

PERMIT

Needs Permitted

P 511409

SEWAGE DISPOSAL SYSTEM

A _____

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Tox ID#
05 - 420121

DATE 02-12-99

DATE SYSTEM APPROVED *7/7/99*

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 69 ROAD 7179 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

- 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.

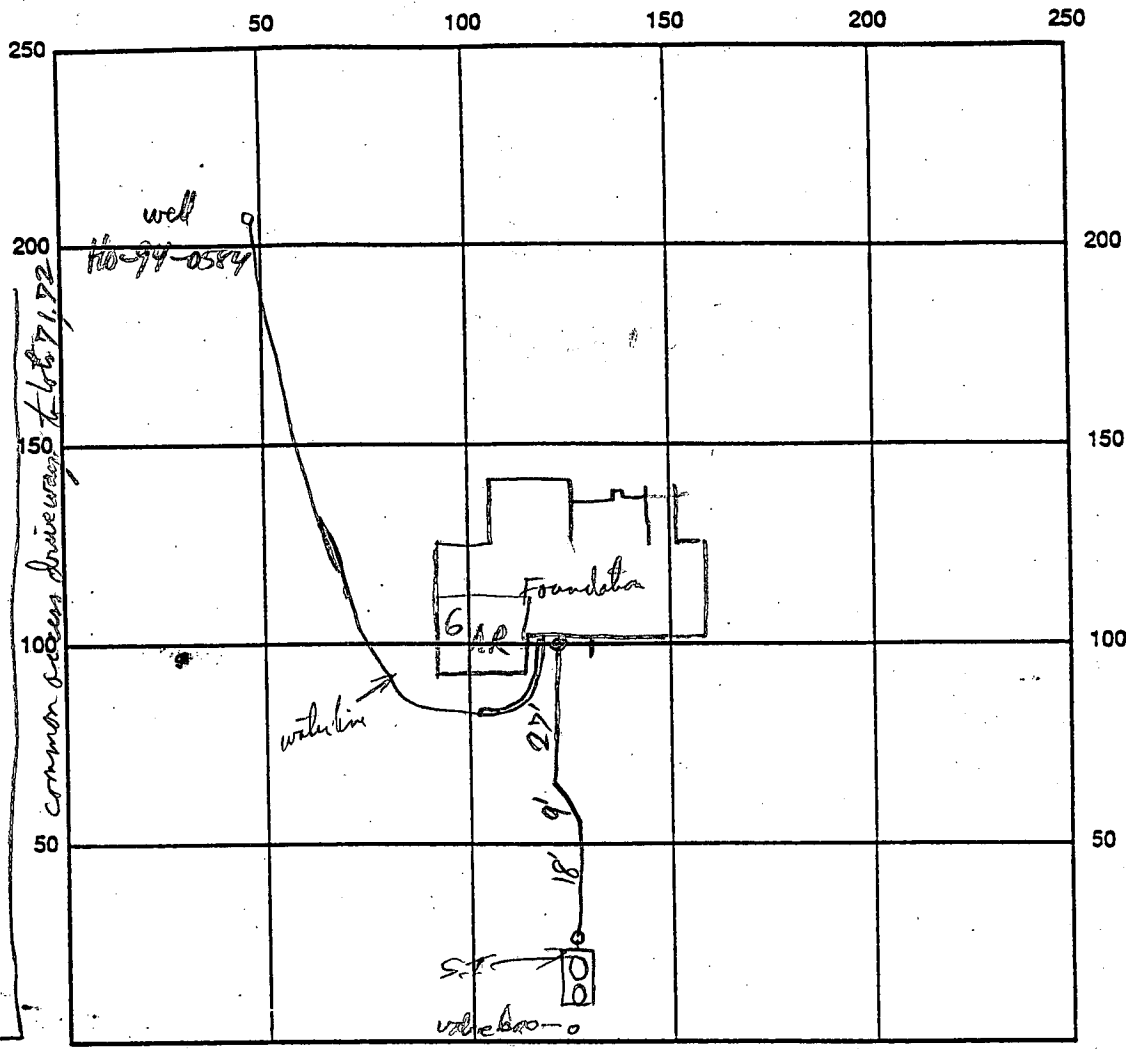
- Contact Health Department for inspection before covering the installation.

