

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 Taraley 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

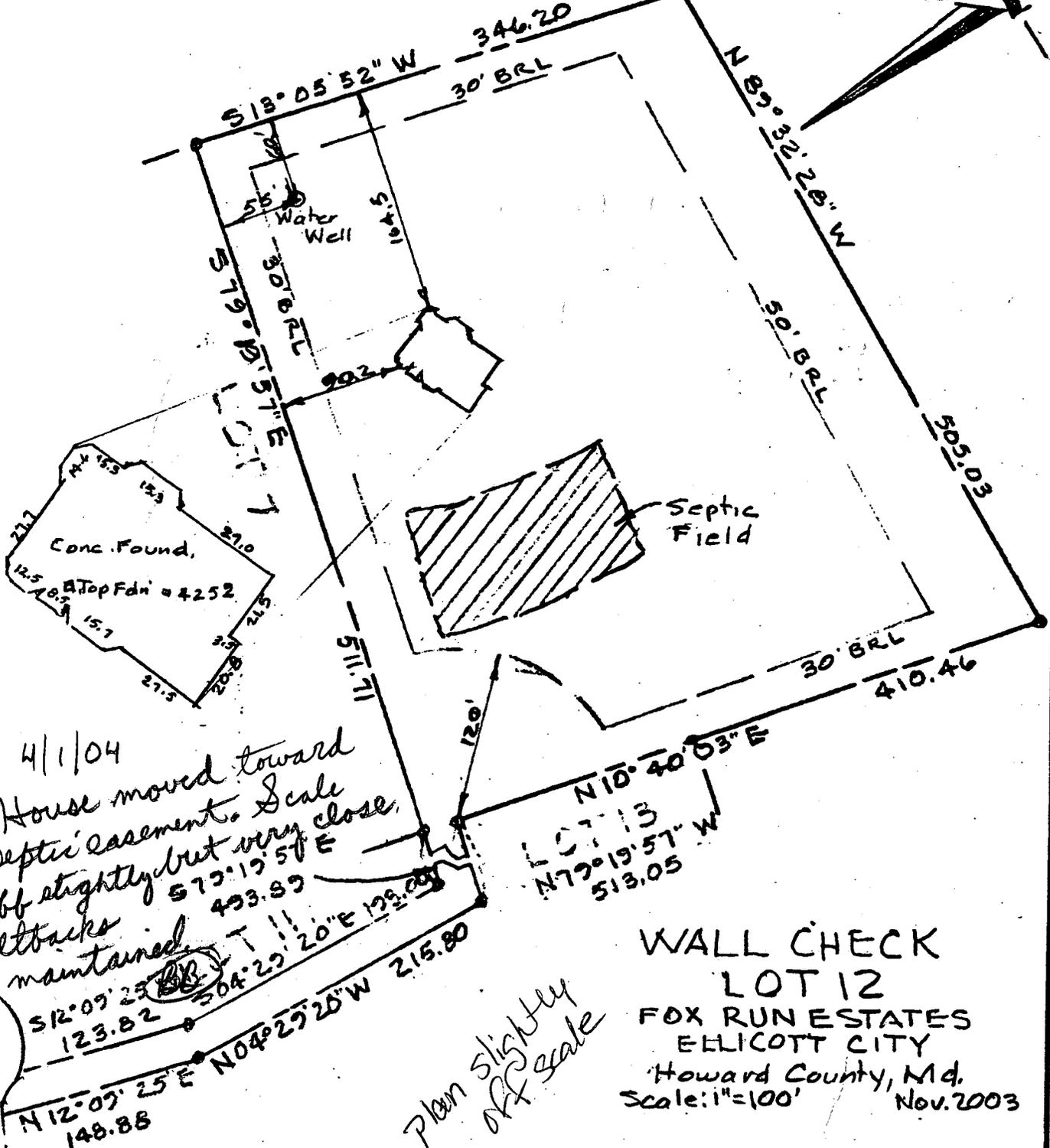
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

7/29/04 B00149458 1000 GAL UG LP TANK

A43569

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



4/1/04
 House moved toward
 septic easement. Scale
 off slightly but very close.
 Setbacks
 maintained.

LOT 12
 N79°19'57" W
 513.05

WALL CHECK
 LOT 12
 FOX RUN ESTATES
 ELICOTT CITY
 Howard County, Md.
 Scale: 1"=100'
 Nov. 2003

