimensions: _____ Footings: <u>BST 4 PIER</u> Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THERE TO; (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.

Applicant's Signature DAVID SILVA.
 Title/Company CONTRACTOR.

Print Name DAVID SILVA.
 Date 3-28-00.

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

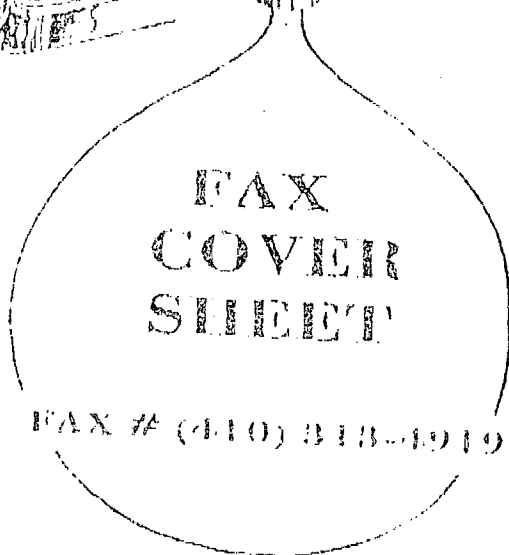
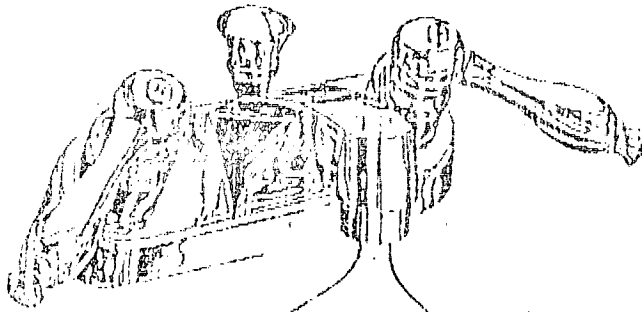
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>3/28/00</u>	<u>Mark E. R. [Signature]</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 2000 MAR 29 AM 11:45

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 007
Receiver : 913018549988
Transmitter : 4000 ENVHEALTH
Date : Dec 10 97 14:04
Time : 00:26
Mode : NORM
Document : 01 Pages
Result : 0 K

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900

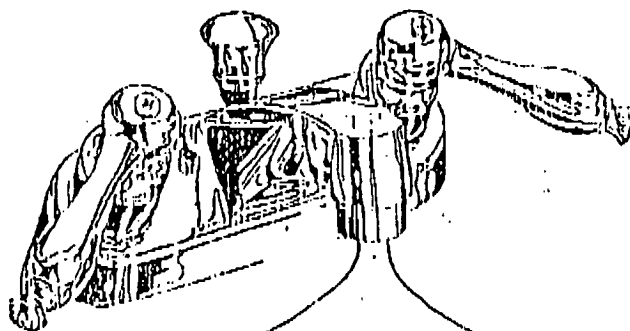


Number of Pages: 1
(Including this sheet)

DATE: 11/10/97
TO: Craig Williams
FAX #: 2648
FROM: Jim Miller
COMMENTS:

Pump test for lot 33 7125 Ramsgate Ct
Nov 13 Thur 1:00 PM
20

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: 12/4/97

TO: Kim

FAX #: 2648

FROM: Jim Miller

COMMENTS: Ashleigh Knolls

Lots 33 7125 Ramsgate Ct (Winchester)

