BUREAU OF ENVIRONMENTAL HEALTH

**461×3023** 313-2640

# PERMIT

Needs Pump test

SEWAGE DISPOSAL SYSTEM

P	50925	

DEPARTMENT OF HEALTH	AND	MENTAL	HYGIENE
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HOWARD COUNTY HEALTH DEPARTMENT TOXALD 05-418550

DATE 10/11/95

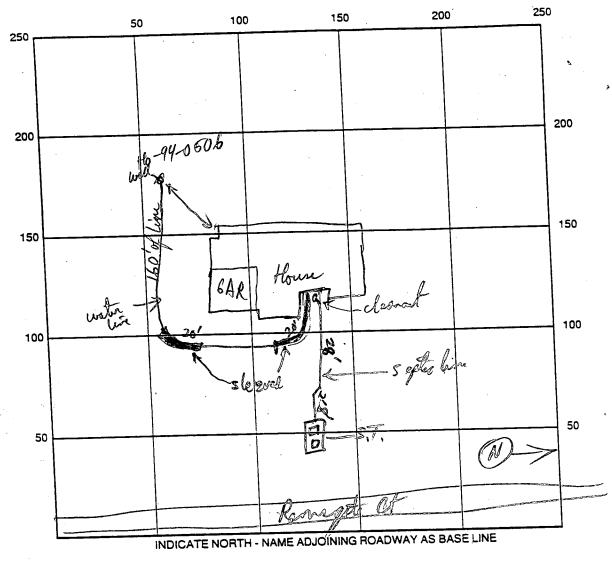
DATE SYSTEM APPROVED

INDEVED

DISTRICT

.0 }	NULALU	INSPECTOR The halles
Van Sant Plumbing & Heating		IS PERMITTED TO INSTALL XALTER
ADDRESS 3 N. Main Street, Mt. Airy, Mary	yland 21771	PHONE 795-6566
SUBDIVISION Ashleigh Knolls LOT		_ROAD 7117 Ramsgate Court
PROPERTY OWNER	W <del>inchester H</del>	OMES. INC. MIKE AYERES +  ZIBA DARANILOS
ADDRESS		Zibn DARANILOS

_	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 individua	ı
	septic tank, connection from tank to common effluent line, Community system headworks,	_
	and shared disposal fields.	_
		_
_	This permit is for installation of the individual house sewer line and individual pump	_
	and alarm, Location as per the signed building permit site plan, copy attached.	_
		_
	Contact Health Department for inspection before covering the installation.	
		7
		S S
		2
	BLDG. PERMIT SIGNED  12 95	33
-	BOO128324 - FINISH BASEMENT S.F.D 4BRAS	
	Seval #62031	
		_



SEPTIC TANK LEVE	-1	CLEANOUT	s	
DENADRS: P	The shapes & mores	book of #2H.	MP 4/9/95	
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Ù.	it sete - Not really for	Pump Test 11/16/	195 FJP	
j	umptedok fer left w.	etty No Insy by the	is Dept 41/96	
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			<u> </u>	
	0W 2	(a/9) INSPEC	TOP PROPER	
DATE SYSTEM	PPROVED	INSPEC	TON	

SDEED	Post-It Fax Note 7671  To CraigW.//iams Co./Dept. # Health Noft Phone #  Fax # 2648	Date 129/96   # of pages   From )   # Miller   Co. Ufilifies   Phone # 4958   Fax # 4919		
SPEED LETTER® 44-902		Wilson	1 <b>Jones</b> , Carbonles Snap-A-W	ay <sup>®</sup> Forms
Craig W Health		FROM J'W	SPEED L Miller lities	ETTER
THE LANGE AND A SECOND ASSESSMENT WAS	SERVICE OF THE PROPERTY OF THE SERVICE	হালেন্দ্ৰত স্থাপান্ত স্থাপান্ত হয় কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব		idea or in an Architectura in the contract of a
MESSAGE PUMPT	ert 2/1/96		Maria de la companya	A CONTRACTOR OF THE PROPERTY O
Lot	35 7/17	RamsgateCt		
	DAIE	//28/96_signed_f	immiller.	
REPLY				
NO NOS POS S				
IO IOM INC. III	DÁIE	SIGNED		

BUREAU OF UTILITIES TEL: 410-313-4919

WilkonJones - Cerboniese - MADE IN U.S A 44-807 Triplicate - C Wilson/Jones, 1989 Jan 29,96

7:57 No.001 P.01

RECIPIENTS RETAIN WHITE COPY, RETURN PER A COO

SPEED LETTER. TO FROM 2648 SUBJECT - FOLD NO. 9 or 10 MESSAGE was inspector Winchester lot 35 Gt. フリフ SIGNED DATE REPLY -FOLD FOR NO. 9 - FOLD FOR NO. 10 DATE SIGNED WilsonJones • Carbonless • MADE IN U.S.A. 44-902 Triplicate • © WilsonJones, 1989

