

12-18-87  
11 AM + 3 PM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-344952

P 40652

A 36609

DISTRICT 4TH

DATE 12/14/87

DATE SYSTEM APPROVED 12-18-87

INSPECTOR S. Abel

INDEXED

William H. Smith, Jr. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Byong Yoo Property ROAD 3220 Daisy Road LOT 1

PROPERTY OWNER Jack Andrews

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. Well# 7081-1989

GARBAGE GRINDER? YES X NO \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft per bedroom. With garbage disposal 244 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the trench or place the distribution box 140 feet from front (410.12') lot line and 210 feet from the left (209.61') lot line as seen when facing the lot from Daisy Road. Run trench(s) on contour toward the left lot line.

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

OKGA

PLANS APPROVED BY S. Abel DATE 5/27/86

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.

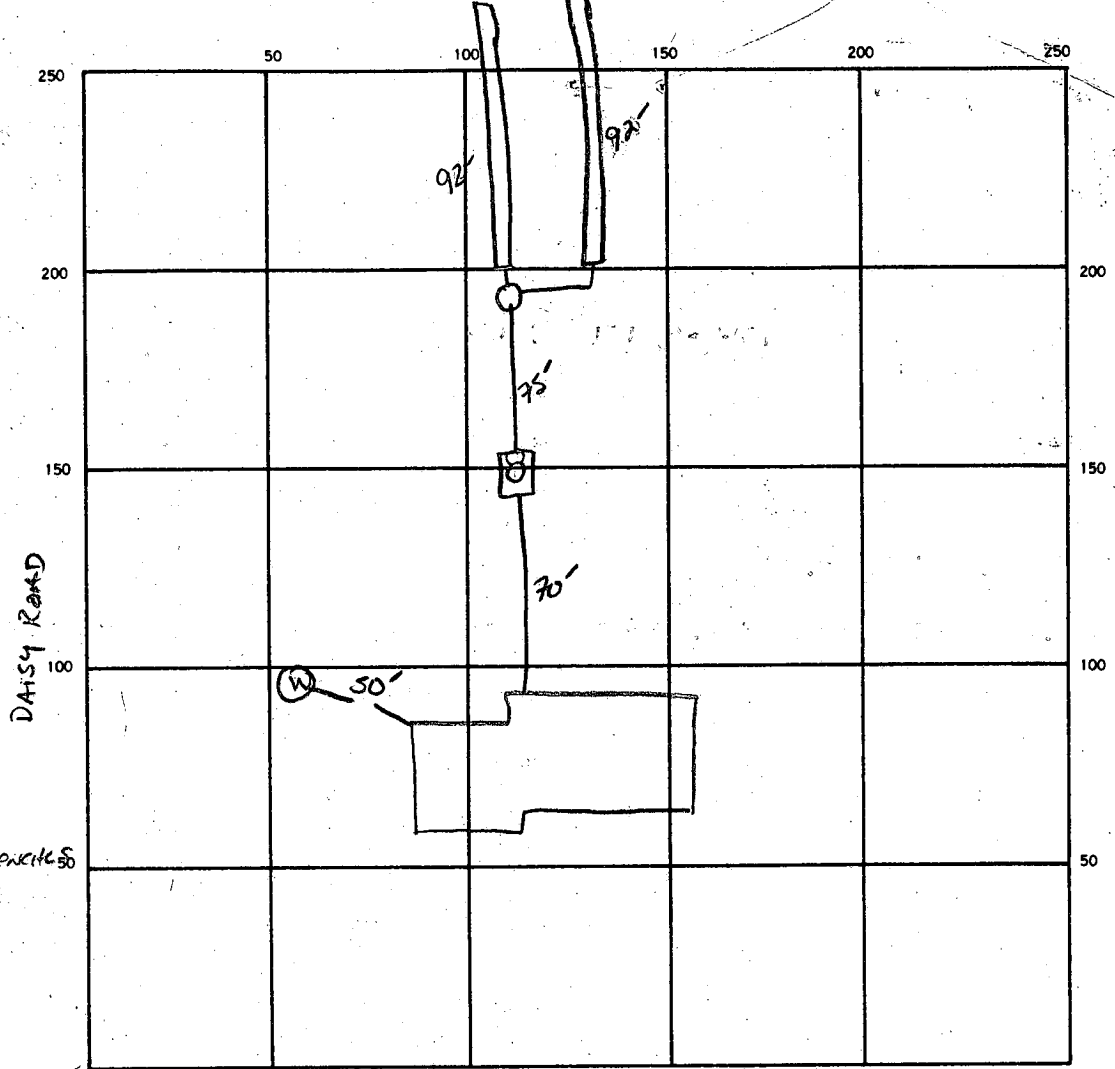
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

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

EH - 2-1186

A 36609



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Row

1-244  
732

2-92' TRENCHES

SEPTIC TANK. LEVEL 1500 GAL ✓ CLEANOUTS MANHOLE ST + C/D 6"

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/PILE FIELD. DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2-92' TCF 184 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 736 SQ. FT.

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

ABSORBENT AREA 736 SQ. FT.

REMARKS 12/18/87 OK TO ADD STAKE; OK TO LOWER SA

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DATE SYSTEM APPROVED 12-18-87 INSPECTOR S. Abu

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 # 40653  
Date 12-14-87

Name of Installer Wm. H. Smith Jr.

