

LAYOUT 6/4/02 11:00 INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 6/3/2002 P 517000
 APPROVAL DATE: 6/4/02 A 513646-B

**PERMIT
INDEXED**

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 05-434556**

Fogles Septic Clean Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Pindell Woods LOT NUMBER: 36
 ADDRESS: 11605 Mirror Pond Court PROPERTY OWNER: Dale Thompson Builders
 SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 5
 SQUARE FEET PER BEDROOM: 210
 LINEAR FEET OF TRENCH REQUIRED: 260 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth <u>8.5</u> 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 as per the building permit plan.
NOTES:	

PLANS APPROVED: Steven R. Krieg OK 3/13/02 (SO) 3/01/2002

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

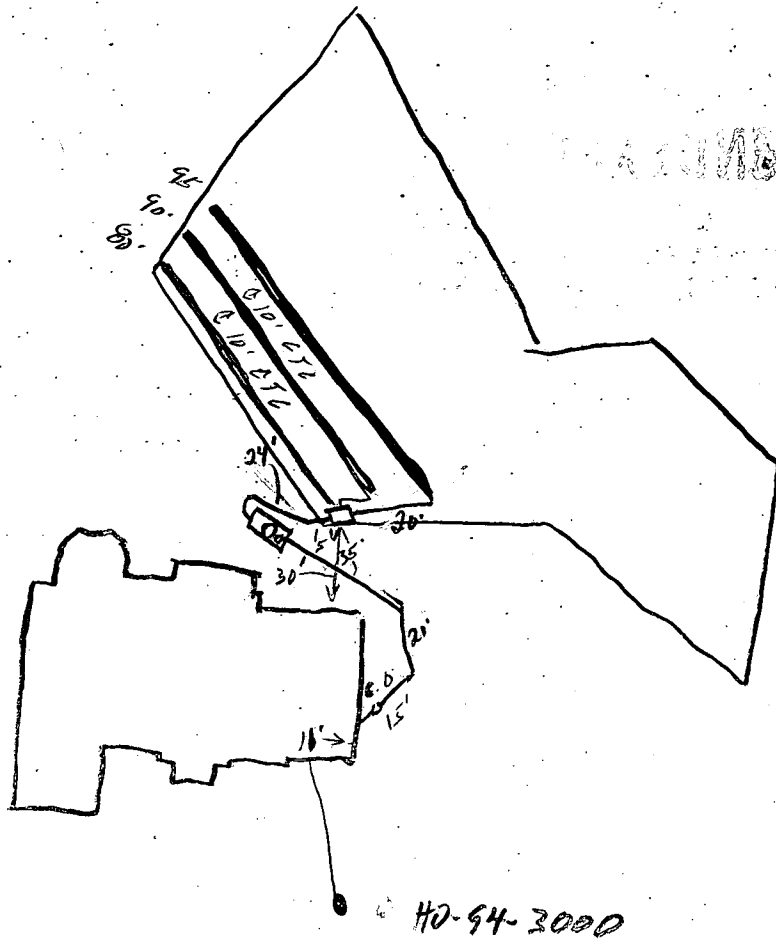
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
 RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
 PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
 AND RETURNED**

11-21-02 B00139478-IG POOL
 4/8/03 B00141049-DECK

A513646-B

NOT TO SCALE



HO-94-3000

Mirror Pond Ct

~~ROAD~~

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>2</u>	<u>4.5</u>	<u>8.5</u>
NUMBER OF TRENCHES		<u>3</u>
TOTAL LENGTH		<u>265'</u>
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>		
DISTRIBUTION BOX BAFFLE <input checked="" type="checkbox"/>		
DISTRIBUTION BOX PORT <input checked="" type="checkbox"/>		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>1-1.5'</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	_____
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<u>N/A</u>
BAFFLE FILTER	<u>N/A</u>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 6/4/02 lot staked, contours as shown, house comp moved. Install

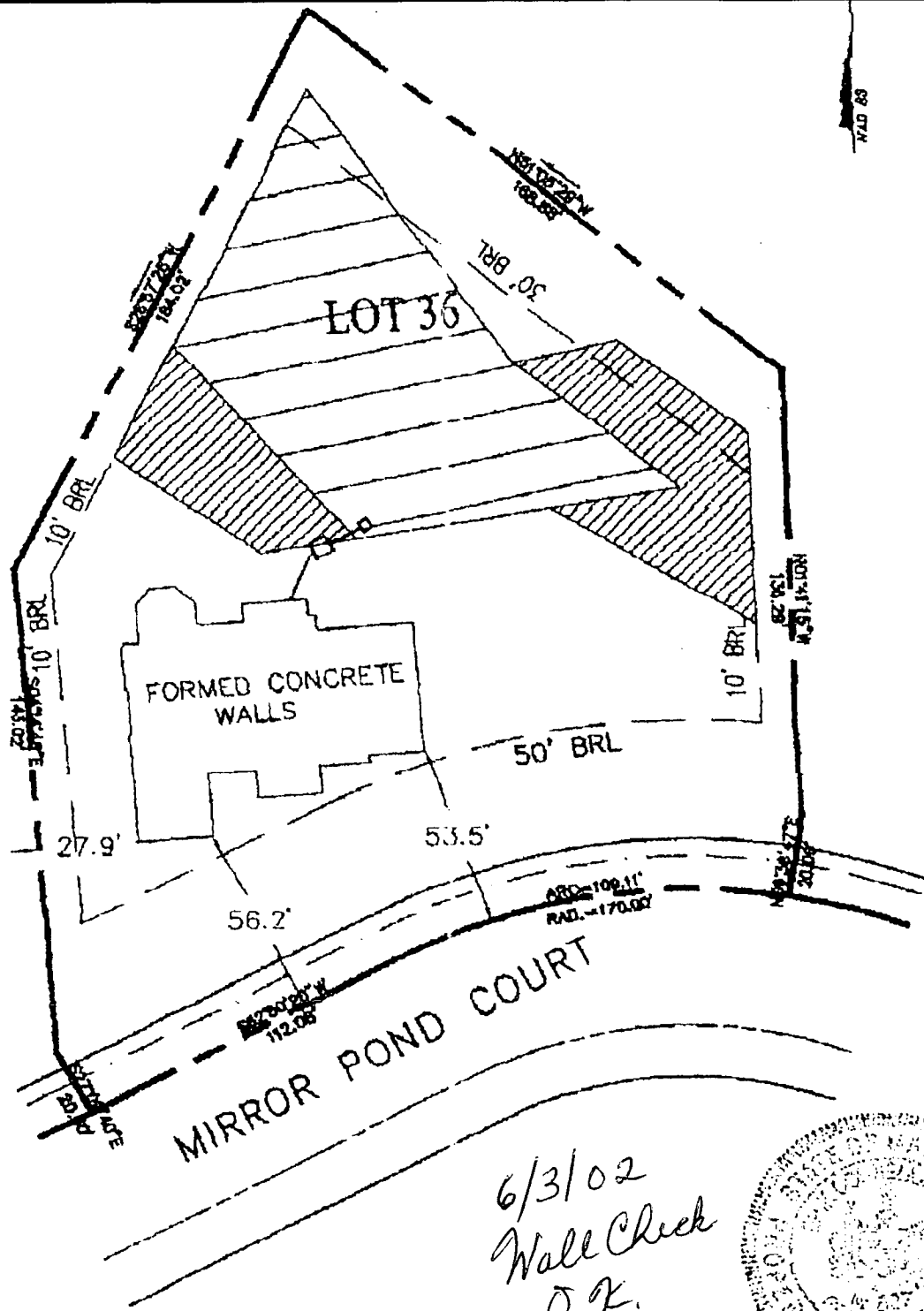
3 Trenches - 80'/90'/90' (SC)

