

KTB

LAYOUT 5/18/04 INSP 4 _____
INSP 2 5/29/04 - PM INSP 5 _____
INSP 3 6/03/04 INSP 6 _____

ISSUE DATE: 5-11-04

PERMIT

P 520349-E

APPROVAL DATE: 6/7/04

A 514292-R

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

RPS
05-436958

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: Pindell Chase LOT NUMBER: 17

ADDRESS: 11751 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 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 6-6.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan. 200' long trench total; individual trenches not to exceed 100' long each. Run trenches on contour.
NOTES:	Maintain at least 5' separation distance between trench and 2' PVC line. Ensure 1-2% fall to septic tank. Basement service is not proposed.

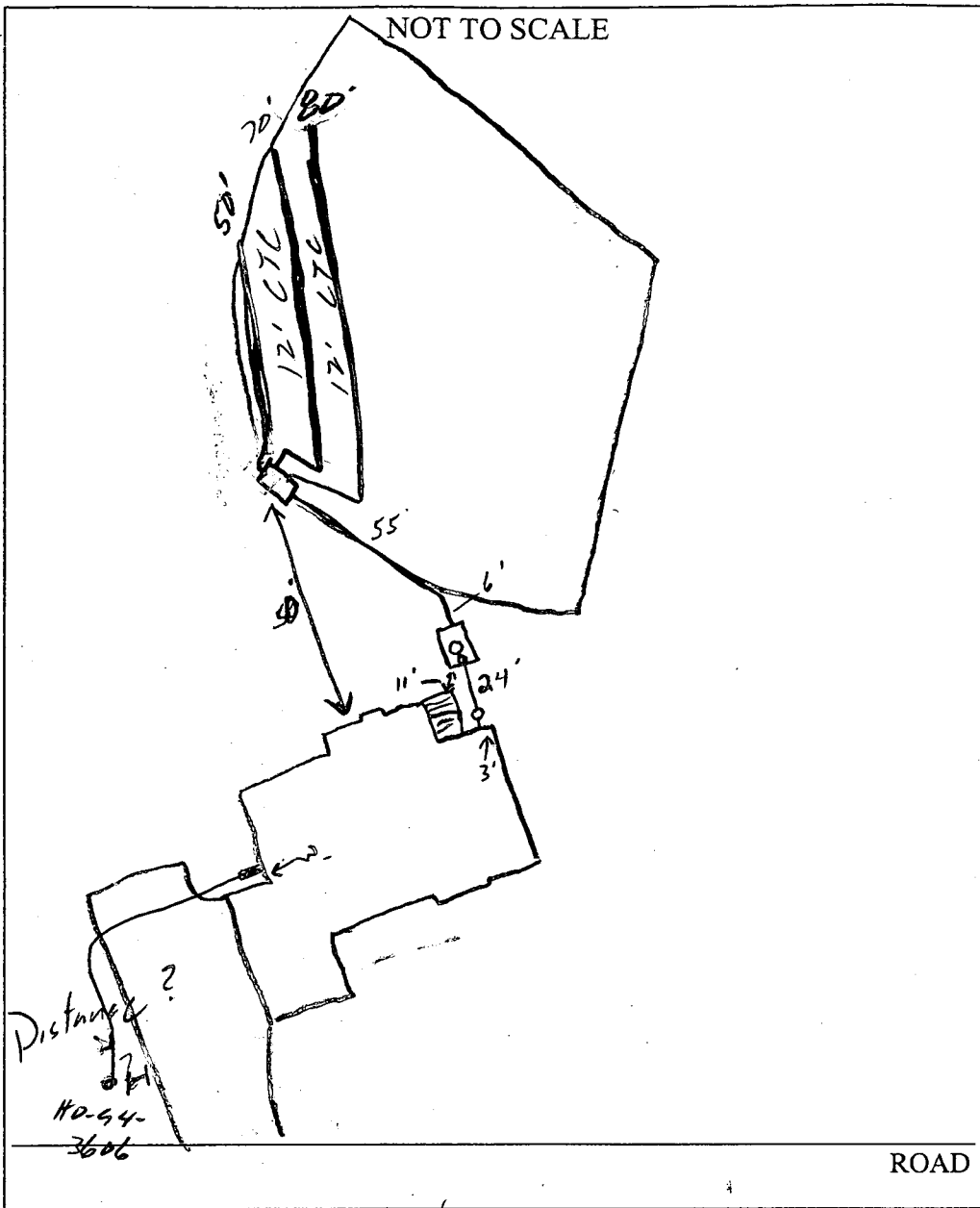
PLANS APPROVED: Kacie Noonan Reviewed by: KN DATE: 11/14/03

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
BUILDING PERMIT SIGNED FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
AND RETURNED PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

12-2-04 800157418 - DECK + POOL
3 Driveways 800152582 - 16 POOL

A514292-R



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5'	2'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		600sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

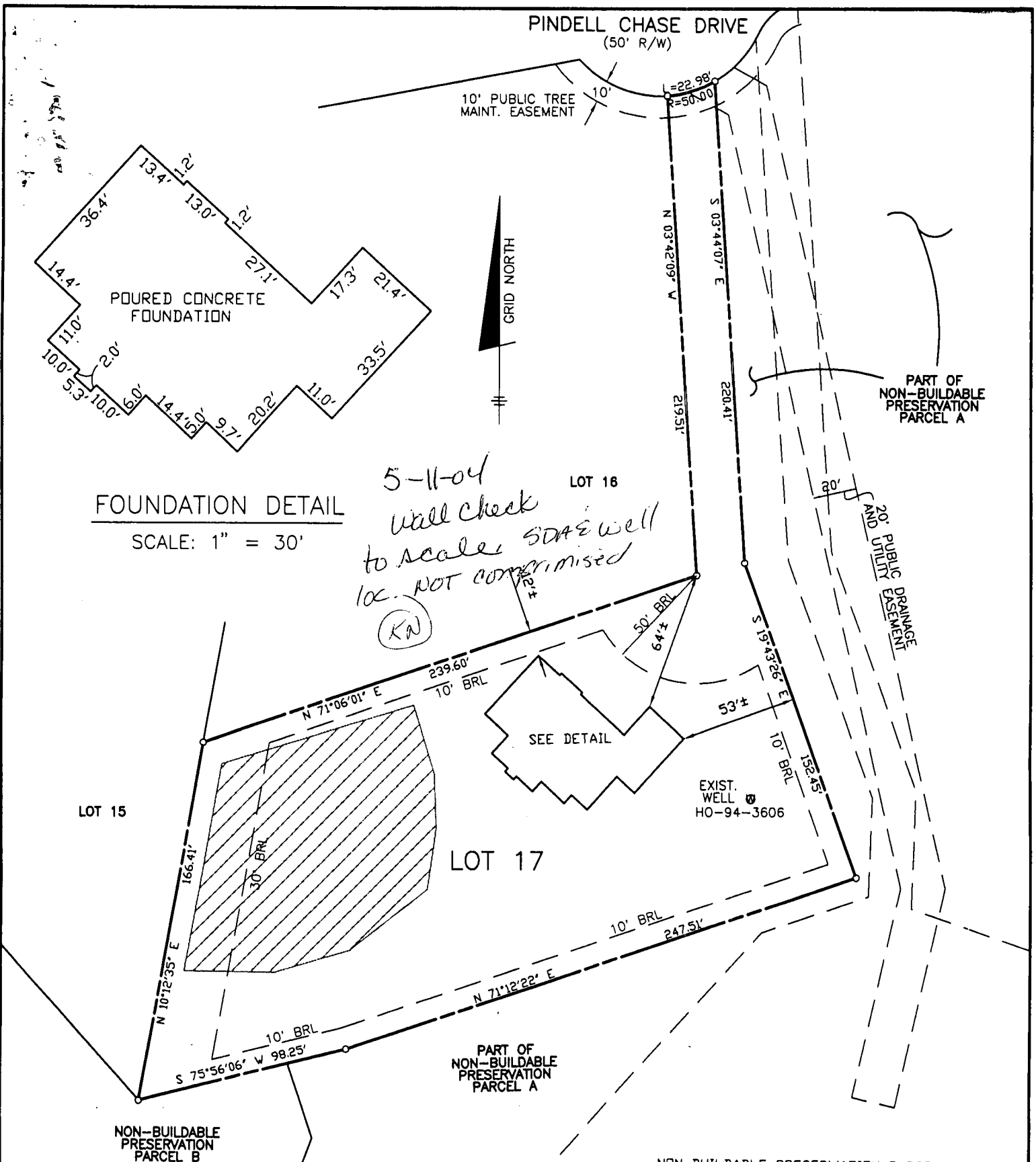
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2.5'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 5/18/04 - SRA not staked, contours unknown because of heavy weed growth, gravity system may not work.

