

05436729

LAYOUT 5/18/04 INSP 4 6/17/04 - 2PM  
INSP 2 6/11/04 pm INSP 5 9/23/04 - 1PM  
INSP 3 6/14/04 pm INSP 6 \_\_\_\_\_

ISSUE DATE: 5-11-04  
APPROVAL DATE: 9/23/04

P 520349-A  
A 514292-L

# PERMIT INDEXED

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

RPST#  
05-436729

Fogles Septic Clean, Inc \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION: Pindell Chase LOT NUMBER: 12

ADDRESS: 11748 Pindell Chase Drive PROPERTY OWNER: Toll MD II

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 200-205 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 50' from the rear lot line and 10' from the right lot line. Run (2) trenches on contour to rear of lot.
NOTES:	Adjust S. Tank(s) Location(s) to provide Min 18" cover MK <sup>(KN)</sup>

PLANS APPROVED: MER <sup>(KN)</sup> DATE: 11/6/03

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

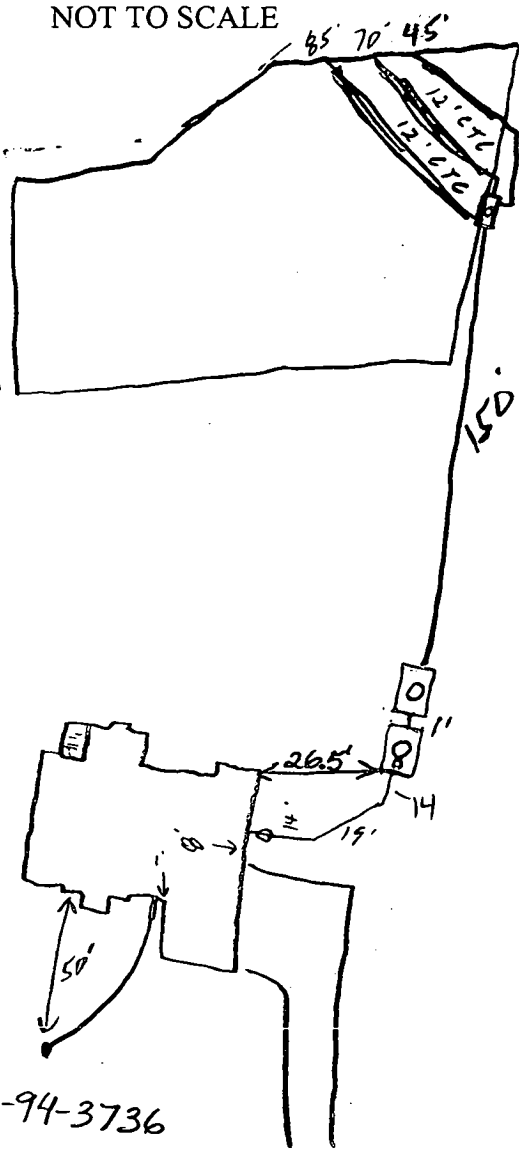
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM DO NOT LEAVE ANY REQUEST FOR INSPECTION ON VOICEMAIL**

**BUILDING PERMIT SIGNED AND RETURNED**  
7-2805 BOU155232-SOLARILUM

AS14292-L

NOT TO SCALE

45/70/85



H/O-94-3736

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4'	8"
NUMBER OF TRENCHES		3
TOTAL LENGTH		200'
ABSORPTION AREA		800 sq ft
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 5/18/04 - SRA not started (SD)

INSTALLATION 6/14/04 Tanks Set. (BB) 6/14/04 #2 PM: LAYOUT OK (MR)

6/17/04 - System complete OK to cover. Pump & Alarm tests needed (SD)

9/23/04 - Pump & Alarm tests OK (SD)

