3/8/90
3/8/90

05-410177

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 45648

A 38690

DISTRICT 5th

DATE 3/6/90

DATE SYSTEM APPROVED 3/8/90

INSPECTOR RH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Frall Septic Service IS PERMITTED TO INSTALL X ALTER ____

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Fox Run Estates ROAD 4519 Taraley Court LOT 4

PROPERTY OWNER ~~Mitterbuilt Martin Spiberg~~

ADDRESS Hugh Gregory

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER? YES XXXXXXXXXXXXXXXXXXXX NO XXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 240 feet from the center of Taraley Court and 100 feet from the right lot line. Run trenches along contour toward front of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

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

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 5/5/00
B00123876 DECK

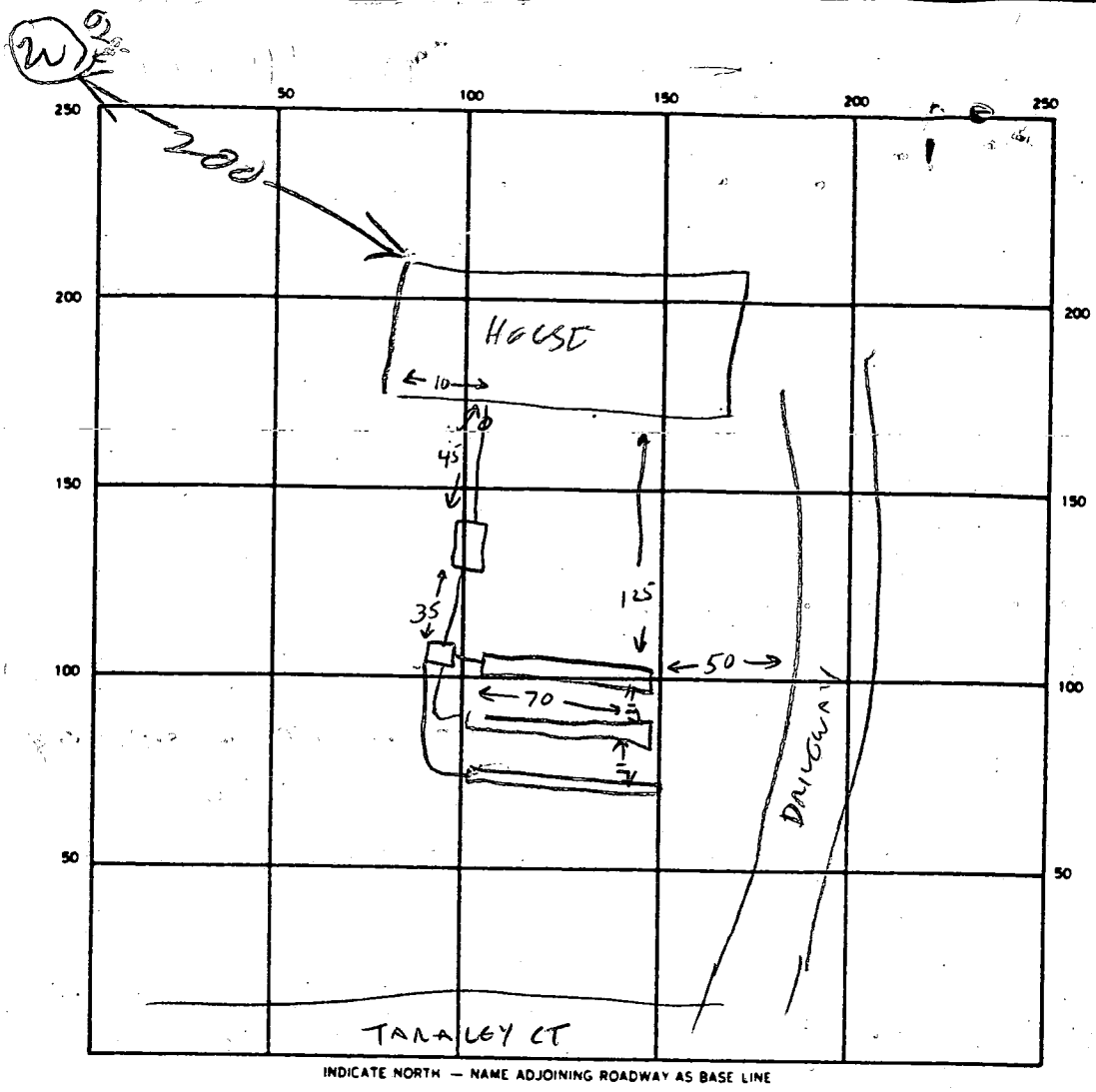
BLDG. PERMIT SIGNED AND RETURNED 6/13/00
B00124620 Underground LP Tank

3/8/90

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL ✓ 1250 CLEANOUTS ST | HOUSE SEWER
OK | OK

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH ~~1~~ ~~4~~ ~~3~~ / 4 / 4 FT. TRENCH WIDTH 2 FT. INLET DEPTH ~~4~~ ~~4~~ ~~4~~ / 4 / 4 FT.

