

LAYOUT 5/25/04 1:00 PM INSP 4 _____
INSP 2 5/26/04 F/U INSP 5 _____
INSP 3 5/27/04 Final INSP 6 _____

ISSUE DATE: 4/1/04

APPROVAL DATE: 5/27/04

PERMIT

05-45209

P 520128

A 43596

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

Modern Foundations

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 7860 Kabik Ct., Woodbine 21797 PHONE NUMBER: 410-795-8877

SUBDIVISION: Fox Run Estates LOT NUMBER: 12

ADDRESS: 4537 Taralee Court PROPERTY OWNER: Stella Averbukh

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 300

TRENCHES:	Trench to be 3.0 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Trench design to be determined at time of layout.
NOTES:	

PLANS APPROVED: Stuart Oster DATE: 8/8/2003

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

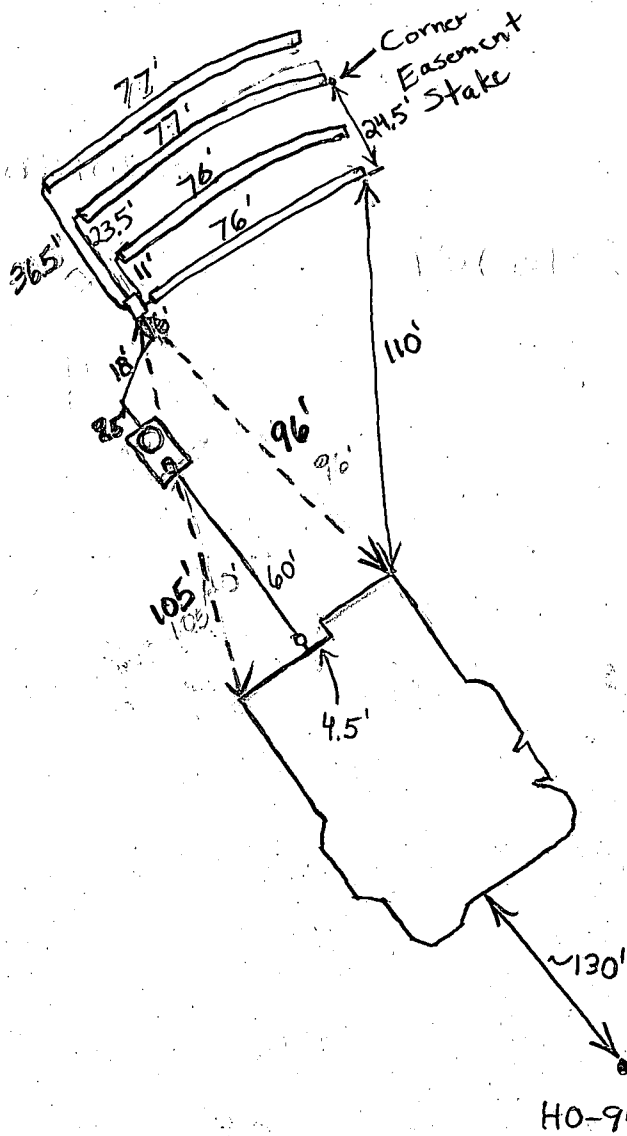
BUILDING PERMIT SIGNED

AND RETURNED

7/29/04 B00149458 1000 GAL UG LP TANK

A43569

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH INLET BOTTOM

NUMBER OF TRENCHES 4

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT No

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY 1500 GAL

SEAM LOC Top

TANK LID DEPTH 2.5'-3'

BAFFLES Front

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION 5/25/04 To install as per B.P. plan, but keep top trench higher and above septic easement if possible.

INSTALLATION Will have trouble getting correct fall to dist. box (BB)

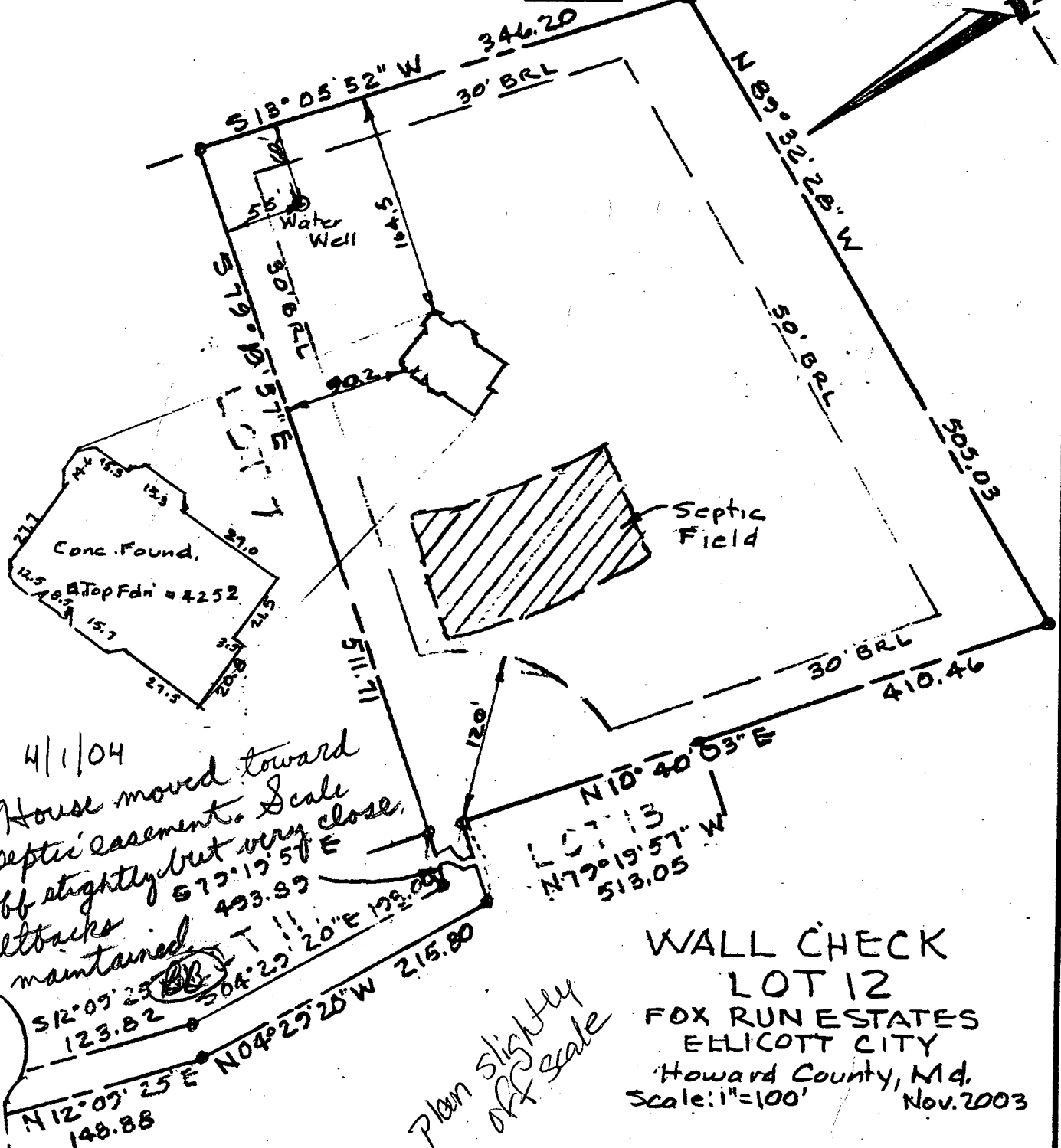
5/26/04 Tank set. Two trenches done (BB)

