

8-3-98
WPI + septic line
10-11
8/20/98
1:00 pump test

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59838

A _____

DISTRICT _____

DATE 03/02/98

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

TORIDA#
05-420342

DATE SYSTEM APPROVED 8/20/98

INSPECTOR DKS

INDEXED

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

ADDRESS 1686 E. Gude Drive., Rockville, Maryland 20850 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 88 ROAD 7220 Wolverton Court

PROPERTY OWNER Mitchell & Best, Inc.

ADDRESS 1686 E. Gude Drive
Rockville, Maryland 20850

SEPTIC TANK CAPACITY: 1250 GALLONS

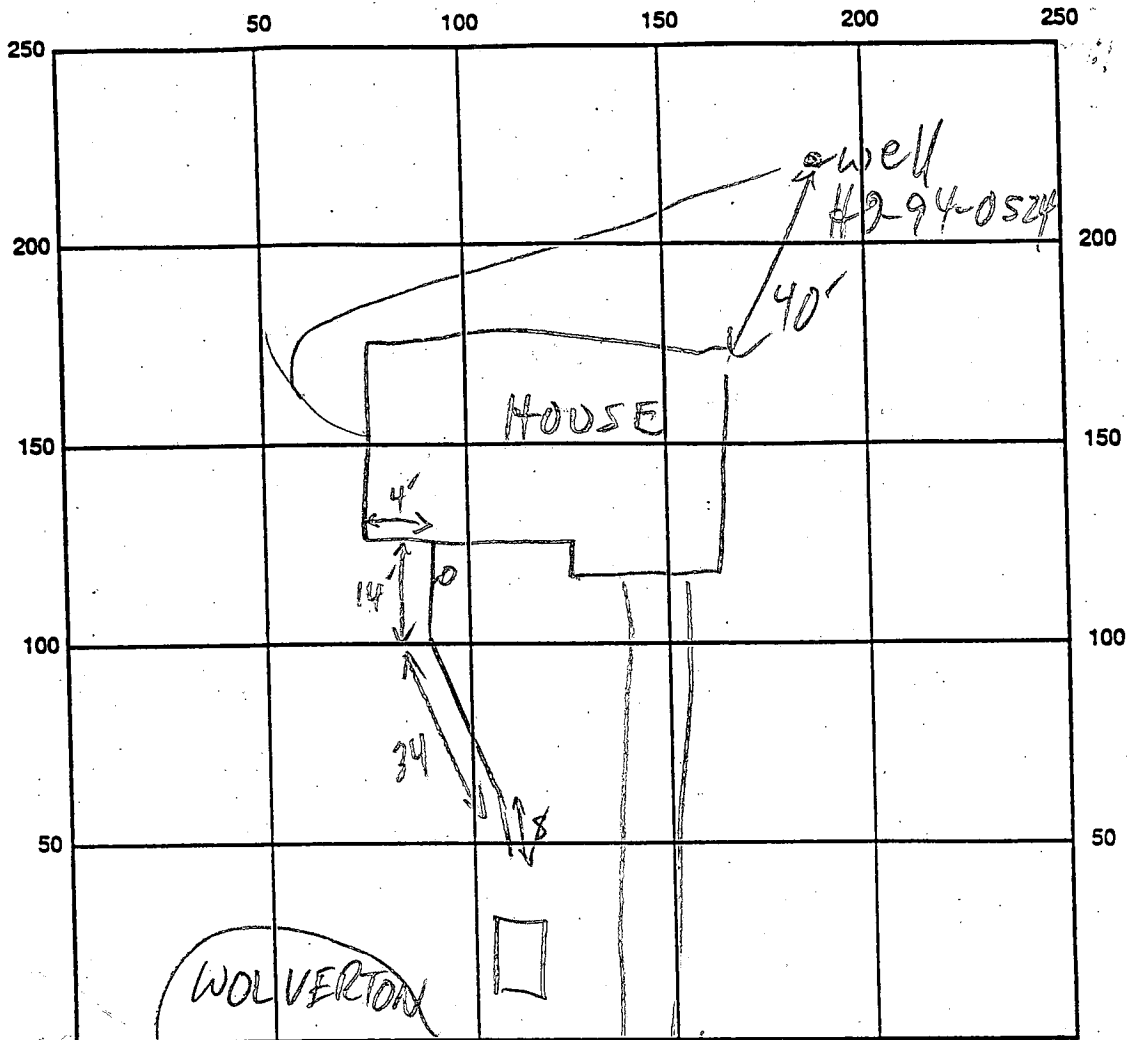
NUMBER OF BEDROOMS: 4

- 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.

