

LAYOUT 7/2/04-2 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 14/6/04 INSP 6 _____

05435838

ISSUE DATE: 6/28/2004

APPROVAL DATE: 10/6/2004

PERMIT INDEXED

05-435838

P 520445

A 513574

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION: Pindell Woods LOT NUMBER: 23

ADDRESS: 7204 Preservation Court PROPERTY OWNER: Dale Thompson Builders

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 213 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install the distribution box 10' to the west from where shown on the approved building permit plan.
NOTES:	Install 3 trenches, 71' long with 9' edge to edge trench separation.

PLANS APPROVED: John A. Boris Reviewed by AKN DATE: 11/17/03

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

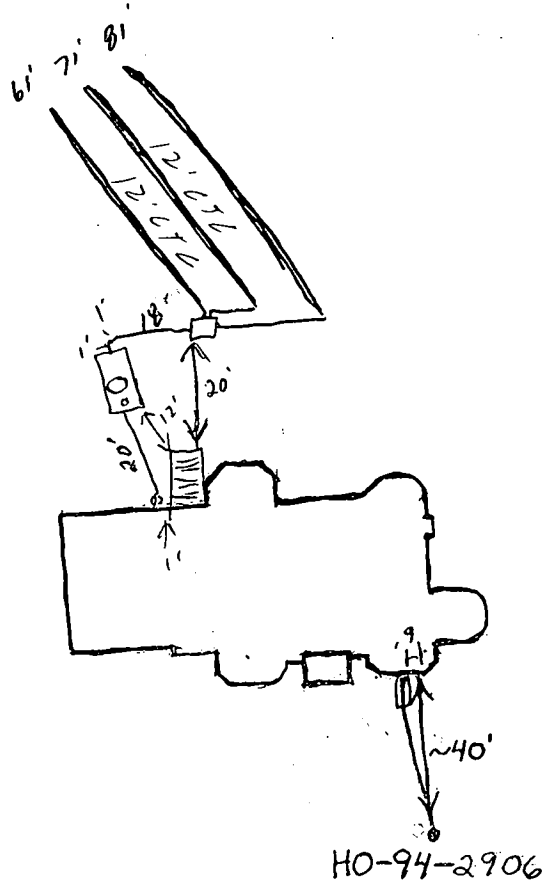
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED
AND RETURNED**

A513574

NOT TO SCALE

61' 71' 81'



HO-94-2906

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
<u>3'</u>	<u>4'</u>	<u>6'</u>
NUMBER OF TRENCHES	<u>3</u>	
TOTAL LENGTH	<u>223'</u>	
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL	<u>✓</u>	
DISTRIBUTION BOX BAFFLE	<u>✓</u>	
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<u>✓</u>
CAPACITY	<u>1500</u> GAL
SEAM LOC	<u>Top</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>✓</u>
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	<u>—</u>
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 7/2/04 Some fill in septic assessment. Find original grade and install as per B.P. plan. **(BB)**

INSTALLATION 7/2/04 - Tank set, D.B. & trenches installed **(SO)**

10/6/04 - Septic completely installed **(SO)**

FINAL INSPECTOR

[Signature]