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10	**** • • • • • • • • • • • • • • • • •	FROM	SPEED LETTER
_ Crain Williams _ Environmental Heal	try .	Jeff	W_ Utilties
Fax # 7648  Subject Alling (at	Ashleyh K	nolly Final	Pung Test
Tle tolling (ist		final took	1 _ 1 aproval
7117 Ramsgate		Cut 35 Thanks,	Winel
SELVA	DATE 2/8/94		
· ¥2 m	DATE		
30mJnq98 + Corbinkos + MADL IN U.S.A. 221 Trip/Cate + C. Villes Co., 1898		SIGNED.	RICIPIENT: RETAIN WHILE CORV SCHOOL DE

Fax # 2648 Fax Wole 7671 Date 3/8/96 # of Phone # 4958

From 110 Co. Ut/1/4 of From 1/0 V Co. Ut/1/4 of Co. Ut/1/4

SERIAL NUMBER HOWARD COUNTY APPLICATION T APPLICATION 10-2 DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT G-3058 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043 BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA) GRADING/SEDIMENT CONTROL CAYES 7117 Ramsgate Court DESCRIPTION OF WORK AUTHORIZED Clarksville, Maryland House type is Oxford: 2 story, full bemt., 9 R, 2 FB, PARCEL NO. LIBER: 4 BR. garage, opt. FP 35 174 SUB DIVISION ZONE MAP CENSUS TR. RR Ashleigh Knolls OWNER NAME AND ADDRESS PHONE NO. SIZE OF BLDG. FRONT DEPTH 60 t 40' Winchester Homes, Inc. <u>38'</u> 60 6305 Ivy Lane, Suice 800 Greenbelt, Md. 20770 38 601 (301) 474-4411 OCCUPANT'S NAME AND ADDRESS PHONE NO. VOLUME AREA B. ROOMS 1987 9870 ROOMS 1393 13930 BATHS FIREPLACES 1492 14920. ARCHITECT OR ENGINEER'S NAME AND ADDRESS **FOOTINGS** R.M. Mochi Group 8" conc 16 x 8 330 N. Ridge Rd. Suite Ellicott City. Md. 21043 (410) 461-0079 CONTRACTOR'S NAME AND ADDRESS PHONE NO. LITH ITIES ELECTRICITY WATERWELL SEWER/SEPTIC GAS Winchester Homes, Inc. I have carefully examined and read this application and know the same is true as and that is doing this work, all provisions of Howard County Ordinances and the State Same as above Laws of Maryland will be complied with, whether specified or not; and I will notify the EXISTING USE PROPOSED USE: Department of Inspections, and Permits twenty-four hours in advance when I am ready to the inspections called for elsewhere in the application; and that no work will be covered u until such inspections have been compiled with. Vacant . SIGNATURE EST. CONSTRUCTION COST. Permit Administrator \$170,000 A MAN A MA W/S CODE DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE FUNCTION ZONING/PLANNING & SHA (DISTANCE IN FEET FROM SIDE BLDG, LINE TO SIDE PROPERTY LINE) 4-06 SEDIMENT/GRADING TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET AND BACK STORY OF THE SECOND SET OF THE SECOND SECOND SET OF THE SECOND BUILDING OFFICIAL WATER & SEWER SD-1 Check payable to: DIRECTOR OF THIVANGEOR HOWARD COUNTY HEALTH DEPT.

before it will be issued. MPORTANTE PLEASE SHOW ZIJ. GODES ZIND (THEA GODES WHEREVER, REQUIRED.

and displayed on the job is a violation of the  $iac\epsilon$ 

CAUTIOL

To begin construction before a permit placard has been issued

Use and occupancy permit must be applied for two viecks

APPROVED

10'

10

10'

