

6/11/87 11 AM

03-31171

PERMIT

P 39088

A 34938

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY

INDEXED

DATE 4/9/87

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE SYSTEM APPROVED 6-11-87

INSPECTOR JEN

{ I.C.O.P. issued only }
Time expired

Dave Hopkins IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Mathis Property ROAD 12476 Barnard Way LOT 7

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 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 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 220 feet from the front (165.90') lot line and 80 feet from the right (649.73') lot line as seen when facing the lot from Barnard Way. Run trenches on contour toward the left (638.95') 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 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.

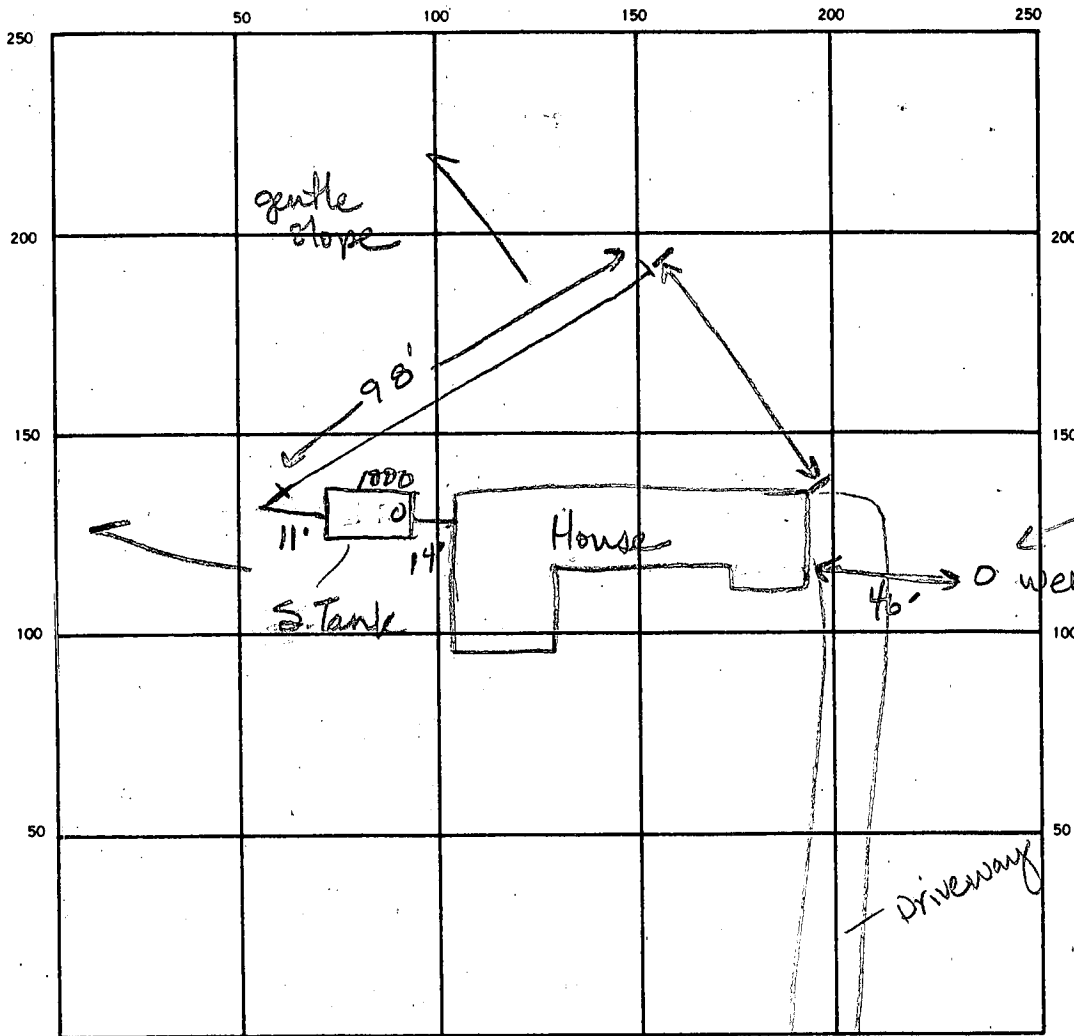
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31938



HO-81-1545

4
98
5
490

Permit
Continue ✓
Final ✓

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

BARNARD WAY

SEPTIC TANK. LEVEL 1000 CLEANOUTS ST

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 8.5-9A TRENCH WIDTH 2 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 5.0 FT. TOTAL LENGTH 98 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 490 SQ. FT.

