

Tax ID - 03-315045

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48089

A 39057

DISTRICT 2nd

DATE 5/8/92

DATE SYSTEM APPROVED 7/9/92

INSPECTOR M. Ripkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

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

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

SUBDIVISION Amberwoods LOT 32 ROAD 12808 Forest Creek Court

PROPERTY OWNER Grayson Homes Robert Antoine Thomas Russell

ADDRESS 9025 Chevrolet Drive Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED TANK REQUIRED

NUMBER OF BEDROOMS 4 SEPTIC SYSTEM INSTALLED PRIOR TO ISSUANCE OF BUILDING PERMIT. (No. 42506)

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom area begins at 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 75 feet from the rear (246') lot line and 100 feet from the left (239') lot line. Run trenches along contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. SK/CW

BLDG. PERMIT SIGNED

BLDG. PERMIT SIGNED

AND RETURNED 9/24/91
Paul Schissler 108077

AND RETURNED 9/14/91
Paul Schissler 102096

PLANS APPROVED BY C. Williams

DATE 9/15/89

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

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.

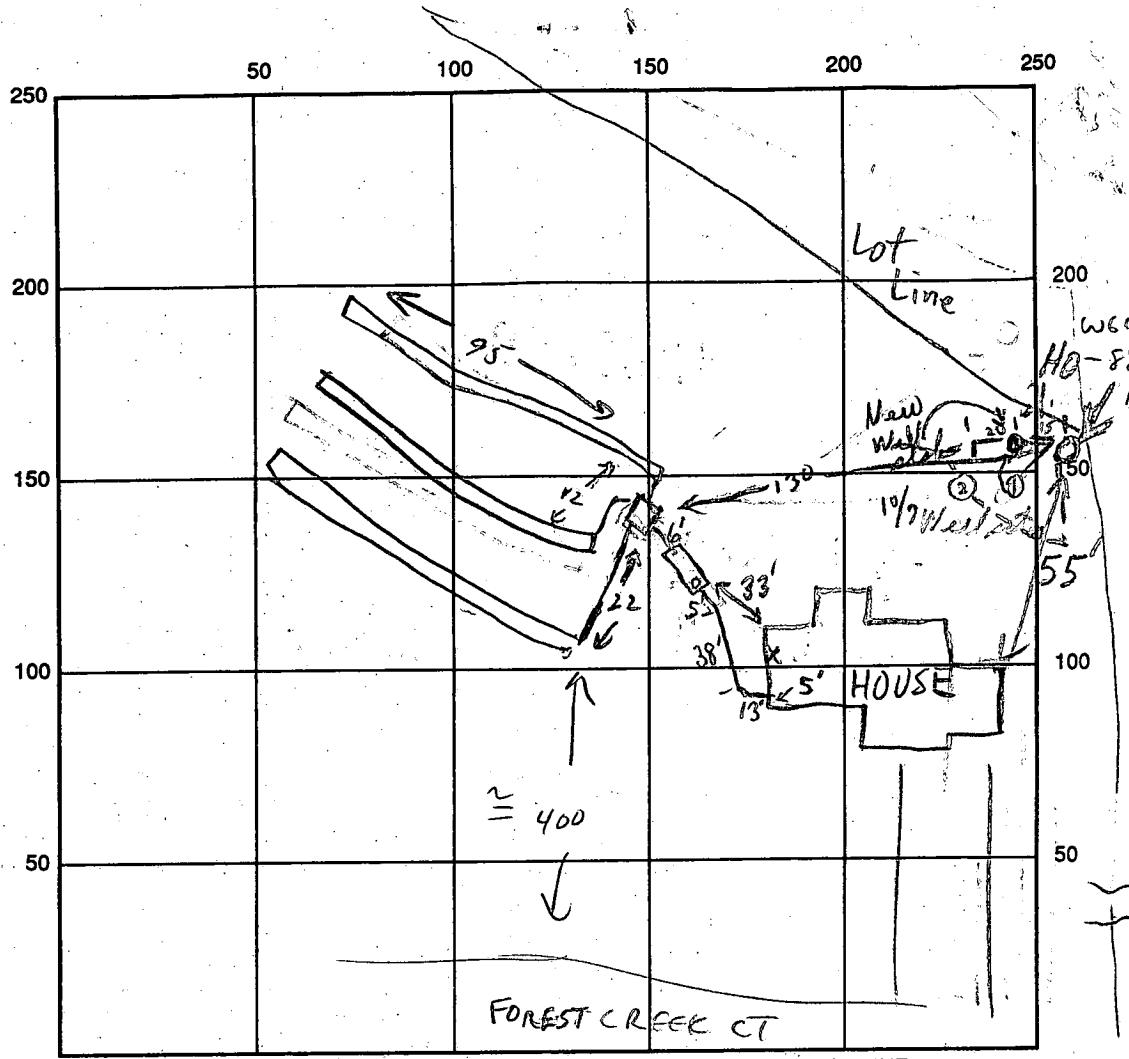
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

