

4/6/90
11/3/90
11/6 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-340035

INDEXED

P 45753

A 44769

DISTRICT 4th

DATE 3/29/90

DATE SYSTEM APPROVED 4/6/90

INSPECTOR C. Williams

Frall Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Yoo Property ROAD 3230 Daisy Road LOT 3

PROPERTY OWNER David Haines

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~ 4/0

GARBAGE GRINDER ~~YES~~ ~~NO~~ LOWER SEPTIC FIELD

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 3 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the end-point of the left (862') lot line and 145 feet from the well. Run trenches along contour in both direction.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OKCW

PLANS APPROVED BY C. Williams DATE 10/18/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC 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 APROVAL ON THIS PERMIT**

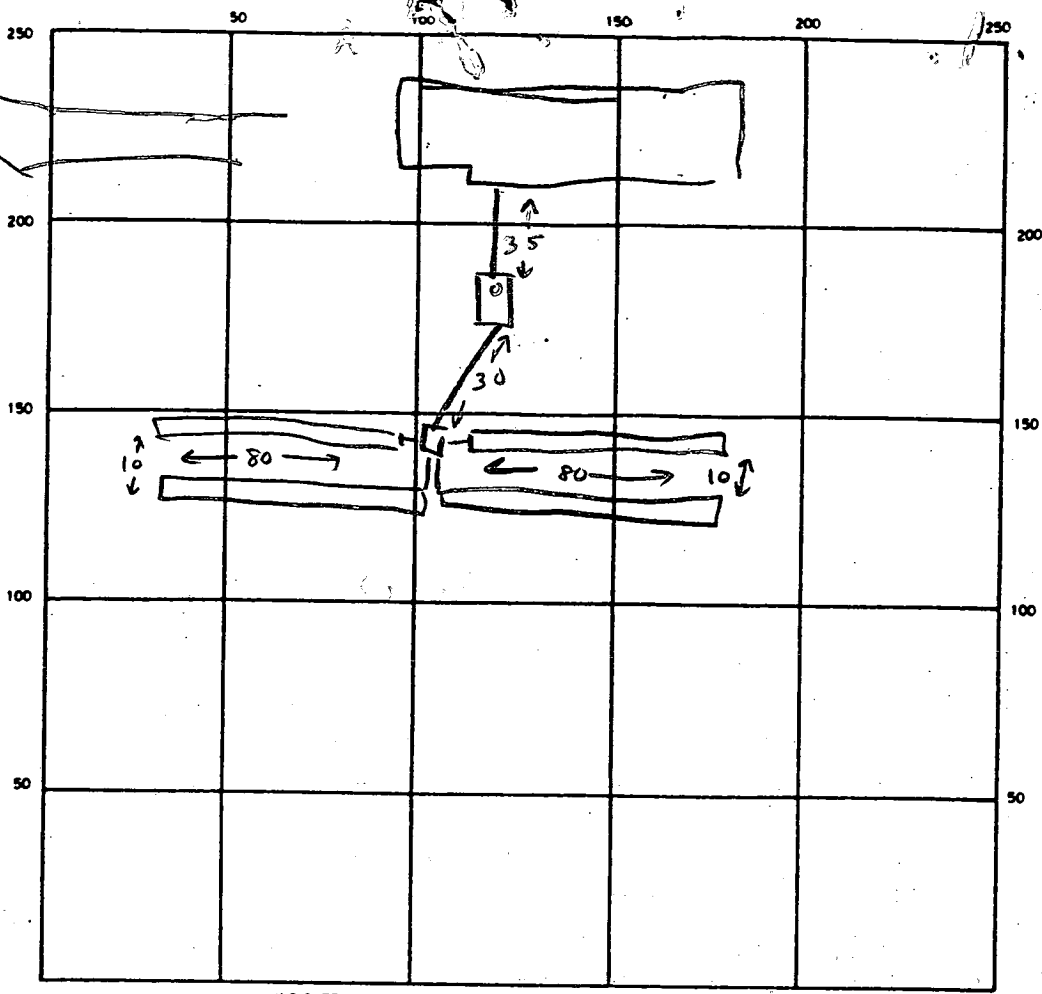
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

A 47764

W68C

FARM BLDGS

DRIVEWAY TO DRASTY RD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ CLEANOUTS ST, INLINE

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 7 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 320 FT.

NUMBER OF TRENCHES 4 (80' each) ONE SIDEWALL/BOTTOM AREA 1280 SQ. FT.

DRYWELL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET - FT.

ABSORBENT AREA 1280 SQ. FT.

REMARKS SOILS LESS PERMEABLE ON SOUTH 1/2 OF SEPTIC AREA. INSTALL
ADDITIONAL 80' OF TRENCH. 1ST 2 TRENCHES OK TO ADD GRAVEL.
OK TO ADD GRAVEL TO 2ND 2 TRENCHES W/O INSP. 4/4/90 CWL
CALL FOR FINAL INSP.
4/6/90 COMPLETED WITHOUT INSP. OF LAST 2 TRENCHES. C.W.

DATE SYSTEM APPROVED 4/6/90 INSPECTOR CWL

APPLICATION

PERCOLATION TESTING

A 44769
P _____

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

Farm Land Preservation
TENANT HOUSE
& MAIN HOUSE

DISTRICT _____
DATE 7-20-89

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 DR. B. YOO

ADDRESS 14357 STILTON CIRCLE SILVER SPRING, MD 20904 PHONE 445-5900/989-2212

PROSPECTIVE BUYER DAVID HAINES

ADDRESS 10498 BALT. NATL. PIKE ELLICOTT CITY MD 21043 PHONE 461-1098/765-4964

PROPERTY LOCATION:

SUBDIVISION 400 Property (PLAT 6886) LOT NO. 3 B (MAIN HOUSE)
Resubdivision 13

ROAD AND DESCRIPTION 3230 DASH ROAD, WOODBINE MD, 21797

TAX MAP 20 PARCEL # 61

SIZE OF LOT 5.5241 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.

