

10/7/94  
10/21/94  
AM pump check

10/17  
Need  
pumps  
checked  
10/21/94  
P.C.O.  
P 49927D  
A 41373A

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-416140

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DISTRICT

DATE 3/18/94

DATE SYSTEM APPROVED 10/21/94

INSPECTOR DCS

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 3 North Avenue, Mt. Airy, Maryland 21771 PHONE (410) 795-6566

SUBDIVISION Ashleigh Knolls LOT 13 ROAD 7105 Chilton Court

PROPERTY OWNER Winchester Homes, Inc. LAURA GRANT

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 135' from front lot line and 15' from left lot line. Trenches to follow contour toward rear of lot.

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

Install ~~2-1500~~ Callen septic tanks in series, second tank to serve as pump pit.

PLANS APPROVED BY C. Williams OK/CW DATE 3/15/94

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

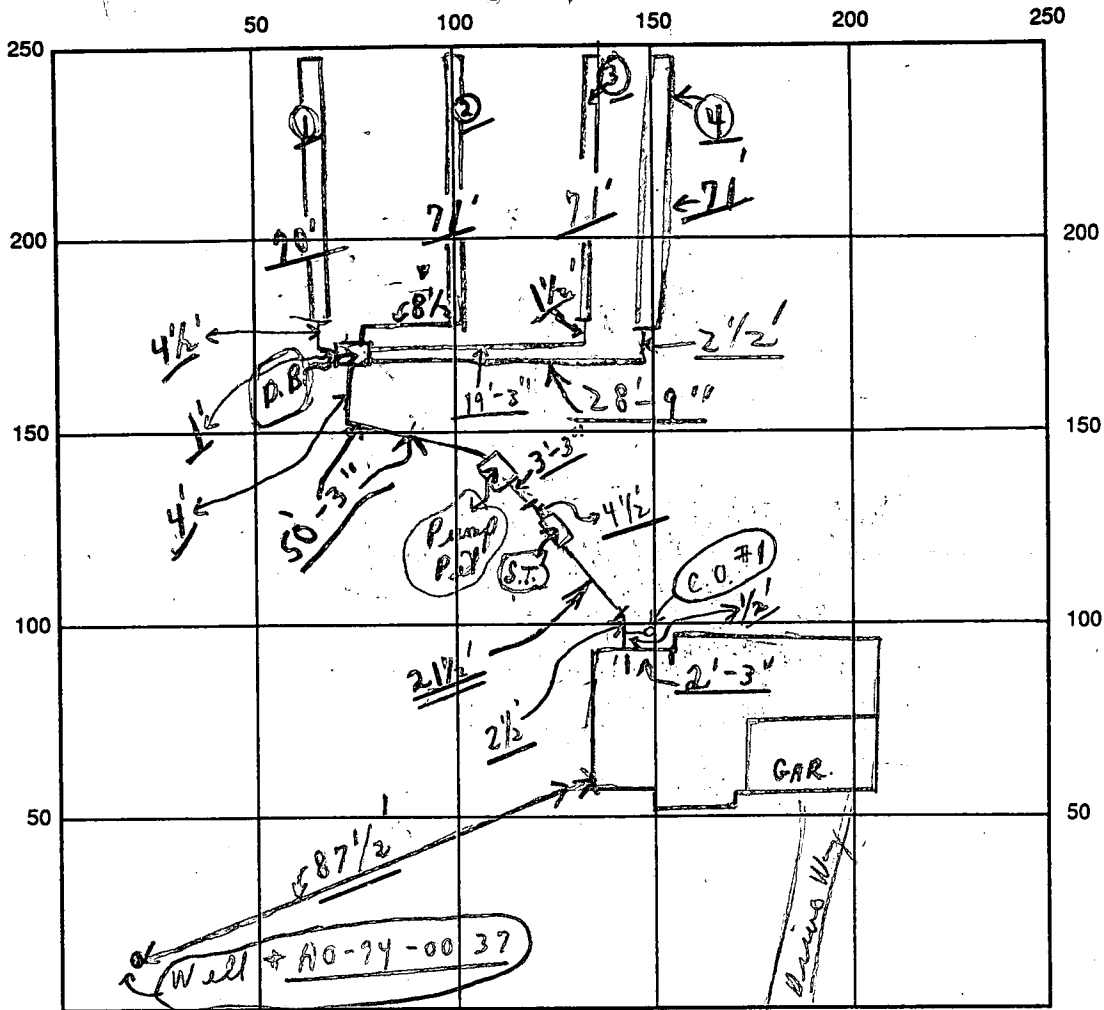
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

3-26-02  
600 134915  
FINISH BASEMENT

41373A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK Chilton Court S.T. / Pump P21 C.O. #1 Home  
CLEANOUTS OK OK OK

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 average FT. TOTAL LENGTH 283 FT. { ① 20', ② 71', ③ 21', ④ 21' }

NUMBER OF TRENCHES 4 - ONE SIDEWALL BOTTOM AREA 849 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 849<sup>+</sup> SQ. FT.