SAMPLE DATE
AUG 21 1992

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 39057

13
38
5



10/7/92
ok to
dig
15'
20'
toward
Septic
System
CRD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL TOP SEAM - OK CLEANOUTS OK @ S.T.

DISTRIBUTION BOX LEVEL ✓ NEEDS BAFFLE

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 285 FT. ^{3 @ 95'}

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 755 SQ. FT. ^{285 / 3}

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 3-14-92 - 3 ORIGINAL TEST HOLES RE-EXAMINED - OK TO U. CW

3/18/92 1st TWO TRENCHES OK TO COVER. FINISH FINAL TRENCH &

CALL TO CONFIRM CW

7/6/92 FROM ORIG. HOUSE PIPE LOC. (X), GRAVITY FLOW NOT POSS.

TO INSTALLED S.T. AS PER ELEVATION DRAWING; READY 7/7/92? MR

7/9/92 HOUSE CONN OK TO COVER MR

DATE SYSTEM APPROVED 7/9/92 INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 39057

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

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

PROSPECTIVE BUYER Amberwoods Limited Partnership

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

PROPERTY LOCATION:

SUBDIVISION Amberwoods (5-87-42) LOT NO. 25 32

ROAD AND DESCRIPTION ~~Rt 32 north of Rt 99~~
12808 Forest Creek Ct. - 21784

TAX MAP 9 PARCEL # 4

SIZE OF LOT 3.04 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 Negale
(SIGNATURE OF APPLICANT)

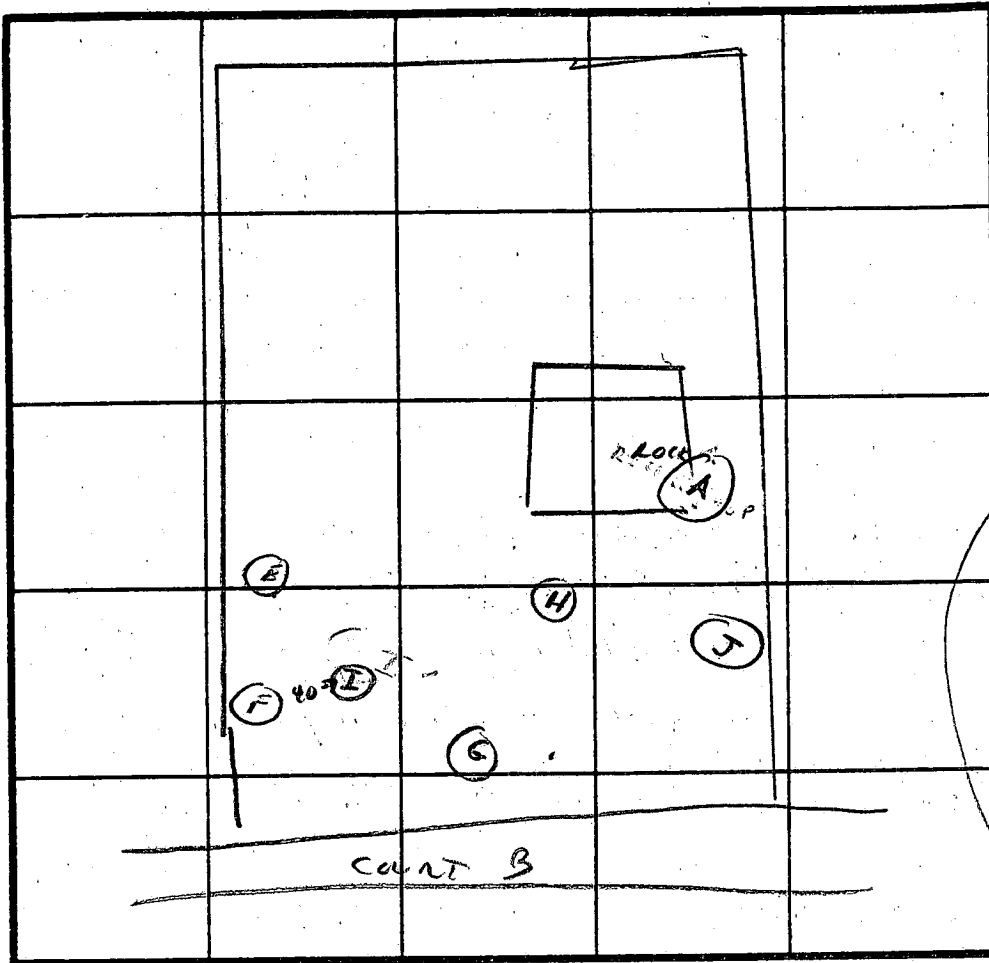
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

