

LAYOUT 7/1/04 - 10 AM. 6/29/04 - Cancelled INSP 4 \_\_\_\_\_  
 INSP 2 7/2/04 - PM INSP 5 \_\_\_\_\_  
 INSP 3 10/ INSP 6 \_\_\_\_\_

ISSUE DATE: 5/11/04  
 APPROVAL DATE: 10/27/04

**PERMIT  
INDEXED**


P 520349  
 A 514292-1

RPS#  
436591

**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: 9  
 ADDRESS: 11736 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: 132 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box at the highest useable area of the SDA.
NOTES:	Install trenches with 9' edge to edge separation on contour.

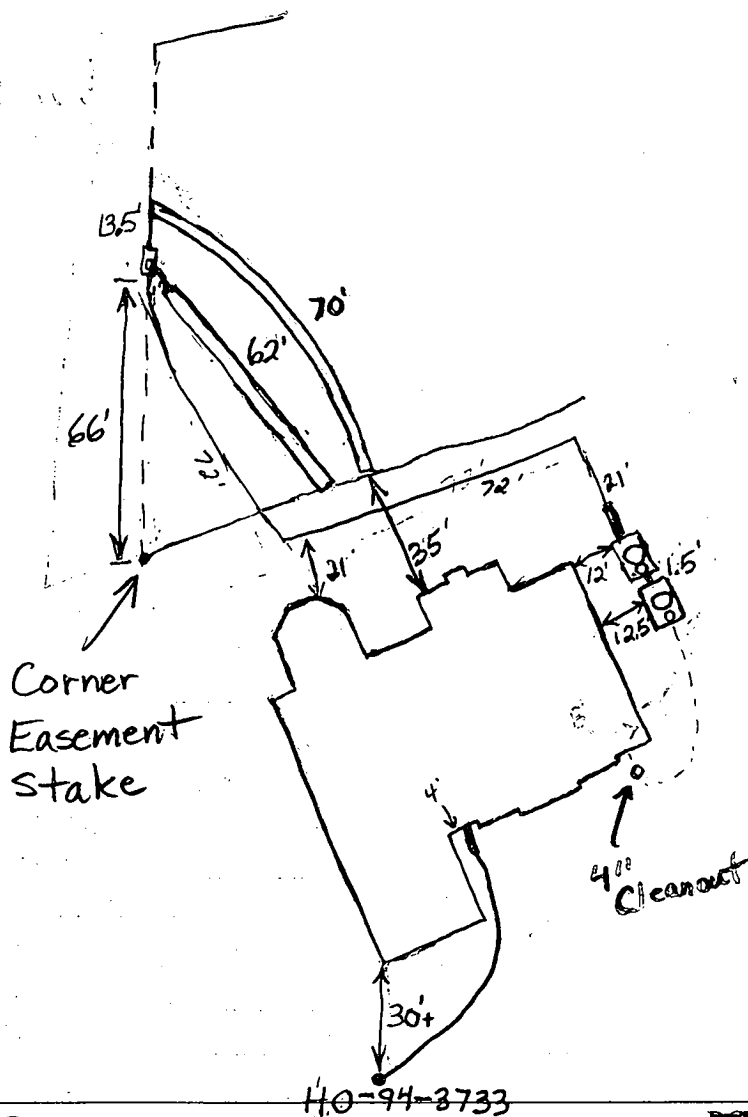
PLANS APPROVED: John A. Boris  DATE: 12/23/03

