

# PERMIT

03-314782

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48219

A 39041

DISTRICT 3rd

DATE 4/10/92

DATE SYSTEM APPROVED 8/25/92

INSPECTOR C. Williams

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED ✓

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Amberwoods LOT 8, Sec 1 ROAD 12843 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 65 feet from front lot line and 155 feet from left lot line. Run trenches along contour toward front of lot.

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 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, 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

BLDG. PERMIT, SIGNED

AND RETURNED 3/26/93

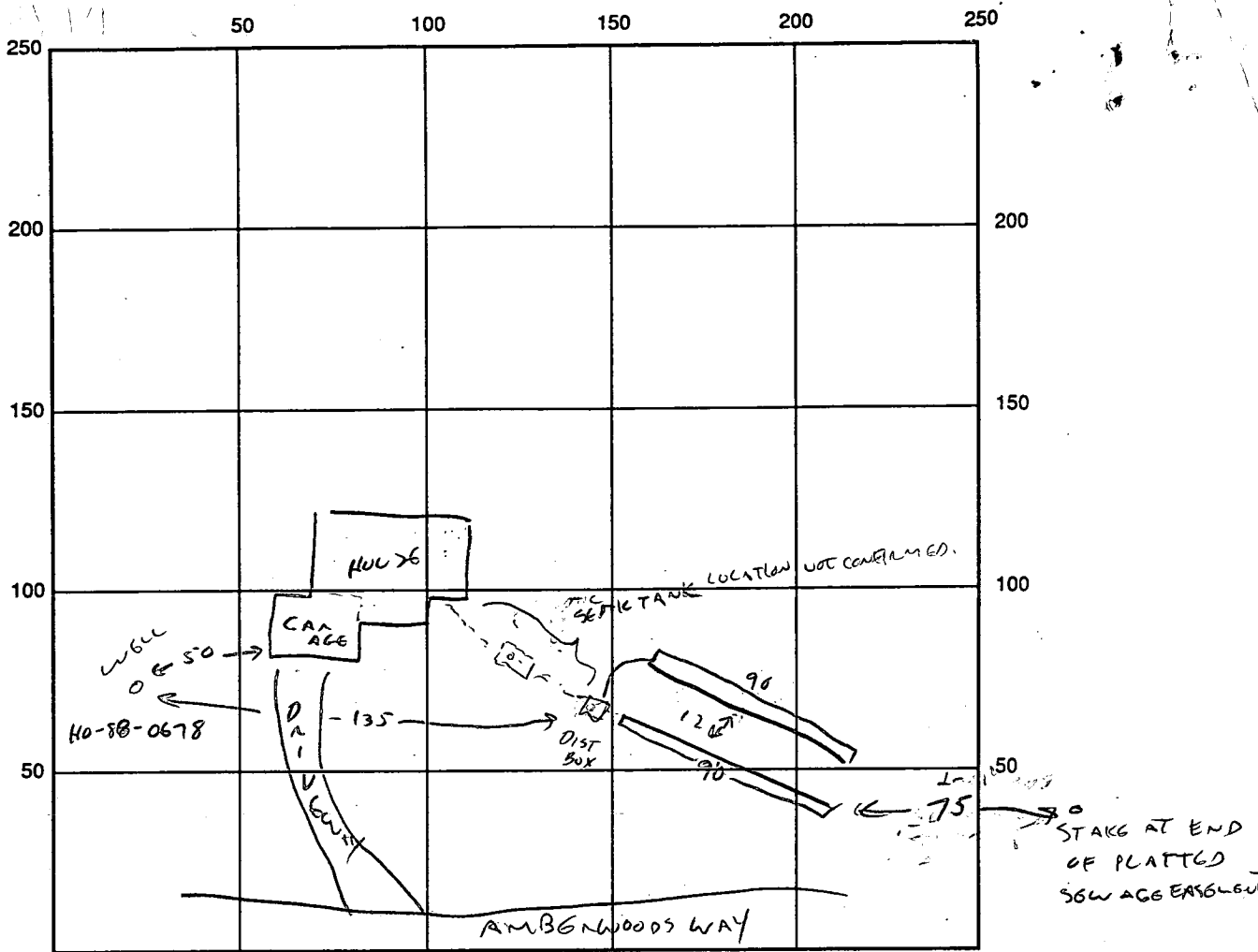
Serial # 9702 - deck

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. 39041



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

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 2 (90+90) ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 6/17/92 TRENCHES OK TO STONE & COVER. CWI - 6/18 DIST BOX AND PIPE TO TRENCHES OK. CWI  
HOUSE NOT YET UNDER CONST.

