

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 48088

A 39061

DISTRICT 2nd

DATE 5/8/92

DATE SYSTEM APPROVED 6/19/92

INSPECTOR CW

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

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

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

SUBDIVISION Amberwoods LOT 23, Sec. 1 ROAD 12815 Forest Creek Court

PROPERTY OWNER Grayson Homes, Inc. Edgar Gonzales

ADDRESS 9025 Chevrolet Drive Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY 1500 GALLONS TOP-SEAMED TANK REQUIRED

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 210 feet from the front lot line and 50 feet from the left lot line as seen when facing the property from Forest Creek Court. Run trenches along contour toward left side of property.

NOTE - 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 5/06/92

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

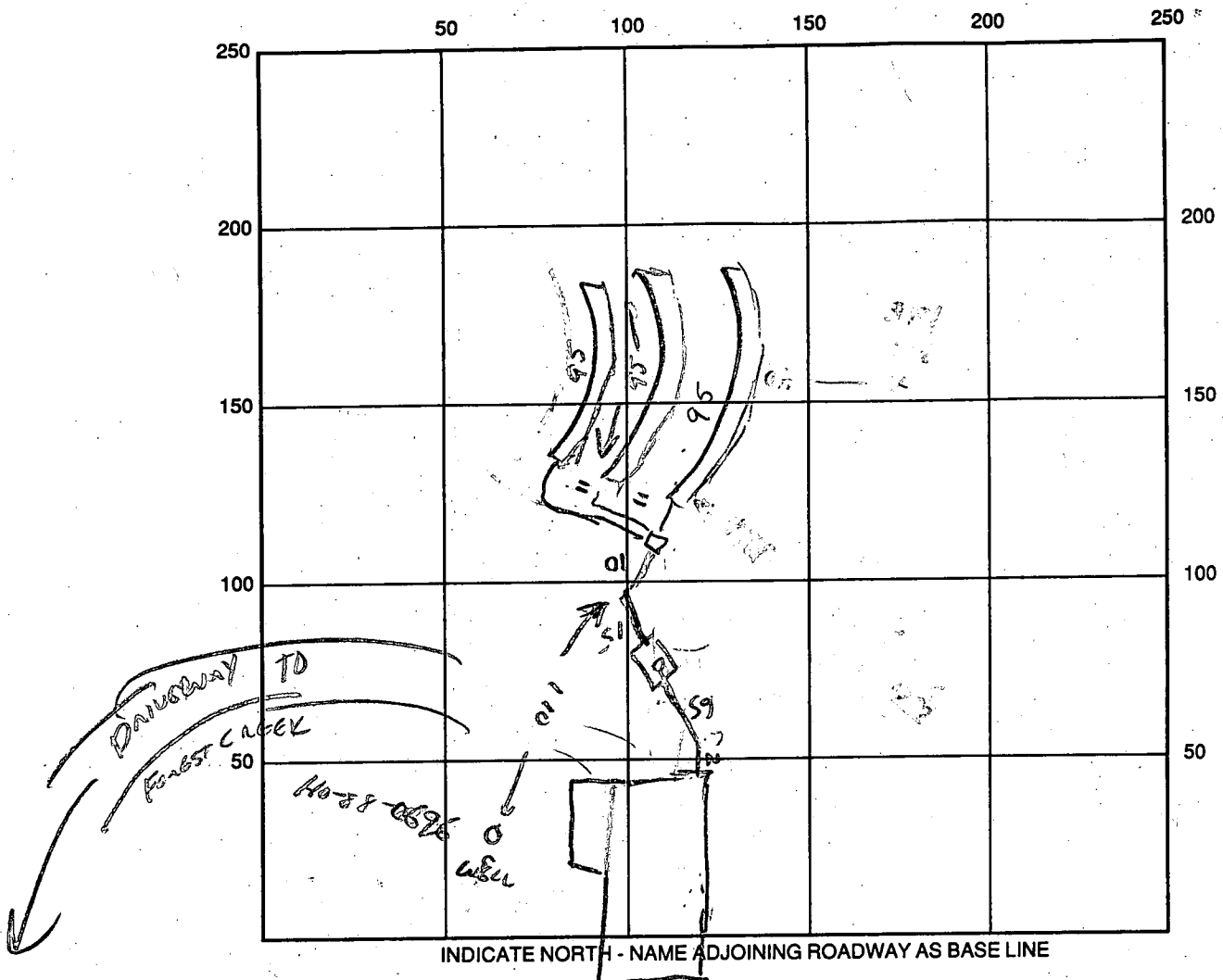
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLLG. PERMIT SIGNED
AND RETURNED 12/10/93
Serial # 5784-dick

