4/10/97 12:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57298

A _____

DISTRICT _____

DATE 9-27-96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

TOXIO# 05-418542

DATE SYSTEM APPROVED _____

INDEXED

INSPECTOR _____

VanSant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 3 N. Main Street, Mt. Airy, Maryland 21771 PHONE 682-6727

SUBDIVISION Ashleigh Knolls LOT 34 ROAD 7121 Ramsgate Court

PROPERTY OWNER ~~Winchester Homes, Inc.~~ SWEENEY

ADDRESS _____

Septic Tank/Pump Chamber Capacity 1500 Gallons

Number of Bedrooms 5

BLDG. PERMIT SIGNED AND RETURNED 9/27/96
Serial# B00102339
SFD - 5 Bedroom

- 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 portion of the septic installation permit is strictly limited to authorization of the individual pump in the pump pit with associatd piping and electrical controls, and installation of the individual house sewer line. Location as per the signed building permit site plan, copy attached.
- Contact Health Department for inspection before covering the installation.
- For the pump test 48 hour advance notice of inspection is required. Where adequate notice has been provided, installation may proceed to completion one-half hour after the scheduled inspection time.

KP 9/30/96

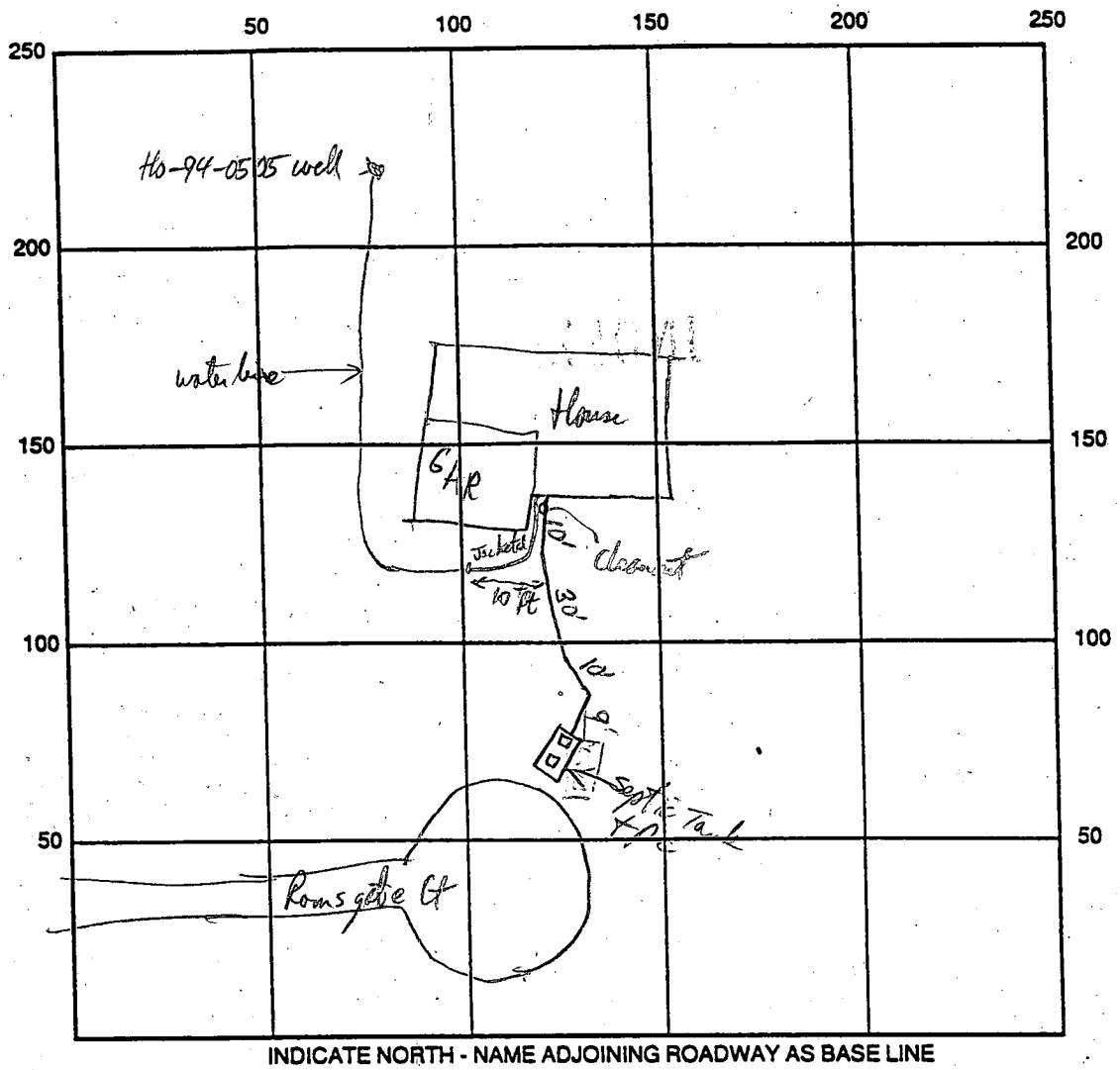
BUILDING PERMIT SIGNED AND RETURNED

12-13-04 B00151450 - Rec Room

BLDG. PERMIT SIGNED AND RETURNED 8-20-98
