

05434203

LAYOUT 9/21/04 INSP 4 \_\_\_\_\_  
INSP 2 9/22/04-JPA INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 9/7/2004

P 520867

APPROVAL DATE: 9/22/04

A 513646-BB

# PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MD 21043**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: Pindell Woods LOT NUMBER: 28

ADDRESS: 7017 Meandering Stream Way 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: 180

LINEAR FEET OF TRENCH REQUIRED: 180 HOUSE SERVED BY PUBLIC WATER

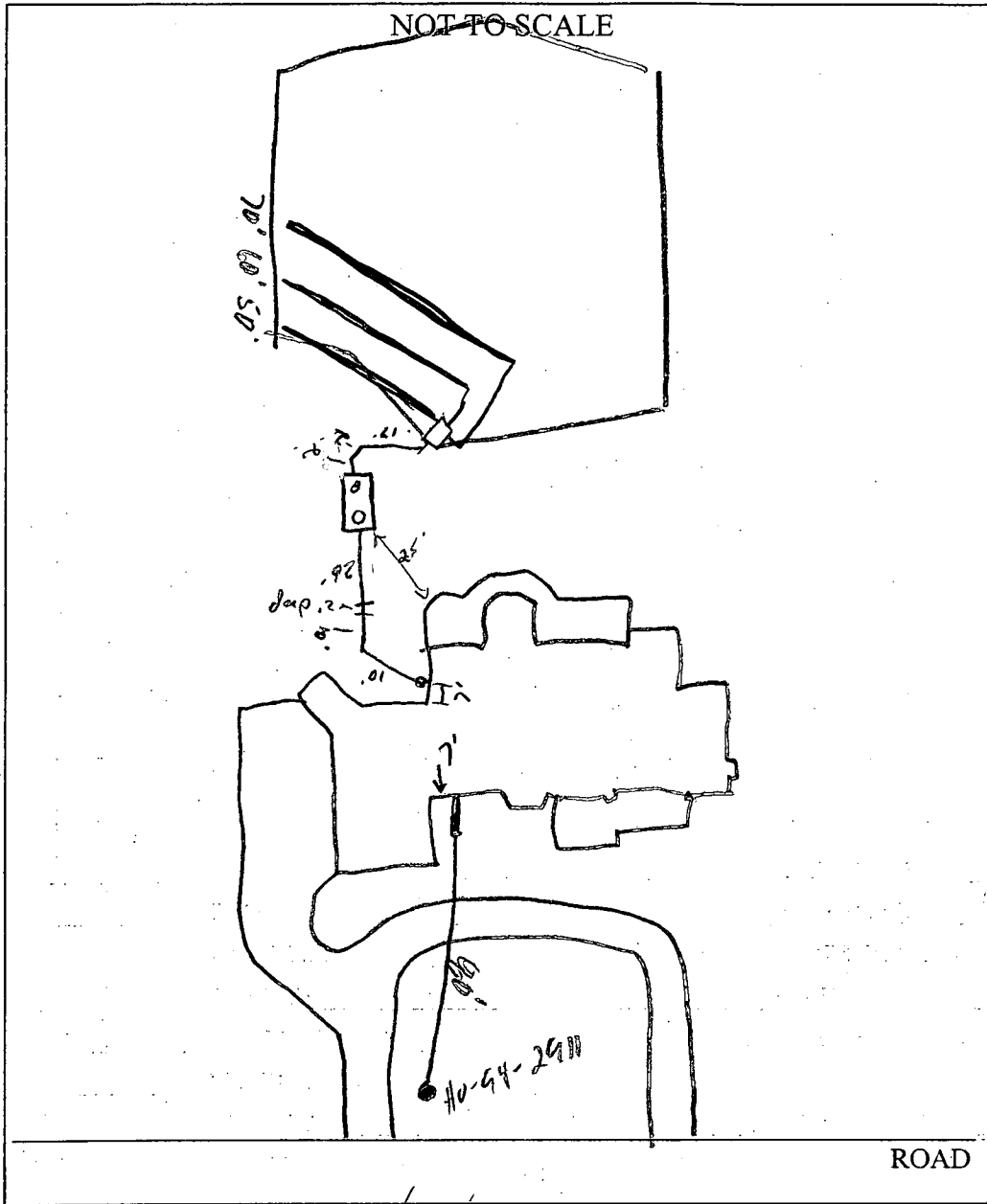
TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Install trenches on contour with 9' edge to edge trench separation.

PLANS APPROVED: John A. Boris DATE: 12/24/03

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  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

A513646-BB



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3.5	2.5
NUMBER OF TRENCHES		3
TOTAL LENGTH		180
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	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	N/A
TANK LID DEPTH	N/A
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 9/21/04 - SRA staked, contours accurate, tank set. Install either 50/60/70' or 40/60/80' trenches (50)

INSTALLATION 9/22/04 - Complete system installed. OK to cover (50)

