

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511376

A _____

DISTRICT _____

DATE 1-29-1999

TAX ID # 05-420148

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 5/6/99

INSPECTOR CW

Winchester Homes, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 6305 Ivy Lane, Suite 800, Greenbelt, Maryland 20770 PHONE 301-854-4984
301-474-4411

SUBDIVISION Ashleigh Knolls LOT 70 ROAD 7175 Moorland Drive

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

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the intersection of the 115.09' and 353.40' lot lines, place the distribution box 160 feet down the 353.40' lot line and 10 feet off that same lot line. Run trenches on contour at first toward the front of the lot and then in both directions.

NOTES - No trench to exceed 100 feet in length. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK (REQUIRED). 4/30/99 OK AM

PLANS APPROVED BY C. Williams/Kim Maiste

DATE 2-08-1999

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
February 8, 1999

MEMORANDUM

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

RE: BP# B00115911
Ashleigh Knolls - Lot 70
7175 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

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

300130771

Building Address <u>7175 MORLAND DR.</u> <u>CLARKSVILLE, MD. 21029</u>	Property Owner's Name <u>PU LIU</u> Address <u>7175 MORLAND DR.</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Home Phone <u>301-854-2671</u> Work Phone <u>301-402-2529</u>
Census Tract _____ Subdivision <u>ASHLIEGH KNOWS</u>	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Section _____ Area _____ Lot <u>70</u>	Phone _____ Fax _____
Tax Map _____ Parcel _____ Grid _____	
Zoning _____ Map Coordinates _____ Lot size <u>353 x 115</u>	

Existing Use _____	Contractor Company <u>SOUTHSIDE BUILDERS INC.</u>
Proposed Use <u>SUNROOM</u>	Contact Person <u>TIM KESSEL</u>
Estimated Construction Cost \$ <u>44,000.00</u>	Address <u>86 JOHN ST.</u>
Description of Work <u>BUILD 16x16 SUNROOM /</u> <u>CONSERVATORY ON NORTH SIDE OF HOUSE</u>	City <u>WESTMINSTER</u> State <u>MD</u> Zip Code <u>21157</u>
	License No. <u>25870</u>
	Phone <u>410 857 7829</u> Fax <u>410 857 0475</u>

Occupant or Tenant <u>PU LIU</u>	Engineer or Architect Company <u>FERRARO</u>
Contact Name <u>PU LIU</u>	Contact Person <u>JOHN FERRARO</u>
Address _____	Address <u>25 JUDI LANE</u>
City _____ State _____ Zip Code _____	City <u>NEW CITY</u> State <u>NY</u> Zip Code <u>10956</u>
Phone _____ Fax _____	Phone <u>845-639-1435</u> Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>16'</u> Width <u>16'</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____	Sewage Disposal: <input checked="" 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"/>	Basement: <u>PER FOUNDATION</u> 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.

<u>Edward Dee</u> Applicant's Signature	<u>EDWARD DEE</u> Print Name
<u>PRES. SOUTHSIDE BUILDERS INC.</u> Title/Company	<u>10/14/04</u> 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.: _____	<u>115</u>
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 NewTown Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>125</u>
				Validation # _____

Accepted by _____

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

410-313-2648
3/05

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 5-12-99

Name of Installer Darren Wilson

Telephone 801-831-7057

License Number JSD065

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Winchester Homes

Telephone _____

Subdivision Ashleigh Knolls Lot # 70

Well Tag # HO-94-0635

Site Address moortland Dr.

Pump

- 1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible
- 2. Make Goulds
- 3. Model # 7C505422
- 4. Capacity 7 GPM
- 5. Pump exceeds well capacity Yes No
- 6. If Yes, is low pressure cutoff switch installed? Yes No
- 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make Martison
- 2. Model # B-10X
- 3. Depth 3 1/2

Tank

- 1. Capacity 32
- 2. Pressure relief valve? yes

Piping

- 1. Type PE
- 2. Size 1"
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 3 1/2

Well data

- 1. Depth 200 ft.
- 2. Yield 30 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? yes

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).

