

KJR

LAYOUT 4/11/04 INSP 4 _____
INSP 2 6/14/04 PM INSP 5 _____
INSP 3 _____ INSP 6 _____

05436761

ISSUE DATE: 5-11-04

P 520349-B

APPROVAL DATE: 10/5/04

A 514292-M

PERMIT INDEXED

RPS#
05436761

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: 13

ADDRESS: 11752 Pindell Chase Drive PROPERTY OWNER: Toll MD II

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

PUMP CHAMBER CAPACITY (GALLONS): 1000 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 232 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Trenches to be installed 3 feet wide, 12 ft center to center. 50'/82'/100' trenches. Start 50' ftrench at uppermost corner of SDA closest to the distribution box running lengthwise 5' upslope from the 498' elevation contour line and at an approximate 330 degree bearing.
NOTES:	

PLANS APPROVED: Frank Alfonso (sn) / (KR) DATE: 11/3/03

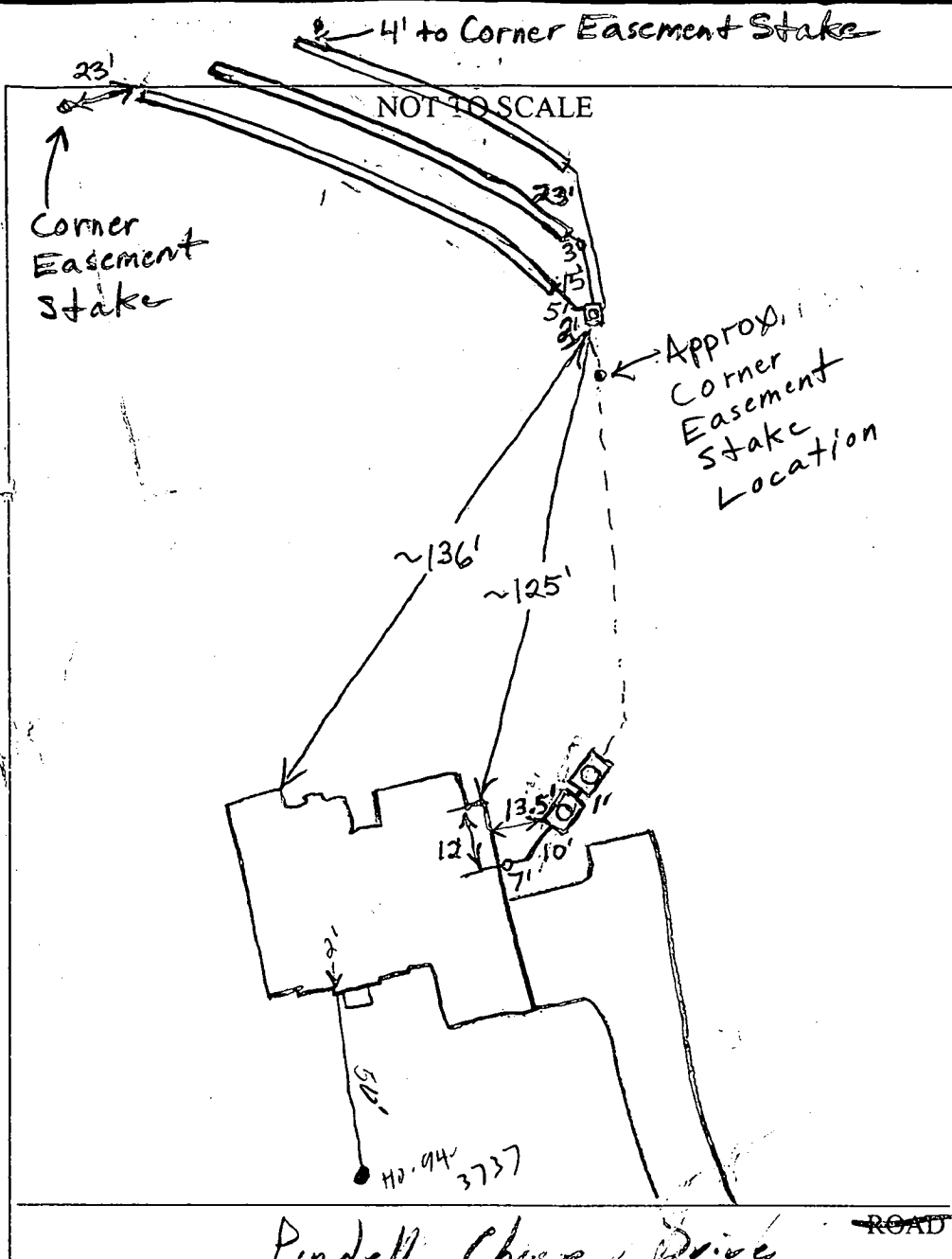
NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

