

8-15-95
C.O. 9:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50765B

A _____

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

313-2640

Tax ID#
05-418488

DATE 07/07/95

DATE SYSTEM APPROVED 11/2/95

INSPECTOR *[Signature]*

INDEXED

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 795-6566

SUBDIVISION Ashleigh Knolls LOT 29 ROAD 7108 Ramsgate Court

PROPERTY OWNER _____ Winchester Homes, Inc. PHONE: (301) 474-4411

ADDRESS _____ 6305 Ivy Lane, Suite 800
Greenbelt, Maryland 20770

4 Bedrooms per building permit No. 60477

LG. PERMIT SIGNED
AND RETURNED 7/19/95
Serial# 60477-4 Bmr.

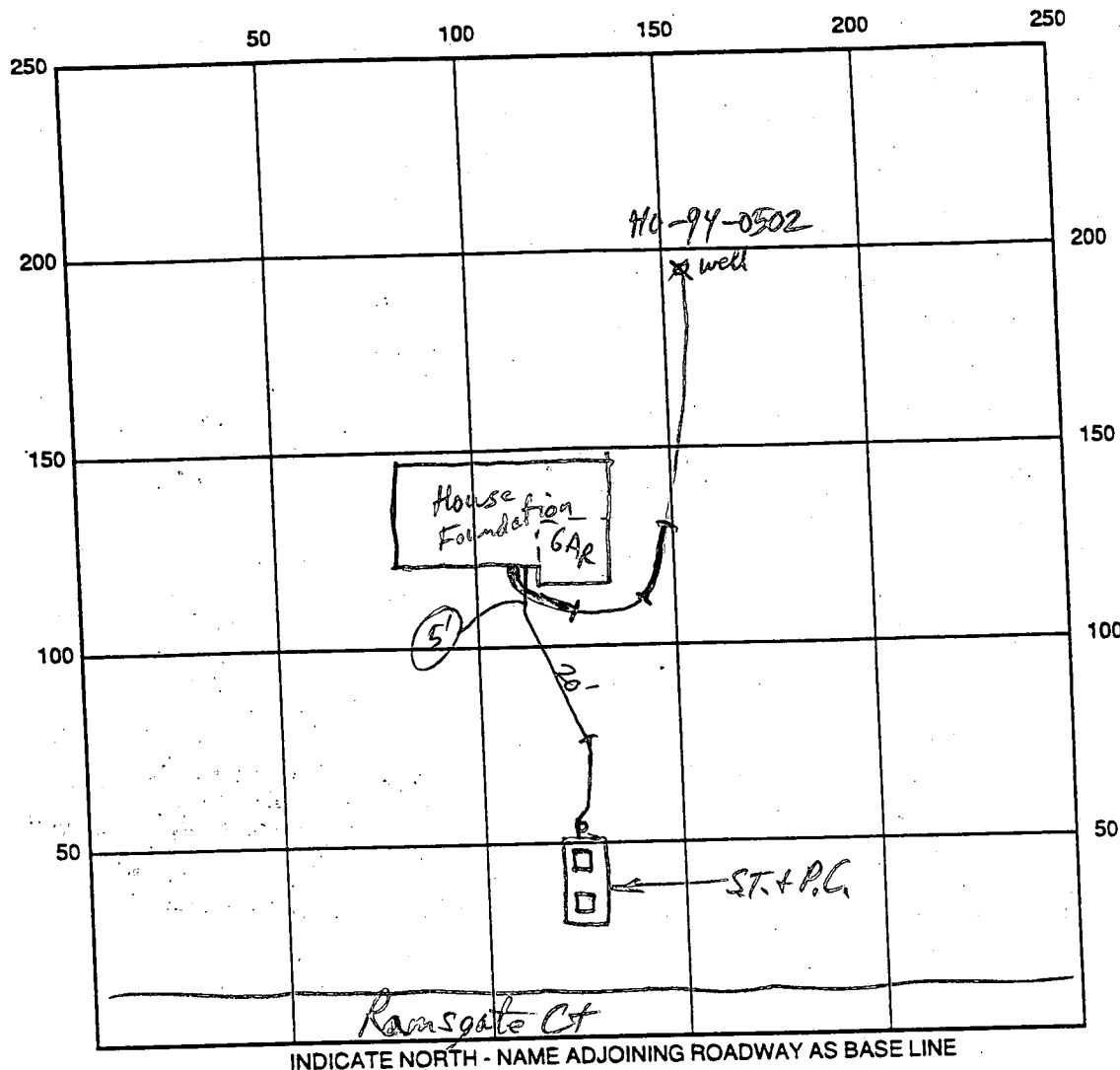
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- This permit is limited to installation of the individual house sewer line only. Location as per the signed building permit site plan, copy attached.

