

12/10/93
6/0 12:00
10/13/94
1:00 - 1:30
5/26/94 Now

PERMIT

03 - 314774

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49782

A 39040

DISTRICT 3rd

DATE 12/2/93

DATE SYSTEM APPROVED 5/26/94

INSPECTOR (CW)

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

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

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

SUBDIVISION Amberwoods LOT 7 ROAD 12837 Amberwoods Way

PROPERTY OWNER Grayson Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS Top Seamed Tank

2/25/94 change in septic reserve area yields new specifications.

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.

Inlet 2' Max bottom - 4' Width - 3' stone 2' ALM

LOCATION - Place distribution box 230 feet from the rear lot line and 90 feet from the left lot line. Run trenches on 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. AK/CW

PLANS APPROVED BY C. Williams REVISED DATE 11/19/93

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

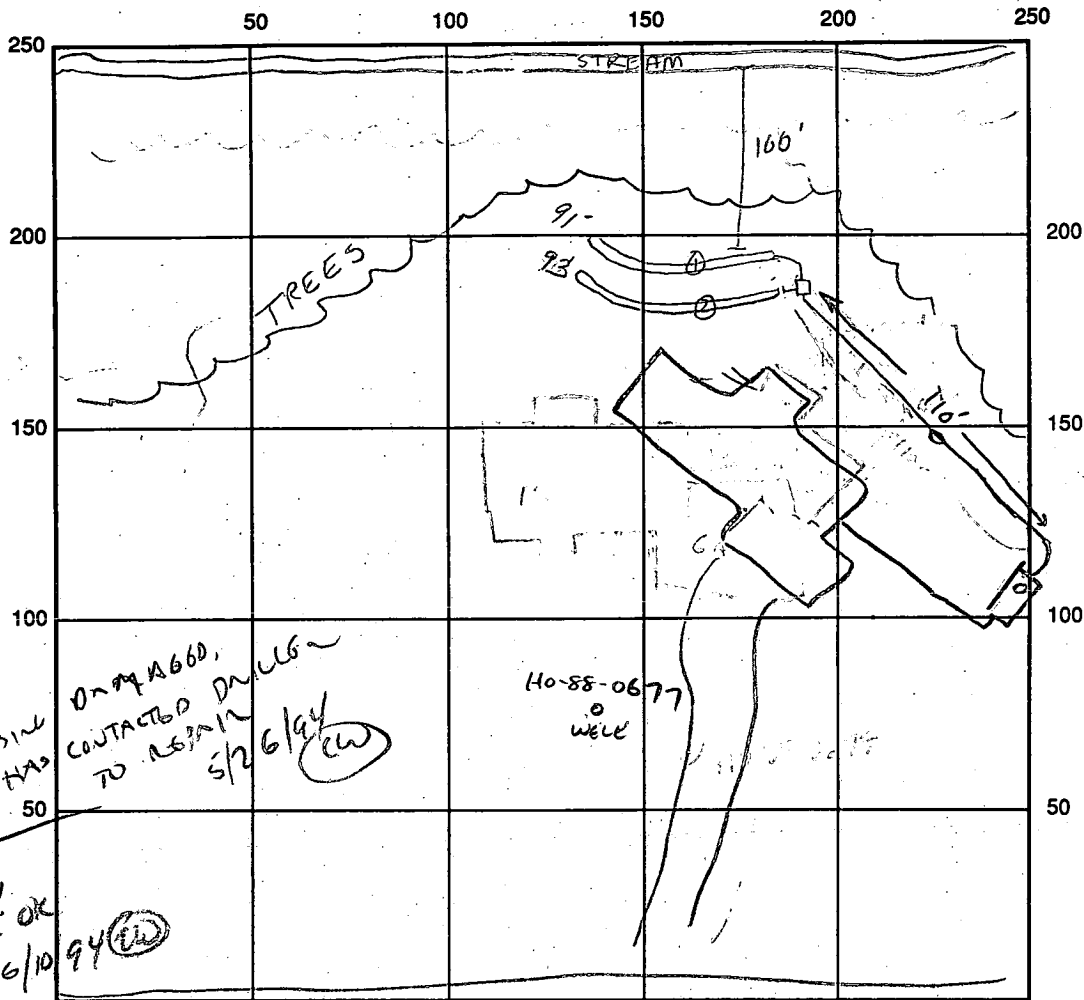
PERMIT VOID AFTER TWO YEARS

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 39040



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 AMBER WOODS WDV

SEPTIC TANK LEVEL OK 1500 CLEANOUTS #1 OK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 6' FT. TRENCH WIDTH 2' FT. INLET DEPTH 2' FT.
 EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 290 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 181 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 724 FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: 12/10/93 Run both trenches towards the left lot line - rock outcrop to the right. OK to cover tank and trench. Because too close to stream - called contractor and told to stop all work. Am # 1/13/94 Trench 2 OK to cover house connection needed Am

1/11/94 * RECEPTION TESTING ESTABLISHED NEW SEPTIC AREA, PLAT REQ'D; OK TO PROCEED WITH SEPTIC INSTALLATION (CW)
1/13/94 feedhouse connection term & plat revision (CW) = DONE 5/26/94 (CW)

DATE SYSTEM APPROVED 5/26/94 INSPECTOR Craig [Signature]

APPLICATION

PERCOLATION TESTING

Retest

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER GRAYSON HOMES

ADDRESS 1050 Sparksville Rd. West Friendship PHONE 301-776-7454

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Amberwoods LOT NO. 7

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

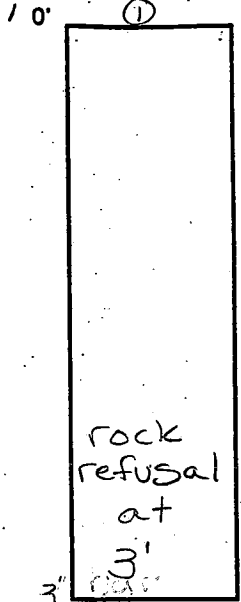
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

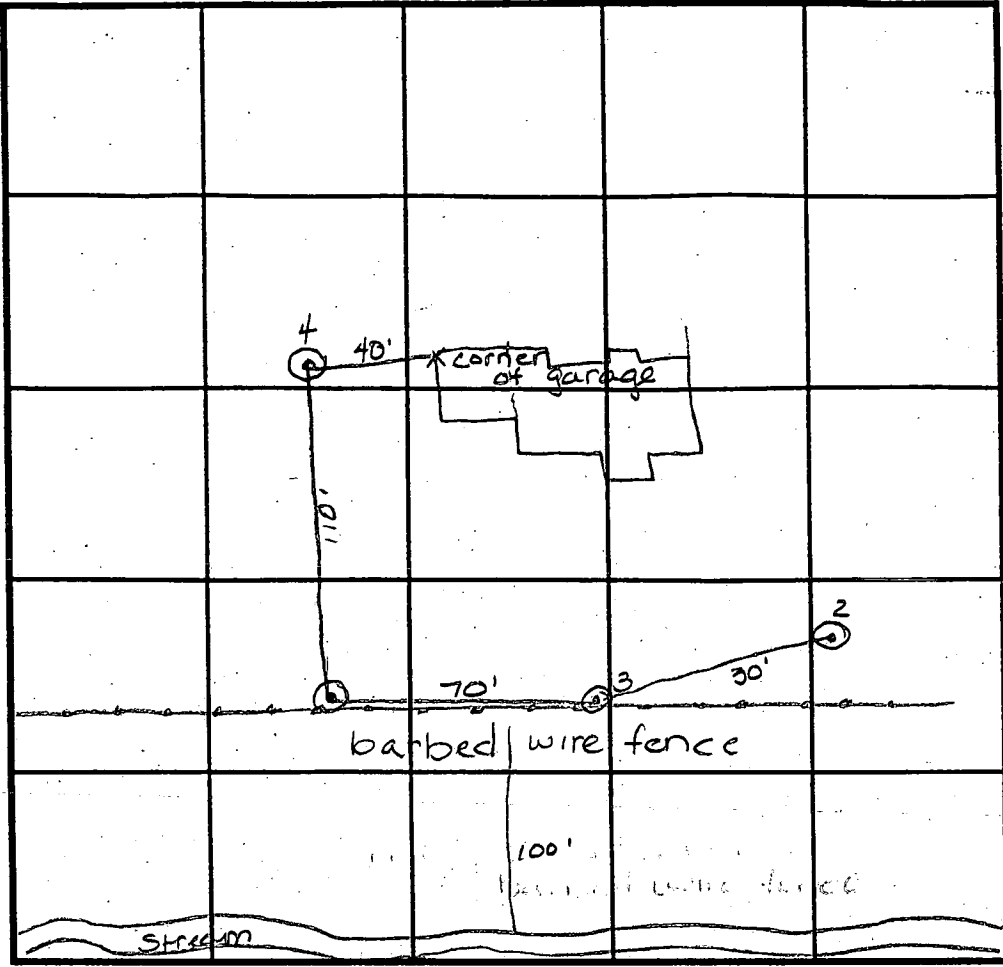
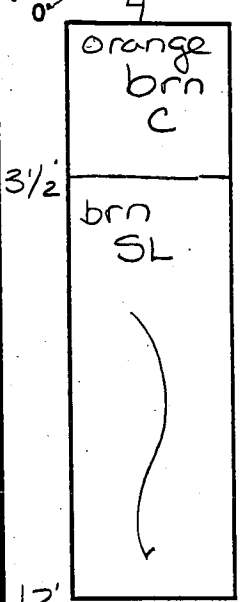
THIS IS NOT A PERMIT