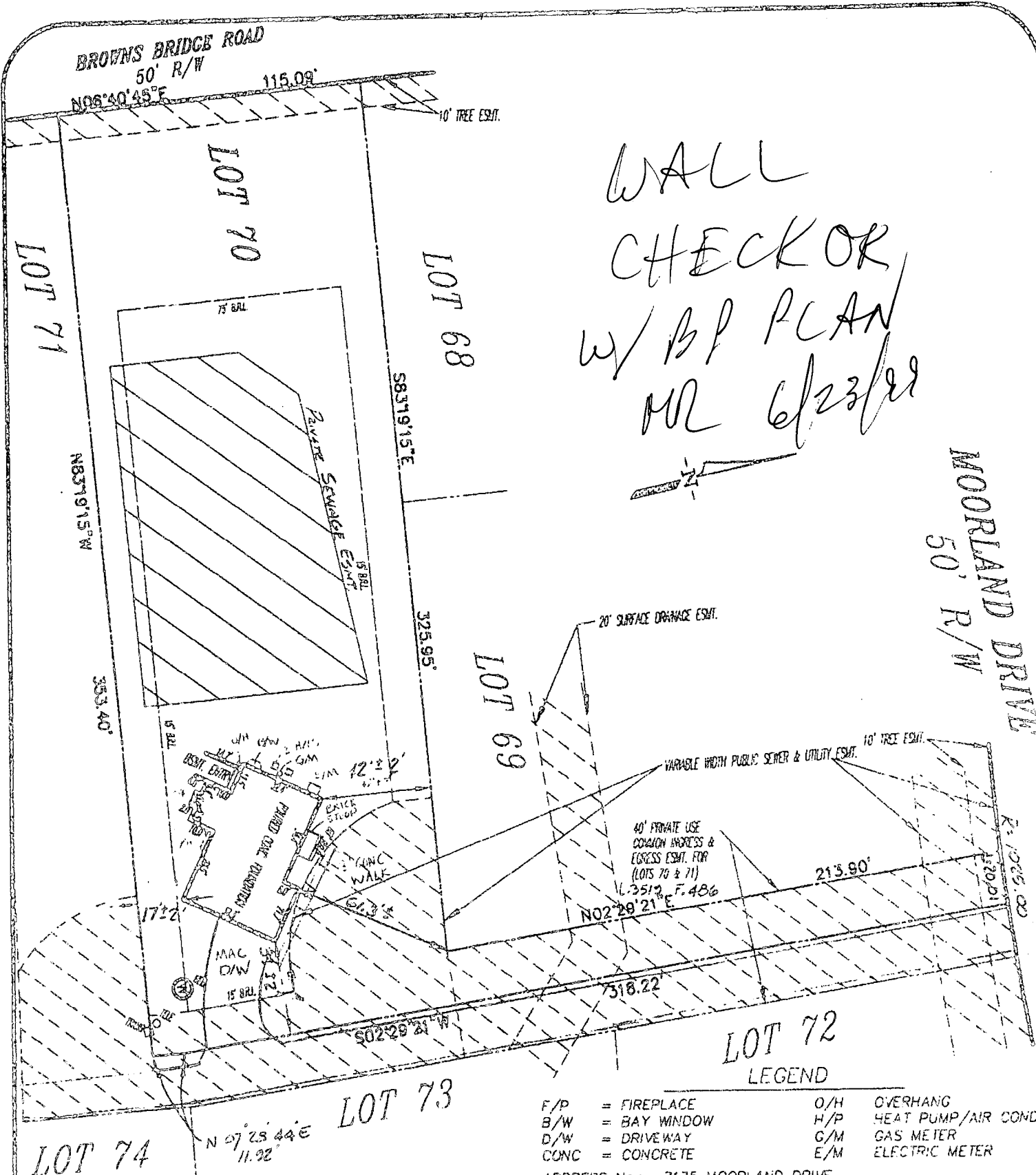
All information given above is true to the best of my knowledge.