- As the community system is not yet approved for service, connection to the septic tank is prohibited at this time. Sewer line is to be capped so as to maintain a minimum 2 foot separation from the connecting stub on the inlet side of the septic tank.

Contact Health Department for inspection before covering the installation. *[Signature]* 7/18/95

P 50765B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: Septic line from House to 10 Ft from Septic Tank OK to cover *8/15/95*

Final House Connection to S.T. complete - DPK OK'd - OK to cover. *8/16/95*

11/2/95 - Pump tested without water - Control, alarm, pump all electrically activated OK - Passes per DPK / RPK (No water to check for leaks)

Note: All less of water line OK to cover. *8/11/95*

First 20 ft of water line is pickled, OK. Also 3" Sched 40 pickling 25 ft of water line that goes under driveway.

DATE SYSTEM APPROVED *11/2/95* INSPECTOR *RPK*

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

60477

G-3058

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

7108 Ramsgate Court
Clarksville, Md. 21029GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is: MT Vernon
2 story, full bsmt., 9R, 2PB, 1HB,
4BR, garage, opt. FP.

LOT NO.	PARCEL NO.	SEC	AREA	BLOCK NO.	LIBER	FOLIO
29	174	2	2	7		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR	41	5	6051.02

OWNER NAME AND ADDRESS

PHONE NO.

Winchester Homes, Inc.
6305 Ivy Ln., Suite 800
Greenbelt, Md. 20770 (301) 474-4411

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

R.M. Mochi Group
3300 N. Ridge Rd. Suite 235
Ellicott City, Md. 21043 (410) 461-0079

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Winchester Homes, Inc.
Same as above

EXISTING USE

PROPOSED USE

Vacant

Res. Single Family

EST. CONSTRUCTION COST

\$172,000.00

LICENSE NUMBER

158-14160

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	36'	10'
	62'	32'	10'
	62'	32'	10'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	2007	20070	
ROOMS	1387	13870	
BATHS	1479	14790	
FIREPLACES			
FOOTINGS	FOUNDATION	S. WALLS	
16 x 8	8" conc	wood frm	siding

UTILITIES					
WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC.
			X	HP	X

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE
Permit Administrator
TITLE
DATE

