

Tax ID - 03 - 314 979

12/19/91 114628

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47633

A 39064

DISTRICT _____

DATE 11/25/91

DATE SYSTEM APPROVED 12/19/91

INSPECTOR M. Ripkin

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

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

SUBDIVISION Amberwoods LOT 25, Sec. 1 ROAD 12827 Forest Creek Court

PROPERTY OWNER Grayson Homes

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAM

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 2 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box at the midpoint of the highest edge of the septic reserve area approximately 350 feet down the left lot line and 130 feet off that lot line. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/20/91 RH

PLANS APPROVED BY Craig Williams DATE 11/18/91

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

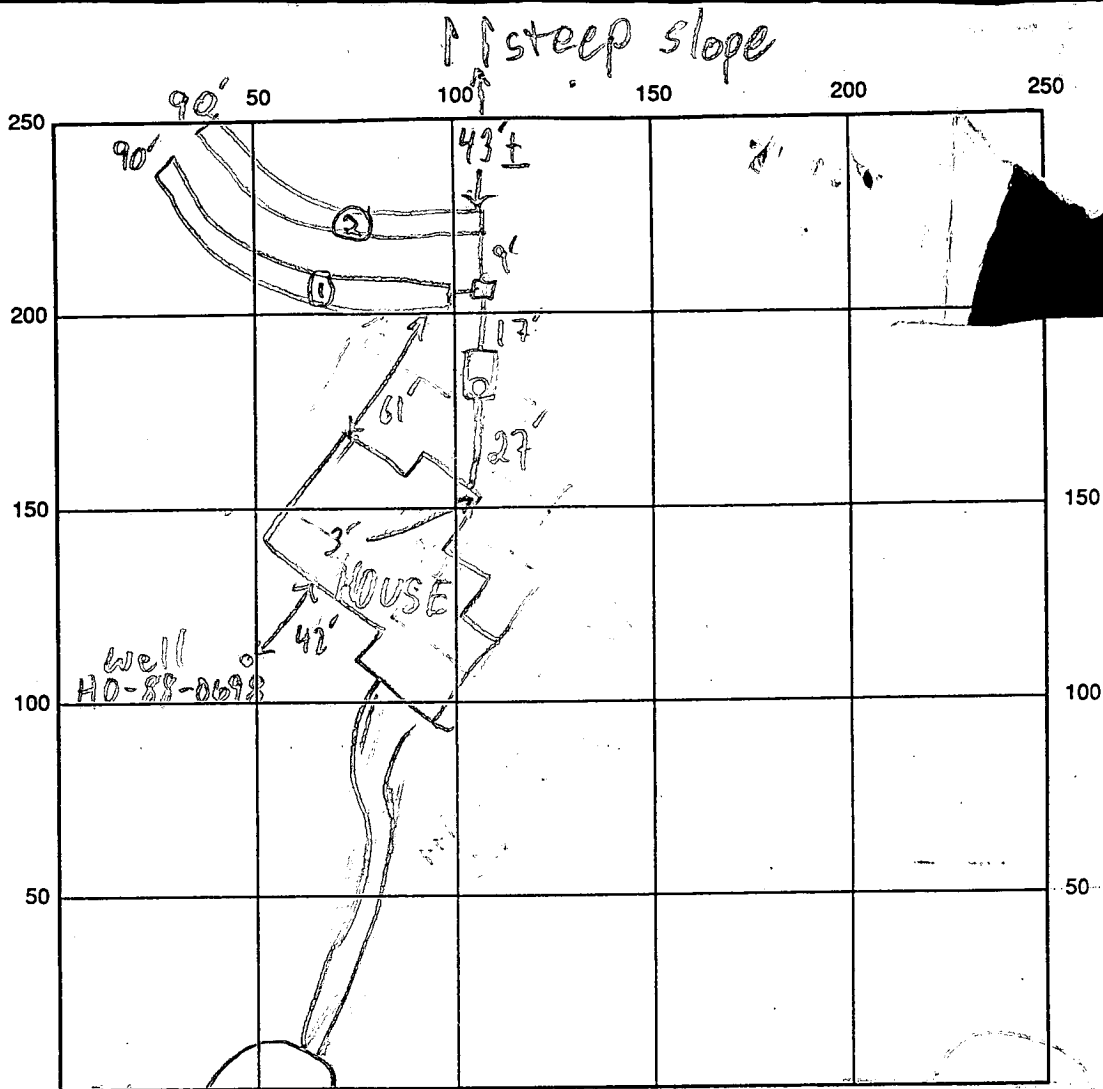
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETÉ 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 39064



FOREST CREEK CT INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL TOP SEAM - OK CLEANOUTS MANHOLE - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH $\frac{1}{2}$ 6.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH $\frac{1}{2}$ 2.5 FT.

