

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

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50765B

A _____

DISTRICT _____

DATE 07/07/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

313-2640

Tax ID#
05-418488

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 Bm

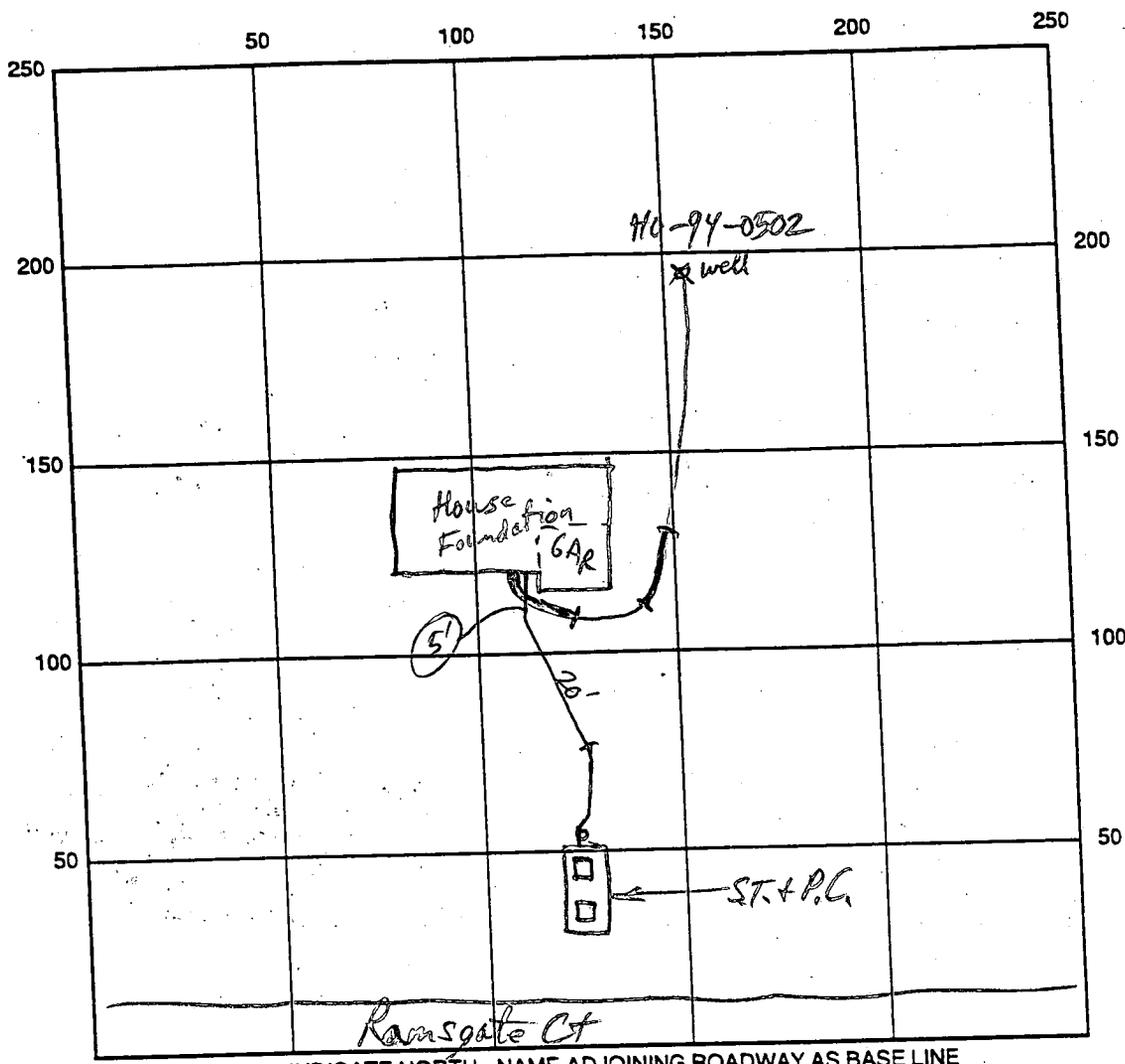
- House is served by a shared community septic system. As part of the general permit for the community system, items previously installed or under construction include individual septic tank, connection from tank to common effluent line, community system headworks, and shared disposal fields.