A 39061



SEPTIC TANK LEVEL _____ CLEANOUTS MANHOLE ACCESS TO TANK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TITLE DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3(295) FT. = 285

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 755 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/14/92 TRENCHES & DIST. BOX OK TO ROVER CW.

6/19/92 TANK & HOUSE CONNECTION OK. CW

DATE SYSTEM APPROVED 6/19/92 INSPECTOR CWILLIAMS

APPLICATION

PERCOLATION TESTING

A 39061

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 Sykeville 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. 29 23

ROAD AND DESCRIPTION Rt 32 north of Rt 99
(12815 Forest Creek Court)

TAX MAP 9 PARCEL # 4
SIZE OF LOT 3.23 AC TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~OLD PERMIT SIGNED~~
AND RETURNED 3-6-92
Serial # 42419-4800
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.

San Negalle
(SIGNATURE OF APPLICANT)

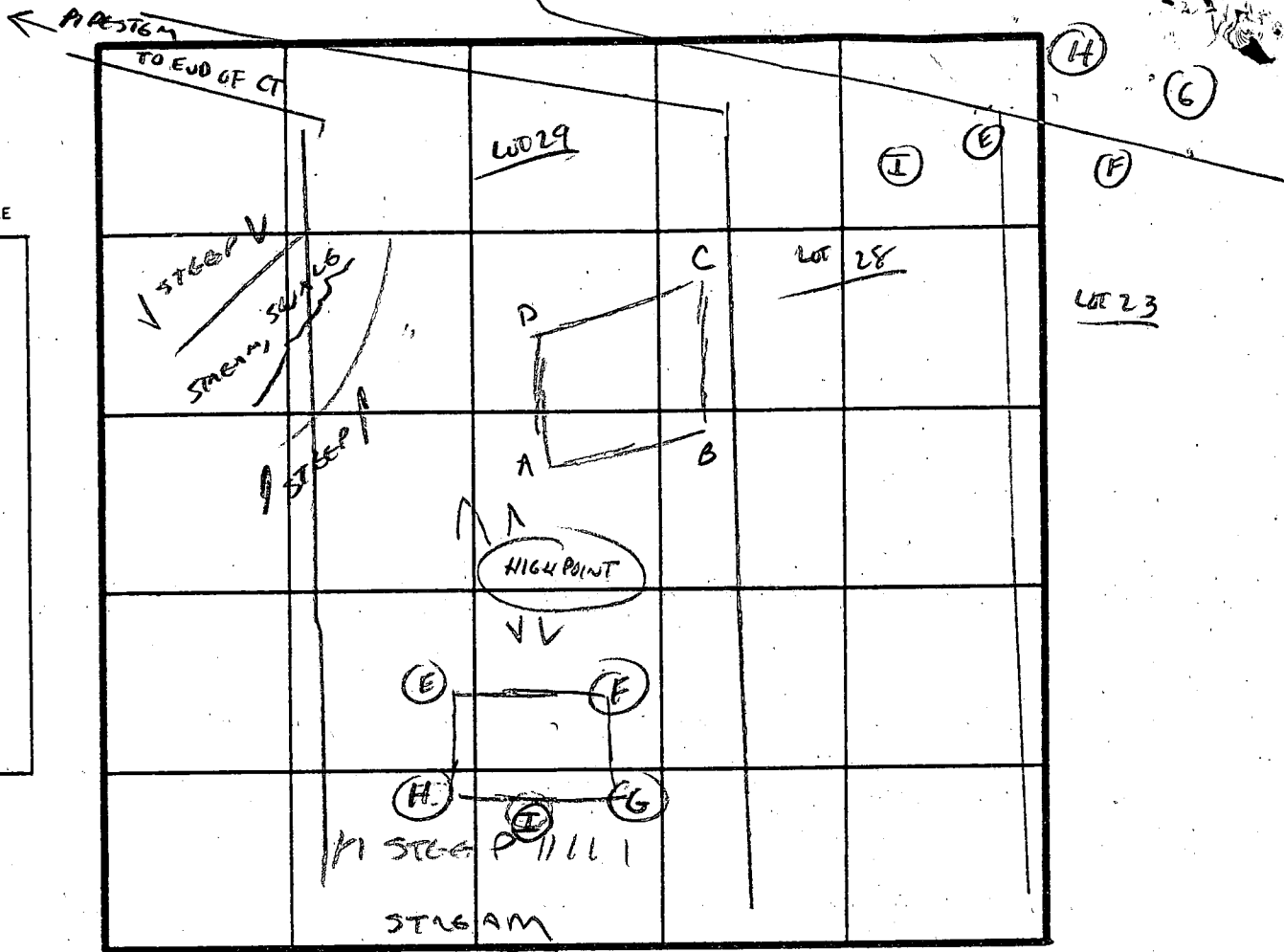
APPROVED BY _____ FOR _____ DATE _____

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.

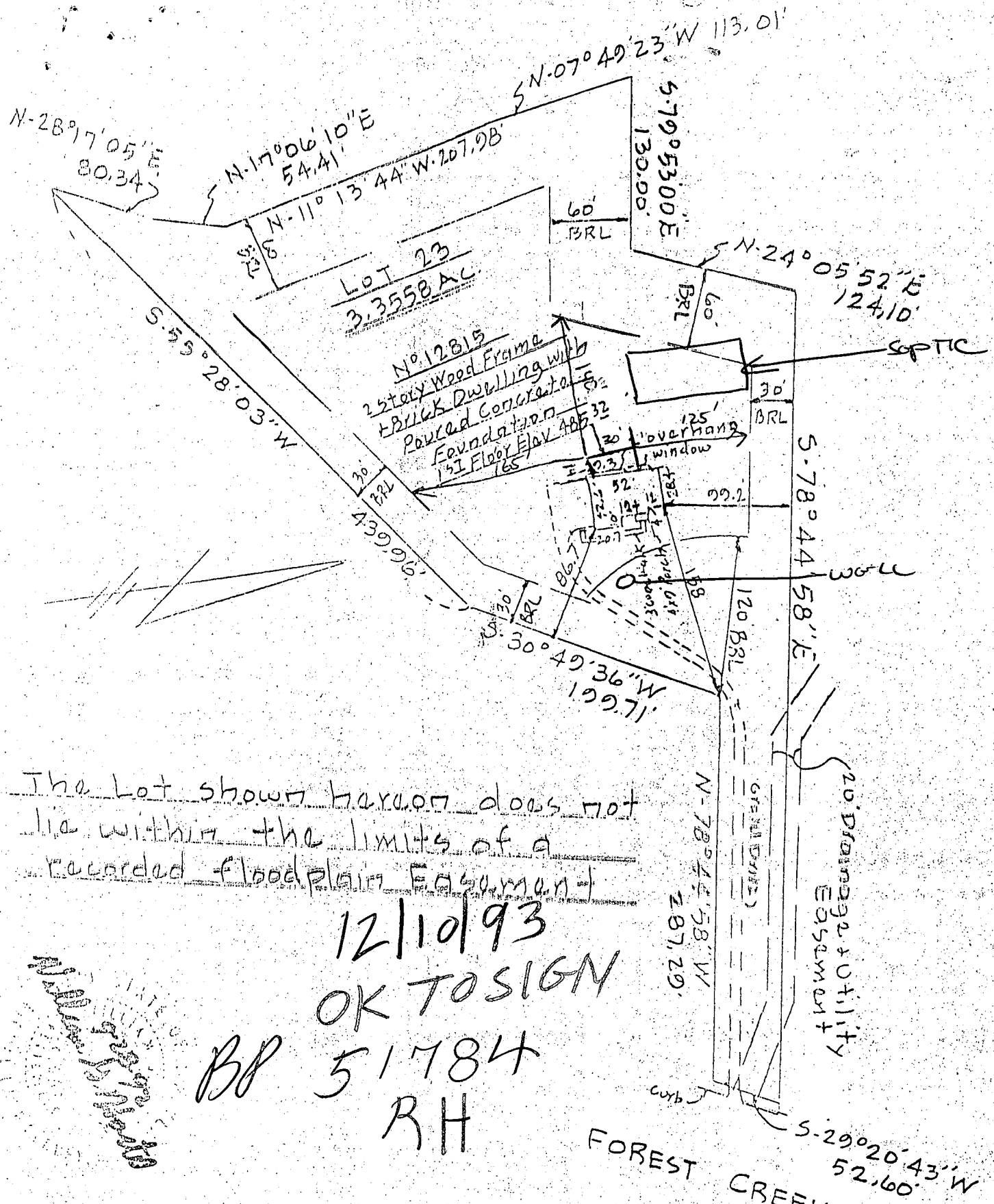
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/87	29 A	ROCK AT	10'	TOO CLOSE TO	STREAM		
	29 B	LOAM	4-9'	WET AT	10' - AT EDGE OF SWALS		
	29 C - OK	LOAM	3-11				
	29 D - OK	LOAM	3-11	HAND AT	11'		✓
5/22/87	22 A -	LOAM	2 1/2 - 4	MOTILOD	4-6' WATER AT 6'		
	22 B	LOAM	1 1/2 - 10	WATER AT	10' - AT HEAD OF SWALS		
	22 C - OK	LOAM	1 1/2 - 14				
	22 D - OK	LOAM	1 - 12'				
	22 E - OK	3' LOAM	1:24	1:25	1:25	1:27	2 MIN
			3-9 1/2	HAND BOTTOM			

