3/9/90 LATE

05-410185

File

PERMIT

P 45649

SEWAGE DISPOSAL SYSTEM

A 38691

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/6/90

DATE SYSTEM APPROVED 3/9/90

INDEXED

INSPECTOR C.B.A.

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 4525 Taraley Court LOT 5

PROPERTY OWNER Mitterbaitt George Tye

ADDRESS _____

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

~~GARBAGE GRINDER XXXXYES XXXXXXXXXXXXNO XXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. 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 225 feet from the center of Taraley Court and 10 feet from the left lot line. Run trenches along contour toward right rear part 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 w/ Reviewed DATE 3/05/90

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

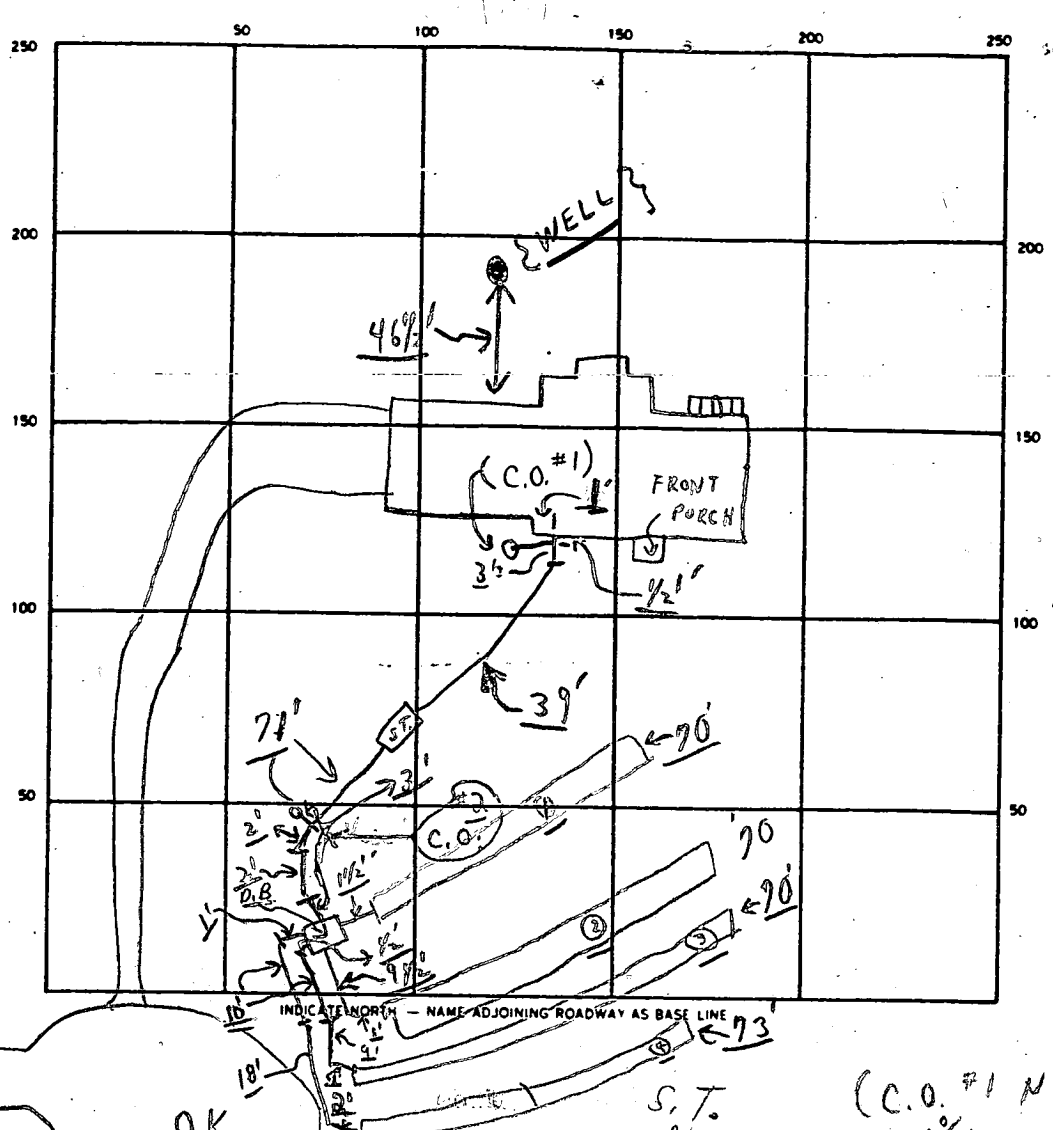
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

