

10/11/88  
✓ 11/11/88  
✓ 11/11/88

03-313077

File

10/11 P.C.O. C.B.S.  
A.M. P.M. P.W.P.I

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 8/15/88

② DATE SYSTEM APPROVED 10/11/88

INDEXED

INSPECTOR C.B.S.

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Mathis Property ROAD 12459 Barnard Way LOT 20, Section II

PROPERTY OWNER Jay Ripard Barnard Bros. Construction Co.

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Start the first trench 220 feet from the short (220') lot line and 105 feet from the long (1120') lot line. Run trench(s) along contour toward back 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 5/13/88

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**BUILDING PERMIT SIGNED AND RETURNED**

9/30/02 B00138470 SHED FOR WORKSHOP + LAWN EQUIPMENT

**ENG. PERMIT SIGNED AND RETURNED** 6/22/89

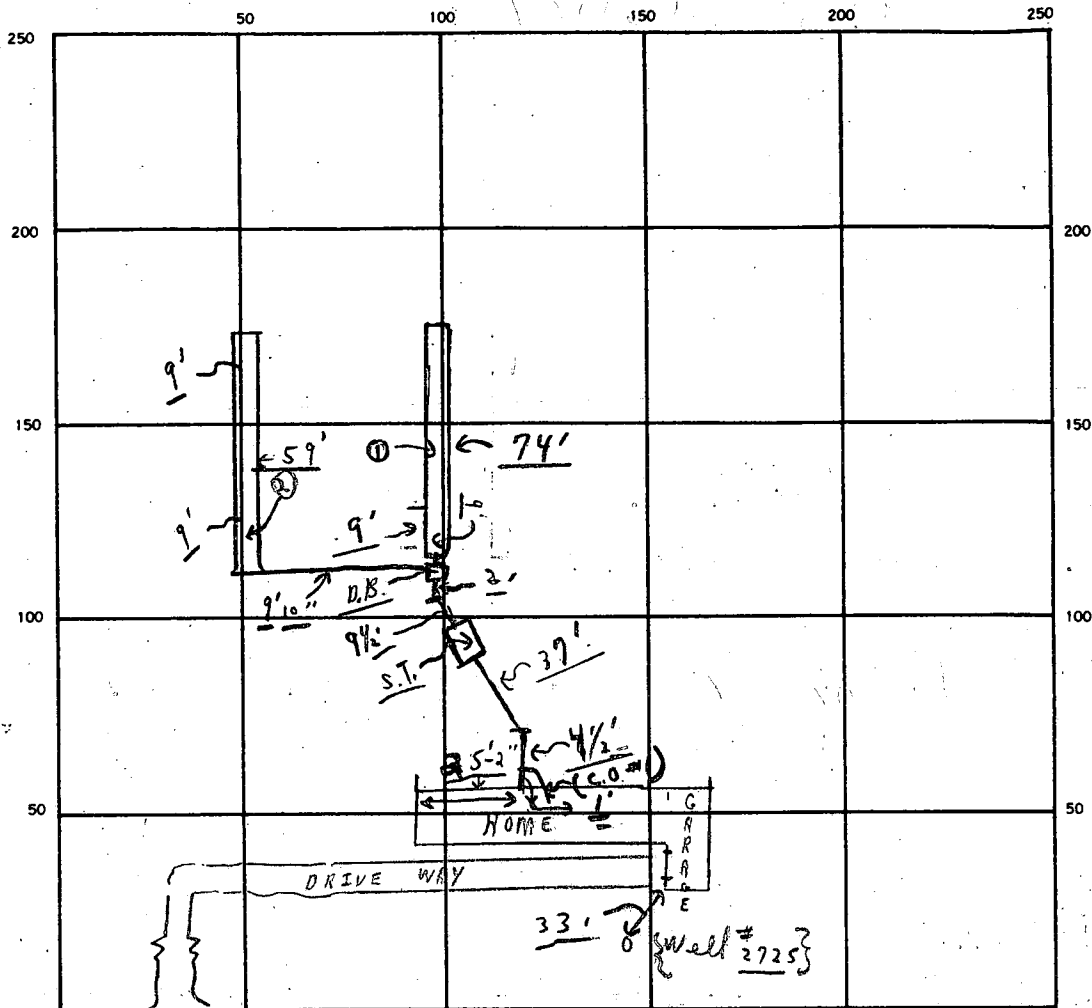
Serial # 26207

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37994



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.  
BARNARD WAY

SEPTIC TANK LEVEL OK CLEANOUTS OK S.T. C.O.#1

DISTRIBUTION BOX LEVEL OK (Baffle-in)

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 74 59 } 133 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 798 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 798 SQ. FT.