Telephone 879-7641

License Number PI 58

Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner JACK ANDREWS Telephone \_\_\_\_\_

Subdivision BXONG YAO PROP Lot # 1 Well Tag # \_\_\_\_\_

Site Address 3220 DAIBY RD.

12-14-87

- | 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? _____ |

12/18/87 Pipes AT 46"; well line 38-50"; INSIDE WORK NOT COMPLETE SAW

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: William H. Smith Jr.

Date: 12/14/87

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

Abbott Well Drilling  
Route 1, Box 240  
Boonsboro, Maryland 21713

July 1, 1987

Mr. Nixon  
Howard County Health Dept.  
Court House Square  
Ellicott City, Maryland 21043

Dear Sir:

This letter is concerning the Andrews well down on Daisey Road. We set up over what was thought to be the first hole to clean out. We put the reaming bit on and reamed hole out, set 95 feet of 6½ casing. When we went in to clean the rest of the hole out it started to drill very hard as if we were not in the hole we started in. We then drilled down to 325 feet. We hit water at 115 feet. It appeared as if the first hole lead off a little or my hole could have lead off a little. I am writing this letter to try and explain this to you the best way I know how. I do not believe there will be any problem with this hole at all.

This is about all I have to say in reference to the well. I enjoyed talking to the gentleman who came out on the grout. Thank you very much for your time.

Yours truly,

Gary Shaff

GS/bn

*Gary W Shaff*

*MND 410*

C1 5928 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

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 A-36609

DATE Received 06 23 87  
DATE WELL COMPLETED

Depth of Well 325  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-81-1989

OWNER ANDREWS JOHN  
STREET OR RFD DAISY RD. first name TOWN LISBON  
SUBDIVISION BYONG YOO SECTION LOT 1

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown Shale	0	80	
Green Rock	80	325 115	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 16 NO. OF POUNDS 1504  
GALLONS OF WATER 112  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 95 ft.  
(enter 0 if from surface)

**CASING RECORD**  
casing types insert appropriate code below  
ST CO  
STEEL CONCRETE  
PL OT  
PLASTIC OTHER  
MAIN Nominal diameter Total depth  
CASING top (main) casing of main casing  
TYPE (nearest inch) (nearest foot)  
ST 6 95

**OTHER CASING (if used)**  
diameter depth (feet)  
inch 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.)**  
E A C H S C R E E N  
HO 95 325

- A** CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. 410

DRILLERS SIGNATURE Gary W. Hoff  
(MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
from \_\_\_\_\_ to \_\_\_\_\_

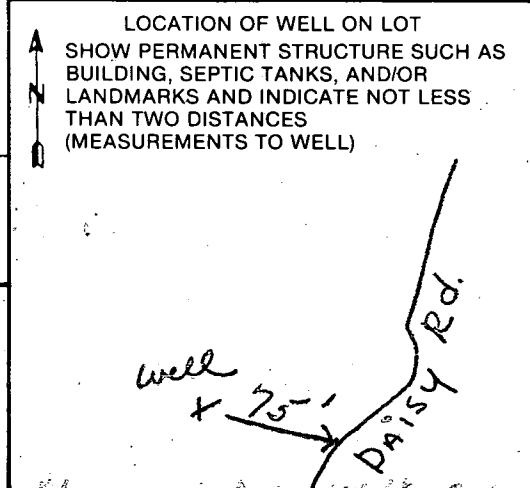
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

**C 3**

**PUMPING TEST**  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min. to nearest gal.) 14  
METHOD USED TO MEASURE PUMPING RATE AIR  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 50  
WHEN PUMPING \_\_\_\_\_  
TYPE OF PUMP USED (for test)  
A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S submersible

**PUMP INSTALLED**  
DRILLER WILL INSTALL PUMP YES NO  
(CIRCLE) (YES or NO)  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: \_\_\_\_\_  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
PUMP HORSE POWER \_\_\_\_\_  
PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
CASING HEIGHT (circle appropriate box and enter casing height)  
+ above } LAND SURFACE (nearest foot)  
- below } \_\_\_\_\_



B 1 1797 SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1989  
fill in this form completely

Date Received 703-430-2404  
1-16-87 OWNER INFORMATION

Andrews John  
132 Avondale Dr  
Sterling MA 22170

B 3 LOCATION OF WELL  
Howard  
RYANG 400  
Lisbon  
4 MILES FROM TOWN

DRILLER INFORMATION  
Bernard Feeyer  
16009 Sred. rd. Lisbon Md  
Bernard Feeyer

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
Daisy Rd  
NEAR WHAT ROAD  
DISTANCE FROM ROAD 7 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)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard  
A38613-W  
DATE ISSUED 032387  
SIGNATURE B. Wilson 09/23/87