REMARKS DIEFOLD TO BE MADE - TOPO/FIELD SCALE REQ'D.

TYPE OF SOIL _____

TESTED BY Cantlin ALSO PRESENT SKIP

EH-12-1079



The Lot shown hereon does not lie within the limits of a recorded floodplain easement.

12/10/93
 OK TO SIGN
 BP 51784
 RH

Plat Reference: Amberwoods - Plat of Correction - Section One - Lots 1 through 42, recorded in Platbook 0702.

TITLE LOCATION SURVEY					THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON. <i>William H. Hestel</i>	
PROJECT LOT 23 AMBERWOODS - SECTION ONE					SIGNATURE	
LOCATION 3RD					REG. NO. 2436 DATE 2-28-92	
ELECTION DISTRICT, HOWARD CO., MD.						
FIELD BOOK 130	PAGE NO. 56	DRAWN BY. ETH	CHECKED BY WGH	DATE: 9-28-92	Boender Associates ENGINEERS, PLANNERS, SURVEYORS 3230 BETHANY LANE ELLICOTT CITY, MD. 21043 (301) 465-7777 FAX: (301) 465-7966	
SCALE 1" = 100'			JOB NO.: 91008			
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.						

60' B.R.L.

LOT 23
3.3558 AC.

SEWAGE
DISPOSAL
EASEMENT

BASEMENT NOT SEWERABLE
BY MEANS OF GRAVITY FLOW

GREYSTONE
P.F. 488.50
S.E. 476.22

60' B.R.L.

30' B.R.L.

30' B.R.L.

WELL

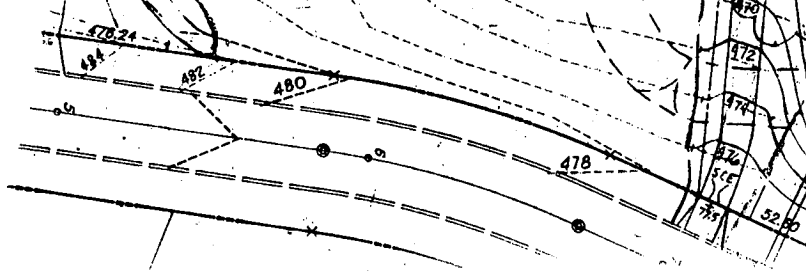
60' B.R.L.

