



Bureau of Environmental Health
 8930 Stanford Blvd | Columbia, MD 21045
 410.313.2640 - Voice/Relay
 410.313.2648 - Fax
 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

**APPLICATION
 FOR PERCOLATION TESTING AND SITE EVALUATION**

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME MATHIS PROPERTY LOT 19

PROPERTY ADDRESS 12455 BARNARD WAY, WEST FRIENDSHIP 21794
STREET TOWN ZIP

TAX ACCOUNT # 03-313069 TAX MAP 15 GRID PARCEL 15 LOT NO. 19 PROPOSED LOT SIZE (ACRES) 3.42

ZONING CATEGORY RR-DEO TIER

PROPERTY OWNER(S) DORSEY FAMILY HOMES INC

DAYTIME PHONE 410-465-5734 EMAIL ROB.DORSEY@DORSEYFAMILYHOMES.COM

MAILING ADDRESS 10717-B BIRMINGHAM WAY WOODSTOCK, MD 21163
STREET CITY, STATE ZIP

APPLICANT ROB DORSEY RELATIONSHIP TO OWNER: SAME

DAYTIME PHONE 410-465-5734 CELL 410-365-7677 EMAIL

MAILING ADDRESS 10717 B BIRMINGHAM WAY, WOODSTOCK, MD 21163
STREET CITY, STATE ZIP

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S):

- PROPERTY:
- SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:
 - SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) MAJOR MINOR
 - CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
 - REPAIR OR REPLACE FAILING OSDS
 - UPGRADE EXISTING OSDS
- BUILDING:
- RESIDENTIAL WITH EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
 - COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)
- IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?
- YES
 - NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
- THE APPLICATION FEE IS NON-REFUNDABLE
- THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
- THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Signature] 6-15-2020
 SIGNATURE OF APPLICANT DATE

APPLICATION

PERCOLATION TESTING

A 37995

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3rd

DATE Oct. 20, 1986

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 Willard and Quina's Mathis - Barvard Bros. Const. Co. Inc.
12392-A Frederick Rd.
ADDRESS West Friendship, Md. 21794 PHONE 489-4024

PROSPECTIVE BUYER Garry M. Barvard Et. Al
ADDRESS 1035 St. Michael Rd., Mt. Airy, Md. 21221 PHONE 489-7621

PROPERTY LOCATION:

SUBDIVISION Mathis Property Sec. II LOT NO 19
12455'
ROAD AND DESCRIPTION At the end of Barvard Way

TAX MAP 15 PARCEL # 15

SIZE OF LOT 3.20 Ac TYPE BLDG SFD
(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.

Garry M. Barvard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/19/86 Perc satisfactory, but for subdivision perm; shallow system only. S.A.H.

BLDG. PERMIT SIGNED
AND RETURNED 8/31/89
Serial # 28944
SFD - 4 Bedrooms

THIS IS NOT A PERMIT



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 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 TDD 410-313-2323 | Toll Free 1-866-313-6300
 www.hchealth.org
 Facebook: www.facebook.com/hocohealth
 Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

SEWAGE DISPOSAL SYSTEM SPECIFICATIONS WORKSHEET

Address: 12455 Barnard Way

Subdivision: Mathis Property Lot: 19

Initial system: Application rate: 1.2 Effective area beginning depth: 3 Bottom maximum depth: 5
 1st Replacement: Application rate: 1.2 Effective area beginning depth: 3 Bottom maximum depth: 5
 2nd Replacement: Application rate: 1.2 Effective area beginning depth: 3 Bottom maximum depth: 5

Design Flow = 150 gallons per day per bedroom

Design flow + application rate = square footage of drainfield required

Linear length of trench required = drainfield square footage x sidewall reduction percentage + trench width

Sidewall reduction credit formula:

$$\frac{W + 2}{W + 1 + 2D} \times 100 = \text{Percent of length of standard trench where } W = \text{trench width and } D = \text{depth between effective area beginning depth and trench bottom.}$$

Standard design requirements:

- All trenches must be equal length unless low pressure dosed
- All trenches must be on contour
- Minimum trench spacing: 10' for all trenches utilizing sidewall reduction credit. Additional spacing may be necessary for any trench using over 3.5' of effective sidewall. In those cases, the spacing formula is 2D + W up to a maximum spacing of 18'.
- Minimum trench spacing for trenches with no sidewall credit (bottom area only) is 6' for a 2' wide trench and 9' for a 3' wide trench (spacing is measured edge to edge)
- Maximum trench length is 100'
- Maximum pipe depth is 4'

Additional requirements:

A confirmatory test hole must be done prior to building permit approval. *perceid 6/11/20*

Approved: Hank Oswald Date: 6/11/20

APPLICATION

PERCOLATION TESTING

A 37995

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3rd

DATE Oct. 22, 1986

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 Willard and Quince Mathis - Barnard Bros. Const. Co. Inc
12392-A Frederick Rd
ADDRESS West Friendship, Md. 21784 PHONE 489-4024

PROSPECTIVE BUYER Harry M. Barnard Et Al
ADDRESS 1635 Skim Lake Rd., Mt. Airy, MD 21771 PHONE 489-7621

PROPERTY LOCATION:

SUBDIVISION Mathis Property Sec. II LOT NO 29
12435
ROAD AND DESCRIPTION At the end of Barnard Way

TAX MAP 15 PARCEL # 15

SIZE OF LOT 3.20 Ac TYPE BLDG SFD
(SINGLE FAMILY DWELLINGS 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.

