

3/6/90
3/12/90
M
A 73P

03-314723 *File*

3/6/90 (1) P.C.O. *c. 80*
3/12/90 (2) S.T. only *c. 80*
P 45-257

PERMIT

SEWAGE DISPOSAL SYSTEM

A 39035

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 11/20/89

INDEXED

DATE SYSTEM APPROVED 3/12/90

INSPECTOR C. B. [Signature]

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

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Amberwoods ROAD 12813 Amberwoods Way LOT 3

PROPERTY OWNER Grayson Homes / BRIAN KRIEGER

ADDRESS _____

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

GARBAGE GRINDER? YES NO

TOP SEAM
SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 210 feet down the right lot line and 110 feet off the right lot line. Run trenches along contour toward right lot line only.

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

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 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

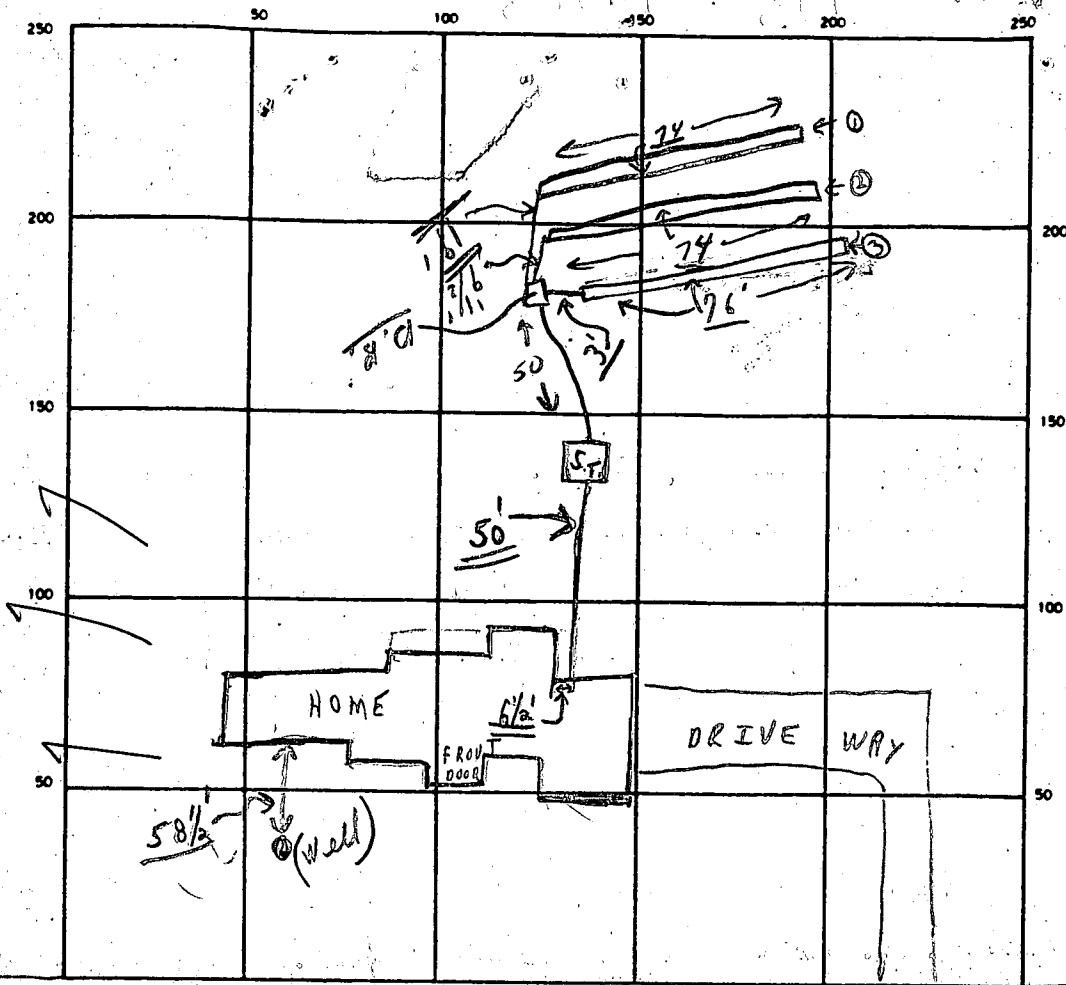
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 3/31/91
38201 Wick

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

39035
Pg. 2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

AMBER WOODS WAY

S.T.