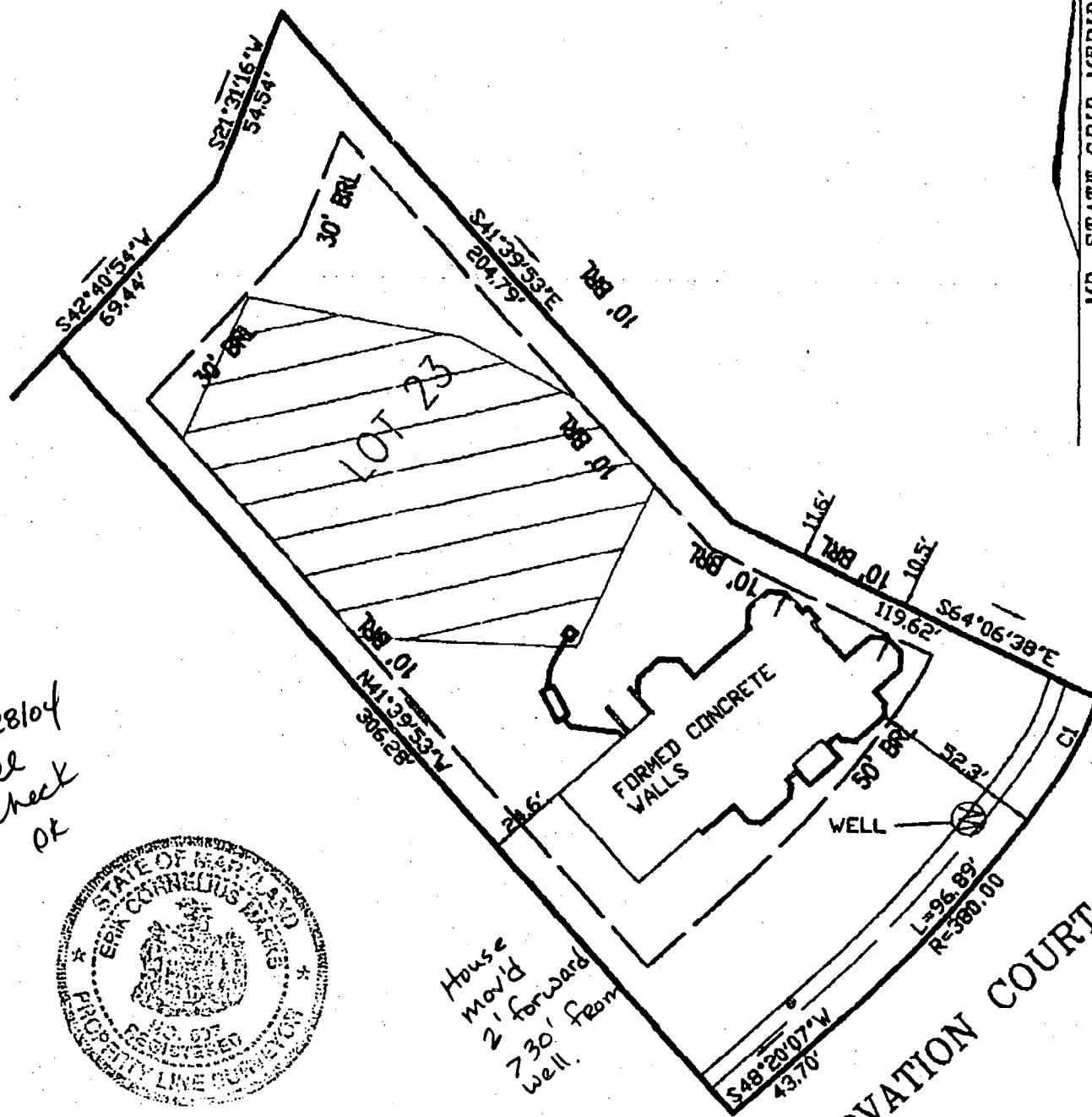
DATE OF APPROVAL

10/6/04

BUILDING DEPARTMENT SIGNED

RECEIVED

MD. STATE GRID MERIDIAN



6/28/04
Wall
Check
OK



House
mov'd
2' forward
730' from
well.

PRESERVATION COURT

✓ THE EXISTING WELL(S) SHOWN ON THIS PLAN IDENTIFIED WITH THE ATTACHED WELL TAG NO. HO-94-2906 HAS BEEN FIELD LOCATED AND IS ACURATELY SHOWN.

TOP OF WALL ELEVATION: 491.9'

RECORD REFERENCES

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

SCALE 1"=50'
DATE 12/15/03

WALL CHECK

**PINDELL WOODS
LOT 28**

HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES L.L.C.

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.

