

9/29/93 AM

05-410231

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49620

A 38696

DISTRICT 5th

DATE 9/16/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

DATE SYSTEM APPROVED 9/29/93

INSPECTOR [Signature]

INDEXED

T & R Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 9032 Baltimore Street, Savage, Maryland 20763 PHONE 301-725-2392

SUBDIVISION Fox Run Estates LOT 15 ROAD 4514 Taralee Court

PROPERTY OWNER John E. Hawkins

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 75 feet from the front lot line and 135 feet from the left lot line. Run trenches along contour toward the right front part of property.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/12/93 RJA

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 8/17/93

Serial # 50090 proposed

A
38696

APPLICATION

PERCOLATION TESTING

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

A 38696

P _____

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. John E Hawkins

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

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Run Estates LOT NO. 11 Final 15

ROAD AND DESCRIPTION fronting on road "A" of subdivision next to lot 10 & 12

TAX MAP #28 PARCEL # 51

SIZE OF LOT 3.06 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 12/10/92

Serial # 46355 SFD-4 Brms

BLDG. PERMIT SIGNED

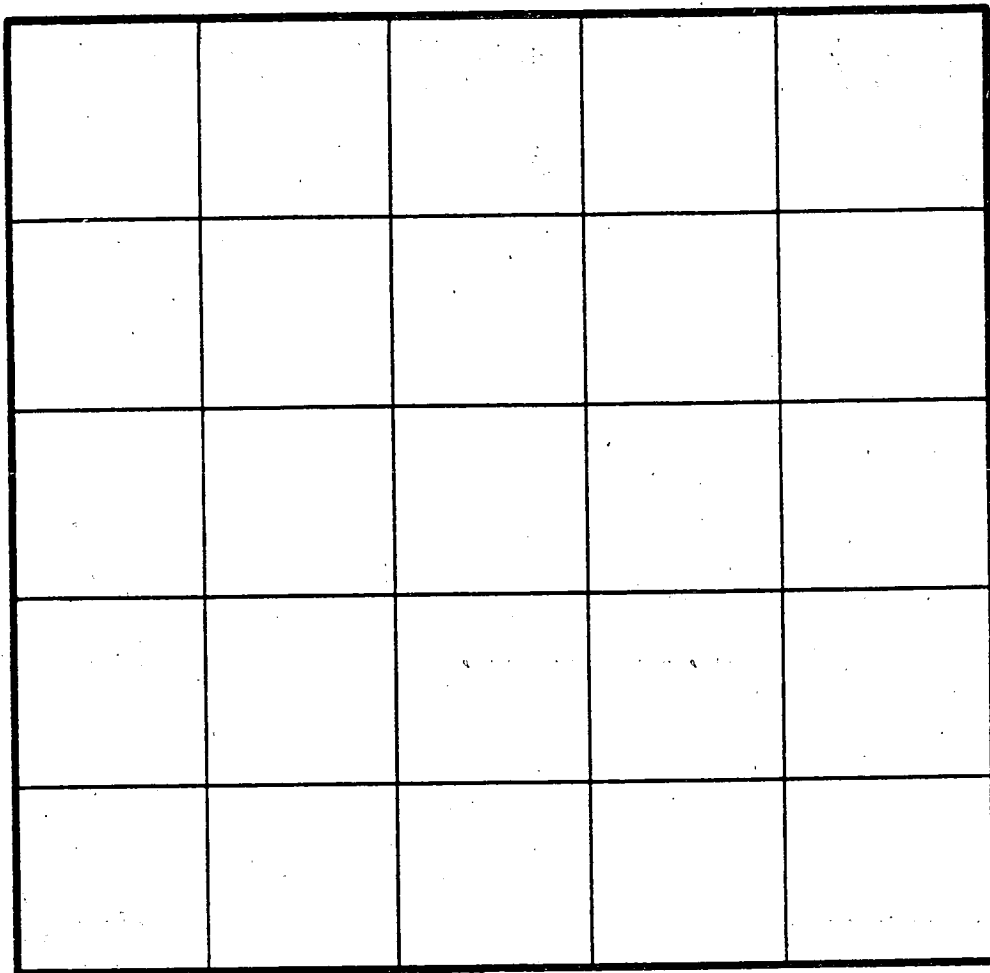
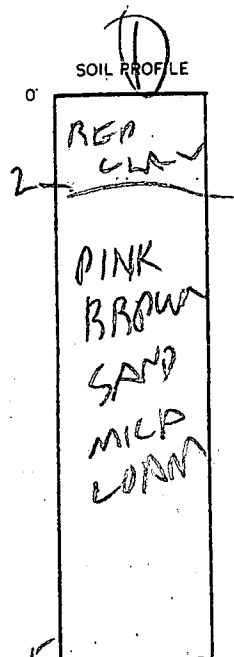
AND RETURNED 8/21/92