A 38691

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK. LEVEL OK CLEANOUTS S.T. OK (C.O. #1 NEAR HOUSE) OK / C.O. #2 OK

DISTRIBUTION BOX. LEVEL OK (Baffle is in)

DRAIN FIELD/TILE FIELD. DEPTH 4 FT. (4' seen on #4) TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2± FT. TOTAL LENGTH 283 FT

NUMBER OF TRENCHES 4 ONE ~~SIDEWALL~~/BOTTOM AREA 849 SQ FT.

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

ABSORBENT AREA 849+ SQ. FT.

REMARKS 3/9/90 FINAL - OK TO COVER ALL WORK !!
TRENCH #④ BEING FINISHED C.B.

3/9/90 No W.P.I. used.

DATE SYSTEM APPROVED 3/9/90 C.B. INSPECTOR Charles Bryan Streak

APPLICATION

A 38691

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~~ 964-2623

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. 6 5

ROAD AND DESCRIPTION 4525 Taraley Court
~~Fronting on end of road "A" of sub-divison, next to lot 5~~

TAX MAP #28 PARCEL # 51

SIZE OF LOT 5.05 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] Pres
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

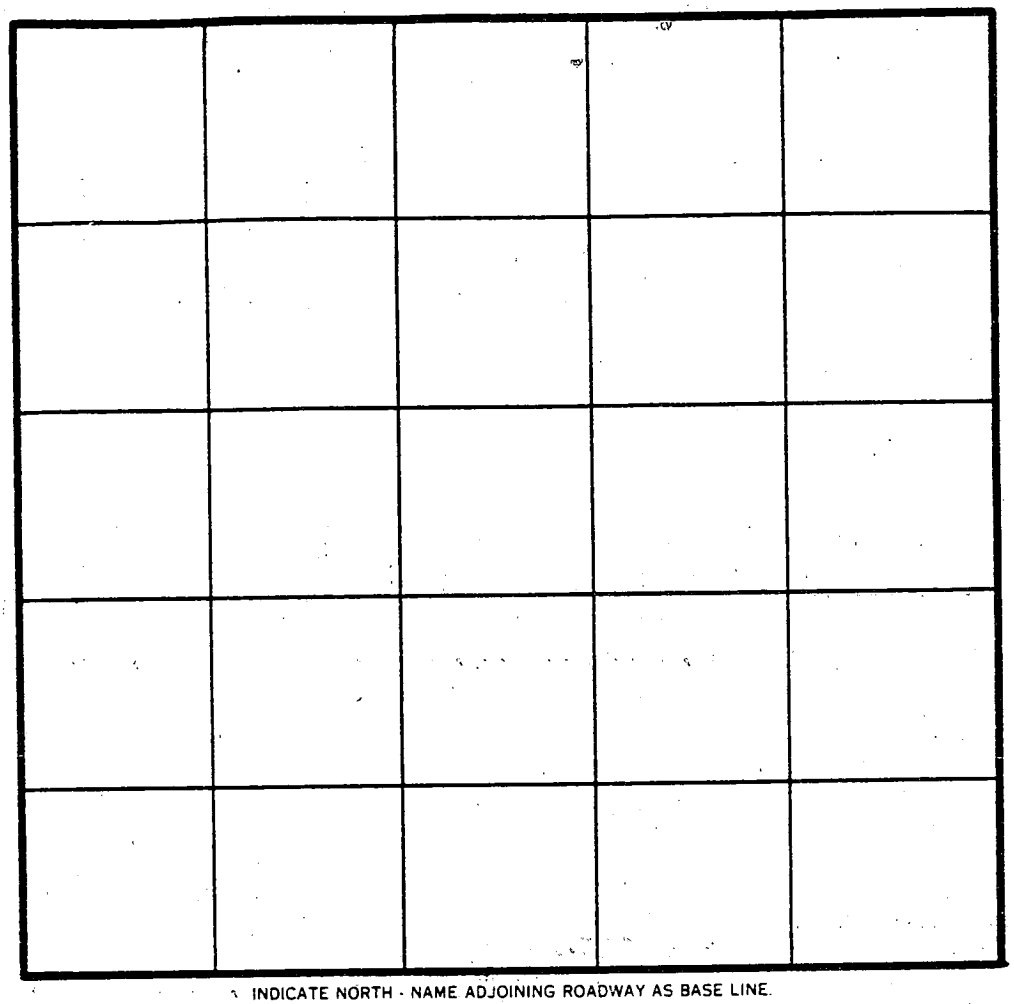
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED Studer
Serial # 27940 -SFP
4 & Bedroom

