PERM

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

41968

INDEXED

DISTRICT

4-4-95

4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 313-2640 XXXXXXXXX

04-355024

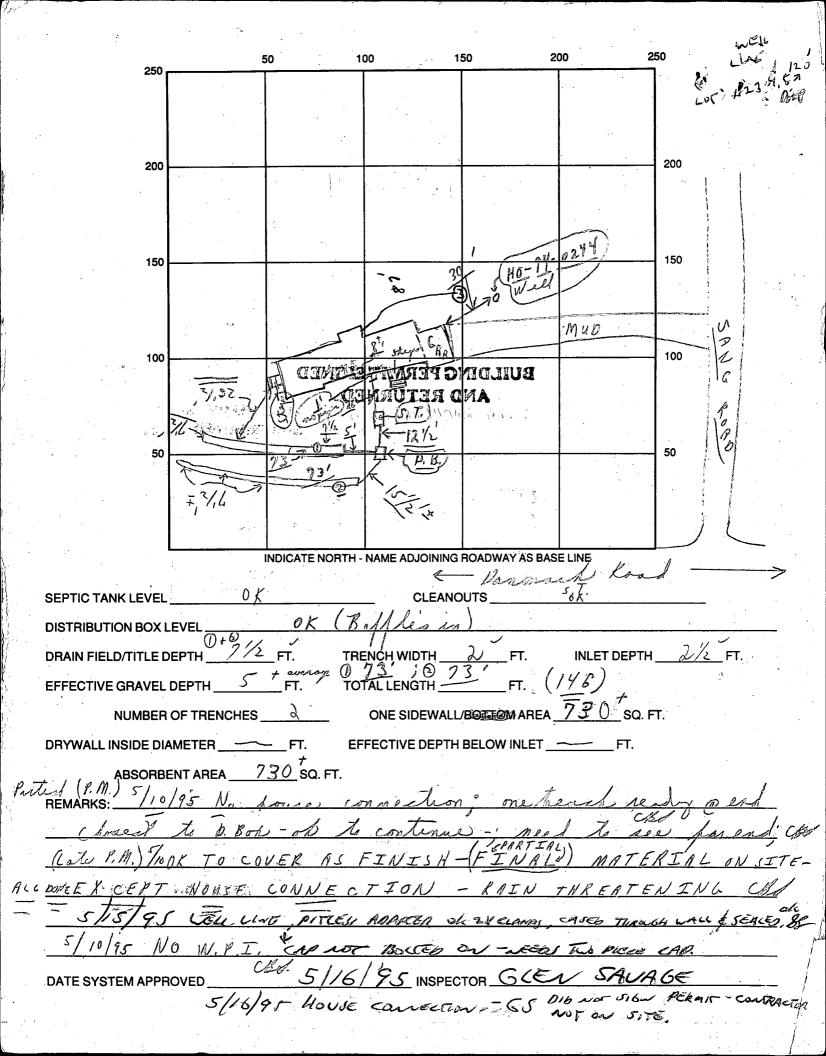
DATE SYSTEM APPROVED

INSPECTOR C. SAUAGE

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Choi Property LOT 5 ROAD 3303 Sang Road
PROPERTY OWNER <u>Jacobsen Homes, Inc.</u> Armitage
ADDRESS BUILDING PERMIT SIGNED
SEPTIC TANK CAPACITY 1250 GALLONS 5-04 BODI 47943 - FINISH NUMBER OF BEDROOMS 4 SELECT TANK CAPACITY 1250 GALLONS 5-04 BODI 47943 - FINISH BASEMENT SELECT TO 19611
180 SQUARE FEET PER BEDROOM Sundich
LINEAR FEET OF TRENCH REQUIRED 144
TRENCHES - Trench to be 2 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 2½ feet below original grade. 5 feet of stone below distribution pipe. LOCATION - Place distribution box 210 feet up the left lot line (571.78') and 110 feet off that same lot line as seen when facing the lot from Danmark Drive. Run trenches contour toward the left lot line. NOTES - MAINTAIN 100 FEET MINIMUM SEPARATION DISTANCE FROM WELL. No trench to exceed
100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6K 2/24/95 DKS
PLANS APROVED BY DATEDATEDATEDATEDATEDATEDATEDATEDATE
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
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.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

