

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50802

A _____

DISTRICT 5th

DATE 7/28/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

05-418577

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 37 ROAD 7109 Ramsgate Court

PROPERTY OWNER _____ Winchester Homes, Inc.

ADDRESS _____ 6305 Ivy Lane
Greenbelt, MD 20770

- 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.

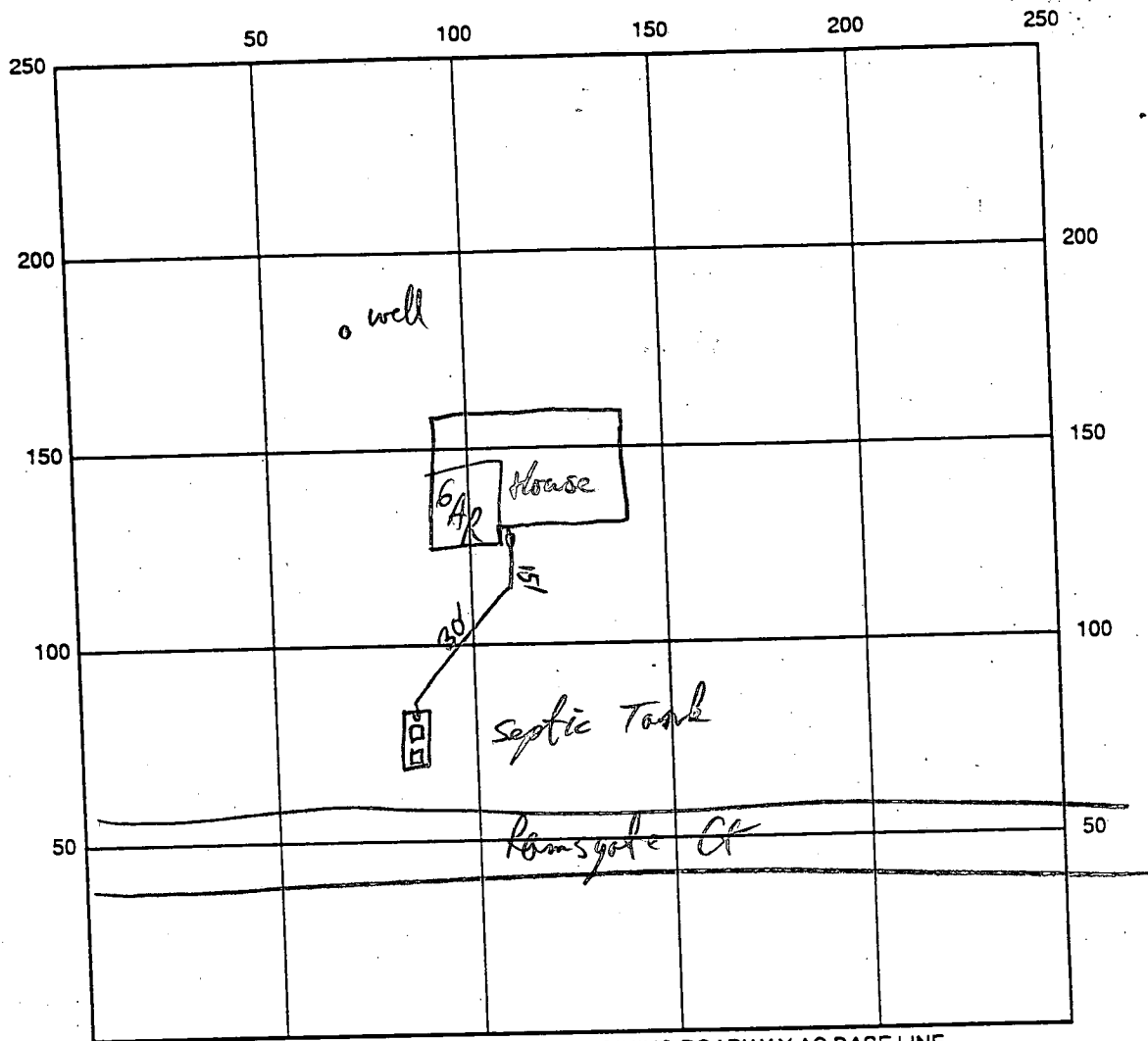
- This permit is limited to installation of the individual house sewer line only. Location as per the signed building permit site plan, copy attached.

