

2/28/98  
clo & w/pt  
1:00  
1/14/98  
septic test  
Roads &  
5/1/98

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59323-A

A \_\_\_\_\_

DISTRICT 5th

DATE 01/20/98

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
XX66823 313-2640

ToxID#  
05-420202

DATE SYSTEM APPROVED 5/21/98

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 76 ROAD 7216 Downing Court

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

LOG. PERMIT SIGNED

AND RETURNED 5-25-98

Serial # 210116898  
Sumner

159323-A

Plans Approved By [Signature]

Date: 1/26/98



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00127416

Building Address 7216 DOWLING COURT  
CLARKSVILLE, MD 21029  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract W51.02 Subdivision Ashtree Knolls  
 Section 3 Area \_\_\_\_\_ Lot 76  
 Tax Map 40 Parcel 475 Grid 1A  
 Zoning RR-DEO Map Coordinates ME1 Lot size \_\_\_\_\_

Property Owner's Name DAVID & CHRISTINE KELLY  
 Address 7216 DOWLING COURT  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone 410-531-8401 Work Phone 301-614-5503  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
 Proposed Use WALK-UP BASEMENT for same  
 Estimated Construction Cost \$ 12,000  
 Description of Work 1-1/2" REINFORCED PIPE (WOOD)  
CLY 17 CODE SHOP  
basement

Contractor Company \_\_\_\_\_  
 Contact Person OWNER  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone 410-412-1490 Fax \_\_\_\_\_

Occupant or Tenant owner  
 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: <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"/> 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression #-of-Heads _____

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

Christine H. Kelly  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

CHRISTINE H. KELLY  
 Print Name  
10/15/00  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>11/15/00</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>11/15/00</u>	<u>[Signature]</u>
Fire Protection		

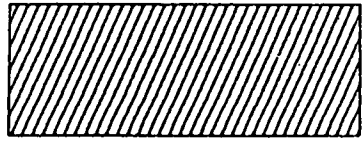
Is Sediment Control approval required prior to issuance?  
 YES  NO

DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO   
 Is Entrance Permit required?  
 YES  NO   
 Historic District? NO  
 YES  NO   
 Lot Coverage for New Town 2002  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 33929  
 Filing fee \$ \_\_\_\_\_  
 Permit fee \$ 83  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ 83  
 Balance due \$ \_\_\_\_\_  
 Check # 271  
 Validation # 028209

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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



40' PRIVATE USE IN COMMON INGRESS & EGRESS EASEMENT FOR LOTS 75-78 L. 4159/P. 056

R=50.  
L=20.58'  
DOWNING COURT  
(50' R/W)

LOT 75

LOT 78

VARIABLE WIDTH PUBLIC SEWER & UTILITY EASEMENT

S82°31'16"E 200.00'

N07°28'44"E 150.00'

LOT 76

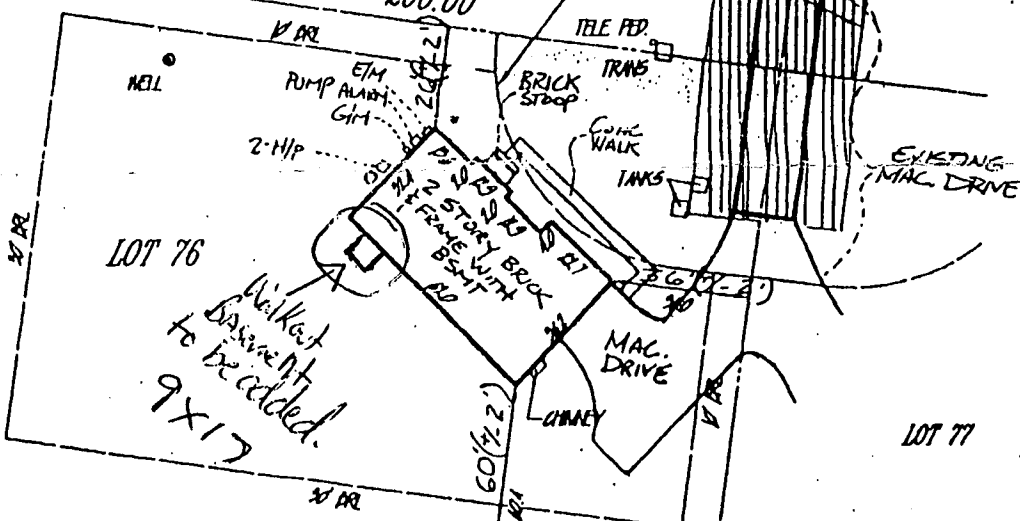
LOT 77

N82°31'16"W 220.00'

