

LAYOUT 9/1/04 INSP 4 \_\_\_\_\_  
INSP 2 9/7/04 INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 8/13/2004

P 520824

APPROVAL DATE: 9/7/04

A 514292-K

# PERMIT INDEXED

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

RPS  
05436680

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: Pindell Chase LOT NUMBER: 11

ADDRESS: 11744 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: 240

LINEAR FEET OF TRENCH REQUIRED: 4270 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 80' from the right lot line and 50' from the rear lot line. Run (2) trenches on contour to rear of lot.
NOTES:	Installer encouraged to bring stone up to 2-4' from grade for infiltration of oxygen.

PLANS APPROVED: MER KJB 8/13/04 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

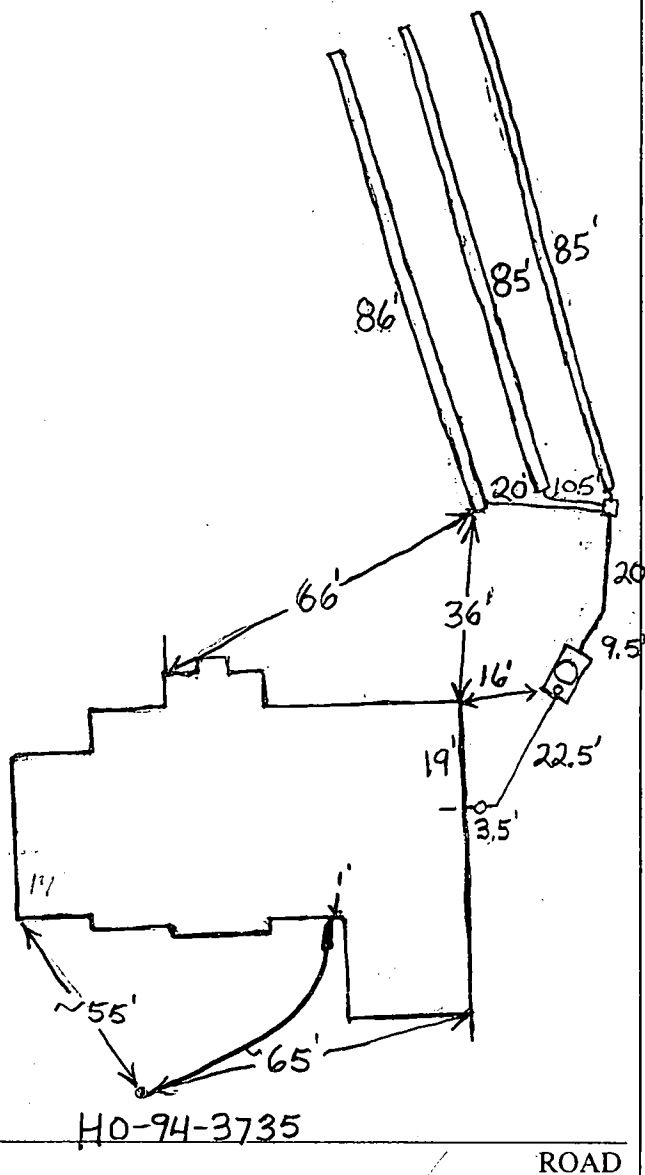
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMITS NOT TO BE SIGNED AND RETURNED**

4/29/05 B00153490 - FINISH BASEMENT

A514292-K

NOT TO SCALE



H0-94-3735

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	9'
NUMBER OF TRENCHES		3
TOTAL LENGTH		256'
ABSORPTION AREA		512sq.ft.
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

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

PRE-CONSTRUCTION 9/1/04 Tank set. No plumbing installed. Contour different than shown on B.P. plan. I install 3 - 85' to 90' INSTALLATION trenches from the front to the rear of the septic cessment. (BB) 9/7/04 System finished. O.K. to cover everything. (BB)

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 9/7/04



Approved Septic System Plan  
Howard County Health Department

*Mark Pelton*  
Signature  
Date 11/15/03

PLAN BY  
BENCHMARK  
1-30

95' 75' 60' 40'

EX. OR  
509.0  
INV. IN 504.0

SEWAGE DISPOSAL AREA

LOT 11  
48,423 S.F.