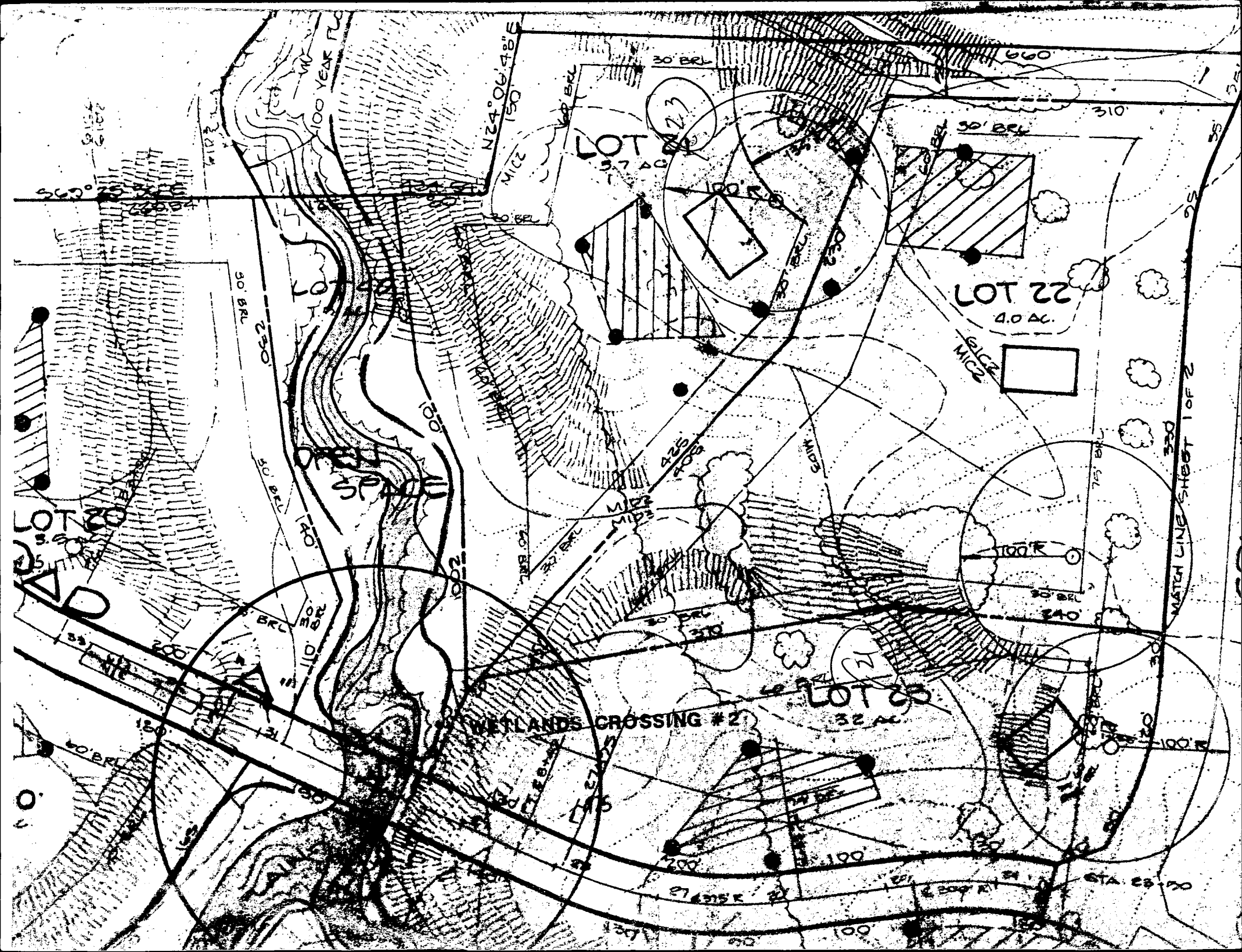
SEWAGE
DISPOSAL
EASEMENT

NSINGTON
P.F. 484.00
S.E. 476.50

STONE OUTLET TRAP
D.A. 08 AC x 1000-1.000
PROVIDED 2018 P.F. 2018
STONE TOP EL. 468.0
CREST EL. 467.0
BOX EL. 466.0
CLEAN OUT
EL. 465.5