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

ABSORBENT AREA 490 SQ. FT.

REMARKS Septic tank on opposite side of house due to plumbing outlet. Trench location ok. Ok to add pipe, stone, paper to trench. Ok to finish adding lines to tank. Add cleanout over tank. 6-11-87 JEN Ok to cover ends of trench & s tank. 6-11-87 JEN/BW.

DATE SYSTEM APPROVED 6-11-87

INSPECTOR J. Nadeau

APPLICATION

SEWAGE DISPOSAL TESTING

A 34938

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 Garry, Paul and Dayton Jr., Barnard

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

PROPERTY LOCATION: Service Rd off Rt. 194 east of Rt. 52

SUBDIVISION Mathis Property LOT NO. 7

ROAD AND DESCRIPTION Md. 970 F (Mathis Drive)
1276 BARNARDWAY

SIZE OF LOT 3.2 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.

Hary M. Barnard
(SIGNATURE OF APPLICANT)

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

REJECTED BY _____ FOR _____ DATE _____

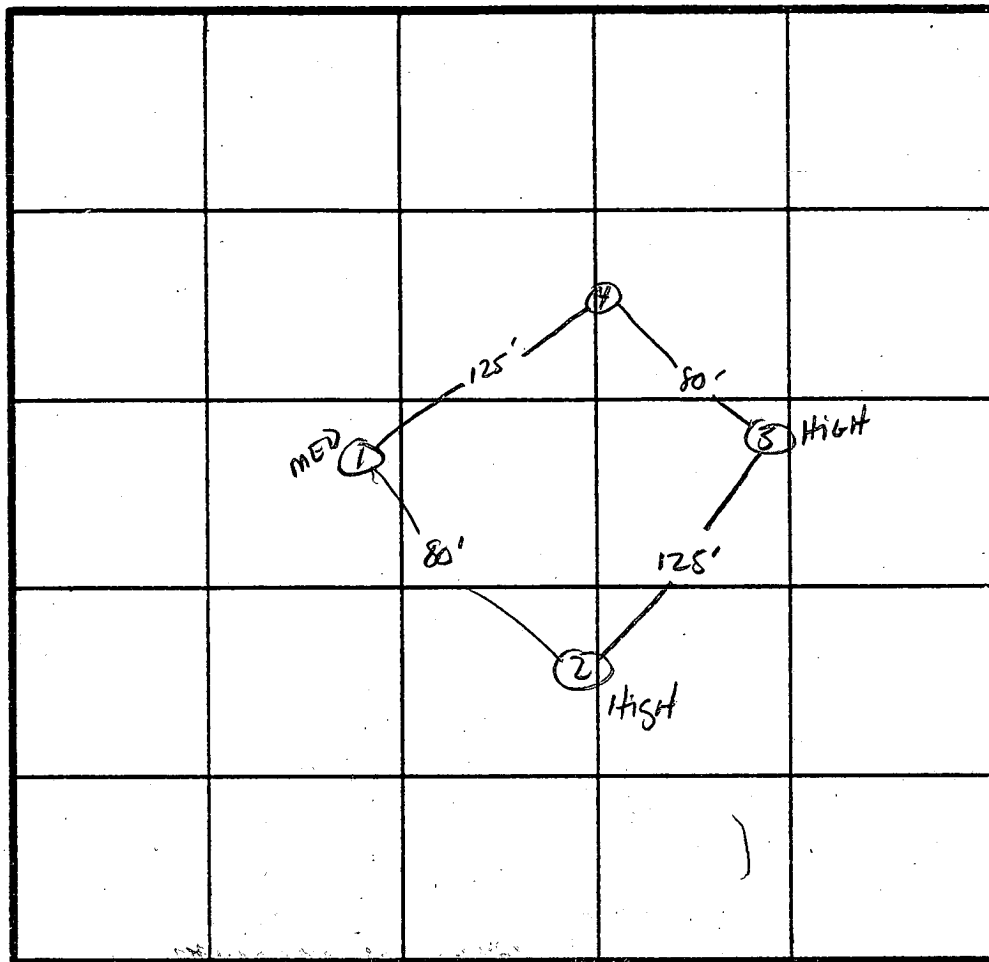
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-26-85 - Incomplete PERC. To complete AT LATER DATE
4/9/85 SATISFACTORY PERC - HOLD FOR SUBDIVISION PLAT. CV