EFFECTIVE GRAVEL DEPTH 3 / 3 / 3 FT. TOTAL LENGTH ~~1~~ / ~~2~~ / ~~3~~ / CL
~~93~~ / ~~93~~ / 95 FT 843
121 - 95

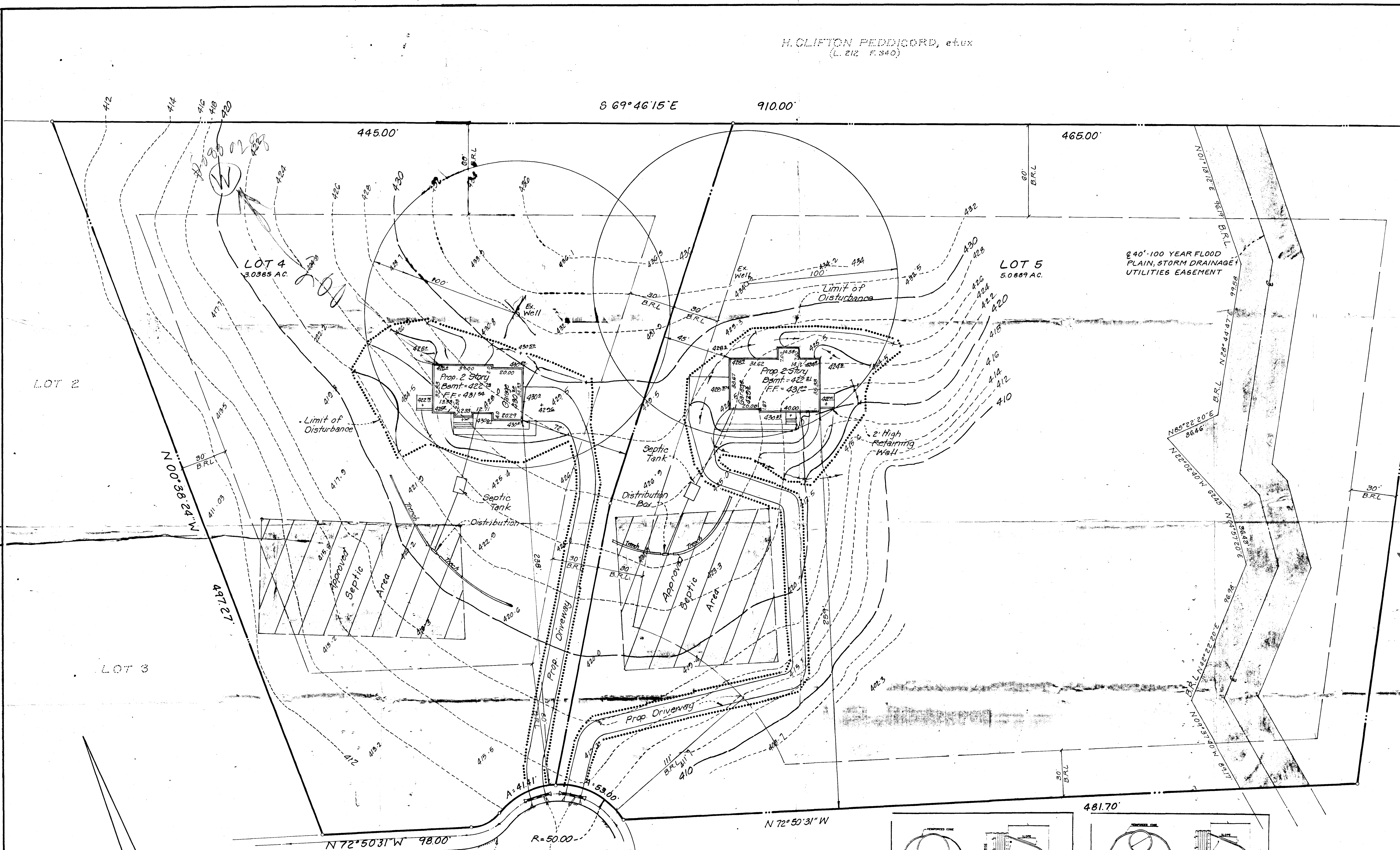
NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 843 SQ FT.

