

LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/10/05

APPROVAL DATE: 5/12/05

**PERMIT
INDEXED**

TAX ID #05-435293

P 522454

A 513574-K

**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 Rd., Sykesville 21784 PHONE NUMBER: 410-795-5670

SUBDIVISION: Pindell Woods LOT NUMBER: 11

ADDRESS: 7233 Preservation Court PROPERTY OWNER: Dale Thompson Bldrs

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 6

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 189 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the highest elevation of the approved SDA. Run two 100' trenches.
NOTES:	No basement gravity service.

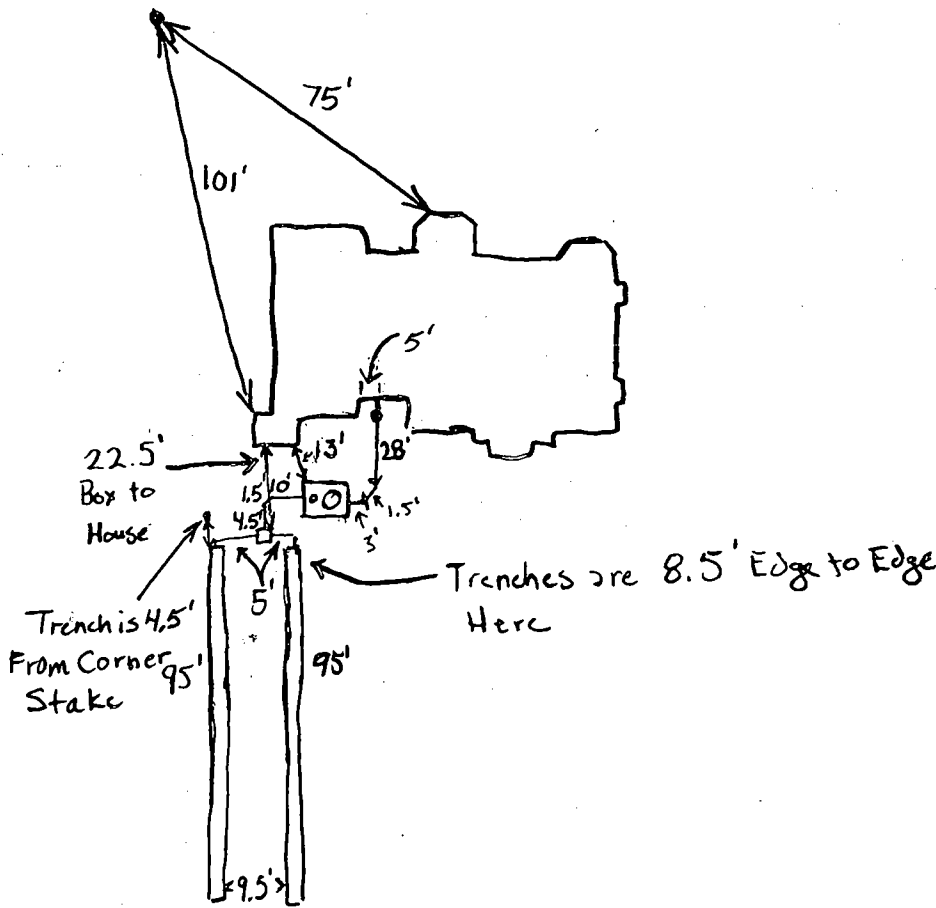
PLANS APPROVED: Pete A. Yencsik Reviewed by: _____ DATE: 11/5/04

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-K

HO-94-3142 NOT TO SCALE



Preservation Ct.

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		190'
ABSORPTION AREA		1900'
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Front, Mid & Rear
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	N/A

