

LAYOUT 5/11/05 INSP 4 _____
 INSP 2 5/12/05 INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/10/2005
 APPROVAL DATE: 5/12/05

P 522455
 A 513574-J

**PERMIT
 INDEXED
 TAX ID #05-435331**

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

Fogles Septic Clean Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Pindell Woods LOT NUMBER: 12

ADDRESS: 7237 Preservation Court PROPERTY OWNER: Dale Thompson Builders

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

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 120 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the highest elevation of the approved SDA.
NOTES:	Tank should not be deeper than 3', run (2) 90' trenches to use all SDA.

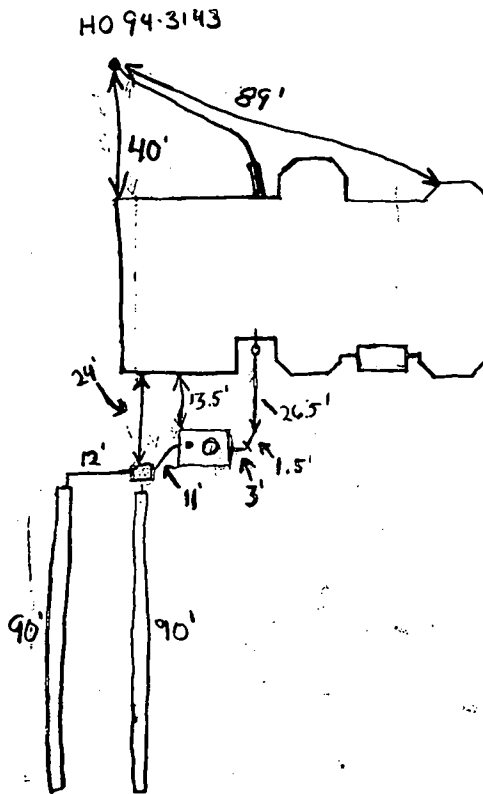
PLANS APPROVED: Kevin J. Bell Reviewed by: _____ DATE: 12/8/04

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

A513574-J

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		180 LxWxH
ABSORPTION AREA		1020
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'-2'
BAFFLES	Front & Rear
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

Presentation Ct.

ROAD

PRE-CONSTRUCTION 2x90' trenches in contour. Extra 60' of trench utilizes area best possible way. Otherwise install as per design.

INSTALLATION Trenches and system installed and are ok. OK to backfill.