Serial# B01113698
duct

57298

Plans Approved By: _____ Date: _____



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

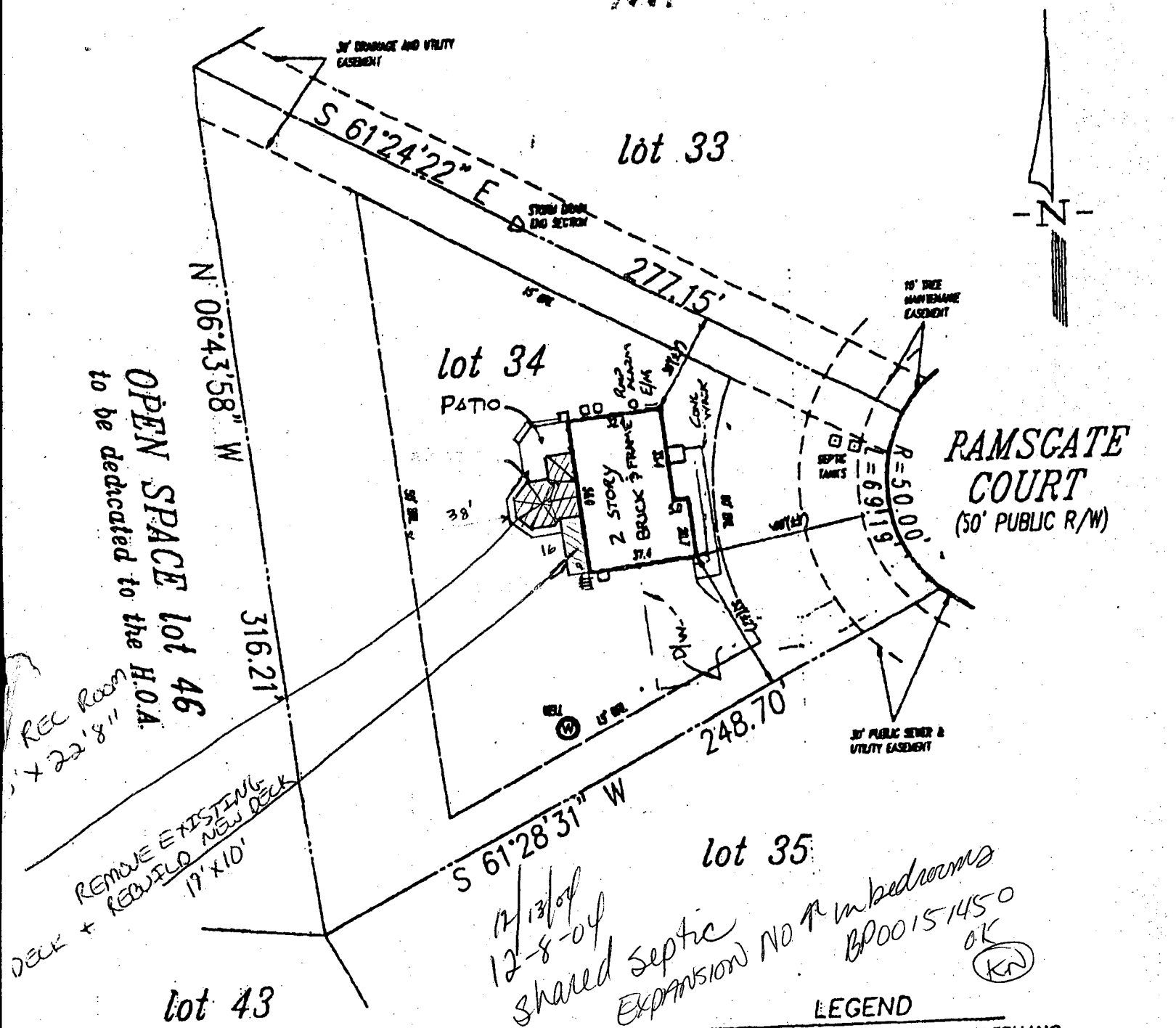
SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: House Connection OK RFF 4/10/97

Perc Test OK 4/10

WPI – poles adapter + waterline OK at 4ft RFF 4/10/97

DATE SYSTEM APPROVED _____ INSPECTOR _____



12/13/04
12-8-04
Shared Septic
Expansion NO 4 bedrooms
BP00151450
OK
KW

1'50 SCALE ± 4'

LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

ADDRESS No.: #7121 RAMSGATE COURT

TOP OF WALL ELEV. = 498.71 FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER [illegible] FINANCING OR REFINANCING.

LOT 34

ASHLEIGH KNOLLS

PHASE TWO

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00122303

Building Address 7121 RAMSGATE CT
CLARKSVILLE MD. 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision ASHLEIGH KNOLLS

Section 2 Area _____ Lot 34

Tax Map 40 Parcel 475 Grid 12

Zoning RRDEO Map Coordinates 14E13 Lot size

Property Owner's Name MR. & MRS SWEENEY, Stephen

Address 7121 RAMSGATE CT.

City CLARKSVILLE State MD. Zip Code 21029

Home Phone 301-8542407 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use FINISHED BASEMENT - LIVING SPACE

Estimated Construction Cost $ 15,000.00

Description of Work FRAME EXISTING BASEMENT FOR FINISHED BATH & REC ROOM

Contractor Company DOUGLAS CONTRACTING INC.

