

LAYOUT 4/3/04 Am INSP 4 4/19/04 PM
 INSP 2 4/7/04 PM INSP 5 _____
 INSP 3 4/8/04 INSP 6 _____

ISSUE DATE: 2/27/2004

APPROVAL DATE: 4/19/04

PERMIT INDEXED

P 520073

A 514292-V

RPS
05-437113

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER
 ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670
 SUBDIVISION: Pindell Chase LOT NUMBER: 21
 ADDRESS: 11719 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 7.0 feet below original grade. Effective area begins at 5.5 feet below original grade. 3.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan.
NOTES:	Install 4-60' long trenches on contour with 9' edge to edge trench separation.

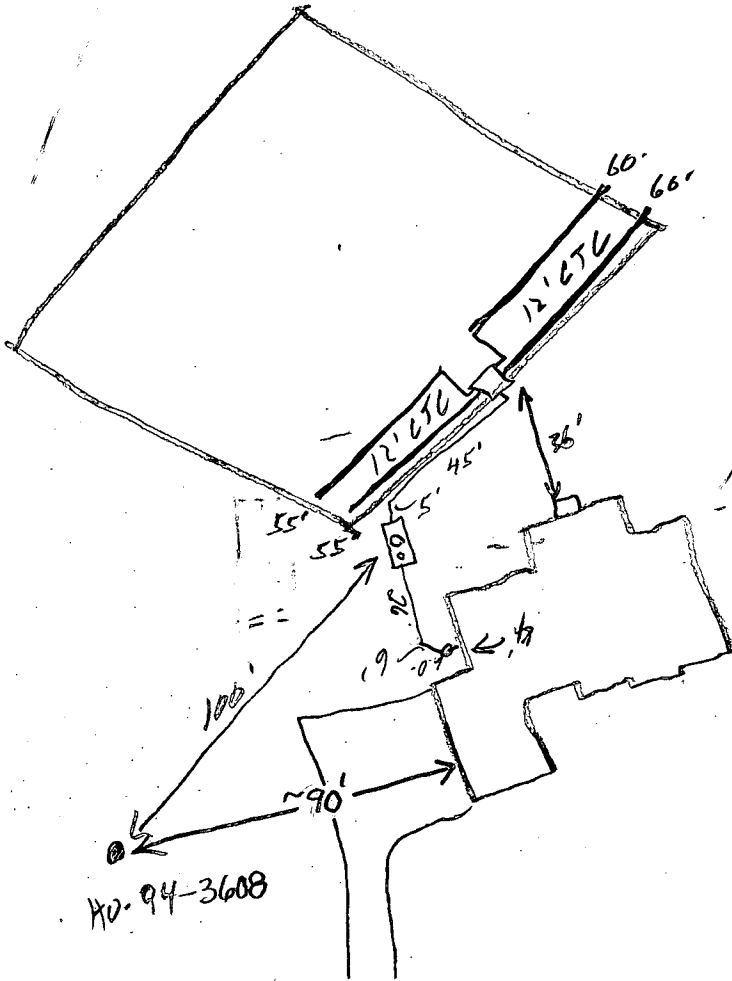
PLANS APPROVED: John A. Boris / KN DATE: 10/21/03

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 BUILDING PERMIT SIGNED 3-31-05 800-152945-DECK AND RETURNED

A514292-V

NOT TO SCALE



ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	7'
NUMBER OF TRENCHES		4
TOTAL LENGTH		230'
ABSORPTION AREA		6904
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

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

PRE-CONSTRUCTION 4/5/04 SDA Staked; center approx to be correct. Install per building plan (KB)

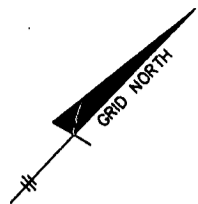
INSTALLATION 4/7/04 - Not Ready (SO)

4/19/04 - OK to cover all work (SO)

