

11/25  
10:30  
11/27/87  
10:30 AM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

03-31163

INDEXED

P 40363

A 34937

DISTRICT 3rd

DATE 10/28/87

DATE SYSTEM APPROVED 11/27/87

INSPECTOR RH

Dave Hopkins IS PERMITTED TO INSTALL  ALTER

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

SUBDIVISION Mathis Property ROAD 12482 Barnard Way LOT 6

PROPERTY OWNER Barnard Construction

**BUILDING PERMIT SIGNED  
AND RETURNED**

ADDRESS \_\_\_\_\_

102703-800144671-STORAGE BUILDING

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 - 158 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:- Place the distribution box 310 feet down the right (638.95') lot line and 80 feet from the right (638.95') lot line as seen when facing the lot from Barnard Way. Run trenches on contour toward the right back and left front 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/SA*

PLANS APPROVED BY S. Abel DATE 10/02/87

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.

**BOG. PERMIT SIGNED  
AND RETURNED**  
5/25/89  
Serial # 25795 desk

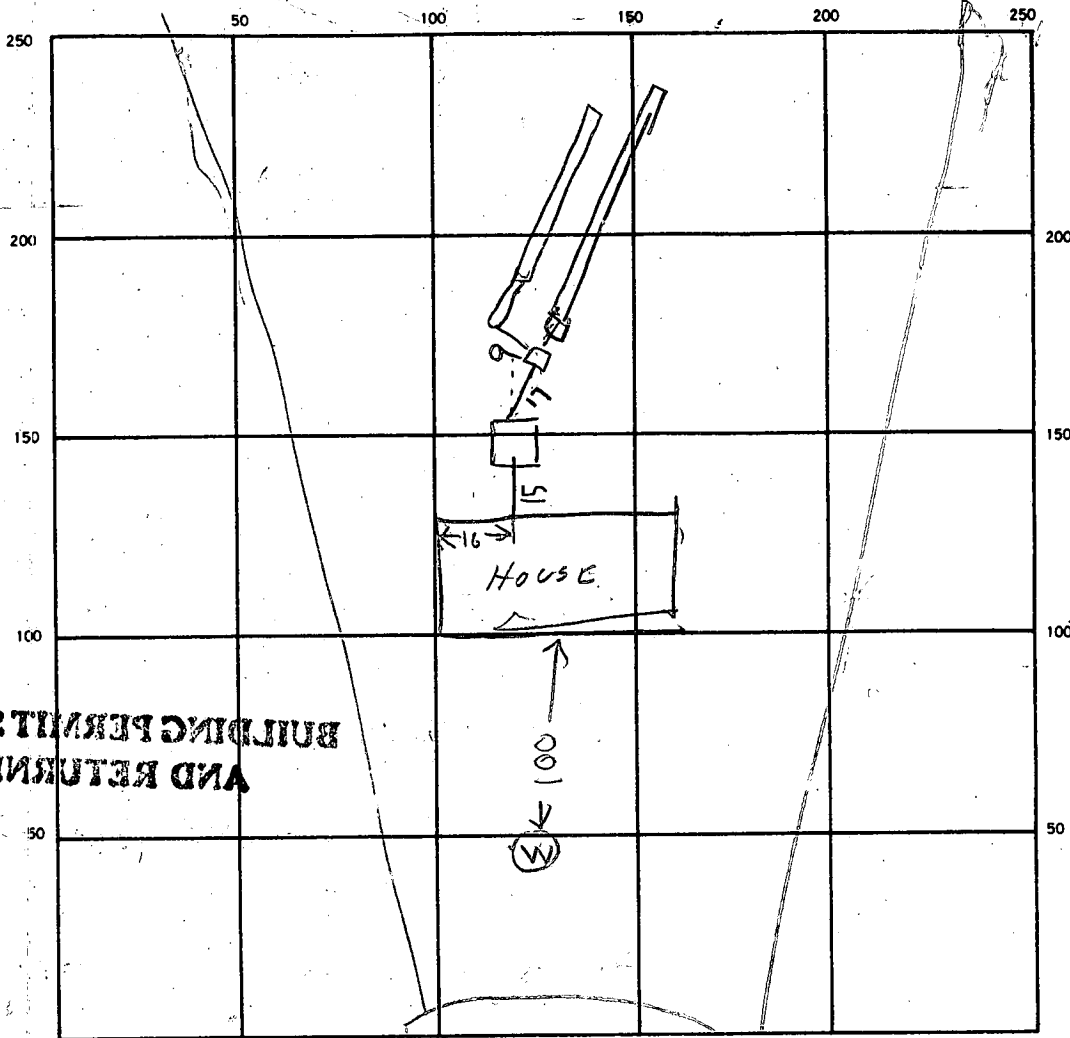
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

