

LAYOUT: 5/25/04 9:30 INSP 4 _____
 INSP 2 5/26/04 pm INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 5/18/2004

APPROVAL DATE: 5/26/04

**PERMIT
INDEXED**

P 520366

A 513646-KK

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

05-434998

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Pindell Woods LOT NUMBER: 46

ADDRESS: 11606 Pindell Woods Drive PROPERTY OWNER: Dale Thompson Builders

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

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 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:	Basement service is proposed.

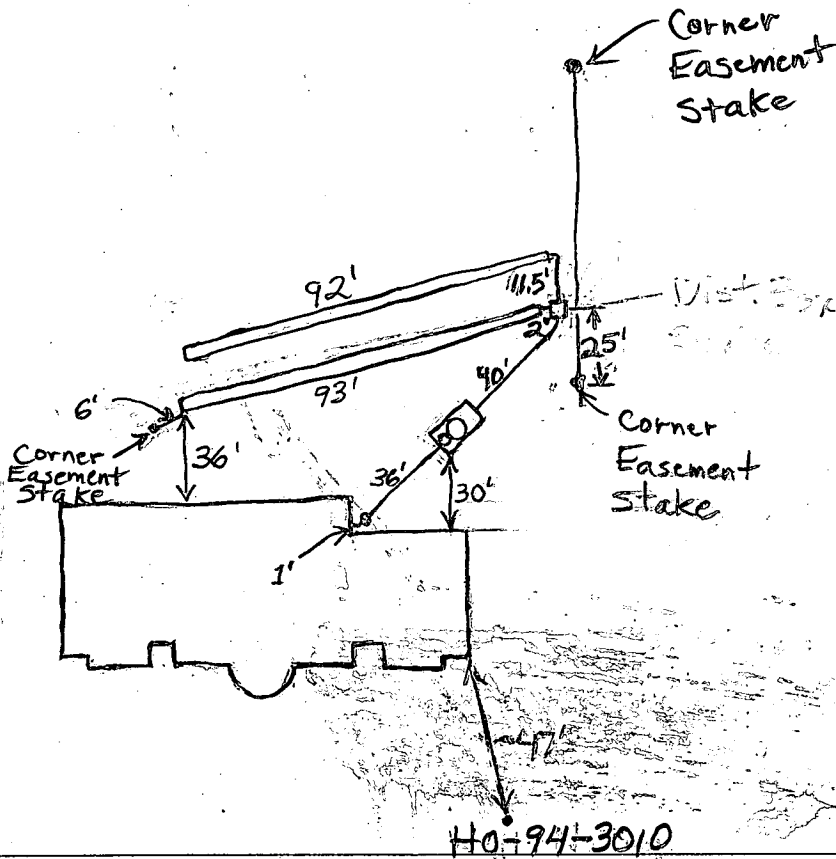
PLANS APPROVED: John A. Boris DATE: 10/08/03

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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A513646-KK

NOT TO SCALE



Pindell Woods Drive

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8'
NUMBER OF TRENCHES		2
TOTAL LENGTH		185'
ABSORPTION AREA		740 sq ft
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 5/25/04 To install trenches as per plan. Install

trenches 6" deeper. Clay goes down to 4.5' in tank hole. (BB)

INSTALLATION 5/26/04 O.K. to cover everything. (BB)

