

LAYOUT 6/6/02 10:45/late INSP 4 6/26/02 2-3  
 INSP 2 6/21/02 11:00 INSP 5 8/18/02 2-3  
 INSP 3 6/25/02 12:00 INSP 6 \_\_\_\_\_

ISSUE DATE: 5/21/2002

P 516986

APPROVAL DATE: 9/18/02

A 512754-A

# PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH

**05-434343**

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 4410 Salem Bottom Road PHONE NUMBER: 410-875-<sup>4197</sup>~~0326~~

SUBDIVISION: Pindell Crossing LOT NUMBER: 1

ADDRESS: <sup>7520</sup>~~7250~~ Pindell School Road PROPERTY OWNER: NVR, Inc. <sup>Todd 443-309-7831</sup>

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: ~~280~~ 210

TRENCHES: <u>8</u>	Trench to be <u>3.0</u> feet wide. Inlet <u>2.5</u> feet below original grade. Bottom maximum depth <u>4.5</u> feet below original grade. Effective area begins at <u>3.5</u> feet below original grade. <u>2.0</u> feet of stone below distribution pipe. <u>3</u>
LOCATION:	Place the distribution box 20 feet from the rear lot line and 110 feet off of the right 207' lot line. Run trenches on contour in both directions.
NOTES:	Well line must stay 10 feet from any part of septic system at all times. Gravity Basement service not proposed - <u>KG</u>

PLANS APPROVED: Brian Baker <sup>KG</sup> 2-08-02 DATE: 2/08/2002

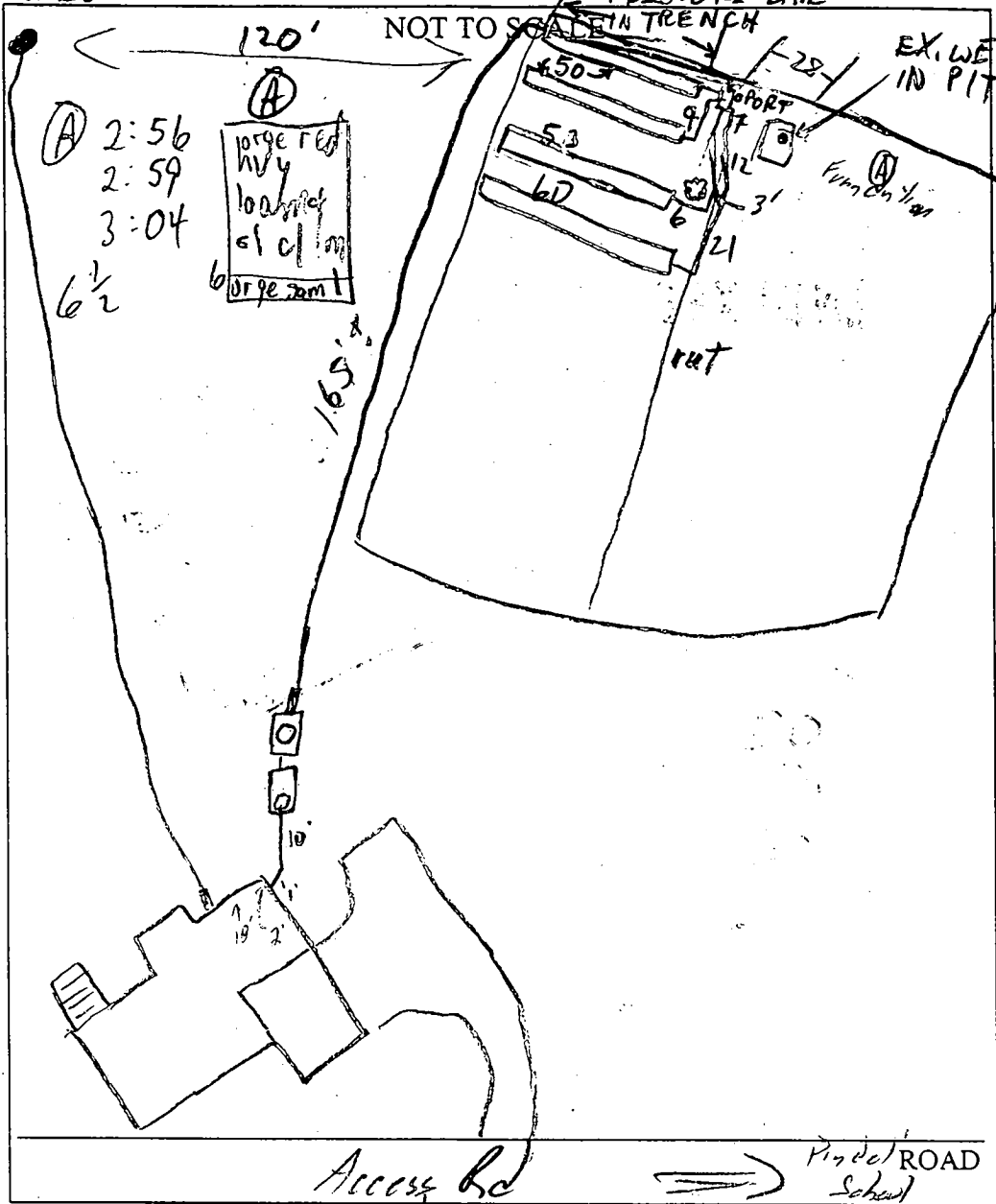
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED AND RETURNED** 6-25-02  
BOU137081-UG PRO PAVE TANK

A512754-A

WELL



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	8
NUMBER OF TRENCHES		4
TOTAL LENGTH		210
ABSORPTION AREA		840
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		SIDE

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	24"
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>

PRE-CONSTRUCTION 6/6/02 lot staked, Heavy woods in SRA, contour appears accurate. Layout per BP (SO) 6/6/02 After further clearing of

INSTALLATION under brush, contour not as shown, old fence for rat/sunk in SRA. Stop work. 6/21/02 FOUNDATION IS ACTUALLY PIT FOR DRILLED WELL, ONCE FILLED IN, MAINTAIN 25' AWAY, 5 BR AMENDMENT PENDING (MR)