8/25/92 INSTALLER CONFIRMS TANK AND HOUSE CONNECTION COMPLETE - OK TO COVER W/O INH. CWI

DATE SYSTEM APPROVED 8/25/92 INSPECTOR Cwellman

# APPLICATION

PERCOLATION TESTING

A 39041

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 Thomas Krzys  
461-5900

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

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. 98

ROAD AND DESCRIPTION Rt 32 north of Rt 99 12848 Amberwoods Way

TAX MAP 9 PARCEL # 4

SIZE OF LOT 5.6 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 Negalla  
(SIGNATURE OF APPLICANT)

APPROVED BY Cwellen FOR \_\_\_\_\_ DATE 4/19/89

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

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

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

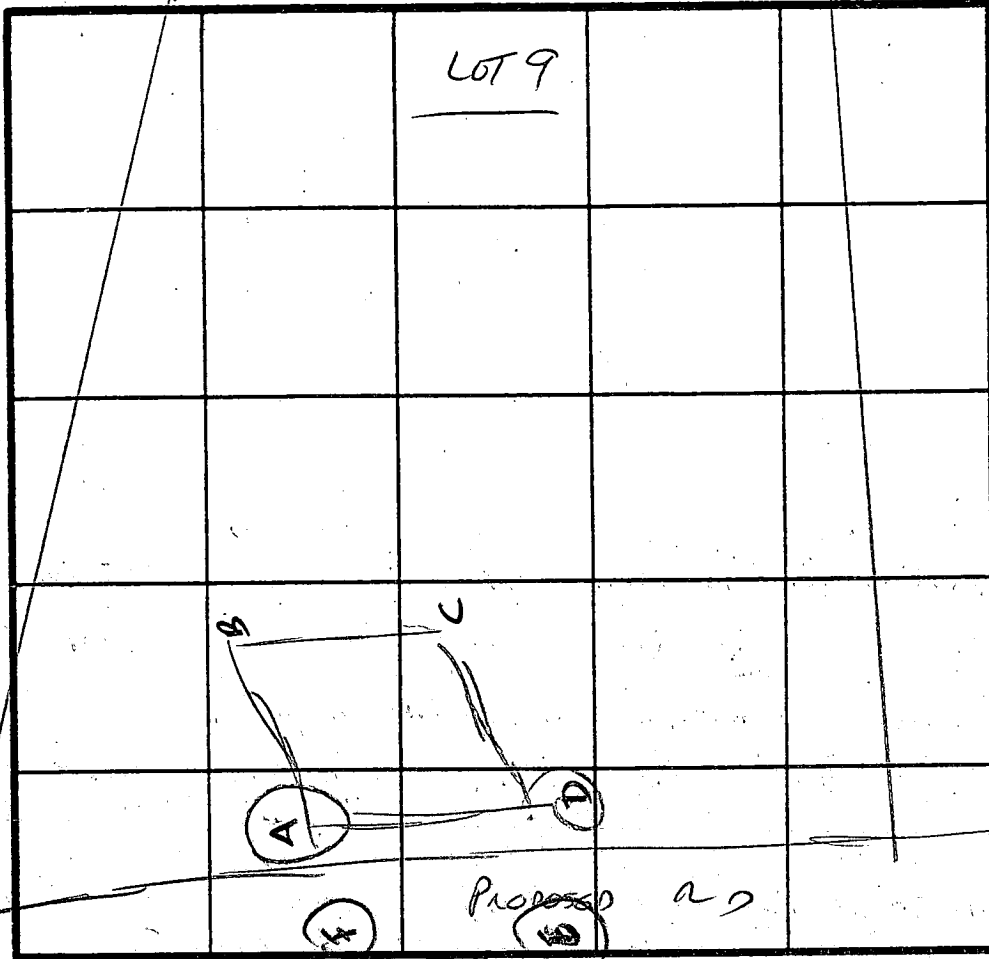
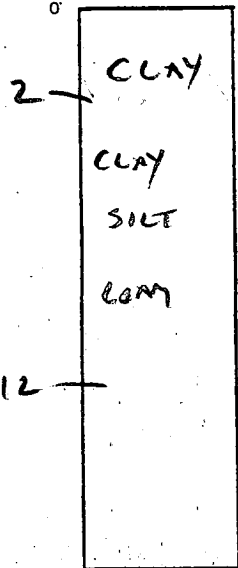
BLDG. PERMIT SIGNED  
AND RETURNED 4/28/89  
Serial # 47084 -  
Satellite Dish