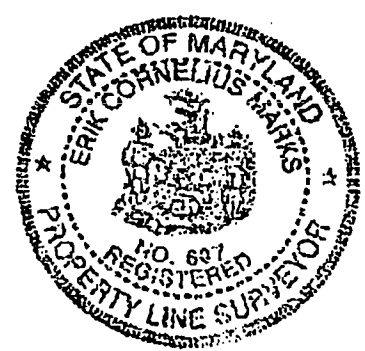
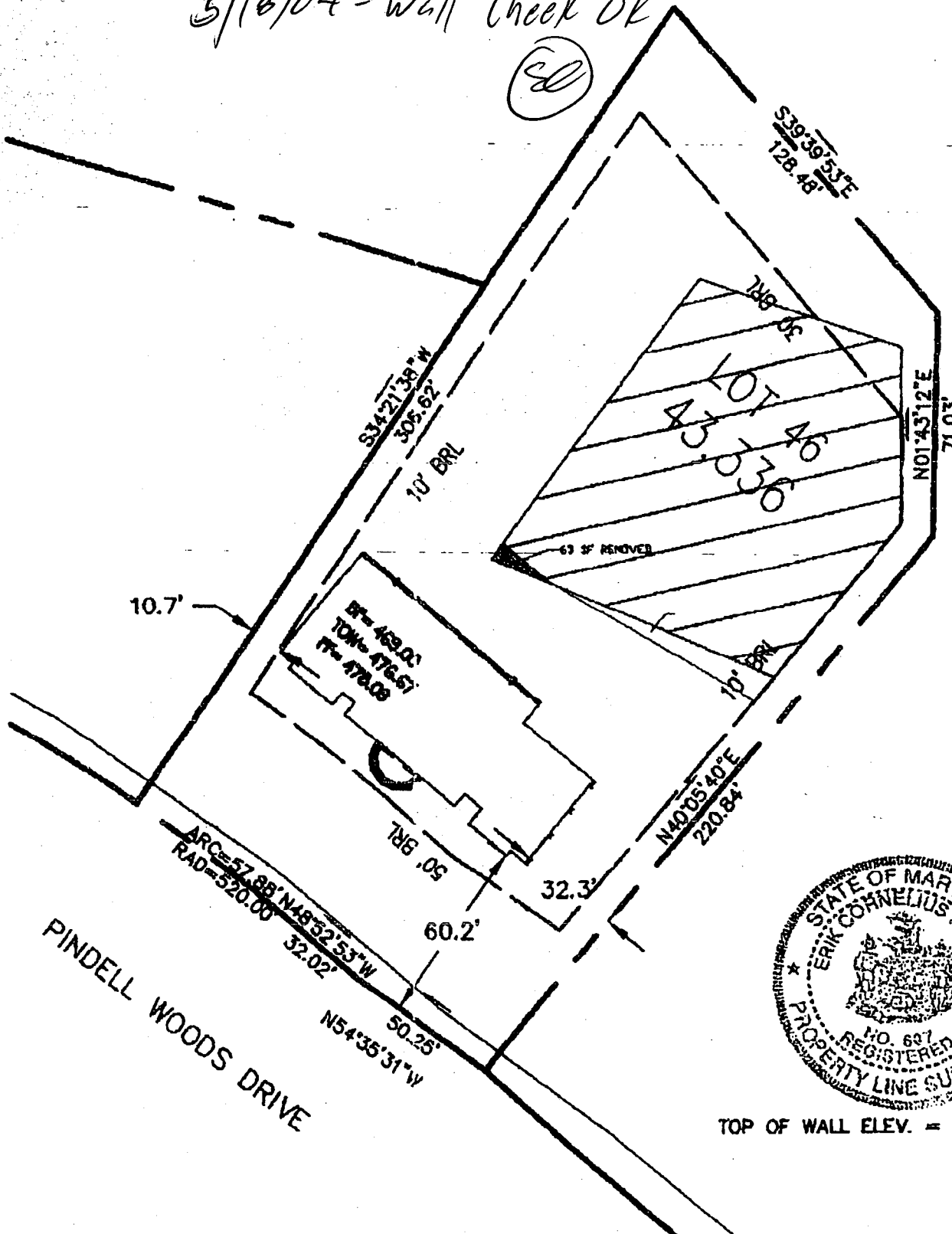
FINAL INSPECTOR B. Baber

DATE OF APPROVAL 5/26/04

5/10/04 - Wall Check OK

(2)

MD. STATE GRID MERIDIAN



TOP OF WALL ELEV. = 477.8'