FAXED
5-17-99

Signature of Applicant: Darren Wilson

Date: 5-12-99

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



LOT 74

N 07° 23' 44" E
11.92'

LOT 73

- 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.: 7175 MOORLAND DRIVE
 TOP OF WALL ELEV. = 503.14 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 ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE NECESSARY IDENTIFICATION OF PROPERLY BOUNDARY LINES, AND THEREFORE THE USER MAY NOT BE REQUIRED FOR THE PROVISION OF THE NECESSARY IDENTIFICATION OF BOUNDARY LINES.
 THIS DRAWING IS FOR INFORMATION ONLY AND IS NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR.
 THIS DRAWING IS FOR INFORMATION ONLY AND IS NOT TO BE USED FOR ANY OTHER PURPOSES WITHOUT THE WRITTEN CONSENT OF THE SURVEYOR.
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

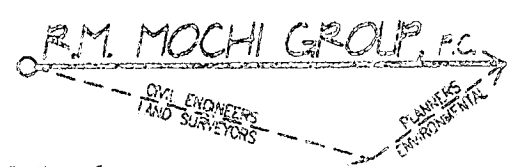
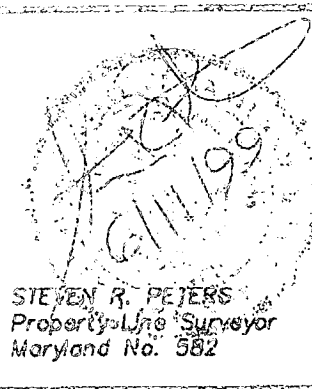
ASHLIEGH KNOLLS

PHASE THREE

PLAT 65, 11831

ELECTRON DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING	
FOUNDATION	DATE: 3/10/99 ^{AWG}
FINAL	DATE: 6/11/99 ^{SEP}
DRAWN BY: GEM	SCALE: 1"=50'
PROJECT No.:	94517.00



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

10120 A Oco National Pike
Hampsville, MD 21754-9706

(301) 865-5856
Fax: (301) 265-5111

ASHLEIGH KNOLLS

A _____

SUBDIVISION:

MOORLAND DRIVE

LOT NUMBER: 70

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total Square Feet

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

manhole cleanout required

Trench to be 3 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 6 feet below original grade.

Effective area begins at 4 feet below original grade.

2 feet of stone below distribution pipe.

240 sq. ft./bedroom

3 WIDE

80 LINEAR FT / BDRM
X 4 BR

320 FT TOTAL
TRENCH LENGTH

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: ~~START THE FIRST TRENCH ^{120'}/_{130'} FROM THE EAST (CENTER OF SHARED PIPESTEM ACCESS) LOT LINE AND 30' FROM THE SOUTH (353') LOT LINE. RUN TRENCHES ALONG SOUTHWEST TOWARD SOUTHWEST PORTION OF LOT.~~

7/31/95/cw/llh

From the intersection of the 115.09' and 353.40' lot lines place the distribution box 100' down the 353.40' lot line and 10' off that same

HD-191

lot line. Run trenches on contour at first toward the front of the lot and then in both directions. RM 2/8/99

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00015911

Building Address 7175 Moorland Drive
Clarksville, MD 21029
Suites/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 001.2 Subdivision Ashleigh Knolls
Section N/A Area PHASE 2 Lot 70
Tax Map 40 Parcel 475 Grid 12
Zoning RR Map Coordinates 41 Lot size 44,412 s.f.

Owner's Name Winchester Homes Inc.
Address 6305 Ivy Ave. Suite 800
City Crofton State MD Zip Code 20710
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 lot
Proposed Use Res. Single Family
Estimated Construction Cost \$ 160,000
Description of Work Chelsea II, 2 story,
Finished bsmt, 10, 6, 4 BR, 1 HB, FC
8' opening 4 BR garage

Contractor Company Winchester Homes Inc.
Contact Person Carol Viers
Address Same As Above
City _____ State _____ Zip Code _____
License No. 158-14160
Phone (301) 865-5858 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 Jaysville State MD Zip Code 21754
Phone (301) 865-5858 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression
<input type="checkbox"/> State Certified Modular	

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: <u>42</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>38</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>42</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
Footings: <u>16 x 8</u>	
Roof: <u>Asp Gable</u>	
<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.

