

8.3.98
WPI + Septic line
10-11
9/30 11:00
10-2-98
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59866

A _____

DISTRICT _____

DATE 03/12/98

HOWARD COUNTY HEALTH DEPARTMENT *Tox ID #*

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXXXX~~

410-313-2640

05-420369

DATE SYSTEM APPROVED 10/6/98

INSPECTOR *AM*

Mitchell & Best Homes, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1686 E. Gude Drive, P.O. Box 6014, Rockville, Md 20850 PHONE _____

SUBDIVISION Ashleigh Knolls LOT 90 ROAD 72³³~~66~~ Wolverton Court

PROPERTY OWNER Mitchell & Best Homes, Inc.

ADDRESS 1686 E. Gude Drive
P. O. Box 6014
Rockville, Maryland 20850

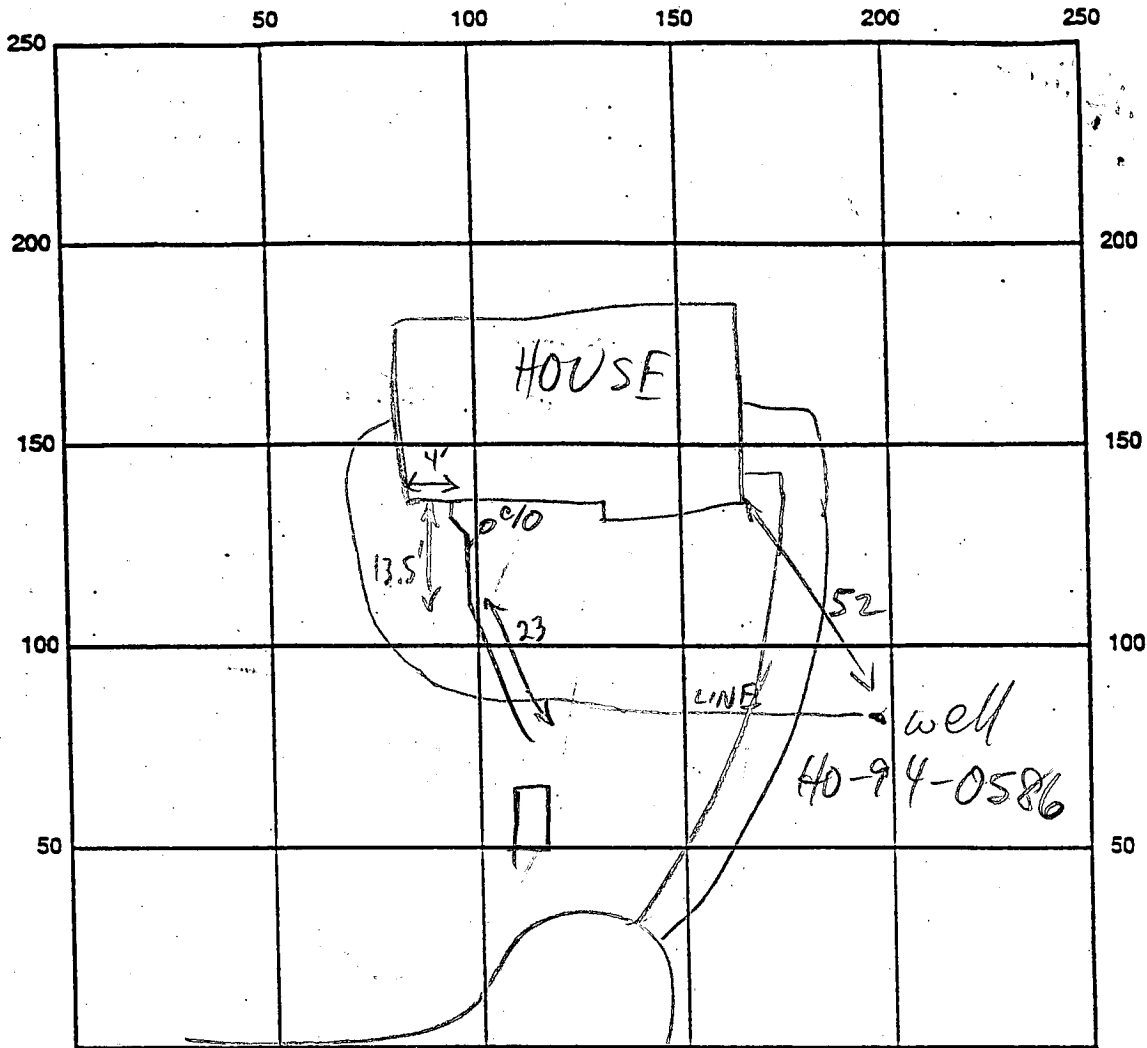
SEPTIC TANK CAPACITY: 1500 GALLONS

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.

Donald Pinkney

3/20/98



WOLVERTON CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____

CLEANOUTS OK

REMARKS: 8/3/98 CONN NOT COMPLETE; ADVISED INSTALLER TO MAINTAIN 10' PRIOR TO S.T. @ 1-2% IN FUTURE (MR)
 8/4 WPI INSTALLED BY ACKER + SONS, ROONEY ACKER CALLED MID-DAY SAID NO INSPECTOR + HAD SCHEDULED W/KIM MAISTE. I GAVE HIM THE OK TO COVER. WELL LINE ABOVE SEWER + SLEEVED 10' EITHER SIDE.

9/30/98 NO ONE PRESENT @ SITE. DKS

10-2-98 Grading around tank needs fixed AU

10-6-98 Matt Tudor of Utilities finished tanks/grading AU

8/3/98 WELL LINE NOT COMPLETE; LINE SLEEVED UNDER DRIVEWAY, TO BE SLEEVED OVER SEWER (MR)

DATE SYSTEM APPROVED 10-6-98

INSPECTOR J McMiller

FAX cover sheet



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

Date: 10/6/98 Number of pages
Including this one one