wood fr

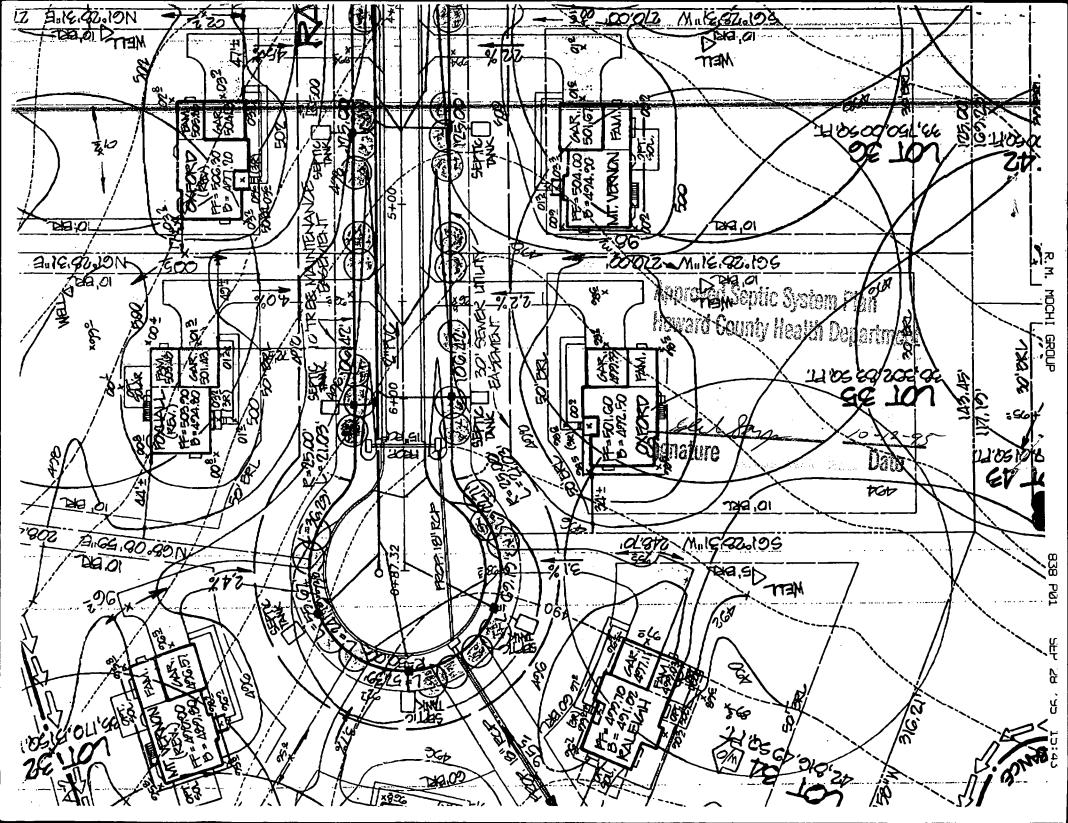
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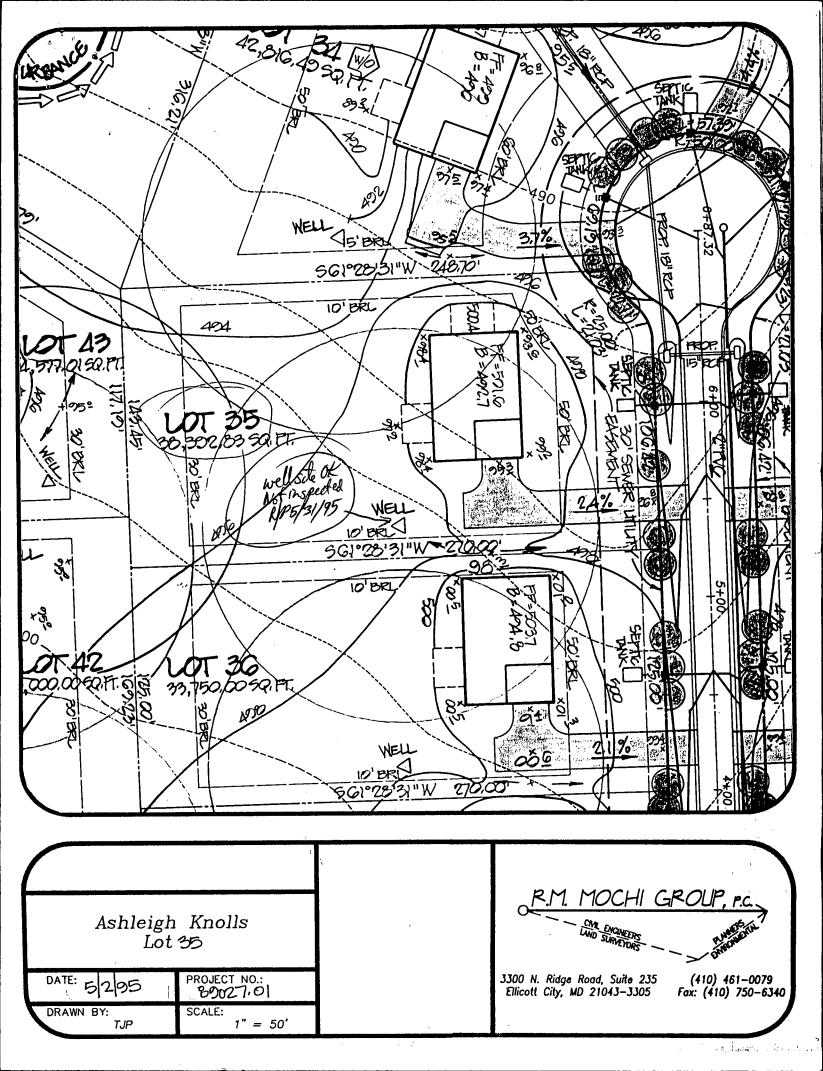
Distribution of Copies: White - Building Official Green - Planning & Zoning