REMARKS: 10/7/94 A.M. Partial (Need to check pump in operation)  
Final - except pump in pit need to be checked. ch  
(HOLD FOR A CALL - PUMPS NEED OPERATION CHECK)

10/7/94 - No. W.P.I. - done earlier  
→ Water not hooked up per plumber.  
DATE SYSTEM APPROVED 10/21/94 INSPECTOR [Signature]

# APPLICATION

PERCOLATION TESTING

A 41373

P \_\_\_\_\_

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

WS

DISTRICT 5th

DATE 2/2/88

1/2

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, Greenbelt, MD 20770 PHONE 301-220-1117

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

Lot-13 SP93-04  
96 (491)

SUBDIVISION Ashleigh Greene Section II LOT NO. \_\_\_\_\_

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

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.4 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. G. Hauler*

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-27-88 No house or well site on lot. If combined with another lot above it, then the perc tests are acceptable DEN.  
6-16-88 New Lot ok. Must retest #9 in wet season. DEN

HD-216

# THIS IS NOT A PERMIT



# APPLICATION

PERCOLATION TESTING

A 41373

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 2-2-88

*2/2*

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene II LOT NO. Lot 96 (4-91)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG \_\_\_\_\_  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A 41373

⑨

SOIL PROFILE


0-5.0

Br si  
cl lm

5.0-14.0

Br-yellow  
black,  
mica  
sa si lm,  
< 50%  
saprolite

14.0

Bottom  
Water  
at 14.0 ft.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-27-88	7	4.5 S	2:20	2:29	2:29	2:45	16 min
↓		12.5 D	Bottom				ok
↓	8	12.0 V	(see profile)				ok
6-16-88	⑨	6.0 S	3:58	4:00	4:00	4:02	2 min
↓		14.0 D	Bottom (Water at 14.0 ft)				Hold for wet season

REMARKS: 6-16-88 Hold for wet season testing

TYPE OF SOIL

TESTED BY JE Nadeau

ALSO PRESENT Steve, Dan  
Burley Hamill

# APPLICATION

PERCOLATION TESTING

A 41373

P \_\_\_\_\_

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

DISTRICT 5 th

DATE 2/21/91

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 Berwin Joint Venture c/o Winchester Homes Potomac Division

ADDRESS 818 West Diamond Avenue, Suite 300 PHONE (301) 670-1010  
Gaithersburg, Maryland 20878

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section II LOT NO. 96 (A41373) <sup>(491)</sup>

ROAD AND DESCRIPTION Intersections of Brown Bridge Road/Hall Shop Road,  
Hall Shop Road/Simpson Road

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.0 acres TYPE BLDG. Single Family  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-16-91 shallow depths to water & mottled soils

HD-216

# THIS IS NOT A PERMIT

# Simpson Road

A-41373

(64)