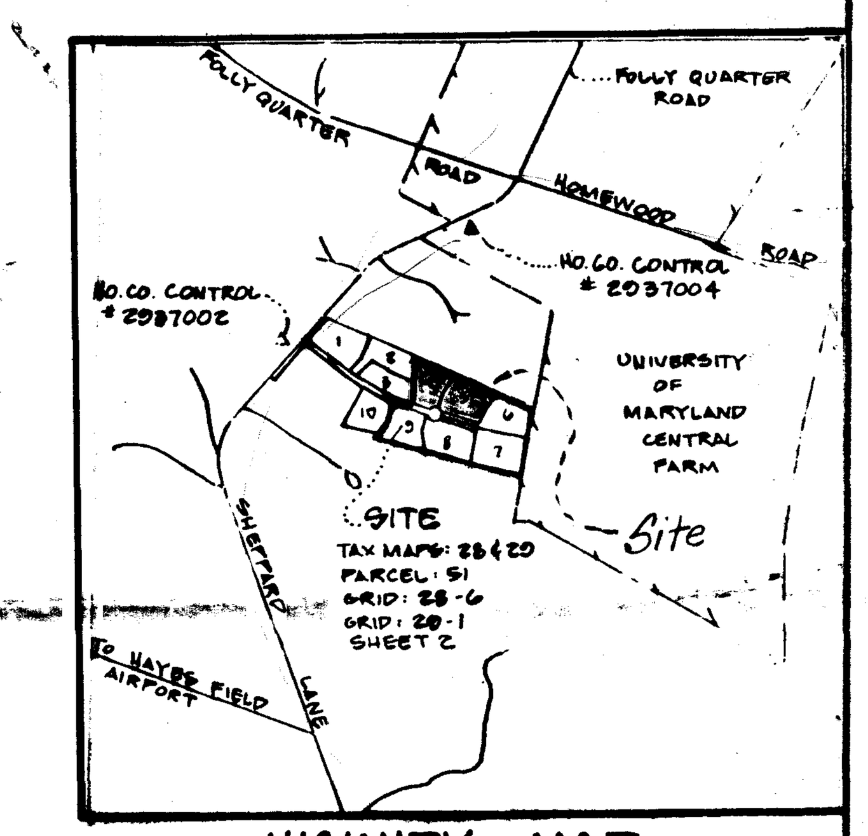
DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/7/90: 2 TRENCHES OK TO ADD GRAVEL. CLW, 3/8/70 NOON DIG
TRENCH #3 DOG 70 FT LONG; INLET TO DEEP (4FT)
MAKE EACH TRENCH 95 FT LONG & ADD STONE TO ALL
THREE @ 3/9/90 3 15PM TRENCHES LENGTHENED OK TO
COVER RH

DATE SYSTEM APPROVED 3/8/90 INSPECTOR Raymond Hodge





VICINITY MAP
SCALE: 1" = 2000'

LOT 4

SEPTIC SYSTEM DATA

Existing Elevation @ Septic Tank = 423.5
Existing Elevation @ Trench = 420.90
Existing Elevation @ Distribution Box = 420.90
Invert Elevation (into) Distribution Box = 419.23
Invert Elevation into Trench = 418.73
Invert into Septic Tank = 420.31
Invert out of Septic Tank = 420.07
Invert out of House = 421.25

First Floor = 431.54
Basement Elevation = 422.75

NOTE:
Length and Detail of Trenches to be Determined by Howard County Health Dept. Later, for Lots 4 and 5.

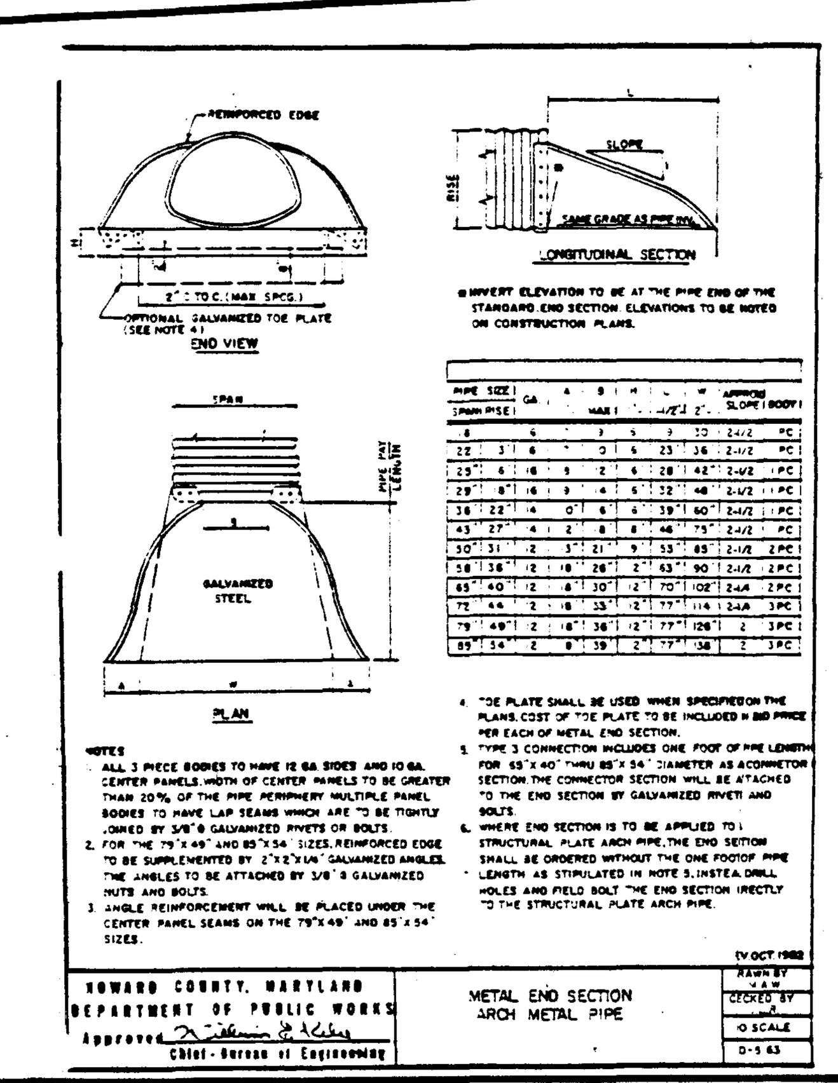
Revised: 8-3-89, Note Added.