FINAL INSPECTOR *[Signature]*

DATE OF APPROVAL 9/23/04

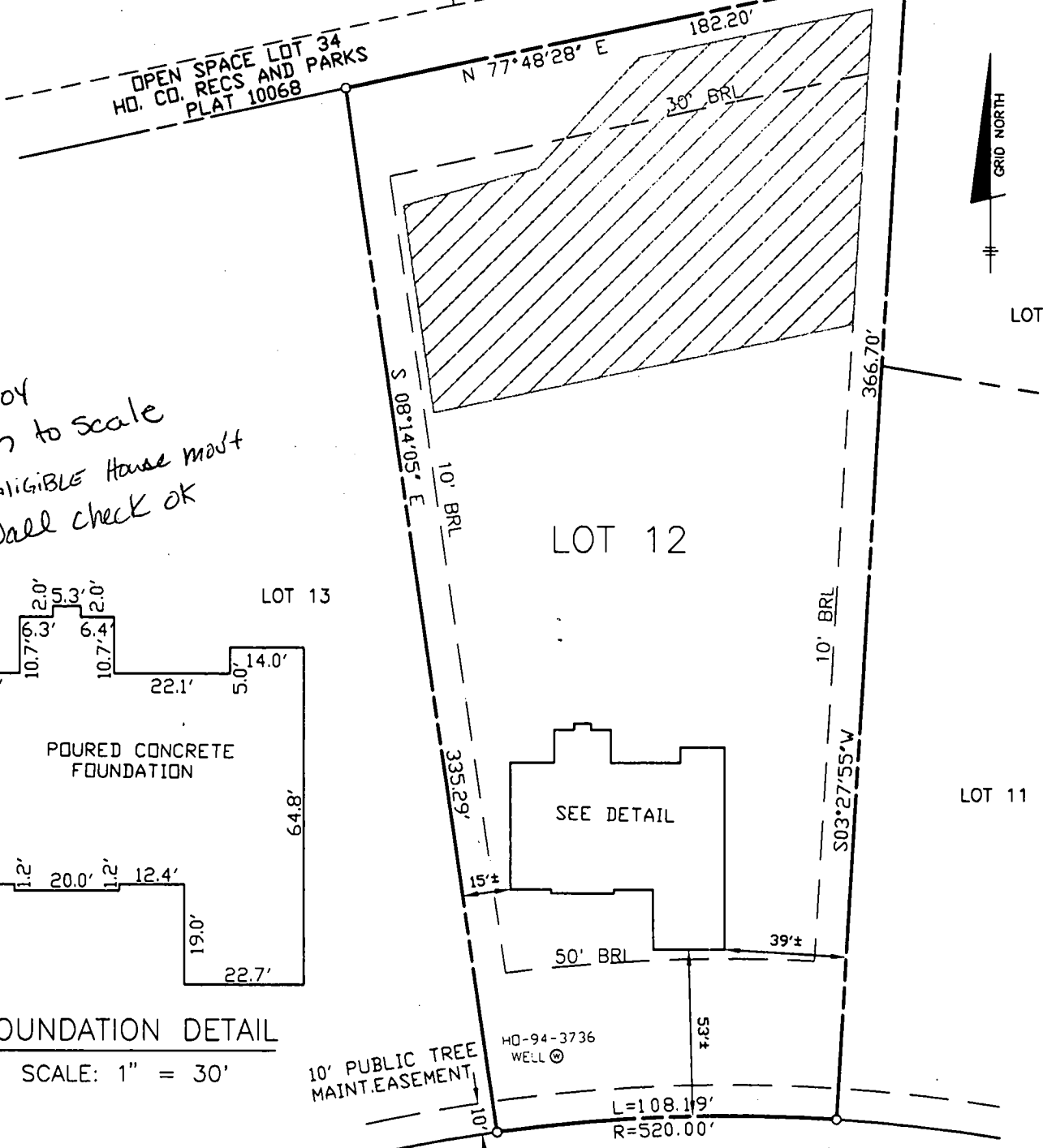
REVISIONS

AMENDED PLAT  
 'ASHLEIGH GREENE'  
 SECTION 2 AREA 1  
 LOTS 28-34  
 PLAT 10669

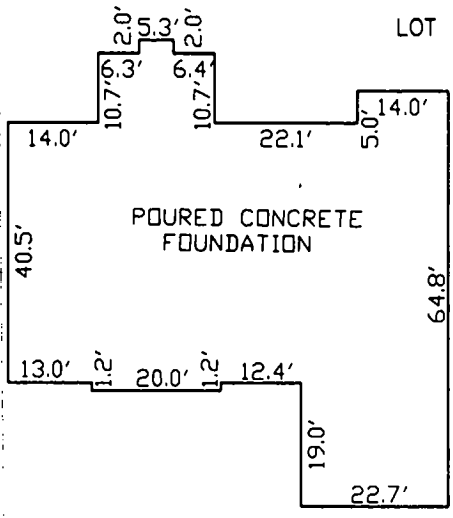
LOT 30

LOT 29

OPEN SPACE LOT 34  
 HO. CO. RECS AND PARKS  
 PLAT 10068



5-11-04  
 plan to scale  
 NEGLIGIBLE House modt  
 Wall check OK



FOUNDATION DETAIL

SCALE: 1" = 30'

