

LAYOUT 9/1/04 INSP 4 _____
INSP 2 9/7/04 INSP 5 _____
INSP 3 9/16/04 INSP 6 _____

ISSUE DATE: 8/23/2004

P 520844

APPROVAL DATE: 9/16/04

A 514292-H

PERMIT INDEXED

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

Fogles Septic.Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Pindell Chase LOT NUMBER: 8

ADDRESS: 11732 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: 435.240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 7.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 35' from the left lot line and 90' from the rear lot line. Run (2) trenches on contour to rear of lot.
NOTES:	Installer encouraged to run trenches to 80' each for maximum utility of septic reserve area. Installer encouraged to bring stone up to 2-4' from grade for infiltration of oxygen. Distribution box can be adjusted downhill up to 15' if necessary.

PLANS APPROVED: MER (KN) DATE: 11/05/03

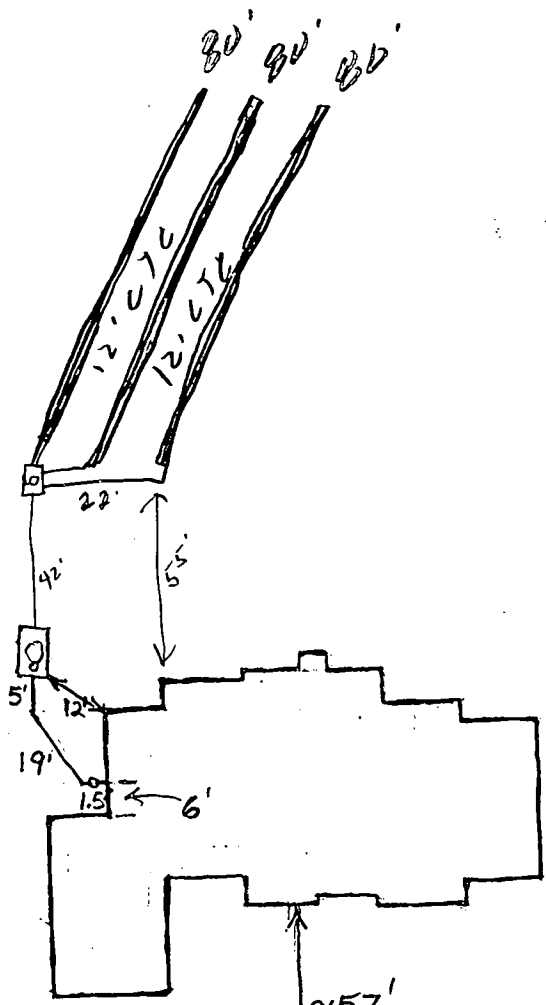
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND 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

NECESSARY TO INSTALL Two trenches outside of SDA.

A514292-H

NOT TO SCALE



HO-94-3604

Pindell Chase Drive

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	5	9
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1 1/2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Center
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 9/1/04 Install system as per B.P. plan. Tank set but no plumbing installed. (BB)

INSTALLATION 9/7/04 House connection made. (BB)

9/14/04 - OK to cover all work (SC)