SOIL PROFILE

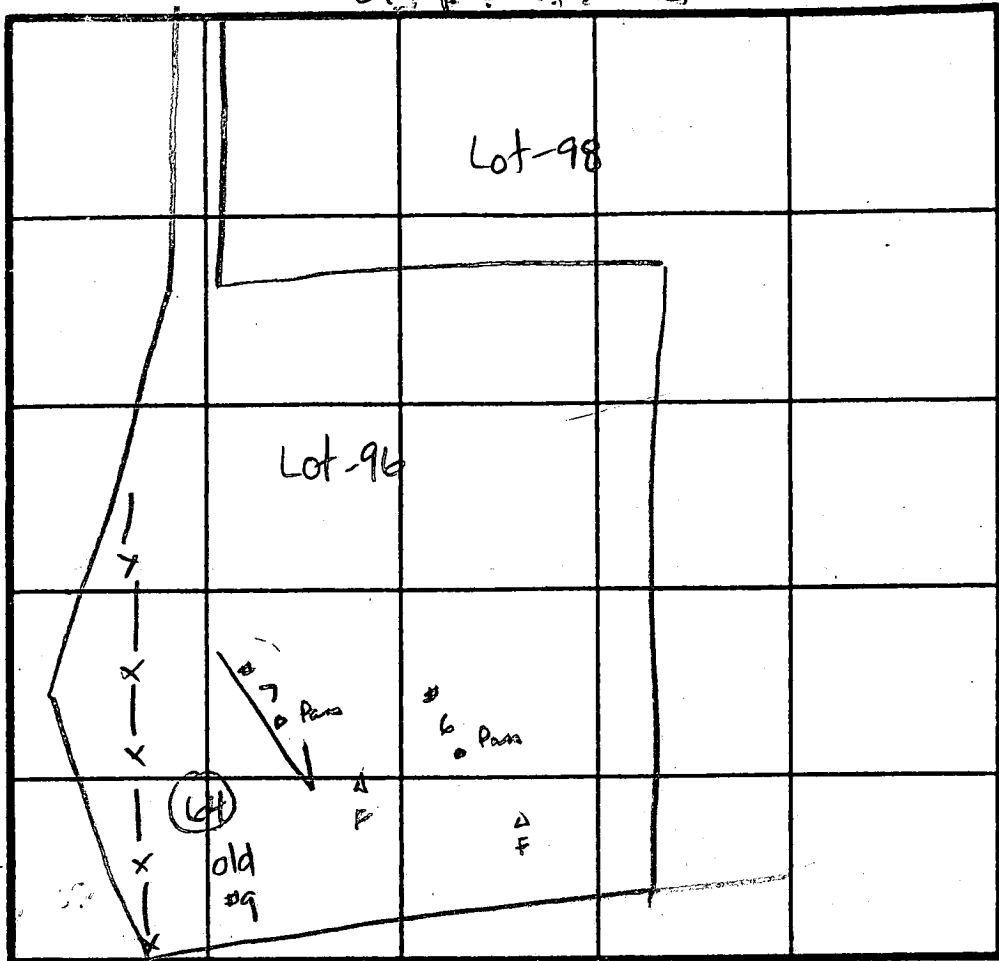
0-1.0 Dk br s1  
cl

1.0-5.0 Red-br  
s1 cl

5.0-13.0 Tan mica  
s1 l,  
<90%  
saprolite  
<15%  
decomp.  
weathered  
rock frags

Water at  
7.0 ft

13.0 Bottom  
Mottles  
at 6.5 ft



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

swale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-16-91	(64)	13.0	V		Mottles at 6.5 ft	Water at 7.0	Fail

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY Jane E. Nadeau ALSO PRESENT Olen K Jr

# APPLICATION

PERCOLATION TESTING

A 41374

P \_\_\_\_\_

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

WS

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, Greenbelt, MD PHONE 301-220-1117  
20770

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section II LOT NO. 9796 (4-91)

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

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.2 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.G. Stumbler*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-27-88 Recommend rejection. Probable high water table. JEN

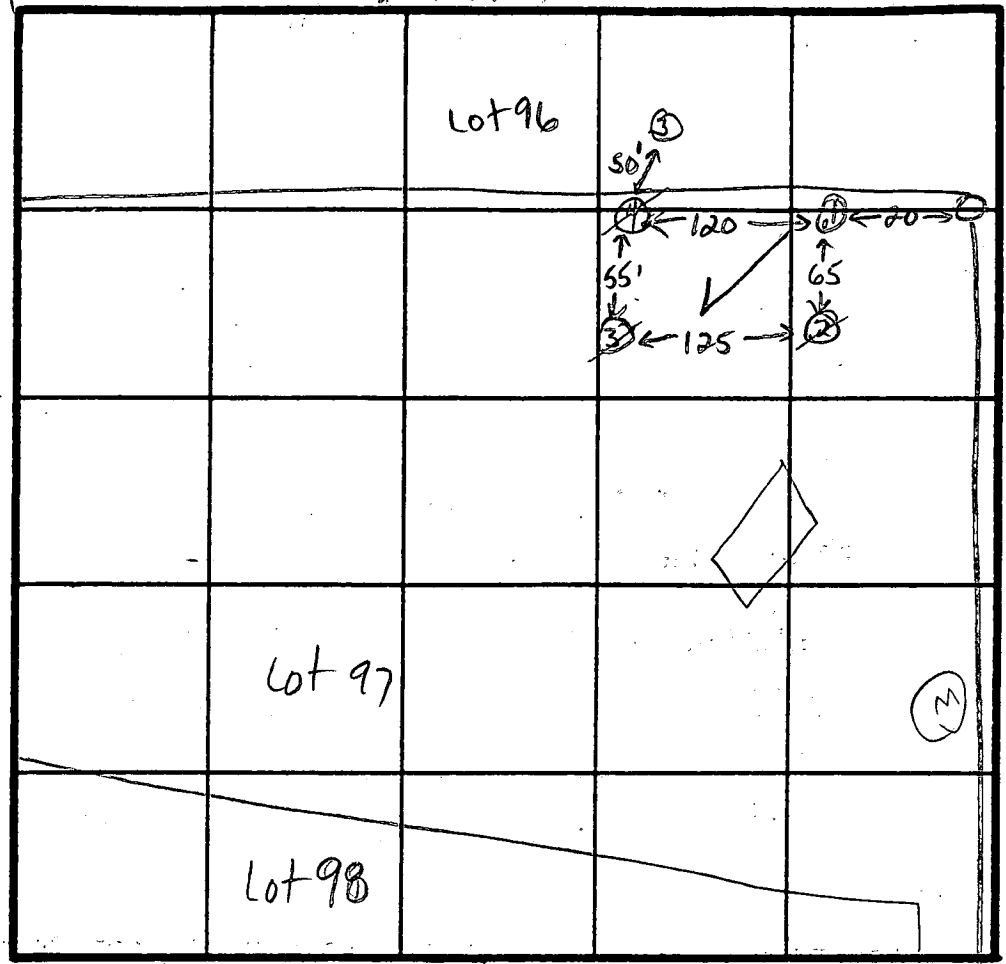
HD-216

# THIS IS NOT A PERMIT

High 1/4 A41374  
 Low 3

SOIL PROFILE

0-3.5 Br sil  
 1m  
 3.5-13.0 Br mica  
 sa sil m, < 20%  
 saprolite  
 13.0 Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 Simpson Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-27-88	1	3.5 s	1:34	1:36	1:36	1:38	2 min	
		13.0 D	Bottom					
	2	Not excavated - probable high water - F						
	3	Not excavated - probable high water - F						
	4	Not excavated - probable high water - F						