INSTALLATION lot is staked, shoot contours, possible 60'/70'/70' trenches (SD) 5/22/04 - SRA staked, contours not accurate. Pump tank needed, install 50'/70'/30' on contours (SD) 6/3/04 Tank set, 2 trenches installed (SD) 6/7/04 - OK to cover all work

BUILDING PERMIT SIGNED
AND RETURNED

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/7/04



FOUNDATION DETAIL
SCALE: 1" = 30'

*5-11-04
Wall check
to scale, SDAE well
loc. NOT compromised*
(KN)

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 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. 16074

NON-BUILDABLE PRESERVATION PARCEL 'A' FOR STORMWATER MANAGEMENT SHALL BE OWNED AND MAINTAINED BY THE PINDELL CHASE HOMEOWNER'S ASSOCIATION, INC. EASEMENT HOLDER TO BE HOWARD COUNTY, MARYLAND.

TOP OF FOUNDATION WALL ELEVATION = 493.1'
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. 17

11751 PINDELL CHASE DRIVE

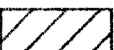
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: 04/06/04

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-465-6105 • fax: 410-465-6644
email: Benchmark@ccals.com

NOTES:

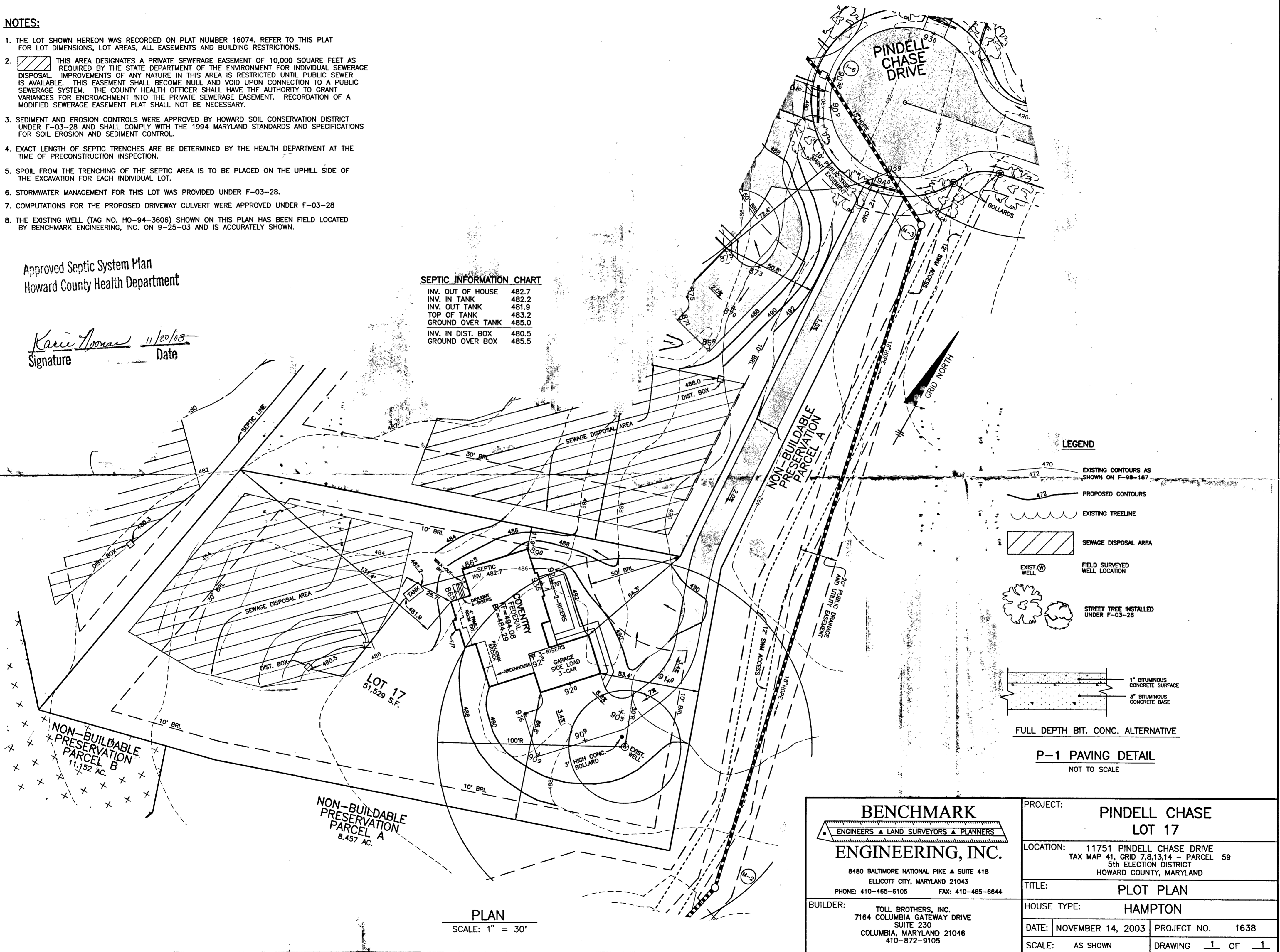
1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 16074. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE 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 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-94-3606) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-25-03 AND IS ACCURATELY SHOWN.