FINAL INSPECTOR *[Signature]*

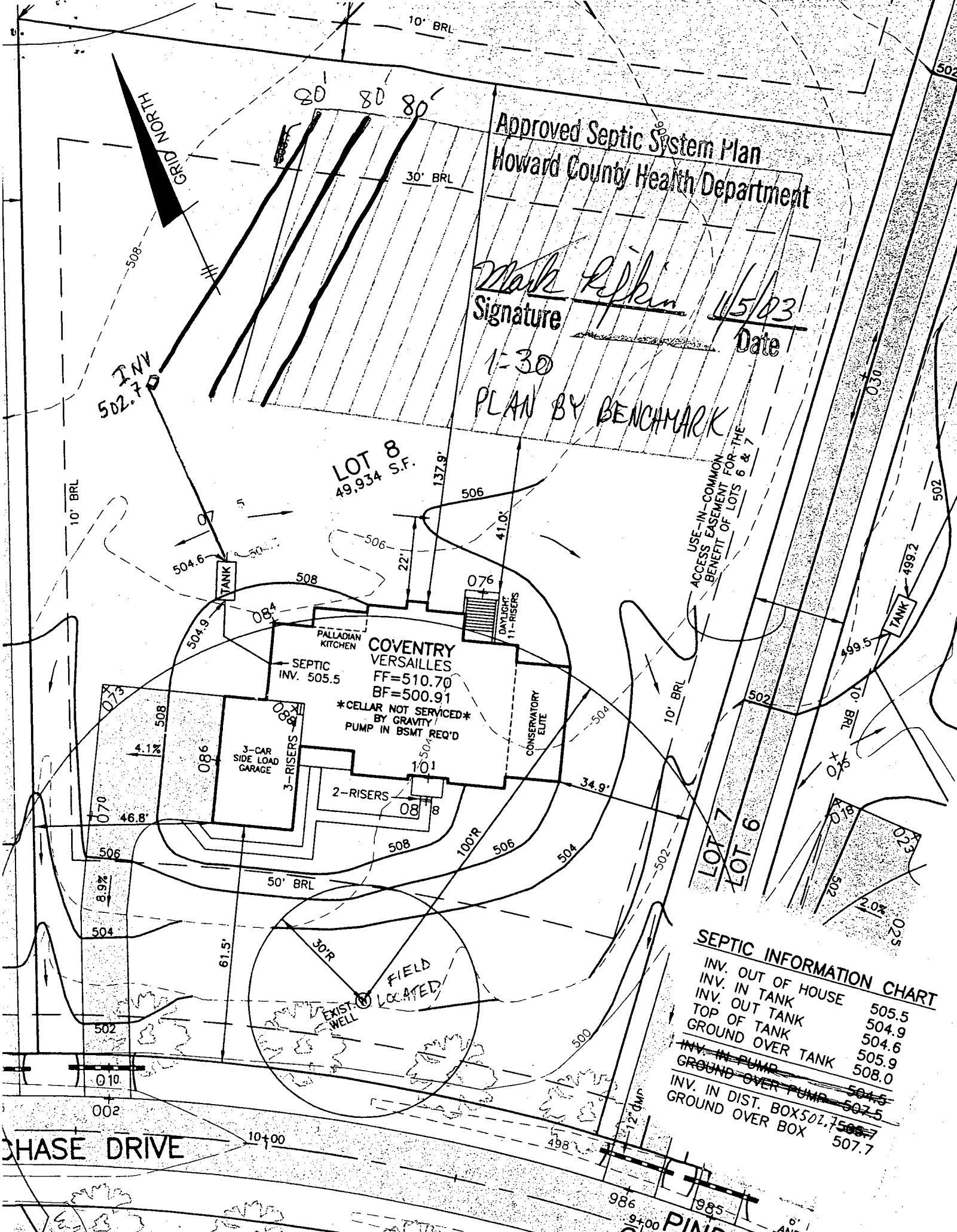
DATE OF APPROVAL 9/10/04

Approved Septic System Plan
 Howard County Health Department

Mark Refkin
 Signature 11/5/03
 Date

1-30
 PLAN BY BENCHMARK

LOT 8
 49,934 S.F.



SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	505.5
INV. IN TANK	504.9
INV. OUT TANK	504.6
TOP OF TANK	505.9
GROUND OVER TANK	508.0
INV. IN PUMP	504.5
GROUND OVER PUMP	507.5
INV. IN DIST. BOX	502.75
GROUND OVER BOX	507.7

CHASE DRIVE

CHAS PINDE

60000897 16073

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3000 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2656 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00V44632

Building Address 11732 Pindell Chase Dr.
Fulton, MD 20759
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605102 Subdivision Pindell Chase
Section _____ Area _____ Lot 8
Tax Map 41 Parcel 59 Grid 14
Zoning KR020 Map Coordinates 15AD Lot size _____

Property Owner's Name Toll MD II
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410 531 8471
Applicant's Name & Mailing Address, (if other than stated hereon):
Mike Fitzgerald
6030 Creekside Rd.
Clarksville, MD
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 "Coventry" w/ ^{Commuter} _{Program}
2 Story full bsmt 118 4FB 318, FP + 3 car garage

Contractor Company Toll MD II
Contact Person Mike Fitzgerald
Address 6030 Creekside Rd
City Clarksville State MD Zip Code 21029
License No. 678
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: 60 89
2nd floor: 43 64
Basement: 43 77
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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: 16' x 6'
Roof: Asph/Flt
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (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.

MR. Fitzgerald
Applicant's Signature
Assistant Project Manager
Title/Company
OK MR 11/5/03

Mike Fitzgerald
Print Name
11/5/03
Date

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: 580 Obrecht Rd
Sylvestria Md 21789

(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 Brother Telephone #: _____
Subdivision: Rindel Chase Lot #: 8 Well Tag #: HO-94-3604
Site Address: 11732 Rindel Chase Dr

Submersible Pump Data

Make: Goulds
Model #: 25G51A422
Pump Capacity 5 GPM
Well Yield: 1.2 GPM

Pitless Adapter

Make: Cambell
Model #: N/A
Depth: 36 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 52.5 (feet)
If pump capacity exceeded 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

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: USED
Approximate length of sleeve: 5
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 of company representative responsible for installation: Allen Compton

date: 9-29-04

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

Date Insp. Requested: 7/1/04

Date Insp. Approved: 7/1/04 BB

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

C1 14369 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 514292-4

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 12 27 02

Depth of Well 525 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3204

OWNER TOLL BROTHERS STREET OR RFD PINDELL CHASE DRIVE TOWN COLUMBIA SUBDIVISION PINDELL CHASE SECTION LOT 8

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. Rows include Brown Clay, Brown Sandstone, Gray mica, Flint, Gray mica.

GROUTING RECORD

WELL HAS BEEN GROUTED? (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 33 NO. OF POUNDS 3102

CASING RECORD (S) (C) (P) (O) STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE (S) Nominal diameter top (main) casing 06 Total depth of main casing 70

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

SCREEN RECORD (S) (B) (H) (P) (O) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

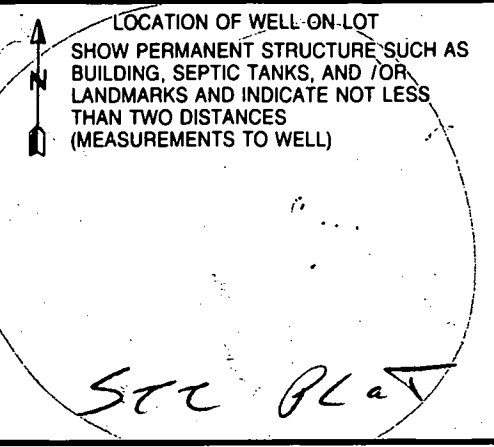
DEPTH (nearest ft.) HO 70 525

PUMPING TEST

HOURS PUMPED (nearest hour) 06 PUMPING RATE (gal. per min.) 1.2 METHOD USED TO MEASURE PUMPING RATE 150L