RECORD REFERENCES

LIBER/FOLIO _____
 PLAT BOOK _____
 PLAT NO./FDLID 14922 _____

WALL CHECK

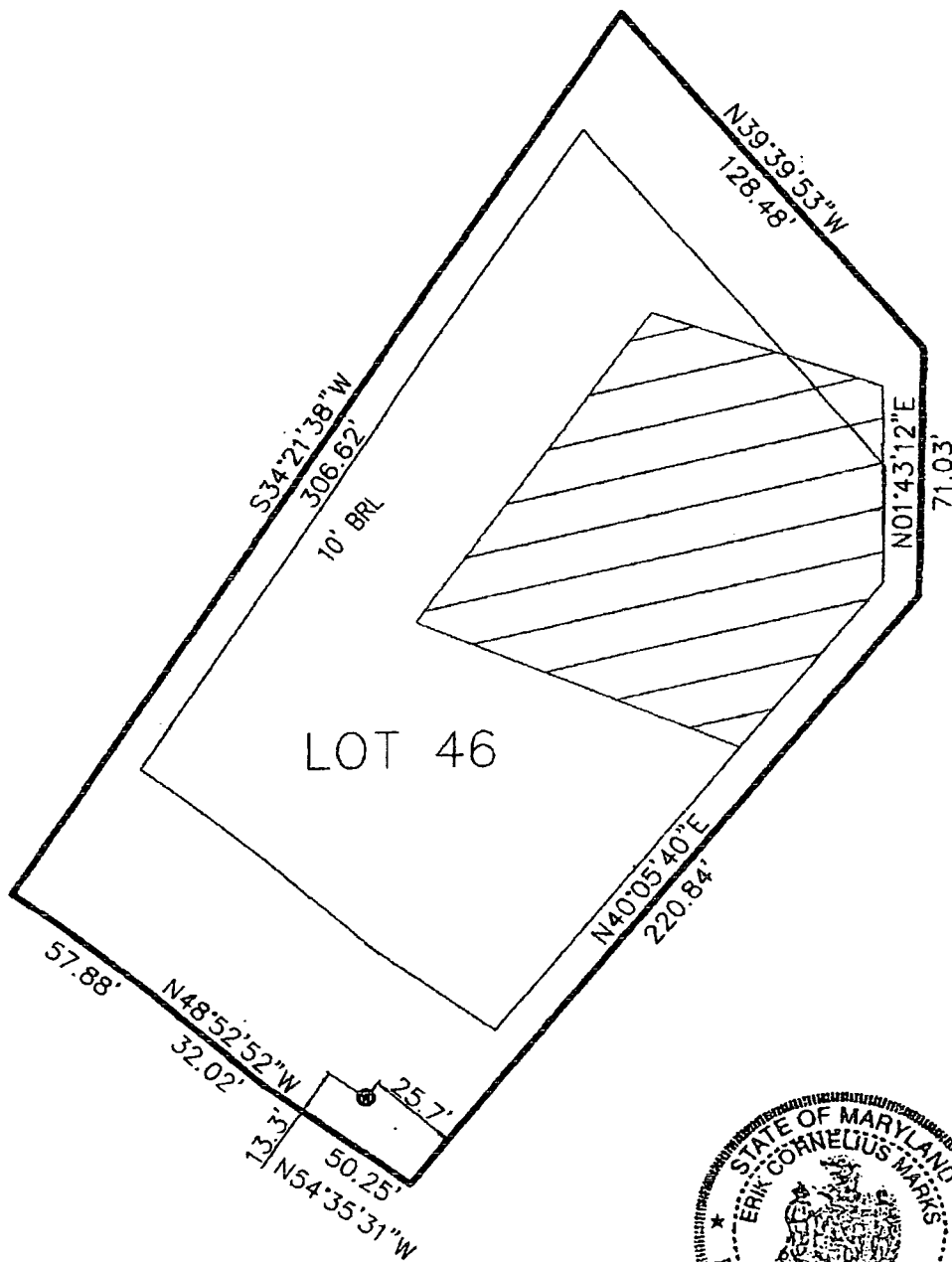
PINELL WOODS
 LOT 46

MARKS & ASSOCIATES

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

MD. STATE GRID MERIDIAN



RECORD REFERENCES

LIBER/FOLIO _____
 FLAT BOOK _____
 FLAT NO./FOLIO 14221

SCALE 1"=50'
 DATE 10/03/09

WELL LOCATION

LOT 46, Pindell Woods

EDWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.

ENGINEERING - SURVEYING - LAND PLANNING
 4331 COLLEGE AVENUE ELICOTT CITY, MARYLAND
 TELEPHONE (410)747-8738 FAX (410)747-8739

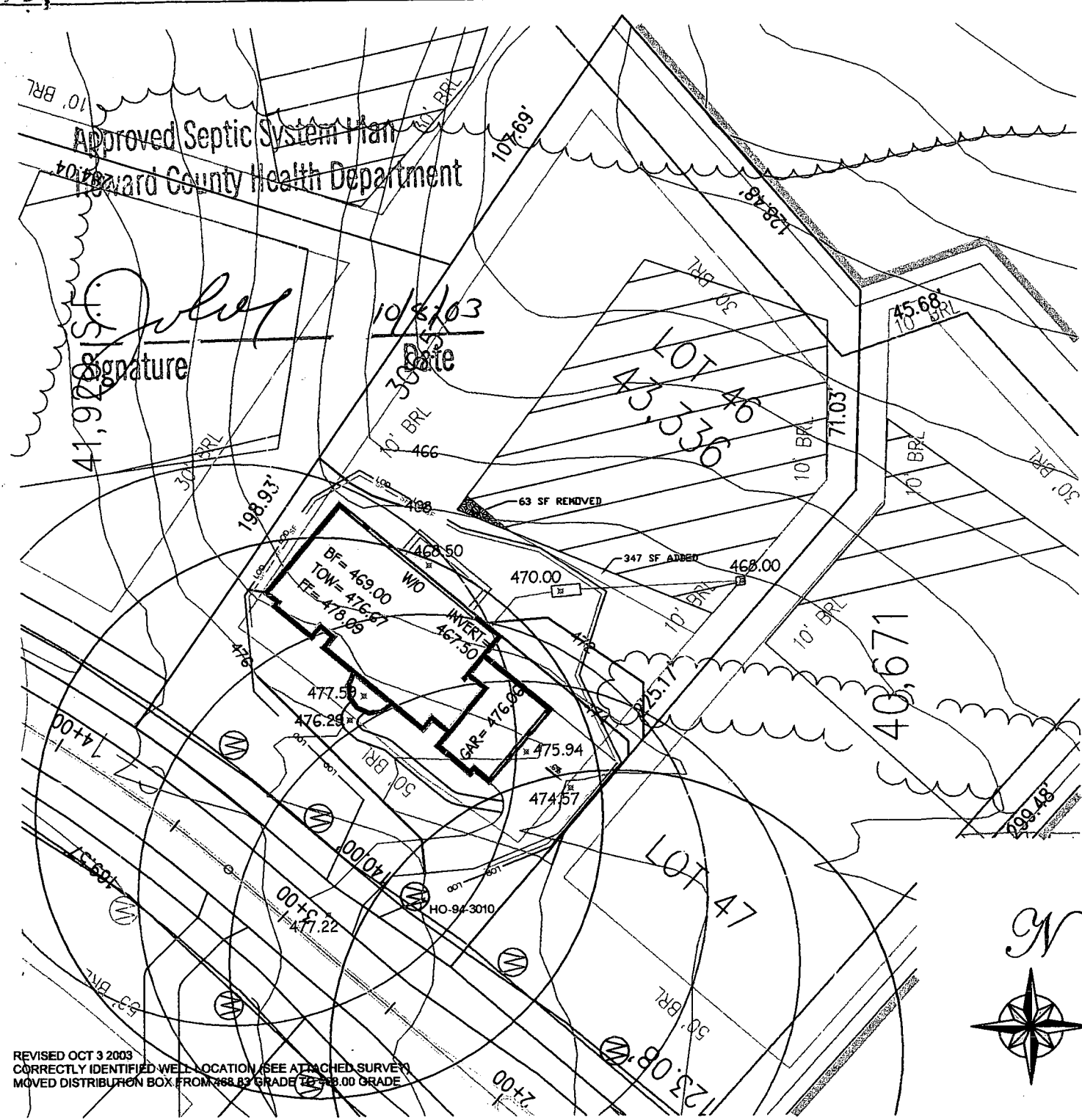
I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Erik C. Marks
 ERIC C. MARKS P.L.S. #907

