

LAYOUT 4/5/04 Am INSP 4 \_\_\_\_\_  
 INSP 2 4/7/04 PM INSP 5 \_\_\_\_\_  
 INSP 3 4/8/04 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

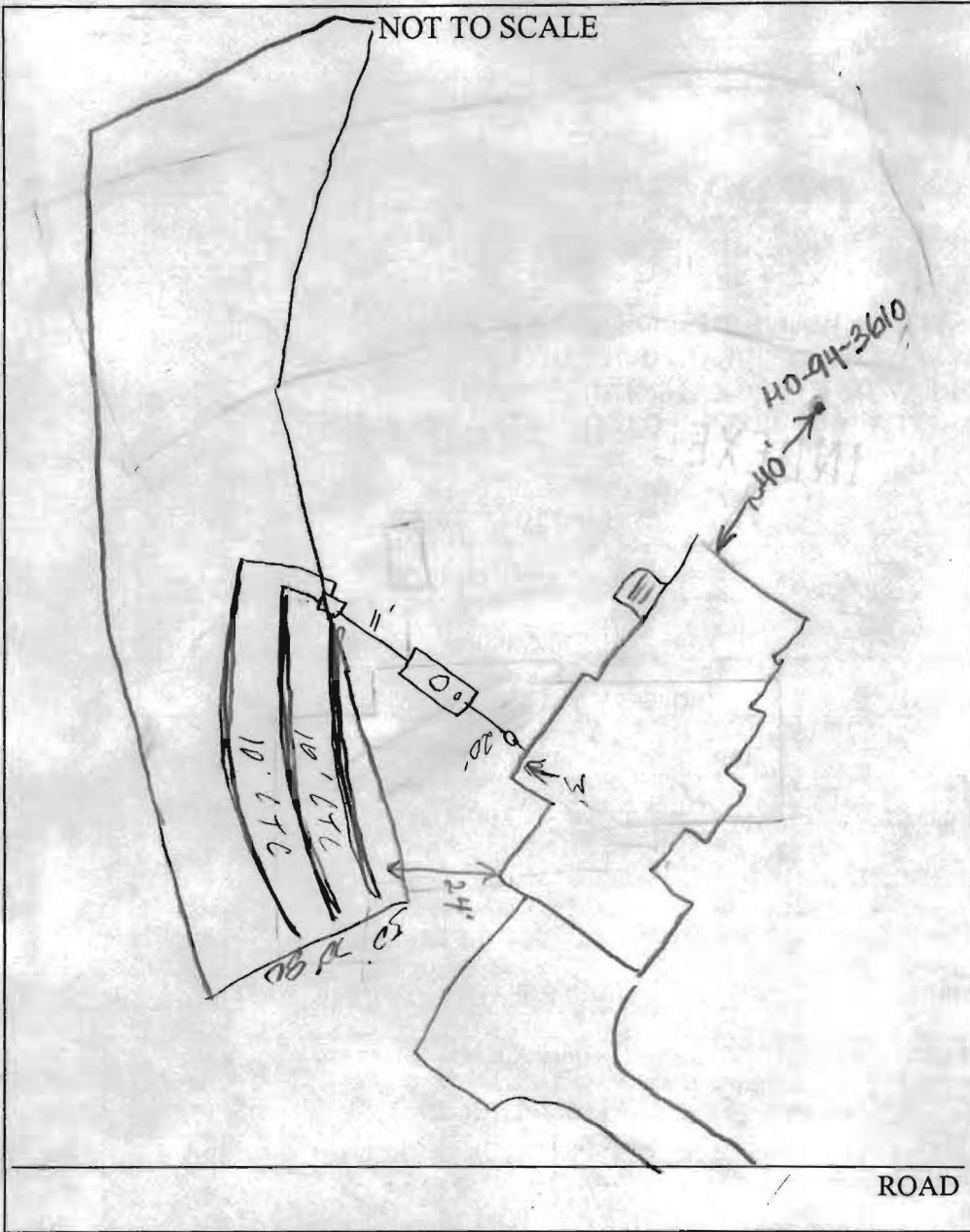
TRENCHES:	Trench to be 3.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box 125' from the well and 105' from the left 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 _____	
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 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	_____