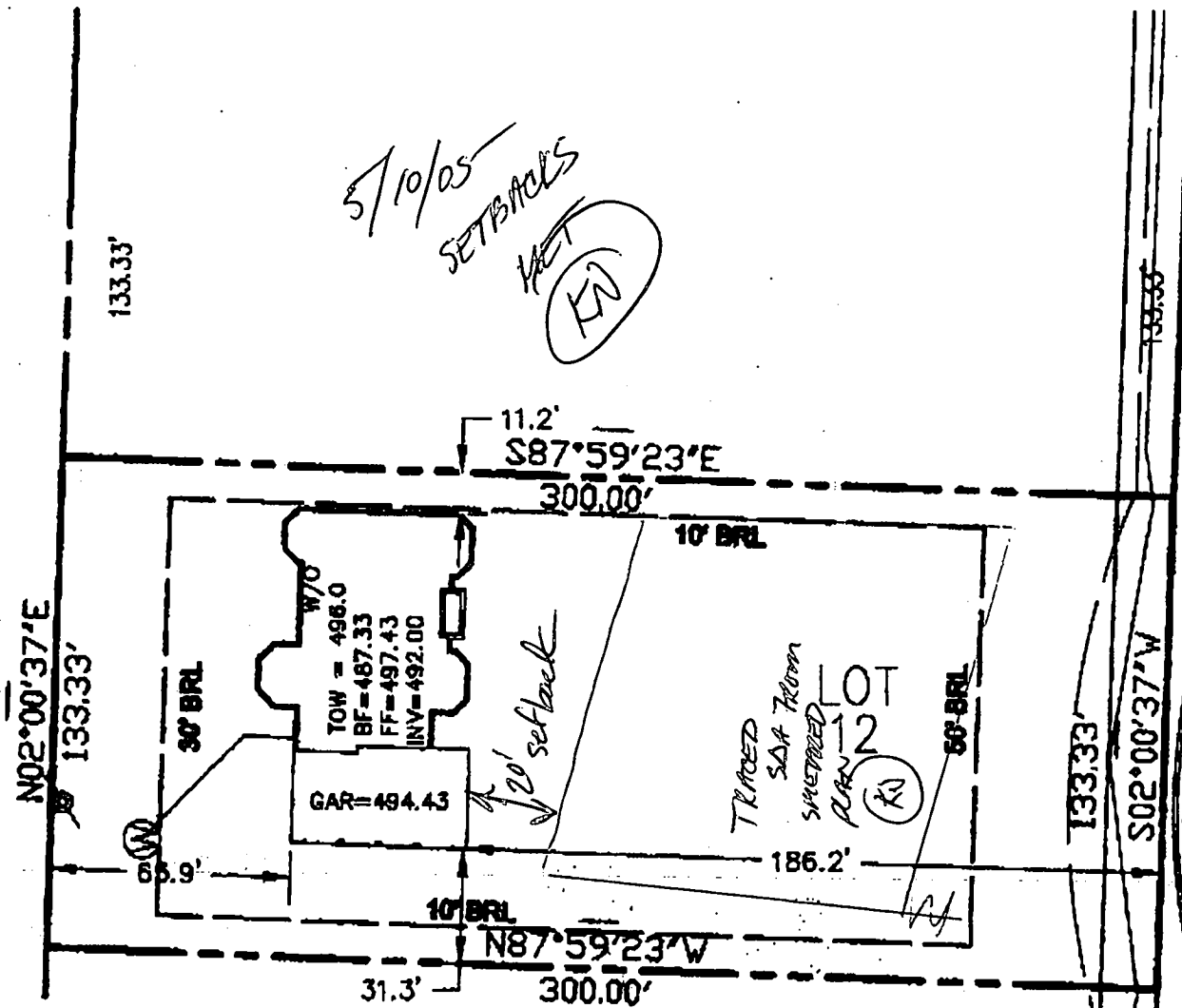
5/12/05 (GAC)

FINAL INSPECTOR G. Creighton & BB DATE OF APPROVAL 5/12/05

MD STATE GRID MERIDIAN

PRESERVATION COURT

5/10/05
SETBACKS
MET
(LN)



TRACED
S&A FROM
SURVEYED
PLAN 12
(LN)



THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NO. NO 94-3143 HAS BEEN FIELD LOCATED AND IS ACURATELY SHOWN.

TOP OF WALL ELEVATION: 497.63'

