

11/14/89 AM

03-314707

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 9/25/89

INDEXED

DATE SYSTEM APPROVED 11/21/89

INSPECTOR C Williams

P 44980
A 39033

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Amberwoods ROAD 12801 Amberwoods Way LOT 1

PROPERTY OWNER Grayson Homes, Inc.

ADDRESS John + Bridgett Ridewood Ridinour

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the dsitribution box 110 feet from the front lot line and 250 feet from the right lot line. First trench to follow contour toward right lot line ONLY. Additional trenches to follow contour in both directions.

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

***** INSPECTION REQUIRED BEFORE PLACING GRAVEL IN TRENCHES.

PLANS APPROVED BY C. Williams DATE 7/15/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

BLDG. PERMIT SIGNED AND RETURNED 10/3/89
Serial # 39033
Pool

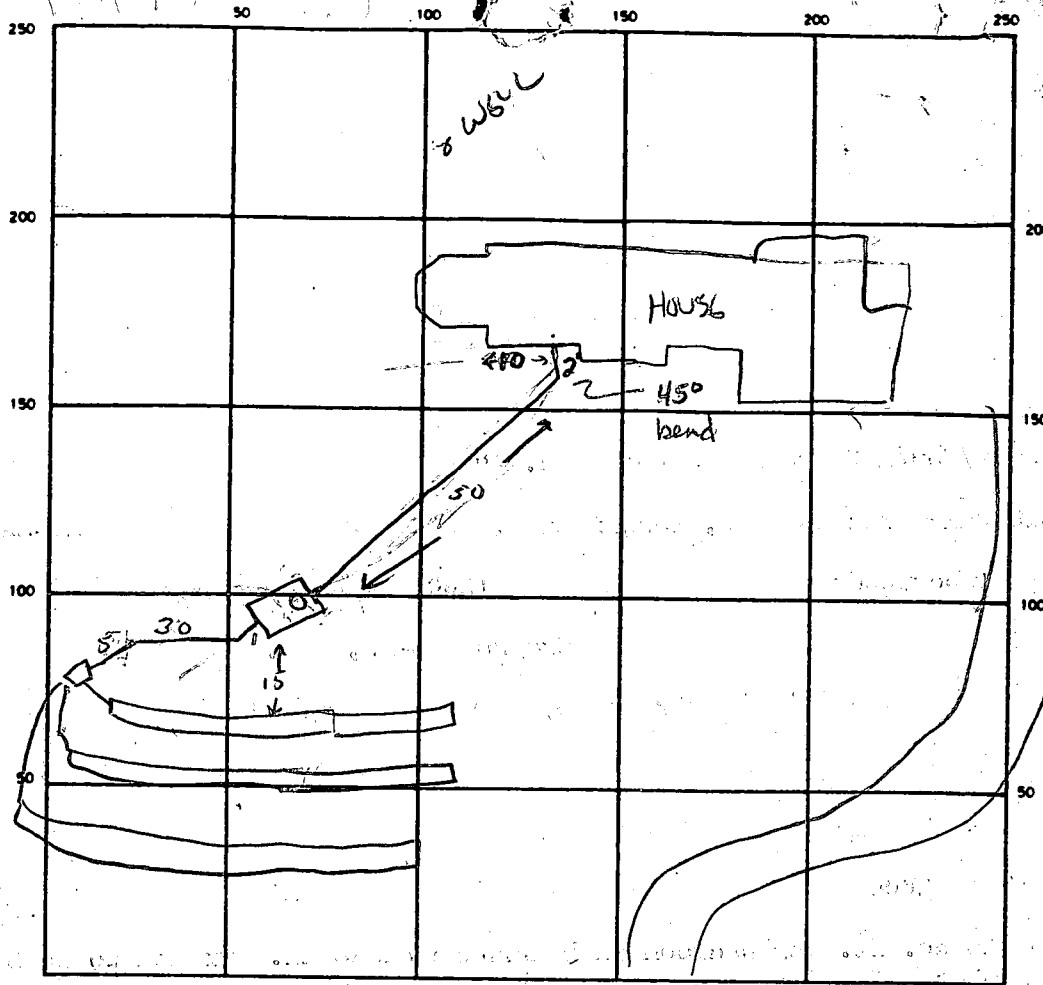
39033

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

HD-260 BLDG. PERMIT SIGNED AND RETURNED 4/8/92 Serial # 42910 - 500 Underground Tank

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

BLDG. PERMIT SIGNED AND RETURNED 2/25/92 Serial # 41273 - Pool House



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

AMBERWOODS WAY

SEPTIC TANK LEVEL 2000 CLEANOUTS ST

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 285 FT.