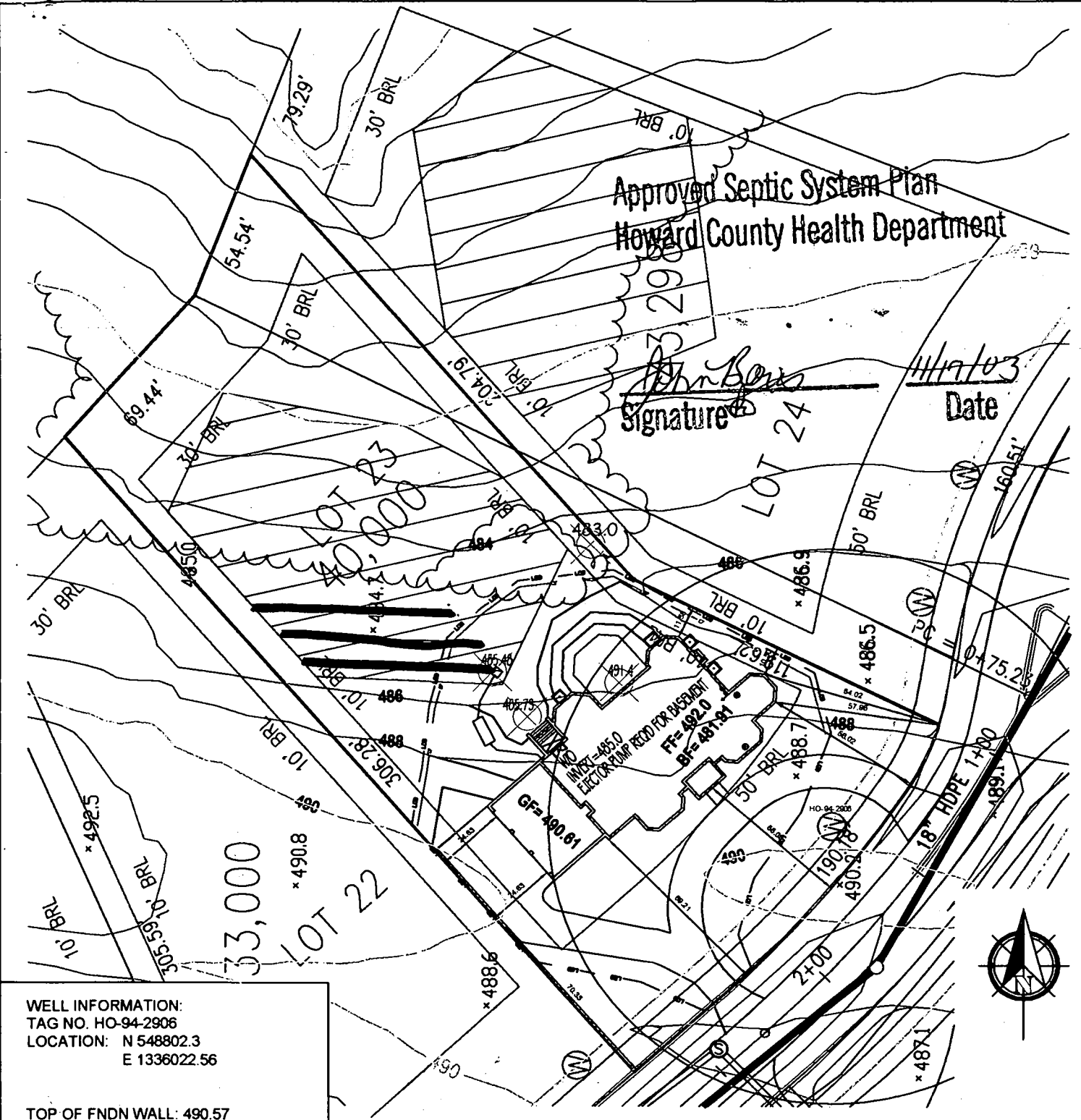
Erik C. Marks

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

Approved Septic System Plan Howard County Health Department

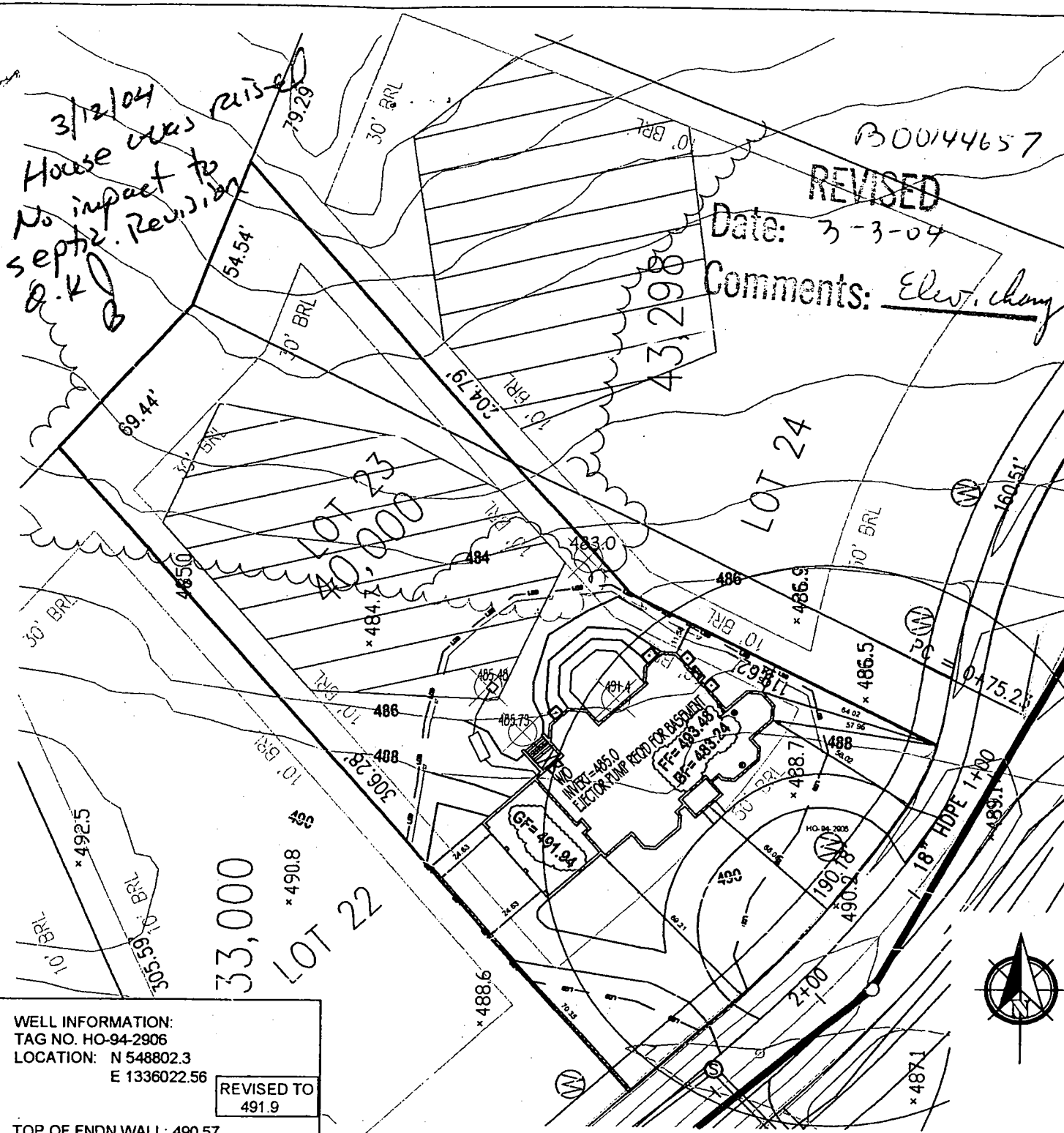
John B. B...
Signature

11/19/03
Date



3/12/04
House was raised
No impact to
septic. Revision
D.K.

B00144657
REVISED
Date: 3-3-04
Comments: Elev. change



WELL INFORMATION:
TAG NO. HO-94-2906
LOCATION: N 548802.3
E 1336022.56

REVISED TO
491.9

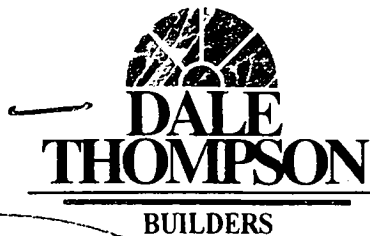
TOP OF FNDN WALL: 490.57

PLOT PLAN
SINGLE FAMILY DWELLING
The LEE Residence
LOT 23
PINDELL WOODS
HOWARD COUNTY, MARYLAND

REVISED 02.23.04
DATE: NOV 12, 2003
SCALE: 1" = 50'

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

PROPOSED ELEVATIONS:
BASEMENT: 483.24
FIRST FLOOR: 493.48
INVERT OUT OF HOUSE: 485.0
INVERT INTO TANK: 484.4
INVERT INTO DISTRIBUTION BOX: 482.48
INVERT INTO TRENCHES: 482.0
GRADE AT SEPTIC TANK: 487.4
GRADE AT DISTRIBUTION BOX: 485.48
GRADE AT TRENCHES: 485.0
PAVING SPECIFICATIONS:
2" ASPHALT OVER 4" CR-6 OR
2.5" ASPHALT OVER 1.5" OVERLAY



825
CR 15448
CR 41146

← KASAP
Thank you
H. Corbin

cc: Health Dept
3/5/04

February 26, 2004

Ms. Avis Corbin
Howard County Department Of Inspections
George Howard Building
3430 Court House Drive
Ellicott City, Maryland 21043

Re: B00144657 - A
7204 Preservation Court
Fulton, MD 20759
Pindell Woods Lot #4 / 23

REVIEWED FOR CODE COMPLIANCE	
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS HOWARD COUNTY	
DATE	3/5/04
BY:	<i>[Signature]</i>
<input type="checkbox"/> SUBJECT TO COMMENTS OF LETTER	
<input checked="" type="checkbox"/> SUBJECT TO FIELD INSPECTION	
<input type="checkbox"/> SUBJECT TO COMMENTS ON PLANS	
<input type="checkbox"/> AMENDMENT	<input checked="" type="checkbox"/> FINAL

Dear Ms. Avis Corbin:

We are requesting an amendment to the above referenced property, for revisions of the top of wall on original site plan submitted. First floor was 492.00 and the first floor now is 493.48. The basement was 481.91 and the basement now is 483.24.

