

8/8/88 12:00
5:00

Fade

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42163

A 35156

DISTRICT 3rd

DATE 7/21/88

DATE SYSTEM APPROVED 8/8/88

INSPECTOR C.B.S.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

03-313093

Dave Hopkins IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Mathis Property ROAD 12396 Frederick Rd LOT 22, Sec. 2

PROPERTY OWNER Willard Mathis

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 185 feet from the left-front (268.49') lot line and 185 feet from the left (553.17') lot line. Run trench(s) along contour toward left 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/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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

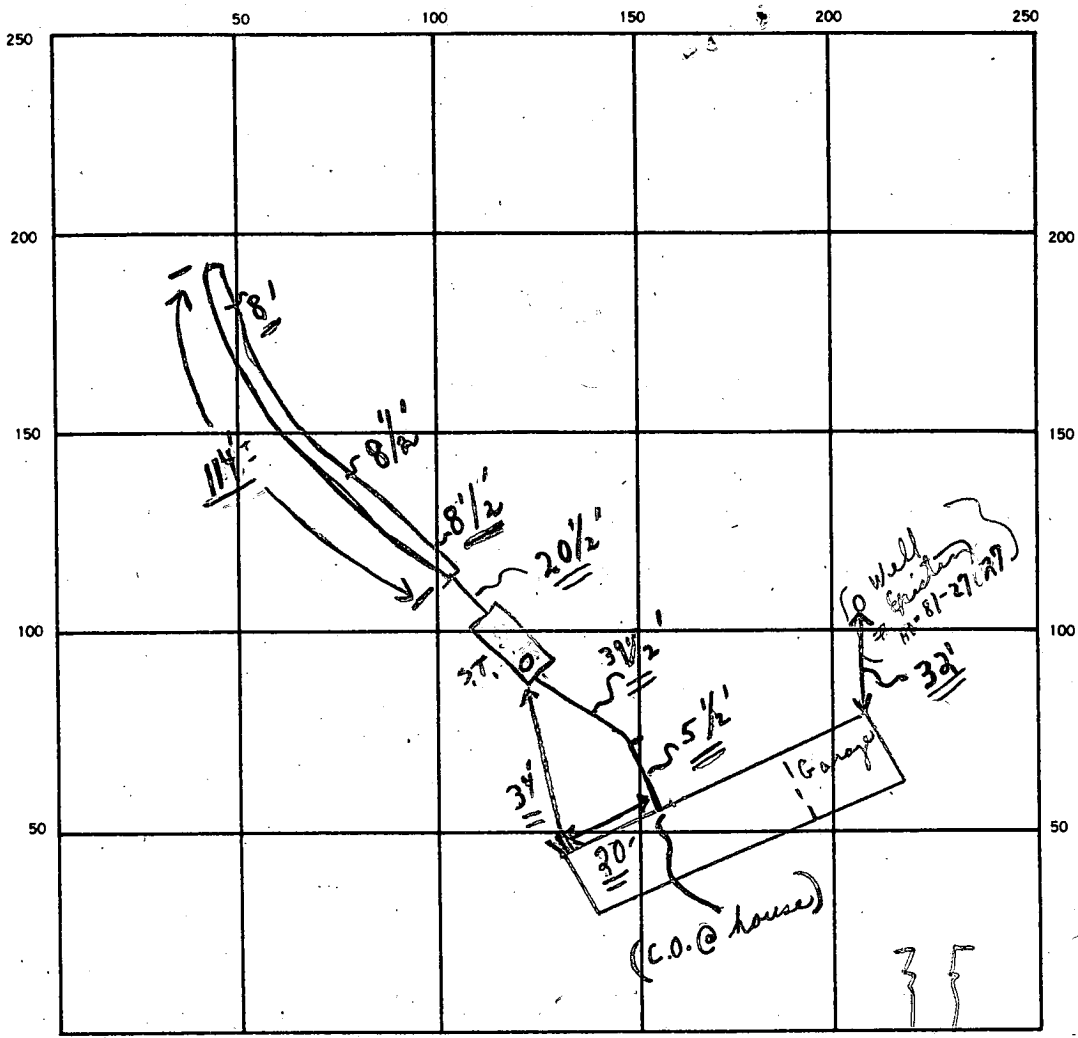
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35156



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Rt. 144

① S.T. | ① C.O.

SEPTIC TANK. LEVEL OK CLEANOUTS OK | OK

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5' + FT. TOTAL LENGTH 114 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA 590 SQ. FT.

