

LAYOUT 1/3/05 - w/f INSP 4 \_\_\_\_\_  
 INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
 INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 12/29/04

P 521632

APPROVAL DATE: 1/3/05

A 45627

**PERMIT  
INDEXED**  
TAX ID #04-352130

**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: Doerer Property LOT NUMBER: 2 49

ADDRESS: 3769 Jennings Chapel Road PROPERTY OWNER: Toll MD II, LP

SEPTIC TANK CAPACITY (GALLONS): 1250 1500 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 152 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	As seen from Jennings Chapel Road, start the first trench 135' from the rear (355') lot line and 150' from the left (470') lot line. Run trenches on contour toward front left area of lot.
NOTES:	

PLANS APPROVED: Kevin J. Bell Reviewed by: KN DATE: 8/30/04

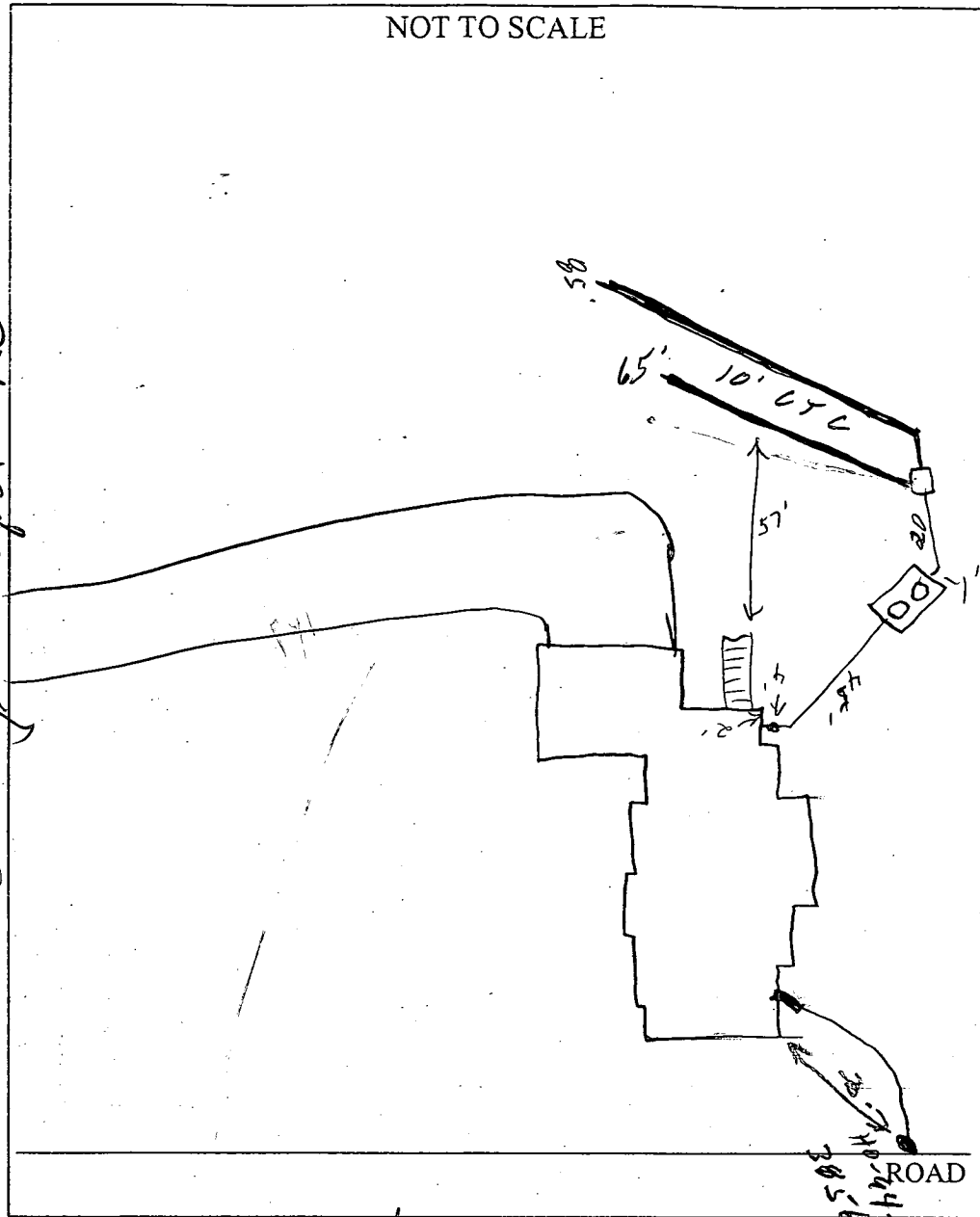
NOTES: PERMIT VOID AFTER 2 YEARS  
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
 WATERTIGHT SEPTIC TANKS REQUIRED  
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
 MANHOLE RISERS REQUIRED ON ALL SEPTIC 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**

