

2/13/96
C/O 2:00
Final
3-13-96 WPT
House come + WPT
3-21-96 anytime

PERMIT

04-32 9090

SEWAGE DISPOSAL SYSTEM

P 56485

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41964

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

DATE 3/8/96

313-2938 313-2640

DATE SYSTEM APPROVED 3/21/96

INDEXED

INSPECTOR M. Ripkin

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Choi Property LOT 1 ROAD 3261 Danmark Drive

PROPERTY OWNER Jacobsen Homes, LLC LEE

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 185' up the left lot line and 205' off the same lot line as seen when facing the lot from Danmark Drive. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/11/96

PLANS APPROVED BY Donna K. Soe DATE 7/7/95

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 **AND RETURNED 2-11-99**

PERMIT VOID AFTER TWO YEARS

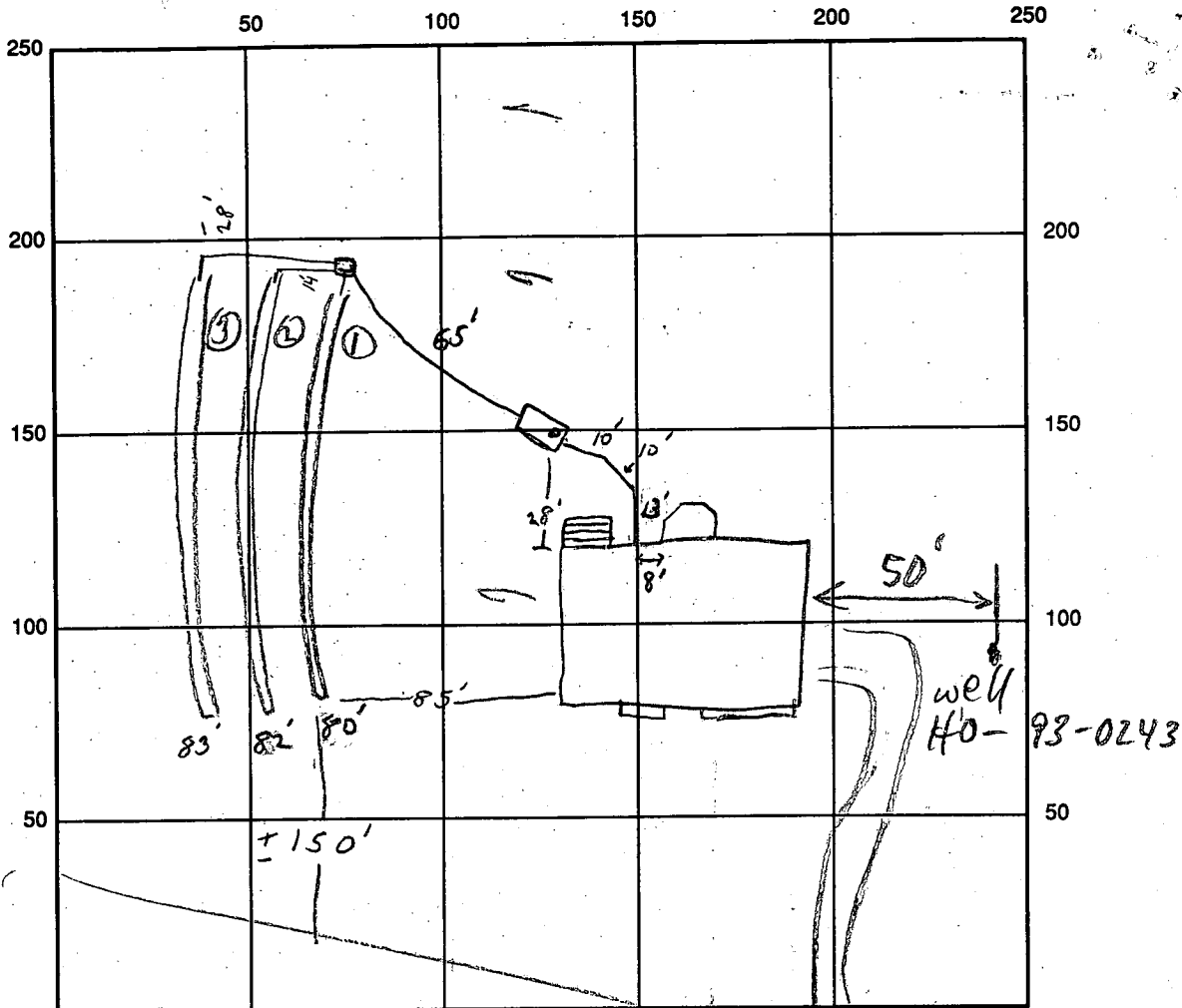
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

SLUG PERMIT SIGN'D
Seault 4/10/116153
ack

A
41964



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DANMARK DRIVE

SEPTIC TANK LEVEL OK CLEANOUTS 1 on Tank
 DISTRIBUTION BOX LEVEL OK BAFELE IN
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH $\frac{1}{80} + \frac{2}{82} + \frac{3}{83}$ FT. } 245
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 735 SQ. FT.
 DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.
 ABSORBENT AREA - SQ. FT.

REMARKS: 3-12-96 NO HOUSE CONNECTION YET, 1ST TRENCH STARTED, TANK + LINE
TO DISTRIBUTION BOX OK TO COVER, JR 3-12-96 WORK COMPLETE
3/21/96 OK TO COVER HOUSE CONN MR

DATE SYSTEM APPROVED 3/21/96 INSPECTOR M. Ripkin

APPLICATION

PERCOLATION TESTING

A 41964

P _____

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

DISTRICT 4TH

DATE March 10, 1988

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 Song ^{AKA} Company, Inc. Jacobsen Homes

ADDRESS 8106 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7541

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 11

ROAD AND DESCRIPTION North side of Barkswood Rd., 1890+ East of Hedges Road.
(3261 Danmark Drive)

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum

BLDG. PERMIT SIGNED

AND RETURNED 2/6/94

Serial # 63303

S.P.O. - 4 Ben

TYPE BLDG

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Dennis M. Bush

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 9/1/88 Perc OK Hold for Plat

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A 41964

P _____

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

DISTRICT 4TH

DATE March 10, 1988

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 Sang Ho Company, Inc.

ADDRESS 8100 Cooper Street, Alexandria, Va. 22309 PHONE (703) 239-7641

PROSPECTIVE BUYER Unknown

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Choi Property LOT NO. 1

ROAD AND DESCRIPTION North side of Burrowswood Rd., 1890' East of Hobbs Road.

TAX MAP 14 PARCEL # 106

SIZE OF LOT 3.00 Acre Minimum TYPE BLDG S.F.O.
(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.

Dennis M. Bush
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

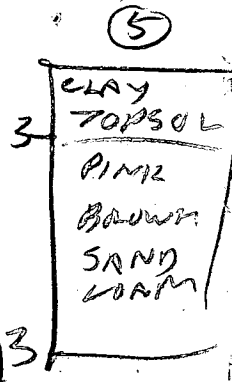
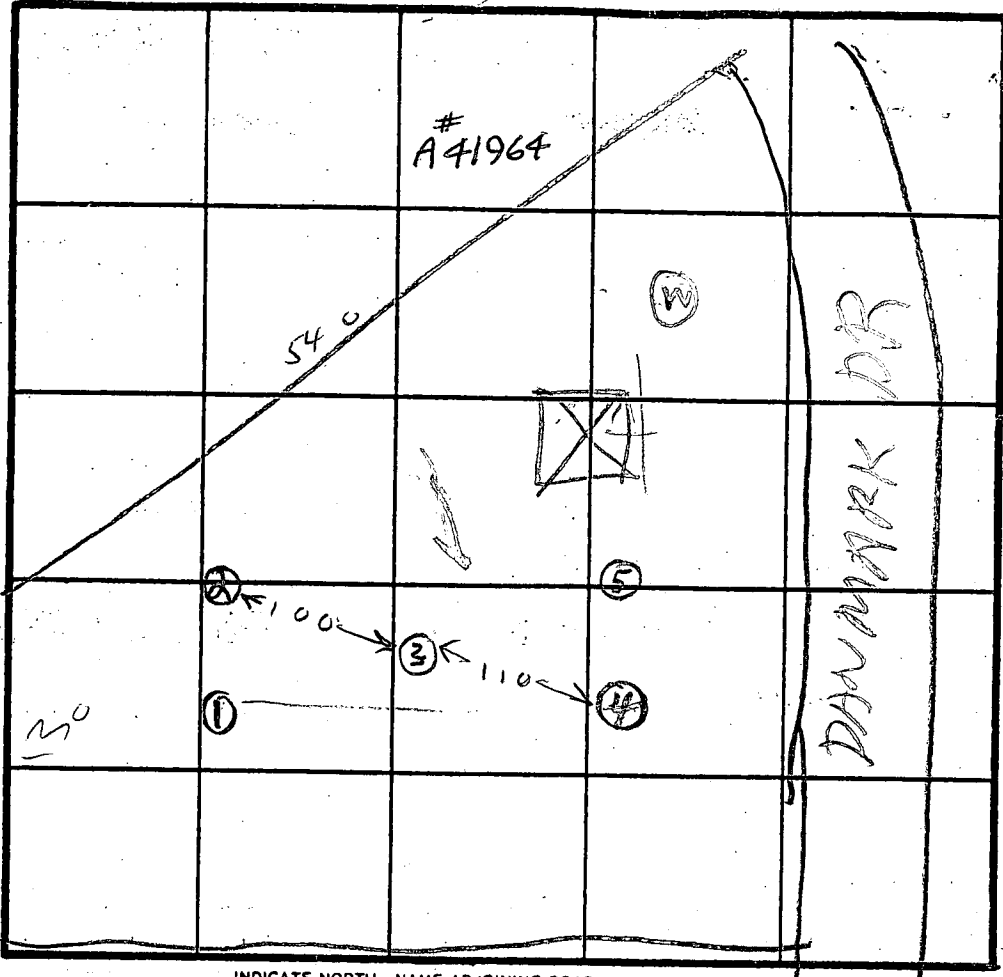
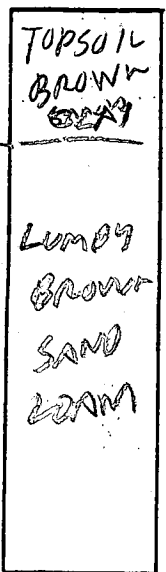
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

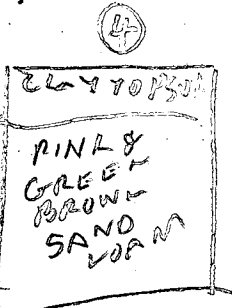
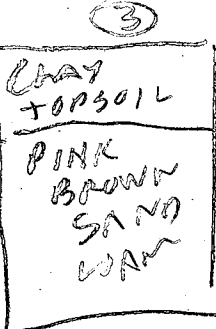
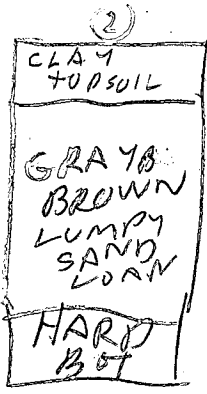
Lot 1
A41964

SOIL PROFILE



X 4 MIN
180 #/GR
INLET 3
BOTTOM 6

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



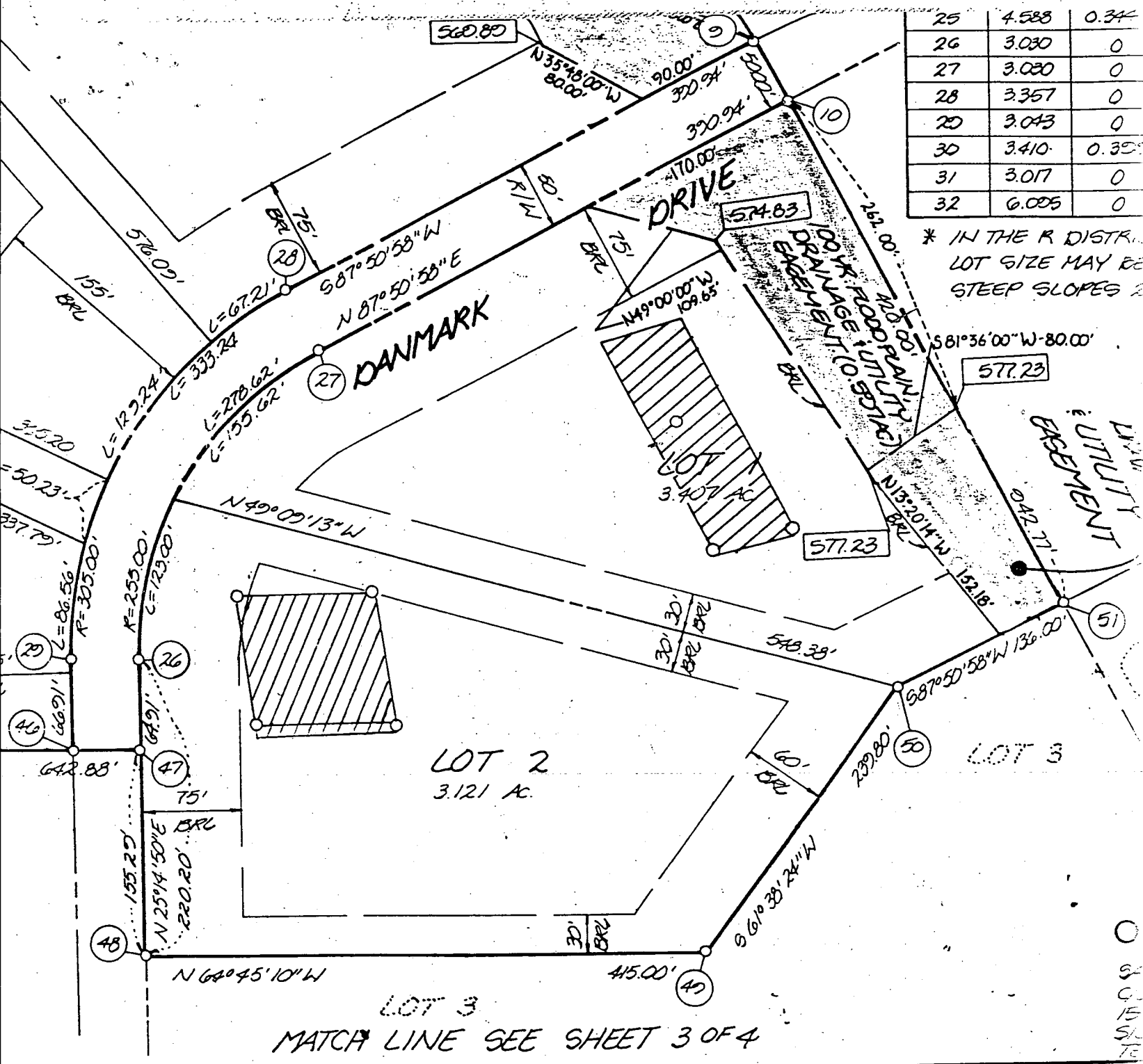
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
9/1/88	1S	6	1123	1125	1125	1130	5
	1V	12	OK				
	2S	4.5	1133	1136	1136	1138	3
	2V	7	1133	1136	1136	1138	3
	2V	10	OK	SHALLOW SYSTEM			
	3V	11	OK				
	4S	4.5	1144	1146	1146	1149	3
	4V	11.5	OK				
9/1/88	5S	5	1151	1152	1152	1154	2
	5V	13	OK				
	6						

REMARKS: Holes Dug Per Surveyor To Test Test Plat

TYPE OF SOIL _____
 TESTED BY B. HODGES ALSO PRESENT WOODY & SKIP OF FLOCK

25	4.588	0.34
26	3.030	0
27	3.020	0
28	3.357	0
29	3.043	0
30	3.410	0.35
31	3.017	0
32	6.025	0

* IN THE R DISTRICT
LOT SIZE MAY BE
STEEP SLOPES



LOT 3
MATCH LINE SEE SHEET 3 OF 4

SURVEYOR'S CERTIFICATE

I hereby certify that the final plat shown hereon is correct, that it is a SUBDIVISION of ALL of the lands conveyed by STANLEY E SULLIVAN AND MARY A. SULLIVAN, HIS WIFE, TO THE S.O. CORPORATION, INC. by deed dated MAY 3, 1988 and recorded in the Land Records of Howard County, Maryland in Liber 1345 at Folio 123 and that all monuments are in place as shown in accordance with the Annotated Code of Maryland, as amended.

William G. Hartel 12-9-88
 William G. Hartel, Professional Land Surveyor, MD. No. 9436 Date

RECORDED AS PLAT 10637-10637

CHC

TAX MAP - 14
 TAX MAP PARCEL NO. - 106
 ZONING -

3/21/96
Anytime

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 _____ Receipt # _____
Replacement _____ Date _____

Name of Installer Bern Lewis Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Jacobsen Homes Telephone _____
Subdivision Choi Property Lot # 1 Well Tag # HO-93-0243
Site Address 3261 Danmark Drive

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

2:45
MR
3/21/96
ALL WORK COVERED @ ARRIVAL

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

*in PI 3/15/96
afternoon*

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3526-H Ellicott Mills Drive
Ellicott City, MD 21043

461-9933
313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Ben Lewis Inc

Telephone 301 428 3905

License Number 11202

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jesperen Coast Co

Telephone _____

Subdivision ~~...~~ Lot # 1

Well Tag # HO-93-0243

Site Address 3261 Denmark Dr

Choi Property

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
No 50303922

Motor
1. Horsepower 1/3
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 P

Pitless Adapter
1. Make _____
2. Model # _____
3. Depth 42

Capacity _____ GPM
exceeds well capacity Yes No _____
Is low pressure cutoff switch installed? Yes No _____
Methods are used to protect the pump and electrical wiring from _____
Torque arrestors Cable guards Other _____

Capacity 180
Pressure relief valve? yes

Piping
1. Type Blk 1/2" x 1/2"
2. Size _____
3. NSF and/or BOCA Code approved yes
4. Depth of supply line _____

Well data
1. Depth 240
2. Yield _____
3. Static water level 301 ft.
4. Will water supply be disinfected by installer? _____

NO (NSP) 3/15/96

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 3/14/96

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 0218

SEQUENCE NO. (MDE 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 IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A496A

ST/CO USE ONLY. DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

021496

021296

240

H0-93-0243

OWNER: Jacobson Homes, STREET OR RFD: Danmark Drive, TOWN: Gerwood, SUBDIVISION: Choi Property, SECTION: , LOT: 1

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: SAND (0-68), GRAY MICA Rock (68-240).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING TYPE (ST, PL, CO, OT), Nominal diameter, Total depth of main casing

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet)

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (Well abandoned and sealed), 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...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph L. Mayne

LIC. NO. 27, DRILLERS SIGNATURE: Barry Mayne

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) table with columns 1-21

DEPTH (nearest ft.) table with columns 23-36

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, W, Q

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3

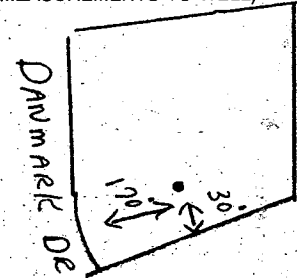
PUMPING TEST

HOURS PUMPED (nearest hour) 3, PUMPING RATE (gal. per min.) 15, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL (distance from land surface) BEFORE PUMPING 43, WHEN PUMPING 77, TYPE OF PUMP USED (for test): S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), 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), LAND SURFACE (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)



FROM
ZOLS

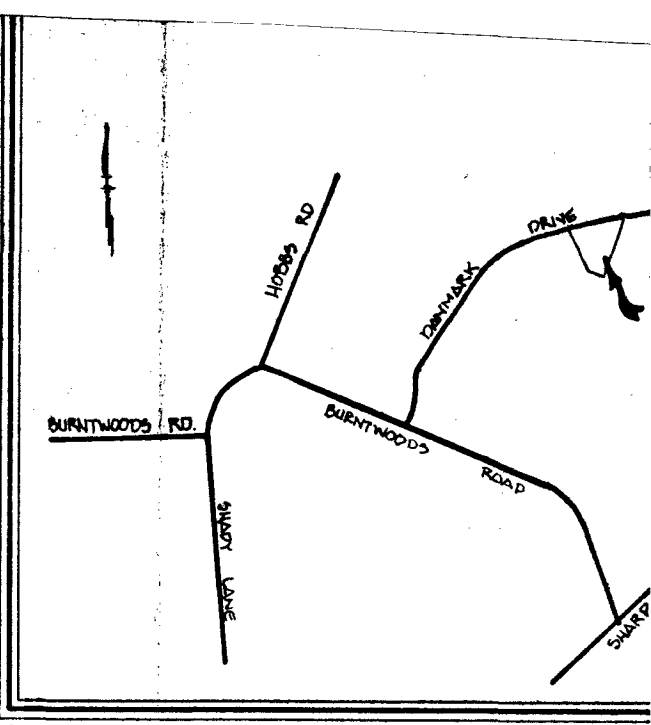
DISTURBED

00 SQ. FT.)

1ST ANNUAL
(JUST 14,
10000 SQ. FT.)
ACT SITE BY
MULCH AND

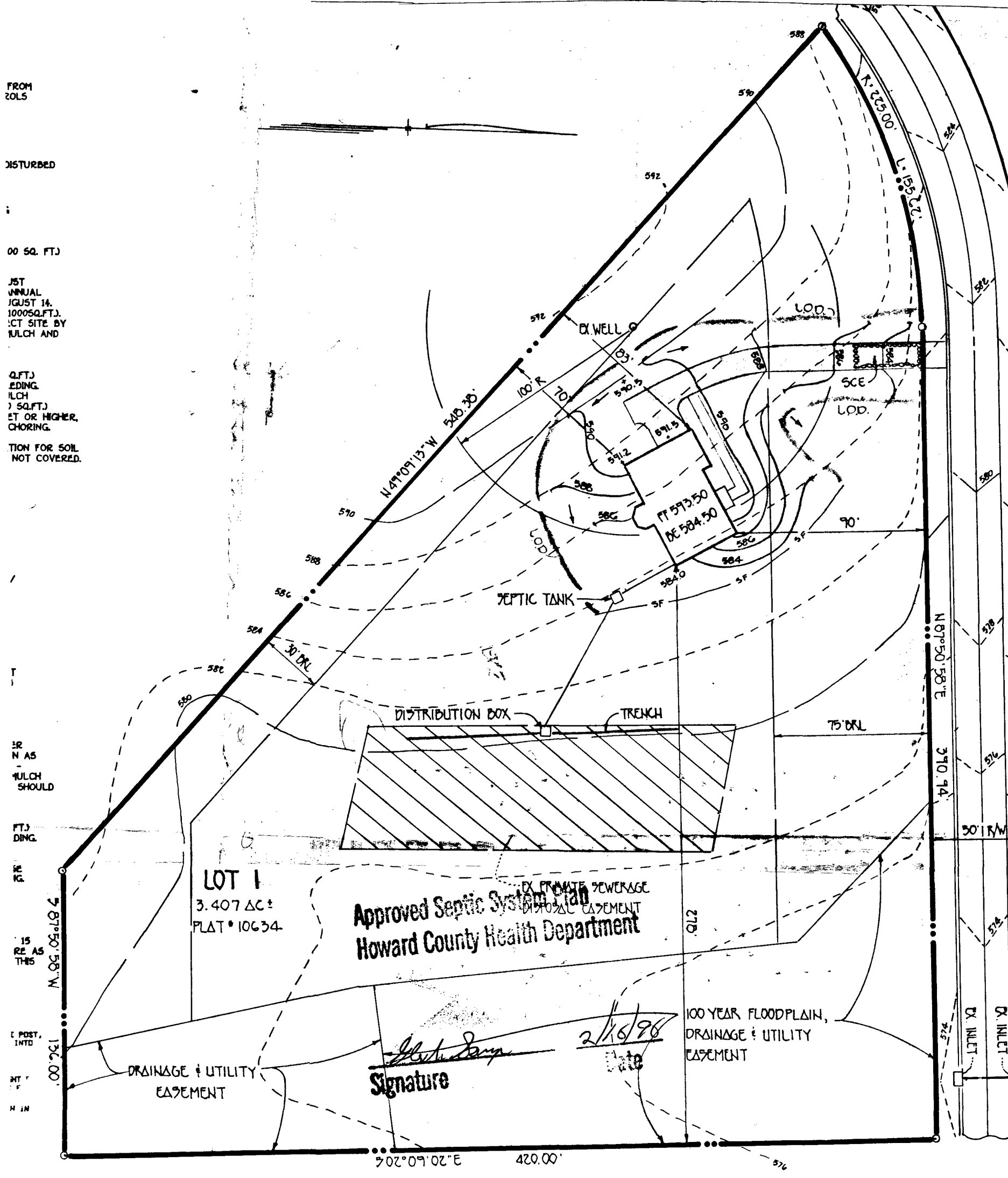
4 FT.)
EDING
MULCH
(50 FT.)
ET OR HIGHER,
CHORING.

TION FOR SOIL
NOT COVERED.



- GENERAL NOTES**
- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
 - PROPOSED 1500 GALLON SEPTIC TANK.
 - A. FIRST FLOOR ELEVATION: 593.50
B. BASEMENT ELEVATION: 584.50
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 582.0
D. INVERT IN AT SEPTIC TANK: 581.4
E. INVERT OUT AT SEPTIC TANK: 581.1
F. PROPOSED GRADE OVER SEPTIC TANK: 584.0
G. INVERT AT DISTRIBUTION BOX: 577.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 580.0
 - LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
 - CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.
 - THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.

DANMARK DRIVE



1ST SECTION
20' ABOVE

UNDISTURBED
GROUND

1ST DRIVEN A
3" 16" INTO
TD

SYMBOL

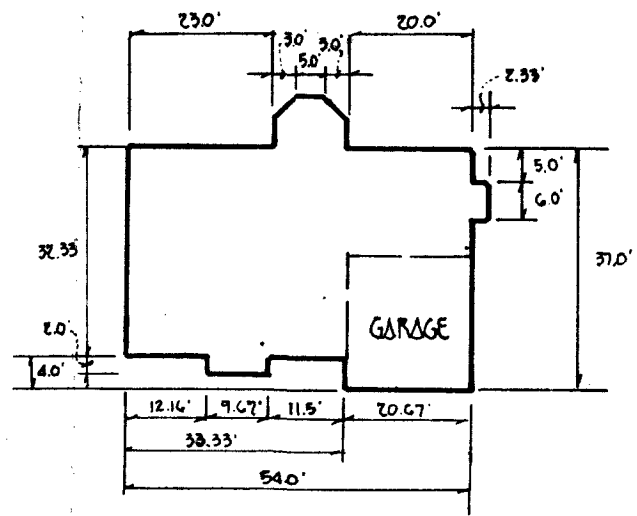
the
diameter
will be
feet.

ties
elements

509
509
322
322

apped.

lined when
height.



**PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
CHOI PROPERTY
LOT 1**

TAX MAP 14 PARCEL 106
FOURTH ELECTION DIST. HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: JANUARY 26, 1996