

01-309 111

5/31/66 - Incomplete - J.H.K.
will call

7/8/66 - Approved - J.H.K.
11605

PERMIT

SEWAGE DISPOSAL SYSTEM

NEW INDEX #
P 39879

A 10711

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

INDEXED

DATE 3/21/66

TAX MAP 7

PARCEL 279 SUBDIVIDED AS LOT 4 - F88-85

Winkler & Sons
Long Corner Rd. - Rt. 3
Mt. Airy, Md.

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION 20+ acres 3 ACRES ROAD 1637 St. Michaels Rd. LOT 4

PROPERTY OWNER Howard Triplett & Wife (New Owner Dayton Barnard)

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry wells - two (2) 9 ft. dia. by 12 ft. deep below inlet - inlet to be 5 ft. below original grade.
Locate dry wells in the area between 165 ft. and 215 ft. from the front lot line and in the area between 25 ft. and 95 ft. from the right side line as lot is seen when facing it from St. Michaels Rd.

PLANS APPROVED BY R. Fletcher DATE 8/19/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

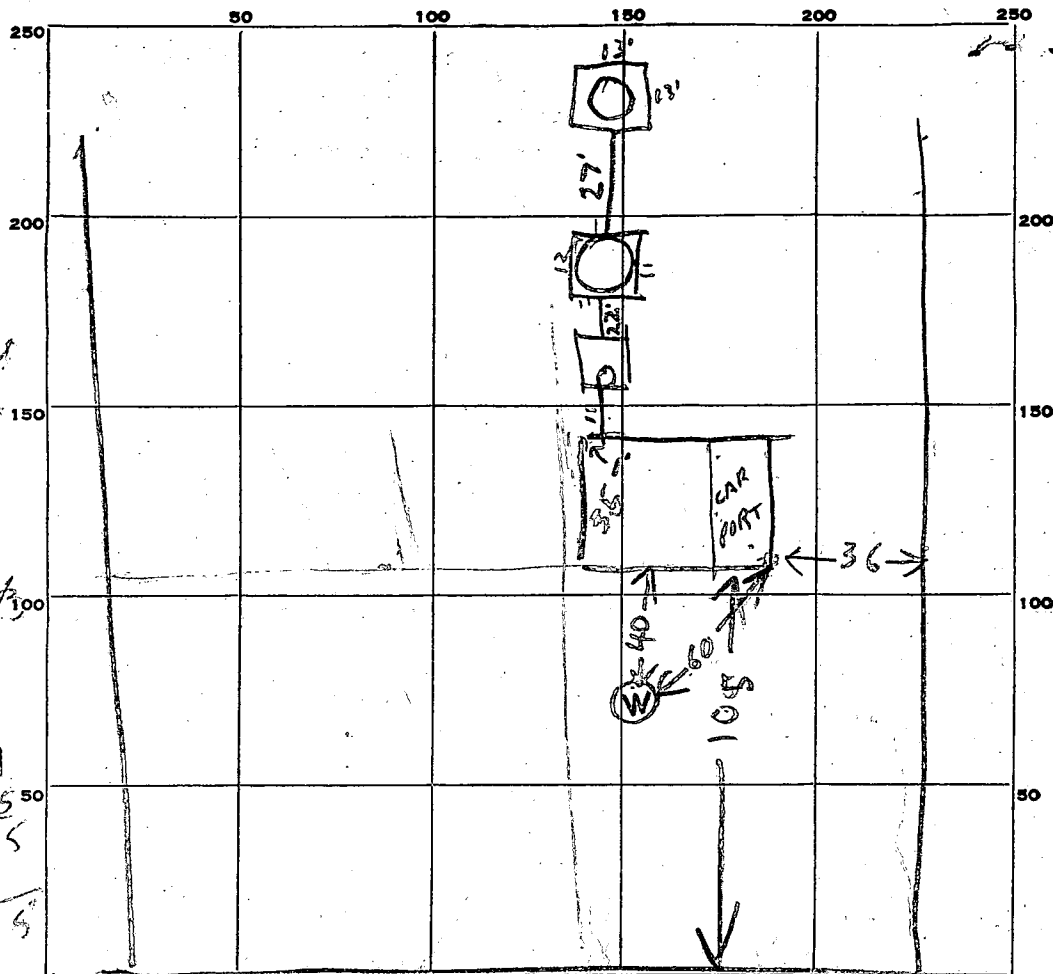
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

