

6/1/94 PM
6/2/94 PM
6/3/94 12:00

05-416051

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50059A

A 41360A

DISTRICT 5th

DATE 5/31/94

DATE SYSTEM APPROVED 6-3-94

INSPECTOR JEN

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

VanSant Plumbing & Heating _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 North Avenue, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 8 ROAD 7107 Moreland Drive

PROPERTY OWNER Winchester Homes, Inc. Jim Wilson

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

240
4
960
240
4/960

TURNED PERMIT SIGNED
House well 18'2"
11W 9'7"
Best NE - fan hole

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 200 feet ~~DOWN~~ the right (293.99') lot line and 80 feet off the same lot line. Run trenches along contour toward the rear (166.59') lot line. Maintain a minimum of 100 feet to all wells.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK/CW

PLANS APPROVED BY Jane Nadeau DATE 12/16/93

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.

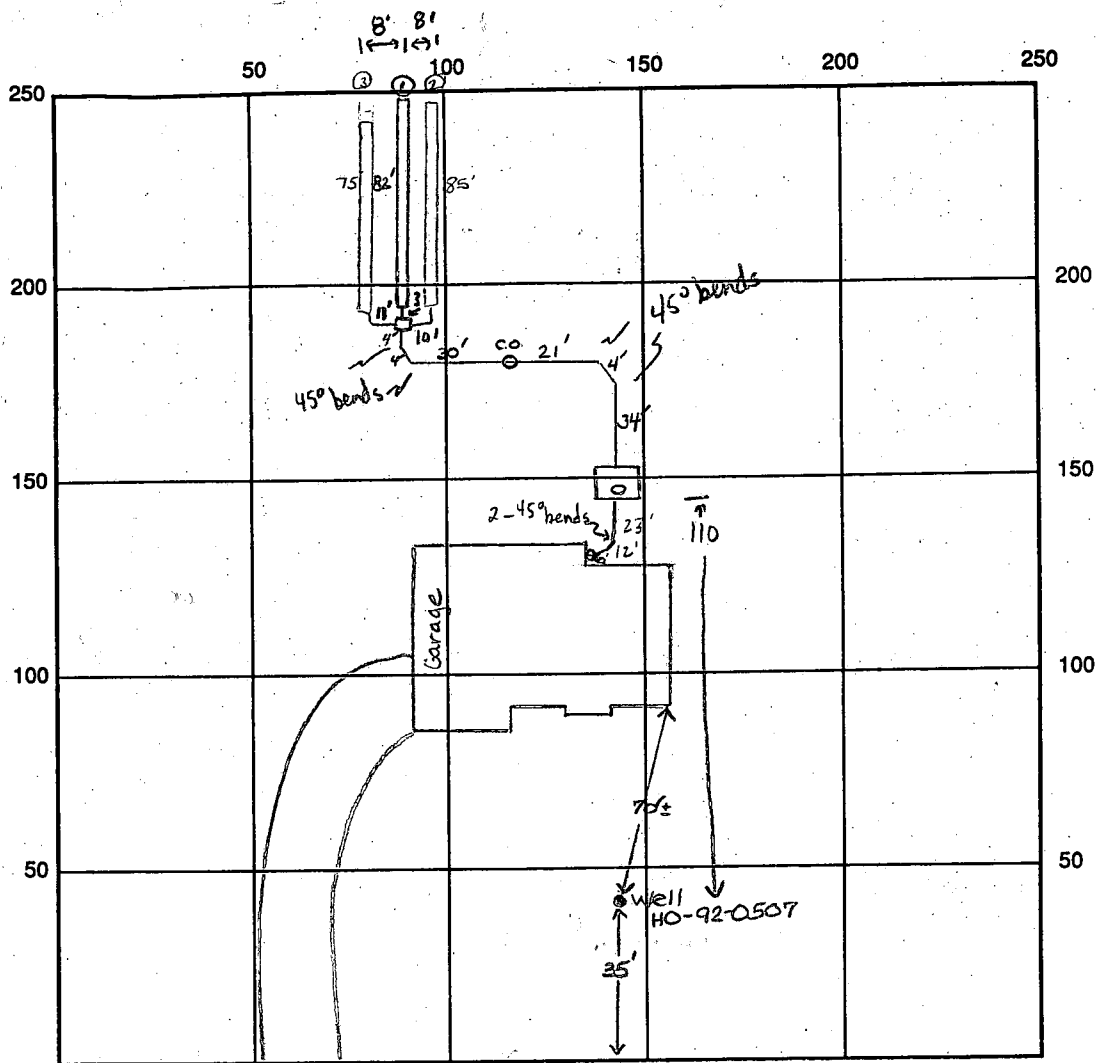
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 12/13/94
Serial # 57412
dick

