

8-15-95
w.p.o. 9:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50791A

A —

DISTRICT —

DATE 7-25-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Tax ID =
05-418401

DATE SYSTEM APPROVED —

INDEXED

INSPECTOR —

Van Sant Plumbing & Heating

IS PERMITTED TO INSTALL X ALTER —

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771

PHONE 795-6566

SUBDIVISION Ashleigh Knolls

LOT 28

ROAD 7104 Ramsgate Court

PROPERTY OWNER Winchester Homes, Inc.

ADDRESS —

- 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.

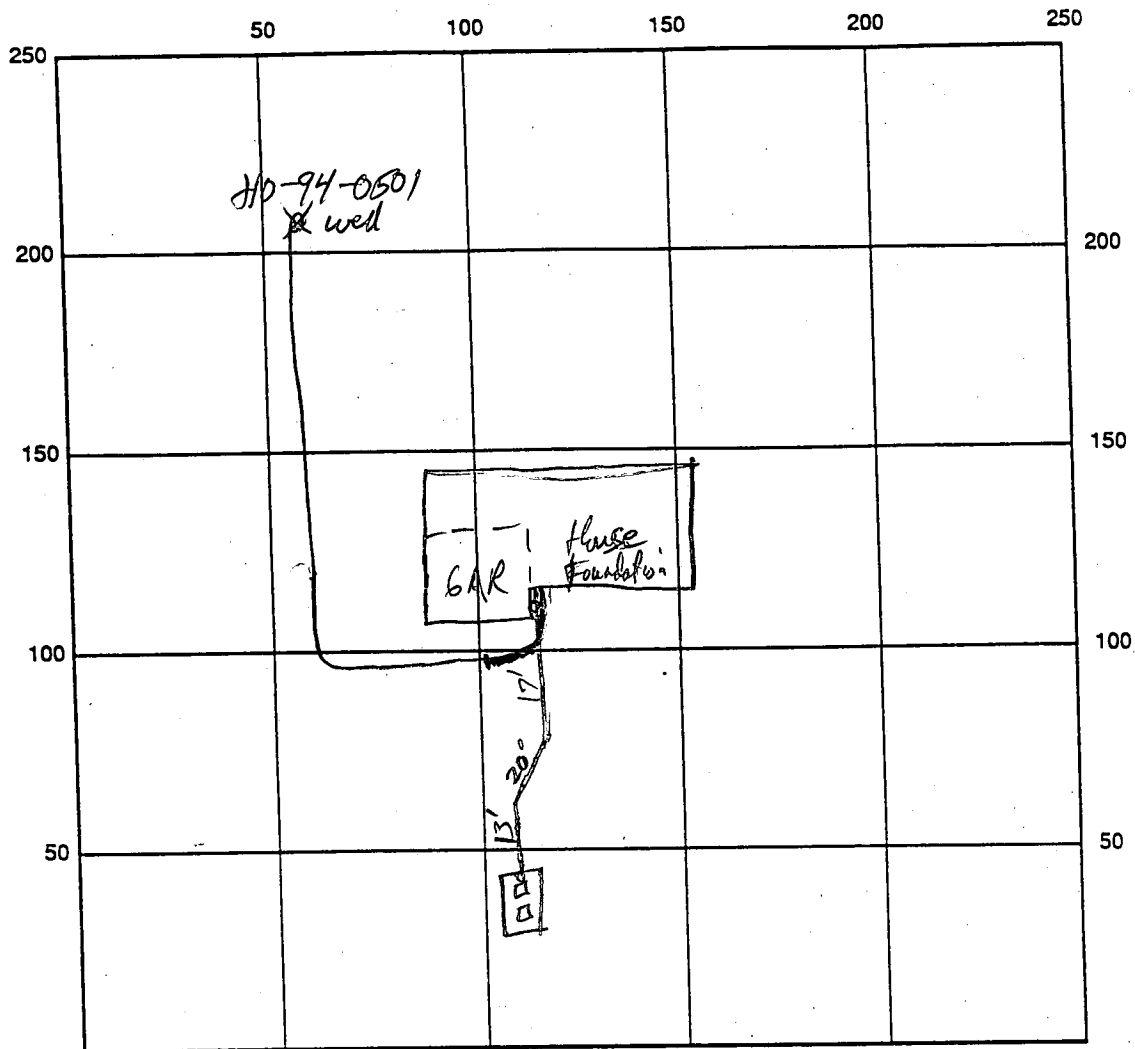
- As the community system is not yet approved for service, connection to the septic tank is prohibited at this time. Sewer line is to be capped so as to maintain a minimum 2 foot separation from the connecting stub on the inlet side of the septic tank.