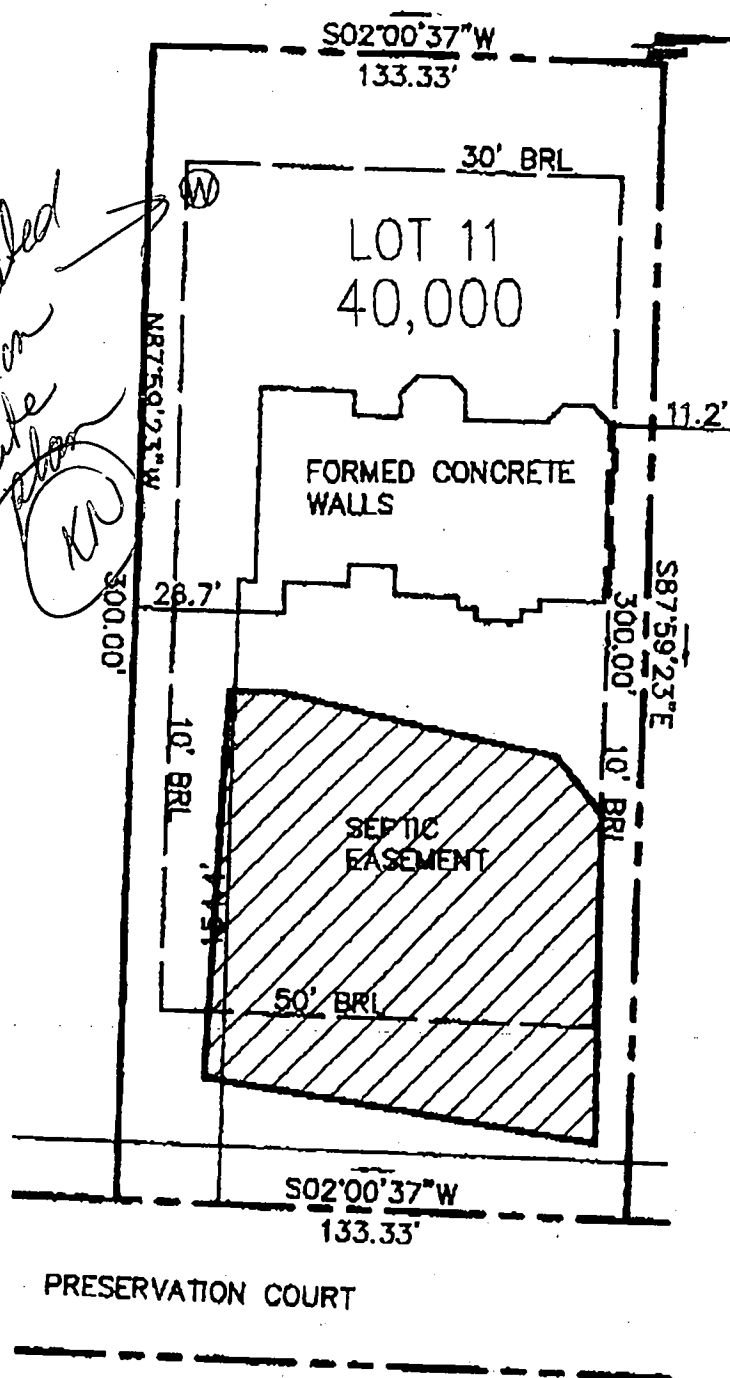
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 5/11/05 → 2x 95' trenches on contour box @ highest pt. in essence

INSTALLATION 5/12/05 2x 95' trenches installed on contour as per written specs.
 Trenches are an average of 9' Edge to Edge. OK'd backfill. Everything good. (GAC)

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

5/10/05
 field located
 station
 safe
 shown
 (circled initials)