- 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/1/2

PLANS APPROVED BY _____ DATE _____

P 50802



SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection OK 10/26/95 RPP (to S.T.)
12-4-95 Septic pumps did not work at time of insp. MA

DATE SYSTEM APPROVED _____ INSPECTOR _____

mailed permit
8/7/95

HOWARD COUNTY HEALTH DEPARTMENT



Receipt

Date JUL 28 19 95

Name Winchester Homes

Telephone No. _____

DETAILED LOCATION OF SITE, DEVELOPMENT, SECTION,
ROAD, LOT NO. & ELECTION DISTRICT

Ashleigh Knolls, Lot 37
7109 Ramsgate Ct.

① Septic System Permit

\$ 18000

Received
Payment DKS ch#3506

CUSTOMER FILE

P-50802

MARYLAND BUSINESS FORMS, INC. R-16468

THIS RECEIPT IS NOT
A PERMIT AND IT IS
NOT A WARRANTY OF
PERFORMANCE OF
THE SYSTEM THAT
IS INSTALLED

Howard County Health Department

To: Kim

Needs ICOP letter
faxed today please.

Ashleigh Knolls

Lot 37

7109 Ramsgate Court
owner - Winchester Homes

Fax # 301-474-0898

From: RC

Date: 12/20/95

HD-170

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 006
Receiver : 913014740898
Transmitter : HOCO ENVHEALTH
Date : Dec 20,95 16:02
Time : 00'41
Mode : NORM
Document : 01 Pages
Result : 0 K

BUREAU OF UTILITIES

TEL: 410-313-4919

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

SPEED LETTER

TO

Craig Williams
Environmental Hea. etc

FROM

Jeff Welly
Utilities

SUBJECT

Ashleigh Knolls - Apprval lots

MESSAGE

The follwing lots are apprval for UCO's

Lot	37	7109	Ramsgate	ct	Winchester
"	28	7104	"	"	"

REPLY

DATE

12/4/95

SIGNED

J Welly

DATE

SIGNED

Wilson Jones - Carbonless - MADE IN U.S.A.
44-402 Duplicate - © Wilson Jones, 1982

RECIPIENT: RETAIN WHITE COPY, RETURN PINK COPY

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

6063

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)

7109 Ramsgate Court
Clarksville, Md. 21029GRADING/SEDIMENT CONTROL ☒ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

House type is Chelsea
2 story, full bsm, 9 R, 2FB, 1HB, 4BR,
garage, opt. FP

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
37	174	2	2	7		

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

OWNER NAME AND ADDRESS

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

PHONE NO.

(301) 474-4411

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

R.M. Mochi Group
330 N. Ridge Rd., Suite 235
Ellicott City, Md. 21043

PHONE NO.

(410) 461-0079

CONTRACTOR'S NAME AND ADDRESS

Winchester Homes, Inc.

PHONE NO.

Same As Above

EXISTING USE

Vacant

PROPOSED USE

Res. Single Family

EST. CONSTRUCTION COST

\$176,000

LICENSE NUMBER

158-14160

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW 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

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	56'	38'	12'
	56'	28'4"	10'
	56'	38'4"	10'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1981	19810	
ROOMS	1445	14450	
BATHS			
FIREPLACES	1474	14750	
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 in 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