A 45627

NOT TO SCALE

Jennings Chapel Rd



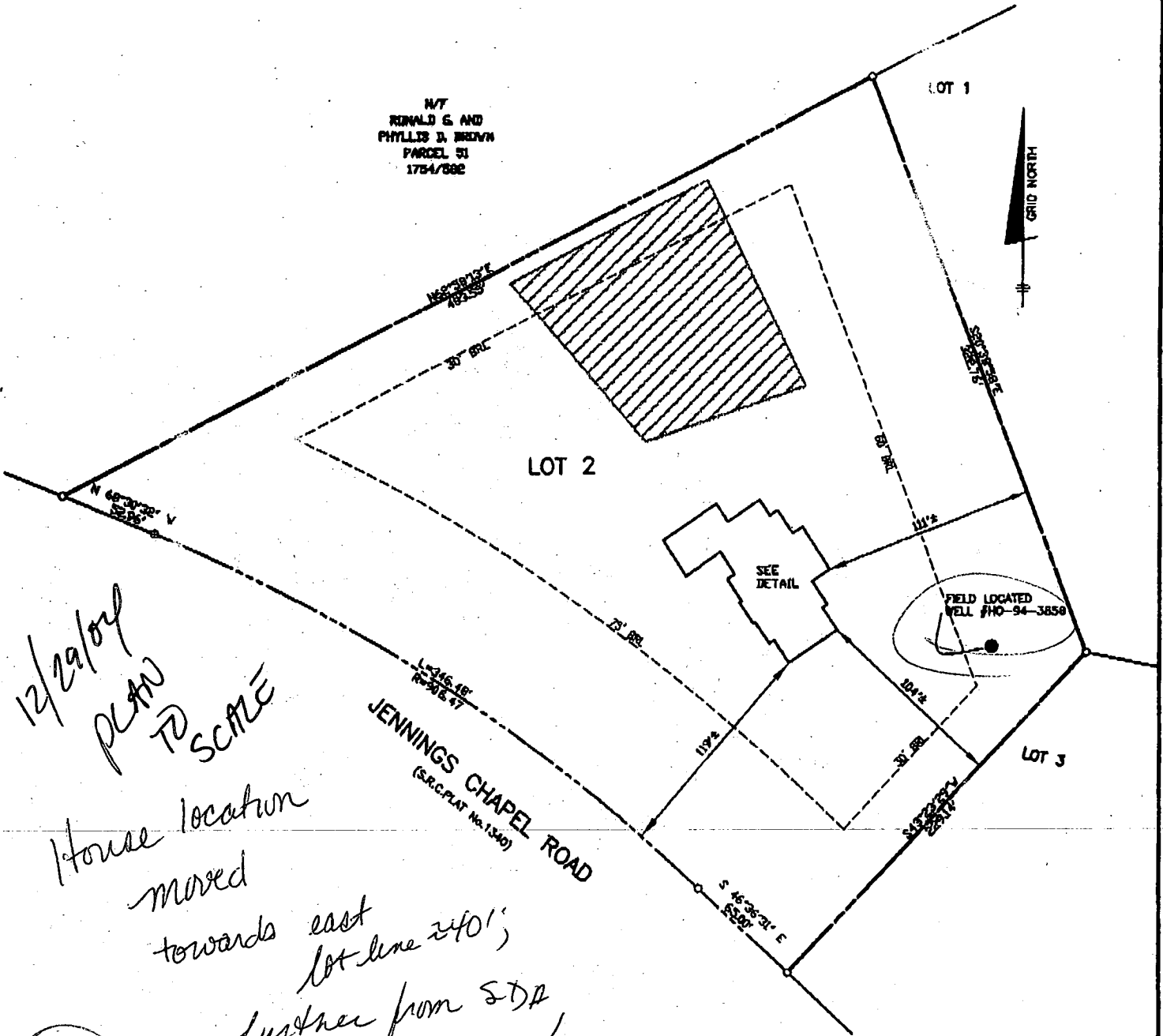
TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	4.5'	8.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150'
ABSORPTION AREA		600 <del>sq</del>
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
Capacity	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5-2'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input type="checkbox"/>
MANHOLE LOC	Front
6" PORT LOC	<input type="checkbox"/>
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 1/3/05 - SRA staked, contour not accurate.  
 OK to install 65' & 85' trenches on contour, Lot # changed? (SO)  
 INSTALLATION 1/3/05 - Complete system installed. OK  
to cover all work (SO)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 1/3/05

WT  
 RONALD S. AND  
 PHYLLIS D. BROWN  
 PARCEL 51  
 1754/582



12/29/04  
 PLAN TO SCALE

House location  
 moved  
 towards east  
 lot line 240';  
 further from SDA,  
 & well loc. etc

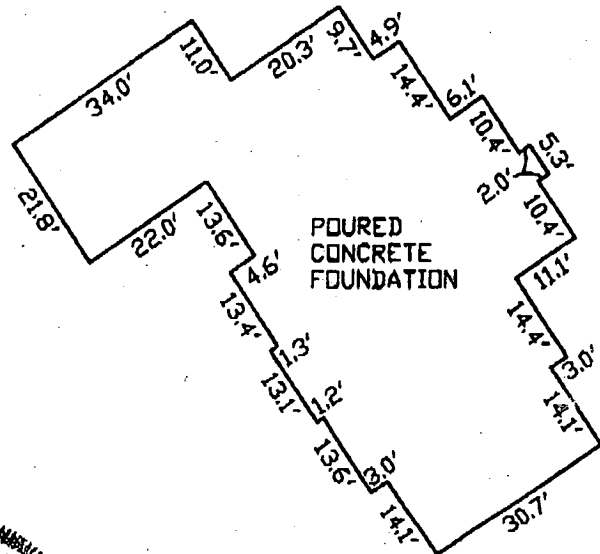
1:80

KN

TOP OF FOUNDATION WALL ELEVATION = 554.3'  
 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 12/21/04; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FISHER, COLLINS & CARTER, INC. ENTITLED "DENISE A. DOERER, et al LOTS 1, 2, 3", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No. 9686