5/27/04 System completed. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/27/04

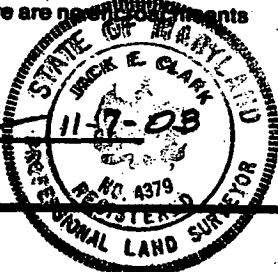
Note: This is a building and improvement plat only and should not be used to establish property lines.



SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no other improvements except as shown.

Jack E. Clark
Land Surveyor



THE J. E. CLARK COMPANY
LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707

LOT 12

ELLICOTT CITY


Howard County, Md

Scale: 1" = 100' July, 2003

Approved Septic System Plan
Howard County Health Department

Signature

BUILDER - Stella Averbunk
452 1/2 Doncaster Dr.
Ellicott City, Md. 21043
410-312-18387

NOTES: Total Area 5.00 Ac.±
 Area to be disturbed 0.31 Ac.±
 Silt Fence & Control _____ SE _____
 Ex. Grade ----- 415
 Proposed Grade ----- 422
 Proposed Elev. +425.2
 Area around house - 2' contours were field run
 Remainder was from H.O. Co. topo
 Septic Area = 12750 sqft±
 Elev. top of Septic Tank - 420 ±
 Limits of Disturbance _____ LOD _____

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

505.03-
390
STATE OF MARYLAND
JACK E. CLARK
No. 4379
REGISTERED PROFESSIONAL ENGINEER
8/4/03

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: UNITED PLUMBING + HEATING Telephone #: 410-995-6505
Address: 9305 GERWIG LAKE SUITE 5
COLUMBIA, MD 21046

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): LAWRENCE BASKETTE License# 3479
*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: STELLA AVERBACH Telephone #: 410-750-0473
Subdivision: FOX RUN ESTATES Lot #: 12 Well Tag #: HO-94-3708
Site Address: 4534 TARA LANE CT
ELLICOTT CITY, MD 21042

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Silverstar</u>	Make: <u>Amco</u>	Two piece watertight cap: <u>✓</u>
Model #: <u>7194521252</u>	Model #: <u>PT500</u>	Screened, vented well cap: <u>✓</u>
Pump Capacity <u>5</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <u>✓</u>
Well Yield: <u>7.4</u> GPM	NSF approved: <u>Yes</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>33.6</u> (feet)		Conduit secured to well cap: <u>✓</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: Polybutylene
PSI: 160 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes
Approximate length of sleeve: 7'
Sleeve caulked and sealed properly: Yes

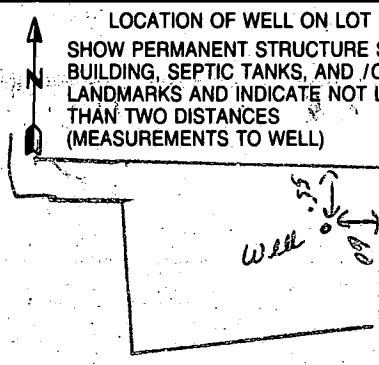
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 12-20-04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 9/15/04 (RB)
Inspection Data: Pitless adapter and water supply line at least 36" below grade _____
Two piece cap installed and attached to casing securely _____
Elec. conduit extends at least 18" below grade/attached to cap properly _____
Safety rope installed inside of well casing _____
Correct well tag attached properly and casing 8" above finished grade _____
Water supply line sleeved adequately at house connection _____
Adequate grout observed below pitless adapter _____

DRILLER: REMOVE COPY AND RETAIN FOR YOUR RECORDS. RETURN COUNTY COPY TO COUNTY ENVIRONMENTAL AGENCY. SUBMIT COPY TO OWNER. RETURN ALL OTHER PARTS TO DEPARTMENT OF ENVIRONMENT, 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224.