SEPTIC TANK LEVEL OK CLEANOUTS OK 2 C.O @ S.T.

DISTRIBUTION BOX LEVEL ✓ (Baffles in)

DRAIN FIELD/TILE FIELD DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 224 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 896 SQ. FT.

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

ABSORBENT AREA 896⁺ SQ. FT.

REMARKS 3/6/90 P.M. - Partial; no trenches; Septic tank +
line from house to tank mostly C.B. (ROCK EVERYWHERE)

3/12/90 (?) see above comments from S.T. to trenches.?

3/12/90 Trench #3 closest to house ok for stone, C.B.

3/12 (Limited repair area for the future.) C.B.

3/12/90 OK TO COVER ALL WORK; D.B. BEING CEMENTED.

DATE SYSTEM APPROVED 3/12/90 INSPECTOR Charles Bryan Street

W.F. RT. 32 → SYLVESVILLE

4/28/87

APPLICATION

PERCOLATION TESTING

A 39035

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 Richard Arrington Grayson Homes

ADDRESS 1050 Sykesville Rd. West Friendship MD PHONE 301-776-7454
461-5900

PROSPECTIVE BUYER Amberwoods Limited Part. Grayson Homes

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

PROPERTY LOCATION:

SUBDIVISION Amberwoods (5-87-42) LOT NO. 3

ROAD AND DESCRIPTION Rt 32 North of Rt. 99
12813 amberwoods way - 21784

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 Negalls
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR _____ DATE 4/19/89

REJECTED BY _____ FOR _____ DATE _____

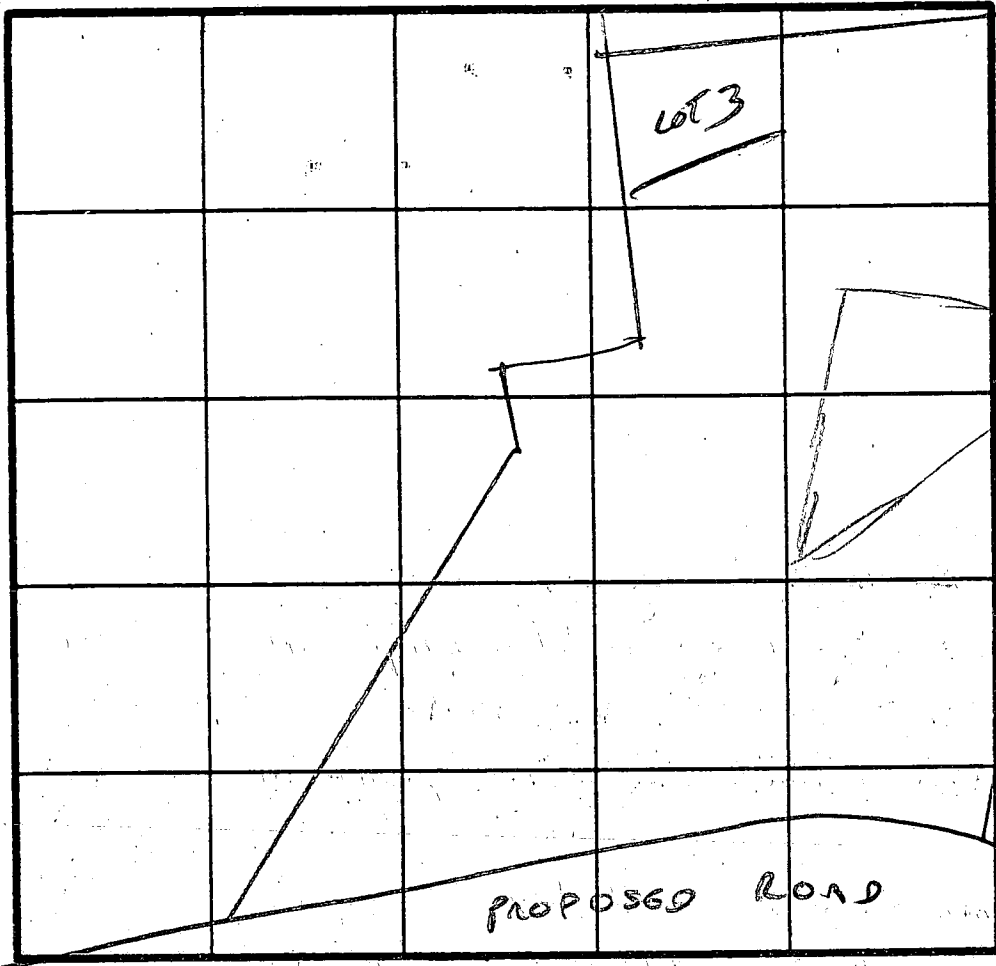
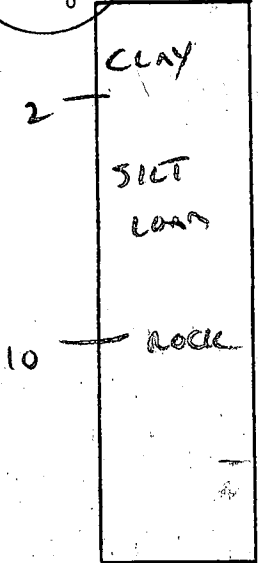
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

