

LAYOUT 4/8/04 INSP 4 4/23/04
 INSP 2 4/12/04 INSP 5 _____
 INSP 3 4/19/04 PM INSP 6 _____

ISSUE DATE: 4/5/2004 **PERMIT** P 520133

APPROVAL DATE: 4/26/04 TAX ID # 05-437075 A 514292-U

430478

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

INDEXED

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Pindell Chase LOT NUMBER: 20
 ADDRESS: 11723 Pindell Chase Drive PROPERTY OWNER: Toll MD II
 SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
 PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED
 NUMBER OF BEDROOMS: 4
 SQUARE FEET PER BEDROOM: 180
 LINEAR FEET OF TRENCH REQUIRED: 240 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:	Place the distribution box on the highest useable contour.
NOTES:	Install 3-80' long trenches, on contour, with 9' edge to edge trench separation. Basement cannot be serviced by gravity.

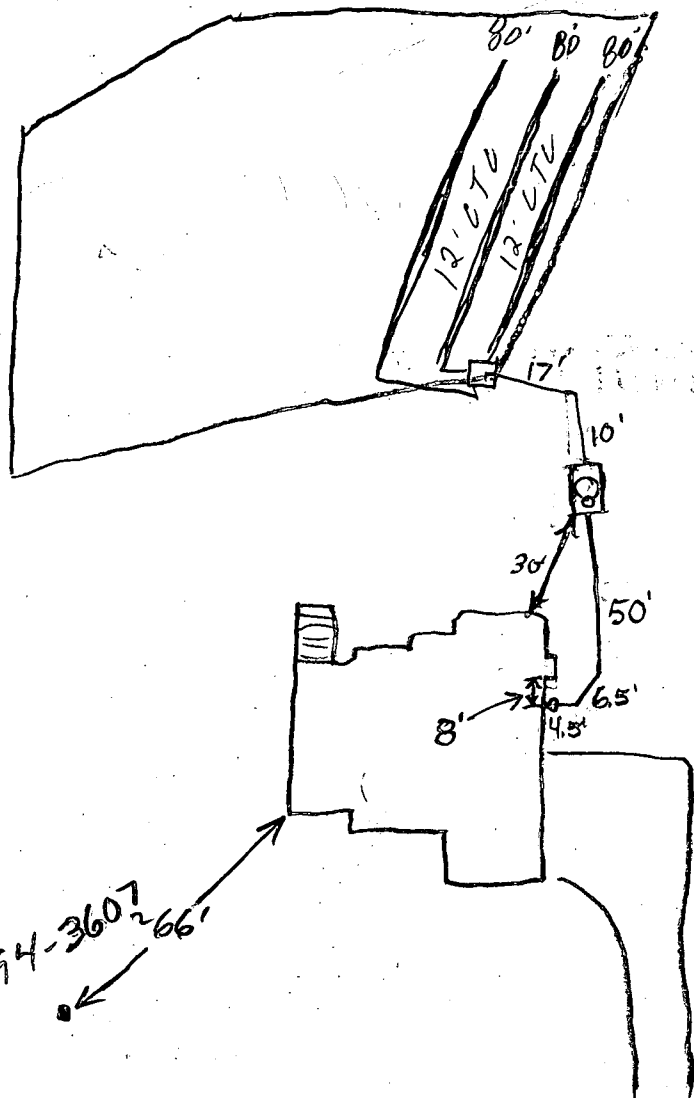
PLANS APPROVED: John A. Boris **(KN)** DATE: 10/21/03

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
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

4514292-U

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720#
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		✓

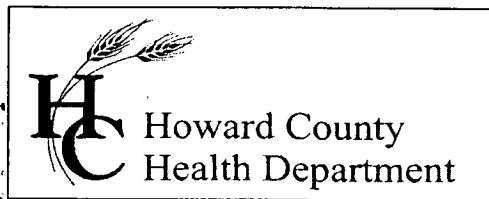
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC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

Pindell Chase Dr ROAD

PRE-CONSTRUCTION 4/8/04 - SRA staked, contour accurate. Install (3) 80' trenches w/ D.B. in corner of SRA (SO)

INSTALLATION 4/12/04 - Not ready (SO) 4/19/04 - Tank set, trenches installed OK to cover (SO) 4/24/04 Baffles installed. 4/26/04 Manhole installed. House connection finished. O.K. to cover everything. (BB)