To: Water & Sewer Program

Fax No.: 2648

From: Matt Tuder

Comments: Sewer Pump Test results
Mitchell & Best Homes at Ashleigh Knolls
lot #90 7233 Wolvenden Court

Okay for U & O

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

#25
B00110415

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
7233 Wolverton Court 34719
Clarksville MD 21029

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
2 story, full basement
11 rooms, 2 FB, 1 HB, FP
2 car garage, 5 bedrooms,
Sunroom (Newport)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
1/3 90	475	4	2	12		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Ashleigh Knolls		RS	40	5	6051.02	

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

OWNER NAME AND ADDRESS (301) 762-9511 (x2107) PHONE NO.
Mitchell & Best e Ashleigh Knolls LLC
1686 East Gate Dr. Rockville, MD 20850

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

OCCUPANT'S NAME AND ADDRESS
Vacant

FOOTINGS	FOUNDATION	S. WALLS
16" x 8"	2" Concrete	Wood w/ siding

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Sutton-Vaatis (703) 734-9733
1952 Gallows Road Vienna, VA

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.

CONTRACTOR'S NAME AND ADDRESS
Same As Owner

John B. Cagan
SIGNATURE
President
TITLE
3-12-98
DATE

EXISTING USE
Vacant

PROPOSED USE
Residential
Single Family Home

EST. CONSTRUCTION COST
\$158,000

LICENSE NUMBER
CTR06495

PERMIT FEE
\$582

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 # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 3/16/98	<i>DOLLAR</i>
FIRE PROTECTION		
STORM WATER MGMT.	X	