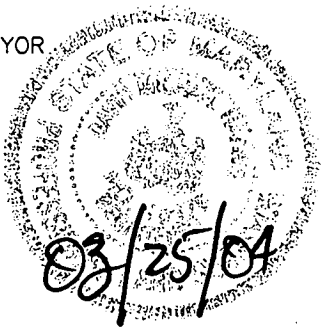
**SURVEYOR'S CERTIFICATE**

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 03/24/04; 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. 16074

TOP OF FOUNDATION WALL ELEVATION = 507.8'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

*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. 16074  
 FEMA FIRM No. 240044 0038 B  
 ZONE: C  
 DATED: 12/04/86



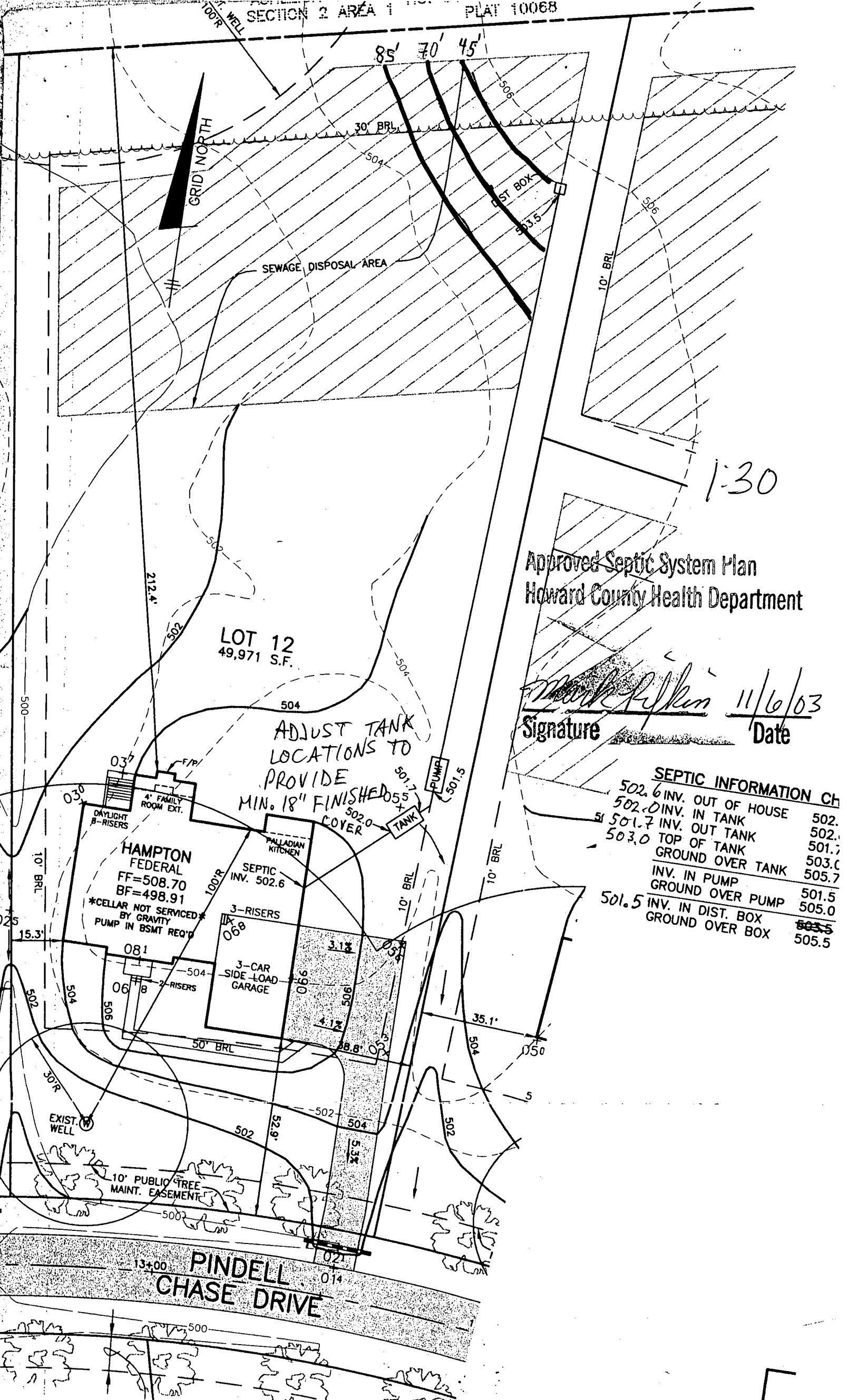
WALL CHECK  
 PINDELL CHASE  
 LOTS 1 THRU 24  
 LOT No. 12