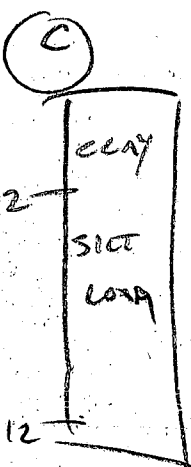
B, D, E

SOIL PROFILE



7.6 MIN
180 X
INLET 2'
BOTTOM 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/28/87	A	Rock	OUT CROP					X
	B	2	1:11	1:15	1:15	1:22	7 MIN	✓
		8	1:14	1:14	1:14	1:19	5 MIN	
		10	ROCK AT 10'					
	C	2 1/2	1:13	1:16	1:16	1:19	3 MIN	✓
		8	1:13	1:15	1:15	1:17	2 MIN	
		12	VIS OK					
	D	2 1/2	1:20	1:24	1:24	1:30	6 MIN	✓
		7 1/2	1:20	1:23	1:23	1:26	3 MIN	
		10	ROCK AT 10'					
	E	2	NOT TESTED					X
		6	ROCK AT 6'					
	F	3	1:21	1:25	1:25	1:30	5 MIN	✓
		8	1:21	1:25	1:25	1:29	4 MIN	
		10	ROCK AT 10'					

REMARKS _____

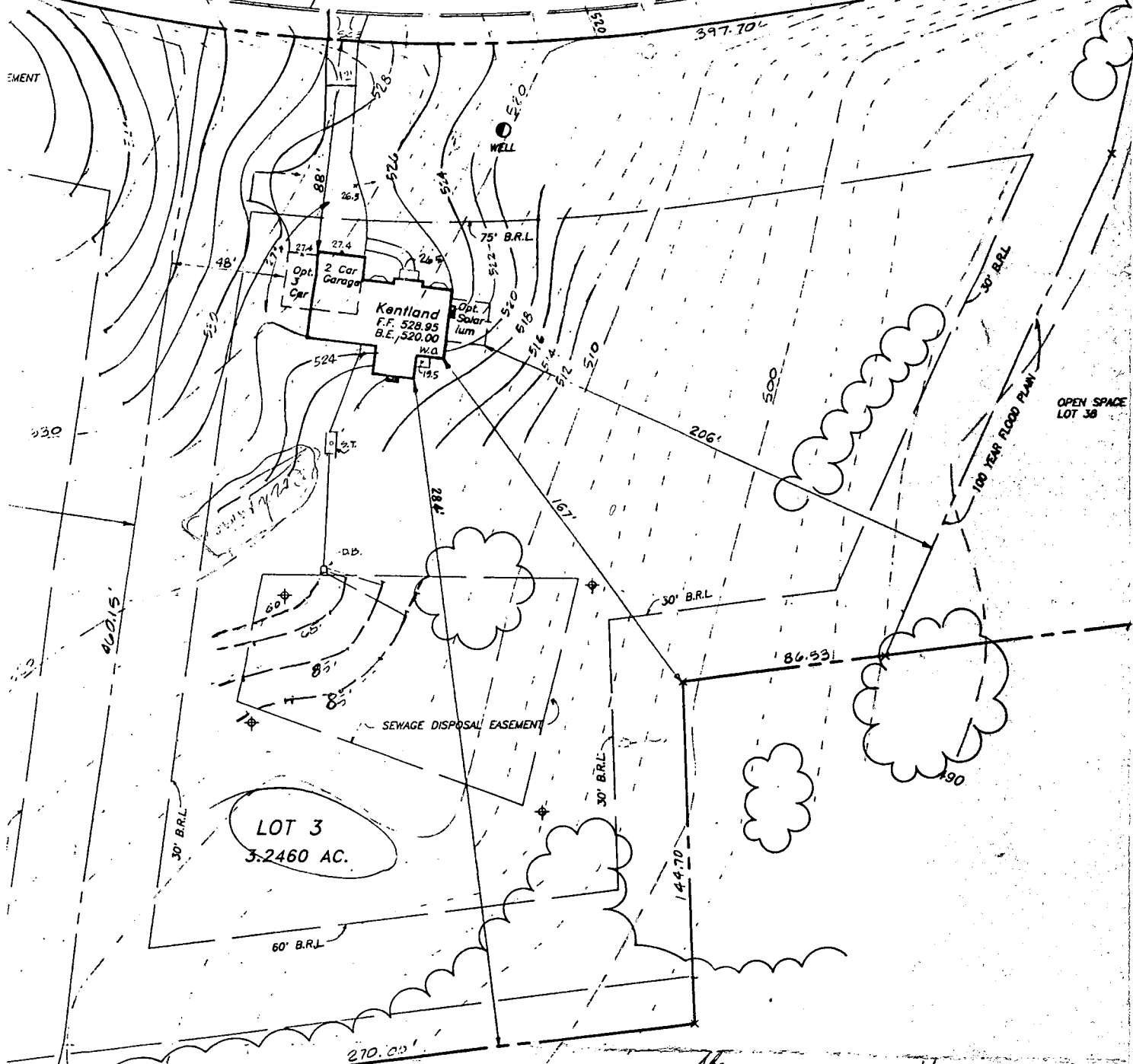
TYPE OF SOIL SILT LOAM

TESTED BY C. Williams ALSO PRESENT SKIP, ROCKY

EH: 12-1079

AMBERWOODS WAY
(PUBLIC)

N



OPEN SPACE
LOT 3B