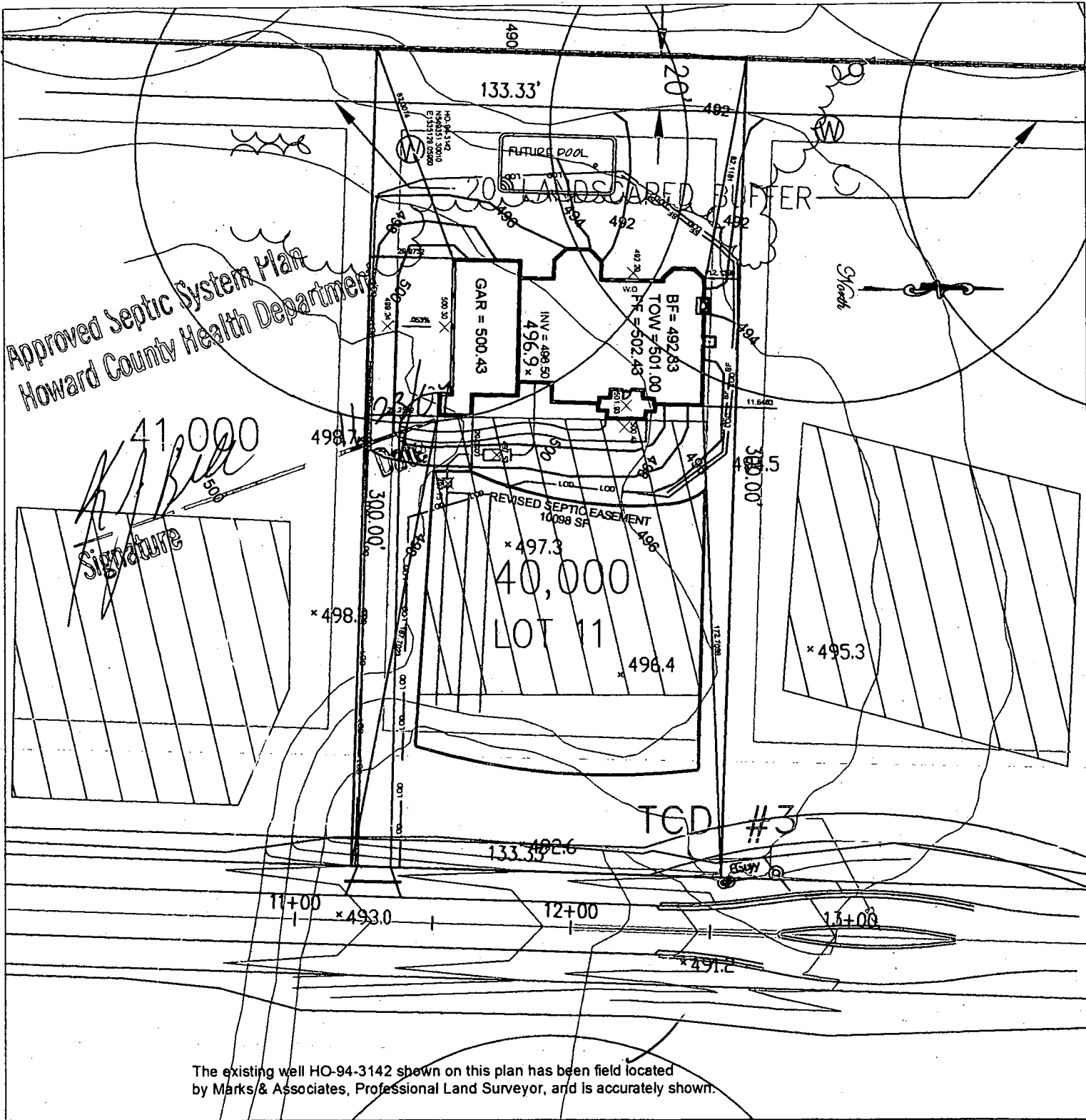
THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NO. HO94-3142 HAS BEEN FIELD LOCATED AND IS ACURATELY SHOWN.

TOP OF WALL ELEVATION: 501.6'

<p>RECORD REFERENCES</p> <p>LIBER/FOLIO _____</p> <p>PLAT BOOK 14923 _____</p> <p>PLAT NO./FOLIO _____</p>	<p>WALL CHECK</p> <p>_____</p> <p>PINDELL WOODS</p> <p>LOT 11</p> <p>_____</p> <p>HOWARD COUNTY, MARYLAND</p> <p>_____</p>	<p>MARKS & ASSOCIATES L.L.C.</p> <p>ENGINEERING - SURVEYING - LAND PLANNING</p> <p>4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND</p> <p>TELEPHONE (410)747-8738 FAX (410)747-8739</p> <p>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.</p> <p><i>Erik C. Marks</i></p> <p>ERIK C. MARKS R.P.L.S. #607</p>
<p>SCALE 1"=50'</p> <p>DATE 01/11/05</p>		

Approved Septic System Plan
Howard County Health Department

41,000
Signature



The existing well HO-94-3142 shown on this plan has been field located by Marks & Associates, Professional Land Surveyor, and is accurately shown.