THIS IS NOT A PERMIT

Lot 6

A 38691



INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

(1)
0'
BROWN CLAY
3'
BROWN SAND LOAM & SOME SAPROLITE
12'

(2)
0
BROWN CLAY
2
GRAY BROWN SAND LOAM
12

(3)

(4)
0
ALL GRAY BROWN SAND LOAM
12

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 12	1205 OK	1208	1208	1213	5
	2V	12	OK (ROCK) (SEE REMARK)				
	3S 3D	4.5 8	1219 1219	1221 1220	1221 1220	1222 1222	2 2
	3V	12	OK				
	4S 4V	5 12	1223 OK	1225	1225	1229	4

HOLES DUG PER SURVEY OR PLAT

REMARKS ROCKY SAID SID SAID SOME HOLES DID NOT HAVE TO BE PERCED (VISUAL ONLY)

TYPE OF SOIL

TESTED BY R. HODGES ALSO PRESENT ROCKY & BILL

APPLICATION

A 38691

P _____

PERCOLATION TESTING

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. 5/6 relocated

ROAD AND DESCRIPTION _____

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 _____

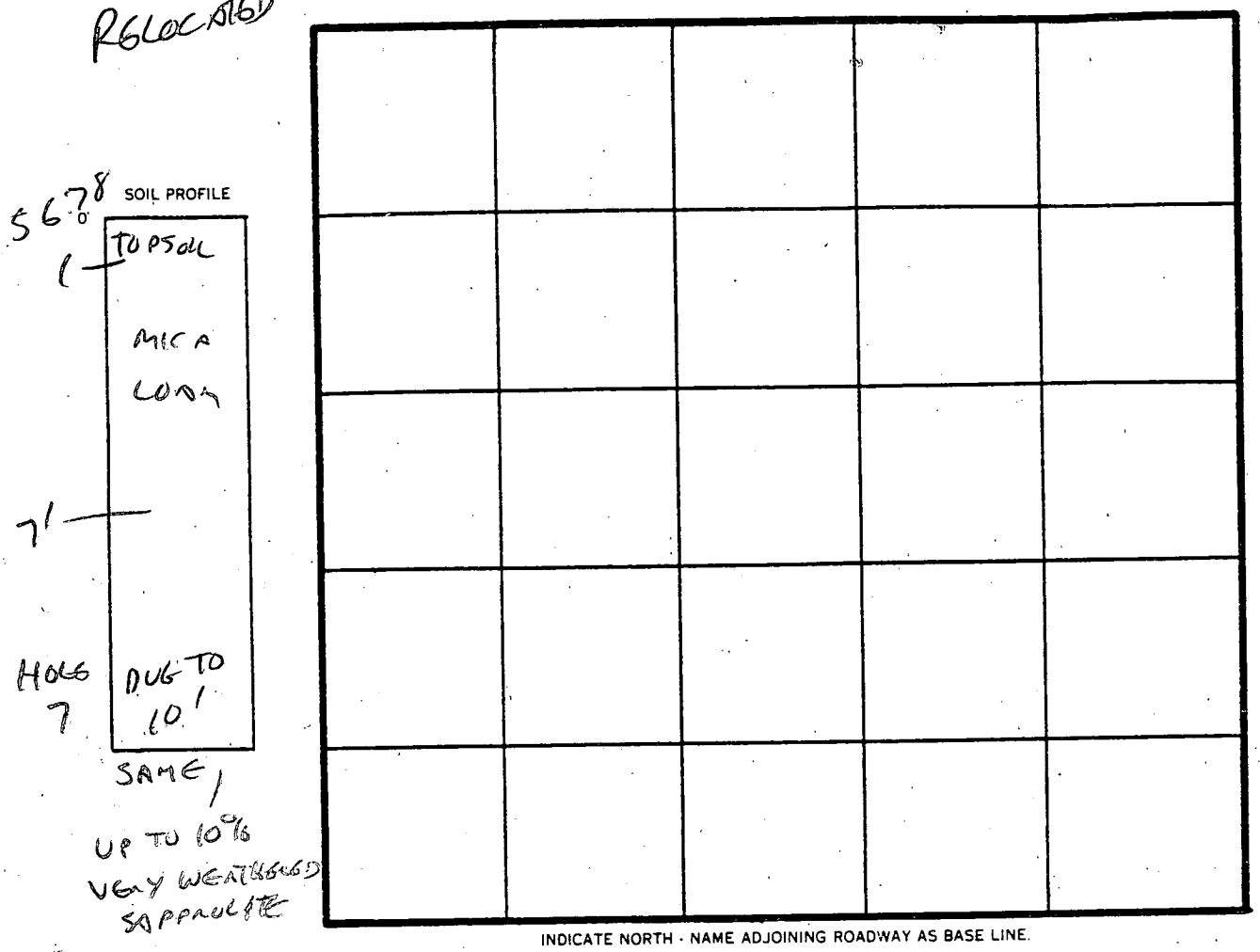
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