BLDG. PERMIT SIGNED  
AND RETURNED 5/2/89  
Serial # 42946 - SFD -  
4 Bedroom

# THIS IS NOT A PERMIT

A

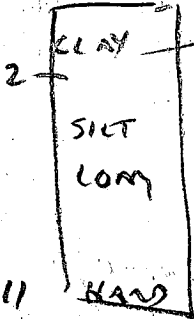
SOIL PROFILE



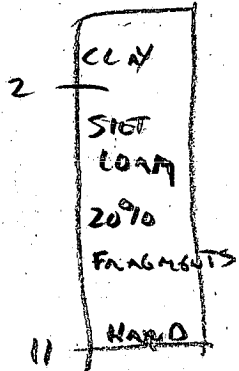
$\bar{x} = 7 \text{ MIN}$   
180  
INLET 2'  
BOTTOM 6'

MAY NEED  
SKINWALL  
DRAINAGE  
AT HIGH WAYS  
DUE TO TOP

D



E-F



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/87	B, C	NOT DUG - IN SWALE					
	A	2 1/2	2:57	3:02	3:02	3:10	8 MIN ✓
		7	2:57	3:00	3:00	3:06	6 MIN ✓
		12	VIS	OK -	LOAM		
	D	3	3:04	3:08	3:08	3:14	6 MIN ✓
		8	3:04	3:07	3:07	3:10	3 MIN ✓
		11	ROCK BOTTOM				
	E	2	3:05	3:12	3:12	3:19	7 MIN ✓
		7	LOAM				
		11	VIS	OK TO	ROCK AT	11'	
	F	2 1/2	VIS	OK -	LOAM		
		8					
		11	ROCK AT		11'		