PLOT PLAN
SINGLE FAMILY DWELLING
THE THOMAS RESIDENCE
LOT 11
PINDELL WOODS
HOWARD COUNTY, MARYLAND

DATE: 11/09/2004
SCALE: 1" = 50'

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

PROPOSED ELEVATIONS:	
BASEMENT:	492.33
FIRST FLOOR:	502.43
INVERT OUT OF HOUSE:	496.50
INVERT INTO TANK:	495.67
INVERT INTO DISTRIBUTION BOX:	495.25
INVERT INTO TRENCHES:	494.00
GRADE AT SEPTIC TANK:	497.53
GRADE AT DISTRIBUTION BOX:	497.75
GRADE AT TRENCHES:	497.00
PAVING SPECIFICATIONS:	
2" ASPHALT OVER 4" CR-6 OR	
2.5" ASPHALT OVER 1.5" OVERLAY	

C1 0602

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)

COUNTY NUMBER 13 OKSRA 8/10/01

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 08 02 01

Depth of Well 22 240 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3142

OWNER Dale Thompson Builders STREET OR RFD Preservation Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 11

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

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS 19, NO. OF POUNDS 1300, GALLONS OF WATER 114, DEPTH OF GROUT SEAL 0 to 30+ ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (PL), Nominal diameter 6, Total depth of main casing 65.

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y, N)

CIRCLE APPROPRIATE LETTER: A, E, P

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. 1 M SD 117 DRILLERS SIGNATURE

LIC. NO. 1 M D

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

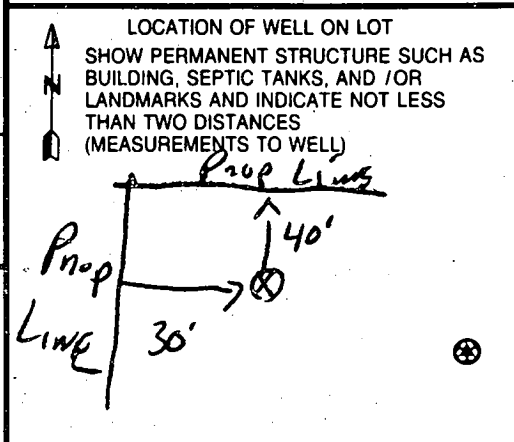
C2 DEPTH (nearest ft.) 40 63 240

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

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

C3 PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 4, METHOD USED TO MEASURE PUMPING RATE bucket, WATER LEVEL 21 ft. BEFORE PUMPING, 109 ft. WHEN PUMPING, TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES (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) 4 above, LAND SURFACE (nearest foot) 2.



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 PLUMB Telephone #: 410-781-7051
Address: 6213 PO Box Dr
Severville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
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 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: Dell Thompson Ltd Telephone #: 410-445-6073
Subdivision: Girdell Woods Lot #: 11 Well Tag #: HO-94-2192
Site Address: 7233 Preparation Ct
Newton, Md

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: JACOZZI Make: Harward Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity: 10 GPM Depth: 78" (36" min) Cap secured to casing:
Well Yield: 4 GPM NSF approved: _____ Conduit min 18" B.C.:
Depth of well encountered at time of pump installation: 140 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque wrench or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house House Connection
Type: Castline PVC sleeved to undisturbed soil at wall penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: (36" min) Sleeve caulked and sealed properly:

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: 5-25-05

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

Date Insp. Requested: 5/26/05 Date Insp. Approved: 5/26/05
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 grommet observed below pitless adapter

(GAC)

B 1 5709

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-3142 fill in this form completely

W515339

Date Received (APA) 07-16-01

OWNER INFORMATION

Thompson, Del Builders 6300 Woodside Court Columbia, MD 21046

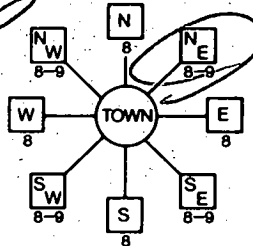
LOCATION OF WELL

Howard County Pindell woods SECTION 44 LOT 11 NEAREST TOWN Fulton

DRILLER INFORMATION

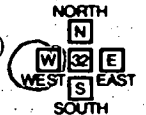
Ralph E. Mayne M.S.D. 117 Ralph Mayne Well Drilling 17024 Hardy Rd, Mt Airy, MD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Ct NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



25 DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION

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

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled) 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 County 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 07-16-01 CO SIGNATURE EXP. DATE NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled) AIR-PERCussion ROTARY (Hydraulic Rotary) JETTED Jetted & DRIVEN CABLE REVerse-ROTary Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3.