1-605 B00151796-DECK
3/1/05 B00152464-FINISH BASEMENT

4514292-M



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4	6
NUMBER OF TRENCHES	3	
TOTAL LENGTH	240	
ABSORPTION AREA	720 + Sidewall	
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	2'
BAFFLES	Can't See
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	?
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No

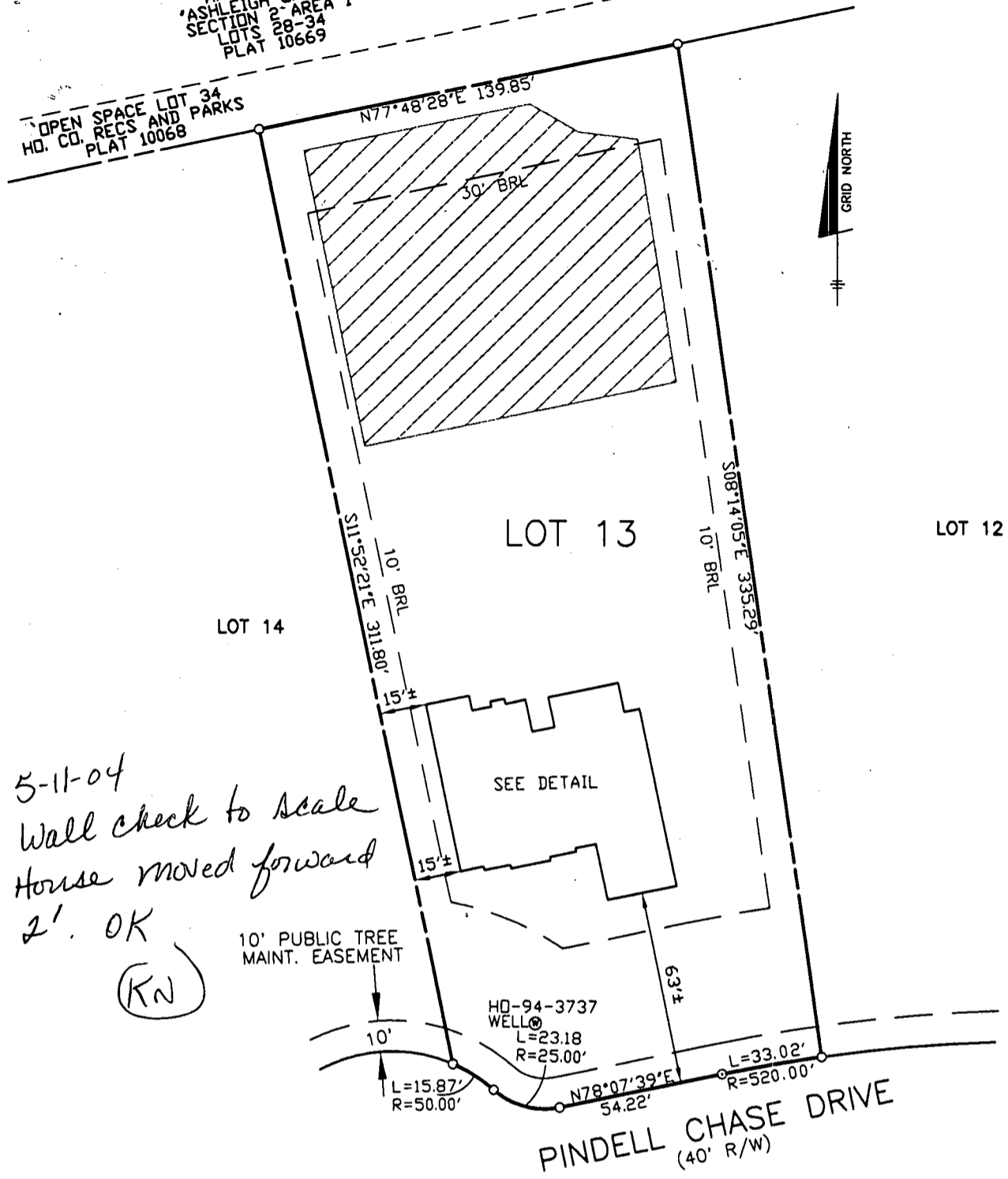
PRE-CONSTRUCTION 6/7/04 - SBA started, contour accurate.
 Install 60' / 80' / 100' trenches 12' c/c. DB to place
 INSTALLATION DB at other end of trenches (SO)
6/14/04 Trenches Done, Tanks Set. Need to Finish Pump
Line. Add Cleanouts and Baffles. Need Pump and
Alarm Test. (BB) 10/5/04 Pump and alarm working. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 10/5/04