C1 3928		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER A43596	
ST/CO USE ONLY DATE Received MM <u>07</u> DO <u>16</u> Y3 <u>03</u>		DATE WELL COMPLETED MM <u>7</u> DO <u>14</u> Y3 <u>03</u>		Depth of Well <u>445</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-94-3708</u>	
OWNER <u>BRICK HOUSE FARM</u>		last name <u>TARALEY</u> first name <u>COURT</u>		TOWN <u>CLARKSVILLE</u>			
STREET OR RFD <u>FOX RUN ESTATES</u>		SECTION <u>12</u>		LOT <u>12</u>			
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> Y no <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS <u>12</u> NO. OF POUNDS <u>1128</u> GALLONS OF WATER <u>72</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>36</u> ft. (enter 0 if from surface) 48 TOP 52 54 BOTTOM 58 ft.			
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO <u>Sand</u> 0 36 <u>Gray Mica</u> 36 445 <u>Rock</u>		CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST <input type="checkbox"/> CO STEEL CONCRETE <input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER MAIN CASING TYPE <u>ST</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>40</u> 60 61 63 64 66 70			
				OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to			
				SCREEN RECORD screen type or open hole insert appropriate code below <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO STEEL BRASS OPEN HOLE <input type="checkbox"/> PL <input type="checkbox"/> OT PLASTIC OTHER			
				DEPTH (nearest ft.) <u>40</u> 38 <u>445</u> 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to			
NUMBER OF UNSUCCESSFUL WELLS <u>0</u>				C2			
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
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 26.04.04 "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 LIC. NO. <u>MSD024</u> DRILLERS SIGNATURE <u>Joseph L. Mayne</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <u>68</u>			
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)				MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA			
				PUMPING TEST C3 HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>48</u> ft. WHEN PUMPING <u>217</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible			
				PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 <u>29</u> 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) <input checked="" type="checkbox"/> + above LAND SURFACE <u>2</u> (nearest foot) <input type="checkbox"/> - below 49 50 51			
				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) 			

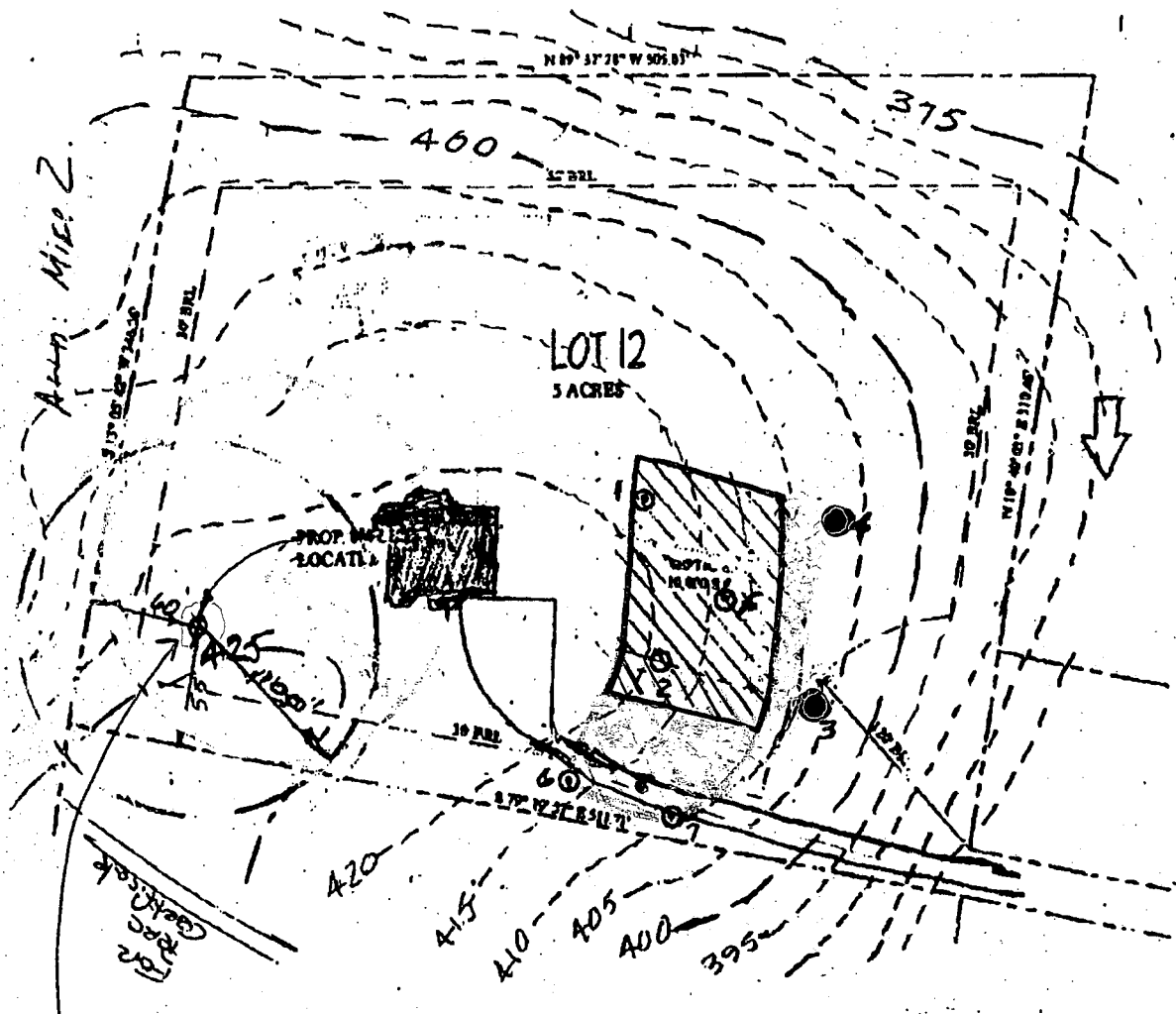
Well Permit No. HO - 94-3708
Location of property (road) TARALEY COURT
Subdivision FOX RUN ESTATES Lot 12 Block Plat Sec.
Well Driller JOSEPA MAYNE Owner BRICK HOUSE FARM


Depth of well 445'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 48'

Time pump started 10:05 Pumping rate 20 gpm
Total time 30 min to reach pumping water level 217 ft. below M.P.