W/S CODE FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

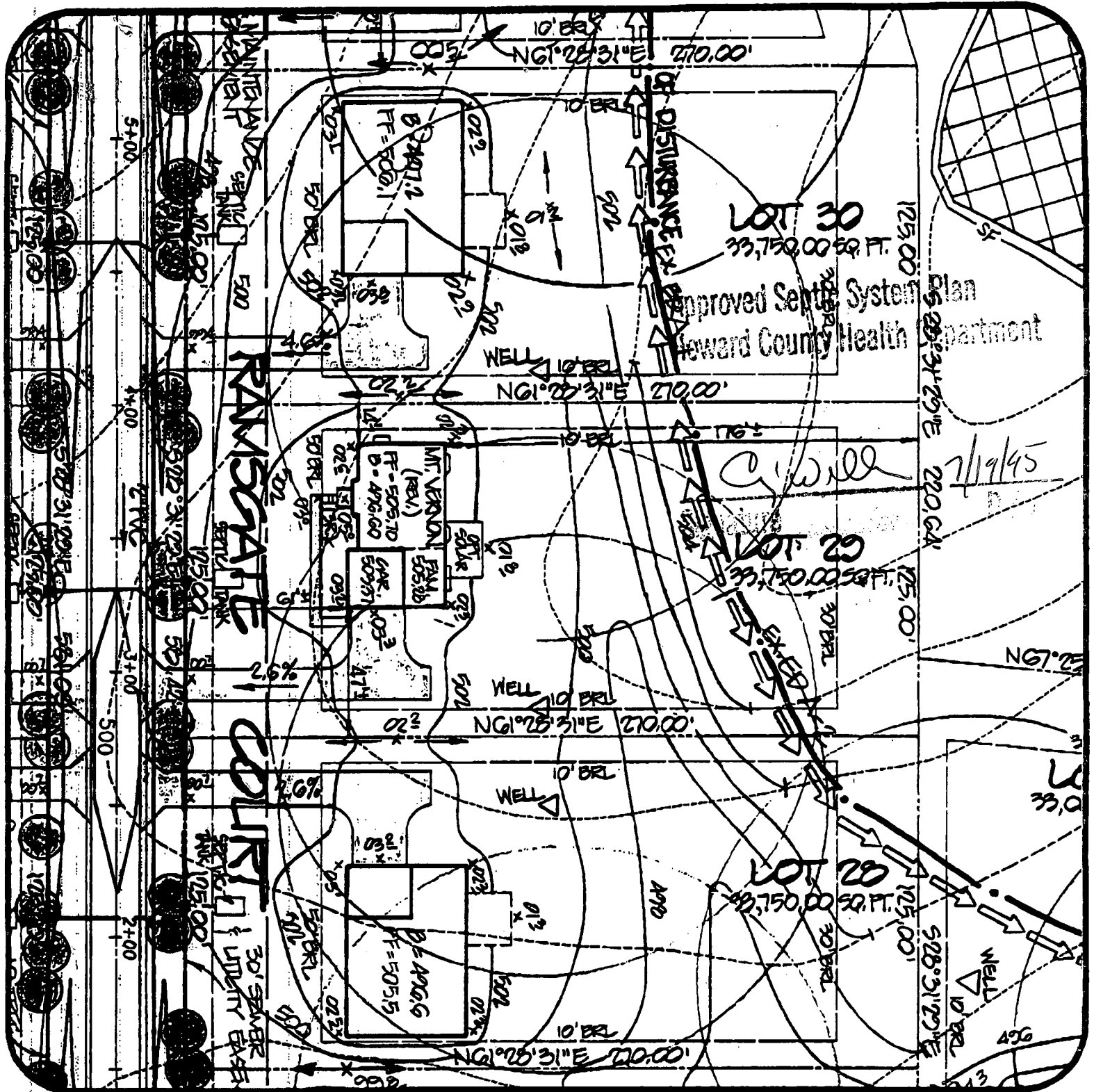
FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/19/95	Craigwell
FIRE PROTECTION		
STORM WATER MGM		

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



SHEET 1 OF 2

NOTE: SEE SHEET 2 FOR INVERTS
RELATING TO SEPTIC TANK

Approved Septic System Plan
Howard County Health Department

Ashleigh Knolls
Lot 29

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
AND SURVEYORS

PLANNING
ENVIRONMENTAL

DATE: 6/23/95

PROJECT NO.: 890071.00

DRAWN BY: TJP

SCALE: 1" = 50'

3300 N. Bridge Road, Suite 235
Ellicott City, MD 21043-3305

(410) 481-0079
Fax: (410) 750-6340

Date

Signature

	FF ELEV	INV. OUT OF HOUSE	EXIST. GROUND AT SEPTIC TANK	PROP. GROUND AT SEPTIC TANK	INV. INTO SEPTIC TANK
LOT 24					
LOT 25					
LOT 26					
LOT 27					
LOT 28					
LOT 29	505.70	499.70	497.80	500.60	497.10
LOT 30					
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32					
LOT 33					
LOT 34					
LOT 35					
LOT 36					
LOT 37					
LOT 38					
LOT 39					
LOT 40					
LOT 41					
LOT 42					
LOT 43					
LOT 44					
LOT 45					
LOT 47					
LOT 49					

