

7/2/99 a.m.
12/15/99
Septic Pump Test
@ 1:00
12/15/99 1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511030
A _____
DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Tax ID #
05-420458
INDEXED

DATE 10-08-1998

DATE SYSTEM APPROVED 12/23/99

INSPECTOR S.R.U.

~~410-313-2640~~ 410-313-2640

DRIVE. GREEN IMPROVEMENT TRAIL
COBURN 306854-1525
206 252-0123 MOBIL

Mitchell & Best _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1686 E. Gude Drive, Rockville, Maryland 20850 PHONE 301-762-9511

SUBDIVISION Ashleigh Knolls LOT 98 ROAD 7151 Moorland Drive

PROPERTY OWNER Mitchell & Best
1686 E. Gude Drive
ADDRESS Rockville, Maryland 20850

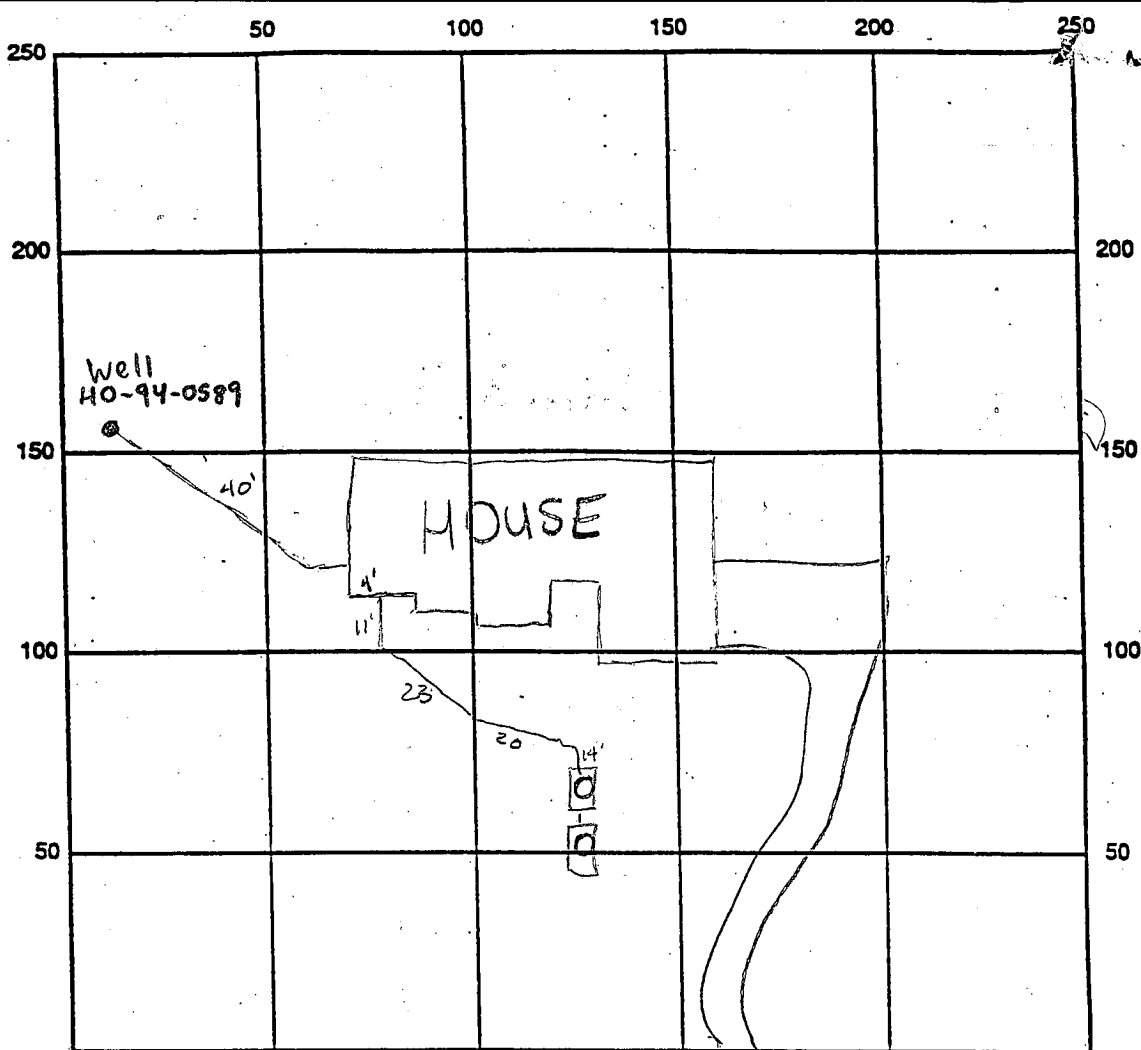
NUMBER OF BEDROOMS: 4

SEPTIC TANK CAPACITY: 1250 GALLONS

- 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. 11/4/98 OK DM

APPROVED BY: _____

DATE: _____



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Moorland DR

SEPTIC TANK LEVEL OK

CLEANOUTS Manholes on S.T. & P.T.

