

LAYOUT 3/8/04 INSP 4 \_\_\_\_\_  
INSP 2 4/20/04 Am INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 2/12/04  
APPROVAL DATE: 4/22/04

**PERMIT  
INDEXED**

*RPS#?*

P 520056  
A 512011

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

Regan Brothers, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 12859 Route 108, Highland PHONE NUMBER: 301-854-2415

SUBDIVISION: Aintree Estates LOT NUMBER: 17

ADDRESS: 6284 Firethorn Lane PROPERTY OWNER: Regan Brothers Inc.

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED  *SD 4/24/04*

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5 total 6 (*4 as is ex. House*)

SQUARE FEET PER BEDROOM: 180 *BP#00147056 Basement with 1 bdrm*

LINEAR FEET OF TRENCH REQUIRED: 150 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved building permit plan. Run 2-75' trenches on contour.
NOTES:	Basement service by gravity is proposed.

PLANS APPROVED: Steven R. Krieg/KN *(Signature)* DATE: 10/06/03

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

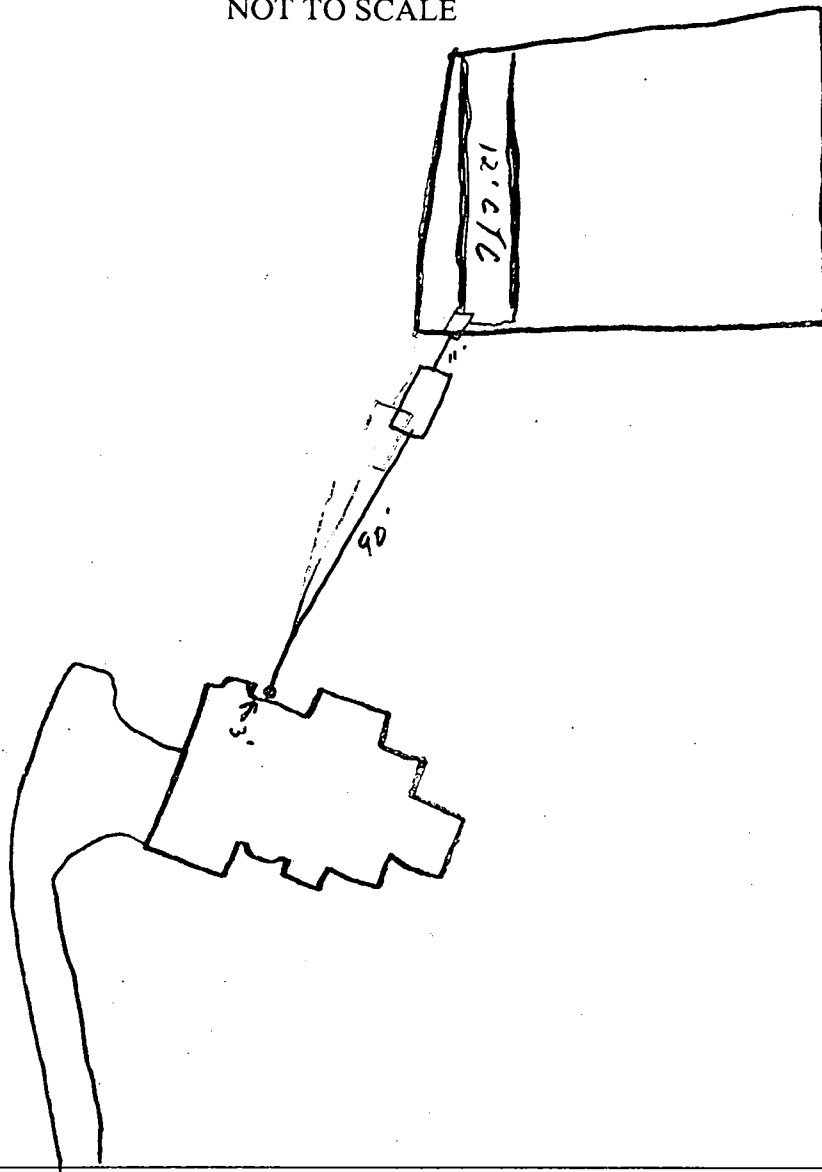
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
AND RETURNED**

*3/25/04 B00147056 1 BEDROOM & FINISH BASEMENT*

A512011

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		150'
ABSORPTION AREA		450 $\phi$
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL <input checked="" type="checkbox"/>	
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	6"-1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	Needed
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	<input type="checkbox"/>
SEPTIC TANK 2 LEVEL <input type="checkbox"/>	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	N/A
BAFFLES	N/A
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	<input type="checkbox"/>

HO-94

ROAD

PRE-CONSTRUCTION 3/8/04 - SRA staked, contours accurate. Install per B.P. (SO)

INSTALLATION 4/20/04 (AM) Tank set, 1 trench complete. (SO)

4/20/04 - Ok to cover all work. Call when outlet baffle filter installed (SO)

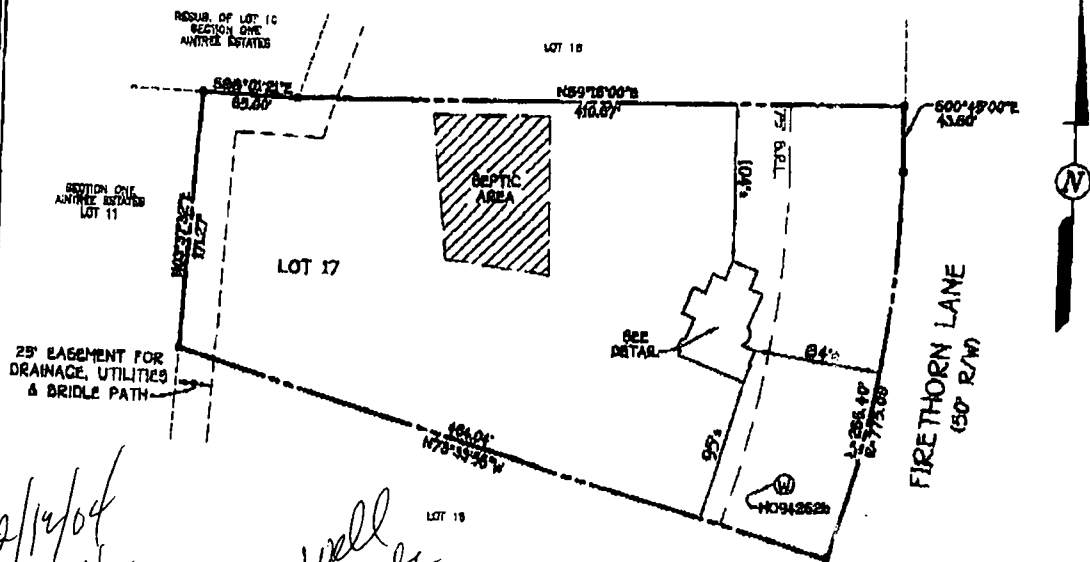
4/23/04 - Contr. left message that filter installed (SO)