APPROXIMATE DEPTH OF WELL 150 FEET

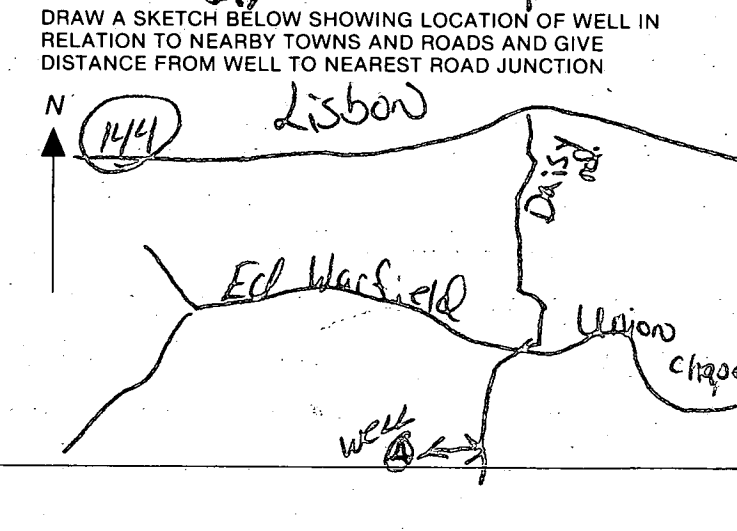
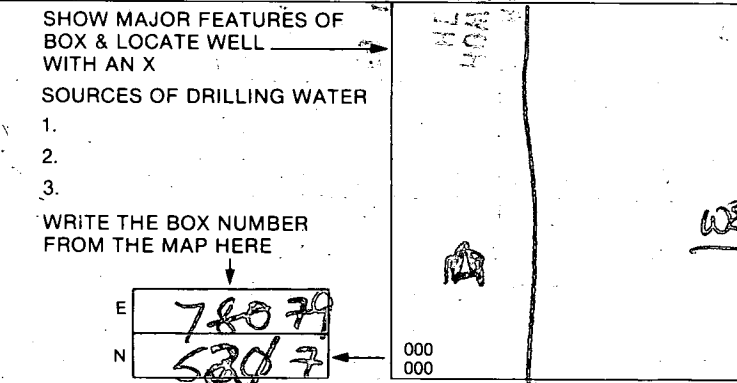
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
Bored (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTary DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
D THIS WELL WILL DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE INITIALS IN BOX PERMIT No. 40-81-1989

SPECIAL CONDITIONS



# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.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

June 29, 1987

Mr. Leo Holland  
A & H Drilling Company  
Route 1  
Box 240  
Boonesboro, Maryland 21713

RE: Well Tag Number-HO-81-1989  
Lot 1 Byong Yoo Property  
Daisy Road

Dear Mr. Holland:

There is considerable confusion in regard to the construction of the above referenced well. Among other issues we have received drastically differing reports from your field crew regarding the depth of casing in the well and whether or not this well was even drilled by your firm or is a reconstruction of the hole drilled by the previous permit holder. Additionally our field observations indicate irregularities in the drawdown and yield test.

Please supply us with the completion report for this well and any additional detail which might serve to clarify our understanding of the construction of this well. Based on the information presently on hand, I expect that this well will not qualify as an approvable well for new construction.

Respectfully,

Craig Williams, Director  
Water and Sewerage Program

CW:JR

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.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

July 21, 1987

Abbott Well Drilling  
Route 1, P. O. Box 240  
Boonsboro, Maryland 21713

Attention: Gary Shaff

RE: Well Tag Number:  
HO-81-1989  
Lot 1 Byong Yoo Property  
Daisy Road

Dear Mr. Shaff:

In response to this department's letter of June 29, 1987, thank you for the letter of clarification and timely submission of the completion report relative to the above referenced well.

The second yield test and the explanatory letter satisfy this department's concerns about the construction of this well. As of this writing, the well is considered approved as meeting the construction requirements for new residential wells as specified under COMAR 10.17.13.

Thank you for your cooperation in this matter.

Respectfully,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director  
Water and Sewerage Program

CW:JR







B 1 **7313** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER  
**40-81-1989**  
 fill in this form completely

Date Received **02/28/87**  
 OWNER INFORMATION  
 Last Name **Andrews** Owner **John** First Name  
 Street or RFD **132 Avonbale Dr**  
 Town **Sterling** State **VA** Zip **20170**

B 3 LOCATION OF WELL  
 COUNTY **Howard**  
 SUBDIVISION **Buonig Yoo**  
 SECTION **1** LOT **1**  
 NEAREST TOWN **Lisbon**  
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION  
 Driller's Name **Leo R. Holland** License No. **1101**  
 Firm Name **The A & H Drilling Co.**  
 Address **106-15-87**  
 Signature **Leo R. Holland** Date **06-15-87**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **Daisy Rd.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **25** FT  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **10**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **200**

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. **A36609**  
 OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S   
 DATE ISSUED **061587** CO SIGNATURE **[Signature]** EXP. DATE **12-15-87**  
 NORTH GRID **527000** EAST GRID **0779000**

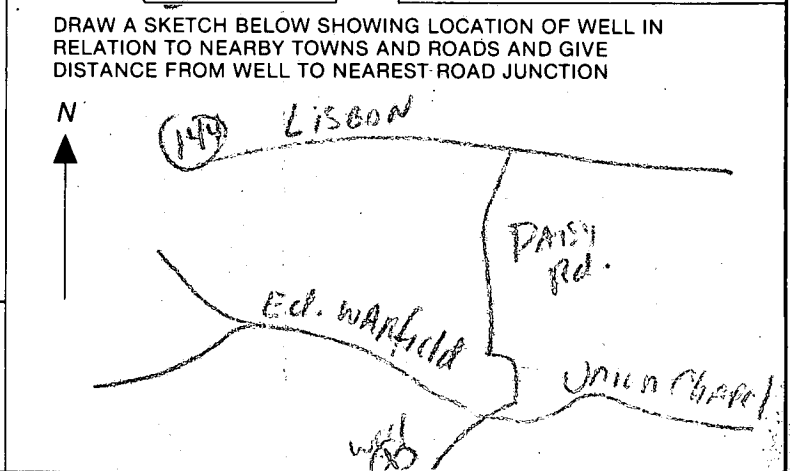
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 **HYDRO FRACTURE LOW YIELD HOLE**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2. Test papers to drilled  
 3. 95' casing 1' above 50' open well  
 16-Bags  
 6/23/87 JS  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 N **779**  
 E **527**