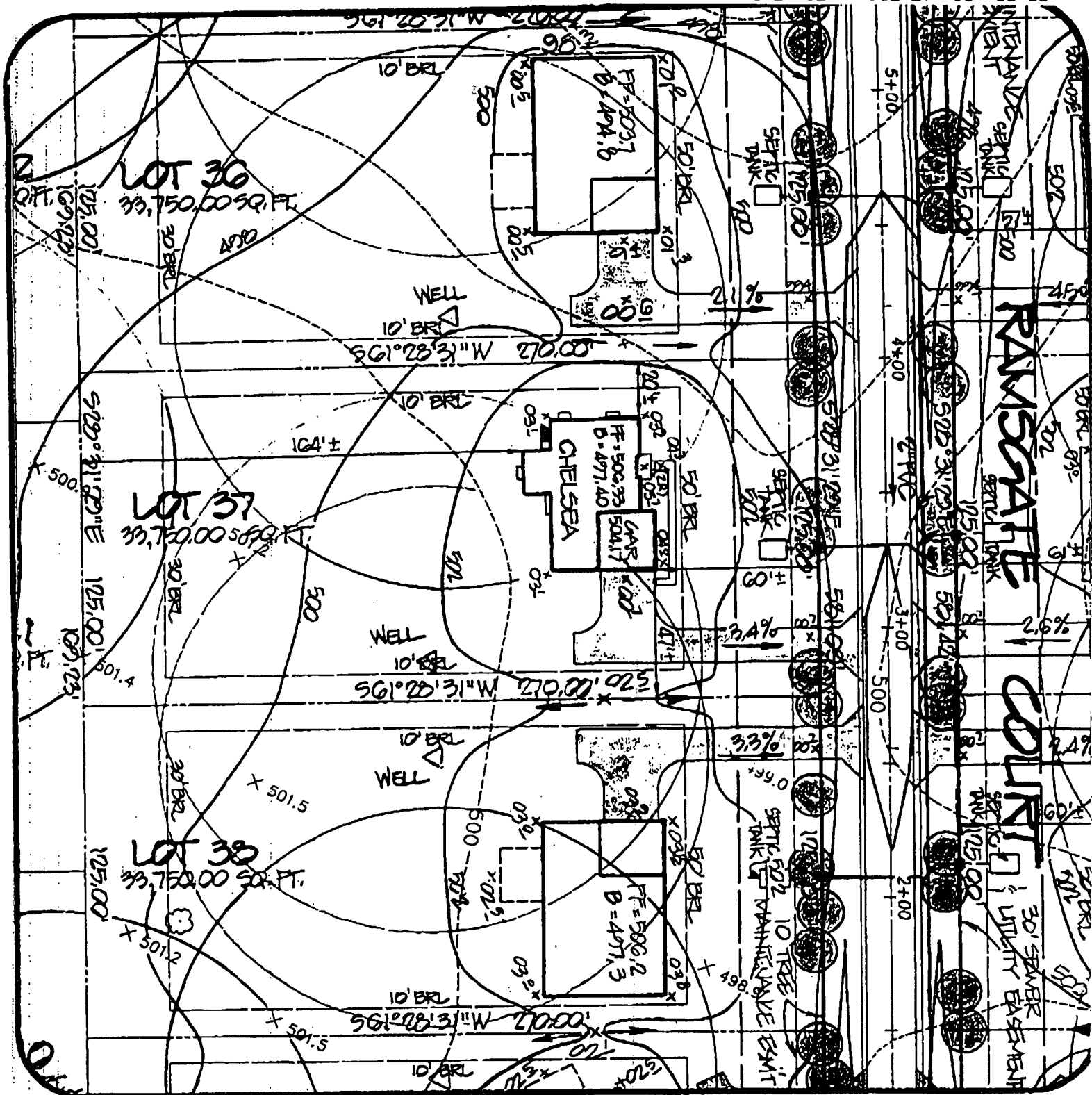
DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X 7-28-95	Sediment OK
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 8/1/95	C. W. ...
FIRE PROTECTION		
STORM WATER MGM.	X	

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & ZoningYellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



SHEET 1 OF 2

Ashleigh Knolls
Lot 37

DATE: 7/27/95

PROJECT NO.: 80027.09

DRAWN BY: TJP

SCALE: 1" = 50'

Signature

Date

Approved Septic System Plan
Howard County Health Department

R.M. MOCHI GROUP, P.C.

