

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 WOLVERTON COURT

SEPTIC TANK LEVEL 1500 GAL - 2 CHAMBER CLEANOUTS ST. & INLINE - OK

REMARKS: 4/19/99 OK TO COVER CONNECTION MR/SK

7/8/99 Pump test OK per public works A

DATE SYSTEM APPROVED 7/9/99 INSPECTOR A McMiller



HOWARD COUNTY HEALTH DEPARTMENT

11351

DATE 11/19/99

Received From Mitchell & Bart @ Colby Heights - 712-9511

1430 E. Gentry Lane, Rockville, Md. 20850

For ~~Agate Station Permit~~

~~Colby Heights - Lot 84~~

Suburban Court

022779 One hundred eighty and 00/100 Dollars

CASH
 CHECK
 NO.

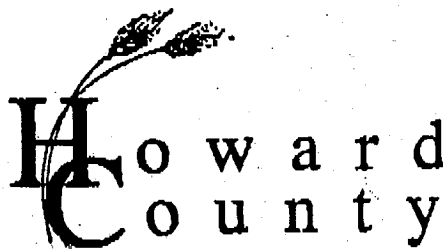
\$ 180 00

Received By *A. James*

Attention: Diagnostic Dept

Mail Dept

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 : 7/14/99 Number of pages including this one one

Fax Number : 2648

From : Matt Tudor

Comments : Ashleigh Knolls Shared Septic
Activity Report June 26th - July 12th, 1999

July 7th - Winchester Homes Lot 98, gravity sewer connection
of tank is acceptable. Address 7151 Marland Dr.

July 8th - Winchester Homes Lot 69, sewer pump test, minor
deficiencies noted. Will be reinspected, not approved for U&O. Address
7179 Marland Dr.

Mitchell & Best Homes Lot 84, sewer pump test, minor
deficiencies were noted, they have been corrected. Approval for U&O,
has not been placed in service. Address 7204 Wolverton Ct.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300 120865

Building Address 7204 Wolverton Court
Clarksville MD 21029
Suite/Apt. #: NA SDP/WP/Petition #: N/A
Census Tract 605102 Subdivision Ashe Knolls
Section _____ Area 1 Lot 84
Tax Map 110 Parcel 475 Grid 12
Zoning LR-DEU Map Coordinates 1871 Lot size _____

Property Owner's Name Howard Moon
Address 7204 Wolverton Court
City Clarksville State MD Zip Code 21029
Home Phone 531 9424 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 531 9424 Fax _____

Existing Use SFD
Proposed Use SFD w/ Decks
Estimated Construction Cost \$ 5000
Description of Work: 1) 14x12 Deck w/ steps
2) 16x20 irregular shaped back w/ steps
3) 4x4 Deck w/ steps to driveway

Contractor Company Robson's Remodeling
Contact Person Craig Robson
Address 2116 Spunkers Court
City Ellicott City State MD Zip Code 21043
License No. 42108
Phone 410 465 7326 Fax _____

Occupant or Tenant Howard Moon
Contact Name _____
Address 7204 Wolverton Court
City Clarksville State MD Zip Code 21029
Phone 531 9424 Fax _____

Engineer or Architect Company N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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

Applicant's Signature [Signature]
Title/Company Robson's Remod

Print Name J. Craig Robson
Date 10/12/99

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	<u>10/12/99</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>10/12/99</u>	<u>[Signature]</u>
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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 3 9263
Filing fee \$ _____
Permit fee \$ 32
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ _____
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

Building Address 7504 Wolverton Court
Clarksville, MD 21029

Suite/Apt. #: — SDP/WP/Petition #: —

Census Tract 6051.02 Subdivision Ashleigh Knolls

Section Area Ph. 2 Lot 84

Tax Map 40 Parcel 475 Grid 12

Zoning RR-DEO Map Coordinates _____ Lot size _____

Owner's Name Mitchell + Best Ashleigh Knolls

Address 11816 E. Gude Dr.

City Rockville State MD Zip Code 20850

Home Phone 301-762-9511 Work Phone _____

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

Phone _____ Fax _____

Existing Use Vacant

Proposed Use Single family home

Estimated Construction Cost \$ 8195,000⁰⁰

Description of Work Construction of single family home, 3 car garage, sunroom, 3' fam. Rm. Exten. 7';

Occupant or Tenant Same as owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company Mitchell + Best Homebuilders

Contact Person Bonnie Flandrau

Address 11816 E. Gude Drive

City Rockville State MD Zip Code 20850

License No. _____

Phone 301-762-9511 Fax 301-660-0086

Engineer or Architect Company Sutton-Yantis

Contact Person Jack D. Dwyer

Address 1952 Gallows Rd, #100

City Vienna State VA Zip Code 22082

Phone 703-734-9733 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression

BUILDING DESCRIPTION - RESIDENTIAL

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: <u>56' 4" Depth</u> <u>72' 0" Width</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>44' 4" Depth</u> <u>58' 0" Width</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>56' 4" Depth</u> <u>72' 0" Width</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
No. of Bedrooms <u>4</u>	_____ State Certified Modular
Multi-family dwellings: _____	_____ Manufactured Home
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: <u>N/A</u>	
No. of 3 BR units: _____	
Other: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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 THERE TO; (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.