NUMBER OF TRENCHES 3 (95' each) ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

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

ABSORBENT AREA 855 SQ. FT.

REMARKS 11/17/89 TRENCHES OK, TANK ON BEDROCK,

HOUSE CONNECTION AND WATER TEST OF TANK REQUIRED, CANCELLED

11/20/89 TANK HAS (SMALL LEAK IN CORNER, BUILDER RECOGNIZED - WILL CALL WHEN PATCHED, CCW)

11/21/89 TANK SEALED, OK TO COVER ALL WORK, CCW

DATE SYSTEM APPROVED 11/21/89

INSPECTOR Craig Wilkins

4/28/87

APPLICATION

PERCOLATION TESTING

A 39033

P _____

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

DISTRICT 3

DATE 3/4/87

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 R Arrington Grayson Homes, Inc

ADDRESS 1050 SYkesville Rd. West Friendship MD PHONE 776-7454

PROSPECTIVE BUYER Amberwoods Limited Partnership

ADDRESS 1420 Fenwick Lane Silver Spring MD PHONE 301-587-5455

PROPERTY LOCATION:

SUBDIVISION Amber Woods (S-87-42) LOT NO. 1

ROAD AND DESCRIPTION Off of Rt 32. 12801 Amberwoods Way

TAX MAP 9 PARCEL # 4

SIZE OF LOT 3.0 Ac TYPE BLDG. Single Family
(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.

Sam Negallo
(SIGNATURE OF APPLICANT)

APPROVED BY Cwellen FOR _____ DATE 4/18/89

REJECTED BY _____ FOR _____ DATE _____

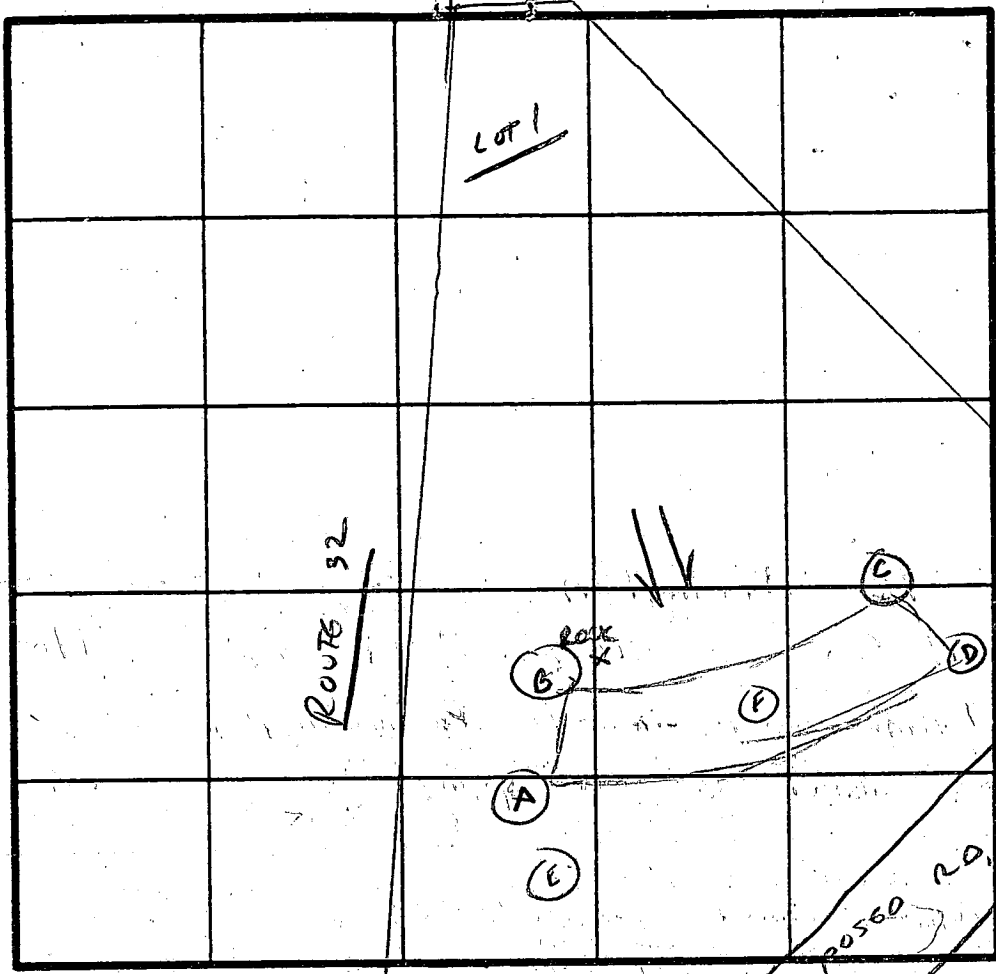
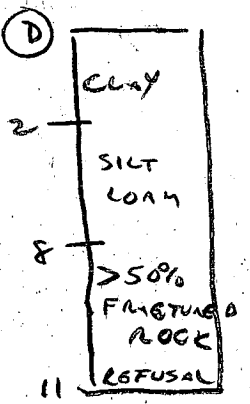
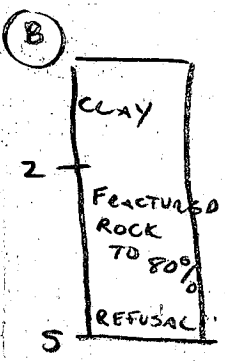
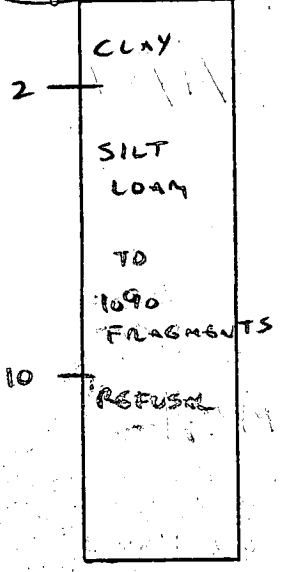
HOLD PENDING FURTHER TESTS PLAT REQUIRED DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 8/16/89
Serial # 27954
SFD-

