

4/26/93
AM

05-41069

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49163

A 38689

DISTRICT 5th

DATE 4/20/95

DATE SYSTEM APPROVED 4/26/93

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

T & R Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 345, Savage, Maryland 20763 PHONE 301-725-2392

SUBDIVISION Fox Run Estates LOT 3 ROAD 4513 Taralee Court

PROPERTY OWNER Franz L. Greis Marcy Heare

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

240
3/960
4/320
80' min length

Add'l on - Deck
BLDG. PERMIT SIGNED
AND RETURNED 5-29-96
Serial # B00100244

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 - Start the first trench 130 feet from the front lot line and 140 feet from the right lot line. Run trenches along contour toward front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/9/93 B.H.

PLANS APPROVED BY C. Williams DATE 11/14/88

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

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 8/17/95
Serial # 57089 permanetank

A
38689



DISTRIBUTION BOX LEVEL ✓

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH ~~89 1/2~~ 87 1/2 FT. Tot = 350 L.F.

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

REMARKS: Hse Connection OK, OK to Cover R/F 4/26/93

DATE SYSTEM APPROVED 7/26/13 INSPECTOR R. M. H.

APPLICATION

PERCOLATION TESTING

A 38689
P _____

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

DISTRICT _____

DATE _____

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 Miller Built Corporation phone: 964-2023

ADDRESS FRANZ L. GREIS PHONE 301-937-1076

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. New 3

ROAD AND DESCRIPTION 4513 Taralee Court

Bldg. Frank Greis 301 937-1076

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 _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED

Serial # 46356

SFD-4Bis

BLDG. PERMIT SIGNED

AND RETURNED

Serial # 27838

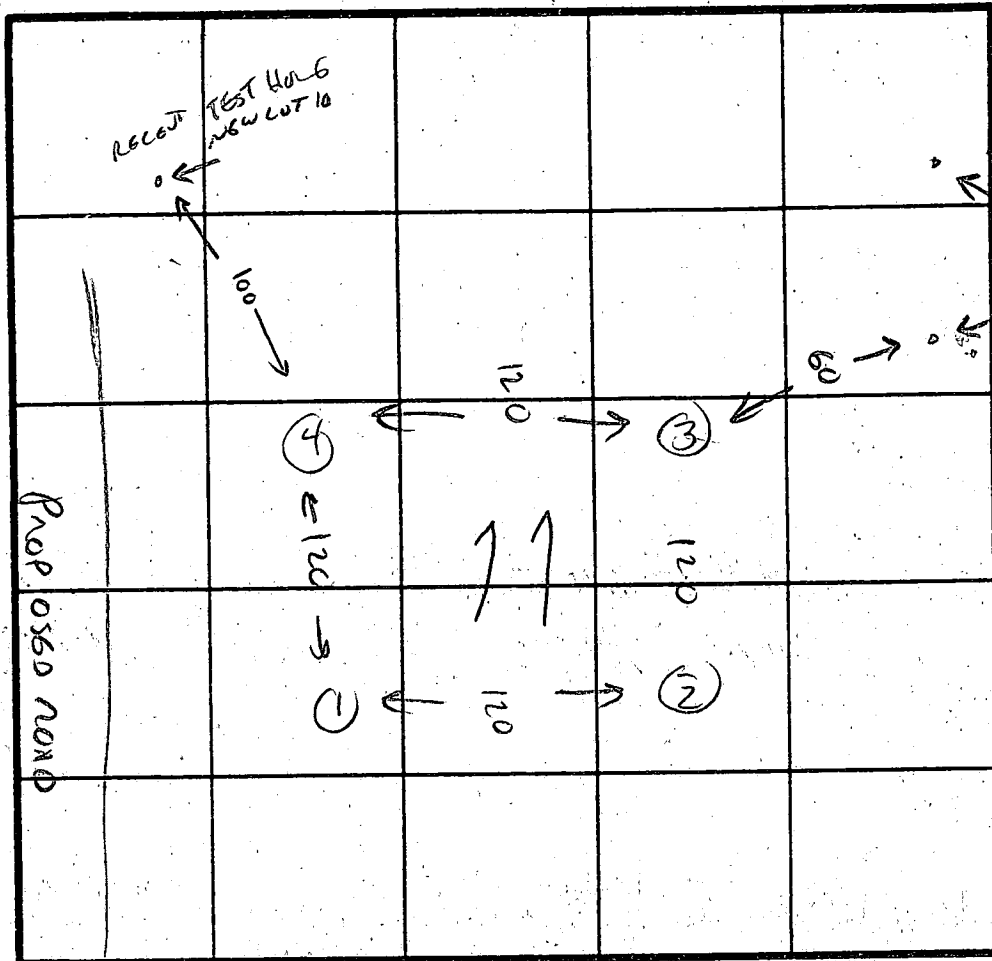
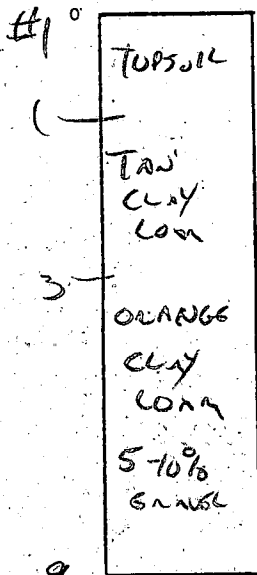
SFD-5B Broom