REMARKS 10/11/88 Partial S.T. in only, and 21' of trench @ 9' DEEP.

10/11/88 LATE P.M. - INSPECTION FOUND OK TO COVER ALL WORK. FINAL ON SEPTIC

\* W.P.I PARTIAL \* No-81-2725

10/11/88 PITLESS ADAPTER ONLY OK; NEED TO SEE WELLLINE

INSIDE HOUSE, (2) PUMP AT WELL; (3) TANK YET C.O.

DATE SYSTEM APPROVED 10/11/88 INSPECTOR Charles Roman & Straker

# APPLICATION

PERCOLATION TESTING

A 34994

P \_\_\_\_\_

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

DISTRICT 3<sup>rd</sup>

DATE Oct. 20, 1988

WET SEASON TEST

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 Quinire Mathis BARNARD BROS. (CONS. Co.)  
12342 A Frederick Rd.  
ADDRESS West Friendship, Md. 21784 PHONE 489-4024

PROSPECTIVE BUYER Garry M. Barnard Et Al ✓  
ADDRESS 1035 St. Michael Rd. Mt. Airy, Md. 21771 PHONE 389-9621

PROPERTY LOCATION:

SUBDIVISION Mathis Property Sec. II LOT NO. 20  
ROAD AND DESCRIPTION At the end of <sup>12459</sup> Barnard Way

TAX MAP 15 PARCEL # 15

SIZE OF LOT 3.15 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 11/19/88 Perc Satisfactory; Hold for Subdivision Plat. S. Alld

BLDG. PERMIT SIGNED  
AND RETURNED 8/9/88  
BP 20603

# THIS IS NOT A PERMIT

A 37994

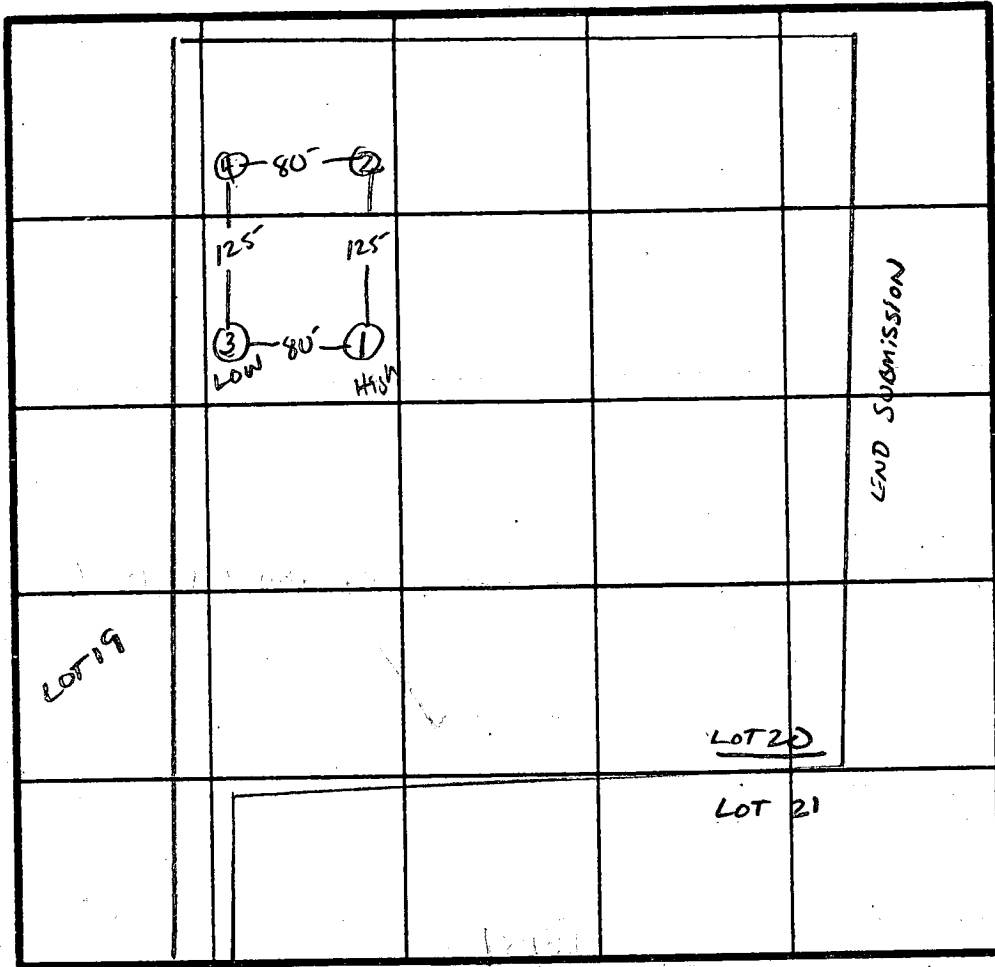
SOIL PROFILE

0"  
10"  
3.5'  
13'