REMARKS CHANGE IN LOT LINE REQ'D - SWALE

TYPE OF SOIL SILT LOAM

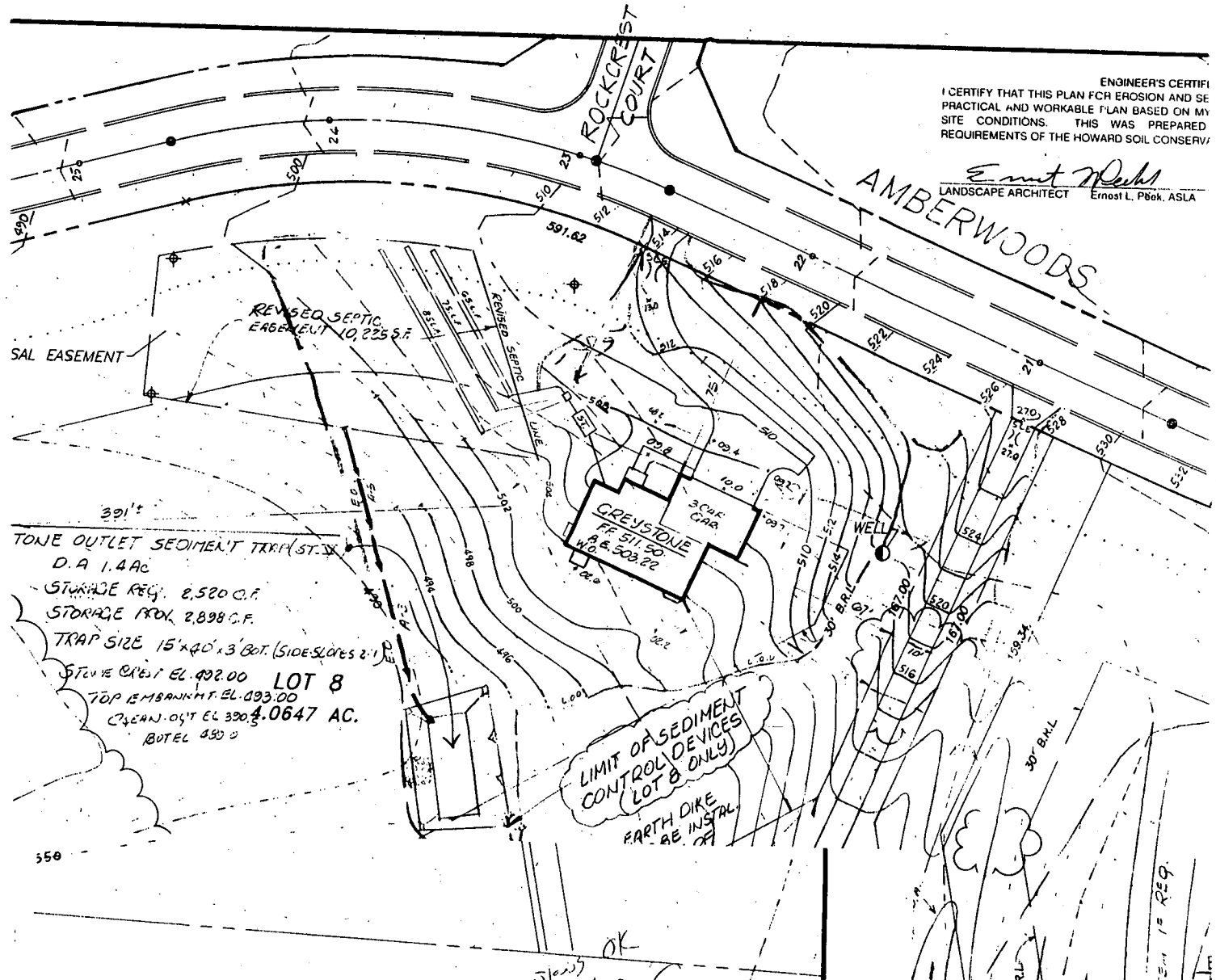
TESTED BY C. Williams ALSO PRESENT SKIP, ROCKY

EH-12-1079



ENGINEER'S CERTIFI  
 I CERTIFY THAT THIS PLAN FOR EROSION AND SE  
 PRACTICAL AND WORKABLE PLAN BASED ON MY  
 SITE CONDITIONS. THIS WAS PREPARED  
 REQUIREMENTS OF THE HOWARD SOIL CONSERV

*Ernest P. Beck*  
 LANDSCAPE ARCHITECT Ernest L. P. Beck, ASLA



TONE OUTLET SEDIMENT TRAP (ST. V)  
 D.A. 1.4 AC  
 STORAGE REQ. 2,520 C.F.  
 STORAGE PROX. 2,898 C.F.  
 TRAP SIZE 15'x40'x3' BOT. (SIDE SLOPES 2:1)  
 STONE CURB EL. 492.00  
 TOP EMBANKMENT EL. 493.00  
 CLEAN-OUT EL. 390.3  
 BOT. EL. 380.0