THIS IS NOT A PERMIT

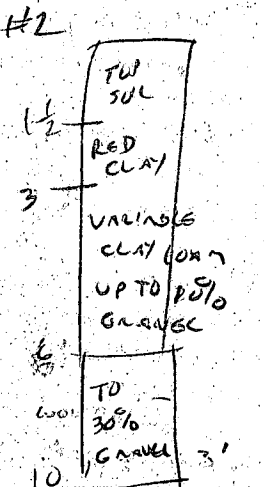
New 3

NEW LOT 3

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/27/88	1	2'	2140	2142	2142	2145	3 min ✓
		6'	VIS OK LOAM 2-10' GRAVELLY				
		10'					
	2	2'	VIS OK				✓
		9'	LOAM, GRAVELLY				

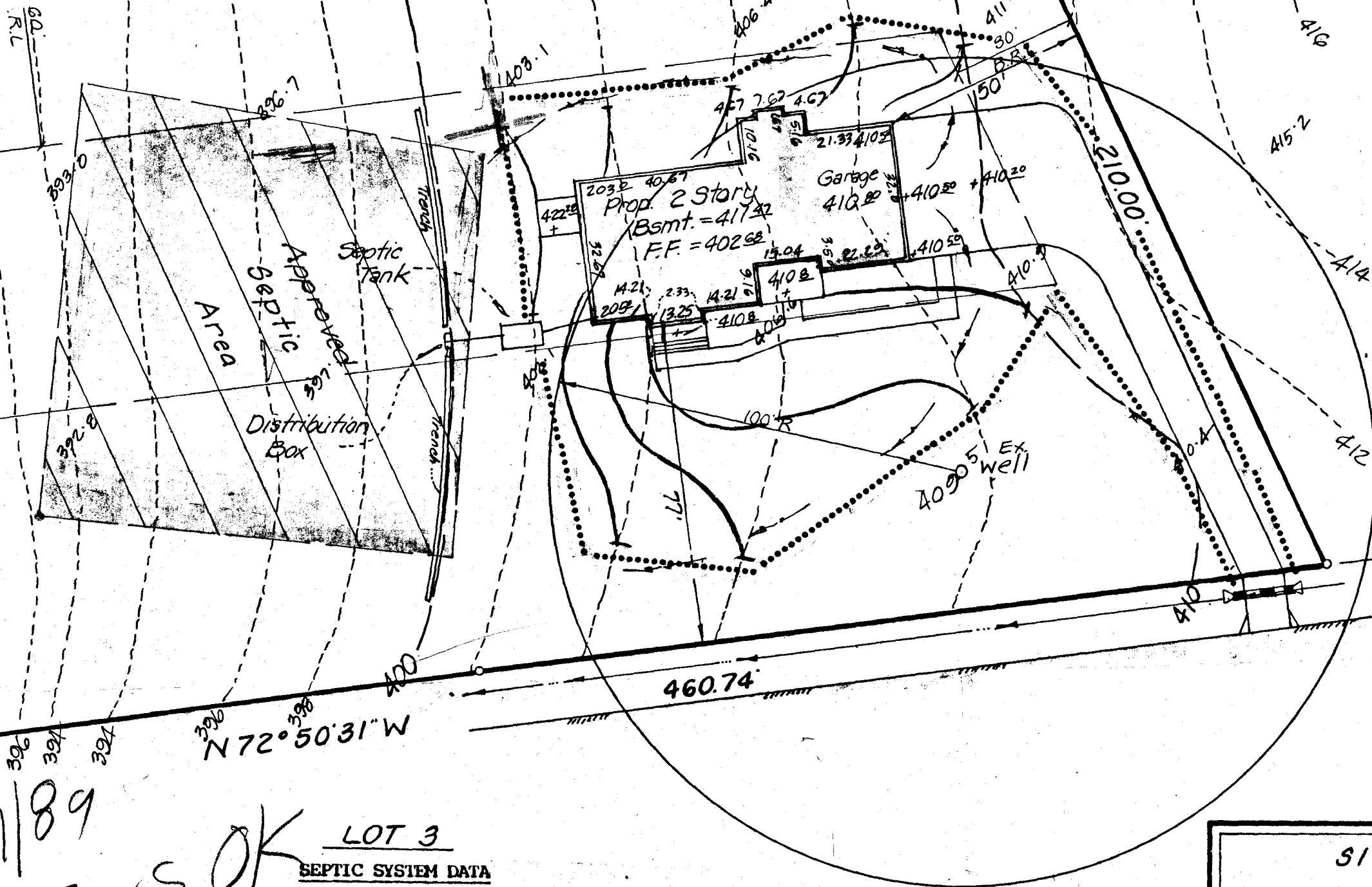
REMARKS: NO LOT LINES WITHIN MEASURING DISTANCE LOT TO BE REDESIGNED

TYPE OF SOIL: MICA LOAM, GRAVELLY

TESTED BY: C. Williams

ALSO PRESENT: TANO, BATH

LOT 3
3.0519 AC.



8/1/89
COPYRANS OK
R. Hodges

LOT 3

SEPTIC SYSTEM DATA

Existing Elevation @ Septic Tank = 401.68
Existing Elevation @ Trench = 400.00
Existing Elevation @ Distribution Box = 400.00
Invert Elevation (into) Distribution Box = 399.00
Invert Elevation into Trench = 398.56
Invert into Septic Tank = 399.00
Invert out of Septic Tank = 399.00
Invert out of House = 399.84