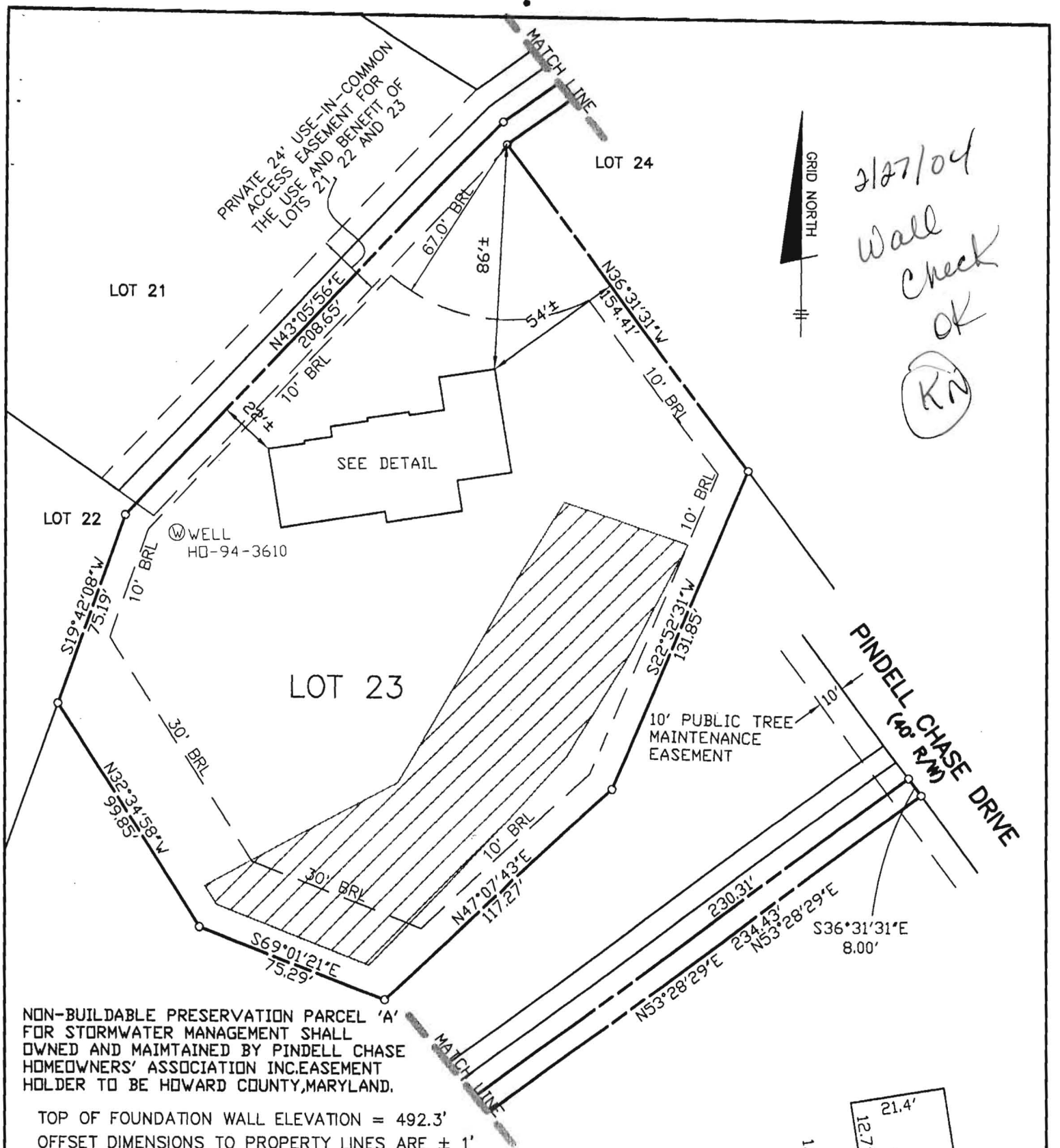
PRE-CONSTRUCTION 4/5/04 SDA Staked + Contour appears OK (SD)

INSTALLATION 4/2/04 - Not Ready (SD)  
4/8/04 - Complete system install. OK to cover (SD)