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**

AS14292-I

NOT TO SCALE



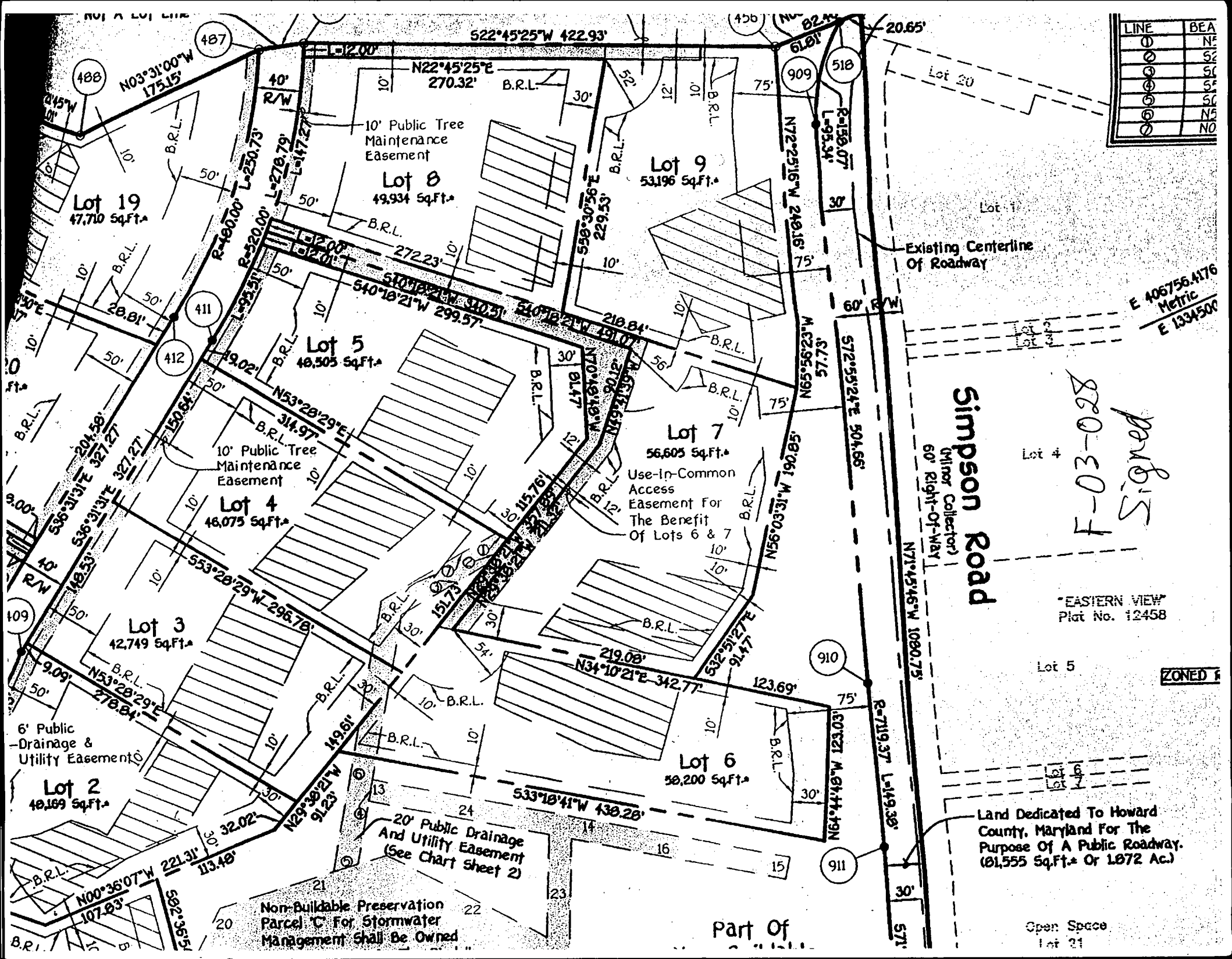
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		132'
ABSORPTION AREA		396sqft+Sides
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL ✓	
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2'
BAFFLES	?
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No

To Pindell Chase Drive →

PRE-CONSTRUCTION 6/29/04 Easement staked. Contractor to check elevation difference to top of easement. A pumped system may be required. (BB) 7/1/04 Pumped system required. To install distribution box in the center of the top of the easement and run two trenches towards the house. (BB) 7/2/04 Need cleanouts on tanks and pump and alarm test. (BB) 7/7/04 - Pressure dosing line installed ok to cover (SO) 10/5/04 House connection rerouted to front of house. Can't get measurements because it was backfilled (BB) 10/27/04 Pump and alarm working. (BB)

FINAL INSPECTOR B. Baber DATE OF APPROVAL 10/27/04



LINE	BEA
①	N5
②	S2
③	S1
④	S2
⑤	S1
⑥	N5
⑦	N1

*F-03-028*  
*Signed*

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

"EASTERN VIEW"  
Plat No. 12458

**ZONED F**


Land Dedicated To Howard County, Maryland For The Purpose Of A Public Roadway. (81,555 Sq.Ft.± Or 1.872 Ac.)