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES) (NO) TYPE OF PUMP INSTALLED (S) CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. MSD 009 DRILLERS SIGNATURE LIC. NO. D

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 6263

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W517994 please type

STATE PERMIT NUMBER HO-94-3604 fill in this form completely

OWNER INFORMATION Date Received (APA) 11-22-02 Toll Brothers 6830 Creerside Rd Clarksville md. 21029

LOCATION OF WELL Howard Pindell Chase Clarksville Hunt Columbia 6 miles from town

DRILLER INFORMATION Allen Compton M 5D 009 Fogle Well Drilling 580 Obrecht Rd

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Pindell Chase Drive School Rd 350 feet from road

WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

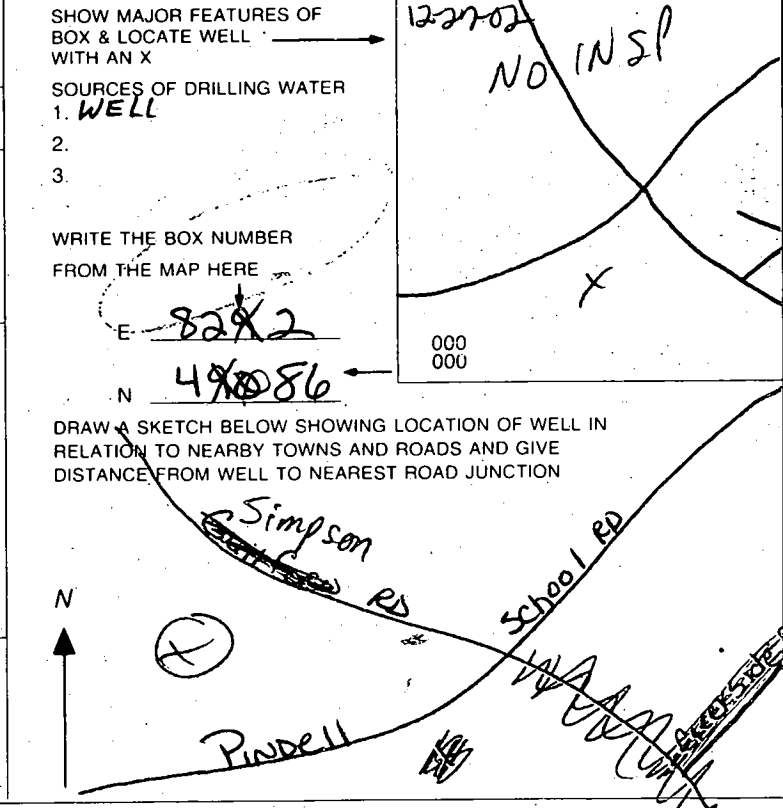
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 514292-H

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

METHOD OF DRILLING (circle one) AIR-PERCussion

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No HO-94-3604



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

APPLICATION

PERCOLATION TESTING

A 514292-H

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 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. 8

ROAD AND DESCRIPTION SOUTHWEST CORNER OF INTERSECTION OF SIMPSON ROAD

AT PINDELL SCHOOL ROAD

TAX MAP 41 PARCEL # 59

SIZE OF LOT 1.0 AC± 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 #

LOT No.

SOIL PROFILE

813 (814)