BLDG. PERMIT SIGNED AND RETURNED 4/15/98 Serial # 20011086 enclosed part of
dick

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Moorland Drive

SEPTIC TANK LEVEL OK -1250 gal CLEANOUTS one on tank, one in line

DISTRIBUTION BOX LEVEL OK (with divider)

DRAIN FIELD/TITLE DEPTH 7.5-8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' 4' 4' FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 242 linear feet

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 968 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 968 SQ. FT.

REMARKS: 6/1/94 OK to cover septic tank to db. OK to stone ① and
continue. DKS 6/2/94 Trench 3 collapsed at end due to old perc hole. OK to shorten
and make up area on other trenches OK to fill 2-3 w/ stone. Ann
6-3-94 OK to cover all work. JEN

DATE SYSTEM APPROVED June 3-94 INSPECTOR Jane E. Maden

APPLICATION

PERCOLATION TESTING

A 41359

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

WOS

DISTRICT 5th

DATE 2/2/88

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 301-220-1117
Greenbelt, Maryland 20770

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

*New 8 (2-93) SP 93-04
(4-91)
Lot 91 as of 6-6-88*

SUBDIVISION Ashleigh Greene Section II LOT NO. Lot 91 as of 6-6-88

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 AC. TYPE BLDG SF
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

B. Hauler
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-29-88 Recommend rejection. Probable high water. JEN
Not able to test during wet season JEN. 6-14-88 New location not wet season
needs perc holes locations and subdivision plat approval JEN