REMARKS 8/8/88 ① Trench not ready; ② Septic tanks in as per drawings; 8/8/88 ② Trench ready - ok for stone; 8/8/88 ③ SYSTEM IN - ok for covers. File!

8/15/88 Septic tanks cleanout replaced properly. C.B.S.

DATE SYSTEM APPROVED 8/8/88 INSPECTOR Charles Herman & Associates

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35154

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD

DATE Nov-6-18, 1955

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 Mathis

ADDRESS 12392-A Frederick Rd. West Friendship, Md. PHONE 489-4024

PROPERTY LOCATION:

SUBDIVISION Mathis Property - Section 2 LOT NO. 22

ROAD AND DESCRIPTION North of Rt[#] 144 and East of Rt[#] 32 next to
West Friendship fire house

SIZE OF LOT 4.90 acres TYPE BLDG. Res.
(NUMBER OF BEDROOMS)

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.

Young M. Bernard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

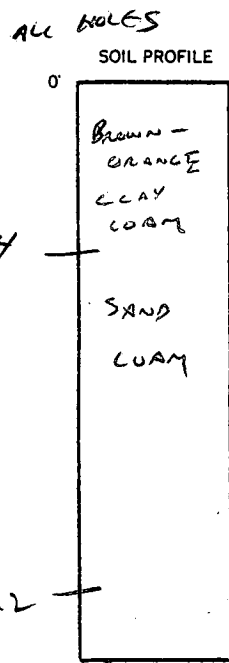
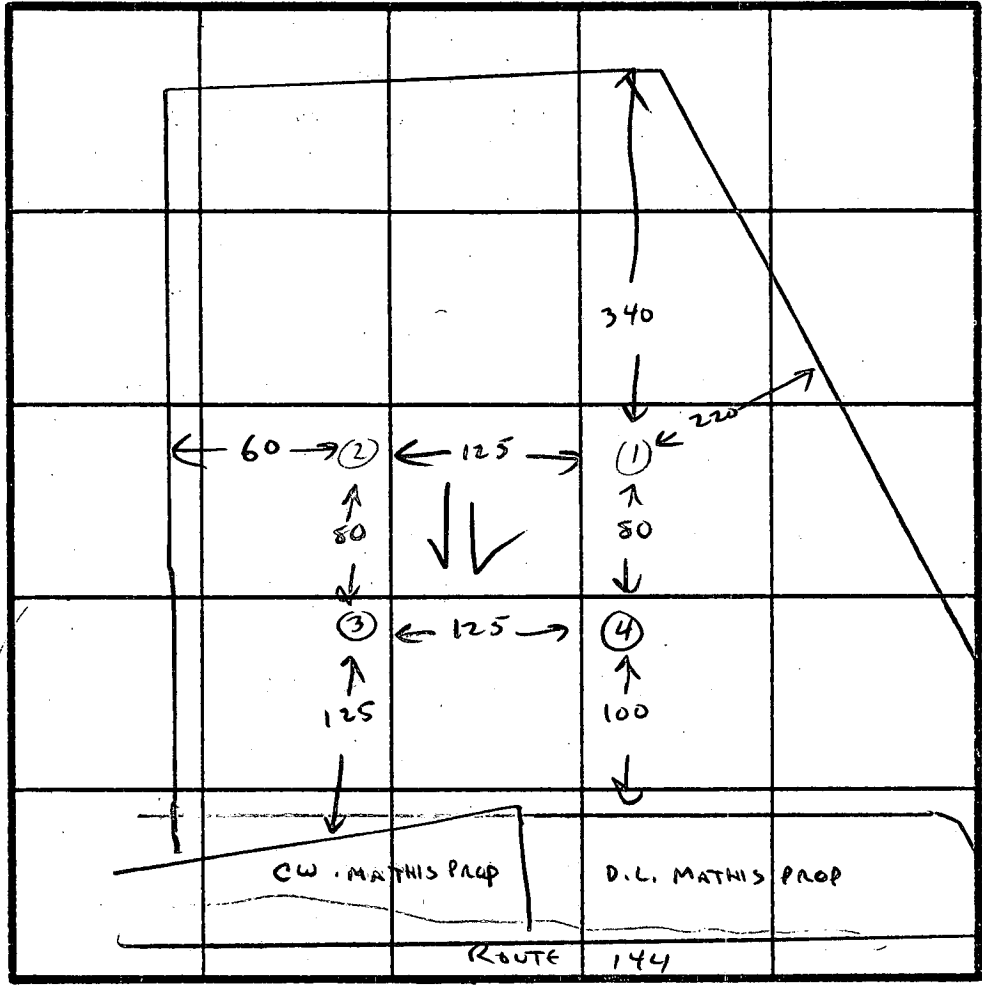
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A35156