red
brn
cl

7-8
17 red
tan
mica
si lm
10-20%
frags

13

816

red
brn
cl

4
tan mica
sa loam

15% frags

6
25-35%
frags

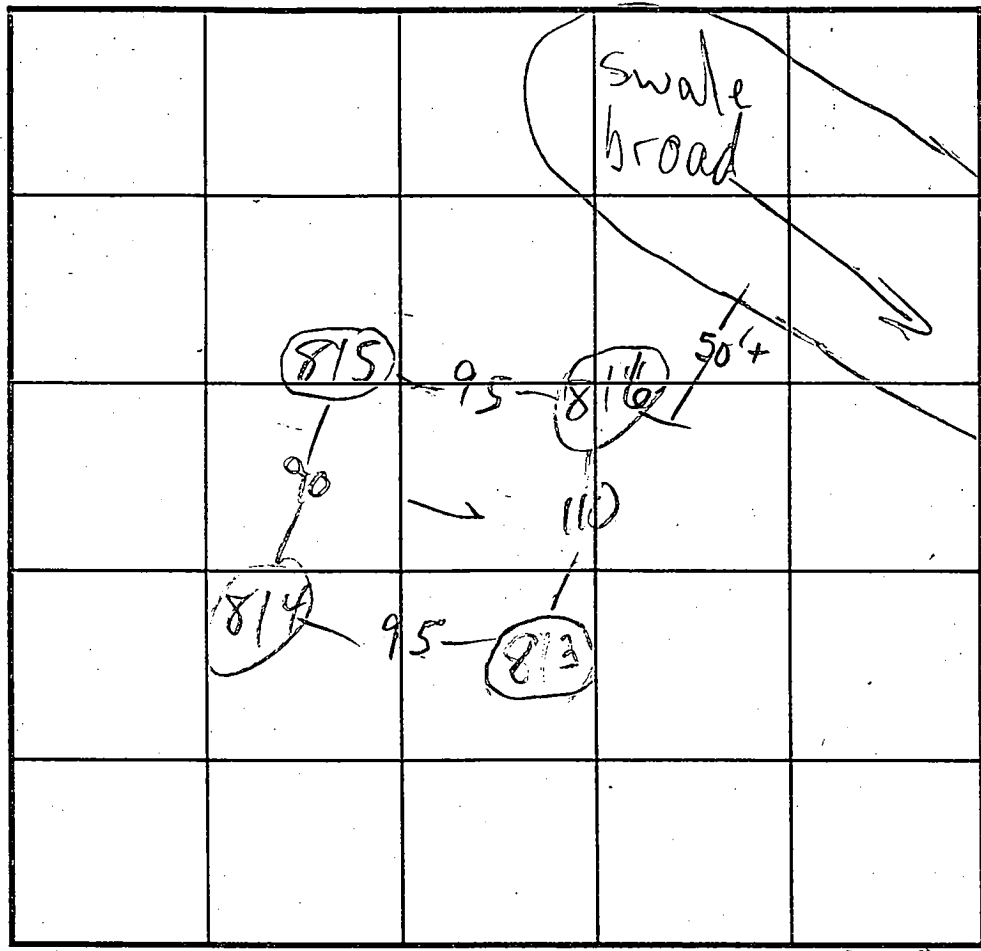
12
13
15% frags

815

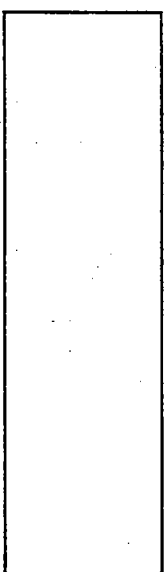
red
brn
cl

6-7
red brn
si mica
lm
5-20%
frags

13-15 2



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. PROP ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/18/00	813 S	6 6 1/2	2:21	2:32	< 1/8"		
	813 V	7 13	2:39	2:49	< 1/4"		
	816 S	5	2:55	3:07	FAIL	1/2"	
	816 S	5	2:50	2:52	2:52	2:54	2 ✓
	816 V	13	OK see profile				
	815 S	6' 3"	3:51	4:00	4:00	4:15	15 ✓
	815 V	13 1/2	OK see profile				
	814 S	10' 10"	3:56	4:12	FAIL	1/2"	
	814 V	13	DEEP CLAY		FAIL		

REMARKS HOLES PER PLAN; SIG. ADJ'MENT REQ'D

TYPE OF SOIL

TESTED BY M. Ripkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

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 _____

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. _____

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

0' 921 922

orange brn
silt lm

6

tan pink
brn
silt mica lm
10-15%
frag s

15

909

brn
cl lm

6

tan
pink brn
silt mica
lm
10-15%
frag s

16

981

9

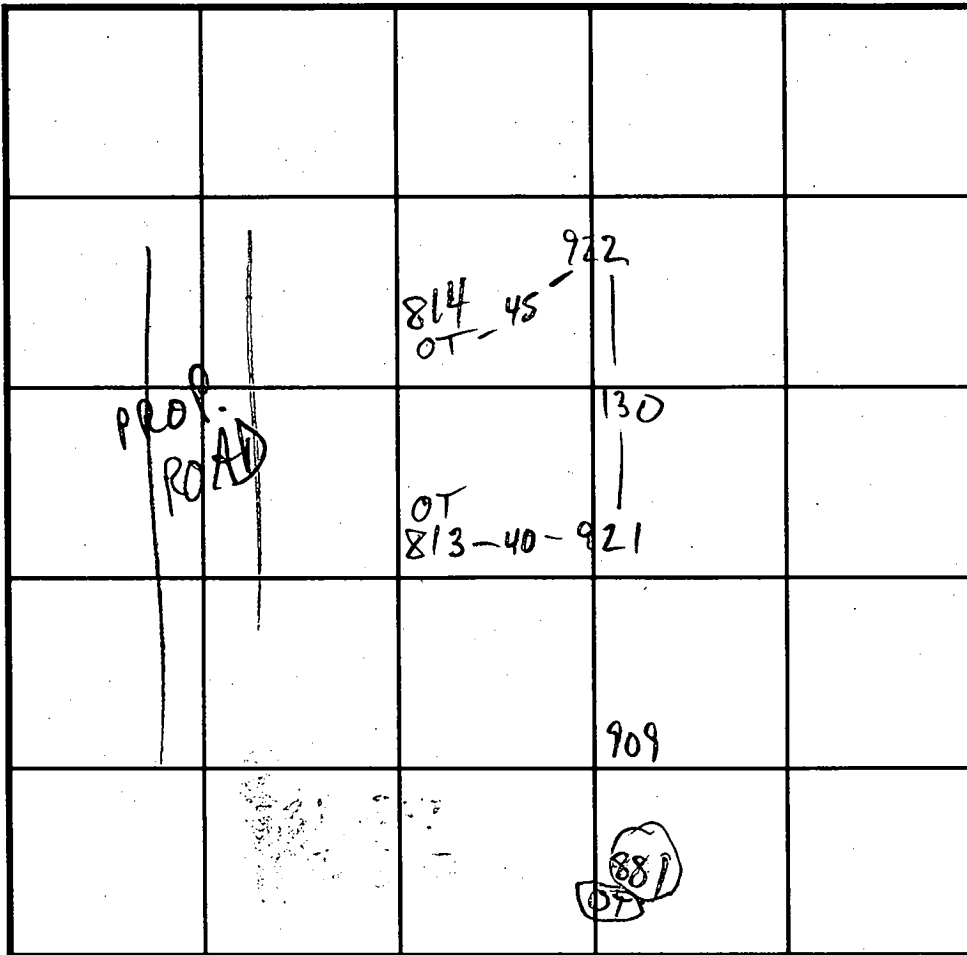
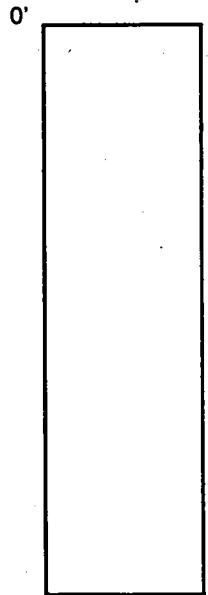
DAMP