HD-216

THIS IS NOT A PERMIT

High 4
1 A 41359

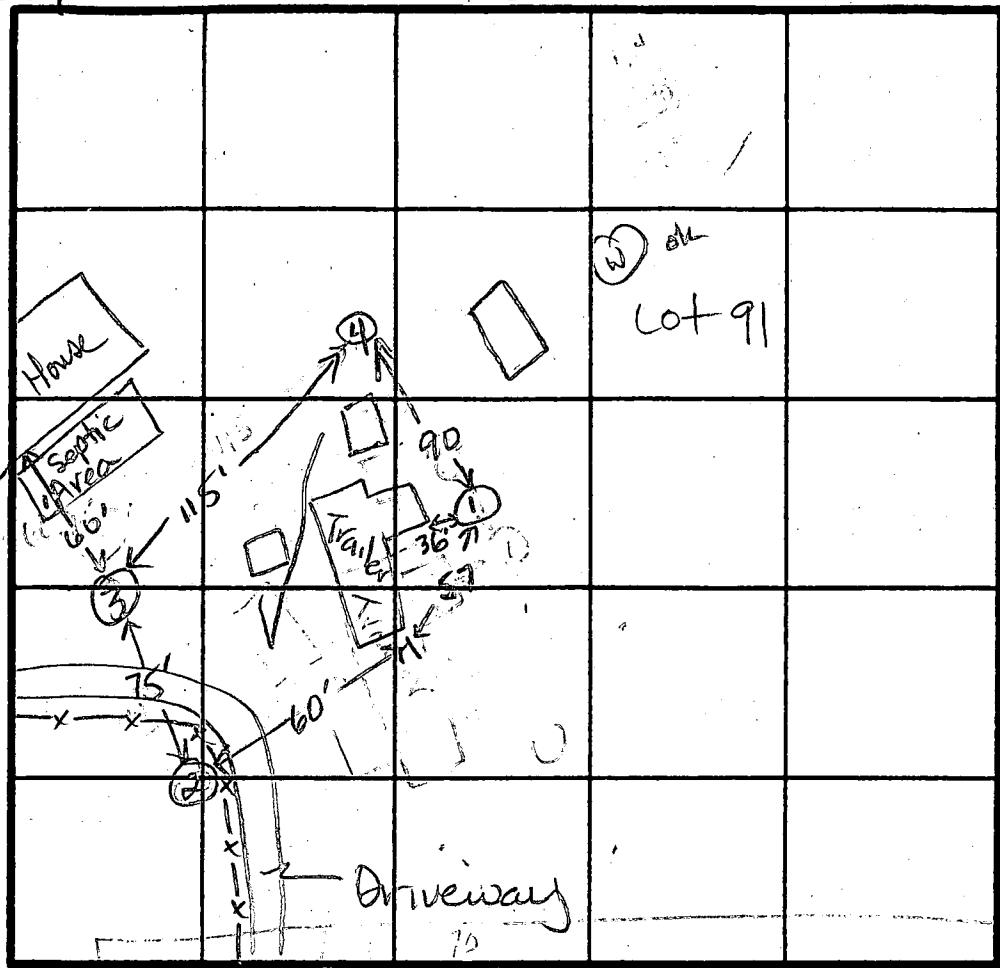
Lot 82

(2)

Low 3
2

(1)
SOIL PROFILE

0-5.0 Rd-br si cl lm
5.0-11.5 Rd mca sa si lm < 35% saprolite
11.5 Bottom



0-60 Rd-br si cl lm
6-14.5 Rd mca sa si lm < 40% saprolite
14.5 Bottom

(4)
0-4.5 Br si cl lm
4.5-12.5 Br mca sa si lm, < 35% saprolite
12.5 Bottom

(3)
0-5.0 Rd-br si cl lm
5-13.5 Rd mca sa si lm, < 45% saprolite
13.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

To Simpson Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME			
			START	STOP	START	STOP				
6-14-88	Part of Lot-8 (12-93)	1	4.0	S	2:01	2:06	2:06	2:12	6 min	
			7.0	M	2:01	2:03	2:03	2:05	2 min	
			11.5	D	Bottom					ok
	Part of Lot-8 (12-93)	4	12.5	V	(see profile)				ok	
			3	5.5	S	2:21	2:26	2:26	2:35	9 min
			13.5	D	Bottom					ok
V		2	6.0	S	2:13	2:15	2:15	2:17	2 min	
			14.5	D	Bottom					ok

REMARKS All holes as shown on plat except # 1 & 4

TYPE OF SOIL 0-5 Rd-br si cl lm, 5-13, Rd mca sa si lm, < 45% saprolite

TESTED BY JEN Nadeau ALSO PRESENT Skip, Dan

APPLICATION

PERCOLATION TESTING

A 4/360

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5th

DATE 2/2/88

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Winchester Homes, Inc. Real Estate Development Group

ADDRESS 6301 Ivy Lane, Suite 714 PHONE 301-220-1117
Greenbelt, Maryland 20770

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

*New Lot (2-93) SP-93-04
8 (4-11)*

SUBDIVISION Ashleigh Greene Section II LOT NO. 92

ROAD AND DESCRIPTION Intersections Browns Bridge Road/Hall Shop Road,
Hall Shop Road/Simpson Road

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 Ac. TYPE BLDG SF
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

B. H. Haulley

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6-8-88 Pending percolation locations and
subdivision plat approval. JEN.