LOT 23
Easements ok
5/6/92
awll





2213
2218

100 YEAR FLOOD

N24°06'48"E
150

LOT 23
5.7 AC

LOT 22
4.0 AC

LOT 25
32 AC

WETLANDS CROSSING #2

MATCH LINE SHEET 1 OF 2



B 1. **1227** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

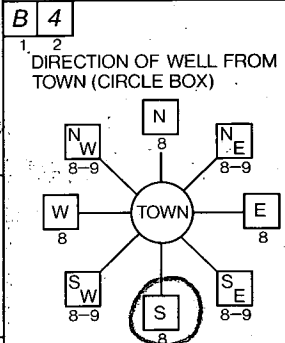
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-98-0696
 fill in this form completely

Date Received (APA) **042489**
 OWNER INFORMATION
KOREN DEVELOPMENT
 Last Name Owner First Name
I CENTRE PARK DR
 Street or RFD
COLUMBIA MD 21045
 Town State Zip

B 3 LOCATION OF WELL **R 44061**
HOWARD COUNTY
AMBERWOODS SUBDIVISION
 SECTION **23** LOT
SYKESVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 George F. Easterday
 Driller's Name License No. **40**
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
 George F. Easterday 3-31-89
 Signature Date



(RT 32) Rochester Ct.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **30** FT
 ENTER FT or MI

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 39061 COUNTY NO.
 STATE SIGNATURE DATE ISSUED
060789 CO SIGNATURE **12/2/89** EXP. DATE
 NORTH GRID **549000** EAST GRID **0870000**

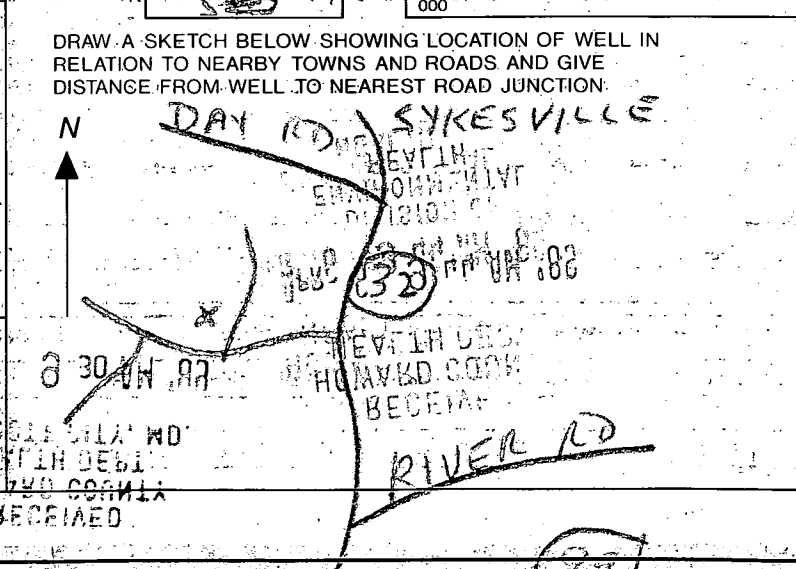
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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

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
 THIS WELL WILL DEEPEMED 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**
 FORCE **00** WRITE INITIALS IN BOX PERMIT No. **HD-98-0696**
 SPECIAL CONDITIONS

C1 9903 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 A 39061

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER: Kozon Development last name Rochester Ct. first name Sykesville TOWN Amberwoods SUBDIVISION SECTION LOT 23

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 Top soil, Clay, Shale, Sand Stone, GRAY Mica, Sand Stone, GRAY Mica, Sand Stone, GRAY Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE-CLAY [BC] NO. OF BAGS 5 NO. OF POUNDS 36 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 18 ft.

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 34

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

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

Table for SCREEN RECORD with columns: E A C H S C R E E N, DEPTH (nearest ft.), and grid for depth measurements.

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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 53 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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 (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [+ above] [- below] LAND SURFACE (nearest foot)