LOT 48 OPEN SPACE

*Handwritten:* OK TO PROCEED AS DRAWN TO CORRECT 9/30/98. ADEQUATE CLEARANCE STEPS PRODUCED 8/00/98. 11/15/98

*Handwritten:* 600129116 8/00/98



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

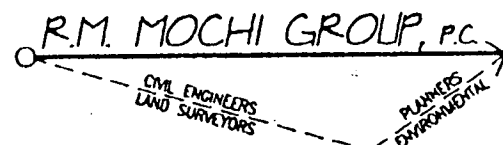
ADDRESS No.: 7212 DOWNING COURT  
 TOP OF WALL ELEV. = 504.55 FIRST FLOOR ELEV. = N/A  
 NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.  
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;  
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT 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" AREA OF MINIMAL FLOODING PER COMMUNITY PANEL NUMBER 240044-0037-B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 76  
**ASHLEIGH KNOLLS**  
 PHASE FOUR

PLAT No. 11837  
 ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: <b>SRP</b> 02-16-98
FINAL	DATE: <b>5/22/98</b>
DRAWN BY: RLC	SCALE: 1"=50'



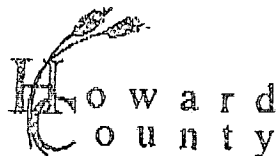
P.O. Box 10  
 New Market, MD 21774-0010

10120 A Old National Pike  
 Jamsville, MD 21754-9706

(301) 865-5858  
 Fax: (301) 865-5111

2000 NOV 15 PM 2:46

**FAX**  
COVER SHEET



Bureau of Utilities  
8270 Old Montgomery Rd.  
Columbia, Md. 21045  
Tel: (410) 313 4900  
Fax: (410) 313 4989

Date: 5/27/96 Number of pages including this one 1

To: Kim

Fax No.: 2646

From: Matt Tudor

Comments: Ashleigh Koells

WAS # 50-3382

sewer pump test for

Winchester Homes

lot # 76

7216 Housing Court

lot # 78

7213 Housing Court

okay for U & O

\* settlement schedule for lot # 76 tomorrow!

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

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

SERIAL NUMBER

150109580

\$2500  
4/1

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

7216 Downing Court  
Clarksville, MD, 21029

33929

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

MTT UELWON  
2 story full bsmt 9R 2FB 1NB  
Increase 4 BR opt. FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
76	475		2	12		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR	40	5	0051.02	

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

PHONE NO.

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		Asph Gable
ROOMS	1387		
BATHS			
FIREPLACES	1479		

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
R.M. Mochi Group  
10120 A Old National Pkwy  
Ipswich, VA 22654 (301) 865-5858

PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
16 X 8	8' conc.	

CONTRACTOR'S NAME AND ADDRESS  
Winchester Homes Inc  
Same as Above

PHONE NO.

UTILITIES						
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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 complied with.

Signature: [Signature]  
Date: 1-20-98

EXISTING USE  
Vacant

PROPOSED USE  
Res. Single Fam

EST. CONSTRUCTION COST  
163,000

LICENSE NUMBER  
158-14160

PERMIT FEE

SIGNATURE  
Permit Administrator

TITLE

DATE  
1-20-98

### 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 # \_\_\_\_\_

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/23/98	[Signature]
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