Approved Septic System Plan
Howard County Health Department

[Handwritten Signature]
Signature

10/8/03
Date



REVISED OCT 3 2003
CORRECTLY IDENTIFIED WELL LOCATION (SEE ATTACHED SURVEY)
MOVED DISTRIBUTION BOX FROM 468.82 GRADE TO 468.00 GRADE

PLOT PLAN
SINGLE FAMILY DWELLING

CARTAGENA RES.
LOT 46
PINDELL WOODS
HOWARD COUNTY, MARYLAND

DATE: ~~SEPT 8, 2003~~ OCT 3, 2003
SCALE: 1" = 50'

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

PROPOSED ELEVATIONS:	
BASEMENT:	469.00
TOP OF WALL:	476.67
FIRST FLOOR:	478.09
INVERT OUT OF HOUSE:	467.50
INVERT INTO TANK:	467.00
INVERT INTO DISTRIBUTION BOX:	465.00
GRADE AT SEPTIC TANK:	470.00
GRADE AT DISTRIBUTION BOX:	468.00
GRADE AT TRENCHES:	
PAVING SPECIFICATIONS:	
2" ASPHALT OVER 4" CR-6 OR	
2.5" ASPHALT OVER 1.5" OVERLAY	

**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: _____ Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***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 MAMBRUN BUILDERS Telephone #: _____
Subdivision: PINDELL WOODS Lot #: 46 Well Tag #: HO-94-3010
Site Address: 11006 PINDELL WOODS DRIVE

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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 _____ date _____

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

Date Insp. Requested: 5/26/04 ^{Am OR} _{ASAP} Date Insp. Approved: 5/26/04 (BB)

Inspection Data: Pitless adapter and water supply line at least 36" below grade Sleeved
Two piece cap installed and attached to casing securely Under
Elec. conduit extends at least 18" below grade/attached to cap properly Driveway
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade No Tag-OK
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

7/27/04 ~~BB~~ Replacement
Tag on well. (BB)

HOWARD COUNTY HEALTH DEPARTMENT
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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 Lines

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 WeH Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 10203 PATRICK DR
SUREVILLE, MD

(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 THOMPSON BIRK Telephone #: 410-945-1073
Subdivision: PINDEL WOODS Lot #: 70 Well Tag #: HO 44-3010
Site Address: 11606 PINDEL WOODS

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: TRUZZI Make: HARVARD Two piece watertight cap:
Model #: _____ Model #: _____ Screened, vented well cap:
Pump Capacity _____ GPM Depth: 1/2" (36" min) Cap secured to casing:
Well Yield: 6.1 GPM NSF approved: _____ Conduit min 1/2" R.G.:
Depth of well encountered at time of pump installation: 250 (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.R.4
Torque arrestors 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: CRESTLINE PVC sleeved to undisturbed soil at wall penetration:
PSI: 1/2" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 1/2" (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: 7/28/04

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

Date Insp. Requested: _____ Date Insp. Approved: _____
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 ground observed below pitless adapter _____

C1 0834	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY. PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. <i>OK</i>
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER 13	SRM 5/15/01
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 04-24-01	Depth of Well 22 250' 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3010 28 29 30 31 32 33 34 35 36 37

