

6/19/99
1/11 Sept 1999/col

Neelby

PERMIT

p 511364

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

DISTRICT _____

DATE 2-03-1999

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Tax ID # - 05-418380

DATE SYSTEM APPROVED 2/3/99

INSPECTOR [Signature]

INDEXED

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 20 ROAD 7122 Moorland Drive

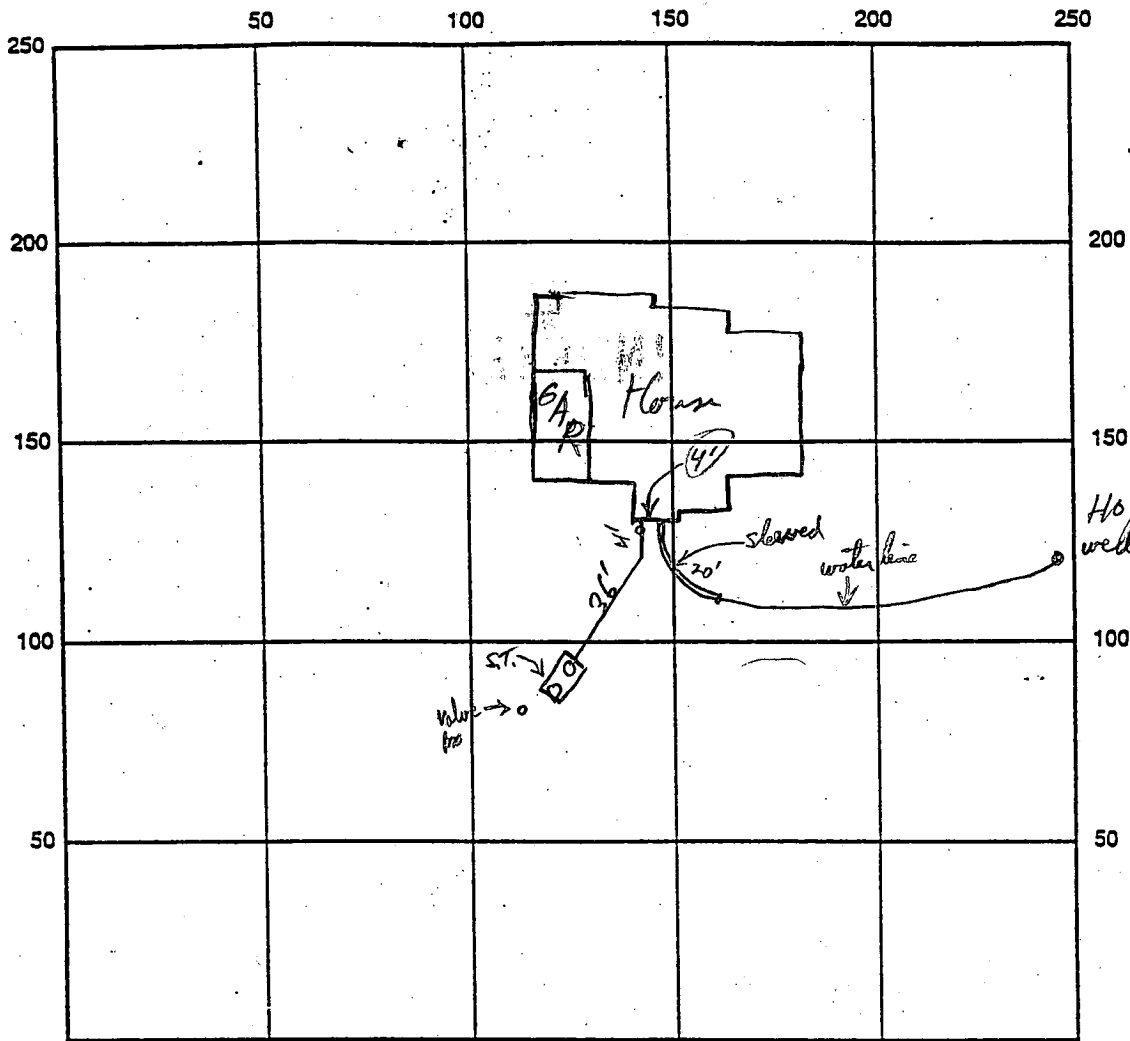
PROPERTY OWNER Winchester Homes, Inc.