GRID NORTH

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

S.T. LOC.  
TO BE  
ADJUSTED  
FOR PROPER  
COVER

PLUMBING  
ELEVATIONS  
MODIFIED  
W/ENGINEER

HAMPTON  
GEORGIAN  
FF=510.20  
BF=500.41

\*CELLAR NOT SERVICED\*  
BY GRAVITY  
PUMP IN BSMT REQ'D

SEPTIC  
INV. 505.5  
3-RISERS

3-CAR  
SIDE LOAD  
GARAGE

EXIST. FIELD  
WELL LOCATED

10' PUBLIC TREE  
MAINT. EASEMENT

**SEPTIC INFORMATION CH**

505.5 INV. OUT OF HOUSE	504.0
INV. IN TANK	505.3
INV. OUT TANK	505.0
TOP OF TANK	504.3
GROUND OVER TANK	504.7
INV. IN PUMP	507.0
GROUND OVER PUMP	503.3
INV. IN DIST. BOX	507.0
GROUND OVER BOX	506.7
508.5	508.7

PINDELL C

60000847

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO0144633

MLL

Building Address 11744 Piedell Chase DR.  
Fulton, MD 20759

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

Census Tract 609102 Subdivision Piedell Chase

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 11

Tax Map 41 Parcel 59 Grid 14

Zoning RR050 Map Coordinates 15A12 Lot size \_\_\_\_\_

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr. Suite 230

City Clarksville State MD Zip Code 21046

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 SFO

Estimated Construction Cost \$ 252,000

Description of Work Construct SFO "Hampton" with all services

to 12,413 sq. ft. 11B SP. 3-car garage

4BR

Contractor Company Toll MD II

Contact Person Mike Fitzgerald

Address 6830 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

#### 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: 60 60

2nd floor: 60 60

Basement: 60 60

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: \_\_\_\_\_

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 IN

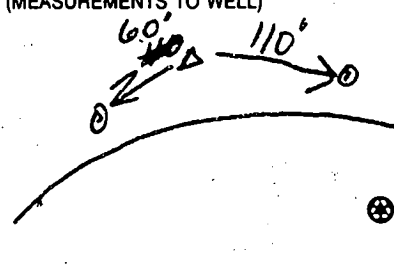
PROPERTY ID#

OKMR 11/5/03

57774



**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>ci</b> 3944	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 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <b>A514292-K</b>
ST/CO USE ONLY DATE RECEIVED MM DO YY 8 13	DATE WELL COMPLETED MM DO YY <b>9 12 03</b>	DEPTH OF WELL 22 <b>475</b> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>HO-94-3735</b> 28 29 30 31 32 33 34 35 36 37
OWNER <b>TOLL BROTHERS</b> STREET OR RFD <b>PINDLE CHASE DRIVE</b> first name TOWN <b>COLUMBIA</b> SUBDIVISION <b>ANDELL CHASE</b> SECTION LOT <b>11</b>			
<b>WELL LOG</b> Not required for driven wells		<b>GROUTING RECORD</b> YES NO <input checked="" type="checkbox"/> <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box)	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	NO. OF BAGS <b>34</b> NO. OF POUNDS <b>3196</b> GALLONS OF WATER <b>209</b> DEPTH OF GROUT SEAL (to nearest foot) from <b>0</b> ft. to <b>95</b> ft. (enter 0 if from surface)
Brown mica 0 120			
Gray mica 120 145			
White 145 146 ✓			
Gray mica 146 440			
White 440 441 ✓			
Gray mica 441 475			
		<b>CASING RECORD</b> 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <b>ST 06 126</b> 60 61 63 64 66 70	
		<b>OTHER CASING (if used)</b> EACH CASING diameter depth (feet) inch from to	
		<b>SCREEN RECORD</b> screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
NUMBER OF UNSUCCESSFUL WELLS: <b>0</b>		<b>C 2</b> DEPTH (nearest ft.) E 1 <b>HO 126 475</b> 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S 38 39 41 45 47 51 R E N	
WELL HYDROFRACTURED YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>		Diameter of screen (NEAREST INCH) 56 60 from to	
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		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
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.		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76	
DRILLERS LIC. NO. <b>MSD 009</b> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <b>D</b>		TELESCOPE CASING LOG INDICATOR OTHER DATA	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		<b>PUMPING TEST</b> HOURS PUMPED (nearest hour) <b>06</b> 8 9 PUMPING RATE (gal. per min.) <b>2.4</b> 11 15 METHOD USED TO MEASURE PUMPING RATE <b>19 gal.</b> WATER LEVEL (distance from land surface) BEFORE PUMPING <b>29</b> ft. 17 20 WHEN PUMPING <b>145</b> ft. 22 25 TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible	
		<b>PUMP INSTALLED</b> DRILLER INSTALLED PUMP YES NO <input checked="" type="checkbox"/> (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) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <b>02</b> (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) 	