THIS IS NOT A PERMIT

A, C, E, F
SOIL PROFILE



X 7 MIN
180 A
INLET 2!
BOTTOM 5!

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST DROP		TIME
			START	STOP	START	STOP	
4/28/87							
	A	3	12:10	12:13	12:13	12:18	5 MIN ✓
		8	12:10	12:12	12:12	12:15	3 MIN ✓
		10	Rock				
	B	2'	FRACTURED BED ROCK				X
		5'	SOLID BED ROCK				
		2 1/2'	12:15	12:20	12:20	12:27	7 MIN ✓
	C	7 1/2'	12:15	12:17	12:17	12:21	4 MIN ✓
		10	Rock				
		2 1/2'	12:16	12:21	12:21	12:29	8 MIN ✓
	D	6	12:16	12:18	12:18	12:21	3 MIN ✓
		8	>50% ROCK - NO TEST				
	E	3	-	-	-	-	VISOK ✓
		8					
		10					

REMARKS F - SIMILAR TO A, C, E - OK 2-10' VISOK ✓

TYPE OF SOIL SILT LOAM OVER STRATIFIED BED ROCK

TESTED BY C. Waller ALSO PRESENT Rocky, SKIP (F YOCK)

EH-12-1079

B 1 **1205** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-0671
 fill in this form completely

Date Received (APA) **042489**
 OWNER INFORMATION
KOREN DEVELOPMENT
 Last Name Owner First Name
I CENTRE PARK DR
 Street or RFD
COLUMBIA **MD 21045**
 Town State Zip

B 3 LOCATION OF WELL **R-44039**
HOWARD COUNTY
AMBERWOODS SUBDIVISION
 SECTION **1** LOT **1**
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2.1**

DRILLER INFORMATION
 George F. Easterday
 Driller's Name License No. **40**
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature *George F. Easterday* Date **3-30-89**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **200** FT

MD RT 22 Amberwoods Way
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **200** FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 39033 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
060289 DATE ISSUED
Chris Williams CO SIGNATURE
 NORTH GRID **548000** EAST GRID **0812000**

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 **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

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

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) _____

SKETCH showing location of well in relation to nearby towns and roads. Includes labels for SYKESVILLE, HEALTH DEPT, and HOWARD COUNTY. A handwritten note says "RECEIVED" and "99".