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

CK1349

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

A

Approved Septic System Plan
Howard County Health Department

PRESERVATION PARCEL B

G. STREAM

75' STREAM BUFFER

100 YR. FLOODPLAIN

WETLANDS

25' WETLANDS BUFFER

25' WETLANDS BUFFER

LIMIT OF WETLANDS

LIMIT OF WETLANDS

25' WETLANDS BUFFER

Wood Deck + Stairs To Deck

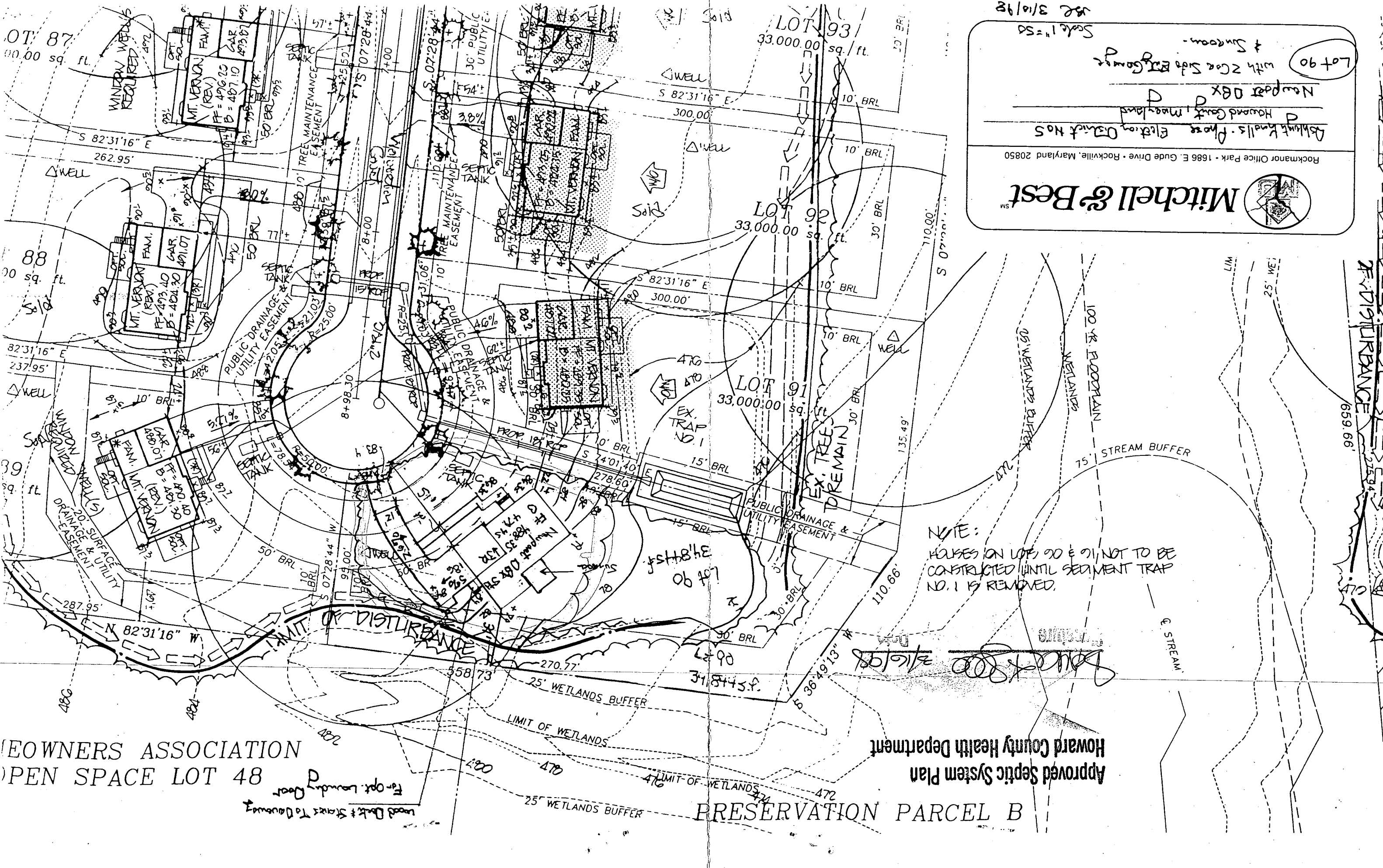
For Opt. Laundry Door


NO

NOTE:
HOUSE ON LOTS 90 & 91 NOT TO BE
CONSTRUCTED UNTIL SEDIMENT TRAP
NO. 1 IS REMOVED.

Handwritten signature and date: [Signature] 8/9/98







Mitchell & Best

Rockmanor Office Park • 1886 E. Gude Drive • Rockville, Maryland 20850
 Ashlark Knolls - Phase 2 Elevation District Nos
 Howard County, Maryland
 Newport DBX
 Lot 90 with 2 Car Side Entry Garage + Sunroom -
 Scale 1" = 50'
 JSE 3/10/98

NOTE:
 HOUSES ON LOTS 90 & 91, NOT TO BE
 CONSTRUCTED UNTIL SEDIMENT TRAP
 NO. 1 IS REMOVED.