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3735  
 Location of property (road) PINDELL CHASE DRIVE  
 Subdivision PINDELL CHASE Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller ALLEN COMPTON - FOGLE Owner TOLL BROTHERS

Depth of well 475'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 29'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 20  
 Total time 15 min. to reach pumping water level 145 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

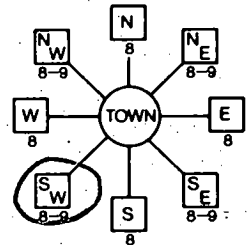
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	29	<del>25</del> 3		20
8:45	145	25		2.4
9:00	145	25		2.4
9:15	145	25		2.4
9:30	145	25		2.4
9:45	145	25		2.4
10:00	145	25		2.4
10:15	145	25		2.4
10:30	145	25		2.4
10:45	145	25		2.4
11:00	145	25		2.4
11:15	145	25		2.4
11:30	145	25		2.4
11:45	145	25		2.4
12:00	145	25		2.4
12:15	145	25		2.4
12:30	145	25		2.4
12:45	145	25		2.4
1:00	145	25		2.4
1:15	145	25		2.4
1:30	145	25		2.4
1:45	145	25		2.4
2:00	145	25		2.4
2:15	145	25		2.4
HD-224 2:30	145	25		2.4
2:45	145	25		2.4
3:00	145	25		2.4

**B 1** **6046** SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER **HO-94-3735**  
**APPLICATION FOR PERMIT TO DRILL WELL** please type **519000** **fill in this form completely**

**OWNER INFORMATION**  
 Date Received (APA) **07/03/03**  
 8 MM DD YY T3  
 15 Last Name **Toll Brothers** Owner First Name 34  
 36 Street or RFD **6830 Creekside RD** 55  
 57 Town **Clarksville md.** 70 State 72 Zip **21029** 76

**B 3** **LOCATION OF WELL**  
 8 COUNTY **Howard** 21  
 23 SUBDIVISION **Pindell chase** 42  
 SECTION **11** LOT **11**  
 44 46 48 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 **Eagle Well Drilling**  
 Address **580 Obrecht RD**  
 Signature **[Signature]** Date **6-3-03**

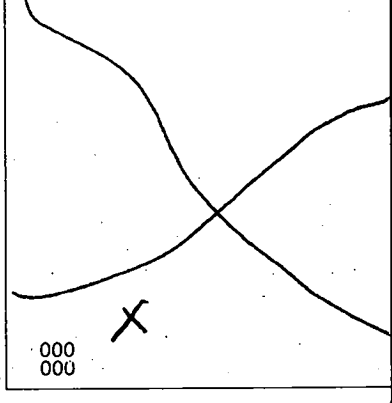
**B 4**  
 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 2   
 11 NEAR WHAT ROAD **Pindell Chase Dr.** 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
 34 50 37 DISTANCE FROM ROAD **50** FT  
 ENTER FT OR MI 38 39  
 TAX MAP: **41** BLK: **14** PARCEL **59**