FIRE PROTECTION

STORM WATER MGM

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





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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation		Receipt #
		Date
Replacement	O'' , $UD$	Telephone 839. Othy
Name of Installer John San		(410) 715-0190
License Number	wall beiller	Registered Plumber
License Number Certified Well Pump Installer	Hell prints,	1 70 1010
Name of Property Owner Constants Subdivision (1905)	- 100 gruss	Telephone Q 10-1010
Name of Property Owner	We:	1) Tag # 4/8 - 99 - 0502
Subdivision the Despression	To Other	
Site Address TIT RAMONA		_
Claubanile il	)	
	Motor 21.1	Litions Maptar
î ua p	Motor 1. Horsepower 3/4 2. RPM	1. Make Company
1. Type	a. RPM	s. Model # 1000
a. Deep well jet	2 Voltage	3. Depth
b. Shallow well jet	0 110	
c. Subsersible	a. 110 b. 880	
2. Make GOLIGE	<u> </u>	/
3. Model #	./	
4. Capacity GPM	Ves No	
5. Pump exceeds well capacity 5. If Yes, is low pressure cuto	100	Yes No
s of the 1s low pressure out	IL DATE THE STATE OF A SAME	trical wiring from
7. What methods are used to pro	Cable guard	other
?. What methods are used to provide vibrations? Torque arrests	ors	
·	Piping OC	MGII dara
tank \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	C. I AMERICA .	1. Depthft.
Tank  1. Capacity YAOO	2. 91se	", 2, Yield GPM
TO DESCRIPTE LEADY	3. NSF and/or BOCA	3. Static water
valve?	Code approved	level ft.
Peller a la affin a la terre	4. Depth of supply	4. Will water supply
10000 00000 F 10000 000 1/9/9/5	line	be disinfected by
Atles adapte + water line	\$ \$ 11 V paragraph in No. 40 per construction in	installer?
· · · · /		# # " = " - " - " - " - " - " - " - " - " -
I understand that it is my r	emponsibility to notify	the Howard County near the
I understand that it is my ropertment when the installation	on is ready for inspect	tion (otherwise this burner,
Department when the installer.		
is null and void).		<i>t</i>
and information given above is	true to the best of my	knowledge.
some information given above to	1	1 11cole to
ato di Laconomia	ture of Applicant:	myonel a landing
21810	7	/ woulder
	Date:	IVIOY I