FOUNDATION DETAIL



**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: Fogles Well Drilling Telephone #: 410-795-5670  
 Address: 580 Obercht Rd  
Dykesville, md 21784

(Must circle one) Licensed Plumber  **Licensed Well Driller**  Licensed Well Pump Installer   
 License # and name of individual responsible for the field installation: \_\_\_\_\_ License# MSD 009  
 Name (Print): Allen Compton  
 \*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Toll Brothers Telephone #: 410-487-6290  
 Subdivision: Colt Neck Trace Lot #: 47 Well Tag #: HO-94-3756  
 Site Address: 3769 Jennings Chapel Rd


<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Grundfos</u>	Make: <u>Cummins</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>75A05422</u>	Model#: <u>N/A</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>7</u> GPM	Depth: <u>36</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>GPM</u>	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 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt <u>N/A</u>		

<b>Piping to house</b>	<b>House Connection</b>
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 this office for approval prior to installation.

Signature of company representative responsible for installation: Allen Compton date: 2/20/05

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 1/12/05 

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.**

<b>C1</b> 3886	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> 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 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER <u>A45627</u>

ST/CO USE ONLY. DATE Received MM DD YY 8 13	DATE WELL COMPLETED MM DD YY <u>12-2-03</u>	Depth of Well <u>300</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HD-94-3856</u>
--	---	--	--

OWNER TOLL BROTHERS  
 STREET OR RFD 3901 JENNINGS CHAPEL ROAD TOWN WOODBINE  
 SUBDIVISION DOERFLER SECTION \_\_\_\_\_ LOT 2

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 shale	0 76	
Gray limestone	76 115	
Brown	115 116	✓
Gray limestone	116 265	
White	205 206	✓
Gray limestone	206 300	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC	
NO. OF BAGS <u>28</u>	NO. OF POUNDS <u>3632</u>
GALLONS OF WATER <u>168</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>73</u> BOTTOM 58 ft. (enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE
<input type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER
MAIN CASING TYPE <u>ST</u>	Nominal diameter top (main) casing (nearest inch)! <u>06</u>
	Total depth of main casing (nearest foot) <u>80</u>

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

SCREEN RECORD	
screen type or open hole (insert appropriate code below)	
<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS
<input type="radio"/> PL PLASTIC	<input type="radio"/> HO OPEN HOLE
<input type="radio"/> OT OTHER	

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. 1 M5D009

DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D

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

DEPTH (nearest ft.)	
T	<u>80</u> <u>300</u>
A	8 9 11 15 17 21
C	23 24 26 30 32 36
R	38 39 41 45 47 51
E	SLOT SIZE 1 2 3
N	DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u> 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)

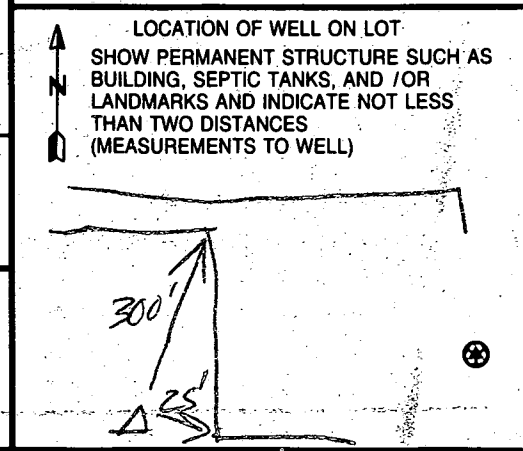
T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>3</u>
PUMPING RATE (gal. per min.)	<u>10</u>
METHOD USED TO MEASURE PUMPING RATE	<u>1 gal</u>
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>61</u> ft.
WHEN PUMPING	<u>121</u> ft.
TYPE OF PUMP USED (for test)	
<input type="radio"/> A air	<input type="radio"/> P piston
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary
<input type="radio"/> J jet	<input checked="" type="radio"/> S submersible
<input type="radio"/> T turbine	<input type="radio"/> O other (describe below)

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)	YES <input type="radio"/> NO <input checked="" type="radio"/>
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	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<input checked="" type="radio"/> + above
LAND SURFACE	<input type="radio"/> - below <u>01</u> (nearest foot) 50 51





B 1 0954

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

W519654 please type 50

HO-94-3856 fill in this form completely

Date Received (APA)

11-01-03

OWNER INFORMATION

Toll Brothers Owner First Name 34
15143 Sapling Ridge Dr Street or RFD 55
Dreighton, md 21036 Town, State Zip 57 70 72 74 76

B 3

LOCATION OF WELL

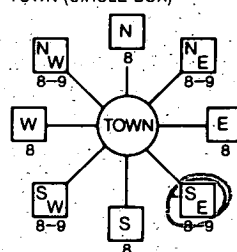
8 COUNTY HOWARD 21 Jennings
23 SUBDIVISION Chapel 42
SECTION 44 46 LOT 2 48 50
52 NEAREST TOWN Woodbine 71
MILES FROM TOWN (enter 0 if in town) 8 M 1 73 76 77 78

