

LAYOUT 4/5/04 Am INSP 4 \_\_\_\_\_  
INSP 2 4/7/04 PM INSP 5 \_\_\_\_\_  
INSP 3 4/2/04 INSP 6 \_\_\_\_\_

ISSUE DATE: 2/27/2004

P 520073

APPROVAL DATE: 4/8/04

A 514292-X

# PERMIT

TAX ID # 05-437202

RPS  
437202

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

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: 23

ADDRESS: 11711 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: 200 HOUSE SERVED BY PUBLIC WATER

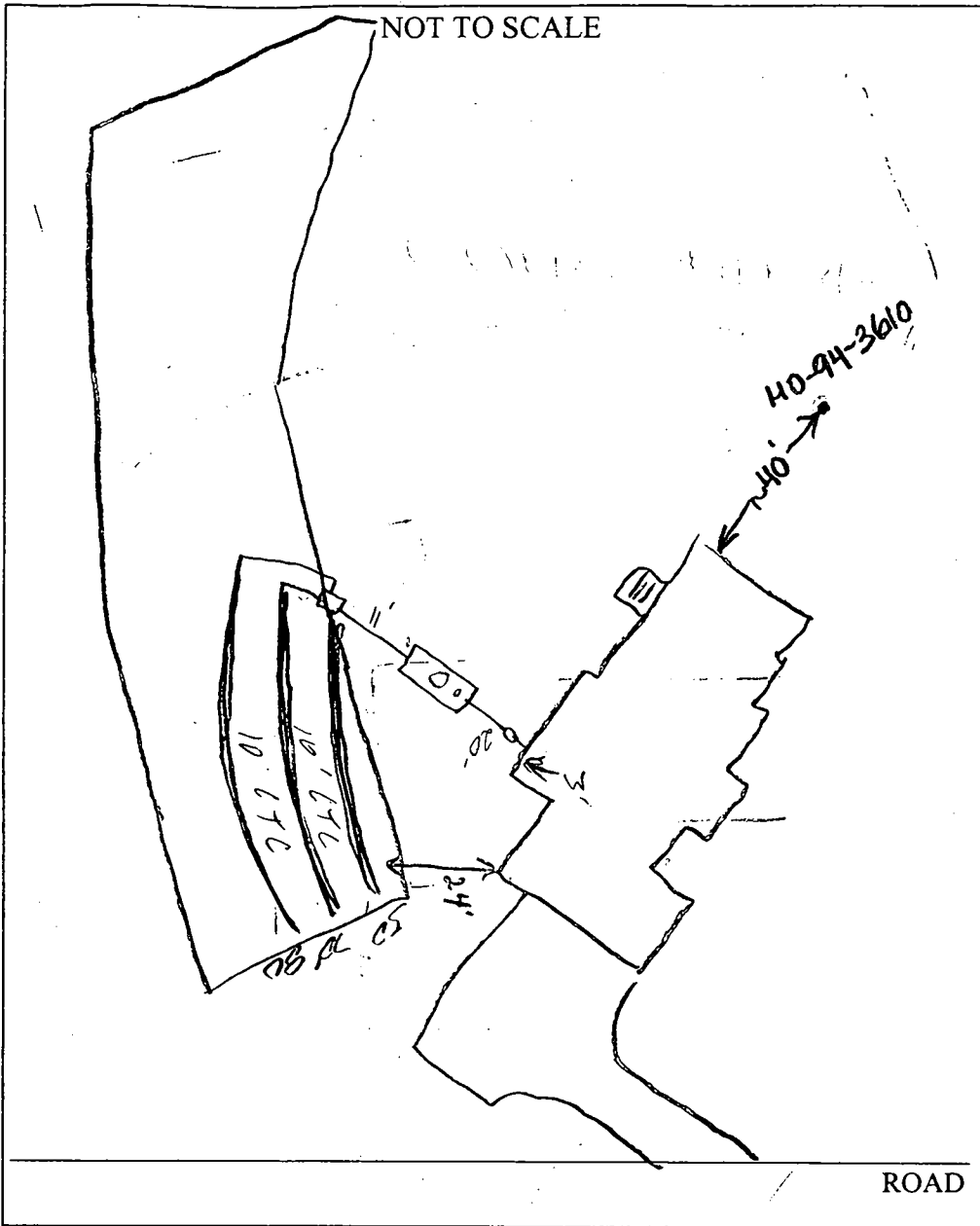
TRENCHES:	Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 125' from the well and 105' from the left lot line as seen from the driveway entrance. Run (3) trenches on contour to left side of lot.
NOTES:	Contractor encouraged to bring stone up to 2-4' from grade to facilitate oxygen infiltration. OK

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

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

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

AS14292-X



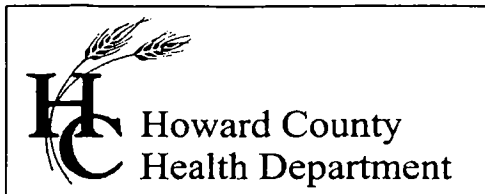
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH <u>200'</u>		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	<u>1250</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>3-3.5</u>
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	<u>Center</u>
6" PORT LOC	<u>Front</u>
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	<u>N/A</u>
BAFFLE FILTER	<u>N/A</u>
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 4/5/04 SNA Staked + Contour appears OK (FB)

INSTALLATION 4/8/04 - Not Ready (SD)  
4/8/04 - Complete system install. OK to cover (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 4/8/04



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 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

