

8/13/93 3pm  
Ernie

03-314758

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49500

A 39039

DISTRICT 3rd

DATE 8/05/93

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 11/15/93

INSPECTOR CW

### INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Amberwoods LOT 5 ROAD 12825 Amberwoods Way

PROPERTY OWNER Grayson Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - 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 the distribution box 180 feet from the front lot line and 110 feet from the left lot line. Run trenches along contour in both directions.

NOTES - 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 8/09/93

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

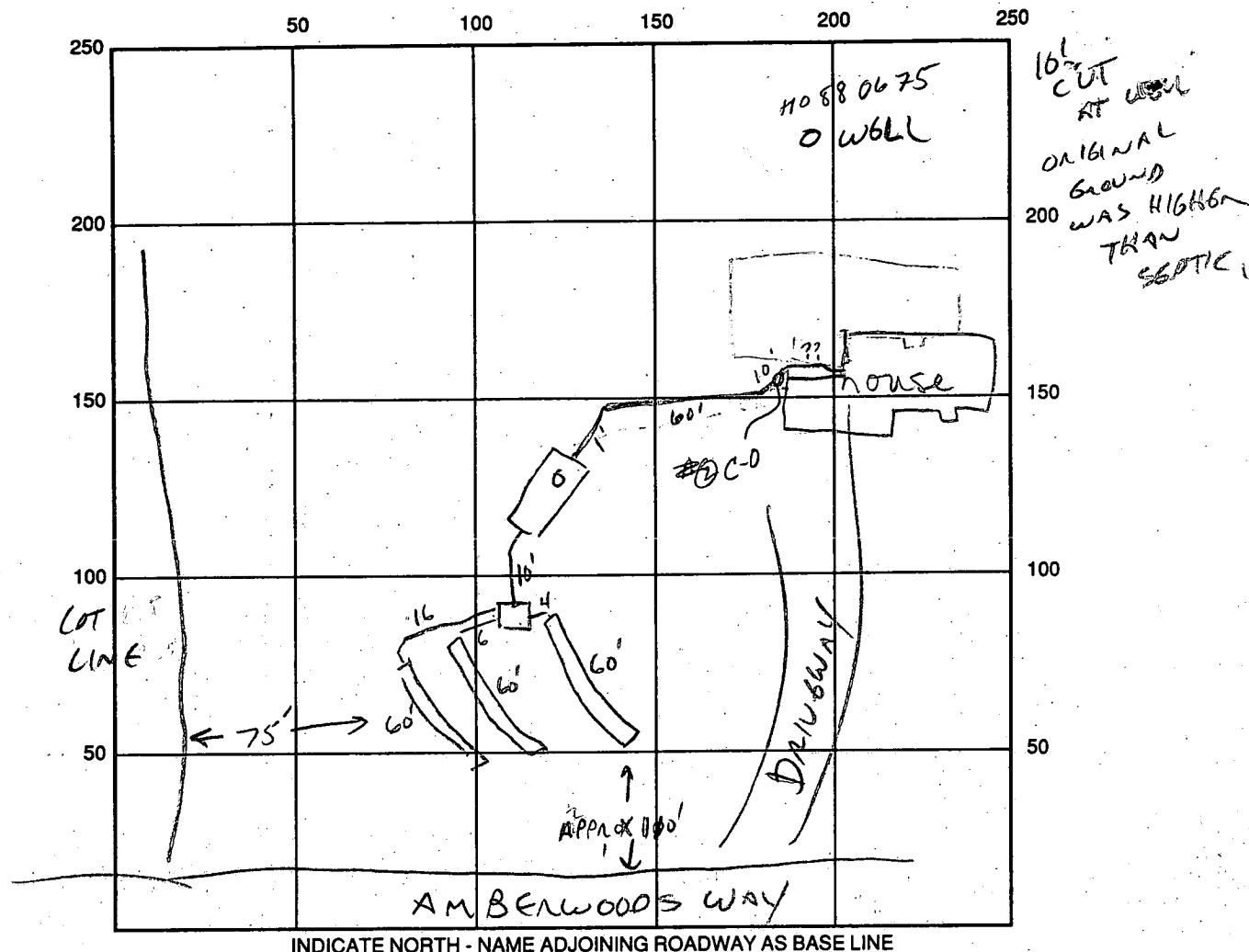
PERMIT VOID AFTER TWO YEARS

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**

A 39039



SEPTIC TANK LEVEL ✓ 1500 G TOP SGAM CLEANOUTS ST ✓ 2<sup>ND</sup> OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 3 (a) 60' ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 8/13/93 1<sup>ST</sup> TWO TRENCHES OK TANK AND DIST BOX OK.

