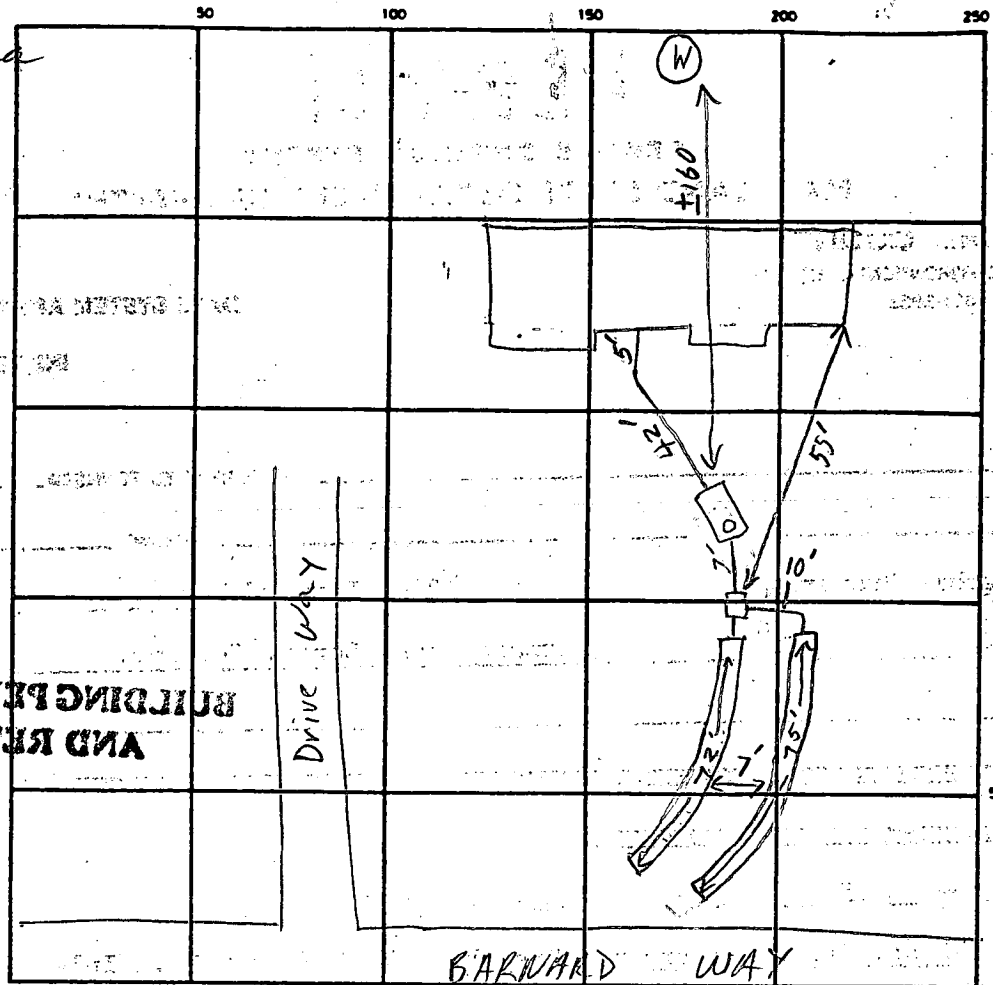


180 ft² per bedroom
 x 4 bedrooms

720 ft² of septic area
 5 ft effective
 144 gravel
 5) 720

144 ft of trench

2, 72 ft



1 trench
 9 1/2' deep
 56' ft long
 need additional
 16 ft. BDA
 5-23-90

**BUILDING PERMITTED
 AND RETURNED**

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal

CLEANOUTS ✓ C.O. at tank OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 147 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 9 SQ FT.

DRYWELL INSIDE DIAMETER 5 FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 735 SQ. FT.

REMARKS 5/23/90 OK TO GRAVEL TRENCHES. W/O INSP. C.W., 5-23-90 Tank, D.B., and trenches OK to cover. BDA

DATE SYSTEM APPROVED 5-23-90

INSPECTOR Barry D Adams

APPLICATION

PERCOLATION TESTING

A 38004

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 Wittward & Quinnie Mathis Barnard Bros. Const. Co. Inc
West Friendship

ADDRESS 12392-A Frederick Road, Maryland 21294 PHONE 489-4024

PROSPECTIVE BUYER Garry M. Barnard Et. Al

ADDRESS 1035 St. Michael Rd., Mt. Airy, Md. 21771 PHONE 489-2621

PROPERTY LOCATION:

SUBDIVISION Mathis Property Sec II LOT NO. 10
12469

ROAD AND DESCRIPTION At the end of Barnard Way

TAX MAP #15 PARCEL # 15

SIZE OF LOT 3.12 ~~Ac~~ 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. Barnard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

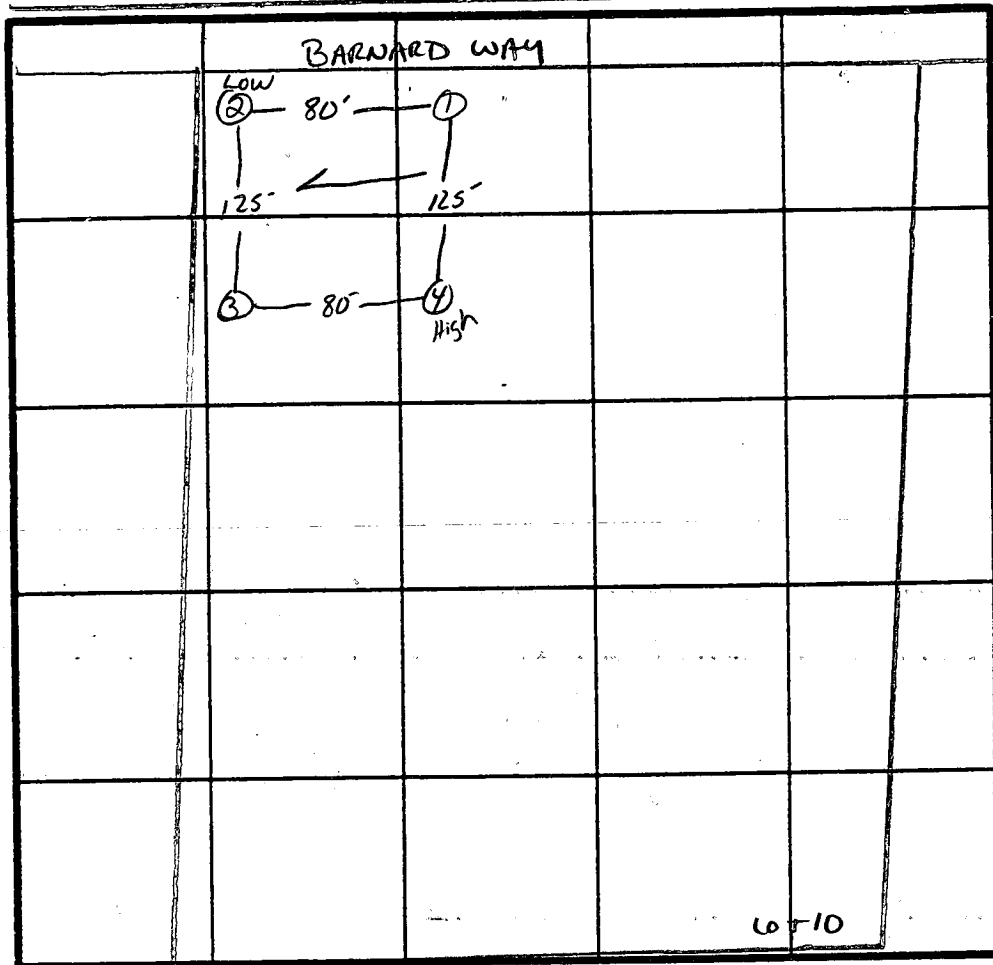
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/18/86 Perc Satisfactory; Hold for subdivision Plat. S. Alol

BLDG. PERMIT SIGNED
AND RETURNED 12/1/86
Serial # 28343
SFD - 4 Bedroom

THIS IS NOT A PERMIT

A 38004



X Perc
3min
100 #/BR
INLET 4"
BOTTOM 9"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Rt 70

① ②
SOIL PROFILE
0"
12"
3"
13"
AP
Strong Br. Silt Loam
10% FRAS
10% CLAY
Tan - highly micaceous
Silt Loam
15-20% FRAGMENTS
ⓐ

③ ④
12"
3.5"
8"
AP
Yellow Br. Silt Loam - 9-12% CLAY
10% FRAS
Yellow Br. Silt loam micaceous
10-15%
ⓑ