11752 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 03/24/04

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

8480 BALTIMORE NATIONAL PIKE & SUITE 418  
 ELIJAH CITY, MARYLAND 21043  
 phone: 410-463-8105 • fax: 410-463-6644  
 email: Benchmark@eolia.com



LOT 12  
49,971 S.F.

ADJUST TANK  
LOCATIONS TO  
PROVIDE  
MIN. 18" FINISHED  
COVER

Approved Septic System Plan  
Howard County Health Department

*Mark Kellum* 11/6/03  
Signature Date

SEPTIC INFORMATION CH

502.6 INV. OUT OF HOUSE	502.
502.0 INV. IN TANK	502.
501.7 INV. OUT TANK	501.7
503.0 TOP OF TANK	503.0
GROUND OVER TANK	505.7
INV. IN PUMP	501.5
GROUND OVER PUMP	505.0
501.5 INV. IN DIST. BOX	501.5
GROUND OVER BOX	505.5

1:30

6-0000947

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 513-2455 INSPECTIONS (410) 513-1910  
AUTOMATED INFORMATION (410) 513-3000

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00144634** *MLF*

Building Address 11748 Prindle Chase Dr.  
Fulton MD 20757

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

Census Tract 605102 Subdivision Prindle Chase

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12

Tax Map 41 Parcel 57 Grid 14

Zoning ARDED Map Coordinates 15/112 Lot size \_\_\_\_\_

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr. Suite 230

City Chesapeake State VA Zip Code 21046

Home Phone \_\_\_\_\_ Work Phone 410 531 8471

Applicant's Name & Mailing Address, (if other than stated hereon):  
Mike Fitzgerald  
6830 Crossland Rd  
Clarksville, MD 21039  
Phone 410 531 8471 Fax 410 531 8472

Existing Use Vacant lot

Proposed Use SFO

Estimated Construction Cost \$ 250,000

Description of Work Construct SFO "Hampton" 2 story full basement 110 453 144 EOT  
3/02 5/02

Contractor Company Toll MD II

Contact Person Mike Fitzgerald

Address 6830 Crossland Rd

City Clarksville State MD Zip Code 21039

License No. 678 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Engineer of 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>60'</u> Depth <u>60'</u> Width <u>60'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>60'</u> Depth <u>60'</u> Width <u>60'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>50'</u> Depth <u>50'</u> Width <u>50'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: <u>As Graded</u>	
Roof: <u>As Graded</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

\_\_\_\_\_  
Title/Company

Mike Fitzgerald  
Print Name

\_\_\_\_\_  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>11/6/03</u>	<u>Mark Ripke</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>59875</u>
Rear: _____	Filing fee \$ <u>100</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>276 8326</u>
	Validation # <u>35386</u>

Accepted by: \_\_\_\_\_

**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  
Sylesville, Md 21784

(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# ms20009

\*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 #: 12 Well Tag #: HO-94-3736  
Site Address: 11748 Pindell Chase DR

Submersible Pump Data

Make: Goulds  
Model #: 75B10422  
Pump Capacity: 1 GPM  
Well Yield: 1.7 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: 475 (feet)  
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

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: yes  
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: \_\_\_\_\_ Date Insp. Approved: 9/24/04 SO  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓ BB  
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> 3945	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-L</b>
ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13	DATE WELL COMPLETED MM DD YY <b>9 17 83</b>	Depth of Well 22 <b>475</b> 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>H0-94-3736</b>

OWNER **TOLL BROTHERS**  
 STREET OR RFD **PINDALL CHASE DRIVE** TOWN **COLUMBIA**  
 SUBDIVISION **PINDALL CHASE** SECTION \_\_\_\_\_ LOT **12**

