

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 11/29/04 INSP 6 _____

ISSUE DATE: 11/15/2004

APPROVAL DATE: 11/29/04

**PERMIT
INDEXED**

05434866

P 521583

A 511444-QQ

**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 Road PHONE NUMBER: 410-795-5670

SUBDIVISION: Pindell Woods LOT NUMBER: 43

ADDRESS: 11600 Mirror Pond 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: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 126 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box in the highest possible area in the approved SDA.
NOTES:	

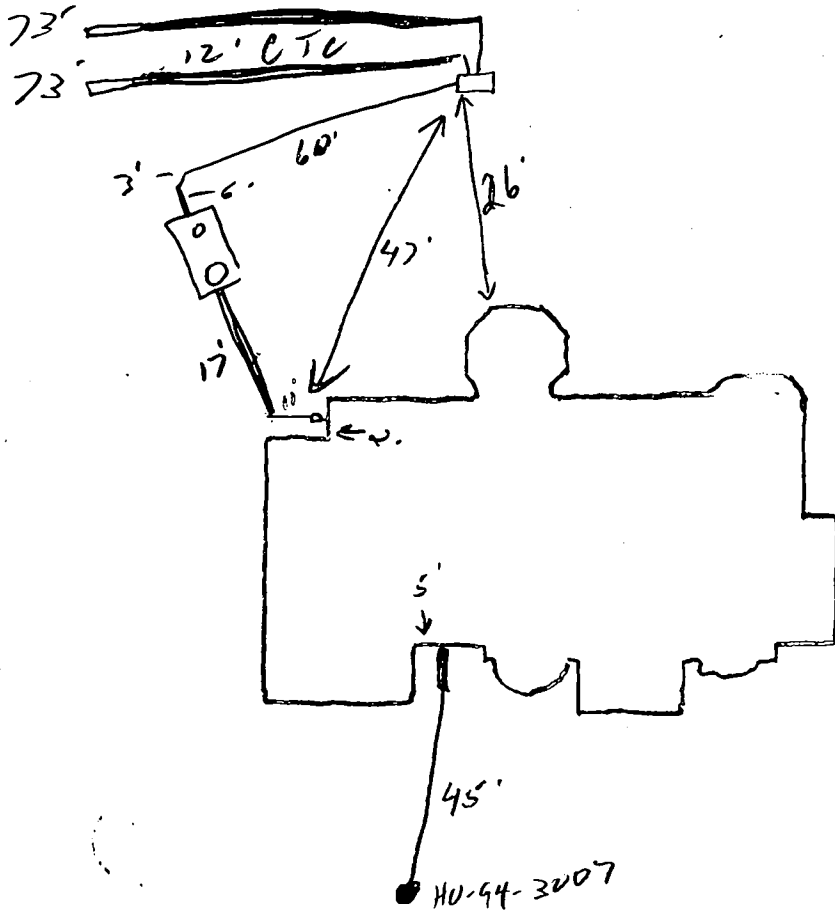
PLANS APPROVED: Kevin J. Bell Reviewed by: KW DATE: 6/3/04