ADDRESS _____

- 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. ^{2/4/99} OK All

Plans Approved By: _____

Date: _____



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House connection OK to cover RP 4/6/99 Needs Pump Test report
Pump Test OK from H.D. point of view, very minor leak @ ball valve and chlorinated water
of issue for DPV, they'll resolve by walk thru inspection. 6/9-99

WPT - all clean adapters & water line OK to cover (line s leaved within 20ft of Septic Cleanout)
conduit pipe & 2 inch cap OK RP 4/6/99
 DATE SYSTEM APPROVED 6/9/99 INSPECTOR AP



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
February 3, 1999

MEMORANDUM

TO: Winchester Homes
6305 Ivy Lane - Suite 800
Greenbelt, Maryland 20770

RE: BP# B00115827
Ashleigh Knolls - Lot 20
7122 Moorland Drive

FROM: Kimberly Maiste
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

440-5199
125
PS 11364

DATE
1 12 99

Received From

Winchester Homes, Inc

6305 Ivy Lane, Suite 800 Greenbelt, MD 20770

CASH
 CHECK
 NO. 5686

For Septic Permit

Asheigh Knolls - 7122 Moorland Dr
Ar 20.

One hundred eighty dollar \$ 00/100 Dollars

\$ 180.00

Received By

Amy M. Miller

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300115827

Building Address 7122 Moorland Drive
Clarksville Md. 21029
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6051.02 Subdivision Ashleigh Knolls
Section _____ Area 2 Lot 20
Tax Map 41 Parcel 475 Grid 7
Zoning RK-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 301-474-1144

Existing Use Vacant
Proposed Use Res. Single Family
Estimated Construction Cost \$ 18,300
Description of Work Bedfield
2 story finished bsmt 10 R 4 BR 3 FB
1 HD Deck Full Garage 8' Airway

Contractor Company Winchester Homes Inc
Contact Person Carol Uiers
Address Same As Above
City _____ State _____ Zip Code _____
License No. 158-14160
Phone 301-474-4411 Fax 301-474-0878

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

Engineer or Architect Company R.M. Moch. Group
Contact Person Paul Bogal
Address 10130 N. Old National Pk
City Towsonville State MD Zip Code 21284
Phone (301) 865-5858 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>42</u> Width <u>56</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>40</u> <u>56</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>41</u> <u>36</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Roof: <u>Asph. Gable</u>	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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.

Applicant's Signature Carol Uiers Print Name Carol Uiers

Permit Administrator for Winchester Homes
Title/Company _____ Date 2-22-99

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>2-2-99</u>	<u>Kimberly Maister</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 _____

VALIDATION

PROPERTY ID# 39342

Filing Fee \$ 25

Permit Fee \$ _____

(10 sq. ft. (15 sq. ft.
Excise Tax \$ _____
(40 sq. ft. (80 sq. ft.
TOTAL FEES _____