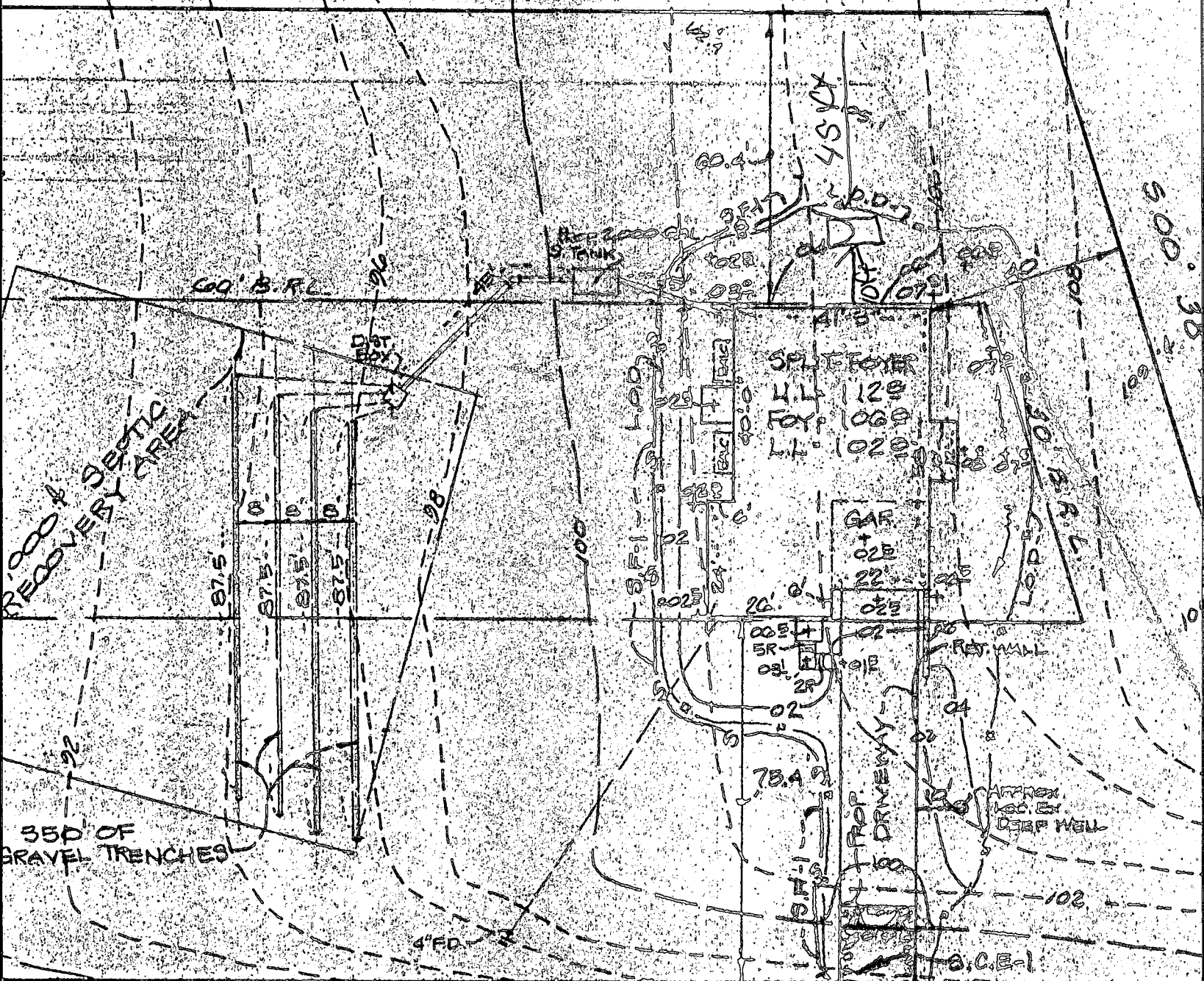
First Floor = 411.42

Basement Elevation = 402.68



517	
FO.	
C/a	
DESIGNED BY	SC
