

6/18/87 AM/PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-31139
INDEXED

P 39088
A 34934
DISTRICT 3rd
DATE 4/9/87
DATE SYSTEM APPROVED 6/18/87
INSPECTOR Stayer

Dave Hopkins IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Mathis Property ROAD 12500 Barnard Way LOT 3

PROPERTY OWNER Barnard Construction

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet from the front (353') lot line and 175 feet from the left (101.12') lot line as seen when facing the lot from Barnard Way. Run trenches on contour toward back left corner of lot.

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

ok T

PLANS APPROVED BY S. Abel DATE 2/10/86

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.

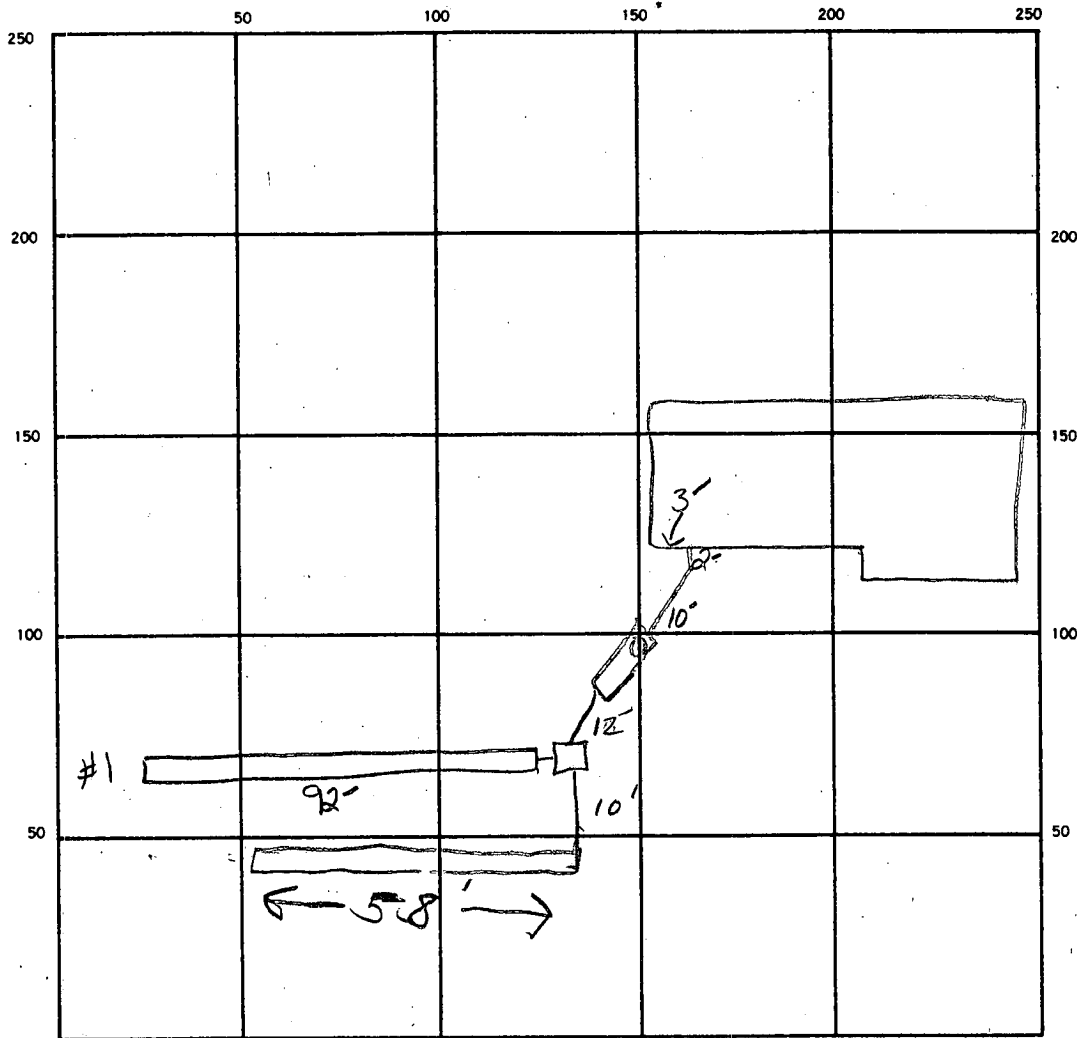
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37943