PERCOLATION TESTING

A 41968
P _____

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

DATE March 10, 1988

		en e	1		•
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND	;				
" I, HEREBY. APPLY FOR THE NECESSA	ARY TEST IN ORDER TO CONSTE	RUCT (OR RECONSTRUC	T) A SEWAGE DISPOSAL	SYSTEM	
PROPERTY OWNER SAME HO	Company. Inc.				
ADDRESS BLOG COOPER	Street, Alexa	dia, la.	22309 PHONE	(103) 239.1	54 1
PROSPECTIVE BUYER	· · · · · · · · · · · · · · · · · · ·			753-209	77
ADDRESS			PHONE		
PROPERTY LOCATION:			• .		
SUBDIVISION CADI Property			LOT NO	5	`.
ROAD AND DESCRIPTION LOTH SI	de of Burntown	2001 RS.	1890 : East	of Hollos Ro	ad.
	SANG ROAD)				
TAX MAPPARCEL # HZE OF LOT 3.00 LOTE				NO RETURNED	2/18/95
			TYPE BLDG	SINGLE FAMILY DWELLING	OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS A	PPLICATION IS ACCEPTABL	E ONLY UNTIL PUBLI	C FACILITIES BECOM	IÉ AVAILABLE: I FULLY L	INDERSTAND THE
FEE CONNECTED WITH THE FILING OF	THIS PERC TEST APPLICATION	ON IS NON REFUNDA			·
TO THE WASHING REGULEMENTS	N TESTING THIS LOT.	0-14-11	(SIGNATURE OF	APPLICANTS	<u> </u>
PPROVED BY		FOR		DATE	
EJECTED BY		FOR		DATE	
OLD PENDING FURTHER TESTS		· ·			
EASONS FOR REJECTION OR HOLDING	2/3/18/16	reOK /+	old Do	Plut 1	RH
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			V V

THIS IS NOT A PERMIT

SOIL PROFILE	- 1984A		

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE START	WET	TEST -	1 DROP	<u> </u>
			SIARI	STOP	START	STOP	TIME
	egante de deservición de la propertie de la company	and the second second second	المعرا معرا المعراد المعروب والماري	a amerikan kepada ang pangaba	en e e elegant egi.	war a haak a a a a a	
	e North				eur Wilejing		
	and residue of the second						
	The second second second						
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REMARKS			5 1 1 X	
TYPE OF SOIL	 		40° 10	
TESTED BY	\	n section of the section of		
gar eta e	····		ALSO PRESENT _	

