

LAYOUT 5/18/04 INSP 4 _____
 INSP 2 5/26/04 INSP 5 _____
 INSP 3 6/03/04 INSP 6 _____

ISSUE DATE: 5-11-04

APPROVAL DATE: 10/27/04

PERMIT

INDEXED 05-436907

P 520349-D
 A 514292-Q

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Pindell Chase LOT NUMBER: 16

ADDRESS: 11755 Pindell Chase Drive PROPERTY OWNER: Toll MD II

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180/160 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 10' downhill of the highest easement stake closest to the house. Run 80' 80' trench on contour to rear of the lot.
NOTES:	All septic tanks must be at least 100' from the well.

PLANS APPROVED: MER / RN DATE: 11/24/03

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

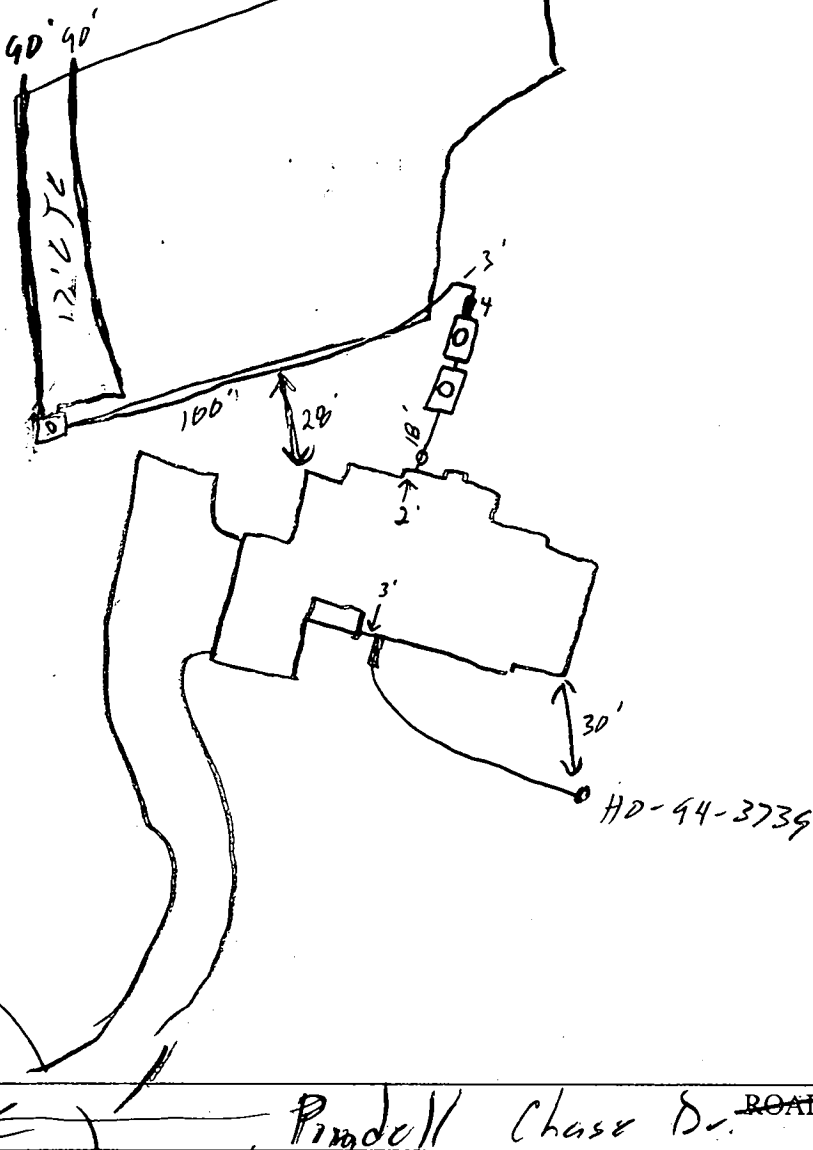
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