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

BARWARDWAY

SEPTIC TANK. LEVEL ✓ 1250 CLEANOUTS ✓ 5T

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.5 FT. TOTAL LENGTH 92 58 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 675 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS 6/18/87 MISSED EARLY INSA. CONTRACTOR CONFIRMS 1ST TRENCH 8' DEEP. OK TO GRAVEL CW,

6/18/87 OK TO FINISH #1 DIG #2 OK TO PLACE SOIL FROM #2 INTO #1 SA

6/18/87 OK TO COVER ALL WORK JS

DATE SYSTEM APPROVED 6/18/87 INSPECTOR Stayer

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34934

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD

DATE 2-6-85

*Per
2/20/85
1:30 P.M*

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 Garry, Paul, and Dayton, Jr. Barnard ✓

ADDRESS 1035 St Michael Rd Mt Airy MD 21771 PHONE 489-7621

PROPERTY LOCATION: service rd off 144 East 32

SUBDIVISION Mathis Property LOT NO. 3

ROAD AND DESCRIPTION M 970 (970E) (Mathis Drive) 12500 BARNARD WAY

SIZE OF LOT 3.0 Ac ± 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. Mary M. Barnard
(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Deep Trenches DATE 2-10-86

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-20-85 PERC SATISFACTORY, HOLD FOR CERTIFIED

