

LAYOUT 4/8/02 2:00 INSP 4 \_\_\_\_\_  
 INSP 2 4/9/02 3pm INSP 5 \_\_\_\_\_  
 INSP 3 4/10/02 AM INSP 6 \_\_\_\_\_

ISSUE DATE: 4/3/2002

APPROVAL DATE: 4/10/02

**PERMIT  
INDEXED**

05-354 293

P 516906-c

A 513906

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

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 580 Obrecht Road, Sykesville PHONE NUMBER: 410-795-5670

SUBDIVISION: Aintree Estates LOT NUMBER: 15

ADDRESS: 6296 Firethorn Lane PROPERTY OWNER: Select Homes

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

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

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

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 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Contour will determine the best and most conservative place for distribution box placement.
NOTES:	

PLANS APPROVED: Brian Baker ON SRK 12/11/01 DATE: 12/10/01

- 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 UNLESS SPECIFICALLY AUTHORIZED

**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**

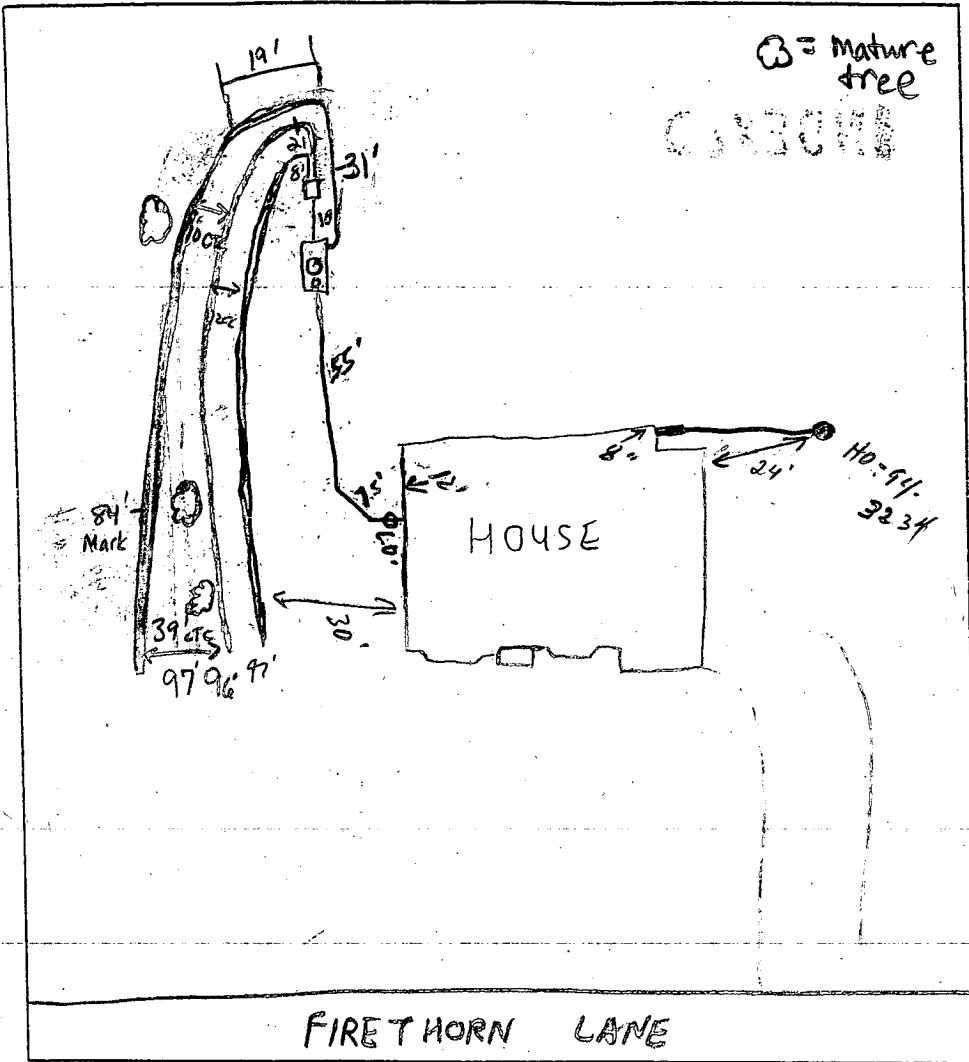
**BUILDING PERMIT SIGNED AND RETURNED**  
 7/24/02  
 B00137641-DECK

**BUILDING PERMIT SIGNED AND RETURNED**  
 4/17/02  
 B00135487-UG PROTECTIVE TANK

**BUILDING PERMIT SIGNED AND RETURNED**  
 7-1-02  
 B00136892-BARN GARAGE

A513906

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3  
 TRENCH INLET DEPTH 3 1/2  
 TRENCH BOTTOM DEPTH 5 1/2  
 DEPTH OF STONE 2  
 NUMBER OF TRENCHES 3  
 TOTAL TRENCH LENGTH 290  
 ABSORBENT AREA 870  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Center - 36" lower  
 6 INCH INSPECTION PORT Front