SHEET 2 OF 2

Ashleigh Knolls
SEPTIC TANK INVERTS

DATE: 6/23/95

PROJECT NO.:
89027.09DRAWN BY:
TJPSCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
AND SURVEYORSPLANNERS
ENGINEERS3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305(410) 461-0079
Fax: (410) 750-6340

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 ☐
Name of Installer Van Sant Pbg + Mbg Receipt # 0
Date 8/2/95
Telephone 829-0444
License Number 1467 Well Driller ☐ Registered Plumber ☒
Certified Well Pump Installer ☐
Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Anteish Knolls Lot # 29 Well Tag # 110-24-0502
Site Address 7108 Lamgate Ct
Clarksburg, MD 21029
Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible ☒
2. Make Gaulob
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 3/4
2. RPM
3. Voltage
a. 110
b. 220 ☒
Pitless Adapter
1. Make Campbell
2. Model # 510X
3. Depth 48"
Tank
1. Capacity V-100
2. Pressure relief valve? ☒
Piping P.S.
1. Type
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 48"
Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? ☒
Pitless adapter + water line
OK to Cover 8/11/95

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: Harold A. Van Sant

Date: 7/28/95

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

TO

Craig Williams
Health Dept
X 2648

KIM

FROM

Jeff Welty
Utilities

SPEED LETTER

SUBJECT

MESSAGE

Ashleigh Knolls - Final Ping Tests

The following lots were final tested for U#
and are ok:

7108 Ramsgate Ct Lot 29 Winchester
7116 Ramsgate Ct Lot 31 "
Please call me if you have questions

REPLY

DATE

4/3/95

SIGNED

J. Welty

FOLD FOR NO. 9

FOLD FOR NO. 10

DATE

SIGNED

Wilson Jones • Carbonless • MADE IN U.S.A.
44 809 Triphold • © Wilson Jones, 1989

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY

B 1 9087 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-0502 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 05/29/95 <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 Last Name Owner First Name </div> <div style="display: flex; justify-content: space-between;"> 6305 Ivy Lane </div> <div style="display: flex; justify-content: space-between;"> Greenbelt MD 20776 </div> </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 8 COUNTY 21 </div> <div style="display: flex; justify-content: space-between;"> 23 SUBDIVISION 42 </div> <div style="display: flex; justify-content: space-between;"> SECTION LOT 29 </div> <div style="display: flex; justify-content: space-between;"> 52 NEAREST TOWN 71 </div> </div> MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION Driller's Name George F. Easterday L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address George F. Easterday Signature _____ Date _____		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		<div style="border: 1px solid black; padding: 2px;"> RAMSGATE CT NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NORTH N WEST W EAST E SOUTH S </div> <div style="text-align: center;"> 100 DISTANCE FROM ROAD ENTER FT OR MI FT </div> </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		TAX MAP: 40 BLK: 12 PARCEL 174 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> COUNTY NAME Howard STATE SIGNATURE _____ DATE ISSUED 05/31/95 NORTH GRID 488000 EAST GRID 0817000 </div> <div> COUNTY NO. 13-P60765 EXP. DATE 5/31/96 </div> </div>	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;"> E 8167 N 4808 </div> <div style="text-align: right;"> 000 000 </div> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> JETTED <input type="checkbox"/> Jettied & DRIVEN <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) H0-94-0502		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE RP WRITE INITIALS IN BOX H0-94-0502	
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

2983

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTTHIS 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 TYPECOUNTY
NUMBER 13-ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

07/09/95

22 200 26
(TO NEAREST FOOT)40-94-0502
28 29 30 31 32 33 34 35 36 37

OWNER Winchester Homes

STREET OR RFD Ramsgate Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 29

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

check
if water
bearing

Top Soil	0	2	
Brown Shale	2	35	
Brown Mica	35	60	✓
Gray Mica	60	110	
Brown Mica	110	111	✓
Gray Mica	111	200	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 68 NO. OF POUNDS 6800

GALLONS OF WATER 340

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

ST

6

71

OTHER CASING (if used)

EACH CASING
diameter inch depth (feet) from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC

OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED

yes ☒ no ☐

CIRCLE APPROPRIATE LETTER

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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 40

George L. Kesterling

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. JSD 038

Cruz Thompson

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)

T (E.R.O.S.)