Should you have any questions or require additional information, please call me at (410) 995-6736.

Very truly yours,

Amy Ferrer

Amy Ferrer
Client Contract Administrator

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: WILLOUGHBY PLUMBING Telephone #: 410-781-7051
Address: 1203 PATRICK DR
SLYKESVILLE, 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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: DALE THOMPSON BLDG Telephone #: 410-995-6736
Subdivision: PINEWOODS Lot #: 23 Well Tag #: HO 94-2106
Site Address: 1804 PRESERVATION CT
FULSTON, MD 20759

Submersible Pump Data

Make: HAUTER

Model #: _____

Pump Capacity: _____ GPM

Well Yield: 6 GPM

Depth of well encountered at time of pump installation 250 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Pitless Adapter

Make: HAUTER

Model #: _____

Depth: 48" (36" min)

NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: ✓

Screened, vented well cap: ✓

Cap secured to casing: ✓

Conduit min 18" B.G.: ✓

Conduit secured to well cap: ✓

Pipeline to house

Type: DRESSLINE

PSI: 1" (160 psi min)

Depth of supply line: ✓ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓

Approximate length of sleeve: 6"

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: 10/6/04

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

Date Insp. Requested: _____ Date Insp. Approved: 7/14/04 Inspector: BB

Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 ✓

HD-215

Rev. 12/00

R1017

Page 1 of 2
Date 03-07-01

Review HOW SRV
3/20/01

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2206
Location of property (road) Preservation Court
Subdivision Pindell Woods Lot 23 Block Plat Sec.
Well Driller Barlow Owner Dale Thompson Bldrs.

Depth of well 250'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 59'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 2
Total time 1 hr. 38 mins to reach pumping water level 227' 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)
10:30	59'	4 sec		15
10:45	143'	4 sec		15
11:00	187'	10 sec		6
11:15	214'	15 sec		4
11:30	225'	20 sec		3
11:45	233'	30 sec		2
12:00	227'	30 sec		2
12:15	227'	30 sec		2
12:30	227'	30 sec		2
12:45	227'	30 sec		2
1:00	227'	30 sec		2
1:15	227'	30 sec		2
1:30	227'	30 sec		2
1:45	227'	30 sec		2
2:00	227'	30 sec		2
2:15	227'	30 sec		2
2:30	227'	30 sec		2
2:45	227'	30 sec		2
3:00	227'	30 sec		2
3:15	227'	30 sec		2
3:30	227'	30 sec		2
3:45	227'	30 sec		2
4:00	227'	30 sec		2
4:15	227'	30 sec		2

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94- 2906

Location of property (road) Preservation Court

Subdivision Pindell Woods

Lot 23 Block

Plat

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Well Driller Barlow

Owner Dale Thompson Bldrs.

Depth of well 250

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

I. High rate pumping -- reservoir drawdown

Time pump started 10:30

Pumping rate 2

Total time the 30 min to reach pumping water level 227' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 03184 <small>1 2 3 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL W514687 please print or type	STATE PERMIT NUMBER HO-94-2906 <small>70 fill in this form completely 79</small>
Date Received (APA) 12/24/00 <small>8 MM DD YY 13</small>		B 3 Howard LOCATION OF WELL <small>8 COUNTY 21</small> Pindell Woods <small>23 SUBDIVISION 42</small> SECTION 23 LOT 23 <small>44 46 48 50</small> Simpsonville <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 1 M I <small>73 76 77 78</small>	
OWNER INFORMATION Dale Thompson Builders <small>15 Last Name 34</small> 6300 Woodside Ct <small>36 Street or RFD 55</small> Columbia MD 21045 <small>57 Town 70 State 72 Zip 76</small>		DRILLER INFORMATION Michael Barlow MW D 355 <small>Driller's Name 76 License No. 81</small> Michael Barlow Well Drilling <small>Firm Name</small> 522 Underwood Lane Bel Air Md <small>Address</small> 12/12/00 <small>Signature Date</small>	
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		B 4 Preservation <small>1 2</small> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>11 NEAR WHAT ROAD 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 15 37</small> DISTANCE FROM ROAD ENTER FT OR MI 15 <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 01/08/01 DOUGLAS 01/07/02 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 488 0 0 0 EAST GRID 0823 0 0 0 <small>50 55 57 63</small>	
APPROXIMATE DEPTH OF WELL 260' FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 3/7/01 x 2. 12 pm Grout 3. 75' casing 70' open hole Portland Cement II 18 Bags	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 CABLE <input checked="" type="radio"/> Reverse-ROTARY <input type="radio"/> Drive-POINT other _____		WRITE THE BOX NUMBER FROM THE MAP HERE E 820 N 490	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED, OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER HO000 GAP 012(01) <small>54 63</small> PERMIT No HO-94-2906 <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small>			

3/7/01 6hr yield
1:30pm

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94- 2006
Location of property (road) Preservation Court
Subdivision Pindell Woods Lot 23 Block _____ Plat _____ Sec. _____
Well Driller Barlow Owner Dale Thompson Bldrs.