DRAWN BY	FN
APPROVED BY	Pl

2° 50' 31" E 315.00' (NTS)

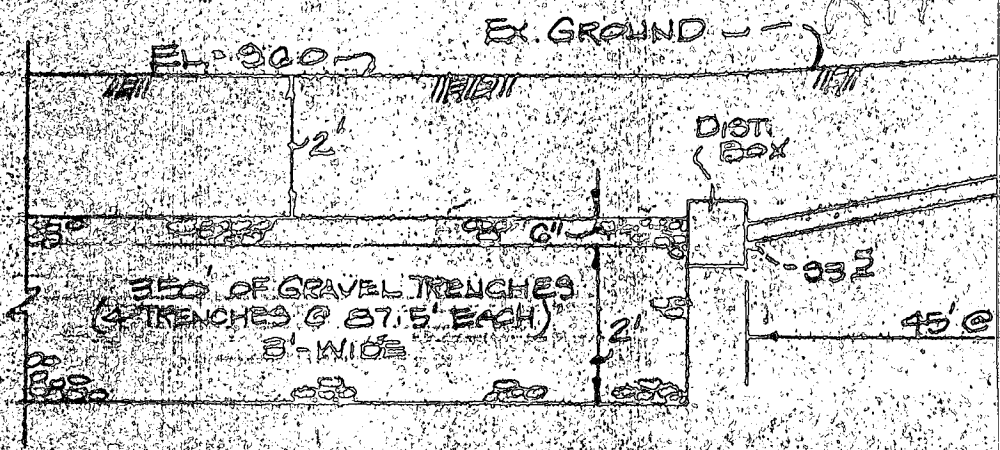


TARALEY

(EO/R/W)