July 23, 2004

Toll MD II  
7164 Columbia Gateway Drive, Suite 230  
Columbia, MD 21045

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

RE: Pindell Chase, Lot # 23  
11711 Pindell Chase Drive  
Fulton, MD 20759  
BP # B00144709  
Well Permit # HO-94-3610

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 04/08/2004. Final approval of the well line connection to the dwelling was approved on 04/29/2004.**

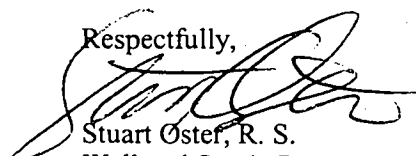
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### INTERIM CERTIFICATE OF POTABILITY

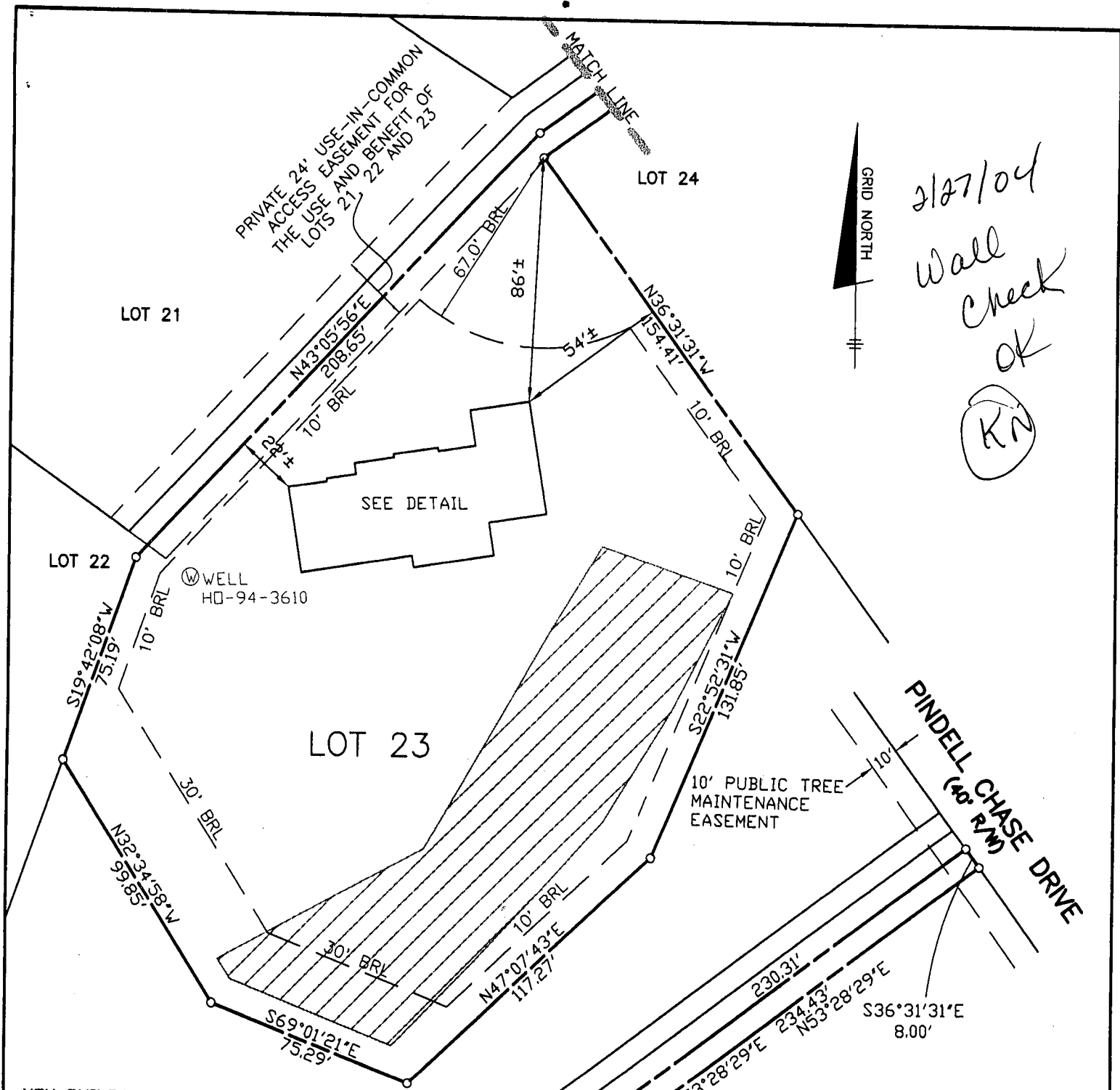
This certifies that the **initial** sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3610. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water 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 Sample: 07/21/2004  
Date of Well Completion: 01/09/2003

Respectfully,  
  
Stuart Ostef, R. S.  
Well and Septic Program

SO/mlb  
cc: Building Inspector's Office  
Community Services Program  
File



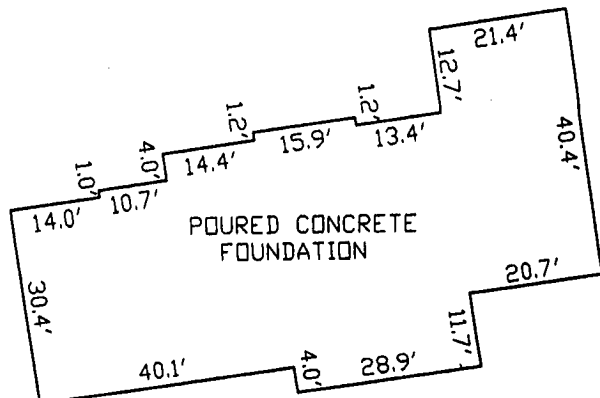
2/27/04  
Wall  
Check  
OK  
KN

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

TOP OF FOUNDATION WALL ELEVATION = 492.3'  
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 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