LOT 3
3.2460 AC.

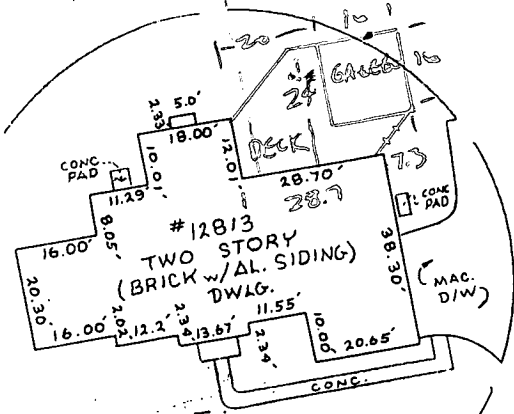
SEWAGE DISPOSAL EASEMENT

ELEVATIONS OK
cw

BP 29204
4 BR
9/9/89

NOTES:
MAXIMUM SLOPE OF SEWER PIPES: 1/4"/1'
MINIMUM SLOPE OF SEWER PIPES: 1/8"/1'
NO CONSTRUCTION TO IMPACT SEWAGE EASEMENT, INCLUDING DRIVEWAYS

EDNA STREAKER
(930/677)



SCALE
1" = 30'

GEORGE ARRINGTON
(430/784)

(OPEN SPACE)

AMBERWOODS WAY

(50' R/W)

LOT #3 ~ SECT. #1
"AMBERWOODS"
(PLAT #8646)
THIRD ELECTION DIST.
HOWARD CO., MARYLAND

FIRST FLOOR ELEV. = 530.75'

Note: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

I hereby certify that I have examined the current Flood Insurance Rate Map (FIRM Map #240044-0009B) for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having Special Flood or mudslide hazards.



