

# PERMIT

9/23/86  
Septic ok

P 37617  
A 34935

## SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH\*

03-301147

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
X992-2330X  
461-9933

DISTRICT 3rd  
DATE 9/24/86

(INDEXED)

Dave Hopkins IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Mathis Property ROAD 12494 Barnard Way LOT 4

PROPERTY OWNER Gary Barnard

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 - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 80 feet from the front (216.04') lot line and 145 feet from the left (307.89') lot line as seen when facing the lot from Barnard Way. Run the trenches on contour toward the back lot line as seen when facing the lot from Barnard Way.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY S. Abel

BLDG. PERMIT SIGNED AND RETURNED

000138180  
Extension DATE 2/10/86  
Master Bath 1/24/01

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

BLDG. PERMIT SIGNED AND RETURNED 9/22/82

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.

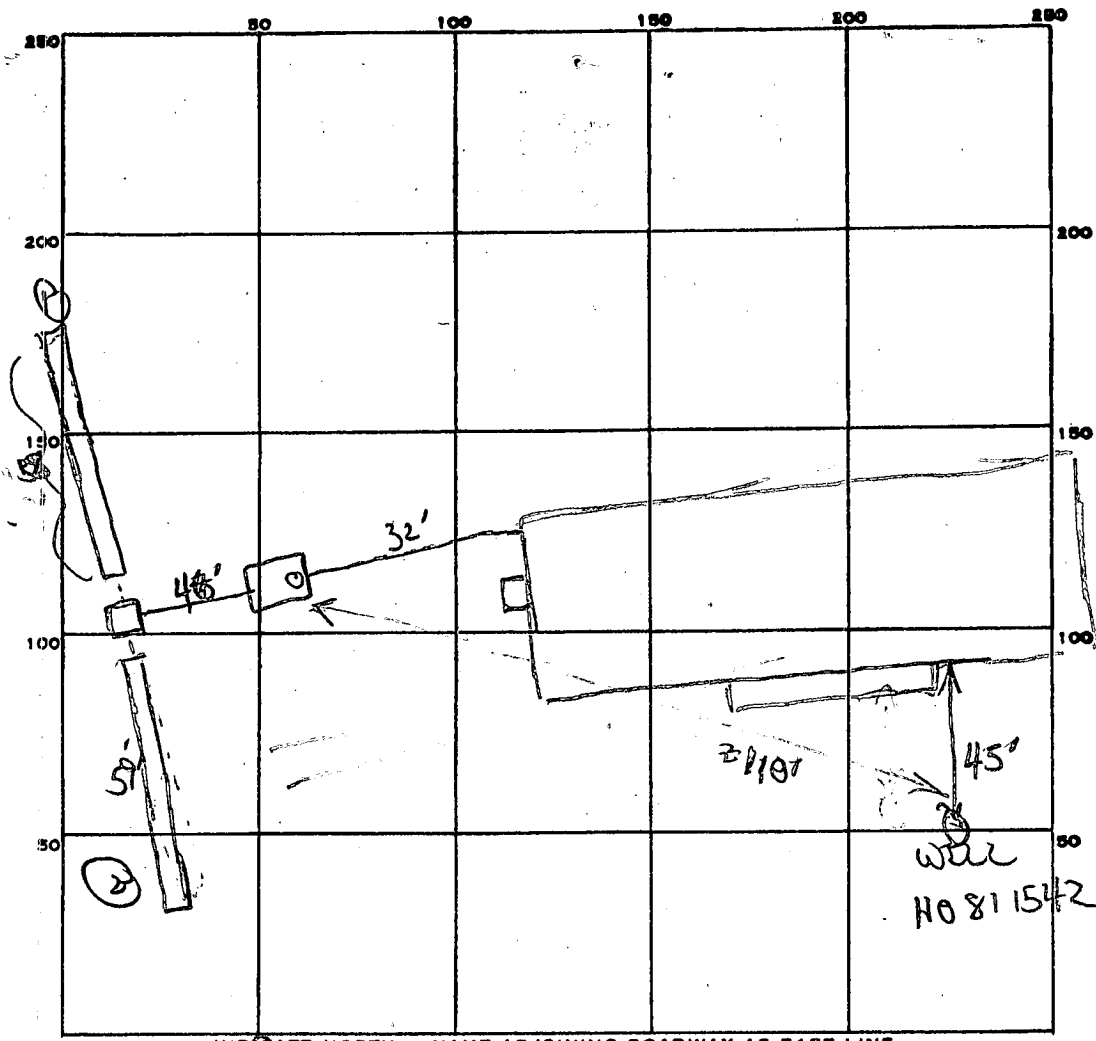
Serial # 14619  
family room

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34935



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BARNARD WAY

PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 1/2 + 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 + 5 IN. TOTAL LENGTH 58 + 59 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 290 + 295