**FOUNDATION DETAIL**

SCALE: 1" = 30'

WALL CHECK  
PINDELL CHASE  
LOTS 1 THRU 24  
LOT No. 23

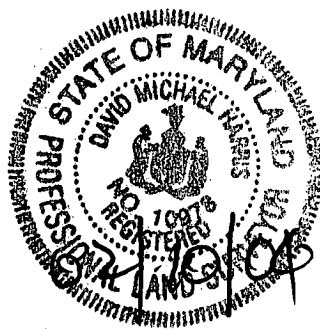
11711 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 02/04/04

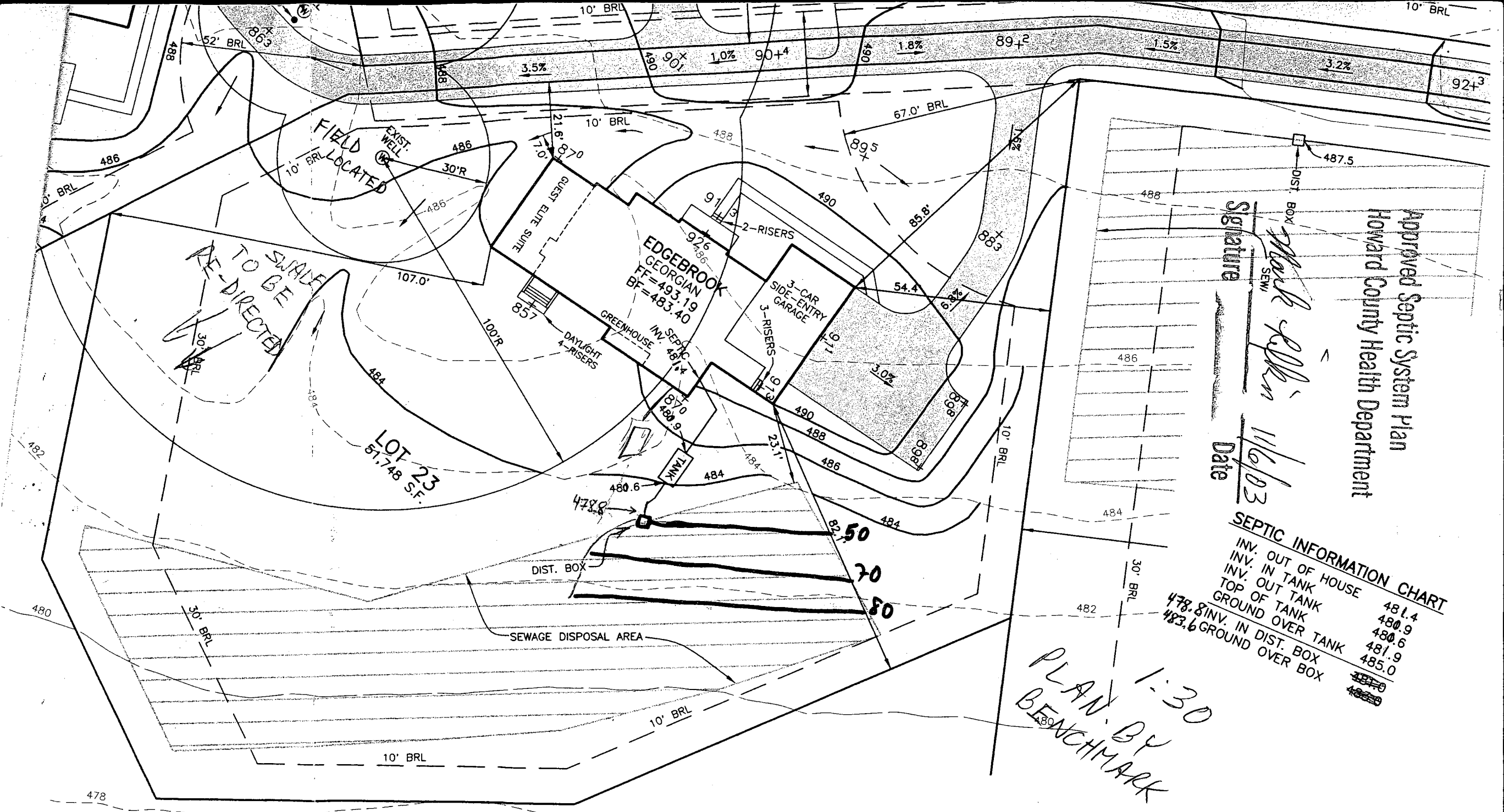
*David M. Harris*

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



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

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



Approved Septic System Plan  
 Howard County Health Department

Signature *Mark Allen*  
 Date *11/6/03*

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	481.4
INV. IN TANK	480.9
INV. OUT TANK	480.6
TOP OF TANK	481.9
GROUND OVER TANK	485.0
478.8 INV. IN DIST. BOX	
483.6 GROUND OVER BOX	

PLAN 1:30  
 BY BENCHMARK

NON-BUILDABLE  
 PRESERVATION  
 PARCFI A

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B00144709 *ML*

Building Address 11711 Pindell Chase Dr.  
Fulton, MD 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 100502 Subdivision Pindell Chase  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 23  
Tax Map 41 Parcel 59 Grid M  
Zoning RES Map Coordinates ISAIX Lot size 1.17 AC.