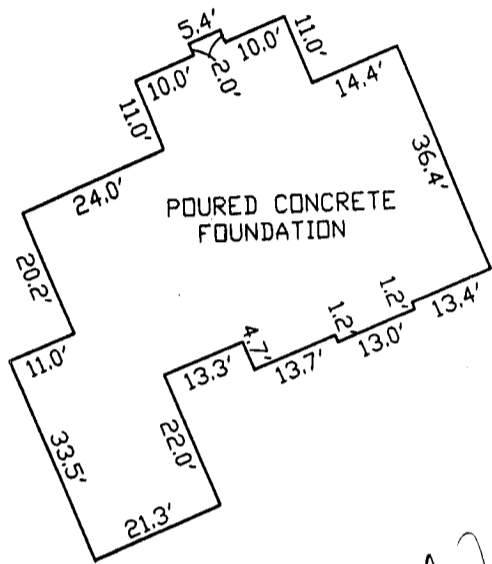
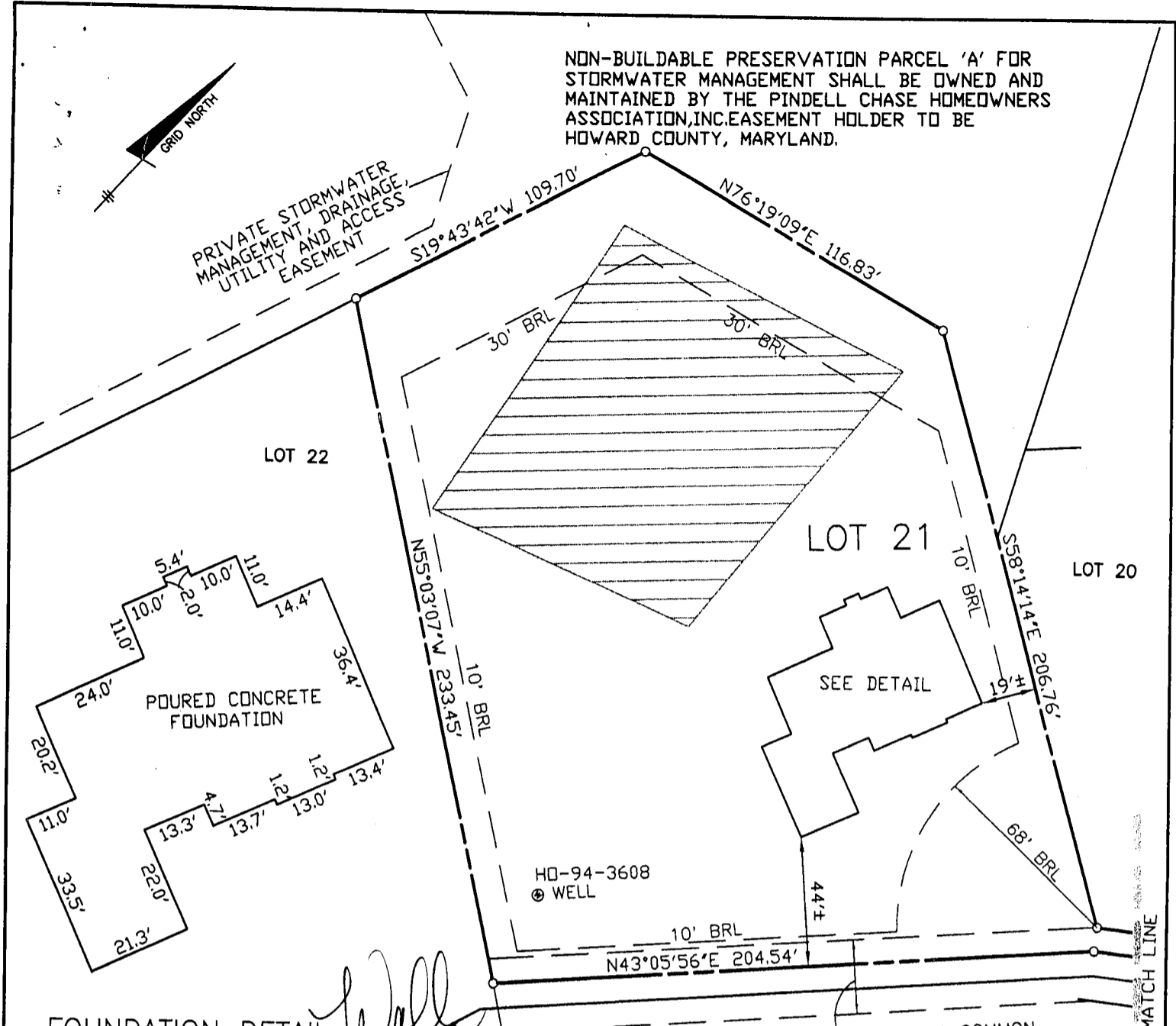
FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/19/04

BUILDING PERMIT DIVISION
APPROVED AND RETURNED

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



PRIVATE STORMWATER MANAGEMENT, DRAINAGE, UTILITY AND ACCESS EASEMENT



FOUNDATION DETAIL
SCALE: 1" = 30'

Wall Check
2/27/04
No mov't
OK
KN

PRIVATE 24' USE-IN-COMMON ACCESS EASEMENT FOR THE USE AND BENEFIT OF LOTS 21, 22 AND 23

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 02/04/04; 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. 16073

TOP OF FOUNDATION WALL ELEVATION = 494.5'
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. 16073
FEMA FIRM No. 240044 0038 B
ZONE: C
DATED: 12/04/86



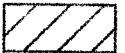
WALL CHECK
PINDELL CHASE
LOTS 1 THRU 24
LOT No. 21

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-465-6105 • fax: 410-465-6844
email: Benchmark@ccola.com