Non-Buildable Preservation Parcel 'C' For Stormwater Management Shall Be Owned

Part Of

Open Space  
Lot 21

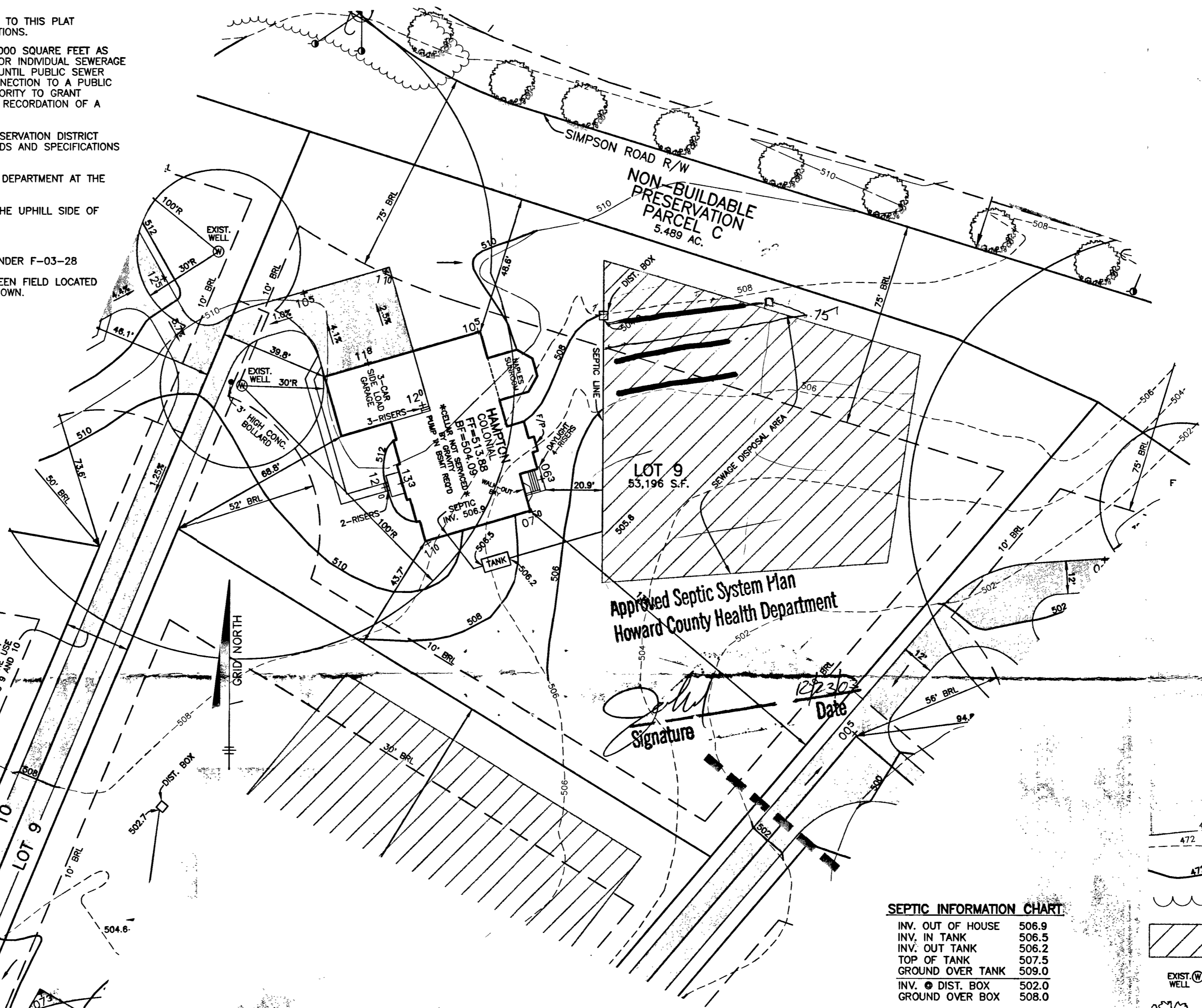
**NOTES:**

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 16073. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-03-28 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
5. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
6. STORMWATER MANAGEMENT FOR THIS LOT WAS PROVIDED UNDER F-03-28.
7. COMPUTATIONS FOR THE PROPOSED DRIVEWAY CULVERT WERE APPROVED UNDER F-03-28
8. THE EXISTING WELL (TAG NO. HO-94-3733) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 10-14-03 AND IS ACCURATELY SHOWN.



FULL DEPTH BIT. CONC. ALTERNATIVE

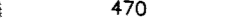


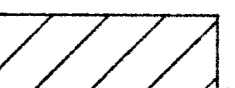



**P-1 PAVING DETAIL**  
NOT TO SCALE



Approved Septic System Plan  
Howard County Health Department

*[Signature]*  
Date: 12/30/03

**LEGEND**

-  470 EXISTING CONTOURS AS SHOWN ON F-98-167
-  472 PROPOSED CONTOURS
-  EXISTING TREELINE
-  SEWAGE DISPOSAL AREA
-  EXIST. WELL
-  FIELD SURVEYED WELL LOCATION
-  STREET TREE INSTALLED UNDER F-03-28

**SEPTIC INFORMATION CHART:**

INV. OUT OF HOUSE	506.9
INV. IN TANK	506.5
INV. OUT TANK	506.2
TOP OF TANK	507.5
GROUND OVER TANK	509.0
INV. @ DIST. BOX	502.0
GROUND OVER BOX	508.0

**PLAN**  
SCALE: 1" = 30'

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

8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418  
ELLCOTT CITY, MARYLAND 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