Property Owner's Name Toll MD II  
Address 7164 Columbia Gateway Dr. suite 230  
City Columbia State MD Zip Code 21045  
Home Phone: \_\_\_\_\_ Work Phone 410 531-5471  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Mike Fitzgerald  
6830 creek side Rd.  
Clarksville, 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 SFD "Edgebrook" w/ 640 sq ft  
blite suite 2 story, full bsmt, 11R, 3FB, HB,  
FP & 3 GAR garage

Contractor Company Toll MD II  
Contact Person Mike Fitzgerald  
Address 6830 Creek side Rd  
City Clarksville State MD Zip Code 21029  
License No. 678  
Phone 410 531-8471 Fax 410 531-8472

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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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: _____	
Roof: _____	
State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

*Mike Fitzgerald*  
Applicant's Signature  
Assistant Project Manager  
Title/Company

*Mike Fitzgerald*  
Print Name  
10-23-03  
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	<u>11/6/03</u>	<i>Mark Riffin</i>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

**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#:** 59928  
Filing fee \$ 100  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 2668327  
Validation # 95926

Accepted by *ML*

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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  
Syllesville 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: Ridell Chase Lot #: 23 Well Tag #: HO-94-3610  
Site Address: 1711 Ridell Chase Dr

Submersible Pump Data

Make: Grundfos  
Model #: 75B10 422  
Pump Capacity 7 GPM  
Well Yield: 4 GPM

Pitless Adapter

Make: Camco  
Model#: N/A  
Depth: 36 (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap: yes  
Screened, vented well cap: yes  
Cap secured to casing: yes  
Conduit min 18" B.G.: yes  
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 525 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt N/A

Piping to house

Type: 1" Black Plastic  
PSI: 160 (160 psi min)  
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes  
Approximate length of sleeve: 5  
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] Signature of company representative responsible for installation  
6-16-04 date

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

Date Insp. Requested: 4/29/04 Date Insp. Approved: 4/29/04 (BB)  
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 **14374** SEQUENCE NO. (MDE USE ONLY)  
 1 2 3 6  
 (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-X**

ST/CO USE ONLY  
 DATE RECEIVED  
 MM DD 08  
 8 10 08

DATE WELL COMPLETED  
 1 9 03  
 15 20

Depth of Well  
 2 300 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
 HO-94-3010  
 28 29 30 31 32 33 34 35 36 37

OWNER **TOLL BROTHERS**  
 STREET OR RFD **PINDELL CHASE DRIVE** first name  
 TOWN **COLUMBIA**  
 SUBDIVISION **PINDELL CHASE** SECTION **1** LOT **23**

**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	90	
Gray mica	90	105	
White Brown	105	106	✓
Green mica	106	245	
white	245	246	✓
Green mica	246	300	

**GROUTING RECORD** yes no  
 Y  N  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS <sup>45</sup> 30 NO. OF POUNDS <sup>75</sup> 2820  
 GALLONS OF WATER 180  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 90 ft.  
 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
 (enter 0 if from surface)

**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) **95**  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: **0**  
 WELL HYDROFRACTURED  YES  NO

**C 2** DEPTH (nearest ft.)  
 1 2 HO 95 300  
 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  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 60  
 from to

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MSD 009**  
**Ally Cooper**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **03**  
 8 9  
 PUMPING RATE (gal. per min.) **4**  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE **194L**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **26** ft.  
 17 20  
 WHEN PUMPING **103** ft.  
 22 25  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED**  
 DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (nearest ft.) 43 47  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } **02** (nearest foot)  
 49 50 51

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



B 1 6269

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3610 fill in this form completely

W517994 please type

Date Received (APA) 11-22-02

OWNER INFORMATION

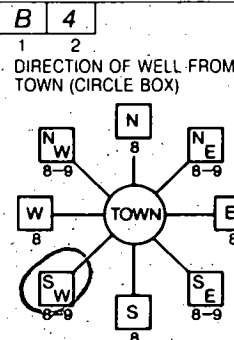
Toll Brothers 6830 Creekside Rd Clarksville MD 21029

Howard Pindel Chase Clarksville Hunt Columbia

DRILLER INFORMATION

Allen Compton MS D 009 Fogles Well Driller 580 Obrecht Rd

Pindel Chase Drive Pindel School Rd 450 41 14 59



APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

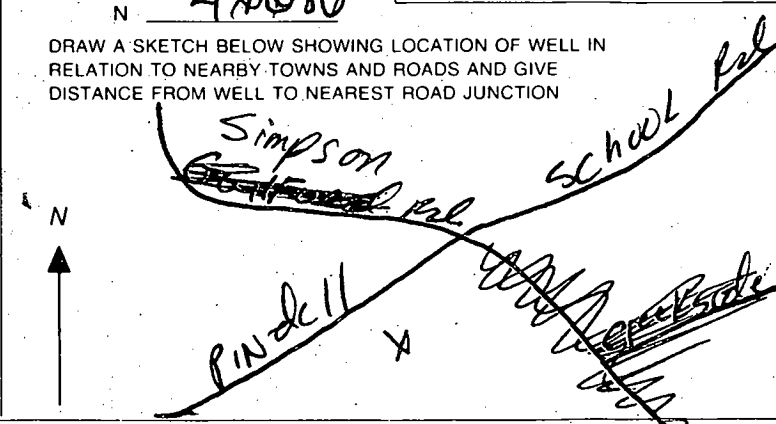
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD 514292-X