Contact Person DOUGLAS A. D'ASCOLI

Address PO BOX 106

City OLNEY State MD. Zip Code 20830

License No. 38385

Phone 301-924 0383 Fax 301-924-0383

Occupant or Tenant MR. & MRS SWEENEY

Contact Name MR. STEVE SWEENEY

Address 7121 RAMS GATE CT.

City CLARKSVILLE State MD. Zip Code 21029

Phone 301-854-2407 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics	Utilities
Height:	Water Supply: ____ Public ____ Private
No. of stories:	Sewage Disposal: ____ Public ____ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame	Sprinkler system: N/A ☐ ____ Full ____ Partial ____ Other Suppression ____ # of Heads
____ State Certified Modular	

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling ☒ SF Townhouse ☐ Depth Width	Water Supply: ____ Public ✓ Private
1st floor:	Sewage Disposal: ____ Public ✓ Private
2nd floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Basement:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Sprinkler system: N/A ☐ ____ NFPA #13D ____ NFPA #13R ____ Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
____ State Certified Modular ____ Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2)THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Douglas A. D'Ascoli
Applicant's Signature

DOUGLAS A. D'ASCOLI
Print Name

PRESIDENT / DOUGLAS CONTRACTING INC.
Title/Company

2-3-2000
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	2/3/00	A McMillen
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 25584

Filing fee	$
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	#
Validation	#

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.fm

Rev. 10/15/98

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

WALK THRU $30

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

SERIAL NUMBER
1
B00113698

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7121 RAMSGATE CT.
CLARKSVILLE MD. 21029

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
DECK ON REAR OF HOUSE
24' X 16' W/STEPS

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
34		2		12		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
ASHLEIGH-WOODS	RR-DEO	43	5	6051.02

OWNER NAME AND ADDRESS — PHONE NO.
MR. & MRS. SWEENEY — 301-854-2407
STEPHEN & DEBBIE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS — PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.
DOUGLAS CONTRACTING INC — 301-924-0383
PO BOX 136
OLNEY MD. 20832

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
WELL					

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

SIGNATURE
PRESIDENT — TITLE
8-20-98 — DATE

EXISTING USE: SINGLE FAMILY HOME
PROPOSED USE: DECK

EST. CONSTRUCTION COST: 5000.00
LICENSE NUMBER: 38385
PERMIT FEE: 50

W/S CODE

FOR OFFICE USE ONLY

Doug Dascoli

DISTANCE 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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	8/21/98	
WATER & SEWER		
HEALTH DEPT.	8/20/98	
FIRE PROTECTION		
STORM WATER MGM.		

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.

APPROVED _____ DATE _____

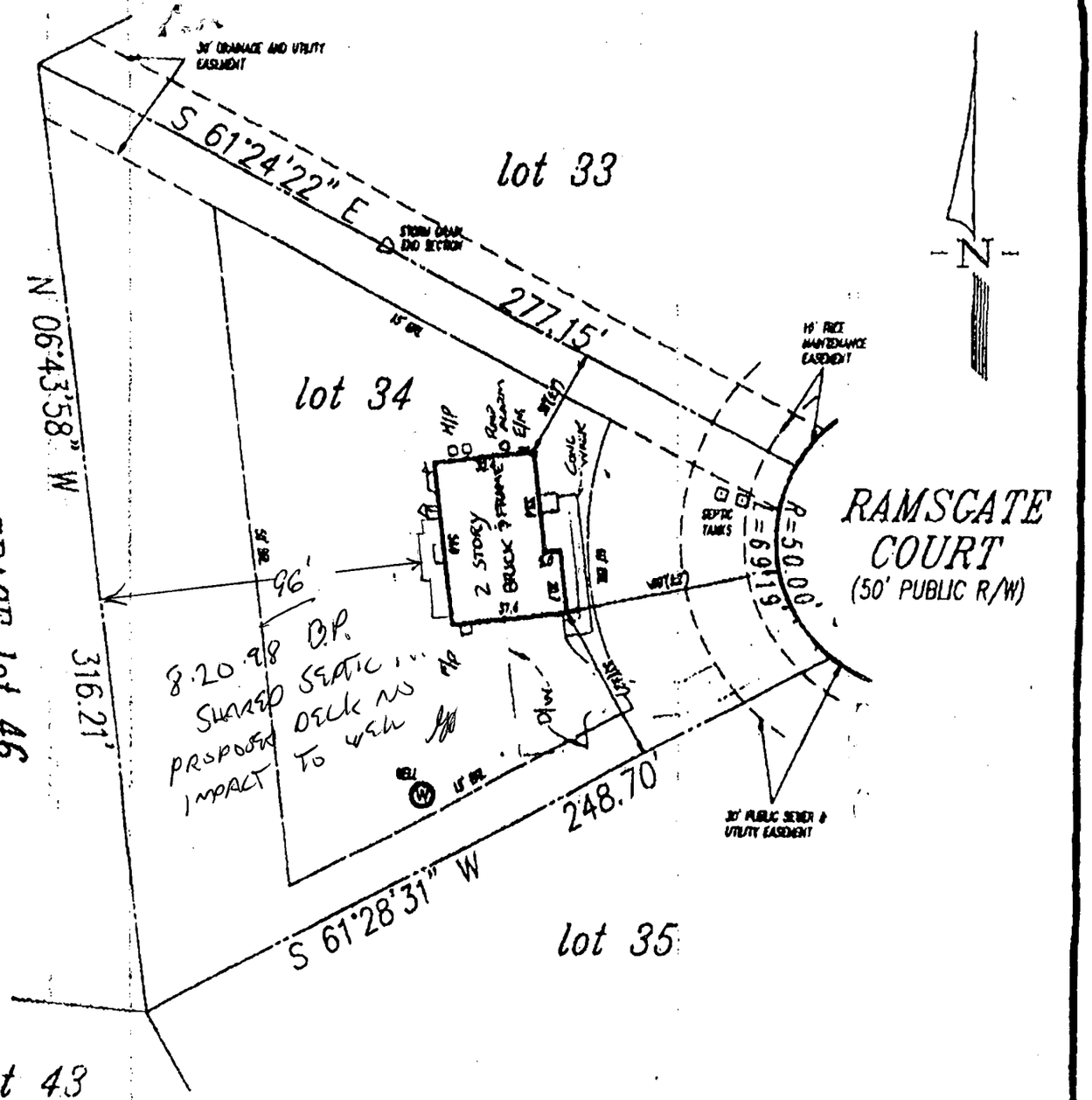
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