David E Haines
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

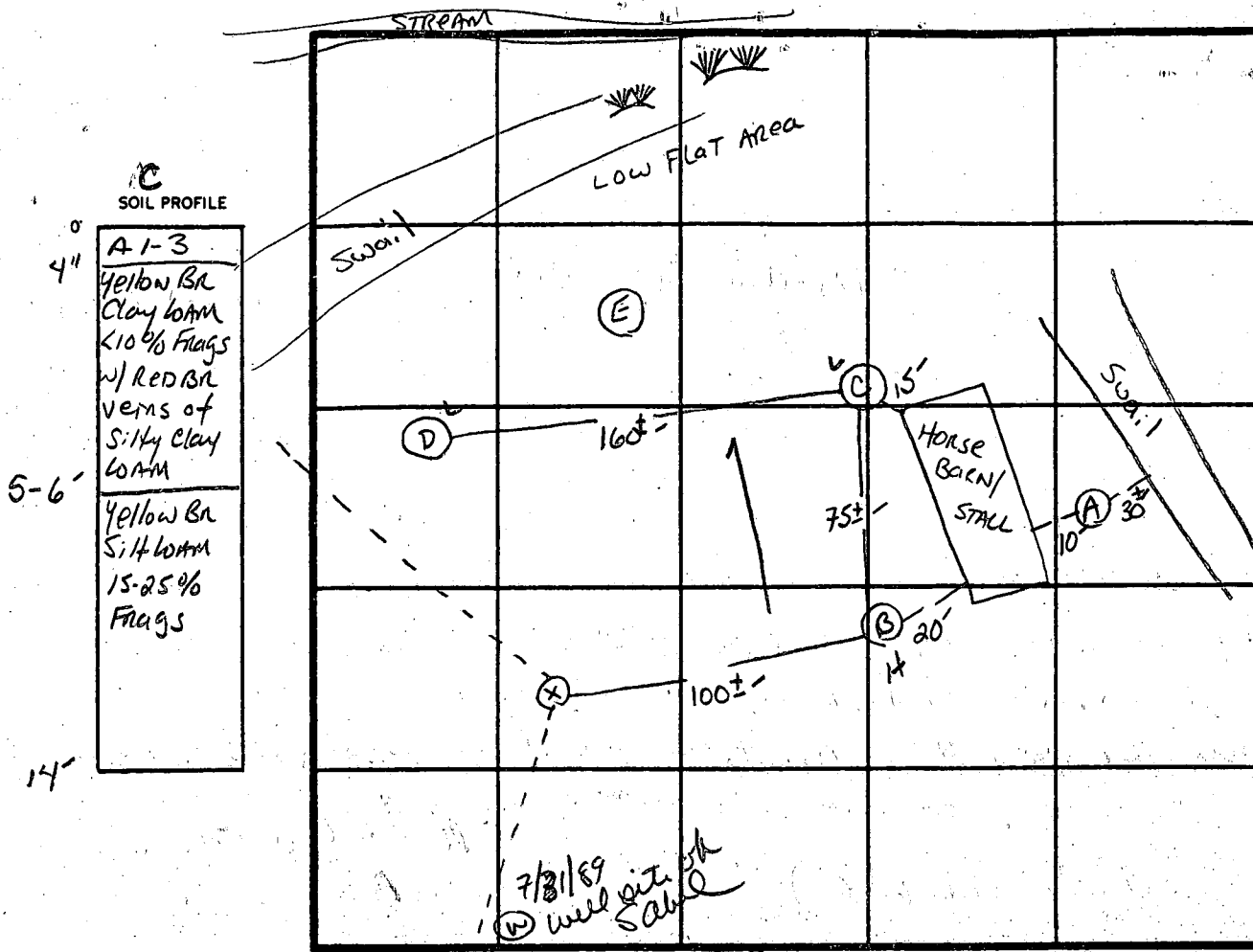
REASONS FOR REJECTION OR HOLDING 7/31/89 perc satisfactory - hold for plat. well with
approved for this SDA & house with 7/31/89 S.A.H.

BP-28281 ISSUED 8/20/89
1 BR PERC AREA A36021
REVISED TO 4 BR ON PERC AREA A44769

THIS IS NOT A PERMIT

*7-28-89
1 PM*

HD-216



̄ Perc 7 min
 180 #/BL
 Inlet 4.5
 Bottom 7.5
 2' wide

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/31/89	A S	6"	10:28	10:31	10:31	10:37	6min
	A V	14"	similar to # C - H ₂ O		trapped above clay		Leaching to lower area
	B S	5.5'	9:55	9:58	9:58	10:03	5min
	B V	14"	similar to # C w/ less clay		AND 30-35% frags		
	C S	6.0'	10:07	10:12	10:12	10:23	11min
	C V	14"	As in profile				
	D S	4.5'	10:23	10:25	10:25	10:29	4min
	D V	14"	similar to C w/ less clay		(best hole)		
	E V	Clay to 10'+	w/ H ₂ O grey clay loam AT 7-8'		possibly zone of H ₂ O intrusion		

REMARKS

TYPE OF SOIL mmol

TESTED BY S. Abel

ALSO PRESENT Jack Fyock
Mr. Hains

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36021

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 9/23/1985

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 BYONG W. YOO David Haines

ADDRESS 3200 Daisy Rd, Woodbine Md 21797 PHONE (301) 622-6890
(202) 546-2208

PROPERTY LOCATION: _____

SUBDIVISION BYONG YOO Property LOT NO. Lot 3 (lot furthest from Daisy Rd)
Block 61, Tract 20