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

_		EMERIOEITO I / IEM/ ITO: II /ATT		1030673-3-11-1-
ا ۾ ا	1 9081 SEQUENCE NO.	STATE OF I	MARYLAND	STATE PERMIT NUMBER
	(DP USE ONLY)	APPLICATION FOR PE	. ' !	WA - 194 - 10 GOZ
1	(THIS NUMBER IS TO BE PUNCHED			70 fill in this form completely 79
	IN COLS. 3-6 ON ALL CARDS)	please pri	nt or type	IIII III UIS IOITI COMpletely
	Date Received (APA)		B 3	LOCATION OF WELL
١.	05/295 OWNER INFORM	IATION V		
	8 ' 13		140 MB ( 12)	21
1	WINCINE SHEKI MOI	<i>l</i> iepiti i	8 COUNTY	
	15 Last Name Owner	First Name 34	23 SUBDIVISION	N 1 N 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	630 5 LVV Fan El		SECTION	<sup>2</sup> гот <b>35</b>
	Mich De Doll III		3BCHON	48 50
	GIRENIOEN TOWN	0 State 72 Zip 76	Highlan	A
一	DRILLER INFORMATION	MSD/MGD/MWD	52 NEAREST TOWN	71
	George F. Easterday		MILES FROM TOWN (enter	r O if in town) MI
	Driller's Name	77 License No. 80	6141	73 76 77 78
	L. Franklin Easterday, Inc.	1.5	B 4	RAMSCATE CT
	Firm Name	in. 102 21771	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
	9265 Brown Church Rd., MT. A	1ry, Ma. 21771	TOWN (CIRCLE BOX)	NORTH
	Address (e. I Standa			ON WHICH SIDE OF ROAD
	Signature 0	Date	NW 8 NE 8-9	(CIRCLE APPROPRIATE BOX)
В	2 WELL INFORMATION	V		34 0 0 37 SOUTH
Т	APPROX. PUMPING RATE (GAL. PER MIN.)		TOWN)	DISTANCE FROM ROAD
	APPROX. POWIFING HATE (GAL. PER MIIN.)	3 12		ENTER FT OR MI
	AVERAGE DAILY QUANTITY NEEDED		「Sun 」 (「Sin ) )	38 39
	(GAL. PER DAY)	20	8-9 S 8-9	TAX MAP: 40 BLK: 12 PARCEL 174
Г	USE FOR WATER (CIRCLE APPR	OPRIATE BOX)	8	
				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
	D HOME (SINGLE OR DOUBLE HOUSEHO	OLD UNIT ONLY)	Howard	12 _
	FARMING (LIVESTOCK WATERING & ACTION)	3RICULTURAL		COUNTY NO.
	INDUSTRIAL, COMMERCIAL, STATE AND	D FEDERAL GOV	COUNTY NAME STATE	COUNTY NO
	22 OTHER (REQUIRES APPROPRIATION P		SIGNATURE	INSERT S
	PUBLIC OR PRIVATE WATER COMPANY		DATE ISSUED	I Was Il Stage
	P APPROPRIATION PERMIT AND STATE H	TEALIH DEPARTMENT	<u>  4  7  2  2  3 </u>	SIGNATURE EXP. DATE
	TEST, OBSERVATION, MONITORING (MA	AY REQUIRE	NORTH WORTH	EAST A COLO O
	APPROPRIATION PERMIT)		GRID 70 6 10 0	55 GRID 7 63
			SHOW MAJOR FEATURE	S OF
	APPROXIMATE DEPTH OF WELL 300	FEET	BOX & LOCATE WELL _	
$\vdash$	24	28	WITH AN X SOURCES OF DRILLING	WATER
		○ NEAREST	1(1)6//	Which
	APPROXIMATE DIAMETER OF WELL	UINCH	2.	
	METHOD OF DRILLING (c	circle one)	2.	
	BORED (or Augered) JETTED	Jetted & DRIVEN	WRITE THE BOX NUMBI	ED
1/	AIR-PERcussion	ROTARY (Hydraulic Rotary)	FROM THE MAP HERE	-n
The second	CABLE REVerse_ROTary	DRive-POINT		
Į .			E XX T	
<u> </u> _	other	55 1451 1 0	1/000	7 000
	REPLACEMENT OR DEEPEN		N 4800 8	000
	(CIRCLE APPROPRIATE BO	*		W SHOWING LOCATION OF WELL IN
1	N THIS WELL WILL NOT REPLACE AN EXIS		· · · · · · · · · · · · · · · · · · ·	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
1.	THIS WELL WILL REPLACE A WELL THAT ABANDONED AND SEALED	I WILL BE	DISTANCE FROM WELL	TO NEAREST HOAD SUNOTION
	39 THIS WELL WILL REPLACE A WELL THA	T WILL BE USED AS	N	
	A STANDBY-CONTACT LOCAL APPROVI	NG AUTHORITY FOR	<b>A</b>	
	POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING	WELL S		
	101		High land	$\mathcal{D}$
	PERMIT NUMBER OF WELL TO BE REPLACED (IF AVAILABLE)	J OH DEEPENED		
	, 41	32		
	Not to be filled in by driller (OEP	USE ONLY)	68	SHOP SIMPSON Rd
		<del></del>	& HALL	STILL WAR
	APPROP PERMIT NUMBER G	63 A P 63	LALLE.	15
	MRITE U/A			x/2
ŀ	FORCE INITIALS PERMIT No. HO -	771-12506		12 Moorland 18
-		73 74 75 76 77 78 79		18
	SPECIAL CONDITIONS  NOTE = APPROVING A	AUTHORITIES SHOULD USE SE	PARATE SHEET IF NEEDED =	

c 1 2901 SEQUENCE NO.	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 (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 COMPL	<b>→</b>	PERMIT NO. FROM "PERMIT TO DRILL WELL"
090695	22 <b>29 4 0</b> 26 (TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OWNER <u>Wincheseer Homes</u> STREET OR RFD Ramsgate Cour	t first name TOWN H1	ghland
SUBDIVISION Ashleigh Knolls	SECTION	LOT <u>35</u>
WELL LOG Not required for driven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing	NO. OF BAGS 29 NO. OF POUNDS 25/00 GALLONS OF WATER	PUMPING RATE (gal. per min.)
top 50,2 0 2	DEPTH OF GROUT SEAL (to nearest foot) from ft. to 6	METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface)
Sheley 2 36	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING 23 tt.
Brown Mich 36 40 Sheley 40 69 9 ray mich 69 240 ~	types insert appropriate STEEL CONCRETE	WHEN PUMPING 60 15 ft.
Sheley 40 69	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
9 ray mich 69 240 ~	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	A air P piston T turbine 27 C centrifugal R rotary O (describe
	TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)  J jet S submersible
	60 61 63 64 66 70  E OTHER CASING (if used)	27
	diameter depth (feet) inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  YES  NO
	KS-ZG	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD or open hole CLT CDD	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)
	insert STEEL BRASS OPEN	IN BOX 29.  CAPACITY:
NUMBER OF UNSUCCESSFUL WELLS:	code below BRONZE HOLE O T	(to nearest gallon)  GALLONS PER MINUTE  31 35 35
yes no	C 2	PUMP HORSE POWER  37 41 PUMP COLUMN LENGTH
WELL HYDROFRACTURED Y  CIRCLE APPROPRIATE LETTER	DEPTH (nearest ft.)	(nearest ft.)
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	A 1 40 78   240   C 8 9 11   15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION WELL	S 2	49 LAND SURFACE (nearest) foot)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	E 3 41 45 47 51	49 50 51  LOCATION OF WELL ON LOT
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.	SLOT SIZE 1 2 3 (NEAREST OF SCREEN INCH)	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS
TYPE: MWD/MSD/MGD/ DRILLERS LIC. NO.	56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
Home I Surtail	GRAVEL PACK	Lot CAE
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	FLOWING WELL INSERT F IN BOX 68  MDE USE ONLY	
LIC. NO. MWO 481	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76	100' Well
CITE CUDEDIVISOR (STATE OF A STATE OF A STAT	70 72 72	XXX
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	

