

LAYOUT 2/2/04 INSP 4 _____
 INSP 2 2/4/04 - PM INSP 5 _____
 INSP 3 2/1/04 4/1/04 INSP 6 _____

ISSUE DATE: 1/12/04
 APPROVAL DATE: 2/5/04

P 520035
 A 514292-B

PERMIT INDEXED

RPS#
436281

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 Road PHONE NUMBER: 410-795-5670
 SUBDIVISION: Pindell Chase LOT NUMBER: 2
 ADDRESS: 11708 Pindell Chase Drive PROPERTY OWNER: Toll MD II
 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: 210
 LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 5.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 150' down the left lot line and 10' from the left lot line. Run (4) trenches on contour to rear of lot as shown.
NOTES:	

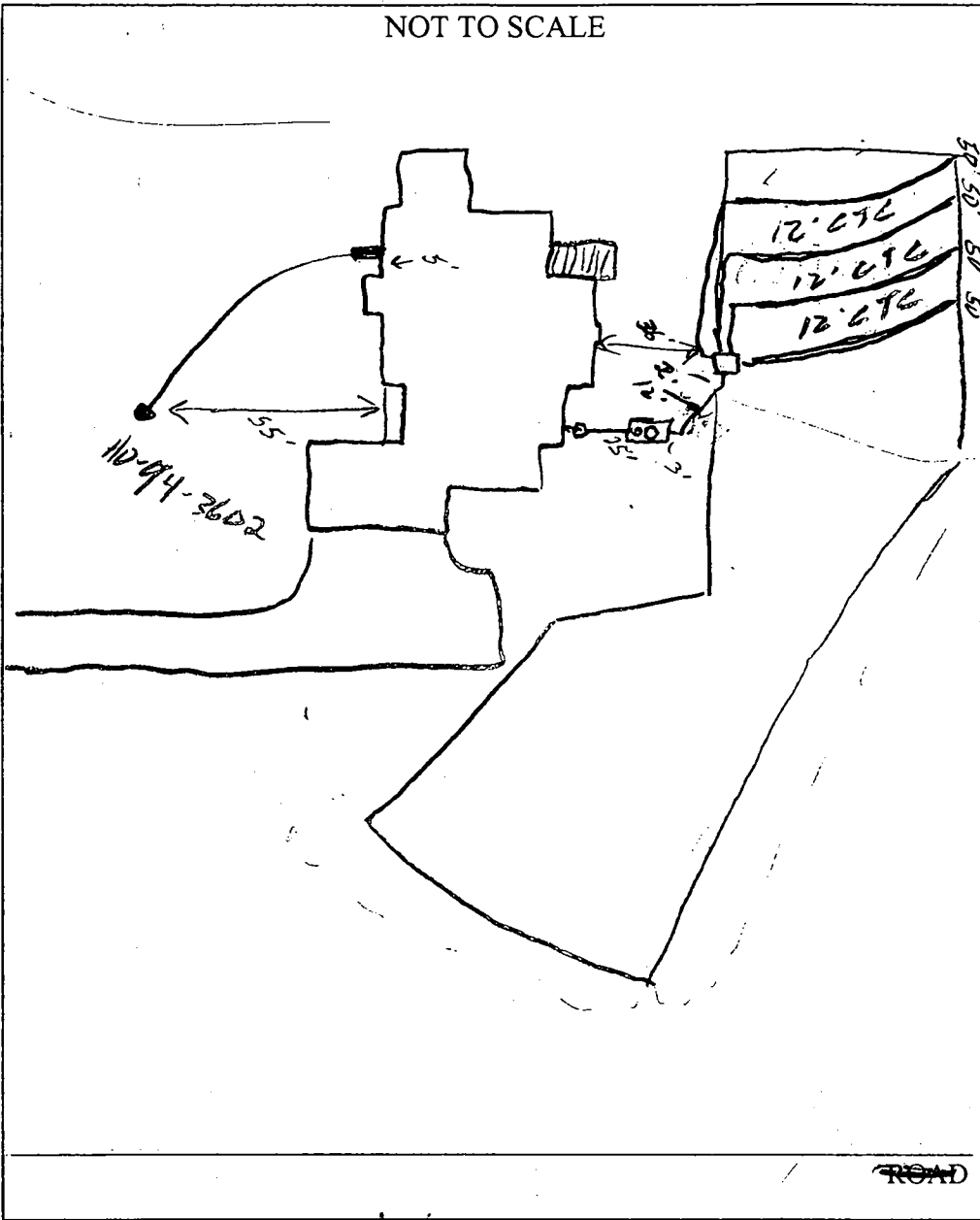
PLANS APPROVED: MER KM DATE: 10/31/03

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

A514 292-B

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4.5	6.5
NUMBER OF TRENCHES		4
TOTAL LENGTH		260'
ABSORPTION AREA		600
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 2/2/04 - SRA stated, contours accurate, OK to install D.B. lowest trench. Trenches per B.P. (SO)

INSTALLATION 2/4/04 - Tank set, 3 trenches installed OK to continue (SO) 2/5/04 - OK to cover all work (SO)