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**

511444

NOT TO SCALE



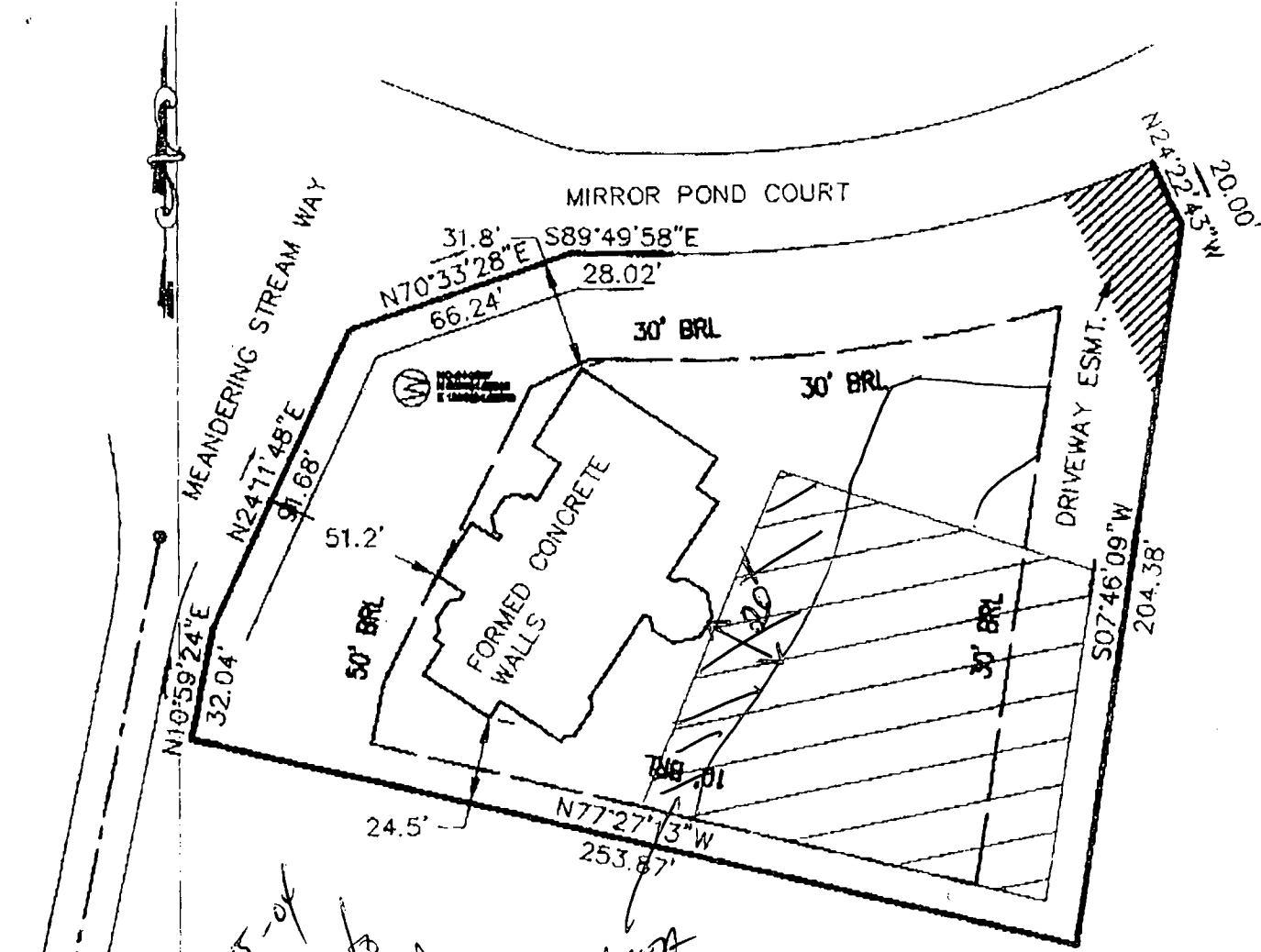
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3.5	6.5
NUMBER OF TRENCHES	2	
TOTAL LENGTH	176'	
ABSORPTION AREA	4384	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	Back
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	—
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

Meandering Stream Way

PRE-CONSTRUCTION 11/16/04 To install the distribution box far enough into the center of the septic easement so that 2 - 63' INSTALLATION trenches can be run on contour towards Mirror Pond Court. (BB) 11/22/04 No work done (BB) 11/29/04 - Contractor stated he put 3' of stone in trench. Front of permit read 2' between 3.5 to 7.5. Trenches are 30' short. Had contractor add 10' to both trenches (SD)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 11/29/04



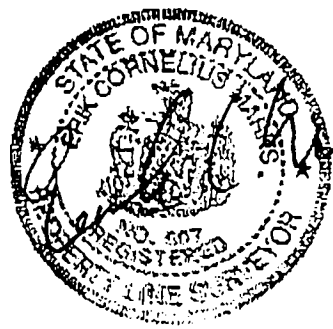
11-15 - of distance to well & STA
Kane

AREA DELETED BY KB on 6/7/04

Public Works

WELL HAS BEEN FIELD LCOATED

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS.



