

12/30/98
1:00 HSE CON N
3/22/99
CO. Pump Test 1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P511066

A _____

DISTRICT _____

DATE 10-23-1998

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 410-313-2640

TRCID#
OS-420164

INDEXED

DATE SYSTEM APPROVED 3/22/99

INSPECTOR R.P. Pindley

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 72 ROAD 7200 Downing Court

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

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.

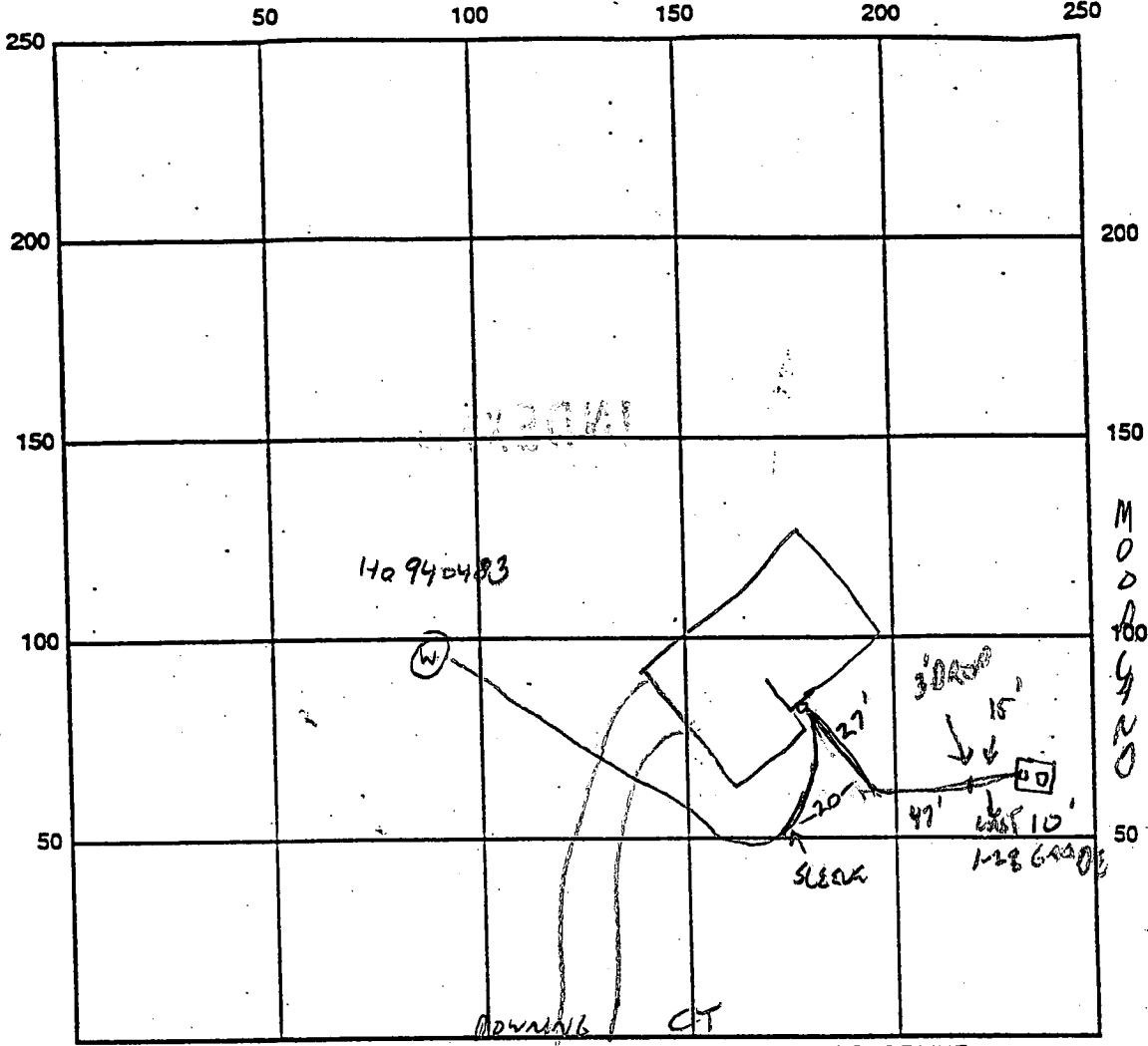
- Contact Health Department for inspection before covering the installation.