RECEIVED
 10/5/04

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

OPEN SPACE LOT 34
 HD. CO. RECS AND PARKS
 PLAT 10668

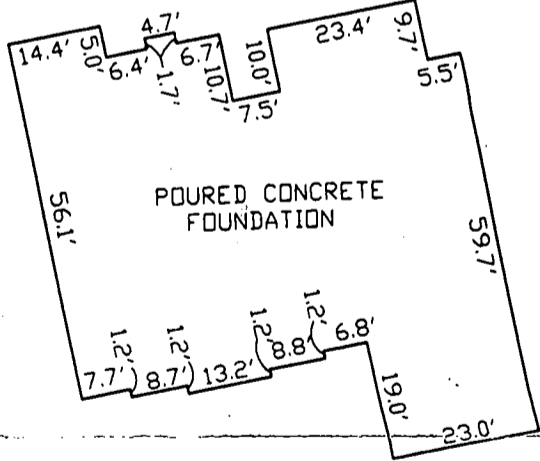


5-11-04
 Wall check to scale
 House moved forward
 2'. OK
 (KN)

TOP OF FOUNDATION WALL ELEVATION = 504.5'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1'

SURVEYOR'S CERTIFICATE

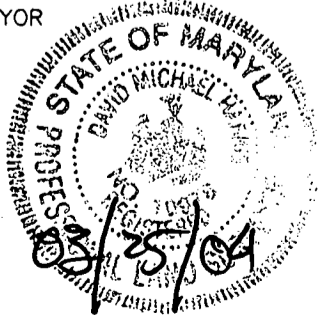
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 03/24/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON 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



FOUNDATION DETAIL
 SCALE: 1" = 30'

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



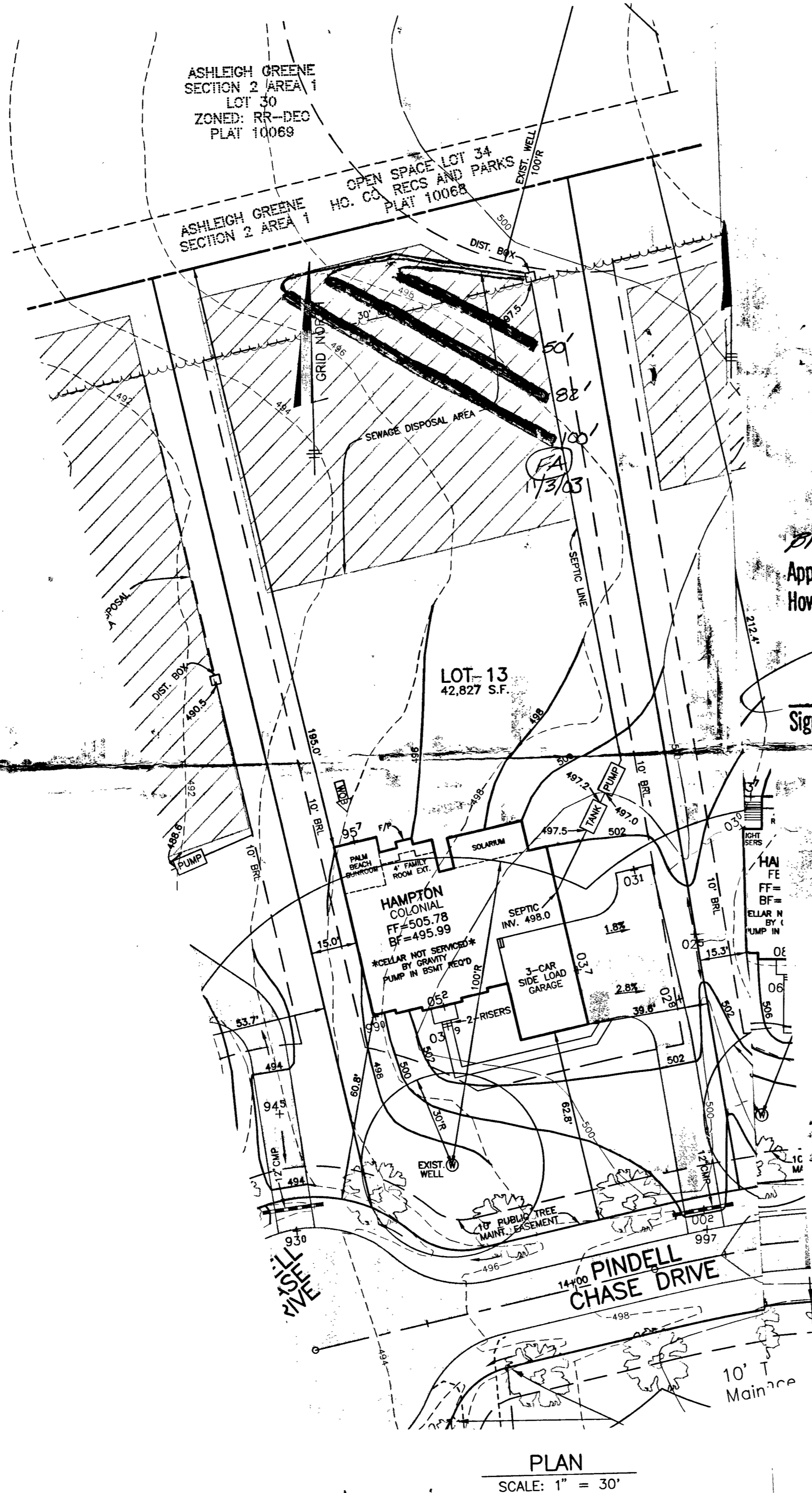
WALL CHECK
PINDELL CHASE
LOTS 1 THRU 24
 LOT No. 13

