

Full Needs Waiver from Math Tutor's office
8/20/89

To _____

Date 5-5-89 Time Voice Mail AM PM

WHILE YOU WERE OUT

Mr Rodney Ecker

of Ecker Plumber

Phone (301) 897-0700 X112

Area Code

Number

Extension

TELEPHONED	<input type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>

PLEASE CALL	<input type="checkbox"/>
WILL CALL AGAIN	<input type="checkbox"/>
URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message W&S inspection ready

what 7209 Wolverton Ct

time Lot 96

Ashleigh Knolls
for Mitchell & Best Home

Operator



AMPAD
EFFICIENCY®

T.S.

REORDER
#23-000



HOWARD COUNTY HEALTH DEPARTMENT

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

MEMORANDUM

TO: Mitchell & Best Homebuilders
Bonnie Flandrau
1686 E. Gude Drive
Rockville, MD 20850

RE: BP# B00116557
7209 Wolverton Ct.

FROM: Donna Kim Soe
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

MITCHELL & BEST at ASHLEIGH KNOLLS LLC
1686 E. Gude Dr.
Rockville, MD 20850

Sandy Spring Natl.
Olney, MD 20832

002356

CHECK AMOUNT

DATE
02/03/99

\$ *****180.00**

PAY ONE HUNDRED EIGHTY AND 00/100 DOLLARS

TO THE ORDER OF
HOWARD COUNTY
DIRECTOR OF FINANCE
P. O. BOX 3370
ELLCOTT CITY MD 21041

Christina Sullivan

⑈002356⑈ ⑆055001096⑆ ⑆⑆085863⑈0⑆



HOWARD COUNTY HEALTH DEPARTMENT

9511454

DATE
3/9/99

Received From Mitchell & Best @ Ashleigh Knolls LLC
1686 E. Gude Dr.
Rockville, MD 20850

For Septic Permit
@ Ashleigh Knolls Lot 96
Wornton Court

CASH
 CHECK
NO. 002356

— One hundred eighty dollars + zero cent Dollars

\$ 180.00

Received By *Ronald Phillip*

Security features are included. Details on back.

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00143939

Building Address 7209 E. Holberton Ct
Clarksville MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 600500 Subdivision Ashleigh Knolls
 Section _____ Area _____ Lot 96
 Tax Map 4140 Parcel 212 Grid 7
 Zoning RDEO Map Coordinates _____ Lot size 0.7575 AC

Property Owner's Name Gerald & Andrea Keating
 Address 7209 E. Holberton Ct
 City Clarksville State MD Zip Code 21029
 Home Phone 301 854 767 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Dana Kraviczek
9515 Gerwing Lane #119
Columbia MD 21046
 Phone 410 915 6600 Fax _____

Existing Use SED w/fence
 Proposed Use SED w/pool enclosure w/fence
 Estimated Construction Cost \$ 20,000
 Description of Work Construct 3'-0" x 3'-0" = 6'-0" x 3'-0" deep concrete pool with 3'-0" deep cart. litter-filled
By fence Enclosed by EXISTING fence
 Occupant or Tenant owner
 Contact Name Dana Kraviczek
 Address _____
 City _____ State _____ Zip Code _____
 Phone 410 915 6600 Fax _____

Contractor Company Maryland Pools Inc
 Contact Person Dana Kraviczek
 Address 9515 Gerwing Lane #119
 City Columbia State MD Zip Code 21046
 License No. 66674
 Phone 410 915 6600 Fax _____
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
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 Dana Kraviczek
 Title/Company Agent, DPZ
 Date 9/4/03

Print Name Dana Kraviczek
 Date 9/4/03

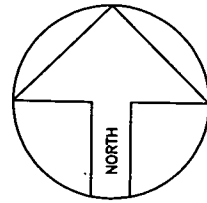
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>9/4/03</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>9/9/03</u>	<u>Steven R. Krug</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#: <u>40036</u>
Front: _____	Filing fee \$ _____
Rear: <u>30'</u>	Permit fee \$ <u>250</u>
Side: <u>30'</u>	Excise tax \$ <u>112</u>
Side St.: <u>30'</u>	Add'l per. fee \$ <u>15</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>275</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>4150</u>
SDP/Red-line approval date _____	Validation # <u>319.8</u>
	Accepted by <u>[Signature]</u>