- 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 *APP 8/15/95*
 Final house connection to S.T. complete - DPK OK'd - OK to cover. *APP 8/16/95*
 11/2/95 - Pump tested without water - control, alarm, pump all electrically
 activated OK - Passes per DPK / RPK's (No water to check for leaks)

Note: Bitless plaster and water line OK to cover. *APP 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. 21029

GRADING/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	LICENSE NUMBER	PERMIT FEE
\$172,000.00	158-14160	

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			
FIREPLACES	1479	14790	

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 completed with.

SIGNATURE
Permit Administrator
TITLE DATE

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 # _____

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

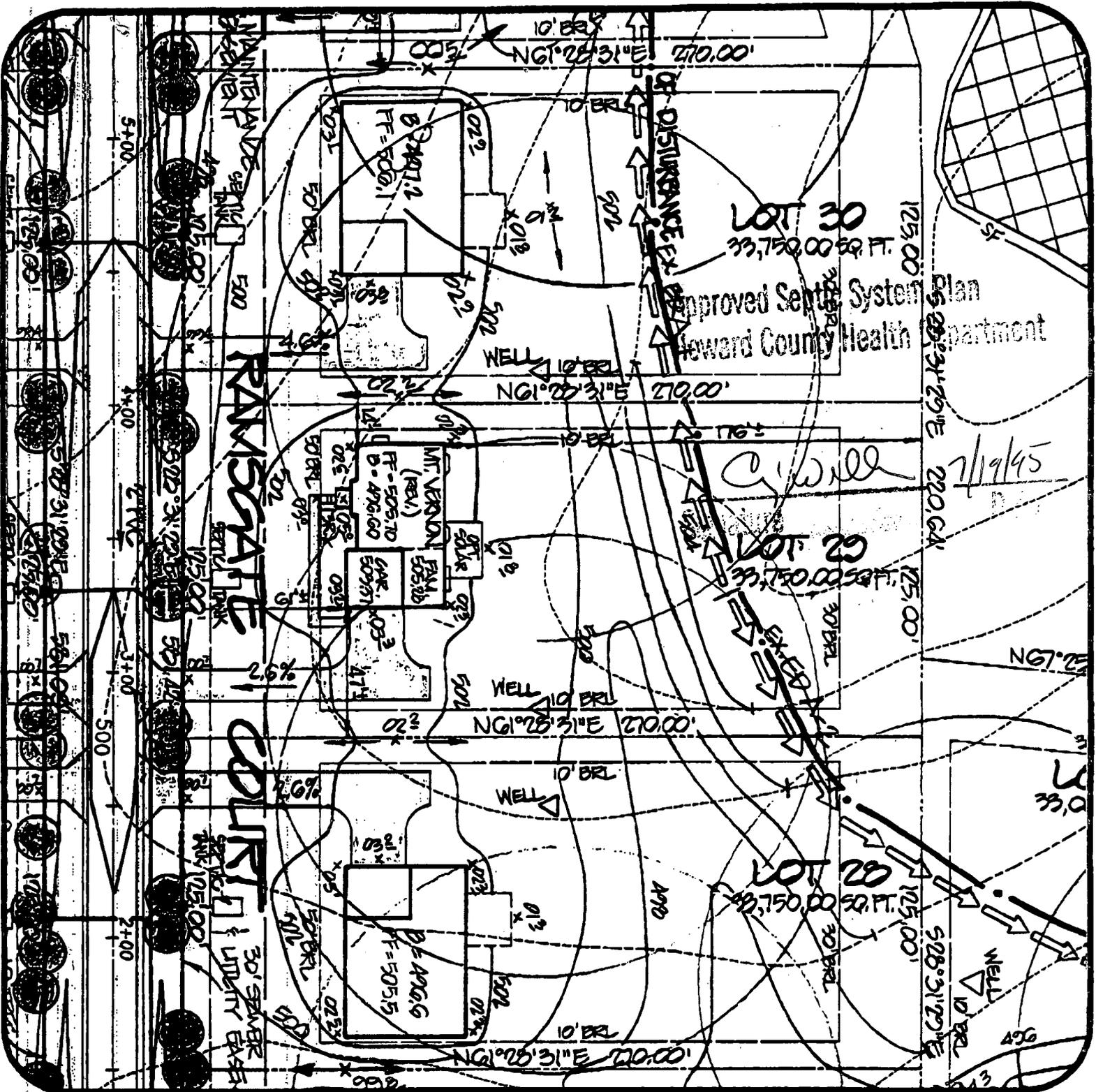
Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