59  
5  
295  
290  
485

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 485 SQ. FT.

REMARKS 9/22/86 OK to finish digging trench #1 + add stone pipe paper. OK to start trench #2

9/23/86 OK to add paper to trench #1 + cover, OK to finish adding stone pipe paper to trench #2; OK to corner #2 + all other work

DATE SYSTEM APPROVED

9/23/86

INSPECTOR

B. Byron

10/3/86

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

New Installation  Replacement   
Name of Installer J. JOS. GARTLAND INC. Telephone 875-2400  
License number 1713  
Certified Well Pump Installer  Well Driller  Registered Plumber   
Name of Property Owner GARY, DARTON JR, AND PAUL BARNARD Telephone ~~875-2400~~ 489-7621  
Subdivision MATHIS PROPERTY Lot # 4 Well tag # - - -  
Site Address 12494 BARNARD WAY

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make Goulds  
3. Model # 5E505412  
4. Capacity 5 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 Howard  
2. Model # PT800  
3. Depth

Tank  
1. Capacity 42 gal  
2. Pressure relief value? 75 psi

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

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

10/3/86 all work completed inside & out. Pitless 4' below grade

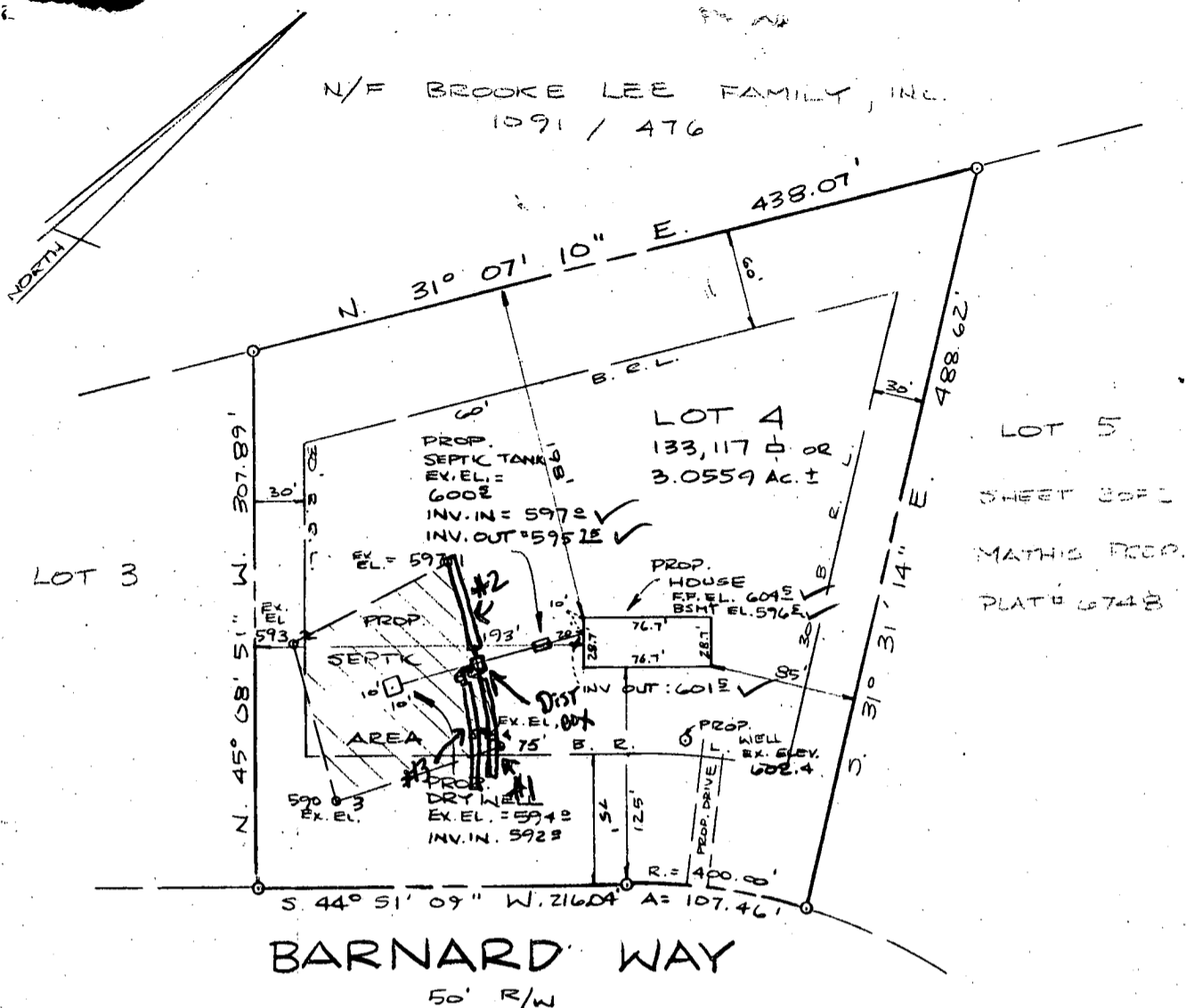
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: [Signature]  
Date: 9/25/86