1-2005 800151967 FG POOL
 4-2005 800183393 PERBOLA

A514292-Q

NOT TO SCALE



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

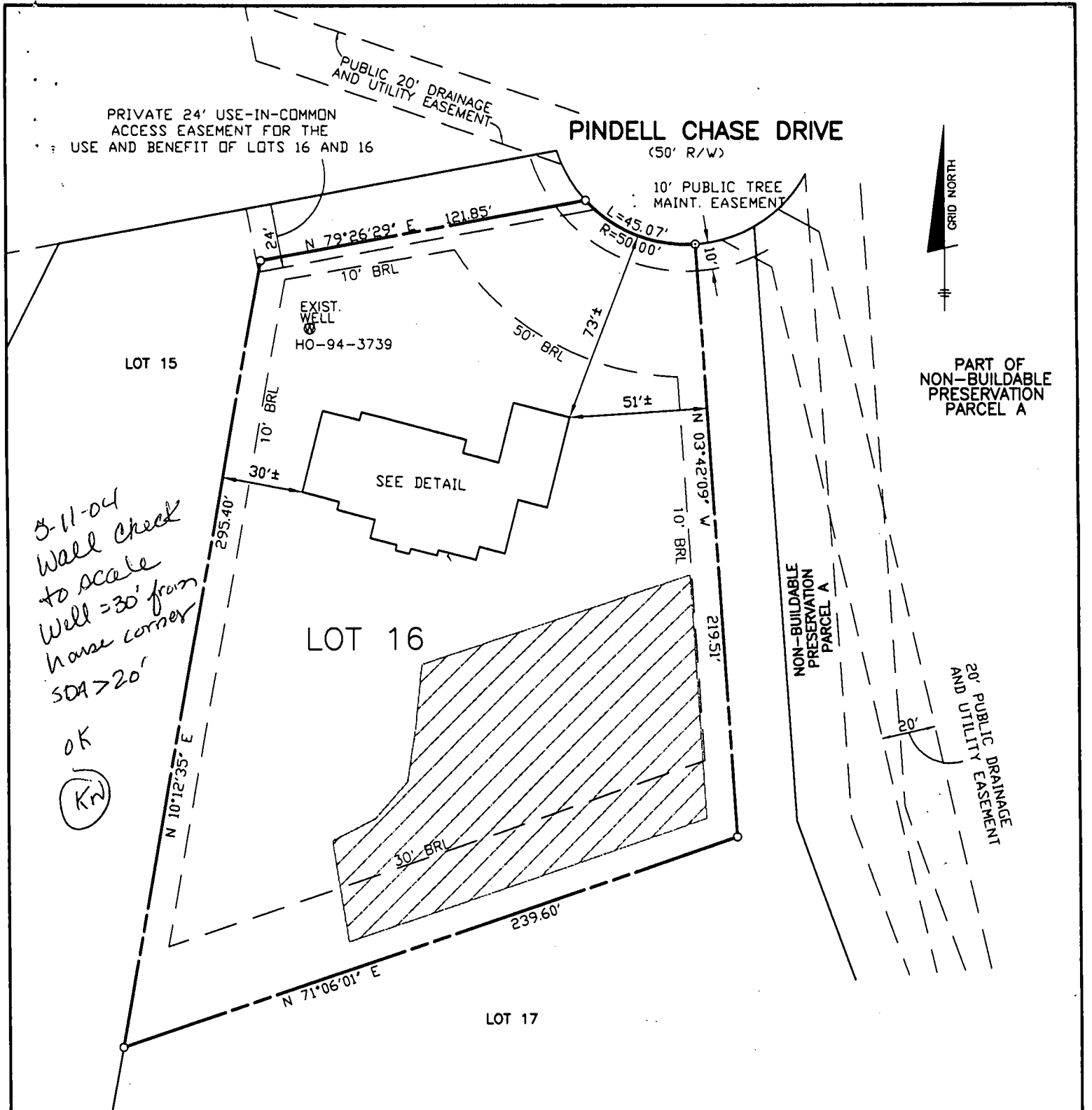
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	_____
MANHOLE LOC	Center
6" PORT LOC	_____
WATERTIGHT TEST	_____
SEPTIC TANK 2 LEVEL	<input checked="" type="checkbox"/>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

PRE-CONSTRUCTION 5/18/04 - SRA Not stake, contour looks accurate Install (2) trenches as close to 90' as possible after

INSTALLATION lot gets staked (SO) 5/29/04 - 1 trench installed OK to cover (SO) 6/3/04 - Complete system installed OK to cover, Pump & Alarm tests needed (SO) 10/27/04 Pump and alarm working. (BB)

AND RETURNED
BUILT DIRECTLY FROM

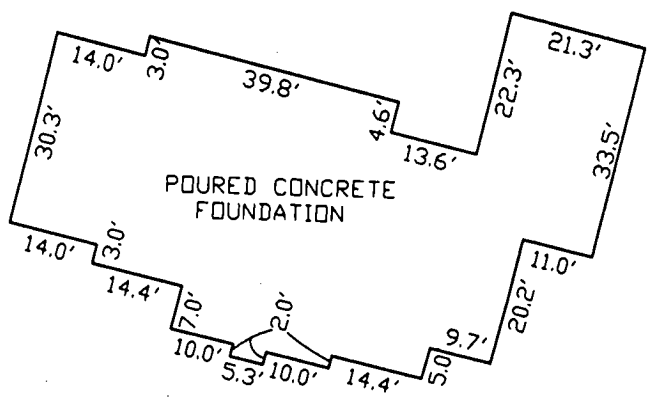
FINAL INSPECTOR B. Baker DATE OF APPROVAL 10/27/04



TOP OF FOUNDATION WALL ELEVATION = 488.7'
 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 04/06/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLIN, & CARTER, INC. ENTITLED "PINDELL CHASE LOTS 1 THRU 24", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 16074



FOUNDATION DETAIL

SCALE: 1" = 30'

WALL CHECK

PINDELL CHASE
LOTS 1 THRU 24
LOT No. 16

11755 PINDELL CHASE DRIVE

5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 04/06/04

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. 16074
 FEMA FIRM No. 240044 0038 B
 ZONE: C
 DATED: 12/04/86



