

4/25/90
1100

03-313042

4/24/90 late P.C.G. C. 22

PERMIT

P 45788

SEWAGE DISPOSAL SYSTEM

A 37997

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 04/18/90

DATE SYSTEM APPROVED 4/12/90

INDEXED

INSPECTOR B. J.

Dave Hopkins IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Mathis Property ROAD 12443 Barnard Way LOT 17

PROPERTY OWNER Barnard Bros. Const. Co. Inc.

ADDRESS _____

~~NO CHANGE IN SEWER LINE OR INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREAS BY 25%~~

~~GRABBER GRINDER XXXXKSXXXXXXXXXXXX~~

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 200' from the front lot line and 55' from the left lot line. Run trenches along contour toward right lot line.

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

PLANS APPROVED BY Craig Williams CM DATE 05/12/88

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

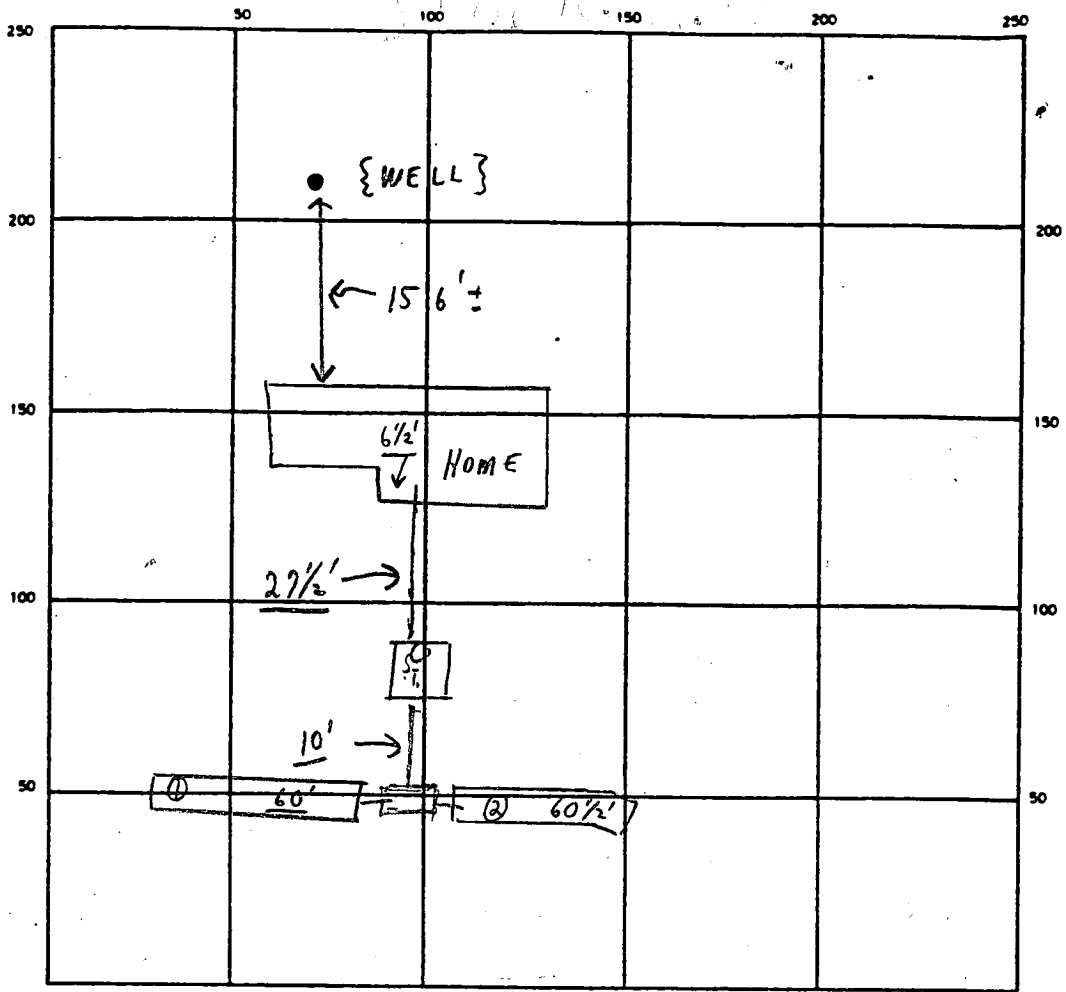
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 37997



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

BARNARD WAY

SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL (Baffles is)

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

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH ① 60' ② 60 1/2' } 120' FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 720 SQ. FT.

