

10/9/86 anytime

HOUSE CONNECTED TO ~~SEPTIC~~
~~SEPTIC SYSTEM TO BE ABANDONED,~~

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

approved
10/10/86
C. Williams

P 35945

A REPAIR

01-159038

ELLICOTT CITY

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DATE 9/03/85

Soung Yull Choung IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 5275 Ilchester Road, Ellicott City, MD PHONE 465-3417

SUBDIVISION _____ ROAD 5275 Ilchester Road LOT _____

PROPERTY OWNER Soung Yull Choung

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

PLANS APPROVED BY C. Williams DATE 9/3/85

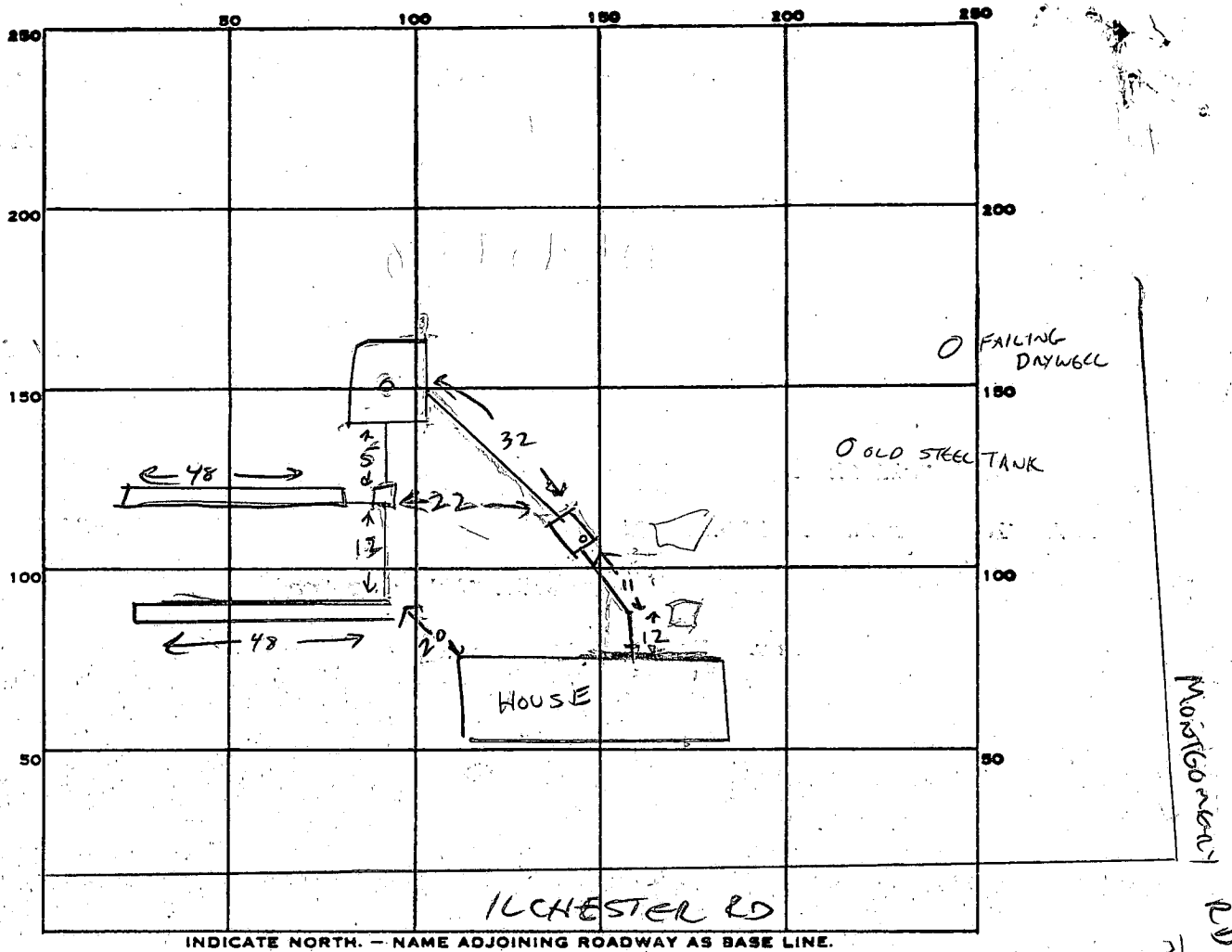
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. 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 THREE 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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 35945 A REPAIR



PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS ST, DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/9/86 SYSTEM OK TO COVER. OLD SYSTEM MUST BE ABANDONED,
 CONTRACTOR TO DO SO OVER WEEKEND.
 HOUSE CONNECTION REQ'D.
10/10/86 OLD SYSTEM ABANDONED, HOUSE CONNECTION COMPLETE. CW

DATE SYSTEM APPROVED OCT 10, 1986 INSPECTOR C. Williams

9/9/85
9:38 AM

PERMIT

P 35945

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DISTRICT _____

DATE 9/03/85

Sung Yull Choung IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 5275 Ilchester Road, Ellicott City, MD PHONE 465-3417

SUBDIVISION _____ ROAD 5275 Ilchester Road LOT _____

PROPERTY OWNER Sung Yull Choung

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

3192
4
7680
9468

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR. } 9-9-85-RECOMMEND DRY WELL/TRENCH DUE TO LIMITED SPACE

4 BR HOUSE 192 sq ft / BR REQUIRED. DRY WELL 15'x15' INLET 6', BOTTOM MAX 11 FT; SFT STONE BELOW PIPE; TRENCH ON LEVEL GROUND; PLACE DRYWELL AT PERC HOLE #1; RUN TRENCH TOWARD PERC HOLE #3; TRENCH INLET AT 6' BOTTOM MAX 11' SFT OF STONE BELOW PIPE; 768 sq ft NEEDED

PLANS APPROVED BY C. Williams DATE 9/3/85

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.

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PERMIT VOID AFTER THREE YEARS.

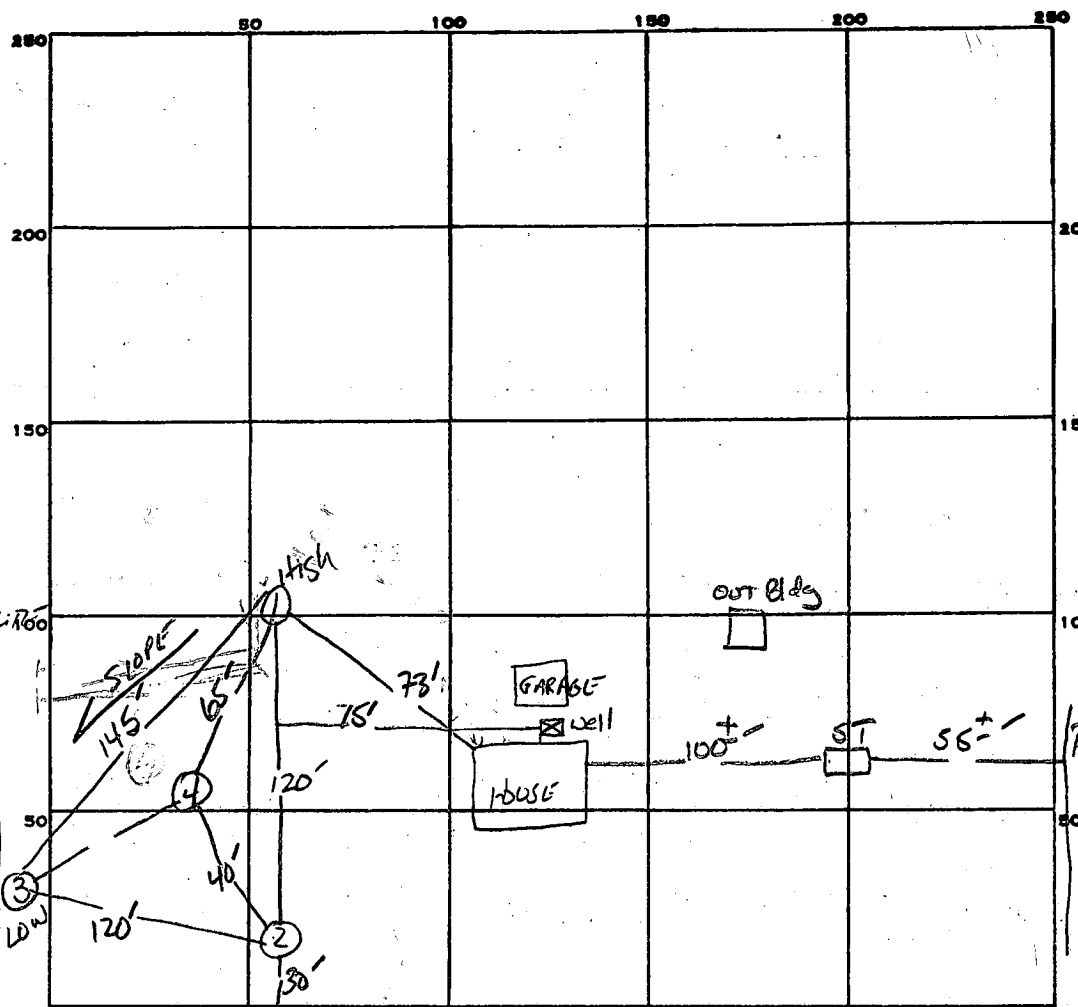
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*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