- 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.

Plans Approved By:

[Signature]

Date: 2/23/99



Moorland Drive INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House connection OK. ~~WP~~ 4/6/99 (Needs pump test).
 7/8/99 Pump test OK - Public Works gave OK to U&O while on site verbal - but wait for written confirmation for final approval ✓

WPI pitless adapter + water line OK & 4/99
 conduct pipe & 2 piece cap OK ~~WP~~ 4/12/99
 DATE SYSTEM APPROVED 7/7/99 INSPECTOR *A. Mc Miller*
 pump finalized by PW

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 # 69

Street Address 7179 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: _____

=====



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
February 23, 1999

MEMORANDUM

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

RE: BP# B00116159
Ashleigh Knolls - Lot 69
7179 Moorland Drive

FROM: Donna K. Soe, 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

P511409

DATE 02/12/99

Received From:

Winchester Homes, Inc

6305 Ivy Lane, Suite 800 Greenbelt MD

For: Septic System Permit

CASH
 CHECK

Ashleigh Knolls - lot 69

7179 Moorland Drive

NO. 5720

one hundred eighty and 00/100 Dollars

\$ 180.00

Received By: [Signature]

5720

7-11/520
BRANCH 92

WINCHESTER HOMES, INC.
6305 IVY LANE, SUITE 800
GREENBELT, MD 20770

DATE February 10, 1999

PAY TO THE ORDER OF

Howard County THE SUM 180 DOLLARS

\$ 180.00

DOLLARS



BALTIMORE, MARYLAND ACCOUNTING CENTER 0291

Ashleigh Knolls (60016159)

FOR AK-0069 (7179 Moorland Dr.)

⑈005720⑈ >⑈052000⑈⑈⑈ ⑈73 9⑈86 ⑈⑈

[Signature]

MP

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0016159

Building Address 7179 Monclara Drive
Clarksville, Md. 21029

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 605102 Subdivision Ashleigh Knolls

Section N/A Area 2 Lot 69

Tax Map 40 Parcel 475 Grid 12

Zoning RR Map Coordinates 40 Lot size 34,421 sq ft

Owner's Name Winchester Homes Inc.
Address 6305 Turkey Run Road

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 \$ _____

Description of Work Chelsea II w/sunroom
2 story finished basement, four solar panels, &
attorney for 3 ER 148 F.P. Garage

Contractor Company Winchester Homes Inc.

Contact Person Carol Viers

Address Same as Above

City _____ State _____ Zip Code _____

License No. 158-14160

Phone 301-474-1111 Fax 301-474-0898

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company R.M. Mock Group

Contact Person Paul Bogel

Address 10120 A. Old National Pike

City Greenbelt State MD Zip Code 20770

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"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>

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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13 <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Other: _____ Dimensions: _____ Footings: <u>16x8</u> Roof: <u>Asph/Flt Shingles</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.

Carol Viers Applicant's Signature
Carol Viers Print Name

Winchester Homes Inc. Title/Company
2-12-99 Date

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>2/25/99</u>	<u>[Signature]</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 checked="" 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#: 39642

Filing Fee \$ 25

Permit Fee \$ _____

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

Excise Tax \$ _____

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

TOTAL FEES _____

Check # 5218

Validation # 20171

Accepted by: [Signature]

