## PERMIT

#### SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P	48985	_

A 38694

HOWARD COUNTY HEALTH DEPARTMENT

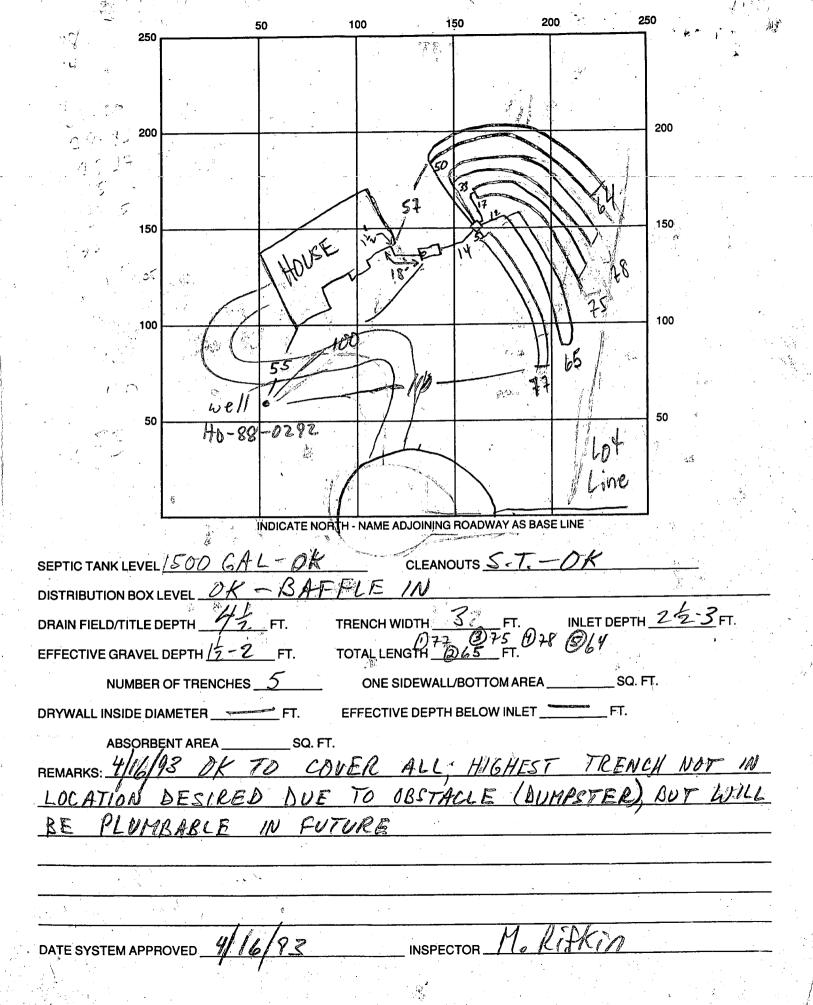
**BUREAU OF ENVIRONMENTAL HEALTH** XXXXXXXXX 313-2640

INDEVED

**DATE SYSTEM APPROVED** 

	IIV D L.	$\Lambda$ L $D$		INSPECTOR	
T & R Plumbing & Heating,	Inc.	18	S PERMITTED TO INS	TALL X	ALTER
ADDRESS P. O. Box 345, Savage, Maryl	and 20763		PHONE	725-239	2
SUBDIVISION Fox Run Estates	LOT(?) <sub>8</sub>	NOA	o 4526 Tarale	y Court	glie, gr
PROPERTY OWNER Mau	taz and Par	mela Ezzat	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
ADDRESS				·	***************************************
SEPTIC TANK CAPACITY 1500 GALLONS		·		•	
NUMBER OF BEDROOMS 5		. •			a de la companya de l
210 SQUARE FEET PER BEDROOM	•				, 
LINEAR FEET OF TRENCH REQUIRED 350					
original grade. 2 feet o  LOCATION - Start the first trench 90 the right (123.82') lot 1  line. Be certain trench to save future repair are inlet 3½ feet, bottom 5 f  Provide 6" - 8" diameter  O/ 8/// 92 RH	feet from ine. Run toomes no class (4 trench	the left ( renches al loser than	481.70') lot ong contour t 100 feet to a d) Okay to i	oward the ny well. * nstall hig	right lot :**** Revised th trench
PLANS APROVED BY C. Williams/Mark	Rifkin		REVISED	DATE5	/14/88 5/15/92
COVER NO WORK UNTIL INSPECTED AND APPROVED		· ·			
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DE	EPARTMENT IS RE	SPONSIBLE FOR TI	HE SUCCESSFUL OPER	ATION OF ANY S	YSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER L ACCEPTABLE.	INE AND/OR AT 9	0° SWEEPS IN LII	NES FROM HOUSE TO	DRAIN FIELDS,	90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIB AUTHORIZED)	UTION BOX TREN	CHES) TO BE 100	FEET FROM WELL (U	JNLESS OTHERW	VISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION	BEFORE AND AFT	ER PLACING GRAV	EL IN TRENCH(ES)		
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO	ABSORPTION TRI	ENCH TO EXCEED	100 FEET IN LENGTH		
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST	FIRON OR SCHEDL	JLE 35/40 PVC OR A	ABS BLDG. Pi	ERMIT SIGN	bilas
PERMIT VOID AFTER TWO YEARS  NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL  PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEE	STAND PIPES MU PER THAN 3 FEET	ST BÉ 6 INCHES IN . MANHOLE TO GR	AND RET LUIAN I DIAMETER CAST IRON ADE REQUIRED.	JRNED 127 # 53/22 N. CONCRETE OR JUNEAU	TERRA COTTA OR