BUILDER: TOLL BROTHERS, INC.  
7164 COLUMBIA GATEWAY DRIVE  
SUITE 230  
COLUMBIA, MARYLAND 21046  
410-872-9105

PROJECT: <b>PINDELL CHASE LOT 9</b>	
LOCATION: 11736 PINDELL CHASE DRIVE TAX MAP 41, GRID 7.8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE: <b>PLOT PLAN</b>	
HOUSE TYPE: <b>HAMPTON</b>	
DATE: DECEMBER 8, 2003	PROJECT NO. 1638
SCALE: AS SHOWN	DRAWING 1 OF 1

PART OF  
NON-BUILDABLE  
PRESERVATION PARCEL C

PART OF  
NON-BUILDABLE  
PRESERVATION PARCEL C

EXIST.  
WELL  
HO-94-3733  
LOT 10

SEE DETAIL

LOT 9

LOT 7

LOT 6

LOT 5

LOT 11

LOT 8

PRIVATE 24' USE-IN-COMMON  
ACCESS EASEMENT FOR THE USE  
AND BENEFIT OF LOTS 9 AND 10

USE-IN-COMMON  
ACCESS EASEMENT FOR THE  
BENEFIT OF LOTS 6 & 7

10' PUBLIC TREE  
MAINT. EASEMENT

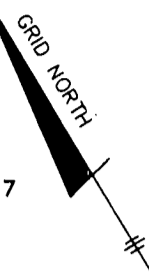
10' PUBLIC TREE  
MAINT. EASEMENT

L=12.00'  
R=520.00'

PINDELL CHASE DRIVE

(40' R/W)

6' PUBLIC DRAINAGE  
AND UTILITY EASEMENT

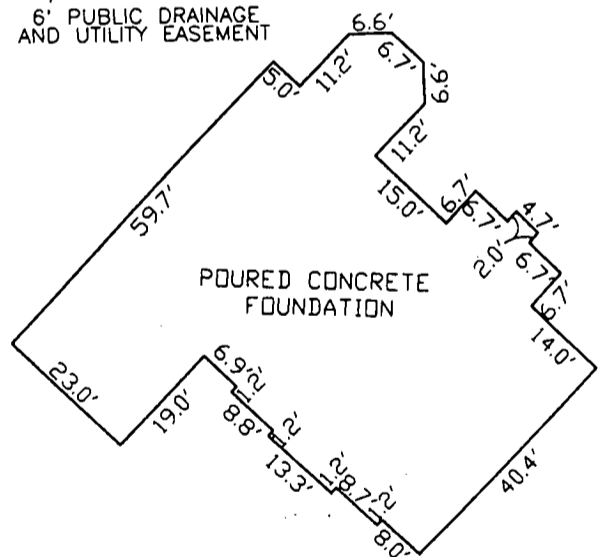


5/11/04  
Well check  
OK > 20' to  
SDA; > 30' to  
ex. well.  
(KN)  
To scale

TOP OF FOUNDATION WALL ELEVATION = 512.8'  
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 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 04/06/04; 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. 9

11736 PINDELL CHASE DRIVE

5TH. ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 80' DATE: 04/06/04

*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.**

6480 BALTIMORE NATIONAL PIKE & SUITE 418  
ELICOTT CITY, MARYLAND 21043  
phone: 410-465-8105 & fax: 410-465-8644  
email: Benchmark@ccale.com

SEPTIC SPECIFICATIONS WORKSHEET

SUBDIVISION: Pindell Chase

STREET NAME: Pindell Chase Dr

LOT NUMBER: 9

AVERAGE PERCOLATION RATE: 5

SQUARE FEET PER BEDROOM: 180

NUMBER OF BEDROOMS: 4

LINEAR FEET OF TRENCH PER BEDROOM: 33

TOTAL LINEAR FEET OF TRENCH: 132

SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED?  YES OR NO

COMPARTMENTED TANK REQUIRED? YES OR  NO

*\* Using 2 1/2 of sidewalk \**

TRENCH DIMENSIONS: Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 3 feet of stone below distribution pipe.

$4 \times 180 = 720 \div 3 = 240 \times .55 = 132$

PUMPED SYSTEM PROPOSED: YES OR  NO

Pumped Septic System Detail: \_\_\_\_\_ gallon(s) pump chamber.

Top Seamed Pump Chamber Required? YES OR NO

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pump septic system.