COURT

PRV 83
OCT 5 1971
BP 50089
R4



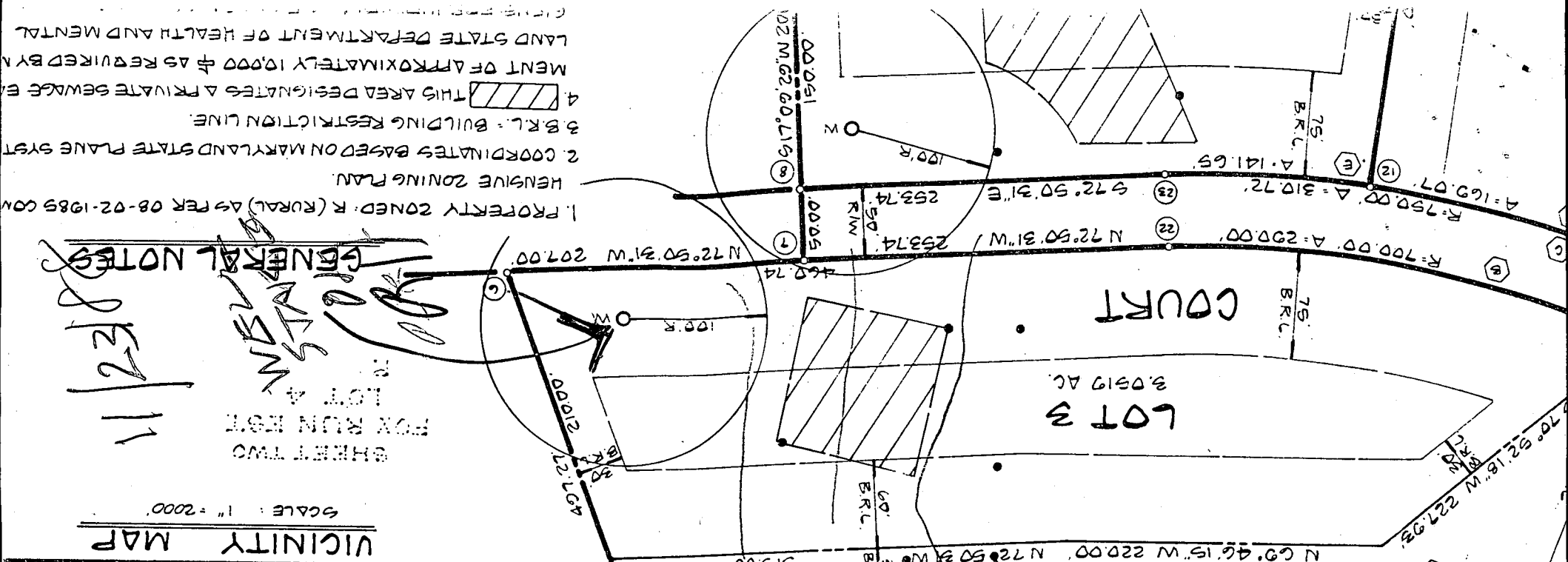
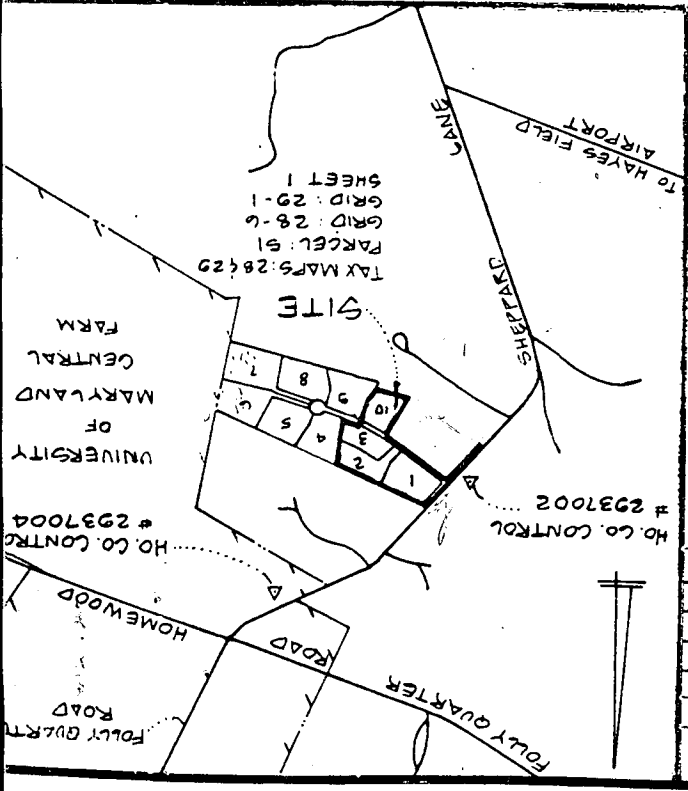
PROFILE OF
(NO