HD-224

B 1 <div style="border: 1px solid black; padding: 5px; font-size: 24pt; font-weight: bold;">5138</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type <div style="font-size: 18pt; font-weight: bold;">518993</div>	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">H0-94-3708</div> fill in this form completely
Date Received (APA) <div style="font-size: 18pt; font-weight: bold;">06-04-03</div> <div style="font-size: 10pt;">8 MM DD YY 13</div>		OWNER INFORMATION	
15 Last Name <div style="font-size: 18pt; font-weight: bold;">Brick House Farm</div>		21 COUNTY <div style="font-size: 18pt; font-weight: bold;">Howard</div>	
34 First Name 		23 SUBDIVISION <div style="font-size: 18pt; font-weight: bold;">Fox Run Estates</div>	
36 Street or RFD <div style="font-size: 18pt; font-weight: bold;">4649 Sheppard Lane</div>		SECTION 44 46 LOT 48 50 <div style="font-size: 18pt; font-weight: bold;">12</div>	
57 Town <div style="font-size: 18pt; font-weight: bold;">Cecil City Md</div>		52 NEAREST TOWN <div style="font-size: 18pt; font-weight: bold;">Clarksdale</div>	
70 State 		71 Zip <div style="font-size: 18pt; font-weight: bold;">21043</div>	
DRILLER INFORMATION			
76 Driller's Name <div style="font-size: 18pt; font-weight: bold;">Joseph E. Mayna</div>		81 License No. <div style="font-size: 18pt; font-weight: bold;">MSD024</div>	
76 Firm Name <div style="font-size: 18pt; font-weight: bold;">Joseph E. Mayna Well Drilling</div>		30 NEAR WHAT ROAD <div style="font-size: 18pt; font-weight: bold;">Taralee Court</div>	
76 Address <div style="font-size: 18pt; font-weight: bold;">5512 Ridge Rd Mt Airy Md 21771</div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div>	
76 Signature <div style="font-size: 18pt; font-weight: bold;">Joseph E. Mayna</div>		34 1,250 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 <div style="font-size: 18pt; font-weight: bold;">FT</div>	
76 Date <div style="font-size: 18pt; font-weight: bold;">5/29/03</div>		TAX MAP 28 BLK 12 PARCEL 51	
WELL INFORMATION			
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <div style="font-size: 18pt; font-weight: bold;">4</div>		8 12 	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="font-size: 18pt; font-weight: bold;">500</div>		14 20 	
USE FOR WATER (CIRCLE APPROPRIATE BOX)			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL </div> <div style="width: 50%;"> NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="font-size: 18pt; font-weight: bold;">HOWARD</div> <div style="font-size: 18pt; font-weight: bold;">A43596</div> <div style="font-size: 10pt;">COUNTY NAME COUNTY NO.</div> <div style="font-size: 10pt;">STATE SIGNATURE</div> <div style="font-size: 10pt;">DATE ISSUED</div> <div style="font-size: 10pt;">43 MM DD YY 48 CO SIGNATURE</div> <div style="font-size: 10pt;">EXP. DATE</div> <div style="font-size: 10pt;">NORTH GRID</div> <div style="font-size: 10pt;">EAST GRID</div> <div style="font-size: 10pt;">50 55 57 63</div> </div> </div>			
APPROXIMATE DEPTH OF WELL <div style="font-size: 18pt; font-weight: bold;">300</div> FEET <div style="font-size: 10pt;">24 28</div>			
APPROXIMATE DIAMETER OF WELL <div style="font-size: 18pt; font-weight: bold;">6</div> INCH <div style="font-size: 10pt;">NEAREST INCH</div>			
METHOD OF DRILLING (circle one)			
BORED (or Augered) JETTED Jettied & DRIVEN <div style="font-size: 10pt;">30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</div> <div style="font-size: 10pt;">37 CABLE REVERSE-ROTARY DRIVE-POINT</div> <div style="font-size: 10pt;">other</div>			
REPLACEMENT OR DEEPEENED 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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 _____ 52			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <div style="font-size: 18pt; font-weight: bold;">H0-94-3708</div> <div style="font-size: 10pt;">70 71 72 73 74 75 76 77 78 79</div>			
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			



 = 10,000 ft²
 = Area indicates modified SDA (post record plat) by SRK due to holes 3 & 4 failing & not supposed to have been included in the ~~original~~ original SDA.

PERC TEST INFO

○ Perc test passed
 ● Perc test failed
 Tests 3, 6 and 7 located by Field Survey

6/18/03 - Proposed Well site OK as staked by Jack Clark. (SRK)

PREPARED BY:
THE J.E. CLARK COMPANY
 LAND SURVEYING AND ENGINEERING
 P.O. BOX 147 LAUREL, MARYLAND 20725
 (301) 725 3442

APPLICATION

PERCOLATION TESTING

A 43596

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 TARO INVESTMENT CORP

ADDRESS 4649 SHEPPARD LANE PHONE 596-9539

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION FOX RUN ESTATES LOT NO. 11 14¹² on final

ROAD AND DESCRIPTION OFF OF TARLEY COURT

TAX MAP _____ PARCEL # _____

SIZE OF LOT 5.5599 AC 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 C. Waller FOR TITLE FIELD - PENDING PLAT DATE 4/12/89