6/25/02 TRENCHES REDESIGNED FOR DEEP SYSTEM, OK TO CONTINUE w/ 50', 50', 50', 60'; OK FOR 5th BR (MR) 6/26/02 OK TO COVER TRENCHES & PRESSURE LINE, CALL FOR PUMP/ALARM TEST (MR) 9/18/02

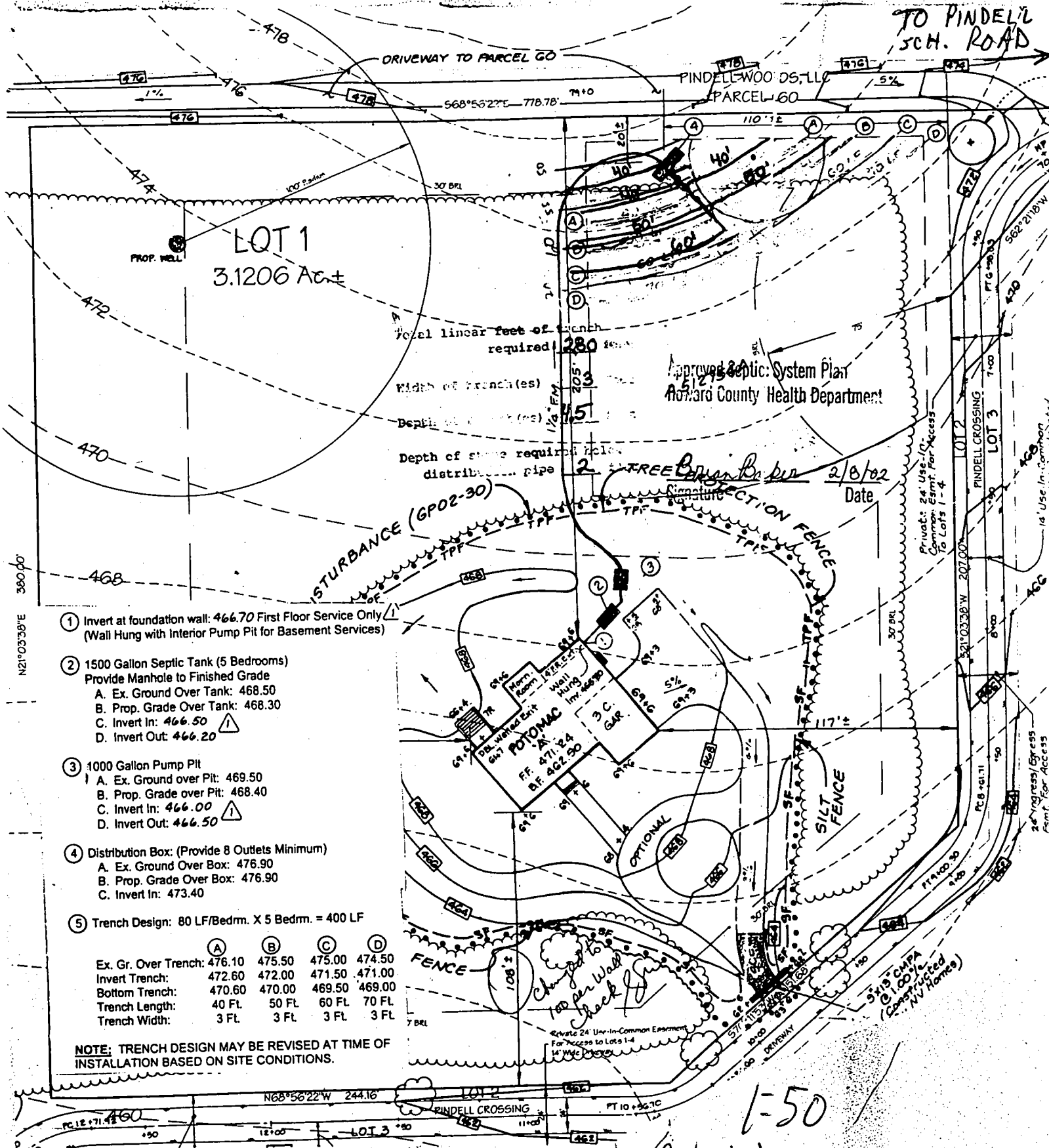
Pump & alarm passed (KN)

BUILDING PERMIT SIGNED AND RETURNED

DATE OF APPROVAL 9/18/02

FINAL INSPECTOR Norman

TO PINDELL SCH. ROAD



LOT 1  
3.1206 Ac±

Total linear feet of trench required: 280 feet  
 Width of trench(es): 51"  
 Depth of trench(es): 51"  
 Depth of stone required below distribution pipe: 2'

Approved Septic System Plan  
 Howard County Health Department

*Signature*  
 Date: 2/8/02

- ① Invert at foundation wall: 466.70 First Floor Service Only (Wall Hung with Interior Pump Pit for Basement Services)
- ② 1500 Gallon Septic Tank (5 Bedrooms)  
 Provide Manhole to Finished Grade  
 A. Ex. Ground Over Tank: 468.50  
 B. Prop. Grade Over Tank: 468.30  
 C. Invert In: 466.50  
 D. Invert Out: 466.20
- ③ 1000 Gallon Pump Pit  
 A. Ex. Ground over Pit: 469.50  
 B. Prop. Grade over Pit: 468.40  
 C. Invert In: 466.00  
 D. Invert Out: 466.50
- ④ Distribution Box: (Provide 8 Outlets Minimum)  
 A. Ex. Ground Over Box: 476.90  
 B. Prop. Grade Over Box: 476.90  
 C. Invert In: 473.40
- ⑤ Trench Design: 80 LF/Bedrm. X 5 Bedrm. = 400 LF