LATE P.M. 4/24/90 Partial - ok to finish work and call
 REMARKS for final 4/25/90. 4/25/90
 J.C.B.R.

4/25/90 - STONE ADDED. TANK CONNECTED R/H

DATE SYSTEM APPROVED 4/25/90 INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A 37997

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 Quiana Mathis Barnard Bros. Const. Co., Inc
12392-A Frederick Rd.
ADDRESS West Friendship, Md. 21794 PHONE 489-4024

PROSPECTIVE BUYER Garry M. Barnard Et. Al
ADDRESS 1035 St. Michael Rd. Mt. Airy, Md. 21771 PHONE 489-7621

PROPERTY LOCATION:

SUBDIVISION Mathis Property Sec. II. LOT NO. 17

ROAD AND DESCRIPTION At the end of Barnard way (12443 Barnard Way)

TAX MAP # 15 PARCEL # 15

SIZE OF LOT 3.05 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 11/10/86 Per. Sanitary; Held for Subdivision Plat. S. M.C.

BLDG. PERMIT SIGNATURE
AND RETURNED 8/21/87

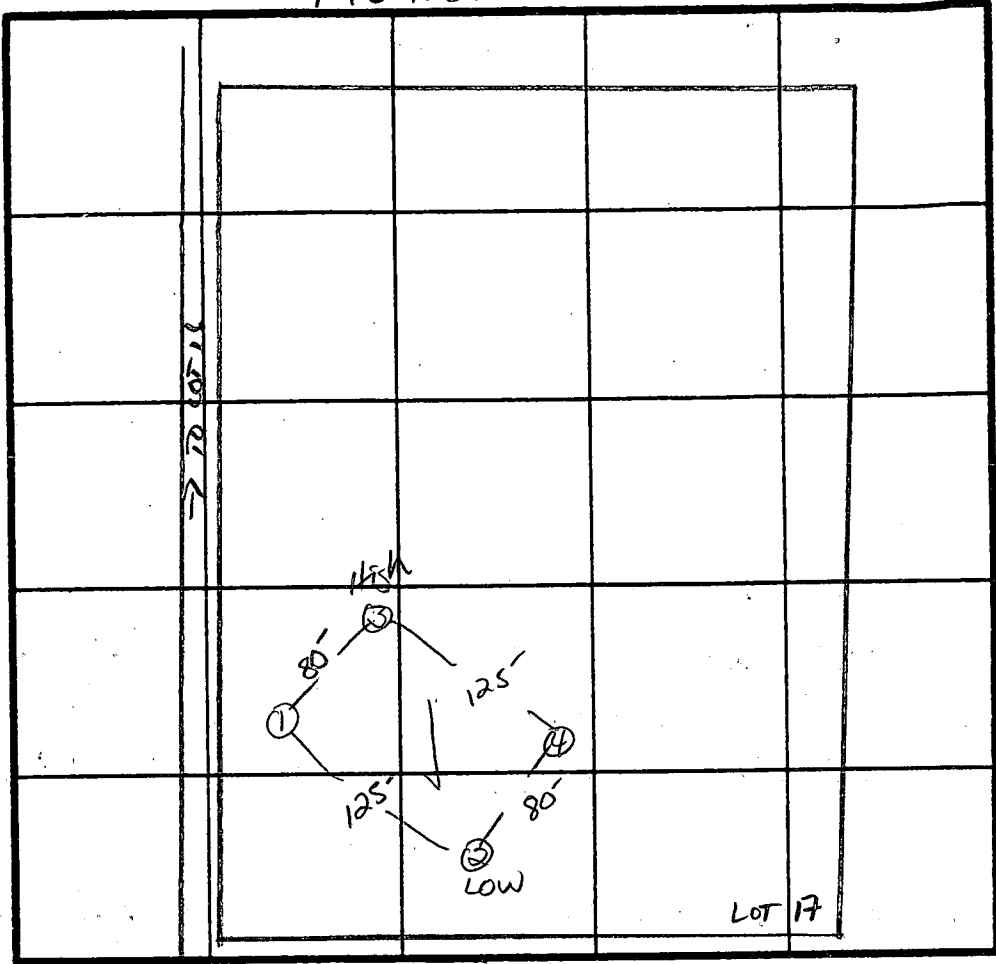
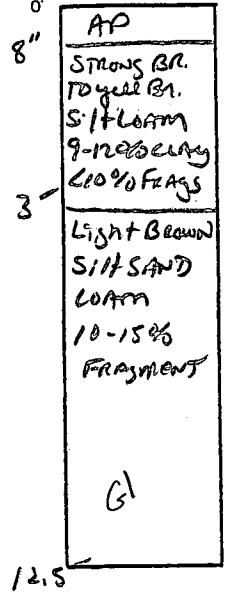
Serial # 28078 SFD-4Bums