Carol Viers Carol Viers
Applicant's Signature Print Name

Permit Administrator for Winchester Homes
Title/Company Date 1-29-99

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>2/8/99</u>	<u>Kim Platts</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
<input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" 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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 39438
Filing Fee \$ 25
Permit Fee \$ _____
(.10 sq. ft. (.15 sq. ft.
Excise Tax \$ _____
(.40 sq. ft. (.80 sq. ft.
TOTAL FEES _____
Check # 5097
Validation # _____
Accepted by: [Signature]

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

C1 2923

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 040897

Depth of Well 200

PERMIT NO. FROM PERMIT TO DRILL WELL 428/97 HD-990635

OWNER Winchester Homes last name Moorland Drive first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 70

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 (0-2), Shale (2-35), Brown mica (35-60), Gray mica (60-70), Brown mica (70-75), Gray mica (75-180), Gray mica (180-200), Quartz.

NUMBER OF UNSUCCESSFUL WELLS 2

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

TYPE MWD/MSD/MGD 40 DRILLERS LIC. NO.

DRILLERS SIGNATURE Denise L. Esterling

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 481

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

GROUTING RECORD YES (Y) NO (N) WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 50

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

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) SJ 6 57

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open-hole insert appropriate code below ST STEEL BR BRASS PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.) table with columns 1-21 and rows A-E. Values: H0, 55, 200.

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 250

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

BEFORE PUMPING 15 ft.

WHEN PUMPING 24 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

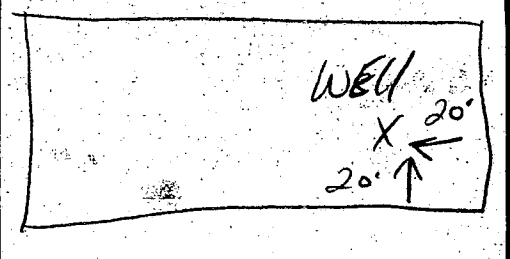
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below (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)



SEND REPORT TO:

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 _____

0110304093 2:16 5
 Do not write above this line.

WATER ANALYSIS

S
A
M
P
L
E
I
D

Bottle Number HO-2757 Name Winchester Thomas Howard County Code 13
 Source Ashleigh Knolls, lot 70, Moorland Drive Data Category Code 4F
 Collected: Date 4/15/97 Time 12:30 Collector & Phone D. Soe 313-2640 Submitter Code
 CHECK (one per box)
 Drinking Water Landfill Stream Other
 Community Non-community Private Other
 Source (raw water) Distribution (treated) MCL
 Emergency Routine Recheck Special
 Federal Project S

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-94-0635

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ 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 - Nitrite, N	00630			9.1	4-17-97	PK
	pH*, Ca CO ₃ 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
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported APR 18 1997

RECEIVED
 HOWARD CO. HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 1997 APR 24 P 12:40

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	Standards & 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

W 50695-5-17-95

B 1	9050	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0635 <small>70 fill in this form completely 79</small>
------------	-------------	-------------------------------	---	---

OWNER INFORMATION

Date Received (APA)

Winchester Homes
15 Last Name Owner First Name 34

6305 Ivy Lane
36 Street or RFD 55

Greenbelt **MD 20776**
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

Howard **8** COUNTY **21**

Ashleigh Knolls 23 SUBDIVISION 42

SECTION LOT **70**

Highland 52 NEAREST TOWN 71

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

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

1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

2 NEAR WHAT ROAD **MOORLAND DR.** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **250** 37 DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: BLK: PARCEL:

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)

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 **072895** **Cra Wilkins** EXP. DATE

43 48 CO. SIGNATURE 49

NORTH GRID **487000** EAST GRID **0816000**

50 55 57 63

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

APPROXIMATE DIAMETER OF WELL **6** 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

1. **well**

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

816

480

000
000

4/8/97
grout 12:00 X

4/8/97
grout not started
Will call in information
KM

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) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Highland

HALL SHOP

SIMPSON Rd

X

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

APPROX. PERMIT NUMBER **G A P** 54 63

FORCE **C W** WRITE INITIALS IN BOX PERMIT No. **40-94-0635**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

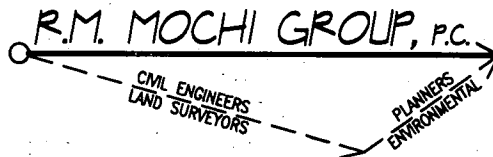
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY



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

February 11, 1997

Mr. Craig Williams
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043

Re: Ashleigh Knolls, Lot 70
Well Permit / Well Location

Dear Mr. Williams:

As a follow up to our telephone conversation this morning we are forwarding a copy of the plot plan for the above-referenced lot. Please note that the proposed well location has been shifted approximately 10 feet west (i.e. closer to Browns Bridge Road) to provide adequate clearance from both an existing BGE transformer and a C&P telephone junction box. The new well location will still maintain the required 100 foot setback from the septic easements on Lots 70 and 71, and will be 30 feet from the house on Lot 70. It is our understanding that the well permit has already been issued for this lot. Please add this plan to your file for Lot 70.