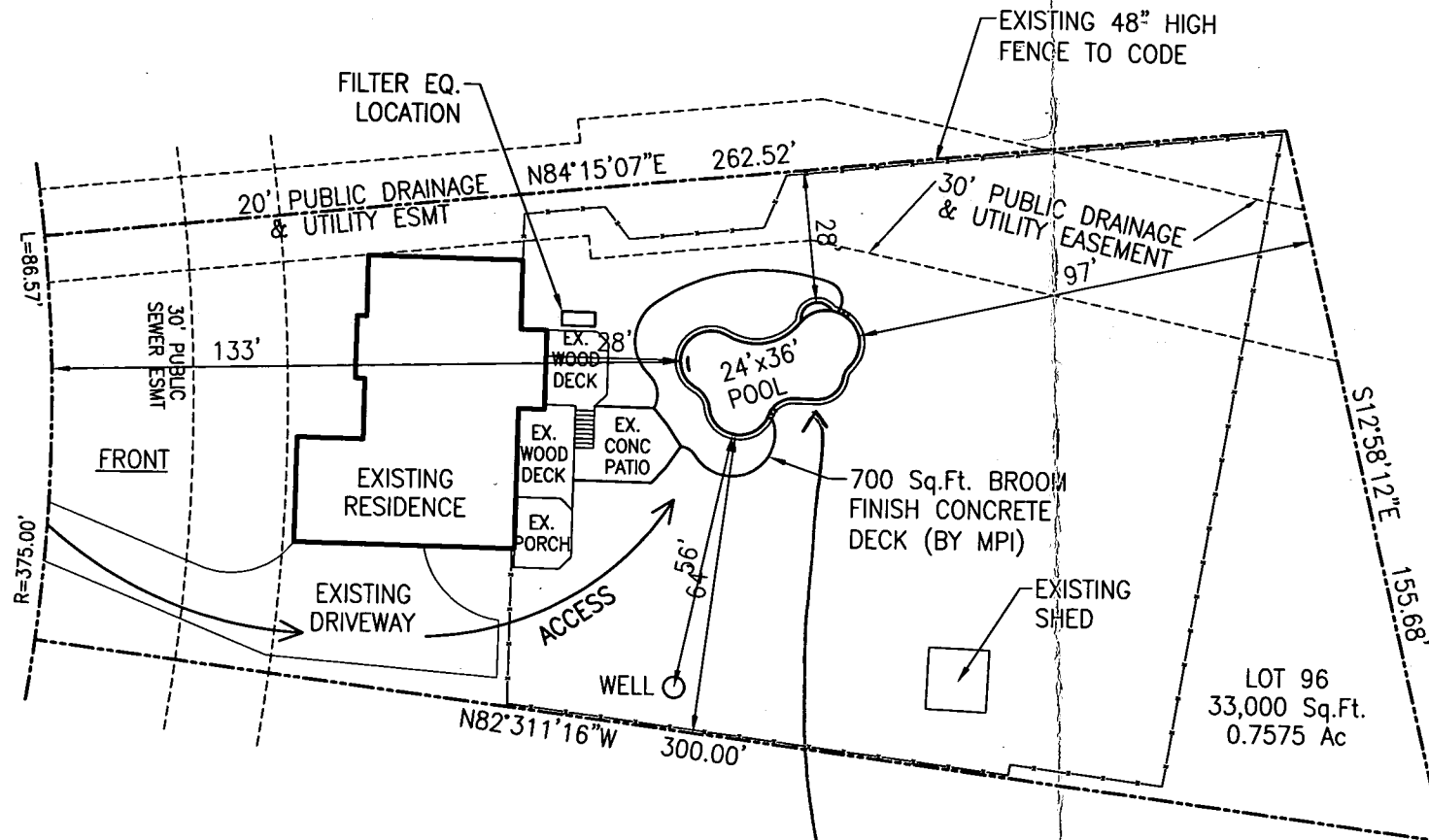
SETBACKS:
 REAR PL. 10'
 SIDE PL. 10'
 HOUSE 0'
 SEPTIC N/A
 WELL 30'