AP  
Yellow Br  
Silt loam  
9-12% clay  
10-15% frags

Yellow Brown  
Silt Sand  
Loam  
10-15%  
Fragments

OW



7 Perc  
2 min  
180 #/BL  
INLET 3.0  
BOTTOM 9.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO BARNARD WAY + R 70

8"  
3"  
13'

AP  
Yellow Br to  
Strong Br.  
Silt loam  
100% frags  
9% clay

Top Brown to  
yellow Br  
Silt loam  
Highly micat.  
ws.

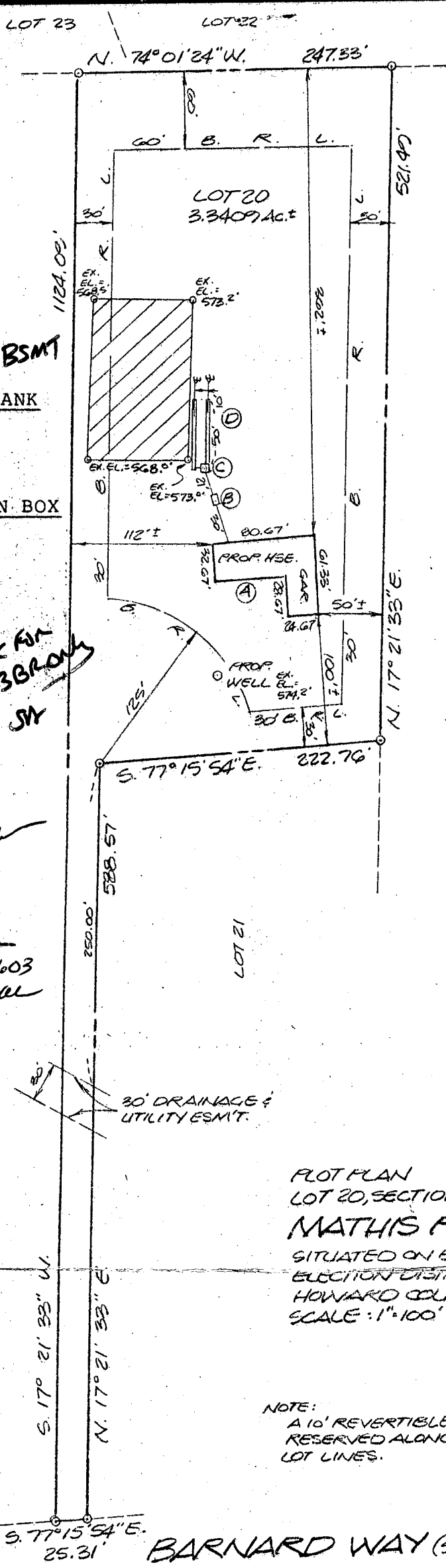
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/19/86	1 S M	3.5	11:00	11:01	11:01	11:03	2 min	
		8.5	11:00	11:02	11:02	11:04	2 min	
	1 V	13'	UNIFORM soil below 3'					
	2 V	13'	UNIFORM soil below 3' (1/4 in. cl. / class. transition)					
	3 S V	3.5 13'	11:03	11:04	11:04	11:05	1 min	
	4 S V	3' 12'	11:05	11:06	11:06	11:08	2 min	

REMARKS ANALYSEA PLAT

TYPE OF SOIL CA

TESTED BY S. Abel ALSO PRESENT BARNARD Brothers  
DUNE HOPKINS

EH-12-1079



- A. PROPOSED HOUSE  
 F.F. El. = 583.0' ✓  
 Bsmt. El. = 575.0' ✓  
 Inv. Out = 572.50' ✓ **BSMT**
- B. PROPOSED SEPTIC TANK  
 Ex. El. = 574.6' ✓  
 Inv. In = 571.74' ✓  
 Inv. Out = 571.64' ✓
- C. PROP. DISTRIBUTION BOX  
 Ex. El. = 574.0' ✓  
 Inv. In = 571.2' ✓
- D. PROPOSED TRENCHES  
 2 @ 50' (length)  
 Inv. El. = 571.0' ✓  
 6" of stone  
 9" bottom max.

