

05436478

LAYOUT 4/8/04 INSP 4 \_\_\_\_\_  
INSP 2 4/12/04 INSP 5 \_\_\_\_\_  
INSP 3 4/23/04 PM INSP 6 \_\_\_\_\_

ISSUE DATE: 2/27/2004

P 520073

APPROVAL DATE: 4/26/04

A 514292-F

# PERMIT INDEXED

RPS 436478

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 Chase LOT NUMBER: 6

ADDRESS: 11724 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: 180

LINEAR FEET OF TRENCH REQUIRED: 200 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box in center of SDA as shown. Run (3) trenches on contour as shown toward house.
NOTES:	House MOVED SLIGHTLY BACK $\approx 2\frac{1}{2}'$ . Ensure ends of trenches no closer than 20' to house.

PLANS APPROVED: MER / (KN) DATE: 11/03/03 (KN)

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

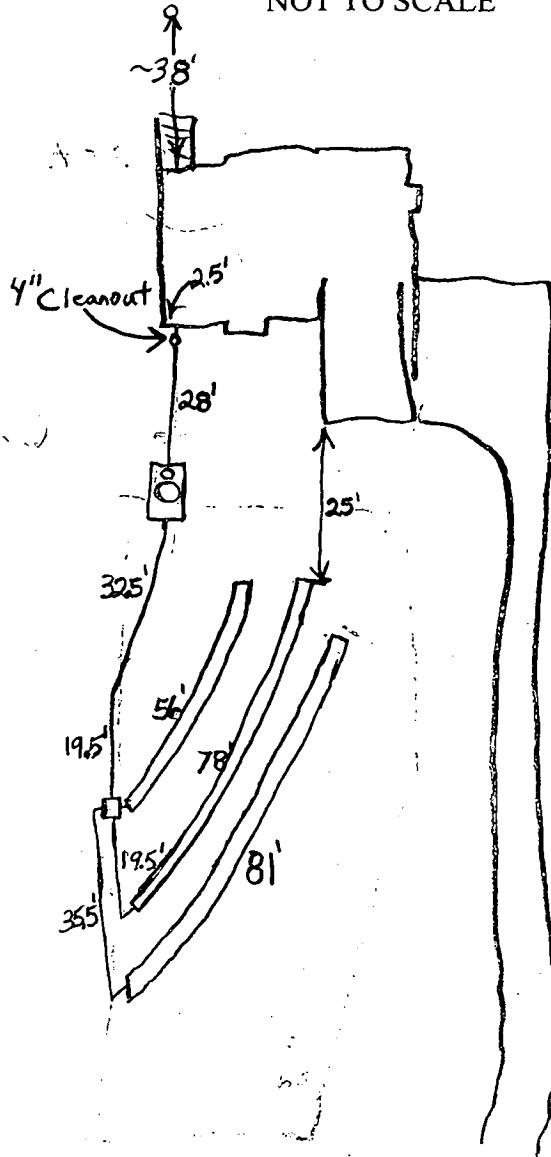
**BUILDING PERMIT SIGNED AND RETURNED**

7-15-04 B00149429-IG POOL  
11-10-04 B00151114-POOL DECK

A 514292-F

H0-94-3732

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		215
ABSORPTION AREA		645 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	3'
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	_____

Pindell Chase Dr. ← ROAD

PRE-CONSTRUCTION 4/8/04 - SRA started, contours accurate. Dirt from foundation in SRA. Remove dirt, install trenches per B.P. (SO)

INSTALLATION 4/12/04 - Not ready (SO) 4/24/04 Need manhole cleanout and tank baffles (BB) 4/26/04 System finished. O.K. to cover. (BB)