Field LOCATION OF HOLES S. Abel

BLDG. PERMIT SIGNED AND RETURNED 3/31/87
BP 10882
S. Abel

THIS IS NOT A PERMIT

① ④

SOIL PROFILE

0" 6" A0-3
 BROWN CLAY LOAM
 10% SAPROLITE WITH MED SIZE STONE

3.5" SAND MICACEOUS 30-50% SAPROLITE WITH MED SIZE STONE

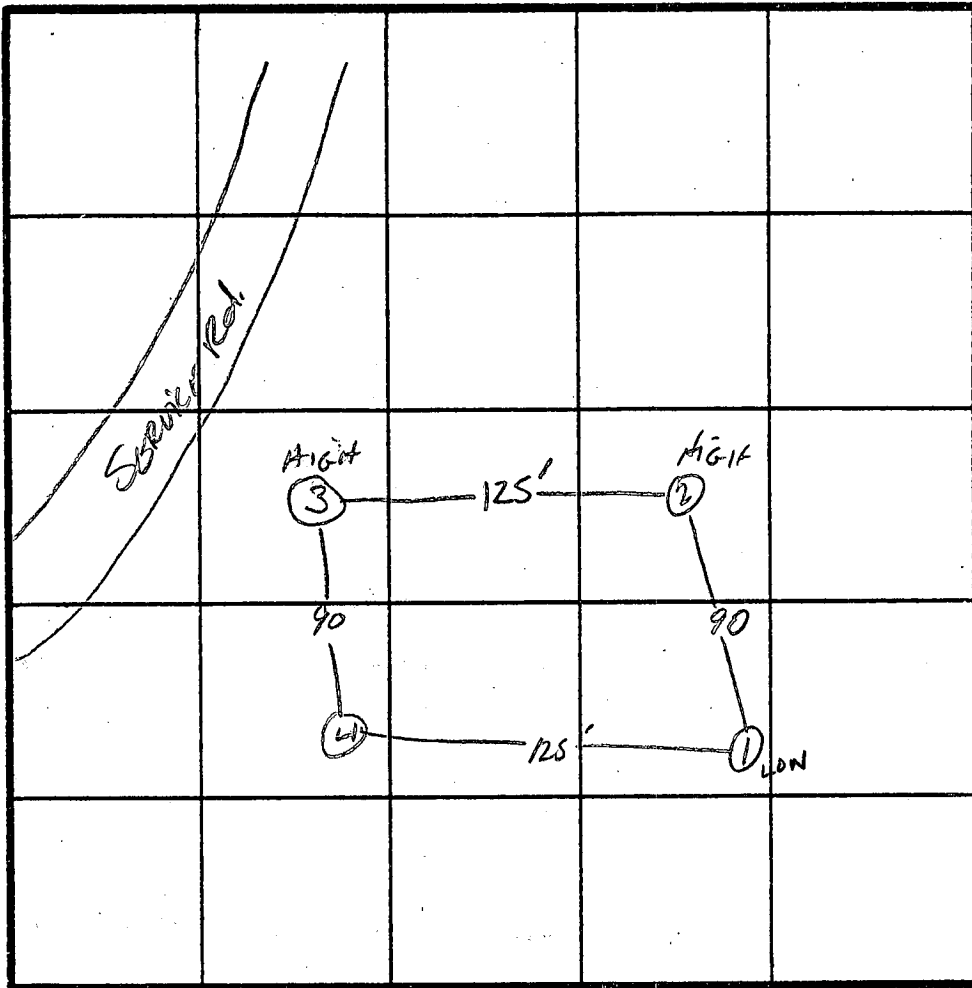
②

0" 6" A0-3
 RED BROWN CLAY LOAM 10% SAPROLITE

3.5" BROWN SILTY SAND 10% SAPROLITE

7" BROWN SAND MICACEOUS 30-40% SAPROLITE

0.5"



③

0" 6" A0-3
 BROWN CLAY LOAM 10% SAPROLITE

3.5" Yellowish BROWN SAND LOAM 10-20% SAPROLITE WITH SMALL TO MEDIUM SANDSTONE

11.5"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

To Rt 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/20/85	1S	3.5'	1:39	1:41	1:41	1:43	2min
	1M	6.5'	1:38	1:40	1:40	1:44	4min
	1V	11"	UNIFORM SOIL STRUCTURE Below		3.5'		
	2S	3'	1:50	1:53	1:53	1:56	3min
	2M	6.5'	1:50	1:52	1:52	2:01	9min
	2V	11.5'	UNIFORM SOIL Below		3.5'		
2/20/85	3S	3'	2:10	2:25	2:25	2:52	27min
	3M	7'	2:08	2:09	2:09	2:11	2min
	3V	11.5'	UNIFORM SOIL STRUCTURE Below		3.5'		
	4S		2:54	2:59	2:59	3:08	9min
	4M		2:34	2:50	2:50	3:12	22min
	4V						

INLET = 3.5'
 BOTTOM MAX DEPTH = 8.0'
 X TIME 10 min.