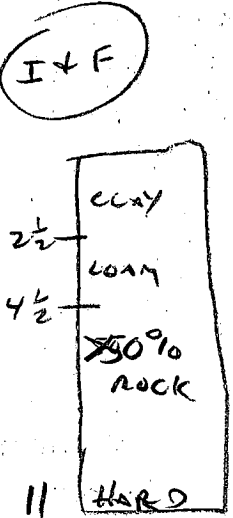
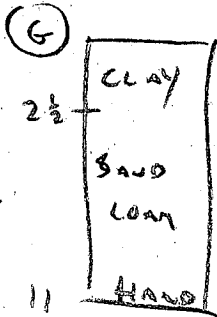
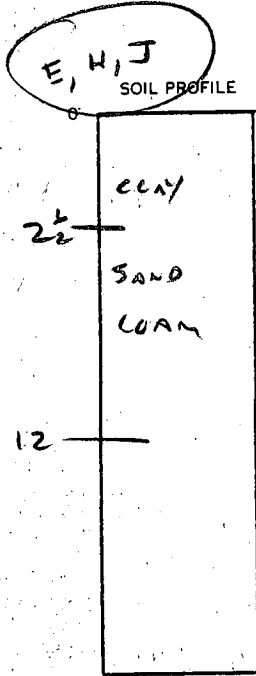
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