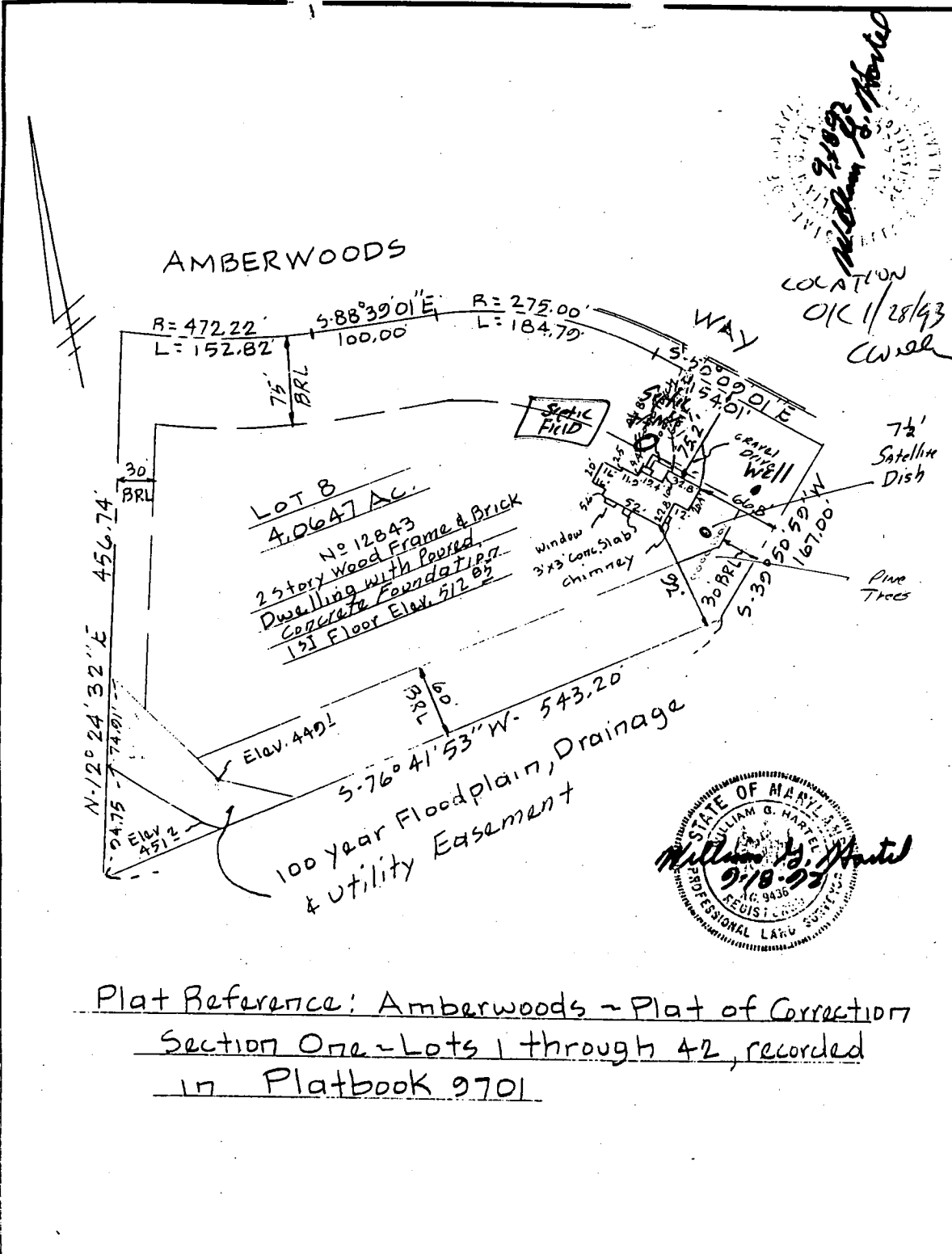
LIMIT OF SEDIMENT  
 CONTROL DEVICES  
 (LOT 8 ONLY)  
 EARTH DIKE  
 BE INSTALLED