John B. Corgan
 Applicant's Signature _____ Print Name _____
President
 Title/Company _____ Date 1/13/99

VALIDATION

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 and Development DPZ		
<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>1/21/99</u>	<u>DOUGLAS</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

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#: 79263

Filing Fee \$ 45

Permit Fee \$ _____

(.10 sq. ft. (.15 sq. ft.

Excise Tax \$ _____

(.40 sq. ft. (.80 sq. ft.

TOTAL FEES

Check # 8275

Validation # 19651

Accepted by: [Signature]

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

C1 2937

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 05/17/95

DATE WELL COMPLETED 1/12/96

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-84-0494

OWNER Winchester Homes last name first name TOWN Highland STREET OR RFD Wolverton Court SUBDIVISION Ashleigh Knolls SECTION LOT 84

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Clay, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, gravel, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (C) CEMENT (M) BENTONITE CLAY (B) NO. OF BAGS 22 NO. OF POUNDS 2200 GALLONS OF WATER 140 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.

CASING RECORD MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest-inch) 6 Total depth of main casing (nearest foot) 54

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

SCREEN RECORD screen type or open hole (S) STEEL (B) BRASS BRONZE (P) PLASTIC (H) OPEN HOLE (O) OTHER

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15.0 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 16 ft. WHEN PUMPING 30 ft. TYPE OF PUMP USED (for test) 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)

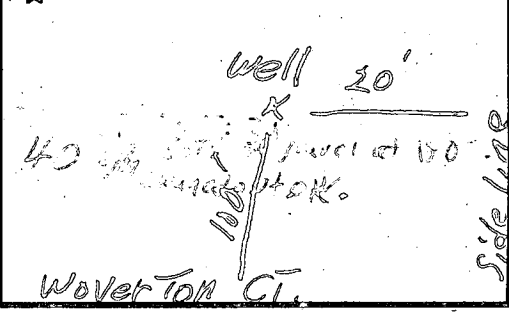
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y) (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. 040 DRILLERS SIGNATURE (Must match signature on application) LIC. NO. 501 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1	9074	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0494 <small>70 fill in this form completely 79</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				

Date Received (APA)
050795

OWNER INFORMATION

Winchester Homes
15 Last Name 13 Owner 34 First Name

6305 Ivy Lane
36 Street or RFD 55

Greenbelt MD 20770
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

Howard
8 COUNTY 21

Asaleigh Knolls
23 SUBDIVISION 42

SECTION 44 46 LOT 84 48 50

Highland
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** **MI**
73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD

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

Franklin Easterday, Inc.
Firm Name

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

George F. Easterday
Signature Date

B 4

1 2

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

WOLVERTON CT
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

100
34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FT**
38 39

TAX MAP: 40 BLK: 12 PARCEL 174

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 13
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ **INSERT S**

DATE ISSUED **060195** *Blair Range* **6/1/95**
43 48 CO SIGNATURE EXP. DATE 41

NORTH GRID **483000** **EAST GRID** **-775000**
50 55 57 63

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

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

METHOD OF DRILLING (circle one)

AIR-ROTary **JETTED** **Jetted & DRIVEN**

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 _____ **G A P** _____
54 63

FORCE **GS** **WRITE INITIALS IN BOX** **PERMIT No.** **40-94-0494**
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

810715
4863

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

1125196
Group X
NO INSP

FAX
cover sheet



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

To : Water and Sewer Program

Date : 7/7/99 Number of pages including this one one

Fax Number : 2648

From : Tom Piibitt

Comments : Adleigh Knolls Shared Septic

84 7204 Wolveston Ct
Mitchell and Best - Lot 98 - W&W McAllen
Pump test

(Pump test Post 7/8/99 Tom Piibitt)
approved for Vad O

7/9/99 OK to approve pump/septic
per Jeff Welty w/out written
approval AM

Approved Septic System Plan
Howard County Health Department

James H. ... 1/2/99
Signature Date



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

Lot 84 - Wolverton Court Ashington Knolls
Elect. in District No. 5 - Haverd County, MD.
Newport 6B SH is 3 Car Side Entry Garage,
Side Screen, 3' Extended Front Porch
#1st Breakfast # 2' Est Kitchen - See Arch Plans

Scale 1" = 50'
Page 3C
Date 1/12/1999