WALL CHECK

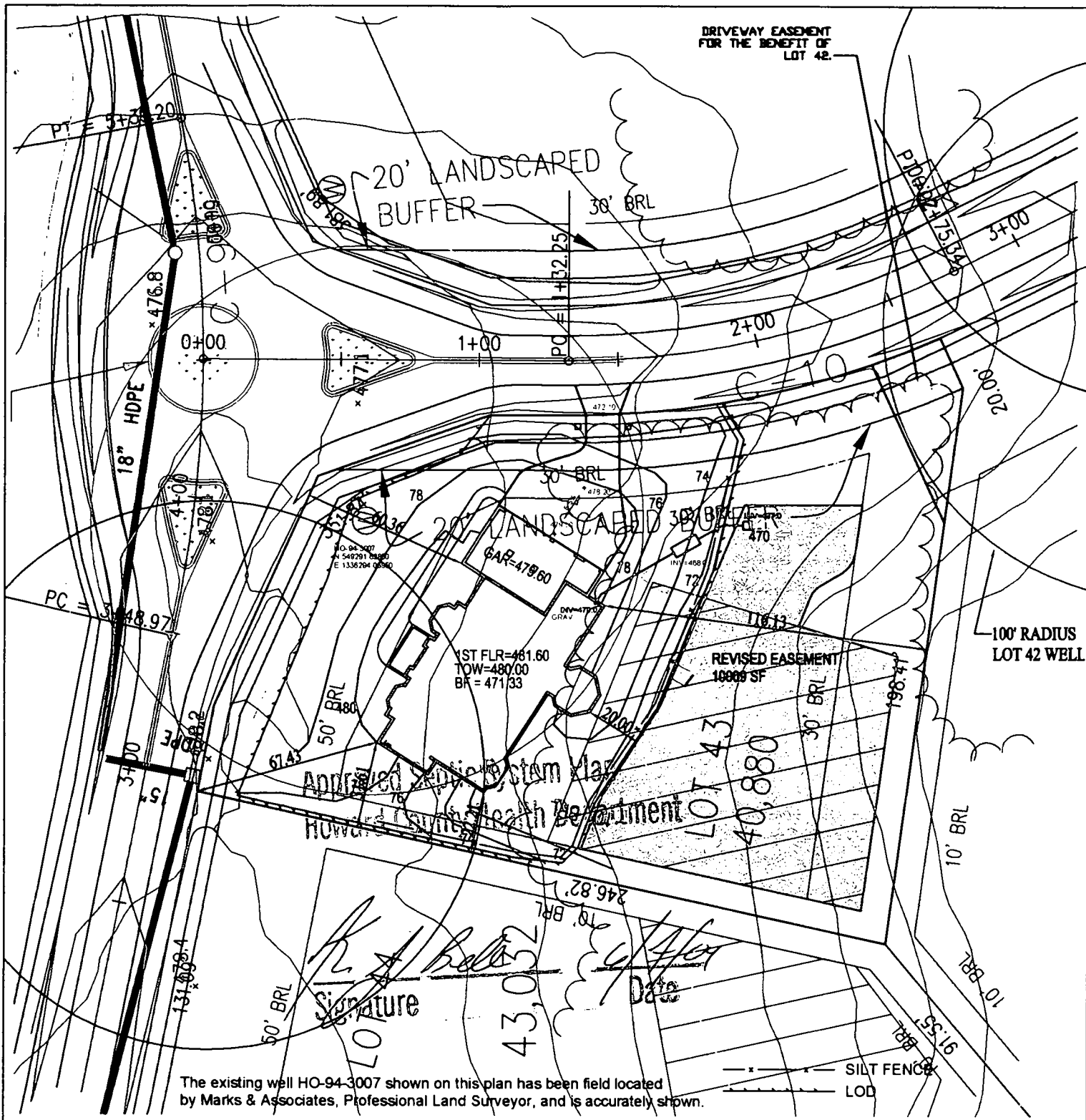
LOT 43

DATE: 07/22/04
SCALE: 1" = 50'

EXISTING ELEVATIONS:
TOP OF FNDN WALL: 480.73

PINDELL WOODS
HOWARD COUNTY, MARYLAND

MARKS & ASSOCIATES LLC
4531 COLLEGE AVENUE
ELICOTT CITY, MD. 21043
410-747-8738



The existing well HO-94-3007 shown on this plan has been field located by Marks & Associates, Professional Land Surveyor, and is accurately shown.

PLOT PLAN

SINGLE FAMILY DWELLING

the OCHANEY Residence

PINDELL WOODS LOT 43
 HOWARD COUNTY, MARYLAND
 SUBJECT TO COUNTY AND HEALTH DEPARTMENT APPROVAL.

