

LAYOUT 2/2/04 INSP 4 _____
INSP 2 ~~2/10/04~~ 2/11/04 INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 1/12/04
APPROVAL DATE: 2/11/04

PERMIT
TAX ID # 05-437245

P 520025
A 514292-Y


RPS
437245

**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 Road PHONE NUMBER: 410-795-5670
SUBDIVISION: Pindell Chase LOT NUMBER: 24
ADDRESS: 11707 Pindell Chase Drive PROPERTY OWNER: Toll Md II
SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED
PUMP CHAMBER CAPACITY (GALLONS): TBD 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 5.0+ feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the top corner easement stake that is closest to the house as shown on the approved building permit plan. Run trenches on contour away from the house.
NOTES:	A pumped system may or may not be needed. This will have to be determined in the field. Keep the septic tank 100' from the well. Run the septic line close to the driveway.

PLANS APPROVED: Brian Baker  DATE: 10/30/03

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

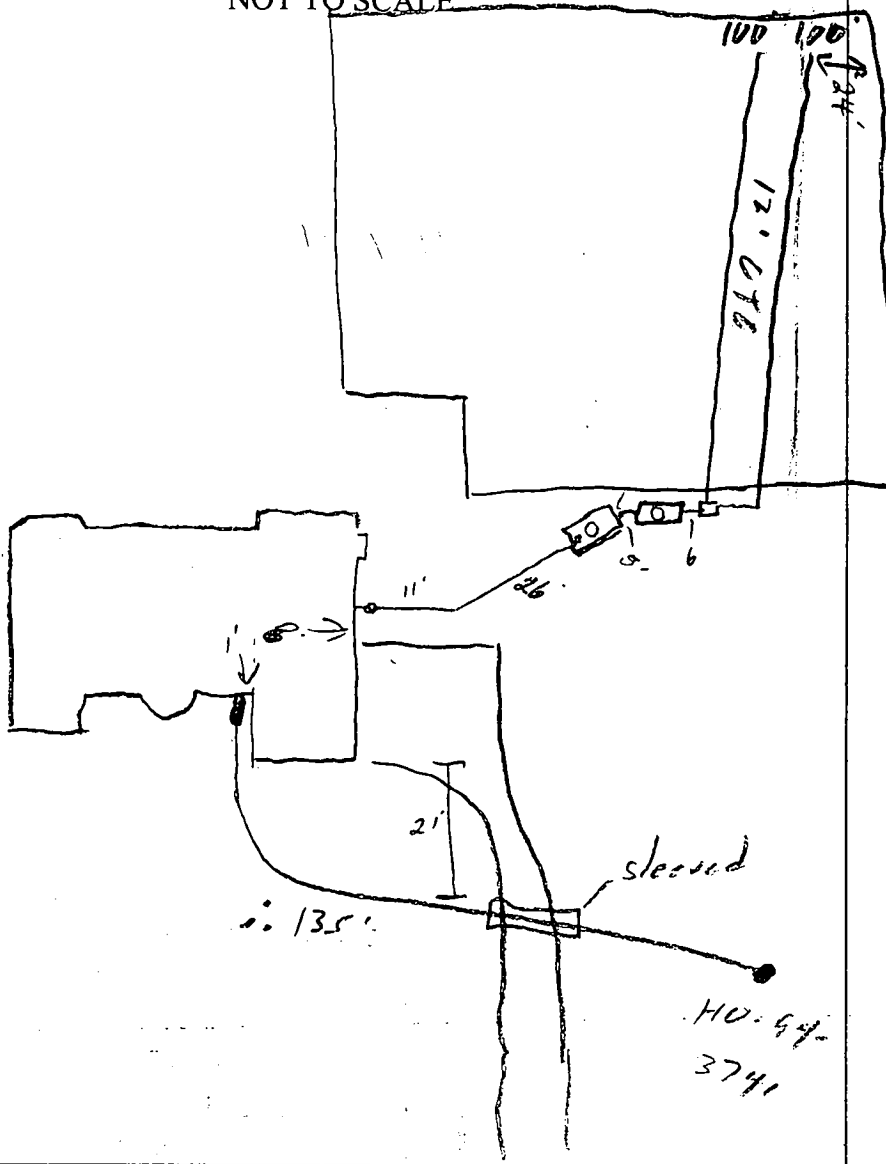
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUILDING PERMIT SIGNED AND RETURNED
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

3-30-05 800 152684-DEEK

AS14292-Y

NOT TO SCALE



Pindell Chase Drive ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	5'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		200'
ABSORPTION AREA		600sq
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	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2.5'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Center
6" PORT LOC	—
WATERTIGHT TEST	—


PRE-CONSTRUCTION 2/2/04 - SRA staked, contour appears accurate.
 May not be able to get a gravity system w/ swale next to house.
 INSTALLATION contractor to shoot (SO) 2/9/04 - Spoke w/ contractor,
 OK to set P.O.T. & install trenches @ 2nd repair
 location. No pump set at this time. (SO)
 2/11/04 - OK to cover all work (SO)