EFFECTIVE GRAVEL DEPTH $\frac{4}{4}$ FT. TOTAL LENGTH $\frac{1}{2}$ 90 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 360 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 12/19/91 #1 OK TO STONE ② + DIG ① - MR

12/19/91 #2 OK TO FINISH + COVER

DATE SYSTEM APPROVED 12/19/91

INSPECTOR M. Rifkin

APPLICATION

PERCOLATION TESTING

A 39064

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 Sykesville Rd. West Friendship MD PHONE 301-776-7454
461-5900

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. 31 25

ROAD AND DESCRIPTION RT 32 north of RT 99
12827 Forest Creek Court - 21784

TAX MAP 9 PARCEL # 4

SIZE OF LOT 3.39 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. Williams FOR _____ DATE 4/20/89

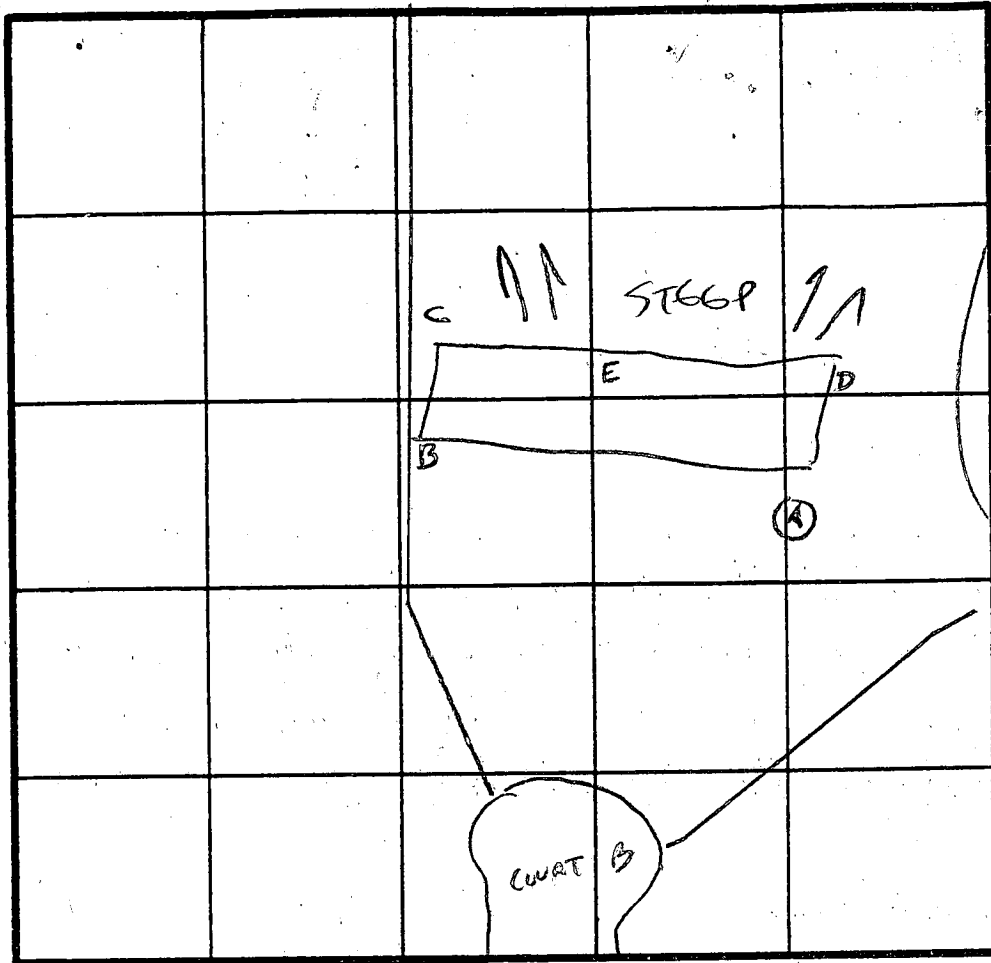
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