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 DEEPEM 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. **40-81-1989**

SPECIAL CONDITIONS **NOTLEY HEALTH DEPT 24 HAS PRIOR TO BEGINNING ANY WORK. CUB**

**C1** 4282 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER **A-36609**

DATE Received       DATE WELL COMPLETED **062387** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-1989**

OWNER **Andrews John** last name first name STREET OR RFD **503 Lindsay Ct.** TOWN **Sterling, VA, 22170** SUBDIVISION **Byong 400** SECTION **1** LOT **1**

**WELL LOG**  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Brown shale	0	80	
Green Rock	80	325 115	

**GROUTING RECORD**  
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS **16** NO. OF POUNDS **1504**  
GALLONS OF WATER **112**  
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **95** ft.

**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) **6** Total depth of main casing (nearest foot) **95**

**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

**C2**

EACH SCREEN	DEPTH (nearest ft.)		
	1	2	3
1	<b>40</b>	<b>95</b>	<b>325</b>
2			
3			

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

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

**OEP USE ONLY** (NOT TO BE FILLED IN BY DRILLER)  
TELESCOPE CASING  LOG INDICATOR  OTHER DATA

**C3**

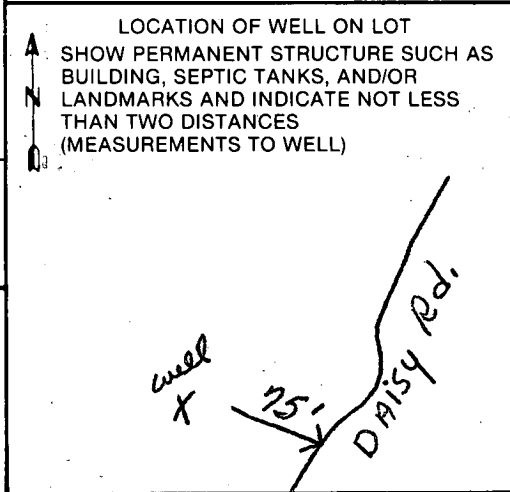
**PUMPING TEST**  
HOURS PUMPED (nearest hour) **6**  
PUMPING RATE (gal. per min. to nearest gal.) **4**  
METHOD USED TO MEASURE PUMPING RATE **AIR**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **325**  
TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **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) **+** above **-** below LAND SURFACE  (nearest foot)

**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 10.17.13 "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. **410**  
DRILLERS SIGNATURE *James W. Shell*  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





B 1 **1797** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

**HO-81-1989**  
 fill in this form completely

Date Received **703-430-2404**  
**1-7-87**  
 OWNER INFORMATION  
**Andrews John**  
**132 Avondale Dr**  
**Sterling VA 22170**

DRILLER INFORMATION  
**Bernard Keizer**  
**16009 Fred. rd. Lisbon Md**  
**W. County 21765**  
**Bernard Keizer**

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)

APPROXIMATE DEPTH OF WELL **150** 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 \_\_\_\_\_

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 DEEPEM 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 **DR** WRITE INITIALS IN BOX PERMIT No. **HO-81-1989**

SPECIAL CONDITIONS

LOCATION OF WELL  
**HOWARD** COUNTY  
**RYANG Yolo** SUBDIVISION  
 SECTION \_\_\_\_\_ LOT **1**  
**Lisbon** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **4** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 NEAR WHAT ROAD **Daisy Rd.**  
 DISTANCE FROM ROAD **257** FT OR MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME  
**A38613-W** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S \_\_\_\_\_  
 DATE ISSUED **032387** CO SIGNATURE **B. Williams** EXP. DATE **09/23/87**  
 NORTH GRID **527000** EAST GRID **0479000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. \_\_\_\_\_  
 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