REMARKS

TYPE OF SOIL

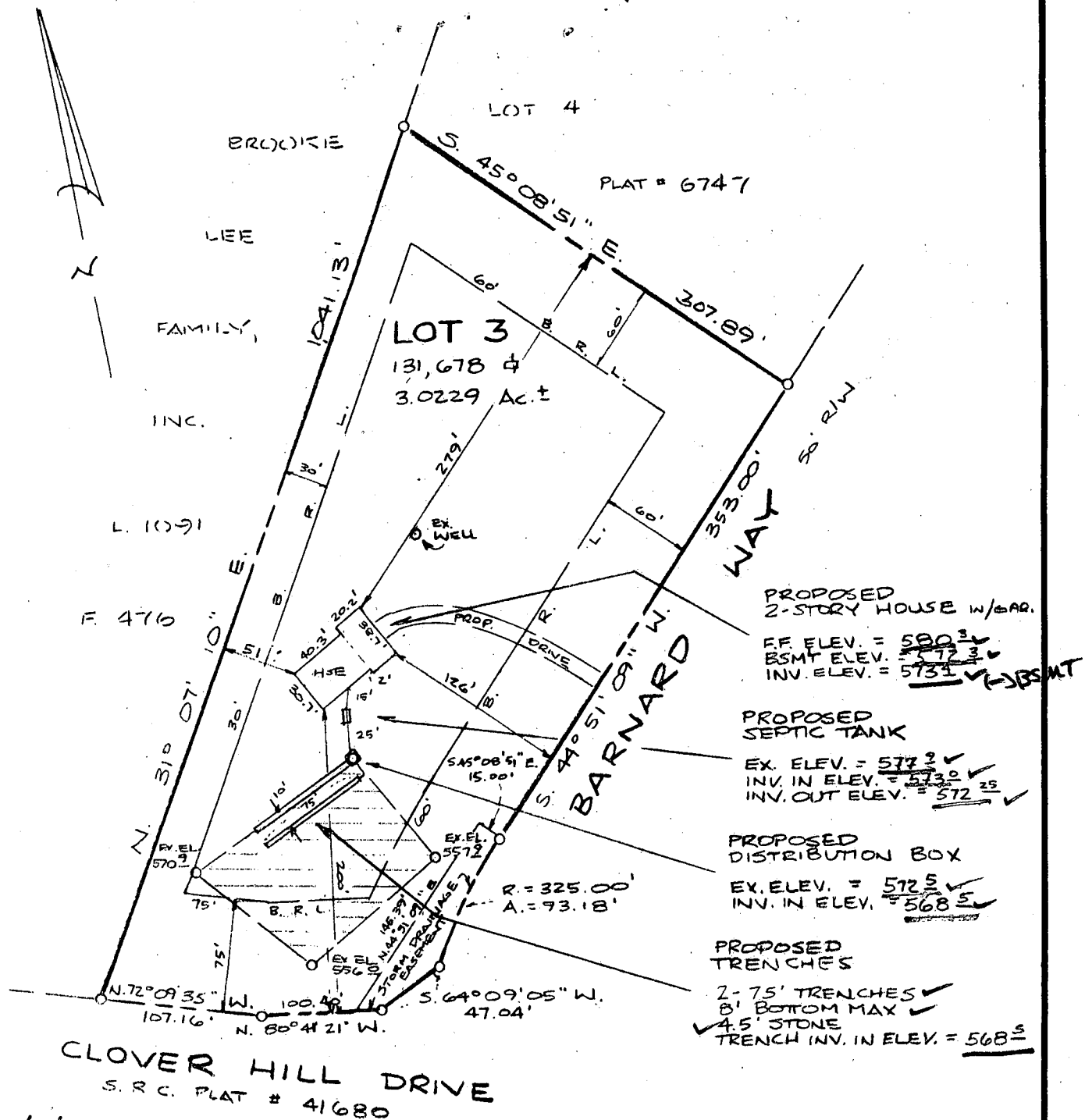
Glenns Association

TESTED BY

S. Abel

ALSO PRESENT

*Will Hopkin, BACKHOE OPERATOR
 GARY, DAYTON, PAUL*



- PROPOSED 2-STORY HOUSE W/BAS.
 - FF ELEV. = 580.3 ✓
 - BSMT ELEV. = 572.3 ✓
 - INV. ELEV. = 573.1 ✓
- PROPOSED SEPTIC TANK
 - EX. ELEV. = 572.3 ✓
 - INV. IN ELEV. = 573.0 ✓
 - INV. OUT ELEV. = 572.25 ✓
- PROPOSED DISTRIBUTION BOX
 - EX. ELEV. = 572.5 ✓
 - INV. IN ELEV. = 568.5 ✓
- PROPOSED TRENCHES
 - 2- 75' TRENCHES ✓
 - 8' BOTTOM MAX ✓
 - 4.5' STONE TRENCH INV. IN ELEV. = 568.5 ✓

CLOVER HILL DRIVE
S. R. C. PLAT # 41680

3/31/87
elevations of trenches
sufficient for 4BR house.
S. Abel

PLOT PLAN
LOT 3, SECTION I
SHEET 1 OF 2

MATHIS PROPERTY

A RESUBDIVISION OF LOT ONE
#12500 BARNARD WAY
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

BLDG. PERMIT SIGNED,
AND RETURNED 3/31/87

BP #10882
S. Abel

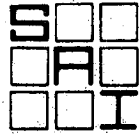
SCALE: 1" = 100' MARCH 1987



PLAT OF RECORD NOTES: There is a 25' wide revertible slope easement along all road frontage lot lines.

REVISED: 03/25/87 - HSE POSITION & EASEMENT

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.



SHELADIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 828-2890

REFERENCE	JOB NO.
PLAT # 6747	251-379

C1 00572 SEQUENCE NO. (OEP USE ONLY)
 (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 34934

DATE RECEIVED [] DATE WELL COMPLETED 070786
 Depth of Well 22 285 26 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-1541

OWNER BARNARD CONSTRUCTION last name BARNARDIS WAY first name TOWN WEST FRIENDSHIP
 SUBDIVISION MATHIS PROPERTY SECTION LOT 3

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	65	
Sand Stone	65	70	✓
Micka	70	285	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 102 NO. OF POUNDS 1500
 GALLONS OF WATER 102
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 55 ft. (enter 0 if from surface)

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

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

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

C2
 DEPTH (nearest ft.)
 40 58 285
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK from to
 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) 6
 PUMPING RATE (gal. per min. to nearest gal.) 2
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 250
 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

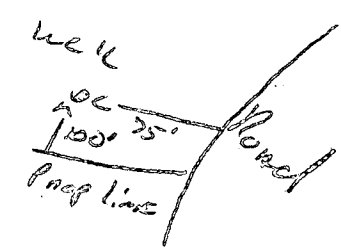
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER
 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 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



Page _____ of _____
 Date 7/7/86

Review GRD (BW) 8/19/86

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1540
 Location of property (road) BARNARD'S WAY
 Subdivision MATHIS PROPERTY Lot 3 Block _____ Plat _____ Sec. _____
 Well Driller RALPH MAYNE Owner BARNARD CONST.

Depth of well 285 FT
 Distance of measuring point (M.P.) above ground 2
 Static water level (S.W.L.) below M.P. 28 FT

I. High rate pumping -- reservoir drawdown
 Time pump started 6:00 Pumping rate 10.6 g.p.m.
 Total time 1:15 to reach pumping water level 250 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)
9:15	250 FT	30 sec		2 g.p.m.
9:30	250	30		2
9:45	250	30		2
10:00	250 FT	30 sec		2 g.p.m.
10:15	250	30		2
10:30	250	30		2
10:45	250 FT	30 sec		2 g.p.m.
11:00	250	30		2
11:15	250	30		2
11:30	250 FT	30 sec		2 g.p.m.
11:45	250	30		2
12:00	250	30		2
12:15	250 FT	30 sec		2 g.p.m.
12:30	250	30		2
12:45	250	30		2
1:00	250 FT	30 sec		2 g.p.m.
1:15	250	30		2
1:30	250	30		2
1:45	250 FT	30 sec		2 g.p.m.
2:00	250	30		2
2:15	250	30		2
2:30	250 FT	30 sec		2 g.p.m.
2:45	250	30		2
3:00	250	30		2
3:15	250 FT	30 sec		2 g.p.m.

60 ft PL 55 open 17 days

6/23/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

6/23/87
OK to cover
outside line

New Installation Replacement
 Receipt # 39324
 Date 5/13/86
 Name of Installer J. JOSEPH GAYLAND Inc. Telephone 975-2400
 License number 1713
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner BARNARD CONST. CO. Telephone 489-7621
 Subdivision MATHIS PROPERTIES Lot # 3 Well tag # HO-81-1541 (hand)
 Site Address 12500 BARNARD WAY (to reach)

Pump	Motor	Pitless Adapter
1. Type a. Deep well jet <input type="checkbox"/> b. Shallow well jet <input type="checkbox"/> c. Submersible <input checked="" type="checkbox"/>	1. Horsepower <u>1/2</u> 2. RPM <input type="checkbox"/> 3. Voltage <input type="checkbox"/> a. 110 <input type="checkbox"/> b. 220 <input checked="" type="checkbox"/>	1. Make <u>HAVALD</u> 2. Model # <u>ADPT800</u> 3. Depth <u>242"</u>
2. Make <u>GOULD</u>		plastic casing no (ground wide)
3. Model # <u>10EJ05422</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input type="checkbox"/> Cable guards <input type="checkbox"/> Other <input type="checkbox"/>		

6/23/87
not installed yet

Tank	Piping	Well data
1. Capacity <u>42</u>	1. Type <u>PLASTIC</u>	1. Depth <input type="checkbox"/> ft.
2. Pressure relief valve? <u>7.5 PSI</u>	OK 2. Size <u>1"</u>	2. Yield <input type="checkbox"/> GPM
	3. NSF and/or BOCA Code approved <input type="checkbox"/>	3. Static water level <input type="checkbox"/> ft.
	OK 4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <input type="checkbox"/>

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: 5/8/87

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