FINAL INSPECTOR [Signature]  
 All calls  
 Call (410) 365-6590

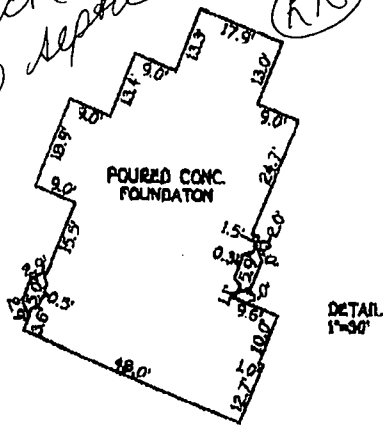
BUILDING DEPARTMENT SIGNED  
 DATE OF APPROVAL 4/22/04

### GENERAL NOTES:

- 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE L ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440032 B EFFECTIVE DEC. 4, 1998.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.



*2/14/04  
Wally  
check OK  
no septic or well  
impacts (KN)*



LOT 17  
SECTION TWO  
AINTREE ESTATES  
FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
PLAT BOOK 22, FOLIO 54  
B.R.L. = BUILDING RESTRICTION LINE  
TOP OF FOUNDATION ELEV. 50L4'

**FISHER, COLLINS & CARTER, INC.**  
CIVIL, ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 30272 BALTIMORE NATIONAL PIKE  
GILKEDOTT CITY, MARYLAND 20852  
(410) 483 - 2633

PROFESSIONAL LAND SURVEYOR  
REG. 582  
DATE 12/04/03

**HOUSE LOCATION DRAWING**

FOUNDATION LOCATION: 12/03/03  
FINAL LOCATION: \_\_\_\_\_  
BOUNDARY SURVEY: \_\_\_\_\_

SCALE: 1"=100'  
DATE: 12/04/03  
DRAWN BY: A.L.O.  
CHECKED BY: S.R.P.  
PROJECT No. 010002

# AINTREE ESTATES LOT 17

TAXMAP 34 ZONED: RR-DEO

P/O PARCEL: 264

5TH ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE: 1"=50' PLAT BOOK 22 FOLIO 54 DATE: AUGUST 27, 2003