HD-216

THIS IS NOT A PERMIT

High
Low

1
4
2
3

A 41360

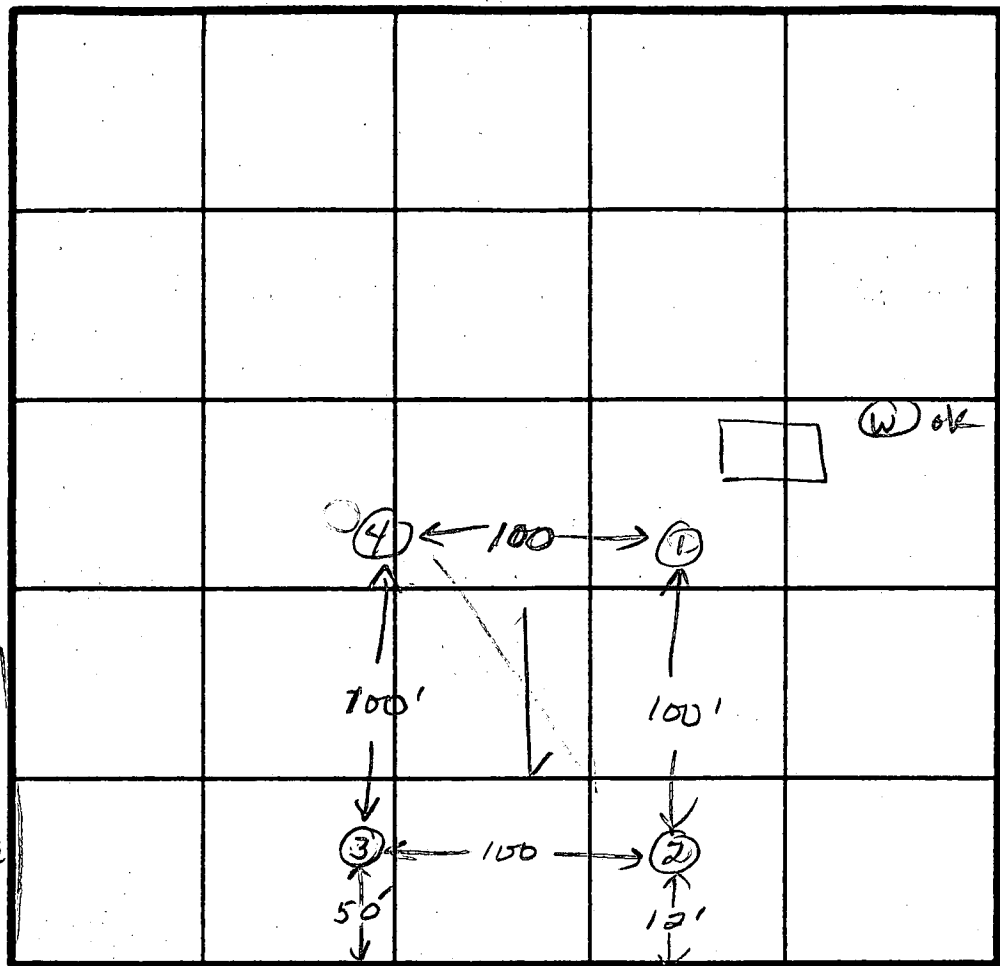
(3)

SOIL PROFILE

0-3.5 Br sil cl
lm
3.5-12.0 Br mica
sa sil lm
< 5%
saprolite
12.0 Bottom

(2)

0-3.5 Br sil
cl lm
3.5-13.0 Br mica
sa sil lm,
little saprolite
< 20%
13.0 Bottom



$\bar{x} = 4 \text{ min}$
Inlet = 3.0 ft
Bottom = 8.0 ft
180 sq ft / bdrm

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Driveway to Farmhouse

(1)
0-5.5 Br sil
cl lm
5.5-14.0 Rd-br
mica sa
sil lm,
trc of
saprolite
< 15%
14.0 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-8-88	3	4.0 S	1:23	1:25	1:25	1:27	2min
		12.0 D	Bottom				ok
	2	3.5 S	1:26	1:28	1:28	1:32	4min
		13.0 D	Bottom				ok
	1	4.5 S	1:36	1:39	1:39	1:44	5min
		6.5 M	1:36	1:38	1:38	1:40	2min
		14.0 D	Bottom				ok
	4	14.0 V	(see profile)				ok