Depth of well 250'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 59'

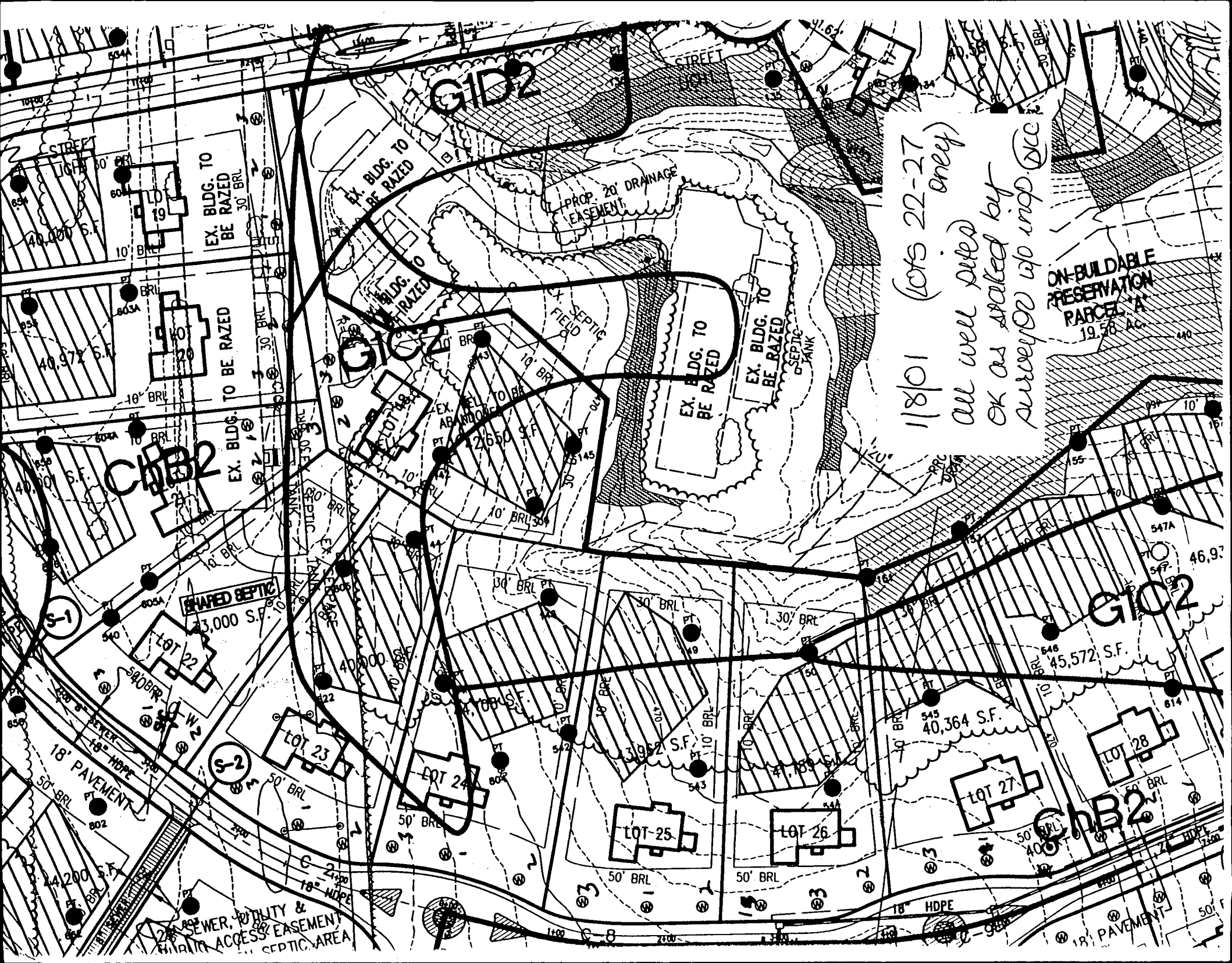
pump set at 240'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 am Pumping rate 15
Total time _____ to reach pumping water level _____ 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)
11:15 am	214'	15 sec	NA	4
11:30 am	225'	20 sec		3
12:15 pm	227'	30 sec		2
12:45 pm	227'	30 sec		2
↑				
↓				
2:30 pm	227'	30 sec		2
		3/7/01	→ WATER IS CLEAR	
			No Sample opportunity - (SRN)	
250' deep		120 min	2 gallons	= 240 gallons yielding
- 59' soil		1 min		
191' water				
Storage		240 gallons	→ (Yielding)	
191' 1.5 gallons	= 286.5 gallons	+ 286.5 gallons	→ (Storage)	
1'	Storage	526.5 gallons	→ (Meets standard)	



3/7/01 6hr yield
1:30pm

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94- 2906
Location of property (road) Preservation Court
Subdivision Pindell Woods Lot 23 Block _____ Plat _____ Sec. _____
Well Driller Barlow Owner Dale Thompson Bldrs.

Depth of well 250'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 59'
pump set at 240'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 am Pumping rate 15
Total time _____ to reach pumping water level _____ 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) <u>NA</u>	CALCULATED FLOW (gallons per minute)
11:15 am	214'	15 sec		4
11:30 am	225'	20 sec		3
12:15 pm	227'	30 sec		2
12:45 pm	227'	30 sec		2
↑				
↓				
2:30 pm	227'	30 sec		2
		3/7/01	WATER IS CLEAR	
			No Sample opportunity - (SRN)	
250' deep		120 min 2 gallons	= 240 gallons yielding	
- 59' SWL		1 min		
191' water storage				
		240 gallons	→ (Yielding)	
191' 1.5 gallons	= 286.5 gallons	+ 286.5 gallons	→ (Storage)	
1'	storage	526.5	→ (Meets standard)	

3/7/01 6hr yield
1:30pm

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94- 2906

Location of property (road) Preservation Court

Subdivision Pindell Woods

Well Driller Barlow

Lot 23 Block _____ Plat _____ Sec. _____

Owner Dale Thompson Bldrs.

Depth of well 250'

Distance of measuring point (M.P.) above ground 2'

Static water level (S.W.L.) below M.P. 59'

pump set at 240'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 am

Pumping rate 15

Total time _____ to reach pumping water level _____ 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)
11:15 am	214'	15 sec	NA	4
11:30 am	225'	20 sec		3
12:15 pm	227'	30 sec		2
12:45 pm	227'	30 sec		2
↑				
↓				
2:30 pm	227'	30 sec		2
		3/7/01	WATER IS CLEAR	
			No Sample opportunity - (SRW)	
250' deep		120 min 2 gallons	= 240 gallons yielding	
- 59' swl		1 min		
191' water storage				
		240 gallons	→ (Yielding)	
191' 1.5 gallons	= 286.5 gallons	+ 286.5 gallons	→ (Storage)	
1'	storage	526.5	→ (Meets standard)	



November 13, 2003

Steve Krieg, R.S. Supervisor
Howard County Health Department
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Re: B00144547
7204 Preservation Court
Pindell Woods Lot #23

Dear Mr. Krieg:

The existing well shown on the enclosed site plan (identified with the attached well tag number #HO-94-2906) has been field located by Erik Mark, Marks & Associates, professional land surveyor and is accurately shown.