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL

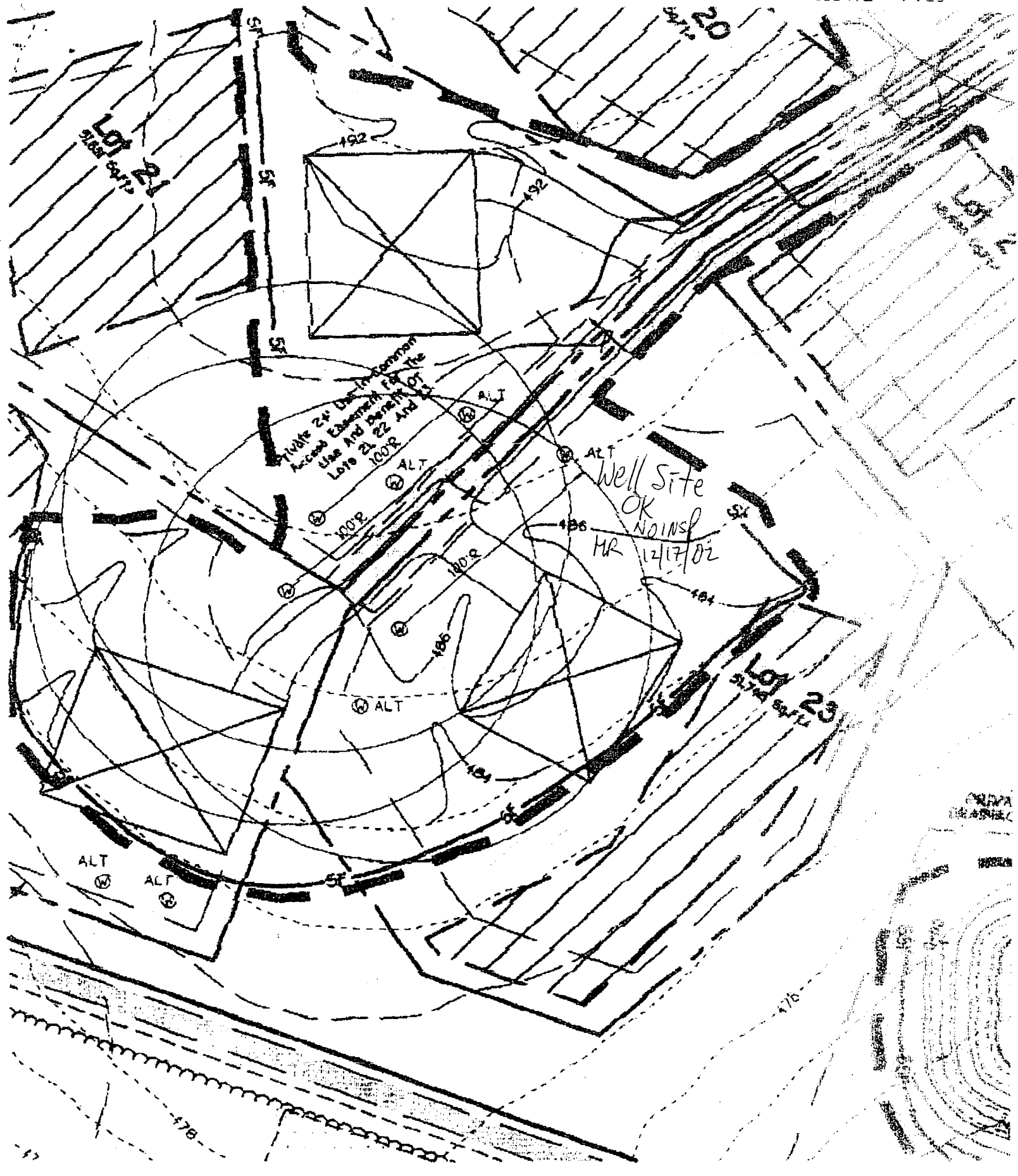
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. HO-94-3610

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



# 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' 894  
 red brown SiClM  
 water coming in @ bottom of clay layer  
 5.5 red brn SaClM  
 14.0 water