(4)
0-5.5 Br sil
lm, little
gravel
5.5-14.0 Rd-br
mica
sa sil lm,
little
saprolite
< 10%
14.0 Bottom

REMARKS All holes as shown on plat.
TYPE OF SOIL 0-5 Br sil cl lm, 5-14.0 Rd-br mica sa sil lm
TESTED BY JES Naderou ALSO PRESENT Rocky

B 1 09096

SEQUENCE NO. (DP. USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-92-0507 fill in this form completely

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

Date Received (APA)

111993

OWNER INFORMATION

WIMCHESTER HOMES, 6305 IVY LANE, GREENBELT, MD 20770

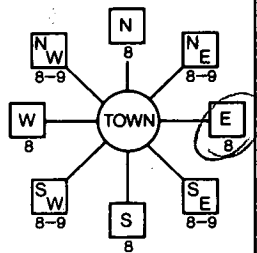
B 3

LOCATION OF WELL

HOWARD COUNTY, ASHLEIGH KNOLLS, HIGHLAND, 2 MILES FROM TOWN

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Moerland Drive, NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



15 20 37 DISTANCE FROM ROAD ENTER FT or MI FT

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, I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, P PUBLIC OR PRIVATE WATER COMPANY, T TEST, OBSERVATION, MONITORING

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME, A41360A COUNTY NO., DATE ISSUED 12-17-94, NORTH GRID 487000, EAST GRID 091A000

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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

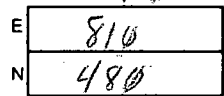
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL, Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, D THIS WELL WILL DEEPEMED AN EXISTING WELL

APPROP. PERMIT NUMBER GAP

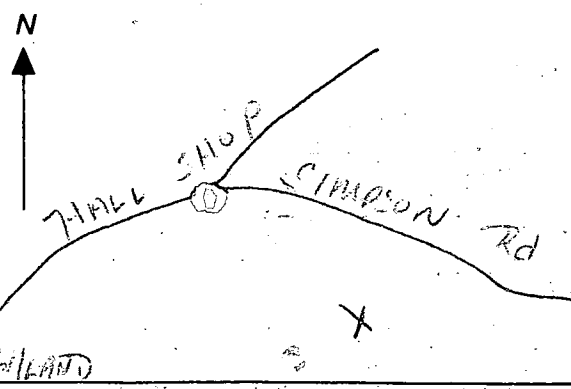
FORCE IN INITIALS IN BOX, PERMIT No. HO-92-0507

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 8785

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A 41360

ST/CO USE ONLY

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 12 28 93

Depth of Well: 400 (TO NEAREST FOOT)

PERMIT NO.: HO-92-0507

OWNER: Winchester Homes last name: Chilton first name: COURT TOWN: Highland SUBDIVISION: Waterfall Knolls SECTION: LOT: 83

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 handwritten entries like 'slate', 'shale', 'sandstone'.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS: 27 NO. OF POUNDS: 2530

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE: PL (PLASTIC) Nominal diameter: 4 inches Total depth: 75 feet

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) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER)

DEPTH (nearest ft.) grid: 10, 13, 400. SLOT SIZE: 1, 2, 3 DIAMETER OF SCREEN: 56 to 60 (NEAREST INCH)

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.