THIS IS NOT A PERMIT

A37997

↑ TO RE 144

① ②
SOIL PROFILE



X Perc
3 min
180°/BR
INLOT 3'
Bottom 9'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BARNARD WAY TO RT 70

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/10/86	1 S	3.5	1:58	1:59	1:59	2:01	2 min
	1 ✓	12.5	unif. form	soil below 3"			
	2 S	3.5	2:03	2:06	2:06	2:10	4 min
	2 ✓	12"	unif. form	soil below 3.5"			
	3 S	3"	2:11	2:12	2:12	2:13	1 min
	3 m	8.5"	2:13	2:15	2:15	2:18	3 min
	4 ✓	13.5"	unif. form	soil below 3"			

REMARKS Holes Per RAT

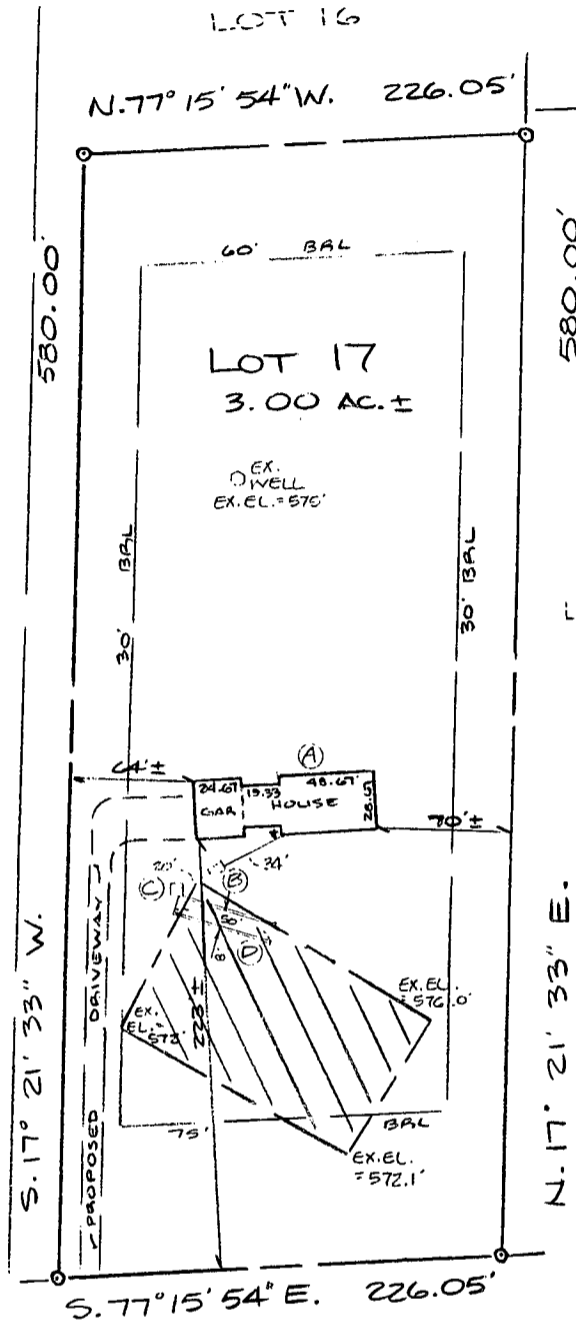
TYPE OF SOIL Grenels

TESTED BY S. Awe

ALSO PRESENT BARNARD BROTHERS
DAVE HOKKAS
DAVE PERK

PLAT OF RECORD NOTES:

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



A) Prop. House
F.F. Elev. = 582.5'
Bsmt. Elev. = 574.0'
Inv. Out = 574.86'

B) Prop. Septic Tank
Ex. Elev. = 577.5'
Inv. In = 574.51'
Inv. Out = 574.21'

C) Prop. Dist. Box
Ex. Elev. = 576.6'
Inv. Elev. = 573.8'

LOT 18
D) Prop. Trenches
Inv. Elev. = 573.6'
Bottom max. = 9'
6' of stone
LENGTH *

BARNARD WAY
50' R/W
7/11/89
REVISED PLANS OK

PLOT PLAN
LOT 17, SECTION II
MATHIS PROPERTY
12443 BARNARD WAY
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
Scale: 1" = 100' Date: June, 1989

* TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

* REVISED 8/17/89: TRENCH NOTE.



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 # 7868

251-379

N18569

B 1 **7064** SEQUENCE NO. (DP USE ONLY)

1 2 3 4 5 6
 7 8 9 10 11 12 13
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STATE OF MARYLAND
 PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

40-81-2722

fill in this form completely

Date Received (APA) _____

OWNER INFORMATION

KAYWARD CONST CO
 15-Last Name Owner First Name 34

1035 ST MICHAELS RD
 36 Street or RFD 55

MT AIRY **MORIDDI**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD COUNTY 21

MATYS PROP. 23 SUBDIVISION 42

SECTION **2** LOT **12**
 44 46 48 50

WEST FRIENDSHIP 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **0** MI
 73 76 77 78

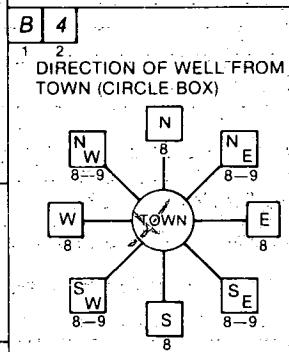
DRILLER INFORMATION

Ralph Wayne 77 License No. **273**

Ralph Wayne (well drilling) Firm Name

9120 Crown Church Rd. Mt Airy Address

Ralph Wayne 4/17/88 Signature Date



HOWARD WAY 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

325 34 DISTANCE FROM ROAD 37
 ENTER FT or MI FT MI 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 **A37997** COUNTY NO.

STATE SIGNATURE _____ INSERT S 41

DATE ISSUED **05/1/88** **Carroll** 11/1/88
 43 48 CO SIGNATURE EXP. DATE

NORTH GRID **535000** EAST GRID **0816000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8106
5305

5/30/88 granted on main **Doug**

40' casing (3' above)

37' open

7 bags

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

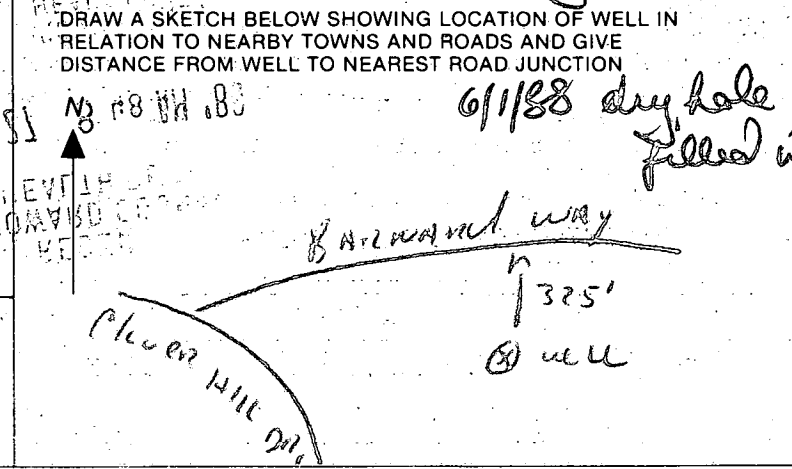
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **CD** WRITE INITIALS IN BOX PERMIT No. **40-81-2722**