Contact Health Department for inspection before covering the installation. OK/cw

PLANS APPROVED BY —

DATE —

P 50791A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connects OK all way to S.T. DPH concurs - OK to Cover P/P 8/18/95

12-4-95 Septic operational pump test OK Ann

Water line sleeve 1st 20 ft From House Foundation.

Pfless adapter & water line OK at . OK to Cover P/P 8/15/95

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

G-3058

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

7104 Ramsgate ~~Drive~~ Court
Clarksville, Md. 21029

GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House Type is Foxhall
2 story, full bsmt, 9 R, 3FB, 1 HB,
garage, 4 BR, opt. FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
28	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. Hochi Group
330 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

\$150,000.00

158-14160

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	62'	38'	10'
	82'	32'	10'
	54'	32'5"	10'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1785	17850	
ROOMS	996	9960	
BATHS			
FIREPLACES	1279	12790	
FOOTINGS		FOUNDATION	S. WALLS
16 x 8		8" conc	wood frm
			siding

UTILITIES

WATER/WELL	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

7-7-95

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.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/27/95	C. W. O. E.
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

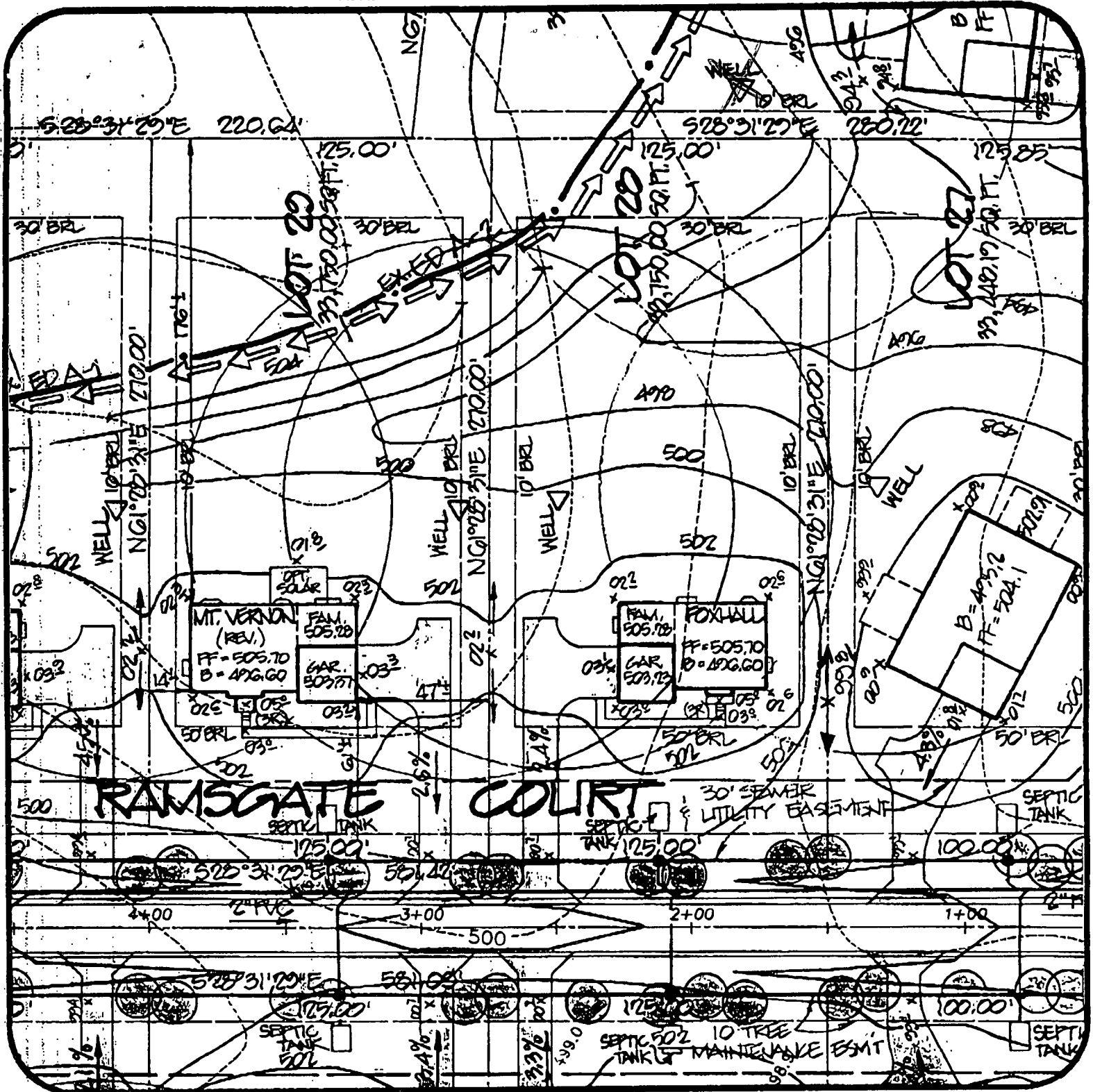
DATE

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

LP-69-591

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

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



SHEET 1 OF 2

Approved Septic System Plan
Howard County Health Department

Ashleigh Knolls
Lot 28

DATE: July 5, 1995

PROJECT NO.:

20027.03

DRAWN BY:

TJP

SCALE:

1" = 50'

Signature

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORSPLANNERS
ENVIRONMENTAL3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305(410) 461-0079
Fax: (410) 750-6340

Date

	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	505.70	499.70	498.70	500.50	497.00
LOT 29	505.70	499.70	497.80	500.80	497.10
LOT 30	503.30	500.30	497.30	497.20	496.00
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

SEPTIC TANK INVERTS

Ashleigh Knolls
Lot 28

DATE: July 5, 1995

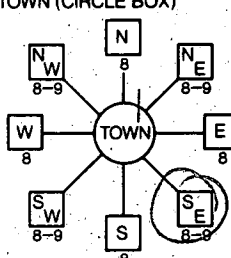
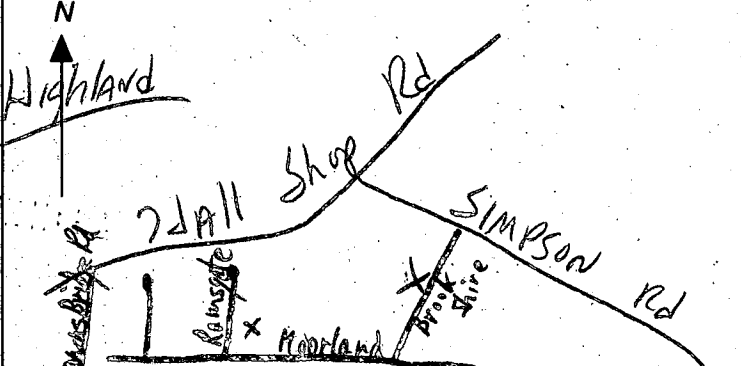
PROJECT NO.:
892027-09DRAWN BY:
TJPSCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