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



# APPLICATION

PERCOLATION TESTING

BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

HOWARD COUNTY HEALTH DEPARTMENT

TELEPHONE: 461-9933

38694

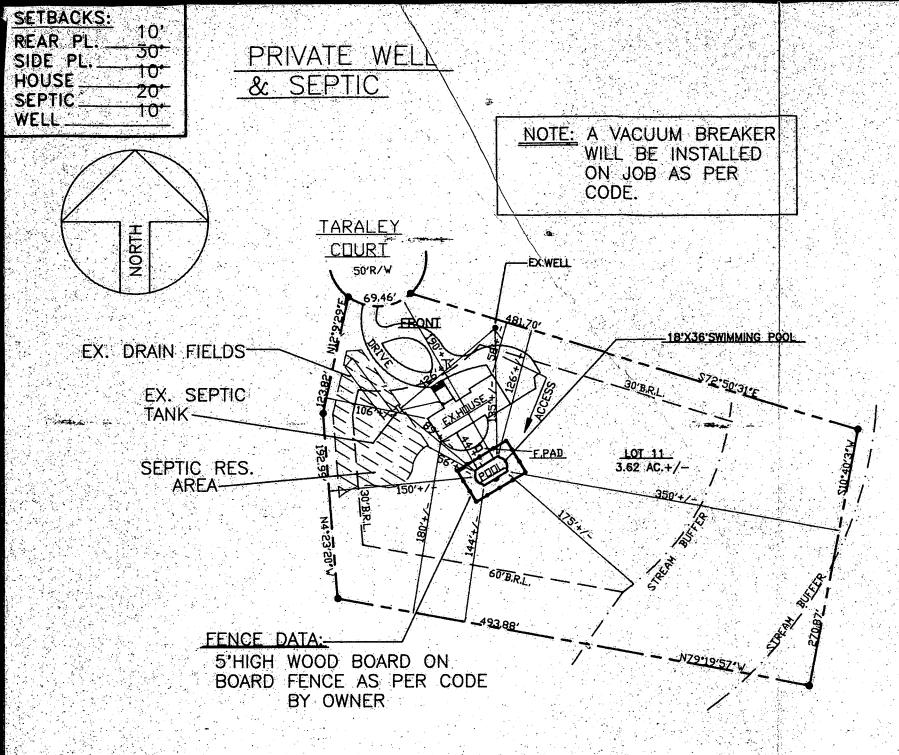
• ·			
TO: THE COUNTY HEALTH OFFICE!	₹		
	CESSARY TEST IN ORDER TO CONSTRUCT (OR REC	CONSTRUCT) A SEWAGE DISPOSAL SYSTE	<b>1</b> .
Fo D		Puilt Corp Mauth	as Pamela Erzat
			964-2023
ADDRESS 4649 She	ppard Lane,Ellicott City, I	MD 21043 PHONE (30	1) 596-9 <b>430</b>
• • • • • • • • • • • • • • • • • • •			
PROSPECTIVE BUYER N/A			
ADDRESS		PHONE	
AUURESS			
PROPERTY LOCATION		•	
For Din Ect	atas	<b>~</b>	8 (11)
SUBDIVISION Fox Run Est	4526-10	raley Court	
ROAD AND DESCRIPTION PREXT	to tot 8 & 10 at end of ro	ad "A" of subdivison	
NOND AND DESCRIPTION		90	
	<del>Linguige Control of the Control of </del>		
<b>#</b> 20	<b>** * * * * * * * * *</b>		
TAX MAP #28 PARCE	L #		in the second of
SIZE OF LOT 5.19 Acres		TYPE BLDG Sing	le Family Dwelling
		(SING)	E FAMILY DWELLING OR COMMERCIAL)
			· · · · · · · · · · · · · · · · · · ·
THE SYSTEM INSTALLED UNDER	THIS APPLICATION IS ACCEPTABLE ONLY U	NTIL PUBLIC PACILITIES BECOME AV	AILABLE, I FULLY UNDERSTAND TH
FEE CONNECTED WITH THE FILI	ING OF THIS PERC TEST APPLICATION IS NO	VAREFLINDABLE UNDER ANY CIRCUM	STANCES I ALSO AGREE TO COMPL
			Park
WITH ALL M.O.S.H.A. REQUIREM	TENTS IN TESTING THIS LOT	my to	(VILL)
		SIGNATURE OF APPL	CANT)
APPROVED BY	FOR		DATE
	4	•	
REJECTED BY	FOR		DATE
*; 		1	
HOLD PENDING FURTHER TESTS			DATE
REASONS FOR REJECTION OR HOLDI	NG		
	OLDG. PERMIT SIGNED	BOG. PERM	IT SIGNED
· · · · · · · · · · · · · · · · · · ·	ND RETURNED 5//5/	AND RETUR	
	Terral # 42644 81	To Secral #	27943 -
	5 Bedrooms	SFD-4	Beckrome
	IS NOT		