Plan slightly
 off scale

TARALEY
 COURT

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

PLOT PLAN LOT 12

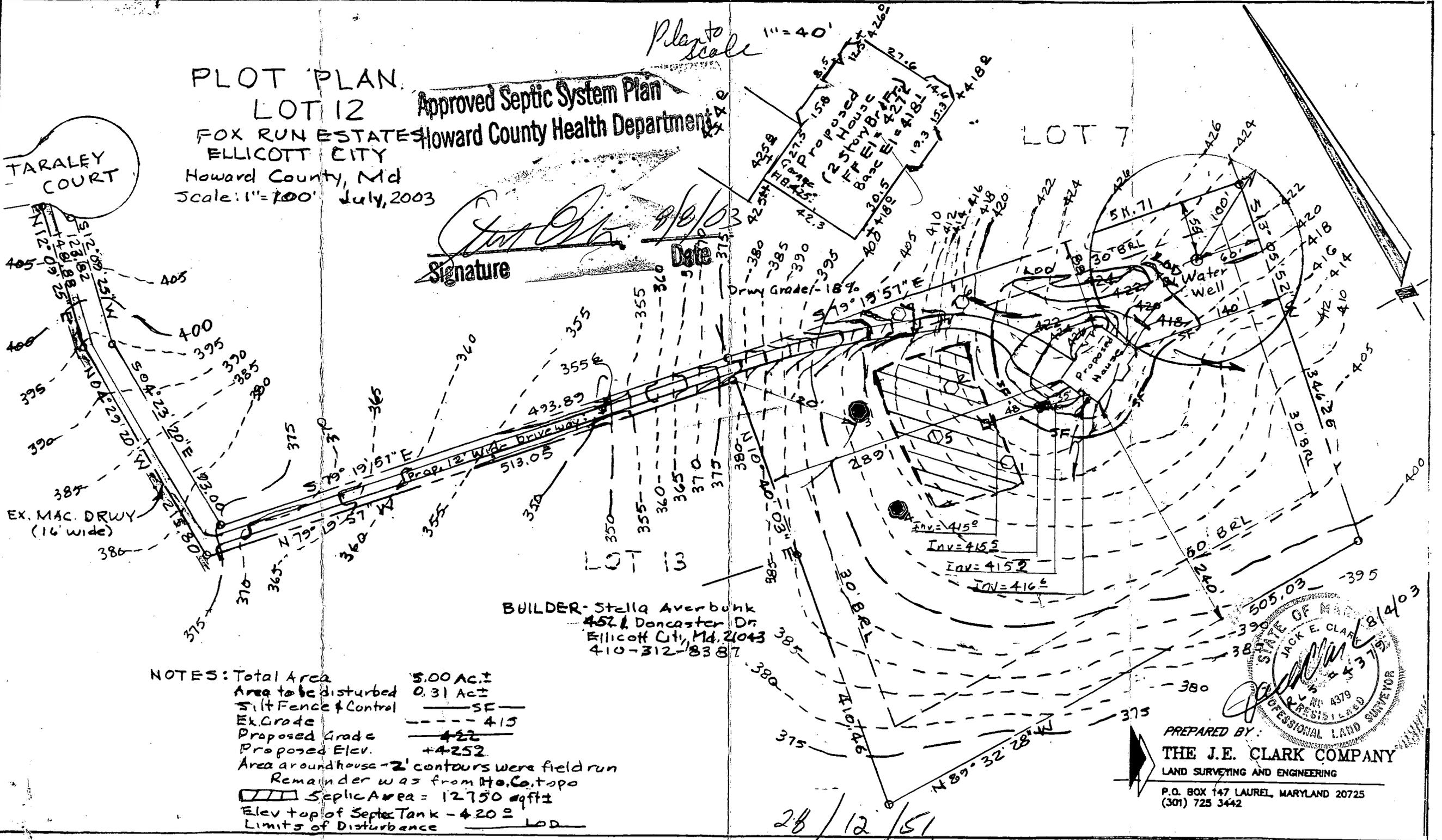
FOX RUN ESTATES
ELLICOTT CITY
Howard County, Md
Scale: 1" = 100'
July, 2003

Approved Septic System Plan
Howard County Health Department

Plot to scale 1" = 40'

TARALEY COURT

[Signature]
Signature
Date 8/6/03



NOTES: Total Area 5.00 Ac.±
 Area to be disturbed 0.31 Ac.±
 Silt Fence & Control ——— SF ———
 Ex. Grade ——— 415
 Proposed Grade ——— 422
 Proposed Elev. +4252
 Area around house - 2' contours were field run
 Remainder was from Ho. Co. topo
 [Hatched Box] Septic Area = 12750 sqft±
 Elev top of Septic Tank - 420 ±
 Limits of Disturbance ——— LOD

BUILDER - Stella Averbunk
 452 1/2 Doncaster Dr
 Ellicott City, Md. 21043
 410-312-8387

505.03 395
 390
 38
 STATE OF MARYLAND
 JACK E. CLARK
 No. 4379
 REGISTERED
 PROFESSIONAL LAND SURVEYOR

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

28/12/03

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 SUITES
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 TARALET CT
ELLCOTT CITY, MD 21042

Submersible Pump Data

Make: Silverstar
Model #: 7194521252
Pump Capacity 5 GPM
Well Yield: 7.6 GPM

Pitless Adapter

Make: American
Model #: PT500
Depth: 48 (36" min)
NSF approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 33.6 (feet)
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] 12-20-04
Signature of company representative responsible for installation date

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 <u>A43596</u>	
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 7/24/03 OK (S)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-3708</u>
OWNER <u>BRICK HOUSE FARM</u> STREET OR RFD <u>TARALEY COURT</u> SUBDIVISION <u>FOX RUN ESTATES</u>		TOWN <u>CLARKSVILLE</u>	LOT <u>12</u>
WELL LOG Not required for driven wells		GROUTING RECORD (yes <input checked="" type="checkbox"/> no <input type="checkbox"/> WELL HAS BEEN GROUTED (Circle Appropriate Box) <u>Y</u> <u>N</u>	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>	
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	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)	
<u>Sand</u> <u>Cray mica</u> <u>Rock</u>	<u>0</u> <u>36</u> <u>36</u> <u>445</u> ✓	Casing types insert appropriate code below <u>ST</u> <u>CO</u> <u>PL</u> <u>OT</u>	
		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>	
		OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____	
		SCREEN RECORD screen type or open hole insert appropriate code below <u>ST</u> <u>BR</u> <u>HO</u> <u>PL</u> <u>OT</u>	
NUMBER OF UNSUCCESSFUL WELLS <u>0</u>		DEPTH (nearest ft.) <u>40</u> <u>38</u> <u>445</u>	
WELL HYDROFRACTURED <u>Y</u> <u>N</u>		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.		E A C H S C R E E N 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76	
DRILLERS LIC. NO. <u>MSD024</u> DRILLERS SIGNATURE <u>[Signature]</u> (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. <u>D</u>		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 _____	
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.) T _____ W Q _____	
		TELESCOPE CASING LOG INDICATOR OTHER DATA	
		PUMPING TEST <u>3</u> HOURS PUMPED (nearest hour) <u>8</u> <u>9</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) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> 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 _____ CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <u>+</u> above _____ LAND SURFACE _____ <u>-</u> 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) 	