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

EH - 2-1186

A 34937

**BUILDING PERMITTED  
AND RETURNED**



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BARNARD WAY

SEPTIC TANK LEVEL 1250 CLEANOUTS SF O/C

DISTRIBUTION BOX LEVEL 320

DRAIN FIELD/TILE FIELD DEPTH 1 1/2 / 2.5 / 3.5 FT. TRENCH WIDTH 1 1/2 / 2 / 2 FT. INLET DEPTH 1 1/2 / 3 / 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 / 5.5 / 5.5 FT. TOTAL LENGTH 1 / 76 / 2 / 53 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 4.8 / 29 / 2 / 7.09 SQ. FT. TOTAL REQUIRE 632

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

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 11/27/87<sup>1030</sup> - LOCATED O/C. ADD STONE TO TRENCH #1  
DIG TRENCH #2 BY 11/27/87<sup>1229</sup> TRENCH #2 DUG. ADD STONE BY  
11/27/87<sup>203</sup> TRENCH #2 FINISH #17

DATE SYSTEM APPROVED 11/27/87 INSPECTOR Raymond Hodges

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34937

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

P \_\_\_\_\_

DISTRICT 3<sup>rd</sup>

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 Gary, Dayton Jr., Paul Barnard ✓

ADDRESS 1035 St. Michael Rd Mt. Airy MD 21771 PHONE 499-7621

PROPERTY LOCATION: Service Rd off 144 East 32

SUBDIVISION Mathis Property LOT NO. 6

ROAD AND DESCRIPTION M 970 (970E) (Mathis Drive) 12482  
12420 BARNARD WAY

SIZE OF LOT 3.7 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.

Gary M. Barnard  
(SIGNATURE OF APPLICANT)