CIVIL ENGINEERS
LAND SURVEYORSPLANNERS
ENVIRONMENTAL3300 N. Ridge Road, Suite 235
Ellicott City, MD 21043-3305(410) 481-0079
Fax: (410) 750-6340

	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	500.60	497.10
LOT 30	500.30	500.30	497.30	499.20	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	500.33	500.33	499.50	501.10	497.10
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
Lot 37

DATE: 7/27/95

PROJECT NO.:
82027-00DRAWN BY:
TJPSCALE:
NO SCALE

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) 750-634

9/21/95
AM

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # -0-
Date 09/21/95

Name of Installer Van Sant Plumbing & Htg

Telephone 829-0444

License Number 1467

Certified Well Pump Installer ☐

Well Driller ☐

Registered Plumber ☒

Name of Property Owner Winchester Homes

Telephone 670-1010

Subdivision Spring Knolls

Lot # 137

Well Tag # 10-94-0508

Site Address 7109 Ramsgate Ct

Clarksville, MD 21029

Pump

1. Type

a. Deep well jet ☐

b. Shallow well jet ☐

c. Submersible ☒

2. Make Goulds

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 # 310X

3. Depth 48"

Tank

1. Capacity V-100

2. Pressure relief valve? ☒

Piping

1. Type D.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? ☒

Well Line OK 3-4' B.G.
Abt-sleeved under driveway and
for 10' @ house (sewer line to be adjacent)

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: Hamford G. Vanant

Date: 8/30/95

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

W50695-5-17-95

B 1	9079	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0508 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>OWNER INFORMATION</p> <p>Date Received (APA) 05/17/95</p> <p>Winchester Homes 15 Last Name Owner First Name</p> <p>6305 Ivy Lane 38 Street or RFD 55</p> <p>Greenbelt MD 20776 57 Town 70 State 72 Zip 76</p> </div> <div style="width:48%;"> <p>B 3 LOCATION OF WELL</p> <p>Howard 8 COUNTY 21</p> <p>Neleigh Knob 23 SUBDIVISION 42</p> <p>SECTION LOT 37 44 46 48 50</p> <p>Wheatland 52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION MSD/MGD/MWD</p> <p>George F. Easterday 40 Driller's Name 77 License No. 80</p> <p>L. Franklin Easterday, Inc. Firm Name</p> <p>9265 Brown Church Rd., MT. Airy, Md. 21771 Address</p> <p>George F. Easterday 5/18/95 Signature Date</p> </div> <div style="width:48%;"> <p>B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>B 4 RAMSGATE CT 11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 120 37 DISTANCE FROM ROAD</p> <p>ENTER FT OR MI FT 38 39</p> <p>TAX MAP: 40 BLK: 12 PARCEL 124</p> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard 13- COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S 41</p> <p>DATE ISSUED 5/31/95 Paul Miller 5/31/96 43 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID 488000 EAST GRID 0817000 50 55 57 63</p> </div> </div>				
<p>B 2 WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20</p>				
<p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>				
<p>APPROXIMATE DEPTH OF WELL 300 FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH</p>				
<p>METHOD OF DRILLING (circle one)</p> <p><input checked="" type="radio"/> AIR-ROTary <input type="radio"/> JETTED <input type="radio"/> Jettied & DRIVEN</p> <p><input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTary <input type="radio"/> DRIVE-POINT</p> <p>other _____</p>				
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="radio"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41. _____ 52</p>				
<p>Not to be filled in by driller (OEP USE ONLY)</p> <p>APPROX. PERMIT NUMBER _____ 54 GAP 63</p> <p>FORCE RP WRITE INITIALS IN BOX PERMIT No. 40-94-0508 67 68 70 71 72 73 74 75 76 77 78 79</p>				
<p>SPECIAL CONDITIONS</p> <p>NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =</p>				

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8107
4808

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

C12903

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE.

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

COUNTY
NUMBER 13

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

OWNER Winchester Homes

STREET OR RFD. Ramsgate Court

TOWN Highland

SUBDIVISION Ashleigh Knolls

SECTION

LOT 37

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	
clay	2	4	
sand & silt	4	70	
sand stone	70	75	
Mica	75	85	
sand stone	85	90	✓
Mica	90	160	
Mica & Quartz	160	161	✓
Mica	161	280	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 47 ft.

CASING RECORD

casing types insert appropriate code below

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 78

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole

STEEL ST BRASS BRONZE BR

PLASTIC PL OPEN HOLE HO

OTHER OT

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

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.)