11719 PINDELL CHASE DRIVE
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 02/04/04

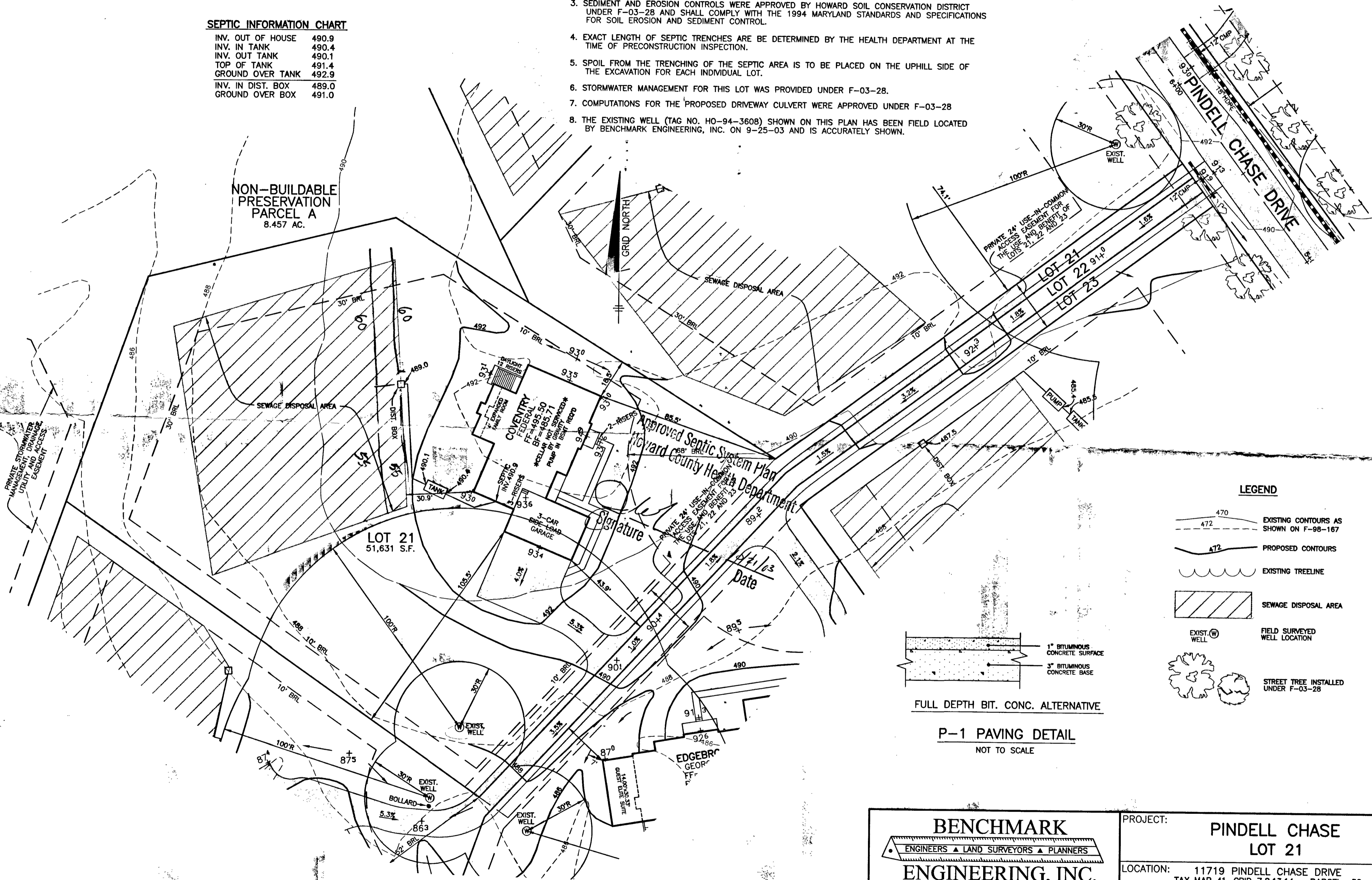
NOTES:

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-94-3608) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON 9-25-03 AND IS ACCURATELY SHOWN.

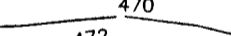

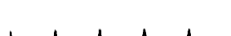
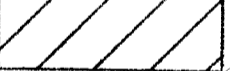


SEPTIC INFORMATION CHART

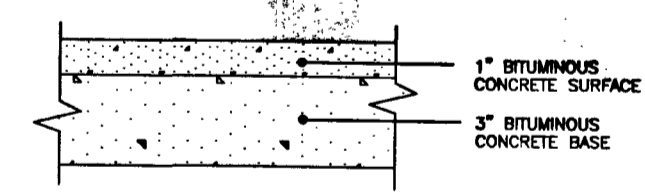
INV. OUT OF HOUSE	490.9
INV. IN TANK	490.4
INV. OUT TANK	490.1
TOP OF TANK	491.4
GROUND OVER TANK	492.9
INV. IN DIST. BOX	489.0
GROUND OVER BOX	491.0

NON-BUILDABLE PRESERVATION PARCEL A
8.457 AC.



LEGEND

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



FULL DEPTH BIT. CONC. ALTERNATIVE

P-1 PAVING DETAIL
NOT TO SCALE

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>	<p>PROJECT: PINDELL CHASE LOT 21</p>	
	<p>LOCATION: 11719 PINDELL CHASE DRIVE TAX MAP 41, GRID 7,8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>	
<p>BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>	<p>TITLE: PLOT PLAN</p>	
	<p>HOUSE TYPE: COVENTRY</p>	
	<p>DATE: OCTOBER 1, 2003</p>	<p>PROJECT NO. 1638</p>
<p>SCALE: AS SHOWN</p>		<p>DRAWING 1 OF 1</p>

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: Froakes Well Drilling Telephone #: 410-795-5670
Address: 580 Obrecht Rd
Sylkesville 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. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Pindell Chase Lot #: 21 Well Tag #: HO 94-3608
Site Address: 11719 Pindell Chase Dr

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: Campbell Two piece watertight cap: yes
Model #: 75B67422 Model#: N/A Screened, vented well cap: yes
Pump Capacity 7 GPM Depth: 36 (36" min) Cap secured to casing: yes
Well Yield: 2 GPM NSF approved: yes Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: 400 (feet) Conduit secured to well cap: yes
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 House Connection
Type: 1" Black Plastic PVC sleeved to undisturbed soil at wall penetration: yes
PSI: 160 (160 psi min) Approximate length of sleeve: 5
Depth of supply line: 42 (36" min) 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] 6-16-04
Signature of company representative responsible for installation date