Approved Septic System Plan
 Howard County Health Department

PRESERVATION PARCEL B

HOMEOWNERS ASSOCIATION
 OPEN SPACE LOT 48

Leads Deck & Stairs To Downway
 For Opt. Landscaping

SEND REPORT TO:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

Lab No. _____ Date Received _____

C301095 819 5
 4/18/97
 [Handwritten initials]

WATER ANALYSIS

Do not write above this line.

SAMPLED

Bottle Number H0-2753 Name Winchester Homes County Howard County Code 13

Source Wolverton Court Data Category Code 4F

Collected: Date 4/9/97 Time 2:00 PM Collector & Phone RJ Pauley 313-2640 Submitter Code _____

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community Non-community Private Other <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency Routine Recheck Special <input checked="" type="checkbox"/>	Federal Project <u>5</u>
Landfill <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Distribution (treated) <input type="checkbox"/>		
Stream <input type="checkbox"/>	Other <input type="checkbox"/>	MCL <input type="checkbox"/>		
Other <input type="checkbox"/>				

FIELD

Plant No. _____ Sampling Station _____ Preservation: Iced Acid Type of Acid H₂SO₄

pH _____ Chlorine: Free _____ Total _____ Specific Conductance _____

Notes to Lab/Remarks: Ashleigh Knolls Lot 90 H0-94-0586

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
X	Nitrate - Nitrite, N	00630			3.8	4-11-97	BR
	pH*, Ca CO ₃ Sat.	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01
 DHMH 90-A 10/93

Section Chief Asoka I. Katumuluwa
 SUBMITTER'S COPY

Date Reported APR 14 1997

Partial List of Submitter Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

DEPARTMENT OF ENVIRONMENTAL HEALTH

1997 APR 17 P 3:03

B 1 **9093** SEQUENCE NO. (DP USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL **H0-94-0586**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) please print or type ⁷⁰ fill in this form completely ⁷⁹

OWNER INFORMATION
 Date Received (APA) **05/19/95**
 Last Name **WILKHESTER** Owner **HOMES** First Name
 Street or RFD **6305 IVY LANE**
 Town **GREENBELT** State **MD** Zip **20770**

DRILLER INFORMATION MSD/MGD/MWD
 George F. Easterday **49**
 Driller's Name **L. Franklin Easterday, Inc.** 77 License No. 80
 Firm Name **2265 Brown Church Rd., MT. Airy, Md. 21771**
 Signature **George F. Easterday** Date **5-17-95**

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)

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 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 **RP** WRITE INITIALS IN BOX PERMIT No. **H0-94-0586**

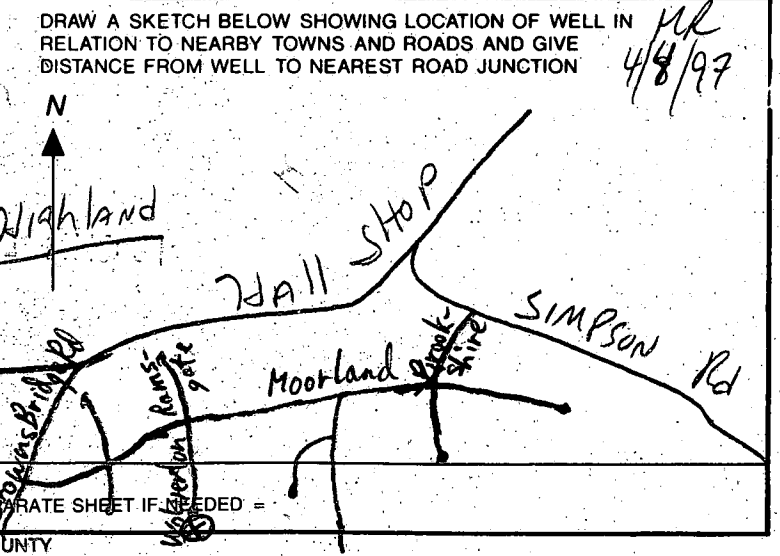
SPECIAL CONDITIONS
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