Approved Septic System Plan

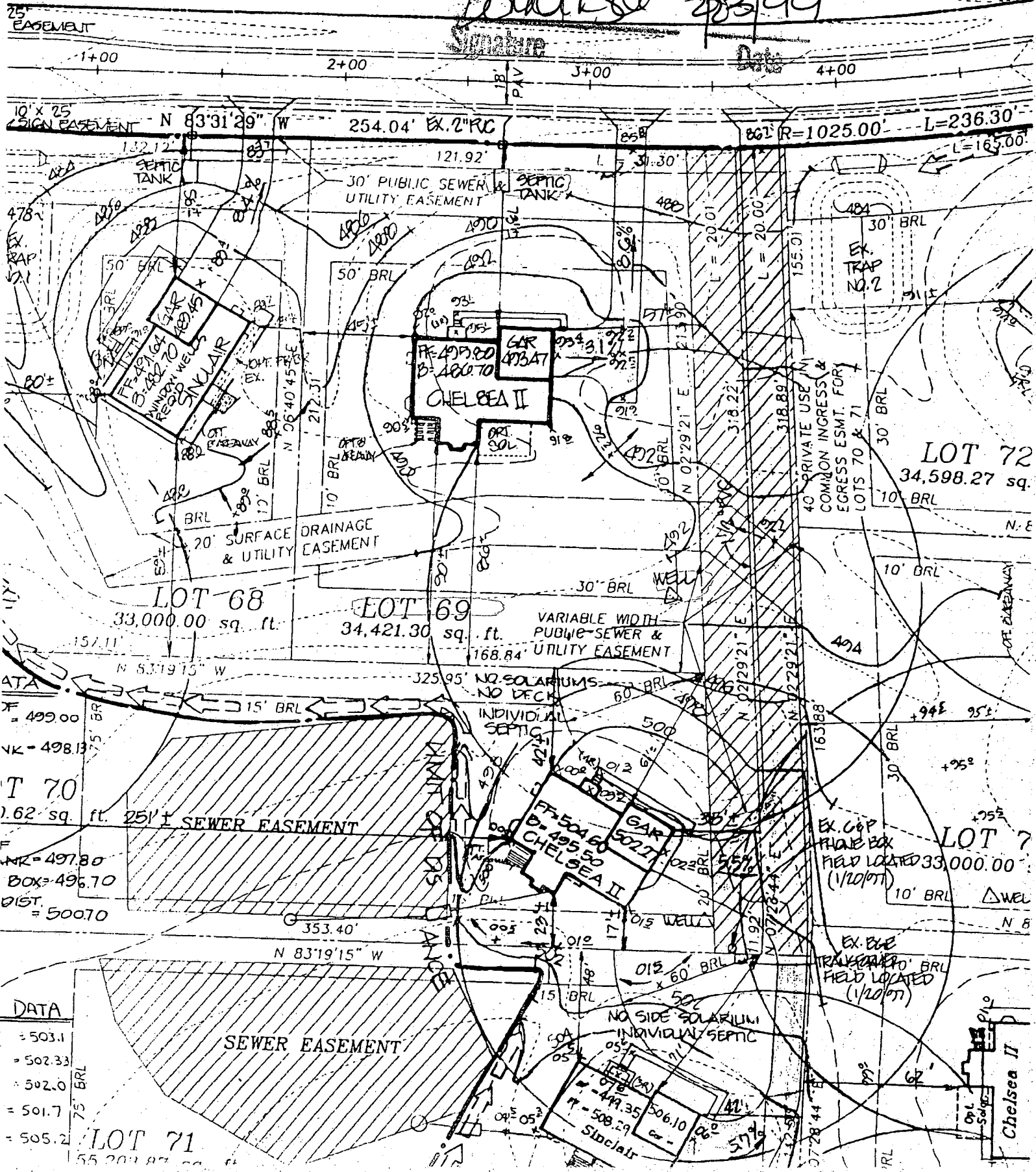
Howard County Health Department

LOT 46 HOMEOWNERS ASSOCIATION OPEN SPACE

MOORLAND

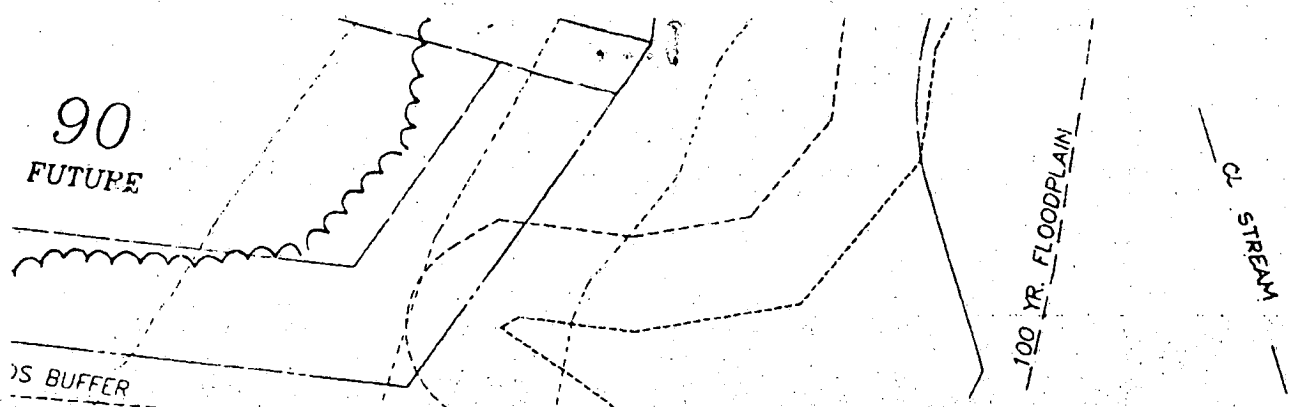
[Handwritten Signature]
Signature

2/23/99
Date



DATA	
= 503.1	
= 502.33	
= 502.0	
= 501.7	
= 505.2	

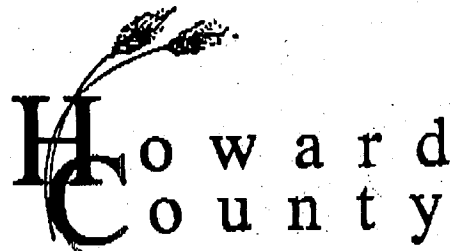
LOT 71
55,201.87 sq. ft.



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	481.58	484.80	481.80
LOT 69	475.80	484.00	482.16	486.00	482.90
LOT 70					
LOT 71					
LOT 72	477.74	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.

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: 7/14/99 Number of pages including this one one

Fax Number: 2648

From: Matt Tudor

Comments: Ashleigh Knolls Shared Septic
Activity Report June 26th - July 12th, 1999

July 7th - Winchester Homes Lot 98, gravity sewer connection
at tank is acceptable. Address 7151 Marland Dr.

July 8th - Winchester Homes Lot 69, sewer pump test, minor
deficiencies noted. Will be reinspected, not approved for U&O. Address
7179 Marland Dr.

Mitchell & Best Homes Lot 84, sewer pump test, minor
deficiencies were noted, they have been corrected. Approval for U&O,
has not been placed in service. Address 7204 Wolverton Ct.

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 : 7/7/99

Number of pages
including this one one

Fax Number : 2648

From : Tom Pickett

Comments : Adleigh Knolls Sloud Septic
Winchester Homes

Pump test for lot 62-7179 Moorland Dr.
at 1:00 pm on 7/8/98