REVISED SEPTIC EASEMENT

DATE: JUN 2, 2004

SCALE: 1" = 50'

OWNER/BUILDER:

DALE THOMPSON BUILDERS
 6300 WOODSIDE COURT, SUITE A
 COLUMBIA, MD. 21046
 410-995-6736

PROPOSED ELEVATIONS:

BASEMENT FLOOR:	471.33
TOP OF FNDN WALL:	480.00
FIRST FLOOR:	481.60
INVERT OUT OF HOUSE:	470.00
INVERT INTO TANK:	468.00
INVERT INTO DISTRIBUTION BOX:	467.00
GRADE AT SEPTIC TANK:	474.0
GRADE AT DISTRIBUTION BOX:	470.0

PAVING SPECIFICATIONS:

- 2" ASPHALT OVER 4" CR-6 OR
- 2.5" ASPHALT OVER 1.5" OVERLAY
- 50 LF OF FILTER CLOTH BEGINNING AT DRIVEWAY APRON

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
SYKESVILLE, 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 Old Telephone #: 410-995-6736
Subdivision: FINDELL WOODS Lot #: 13 Well Tag #: HO 94-3007
Site Address: 1600 MIRROR POND
FULTON MD 20759

Submersible Pump Data
Make: JACOZZI
Model #: _____
Pump Capacity _____ GPM
Well Yield: 4 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: ARVALD
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:

Piping to house
Type: CRESTLINE
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: 11-30-04

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

Date Insp. Requested: _____ Date Insp. Approved: 11/30/04 Inspector: (Signature)
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 _____

C1 0820 SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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
 COUNTY NUMBER 13 5/24/01
 PERMIT/NO FROM PERMIT TO DRILL WELL 10 94 3007

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 -13

DATE WELL COMPLETED
 MM DD YY
 05-08-01

Depth of Well
 250
 (TO NEAREST FOOT)

PERMIT/NO FROM PERMIT TO DRILL WELL
 10 94 3007

OWNER Dale Thompson Builders
 STREET OR RFD Mirkor Preservation Court Ct first name TOWN Fulton
 SUBDIVISION Pindell Woods SECTION LOT 43

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	
Red Clay	0	50	
med hard Grey rock	50	250	

Water at 210

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY
 NO. OF BAGS 15 NO. OF POUNDS 140
 GALLONS OF WATER 90
 DEPTH OF GROUT SEAL (to: nearest foot) from 0 ft to 55 ft

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE
 PL 6" 55'

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES NO

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. MWD 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 350

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

C2 DEPTH (nearest ft.)
 Ho 55' 250'

E A C H S R E E N
 1 2 3 4 5 6 7 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

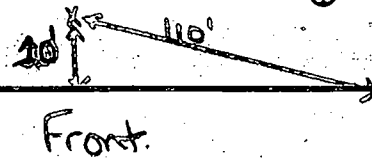
C3 PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 PUMPING RATE (gal. per min.) 4
 METHOD USED TO MEASURE PUMPING RATE Watch & Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 53' ft. WHEN PUMPING 107' ft.
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP YES 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) 49 above } LAND SURFACE 2' (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)



B 1 03191

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO 94 - 3007

W514687 please print or type

Date Received (APA) 12/22/01

OWNER INFORMATION

Dale Thompson Builders, 6300 Woodside Ct, Columbia MD 21045

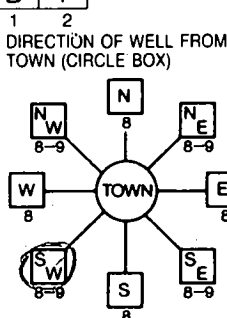
B 3 LOCATION OF WELL

Howard County, Pindell Woods, Section 43, Nearest Town: Simpsonton

DRILLER INFORMATION

Michael Barlow MW D 355, Michael Barlow Well Drilling, 522 Underwood Lane, Bel Air MD

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Preservation, Near What Road: Preservation

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), Distance from Road: 25 FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE: 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED: 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OBSERVATION, MONITORING, GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, State Signature, Date Issued: 02/22/01, CO Signature: [Signature], EXP. DATE: 02/21/02, NORTH GRID: 488 000, EAST GRID: 0823 000

APPROXIMATE DEPTH OF WELL: 260 FEET

APPROXIMATE DIAMETER OF WELL: 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered), JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR PERCUSSION, ROTARY (Hydraulic Rotary), CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, 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