Should you have any questions or comments regarding this well relocation please feel free to contact us. Thank you for your time.

Sincerely,
R. M. MOCHI GROUP, P.C.

Thomas J. Pilon, P.E.

cc: Mr. Larry Burgoon, Winchester Homes, Inc.
Mr. David Morck, Winchester Homes, Inc.

h:\tjp\94026-00\L70well

2-19-97

Proposed well relocation ok as shown on plat (km)

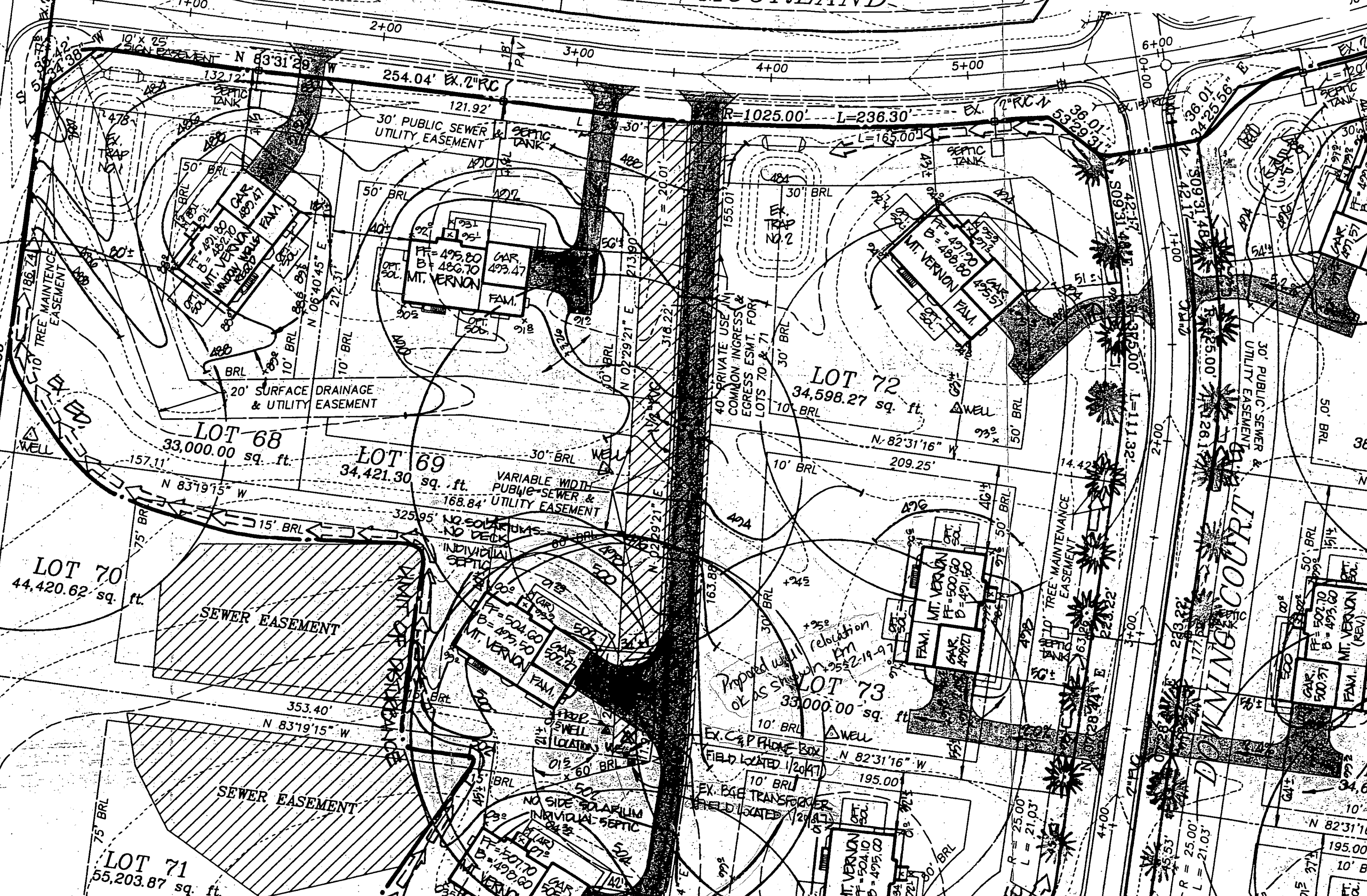
BRIDGE ROAD
Minor Collector
60' R/W Public