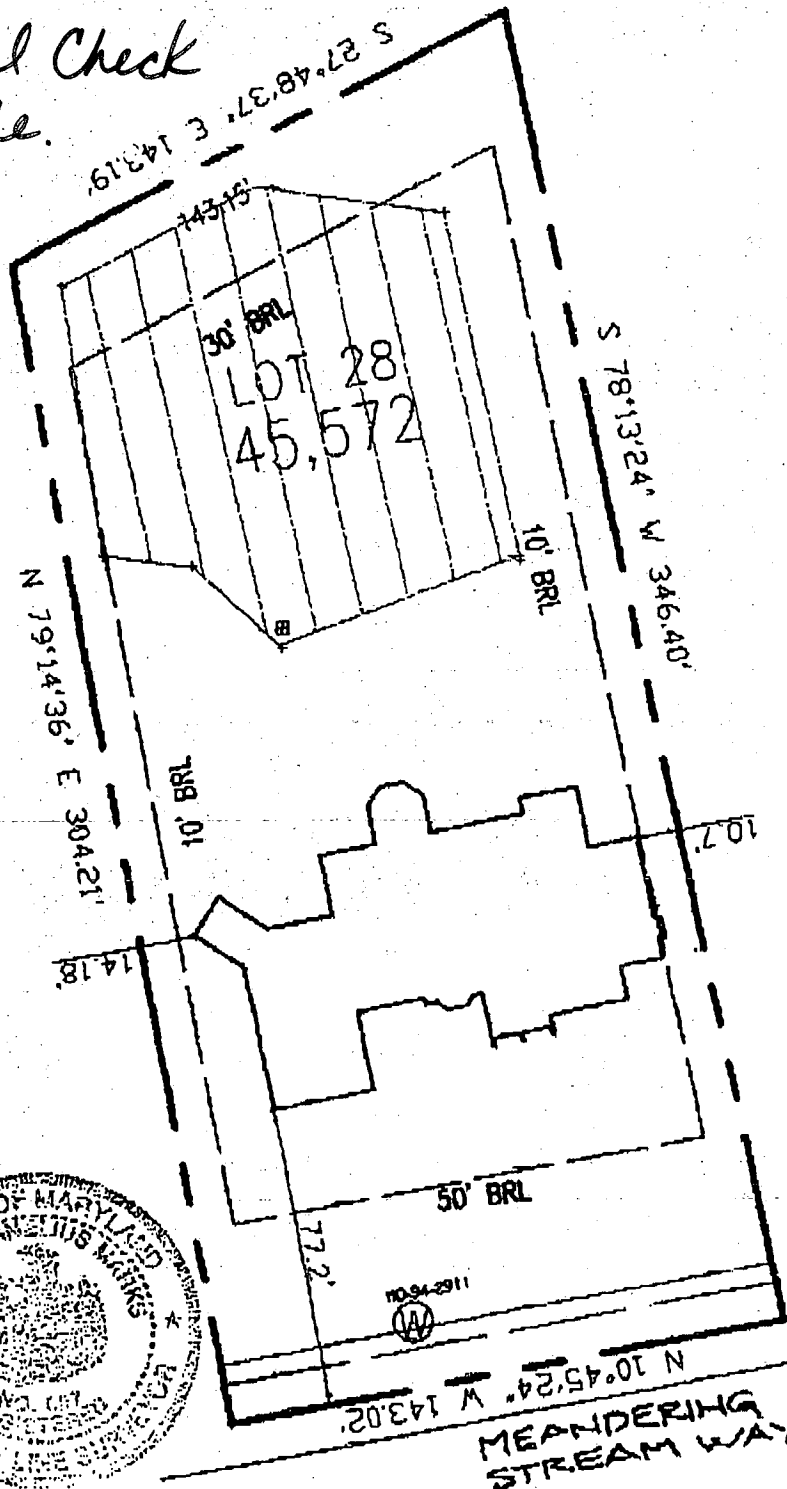
FINAL INSPECTOR [Signature] DATE OF APPROVAL 9/22/04

040 9999

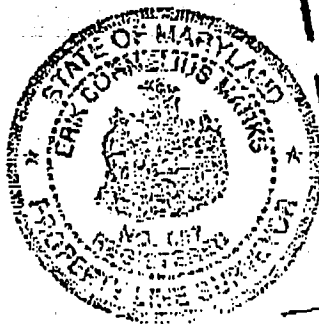
MD. STATE GRID MERIDIAN

9/7/04 Wall Check  
to scale.

(RN)



THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NO. HO 94-2811 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.  
TOP OF WALL ELEVATION: 473.0'