DRILLER INFORMATION

Allen Compton, M SD 009 Driller's Name 76 License No. 81
Fogles Well Drilling Firm Name
580 Obrecht RD Address
All GPT 11-5-03 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



3769 Jennings chapel 11 NEAR WHAT ROAD 80
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S
34 300 37 DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP 20 BLK 12 PARCEL 123

B 2

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)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME
A#5627 COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 11-18-03 Steven R King 11/18/04
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 50 523 000 EAST GRID 57 779 000 63

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

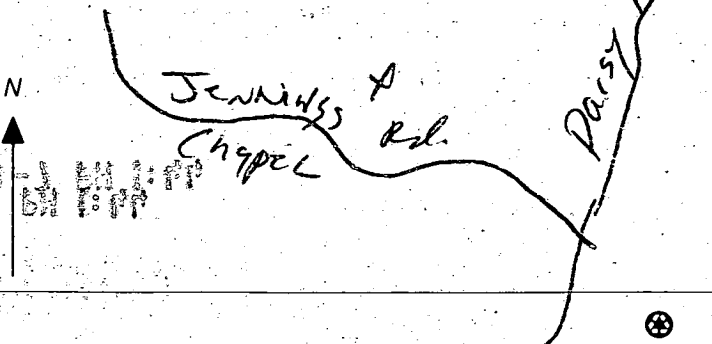
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
D THIS WELL WILL 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
1.
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 780
N 5203

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

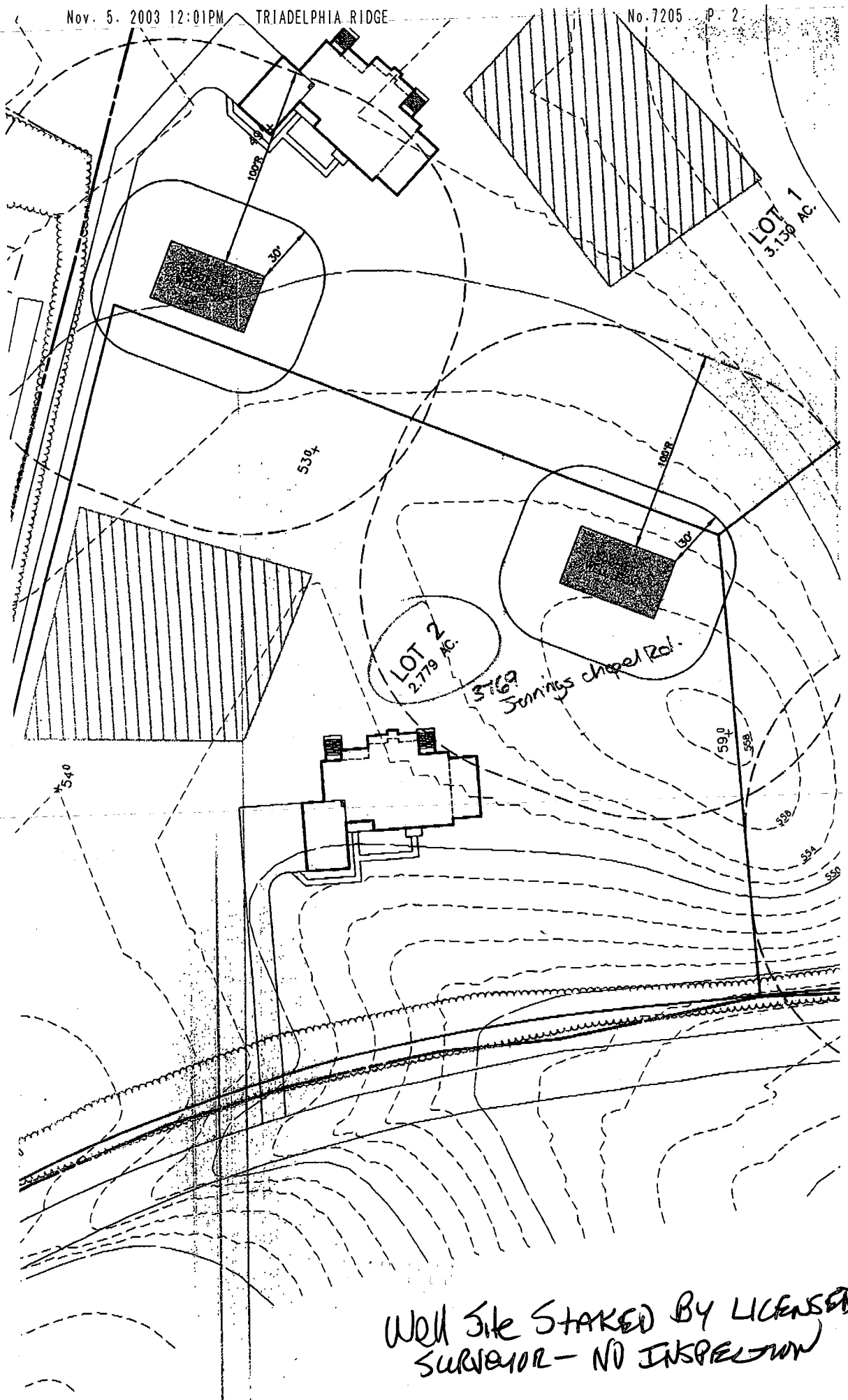


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

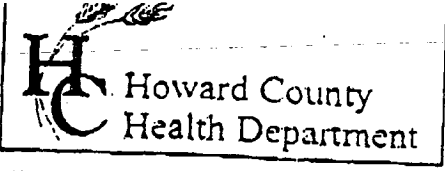
APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3856