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/18/86	1 S	4'	10:33	10:34	10:34	10:36	2min
	1 M	8'	10:33	10:35	10:35	10:39	4min
	1 V	13'	UNIFORM soil below 3'		Glenelg	Silt loam	
	2 S	3.5'	10:41	10:42	10:42	10:43	1min
	2 V	13'	SAME AS #1				
	3 S	4'	10:44	10:46	10:46	10:49	3min
	3 M	8'	10:45	10:46	10:46	10:47	1min
	4 S	4'	10:51	10:54	10:54	10:57	3min
	4 V	10'	UNIFORM soil below 3.5'		Chester loam		

REMARKS HOLES PER PLAT

TYPE OF SOIL Chester / Glenelg

TESTED BY S. Abel ALSO PRESENT GARY BARNUM

DAVID HOOKING

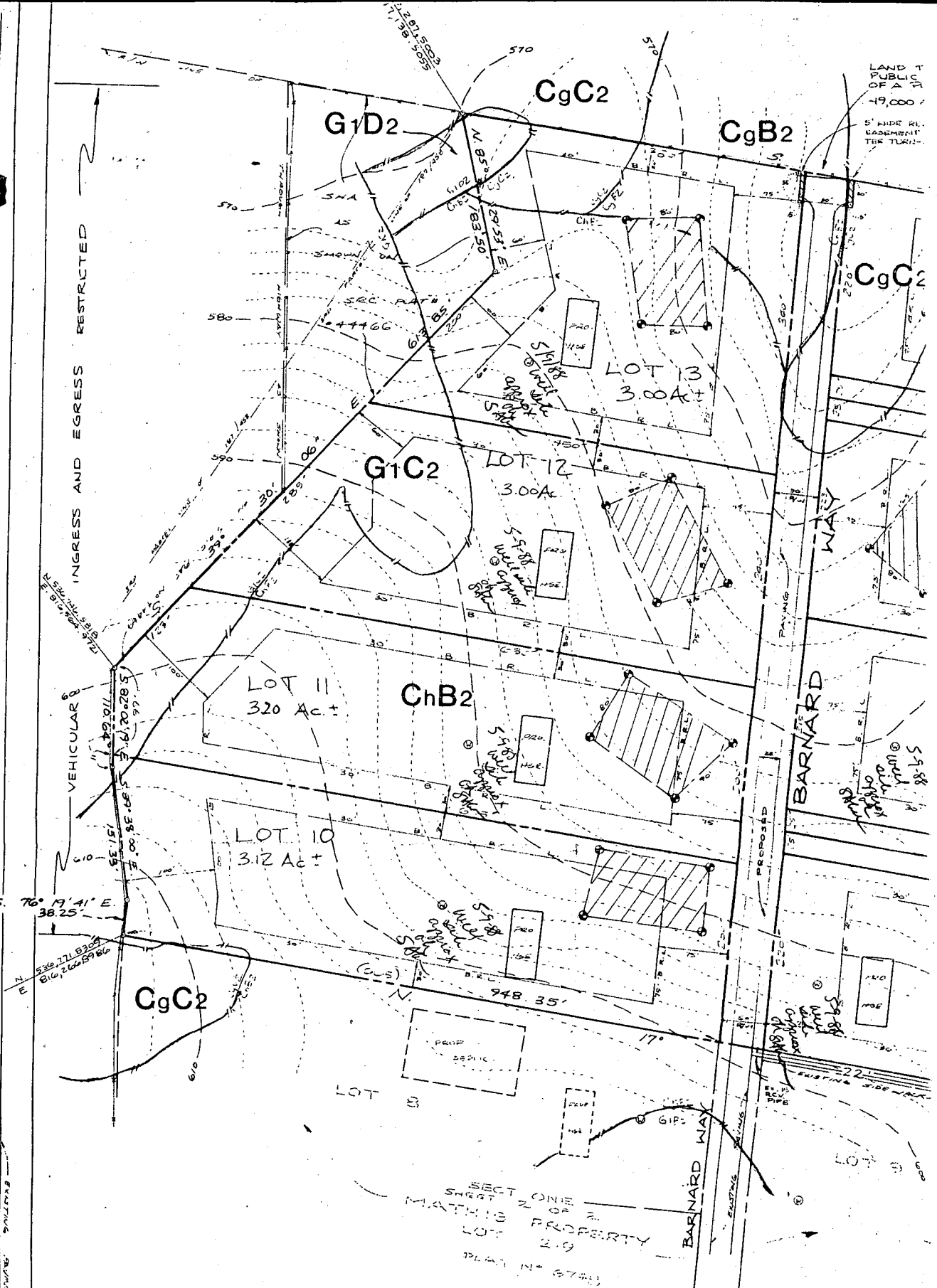
70

INTERSTATE

ROUTE

70

INGRESS AND EGRESS RESTRICTED



LAND T
PUBLIC
OF A T
-19,000
5' WIDE RL.
EASEMENT
THRU PLATT.