FINAL INSPECTOR B Baker DATE OF APPROVAL 4/26/04



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

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

June 3, 2004

Toll MD II
7164 Columbia Gateway Dr., Ste. 230
Columbia, MD 21045

SENT VIA FACSIMILE 410-531-8472

RE: 11723 Pindell Chase Drive
Pindell Chase, Lot 20
BP # B00144413
Well Permit # HO-94-3607

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 04/26/2004. Final approval of the well line connection to the dwelling was approved on 04/29/2004.**

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-94-3607. 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.**

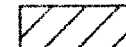
Date of Water Samples: 06/2/2004
Date of Well Completion: 01/18/2003

Approving Authority,

John Boris, R. S.
Well & Septic Program

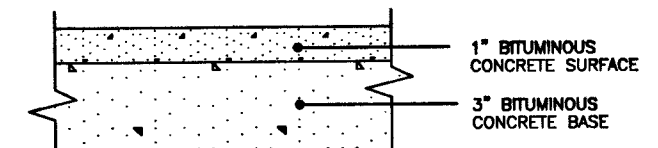
cc: Building Inspector's Office
Community Health Services
File

NOTES:

1. THE LOT SHOWN HEREON WAS RECORDED ON PLAT NUMBER 16073. REFER TO THIS PLAT FOR LOT DIMENSIONS, LOT AREAS, ALL EASEMENTS AND BUILDING RESTRICTIONS.
2.  THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. SEDIMENT AND EROSION CONTROLS WERE APPROVED BY HOWARD SOIL CONSERVATION DISTRICT UNDER F-03-28 AND SHALL COMPLY WITH THE 1994 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL.
4. EXACT LENGTH OF SEPTIC TRENCHES ARE 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-94-3607) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-25-03 AND IS ACCURATELY SHOWN.

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	494.2
INV. IN TANK	493.4
INV. OUT TANK	493.1
TOP OF TANK	494.4
GROUND OVER TANK	496.0
INV. IN DIST. BOX	491.5
GROUND OVER BOX	493.5









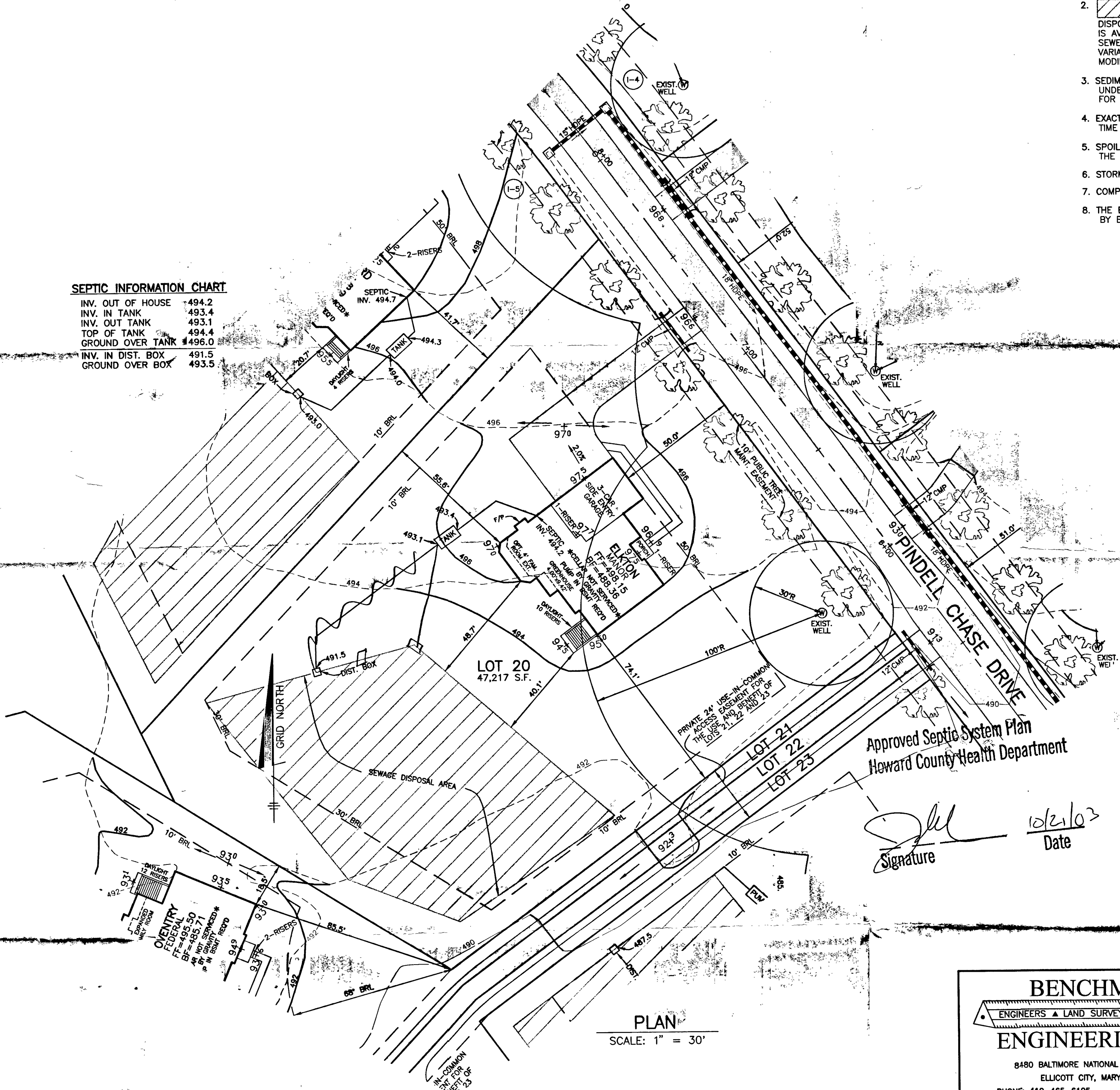
FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL

NOT TO SCALE

LEGEND

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



PLAN

SCALE: 1" = 30'

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
10/21/03
Date

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 20	
LOCATION: 11723 PINDELL CHASE DRIVE TAX MAP 41, GRID 7,8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
TITLE: PLOT PLAN	
HOUSE TYPE: ELKTON	
DATE: OCTOBER 1, 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 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Foales Well Drilling Telephone #: 410-795-5670
 Address: 580 Obrecht Rd
Salesville, 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# MSP 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. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
 Subdivision: Pindell Chase Lot #: 20 Well Tag #: HO-94-3607
 Site Address: 11723 Pindell Chase DR

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>Camble</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>55807422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>5</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>1.5</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>375</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 17.8.4
 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

<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, 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: 5-22-04

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

Date Insp. Requested: 4/29/04 Date Insp. Approved: 4/29/04 OB *mlb*
 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 14372

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER 514292-U

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94 3607

OWNER TOLL BROTHERS STREET OR RFD PINDELL CHASE DRIVE TOWN COLUMBIA SUBDIVISION PINDELL CHASE SECTION LOT 20

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown mica, Gray mica, White, Gray mica, White, Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 30, NO. OF POUNDS 2820, GALLONS OF WATER 180, DEPTH OF GROUT SEAL 0 to 85 ft.

CASING RECORD: casing types insert appropriate code below (ST, PL, CO, OT)

MAIN CASING TYPE: ST, Nominal diameter top (main) casing 06, Total depth of main casing 90

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

SCREEN RECORD: screen type or open hole (ST, BR, HO, PL, OT)

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

DEPTH table with columns 1-51 and rows E, A, C, H, S, R, E, N. Includes slot size and diameter of screen information.

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A, E, P

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-S-D-009, DRILLERS SIGNATURE, LIC. NO. D

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

C 3 PUMPING TEST: HOURS PUMPED 06, PUMPING RATE 1.5 gal. per min., MEASURE PUMPING RATE 1 gal, WATER LEVEL 28 ft. before, 200 ft. when pumping, TYPE OF PUMP USED (S) submersible

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37-41, PUMP COLUMN LENGTH 43-47, CASING HEIGHT 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)

See PLAT

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3607
 Location of property (road) PINDELL CHASE DRIVE
 Subdivision PINDELL CHASE Lot 20 Block _____ Plat _____ Sec. _____
 Well Driller FOGLES WELL DRILLING Owner TOLL BROTHERS