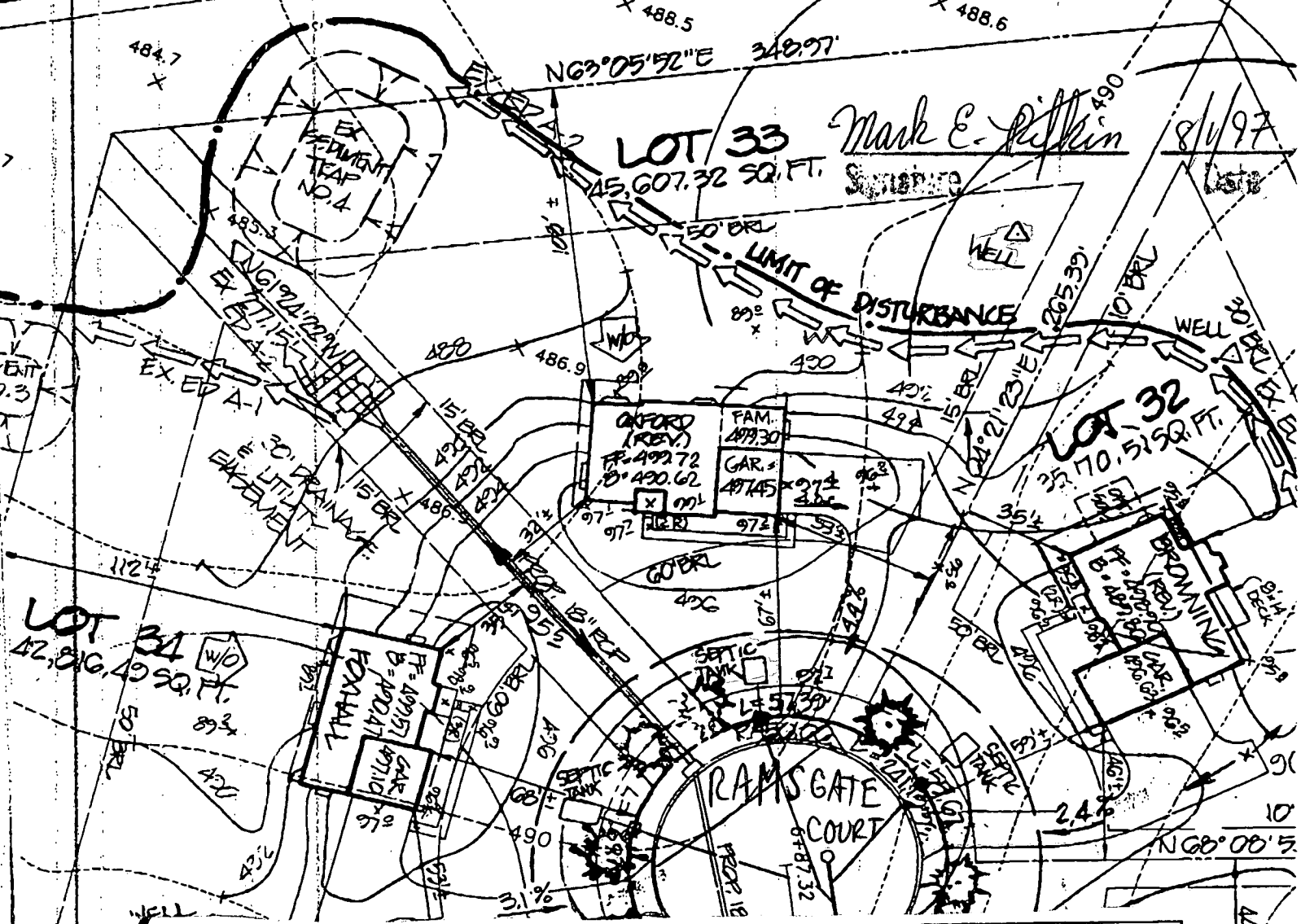
Lot 75 7212 Downing Ct (Winchester)

Lot 89 7224 Wolverton Ct (Mitchel + Best)

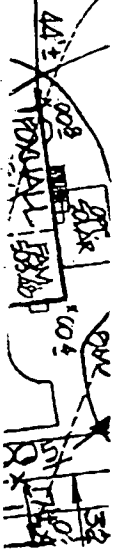
Pump test are OK for d+o

NG20°05'00"E

Approved Septic System Plan
Howard County Health Department



	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24					
LOT 25	498.37	492.37	491.61	490.90	487.00
LOT 26	499.60	493.60	492.31	491.90	488.50
LOT 27	504.10	498.1	497.30	498.60	495.00
LOT 28	505.70	499.70	498.70	500.50	497.00
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30	506.30	500.30	497.30	499.20	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.90	492.90	493.10	493.85	490.10
LOT 33	499.72	493.72	492.14	493.20	489.10
LOT 34	499.57	493.57	492.06	493.30	489.90



C1 2989

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER 13-

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received

090695

DATE WELL COMPLETED

080295

Depth of Well

300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

H0-94-0581

OWNER Winchester Homes last name first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 33

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. Rows include TOP soil, clay, Sand silt, Sand stone, Mica, Sand stone, Mica, Sand stone, 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 10 NO. OF POUNDS 1000

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD

casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

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

ST 6 63

OTHER CASING (if used)

ACCH CASING diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

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 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 501

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

DEPTH (nearest ft.)

Handwritten depth log: 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 9 ft.