**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	100	
Gray mica	100	130	
White	130	131	✓
Gray mica	131	425	
White	425	426	✓
Gray mica	426	475	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  **CM** BENTONITE CLAY  **BC**

NO. OF BAGS **35** NO. OF POUNDS **3270**  
 GALLONS OF WATER **210**

DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **90** ft.  
48 TOP 52 54 BOTTOM 58  
 (enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

**ST** STEEL  **CO** CONCRETE  
 **PL** PLASTIC  **OT** OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="radio"/> <b>ST</b>	<b>06</b>	<b>105</b>
<small>60 61</small>	<small>63 64</small>	<small>66 70</small>

**OTHER CASING (if used)**

EACH CASING diameter depth (feet)  
 inch from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

**ST** STEEL  **BR** BRASS  **HO** OPEN HOLE  
 **PL** PLASTIC  **OT** OTHER

**C 2** DEPTH (nearest ft.)

1	<b>H0</b>	<b>105</b>	<b>475</b>
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) **06**  
8 9

PUMPING RATE (gal. per min.) **1.7**  
11 15

METHOD USED TO MEASURE PUMPING RATE **1941**

WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **58** ft.  
17 20  
 WHEN PUMPING **109** ft.  
22 25

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 (CIRCLE) (YES OR NO) YES  NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

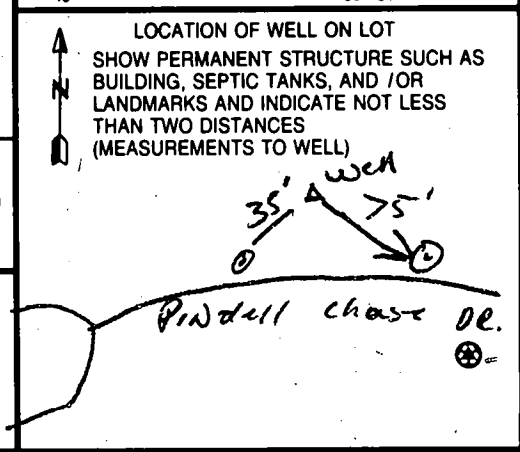
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

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 } LAND SURFACE  
 - below } **02** (nearest foot)  
49 50 51



NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED  Y  N

CIRCLE APPROPRIATE LETTER

**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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. 1 **M SD 009**

DRILLERS SIGNATURE *[Signature]*

LIC. NO. 1 **D**

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

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3736  
 Location of property (road) PINDELL CHASE DRIVE  
 Subdivision PINDELL CHASE Lot 12 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. 58'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20  
 Total time 15 min to reach pumping water level 109 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 # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	58	2		20
8:15	109	35		1.7
8:30	109	35		1.7
8:45	109	35		1.7
9:00	109	35		1.7
9:15	109	35		1.7
9:30	109	35		1.7
9:45	109	35		1.7
10:00	109	35		1.7
10:15	109	35		1.7
10:30	109	35		1.7
10:45	109	35		1.7
11:00	109	35		1.7
11:15	109	35		1.7
11:30	109	35		1.7
11:45	109	35		1.7
12:00	109	35		1.7
12:15	109	35		1.7
12:30	109	35		1.7
12:45	109	35		1.7
1:00	109	35		1.7
1:15	109	35		1.7
1:30	109	35		1.7
1:45	109	35		1.7



B 1 6047

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519000 please type

STATE PERMIT NUMBER

HO-94-3736 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Toll Brothers
15 Last Name Owner First Name 34
6830 Creekside RD
36 Street or RFD 55
Clarksville md. 21029
57 Town 70 State 72 Zip 76

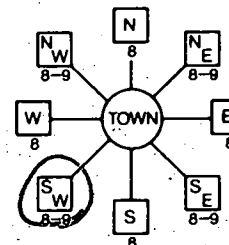
LOCATION OF WELL

B 3
Howard
8 COUNTY 21
Pindell Chase
23 SUBDIVISION 42
SECTION 44 46 LOT 12 48 50
Columbia
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Allen Compton M SD 009
Driller's Name 76 License No. 81
Fogle Well Drilling
Firm Name
580 Obrecht RD
Address
Allen Compton 6-303
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Pindell Chase DR
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34. 50 37
DISTANCE FROM ROAD 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)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(I) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A514292-L COUNTY NO
STATE SIGNATURE
DATE ISSUED 01/03/04 Mark E. Rife 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 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
30
37 CABLE REVerse-ROtary DRive-POINT
other