**RECORD REFERENCES**

LIBER/FOLIO \_\_\_\_\_  
PLAT BOOK \_\_\_\_\_  
PLAT N/L/FOLIO \_\_\_\_\_

SCALE 1"=50'  
DATE 03/04/04

**WALL CHECK**

PINDELL WOODS  
LOT 28

HOWARD COUNTY, MARYLAND

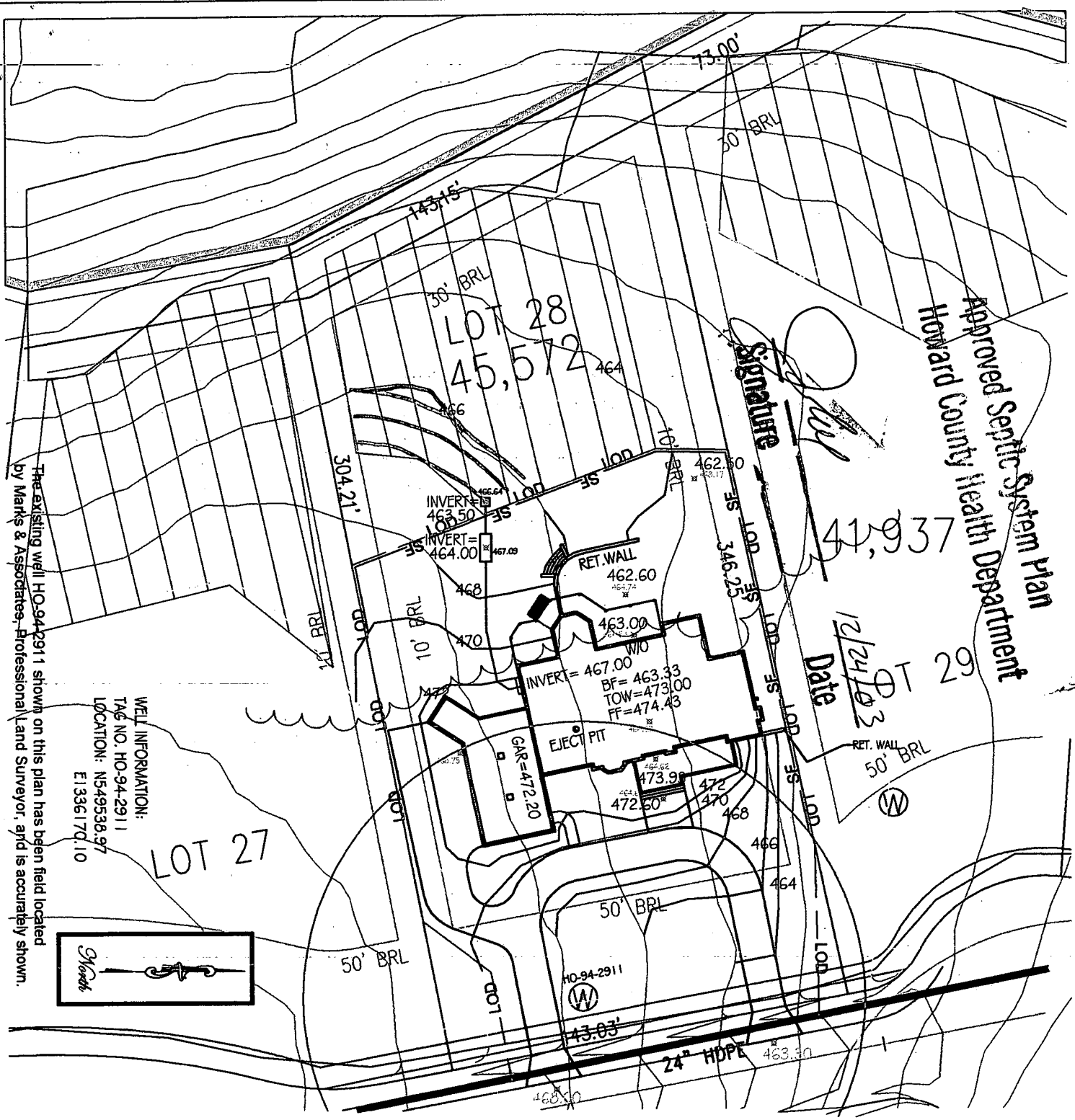
**MARKS & ASSOCIATES L.L.C.**

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. #607



# PLOT PLAN

SINGLE FAMILY DWELLING  
the Revelle Residence  
LOT 28  
PINDELL WOODS  
HOWARD COUNTY, MARYLAND

DATE: DEC 22, 2003  
SCALE: 1" = 50'

OWNER/BUILDER:  
PAUL & KATHY REVELLE  
CARDINAL LANE  
COLUMBIA, MD  
410-992-5805

PROPOSED ELEVATIONS:	
BASEMENT FLOOR:	463.33
TOP OF FNDN WALL:	473.00
FIRST FLOOR:	474.43
INVERT OUT OF HOUSE:	467.00
INVERT INTO TANK:	464.00
INVERT INTO DISTRIBUTION BOX:	463.50
GRADE AT SEPTIC TANK:	467.09
GRADE AT DISTRIBUTION BOX:	466.64
PAVING SPECIFICATIONS:	
2" ASPHALT OVER 4" CR-6 OR	
2.5" ASPHALT OVER 1.5" OVERLAY	
50 LF OF FILTER CLOTH BEGINNING AT DRIVEWAY APRON	

50/60/70 ?

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: 12203 PATRICK DR  
SYKESVILLE, 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 (Prior): 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: FINDELL WOODS Lot #: 28 Well Tag #: HO 94-2911  
Site Address: 7017 MEANDERING STREAM WAY  
FULTON, MD 20739

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: JHURCEL Make: HARVARD Two piece watertight cap:   
Model #: \_\_\_\_\_ Model#: \_\_\_\_\_ Screened, vented well cap:   
Pump Capacity \_\_\_\_\_ GPM Depth: 48" (36" min) Cap secured to casing:   
Well Yield: 3 GPM NSF/WSC approved: \_\_\_\_\_ Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 300 (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 arrestors, Cable guards, or other acceptable method used- Must circle one  
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing \_\_\_\_\_

45' static

Piping to house House Connection  
Type: URETHANE PVC sleeve 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: 9/2/04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/1/04 Inspector: SO BB  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade   
Two piece cap installed and attached to casing securely   
Elet. conduit extends at least 18" below grade/attached to cap properly   
Safety rope not seen outside of well cap/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

**C1** 0226 SEQUENCE NO. (MDE USE ONLY)

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

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD YY  
 8 13

DATE WELL COMPLETED  
 MM DD YY  
 01 13 01

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

Depth of Well  
 22 500 26  
 (TO NEAREST FOOT)

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

COUNTY NUMBER 13 OR STRA  
 5/15/01

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO-94-2911  
 28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Bldrs  
 STREET OR RFD Meandering Stream Way TOWN Fulton  
 SUBDIVISION Pindell Woods SECTION LOT 28

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	65	✓
Sand Stone	65	20	
Micka	20	90	
Sand Stone	90	95	✓
Micka	95	400	
Flint Rock	400	405	✓
Micka	405	500	

**GROUTING RECORD** yes no  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 22 NO. OF POUNDS 2200  
 GALLONS OF WATER 132  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30+ ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 80

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  N

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

**C2** DEPTH (nearest ft.)  
 HO 29 500

E	8	9	11	15	17	21
A						
C	2					
H	23	24	26	30	32	36
S						
C	3					
R	38	39	41	45	47	51
E						
E						
N						

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60  
 from to

**C3** PUMPING TEST  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min.) 3.0  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 45 ft.  
 WHEN PUMPING 145 ft.  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. 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)  
 + above } LAND SURFACE  
 - below } 2 (nearest foot)