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

LP-69-591

H 266

INSOFAR AS IT IS REQUIRED IN CONNECTION WITH
COMPANY OR ITS AGENT IN CONNECTION WITH
TRANSFER, FINANCING OR REFINANCING:
DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
FENCES, GARAGES, BUILDINGS, OR



LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

ADDRESS No.: #7121 RAMSGATE COURT

TOP OF WALL ELEV. = 498.71 FIRST FLOOR ELEV. =

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AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
AREA OF MINIMAL FLOODING
PER COMMUNITY PANEL NUMBER 240044 0037 B

LOT 34

ASHLEIGH KNOLLS

PHASE TWO

PLAT No. 11540
ELECTION DISTRICT No. 5
HOWARD COUNTY, MARYLAND

LOCATION DRAWING

FOUNDATION	DATE: SRP 4/15/97
FINAL	DATE: 7/16/97
DRAWN BY: BMM	SCALE: 1"=50'
PROJECT No.:	94517.03

STATE OF MARYLAND
STEVEN R. PETERS
2582

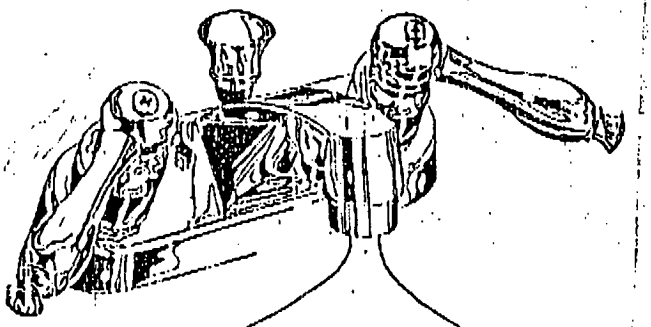
STEVEN R. PETERS
Property Line Surveyor
Maryland No. 582

R.M. MOCHI GROUP, P.C.
CIVIL ENGINEERS LAND SURVEYORS PLANNERS ENVIRONMENTAL
P.O. Box 10
New Market, MD 21774-0010
10120 A Old National Pike
Ijamsville, MD 21754-9706
(301) 865-5858
Fax: (301) 865-5111

(301) 884-6988

HOWARD COUNTY
BUREAU OF UTILITIES
8250 OLD MONTGOMERY ROAD
COLUMBIA, MD 21045
(410) 313-4900

Howard County MARYLAND



FAX COVER SHEET

FAX # (410) 313-4919

Number of Pages: 1
(Including this sheet)

DATE: 7/16/97

TO: Kim

FAX #: 2648

FROM: Matt Tudor

COMMENTS: Pump test for lot 34
7121 Ramsgate Court

Test OK for U&O

Tested 7/17/97

4/10/97
12:00

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 ✓ Receipt # _____
Replacement _____ Date _____

Name of Installer Van Sant Plbg & Htg Telephone 329-0444

License Number 1467
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Winchester Homes Telephone 670-1010
Subdivision Ashleigh Knolls Lot # 34 Well Tag # ____ - ____ - ____
Site Address 7121 Ramsgate Ct

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 ____
2. RPM _____
3. Voltage _____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Campbell
2. Model # 6610X
3. Depth 4' 11"

Tank
1. Capacity ✓ 100
2. Pressure relief valve? ✓

pitless adapter & water line 0 to 94 ft RP 4/9/97

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? ✓

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: 4.9.97

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

HD-215

958 P02 SEP 19 '96 15:54

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER B00103339

G-3058

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7121 Ramsgate Court
Clarksville, Md. 21029

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
34	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.
R.M. Mgt. Group
330 N. Ridge Rd. Suite 800 (410) 461-0079
Ellicott City, Md. 21043

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.
Winchester Homes Inc.
Same As Above

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.
~~Vacant~~ Same As Above

EXISTING USE	PROPOSED USE
Vacant	Res. Single Family

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
143,000.00	158.14160	

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO — SDP #

DESCRIPTION OF WORK AUTHORIZED
House Type is Foxhall:
2 story, full bsmt, finished basement
10 R, 3 FB 1 HB, Garage, 5th bedroom
opt. FP.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	54	37	10
	54'	32'	10'
	54'	32'5"	10'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1785	17850	Asp. Gable
ROOMS	1240	12400	
BATHS	1279	12790	
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" conc.	wd frm/BC