<del></del> -T			PRE-	WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
11	15.	3	1054	1055	1055	1056	
11 127		11/5	0/<		21.73	1 400 2	
	25	4.5	1 05 8	1100	1100	1102	
	20	7,5	1059	1100	1100	1101	<del>                                     </del>
		-	111		ļ		
	av	12.5	1104	1105	1105	1106	1
	3 5	5	1 1	1 -			7.
	3.0	10		307701	1111	1114	3
- { - {	4 5		HOOK	1000	' ' '		1
		13	<del> </del>	<b>}</b>			
ŀ							
					T.		
			<u> </u>		<u> </u>		
						1	
-				ļ	<del> </del>	<del> </del>	<del>                                     </del>
				ļ			ł
			J			<u> </u>	1

TEMPORES HOLE 3 SON NOT PUG 11 11 TEMPORALE SON TESTED BY B. HONGES ALSO PRESENT ROCKY

EH: 12-1079

0



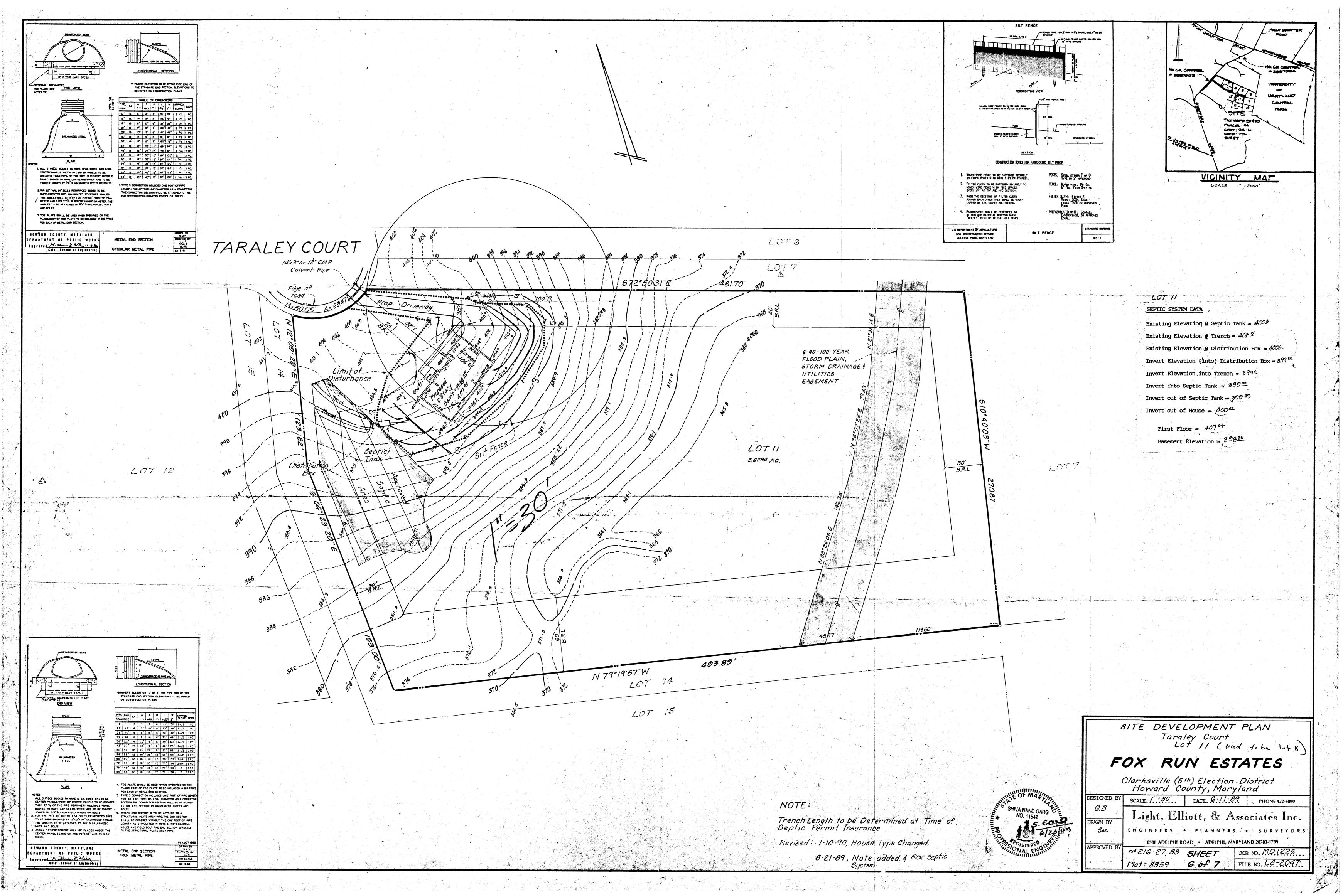
## SITE PLAN

SCALE:1"= 100'