WHEN PUMPING 60 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)

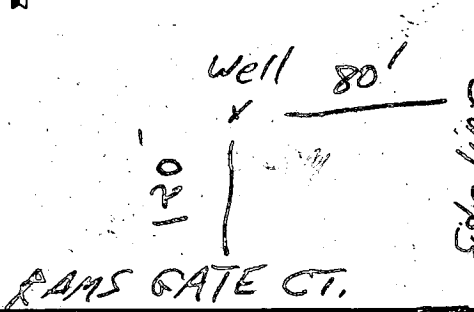
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

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)



9.5 *6:30* *6371*

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0581
 Location of property (road) _____ *gate* Court _____
 Subdivision Ashleigh Knolls Lot 33 Block _____ Plat _____ Sec. _____
 Well Driller G. Easterday Owner Winchester Homes

Depth of well 300 *6 1/2 gpm*
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 9 ft

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 AM Pumping rate 12 GPM
 Total time 15 min to reach pumping water level 60 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:15 AM	60	6 sec	NOT USED	10 GPM
6:30 AM	60	6 sec	NOT USED	10 GPM
6:45 AM	60	6 sec	NOT USED	10 GPM
7:00 AM	60	6 sec	NOT USED	10 GPM
7:15 AM	60	6 sec	NOT USED	10 GPM
7:30 AM	60	6 sec	NOT USED	10 GPM
7:45 AM	60	6 sec	NOT USED	10 GPM
8:00 AM	60	6 sec	NOT USED	10 GPM
8:15 AM	60	6 sec	NOT USED	10 GPM
8:30 AM	60	6 sec	NOT USED	10 GPM
8:45 AM	60	6 sec	NOT USED	10 GPM
9:00 AM	60	6 sec	NOT USED	10 GPM
9:15 AM	60	6 sec	NOT USED	10 GPM

Pump start at 290 ft

W 50695-5-17-95

B 1 **9091**

SEQUENCE NO.
(DP USE ONLY)

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

STATE PERMIT NUMBER
H0-94-0581
fill in this form completely

Date Received (APA)
05/19/95
OWNER INFORMATION
WIMACHESTER HOMES
Last Name Owner First Name
6305 IVY LAWE
Street or RFD
GREENBELT MD 20770
Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
OSALEIGH KNOLLS SUBDIVISION
SECTION **44** LOT **33**
HIGHLAND NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
MSD/MGD/MWD
George F. Easterday
Driller's Name
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
Signature **George F. Easterday** Date **5-17-95**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD
RAMS GATE CE
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **120**
ENTER FT OR MI **FT**
TAX MAP: **40** BLK: **12** PARCEL **124**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME
13- COUNTY NO.
STATE SIGNATURE
DATE ISSUED
662395 CO. SIGNATURES
NORTH GRID **489000** EAST GRID **0817000**

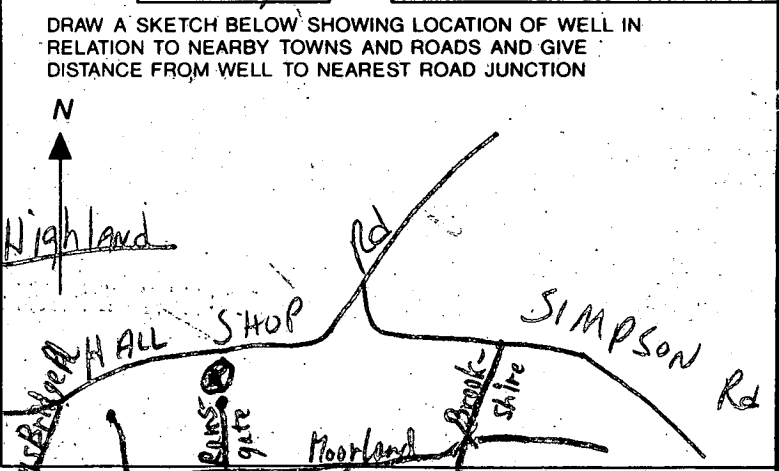
APPROXIMATE DEPTH OF WELL **300** FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **8107**
N **4809**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41**



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **GAP**
FORCE **PP** WRITE INITIALS IN BOX PERMIT No. **H0-94-0581**

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

Page _____ of _____
Date _____

Pump
6:30 (3 hrs)
8-5-95
No 1147

Review 9-26-95 ok-~~jk~~

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0581
Location of property (road) Ramsburg ^{gate} Court
Subdivision Ashleigh Knolls Lot 33 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Winchester Homes