(Pump test past 7/8/99 Tom Pickett)
approved for U&O

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 : 7/7/99 Number of pages including this one one

Fax Number : 2648

From : Tom Pickett

Comments : Abbeigh Knolls shared Septic
Winchester Homes
Pump test for lot 69-7179 Moorland Dr.
at 1:00 pm on 7/8/98

C11 2980

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 031297

DATE WELL COMPLETED 021997

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-0584

OWNER Winchester Homes last name Moorland Drive first name TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 69

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 shaley clay, Sand Stone, Shale + mica mixed, Mica, Sand Stone, Mica, Sand Stone, Mica, Flint mixed.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 48 NO. OF POUNDS 4800 GALLONS OF WATER 240 DEPTH OF GROUT SEAL 30 ft.

CASING RECORD

MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (S) DEPTH (nearest ft.) 140 58 200

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y)

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...

TYPE (MWD/MSD/MGD) DRILLERS LIC. NO. 040

DRILLERS SIGNATURE (George F. Eustouley)

LIC. NO. 501

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

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

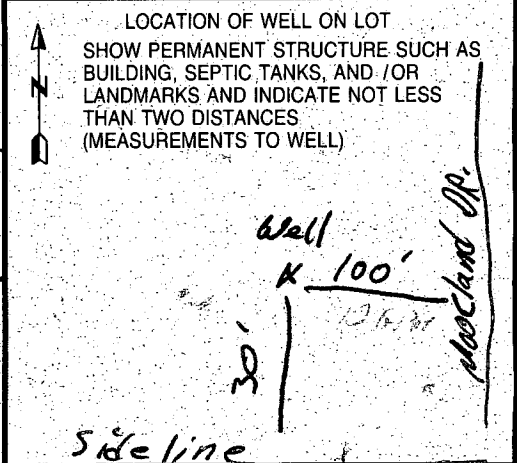
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 150 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 WHEN PUMPING 60 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