* P 39879
A 10711

180
 $\frac{540}{3}$

180
 $\frac{720}{4} = 180$

45
 $\frac{6.5}{1.55}$
 225
 $\frac{270}{292}$
 31
 $\frac{6.5}{1.55}$
 186
 $\frac{241.5}{292}$



900
 55
 105
 $\frac{540}{280}$
 24
 270
 3

103
 $\frac{326}{292}$
 $\frac{818}{292}$
 31
 $\frac{95}{155}$
 279
 245

PERMIT CARD

SEPTIC TANK, LEVEL OK concrete 1000 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES #2-13 TOTAL BOTTOM AREA #12-8 6.5 below clay

SEEPAGE PITS, INSIDE DIAMETER #1-10 FT. DEPTH BELOW INLET #1-9.5 FT.
 618 sq. ft. #92 sqft counting stone below top 5FT clay
 ABSORBENT AREA 201 SQ. FT. not counting stone below top 5FT clay

REMARKS 6/MAY/66 11:00AM - Dry Well Inlet is 2FT below
grade - Perimeter of Dry Well = 11+11+11+12 = 45 ft
4.5 x 9 = 292 sqft sidewall area counting stone
below the top 5 FT of Clay - Build another
dry well with at least 250 sqft sidewall area below
the top 5 FT of Clay no closer than 36 ft from existing dry well
5/31/66 gravel complete - well call when ready - JHK
 DATE SYSTEM APPROVED 7/8/66 INSPECTOR J. H. Wilmore

RECORDED

APPLICATION

SEWAGE DISPOSAL TESTING

A 10711

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 8/9/65

Septic tank - 1000 gal.

Drainage - two (2) 12 ft dia. by 12 ft. dp. below inlet - inlet to be 5 ft. below original grade.

Locate drainages in the area between 165 ft and 215 from the front lot line and in the area between 25 ft. and 95 ft. from the right side line as lot is now when facing it from St. Michael's Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Howard & Francis A. Triplett (New Owner Dayton Barnard)

ADDRESS Hardy Rd., Mt. Airy, Md. PHONE HU 9-4535

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION St. Michaels Rd. - Rt. 40 to Watersville Rd. - turn left - to Rt. 144 - go to St. Michael's Rd. - turn left about 7th house on left. right on

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT approx. 20 acres TYPE BLDG. 43 3-71-66
P. 21.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE, DESCRIBE _____

SIGNATURE OF APPLICANT Howard Triplett

APPROVED BY R. F. Fletcher FOR Drainage DATE 8/10/65

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

State Office Building
ANNAPOIS, MARYLAND 21401DEPARTMENT OF
WATER RESOURCESAPPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.
#541

APPLICATION FOR PERMIT TO DRILL WELL

Owner Dayton BarnardStreet or R. F. D. #3Post Office mt airy mdQuantity of Water to be Produced 5 G.P.M.Total Quantity Needed For Use G.P.D.Use for Water new houseApproximate Depth of Well (feet) 100Method of Drilling to be used RotaryIs this a Replacement Well? Yes - NoIf YES, indicate date abandoned well is to besealed: and by whom: PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)Well Permit No. Ho-66-W-213Samples of Cuttings Required by Department: ☒ Yes ☐ NoOwner Requires Permit to Appropriate Water: ☒ Yes ☐ NoOwner Has Permit to Appropriate Water: ☒ Yes ☐ NoAppropriation Permit No. The applicant is herewith granted a permit to drill this well
subject to the conditions stipulated.Baul W. Meke Sec. 1-3-bb
Director Date