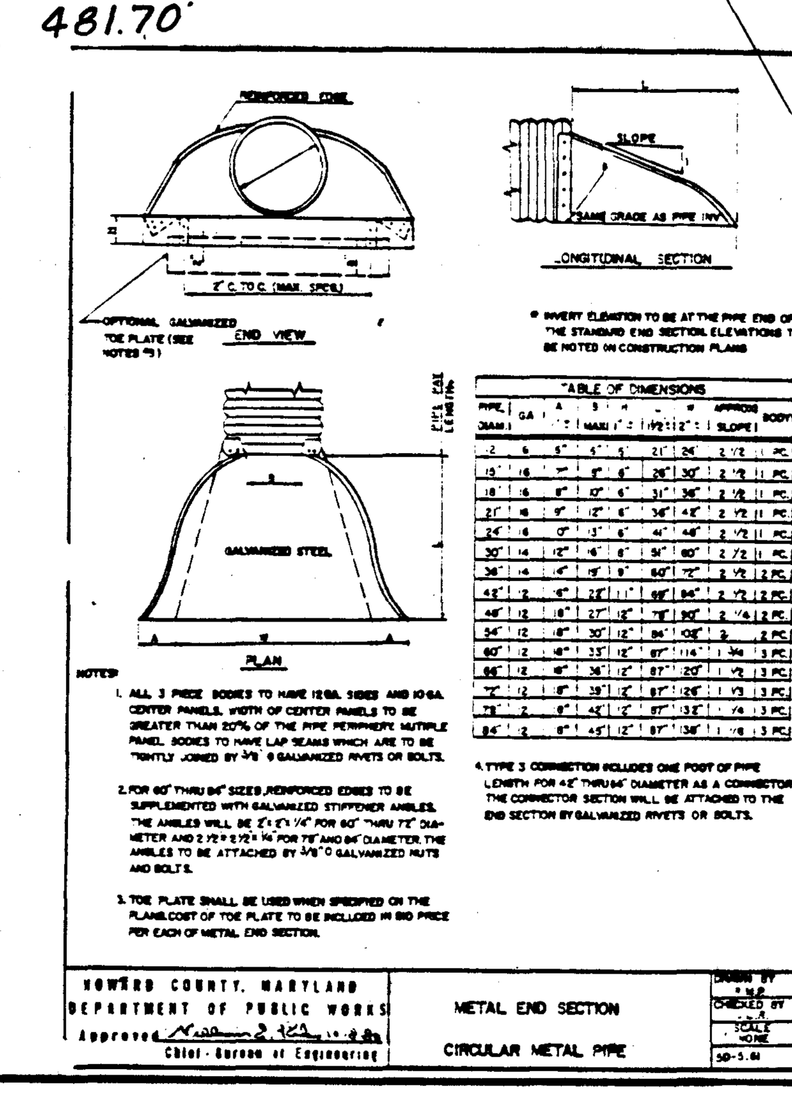
LOT 5

SEPTIC SYSTEM DATA

Existing Elevation @ Septic Tank = 425.70
Existing Elevation @ Trench = 424.40
Existing Elevation @ Distribution Box = 424.40
Invert Elevation (into) Distribution Box = 422.01
Invert Elevation into Trench = 421.51
Invert into Septic Tank = 422.70
Invert out of Septic Tank = 422.40
Invert out of House = 423.82

First Floor = 431.0
Basement Elevation = 422.21





8/11/89
REVISED PLANS OK
R Hodge

SITE DEVELOPMENT PLAN
Taraley Court
Lots 4 & 5

FOX RUN ESTATES

Clarksville (5th) Election District
Howard County, Maryland

DESIGNED BY	SCALE 1" = 30'	DATE 6-11-89	PHONE 422-6080
DRAWN BY	Light, Elliott, & Associates Inc. ENGINEERS • PLANNERS • SURVEYORS 8508 ADELPHI ROAD • ADELPHI, MARYLAND 20783-1799		
APPROVED BY	#216-27		JOB NO. Md-1226
	Plat #8359 SHEET 4 of 7		FILE NO. LS-2047

APPLICATION

A 38690

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~~ Miller Built Corp

ADDRESS 4649 Sheppard Lane, Ellicott City, MD 21043 PHONE (301) ~~596-9730~~ 964-2023

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. 54

ROAD AND DESCRIPTION ~~Fronting on road "A" of Subdivison~~ 4519 Tarpley Court

TAX MAP #28 PARCEL # 51

SIZE OF LOT 3.03 Acres 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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 2/11/87
Serial # 27939-
SFD - 4 Bedroom

THIS IS NOT A PERMIT

A 38690

LOT 5

5

SOIL PROFILE (1)

0' RED CLAY
3' PINK BROWN SAND LOAM
12'

(2)

RED BROWN CLAY 4'
PINK BROWN SAND LOAM
13'

(3)

0 BROWN CLAY
3' PINK BROWN SAND LOAM
12'

(4)

RED CLAY BROWN 5'
PINK BROWN SAND LOAM
12'

EH-10 79

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
4/1/87	1S 1V	5.5 12	1237 OK	1239	1239	1142	2
	2S 2D	5.5 8	128 129	133 130	133 130	135 133	2 3
	2V	13	OK				
	3S 3V	5 12	138 OK	139	139	141	3
	4S 4V	5 12	149 OK	206	206	230	24

REMARKS HOLES DUG PER SURVEYOR PLAT RH

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT JUDY LEE'S & ROCKY & BILL

40
6
9

EMERGENCY/TEMP NO. IF ANY

B 1 7918 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: H0-88-0288
fill in this form completely

Date Received (APA): 10/28/88

OWNER INFORMATION

Last Name / Owner / First Name: JFS LAWN SERVICE INC.
Street or RFD: 4647 SILVER KING
Town: LAUREL State: MD Zip: 20723

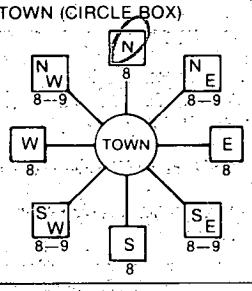
DRILLER INFORMATION

Driller's Name: Joseph L. Mayne 238
Firm Name: Joseph L. Mayne Well Drilling
Address: 5512 River Rd. Mt. Airy 21771
Signature: Joseph L. Mayne Date: 10/20/88

LOCATION OF WELL

B 3
8 COUNTY: HOWARD
23 SUBDIVISION: FOX RUN ESTATES
SECTION: LOT: 4
52 NEAREST TOWN: LARKSVILLE
MILES FROM TOWN (enter 0 if in town): 2 M I

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD: FARMLEY COURT
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) 32 EAST (E) SOUTH (S)
DISTANCE FROM ROAD: 325
ENTER FT or MI: FT

WELL INFORMATION

B 2
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)
- (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.: A38690
STATE SIGNATURE:
INSERT S:
DATE ISSUED: 11/4/88
CO SIGNATURE: Craig Williams
EXP. DATE: 5/14/89
NORTH GRID: 5130000
EAST GRID: 0818000

APPROXIMATE DEPTH OF WELL: 350 FEET
APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
12/8/88 NO INSP.

SOURCES OF DRILLING WATER
1. WELL
2.
3.

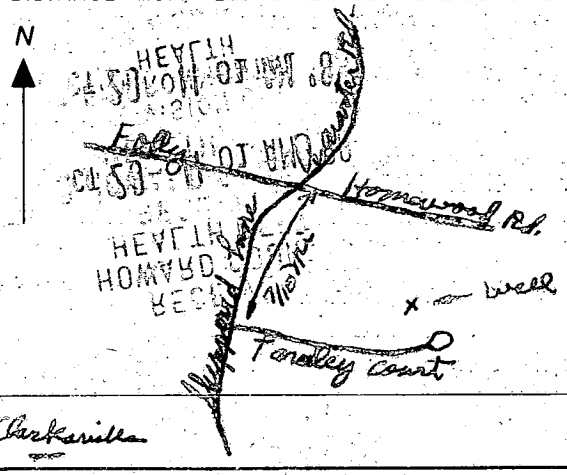
WRITE THE BOX NUMBER FROM THE MAP HERE
E 810 8
N 510 3
000
000

REPLACEMENT OR DEEPENED 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
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (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: E W WRITE INITIALS IN BOX
PERMIT No. H0-88-0288

SPECIAL CONDITIONS
Clarksville

COUNTY

C1 6626 — 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 38690

DATE Received: [8–13]

DATE WELL COMPLETED: 10/4/88 [15–20]

Depth of Well: 185 [22–26] (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HU-88-0288 [28–37]

OWNER: J+S INVESTMENT

STREET OR RFD: last name TARLEY COURT first name TOWN CLARKSBURG

SUBDIVISION: FOX RUN ESTATES SECTION: LOT 4

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	140	
GRAY MICA ROCK	140	185	✓