BUILDING PERMIT SIGNED AND RETURNED

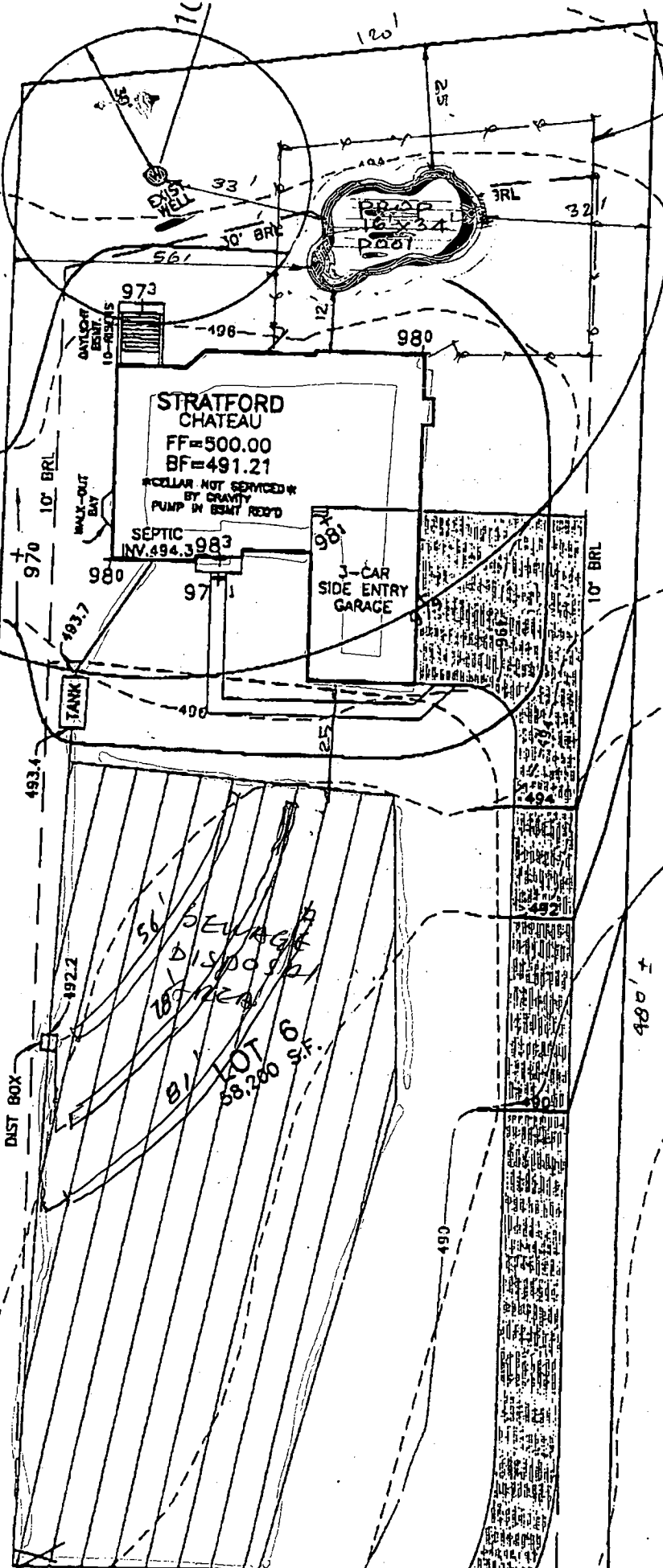
FINAL INSPECTOR B. Baber

DATE OF APPROVAL 4/26/04

BUILDABLE  
SERVATION  
PARCEL C  
5.489 AC.



1" = 30'



APPROVED

WALK-THRU BUILDING PERMIT

BP# 200149429 A# 514292 - F

APP. SAN MR DATE: 7/5/04

DESC. OF WORK: POOL

BMP #4 DRY SWALE

SWALE

Dist #6  
PindeLL Chase

PINDELL CHASE DR

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000149429

Building Address 11724 PINDELL CHASE  
CLARKSVILLE, MD. 21029 DR.

Property Owner's Name: AL FRED, RUKSSHAM N

Address 11724 PINDELL CHASE DR

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City CLARKSVILLE State MD Zip Code 21029

Census Tract 512 Subdivision "PINDELL CHASE"

Home Phone 443 547024 Work Phone \_\_\_\_\_

Section - Area \_\_\_\_\_ Lot 6

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

Tax Map 41 Parcel 59 Grid 14

SUNRISE PREMIERE  
1460 RITCHIE HWY. # 108

Zoning RPRD Map Coordinates 151A Lot size 1.33 AC.

ARNOLD, MD, 21012  
Phone 1-877-349 Fax 7665

Existing Use DETACHED DWELLG SFH

Contractor Company SUNRISE PREMIERE

Proposed Use " / pool

Contact Person DON SEYFERTH

Estimated Construction Cost \$ 200,000

Address 1460 RITCHIE HWY. # 108

Description of Work INSTALL IN THE REAR  
YARD AN INGROUND 16'X34  
(450", 3.5'-7.0'DEEP) POOL W/FENCE

City ARNOLD State MD Zip Code 21012

License No. 41144 AS 494

Phone 1-877-349 Fax 7665

Occupant or Tenant THE OWNED

(Engineer) or Architect Company C.C.M. INC

Contact Name \_\_\_\_\_

Contact Person AL FRED

Address \_\_\_\_\_

Address P.O. BOX: 333

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City PHOENIX State MD Zip Code 21131

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone 410-592-5153 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Utilities

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

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

Utilities

SF Dwelling  SF Townhouse   
Depth Width  
1st floor: \_\_\_\_\_  
2nd floor: 16'X34' pool  
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

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.

Applicant's Signature

Print Name

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY

DATE

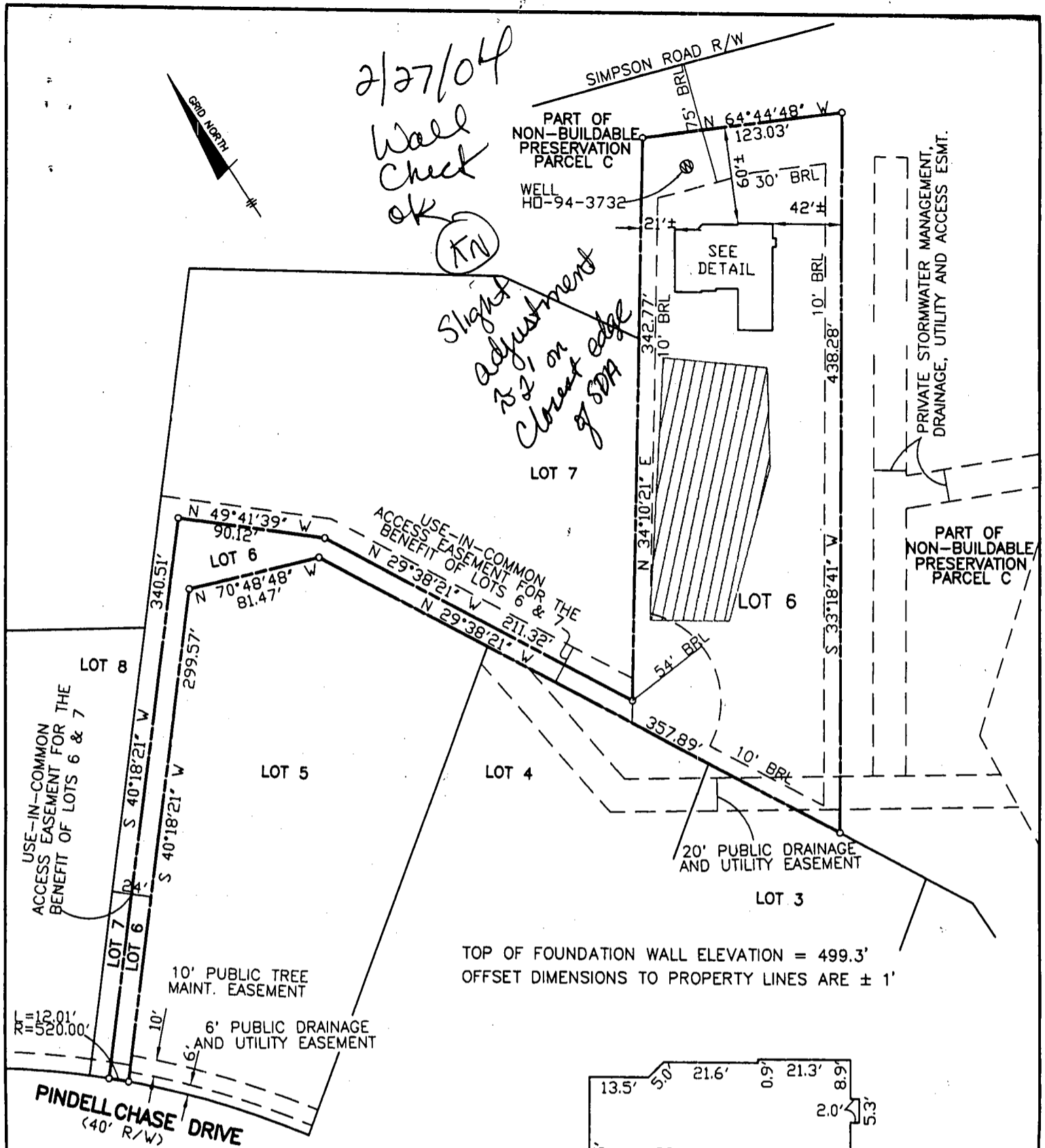
SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID#