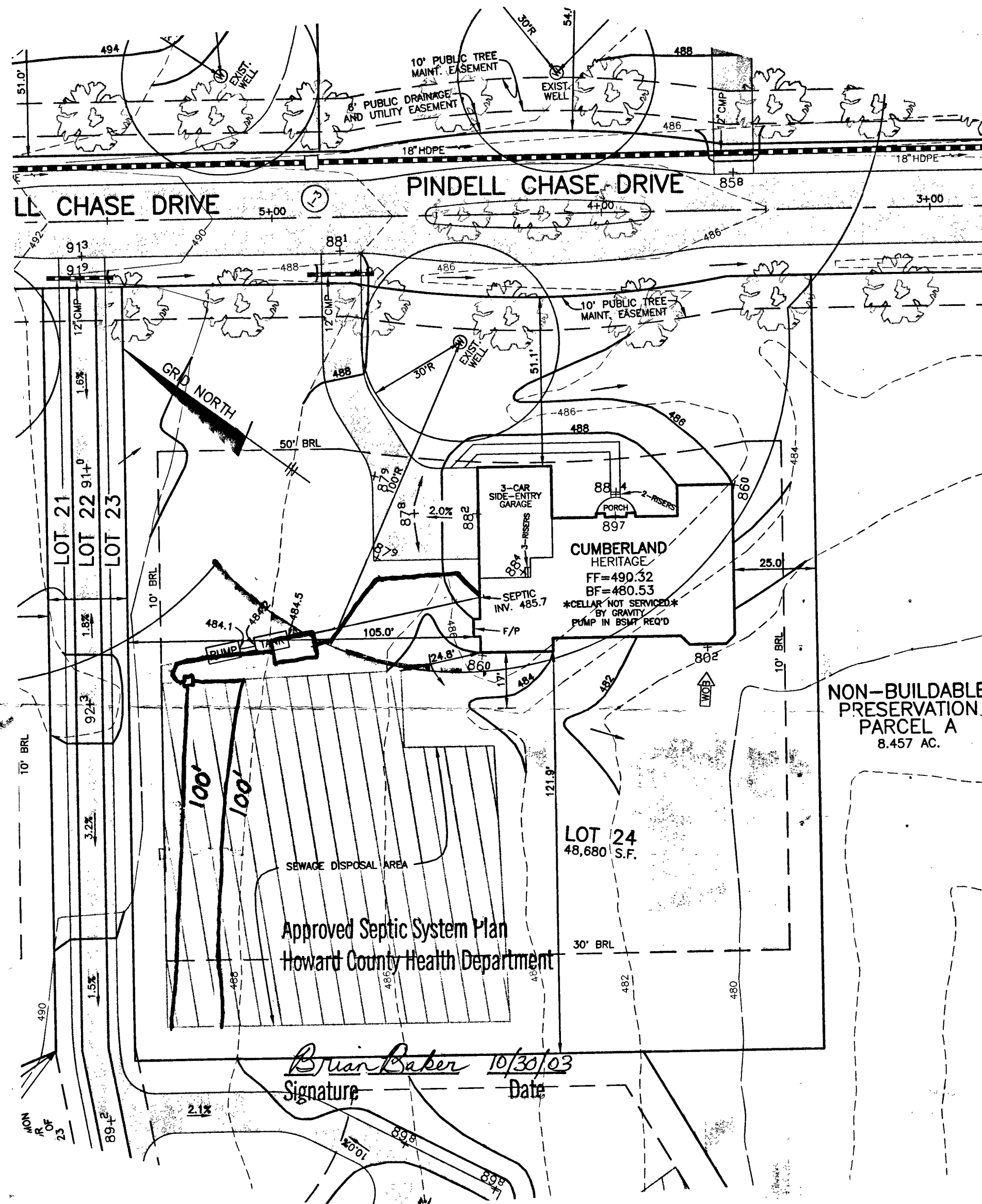
REVISIONS AND REVISIONS

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 2/11/04

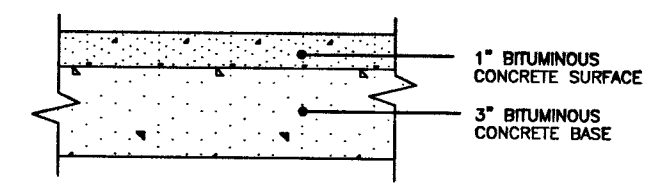
NOTES:

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. THE EXISTING WELL (TAG NO. HO-94-3741) SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. ON OCTOBER 14, 2003 AND IS ACCURATELY SHOWN.



SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	485.7
INV. IN TANK	484.5
INV. OUT TANK	484.2
TOP OF TANK	485.2
GROUND OVER TANK	488.0
INV. IN PUMP	484.1
GROUND OVER PUMP	488.5
INV. IN DIST. BOX	487.5
GROUND OVER BOX	489.5

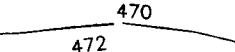


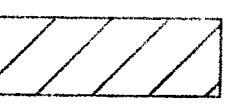






FULL DEPTH BIT. CONC. ALTERNATIVE

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
-  INDICATES WALK-OUT BASEMENT LOCATION

PLAN
SCALE: 1" = 30'

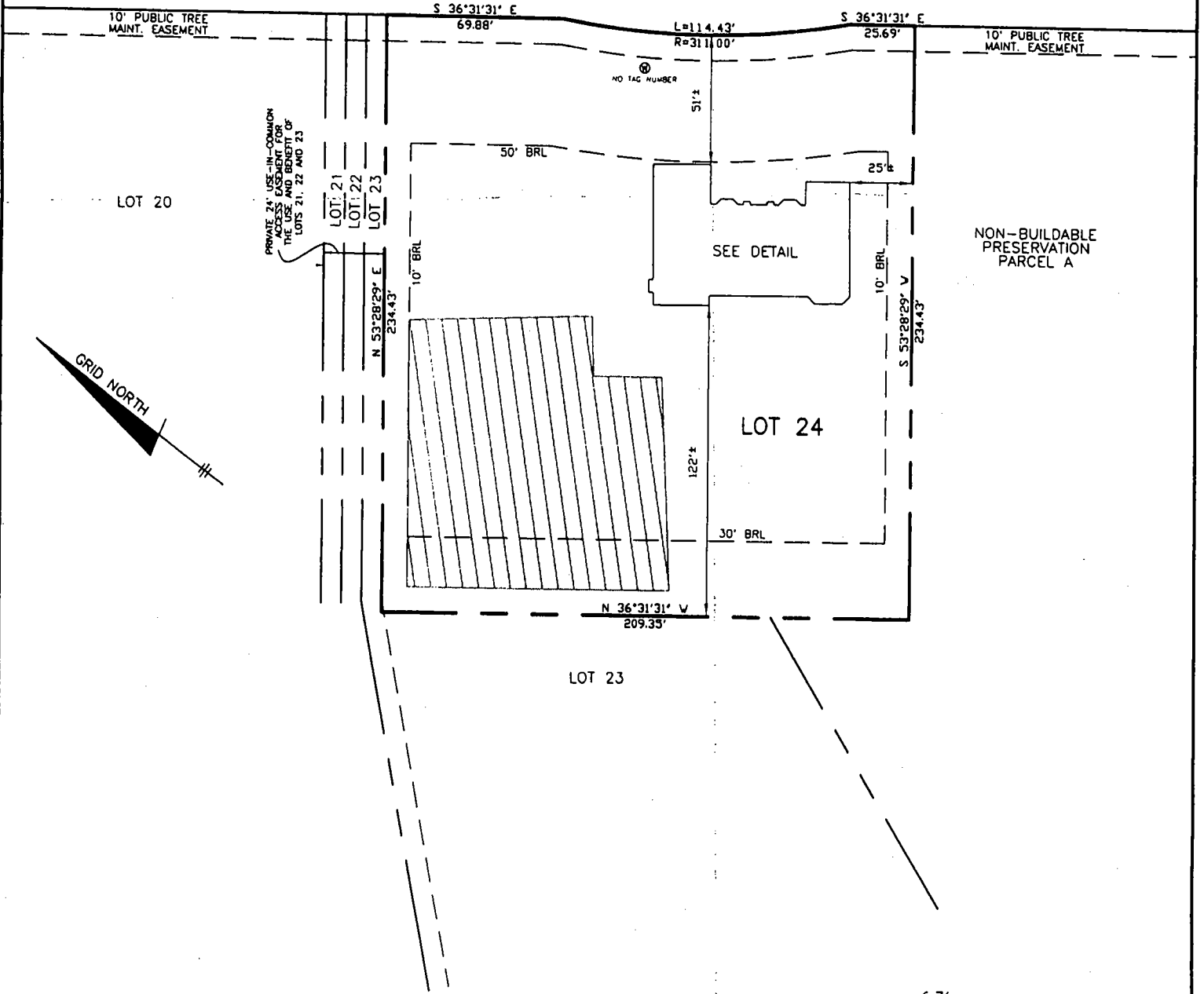
<p align="center">BENCHMARK ENGINEERS ▲ LAND SURVEYORS ▲ PLANNERS ENGINEERING, INC. 8480 BALTIMORE NATIONAL PIKE ▲ SUITE 418 ELLCOTT CITY, MARYLAND 21043 PHONE: 410-465-6105 FAX: 410-465-8644</p>	PROJECT: PINDELL CHASE LOT 24	
	LOCATION: 11707 PINDELL CHASE DRIVE TAX MAP 41, GRID 7.8,13,14 - PARCEL 59 5th ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
<p>BUILDER: TOLL BROTHERS, INC. 7164 COLUMBIA GATEWAY DRIVE SUITE 230 COLUMBIA, MARYLAND 21046 410-872-9105</p>	TITLE: PLOT PLAN	
	HOUSE TYPE: CUMBERLAND	
	DATE: OCTOBER 20, 2003	PROJECT NO. 1638
SCALE: AS SHOWN	DRAWING <u>1</u> OF <u>1</u>	