Check # 5685

Validation # _____
Accepted by: _____

Approved Septic System Plan Howard County Health Department

OPEN SPACE
LOT 6

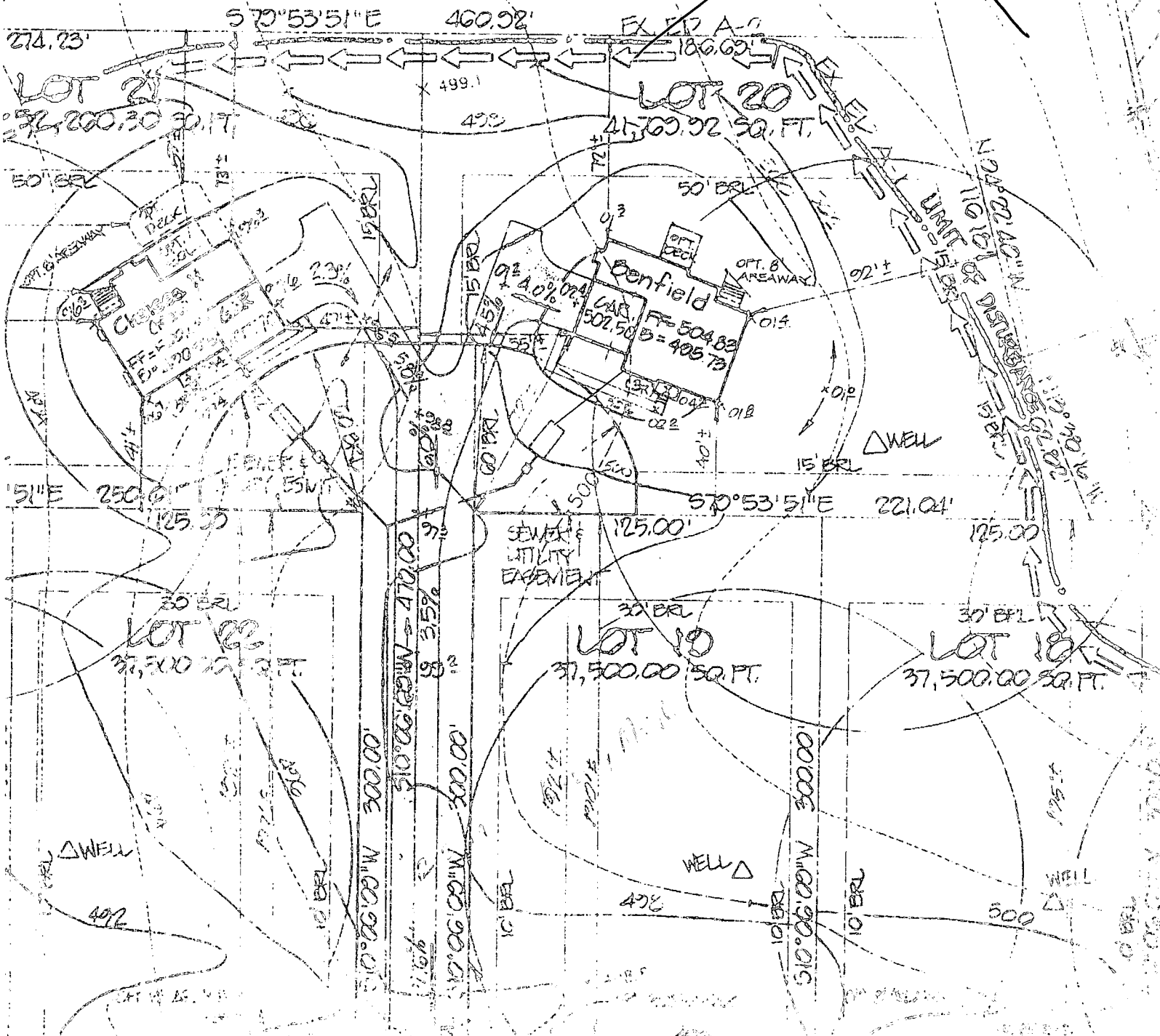
Total linear feet of trench
required _____ feet

