

6/19/91  
Late 6/20/91

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

**INDEXED**

05-405009

P 47775

A 36978

DISTRICT 5th

DATE 6/6/91

DATE SYSTEM APPROVED 6/20/91

INSPECTOR M. R. P. Kin

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

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

SUBDIVISION The Chase LOT 2 ROAD 11607 Masters Run

PROPERTY OWNER Si Woo Shin

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 170 ft from the front lot line and 110 FT from the left lot line as seen when facing the lot from Masters Run. Run trenches on contour ~~toward the front line~~ BOTH SIDE LINES. Keep the tank at least 100 feet from the well.  
OK 4/12/91 RA **REVISED 6/17/91 RH**

PLANS APPROVED BY Raymond Hodges cm DATE 4/11/91

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

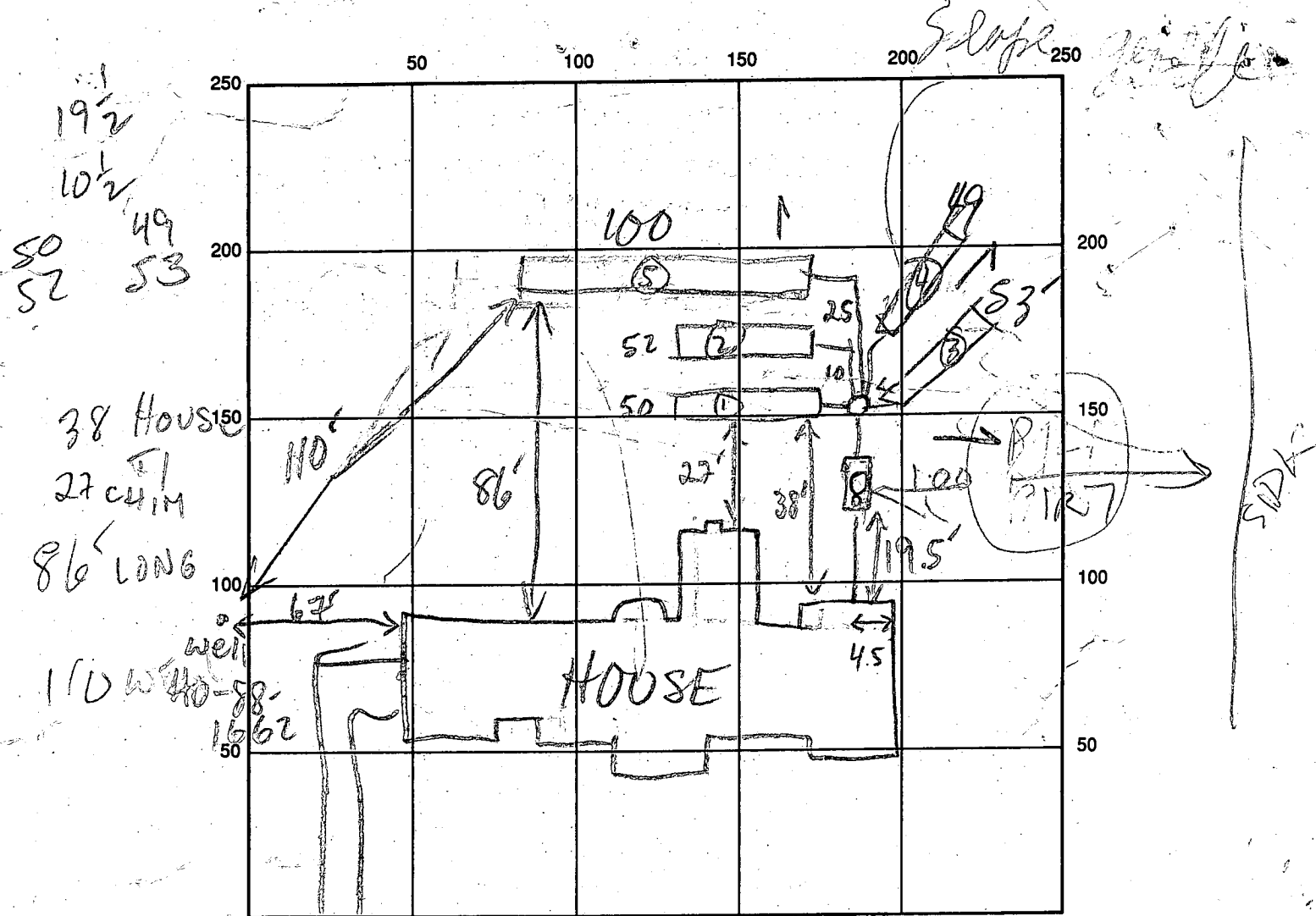
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED  
AND RETURNED 11/19/93  
Serial # 51497  
R.H.

A  
36978



19 1/2  
10 1/2  
50 49  
52 53

38 House  
27 c.u.m  
86' LONG  
110 well  
40-88-1662  
50

Slope 250

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
MASTERS RUN

SEPTIC TANK LEVEL 1500 GAL - OK CLEANOUTS 8" C/O OK WELL RINGS OK  
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN  
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.  
 EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH ①50 ②52 ③53 ④49 ⑤100  
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA ①150 ②156 ③159 ④142 ⑤300  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA 912 SQ. FT.

REMARKS: 6/19/91 2 TRENCHES RUNNING DOWNHILL, BUT SUPPOSEDLY W/OK OF RH (LATER VERIFIED); DIG LAST TRENCH MR  
 6/20/91 RH OK'D TRENCH LOC., COULD NOT REQUIRE ABANDONMENT OF DOWNHILL TRENCHES; OK TO FINISH & COVER MR

DATE SYSTEM APPROVED 6/20/91 INSPECTOR M. R. P. KIN

SUBDIVISION: THE CHASE  
Masters Run

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

\_\_\_\_\_ 180 sq. ft./bedroom  
 \_\_\_\_\_ 5

Trench to be 3 wide. 900 SQFT FOR 5 BEDROOMS  
 Inlet 3.5 feet below original grade. 300 FT LONG - 5 BEDROOMS  
 Bottom maximum depth 5.0 feet below original grade.  
 Effective area begins at 3.5 feet below original grade.  
1.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 170 FT FROM THE FRONT (R) LOT  
LINE AND 130 FT FROM THE LEFT (L) LOT LINE AS SEEN WHEN FACING  
THE LOT FROM MASTERS RUN. RUN TRENCHES ON CONTOUR TOWARD THE  
LL BIGHITT LINES. 1-2-87 SID AM  
KEEP THE TANK AT LEAST 100 FT FROM  
THE WELL RH

SLIGHTLY REVISED MR 1/3/91  
REVISED AGAIN RH 4/11/91

# APPLICATION

PERCOLATION TESTING

A 36978

P \_\_\_\_\_

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

DISTRICT 5

DATE 5/15/86

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 Wayback Corporation Si Woo Shin

ADDRESS P.O. Box 1018, Columbia, MD. 21044 PHONE 997-8800

PROSPECTIVE BUYER NONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION The Chase - formerly The Paddock 11607 Masters Run LOT NO. 2

ROAD AND DESCRIPTION Homewood Road

TAX MAP 29 PARCEL # 24

SIZE OF LOT 3 acres TYPE BLDG. S.F.D.  
(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.