OWNER Dale Thompson Builders
 STREET OR RFD Pindell Woods Drive TOWN Fulton
 SUBDIVISION Pindell Woods SECTION _____ LOT 460

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	
Red Clay	0	30	
Lt Brown mica silt	30	55	
Med hard Grey rock	55	250	✓
water at 220			

GROUTING RECORD		YES NO <input checked="" type="radio"/> <input type="radio"/>	
WELL HAS BEEN GROUTED (Circle Appropriate Box)			
TYPE OF GROUTING MATERIAL (Circle one)			
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input checked="" type="radio"/> BC		
NO. OF BAGS <u>19 1/2</u>	NO. OF POUNDS <u>1833</u>		
GALLONS OF WATER <u>117</u>			
DEPTH OF GROUT SEAL (to nearest foot)			
from <u>0</u> ft. to <u>58</u> ft. (enter 0 if from surface)			
CASING RECORD			
casing types insert appropriate code below	<input checked="" type="radio"/> ST STEEL	<input checked="" type="radio"/> CO CONCRETE	
	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	
	MAIN CASING TYPE		
	<input checked="" type="radio"/> PL		
Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)		
<u>6</u>	<u>58</u>		
OTHER CASING (if used)			
EACH CASING diameter inch depth (feet) from to			
SCREEN RECORD			
screen type or open hole insert appropriate code below	<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS	<input type="radio"/> HO OPEN HOLE
	<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	
	DEPTH (nearest ft.)		
	<u>HO 58 250</u>		

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>6.6</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>Watch & Bucket</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>49</u> ft.	
WHEN PUMPING	<u>129</u> ft.	
TYPE OF PUMP USED (for test)		
<input type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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

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. MWD 355

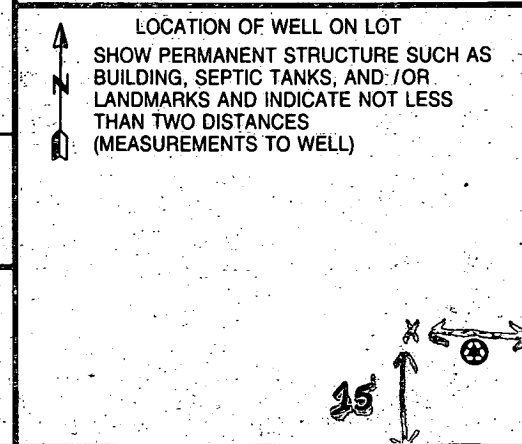
DRILLERS SIGNATURE [Signature]

LIC. NO. MWD 350

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

DEPTH (nearest ft.)	
<u>HO 58 250</u>	
EACH CASING diameter inch depth (feet) from to	
SCREEN RECORD	
slot size 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
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
70	72
TELESCOPE CASING	LOG INDICATOR
	74 75 76 OTHER DATA

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="radio"/> NO <input checked="" type="radio"/>
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)	
31	35
PUMP HORSE POWER	
37	41
PUMP COLUMN LENGTH (nearest ft.)	
43	47
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="radio"/> above	LAND SURFACE
<input type="radio"/> below	<u>2</u> (nearest foot)



B 1 03194

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

10-94-3010 fill in this form completely

Date Received (APA) 12/22/00

OWNER INFORMATION

Dale Thomas Builders 6300 Woodside Ct Columbia MD 21045

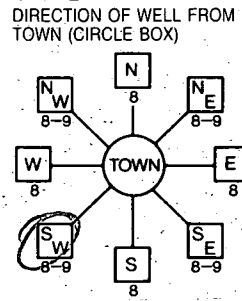
B 3 LOCATION OF WELL

Howard Pindell Woods Simpsonville

DRILLER INFORMATION

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

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Pindell Woods Dr

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

WELL INFORMATION APPROX. PUMPING RATE 5 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 02/23/01 EXP. DATE 02/23/02 NORTH GRID 488 000 EAST GRID 0823 000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

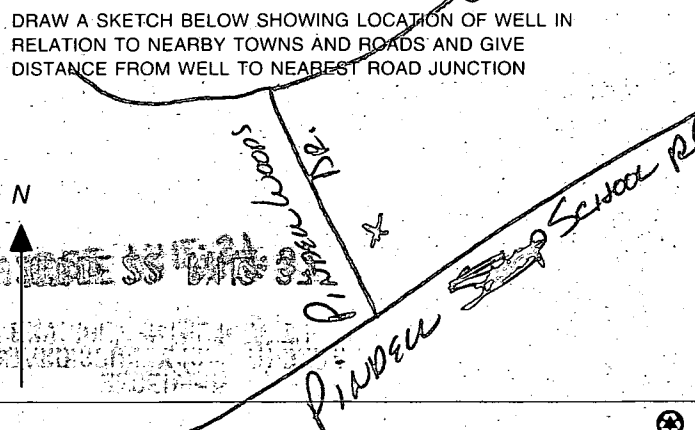
BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