NOTES: (CONT.)

- 8. ALL CONSTRUCTION SHALL BE DONE CONFORMING TO THE SPECIFICATIONS AND STANDARDS FOR SEDIMENT AND EROSION CONTROL.
- 9. AREA TABULATION :

TOTAL AREA OF LOTS :	2,133,095 ± OR 48.969 Ac ±
TOTAL AREA OF PUBLIC DEDICATION :	49,000 ± OR 1.125 Ac ±
TOTAL AREA OF SUBDIVISION :	2,182,095 ± OR 50.094 Ac ±

LEGEND

- - IRON PIN
- - CONC. MON.
- ⊙ - PROP. PERC. TEST SITE (Utility Connections)
- ⊙ - PROP. WELL SITE

PERCOLATION TEST RESULTS

LOT #	AVE. PERC	INLET	BOTTOM MAX

B 1 **7070** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

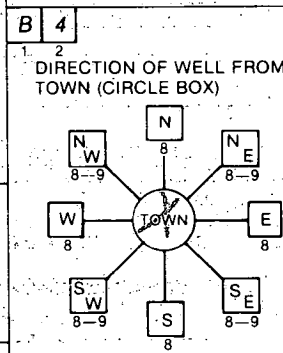
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-81-2715
 fill in this form completely

Date Received (APA) _____
 OWNER INFORMATION
YARDWARD CONST CO
 Last Name Owner First Name
1035 ST MICHEALS RD
 Street or RFD
MT AIRN **MORZIDD**
 Town State Zip

B 3 LOCATION OF WELL
HOLARD COUNTY
MATHIS PWP SUBDIVISION
 SECTION **2** LOT **10**
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION
RALPH WAYNE License No. **273**
 Driller's Name
Ralph Wayne (Well Drilling)
 Firm Name
922 Brown Church Rd Mt Airn
 Address
Ralph Wayne 4/10/88
 Signature Date



BANARD WAY NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
325 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**

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 **A38004** COUNTY NO.
 STATE SIGNATURE _____ INSERT S. _____
 DATE ISSUED **05/1/88** CO SIGNATURE **Cornwall** EXP. DATE **11/1/88**
 NORTH GRID **536000** EAST GRID **0816000**

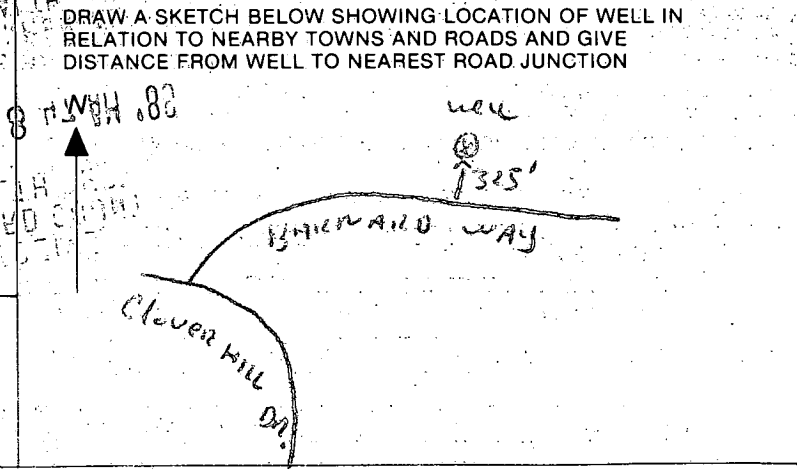
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion 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
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE:
 E **8106**
 N **5306**

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 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 _____
 FORCE **CW** WRITE INITIALS IN BOX PERMIT NO. **40-81-2715**

SPECIAL CONDITIONS

5-29-90
am

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
Receipt # 45925
Date May 14, 1990
Name of Installer J. Joseph Gartland, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner ^{Mathis} Barnard Construction Telephone 489-7621
Subdivision Mathis Property Lot # 10 Well Tag # Ho-81-2785
Site Address 12464 Barnard Way

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Gould
3. Model # 10ET05422
4. Capacity 10 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

Motor
1. Horsepower 1/2
2. RPM
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make Harvard
2. Model # PT-800
3. Depth 42"