INSTALLATION 6/4/02 OK to cover all work (SC)

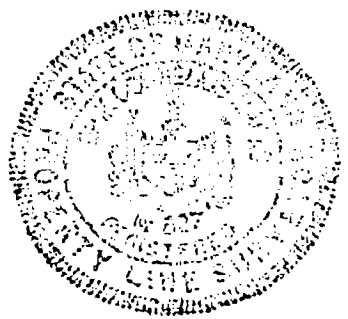
FINAL INSPECTOR [Signature]

DATE OF APPROVAL _____

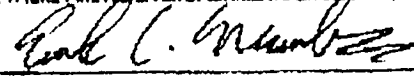
BUILDING DEPARTMENT
APPROVED
[Signature]

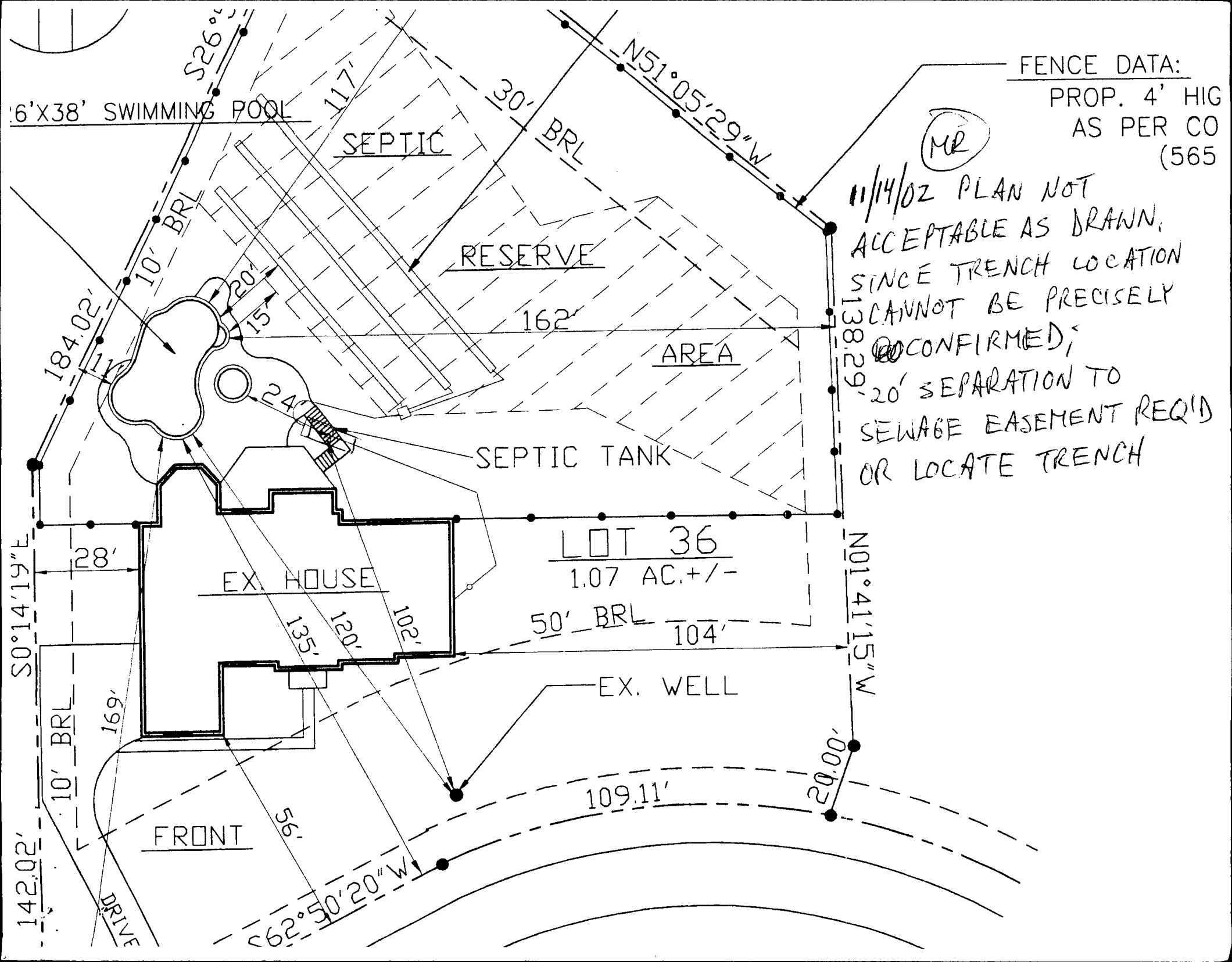


6/3/02
 Wall Check
 O.P.
 (BB)



TOP OF WALL ELEVATION = 466.8'

RECORD REFERENCES	WALL CHECK	MARKS & ASSOCIATES L.L.C. SURVEYORS—LAND PLANNING CONSULTANTS 4531 COLLEGE AVENUE BELLICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8739
LIBER/FOLIO PLAT BOOK/FOLIO PLAT NO.	LOT 36 PINDELL WOODS	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.
SCALE: 1"=50' DATE: MARCH 28, 2002	HOWARD COUNTY, MARYLAND	 ERIC C. MARKS R.P.L.S. NO. 607



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 800139374

Building Address ~~11006 PINEBROOK ROAD CT. FULTON, MD 20759~~
 11006 PINEBROOK ROAD CT. FULTON, MD 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 1-5702 Subdivision PINDELL WOODS
 Section _____ Area 40 Lot 36
 Tax Map 41 Parcel 274 Grid 8
 Zoning RDED Map Coordinates 14 33 Lot size 1.07 AC

Property Owner's Name LORALIE-JEFF BULTE
 Address 6554 AUTUMN WIND CIRCLE
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410-531-1946 Work Phone 410-614-2733
 Applicant's Name & Mailing Address, (if other than stated hereon):
John Krawczyk
 Phone _____ Fax 301-621-3331

Existing Use SID
 Proposed Use SID & POOL
 Estimated Construction Cost \$25,000
 Description of Work INSTALL 26'x38' INGROUND POOL IN REAR YARD W/17' DIA SPA. POOL & SPA TO BE ENCLOSED BY CARTRIDGE SYS. POOL TO BE ENCLOSED BY 4' HIGH FENCE TO CODE. FILL BY

Contractor Company MARYLAND POOLS INC
 Contact Person KRAWCZYK
 Address SPRING LANE SUITE 119
 City COLUMBIA State MD Zip Code 21046
 License No. 6694
 Phone 410-995-6600 Fax 301-621-3331

Occupant or Tenant 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 _____ 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 _____	

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: <u>26'x38'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input 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 type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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: <u>5' to 8 1/2' DEEP</u>	
Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature

John E Krawczyk
 Print Name
11/14/02
 Date

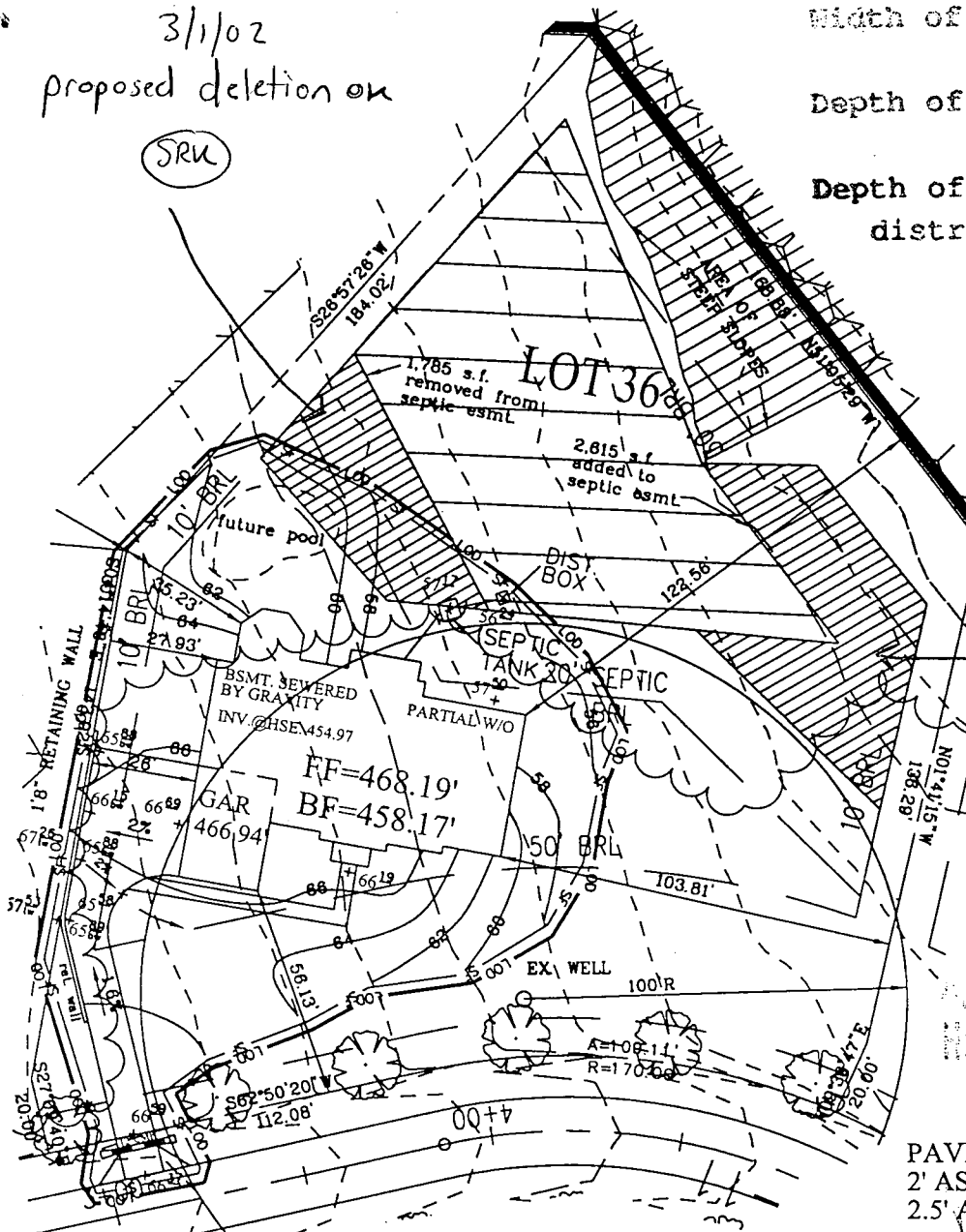
Title/Company _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

required 260 feet

3/1/02
proposed deletion on

SRU

Width of trench (es) 2 feet
Depth of trench (es) 3 feet
Depth of stone required for distribution pipe 4 feet



Dewberry & Davis LLC
A Dewberry Company

804 West Diamond Avenue, Suite 200
Gaithersburg, MD 20878-1414
(301) 948-8300 Fax: (301) 258-7607

10001 Dereckwood Lane, Suite 100
Lanham, MD 20706
(301) 731-0188

proposed addition to SDA
ON SRU 3/1/02

Howard County Health Department

PAVING SPECIFICATION:
2' ASPHALT 4' CR-6 OR
2.5' ASPHALT 15' OVERLAY

Steve P. Davis 3-1-02
Signature

ELEVATIONS
EXISTING:

GRADE@SEPTIC TANK: 457.17
GRADE@DIST.BOX: 456.24
GRADE@TRENCHES: 456.24

PROPOSED:
FIRST FLOOR: 468.19 ✓
BASEMENT: 458.17 ✓
INVERT OUT OF HOUSE: 454.97 ✓
INVERT INTO SEPTIC TANK: 454.67 ✓
INVERT INTO DIST.BOX: 453.24 ✓
INVERT INTO TRENCHES: 453.00 ✓



1/29/2002

HOUSE MODEL
CUSTOM

DATE: JANUARY 11, 2002
SCALE: 1"=50'

PLAT REFERENCES
LIBER/FOLIO:
PLAT BOOK:
PLAT NO. FOLIO:

LOT 36, PINDELL WOODS LOTS 1 THRU 47
AND PRESERVATION PARCELS A THRU F

OWNER/BUILDER:
DALE THOMPSON BUILDERS
6300 WOODSIDE COURT
COLUMBIA, MD 21045
(410) 995-6736

PLOT PLAN
SINGLE FAMILY
DWELLING

11605 MIRROR POND COURT
LOT 36 PINDELL WOODS
HOWARD COUNTY, MARYLAND

2/5/02
v=00

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: 12203 PATRICKS DR
SUMMERSVILLE, 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: DALE JOHNSON BROS Telephone #: 410-995-6730
Subdivision: YINDELL WOODS Lot #: 30 Well Tag #: HO-94-3000
Site Address: WOODS MIRROR POND
FULTON, MD 20739

Submersible Pump Data
Make: JACO 22.1 Pitless Adapter Make: HAZARD Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap:
Pump Capacity: _____ GPM Depth: 44" (36" min) Screened, vented well cap:
Well Yield: 3 GPM NSF approved: _____ Cap secured to casing:
Depth of well encountered at time of pump installation: 325 (feet) Conduit min 1 1/2" B.C.:
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 Conduit secured to well cap:
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house
Type: PVC House Connection
PSI: 1/2 (160 psi min) PVC sleeved to undisturbed soil at well penetration:
Depth of supply line: 1/2 (36" min) Approximate length of sleeve: 6'
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: 7/3/02

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

Date Insp. Requested: 7/5/02 Date Insp. Approved: 7/5/02/11

- 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 4" above finished grade _____
 - Water supply line sleeved adequately at house connection _____
 - Adequate groud observed below pitless adapter _____

HD-215 (Rev. 8/00)

*Left green marker
02/05/02*

C1 0826

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

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-94-3000

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

Depth of Well

08 02 01

325'

28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Builders STREET OR RFD Mirror Pond Court TOWN Fulton SUBDIVISION Pindell Woods SECTION LOT 35

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, FEET (FROM, TO), check if water bearing. Includes entries like REDISH SILT SOIL, REDISH CLAY, EOPANGE SILT SOIL, TAN WEATHERED ROCK, MED HARD GRAY & GREEN MICA ROCK.