SPECIAL CONDITIONS

C1 9508 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT
 FILE IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 37997**

DATE Received [] [] [] [] [] [] [] [] DATE WELL COMPLETED **060188** Depth of Well **325** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **AG-81-2722**

OWNER **BALVAIO BAOS** last name first name TOWN **WES. MOUNTAIN**
 STREET OR RFD **BALVAIO WAY** SUBDIVISION **MARLBOROUGH** SECTION **2** LOT **17**

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	
Top Soil	0	2	
Shaly	2	30	
SANDSTONE	30	38	✓
MICKA	38	60	
SANDSTONE	60	65	✓
MICKA	65	160	
SANDSTONE	160	165	✓
MICKA	165	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **100**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **32** ft.

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **PL** **G** **90**
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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 OPEN HOLE PLASTIC OTHER

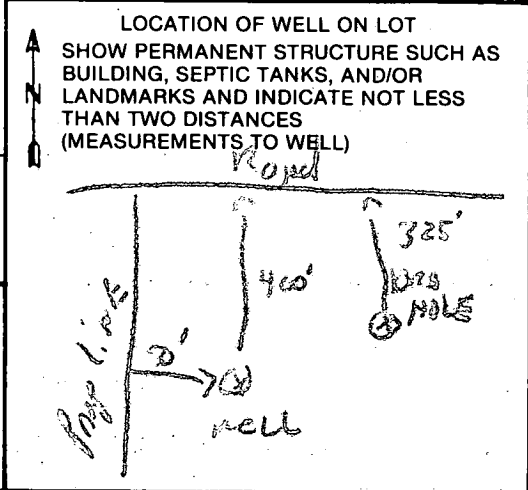
C2
 DEPTH (nearest ft.)
 EACH SCREEN **HO** **325**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **34** WHEN PUMPING **145**
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

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 **-** below LAND SURFACE (nearest foot)



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 10.17.13 "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. **273**
Haph Wayne
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Haph Wayne
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2722
 Location of property (road) BARNARD WAY
 Subdivision MATHIS PROPERTY Lot 17 Block Plat Sec.
 Well Driller RALPH MAYNE Owner BARNARD BROS

Depth of well 325'
 Distance of measuring point (M.P.) above ground 3'
 Static water level (S.W.L.) below M.P. 36'

I. High rate pumping -- reservoir drawdown

Time pump started 6:30 Pumping rate ~~30~~ 10 GPM
 Total time 30 min to reach pumping water level 165 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:00	165 #	15 Sec	X	4 GPM
7:15	165 #	15 Sec		4 GPM
7:30	165 #	15 Sec		4 GPM
7:45	165 "	15 "		4 "
8:00	165 "	15 "		4 "
8:15	165 "	15 "		4 "
8:30	165 #	15 Sec		4 GPM
8:45	165 #	15 Sec		4 GPM
9:00	165 #	15 Sec		4 GPM
9:15	165 "	15 "		4 "
9:30	165 "	15 "		4 "
9:45	165 "	15 "		4 "
10:00	165 #	15 Sec		4 GPM
10:15	165 #	15 Sec		4 GPM
10:30	165 #	15 Sec		4 GPM
10:45	165 "	15 "		4 "
11:00	165 "	15 "		4 "
11:15	"	"		"
11:30	#	Sec		GPM
11:45	#	Sec		GPM
12:00	#	Sec	GPM	
12:15	"	"	"	
12:30	"	"	"	
12:45	"	"	"	

HD-224 40' casing
 3' open > 54' 45"
 1:00

4/20/90
P.M.

4/20/90 Final

C.B.S

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
LINE

New Installation
Replacement

Receipt # 48772
Date 3/30/90

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 Const. Co.

Telephone 489-7621

Subdivision MARLINS PROPERTY Lot # 17

Well Tag # HC-81-2722

Site Address 12443 BARNARD WAY

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goulds
- Model # 10ET05422
- Capacity 10 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM
- Voltage 220
 - 110
 - 220

Pitless Adapter

- Make Barnard
- Model # PT800
- Depth 42"

Tank

- Capacity 42 gal
- Pressure relief valve? YES

Piping

- Type PLASTIC
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth ft.
- Yield GPM
- Static water level ft.
- 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: 3/30/90

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