BLDG. PERMIT SIGNED
AND RETURNED 3/31/87
BP# 10681

THIS IS NOT A PERMIT

I-70



①
SOIL PROFILE

0" AP
9" BROWN CLAY LOAM 40% SAPROLITE
2.5' BROWN MICACEOUS SAND

③

6" AP
3.5' BROWN CLAY LOAM 40% SAPROLITE
5' BROWN SILTY SAND 10-20% SAPROLITE
12' GREY BROWN SAND 40-50% SAPROLITE

②

9" AP
3.5' BROWN CLAY LOAM 40% SAPROLITE
6' RED BROWN SILTY SAND 20-30% SAPROLITE
12.5' BROWN MICACEOUS SAND 20-30% SAPROLITE

X PERC TIME
7min
INLET 3.5 FT
BOTTOM MAX 8.5 FT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Rt 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/24/85	15 1V	3.5' 12.5'	1:22	1:23:15	1:23:15	1:25:15	2min	
			UNIFORM SOIL STRUCTURE BELOW 2.5'					
2/26	25 2V	3.5' 12.5'	1:26	1:26:45	1:26:45	1:28:45	2min	
			UNIFORM SOIL STRUCTURE BELOW 6'					
2/26	35 3V	3' 17'	1:31	1:41	1:41	1:58	17min	
			UNIFORM SOIL STRUCTURE BELOW 5'					
3/9/85	35 3V	3' 12'	VISUAL SAND		BELOW 3 1/2'		OK (CLO)	

Hold 4th Hole until sod is removed by owner

REMARKS _____

TYPE OF SOIL _____

S. Abel

Will Hopkins, GERRY,
PAUL DRYDEN

EH-12-1079

B 1 **1740** SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 23 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-150

fill in this form completely

Date Received

OWNER INFORMATION

15 Last Name **MARSHALL** Owner First Name **CONSTANCE**

36 Street or RFD **10555 + MICHAEL'S RD**

57 Town **MT AIR** 70 State **72** Zip **21121**

B 3 LOCATION OF WELL

8 COUNTY **HOWARD**

23 SUBDIVISION **MARSHAL'S PROP**

SECTION **1** LOT **D**

52 NEAREST TOWN **LAUREL**

MILES FROM TOWN (enter 0 if in town) **0** **M I**

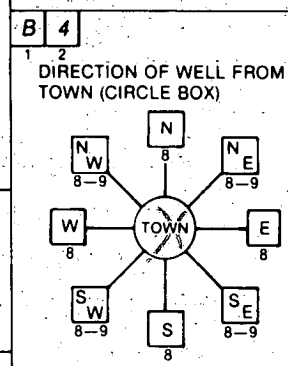
DRILLER INFORMATION

Driller's Name **Ralph Mayne** 77 License No. **823**

Firm Name **Ralph Mayne Well Drilling**

Address **9120 Brown Church Rd Mt Airy**

Signature **Ralph Mayne** Date **5/30/86**



11 NEAR WHAT ROAD **BARBARIC WAY**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH WEST EAST SOUTH

34 DISTANCE FROM ROAD **55** 37

ENTER FT or MI **55**

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)

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 **HOWARD** COUNTY NO. **A 34938**

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **06/11/86** CO SIGNATURE **Chambers** EXP. DATE **12/1/86**

NORTH GRID **536000** EAST GRID **081000**

APPROXIMATE DEPTH OF WELL **150** 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

- STWELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

810

530

000 000

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

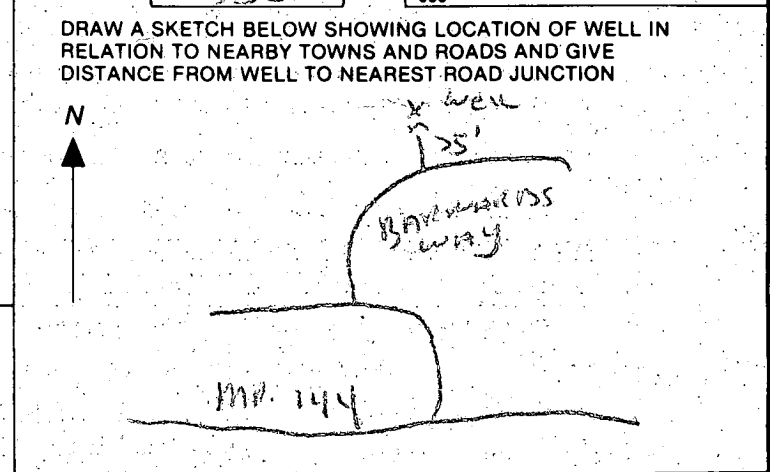
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