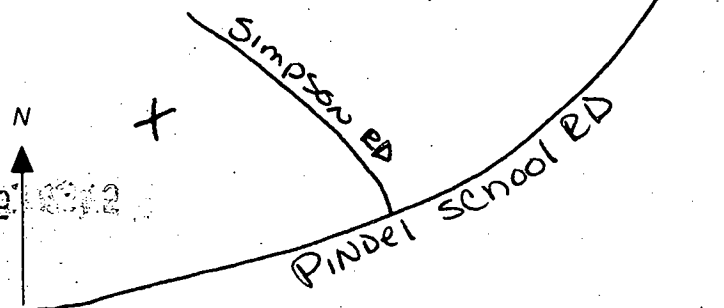
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

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)

APPROP. PERMIT NUMBER
PERMIT No. HO-94-3736
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

NE

3

Lot 13  
12,927 Sq. Ft.

Lot 12  
13,971 Sq. Ft.

Lot 10  
19,797 Sq. Ft.

Lot 11  
18,123 Sq. Ft.

INDICATES EROSION CONTROL MATTING ALONG ENTIRE LENGTH OF ROAD AND TYPICAL FOR ALL ROAD SECTIONS SEE DETAIL SHEET 15

No Insp. Well Site OK

6/30/03

10' Tree Maintenance Easement

10' Tree Maintenance Easement

PROP. BOLLARDS

Pindell Chase Drive

ALT

AD. PT. 4+87.85

10'

14+00

+50

13+00

500

18' PAV.

12+00

300'