Big Ram
66588



①
4" A1-3
RED YELLOW CLAY LOAM 10-20% SAPROLITE
3' Yellow BR. SANDY CLAY LOAM 20% SAPROLITE
6' Yellow BR SAND Lm. 20-30% SAPROLITE

②
3" A1-3
RED BROWN CLAY Lm. 10-20% SAPROLITE
5' Yellow BR. SAND LOAM 20-30% SAPROLITE

③ ④
4" A1-3
Yellow RED CLAY Lm. 10% SAPROLITE
5' Yellow BR. SAND Lm. 10-20% SAPROLITE

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
CL FULCHESTER Rd.

CL = CENTER LINE

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. 48R.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

48R
4 1/2
4
32

REMARKS	IS	3'	11:22	11:52	~1" MOVEMENT	(TIME)
1 M	8'	11:22	11:33	11:33	11:56	23 min
1 V	14'	GOOD SOIL STRUCTURE Below 5' - ABOVE IS MAXIMAL.				
2 S	3'	11:27	12:00	11" MOVEMENT		
2 M	7'	11:27	11:37	11:37	12:02	(25 min)
2 V	13'	GOOD SOIL STRUCTURE Below 5' - ABOVE IS MARGINAL				
3 S	3'	11:40	12:05	1/2" MOVEMENT		
3 M	7'	11:40	11:43	11:43	11:47	- 4 min
3 V	13'	GOOD SOIL AT 5-13' - BEST HOLE				
4 V	13'	SAME AS HOLE 3				
1 S	6'	12:05	12:15	12:15	12:35	(20 min)

DATE SYSTEM APPROVED _____ INSPECTOR _____

B 1 **7151** 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
40-81-1143
 fill in this form completely

Date Received **2-22-85**
OWNER INFORMATION
 SENECA CK STATE PARK
 15 Last Name 34 Owner First Name
 11950 Clover Rd
 36 Street or RFD 55
 Gaithersburg Md 90878
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
 HOWARD
 8 COUNTY 21
 SUBDIVISION
 SECTION LOT
 SUNSHINE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION
 George Easterday
 40 License No. 80
 L. Franklin Easterday Inc
 Firm Name
 9265 Brown Church Rd Mt Airy Md
 Address
 George Easterday
 Signature 8-20-85 Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE-BOX)**
 N
 W E
 S
 TOWN
 NE NW SE SW
 8-9 8-9 8-9 8-9
 NEAR WHAT ROAD **RF97**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 DISTANCE FROM ROAD **100**
 34 37
 ENTER FT or MI **1**
 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **600**
 14 20