If you should have any questions, do not hesitate to call our office at 410-995-6736.

Sincerely,

DALE THOMPSON BUILDERS, INC.

A handwritten signature in cursive script that reads "Amy Ferrer".

Amy Ferrer
Client Contract Administrator

Enclosure as stated

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Pindell Woods TAX MAP: A 513574
STREET NAME: _____ PARCEL #: _____ LOT NUMBER: 23

AVERAGE PERCOLATION RATE: 6 SQUARE FEET PER BEDROOM 180
NUMBER OF BEDROOMS: 5 LINEAR FEET OF TRENCH PER BEDROOM 42.6
TOTAL LINEAR FEET OF TRENCH 213 SEPTIC TANK CAPACITY: 1500
TOP SEAMED TANK REQUIRED? ☒ YES NO
COMPARTMENTED TANK REQUIRED? YES ☒ NO

TRENCH DESIGN: Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe. *poor notes using 1.5' of stone

$$5 \times 180 = 900 \div 3 = 300 \times .71 = 213$$

PUMPED SYSTEM PROPOSED: YES ☒ NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber

YES NO top sealed pump chamber required?

LOCATION: Install distribution 10' to the west from where shown on plan

ADDITIONAL NOTES: Install distribution box as shown on plan 3 trenches, 71' long with 9' edge to edge trench separation

REVIEWER: Jay

DATE: 11/15/03

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 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. 22

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]
(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

522

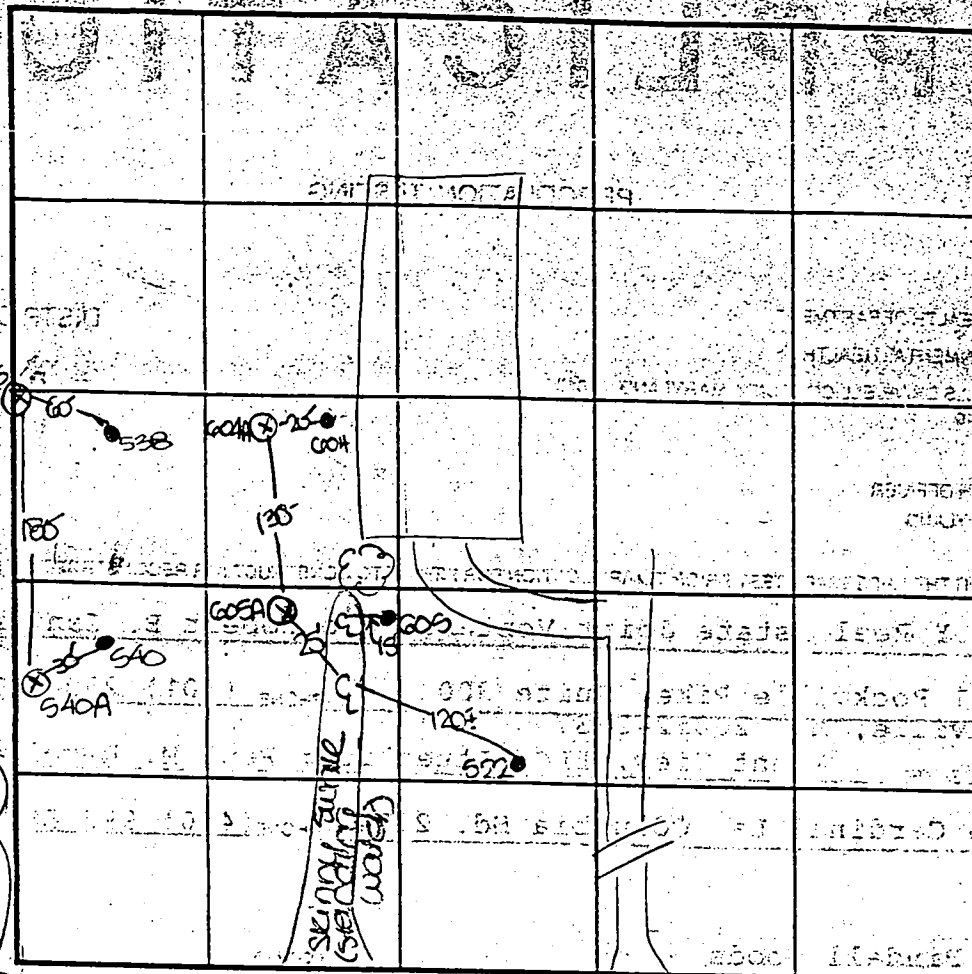
topsoil

red brn
cl lmmed
org red
brn
sa mica
lm13-28%
sap
sh

topsoil

red brn
cl lmmed
red/pk
brn
sa mica
lm15%
sap
sh

topsoil

br
red org
brn
cl lmdk pk
brn
w/ some
beige
sa mica
lm10-15%
sap
sh

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pindell School Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-11-00	522	4'8" S	10:07	10:08	10:08	10:12	4
		12.5' D	Visual	- see	profile		OK
	605A	4'8" S	10:14	10:16	10:16	10:20	4
		12.0' D	Visual	- see	profile		OK
	604A	4.0' S	10:23	10:37	10:37	10:57	20
		14.0' D	Visual	- see	profile		OK
	656	4.0' S	10:34	slow	test	stopped	
		15.0' D	Visual	- see	profile		OK
	540A	12.5' D	Visual	- see	profile		OK
	656	4'8" m	11:30	11:39	11:39	11:47	8

REMARKS

holes tested as staked except 605A/604A

TYPE OF SOIL

540A

TESTED BY

DKS

ALSO PRESENT C. Zepp, R. Colson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

COUNTY #

SOIL PROFILE

805

topsoil

dull
org brn
clmmed
org brn
to
pk brn
sarnica
lm10%
rock

SOIL PROFILE

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	805	12.0' D	visual	- see	profile		CL