11+00

100'R

12+00

11+00

12+00

13+00

14+00

15+00

16+00

17+00

18+00

19+00

20+00

21+00

22+00

23+00

24+00

25+00

26+00

27+00

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285+00

286+00

287+00

288+00

289+00

290+00

291+



# APPLICATION

PERCOLATION TESTING

A 514292-L

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. 9 12

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 #

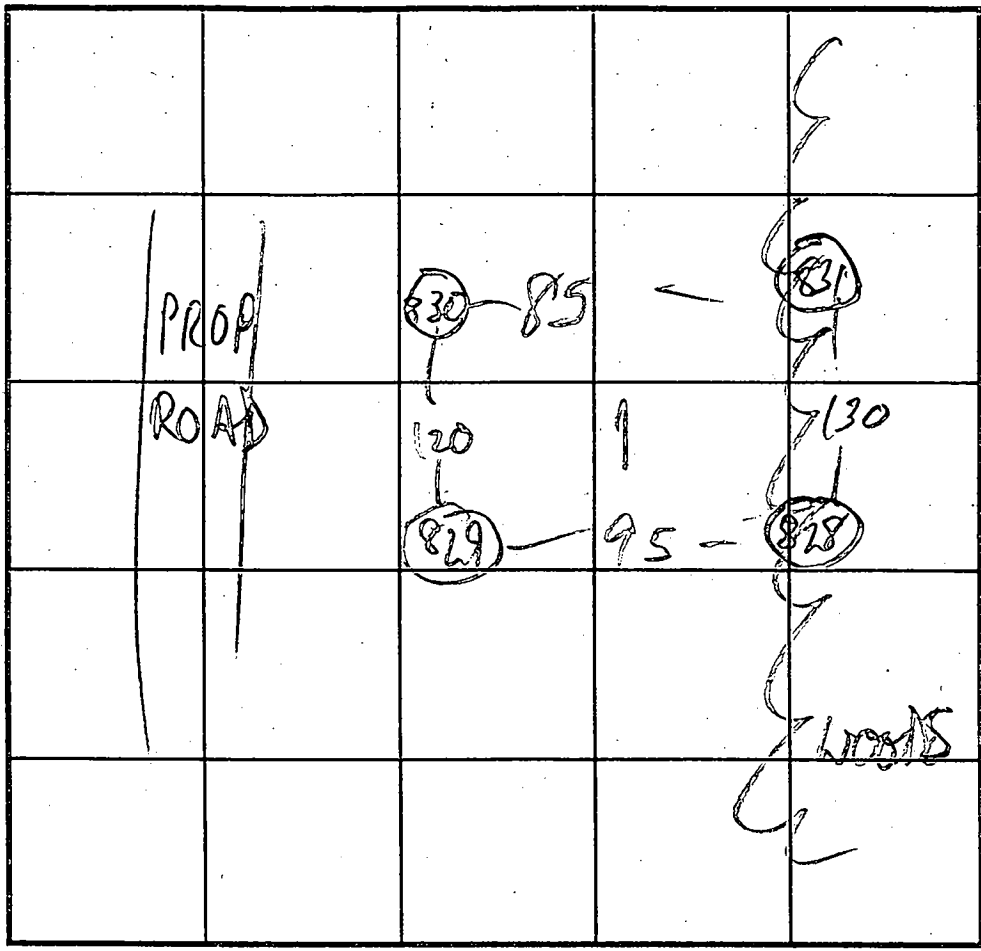
LOT No. \_\_\_\_\_

SOIL PROFILE  
828/831

0' brn orge  
cl-lm  
5' lt. brn  
tan. yel  
red pink  
sa mica  
loam  
5-10%  
frags  
13'  
13 1/2'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

olive  
red brn  
cl lm  
5' magenta  
red brn  
sa mica  
lm  
5-10%  
frags  
13'  
13 1/2'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/20/00	829 S	6"	11:39	11:40	11:40	11:42	2	
	829 V	13	OK see profile					
	828 S	6"	1:49	1:54	1:54	2:05	11	
	828 V	13	OK see profile					
	830 S	5 1/2"	2:14	2:19	2:19	2:30	11	
	830 V	13 1/2"	OK see profile					
	831 S	5 1/4"	2:23	2:27	2:27	2:32	5	
	831 V	13 3/4"	OK see profile					

REMARKS HOLES PER PLAN; HOLES IN WOODS MAY BE ADJUSTED SLIGHTLY

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

TESTED BY M. Pitkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180



Lot 34  
Open Space

STATE  
NORTH

MARYLAND  
GRID

E 4064516170  
Metric  
E 1333500

N 16957633555  
Metric  
N 547500

Signed  
F-03-028

SEE DETAIL

Lot 14  
49,834 Sq.Ft.

Public  
20' Drainage  
And Utility  
Easement

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 28-34  
Plot 10662

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

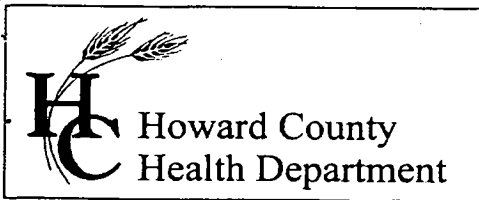
Match Line Only -  
Not A Lot Line

Line

See

Sheet

2



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

October 6, 2004

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

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

RE: Pindell Chase, Lot 12  
11748 Pindell Chase Drive  
Fulton, MD 20759  
BP #: B00144634  
Well Permit # HO-94-3736

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 09/23/2004. Final approval of the well line connection to the dwelling was approved on 09/24/2004.**

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-94-3736. 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: 09/27/2004, 09/30/2004 & 10/04/2004  
Date of Well Completion: 09/17/2003