B 1 **5138**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
518993 please type

STATE PERMIT NUMBER

HO-94-3708
fill in this form completely

Date Received (APA)

06-04-03

OWNER INFORMATION

Brick House Farm
15 Last Name Owner First Name 34
4649 Sheppard Lane
36 Street or RFD 55
Cllicott City Md 21043
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL

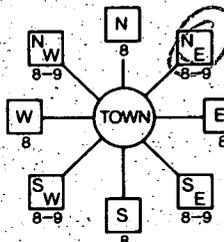
8 COUNTY **Howard** 21
23 SUBDIVISION **Fox Run Estates** 42
SECTION **44** 46 LOT **12** 48 50
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **3 1/2** M 73 76 77 78

DRILLER INFORMATION

Joseph E. Mayna **MSD024**
Driller's Name 76 License No. 81
Joseph E. Mayna well Drilling
Firm Name
5512 Ridge Rd Mt Airy Md 21771
Address
Joseph E. Mayna **5/29/03**
Signature Date

B 4

1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Taralee Court
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
34 **1/250** 37
DISTANCE FROM ROAD FT
ENTER FT OR MI 38 39
TAX MAP **28** BLK: **12** PARCEL **51**

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE **4**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A43596**
COUNTY NAME COUNTY NO.
STATE SIGNATURE **[Signature]** INSERT S
DATE ISSUED **06-18-03** **Steven R. Kroy** **06/18/04**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **512 000** EAST GRID **817 000**
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
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

SOURCES OF DRILLING WATER

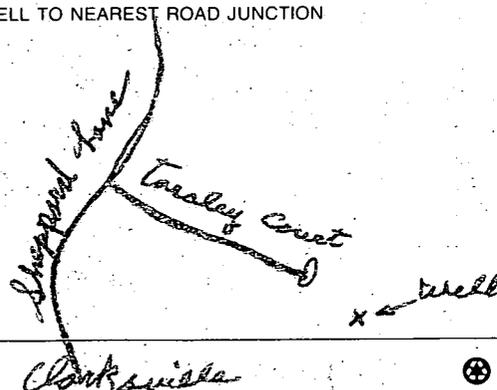
- 1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **817**
N **512**
000
000