**PRIVATE WELL &
 PUBLIC SEWER**



ZONE 1

WOLVERTON COURT
50' R/W



SITE PLAN

1"=40'

LOT 96
ASHLEIGH KNOLLS

ZONED RRDEO
 ACCOUNT # 420423
 MAP 41, GRID 7, PARCEL 275
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 ZONE 1

9/4/03- proposed pool OK (SRK)

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
 11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
 800-252-SWIM
 WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

DIRT/GRADING: HAUL
SPA: NONE
RAISED BEAM: 50 Sq.Ft. STONE FACE
TILE: TBD
COPING: PA FULL RANGE FLAGSTONE-CUT
PLASTER: WHITE MARBELITE
FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
CLEANING SYS: PCC 2000
TREATMENT SYS: NONE
CONTROL SYS: NONE
HEATER: NONE
LIGHTS: ONE **WATTS:** 500 **VOLTS:** 120
LOVESEAT: (1) @ 6' OUTSIDE
AQUA BENCH: (2) @ 5'
RAIL GOODS: NONE
DECKING: 700 Sq.Ft. BROOM FIN. CONC.
FENCE: EXISTING
POOL COVER: NONE **TYPE:** N/A
CHEMICALS: \$100 CHEMICAL ALLOWANCE
OTHER ITEMS: (3) 24" SHEER DESCENT WATERFALLS
 1.5HP BOOSTER PUMP W/ALL REQUIRED SHELL FITTINGS

ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 24 x 36 - CUSTOM
POOL AREA: 608 **SPA:** **OTHER:** 12
TOTAL AREA: 620
PERIMETER: 100 **SPA:**
GALLONAGE: 22,800 **DEPTH:** 3'-0" TO 7'-0"

DIRECTIONS TO SITE

RT-32W TO PINDELL SCHOOL RD EXIT. TURN LEFT
 GO TO R/T ON SIMPSON RD.
 GO L/T ON BROOKSHIRE
 GO TO R/T ON MOORLAND DR.
 GO TO L/T ON WOLVERTON CT.
 GO TO SITE ON LEFT.

MAP #	18
GRID	F1

Gearld & Andrea Keating
 7209 E. Wolverton Court
 Clarksville, Maryland 21029
 Howard County

HOME PHONE: 301-854-9767
CELL PHONE: 240-876-8402
OFFICE PHONE:

SITE PLAN

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
96	ASHLEIGH KNOLLS	5	420423
SCALE:	BY:	DATE:	JOB NUMBER:
1"=40'	JEK	9/3/03	JC03-7586
			SHEET #:
			S-1

REVISIONS:
 00/00/00

5/9/99
A.M.
8/24/99
early AM ≈ 9:00
septic pump test
B. West Tubor

PERMIT

SEWAGE DISPOSAL SYSTEM

P 511454

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____
DISTRICT _____

8/25/99
Pump Test
9:15
HOWARD COUNTY HEALTH DEPARTMENT

TAXED #
05-420423

DATE 3-09-1999

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 8/25/99

INSPECTOR M.R./R.P.

Mitchell & Best at Ashleigh Knolls, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 1686 E. Gude Drive, Rockville, Maryland 20850 PHONE 301-762-9511