APPLICATION

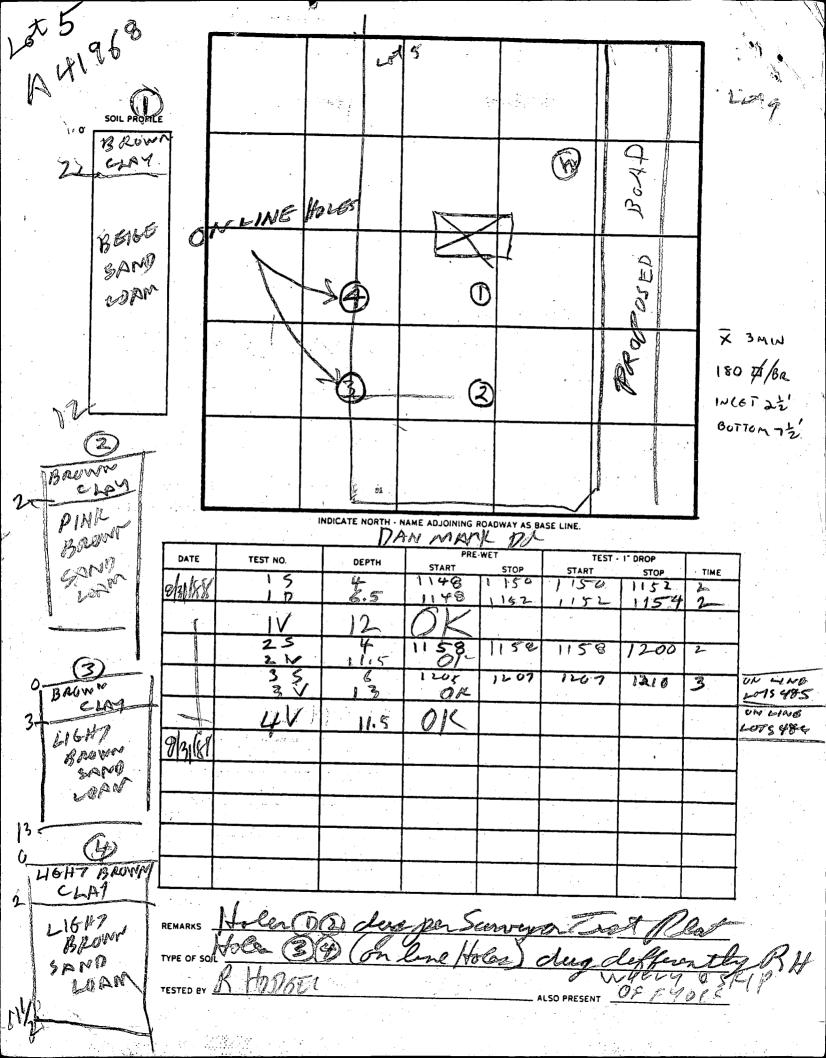
PERCOLATION TESTING

	A 41968
	Р
DISTRICT	4TH
	March 15 1989

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

					31	
						· .
TO: THE COUNTY HEALTH OFFICER	1		s,		•	
ELLICOTT CITY, MARYLAND	•	;		5		
I, HEREBY, APPLY FOR THE NECESSARY TO	EST IN ORDER TO CONSTRUCT	OR RECONSTRUCT	A SEWAGE DISPOSA	SYSTEM		
PROPERTY OWNER Sang Ho Con	many. Inc.					
ADDRESS BLOCK Cooper S	reet Alexando	ia, la.	22309 PHONE	(103) (39-7641	
PROSPECTIVE BUYER UNKNOWN	# * *					
ADDRESS	(PHONE			
PROPERTY LOCATION:						. /
SUBDIVISION CADI Property			LOT NO		5	
ROAD AND DESCRIPTION NOTIFIC SIDE	of Burntswood	Rd.	890 ! East	of Holds	s Rond.	
				01	- (00	
		· · · · · · · · ·	5	***	··	
TAX MAP PARCEL # 10	6	en e		****		
			*		٤,	
SIZE OF LOT 3.00 LOTE MI	מאטמאוא	· ·	TYPE BLDG	S.F.).	•
and the second s	en de la companya de			SINGLE FAMILY	DWELLING OR CO	OMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLIC	CATION IS ACCEPTABLE ON	IVIINTU BURGA		* . *	:	*
				IE AVAILABLE.		
FEE CONNECTED WITH THE FILING OF THIS	PERC TEST APPLICATION IS	NON-REFUNDAR	EFUNDER ANY CIR	CUMSTANCES	I ALSO AGOSS	
				COMS ANCES.	I ALSO AGREE	TO COMPLY
WITH ALL MOSHA REQUIREMENTS IN TE	STING THIS LOT.	Cephis				
and the second of the second o		. •	ISIGNATURE OF	APPLICANT)		
PPROVED BY	FO	Ř			~, ·	
			·	DATE		
EJECTED BY	FOI	R		DATE		
OLD PENDING FURTHER TESTS			, , , , , , , , , , , , , , , , , , ,			
				DATE	· · · · · · · · · · · · · · · · · · ·	
EASONS FOR REJECTION OR HOLDING	· · · · · · · · · · · · · · · · · · ·		e distriction of the second		10°	