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/9/85	1	3/4 8'	SLOW	SAND U	SUAL GOOD AT 8'		2 MIN
4/9/85	2	3 8'	1:53	1:54	1:54	1:56	2 MIN
4/9/85	3	3 8'	1:57	1:58	1:58	1:59	1 MIN
4/9/85	4	3 8'	2:01	2:03	2:03	2:05	2 MIN

X TIME
2 MIN
INLET 3'
BOTTOM MAX
8'

REMARKS _____

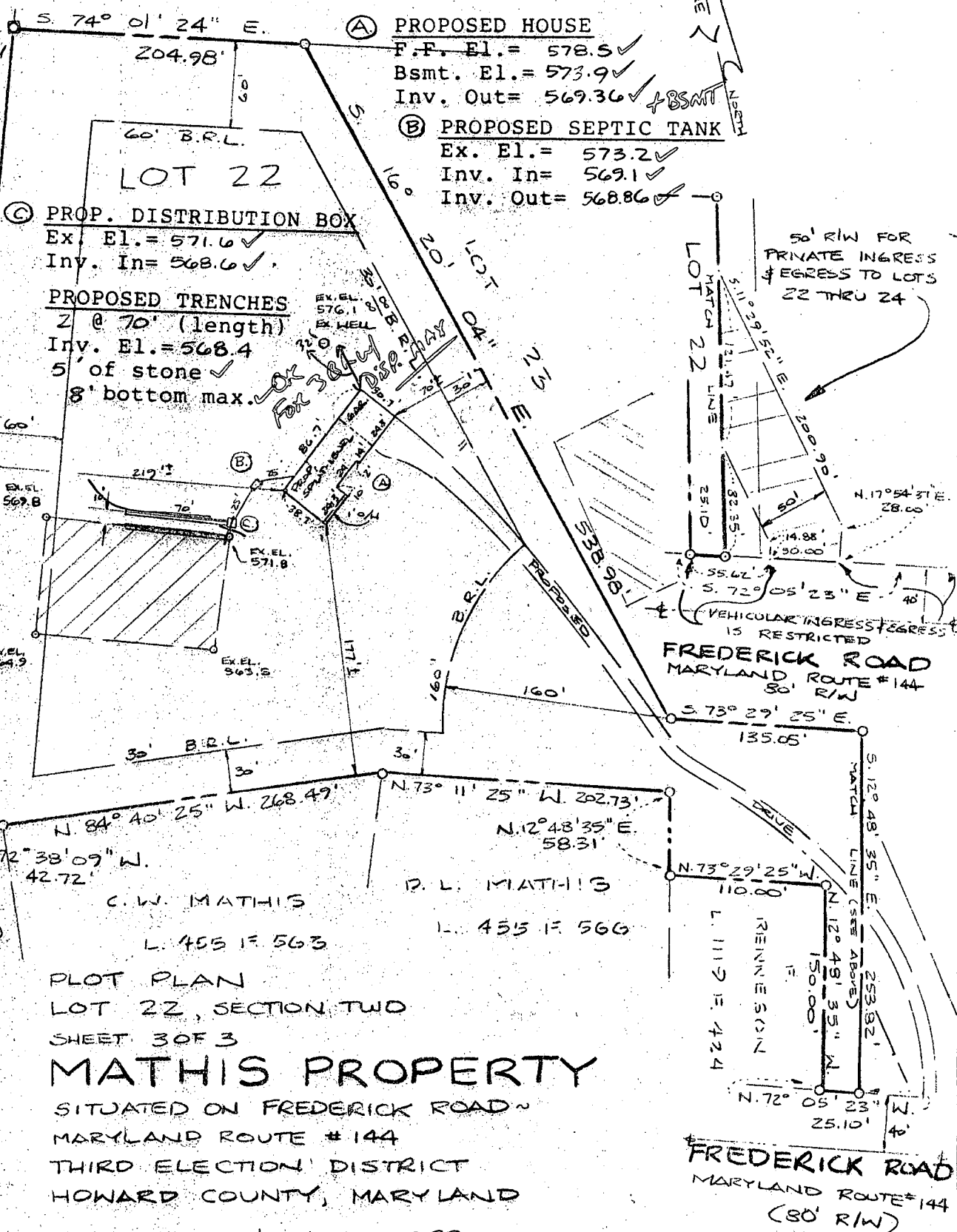
TYPE OF SOIL SANDY LOAM

TESTED BY C. William

ALSO PRESENT BAR NARD BROS.