*OK FOR 3 BRONX*  
*SM*

*elevations at*  
*100' from*

BLDG. PERMIT SIGNED  
 AND RETURNED 8-9-88  
 BP 20603  
 SCL

*N/E*  
 HOWARD COUNTY  
 BOARD OF EDUCATION  
 C. 700 F. 282

PLOT PLAN  
 LOT 20, SECTION II  
**MATHIS PROPERTY**  
 SITUATED ON BARNARD WAY  
 ELECTION DISTRICT 13-2  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=100' AUGUST 19, 88

NOTE:  
 A 10' REVERTIBLE SLOPE ESMT. IS  
 RESERVED ALONG ALL ROAD FRONTAGE  
 LOT LINES.



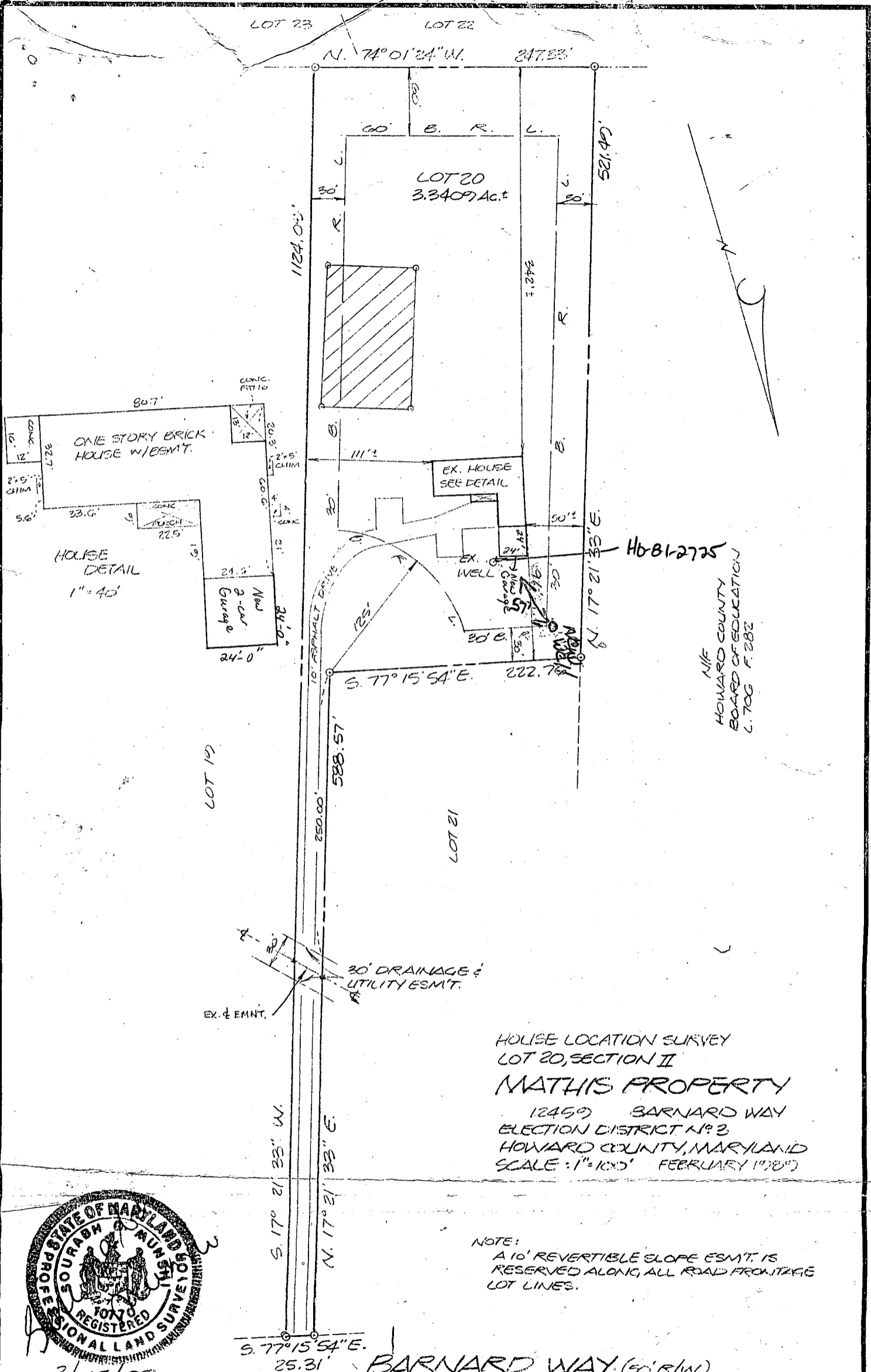
S. 77° 15' 54" E. 25.31  
**BARNARD WAY (50' R/W)**

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT  
 OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG  
 THE LAND RECORDS OF HOWARD COUNTY,  
 MARYLAND, AS REFERENCED HEREON.