Depth of well 375'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 28'

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 20
 Total time ~~30~~ 30 min to reach pumping water level 200 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)
8:30	28	3		20
9:00	200	40		1.5
9:15	200	40		1.5
9:30	200	40		1.5
9:45	200	40		1.5
10:00	200	40		1.5
10:15	200	40		1.5
10:30	200	40		1.5
10:45	200	40		1.5
11:00	200	40		1.5
11:15	200	40		1.5
11:30	200	40		1.5
11:45	200	40		1.5
12:00	200	40		1.5
12:15	200	40		1.5
12:30	200	40		1.5
12:45	200	40		1.5
1:00	200	40		1.5
1:15	200	40		1.5
1:30	200	40		1.5
1:45	200	40		1.5
2:00	200	40		1.5
2:15	200	40		1.5
2:30	200	40		1.5

B 1 6265

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3607 fill in this form completely

WS19994 please type

Date Received (APA) 11-22-02

OWNER INFORMATION

Toll Brothers 6830 Creekside Rd. Clarksville md 21029

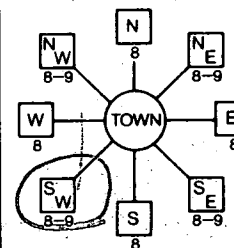
B 3 LOCATION OF WELL

Howard Pindel Chase Charlesville Hunt Chase Columbia

DRILLER INFORMATION

Allen Compton M SD 009 Fogles Well Drilling 580 Obrecht Rd

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHASE DRIVE Pindel School Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 350 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 41 BLK: 14 PARCEL 59

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled) Farming, Industrial, Public Water Supply Well, Test, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD 514292-V COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 12/13/02 CO SIGNATURE EXP. DATE 12/13/02 NORTH GRID 486000 EAST GRID 822000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well (circled) 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 deepen an existing well

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

APPROP. PERMIT NUMBER G PERMIT No. HO-94-3607

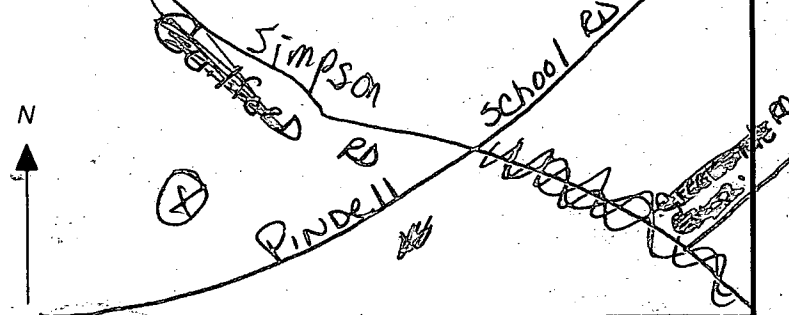
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