ROAD AND DESCRIPTION 3230 Daisy Rd ~~Acres Residence~~ TENANT HOUSE

SIZE OF LOT _____ TYPE BLDG. _____ (NUMBER OF BEDROOMS) _____

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. Byong W Yoo
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-1-86 Perc Satisfactory - 1560 For Certified hole location, house + well site. S. Abel

BLDG. PERMIT SIGNED AND RETURNED 9/20/85

Serial 175287 SEE #44769
SFD TBR 9/15/89

THIS IS NOT A PERMIT

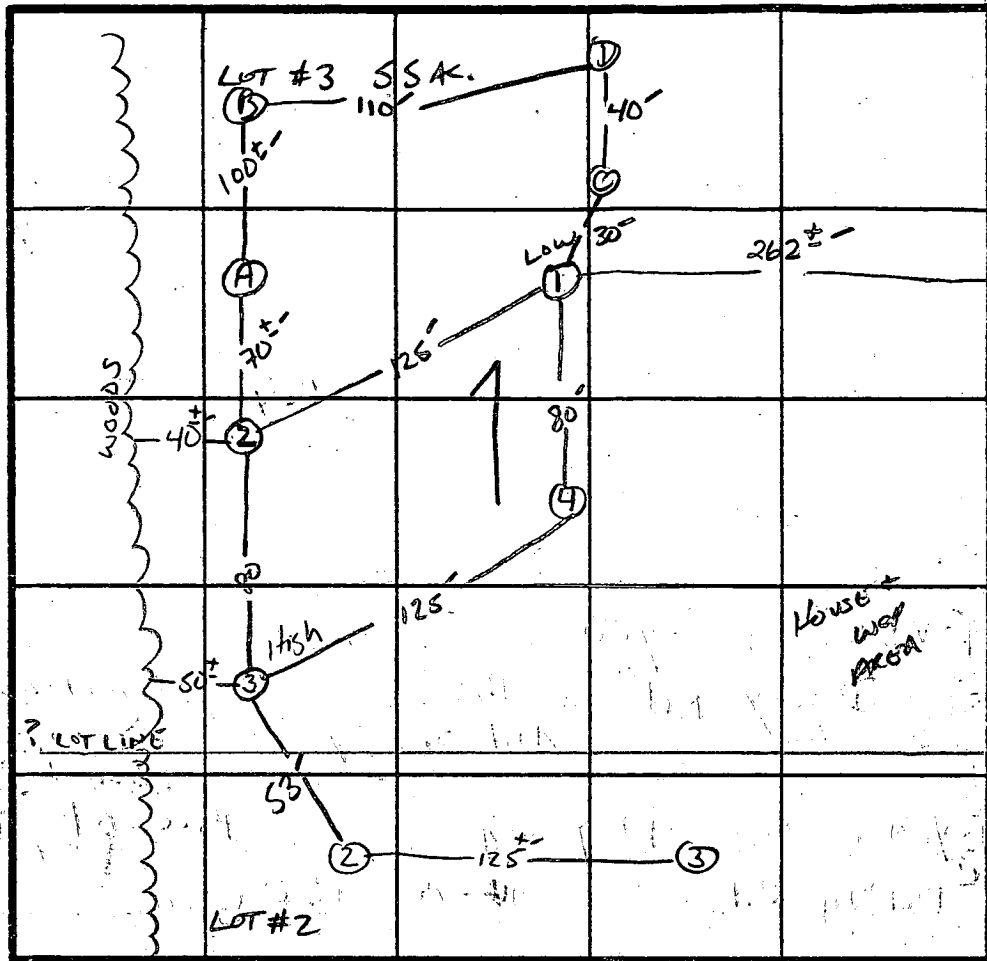
④
① ③

SOIL PROFILE

0	AP
1'	RED BR Silty CLAY Lm. <10% FRAGMENTS
4.5'	Yellow BR SAND SILT Lm. 10-20% FRAGMENTS
12.5'	

②

0	AP
1'	Yellow RED Silty CLAY Lm. <10% FRAGMENTS
4'	Yellow BR Silty SAND Lm. <10% FRAGMENTS
11'	FRAGMENTS 20-30%
13'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
DAISY Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/1/86	1 S	5'	1:49	1:54	1:54	2:01	7min	
	1 M	9'	1:49	1:51	1:51	1:55	4min	
	1 V	12.5'	UNIFORM soil below 5'					
	2 S	4.5'	2:03	2:06	2:06	2:13	7min	
	2 M	9'	2:03	2:06	2:06	2:13	7min	
	2 V	13'	VARYING COMPOSITION see profile					
	3 S	4.5'	2:16	2:21	2:21	2:27	6min	
	3 V	12'	SAME AS HOLE #1					
	4 S	4.5'	2:30	2:34	2:34	2:39	5min	
	4 S	13'	SAME AS 1+3					
	A	ROCK >50% AT 6"						
	B	GOOD SAND LOAM SOIL 4'-13" LITTLE SAND						
	C	CLAY TO 6" + FE ABANDON						
	D	CLAY TO 7" + FE ABANDON						

$\bar{X} = 6 \text{ min}$
INLET 4.5'
BOTTOM 9'
158 A/BR

REMARKS

TYPE OF SOIL

TESTED BY

S. Abel

ALSO PRESENT

HERMAN SLICK, MR. YOO

DASY Rd

3230 DASY Rd
WOODBRIDGE MD
21797
LOT 3
Panel 61

INGRESS / EGRESS
TO LOTS 1, 2, 3 & 4

Trailers

$N15^{\circ}59'17''W$
297.20'