900

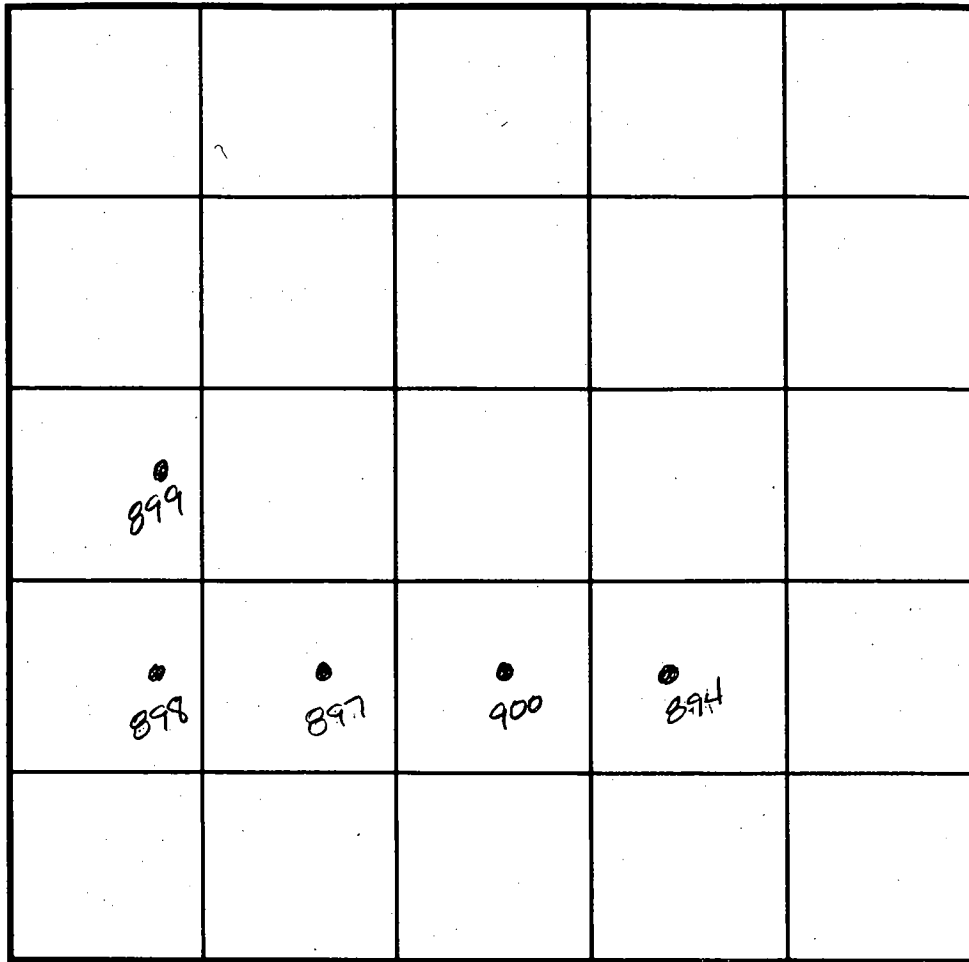
red brn SaClM

5.0 red brn SaClM  
 no evidence of H<sub>2</sub>O  
 ↓  
 dry

14.0 897

red brown SiClM

4.0  
 ↓  
 13'3" water



SOIL PROFILE

0' 898 899  
 red brown SiClM  
 8.0 dark red brown SaClM mica 5%  
 14.5 ↓  
 Dry

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	894	Possible	perched	water	table	—	F
	900	Visual to 14.0'					OK
	897	5.0 / 14.0	6:46	No mmt @ 7:02	insuff. depth to H <sub>2</sub> O	Deep clay	F
	898	6.0 / 14.5	6:50	No mmt @ 7:15	Deep clay-		F
	899	6.0 / 15.5	6:54	7:00	7:00	7:05	5min ✓

REMARKS An additional 4.0' buffer required due to drought conditions

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

TESTED BY Amy McMillen ALSO PRESENT \_\_\_\_\_

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

# APPLICATION

PERCOLATION TESTING

A 517292-X

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 11930 ROUTE 216, FULTON, MD 20759 PHONE (301) 674-6327

AGENT OR PROSPECTIVE BUYER (SAME)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION IAGER MANOR LOT NO. 27 23

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

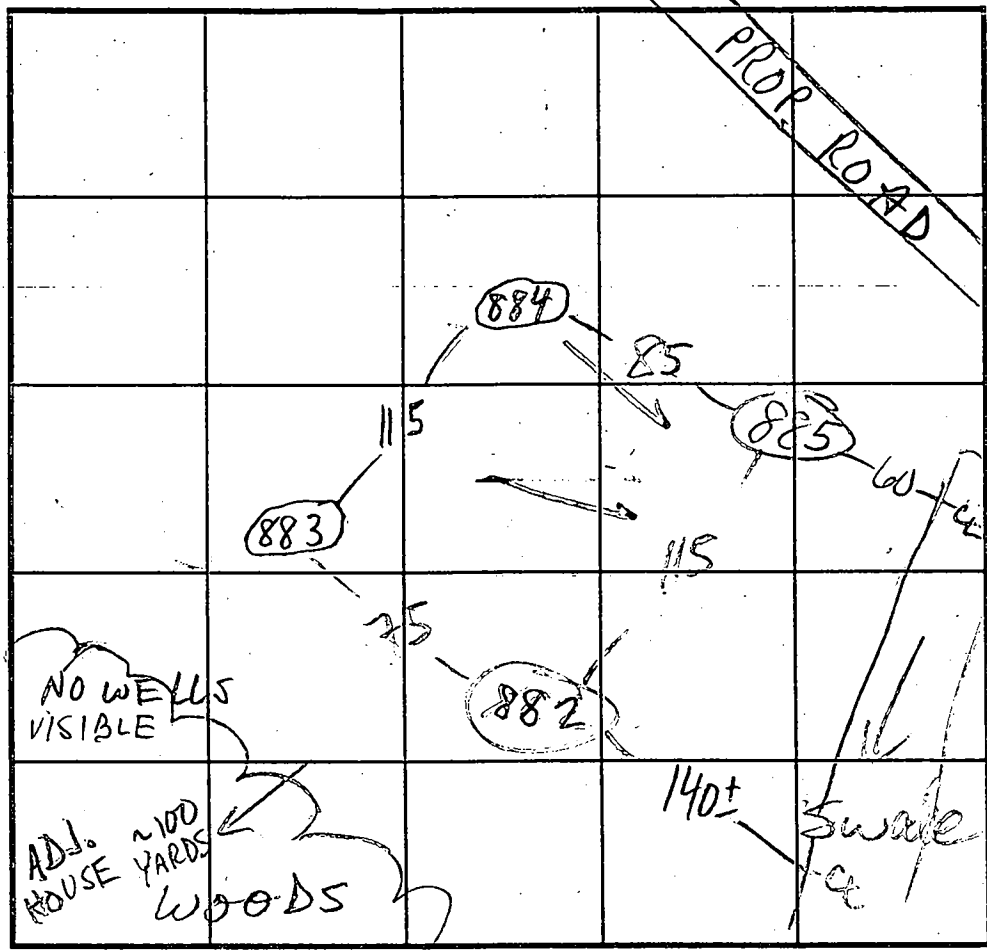
SOIL PROFILE

0' 884  
 dk. orge  
 red yel  
 cl lm  
 4 1/2'  
 5 1/2'  
 tan brn  
 lt. brn  
 sa mica  
 lm  
 10%  
 frags