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



Well Site STAKED BY LICENSED SURVEYOR - NO INSPECTION



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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- The well site has been staked by Benchmark  
 (professional land surveyor or company employing professional land surveyors)  
 on 11/14/03 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field to verify the proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 6/10/03

DOERER PROPERTY  
 Lot's 1, 2, + 3

4/26/90  
5:35 PM  
10:00 AM

# APPLICATION

PERCOLATION TESTING

A 45627

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

Preview ok.  
2-28-90 JEN

DISTRICT \_\_\_\_\_

DATE 5/28/90

TO: THE COUNTY HEALTH OFFICER  
ELLCOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER DENISE ANN DOERER

ADDRESS 3779 SHARP ROAD GLENWOOD MD. 21738 PHONE \_\_\_\_\_

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION DENISE ANN DOERER LOT NO. 2

ROAD AND DESCRIPTION AT INTERSECTION OF JENNINGS CHAPEL ROAD AND DAISY ROAD

TAX MAP 20 PARCEL # 20

SIZE OF LOT 2.75 ± Ac. TYPE BLDG S.F.D.  
(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. Zacharia y. Fisch agent  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/7/90 PERC OK - HOLD FOR PLAT MR

HD-216

# THIS IS NOT A PERMIT

Lot 2  
A 45627

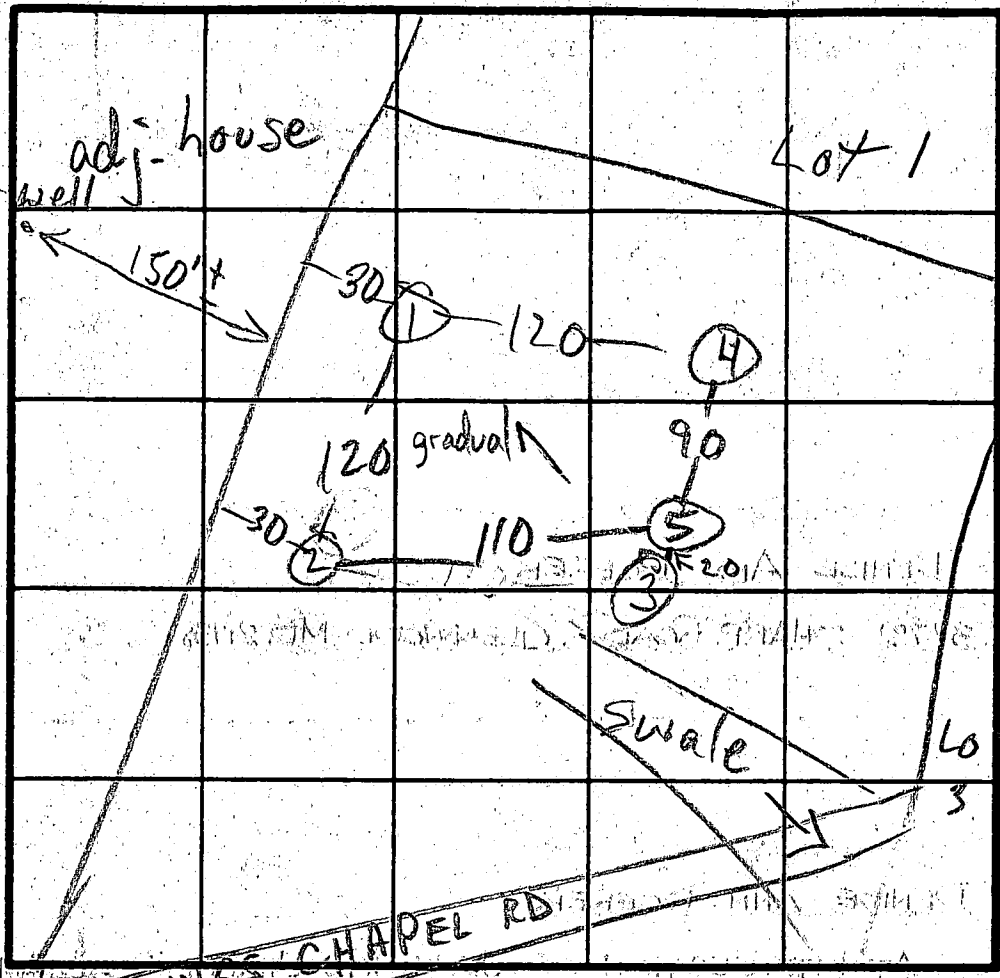
SOIL PROFILE

org clay loam  
yel org red silty sand loam  
hi mica 10-20%

2 1/2

10 1/2 frags ↑ w/depth

② ④



③  
red + org clay 6-7  
brn + red sand loam 12 1/2

⑤  
org clay + clay loam 4 1/2  
pink org red sand loam  
hi mica 5% frags could've gone much deeper  
x̄ = 8  
210 BR Inlet 4 1/2 Bottom 8 1/2