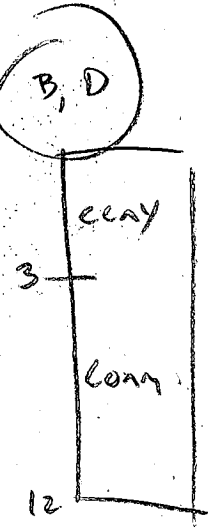
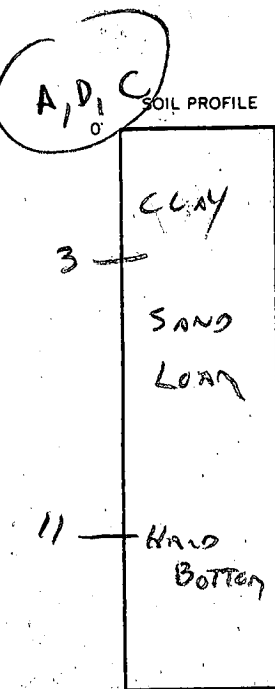
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 11/14/91
Serial # 40837-SFP
(4 Bedrooms)

THIS IS NOT A PERMIT



180 A
X 5 MIN
IN BET 3'
BOTTOM 6!



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/67	A	3 8	3:36	3:38 VIS OK	3:38 LOAM	3:41	3 MIN
		11	LOAM, HAND BOTTM				
	B	3 12	VIS OK	LOAM	3-12'		
		12	LOAM < 20% SAPROLITE				
	C	3 7 11	3:45	3:48 VIS OK	3:48 LOAM	3:53	5 MIN
		11	HAND BOTTM				
	D	3 8 12	VIS OK	LOAM	3-12'		
		12	HAND BOTTM				
	E	3 7 11	3:37 3:37	3:39 3:38	3:39 3:38	3:42 3:40	3 MIN 2 MIN
		11	LOAM, HAND BOTTM				

REMARKS _____

TYPE OF SOIL LOAM, OCCASSIONAL "FRONTING" BOULDERS 1-2', SURROUNDED BY SOIL,

TESTED BY CWILL ALSO PRESENT SKIP

LOT 42

OPEN SPACE

STONE OUTLET TRAP V
 D.A. 2.9 AC. 1800 = 5200 C.F. REQ
 PROVIDED 6138 C.F.
 SIZE BOT. 25'x60'x3' DEEP
 - TOP STONE 473.0
 CREST EL. 472.0
 BOT. EL. 469.0
 CHANNEL OUT 470.5

LOT 27
3.4746 AC.

LOT 25
3.5092 AC.

LOT 26
3.0158 AC.

LOT 24
(SEE SHEET # 9)