13

H₂O

14

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

$\bar{x} = 12 / (x \cdot 0.57)$
210 \square ft
In S
Bot 9

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/23/01	921 S	6 1/2	5:06	5:16	5:16	5:29	13 ✓
	921 V	15					
	922 S	7 1/2	5:09	5:20	5:20	5:40	20 ✓
	922 V	16					
	909 V	16					OK
	881 V	14	FAIL H ₂ O @ 9'				F

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 Mark Ritkin

ALSO PRESENT Chuck Crowe

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH 10

INLET DEPTH

MAXIMUM BOTTOM DEPTH

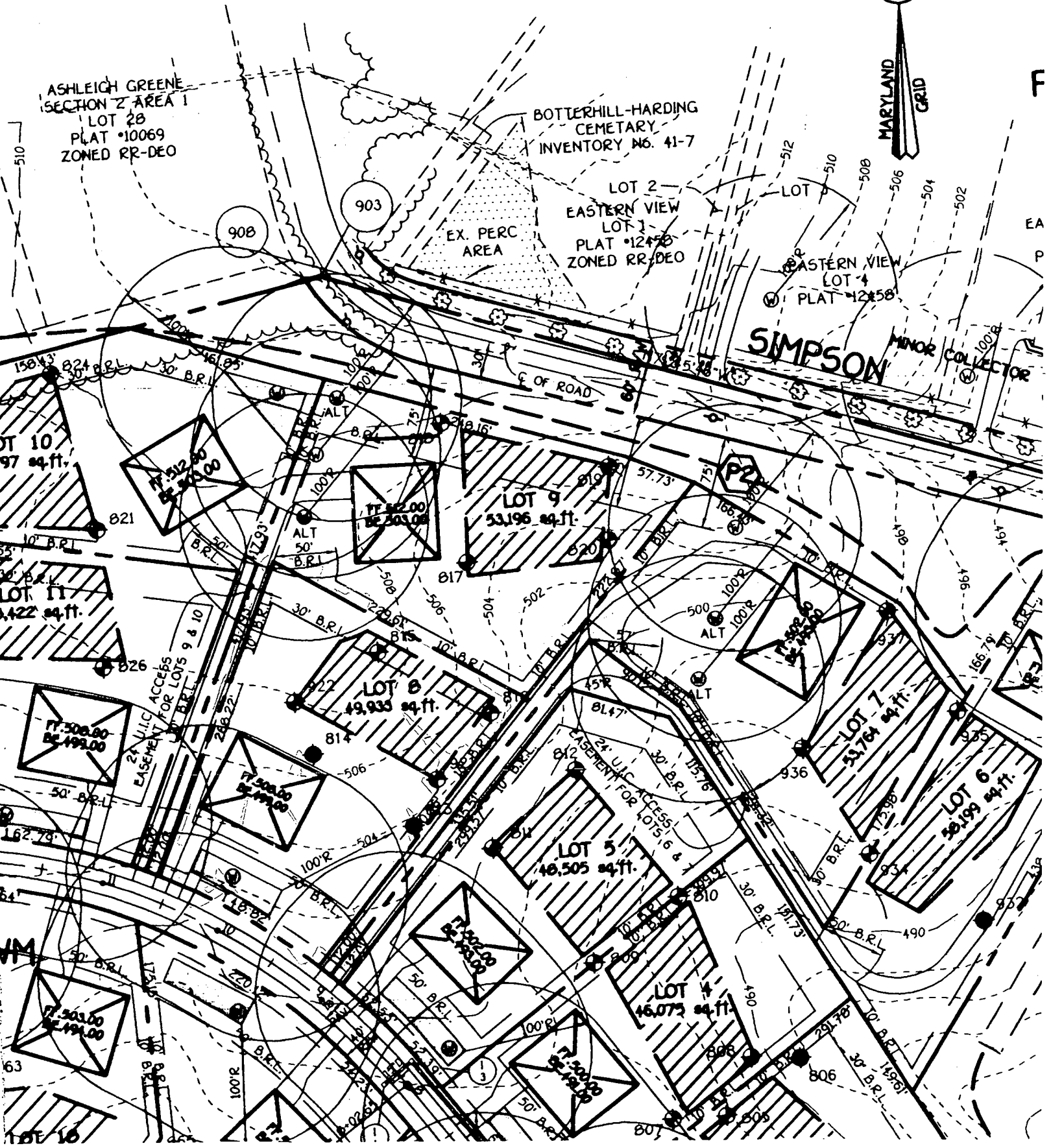
SQ. FT/BEDROOM

ENTERLINE CURVE DATA

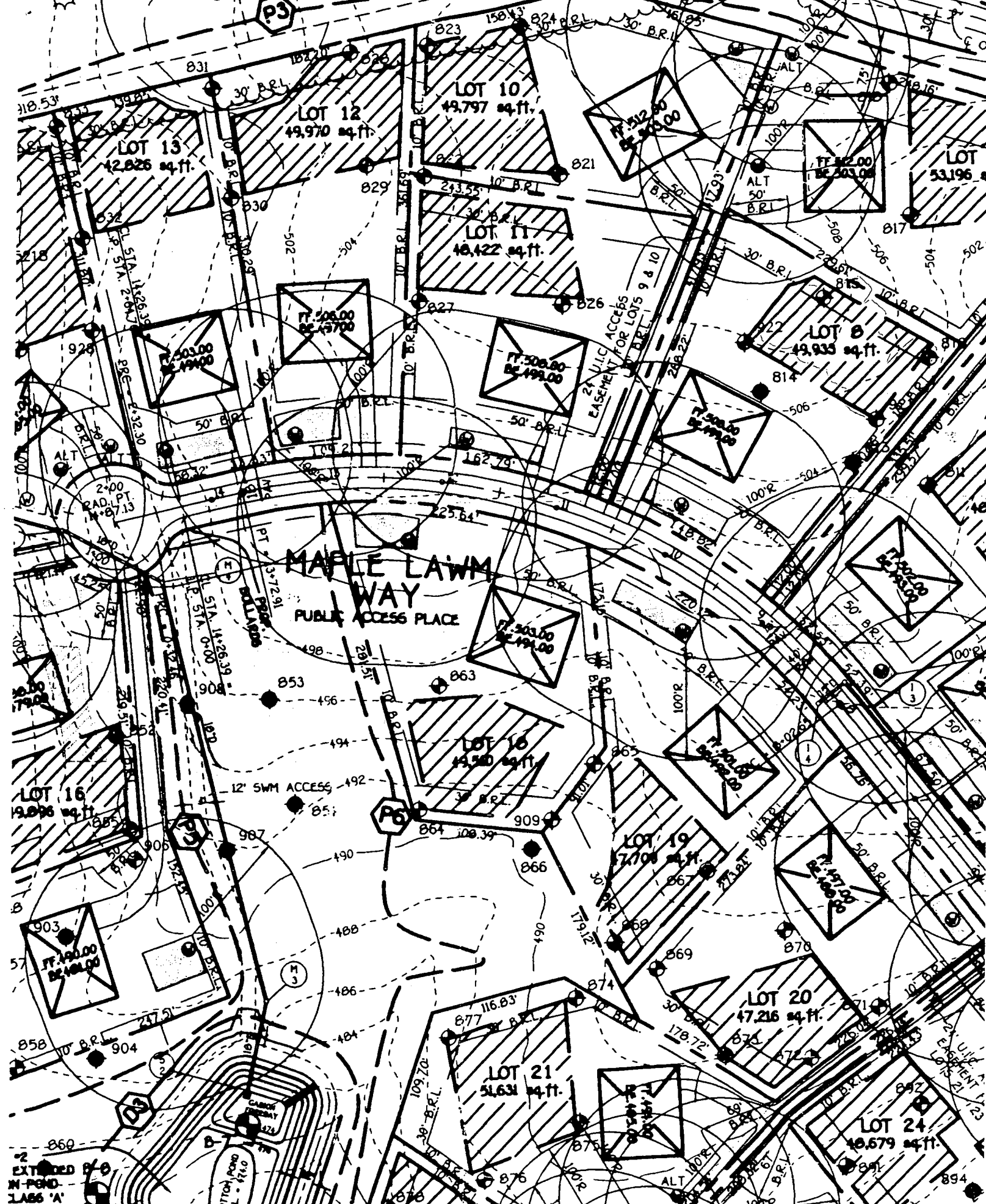
AG



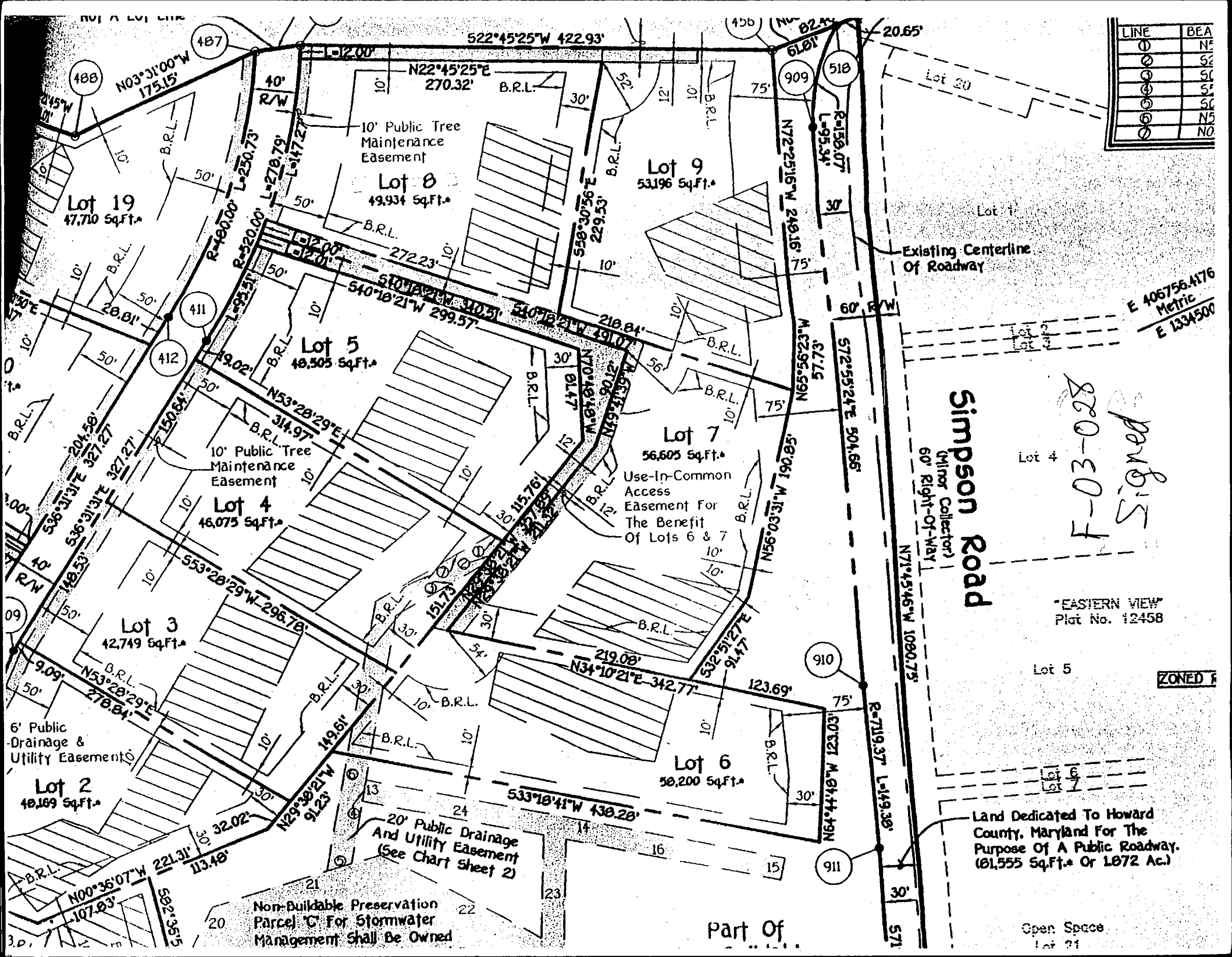
STA. TO STA.	RADIUS	LENGTH	DELTA
0+35.49 TO 1+57.87	275.00'R	122.38'	25°29'51"
8+02.65 TO 13+72.91	500.00'R	570.26'	65°20'51"



100694
RR DEC.
616025
PRELIMINARY PLAN
7/2/02



2
EXTENDED B-0
M-POND
CLASS 'A'