$N23^{\circ}21'32''W$ - 225.52'

LOT 1
(400 PROP)

LOT 2
(400 PROP)

Tenant House

A 36021

7-31-89 SA
well site

7-31-89
well site

ok SA
see perc
sheet

Please check
this file

RED
FLAG

A 44769

BUILDING RESTRICTION LINE

NORTH

LOT 4
(400 PROP)

30 BRL
378.06.47" W

500

475

DAISY WOODS
PLAT NO. 3518

525

555

$S20^{\circ}30'21''W$
445.22'

$S88^{\circ}17'30''W$
588.17.30'

376.60'

862.39'

$N77^{\circ}09'30''E$
190.00'

75' BRL

30' BRL

190.00'

125'

115'

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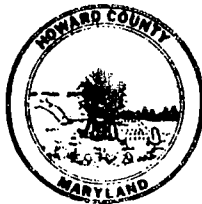
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HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.R.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

August 17, 1989

Mr. David Haines
10498 Baltimore National Pike
Ellicott City, Maryland 21043

RE: Percolation Testing
Yoo Property (Tenant House)
Tax Map 20 Parcel 61

Dear Mr. Haines:

Percolation testing conducted July 31, 1989 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified locations and elevations of all excavated test holes and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Tax Assessment Office

APPLICATION

HOWARD COUNTY
PERMIT APPLICATION

SERIAL NUMBER

28251

DEPARTMENT OF PUBLIC WORKS
BUREAU OF INSPECTIONS LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

3230

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

3200 DAISY ROAD
WOODRIDGE MD 21799

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

BUILDING NEW SINGLE
FAMILY DWELLING 1 STORY
W/RAWL SPACE 1 BR
USING EXISTING ENTRANCE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
3	61			5	1322	19

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
PLAT 0003	R	20	4	

OWNER'S NAME AND ADDRESS
DAVID HAINES
10498 27.40 WEST
ELLICOTT CITY MD 21043
PHONE NO. 461-1098 / 763-4969

OCCUPANT'S NAME AND ADDRESS
DAVID HAINES
10498 27.40 WEST
PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
PHONE NO.

EXISTING USE: VACANT LOT
PROPOSED USE: SINGLE FAMILY DWELLING

EST. CONSTRUCTION COST: \$20,000
LICENSE NUMBER
PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
29'0" x 24'0"	24	24	8'
576 sq. ft.			

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			
	1		

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES			
WATER/WELD	SEWER/SEPTIC	GAS	ELECTRICITY
			BASE BLDG

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed.

AGENT: [Signature]
TITLE: AGENT
DATE: 7-14-89

FOR OFFICE USE ONLY

W/S CODE
DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE: 150'
SIDE YARD: 10'
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
DISTANCE IN FEET FROM SIDE STREET R/W LINE
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET
BACK: (CORNER LOT ONLY)
CONDITIONS (IF ANY)

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	8/20/89	B. Hodges
FIRE PROTECTION		
STORM WATER MGM.		

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
In begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

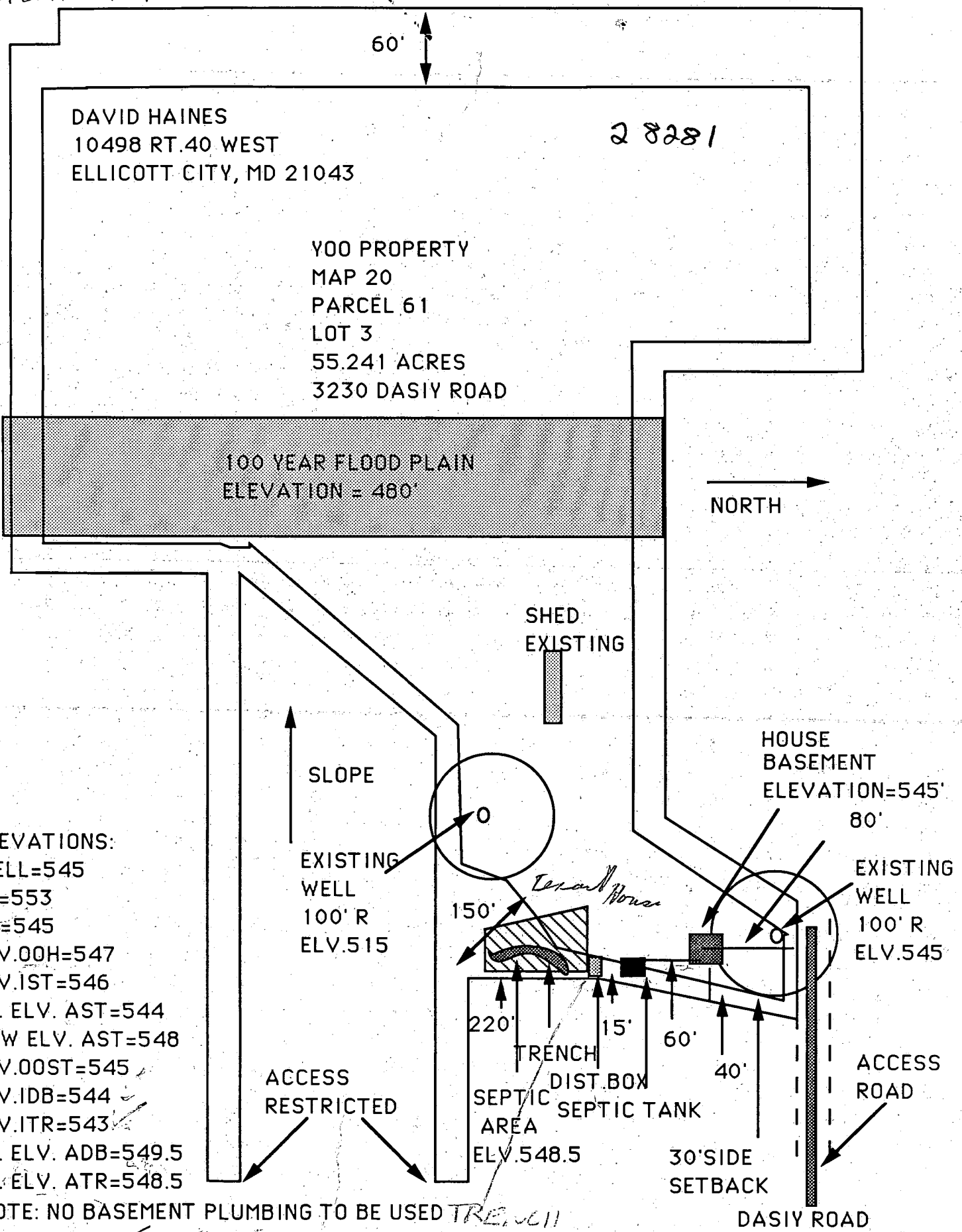
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69 Revised