ELEVATIONS  
 6/2/92  
 CW

ELEVATIONS REQUIRED

# N/A	# 5	# 7	# 8	LOT NUMBER
	549.52	501.00	503.22	BASEMENT ELEVATION (if applicable)
	558.00	509.62	511.50	FIRST FLOOR ELEVATION
	553.20	499.00	507.30	INVERT OUT OF HOUSE
	552.05	495.75	507.00	INVERT INTO SEPTIC TANK
	551.80	495.50	506.60	INVERT OUT OF SEPTIC TANK
	551.60	493.60	506.00	INVERT INTO DISTRIBUTION BOX (if applicable)
	551.50	493.50	505.00	* INVERT INTO TRENCH(S)
	554.0	499.0	507.0	EXISTING GRADE AT SEPTIC TANK
	553.5	497.0	507.7	EXISTING GRADE AT DISTRIBUTION BOX (if applicable)
	553.5	495.0	507.0	* EXISTING GRADE AT TRENCH(S)
	554.5	508.5	518.0	ELEVATION OF WELL AT GRADE

REDUCED COPY OF GP - SITE PLAN ELEV. DRAWING  
 # 42946 4 BA  
 516060 5/27/92



9-18-92  
 William G. Hartsel  
 LOCATION  
 OIC 11/28/93  
 CW

STATE OF MARYLAND  
 WILLIAM G. HARTSEL  
 9-18-92  
 REG. NO. 9436  
 PROFESSIONAL LAND SURVEYOR

Plat Reference: Amberwoods - Plat of Correction  
 Section One - Lots 1 through 42, recorded  
 in Platbook 9701

Thomas J. Kipp  
 Tracy R. Kipp

TITLE <b>LOCATION SURVEY</b>				THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON. <i>William G. Hartsel</i>	
PROJECT <b>LOT 8 - AMBERWOODS - SECTION 1</b>				SIGNATURE	
LOCATION <b>3RD</b> ELECTION DISTRICT, <b>HOWARD</b> CO., MD.				REG. NO. <b>9436</b> DATE <b>9-18-92</b>	
FIELD BOOK <b>120</b>	PAGE NO. <b>80</b>	DRAWN BY <b>BH</b>	CHECKED BY <b>WGH</b>	DATE <b>9-18-92</b>	
SCALE <b>1" = 100'</b>			JOB NO.: <b>01028</b>		
THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES.					
<b>Boender Associates</b> ENGINEERS - PLANNERS - SURVEYORS 3230 BETHANY LANE ELLICOTT CITY, MD. 21043 (301) 465-7777 FAX: (301) 465-7868					

B. 1 1212 SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

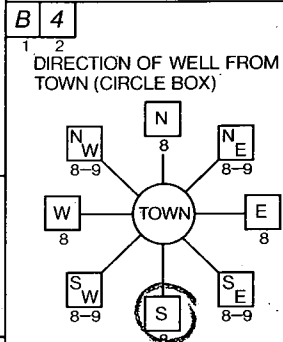
STATE OF MARYLAND PERMIT TO DRILL WELL - please print or type

STATE PERMIT NUMBER. 40-88-0678  
fill in this form completely

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

B. 3 LOCATION OF WELL R-44044  
HOWARD  
8 COUNTY  
AMBERWOODS  
23 SUBDIVISION  
SECTION LOT 8  
SYKESVILLE  
52 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 Date 3-31-89



B. 4 (RT 32) Amberwoods Way  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 50 FT  
ENTER FT OR MI FT

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

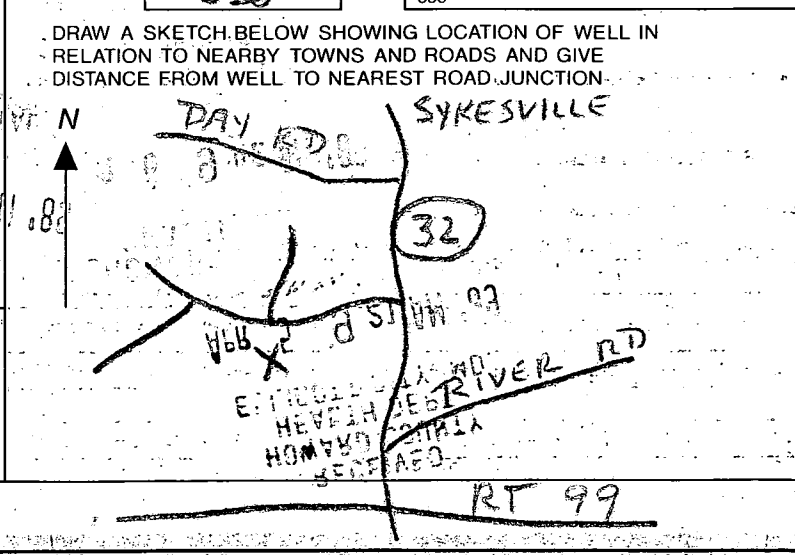
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
HOWARD A39041  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE DATE ISSUED 060289  
CO SIGNATURE EXP. DATE  
NORTH GRID 548000 EAST GRID 0810000

