Early PM
7/15/92
7/25/92

05-410-150

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48308

A 38688

INDEX - TIME EXPIRED FOR F.C.O.P. - COMPLIANCE

DISTRICT 5th

DATE 4/30/92

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

6/2/93 C. WILLIAMS/C. BA INDEXED

DATE SYSTEM APPROVED 8/17/92

INSPECTOR CWilliams

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558R Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Fox Run Estates LOT 2 ROAD 4507 Taraley Court

PROPERTY OWNER ~~Williamsburg Builders~~ Bill Davis

ADDRESS P. O. Box 1018
Columbia, Maryland 21045

SEPTIC TANK CAPACITY 1500 GALLONS

BUILDING PERMIT SIGNED AND RETURNED
4/21/04 B00047558 - FINISH BASEMENT

NUMBER OF BEDROOMS 5

3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet from the right-front (315') lot line and 110 feet from right-rear lot line which borders Lot 4. Run trenches along contour toward Taraley Court. ok(cw)

PLANS APROVED BY C. Williams REVISED DATE 5/06/92

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

BLDG. PERMIT SIGNED AND RETURNED 3/23/95
Serial #58638

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. Inground pool

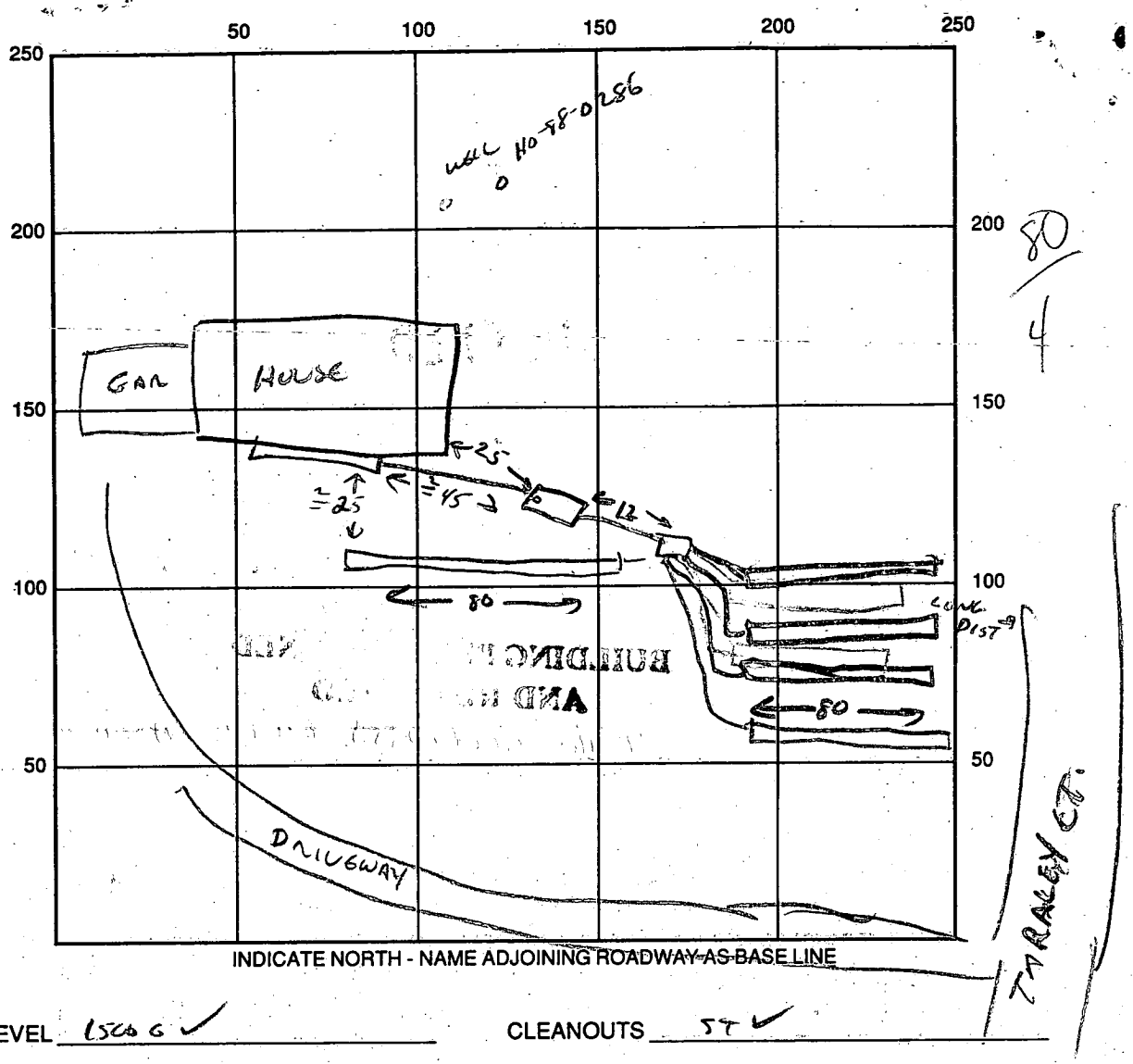
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 38688



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Level ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 400 FT.