**PUMP CHAMBER DATA N/A**

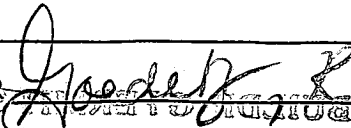

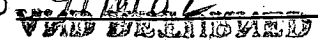


PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

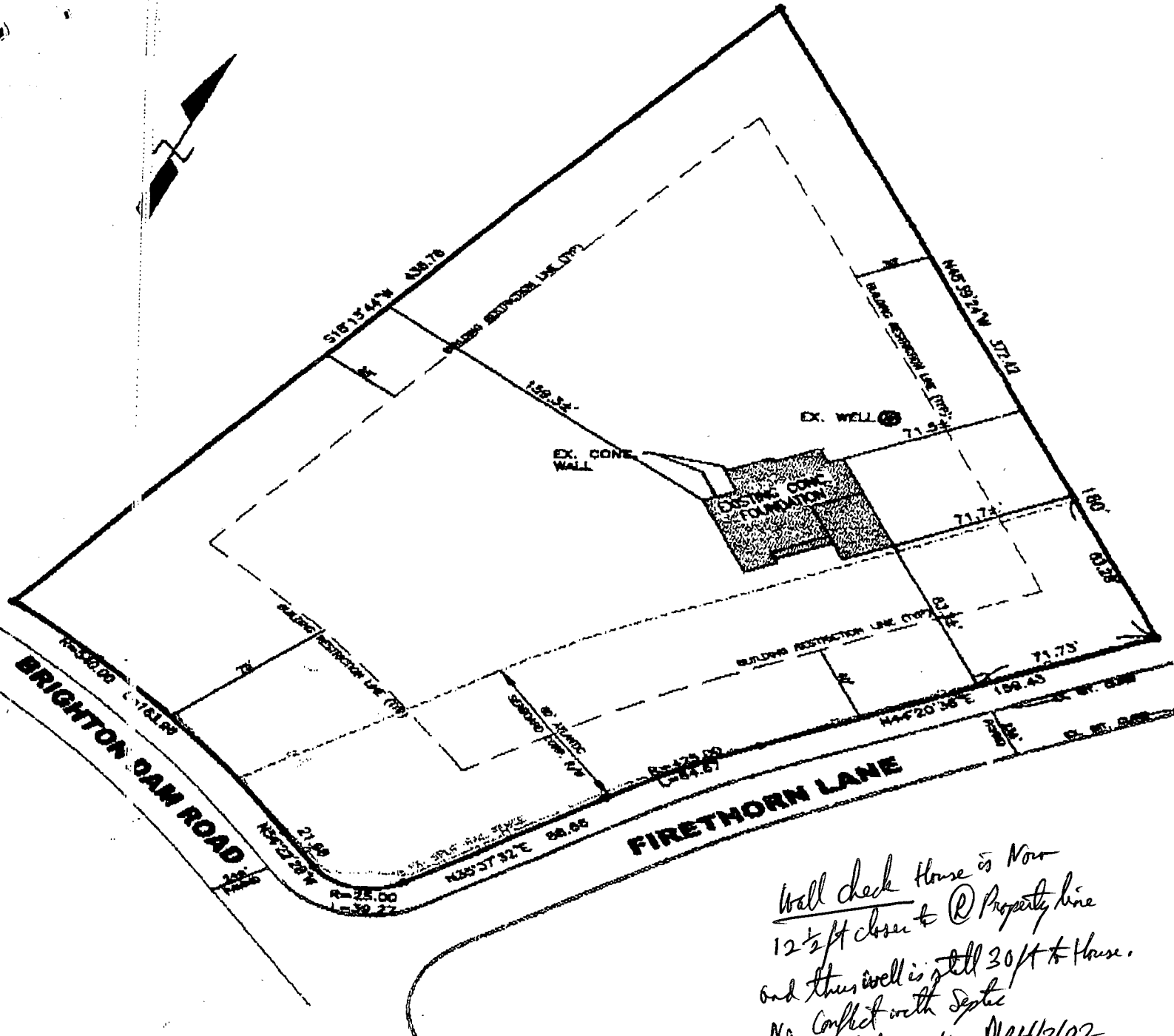
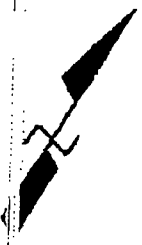
PRE-CONSTRUCTION INSPECTION: 4/8/02-SDA STAKED & TRENCHES STAKED, CONTOUR A LITTLE LIKE PLAN, OK TO INSTALL AS DISCUSSED IN FIELD (SRK)

INSPECTION COMMENTS: 4/9/02 1st trench is 6-8" too deep. Contr. indicated that was w/min fall. 2nd & 3rd trenches should be as deep (SO) 4/10/02 OK

To cover all work (K&MP)

5/1/02-DISCUSSION <sup>ON PHONE</sup> W/ BUILDER ABOUT DISTANCE OF WELL TO HOUSE. MENTIONED 30' IS STANDARD & TRY TO MAINTAIN THAT DISTANCE IN FUTURE OR THERE MAY BE CONSEQUENCES (SRK)