REMARKS All holes as shown on plot. Water probable at shallow depths.

TYPE OF SOIL 0-3.5 Br sil 1m, 3.5-13 Br mica sa sil m, < 20% saprolite

TESTED BY J.E. Nadeau ALSO PRESENT Rocky, Burley Hamill  
 Jeff Allen

# APPLICATION

PERCOLATION TESTING

A 41376

P \_\_\_\_\_

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

*WS*

DISTRICT 5th

DATE 2/27/88

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, Greenbelt, MD PHONE 301-220-1117  
20770

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Ashleigh Greene Section II LOT NO. 99 *196 used (491)*

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

TAX MAP 41 PARCEL # 174

SIZE OF LOT 3.5 *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.

*Bethamler*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-27-88 Recommend rejection. Most holes had  
unsuitable soils. Very limited house and well sites. JEN

HD-216

# THIS IS NOT A PERMIT

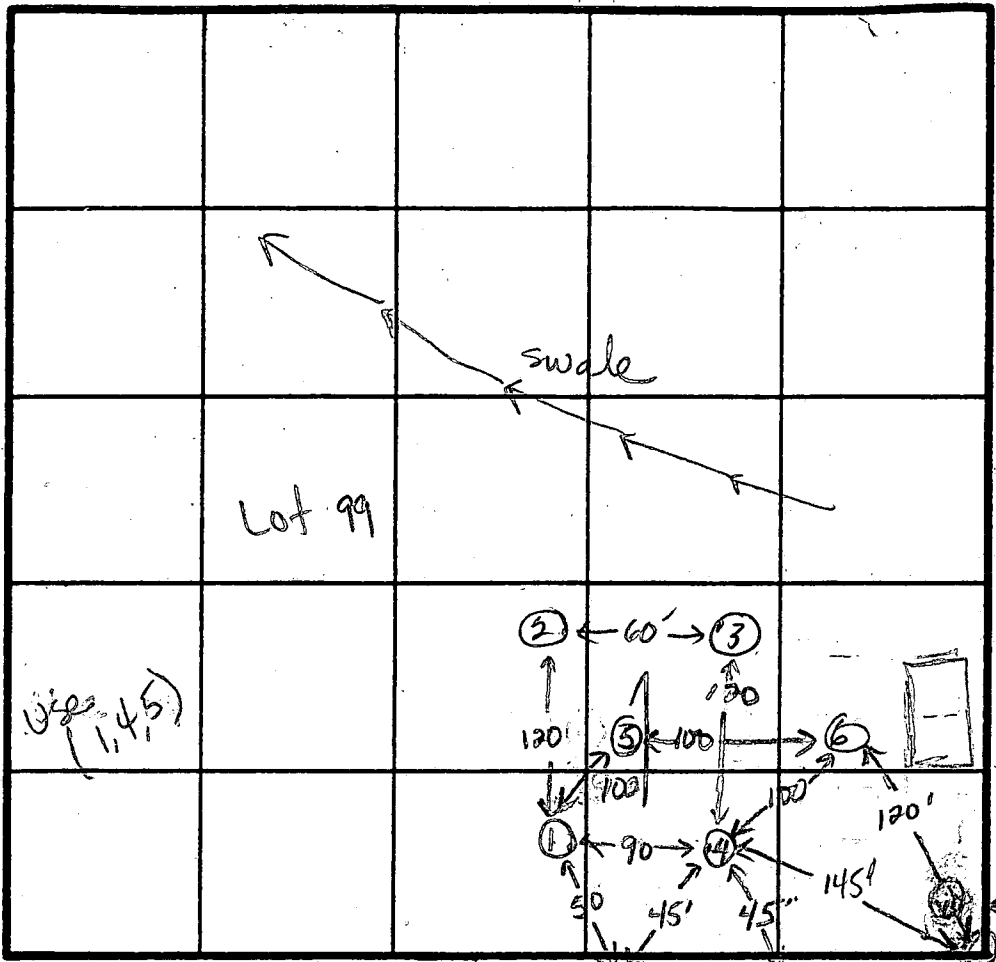
High 4  
1  
2  
Low 3

A4(376)

①

SOIL PROFILE

0-3.5 Rd br si cl lm  
3.5-12.5 Rd-br si lm, < 10% saprolite  
12.5 Bottom  
Water at 11.5 ft.