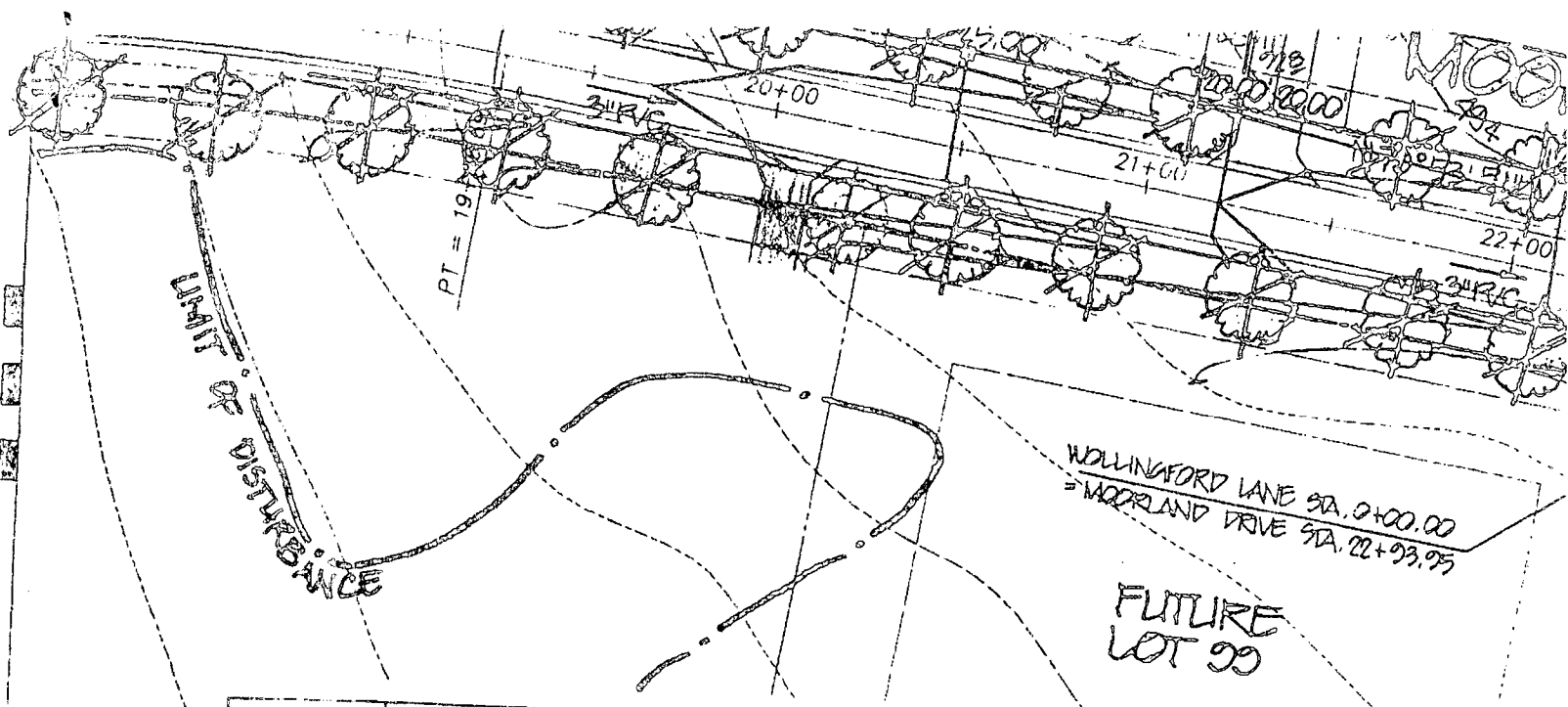
Width of trench(es) _____ feet

Depth of trench(es) _____ feet

Depth of stone required below
distribution pipe _____ feet

Kimberly Maisto 2.2.99
Signature Date





	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 17	507.57	501.57	501.92	502.40	498.50
LOT 18	504.33	498.33	498.06	498.30	494.90
LOT 19	501.93	495.93	496.36	495.40	491.50
LOT 20	504.83	496.70	498.02	499.80	496.10
LOT 21	500.03	491.03	497.10	495.70	491.80*(PLAN)
LOT 22	498.63	492.63	499.84	491.80	488.40
LOT 23	495.63	489.63	487.78	490.8	487.0
LOT 50	504.73	498.73	491.93	496.00	492.04
LOT 52	499.08	493.08	493.63	495.50	489.99
LOT 53	499.27	493.27	492.11	494.00	488.94
LOT 54	495.87	489.87	494.39	493.05	488.15
LOT 55	489.45	483.45	489.50	487.43	481.50
LOT 56					
LOT 57					
LOT 58					