DRILLERS IDENT NO: DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

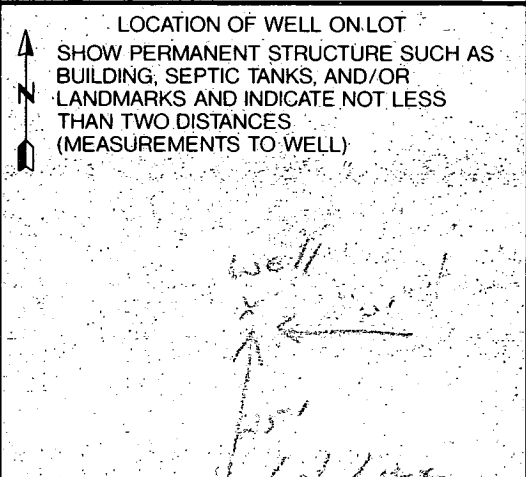
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP 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

PUMPING TEST HOURS PUMPED (nearest hour): 6 PUMPING RATE (gal. per min. to nearest gal.): 3 METHOD USED TO MEASURE PUMPING RATE: bucket WATER LEVEL (distance from land surface) BEFORE PUMPING: 19 WHEN PUMPING: 190 TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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



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 # 0
Date 5/31/94
Name of Installer Van Sant P&H MT. Airy Telephone _____
795-6566
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner _____ Telephone _____
Subdivision Achlesh Falls Lot # 8 Well Tag # HO - 92 - 0507
Site Address 7107 Moorland Dr

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1 1. Make Campbell
a. Deep well jet 2. RPM _____ 2. Model # B10X
b. Shallow well jet 3. Voltage _____ 3. Depth 40"
c. Submersible a. 110 _____
2. Make Galco b. 220
3. Model # _____
4. Capacity _____ 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 _____

Tank Piping Well data
1. Capacity 100 1. Type _____ 1. Depth 400ft.
2. Pressure relief valve? 2. Size 1" 2. Yield 3.5 GPM
3. NSF and/or BOCA Code approved 3. Static water level _____ ft.
4. Depth of supply line 48" 4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: Stanford A. Van Sant
Date: 5/31/94

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

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

5/29/94
Final
OK
C.B.P.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision Achleach Falls Lot # 8

Well Tag # NO - 92 - 0507

Site Address 7107 Moorland Dr

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
- Make _____
- Model # _____
- Capacity _____ GPM