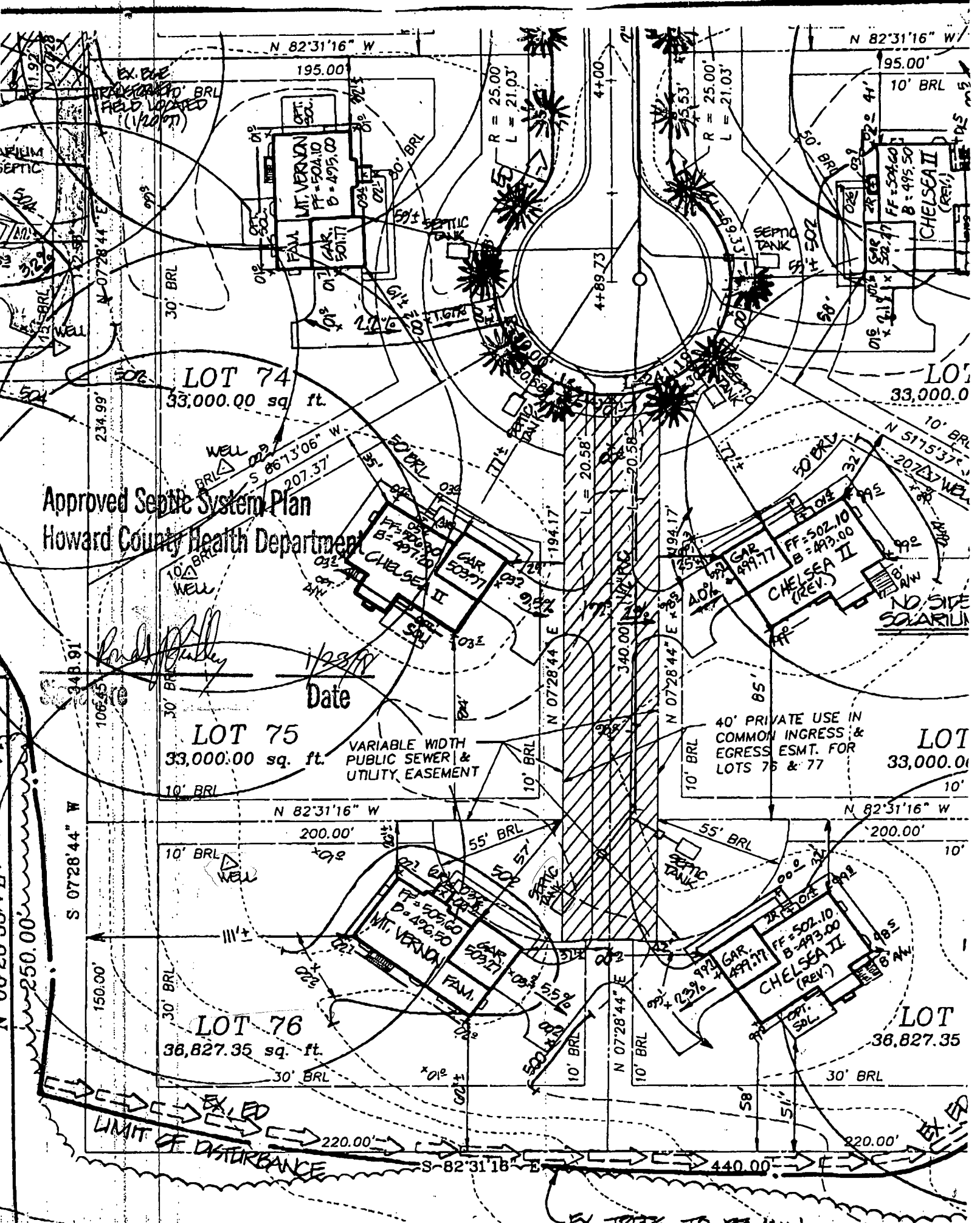
**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.  
Use and occupancy permit must be applied for two weeks before it will be issued.

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

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

LP-69-591

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



Approved Septic System Plan  
 Howard County Health Department

*Handwritten signature*  
 Date

LOT 75  
 33,000.00 sq. ft.  
 VARIABLE WIDTH  
 PUBLIC SEWER &  
 UTILITY EASEMENT

LOT 77  
 33,000.00 sq. ft.  
 40' PRIVATE USE IN  
 COMMON INGRESS &  
 EGRESS ESMT. FOR  
 LOTS 75 & 77

LOT 76  
 36,827.35 sq. ft.

LOT 77  
 36,827.35 sq. ft.