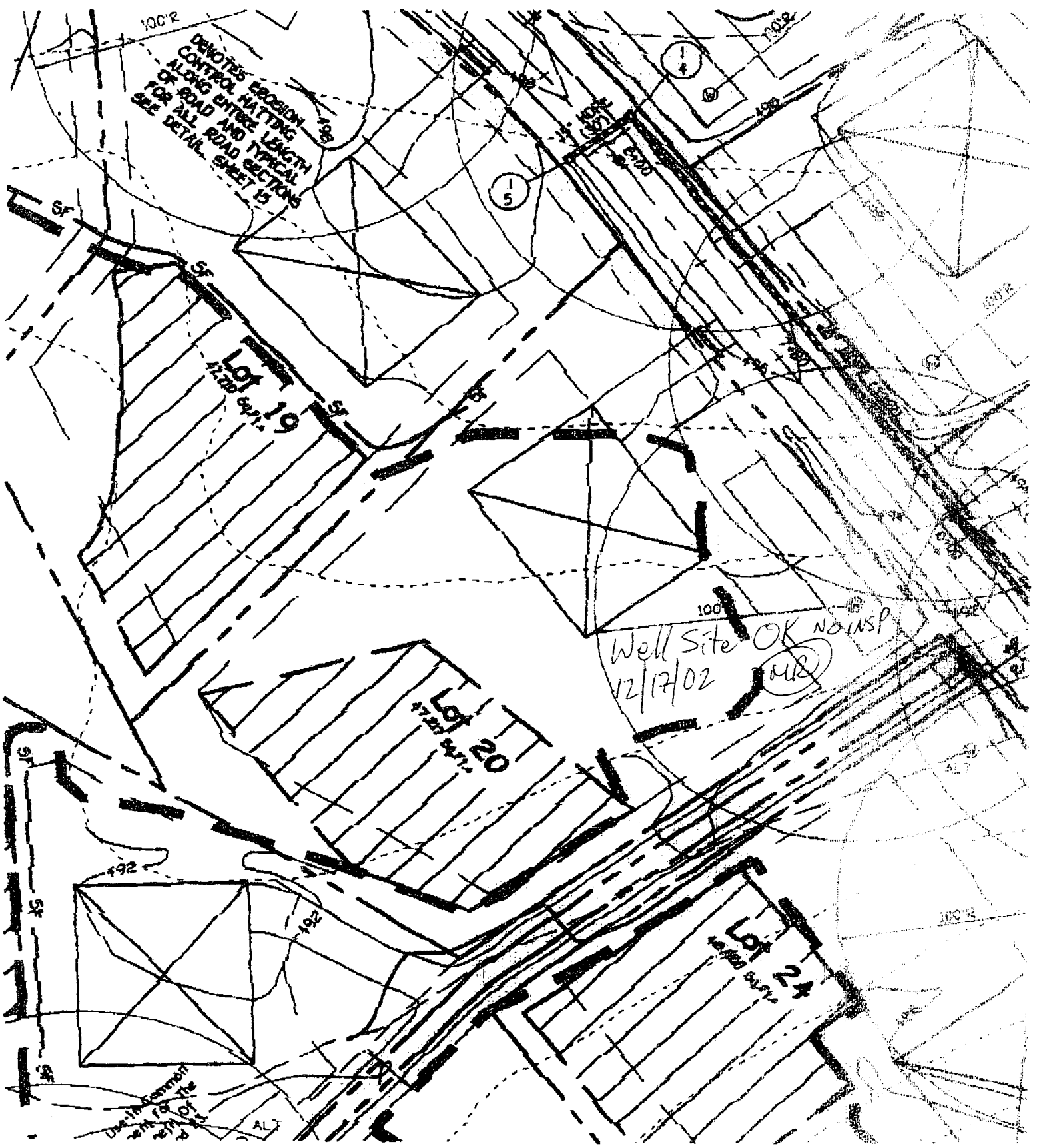
E 8222 N 48000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



DEVIATED SECTION
 CONTROL POINTS
 ALONG ENTIRE LENGTH
 OF ROAD AND TYPICAL
 FOR ALL ROAD SECTIONS
 SEE DETAIL SHEET 15

Well Site OK NO INSP
 12/17/02

Lot 19
 1/220 sq. ft.

Lot 20
 1/220 sq. ft.

Lot 24
 1/220 sq. ft.