## LEGEND

SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
—	PROPOSED CONTOUR
+490.0	SPOT ELEVATION
—	DIRECTION OF DRAINAGE
SSF/TPF	SUPER SILT FENCE/TREE PROTECTION FENCE
ECM	EROSION CONTROL MATTING
LOD	LIMIT OF DISTURBANCE
~~~~~	EXISTING TREES TO BE SAVED
→	EARTH DIKE (CLEANWATER DIVERSION)
—	TREE PROTECTION FENCE

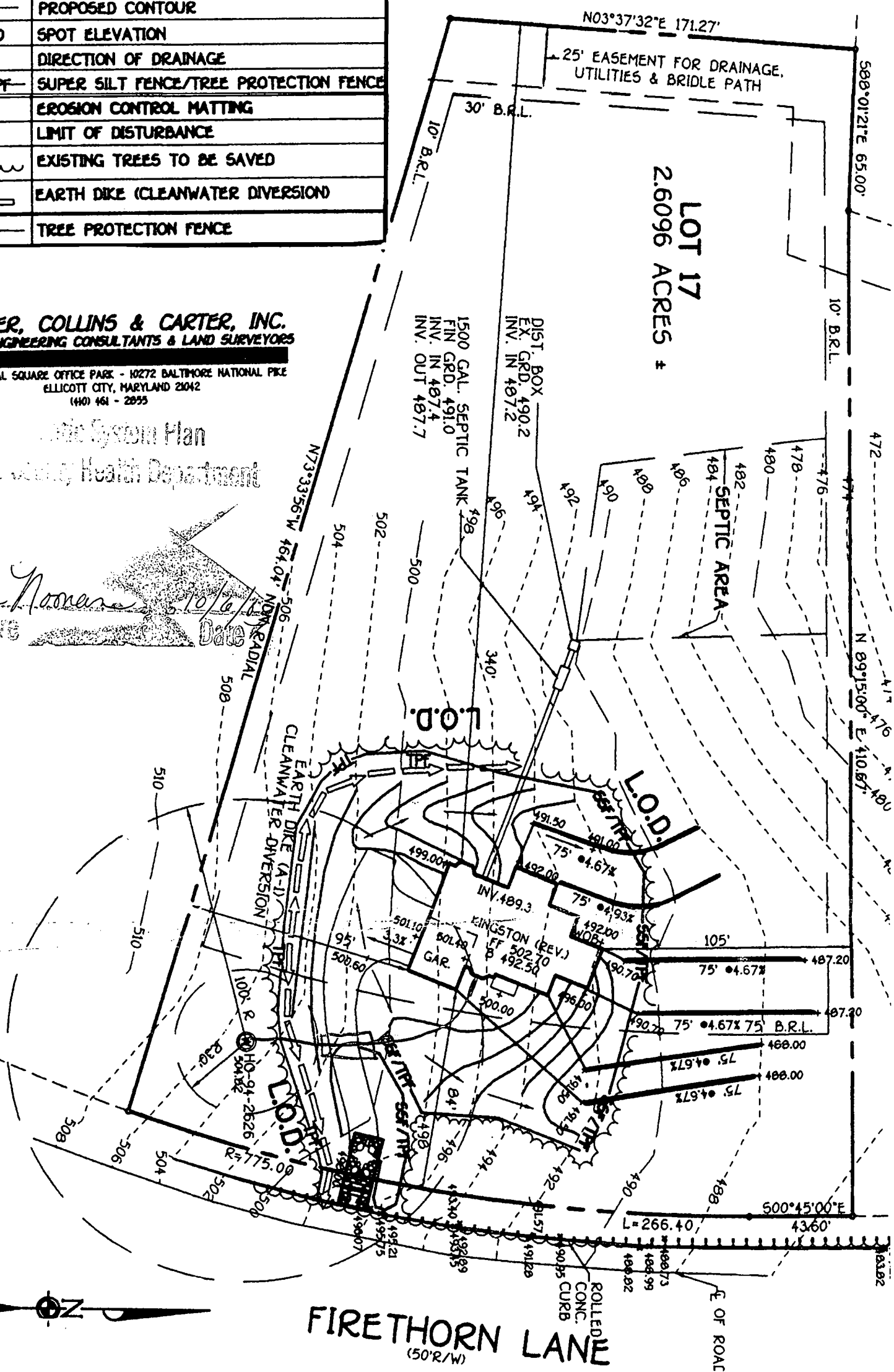
**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2955

Septic System Plan

Howard County Health Department

*Kacie Nomars* 5/10/04  
Signature Date



**FIRETHORN LANE**  
(50'R/W)

**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: MARK BREW PLUMBING & HEATING, INC. Telephone #: 301-854-0609  
Address: P.O. BOX 88  
HIGHLAND, MD 20777-0088

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Mark Brew License# MPL 16761  
**\*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: Kelly Regan Telephone #: 301-672-4820  
Subdivision: Aintree Estates Lot #: 17 Well Tag #: HO-94-2626  
Site Address: 10284 FIRETHORN lane  
Clarksville, MD 21029

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>Goulds</u>	Make: _____	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>36"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>5</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

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: PE  
PSI: 160 (160 psi min)  
Depth of supply line: 36 (36" min)

**House Connection**  
PVC sleeved to undisturbed soil at wall penetration:   
Approximate length of sleeve: 8'  
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: Mark Brew date: 6-18-04

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 3/15/04 SO  
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

C1 - 07686

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER AS12011

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2626

OWNER Mason Mary STREET OR RFD Firethorn Lane TOWN Highland SUBDIVISION Aintree Estates SECTION LOT 17

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 16 NO. OF POUNDS 1600 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 96 ft. WHEN PUMPING 350 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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 Topsoil, Br. mica, Tan mica, Gray mica, Br. mica, Gray mica, Tan mica, Gray mica, Granite, Quartzite, Granite, Marble, Limestone, Fractures, Marble Limestone.

