

05 434 386

LAYOUT 10/28/03-11:30 INSP 4 _____
INSP 2 11/4/03 ~11:00 INSP 5 _____
INSP 3 ~~10/28/03~~ INSP 6 _____

ICOP 1/29/04
FEOP 3/29/04

ISSUE DATE: 10/23/2003

P 519638

APPROVAL DATE: 11/4/03

A 514687-FF

PERMIT INDEXED

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

Dale Thompson Builders IS PERMITTED TO INSTALL ALTER

ADDRESS: 6300 Woodside Ct, Columbia PHONE NUMBER: 410-995-6736

SUBDIVISION: Pindell Woods LOT NUMBER: 32

ADDRESS: 7028 Meandering Stream Way PROPERTY OWNER: Dale Thompson Builders

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: 210

LINEAR FEET OF TRENCH REQUIRED: 210 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the upper corner easement stake that is closest to the house (see permit plan). Run trenches on contour away from the garage.
NOTES:	

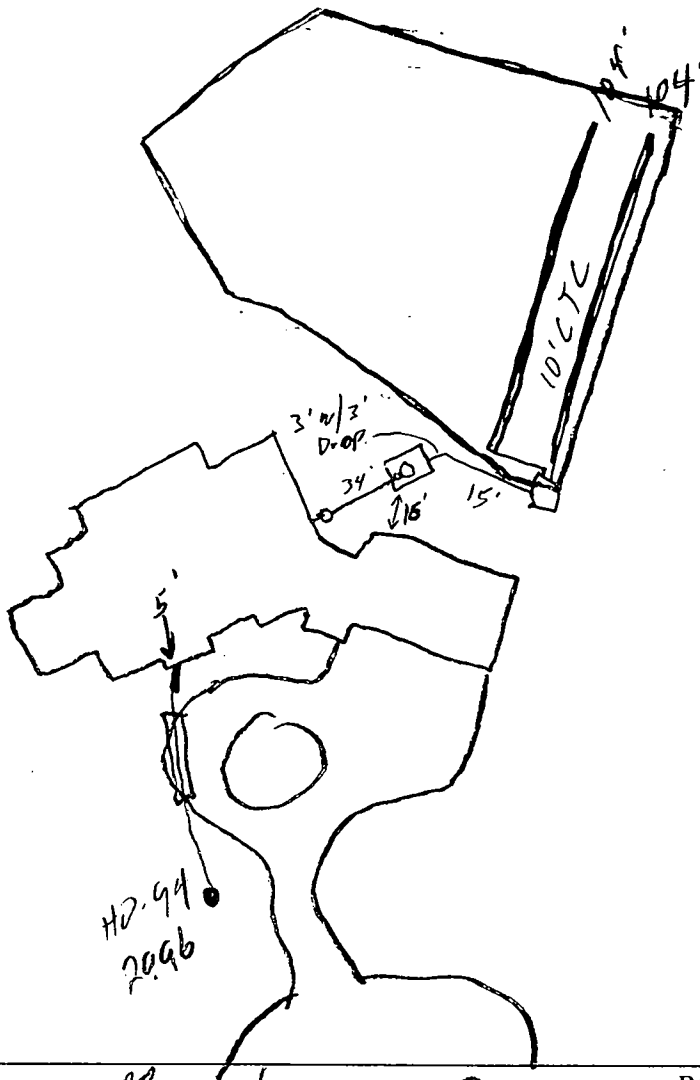
PLANS APPROVED: Brian Baker *BPB* DATE: 5/7/03

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**

AS14 687-FF

NOT TO SCALE



Meandering Stream way ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	7'
NUMBER OF TRENCHES		2
TOTAL LENGTH		208'
ABSORPTION AREA		832 4
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 10/28/03 - SRA staked, contours appears accurate
 Install (3) 100-105' trenches on contour (SO)
 INSTALLATION 11/4/03 - Tank set, 1 trench installed (SO)
 11/4/03 - OK to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 11/4/03

APPLICATION

PERCOLATION TESTING

A 514687

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 H Y Real Estate Joint Venture, c/o Robert B. Canter, Esquire