SUBDIVISION Ashleigh Knolls LOT 96 ROAD 7209 Wolverton Court

PROPERTY OWNER Mitchell & Best at Ashleigh Knolls

ADDRESS Gerald Keating

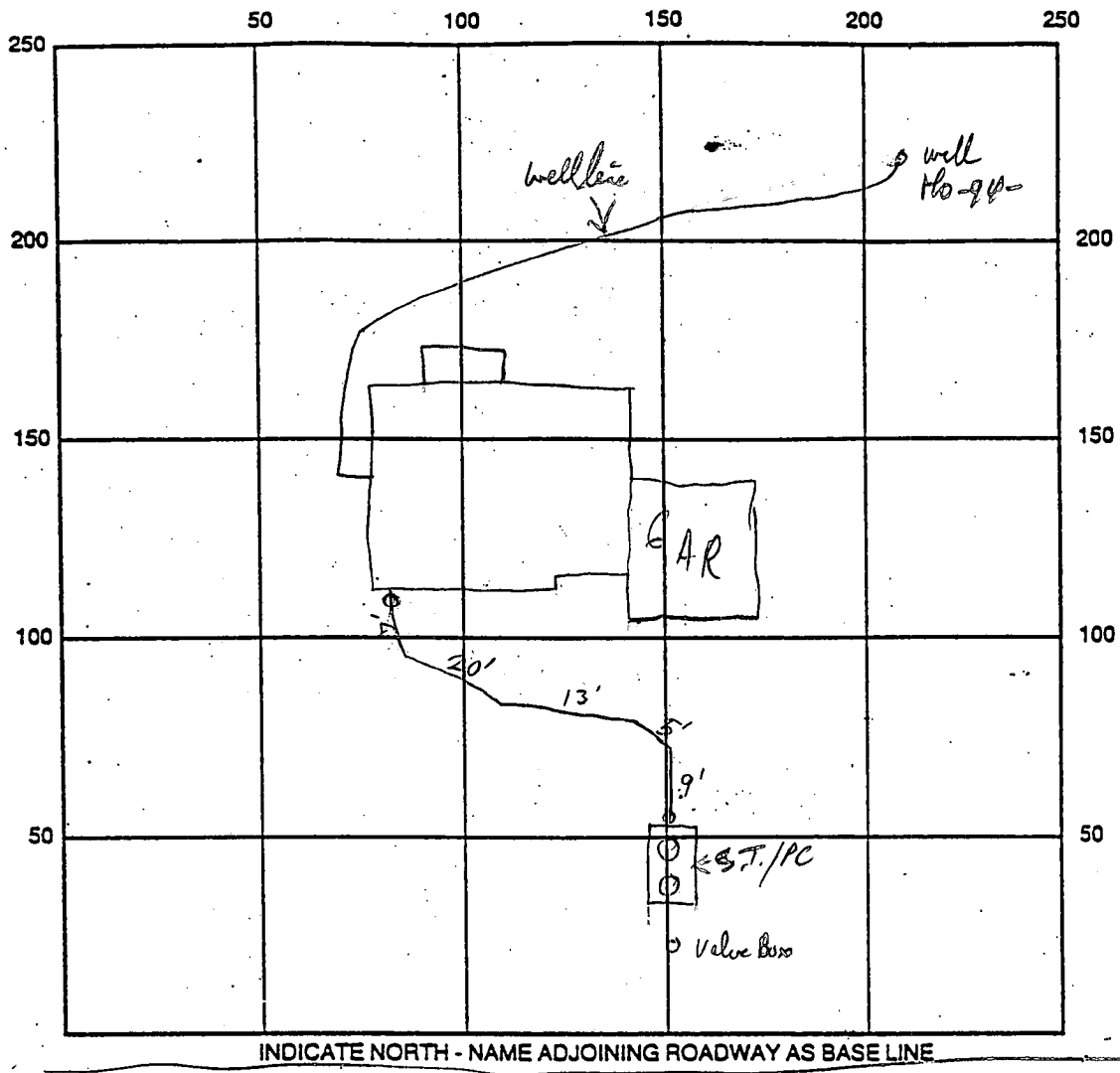
NUMBER OF BEDROOMS: 5

SEPTIC TANK CAPACITY: 1500 GALLONS

- 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. OK/MR

NOG. PERMIT SKIPPED 9-1-99
AND RETURNED ~~8/25/99~~
Serial # B 00120220
Dec

Plans Approved By: _____ Date: _____



SEPTIC TANK LEVEL _____ CLEANOUTS _____

REMARKS: _____

(No HD Insp) House Connection OK to case. 5/5/99 RPP Needs Pump Test
 Appl for Pump test Communicated to lot - done by Matt Tudor on 8/24/99 cost HD presence
 they'll transmit approval when satisfied - RPP 8/24/99 - T.C. from R.T. - Pump test failed,
 Pump electrical problem, he'll call to arrange when rescheduled for new inspection - RPP 8/24/99
 8/25/99 No Inspection - see Final Approval by Matt Tudor (DPH) RPP 8/25/99
 8/25/99 T/C FROM MATT TUDOR - SYSTEM FINALLED (MR) For approval to follow
 ICC released on verbal per RPP/RPP

5/5/99 WPI - Pitless adapters seated OK to casing,
 2 piece cap provided but set hose. No well pump, No conduct pvc yet. RPP