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

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

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

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

MOLE LOCATION SAbel

BLDG. PERMIT SIGNED  
AND RETURNED 10/7/87

BP 14912  
SAbel

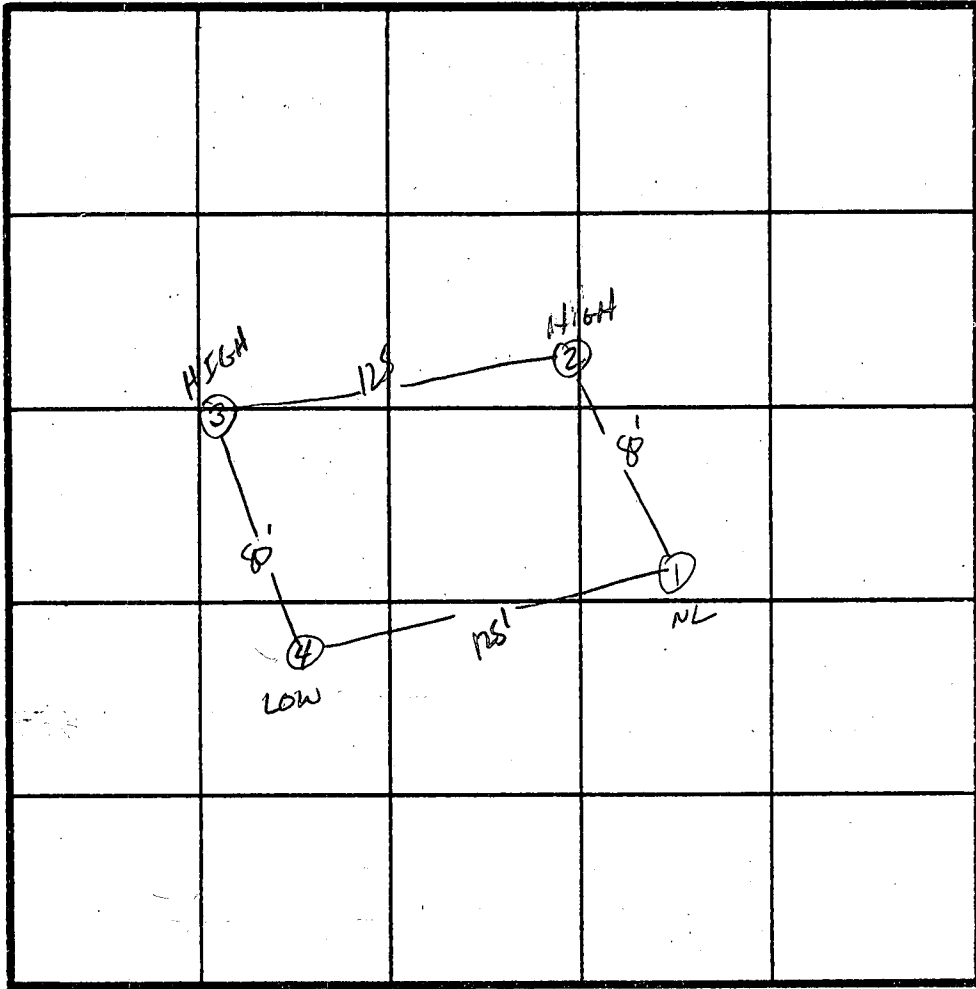
# THIS IS NOT A PERMIT

RT I-70

① ②  
SOIL PROFILE

3"-9"  
AP  
BROWN CLAY LOAM  
410%  
SAPROLITE  
3'  
BROWN SILTY SAND  
MICACEOUS  
20-30%  
SAPROLITE  
12'

④  
AP  
BROWN CLAY LOAM  
410%  
SAPROLITE  
3'  
BROWN MICACEOUS SAND  
20-30%  
SAPROLITE  
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

X PERCENT TIME  
4 MIN  
INLET 3 FT  
BOTTOM MAX  
8 FT

③  
AP  
BROWN SILTY CLAY 410%  
SAPROLITE  
BROWN MICACEOUS SAND  
20-30%  
SAPROLITE  
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/26/85	1S	2:5'	11:53	12:02	12:02	→ TOO SLOW P 30 MIN	
	1V	12'	UNIFORM SOIL STRUCTURE Below 3'				
	2S	3'	12:01	12:04	12:04	12:10	6 MIN
	2V	12'	UNIFORM SOIL STRUCTURE Below 3'				
	3S	3'	12:14	12:14:45	12:14:45	12:16:15	1 min 30 sec
	3V	12'	UNIFORM SOIL STRUCTURE Below 2.5'				
	4S	3'	12:19	12:21	12:21	12:25	4 MIN
	4V	12'	UNIFORM SOIL STRUCTURE Below 3'				
	1M	3.5'	OPPOSITE END OF TRENCH	12:38	12:54	12:54	1:20 - LESS THAN 1/2" PERC. FAILED
	1MA	4'	OPPOSITE END OF TRENCH	1:19	1:19:30	1:19:30	1:21:15 1 min 45 sec.

REMARKS

TYPE OF SOIL

Glennly association

TESTED BY

S. Abel

ALSO PRESENT

Will HOOKINS

GERRY, PAUL, DAYTON

**B 1** 1739 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

70 71 72 73 74 75 76 77 78 79

fill in this form completely

**Date Received**

**OWNER INFORMATION**

8 13

15 Last Name BARKLAW Owner COAST First Name

36 JCS Street or RFD ST MICHAEL'S RD 55

57 MT AIRS Town 70 State 72 MD Zip 21157 76

**B 3** LOCATION OF WELL

8 COUNTY HAWKINS 21

23 SUBDIVISION CROFTON HILLS 42

SECTION 1 44 46 LOT 2 48 50 MURPHY PROP

52 NEAREST TOWN WEST FARMERSVILLE 71

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

**DRILLER INFORMATION**

Driller's Name Ralph Mayne 77 License No. 003 80

Firm Name Ralph Mayne Well Drilling

Address 5170 Breun Church Rd Mt Airy

Signature Ralph Mayne Date 5/30/86

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Burnhams way 30

CN WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 25 37 DISTANCE FROM ROAD