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
		X	X	GAS	X

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

SIGNATURE: [signature]
TITLE: Permit Administrator DATE: 9-23-96

W/S CODE

FOR OFFICE USE ONLY

DISTANCE 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

FUNCTION	✓	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X		
SHA	X		
SEDIMENT/GRADING	X		
BUILDING OFFICIAL	X		
WATER & SEWER			
HEALTH DEPT.	X	9/27/96	A. McMullen
FIRE PROTECTION			
STORM WATER MGM.	X		

APPROVED ____ DATE ____

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 40411

Distribution of Copies:
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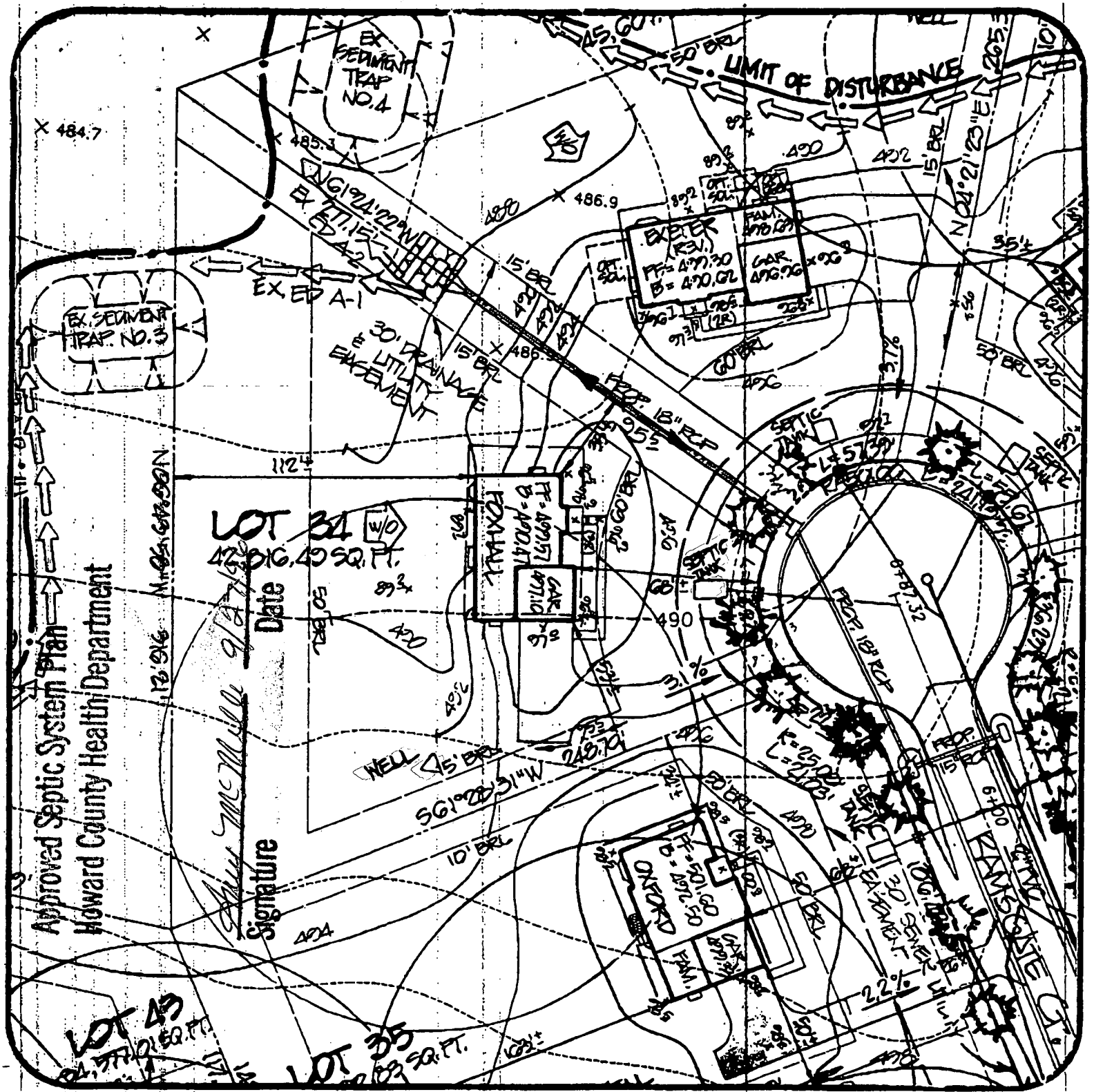
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

AC

$182.00



SHEET 1 OF 2

7121 RAMSGATE COURT

Ashleigh Knolls
Lot

DATE: 9/17/96	PROJECT NO.: 89027.09
DRAWN BY: TJP	SCALE: 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

	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	499.60	493.60	490.31	491.20	488.50
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	506.30	500.30	497.30	499.20	496.00
LOT 31	503.90	497.90	494.50	496.00	493.00
LOT 32	498.90	492.90	493.10	493.85	490.10
LOT 33					
LOT 34	499.57	493.57	492.06	493.30	489.90
LOT 35	501.60	495.60	492.50	496.00	493.10
LOT 36	504.34	498.34	497.19	498.90	494.90
LOT 37	506.33	500.33	499.50	501.10	497.10
LOT 38	506.30	500.30	499.05	501.00	497.80
LOT 39					
LOT 40	501.20	495.20	491.39	495.10	491.60
LOT 41	507.10	501.10	493.73	496.20	492.70
LOT 42	500.10	494.10	493.07	495.00	491.00
LOT 43	499.60	493.60	491.91	492.10	488.40
LOT 44	495.47	489.47	489.60	490.50	487.00
LOT 45	494.80	488.80	492.83	492.00	487.80
LOT 47					
LOT 49					