NUMBER OF TRENCHES 5 @ 80' ONE ~~SIDEWALL~~/BOTTOM AREA 1200 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 7/15/92 3 TRENCHES INSTALLED, OR TO COMPLETE 4TH TRENCH & COVER CW.
FINAL TRENCH INSTALLED BY CONTRACTOR 9/25/92 (NOT INSPECTED).

DATE SYSTEM APPROVED 8/17/92 INSPECTOR CWilliam

APPLICATION

A 38688

PERCOLATION TESTING

P _____

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

DISTRICT 5

DATE 2-10-87

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ~~Fox Run Estates Inc~~ Williamsburg Builders ~~Miller Built Corporation~~

ADDRESS 4649 Sheppard Lane Ellicott City 21043 PHONE ~~596-2023~~ ~~596-9730~~ 997-8800

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. ~~Lot 3~~ New Lot 2

ROAD AND DESCRIPTION ~~Taraley Court at Sheppard Lane~~ 4507 Taraley Court

TAX MAP 28 PARCEL # 51

SIZE OF LOT 3+ acres TYPE BLDG Residential
(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 C Wellington FOR Shallow Trenches DATE 11/23/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 5-6-92
Serial # 42017-
SFD - 5 Bdrms

BLDG. PERMIT SIGNED AND RETURNED 8/21/89
Serial # 27937
SFD - 4 Bdrms

HD-216

THIS IS NOT A PERMIT

HOLES 1 & 2

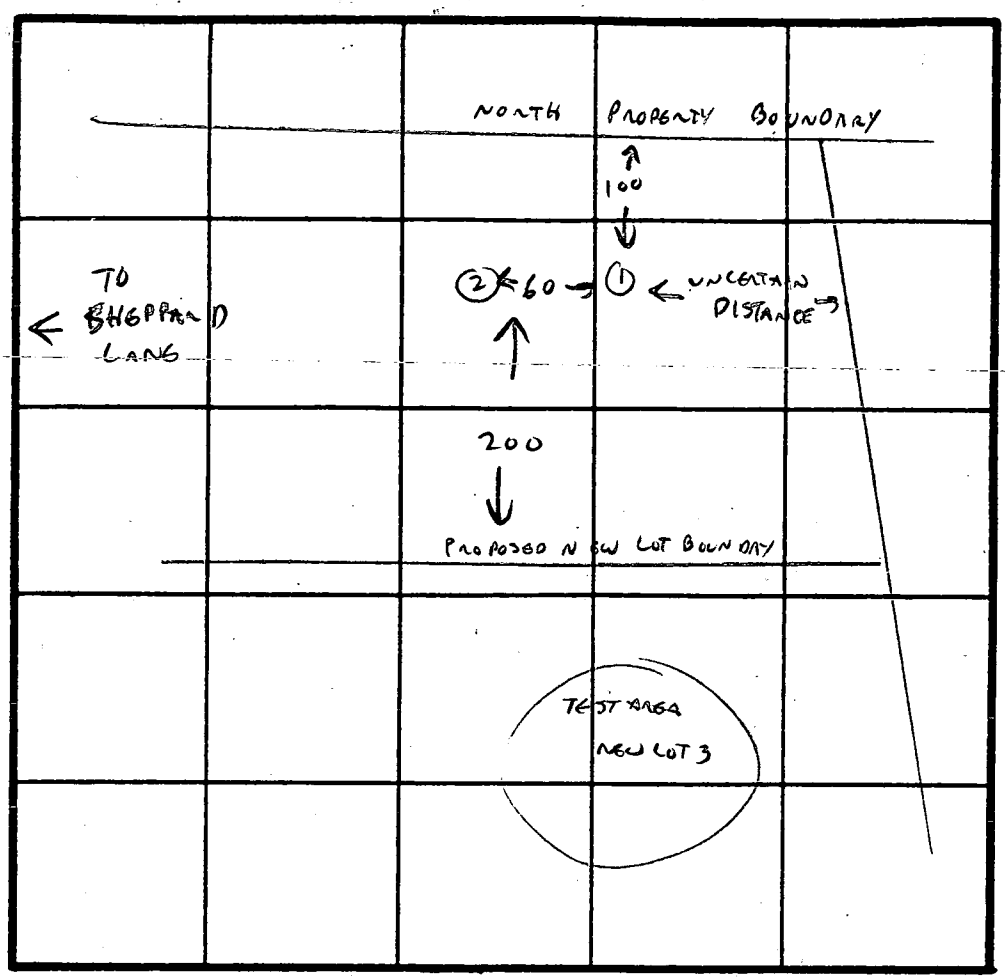
SOIL PROFILE

0

2 — CLAY LOAM

MICA SAND LOAM SOME GRAVEL

8-9



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/27/88	1	3 VIS OK	3-9'				VIS OK
		6 9					
	2	2½	2:42	2:46	2:46	2:51	5 MIN
		6 8 VIS	OK 2-9'				
	SEE	A 38689 FOR TESTS NEAR COMMON					
			LOT	BOUNDARY			

REMARKS BACKHOG NO LONGER ON SITE - HOLES NOT EXCAVATED DEEP

TYPE OF SOIL MICA LOAM - OK FOR SHALLOW SYSTEM ONLY

TESTED BY C W Ellis ALSO PRESENT ?