DATE SYSTEM APPROVED 8/25/99 INSPECTOR M. R. Kin

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B016557

Building Address 7209 Wolverton Ct.
Clarksville, MD 21029

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

Census Tract 605102 Subdivision Ashleigh Knolls

Section N/A Area N/A Lot 96

Tax Map 40 Parcel 475 Grid 12

Zoning RR-DE Map Coordinates _____ Lot size _____

Existing Use Vacant

Proposed Use Single Family Home

Estimated Construction Cost \$ 183,952.00

Description of Work Construction of a single family home w/ 3 car garage
"Rockliffe II"

Occupant or Tenant Same as owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Owner's Name Mitchell - Best Ashleigh Knolls

Address 11686 E. Guide 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 _____

Contractor Company Mitchell - Best Homebuilders

Contact Person Bonnie Flandrau

Address Same as owner

City _____ State _____ Zip Code _____

License No. _____

Phone 301-762-9511 Fax _____

Engineer or Architect Company Sutton-Yantis

Contact Person Jack Chudovan

Address 1952 Gallows Rd.

City Vienna State VA Zip Code 22822

Phone 703-734-9733 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height _____
 No. of stories _____
 Gross area, sq. ft. per floor _____
 Use group _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13
 Full
 Partial
 Other Suppression

Building Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth Width
 1st floor: 40' 62'
 2nd floor: 40' 62'
 Basement: 40' 62'
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 5
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: N/A
 No. of 3 BR units: _____
 Other: _____
 Dimensions: N/A
 Footings: N/A
 Roof: _____
 State Certified Modular
 Manufactured Home

Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other

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 John B. Corgan Print Name John B. Corgan
 Date 3/4/99

Title/Company _____

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 _____
 Dev. Engineering DPZ _____
 Health 3/11/99 _____
 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#: 40036
 Filing Fee \$ _____
 Permit Fee \$ _____
 (10 sq. ft.) (15 sq. ft.
 Excise Tax \$ _____
 (40 sq. ft.) (80 sq. ft.
 TOTAL FEES _____
 Check # 2352
 Validation # 15340
 Accepted by: _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

9/24/07

(MR)

T/C w/ HOMEOWNER

Re: improperly installed
electrical/well cap ^(no conduit)

bees under cap, bac in H₂O

T/C to builder to fix

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00120220

Building Address 7209 WOLVERTON COURT
CLARKSVILLE MD 21029
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 605102 Subdivision Ashleyville
 Section N/A Area Area III Lot 96
 Tax Map 40 Parcel 475 Grid 12
 Zoning RL-DEO Map Coordinates _____ Lot size _____

Property Owner's Name GERALD KEATINGE
 Address 7209 WOLVERTON CT
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 301-854-9762 Work Phone 301-215-3448
 Applicant's Name & Mailing Address, (if other than stated hereon):
301-854-9767 301-631-7817
 Phone _____ Fax _____

Existing Use HOME
 Proposed Use HOME
 Estimated Construction Cost \$ 5200.00
 Description of Work BUILD WOOD DECK
ON REAR OF HOME 14x34 w/steps

Contractor Company BERRY CONSTRUCTION
 Contact Person DOUG BERRY
 Address 17801 PARK WOOD DR.
 City DERWOOD State MD Zip Code 20832
 License No. 18509
 Phone 301-330-9369 Fax _____

Occupant or Tenant GERALD KEATINGE
 Contact Name SAME
 Address 7209 WOLVERTON CT
 City CLARKSVILLE State MD Zip Code 21029
 Phone 301-854-9762 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>5</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: <u>Post & Beam</u> Footings: _____ 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 Douglas F. Berry
BERRY CONSTRUCTION
 Title/Company _____

Print Name DOUGLAS F. BERRY
9/11/99
 Date _____

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>9/11/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways	<u>9/11/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Building Official	<u>9/11/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>9/11/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health	<u>9/11/99</u>	<u>[Signature]</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? 10' 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#: 40036

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Balance due	\$ _____
Check	# <u>Cash</u>
Validation	# <u>23949</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

300131545

Building Address 7209 WOLFERTON CT
CLARKSVILLE, MD 21029
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 051.02 Subdivision ASILEK 11 KNLS
Section N/A Area A Lot 96
Tax Map 40 Parcel 475 Grid 12
Zoning RR-DP Map Coordinates _____ Lot size _____