[Signature]  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Clark FOR Shallow test fields DATE 1-2-87

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

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE 4/1/87 ~~BLDG. PERMIT SIGNED~~ AND RETURNED 35392 DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 6/12/86 SLOW HELP ON HOLE (2) DIG

Hole (2) deeper R Hanges 4/24/86 DIS ANOTHER HOLE. SAYS WILL PERC-SATISFACTORY

Hold for Subdiv plan; Shallow test only - S.M.M.

~~BLDG. PERMIT SIGNED~~  
~~AND RETURNED~~

# THIS IS NOT A PERMIT

SOIL PROFILE


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 \_\_\_\_\_

EH-12-1079

# APPLICATION

PERCOLATION TESTING

A 36978

P \_\_\_\_\_

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

DISTRICT 5

DATE 5/15/86

TO: THE COUNTY HEALTH OFFICER  
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PROSPECTIVE BUYER NONE

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

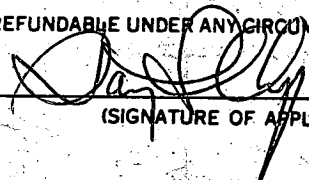
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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

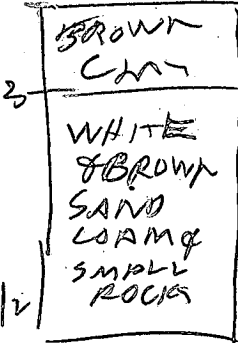
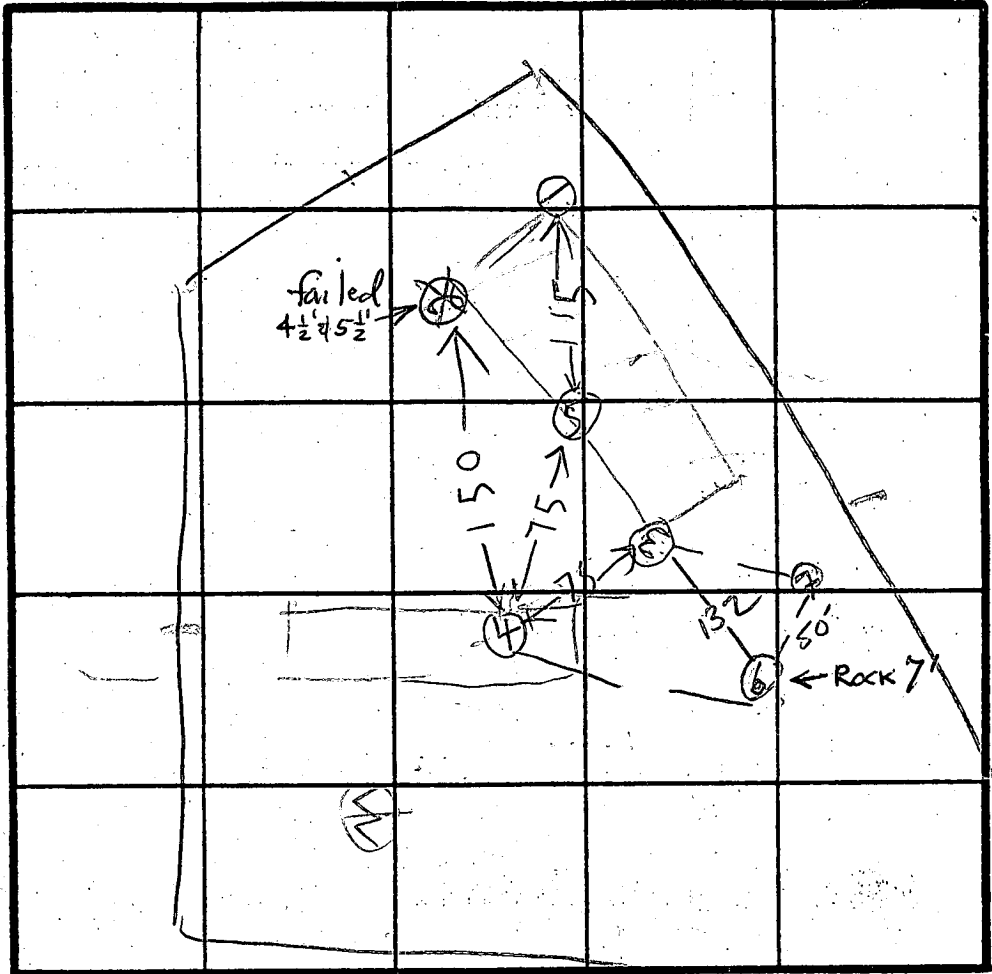
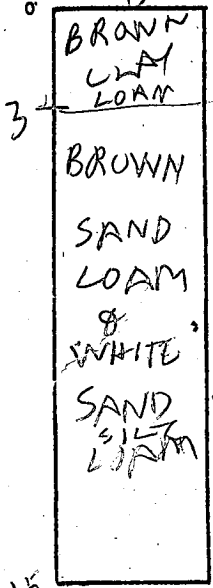
REASONS FOR REJECTION OR HOLDING: \_\_\_\_\_

# THIS IS NOT A PERMIT

lot 2

lot 2

SOIL PROFILE



(4)3 = HIGH  
 (5) = MEDIUM  
 (12) = LOW

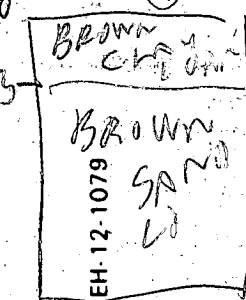
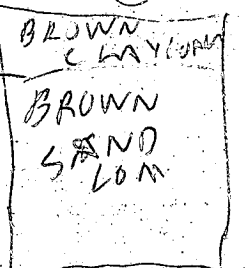
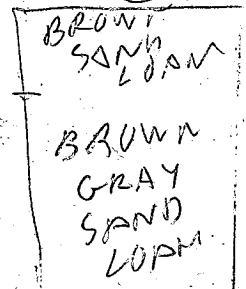
X PERC  
 Z MIN