13 1/2'  
 885  
 orge brn  
 yel  
 cl lm  
 5 1/2'  
 tan orge  
 lt. brn  
 sa si  
 mica lm  
 10-15%  
 frags  
 mottled  
 13'  
 H<sub>2</sub>O

13 1/2'  
 882 883  
 orge red  
 brn  
 cl lm  
 15% frags  
 3 1/2'  
 yel red  
 brn  
 sa si lm  
 10-20%  
 frags  
 13'  
 H<sub>2</sub>O in

882



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/29/00	884 S	5 1/2'	12:17 12:19	12:20	12:20	12:18 12:22	FAST 2 ✓
	884 V	13 1/2'	OK see profile				
	885 S	6 1/2'	1:39	1:46	1:46	2:00	14
	885 V	13 1/2'	H <sub>2</sub> O @ 13 1/2" mottled @ 11 1/2"				HOLD-WET SEASON
	882 S	4 8"	1:54	2:00	2:00	2:06	6
	882 V	13	H <sub>2</sub> O @ 13" - HOLD WET SEASON				
	883 S	5 8"	2:11	2:12	2:12	2:14	2 ✓
	883 V	13 1/2'	OK see profile				

REMARKS IDPO NOT EXACTLY PER PLAN; HOLES PER PLAN

TYPE OF SOIL WET SEASON RE-TEST REQ'D

TESTED BY M. Rifkin

ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2-3 TRENCH WIDTH 3

INLET DEPTH 5

MAXIMUM BOTTOM DEPTH 7

SQ. FT./BEDROOM 180 (x 0.83)