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
 Howard
 COUNTY NAME
 COUNTY NO.
 OEP SIGNATURE DATE ISSUED
 CO SIGNATURE EXP. DATE
 NORTH GRID **512000** EAST GRID **0784000**
 50 55 57 63

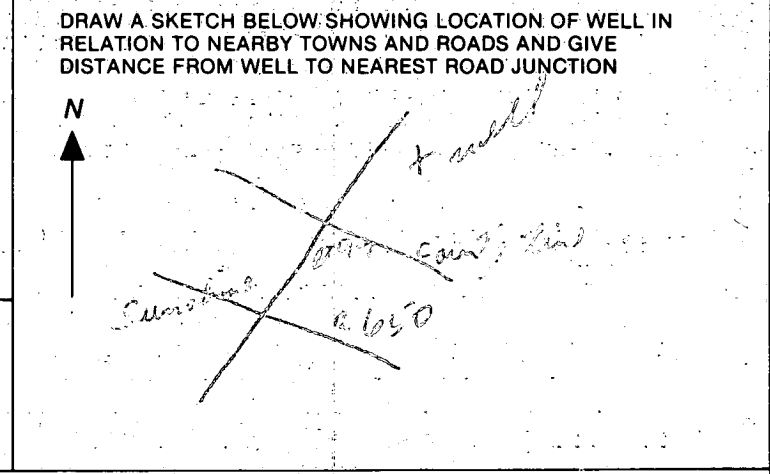
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **7804**
 N **5102**
 000 000

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) **40-81-1143**
 41 52



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 54 63
 FORCE **GW** WRITE INITIALS IN BOX PERMIT No. **40-81-1143**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

178

SEQUENCE NO. (OEP 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 A-35935

DATE Received

DATE WELL COMPLETED 082015

Depth of Well 100 (TO NEAREST FOOT)

OK MR 2/3/91

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1143

OWNER Seneca Creek State Park last name RT97 first name TOWN SUBDIVISION SECTION LOT A-35935

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Clay, Shale, Sand Stone, Mica, Sand Stone, Quartz, and Mica.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 9, NO. OF POUNDS 700, GALLONS OF WATER 30, DEPTH OF GROUT SEAL 18 ft.

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (40).

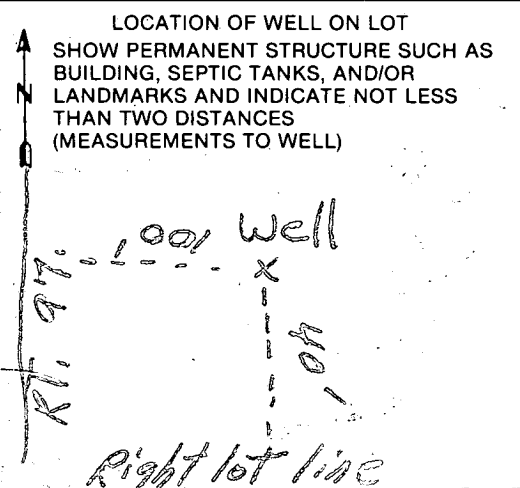
OTHER CASING (if used) Form: diameter inch, depth (feet) from to

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) 38

GRAVEL PACK Form: 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 Form: PUMPING TEST (C3), HOURS PUMPED 3, PUMPING RATE 80, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL BEFORE PUMPING 50, WHEN PUMPING 100, TYPE OF PUMP USED (A) air

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+) above LAND SURFACE (2) (nearest foot)



A CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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. 40, DRILLERS SIGNATURE (Must match signature on application), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