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

Date Insp. Requested: _____ Date Insp. Approved: 6/24/04
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

6/9/04
Cap Needs
To Be
Replaced.
(BB)

HD-215 (Rev. 8/00)

6/24/04
Builder said he would make sure Bolt fixed, tightened. (BB)
6/18/04 Cap replaced, O.K. but missing one well cap bolt nut. (BB)

14373 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER 514292-V

ST/CO USE ONLY
 DATE RECEIVED MM 02 DD 10 YR 03
 DATE WELL COMPLETED MM 11 DD 03

Depth of Well 400 (TO NEAREST FOOT)
 2-11-03 OK

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3608

OWNER TOLL BROTHERS
 STREET OR RFD PINDELL CHASE DRIVE TOWN COLUMBIA
 SUBDIVISION PINDELL CHASE SECTION LOT 21

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	98	
Gray mica	98	135	
White	135	136	✓
Gray mica	136	360	
White	360	361	✓
Gray mica	361	400	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 50 NO. OF POUNDS 4760
 GALLONS OF WATER 300
 DEPTH OF GROUT SEAL (to nearest foot) from 9 ft. to 95 ft.

PUMPING TEST
 HOURS PUMPED (nearest hour) 06
 PUMPING RATE (gal. per min.) 2
 METHOD USED TO MEASURE PUMPING RATE 19 gal
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 34 ft.
 WHEN PUMPING 144 ft.
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 105

PUMP INSTALLED
 DRILLER INSTALLED PUMP 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
 PUMP HORSE POWER 37
 PUMP COLUMN LENGTH (nearest ft.) 41
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE
 below } 02 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0
 WELL HYDROFRACTURED YES NO
 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

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.)
 105 400
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60
 from to

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)

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.
 DRILLERS LIC. NO. MS D009
 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
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

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

SEE PLAT

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3608
 Location of property (road) PINDELL CHASE DRIVE
 Subdivision PINDELL CHASE Lot 21 Block _____ Plat _____ Sec. _____
 Well Driller FOGLER WELL DRILLING Owner TOLL BROTHERS

Depth of well 400'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 34'

I. High rate pumping -- reservoir drawdown

Time pump started _____ Pumping rate _____
 Total time 15 MIN to reach pumping water level 144 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	34	3		20
8:15	144	30		2
8:30	144	30		2
8:45	144	30		2
9:00	144	30		2
9:15	144	30		2
9:30	144	30		2
9:45	144	30		2
10:00	144	30		2
10:15	144	30		2
10:30	144	30		2
10:45	144	30		2
11:00	144	30		2
11:15	144	30		2
11:30	144	30		2
11:45	144	30		2
12:00	144	30		2
12:15	144	30		2
12:30	144	30		2
12:45	144	30		2
1:00	144	30		2
1:15	144	30		2
1:30	144	30		2
1:45	144	30		2
HD-224 2:00	144	30		2
2:15	144	30		2

B 1 **6267**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3608
fill in this form completely

W517994 please type

Date Received (APA)

11-22-02

OWNER INFORMATION

Toll Brothers
Last Name Owner First Name
6830 Creekside Rd
Street or RFD
Clarksville md 21029
Town State Zip

B 3

LOCATION OF WELL

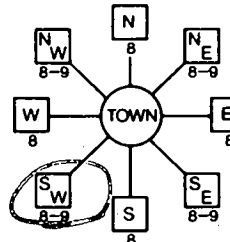
Howard COUNTY
Clarksville Hunt SUBDIVISION
SECTION **21** LOT **21**
Columbia NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **6** M I

DRILLER INFORMATION

Allen Compton MS D 009
Driller's Name License No.
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)



CHASE DRIVE
Pindell School Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
402
DISTANCE FROM ROAD
ENTER FT OR MI
TAX MAP: **41** BLK: **14** PARCEL: **59**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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
514292-V COUNTY NO.
STATE SIGNATURE
DATE ISSUED **12/30/02**
CO SIGNATURE **Mark R. Kim** EXP DATE **12/31/03**
NORTH GRID **486 000** EAST GRID **822 000**

APPROXIMATE DEPTH OF WELL **300** FEET

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)
- CABLE REVERSE-ROTARY DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

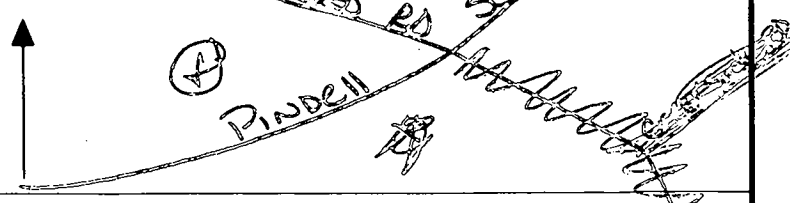
- SOURCES OF DRILLING WATER
- 1. **WELL**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **822 2**
N **486 86**