ENTER FT or MI 25 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

County Name Hawkins County No. 234937

OEP SIGNATURE Ralph Mayne STATE HEALTH INSERT S  41

DATE ISSUED DEC 1 1986 CO SIGNATURE Carol W. Olan EXP. DATE

NORTH GRID 536000 50 55 EAST GRID 0815000 57 63

APPROXIMATE DEPTH OF WELL 150 24 28 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

SOURCES OF DRILLING WATER

1. well

2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

810 5  
530 6

000  
000

7/7/86  
NOT PRESENT FOR  
GROUT SALT  
M.D. 144

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

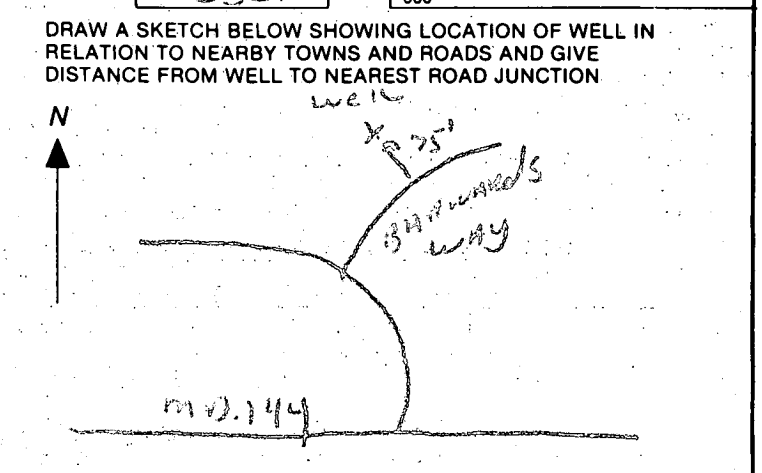
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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) \_\_\_\_\_ 41 \_\_\_\_\_ 52



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ 54 GAP \_\_\_\_\_ 63

FORCE CL WRITE INITIALS IN BOX PERMIT NO. 11-21-1544 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 **2590** 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 34937**

DATE RECEIVED  
 [ ] [ ] [ ] [ ] [ ] [ ]

DATE WELL COMPLETED  
**070886**

Depth of Well  
**260**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-81-1544**

OWNER **BARNARD CONSTRUCTION**  
 STREET OR RFD last name **BARNARD WAY** first name TOWN **WEST FRIENDSHIP**  
 SUBDIVISION **MATHIS PROPERTY** SECTION LOT **6**

**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	25	
Sand Stone	25	35	✓
Micka	35	50	
Sand Stone	50	60	✓
Micka	60	260	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **90** NO. OF POUNDS **20**  
 GALLONS OF WATER **54**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **33** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **35**  
 (Handwritten: *35' - 1" hole*)

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 (Handwritten: *3" 10' 20' 30'*)

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO** STEEL BRASS OPEN HOLE  
**PL** **OT** PLASTIC OTHER  
**C2**

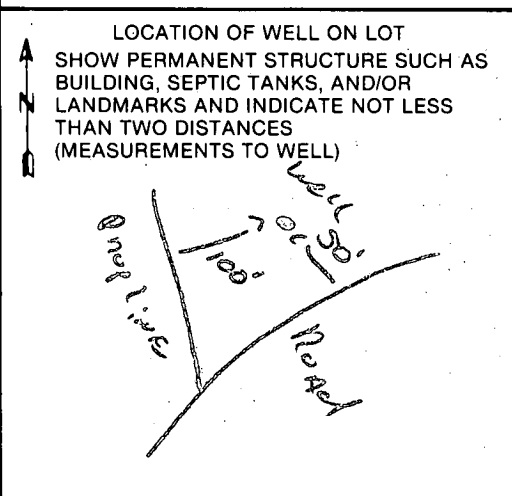
**DEPTH (nearest ft.)**  
 EACH SCREEN  
**HO** **33** **260**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

**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.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **83** WHEN PUMPING **200**  
 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: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above } LAND SURFACE (nearest foot) **-** below }



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. **253**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Kaplan Mayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Page \_\_\_\_\_ of \_\_\_\_\_  
 Date 7/8/86

Review OK'd (Pw) 8/19/86

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO-81-1544  
 Location of property (road) BARNARD'S WAY  
 Subdivision MATHIS PROPERTY Lot 6 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller RALPH MAYNE Owner BARNARD CONST.