THIS IS NOT A PERMIT



MERGENCY/TEMP NO IF ANY

	Faar	· 			Sī	TATE PERMIT NUMBER	
B	¹ 5385	SEQUENCE NO. (DP USE ONLY)	STATE OF I			TOW_AOWW	1
. 1	THIS NUMBER IS TO		APPLICATION FOR PE please pri		(<u> </u>	in this form completely ⁷⁹	j
<u> </u>	IN COLS. 3-6-ON ALL Date Received (APA			B 3	LOCATION	OF WELL	
	102899	OWNER INFORM	IATION		LOCATION		
	JARDRE	EWIII	CARL	BCOUNTY		21	—
	15 Last Name 8 3 (4 5 8	Owner ESDRUUI	First Name 34	23 SUBDIVISION	K P IP IE IK		42
	38	Street or RFD	55	SECTION 44 46	LOT 48	50	
	F U K T O N		0 State 72 Zip 76	6 Lewwo	00		71
ŀ	DRILLER INFOR	RMATION	MSD/MGD/MWD	MILES FROM TOWN	enter 0 if in town)	/ M I	
	Briller's Name	rayne West	77 License No. 80	B 4	[/]aunA		
	Firm Name	rayne WELL	md. 21771	DIRECTION OF WELL FR	ом 11 /	NEAR WHAT ROAD	30
	Address	Se M. M. au		_ [N] _	1 000	NOR N	
L	Signature .	Maria	10/27/94 Date	8-9 N _E	CIRCLE	APPROPRIATE BOX) WEST S	EAST
В	2	WELL INFORMATION		(TOWN)		34 3 2 5 37 SOU DISTANCE FROM ROAD	тн
	AVERAGE DAILY QUA		3 12) "E	." /	ENTER FT OR MI.	<u>7</u>
	(GAL. PER DAY)	ANTITY NEEDED 5	20	S _W S S 8-6	ī .	DAROEI	
	USE FOR	R WATER (CIRCLE APPR	OPRIATE BOX)	8		BLK: PARCEL _ LED IN BY DRILLER	
	<u> </u>	LE OR DOUBLE HOUSEH		W.	HEALTH DEPAI	RTMENT APPROVAL AL/10/	0
	F FARMING (LIV	VESTOCK WATERING & A	BRICULTURAL	COUNTY NAME		COUNTY NO.	<u>-</u>
		COMMERCIAL, STATE AN DUIRES APPROPRIATION F		STATE SIGNATURE	111.	INSERT S	41
	P APPROPRIATI	PRIVATE WATER COMPAN' ION PERMIT AND STATE I		DATE (SSUED 1 1 1 9 9 9	a fond //	when 11-14-	95
	APPROVAL)	RVATION, MONITORING (M	AY REQUIRE	NORTH A ST	8 CO SIGNATURE EAST	8999000	77
	APPROPRIATI	ION PERMIT)		GHIU 121-10 1	55 GHID4	57 63	
	APPROXIMATE DEPT	TH OF WELL 260	FEET	SHOW MAJOR FEA BOX & LOCATE WE WITH AN X	LL <i>[</i>	cotton OK	
-		1 .24	28 NEAREST	SOURCES OF DRIL		Casing-601	ia.
	APPROXIMATE DIAM	ETER OF WELL	NEAHES!	1.WE CC 2.		g/out 1960g	
		THOD OF DRILLING (3		A 14'1'	
	BORED (or Augere	d) <u>JETTED</u> <u>AIR-PER</u> cussion	Jetted & <u>DRIVEN</u> <u>ROTARY</u> (Hydraulic Rotary)	WRITE THE BOX N FROM THE MAP HE			
	CABLE (5)	REVerse-ROTary	DRIVE-POINT				
	other			E 796	'		
	REPLA	<i>CEMENT OR DEEPEN</i> CIRCLE APPROPRIATE B		N 3 28	_	0	
		VILL NOT REPLACE AN EXI	STING WELL	RELATION TO NEAF	BY TOWNS AND R		
	☐ ABANDONED	VILL REPLACE A WELL THA AND SEALED	· · · · · · · · · · · · · · · · · · ·	DISTANCE FROM W	ELL TO NEAREST I	HOAD JUNCTION	• .
	A STANDBY POLICY ON S	VILL REPLACE A WELL THA CONTACT LOCAL APPROV STANDBY WELLS	ING AUTHORITY FOR	N Slanwood	A series	Wed wed	
	101	VILL DEEPEN AN EXISTING	the state of the s		3/	SANGON CA	oi ND
	(IT AVAILABLE)	OF WELL TO BE REPLACE	52		4	OR SHIPE	
	Not to L	be filled in by driller (OEP	USE ONLY)	0 2 000	t /	L hr	!
	APPROP. PERMIT N	UMBER [GAP 63	O Burn		woods Rd	
	IN BO	LS PERMIT No. HU-	94-0244	E/		• • • • • • • • • • • • • • • • • • •	
H	67 88 SPECIAL CONDITION	70 71 72 NS	13 74 75 76 77 78 79	DADATE SHEET IS NEEDS	D =		