③  
0-5.0 Yellow loam si cl lm  
5.0-13.0 Rd-yellow sa si lm, < 30% saprolite  
13.0 Bottom  
Water at 12.0 ft

⑤  
0-4.0 Rd si cl  
4.0-13.5 Rd-yellow sa si lm, < 40% saprolite  
13.5 Bottom

④  
0-3.5 Rd-br si cl lm  
3.5-12.5 Rd-br mica sa si lm, < 20% saprolite  
12.5 Bottom

②  
0-3.5 Rd si cl loam  
3.5-12.5 Rd-yellow mica, sa si lm, < 40% saprolite  
12.5 Bottom  
Water at 11.5 ft.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-27-88	4	4.5 S	2:30	2:32	2:30	2:37	5 min
		7.5 M	2:39	2:42	2:42	2:51	9 min
		12.5 D	Bottom				ok
	1	3.0 S	2:43	2:53	2:53	3:07	14 min
		12.5 D	Bottom (water at 11.5 ft)				ok
	②	3.0 S	2:58	3:13	1/4 inch slow		F
		12.5 D	Bottom (water at 11.5 ft)				
	③	4.0 S	2:54	3:13	no movement		F
		13.0 D	Bottom (water at 12.0 ft)				
	5	4.5 S	3:28	3:38	3:38	4:07	29 min
		13.5 D	Bottom				ok

REMARKS All holes as shown on plat. Water at moderate depths

TYPE OF SOIL 0-4 Rd-br si cl lm, 4-12 Rd-yellow mica sa si lm, < 40% saprolite

TESTED BY J.E. Nadeau ALSO PRESENT Burley, Howard  
Rocky, Jeff

Tight cover and well site plat, No. 2000000000

# APPLICATION

PERCOLATION TESTING

A 41376

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

*2/2*

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Ashleigh Green, Sec II LOT NO. Lot 99 96 (4-91)

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG \_\_\_\_\_  
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

# THIS IS NOT A PERMIT

A41374

SOIL PROFILE

0'

⑥  
 0-5.0 Yellow-br si cl lm  
 5.0-12.5 Yellow-br to black mca sa si lm, 24% saprolite  
 12.5 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-27-88	⑥	4.5 S	3:38	4:00	4:00	4:30 Yel in	F
↓		12.5 D	Bottom	(Water at 11.5 ft)			

Rain 10 min added

REMARKS Violent rain and hail storm between 3:40 and 3:50

TYPE OF SOIL Limited house and well site on lot.

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

**B 1** **01346** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-94-0037**  
 fill in this form completely

**Date Received (APA)**  
**011174** OWNER INFORMATION  
**WINCHESTER HOMES**  
 15 Last Name Owner First Name 34  
**6305 IVY LANE**  
 36 Street or RFD 55  
**GREENBELT MD 20770**  
 57 Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL  
**HOWARD**  
 8 COUNTY 21  
**ASHLEIGH KNOWLES**  
 23 SUBDIVISION 42  
 SECTION   LOT **13**  
 44 46 48 50  
**HIGHLAND**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **2** **M** **I**  
 73 76 77 78

**DRILLER INFORMATION**  
**George F. Easterday**  
 Driller's Name 40  
**L. Franklin Easterday, Inc.** 77 License No. 80  
 Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address  
**George F. Easterday** 1-11-94  
 Signature Date

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 TOWN  
 N, NE, E, SE, S, SW, W, NW  
 (E is circled)  
 NEAR WHAT ROAD  
**CHILTON CT**  
 11 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH, WEST, EAST, SOUTH  
 (EAST is circled)  
 DISTANCE FROM ROAD **30**  
 34 37  
 ENTER FT OR MI **FT**  
 38 39

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 Howard COUNTY NAME A41373A COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S  
 DATE ISSUED \_\_\_\_\_ 41  
**030894** CO SIGNATURE **Carroll** 3/7/95 EXP. DATE  
 43 48  
 NORTH GRID **488000** EAST GRID **0819000**  
 50 55 57 63