LOCATION: Place distribution box at the highest useable area of sewage disposal area

ADDITIONAL NOTES: Install trenches with 9' edge to edge separation on contour

Reviewer: Johilly

Date: 12/23/03

10-8-04  
10/27/04

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 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 26.04.01 (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  
Sylkesville, Mo

(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. Licensee may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 410-531-2471  
Subdivision: Pindell Chase Lot #: 9 Well Tag #: HO-94-733  
Site Address: 11736 Pindell Chase Dr

Submersible Pump Data  
Make: Goulds Pitless Adapter Make: Conball Well Cap and Electric Conduits  
Model #: FT75B0142 Model #: N/A Two piece watertight cap: 42  
Pump Capacity 7 GPM Depth: 36 (36" min) Screened, vented well cap: 42  
Well Yield: 4 GPM NSF approved: yes Cap secured to casing: yes  
Depth of well encountered at time of pump installation: 900 (feet) Conduit min 18" B.G.: 42  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8  
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 Conduit secured to well cap: 5

Piping to house  
Type: 1" Black Plastic House Connection  
PSI: 1160 (160 psi min) PVC sleeved to undisturbed soil at wall penetration: yes  
Depth of supply line: 42 (36" min) 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, sewer piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact the office for approval prior to installation.

Allen Compton Signature of company representative responsible for installation  
date 10-8-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 10/8/04 (50)  
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 ✓





B.1	<b>6044</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 519000 please type	STATE PERMIT NUMBER <b>HO - 94 - 3733</b> <small>fill in this form completely</small>
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**OWNER INFORMATION**

Date Received (APA) 06/03/03

8 MM DD YY 13

15 Last Name Toll Brothers Owner First Name 34

36 Street or RFD 5830 Creekside RD 55

57 Town Clarksville md. 70 State 21029 Zip 76

**LOCATION OF WELL**

B.3

8 COUNTY Howard 21

23 SUBDIVISION Pindell Chase 42

SECTION 44 46 LOT 9 50

52 NEAREST TOWN Columbia 71

MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Allen Compton M SD 009 76 License No. 81

Firm Name Fogle Well Drilling

Address 580 Obrecht RD

Signature Allen Compton Date 6-3-03

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

1. 2

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

11 Pindell Chase DR 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 350 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 14 PARCEL 59

**WELL INFORMATION**

1 2

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)

22  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-I COUNTY NO.

STATE SIGNATURE Mark Rilk INSERT S

DATE ISSUED 07/03/03 EXP. DATE 7/03/04

43 MM DD YY 48 CO SIGNATURE

NORTH GRID 486000 EAST GRID 822000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

**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 822

N 486

000 000

9/11/03 8:30 pm G

Well Depth - 475

Casing - 125

Open - ?

Bags - 50

X

(KB)