Approved Septic System Plan
Howard County Health Department

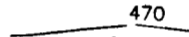





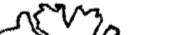

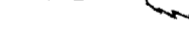
Karin Noonan 11/20/03
Signature Date

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	482.7
INV. IN TANK	482.2
INV. OUT TANK	481.9
TOP OF TANK	483.2
GROUND OVER TANK	485.0
INV. IN DIST. BOX	480.5
GROUND OVER BOX	485.5



LEGEND

-  470 EXISTING CONTOURS AS SHOWN ON F-98-187
-  472 PROPOSED CONTOURS
-  EXISTING TREELINE
-  SEWAGE DISPOSAL AREA
-  EXIST. WELL
-  FIELD SURVEYED WELL LOCATION
-  STREET TREE INSTALLED UNDER F-03-28
-  1" BITUMINOUS CONCRETE SURFACE
-  3" BITUMINOUS CONCRETE BASE

FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL
NOT TO SCALE

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: PINDELL CHASE LOT 17	
LOCATION: 11751 PINDELL CHASE DRIVE TAX MAP 41, GRID 7.8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE: PLOT PLAN	
HOUSE TYPE: HAMPTON	
DATE: NOVEMBER 14, 2003	PROJECT NO.: 1638
SCALE: AS SHOWN	DRAWING: 1 OF 1

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 (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
Sylasville, 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# 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 #: 410-531-8471
Subdivision: Pindell Chase Lot #: 17 Well Tag #: HO-94-3606
Site Address: 11751 Pindell Chase Dr

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Condu</u>
Make: <u>Goulds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>FT75B10 422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>no</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>525</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

<u>Piping to house</u>	<u>House Connection</u>
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 Compt date: 10-8-04

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

Date Insp. Requested: 9/24/04 Date Insp. Approved: 9/24/04 SO
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

C1 - 14371 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 514292-R

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

DATE RECEIVED 10 03 DATE WELL COMPLETED 7 03

DEPTH OF WELL 525 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-36006

OWNER TOLL BROTHERS STREET OR RFD PINDELL CHASE DRIVE TOWN COLUMBIA SUBDIVISION PINDELL CHASE SECTION LOT 17

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Brown mica, Gray mica, White mica, Green mica, White mica, Green mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 48 NO. OF POUNDS 473/2

CASING RECORD

MAIN CASING TYPE (S) (T) (P) (L) (C) (O) (R) (J) (S) Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 130

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) insert appropriate code below

DEPTH (nearest ft.) table with rows 1-21 and columns 8-11, 15-17, 23-24, 26, 30-32, 36, 38-39, 41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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 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 1996 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 ft. WHEN PUMPING 156 ft. TYPE OF PUMP USED (for test) (A) (P) (T) (C) (R) (O) (J) (S)

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (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. 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)

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)

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. M 5009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

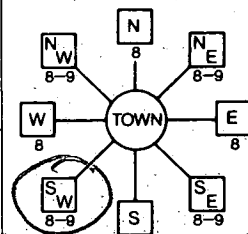
see PLAT

B 1 **6261** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type **WS17994** STATE PERMIT NUMBER **HO-94-3606** fill in this form completely

Date Received (APA) **1-22-02** 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

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21 PINDELL CHASE
 23 SUBDIVISION **Clarksville Hunt** 42
 SECTION **17** LOT **17**
 44 46 48 50
Columbia
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **6** M I I
 73 76 77 78

DRILLER INFORMATION
Allen Compton M SD 009
 Driller's Name 76 License No. 81
Fogles Well Drilling
 Firm Name
580 obrecht rd
 Address
Allen Compton 11-10-02
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
CHASE DRIVE
Pindell School RD
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 **300** 37
~~150~~ 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **514292-R**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED **12/3/02** Mark E. R. **12/13/02**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **486 000** EAST GRID **822 000**
 50 55 57 63

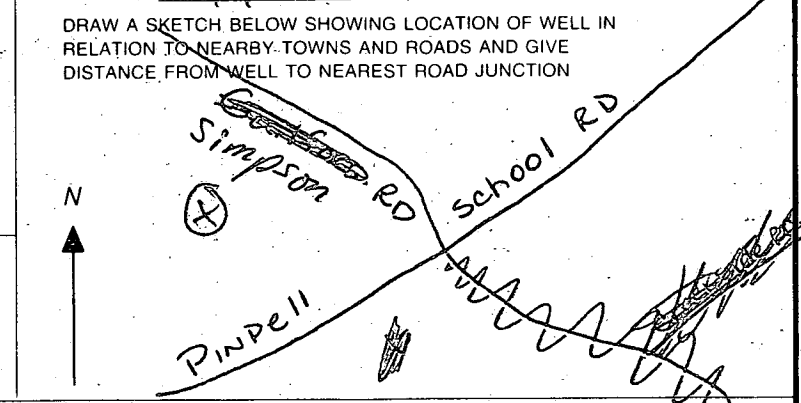
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER-SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

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 **8222**
 N **490086**
 000
 000
 No Grantmap

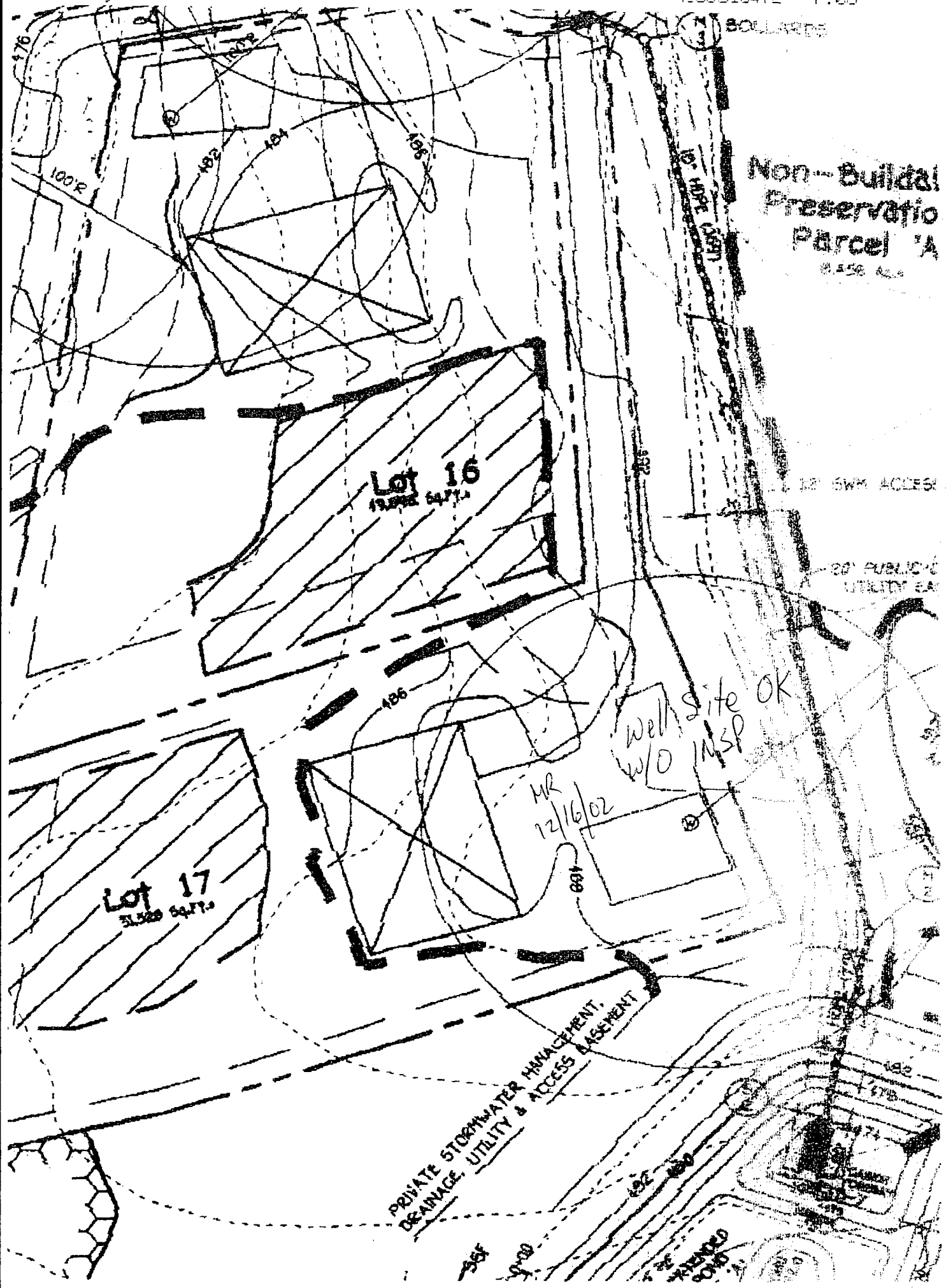
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROtary DRive-POINT
 other