INSPECTOR Gooder  DATE SYSTEM APPROVED 4/10/02  
 AND RETURNED  AND RETURNED   
 AND RETURNED  AND RETURNED 



*Will check House is now  
 12 1/2 ft closer to @ Property line  
 and thus well is still 30 ft to house.  
 No Conflict with Septic  
 Well check OK 4/3/02*

*No it is not  
 but it was approved  
 by RIP Anyway (SRU)  
 House is 24' from well!*

I HEREBY CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN  
 REON FOR THE PURPOSES OF LOCATING THE IMPROVEMENTS ONLY  
 THE IMPROVEMENTS ARE LOCATED AS SHOWN. EXACT PROPERTY  
 BOUNDARIES HAVE NOT BEEN ESTABLISHED OR SET, EXCEPT AS SHOWN.  
 I ASSUME NO RESPONSIBILITY OR LIABILITY FOR ANY RIGHTS-OF-WAY  
 EASEMENTS RECORDED OR UNRECORDED, NOT APPEARING ON THE  
 RECORD PLAT AND/OR MENTIONED IN THE TITLE DEED REFERRED TO  
 REON.

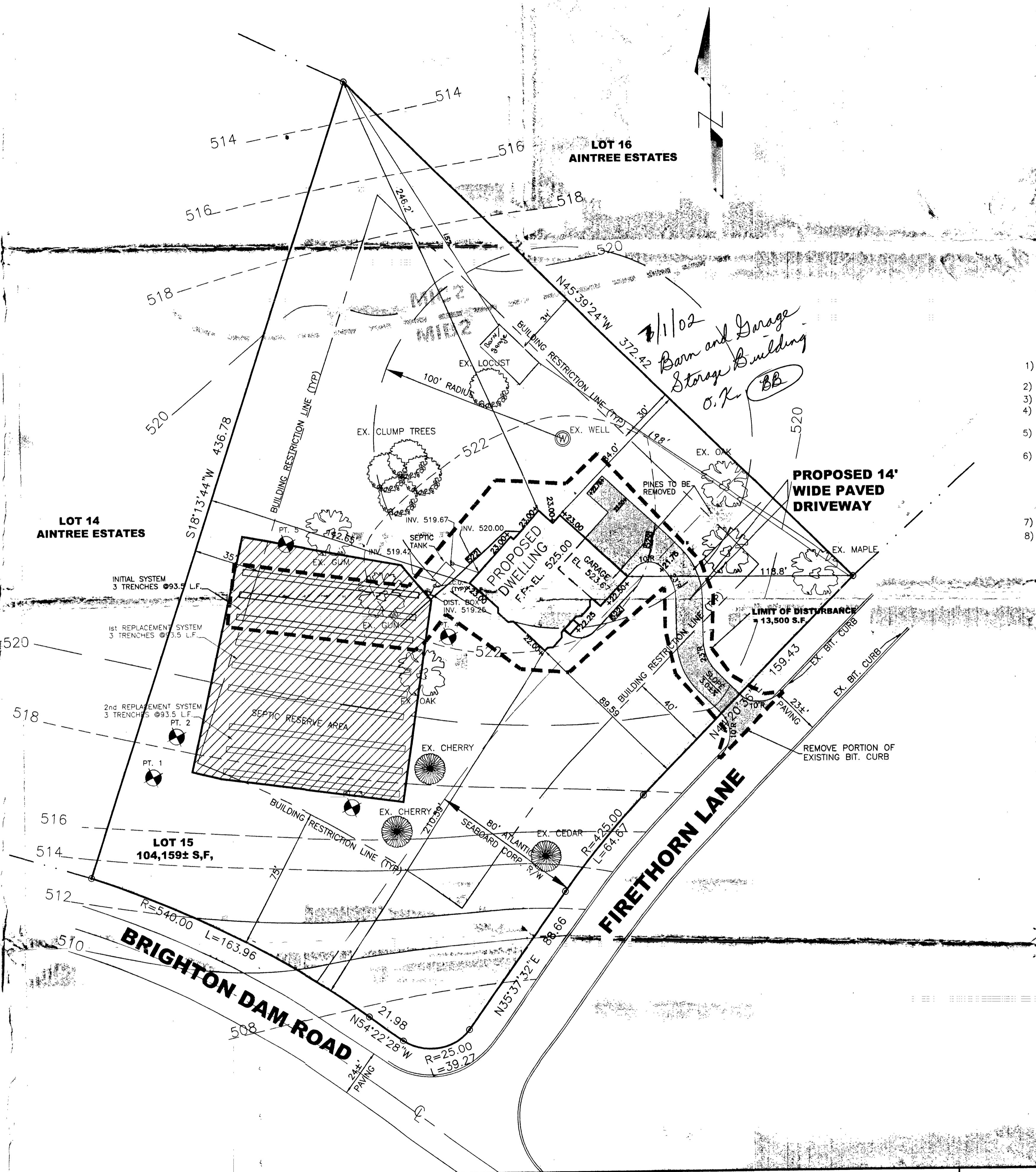
SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2000