APPROVED: [Signature]
DATE: [Blank]
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

DAVID HAINS
 10498 Route 40 WEST
 ELLICOTT CITY MD 21043

BP 28281



- ELEVATIONS:
 WELL=545
 FF=553
 BE=545
 INV.00H=547
 INV.1ST=546
 EX. ELV. AST=544
 NEW ELV. AST=548
 INV.00ST=545
 INV.IDB=544
 INV.ITR=543
 EX. ELV. ADB=549.5
 EX. ELV. ATR=548.5

NOTE: NO BASEMENT PLUMBING TO BE USED TRENCH

[S. News]
on Plat
amendment

PLANS OIK

2/30/89 RRT

C1 1130 SEQUENCE NO. (DENV USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 44769

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

082289

082289

140

HO-89-0016

OWNER Haines David last name first name TOWN Lisbon STREET OR RFD Bypass Van Dorn Rd SECTION LOT 3

WELL LOG J 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. Rows: Brown shale 0-63, Blue rock 63-140.

GROUTING RECORD WELL HAS BEEN GROUTED. (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS 17 NO. OF POUNDS 1598

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE 5+ Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 70

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 67 140 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

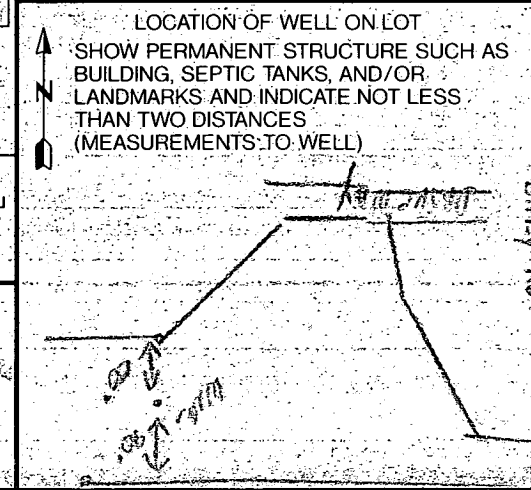
PUMPING TEST HOURS PUMPED (nearest hour) 4 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 3.5 WHEN PUMPING 2.7 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) 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) LAND SURFACE

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 IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