11752 PINDELL CHASE DRIVE

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

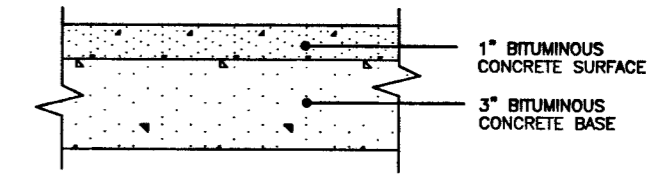
BENCHMARK
 ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

6480 BALTIMORE NATIONAL PIKE • SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 phone: 410-465-8105 • fax: 410-465-8644
 email: Benchmkt@ca.com



NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 16074. 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 TO 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-94-3737) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-25-03 AND IS ACCURATELY SHOWN.



FULL DEPTH BIT. CONC. ALTERNATIVE
P-1 PAVING DETAIL
NOT TO SCALE

DP 00144 783
Approved Septic System Plan
Howard County Health Department

Signature *[Signature]* Date 11/4/03

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	498.0
INV. IN TANK	497.5
INV. OUT TANK	497.2
TOP OF TANK	498.5
GROUND OVER TANK	501.5
INV. IN PUMP	497.0
GROUND OVER PUMP	501.0
INV. IN DIST. BOX	497.5
GROUND OVER BOX	499.5

LEGEND

- 470 --- EXISTING CONTOURS AS SHOWN ON F-98-167
- 472 --- PROPOSED CONTOURS
- EXISTING TREELINE
- [Hatched Box] SEWER DISPOSAL AREA
- EXIST. (W) WELL FIELD SURVEYED WELL LOCATION
- [Tree Symbol] STREET TREE INSTALLED UNDER F-03-28
- [WOB Symbol] INDICATES WALK-OUT BASEMENT LOCATION

PLAN
SCALE: 1" = 30'

<p align="center">BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC.</p> <p align="center">8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-6644</p>	PROJECT: PINDELL CHASE LOT 13	
	LOCATION: 11752 PINDELL CHASE DRIVE TAX MAP 41, GRID 7,8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
<p>BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>	TITLE: PLOT PLAN	
	HOUSE TYPE: HAMPTON	
	DATE: OCTOBER 21, 2003	PROJECT NO. 1638
SCALE: AS SHOWN	DRAWING <u>1</u> OF <u>1</u>	

**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
Stylesville, Md 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Allen Compton License# MSD009

*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 #: _____
Subdivision: Pindell Chase Lot #: 13 Well Tag #: HO-94-3737
Site Address: 1152 Pindell Chase Dr

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Condu
Make: <u>Crawd's</u>	Make: <u>Campell</u>	Two piece watertight cap: <u>4</u>
Model #: <u>75R10422</u>	Model #: <u>N/A</u>	Screened, vented well cap: <u>4</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>4</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>475</u> (feet)		Conduit secured to well cap: <u>yes</u>

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

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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.

Signature of company representative responsible for installation: Allen Compton date: 9-28-04

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

Date Insp. Requested: _____ Date Insp. Approved: 10/15/04

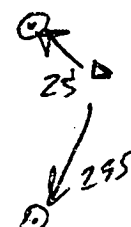
Inspection Data:

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"/>

Well cap was at grade, casing extended.

(BB)

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.