COUNTY #

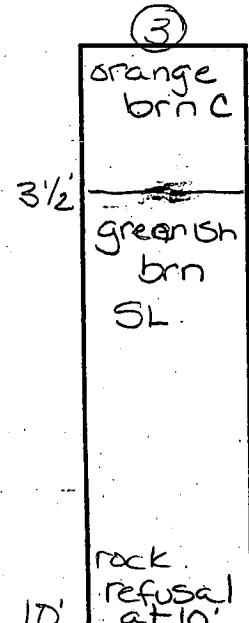
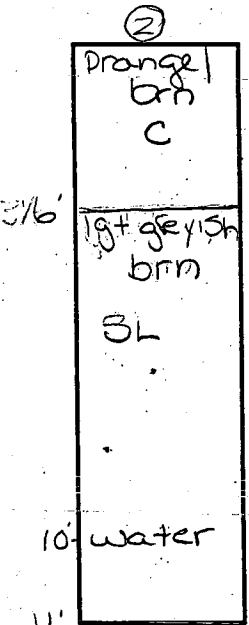
SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/27/93	①	Visual	to 3'	rock refusal	to 3'	—	F
	②	5' VII'	>30 min	—	—	—	F
	③	6' VII'	>30 min	—	—	—	F
	③	3 1/2' X	10:48	11:01	11:01	11:22	21min
	④	Visual	to 12'	—	—	—	OK

REMARKS hold for wet season tests - hole 3 looks like Glenville soil

TYPE OF SOIL _____

TESTED BY C. Williams - A. McMillan ALSO PRESENT Pete

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

4/29/87

APPLICATION

PERCOLATION TESTING

A 39040

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, Inc

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

PROSPECTIVE BUYER Amberwood Limited Partnership

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

PROPERTY LOCATION:

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

ROAD AND DESCRIPTION RT 32 north of RT 99 (12857 Amberwoods Way)

TAX MAP 9 PARCEL # 4

SIZE OF LOT 3.4 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 Negall
(SIGNATURE OF APPLICANT)