0971

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

FEB 4 3 56 PM '87

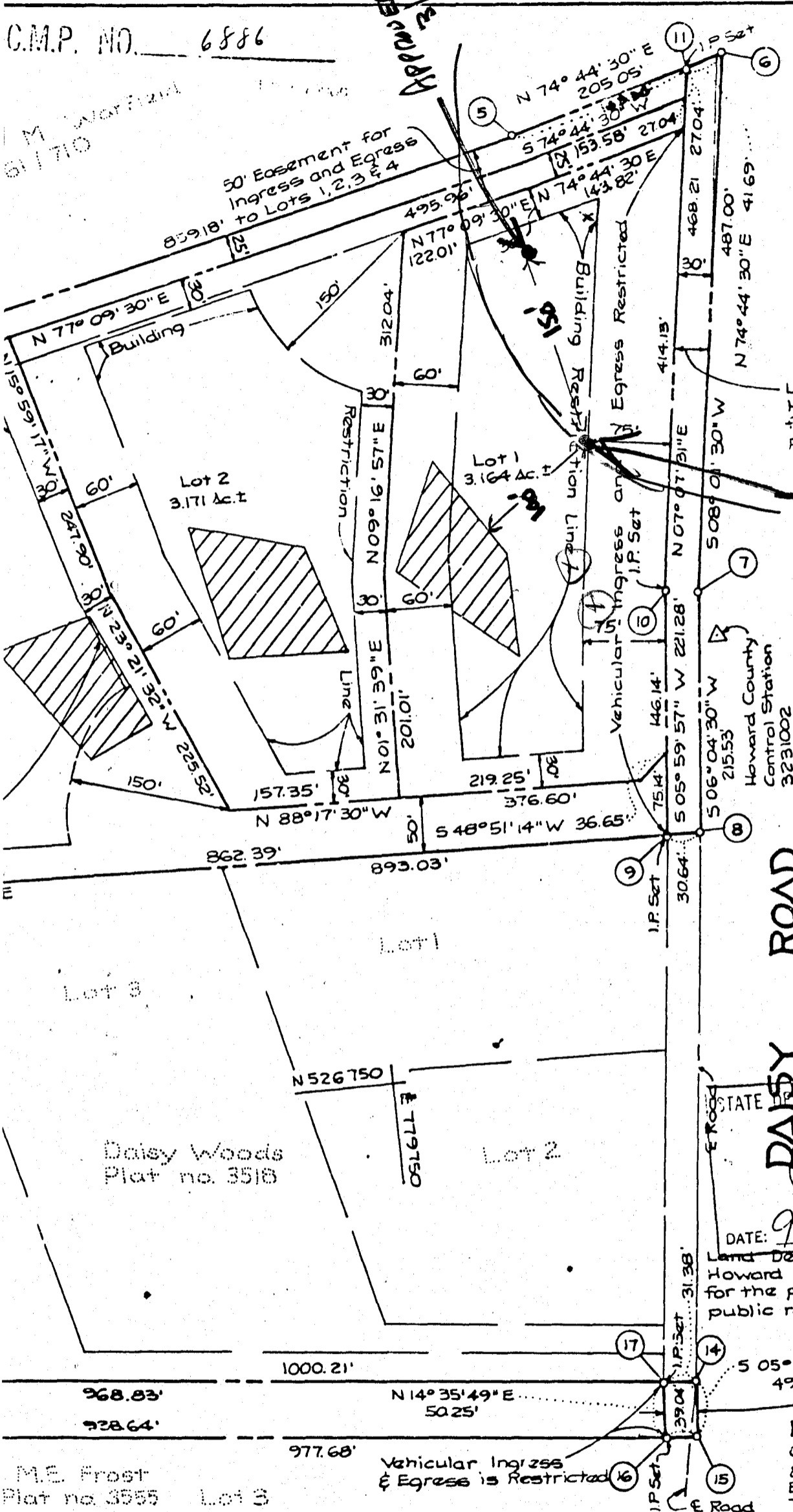
DIVISION OF  
ENVIRONMENTAL  
HEALTH

4/15/87

1 dry hole already  
apparently filled in  
2nd side(?) scheduled  
to be filled in the  
one shown

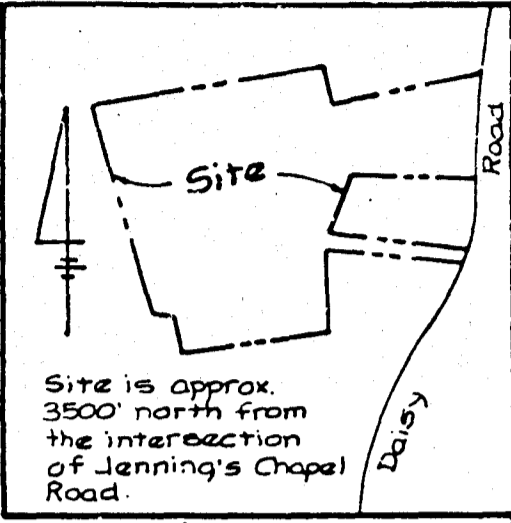
C.M.P. NO. 6886

M. Frost  
6/1/70



1 Day Hole  
 UPPER PART  
 OF LOT OK  
 TO DALL  
 4/8/87  
 C. Carter

NEW WELLS  
 WELL SITE  
 APPROXIMATE



Vicinity Map  
 Scale: 1" = 1200'

Site is approx. 3500' north from the intersection of Jennings' Chapel Road.

Land Dedicated to Howard County, Maryland for the purpose of a public road, 0.534 Ac. ±

DAISY ROAD (80' R/W)

STATE DEPT. OF ASSESSMENTS & TAXATION  
 HOWARD COUNTY  
 RECEIVED BY: *Cheryl Lopez*  
 DATE: 9/17/86 PLAT:

Land Dedicated to Howard County, Maryland for the purpose of a public road, 0.040 Ac. ±

Fisher, Collins and Carter, Inc.  
 Civil Engineers and Land Surveyors  
 8388 Court Avenue  
 Ellicott City, Maryland 21043  
 Tele: (301) 461-2855