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

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

2/27/04  
Wall  
Check  
OK  
KN

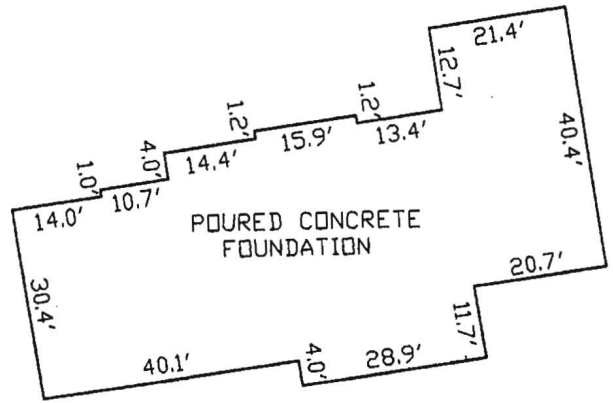


NON-BUILDABLE PRESERVATION PARCEL 'A'  
FOR STORMWATER MANAGEMENT SHALL  
OWNED AND MAINTAINED BY PINDELL CHASE  
HOMEOWNERS' ASSOCIATION INC. EASEMENT  
HOLDER TO BE HOWARD COUNTY, MARYLAND.

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: 410-465-8105 A fax: 410-465-8844  
email: Benchmark@coia.com

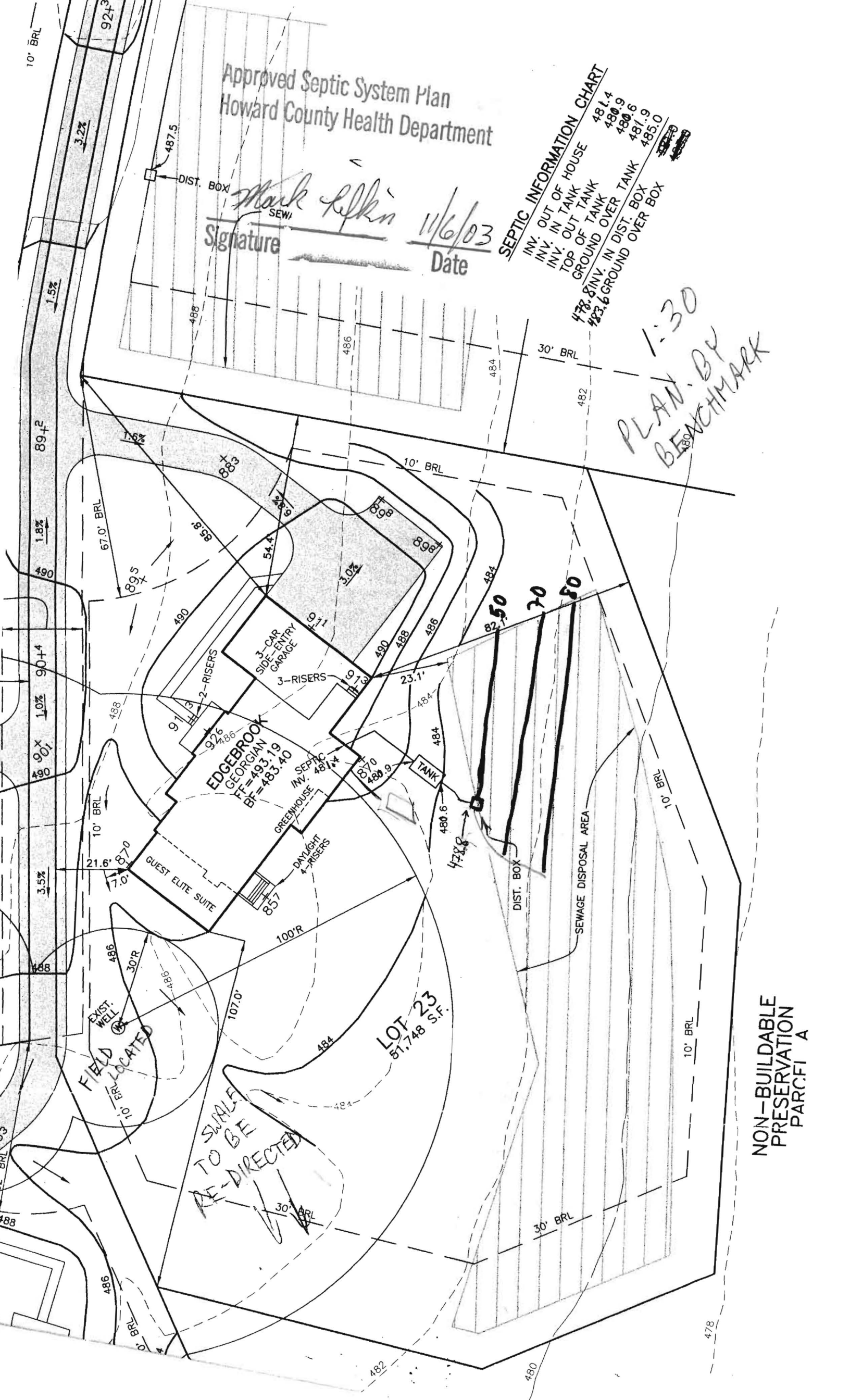
Approved Septic System Plan  
Howard County Health Department