Drywell 400'
Filled in with Cement + drilling materials

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y [44] no N [44]

TYPE OF GROUTING MATERIAL

CEMENT CM [45–46] BENTONITE CLAY BC [45–46]

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 [48] TOP [52] ft. to 40 [54] BOTTOM [58] 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 [60–61]	4 [63–64]	140 [66–70]

EACH CASING — 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 BRONZE HO OPEN HOLE PL PLASTIC OT OTHER

C2 [1–2]

EACH SCREEN

	DEPTH (nearest ft.)	
1	140 [8–9]	145 [11–15] to 185 [17–21]
2	[23–24]	[26–30] to [32–36]
3	[38–39]	[41–45] to [47–51]

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN [56–60] (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 [68]

C3 [1–2]

PUMPING TEST
HOURS PUMPED (nearest hour) 3 [8–9]

PUMPING RATE (gal. per min. to nearest gal.) 15 [11–15]

METHOD USED TO MEASURE PUMPING RATE Bailed

WATER LEVEL (distance from land surface)

BEFORE PUMPING 90 [17–20]

WHEN PUMPING 114 [22–25]

TYPE OF PUMP USED (for test)

A air [27] P piston [27] T turbine [27]

C centrifugal [27] R rotary [27] O other (describe below) [27]

J jet [27] S submersible [27]

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: [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)

+ above [49] / – below [49] LAND SURFACE 2 [50–51] (nearest foot)

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.

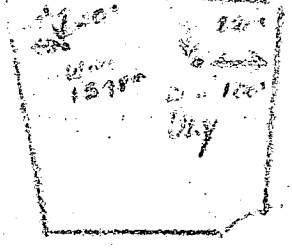
DRILLERS IDENT. NO. 238

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Joseph L. Mayne

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

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)

N



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

T [70] TELESCOPE CASING

(E.R.O.S.) [72] LOG INDICATOR

WQ [74–76] OTHER DATA

COUNTY

Page ___ of ___
Date 12/9/88

Review OK 12/15/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0288
Location of property (road) TARALEY COURT
Subdivision FOX RUN ESTATES Lot 4 Block ___ Plat ___ Sec. ___
Well Driller JOE PAYNE Owner J & S INVESTMENTS

Depth of well 185'
Distance of measuring point (M.P.) above ground 3'
Static water level (S.W.L.) below M.P. 50'

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 gpm.
Total time 15 min. to reach pumping water level 114 ft. below M.P.

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

TIME (in 15 minute intervals	WATER LEVEL below M.P.	PUMPING RATE time to fill $1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	114'	4 sec.		15
8:45	114	4		15
9:00	114	4		15
9:15	114	4		15
9:30	114	4		15
9:45	114	4		15
10:00	114	4		15
10:15	114	4		15
10:30	114	4		15
10:45	114	4		15
11:00	114	4		15
11:15	114	4		15

HD-224

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # 46108
Date 7/6/90

Name of Installer R.A. Kelley Plumbing & Heating Inc. Telephone (301) 995-9428

License Number 10757
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner MILLER BUILT CORP. Telephone (301) 964-2023
Subdivision Fox Run Estates Lot # 4 Well Tag # HO-88-0288
Site Address 4519 Tarasley Court

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

Motor
1. Horsepower 1/2
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).