CASING RECORD

MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 52 OTHER CASING (if used) diameter inch depth (feet) from to

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [X] NO [ ] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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) [X] above } LAND SURFACE below } 2 (nearest foot)

C 2

DEPTH (nearest ft.)

Table with columns: 1-2, 3-4, 5-6, 7-8, 9-10, 11-12, 13-14, 15-16, 17-18, 19-20, 21-22, 23-24, 25-26, 27-28, 29-30, 31-32, 33-34, 35-36, 37-38, 39-40, 41-42, 43-44, 45-46, 47-48, 49-50, 51-52. Includes SLOT SIZE 1, 2, 3 and DIAMETER OF SCREEN (NEAREST INCH) 56 60

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES [Y] NO [N]

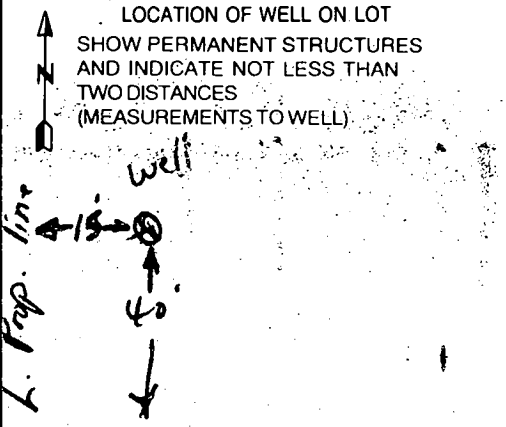
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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 LIC. NO. MW D 040 DRILLERS SIGNATURE George F. Easton LIC. NO. AW D 396

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX, 68 52

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



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

12:30

4.28.00

No. INSPECTION

FIELD DATA SHEET  
 HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2626  
 Location of property (road) Firethorn Lane  
 Subdivision Aintree Estates Lot 17 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller George Easterday Owner Mary Merrill Mason

Depth of well 660 6 gpm  
 Distance of measuring point (M.P.) above ground 2' foot  
 Static water level (S.W.L.) below M.P. 96' foot

I. High rate pumping -- reservoir drawdown

Time pump started 12:45 Pumping rate 15 GPM  
 Total time \_\_\_\_\_ to reach pumping water level \_\_\_\_\_ ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

Pump Sat 390'

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill #1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:00	168'	7 Sec.		8.5
1:15	200'	7 Sec.		8.5
1:30	244'	12 Sec.		5
1:45	262'	15 Sec.		4
2:00	266'	15 Sec.		4
2:15 to 2:50 Dropped water level to 350' Pumping 15 gpm				
2:50	350'	10 Sec.		6
3:05	350'	10 Sec.		6