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth _____

- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

- Capacity _____
- Pressure relief valve? _____

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line _____

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

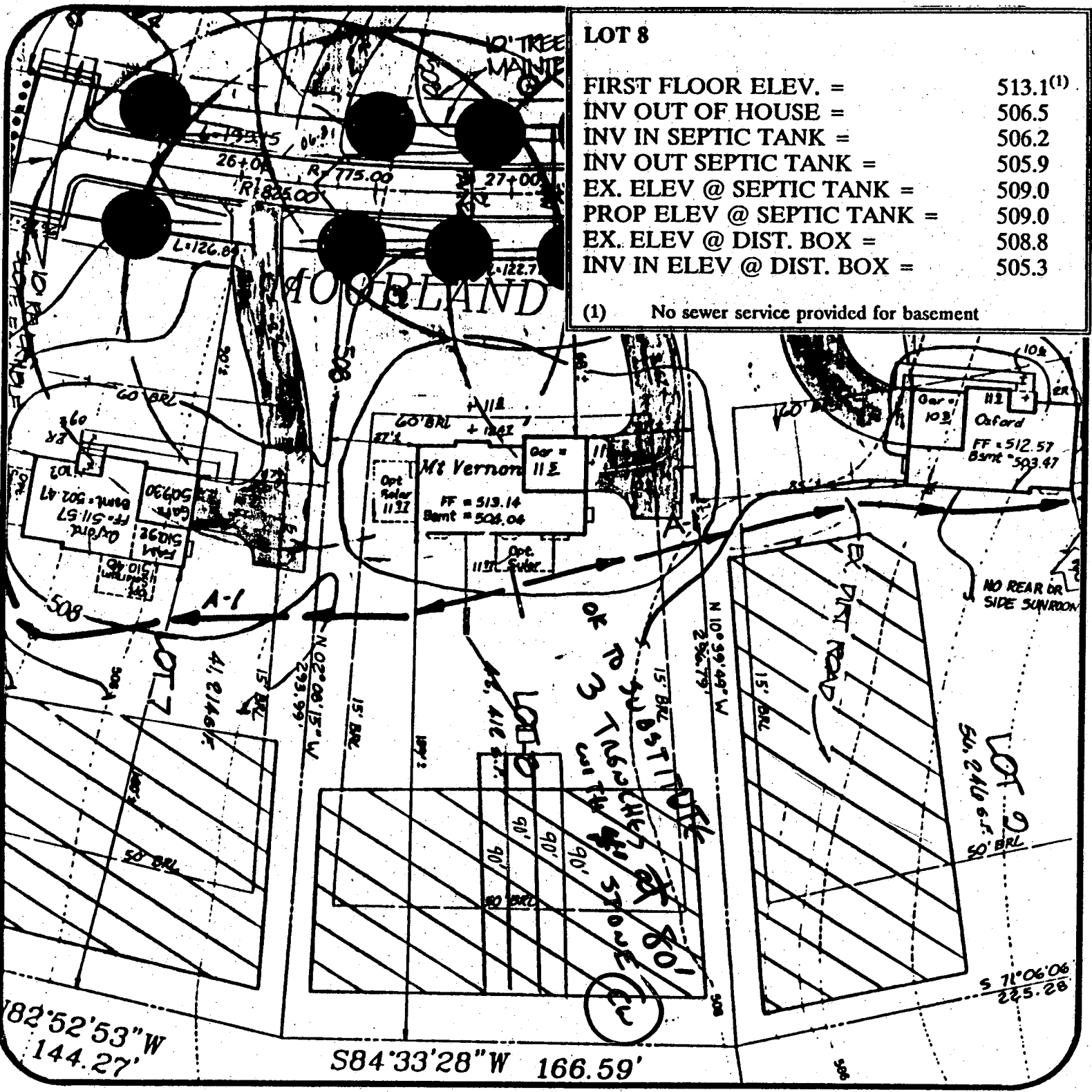
Signature of Applicant: _____

Date: _____

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

HD-215

5/29 Left - white copy @ Plumbers Truck, C.B.P.



LOT 8

FIRST FLOOR ELEV. =	513.1 ⁽¹⁾
INV OUT OF HOUSE =	506.5
INV IN SEPTIC TANK =	506.2
INV OUT SEPTIC TANK =	505.9
EX. ELEV @ SEPTIC TANK =	509.0
PROP ELEV @ SEPTIC TANK =	509.0
EX. ELEV @ DIST. BOX =	508.8
INV IN ELEV @ DIST. BOX =	505.3

(1) No sewer service provided for basement

Approved Septic System Plan
 Howard County Health Department

Ashleigh Knolls
 Lot 8

4 BR

**MILDENBERG,
 MOCIII & ASSOCIATES, INC.**
 ENGINEERS • SURVEYORS • PLANNERS

Cay Willan 3/15/94
 Signature (PAG-BP) Date

3300 North Ridge Road, Suite 235
 Ellicott City, Maryland 21043-3350

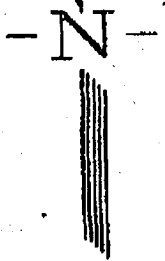
(410) 461-0078 D.C. Metro: (301) 621-5768
 Fax: (410) 750-6340

DATE: 3/11/94	PROJECT NO.: 89027.04
DRAWN BY: TJP	SCALE: 1" = 50'