Serial # 27945

SFD-4 Brms

THIS IS NOT A PERMIT

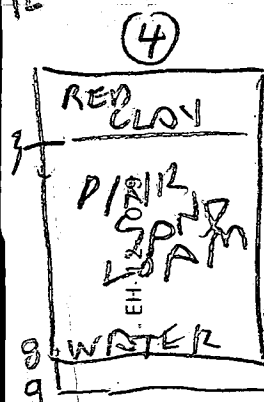
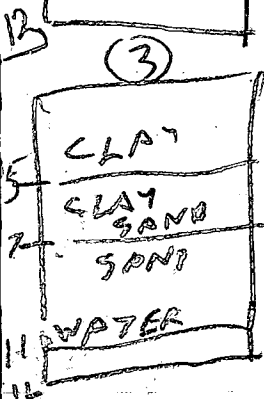
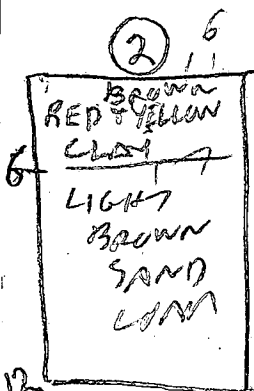
Lot #10



5

RED BROWN CLAY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



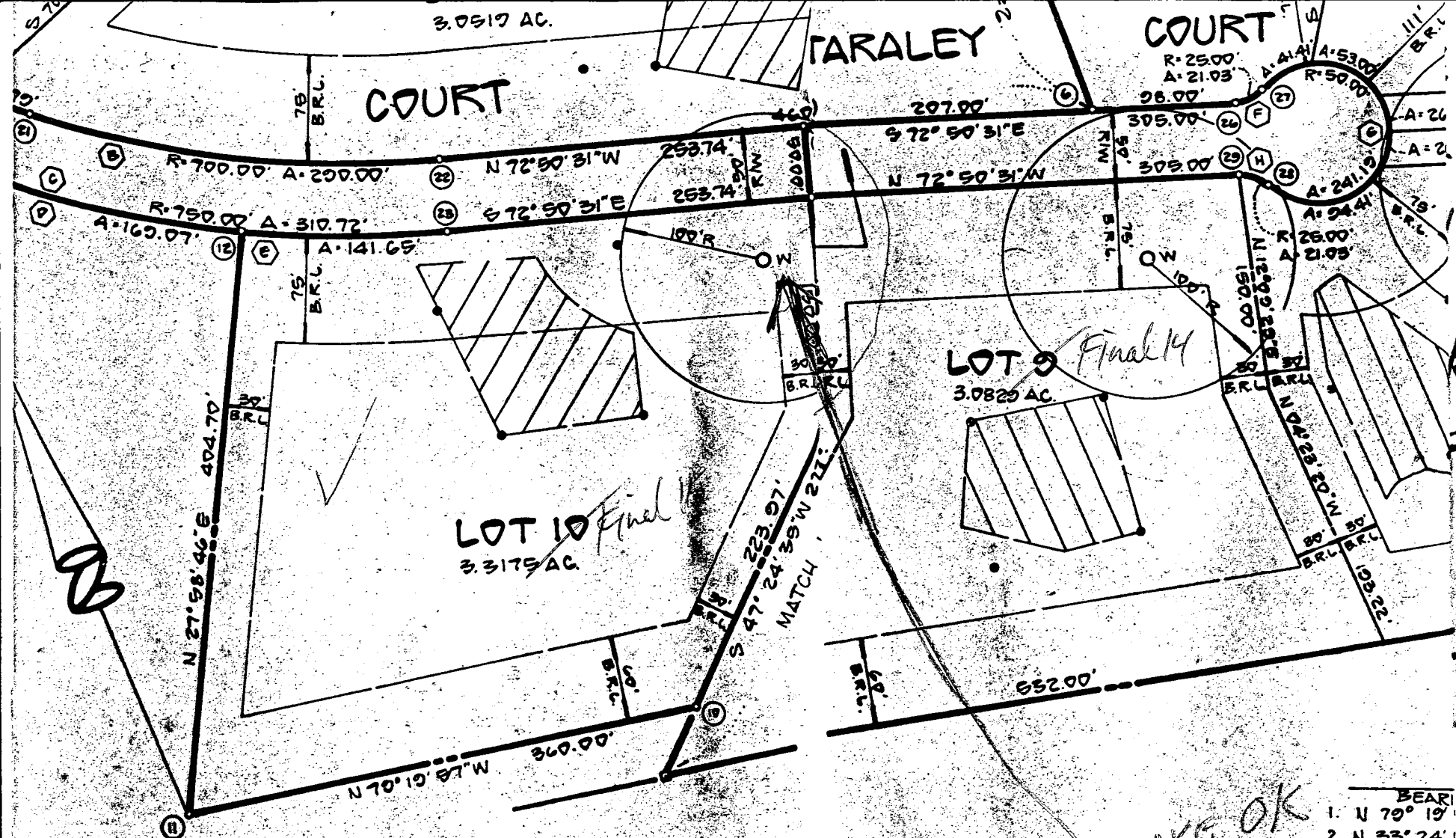
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/87	15	4	156	157	157	159	2
	10	17.5	156	158	158	203	5
	IV	17.5	OK				
	25	5.5	216	230	LITTLE PERC		
	2V	13	OK	BELOW 6F7			
	3V	12	WATER 1 F7		UNSAT		
	4V	7	WATER 3 F7		UNSAT		
	2M	6 1/2	239	244	244	254	10
	5V	7	ALL CLAY		UNSAT		