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

N



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 DEEPEMED AN EXISTING WELL

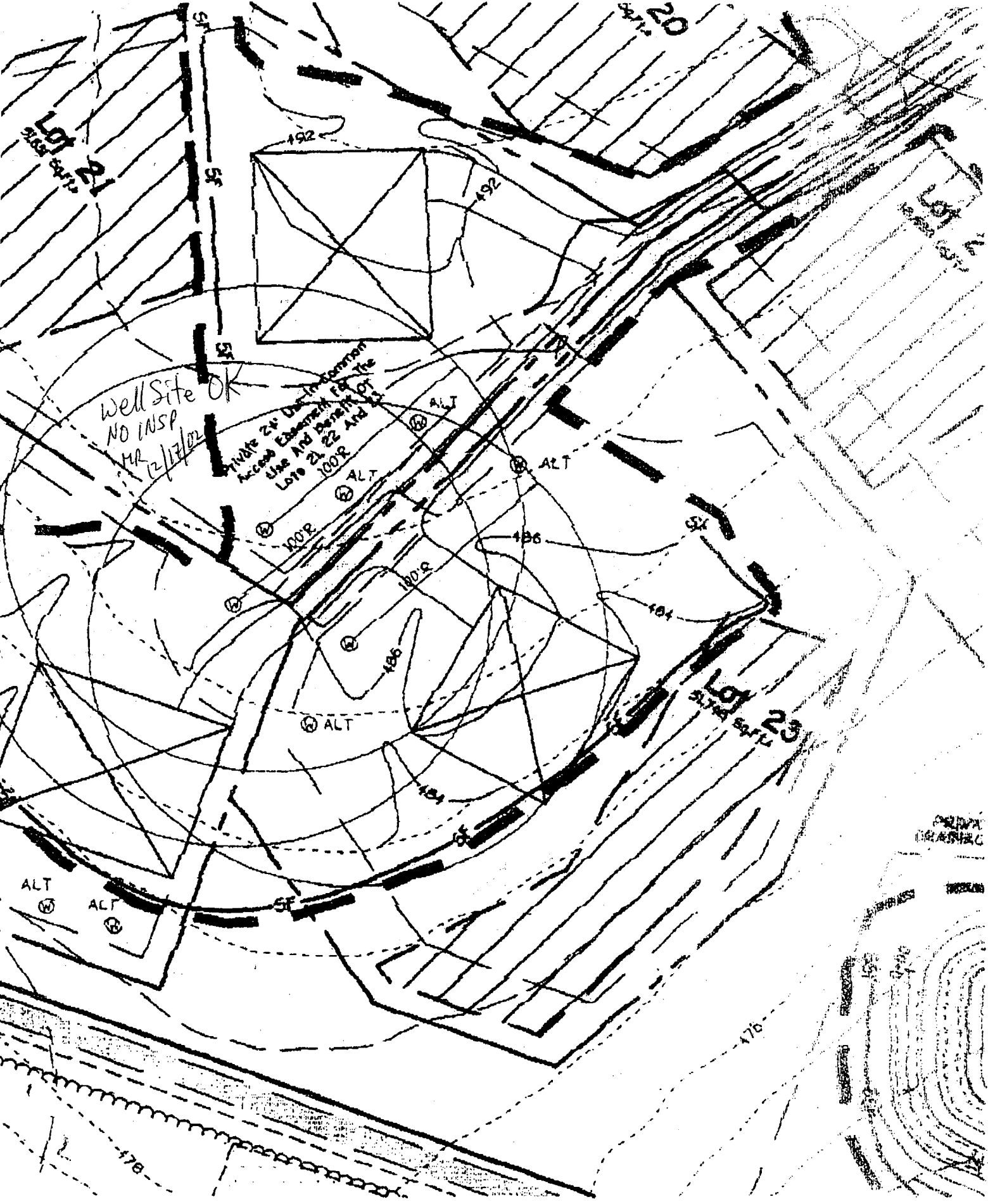
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROX. PERMIT NUMBER _____
PERMIT No. **HO-94-3608**