SHEET 2 OF 3
 MATHIS PROP. - SECT II
 LOT 22 PLAT NO.

THE BRD OF EDUCATION - HOWARD COUNTY



MATHIS PROPERTY
 SITUATED ON FREDERICK ROAD ~
 MARYLAND ROUTE # 144
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' JUNE 1988

- NOTES:**
1. There is a 10' wide revertible slope easement along all road frontage lot lines.
 2. For flag or pipe stem lots, refuse collection, snow removal and road maintenance are provided to the junction of the flag or pipe stem and the right-of-way line and not into the flag or pipe stem driveway.



6/14/88
 Elevations of
 S.M.H.

BLDG. PERMIT SIGNED
 AND RETURNED 6-14-88
 BPI 237
 S.M.H.

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.

REFERENCE	JOB NO.
PLAT # 7869	251-379

SHELADIA Associates, Inc.
 CONSULTING ENGINEERS
 310 A South Main Street, Mt. Airy MD. 21771
 (301) 829-2890

B 1 **7076** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-81-2727
 fill in this form completely

Date Received (APA) [] [] [] [] [] []
 OWNER INFORMATION
BARWARD CONST CO
 15 Last Name 8 Owner 13 First Name 34
1035 ST MICHEALS RD
 36 Street or RFD 55
MT AIRY MD 21001
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
MATHIS PROP.
 23 SUBDIVISION 42
 SECTION **2** LOT **22**
 44 46 48 50
WEST EMEROSHIP
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **0** M I
 73 76 77 78

DRILLER INFORMATION
Ralph MAYNE
 Driller's Name 77 License No. 80 **273**
Ralph MAYNE (WELL DRILLER)
 Firm Name
9120 Brown Church Rd. Mt Airy
 Address
Ralph Mayne 4/12/88
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

MD Rt 144
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **500** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 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
A35156 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **05/11/88** CO SIGNATURE **Chris Will** EXP. DATE **11/1/88**
 43 48 41
 NORTH GRID **534000** EAST GRID **0815000**
 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
5/16/88 12:30
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 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) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

6/14/88 **Sichy Abel**
well 1500'
MD Rt 144

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **CU** WRITE INITIALS IN BOX PERMIT No. **HO-81-2727**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS _____
 COUNTY _____

C1 **9503** 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 35156**

DATE RECEIVED [] DATE WELL COMPLETED **09/16/88** Depth of Well **185** (TO NEAREST FOOT)
 8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-81-277

OWNER **BARNARD BROS.** last name **ROUTE 14V** first name TOWN **WEST FAIRFAX**
 STREET OR RFD SUBDIVISION **MATHIAS PARKWAY** SECTION **2** LOT **22**

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	
Sandy	2	50	✓
Sand Stone	50	55	
MICKA	55	80	
Sand Stone	80	85	✓
MICKA	85	185	

GROUTING RECORD yes no
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **16** NO. OF POUNDS **1600**
 GALLONS OF WATER **76**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN Nominal diameter. Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
PL **6** **60**
 60 61 63 64 66 70

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **HO** **58** **185**
 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)
 56 60

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 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.

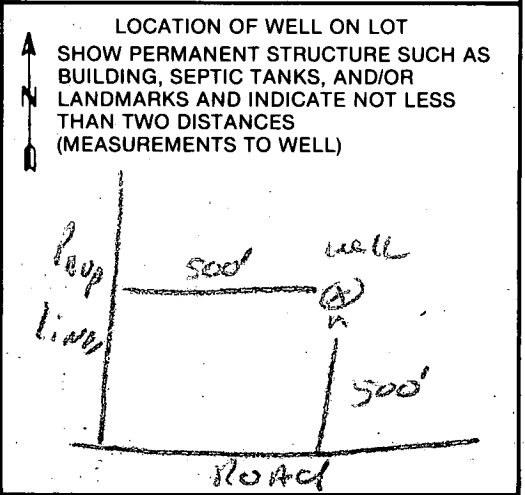
DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE *Ruth Mays*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ
 70 [] 72 [] 74 75 76 [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **2**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Buckets**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **90**
 WHEN PUMPING **62**
 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 } LAND SURFACE (nearest foot)
 (-) below } (nearest foot)



8/11/88 - 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 X Replacement _____ Receipt # 42321
Date 8/10/88
Name of Installer J. Joseph Gartland, Inc. Telephone 875-2400
License Number 1713
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Willard Mathis Telephone 489-4024
Subdivision Mathis Property. Lot # 22 Well Tag # HO-81-227
Site Address 12396 Frederick Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make Harvard.
a. Deep well jet _____ 2. RPM _____ 2. Model # PT-300
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible X a. 110 _____
2. Make Goulds. b. 220 X
3. Model # 10EJ05422
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes X 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 _____