THIS PERMIT IS NOT TRANSFERABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Health
or ☐ State Department of HealthApproved by Ronald FletcherTitle SanitarianDate 12/30/65Driller J. Flasterday License Number 140Street or R. F. D. Post Office mt airy mdDate Dec 27/65

Location of Well

Subdivision Section Lot County HowardNearest Town Poplar SpringDistance from Town 1 mileDirection from Town S

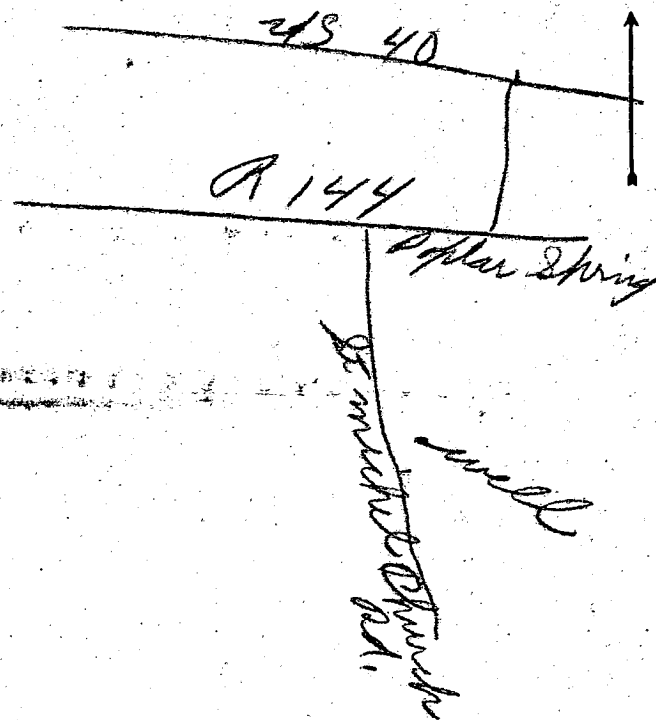
Description of Location of Well

(This information should be definite enough to permit locating
well on a county map).Near what road St Michel Church Rd.On which side of road

(North, East, South, West)

Distance from road 50 ftDraw a sketch below showing location of well in relation to nearby
towns, roads and streams with north in the direction of the arrow,
and give distance from well to nearest road junction or stream
crossing shown on the sketch.

NORTH



COUNTY HEALTH

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

Top Soil 0-3
Shaley 3-18
Brown Slate 18-40
Blue Slate 40-200

Steel

DIAM.
(inches)

6" I.P.

FEET
from ___ to ___

0-23

PUMPING TEST

Permit Number Ho-66-2-215
Owner Dayton Barnard
Address Mt. Airy, Md.
Subdivision _____
Section _____ Lot _____
Hours Pumped 1
Type of Pump Used 1/2"
Pumping Rate _____
Gallons per Minute 1

WATER LEVEL

Distance from land surface to water:
Before Pumping 50 Ft.
When Pumping 200 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land
Surface 1 Ft.

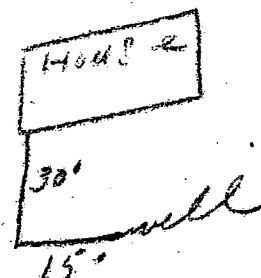
PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well Completed Feb 17/66

Well Driller [Signature]
Signature [Signature]

APPLICATION FOR PERMIT TO DRILL WELL

No 559

Owner Gorge Barnard
Street or R. F. D. Poplar Spring MD
Post Office Poplar
Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 800 G.P.D.
Use for Water Dwelling House
Approximate Depth of Well (feet) 120
Method of Drilling to be used Rotary

Is this a Replacement Well? Yes - No
If YES indicate date abandoned well is to be sealed: _____
and by whom: _____

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO - 66 - W - 231

Samples of Cuttings Required by Department: ☒ Yes ☐ No
Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No
Owner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Director

