

6/7/00
NOON

03-314790

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513389

A 39042

ISSUE DATE 4/14/2000

APPROVAL DATE 6/7/00

Wesmar Corporation IS PERMITTED TO INSTALL ALTER

ADDRESS 13990 Triadelphia Mill Road, Dayton, MD 21036 PHONE 410-365-5054

SUBDIVISION Amberwoods LOT NUMBER 9 ADDRESS 12849 Amberwoods Way

PROPERTY OWNER Columbia Builders, Inc. PROPERTY OWNER'S ADDRESS P.O. Box 999
Columbia, MD 21044

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth
4.5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place distribution box at highest point of septic easement; trench layout inspection
required prior to trench excavation.

PLANS APPROVED Amy McMillen ON SRN 4/4/00 DATE 11-19-99

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

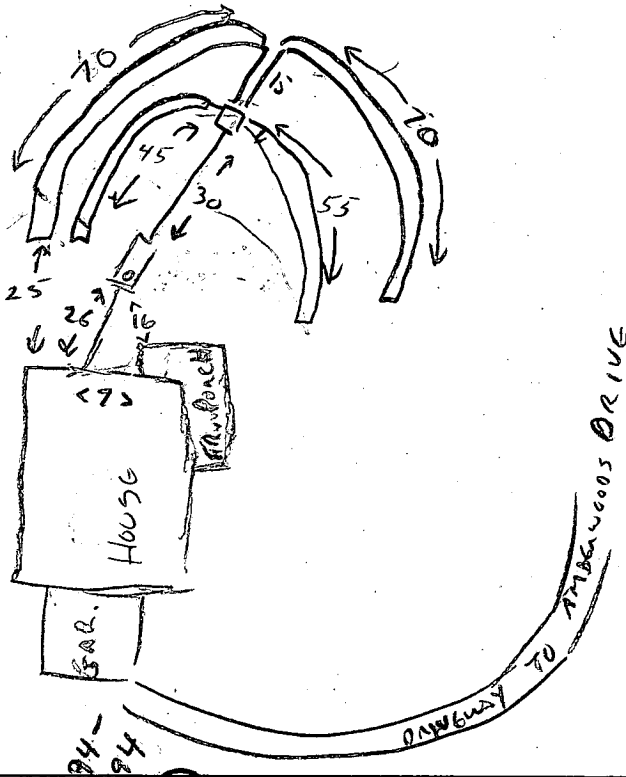
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

39042

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 2 1/2
 TRENCH BOTTOM DEPTH 4 1/2
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 GALLONS
 MANHOLE RISER —
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
 MANHOLE RISER —
 ALARM —
 PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION:

5/15/23/00 TRENCH LENGTHS TO VARY FROM 40-60'; PLANNED

LAYOUT ADJUSTED TO MAINTAIN ADEQUATE SEPARATION FROM STEEP SLOPE ON FRONT EDGE OF PLATTED BASEMENT. (CW)

INSPECTION COMMENTS:

6/7/00 HOUSE CONNECTION - TANK - DB - UPPER TWO MANHOLE COMPLETE. (CW)

6/7/00 PM 4 TRENCHES COMPLETE 45, 55, 70, 70 = 240 TOTAL LENGTH. CW

INSPECTOR C. Will

DATE SYSTEM APPROVED 6/7/00

4/15/87

APPLICATION

PERCOLATION TESTING

A 39042

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

ADDRESS 1050 Spokesville 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. 10 New 9

ROAD AND DESCRIPTION Rt 32 north Rt 99

TAX MAP 9 PARCEL # 4

SIZE OF LOT 5.8 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 Negable
(SIGNATURE OF APPLICANT)