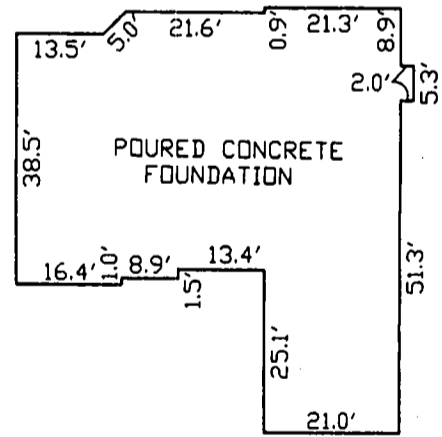
59786

2/27/04  
Wall  
Check  
OK



**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 02/12/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED "PINDELL CHASE LOTS 1 THRU 24", 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  
LOT No. 6**

11724 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 80' DATE: 02/12/04

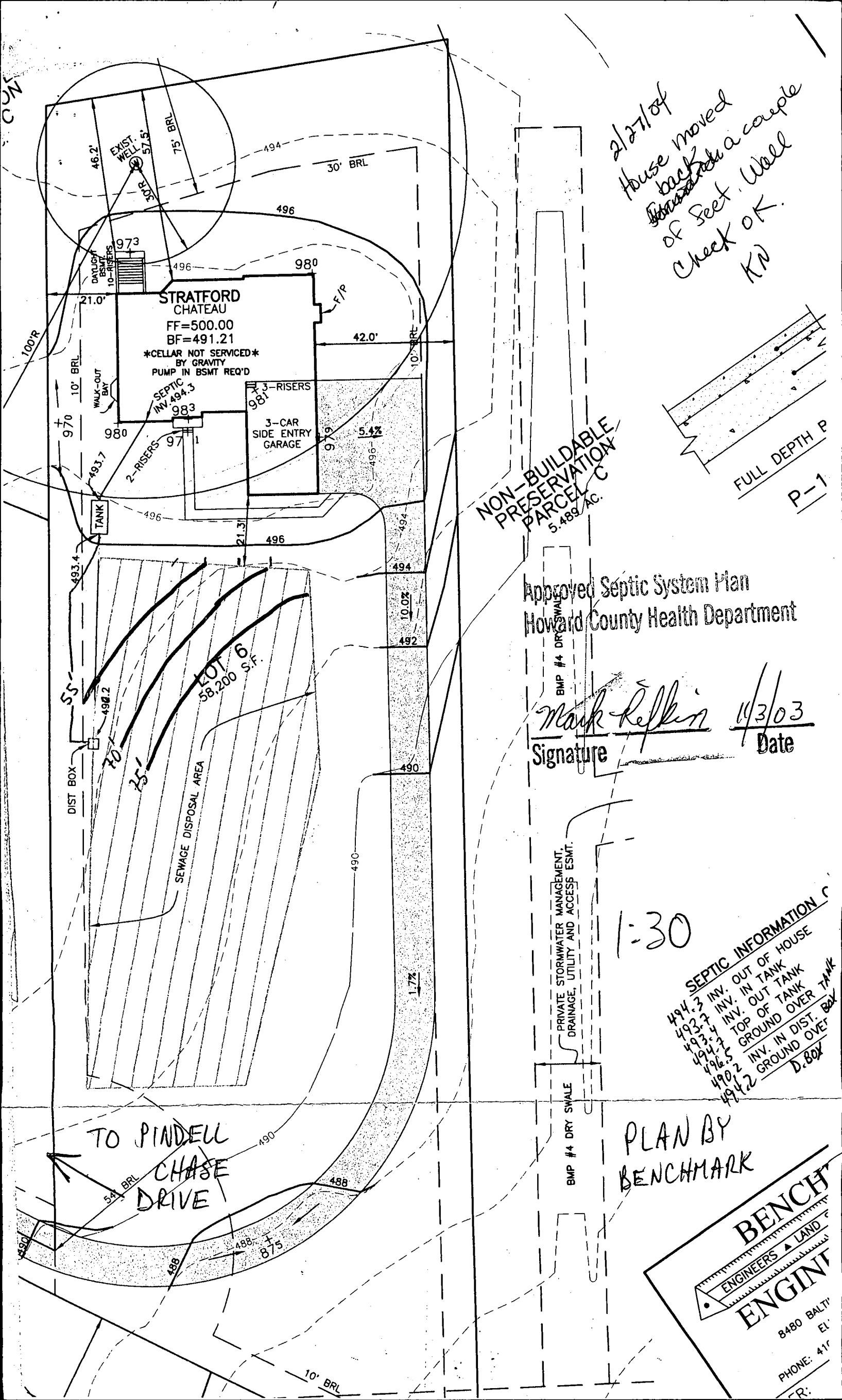
*David M. Harris*

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



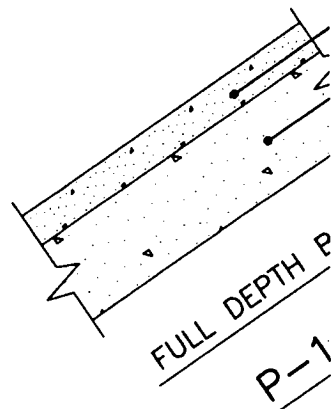
**BENCHMARK  
ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE A SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
phone: 410-465-8105 A fax: 410-465-8644  
email: Benchmark@ecdc.com



2/27/04  
 House moved  
 back  
 of feet. Wall  
 Check OK.  
 KN

NON-BUILDABLE  
 PRESERVATION  
 PARCEL C  
 5.489 AC.