RELOCATED LOT 6



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
5/26/	5	2	3:54	3:55	3:55		
		6	3:54	3:55	3:55	3:57	
		7'	VIS	OK LOAM			
	6	2	VIS OK	LOAM	NO TEST		
	1	7	VIS	OK LOAM			
	7	2'	VIS OK	LOAM	NO TEST		
		10'	VIS OK	LOAM			
	8	VIS	OK	LOAM	NO TEST		
		7'	VIS	OK LOAM			

REMARKS

TYPE OF SOIL MICA LOAM

TESTED BY CW ALSO PRESENT TANO, BATH

EH-12-1079

EMERGENCY/TEMP NO. IF ANY

B 1 | 7926 | 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: H O - 8 8 - 0 2 8 9
fill in this form completely

Date Received (APA): 10 20 88

OWNER INFORMATION

J+S Investment Corp.
Last Name / Owner / First Name

4619 Shepard Lane
Street or RFD

Ellicott City MD 21043
Town / State / Zip

DRILLER INFORMATION

Joseph L. Mayne — 238
Driller's Name — License No.

Joseph L. Mayne Well Drilling
Firm Name

5512 Kilgo Rd. Dist. Hts. 21771
Address

Joseph L. Mayne — 10/20/88
Signature — Date

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)
(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)

APPROXIMATE DEPTH OF WELL: 300 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

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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE: CW (WRITE INITIALS IN BOX) PERMIT No. H O - 8 8 - 0 2 8 9

B 3 LOCATION OF WELL

8 COUNTY: HOWARD
23 SUBDIVISION: FOX RUN ESTATES
SECTION: LOT: 5
52 NEAREST TOWN: CLARKSVILLE
MILES FROM TOWN (enter 0 if in town): 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): N 8, NW 8—9, NE 8—9, W 8, TOWN, E 8, SW 8—9, SE 8—9, S 8

11 NEAR WHAT ROAD: FARLEY COURT 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N), WEST (W), 32, EAST (E), SOUTH (S)

DISTANCE FROM ROAD: 350 (34—37)
ENTER FT or MI: FT (38 39)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
A 38691 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 11 14 88 (43—48) — CO SIGNATURE: Craig Willrain — EXP. DATE: 5/14/89

NORTH GRID: 513000 (50—55)
EAST GRID: 0818000 (57—63)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