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE _____ PERMIT No. **HD-88-0671**
 SPECIAL CONDITIONS

C1 9951

SEQUENCE NO. (DENY 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 37033

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

06 23 89

300

HO-88-0671

OWNER GAYSON HOMES INC last name first name TOWN STREET OR RFD AMBROSE WAY SUBDIVISION AMBROSE SECTIONS 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 FROM TO Check if water bearing

Table with 3 columns: Description, Feet From, Feet To. Includes entries for Top Soil, Clay, Shale, Sandstone, Granite, Sandstone, Granite, Sandstone, Granite.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1700

GALLONS OF WATER 60 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 79 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 32

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

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

DEPTH (nearest ft.) 48 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

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

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 30

WHEN PUMPING 184

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) 31 35

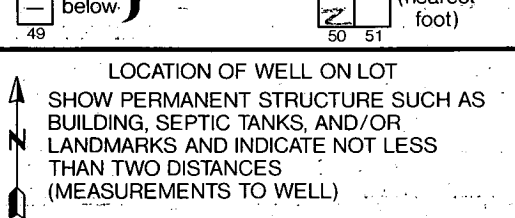
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 2

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)



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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

11/27/89

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 # 45264
Date 11/27/89
Name of Installer J. JOSEPH GARTLAND, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner GRAYSON HOMES, Inc. Telephone 461-5900
Subdivision Ambenwoods Lot # 1 Well Tag # 40-88-0671
Site Address 12801 Ambenwoods WAY.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Goulds
3. Model # 10EJ05422
4. Capacity 10 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

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

Pitless Adapter
1. Make Navard
2. Model # PT-800
3. Depth 42"

Tank
1. Capacity 42 gal
2. Pressure relief valve? 7.5 PSI

Piping
1. Type 1"
2. Size PLASTIC
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth 300 ft.
2. Yield 32 GPM
3. Static water level 34 ft.
4. Will water supply be disinfected by installer?

no loss

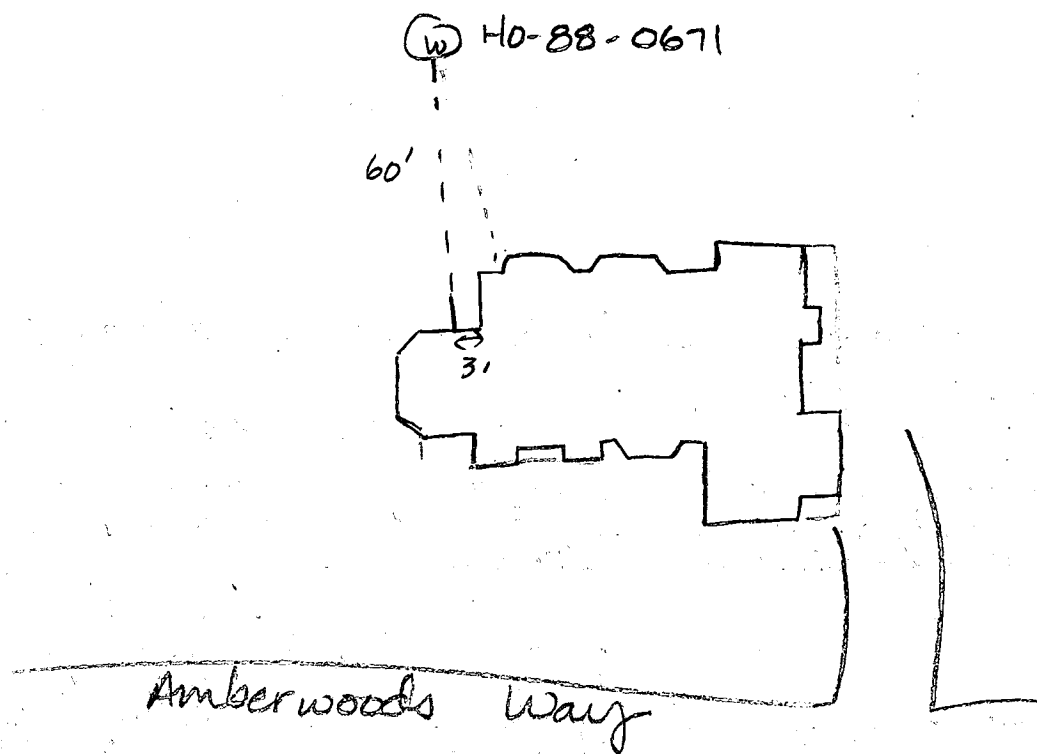
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: 