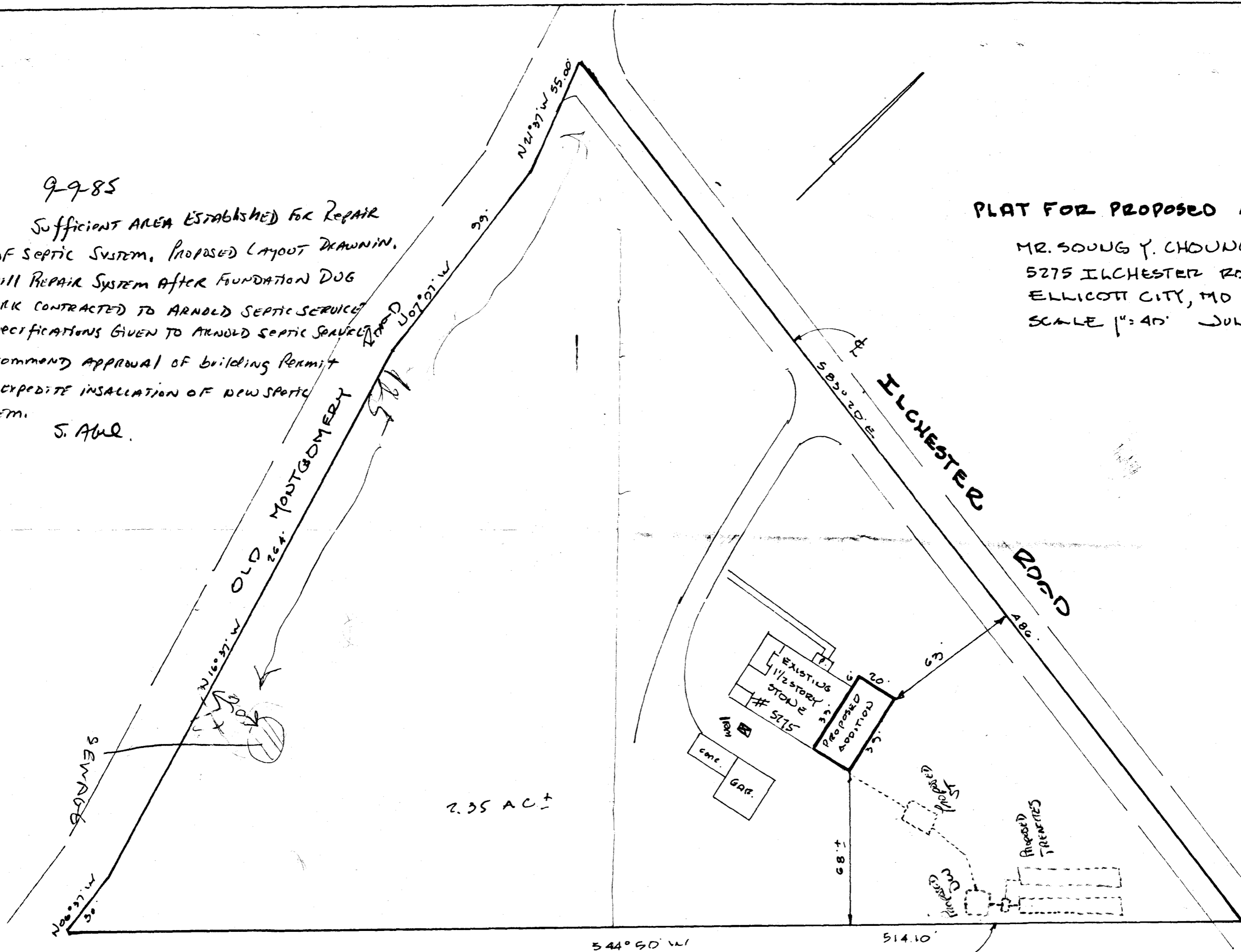
9-9-85

Sufficient area established for repair of septic system. Proposed layout drawn in. Will repair system after foundation dug work contracted to Arnold Septic Service. Specifications given to Arnold Septic Service. Recommend approval of building permit to expedite installation of new septic system.