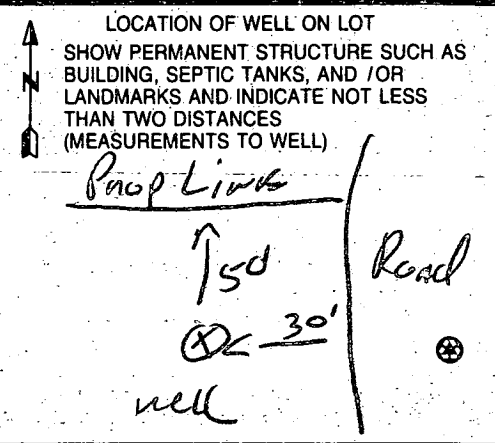
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 119  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. 1 M D

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

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 94-2911  
 Location of property (road) Meandering Stream Way  
 Subdivision Pindell Woods Lot 28 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ralph Mayne Owner Dale Thompson Bldrs

Depth of well 500  
 Distance of measuring point (M.P.) above ground 2 1/2  
 Static water level (S.W.L.) below M.P. 45'

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:30 Pumping rate 10 GPM  
 Total time 30 min to reach pumping water level 145 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	145 ✓	20 Sec		3 GPM
8:15	145 ✓	20 Sec	80% casing	3 GPM
8:30	145 ✓	20 Sec	30% open	3 GPM
8:45	145 "	20 "	22 bags	3 "
9:00	145 "	20 "		3 "
9:15	145 "	20 "		3 "
9:30	145 ✓	20 Sec		3 GPM
9:45	145 ✓	20 Sec		3 GPM
10:00	145 ✓	20 Sec		3 GPM
10:15	145 "	20 "		3 "
10:30	145 "	20 "		3 "
10:45	145 ✓	20 Sec		3 GPM
11:00	145 ✓	20 Sec		3 GPM
11:15	145 "	20 "		3 "
11:30	145 "	20 "		3 "
11:45	145 "	20 "		3 "
12:00	145 ✓	20 Sec		3 GPM
12:15	145 ✓	20 Sec		3 GPM
12:30	145 ✓	20 Sec		3 GPM
12:45	145 "	20 "		3 "
1:00	145 "	20 "		3 "
1:15	145 "	20 "		3 "
1:30	145 ✓	20 Sec		3 GPM
1:45	145 ✓	20 Sec		3 GPM
2:00	145 ✓	20 Sec		3 GPM
2:15	145 "	20 "		3 "
2:30	145 "	20 "		3 "
2:45	145 ✓	20 Sec		3 GPM
3:00	145 ✓	20 Sec		3 GPM



B 1 18632

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

10-94-2911

fill in this form completely

W514687 please print or type.

Date Received (APA) 12/13/00

OWNER INFORMATION

Thompson, Dale Builders
630 Wood Side Court
Columbia MD 21045

B 3 Howard LOCATION OF WELL

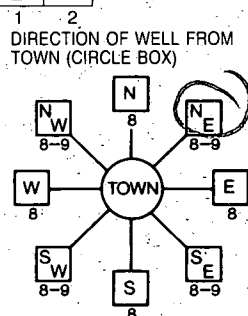
8 COUNTY Howard
23 SUBDIVISION Pindellwoods
SECTION 44 46 LOT 28
Fulton
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M. 11

DRILLER INFORMATION

Ralph Mayne M.S.D. 117
Ralph Mayne Well Drilling
17024 Hardy Rd Mt. Airy MD
Signature Date 12-8-00

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



meandering stream
NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
34 30 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

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

NOT TO BE FILLED IN BY DRILLER - HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S.
DATE ISSUED 01/08/01
CO SIGNATURE DONALD R. ... EXP. DATE 01/07/02
NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

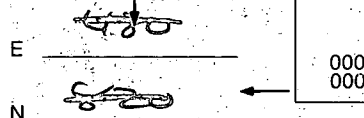
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.

2/13/01
9:00 Ground
2/13/01
No Insp.
(BA)

METHOD OF DRILLING (circle one)

- BORED (or Augered)
JETTED
Jettied & DRIVEN
AIR-ROtary
AIR-PERcussion
ROtARY (Hydraulic Rotary)
CABLE
REVerse-ROtary
DRive-POINT
other