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

N

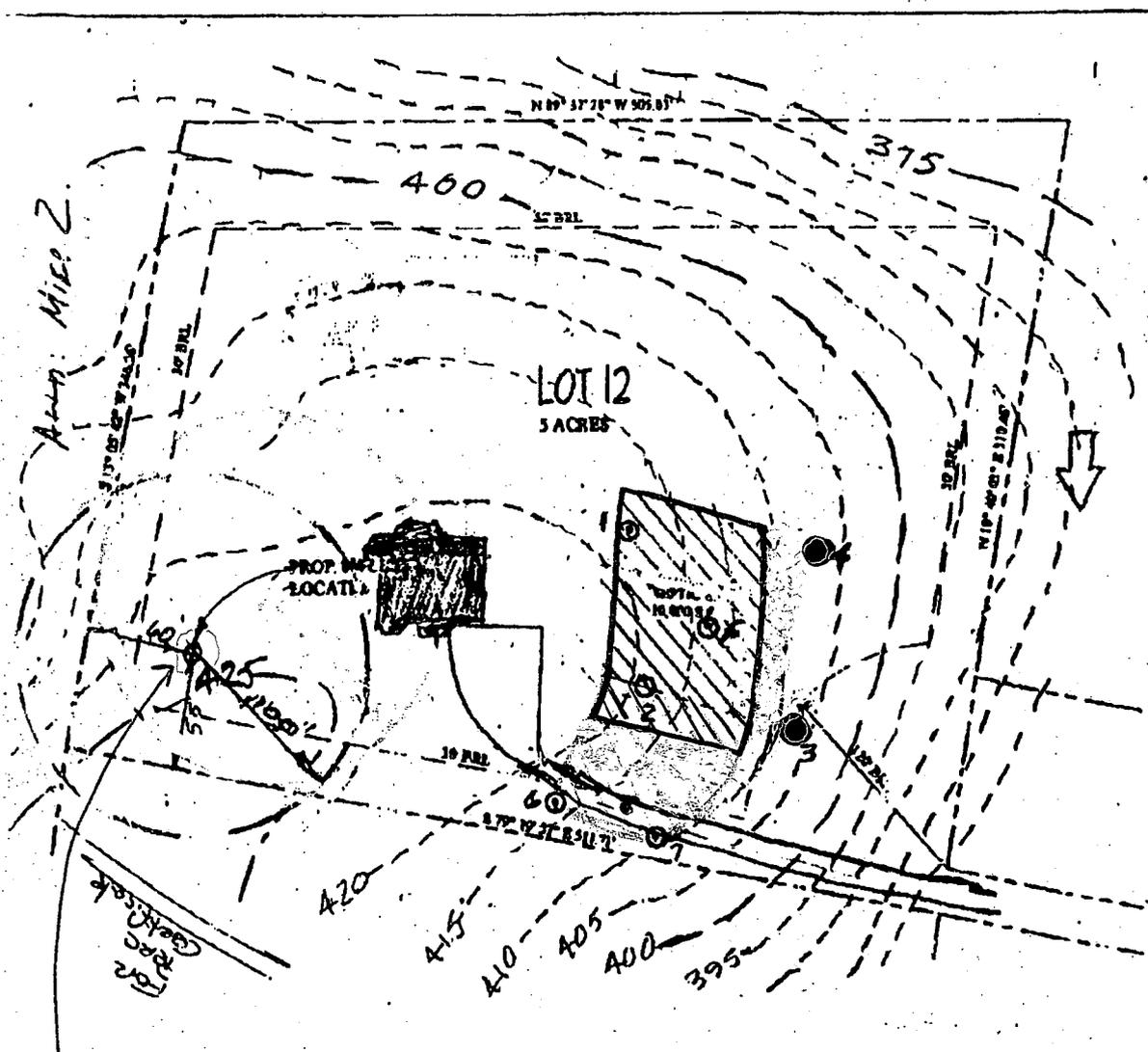


Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER **G**
PERMIT No. **HO 94 3708**
70 71 72 73 74 75 76 77 78 79

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 ~~area~~ original SDA.

PERC TEST INFO

1" = 100'
 Fox Run Estates - Lot 12
 April, 2003
 ○ 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



Preliminary
4/12/89
1:30

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. H 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 William FOR TILE FIELD - PENDING PLAT DATE 4/12/89

REJECTED BY _____ FOR _____ DATE _____

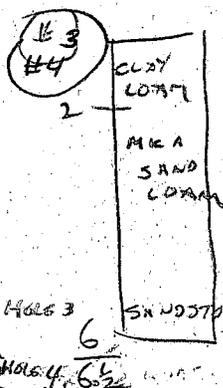
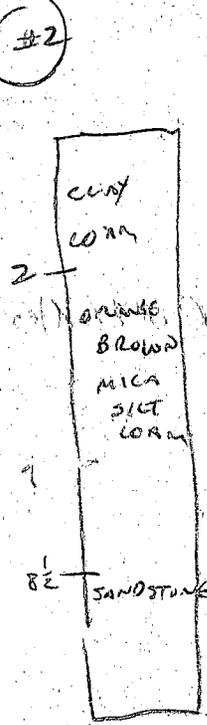
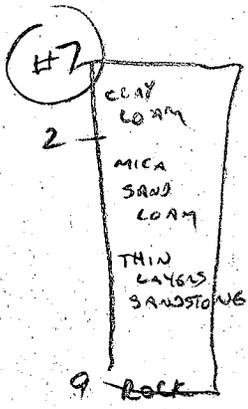
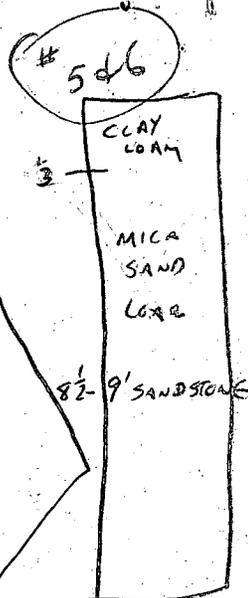
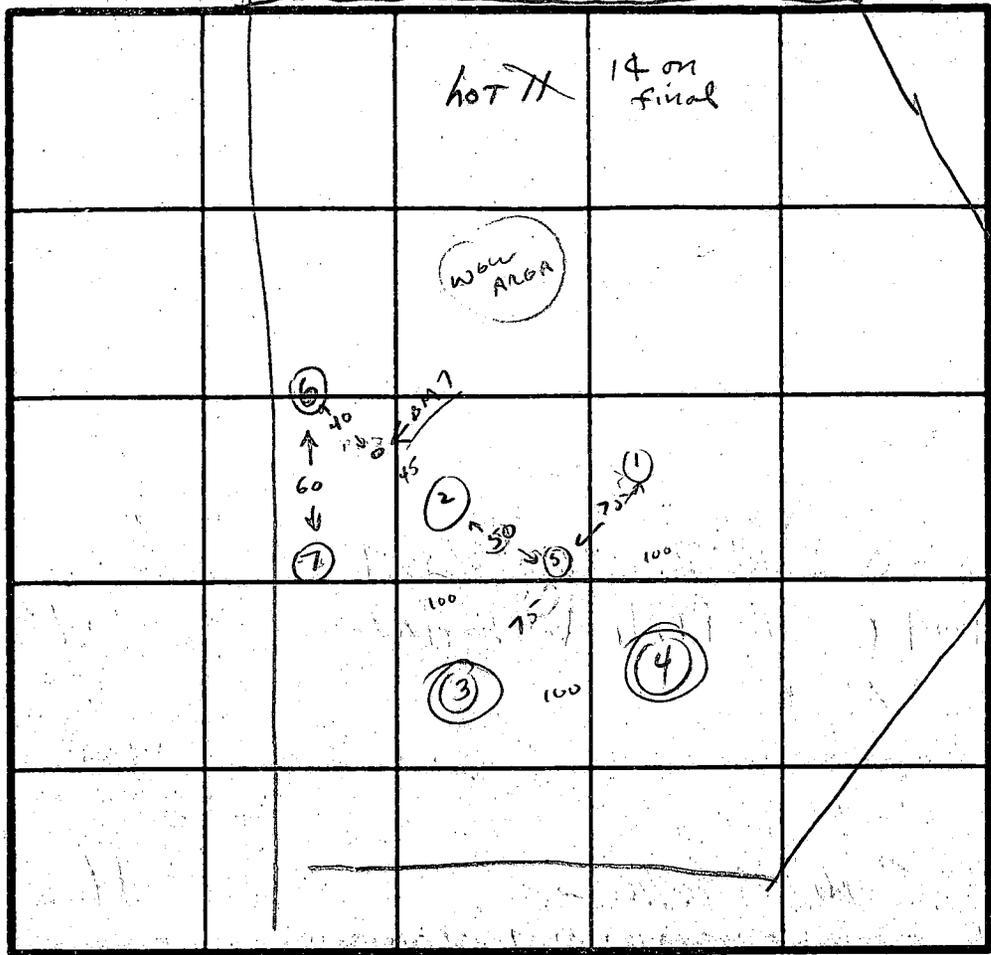
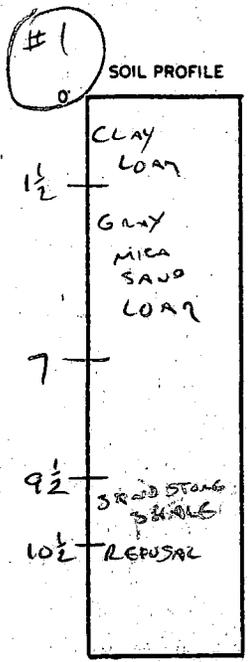
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