70 72

TELESCOPE LOG

CASING INDICATOR

W Q

74 75 76

OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 120

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 73 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 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)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
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)See Plat. 20' RT LOT LINE
120' FRONT

COUNTY

Review OK 7/11/95 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Tn

Well Permit No. HO - 94-0502

Location of property (road) Ramsgate Court

Subdivision Ashleigh Knolls

Lot	29	Block	Plat	Sec.
-----	----	-------	------	------

Well Driller G. Easterday

Owner Winchester Homes

Depth of well 200

25 gpm

Distance of measuring point (M.P.) above ground

2' 6"

Static water level (S.W.L.) below M.P.

२१६॥

I. High rate pumping -- reservoir drawdown

Time pump started

8:45

Pumping rate

12 G, P, m

Total time

to reach pumping water level

ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Pump & Test
11-12-95
5.00

Location - OK Just started growt
casing - 71' @ time of my arrival
open - 30
growt - 7/10/95 RPP

Well Permit No. HO - 94-0502

Subdivision Ashleigh Knolls

Lot	29	Block	Plat	Sec.
-----	----	-------	------	------

Owner Winchester Homes

Depth of well 200' (75 gph)

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

Time pump started 8:45 Pumping rate 12 gpm
Total time to reach pumping water level _____ ft. below M.P.

[illegible]

Water Chloride
Nitrate Sample 7062
AP 7/12/93



HOWARD COUNTY HEALTH DEPARTMENT

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

November 20, 1995

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

RE: Ashleigh Knolls, Lot #29
7106 Ramsgate Court
Well Permit #HO-94-0502

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 2, 1995.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0502. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Dates of Water Samples: November 6, 1995 (Chemical)
November 14, 1995 (Bacteriological)
Date of Well Completion: July 10, 1995

Approving Authority

Donna K. Soe
Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

cc: Building Inspector's office
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 HEALTH DEPARTMENT

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

April 11, 1996

Owner/Occupant
7106 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #29
7106 Ramsgate Court
Well Permit #HO-94-0502

Dear Sir or Madam:

According to our records, an Interim Certificate-of-Potability was recently issued for the above referenced property. It is now necessary for a second water sample to be obtained. This second sample is required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1). The purpose of the second sample is to confirm that the water supply continues to be free of bacteriological contamination. As long as the water supply remains free of bacteriological contamination, a Final Certificate-of-Potability will be issued for the well water supply.

You are requested to call this office at (410)313-2640 to arrange an appointment for the second water sample to be taken. It is recommended that the second water sample be taken from an inside tap, the most reliable location from which to obtain an accurate sample. Presently, there is no charge for this service.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

Enclosure



Fredericktowne Labs, Inc.

3039 Ventrie Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 3

Field Record

Site visit performed: Monday, November 06, 1995 10:20 AM
by: H. A. Van Sant State ID No. 94-700
Property Owner: Kitchen
Property Address: 7108 Ramsgate Ct.
29 Ashley Knolls
Clarksville, MD. 21029
Sample Source: Kitchen

Field pH: 7
Res. Cl.: 0.0 mg/l

Laboratory Report

Sample Received at laboratory: 11/6/95 11:00:00 AM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
1.1	<1.1	11/7/95 9:30 AM	9221B	CH

Bacteriological analysis of this sample indicates the water is unsafe for human consumption.

Inorganic Chemical results:

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>MCL</u>	<u>Date of Analysis</u>	<u>Method</u>	<u>Analyst</u>
Nitrate Nitrogen	0.28	mg/l	10	11/6/95	WeWWG 5880	KG
Turbidity & Sand	6.9	NTU	10	11/6/95	180.1	KG

Verified by:

M. E. Miller 11/20/95
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

11/12/95 9:54:53 PM

Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 8924-M



Fredericktowne Labs, Inc.