X
481.3

481.0
X

* AS-BUILT SEPTIC TANK INV. NOT AVAILABLE

LEGEND

X 483.1

FUTURE LOT 102

FUTURE LOT 101

C1 2914

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)

COUNTY NUMBER 13-

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received 090695

081195

300 (TO NEAREST FOOT)

40-94-0518

OWNER Winchester Homes, STREET OR RFD Moorland Drive, TOWN Highland, SUBDIVISION Ashleigh Knolls, SECTION, LOT 20

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for top soil, Shale, gray mica, tan mica, and gray mica.

GROUTING RECORD form with fields for YES/NO, TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for casing types (Steel, Concrete, Plastic, Other) and MAIN CASING TYPE.

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (Steel, Brass, Plastic, Open Hole, Other) and slot size.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, PLACE, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED: Yes

CIRCLE APPROPRIATE LETTER: A, E, P

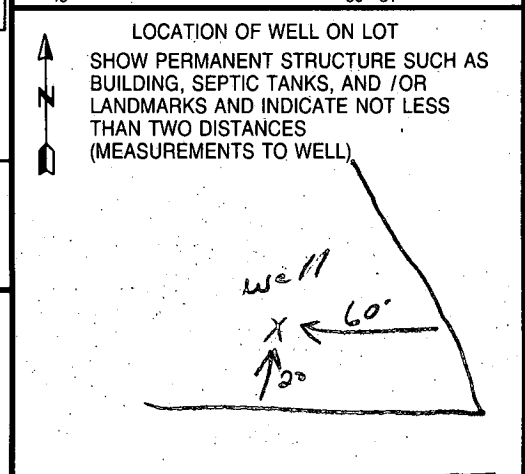
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 40, DRILLERS SIGNATURE: George F. Eutenlang, LIC. NO. MWD 481, SITE SUPERVISOR SIGNATURE

DEPTH (nearest ft.) table with columns 1-51 and rows A-E. Includes SLOT SIZE and DIAMETER OF SCREEN.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER), TELESCOPE CASING, LOG INDICATOR, OTHER DATA



B 1 9056

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER

H0-94-0518 fill in this form completely

Date Received (APA)

051795

OWNER INFORMATION

Winchester Homes

6305 Ivy Lane

Greenbelt MD 20770

B 3

LOCATION OF WELL

Howard

Ashleigh Knob

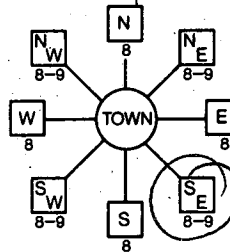
SECTION 44 46 LOT 2b 50

Highland

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

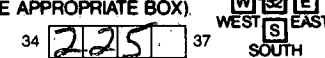
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MOORLAND DRIVE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 225 FT

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 DATE ISSUED 06/01/95

CO SIGNATURE EXP. DATE 6/1/96

NORTH GRID 488000 EAST GRID 0818000

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 DEEPEMED AN EXISTING WELL

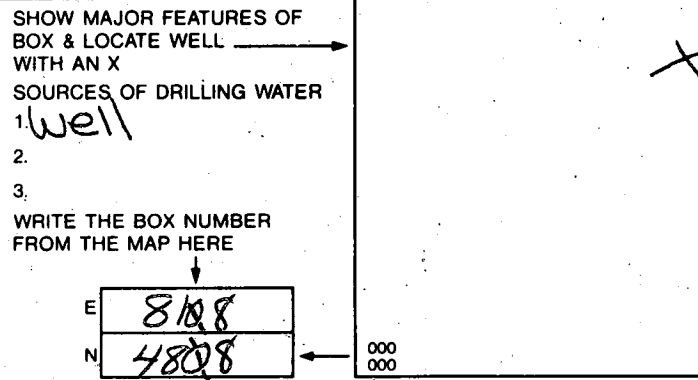
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