A# 43596



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

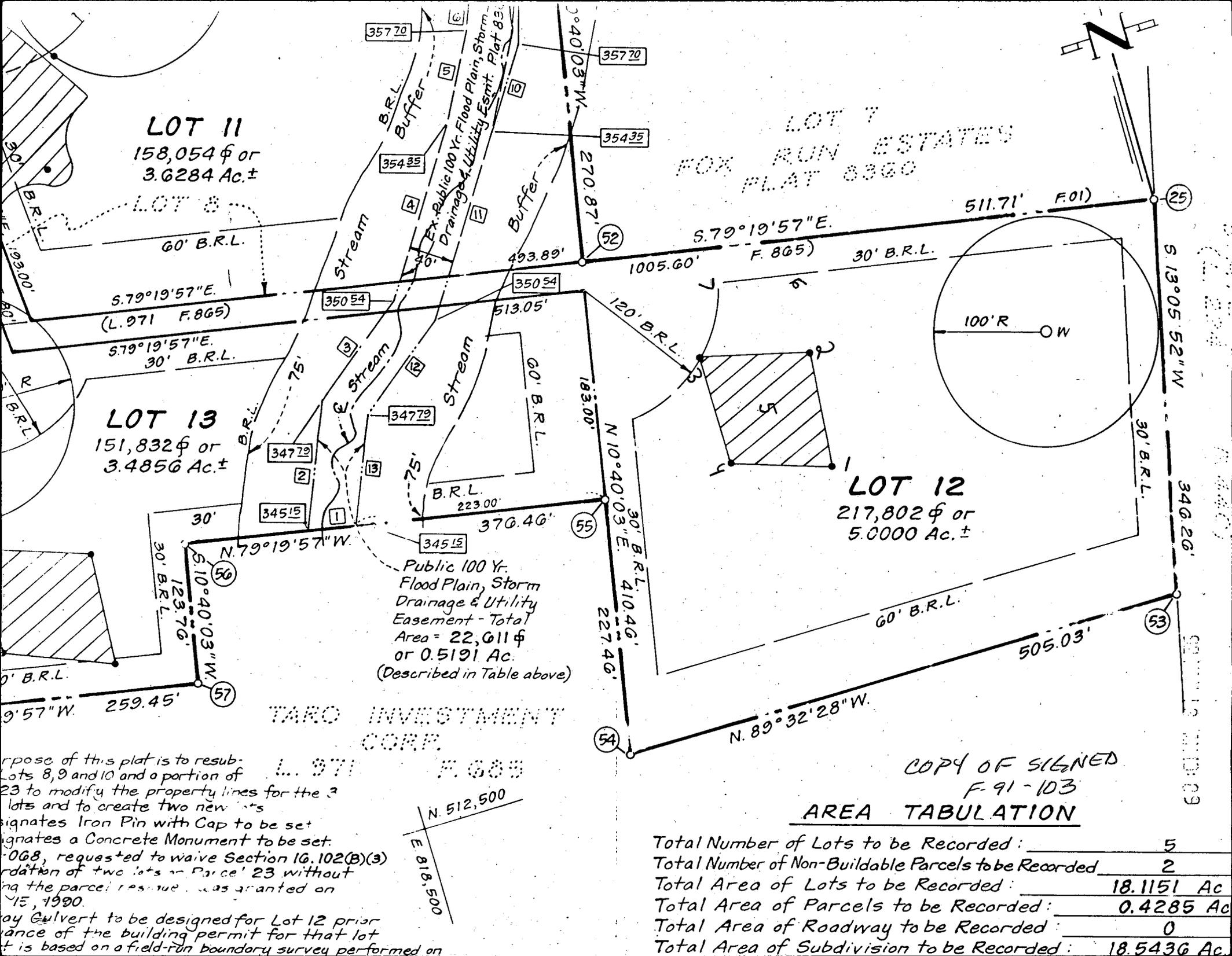
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4	1	3	2:48	2:50	2:50	2:52	2 MIN	OK SHALLOW
		7	2:48	2:50	2:50	2:52		
		9 1/2'	SANDSTONE/SHALE					
	2	3	2:55	3:01	3:01	3:22	21 MIN	OK SHALLOW
		7	2:54	3:00	3:00	3:09		
		8 1/2'	ROCK					
	(3)		ROCK AT 6'		FAILS			
	(4)		ROCK 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, NCGO FIELD RUNKELBU, OF PEAC HOUSE AND WELL SITE