FINISH THIRD TRENCH AND COVER. HOUSE CONNECTION NEEDED (CW)

11/9/93 OK to cover work - house connection needed. (ALM)

11/15/93 HOUSE CONNECTION COMPLETE. (CW)

DATE SYSTEM APPROVED 11/15/93 INSPECTOR CW [Signature]

# APPLICATION

PERCOLATION TESTING

A 39039

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 Home

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

PROSPECTIVE BUYER Amberwoods Limited Partnership

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

PROPERTY LOCATION:

SUBDIVISION Amberwoods (S-87-42) LOT NO. 75

ROAD AND DESCRIPTION RT 32 North of RT 99  
12825 Amberwoods Way - 21784

TAX MAP 9 PARCEL # 4

SIZE OF LOT 3.0 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 Negable  
(SIGNATURE OF APPLICANT)

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

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

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

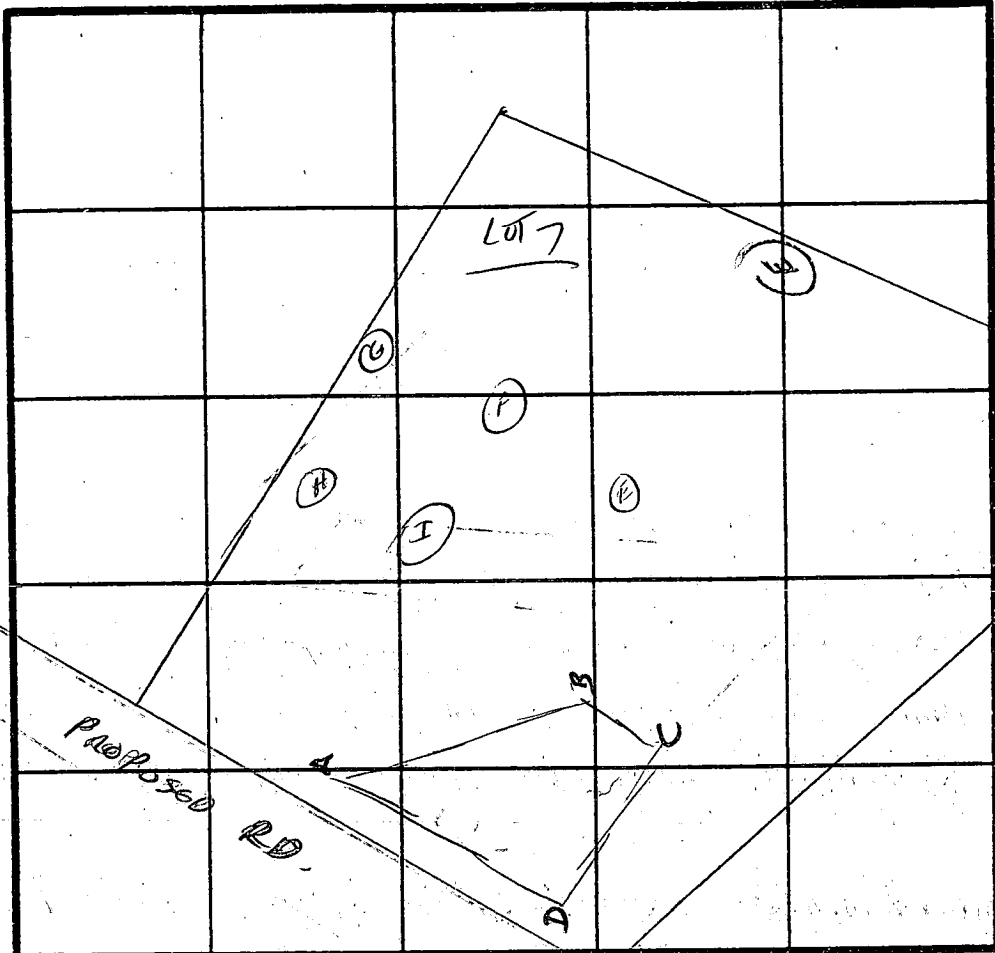
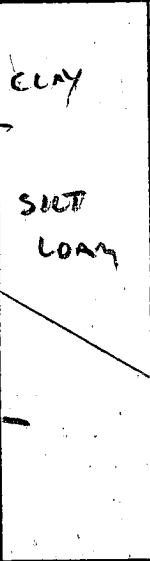
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 8/9/93  
Serial # 5062-31-D 4Bms