LINE	BEA
1	NE
2	SE
3	SE
4	SE
5	SE
6	NE
7	NO

F-03-028
per B.S.

Simpson Road
(Minor Collector)
60' Right-Of-Way

Land Dedicated To Howard County, Maryland For The Purpose Of A Public Roadway. (61,555 Sq.Ft. Or 1.072 Ac.)

"EASTERN VIEW"
Plat No. 12458

ZONED F

Open Space
1.47 Acre

Part Of

Non-Buildable Preservation Parcel C For Stormwater Management shall be Owned

Use-In-Common Access Easement For The Benefit Of Lots 6 & 7

Existing Centerline Of Roadway

E 406756.4176
Metric
E 1334500

Lot 19
47,710 Sq.Ft.

Lot 5
40,503 Sq.Ft.

Lot 4
46,075 Sq.Ft.

Lot 3
42,749 Sq.Ft.

Lot 2
49,169 Sq.Ft.

Lot 8
49,934 Sq.Ft.

Lot 9
53,196 Sq.Ft.

Lot 7
56,605 Sq.Ft.

Lot 6
50,200 Sq.Ft.

522°45'25"W 422.93'

N22°45'25"E
270.32'

S101°12'21"W 310.51'

S40°10'21"W 299.57'

N53°28'29"E
314.97'

S53°28'29"W 296.78'

N53°28'29"E
278.84'

S33°10'41"W 438.28'

N03°31'00"W
175.15'

R=460.00' L=250.73'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=278.79'

L=147.27'

L=92.51'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84'

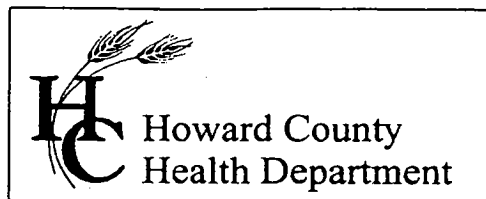
L=150.84'

L=150.84'

L=150.84'

L=150.84'

L=150.84



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

September 30, 2004

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

SENT VIA FACSIMILE 410-531-8471

RE: Pindell Chase, Lot 8
11732 Pindell Chase Drive
Fulton, MD 20759
BP # B00144632
Well Permit # HO-94-3604

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 9/10/2004. Final approval of the well line connection to the dwelling was approved on 07/01/2004.**

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

INTERIM CERTIFICATE OF POTABILITY

This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3604. 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: 09/20/2004
Date of Well Completion: 12/27/2002