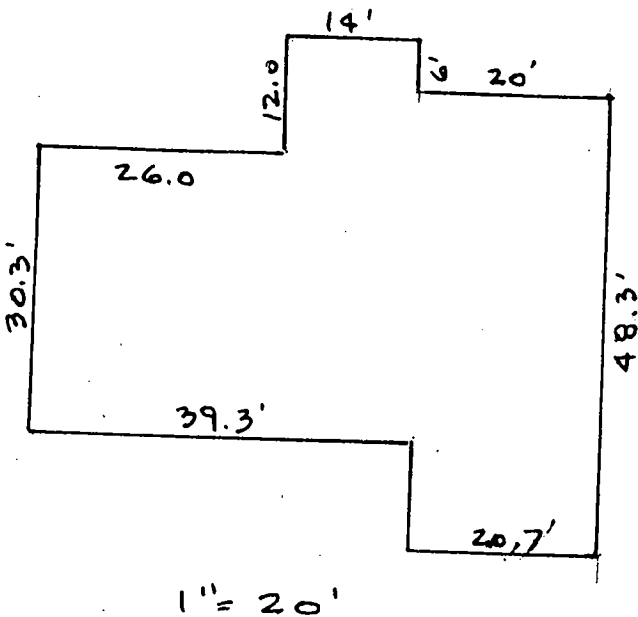
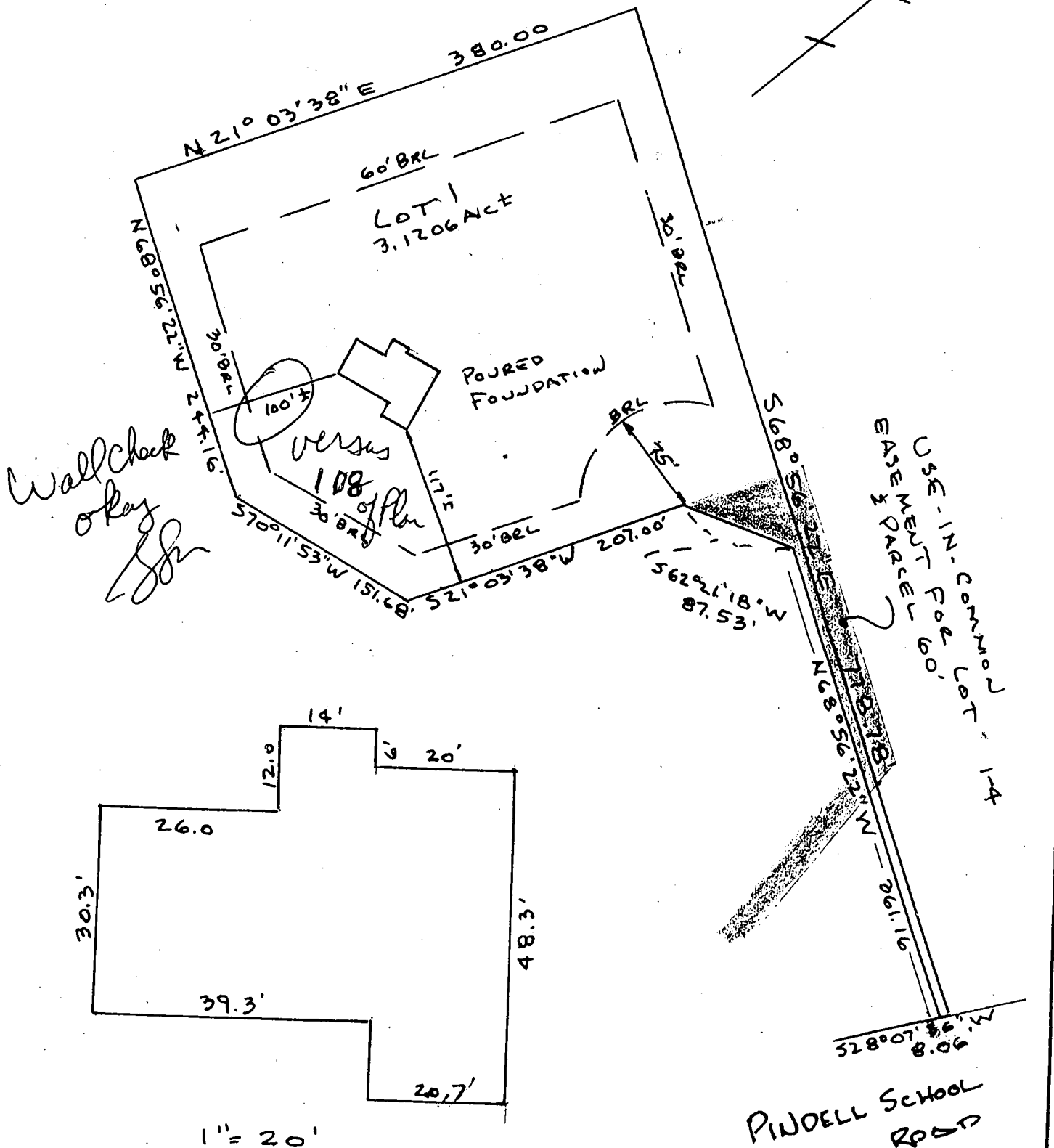
	(A)	(B)	(C)	(D)
Ex. Gr. Over Trench:	476.10	475.50	475.00	474.50
Invert Trench:	472.60	472.00	471.50	471.00
Bottom Trench:	470.60	470.00	469.50	469.00
Trench Length:	40 FL	50 FL	60 FL	70 FL
Trench Width:	3 FL	3 FL	3 FL	3 FL

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.

1-50  
 PLAN BY LDE

PROPERTY KNOWN AS: LOT 1  
 PINDELL CROSSING  
 LOTS 1-5 PLAT No. 15101  
 HOWARD Co., MD.

THIS PLAT CAN NOT BE USED TO ESTABLISH  
 PROPERTY LINES OR CORNERS.



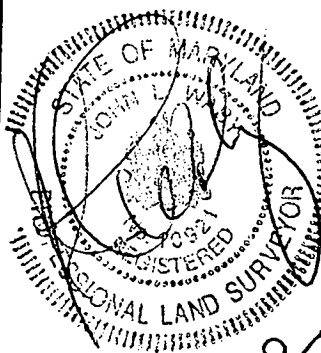
**LOCATION DRAWING**

**CERTIFICATION**

This is to certify that I have surveyed the property known as: LOT 1  
PINDELL CROSSING

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.