REMARKS: 7/6/99-OK to cover house to tanks &

12/15/99-MET WITH MATT TUDOR FROM UTILITIES AND CONCLUDED

THAT ISSUES STILL REMAIN WITH SEPTIC SYSTEM (AREA

AROUND TANKS NEEDS GRADING, ALONG WITH OTHER ISSUES THAT UTILITIES

HAD. ALSO WPI NOT OK (NO PVC CONDUIT & SAFETY ROPE PROTRUDING

THROUGH 2 PIECE CAP, PUMP TEST WILL BE RESCHEDULED FOR COMPLIANCE

(SRK) 12/16/99-WPI OK - ISSUES RESOLVED WITH FIELD INSP. (SRK)

12/23/99-MATT TUDOR CALLED AND SAID PUMP TEST APPROVABLE (SRK)

-GRADING ISSUES REMAIN HOWEVER HE WILL RESOLVE U&O

THROUGH BUILDING PERMITS (SRK)

DATE SYSTEM APPROVED

12/23/99

INSPECTOR

Steven R. Kuey

WALK THRU

✓

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3437 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800.	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123087
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-----------------------------------

Building Address 7151 MOORLAND ROAD
CLARKSVILLE, MARYLAND 21029

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

Census Tract _____ Subdivision ASHLEIGH KNOLLS

Section _____ Area _____ Lot 98

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 30,000

Property Owner's Name CLARENCE (JR.) & CELESTIE WOOTEN

Address 7151 MOORLAND DRIVE

City CLARKSVILLE State MD Zip Code 21029

Home Phone (301) 499-8554 Work Phone (410) 997-3830

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME, WITH POOL

Estimated Construction Cost \$ 21,100.00

Description of Work CONCRETE INGROUND POOL, WITH D.E. FILTER. POOL TO BE FILLED BY TRUCK 20' WIDE BY 42' LONG, 36" TO 8' 6" DEEP WITH 8' DIVING BOARD TOTAL SF = 840 430 LINEAR FEET OF 48" HIGH SPLIT RAIL FENCE WITH W/LODED WIRE MESH, PET CODES.

Contractor Company ANTHONY & SYLVAN POOLS, INC.

Contact Person 10840 GUILFORD ROAD, SUITE 407
GEORGE A. SCHWEICH - CONTRACTOR

City ANNAPOLIS State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

Contact Person A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

<p><u>Building Characteristics</u></p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms _____</p> <p>Multi-family dwellings:</p> <p>No. of efficiency units: _____</p> <p>No. of 1 BR units: _____</p> <p>No. of 2 BR units: _____</p> <p>No. of 3 BR units: _____</p> <p>Other Structure: <u>INGROUND POOL</u></p> <p>Dimensions: <u>20' BY 42' LONG</u></p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular</p> <p><input type="checkbox"/> Manufactured Home</p>	<p><u>Utilities</u></p> <p>Water Supply:</p> <p>Public <input type="checkbox"/></p> <p>Private <input checked="" type="checkbox"/></p> <p>Sewage Disposal:</p> <p>Public <input type="checkbox"/></p> <p>Private <input checked="" type="checkbox"/></p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:</p> <p>Electric <input type="checkbox"/> Oil <input type="checkbox"/></p> <p>Natural Gas <input type="checkbox"/></p> <p>Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p><input type="checkbox"/> NFPA #13D</p> <p><input type="checkbox"/> NFPA #13R</p> <p><input type="checkbox"/> Other: _____</p>
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RECEIVED
 ENVIRONMENTAL HEALTH DEPT.
 2000 MAR 23

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.