8/2/01 Grout 9am No INSP

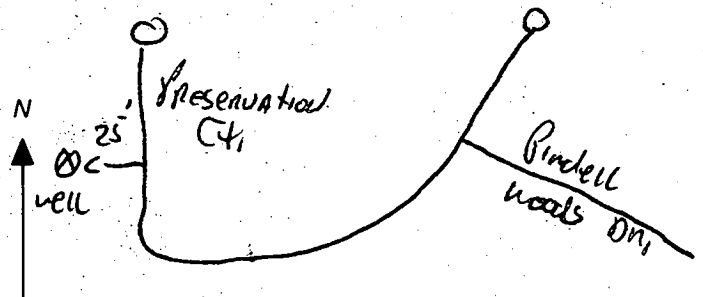
WRITE THE BOX NUMBER FROM THE MAP HERE

E 480 N 920

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

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



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

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

APPROX. PERMIT NUMBER H0000 G A R 012(01)

PERMIT No. HO-94-3142

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 03178

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO 94 - 3117 fill in this form completely

Date Received (APA) 12-22-00

OWNER INFORMATION

Dak Thompson Builders 6300 Woodside Ct Columbia MD 21045

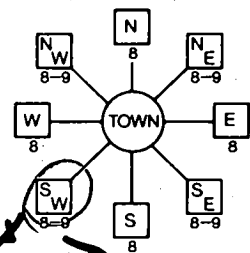
LOCATION OF WELL

Howard Pindell Woods Simpsonville

DRILLER INFORMATION

Michael Barlow MW D 355 Michael Barlow Well Drilling Inc 522 Underwood Lane Bel Air Md

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation Beaver Pond Ct

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



270 DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION

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

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

Permit Cancelled TAO 11/20/01

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 06-11-01

APPROXIMATE DEPTH OF WELL 240 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY CABLE JETTED AIR-PERCussion ROTARY (Hydraulic Rotary) Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

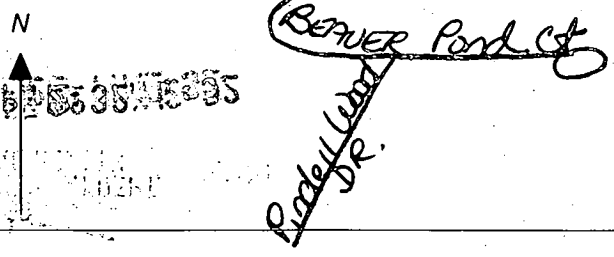
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM AN EXISTING WELL

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

APPROP. PERMIT NUMBER HO 0000 GAP 012(01) PERMIT No. HO 94 - 3117

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER WRITE THE BOX NUMBER FROM THE MAP HERE

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



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. (11)

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.