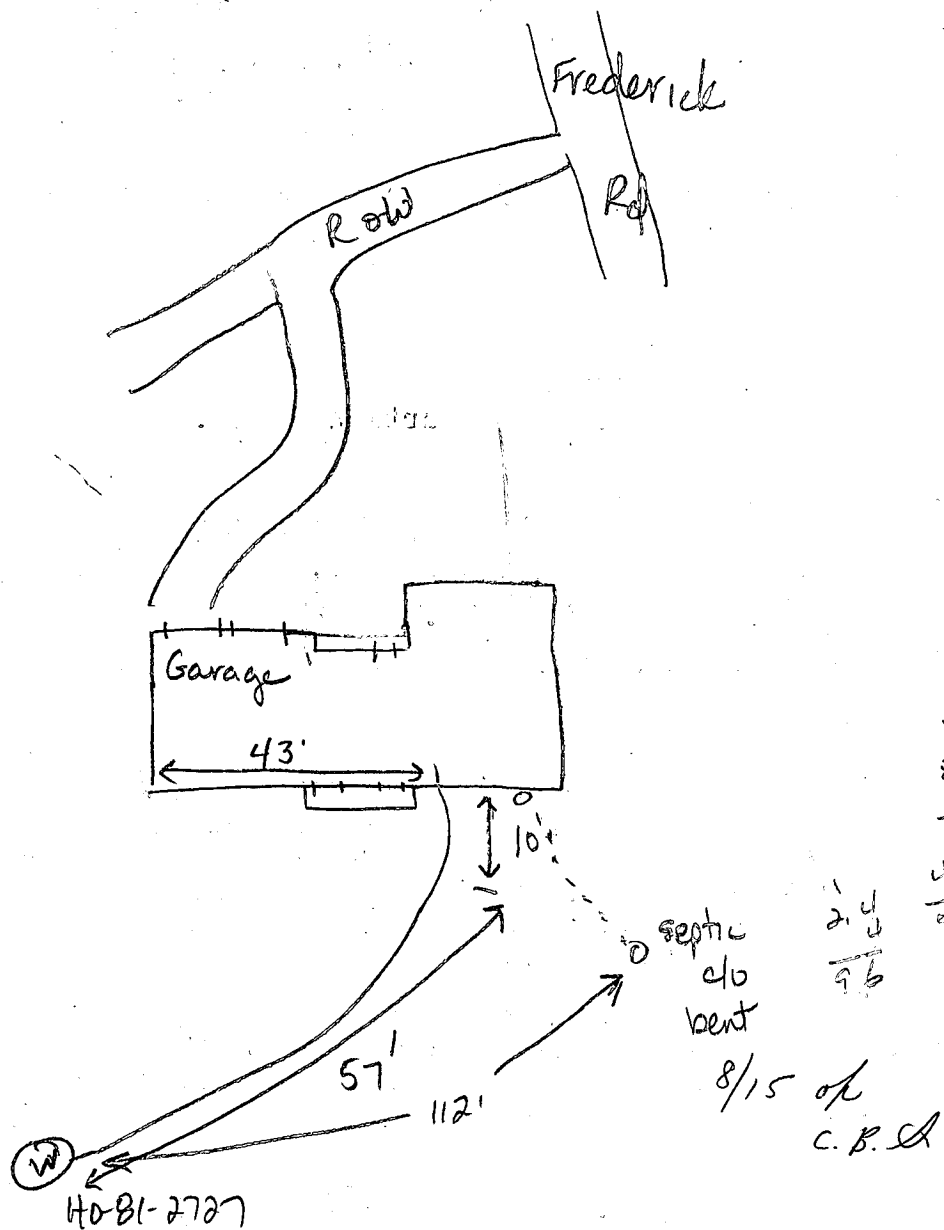
Tank Piping Well data
1. Capacity 42 gal. 1. Type Plastic 1. Depth _____ ft.
2. Pressure relief valve? 75psi. 2. Size 1" 2. Yield _____ GPM
3. NSF and/or BOCA Code approved Yes 3. Static water level _____ ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? _____

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: _____
Date: 8/10/88

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



8-11-88

Pitless adaptor at 40 inches, House connection well line in trench at 48 inches. No ground, plastic casing. No pump tank installed yet. OK to cover, JENadeau

Note: ST clo was knocked over during grading and must be regrouted to tank. JEN 8-11-88

8/15/88 ok.

C.B.A.