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



OWNER'S RECORD

APPLICATION

PERCOLATION TESTING

A 514292-V

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 21

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

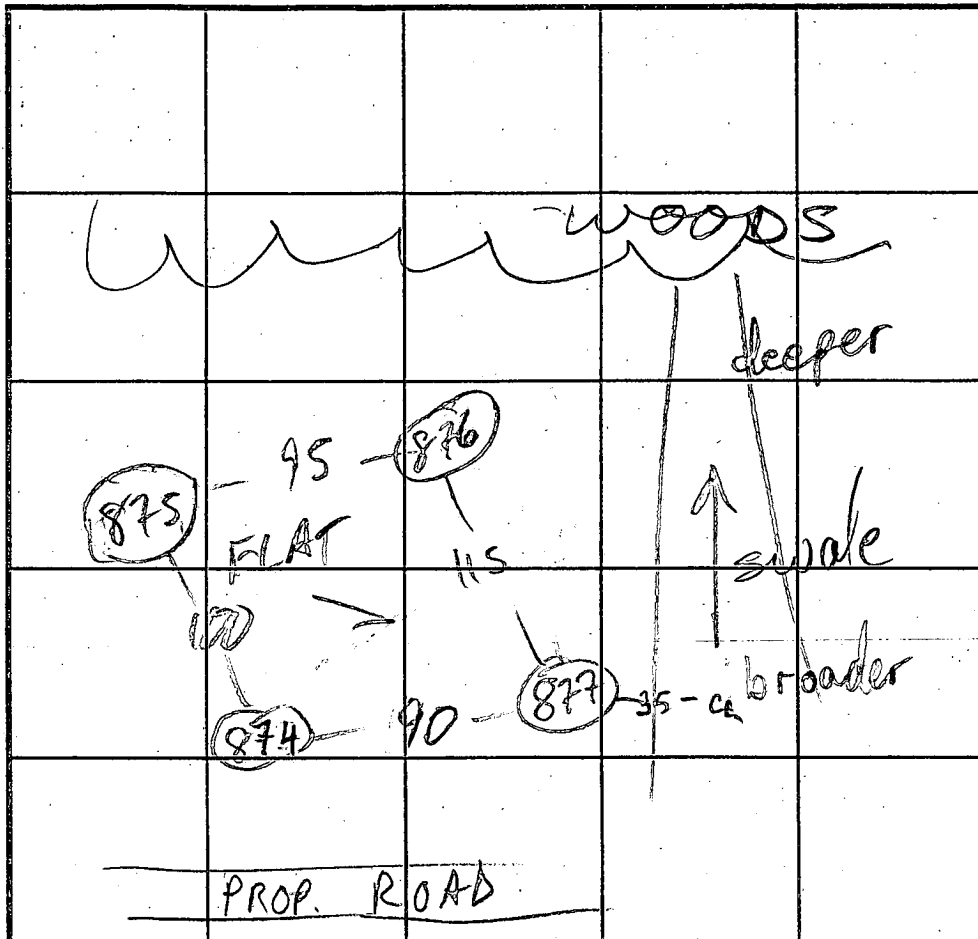
COUNTY #

LOT No. _____

SOIL PROFILE

SOIL PROFILE

0'
 877
 brn orge
 sac l m
 4'
 tan red
 brn yel
 sa mica
 l m
 10%
 frags
 12'10"



0'
 SOIL PROFILE

876 875 874

brn red
 orge
 sac l m
 1/2'
 tan brn
 yel
 sa mica
 l m
 10% frags
 12'8"
 -13'2"

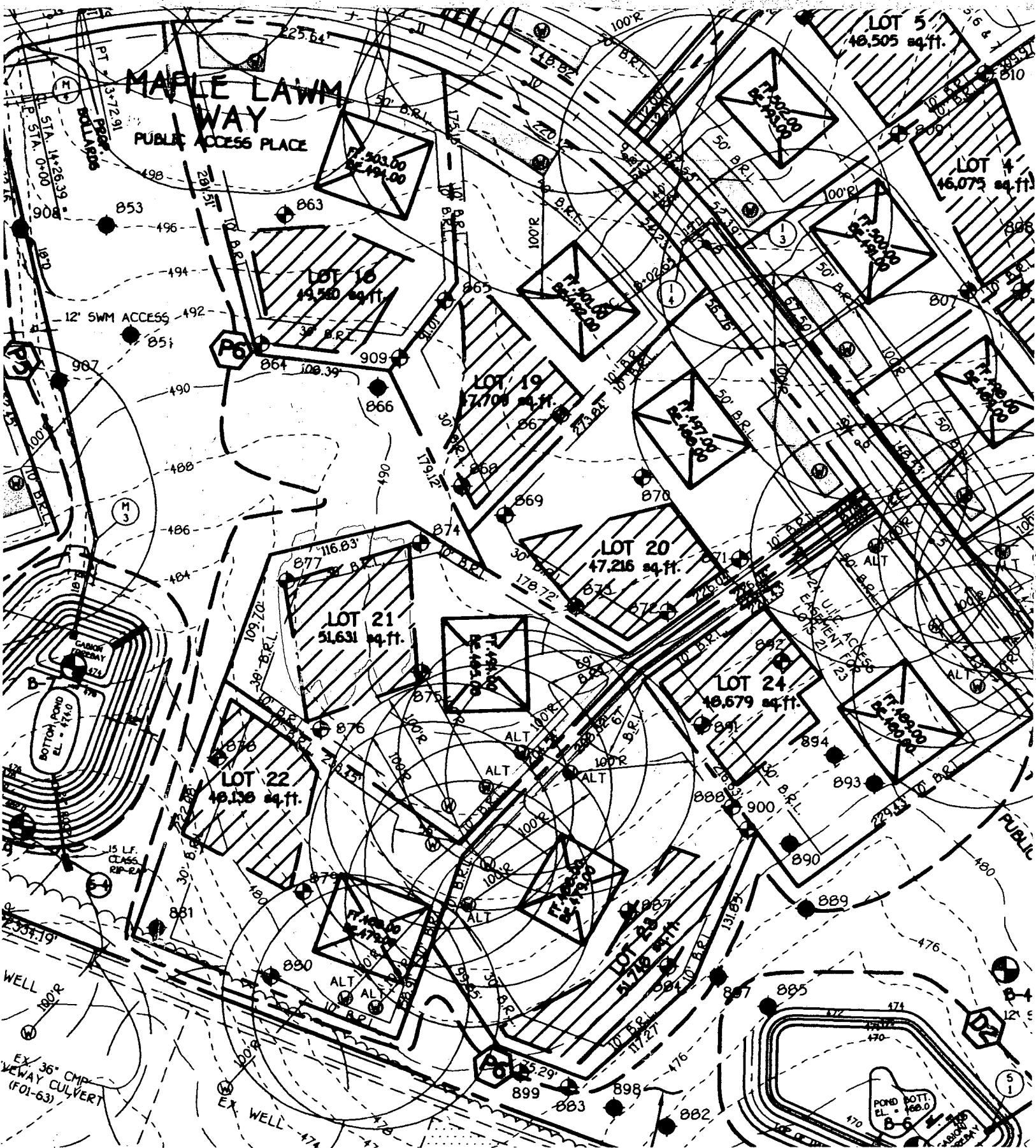
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