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 TANKS

Approved Septic System Plan
Howard County Health Department

R.M. MOCHI GROUP, P.C.

Ashleigh Knolls
Lot 29

CIVIL ENGINEERS
LAND SURVEYORS

PLANNER
ENVIRONMENTAL

DATE: 6/23/95

PROJECT NO.: 890271-00

C. Will 7/19/95
Signature Date

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

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

DRAWN BY: TJP

SCALE: 1" = 50'

	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

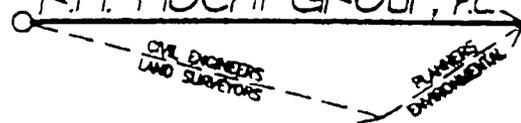
Ashleigh Knolls
SEPTIC TANK INVERTS

DATE: 6/23/95

PROJECT NO.: 89027.09

DRAWN BY: TJP

SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.


3300 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 Pibg + Albg Receipt # 0
Date 8/2/95
Telephone 829-0444
License Number 1467 Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Anteish Knolls Lot # 29 Well Tag # HO-94-0502
Site Address 7108 Lamsgate Ct
Clarksville, 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
1. Type P.S.
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 RJP 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: [Signature]
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 Pmg Tests

The following lots were final tested for UF
and are ok:

7108	Ramsgate	CT	Lot 29	Winchester
7110	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

B 1	9087	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS		HO-94-0502 <small>fill in this form completely</small>		

OWNER INFORMATION

Date Received (APA) **05/29/95**

Winchester Homes
15 Last Name 8 Owner 13 First Name 34

6305 Ivy Lane
36 Street or RFD 55

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

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday **89**

Driller's Name **L. Franklin Easterday, Inc.** 77 License No. 80

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

Address **George F. Easterday** Date

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 (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

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

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

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

AIR-ROTary **JETTED** **Jetted & DRIVEN**

AIR-PERCussion **ROTARY (Hydraulic Rotary)**

CABLE **REVerse-ROTary** **DRive-POINT**

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS-A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL 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)

APPROX. PERMIT NUMBER **G A P**

FORCE **RP** WRITE INITIALS IN BOX PERMIT No. **HO-94-0502**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

B 3 LOCATION OF WELL

Howard **ASHLEIGH KNOLLS**

Highland

MILES FROM TOWN (enter 0 if in town) _____ M I

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

RAMSGATE CT NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **100** FT

TAX MAP: **40** BLK: **12** PARCEL **174**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13-P50765**

COUNTY NAME _____ COUNTY NO. _____

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **05/31/95** EXP. DATE **5/31/96**

CO SIGNATURE _____

NORTH GRID **488000** EAST GRID **0819000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **well**