SEWAGE DISPOSAL EASEMENT

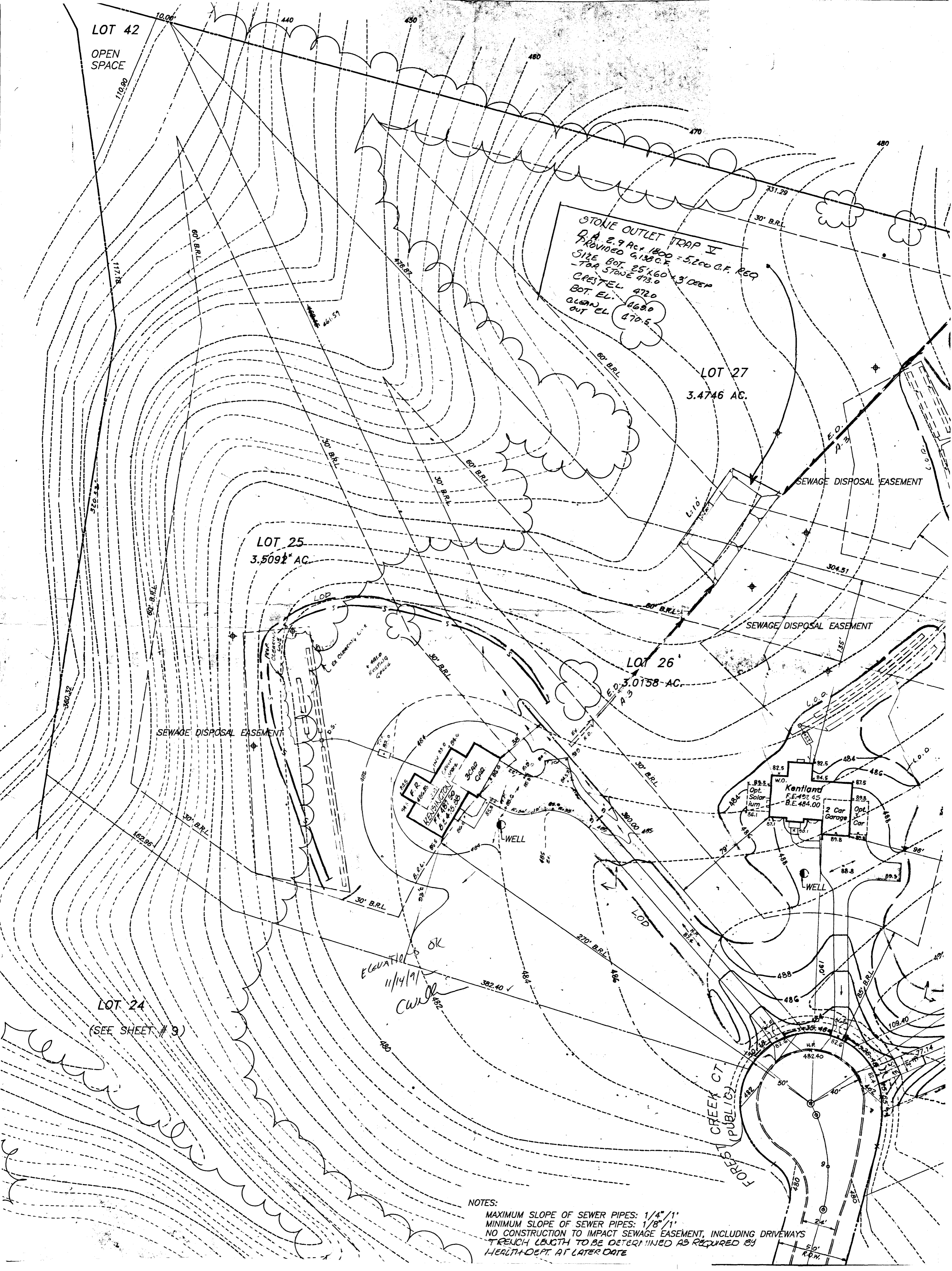
SEWAGE DISPOSAL EASEMENT

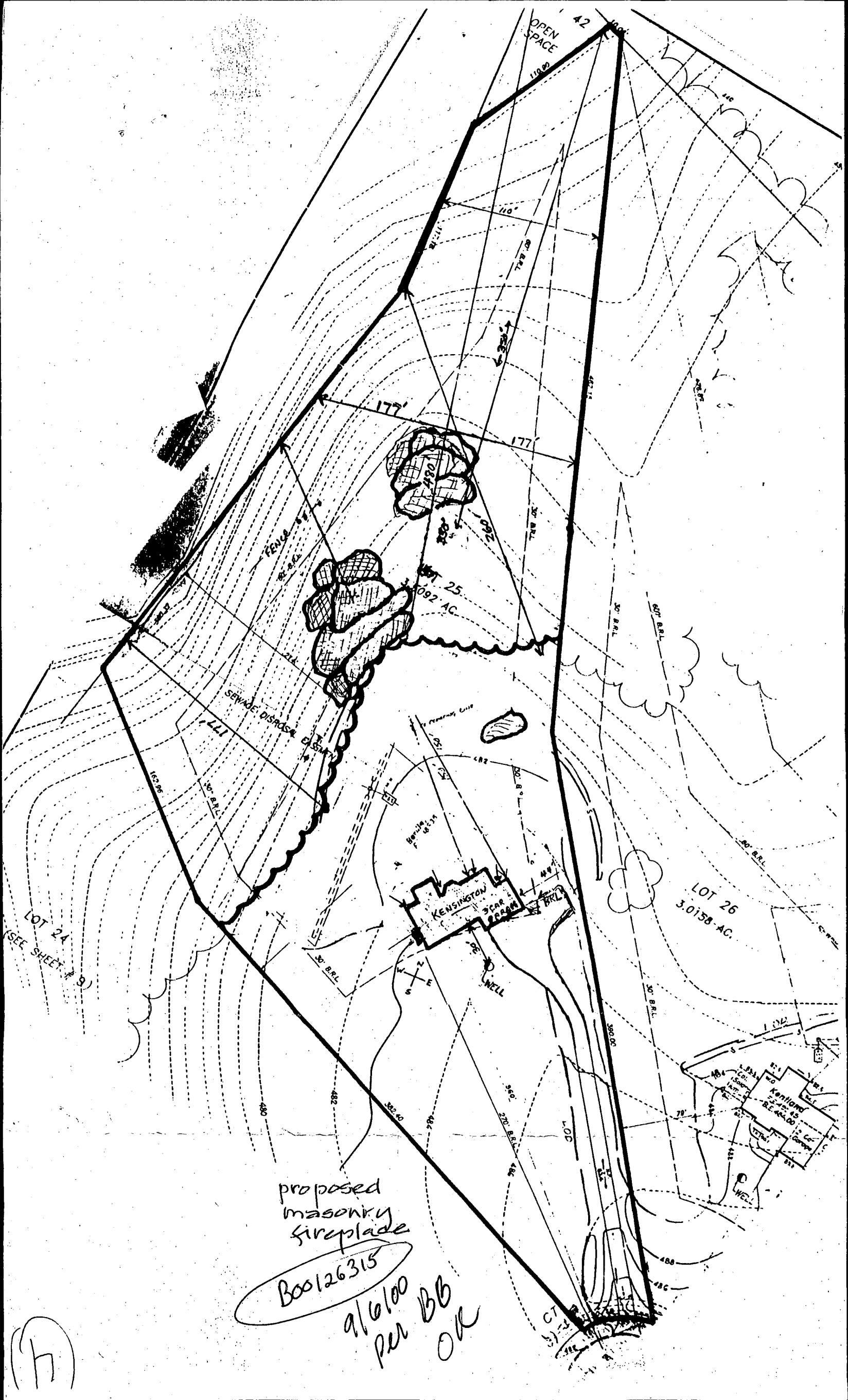
SEWAGE DISPOSAL EASEMENT

ELEVATION 5 OK
 11/14/91
 CWJ

NOTES:

- MAXIMUM SLOPE OF SEWER PIPES: 1/4" / 1'
- MINIMUM SLOPE OF SEWER PIPES: 1/8" / 1'
- NO CONSTRUCTION TO IMPACT SEWAGE EASEMENT, INCLUDING DRIVEWAYS
- TRENCH LENGTH TO BE DETERMINED AS REQUIRED BY HEALTH DEPT. AT LATER DATE





proposed
masonry
fireplade

Box 126315

9/6/00
per BB
OK

(H)

B 1 1229 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

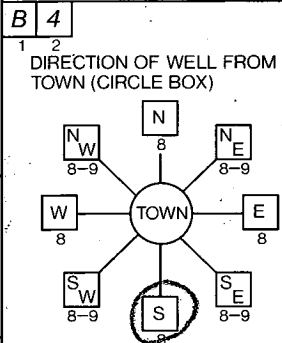
STATE OF MARYLAND AND PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-98-0698
fill in this form completely

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

B 3 LOCATION OF WELL R-44063
HOWARD
AMBERWOODS
SECTION 25
LOT 25
SYKESVILLE
MILES FROM TOWN 2 MI

DRILLER INFORMATION
George F. Easterday
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Henry G. Easterday 3-31-89



B 4 (RT 32) Rochester Ct.
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
200
DISTANCE FROM ROAD
ENTER FT or MI FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 39064
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED 060289