org clay loam 2 1/2  
org/tan pink/yel silty sand loam  
10% frags hi mica 12 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/26/90	1 S	3 1/2	12:48	1:05	1:05	1:16	11
	1 S	10 1/2	see profile				
	2 S	3 1/2	12:49	12:53	12:53	1:05	12
	2 V	12 1/2	see profile				
	3 S	6	12:50	1:10	1:10	NO PERC	
	3 V	12 1/2	see profile				
	4 S	4 1/2	1:10	1:14	1:14	1:19	5
	4 M	8	1:21	1:29	1:29	1:38	9
	4 V	12 1/2	see profile				
	5 S	5 1/2	1:41	1:42	1:42	1:45	3
	5 V	9	see profile				

REMARKS HOLES ①-⑤ PER PLAT

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT owner rep backhoe man

ChB2

ChC2

DOUGLAS -  
REAR CENT. PLAT  
516260  
6/8/90

EX. WELL

PROPOSED 20'  
EASEMENT FOR  
ACCESS TO LOT 1  
548  
LOT 1  
2.75 AC.

LOT 2  
2.75 AC.

LOT 3  
3.65 AC.

JENNINGS

LAND TO BE DEDICATED TO HOWARD COUNTY  
MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD.

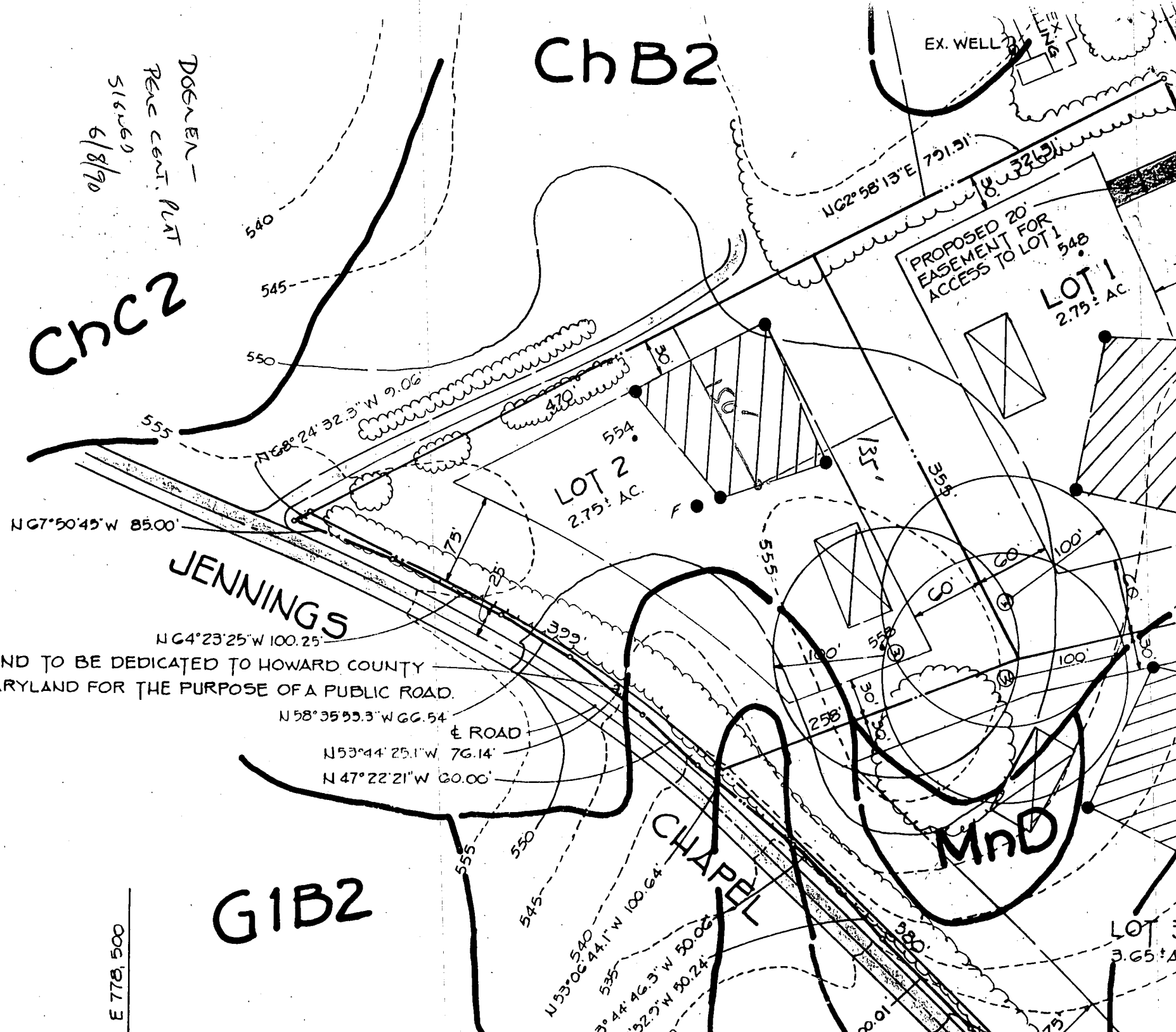
ROAD  
N 58° 35' 53.3" W 66.54'  
N 53° 44' 25.1" W 76.14'  
N 47° 22' 21" W 60.00'