Location Survey of #12813 AMBERWOODS WAY

Vitti, Robel and Associates, Inc.

ENGINEERING & SURVEYING
1717 York Road Suite 2B Lutherville, MD 21093
252-4552

job no. 89114

scale 1" = 100'

date 10/4/90

drawn MLR

checked

12/25/91

Janice D. Kroger

Mark W. Kroger

B 1 **5325** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

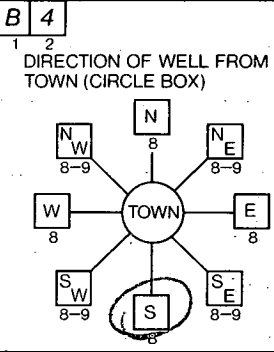
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-2006
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **120391**
GRAYSON HOMES
 Last Name Owner First Name
9025 CHEVROLET DR
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

LOCATION OF WELL
HOWARD COUNTY
AMERWOODS SUBDIVISION
 SECTION **3** LOT **3**
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
George F. Easterday
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
 Address
George F. Easterday Signature
12-2-91 Date



12812 Amberwood's Way NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 DISTANCE FROM ROAD **50**
 ENTER FT OR MI **FT**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A39035 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
120291 DATE ISSUED
Mark E. Ralston CO SIGNATURE
 NORTH GRID **548000** EAST GRID **0811000**

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
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **8181**
 N **5488**

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) **HO-88-0673**

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

 N
 X
 SYKESVILLE SARA OF GE REPORTS APPT. WAS FOR 10:15
 SARA: 58' CASING 40' OPEN 22 BAGS 3' CASING A.G. TAG OK
 21 DEC -3 AM 2:12
 RECEIVED

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **HO-88-2006**
 SPECIAL CONDITIONS

B 1 **1207** SEQUENCE NO. (DP USE ONLY)
 2 3 4 5 6
 (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
HO-88-0673
 70 fill in this form completely 79

Date Received (APA) **042489** OWNER INFORMATION
KOREM DEVELOPMENT
 15 Last Name 21 Owner 27 First Name 34
1 CENTRE PARK DR
 36 Street or RFD 42
COLUMBIA **MD 21045**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **R-44041**
HOWARD COUNTY
AMBERWOODS SUBDIVISION
 SECTION **3** LOT **3**
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 George F. Easterday
 Driller's Name **E. Franklin Easterday, Inc.** 77 License No. 80
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 Signature **Henry F. Easterday** Date **3-31-89**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 TOWN

(RT 32) Amberwoods Way
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **75** FT OR MI **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)
 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)

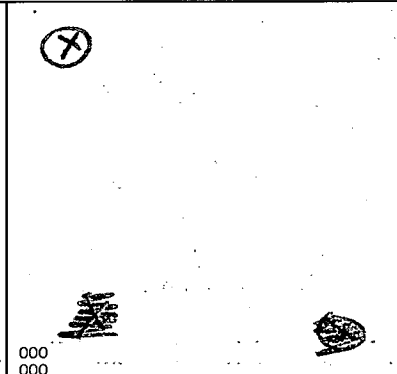
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A39035 COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED _____
060289 CO SIGNATURE **Ray Williams** EXP. DATE **12/2/87**
 NORTH GRID **548000** EAST GRID **0811000**

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 _____

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
810



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 DEEPEEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 DAY RD SYKESVILLE
 RIVER RD
 DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: **99**

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **CW** PERMIT NO. **HO-88-0673**

SPECIAL CONDITIONS

COUNTY

C 1 **4668** SEQUENCE NO. (DENV 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: ANNAPOLIS **A39035**
 NUMBER:

ST/CO USE ONLY
 DATE Received:
 DATE WELL COMPLETED: 12/16/91

Depth of Well: 260
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-88-2006

OWNER: Kroger Boyer
 last name first name
 STREET OR RD: 12815 Amberwood Way
 SUBDIVISION: AMBERWOODS SECTION: LOT: 3