Page _____ of _____
Date _____

3/17/97
~~3/13/97~~

12:00

Review OK KM 3/13/97

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0584 ~~0655~~
Location of property (road) Moorland Drive
Subdivision Ashleigh Knolls Lot 69 Block _____ Plat _____ Sec. _____
Well Driller G. Easterday Owner Winchester Homes

Depth of well 200 10 GPM
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 17

I. High rate pumping -- reservoir drawdown

Time pump started 12:20 Pumping rate 15 GPM
Total time 25 min to reach pumping water level 60 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)
12:45	60'	20 seconds		15 GPM
1:00	60'	20 seconds		15 GPM
1:15	60'	20 seconds		15 GPM
1:30	60'	20 seconds		15 GPM
1:45	60'	20 seconds		15 GPM
2:00	60'	20 seconds		15 GPM
2:15	60'	20 seconds		15 GPM
2:30	60'	20 seconds		15 GPM
2:45	60'	20 seconds		15 GPM
3:00	60'	20 seconds		15 GPM
3:15	60'	20 seconds		15 GPM
3:30	60'	20 seconds		15 GPM
3:45	60'	20 seconds		15 GPM

nlc

B 1 9051

SEQUENCE NO. (DP USE ONLY)

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

STATE PERMIT NUMBER 40-94-0584 fill in this form completely

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

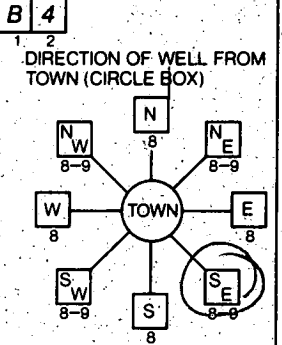
OWNER INFORMATION Date Received (APA) 05/17/95 Winchester Homes 6305 Ivy Lane Greenbelt MD 20770

LOCATION OF WELL Howard Ashleigh Kholits Highland MILES FROM TOWN 1 MI

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

Moorland Dr. 100 FEET FROM ROAD TAX MAP 40 BLK 12 PARCEL 174

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 50 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500



USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13- COUNTY NAME HOARD COUNTY NO. DATE ISSUED 062395

APPROXIMATE DEPTH OF WELL 300 FEET

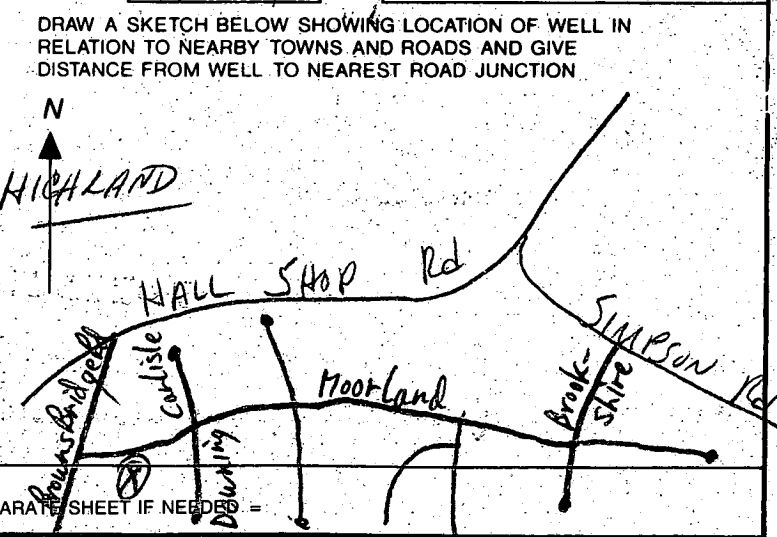
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well WRITE THE BOX NUMBER FROM THE MAP HERE 8106 4827