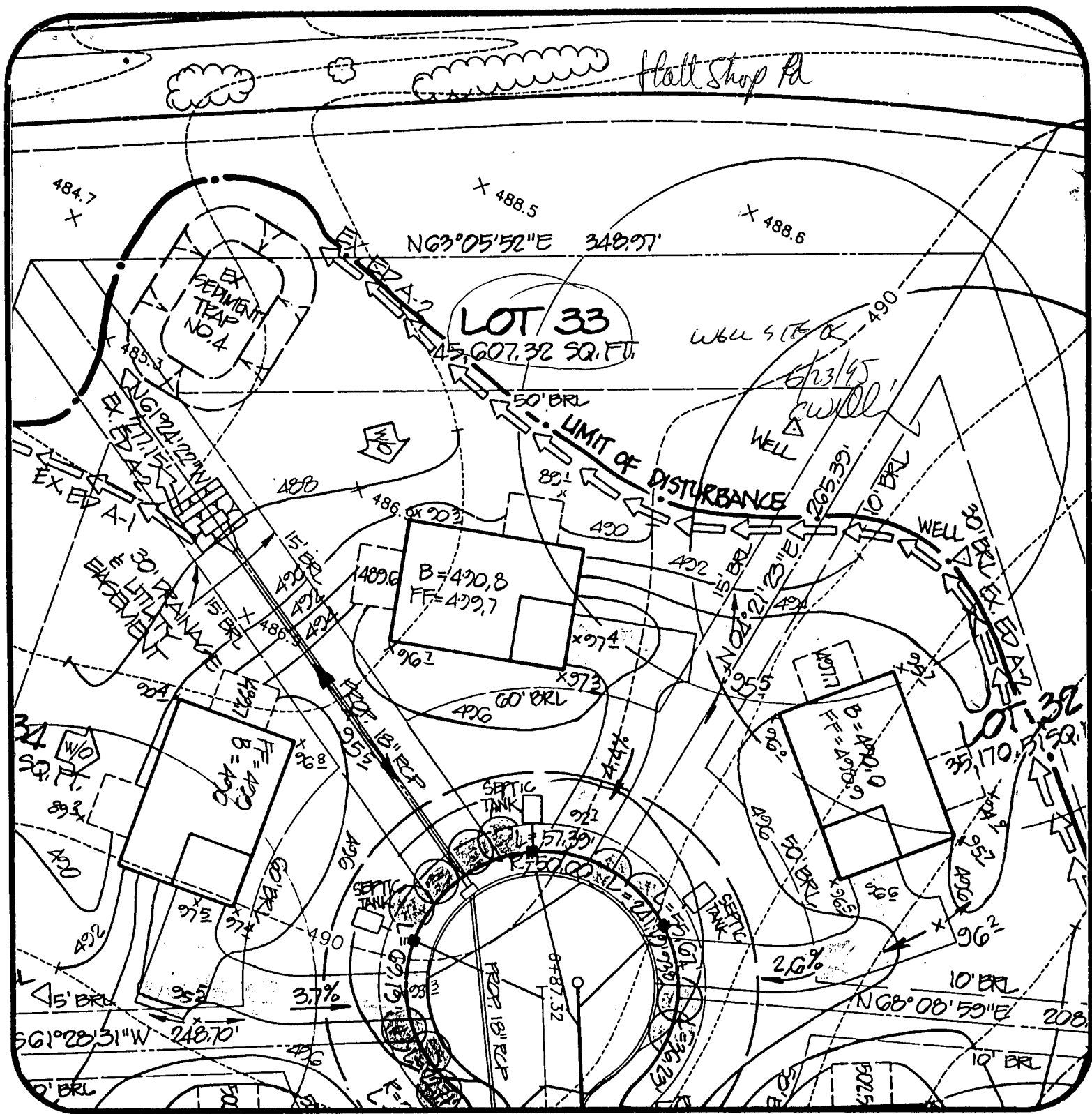
Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)



Ashleigh Knolls
Lot 33

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 (410) 461-0079
 Ellicott City, MD 21043-3305 Fax: (410) 750-6340

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

\$ 25.00
JP

000107113

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

7125 Ramsgate Court
Clarksville, MD 21029

31196

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Oxford!
2 story, full bldg, 9R 2FB 1HB
4 BR garage opt. FF

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
33	174		2	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashley Knolls		RR	41	5	6031.02	

OWNER NAME AND ADDRESS

Winchester Homes, Inc.
6305 Ivy Ln. Suite 800
Greenbelt, MD 20770 (301) 674-4411

OCCUPANT'S NAME AND ADDRESS

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

R. J. H. H. Co.
10110 A.D.A. National Pk.
Washington, DC 20710 (301) 465-5151

CONTRACTOR'S NAME AND ADDRESS

Winchester Homes, Inc.

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

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1987	19870	
ROOMS	1393	13930	
BATHS			
FIREPLACES	1442	14420	

FOOTINGS	FOUNDATION	S. WALLS
16x4	concrete	concrete

UTILITIES					
WATER/VEL	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 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: [Handwritten Signature]
TITLE: Permit Administrator
DATE: 7-25-97

EXISTING USE	PROPOSED USE	
Vacant	Res. Single Family	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
160,000	15R14160	15,000

WIS CODE: 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	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 8/1/97	Mark E. Kilkin
FIRE PROTECTION		
STORM WATER MGM	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

APPROVED DATE

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

LP-69-591
14674/539

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