- 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 OR DM

511066

APPROVED BY:

DATE:



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: 12-30-98 LINES SET IN GRAVEL SEPTIC CONNECTION
 OK, Franco - 1' FROM ST INLET. OK TO COVER
 W/PI - OK TO COVER. WELL HAS SEPARATE COPPER GROUND W/
 PUMP OPERATION NEEDED.
 Pump Check - OK 3/22/99 [Signature]

DATE SYSTEM APPROVED 3/22/99 INSPECTOR [Signature]

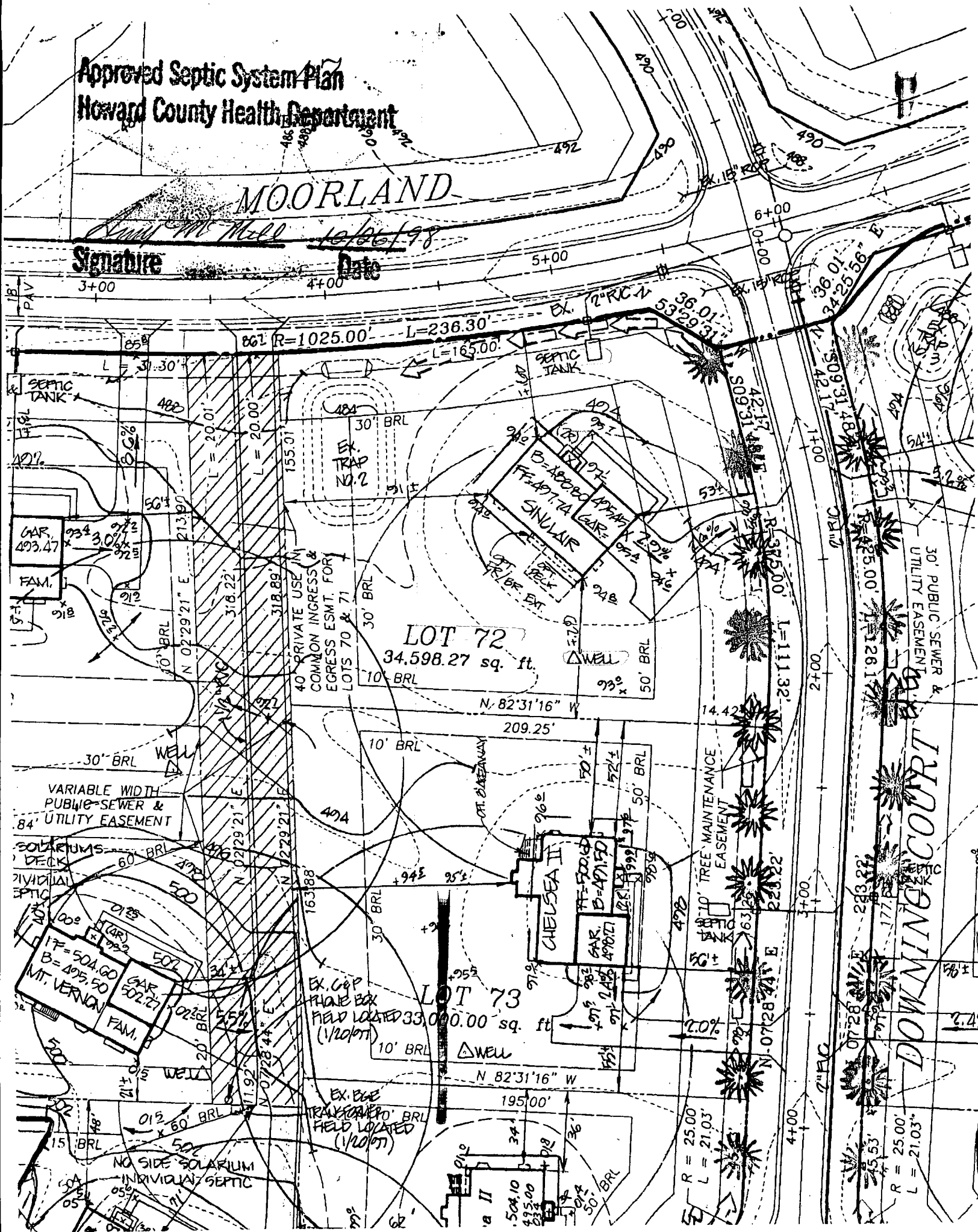
Approved Septic System Plan Howard County Health Department

MOORLAND

Signature

Date

10/26/98



LOT 72
34,598.27 sq. ft.