SHEET 2 of 2

7121 RAMSGATE COURT

Ashleigh Knolls
Lot 34

DATE: 9/19/96

PROJECT NO.: 82027.09

DRAWN BY: TJP

SCALE: 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

G 2984 — SEQUENCE NO. (MDE USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 09 06 95 (8–13)

DATE WELL COMPLETED 07 28 95 (15–20)

Depth of Well 240 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0505 (28–37)

OWNER Winchester Homes
STREET OR RFD Ramsgate Court (last name / first name) TOWN Highland
SUBDIVISION Ashleigh Knolls SECTION LOT 34

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 FROM	FEET TO	check if water bearing
top Soil	0	2	
Shale	2	44	
Brown Mica	44	60	✓
Grey Mica	60	237	✓
Gravel	237	240	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (yes / 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
George F. Easterday
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MWD 481
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes (Y) / no (N) (44)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) (45–46) BENTONITE CLAY (BC) (45–46)
NO. OF BAGS 24 NO. OF POUNDS 2400
GALLONS OF WATER 120
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48–52) TOP ft. to 40 (54–58) BOTTOM ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- ST — STEEL
- CO — CONCRETE
- PL — PLASTIC
- OT — OTHER

MAIN CASING TYPE: ST (60–61)
Nominal diameter top (main) casing (nearest inch)! 6 (63–64)
Total depth of main casing (nearest foot) 51 (66–70)

OTHER CASING (if used)
EACH CASING

	diameter (inch)	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
- ST — STEEL
- BR — BRASS BRONZE
- HO — OPEN HOLE
- PL — PLASTIC
- OT — OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)			
1	HO (8–9)	49 (11–15)	240 (17–21)	
2	(23–24)	(26–30)	(32–36)	
3	(38–39)	(41–45)	(47–51)	

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 — from ____ to ____ (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74–76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)
PUMPING RATE (gal. per min.) 12 (11–15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 12 (17–20) ft.
WHEN PUMPING 68 (22–25) ft.

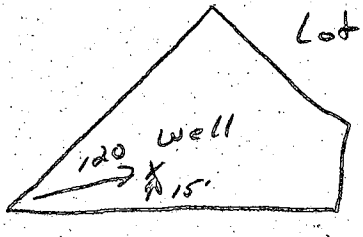
TYPE OF PUMP USED (for test)
- A (27) air
- P (27) piston
- T (27) turbine
- C (27) centrifugal
- R (27) rotary
- O (27) other (describe below)
- J (27) jet
- S (27) submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) — 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. (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)
PUMP HORSE POWER (37–41)
PUMP COLUMN LENGTH (nearest ft.) (43–47)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) (49) above / (–) (49) below — LAND SURFACE
2 (50–51) (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)



COUNTY

Page ____ of ____ 8.5 6.30 6335 Review 9-26-95 OK-ll

Date ____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0505
Location of property (road) Ramsgate Court
Subdivision Ashleigh Knolls Lot 34 Block ____ Plat ____ Sec. ____
Well Driller G. Easterday Owner Winchester Homes

Depth of well 240 12 gpm
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 12 ft

I. High rate pumping -- reservoir drawdown

Time pump started 5:45 Pumping rate 12 GPM
Total time 15 min to reach pumping water level 68 ft ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:00 AM	68 ft	5 sec.	Not used	12 GPM
6:15 AM	68 ft	5 sec	not used	12 GPM
6:30 AM	68 ft	5 sec.	Not used	12 GPM
6:45 AM	68 ft	5 sec.	not used	12 GPM
7:00 AM	68 ft	5 sec.	not used	12 GPM
7:15 AM	68 ft	5 sec.	Not used	12 GPM
7:30 AM	68 ft	5 sec.	Not used	12 GPM
7:45 AM	68 ft	5 sec.	not used	12 GPM
8:00 AM	68 ft	5 sec	not used	12 GPM
8:15 AM	68 ft	5 sec.	not used	12 GPM
8:30 AM	68 ft	5 sec.	not used	12 GPM
8:45 AM	68 ft	5 sec	not used	12 GPM
9:00 AM	68 ft	5 sec.	not used	12 GPM
		Pump set At 220 ft		

HD-224

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

W50695 - 5-17-95

B 1 **9082** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0505
fill in this form completely

Date Received (APA): 05/19/95

OWNER INFORMATION

Winchester Homes
Last Name / Owner / First Name

6305 Ivy Homes
Street or RFD

Greenbelt MD 20770
Town / State / Zip

DRILLER INFORMATION

George F. Easterday

MSD/MGD/MWD: 49

Driller's Name: George F. Easterday
77 License No. 80

Firm Name: L. Franklin Easterday, Inc.

