

9-15-98  
10:00 HscConn

12/10/98 pm

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510203

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 06/12/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 410-313-2640

Tax ID #  
05-420431  
INDEXED

DATE SYSTEM APPROVED 12/10/98

INSPECTOR CW

Mitchell & Best \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 1686 E. Gude Drive, Rockville, Maryland 20850 \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Ashleigh Knolls \_\_\_\_\_ LOT 97 \_\_\_\_\_ ROAD 7205 Wolverton Court

PROPERTY OWNER \_\_\_\_\_ Mitchell & Best @ Ashleigh Knolls, LLC

ADDRESS \_\_\_\_\_

NUMBER OF BEDROOMS: 5

SEPTIC TANK CAPACITY: 1500 GALLONS

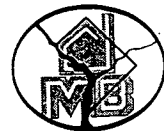
BLDG. PERMIT SIGNATURE  
AND RETURNED 6-16-98  
Serial # B00112364

- 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 By: Lynn Maister

Date: 6-16-98





# Mitchell & Best<sup>SM</sup>

Rockmanor Office Park • 1686 E. Gude Drive • Rockville, Maryland 20850

Lot 97 - DR & MRS. YOUNG

Eastport (Std) w 3 Car Side Entry Garage

Phase 4 Ashleigh Knolls

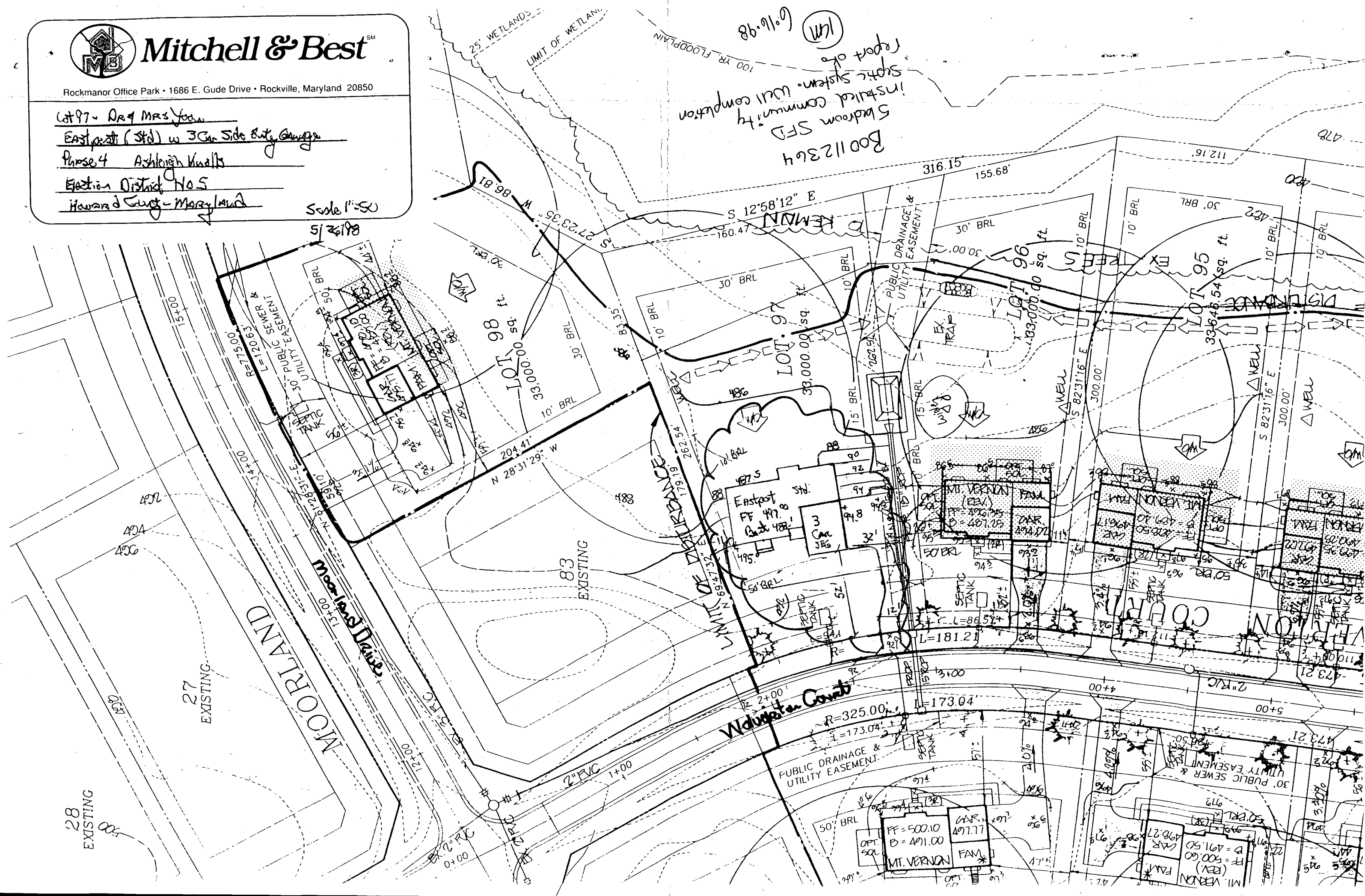
Election District NO 5

Howard County - Maryland

Scale 1"=50'

8/12/98

Report of  
Installed Community  
5 Bedroom SFD  
WMI completion  
6/16/98



C1 2702 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 11/25/96 Depth of Well 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-99-0530

OWNER Winchester Homes last name first name TOWN Highland STREET OR RFD Wolverton Court SUBDIVISION Ashleigh Knolls SECTION LOT 97

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DÉPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Top soil, Sandy clay, brown shale, Sand stone, Mica, Sand stone, Mica, Quartz & Mica, Mixed, Mica, Flint Mica, mica, Sand stone, Mica.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED: Y N

CIRCLE APPROPRIATE LETTER 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. 040

DRILLERS SIGNATURE George F. Eustace

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 501