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  
8/4/89  
GROUTED - NO INSP-8A

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) 40-88-0678

Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE CW PERMIT No. 40-88-0678

SPECIAL CONDITIONS

C1 9918

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 39041

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER Koren Development last name first name TOWN Sykesville

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. Rows include Topsoil, Br Mica, Granite, Sandstone, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

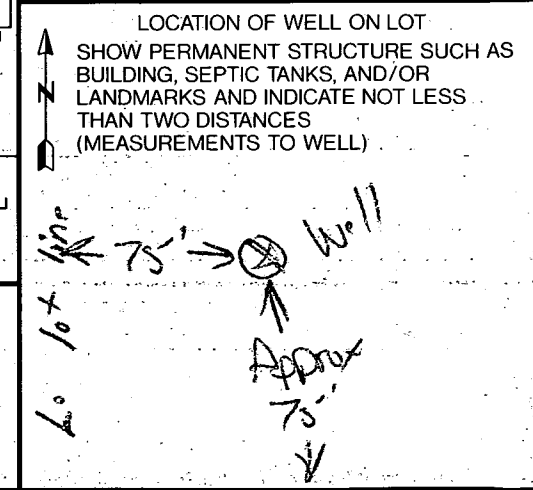
DEPTH (nearest ft.) grid for screen depth

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 (nearest hour) 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



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

Receipt # 44046  
Date 4/24/89

Name of Installer EASTA DAY GANTLAND

Telephone \_\_\_\_\_

License Number 40

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

Name of Property Owner GRAYSON HOMES Telephone \_\_\_\_\_  
Subdivision AMBERWOODS Lot # 8 Well Tag # HO-88-0678  
Site Address 12843 AMBERWOODS WAY

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**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 100' ft.  
2. Yield 12 GPM  
3. Static water level 36 ft.  
4. Will water supply be disinfected by installer? \_\_\_\_\_

PITLESS ADAPTER OK 3 1/2" BELOW GRADE  
7/10/92 CWJ

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).