Tank
1. Capacity 42gal
2. Pressure relief valve? 7.5 PSI

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

Casing, cap, well line, + pitless adapter OK. 5-30-90
Bdf

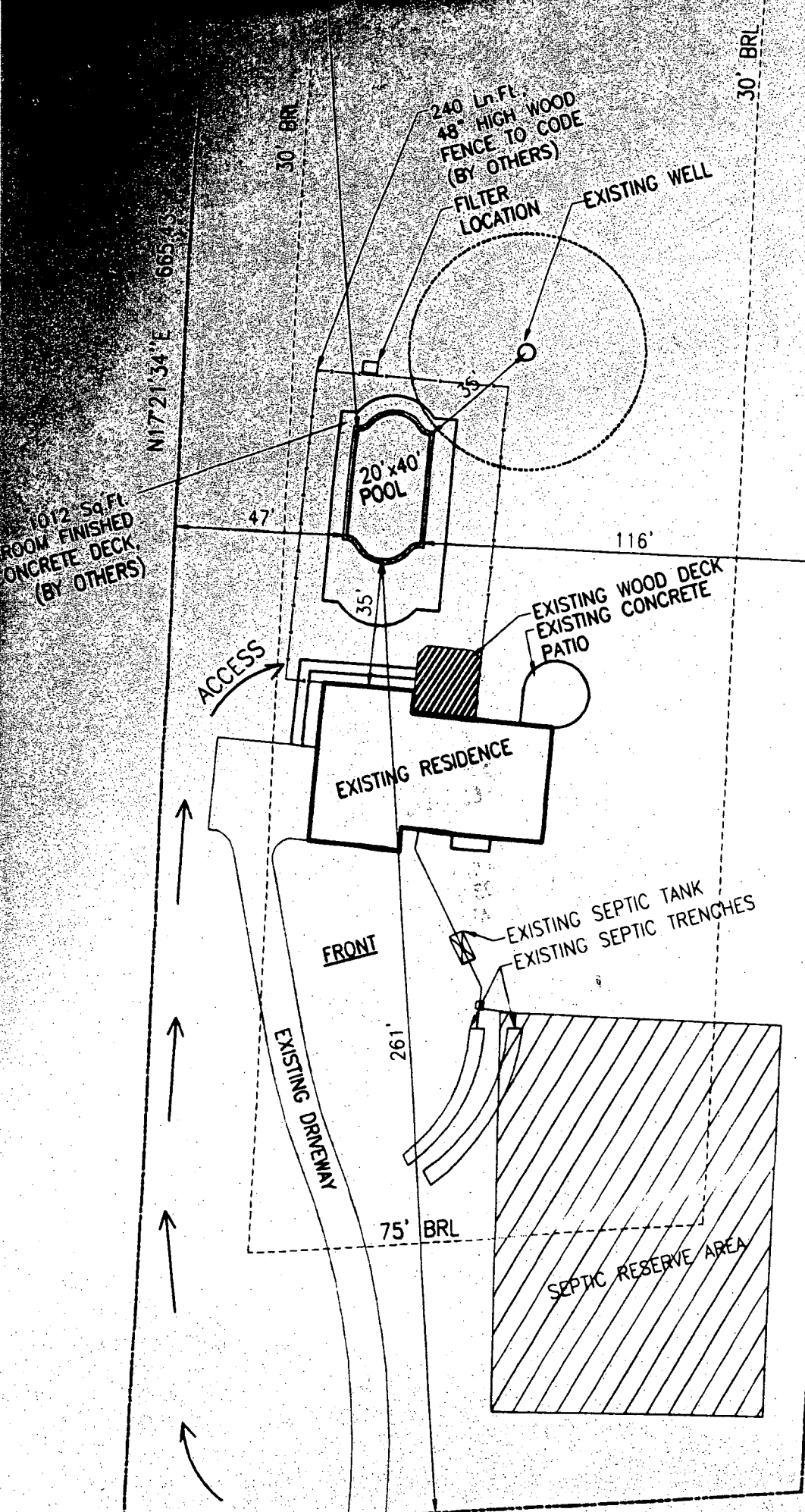
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

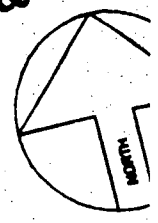
Signature of Applicant: _____

Date: 5/7/90

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



PRIVATE SEI
& WELI



LOT 11

11/12/03
Proposed
Pool O.K
BB

SITE
1"

MATHIS
Z
A
MAP
ELEC
HOWA

B00145081