WALD E. WORLEY  
 PROPERTY LINE SURVEYOR NO. 44

**MARYLAND LAND DESIGN, INC.**  
 SURVEYING • LAND PLANNING • ENGINEERING

1001 MEADOW DRIVE  
 WESTMINSTER, MD 21158  
 TELEPHONE 410-637-0210  
 FAX 610-840-0143

**LOCATION SURVEY**  
**LOT 15 - ANTREE ESTATES**  
 5TH ELECTION DISTRICT-- HOWARD COUNTY, MD  
 SCALE: 1" = 60'  
 FILE NO: 2001-73  
 DATE: 7 JANUARY 2002



- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)

**REVISIONS**

NO.	DATE	DESCRIPTION

**DEVELOPER:**  
 SELECT HOMES  
 MR. SAL MIGLIORE  
 48411 SURFSIDE DRIVE  
 LEXINGTON PARK, MD 20653  
 240-375-4326

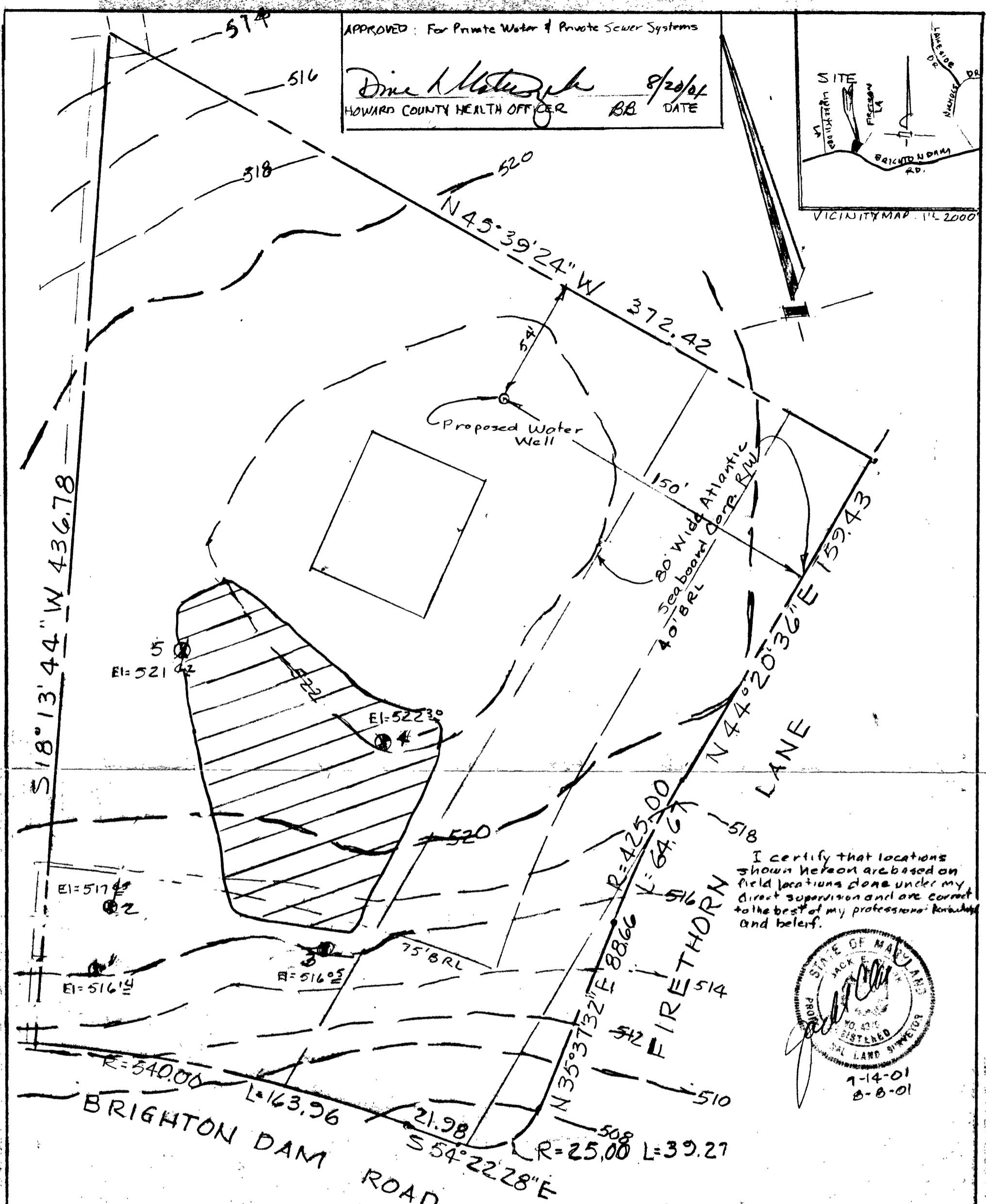
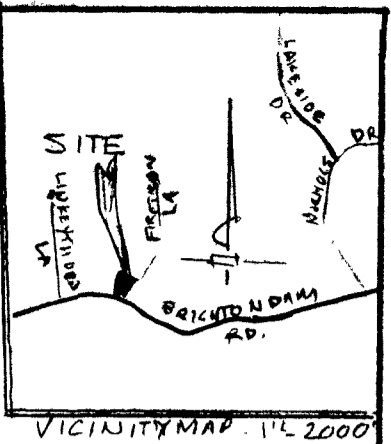
**PLAN PREPARATION**

DRAWN BY: DWS	DATE: OCTOBER 2, 2001
DESIGNED BY: DWS	FILE NO. 2001-73
CHECKED BY: KDB	DRAWING NO.