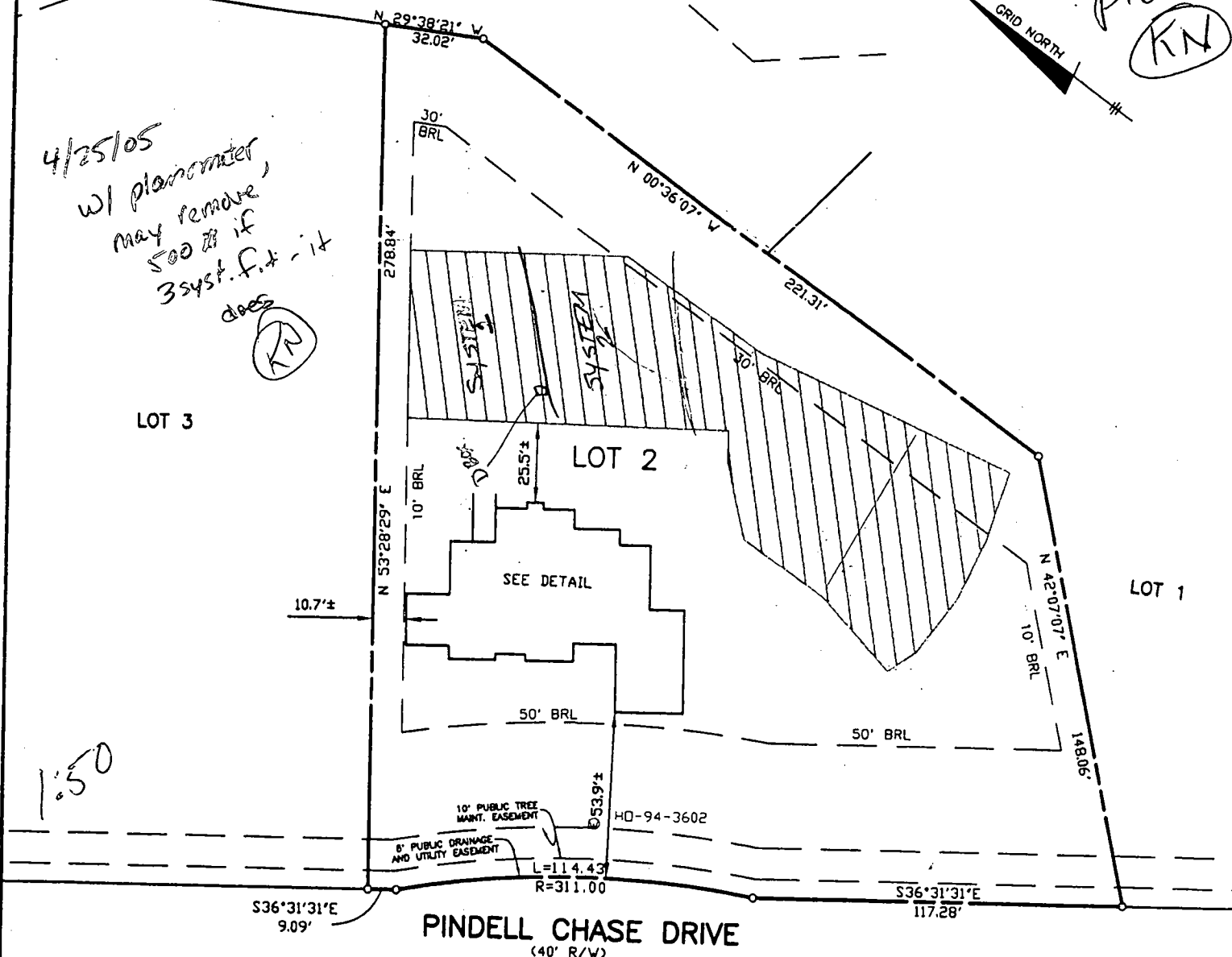
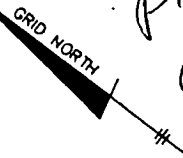
FINAL INSPECTOR Stan [Signature] DATE OF APPROVAL 2/5/04

Handell Chase Drive

1/12/04
House foundation
Paired per
Plan
KN

NON-BUILDABLE
PRESERVATION
PARCEL C

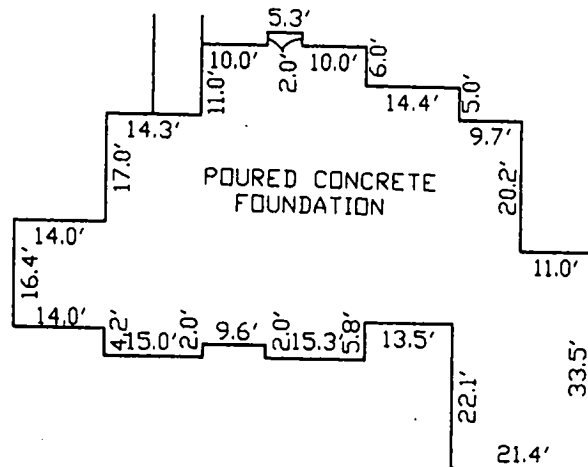
4/25/05
w/ planner,
may remove,
500 sq ft if
3 syst. f.t. - it
does
KN



TOP OF FOUNDATION WALL ELEVATION = 493.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12/02/03 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED " PINDELL CHASE ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.16073



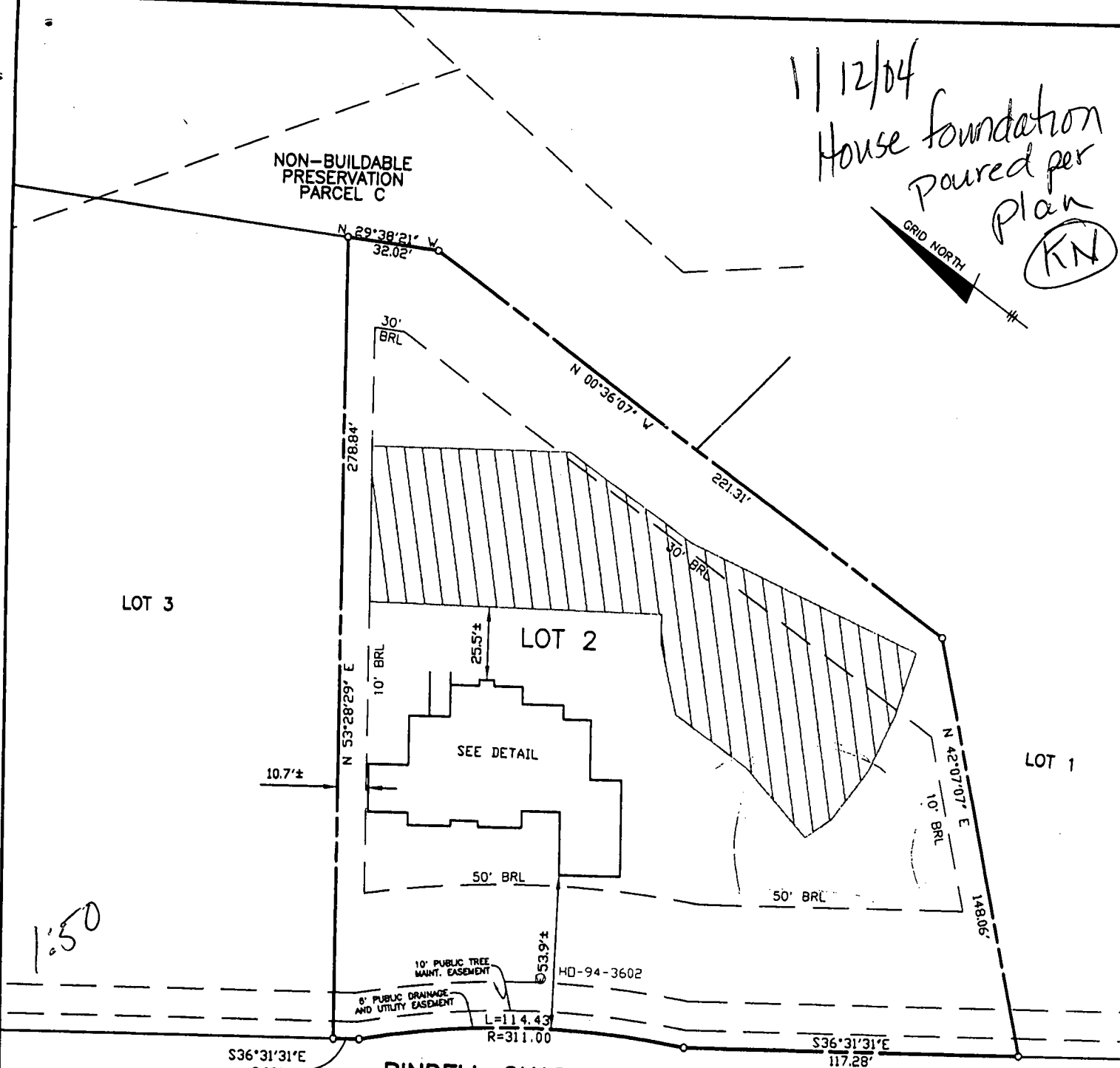
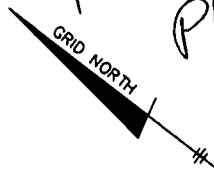
FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK

1/12/04
House foundation
poured per
Plan
(KN)

NON-BUILDABLE
PRESERVATION
PARCEL C



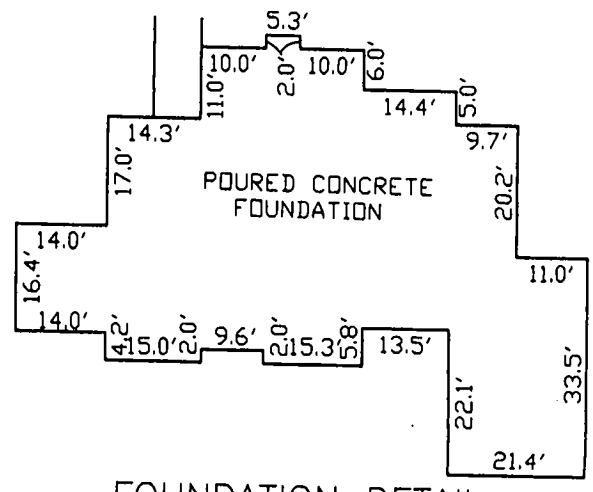
S36°31'31\"/>

PINDELL CHASE DRIVE
(40' R/W)

TOP OF FOUNDATION WALL ELEVATION = 493.0'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12/02/03; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED "PINDELL CHASE", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16073



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK

**PINDELL CHASE
LOTS 1 THRU 24 AND
OPEN SPACE LOT 25
NON-BUILDABLE PRESERVATION
PARCELS A THRU C**

LOT No. 2

11708 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 12/02/03

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 16073
FEMA FIRM No. 240044 0038 B
ZONE: C
DATED: 12/04/86

**BENCHMARK
ENGINEERING, INC.**
ENGINEERS • LAND SURVEYORS • PLANNERS

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-465-8100 • fax: 410-465-8644
email: Benchmark@ccola.com