Date: 11/17/89

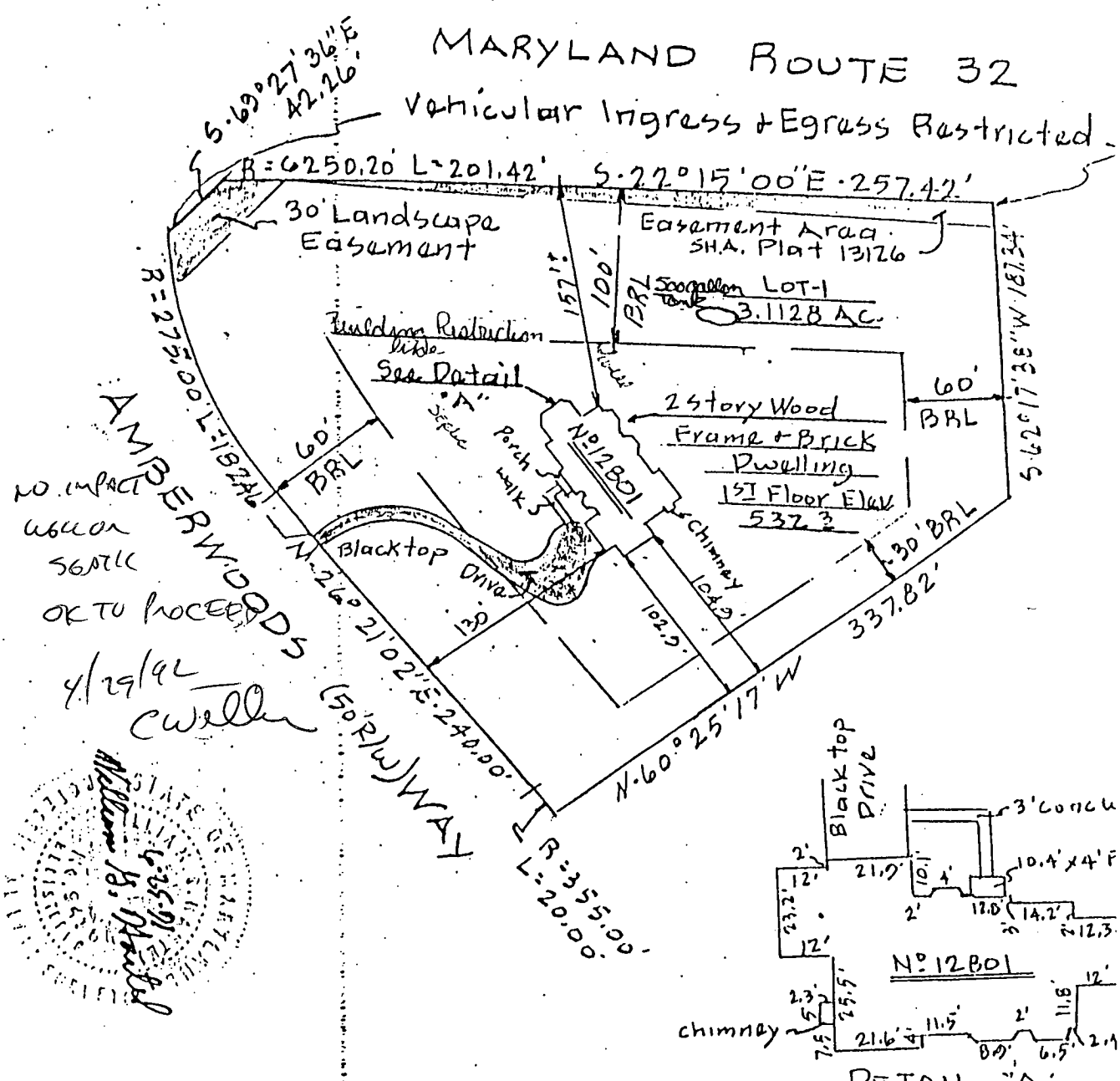
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



11-27-89

Pitless adaptor at 43 inches. Well line covered.
House connection ok. Ground line connected. Pump
tank connected with relief valve. JENadeau