3:20	350'	10 Sec.		6
3:35	350'	10 Sec.		6
3:50	350'	10 Sec.		6
4:05	350'	12 Sec.		5
4:20	350'	12 Sec.		5
4:35	350'	12 Sec.		5
4:50	350'	12 Sec.		5
5:05	350'	12 Sec.		5
5:20	350'	12 Sec.		5
5:35	350'	12 Sec.		5
5:50	350'	12 Sec.		5

B 1 14280

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2626

fill in this form completely

Date Received (APA)

02 24 00

OWNER INFORMATION RN 8179

B 3

LOCATION OF WELL

HOWARD

8 MM DD YY 13

Mason Mary Merrill

15 Last Name Owner First Name 34

14705 Carlson Drive

36 Street or RFD 55

Burtonsville, Md 20866-1801

57 Town 70 State 72 Zip 76

Howard

8 COUNTY 21

Aintree Estates

23 SUBDIVISION 42

SECTION 44 46 LOT 17 48 50

Highland

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 M 73 76 77 78

DRILLER INFORMATION

George F. Easterday M W D 040

Driller's Name 76 License No. 81

Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

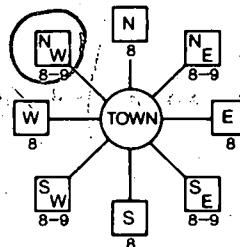
Address

Signature Date 2/24/2000

Signature Date

B 4

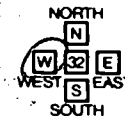
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Firethorn Lane

11 NEAR WHAT ROAD. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37

DISTANCE FROM ROAD FT 38 39

TAX MAP: 34 BLK: 13 PARCEL

B 2

WELL INFORMATION

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 (circled)
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

AS/2011

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 03 21 00 Steven R. King 03 21 01

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 497 000 EAST GRID 801 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled)
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)

APPROX. PERMIT NUMBER 54 G A P 63

PERMIT No. HO-94-2626

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

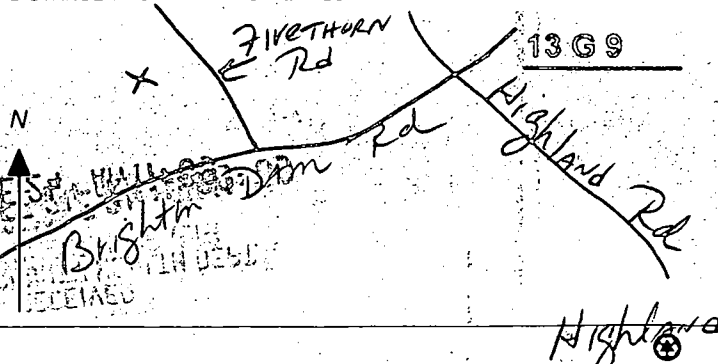
- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 801

N 490 497

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



RESUB OF LOT 10  
SECTION 1  
AINTREE ESTATES  
P.B. 13  
F.76

MID3

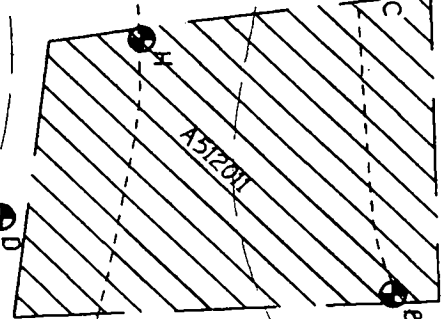
25' EASEMENT FOR DRAINAGE,  
UTILITIES & BRIDLE PATH

LOT 17

MIC3

LOT 16

MIC2



$N73^{\circ}33'35.6''W$  464.04' NON RADIAL

500.0121'E 65.00'

$N 89^{\circ}15'00'' E$  410.67'