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one) AIR-ROTary

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL

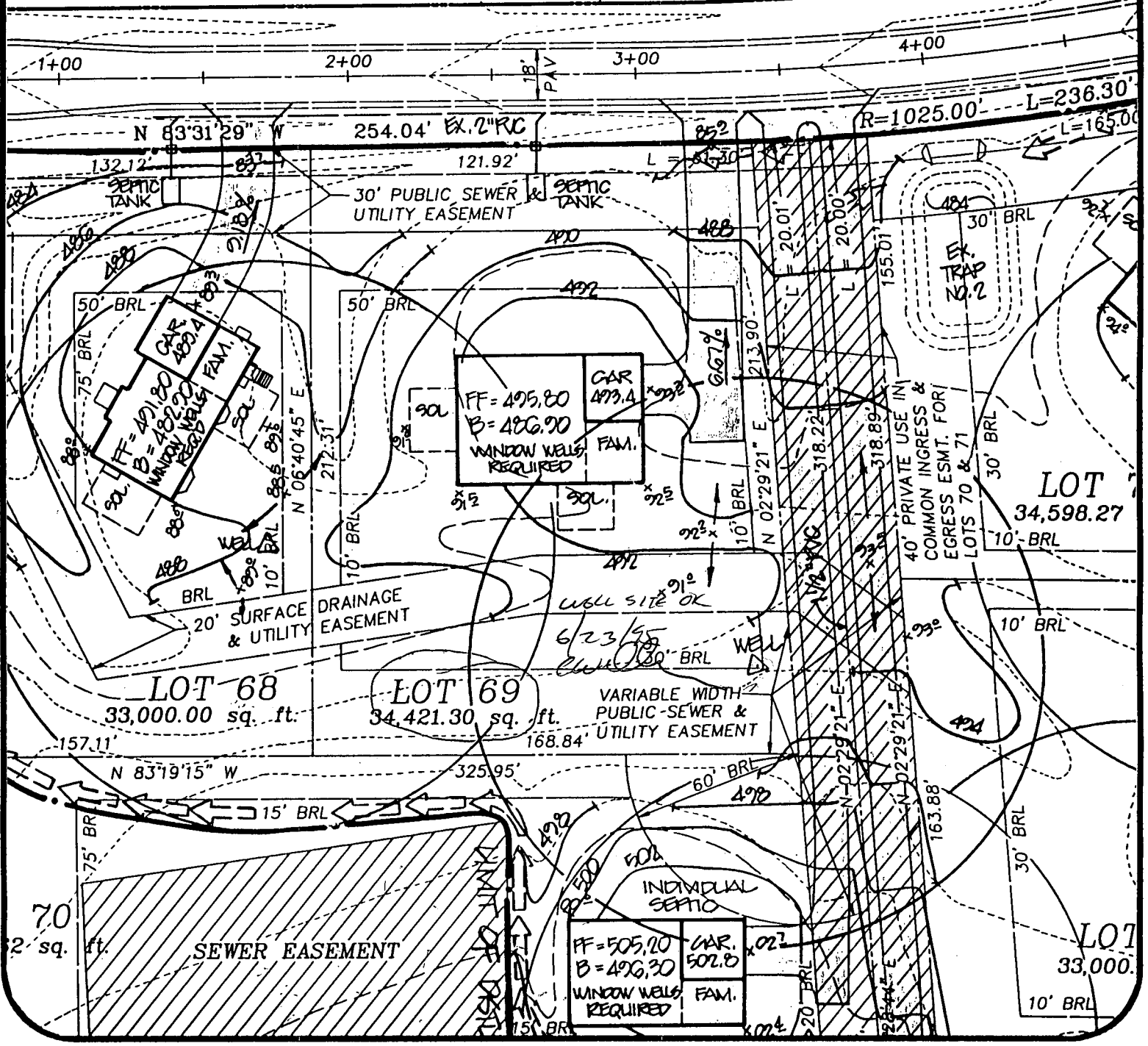
APPROX. PERMIT NUMBER GAP FORCE R.A. PERMIT No. 40-94-0584



SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED COUNTY

OWNERS ASSOCIATION
OPEN SPACE

MOORLAND



Ashleigh Knolls
Lot 69

DATE: 5/2/95	PROJECT NO.: 82027-01
DRAWN BY: TJP	SCALE: 1" = 50'

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

3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305
(410) 461-0079
Fax: (410) 750-6340