APPROVED BY Cwellin FOR _____ DATE 4/19/89

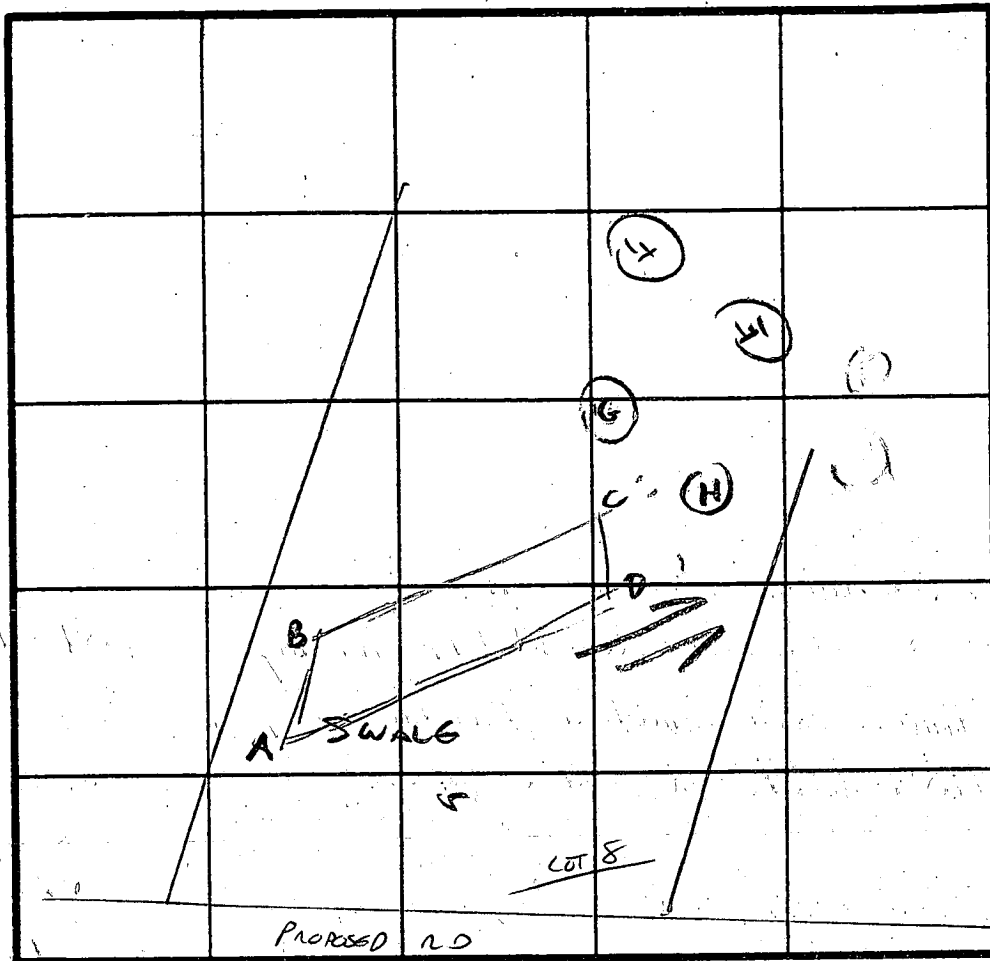
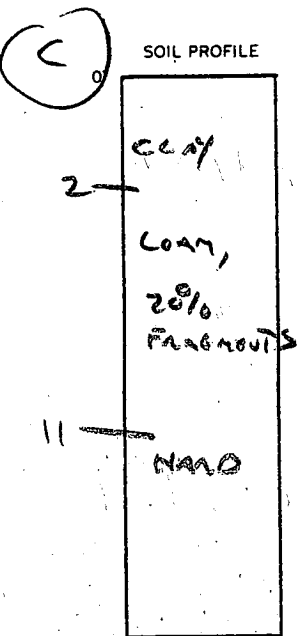
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

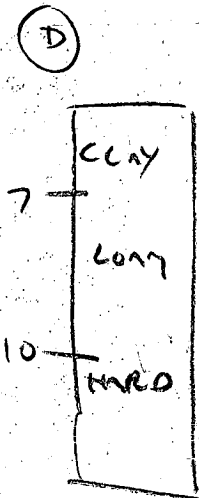
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 11/19/83
Serial # 51503
SFD-4/Bom

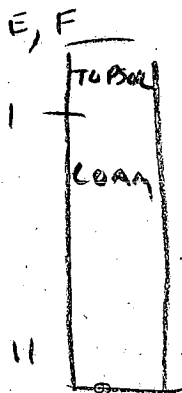
THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/29/57	A	NOT DUG - SWALG					X
	B, G, H	ROCK 3'					X
	C	OK 2 - 11"		VIS OK			✓
	D	CLAY TO 7' - SWALG, HARD BOTTOM 10"					X
	E	2	2:30	2:32	2:32	2:34	2 MIN ✓
		7	2:30	2:32	2:32	2:34	2 MIN ✓
		11		VIS OK - LOAM			
	F	3	2:33	2:35	2:35	2:35	2 MIN ✓
		8					
		11		VIS OK - LOAM			
	G	ROCK 3'					