Approved Septic System Plan  
 Howard County Health Department

*Mark Refkin* 11/3/03  
 Signature Date

1:30

SEPTIC INFORMATION C

494.3	INV. OUT OF HOUSE
493.7	INV. IN TANK
493.4	INV. OUT TANK
494.7	TOP OF TANK
492.5	GROUND OVER TANK
490.2	INV. IN DIST. D.Box
494.2	GROUND OVER TANK

PLAN BY  
 BENCHMARK

**BENCH**  
 ENGINEERS & LAND  
 ENGINEERS

8480 BALTI  
 EL  
 PHONE: 417  
 ER:

TO PINDELL  
 CHASE  
 DRIVE

G-00008478

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELICOTT CITY, MD 21043  
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1870  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00144466 *meb*

60510

Building Address 11724 Pindell Chase Drive  
Fulton, MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 605102 Subdivision Pindell Chase

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 41 Parcel 59 Grid 14

Zoning RROFC Map Coordinates 15' APZ Lot size \_\_\_\_\_

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr. Suite #230

City Columbia State MD Zip Code 21045

Home Phone \_\_\_\_\_ 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

Description of Work Construct SFD "Stratford"  
2-story, full brnt, 100, 3FIS, LHA, RP - garage (430)

Contractor Company Toll MD II

Contact Person Mike Fitzgerald

Address 6830 Creekside Rd

City Clarksville State MD Zip Code 21029

License No. MIBR 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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
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 _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>63</u> Dep't: _____ Width: <u>60'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>63</u> Width: <u>60'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>43'6"</u> Width: <u>60'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basem: <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedroom: <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____
No. of efficiency units: _____	NFFA #13R _____
No. of 1 BR units: _____	Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: <u>16' x 16'</u>	
Roof: <u>Asph/Gtlc</u>	
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.

Mike Fitzgerald  
 Applicant's Signature  
Assistant Project Manager  
 Title/Company

Mike Fitzgerald  
 Print Name  
10/8/03  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>11/3/03</u>	<u>Mark R. Pfeiffer</u>
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: <u>54</u>
Rear: <u>30</u>
Side: <u>NA</u>
Side St.: <u>NA</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	59786
Filing fee \$	<u>100</u>
Permit fee \$	_____
Excise tax \$	_____
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	_____
Balance due \$	_____
Check # <u>468322</u>	# <u>526322</u>
Validation #	<u>35253</u>

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by [Signature]

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: Foakes Well Drilling Telephone #: 410-795-5670  
Address: 580 Obrecht Rd  
Stylesville Md 21154

(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 #: 6 Well Tag #: HO-14-3732  
Site Address: 1124 Rodell Chase Dr

Submersible Pump Data      Pitless Adapter      Well Cap and Electric Conduit  
Make: Grundfos      Make: Camdahl      Two piece watertight cap: yes  
Model #: 7501042      Model#: N/A      Screened, vented well cap: yes  
Pump Capacity 7 GPM      Depth: 36 (36" min)      Cap secured to casing: yes  
Well Yield: 2.3 GPM      NSF approved: yes      Conduit min 18" B.G.: yes  
Depth of well encountered at time of pump installation: 150 (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: 42 (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.

[Signature]      6-16-04  
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: 6/18/04 RB

- 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 /

**DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.**

<b>C1</b> 3941	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>A514292-F</b>
ST/CO USE ONLY DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY 8 28 03	Depth of Well 22 450 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>OK MP 11/3/03 HO-94-3732</b>
OWNER <b>TOLL BROTHERS</b> STREET OR RFD <b>PINDELL CHASE DRIVE</b> TOWN <b>COLUMBIA</b> SUBDIVISION <b>PINDELL CHASE</b> SECTION _____ LOT <b>6</b>			

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	
Brown mica	0	78	
Grey mica	78	130	
White	130	131	✓
Grey mica	131	400	
White	400	401	✓
Grey mica	401	450	

GROUTING RECORD		
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>		
NO. OF BAGS <sup>45</sup> <u>23</u> NO. OF POUNDS <sup>45</sup> <u>2162</u>		
GALLONS OF WATER <u>138</u>		
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>75</u> ft. (enter 0 if from surface)		
CASING RECORD		
casing types insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch) <u>06</u>	Total depth of main casing (nearest foot) <u>84</u>
EACH CASING	OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____	_____

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>06</u>
PUMPING RATE (gal. per min.)	<u>2.3</u>
METHOD USED TO MEASURE PUMPING RATE	<u>1 gal.</u>
WATER LEVEL (distance from land surface)	<u>9.14</u>
BEFORE PUMPING	<u>9.5</u>
WHEN PUMPING	<u>9.14</u>
TYPE OF PUMP USED (for test)	
<input checked="" type="checkbox"/> air	<input type="checkbox"/> piston
<input type="checkbox"/> centrifugal	<input type="checkbox"/> rotary
<input type="checkbox"/> jet	<input checked="" type="checkbox"/> submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  YES  NO

SCREEN RECORD		
screen type or open hole insert appropriate code below	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO HOLE
DEPTH (nearest ft.)	<u>84</u>	<u>450</u>

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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	<u>29</u>
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 } <u>02</u> (nearest foot)

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

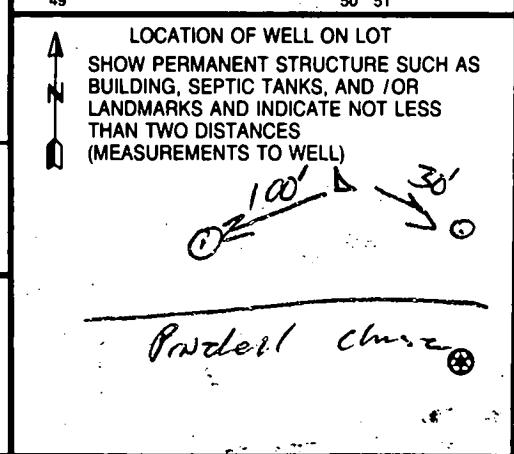
DEPTH (nearest ft.)					
1	2	3	4	5	6
8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

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.