Property Owner's Name GERALD M. KEATING
Address 7209 WOLFERTON CT
City CLARKSVILLE State MD Zip Code 21029
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use S.F. DWELLING
Proposed Use PORCH - DECK
Estimated Construction Cost \$ 16800
Description of Work DECK + PORCH
14x16 DECK + 14x15 PORCH - SCREEN

Contractor Company BERRY CONSTRUCTION
Contact Person DOUG BERRY #501
Address 17431 BOWEN MILL RD
City DEERWOOD State MD Zip Code 20855
License No. 18501
Phone 301-330-5626 Fax _____

Occupant or Tenant GERALD M. KEATING
Contact Name _____
Address 7209 WOLFERTON CT.
City CLARKSVILLE State MD Zip Code 21029
Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular <input type="checkbox"/>	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: <u>20</u> No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Douglas F. Berry
Applicant's Signature
V.P. BERRY CONSTRUCTION
Title/Company

DOUGLAS F. BERRY
Print Name
7/18/01
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
Health	<u>7/18/01</u>	<u>Mark Kiffin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by _____

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 : 8/25/99 Number of pages including this one one

Fax Number : 2648

From : Mark Tudor

Comments : Written confirmation of Sewer Pump Test
and U&O release.
Ashleigh Knolls Special Septic Program
Mitchell & Best Homes
7209 Wolverton Court
Lot # 96

On August 25th the above property was approved
for U&O. I made verbal contact with Mark R.
and informed him the M&B Superintendent would be
in route shortly to obtain the necessary paperwork.

C1 2703

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 GOES. 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 022197

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" M0-99-0588

OWNER Winchester Homes last name first name TOWN Highland STREET OR RFD Wolverton Court SUBDIVISION Ashleigh Knolls SECTION LOT 96

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, brown shaley Clay, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica, Flint, Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. 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) BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

NUMBER OF UNSUCCESSFUL WELLS

WELL HYDROFRACTURED YES (Y) NO (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) 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE (Must match signature on application)

LIC. NO. 501

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

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 52 53 54 55 56 57 58 59 60

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

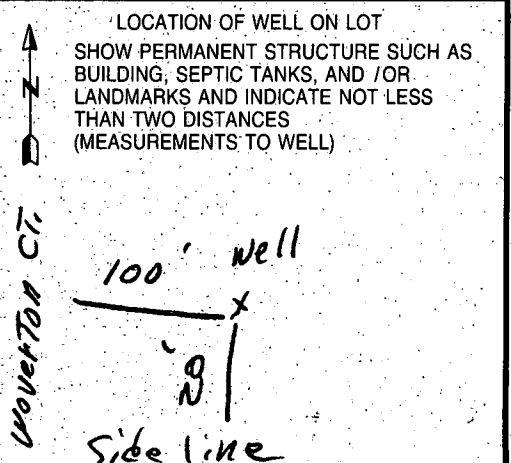
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) TELESCOPE CASING LOG INDICATOR OTHER DATA