George A. Schweich
Applicant's Signature
AGENT FOR CONTRACTOR
Title/Company

GEORGE A. SCHWEICH
Print Name
MARCH 23, 2000
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		
Dev. Engineering, DPZ		
Health	<u>3/23/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?
YES NO

Is Entrance Permit required?
YES NO

Historic District?
YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ _____

Balance due \$ _____

Check # _____

Validation # _____

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

Wooten ✓

Building Address 7151 MOORLAND DRIVE
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ASHLEIGH KNOLLS
 Section _____ Area _____ Lot 98
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name CLARENCE + CELESTE Wooten
 Address 7151 Moorland Drive
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301/854-9886 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD w/ PORCH + DECK
 Estimated Construction Cost \$ \$12,000
 Description of Work CONSTRUCT A 15x12 SCREENED PORCH + A 20'x20' DECK ON BACK OF HOUSE

Contractor Company SULLIVAN BLAKES REMOVING
 Contact Person JOHN LANG
 Address 9014 MANSONDALE LANE
 City KILLCORN CITY State MD Zip Code 21092
 License No. 5104
 Phone 410 418 9166 Fax 410 418 9166

Occupant or Tenant CLARENCE + CELESTE Wooten
 Contact Name _____
 Address 7151 MOORLAND DRIVE
 City CLARKSVILLE State MD Zip Code 21029
 Phone 301-854-9886 Fax _____

Engineer or Architect Company _____
 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: <u>1 1/2</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1 1/2</u>	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: <u>25x22'</u> Basement: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>3500</u>	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"/>
Use group: _____	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: _____	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 <input type="checkbox"/> # of Heads	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

John Lang
 Applicant's Signature
Designer
 Title/Company

John Lang
 Print Name
3-8-00
 Date

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#:</u>
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Sub-total paid \$ _____
Health <u>3/8/00</u> <u>Mark E. Allen</u>			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 New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

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

C1 2736

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Winchester Homes STREET OR RFD Moorland Drive TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 98

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, brown shale, Clay, Sand Stone, Mica, etc.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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 DRILLERS LIC. NO. 040

DRILLERS SIGNATURE Bruce F. Easton

LIC. NO. 501

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 40 NO. OF POUNDS 400

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) [ST] [6] [55]

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]

DEPTH (nearest ft.) [40] [53] [200] CASING HEIGHT (circle appropriate box and enter casing height) [] above [] below

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

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

PUMPING TEST HOURS PUMPED (nearest hour) [3]

PUMPING RATE (gal. per min.) [30]

METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)

BEFORE PUMPING [16] ft.

WHEN PUMPING [31] 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 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

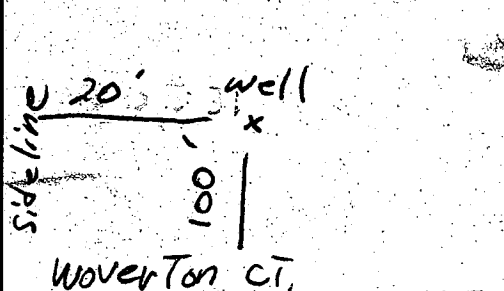
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) [] above [] below 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)



B 1	6406	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		H0-94-0589 <small>fill in this form completely</small>		

Date Received (APA)
05/29/95

OWNER INFORMATION

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

DRILLER INFORMATION

George F. Easterday
Driller's Name 77 License No. 80

L. Franklin Easterday, Inc.
Firm Name

9205 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday 5-20-95
Signature Date

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)

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 _____

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) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **G A P**

FORCE **RA** PERMIT No. **H0-94-0589**

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

B 3 LOCATION OF WELL

Howard
8 COUNTY

Ashleigh Knolls
23 SUBDIVISION

SECTION _____ LOT **98**

Highland
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD
MOORLAND DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH

DISTANCE FROM ROAD **100** FT

TAX MAP: **40** BLK: **12** PARCEL: **174**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13-
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ DATE ISSUED **6/23/96**

CO SIGNATURE _____ EXP. DATE _____

NORTH GRID **488000** EAST GRID **0817000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