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN (NEAREST INCH)  
56 \_\_\_\_\_ 60 \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_



DRILLERS LIC. NO. **MSD 009**

DRILLERS SIGNATURE \_\_\_\_\_

LIC. NO. **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

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 - 94-9732  
 Location of property (road) PINDELL CHASE DRIVE  
 Subdivision PINDELL CHASE Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller ALLEN CAMPBELL - FOLEY Owner TOLL BROTHERS

Depth of well 450'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 19'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20  
 Total time 15 min. to reach pumping water level 95 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 #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	14	3		2.0
7:15	95	26		2.3
7:30	95	26		2.3
7:45	95	26		2.3
8:00	95	26		2.3
8:15	95	26		2.3
8:30	95	26		2.3
8:45	95	26		2.3
9:00	95	26		2.3
9:15	95	26		2.3
9:30	95	26		2.3
9:45	95	26		2.3
10:00	95	26		2.3
10:15	95	26		2.3
10:30	95	26		2.3
10:45	95	26		2.3
11:00	95	26		2.3
11:15	95	26		2.3
11:30	95	26		2.3
11:45	95	26		2.3
12:00	95	26		2.3
12:15	95	26		2.3
12:30	95	26		2.3
12:45	95	26		2.3
HD-224 1:00	95	26		2.3
1:15	95	26		2.3



8/28/03 1<sup>30</sup> Arrived at site (Lot #6 Pindell Chase Drive)  
I found truck w/ pump. No yield test occurring at time  
of inspection. Cap was loose on casing & tag had not  
been attached to casing. Called SRK & was given phone  
number (410)-984-5093 of Mr. Allan Compton of Fogles.  
Called Mr. Compton @ 1<sup>45</sup> & left message to call SRK. FA  
1<sup>50</sup> Mr. Compton arrived & said he was having a problem  
with this employee. Requested that he call SRK to  
re-schedule pump yield test - (FA)

8/29/03 10<sup>00</sup> am Arrived & found 2 men sleeping in a pickup  
truck while the pump yield test was running. He  
introduced himself as Dave Fogle. Took a measurement  
of the yield test at 10<sup>00</sup> am (see other side). Obtained  
depth of well information, etc from him when I arrived  
12<sup>30</sup> Arrived & took yield reading. FA

B 1 **6043**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER

**HO-94-3732**  
fill in this form completely

Date Received (APA)  
**06/06/03**

OWNER INFORMATION

**Toll Brothers**  
Last Name Owner First Name  
**6830 Creekside RD**  
Street or RFD  
**Clarksville, Md. 21029**  
Town State Zip

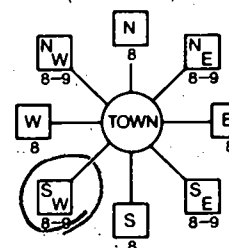
B 3 LOCATION OF WELL

**Howard**  
COUNTY  
**Pindell Chase**  
SUBDIVISION  
SECTION **6** LOT **6**  
**Columbia**  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) **5** M I

DRILLER INFORMATION

**Allen Compton MSD009**  
Driller's Name License No.  
**Fogle Well Drilling**  
Firm Name  
**580 Obrecht RD**  
Address  
**Allen Compton 6-3-03**  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Pindell Chase RD**  
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST  
EAST  
SOUTH  
**650**  
DISTANCE FROM ROAD  
ENTER FT OR MI  
TAX MAP: **41** BLK: **14** PARCEL **59**

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** COUNTY NAME  
**A514292-F** COUNTY NO.  
STATE SIGNATURE  
DATE ISSUED **07/03/03** Mark E. Lyle EXP DATE **7/04/04**  
NORTH GRID **486 000** EAST GRID **822 000**

APPROXIMATE DEPTH OF WELL **300** FEET  
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

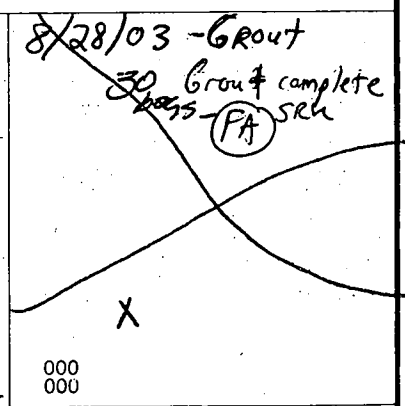
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVerse-ROTARY Drive-POINT  
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

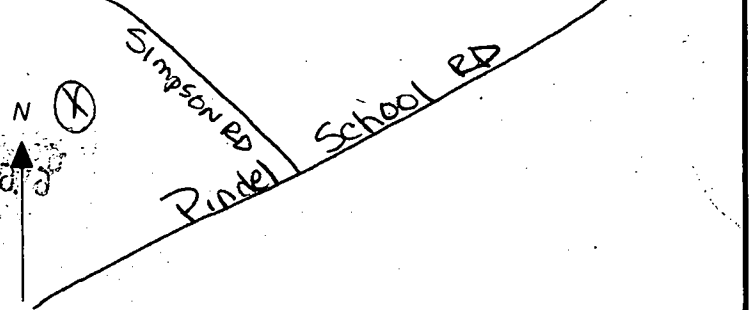
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEAN AN EXISTING WELL
- PERMIT NUMBER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

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 **822**  
N **486**



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)

APPROX. PERMIT NUMBER **G**  
PERMIT No. **HO-94-3732**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

PRIVATE EAST  
ENTRANCE FEAT  
LANDSCAPING  
ASSOCIATED

DENOTES EROSION  
CONTROL MATTING  
ALONG ENTIRE LENGTH  
OF ROAD AND TYPICAL  
FOR ALL ROAD SECTIONS

Non-Buildable  
Preservation  
Parcel

Non-Buildable Parcel  
Subject to Stormwater  
Retention & Treatment  
Easement  
County