4/11/91
1:30

APPLICATION

A 46459

P

PERCOLATION TESTING

DISTRICT

DATE 4/2/91

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

PREVIEW OK.
PROPOSED ADJUSTMENT MAY HAVE WATER TABLE PROBLEMS.
IF SO, TEST UPHILL TO CONSIDER ALL DESIGN OPTIONS EVEN IF WELL IS FORFEITED.
3/26/91 CWR

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER

ADDRESS PHONE

PROSPECTIVE BUYER Richard & Marilyn McPeters

ADDRESS 6526 Mink Hollow Rd PHONE 301-596-9352
Highland, Md 20777

PROPERTY LOCATION:

SUBDIVISION Day Run Estates LOT NO. 2

ROAD AND DESCRIPTION Tarsley Ct

TAX MAP PARCEL #

SIZE OF LOT TYPE BLDG.
(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

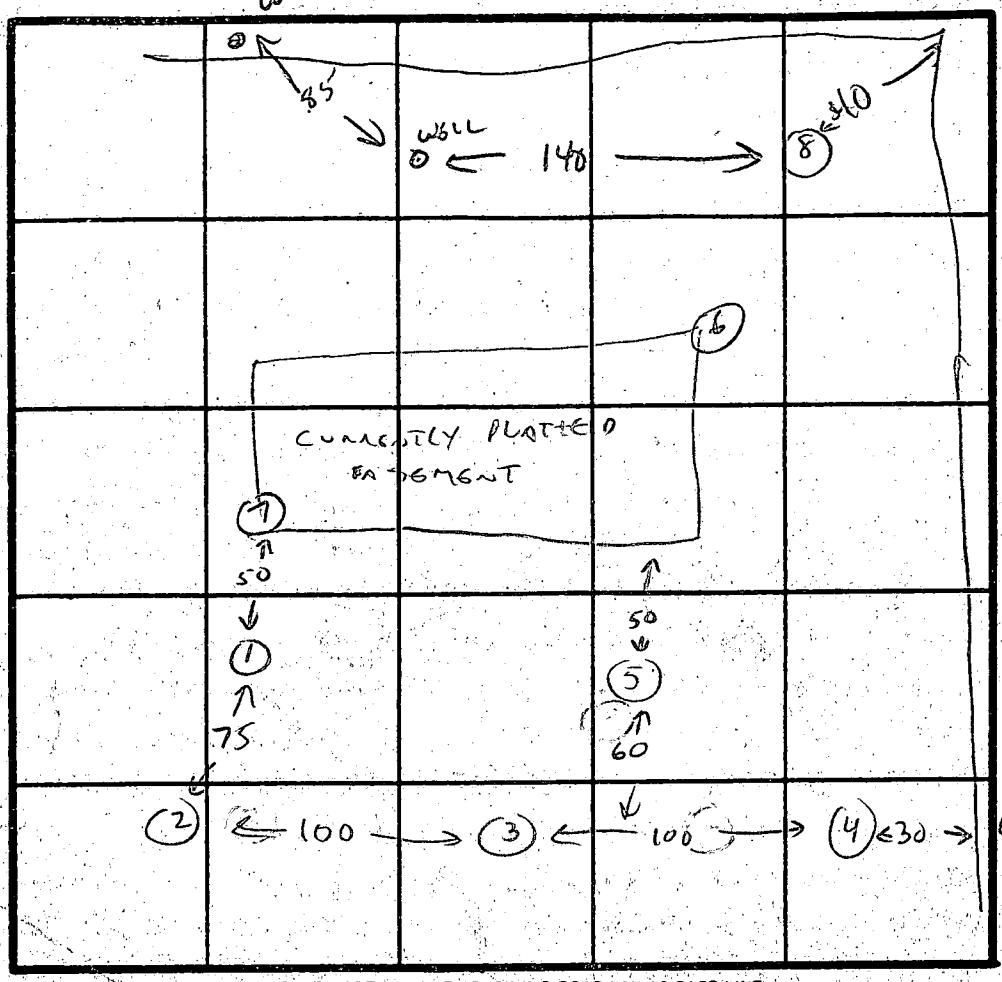
REJECTED BY CWR FOR ADJUSTMENT TO S.D.A. DATE 4/11/91

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING WATER TABLE AND/OR CLAY AT ALL LOCATIONS TESTED.
SEPTIC AREA TO REMAIN AS EAST AS HIGH ON LOT AS ORIGINALLY PLATTED. CWR

HD-216

THIS IS NOT A PERMIT



(1) SOIL PROFILE

0'
TOPSOIL
1½
TAN/ORANGE CLAY
4
CLAY/SAND LOAM MIX
10'
MOTTLED YELLOW/TAN LOAM
14'

(5)

CLAY
4
CLAYEY LOAM
9
SAND
13
WATER

(6) & (8)