P
59838

Plans Approved By: [Signature]

Date: 3/12/98



SEPTIC TANK LEVEL _____

CLEANOUTS _____

REMARKS: 8/3/98 CONN NOT COMPLETE; ADVISED INSTALLER TO MAINTAIN 10' PRIOR TO S.T. @ 1-2% (MR)

8/4 WPI INSTALLED BY ACKER + SONS, ROONEY ACKER

CALLED MID-DAY SAID NO INSPECTOR + HAD SQUEEZED W/ HIM MAINT I GAVE HIM OK TO COVER, WELL LINE ABOVE SEWER JERKED 10' EITHER SIDE. /M

8/20/98 Pump performance OK, per m. Tudor @ UTILITIES. DKS

8/3/98 WELL LINE NOT INSTALLED MR

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

168250

000110202

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7220 Wolverton Court 31157
Clarksville, MD 21029

LOT NO. 88	PARCEL NO. 415V	SEC. 4	AREA 2	BLOCK NO. 12	LIBER -	FOLIO -
SUB DIVISION Ashleigh Knolls		ZONE RR	ZONE MAP 40	ELEC. DIST. 5	CENSUS TR. 605102	

OWNER NAME AND ADDRESS (301) 762-9511 (x2109) PHONE NO.
Mitchell & Best @ Ashleigh Knolls LLC
1686 East Gude Drive Rockville, MD 20850

OCCUPANT'S NAME AND ADDRESS PHONE NO.
Vacant

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.
Sutton-Yantis (703) 734-9733
1952 Callows Road Vienna, VA

CONTRACTOR'S NAME AND ADDRESS PHONE NO.
Same As Owner 22182

EXISTING USE PROPOSED USE
Vacant Residential Single Family Home

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE
\$158,000 CTR06495 \$582

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

11 1314

GRADING/SEDIMENT CONTROL YES NO SDP # _____

DESCRIPTION OF WORK AUTHORIZED
2 story, full basement
11 rooms, 2 FB, 1 HB FP
2 car garage, 4 bedrooms, sunroom (Newport)

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	58'	60'	10'
2	58'	34'	10'
B	58'	48'	10'

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

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	8" concrete	wood frame w/ siding

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.

John B. Cois SIGNATURE
President TITLE
2-27-98 DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	3/4/98	<i>Donald Seal</i>
FIRE PROTECTION		
STORM WATER MGM.	X	

APPROVED _____ DATE _____

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

A

FAX
COVER SHEET



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

Date: 8/25/95 Number of pages
including this one one

To: Craig Williams

Fax No.: 2648

From: Matt Tule

Comments: Ashley's Koels Contact 30-3383

Remission for Sewer Pump Test conducted on

Thursday August 20, 1995.

Mitchell & Best Homes Lot # 89

7720 Wolvenon Court

OK for U & O



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
March 4, 1998

MEMORANDUM

TO: Mitchell & Best @ Ashleigh Knolls LLC
1686 East Gude Drive
Rockville, MD 20850

RE: BP# B00110202
7220 Wolverton Court

FROM: Donna K. Soe, R.S.
Water and Sewerage Program

This is to advise that the Health Department has recently recommended approval of the above referenced building permit application. Please be aware of the following conditions related to future permit processes:

SEPTIC SYSTEM ISSUES

1. A copy of the certified location drawing (i.e., wall check) for each structure shall be submitted to this office to allow sufficient review time prior to septic permit issuance.
2. Corners of the approved septic area should be staked by a licensed surveyor/engineer prior to system installation.
3. No grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

WELL WATER ISSUES

1. Final driveway location should be at least 15 feet from the existing well.
2. Notification of the well pump installation and well line connection must be forwarded to this office by the installer (licensed plumber/well driller/pump installer) prior to any approval request regarding the well water supply.
3. Prior to application for a Use and Occupancy Permit, the well water supply should be sampled by a private, state-certified laboratory and tested for at least the following parameters:

- pH, chlorine, nitrates, coliform/fecal coliform bacteria, sand and turbidity

4. A licensed installer should submit "Notification of Water Treatment Device Installation" (if applicable).

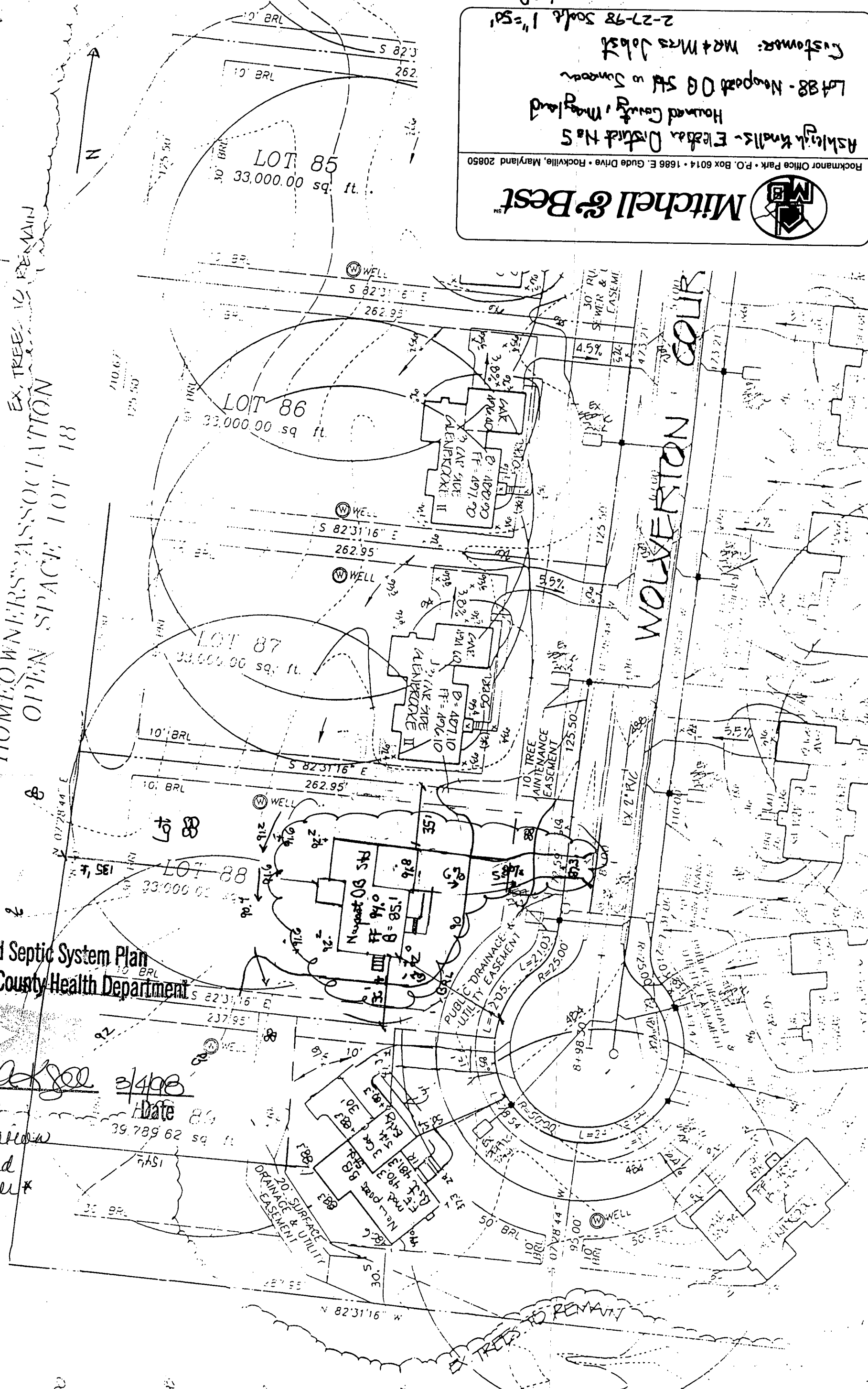
5. OTHER: _____

cc: File

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

Mitchell & Best

Ashleigh Knolls - Federal District No 5
 Howard County, Maryland
 Lot 88 - Neopost 08 5th in Concord
 Customer: Mr + Mrs Jolst
 2-27-98 Scale 1"=50'



EX. TREES TO REMAIN
 HOMEOWNERS ASSOCIATION
 OPEN SPACE LOT 18

Approved Septic System Plan
 Howard County Health Department

Donald J. Lee 3/4/98
 Signature Date

*well location
 confirmed
 w/ builder*

HOMEOWNERS ASSOCIATION
 OPEN SPACE LOT 48

 2/23/98

C1 - 2712

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

(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 COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER Winchester Homes STREET OR RFD Wolverton Court TOWN Highland SUBDIVISION Ashleigh Knolls SECTION LOT 88

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, red Shale, clay, Sand Stone, Mica, Sand Stone, mica, Flint, mica.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (12), NO. OF POUNDS (1200), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD form including: casing types insert appropriate code below (ST, CO, PL, OT).