Use information
 with care
 see detail
 sheet 15

ALT

APPLICATION

PERCOLATION TESTING

A 514292-U

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. 25, 24, 20

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

ALL HOLES

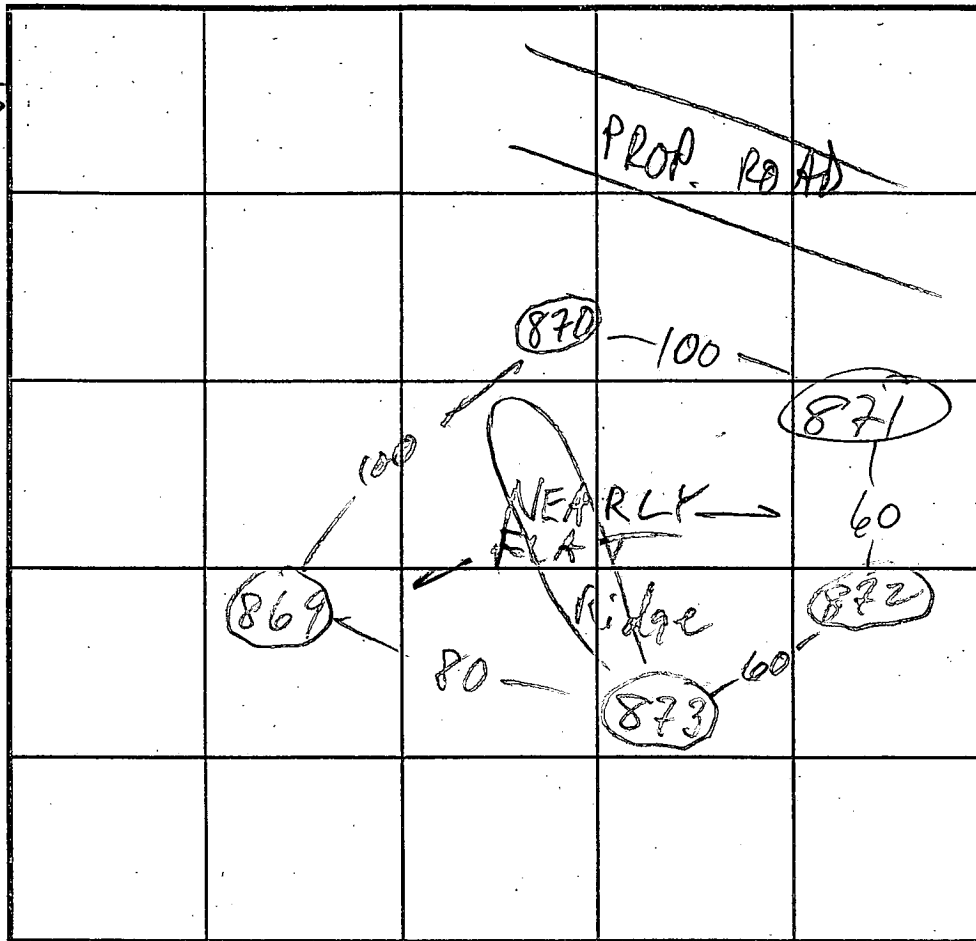
0' orgebrn
sacclm

5' red tan
yel lt. brn
semicalm
10-20%
frags

13-13'9"

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/28/00	869	6	2:40	2:41	2:41	2:43	2	
	869	13'2"	OK see profile					
	873	6	3:00	3:01	3:01	3:04	3	
	873	13	OK see profile					
	872	6'3"	3:07	3:12	3:12	3:22	10	
	872	13'9"	OK see profile					
	870	6'2"	3:29	3:33	3:33	3:42	9	
	870	13	OK see profile					
12/29/00	871	10 1/2	10:31	10:32	10:32	10:34	2	
	871	13	OK see profile					

REMARKS HOLES PER PLAN

TYPE OF SOIL _____

TESTED BY M. R. R. Kin

ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

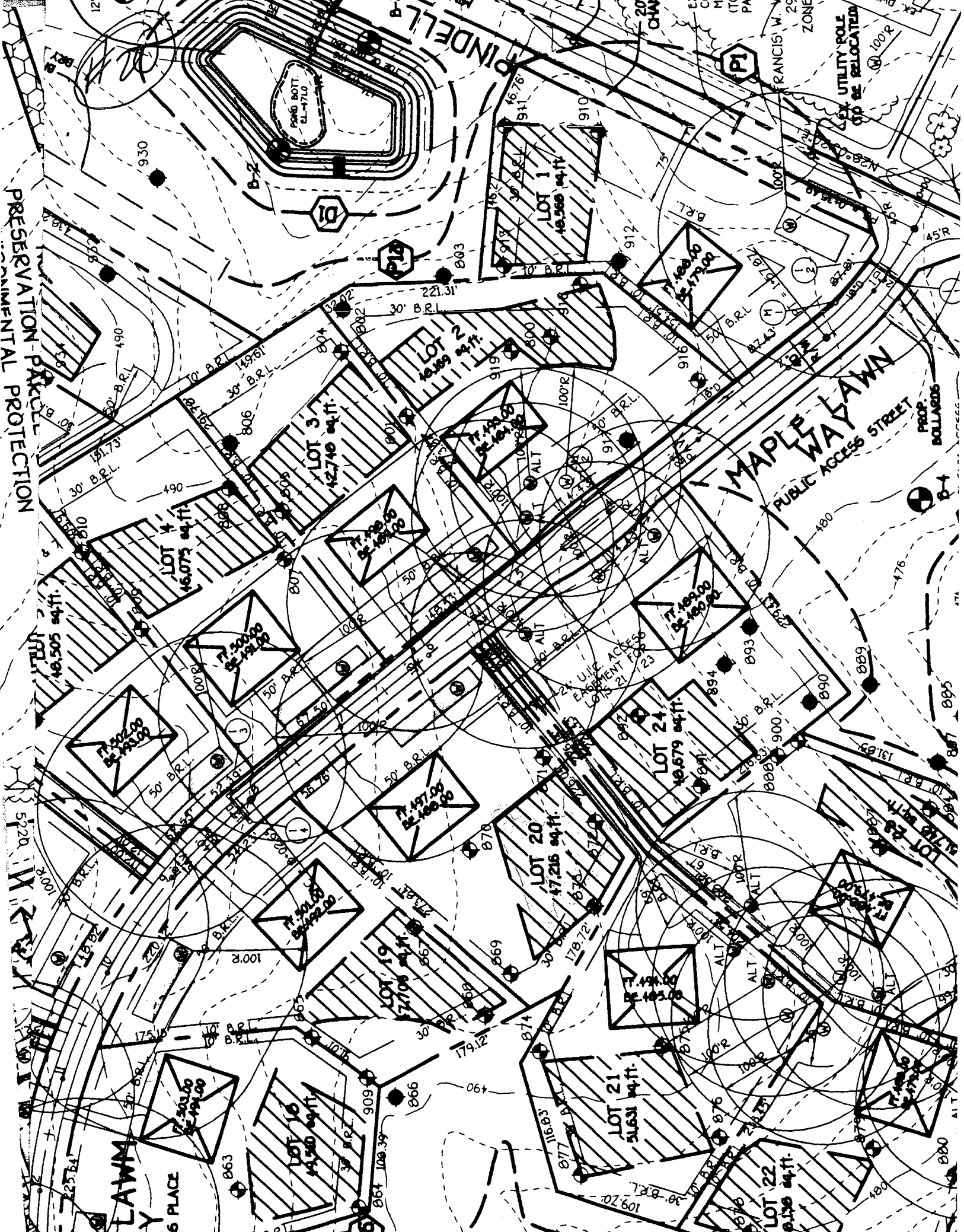
TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT./BEDROOM _____

PRESERVATION PARK
ENVIRONMENTAL PROTECTION



LOT 1
16,568 sq. ft.

LOT 2
16,568 sq. ft.

LOT 3
12,748 sq. ft.

LOT 4
16,073 sq. ft.

LOT 5
16,505 sq. ft.

LOT 6
17,328 sq. ft.

LOT 7
17,328 sq. ft.

LOT 8
17,328 sq. ft.

LOT 9
17,328 sq. ft.

LOT 10
17,328 sq. ft.

LOT 11
17,328 sq. ft.

LOT 12
17,328 sq. ft.

LOT 13
17,328 sq. ft.

LOT 14
17,328 sq. ft.

LOT 15
17,328 sq. ft.

LOT 16
17,328 sq. ft.

LOT 17
17,328 sq. ft.

LOT 18
17,328 sq. ft.