B 1 1 2 3 4 5 6 9089 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0501 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 05/17/95 Winchester Homes 6305 Ivy Lane Greenbelt MD 20770		B 3 LOCATION OF WELL 8 COUNTY Howard 23 SUBDIVISION Ashleigh Knolls SECTION 44 LOT 28 52 NEAREST TOWN Highland MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday 5/15/95 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 125 37 DISTANCE FROM ROAD ENTER FT OR MI ET TAX MAP: 40 BLK: 12 PARCEL 174	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13- COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/31/95 CO SIGNATURE Frank P. [Signature] EXP. DATE 5/31/96 NORTH GRID 488000 EAST GRID 0817000	
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)		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 	
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 other	
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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER GAP FORCE RP WRITE INITIALS IN BOX PERMIT No. 40-94-0501 SPECIAL CONDITIONS			

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

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

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ Replacement ☐
Name of Installer Van Sant Plumbing Receipt # 0
Date 8/3/95
Telephone 829-0444
License Number 1467 Well Driller ☐ Registered Plumber ☒
Certified Well Pump Installer ☐ Telephone 670-1010
Name of Property Owner Winchester Acres Well Tag # 10-94-0501
Subdivision Ashten Knolls Lot # 28
Site Address 7104 Lamsate Ct
Clarksville MD 21029
Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒
2. Make Coult
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 ☒
Fitless Adapter
1. Make Campbell
2. Model # 1510X
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? ☒
Fitless adapter + water line
OK to Code @ 3 1/2 ft.
RP 8/15/95

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: 8/1/95

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

BUREAU OF UTILITIES

TEL: 410-313-4919

Dec 5, 95 13:00 No.002 P.01

SPEED LETTER

TO

Craig Williams
Environmental Hea~~lth~~ etc

FROM

Jeff Welly
Utilities

Price

SUBJECT

Ashleigh Knolls - App~~ro~~ved lots

MESSAGE

The following lots are app~~ro~~ved for ULO's

Lot					
37	7109	Rumsgate	ct	Winchester	
11	7104	"	"	"	"
28					

REPLY

DATE 12/4/95 SIGNED

J Welly

DATE

SIGNED

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY



HOWARD COUNTY HEALTH DEPARTMENT

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

December 20, 1995

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

RE: Ashleigh Knolls, Lot #28
7104 Ramsgate Court
Well Permit #HO-94-0501

Dear Sirs:

This is to advise you that the septic system for the above referenced property was approved for service on December 4, 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-94-0501. 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: December 7, 1995 (Bacteriological)
December 13, 1995 (Turbidity)

Date of Well Completion: ~~April 13, 1995~~

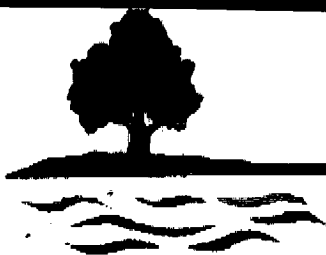
7/12/95

Approving Authority

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

DKS

cc: Building Inspector's office
file



Fredericktowne Labs, Inc.

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

Certificate of Analysis

Acct. No. 120 - 9

Field Record

Site visit performed Thursday, December 07, 1995 9:00 AM
by: H.A. VanSant State ID No. 94-700
Property Owner: Winchester Homes
Property Address: Lot 28
7104 Ramsgate Ct.
Clarksville, MD. 21029
Sample Source: Kitchen sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 12/7/95 11:25:45 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	12/8/95 9:00 AM	9221B	MM

Bacteriological analysis of this sample indicates the water is safe 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	<0.5	mg/l	10	12/8/95	WeWWG 5880	ph
<u>Turbidity & Sand</u>	33.0	NTU	10	12/12/95	180.1	CH

Verified by:

M.B. Mullen/smp 12/12/95
Date

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

Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M

12/12/95 12:18:01 PM



Fredericktowne Labs, Inc.

3039 Ventric Ct. • P.O. Box 244 • Myersville, MD 21773 • (301) 293 3310 or 694 7133 • FAX 293-2366

Certificate of Analysis

Acct. No. 120 - 12

Field Record

Site visit performed Wednesday, December 13, 1995 11:10 AM

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

Property Owner: Winchester Homes

Property Address: Lot # 28
7104 Ramsgate Court
Clarksville, MD. 21029

Sample Source: Kitchen sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 12/13/95 12:52:30 PM

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>
Turbidity & Sand	1.9	NTU'	10	12/15/95	180.1	KG

Verified by: M. A. Mullen/gmp 12/15/95
Date

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

12/15/95 2:54:24 PM

Maryland Cert. No. 116 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. Mehnen Joseph, Ph.D., Director

013819

Category Code 41-46

Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

SAMPLE TYPE:

Community ☐

Non-Community ☐

Non-Transient ☐

Private ☒

Check Sample ☐

Special ☐

Source Kindergarten - Powder Room

Location 7104 Pennsylvania Ct. class Rm.

Iced: Yes ☒ No ☐

Treated Yes ☐ No ☒

Time Collected 9:30 ☒ am ☐ pm.

Collector # 95-1156 Bottle No. AM 99

Collector Name B. Cammery County Thomson

County 13

Plant No. ---

Sampling Station ---

Date Collected 04 24 96

pH 7.0

Res. Cl: Free 00

Total 00

Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

ml. of Sample	10 ml.
Gas. 24 hours	<u>---</u>
Gas. 48 hours	<u>---</u>

CONFIRMED MTF TEST

ml. of Sample	10 ml.
Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

No. of Pos.
<u>0</u>

PRESUMPTIVE P/A TEST*

ml. of Sample	100ml.
Gas. 24 hours	<u>---</u>
Gas. 48 hours	<u>---</u>

CONFIRMED P/A TEST

ml. of Sample	100ml.
Total Coliforms †	<u>---</u>
Fecal Coliforms ‡	<u>---</u>

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

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

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

Heterotrophic Plate Count $\$/\text{ml.}$ = ---

** 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

Laboratory

Annapolis ☐ Cumberland ☐

Cambridge ☐ Frederick ☐

Central ☒ Salisbury ☐

Cheverly ☐

Remarks _____

Date & Hour

23 APR 25 14 35

Recd.

24 APR 25 16 35

Exam

23 APR 25 14 30

Rept.

Bacteriologist Plange



HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Ms. Linda Pontius
7104 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #28
7104 Ramsgate Court
Well Permit #HO-94-0501

Dear Ms. Pontius:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on December 4, 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-94-0501.

Dates of Water Samples: December 7, 1995 (Bacteriological)
December 13, 1995 (Turbidity)
April 24, 1996

Date of Well Completion: July 12, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file