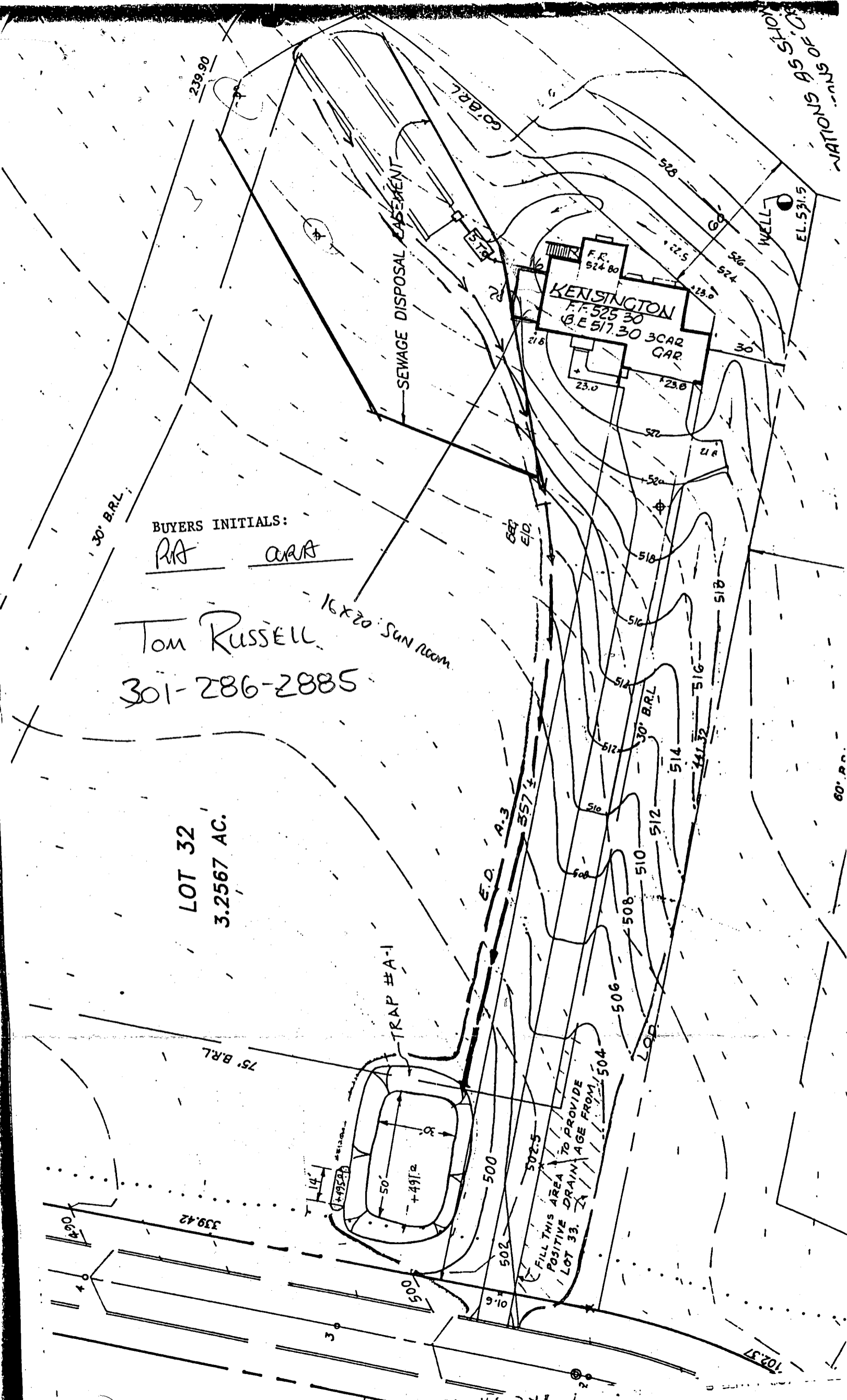
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/87	A	ROCK - ABANDONED BY CONTRACTOR					X
	B, C, D	NOT DUG					X
	E	3 8 12					VIS OK LOAM 2 1/2 - 12 ✓
	F	3 11 HAND					ROCKY BELOW 4 1/2' NOT TESTED X
	G	3 7 1/2 11	2:02 2:02	2:04 2:03	2:04 2:03	2:07 2:05	3 MIN ✓ 2 MIN ✓
	H	2 1/2 7 12	2:00	2:01	2:01	2:03	2 MIN ✓ VIS OK LOAM ✓
	I	ROCKY AT 4 1/2' NOT TESTED					X

REMARKS **J** VIS OK - LOAM 2 1/2 - 12 ✓

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

5/13/92 3 LOCATIONS IN SEPTIC AREA RE-EXAMINED OK TO 11' CW,



239.90

60' B.R.L.

NATIONS AS SHOWN

EL. 531.5

SEWAGE DISPOSAL EASEMENT

F.F. 524.80
KENSTINGTON
F.F. 525.30
B.E. 517.30
3 CAR GAR

WELL

30' B.R.L.

BUYERS INITIALS:

RA

ARA

Tom Russell
301-286-2885

16x20 SUN ROOM

LOT 32
3.2567 AC.

TRAP #A-1

75' B.R.L.

FILL THIS AREA TO PROVIDE POSITIVE DRAINAGE FROM LOT 33, 2A

60' B.R.L.