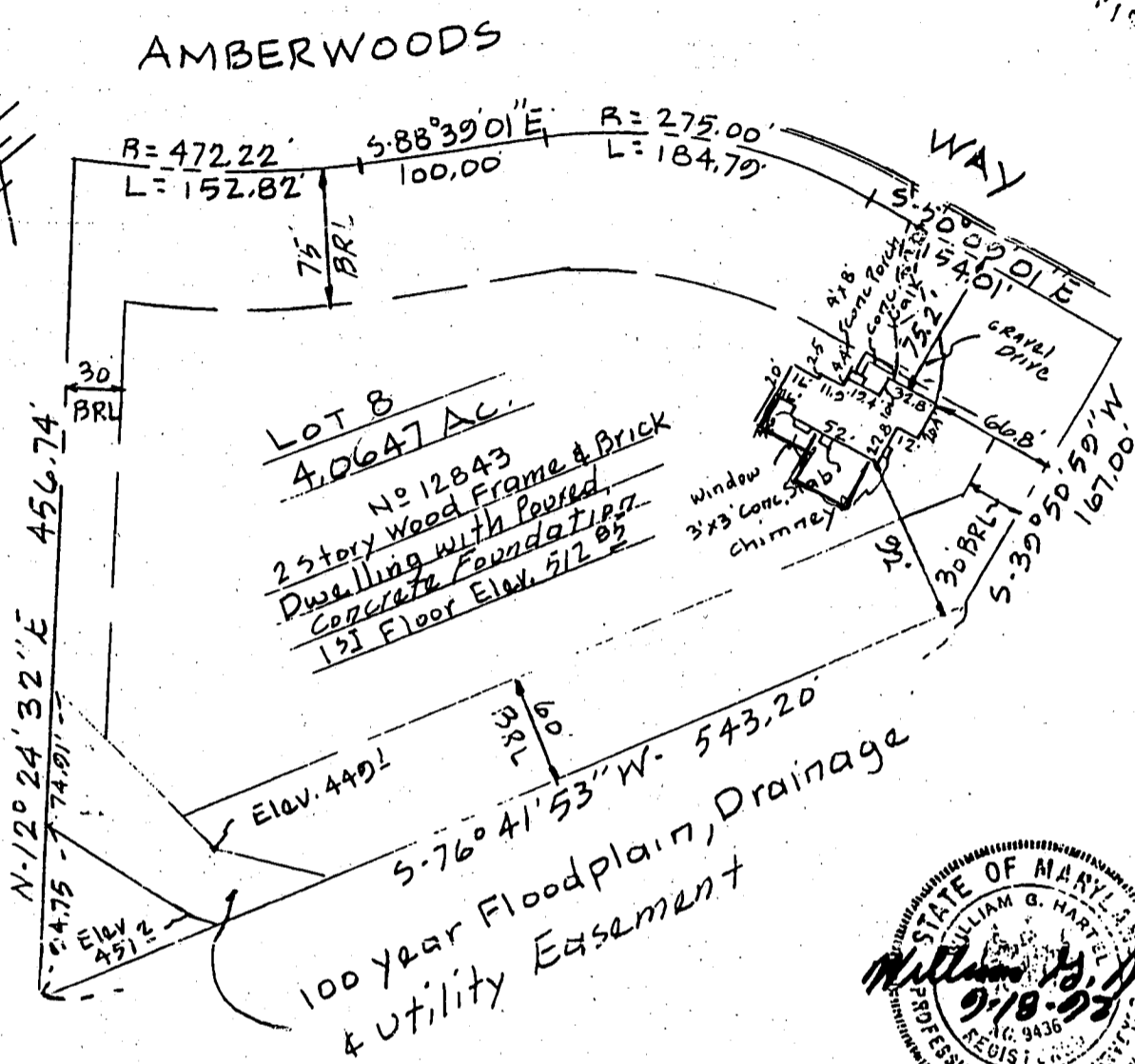
All information given above is true to the best of my knowledge.

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.

2-18-92  
 William G. Hartel



STATE OF MARYLAND  
 WILLIAM G. HARTEL  
 9-18-92  
 REG. NO. 9436  
 PROFESSIONAL LAND SURVEYOR

Plat Reference: Amberwoods - Plat of Correction  
 Section One - Lots 1 through 42, recorded  
 in Platbook 9701

3/26/93  
 OK TO SIGN  
 BP 47802  
 BH

Thomas K...  
 Tony R. Karp

TITLE <b>LOCATION SURVEY</b>				
PROJECT <b>LOT 8 - AMBERWOODS - SECTION 1</b>				
LOCATION <b>3RD</b> ELECTION DISTRICT, <b>HOWARD</b> CO., MD.				
FIELD BOOK <b>120</b>	PAGE NO. <b>80</b>	DRAWN BY: <b>BH</b>	CHECKED BY <b>WGH</b>	DATE: <b>9-18-92</b>
SCALE <b>1" = 100'</b>			JOB NO.: <b>01028</b>	

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 William G. Hartel  
 SIGNATURE  
 REG. NO. **9436** DATE **2-18-92**

**Boender Associates**  
 ENGINEERS - PLANNERS - SURVEYORS

3230 BETHANY LANE  
 ELLICOTT CITY, MD. 21043  
 (301) 465-7777 FAX: (301) 465-7966

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