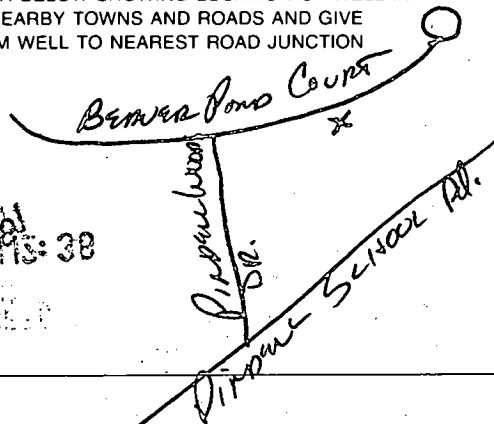
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820, N 49088

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: 10 00 GAP 012(01)

PERMIT No. HO 94 - 3007

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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. (B)

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

LOT 42

COUNTY

SOIL PROFILE

703/707

0' topsoil
 6" br red org bn cl Lm
 4' med red bn sa mica Lm
 4.5' 15%+ sapr sh
 12.5'

704

0' topsoil
 6" br org bn cl Lm
 3.5' pale pk bn sa mica Lm
 15%+ sapr sh
 11.5'

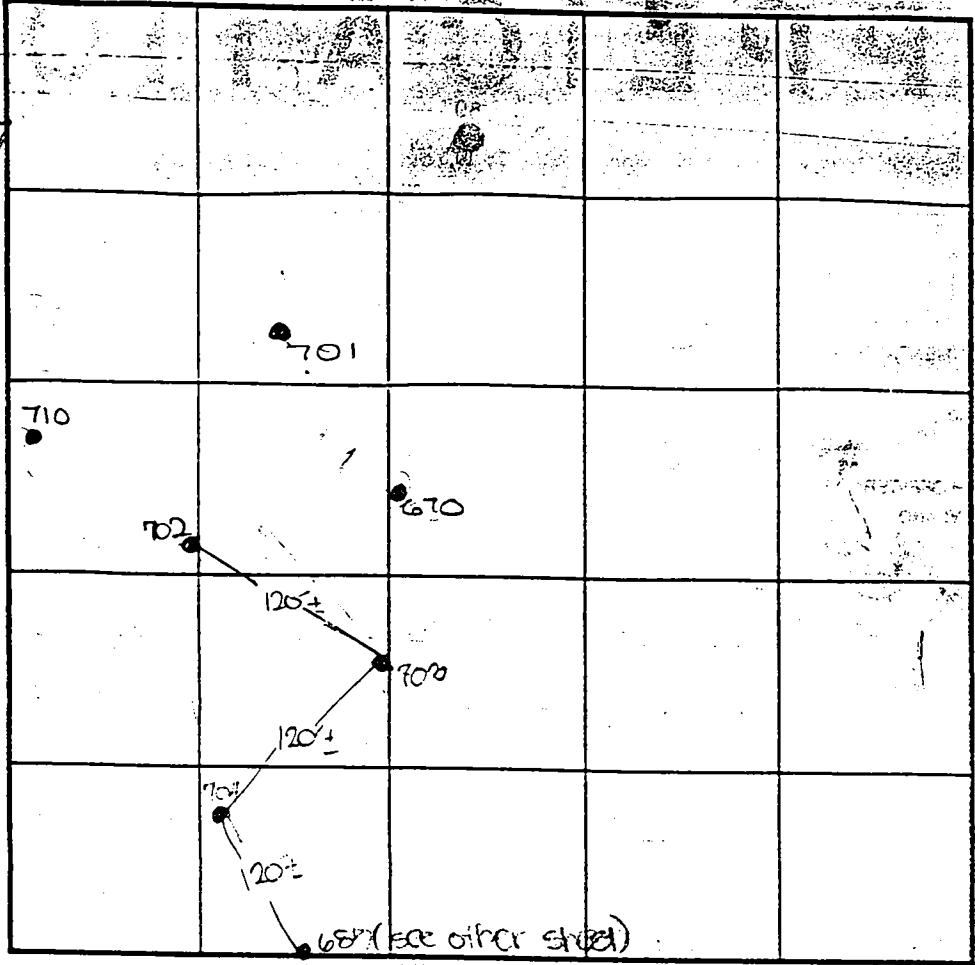
710

0' topsoil
 6" dk red bn cl Lm
 4' br red org bn sa mica Lm
 4.5'