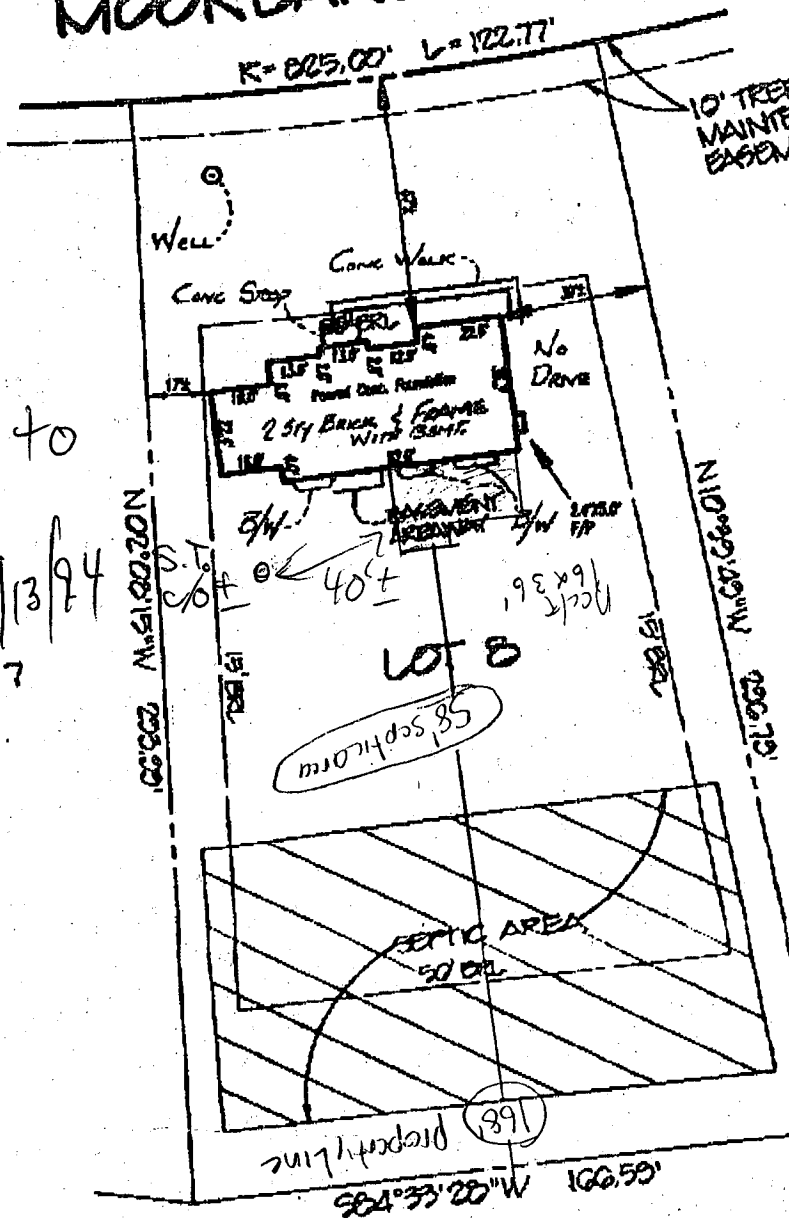
MOORLAND DRIVE (50' R/W)

$R = 825.00'$ $L = 122.77'$

10' TREE MAINTENANCE EASEMENT



OK to
Sign
MR 12/13/94
LOT 7



L. 2751 F. 201

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.: 7107 MOORLAND DRIVE

TOP OF WALL ELEV. = 512.22

FIRST FLOOR ELEV. = 513.2

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THIS SURVEY IS NOT TO BE USED FOR CONSTRUCTION PURPOSES.

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS SURVEY IS TO BE USED FOR TITLE PURPOSES ONLY AND IS NOT TO BE USED FOR ESTABLISHED PROPERTY LINES.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"

AREA OF MINIMAL FLOODING

PER COMMUNITY PANEL NUMBER 240044 0038 B

Lot 8

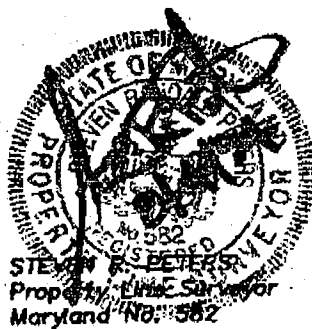
ASHLEIGH KNOLLS

Phase 1

PLAT No. 11119
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION SURVEY

FOUNDATION	DATE: 4/27/94
FINAL	DATE: 8/4/94
DRAWN BY: AWG	SCALE: 1=50
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