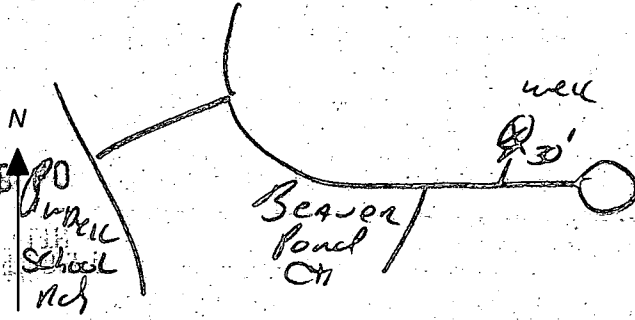
WRITE THE BOX NUMBER FROM THE MAP HERE



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

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

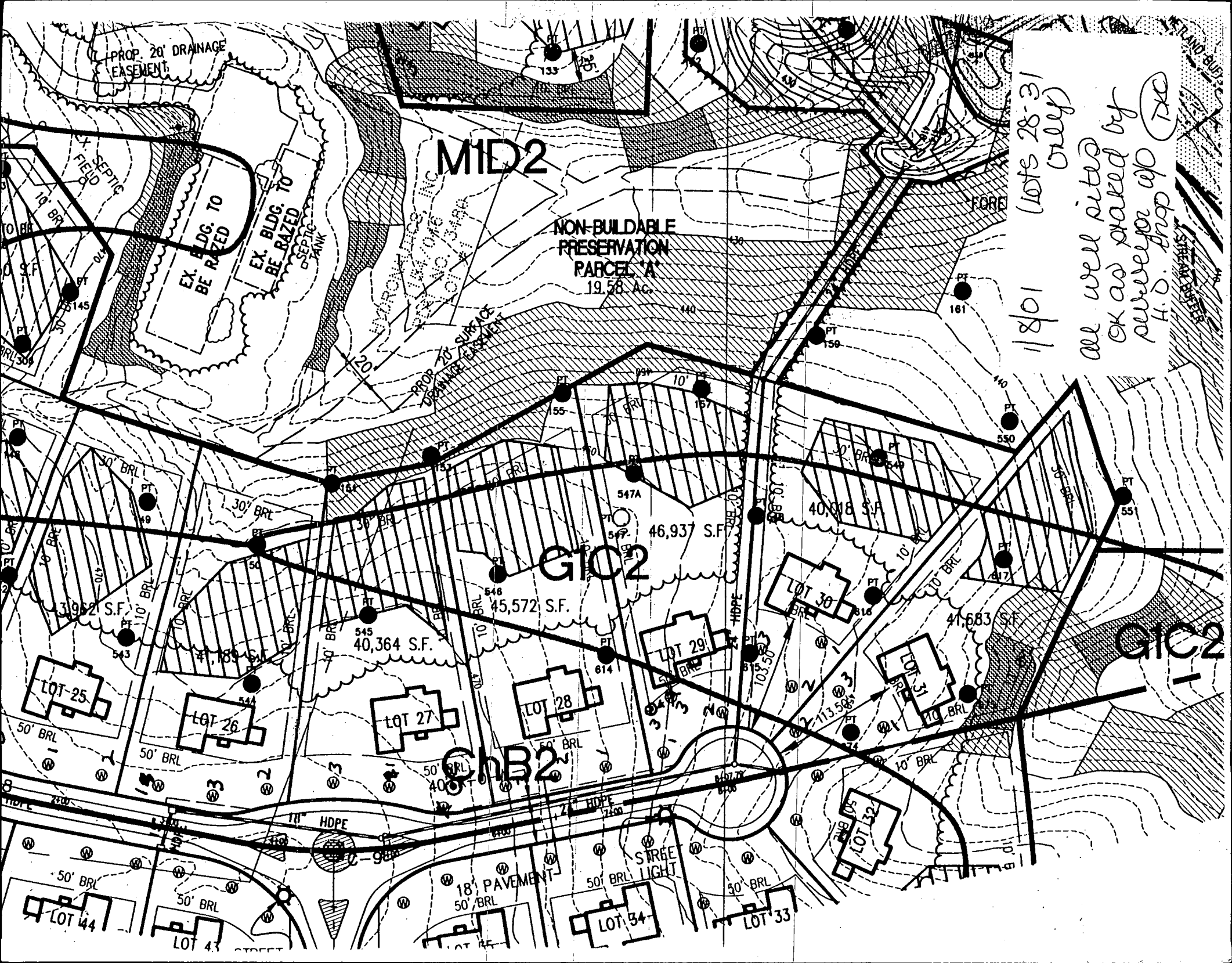


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 10000 GAP 012(01)
PERMIT No. 10-94-2911

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



11801 (lots 28-31 only)  
 all well sited  
 OK as planned by  
 supervisor of  
 H.O. Shop (7x)

GIC2  
 11

# APPLICATION

PERCOLATION TESTING

A 513646 BB

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:

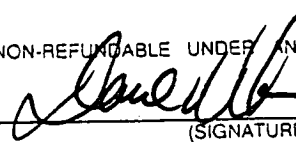
SUBDIVISION Pindell Woods LOT NO. (28)

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

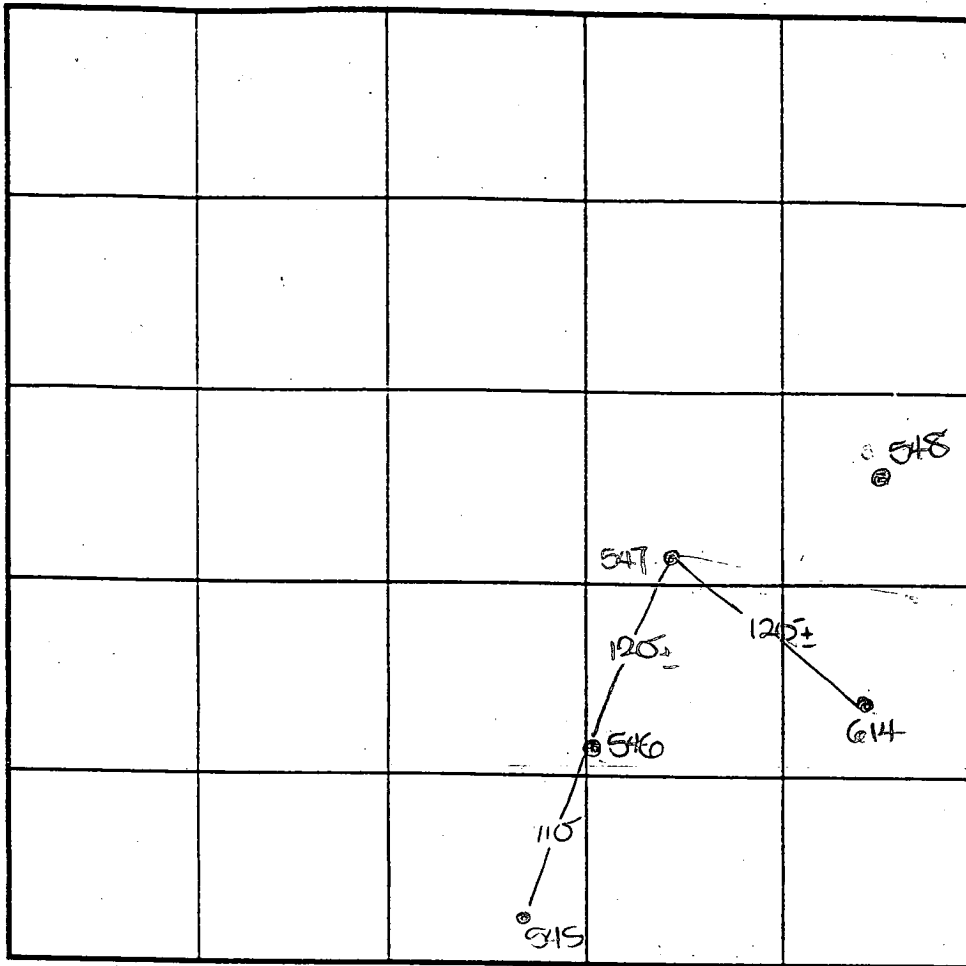
COUNTY #

SOIL PROFILE

0' 546  
 6" topsoil  
 br org brn cl Lm  
 4' med org red brn sa mica Lm  
 13' 15% sapr sh