C1 3946	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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED... IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A514292-M	
ST/CO USE ONLY DATE RECEIVED 10 27 03	DATE WELL COMPLETED MM 9 DD 30 YY 03	Depth of Well 475 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 3137
OWNER TOLL BROTHERS		TOWN COLUMBIA	
STREET OR RFD PINDELL CHASE DRIVE		SECTION 13	
SUBDIVISION PINDELL CHASE		LOT 13	
WELL LOG Not required for driven wells		GROUTING RECORD	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	
Brown mica	0 96	NO. OF BAGS 12 NO. OF POUNDS 1128	
Gray	96 130	GALLONS OF WATER 72	
Brown	130 31 ✓	DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft. (enter 0 if from surface)	
Gray	131 220	CASING RECORD	
White	220 221 ✓	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	
Gray	221 440	MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 103	
White	440 441 ✓	OTHER CASING (if used) diameter inch depth (feet) from to	
Gray	441 475	SCREEN RECORD	
NUMBER OF UNSUCCESSFUL WELLS: 0		screen type or open hole: <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	
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DEPTH (nearest ft.) HO 103 475	
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		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	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		SLOT SIZE 1 _____ 2 _____ 3 _____	
DRILLERS LIC. NO. MSD 009 Allen Compton DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D		DIAMETER OF SCREEN (NEAREST INCH) 56 to 60	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		GRAVEL PACK IF WELL DRILLED IF WELL FLOWING WELL INSERT F IN BOX 68 68	
		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W O 70 _____ 72 _____ 74 75 76	
		TELESCOPE CASING LOG INDICATOR OTHER DATA	
		PUMPING TEST	
		HOURS PUMPED (nearest hour) 03	
		PUMPING RATE (gal. per min.) 4	
		METHOD USED TO MEASURE PUMPING RATE 1966	
		WATER LEVEL (distance from land surface)	
		BEFORE PUMPING 17 ft.	
		WHEN PUMPING 95 ft.	
		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	
		PUMP INSTALLED	
		DRILLER INSTALLED PUMP (YES or NO) 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)	
		<input checked="" type="checkbox"/> above } LAND SURFACE	
		<input type="checkbox"/> below } 02 (nearest foot)	
		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)	
			

B 1 **6048**

SEQUENCE NO. (MDE USE ONLY)

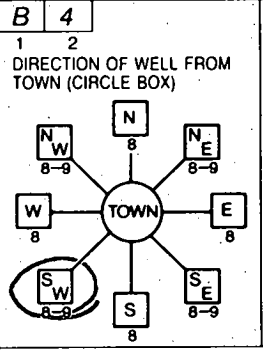
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
519000 please type

STATE PERMIT NUMBER
HO-94-3737
fill in this form completely

Date Received (APA) **06/06/03**
OWNER INFORMATION
8 MM DD YY T3
15 Last Name **Toll Brothers** Owner First Name 34
36 **6830 Creekside RD** Street or RFD 55
57 **Clarksville md 21029** Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY **Howard** 21
23 SUBDIVISION **Pindell Chase** 42
SECTION **13** LOT 48 50
52 NEAREST TOWN **Columbia** 71
MILES FROM TOWN (enter 0 if in town) **5** M 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**



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 **50** FT
ENTER FT OR MI 38 39
TAX MAP: **41** BLK: **14** PARCEL **59**

B 2 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)
 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-M COUNTY NO.
STATE SIGNATURE _____ INSERT S _____
DATE ISSUED **07/03/03** **Mark E. Riphin** 41
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **486 00** EAST GRID **822 00**
50 55 57 63

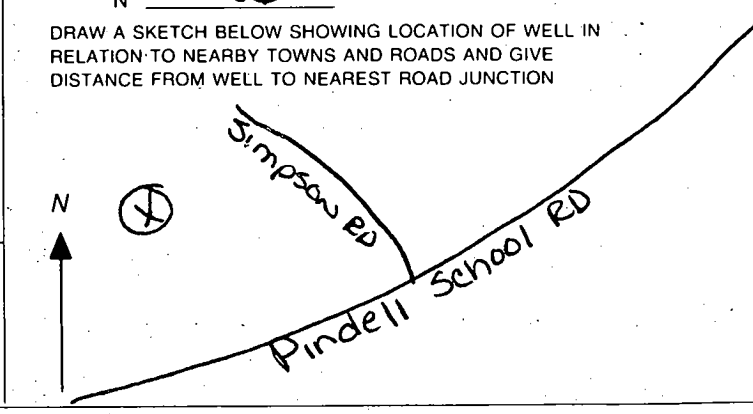
APPROXIMATE DEPTH OF WELL **300** FEET 24 28
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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
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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER _____
PERMIT No. **HO-94-3737**
70 71 72 73 74 75 76 77 78 79

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



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

PLAT 11000
ZONED R2-D20

PROPOSED BOLLARD
SEE DETAIL SHEET 16

PROPOSED BOLLARD
SEE DETAIL SHEET 16

Lot 13
12,027 S.F.