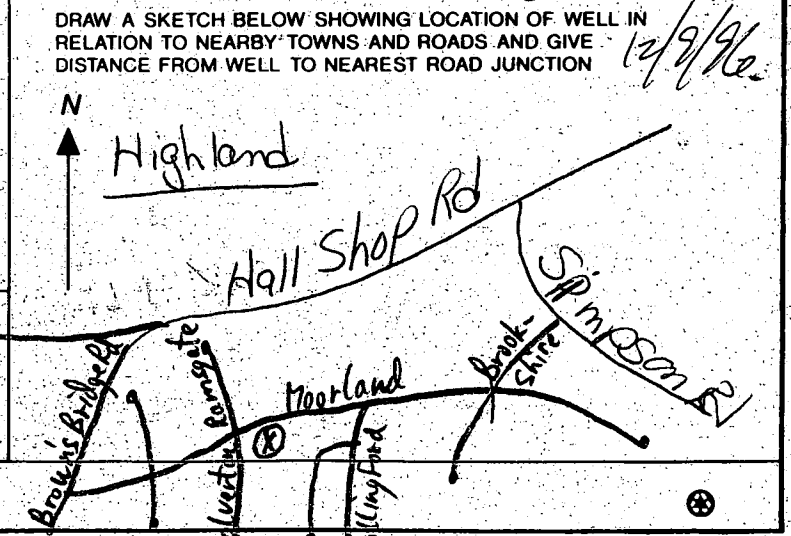
SOURCES OF DRILLING WATER

- Well
-
-

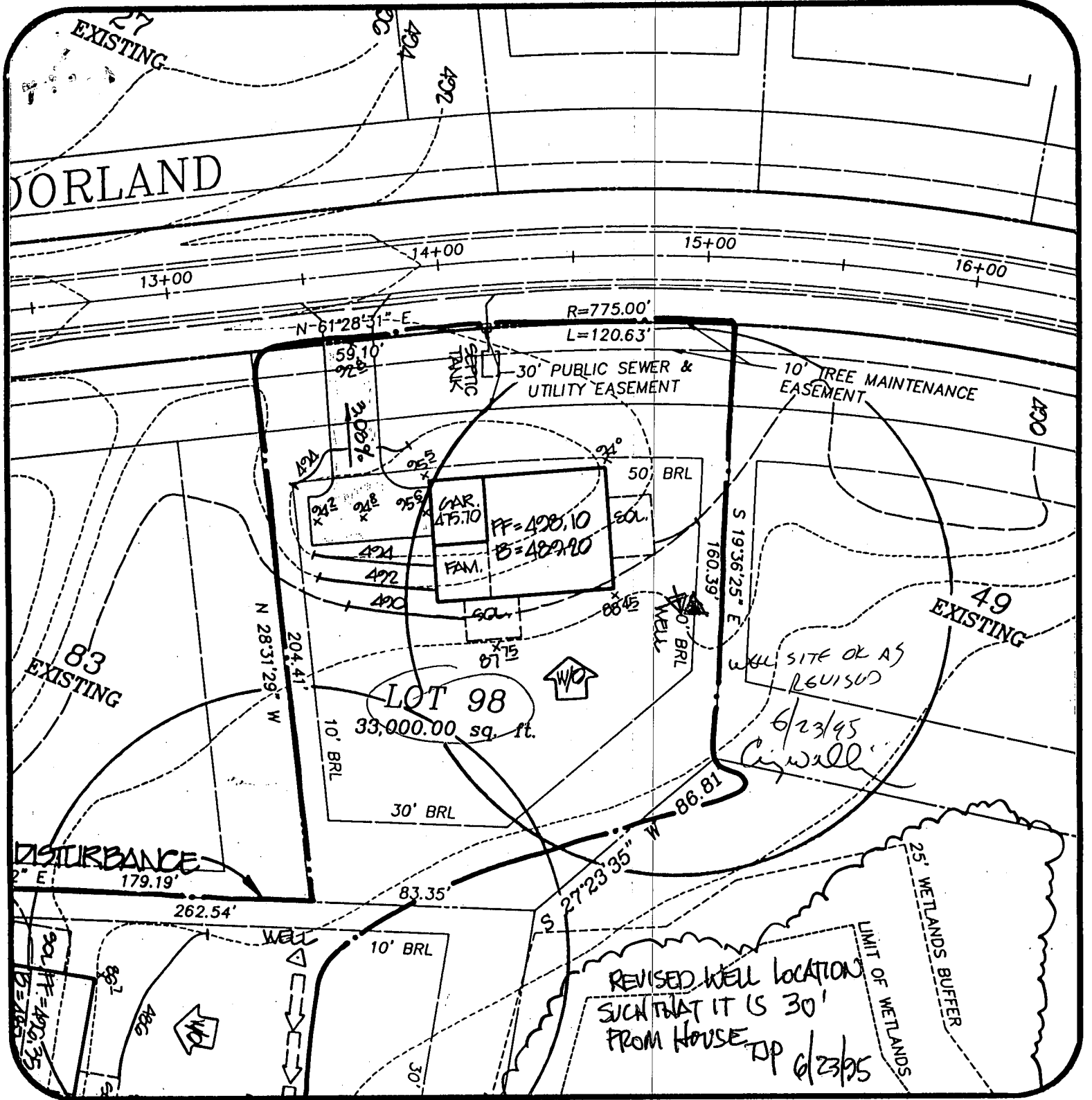
WRITE THE BOX NUMBER FROM THE MAP HERE

8107
4808

12/9/96
9:00 GROUT X
40 BAGS
50' CASING
30' OPEN
3' CASING A.G.
LOC of GROUT OR TAG OR MR



DORLAND



Ashleigh Knolls
Lot 98

DATE: 5/2/95

PROJECT NO.:
80027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

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

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0032~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date 12-3-99

Name of Installer Acker & Sons Inc

Telephone 301-897-0700

License Number 21053
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Mitchell & Best Homes Telephone 301-762-9511
Subdivision Ashleigh Knolls Lot #. 98 Well Tag # _____
Site Address 7151 Moorland Dr.

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>Cambell</u>
a. Deep well jet _____	2. RPM _____	2. Model # <u>PT 800</u>
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4 FT</u>
c. Submersible <u>X</u>	a. 110 _____	
2. Make <u>Jacuzzi</u>	b. 220 <u>X</u>	
3. Model # <u>7541011B-92</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <u>X</u> No _____		
6. If Yes, is low pressure cutoff switch installed? Yes <u>X</u> No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <u>X</u> Cable guards <u>X</u> Other _____		

Tank	Piping	Well data
1. Capacity <u>62</u>	1. Type <u>Polyethylene</u>	1. Depth <u>200</u> ft.
2. Pressure relief valve? <u>75 lbs</u>	2. Size <u>1"</u>	2. Yield <u>30</u> GPM
	3. NSF and/or BOCA Code approved <u>yes</u>	3. Static water level <u>5</u> ft.
	4. Depth of supply line <u>185 FT</u>	4. Will water supply be disinfected by installer? <u>NO</u>

This part of the inspection was not called in? happened to notice deficiencies with well line during pump test

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: 12-17-99
→ DID NOT SEE PITLESS ADAPTER → Perhaps Well line Inspection performed on prior date? = SRK

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

FAX cover sheet



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

To: Water & Sewer Program

Date: 12/23/99 Number of pages including this one one

Fax Number: 2648

From: Matt Tudor

Comments: Final Inspection

Lot 98 7151 Moorland Dr