TYPICAL
 --- as per W.O.'s
 underground pipe
 is not a structure
 AB

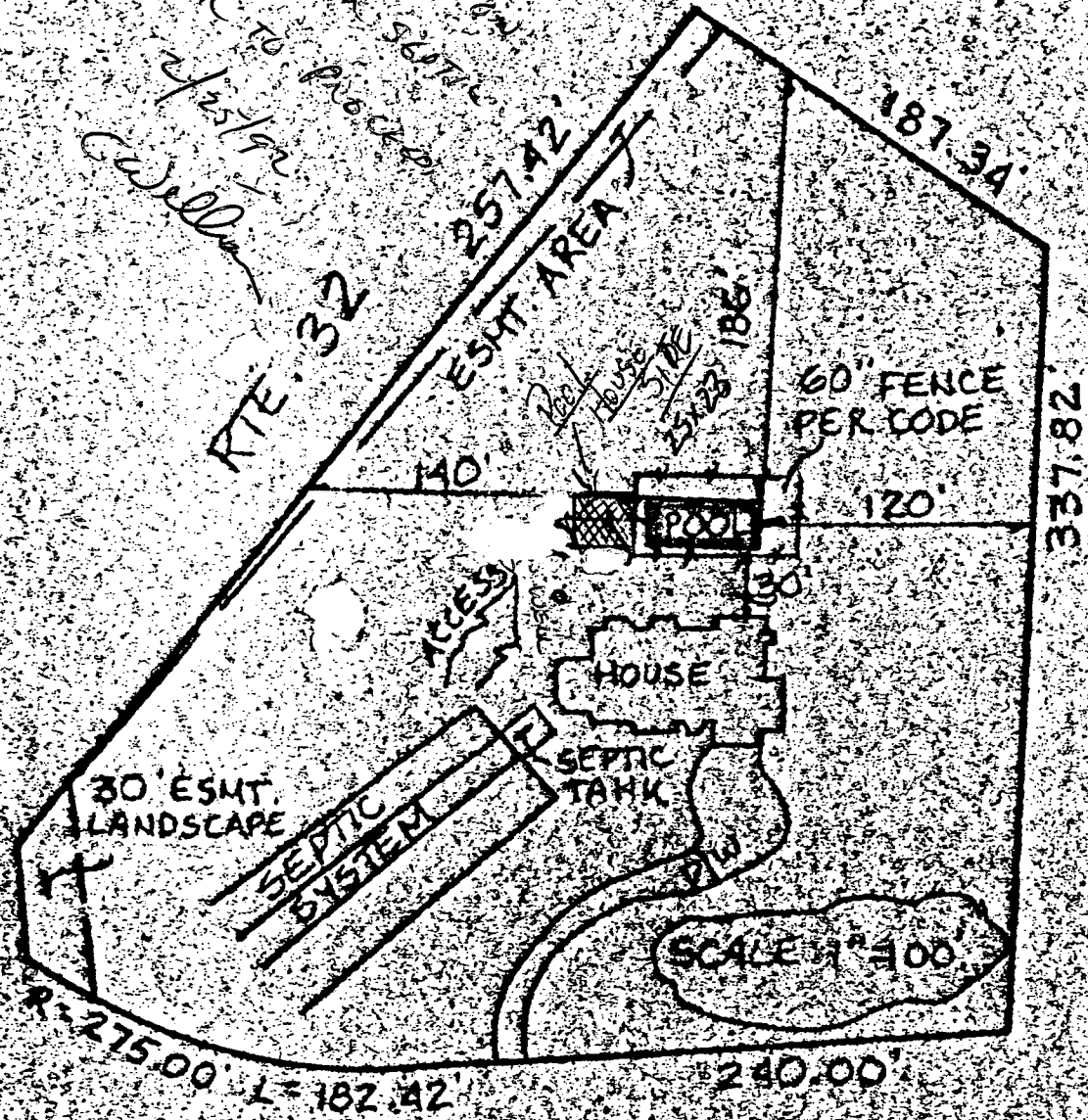


Plat Reference - Amberwoods - Plat of Correction
 Section 1 Lots 1 through 42, recorded in
 Platbook 9700

The Lot shown hereon does not lie within the lim.
 of a recorded Floodplain Easement.

TITLE	LOCATION SURVEY	THIS IS TO CERTIFY THAT WE HAVE DUCTED A LOCATION SURVEY C IMPROVEMENTS AND THAT THE LOCATED AS SHOWN HEREON.
PROJECT		

NO IMPACT ON
WELL OR SEPTIC
OR TO PROCEED
2/25/90
Cowell



AMBER WOODS DR.

ACCESS DENIED ALONG THIS PORTION OF HIGHWAY S23 19'00" E 25447

LOT 1
3.0 AC.

LOT 2
3.0 AC.

LOT 3S
3.3 AC.

LOT 3
3.2 AC.

EXIST. WELL TO BE LOCATED AND ABANDONED BEFORE FINAL

100 YEAR FLOOD PLAIN

WETLANDS CROSSING #1

RIVERWAY
LOCATED
ROAD AND

T 36
0 AC

570'

PC 12+09