REMARKS HOLES 1, 2, 3, 4 DUG PER SURVEYOR STAKE
HOLE 5 DUG DIFFERENTLY FROM SURVEYOR PLAT

TYPE OF SOIL

TESTED BY R HODGES

ALSO PRESENT ROCKY & BILL
TOM TARD OWNER
MATT SYNDER WORKER



PIPESTEM LOT AREA TABULATION

LOT#	TOTAL LOT AREA	PIPESTEM AREA	NET LOT AREA
2	4.7515 AC.	0.6360 AC.	4.1146 AC.
6	4.3076 AC.	0.2730 AC.	4.0357 AC.
7	4.1451 AC.	0.2730 AC.	3.8722 AC.

IN THIS SHEET

XPED-6

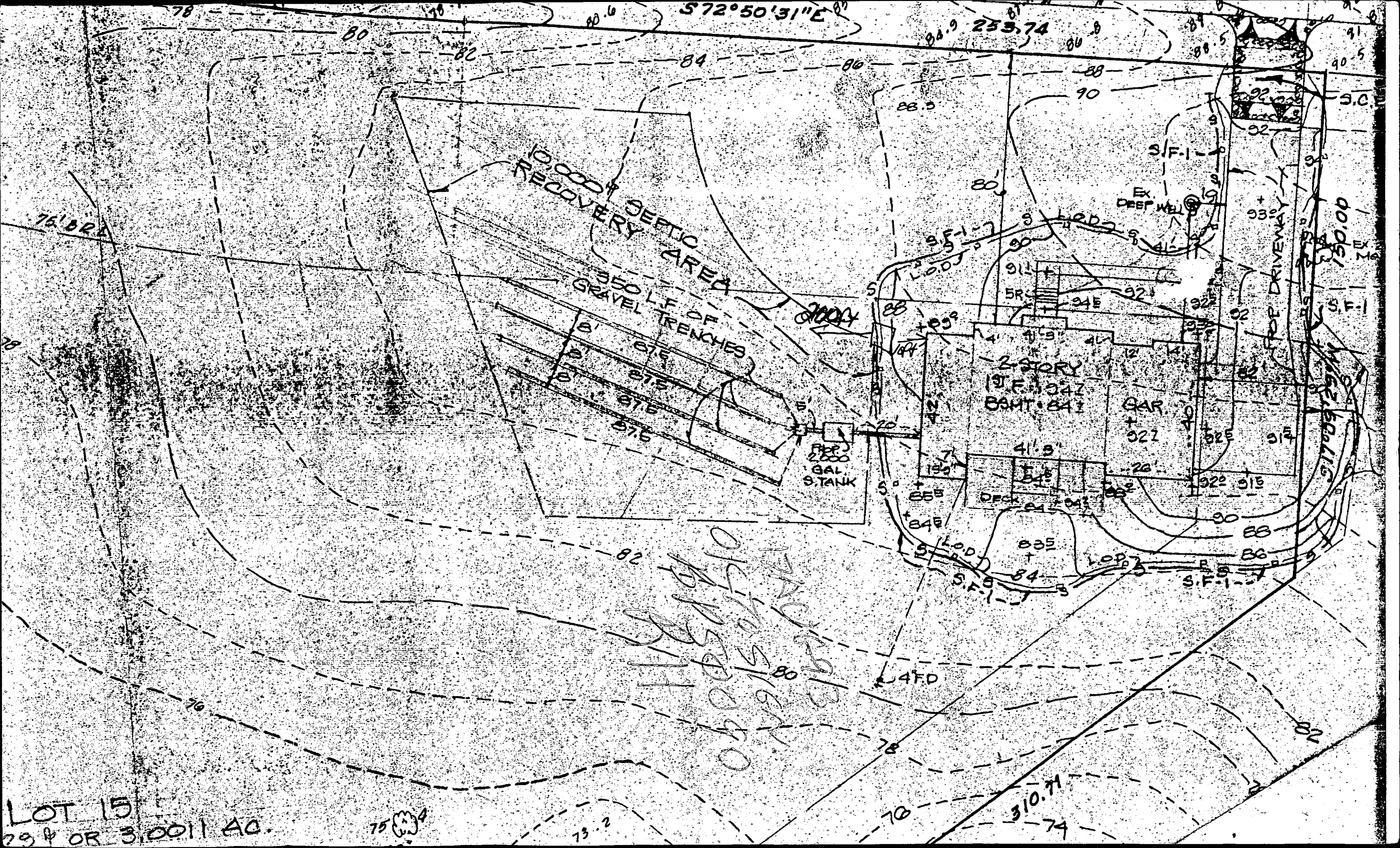
ED = 4,926,801 \$ / 23.5673 AC.

CORDO = 23,540 \$ / 0.5406 AC.

CORDO = 1,950,140 \$ / 24.1070 AC.

- BEAR
1. N 79° 19'
 2. N 33° 24'
 3. N 28° 07'
 4. N 21° 33'
 5. N 00° 37'
 6. N 42° 22'
 7. N 04° 57'
 8. N 22° 02'
 9. N 85° 22'
 10. N 28° 44'
 11. N 01° 13'

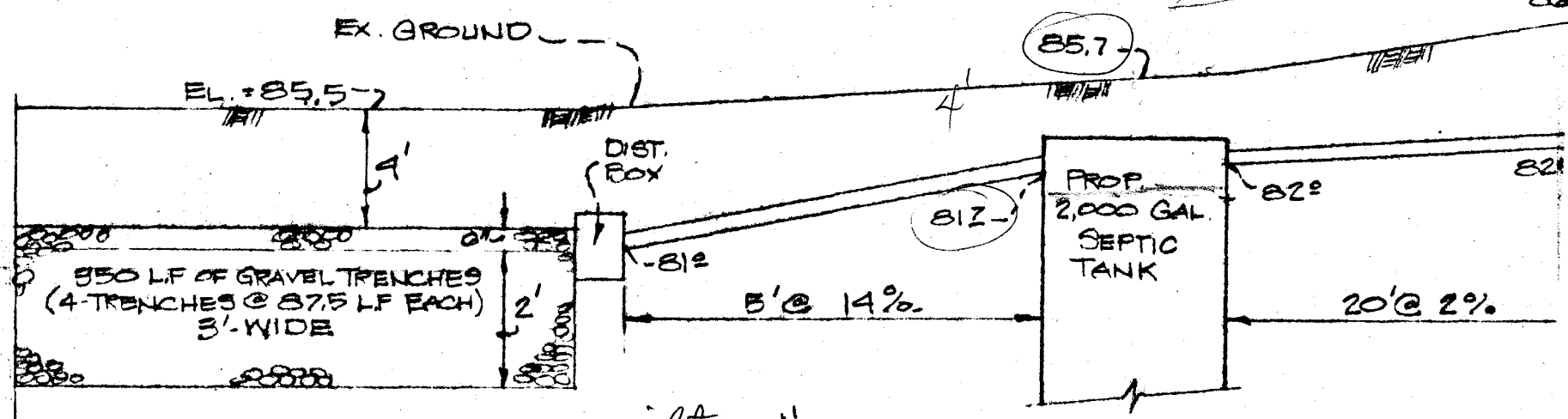
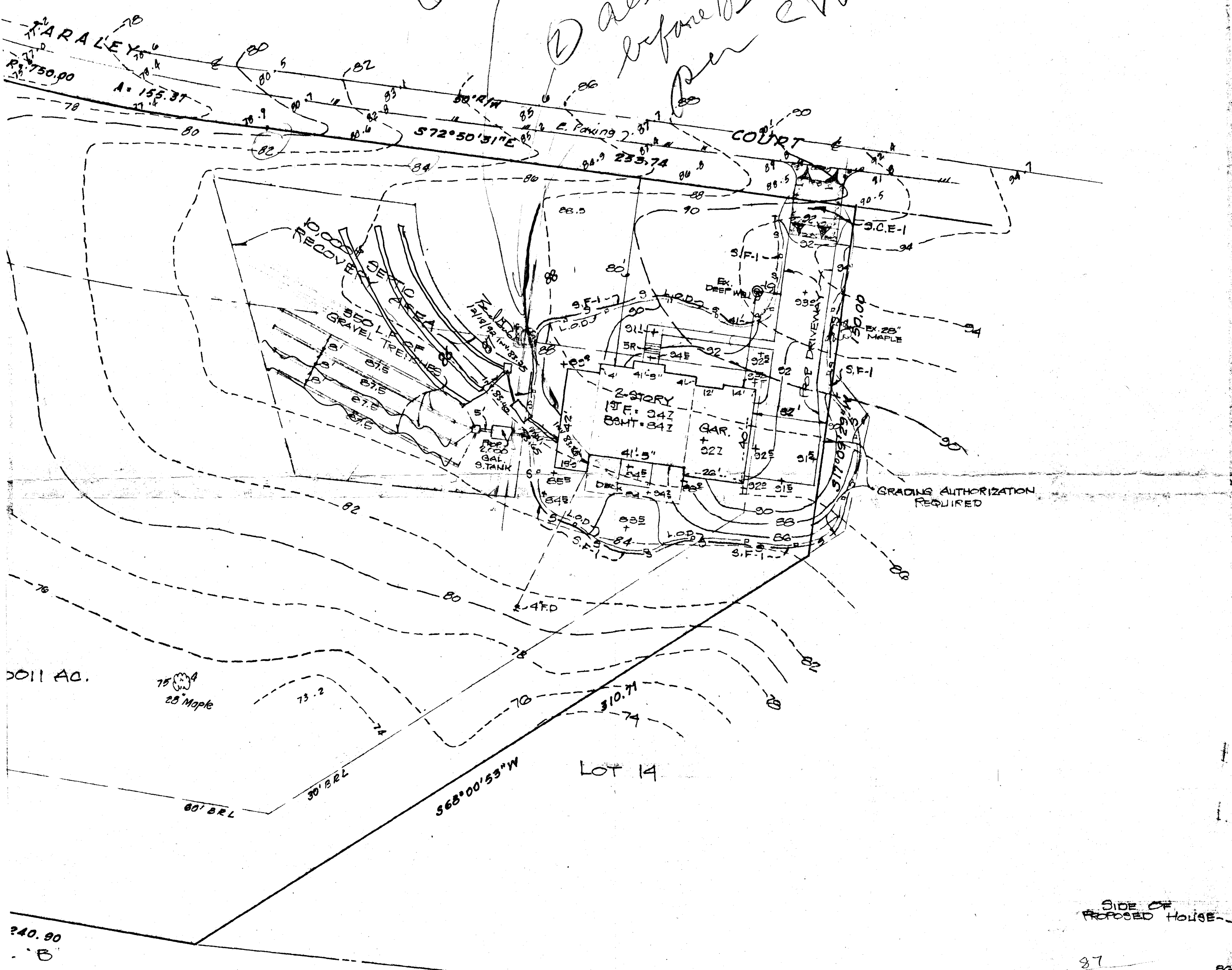
11. See Planning and Zoning files: WP-90-68, WP-91-70 and F-88-209. WP-91-70 requested to waive Section 16.115(c)(1) to allow the pipestem length for con-