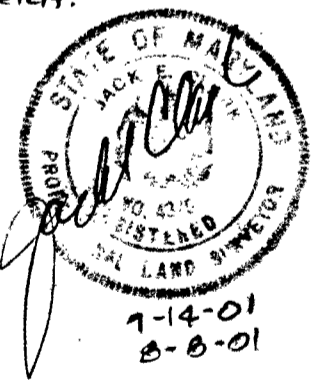
A

APPROVED: For Private Water & Private Sewer Systems

*Dina H. Matusz*  
HOWARD COUNTY HEALTH OFFICER  
8/20/01  
BB DATE



I certify that locations shown hereon are based on field locations done under my direct supervision and are correct to the best of my professional knowledge and belief.



- Notes:
1. Percutaneous Test holes marked thus: were field located by a careful transit-tape survey on June 30, 2001.
  2. The elevations shown hereon were established from the Howard County Datum.
  3. There are no wells or septic systems within 100ft of the property boundaries.
  4. This area designates a private sewage easement of at least 10000 sq ft, as required by the Maryland Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewer is available. This easement shall become null and void upon connection to a public sewer system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage plat shall not be necessary.

PERC. PLAT  
LOT 15  
AINTREE ESTATES  
CLARKSVILLE  
Howard County, Md  
Scale: 1"=40'  
July, 2001  
Rev. App. 2001

PREPARED BY:  
**THE J.E. CLARK COMPANY**  
LAND SURVEYING AND ENGINEERING  
P.O. BOX 147 LAUREL, MARYLAND 20725  
(301) 725 3442

**SOILS**

SYMBOL	MAPPING UNIT	DEPTH TO WATER TABLE
MB2	MANOR LOAM, 3-8% SLOPES, MODERATELY ERODED	20+
MIC2	MANOR LOAM, 8-15% SLOPES, MODERATELY ERODED	20+