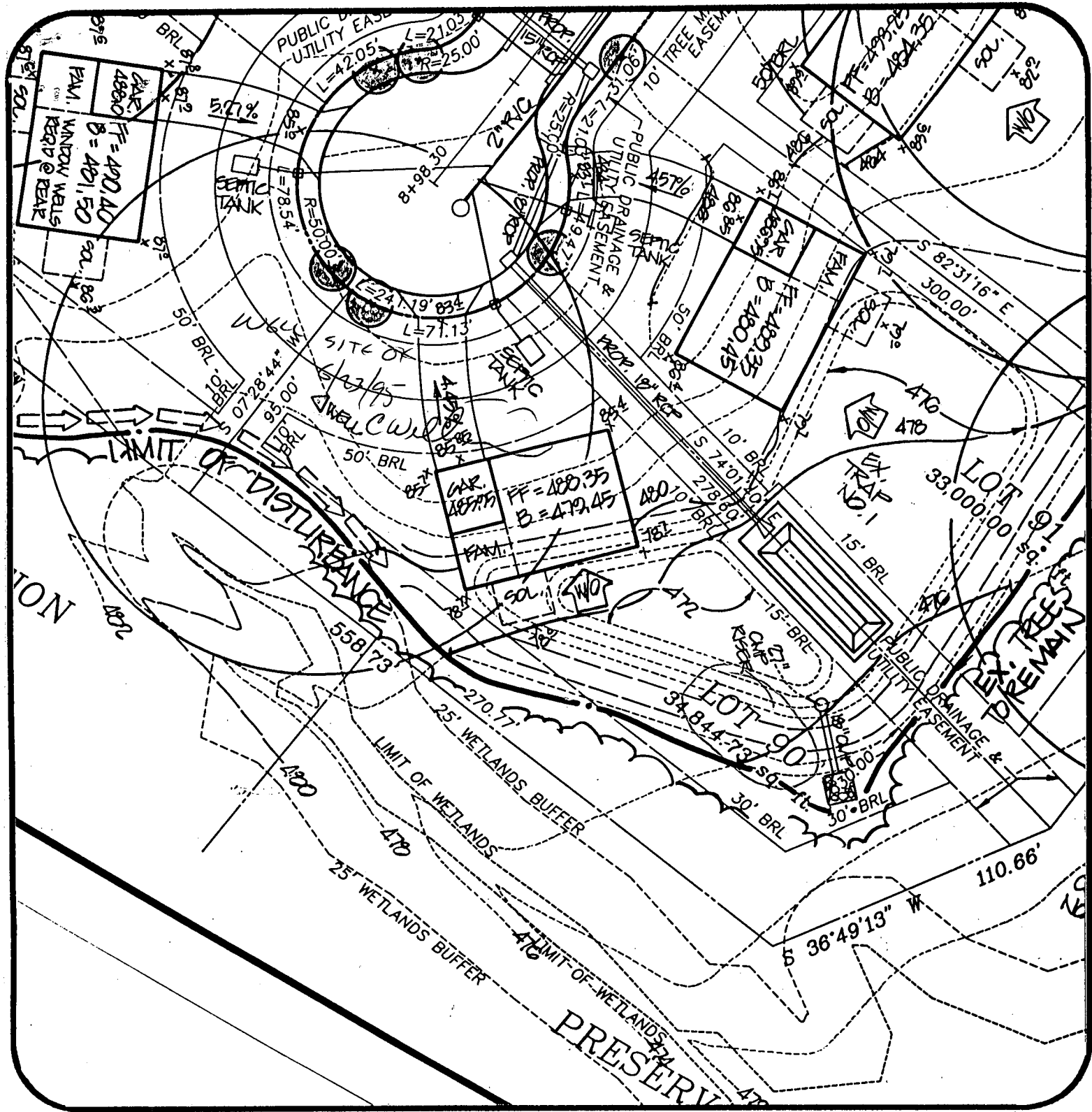
LOCATION OF WELL
 Howard **8** COUNTY **21**
 Ashley/Ch Knolls **23** SUBDIVISION **42**
 SECTION **44** **46** LOT **90** **48** **50**
 Highland **52** NEAREST TOWN **71**
 MILES FROM TOWN (enter 0 if in town) **1** **M** **I**
73 **76** **77** **78**