CLAY
3
POWDER LOAM
13'

(2) & (4)

TAN/ORANGE CLAY
4
CLAYEY LOAM
7
MOTTLED YELLOW/TAN LOAM
11½
WATER

(7)

ORANGE CLAY
4
ORANGE LOAM SANDY
13'

(3)

BROWN CLAY
4
MOTTLED LOAM
10
SAND
11
WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/11/91	1	CLAY TO 4', CLAYEY TO 10', MOTTLES BELOW					FAIL
	2	CLAY TO 7' MOTTLES & WATER BELOW					FAIL
	3	CLAY TO 4' MOTTLES & WATER BELOW					FAIL
	4	SIMILAR TO #2					FAIL
	5	CLAY TO 4', CLAYEY TO 9'					FAIL
	6	OK 3-13' PART OF ORIGINAL AREA					OK
	7	OK 4-13' PART OF ORIGINAL AREA					OK
	8	SIMILAR TO #6					OK

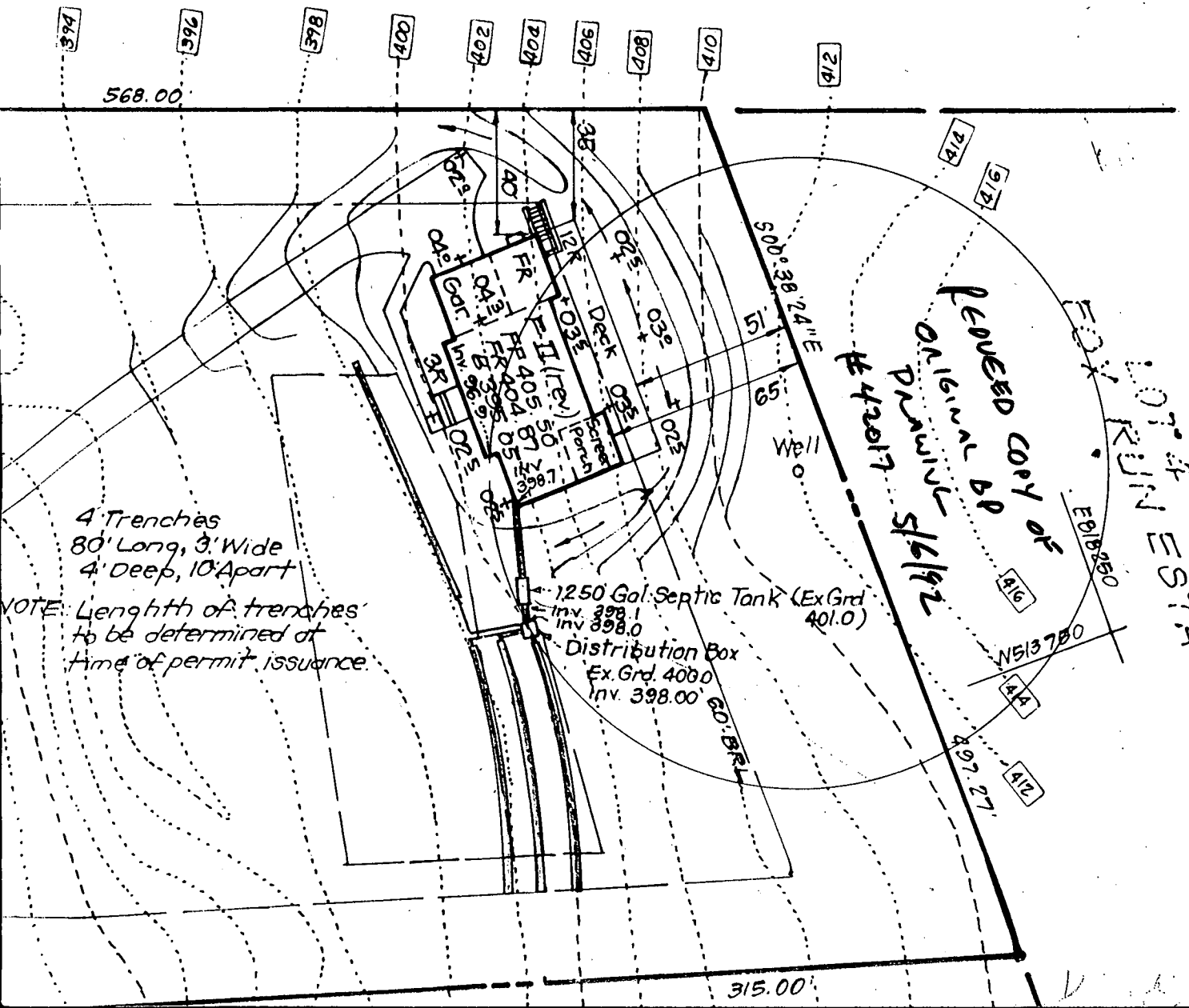
REMARKS ALL AREA ≥ ELEVATION OF ORIGINAL TEST AREA OK,
ALL AREA < ELEVATION OF ORIGINAL TEST AREA FAILS