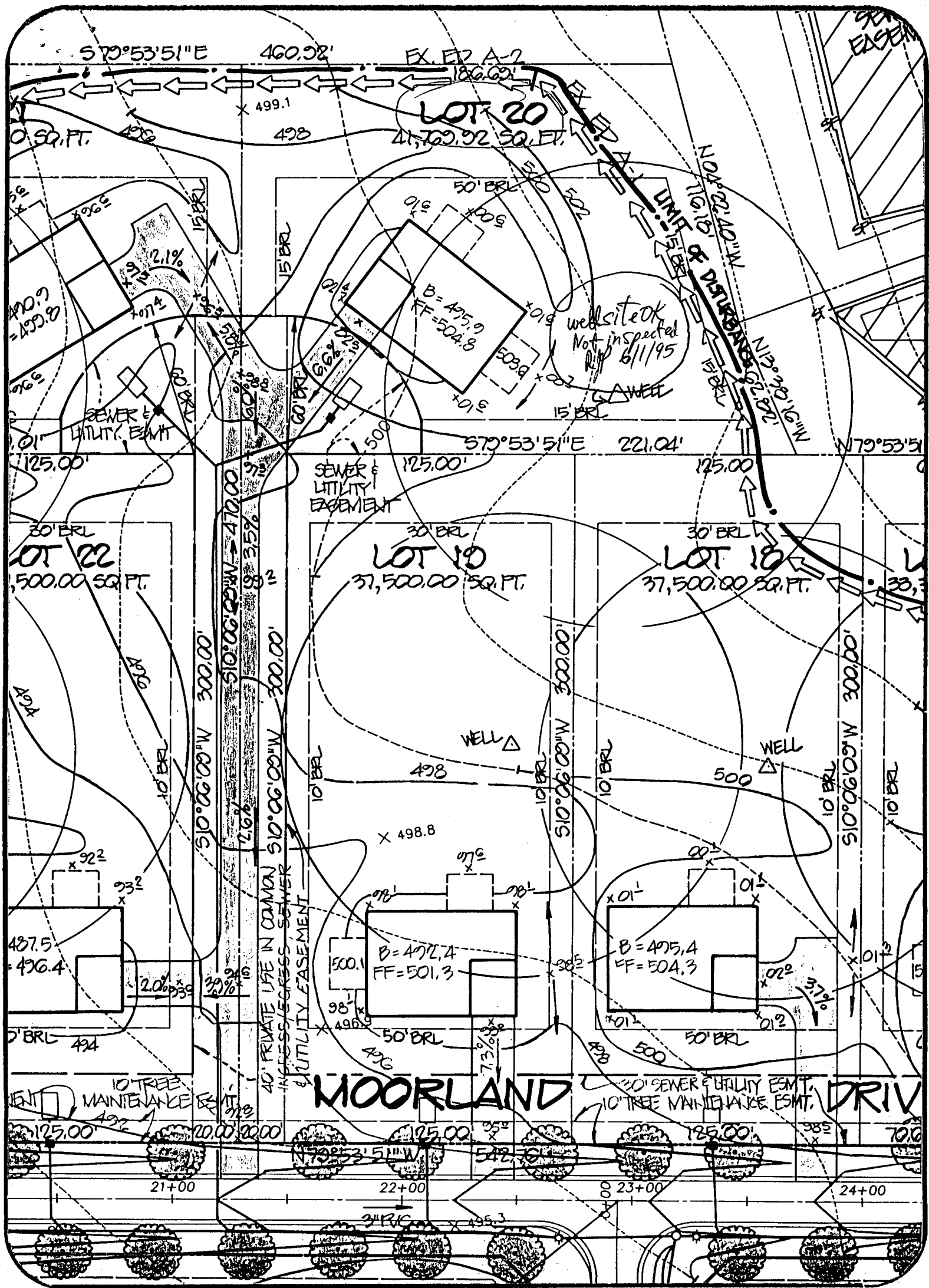
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE R/P WRITE INITIALS IN BOX PERMIT No. H0-94-0518