LIMIT OF DISTURBANCE  
 220.00' 440.00'

100 X

LANDS BUFFER

F. WETLANDS

DS BUFFER

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 68					
LOT 69					
LOT 70					
LOT 71					
LOT 72					
LOT 73					
LOT 74					
LOT 75	506.30	500.30	502.10	500.60	496.60
LOT 76	505.60	499.60	499.70	500.50	496.50
LOT 77	502.10	496.10	497.6	498.1	493.6
LOT 78	502.10	496.10	500.39	499.2	494.1
LOT 79	504.60	490.60	500.06	500.40	496.0
LOT 80	502.70	496.70	490.06	497.7	494.0
LOT 81	499.90	493.90	492.42	493.0	490.0
LOT 82					
LOT 83					

1/21/97 Logged  
 Lab No. Date Received  
 153

WATER ANALYSIS

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number HO-2708 Name Winchester Homes County Howard County Code 13

Source Ashleigh Knolls, Lot 76, Downing Court Date Category Code 4E

Collected: Date 1/7/97 Time 10:45 Collector & Phone K. Maiste 313-2640 Submitter Code     

CHECK (one per box)

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

F  
I  
E  
L  
D

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

pH      Chlorine: Free      Total      Specific Conductance     

Notes to Lab/Remarks: HO-94-~~1187~~ 0187

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO <sub>3</sub> Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrate, N	00630			9.6	01-09-97	BR
	pH*, Ca CO <sub>3</sub> 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

Section Chief Asoka I. Katumaluwa

Date Reported

JAN 14 1997

RECEIVED  
 HOWARD CO. HEALTH DEPT.  
 ENVIRONMENTAL HEALTH

1997 JAN 17 P 2:51

Partial List of Submitter Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standard & 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)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

1 2929

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"

05/795

010797

22 200 26 (TO NEAREST FOOT)

40-94-0487

OWNER Winchester Homes

STREET OR RFD Downing Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 76

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	2	
brown shaley clay	2	40	
Sand Stone	40	49	
Mica	49	60	
Sand Stone	60	61	✓
Mica	60	110	
Flint	110	112	✓
Mica	112	200	

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 22 NO. OF POUNDS 220  
GALLONS OF WATER 110  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30 ft.  
(enter 0 if from surface)

CASING RECORD

MAIN CASING TYPE  ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55  
OTHER CASING (if used) diameter inch depth (feet) from to  
SCREEN RECORD  
screen type or open hole  ST  BR  HO  
insert appropriate code below STEEL BRASS BRONZE OPEN HOLE  
 PL  OT PLASTIC OTHER

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15.0  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 13 ft.  
WHEN PUMPING 34 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 (CIRCLE) (YES OR NO) 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) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above  
 - below  
LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS:

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  
DRILLERS LIC. NO. 040

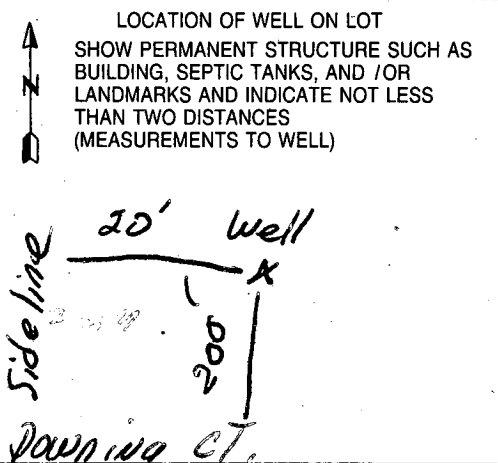
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
Benje F. Gurtulung

LIC. NO. 501

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

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  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA







W 50695-5/17/95

<b>B 1</b>	<b>9042</b>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>40-94-0487</b> <small>70 fill in this form completely 79</small>
<small>1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				

**OWNER INFORMATION**

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

**Winchester Homes**  
15 Last Name      Owner      First Name      34

**6305 Ivy Lane**  
36      Street or RFD      55

**Greenbelt Md 20770**  
57      Town      70 State 72      Zip      76

**B 3**      **LOCATION OF WELL**

**Howard**  
8 COUNTY      21

**Asheigh Knolls**  
23 SUBDIVISION      42

SECTION **44**      46      LOT **76**      48      50

**Highland**  
52 NEAREST TOWN      71

MILES FROM TOWN (enter 0 if in town) **MI**  
73      76      77      78

**DRILLER INFORMATION**      MSD/MGD/MWD

**George F. Easterday**      49

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**  
Signature      Date

**B 4**      **DOWNING CT**

11      NEAR WHAT ROAD      30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **200** 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**

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

**D** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

**F** FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

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

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard 13-**  
COUNTY NAME      COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S  41

DATE ISSUED **05/31/95** **Mark J...** **05/31/95**  
43      48 CO SIGNATURE      EXP. DATE

NORTH GRID **483000**      EAST GRID **775000**  
50      55      57      63

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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**810775**  
**4803**