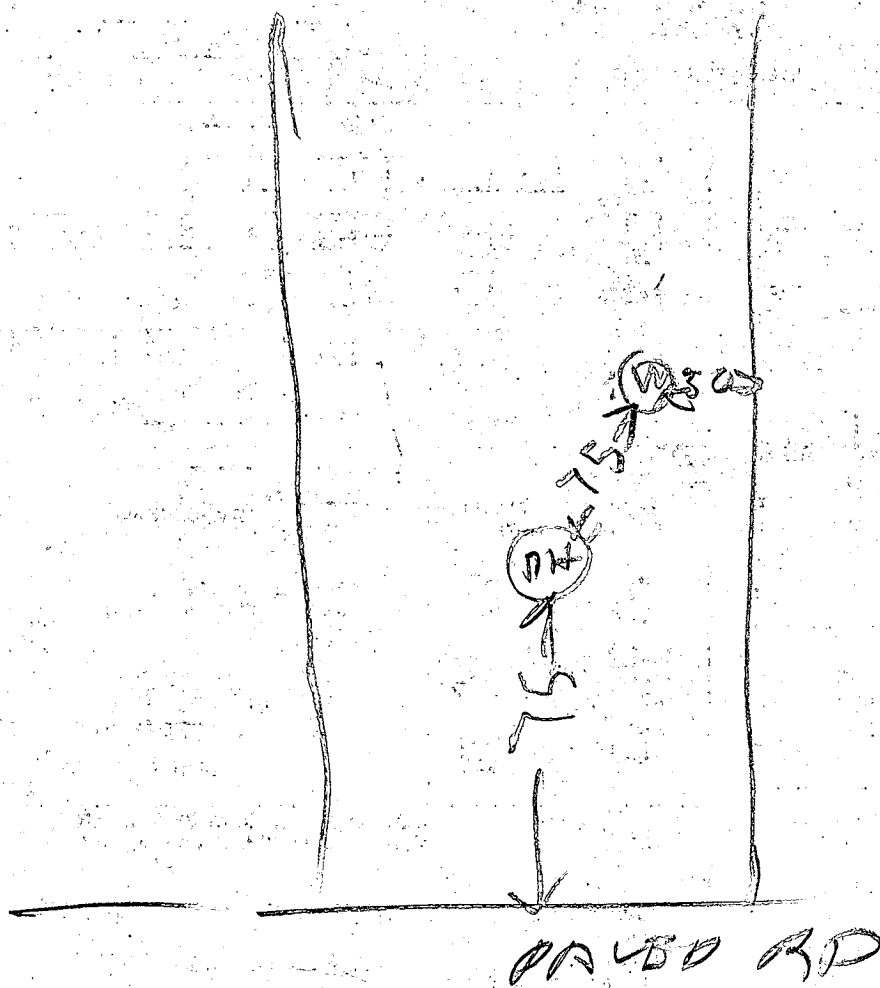


Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **00** WRITE INITIALS IN BOX PERMIT No. **40-81-150**

SPECIAL CONDITIONS



- ① 23 FT CASING 2 FT OUT OF GROUND
- ② 24 FT OPEN HOLE MEASURED WITH A STRING & WEIGHT
- ③ 7 BAGS
- ④ WELL O.K. see other well

7/29/86
 B. R. Dodge

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 # 39325
 Date 5/13/87

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 875-2400

Subdivision MADIS PROPERTY Lot # 7 Well tag # - - -

Site Address 12476 Barnard Way

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

2. Make Gould

3. Model # 10ET05422

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

2. RPM

3. Voltage

a. 110

b. 220

Pitless Adapter

1. Make Howard

2. Model # PT800

3. Depth

Tank

1. Capacity 42

2. Pressure relief value? 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?

Unusually approved. SAK

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).