1/12/04

No movt on house loc.

(KN)

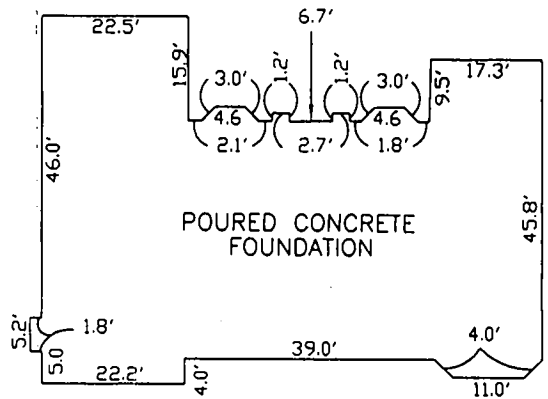
PINDELL CHASE DRIVE



TOP OF FOUNDATION WALL = 489.3'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 1.0'

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 DECEMBER 16 2003; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED "PINDELL CHASE", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16073.



FOUNDATION DETAIL

SCALE: 1" = 30'

David M. Harris

DAVID M. HARRIS
REGISTERED PROFESSIONAL LAND SURVEYOR
MD REG. No. 10978
FOR BENCHMARK ENGINEERING, INC.
MD REG. No. 351
RECORD PLAT No. 16073
FEMA FIRM No. 240044 0038 B
ZONE: C
DATED: 12/04/86



WALL CHECK
PINDELL CHASE
LOTS 1 THRU 24 &
OPEN SPACE LOT 25 &
NON-BUILDABLE PRESERVATION
PARCELS A THRU C

LOT No. 24

11707 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DATE: DECEMBER 18 2003

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418
ELLICOTT CITY, MARYLAND 21043
phone: 410-485-8100 • fax: 410-485-8844
email: Benchmark@cale.com

**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 Oxford Rd
Sylvestre, 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 #: 24 Well Tag #: HO-94-3791
Site Address: _____

Submersible Pump Data

Make: Corliss
Model #: 75B1042
Pump Capacity: 7 GPM
Well Yield: 1.2 GPM
Depth of well encountered at time of pump installation: 47.5 (feet)

Pitless Adapter

Make: Corball
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 1/2" B.G.: YES
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 NA

Piping to house

Type: 1" Black Plastic
PSI: 110 (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 of company representative responsible for installation: Allen Compton date: 4-21-04

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

Date Insp. Requested: _____ Date Insp. Approved: 2/11/04 (SC)
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 _____

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3950	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	DATE WELL COMPLETED MM <u>10</u> DD <u>9</u> YY <u>03</u>	Depth of Well 22 <u>475</u> 26 <u>10/30/03</u> (TO NEAREST FOOT) O.K. <u>BB</u>	COUNTY NUMBER <u>A514292-Y</u> PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-3741</u>
ST/CO USE ONLY DATE Received MM DD YY 8 13	OWNER <u>TOLA BOOTHERS</u>	STREET OR RFD <u>PINDALL STATE DRIVE</u> TOWN <u>COLUMBIA</u>	SUBDIVISION <u>PINDALL CARE DRIVE</u> SECTION _____ LOT <u>34</u>
WELL LOG Not required for driven wells		GROUTING RECORD YES NO <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC	
Brown mica casing in	0 42	NO. OF BAGS <u>10</u> NO. OF POUNDS <u>990</u>	
Light Brown	42 77	GALLONS OF WATER <u>60</u>	
Gray	77 145	DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>32</u> ft. (enter 0 if from surface)	
White	145 146 ✓	CASING RECORD	
Gray	146 450	casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER	
White	450 451 ✓	MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <u>ST</u> <u>06</u> <u>81</u>	
Gray	451 475	OTHER CASING (if used) EACH CASING diameter inch from to depth (feet) <u>ST</u> <u>10"</u> <u>0</u> <u>42'</u>	
NUMBER OF UNSUCCESSFUL WELLS: <u>1</u>	SCREEN RECORD		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
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	DEPTH (nearest ft.) T 2 E 1 <u>HO</u> <u>81</u> <u>475</u> A 8 9 11 15 17 21 C 2 23 24 26 30 32 36 S R 38 39 41 45 47 51 E N		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	SLOT SIZE 1 _____ 2 _____ 3 _____		
DRILLERS LIC. NO. <u>M 3D 009</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____ 68		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 _____ 72 _____ 74 75 76		
	TELESCOPE CASING LOG INDICATOR OTHER DATA		
	PUMPING TEST C 3 1 2 HOURS PUMPED (nearest hour) <u>06</u> PUMPING RATE (gal. per min.) <u>1.2</u> METHOD USED TO MEASURE PUMPING RATE <u>1 gal.</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>9</u> ft. WHEN PUMPING <u>107</u> ft. TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		
	PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35 PUMP HORSE POWER _____ 37 _____ 41 PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47 CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above } LAND SURFACE <input type="checkbox"/> - below } <u>02</u> (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) <u>50'</u> <u>80'</u> <u>dry hole</u> Rudell School		