4526 TARALEY COURT HOWARD COUNTY MD.,21042

## FOX RUN ESTATES

LOT 11, FLOOD ZONE C, LOT SIZE— 158,054 SQ.FT. PLAT REF.—P.B.NDR 10254 5TH ELECTION DISTRICT TAX MAP 28 & 29



DRILLER

Clarksville

FORCE C

SPECIAL CONDITIONS

INITIALS PERMIT NO. H

C 1 6630 SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED INCOUS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 38694	
	ATE WELL COMPLETE	Depth of Well  22 7 7 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"  HO-88-0392	
OWNER J A	9~3 5 NV	657 41 67	28 29 30 31 32 33 34 35 36 37	
STREET OR RFDlast	name TAR	ACEY COURT first name TOWN	CLARKSHILL	
Lav	eum Estales	SECTION	LOT_ <b>8</b>	
WELL LOG Not required for driv	iven wells	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3	
STATE THE KIND OF FO PENETRATED, THEIR CO	OLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PLIMPED (poorset hour)	
THICKNESS AND IF WA	FFFT Check	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)	
	ROM TO bearing	NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min. 11 15	
SHALL SEAR !	0 34	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE LEVEL (distance from land surface)	
GRAY Mich 3	1 305,	(enter 0 if from surface)  casing CASING RECORD	BEFORE PUMPING	
GRAYIMIN .		types insert appropriate STEEL CONCRETE	WHEN PUMPING  22  25  TYPE OF PUMP USED (for test)	
		code below PLASTIC OTHER	A air P piston T turbine	
1,		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary Other (describe below)	
		(nearest inch) (nearest foot)	jet Submersible	
		E OTHER CASING (if used) A diameter depth (feet)		
		inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  (CIPCLE) MES OF NO.)	
		S N N N N N N N N N N N N N N N N N N N	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
		screen type SCREEN RECORD or open hole ST BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:  29	
		appropriate code below STEEL BRASS OPEN BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  35	
	w	PLASTIC OTHER	PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH	
<b>5X</b>		DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box	
		C 23 24 26 30 32 36	LAND SURFACE (nearest	
CIRCLE APPROPRIA A WELL WAS ABANDONI WHEN THIS WELL WAS	IED AND SEALED	C 23 24 26 30 32 36 E 3 S 38 39 41 45 47 51	LOCATION OF WELL ON LOT	
E ELECTRIC LOG OBTAINE		SLOT SIZE 1 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR	
P TEST WELL CONVERTED WELL	TO PRODUCTION	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
I HEREBY CERTIFY THAT THIS WELL HAS ACCORDANCE WITH COMAR 10.17.13 AND IN CONFORMANCE WITH ALL CON	"WELL CONSTRUCTION" NDITIONS STATED IN THE	from to		
ABOVE CAPTIONED PERMIT, AND THE PRESENTED HEREIN IS ACCURATE AND OF MY KNOWLEDGE.	HAT THE INFORMATION COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT		