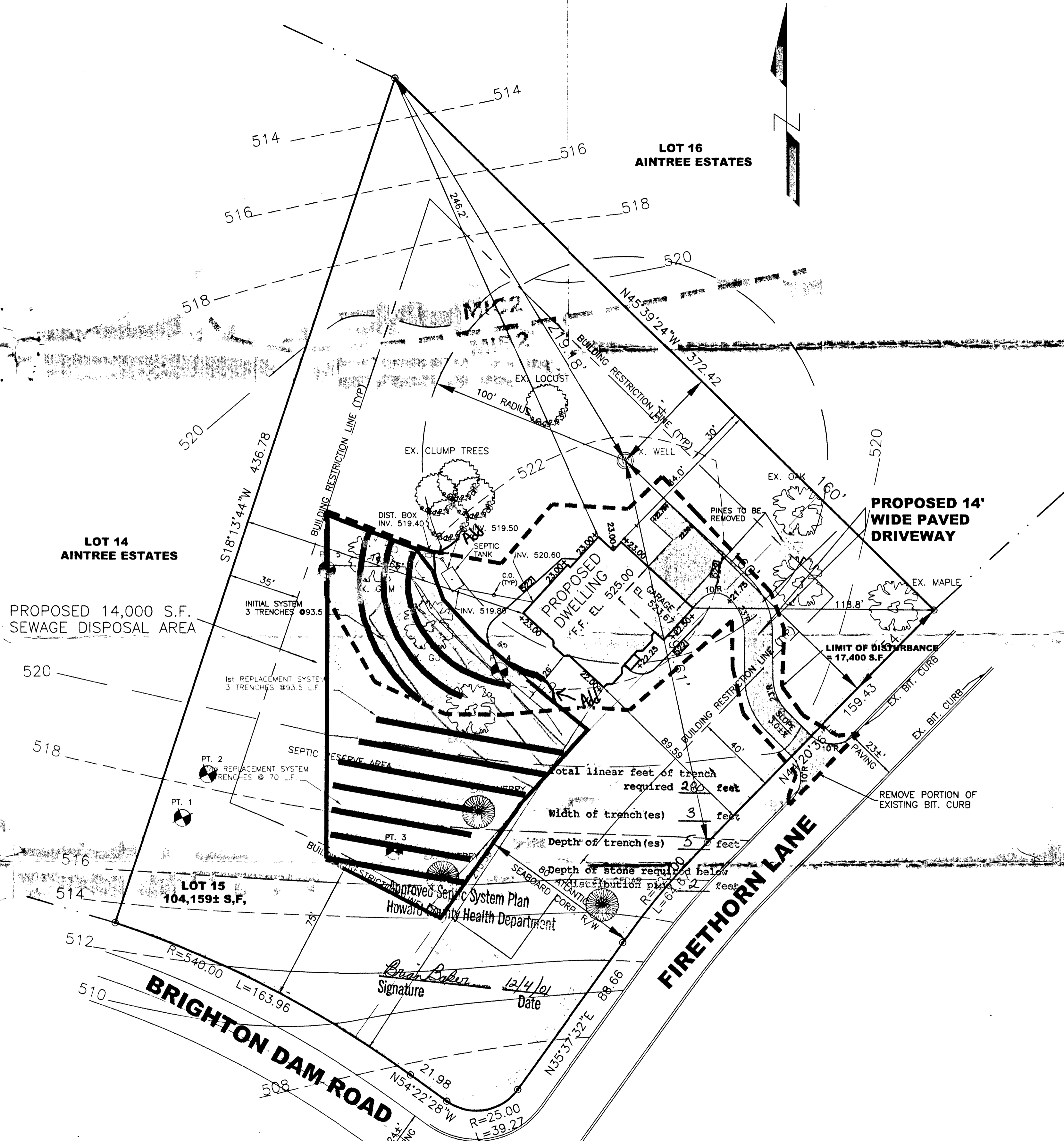
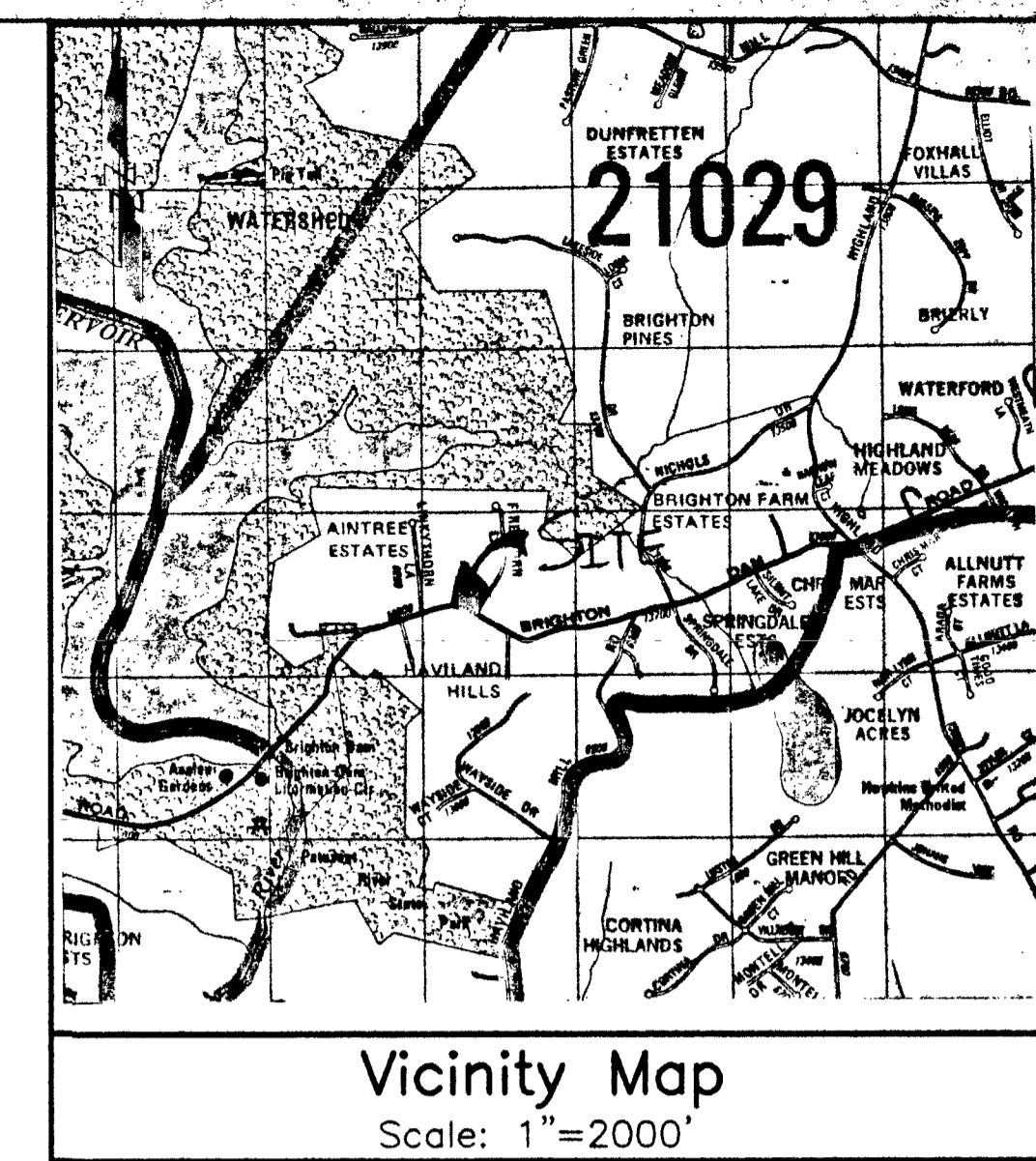
⊕ PASSED PERC TEST

PERCOLATION TEST RESULTS AS OBSERVED BY MR. BRIAN BAKER ON JULY 13, 2000.

TEST NO.	DEPTH	RESULTS
PT1	4.5'/10'	5 MIN.
PT2	4.5'/11.5'	5 MIN.
PT3	4.7'/14'	6 MIN.
PT4	4.5'/13.5'	13 MIN.
PT5	3.5'/12'	12 MIN.