0' 614  
 6" topsoil  
 red org brn cl Lm  
 3.5' pale org ledge s. Lm  
 10% sapr sh  
 12.5'

0' 548  
 6" topsoil  
 org red brn cl Lm  
 3.5' 4' dk pk brn sa mica Lm  
 12.5' 15-20% sapr sh



SOIL PROFILE

0' 547  
 6" topsoil  
 br org brn cl Lm  
 2' 70% hard fly  
 5' Refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-28-00	546	13.0' D	Visual	- see	profile		OK
	547	5.0' D	Refusal	- see	profile		FAIL
	614	4.0' S	11:08	11:09	11:09	11:11	2
		12.5' D	Visual	- see	profile		OK
	548	3'8" S	11:20	11:25	11:25	11:35	10
		12.5' D	Visual	- see	profile		OK

REMARKS holes tested as staked

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

TESTED BY DJS ALSO PRESENT C. Zepp, R. Colson

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

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

LOT 28

COUNTY #

SOIL PROFILE

2146

0' topsoil  
 1' org red brn cl Lm  
 4.5' w/ few lg boulders  
 5' med org brn sa Lm to med red brn sa Lm w/ mica

2149

0' topsoil  
 1' red org brn cl Lm  
 3.5' med org brn sa Lm w/ mica  
 15%+ sapr sh

2150

0' topsoil  
 1' org brn cl Lm  
 3' med org brn sa Lm w/ little mica  
 20%+ sapr sh

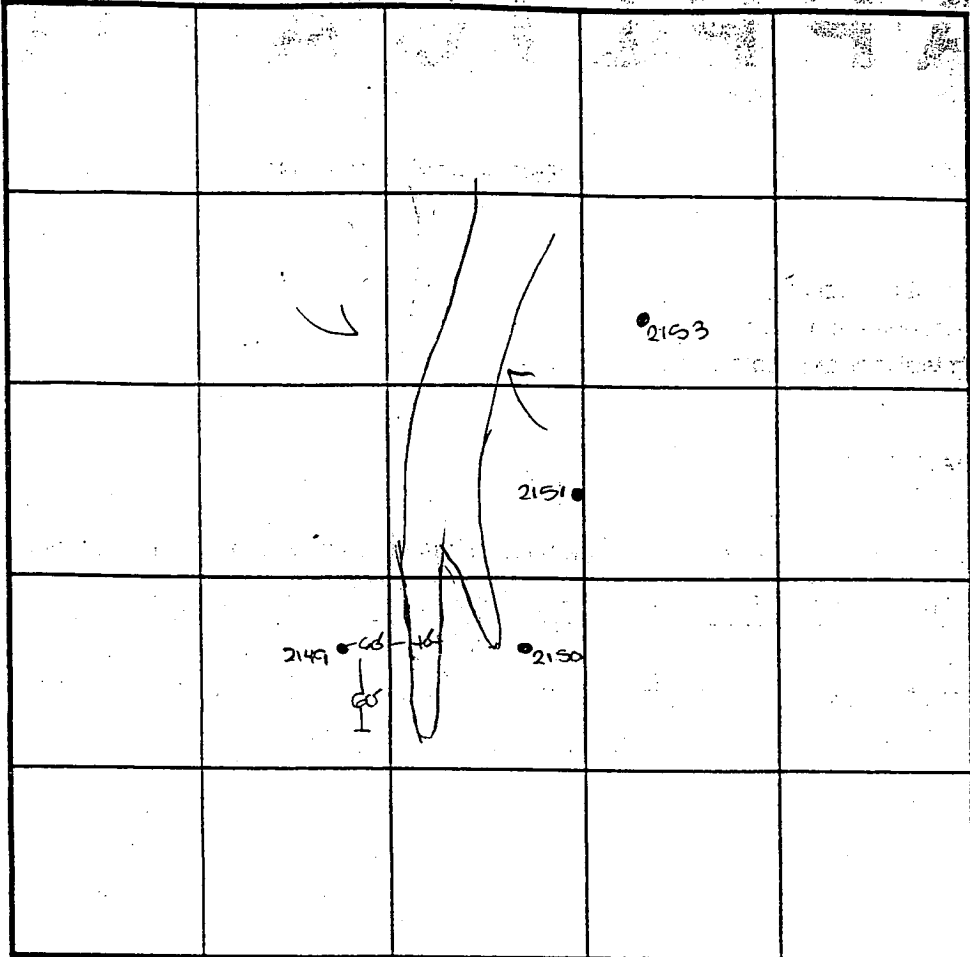
SOIL PROFILE

2151

0' topsoil  
 1' br red brn cl Lm  
 4.5' med org brn sa Lm to H brn sa Lm w/ mica  
 11.5' Hard

2153

0' topsoil  
 1' red org brn cl Lm  
 4' H org brn sa Lm w/ mica  
 35%+ sapr sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