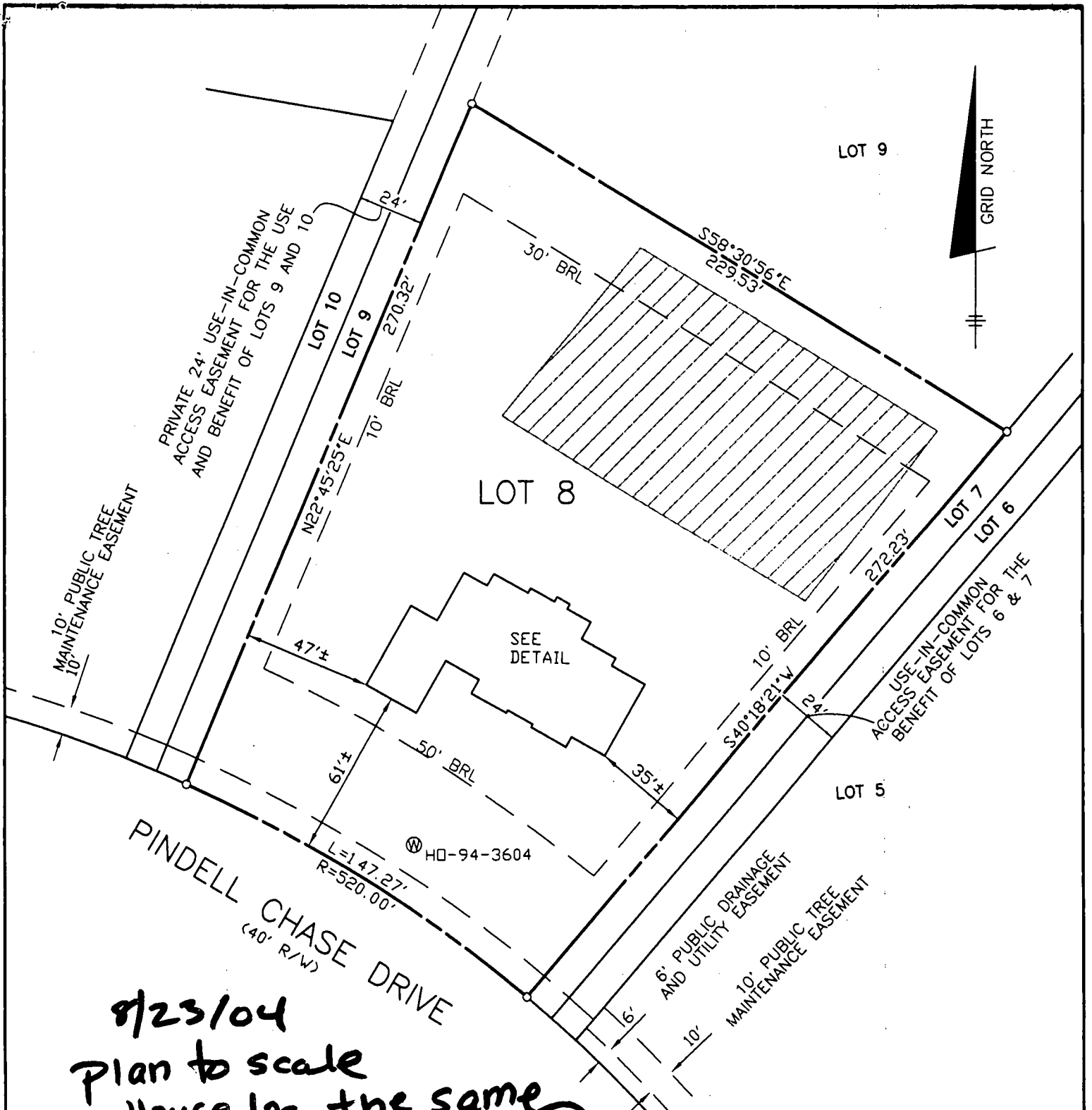
Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File



8/23/04

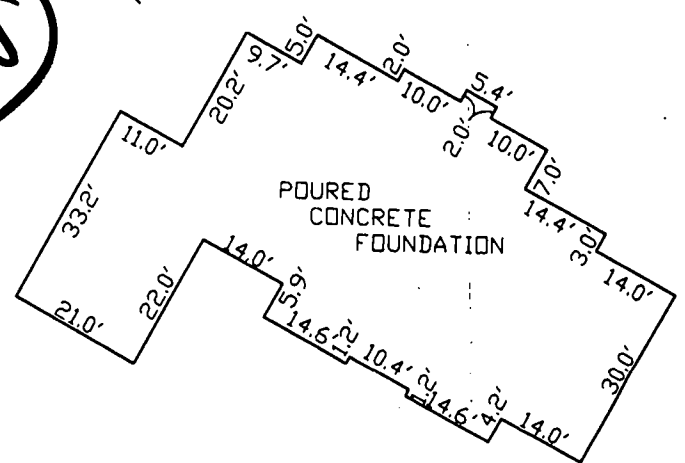
Plan to scale
House loc. the same

TOP OF FOUNDATION WALL ELEVATION = 509.6'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

KN

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 03/18/04; 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. 8

11732 PINDELL CHASE DRIVE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 03/18/04

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
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-483-8105 • fax: 410-483-8644
email: Benchmark@coia.com

C1 2071

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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER TOLL Brothers TOLL STREET OR RFD 11752 Pindel Chase DR TOWN SUBDIVISION Pindel Chase SECTION LOT 8

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 FROM TO check if water bearing Install 5" well casing, from 290' to 500'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 5" 290 500

OTHER CASING (if used) diameter inch depth (feet) from to ST 5" 290 500

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D

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

DEPTH (nearest ft.)

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

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

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

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES OR 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) + above - below LAND SURFACE (nearest foot) 49 50 51

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)