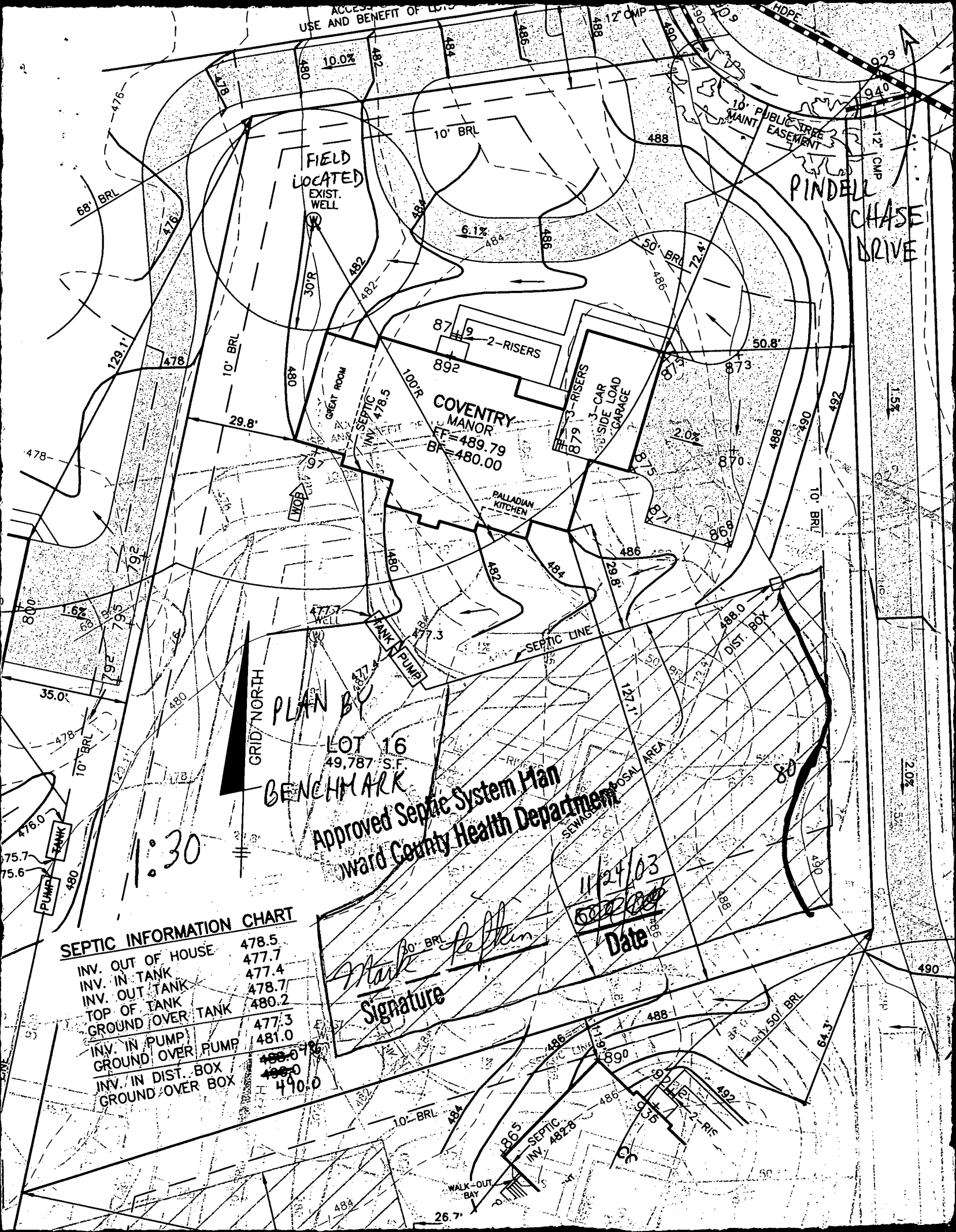
BENCHMARK

ENGINEERS • LAND SURVEYORS • PLANNERS

ENGINEERING, INC.

8400 BALTIMORE NATIONAL PIKE & SUITE 410
 ELLICOTT CITY, MARYLAND 21043
 phone: 410-483-8103 • fax: 410-483-8844
 email: Benchmark@cale.com

ACCESS AND BENEFIT OF LOTS



PINDELL CHASE DRIVE

FIELD LOCATED EXIST. WELL

COVENTRY MANOR
FT=489.79
BF=480.00

GRID NORTH
PLAN BY
LOT 16
49,787 S.F.
BENCHMARK

Approved Septic System Plan
ward County Health Department

Mark Leffler
Signature

11/24/03
Date

SEPTIC INFORMATION CHART

INV. OUT OF HOUSE	478.5
INV. IN TANK	477.7
INV. OUT TANK	478.7
TOP OF TANK	480.2
GROUND OVER TANK	477.3
INV. IN PUMP	481.0
GROUND OVER PUMP	488.0
INV. IN DIST. BOX	488.0
GROUND OVER BOX	490.0

1:30

16074 60000 8472

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3630 COURT HOUSE DRIVE
FALLS CHURCH CITY, MD 21043
PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
130044947 MER

Building Address 11755 Pinell Chase Dr

Extension A10 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 105102 Subdivision Pinell Chase

Section _____ Area _____ Lot 16

Tax Map 411 Parcel 57 Grid 14

Zoning R1 Map Coordinates 11751 Lot size 1.14

Existing Use Vacant lot

Proposed Use SFU

Estimated Construction Cost \$ 250,000

Description of Work Contractor's building SFD 2 story
6.12x11.2 483, 103 CP - 3 car garage

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Property Owner's Name Toll MD II

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21044

Home Phone _____ Work Phone 410 531-8411

Applicant's Name & Mailing Address, (if other than stated hereon):
Mike Fitzgerald

11441 Semmes Rd

Chesapeake, MD 21027

Phone 410 531-8471 Fax 410 531-8472

Contact Person Mike Fitzgerald

Address 7164 Columbia Gateway Dr #230

City Columbia State MD Zip Code 21044

License No. 674

Phone 410 531-8471 Fax 410 531-8472

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

Reinforced Concrete

Structural Steel

Masonry

Wood Frame

State Certified Modular

Water Supply:

Public

Private

Sewage Disposal:

Public

Private

Electric Yes No

Gas Yes No

Heating System:

Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

Full

Partial

Other Suppression

of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse

Depth Width

1st floor: 60' 75'

2nd floor: 4' 64'

Basement: 43' 63'

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 4

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: 4x8

Roof: Asph/Flt

State Certified Modular

Manufactured Home

Water Supply:

Public

Private

Sewage Disposal:

Public

Private

Electric Yes No

Gas Yes No

Heating System:

Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

NFPA #13D

NFPA #13R

Other

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

Member of Permit Management
Title/Company

Mike Fitzgerald
Print Name

11/24/03
Date

MR 11/24/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY

AGENCY
Land Development, DPZ
State Highway

DATE
SIGNATURE APPROVAL

DPZ SETBACK INFORMATION
Front: _____
Rear: _____

PROPERTY ID# 60092
Filing fee \$ 100
Permit fee \$ _____

**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 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 (ID Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Eagles 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. Licensee may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: _____
Subdivision: Pindell Chase Lot #: 16 Well Tag #: HO-94-789
Site Address: 11755 Pindell Chase Dr

HO-94-3739 ✓

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Corolds</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>4</u>
Model #: <u>ET75B07422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>4</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>1.5</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>300</u> (feet)		Conduit secured to well cap: <u>yes</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.1		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