# THIS IS NOT A PERMIT

F, H, I

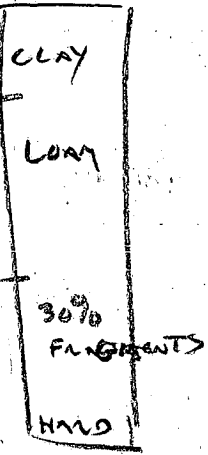
SOIL PROFILE



X 6 MIN  
180 A  
INLET 2'  
BOTTOM A 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

G



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/87	A, E	ROCK	AT 2'				
	B, C, D	NOT DUG					
	F	3	12:20	12:26	12:26	12:35	9 MIN ✓
		7	12:20	12:23	12:23	12:28	5 MIN ✓
		12	ULS	OK -	LOAM		
	G	2 1/2	12:24	12:26	12:26	12:28	2 MIN ✓
		7	12:24	12:26	12:26	12:28	2 MIN ✓
		11					
	H	3 1/2	12:30	12:33	12:33	12:39	6 MIN ✓
		8	ULS	OK -	LOAM		
		12		ULS	OK -	LOAM	
	I	3					
		8	SLICK	INTO	HOLDS	F, H	
		12	ULS	OK -	LOAM		

REMARKS \_\_\_\_\_

TYPE OF SOIL SILT LOAM

TESTED BY C. Williams ALSO PRESENT SKIP, ROCK

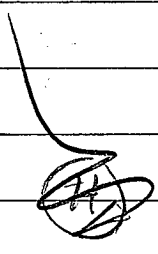
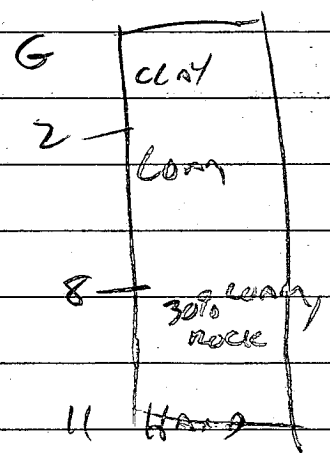
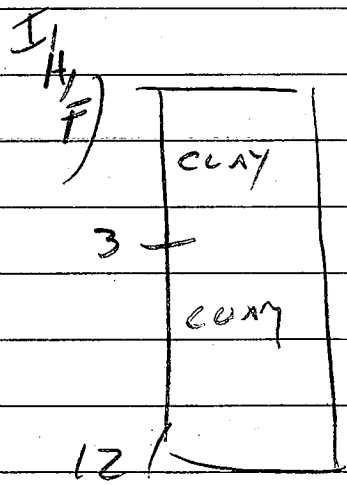
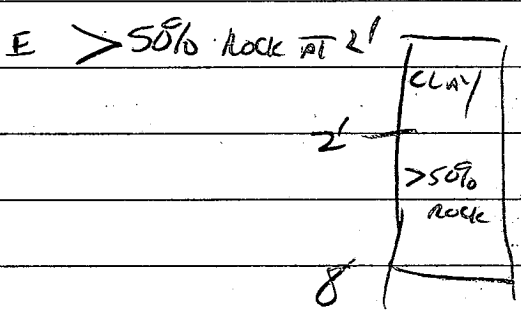
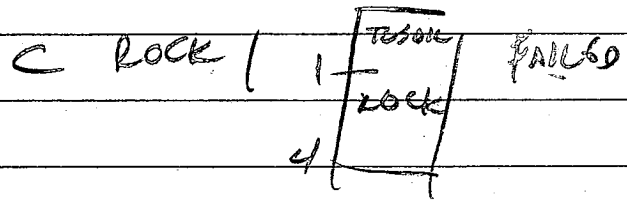
EH-12-1079

557 7

4/22/87

NEWS

ABD NOT DUS



B-1 1209 SEQUENCE NO. (DP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

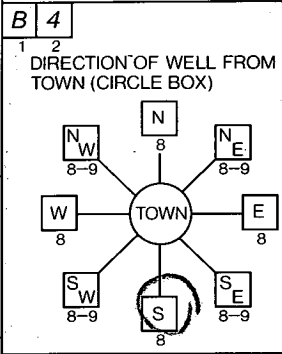
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-88-0675 fill in this form completely

OWNER INFORMATION Date Received (APA) 042489 KOREN DEVELOPMENT CENTRE PARK DR COLUMBIA MD 21045

LOCATION OF WELL R-44043 HOWARD AMBERWOODS SYKESVILLE MILES FROM TOWN 2 MI

DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt Airy, Md. 21771



(RT 32) Amberwoods Way NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 270 FT

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 39039 COUNTY NAME COUNTY NO. DATE ISSUED 060789 CO SIGNATURE EXP. DATE NORTH GRID 598000 EAST GRID 0811000

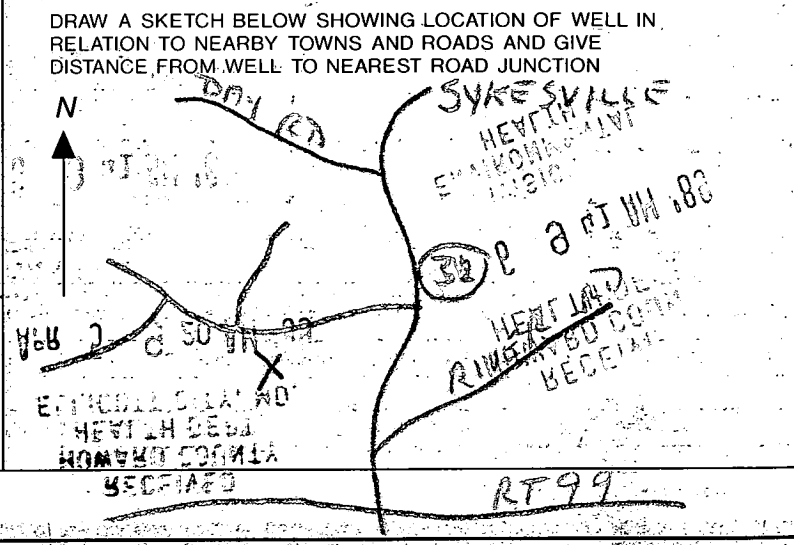
USE FOR WATER (CIRCLE APPROPRIATE BOX) D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL WRITE THE BOX NUMBER FROM THE MAP HERE 810 548

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) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER CW FORCE PERMIT No. 40-88-0675

SPECIAL CONDITIONS COUNTY

C1 9921 SEQUENCE NO. (DENV 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A39039

ST/CO USE-ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 80-88-0675

OWNER: Koren Development last name: Amberwoods Way first name: TOWN: Sykesville SUBDIVISION: Amberwoods SECTION: LOT: 5

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS, AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top soil, Blue clay, Co. Sandstone, Blue mica, Co. mica, Blue mica.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO), TYPE OF GROUTING MATERIAL (CEMENT/BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below (ST/CO/PL/OT)

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD screen type or open hole, insert appropriate code below (ST/BR/PL/HO/OT)

DEPTH (nearest ft.) table with handwritten values: 1: 80, 29, 300; 2: ; 3: ; SLOT SIZE, DIAMETER OF SCREEN

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 (Blanche Jones); 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., TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 30, PUMPING RATE (gal. per min. to nearest gal.) 500, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (distance from land surface) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES OR 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) F above, LAND SURFACE below (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)

ERR plot plan

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 X  
Replacement \_\_\_\_\_

Receipt # 44043  
Date 7/24/89

Name of Installer EASTEN DAY

Telephone \_\_\_\_\_

License Number 40

Certified Well Pump Installer \_\_\_\_\_ Well Driller X Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Telephone \_\_\_\_\_

Subdivision AMBERWOODS Lot # 5

Well Tag # 40-88-0675

Site Address \_\_\_\_\_

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ GPM

Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

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 \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_
2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

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: \_\_\_\_\_

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

IS REDUCED SCALE

N