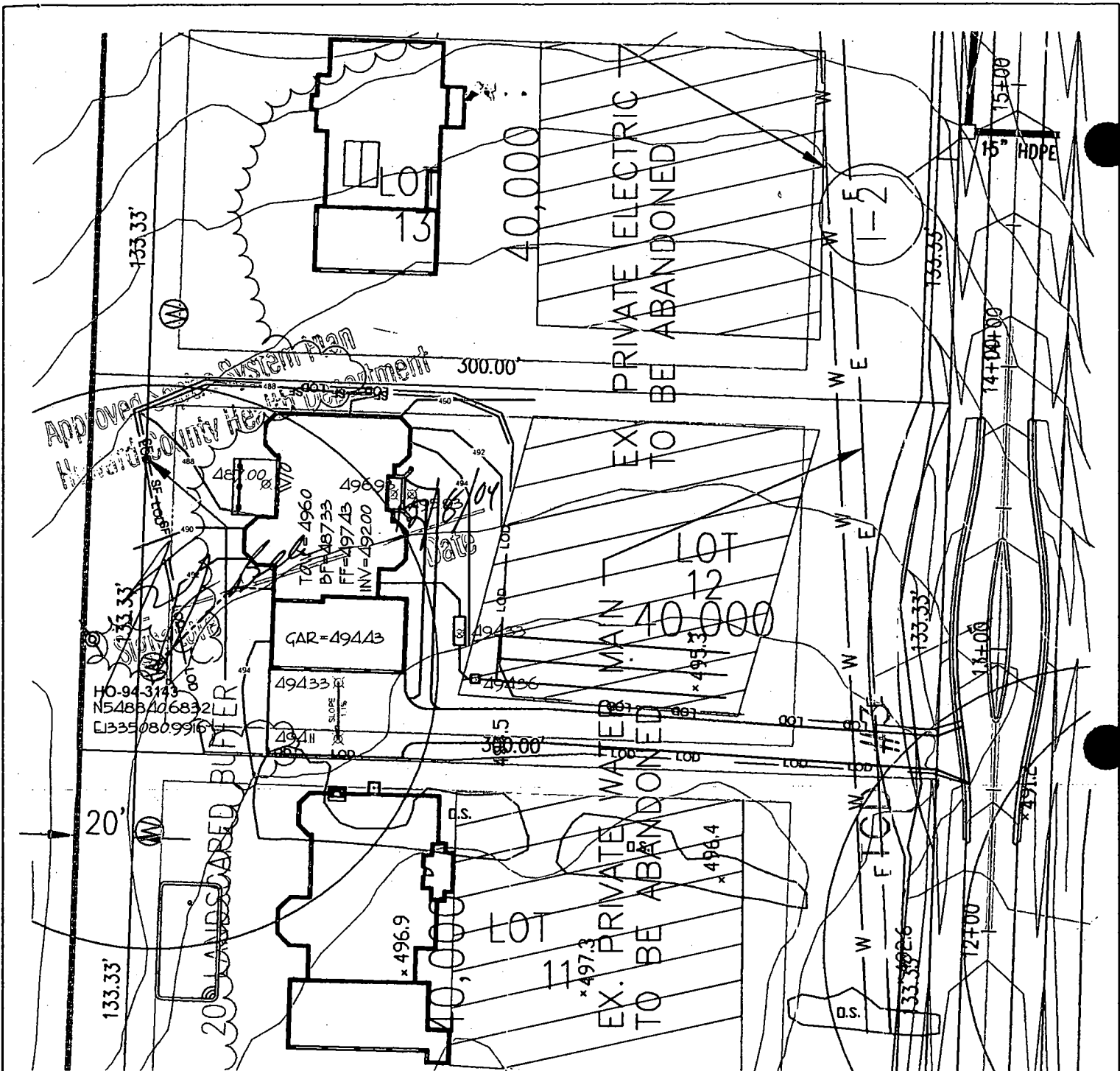
RECORD REFERENCES	
LIBER/FOLIO	
PLAT BOOK	
PLAT NO.	14923
SCALE	1"=50'
DATE	03/03/05

WALL CHECK	
LOT 12 PINDELL WOODS	
HOWARD COUNTY, MARYLAND	

MARKS & ASSOCIATES L.L.C.
 ENGINEERING - SURVEYING - LAND PLANNING
 4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND
 TELEPHONE (410)747-8738 FAX (410)747-8739

I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Erik C. Marks
 ERIK C. MARKS R.P.L.S. 0607



The existing well HO-94-3143 shown on this plan has been field located by Marks & Associates, Professional Land Surveyor, and is accurately shown.

PLOT PLAN

SINGLE FAMILY DWELLING

RYEE Residence

LOT 12

PINDELL WOODS

HOWARD COUNTY, MARYLAND

DATE: 11/24/2004
SCALE: 1" = 50'

OWNER/BUILDER:
DALE THOMPSON BUILDERS
6300 WOODSIDE COURT, SUITE A
COLUMBIA, MD. 21046
410-995-6736

PROPOSED ELEVATIONS:

BASEMENT FLOOR:	487.33
TOP OF FDN WALL:	496.00
FIRST FLOOR:	497.45
INVERT OUT OF HOUSE:	492.00
INVERT INTO TANK:	491.21
INVERT INTO DISTRIBUTION BOX:	490.91
GRADE AT SEPTIC TANK:	493.71
GRADE AT DISTRIBUTION BOX:	494.36