No.		6330
Page	 of	
Data		

SAt. 7-22-	9	5
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Review 9-26-97 OK \$

### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0506  Location of property (road) Ramsgate Court  Subdivision Ashleigh Knolls  Well Driller G. Easterday	Lot 35 Block Plat Sec. Owner Winchester Homes
Depth of well 240 /2G  Distance of measuring point (M.P.) abo  Static water level (S.W.L.) below M.P.	ve ground
I. High rate pumping reservoir drawdown  Time pump started 255 pm  Total time 20 ml to reach pumping	Pumping rate 1768M water level 60 ft. below M.P.

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill <b>[</b> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
3:15 pm	60 Ft	5 Sec	Not USED	12 GPM
3:30 pm	60 St	5 Sec.	Not used	12 600
3:45 pm	6051	5500	Nat usel	17 6 101
4:00 pin	60 \$1	5 5-6-	Not ciset	12 6001
415pm	60 84	< 5 ec.	Not usell	12 Carre
4:30 pm	60 51	5 5 47 5 .	Not user	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4:45 pm	60 C+	55-ec.	not asin	12 GPM
5100 pm	60 4	5 sec	Not used	12 6 PM
5:15pm	60 9	5 sec	Not useb	12600
5:30 pm	60 04	550.	wat user	126PM
5:48 pm	60 84	5 500	Net user	1> (-6286)
6:00 pm	Go St	5 500	Not used	12 6PM
6115pm	60 E+	5 sec.	NOT USED	126PM
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#### HOWARD COUNTY HEALTH DEPARTMENT

 ${\it Joyce~M.~Boyd,~M.D.,~County~Health~Officer}$ 

February 14, 1996

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

RE: Ashleigh Knolls, Lot #35

7117 Ramsgate Court Well Permit #HO-94-0506

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 8, 1996.

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-94-0506. 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: February 1. 1996 (Chemical)

February 12, 1996 (Bacteriological)

Date of Well Completion: July 21, 1995

Approving Authority

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 - 13

Field Record

Site visit performed on: Thursday, February 01, 1996

by: H. A. Van Sant

State ID No. 94-700

Property Owner: Property Address:

Winchester Homes 7117 Ramsgate Court

Clarksville, MD. 21029

Sample Source:

Kitchen Sink

Field pH: Not Performed

Res. Cl.: Not Performed

Laboratory Report

Sample Received at laboratory: 2/1/96

12:07:56 PM

Bacteriological results:

Total Colif (/100ml)

Fecal Colif.(/100ml)

Date/Time Analysis Started

Method

Analyst

2/2/96

8:45 AM

9221B

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

inorganic Chemical results:

Parameter:

Result Units

MCL

Date of Analysis

Method

Analyst

Nitrate Nitrogen

<0.5 ma/l

10

2/2/96

WeWWG 5880

PH

Fredericktown Labs, Inc. is a State Certified Water Quality Laboratory Maryland Cert. No. 116 Virginia Cert. No. 00141 W. Virginia Cert. No. 9924-M

Plage 1 of 1



## Fredericktowne Labs, Inc.

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

Acct. No. 120 - 13.1

#### Field Record

Site visit performed on: Monday, February 12, 1996

8:45 AM

by: H.A. Van Sant

State ID No. 94-700

Property Owner:

Winchester Homes Property Address: 7117 Ramsgate Court

Çlarkaville, MD. 21029

Sample Source:

Kitchen Sink

Field pH: Not Performed Res. Cl.: Not Performed

#### Laboratory Report

Sample Received at laboratory: 2/12/96

10:22:25 AM

#### Bacteriological results:

Total Colif. (/100ml) <1.1

Fecal Colif (/100ml) <1.1

Date/Time Analysis Started 2/12/96 10:38 AM

Method 9221B

<u>Analyst</u> CH

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

#### Inorganic Chemical results:

Parameter		MÇL	Date of Analysis	Method	<u>Analyst</u>
Turbidity & Sand	0.1 NTU'	10	2/12/96	180.1	CH

### STATE OF MARYLAND Laboratories Administration 201 W. Preston St. P.O. Box 2355, Baltimore, Maryland 21203 J. Mehsen Joseph, Ph.D., Director BACTERIOLOGICAL DRINKING WATER REPORT Field Record Non-Community Non-Transient Tregited Yes D No D Time Collected . 95-456 County ..