**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

39  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

Simpson RD

School RD

Pindell

N

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

APPROP. PERMIT NUMBER \_\_\_\_\_

PERMIT No HO - 94 - 3733

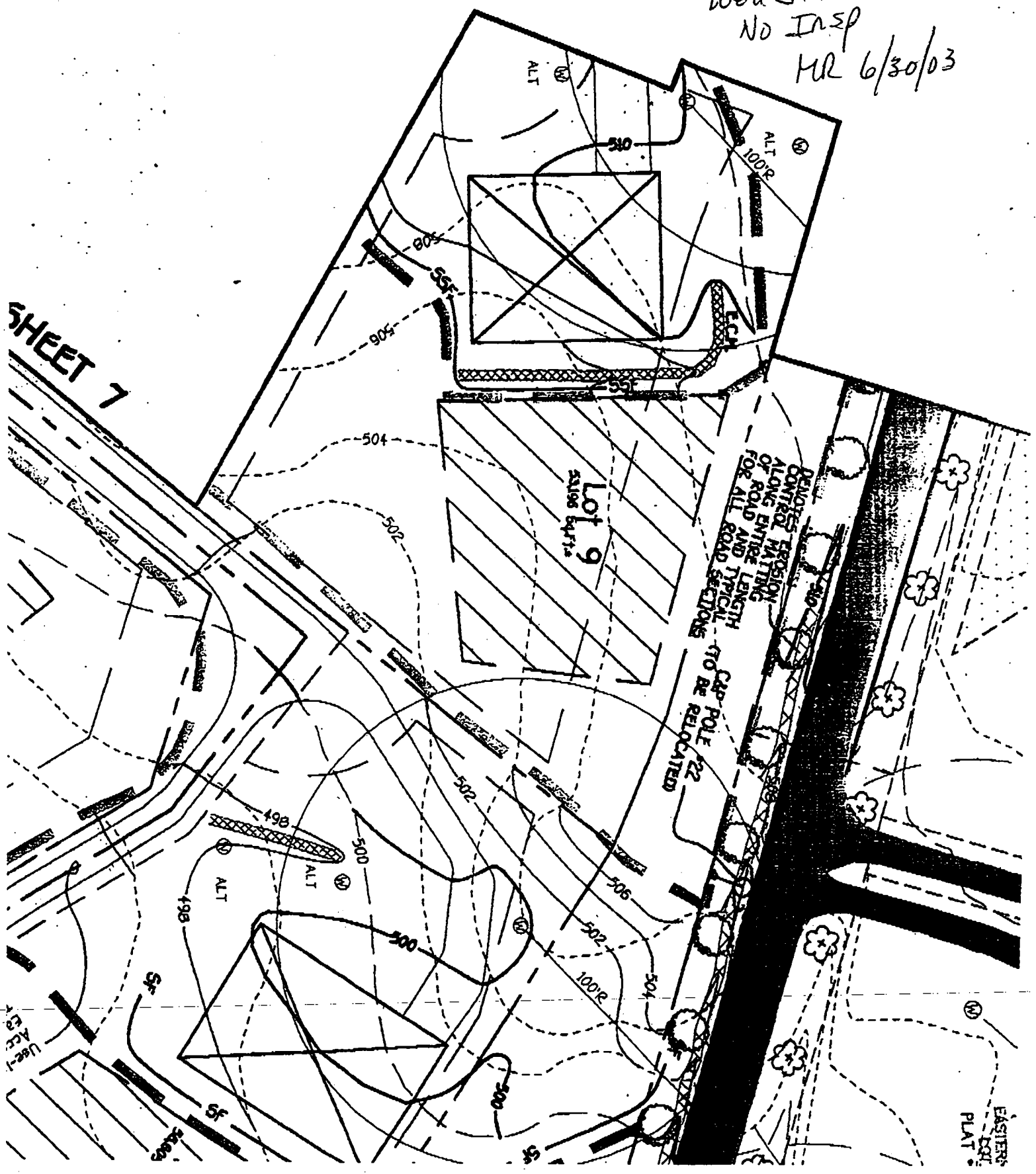
70 71 72 73 74 75 76 77 78 79





Well sites OK  
No Insp  
MR 6/30/03

SHEET 7



DEMOTES EROSION  
CONTROL MATING  
ALONG ENTIRE LENGTH  
OF ROAD AND TYPICAL  
FOR ALL ROAD SECTIONS  
Cap Pole 22  
to be relocated

Lot 9  
sales bpts

EASTERS  
ECHL  
PLAT

Use-1  
Acc  
198

# APPLICATION

PERCOLATION TESTING

A 514292-I

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. 89

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 #

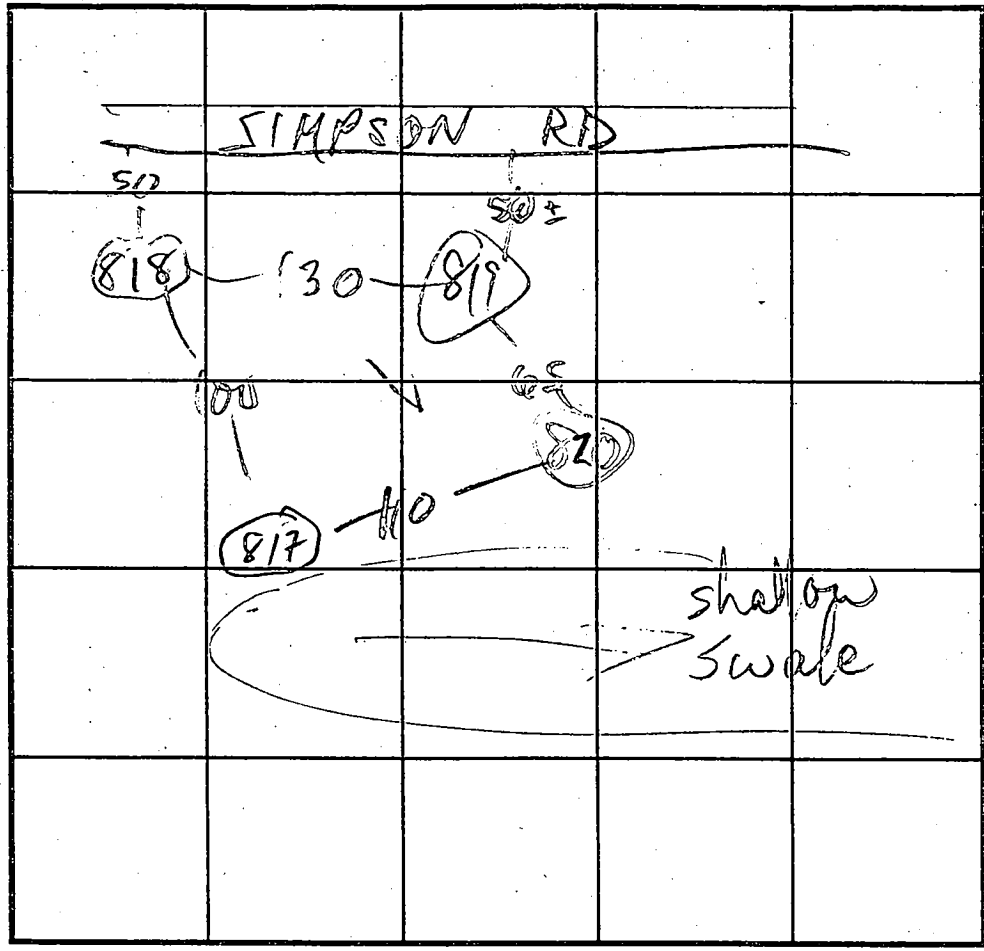
LOT No.