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

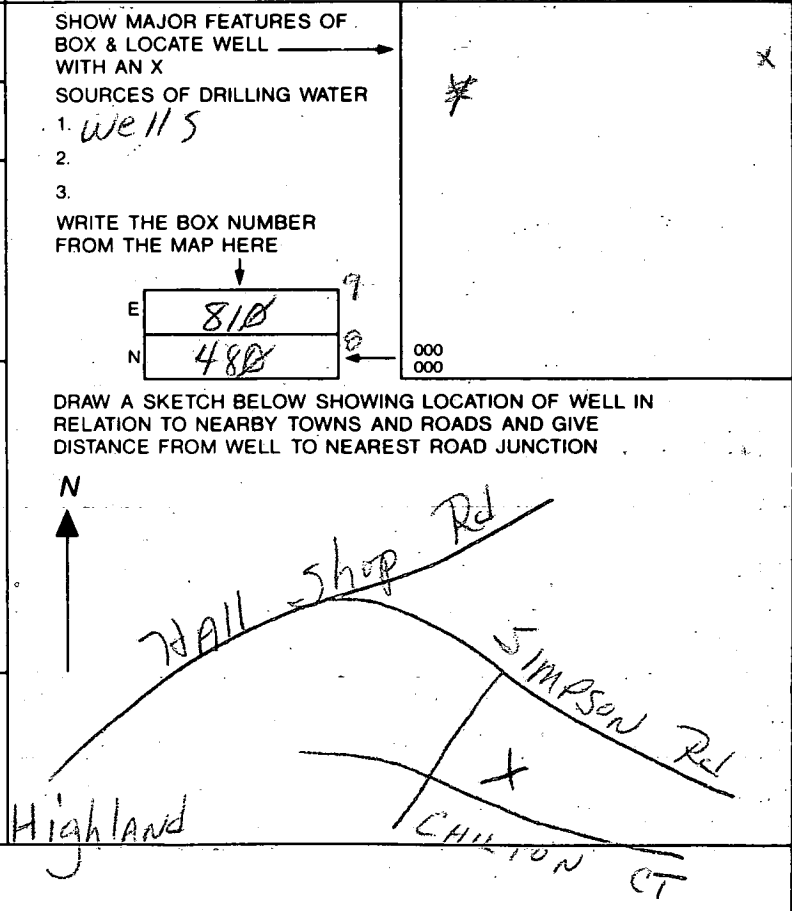
APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL.  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 54 63  
 FORCE **CL** WRITE INITIALS IN BOX PERMIT No. **40-94-0037**  
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



**B 1** 01346 SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
 40-94-0037  
 fill in this form completely

**B 2** OWNER INFORMATION

Date Received (APA) 0114

15 Last Name WINCHESTER 21 Owner 26 First Name HOMES 34

36 Street or RFD 6305 55 IVY LANE 55

57 Town SKREENAELT 70 State 72 MD 74 Zip 76 20770

**B 3** LOCATION OF WELL

1 2 AWARD 21

8 COUNTY 21

23 SUBDIVISION ASHLEIGH KNOLLS 42

SECTION 44 46 LOT 48 50 12

52 NEAREST TOWN HIGHLAND 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78 2 MI

**DRILLER INFORMATION**

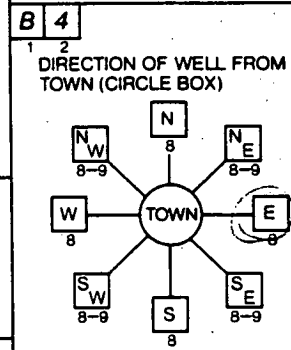
George F. Easterday 40 77 License No. 80

Driller's Name L. Franklin Easterday, Inc.

Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771

Address 1-11-94

Signature Date



11 NEAR WHAT ROAD HILTON CT 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 30 37 DISTANCE FROM ROAD

ENTER FT or MI FT 38 39

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME 40573A COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 020374 EXP. DATE 3/7/95

43 CO SIGNATURE 48

NORTH GRID 430000 55 EAST GRID 0519000 57 63

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY 37 AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVERSE-ROTARY DRIVE-POINT

other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 310

N 400

3/22 10:30  
 above grade: 1'4"  
 open hole: 83'  
 depth casing: 107'  
 # bags: 20

Tag checked 3/22/94 DKS

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

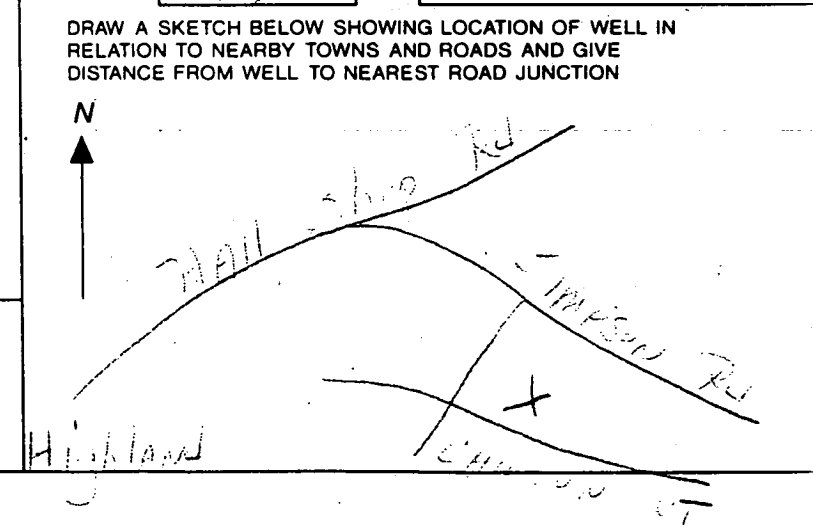
THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