REPLACEMENT OR 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
 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
 39 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **G**
 PERMIT No. **HO-94-3606**
 70 71 72 73 74 75 76 77 78 79

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



Non-Buildable
Preservation
Parcel 'A'
0.556 AC.

Lot 16
11,820 sq. ft.

Lot 17
31,520 sq. ft.

Well Site OK
w/o INSP

MR
12/16/02

PRIVATE STORMWATER MANAGEMENT,
DRAINAGE, UTILITY & ACCESS EASEMENT

10' SWH ACCESS

10' PUBLIC UTILITY EASEMENT

BOLLARDS

APPLICATION

PERCOLATION TESTING

A514292-R

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. 17

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.

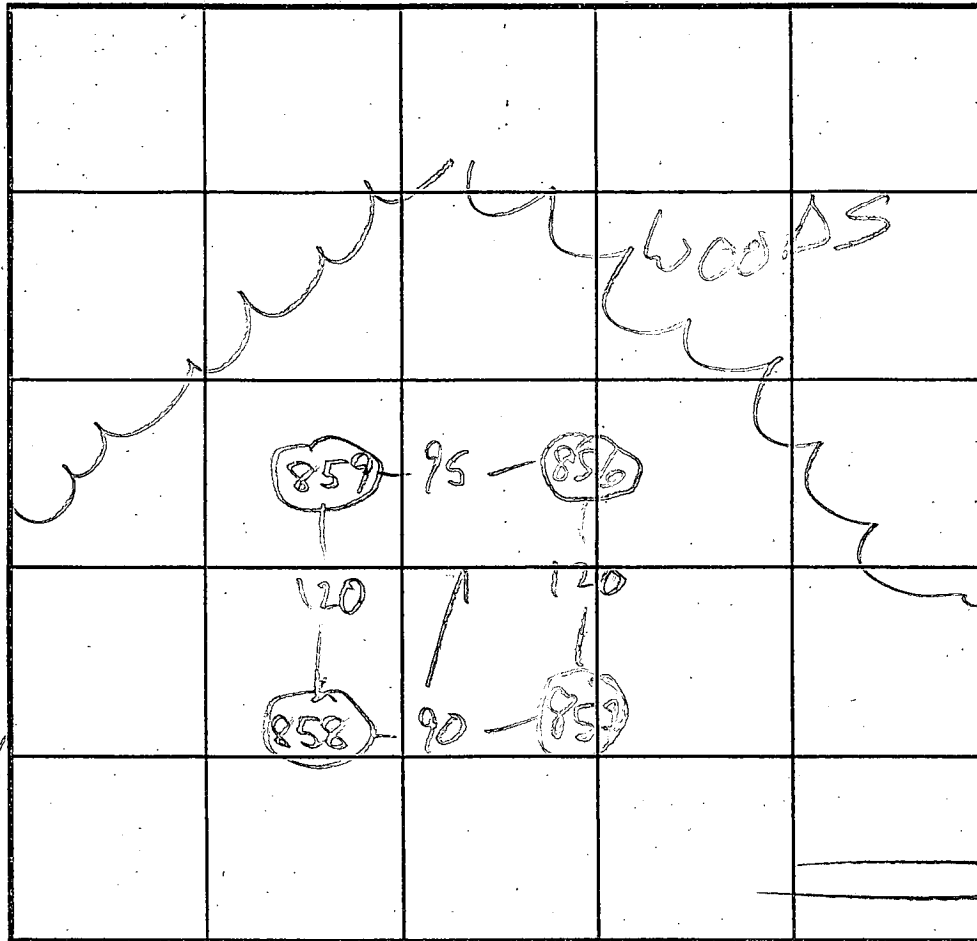
SOIL PROFILE

SOIL PROFILE

0' 857

4
 13
 4-5
 6
 13 1/2
 7-8
 13 1/2

brn red
 sil m
 brn
 tan yel
 lt. red
 si m
 5% frags
 hvy brn
 yel olive
 wh. beige
 tan yel
 sa sil m
 bright red
 si m
 5-10% fr
 orge olive
 brn
 si cl m
 red orge
 si m
 10% frags



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/27/00	857 S	4'9"	11:21	11:23	11:23	11:27	4 EST
	857 v	13	OK see profile				
	856 S	6 1/2	11:43	11:48	11:48	11:55	7
	856 v	13 1/2	OK see profile				
	859 S	7'4"	12:21 2:16	12:40 2:39	SLOW 3:07	24" 1/2" FAIL	
	859 v	13 1/2	FAIL				
	858 S	6'4"	2:03	2:08	2:08	2:16	10 EST
	858 v	13'9"	OK see profile				

REMARKS SIG. ADJUSTMENT REQ'D - HOLES PER PLAN

TYPE OF SOIL

TESTED BY M. Ritkin

ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT 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. 16/17