G1B2

CHAPEL

MAD

E 778.500



FLAG OR PIPE STEM LC	LOT NO.	3.130 ACFT	0.28
	PIP		

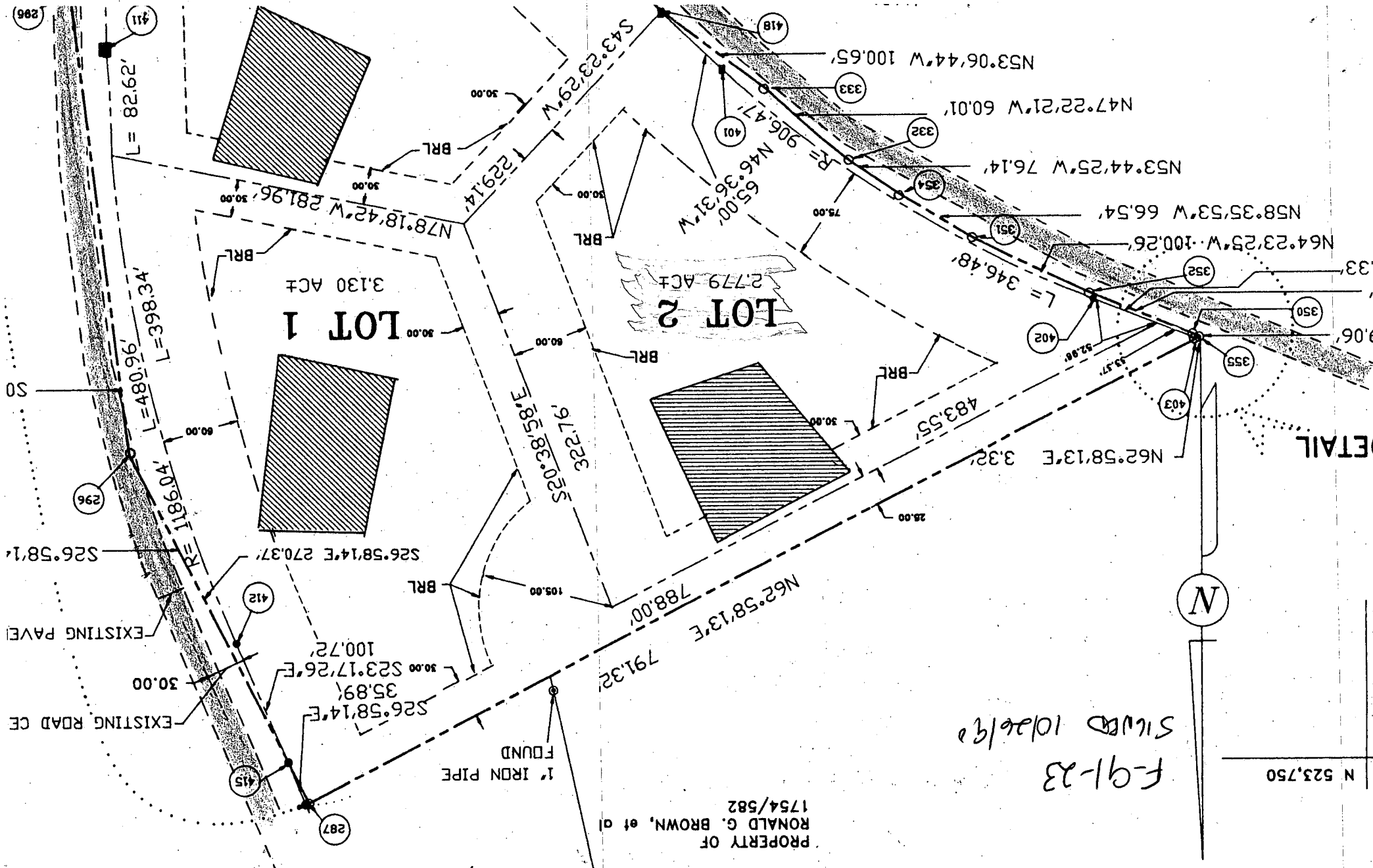
PROPERTY OF  
STEVEN SALES, et al  
1967/112

PROPERTY OF  
RONALD G. BROWN, et al  
1754/582

F-91-23  
SILVER 10/26/92

TANGENT	243.83	511.4024°E	477.67'	175.38'	116.23'
CHORD		S57.33°E	344.37'	S66.40°W	91.86'

N 523.750



9486 60002473E

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 300 COURT HOUSE DRIVE  
 ELICOTT CITY, MD 21043  
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1610  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00149988 KJB

Building Address 3769 Jennings Chapel Rd  
Washington 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 601002 Subdivision Denise Doever

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 20 Parcel 123 Grid 12

Zoning RC000 Map Coordinates S08 Lot size \_\_\_\_\_

Property Owner's Name Tall MD II, LP

Address 7104 Columbia Gateway Dr, #230

City Columbia State MD Zip Code 21046

Home Phone \_\_\_\_\_ Work Phone 443-535-9296

Applicant's Name & Mailing Address, (if other than stated hereon):  
call 410 419-6292