100'R

well site OK  
No Insp  
HR 12/30/03

DRY GULCH  
4.0' BR. BR. SEE

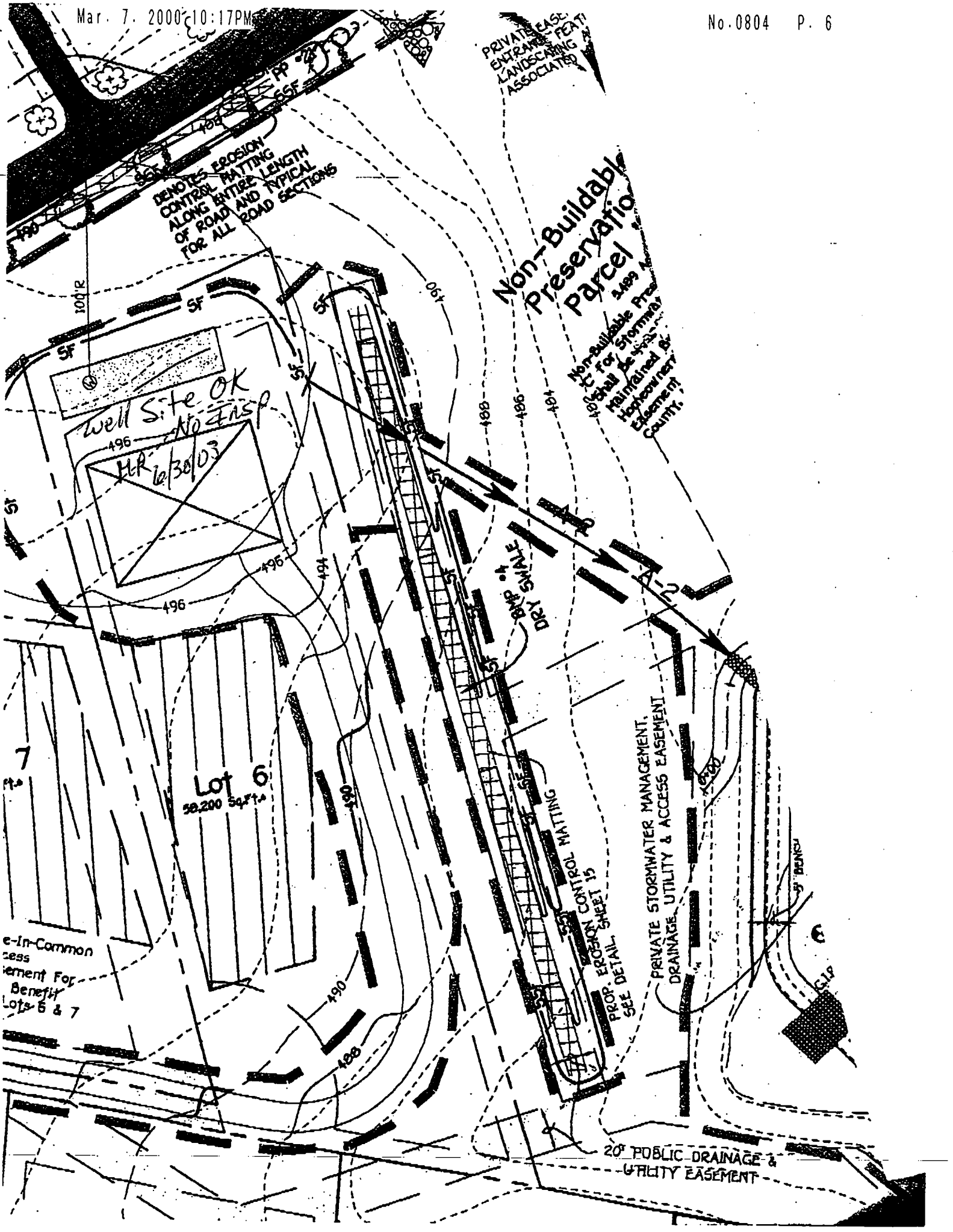
Lot 6  
58,200 Sq. Ft.

e-in-Common  
ness  
ement For  
Benefit  
Lots 6 & 7

PROP. EROSION CONTROL  
SEE DETAIL SHEET 15

PRIVATE STORMWATER MANAGEMENT,  
DRAINAGE, UTILITY & ACCESS EASEMENT

20' PUBLIC DRAINAGE &  
UTILITY EASEMENT



# APPLICATION

PERCOLATION TESTING

A514292-F

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 6

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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

932

0' orange brown  
C1Lm

4.5' orange brown  
Salm  
micaceous  
no distinct  
H<sub>2</sub>O signs

12.0' water

14.0'

930

dark red  
SiCLm

5.0'

dk red  
Salm

8.0'

water

931

red  
brn  
SiCLm

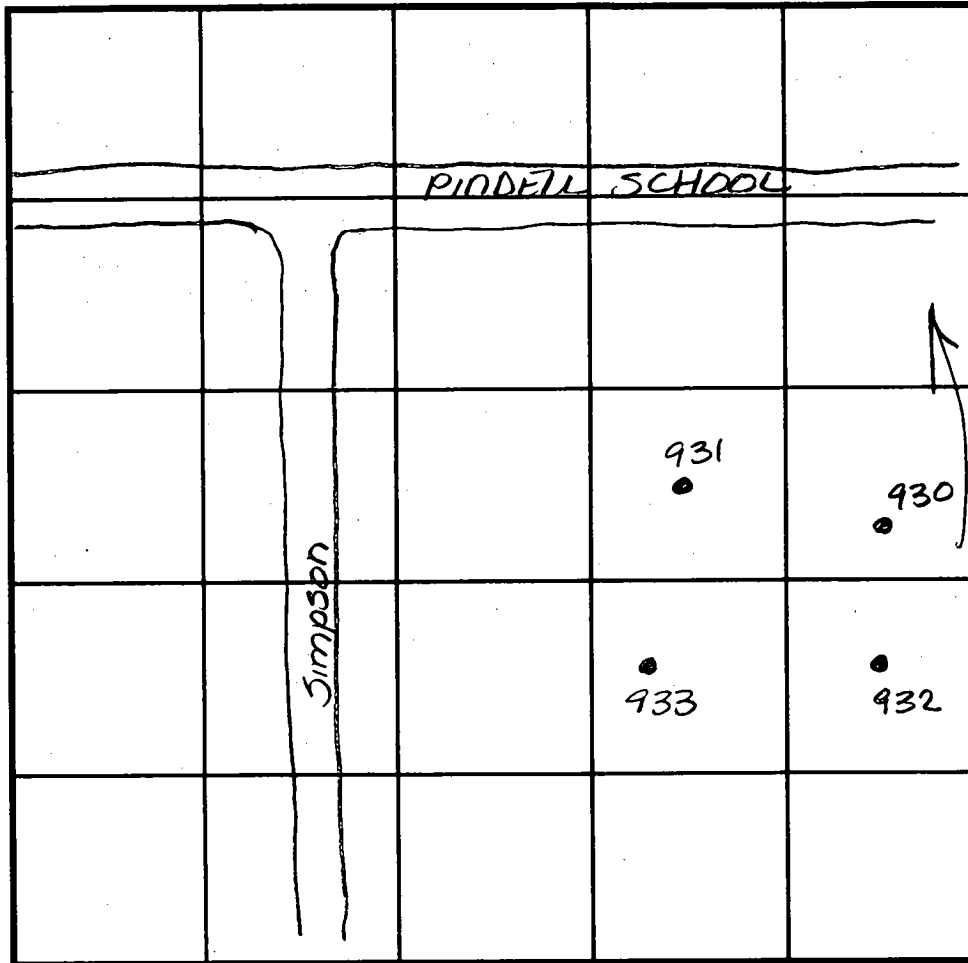
5.0'