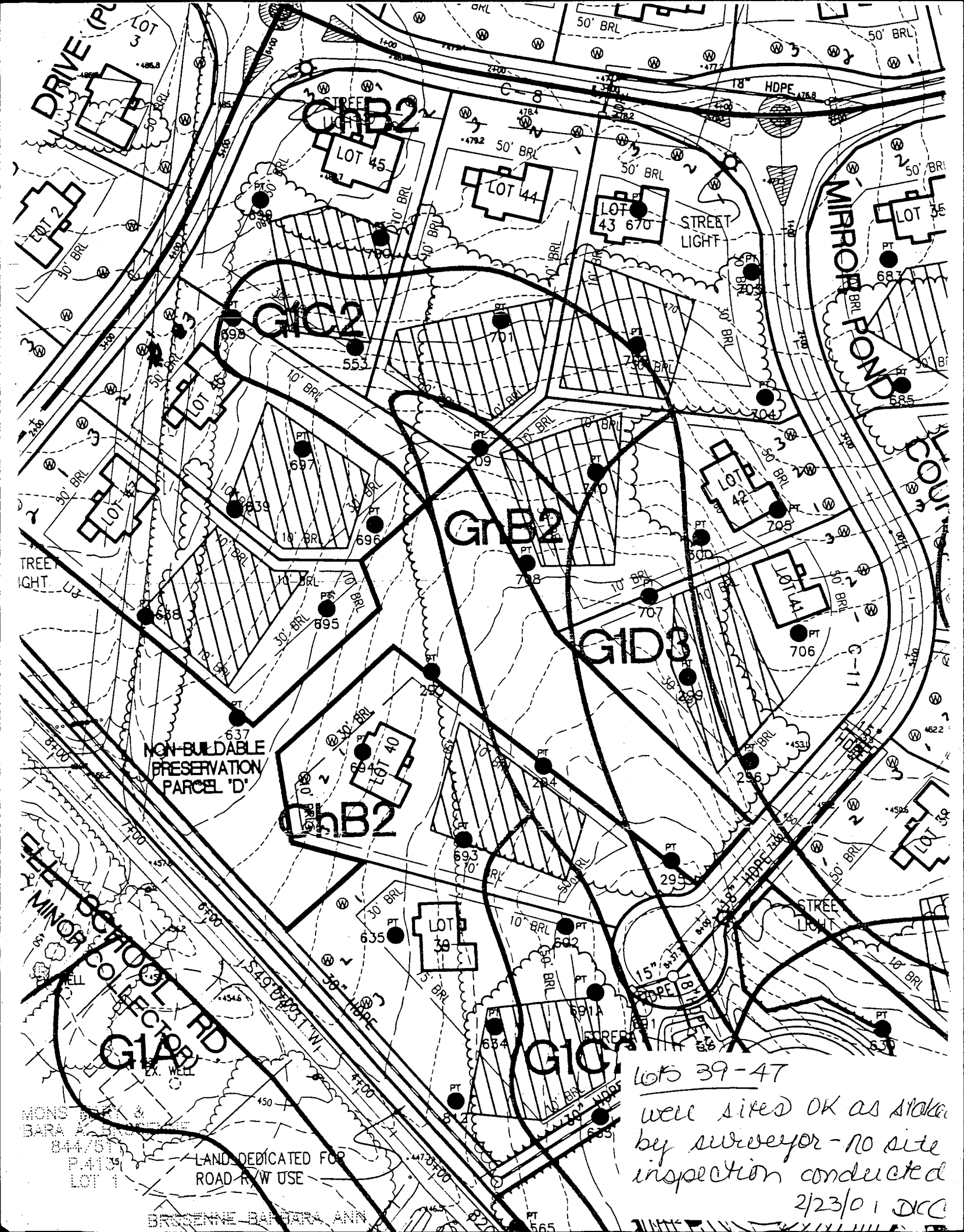
- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 4/23/01 11:00 SOURCES OF DRILLING WATER 1. GROUT OK @ SURFACE NOT OBS'D 2. LOC OK 3. 19 1/2 bags used per driller MR 4/23/01 WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 4968 TAG NOT ATTACHED

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 10 00 GAP 012(01) PERMIT No. 10-94-3010



SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



NON-BUILDABLE
PRESERVATION
PARCEL 'D'

MINOR SECTION 17D
G1A2

MONS...
BARA...
844/51...
P410...
LOT 1

LAND DEDICATED FOR
ROAD R/W USE

lots 39-47
well sited OK as shown
by surveyor - no site
inspection conducted
2/23/01 DCC

BRENNE BARTER ANN

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:

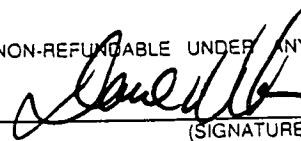
SUBDIVISION Pindell Woods LOT NO. 46

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

639/696

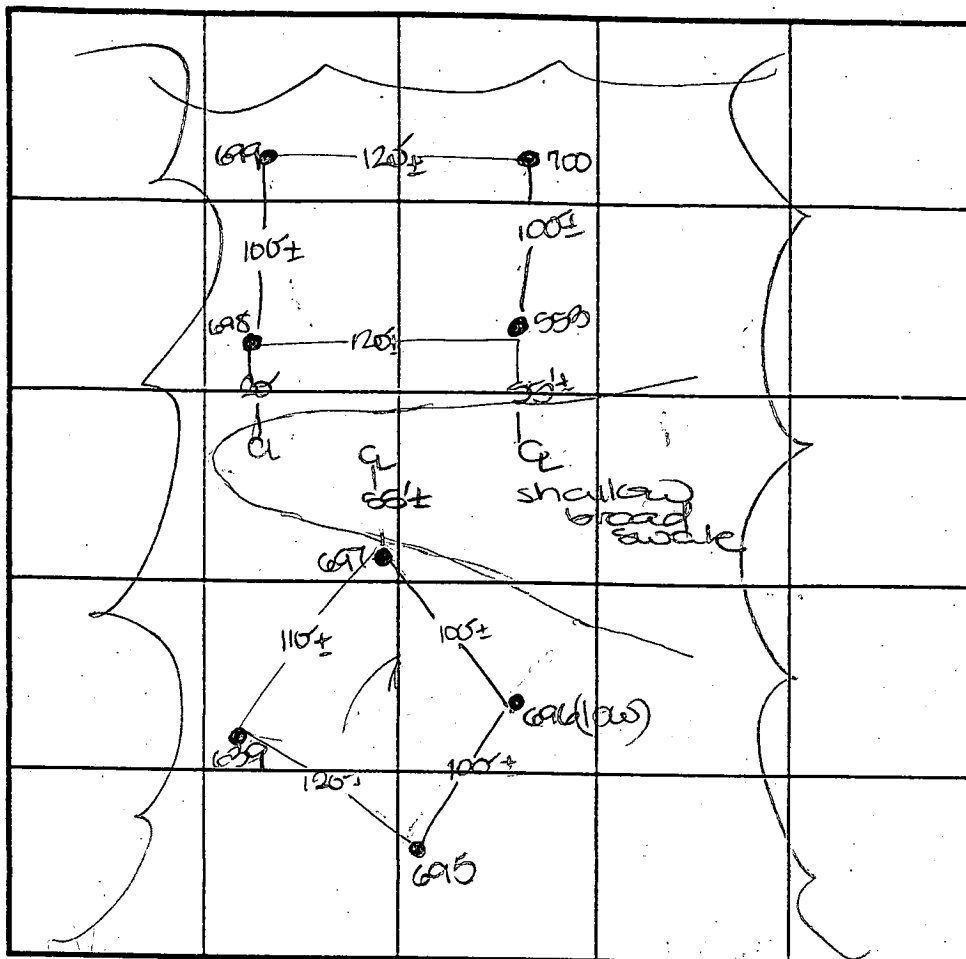
0' topsoil
 1' red org
 brn
 sa cl Lm
 3.5' 4' med
 red brn
 sa mi ca
 Lm
 12.5' 15%+
 sapr
 sh

695

0' topsoil
 1' org red
 brn
 cl Lm
 3.5' med
 org brn
 sa mica
 Lm
 11.5' 25%
 sapr
 sh

697 (upside
 down)

0' topsoil
 1' br
 org brn
 cl Lm
 4' med
 org red
 brn
 sa mica
 Lm
 13.5' 15-20%
 sapr
 sh



SOIL PROFILE

553

0' topsoil
 1' red brn
 sa cl Lm
 3' 3.5' med red
 brn
 sa mica
 Lm
 11.5' 25%+
 sapr
 sh

700

0' topsoil
 1' br
 red brn
 cl Lm
 4' med
 red org
 brn
 sa mica
 Lm
 13' 15%+
 sapr
 sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pindell School Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-30-00	639	4.5' S	10:23	10:26	10:26	10:32	6
		12.5' D	Visual	- See	profile		OK
	695	11.5' D	Visual	- See	profile		OK
	696	3.5' S	10:45	10:50	10:50	10:57	7
		12.0' D	Visual	- See	profile		OK
	697	13.5' D	Visual	- See	profile		OK
	553	3.5' S	10:54	10:56	10:56	10:59	3
		11.5' D	Visual	- See	profile		OK
	700	13.0' D	Visual	- See	profile		OK