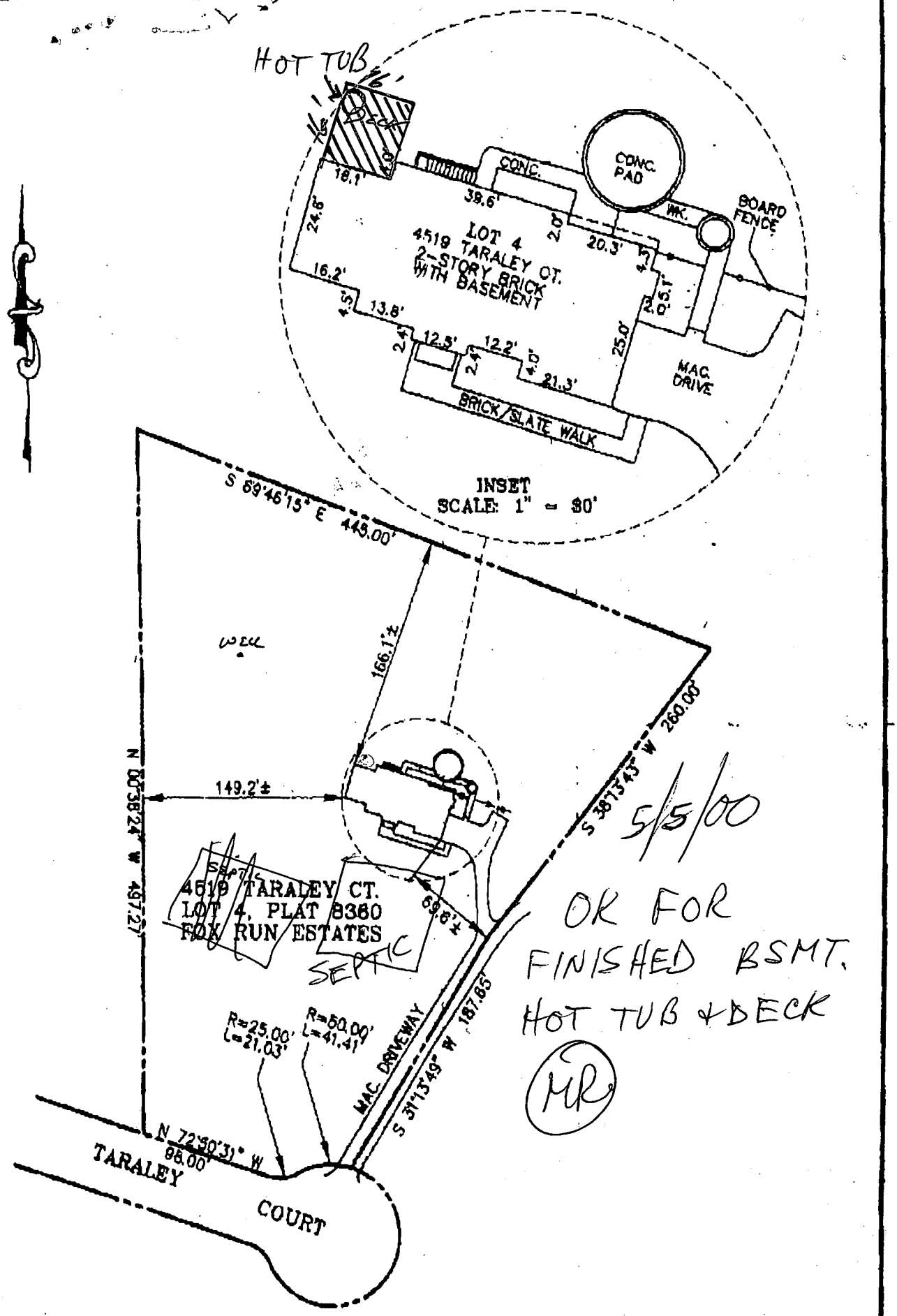
All information given above is true to the best of my knowledge.

Signature of Applicant: Kelly L. Tenley

Date: 5/30/90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215



NOTES

1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

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 B05123876

Building Address 4519 TARALEY COURT
Ellicott City, MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6051.01 Subdivision FOX RUN ESTATES

Section N/A Area N/A Lot 4

Tax Map 29 Parcel 51 Grid #21

Zoning RR-DEO Map Coordinates 1 I F 1 Lot size 3.03AC

Property Owner's Name HUGH & RUTH ANNE GREGORY

Address 4519 TARALEY COURT

City Ellicott City State MD Zip Code 21042

Home Phone 410-531-2320 Work Phone 410-215-3004

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

X TAZ GRAT
301-924-9550

Phone Fax

Existing Use RESIDENTIAL - SFD

Proposed Use RESIDENTIAL

Estimated Construction Cost $ 5000-

Description of Work FINISH BASEMENT AND 16'X16' BUILD DECK W/ HOT TUB REC. RM AND FULL BATH. UNF. UTILITY ROOM

Contractor Company HOMEOWNER

Contact Person

Address

City State Zip Code

License No.

Phone Fax

Occupant or Tenant SAME AS OWNER

Contact Name

Address

City State Zip Code

Phone Fax

Engineer or Architect Company

Contact Person

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:	28'	x 40'

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
X Private

Sewage Disposal:
____ Public
X 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.

HUGH GREGORY

Applicant's Signature

OWNER

Title/Company

HUGH GREGORY BY TAZ GRAT (AGENT)

Print Name

4/25/00

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		
Health	5/5/00	Mark E. Ruffin
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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#: 1-5-938

Filing fee	$ 3
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 7
Validation	#