caving  
⊕

5.0'

9.0'

water



SOIL PROFILE

933

0' dark red  
SiCLm

5.0'

red  
brn  
Salm  
micaceous  
no  
distinct  
H<sub>2</sub>O  
signs

14.0'

water

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-23-01	932	5.0 / 14.0	5:17	5:19	5:19	5:24	5min
	930	Insufficient depth to H <sub>2</sub> O - see profile					F
	933	5.5 / 14.0	5:22	5:24	5:24	5:27	3min ✓
	931	Insufficient depth to H <sub>2</sub> O - see profile					F
	932	Insufficient depth to H <sub>2</sub> O - 7.0' between bottom of perc & H <sub>2</sub> O					F

REMARKS An additional 4.0' buffer required on hole from H<sub>2</sub>O due to drought

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

TESTED BY Amy McMillen

ALSO PRESENT \_\_\_\_\_

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

TRENCH WIDTH \_\_\_\_\_

INLET DEPTH 4

MAXIMUM BOTTOM DEPTH 6.0'

SQ. FT./BEDROOM 180 X 0.83

COUNTY # \_\_\_\_\_

SOIL PROFILE  
937

0' red brown silty clay

4.0' Pink micaceous silty clay pockets of decayed white feldspar

OK

15.0'

935

4.0' red brown silty clay

pink silty micaceous yellow mottles from parent rock only

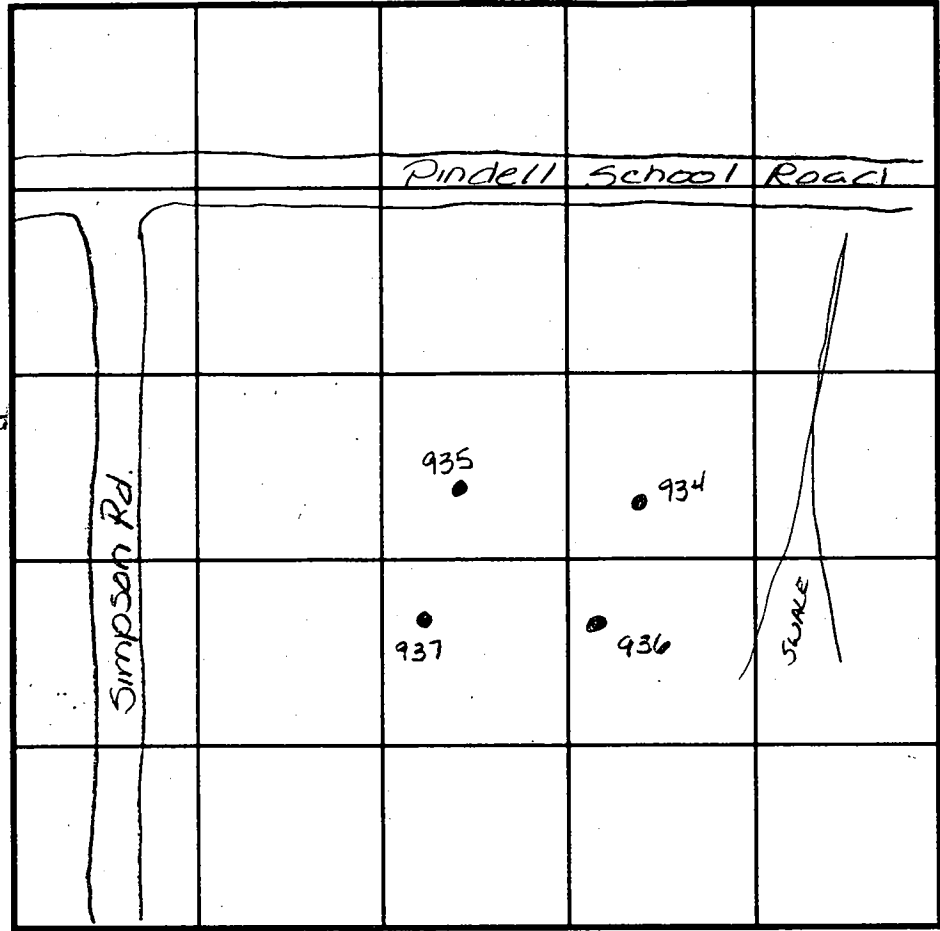
15.0'

934

4.5' orange brn silty clay

1.5' light beige silty micaceous 50% Rv

15.0'



SOIL PROFILE  
936

0' dark red silty clay

4.5' dark red micaceous silty clay pockets of orange silty clay

14.5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5-23-01	937	4.5' / 15.0'	5:01	5:03	5:03	5:07	4min
	934	5.0' / 15.0'	5:08	5:14	5:14	5:35	21min ✓
	935	Visual to 15.0'	- visual see profile				OK ✓
	936	Visual to 14.5'	- see profile				OK