INLET 3.5'  
 BOTTOM 5'  
 180#/HR

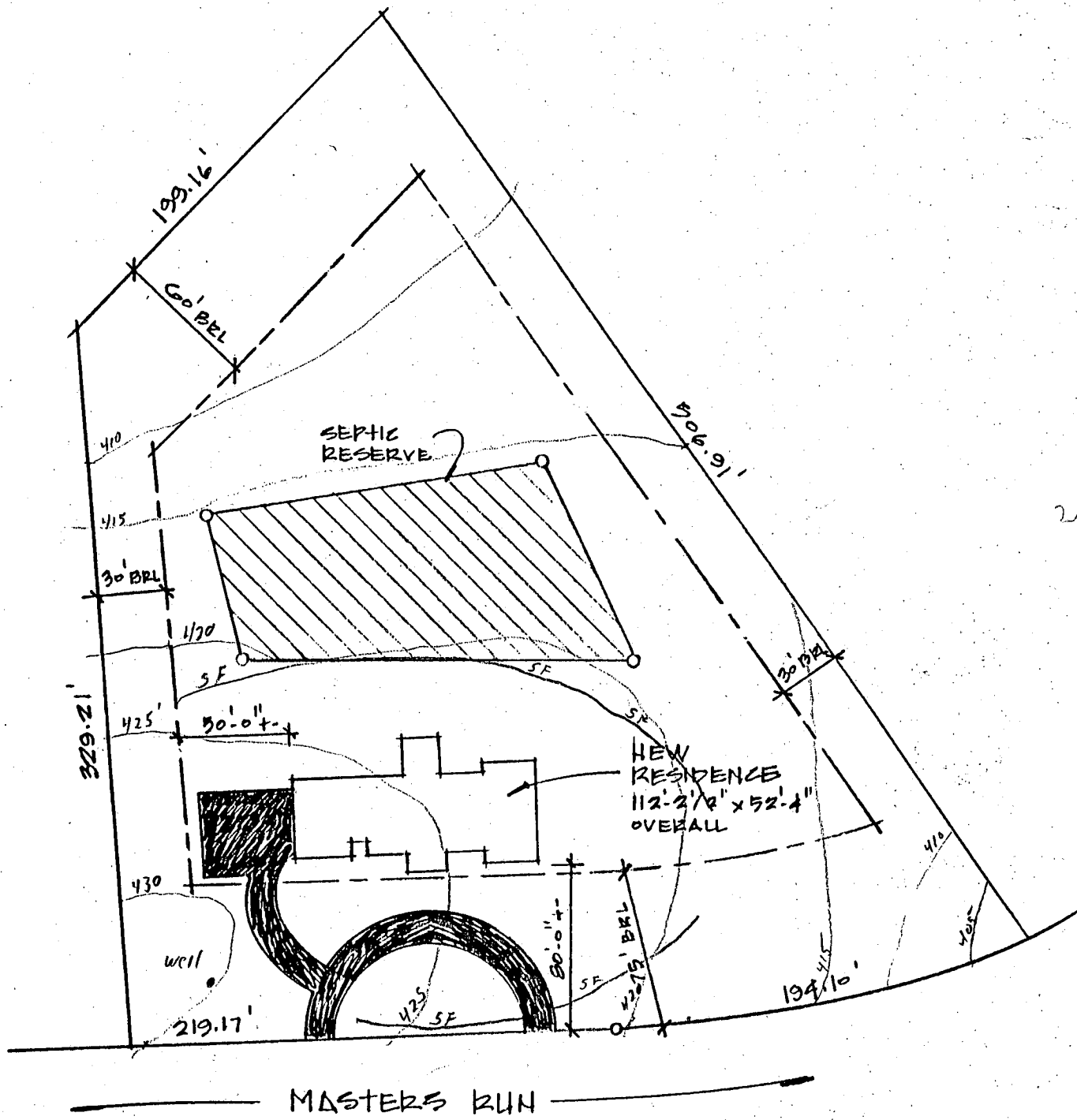
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UN NAMED R.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/12/86	1 S	4	1035	1037	1037	1039	2
	1 V	15	LOOKS		OK		
	(2) S	4.5	1046	1015	1st inch	30 min	
	(2) V	14					
	3 S	5	1106	1107	1107	1109	1
	3 V	8.5	1111	1112	1112	1114	2
	3 V	13 1/2	LOOKS	OK			
6/12/86	4 S	5 1/2	1123	1125	1125	1127	2
	4 V	12 1/2	LOOKS	OK			
4/24/84	2 S	5.5"	10:18 -	< 1" in 3 min. Failed -	MOVE HOLE		
	2 V	13					
4/26/86	(6) S	ROCK AT 7" UNACCEPTABLE					
	7 S	4.5	10:44	10:46	10:46	10:49	3min
	7 V	12'	UNIFORM SOIL BELOW 4'				



REMARKS: Holes (1)(2)(3) dug per Surveyor Old also present  
 TYPE OF SOIL: Test Box Hole (4)(5) Extra Matt  
 R. J. Hager Parc Area changed to avoid electric wire Jeff Amers  
 Bob Co



LOT #2 THE CHASE 2.81 AC.

Call Mr Henley 343 2252 of first paper

2,8104 AC.

122,423<sup>A</sup>

NOVEMBER 1989

REVISIONS

SHIN RESIDENCE  
HOWARD COUNTY, MARYLAND

2005 NOV 10 10:05 AM  
 2005 NOV 10 10:05 AM  
 2005 NOV 10 10:05 AM

March 14, 1991

Mrs. Avis L. Corbin

I have applied for a permit at 11607 Master Run  
development The Chase. PERMIT NUMBER 35392

The health department has it on hold because  
I had to drill a well and needed yield and well  
Number HO-88-1662. Also I needed the drawing  
which is inclosed.

Thank For Your help

Glen D. Henley

C + L CONSTRUCTION

Box 455

Montez, Maryland 21111

cc: Health Dept  
customer hand carry

HOWARD COUNTY

# PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS  
BUREAU OF INSPECTIONS LICENSES & PERMITS

3430 COURTHOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

35392

## APPLICATION

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

11007 Masters Run St

GRADING/SEDIMENT CONTROL  YES  NO

TOP 3

DESCRIPTION OF WORK AUTHORIZED

Building 2 story full basement attached 3 car garage

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
B	24			2		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
The Chase	R	29	5	605.1

OWNER'S NAME AND ADDRESS  
211 St Wood Shin  
The Sean Shin  
14109 Rippling Brook  
Silver Spring MD  
20906

OCCUPANT'S NAME AND ADDRESS  
None

ARCHITECT OR ENGINEER'S NAME AND ADDRESS  
None

CONTRACTOR'S NAME AND ADDRESS  
C.L. Construction  
Box 455  
Munkin, MD 21101  
PHONE NO. 301-225-2152  
GLEN HENLEY

EXISTING USE: Vacant lot  
PROPOSED USE: 1/2 dwelling

EST. CONSTRUCTION COST: \$400,000  
LICENSE NUMBER: \_\_\_\_\_  
PERMIT FEE: \_\_\_\_\_

SIZE OF BLDG. FRONT DEPTH HEIGHT


TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS			
ROOMS			
BATHS			
PREPLACES			

FOOTINGS FOUNDATION S. WALLS


UTILITIES  
WATER/WELL SEWER/SEPTIC GAS ELECTRICITY TYPE OF HEAT AC

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 with.