LOT 73
33,000.00 sq. ft.

DOWNING COURT

GAR 493.47
FAM.

CHELSEA II
GAR 490.71
FAM.

GAR 502.27
FAM.

NO SIDE SOLARIUM
INDIVIDUAL SEPTIC

40' PRIVATE USE IN
COMMON INGRESS &
EGRESS ESMT. FOR
LOTS 70 & 71

10' TREE MAINTENANCE
EASEMENT

EX. COP
PHONE BOX
FIELD LOCATED
(1/20/97)

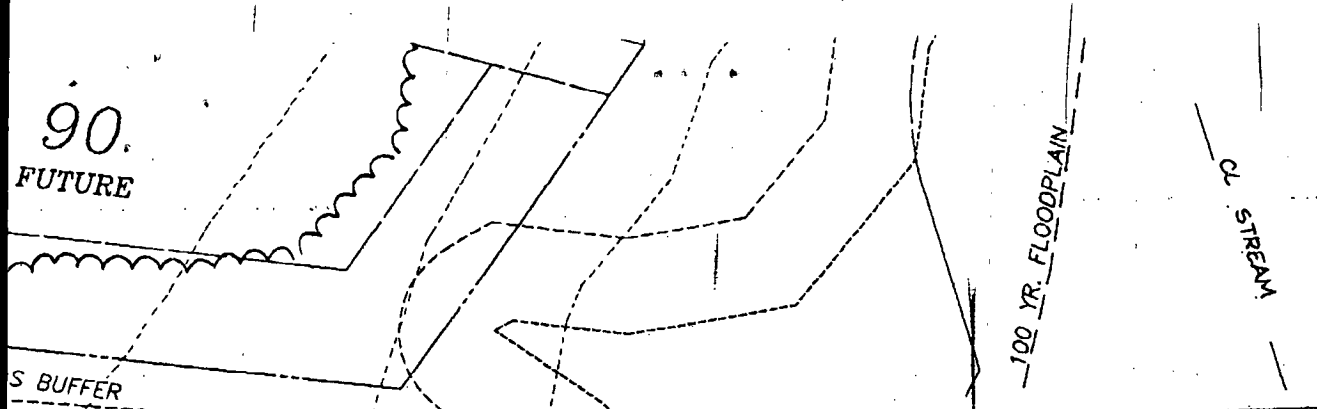
EX. EBE
TRAY COVERED
FIELD LOCATED
(1/20/97)

30' PUBLIC SEWER &
UTILITY EASEMENT

VARIABLE WIDTH
PUBLIC SEWER &
UTILITY EASEMENT

SOLARIUMS
DECK
INDIVIDUAL
SEPTIC

NO SIDE SOLARIUM
INDIVIDUAL SEPTIC



LANDS	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 68	471.64	485.64	483.16	484.80	481.80
LOT 69					
LOT 70					
LOT 71					
LOT 72	497.74	491.74	490.12	490.20	487.30
LOT 73	500.60	494.60	498.10	496.10	490.90
LOT 74	504.10	498.10	501.04	500.2	496.00
LOT 75	506.30	500.30	502.10	500.60	496.60
LOT 76	505.60	499.60	499.78	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	498.60	500.06	500.40	496.0
LOT 80	502.70	496.70	498.86	497.7	494.0
LOT 81	499.90	493.90	492.42	493.0	490.0
LOT 82					
LOT 83					

R.M. MOCHI GROUP, P.C.
 CIVIL ENGINEER
 MICHIGAN

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: 3/23/97 Number of pages including this one one

Fax Number: 2648

From: Mark Tudor

Comments: Ashleigh Knolls Shared Septic Testing 3/22

Windsor Homes Lot #72 @ 7200 Newside Ct
passed the Sewer Pump Test, okay for U&O, will
remain off line until notified for final tank inspection