*Mark Kelkin*  
SEW  
Signature \_\_\_\_\_ Date 1/6/03

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	

1:30  
PLAN BY  
BENCHMARK



NON-BUILDABLE  
PRESERVATION  
PARCEL A

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 300144709 *ML*

Building Address 11711 Pindell Chase DR.  
Fulton, MD 20759  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60502 Subdivision Pindell Chase  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 23  
 Tax Map 41 Parcel 59 Grid H  
 Zoning R-200 Map Coordinates 15A12 Lot size 1.19 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 410 531-8471  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
Mike Fitzgerald  
6830 creekside 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/  
Elite suite 2 story, full bsmt, HR, 3FB, HB,  
FP & 3 CAR garage

Contractor Company Toll MD II  
 Contact Person Mike Fitzgerald  
 Address 6830 Creekside 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms <u>4</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 1 BR units: _____	NFPA #13D _____
No. of 2 BR units: _____	NFPA #13R _____
No. of 3 BR units: _____	Other: _____
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		
Health	<u>11/6/03</u>	<i>Mark Ripley</i>
Fire Protection		

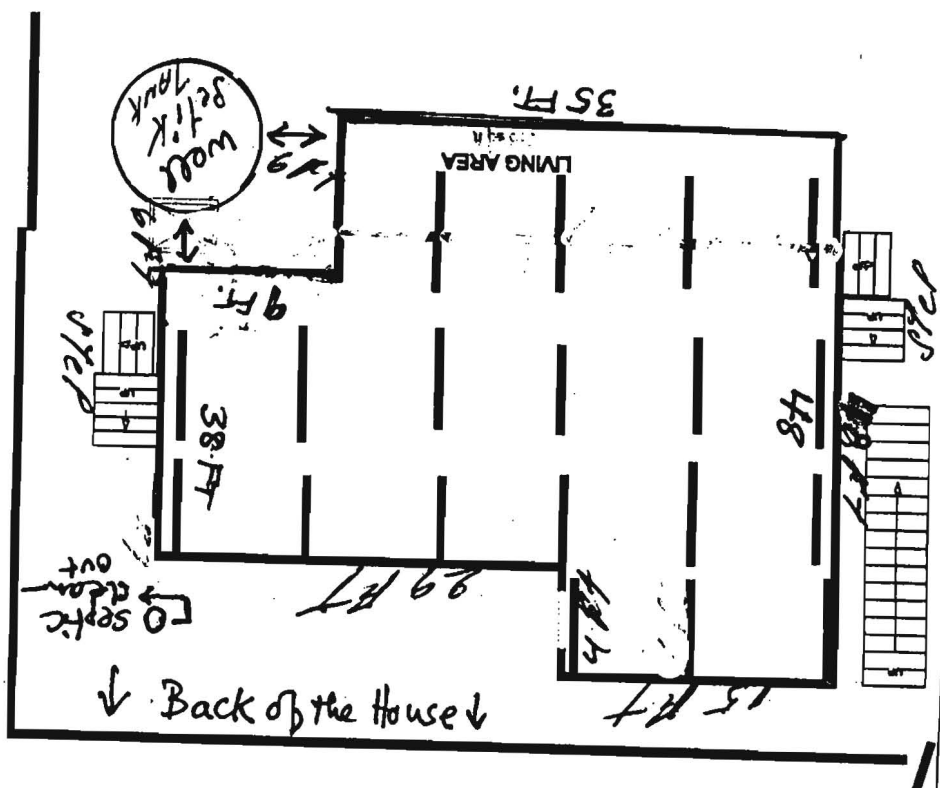
Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#: <u>59928</u>
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>4268327</u>
SDP/Red-line approval date _____	Validation # <u>39926</u>

Accepted by *[Signature]*



11711 Pindell chase Dr.  
 Fulton, Md. 20759

Scaled drawing, including  
 the septic tank  
 and well locations