Accepted by

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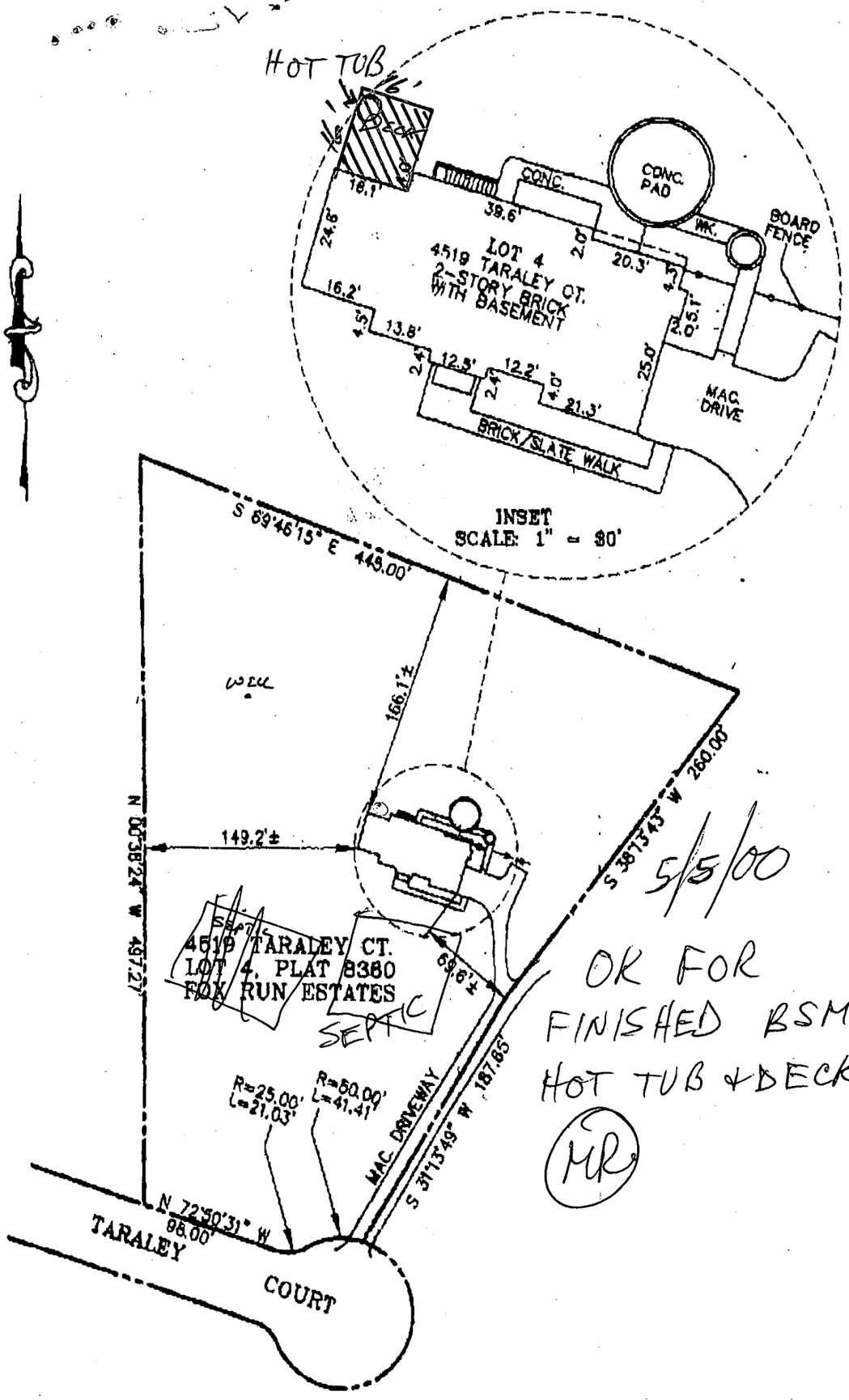

5/5/00

OK FOR FINISHED BSMT. HOT TUB & DECK

MR

NOTES

1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.
3. THIS PROPERTY IS NOT LOCATED WITHIN 100 YEARS FLOOD ZONE.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

STATE OF MARYLAND · MUHAMMAD NAJIB ROSHAN · No. 11049 · PROFESSIONAL LAND SURVEYOR

M.N. Roshan 04/27/00

M.N.ROSHAN
L.S. NO. 11049

DATE

LOCATION SURVEY

FOX RUN ESTATES
LOT 4, PLAT 8360
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' DATE: APRIL 27, 2000

TES
TOTAL ENGINEERING SERVICES
PLANNERS, ENGINEERS, SURVEYORS
P.O. BOX 10123
SILVER SPRING, MD 20914
TEL : (301) 515 1514
FAX : (301) 515 5589

4519 TARALEY CT.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00124620

Building Address 4519 TARALEY CT
Ellicott City, MD 21042

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

Census Tract 6051.01 Subdivision Fox Run Estates

Section _____ Area _____ Lot 4

Tax Map 29 Parcel 51 Grid 2

Zoning R-20 Map Coordinates 14K1 Lot size

Property Owner's Name [illegible]

Address 4519 Taraley Ct

City Ellicott City State MD Zip Code 21042

Home Phone 410-531-2320 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Same with LP Tank

Estimated Construction Cost $ 2000.00

Description of Work Install 500 GAL Min. UNDERGROUND LP TANK

Contractor Company AmeriGas

Contact Person Tom McLaughlin

Address 10094 Baltimore Nat'l Pike

City Ellicott City State MD Zip Code 21042

License No. _____

Phone 410-465-9600 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

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:

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Thomas R McLaughlin

Applicant's Signature

Thomas R McLaughlin

Print Name

SR Installer

Title/Company

6/13/00

Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/13/00	Mark Rifkin
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 NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: T5748

Filing fee	$ 100.00
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 1300
Validation	#

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