AVERAGE PERCOLATION TIME = 10 MIN.  
 INLET DEPTH = 3.0'  
 TRENCH WIDTH = 3.0'  
 MAXIMUM BOTTOM DEPTH = 5.0'  
 SQ. FT. PER BEDROOM = 210 SQ. FT.

SEPTIC DESIGN: 4 BEDROOM HOUSE  
 210 SF / BEDROOM = 840 SF  
 INITIAL, 1st AND 2nd REPLACEMENT SYSTEMS:  
 TRENCH LENGTH = 280 LF (3 TRENCHES @ 93.5 LF EA.)  
 SEPTIC TANK SIZE: 1250 GAL.



**GENERAL NOTES:**

- Horizontal and Vertical Control shown hereon is based on assumed datum performed by Purdum and Jeschke, December, 1971.
- Subject property zoned RR-DEO (Rural Residential)
- All areas are more or less, unless otherwise stated.
- This plan is based on a field run percolation plot survey performed July, 2001 by The J.E. Clark Company, P.L.S.
- Percolation tests were field located by The J.E. Clark Company on or about 30 June 2001.
- This area designates a private sewage easement of 13,957 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted unless public sewage becomes 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 easement. Recordation of a modified sewage easement shall not be necessary.
- An ejector pump is required to service the basement of the proposed dwelling.
- Driveway(s) shall be provided prior to residential occupancy to insure safe access for fire and emergency vehicles per the following minimum requirements:
  - Width - 12 feet
  - Surface - 6 inches of compacted crusher run base with tar and chip coating.
  - Geometry - Maximum of 15% grade, maximum 10% grade change and minimum of 45 foot turning radius.
  - Structures (culverts/bridges) - capable of supporting 25 gross tons (H25 loading)
  - Drainage elements - capable of safely passing 100-year flood with no more than 1 foot depth over driveway surface.
  - Structure clearances - minimum 12 feet.
  - Maintenance - sufficient to insure all weather use.

Approved for private water and private sewerage systems for lot 18.

Howard County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

**MARYLAND LAND DESIGN, INC.**  
 CONSULTING ENGINEERS AND LAND PLANNERS  
 2001 MEADOW DRIVE  
 WESTMINSTER, MARYLAND 21158  
 TELEPHONE: (410) 857-0210 FAX: (410) 840-0143  
 © COPYRIGHT 2001

REVISIONS		
NO.	DATE	DESCRIPTION
1	11/29	ADJUSTED SEWAGE DISPOSAL AREA

**DEVELOPER:**  
 SELECT HOMES  
 MR. SAL MIGLIORE  
 48411 SURFSIDE DRIVE  
 LEXINGTON PARK, MD 20653  
 240-375-4326

PLAN PREPARATION	
DRAWN BY: DWS	DATE: OCTOBER 2, 2001
DESIGNED BY: DWS	FILE NO. 2001-73
CHECKED BY: KDB	DRAWING NO.

**SITE PLAN**  
**AINTREE ESTATES**  
**LOT 15**  
 TAX MAP 34, PARCEL NO. 169  
 5th ELECTION DISTRICT, HOWARD COUNTY, MARYLAND

**SCALE**  
 1"=30'  
**SHEET NO.**  
 1 OF 1

Allen Bob Kelly 10/15

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: R.W.P. Plumbing Inc Telephone #: 410-531-2980
Address: 7348 HUGHES AVE
BALT. MD 21219

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): ROBERT T. KELLY License# 4605

\*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: BELLA DONNA HOBBS Telephone #: 410-737-2600
Subdivision: ANTREE ESTATES Lot #: 15 Well Tag #: HO-94-3234
Site Address: 6296 FIRETHORN LA.
CLARKSVILLE MD 21028

Submersible Pump Data

Make: CROUCHS
Model #:
Pump Capacity: GPM
Well Yield: 3 GPM

Pitless Adapter

Make: CAMBELL
Model #: 800
Depth: 42" (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 1 1/2" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 70 (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
THE LINE TO THE HOUSE FROM THE CASING.

Piping to house

Type: BRASS WELL PIPING
PSI: 150 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

FVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 6'
Sleeve caulked and sealed properly: YES

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: Robert T. Kelly date: 5-25-02

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

Date Insp. Requested: 4/29/01 Date Insp. Approved: 4/29/02 (SO)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked]
Two piece cap installed and attached to casing securely [checked] BB
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 7836

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

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

COUNTY NUMBER 13 A13906

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

11/26/01

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3234

OWNER Select Homes Inc STREET OR RFD Firethorn Lane + Brighton Dam Rd TOWN Clarksville SUBDIVISION Aintree Estates SECTION LOT 15

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Brown weathered Schist and Gray and Brown Schist.

GROUTING RECORD form with fields for CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (26), NO. OF POUNDS (2444), GALLONS OF WATER (156), DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (66).

OTHER CASING (if used) form with fields for diameter and depth.

SCREEN RECORD form with fields for screen type (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

Administrative fields: NUMBER OF UNSUCCESSFUL WELLS (0), WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DEPTH (nearest ft.) table with rows for casing sections and slot size (1, 2, 3).

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...