DRY HOLES 0' 500' 2 0' 300' SINKED w/ Rock Cutting & Cement Grout

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (I) (7) BENTONITE CLAY (B) (C) NO. OF BAGS 45 46 NO. OF POUNDS 1,548 GALLONS OF WATER 102 DEPTH OF GROUT SEAL (to nearest foot) from 0' TOP 52' 54' BOTTOM 58'

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6" Total depth of main casing (nearest foot) 70'

OTHER CASING (if used) diameter inch/ depth (feet) PL 4.5 150'

SCREEN RECORD

screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) (O) (T) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED (Y) (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...

DRILLERS LIC. NO. 1 MWD 355 Michael Beards DRILLERS SIGNATURE

LIC. NO. 1 MWD 546 Joseph A. Barber SITE SUPERVISOR

DEPTH (nearest ft.)

Table with columns: T, 2, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes entries for 10', 70', 325'.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

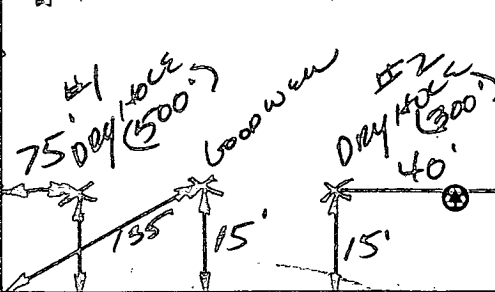
PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 2.1 METHOD USED TO MEASURE PUMPING RATE Water Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38' WHEN PUMPING 215' TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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 2 (nearest foot)

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



FRONT PROP LINE

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3000
 Location of property (road) Mirror Pond Court
 Subdivision Pindell Woods Lot 36 Block Plat Sec.
 Well Driller Barlow Owner Dale Thompson Builders

Depth of well 325'
 Distance of measuring point (M.P.) above ground 1"
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 10:45 Pumping rate 2
 Total time 30mins to reach pumping water level 215' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	38'	5 sec		12
11:00	100'	6 sec		10
11:15	215'	30 sec		2
11:30	215'	30 sec		2
11:45	215'	30 sec		2
12:00	215'	30 sec		2
12:15	215'	30 sec		2
12:30	215'	30 sec		2
12:45	215'	30 sec		2
1:00	215'	30 sec		2
1:15	215'	30 sec		2
1:30	215'	30 sec		2
1:45	215'	30 sec		2
2:00	215'	30 sec		2
2:15	215'	30 sec		2
2:30	215'	30 sec		2
2:45	215'	30 sec		2
3:00	215'	30 sec		2
3:15	215'	30 sec		2
3:30	215'	30 sec		2
3:45	215'	30 sec		2
4:00	215'	30 sec		2
4:15	215'	30 sec		2
4:30	215'	30 sec		2

B 1 03186

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 94 - 3000

fill in this form completely

W514687 please print or type

Date Received (APA)

12/22/01

OWNER INFORMATION

Dale Thomas Builder, 6300 Woodside Ct, Columbia MD 21045

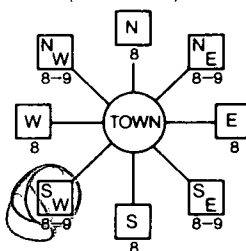
LOCATION OF WELL

Howard County, Pindell woods, Simpsonville, 1 mile from town

DRILLER INFORMATION

Michael Barlow MW 0355, Michael Barlow Well Drilling, 522 Underwood Lane, Bel Air Md

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mirror Pond Ct, near what road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), 15 feet distance from road

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 300 GAL. PER DAY

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION, FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued 02/22/01, CO SIGNATURE, EXP. DATE 02/21/02, NORTH GRID 823 000, EAST GRID 0488 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered), JETTED, Jettied & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY (Hydraulic Rotary), CABLE, REVerse-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

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 HO 00 GAP 012(01), PERMIT No. HO - 94 - 3000

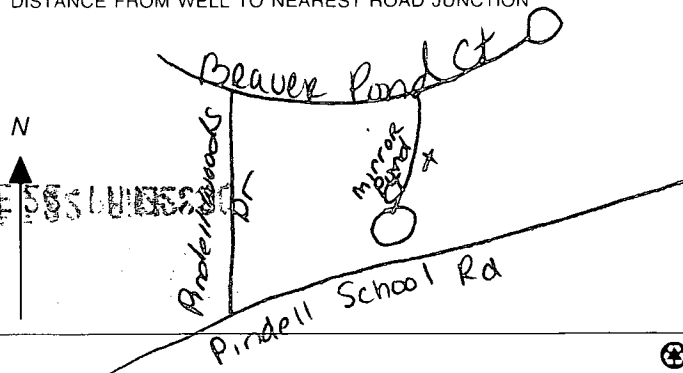
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8203, N 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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 5705 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL STATE PERMIT NUMBER HO 94 - 3144

1 **2** **3** **6** **70** **79**

W515334 please print or type fill in this form completely

Date Received (APA) 07-16-01

OWNER INFORMATION

8 **MM** **DD** **YY** **13**

Thompson, Dale Builders

15 Last Name **Owner** **First Name** **34**

6300 Woodside Court

36 Street or RFD **55**

Columbia, MD 21046

57 Town **70** State **72** Zip **76**

B 3 Howard LOCATION OF WELL

8 COUNTY **21**

Pindell woods

23 SUBDIVISION **42**

SECTION 36 LOT 36

44 **46** **48** **50**

Fulton

52 NEAREST TOWN **71**

MILES FROM TOWN (enter 0 if in town) 3 **M I**

73 **76** **77** **78**

DRILLER INFORMATION

Ralph E. Wayne M SD 117

Driller's Name **76** License No. **81**

Ralph Wayne Well Drilling

Firm Name

17024 Hardy Road, Mt Airy

Address

Ralph E. Wayne 7-16-01 MD

Signature **Date**

B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Mirrao Pond Ct.