000  
000

1-2-97 GRAY (Not done today) 11/7/97

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

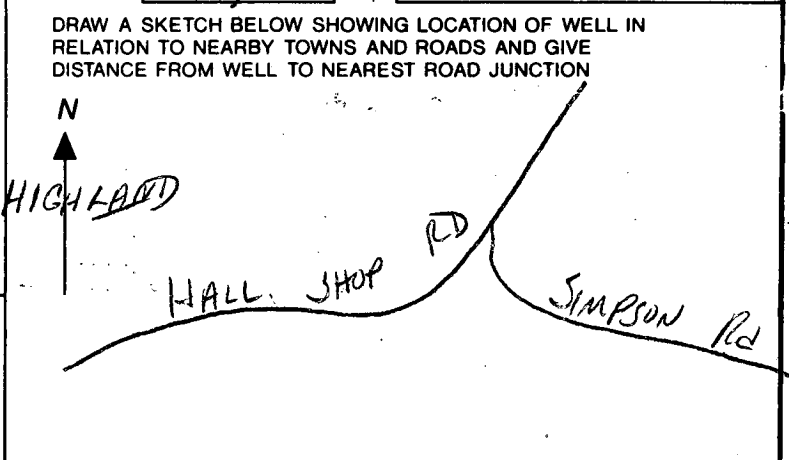
**N** THIS WELL WILL NOT REPLACE AN EXISTING WELL

**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 (OEP USE ONLY)*

APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_

FORCE **55** WRITE INITIALS IN BOX      PERMIT No. **40-94-0487**  
67      68      70      71      72      73      74      75      76      77      78      79

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

STATE OF MARYLAND  
 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

WATER ANALYSIS

Do not write above this line.

S  
A  
M  
P  
L  
E  
I  
D

Bottle Number H0-2708 Name Winchester Homes County Howard County Code 13

Source Ashleigh Knolls, Lot 76, Downing Court Date Category Code 4F

Collected: Date 1/7/97 Time 10:45 Collector & Phone K. Maiste 313-2640 Submitter Code     

CHECK (one per box)

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

Federal Project 5

F  
I  
E  
L  
D

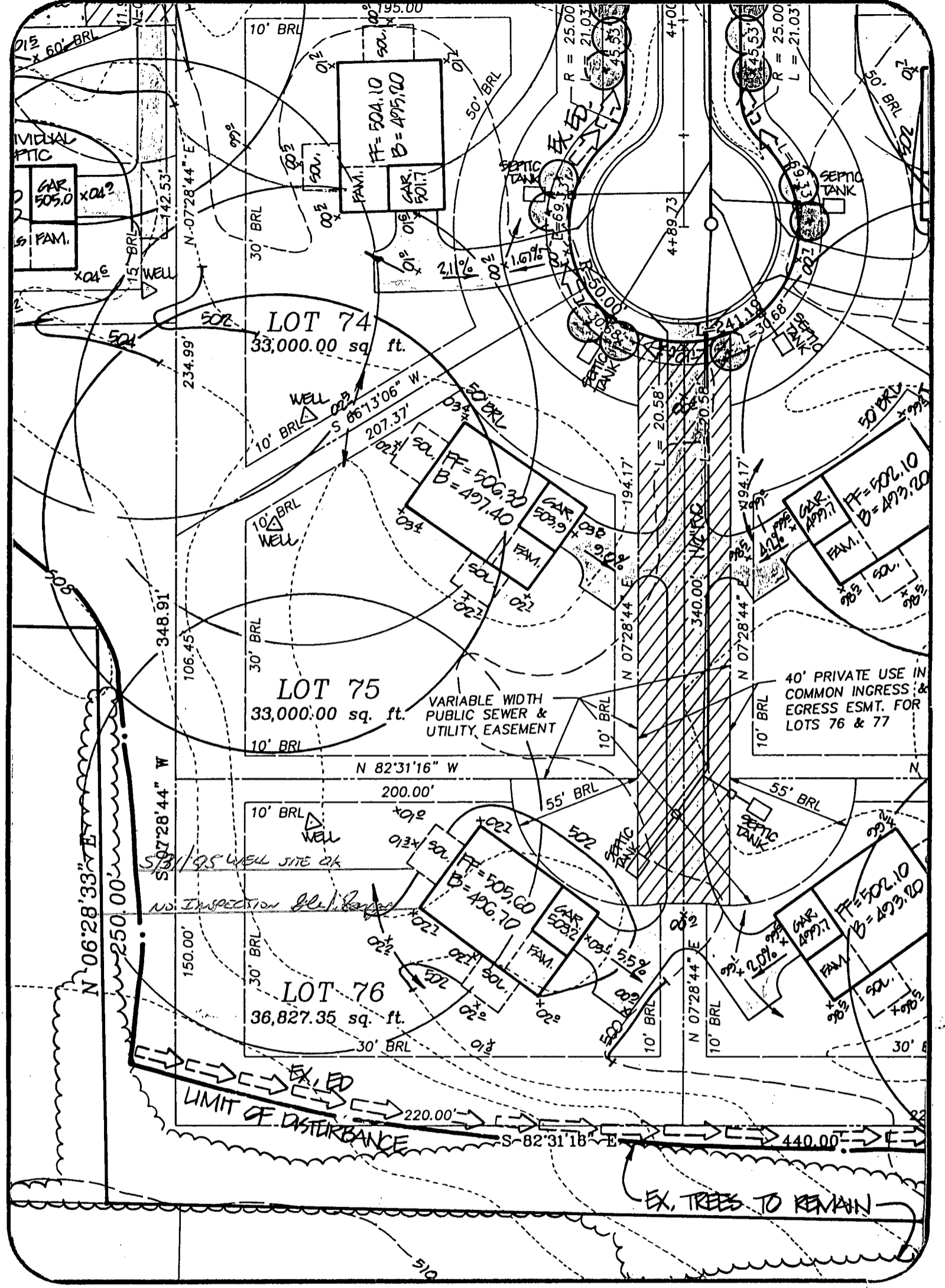
Plant No.      Sampling Station      Preservation: Iced  Acid  Type of Acid H2SO4

