

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 4/01/2002

P 516896

APPROVAL DATE: \_\_\_\_\_

A Repair - 50524

# PERMIT

**INDEXED** 04-337239

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Barnard Brothers Construction IS PERMITTED TO INSTALL  ALTER

ADDRESS: 1612 Brittle Branch Way PHONE NUMBER: 410-489-7621

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 3060 Jennings Chapel Road PROPERTY OWNER: D. Griffith Jones

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	To establish easement area for an existing overhead garage apartment that has a system that was installed without a permit or percolation testing.

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

4/3/02 800134478 MASTER BR + SUN ROOM

A 50524

NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH \_\_\_\_\_ INLET \_\_\_\_\_ BOTTOM \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL LENGTH \_\_\_\_\_

ABSORPTION AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DISTRIBUTION BOX BAFFLE \_\_\_\_\_

DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SEPTIC TANK 2 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

ROAD

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUILDING PERMIT SIGNED

AND RETURNED

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

3/8/02  
Anytime

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): \_\_\_\_\_ License# \_\_\_\_\_

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO - 94-3109  
Site Address: 3060 Jennings Chapel Rd

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF approved: \_\_\_\_\_

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" E.G.: \_\_\_\_\_  
Conduit secured to well cap: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

Piping to house

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 3/8/02 Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓

3/8/02  
BA  
Not Finished  
Not Attached  
Not Finished But Will Extend  
~3' below grade

C1 0760

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER 13 P50524

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 5 24 2001

Depth of Well 300'

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3109

OWNER Jones D. Griffith STREET OR RFD 3060 Jennings Chapel Road TOWN Woodbine

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Clay, Brown Sand, and Blue Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 30, NO. OF POUNDS 2820, DEPTH OF GROUT SEAL 100 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 6 inch, Total depth of main casing 118 feet.

SCREEN RECORD: screen type or open hole (ST), insert appropriate code below.

DEPTH (nearest ft.) table with columns 1-21 and values 116, 300.

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A, E, P

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04

DRILLERS LIC. NO. 1 M SD 024, DRILLERS SIGNATURE

LIC. NO. 1 M D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

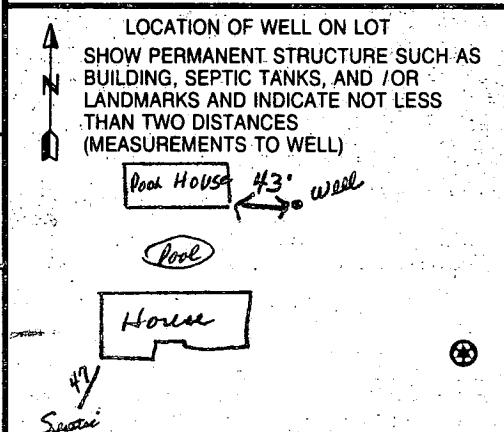
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 6 gal. per min., METHOD USED TO MEASURE PUMPING RATE Air-Buckler, WATER LEVEL 245 ft.

PUMP INSTALLED: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (A) air, CAPACITY: GALLONS PER MINUTE 31, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43.

CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below, LAND SURFACE 2 (nearest foot)



B 1	SEQUENCE NO. (MDE USE ONLY) <b>8450</b>	STATE OF MARYLAND PERMIT TO DRILL WELL <b>W51525</b> please print or type	STATE PERMIT NUMBER <b>H0-94-3109</b> <small>fill in this form completely</small>
-----	---	---	---

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Last Name Jones Owner Griffith D. First Name 34  
 36 3060 Jennings Chapel Rd Street or RFD 55  
 57 Woodbine Md 21797 Town 70 State 72 Zip 76

**LOCATION OF WELL**

B 3 Howard  
 8 COUNTY 21  
 23 337123 SUBDIVISION 42  
 SECTION 4 LOT 46  
 52 Lisbon NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) 4 M I  
 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne License No. M S D 24 81  
 Firm Name Joseph L. Mayne well Drilling  
 Address 5512 Ridge Rd. Mt Airy Md. 21771  
 Signature Joseph L. Mayne Date 5/18/2001

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 3060 Jenners as Chapel Rd NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W EAST E  
 SOUTH S  
 34 320 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 13 BLK: 22 PARCEL 108

B 2 **WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (3) P50524 COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41  
 DATE ISSUED 5/21/01 Brian Baker 5/21/2002  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 530 000 EAST GRID 773 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN  
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 37 CABLE REVerse-ROTary DRive-POINT  
 other \_\_\_\_\_