PAVING SPECIFICATIONS:
2" ASPHALT OVER 4" CR-6 OR
25' ASPHALT OVER 15' OVERLAY
50 LF OF FILTER CLOTH BEGINNING AT DRIVEWAY APRON

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DR SUKESVILLE, MD 21784

(Must circle one) Licensed Plumber License # and name of individual responsible for the field installation:
Name (Print): CHRIS WILLOUGHBY License #: 6992

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: DALE THOMPSON Telephone #: 410-995-6730
Subdivision: PINDELL WOODS Lot #: 12 Well Tag #: HO-94-3143
Site Address: 7237 PRESERVATION CT FULTON, MD 20759

Submersible Pump Data: Make: JACOZZI Model #: Pump Capacity: 7 GPM Well Yield: 4 GPM
Pitless Adapter: Make: HALVARD Model #: Depth: 48" (36" min) NSF/WSC approved:
Well Cap and Electric Conduit: Two piece watertight cap: [checked] Screened, vented well cap: [checked] Cap secured to casing: [checked] Conduit min 18" B.G.: [checked] Conduit secured to well cap: [checked]

Piping to house: Type: CRESTLINE PSI: 1" (160 psi min) Depth of supply line: [checked] (36" min)
House Connection: PVC sleeve to undisturbed soil at wall penetration: [checked] Approximate length of sleeve: 4' Sleeve caulked and sealed properly: [checked]

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: Chris Willoughby date: 6/20/05

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

Date Insp. Requested: 6/27/05 Date Insp. Approved: 6/30/05 Inspector: GAE
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope not seen outside of well cap/casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

HD-215

Trench Overdug, Put Gravel or Sand Around Sleeve
Rev. 12/00

6/30/05 (GAE) Corrections Made. 6/27/05 (BB) Left Note

C1 0603

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 TYPE

COUNTY NUMBER 13 ON SRU 9/14/01

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED MM DD YY

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3143

OWNER Dale Thompson Builders STREET OR RFD Preservation Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 12

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sandy, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 16, NO. OF POUNDS 1600, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 0 to 304 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter top (main) casing 58, Total depth of main casing 58.

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

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below (ST, BR, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P)

DEPTH (nearest ft.) table with columns 1-21, values 56, 240, 56, 60

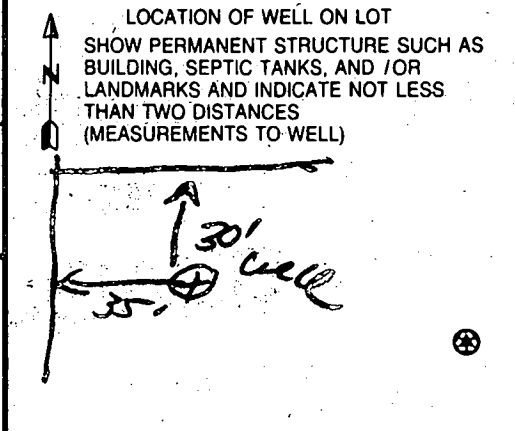
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M SD 112, DRILLERS SIGNATURE, LIC. NO. M D

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 32 ft. BEFORE PUMPING, 20 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31, 35, PUMP HORSE POWER 37, 41, PUMP COLUMN LENGTH (nearest ft.) 43, 47, CASING HEIGHT (circle appropriate box and enter casing height) 48 above, 2 (nearest foot) below





Providing Quality Systems for Over 20 Years
Commercial & Residential Water Well Drilling
Test Borings & Consulting • Geothermal Drilling & Systems
NGWA & IGSHA Certified

June 28, 2001

Howard County Health Dept
3525 Suite H
Ellicott Mills Drive
Ellicott City, Maryland 21043

Attention: Amy

Re: Pindell Woods Well Permits.

Dear Amy,

Please transfer any well permits that have not been completed and were issued to Michael Barlow Well Drilling for the above referenced subdivision to Ralph Main Well Drilling. If you should have any questions concerning this please give me a call.