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

N/F BROOKE LEE FAMILY, INC.  
1091 / 476



LOT 5  
SHEET 309 L  
MATHIS PROP.  
PLAT # 674 B

**BARNARD WAY**  
50' R/W

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

BLDG. PERMIT SIGNED  
AND RETURNED 7/18/86 SA  
BP #71803

Change Above Septic to  
Deep Trenches

Inlet 3.5'  
Bottom 8.5'  
194 #/BR

4 BR House Need 156 Ft  
Trench

LOCATION AS SHOWN ABOVE

TRENCH #1 50'  
#2 55'  
#3 60'

PLOT PLAN

LOT 4, SECTION I, SHEET 10 OF 2,  
**MATHIS PROPERTY**

A RESUBDIVISION OF LOT 1  
SITUATED ON BARNARD WAY  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

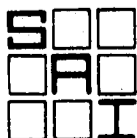
SCALE: 1" = 100' JULY 1986

EXISTING GRADE AT DIST. BOX 598  
INLET INTO TRENCH 594.5  
LAST 10 FE OF PIPE FROM HOUSE TO ST 1/4" / 1"  
MAXIMUM SLOPE.

Elevations ok w/ changes  
copy sent to Barnard Const.  
7/18/86



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) 820-2890

REFERENCE  
PLAT # 6747

JOB NO.  
251 - 379

# APPLICATION

*Paul  
H/2/85  
9:30 AM  
2/24/85*

A 34935

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

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

DATE 2-6-85

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 Harry, Dayton, Paul Barnard

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

PROPERTY LOCATION: Service Rd off 144 East 32

SUBDIVISION Mathis Property 12494 BARWARD WAY LOT NO. 4

ROAD AND DESCRIPTION M 970 (970F) (Mathis Drive)

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. Harry M. Barnard  
(SIGNATURE OF APPLICANT)