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

APPROP. PERMIT NUMBER 54 GAP 63

FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 40-94-0037 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

**C1** **8701** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 **A41213A**

ST/CO USE ONLY DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **03 22 94** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-0037**

OWNER **Winchester** last name **Chilton** first name **Paul** TOWN **Highland**  
 SUBDIVISION **Highland Knolls** SECTION **13** LOT **13**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	2	
Sand Silt & Clay	0	8	
brown Shale	8	15	
Sand Silt	15	80	
brown Shale	80	90	
Gravel	90	101	
Sand Silt	101	110	
Sand Stone	110	235	
Mica	235	236	✓
Flint	236	400	
Mica			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **46** NO. OF POUNDS **206**  
 GALLONS OF WATER **130**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **80** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **107**

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

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

**C2**  
 DEPTH (nearest ft.)  
**HO** **105** **400**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) **6**

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.O.  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**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 **14** WHEN PUMPING **192**  
 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 EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE **2** (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)  
 Side 1 side 60' well  
 CHilton CT.

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

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

DRILLERS IDENT. NO. **40**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

7/1/94  
anytime

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

Final  
2/1/94  
CB

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

WELL  
LINE

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer \_\_\_\_\_ Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision Ashleigh Knolls Lot # 13 Well Tag # HO-94-0037  
Site Address Chilton Ct

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
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 \_\_\_\_\_

**Motor**  
1. Horsepower \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line \_\_\_\_\_

**Well data**  
1. Depth \_\_\_\_\_ ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level \_\_\_\_\_ ft.  
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: \_\_\_\_\_

W. Allen 2/1/94 Date: \_\_\_\_\_

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



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

January 20, 1995

Ms. Laura Grant  
7105 Chilton Ct.  
Clarksville, MD 21029

RE: Ashleigh Knolls, Lot #13  
7105 Chilton Court  
Well Permit # HO-94-0037  
Water Sample Date: January 11, 1995

Dear Ms. Laura Grant:

The water sample recently submitted for testing was found to be free of coliform bacteria indicating that the recent well sanitization was successful. In order for you to receive a Final Certificate-of-Potability for the water well supply, a second good sample must be obtained.

Please contact this office at (410) 313-2640 to schedule a second water sample appointment. It is recommended that the second water sample be taken from an inside tap, the most reliable source from which to obtain safe water sample.

Presently, there is no charge for this service.