EH-12-1079

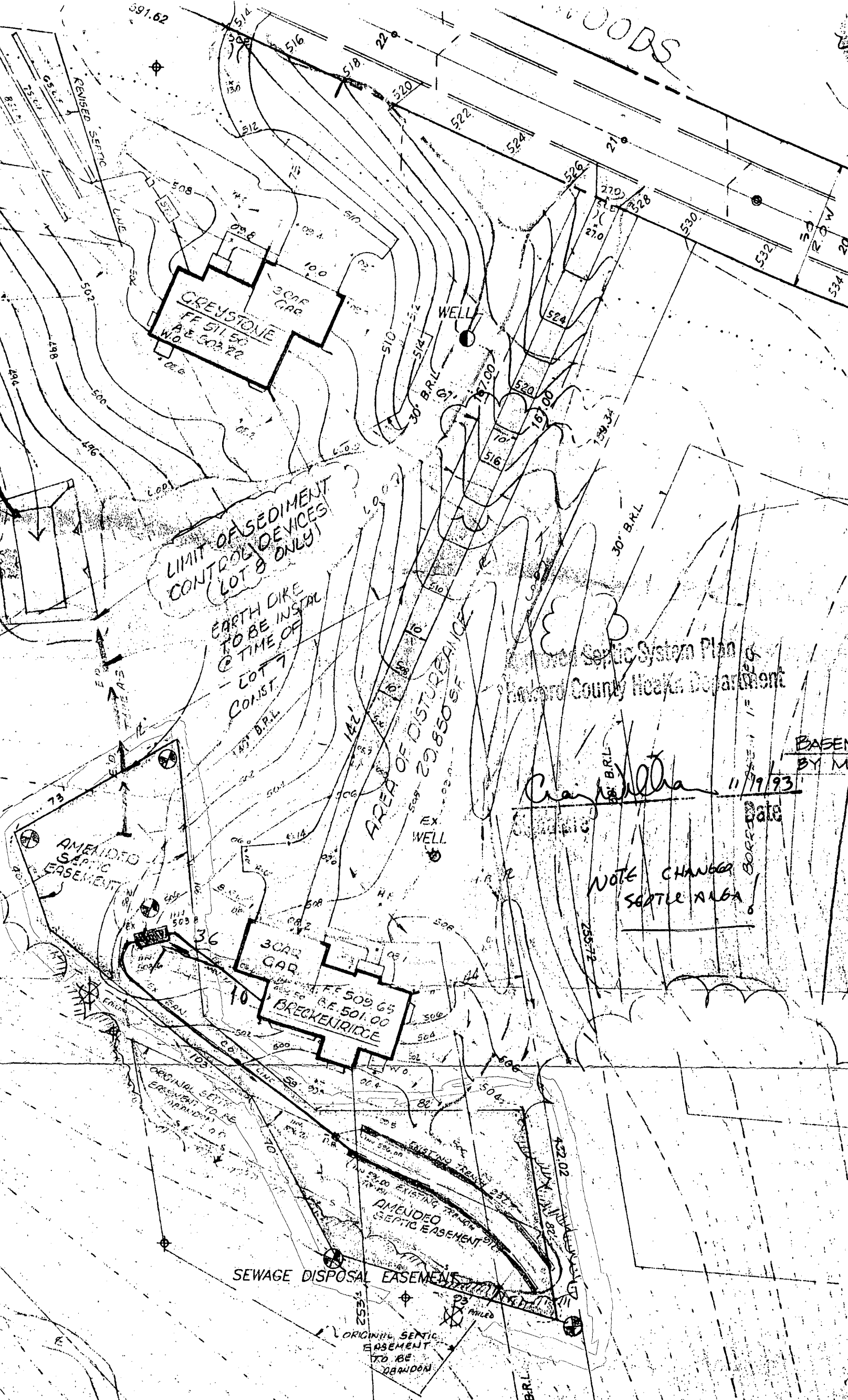
REMARKS: DIFFICULT TOPO

TYPE OF SOIL: LOAM, ROCK BOTTOM

TESTED BY: C. Williams ALSO PRESENT: NAGABHAN

WOODS

391.62



LIMIT OF SEDIMENT CONTROL DEVICES (LOT 8 ONLY)