Approved Septic System Plan
 Howard County Health Department

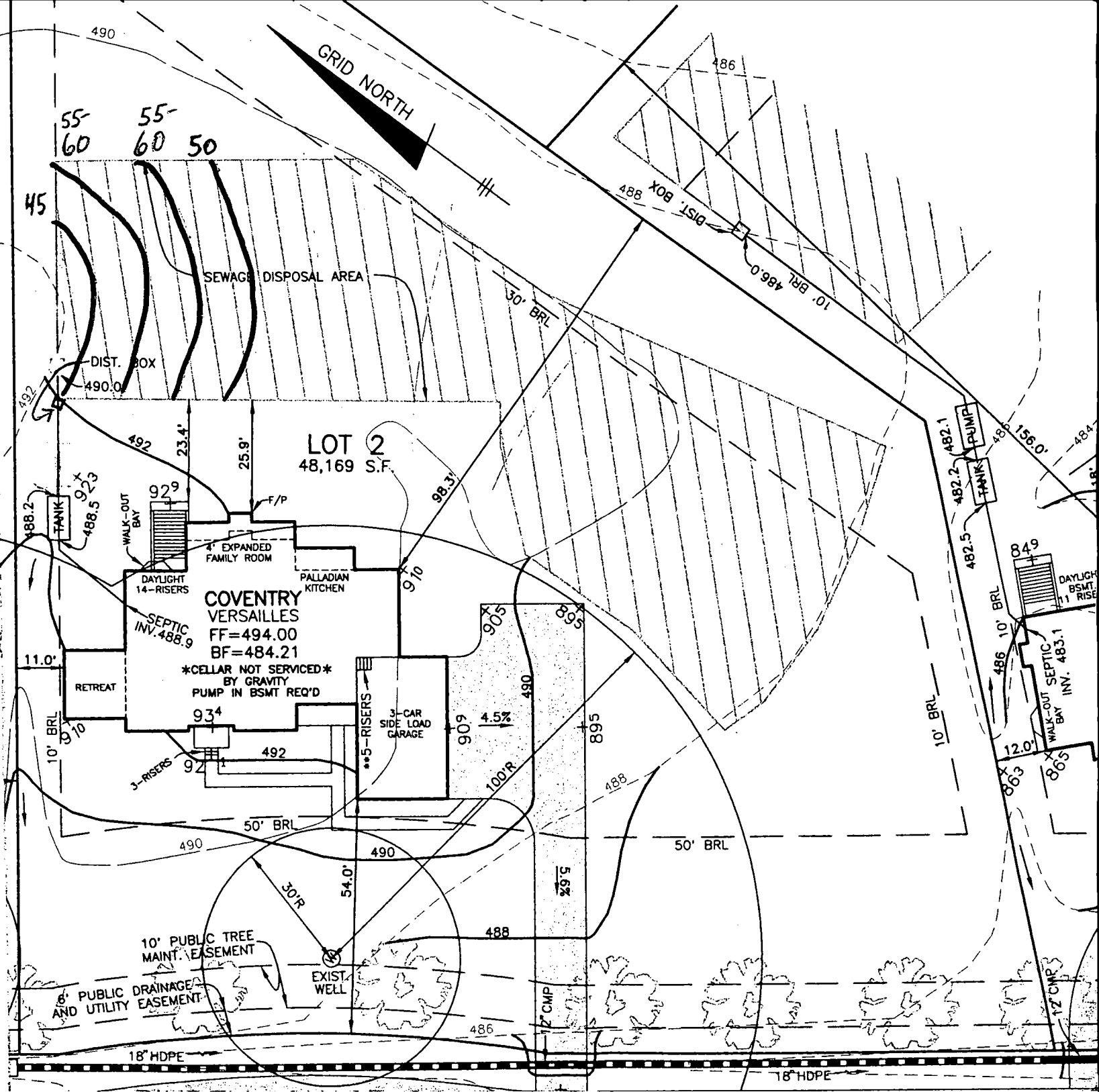
Mark R. Khan
 Signature
 10/31/03
 Date

SEPTIC INFORMATION CHAR

INV. OUT OF HOUSE	488.9
INV. IN TANK	488.5
INV. OUT TANK	488.2
TOP OF TANK	489.5
GROUND OVER TANK	492.2
INV. IN PUMP	488.1
GROUND OVER PUMP	492.3
INV. IN DIST. BOX	487.4
GROUND OVER BOX	492.2
	491.9

PLAN BY
 BENCHMARK

1:30



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

3004462 MAR

Building Address 11708 Pindell Chase DR.
FULTON, MD 20759

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract 605102 Subdivision Pindell Chase

Section _____ Area _____ Lot 2

Tax Map 611 Parcel 59 Grid 14

Zoning RRD-2 Map Coordinates 15H12 Lot size _____

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr ⁵⁰¹⁵ ₂₂₀

City Columbia State MD Zip Code 21046

Home Phone 443 829-4083 Work Phone (410) 531-8471

Applicant's Name & Mailing Address. (if other than stated hereon):
Mike Fitzgerald
6830 Creekside Rd
Clarksville MD 21029
 Phone 410 531-8471 Fax 410 531-8472

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 250,000.00

Description of Work Construct Country SFD 2 story
full bsmt 10R 4FD, HB, CP, 2 car garage
w/ solar panels + 600 sq. ft. PR

Contractor Company Toll MD II

Contact Person Mike Fitzgerald

Address 6830 Creekside Rd

City Clarksville State MD Zip Code 21029

License No. MWBR 678

Phone 410 531-8471 Fax 410 531-8472

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	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"/>	Heating System Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Masonry <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
Wood Frame <input type="checkbox"/>	Sprinkler system N/A <input type="checkbox"/>
State Certified Modular <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"/>	Water Supply Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor <u>6.5</u> <u>7.5</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor <u>4.5</u> <u>6.5</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement <u>4.5</u> <u>6.5</u>	Heating System Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings	NFPA #13D <input type="checkbox"/>
No. of efficiency units _____	NFPA #13R <input type="checkbox"/>
No. of 1 BR units _____	Other: _____
No. of 2 BR units _____	
No. of 3 BR units _____	
Other Structure _____	
Dimensions _____	
Footings <u>As per contract</u>	
Roof <u>As per contract</u>	
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 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.

Mike Fitzgerald
 Applicant's Signature
 Assistant Project Manager Toll MD II

Mike Fitzgerald
 Print Name
10/31/03
 Date

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

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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 530 Obrecht Rd
Sylva, NC 28784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD 009

*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: Toll Brothers Telephone #: _____
Subdivision: Pindell Chase Lot #: 2 Well Tag #: HO-94-3102 ✓
Site Address: 11208 Pindell Chase Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: YES
Model #: 5505742 Model#: N/A Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: YES
Well Yield: 5 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YES
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 N/A

Piping to house House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 12 (36" min) Sleeve caulked and sealed properly: YES

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.

Allen Compton 4-6-04
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 2/12/04 (SO)
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 grout observed below pitless adapter _____

C1 - 14367

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 514292-B

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-3602

OWNER TOLL Brothers STREET OR RFD PINDELL CHASE DRIVE TOWN Columbia SUBDIVISION PINDELL CHASE SECTION LOT 2

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 handwritten entries: brown mica, green mica, white, brown mica, white, brown mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 45 46 47 NO. OF POUNDS 5760 GALLONS OF WATER 240 DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) [ST] 06 73

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 [PL] PLASTIC [HO] OPEN HOLE [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

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-S D 0091 DRILLERS SIGNATURE [Signature] LIC. NO. 1 D

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

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 03 8 9 PUMPING RATE (gal. per min.) 5 11 15 METHOD USED TO MEASURE PUMPING RATE 1996 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 17 20 ft. WHEN PUMPING 145 22 25 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [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. 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) [49] above LAND SURFACE [02] below (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)

See PLAT

B 1 6266 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL HO-94-3602
 please type 2519924 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 11-10-02
 8 MM DD YY 13
 15 Last Name Toll Brothers Owner First Name 34
 36 Street or RFD 16830 Creekside Rd 55
 57 Town Clarksville 70 State MD 72 Zip 21029 76

B 3 **LOCATION OF WELL**
 8 COUNTY Howard 21 Produce
 23 SUBDIVISION Clarksville Hunt 42
 SECTION 44 46 LOT 48 50
Columbia
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 6 M I 73 76 77 78

DRILLER INFORMATION
 Driller's Name Dillon Campbell M S D 009 License No. 81
 Firm Name Foxes Well Drilling
 Address 580 Obrecht Rd
 Signature [Signature] Date 11-10-02

B 4
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NEAR WHAT ROAD Close Drive 30
Dandell Substation
 34 150 37 DISTANCE FROM ROAD
 ENTER FT OR MI 38 39
 TAX MAP: 71 BLK: 14 PARCEL 59