Paul M. Revelle
(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

599

topsoil

org brn
cl Lm

4.5

med
red org
brn
sa Lm

10%
Rx

13

588

topsoil

org red
brn
cl Lm

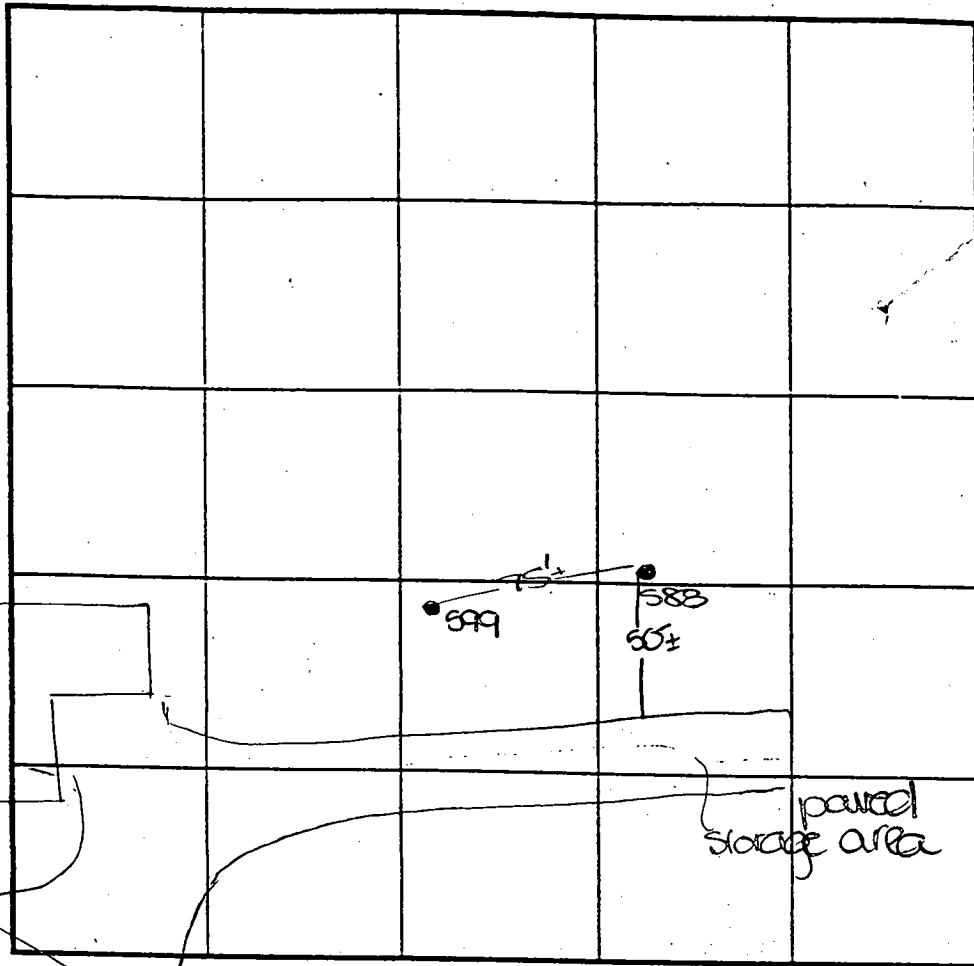
4

med
red brn
scr mic
Lm

15%+
sapr
sh

12.5

SOIL PROFILE



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	599	4.5'S	2:29 ₃	2:30 ₃	2:30 ₃	2:33	3
		13.0'D	visual	- see	profile		OK
	588	12.5'D	visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DKS ALSO PRESENT C. Zepf

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SOIL PROFILE

596

topsoil

org brn
sa cl lm

med
red brn
sa mica
lm

30%bt
sapr
sh

590

topsoil
br
red brn
cl lm

med
org brn
sa mica
lm
(heavy mica)