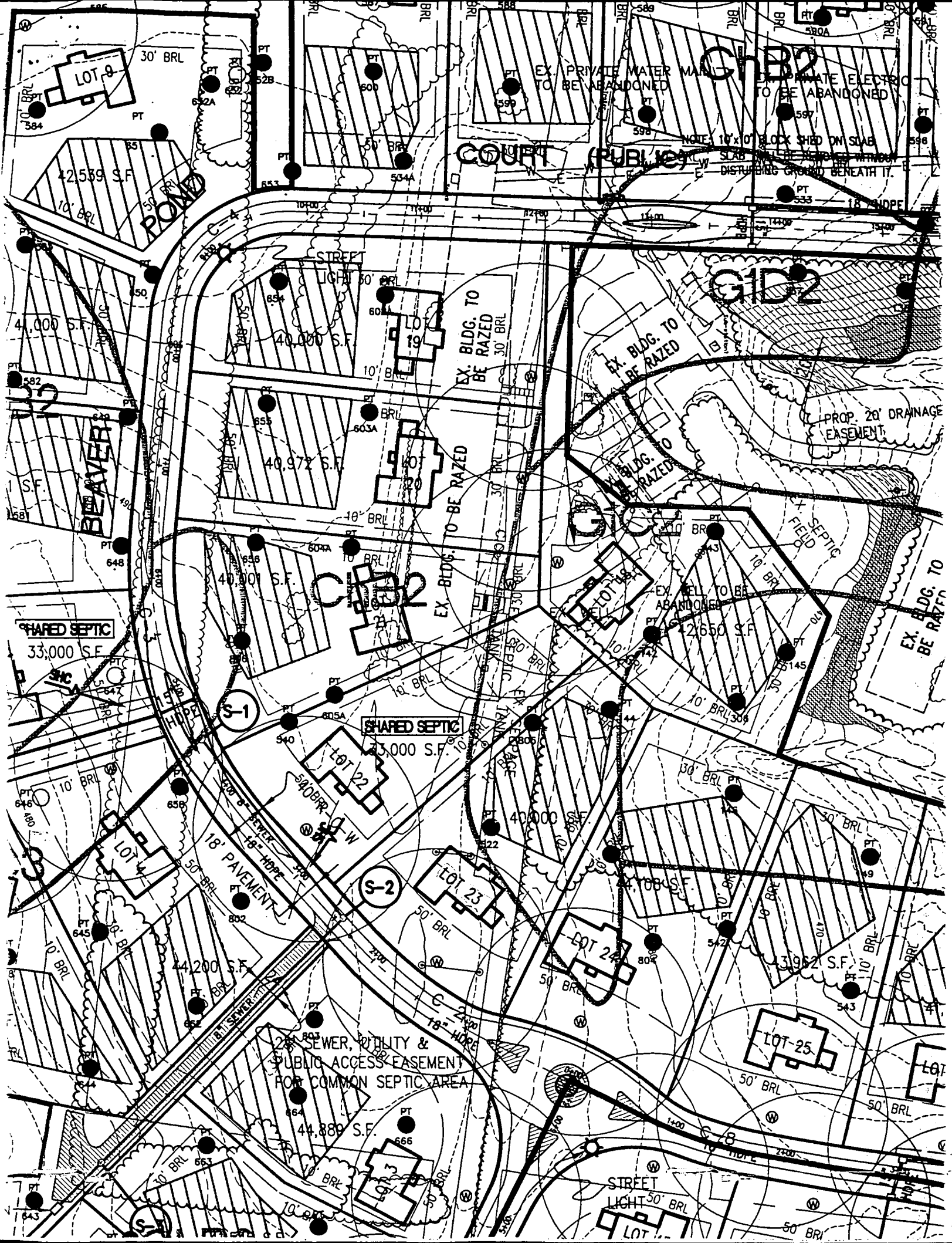
REMARKS holes tested as stated

TYPE OF SOIL _____

TESTED BY DLC ALSO PRESENT C. Zepp, D. Revell

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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



G1B2

COURT (PUBLIC)