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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
 COUNTY NAME Howard COUNTY NO. 514292-6
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED 12 13 02 CO SIGNATURE [Signature] EXP. DATE 12/31/03
 43 MM DD YY 48
 NORTH GRID 48 00 00 EAST GRID 323 00 00
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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 _____

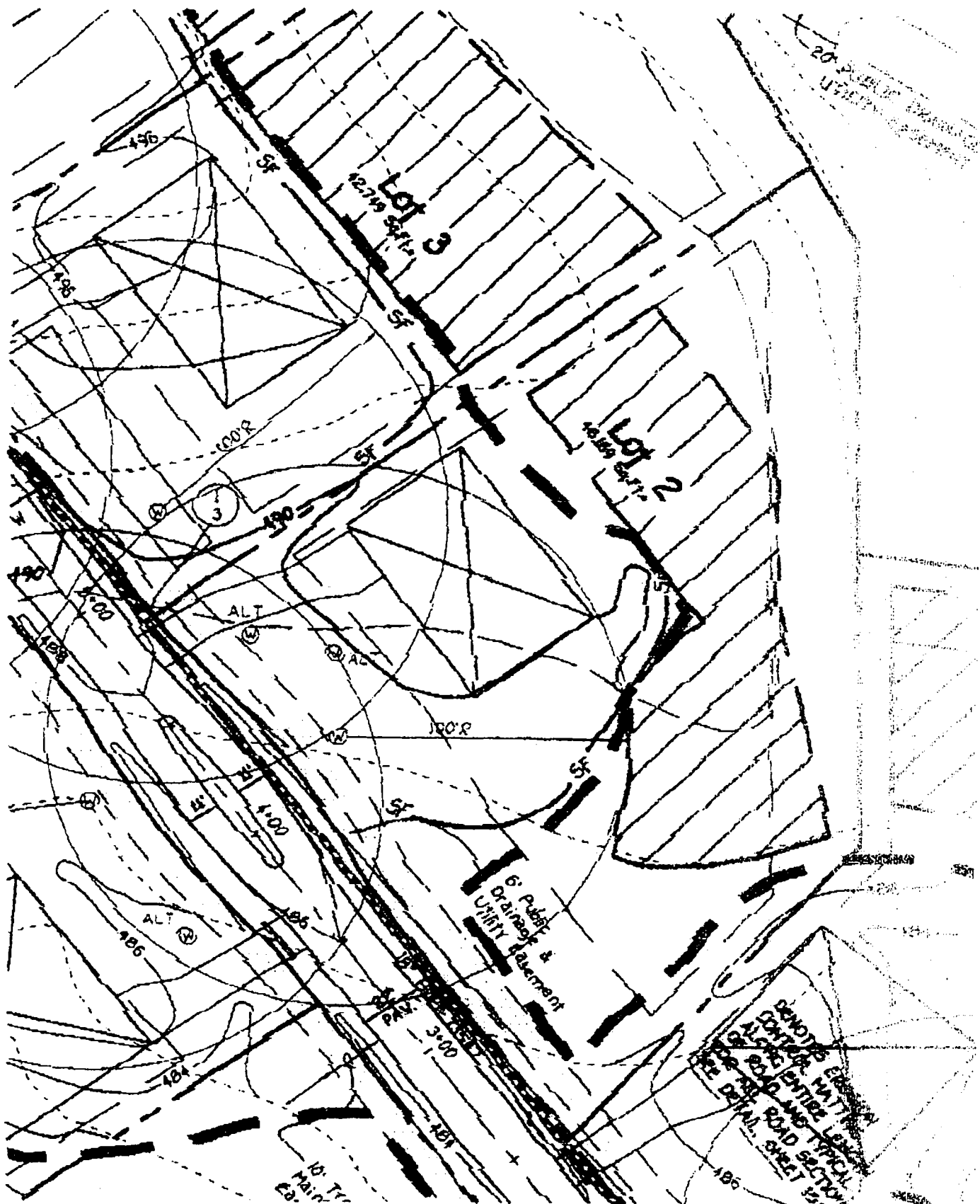
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 6292
 N 4806

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) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Clarksville Hunt
Simpson Rd
School Rd
Pinball

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-94-3602
 70 71 72 73 74 75 76 77 78 79

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



Well Sites OK w/o Insp
 MR 12/13/02

2
 15

APPLICATION

PERCOLATION TESTING

A 514292-B

P _____

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

DISTRICT 5th

DATE 10-11-00

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 MAPLE LAWN FARMS, INC. c/o MR. GENE IAGER

ADDRESS 11920 ROUTE 216, FULTON, MD. 20759 PHONE (301) 674-6327

AGENT OR PROSPECTIVE BUYER (SAME)

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION IAGER MANOR LOT NO. Now 2

ROAD AND DESCRIPTION SOUTHWEST CORNER OF INTERSECTION OF SIMPSON ROAD

AT PINDELL SCHOOL ROAD

TAX MAP 41 PARCEL # 59

SIZE OF LOT 1.0 Acre CLUSTER TYPE BLDG. SFD
(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.

Gene Iager
(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

803

0' brn red cl
 3' red brn
 yel si mica lm
 5% frags
 no discernable mottles
 12" H₂O