Mitchell & Best Homes
Ashleigh Knolls Shared Septic

This property is acceptable for U&O
and has been placed in service.

Final grading around the tank is to be
completed by April 01, 2000

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

10025
B00114781

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

70151 Moorland Drive 38038

Clarksville MD 21029

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
98	475	4	2	12		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RR-40	40	5	6051.02	

OWNER NAME AND ADDRESS

Mitchell + Best @ Ashleigh Knolls
1686 E. Guide Dr.
Rockville MD 20850 301-762-9511

OCCUPANT'S NAME AND ADDRESS

Vacant

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

Sutton Yantis 703-734-9733
1952 Gallows Rd. Vienna, VA

CONTRACTOR'S NAME AND ADDRESS

Same as owner

EXISTING USE

Vacant

PROPOSED USE
Residential
Single Fam. Home

EST. CONSTRUCTION COST
\$169,600.00

LICENSE NUMBER
CTR06475

PERMIT FEE
TBD

W/S CODE

FOR OFFICE USE ONLY

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 # _____

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.

LP-69-591
2052

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED

2 story, Full basement, 11 rooms,
2 FB, 1 HB, FP, 4 Bedrooms,
3 car front entry garage
Newport Model

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	55'	60'	10'
2	58'	36'	10'
3	58'	50'	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			22P Gable
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
16" x 12"	8" concrete	Wood frame w/ siding

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.

Signature: President J. K. Logan
Date: 10/5/98

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 10/9/98	Kelley
FIRE PROTECTION		
STORM WATER MGM.	X	

APPROVED _____ DATE _____

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



HOWARD COUNTY HEALTH DEPARTMENT

10 / 8 / 98 DATE

P-511030

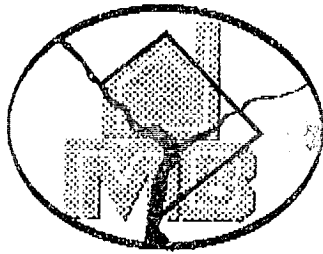
Received From Mitchell and Best
1686 E. Gude Drive Rockville, MD 20850

CASH
 CHECK
NO.
002053

For Septic Permit (1)
Ashleigh Knolls Lot 98
7151 Moorland Drive
one hundred and eighty dollars and 00/100 Dollars

\$ 180 00

Received By Kim Maisto



Mitchell & BestSM

The
MITCHELL & BEST
family of companies is proud of
its recent recognition...