Lot 14
19,834 S.F.

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

Well Site
H2 B3/2/23
OK
ALT
No
TIP

Private 24'
Use-in-Common
Access Easement For
The Use And Benefit Of
Lots 13 And 14



APPLICATION

PERCOLATION TESTING

A 514292-M

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. 10/13

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

0' 833 832 830

olive
brn red
cl m

831

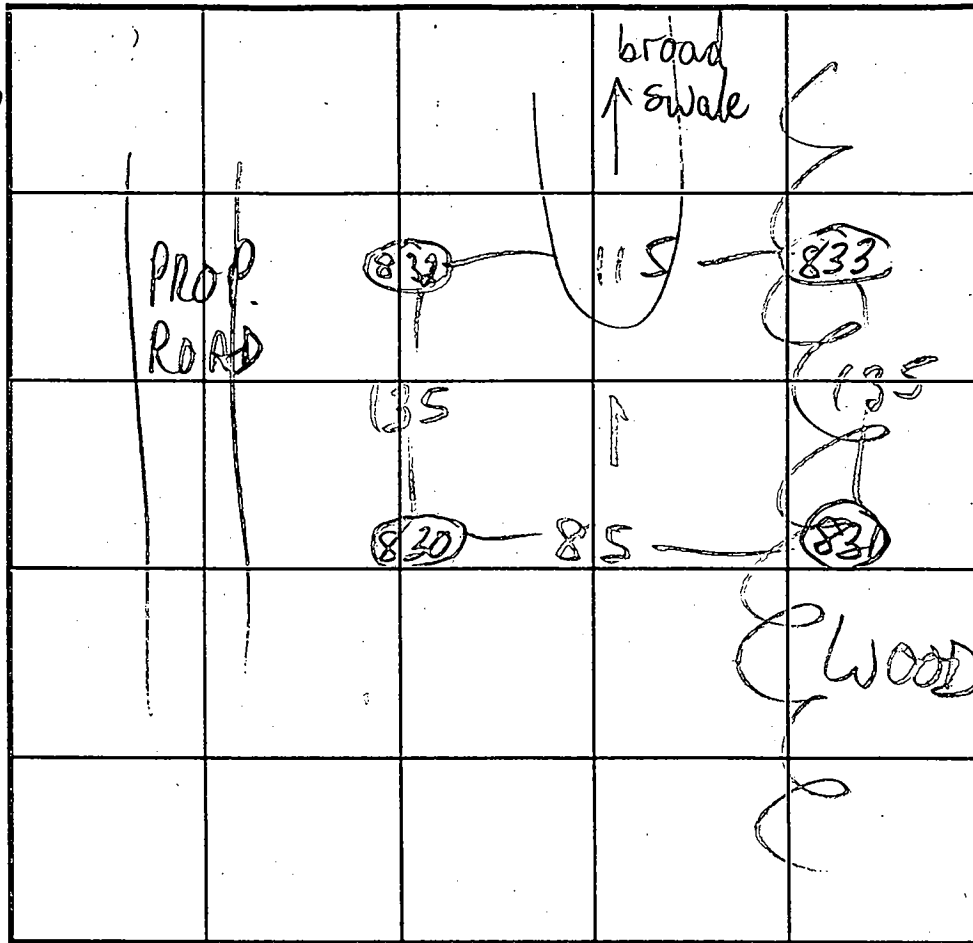
5'

magenta
red
pink brn
si mica
loam

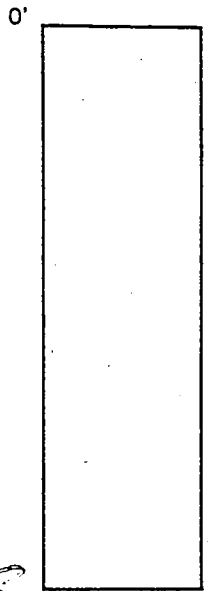
5-10%

Frag

13'
13'10"



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/20/08	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' 4"	2:23	2:27	2:27	2:32	5	
	831 V	13' 3"	OK see profile					
	833 S	5 1/2 6' 4"	2:39 3:28	2:58 3:40	2:58 3:40	3:57	17	
	833 V	13' 10"	OK see profile					
	832 S	5 1/2	2:46	2:47	2:47	2:49	2	
	832 V	13' 4"	OK see profile					

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

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

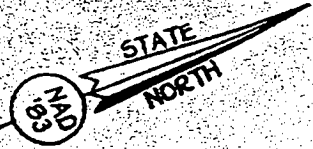
INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