**SURVEYOR'S CERTIFICATE:**

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE FIRSTLY-DESCRIBED PARCEL OF LAND CONVEYED BY EUM JEONI YOON, WIDOW, TO BYONG W. YOO AND HWA Y. YOO, HIS WIFE, BY QUITCLAIM DEED DATED JUNE 29, 1983 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER C.M.P. 1222 AT FOLIO 49 AND THAT ALL MONUMENTS ARE IN PLACE, OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

*Ronald B. Carter* 7/2/1986  
 RONALD B. CARTER, REG. L.S. NO. 10704 DATE

Property of  
**DR. BYONG YOO**

Lots 1-4

Tax Map 20 Parcel 61  
 4<sup>th</sup> Election District  
 Howard County, Maryland  
 Scale: 1" = 100' May 29, 1986 Sheet 1 of 2

2320 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT

COUNTY NUMBER A 38613-W PERMIT NO. 10-81-1989

DATE Received DATE WELL COMPLETED 042887 Depth of Well (TO NEAREST FOOT)

OWNER Yoo BYONG first name STREET OR RFD DARTY ROAD TOWN LISBON SUBDIVISION BYONG YOO PROP. SECTION LOT 1

WELL LOG Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Top soil, clay, Brown soil, gray white, gray rock.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 282

CASING RECORD (ST) (CO) (PL) (OT) STEEL CONCRETE PLASTIC OTHER

MAIN CASING Nominal diameter Total depth CASING TYPE top (main) casing (nearest inch) of main casing (nearest foot)

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

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

SCREEN RECORD Table with columns: DEPTH (nearest ft.), EACH SCREEN. Rows 1, 2, 3.

(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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 270 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Allen Compton SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above ( ) LAND SURFACE (-) below (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) Dry holes 54' 30' Darty rd

DISTRIBUTION BOX  
EXIST. EL. 571.00 ✓  
INV. 968.0 X 566.5

TANK  
EXIST. EL. 574.0 ✓  
INV. OUT 969.8V  
INV. IN 570.1V

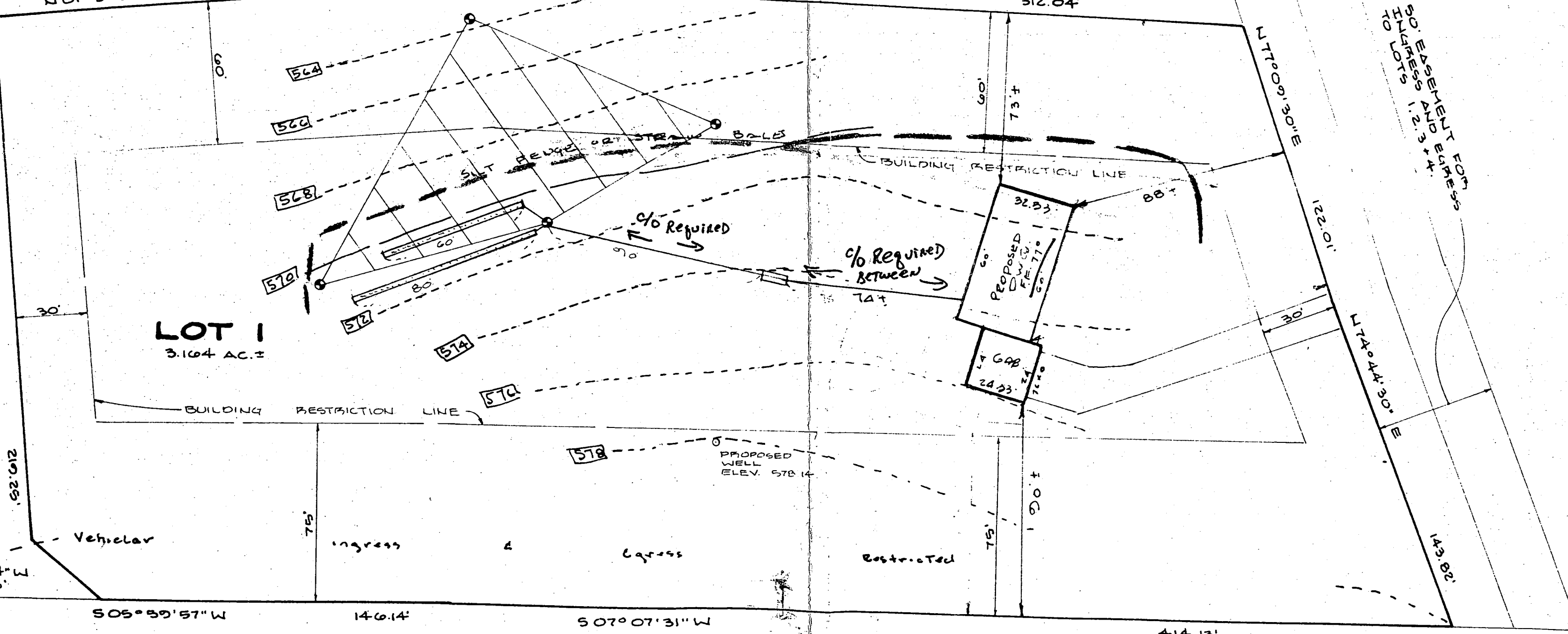
BP14463  
58'x61'  
Tranches shown  
insufficient for  
3BR house  
3BR = 250 CF  
4BR = 200 CF

GAD =  
F.F. =

INV. AT HOUSE 970.8V ✓  
NO BASEMENT SEWER

N01°31'39" E 201.01' N09°16'57" E 312.04'