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

TESTED BY C. WOODRUFF ALSO PRESENT BATH, TANO

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



LOT 11
158,054 ϕ or
3.6284 Ac. \pm

LOT 7
FOX RUN ESTATES
PLAT 8360

LOT 13
151,832 ϕ or
3.4856 Ac. \pm

LOT 12
217,802 ϕ or
5.0000 Ac. \pm

Public 100 Yr.
Flood Plain, Storm
Drainage & Utility
Easement - Total
Area = 22,611 ϕ
or 0.5191 Ac.
(Described in Table above)

TARO INVESTMENT
CORP.

L. 971 F. 685

N. 512,500
E. 818,500

COPY OF SIGNED
F 91-103

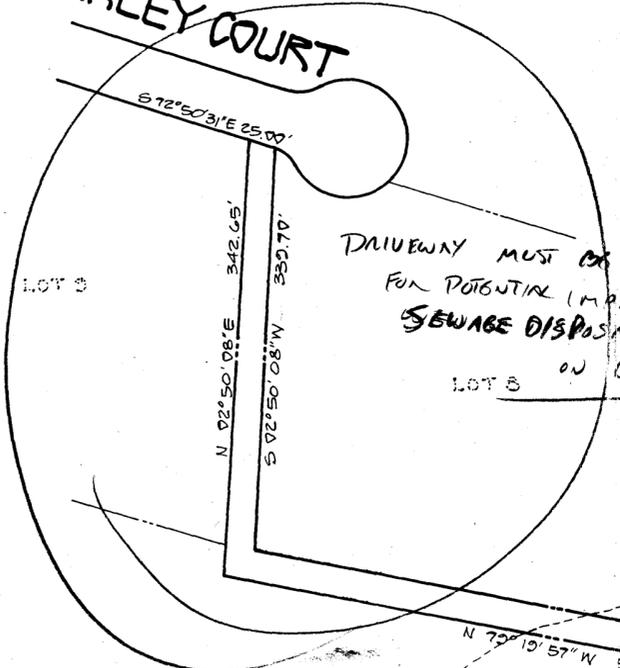
AREA TABULATION

Total Number of Lots to be Recorded:	5
Total Number of Non-Buildable Parcels to be Recorded:	2
Total Area of Lots to be Recorded:	18.1151 Ac
Total Area of Parcels to be Recorded:	0.4285 Ac
Total Area of Roadway to be Recorded:	0
Total Area of Subdivision to be Recorded:	18.5436 Ac

Purpose of this plat is to resub-
divide Lots 8, 9 and 10 and a portion of
Parcel 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.
F. 068, requested to waive Section 16.102(B)(3)
in the subdivision of two lots in Parcel 23 without
requiring the parcel resub- was granted on
1/15, 1990.

Survey Gulvert to be designed for Lot 12 prior
to issuance of the building permit for that lot
+ is based on a field-run boundary survey performed on