FACSIMILE COVER SHEET

DATE: 10/26/98 TIME: _____

TO: Glen

COMPANY: Howard County

FACSIMILE#: 1-410-313-2698

FROM: Bonnie Flandrau

RE: Septic Permit Fee - Lot 98

OF PAGES INCLUDING COVER: 2

INSTRUCTIONS/REMARKS:

Thanks for your help.

My # is 301-762-9511 (x2113)
in case you need to reach
me.

Bonnie

MITCHELL & BEST HOMEBUILDERS Homebuilder/Developer

- * Celebrating Over 22 Years of Building Excellence
- * Finest for Family Living Judges' Choice Award 1996
- * Finest for Family Living Lifetime Achievement Award 1996
- * Suburban Maryland "Builder of the Year" for Ten Consecutive Years: 1988-1997

MITCHELL, BEST & VISNIC, INC. Custom Homebuilder

- * Suburban Maryland "Builder of the Year" for Five Years -
1992*1993*1994*1995*1997
- * Finest for Family Living Grand Award Winner
1992*1993*1994*1995*1996*1997
- * National Association of Homebuilders
Builder's Spotlight for Business Excellence -
Gold Medal Winner 1995
- * Regional Energy Efficiency Award 1996 & 1997
- * Custom Home Magazine "Pacesetter Award" for Design 1996
- * Suburban Maryland "Environmental Builder of the Year" 1997

MITCHELL, BEST & GOLDSBOROUGH, INC. Design/Build Remodeler

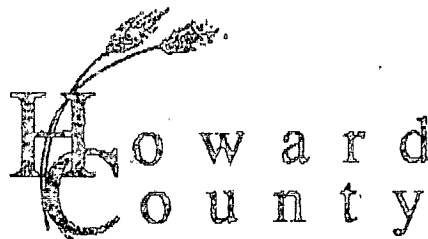
- * Southeast Homebuilder and Remodeler Magazine Chrysalis Awards -
Maryland Remodeler of the Year
1995*1996*1997
- * Southeast Region Remodeler of the Year 1996
- * National Association of Home Builders
Quality Awards for Remodeling -
Silver Medal Winner

Homebuilders
1686 E. Gude Drive
Rockville, Maryland 20850
(301)762-9511
Fax: (301)610-0086; 762-8308

Visnic
1686 E. Gude Drive, Suite 301
Rockville, Maryland 20850
(301)309-6470
Fax: (301)309-8820

Goldsbrough
1686 E. Gude Drive, Suite 304
Rockville, Maryland 20850
(301)762-8224
Fax: (301)762-0095

FAX cover sheet



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

To: Water and Sewer Program

Date: 12/15/99 Number of pages including this one one

Fax Number: 2648

From: Matt Tudor

Comments: Ashleigh Knolls Shared Septic
Sewer Pump Test Results
lot 98, Mitchell and Best Homes
7151 Maryland Drive

The pump operation is acceptable. However, several other related deficiencies were noted during the inspection. Additional work needs to be completed then reinspected. This property is not ready to be released for U&O.

12-22-98 CONTACT BULLOCK 'ARRANGE
SITE INSP TO DISCUSS CONCERNS W/ WELL. JF

MOORLAND DRIVE

9/29/98

SITE INSP

ASHCELOW KNOWS

HO-94-0589 LOT 98? ADJ TO 49

SITE INSP - WELL CASING HIT BY
HEAVY EQUIP HAS DAMAGE

CASING PUSHED 1" FROM VERTICAL (MINIMUM)

BEND IS BELOW GROUND LEVEL

GROUT MAY BE INCOMPLETE

DIRT SLIDING INTO CASING

EVEN THOUGH THERE IS A THIN ± 2"

LAYER OF GROUT ON SURFACE AROUND

CASING

✓ ACTD
BRUCE
COBURN
MITCHELL
BOST

HO 94 0583

LOT 49

GROUT APPEARS TO HAVE DRIPPED

AFTER PLACEMENT OR TO BE INCOMPLETE.