**VANMAR ASSOCIATES INC.**  
 Engineers • Surveyors • Planners  
 310 South Main Street, Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
PLAT No. 7868	251-379



Hb 81-2725  
 M/F  
 HOWARD COUNTY  
 BOARD OF EDUCATION  
 C. TOG F. 282


HOUSE LOCATION SURVEY  
 LOT 20, SECTION II  
**MATHIS PROPERTY**  
 12459 BARNARD WAY  
 ELECTION DISTRICT NO. 3  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=100' FEBRUARY 1989

NOTE:  
 A 10' REVERTIBLE SLOPE ESM'T. IS  
 RESERVED ALONG ALL ROAD FRONTAGE  
 LOT LINES.



2/27/89

S. 77° 15' 54" E. 25.31' BARNARD WAY (50' R/W)

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF <u>HOWARD</u> COUNTY, MARYLAND, AS REFERENCED HEREON.			<b>VANMAR ASSOCIATES INC</b> Engineers • Surveyors • Planners 310 South Main Street, Mount Airy, Maryland 21771 (301) 829-2890 (301) 831-5015
REFERENCE Plat No. 7802	JOB NO. 251-379		

NT1014

JAY E. RUPARD

MARCELLA A. RUPARD

12459 BARBARA WAY

B 1 **7071** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

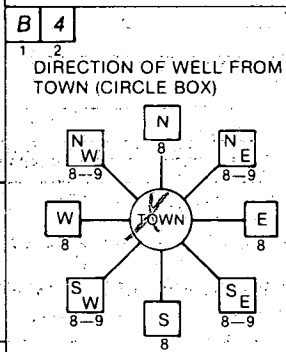
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-81-2725**  
 fill in this form completely

**Date Received (APA)**  
 OWNER INFORMATION  
**BARILARO** **CONST CO**  
 Last Name Owner First Name  
**1035 ST MICHAELS RD**  
 Street or RFD  
**MT AIRY** **MORZIDDI**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**MATHIS PROP** SUBDIVISION  
 SECTION **2** LOT **20**  
**WEST FRIENDSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION  
**RALPH MAYNE** License No. **223**  
**Ralph Mayne (well drilling)** Firm Name  
**9120 Brown Church Rd. Mt Airy** Address  
**Ralph Mayne 4/17/88** Signature Date



**BARBARA WAY** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  WEST  EAST  SOUTH   
**650** 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 **A37994** COUNTY NO.  
 STATE SIGNATURE DATE ISSUED **05/11/88** INSERT S   
**Craig Will** CO SIGNATURE **11/11/88** EXP. DATE  
 NORTH GRID **535000** EAST GRID **0816000**

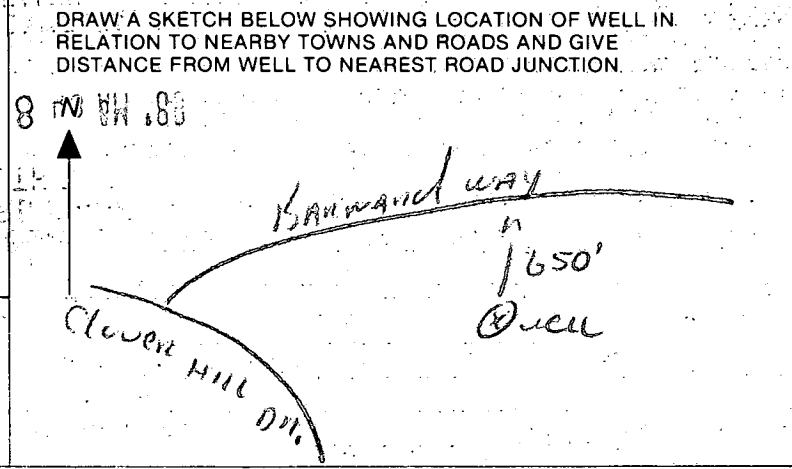
APPROXIMATE DEPTH OF WELL **150** FEET

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  
**7/29/88 3 PM**  
 SOURCES OF DRILLING WATER  
 1. well  
 2.   
 3.   
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **8106**  
 N **5305**  
 000 000

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 **CU** WRITE INITIALS IN BOX PERMIT No. **40-81-2725**

SPECIAL CONDITIONS



7/3/88

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 # 42600  
Date 9/22/88

Name of Installer J. JOSEPH GATLAND INC.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Barnard Brothers Const. Telephone 482-7621

Subdivision MATHIS PROPERTY Lot # 20 Well Tag # HO-81-2725

Site Address 12459 BARNARD WAY.