Lot #19 Final Inspection - passed, placed in service

Mitchell & Reed Homes Lot 82 @ 7200 Wolveter Ct
passed the Sewer Pump Test, okay for U&O, will
remain off line until notified for final tank inspection

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00114770

Building Address **7200 Downing Court**
Clarksville, Md. 21029

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

Census Tract **6051.02** Subdivision **Ashleigh Knolls**

Section **NA** Area **2** Lot **72**

Tax Map **41** Parcel **475** Grid **7**

Zoning **RR-DEO** Map Coordinates **41** Lot size _____

Owner's Name **Winchester Homes, Inc.**

Address **6305 Ivy Ln., Suite 800**

City **Greenbelt** State **Md.** Zip Code **20770**

Home Phone _____ Work Phone **(301)474-4411**

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

Phone **(301)474-4411** Fax **(301)474-0898**

Existing Use **Vacant**

Proposed Use **Res. Single Family**

Estimated Construction Cost \$ **142,000**

Description of Work **Sinclair w/4ft. ext.**
2 story, finished bsmt., 9R, 0FB, 1HB,
Deck, garage & 4 BR.

Contractor Company **Winchester Homes, Inc.**

Contact Person **Carol Viers**

Address **Same as above**

City _____ State _____ Zip Code _____

License No. **158-14160**

Phone **(301)489-1144** Fax **(301) 474-0898**

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company **R.M. Mochi Group**

Contact Person **Paul Bogel**

Address **10120 A Old National Pike**

City **Ijamsville** State **Md** Zip Code **21754**

Phone **(301)865-5858** Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public _____
Gross area, sq. ft. per floor: _____	Private _____
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public _____
Reinforced Concrete _____	Private _____
Structural Steel _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame _____	Heating System: _____
State Certified Modular _____	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"/>
	NFPA #13 _____
	Full _____
	Partial _____
	Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
1st floor: Depth 54 Width 54	Public _____
2nd floor: 54 54	Private <input checked="" type="checkbox"/>
Basement: 54 54	Sewage Disposal: _____
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Public _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
No. of Bedrooms 4	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of efficiency units: _____	Heating System: _____
No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of 2 BR units: _____	Natural Gas <input checked="" type="checkbox"/>
No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
Other: _____	Sprinkler system: N/A <input type="checkbox"/>
Dimensions: _____	NFPA #13D _____
Footings: 16x8	NFPA #13R _____
Roof: Asp Gable	Other: _____
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 THEREON; (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.

Carol Viers **Carol Viers**
Applicant's Signature Print Name

Permit Administrator for Winchester Homes, Inc.

Title/Company Date **10/23/98**

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

VALIDATION

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ _____

State Highways _____

Building Official _____

Dev. Engineering, DPZ _____

Health **10/29/98** *Amy M. Kelly*

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? **011-02**
YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: **38282**

Filing Fee \$ **25**

Permit Fee \$ _____

(.10 sq. ft. (.15 sq. ft.

Excise Tax \$ _____

(.40 sq. ft. (.80 sq. ft.

TOTAL FEES **25**

Check # **5515**

Validation # **18273**

Accepted by: *RD*

C1 2925

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

051795

021897

500

40-99-0483

OWNER Winchester Homes

STREET OR RFD Downing Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 72

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, brown shaley clay, Sand Stone, mica, Sand Stone, Mica & Flint, and Mixed.

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 60 NO. OF POUNDS 6000. GALLONS OF WATER 300. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 32 ft.

CASING RECORD

casings types insert appropriate code below. MAIN CASING TYPE: ST (STEEL), PL (PLASTIC). Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 86.

OTHER CASING (if used)

Table for other casing with columns for diameter (inch) and depth (feet).

SCREEN RECORD

screen type or open hole insert appropriate code below. ST (STEEL), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES (X) NO (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. 40

DRILLERS SIGNATURE George F. Esterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

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

DEPTH (nearest ft.) HO 83 500

Table for casing height with columns for depth (feet) and casing height (feet).