— CONDITION OF WELL IS UNSUITABLE FOR APPROVAL AS IS

ADVISE A DETERMINATION AS TO WHETHER THIS

WELL CAN BE REPAIRED SUFFICIENTLY TO COMPLY

W/ WELL CONSTRUCTION STANDARDS.

JF

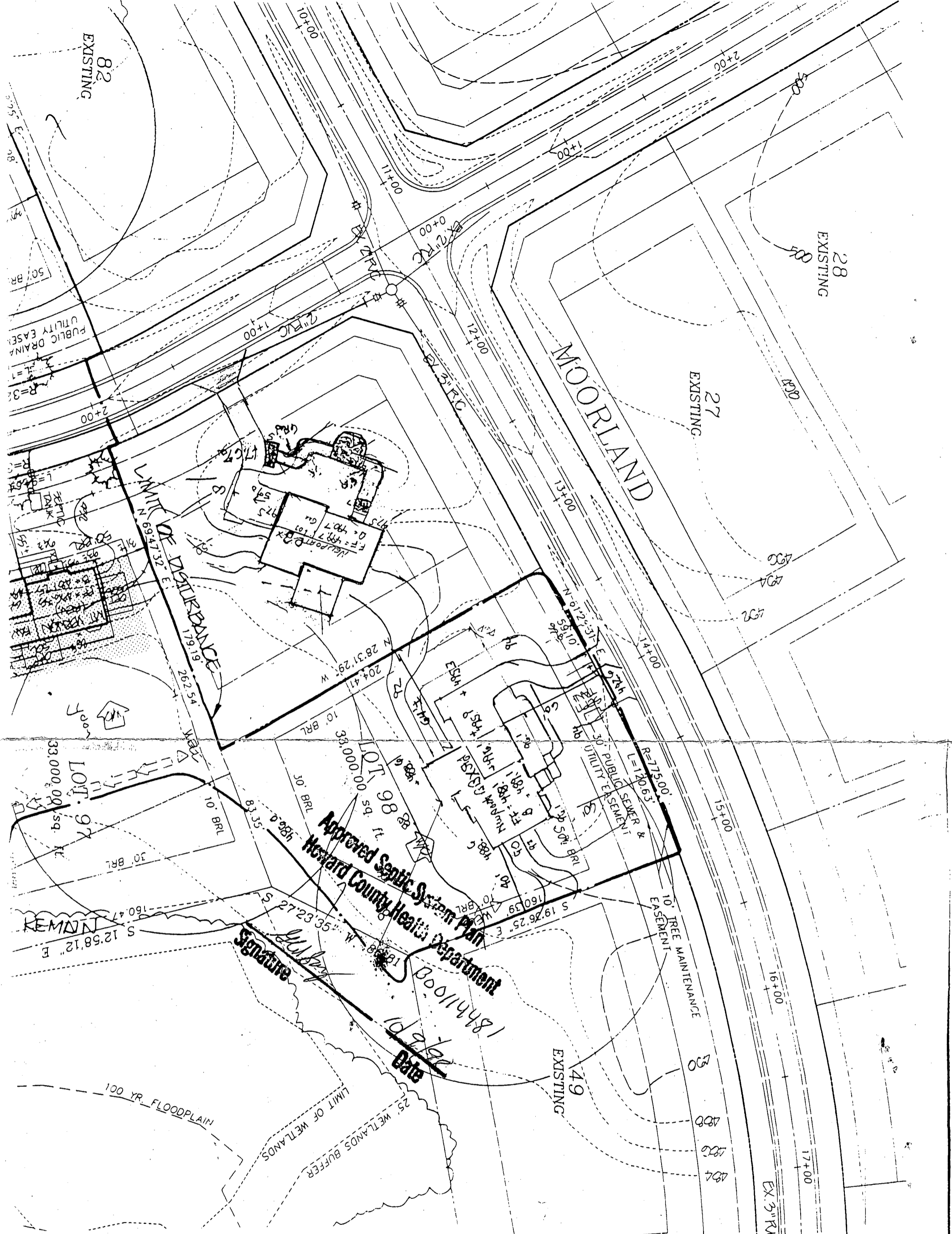
12/17/98

SITE INSP

NO CHANGE

JF

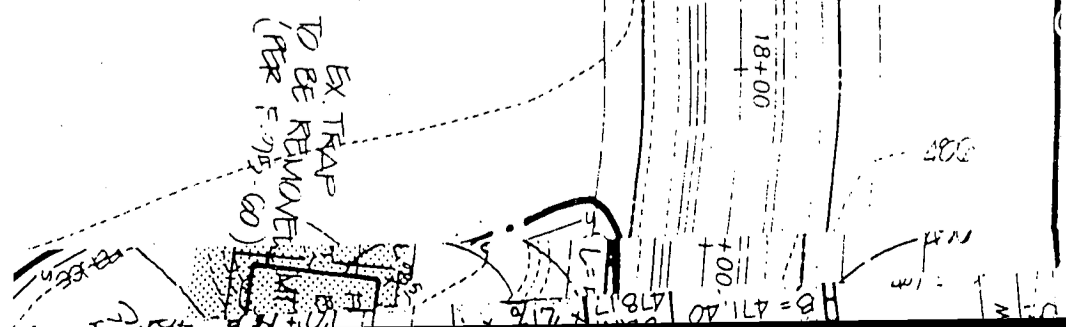
COMPLETE
NO WPI
W/ MITCHELL
ROSS
OR W/ MITCHELL



Mitchell & BestSM

Rockmanor Office Park • 1686 E. Gude Drive • Rockville, Maryland 20850

Lot 98 Ashleigh Knolls - Phase 4
 Election District No 5 Howard County, Maryland
 Newport BB St w 2' Front Est, 3' Eas. Room
 Extension ±
 Scale 1" = 50'



HOWARD COUNTY HEALTH DEPARTMENT
REQUEST FOR SEPTIC PERMIT ISSUANCE

=====
Date of septic permit request: _____ Date of septic permit issuance: _____
=====

INSTALLER

Company Name _____ Phone Number _____
=====

PROPERTY IDENTIFICATION

Subdivision Ashleigh Knolls Lot # 98

Street Address 7151 Moorland Drive
=====

SEPTIC SYSTEM REQUIREMENTS (circle one)

Pumped septic system required: yes no

 If yes, pump detail submitted by installer: yes no

 pump detail reviewed: yes no

 date reviewed/reviewer: _____
=====

CERTIFICATION LOCATION DRAWING

Date copy of certified location drawing (wall check) received: _____

 date reviewed/reviewer: _____
=====

WELL PUMP INSPECTION (W.P.I.)

Date Well Pump Inspection form received: 12/18/99
=====



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
October 31, 1998

MEMORANDUM

TO: Mitchell & Best
1686 E. Gude Drive
Rockville, Maryland 20850

RE: BP# B00114481
Ashleigh Knolls - Lot 98
7151 Moorland Drive

FROM: Glen Savage, R.S.
Water and Sewerage Program