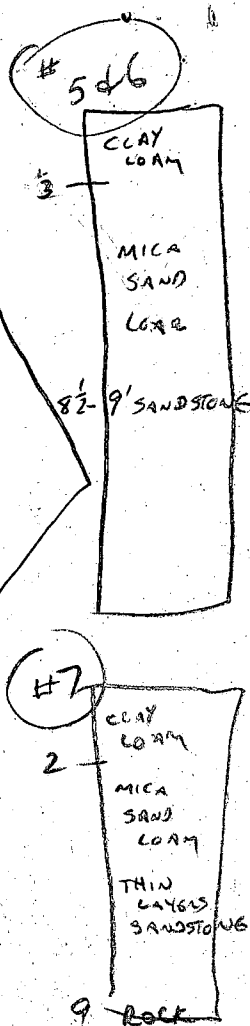
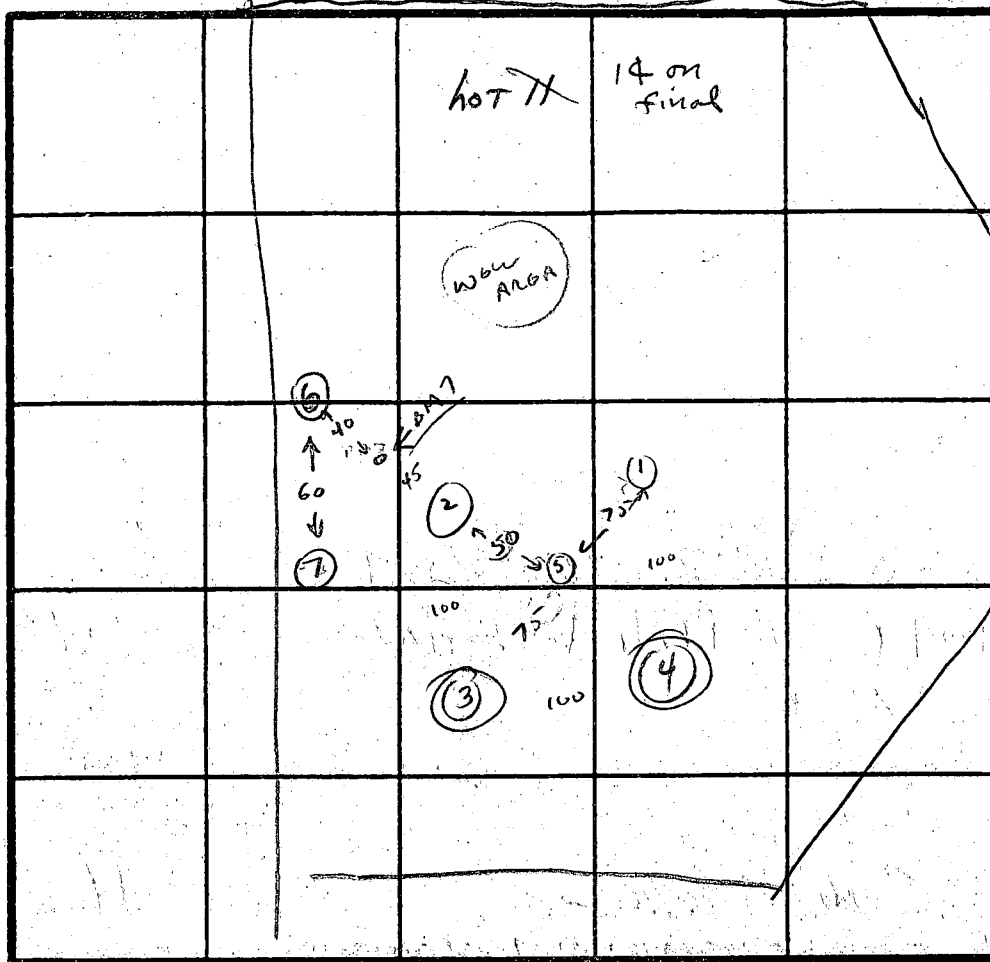
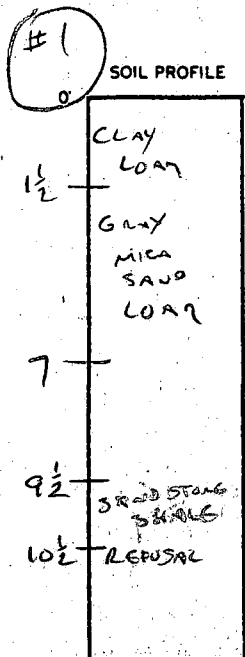
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A# 43596



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

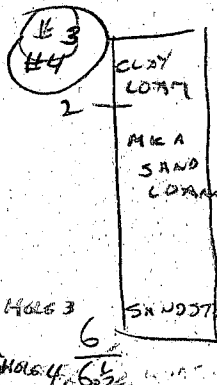
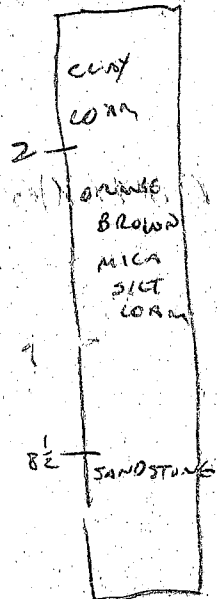
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4	1	3 7	2:48 2:48	2:50 2:50	2:50 2:50	2:52 2:52	2 MIN	OK SHALLOW
		9 1/2	SANDSTONE/SHALE					
	2	3 7	2:55 2:54	3:01 3:00	3:01 3:00	3:22 3:09	21 MIN 9 MIN	OK SHALLOW
		8 1/2	ROCK					
	3		ROCK AT 6'		FAILS			
	4		ROCK AT 6 1/2'		FAILS			
	5	VIS	OK LOAM / SANDSTONE AT 9 1/2'					OK SHALLOW
	6	VIS	OK LOAM / SANDSTONE AT 9'					
	7	3	4:06	4:09	4:09	4:13	4 MIN	OK SHALLOW
		9	LOAM ROCK					