pH      Chlorine: Free      Total      Specific Conductance     

Notes to Lab/Remarks: H0-94-~~1033~~ 0487

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

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



Ashleigh Knolls  
Lot 76

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  
ENTOMOLOGICAL

3300 N. Ridge Road, Suite 235  
Ellicott City, MD 21043-3305

(410) 461-0079  
Fax: (410) 750-6340

Building Address 7216 Dunning Ct  
Clarksville MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/N/P/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Arlington Heights

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 76

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Dave Kelly

Address 7216 Dunning Ct

City Clarksville State MD Zip Code 21029

Home Phone 410-531-5444 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential

Proposed Use Residential with 22x14 Addition

Estimated Construction Cost: \$ 26,000.00

Description of Work 22'x14' Addition attached to back of house Sunroom

Contractor Company Henne's Decking & Ties

Contact Person David Bithner

Address 261 Reams Dr

City Westminster State MD Zip Code 21156

License No. 36577

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Dave Kelly

Contact Name David Bithner Henne's Decking & Ties

Address 261 Reams Dr

City Westminster MD State MD Zip Code 21156

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NEPA #13D _____ NEPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ Manufactured Home _____	

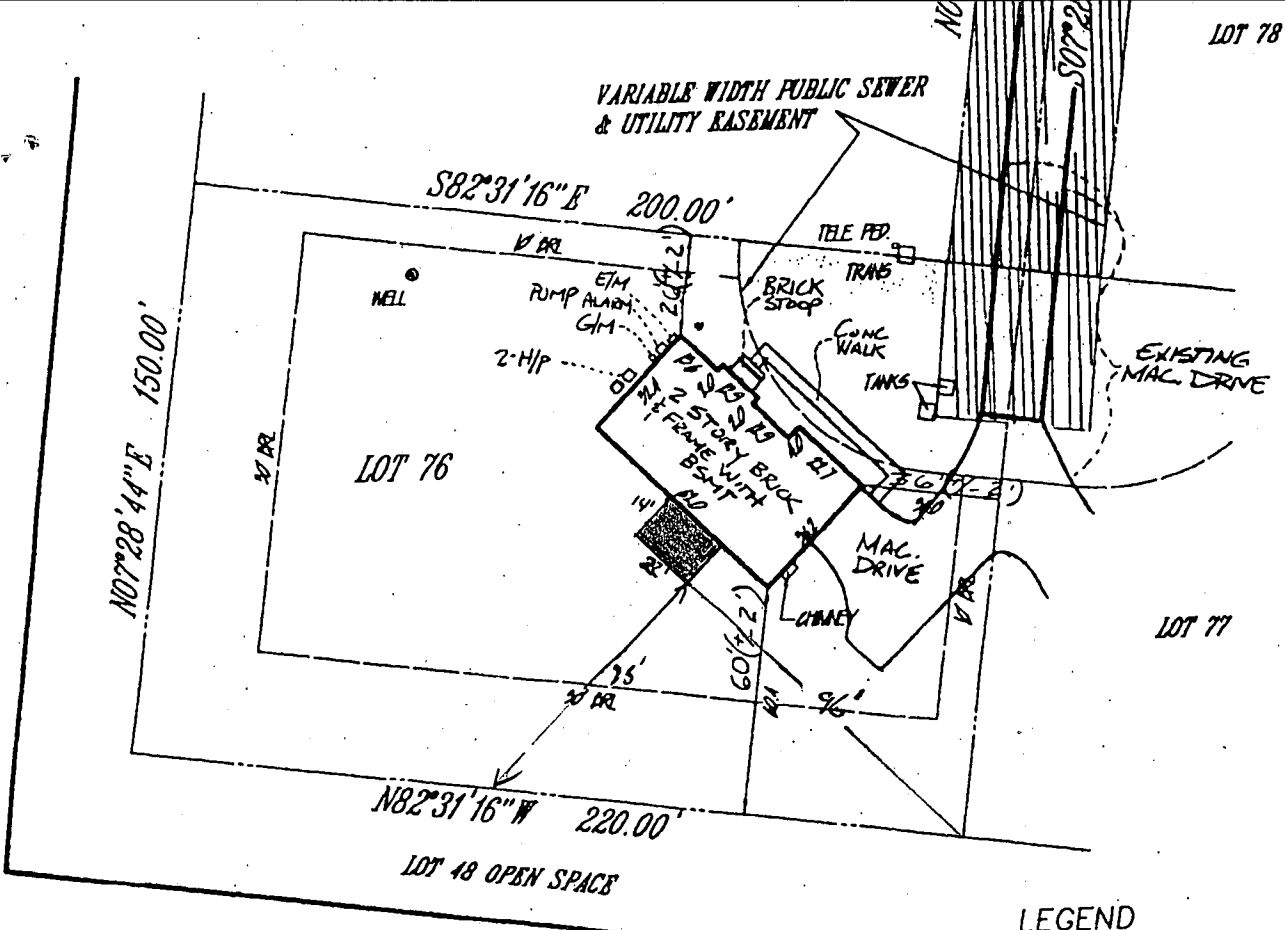
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

David Bithner  
 Applicant's Signature  
President  
 Title/Company

David Bithner  
 Print Name  
5-24-99  
 Date

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: _____ Rear: _____ Side: _____ Side St: _____	23900
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check Validation # _____



**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.: 7212 DOWNING COURT  
 TOP OF WALL ELEV. = 504.55 FIRST FLOOR ELEV. = N/A  
 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 ESTABLISHMENT 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" AREA OF MINIMAL FLOODING  
 PER COMMUNITY PANEL NUMBER 240044-0037-B  
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED  
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

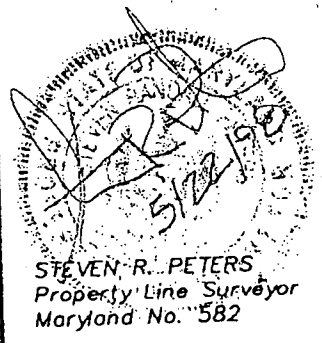
*3/25/98*  
 Proposed sunroom addition OK

*CHK DK.* as shown *DS*

**ASHLEIGH KNOLLS**  
 PHASE ~~FOUR~~ THREE

PLAT No. 11837  
 ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING	
FOUNDATION	DATE: <i>SRP</i> 02-16-98
FINAL	DATE: 5/22/98
DRAWN BY: RLC	SCALE: 1"=50'
PROJECT No.:	94517.00



**R.M. MOCHI GROUP, P.C.**  
 CIVIL ENGINEERS  
 LAND SURVEYORS  
 PLANNERS  
 ENVIRONMENTAL

P.O. Box 10  
 New Market, MD 21774-0010

10120 A Old National Pike  
 Ijamsville, MD 21754-9706

(301) 865-5858  
 Fax: (301) 865-5111