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

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

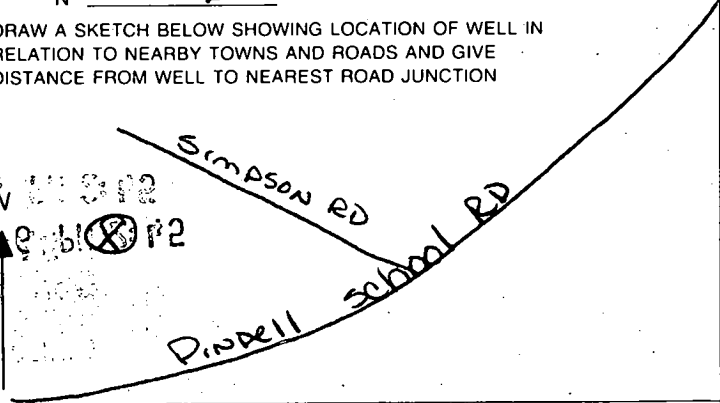
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **HOWARD** COUNTY NO. **A514292-K**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S →  
 DATE ISSUED **07/03/03** Mark E. Rik **7/03/04**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **486** 000 EAST GRID **822** 000  
 50 55 57 63

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

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**  


**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 \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 \_\_\_\_\_

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)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_  
 PERMIT No. **HO-94-3735**  
 70 71 72 73 74 75 76 77 78 79

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





# APPLICATION

PERCOLATION TESTING

A 514292-K

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 11

ROAD AND DESCRIPTION SOUTHWEST CORNER OF INTERSECTION OF SIMPSON ROAD

AT PINDELL SCHOOL ROAD

TAX MAP 41 PARCEL # 59

SIZE OF LOT 1.0 Acre CLUSTER TYPE BLDG. SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Gene Iager  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