**SEAL**



**SCALE**

TOP WALL ELEV 470.25'

1" = 100' DATE 4/15/02

**LDE Inc.**

9250 Rumsey Road Suite 106  
 Columbia, Maryland 21045

- (410) 715-1070 (Balt.)
- (301) 596-3424 (Wash)
- (410) 715-9540 (Fax)

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9-24-02 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

\* PERSON ABANDONING WELL: Robert Brown

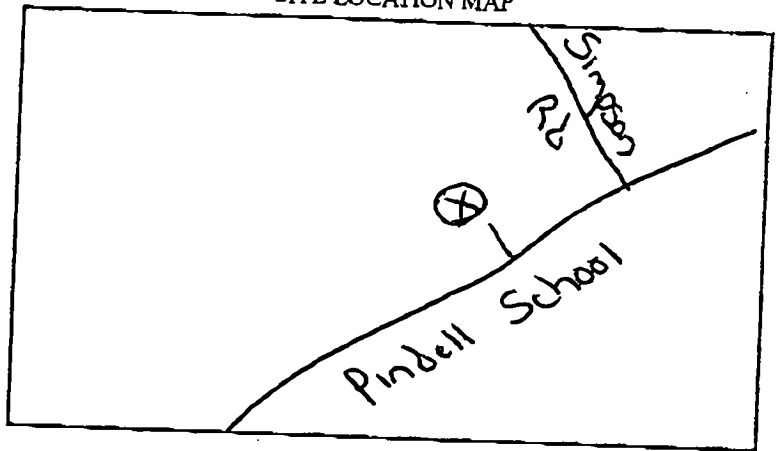
\* OWNER'S NAME: NV Homes

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Fulton  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Pindell Woods Crossing  
 SECTION: \_\_\_\_\_ LOT: 1  
 NEAREST ROAD: 7520 Pindell School Rd

Ho - 94 - 3078

WELL DRILLERS LICENSE NUMBER: JSD052  
 CIRCLE: MWD/MSD/MGD

SITE LOCATION MAP



TYPE OF WELL BEING ABANDONED:

- DRILLED \_\_\_\_\_ JETTED \_\_\_\_\_
- \_\_\_\_\_ BORED/AUGERED \_\_\_\_\_ HAND DUG \_\_\_\_\_
- \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

USE CODE:

- DOMESTIC \_\_\_\_\_ MUNICIPAL/PUBLIC \_\_\_\_\_
- \_\_\_\_\_ IRRIGATION \_\_\_\_\_ INDUSTRIAL \_\_\_\_\_
- \_\_\_\_\_ TEST/OBSERVATION \_\_\_\_\_ GEOTHERMAL \_\_\_\_\_

TYPE OF CASING:

- STEEL \_\_\_\_\_ PLASTIC \_\_\_\_\_
- \_\_\_\_\_ CONCRETE \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 55 FEET DEEP

WAS ANY CASING REMOVED? YES \_\_\_\_\_ NO   
 if yes, length removed, in feet: \_\_\_\_\_

WAS CASING RIPPED OR PERFORATED? YES \_\_\_\_\_ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Portland Cement	55	0
* Well was cleaned out with a drill machine to its original depth before being backfilled.		
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Robert Brown  
 ENV 828 JULY 1997

JSD052  
 LICENSE #

9-24-02  
 MWD/MSD/MGD CIRCLE ONE

DATE

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert L. Feezer Co. Inc. Telephone #: 410-781-4655  
 Address: 6321 BANWYN AVE.  
SYLVANIA, OH 43177

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:  
 Name (Print): Robert L. Feezer License# 2122

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: RV Homes Telephone #: 410-721-4703  
 Subdivision: Pinehill Estates Lot #: 1 Well Tag #: HO-94-3078  
 Site Address: 1530 Pinehill School Rd  
Evinton 20759

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Star</u>	Make: <u>Lambert</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>7P4002HL</u>	Model #: <u>200A</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: <u>7</u> GPM	Depth: <u>25 1/2</u> (min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>15</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>25</u> (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
 Torque arrestors or cable guards are required - Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>260</u> (psi min)	Approximate length of sleeve: <u>6'</u>
Depth of supply line: <u>4 1/2</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert L. Feezer date: 7/29/02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 5/15/02 Date Insp. Approved: 5/15/02 JB&SRK  
 Inspection Data: Pitless adapter and water supply line at least 36" below grade   
 Two piece cap installed and attached to casing securely   
 Elec. conduit extends at least 18" below grade/attached to cap properly   
 Safety rope installed inside of well casing   
 Correct well tag attached properly and casing 8" above finished grade   
 Water supply line sleeved adequately at house connection   
 Adequate grout observed below pitless adapter

**THIS WAS SCHEDULED FOR INSPECTION 5/15/02**

C1 0264 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 OKSRK 9/19/01

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

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3078

OWNER Pindell Woods LLC STREET OR RFD Pindell School Rd TOWN Fulton SUBDIVISION Sutherland Prop SECTION LOT 1

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Gray Rock, and water at 80' & 20'.

GROUTING RECORD Form with fields for GROUTING MATERIAL (CM, BC), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD Form with fields for casing types (ST, CO, PL, OT) and MAIN CASING TYPE (PL).

OTHER CASING (if used) Form with fields for diameter and depth.

SCREEN RECORD Form with fields for screen type (ST, BR, PL, HO, OT) and screen diameter.

DEPTH (nearest ft.) Form with handwritten values 10, 63, 200.

PUMPING TEST Form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED Form with fields for DRILLER INSTALLED PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES (Y), NO (N)

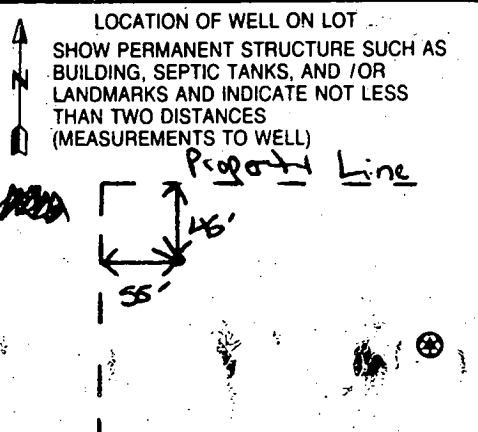
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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...