$500^{\circ}45'00''E$   
43.60'

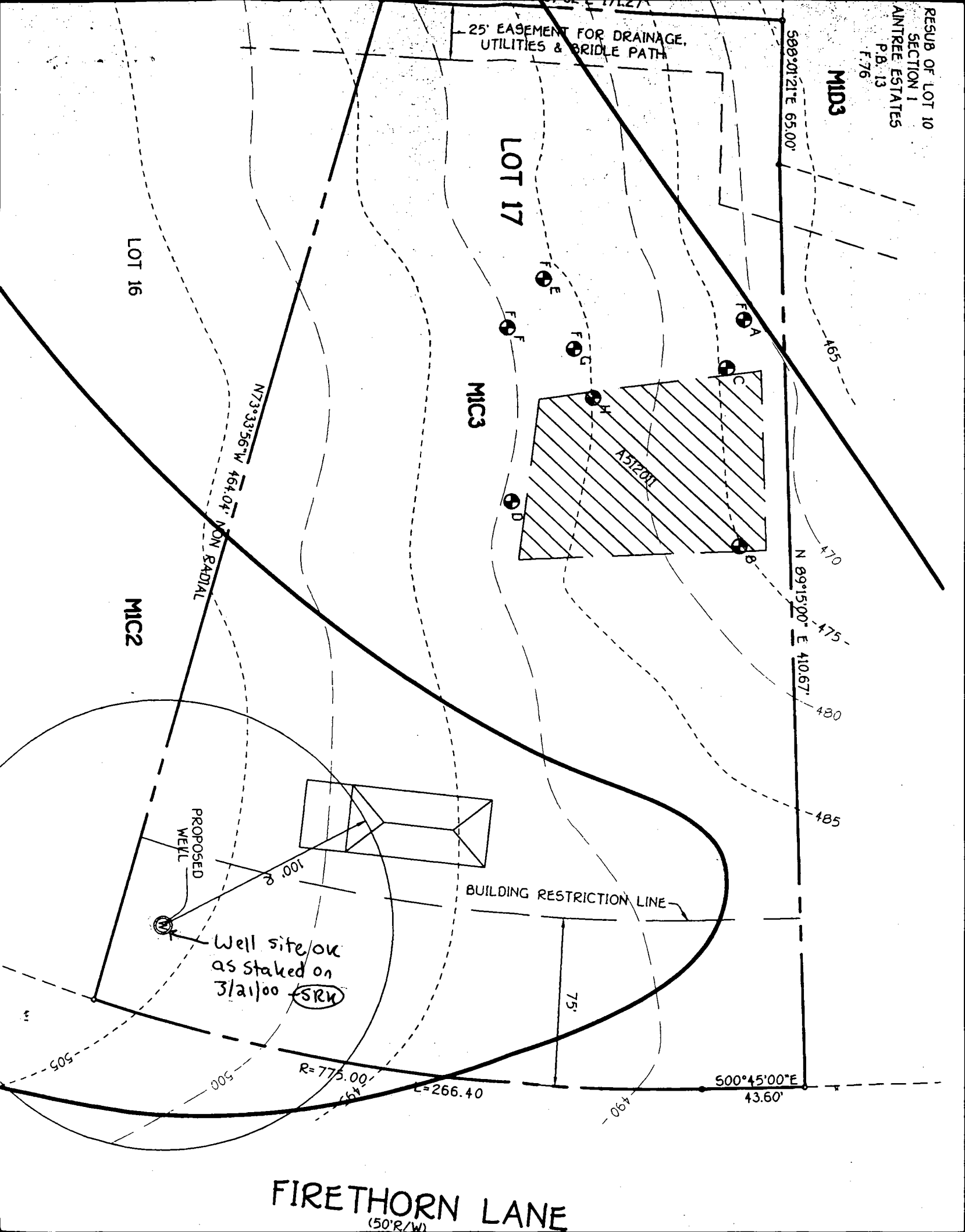


Well site OK  
as staked on  
3/21/00 (SRK)

BUILDING RESTRICTION LINE

$R=775.00$   
 $L=266.40$

FIRETHORN LANE  
(50'R/W)



12/20/99  
10:00

# APPLICATION

## PERCOLATION TESTING

Proposal - reevaluation  
of existing lot of record  
lot originally tested  
at 100. (DKS)

\$25  
??

A 5/2011

P \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 7/19/99

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

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 Navy Merrill Mason

ADDRESS 14705 Carson Drive, Burtonsville, MD 20866 PHONE 301-384-8113

AGENT OR PROSPECTIVE BUYER Jim Reid, Llewellyn Realtors

ADDRESS 795 Rockville Pike, Rockville, MD 20852 PHONE 301-294-0900

Phone 301-424-0900 ext 125 FAX (301) 498 6562

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

SUBDIVISION Aintree Estates LOT NO. 17

ROAD AND DESCRIPTION Fire Horn Lane off Brighton Dam Road

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

SIZE OF LOT 2.61 acres TYPE BLDG. Single Family  
(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. Navy Merrill Mason  
(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

512011

COUNTY #

SOIL PROFILE A

0'  
1'  
4'  
8 1/2'

Topsoil  
orange brown clay-loam  
1+ brn sandy loam w/mica flecks  
40% Rock  
Hard Bottom

0'  
3 1/2'

Topsoil  
orange brown clay-loam  
1+ brn sandy loam w/mica flecks  
25% Rock

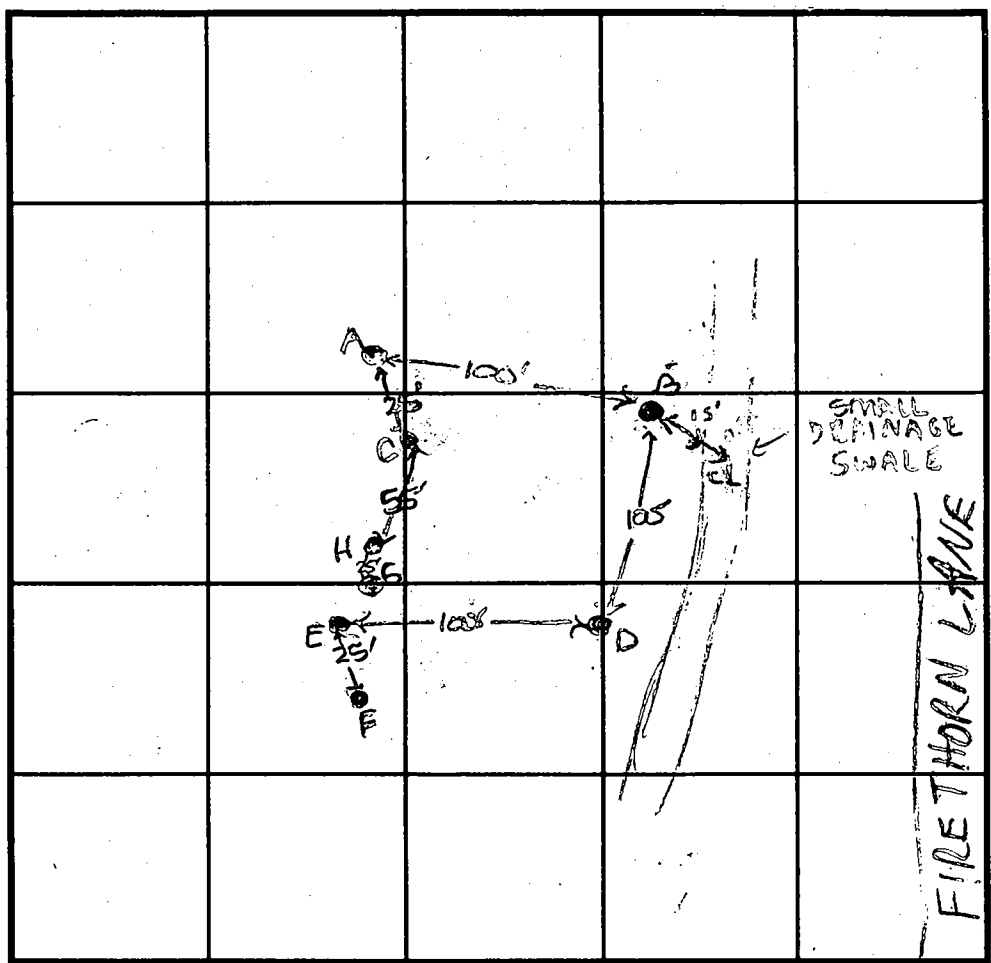
0'  
1'  
12'  
15'

Topsoil  
orange brown clay-loam  
w/mica flecks  
1+ brn sandy loam w/mica flecks  
40% Rock  
Hard Bottom

SOIL PROFILE E

0'  
1'  
3.5'  
8'  
10'  
0'  
1'  
3.5'  
7'  
9.5'

Topsoil  
orange brown clay-loam  
1+ brn sandy loam  
30% Rock  
5% mica  
Hard Bottom  
Topsoil  
orange brown clay-loam  
1+ brn sandy loam  
75% Rock  
Hard Bottom



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Firethorn Lane

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
1-5-00	A	8 1/2' D	HARD	BOTTOM	(SEE PROFILE)	(SEE PROFILE)	F
	C	3' S	11:10	11:21	11:21	11:43	21
		11' D	VISUAL (SEE PROFILE)				OK
	B	4 1/2' S	11:20	11:29	11:29	11:40	11
		12' D	VISUAL (SEE PROFILE)				OK
	D	10' D	VISUAL (SEE PROFILE)				OK