802

red cl
 40% frags
 56' tan yel
 mica sa
 30% frags
 mottles
 @ 6"?
 H₂O

800/801

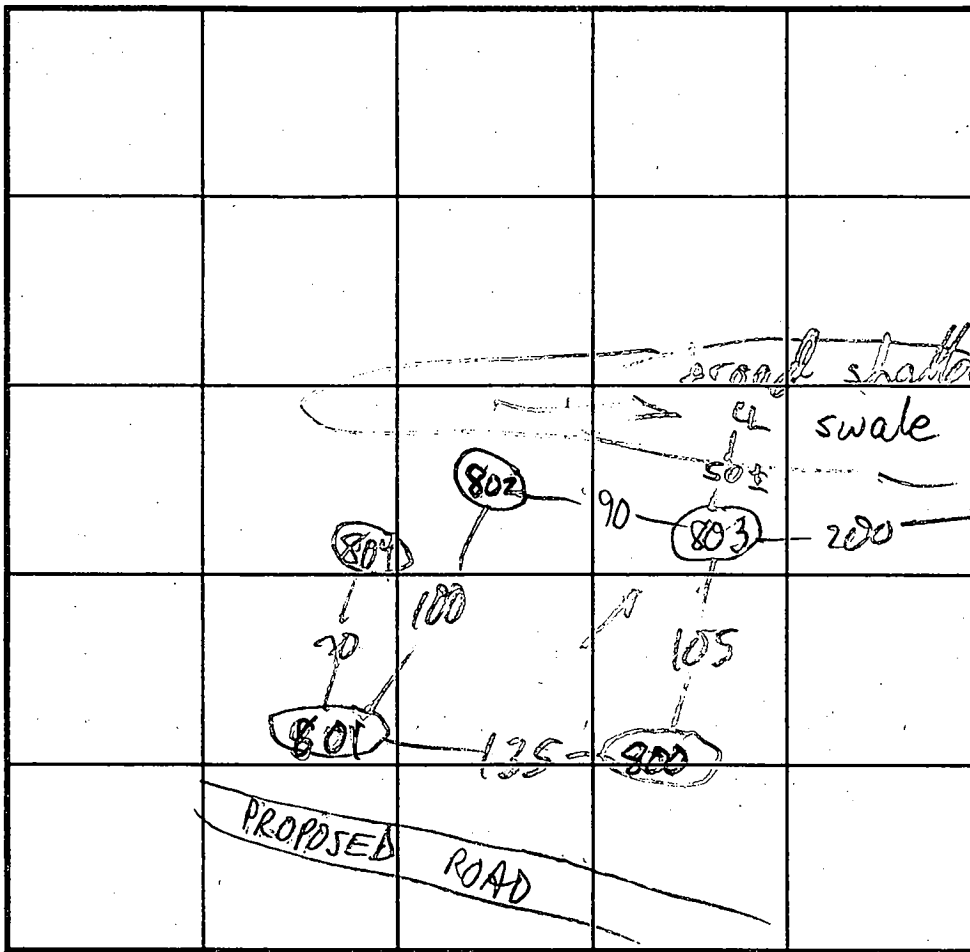
brn red
 cl lm
 4 1/2' red brn
 5' yel si mica lm
 5% frags

LOT No. -

SOIL PROFILE

804

red yel
 cl
 5' tan yel
 wh. sa
 20-30% frags
 mottles higher?
 14" H₂O



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/18/97	803 S	4	10:23	10:26	10:26	10:34	8
1/1	803 V	13	H ₂ O @	11-HOLD	FOR WET SEASON		
	800 S	4 1/2	10:32	10:42	2 1/4"	REDIG	
		5 1/2	11:27	11:28	11:28	11:30	2
	800 V	14' 10"	OK see profile				
	801 S	5' 9"	10:48	11:03	2 1"	REDIG	
		5' 9"	11:19	11:27	11:27	11:39	12
	801 V	15	OK see profile				
	802 V	12	H ₂ O @	10 1/2'	-HOLD - WET SEASON		
	804 S	3' 9"	11:07	11:15	2 1/4"		
	804 V	14	H ₂ O @	14			

REMARKS: WST REQ'D @ 802, 803; HOLES 800-803 PER PLAN
 TYPE OF SOIL: WET SEASON TESTING
 TESTED BY: M. Ritkin ALSO PRESENT: Fyock crew
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3
 INLET DEPTH 4 1/2' MAXIMUM BOTTOM DEPTH 10 1/2' SQ. FT/BEDROOM 180 x 0.83

COUNTY #

SOIL PROFILE

919

red brown silclm

3.0

red and orange brown salm micaceous no H2O indications

water @ 15.0

918

orange brown silclm



4.5

beigh salm

micaceous no clear evidence of H2O

13.5

water

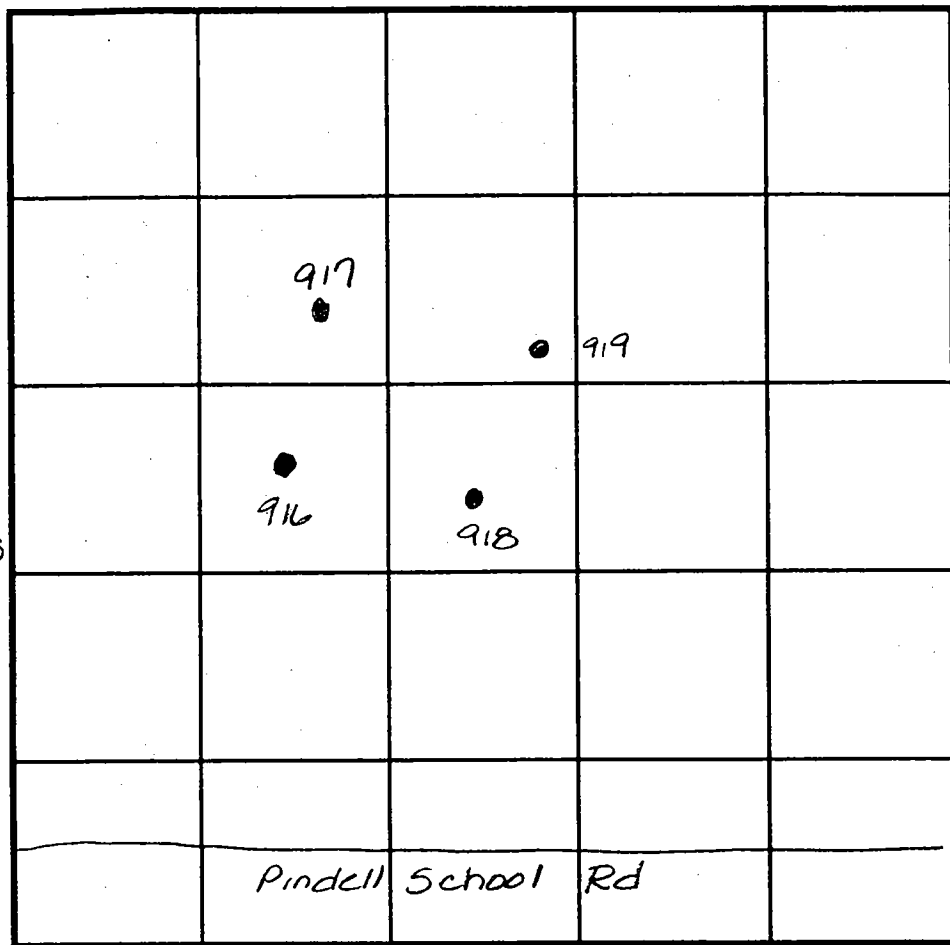
917

pink salm micaceous

13.0

water

14.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

916

dark red silclm

3.0

orange brown silm micaceous no distinct water level

14.0

water

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-23-01	918	5.5 13.5	5:37	5:41	5:41	5:45	4min
	919	Visual	to 15.0 sec profile		—		OK
	917	5.5 14.5	6:00	No mvmt @ 6.20 - depth to H2O	insufficient	profile	F
	916	Visual	to 14.0 - sec profile		—		OK