Pump

- 1. Type
  - a. Deep well jet
  - b. Shallow well jet
  - c. Submersible
- 2. Make Goild
- 3. Model # 10EJ05422
- 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 42 gal
- 2. Pressure relief valve? 75 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?

INSP. OK 10/11/88 BY B. STRASAKA  
SEE BLDG SUBJECT FOR DETAIL. (W)

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: 9/13/88

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

B 1 **7982** 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  
**HO-88-0778**  
 fill in this form completely

Date Received (APA) **06/16/89**  
 OWNER INFORMATION  
**RUPARD JAY** Owner First Name  
**12459 HEATHERWOOD WAY** Street or RFD  
**WEST FRIENDSHIP MD 21794** Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**MATHIAS PROI** SUBDIVISION  
 SECTION **2** LOT **20**  
**WEST FRIENDSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
**FRANK DELPH** Driller's Name License No. **453**  
**FRANK DELPH Well Drillers Inc** Firm Name  
**1234 PENN SHOP RD. MARY** Address  
**Frank Delph** Signature **6/16/89** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **BARNARD WAY**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **600** FT or MI **67**

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** COUNTY NAME **A 37994** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **06/16/89** **Jane E. Madern** CO SIGNATURE **12-16-89** EXP. DATE  
 NORTH GRID **535000** EAST GRID **0816000**

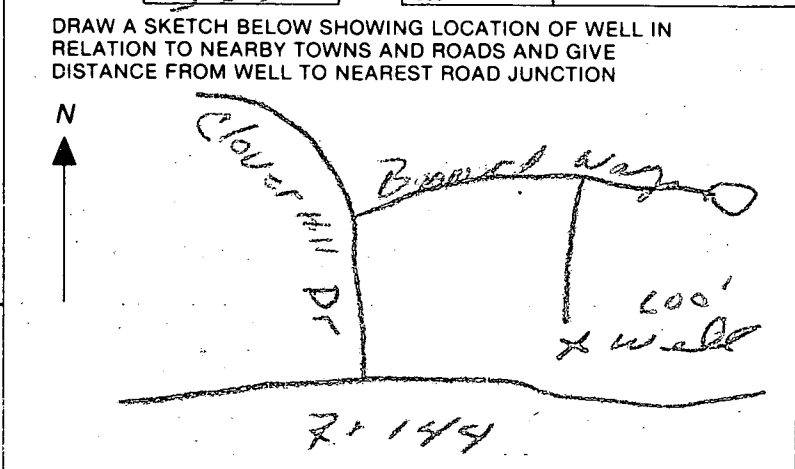
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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  
 N **816**  
 E **535**  
 6/16/89 10:00  
 Grouted. No opportunity to observe. ~~well~~ well 10:30 am JEN Madern 2ft above grade No tag yet. Notified owner of need to chlorinate and resample twice JEN

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

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 **JN** WRITE INITIALS IN BOX PERMIT No. **HO-88-0778**

C1 0065 SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 6  
 (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 A 37774

ST/CO USE ONLY: DATE Received  
 DATE WELL COMPLETED  
 8 13 15 20

Depth of Well  
 22 26  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 28 29 30 31 32 33 34 35 36 37

OWNER \_\_\_\_\_ last name \_\_\_\_\_ first name \_\_\_\_\_ TOWN \_\_\_\_\_  
 STREET OR RFD \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_

**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	
Topsoil	0	2	
Shale	2	30	
MIKA	30	60	
Sandstone	60	65	✓
MIKA	65	90	
Sandstone	90	95	✓
MIKA	95	100	
Sandstone	100	105	✓
MIKA	105	145	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 8 NO. OF POUNDS 800  
 GALLONS OF WATER 48  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 35 ft.  
 (enter 0 if from surface)

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

**MAIN CASING**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
 PL 6 38

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

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

**C2**  
 DEPTH (nearest ft.)  
 1 2 3  
 1 8 9 11 15 17 21  
 2 23 24 26 30 32 36  
 3 38 39 41 45 47 51  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

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.