DRILLER'S LIC. NO. MWD 399 DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 241

DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. MWD 241

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA







B 1 **7072** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 Please print or type  
**W515 213**

STATE PERMIT NUMBER  
**HD-94-3078**  
 fill in this form completely

Date Received (APA) **04 20 01**  
 8 MM DD YY 13  
 OWNER INFORMATION  
**Pindell Woods LLC**  
 15 Last Name Owner First Name 34  
**8835 P Columbia 100 Pkwy**  
 36 Street or RFD 55  
**Columbia MD 21045**  
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
**Howard**  
 8 COUNTY 21  
**Setterholm Property**  
 23 SUBDIVISION 42  
 SECTION **44** 46 LOT **1** 48 50  
**Fulton**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **73** M I 76 77 78

DRILLER INFORMATION  
**Paul M. Fabiszak** M W D 399  
 Driller's Name 76 License No. 81  
**G. Edgar Harr Sons' Corp.**  
 Firm Name  
**12047 Falls Road, Cockeysville 21030**  
 Address  
**Paul M. Fabiszak** 4/17/01  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
**Pindell School Road**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 **1000** 37 DISTANCE FROM ROAD Ft 38 39  
 ENTER FT OR MI  
 TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL: \_\_\_\_\_

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE **5**  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED **750**  
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard Co.** 13  
 COUNTY-NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED **04 24 01** **Scott Mullen** 4/24/02  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **480 000** EAST GRID **820 000**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **250** FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL **6** INCH  
 NEAREST

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  
 E **820**  
 N **480**

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 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) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HD-94-3078**  
 70 71 72 73 74 75 76 77 78 79

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



# APPLICATION

PERCOLATION TESTING

A 512754

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Brantly Development Group, Inc.  
8835P Columbia 100 Parkway  
ADDRESS Columbia, MD 21045 PHONE 410-730-0810

AGENT OR PROSPECTIVE BUYER Heritage Land Development  
3060 Washington Road (Rt. 97), Suite 220  
ADDRESS Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION Pindell School LOT NO. 7

ROAD AND DESCRIPTION Pindell School Road

TAX MAP 41 PARCEL # 201

SIZE OF LOT 1 acre TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 77  
orange brown SiClm

---

3.0 orange red SiLm

7  
↓

9.0 mg & white on 30% saprolite

12.0

76  
heavy red Clm

---

4.0 pink micaceous SiSalm

water @ 11.5' no color indications for high H<sub>2</sub>O level

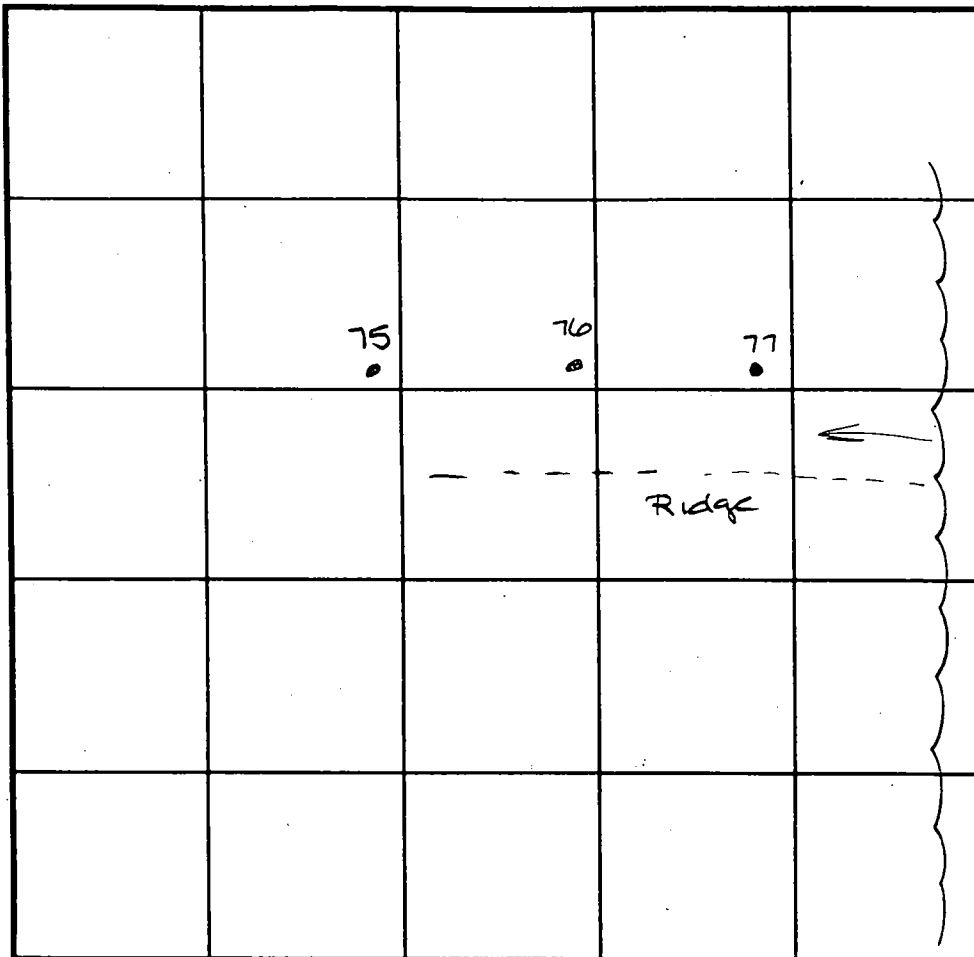
12.0

75  
yellow brown SiClm

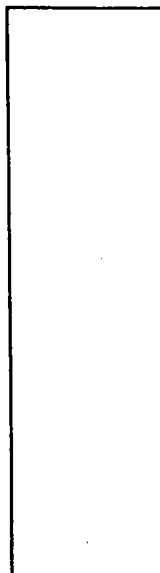
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3.0 pink SaLm some yellow pockets no water

12.0



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DRIP		TIME
			START	STOP	START	STOP	
12.7.99	77	3.5 / 12.0	1:20	1:22	1:22	1:25	3min
	76	Visual	to 12.0	- Hold	for wet	see profile	HOLD
	75	3.5 / 12.0	1:28	No amt @ 1:40			
		Hold for wet and test wet season			deeper in		HOLD

REMARKS Hold for wet 76 75

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_

MAXIMUM BOTTOM DEPTH \_\_\_\_\_

SQ. FT/BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY#

SOIL PROFILE:

71

bright red  
siltm

3.0

orange brown  
salm

micaceous  
50%  
saprotic

12.0

70

orange brown  
siltm

3.0

orange red  
salm  
mica

12.0

69 68

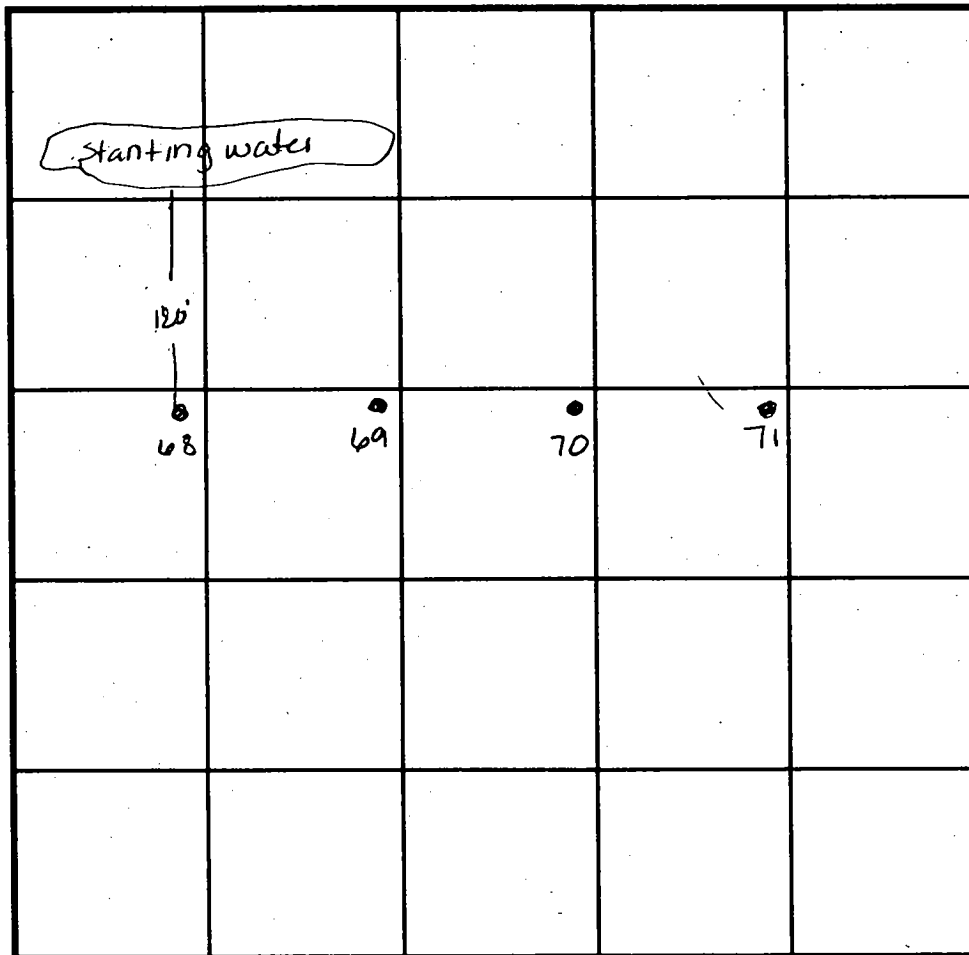
yellow brown  
siltm

3.5

pink to or  
salm  
no color  
evidence  
of high  
H<sub>2</sub>O  
point

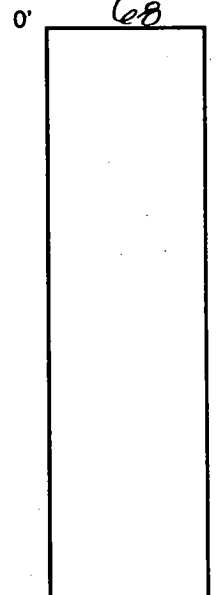
11.0

water



SOIL PROFILE

68



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12.7.99	71	3.5 / 12.0	2:00	2:10	2:10	2:29	19 min
	70	Visual	to 12.0 - see profile		—		OK
	69	3.5 / 12.0	2:08	2:17	2:17	2:28	11 min
	68	See profile	—		—		Hold
	68	Visual	to 12.0 - see profile		—		Hold

REMARKS Hold for wet 68, 69

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# APPLICATION

PERCOLATION TESTING

A 512754

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Brantly Development Group, Inc.  
8835P Columbia 100 Parkway  
ADDRESS Columbia, MD 21045 PHONE 410-730-0810

AGENT OR PROSPECTIVE BUYER Heritage Land Development  
3060 Washington Road (Rt. 97), Suite 220  
ADDRESS Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

SUBDIVISION Pindell School LOT NO. 8

ROAD AND DESCRIPTION Pindell School Road

TAX MAP 41 PARCEL # 201

SIZE OF LOT 1 acre TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. \_\_\_\_\_  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