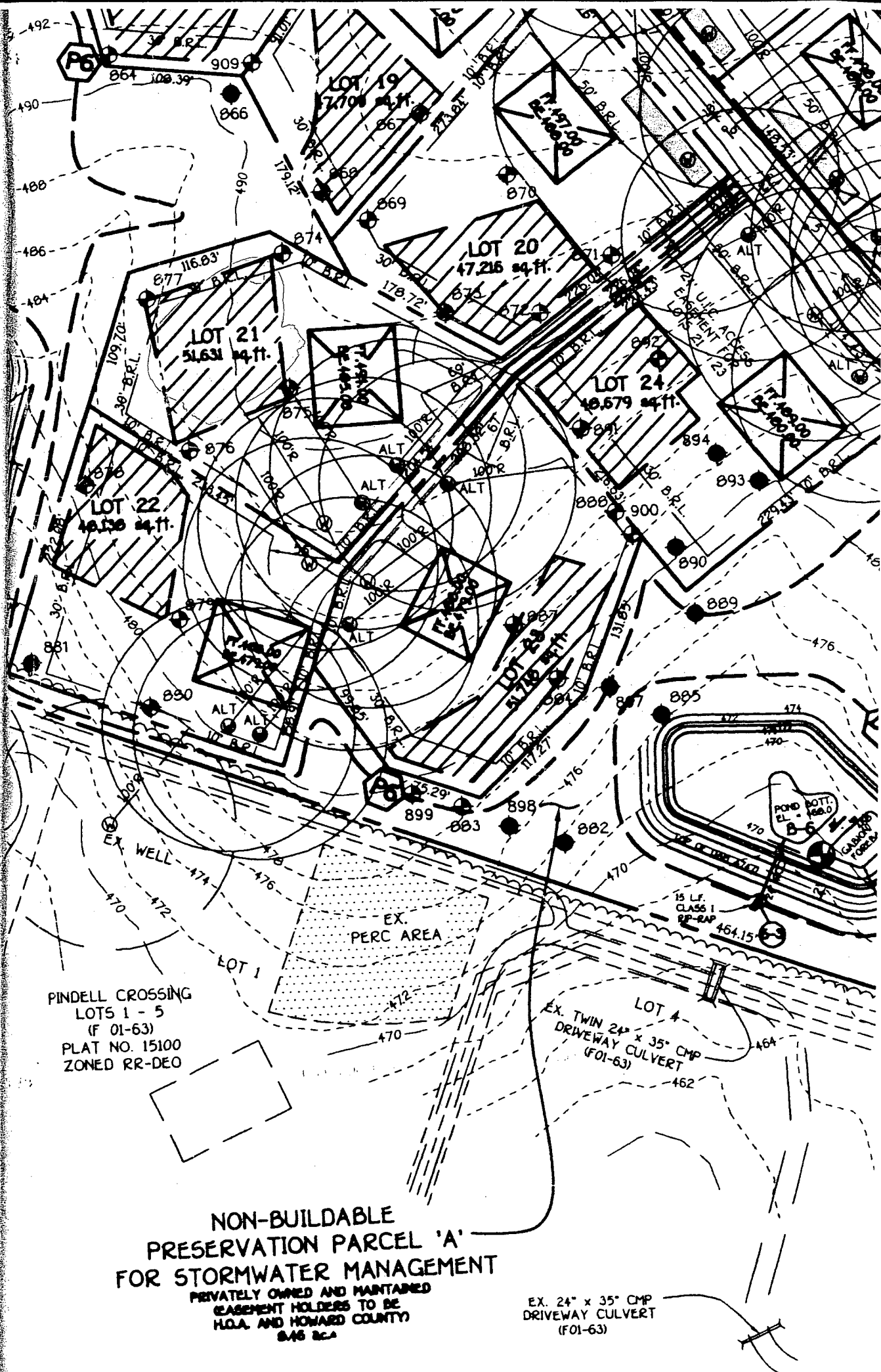
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/28/00	877	5'2"	11:08	11:09	11:09	11:11	2	
	877	12'10"	OK see profile					
	876	6'5"	11:49	11:51	11:51	11:56	5	
	876	12'8"	OK see profile					
	875	5'10"	12:02	12:03	12:03	12:05	2	
	875	12'10"	OK see profile					
	874	6'2"	12:07	12:08	12:08	12:10	2	
	874	13'2"	OK see profile					

REMARKS TOPO NOT QUITE PER PLAN, HOLES PER PLAN

TYPE OF SOIL _____
 TESTED BY M. Rifkin ALSO PRESENT Fyock crew
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