WOLVERTON CT **11** NEAR WHAT ROAD **30**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **40** **37**
 ENTER FT OR MI **FT** **38** **39**
 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 **41**
 DATE ISSUED **062395** **6/23/95**
 CO SIGNATURE **Chris Wilton** EXP. DATE
 NORTH GRID **486000** EAST GRID **0819000**
50 **55** **57** **63**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1 wells
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
8127
4826
000 LOC + GROUT OK





Ashleigh Knolls
Lot 90

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300120407

Building Address 7233 WOLVERTON COURT
CLARKSVILLE MD 21029

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

Census Tract 605102 Subdivision Arlington Knolls

Section 4 Area 2 Lot 90

Tax Map 40 Parcel 11751 Grid 12

Zoning AK Map Coordinates 18616 Lot size _____

Property Owner's Name FRYDA WETSCHKE

Address 7233 WOLVERTON COURT

City CLARKSVILLE State MD Zip Code _____

Home Phone 301330-5626 Work Phone NONE

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

Phone _____ Fax _____

Existing Use RA - HOME

Proposed Use HOME

Estimated Construction Cost \$ 3900

Description of Work NEW WOOD DECK
20' X 14'
to ramp to pool

Contractor Company Berry Const

Contact Person DOUGLAS F BERRY

Address 17801 PARK MILL DR

City DERWOOD State MD Zip Code 20855

License No. 19509 Phone 301-330-9368 Fax #501

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

Applicant's Signature Douglas F Berry

Title/Company BERRY CONSTRUCTION

Print Name Douglas F Berry

Date 9/15/99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/15/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>9/15/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