11 NEAR WHAT ROAD **30**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 20 **37**

DISTANCE FROM ROAD

ENTER FT OR MI **38** **39**

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 450 **5**

8 **12**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 1500

14 **20**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

22

11/20/01 permit cancelled returned tag destroyed

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **13** COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED 07-16-01 **41**

43 **MM** **DD** **YY** **48** CO SIGNATURE _____ EXP. DATE

NORTH GRID 488 **000** EAST GRID 0823 **000**

50 **55** **57** **63**

APPROXIMATE DEPTH OF WELL 150' 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 480 **000**

N 820 **000**

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)

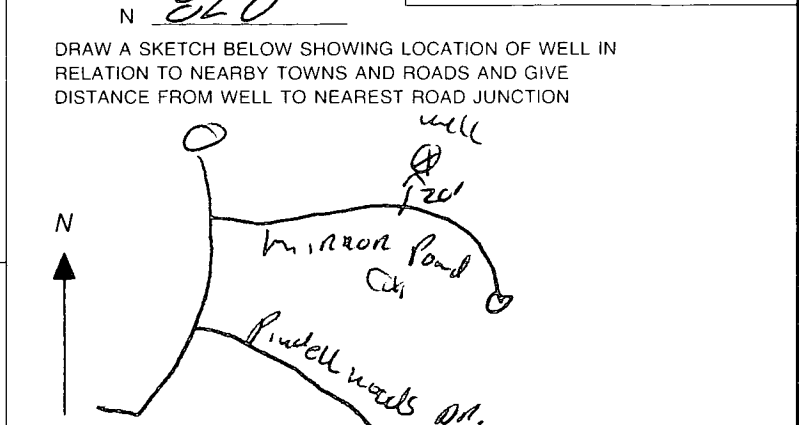
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE), **41** _____ **52**



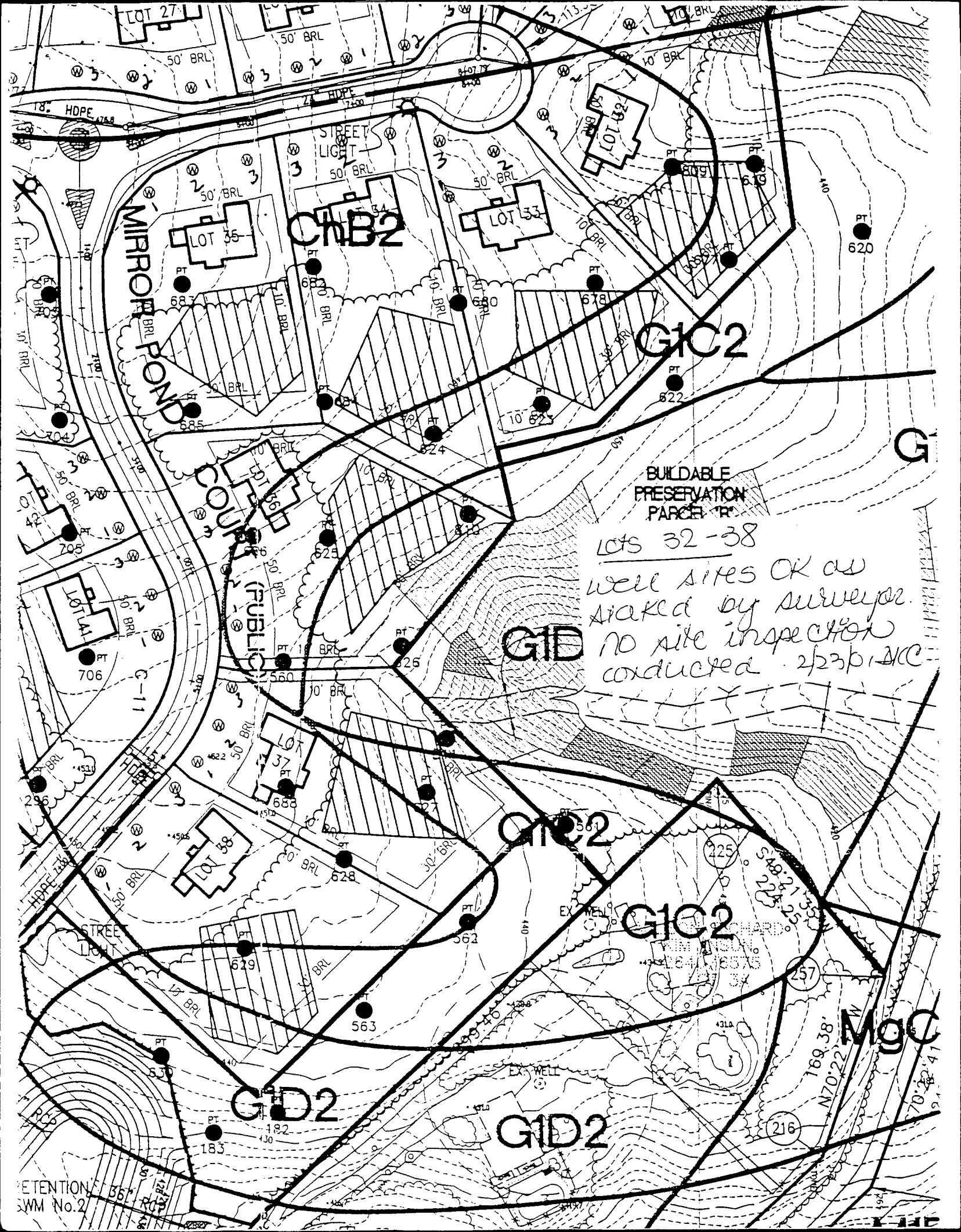
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H0000 GAP 912(01)

54 **63**

PERMIT No. HO-94-3144

70 **71** **72** **73** **74** **75** **76** **77** **78** **79**



MIRROR POND

CMB2

G1C2

G1D

G1C2

G1C2

G1D2

G1D2

M9C

BUILDABLE PRESERVATION PARCEL

lots 32-38
well sites OK as
marked by surveyor.
no site inspection
conducted 2/23/11 AC

RETENTION SWM No.2

(216)

(257)

(225)

(225)

(255)

(257)

(257)

(257)

(257)

(257)

(257)

(257)

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(216)