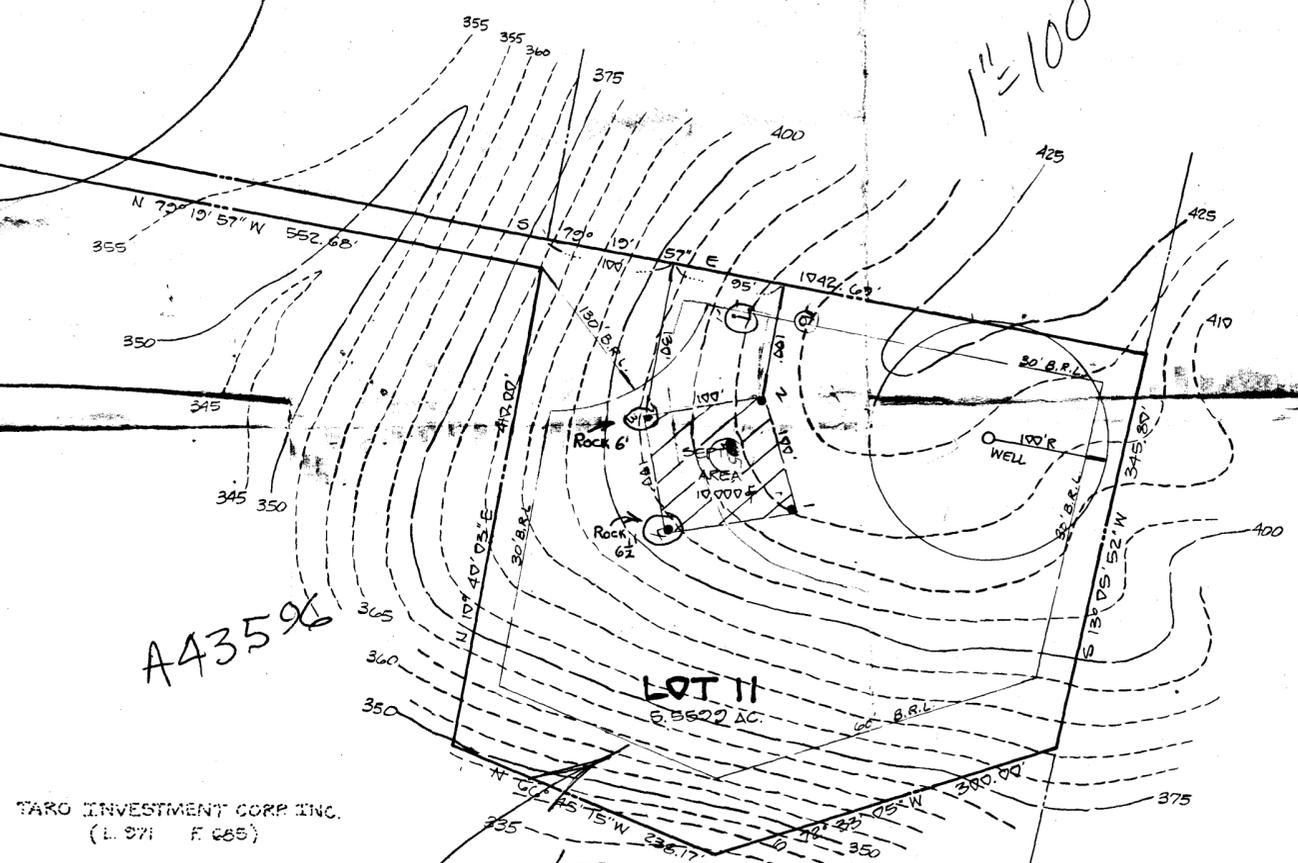
TARALEY COURT



DRIVEWAY MUST BE REVICED
FOR POTENTIAL IMPACT ON
SEWAGE DISPOSAL EASEMENT
ON LOT 8



1" = 100'



A43596

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

Lot # 11 on Paper Copy
of final plat
submitted
Final Plat Lot 12

STATE OF MARYLAND
(L. 224 F. 44)

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

4532

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
 B00143430**

Building Address 4532 ~~14th~~, Towson, Md
Ellicott City, MD 21042

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

Census Tract 60510 Subdivision FY Row Estates

Section _____ Area _____ Lot 12

Tax Map 4532 Parcel 51 Grid 7E

Zoning REO-C Map Coordinates 14F1 Lot size 5.00 Ac

Property Owner's Name Stella Averback

Address 4532 Dunwoode Dr

City Ellicott City State MD Zip Code 21042

Home Phone (410) 750-0173 Work Phone 410-312-8387

Applicant's Name & Mailing Address, (if other than stated hereon):
call 410-312-8387

Phone _____ Fax 410-312-8614

Existing Use Residential

Proposed Use Residential New SFD

Estimated Construction Cost \$ 350,000

Description of Work RECONSTRUCT SFD. REPAIR ROOF, SBR, REPAIR FLOORING, W/IN. 11/15/02. 465 SQ. L.F. MINIMUM

Contractor Company SHA

Contact Person Stella Averback

Address 4532 Dunwoode Dr

City Ellicott City State MD Zip Code 21042

License No. _____

Phone (410) 312-8387 Fax (410) 312-8614

Occupant or Tenant Stella Averback

Contact Name Stella Averback

Address 4532 Dunwoode Dr

City Ellicott City State MD Zip Code 21042

Phone 410-312-8387 Fax 410-312-8614

Engineer or Architect Company J. PATRICK R. BURNS

Contact Person J. Patrick R. Burns

Address 8412 Beldale Court

City Baltimore State MD Zip Code 21286

Phone (410) 613-9866 Fax (410) 531-8070

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular <input type="checkbox"/>	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>50'-0"</u> <u>68'-6"</u> 2nd floor: <u>50'-0"</u> <u>51'-0"</u> Basement: <u>50'-8"</u> <u>48'-2"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms: <u>5</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 HERETO; (4) THAT HE/SHE WILL BE RESPONSIBLE FOR ANY WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name Stella Averback
 Date 8/16/2003

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

DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
		From: <u>120'</u> Rear: <u>40'</u> Side: <u>NA</u>	<u>59134</u>
		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Ejring fee \$ <u>100</u>
		Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
		Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
		Lot Coverage for New Town Zone _____	TOTAL FEES \$ _____
		SDP/Red-line approval date _____	Sub-total paid \$ _____
			Balance due \$ _____
			Validation # <u>30180</u>
			Accepted by <u>DE</u>

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00049458 KN

Building Address Tarnley Ct.
Elicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract G05101 Subdivision FOR RUN EST
Section _____ Area _____ Lot 12
Tax Map 29 Parcel 51 Grid 7
Zoning RC-010 Map Coordinates _____ Lot size _____

Property Owner's Name Stella Overburkh
Address: 4521 Doncaster Dr.
City Elicott City State MD Zip Code 21043
Home Phone 410-750-0472 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 Install 1000gal under
ground propane tank with gas line
to house slab installed by other

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

Occupant or Tenant 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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	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"/>
Use group: _____	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 _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement: <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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 _____	

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Leon Kucharski
Carroll Fuel Co
Title/Company _____

Print Name LEON KUCHARSKI
Date 7-16-04

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	<u>7/19/04</u>	<u>Karen Noonan</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 59323