COUNTY #

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

SOIL PROFILE

0' 888  
 orge  
 brn  
 cl/m

4-5  
 lt. red  
 orge yel  
 lt. brn  
 sa mica  
 lm  
 15-20%  
 frags

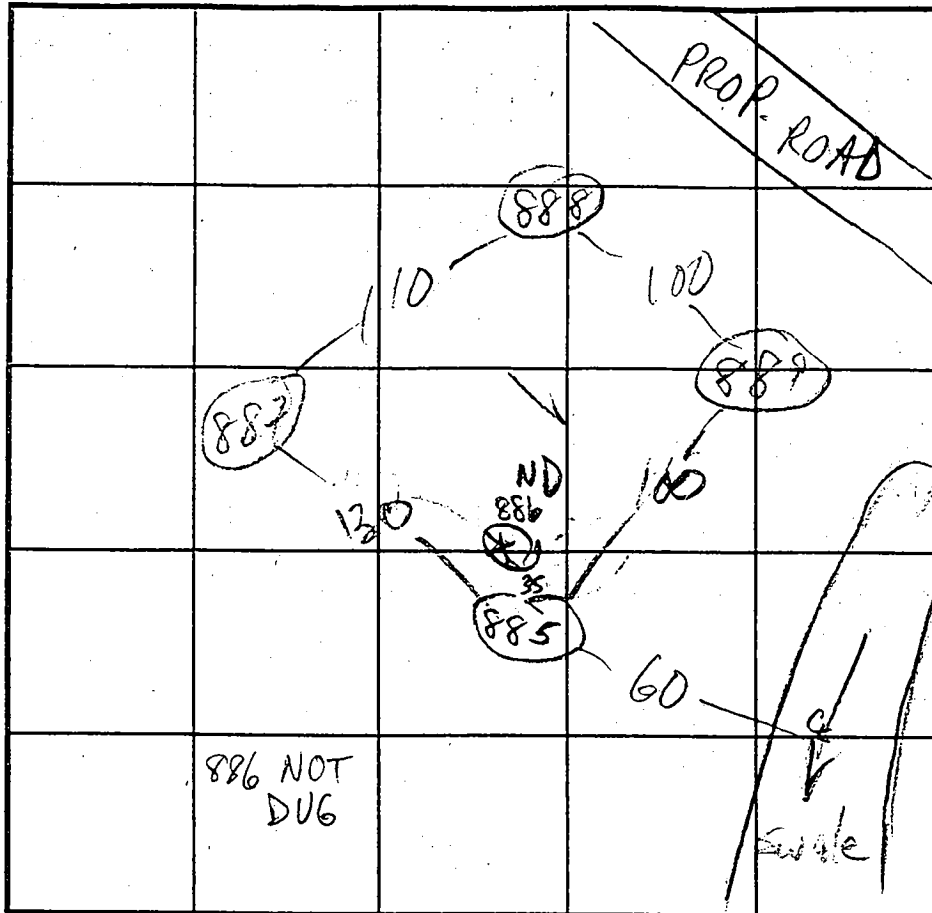
13  
 889

SOIL PROFILE

0' 885  
 orge brn  
 yel cl/m

5 1/2  
 tan orge  
 lt. brn  
 sa si  
 mica lm  
 10-15%  
 frags

11 1/2  
 13  
 13 1/2  
 mottled  
 H<sub>2</sub>O



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

brn yel  
 cl/m

6  
 dk. red  
 maroon  
 Si mica lm  
 10-15%  
 frags

13 1/2  
 H<sub>2</sub>O

887  
 dark orge  
 cl/m

6  
 lt. brn  
 tan  
 lt. red  
 sa mica  
 lm  
 10-15%  
 frags

14

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/29/00	888	5' 10"	10:56	10:57	10:57	10:59	2	
	888	13	OK see profile					
	889	6' 9"	11:39	11:43	11:43	11:49	6	
	889	13' 5"	H <sub>2</sub> O @ 13 - HOLD WET SEASON					
	887	6' 9"	12:08	12:09	12:09	12:11	2	
	887	14	OK see profile					
	885	6 1/2	1:39	1:46	1:46	2:00	14	
	885	13 1/2	H <sub>2</sub> O @ 13, mottles @ 11 1/2					
			HOLD - WET SEASON					

REMARKS WET SEASON TESTING REQ'D FOR FURTHER REVIEW

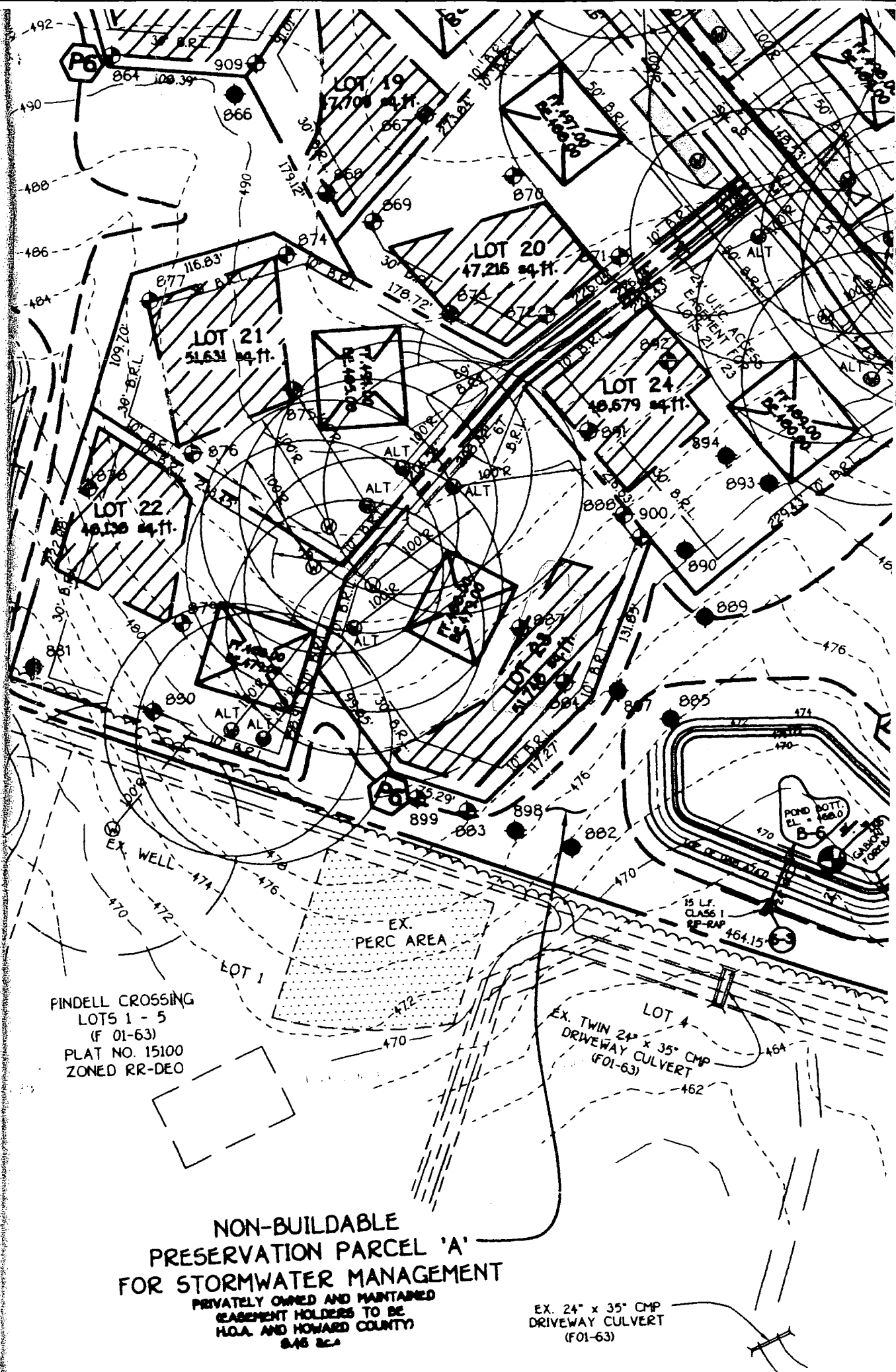
TYPE OF SOIL HOLES PER PLAN

TESTED BY M.R. Fkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_





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

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

**NON-BUILDABLE  
 PRESERVATION PARCEL 'A'  
 FOR STORMWATER MANAGEMENT**  
 PRIVATELY OWNED AND MAINTAINED  
 EASEMENT HOLDERS TO BE  
 H.O.A. AND HOWARD COUNTY  
 846 B.C.A

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