FLAT-C.M.P. NO. 6886

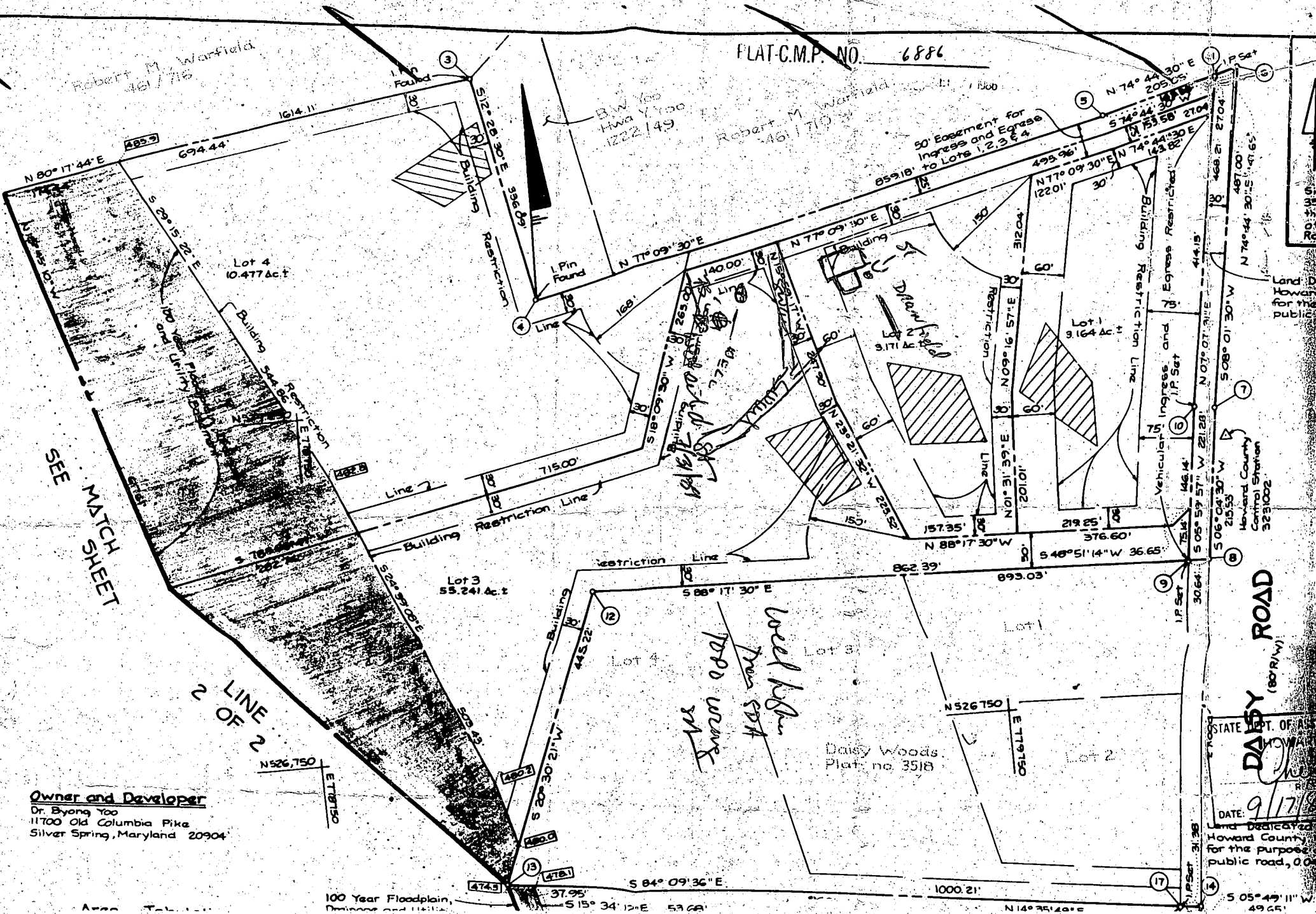
Robert M. Warfield
461716

BW Yoo
Hwa Yoo
1222149

Robert M. Warfield
461710

50' Easement for
Ingress and Egress
to Lots 1, 2, 3 & 4

Land De
Howard
for the
public



SEE MATCH SHEET

LINE 2
2 OF 2

Owner and Developer
Dr. Byong Yoo
11700 Old Columbia Pike
Silver Spring, Maryland 20904

*well below
tree sat
pool water
line*

STATE DEPT. OF ASST
HOWARD

Daisy ROAD
(80' R/W)

DATE: 9/17/18

Land Dedicated
Howard County
for the purpose of
public road, 0.00

100 Year Floodplain,
Drainage and Utilities

35.1
39.4
of the
Rd
R&R

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 X Replacement _____
 Receipt # 45766
 Date 4/4/90
 Name of Installer Cannell Warren Systems Inc Telephone 876-6880
 License Number 074
 Certified Well Pump Installer X Well Driller _____ Registered Plumber _____
 Name of Property Owner Mr David Haines Telephone 461-1058
 Subdivision YOO Farm Lot # _____ Well Tag # _____
 Site Address 3230 Daisey Rd Woodbine

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible X
 2. Make IE505422
 3. Model # GP Goulds
 4. Capacity 10 GPM
 5. Pump exceeds well capacity Yes _____ No X
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No X
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards _____ Other _____

Motor
 1. Horsepower 1/2
 2. RPM 3450
 3. Voltage _____
 a. 110 _____
 b. 220 X

Pitless Adapter
 1. Make MANTISSOR
 2. Model # B-10X
 3. Depth 100 4'

Tank
 1. Capacity 120'
 2. Pressure relief valve? yes

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

Well data
 1. Depth 110 ft.
 2. Yield 20 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? NO

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: 3/30/90

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

C1 1083 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER W-44759

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0955

OWNER HAINES DAVID last name first name STREET OR RFD DAISY Rd TOWN CARON SUBDIVISION 900 PROPERTY SECTION LOT 3

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. Includes handwritten entries: Brown Shale 0-40, Blue Rock 40-300.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 17

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole: insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

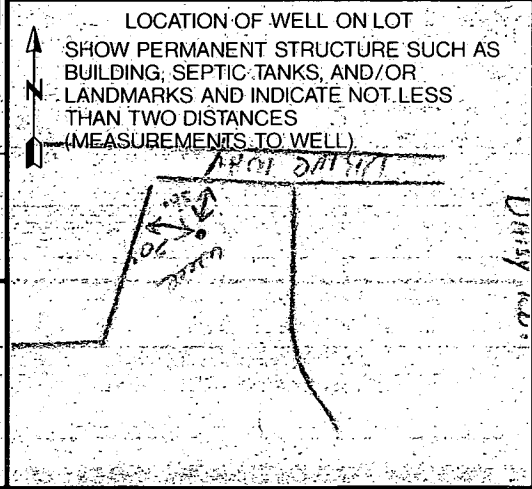
DEPTH (nearest ft.) 45 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 230 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) 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) 4 above LAND SURFACE (nearest foot) below



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 IDENT. NO. 938 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

Tenant House

B 1 **5611** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

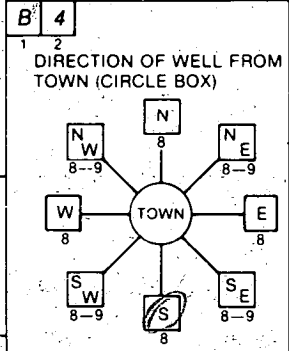
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0955
 fill in this form completely

Date Received (APA) **07/10/89**
 OWNER INFORMATION
 Last Name: **HALMES** Owner: **DAVID** First Name
 Street or RFD: **10498 BALTIMORE PIKE**
 Town: **FALLICOTT** City: **CITY** MD: **21043** Zip

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **BVONG YOO PROP**
 SECTION: **3** LOT: **3**
 NEAREST TOWN: **LISBON**
 MILES FROM TOWN (enter 0 if in town): **3 1/2** MI