ADDRESS 11921 Rockville Pike, Suite 300 PHONE (301) 230-5220
Rockville, MD. 20852-2737

AGENT OR PROSPECTIVE BUYER Mount View, LLC. Attention: Paul M. Revelle

ADDRESS 6258 Cardinal La, Columbia Md. 21044 PHONE (410) 992 5805

PROPERTY LOCATION:

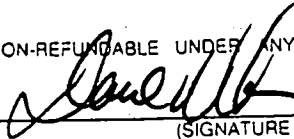
SUBDIVISION Pindell Woods LOT NO. 32

ROAD AND DESCRIPTION "B"

TAX MAP 41 PARCEL # 274 & 275

SIZE OF LOT 1-Acre Lot TYPE BLDG. Single Family Dwelling
(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

619

0' topsoil

6" org brn cl Lm

3.5' pale org red tan sa mica Lm

15%+ sapr sh

12'

620

6" topsoil

br red org brn cl Lm

3'-3.5' med red org brn sa mica Lm

18-20% sapr sh

13'

677

6" topsoil

br org red brn cl Lm

4.5' pale org red brn sa mica Lm

25%+ sapr sh

12'

SOIL PROFILE

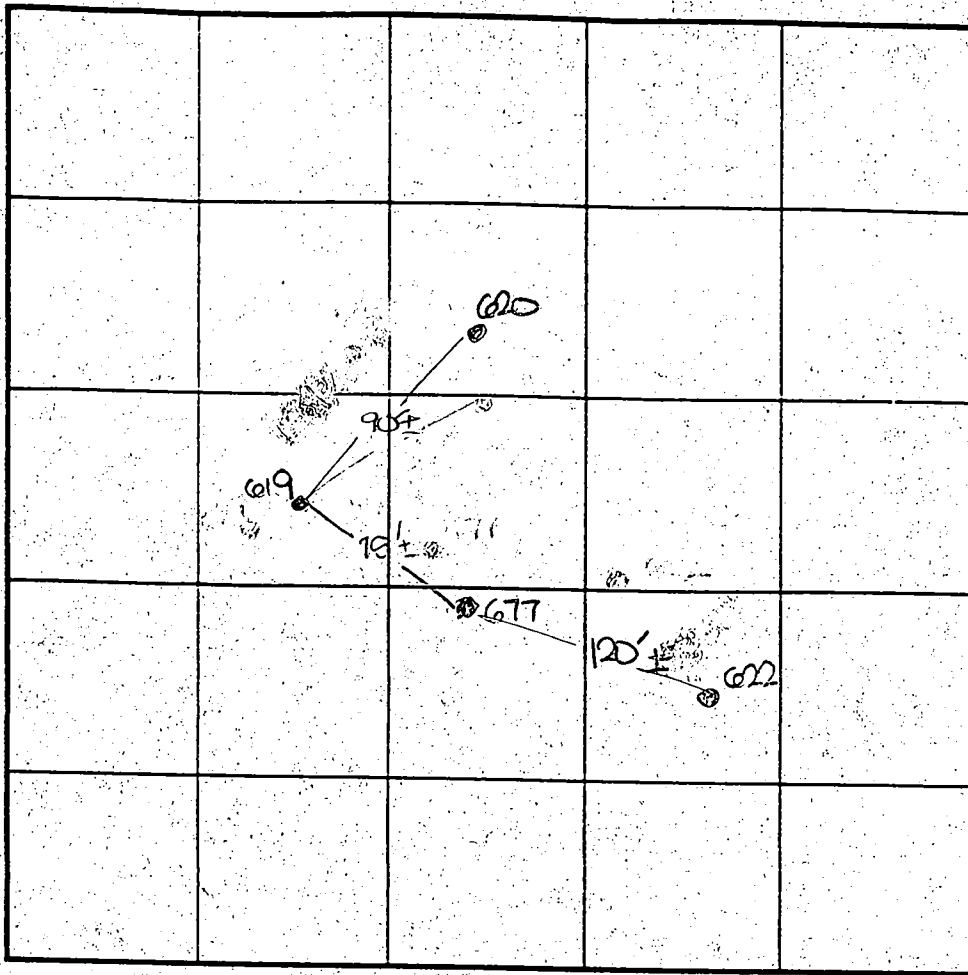
622

0' topsoil

6" br red brn cl Lm

4' med red org brn sa mica Lm

11' 20% sapr sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - DROP		TIME
			START	STOP	START	STOP	
6-28-00	677	4.0'S	3:25	little slow	-test	stopped	OK below
		12.0'D	visual	-see	profile		OK
	619	3.2'S	3:27	3:32	3:32	3:44	12
		12.0'D	visual	-see	profile		OK
	620	13.0'D	visual	-see	profile		OK
	622	4.0'S	3:39	3:40	3:40	3:43	3
		11.0'D	visual	-see	profile		OK

REMARKS holes tested as staked

TYPE OF SOIL _____

TESTED BY DLS ALSO PRESENT C. Lepp, R. Cohen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

LOT 32

COUNTY #

SOIL PROFILE

809

0'
 6" topsoil
 org brn
 sa cl lm
 2.5'
 2.5'
 med
 pk brn
 sa mica
 lm
 10-15%
 rock
 12.5'

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	
10-26-00	809	3.0'S	11:25 _{am}	11:27 _{am}	11:27 _{am}	11:31	4
		12.5' D	Visual - See		profile		OK