N 06°23'18" E
1240.26'

LOT 46
HOMEOWNERS ASSOCIATION
OPEN SPACE

MOORLAND

94026.22
ASHLEIGH KNOLLS
LOT 70
PROPOSED WELL RELLOCATION
TIP 1"=50 2/11/97



LOT 68
33,000.00 sq. ft.

LOT 69
34,421.30 sq. ft.

LOT 70
44,420.62 sq. ft.

LOT 71
55,203.87 sq. ft.

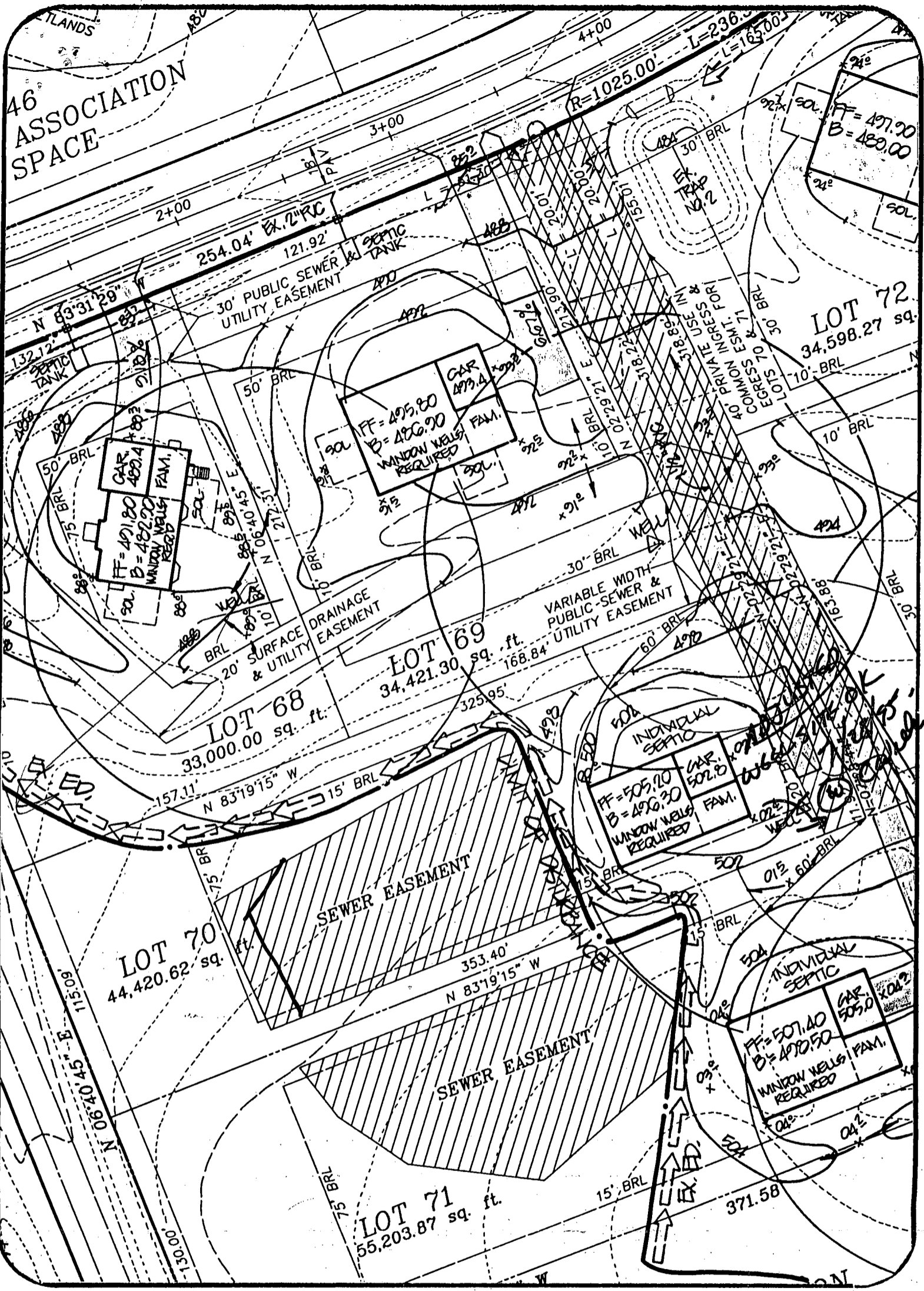
LOT 72
34,598.27 sq. ft.