Sincerely,

Michael Barlow
President

B 1 03179

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3118 4
fill in this form completely

Date Received (APA)

12-22-00

OWNER INFORMATION

Dale Thompson Builders
6300 Woodside Ct
Columbia MD 21045

B 3 LOCATION OF WELL

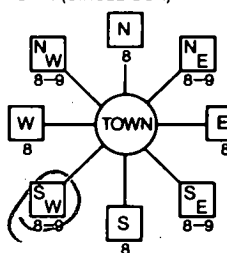
Howard
Pindell Woods
Simonsville

DRILLER INFORMATION

Michael Barlow MW0355
Michael Barlow Well Drilling Inc
522 Underwood Lane Bel Air Md
12/12/00

MILES FROM TOWN (enter 0 if in town) 1 M 11

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation
B... Court

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
270
DISTANCE FROM ROAD
ENTER FT OR MI

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

TAX MAP: BLK: PARCEL

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

Handwritten: "Hhalo1 Permit Cancelled + TAG DESTROYED"

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
DATE ISSUED 06-11-01
NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 260' FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- AIR-ROTary
- CABLE
- BORED (or Augered)
- JETTED
- ROTARY (Hydraulic Rotary)
- DRIVE-POINT

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

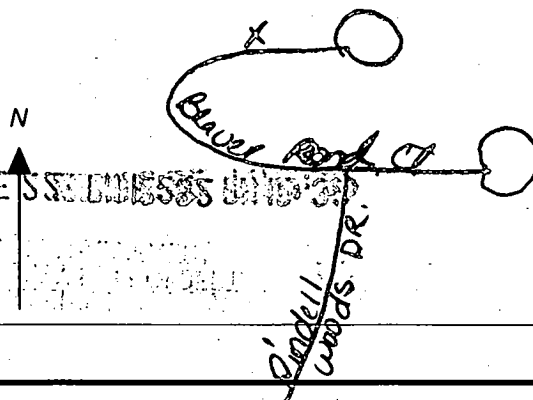
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

823
490

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



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

APPROP. PERMIT NUMBER HO-94-3118

PERMIT No. HO-94-3118

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

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 5th

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 H Y Real Estate Joint Venture, c/o Robert B. Canter, Esquire

ADDRESS 11921 Rockville Pike, Suite 300 PHONE (301) 230-5220
Rockville, MD. 20852-2737

AGENT OR PROSPECTIVE BUYER Mount View, LLC. Attention: Paul M. Revelle

ADDRESS 6258 Cardinal La, Columbia Md. 21044 PHONE (410) 992 5805

PROPERTY LOCATION:

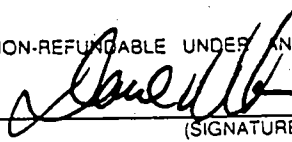
SUBDIVISION Pindell Woods LOT NO. 12

ROAD AND DESCRIPTION "B"

TAX MAP 41 PARCEL # 274 & 275

SIZE OF LOT 1-Acre Lot TYPE BLDG. Single Family Dwelling
(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

596

0' topsoil

6" org brn sa cl lm

3.5' 4" med red brn sa mica lm

13' 30%+ sapr sh

590

0' topsoil

6" br red brn cl lm

3.9' med org brn sa mica lm (heavy mica)

8.5' 9" 75%+ sapr sh

12.5'