REMARKS: DUE TO DROUGHT CONDITIONS, APPROVABLE HOLES MUST HAVE 8 FEET FROM OBSERVED GROUNDWATER TO BOTTOM OF PROPOSED SEPTIC SYSTEM

TYPE OF SOIL _____

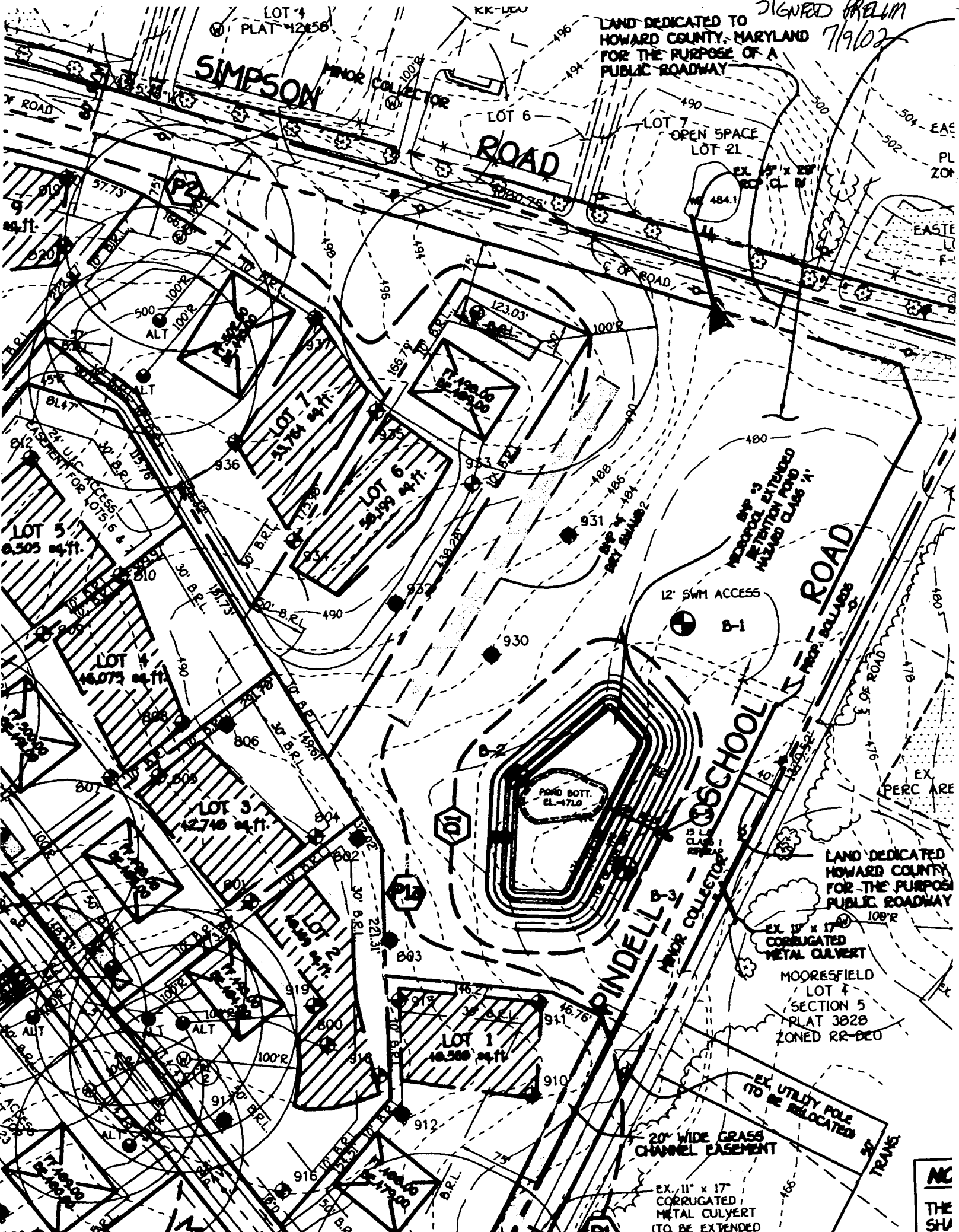
TESTED BY Amy McMullen ALSO PRESENT Chuck Crowe