APPROVED BY Lidney Abel FOR Deep Trenches DATE 2-10-85

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

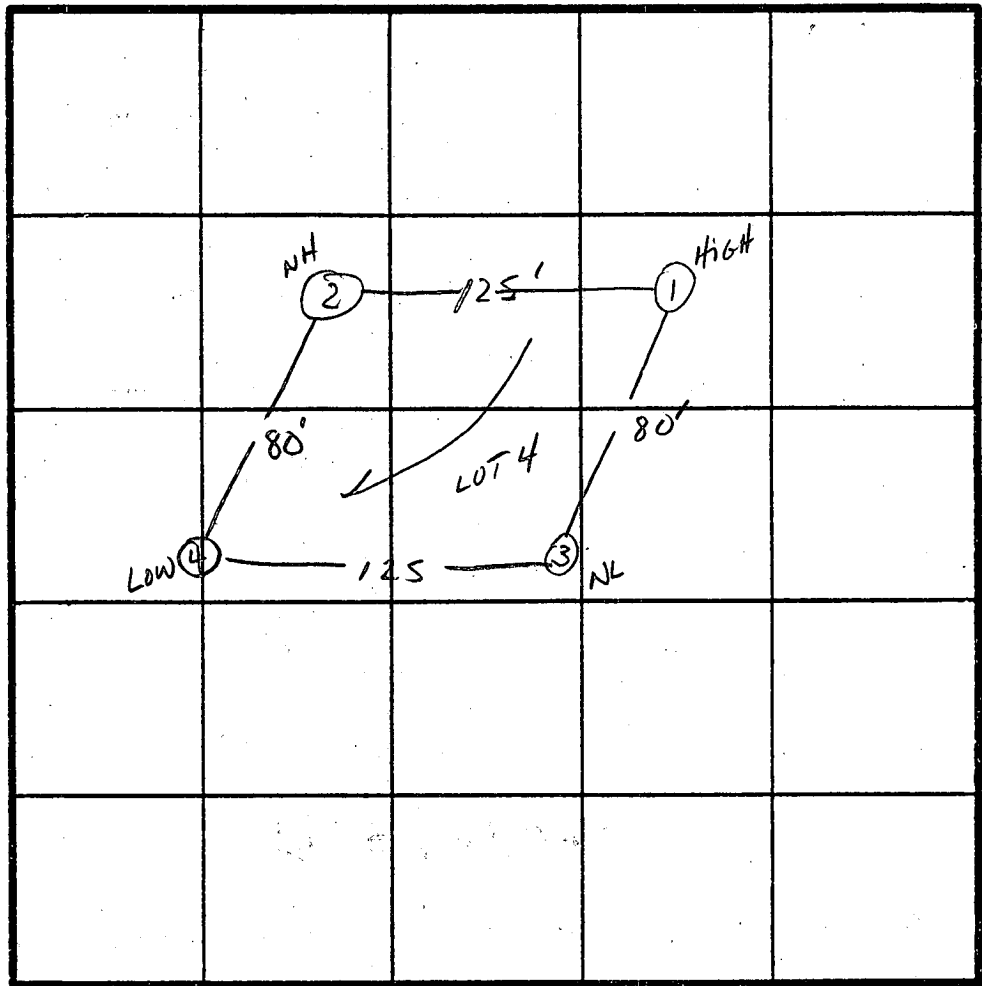
REASONS FOR REJECTION OR HOLDING 2-26-85 SATISFACTORY PERC TEST, HOLD FOR CERTIFIED

HOLE LOCATION. STABLE

BLDG. PERMIT SIGNED  
AND RETURNED 7/18/86 SA  
BP # 71803

# THIS IS NOT A PERMIT

Rt 70



① ③  
SOIL PROFILE

0" AG-3  
BROWN CLAY LOAM  
210% SAPROLITE

3' BROWN SAND LOAM  
10-20% SAPROLITE

12' SAND LOAM  
30-40% SAPROLITE

13'

④  
AG-3  
RED BROWN CLAY LOAM  
210% SAPROLITE

4' BROWN SAND LOAM  
20-30% SAPROLITE

11' BROWN SAND LOAM  
550% SAPROLITE  
NON-STRUCTURED

12'