Date

THIS PERMIT IS NOT TRANSFERRABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard

County Department of Health

or ☐ State Department of Health

Approved by Ronald F. Fletcher

Title Sanitarian

Date 1/10/66

Driller Harry Green License Number 145
Street or R. F. D. Damascus MD
Post Office Damascus MD
Date _____

Location of Well

Subdivision _____

Section _____

Lot _____

County Howard County

Nearest Town Poplar Springs

Distance from Town 3 Miles

Direction from Town South

Description of Location of Well

(This information should be definite enough to permit locating well on a county map).

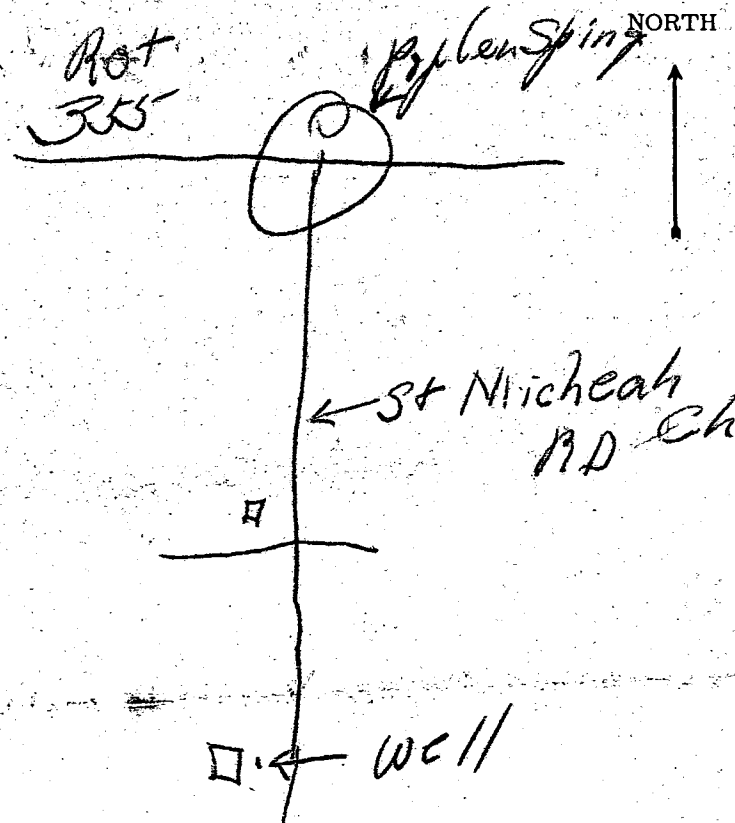
Near what road St Micheah

On which side of road West

(North, East, South, West)

Distance from road 50

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

DIAM.
(inches)

FEET
from ___ to ___

Topsoil 0-2
of clay
Brown Shale 2-20

Black Steel 6 1/4

Blue Rock
of Flint 20-198

PUMPING TEST

Hours Pumped 3
Type of Pump Used air
Pumping Rate 10
Gallons per Minute 5

WATER LEVEL

Distance from land surface to water:

Before Pumping 70 Ft.

When Pumping 140 Ft.

APPEARANCE OF WATER

Clear ☒ Cloudy ☐

Taste _____

Odor _____

Height of Casing Above Land

Surface 18 in. Ft.