11752 PINDELL CHASE DRIVE

Lot 34
Open Space



E 4064516170
Metric
E 1333500
N 1668763355
Metric
N 5471500

Signed
F-03-028

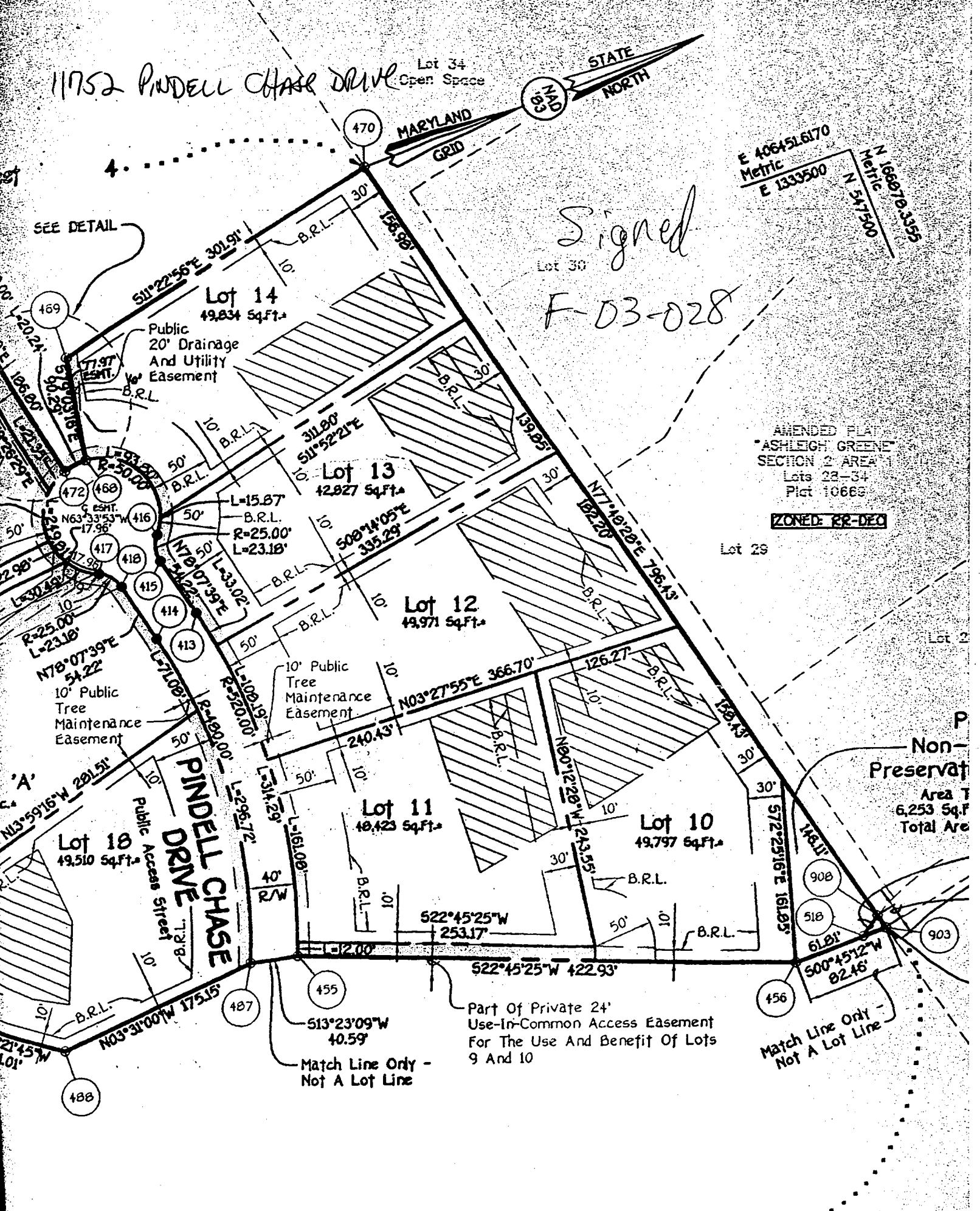
AMENDED PLAN
"ASHLEIGH GREENE"
SECTION 2 AREA
Lots 22-34
Plat 10668

ZONED RR-DEO

Lot 29

Lot 2

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

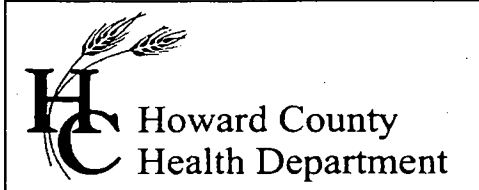


Line

See

Sheet

2



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 15, 2004

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

SENT VIA FACSIMILE 410-531-8472

RE: Pindell Chase, Lot 13
11752 Pindell Chase Drive
Fulton, MD 20759
BP #: B00144783
Well Permit # HO-94-3737

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 10/05/2004. Final approval of the well line connection to the dwelling was approved on 10/15/2004.**

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-94-3737. 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.