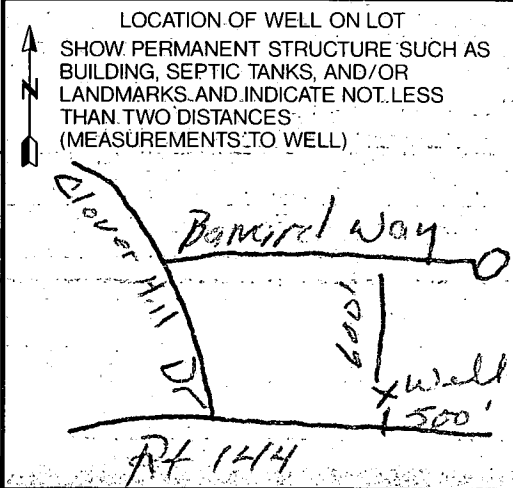
DRILLERS IDENT. NO. 453  
 DRILLERS SIGNATURE  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3** LGNEW OR 2/11/89 CW  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 8  
 PUMPING RATE (gal. per min. to nearest gal.) 12  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING  
 WHEN PUMPING  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible  
 Machine

**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)  
 above } LAND SURFACE  
 below } (nearest foot)



COUNTY

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 # 44696  
Date 7/16/89  
Name of Installer J. JOSEPH GAITLAND, INC. Telephone 875-2400  
License Number 1713  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner Barnard Brothers Const. Telephone 489-7621  
Subdivision MATHIS PROPERTY Lot # 20 Well Tag # -  
Site Address 12459 BARNARD WAY

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make Gould  
3. Model # 10EJ05422  
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 42 gal.  
2. Pressure relief valve? 75 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?

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: [Signature]

Date: 7/5/89

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

LOT 23 LOT 22

N. 74° 01' 24" W. 247.33'

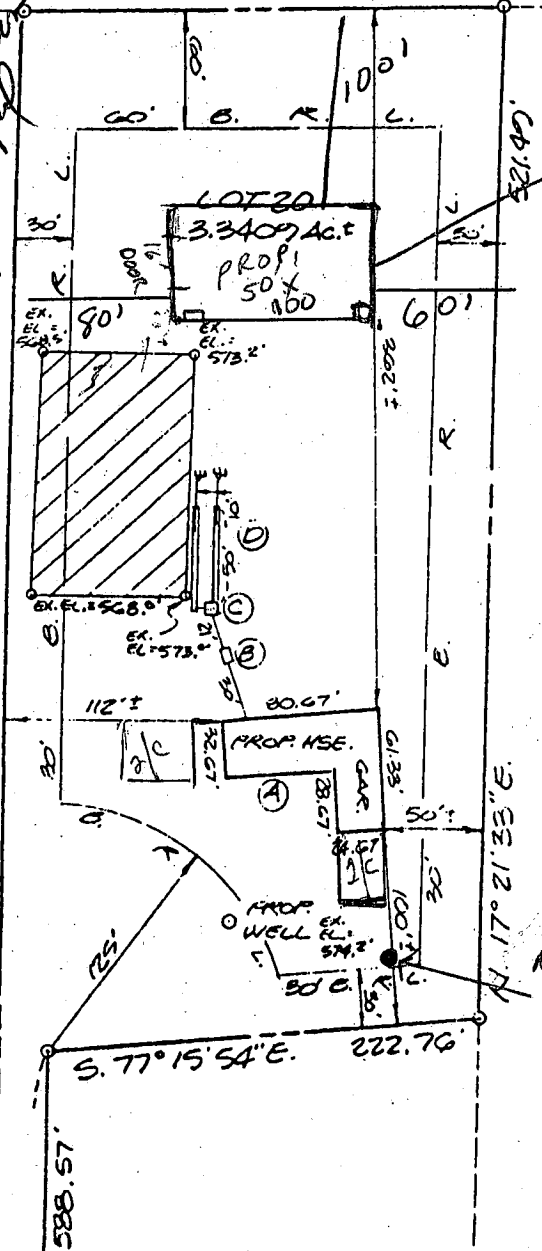
Will accept  
M.B.  
same property  
+ driveway

STORAGE AREA

9/30/02  
Jay Rupard  
called confirming  
entrance to  
storage shed  
is directly behind  
the house; There  
will be NO  
heavy equipment  
driven across the  
septic area.

BP signed  
KN  
N/F HOWARD COUNTY  
BOARD OF SURVEYORS  
382 J. COOK  
300138470  
12459  
Barnard  
WAY

- A. PROPOSED HOUSE  
F.F. El. = 583.0'  
Bsmt. El. = 575.0'  
Inv. Out = 572.00'
- B. PROPOSED SEPTIC TANK  
Ex. El. = 574.6'  
Inv. In = 571.74'  
Inv. Out = 571.04'
- C. PROP. DISTRIBUTION BOX  
Ex. El. = 574.0'  
Inv. In = 571.8'
- D. PROPOSED TRENCHES  
2 @ 50' (length)  
Inv. El. = 571.0'  
6" of stone  
9' bottom max.