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

REJECTED BY _____ FOR _____ DATE _____

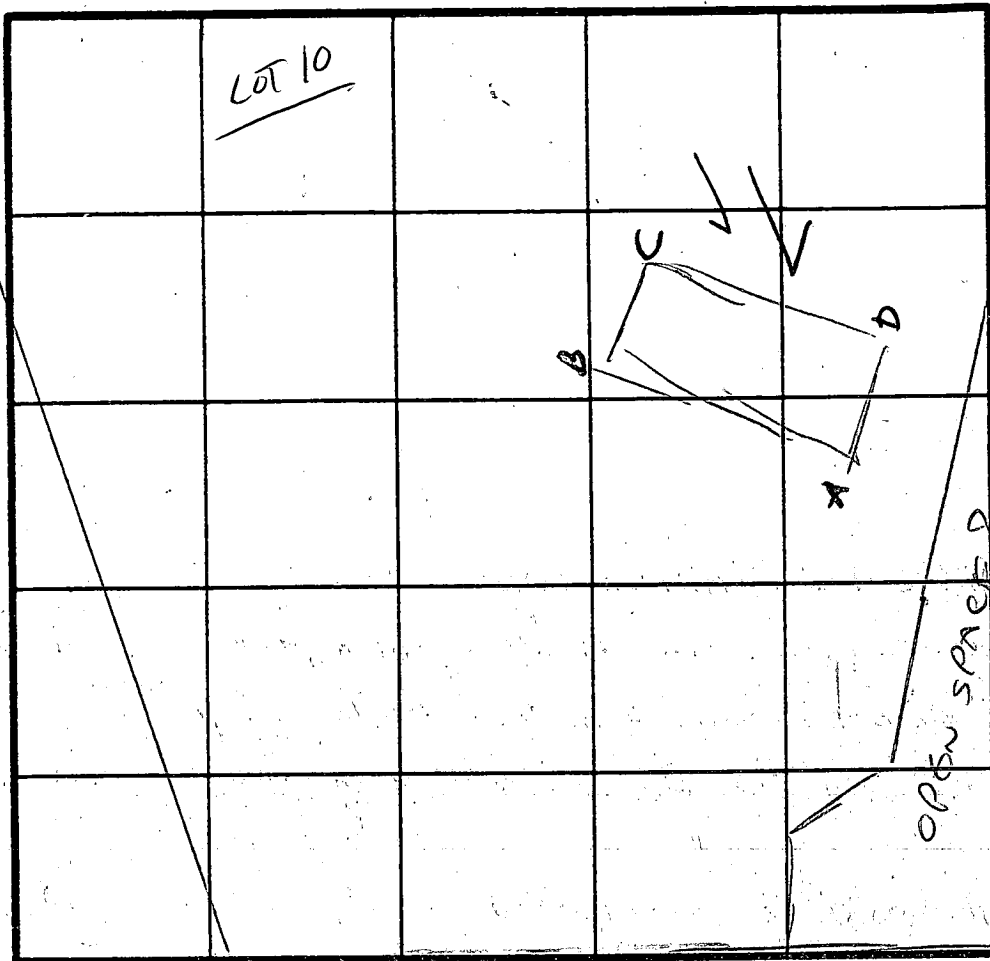
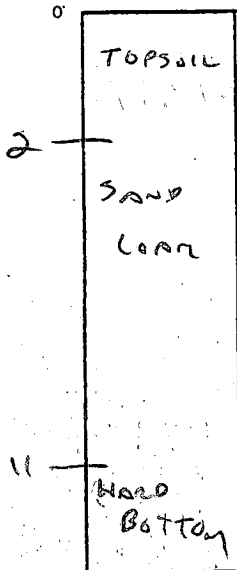
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ALL HOLS

SOIL PROFILE



$\bar{x} = 2 \text{ MIN}$
160 ft
INST 2'
BOTTOM 6'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE-LINE.

PROPOSED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST: 1" DROP		TIME	
			START	STOP	START	STOP		
9/15/07	10A	2'	2:13 LOAM	2:15	2:15	2:18	2 MIN ✓	
		11'	ROCK	BOTTOM				
	B	2-11'	SIMILAR		TO OTHERS			✓
		2'	2:23 LOAM	2:25	2:25	2:27	2 MIN ✓	
		11'	ROCK	BOTTOM				
	D	2'	2:19 LOAM	2:21	2:21	2:24	2 MIN ✓	
		11'	ROCK	BOTTOM				

REMARKS: MOVE UP FROM D&A - TOO CLOSE TO SLOPEY STREAM
DIFFICULT TERRAIN - BEST SUITED FOR DRYWELLS.

TYPE OF SOIL

SAND LOAM

TESTED BY

Chellin

ALSO PRESENT

SKIP, SHAWN

Fax # 410-313-264

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~410-313-2648~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer CONFER'S PLUMBING

Telephone 410-969-3580

License Number md 49263
Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Chris & Linda Kurtzman

Telephone 410-730-3910

Subdivision Amberwoods Way Lot # 7

Well Tag # HO-94-2494

Site Address 12849 Amberwoods Way

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible yes

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - 220 _____

Pitless Adapter

- 1. Make Campbell
- 2. Model # B.10X
- 3. Depth 5'

- 2. Make MYRES
- 3. Model # 25P 72-8
- 4. Capacity 7 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 yes Cable guards yes Other _____

Tank

- 1. Capacity wallyrol 203
- 2. Pressure relief valve? yes

Piping

- 1. Type PLASTIC
- 2. Size 1" EPS
- 3. NSF and/or BOCA Code approved yes
- 4. Depth of supply line 300'

Well data

- 1. Depth 325 ft.
- 2. Yield 8 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? yes

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.

No documentation of
Inspection called in -
Builder notified. SRK

Signature of Applicant: Gary R Confer Jr.

Date: 7/12/00

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

C1 07540

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 39042

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2494

OWNER COLUMBIA BUILDERS last name first name STREET OR RFD 12849 AMBERWOODS WAY TOWN SYKEVILLE SUBDIVISION AMBERWOODS SECTION LOT 9

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 28 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 ft. WHEN PUMPING 67 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Topsoil, Clay, Brown Slab, Tan Slab, Granite, etc.

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 24

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

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...

DRILLERS LIC. NO. 1 MWD 040 George F. Easterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MWD 386 Westy Blomquist

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) H0 20 300 SLOTTED SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 4 (nearest foot) - below }

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

see plate

B 1 14229

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

Ho - 94 - 2494

fill in this form completely

Date Received (APA)

OWNER INFORMATION

RN 8091

Howard

LOCATION OF WELL

CC#

8 MM DD YY 13

Columbia Bids

15 Last Name Owner First Name 34

Po Box 999

36 Street or RFD 55

Columbia, Md 21044

57 Town 70 State 72 Zip 76

8 COUNTY 21

Amberwoods

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

Sykesville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M DW 040

Driller's Name 76 License No. 81

L. Franklin Easterday, Inc.

Firm Name

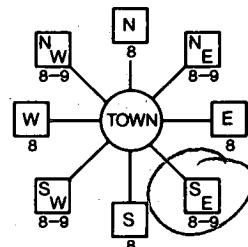
9265 Brown Church Rd.. MT. Airv. Md. 21771

Address

Signature Date 10/29/1999

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12849 Amberwoods Way

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



450 100

34 37 DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER; HEALTH DEPARTMENT APPROVAL

Howard A39042

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 11 19 99 EXP. DATE 11/18/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 548 000 EAST GRID 0810 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST 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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63

PERMIT No. Ho - 94 - 2494

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

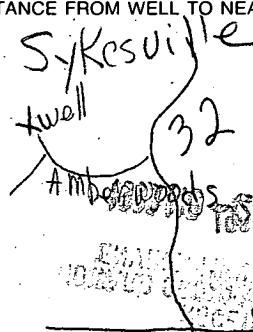
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810 548
N 550

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

N



MAP 5 B9 YES

SPECIAL CONDITIONS Exclude any water source that is similar in elevation as the stream. cw

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2456 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

000127491

Building Address 12849 Amberwoods Way
Sykesville, MD 21784
 Suite/Apt. # N.A. SDP/WP/Petition # N/A
 Census Tract 6030 Subdivision Amberwoods
 Section 1 Area N/A Lot 9
 Tax Map 9 Parcel 4 B Plat Grid 10
 Comp. Zone Plan 8/2/85
 Zoning R-(rur) Coordinates Lot size 5.4877 ac.

Property Owner's Name Columbia Builders, Inc.
 Address P.O. Box 999
 City Columbia State MD Zip Code 21044
 Home Phone _____ Work Phone (410) 730-3939
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use Single Family Dwelling
 Estimated Construction Cost \$ 100,000.00
 Description of Work Model "A-A" house
2 story, full base., 11 Rm. 2 FB, 1 HB,
FP. Garage (4 BR) Morning Room

Contractor Company Columbia Builders, Inc.
 Contact Person Dee Sperling
 Address Same
 City _____ State _____ Zip Code _____
 License No. 361106
 Phone Same Fax _____

Occupant or Tenant N.A.
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Clark, Pinefrock & Sackett
 Contact Person J. Ecker
 Address 7135 Minstrel Way
 City Columbia State MD Zip Code 21045
 Phone 381-7500 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private well
Depth Width 1st floor: <u>50'</u> <u>58'</u> 2nd floor: <u>38'</u> <u>46'</u> Basement: <u>46'</u> <u>58'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private septic
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: <u>N.A.</u> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

B. James Greenfield
 Applicant's Signature
Pres., Columbia Builders, Inc.
 Title/Company

Plat #9704 dated 12/12/90
B. James Greenfield, Pres.
 Print Name
2/18/00
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>2/18/00</u>	<u>A. McMiller</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>45016</u>
Rear: _____	Filing fee \$ <u>2.5</u>
Side: _____	Permit fee \$ <u>5.00</u>
Side St.: _____	Excise tax \$ <u>20.00</u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>27.50</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic/District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>52.50</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>21720</u>
Accepted by _____	Validation # <u>101700</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

70945.002

S. 85
S. N 548700

458 456 454
N52°23'29"E

460 50.00'
S70°44'13"W

464

466

468

470

472

474

476

478

480

482

484

486

488

N33°20'57"W

Exwell

30' BRL

60' BRL

MOB

LOE

+74±

60'

A-A
FF 485.20
* B 475.36

479.6

Gar.

83±

+82±

83±

82±

3R±

83±

82±

20'

LOD

DECK OK
ML 6/14/00

E 809850
N 548400

486

484

Distribution Box
Ex. Grd. 481.5
Inv. in 478.5

Proposed Driveway

1500102491 House

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2466 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER 300 124804
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Building Address <u>12849 Amberwoods Way</u> <u>Sykesville, MD 21784</u> Suite/Apt. #: <u>N.A.</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6030</u> Subdivision <u>Amberwoods</u> Section <u>1</u> Area <u>N/A</u> Lot <u>9</u> Tax Map <u>9</u> Parcel <u>333</u> Grid <u>10</u> Comp. Zone Plan <u>8/2/85</u> Zoning <u>R-(rurdd)</u> Coordinates <u>5B9</u> Lot size <u>5.4877</u> ac	Property Owner's Name <u>Columbia Builders, Inc.</u> Address <u>P.O. Box 999</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone <u>730-3939</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
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Existing Use <u>Single family dwelling</u> Proposed Use <u>Add Deck 50' x 20' to rear of house</u> Estimated Construction Cost \$ <u>3000.00</u> Description of Work <u>Deck on rear of house</u> <u>approx. 20' x 50' with steps to</u> <u>grade</u>	Contractor Company <u>Columbia Builders, Inc.</u> Contact Person <u>Dee Sperling</u> Address <u>Same</u> City _____ State _____ Zip Code _____ License No. <u>361106</u> Phone <u>Same</u> Fax _____
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Clark, Finckrock & Sackett</u> Contact Person <u>J. Ecker</u> Address <u>7135 Minstrel Way</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21045</u> Phone <u>381-7500</u> Fax _____
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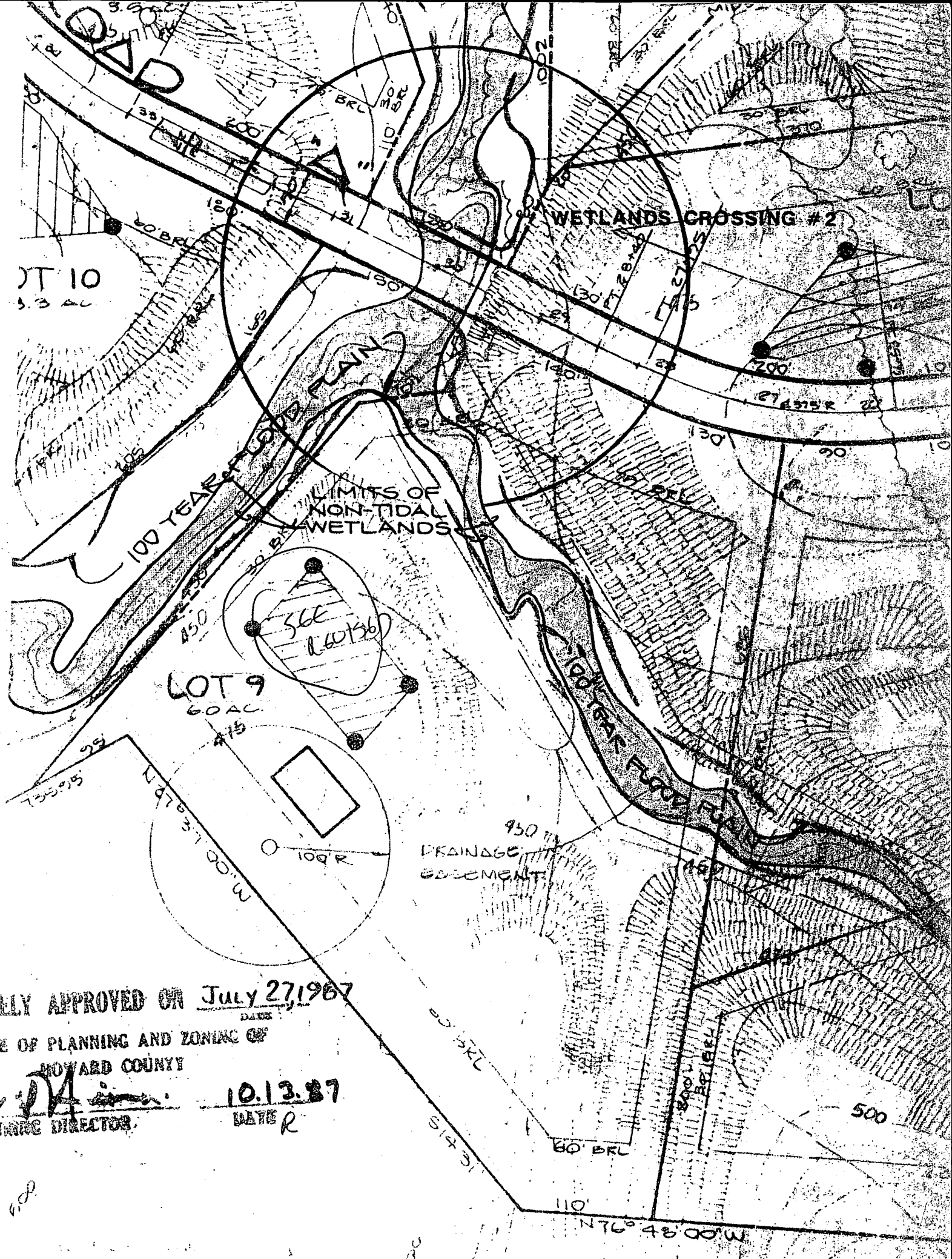
BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL								
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THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>B. James Greenfield,</u> Applicant's Signature <u>Pres. Columbia Builders, Inc.</u> Title/Company	<u>B. James Greenfield, Pres.</u> Print Name <u>6/14/00</u> Date
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering DPZ <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>6/14/00</u>	<u>Mark Toffin</u>	Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	



ELY APPROVED ON July 27, 1987

COMMISSIONER OF PLANNING AND ZONING OF HOWARD COUNTY

M. J. ...
ZONING DIRECTOR

10.13.87
DATE R

68

TACKLE TO
JIM G 11/10

HE WILL STAKE
4 CORNERS BACK NEXT WEEK

APPOINTMENT SET FOR NOV 17 1999
- NOT READY -

MESSAGE LEFT TO RE-SCHEDULE. (CW)



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 10, 1999

Columbia Builders
P.O. Box 999
Columbia, Md. 21044
Attn: Jim Greenfield

Re: Well Construction Permit Application
Lot 9 - Amberwoods
12849 Amberwoods Way

Dear Jim,

Please have the corners of the septic area staked, then contact me to schedule a time to meet in the field for a "walkover" inspection.

There is a history of mismatched contours and percolation test locations in this subdivision, and a note in the property file suggesting that some adjustment on this lot in particular might be needed.

We want to be confident in the proper septic area location prior to agreement on an acceptable location on the well.

Yours truly,

Craig Williams, Sanitarian

FILE

WALK-OVER OK

FRONT LEFT CORNER
OF SEPTIC AREA
IS AT EDGE OF
SEPTIC BASEMENT
AND 25' BEYOND
ACTUAL TEST HOLE,
BUT NO POINT TO
ADJUSTING BASEMENT
JUST BE CAREFUL
WITH INSTALLATION PLANS.
LARGE TAGS, WRAP-AROUND
SCOPE - LAYOUT INSP
BEFORE
EXCAVATION
SHOULD BE
MANDATED.