COUNTY

	c 1 5908	SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
İ	(SUMBER IS TO BE P	UNCHED	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY A 4/968
ı	STIP CO USE ONLY	DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL":
	DATE Received	720194 15 20	22 2 45 26 (TO NEAREST EQOT)	# 0 - 9 4 - 0 2 4 9 28 29 30 31 32 33 34 35 36 37
1	OWNER	Jacobsen	Carlo	
١	STREET OR RFD	1 0	mark or first name TOWN	6 Lenwood
1	SUBDIVISION	hol Propert	COOLITING DECORD	LOT
-	Not required for	driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
ŀ	STATE THE KIND OF I	COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST
	THICKNESS AND IF V	FEET Check	CEMEN C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. 8 - 5
ŀ	additional sheets if needed)	FROM TO bearing	NO. OF BAGS 14 NO. OF POUNDS 45 46 46 46 46 46 46 46 46 46 46 46 46 46	to nearest gal.)
	SANO	0 46	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE BUCKET
	3	46 245 ~	from 0 ft. to 4 ft. to 4 ft. to 4 ft. to 4 ft. to 5 ft. to 5 ft. to 6 ft	WATER LEVEL (distance from land surface) BEFORE PUMPING #2
	GRAY MICA ROCK	773	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL THE TOTAL T
	Back		types ST CO	WHEN PUMPING [/ 17.5]
l	VIOCIC		(appropriate) STEEL CONCRETE	TYPE OF PUMP USED (for test)
			code below PLASTIC OTHER	A air P piston T turbine
			MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe
ŀ			CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 27 below) S submersible
				J jet Submersible
			60 61 63 64 66 70 E OTHER CASING (if used)	
ŀ			diameter depth (feet) H inch from to	PUMP INSTALLED
			C A	DRILLER WILL INSTALL PUMP YES (CIRCLE) (YES or NO)
			ZG	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
			screen type SCREEN RECORD	EXCEPT HOME USE TYPE OF PUMP INSTALLED
			or open hole ST BR HO insert STEEL BRASS OPEN	PLACE (A.C.J.P.R.S.T.O) IN BOX - SEE ABOVE: 29
			(appropriate) STEEL BRASS OPEN BRONZE HOLE	CAPACITY: GALLONS PER MINUTE
			below PLASTIC OTHER	(to nearest gallon)
	IN HARD ROCK AREAS, IDE	NTIFY SPECIFICALLY	C[2]	PUMP HORSE POWER PUMP COLUMN LENGTH
	WHERE SATURATED FRACT		DEPTH (nearest ft.)	(nearest,ft.), 47 CASING HEIGHT (circle appropriate box
		yes no	E 1 4 0 4 8 1 2 4 5 17 21	+ above and enter casing height)
٠.	WELL HYDROFRACTU		2	LAND SURFACE (nearest
٠	CIRCLE APPROPI	RIATE LETTER	S 23 24 26 30 32 36 R	— below below foot)
	A A WELL WAS ABAND WHEN THIS WELL W	ONED AND SEALED	R 3 41 45 47 51	LOCATION OF WELL ON LOT A SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTA	MNED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
	P WELL CONVER	RTED TO PRODUCTION	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	I HEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 26.0	04.04 "WELL CONSTRUCTION"	from to	
	AND IN CONFORMANCE WITH ALL ABOVE CAPTIONED PERMIT, AND SENTED HEREIN IS ACCURATE AND	THAT THE INFORMATION PRE-	GRAVEL PACK	De
	MY KNOWLEDGE.	0./	FLOWING WELL INSERT F IN BOX 68	
	DRILLERS IDENT. NO. L.	1 1 700000	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	310.
	DRILLERS SIGNATURE	- Margne	T (E.R.O.S.) W Q	1 Contraction
	(MUST MATCH SIGNATURE	E UN APPLICATION)	70 72	5 7.3
	SITE SUPERVISOR (sign. or responsible for sitework if or		TELESCOPE LOG OTHER DATA CASING INDICATOR	
	Tesponsible for sitework if t	dinerent nom permittee)		

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043



	- JLINE	
w Installation		Receipt #
placement		Date
		일하고 된 생활성 지수는 결과
me of Installer		Telephone
cense Number	er Well Driller	Registered Plumber
me of Property Owner		Telephone
bdivision Choi Prope	Lot 5	Well Tag #
te Address 3303 Sc	ing reserve	
IMP	Motor	Pitless Adapter
Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM 3. Voltage	2. Model # 3. Depth
a Cubmanaibla	a 110	3. Depth
Wales	h 220	
Make	J. 220	
Model #		
. Model #GPI	- J. 230	
. Make . Model # . CapacityGPI . Pump exceeds well capaci	CA 162 NO -	Vac No
. Pump exceeds well capaci . If Yes, is low pressure	cutoff switch installed?	Yes No Ctrical wiring from
. Pump exceeds well capaci . If Yes, is low pressure . What methods are used to	cutoff switch installed? protect the pump and elected to the cable guardest cable guardest.	ctrical wiring from ds Other
If Yes, is low pressure what methods are used to vibrations? Torque arr	cutoff switch installed? protect the pump and elected to the cable guardest cable guardest.	ctrical wiring from ds Other
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If Yes, is low pressure what methods are used to vibrations? Torque arrank Capacity Pressure relief valve?	cutoff switch installed? protect the pump and electestors Cable guard Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line	ctrical wiring from ds Other Well data 1. Depth ft. 2. Yield GPM 3. Static water level ft. 4. Will water supply be disinfected by installer?
Pump exceeds well capaci. If Yes, is low pressure what methods are used to vibrations? Torque arroank Capacity Pressure relief valve?	cutoff switch installed? protect the pump and elecestors Cable guard Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Depth of supply line y responsibility to notif	ctrical wiring from dsOther Well data1. Depthft2. YieldGPM3. Static waterlevelft4. Will water supplybe disinfected byinstaller?
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Note 10:30 P.M. - No work