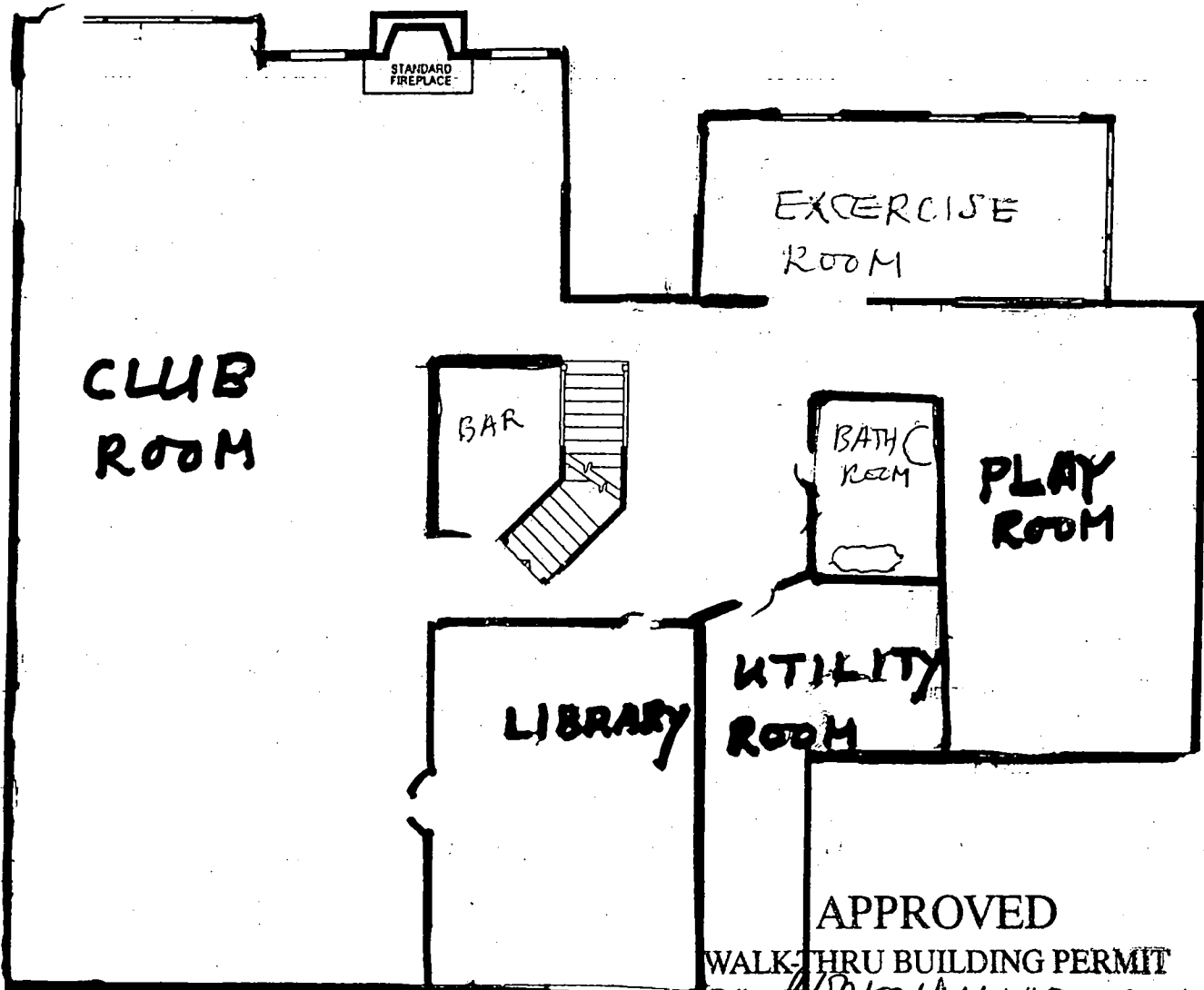
This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 10/05/2004, 10/11/2004 & 10/14/2004
Date of Well Completion: 09/30/2003

Approving Authority,

Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



APPROVED
 WALK-THRU BUILDING PERMIT
 DT# 000152464 A# 514292-M
 APP. SAN KSB DATE: 3/1/05
 DESC. OF WORK: finish Basement
-NO New Bedrooms

11752 Pindell Chase Dr.
Fulton, MD. 20759
 Basement Plan
 Total 2,750 sq ft

HAMPTON

SUBJECT TO VARIATIONS

DATE	OPTION DESCRIPTION	OPT. #
REV. 4/3/02	EXPANDED FAMILY ROOM WITH PALM BEACH SUNROOM	023/026