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

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 900 GALLONS OF WATER 45 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 46

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) H044 240

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q T 74 75 76

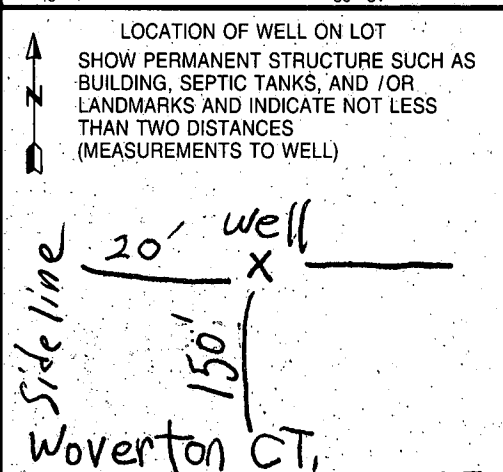
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 1500 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 5 ft. WHEN PUMPING 30 ft. TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (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. 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 (nearest foot)





B 1 **6405** SEQUENCE NO. (MDE USE ONLY)

1 2 3 4 5 6  
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
**H0-94-0530**  
fill in this form completely

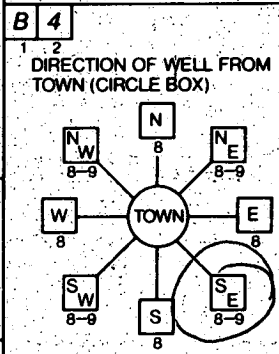
Date Received (APA) **05/17/95**

**WINCHESTER HOMES** OWNER INFORMATION  
15 Last Name 8 Owner 13 First Name 34  
**6305 IVY Lane** Street or RFD 55  
**Greenbelt** Town 57 **MD 20770** 70 State 72 Zip 76

B 3 LOCATION OF WELL

**Howard** 8 COUNTY 21  
**Asheigh Knolls** 23 SUBDIVISION 42  
SECTION   LOT **97**  
**Highland** 52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) **1** MI 73 76 77 78

DRILLER INFORMATION  
**George F. Easterday** CIRCLE: MSD/MGD/MWD  
Driller's Name **L. Franklin Easterday, Inc.** 77 License No. 80  
Firm Name **9265 Brown Church Rd., MT. Airy, Md. 21771**  
Address **George F. Easterday** **5-20-95** Date



**WOLVERTON CT** 11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH  WEST  EAST  SOUTH   
34 **150** 37 DISTANCE FROM ROAD  
ENTER FT OR MI **FT** 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

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

**Howard** COUNTY NAME 13- COUNTY NO.  
STATE SIGNATURE \_\_\_\_\_ INSERT S  41  
DATE ISSUED **060695** **6/6/96**  
43 48 CO SIGNATURE **Donald Murphy** EXP. DATE  
NORTH GRID **487000** 50 55 EAST GRID **0817000** 57 63