Depth of well 260 ft  
 Distance of measuring point (M.P.) above ground 1 ft  
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown  
 Time pump started 9:00 Pumping rate 10.6 g.p.m  
 Total time 60 min to reach pumping water level 200 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 I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	200 ft	20 sec		3 g.p.m
9:15	200	20		3
9:30	200	20		3
9:45	200 ft	20 sec		3 g.p.m
10:00	200	20		3
10:15	200	20		3
10:30	200 ft	20 sec		3 g.p.m
10:45	200	20		3
11:00	200	20		3
11:15	200 ft	20 sec		3 g.p.m
11:30	200	20		3
11:45	200	20		3
12:00	200 ft	20 sec		3 g.p.m
12:15	200	20		3
12:30	200	20		3
12:45	200 ft	20 sec		3 g.p.m
1:00	200	20		3
1:15	200	20		3
1:30	200 ft	20 sec		3 g.p.m
1:45	200	20		3
2:00	200	20		3
2:15	200 ft	20 sec		3 g.p.m
2:30	200	20		3
2:45	200	20		3
3:00	200 ft	20 sec		3 g.p.m

35 ft x PL 33 open 9 days

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

12/9/87  
any fin

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer CARLAND Plumbing Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision MATHS PROP. Lot # 6 Well Tag # -15-44  
Site Address 12482 BARNARD WAY

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_  
2. Make \_\_\_\_\_  
3. Model # \_\_\_\_\_  
4. Capacity \_\_\_\_\_ 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 \_\_\_\_\_  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220 \_\_\_\_\_

**Pitless Adapter**  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type \_\_\_\_\_  
2. Size \_\_\_\_\_  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
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? \_\_\_\_\_

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: \_\_\_\_\_

12/9/87 PRESSURE TANK NOT YET INSTALLED  
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

BUT OK TO COVER OUTSIDE WORK RIF?  
HD-215

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

Barwood Const  
1035 St Michaels Rd.  
Mt. Airy N.C.  
\_\_\_\_\_  
(Name)

Lot 6 Mark's Prop  
\_\_\_\_\_  
(Address)

HO 81 1547  
\_\_\_\_\_  
(OEP Well Permit Number)

\_\_\_\_\_  
(Date)

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           

Receipt # 40545  
 Date 10.20.87

Name of Installer J. Joseph Gartland, Inc.

Telephone 875-2400

License number 1713

Certified Well Pump Installer            Well Driller            Registered Plumber            

Name of Property Owner Barnard Construction. Telephone 489-7621

Subdivision Mathis Property. Lot # 6 Well tag #           

Site Address 12482 Barnard Way.

**Pump**  
 1. Type  
     a. Deep well jet             
     b. Shallow well jet             
     c. Submersible              
 2. Make Goulds  
 3. Model # 10EJO5422  
 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 h.p.  
 2. RPM             
 3. Voltage             
     a. 110             
     b. 220            

**Pitless Adapter**  
 1. Make Harvard  
 2. Model # PT-800  
 3. Depth 42"

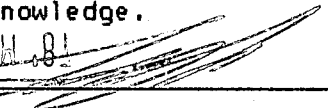
**Tank**  
 1. Capacity 42gal.  
 2. Pressure relief valve? 75psi.

**Piping**  
 1. Type Plastic  
 2. Size 1"  
 3. NSF and/or BOCA Code approved             
 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? no