3039 Ventric Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293-3340 or 694-7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 5

Field Record

Site visit performed: Tuesday, November 14, 1995 10:00 AM

by: H. A. Van Sant State ID No. 94-700

Property Owner: Winchester Homes

Property Address: 7108 Ramsgate Court
Lot 29, Ashley Knolls
Clarksville, MD. 21029

Sample Source: Kitchen Sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 11/14/95 12:21:19 PM

Bacteriological results:

<u>Total Colif. (/100ml)</u>	<u>Fecal Colif. (/100ml)</u>	<u>Date/Time Analysis Started</u>	<u>Method</u>	<u>Analyst</u>
<1.1	<1.1	11/15/95 9:33 AM	9221B	MM

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Verified by:

M. H. Miller 11/20/95
Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory

Maryland Cert. No. 115 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M

STATE OF MARYLAND
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

003199

(4)

Category Code AF-4C

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>McMahon - Powder Room</u> Location <u>708 Ramsgate Ct.</u> Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> am. <input type="checkbox"/> pm. Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:15</u> Collector # <u>95-456</u> Bottle No. <u>AE 714</u> Collector Name <u>B. Canning</u> County <u>Howard</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">13</div> County	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 20px; height: 10px;"></div> </div> Plant No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 20px; height: 10px;"></div> </div> Sampling Station	<div style="border: 1px solid black; padding: 2px; display: inline-block;">08/06/90</div> Date Collected
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pH

7.0

 Res. Cl: Free

00

 Total

00

 Card No.

LABORATORY RECORD

Thiosulfate: Pres. ☐ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.	10 ml.	10 ml.	10 ml.	10 ml.
Gas, 24 hours					
Gas, 48 hours					

ml. of Sample	10 ml.	10 ml.	10 ml.	10 ml.	10 ml.
Coliforms †					
Fecal Coliforms ‡					

No. of Pos.
0

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.
Gas, 24 hours	
Gas, 48 hours	

ml. of Sample	100 ml.
Total Coliforms †	
Fecal Coliforms ‡	
E. Coli ***	

** Presumptive Coliforms/100 ml. (Membrane Filter) =

† Verified Total Coliforms/100 ml. (Membrane Filter) =

‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) =

Heterotrophic Plate Count §/ml. =

- ** using m Endo-Agar LES at 35° C incubation.
- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

Laboratory

Date & Hour
96 AUG 6 PM 1:46

Rec.d

Annapolis
Cambridge
Central
Cheverly

Cumberland
Frederick
Salisbury

96 AUG 6 PM 2:10
96 AUG 8 PM 1:00

Exam.

Remarks

Rept.

Bacteriologist

D. Preece



HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Kim McMahon DATE OF APPOINTMENT 08/06/96 ^{10:30}

ADDRESS 7108 Ramsgate Ct.

TELEPHONE NUMBER _____ NEW WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS _____

SAMPLE TYPE

☐ Health Hazard
☐ U & O
☐ Pond or Stream
☐ Sewage
☐ Other

REASON FOR REQUEST

☐ New Residence
☐ Nitrate Monitoring
☐ Taste or Odor
☐ Replacement Well
☐ Other

SEPTIC SYSTEM: ☐ Approved ☐ Disapproved DATE ____/____/____

CONDITION: _____

SUPPLY TYPE: ☐ Drilled Well ☐ Hand Dug ☐ Spring ☐ Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

☐ CHEMICAL ☐ Free Cl ☐ Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Panning TIME 10:15 DATE 08/06/96 ^{10:30}

SAMPLE FROM Powder Room ^{FAE 714} BACTERIA 7.0 pH

☐ CHEMICAL 0.0 Free Cl 0.0 Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH

☐ CHEMICAL ☐ Free Cl ☐ Res. Cl ☐ NITRATES ☐ OTHER

ACTION: _____

ADDRESS

NAME



HOWARD COUNTY HEALTH DEPARTMENT

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

August 15, 1996

Ms. Kim McMahon
7108 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #29
7108 Ramsgate Court
Well Permit #HO-94-0502

Dear Ms. McMahon:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on November 2, 1995.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-94-0502.

Dates of Water Samples: November 6, 1995 (Chemical)
November 14, 1995 (Bacteriological)
August 6, 1996

Date of Well Completion: July 10, 1995

Approving Authority

Donna K. Soe, R.S.
Water and Sewerage Program

DKS
cc: file