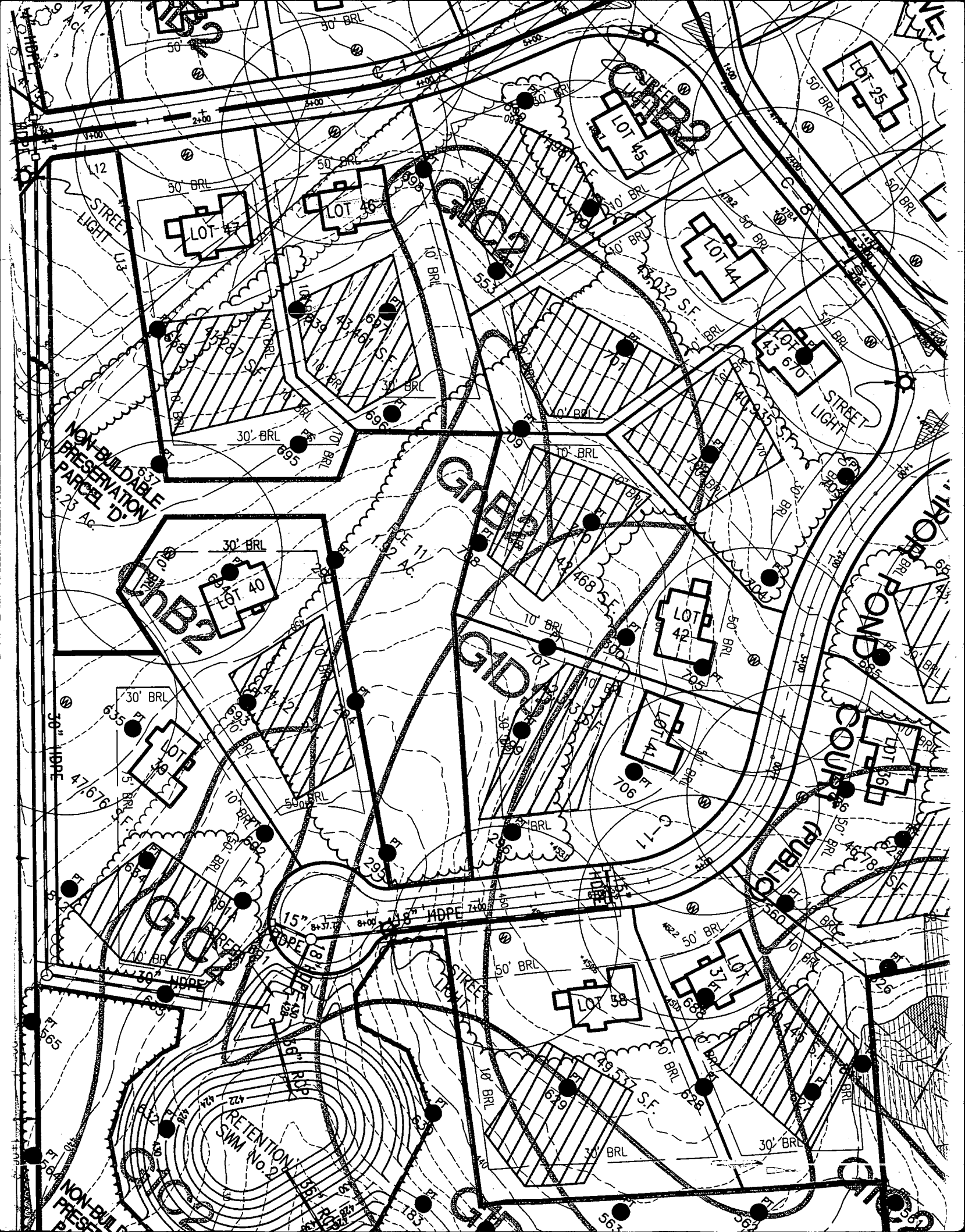
REMARKS holes tested as stated

TYPE OF SOIL

TESTED BY *RLS* ALSO PRESENT *C. Zopp, R. Carlson*

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



12
STREET LIGHT

LOT 47

LOT 46

LOT 45

LOT 44

LOT 43

LOT 40

LOT 42

LOT 39

LOT 41

LOT 38

LOT 38

LOT 37

NON-BUILDABLE PRESERVATION PARCEL 'D'

RETENTION SWM No. 2

NON-BUILDABLE PRESERVATION PARCEL 'D'

GARDEN STREET

TROPIC POND COURT

PUBLIC COURSE

STREET LIGHT

STREET LIGHT

30' BRL

50' BRL

50' BRL

50' BRL

50' BRL

50' BRL

30' BRL

50' BRL

30' BRL

50' BRL

30' BRL

50' BRL

50' BRL

30' BRL

15" HDPE

30' BRL

10' BRL

10' BRL

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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

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

July 29, 2004

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Pindell Woods, Lot 46
11606 Pindell Woods Drive
Fulton, MD 20759
BP #: B00144039
Well Permit # HO-94-3010

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 05/26/2004. Final approval of the well line connection to the dwelling was approved on 05/26/2004.**

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-94-3010. 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 Samples: 07/12/2004 & 07/26/2004
Date of Well Completion: 04/24/2001

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File