Piping to house	House Connection
Type: <u>1" Black Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>160</u> (160 psi min)	Approximate length of sleeve: <u>5</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

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

Signature of company representative responsible for installation: Allen Compton date: 10-14-04

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

Date Insp. Requested: _____ Date Insp. Approved: 9/27/04 (50)

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 3948	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 4 5 6 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A514292-2</u>

ST/CO USE ONLY DATE RECEIVED MM DD YY 8 . 13	DATE WELL COMPLETED MM DD YY 10 15 03	DEPTH OF WELL 22 300 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3739 28 29 30 31 32 33 34 35 36 37
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OWNER TOLL BROTHERS
 STREET OR RFD PINDELL CHASE DRIVE TOWN COLUMBIA
 SUBDIVISION PINDELL CHASE SECTION LOT 16

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	76	
Gray	76	200	
White	200	201	✓
Gray	201	300	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) Y N

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 32 NO. OF POUNDS 3002
 GALLONS OF WATER 192
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 78 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	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
<u>ST</u>	<u>06</u>	<u>81</u>
60 61	63 64	66 67 68 69 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

DEPTH (nearest ft.)

C2	<u>HO</u>	<u>81</u>	<u>300</u>
E	8 9 11	15 17	21
A	23 24 26	30 32	36
C	38 39 41	45 47	51
S	SLOT SIZE 1 ___ 2 ___ 3 ___		
R	DIAMETER OF SCREEN (NEAREST INCH)		
E	56 60	from to	

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

68

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min.) 1.5

METHOD USED TO MEASURE PUMPING RATE 1 gal

WATER LEVEL (distance from land surface)

BEFORE PUMPING 4 ft.

WHEN PUMPING 85 ft.

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 (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

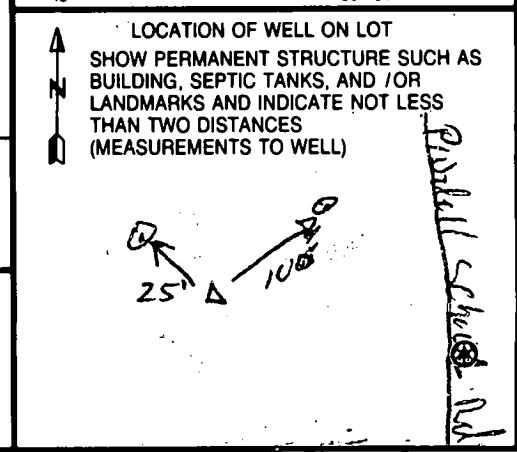
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

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. MSD009

Allen Compton
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

C1 2070 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.

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

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3739

OWNER Brothers TOLL STREET OR RFD 11755 Pindell Chase Dr. SUBDIVISION Pindell Chase SECTION LOT 16

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Entry: Install 5" well casing from 170' to 280'

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL (CM) CEMENT BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST) Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)

Table for OTHER CASING (if used) with columns for diameter and depth.

SCREEN RECORD

DEPTH (nearest ft.)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

- CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. MSD009 DRILLERS SIGNATURE

LIC. NO. M D

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

Table for well depth and casing height with columns for depth and casing height.

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

C3 PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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. 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 (nearest foot) - below }

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)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3739
 Location of property (road) PINDELL CHASE DRIVE
 Subdivision PINDELL CHASE Lot 10 Block _____ Plat _____ Sec. _____
 Well Driller ALLEN COMPTON - FOGLE Owner TOLL BROTHERS

Depth of well 300
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 4'

I. High rate pumping -- reservoir drawdown

Time pump started 9:00 Pumping rate, 20
 Total time 15 MIN. to reach pumping water level 85 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)
9:00	4	3 seconds		20
9:15	85	35		1.5
9:30	85	35		1.5
9:45	85	35		1.5
10:00	85	35		1.5
10:15	85	35		1.5
10:30	85	35		1.5
10:45	85	35		1.5
11:00	85	35		1.5
11:15	85	35		1.5
11:30	85	35		1.5
11:45	85	35		1.5
12:00	85	35		1.5
12:15	85	35		1.5
12:30	85	35		1.5
12:45	85	35		1.5
1:00	85	35		1.5
1:15	85	35		1.5
1:30	85	35		1.5
1:45	85	35		1.5
2:00	85	35		1.5
2:15	85	35		1.5
2:30	85	35		1.5
2:45	85	35		1.5
HD-2243:00	85	35		1.5
3:15	85	35		1.5

B 1	6050	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 519000 please type	STATE PERMIT NUMBER HO-94-3739 fill in this form completely
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OWNER INFORMATION

Date Received (APA) 06/06/03

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

LOCATION OF WELL

B 3 Howard COUNTY 21

Pindell Chase 23 SUBDIVISION 42

SECTION 44 46 LOT 16 48 50

Columbia 52 NEAREST TOWN 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

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Pindell Chase DR 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 14 PARCEL: 59

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 A514292-Q COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 07/03/03 Mark E. Gilkin 7/03/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 486 00 00 EAST GRID 822 00 00
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 822

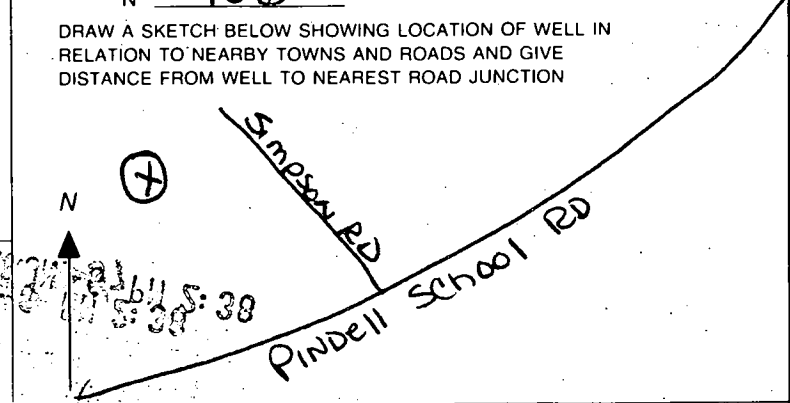
N 486

10/14/03 1pm grant
No Insp (50)