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

SOIL PROFILE

0' 846
red
brn yel
si
salm

6' red brn
magenta
yel
si
lm
5%
frags

14' H₂O

847

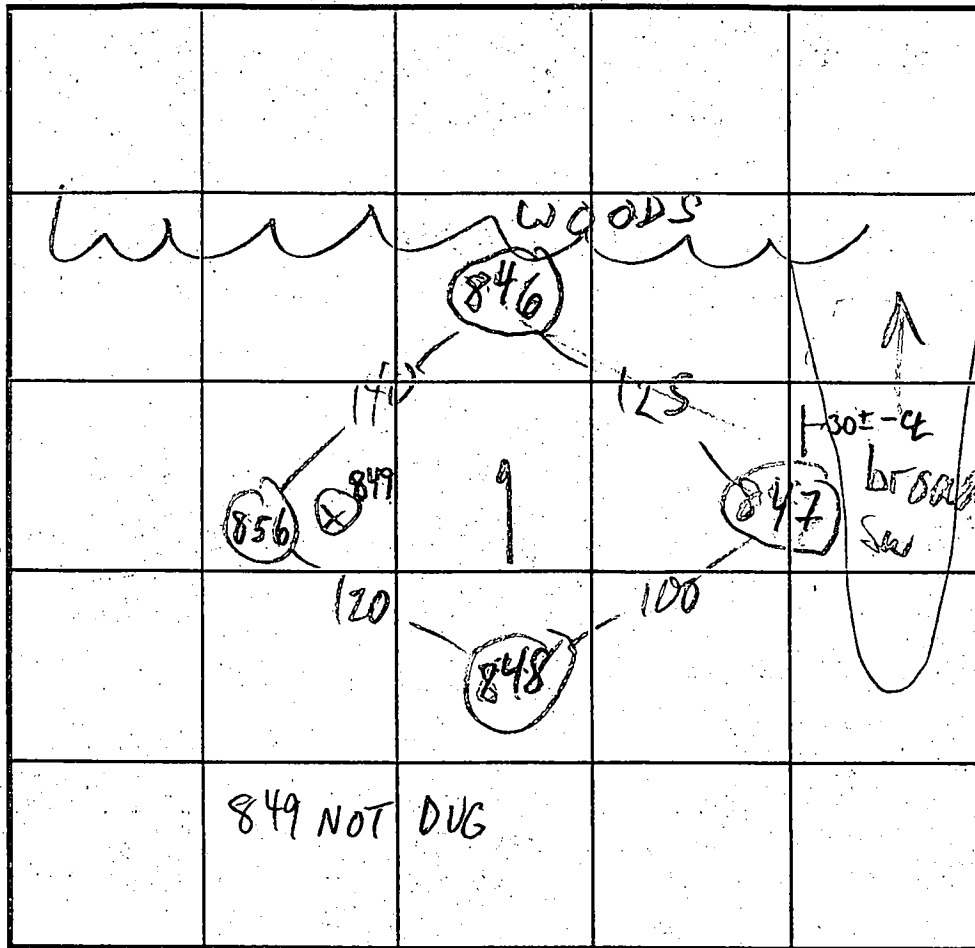
red brn
si
salm
5%
frags

red yel
magenta
si
salm
10-15%
frags

848

orange
red yel
si
salm

dk red
si
salm
5% frags
wh beige
sand



SOIL PROFILE

0' 856
heavy
brn yel
olive cl

4-5' wh beige
tan yel
sasil m

6' bright red
orge
si
lm
5-10%
frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/27/00	846 S	6' 8"	10:50	11:10	11:10	11:53	43 EST
	846 v	14	H ₂ O	@ 13' 9"	FAIL		
	847 S	4' 9"	10:57	10:58	10:58	11:00	2
	847 v	13	OK	see profile			
	848 S	5' 10"	11:06	11:10	11:10	11:15	5
	848 v	13' 9"	OK	see profile			
	856 S	6 1/2	11:43	11:48	11:48	11:55	7
	856 v	13 1/2	OK	see profile			

REMARKS (846) FAILS FOR TIME; WET SEASON TESTING RED'S FOR FURTHER REVIEW

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 _____

13' 9"

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 902
 orange
 red brn
 silclm
 5 1/2'
 orange
 brn
 silsalm
 10%
 fr
 15'

903/904

red
 orange
 silclm
 2-8'

orange
 red brn
 silsalm
 10%

901

red
 orange
 cl +
 clm
 6'

red brn
 silsalm
 10-15%
 frags
 14 1/2'

DUE TO DROUGHT CONDITIONS,
 APPROVABLE HOLES MUST HAVE 8
 FEET FROM OBSERVED
 GROUNDWATER TO BOTTOM OF
 PROPOSED SEPTIC SYSTEM

SOIL PROFILE

0' 849/105
 red
 silclm
 4 1/2'
 tan brn
 silsalm
 10%
 frags
 15 1/2'
 H2O
 905
 red
 cl brn
 6 1/2'
 tan brn
 red silm
 10% fr
 14 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/23/01	908	15 1/2'	ALM				
	906	15 1/2'					
H2O 15 1/2'	849	5 1/2' 15 1/2'	7:34	7:36	7:36	7:44	8
	844	15	H2O	@ 14	-OK		profiled prev.
	845	15	DRY	-OK	profiled		prev.
	902	6' 3" 15	7:20	7:25	7:25	7:32	7
	901	7' 14 1/2'	7:01	7:05	7:05	7:12	7
	903	7' 15	7:19	7:35	3/4" FAIL		
	904	8' 15	6:59	7:13	FAIL		
	905	6 1/2' 14 1/2'	7:39	7:53	NO DROP POSS. DUE		

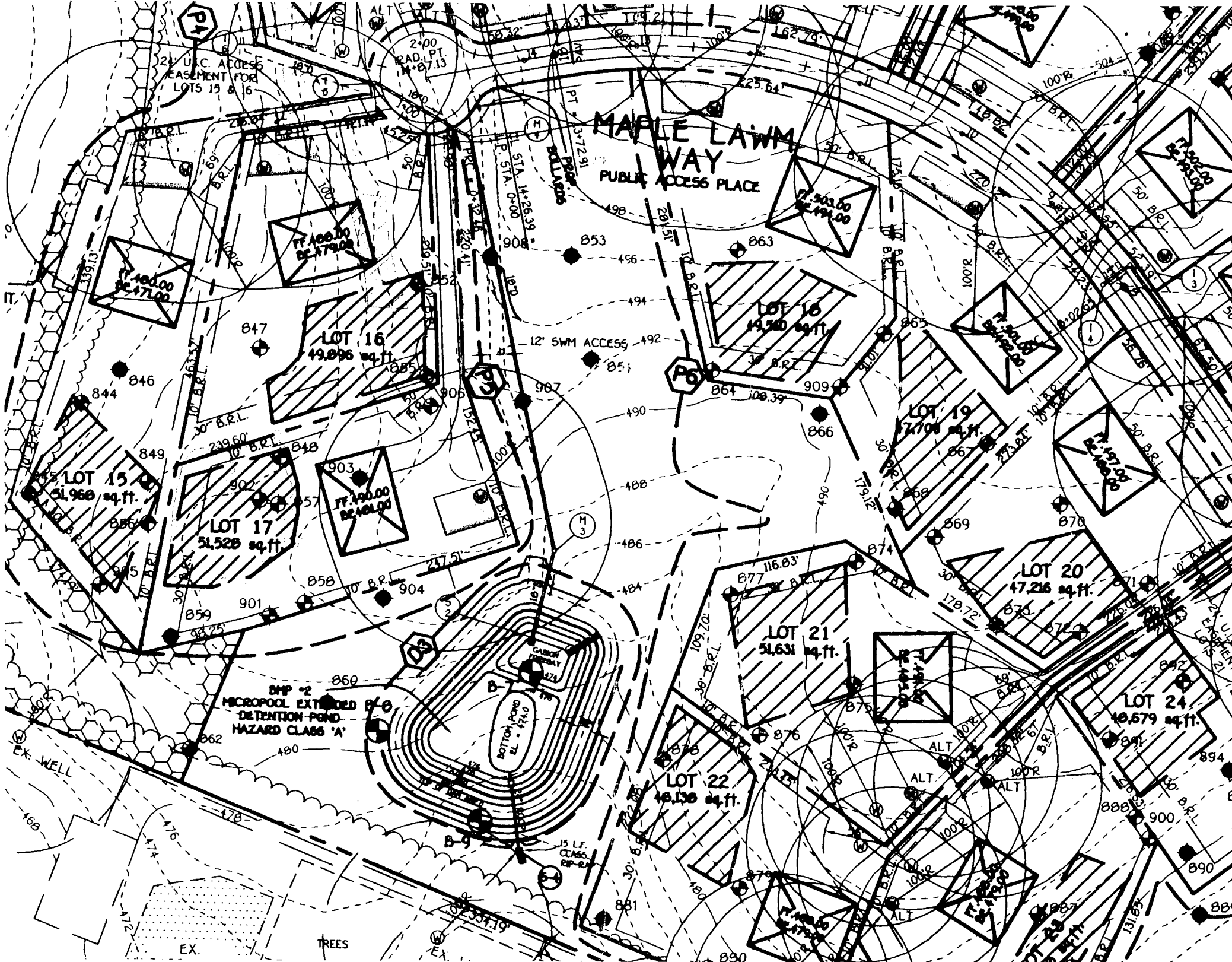
REMARKS TO H2O IN CL; OK @ 7'