This is to advise that the Health Department has recently recommended approval of the above referenced building permit application. Please be aware of the following conditions related to future permit processes:

SEPTIC SYSTEM ISSUES

1. A copy of the certified location drawing (i.e., wall check) for each structure shall be submitted to this office to allow sufficient review time prior to septic permit issuance.
2. Corners of the approved septic area should be staked by a licensed surveyor/engineer prior to system installation.
3. No grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

WELL WATER ISSUES

1. Final driveway location should be at least 15 feet from the existing well.
2. Notification of the well pump installation and well line connection must be forwarded to this office by the installer (licensed plumber/well driller/pump installer) prior to any approval request regarding the well water supply.
3. Prior to application for a Use and Occupancy Permit, the well water supply should be sampled by a private, state-certified laboratory and tested for at least the following parameters:

- pH, chlorine, nitrates, coliform/fecal coliform bacteria, sand and turbidity

4. A licensed installer should submit "Notification of Water Treatment Device Installation" (if applicable).

5. OTHER: _____

cc: File

Howard County Health Department

To: _____

DAMAGED WELL CASING
DISCUSSED W/ BRUCE
COBURN; HE WILL
MAKE ARRANGEMENTS
FOR EVALUATION AND REPAIR
BY A LICENSED WELL DRILLER

From: _____ GS

Date: _____ ~~12-28~~ 12-30-98

HD-170

1 002053 ck
Howard County Health Department

RECP BY RM 10/8/98

RECA 110030 P511030

To: FILE

DO NOT RELEASE
BUILDING PERMIT
UNTIL SEPTIC PERMIT
HAS BEEN PAID FOR.

(ONLY COMMENTS HAVE
BEEN CORNER STONED)

From: Au PAID 10/8 *[Signature]*

Date: 10/8/98

HD-170