**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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

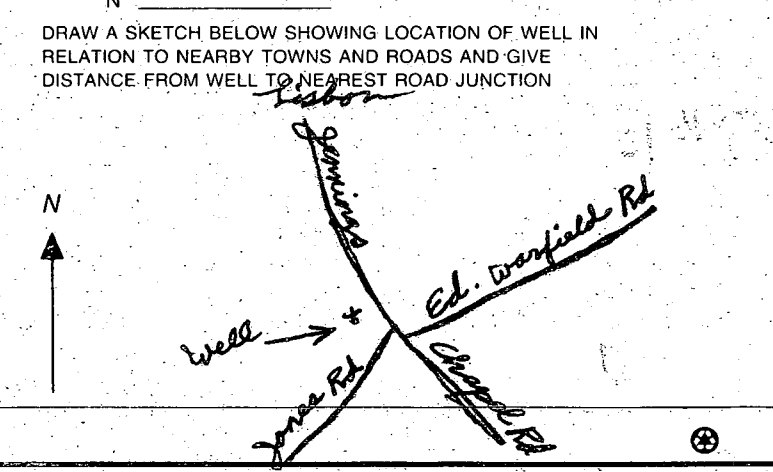
*Not to be filled in by driller (MDE OR COUNTY USE ONLY)*

APPROP. PERMIT NUMBER: \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. H0-94-3109  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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  
 E 773  
 N 530

Grout 9am 5/24/01  
~~DRIVER~~  
 TAG, GROUT  
 LOC OK  
 MR 5/24/07  
 000 x  
 000



# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 3/27/02

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Griff Jones

ADDRESS 3060 Jennings Chapel Road PHONE (410) 489-4005  
Woodbine, MD 21797

AGENT OR PROSPECTIVE BUYER ~~NA~~ Barnard Bros. Const. Co. Inc.

ADDRESS 1612 Brittle Branch Way PHONE (410) 489-7621  
Woodbine, MD 21797

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION NA LOT NO. NA

ROAD AND DESCRIPTION South side of Jennings Chapel Rd., just west of intersection with Ed Warfield Rd and Jones Road

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 1.659 ACS. 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.

[Signature]  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

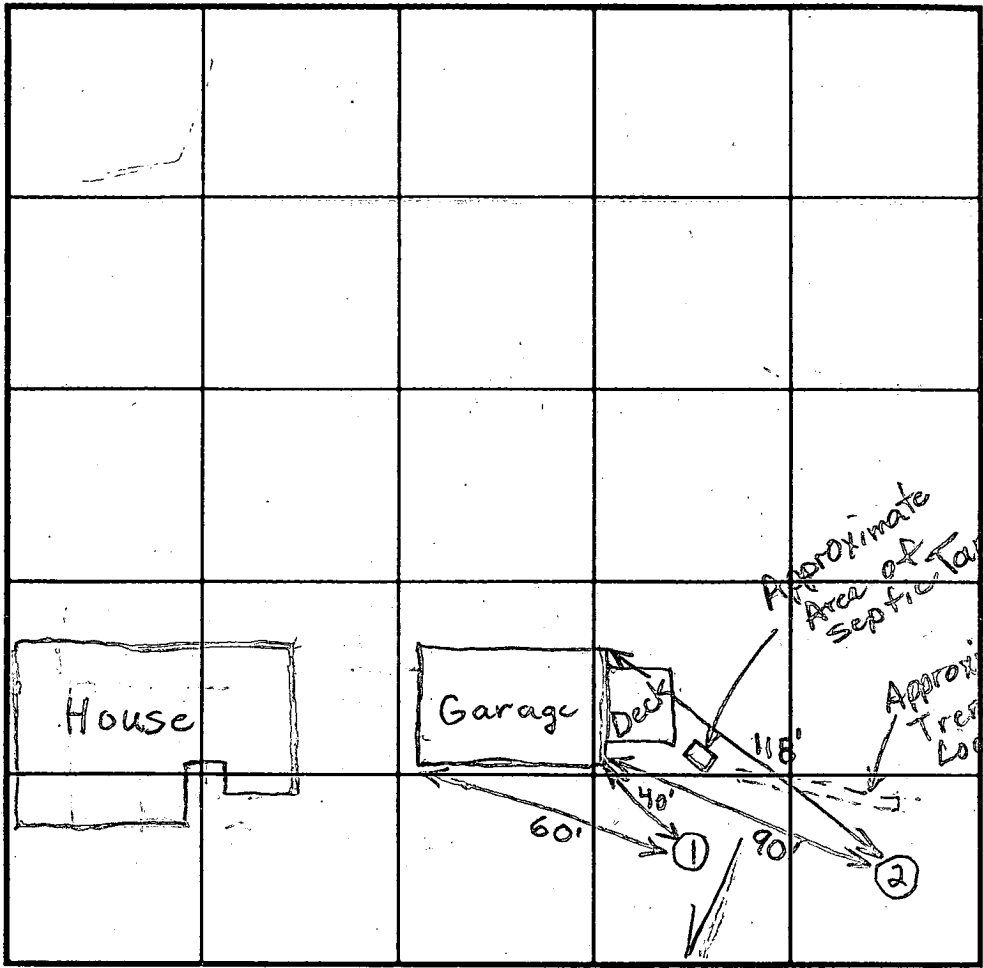
Red Br  
SaCl Loam 2'