PUMP INSTALLED

Type _____

Capacity

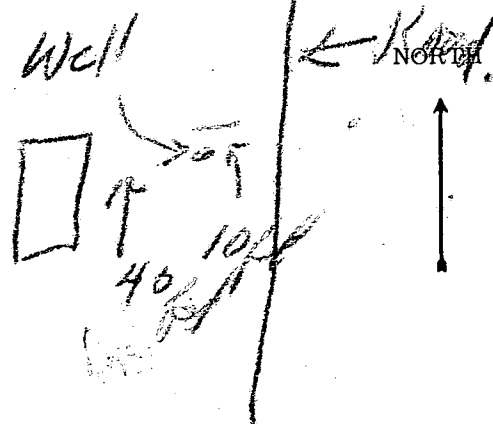
Gallons per Minute _____

Gallons per Hour _____

Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well

Was Completed _____

Well Driller

Signature

Howard Sier
H. Sier

DRILLER

APPLICATION

PERCOLATION TESTING

A Repair
P 39879

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT Fourth

DATE 8-14-87

EXISTING - REPAIR ONLY

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 Dayton B. Barnard

ADDRESS 1037 St. Michaels Rd Mt. Airy MD 21771 PHONE 489-4036

PROSPECTIVE BUYER NONE

ADDRESS NONE PHONE NONE

PROPERTY LOCATION:

SUBDIVISION Dayton B. Barnard Property LOT NO. 4

ROAD AND DESCRIPTION Saint Michaels Road east on 144 Rt. on St. Michaels Rd
a One and half miles through Lisbon

TAX MAP 7 PARCEL # 279

SIZE OF LOT 3.0139 AC[±] TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Dayton Barnard
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

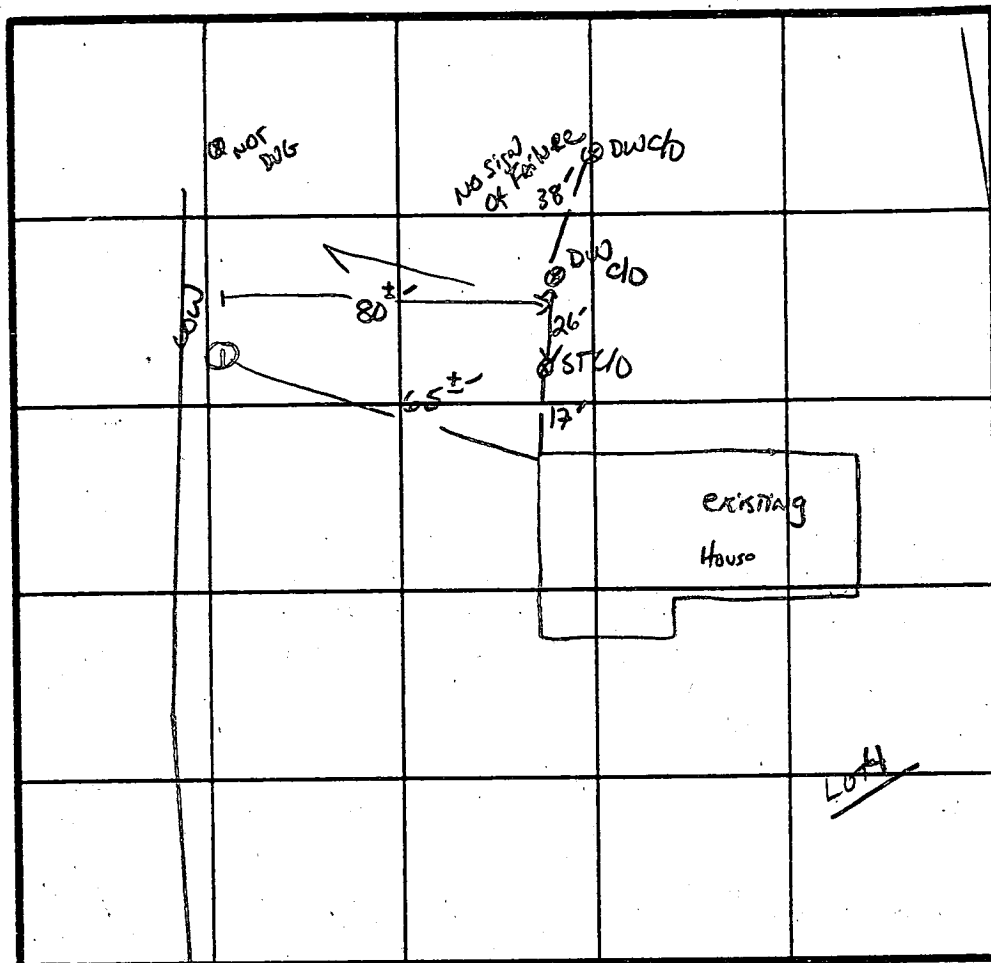
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING

8/31/87 PERC SATISFACTORY; HOLD FOR POST-SAT

THIS IS NOT A PERMIT



ST MICHAEL'S Rd,

[illegible]

REMARKS HOLE LOW ON PLAT

TYPE OF SOIL ME SILTY

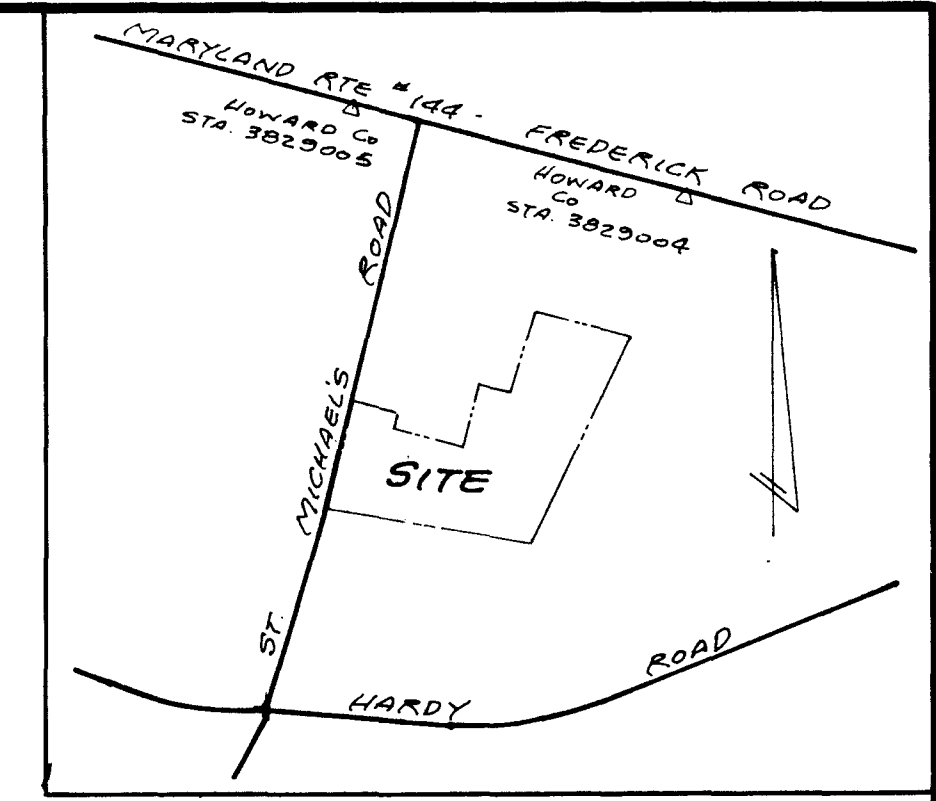
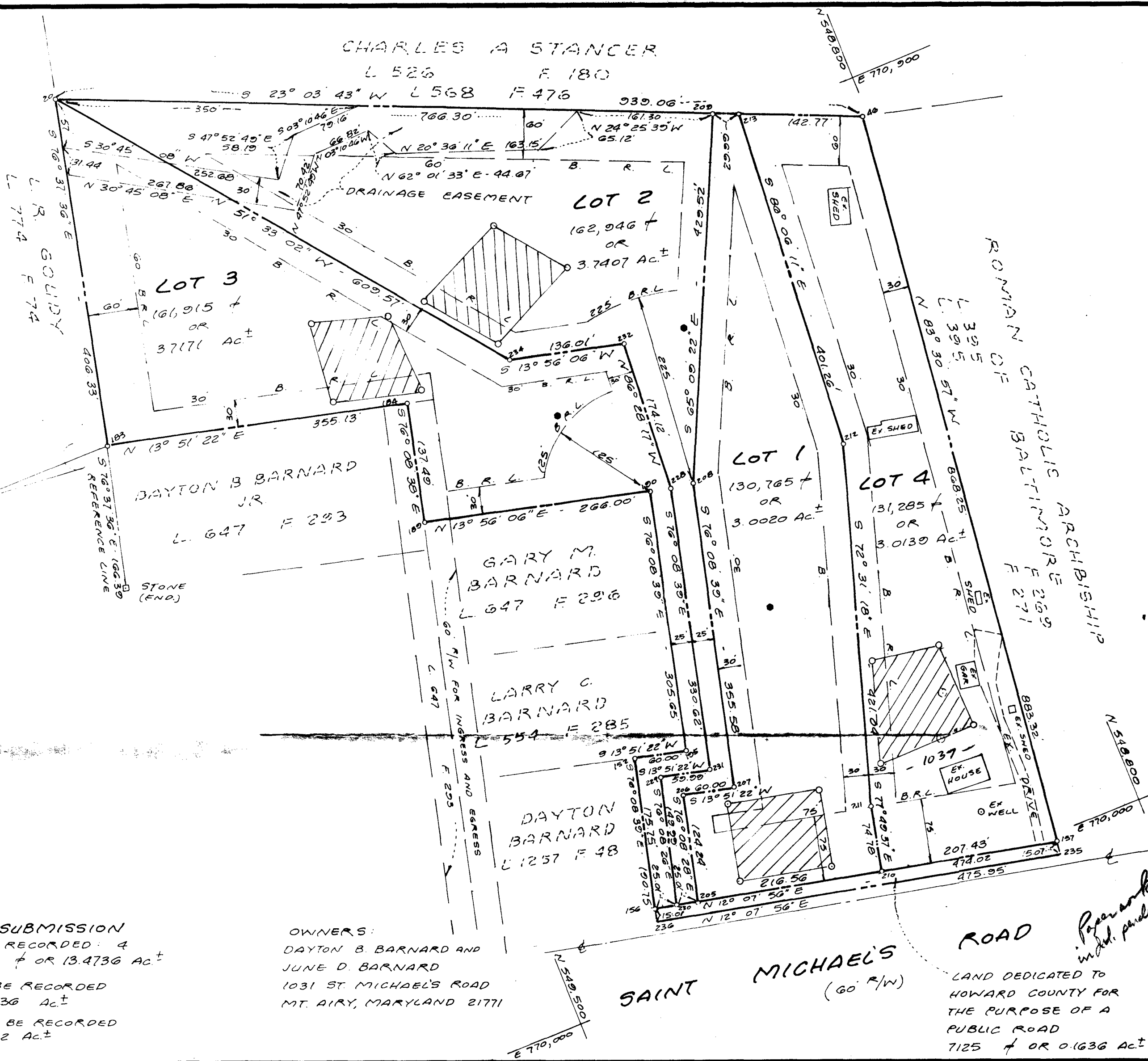
TESTED BY S. Abel ALSO PRESENT DAVIDN BARNARD