RETENTION SWM No.2

1-11

APPLICATION

PERCOLATION TESTING

A 5130416

P _____

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

DISTRICT 5th

DATE 6/21/00

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. 36

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

0' 626

6" topsoil

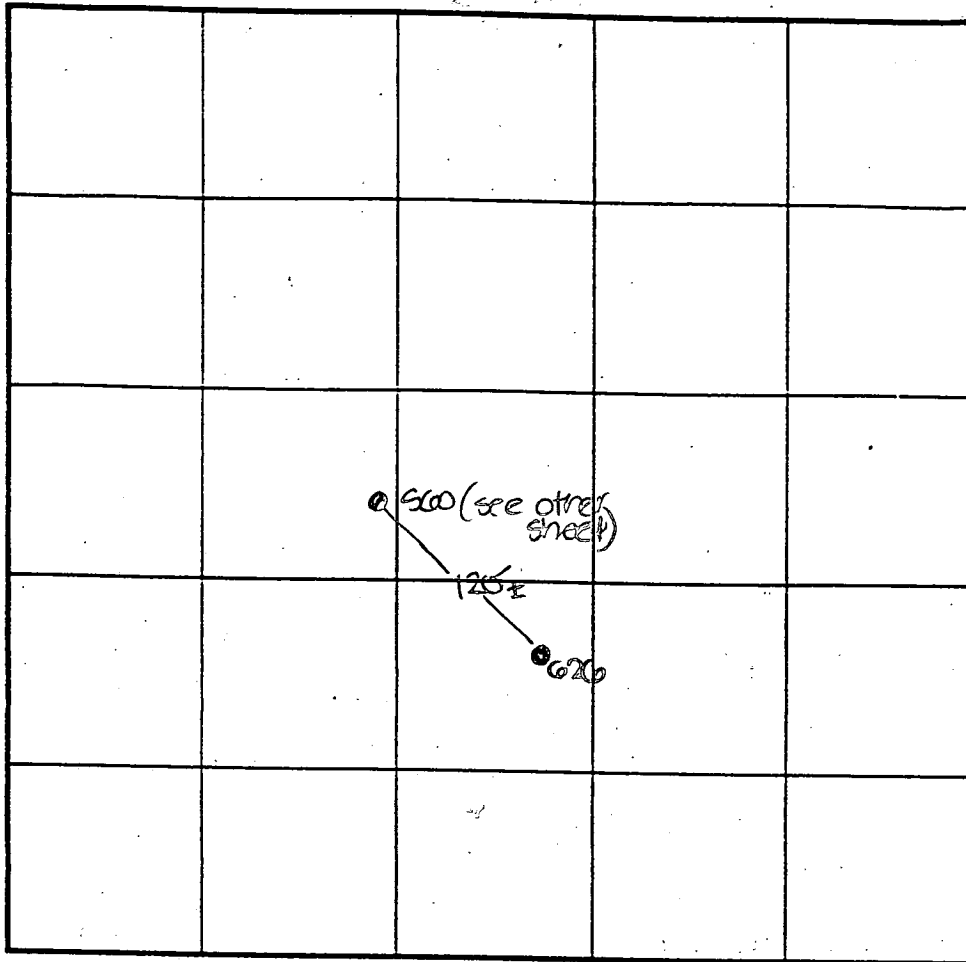
4" dk red to org lom cl lm

pale org beige sil lm

12.5' 19% sapr sh

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-29-00	<u>626</u>	4.5' S	10:51 ₃	10:54	10:54	10:58	4
		12.5' D	Visual	-See	profile		OK

REMARKS hole tested as stated

TYPE OF SOIL _____

TESTED BY DS ALSO PRESENT C. Zapp, R. Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

COUNTY #

SCIL PROFILE

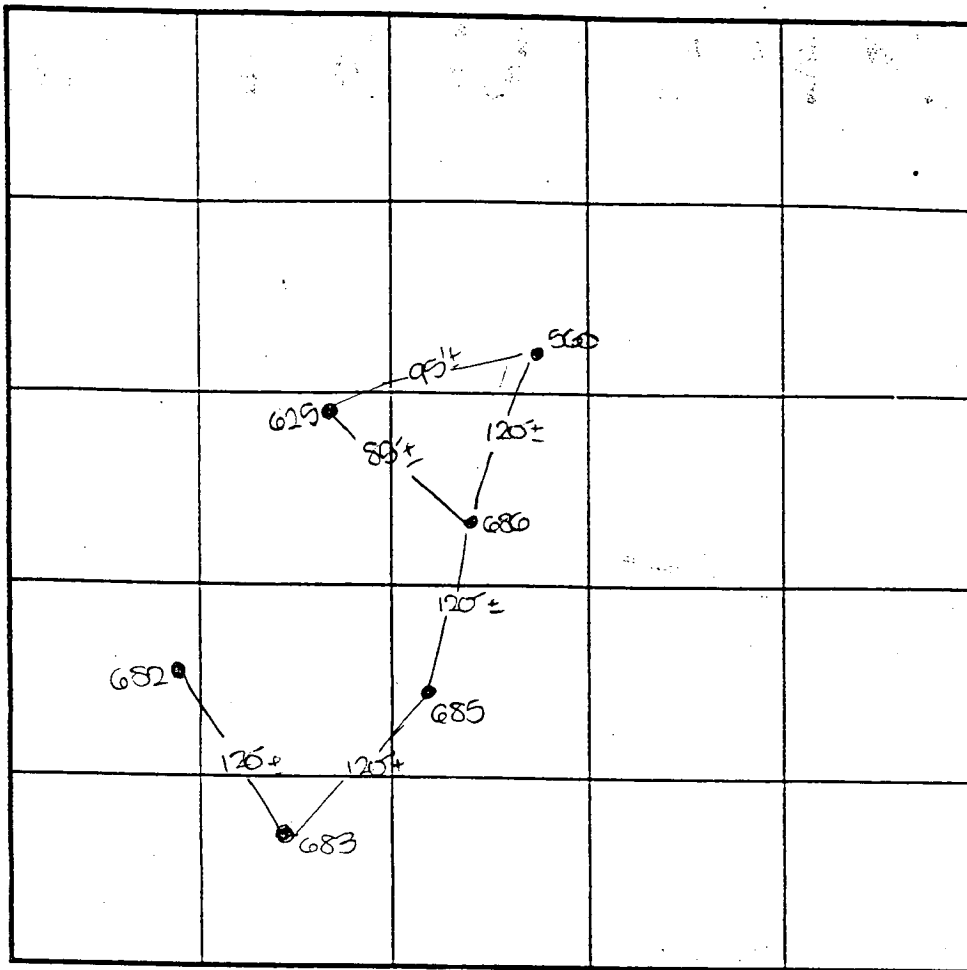
0' 680
 6" topsoil
 br red brn cl lm
 4' med org red brn sa mica lm
 20%+ sapr sh
 12'

680/683

0' 6" topsoil
 br red brn cl lm
 4' med red brn sa mica lm
 15% sapr sh
 13.5'

560

0' 6" topsoil
 dk red brn cl lm
 4' pale org beige sa lm to beige sa lm
 5-10% sapr sh
 13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 682
 6" topsoil
 br org red brn to org brn cl lm
 4' 4.5' pale org red brn sa mica lm
 15%+ sapr sh
 13' 0' 625
 6" topsoil
 org brn cl lm
 5' dk red brn sa mica lm
 13'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-29-00	685	3.5'S	10:00	10:13	10:13	10:31	18
		12.0'D	visual	- see	profile		OK
	686	13.5'D	visual	- see	profile		OK
	560	13.0'D	visual	- see	profile		OK
	683	4.5'S	10:14	10:16	10:16	10:20	4
		12.0'D	visual	- see	profile		OK
	682	5.0'S	10:24	10:26	10:26	10:30	4
		13.0'D	visual	- see	profile		OK
	625	4.5'S	10:43	10:56	10:56	11:15	19
		13.0'D	visual	- see	profile		OK

REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY DK ALSO PRESENT C. Zepp, R. Co...

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

LOT 360

COUNTY #

SOIL PROFILE

810

top soil

org brn
sa cl lm

med
pk brn
sa mica
lm

15%
100%

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-26-00	810	3.0' S	10:28	10:30	10:30	33	3
		13.0' D	Visual	-See	Pre + 1"		OK