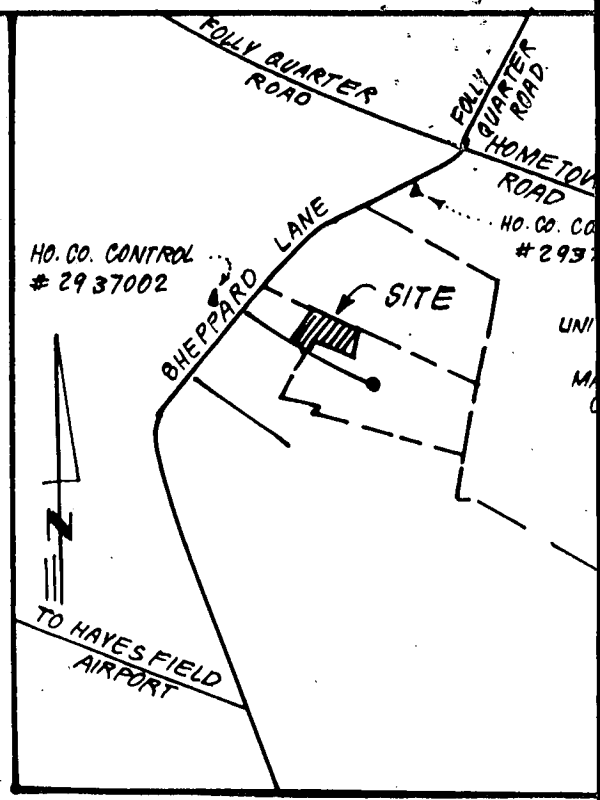
TYPE OF SOIL APPLICANT TO CONSIDER DESIGN OPTIONS, SUBMIT PROPOSAL.

TESTED BY C Williams ALSO PRESENT MS DIPIETRO

DICORD, et ux.
F 340

NOTE: Basement will not sewer by gravity.





VICINITY MAP

SCALE: 1" = 2000'

NOTE:
Existing topography & other exis
features were taken from plans
prepared by Light, Elliott, &
Associates Inc.

EMERGENCY/TEMP NO. IF ANY

B 1 7921 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER: H0-88-0286
fill in this form completely

OWNER INFORMATION

Date Received (APA): 102088

Last Name / Owner / First Name	J+S INVESTMENT CORP.
Street or RFD	4649 SHEPPARD LANE
Town / State / Zip	ELLICOTT CITY MD 21043

DRILLER INFORMATION

Driller's Name: Joseph L. Mayne — License No. 233
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy 21771
Signature: Joseph L. Mayne — Date: 10/20/88

B 3 LOCATION OF WELL

COUNTY: HOWARD
SUBDIVISION: FOX RUN ESTATES
SECTION: — LOT: 2
NEAREST TOWN: CLARKSVILLE
MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N (circled)

NEAR WHAT ROAD: Farley Court

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N (NORTH circled)

DISTANCE FROM ROAD: 360 — ENTER FT or MI: FT

B 2 WELL INFORMATION

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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- **(D)** HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard — COUNTY NO.: A38658
STATE SIGNATURE: — INSERT S:
DATE ISSUED: 111488 — CO SIGNATURE: Craig William — EXP. DATE: 5/11/89
NORTH GRID: 514000 — EAST GRID: 0817000

APPROXIMATE DEPTH OF WELL: 300 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 12/5/88

SOURCES OF DRILLING WATER
1. Well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 810 7
N 510 4
000
000

METHOD OF DRILLING (circle one)

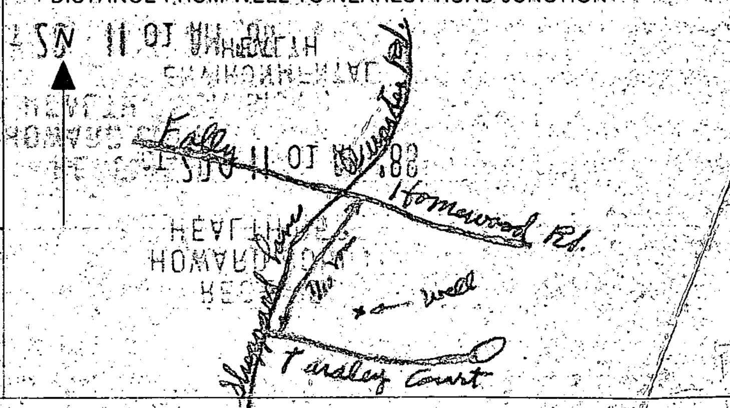
BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary (circled) — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- **(N)** THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- 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
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE):

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 (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: CW (WRITE INITIALS IN BOX) — PERMIT No.: H0-88-0286

SPECIAL CONDITIONS: Clarksville

COUNTY

12/5/88

(1) 120 Ft casing
(2) LOCATION OK
(3) OVER 50 Ft OPEN HOLE MEASURED WITH A STRING
(4) 16 Bags
(5) Well OK

C 1 | 6624 | SEQUENCE NO. (DENV USE ONLY)
(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 PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 38668

DATE Received

DATE WELL COMPLETED 12/5/89

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0286

OWNER J & S INVESTMENT (last name / first name)

STREET OR RFD TALLEY COURT TOWN CLARKSVILLE

SUBDIVISION FOX RUN ESTATES 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 FROM	FEET TO	Check if water bearing
SAND	0	114	
GRAY RICH ROCK	114	400	Y

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 16 NO. OF POUNDS 1504
GALLONS OF WATER 96
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 50 ft. (enter 0 if from surface)

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

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	110

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

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

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	110	400
2			
3			

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

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 35
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43
WHEN PUMPING 216
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 WILL INSTALL PUMP (CIRCLE) (YES or NO) YES / NO
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height) + above / − below LAND SURFACE (nearest foot) 2

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 10.17.13 "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.