COORDINATES		
	NORTH	EAST
1	548897.7506	771221.3776
2	548897.7546	770853.5253
3	548927.1426	770261.0863
4	548936.2348	770090.4533
5	548905.8037	769990.8287
6	548965.7415	770826.0653
7	548942.9407	770741.0169
8	548953.8663	770607.5311
9	548995.6949	770543.4733
10	548928.8925	770246.7174
11	548920.3320	770072.9100
12	548930.5722	770255.5024
13	548932.3216	770186.1083
14	548947.1664	770531.4323
15	548966.7057	770921.1092
16	548910.6053	770034.4253
17	548992.8372	770107.5220
18	548930.3816	770509.1196
19	548939.1103	770909.4504
20	548971.4306	770537.4528
21	548930.8532	770230.8248
22	548944.7834	770085.1970
23	548950.6070	770216.4570
24	548960.7143	770711.2382
25	548992.7177	770743.9911
26	548907.5059	769975.8519
27	548932.8287	770075.8832

COORDINATES ARE BASED ON MARYLAND STATE PLANE

TOTAL TABULATION THIS SUBMISSION
 TOTAL NUMBER OF LOTS TO BE RECORDED: 4
 TOTAL AREA OF LOTS 586,912 ± OR 13.4736 AC±
 TOTAL AREA OF ROADWAY TO BE RECORDED
 7125 ± OR 0.1636 AC±
 TOTAL AREA OF SUBDIVISION TO BE RECORDED
 594,037 ± OR 13.6372 AC±

OWNERS:
 DAYTON B. BARNARD AND
 JUNE D. BARNARD
 1031 ST. MICHAEL'S ROAD
 MT. AIRY, MARYLAND 21771



VICINITY MAP
 SCALE: 1" = 1200' TAX MAP 7

- NOTES:
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE REGULATIONS.
 - COORDINATES ARE BASED ON MD. STATE PLANE AS PROJECTED BY HOWARD COUNTY GEODETIC CONTROL STATION N° 3829005 & 3829004.
 - THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENTS. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
 - B.R.L. REPRESENTS BUILDING RESTRICTION LINES.
 - CONC. MON. SET (UNLESS OTHERWISE NOTED)
 - IRON PIPE OR BAR SET (UNLESS OTHERWISE NOTED)
 - PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN - ●
 - INDICATES PROPOSED WELL
 - SUBJECT PROPERTY ZONED R PER 8/2/85 COMPREHENSIVE ZONING PLAN
 - THERE ARE EXISTING STRUCTURES ON LOT 4
 - NO NEW BUILDING, EXTENSION OR ADDITION TO THE EXISTING STRUCTURES ARE TO BE CONSTRUCTED AT A DISTANCE LESS THAN THE ZONING REGULATIONS ALLOWS.
 Only sent for signature (affidavit) 5/23/87
- Approval sent 1/2 for this paper
 Copy 10-28-87
 F.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

HOWARD COUNTY HEALTH OFFICER _____ DATE _____

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

PLANNING DIRECTOR _____ DATE _____

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

DIRECTOR _____ DATE _____

OWNERS DEDICATION

WE, DAYTON B. BARNARD AND JUNE D. BARNARD, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAN BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT OF WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON, (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOOD PLAINS AND OPEN SPACE WHERE APPLICABLE AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOOD PLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE, (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, (4) THAT NO BUILDINGS OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHTS OF WAYS.

WITNESS OUR HANDS THIS 15th DAY OF October 1987.

10-15-87 DATE Dayton B. Barnard DAYTON B. BARNARD, OWNER

10-15-87 DATE June D. Barnard JUNE D. BARNARD, OWNER

10-15-87 DATE Patricia A. Brandenburg WITNESS

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF ALL OF THE LAND CONVEYED BY ELIZABETH M. TRIPP TO DAYTON B. BARNARD AND JUNE D. BARNARD, HIS WIFE, BY DEED DATED SEPTEMBER 14, 1987 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 1729 AT FOLIO 728 AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED

10/15/87 DATE

Sourabh G. Munshi
 SOURABH G. MUNSHI
 PROF. L.S. N° 10, 770

RECORDED AS PLAT _____ ON _____
 AMONG THE LAND RECORDS OF HOWARD COUNTY

F-88-85
 LOTS 1 THRU 4, SECTION ONE.

DAYTON B. BARNARD
 PROPERTY

SITUATED ON SAINT MICHAEL'S ROAD

TAX MAP 7 PARCEL 279

FOURTH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1" = 100' AUGUST, 1987

SHELADIA ASSOCIATES, INC.
 CONSULTING ENGINEERS
 301 SOUTH MAIN ST. MT. AIRY MD 21771
 (301) 829-2890