597

0' topsoil

6" br red brn cl lm

3.5' 4" med red brn sa mica lm

13' 15% sapr sh

SOIL PROFILE

533

0' topsoil

6" org brn sa cl lm

4' 4.5' med red brn sa mica lm

12' 30%+ sapr sh

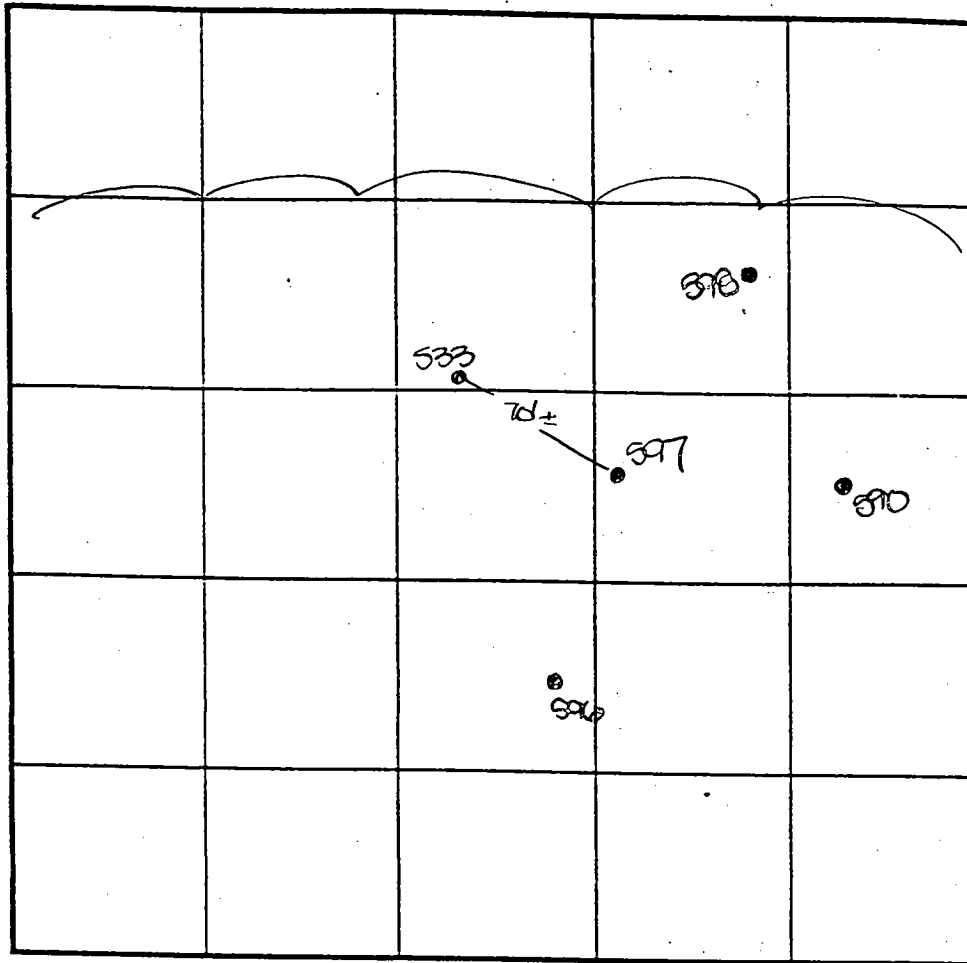
0' 598

6" topsoil

6" br red org brn cl lm

4' 4.5' med org brn sa mica lm

12' 20%+ sapr sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-10-00	596	13.0'D	Visual	- See	profile		OK
	590	4.0'S	11:24	11:25	11:25	11:26	1
		12.5'D	Visual	- See	profile		FAIL
	533	4.0'S	11:38	11:39	11:39	11:41	2
		12.0'D	Visual	- See	profile		OK
	597	13.0'D	Visual	- See	profile		OK
	598	4.0'S	11:47	11:50	11:50	11:56	6
		12.0'D	Visual	- See	profile		OK
	596	3.5'S	2:07	2:09	2:09	2:12	3

REMARKS holes tested as stored

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepp, R. Nelson

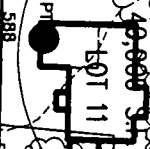
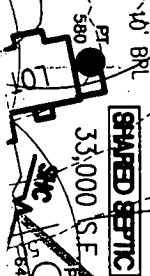
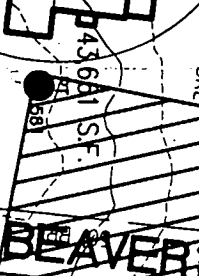
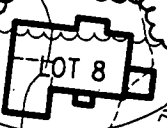
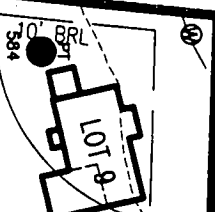
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