SOIL PROFILE

670

0' topsoil
 6" br red org bn cl Lm
 3.5' med bn sa mica Lm
 4' 20%+ sapr sh
 12' 701
 0' topsoil
 6" org red bn cl Lm
 3' med org red bn sa Lm w/ heavy mica
 12.6' 20%+ sapr sh



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-29-00	703	12.5' D	Visual	- see	profile		OK
	704	4.0' S	3:13	3:14.3	3:14.3	3:17.3	3
		11.9' D	Visual	- see	profile		OK
	702	13.0' D	Visual	- see	profile		OK
	710	12' 8" D	Visual	- see	profile		OK
	670	4.0' S	3:49	3:57	3:57	4:05	8
		12.0' D	Visual	- see	profile		OK
	701	12.5' D	Visual	- see	profile		OK
	707	13.0' D	Visual	- see	profile		OK
	700	12.5' D	Visual	- see	profile		OK

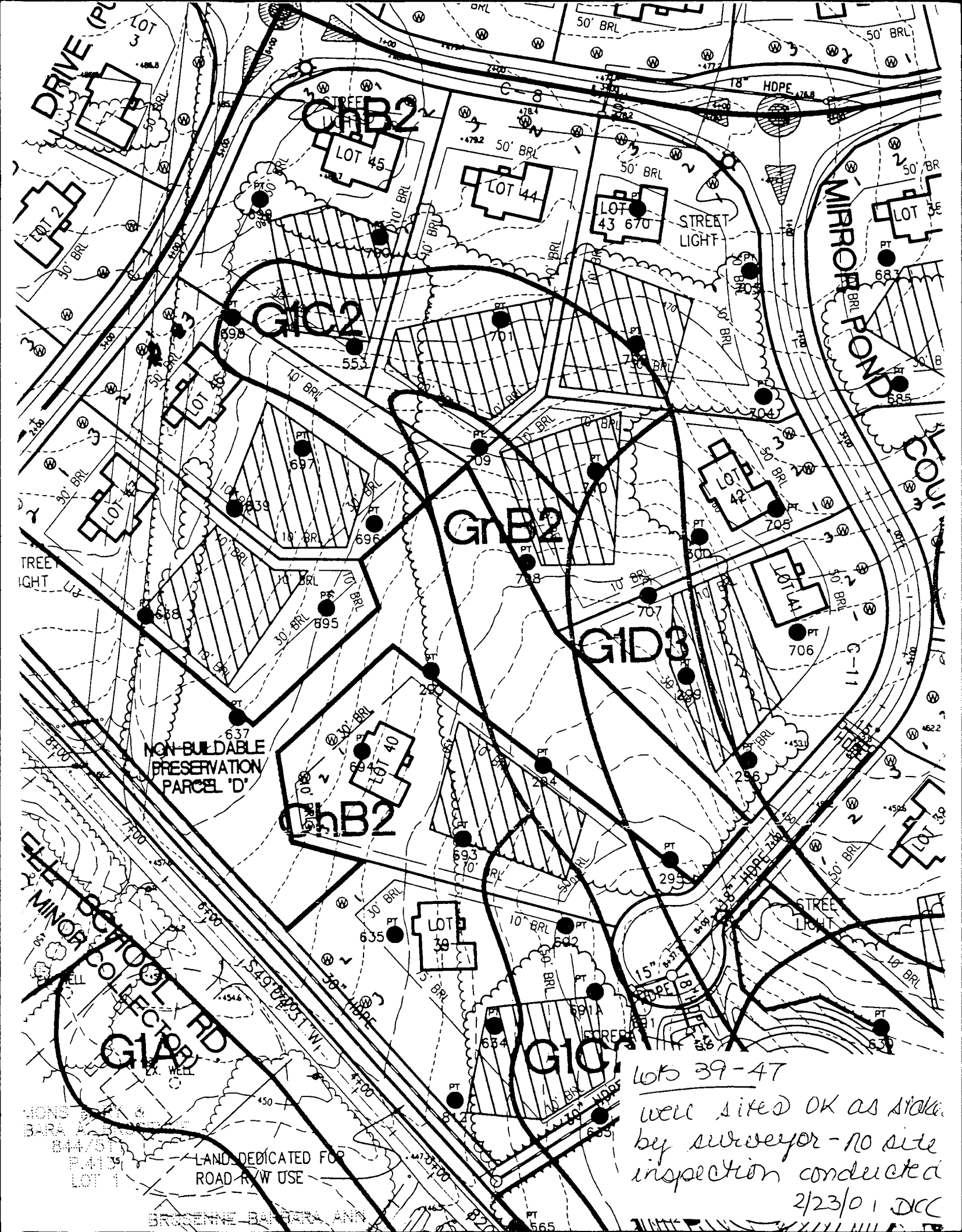
REMARKS: notes tested as stored

TYPE OF SOIL

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



G1A2
 G1C2
 G1B2
 G1D3
 G1C1

NON-BUILDABLE PRESERVATION PARCEL 'D'