Signature: [Signature]  
TITLE: CONTRACTOR  
DATE: 11/9/90

W/S CODE \_\_\_\_\_ FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_

SIDE YARD \_\_\_\_\_ (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) \_\_\_\_\_

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION DATE SIGNATURE/INITIAL

ZONING/PLANNING [Signature]

SHA [Signature]

SEDIMENT/GRADING [Signature]

BUILDING OFFICIAL [Signature]

WATER & SEWER [Signature]

HEALTH DEPT. 4/1/91 [Signature]

FIRE PROTECTION [Signature]

STORM WATER MGM [Signature]

**CAUTION**  
To 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.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept  
Gold - E.M.A.

**Healy Homes Inc.**

P.O. Box 455  
Monkton, MD 21111  
(301) 343-2252

329-6314  
HENLEY

March 22, 1991

Health Department  
3525 Ellicott Mill Drive  
Suite H  
Ellicott City, Maryland 21043

Dear Mr. Hodgas,

The house located at "The Chase" Lot #2, 11607 Master Run, will be a five (5) bedroom house. The septic trench size to be determined at the time of issuance of the permit. Thank you for your help.

Sincerely,



Glenn D. Henley

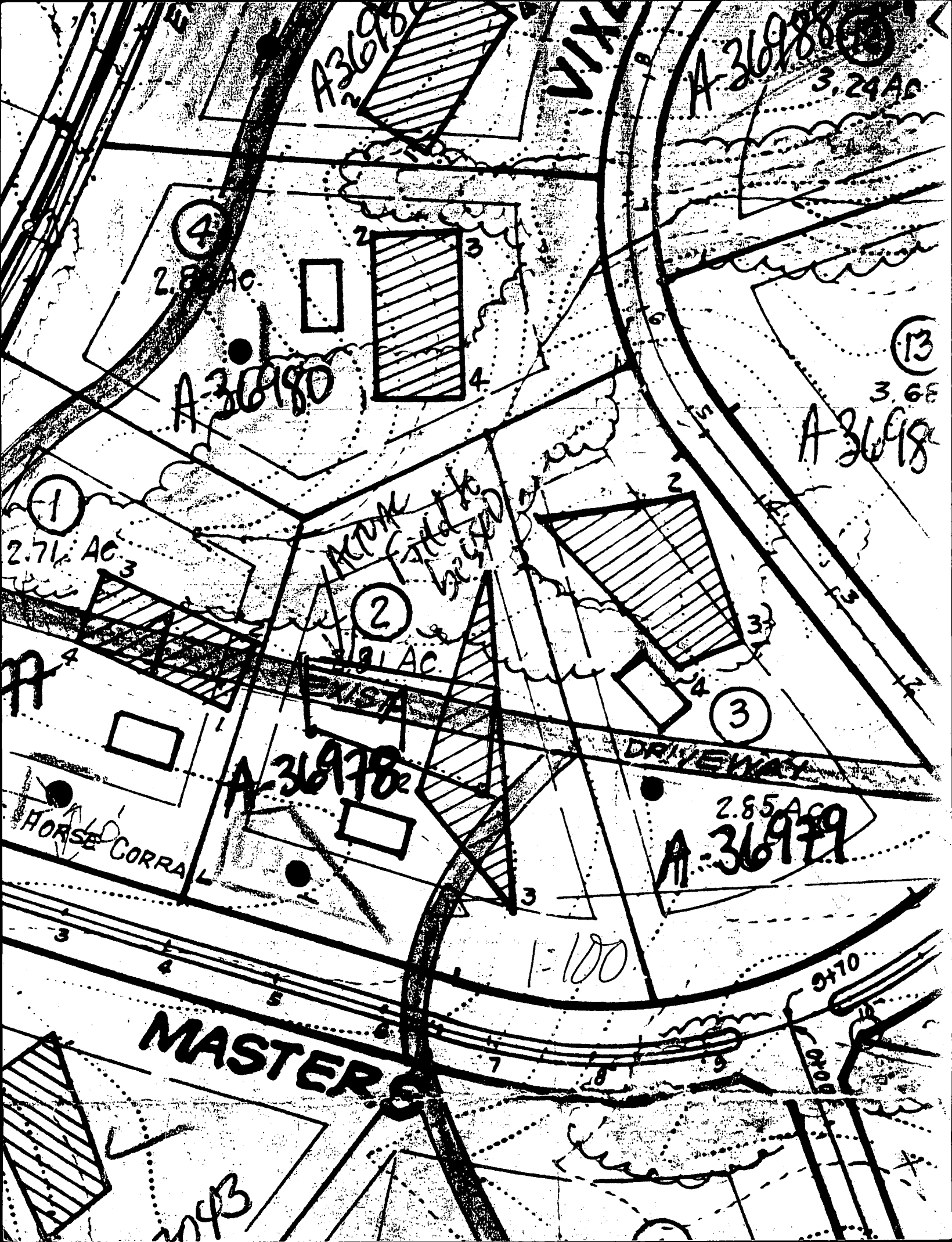
GDH:cah











A-36980

A-36986

④  
2.85 AC

3.24 AC

A-36980

⑬  
3.68

A-3698

①  
2.71 AC

ACORN FIELD

②

1.91 AC

DRIVEWAY

2.85 AC

A-36978

A-36979

HORSE CORRAL

1:100

9470

MASTERS

2043

SIDE DIVISION

1:200

R=1300.00  
A=75.25

375° 30' E  
53.62'

375  
380  
385  
390  
400 (395)

R=1300.00  
A=33.39  
(ABANDONED)

ORIG WELL

EX. WELL

260' 7.6 PM

DRY 300'