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

APPROP. PERMIT NUMBER _____ G

PERMIT No. HO-94-3739
70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

APPLICATION

PERCOLATION TESTING

A 514292-Q

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. 17 19 16

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' 855 852

0' 0799
yellow
silt m

4-5'

tan brn
silt m
10-15%
Frag

13' 847

red brn
silt m
5%
Frag

4'

red yel
magenta
silt m

9' large
Frag

11'

13'

orange red
yellow
silt m

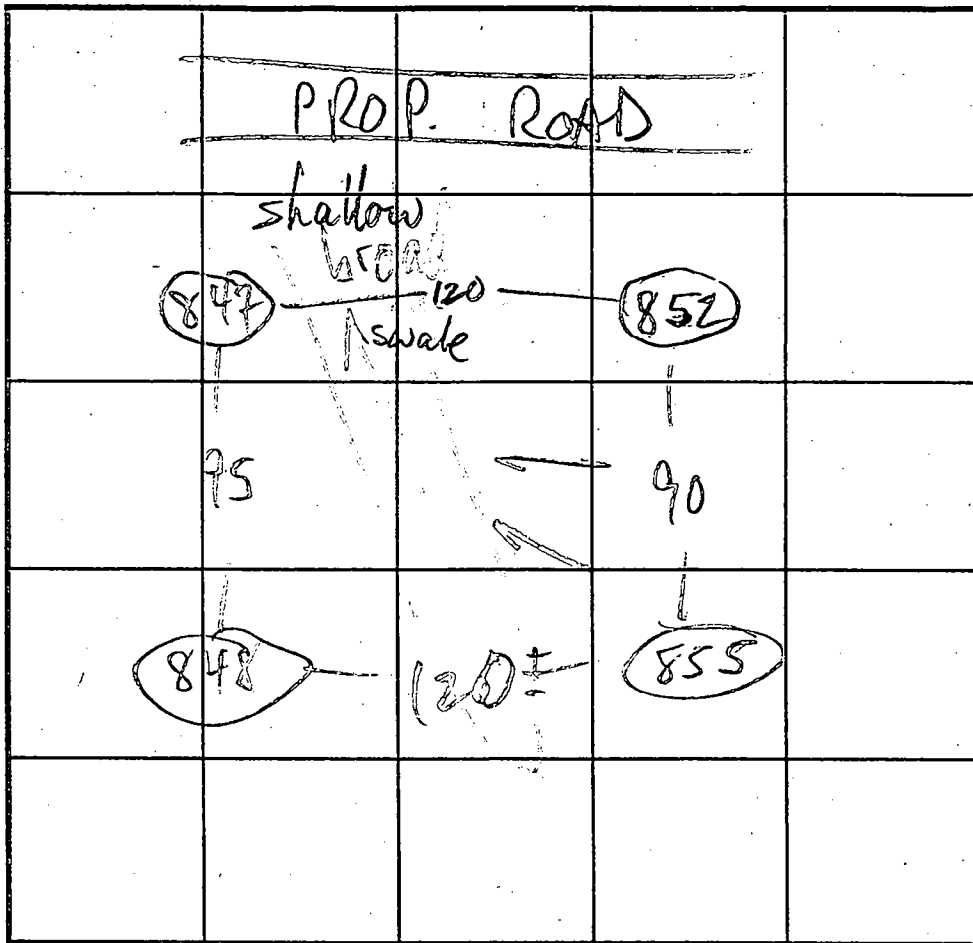
5'

dk red
silt m
5% Frag

9'

wh. beige
sand

13'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/27/00	855 S	6"	2:44	2:45	2:45	2:47	2 ✓	
	855 V	13'9"	OK see profile					
	847 S	4'9"	10:57	10:58	10:58	11:00	2 ✓	
	847 V	13'	OK see profile					
	848 S	5'10"	11:06	11:10	11:10	11:15	5 ✓	
	848 V	13'9"	OK see profile					
	852 S	1'10 5 1/2"	2:50 3:03	VERY SLOW 3:08	3:08	3:18	10 ✓	
	852 V	13'	OK see profile					