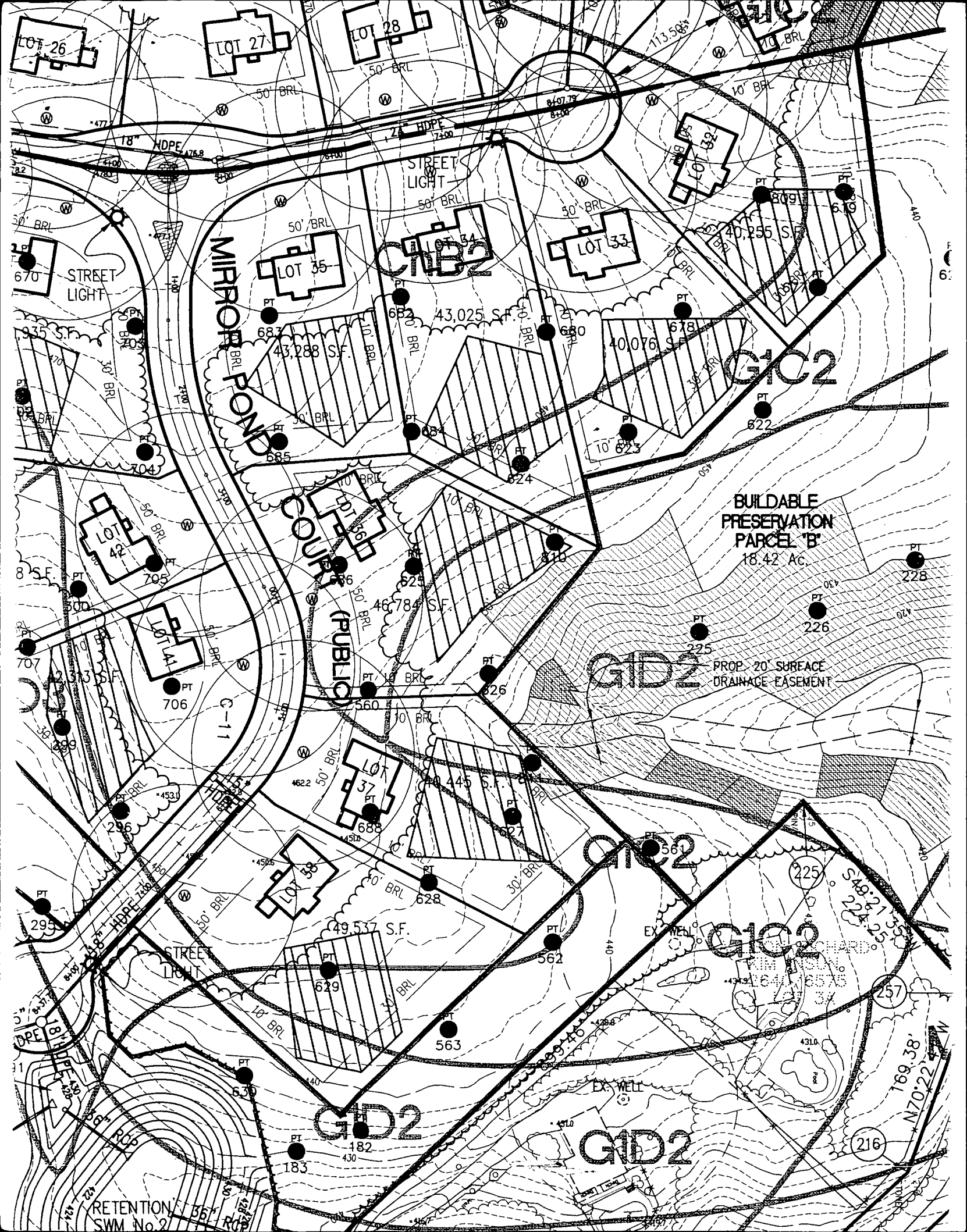
REMARKS hole tested as stated

TYPE OF SOIL _____

TESTED BY DLL ALSO PRESENT C. Zepp, P. Peville

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

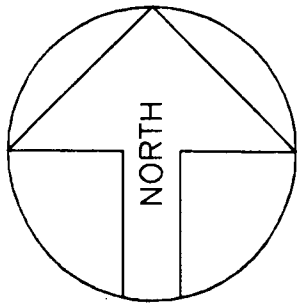


SETBACKS:

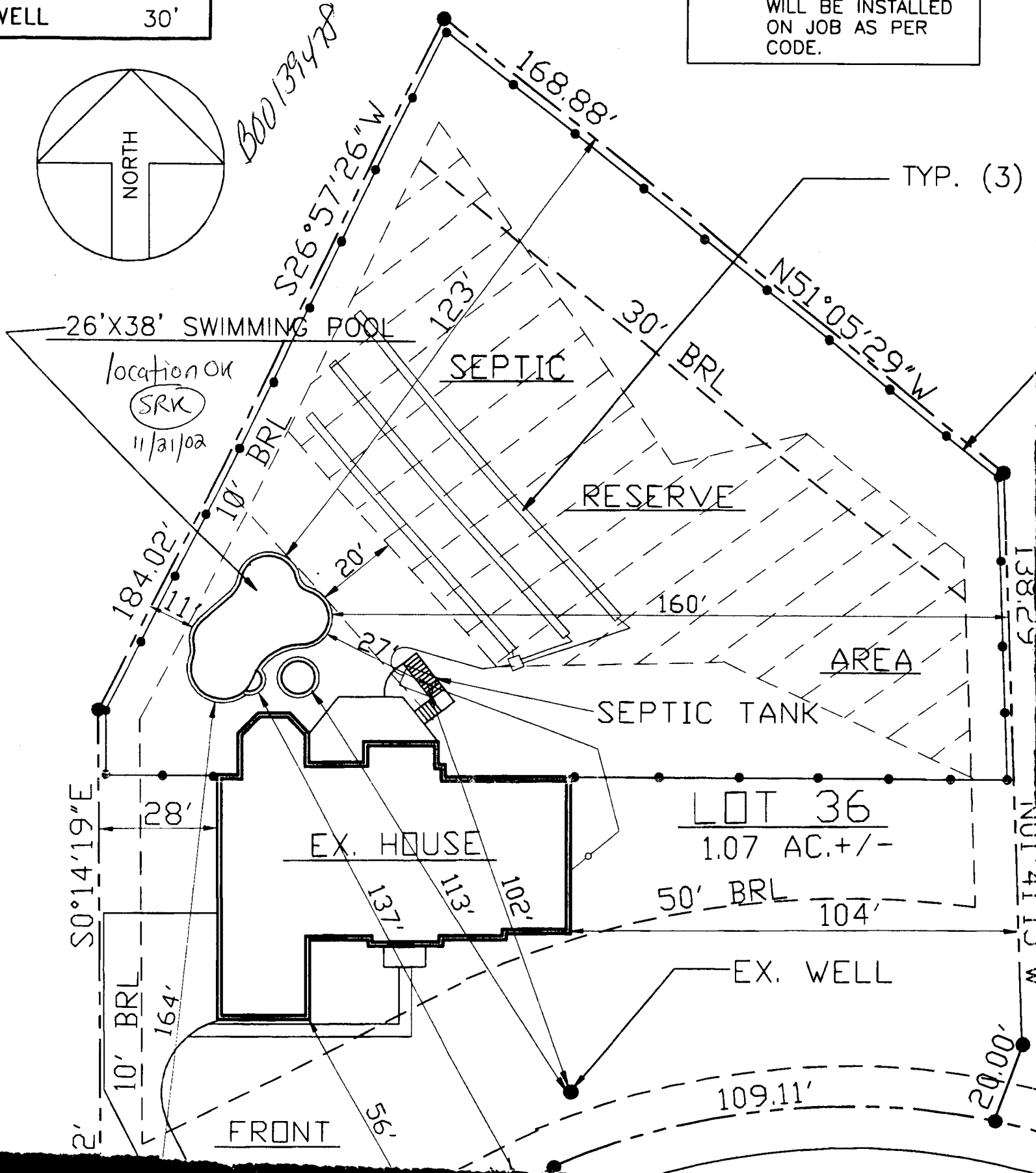
REAR PL.	10'
SIDE PL.	10'
HOUSE	0
SEPTIC	20'
WELL	30'

PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



300/139478



LOT 36
1.07 AC. +/-

50' BRL 104'

EX. WELL

FRONT

EX. HOUSE

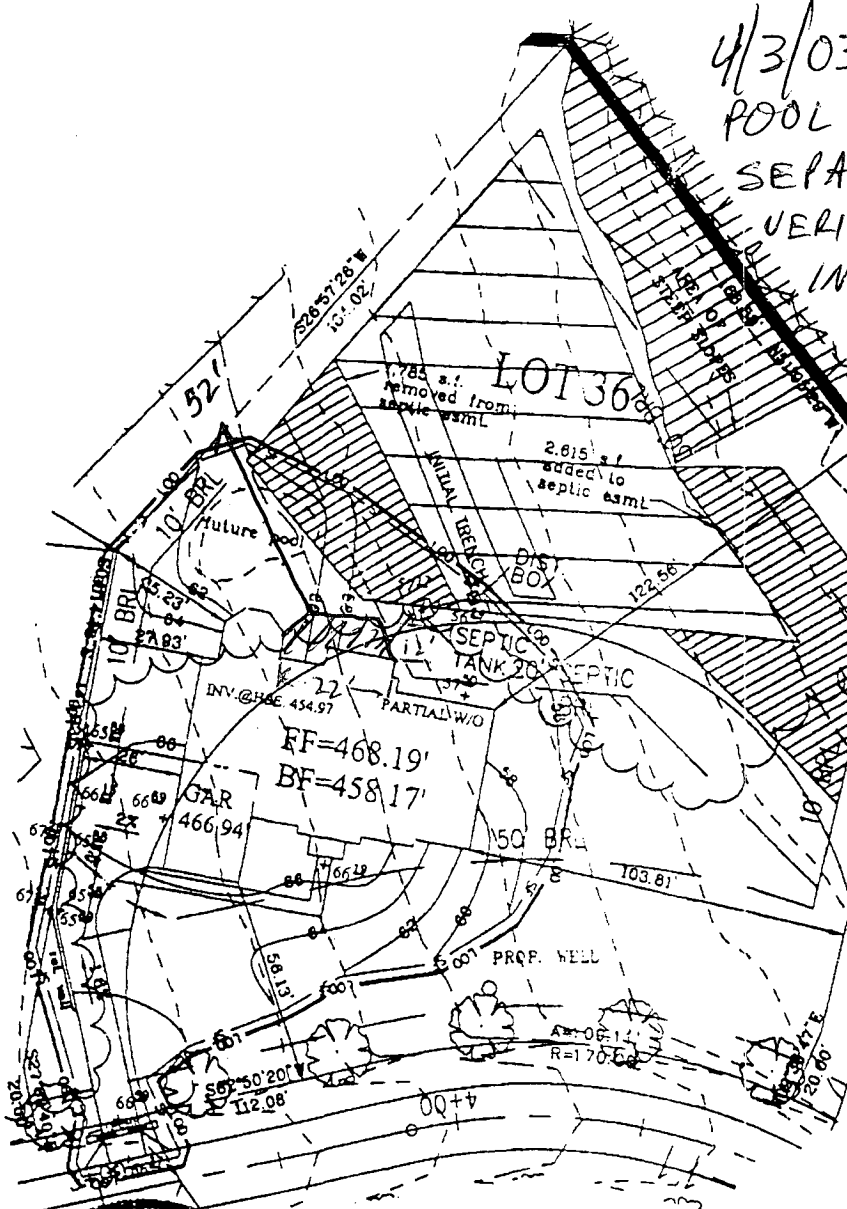
SEPTIC TANK

RESERVE

SEPTIC

26' X 38' SWIMMING POOL

location on
SRK
11/21/02



4/3/03 **MR**
 POOL-TANK
 SEPARATION NOT
 VERIFIABLE w/o
 INSP
 MEET CONTR.
 4/8/03 3:00

4/8/03 **MR**
 SITE MEETING
 DECK
 ADJUSTED TO
 PROVIDE 9' TO
 CLOSEST COR OF
 EX. S.T.

PAVING SPECIFICATION:
 2' ASPHALT 4' CR-6 OR
 2.5' ASPHALT 1.5' OVERLAY



ELEVATIONS
 EXISTING:

GRADE@SEPTIC TANK: 457.17
 GRADE@DIST.BOX: 456.24
 GRADE@TRENCHES: 456.24

PROPOSED:
 FIRST FLOOR: 468.19
 BASEMENT: 458.17
 INVERT OUT OF HOUSE: 454.97
 INVERT INTO SEPTIC TANK: 454.67
 INVERT INTO DIST.BOX: 453.24
 INVERT INTO TRENCHES: 453.00

Dewberry & Davis LLC
 Engineers
 Planners
 Surveyors
 Landscape Architects
 A Dewberry Company
 10001 Dereckwood Lane, Suite 100
 Lanham, MD 20706
 (301) 731-5551 Fax: (301) 731-0188
 804 West Diamond Avenue, Suite 200
 Gaithersburg, MD 20878-1414
 (301) 948-8300 Fax: (301) 258-7607

HOUSE MODEL
 CUSTOM
 DATE: JANUARY 11, 2002
 SCALE: 1"=50'
 PLAT REFERENCES
 LIBER/FOLIO:
 PLAT BOOK:
 PLAT NO. FOLIO:

LOT 36, PINDELL WOODS LOTS 1 THRU 47
 AND PRESERVATION PARCELS A THRU F
 OWNER/BUILDER:
 DALE THOMPSON BUILDERS
 6300 WOODSIDE COURT
 COLUMBIA, MD 21045
 (410) 995-6736

PLOT PLAN
 SINGLE FAMILY
 DWELLING
 11605
 7025 MEANDERING STREAM WAY
 LOT 36 PINDELL WOODS
 HOWARD COUNTY, MARYLAND

11605 MIRROR POOND CT

0
BR

DEPARTMENT OF INSPECTORS, LICENSES AND PERMITS
3630 COLLEGE HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2046 INSPECTIONS (410) 313-1010
AUTOMATED INFORMATION (410) 313-3530

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
60-141049

Building Address W. J. Howard County, MD 21045
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605102 Subdivision P. J. Hill Woods
Section _____ Area _____ Lot 36.
Tax Map 41 Parcel 775 Grid 8
Zoning R1 DOW Map Coordinates 14312 Lot size _____

Property Owner's Name Jeff Bolte
Address 7025 Monksing Stream Way
City Columbia State MD Zip Code 21046
Home Phone 410 531-1946 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 10K
Description of Work Irregular Shaped Deck 342 FT²

Contractor Company BRUCE BUILDERS, LLC
Contact Person Michael Bruce
Address 770 Oak Grove Cir
City Sevier Park State MD Zip Code 21120
License No. 67123
Phone 410 677 0300 Fax 410 677 8347

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

Utilities
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
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth **Width**
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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
 Manufactured Home

Utilities
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.

Michael Bruce
Applicant's Signature
Bruce Builders
Title/Company

Michael Bruce
Print Name
April 03 2003
Date

MR 4/8/03

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