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

REMARKS \_\_\_\_\_

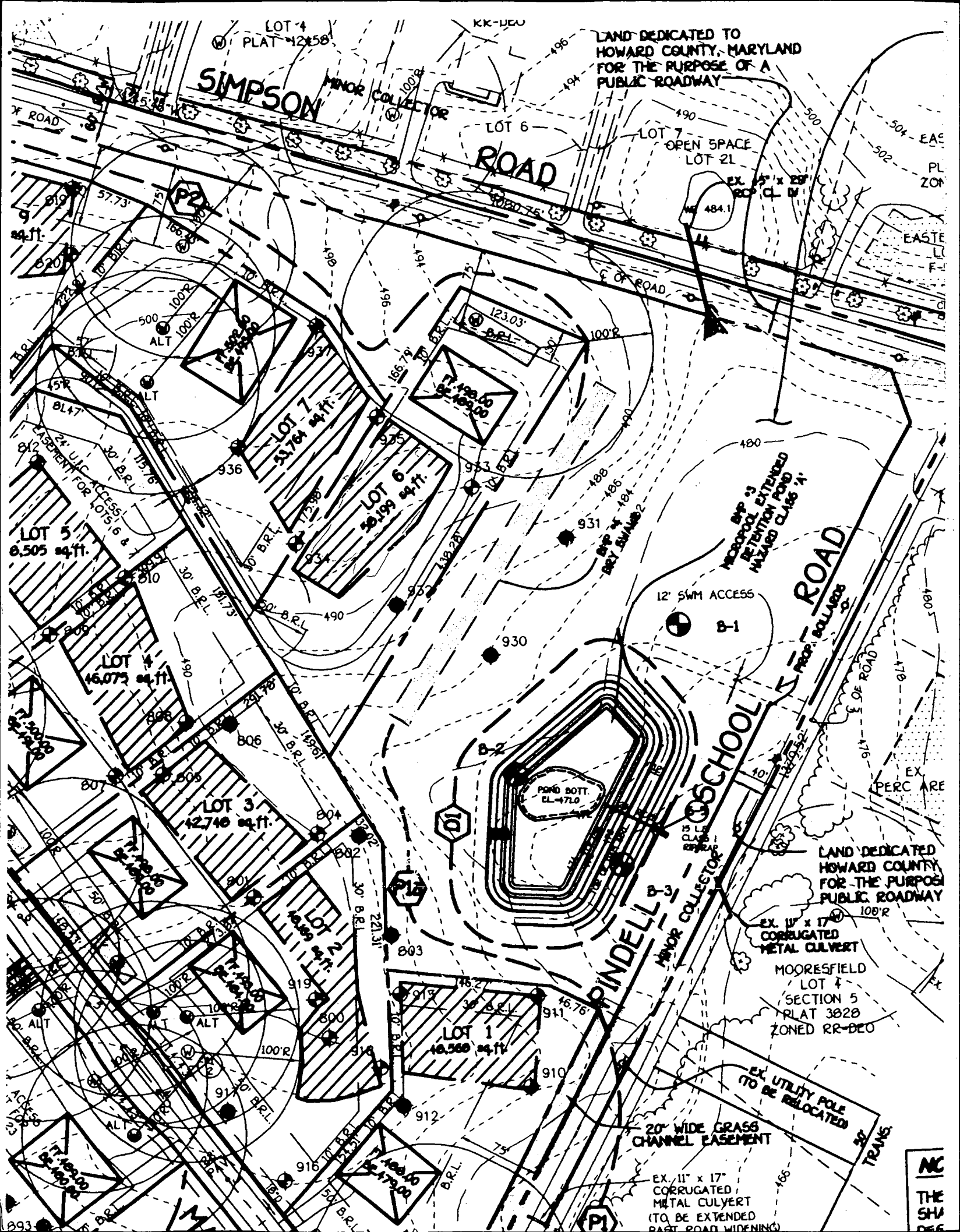
TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Chuck Crowe

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

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





LOT 4  
PLAT 42158

KK-DEU

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

SIMPSON

MINOR COLLECTOR

ROAD

LOT 7  
OPEN SPACE  
LOT 21

ROAD

504 - EAS  
502 - PL  
ZON

EAST

LOT 5  
8,505 sq. ft.

LOT 4  
16,075 sq. ft.

LOT 3  
12,748 sq. ft.

LOT 1  
10,568 sq. ft.

LOT 7  
31,784 sq. ft.

LOT 6  
30,199 sq. ft.

MICROPOD EXTENDED  
RETENTION POND  
HAZARD CLASS 1

ROAD

12' SWM ACCESS

B-1

POND BOTT  
EL. 47.0

SCHOOL

MINOR COLLECTOR

LAND DEDICATED  
HOWARD COUNTY  
FOR THE PURPOSE  
PUBLIC ROADWAY

EX. 11" x 17"  
CORRUGATED  
METAL CULVERT

MOORESFIELD  
LOT 7  
SECTION 5  
PLAT 3828  
ZONED RR-DEO

EX. UTILITY POLE  
(TO BE RELOCATED)

20' WIDE GRASS  
CHANNEL EASEMENT

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

NC  
THE SH  
DE



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

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

June 24, 2004

Toll MD II  
7164 Columbia Gateway Drive, Suite 230  
Columbia, MD 21045

**SENT VIA FACSIMILE 410-531-8472**

RE: 11724 Pindell Chase Drive  
Pindell Chase, Lot 6  
BP # B00144466  
Well Permit # HO-94-3732

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 04/26/2004. Final approval of the well line connection to the dwelling was approved on 06/18/2004.**

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-94-3732. 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: 06/18/2004, & two on 6/23/2004  
Date of Well Completion: 08/28/2003

Approving Authority,

Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

11-20 2000 10/11-20

**BUILDABLE ADJUNCTION**  
**PARCEL C**  
**WALK-THRU BUILDING PERMIT**  
 BP# **808151114** A# **514278-F**  
 APP. SAN **528** DATE: **11/27/04**  
 DESC. OF WORK: **Deck + 36x8**  
*connecting to back fence*

1" = 30'