lots 39-47
 well sited OK as shown
 by surveyor - no site
 inspection conducted
 2/23/01 DCC

JONES & BARRA
 844/5111
 P. 1135
 LOT 1

LAND DEDICATED FOR ROAD R/W USE

BRENEE BARTER ANN

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00148401 *YJB*

Building Address 11600 Mirror Pond Court
Fulton, MD 20759

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

Census Tract 605102 Subdivision Pinecliff Woods

Section _____ Area _____ Lot 43

Tax Map 41 Parcel 274 Grid 8

Zoning KRDEP Map Coordinates 14513 Lot size _____

Property Owner's Name Dale Thompson Builders
Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

Home Phone 410-995-6736 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone: 110 Fax _____

Existing Use Vacant Lot

Proposed Use single family dwelling

Estimated Construction Cost \$ 300,000.00

Description of Work Subdiv. Ditched from main rd. Single
family dwelling. 3 bedrooms, 2 1/2 baths, 2 1/2 car
garage. 20' x 40' lot. 14' x 14' lot. 14' x 14' lot.

Contractor Company Dale Thompson Builders

Contact Person Amy Baye

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

License No. _____

Phone 410-995-6736 Fax 410-381-2747

Occupant or Tenant Dale Thompson Builders

Contact Name Amy Baye

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

Phone 410-995-6736 Fax 410-381-2747

Engineer or Architect Company Dale Thompson Builders

Contact Person Bob

Address 6300 Woodside Court

City Columbia State MD Zip Code 21046

Phone 410-995-6736 Fax 410-381-2747

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other _____
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 _____	

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.

Amy Baye
Applicant's Signature
Dale Thompson Builders
Title/Company

Amy Baye
Print Name
5/25/04
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	<u>4/7/04</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: 30
Rear: 30
Side: 10
Side St.: 30

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____

PROPERTY ID: 62194

Filing fee \$ 100.00

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # 15781

Validation # 47065

Accepted by [Signature]

CASSELL TESTING, INC.

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

REPORT DATE: Mar 29, 2005

County Howard

Lab Number 05-1213

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&O: 11600 Mirror Pond Court

Station Sampled: Laundry Tub & Pressure Tank Tap

Tax Map #: 41

Date/Time Sampled: Mar 28, 2005 10:30 am

Parcel #: 274

Owner, Telephone No.: Ochaney

Sampler: 6724GP

Subdivision Name: Pindell Woods

Lot Number: 43

Building Permit No.: B00148401

Well Number: HO-94-3007

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)	2.0 NTU	EPA 180.1	*10 NTU	Pass
Turbidity(Trtd)	1.8 NTU	EPA 180.1	*10 NTU	Pass
Sand	Negative		Negative	
pH	5.2 Units	EPA 150.1	**6.5-8.5 Units	***
Total Coliform	Absent	SM 9223B	*Absent	SAFE
E. coli (18 Hour Test)	Absent	SM 9223B	*Absent	SAFE

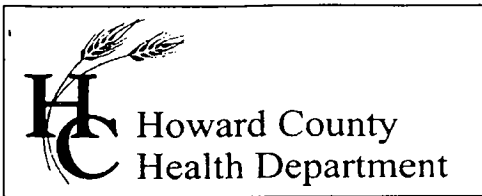
Treatment/Conditioning: Sediment Filter

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

Heather R. Beam

Heather R. Beam

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 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 5, 2005

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

SENT VIA FACSIMILE 410-381-8747

RE: Pindell Woods, Lot 43
11600 Mirror Pond Court
Fulton, MD 20759
BP #: B00148401
Well Permit #: HO-94-3007

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 11/29/2004. Final approval of the well line connection to the dwelling was approved on 11/30/2004.**

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-94-3007. 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(s): 03/28/2005
Date of Well Completion: 05/08/2001

Approving Authority,

Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File