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

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 (74 75 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

PUMPING TEST

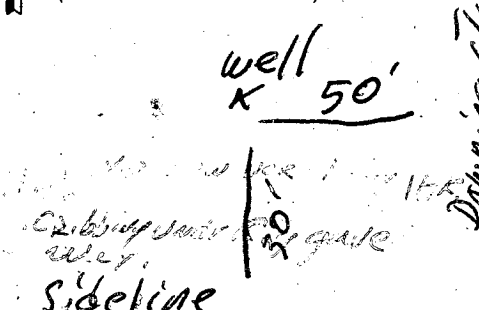
HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 5.0. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 10 ft. WHEN PUMPING 195 ft. TYPE OF PUMP USED (for test) S (submersible)

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. LAND SURFACE (nearest foot) 3

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)



2/18/97

Fractal

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0483

Location of property (road) Downing Court

Subdivision Ashleigh Knolls

Lot 72 Block _____ Plat _____ Sec. _____

Well Driller G. Easterday

Owner Winchester Homes

Depth of well 500

Distance of measuring point (M.P.) above ground 23'

Static water level (S.W.L.) below M.P. 10'

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 AM

Pumping rate 5

Total time 1 hr. to reach pumping water level 195 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)
9:30	130	25 sec	Pump not used	12
9:45	194	20 sec	300'	10
10:00	194	50 sec		6
10:15	198	60 sec		5
10:30	198	60 sec		5
10:45	196	60 sec		5
11:00	198	60 sec		5
11:15	198	60 sec		5
11:30	196	60 sec		5
11:45	196	60 sec		5
12:00	198	60 sec		5
12:15	198	60 sec		5
12:30	198	60 sec		5
12:45	198	60 sec		5
1:00	198	60 sec		5
1:15	198	60 sec		5

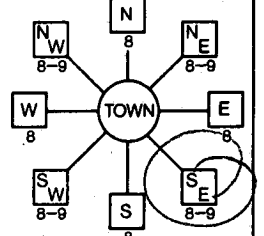
W50695-5-17-95

B 1 **9046** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **40-94-0483**
10 fill in this form completely 79

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

B 3 LOCATION OF WELL
Howard **Ashleigh Knolls**
8 COUNTY 21
 SECTION **72** LOT **72**
44 46 48 50
Highland
52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD
George F. Easterday **44**
77 License No. 80
 Driller's Name **L. Franklin Easterday, Inc.**
 Firm Name **2265 Brown Church Rd., Mt. Airy, Md. 21771**
 Address **George F. Easterday**
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) **DOWNING CT**
11 NEAR WHAT ROAD 30

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **50**
34 37
 DISTANCE FROM ROAD ENTER FT OR MI **FT**
38 39
 TAX MAP: **40** BLK: **12** PARCEL: **174**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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

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** **Wm. J. Dargatzis** **5/31/95**
43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **4830000** EAST GRID **7750000**
50 55 57 63

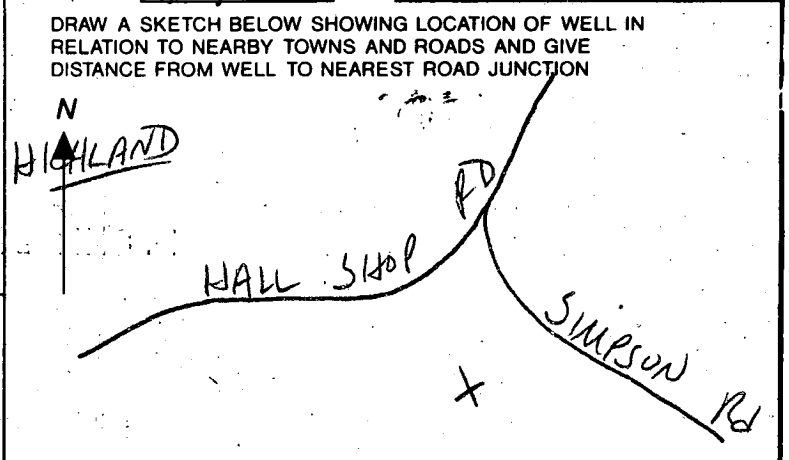
APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary 37 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
 1. **Well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
810775
4803
000 000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41** _____ **52**



Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ **GAP** _____
54 63
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **40-94-0483**
67 68 70 71 72 73 74 75 76 77 78 79