Br Br  
SaCl Loam 5'

Reddish  
Sa Loam  
A few  
pockets  
of ~70%  
Saprolite  
~20%  
saprolite  
Overall 11.5'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chapel Road

2

Or Br  
SaCl  
Loam 3.5'

Beige  
Sa Loam  
A few  
pockets  
of ~  
50-60%  
Saprolite  
~20%  
Saprolite  
Overall 10'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
4/3/02	1	4.5' / 11.5'	9:59:30	10:20:30	10:20:30	10:44:30	24	
		7.5'	9:59:30	10:01	10:01	10:03	2	
		Tested in rock pocket						
		5 1/4'	10:14	10:16:45	10:16:45	10:27:30	~11	
	2	4' / 10'	10:15:30	10:17:45	10:17:45	10:22	~4	
		7.5'	10:31	10:32	10:32	10:34	2	
		Tested in ~30-40% Rock						

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY B. Baker ALSO PRESENT Will Hopkins, Garry Barnard

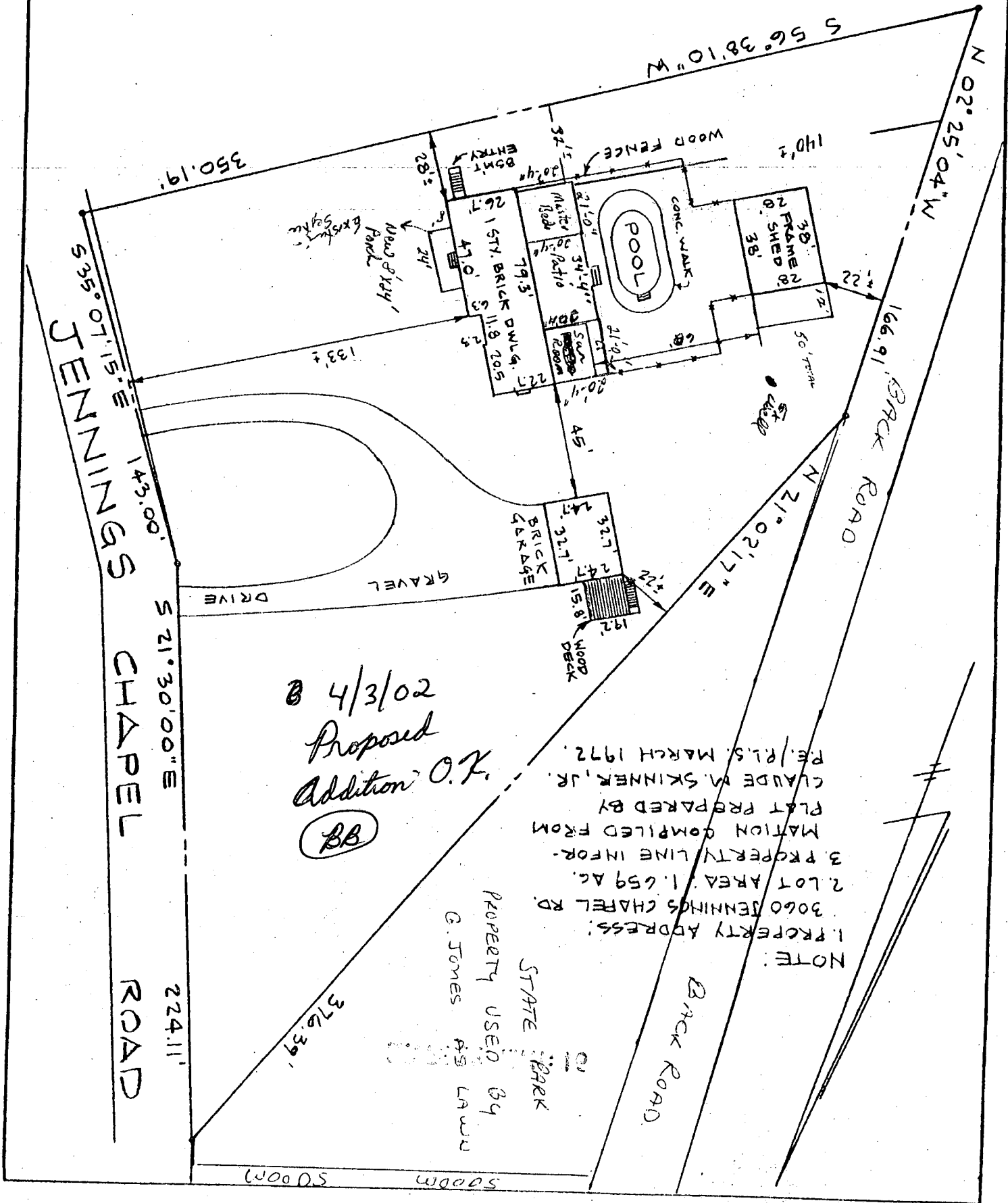
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_

INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT/BEDROOM \_\_\_\_\_

ENGINEER'S CERTIFICATE  
 I HEREBY CERTIFY THAT I HAVE  
 MADE A SURVEY OF THIS LOT FOR THE  
 PURPOSE OF LOCATING THE IMPROVE-

Scale  
 1" = 50'

ENGINEER



4/3/02  
 Proposed  
 Addition O.K.  
 BB

NOTE:  
 1 PROPERTY ADDRESS:  
 3060 JENNINGS CHAPEL RD.  
 2 LOT AREA: 1.659 AC.  
 3 PROPERTY LINE INFOR-  
 MATION COMPILED FROM  
 PLAT PREPARED BY  
 CLAUDE M. SKINNER, L.R.  
 RE: P.L.S. MARCH 1972.

PROPERTY USED BY  
 G. JONES AS LAWN

Back Road

JENNINGS CHAPEL ROAD

350.19'

521.30'00" E

224.11'

133'

376.39'

S 56° 38' 10" W

N 02° 25' 04" W

N 21° 02' 17" E

166.91' BACK ROAD

50' TERRACE

ST. 4200

140'±

WOODS

STATE PARK

*Call COM 10/21/02* **BD**

Building Address <u>3060 Jennings Chapel Rd.</u> <u>Woodbine, MD 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604002</u> Subdivision <u>Woodbine</u> Section _____ Area _____ Lot _____ Tax Map <u>13</u> Parcel <u>108</u> Grid <u>22</u> Zoning <u>RC</u> Map Coordinates <u>8 B6</u> Lot size <u>1.659 Ac.</u>	Property Owner's Name <u>Garry and Betty Jones</u> Address <u>3060 Jennings Chapel Rd.</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>(410) 489-4005</u> Work Phone <u>(410) 448-2666</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
---	---

Existing Use <u>SFO</u> Proposed Use <u>SFO with additional living space</u> Estimated Construction Cost \$ <u>700,000.00</u> Description of Work <u>Construct new master bedroom and new bathroom, both over crawl space new patio, new front porch and interior remodel</u>	Contractor Company <u>Barnard Construction</u> Contact Person <u>Garry Barnard</u> Address <u>1612 Brittle Branch Way</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> License No. <u>MHIC # 17916</u> Phone <u>(410) 489-7621</u> Fax <u>(410) 489-7621</u>
--	---

Occupant or Tenant <u>Same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	---

<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
--	---

Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Garry M. Barnard</u> Applicant's Signature <u>Barnard Construction, Inc.</u> Title/Company	<u>Garry M. Barnard</u> Print Name <u>2/20/02</u> Date
--	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

FOR OFFICE USE ONLY				
AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>53653</u>
Land Development DPZ			Front _____	Filing fee \$ <u>25</u>
State Highways			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/3/02</u>	<u>Brian Baber</u>	Side St. _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>10254</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Validation # <u>40907</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

A.M. 2/23/95  
+ NOON  
Repair

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

50524  
P ~~REPAIR~~  
A Repair

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

DISTRICT \_\_\_\_\_

DATE 2/15/95

DATE SYSTEM APPROVED 2/23/95

INSPECTOR CBH

Arnold's

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD \_\_\_\_\_

PROPERTY OWNER G. JONES, JR.

ADDRESS 3060 Jennings Chapel Road

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM for repair

LINEAR FEET OF TRENCH REQUIRED 25'

2/23/95 please see spec book!! Thanks, CB Theaker  
{ trench: 5' of stone; 375 sq ft effective area; inlet 4 1/2' ±  
2' wide; depth 9 1/2' to 12 1/2' due to change in top!  
Run trench parallel to JENNINGS CHAPEL ROAD.  
See over also!!