W Q

70 72 74 75 76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 110

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 40 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) 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)

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)

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED yes Y no N

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

DRILLERS SIGNATURE George S. Eustenley

LIC. NO. MWD 501

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

Handwritten notes:

side line 20' well

mic Xiq Quartz

at 160 when it w

RAMS Gate G

Set
7-22-95

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well 240 15 Gpm
Distance of measuring point (M.P.) above ground +2
Static water level (S.W.L.) below M.P. 20'

Time pump started 7:30 am
Total time 30 mins to reach pumping water level 40 ft. below M.P. Pumping rate 10 gpm

[illegible]



HOWARD COUNTY HEALTH DEPARTMENT

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

December 7, 1995

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

RE: Asleigh Knolls, Lot #37
7109 Ramsgate Court
Well Permit #HO-94-0508

Dear Sirs:

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.

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-94-0508. 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.

Date of Water Sample: December 1, 1995
Date of Well Completion: July 19, 1995

Approving Authority

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

DKS

cc: Building Inspector's office
file



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 - 8

Field Record

Site visit performed Friday, December 01, 1995 11:00 AM

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

Property Owner: Winchester Homes

Property Address: 7109 Ramsgate Court

Lot 37 Ashley Knolls

Clarksville, MD. 21029

Sample Source: Kitchen sink

Field pH: 7

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 12/1/95 12:10:45 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	12/2/95 10:12 AM	9221B	CH

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	2.6	mg/l	10	12/4/95	WeWWG 5880	CH
Turbidity & Sand	2.6	NTU'	10	12/2/95	180.1	KG

Verified by:

M. L. Miller 12/4/95
Data
gmp

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

Maryland Cert. No. 118 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M

12/21/95 12:58:11 PM

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration**

201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehlsen Joseph, Ph.D., Director

Category Code 4F-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>Dean Schwab's - Powder Room</u> Location: <u>7109 Ramsgate Ct.</u> Iced: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> am. Treated: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>10:30</u> <input type="checkbox"/> pm. Collector # <u>95-456</u> Bottle No. <u>AP 570</u> Collector Name <u>B. Canning</u> County <u>Howard</u>
---	--

<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> Plant No.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">— — — —</div> Sampling Station	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4 25 91</div> Date Collected
---	---	--	--

pH <div style="border: 1px solid black; padding: 2px; display: inline-block;">70</div>	Res. Cl: Free <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div>	Total <div style="border: 1px solid black; padding: 2px; display: inline-block;">00</div>	Card No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">— —</div>
--	---	---	---

LABORATORY RECORD

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.
Gas. 24 hours	<div style="display: flex; justify-content: space-between;"><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div></div>
Gas. 48 hours	<div style="display: flex; justify-content: space-between;"><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div></div>

ml. of Sample	10 ml.	No. of Pos.
Coliforms †	<div style="display: flex; justify-content: space-between;"><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div></div>	<div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 20px; margin: 0 auto;"></div>
Fecal Coliforms ‡	<div style="display: flex; justify-content: space-between;"><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div><div>—</div></div>	

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 _____ _____ _____	Rec.d <u>lp</u> Exam _____ Rept. _____	<table style="width:100%;"> <tr> <th align="left" colspan="4">Laboratory</th> </tr> <tr> <td style="width:30%;">Annapolis</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:30%;">Cumberland</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> <tr> <td>Cambridge</td> <td><input type="checkbox"/></td> <td>Frederick</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Central</td> <td><input checked="" type="checkbox"/></td> <td>Salisbury</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cheverly</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Remarks</td> <td colspan="3">_____</td> </tr> </table>	Laboratory				Annapolis	<input type="checkbox"/>	Cumberland	<input type="checkbox"/>	Cambridge	<input type="checkbox"/>	Frederick	<input type="checkbox"/>	Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>	Cheverly	<input type="checkbox"/>			Remarks	_____		
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Central	<input checked="" type="checkbox"/>	Salisbury	<input type="checkbox"/>																							
Cheverly	<input type="checkbox"/>																									
Remarks	_____																									

Bacteriologist _____





HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Mr. Dean Schramek
7109 Ramsgate Court
Clarksville, Maryland 21029

RE: Ashleigh Knolls, Lot #37
7109 Ramsgate Court
Well Permit #HO-94-0508

Dear Mr. Schramek:

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-94-0508.

Dates of Water Samples: December 1, 1995
April 25, 1996

Date of Well Completion: July 19, 1995

Approving Authority


Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS
cc: file