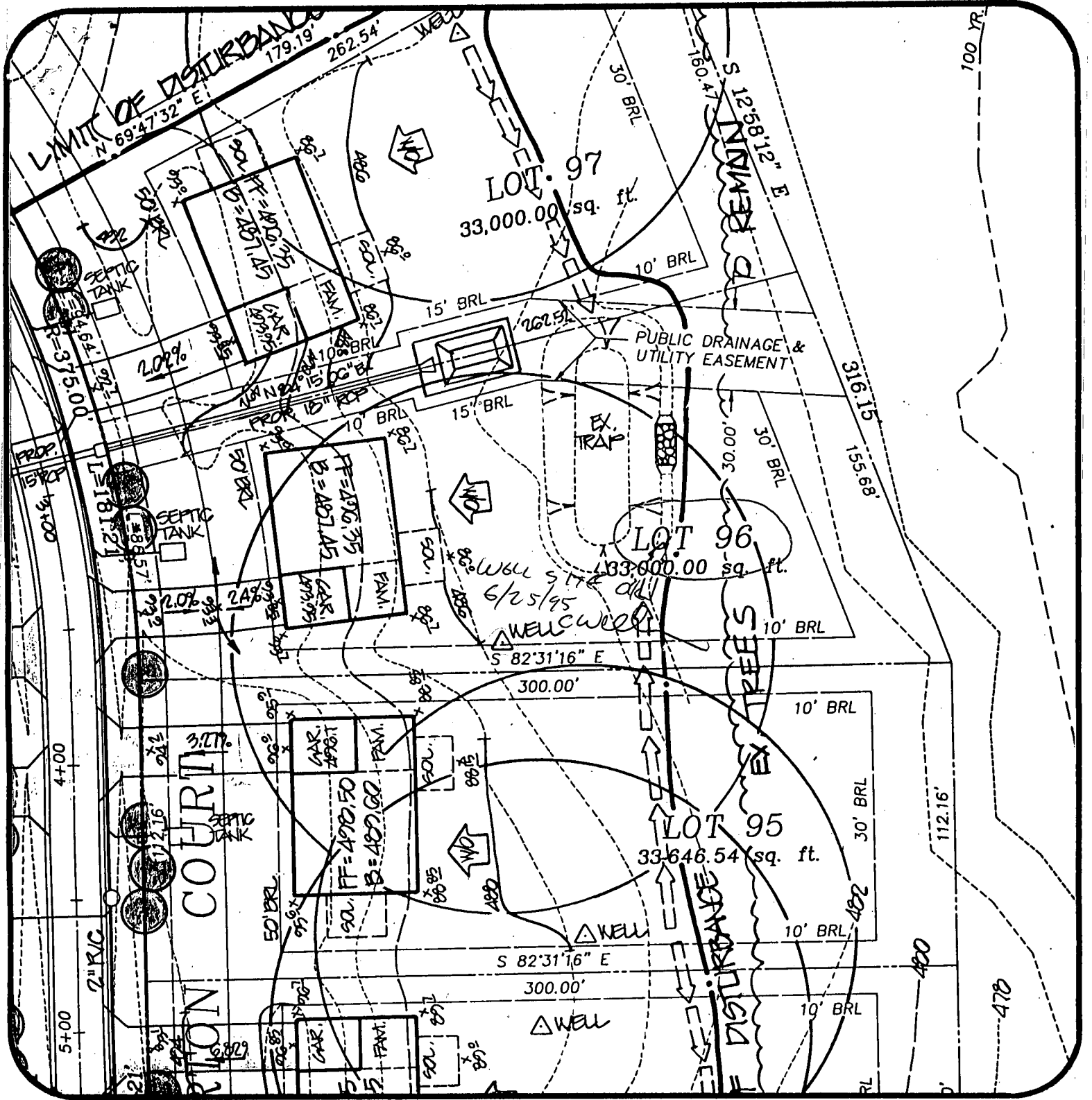
C 3 PUMPING TEST

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 5 ft. WHEN PUMPING 26 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)





Ashleigh Knolls
Lot 96

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

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0000~~ 410-313-2640

APPLICATION FOR FITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # _____ Date 8-25-99
 Name of Installer Acker & Sons Inc. Telephone 301-897-0700
 License Number 21053 MD State
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner Mitchell & Best Home Co. Telephone 301-762-9600
 Subdivision Ashleigh Knolls Lot # 96 Well Tag # _____
 Site Address 7209 Wolverton Ct Clarksville, MD

Pump Motor Pitless Adapter American Gramby

1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make Jacuzzi
 3. Model # T754518852
 4. Capacity 5 GPM
 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 Piping Well data

1. Capacity WX 251
 2. Pressure relief valve? yes
 1. Type Polvethelene
 2. Size 1"
 3. NSF and/or BOCA Code approved
 4. Depth of supply line 4 FT
 1. Depth 200 ft.
 2. Yield 15 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? NO

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: [Signature]
Date: 8-25-99

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



Mitchell & Best

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

Approved Septic System Plan
Howard County Health Department

Lot 96 - Ashleigh Knolls - Rockcliff ABX

Andrew & Gerald Kuntzring w 3 Car Side Entry Garage

Phase 4 Ashleigh Knolls

Electrical District No 5

Howard County Maryland

Scale 1"=50'

3/3/99

Signature

Date 3/16/99