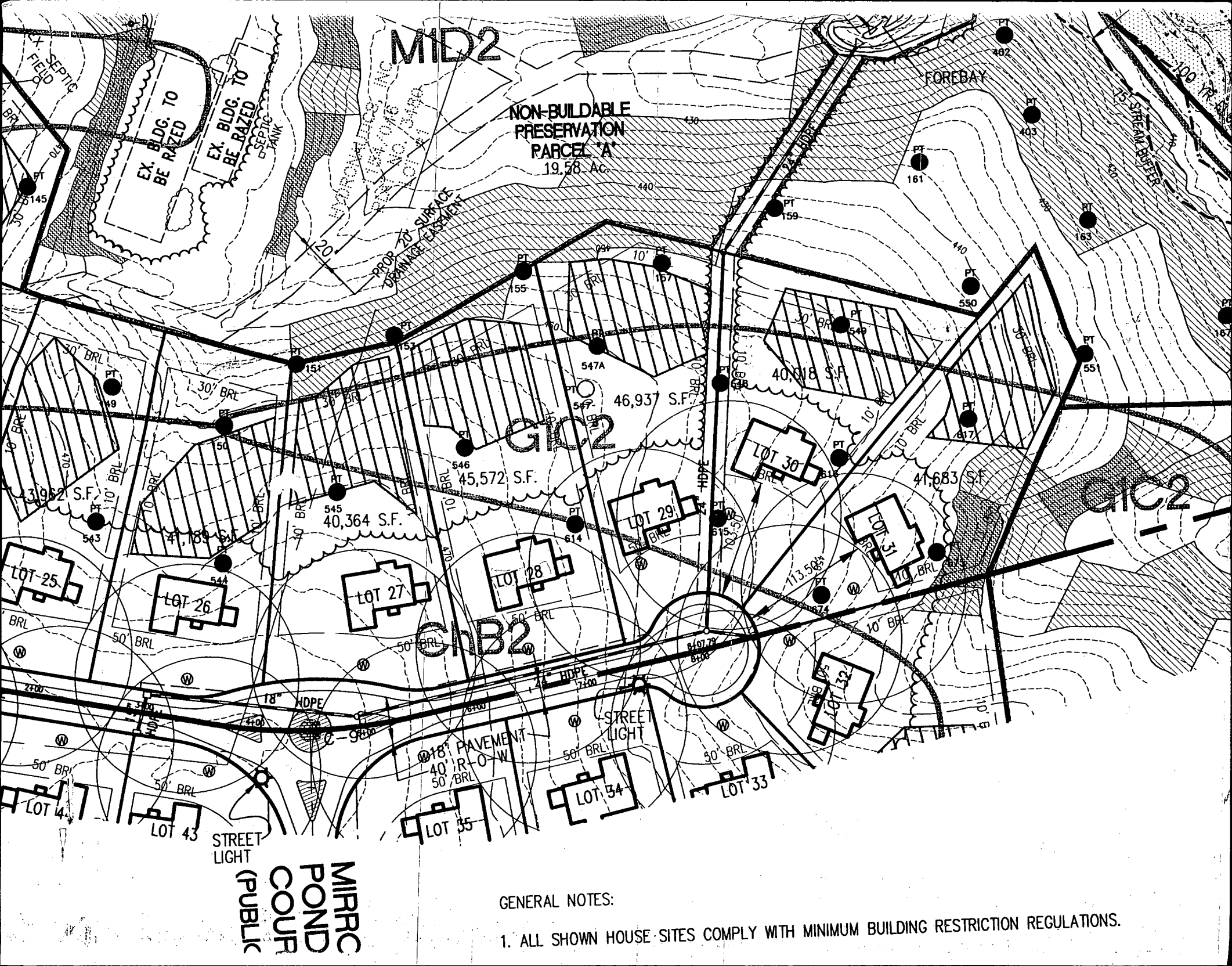
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-4-00	2146	4.5' S	11:09	test stopped	slow		OK below
		12.0' D	Visual	- see profile			OK
	2149	3.5' S	11:39	11:44	11:44	11:50	G
		13.0' D	Visual	- see profile			OK
	2150	3.0' S	11:45	11:49	11:49	11:55	G
		13.5' D	Visual	- see profile			OK
	2151	3.5' S	11:58	No mvmt - test stopped			
		11.5' D	Hard	- see profile			OK
	2153	3.5' S	12:11	12:20	12:20	12:34	H
		12.0' D	Visual	- see profile			OK
	2151	4.5' M	12:16	less than 12"	12:49		

TYPE OF SOIL \_\_\_\_\_ holes tested as stated

TESTED BY DKS ALSO PRESENT G. Zepp

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

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



MID2

NON-BUILDABLE  
PRESERVATION  
PARCEL "A"  
19.58 Ac.