EARTH DIKE TO BE INSTALLED @ TIME OF CONST. LOT 7

AREA OF DISTURBANCE

Septic System Plan
Howard County Health Department

Craig [unclear] 11/19/93

NOTE CHANGED SEPTIC AREA

SEWAGE DISPOSAL EASEMENT

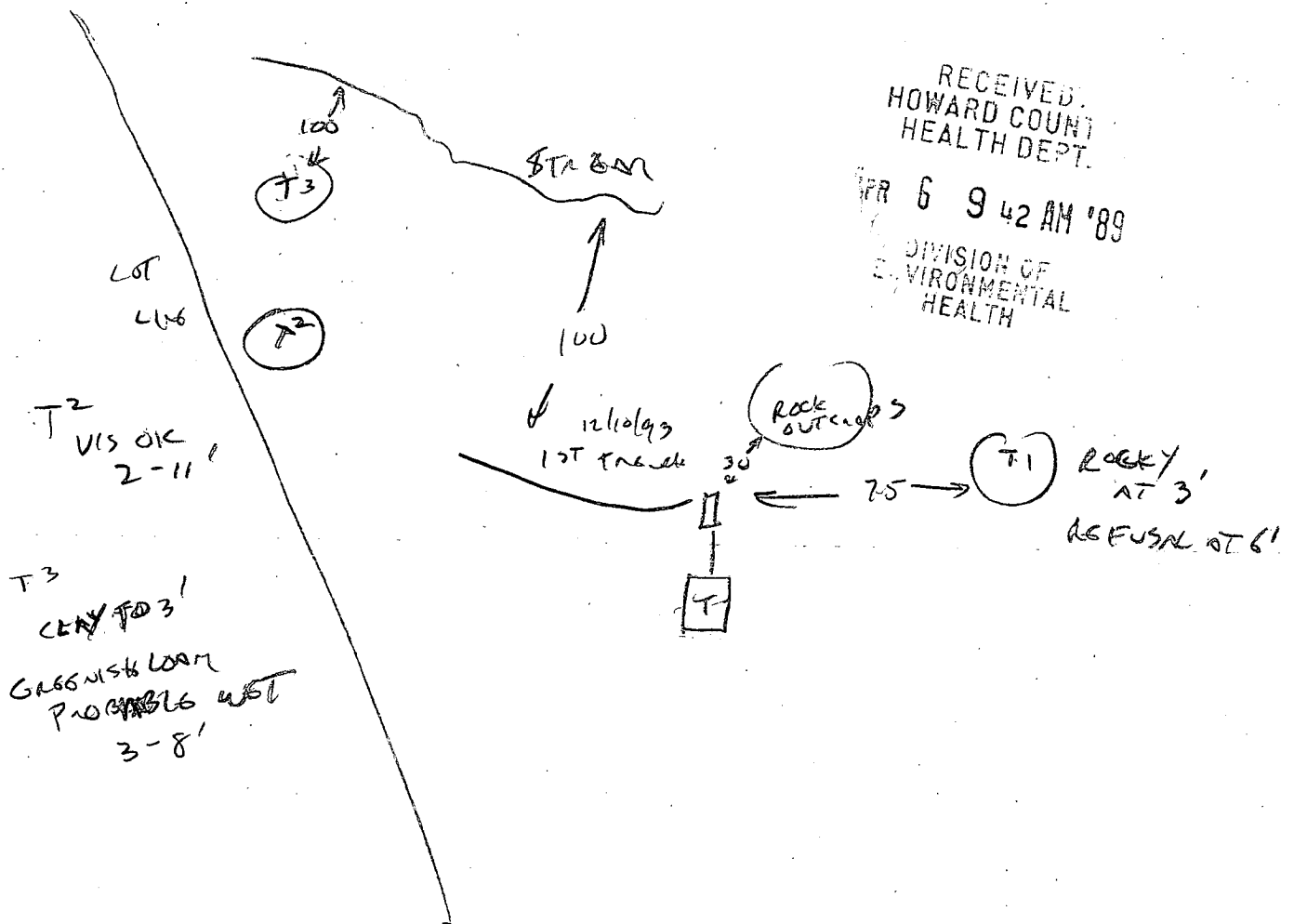
ORIGINAL SEPTIC EASEMENT TO BE ABANDONED

BASED BY ME

RECEIVED.
HOWARD COUNTY
HEALTH DEPT.