	County Plant No.	Sampling Date Collected Station	
эΗ	76 Res. Cl: Free 00	Total. OO Card No.	
	LABORATO	ORY RECORD	

SAMPLE TYPE: Community

Check Sample

Gas. 24 hours Gas. 48 hours

Private

Special

	Thiosulfate:	Pres.	1	Absent $\sqcup$	Undetermined 🗀
PRESUM	MPTIVE MTF TEST*			CONFI	IRMED MTF TEST
ıl. of Sample	10 ml.		ml.	of Sample	i0 ml.

is. 48 nours		recai Colliorms ‡	1.
			- 2
PRESUMPT	TIVE P/A TEST*	<u> </u>	co
ml. of Sample	100ml.		ml. of Sam

CONFIRM	MED P/A TEST	
ml. of Sample	100ml.	
Total Coliforms †	**	
Fecal Coliforms ‡		

·	**	Presumptive C	Coliforms/100 ml. (N	Membrane Filter)	=	=
				Fecal Coliforms	ŧ	
				Total Coliforms	t	

· †	· Verified Total Coliforms/100ml. (Membrane F	Filter)	=	L		
‡	Verifed Fecal Coliforms/100ml. (Membrane Fi	ilter)	· = .		•	
	Standard Plate Count §/ml. =	Γ				Ī

- \*\* using m Endo-Agar LES at 35° C incubation \* using Lauryl Sulfate Trypticase Broth at 35°C incubation t using Brilliant Green Lactose Bile Broth at 35°C incubation

		·	Labo	oratory	
e & Hour	7 . %	Annapolis	. 🗆	Cumberland	
O. 2000 194	5 W	Cambridge		Frederick	
	Recd.	Central	سسالي	Salisbury	. $\square$
(\$\$6 to	IR	Cheverly			
	Exam	Remarks			

23

No. of Pos.



#### HOWARD COUNTY HEALTH DEPARTMENT

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

May 9, 1996

Mr. Michael Ayers 7117 Ramsgate Court Clarksville, Maryland 21029

> RE: Ashleigh Knolls, Lot #35 7117 Ramsgate Court

Well Permit #HO-94-0506

Dear Mr. Ayers:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on February 8, 1996.

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-94-0506.

Dates of Water Samples:

February 1, 1996 (Chemical)

February 12, 1996 (Bacteriological)