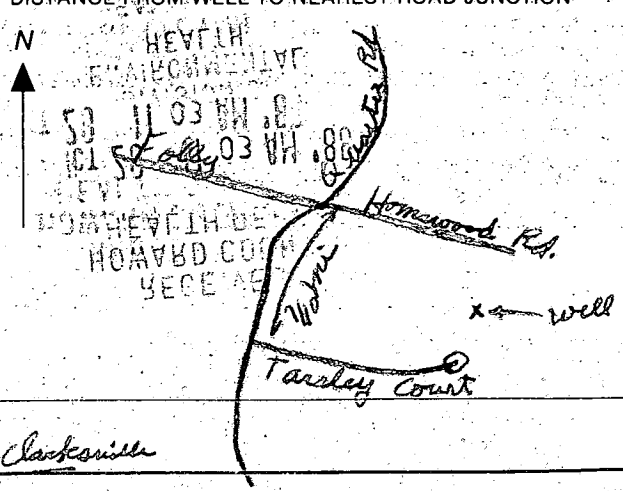
WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 8
N 510 3

000
000

11/30/88 11 AM
11/29/88
WELLGROUT OIL
SEE OTHER SIDE
RH
X

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



SPECIAL CONDITIONS

Clarksville

COUNTY

11/30/01 ff

① 40 FT county

② 32 FT Geotech

③ 8 Bags

④ Dry Hole To be filled in

⑤ New Location OK New Location about 15 ft from old Location but not open hole

RECEIVED
HOWARD COUNTY
HEALTH DEPT

01 20 11 03 AM '00

B Hodges

C 1 6627 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 38691

DATE Received.

DATE WELL COMPLETED 11/30/88

Depth of Well 465 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0289

OWNER J AND S INVESTMENT
STREET OR RFD TARALEY COURT TOWN CLARKSVILLE
SUBDIVISION Fox Run ESTATES SECTION LOT 5

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	35	
Conglomerate rock	35	465	✓

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 8 NO. OF POUNDS 752
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 32 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	440

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

C 2

EACH SCREEN	DEPTH (nearest ft.)	
1	410	445
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.) 20
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43
WHEN PUMPING 268

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 1 (nearest foot)

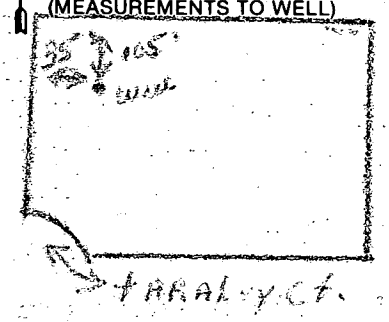
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. 338
Ronald C. Bishop
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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)



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

COUNTY

Page ___ of ___
Date 11/30/88

Review OK 12/15/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0289
Location of property (road) TARALEY COURT
Subdivision FOX RUN ESTATES Lot 5 Block ___ Plat ___ Sec. ___
Well Driller JOE MAYNE Owner J AND S INVESTMENTS

Depth of well 465'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 43

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 15 gpm
Total time 45 min. to reach pumping water level 266 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)
8:00	148'	4 sec.		15
8:15	268	5		12
8:30	266	25		2.4
8:45	266	25		2.4
9:00	266	25		2.4
9:15	266	25		2.4
9:30	266	25		2.4
9:45	266	25		2.4
10:00	266	25		2.4
10:15	266	25		2.4
10:30	266	25		2.4
10:45	266	25		2.4
11:00	266	25		2.4
11:15	266	25		2.4
11:30	266	25		2.4
11:45	266	25		2.4
12:00	265	25		2.4
12:15	265	25		2.4
12:30	265	25		2.4
12:45	265	25		2.4
1:00	265	25		2.4
1:15	265	25		2.4
1:30	265	25		2.4
1:45	265	25		2.4
2:00	265	25		2.4
2:15	265	25		2.4

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 # 46107
Date 7/6/90

Name of Installer R.A. Kelly, Pump Inc. Telephone (301) 925-9428

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

Name of Property Owner Millersville Corp Telephone (301) 964-2023
Subdivision Fox Run Estates Lot # 5 Well Tag # ___-___-____
Site Address 4525 Tarsey Court

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Pacuzzi
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: [signature]