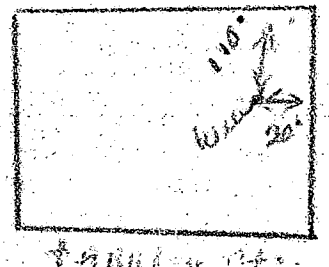
DRILLERS IDENT. NO. 338

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (TELESCOPE CASING) ____ (E.R.O.S.) (LOG INDICATOR) ____ WQ (OTHER DATA) ____

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)



COUNTY

Page ____ of ____ Review OK 12/15/88 CW

Date 10/5/88

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0286
Location of property (road) TARALEY COURT
Subdivision FOX RUN ESTATES Lot 2 Block ____ Plat ____ Sec. ____
Well Driller JOE MAYNE Owner JTS INVESTMENTS

Depth of well 400'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 43'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 15 gpm.
Total time 45MIN. to reach pumping water level 213 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)
8:15	131	4		15
8:30	216	4		15
8:45	213	21		2.8
9:00	213	21		2.8
9:15	213	21		2.8
9:30	210	21		2.8
9:45	208	19		3 1/4
10:00	208	19		3 1/4
10:15	208	19		3 1/4
10:30	208	19		3 1/4
10:45	208	19		3 1/4
11:00	208	19		3 1/4
11:15	208	19		3 1/4
11:30	208	19		3 1/4
11:45	208	19		3 1/4
12:00	208	19		3 1/4
12:15	208	19		3 1/4
12:30	208	19		3 1/4
12:45	208	19		3 1/4
1:00	208	19		3 1/4
1:15	208	19		3 1/4
1:30	208	19		3 1/4
1:45	208	19		3 1/4
2:00	208	19		3 1/4
HD-224: 15	208	19		3 1/4
2:30	208	19		3 1/4

7/17/92 A.M. anytime

7/17/92 10:00 CB on Fax

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL LINE PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer VAN SANT Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____ Telephone _____
Subdivision FOX RUN Lot # 2 Well Tag # Ho - 88 - 0286
Site Address 4507 TARRLEY COURT

Pump
1. Type
   a. Deep well jet _____
   b. Shallow well jet _____
   c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower _____
2. RPM _____
3. Voltage _____
   a. 110 _____
   b. 220 _____

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth _____

Tank
1. Capacity _____
2. Pressure relief valve? _____

Piping
1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data
1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