Very truly yours,

Donna K. Soe, Sanitarian  
Water and Sewerage Program

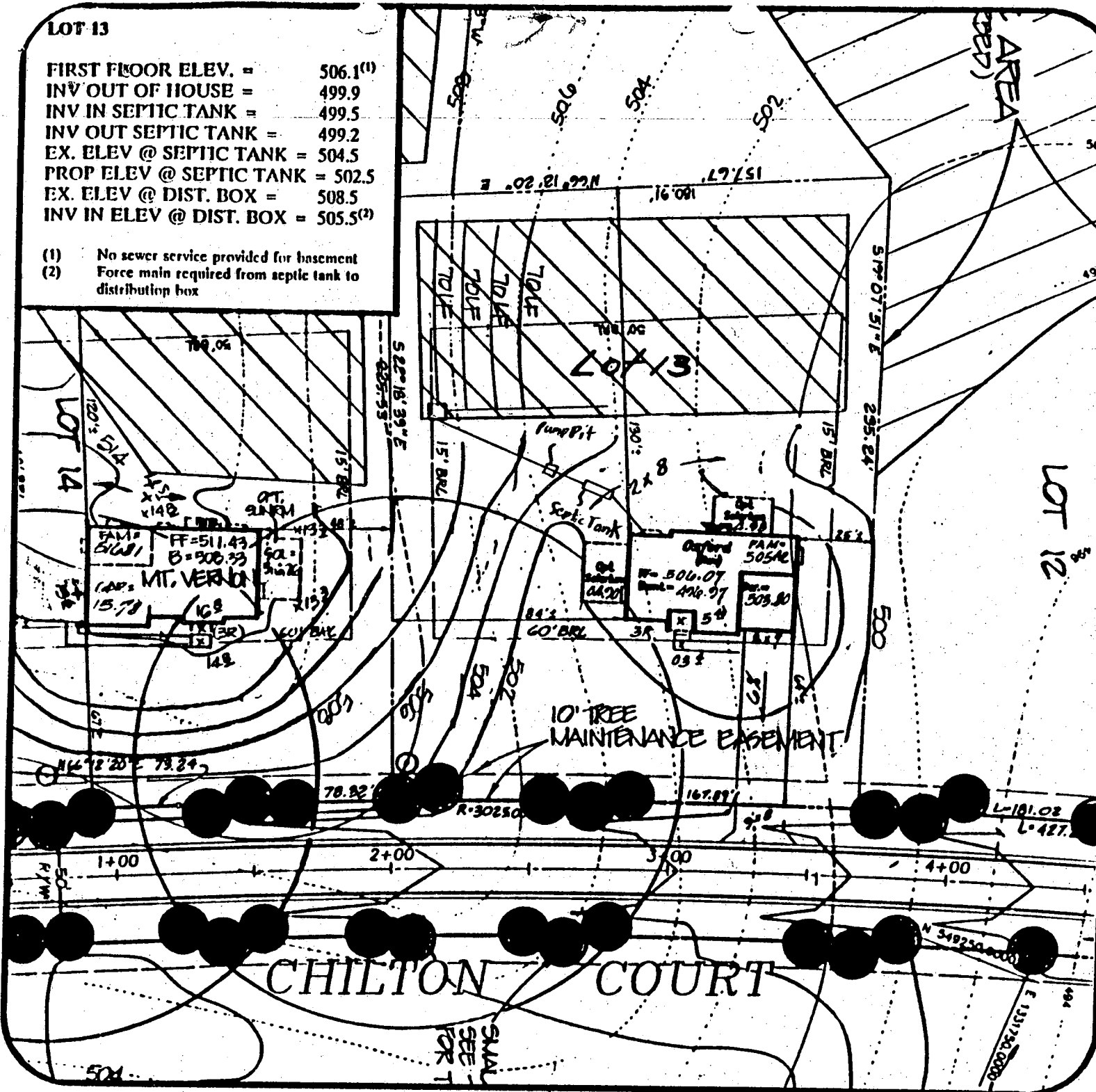
DKS



LOT 13

FIRST FLOOR ELEV. = 506.1<sup>(1)</sup>  
 INV OUT OF HOUSE = 499.9  
 INV IN SEPTIC TANK = 499.5  
 INV OUT SEPTIC TANK = 499.2  
 EX. ELEV @ SEPTIC TANK = 504.5  
 PROP ELEV @ SEPTIC TANK = 502.5  
 EX. ELEV @ DIST. BOX = 508.5  
 INV IN ELEV @ DIST. BOX = 505.5<sup>(2)</sup>

- (1) No sewer service provided for basement
- (2) Force main required from septic tank to distribution box



REVISED PER CRAIG WILLIAMS HO. CO. HEALTH DEPT 3/11/04

Approved Septic System Plan  
Howard County Health Department

Ashleigh Knolls  
Lot 13

4 BR

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

*Craig Williams*  
 Signature (P16-6P)

3/15/04  
 Date  
 3300 North Ridge Road, Suite 235  
 Ellicott City, Maryland 21043-3350  
 (410) 461-1118 D.C. Metro: (301) 621-5768  
 Fax: (410) 750-6340

DATE: 3/3/04  
 PROJECT NO.: 89027.04  
 DRAWN BY: TJP  
 SCALE: 1" = 50'

Building Address 7105 Chilton Court  
Clarksville, MD 21029

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605102 Subdivision Ashleigh Knolls

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 13

Tax Map 41 Parcel 475 Grid 7

Zoning RR Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name James E. & Laura D. Grant

Address 7105 Chilton Court

City Clarksville State MD Zip Code 21029

Home Phone 4435359940 Work Phone 3016402640

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential, Principal

Proposed Use Principal Residence

Estimated Construction Cost \$ 8000.00

Description of Work Finish basement to  
create office, recreation room, storage  
den, bath, other storage, optional wet bar

Contractor Company Attn: Owner

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant James E. & Laura D. Grant

Contact Name James E. Grant

Address 7105 Chilton Court

City Clarksville State MD Zip Code 21029

Phone 4435359940 Fax \_\_\_\_\_

Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____
Other Structure: _____	Dimensions: _____
Footings: _____	Roof: _____
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 BY THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

James E. Grant  
 Applicant's Signature  
Fountainhead Title Company  
 Title/Company

James E. Grant  
 Print Name  
February 19, 2002  
 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>3669</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>65.00</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>65</u>
Dev. Engineering DPZ	<u>2/26/02</u>	<u>M. Rife</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for NewTown Zone _____	Add'l per. fee \$ <u>80</u>
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ <u>80</u>
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"/> <u>5/15/02</u>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____
				Validation # _____
				Accepted by _____

James E. and Laura D. Grant  
7105 Chilton Court  
Clarksville, MD 21029  
February 22, 2002

Mark Rifkin  
Howard County Health Department  
Ellicott City, MD 21043

Dear Mr. Rifkin,

We plan to finish our basement at the property as identified in the floor plans. The basement has four windows that can not serve as a normal exit. All basement windows are eye level at about 5 feet 3 inches off the floor. All are the same type that swing up and are 21 inches high and 30 inches wide. They will be framed as is. There are no plans to make them larger or add a walkout. There are no plans to use the basement as living space.

Your assistance is appreciated. My contact numbers are home: 443-535-9940 and work: 301-640-2640.

Sincerely,

*James E. Grant*  
James E. Grant

BASEMENT FLOOR PLAN - 7105 CHILTON COURT  
CLARKSVILLE, MD 21029