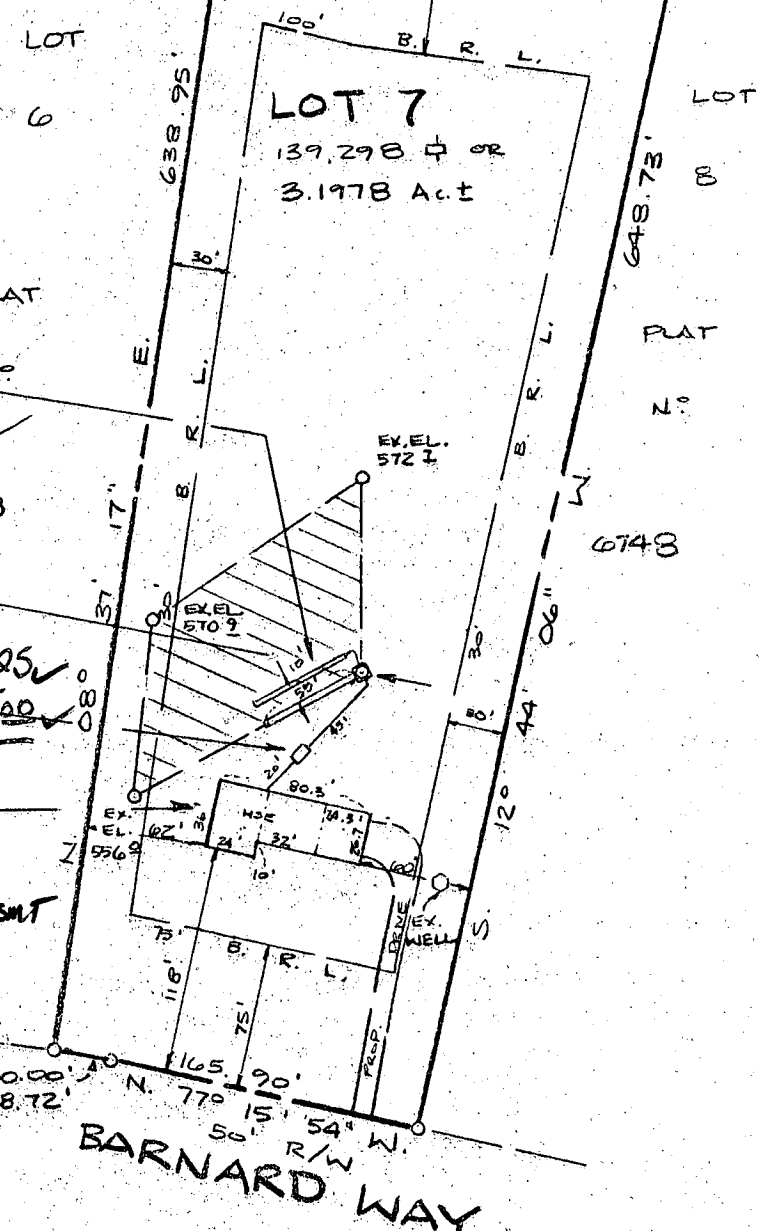
All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 5/13/87

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

INTERSTATE ROUTE 70
 (VEHICULAR INGRESS & EGRESS IS DENIED)
 S.R.C. PLAT NOS 40147 & 40573
 S. 76° 20' 40" E 77.01'
 S. 82° 03' 18" E 164.01'



- PROPOSED TRENCHES**
 2-55' TRENCHES
 8.5' BOTTOM MAX
 2.5' STONE
 TRENCH INV. IN. ELEV. = 661.1
- PROPOSED DISTRIBUTION BOX**
 6748
 EX. ELEV. = 665.1
 INV. IN. ELEV. = 661.1
- PROPOSED SEPTIC TANK**
 EX. ELEV. = 665.3
 INV. IN. ELEV. = 662.25
 INV. CUT ELEV. = 662.25
- PROPOSED SPLIT-LEVEL HOUSE**
 FF. ELEV. = 666.4
 UPPER LEVEL ELEV. = 670.4
 LOWER LEVEL ELEV. = 662.4
 INV. OUT ELEV. = 662.4 BSMT

*elevation check
 with changes in
 ST in/out, Trenches
 shown ok for 3BK house*

LOT PLAN
 LOT 7, SECTION I
 SHEET 2 OF 2
MATHIS PROPERTY
 A RESUBDIVISION OF LOT ONE
 #12476 BARNARD WAY
 THIRD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100'
 MARCH 1987

BLDG. PERMIT SIGNED
 AND RETURNED 3/31/87
 BP 10881
 S.A.W.



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

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 # 6748	251-379

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

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: H 7022 Name: MATHIS County: HOWARD
~~FRISSES~~

Source of Sample: MATHIS PROPERTY LOT 7 Collector: HODGETT
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: BARNARD WAY 1408/1545

13 County
 Plant No.
 Sampling Station
 072886 Date Collected
 11A M Time
 Acid
 Iced

Field Data:
 pH*
 Chlorine Residual
 Free
 Total
 Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO ₃)	050			Cadmium	273	
	Alkalinity (CO ₃)	060			Chromium	283	
	pH*, Ca CO ₃ SAT.	071			Lead	302	
	Alkalinity, Ca CO ₃ SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
	Nitrate-Nitrite N	162	3.2		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					