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3741
 Location of property (road) PINDELL CHASE DRIVE
 Subdivision PINDELL CHASE Lot 24 Block _____ Plat _____ Sec. _____
 Well Driller ALLEN COMPTON - FOGLE Owner TOLL BROTHERS

Depth of well 475'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 9'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 20
 Total time 15 MIN. to reach pumping water level 107 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	9	3		20
8:15	109	55		1.2
8:30	107	55		1.2
8:45	107	55		1.2
9:00	107	55		1.2
9:15	107	55		1.2
9:30	107	55		1.2
9:45	109	55		1.2
10:00	107	55		1.2
10:15	107	55		1.2
10:30	107	55		1.2
10:45	107	55		1.2
11:00	107	55		1.2
11:15	107	55		1.2
11:30	107	55		1.2
11:45	109	55		1.2
12:00	107	55		1.2
12:15	107	55		1.2
12:30	107	55		1.2
12:45	107	55		1.2
1:00	107	55		1.2
1:15	107	55		1.2
1:30	107	55		1.2
1:45	107	55		1.2
HD-2242:00	107	55		1.2
2:15	107	55		1.2

B 1 **6052** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER
HO-94-3741
70 fill in this form completely 79

Date Received (APA) **09/06/03**

OWNER INFORMATION

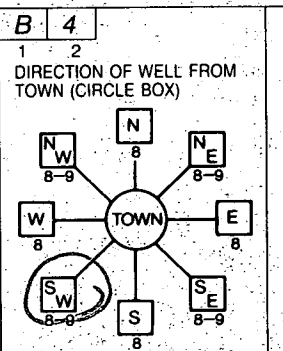
8 MM DD YY 13
Toll Brothers
15 Last Name Owner First Name 34
6830 Creekside RD
36 Street or RFD 55
Clarksville md 21029
57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

8 COUNTY **Howard** 21
23 SUBDIVISION **Pindell Chase** 42
SECTION **44** 46 LOT **24** 50
52 NEAREST TOWN **Columbia** 71
MILES FROM TOWN (enter 0 if in town) **5** M I
73 76 77 78

DRILLER INFORMATION

Allen Compton M S D 009
Driller's Name 76 License No. 81
Fogle Well Drilling
Firm Name
580 Obrecht RD
Address
Allen Compton **6-3-03**
Signature Date



Pindell Chase Dr
.11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **50** 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39
TAX MAP: **41** BLK: **14** PARCEL **59**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

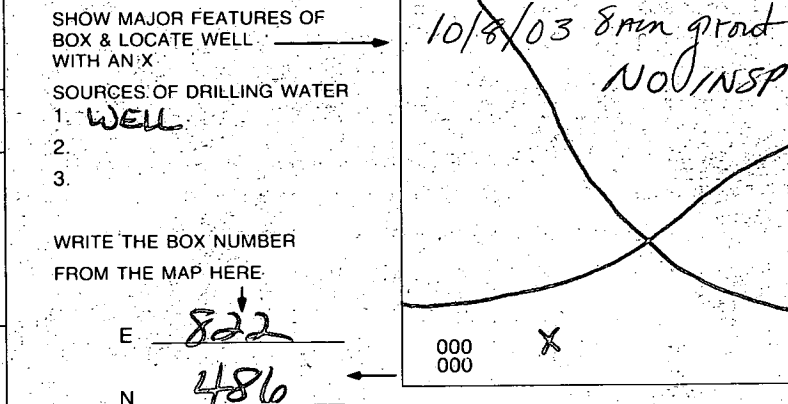
USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
AS14292-Y COUNTY NO.
STATE SIGNATURE
DATE ISSUED **07/03/03** **Mark E. Ripkin** **07/03/04**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **486 000** EAST GRID **822 000**
50 55 57 63

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



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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEM AN EXISTING WELL
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-94-3741**
70 71 72 73 74 75 76 77 78 79

APPLICATION

PERCOLATION TESTING

A 514292-Y

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. 20 24

ROAD AND DESCRIPTION SOUTHWEST CORNER OF INTERSECTION OF SIMPSON ROAD
AT PINDELL SCHOOL ROAD

TAX MAP 41 PARCEL # 59

SIZE OF LOT 1.0 Ac.± CLUSTER TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

Gene Iager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

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

THIS IS NOT A PERMIT

COUNTY #

LOT No.

SOIL PROFILE

0' 888
 org. brn
 cl/m

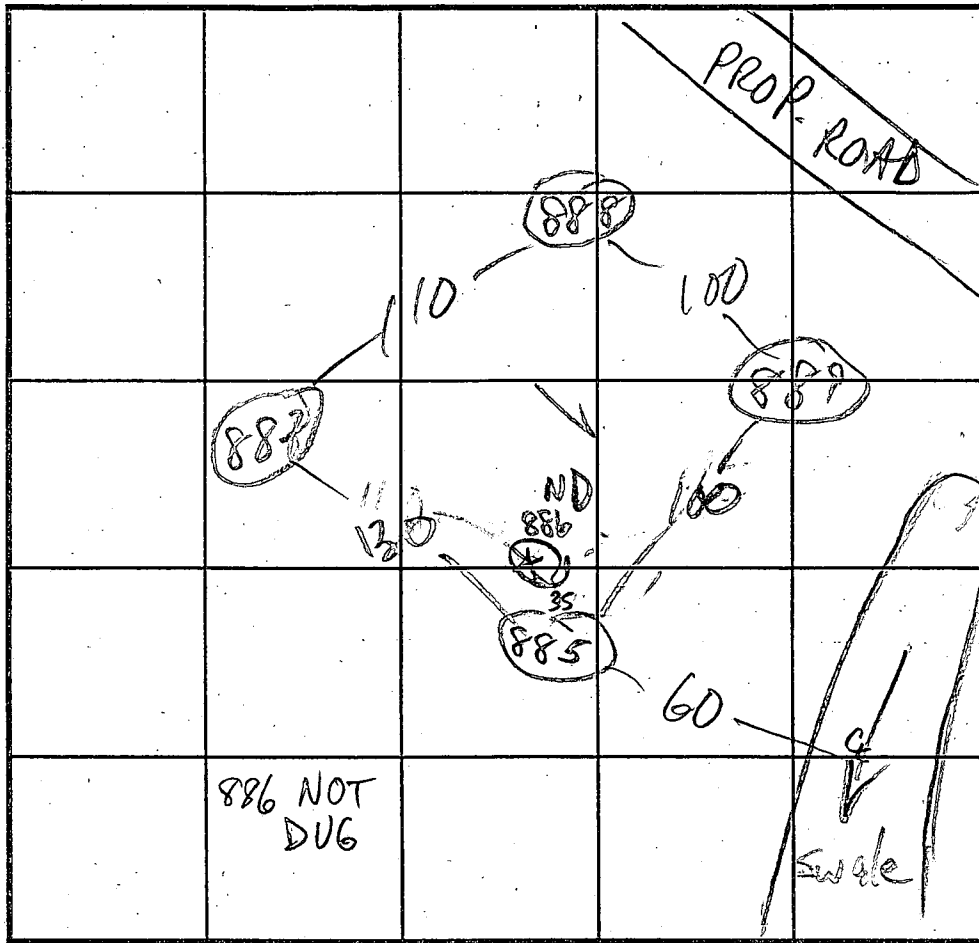
4-5
 Lt. red
 org. yel
 Lt. brn
 sa mica
 lm
 15-20%
 frags

SOIL PROFILE

0' 885
 org. brn
 yel cl/m

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

11 1/2
 13
 13 1/2
 mottled
 H₂O



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

13
 889
 brn yel
 cl/m

6
 dk. red
 maroon
 simicalm
 10-15%
 frags

13 1/2
 H₂O

887
 dark org
 cl/m

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

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 ₂ 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 ₂ 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. 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. 29

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. _____

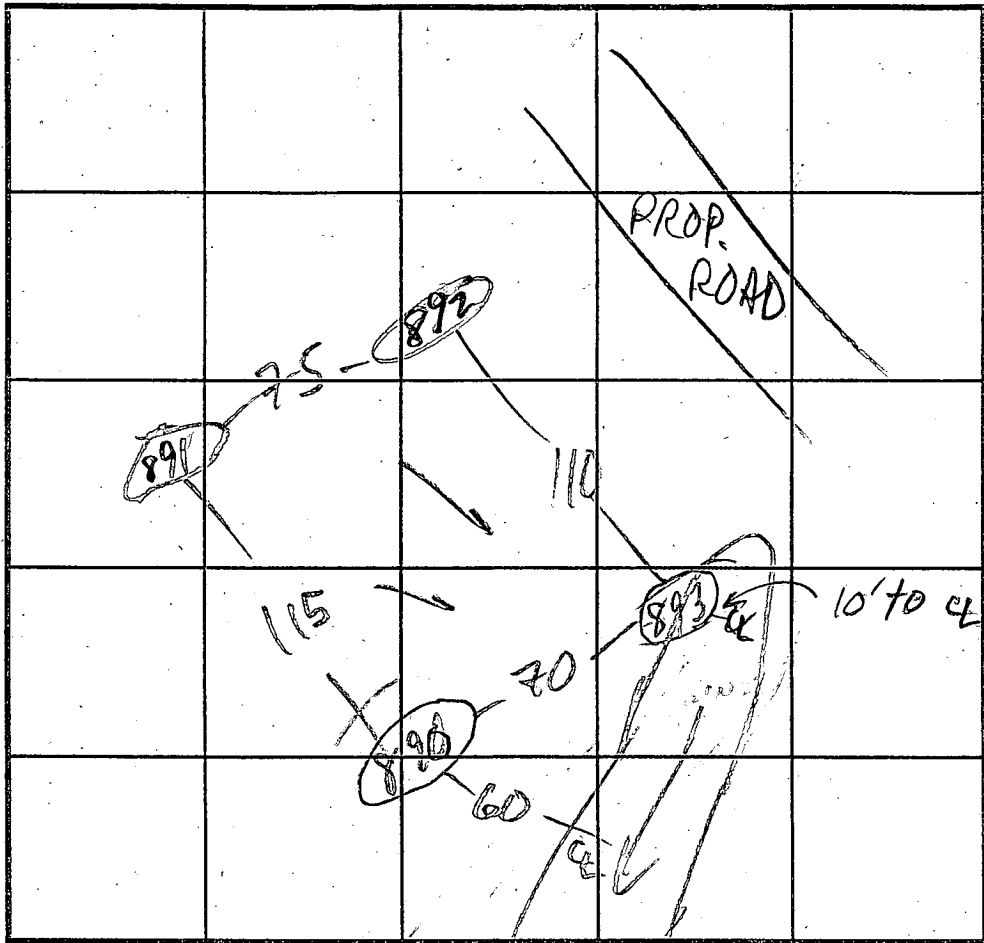
SOIL PROFILE

SOIL PROFILE

0' 891 892
 orge brn
 sacl lm

5' tan red
 brn
 sa mica lm
 10-25%
 frags

13 1/2'



0'

890 893

orge
 choc brn
 cl lm

5 1/2'

reddish
 brn yel

13 1/2'

si sa
 mica lm
 10%
 frags

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/28/00	891 S	6'3"	3:21	3:22	3:22	3:24	2	
	891 V	13'3"	20-25% frags		OK see profile			
12/29/00	892 S	6'4"	10:42	10:45	10:45	10:51	6	
	892 V	13'4"	10% frags		OK see profile			
	893 S	7'2"	11:10	11:22	11:22	11:54	32	
	893 V	14	H ₂ O @ 14' - HOLD FOR WET SEASON					
	890 S	6 1/2'	11:01	11:03	11:03	11:06	3	
	890 V	13 1/2'	mottled @ 12' - HOLD WET SEASON					

REMARKS WET SEASON TESTING REQ'D, HOLES PER PLAN

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 _____

COUNTY #

SOIL PROFILE

894

red brown silclm water coming in @ bottom of clay layer

5.5

red brn salm

14.0

water

900

red brn silclm

5.0

red brn salm

no evidence of H₂O
↓
dry

14.0

897

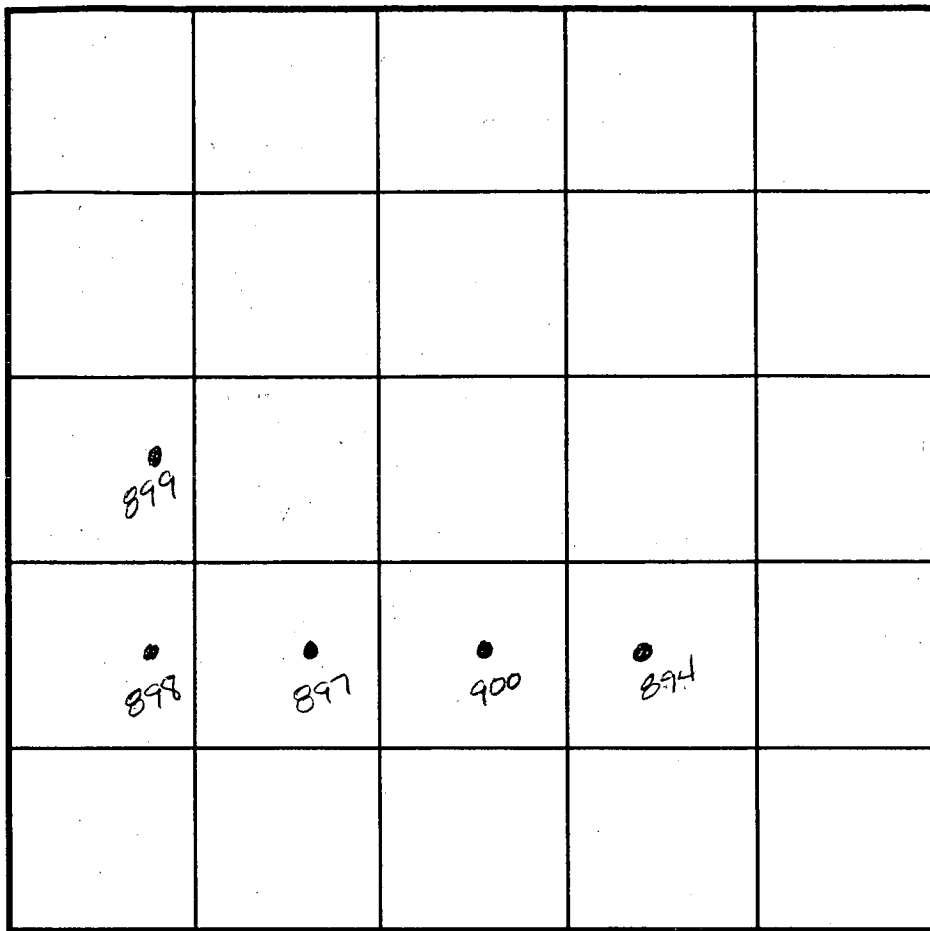
red brown silclm

4.0



13.3"

water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

898 899

red brown silclm

8.0

dark red brown salm mica 5%

14.5

↓
DRY

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	Deep clay		F
	898	6.0 / 14.5	6:50	insuff. depth to H ₂ O			F
	899	6.0 / 15.5	6:54	No mmt @ 7:15	Deep clay-		F
			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 _____

COUNTY #

LOT No. _____

SOIL PROFILE

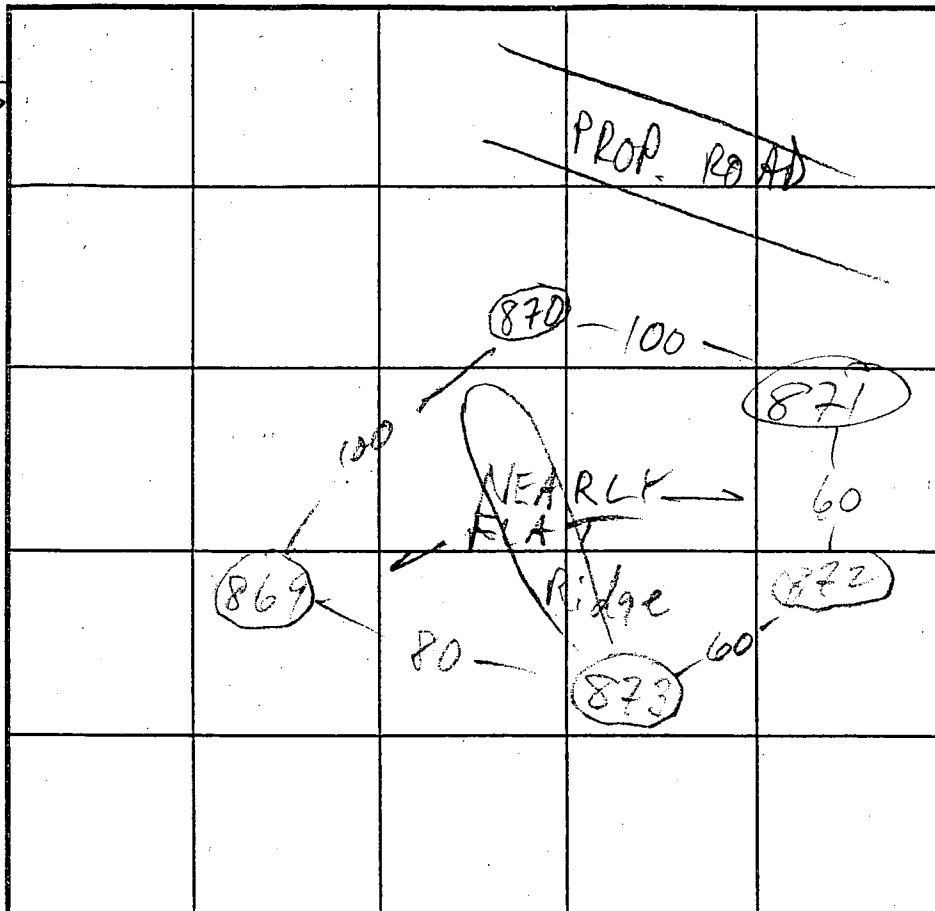
SOIL PROFILE

ALL HOLES

0' - 5'
org e brn
sac 1 m

5' - 13'
red tan
yel lt. brn
semical m
10-20%
frags

13-13'9"



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				
	871	6'3"	3:07	3:12	3:12	3:22	10
	871	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

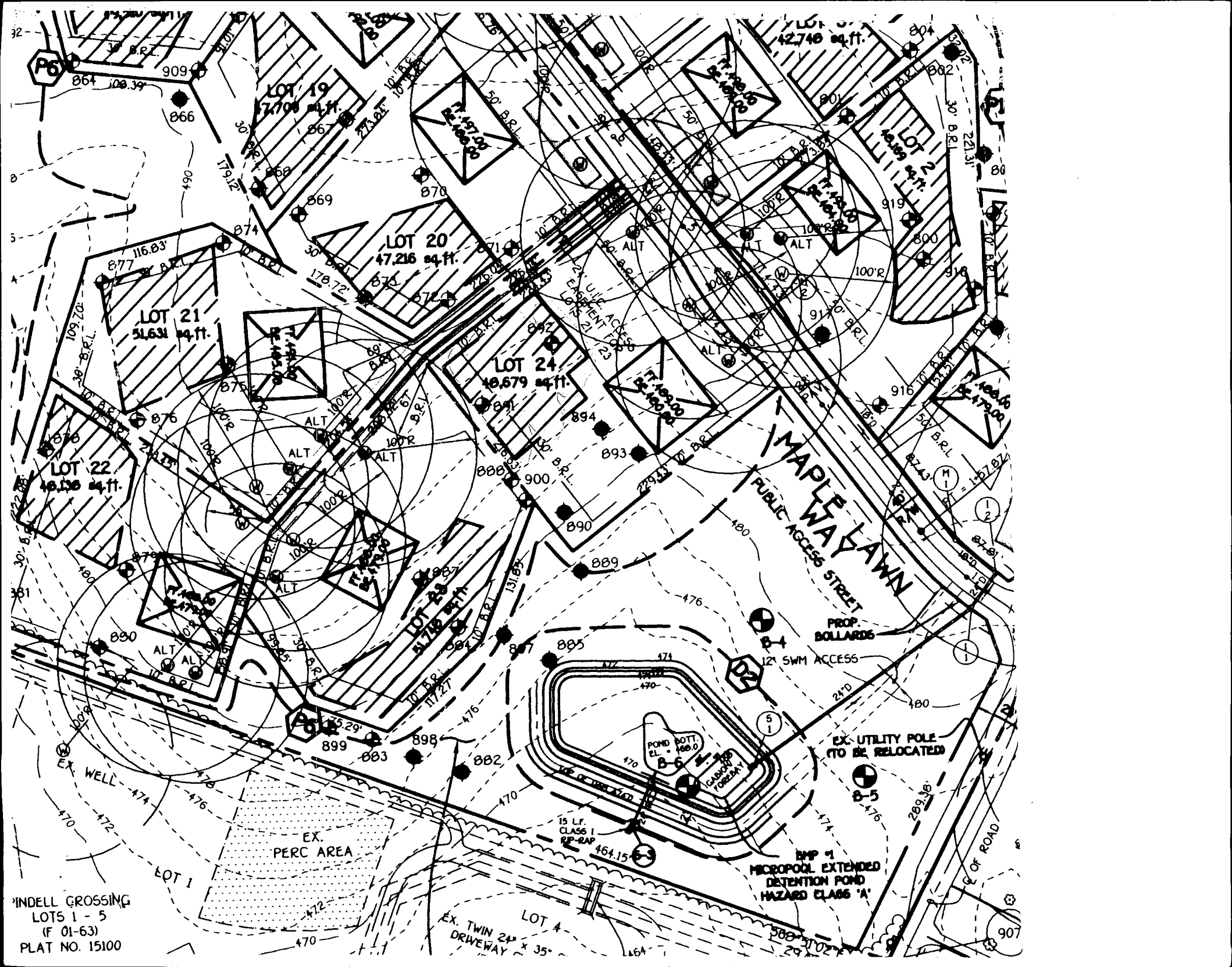
TYPE OF SOIL _____

TESTED BY M. Ritkin

ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



INDELL CROSSING
 LOTS 1 - 5
 (F 01-63)
 PLAT NO. 15100

LOT 4
 EX. TWIN 24'
 DRIVEWAY x 35'

IMP #1
 MICROPOOL EXTENDED
 DETENTION POND
 HAZARD CLASS 'A'

EX. UTILITY POLE
 (TO BE RELOCATED)

PROP.
 BOLLARDS

12' SWM ACCESS

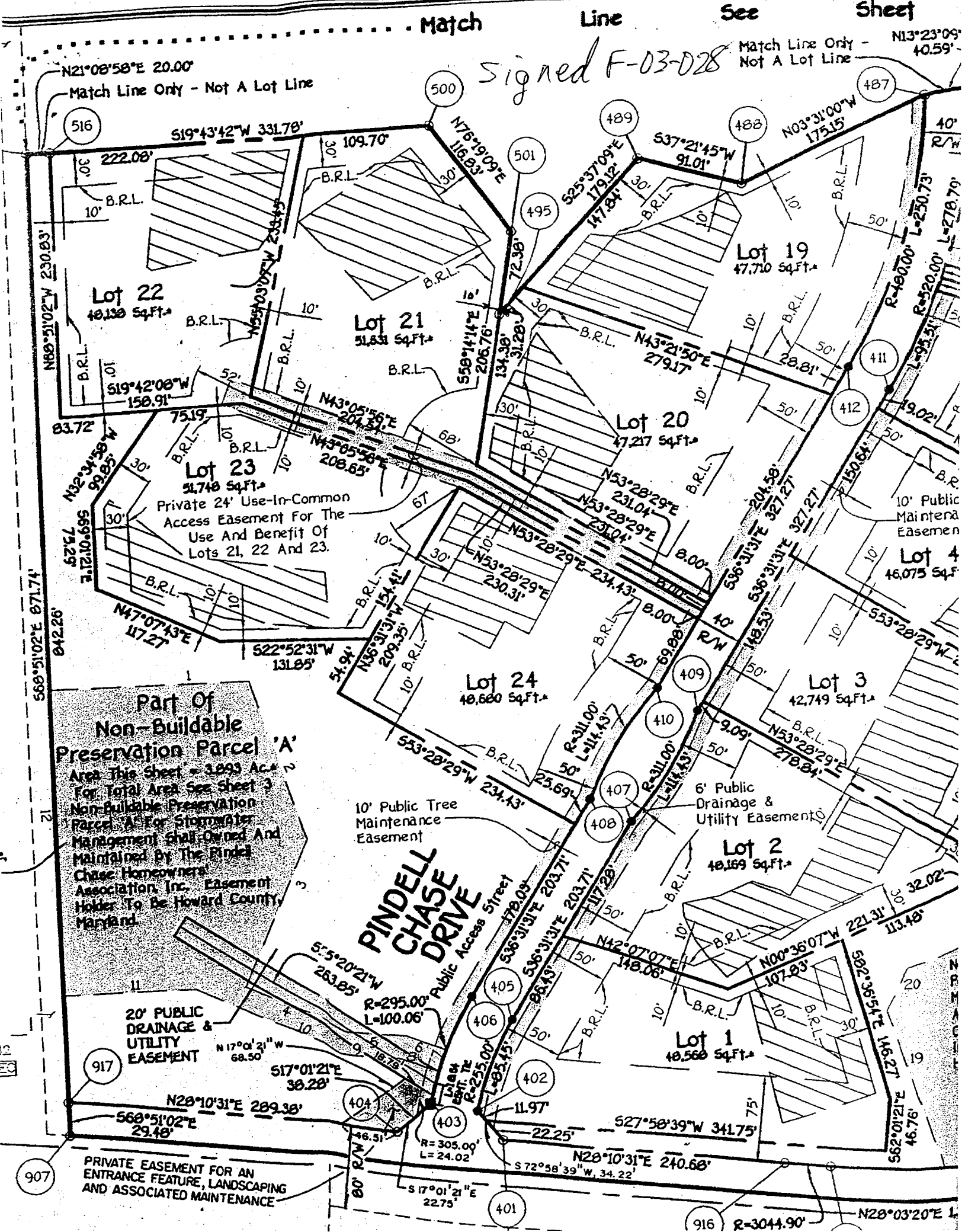
EX.
 PERC AREA

LOT 1

Signed F-03-028

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

N21°08'58"E 20.00'
Match Line Only - Not A Lot Line



Lot 22
40,130 Sq.Ft.

Lot 21
31,831 Sq.Ft.

Lot 19
47,710 Sq.Ft.

Lot 20
47,217 Sq.Ft.

Lot 23
31,748 Sq.Ft.

Private 24' Use-In-Common
Access Easement For The
Use And Benefit Of
Lots 21, 22 And 23.

Lot 24
40,860 Sq.Ft.

Lot 3
42,749 Sq.Ft.

Lot 2
40,169 Sq.Ft.

Lot 1
40,560 Sq.Ft.

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 Pindell
Chase Homeowners
Association, Inc. Easement
Holder To Be Howard County,
Maryland.

PINDELL
CHASE
DRIVE

20' PUBLIC
DRAINAGE &
UTILITY
EASEMENT

6' Public
Drainage &
Utility Easement

10' Public Tree
Maintenance
Easement

PRIVATE EASEMENT FOR AN
ENTRANCE FEATURE, LANDSCAPING
AND ASSOCIATED MAINTENANCE

10' Public
Mainena
Easemen

Lot 4
46,075 Sq.Ft.

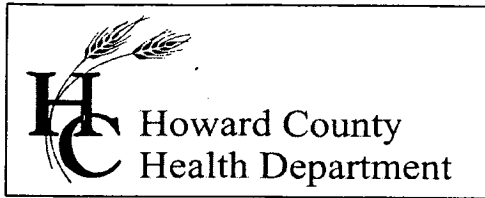
Lot 5
46,075 Sq.Ft.

Lot 6
46,075 Sq.Ft.

Lot 7
46,075 Sq.Ft.

Lot 8
46,075 Sq.Ft.

Lot 9
46,075 Sq.Ft.



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

May 28, 2004

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

SENT VIA FACSIMILE 410-531-8472

RE: 11707 Pindell Chase Drive
Pindell Chase, Lot 24
BP # B00144668
Well Permit # HO-94-3741

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 02/11/2004. Final approval of the well line connection to the dwelling was approved on 02/11/2004.**

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-94-3741. 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: 05/26/2004
Date of Well Completion: 10/09/2003

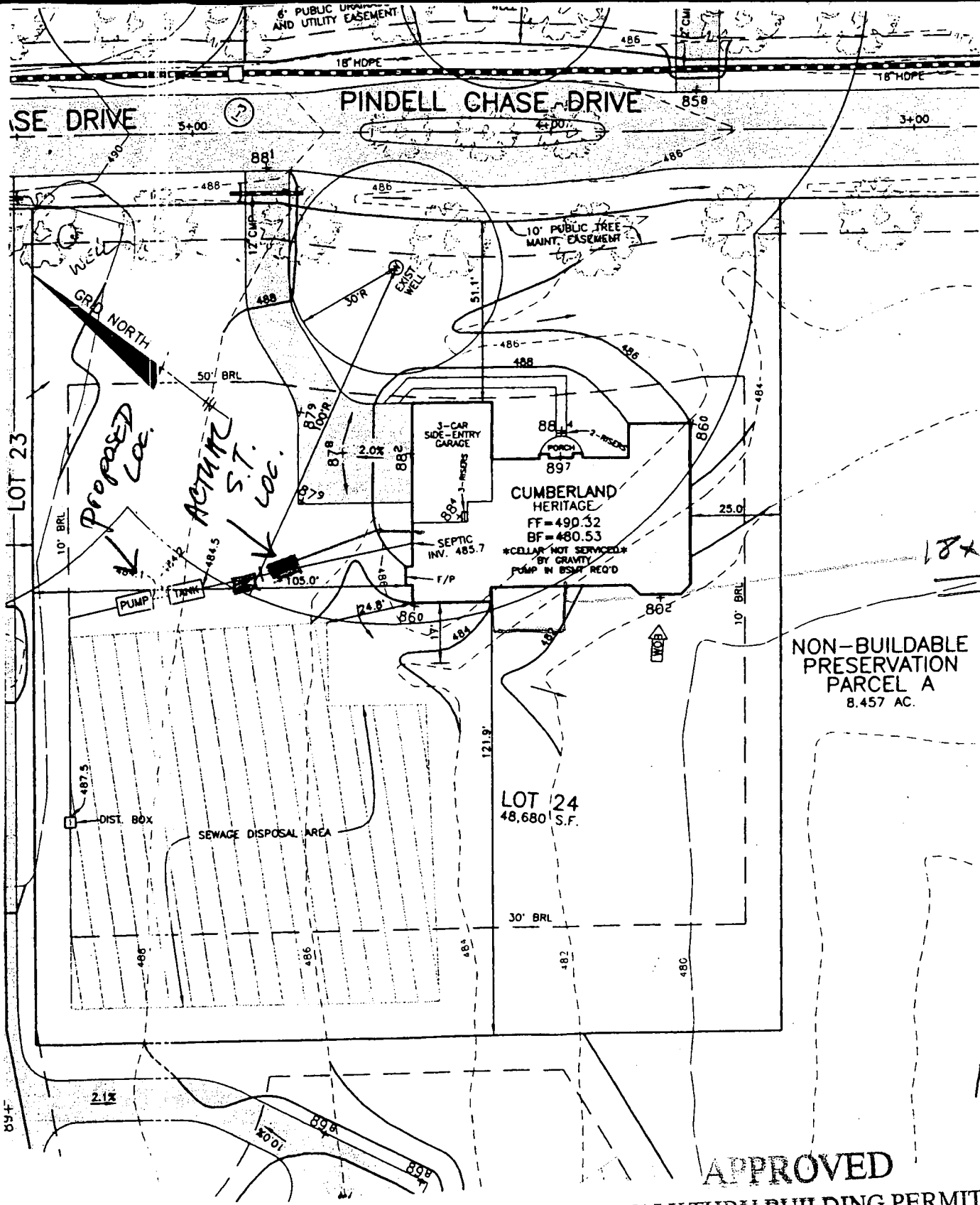
Respectfully,

Brian Baker, R. S.
Well and Septic Program

BB/mlb

cc: Building Inspector's Office
Community Services Program
File

- 4. EX TH
- 5. SP TH
- 6. STC
- 7. THE BY



18x16 DECK

NON-BUILDABLE PRESERVATION PARCEL A
8.457 AC.

1:40 scale

APPROVED

WALK-THRU BUILDING PERMIT
 BP# 00152684 A# 5142924
 APP. Joe Nomen DATE: 3/30/05
 DESC. OF WORK: Deck

DIANI

11707 PINDELL CHASE DR