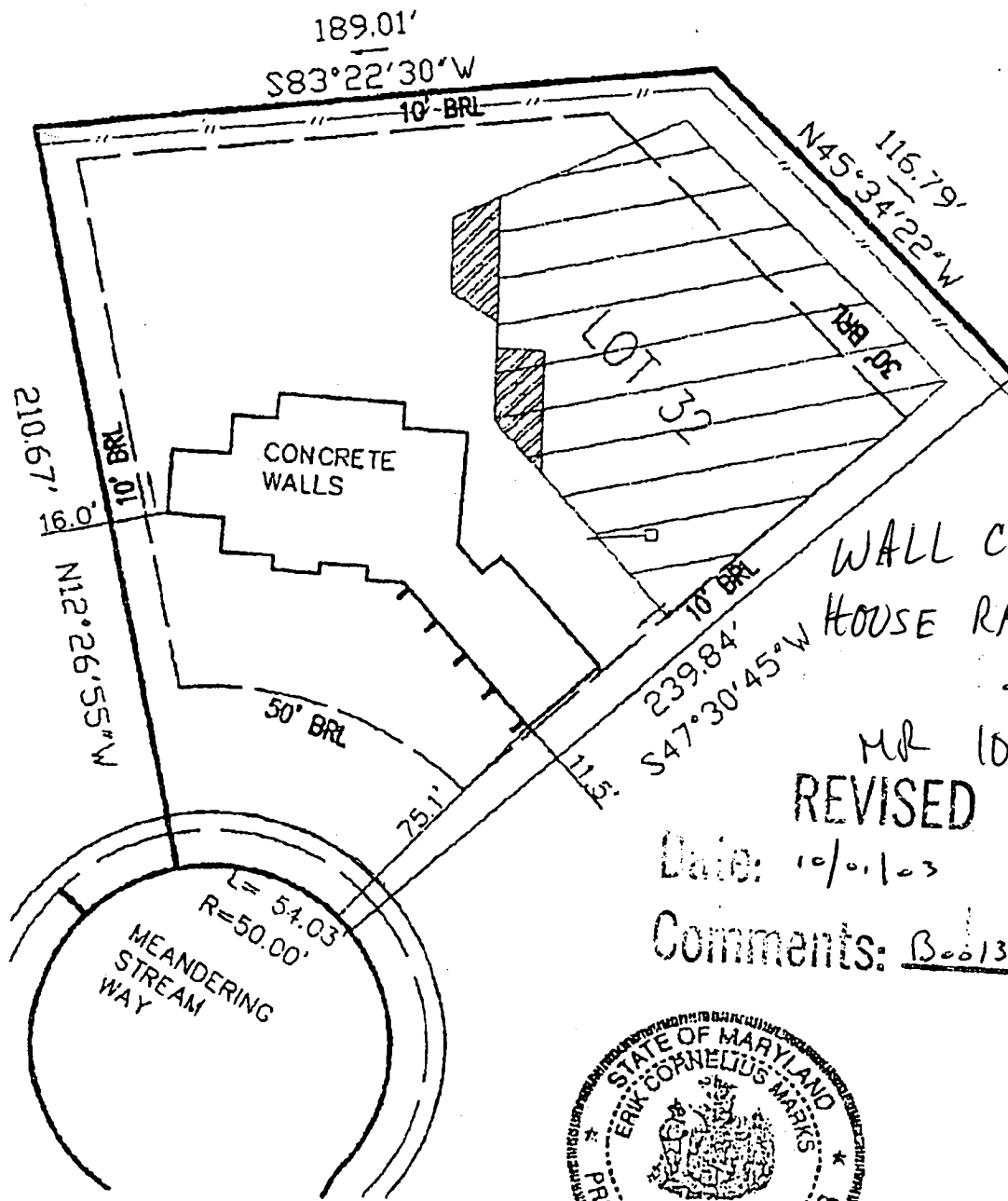
REMARKS hole tested as stated

TYPE OF SOIL _____

TESTED BY DCE ALSO PRESENT C. Zepp, P. Rowell

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



MD. STATE GRID MERIDIAN

WALL CHECK OK
HOUSE RAISED 2.0'±
MR 10/23/03

REVISED

Date: 10/01/03