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: 11/19/87

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

MICHAEL STEWART

PARCEL 239

TAX MAP #15

LOT 6

6748

FILED JUN 4 1986

5/25/89

VISITED SITE  
OK TO SIGN

BIT

LOT 5

130,680 \$ ac  
3.0000 Ac ±

LOT 6

166,341 \$ ac  
3.8187 Ac ±

12'x24'  
PRESSURE TREATED  
DECK

LOT 7

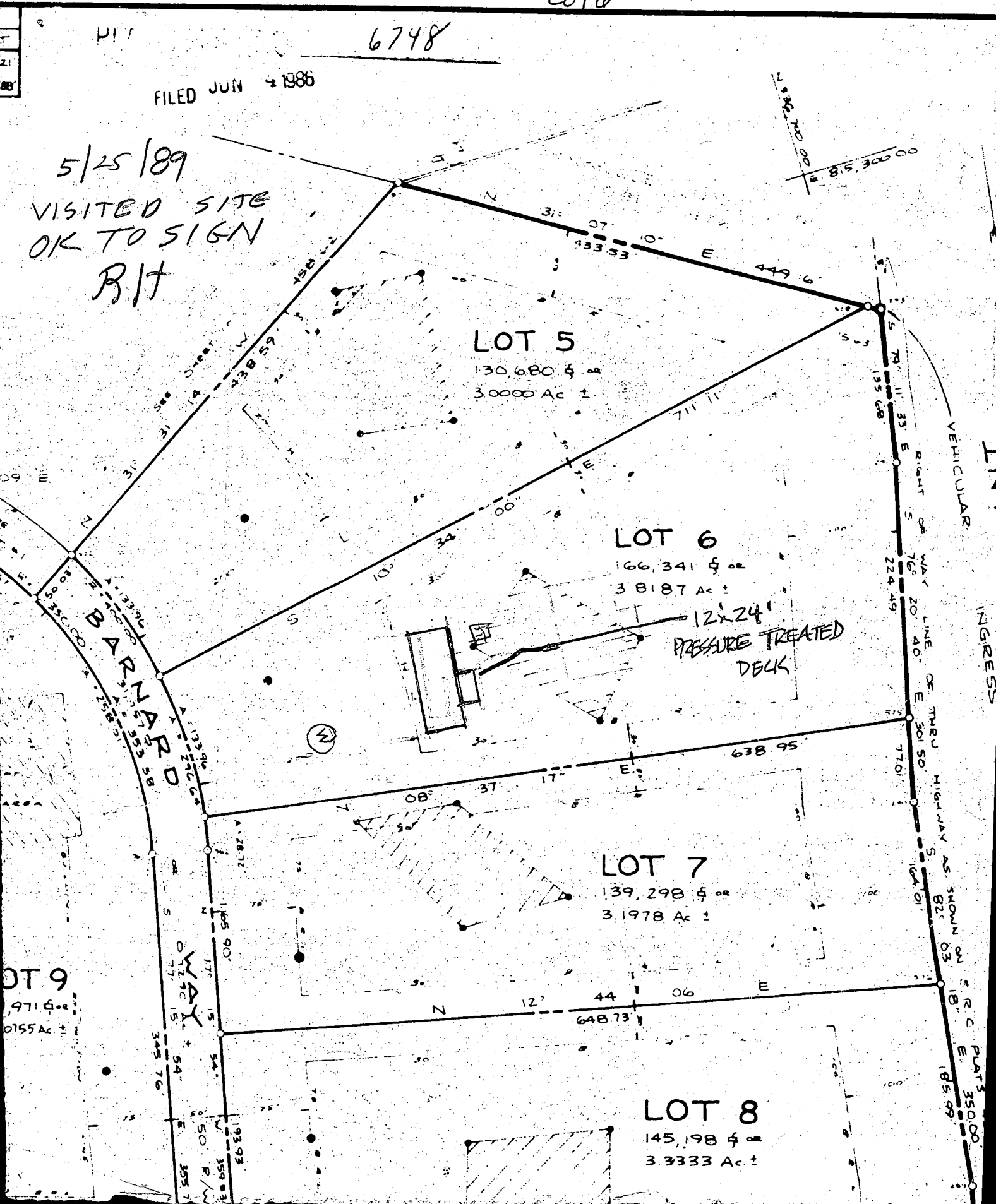
139,298 \$ ac  
3.1978 Ac ±

LOT 8

145,198 \$ ac  
3.3333 Ac ±

LOT 9

19716.00  
0.1555 Ac ±



VEHICULAR  
INGRESS

R/C PLATS  