Approving Authority,

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File

AMENDED PLAT  
 "ASHLEIGH GREENE"  
 SECTION 2 AREA 1  
 LOTS 28-34  
 PLAT 10669

LOT 29

LOT 30

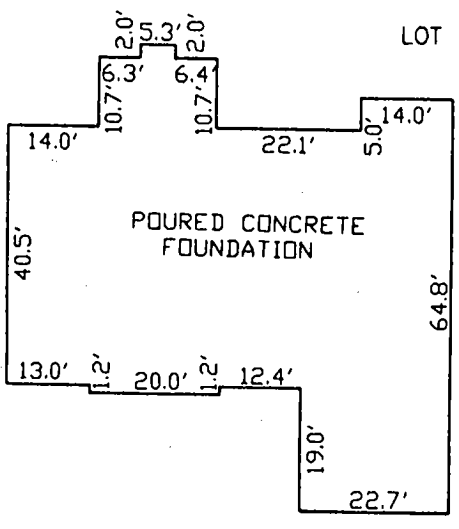
OPEN SPACE LOT 34  
 HO. CO. RECS AND PARKS  
 PLAT 10068

GRID NORTH

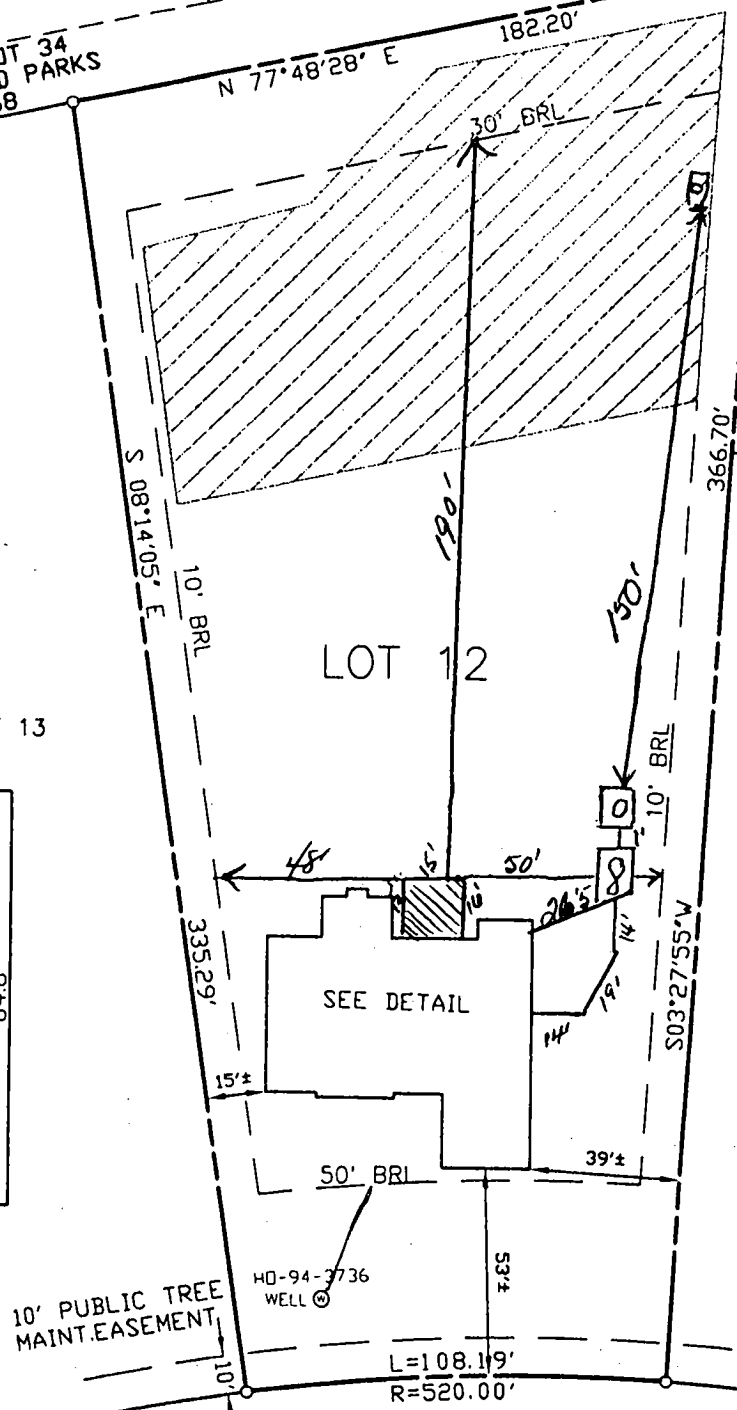
LOT 10

LOT 11

5-11-04  
 Plan to scale  
 ..NEGLECTIBLE House modt  
 Wall check ok



FOUNDATION DETAIL  
 SCALE: 1" = 30'



**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 03/24/04; 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. 16074

PINDELL CHASE DRIVE  
**APPROVED**

WALK-THRU BUILDING PERMIT  
 BP# B00155232 A# 514292-L  
 APP. SANJACIE TAMM DATE: 7/28/05  
 DESC. OF WORK: Solarium  
 TOP OF FOUNDATION WALL ELEVATION = 507.8'  
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

*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. 16074  
 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: 410-483-8103 & fax: 410-483-8644  
 email: Benchmark@cei.com

WALL CHECK

PINDELL CHASE  
 LOTS 1 THRU 24  
 LOT No. 12

11752 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 03/24/04

11111111