Comments: B00138394



TOP OF WALL ELEV. = 458.2'

RECORD REFERENCES

LIBER/FOLIO _____
PLAT BOOK _____
PLAT NO./FOLIO 14924

SCALE 1"=50'
DATE 6/01/03

WALL CHECK

LOT 32 PINDELL WOODS

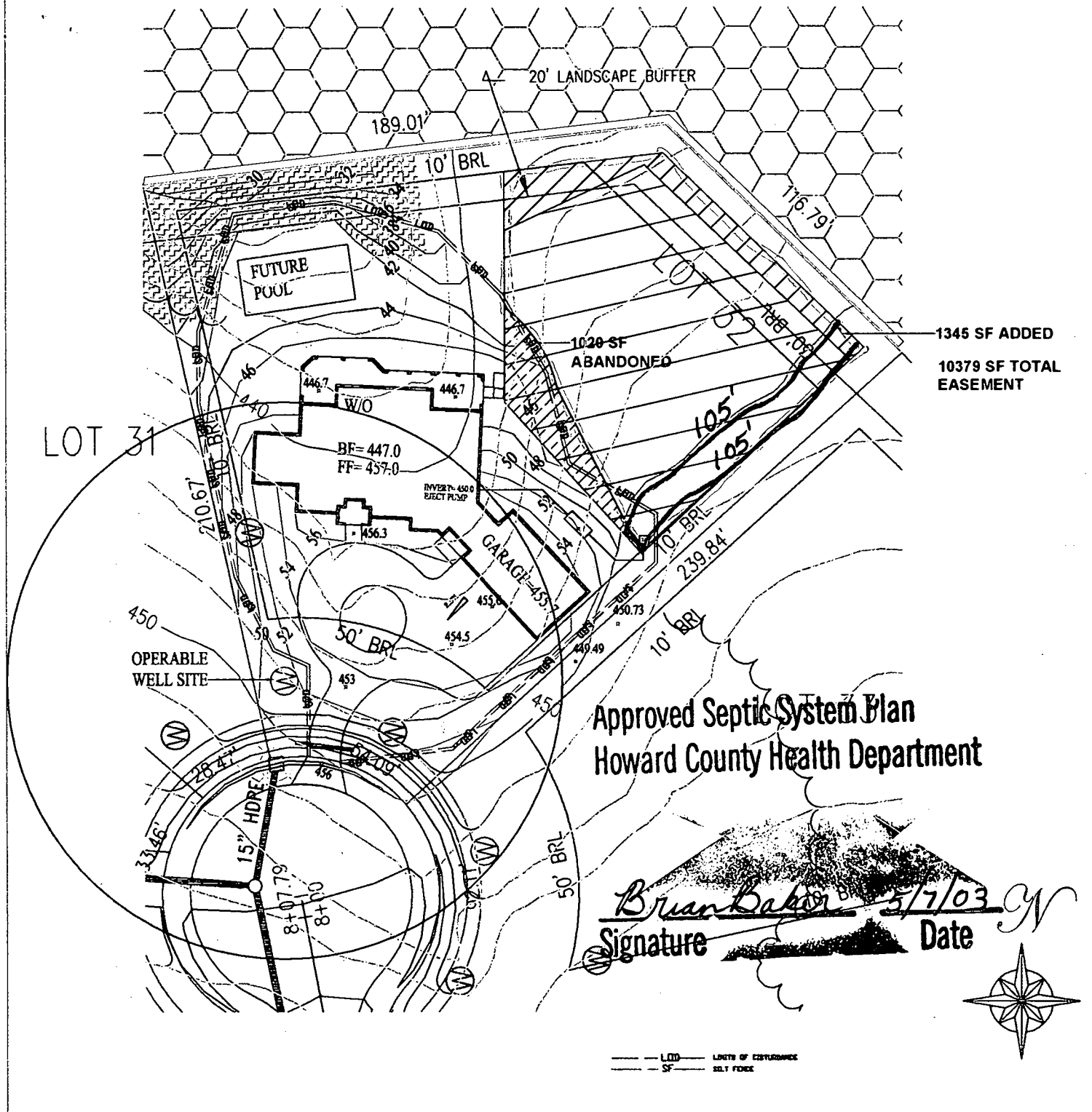
HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES

ENGINEERING -SURVEYING-LAND PLANNING
4531 COLLEGE AVENUE ELLICOTT CITY, MARYLAND
TELEPHONE (410)747-8738 FAX (410)747-8739

I HEREBY CERTIFY, THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Erik C. Marks
ERIK C. MARKS R.P.L.S. #607



PLOT PLAN

SINGLE FAMILY DWELLING
MELLION RESIDENCE
LOT 32
PINDELL WOODS
HOWARD COUNTY, MARYLAND

DATE: MAY 8 2003
SCALE: 1" = 50'

OWNER/BUILDER:
DALE THOMPSON BUILDERS
6300 WOODSIDE COURT
COLUMBIA, MD 21046
410-995-6736

PROPOSED ELEVATIONS:

BASEMENT:	447.0
FIRST FLOOR:	457.0
INVERT OUT OF HOUSE:	450.0
INVERT INTO TANK:	447.0
INVERT INTO DISTRIBUTION BOX:	446.5
INVERT INTO TRENCHES:	446.0
GRADE AT SEPTIC TANK:	450.0
GRADE AT DISTRIBUTION BOX:	450.4
GRADE AT TRENCHES:	451.0
PAVING SPECIFICATIONS:	
2" ASPHALT OVER 4" CR-6 OR	
2.5" ASPHALT OVER 1.5" OVERLAY	

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: Holloughby Plumb Telephone #: 410-781-7051
Address: 1203 Patrick Dr
Sevensville, 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): Chris Willoughby License# 6992

*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: DALE THOMPSON OLDS Telephone #: 410-995-6156
Subdivision: PINDEL WOODS Lot # 32 Well Tag #: HO94-2996
Site Address: 1028 Meandering Stream
Fulton, MD 20759

Submersible Pump Make: VACUZZI Pitless Adapter Make: HAZARD Well Cap and Electric Conduit
Model #: _____ Model #: _____ Two piece watertight cap:
Pump Capacity _____ GPM Depth: 48" (36" min) Screened, vented well cap:
Well Yield: 10 GPM NSF approved: _____ Cap secured to casing:
Depth of well encountered at time of pump installation: 180 feet Conduit min 1 1/2" B.G.:
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 _____

Piping to house Type: WEST LINE House Connection PVC sleeved to undisturbed soil at well penetration:
PSI: 1" (160 psi min) Approximate length of sleeve: 6'
Depth of supply line: 36" min Sleeve caulked and sealed properly:

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: Chris Willoughby date: 10/28/03

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

Date Insp. Requested: 11/5/03, 11/13/03 5 PM Date Insp. Approved: (MD)
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

MD-215 (Rev. 8/00) 11/13/03 NEW GROUT NOT OBS'D

MR BUT ACCEPTED - WELL LOC HAS 5' FILL;
ORIG. GROUT PRESUMABLY INTACT
No Grout Informed Builder to resolve

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2996
 Location of property (road) Meandering Stream Way
 Subdivision Pindell Woods Lot 32 Block Plat Sec.
 Well Driller R. Mayne Owner Dale Thompson Builders

Depth of well 180'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 44'

I. High rate pumping -- reservoir drawdown Pump Set 160'
 Time pump started 9:00 Pumping rate 10 GPM
 Total time 15 min to reach pumping water level 50 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 <u>5</u> -gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	44 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
9:15	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
9:30	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
9:45	50 <u>"</u>	6 <u>"</u>		10 <u>"</u>
10:00	50 <u>"</u>	6 <u>"</u>		10 <u>"</u>
10:15	50 <u>"</u>	6 <u>"</u>		10 <u>"</u>
10:30	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
10:45	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
11:00	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
11:15	50 <u>"</u>	6 <u>"</u>		10 <u>"</u>
11:30	50 <u>"</u>	6 <u>"</u>		10 <u>"</u>
11:45	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
12:00	50 <u>ft</u>	6 <u>Sec</u>		10 <u>GPM</u>
12:15	50 <u>ft</u>	6 <u>Sec</u>	10 <u>GPM</u>	

B 1 18636

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-2916 (K) fill in this form completely 5/15/01

W514687 please print or type

Date Received (APA)

12/13/00

OWNER INFORMATION

Thomas, Dale, Builders
Last Name, First Name
630 Woodside Court
Columbia, MD 21045
Town, State, Zip

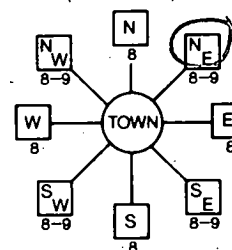
B 3 Howard LOCATION OF WELL

8 COUNTY 21
Pindellwoods
23 SUBDIVISION 42
SECTION 44 46 LOT 30 48 50
Fallow
52 NEAREST TOWN 71

DRILLER INFORMATION

Ralph Mayne MSO 117
Driller's Name License No.
Ralph Mayne Well Drilling
Firm Name
17024 Hardy RD. Mt. Airy MD
Address
Signature Date 12-8-00

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meandering Stream W/
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

B 2 WELL INFORMATION

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

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 02/22/01 EXP. DATE 02/21/02
NORTH GRID 823 000 EAST GRID 0488 000

APPROXIMATE DEPTH OF WELL 150 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
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

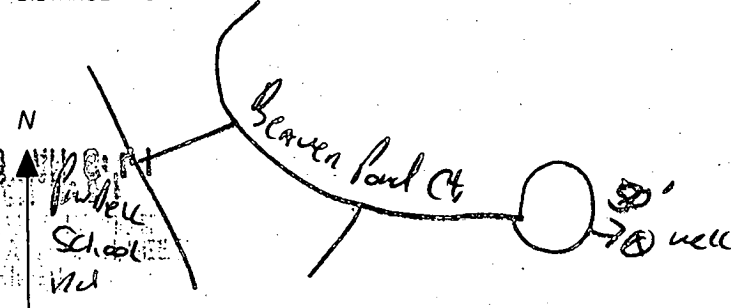
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 4808
N 8203

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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL DEEPEMED AN EXISTING WELL

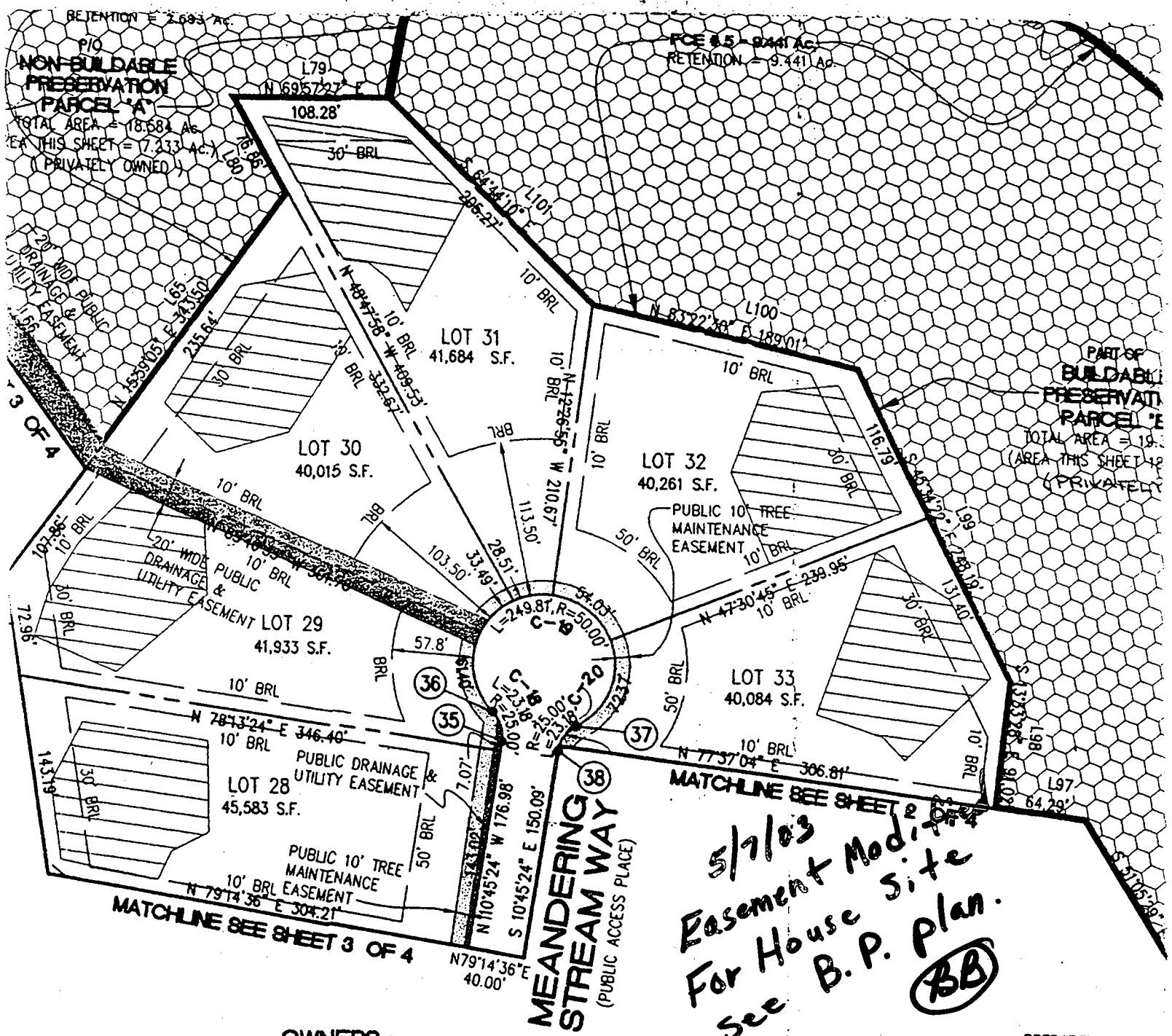
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

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

APPROP. PERMIT NUMBER HO 00 GAP 012(01)
PERMIT No. HO-94-2916

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



OWNERS :

CLARENCE AND MARTHA CARVELL
 7106 PINDELL SCHOOL ROAD
 FULTON, MD. 20759

MOUNT VIEW, LLC.
 6258 CARDINAL LA.
 COLUMBIA, MD. 21044

DEVELOPER :

MOUNT VIEW, LLC.
 6258 CARDINAL LA.
 COLUMBIA, MD. 21044

PREPARED BY :

AMERICAN LA