G1D2

G1B2

G1C1

G1C2

G1C3

G1C4

G1C5

G1C6

G1C7

G1C8

G1C9

G1C10

G1C11

G1C12

G1C13

G1C14

G1C15

SHARED SEPTIC

SHARED SEPTIC

S-1

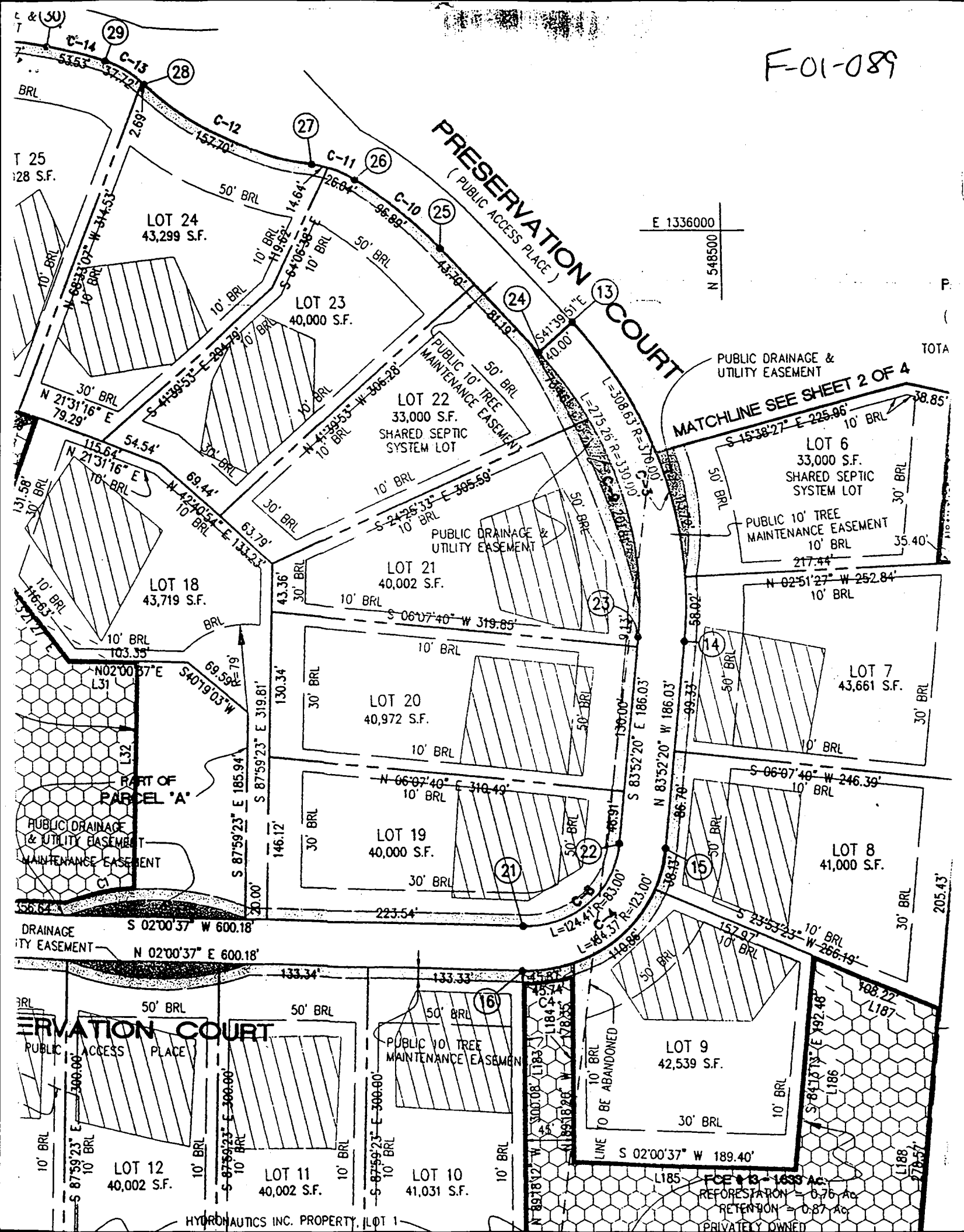
S-2

SEWER, UTILITY & PUBLIC ACCESS EASEMENT FOR COMMON SEPTIC AREA

STREET LIGHT

LOT

F-01-089



CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Oct 2, 2004

County Howard

Lab Number 04-5252

Sample Iced Yes

Residual Cl₂ <0.1 mg/L Yes

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Dale Thompson Builders
6300 Woodside Court
Columbia, Maryland 21046

Property Sampled: U&D: 7204 Preservation Court

Station Sampled: Powder room and pressure tank taps Tax Map #: 41

Date/Time Sampled: Oct 1, 2004 10:03 am Parcel #: 274

Owner, Telephone No.: Lee Sampler: 6724GP

Subdivision Name: Pindell Woods Lot Number: 23

Building Permit No.: B00144657

Well Number: HO-94-2906

Observation: 2-Piece Cap
Satisfactory**RESULTS OF ANALYSIS:**

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity (Raw)	<1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.8 Units	EPA 150.1	**6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

Treatment/Conditioning: Sediment Filter

***A non-enforceable parameter that may cause cosmetic effects or
aesthetic effects (such as taste, odor, or color) in drinking water.



Heather R. Beam

*MCL = Maximum Contamination Level
**SMCL = Secondary Maximum Contamination Level

14923

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER D-00144657
--	-------------------------------------	-----------------------------

Building Address <u>7204 Reservoir Court</u> <u>Fulton MD 20759</u>	Property Owner's Name <u>Don Thompson Binger</u> Address <u>6300 Wainscot Ct</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> Home Phone <u>410-555-6736</u> Work Phone _____ Applicant's Name & Mailing Address; (if other than stated hereon): _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605102</u> Subdivision <u>Princess W.</u> Section _____ Area _____ Lot <u>23</u> Tax Map <u>41</u> Parcel <u>274</u> Grid <u>8</u> Zoning <u>ARDED</u> Map Coordinates <u>14317</u> Lot size _____	Phone _____ Fax <u>410-381-8747</u>

Existing Use <u>Vacant Lot</u> Proposed Use <u>Single Family Dwelling</u> Estimated Construction Cost \$ <u>400,000</u> Description of Work <u>2st flr, 5BD, 4 1/2 Bath</u> <u>finished interior, 3 car gar, fr. f. p.</u>	Contractor Company <u>Don Thompson Binger</u> Contact Person <u>Donna Hamburg</u> Address <u>6300 Wainscot Ct</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21046</u> License No. _____ Phone <u>410-555-6736</u> Fax <u>410-381-8747</u>
--	---

Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>Sara A. Above</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	Utilities Water Supply: ____ Public ____ Private Sewage Disposal: ____ Public ____ Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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 SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ 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>5</u> 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	Utilities Water Supply: ____ Public ____ Private Sewage Disposal: ____ Public ____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> ____ 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.

Donna Hamburg
Applicant's Signature
(D.O.B.)
Title/Company

Donna Hamburg
Print Name
10/2/03
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID
Land Development DPZ			Front: <u>50</u>	Piling fee: \$ <u>2500</u>
			Rear: <u>30</u>	Permit fee: \$ _____
			Side: <u>10</u>	Excise tax: \$ _____
Dev. Engineering DPZ			Side St.: <u>NA</u>	Add'l per fee: \$ _____
Health	<u>10/2/03</u>	<u>Juley</u>	All minimum setbacks met?	TOTAL FEES: \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due: \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check: <u>14923</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation: <u>2710</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by: <u>9</u>
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	

Blue: Survey Copies White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Howard County
Health Department

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 6, 2004

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Pindell Woods, Lot 23
7204 Preservation Court
Fulton, MD 20759
BP # B00144657
Well Permit # HO-94-2906

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 10/06/2004. Final approval of the well line connection to the dwelling was approved on 07/14/2004.**

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-94-2906. 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: 10/01/2004
Date of Well Completion: 03/07/2001

Respectfully,

Stuart Oster, R. S.
Well and Septic Program

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