Address: 9265 Brown Church Rd., MT. Airy, Md. 21771

Signature: George F Easterday Date

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 NEAREST 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 DEEPENED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: RP (WRITE INITIALS IN BOX) PERMIT No. AO-94-0505

B 3 LOCATION OF WELL

Howard
8 COUNTY

Ashleigh Knolls
23 SUBDIVISION

SECTION LOT 34

Highland
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NW 8-9 | N 8 | NE 8-9
W 8 | TOWN | E 8
SW 8-9 | S 8 | SE 8-9

RAMSGATE CT
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH (N) WEST (W) 32 EAST (E) SOUTH (S)

DISTANCE FROM ROAD: 175
ENTER FT OR MI: FT

TAX MAP: 40 BLK: 12 PARCEL 174

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard 13-
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 05/31/95
CO SIGNATURE
EXP. DATE: 5/31/96

NORTH GRID: 488000 EAST GRID: 081700

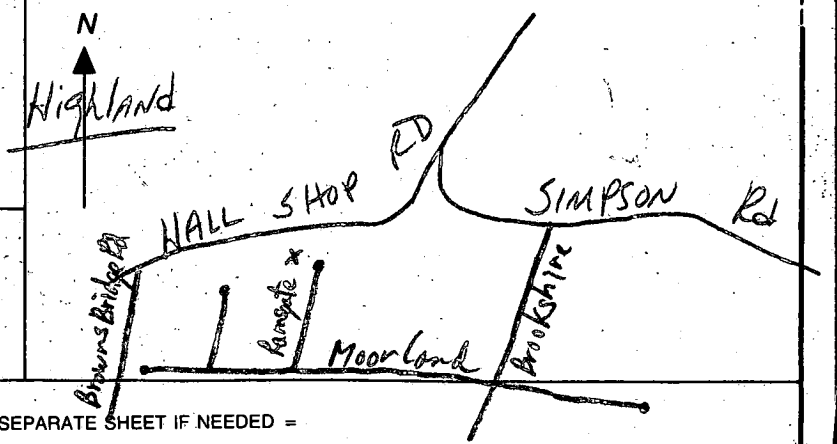
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1 well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 807
N 4808
000
000

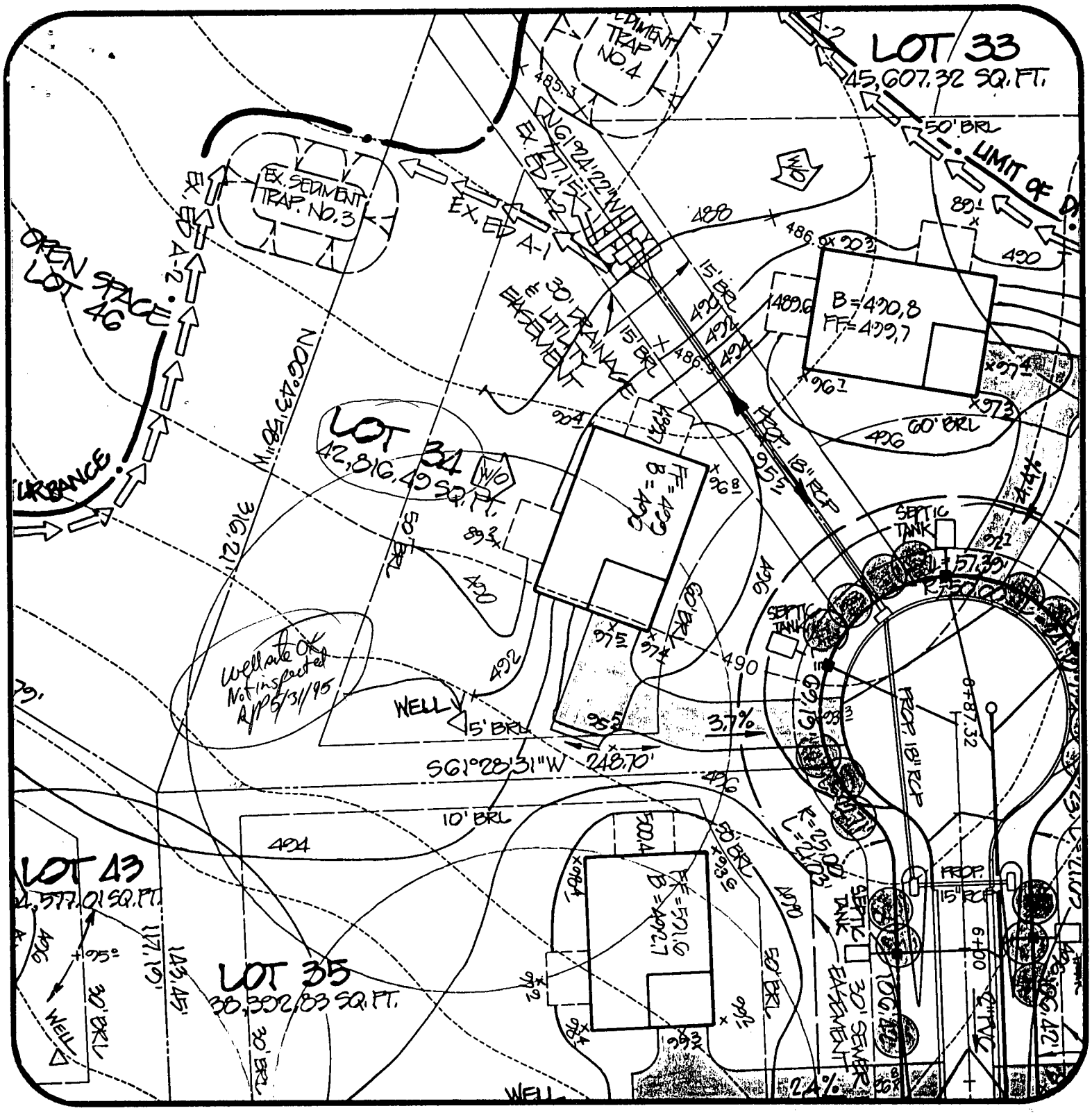
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY



Ashleigh Knolls Lot 34	
DATE: 5/2/95	PROJECT NO.: 89027.01
DRAWN BY: TJP	SCALE: 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

Page _____ of _____
Date _____

Pump Test
8-5-95
6:30 (3hrs)

NO INSP

Review 9-26-95 OK-JK

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0505
Location of property (road) Ramsgate Court
Subdivision Ashleigh Knolls *Lot* 34 *Block* _____ *Plat* _____ *Sec.* _____
Well Driller G. Easterday *Owner* Winchester Homes

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

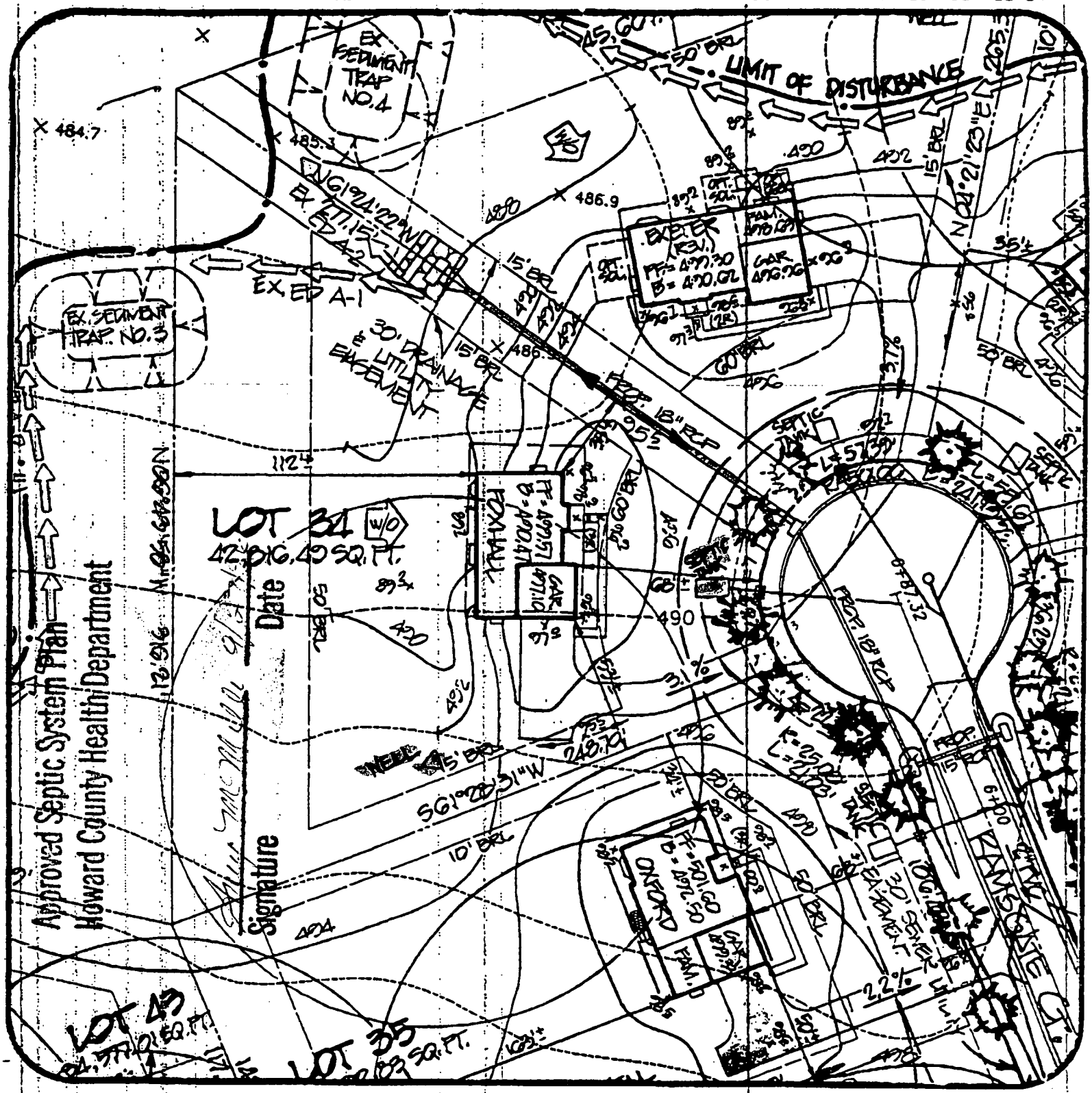
I. High rate pumping -- reservoir drawdown

Time pump started _____ *Pumping rate* _____
Total time _____ *to reach pumping water level* _____ *ft. below M.P.*

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

TIME (in 15 minute intervals	*WATER LEVEL below M.P.*	*PUMPING RATE time to fill 5 gallon bucket*	*FLOW METER READING (if used)*	*CALCULATED FLOW (gallons per minute)*

HD-224



SHEET 1 OF 2

7121 RAMSGATE COURT

Ashleigh Knolls
Lot

DATE: 9/17/96	PROJECT NO.: 89027.09
DRAWN BY: TJP	SCALE: 1" = 50'

R.M. MOCHI GROUP, P.C.
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