②  
AG-3  
RED BROWN CLAY LOAM  
10-20% SAPROLITE

3.5' RED BROWN SAND LOAM  
10-20% SAPROLITE

5' BROWN SAND LOAM  
30-40% SAPROLITE

12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ Rt 144 ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/26/85	1S	3'	10:07	10:14	10:14	10:28	14min
	1V	13'	UNIFORM SOIL STRUCTURE		3-12' ↑ in SAPROLITE		12-13'
	2S	4'	10:12	10:18	10:18	10:34	16min
	2V	12'	UNIFORM SOIL STRUCTURE		5-12'		
	3S	3.5'	10:31	10:33	10:33	10:38	5min
	3V	12.5'	UNIFORM SOIL STRUCTURE		4-12' ↑ in SAPROLITE		12-12.5'
	4S	4'	10:39	10:51	10:51	11:11	20min
	4V	12'	UNIFORM SOIL STRUCTURE		4-11' ↑ in SAPROLITE		11-12'

̄ Perc Time  
14min  
INLET 3.5'  
BOTTOM MAX  
8.5'  
12-12.5'

EH-12-1079

REMARKS \_\_\_\_\_

TYPE OF SOIL Glenny / Chester Association

TESTED BY SABEL

Will Hopkins - Excavator

ALSO PRESENT GERRY, DAYTON, PAUL

C1 00571

SEQUENCE NO. (OEP USE ONLY)

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 34935

DATE RECEIVED

DATE WELL COMPLETED 020286

DEPTH OF WELL 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1542

OWNER BARNARD CONSTRUCTION last name first name STREET OR RFD BARNARD'S WAY TOWN WEST FRIENDSHIP SUBDIVISION MATHIS PROPERTY SECTION LOT 4

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Shaly, Sand Stone, Micka, Sand Stone, Micka.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 25(22) NO. OF POUNDS 2500 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 41 ft.

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT) MAIN Nominal diameter CASING TYPE (P, L, G, S) Total depth of main casing (nearest inch) 55

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) DEPTH (nearest ft.) 52, 320

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

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 35 WHEN PUMPING 265 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

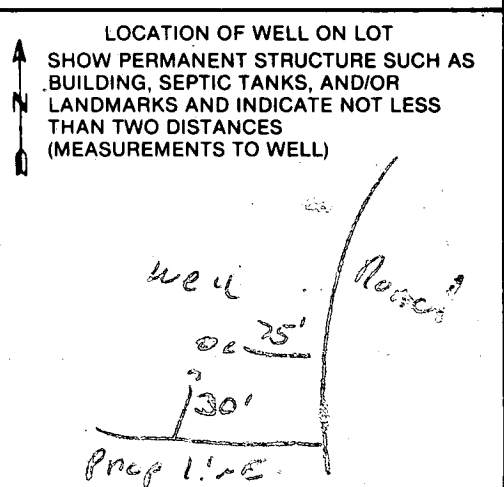
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA



**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-1542  
 Location of property (road) 144  
 Subdivision MATH'S PROP Lot 4 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner BARBARA BUILDERS

Depth of well 320 FT  
 Distance of measuring point (M.P.) above ground 30 FT  
 Static water level (S.W.L.) below M.P. 35 FT

I. High rate pumping -- reservoir drawdown  
 Time pump started 9:15 Pumping rate 10.5 G.P.M.  
 Total time 1:20 min to reach pumping water level 265 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	265 FT	44 sec		7 1/2 G.P.M.
11:00	265	44		1 1/2
11:15	265	44		1 1/2
11:30	265 FT	44 sec		1 1/2 G.P.M.
11:45	265	44		1 1/2
12:00	265	44		1 1/2
12:15	265 FT	44 sec		1 1/2 G.P.M.
12:30	265	44		1 1/2
12:45	265	44		1 1/2
1:00	265 FT	44 sec		1 1/2 G.P.M.
1:15	265	44		1 1/2
1:30	265	44		1 1/2
1:45	265 FT	44 sec		1 1/2 G.P.M.
2:00	265	44		1 1/2
2:15	265	44		1 1/2
2:30	265 FT	44 sec		1 1/2 G.P.M.
2:45	265	44		1 1/2
3:00	265	44		1 1/2
3:15	265 FT	44 sec		1 1/2 G.P.M.
3:30	265	44		1 1/2
3:45	265	44		1 1/2
4:00	265 FT	44 sec		1 1/2 G.P.M.
4:15	265	44		1 1/2
4:30	265	44		1 1/2
4:45	265 FT	44 sec		1 1/2 G.P.M.