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____



24" U.C. ACCESS EASEMENT FOR LOTS 15 & 16

MAPLE LAWN WAY
PUBLIC ACCESS PLACE

LOT 16
49,896 sq. ft.

LOT 18
49,896 sq. ft.

LOT 19
47,708 sq. ft.

LOT 20
47,216 sq. ft.

LOT 21
51,631 sq. ft.

LOT 22
49,138 sq. ft.

LOT 24
49,679 sq. ft.

BMP #2
MICROPOOL EXTENDED
DETENTION-POND
HAZARD CLASS 'A'

BOTTOM POND
D.L. = 17.60

15 LF.
CLASS. R.P.-RA

EX. WELL

EX.

TREES

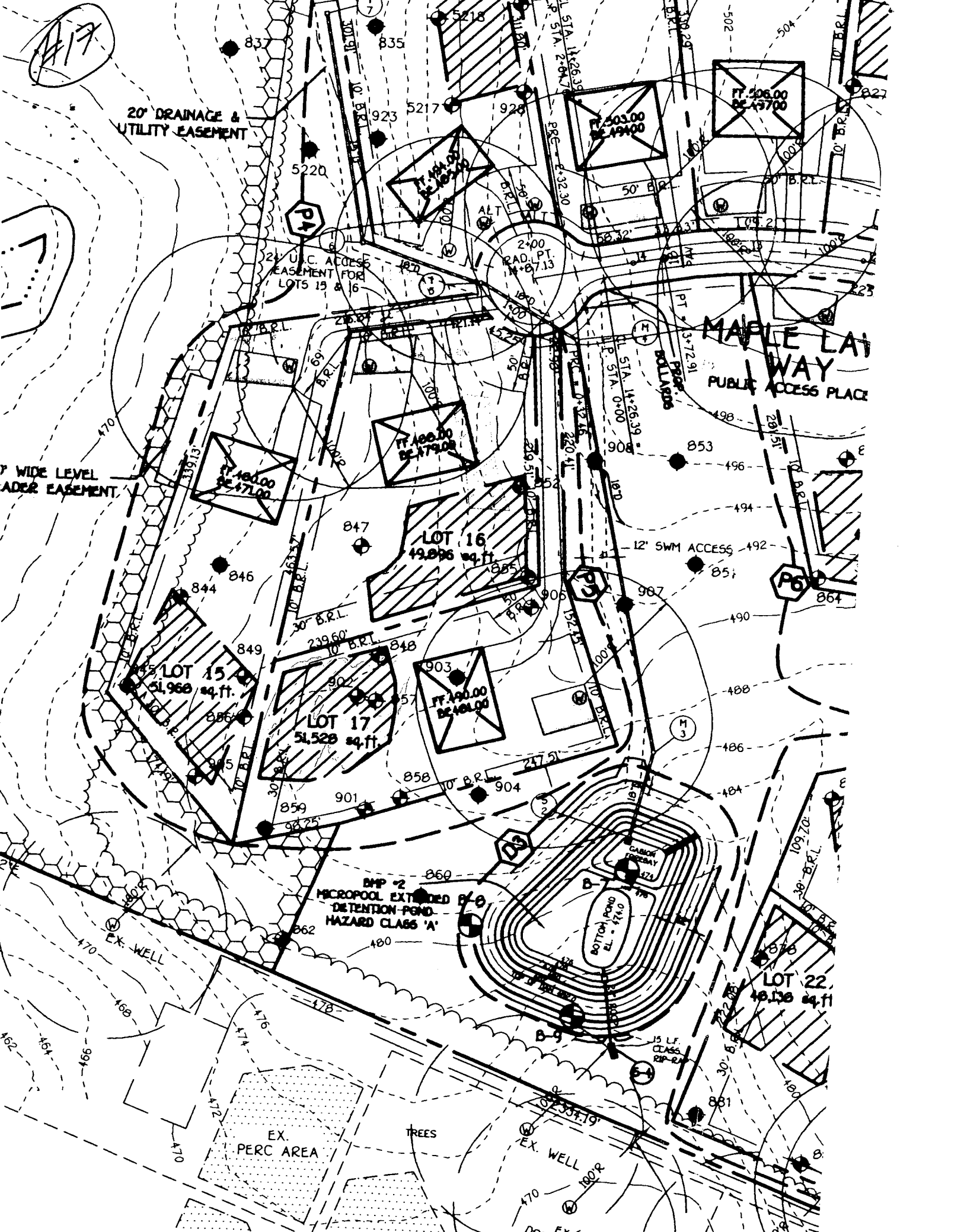
EX.

20' DRAINAGE & UTILITY EASEMENT

24' U.C. ACCESS EASEMENT FOR LOTS 15 & 16

MAPLE LAWN WAY
PUBLIC ACCESS PLACE

7' WIDE LEVEL ADJACENT EASEMENT



BMP #2
MICROPOOL EXTENDED
DETENTION POND
HAZARD CLASS 'A'