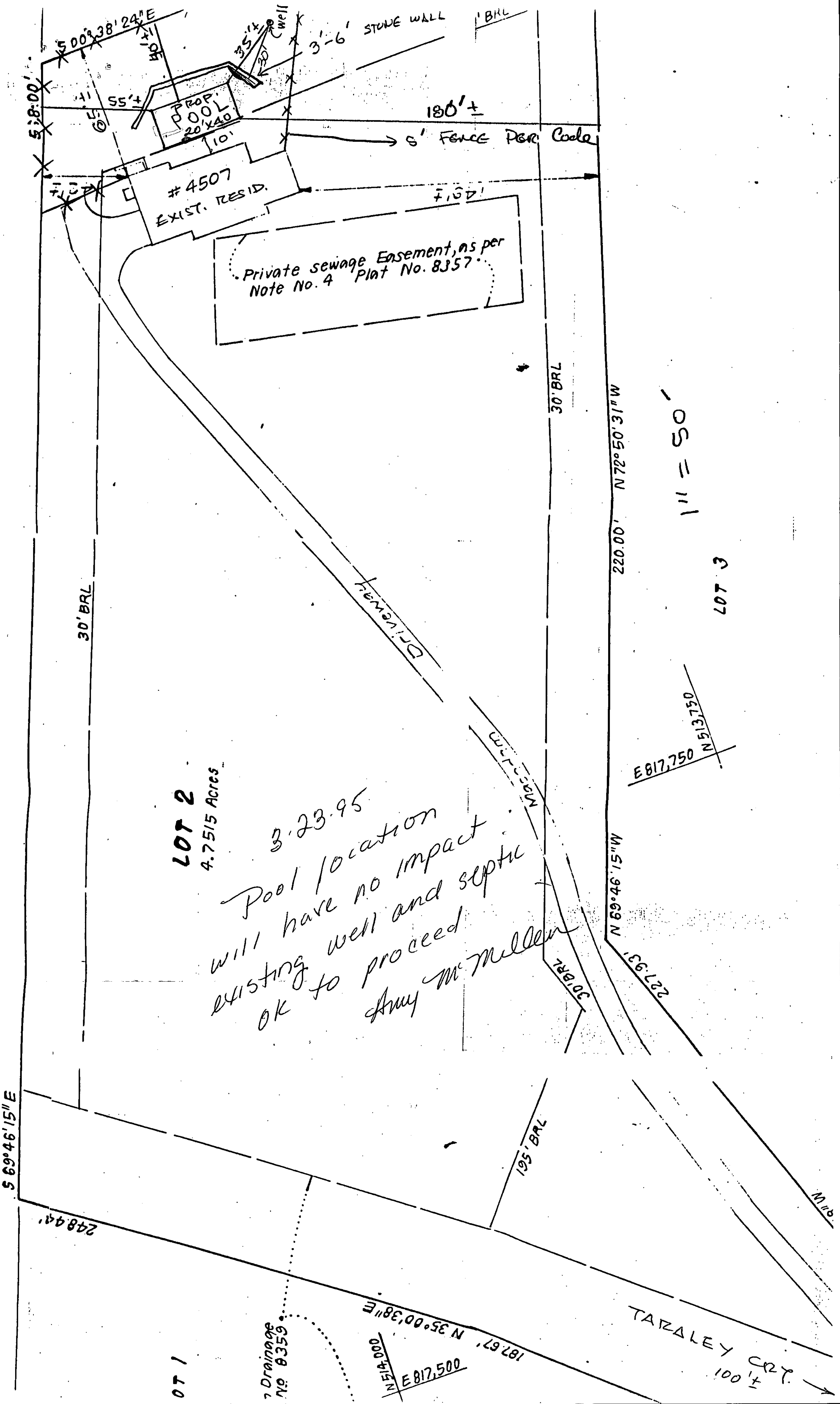
Date: _____

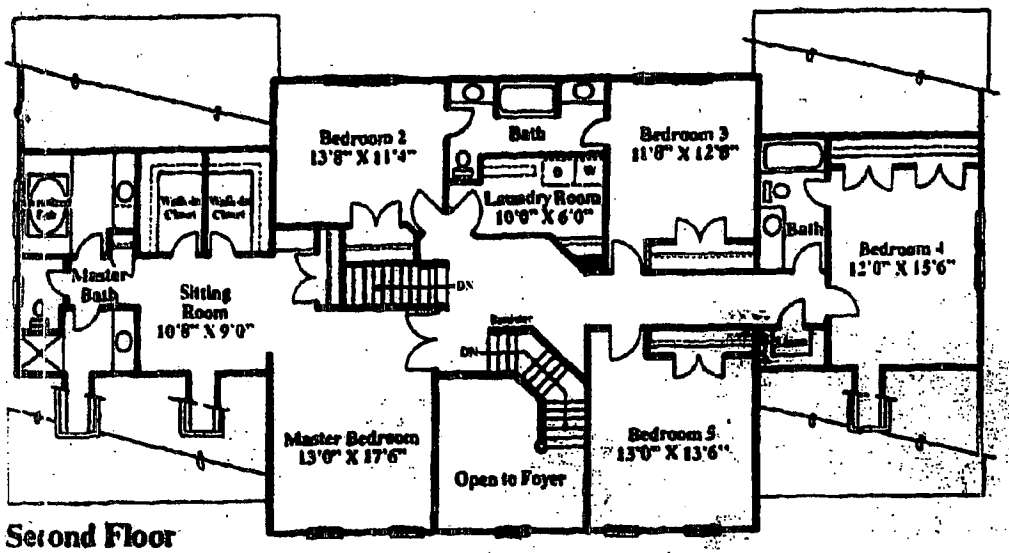
① card

Note: A ~~sticker~~ indicating approval/status of the installation will be placed ~~on the~~ at side of well casing at the time of the inspection. + ② original white copy.