PLANS APPROVED BY [CBH, @ site, for "C." "W." ] DATE 2/23/95

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

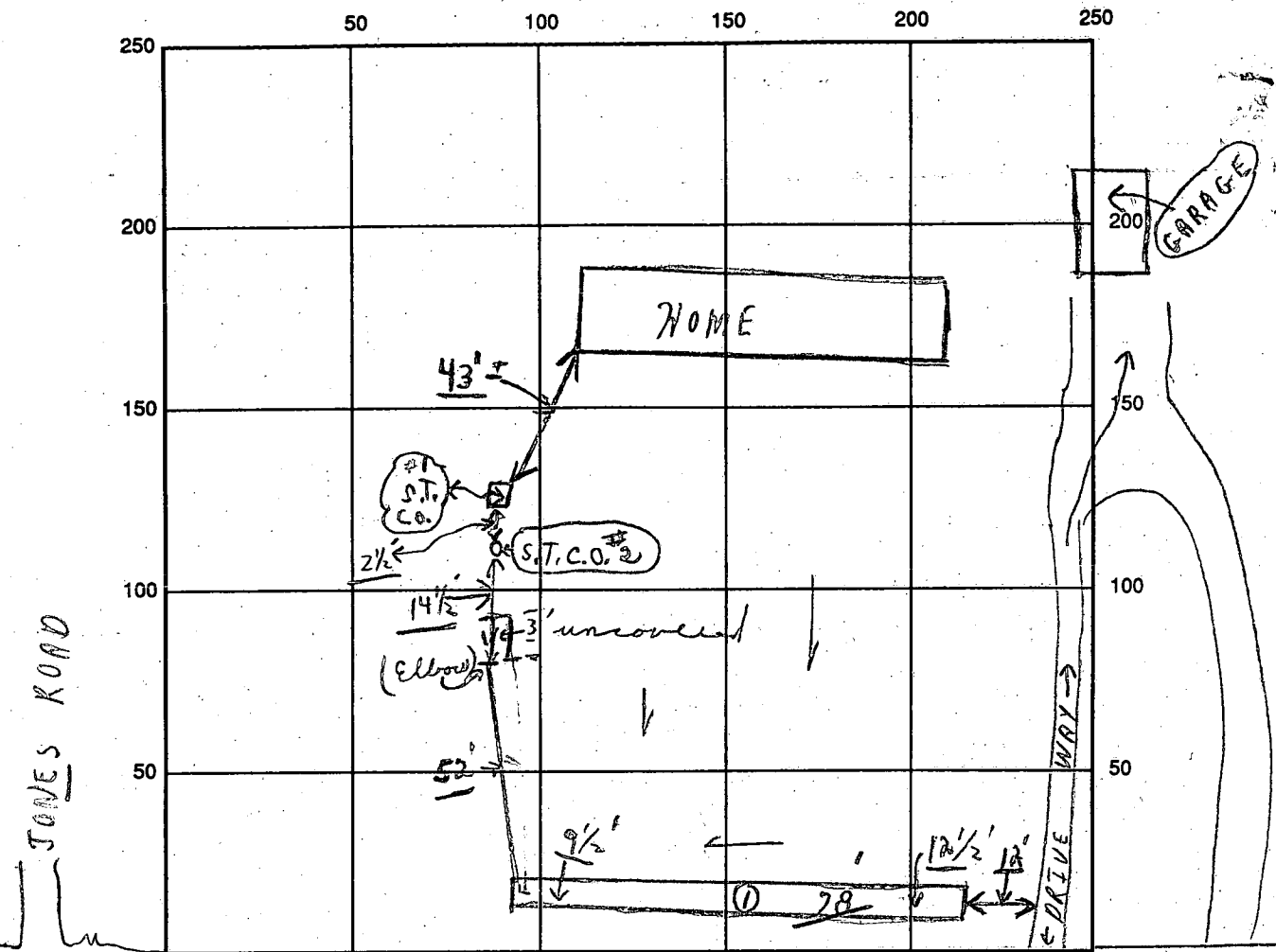
PERMIT VOID AFTER TWO YEARS

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 PVA 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**

A 50524



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ED WAKFIELD

SEPTIC TANK LEVEL Existing CLEANOUTS Jennings Chapel Road → Existing (2 @ S.T.)

DISTRIBUTION BOX LEVEL (N/A)

DRAIN FIELD/TITLE DEPTH 9 1/2' ± 12 1/2' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 ± FT.

EFFECTIVE GRAVEL DEPTH 5 ± FT. TOTAL LENGTH 78 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 390 ± SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 390 ± SQ. FT.