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant Lot

Proposed Use Residential Home

Estimated Construction Cost \$ 300,000

Description of Work Construction Federal  
Construction of 1.5 story Colonial Suburban All  
Expanded Family Room, Full Bath, Kitchen, 2 Car Garage

Contractor Company Tall MD II LP

Contact Person Don Skibins

Address 7104 Columbia Gateway Dr, #230

City Columbia State MD Zip Code 21046

License No. 678

Phone 410-535-9296 Fax 443-535-9297

Occupant or Tenant Tall MD II, LP attached

Contact Name Don Skibins 3 car garage

Address 7104 Columbia Gateway Dr, #230

City Columbia State MD Zip Code 21046

Phone 443-535-9296 Fax \_\_\_\_\_

Engineer or Architect Company Benchmark Engineering

Contact Person Dave Thompson

Address 8470 Baltimore National Pike, Ste 418

City Ellicott City State MD Zip Code 21042

Phone 410-415-6116 Fax 410-415-6115

**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  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse

Depth Width

1st floor: 6'4" 8'6"

2nd floor: 4'2" 9'8"

Basement: 6'4" 8'6"

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: \_\_\_\_\_

Roof: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**Utilities**

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 THERE TO; (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.

[Signature]  
 Applicant's Signature

AD/Tall MD II, LP  
 Title/Company

Don Skibins  
 Print Name

2-11-07 8:23:04  
 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		
Building Official		
Dev. Engineering, DPZ	<u>8/31/07</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All-minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

Lot Coverage for New/Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 63200

Filing fee \$ 100

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # 7073161

Validation # 74740

Accepted by \_\_\_\_\_

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 54614 Account #: 1930  
Reference: Toll Brothers Lot 47 Company: Fogle's Well Drilling  
Location: 3769 Jennings Chapel Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 04/21/05 1100 Site: Kitchen Sink Tap  
Date/Time Rec'd: 04/21/05 1326 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3856

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.

**NOTES:**

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested on-site by client

Reason for Test : Use & Occupancy retest 54562  
Building Permit # : 00149988

Date Reported: 04/22/05

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 54562 Account #: 1930  
Reference: Toll Brothers Lot 47 Company: Fogle's Well Drilling  
Location: 3769 Jennings Chapel Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 04/18/05 0730 Site: Kitchen Sink Tap  
Date/Time Rec'd: 04/18/05 0831 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.1  
Collected By: V.M. Fadoul 6804VF-FS Well #: HO-94-3856

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, Coliform, Total, MPN	4.2	MPN/ 100 ml	<1.0	SM18 9223 B.

**NOTES:**

1. MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
2. Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
3. ND:None Detected
4. Sample collected by client, analyzed as received
5. pH tested on-site by client

Reason for Test : Use & Occupancy retest 54352  
Building Permit # : 00149988

Date Reported: 04/19/05

**FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.**

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

**REPORT OF ANALYSIS**

Laboratory ID #: 54532 Account #: 1930  
Reference: Toll Brothers Lot 47 Company: Fogle's Well Drilling  
Location: 3769 Jennings Chapel Road Requested By: Dave Fogle  
Woodbine, MD 21797 Source: Well Water  
Date/ Time Collected: 04/13/05 0800 Site: Laundry Room  
Date/Time Rec'd: 04/13/05 1520 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 6.5  
Collected By: D. Fogle 8194DF Well #: HO-94-3856

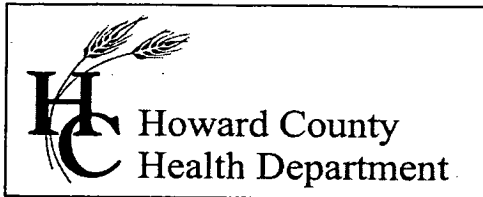
PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223 B.
Nitrate	1.74	mg/L	10	601
Turbidity	3.34	NTU	<10	SM18 2130B
Sand	NS	mg/L	5	Visual/Gravimetric

**NOTES:**

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 pH and Chlorine level tested in lab
- 8 N/A: Not Available

Reason for Test : Use & Occupancy  
Building Permit # : 00149988

Date Reported: 04/14/05



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

Pennv E. Borenstein, M.D., M.P.H., Health Officer

April 22, 2005

Toll MD II, LP  
7164 Columbia Gateway Drive, #230  
Columbia, MD 21046

**SENT VIA FACSIMILE 410-489-6293**

RE: Doerer Property, Lot 47  
3769 Jennings Chapel Road  
Woodbine, MD 21797  
BP #: B00149988  
Well Permit # HO-94-3856

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 01/03/2005. Final approval of the well line connection to the dwelling was approved on 01/12/2005.**

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.

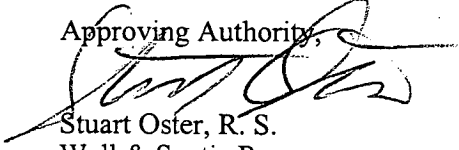
#### **INTERIM CERTIFICATE OF POTABILITY**

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-94-3856. 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): 04/13/2005, 4/18/2005 & 04/21/2005  
Date of Well Completion: 12/02/2003

Approving Authority,

  
Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File