EX. PERC AREA

TREES

EX. WELL

15 LF. CLASS. RIP-RAP

CATCH POND

EX. WELL

EX. WELL

EX. WELL

EX. WELL

EX. WELL

EX. WELL

EX. WELL

EX. WELL

117

7

170

844

849

845

462

470

470

837

5220

21

69

847

848

859

862

476

472

470

835

923

187

100

846

848

858

860

476

472

470

5218

5217

100

100

847

848

858

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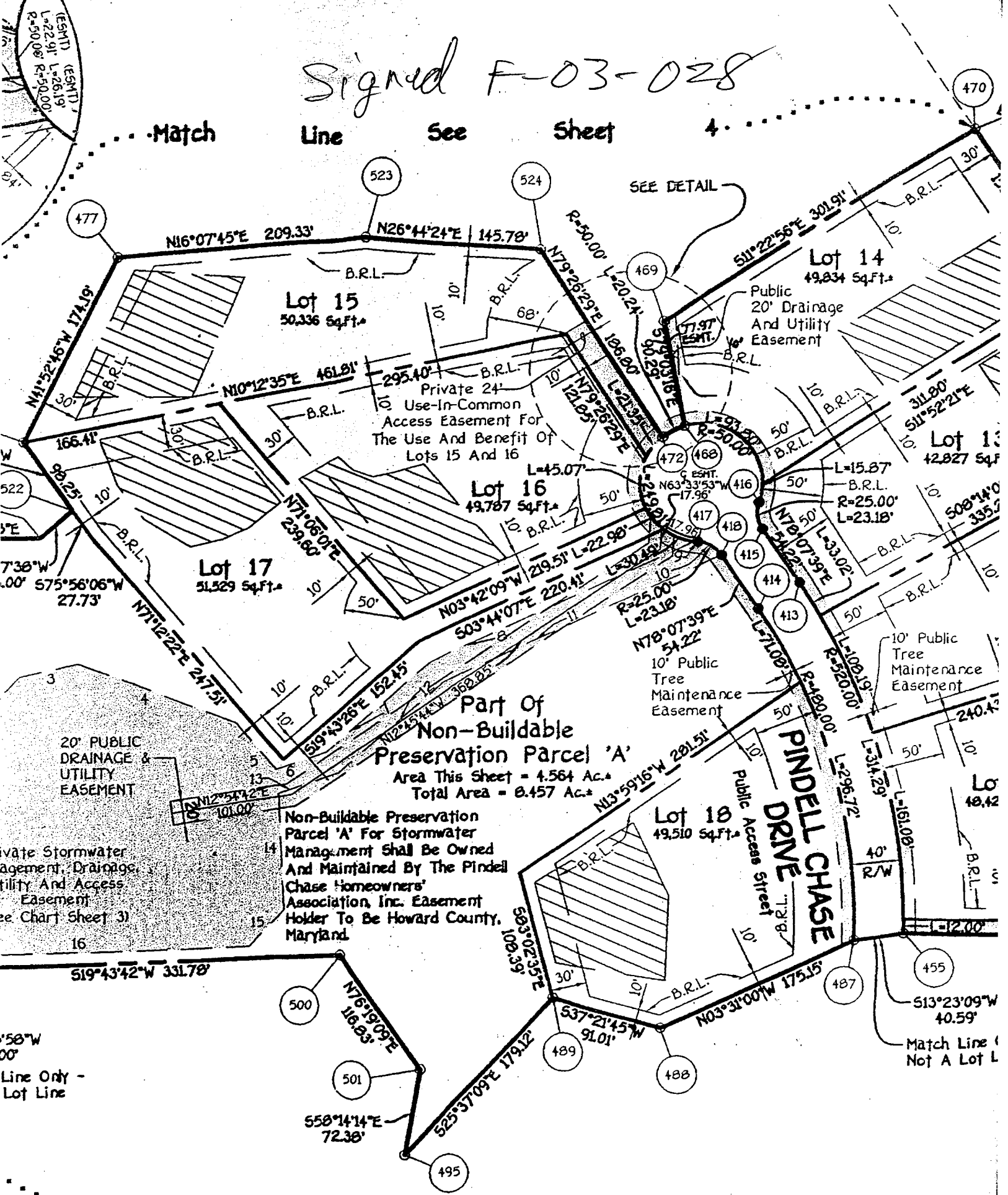
476

472

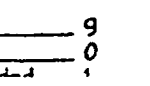
470

Signed F-03-028

Match Line See Sheet 4



Match Line See Sheet



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B0044948

Building Address 11751 Pindell Chase Dr
Columbia MD 21046
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60502 Subdivision Pindell Chase
Section _____ Area _____ Lot 17
Tax Map 41 Parcel 59 Grid 14
Zoning R100 Map Coordinates 1531 Lot size 1.1902

Property Owner's Name Toll MD II
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410 531-8411
Applicant's Name & Mailing Address, (if other than stated hereon):
Mike Fitzgerald
11841 Simpson Rd
Clarksburg 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 Country Club 2 story
Fallout 100 419 PP 3000

Contractor Company Toll MD II
Contact Person Mike Fitzgerald
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 678
Phone 410 531-8471 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: _____	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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>18" x 18"</u> Roof: <u>Asph/Flt</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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Mike Fitzgerald
Applicant's Signature
Contract Project Manager
Title/Company

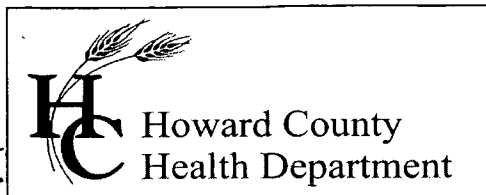
Mike Fitzgerald
Print Name
11/5/03
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>11/20/03</u>	<u>Karen Noonan</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID: 600914
Filing fee \$ 120
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 8284366
Validation # _____
Accepted by [Signature]



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

November 3, 2004

Mr. & Mrs. Romer
11751 Pindell Chase Drive
Fulton, MD 20759

SENT VIA FACSIMILE 410-531-8472

RE: Pindell Chase, Lot 17
11751 Pindell Chase Drive
Fulton, MD 20759
BP #: B00144948
Well Permit # HO-94-3606

Dear Sir:

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 06/07/2004. 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-94-3606. 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: 10/21/2004, 10/25/2004 & 11/02/2004
Date of Well Completion: 01/07/2003

Approving Authority,

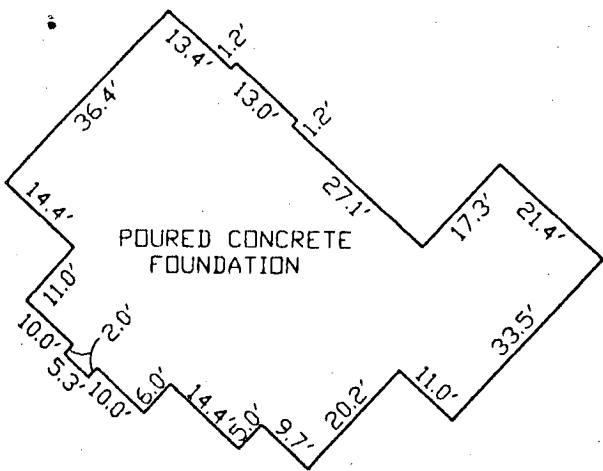
Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

PINDELL CHASE DRIVE
(50' R/W)

10' PUBLIC TREE
MAINT. EASEMENT



FOUNDATION DETAIL

SCALE: 1" = 30'

5-11-04
Wall check
to scale. SDA & well
loc. NOT compromised

(KN)

GRID NORTH

PART OF
NON-BUILDABLE
PRESERVATION
PARCEL A

20' PUBLIC DRAINAGE
AND UTILITY EASEMENT

LOT 15

LOT 16

LOT 17

SEE DETAIL

EXIST. WELL
HO-94-3606

APPROVED
WALK-THRU BUILDING PERMIT

BP# B00151418 A# 514392-R
APP. SAN. KJS DATE: 04/12/04

DESC. OF WORK: 11 x 31' Deck

14 x 17' Screen Pouch

PART OF
NON-BUILDABLE
PRESERVATION
PARCEL A

NON-BUILDABLE
PRESERVATION
PARCEL B

SURVEYOR'S CERTIFICATE

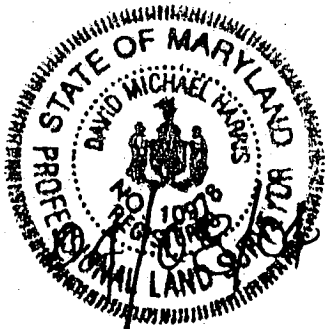
I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 04/06/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON 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. 16074.