COUNTY.#

LOT No. \_\_\_\_\_

SOIL PROFILE

0' 826/827

olive red  
brn  
cl lm

---

red tan  
simicalm  
10%  
frags

6

13

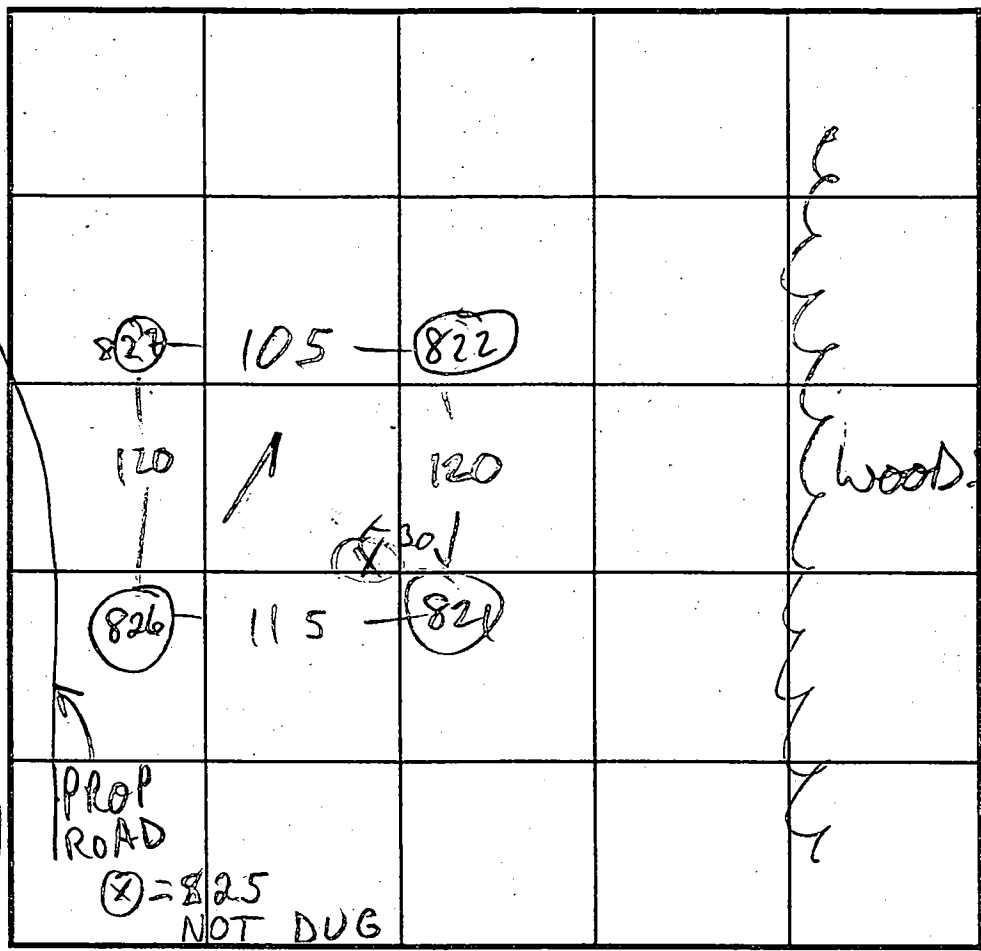
822 821

choc  
brn red  
olive  
cl lm

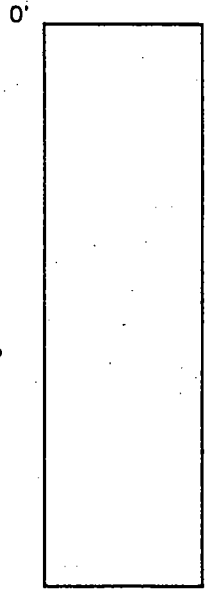
5-6

pink tan  
brn  
magenta  
mica  
sasi lm  
10%  
frags

13



SOIL PROFILE



$\bar{x} = 20$   
240 BR (x0.57)  
In 5'  
Bot 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/20/00	826 S	6	1:18	1:31	< 1/4	25 D/G	19	
	826 V	13	4:11	4:26	4:26	4:45		
	827 S	6	1:24	1:38	1:33	2:03	30	
	827 V	13 1/2	OK see profile					
	821 S	6	10:32	10:49	10:49	11:19	30	
	821 V	13	OK see profile					
	822 S	5' 9"	11:49	11:50	11:50	11:52	2	
	822 V	13	OK see profile					

REMARKS HOLES PER PLAN

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

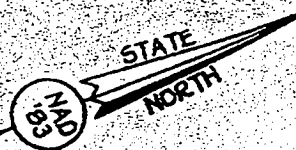
TESTED BY M. Rifkin ALSO PRESENT Fyock crew

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

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



Lot 34  
Open Space



E 4064516170  
Metric  
E 1333500  
N 547500  
N 166978-3355

Signed  
F-03-028

SEE DETAIL

Lot 14  
49,834 Sq.Ft.

Lot 13  
42,827 Sq.Ft.

Lot 12  
49,971 Sq.Ft.

Lot 11  
48,423 Sq.Ft.

Lot 10  
49,797 Sq.Ft.

Lot 18  
49,510 Sq.Ft.

PINDELL CHASE  
DRIVE

AMENDED PLAN  
"ASHLEIGH GREENE"  
SECTION 2 AREA  
Lots 22-34  
Pict 10668

ZONED: RR-DEC

Lot 29

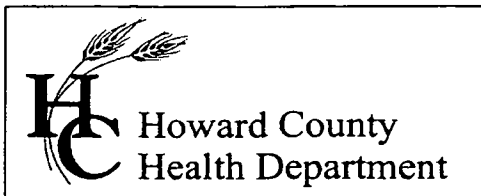
Lot 2

Non-Preservat  
Area T  
6,253 Sq.F  
Total Area

Part Of Private 24'  
Use-In-Common Access Easement  
For The Use And Benefit Of Lots  
9 And 10

Match Line Only -  
Not A Lot Line

Match Line Only -  
Not A Lot Line



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-1771 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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

October 7, 2004

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

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

RE: Pindell Chase, Lot 11  
11744 Pindell Chase Drive  
Fulton, MD 20759  
BP #: B00144633  
Well Permit # HO-94-3735

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 09/07/2004. Final approval of the well line connection to the dwelling was approved on 09/07/2004.**

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-94-3735. 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: 09/30/2004, 10/04/2004 & 10/06/2004  
Date of Well Completion: 09/12/2003

Approving Authority,  
*Brian Baker*  
Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File