102.57

B 1 03370

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-92-0194

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

please print or type

Date Received (APA)

100792

OWNER INFORMATION

GRAYSON HOWES

9025 CHEVROLET DR SK

FELICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

PRINCE GEORGES

SECTION 44 46 LOT 32 50

SVKESVILLE

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

George F. Easterday 40

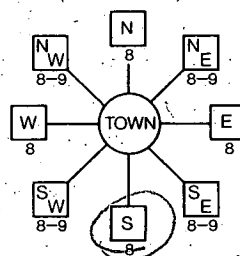
L. Franklin Easterday, Inc. 77 License No. 80

9265 Brown Church Rd., Mt. Airy, Md. 21771

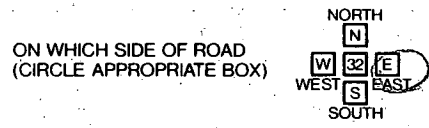
George F. Easterday 10-6-92

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Forest Creek - 1200 ft



DISTANCE FROM ROAD 500 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)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A# 39057 COUNTY NO.

STATE SIGNATURE DATE ISSUED

100792 Charles B. ... 4/2/92

NORTH GRID 548000 EAST GRID 811000

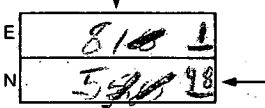
APPROXIMATE DEPTH OF WELL 200 FEET

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE

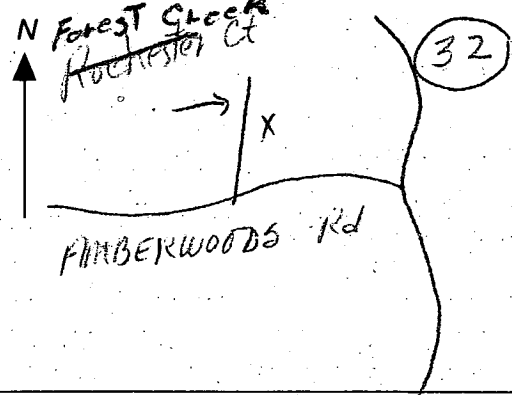


GROUTED 10/12/92 (HOLIDAY)
17 BAGS
43' OPEN w/G.E.
55' CASING
10/14/92

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 DEEPEMED AN EXISTING WELL

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



Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE CM PERMIT No. 40-92-0194

SPECIAL CONDITIONS

C1 1485 SEQUENCE NO. (DENV USE ONLY)
 (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 A39057

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED 11/13/93

Depth of Well 22 23 24 25 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1/4/93
 110-92-0199

OWNER last name first name TOWN
 STREET OR RFD 12003 TOWN SYRACUSE
 SUBDIVISION SECTION LOT 32

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	
TOP Soil	0	2	
Sand Stone	2	17	
Mica	19	23	
Sand Stone	23	31	
Mica	31	57	
Sand Stone	57	58	✓
Mica	58	61	
Sand Stone	61	62	✓
Mica	62	75	
Sand Stone	75	76	
Mica	76	82	
Sand Stone	82	83	
Mica	83	93	
Sand Stone	93	95	
Mica	95	115	
Sand Stone	115	117	
Mica	117	130	
Sand Stone	130	131	
Mica	131	169	
Sand Stone	169	170	
Mica	170	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 NO. OF BAGS 17 NO. OF POUNDS 1716
 GALLONS OF WATER 15
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST 6 61 G 63 64 55 66 70

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
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)
 HO 53 200
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 6
 METHOD USED TO MEASURE PUMPING RATE Built
 WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 22 25
 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 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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) 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).
 Back lot line Well 20'

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. 41
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Charles R. Fuller
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

7/6/92 pm
 7/10/92
 10/15/92 NOON

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 _____
 Name of Installer Easterday (2nd well) Gartland (1st well) Receipt # 44048
 Date 4/24/89
 License Number 40 Telephone _____
 Certified Well Pump Installer _____ Well Driller Registered Plumber _____
 Name of Property Owner Grayson Homes Telephone 461-5900
 Subdivision AMBERWOODS Lot # 32 Well Tag # HO-88-0730
 Site Address 12808 Forest Creek Ct 92-0194

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

MR 7/9/92 NO WORK DONE
 HO-88-0730
 1st well 7/10/92 CK - P.A. 3' Below GRADE 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: _____

Date: _____

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

2nd well
 HO-92-0194
 P.A. and
 coupling
 from ex.
 line OK
 3/2 B.G.
 MR
 10/15/92