septic system layout
Co. Health Dept. Standards
Proposed system subject

RECORD, et ux.

LET	RADIUS	ARC	TAN.	Δ	CHORD	CHORD BEARING
A	19,458.00	208.10'	104.05	00°36'46"	208.10'	S41°12'05"W
B	700.00	290.00'	147.11'	23°44'13"	287.03'	S 60° 58' 24" E
C	750.00	310.72'	157.62'	23°44'13"	308.50'	N 60° 58' 24" W
D	750.00	169.07'	84.89'	12°54'57"	168.71'	N 55° 33' 46" W
E	750.00	141.65'	71.04'	10°49'16"	141.44'	S 67° 25' 53" E

CURVE DATA



11/23/88
NEW
SHEPHERD'S LANE
FOX RUN ESTATES
SHEET TWO
LOT 4

B 1 7922 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0287 <small>fill in this form completely</small>
Date Received (APA) 10 20 88 OWNER INFORMATION J 4 S INVESTMENT CORP. <small>15 Last Name Owner First Name 34</small> 46 49 SHEPPARD LANE <small>36 Street or RFD 55</small> ELK COTT CITY MD 21043 <small>57 Town 70 State 72 Zip 76</small>		B 3 LOCATION OF WELL HOWARD <small>8 COUNTY 21</small> FOX RUN ESTATES <small>23 SUBDIVISION 42</small> SECTION LOT 3 <small>44 46 48 50</small> CLARKSVILLE <small>52 NEAREST TOWN 71</small> MILES FROM TOWN (enter 0 if in town) 2 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Joseph L. Mayne <small>Driller's Name 77 License No. 80</small> Joseph L. Mayne Well Drilling <small>Firm Name</small> 5512 Ridge RD. Mt. Airy MD. 21771 <small>Address</small> Joseph L. Mayne <small>Signature Date</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD FARLEY COURT <small>11 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD 3050 <small>34 37</small> ENTER FT or MI FT <small>38 39</small>	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED 500 <small>14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 38689 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED 11/14/88 <small>43 48</small> CO SIGNATURE _____ EXP. DATE _____ NORTH GRID 513000 EAST GRID 0817000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 810 7 N 510 3 000 000	
APPROXIMATE DEPTH OF WELL 300 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ <small>54 63</small> FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-88-0287 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>		SPECIAL CONDITIONS Clarksville	

DRILLER

C1 6625 SEQUENCE NO. (DENV USE ONLY)

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 A38689

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

120688

22 285 26
(TO NEAREST FOOT)

40-88-0287
28 29 30 31 32 33 34 35 36 37

OWNER J AND S INVESTMENT
STREET OR RFD last name TALLEY first name TOWN CLARESBURG
SUBDIVISION Fox Run Estates SECTION LOT 3

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
FROM TO if water
bearing

SAND 0 139
Gravelly Sand 159 285
Rock

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 25 NO. OF POUNDS 2350

GALLONS OF WATER 150

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 CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

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

5 6 165

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

SCREEN RECORD

screen type
or open hole
insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
HOLE
PL PL OT
PLASTIC OTHER

DEPTH (nearest ft.)
1 40 163 285
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

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

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 2

PUMPING RATE (gal. per min. to nearest gal.) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 734

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 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)

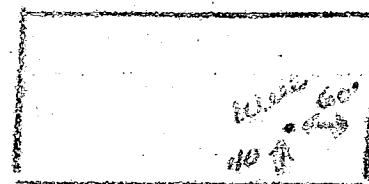
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot)

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)



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. 238

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

HD-224

STATE OF MARYLAND
WILLIAM L. REES