LOT 73
33,000.00 sq. ft.

DOWNING COURT

LOT 74
34,640.00 sq. ft.

LOT 75
34,640.00 sq. ft.



Ashleigh Knolls
Lot 70

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

Winchester Homes, Inc.

6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770
Tel (301) 474-4411
Toll Free (800) 527-8558
Fax (301) 474-1609



July 21, 1995

Mr. Craig Williams
Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043-4544

RE: Ashleigh Knolls

Lots 70 & 71

Lots 130 & 131

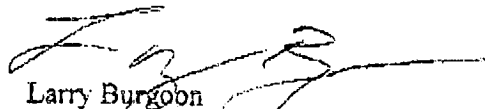
Dear Mr. Williams:

This letter is to confirm that we intend to utilize on-lot septic systems for Lots 70 and 71, rather than connect them to the Shared Septic System. We are working through the County processes to add two lots, #130 and #131, to be located as shown on the plot plan sketches furnished to you by Tom Pilon, of R.M. Mochi Group. These two new lots will utilize the Shared Septic System. In anticipation of approval, I have authorized Easterday to apply for well permits for these lots (130 & 131), as well as Lots 68 and 120, which are the only remaining lots for which permit applications have not been made.

Additionally, this letter is to confirm the relocation of the well on lot 70 to within the driveway easement. The revised well location, while within the driveway easement, will be beyond the end of the proposed driveway, and will not hinder the construction or utilization of the driveway.

Please contact me if you have any questions regarding the above.

Sincerely,


Larry Burgoon
Director of Operations

cc: Tom Pilon

David Morck

Tony Pruner

Mark N. Mann

Andy [unclear]

ACCEPTED

7/24/95



(UGG DRAWING)