SOIL PROFILE

SOIL PROFILE

0' 820  
 4-5  
 13  
 817 818  
 819

yel  
brn  
sicc lm  
brn red  
sa  
mica lm  
s-1sb  
frags



0'

SOIL PROFILE

3-  
4-  
13-  
14

tan  
red  
mica  
sa  
5sb frags

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/8/00	820 S	4 5	9:12 9:27	9:23 9:32	NO DROP 3:32	3:45	13	
	820 V	13	OK see profile					
	819 S	3 1/2 5 1/2	9:28 9:35	9:23 9:30	NO DROP 3:36	3:38	7	
	819 V	13	OK see profile					
	817 S	3'10"	3:42	3:43	3:43	3:45	2 EST	
	817 V	13	OK see profile					
12/20/00	818 S	5 1/2	10:16	10:21	10:21	10:26	5	
	818 V	14	OK see profile					

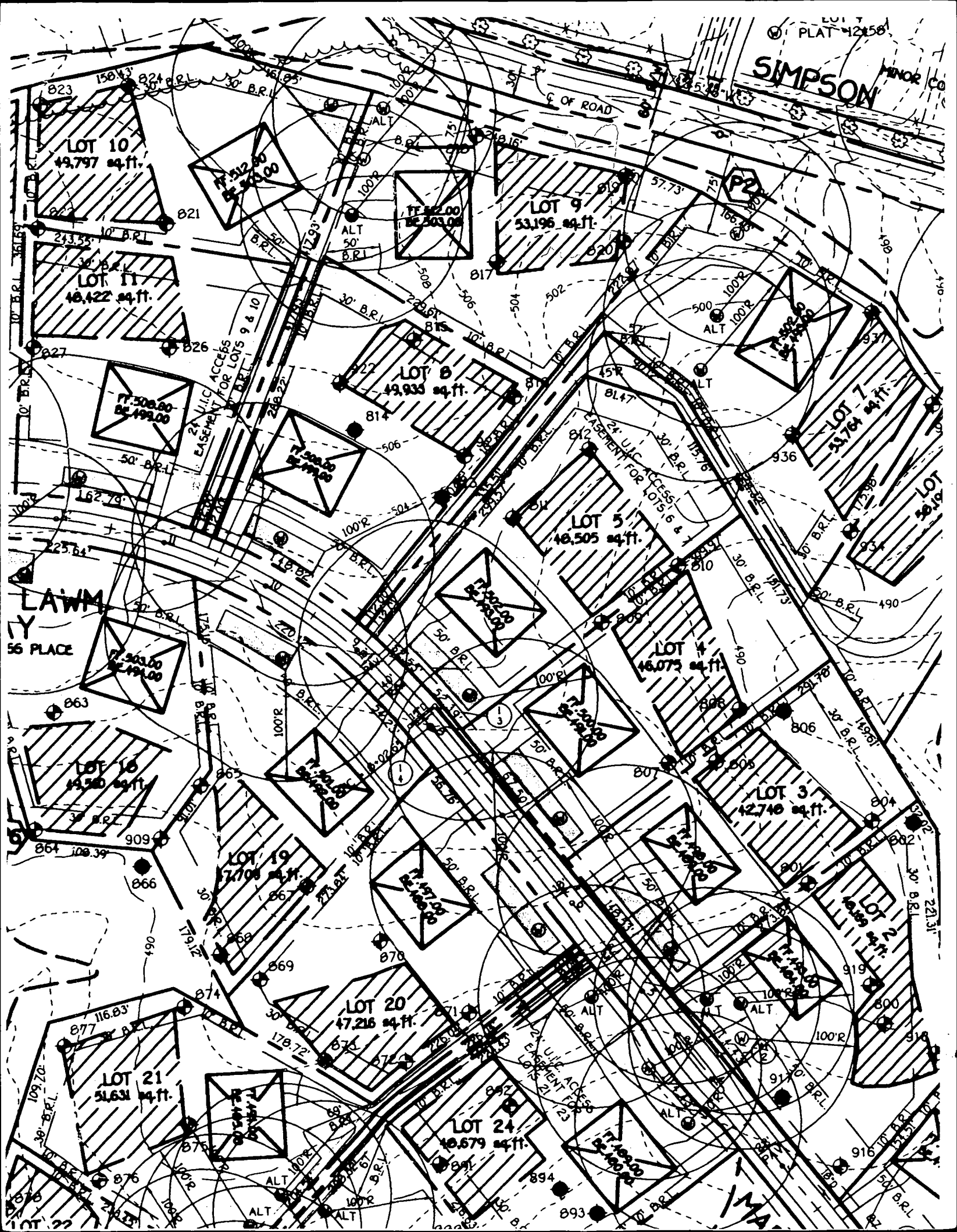
REMARKS HOLES PER PLAN

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 \_\_\_\_\_



11/13 6000 8478

Building Address 11736 Pindell Chase Dr.  
Fulton MD 20759

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

Census Tract 1005102 Subdivision Pindell Chase

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9

Tax Map 41 Parcel 59 Grid 14

Zoning R1PMD Map Coordinates 1K1 Lot size 1.22

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr.

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  
11841 Simpson 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 Hampton SFD 2 story  
Full bsmnt 12R 4FB 11B FP 300 garage

Contractor Company Toll MD II

Contact Person Mike Fitzgerald

Address 11841 Simpson Rd 7164 Columbia Gateway

City Columbia State MD Zip Code 21046

License No. 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**

<p><b>Building Characteristics</b></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type:  <input type="checkbox"/> Reinforced Concrete  <input type="checkbox"/> Structural Steel  <input type="checkbox"/> Masonry  <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular</p>	<p><b>Utilities</b></p> <p>Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:  <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>  <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas</p> <p>Sprinkler system: N/A <input type="checkbox"/></p> <p><input type="checkbox"/> Full  <input type="checkbox"/> Partial  <input type="checkbox"/> Other Suppression  <input type="checkbox"/> # of Heads _____</p>
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**BUILDING DESCRIPTION - RESIDENTIAL**

<p><b>Building Characteristics</b></p> <p>Single Dwelling <input checked="" type="checkbox"/> or Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished</p> <p>Crawl space: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>No. of efficiency units: _____</p> <p>No. of 1 BR units: _____</p> <p>No. of 2 BR units: _____</p> <p>No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular  <input type="checkbox"/> Manufactured Home</p>	<p><b>Utilities</b></p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:  <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>  <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas</p> <p>Sprinkler system: N/A <input type="checkbox"/></p> <p><input type="checkbox"/> NFPA #13D  <input type="checkbox"/> NFPA #13R  <input type="checkbox"/> Other: _____</p>