SO. EASEMENT EGRESS  
DRIVE AND 3' X 4'  
TO LOTS



LOT 1  
3.104 AC.±

PROPOSED  
DWG  
32.23'  
24.23'

PROPOSED  
WELL  
ELEV. 578.14

VEHICULAR

INGRESS

EGRESS

RESTRICTED

S05°39'57" W 146.14'

S07°07'31" W

414.13'

4-1-86  
9:30

# APPLICATION

PERCOLATION TESTING

A 36609

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3/4/1986

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~~ JOHN ANDREWS  
ADDRESS 3200 Daisy Rd Woodbine Md 21799 PHONE (301) 622-6870  
(202) 546-2208

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION Byong Yoo property LOT NO. Lot 1.  
ROAD AND DESCRIPTION Daisy Rd 3220

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ 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. Byong W Yoo  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Deep Trenches / Shallow Trenches DATE 9/9/87  
SAB

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

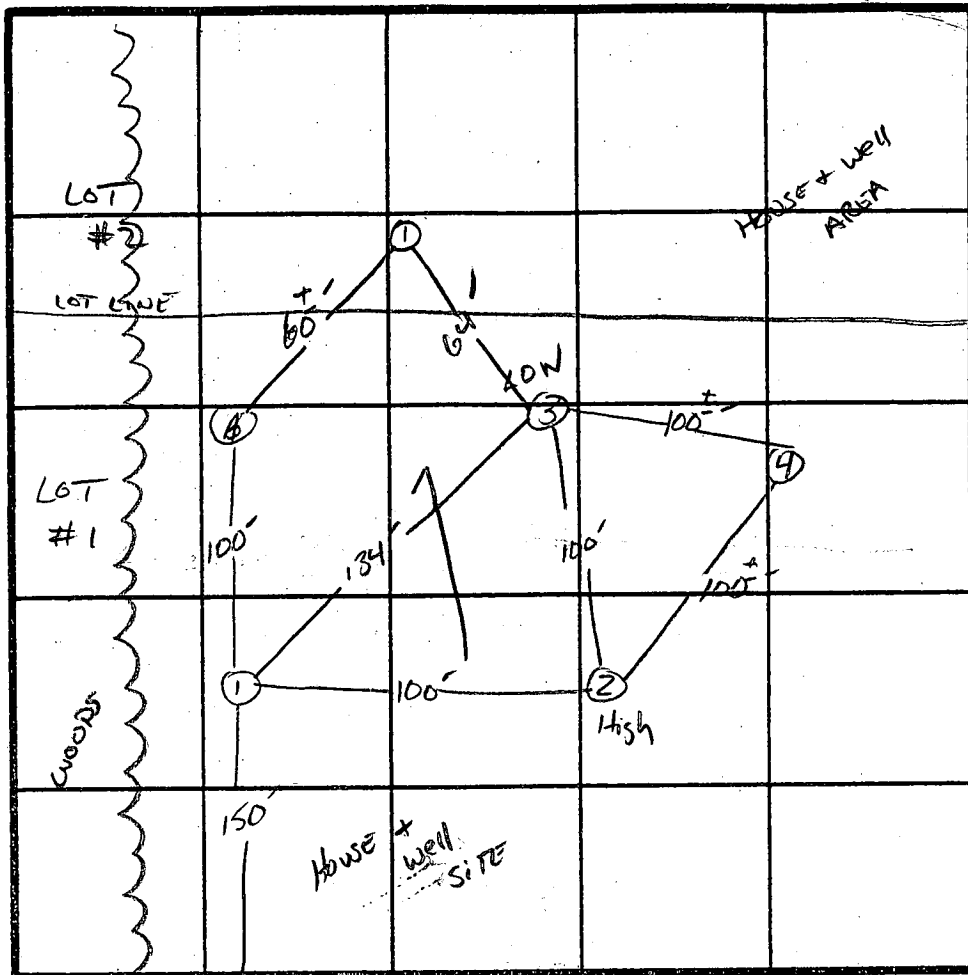
REASONS FOR REJECTION OR HOLDING 4-1-86 Perc Satisfactory; Hold For (certified hole location), house + well site. S. Abel

BLDG. PERMIT SIGNED  
AND RETURNED 9/9/87  
BP14463 SAB

# THIS IS NOT A PERMIT

③ ④  
① ②  
SOIL PROFILE

0'	AP
1'	YELLOW BK SANDY CLAY LOAM 10% FRAGMENTS
4.5'	BROWN SANDY LM. 10-20% FRAGMENTS COMPACTED
10'	BROWN SAND SILT LOAM COMPACTED 20-30% FRAGMENTS (SHALE)
13'	



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

X TIME 13min  
INLET 4.5'  
BOTTOM 9'  
190 #1/BR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/86	1 S	5'	10:58	11:02	11:02	11:08	6min
		9'	10:58	11:09	11:09	11:30	21min
	1 V	13'	VARYING SOIL STRUCTURE Below 4'				See Profile
	2 S	4.5'	11:05	11:08	11:08	11:13	5min
		9'	11:05	11:09	11:09	11:20	11min
	2 V	13'	VARYING SOIL STRUCTURE see profile				
	3 S	4.5'	11:14	11:29	11:29	11:44	15min
		12'	VARYING SOIL STRUCTURE see profile				
	4 S	5'	11:15	11:26	11:26	11:42	16min
		12'	VARYING SOIL STRUCTURE see profile				
	A	CLAY TO 9'	ELIMINATE HOLE				