85

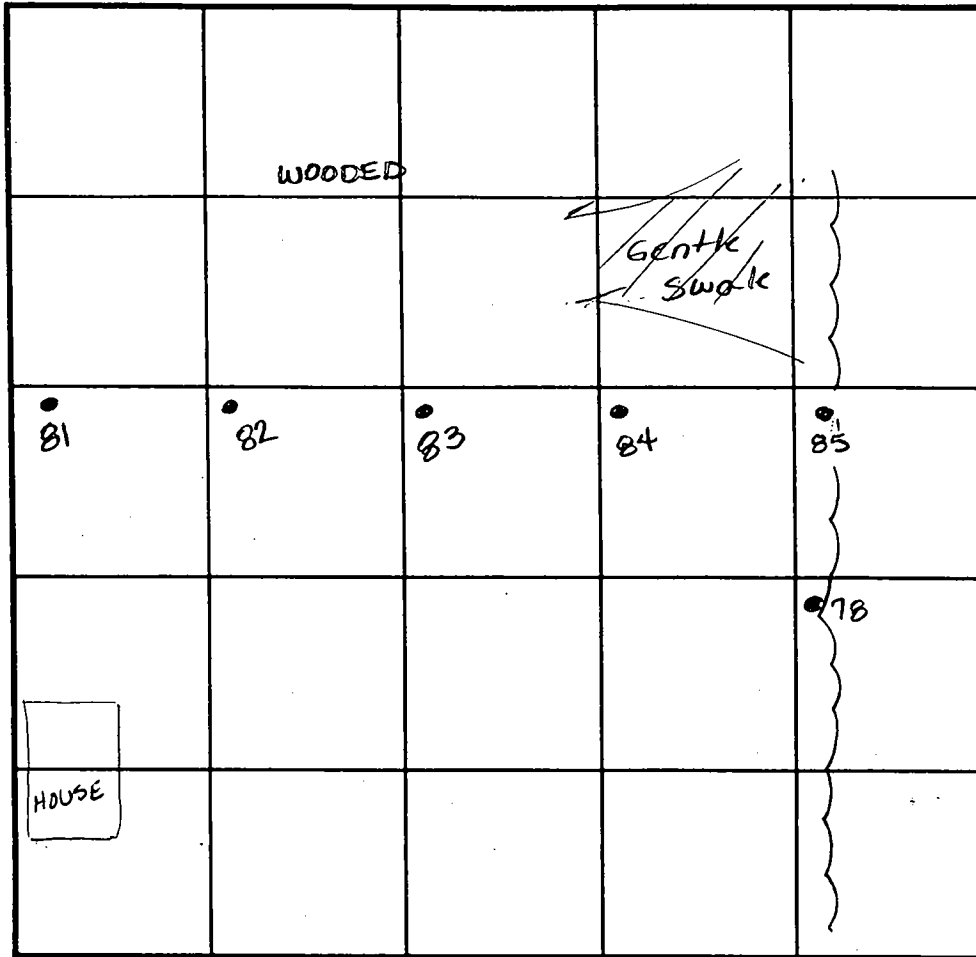
orange brown  
SiCLM  
3.0  
pink  
SiLM  
mica  
50%  
decahed  
feldspar  
12.0

84 78

red  
brown  
SiCLM  
3.5  
pink  
SiSalm  
mica  
<50%  
Rv  
12.0

83

yellow  
brown  
SiCLM  
6.0  
bright  
pink  
&  
yellow  
mottled  
SiLM  
may be  
H2O  
related  
12.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

82

heavy  
orange  
brown  
SiCLM  
9.0  
white w/  
orange  
mottles  
SiLM  
may be  
H2O related  
12.0  
81  
orange  
red  
SiCLM  
3.5  
orange to  
pink  
SiLM  
no high H2O  
signs  
water 11.0  
12.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-7-99	85	4.5' / 12.0	12:41	12:55	12:55	1:20	25min
	84	Visual	to 12.0	-see profile	—	—	OK
	83	4.5' / 12.0	12:31	No shallow perc - insuff depth to H2O	see prof.	—	F
	82	Visual	to 12.0	-see profile	—	—	HOLD
	81	4.0' / 12	12:55	12:59	12:59	1:05	6min
		See profile	- Hold for wet	—	—	—	HOLD
	78	Visual	to 12.0	-see profile	—	—	OK

REMARKS Hold for wet 81, 82 & 83

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen

ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_

MAXIMUM BOTTOM DEPTH \_\_\_\_\_

SQ. FT/BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 512754

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Brantly Development Group, Inc.

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ADDRESS Columbia, MD 21045 PHONE 410-730-0810

AGENT OR PROSPECTIVE BUYER Heritage Land Development

3060 Washington Road (Rt. 97), Suite 220  
ADDRESS Glenwood, MD 21738 PHONE 410-489-7900

PROPERTY LOCATION:

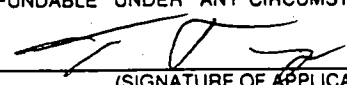
SUBDIVISION Pindell School LOT NO. 2

ROAD AND DESCRIPTION Pindell School Road

TAX MAP 41 PARCEL # 201

SIZE OF LOT 1 acre TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

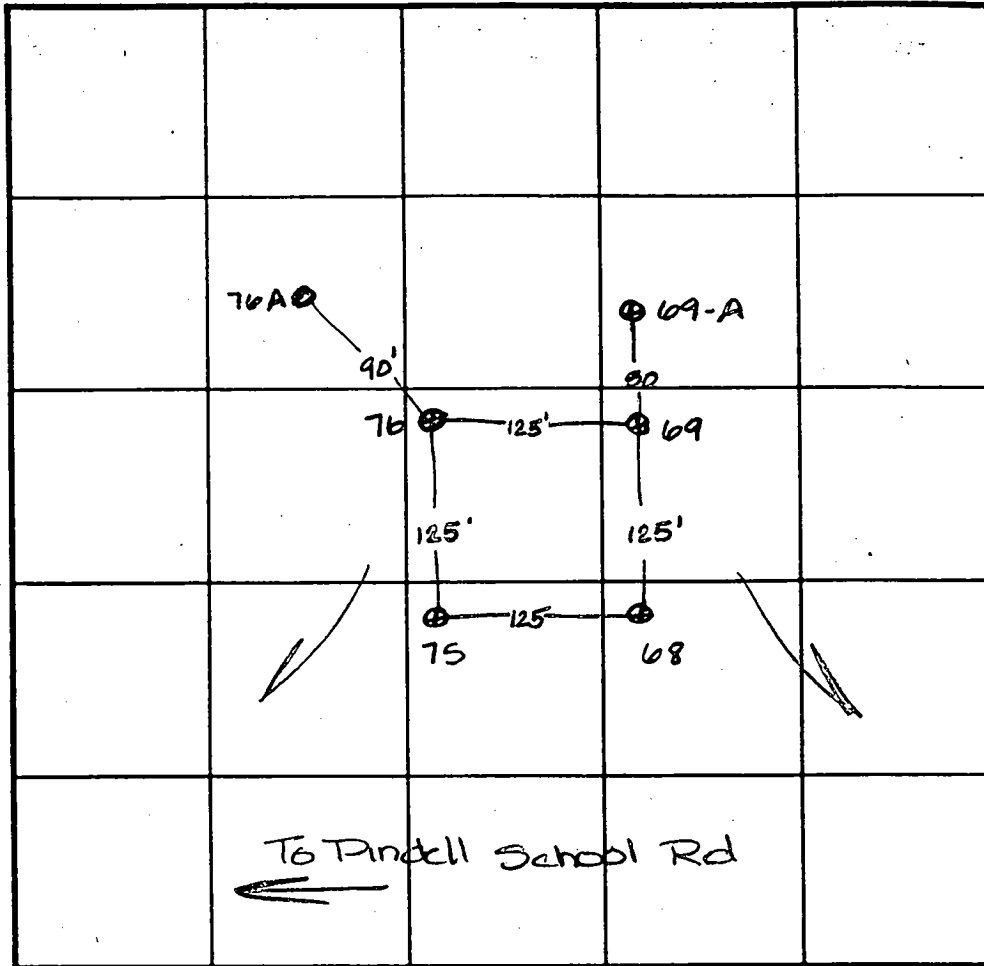
SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.

