

~~1/10/99~~
A.M.
2/19/99
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57629

A _____

DISTRICT _____

DATE 1/07/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X 313-2640~~

313-2640

Tax ID #
05-420164

DATE SYSTEM APPROVED 3/22/99

INSPECTOR *R. P. Kelly*

INDEXED

Mitchell & Best Homes, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Ashleigh Knolls LOT 82 ROAD 7200 Wolverton Court

PROPERTY OWNER Mitchell & Best Homes, Inc.
7200 Wolverton Court

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

- 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 associated 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.

*Approved for U.S.D. and
1/7/99*

REG. PERMIT SIGN

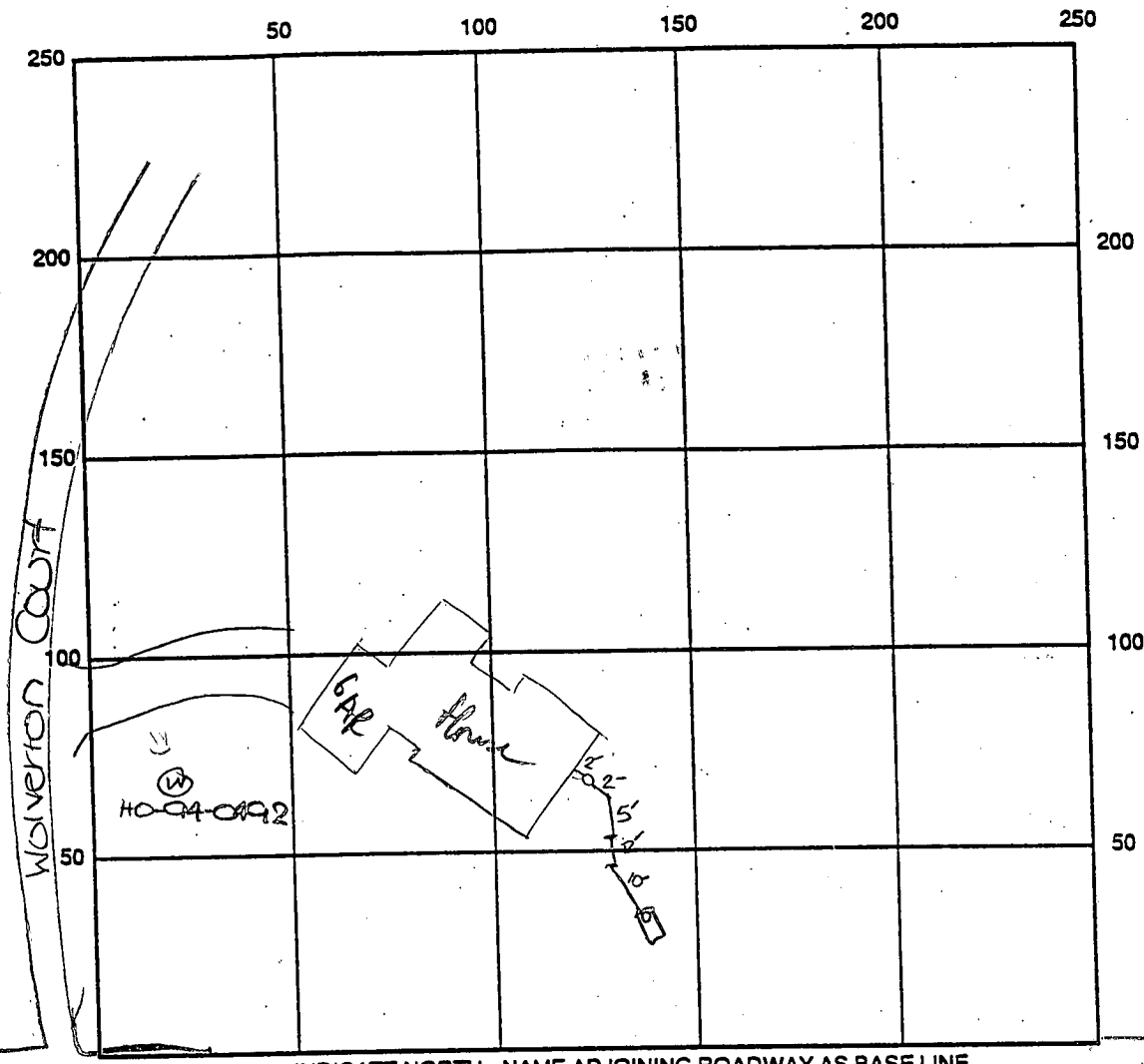
AND RETURNED 7/15/98

Serial # B70112936

57029

Plans Approved By:

Date:



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Moorland Drive

SEPTIC TANK LEVEL _____ CLEANOUTS one at house, one on s.t.

REMARKS: 1/19/99 OK to cover line from house to septic tank.
JKS

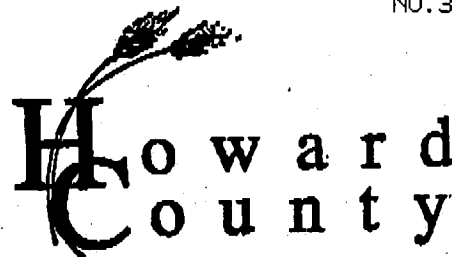
3/19/99 Inspection by public works & tanks covered @ time of inspection AL

3/22/99 Pump test OK. PJP

1/19/99 WPI - well line 3.5' below grade, well casing 2' above grade, 2 pc cap installed. Need PVC conduit pipe - OK to cover. JKS PVC conduit pipe OK 3/22/99 PJP

DATE SYSTEM APPROVED 3/22/99 INSPECTOR Rand P. [Signature]

FAX
cover sheet



Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel. : 410 313 4900
Fax : 410 313 4989

To : Water & Sewer Program

Date : 3/23/99 Number of pages including this one one

Fax Number : 2648

From : Mark Tudor

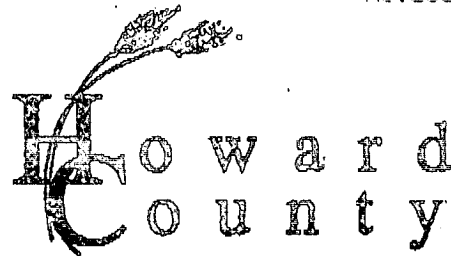
Comments : Ashleigh Knolls Shared Septic Testing 3/22

Winchester Homes Lot #72 @ 7200 Newing Ct
passed the Sewer Pump Test, okay for U&O, will
remain off line until notified for final tank inspection

Lot #19 Final Inspection - passed, placed in service

Mitchell & Best Homes Lot 82 @ 7200 Wolverine Ct
passed the Sewer Pump Test, okay for U&O, will
remain off line until notified for final tank inspection

FAX cover sheet



Bureau of Utilities
8270 Old Montgomery Rd.
Columbia, Md. 21045
Tel. : 410 313 4900
Fax : 410 313 4989

To: Water & Sewer Program

Date: 3/19/99 Number of pages including this one one

Fax Number: 2648

From: Matt Tudor

Comments: Sewer Pump Test

Mitchell & Best Homes Lot # 83

7200 Wolverton Court

was not ready at 11:00 am - delay

Rescheduled for Monday, March 22, 1999

will follow Winchester Homes Lot 72 pump test
and Lot 18 final inspection.

1/19/99
1/14/99
WPI
no imp

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 # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision _____ Lot # _____ Well Tag # _____
Site Address _____

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make _____
- 3. Model # _____
- 4. Capacity _____ GPM

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

- 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 _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve? _____

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

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: _____

Date: _____

1/19/99 DKS
WPI
3/22/99
conduct pipe OK
RPP

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

B 1	9036	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0492 <small>70 fill in this form completely 78</small>
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OWNER INFORMATION

Date Received (APA) **05/17/95**

Winkhester Homes
Last Name Owner First Name

6305 Ivy Lane
Street or RFD

Greenbelt **MD 20770**
Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

Asheleigh Knolls SUBDIVISION

SECTION **44** LOT **82**

Highland NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION MSD/MGD/MWD

George F. Easterday Driller's Name License No. **40**

L. Franklin Easterday, Inc. Firm Name

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

George F. Easterday Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **WOLVERTON CT**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **50** ENTER FT OR MI **FT**

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**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME COUNTY NO. **13**

STATE SIGNATURE _____ INSERT S

DATE ISSUED **053195** *Edward S. Seng* **5/3/96**

NORTH GRID **483000** EAST GRID **-775000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH.

METHOD OF DRILLING (circle one)

AIR-ROTary **AIR-PERcussion** **ROTary** (Hydraulic Rotary)

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

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810775
N 4803

000
000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

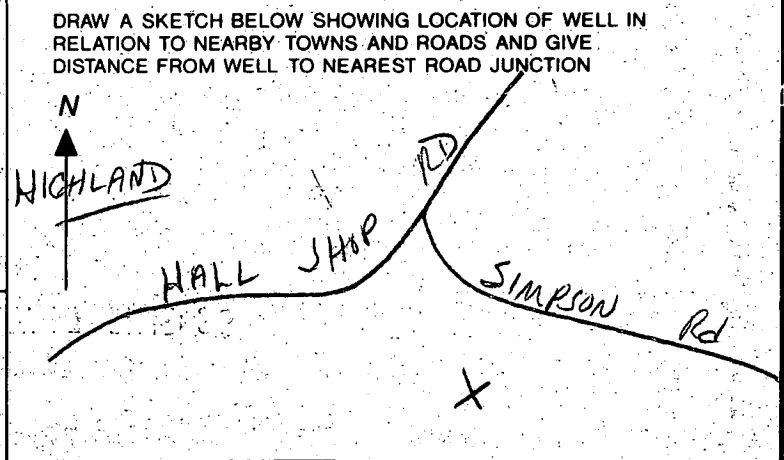
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

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

D THIS WELL WILL DEEPEM AN EXISTING WELL

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



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

APPROP. PERMIT NUMBER **GAP**

FORCE **65** WRITE INITIALS IN BOX **67 68** PERMIT No. **40-94-0492**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =



*Ashleigh Knolls
1/18/97*

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

David M. Hammerman, Director

CANCELLATION NOTICE

DATE: January 21, 1997

- TO: Department of Planning and Zoning
- Bureau of Engineering
- Health Department (Environmental)
- Inspectors: (Building)
- (Plumbing)
- (Electrical)
- (Fire)
- Licenses & Permit Division: (Building)
- (Plumbing)
- Tax Assessment Office
- Owner
- Division of Plan Review
- Other Sediment Control Division

RE: Cancellation and/or Expired Permit/Application

Serial Number Building Serial Number B00103555

Date of Issue Not Issued

Owner Mitchell & Best Homebuilders LLC

Location 7200 Wolverton Court, Clarksville, Maryland 21029

Description of Work For new single family dwelling

Reason Letter from owner dated January 16, 1997, to cancel
Building Permit Application.

FROM: *David S. Cole*

Chief, Licenses and Permit Division
 Department of Inspections, Licenses and Permits
 Phone Number (410) 313-2455

cancel/cw

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER

1300103555

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

7200 Wolverton Court
Clarksville MD 21029

27542

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

2 story, full bsmt, 10R, 2PB,
1HB, FP & garage (4 BR)
opt deck & SUNROOM
NEWPORT MODEL

LOT NO. 82	PARCEL NO. 174	SEC. --	AREA 2	BLOCK NO. 12	LIBER --	FOLIO --
EIGHTH AVENUE		ZONE RR	ZONE MAP 41	ELEC. DIST. 5	CENSUS TR. 6051.02	

OWNER NAME AND ADDRESS
Mitchell & Best Homebuilders LLC
 1686 East Gude Drive
 Rockville MD 20850
 PHONE NO. (301) 762-9511

OCCUPANT'S NAME AND ADDRESS
VACANT
 PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Sutton-Yantis (703) 734-9733 #100
 1952 Gallows Road
 Vienna VA 22182

CONTRACTOR'S NAME AND ADDRESS
Mitchell & Best Homebuilders LLC
 1686 East Gude Drive
 Rockville MD 20850 (301) 762-9511

EXISTING USE
Vacant

PROPOSED USE
residential single family home

CONSTRUCTION COST
140,000

LICENSE NUMBER
924431

PERMIT FEE
\$485

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	58	44	10
2	36	34	10
B	58	42	10

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	1		
ROOMS	2124		asp. gable
BATHS	112		
FIREPLACES	1117		

FOOTINGS	FOUNDATION	S. WALLS
18" x 8"	8" concrete	sliding

UTILITIES

WATER	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	gas	<input checked="" type="checkbox"/>

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.

AVP Land DV
 TITLE
 SIGNATURE
 DATE 12/16/96 17-97

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE _____

YARD _____

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

(CORNER LOT ONLY)

SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	1/10/97	Coy. Welch
FIRE PROTECTION		
STORM WATER MGM.		

Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued 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.

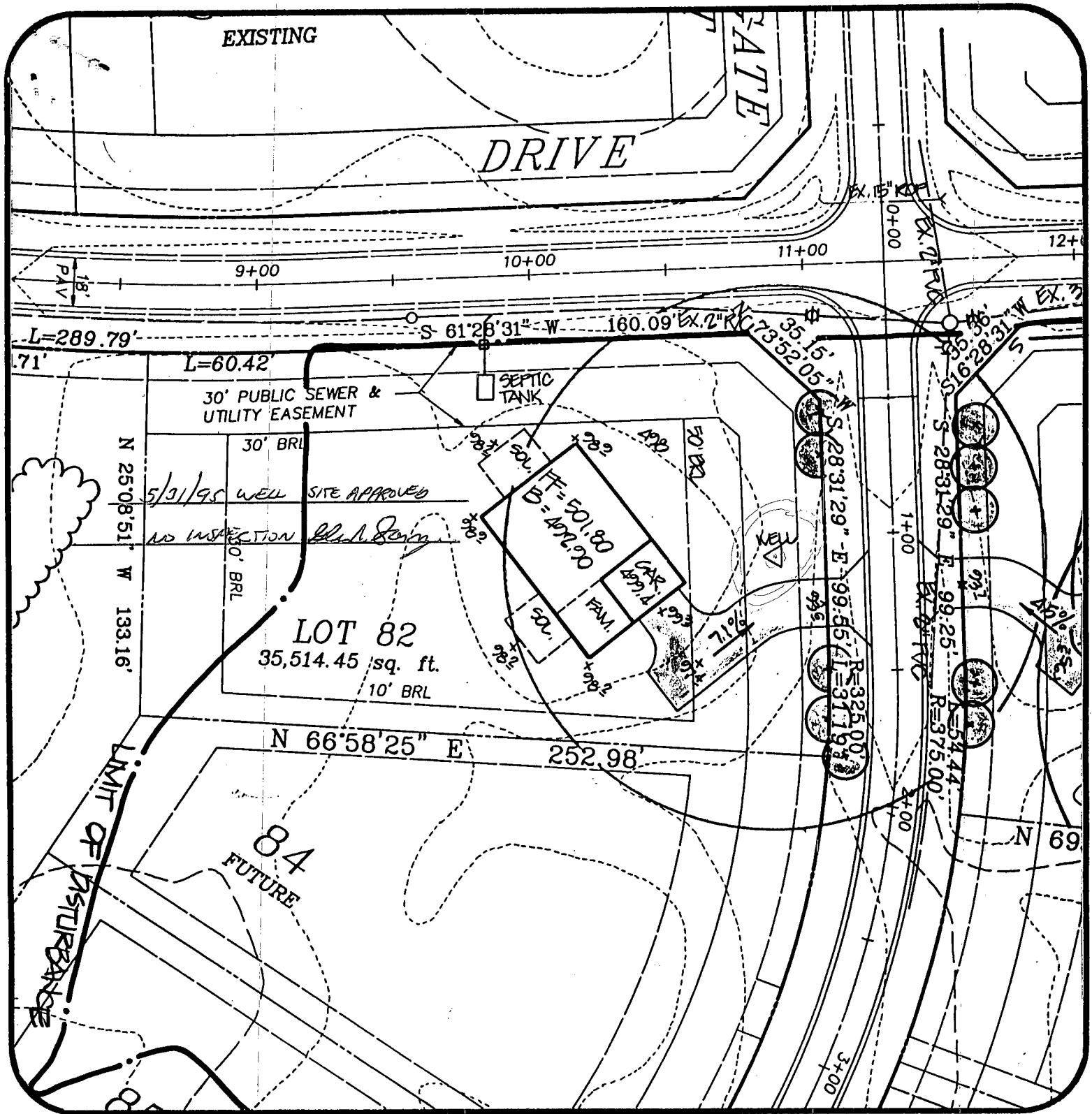
NOTE: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

A 1242

APPROVED _____ DATE _____

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

A



Ashleigh Knolls
Lot 82

DATE: 5/2/95

PROJECT NO.:
82027.01

DRAWN BY:
TJP

SCALE:
1" = 50'

R.M. MOCHI GROUP, P.C.

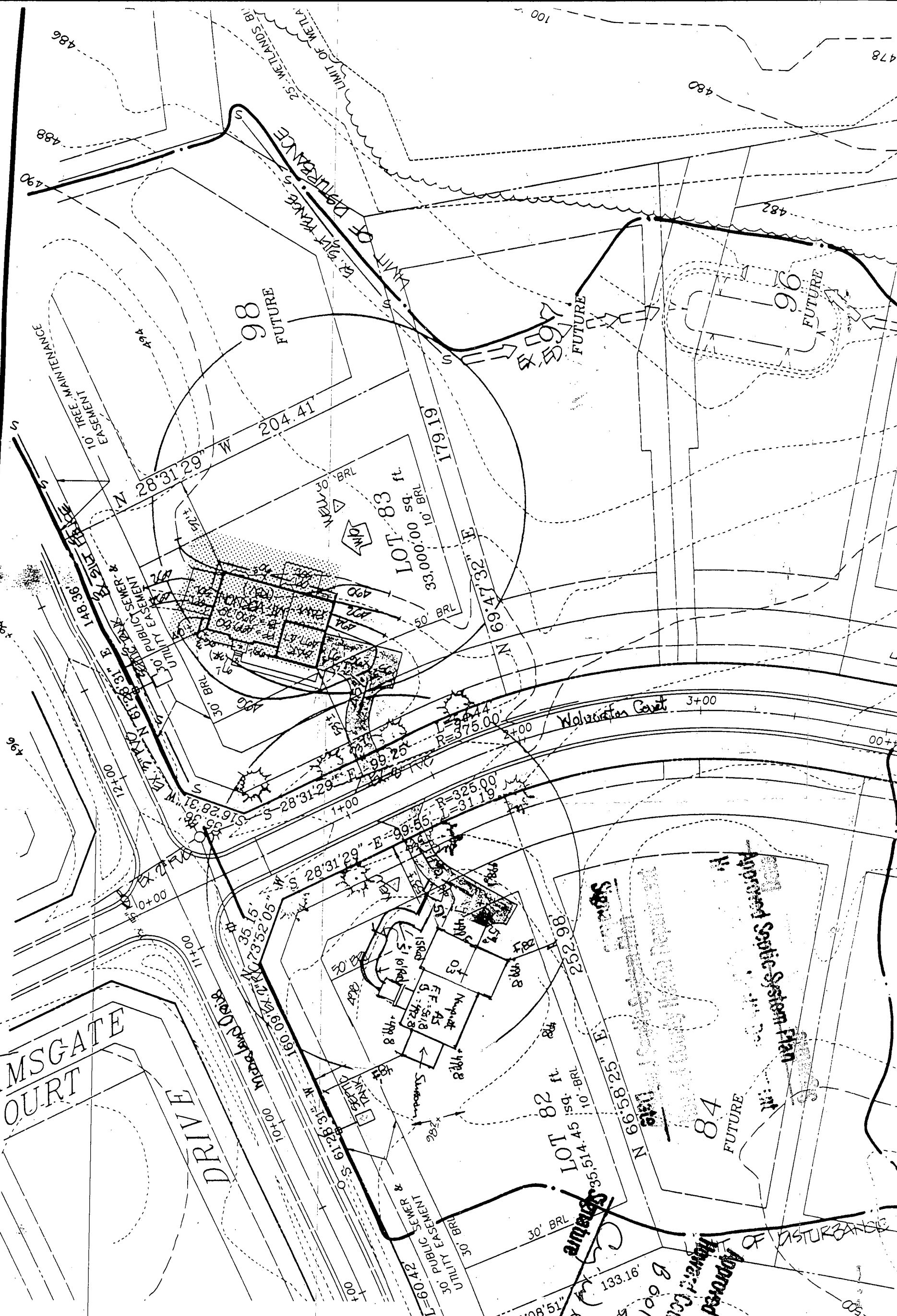
CIVIL ENGINEERS
LAND SURVEYORS

PLANNERS
ENVIRONMENTAL

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

(410) 461-0079
Fax: (410) 750-6340

SEGISSE



RAMSGATE COURT

DRIVE

Approved Septic System Plan
Howard County Health Department
B 001 0355
Signature
Date 1/8/97



Mitchell & Best

Rockmanor Office Park • P.O. Box 6014 • 1686 E. Gude Drive • Rockville, Maryland 20850

Ashlight Knolls - Election District No 3 - Howard Court
Lot 82 - Newport AS w 2 Cas SEG & Optimal Sunroom

Scale 1"=50'

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

H25

B0012936

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
*7200 Wolverton Court
Clarksville MD 21029*

LOT NO. <i>82</i>	PARCEL NO. <i>4175</i>	SEC. <i>4</i>	AREA <i>2</i>	BLOCK NO. <i>124</i>	LIBER	FOLIO
SUB DIVISION <i>Ashleish Knolls</i>		ZONE <i>RR</i>	ZONE MAP <i>40</i>	ELEC. DIST. <i>5</i>	CENSUS TR. <i>61512</i>	

OWNER NAME AND ADDRESS
*Mitchell + Best @ Ashleish Knolls
11686 E. Lude Dr. Rockville MD 20850*

OCCUPANT'S NAME AND ADDRESS
Vacant

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
*Hutchinson + Assoc
11820 Parklawn Drive #100
Rockville MD 20852*

CONTRACTOR'S NAME AND ADDRESS
Same as Owner