350.00  
185.99

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

BROCKIE LEE  
FAMILY INC.  
1091/476

**PROP. 2-STORY HSE:**

FF. ELEV. = 602.0 ✓  
BSMT ELEV. = 593.5 ✓  
INV. OUT = 594.0 ✓ NO BSMT

**PROP. SEPTIC TANK:**

EX. ELEV. = 596.5 ✓  
INV. IN = 593.85 ✓  
INV. OUT = 593.6 ✓

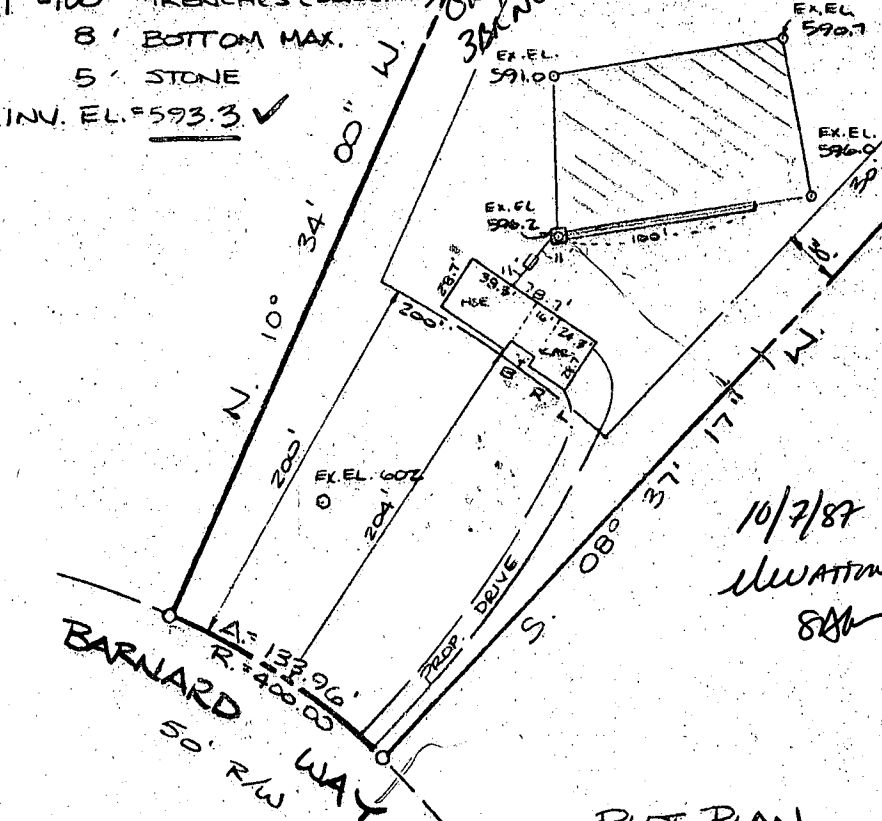
**PROP. DIST. BOX.:**

EX. ELEV. = 596.2 ✓  
INV. IN. = 593.5 ✓

**PROPOSED TRENCHES:**

1 - 100' TRENCHES (LENGTH)  
8' BOTTOM MAX.  
5' STONE  
INV. EL. = 593.3 ✓

OK for  
30' x 100' ASP.