Filing fee \$ 100
Permit fee \$ 10
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ 110
Sub-total paid \$ _____
Balance due \$ _____
Check # 9095
Validation # 23540

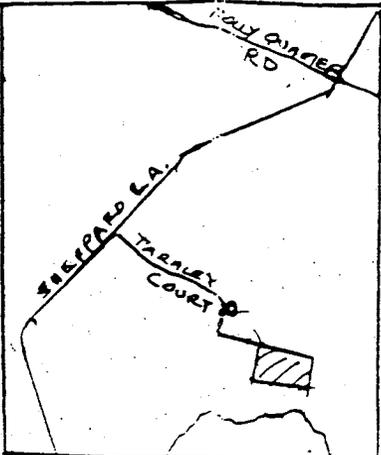
Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

PLAN DISTANCE 400.0'

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

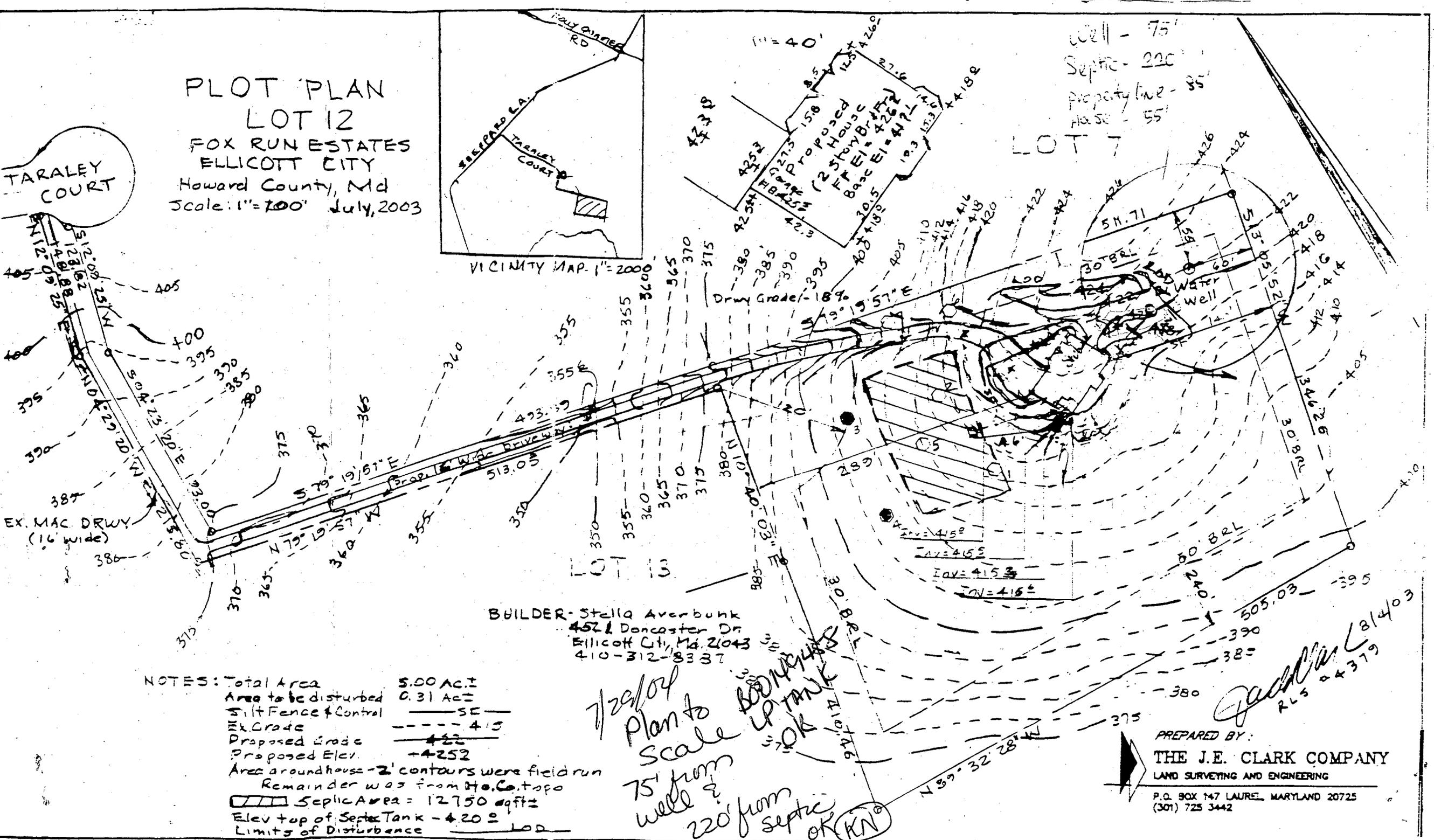
TARALEY COURT



VICINITY MAP 1"=2000'

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

LOT 7



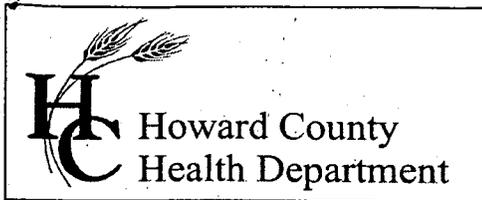
BUILDER - Stella Averbunk
4521 Doncaster Dr
Ellicott City, Md 21043
410-312-8337

- NOTES:
- Total Area 5.00 AC ±
 - Area to be disturbed 0.31 AC ±
 - ± 1/2" Fence & Control SE
 - ± 1/2" 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 ±
 - Limits 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

John Clark
8/4/03
PLS - 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