MAIN CASING TYPE form including: Nominal diameter top (main) casing (6 inch), Total depth of main casing (56 nearest foot).

OTHER CASING (if used) form including: diameter inch, depth (feet).

SCREEN RECORD form including: screen type or open hole (ST, BR, HO, PL, OT).

WELL HYDROFRACTURED form (Y/N).

CIRCLE APPROPRIATE LETTER form (A, E, P).

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...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 040

DRILLERS SIGNATURE: George T. Esterday

DRILLERS SIGNATURE: Charles P. Fullen LIC. NO. 501

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

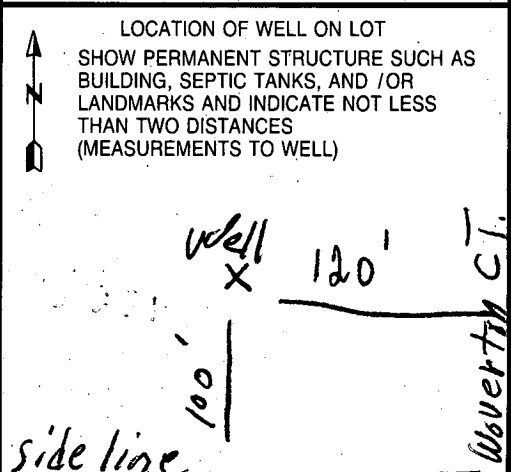
DEPTH (nearest ft.) form (H0, 54, 160) and SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN.

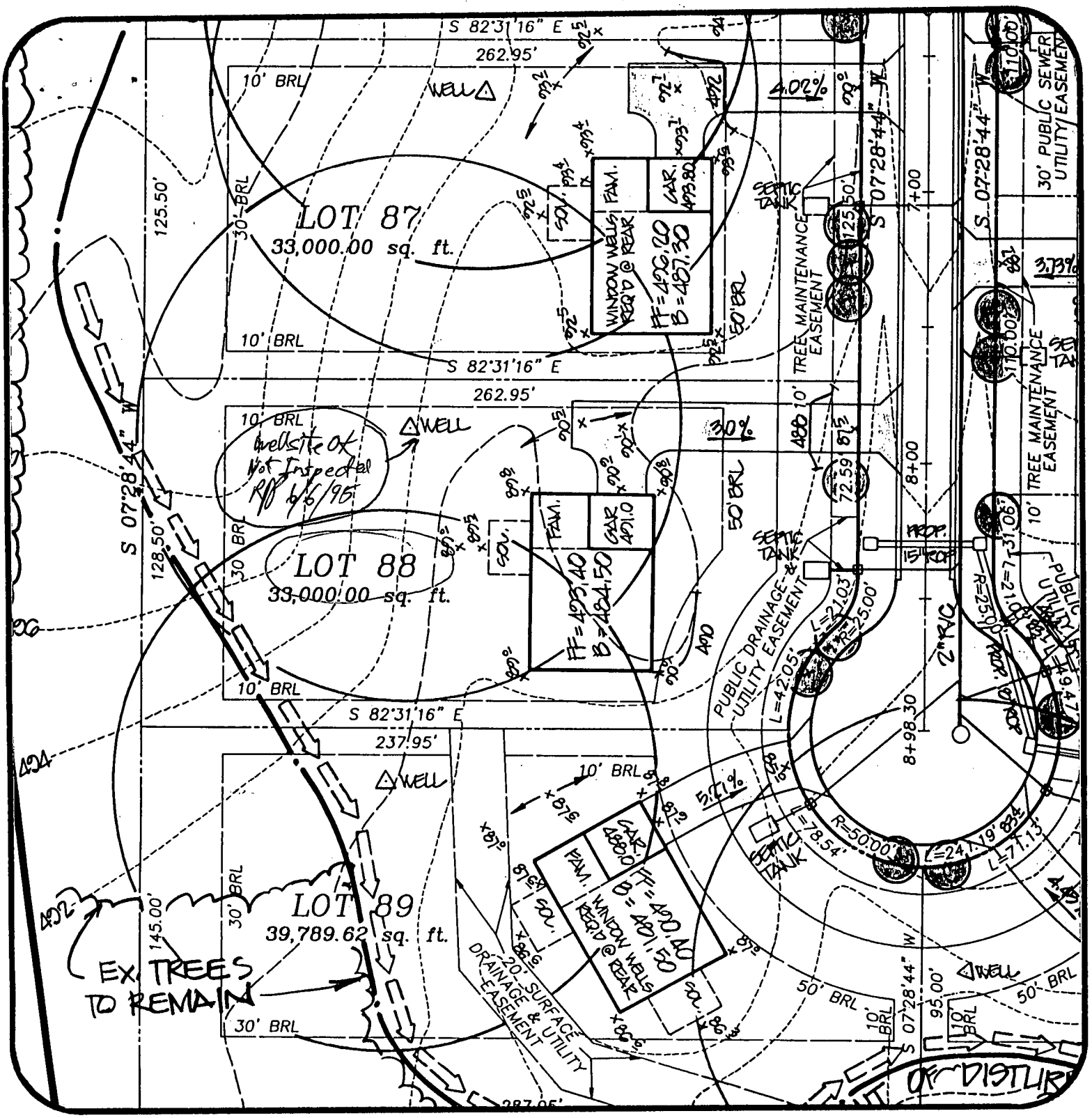
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (20 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (8 ft. before, 22 ft. when pumping), TYPE OF PUMP USED (S - submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), 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 (2 nearest foot).