April 24, 1996

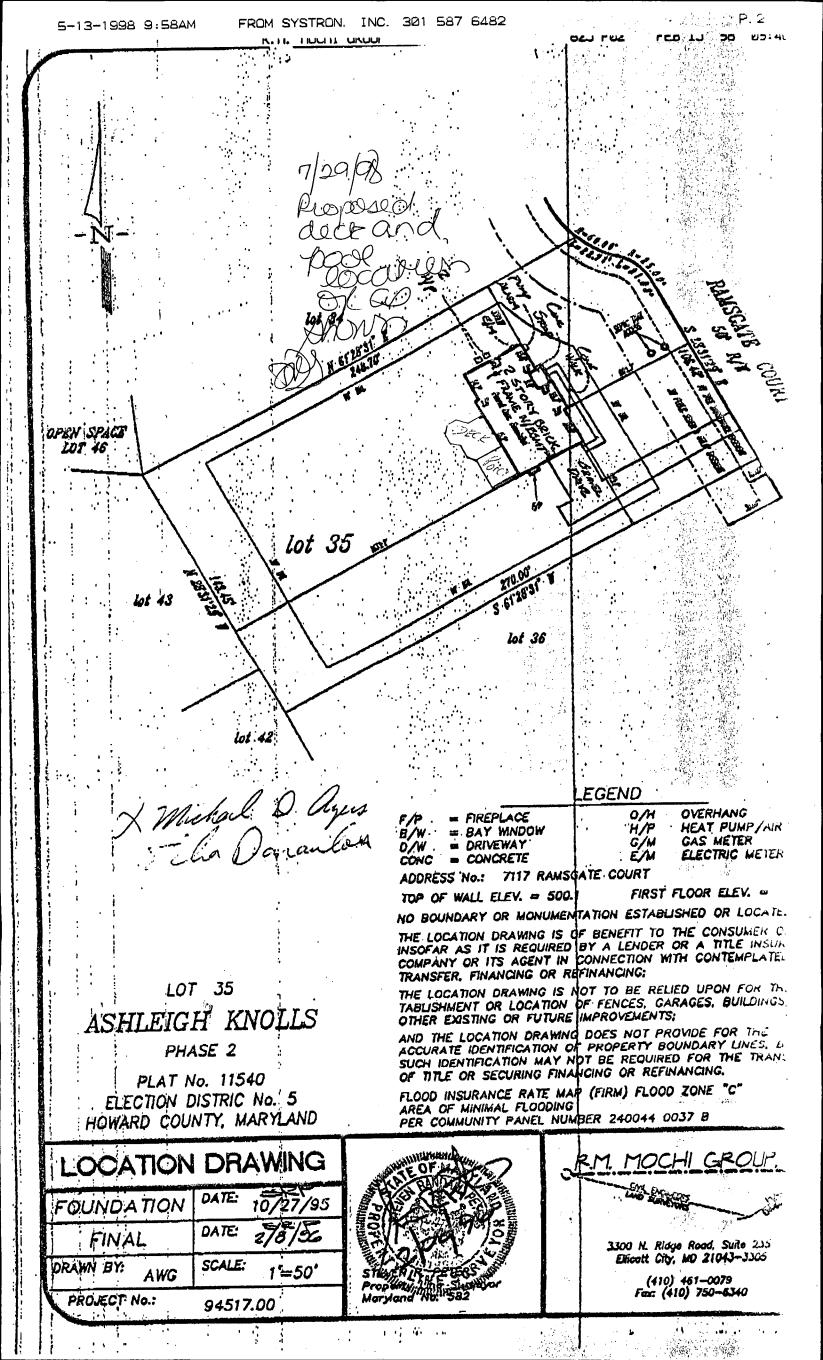
Date of Well Completion: July 21, 1995

Approving Authority

Donna K. Soe, Sanitarian Water and Sewerage Program

DKS

cc: file



**APPLICATION** 

#### HOWARD COUNTY

### PERMIT APPLICATION

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

SERIAL NUMBER

B0013289

3430 COURT	HOUSE DRIVE, ELL	ICOTT CITY, MAP	ITLAND 21043		1	<u> </u>
BUILDING ADDRESS (HOUSE NO.,	STREET, TOWN OR ARE	A)	GRADING/SEDIMENT CON	ITROL QYE	es pono	SDP#
TITT KAMSGATE C CIBILKSUITH, MD &		LIBER FOLIO	DESCRIPTION OF WORK  16 X14 OFON  16 X16 DECK	PIH F	Brick SULAK S	<del></del>
SUBDIVISION KARULS	5	C. DIST. CENSUS TR.	with 3' Bu Elev. 24"	mP OC	ν <b>ι</b> Γ	
OWNER NAME AND ADDRESS MIKE <b>AVERES &amp; ZILA</b> 1117 KAMSYDTE CT Clarkswille MD 2A	DARANILOS  THIRDIDOS  301	PHONE NO. 1-854-9473	SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
OCCUPANT'S NAME AND ADDRESS	, <u>y ,                                  </u>	PHONE NO.	TYPE OF BLDG.	AREA	VOLUME	ROOF
SAME! AS Abo		Camo	B. ROOMS ROOMS BATHS			
ARCHITECT OR ENGINEER'S NAME AND	ADDRESS	PHONE NO.	FIREPLACES		FOUNDATION	N S. WALLS
Mr/D			FOCUINGS		FOUNDATION	3. WALLS
CONTRACTOR'S NAME AND ADDRESS DESTINATION FOR INCIDENS DOLL FUTURENT RU	301-3,	PHONE NO. 77-8562	WATERWELDSEWER/SEPTIO	UTILITIES GAS EL		E OF HEAT   AC
Soffmoren 24 Leviel, MD 20707	7		I have carefully examined and and that is doing this work, a	Il provisions of H	doward County On	dinances and the State
EXISTING USE	PROPOSED USE		Laws of Maryland will be con Department of Inspections, and	d Permits twenty-	four hours in advar	ice when I am ready for
SFD			the inspections called for elsev until such inspections have been	where in the applied with	cation; and that no	work will be covered up
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE	agent	SIGNATU	JRE 7/3	9/98 DATE
W/s code	FOF	OFFICE US				
DISTRICT IN FEET FROM R/W LINE TO F	RONT BUILDING LINE		FUNCTION TO ANNUAL CONTROL OF THE PROPERTY OF	DATE	SIGNAT	URE APPROVAL
	THORT BOILDING LINE		ZONING/PLANNING	ļ		<del> </del>
SIDE YARD (DISTANCE IN FEET FROM S	IDE BLDG. LINE TO SIDE PF	ROPERTY LINE)	SHA			
TO SIDE BUILDING LINE		•	SEDIMENT/GRADING	<u> </u>		<u>.</u>
DISTANCE IN FEET, REAR YD. REQUIRI	NG SET		BUILDING OFFICIAL			
BACK(CORNI	ER LOT ONLY)	SDP#	WATER & SEWER	1		
Check payable to: DIRECTOR OF FI	NANCE OF HOWARD (	COUNTY	HEALTH DEPT.	17/29/	GR TUT	ecek XXI
Carlo Dale Andrews	AUTION		FIRE PROTECTION	1		0
To begin construction be and displayed on the job is a	efore a permit placard	I has been isseed	STORM WATER MGM.			·
Use and occupancy pe before it will be issued:	rmit must be applie	d for two weeks				Ì
IMPORTANT: PLEASE SHOW ZIP COL	DES AND AREA CODES W	HEREVER REQUIRED.	APP	OVED	7	DATE
LP-69-591		,	Distribution of Copies: White - Building Official Green - Planning & Zoning	Pink	ow - Engineering c - Health Dept d - S.H.A.	