CO SIGNATURE EXP. DATE 12/2/89
NORTH GRID 549000 EAST GRID 087000

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)

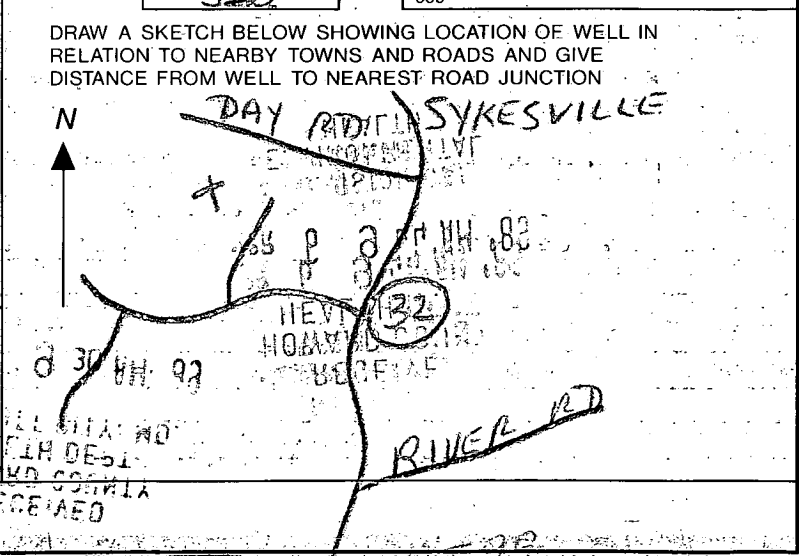
APPROXIMATE DEPTH OF WELL 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
810
5349

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)
APPROX. PERMIT NUMBER GAP
FORCE CW PERMIT No. HO-98-0698

SPECIAL CONDITIONS

C1 0025 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 CO'S. 3-6 ON ALL CARDS)

COUNTY NUMBER A39064

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name first name TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD: casing types insert appropriate code below, MAIN CASING TYPE, Nominal diameter, Total depth

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD: screen type or open hole, insert appropriate code below

DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN

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, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED

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, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

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)

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

COUNTY