SPECIAL CONDITIONS Note: Maintain a minimum 100 ft distance from sewage disposal areas on adjacent lots 2+3





Ashleigh Knolls
Lot 20

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
PERMIT APPLICATION**

PERMIT NUMBER

190042704

Building Address 7122 MOORELAND DR
CLARKSVILLE, MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605100 Subdivision ACHUEIGH KNOLLS
Section _____ Area _____ Lot 20
Tax Map 41 Parcel 475 Grid 7
RDCO Map Coordinates N.C. 14713 Lot size 170 x 200
Zoning _____

Property Owner's Name TIMOTHY LEWIS
NANCY KENT
Address 7122 MOORELAND DR
City CLARKSVILLE State MD Zip Code _____
Home Phone 301-854-9531 Work Phone 301-854-9057
Applicant's Name & Mailing Address, (if other than stated hereon):
HAL QUAYLE
125 HILLCREST LN.
SEVERNA PARK MD 21146
Phone 410-336-3270 Fax 410-421-9130

Existing Use Single Family Home
Proposed Use Deck (14x74) - GREENWOOD
Estimated Construction Cost \$ 20,000
Description of Work Deck (14x74) - GREENWOOD
PURCH (14x16)

Contractor Company QUAYLE COMPANY
Contact Person HAL QUAYLE
Address 125 HILLCREST LN
City SEVERNA PARK State MD Zip Code 21146
License No. 29519
Phone 410-647-1362 Fax 410-421-9130

Occupant or Tenant S
Contact Name HAL QUAYLE
Address 125 HILLCREST LN.
City SEVERNA PARK State MD Zip Code 21146
Phone 410-336-3270 Fax 410-421-9130

Engineer or Architect Company _____
Contact Person SAM B
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

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

Print Name HAL QUAYLE
Date 6/26/03

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>6/26/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/26/03</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 _____

PROPERTY ID#: 39342

Filing fee \$ _____
Permit fee \$ 4
Excise tax \$ 0.15
Add'l per. fee \$ _____
TOTAL FEES \$ 71
Sub-total paid \$ _____
Balance due \$ _____
Check # 9036
Validation # 27611

Accepted by [Signature]

LOT 6 OPEN SPACE
 PHASE 1 ASHLEIGH KNOLLS
 PLAT NO. 11122

N79°53'51"W
 186.69'

LOT 20 DECK/PORCH OK
 MR 6/26/03

LOT 21

LOT 2

LOT 3

LOT 19

LOT 18

LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/M = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 7122 MOORLAND DRIVE
 TOP OF WALL ELEV = 303.68 FIRST FLOOR ELEV. =

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 ES-
 TABLISHMENT 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 0038 B

FOR TITLE PURPOSES ONLY -- NO TITLE REPORT FURNISHED
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

ASHLEIGH KNOLLS
 PHASE TWO

PLAT No. 11538
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: SRP 3/10/99
FINAL	DATE: SRP 6/11/99
DRAWN BY: GEM	SCALE: 1"=50'
PROJECT No.:	94517.20



STEVEN R. PETERS
 Property Line Surveyor
 Maryland No. 582

R.M. MOCHI GROUP, P.C.

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

10120 A Old National Pike
 Jomerville, MD 21754-9706

(301) 865-5858
 (301) 865-5111