Ashleigh Knolls
Lot 88

DATE: 5/2/95

PROJECT NO.: 80027.01

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

B 1	9049	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0524 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **05/17/94**

Winchester 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

Ashleigh Knolls SUBDIVISION

SECTION **44** LOT **88**

Highland NEAREST TOWN

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

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 **5/17/95**

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 **120** 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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Howard** COUNTY NO. **13**

STATE SIGNATURE _____ DATE ISSUED **6/6/96** INSERT S

060695 CO SIGNATURE **Frank Kelly** EXP. DATE

NORTH GRID **486000** EAST GRID **0817000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

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

889

486

12/4/96 10AM NO ONE X HERE 12:45 ALL APPEARS OK FROM ~~100~~ 100' AWAY; NO OPPORTUNITY FOR MORE COMPLETE INSP MR

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)

CABLE REVerse-ROTary Drive-POINT

other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

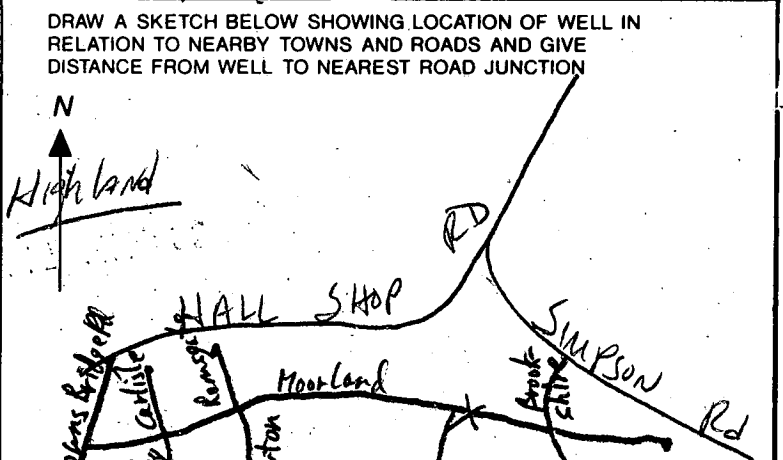
D THIS WELL WILL DEEPEM AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER **GAP**

FORCE **RA** WRITE INITIALS IN BOX PERMIT No. **40-94-0524**





HOWARD COUNTY HEALTH DEPARTMENT

PS 9838

DATE 3/2/98

Received From

Mitchell & Post Home Inc.

1166 C. Quade Drive - Rockville Md 20850

For

Septic System Permit

- CASH
- CHECK

Ballwin's Castle - St 88

NO.

7220 Wheaton Court

001344

One hundred eighty and ⁰⁰/₁₀₀ Dollars

\$ 180 00

Received By

A. J. [Signature]