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	
TOP soil	0	2	
Clay	2	5	
Shale	5	15	
brown shale	15	32	
Clay	32	38	
Mica	38	64	
Sand Stone	64	65	✓
Mica	65	225	
Sand Stone	225	226	✓
Mica	226	260	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle: Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL:
 CEMENT: CM BC
 BENTONITE CLAY: BC BC
 NO. OF BAGS: 22 NO. OF POUNDS: 200
 GALLONS OF WATER: 110
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE: ST G
 Nominal diameter top (main) casing (nearest inch): 5 8
 Total depth of main casing (nearest foot): 260

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

SCREEN RECORD
 screen type or open hole: ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>HO 56</u>	<u>260</u>
2	<u> </u>	<u> </u>
3	<u> </u>	<u> </u>

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

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. HO
Gene F. Gaskaway

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Gene F. Gaskaway

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)
 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): 3
 PUMPING RATE (gal. per min. to nearest gal.): 8
 METHOD USED TO MEASURE PUMPING RATE: Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING: 50
 WHEN PUMPING: 260
 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: 2 (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)
well 100'
50'
Amberwoods Way
Side line

WELL ABANDONMENT REPORT

Date: 6-9-92

PERMIT NUMBER OF ABANDONED WELL (if any)

H 0 - 8 8 - 0 6 7 3

DRILLER'S NAME

Weishaar Joseph
LAST FIRST

OWNER'S NAME

Grayson Homes
LAST FIRST

WELL LOCATION:

COUNTY: Howard
SUBDIVISION: Amber meadows
SECTION: _____ LOT: 3
NEAREST TOWN: Sykesville
ADDRESS: _____

MARYLAND GRID LOCATION:

E	<u>800</u>
N	<u>540</u>

		X
	0/5	5/5
	0/0	5/0

SHOW WELL LOCATION BY (X) WITHIN BOX

TYPE OF WELL

- DRILLED
- JETTED
- BORED OR AUGERED
- OTHER, SPECIFY

DEPTH OF WELL 40' FT,

TYPE OF CASING

- STEEL
- PLASTIC
- CONCRETE
- OTHER, SPECIFY

SIZE OF CASING 6 5/8 IN.

WAS ANY CASING REMOVED YES NO

IF YES, AMOUNT REMOVED 4 FT.

WAS CASING RIPPED OR PERFORATED YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cement</u>	<u>40</u>	<u>2'</u>
<u>Back Fill</u>	<u>2</u>	<u>0</u>

DRILLER

Joseph C Weishaar
SIGNATURE

LICENSE# MWD 482

C1 **9923** SEQUENCE NO. (DENV. 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 **A 39035**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **07/18/97**

Depth of Well **40**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-88-0673

OWNER **Koran Development**
 STREET OR RFD **Amherstville Hwy** TOWN **Subesville**
 SUBDIVISION **Amherstville** SECTION **3** LOT **3**

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	
Top Soil	0	1	
GRAY MICA	1	35	
GRAVEL BED	35	40	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **6** NO. OF POUNDS **600**
 GALLONS OF WATER **15**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **21**

OTHER CASING (if used)
 diameter inch **6** depth (feet) from **0** to **21**

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO PL OT
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **21** **40**
 2
 3
 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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Suckout**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **18** WHEN PUMPING **20**
 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: 29
 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
 below } **2** (nearest foot) 50 51

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)
STEEL PLAT PLAN

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. **40**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Blane Lee Thomas
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Meet Driller & Builder Take Tag & Completion Rpt.
12/2/91 1PM