REMARKS 848, 847, 852 PER PLAN 855 20-30' OFF ORIG. STAKE

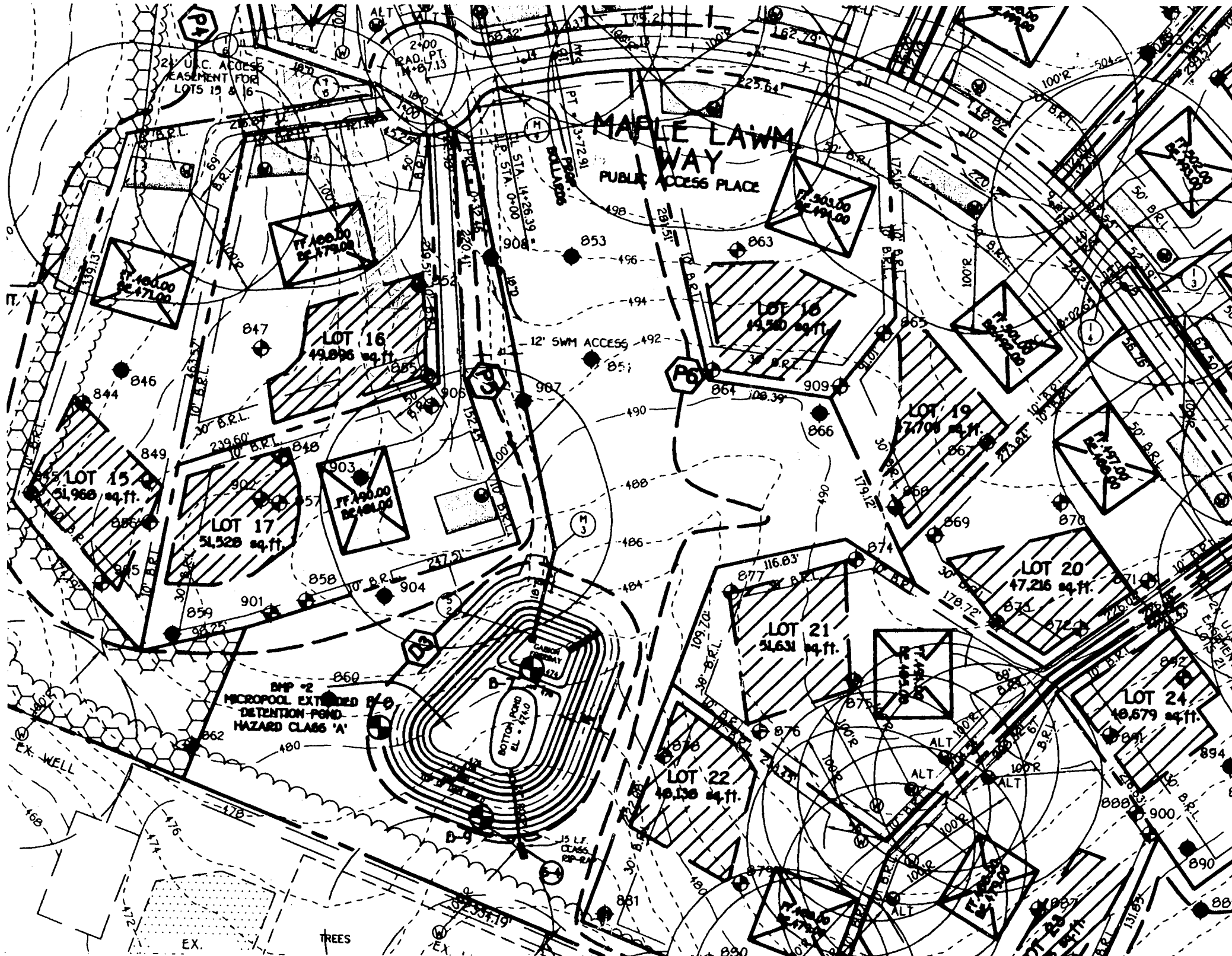
TYPE OF SOIL RECOMMEND ADJUSTING AREA OUT OF SWALE

TESTED BY M. Ritkin ALSO PRESENT Fyock crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 180 (X0.44)

REPAIRS 4 7



24' U.C. ACCESS
EASEMENT FOR
LOTS 15 & 16

MAPLE LAWN WAY PUBLIC ACCESS PLACE

LOT 16
49,896 sq. ft.

LOT 18
44,580 sq. ft.

LOT 19
47,704 sq. ft.

LOT 20
47,216 sq. ft.

LOT 21
51,631 sq. ft.

LOT 22
49,136 sq. ft.

LOT 24
49,679 sq. ft.

BMP #2
MICROPOOL EXTENDED
DETENTION POND
HAZARD CLASS 'A'

SWIMMING POOL

EX. WELL

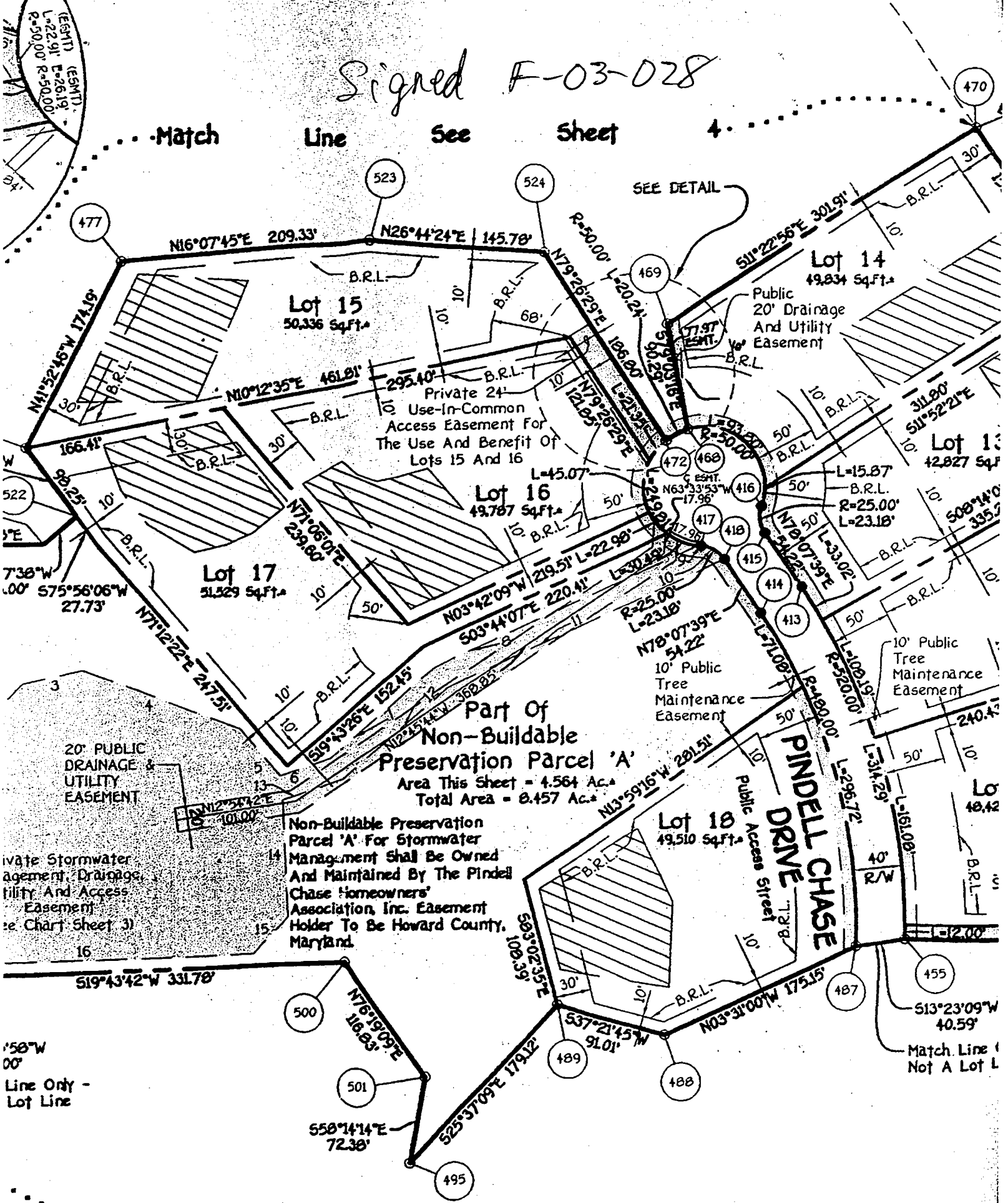
EX.