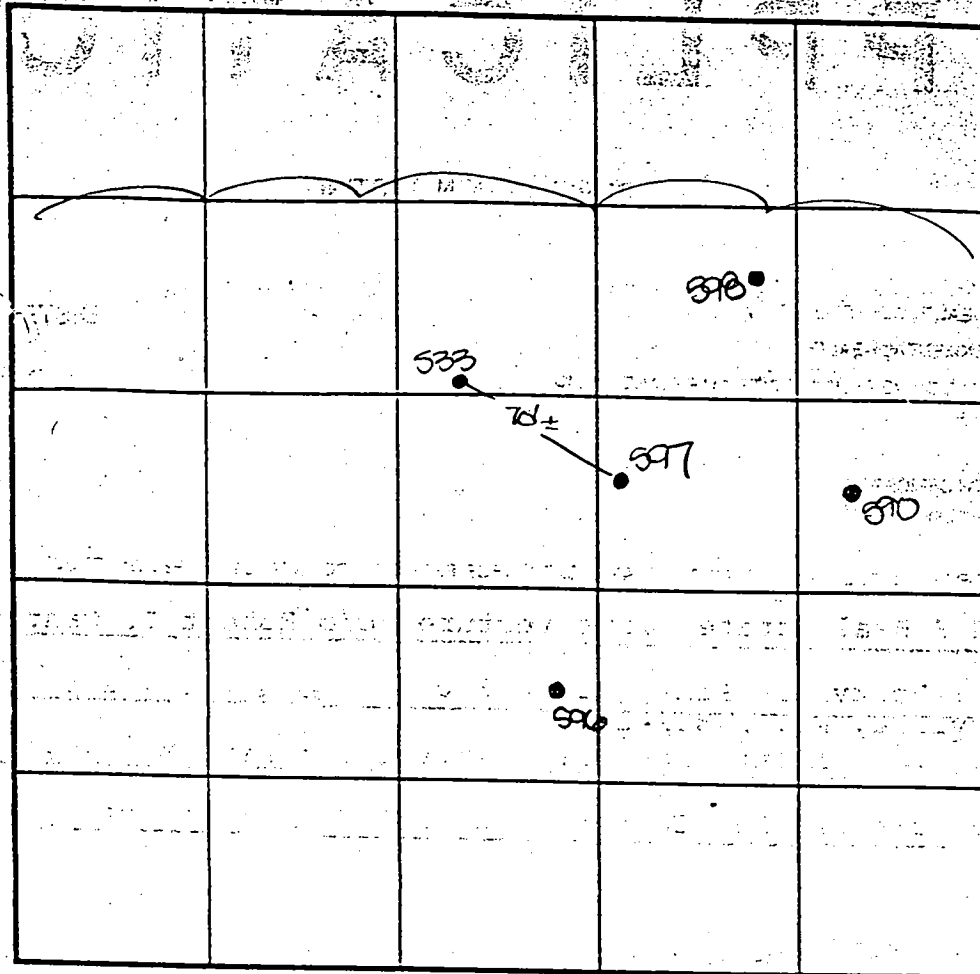
30%bt
sapr
sh

597

topsoil
br
red brn
cl lm

med
red brn
sa mica
lm

10%bt
sapr
sh



SOIL PROFILE

533

topsoil

org brn
sa cl
lm

med
red brn
sa mica
lm

30%bt
sapr
sh

598

topsoil
br
red org
brn
cl lm

med org
brn
sa mica
lm

20%bt
sapr
sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-16-00	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 DLS

ALSO PRESENT C. Tepp, R. Nelson

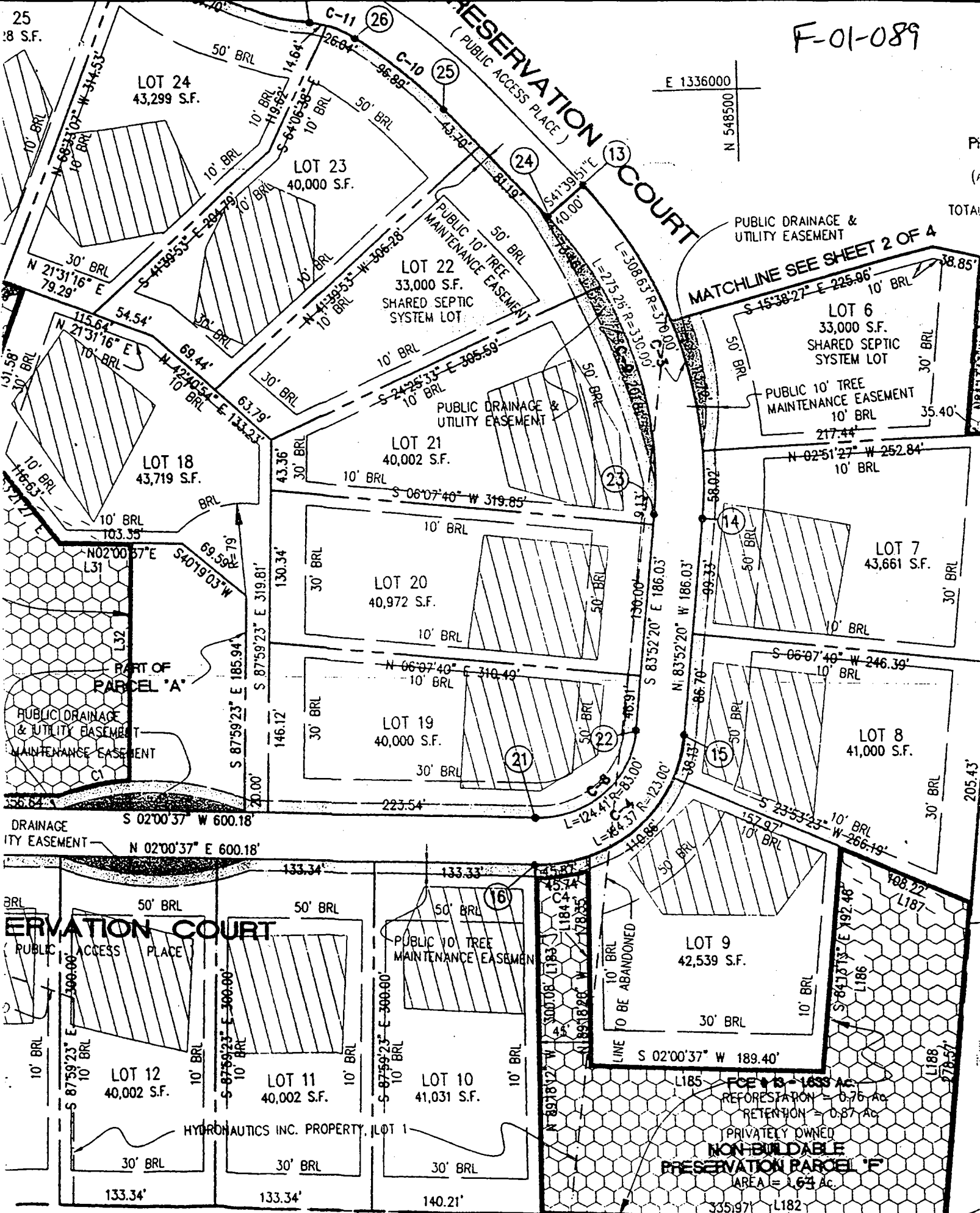
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT/BEDROOM