Department of Public Works
BUREAU OF UTILITIES

Robert M. Beringer, Bureau Chief

December 22, 1995

Dames and Moore, Inc.
170 Jennifer Road
Suite 230
Annapolis, MD 21401

Attention: Dan Anderson

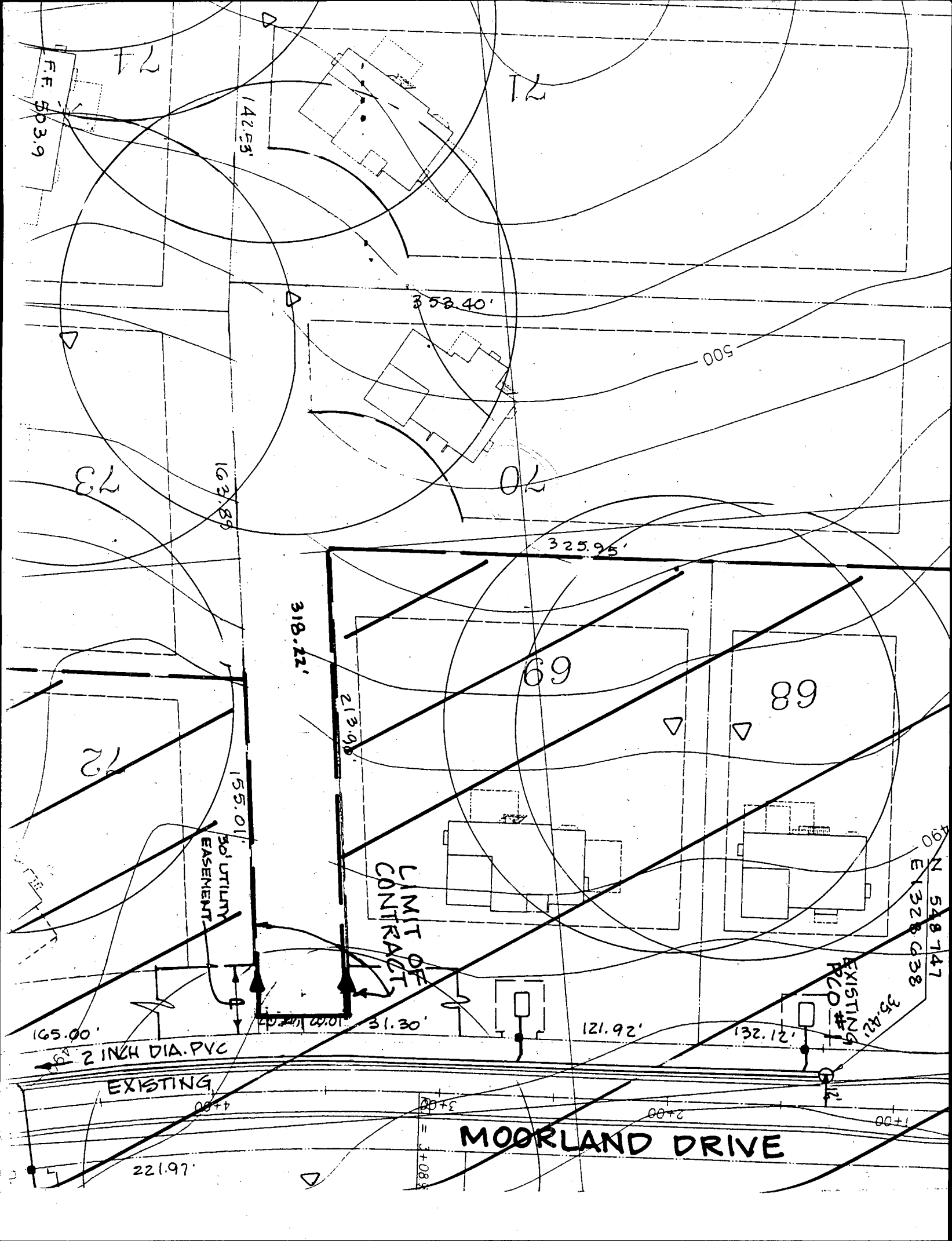
Subject: Lots 70, 71, 130, & 131
Ashleigh Knolls Shared Septic System
Water and Sewer Contract Number 50-3382 & 50-3383

Dear Dan:

After reviewing your submission of the proposed lot changes for the Ashleigh subdivision, I would like to offer the following comments:

- 1) Since lots ~~70 and 71~~ have been approved for on-site systems, there is no problem in removing them from the proposed Phase II development (Contract 50-3382). However, since the addition of ~~lot 130~~ has been proposed under the red-line of this same contract, the lot cannot be connected to the shared septic facility until this contract has been placed in service. In addition, a letter from the developer to the Department of Public Works, Real Estate Services Division must amend the existing Developer's Agreement to include these changes.
- 2) In similar fashion, the addition of ~~lot 131~~ was presented as a red-line to contract 50-3383, which is Phase III. This lot cannot be connected until Phase III has been placed in service. Please include this change also in the developer's letter amending the developer's agreement.
- 3) In abandoning the connections for Lots 70 & 71, it not clear whether or not they have as yet been constructed. If not, simply eliminate their tees. If they have been constructed, then excavation over the pressure main must be conducted to abandon the connection at the tee; cut and cap the pipe at this point only with appropriate thrust protection.

Should you have any questions or comments, please feel free to call.



FF: 503.9

72

72

142.53'

358.40'

500

73

163.89

70

325.95'

318.22'

69

68

213.98'

155.01'

30' UTILITY EASEMENT

LIMIT OF CONTRACT

N 548 747
E 1328 638

165.00'

2 INCH DIA. PVC

EXISTING

31.30'

121.92'

132.12'

EXISTING PLO #1

35.42'

221.97'

MOORLAND DRIVE

3+08

2+00

1+00