LEGEND

Existing Contours	---	88	---
Proposed Contours	---	88	---
Exist. spot elev.	-	88.5	
Prop. spot elev.	-	+88.5	
Contour Interval	-	2 FT	
Limits of Disturbance	D	D	LOD
Silt Fence-1	S	S	S (S.F.-1)
STONE CONSTRUCTION :			
ENTRANCE			
			S.C.E-1
			(MIN)

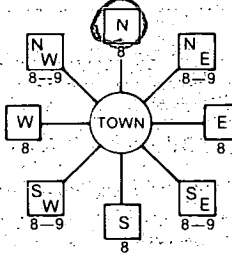
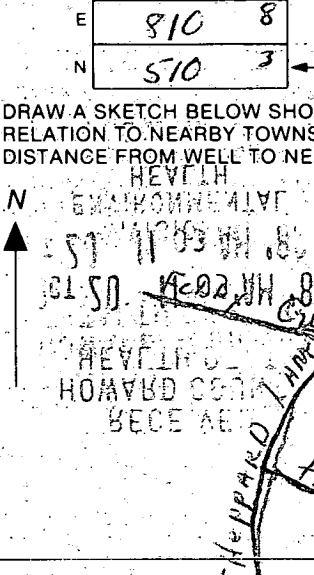
① DB Here more higher
 ② also system before Building Permit
 per C.V.



PROFILE OF SEPTIC SYSTEM
 (NO SCALE)

Septic system Layout Design based on Howard Co. Health Dept. standards & Perc Test Results. Proposed system subject to Health Dept. approval.

APPLICATION NO
 TAX MAP PARCEL

B 1 7924 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT-TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0294 fill in this form completely
Date Received (APA) 10/20/88		B 3 LOCATION OF WELL 8 COUNTY HOWARD 23 SUBDIVISION FOX RUN ESTATES SECTION 44 LOT 10 Final lot 10 52 NEAREST TOWN CLARKSVILLE MILES FROM TOWN (enter 0 if in town) 2 MI	
OWNER INFORMATION 15 Last Name J+S INVESTMENT CORP. Owner First Name 36 Street or RFD 4649 SHEPPARD AVE 57 Town CLARKSVILLE State 72 Zip 21043		DRILLER INFORMATION Driller's Name Joseph L. Mayne License No. 238 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd. Mt. Airy 31171 Signature <i>Joseph L. Mayne</i> Date 10/20/88	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)  NEAR WHAT ROAD THOMAS COURT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☒ WEST ☐ EAST ☐ SOUTH ☐ DISTANCE FROM ROAD 40 FT ENTER FT or MI FT	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. A38696 STATE SIGNATURE Chris William DATE ISSUED 5/14/89 NORTH GRID 513000 EAST GRID 0818000	
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		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 	
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ 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 GAP FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-88-0294		SPECIAL CONDITIONS	

C1 6632 SEQUENCE NO. (DENV USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLUMNS ON ALL CARDS)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A 38696

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

121688

22 245 26
(TO NEAREST FOOT)H0-88-0294
28 29 30 31 32 33 34 35 36 37

OWNER J AND S INVESTMENT

STREET OR RFD

last name

TARALEY C

first name

TOWN

CLARKSVILLE

SUBDIVISION

FOX RUN ESTATES

SECTION

LOT

10 Final 6/15

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearing

SAND

0 135

Gravelly Micro sand

135 245

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 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
types
insert
appropriate
code
below

CASING RECORD

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)

ST

6

140

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open holeinsert
appropriate
code
below

SCREEN RECORD

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC OTHER

C2

EACH
SCREEN

DEPTH (nearest ft.)

H0 30 124

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70

72

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

C3

1

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 64

METHOD USED TO
MEASURE PUMPING RATE Ruckit

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 124

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

(CIRCLE) (YES or 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)

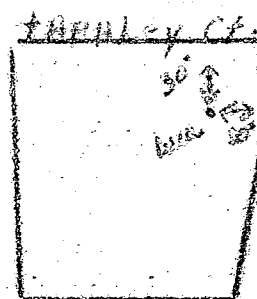
+ above

LAND SURFACE

- below

(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)

COUNTY

Well Permit No. HO - 88-0294

Location of property (road) TARLEY COURT Final lot 13
 Subdivision FOX RUN ESTATES Lot 10 Block Plat Sec.
 Well Driller JOE MAYNE Owner J AND S INVESTMENT

Depth of well 245'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 30'

Time pump started 11:20 Pumping rate 15 gpm.
Total time 30 min. to reach pumping water level 121 ft. below M.P.

[illegible]