55 FT R 41 G.P.M. 25 min

Only  
465 gal  
total  
3  
 w/ draw down to 265'

B 1 1735

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1542 fill in this form completely

Date Received 7/3/86

OWNER INFORMATION

BARBARA O'CONNOR 1035 S MICHEALS RD W + AIRY MD 21221

B 3

LOCATION OF WELL

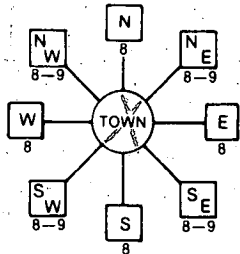
HOWARD COUNTY SECTION 1 LOT 4 WEST FRIENDSHIP MILES FROM TOWN MI

DRILLER INFORMATION

Ralph Mayne 273 Driller's Name 77 License No. 80 Firm Name Ralph Mayne (well services) Address 9126 Brecken Church Rd Mt Airy Signature Ralph Mayne Date 5/30/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



BLADENBURG WAY NEAR WHAT ROAD

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



75 DISTANCE FROM ROAD

ENTER FT or MI 75

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)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A 3925 OEP SIGNATURE DATE ISSUED CO SIGNATURE EXP. DATE NORTH GRID 536000 EAST GRID 0815000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D 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

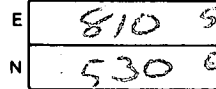
FORCE PERMIT No. 40-81-1542

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

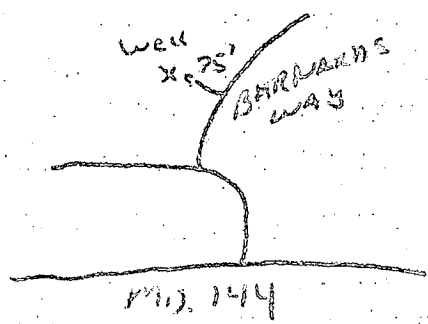
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