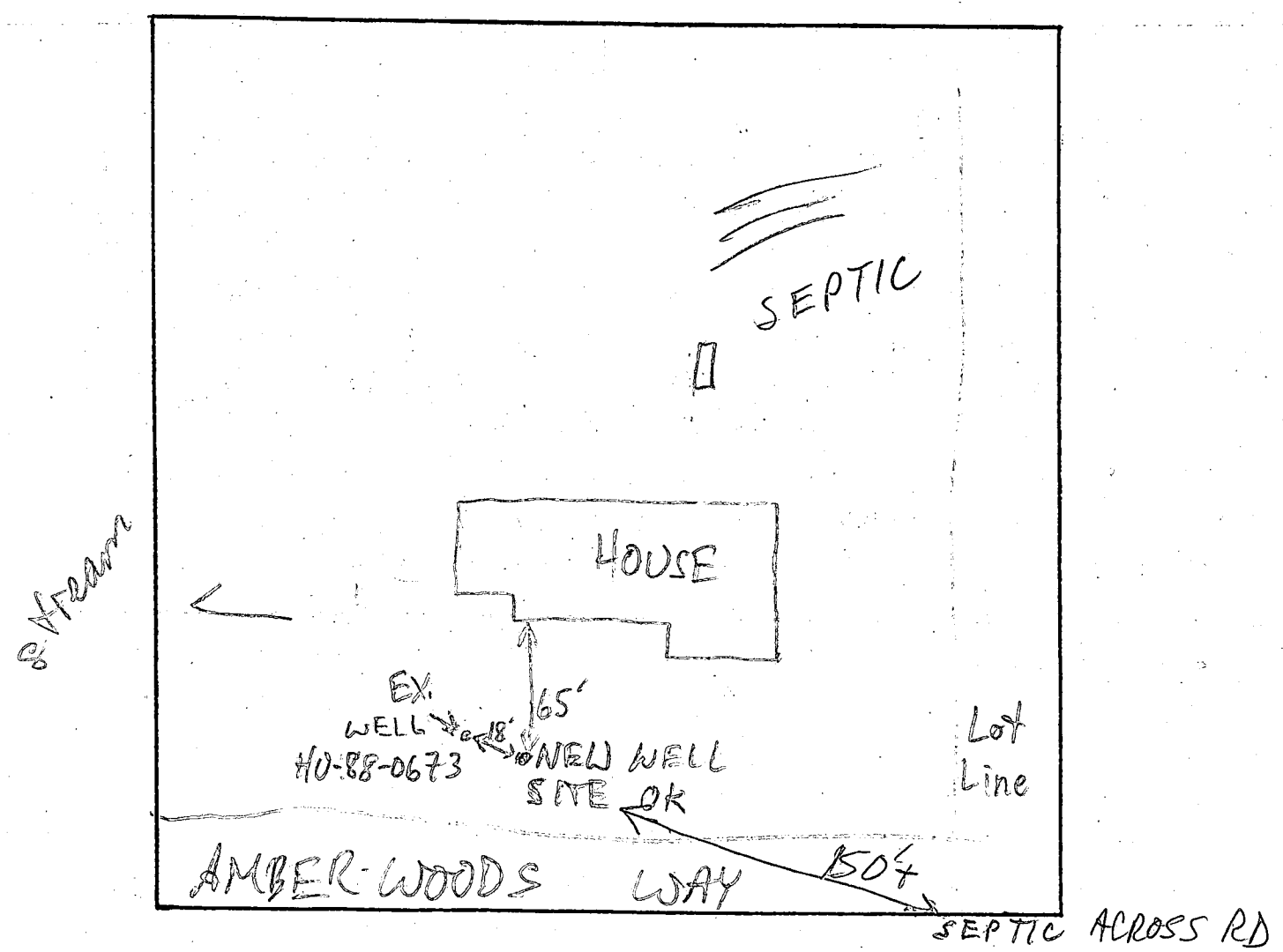
SITE INSPECTION SHEET

OWNER: Bryan Kroger 442-7615
ADDRESS: 12813 Amberwoods Way
Lot 3

DATE REQUESTED: 11/26/91
DRILLER: Easterday
WELL TAG # _____
COUNTY # A39035

PROPOSAL: chronic coliform problem; previous attempts to solve unsuccessful, new well requested

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____ INSPECTOR: _____

3/15/90 (3/15 No work done) 3/12
C.B.B.
E.W.F.I.

A.M. 3/15/90
Final
C.B.B.

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 # 45426
Date 01/12/90
Name of Installer J. JOSEPH GATLAND Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Garrison Homes, Inc. Telephone 461-5900
Subdivision Amburwoods Lot # 3 Well Tag # HO-88-0673
Site Address 12813 Amburwoods 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 Howard
2. Model # PT 800
3. Depth 42"

Tank
1. Capacity 429A1
2. Pressure relief valve? 2 SPSE

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

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
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: _____
Date: 1/10/90

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

HD-215
3/15/90 (Dents in casing - no holes)
{ Top of casing } 7' to 2 1/2' Below grade →