APR 6 9 42 AM '89

DIVISION OF
ENVIRONMENTAL
HEALTH



LOT
LUG

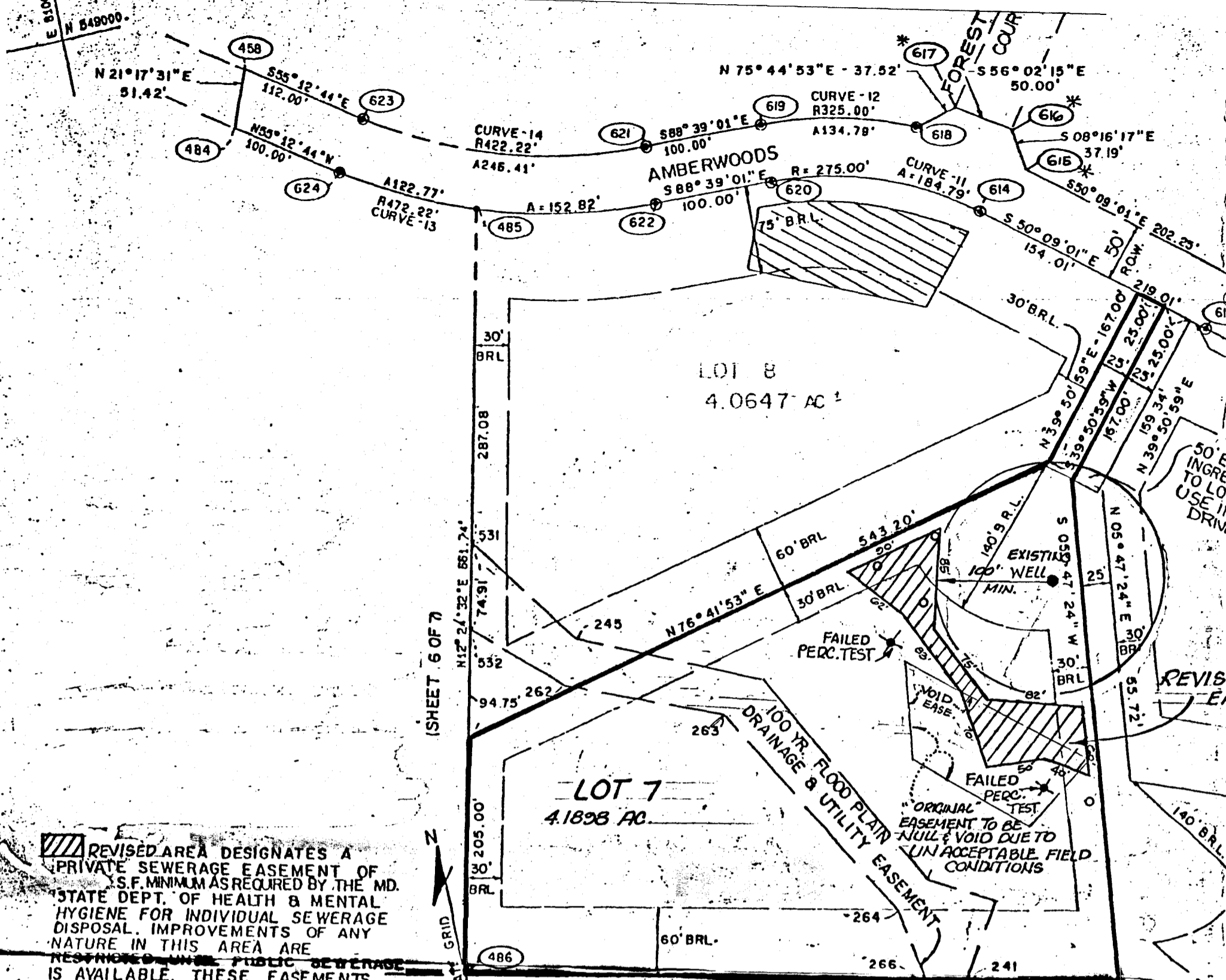
T2
VIS OK
2-11'

T3
CENT TO 3'
GRASS WITH LUMP
PROBABLE WBT
3-8'

12/10/93
1ST TRASH

ROCK
OUTCROPS

T1
ROCKY
AT 3'
REFUSAL AT 6'



REVISÉD AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 5' S.F. MINIMUM AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNLESS PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

○ DENOTES VALID PERC. TESTS. 12-03
 X DENOTES FAILED PERC. TEST.