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

LOT 4

SEPTIC SYSTEM DATA

Existing Elevation @ Septic Tank = 423.2

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 = 420.37

Invert out of Septic Tank = 420.02

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 = 422.21

Invert Elevation into Trench = 421.51

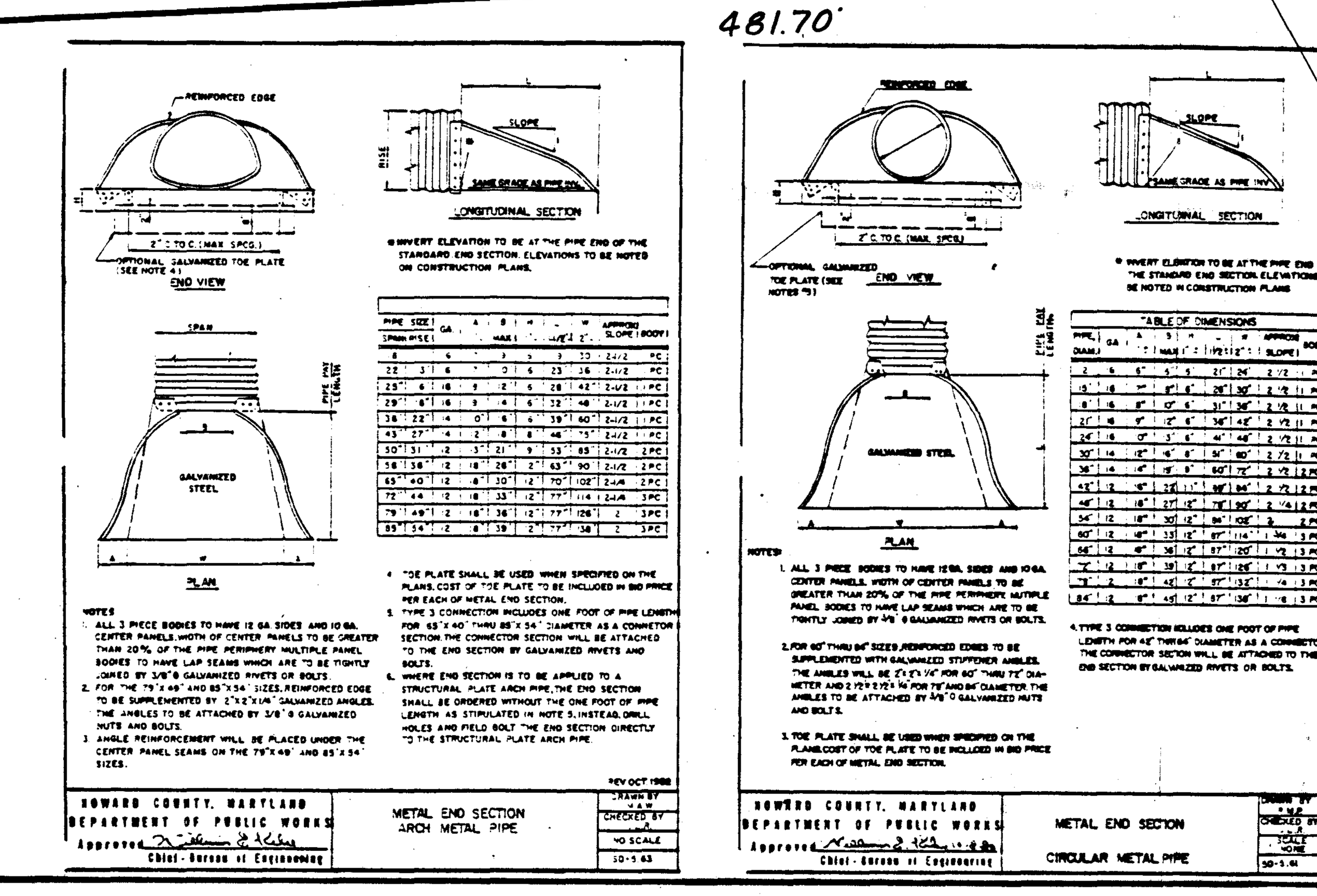
Invert into Septic Tank = 422.70

Invert out of Septic Tank = 422.40

Invert out of House = 423.82

First Floor = 431.0

Basement Elevation = 422.81



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