NON-BUILDABLE PRESERVATION PARCEL 'A' FOR STORMWATER MANAGEMENT SHALL BE OWNED AND MAINTAINED BY THE PINDELL CHASE HOMEOWNER'S ASSOCIATION, INC. EASEMENT HOLDER TO BE HOWARD COUNTY, MARYLAND.

TOP OF FOUNDATION WALL ELEVATION = 493.1'
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. 17

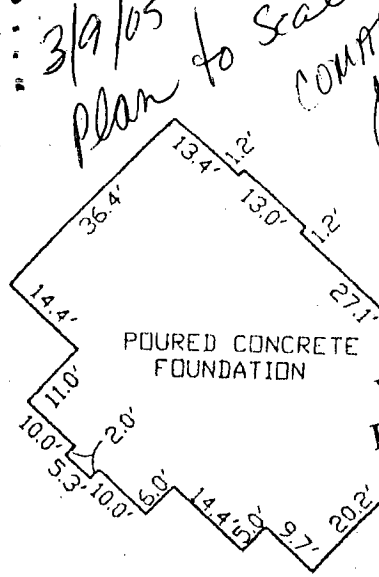
11751 PINDELL CHASE DRIVE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 60' DATE: 04/06/04

BENCHMARK
ENGINEERS & LAND SURVEYORS & PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE A SUITE 418
ELLCOTT CITY, MARYLAND 21043
phone: 410-485-8105 & fax: 410-485-8844
email: Benchmark@cole.com

3/9/05
 Plan to Scale +
 COMPARE REGS

PINDELL CHASE DRIVE
 (50' R/W)

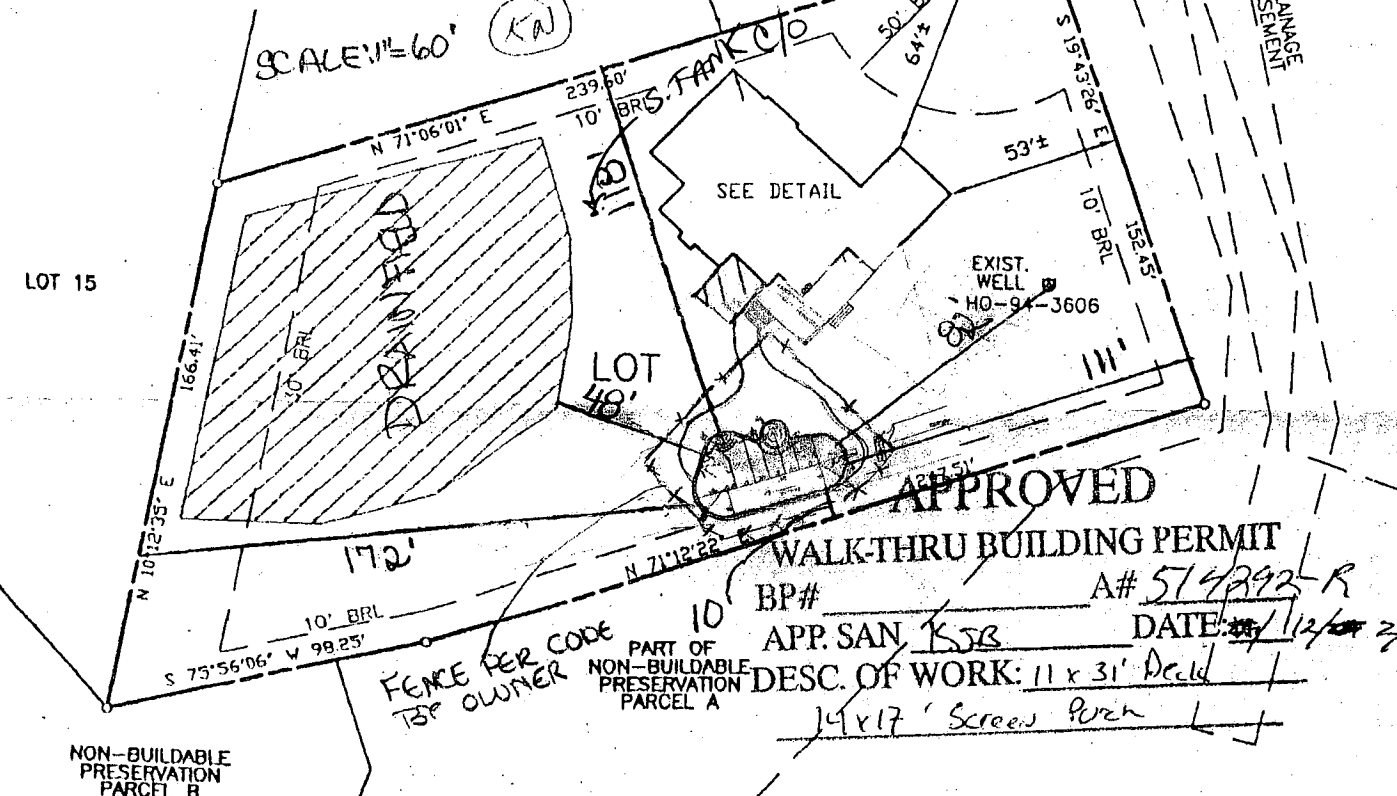


APPROVED
WALK-THRU BUILDING PERMIT
 BP# 60053880
 APP. SAN Kas...
 DATE: 3-9-05
 DESC. OF WORK: inground pool

FOUNDATION DETAIL
 SCALE: 1" = 30'

5-11-04
 will check
 to scale SDAE well
 loc. NOT compromised

SCALE: 1" = 60'



APPROVED
WALK-THRU BUILDING PERMIT
 BP# 514292-R
 APP. SAN KSR
 DATE: 04/12/06
 DESC. OF WORK: 11 x 31' Deck
14 x 17' Screen Pouch

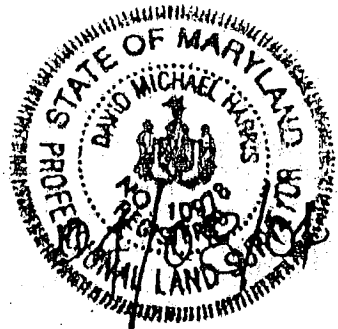
SURVEYOR'S CERTIFICATE

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. 16074.

NON-BUILDABLE PRESERVATION PARCEL 'A' FOR STORMWATER MANAGEMENT SHALL BE OWNED AND MAINTAINED BY THE PINDELL CHASE HOMEOWNER'S ASSOCIATION, INC. EASEMENT HOLDER TO BE HOWARD COUNTY, MARYLAND.

TOP OF FOUNDATION WALL ELEVATION = 493.1'
 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
ENGINEERING, INC.
 ENGINEERS & LAND SURVEYORS & PLANNERS
 8480 BALTIMORE NATIONAL PIKE & SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 Phone: 410-483-8105 & Fax: 410-483-8644
 email: Benchmark@ccdc.com

WALL CHECK
 PINDELL CHASE
 LOTS 1 THRU 24
 LOT No. 17
 11751 PINDELL CHASE DRIVE
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60' DATE: 04/06/04