HOLE  
RSIDE ROAD

HOMERWOOD

ROAD

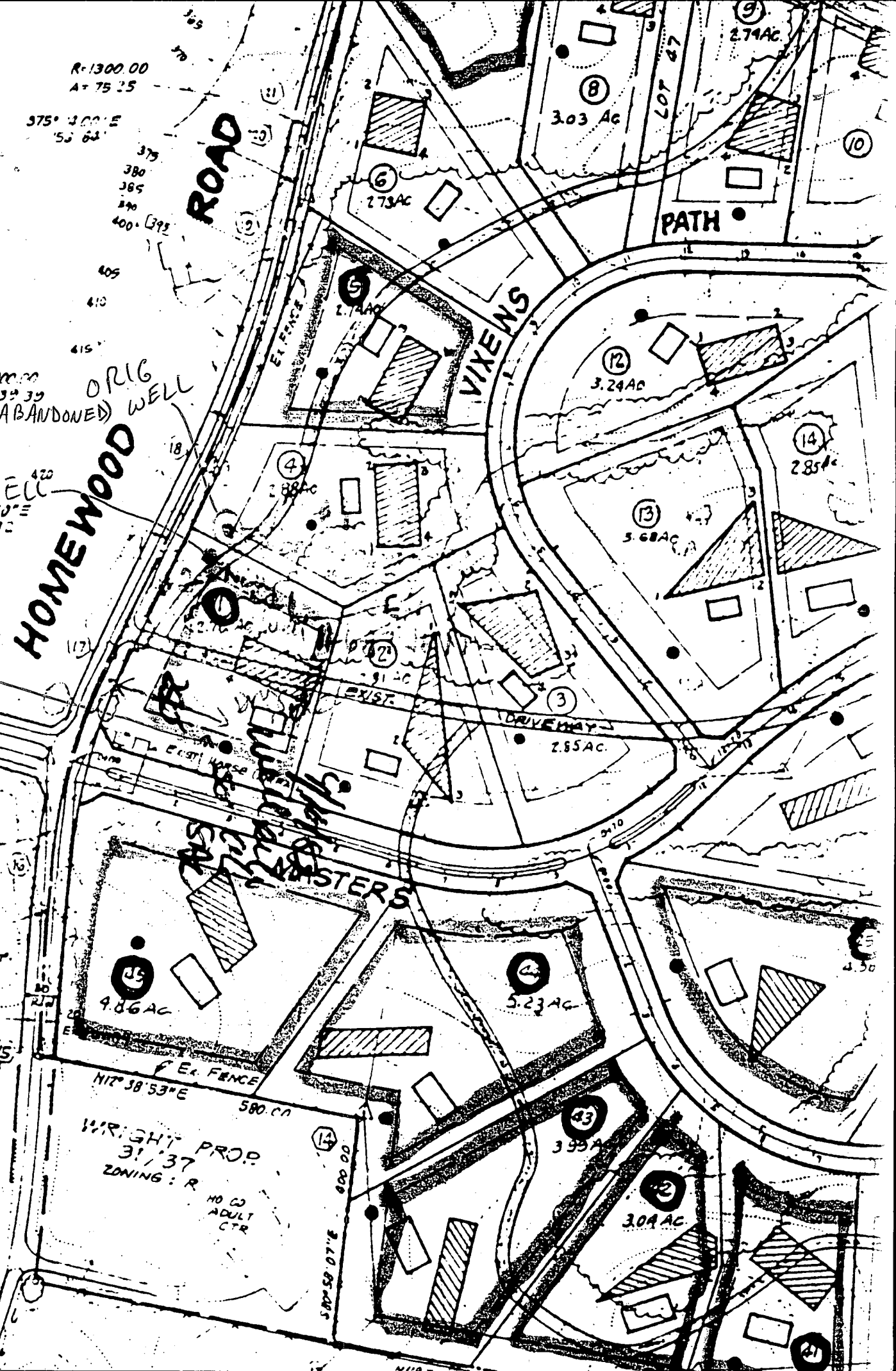
VIXENS

WRIGHTS

WRIGHT PROP.  
31/37  
ZONING: R

NO CO  
ADULT  
CTR

425  
450  
455  
460  
465  
470  
475  
480



B 1 2074

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-88-1662 fill in this form completely

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

please print or type

Date Received (APA)

010891

OWNER INFORMATION

C+L CONSTRUCTION

15 Last Name Owner First Name 34

PO Box 455

Monkton MD 21111

B 3

LOCATION OF WELL

Howard

The Chase

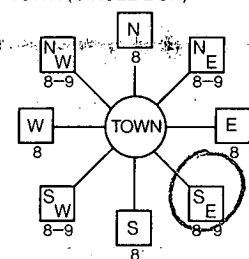
SECTION LOT 2

WEST FRIENDSHIP

MILES FROM TOWN 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



masters Run

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



30 DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

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 Co A36978

COUNTY NAME COUNTY NO STATE SIGNATURE DATE ISSUED

011891 D. Buggs 7-18-91

514000 NORTH GRID 0824000 EAST GRID

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

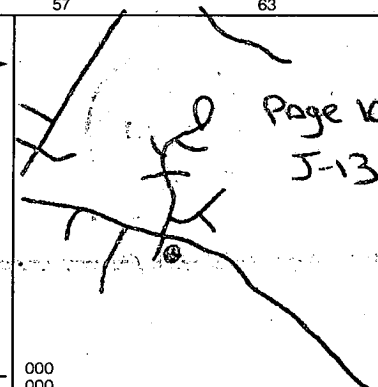
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

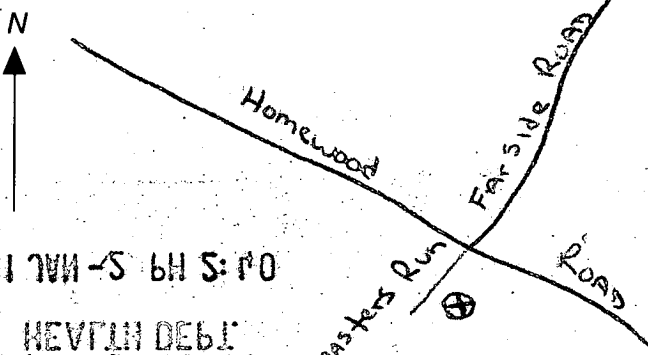
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