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 New Town Zone _____

SDP/Red-line approval date _____

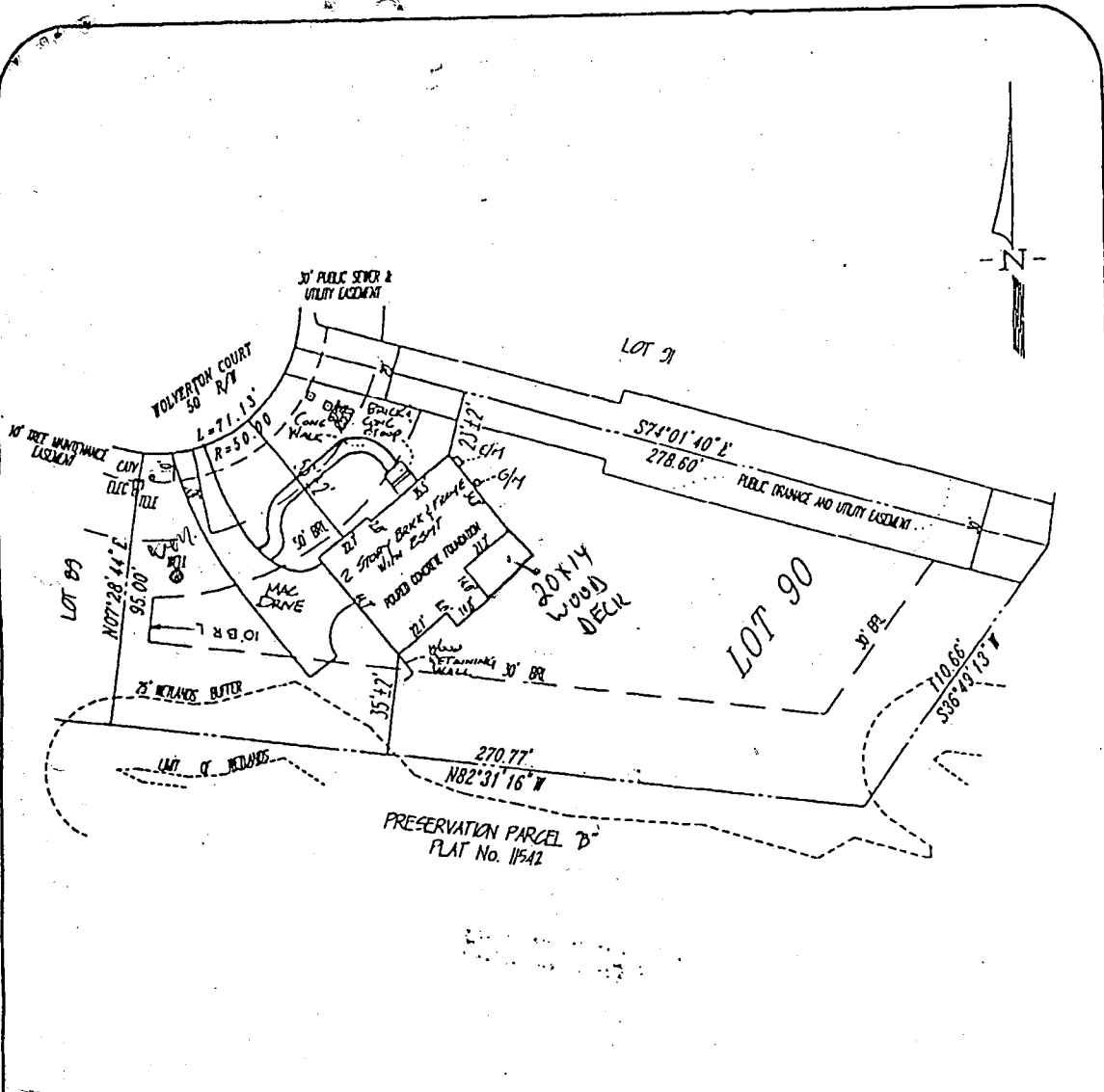
PROPERTY ID#: 34719

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Balance due	\$ _____
Check	# _____
Validation	# _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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



LEGEND

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

ADDRESS No.: 7233 WOLVERTON COURT
 TOP OF WALL ELEV. = 487.6 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 ES-
 TABLISHMENT 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
 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
 FOR TITLE PURPOSES ONLY - NO TITLE REPORT FURNISHED
 SUBJECT TO ALL EASEMENTS AND RIGHTS OF WAY OF RECORD

LOT 90
ASHLEIGH KNOLLS
 PHASE 4
 PLAT No. 11839
 ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LOCATION DRAWING	
FOUNDATION	DATE: S.R.P. 4/24/98
FINAL	DATE: S.R.P. 8/24/98
DRAWN BY: AWG	SCALE: 1"=50'
PROJECT No.:	97512.00

STEVEN R. PETERS
 Property Line Surveyor
 Maryland No. 582

R.M. MOCHI GROUP, P.C.

 P.O. Box 10
 New Market, MD 21774-0010
 10120 A Old National Pike
 Jomsville, MD 21754-9706
 (301) 865-5858
 Fax: (301) 865-5111

Remailed - 3-31-98 - attn: Sharon Buckley

ICOP issuance
10/8/98

MITCHELL & BEST HOMES, INC.
CONSTRUCTION ACCOUNT
1686 E. GUDE DRIVE
P.O. BOX 6014
ROCKVILLE, MD 20850

001350
65-109/550

March 10 19 98

PAY TO THE ORDER OF Director of Finance of Howard County \$ 180.00

One hundred eighty and 00/100

DOLLARS  Security features included. Details on back.



SANDY SPRING NATIONAL BANK
of Maryland
OLNEY, MARYLAND 20832

Martin Mitchell

FOR Lot-90-Ashleigh Knolls - Septic System Permit

⑈001350⑈ ⑆05501096⑆ 11 02581 1102

Received By *Sharon Buckley* \$ 180

Dollars one hundred eighty & 00/100

NO. 001350


CHECK
 CASH

For Septic Permit - Ashleigh Knolls Lot 90

Received from Mitchell & Best Homes, Inc.
1686 E. Gude Dr, Rockville, MD 20850

DATE 03/12/98

HOWARD COUNTY HEALTH DEPARTMENT



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