TREES

EX.

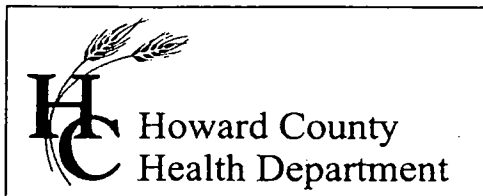
Signed F-03-028

Match Line See Sheet 4



Match Line See Sheet

9
0
17



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

October 27, 2004

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

SENT VIA FACSIMILE 410-531-8472

RE: Pindell Chase, Lot 16
11755 Pindell Chase Drive
Fulton, Maryland 20759
BP # B00144949
Well Permit # HO-94-3739

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 10/27/2004. Final approval of the well line connection to the dwelling was approved on 9/27/2004.**

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-94-3739. 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: 10/18/2004, 10/21/2004 & 10/25/2004
Date of Well Completion: 10/15/2003

Respectfully,

Brian Baker

Brian Baker, R. S.
Well and Septic Program

bb/sjn

cc: Building Inspector's Office
Community Services Program
File

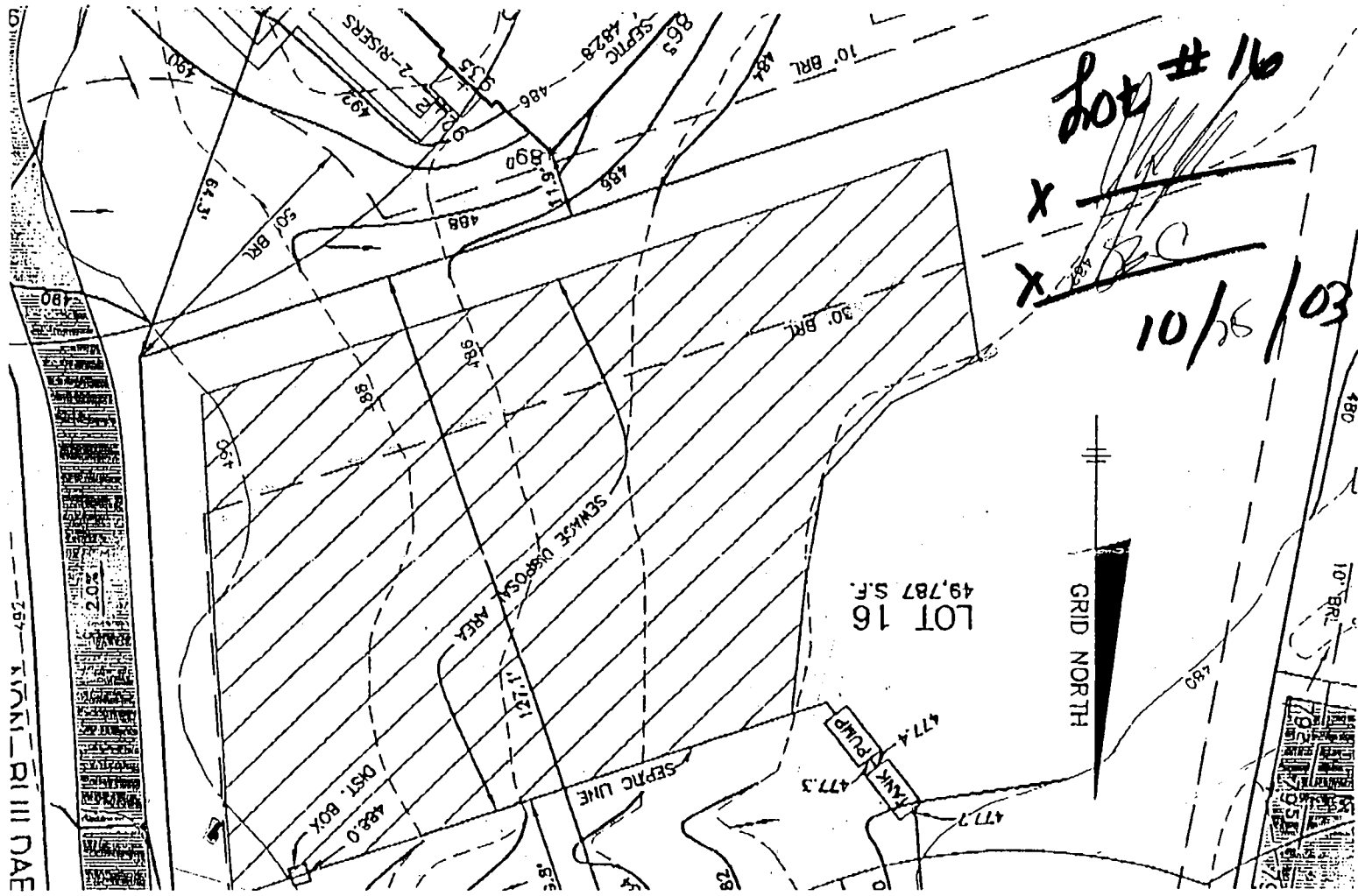
APPROVED

WALK-THRU BUILDING PERMIT

BP# 600153393 A# 514 292-Q

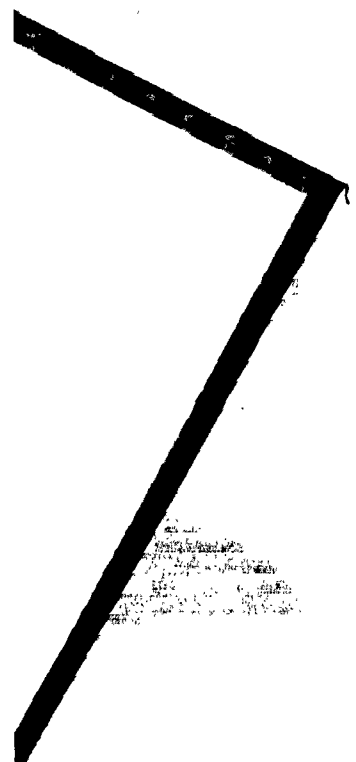
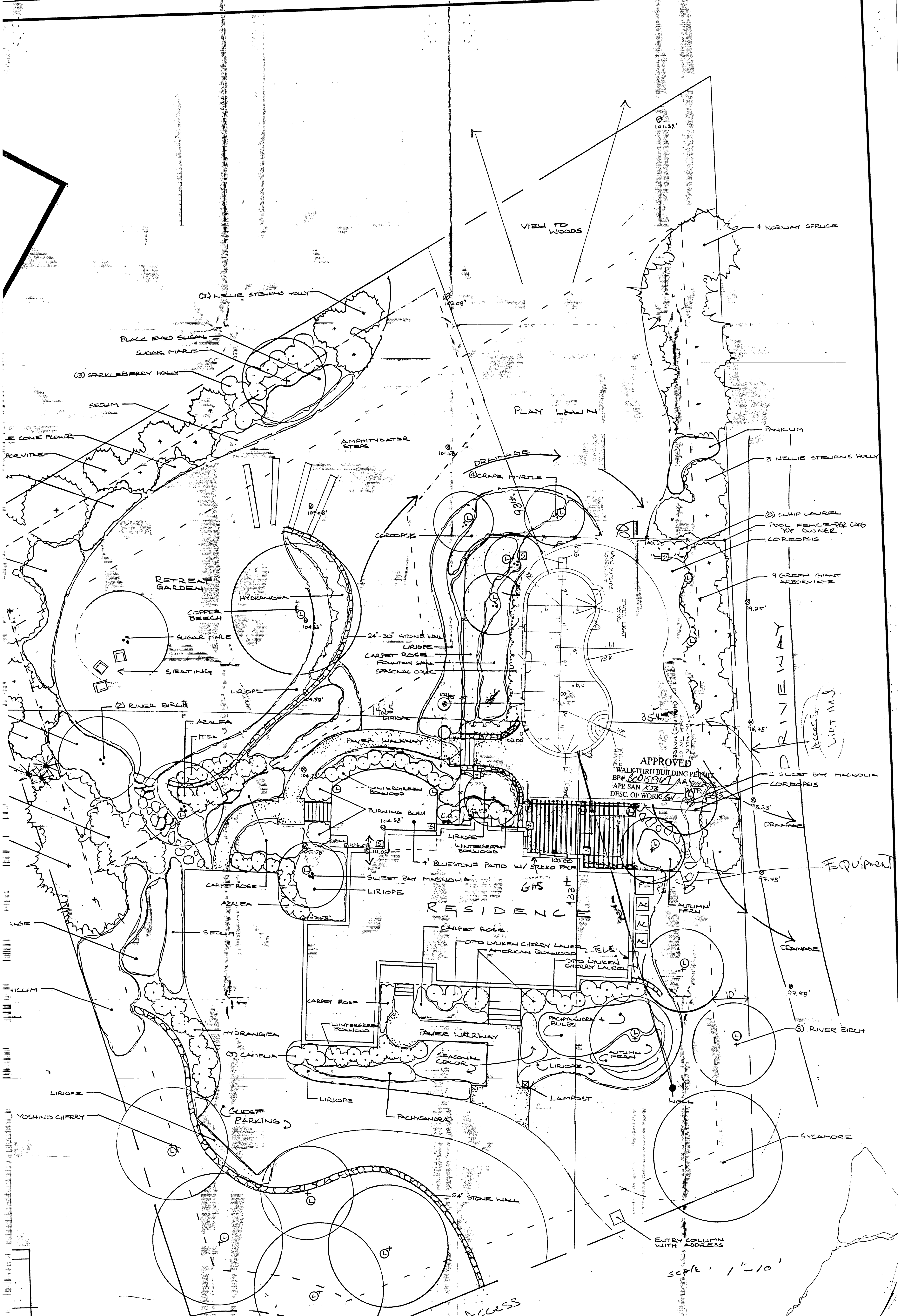
APP. SAN PH DATE: 1-25-05

DESC. OF WORK: Permit



Lot # 16
X
X
10/16/03

50' - TANK RISE DAE



VIEW TO WOODS

PLAY LAWN

RETREAT GARDEN

RESIDENCE

QUEST PARKING

RIVER

APPROVED
WALK-THRU BUILDING PERMIT
BP# 6015917
APP SAN 858
DESC. OF WORK: 2/1-2/15/88

Equipment

SCALE: 1"=10'

Access

Access
LIST HAND

ENTRY COLUMN WITH ADDRESS