Harry M. Barnard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

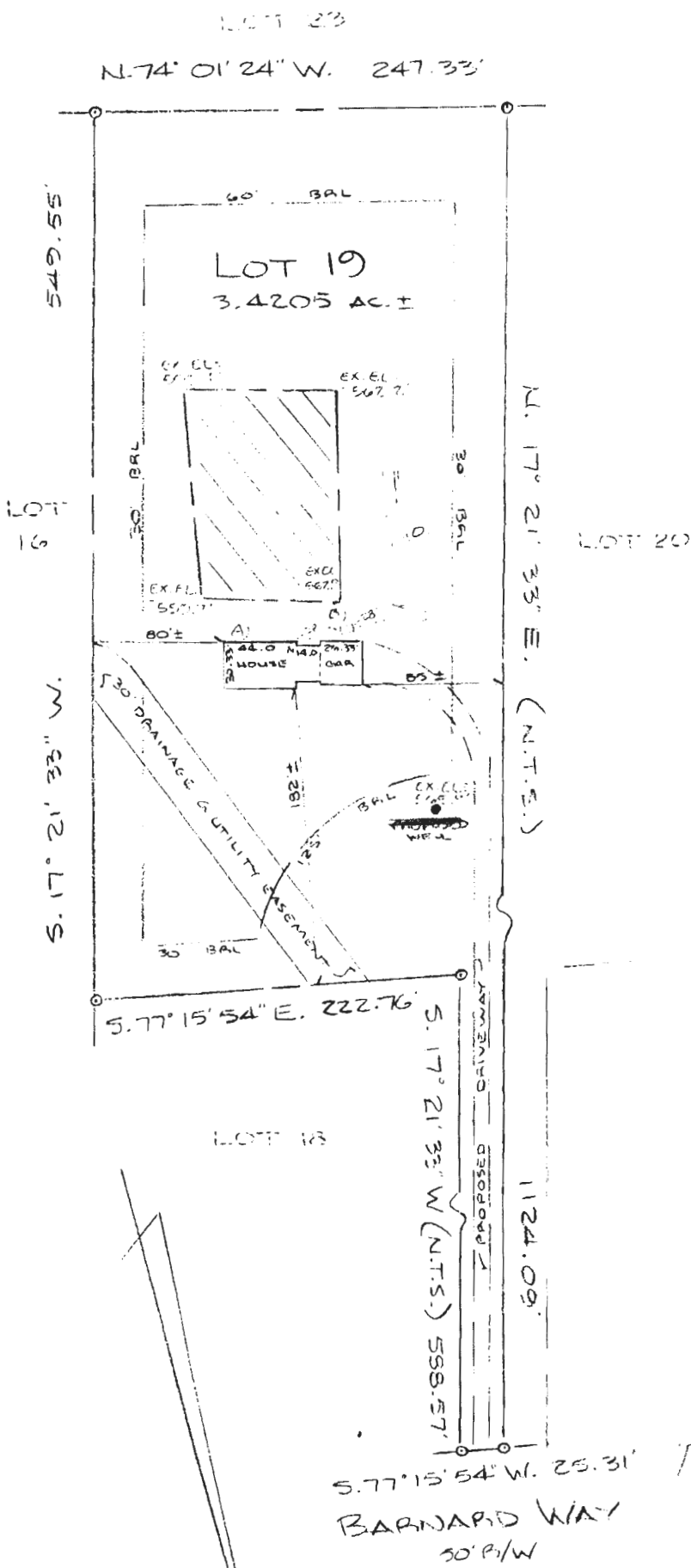
REASONS FOR REJECTION OR HOLDING _____

ENVS. PERMIT SIGNED
AND RETURNED 8/31/89
Serial # 5844
SFD - 4 Bedrooms

THIS IS NOT A PERMIT

PLAT OF RECORD NOTES

THERE IS A 10' WIDE REVERTABLE
SLOPE EASEMENT ALONG ALL
ROAD FRONTAGE LOT LINES.



A) Prop. House

F.F. Elev. = 564.5'
Bsmt. Elev. = 556.0'
Inv. Out = 562.0'

B) Prop. Septic Tank

Ex. Elev. = 562.5'
Inv. In = 561.5'
Inv. Out = 561.5'

C) Prop. Dist. Box

Ex. Elev. = 561.5'
Inv. Elev. = 561.5'

D) Prop. Trenches

Inv. Elev. = 561.5'
Bottom max. = 7'
4' of stone
18" x 18" x 7'

8/31/87

PLAT OK R11

PLOT PLAN

LOT 19, SECTION II

MATHIS PROPERTY

12455 BARNARD WAY

THIRD ELECTION DISTRICT

11th and 12th, MARYLAND