DRILLERS IDENT. NO.	Ž.	F IN BOX 68 68 0EP USE ONLY		
DRILLERS, SIGNATURE (MUST MATCH SIGNATURE ON	N APPLICATION)	(NOT TO BE FILLED IN BY DRILLER)  T (E.R.O.S.) WQ  74. 75 76	. West	
•		70 72		
SITE SUPERVISOR (sign. of drill responsible for sitework if differ	ller or journeyman erent from permittee)	TELESCOPE LOG OTHERIDATA CASING INDICATOR		

COUNTY

Page	٠,	of	1	1 4
Date	<del></del>	ふか	7	188

## FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Subdivision FOX RUN ESTATES	Lot $\S$ Block Plat Sec
Well Driller	Owner J AND S INVESTAGNT
Depth of well 305  Distance of measuring point (M.P. Static water level (S.W.L.) below	
I. High rate pumping reservoir draw	wdown
Time pump started 7;30	Pumping rate 15 g.pm

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill 5!	(if used)	(gallons per
tervals		gallon bucket		minute)
7:45	95'	4 Dec.		15
8:00	95	10		6
8:15	95	10		6
8:36	95	/6		6
8:45	95	<i>ļ</i> 6		6
9'00	95	10		6
9:15	95	10	,	6
9:30	95	/0	<u>'</u>	6
9:45	95	10		6
10:00	95	/0		6
10:15	95	10	· .	6
10.30	96	10		6
1045	96	10	·	6
<del></del>				
- <del></del>				· · · · · · · · · · · · · · · · · · ·
	:		· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · ·	
	; 			
	·			

#### 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 Replacement		Receipt # $\frac{-0-}{3-2-93}$
Name of Installer TER Plu	mbing & Heating, I	$nc. \text{ Telephone} \left( \frac{301}{201} \right) \frac{125}{25} = 25$
License Number $\frac{7079}{\text{Certified Well Pump Installer}}$		
Name of Property Owner Mol Subdivision Fox Run Esta Site Address 4526 Targle Ellicott City	ntez Ezzat otes Lot # 11 W	Telephone $992 - 80$
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make Harvard
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth <u>屮'</u>
c. Submersible 🗸	a. 110	
2. Make Jacut?	b. 220	
3. Model #		
4. CapacityGPM		
5. Pump exceeds well capacity	Yes V No	
6. If Yes, is low pressure cu	toff switch installed?	Yes V No
7. What methods are used to p vibrations? Torque arres	tors V Cable guard	s Other
Tank	Piping	Well data
1. Capacity	1. Type Crost on	ft.
2. Pressure relief	2. Size \\\''	2. Yield GPM
valve? UPS	3. NSF and/or BOCA	3. Static water
0 1 000	. Code approved <u>Ue</u>	
V N- ()K 4/23/93	4. Depth of supply	4. Will water supply
P.A. OK 4/23/93	line <u>U'</u>	_ be disinfected by
4 12-19- MK		installer? <u>No</u>
I understand that it is my in Department when the installation is null and void).		
All information given above i	s true to the best of my	knowledge.
Signa	ture of Applicant:	<u> </u>
	Date:	2-2-93
Note: A sticker indicating a	pproval/status of the in	nstallation will be placed

on the well casing at the time of the inspection.