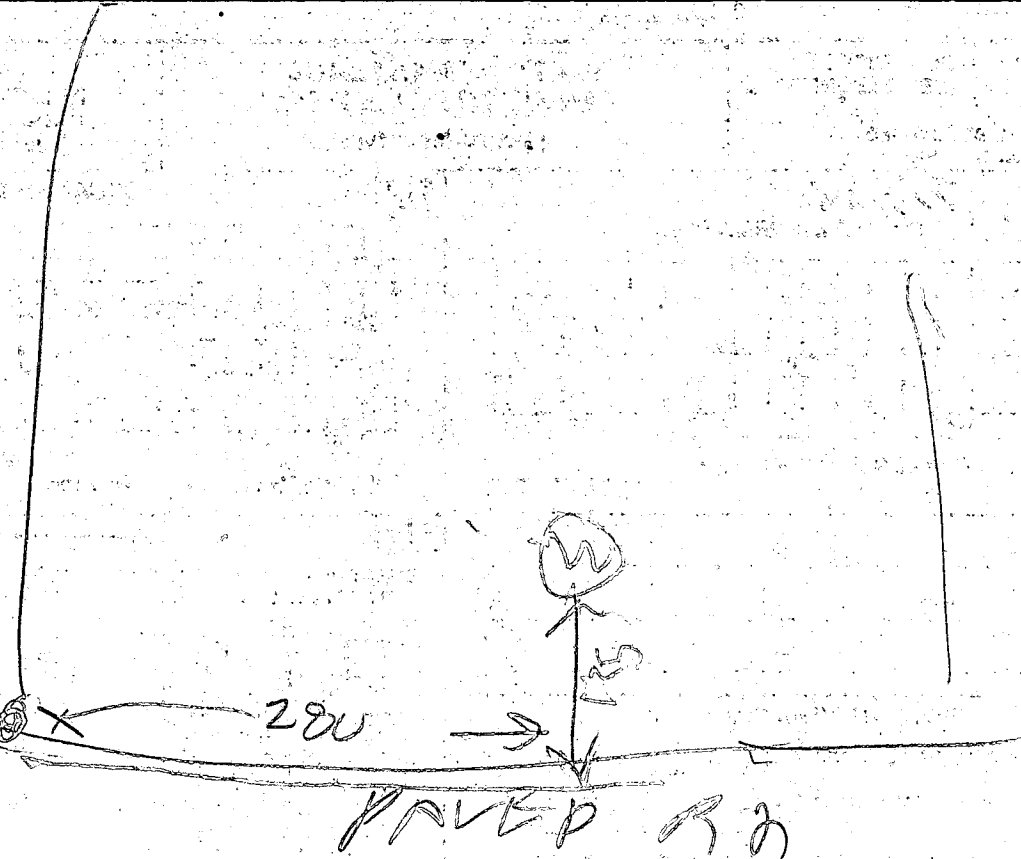


DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

N



STARCO  
Lot 384



7/3/80

- ① Pump Test Yesterday see blue sheet  
No inspector present Water Sample  
left in 2 Coke bottles & gave to R H
  - ② 55 FT CASING 3 FT OUT OF GROUND
  - ③ 41 FT OPEN HOLE
  - ④ Checked Front LOCATION OK
  - ⑤ 22 BAGS
  - ⑥ WELL OK
- They have 25 bags R Hodger

10:00 AM - C.H.S.

Page of  
Date July 2, 1984

Review H 9788

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1542  
Location of property (road) Barranda Way  
Subdivision Mathis Property Lot 4 Block      Plat      Sec.       
Well Driller Ralph Royal Owner Barranda Construction

Depth of well 320  
Distance of measuring point (M.P.) above ground 397  
Static water level (S.W.L.) below M.P. 35

I. High rate pumping -- reservoir drawdown

Time pump started 9:15 Pumping rate 10 GPM  
Total time 1 1/2 HR to reach pumping water level 265 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1045		44 SEC		1 1/2
445		44 SEC		1 1/2
Note Well Pumped 2 July 86 But no inspector present at that time R. Hodges				
		265		
		35		
		<u>230</u>		
		125		
		<u>115</u>		
		230		
		<u>345</u>		
		120		
		<u>465</u> short		

Building Address 12494 Barnard Way  
West Friendship, Maryland 21794

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6030 Subdivision Mathis Property

Section I Area NA Lot 4

Tax Map 15 Parcel 239 Grid 12

Zoning RR-REP Map Coordinates 1003 Lot size

Property Owner's Name Robert Rich

Address 12494 Barnard Way

City West Friendship State MD Zip Code 21794

Home Phone (410) 992-8237 Work Phone N/A

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFO

Proposed Use SFO with bath extension

Estimated Construction Cost \$ 14,000.00

Description of Work Add 8'x10' master bath extension with new whirlpool tubs over crawl space

Contractor Company Barnard Bros. Construction

Contact Person Garry M. Barnard

Address 1612 Brittle Branch Way

City Woodbine MD State MD Zip Code 21797

License No. MDEC # 17916

Phone (410) 489-7621 Fax (410) 489-7621

Occupant or Tenant \_\_\_\_\_

Contact Name Same as owner

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ Depth <u>8'</u> Width <u>10'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>N/A</u>	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Garry M. Barnard  
 Applicant's Signature  
Barnard Bros. Const. Pres.  
 Title/Company

Garry M. Barnard  
 Print Name  
1/24/01  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	<u>1/24/01</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>1/24/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

**DPZ SETBACK INFORMATION**

Front: 75'

Rear: 60'

Side: 30'