BLDG. PERMIT SIGNED  
AND RETURNED 10/7/87  
BP14912  
SM

10/7/87  
MATTING DR  
SM

**PLOT PLAN  
LOT 6, SECTION I  
SHEET 2 OF 2  
MATHIS PROPERTY**

ARE SUBDIVISION OF LOT ONE  
#12482 BARNARD WAY  
THIRD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

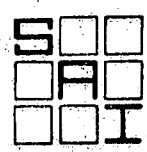
SCALE: 1" = 100' SEPTEMBER 1987

REVISED: 10/05/87 - SEPTIC SYSTEM

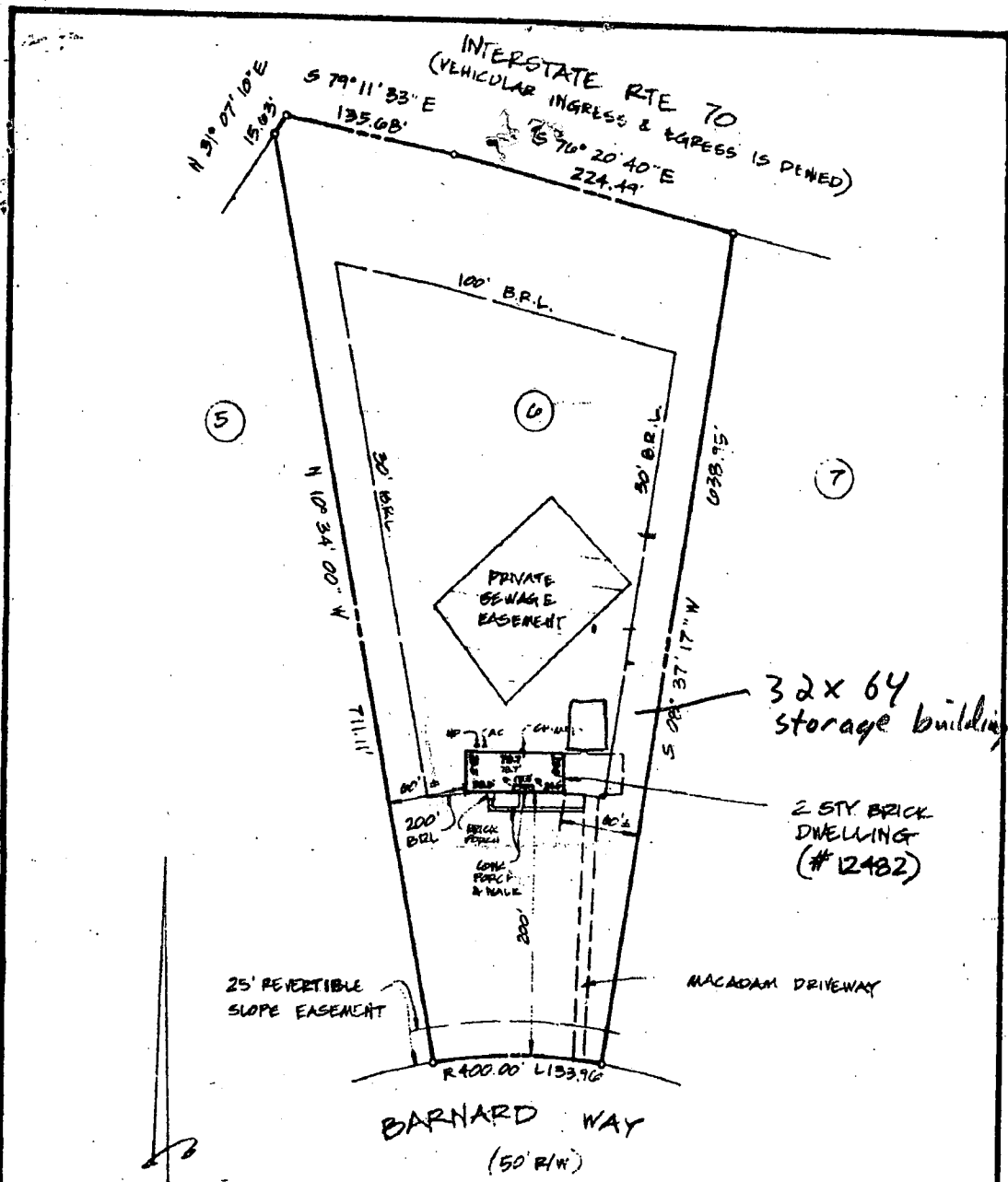


I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
PLAT NO 6748	251-379



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



10/27/03 Site  
proposal visit  
Building OK  
(SO)

B00144671

DEED REFERENCE: 1354/110  
LOT 6  
"MATHIS PROP"  
Δ 6748

3RD ELECT DIST HOWARD CO, MD

Note: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they were erected, unless otherwise noted, and is not to be used to establish property lines or corners.

I hereby certify that I have examined the current Flood Insurance Rate Map (FIRM Map # 240044 0015B) for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having Special Flood or mudslide hazards.



Location Survey of: #12482 BARNARD WAY	job no.: B1208
<b>Vitti, Robel &amp; Associates, Inc.</b> ENGINEERING & SURVEYING 1717 York Road Suite 2B Lutherville, MD 21093 252-4552	scale: 1" = 100'
	date: 11-10-03
	drawn: 772
	checked: