

3/22/93 J602

Tax ID - 03 - 314901

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49071

A 39053

DISTRICT _____

DATE 3/17/93

DATE SYSTEM APPROVED 5/3/93

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 313-2640

INDEXED

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

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

SUBDIVISION Amberwoods LOT 19 ROAD 12800 Forest View Court

PROPERTY OWNER Grayson Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAM TANK

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 2½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 185 feet from the lot line which borders Forest View Court and 160 feet from the lot line which borders Amberwoods Way. First trench to follow contour toward left side of lot. Additional trenches to follow 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. as/cw

PLANS APPROVED BY C. Williams DATE 7/16/89

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

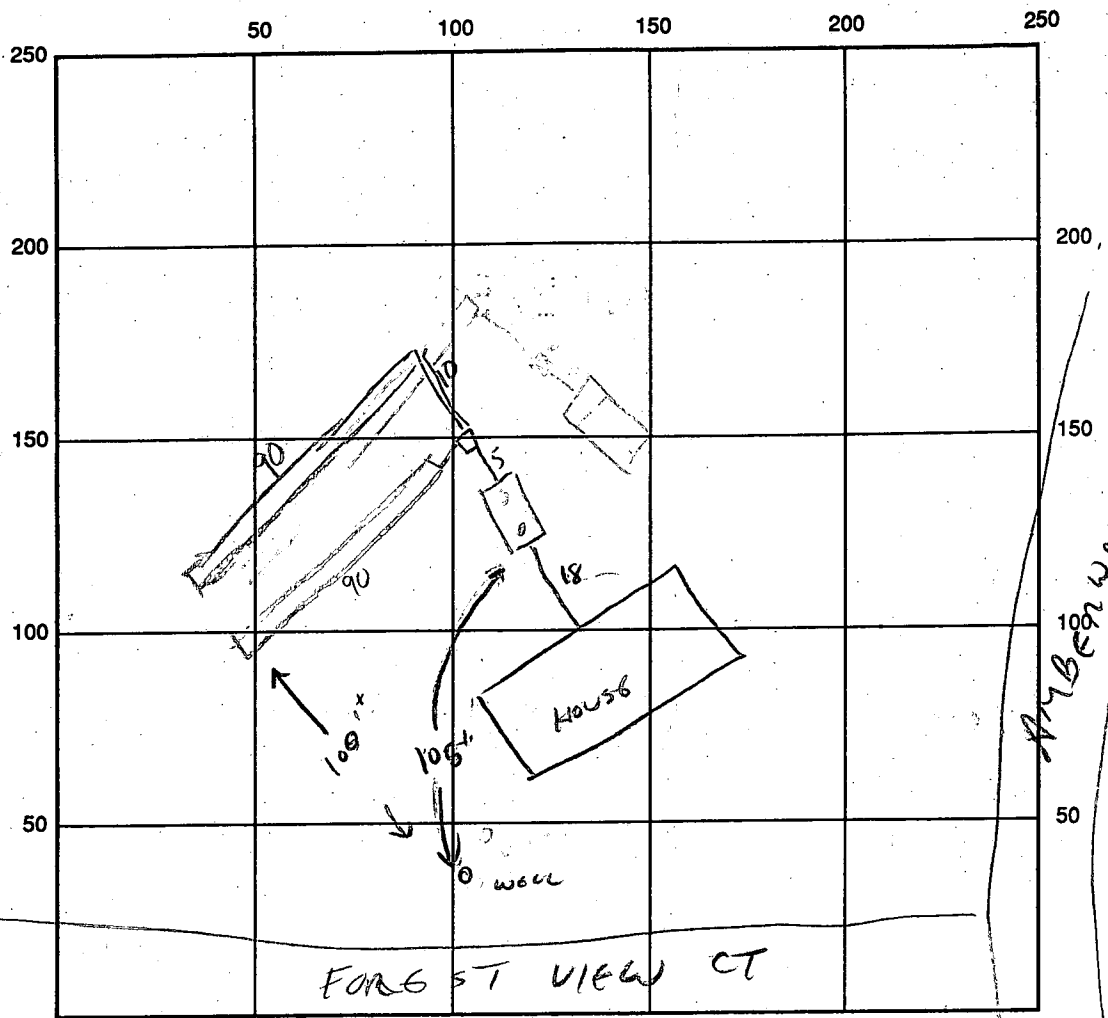
PERMIT VOID AFTER TWO YEARS

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
39053



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 ✓ CLEANOUTS ST ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH _____ 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: 3/22/93 OK TO COVER TANK AND TRENCHES. (CW)

5/3/93 HOUSE CONNECTION COMPLETE, SYSTEM APPROVED. (CW)

DATE SYSTEM APPROVED 5/3/93 INSPECTOR Cwilliam

APPLICATION

PERCOLATION TESTING

A 39053

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 George Arrington Grayson Homes, Inc

ADDRESS 1050 Syksville Rd West Friendship MD PHONE 461-5900
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. RT New 19

ROAD AND DESCRIPTION RT 32 north of RT 99 (12800 Forest View Court)

TAX MAP 9 PARCEL # 144

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 Negalle
(SIGNATURE OF APPLICANT)

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

REJECTED BY _____ FOR _____ DATE _____

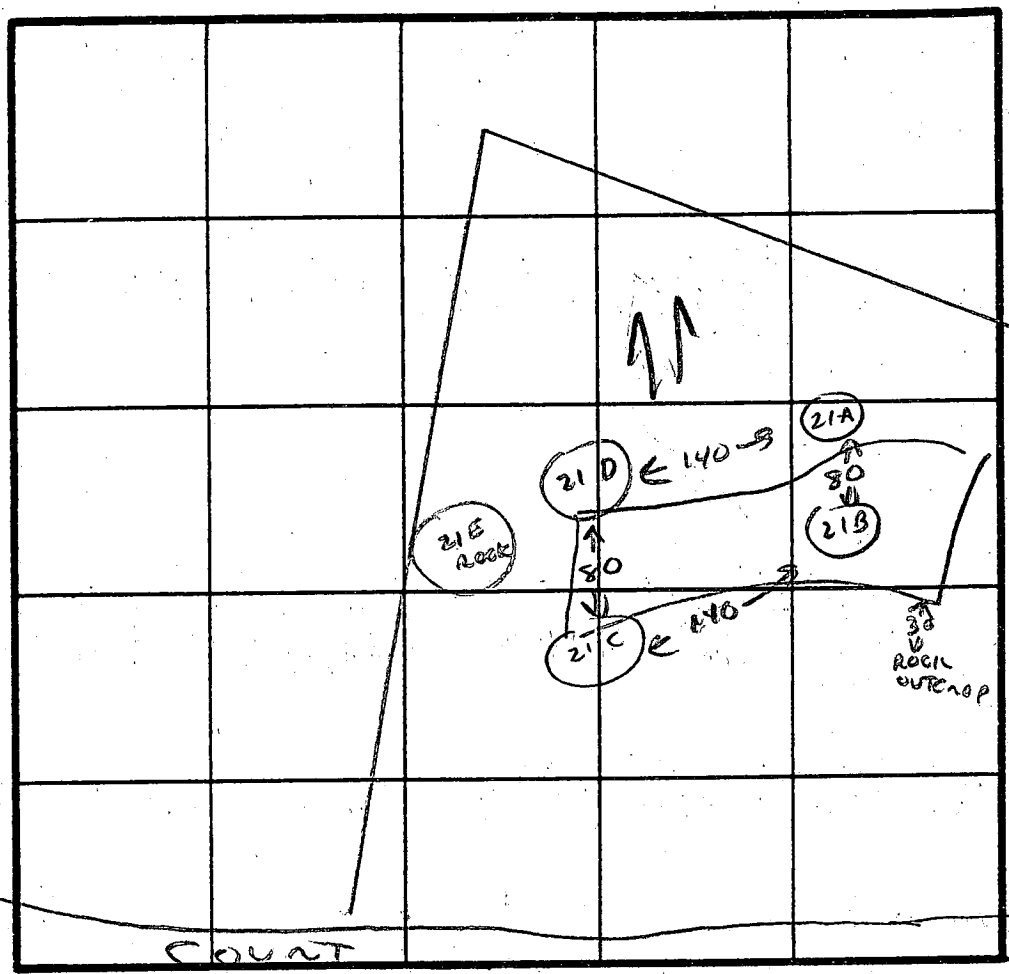
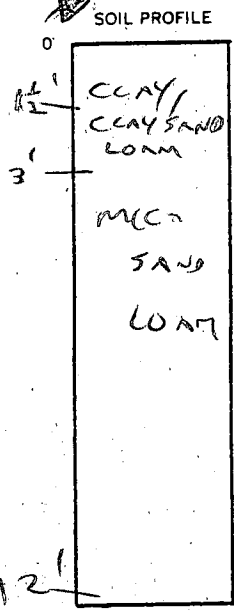
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 3/23/89
Serial # 47748 - SPD
4 Bedrooms

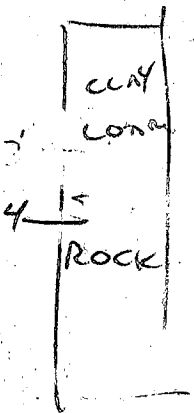
THIS IS NOT A PERMIT

Holes ABCD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

-12 E



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/87	21A	3	2142	2142	2144	2146	2 MIN
		8	2142	2142	2142	2142	
		12	VIS	OK			
	B	3	2140	2142	2142	2145	3 MIN
		8	2138	2142	2142	2145	6 MIN
		12	VIS	OK	SUNG ROCK AT BOTTOM		
	C	2					
		12	VIS	OK			
	D	3	2146	2148	2148	2152	4 MIN
		12	VIS	OK			
	E	4'	ROCK		X		

X = 5 MIN
180 INBEST 2 1/2' BOTTOM 7 1/2'

REMARKS NOT DUG AS STAKED OK 2-12, ROCK NEARBY.

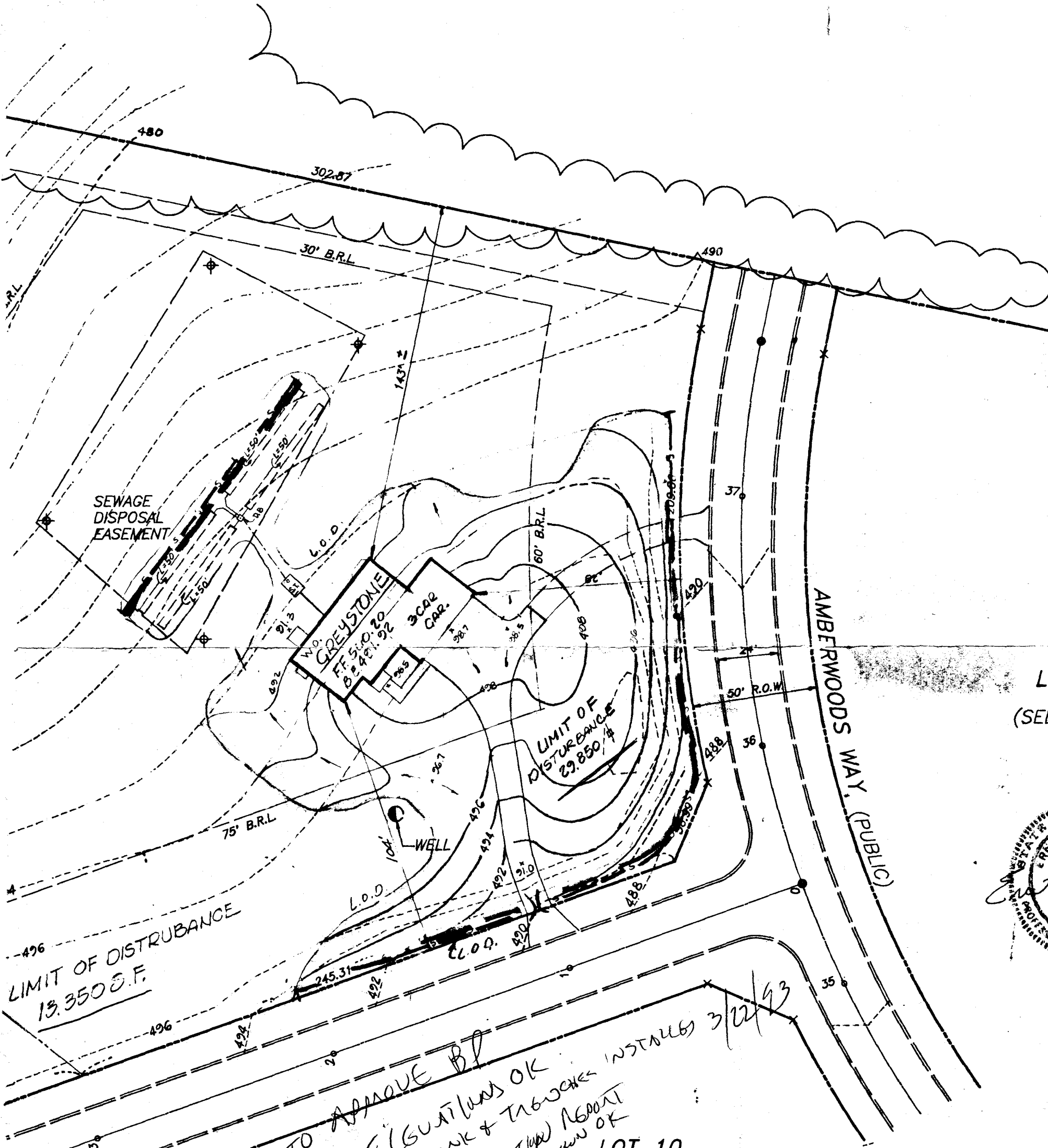
TYPE OF SOIL SAND LOAM

TESTED BY C. W. [Signature] ALSO PRESENT SKIP

GEORGE H. FOLLMER, JR
419/737

Handwritten notes and signatures at top right.

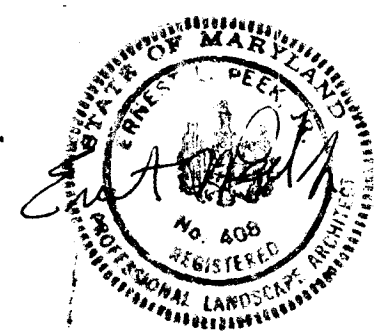
ENV. HEALTH



LOT 20
(SEE SHEET #)

DEVELOPER'S/BUILDER
WE CERTIFY THAT ALL DEVELOPMENT ACCORDING TO THESE PLANS, AND THAT ALL THE CONSTRUCTION PROJECT WILL HAVE A DEPT. OF NATURAL RESOURCES APPROVED T OF SEDIMENT AND EROSION CONTROL BEFO AUTHORIZE PERIODIC ON-SITE INSPECTION B DISTRICT OR THEIR AUTHORIZED AGENTS AS D

Floyd Geason for Geason Homes, Inc.



ENGINEER'S CER
I CERTIFY THAT THIS PLAN FOR EROSION AND PRACTICAL AND WORKABLE PLAN BASED ON SITE CONDITIONS. THIS WAS PREPAR REQUIREMENTS OF THE HOWARD SOIL CONSER

Ernest L. Peek
LANDSCAPE ARCHITECT Ernest L. Peek, ASL

REVIEWED FOR HOWARD S.C.D. AND MEETS TH

U.S. SOIL CONSERVATION SERVICE

THIS DEVELOPMENT PLAN IS APPROVED FOR S CONTROL BY THE HOWARD SOIL CONSERVATION

HOWARD S.C.D.

LIMIT OF DISTRUBANCE
13,350 S.F.

Handwritten notes:
OK TO APPROVE BP
ELEVATIONS OK
TANK & TRENCH INSTALLED 3/22/93
NO COMPLETE REPORT
Y160 KNOWN OK
3/23/93
LOT 10 (SEE SHEET #)

LEGEND

B.R.L. BUILDING RESTRICTION LINE

ELEVATIONS REQUIRED

# N/A	# N/A	# 18	# 19	LOT NUMBER
		489.50	491.92	BASEMENT ELEVATION (if applicable)
		497.50	500.20	FIRST FLOOR ELEVATION
		495.50	490.50	INVERT OUT OF HOUSE
		495.20	490.10	INVERT INTO SEPTIC TANK
		495.00	489.85	INVERT OUT OF SEPTIC TANK
		494.50	486.85	INVERT INTO DISTRIBUTION BOX (if app
	HIGHEST TRENCH	494.20	486.5	INVERT INTO TRENCH(S)
		495.5	491.8	EXISTING GRADE AT SEPTIC TANK
		496.0	490.0	EXISTING GRADE AT DISTRIBUTION BOX
		496.5	490.0	EXISTING GRADE AT TRENCH(S)
		496.0	497.0	ELEVATION OF WELL AT GRADE

B 1 01711

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER (0312)

40-92-0312 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6. ON ALL CARDS)

Date Received (APA)

Grid for Date Received

OWNER INFORMATION

GRAVSON Amberwoods

12025 CHEVROLET DRIVE

WILCOFF CITY MD 21042

B 3

LOCATION OF WELL

HOWARD COUNTY

Amberwoods

SECTION 44 LOT 19

SYKESVILLE

2 MILES FROM TOWN

DRILLER INFORMATION

Paul M. Fabiszak

399

Driller's Name

G. Edgar Harr Sons' Corp.

77 License No. 80

Firm Name

12047 Falls Road cockeysville 21030

Address

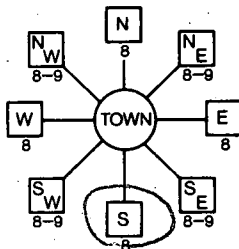
Signature

Date 2/9/93

Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Forest view ct

NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD ENTER FT or MI

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 150

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 A39053

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

022293 Co. Wilha 8/22/93

43 DATE ISSUED 48 CO SIGNATURE EXP. DATE

NORTH GRID 549000 EAST GRID 0809000

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

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 GAP 2 (0312)

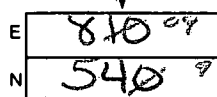
FORCE PERMIT No. 40-92-0312

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

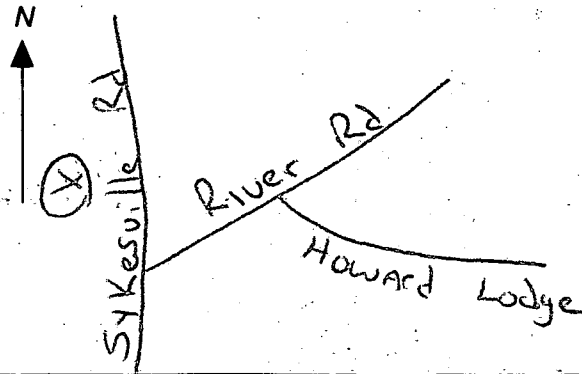
SOURCES OF DRILLING WATER 1. 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



Handwritten notes: 3/12/93 NOON BROUT 12 BAGS OK NOT OBS'D 60' CASING 30' OPEN 2 1/2' CASING A.G. LOC OK 3/2/93

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



C1 **7631** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (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 3905 3**

ST/CO USE ONLY - DATE RECEIVED
 DATE WELL COMPLETED
 033093

Depth of Well
 22 200 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 110-92-0312

OWNER **Grayson Humes** last name **Grayson** first name **Humes** TOWN **SYKESVILLE**
 STREET OR RFD **Amberwood** SUBDIVISION SECTION LOT **19**

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	
Overburden	0	20	
Brown Shale	20	58	
Gray Rock	58	200	X

GROUTING RECORD
 WELL HAS BEEN GRouted (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **18**
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 52 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 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **60**

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

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

C2
 DEPTH (nearest ft.)
 1 **60** **200**
 2
 3
 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. **308**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Warren Powell
 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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **11**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **34**
 WHEN PUMPING **132**
 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 (CIRCLE) 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) **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 (nearest foot)
- below }