Side St.: N/A

All minimum setbacks met?  
 YES  NO

Is Entrance Permit required?  
 YES  NO

Historic District?  
 YES  NO

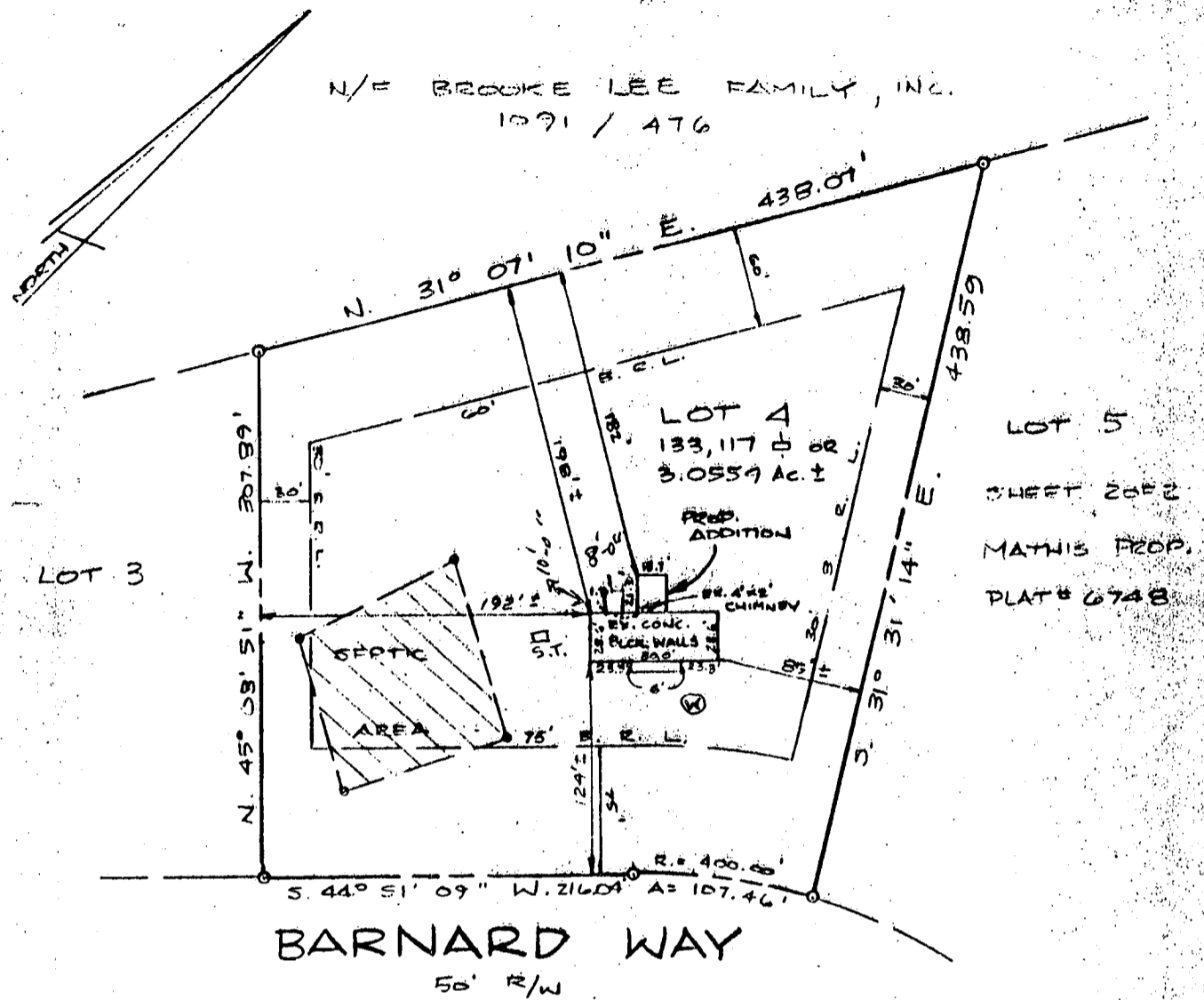
Lot Coverage for New Town Zone NONE

SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 49420

Filing fee	\$
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
<b>TOTAL FEES</b>	<b>\$</b>
Balance due	\$
Check	#
Validation	#

Accepted by \_\_\_\_\_



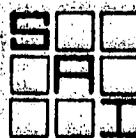
PLAT OF RECORD NOTE: There is a 25' wide revertible slope easement along all road frontage lot lines.

1/24/01  
 Proposed addition  
 or as shown.  
 (DKC)

PLOT PLAN  
 LOT 4, SECTION I, SHEET 10#2,  
**MATHIS PROPERTY**  
 A RESUBDIVISION OF LOT 1  
 #12404 BARNARD WAY  
 THIRD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' SEPTEMBER, 1986



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) 829-2880

REFERENCE	JOB NO.
PLAT # 6747	251 - 379