#21





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
 EASEMENT HOLDERS TO BE
 H.O.A. AND HOWARD COUNTY
 846 R.C.A

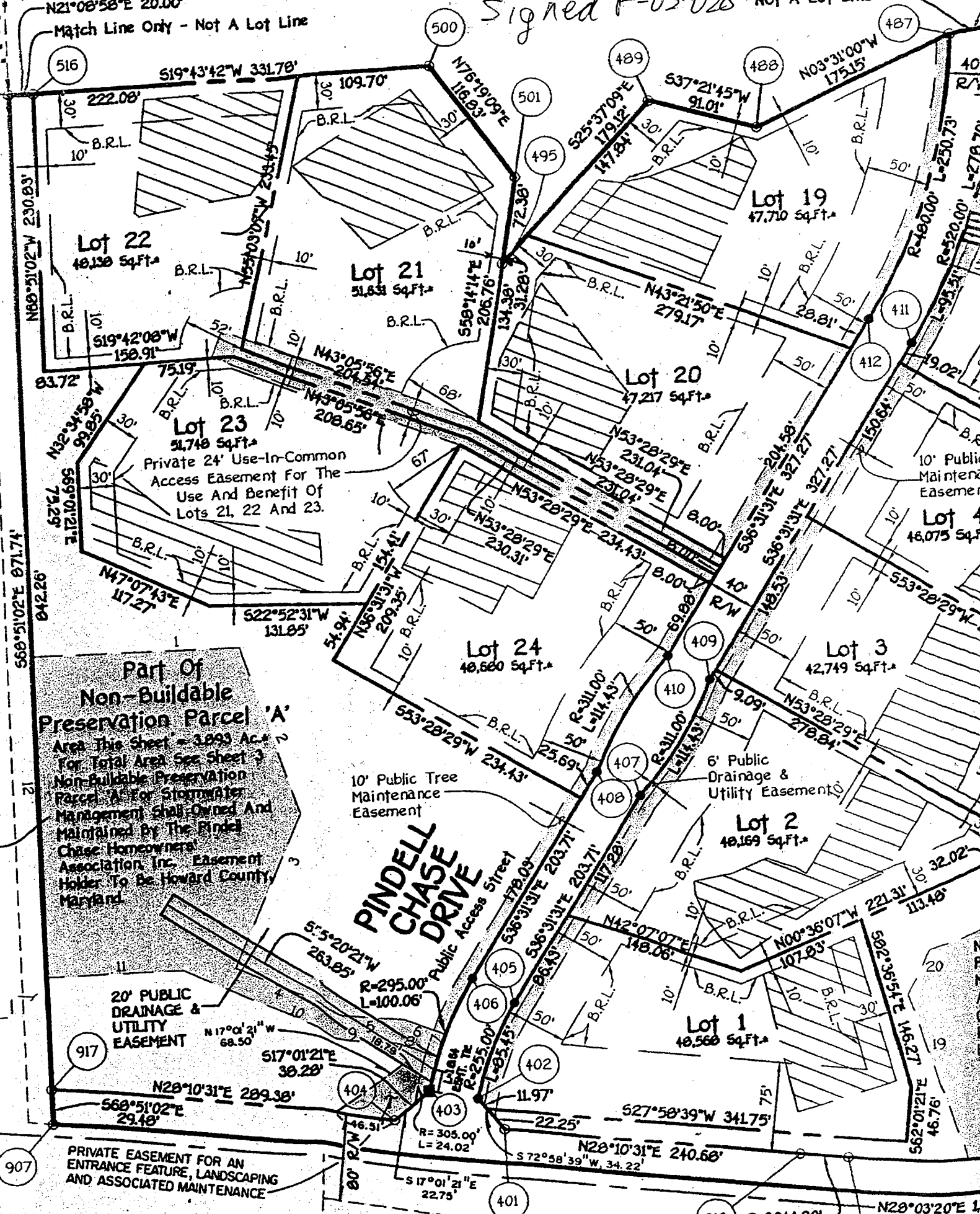
LOT 4
 EX. TWIN 24" x 35" CMP
 DRIVEWAY CULVERT
 (F01-63)

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

Signed F-03-028

Match Line Only - Not A Lot Line
N13°23'09" 40.59'

N21°02'58"E 20.00'
Match Line Only - Not A Lot Line



Part Of Non-Buildable Preservation Parcel 'A'
Area This Sheet = 3.893 Ac. +
For Total Area See Sheet 3
Non-Buildable Preservation Parcel 'A' For Stormwater Management Shall Owned And Maintained By The Pindel Chase Homeowners' Association Inc. Easement Holder To Be Howard County Maryland.

20' PUBLIC DRAINAGE & UTILITY EASEMENT

PINDELL CHASE DRIVE
Public Access Street

6' Public Drainage & Utility Easement

PRIVATE EASEMENT FOR AN ENTRANCE FEATURE, LANDSCAPING AND ASSOCIATED MAINTENANCE

10' Public Maintenance Easement

10' Public Tree Maintenance Easement

15

20
19
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11
10
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8
7
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4
3
2
1



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

June 24, 2004

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

SENT VIA FACSIMILE 410-531-8472

RE: 11719 Pindell Chase Drive
Pindell Chase, Lot 21
BP # B00144414
Well Permit # HO-94-3608

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 04/19/2004. Final approval of the well line connection to the dwelling was approved on 06/24/2004.**

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-94-3608. 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: 06/18/2004, 6/22/2004 & 6/23/2004
Date of Well Completion: 01/17/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

LOADABLE
ELEVATION
5.75 AG.

LOT 21
51,631 S.F.

SEWAGE DISPOSAL AREA

TANK
930

4" EXPANDED
FAMILY ROOM

COVENTRY
FEDERAL
FF=495.50
BF=485.71

SEPTIC
INV. 490.9

3-RISERS

3-CAR
SIDE LOAD
GARAGE

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

12 RISERS
D/W/CL

2-RISERS

Lot 21 / P.C
X Hull
X FR
9/27/63

WALK-THRU BUILDING

SP# 80052/45 A# 54427

APP. SAN. code

DESP. OF WORK: dec 3/31/65

100'R

100'R

10' BRL

43.9'

68' BRL

10' BRL

935

930

10' BRL

185'

930

935

85.5'

492

492

490

183

1910

487.5

10' BRL

481

481

481

481

481

481

481

481

481

481