FOREBAY

G1C2

ChB2

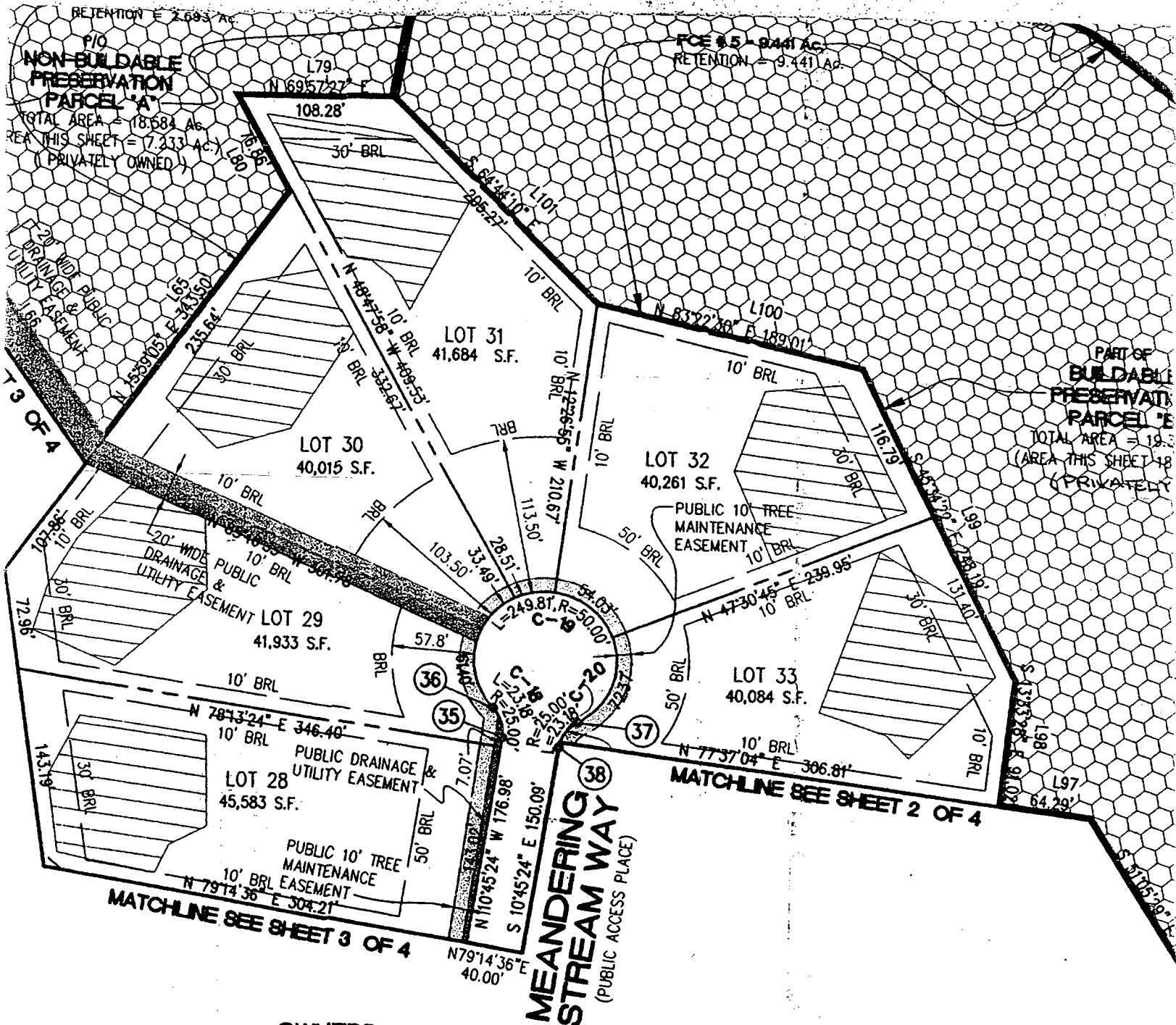
G1C2

MIRRC  
POND  
COUR  
(PUBLIC)

GENERAL NOTES:

1. ALL SHOWN HOUSE SITES COMPLY WITH MINIMUM BUILDING RESTRICTION REGULATIONS.

F-01-089



**OWNERS :**

CLARENCE AND MARTHA CARVELL  
7106 PINDELL SCHOOL ROAD  
FULTON, MD. 20759

MOUNT VIEW, LLC.  
6258 CARDINAL LA.  
COLUMBIA, MD. 21044

**DEVELOPER :**

MOUNT VIEW, LLC.  
6258 CARDINAL LA.  
COLUMBIA, MD. 21044

**PREPARED BY :**

AMERICAN LAND



14724 G 8675

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>		<b>PERMIT NUMBER</b> B00145320JAB	
Building Address <u>7017 Newbury Street</u> <u>Fulton, MD 20759</u>			Property Owner's Name <u>Dea Thompson Builders</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>6300 Woodhill Court</u>		
Census Tract <u>605102</u> Subdivision <u>Parcell Woods</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Section _____ Area _____ Lot <u>28</u>			Home Phone <u>410 715 6736</u> Work Phone _____		
Tax Map <u>41</u> Parcel <u>274</u> Grid <u>8</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning <u>RRUC 2</u> Map Coordinates <u>14J1B</u> Lot size _____			Phone _____ Fax _____		
Existing Use <u>Unimproved lot</u>			Contractor Company <u>Dea Thompson Builders</u>		
Proposed Use <u>Single family dwelling</u>			Contact Person <u>Andy Ferrer</u>		
Estimated Construction Cost \$ <u>200,000</u>			Address <u>6300 Woodhill Court</u>		
Description of Work <u>Single bed basement of 1st floor</u>			City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u>		
Occupant or Tenant _____			License No. _____ Phone <u>410 715 6736</u> Fax <u>410 381 8707</u>		
Contact Name _____			Engineer or Architect Company _____		
Address _____			Contact Person _____		
City _____ State _____ Zip Code _____			Address _____		
Phone _____ Fax _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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

Applicant's Signature Andy Ferrer  
 Title/Company Dea Thompson Builders  
 Date \_\_\_\_\_  
 Private Name Andy Ferrer  
 Title 12/24/03

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/24/03</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: 56  
 Rear: 36  
 Side: 12  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_

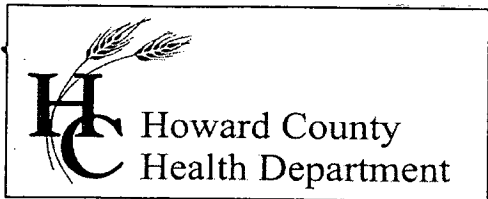
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#** 60327

Filing fee \$ 100.00  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 15197  
 Validation # 2624

Accepted by \_\_\_\_\_

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



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

**Pennv E. Borenstein, M.D., M.P.H., Health Officer**

March 2, 2005

Dale Thompson Builders  
6300 Woodside Court  
Columbia, MD 21046

**SENT VIA FACSIMILE 410-381-8747**

RE: Pindell Woods, Lot 28  
7017 Meandering Stream Way  
Fulton, MD 20759  
BP #: B00145320  
Well Permit # HO-94-2911

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 09/22/2004. Final approval of the well line connection to the dwelling was approved on 10/01/2004.**

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-94-2911. 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: 02/25/2005  
Date of Well Completion: 01/13/2001

Approving Authority,

*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File