S. AHL

PLAT FOR PROPOSED ADDITION

MR. SOUNG Y. CHOUNG
5275 ILCHESTER ROAD
ELLCOTT CITY, MD 21043
SCALE 1"=40' JULY 29, 1985



HUCKINS ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5485 HARPERS FARM ROAD
COLUMBIA, MD 21044

SUSQUEHANNA TRANSMISSION R/W

8/30/85
DO NOT SIGN OVERFLOW
TALK TO MR CHOUNG ABOUT
GETTING PERMIT TO FIX SYSTEM
RH

FILE _____ DATE REPORTED 8-16-85

PROPERTY OWNER D.N.R. (RENTAL PROP.) MR. LEN WILBUR ASST. MGR.

P. O. ADDRESS BOX 4555 Rt 97 PATUXENT SENECA

DIRECTIONS TO PROPERTY Rt 97 to Address JUST PARK COMPLEX

PAST WHITE PINE PLANTATION BEFORE PATUXENT RIVER

INFORMANT MR. LEN WILBUR

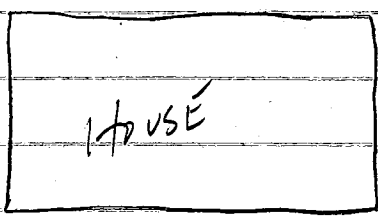
CONDITION FOUND: HAND DUG well 40 FT Deep Dry - New well

LOCATIONS AS PER ACCOMP. DRAWING

ACTION TAKEN: ISSUED well TAG # ; 3 LOCATIONS SHOWN

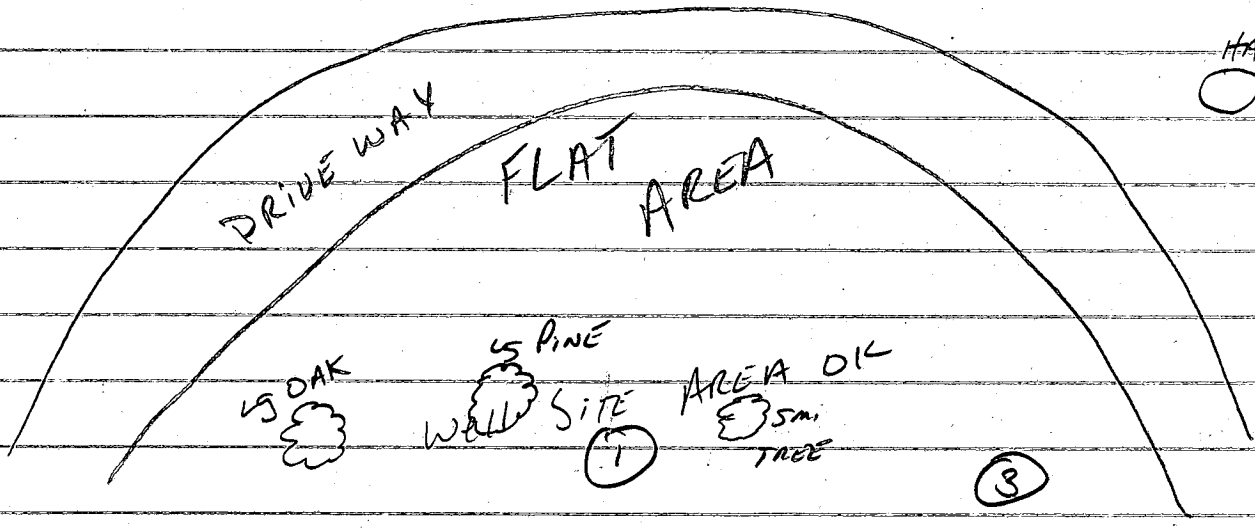
FINAL DISPOSITION: _____

SEPTIC AREA
> 100' FROM
EXISTING WELL



②
WELL SITE AREA
OK

○ HAND DUG
WELL
40' DEEP



Rt 97