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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  
11/5/03  
 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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>12/23/03</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID# <u>60093</u>
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>8284367</u>
SDP/Red-line approval date _____	Validation # <u>36311</u>
	Accepted by <u>[Signature]</u>

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0042526 MFK

Building Address 11841 Simpson Rd.  
Clarksville, MD 21029

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

Census Tract 0543 Subdivision \_\_\_\_\_

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

Tax Map 41 Parcel 59 Grid 8

Zoning P11 Map Coordinates 15A1 Lot size \_\_\_\_\_

Existing Use Vacant Lot

Proposed Use Temporary Sales Trailer

Estimated Construction Cost \$ 100

Description of Work Placing 60 x 14 construction trailer

Occupant or Tenant OWNER

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

Address \_\_\_\_\_

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

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

Property Owner's Name Toll MD LP

Address 7164 Columbia Gateway Dr

City Columbia State MD Zip Code \_\_\_\_\_

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

Contractor Company OWNER

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

### BUILDING DESCRIPTION - COMMERCIAL

#### 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 DESCRIPTION - RESIDENTIAL

#### Building Characteristics

SF Dwelling  SF Townhouse

1st floor: 60 Depth 14 Width

2nd floor: \_\_\_\_\_

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

#### 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 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  
5/2/03 6-19-03  
Date

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

NCY

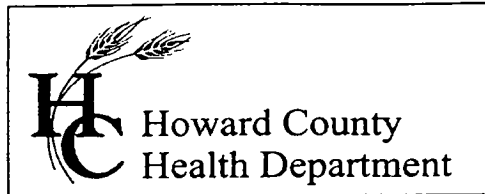
DATE

SIGNATURE: NOVAL

DPZ SETBACK INFORMATION

PROPERTY ID: 58661





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

October 27, 2004

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

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

RE: Pindell Chase, Lot 9  
11736 Pindell Chase Drive  
Fulton, Maryland 20759  
BP # B00144950  
Well Permit # HO-94-3733

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 10/27/2004. Final approval of the well line connection to the dwelling was approved on 10/08/2004.**

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-94-3733. 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: 10/25/2004  
Date of Well Completion: 10/07/2003

Respectfully,

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

bb/sjn  
cc: Building Inspector's Office  
Community Services Program  
File