REMARKS: EARLY ① 2/23/95 Partial, ok to stone trench, etc; CSB  
 ② NOON - Final ok to cover all work; CSB

DATE SYSTEM APPROVED 2/23/95 INSPECTOR Charles B. Steak

2/14/95  
P.M.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

A REPAIR

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 3060 Jennings Chapel Road

PROPERTY OWNER Griff Jones JR. "OLDER HOME"

ADDRESS 3060 Jennings Chapel Road  
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1000 GALLONS (Existing)

NUMBER OF BEDROOMS 3 Existing

125 SQUARE FEET PER BEDROOM = (375) <sup>OK 2/14</sup> (16' long x 10' wide) [old existing system to be abandoned]

LINEAR FEET OF TRENCH REQUIRED 75 <sup>1'</sup> [stone to 11' at septic tank]

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. done 2/14  
Call for inspection when ground is opened so sanitarian can recommend repair. 02/14/95

Note: 75' long trench - 375 sq ft effective sewer area  
2/14 Run trench off existing "dry well" inlet 6'  
(5' of stone), 2' wide, maximum depth 11';  
(under pipe) Run trench parallel to Jennings Chapel  
road as on backhoe - new trench off driveway

PLANS APPROVED BY C.R.D. in field for C.W. DATE 2/14/95

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

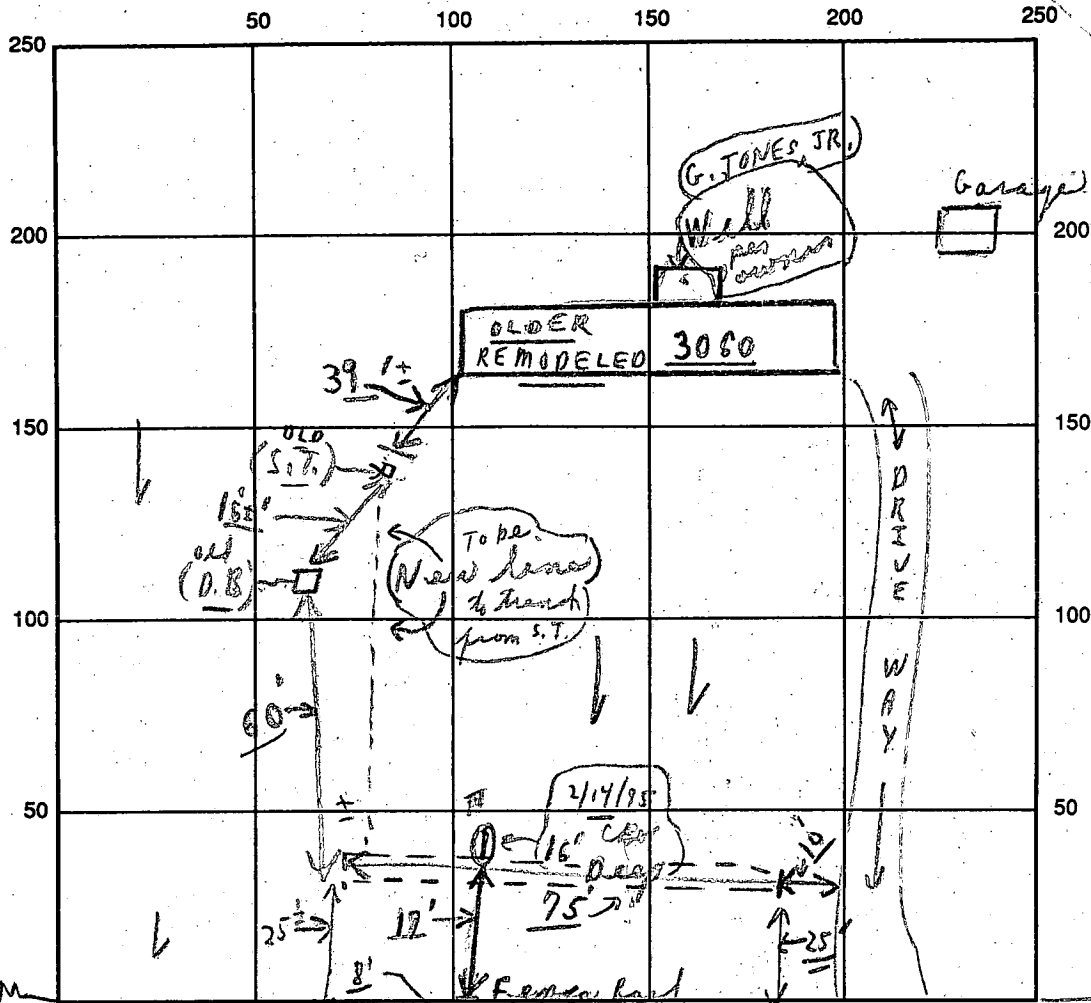
PERMIT VOID AFTER TWO YEARS

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 PVA 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**

A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Jones Chapel Road (3060) →

SEPTIC TANK LEVEL Existing CLEANOUTS (Existing as above)

DISTRIBUTION BOX LEVEL (Using None - new line from S.T. direct to trench)

DRAIN FIELD/TITLE DEPTH 11' FT. TRENCH WIDTH 2 FT. INLET DEPTH 6' FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 75' FT. To Seal off should @ D.Box site

NUMBER OF TRENCHES 1 ONE SIDEWALL/~~BOTTOM~~ AREA 375' SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: (Early P.M.) 2/14/95 Repair P.C.O. - ok to continue with new trench, partial cap