CURVE TABLE

NO.	RADIUS	DELTA	ARC	TANGENT	CHORD	CH. BEARING
9	725.00	89°00'00"	873.10	498.28	821.29	N84°39'01"W
10	875.00	80°00'00"	812.89	483.91	784.65	N84°39'01"W
11	275.00	38°30'00"	184.78	98.03	181.33	N69°24'01"W
12	325.00	23°45'47"	134.78	88.38	133.83	N76°48'08"W
13	472.22	33°28'17"	275.69	141.84	271.69	N71°55'53"W
14	422.22	33°28'17"	246.41	126.82	242.93	N71°55'53"W

MINIMUM LOT SIZE CHART

LOT No.	TOTAL AREA	FLOOD PLAIN	STEEP SLOPE	PIPE SIZE	MIN. AREA
3	3.2460	—	—	—	3.24
4	3.2600	—	—	—	3.24
5	4.1303	—	0.2652	—	3.8
6	4.8953	—	0.5973	0.2407	4.0
7	4.1898	0.4205	1.9179	0.0959	1.75
8	4.0647	0.1549	1.1080	—	2.8

NOTE: ALL AREAS SHOWN ARE IN ACRES.

TABULATION: THIS SHEET ONLY

TOTAL NUMBER OF LOTS/PARCELS TO BE RECORDED...	6
TOTAL AREA OF LOTS/PARCELS TO BE RECORDED...	23.7941 AC.
TOTAL AREA OF ROADWAYS TO BE RECORDED...	2.2752 AC.
TOTAL AREA OF SUBDIVISION TO BE RECORDED...	26.0693 AC.

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF WATER AND SEWERAGE FOR HOWARD COUNTY.

[Signature] **LOT 7 ONLY**
 7-26-90
 HOWARD COUNTY HEALTH OFFICER: AM/cw DATE

APPROVED: HOWARD COUNTY DEPT. OF PLANNING AND ZONING.

APPROVED: FOR STORM DRAINAGE SYSTEMS AND ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

SURVEYOR'S CERTIFICATE *

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL THE LANDS CONVEYED BY N.V. LAND, INC. TO GRAYSON AMBERWOODS LIMITED PARTNERSHIP BY DEED DATED JUNE 1, 1989 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 2009 AT FOLIO 582, AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED, ALSO BEING LOTS 1 THROUGH 42, SECTION ONE, SHEET 1 OF 7, AMBERWOODS, RECORDED 5-26-89 AS PLAT NO. 8646.

DATE _____

COMPUTED BY: _____ DRAWN BY: _____ CHECKED BY: _____ DATE: _____

50' EASEMENT TO LOTS USE IN DRIVE

REVISE EAST

140' B.R.L.

OWN
 PRE
 adop
 Offi
 How
 have
 road
 requ
 open
 right
 and/
 (3)
 poss
 stru

C1 9919 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A39040

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26

28 37

OWNER: Koran Development last name first name TOWN: Sykesville SUBDIVISION: Amberwoods SECTION: LOT: 7

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, Shaley, Brown mica, Tan mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), 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, Total depth.

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT), DEPTH (nearest ft.)

SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

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

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, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (circle appropriate box and enter casing height), LAND SURFACE (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)

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)

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 # -0-
 Date 4/27/94

Name of Installer J. Joseph Garland, 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 Amberwoods Lot # 7 Well Tag # HO-88-0627

Site Address 12837 Amberwoods Way

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goolds
- Model # 10E105422
- Capacity 10 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make Howard
- Model # 77800
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? 75 PSI

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- Will water supply be disinfected by installer? Yes

WELLING OK
 6/10/94 CW

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: [Signature]

Date: 4/27/94

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

APR 28 1994 8:00 PM
 RECEIVED