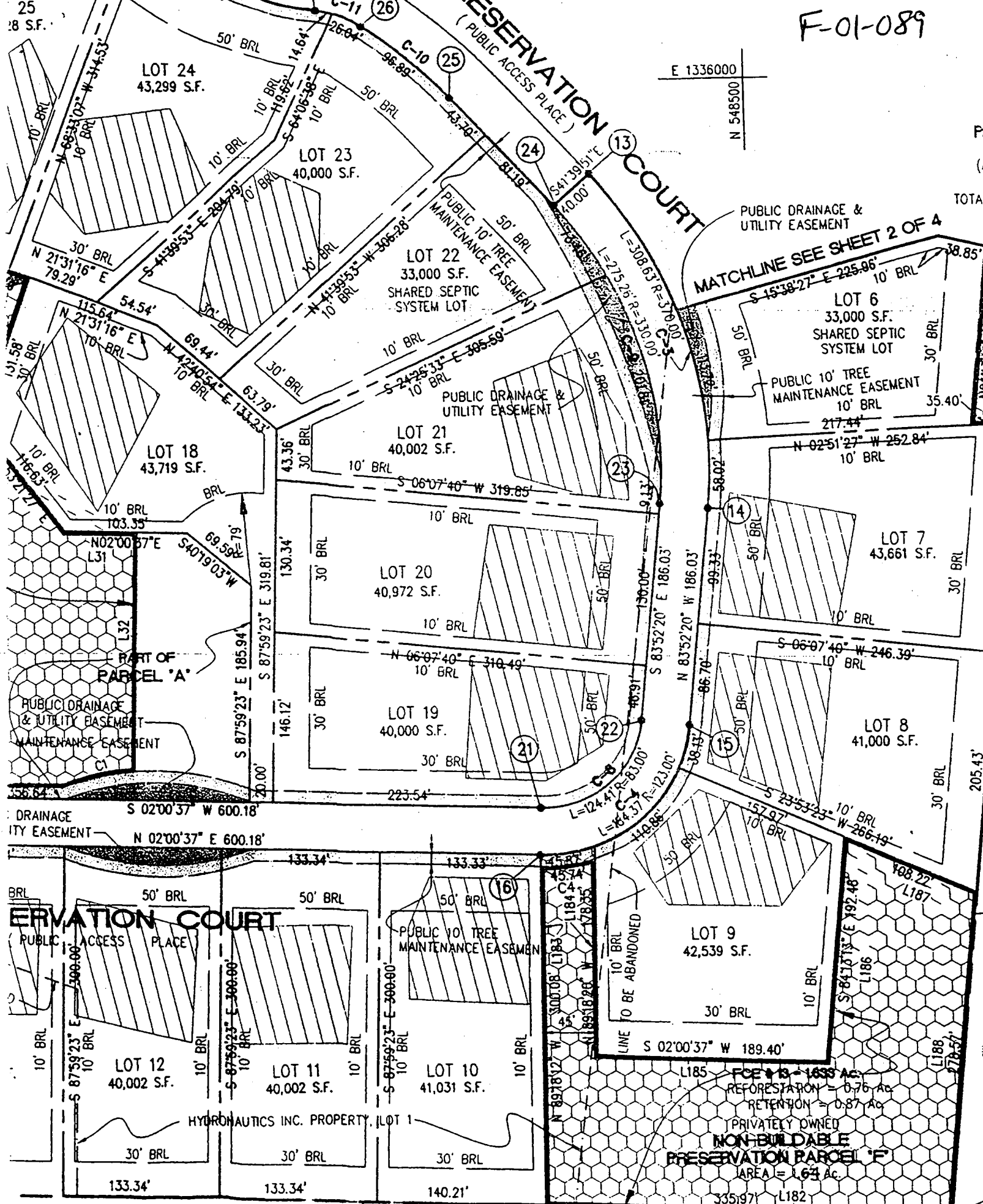
INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

CHB2

**NON-BUILDABLE
PRESERVATION
PARCEL 1F**

1.64 AC.





E 1336000
N 548500

MATCHLINE SEE SHEET 2 OF 4
S 15°38'27" E 225.96'
10' BRL

DRAINAGE & UTILITY EASEMENT
S 02°00'37" W 600.18'
N 02°00'37" E 600.18'