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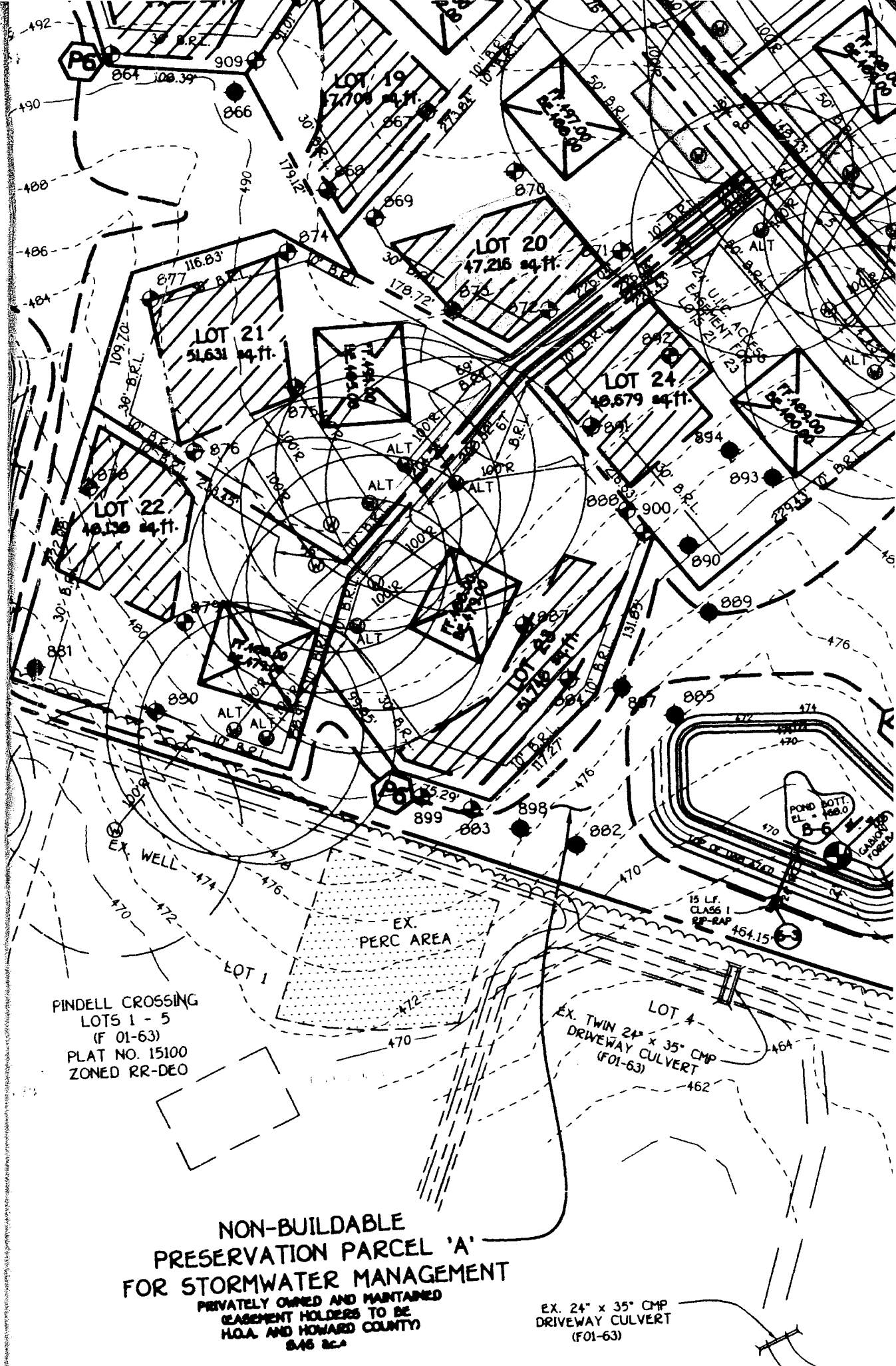
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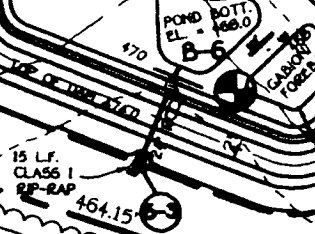
LOT 252
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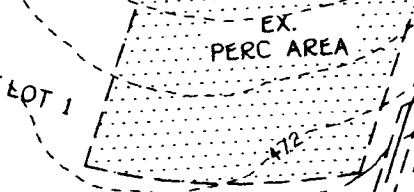
PINDELL CROSSING
 LOTS 1 - 5
 (F 01-63)
 PLAT NO. 15100
 ZONED RR-DEO

**NON-BUILDABLE
 PRESERVATION PARCEL 'A'
 FOR STORMWATER MANAGEMENT**
 PRIVATELY OWNED AND MAINTAINED
 (LEASEMENT HOLDERS TO BE
 H.O.A. AND HOWARD COUNTY)
 646 S.C.

EX. 24" x 35" CMP
 DRIVEWAY CULVERT
 (F01-63)



LOT 4
 EX. TWIN 24" x 35" CMP
 DRIVEWAY CULVERT
 (F01-63)



EX. WELL

LOT 1

LOT 4

POND BOTT.
 EL. 468.0

15 LF.
 CLASS 1
 RP-RAP

CABONITE
 COVER

EX. TWIN 24" x 35" CMP
 DRIVEWAY CULVERT
 (F01-63)