DATE SYSTEM APPROVED 1/195 INSPECTOR —



5/18/01  
12:00

SITE INSPECTION SHEET

OWNER: D. Griffith Jones

DATE REQUESTED: 5/18/01

ADDRESS: 3060 Jennings Chapel Road

DRILLER/CONTRACTOR: Joe Mayne

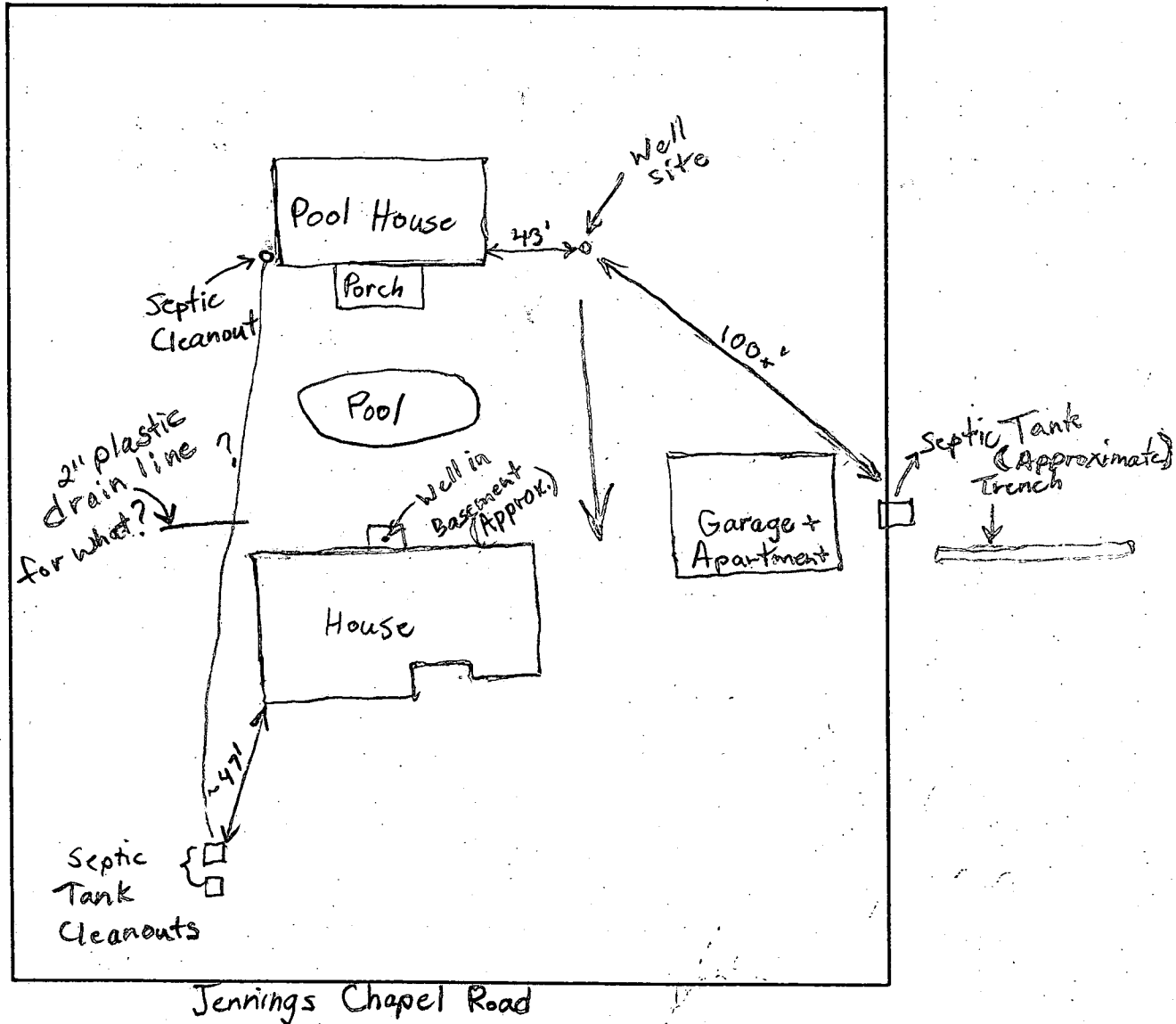
WELL TAG NUMBER: \_\_\_\_\_

TAX & PARCEL: \_\_\_\_\_

COUNTY: \_\_\_\_\_

PROPOSAL: Replacement Well

LOCATION DIAGRAM




COMMENTS: \_\_\_\_\_

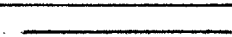
DATE: \_\_\_\_\_


INSPECTOR: B. Baker

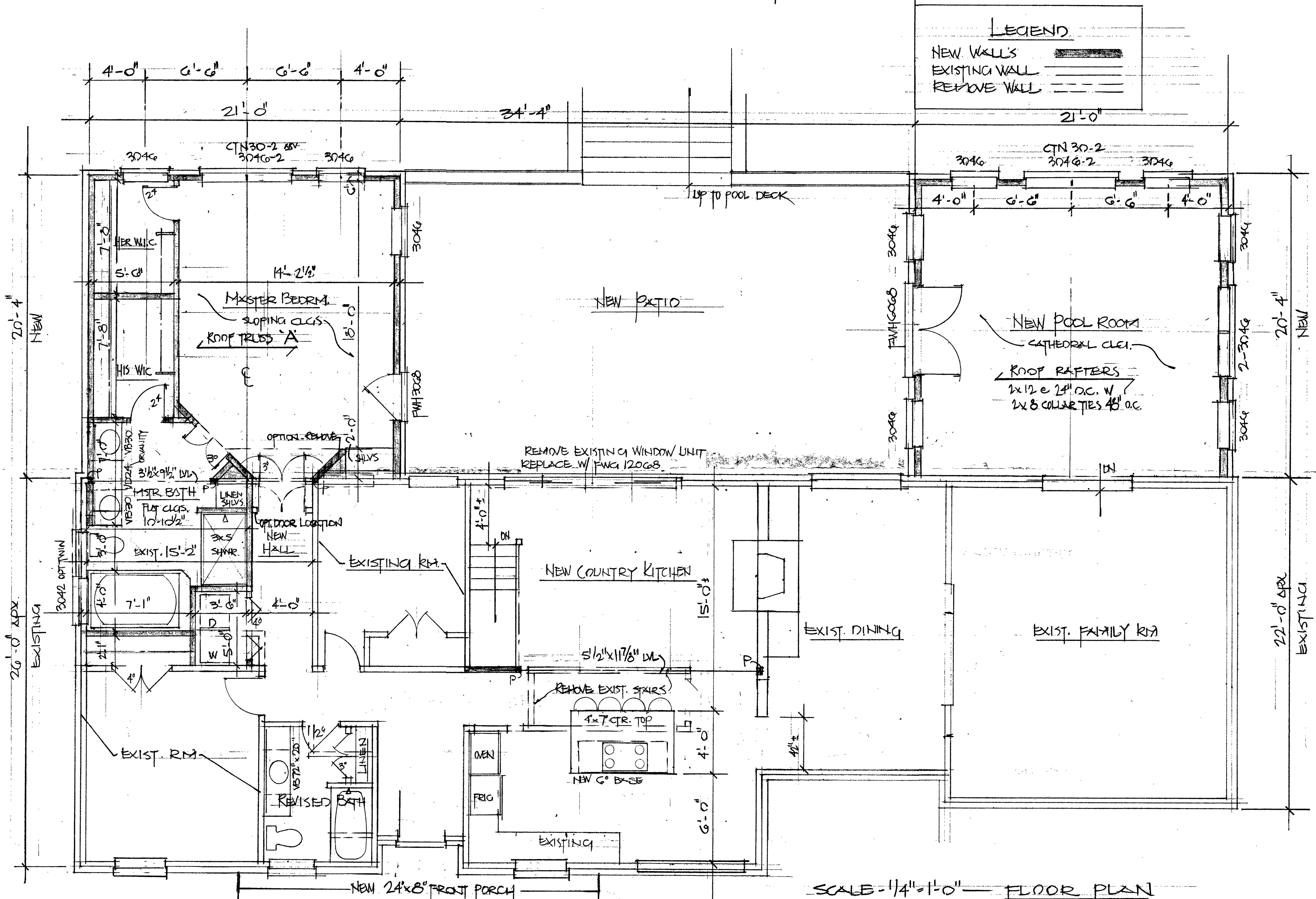
NOTE: FIELD VERIFY ALL DIMENSIONS BEFORE COMMENCING WORK!

**LEGEND**

NEW WALLS 

EXISTING WALL 

REMOVE WALL 



SCALE - 1/4" = 1'-0" FLOOR PLAN

<p>PROPOSED RENOVATION TO THE GRIFF &amp; BETTY JONES RESIDENCE HOWARD COUNTY, MD</p>	<p>DATE 5 DEC. 2001 28 JAN. 2002</p>	<p>SQUARE FOOTAGE 840<sup>sq</sup></p>	<p>BARNARD BROTHERS CONSTRUCTION WOODBINE, MD 410-489-7621</p>	<p>Terri Reiter Orlando Drafting Service 3929 Boteler Road Mt. Airy, MD 21771</p>	<p>SHEET 3 OF 5</p>
---	--	--	--	---	-----------------------------