DRILLER INFORMATION
 Driller's Name: **Joseph R. Mayne** License No. **238**
 Firm Name: **Joseph R. Mayne Well Drilling**
 Address: **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature: **Joseph R. Mayne** Date: **7/16/89**



NEAR WHAT ROAD: **Union Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD: **1000** FT
 ENTER FT of MI: **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500**

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. **W-44759**
 STATE SIGNATURE: _____ INSERT S _____
 DATE ISSUED: **073189** CO SIGNATURE: **S. Alw** EXP. DATE: **01-30-90**
 NORTH GRID: **000** EAST GRID: **000**

APPROXIMATE DEPTH OF WELL: **240** FEET

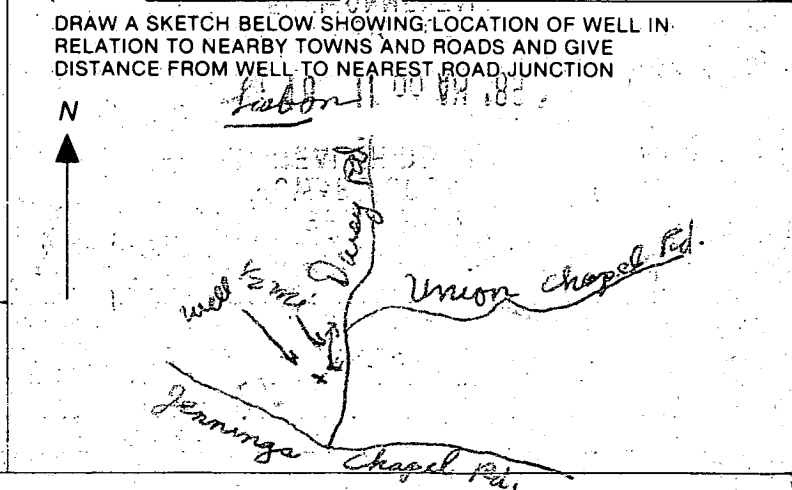
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST

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

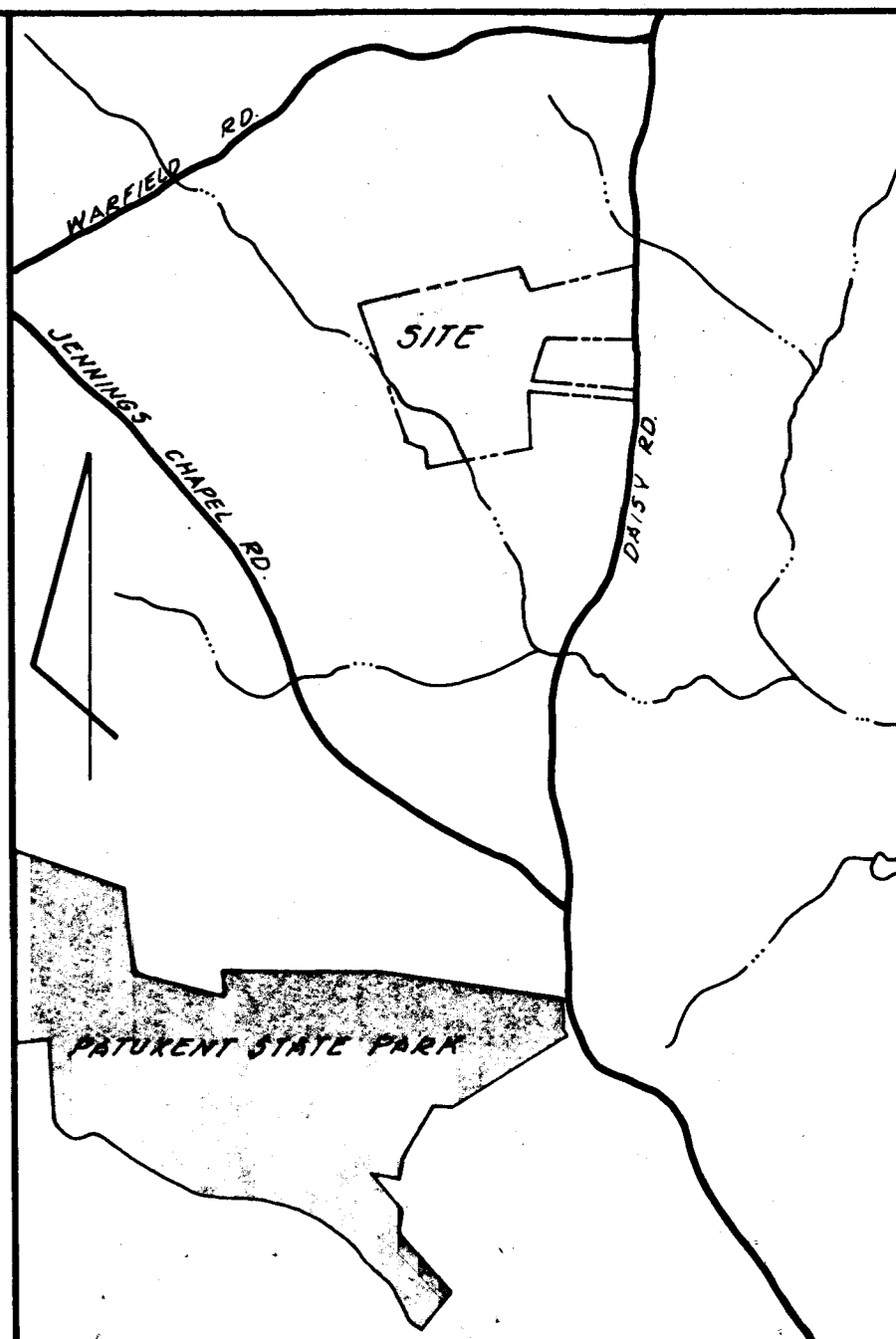
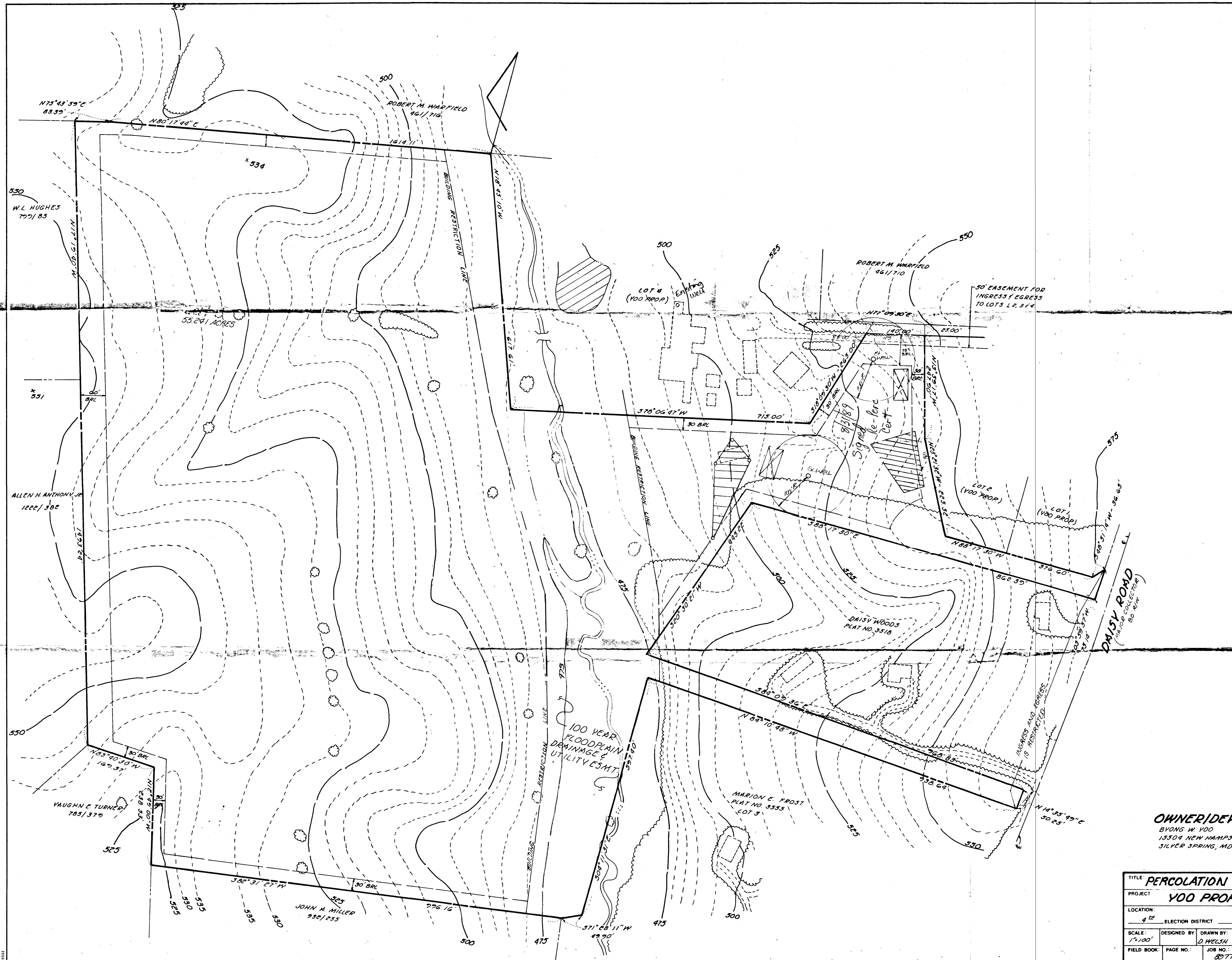
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

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 DEEPM 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: **SA** WRITE INITIALS IN BOX PERMIT NO. **40-88-0955**

SPECIAL CONDITIONS



GENERAL NOTES:

1. TAX MAP: 20 PARCEL: G1
2. DEED REFERENCE: PLAT - 6886
3. EXISTING ZONING: R (AGRICULTURAL PRESERVATION)
4. AREA OF SITE: 33.24 AC.
5. THE LOTS SHOWN HEREON COMPLY WITH MINIMUM OWNERSHIP WIDTH AND LOT AREA REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE
6. THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 S.F. AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT RELOCATION OF MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY
7. ALL RELOCATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN AS THIS (✓)

FOR RECORD OF DRAINAGE RATES AND PRIVATE SEWAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT.

James M. Bond 8/3/89
 HOWARD COUNTY HEALTH OFFICER DATE

OWNER/DEVELOPER:

BYONG W. YOO
 13304 NEW HAMPSHIRE AVE.
 SILVER SPRING, MD. 20904

TITLE PERCOLATION TEST PLAT			
PROJECT YOO PROPERTY			
LOCATION: 4 TH ELECTION DISTRICT HOWARD CO., MD.			
SCALE: 1"=100'	DESIGNED BY: D. WELSH	DRAWN BY: D. WELSH	CHECKED BY: DATE: 8-25-89
FIELD BOOK:	PAGE NO.: 8077	JOB NO.:	DRAWING NO.: -1 OF 1

boender associates
 inc.
 consulting engineers
 land surveyors
 land planners

AUG 25 1989

COURTHOUSE SQUARE
 3563 ELLICOTT MILLS DRIVE
 ELLICOTT CITY, MD. 21043
 (301) 465-7777