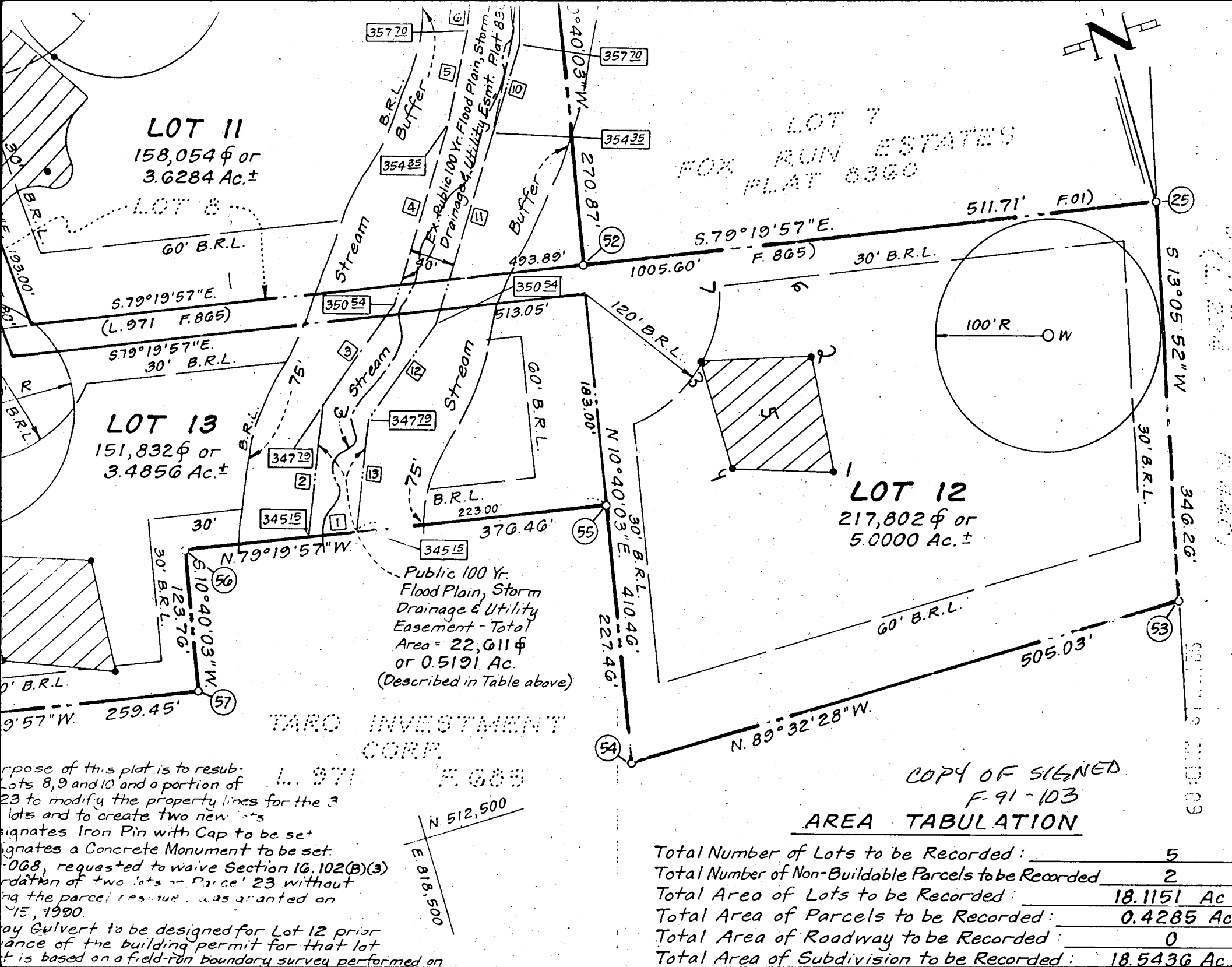
REMARKS SHOW SEPTIC AREA ON ADJACENT LOT / WELL SITE OR AS PROPOSED, NGSD FIELD RUNKLEB, OF PEAC HOUSE AND WELL SITE

TYPE OF SOIL MICA LOAM SANDSTONE/SHALE AT 9' IN APPROVED AREA SHALLOWER ELSEWHERE

TESTED BY C. W. O'DONALD ALSO PRESENT BARTY, TARD

USE HOLES 1-2-5-6-7 PATTERN NO LOWER THAN LOWEST HOLES,

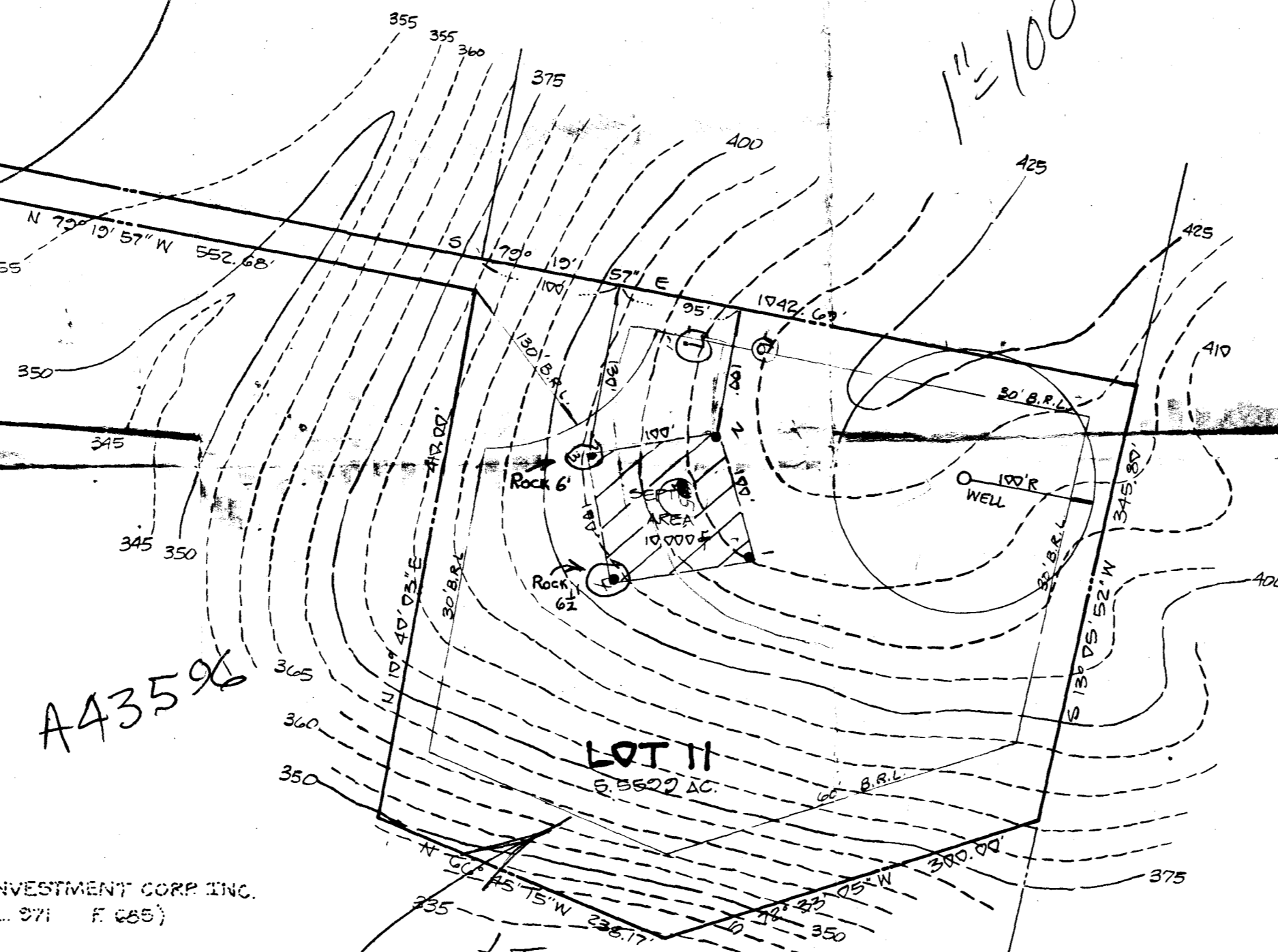
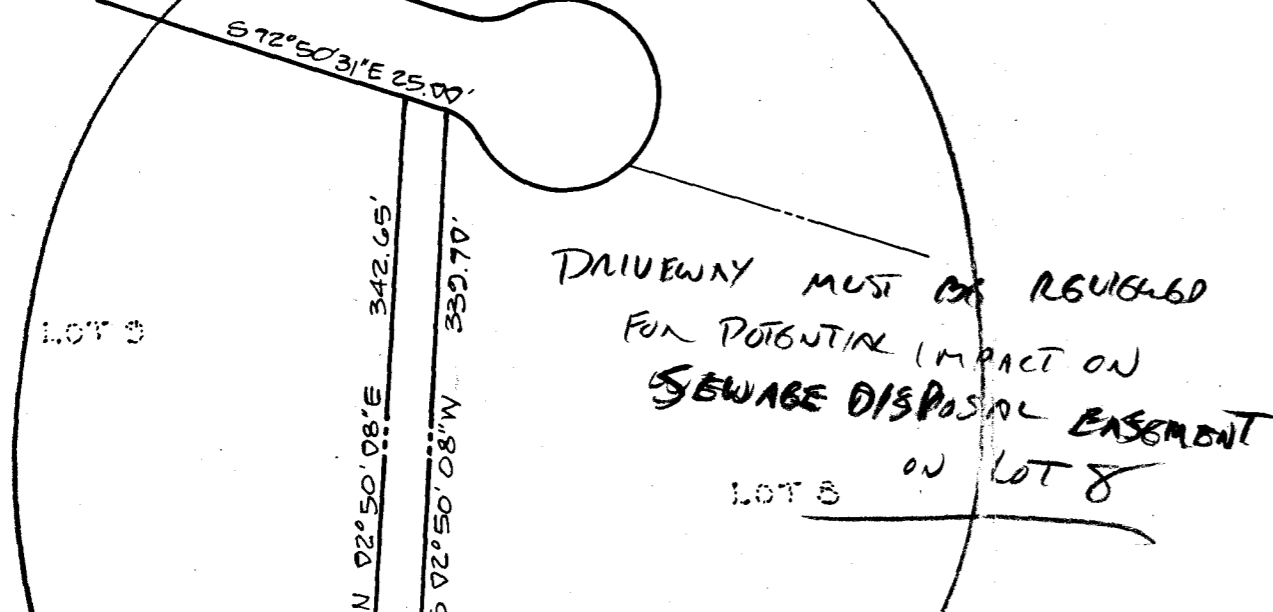




Purpose of this plat is to resubdivide Lots 8, 9 and 10 and a portion of Lot 23 to modify the property lines for the 3 lots and to create two new lots. Signifies Iron Pin with Cap to be set. Signifies a Concrete Monument to be set. -068, requested to waive Section 16.102(B)(3) of the Uniform Act for the Partition of Land without the parcel residue was granted on 1/15, 1990.

Day Culvert to be designed for Lot 12 prior to the building permit for that lot. It is based on a field-run boundary survey performed on

TARALEY COURT



A43596

TARO INVESTMENT CORP. INC.
(L. 971 F. 685)

Lot #14 on Paper Copy
of final plot
submitted
Final Plot

<p>PERC TEST PLAN LOT 11</p> <p>FOX RUN ESTATES</p> <p>CLARKSVILLE (5TH) ELECTION DISTRICT HOWARD COUNTY, MARYLAND</p>			
DESIGNED BY	SCALE... 1"=100'...	DATE... 02-04-1980	PHONE 422-6080
M.N.L.	<p>Light, Elliott, & Associates Inc.</p> <p>ENGINEERS • PLANNERS • SURVEYORS</p> <p>8508 ADELPHI ROAD • ADELPHI, MARYLAND 20783-1799</p>		
DRAWN BY			
M.N.L.	APPROVED BY		JOB NO. MP. 1226.....
N/A.			FILE NO. M9. 1222.....

4532
4532
4534

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
2030 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2435 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3880

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B00049458 KN

Building Address
~~4532~~ Tanley Ct.
Ellicott City, MD 21042

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

Census Tract 605101 Subdivision For Run Est

Section _____ Area _____ Lot 12

Tax Map 29 Parcel 51 Grd 7

Zoning RC-010 Map Coordinates 1251 Lot size _____

Property Owner's Name Stella Overburkh

Address 4521 Doncaster Dr.

City Ellicott City State MD Zip Code 21043

Home Phone 410-750-8473 Work Phone _____

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

Phone _____ Fax _____

Existing Use Dwelling

Proposed Use Dwelling

Estimated Construction Cost \$ 2500

Description of Work To fill 1000 gal under
ground propane tank with gas line
to house slab installed by other

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company CARROLL FUEL CO

Contact Person LEON KUCHARSKI

Address 2700 Loch Raven Rd

City Baltimore State MD Zip Code 21218

License No. 60553

Phone 410-235-1066 Fax 410-235-8576

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 _____	

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 THERE TO; (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.

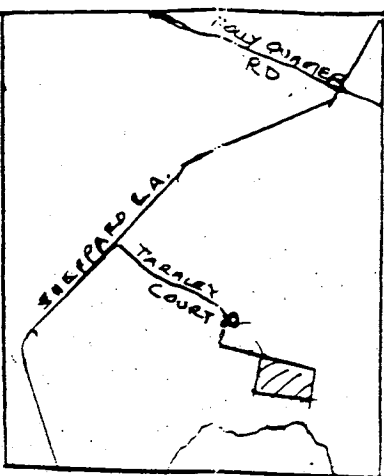
Leon F. Kucharski
Applicant's Signature
PRINCE
Title/Company

LEON KUCHARSKI
Print Name
7-16-04
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	59323
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ <u>10</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>7/29/04</u>	<u>Karen Moom</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>90258</u>
				Validation # <u>23540</u>
				Accepted by <u>12</u>

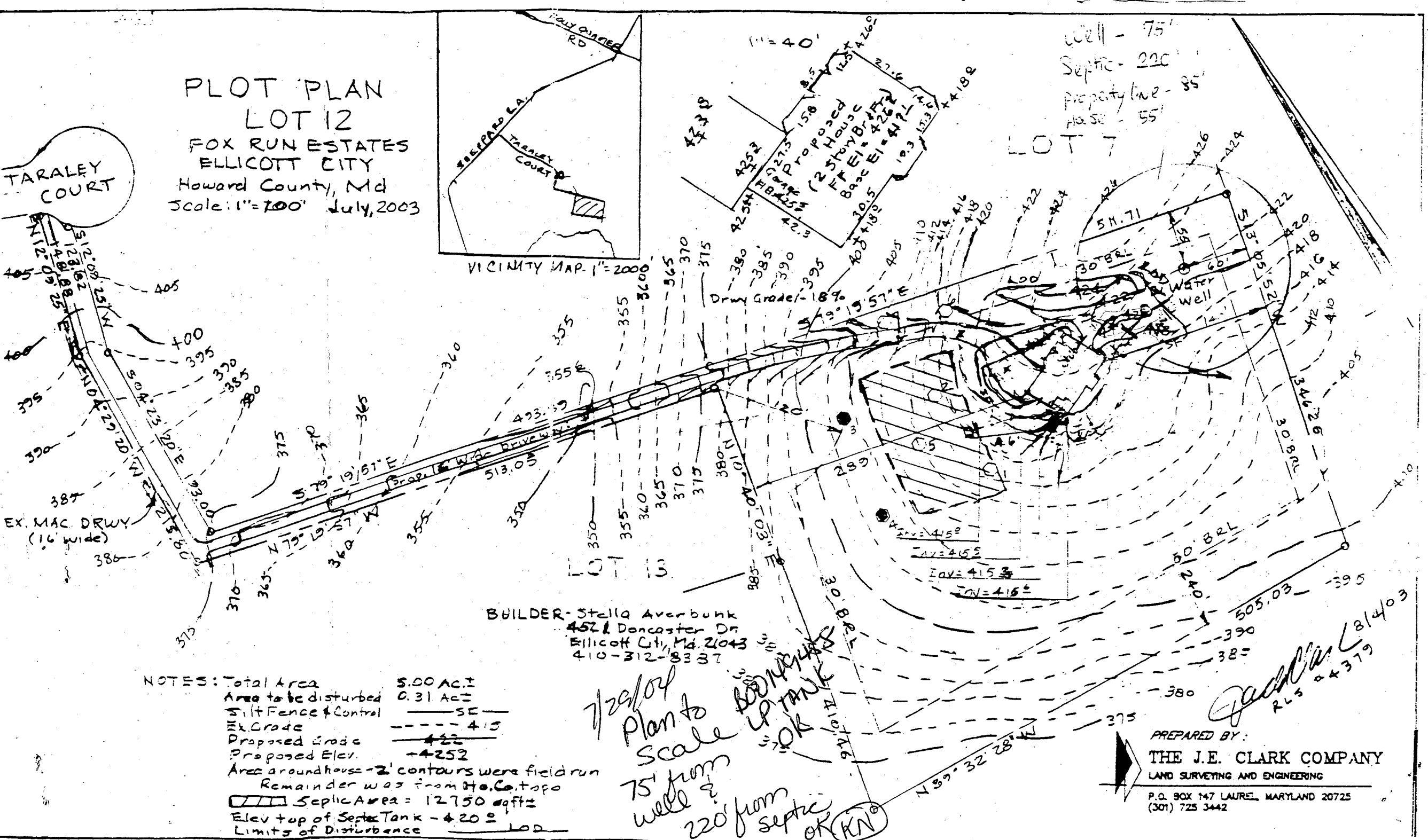
PLOT PLAN LOT 12 FOX RUN ESTATES ELLCOTT CITY Howard County, Md Scale: 1"=100' July, 2003



TARALEY COURT

Well - 75'
Septic - 220'
Property line - 35'
House - 55'

LOT 7



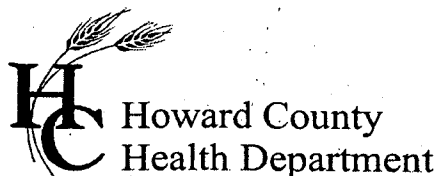
BUILDER: Stella Averbunk
4521 Doncaster Dr
Ellicott City, Md 21043
410-312-8337

- NOTES:
- Total Area 5.00 AC±
 - Area to be disturbed 0.31 AC±
 - Soil Fence & Control SE
 - Ex. Grade - - - - - 415
 - Proposed Grade - - - - - 422
 - Proposed Elev. +4252
 - Area around house - 2' contours were field run
 - Remainder was from H.C. topo
 - Septic Area = 12750 sqft±
 - Elev top of Septic Tank - 420±
 - Limit of Disturbance LOD

7/29/04
Plan to
Scale
75' from
well &
220' from
septic
OK KN

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

8/4/03
J.E. Clark
R.L.S. 4379



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

December 27, 2004

Stella Averburn
4521 Doncaster Drive
Ellicott City, MD 21042

SENT VIA FACSIMILE 410-312-8614

RE: Fox Run Estates, Lot 12
4534 Taraley Court
Ellicott City, MD 21042
BP #: B00143430
Well Permit # HO-94-3708

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 5/27/2004. Final approval of the well line connection to the dwelling was approved on 09/15/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-3708. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample: 12/21/2004
Date of Well Completion: 07/14/2003

Approving Authority,

Brian Baker

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File