Empty rectangular box for soil profile notes.



SOIL PROFILE

0'

Empty rectangular box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-24-00	76	water @	8.5	---	---	---	F
	69	water @	7.0	---	---	---	F
	69-A	water @	10.0	---	---	---	F
	76A	water @	12.0	- clay to 2.0		---	OK

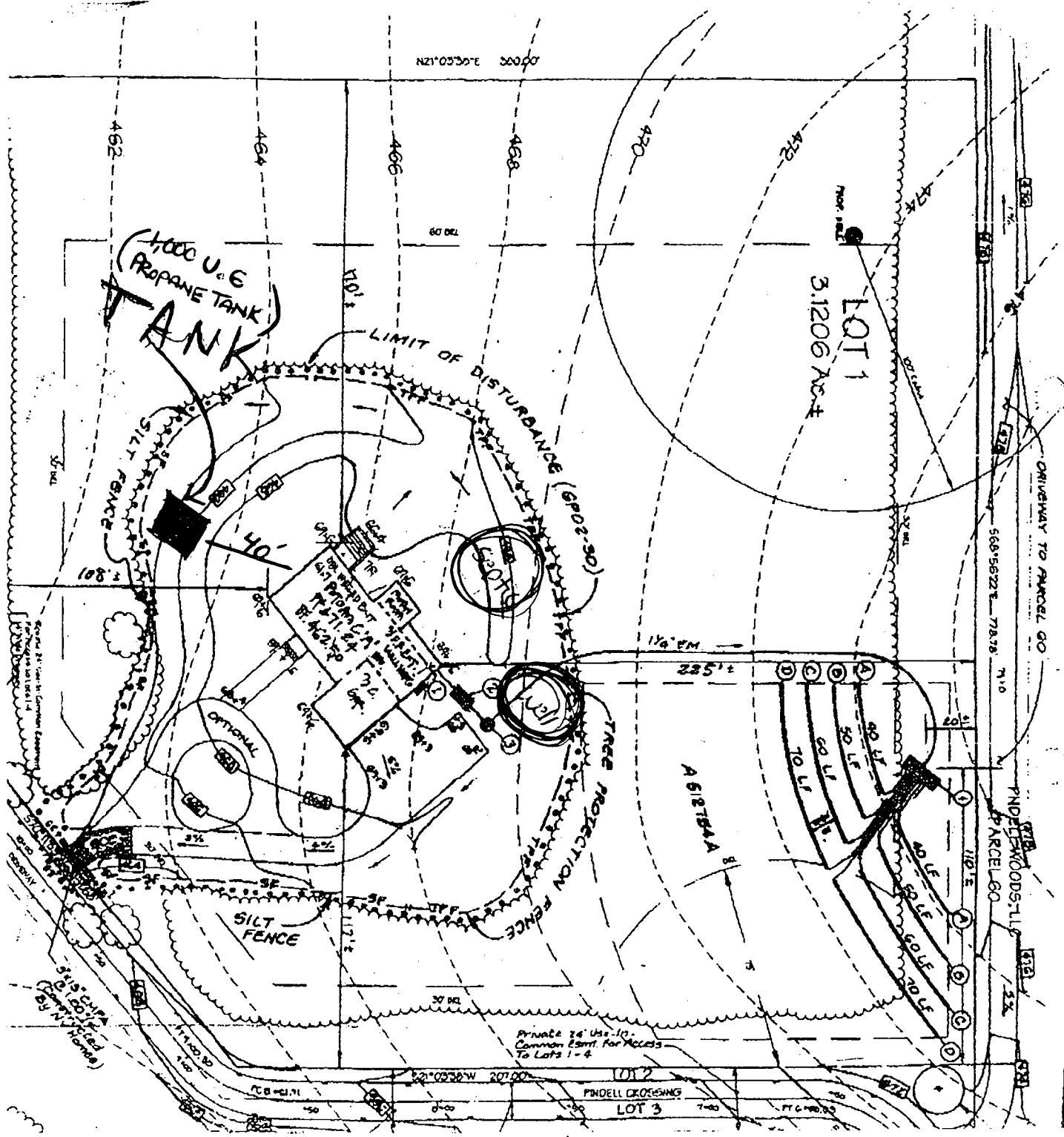
REMARKS 2000 wet season required additional 3.0' buffer

TYPE OF SOIL due to drought conditions

TESTED BY Amy McMillen ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM



2/25/02  
 TANK  
 LOCATION Pindell  
 OK (N1) lot 1

Building Address 7500 Pindell School Rd  
Lot # 1 - Clarksville, MD 20759  
 Suite/Apt # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605102 Subdivision Pindell Crossing  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map H1 Parcel 201 Grid 14  
 Zoning RR Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NV Homes  
 Address 2200 Defense Highway / suite 301  
 City Crofton State MD Zip Code 21114  
 Home Phone \_\_\_\_\_ Work Phone 410 721 4703  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Underground Propane Tank  
 Estimated Construction Cost \$ 3,000.00  
 Description of Work Install 1-1,000 Gallon  
U.G. Propane Tank to NFPA #58 standard

Contractor Company Suburban Propane  
 Contact Person MIKE DEVINCENT  
 Address 31 Deerwood Circle P.O. Box 1766  
 City Rockville State MD Zip Code 20850  
 License No. \_\_\_\_\_  
 Phone 301 251 0606 Fax 301 251 0608

Occupant or Tenant Same as Owner  
 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
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: _____	
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.

Michael Devincent  
 Applicant's Signature  
Account Representative  
 Title/Company

Michael DEVINCENT  
 Print Name  
6/24/02  
 Date

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