E 1336000
N 548500

MATCHLINE SEE SHEET 2 OF 4

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 G.
661/130

E 1335000

150 PRADA ARNOLD JOSEPH
150 PRADA MARJORIE ELLEN

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER 150050792 04

Building Address 7233 Preservation Court
Fulton, MD 20759

Suite/Apt. #: TRAYD #105-435293 SDP/WP/Petition #: 11/15/04
Census Tract 115102 Subdivision Pindell Woods

Section _____ Area _____ Lot 11

Tax Map 41 Parcel 274 Grid 8

Zoning R19C Map Coordinates 14513 Lot size 1 acre

Existing Use Vacant lot

Proposed Use Single Family Dwelling

Estimated Construction Cost \$116,000

Description of Work 2400 sq ft finished basement, 2 bedrooms, 1 1/2 baths, wet bar, 125 sq ft porch, 400 sq ft deck, 100 sq ft pergola

Occupant or Tenant None

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Dale Thompson Builders

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone _____

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

Phone 410 715 6736 Fax _____

Contractor Company Dale Thompson Builders

Contact Person Amy Ferrer

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

License No. _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address Same as above

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"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" 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 checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____
No. of efficiency units: _____	NFFA #13R _____
No. of 1 BR units: _____	Other: _____
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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Amy Ferrer (APB)
Applicant's Signature
Dale Thompson Builders
Title/Company

Amy Ferrer
Print Name
10/29/04
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		
Public Health		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/23/04</u>	<u>[Signature]</u>
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>30</u>	<u>63850</u>
Rear: <u>30</u>	Filing fee \$ <u>100</u>
Side: <u>10</u>	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met?	Add'l per. fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>16653</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>50826</u>
Lot Coverage for New/Town Zone _____	
SDP/Red-line approval date _____	Accepted by: <u>[Signature]</u>

CASSELL TESTING, INC.

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

REPORT DATE: Sep 9, 2005

County Howard

Lab Number T-1683

Sample iced Yes

Residual Cl_2 <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: 7233 Preservation Court

Station Sampled: Laundry Tub Tap

Date/Time Sampled: Sep 8, 2005 12:05 pm

Owner, Telephone No.:

Subdivision Name: Pindell Woods

Building Permit No.: 800150992

Well Number: HD-94-3142

Tax Map #: 41

Parcel #: 274

Sampler: 6724GP

Lot Number: 11

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.0 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli	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

*MCL = Maximum Contamination Level

**SMCL = Secondary Maximum Contamination Level



Howard County
Health Department

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

Penn F. Borenstein, M.D., M.P.H., Health Officer

~~September~~
August 9, 2005

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

RE: Pindell Woods, Lot 11
7233 Preservation Court
Fulton, MD 20759
BP #: B00150992
Well Permit # HO-94-3142

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 05/26/2005.**

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-94-3142. 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): 09/08/2005
Date of Well Completion: 08/02/2001

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File