824 514



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



HEALTH DEPT. HOWARD COUNTY RECEIVED

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

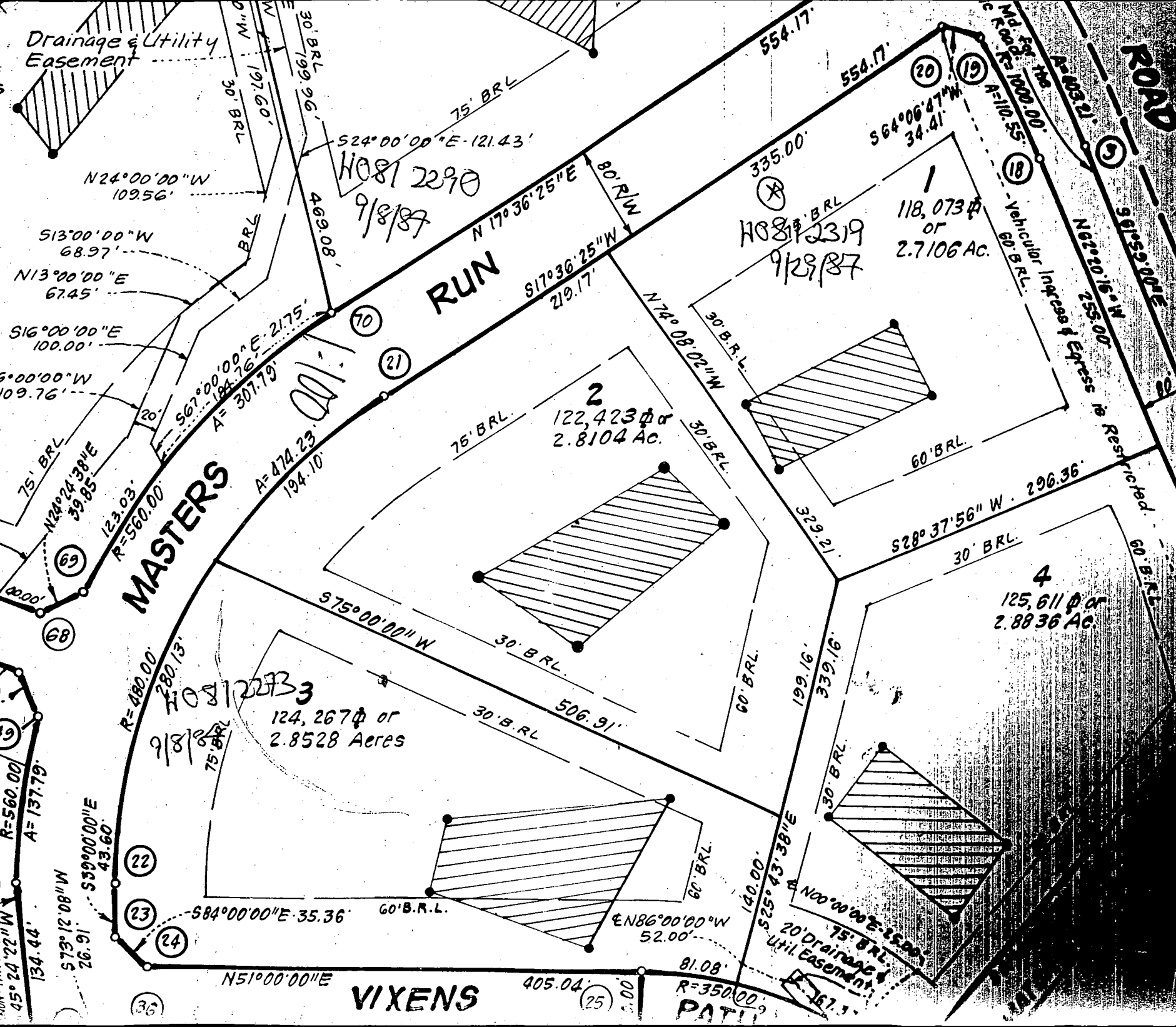
FORCE DB PERMIT No. HO-88-1662

SPECIAL CONDITIONS



44  
22,973 sq  
5.2335 Acres

Drainage & Utility  
Easement



N24°00'00"W  
109.56'

S13°00'00"W  
68.97'

N13°00'00"E  
67.45'

S16°00'00"E  
100.00'

N16°00'00"W  
109.76'

N00°00'00"E  
169.86'  
190.50'

N24°14'38"E  
39.85'

N00°00'00"E  
230.50'

N63°11'51"W  
39.85'

R=560.00  
A=137.79

S39°00'00"E  
43.60'

S73°12'08"W  
26.91'

S51°00'00"E  
405.04'

N51°00'00"E

NON-TANGENT  
45°24'22"W  
134.44'

MASTERS  
RUN

VIXENS

S24°00'00"E-121.43'

H081 2290  
9/8/87

80' R/W

N17°36'25"E  
219.17'

75' B.R.L.

122,423 φ or  
2.8104 Ac.

N74°08'02"W  
329.21'

30' B.R.L.

S28°37'56"W  
296.36'

30' B.R.L.

125,611 φ or  
2.8836 Ac.

199.16'

339.16'

60' B.R.L.

140.00'

S25°43'38"E

N00°00'00"E-15.00'

20' Drainage &  
Util. Easement

R=350.00  
PATI

335.00'

H081 2319  
9/29/87

S64°06'47"W  
34.41'

118,073 φ  
or  
2.7106 Ac.

60' B.R.L.

Vehicle Lanes & Express is Restricted

N62°20'15"W  
255.00'

60' B.R.L.

91059.00'E

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

ROAD

91059.00'E

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

60' B.R.L.

Include w/permit to driller  
Howard County Health Department

To: G. Edgar Hart Sons

Mr. Leroy Brown

Drill no higher than  
20' from low corner stakes  
of well envelope. (yellow  
ribbon under rock)

From: M. Rifkin 46/-  
983

Date: 1/17/91

HD-170

**C 1** **4532**  
 SEQUENCE NO. (DENY USE ONLY)  
 (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 **A36978**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED

Depth of Well  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HC-88-1660**

OWNER **C + L Construction**  
 STREET OR RFD **Masters Run** last name first name TOWN **West Friendship**  
 SUBDIVISION **The Chase** SECTION LOT **2**

**c** **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	
Overburden	0	10	
Brown Shale	10	46	
Granite	46	300	X

Well #1 400' Dry (backfilled)  
 Well #2 400' Dry (backfilled)  
 Well #3 350' Dry (backfilled)  
 Well #4 300' Dry (backfilled)

**C 3** **GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **12** NO. OF POUNDS **1200**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **48** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**ST** **6** **48**

**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

**C 2**  
 DEPTH (nearest ft.)  
 1 **140** **48** **300**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

**C 3** **PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **11**  
 METHOD USED TO MEASURE PUMPING RATE **Submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **37**  
 WHEN PUMPING **191**  
 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,O) IN BOX - SEE ABOVE:  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE (nearest foot) **1**  
**-** 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. **489**  
 DRILLERS SIGNATURE **Eric Brown**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) **Mark Dixon**

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.)  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)  
 New Lot  
 NO Map Available  
 Well Site #5  
 RECEIVED



6/24/91  
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   
Replacement

Receipt # 47251  
Date 6/24/91

Name of Installer WILLIAM E. PITTINGER Telephone 848-7368

License Number 2126  
Certified Well Pump Installer  Well Driller  Registered Plumber 2126

Name of Property Owner MR + MRS Jih Soon Telephone 460.7589  
Subdivision 11607 MASTERNET AVE Lot # 2 Well Tag # 40-88-1662  
Site Address \_\_\_\_\_

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Goulds</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>5E505422</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity <u>120</u>	1. Type <u>1" PREST</u>	1. Depth <u>305</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1"</u>	2. Yield <u>11</u> GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line <u>4'</u>	4. Will water supply be disinfected by installer? _____

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 E. Pittiger

Date: \_\_\_\_\_

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

HD-215 6/24/91 - OK WELL PUMP STICKER APPLIED RP

Water Sample Request

PROPERTY OWNER Su Woo Shin DATE OF REQUEST 1/6/92  
TELEPHONE \_\_\_\_\_ NEW WELL NUMBER HO-88-1662  
DIRECTIONS OR INSTRUCTIONS per file.

NAME  
ADDRESS

11607 Martins Run Road  
New Columbia, Md.

E.C., Md. 21043

(LOT #2 - Theo Chavez)

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1/1/92

SEPTIC SYSTEM:  Approved  Disapproved DATE 6/20/91

CONDITION: R# 36978

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: (Water Test)

FIRST SAMPLE COLLECTOR Lab of Md. State TIME 9:37 DATE 1/6/92

BACTERIA T-7736, pH 6.1, Free Cl<sup>-</sup> 0.0, Res. Cl<sup>-</sup> 0.0, voc \_\_\_\_\_

CHEMICAL T-7738, LEAD & COPPER \_\_\_\_\_, NITRATES 1.35, Turbidity <1

ACTION: 1/13/92 send I.C.O.P. -> septic is ok.  
C.P.D.