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E **8107**  
N **4807** ← 000 000

**11125196**  
**NO GROUT INSP**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

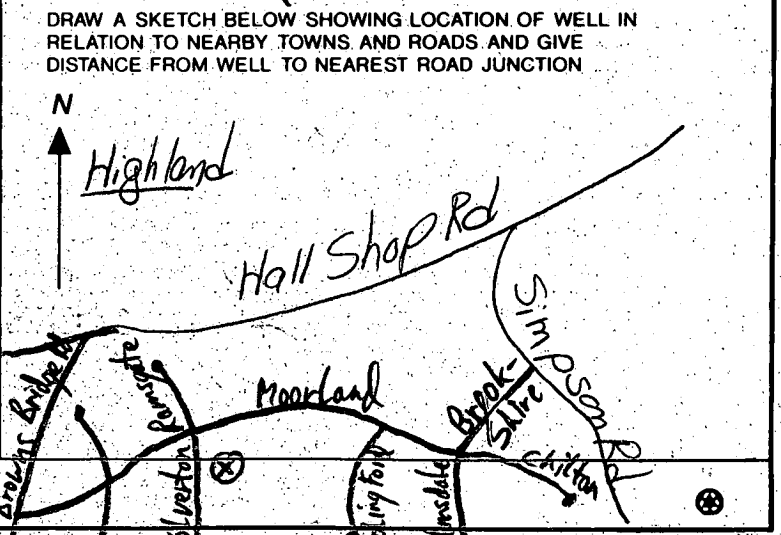
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39  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) 41 \_\_\_\_\_ 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER \_\_\_\_\_ 54 63

FORCE **RP** WRITE INITIALS IN BOX 67 68 PERMIT No. **H0-94-0530** 70 71 72 73 74 75 76 77 78 79

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

COUNTY \_\_\_\_\_



Ashleigh Knolls  
Lot 97

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

APPLICATION

HOWARD COUNTY

# PERMIT APPLICATION

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

SERIAL NUMBER

468250

B00112361

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
7205 Wolverton Court 36251  
Clarksville, MD 21029

GRADING/SEDIMENT CONTROL  YES  NO SDP #

DESCRIPTION OF WORK AUTHORIZED  
2 story, full basement  
11 rooms, 3 FB, 1 HB, EP  
3 car garage, 5 bedrooms  
Sunroom (Eastport)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
97	475	4	2	12		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Ashleigh Knolls	RR-40	40	5	6051.02

OWNER NAME AND ADDRESS  
M. Mitchell & Son @ Ashleigh Knolls LLC  
1686 East Side Dr. Rockville MD 20850  
PHONE NO. (201) 762-9511 (x2109)

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	66'4"	63'	10'
2	66'4"	35'6"	9'
B	66'4"	49'6"	9'

OCCUPANT'S NAME AND ADDRESS  
Vacant  
PHONE NO.

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
Sutha-Yantis (703) 734-9733  
1952 Gallows Road Vienna VA 22182  
PHONE NO.

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

CONTRACTOR'S NAME AND ADDRESS  
Same as owner  
PHONE NO.

UTILITIES					
WATER/WELL	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 in 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.

EXISTING USE  
Vacant

PROPOSED USE  
Residential Single Family Home

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$173,000	STR 011437	TBD

SIGNATURE  
John B. Corrigan  
DATE  
6-9-98

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 6-16-98	Kimberly Maisto
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 # 1747

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



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## HOWARD COUNTY HEALTH DEPARTMENT

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

December 14, 1998

Mitchell and Best  
1686 East Gude Drive  
Rockville, Maryland 20850

RE: Ashleigh Knolls, Lot #97  
7205 Wolverton Court  
Well Permit #HO-94-0530

Dear Sirs:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on December 7, 1998.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria and is bacteriologically safe for drinking. The water sample was found to be in compliance with COMAR water quality standards.

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- 94-0530. 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 Health department within six (6) months of receipt of this letter. Please contact Ms. Vicki Fellas at (410) 313-2644 to schedule a final water sample appointment.

### INTERIM CERTIFICATE OF POTABILITY

Date(s) of water sample(s): December 10, 1998  
Date of well completion: November 25, 1996

Approving Authority

Kimberly Maiste

Sanitarian  
Water and Sewerage Program

cc: Building Inspector's office  
file