RESERVATION COURT
(PUBLIC ACCESS PLACE)

LOT 9
42,539 S.F.
30' BRL
10' BRL
LINE S 02°00'37" W 189.40'
L185
FCE # 13 - 1633 AC
REFORESTATION = 0.76 AC
RETENTION = 0.87 AC
PRIVATELY OWNED
NON-BUILDABLE
PRESERVATION PARCEL 'F'
AREA = 1.63 AC
L186
L187
L188
L189

ALLEN MICHAEL S.
ALLEN BRENDA J.
4414/251

SKILLMAN WILLIAM C.
SKILLMAN FONNIE C.
661/130

E 1335000

500 PRADA ARNOLD JOSEPH
500 PRADA MARJORIE ELLEN

14/103

G-9105

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 2430 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-3465 INSPECTIONS (410) 313-1910
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B0015134780B

Building Address 7237 Preservation Court
Exeter, MD 20759
 Suite/Apt. #: TAX ID # 05-435331 SDP/WP/Petition #: _____
 Census Tract 12012 Subdivision Finch Woods
 Section _____ Area _____ Lot 12
 Tax Map 41 Parcel 274 Grid 8
 Zoning R-10 Map Coordinates 14513 Lot size 40,002.00 sq. ft.

Property Owner's Name Dale Thompson Builders
 Address 6300 Woodside Court
 City Columbia State MD Zip Code 21046
 Home Phone 410 995 6736 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Residential
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 322,000.00
 Description of Work 3 1/2 bdrms, 2 1/2 baths, 2 car garage, 2000 sq. ft. finished basement, 1 1/2 car garage, 2nd floor, 673 sq. ft. porch

Contractor Company Dale Thompson Builders
 Contact Person Amy Farrow
 Address 6300 Woodside Court
 City Columbia State MD Zip Code 21046
 License No. _____
 Phone 410 995 6736 Fax 410 281 2747

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person SAME AS ABOVE
 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"/> 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Amy Farrow
 Applicant's Signature
(Fax) Dale Thompson Builders
 Title/Company

Amy Farrow
 Print Name
11/2/01
 Date

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		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/8/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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#: 64076
Filing fee \$ 100.00
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 16744
 Validation # 81777
 Accepted by [Signature]

CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
 10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
 (410) 252-7742

REPORT DATE: Sep 20, 2005

County Howard

Lab Number 06-25

Sample iced Yes
 Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality
 Laboratory No. 115

REQUESTER: Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

Property Sampled: U&O: 7237 Preservation Court

Station Sampled: Laundry Tub Tap & Pressure Tank Tap Tax Map #: 41

Date/Time Sampled: Sep 19, 2005 10:10 am Parcel #: 274

Owner, Telephone No.: Ryee Sampler: 67246P

Subdivision Name: Pindell Woods Lot Number: 12

Building Permit No.: B00151347

Well Number: HO-94-3143

Observation: 2-Piece Cap
 Satisfactory

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	1.1 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity(Raw)	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.5 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

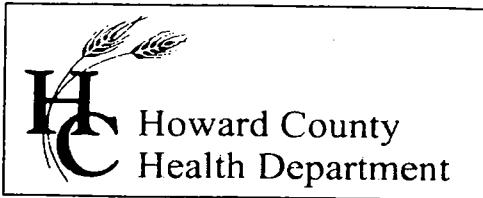
Treatment/Conditioning: Sediment Filter

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, odor, or color) in drinking water.

Heather R. Beam

Heather R. Beam

*MCL = Maximum Contamination Level
 **SMCL = Secondary Maximum Contamination Level



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 20, 2005

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

RE: Pindell Woods, Lot 12
7237 Preservation Court
Fulton, MD 20759
BP #: B00151347
Well Permit # HO-94-3143

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 05/12/2005. Final approval of the well line connection to the dwelling was approved on 06/30/2005.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-94-3143. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 09/19/2005
Date of Well Completion: 08/07/2001

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File