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_\_

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

Bryan

5-12-92

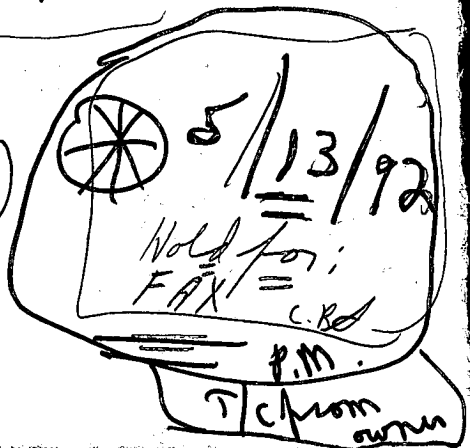
Mr. Siwoo Shin (997-1428)  
called re: 2nd water sample.  
He had Cassell Labs  
(410-252-7742) sample 10 days  
ago. Wants to know if this  
sample can be used for our  
records.

Please call Lab:

Lot-2 The Chase  
11607 Masters Run

Thanks (?)

JEN



Water Sample Request

PROPERTY OWNER \_\_\_\_\_ DATE OF REQUEST \_\_\_\_/\_\_\_\_/\_\_\_\_

TELEPHONE \_\_\_\_\_ NEW WELL NUMBER \_\_\_\_\_

DIRECTIONS OR INSTRUCTIONS \_\_\_\_\_

ADDRESS  
NAME

SAMPLE TYPE

REASON FOR REQUEST

- \_\_\_\_\_ Health Hazard
- \_\_\_\_\_ U & O
- \_\_\_\_\_ Real Estate
- \_\_\_\_\_ Pond or Stream
- \_\_\_\_\_ Sewage
- \_\_\_\_\_ Other

- \_\_\_\_\_ Physician's Advice
- \_\_\_\_\_ New Residence
- \_\_\_\_\_ Nitrate Monitoring
- \_\_\_\_\_ Taste or Odor
- \_\_\_\_\_ Treatment System Necessity
- \_\_\_\_\_ Plumbing or Well Repair
- \_\_\_\_\_ Replacement Well
- \_\_\_\_\_ Curiosity

SETTLEMENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SEPTIC SYSTEM: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CONDITION: \_\_\_\_\_

SUPPLY TYPE: \_\_\_\_\_ Drilled Well \_\_\_\_\_ Hand Dug \_\_\_\_\_ Spring \_\_\_\_\_ Public

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, VOC \_\_\_\_\_

\_\_\_\_\_ CHEMICAL \_\_\_\_\_, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

\_\_\_\_\_ CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

INVOICE NO.

T 7736

Permit # 35392

CERTIFICATE OF ANALYSIS

WATER TESTING LABORATORIES OF MARYLAND, INC.

Annapolis - Bel Air - Easton - Elkton - Severna Park - Timonium - Westminster

TOLL FREE: 1-800-635-0645

Annapolis: (301) 269-7755  
Bel Air: (301) 838-8411  
Easton: (301) 820-8485  
Elkton: (301) 398-2413  
Severna Park: (301) 647-7737  
Timonium: (301) 628-2855  
Westminster: (301) 876-2035

FIELD RECORD  
community   
non-community   
private

Sample Source: Kitchen

11607 Masters Run Rd  
Columbia

Date 1/6/92

Time 9:57

Iced  yes  
 no

pH 6.1

Free Cl 0

Total Cl 0

County How

Well No. under ground

This Sample Was Taken From A Tap On The Property By Water Testing Labs.

Construction  Satisfactory  
 Unsatisfactory  
 Not Determined

Bottle No. T7736 Collector Kathy Ashby 91-742

*no devices*

LABORATORY RECORD

Presumptive Bacteriological Test

ml. of Sample	10ml.			
Gas, 24 hours	-	-	-	-
Gas, 48 hours	-	-	-	-

Confirmed Bacteriological Test

ml. of Sample	10ml.			
Coliforms				
Fecal Coliforms				

N(NO <sub>3</sub> ) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
7.35	None	<1	2.1	13			

Date \_\_\_\_\_ Time \_\_\_\_\_

Received: 1-7-92 7:00

Examined: 1-7-92 8:30

Reported: 1-9-92 9:00

*J. Stearns*  
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption.

Thiosulfate Present \_\_\_\_\_  
Absent \_\_\_\_\_

# 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 - 461-9958  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

January 13, 1992

The Si Woo Shin  
11607 Masters Run Road  
Near Columbia, Maryland  
Ellicott City, Md. 21043

RE: LOT 2 - The Chase  
11607 Masters Run Road  
Near Columbia, Maryland

Dear Shin's

This is to advise you that the septic system was installed, inspected and approved on June 20, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88- 1662. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department with six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

Date of Water Sample

January 6, 1992

Date Well Approved

February 4, 1991

Charles B. Streaker, S.  
Approving Authority  
Charles B. Streaker, Sanitarian  
Water and Sewerage Program

Copy to O.P.W. 1/14/92 P.M.



---

## HOWARD COUNTY HEALTH DEPARTMENT

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Joyce M. Boyd, M.D., County Health Officer

Reply to: Charles Streaker  
313-2640 or 313-2641

May 8, 1992

Si Woo Shin  
11607 Masters Run Road  
Ellicott City, Maryland 21043

RE: Lot 2, The Chase Subdivision  
11607 Masters Run Road  
Well Permit No. HO-88-1662

Dear Sir:

A review of our records indicates that final satisfactory water samples were not obtained at the above referenced property. You are requested to contact this office at 313--2640 to arrange for those samples to be taken. These samples are required in order to comply with Maryland Well Construction Regulation (COMAR 26.04.04.09A) (1) which states that: "A person may not put into service a well or water supply system that may be used for human consumption unless a Certificate-of-Potability has first been issued for the well by the approving authority..."

An Interim Certificate-of-Potability was issued based on one satisfactory water sample. The enclosed copy of that Interim Certificate stipulates that a second safe sample be obtained. The purpose of the second sample is to assure that the well is not vulnerable to re-contamination.

You are requested to call this office at 313-2640 to arrange an appointment for the second sample from an inside tap which is the most reliable location from which to obtain a safe sample.

Presently there is no charge for this service.

Very truly yours,

*Charles B. Streaker*  
Charles B. Streaker, R.S.  
Water and Sewerage Program

CBS:hs

# CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

REPORT DATE: Apr 29, 1992

County Howard

Lab Number 92-1590

Sample iced Yes  
Residual Cl<sub>2</sub> <0.1 mg/L

cc: County Health Dept. No

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality  
Laboratory No. 115

REQUESTER: Chris Lee  
1st Dominion Mortgage Corp  
7010 Little River Turnpike Suite 140  
Annandale, Virginia 22003

Property Sampled: 11607 Masters Run

Station Sampled: Kitchen tap

Date/Time Sampled: Apr 28, 1992 9:15 am

Owner, Telephone No.: Si Woo Shin 997-1428

Subdivision Name: The Chase

Building Permit No.:

Well Number: None visible  
Ho-88-1662

LOT 2  
= *[Handwritten signature]*

Tax Map #:

Parcel #:

Sampler: P. Kellner #92-245

Lot Number:

Observation: Undetermined

### RESULTS OF ANALYSIS:

Nitrate -- N (mg/L)

6.4 **PASS**  
~~FAIL~~

10 mg/L\*

Turbidity (NTU)

< 1.0 **PASS**  
~~FAIL~~

10 NTU\*

pH (Units)

6.5

6.5 - 8.5 Units

SAND

**NEGATIVE**

*per Log*  
*I.C.O.P.*  
*1/13/92*

COLIFORM BACTERIA (MPN/100 mL)

~~Total ( of 10 tubes + ) **PASS**~~  
~~Fecal ( of 10 tubes + ) **FAIL**~~

< 1.1 (0 of 10 tubes +)\*

COLIFORMS / 100 mL (MF)

< 1 **PASS**  
~~FAIL~~

< 1 Coliforms / 100 mL\*

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was **SAFE** / ~~UNSAFE~~ for drinking purposes.