	E	10' D	HARD BOTTOM (SEE PROFILE)				FAIL
	F	2' D	REFUSAL (SEE PROFILE)				FAIL
	G	8.5' D	REFUSAL (SEE PROFILE)				FAIL
	H	3' S	12:33	12:36	12:36	12:40	4

REMARKS: 12.5' D VISUAL (SEE PROFILE) OK

TYPE OF TEST: USE HOLES B, C, D, H - SHALLOW SYSTEM ONLY

TESTED BY: Steven R. Krieg/DHS ALSO PRESENT: Bob Ford, rector

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

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

11' HARD BOTTOM

Vertical hole needed 14'-15' deep

*Preliminary*

# APPLICATION

A 13908

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedroom 1000 gal  
# " " 1200 gal

DISTRICT 5

DATE 8/29/68

Dry well - <sup>120</sup> 700 sq ft absorbent sidewall area per bedroom to be in below the first 3 1/2 ft of orig. grade. Max depth permitted for dry well is 8 ft. below orig. grade. Inlet 3 1/2 ft. mot. C.O.C.

Place Dry Well 105 ft from front lot line + 50 ft from right Sideline as seen when facing from further N.E.

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 Aintree Estates, Inc.

ADDRESS 301 Cedar St., N. W., Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 17, Sec. 2

ROAD AND DESCRIPTION Unnamed Road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

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

SIZE OF LOT 2.5 acres (290' x 402' x 150' x 470') TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Lloyd Booth

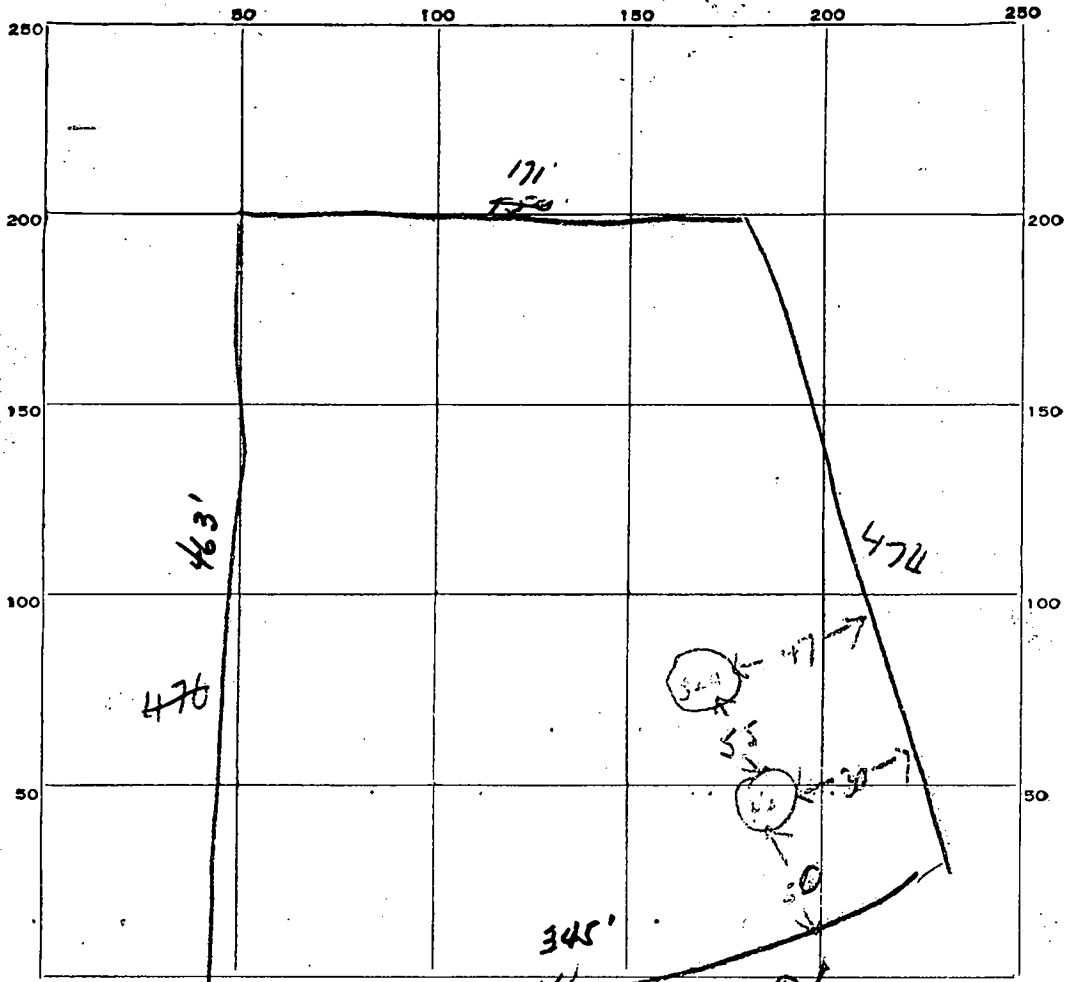
APPROVED BY [Signature] FOR Dry Well DATE 1-17-72  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJACENT ROADWAY AS BASELINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/4/88	1	4 ft	10 32	10 39	10 34	10 37	3 min
	2	10 ft	10 32	10 35	10 35	10 41	6 min
	3	4 ft	10 34	10 38	10 38	10 45	7 min
	4	10 ft	10 35	10 37	10 37	10 41	4 min

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY DUM

REMARKS \_\_\_\_\_

17 Oct 88

# APPLICATION

A 13908

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 8/29/68

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Lloyd Booth

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

(KIND OF SYSTEM)

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

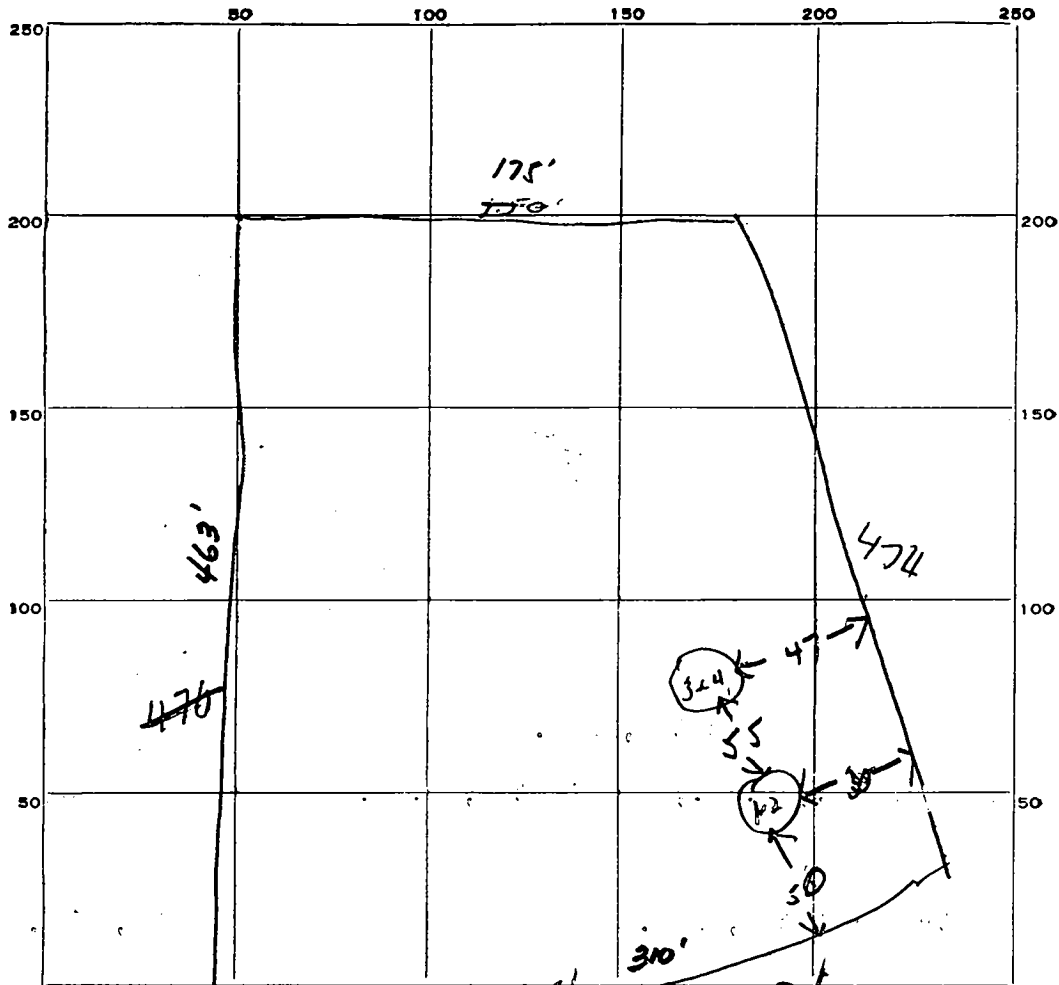
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT

Lot 17 Sec 2.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/81	1	4ft	10 32	10 34	10 34	10 37	3 min
	2	10ft	10 32	10 35	10 35	10 41	6 min
	3	4ft	10 34	10 38	10 38	10 45	7 min
	4	10ft	10 35	10 37	10 37	10 41	4 min

SOIL AUGER FINDING \_\_\_\_\_

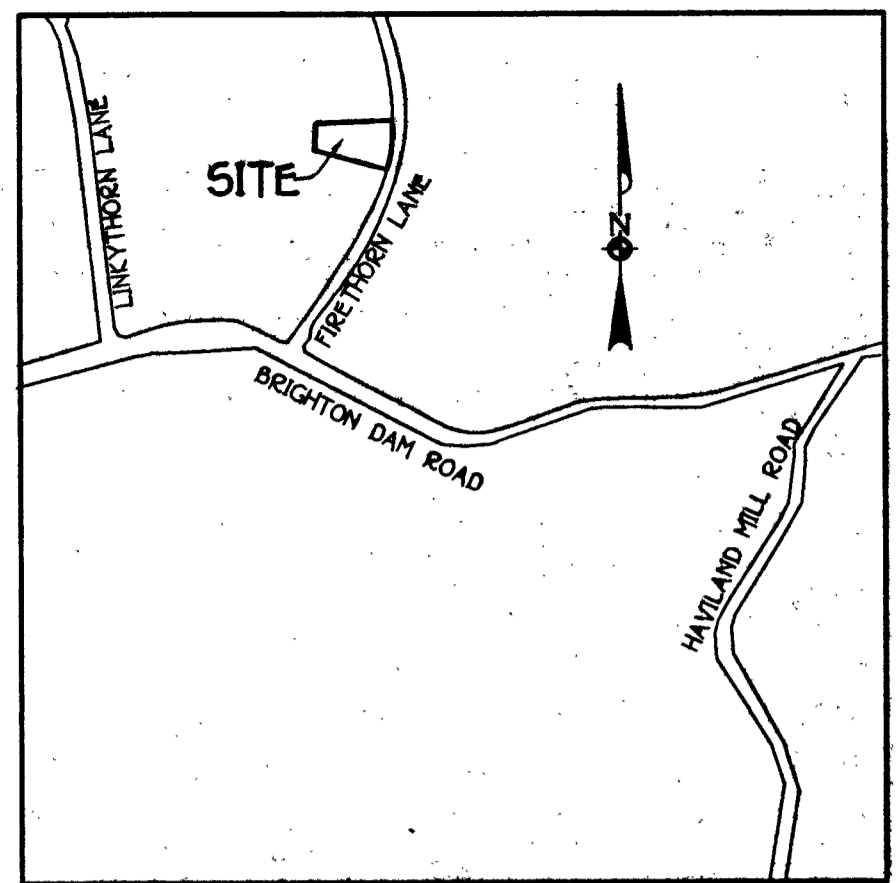
TESTED BY DJM

REMARKS \_\_\_\_\_

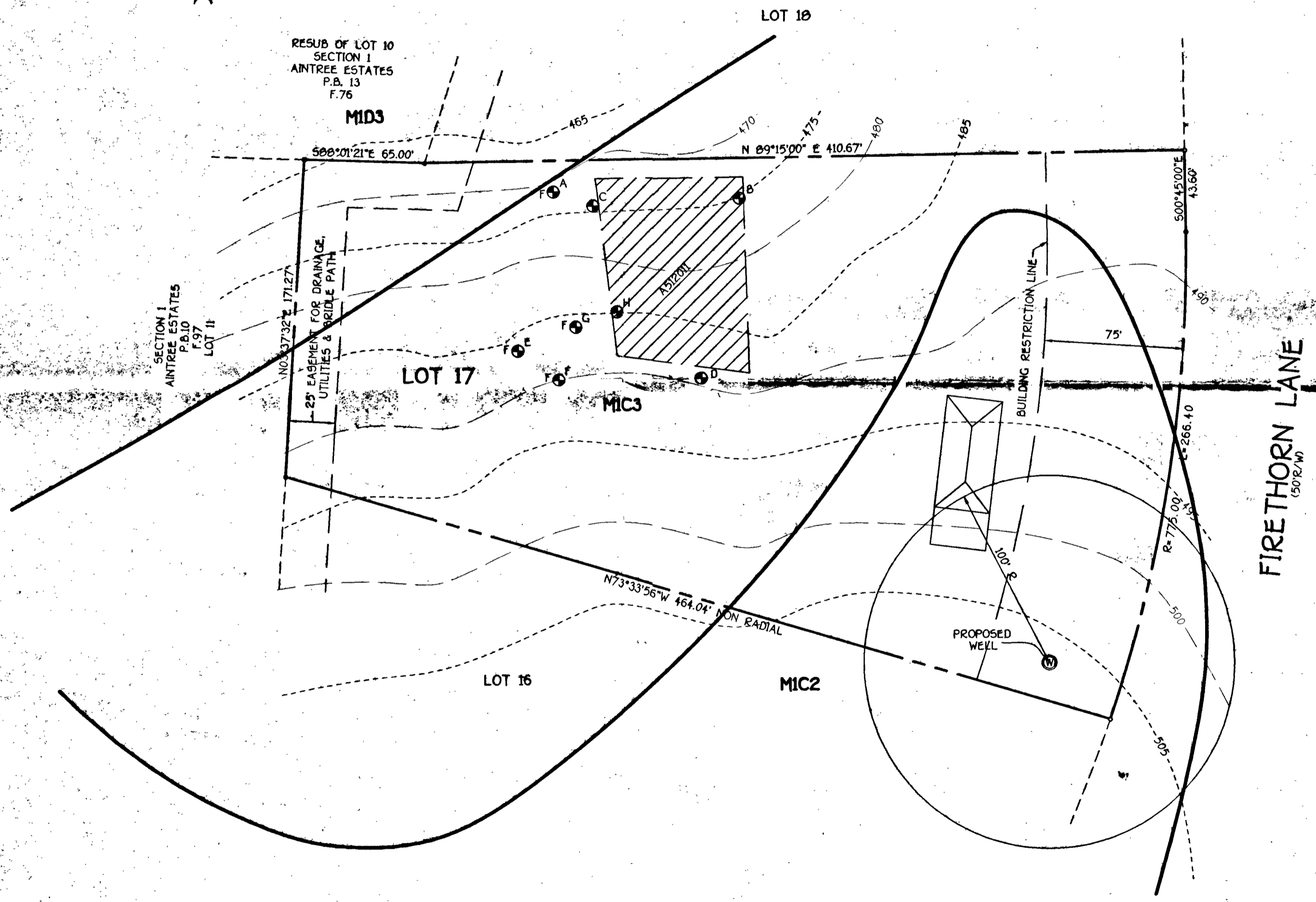
17 Sec 2



SOILS LEGEND		
SYMBOL	NAME	GROUP
MIC2	Manor Loam	B
MIC3	Manor Loam	B
MID3	Manor Loam	B



VICINITY MAP  
SCALE: 1" = 1200'



GENERAL NOTES:

- THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
- THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
- ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
- ⊙ DENOTES WELL LOCATION.
- ⊕ DENOTES APPROVED PERC HOLE LOCATION. ⊖ DENOTES FAILED PERC HOLE LOCATION.
- OWNER & DEVELOPER:

MARY MERRILL MASON  
14705 CARSON DRIVE  
BURTONSVILLE, MD 20866

(SIGNED COPY)  
PERC CERTIFICATION PLAT  
**AINTREE ESTATES**  
LOT 17



APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT.  
*Deane Matson M.D.* / *JSM* 2/25/00  
COUNTY HEALTH OFFICER DATE

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2255

TAXMAP\*34 ZONED: RR-DEO P/O PARCEL: 264  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=50' PLAT BOOK 22 FOLIO 54 DATE: FEBRUARY 7, 2000  
REVISED: FEBRUARY 23, 2000



Howard County  
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-1771 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Pennv E. Borenstein, M.D., M.P.H., Health Officer

June 24, 2004

Regan Brothers Inc  
12859 Route 108  
Highland, MD 20777

*SENT VIA FACSIMILE 301-854-1571*

RE: 6284 Firethorn Lane  
Aintree Estates, Lot 17  
BP # B00144387  
Well Permit # HO-94-2626

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/22/2004. Final approval of the well line connection to the dwelling was approved on 03/15/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

#### **INTERIM CERTIFICATE OF POTABILITY**

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-2626. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 06/11/2004, 6/17/2004 & 6/21/2004  
Date of Well Completion: 04/20/2000

Approving Authority,

*Brian Baker*

Brian Baker, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File