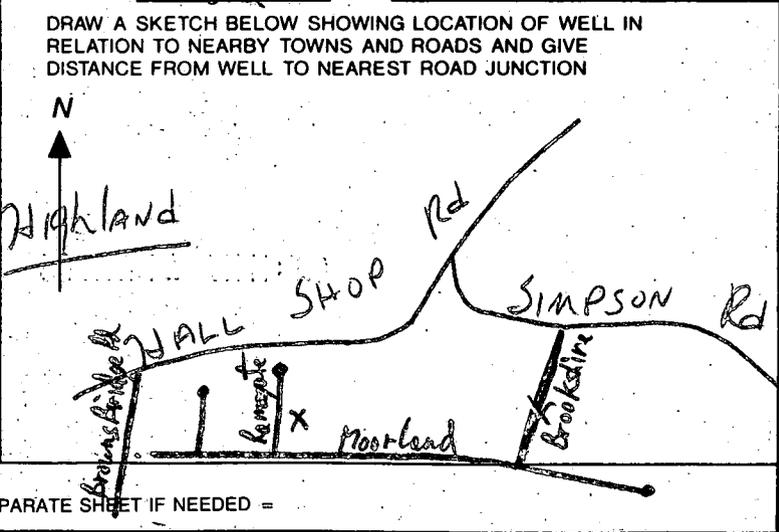
2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

8187

4808



2983

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 07/10/95

Depth of Well 200

PERMIT NO. HD-94-0502

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 BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica, and Brown Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay) NO. OF BAGS, NO. OF POUNDS, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT) Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns for diameter and depth

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P

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. 40

DRILLERS SIGNATURE George S. Kesterday

LIC. NO. JSD 038

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

DEPTH (nearest ft.) 40 69 200

Table for depth measurements in feet (8-51)

SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN

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

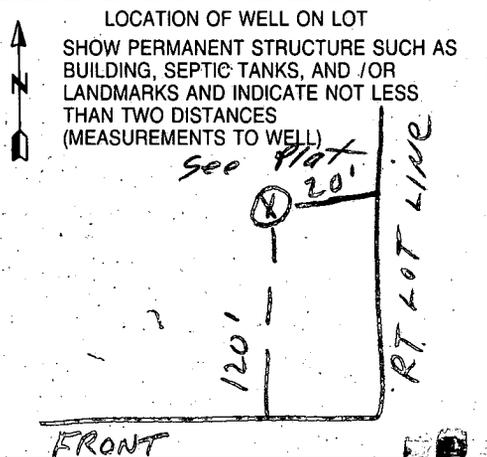
C 3

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) 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) 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)





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. A. Miller 11/20/95
Date

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

Maryland Cert. No. 118 Virginia Cert. No. 00141 W. Virginia Cert. No. 8924-M



Fredericktowne Labs, Inc.

3039 Ventrice 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:

Total Colif. (/100ml)	Fecal Colif. (/100ml)	Date/Time Analysis Started	Method	Analyst
<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. L. 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

(4)

003199

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

Category Code AF-4C Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:	Source <u>McMahon - Powder Room</u>
Community <input type="checkbox"/>	Location: <u>708 Ramsgate Ct.</u>
Non-Community <input type="checkbox"/>	Iced: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> am.
Non-Transient <input type="checkbox"/>	Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:15</u> <input type="checkbox"/> pm.
Private <input checked="" type="checkbox"/>	Collector # <u>95-456</u> Bottle No. <u>AE 714</u>
Check Sample <input type="checkbox"/>	Collector Name <u>B. Canning</u> County <u>Howard</u>
Special <input type="checkbox"/>	

County 13 Plant No. ———— Sampling Station ———— Date Collected 08 06 90

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.									
Gas. 24 hours	—————									
Gas. 48 hours	—————									

ml. of Sample	10 ml.										No. of Pos.
Coliforms †	—————										0
Fecal Coliforms ‡	—————										

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

Date & Hour	Laboratory	
<u>'96 AUG 6 PM 1:46</u>	<input type="checkbox"/> Cumberland <input type="checkbox"/> Frederick <input type="checkbox"/> Salisbury	
	<input type="checkbox"/> Annapolis <input type="checkbox"/> Cambridge <input type="checkbox"/> Central <input type="checkbox"/> Cheverly <input type="checkbox"/> Remarks	
<u>'96 AUG 6 PM 2:10</u>	Rec.d	
<u>'96 AUG 8 PM 1:00</u>	Exam	
	Rept.	
	Bacteriologist	<u>D. P. ...</u>



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 _____

NAME
ADDRESS

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> 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: _____



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