\* MCL = Maximum Contamination  
NR = Not Requested

*Sharon K. Cassell*

Sharon K. Cassell

CASSELL TESTING, INC.  
10940 BEAVER DAM ROAD  
HUNT VALLEY, MARYLAND 21030  
PHONE (301) 252-7742

## FAX TRANSMITTAL

DATE:

6/13/92

TO:

Charles Srecker

COMPANY NAME:

Ho Co

FAX NUMBER:

313-2648

RE:

H<sub>2</sub>O test

PROPERTY:

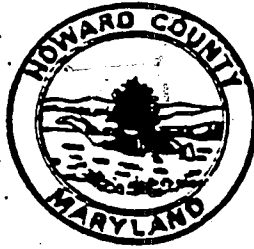
11607 Masters Run

PAGES FOLLOWING COVER SHEET:

1

FROM:

Sharon Cassey



**HOWARD COUNTY HEALTH DEPARTMENT**

Joyce M. Boyd, M.D., County Health Officer

May 13, 1991

Reply to:

The La Woo Shins  
11607 Masters Run Road  
Ellicott City, Maryland  
21043

RE: LOT # 2 - The Chase Sub.  
11607 Masters Run Road  
With Tag # HO-88-1662

Dear La Woo Shins

This is to advise you that the septic system was installed, inspected and approved on June 20, 1991.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

**FINAL CERTIFICATE OF POTABILITY**

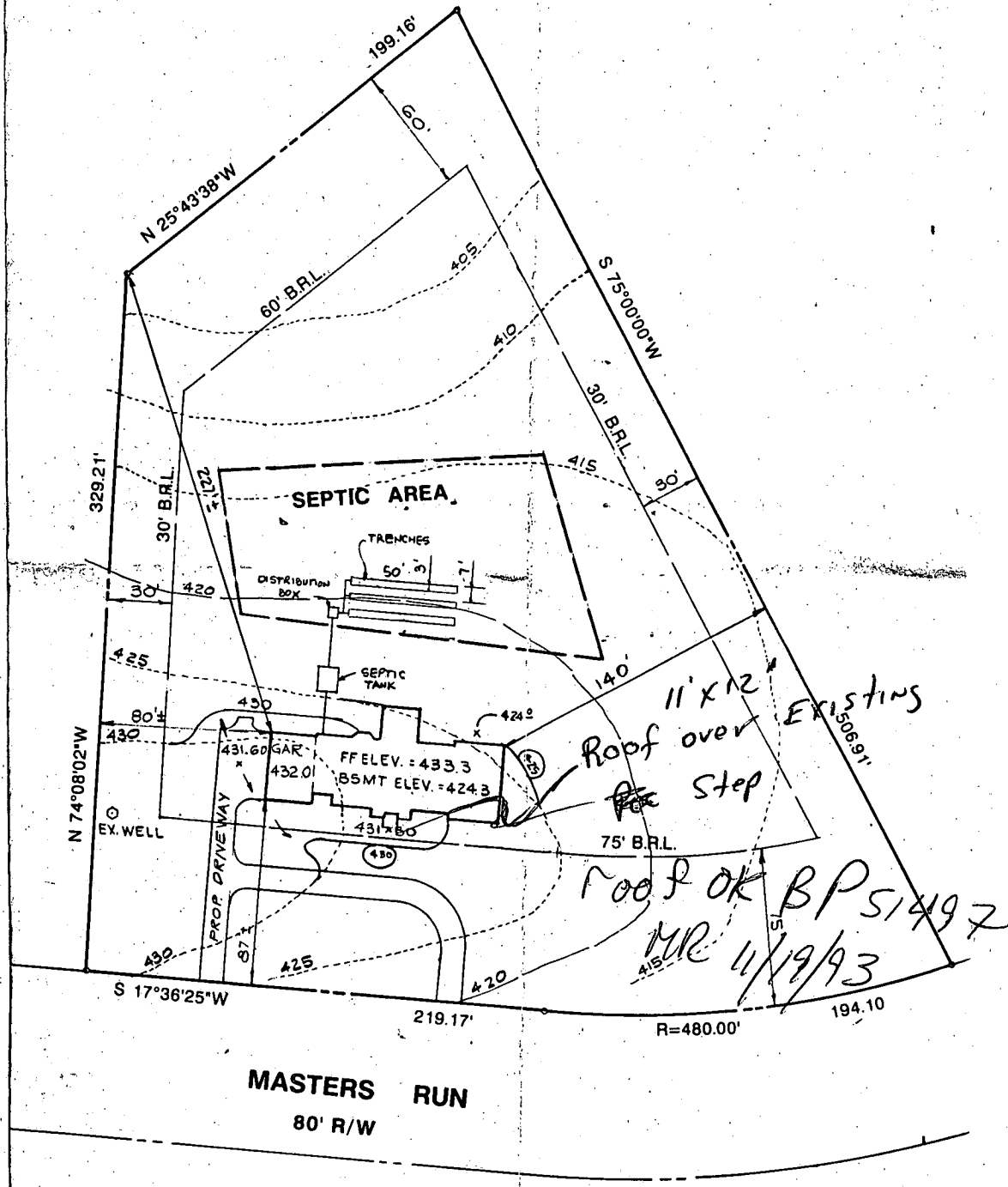
This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-88-1662..

April 28, 1991  
Date of Final Sampling

Date of Acceptance  
Charles Streaker  
Charles Streaker R.S.  
Approving Authority  
Charles Streaker, Sanitarian  
Water and Sewerage Program

Water Sample Dates:  
January 6, 1991  
April 28, 1991

CS/



Nov. 18, 1993

Mrs. Corbin,

I would like to amend  
permit # 51497 to include a  
roof over an existing 29x17 deck  
on rear of home.

See 4 copies of plot plan showing  
existing deck. Roof will be a shed roof.

amendment for  
proposed roof

over rear deck OK

MR 11/18/93

BP 51497

Thank you -

Si Woo SHIN

Si Woo Shin

OWNER.

Deck  
 29 FT + 17 FT  
 ex. deck and  
 proposed  
 roof OK  
 BP 51497  
 amendment  
 MR 11/18/93