30' DRAINAGE & UTILITY ESMT.

PLOT PLAN  
LOT 20, SECTION II  
MATHIS PROPERTY  
SITUATED ON BARNARD WAY  
ELECTION DISTRICT NO. 2  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100' AUGUST 19, 88

NOTE:  
A 10' REVERTIBLE ELOM ESMT. IS  
RESERVED ALONG ALL REAL FRONTAGE  
LOT LINES.

301 831 5015

BARNARD WAY (50' R/W)



I CERTIFY THIS PLAT TO BE CORRECT: IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC  
Engineers • Surveyors • Planners  
30 South Main Street Mount Airy, Maryland 21771  
(301) 829 2890 (301) 831 5015

REFERENCE JOB NO.  
PLAT NO. 7302 251-270

DESCRIPTION: RANCHER 1 LEVEL DETACHED 4 BEDROOMS 3/1 BATHS  
NEW HOME BRICK HOME AL/VNYL TRIM ASPH SH ROOF  
LOT SIZE : 3.34 ACRES TRANQUILL PRESTIGIOUS COMMUN.  
DIMENSIONS : LR : 16X12 DR : 14X12 KIT: 15X12 FA : 24X14/1  
MB : 18X16/1 BR2: 13X11/1 BR3: 12X11/1 BR4: 12X12/0  
3500 SQ FT FIN AREA  
FLOOR PLAN : FORMAL LR FAMILY ROOM ENTRY HALL ENTRY/CLOSET POWDER ROOM  
CATHDRL CEIL SKYLIGHT(S) FRENCH DOORS FORMAL DR  
APPLIANCES : ELEC RANGE SELF-CL OVEN REFRIGERATOR DISHWASHER  
AMENITIES : PART WOOD FL NO WAX KITCH EX WW CARPET EX LGT FXTRS IN LAW APT  
FAN ON RANGE CNTRL VACUUM WALK-IN CLST LINEN CLOSET MASTER BATH  
DRESSING RM WHIRLPOOL SEP. SHOWER  
POWER LEVEL: FULL, IMPROVD FULL BATH BEDROOM(S) OUTSIDE ENTR WALKOUT  
FIREPL/STOVE  
FEATURES >>: FUEL-OIL HEAT-FHA CENTRAL A/C CEILING FANS WDW SCREENS  
2+ FIREPLACE EX DL GLZ WN EX D GLZ DRS  
ITEMS >>: PORCH SUN PORCH EXT LIGHTING GARAGE 2+ATT PARKING PAD  
DRIVEWAY AUTO OPENER INSIDE LOT DEAD END ST  
UTILITIES >>: WELL ON PROP SEPTIC 220V SERVICE  
ANNUAL FEES: TAXES\$2,500  
FINANCE >>:

DIRECTIONS : 32 E 144 L ON CLOVER HILL R ONBARNARD WAY TO SIGN. DARE TO B  
REMARKS >>: E GREAT IN THIS SUPERB CUSTOM ALL BRICK RANCHER! GENEROUS FL  
: FLOOR PLAN W/UPGRADE FIXTURES, 6 PANEL WOOD DOORS, STAINED MOLDI  
: NG, IMPRESSIVE QUALITY CONSTRUCTION! BUYER PAYS ALL T&D COSTS  
EXCLUDED >>:  
HOW >>: CALL OFFICE POSS: 30-60  
NOTE >>: UNDER CONSTR SIGN POSTED

ALL DIMENSIONS ARE APPROXIMATE. ANY AMENITIES, EQUIPMENT, AND/OR  
IMPROVEMENTS LISTED MAY NOT EXIST IN ALL ROOMS OR IN ALL PORTIONS OF THE  
PROPERTY DESCRIBED ABOVE. ANY OTHER INFORMATION LISTED ABOVE IS NOT  
GUARANTEED BY THE BROKER OR CMMLS.

◆ LISTING AGENT INFORMATION ◆◆  
A: CHARLES B RITCH PH: 549-1275 SR: 2.0+2KBDN.TL: ER  
B: 7396 RE/MAX FORTY WEST PH: 301-461-3200 MLS#: HD 167350-03

'LC' - Listing Card Current Record  
'CH' - More Changes Current Record  
'X' - Exit Current Program  
<RETURN> To Continue  
Enter Option: X

DATE: 1/23/89 TIME: 8:49:48 BROKER#: 7396 LINE#: 68  
PROGRAM?

RECEIVED  
HOWARD COUNTY HEALTH DEPT  
ENVIRONMENTAL HEALTH  
2002 SP 19 PM 1:33