EXISTING USE <i>Vacant</i>	PROPOSED USE <i>Residential Single Family Home</i>
-------------------------------	---

EST. CONSTRUCTION COST <i>\$202,000</i>	LICENSE NUMBER <i>CTR06495</i>	PERMIT FEE <i>TBD</i>
--	-----------------------------------	--------------------------

W/S CODE _____

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

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 *CR1834*

GRADING/SEDIMENT CONTROL YES NO SDP # _____

DESCRIPTION OF WORK AUTHORIZED
*2 story, full Basement
13 rooms, 3 BR, 1 HB 2 FP
3 car (side) garage, 5 Bedrooms
Glenbrooke II (New Build)*

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
<i>1</i>	<i>73' 2"</i>	<i>45' 4"</i>	<i>10'</i>
<i>2</i>	<i>73' 6"</i>	<i>40'</i>	<i>9'</i>
<i>B</i>	<i>73' 4"</i>	<i>45' 4"</i>	<i>9'</i>

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			<i>ASPH GRP</i>
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS
<i>11" x 8"</i>	<i>2" concrete</i>	<i>1/2" steel stud w/ sheetrock</i>

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Gas</i>
				AC
				<i>Y</i>

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.

John B. Cerge
SIGNATURE
President
TITLE
DATE *7-10-98*

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	<input checked="" type="checkbox"/> <i>7-15-98</i>	<i>Gled...</i>
FIRE PROTECTION	<input checked="" type="checkbox"/> <i>7-15-98</i>	
STORM WATER MGM	<input checked="" type="checkbox"/>	

APPROVED _____ DATE _____

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