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

SIGNED PRELIM 7/9/02

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROADWAY



SIMPSON ROAD

ROAD

PINDELL ROAD

PINDELL SCHOOL

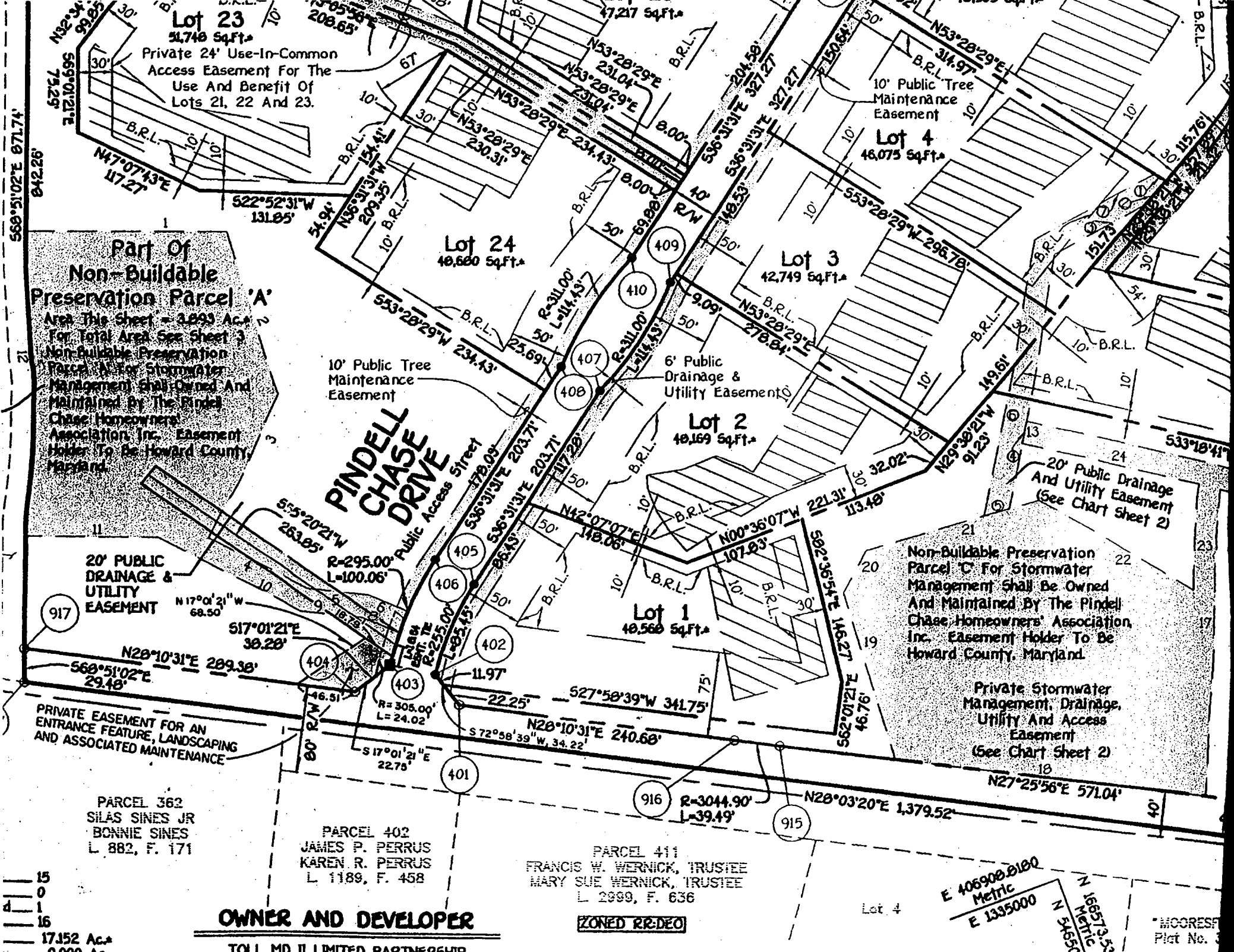
LAND DEDICATED HOWARD COUNTY FOR THE PURPOSE OF A PUBLIC ROADWAY

EX. 11" x 17" CORRUGATED METAL CULVERT MOORE'SFIELD LOT 7 SECTION 5 PLAT 3828 ZONED RR-DEO

20' WIDE GRASS CHANNEL EASEMENT

EX. 11" x 17" CORRUGATED METAL CULVERT (TO BE EXTENDED PAST ROAD WIDENING)

NC THE SHU DKS



Lot 23
51,740 Sq.Ft.
Private 24' Use-In-Common
Access Easement For The
Use And Benefit Of
Lots 21, 22 And 23.

Lot 24
40,680 Sq.Ft.

Lot 3
42,749 Sq.Ft.

Lot 4
46,075 Sq.Ft.

Lot 2
40,169 Sq.Ft.

Lot 1
40,560 Sq.Ft.

**Part Of
Non-Buildable
Preservation Parcel 'A'**
Area This Sheet - 2.093 Ac.
For Total Area See Sheet 3
Non-Buildable Preservation
Parcel 'A' For Stormwater
Management Shall Owned And
Maintained By The PindeLL
Chase Homeowners'
Association, Inc. Easement
Holder To Be Howard County,
Maryland.

**Non-Buildable Preservation
Parcel 'C' For Stormwater
Management Shall Be Owned
And Maintained By The PindeLL
Chase Homeowners' Association,
Inc. Easement Holder To Be
Howard County, Maryland.**

**Private Stormwater
Management, Drainage,
Utility And Access
Easement
(See Chart Sheet 2)**

**PRIVATE EASEMENT FOR AN
ENTRANCE FEATURE, LANDSCAPING
AND ASSOCIATED MAINTENANCE**

PARCEL 362
SILAS SINES JR
BONNIE SINES
L 882, F. 171

PARCEL 402
JAMES P. PERRUS
KAREN R. PERRUS
L 1189, F. 458

PARCEL 411
FRANCIS W. WERNICK, TRUSTEE
MARY SUE WERNICK, TRUSTEE
L 2099, F. 636

OWNER AND DEVELOPER

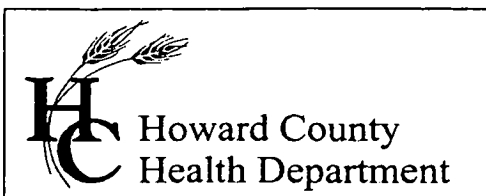
ZONED RR-DEO

TOLL MD II LIMITED PARTNERSHIP

15
0
1
16
17,152 Ac.
0.000 Ac.

E 406908.8180
Metric
E 1335000
N 16513.53
N 16513.53
N 16513.53

*MICROSF
Pict No. 3



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 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

June 10, 2004

Toll MD II
7164 Columbia Gateway Drive, Suite 230
Columbia, MD 21046

SENT VIA FACSIMILE 410-531-8472

RE: 11708 Pindell Chase Drive
Pindell Chase, Lot 2
BP # B00144462
Well Permit # HO-94-3602

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 02/05/2004. Final approval of the well line connection to the dwelling was approved on 02/12/2004.**

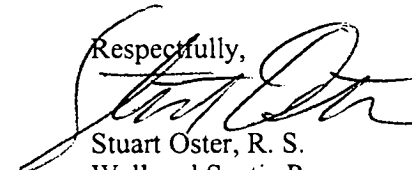
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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-94-3602. 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: 06/07/2004
Date of Well Completion: 01/21/2003

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

SO/mlb

cc: Building Inspector's Office
Community Services Program
File

FILE INQUIRY FORM

Property Address: 4/18/05 I spoke
with the homeowner & she stated they
want to put a Basketball Court in the
Side yard. She said she was going to
come in on Friday to try to re-configure
the SDA RTB

4/22/05 Kucil to LAY OUT 400'
linear feet of trench & calc
total SDA to fit basketball Ct