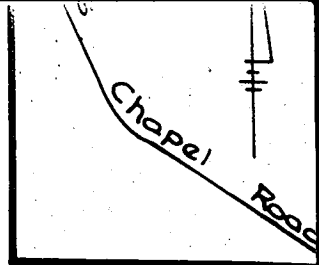
REMARKS MANOR LOAM - COMPACTED TIGHT SOIL below 4.5-6'

TYPE OF SOIL MANOR SAND LOAM

TESTED BY J. Abel

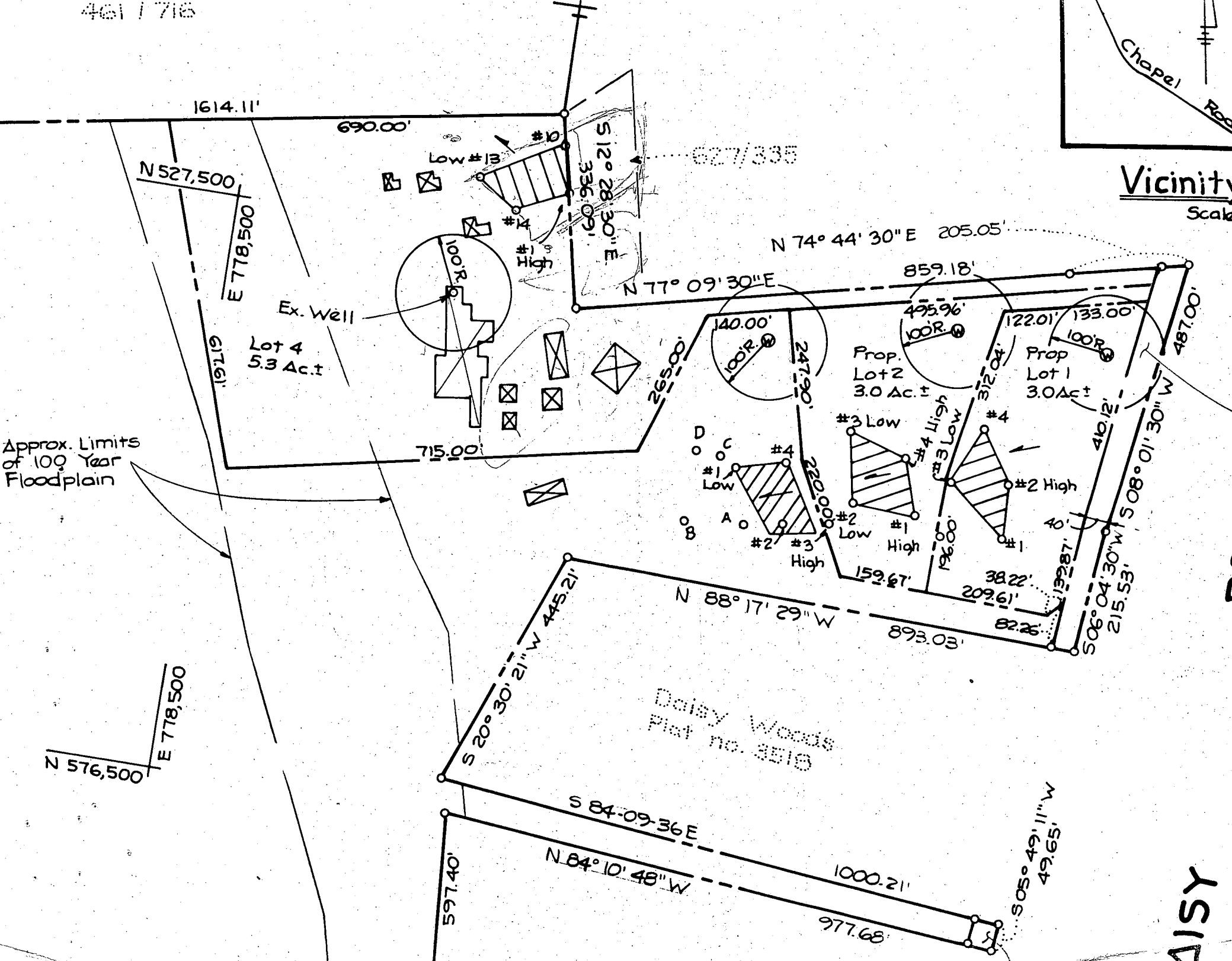
HERMAN SIRK, MR. 700

ALSO PRESENT



Vicinity  
Scale

Approx. Limits  
of 100 Year  
Floodplain



AI SY

SID

BYONG YOO

DAISY RD,  
SPECS NEGOTI,

REFILE - APPROVED LOTS,

5/26/86

CW

DISTRIBUTION BOX  
 EXIST. EL. 571.00 ✓  
 INV. 968.0 X 566.5

TANK  
 EXIST. EL. 974.0 ✓  
 INV. OUT 969.8V  
 INV. IN 570.1V

LOT 2

INV. AT HOUSE 978.8V  
 NO BASEMENT SEWER

*well*  
 30' x 12'  
 30' x 12' = 750 LF  
 45' x 20' = 200 LF

GAB = 572.6  
 F.F. =