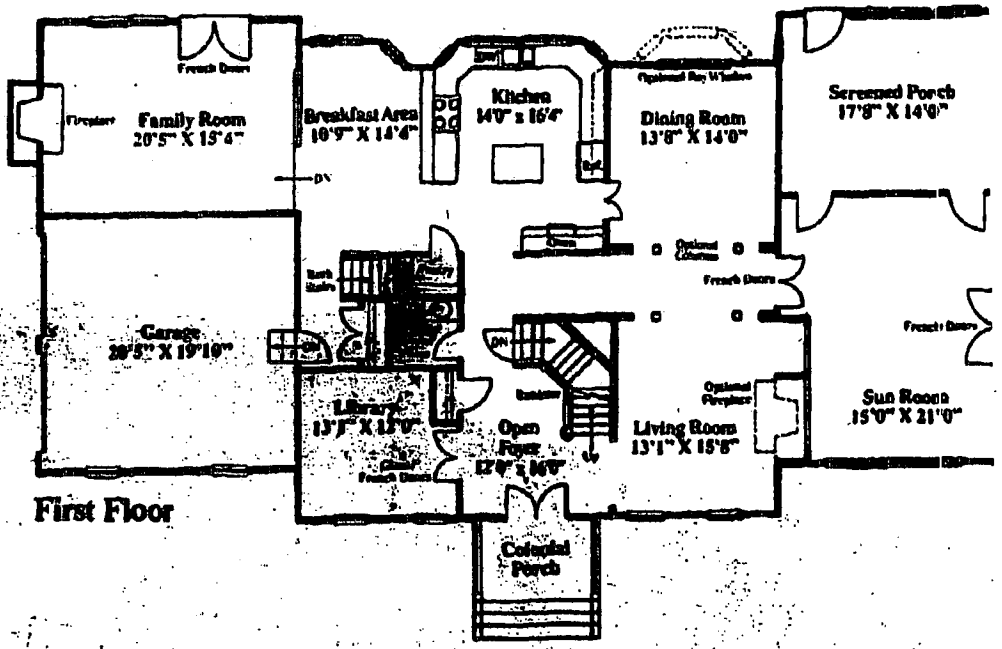
HD-215

7/17/92 W.P.I only CBA C.B.A.

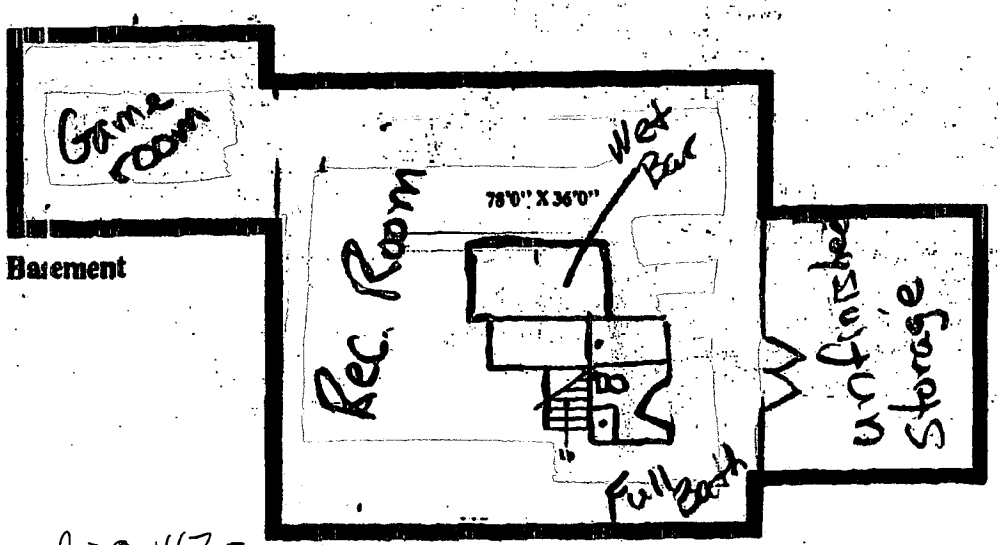

S 00°38'24"E
40'±
35'±
well
30'
3'-6' STONE WALL
BRL
58.00'
55'±
PROP. POOL 20'x40
10'
180'±
5' Fence Per Code
#4507
EXIST. RESID.
Private sewage Easement, as per Note No. 4 Plat No. 8357
30'BRL
N 72°50'31"W
220.00'
1" = 50'
LOT 3
Driveway
N513,750
E817,750
LOT 2
4.7515 Acres
3.23.95
Pool location will have no impact existing well and septic - ok to proceed
Amy McMullen
N 69°46'15"W
227.93'
30'BRL
195'BRL
S 69°46'15"E
248.44'
N 35°00'38"E
187.67'
TARALEY CRT.
100'±
N514,000
E817,500
Drainage No. 8359
OT 1



Second Floor



First Floor



Basement

Mr. & Mrs. William Davis
4507 Tarakey Court
Ellicott City MD 21042

Five-Bedroom, Two-Story Home Featuring Delightful Sun Room and Airy Screened Porch on First Floor. Elegant Living Room, Dining Room and Study. Formal Two-Story Entrance Hall, Gourmet Country Kitchen with Island Adjoining Breakfast Area with Bay Window, Family Room with Colonial Fireplace. Service Stairway to Second Floor off of Entry From Garage, Second Floor Laundry, Two-Car Garage, Full Basement, 3½ Baths, 9' Ceilings on First Floor, Cedar Shake Roof and Colonial Porch.

B00147558

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 38688

APP. SAN MR DATE: 4/21/04

DESC. OF WORK: Bsmt alteration, no BR

All details and dimensions shown on these floor plans are approximate and subject to change. Illustrations are artist's concepts and may vary in details.

The Henry Garrett II House

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00147558

Building Address 4507 Tarabey Ct

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

Census Tract _____ Subdivision Fox Run Est

Section _____ Area _____ Lot 2

Tax Map _____ Parcel _____ Grid _____

Zoning RC Map Coordinates _____ Lot size _____

Property Owner's Name Wm. Davis

Address Same

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost $ _____

Description of Work Finish Bsmt

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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 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.

Applicant's Signature _____

Print Name Chris Rowan

Title/Company MR

Date 4/21/04

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#: 19