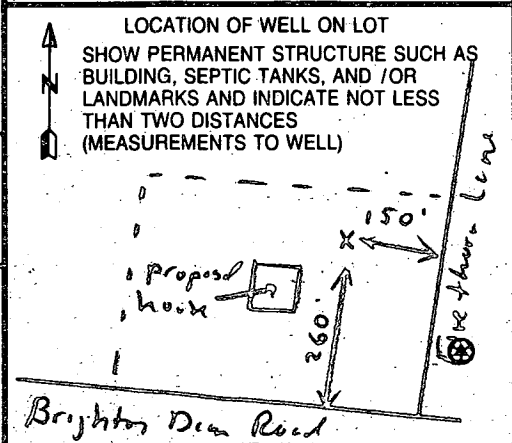
DRILLERS LIC. NO. MUD 523, DRILLERS SIGNATURE, LIC. NO. MUD 346, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) with fields for TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields for HOURS PUMPED (8), PUMPING RATE (3), METHOD USED TO MEASURE PUMPING RATE (bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (174 ft), WHEN PUMPING (319 ft), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED form with fields for DRILLER INSTALLED PUMP (YES), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS, TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (5), PUMP HORSE POWER (1 1/2), PUMP COLUMN LENGTH (700), CASING HEIGHT (above), LAND SURFACE (2 ft).



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-3234  
 Location of property (road) Firethorn Lane + Brighton Dam Road  
 Subdivision Aintree Estates Lot 15 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller BL Meyers Brothers Owner Select Homes

Depth of well 720 ft  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 174 ft

I. High rate pumping -- reservoir drawdown

Time pump started 9:50 AM Pumping rate 5 gpm  
 Total time 120 min to reach pumping water level 319 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 (gallon bucket)	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
11:50	319	19 sec		3.2
12:05	319	19		3.2
12:20	320	19		3.2
12:35	317	19		3.2
12:50	317	19		3.2
1:05	318	19		3.2
1:20	319	19		3.2
1:35	320	19		3.2
1:50	320	19		3.2
2:05	319	19		3.2
2:20	318	20 sec		3.0
2:35	317	20		3.0
2:50	317	20		3.0
3:05	317	20		3.0
3:20	317	20		3.0
3:35	317	20		3.0
3:50	317	20		3.0
4:05	318	20		3.0
4:20	318	20		3.0
4:35	319	20		3.0
4:50	319	20		3.0
5:05	319	21		2.9
5:20	319	21		2.9
5:35	320	21		2.9
HD-224 5:50	320	21		2.9



B 1	<b>7867</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b>	STATE PERMIT NUMBER <b>HO - 94 - 3234</b>
1 2 3 4 5 6			please print or type <b>W516028</b>	fill in this form completely

**OWNER INFORMATION**

Date Received (APA) 9/12/2001  
8 MM DD YY 13

Select Homes Inc  
15 Last Name Owner First Name 34

48411 Surfside Drive  
36 Street or RFD 55

Lexington Park MD 20653  
57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

Howard  
8 COUNTY 21

Aintree Estates  
23 SUBDIVISION 42

SECTION      LOT 15  
44 46 48 50

Clarksville  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 4 M I  
73 76 77 78

**DRILLER INFORMATION**

Gross Myers MWD523  
Driller's Name 76 License No. 81

B.L. Myers Bros.  
Firm Name

5112 Pagasus Ct Suite V Frederick MD 21704  
Address

[Signature] 9/10/01  
Signature Date

**WELL INFORMATION**

B 2  
1 2

APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED 1000  
(GAL. PER DAY) 14 20

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

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

Brighton Dam Road  
11 NEAR WHAT ROAD 30

DISTANCE FROM ROAD 260 FT  
ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 13 PARCEL: 264

**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 13 A13906  
COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 9/24/2001 Brian Baber 9/24/2002  
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 200 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Frederick Municipal
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8001

N 4907

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

**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

39  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 \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. HO - 94 - 3234  
70 71 72 73 74 75 76 77 78 79

N 45° 39' 24" W 372.42

Proposed Water Well

9/21/01  
Well Approximately  
63' from property  
line (fence). O.K. to  
drill if well site  
moved around 10'  
closer to rear  
fence.

80' Wide Atlantic  
Seaboard Corp. R/W  
40' BRL

N 44° 20' 36" E 159.43

LANE

R=425.00

N 35° 37' 32" E 88.66

L=64.61

IRETHORN

75' BRL

516

512

518

514

510

508

506

504

502

500

498

496

494

492

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-122

-124

-126

1/13/00  
10:00

# APPLICATION

## PERCOLATION TESTING

A 139006

P \_\_\_\_\_

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

6/27/00 H.D. requests  
confirmation of sufficient  
septic area for ex. 101  
of record, originally  
tested sept. 1968

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

(SS)

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 Mr. Hozik

ADDRESS 13946 Brighton Dam Rd. PHONE \_\_\_\_\_  
Clarksville, MD 21029

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

### PROPERTY LOCATION:

SUBDIVISION Aintree Estates LOT NO. 15 SEC. 2

ROAD AND DESCRIPTION Firethorn Lane

TAX MAP 34 PARCEL # 264 Block # 13

SIZE OF LOT 2.8 ACRES 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 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

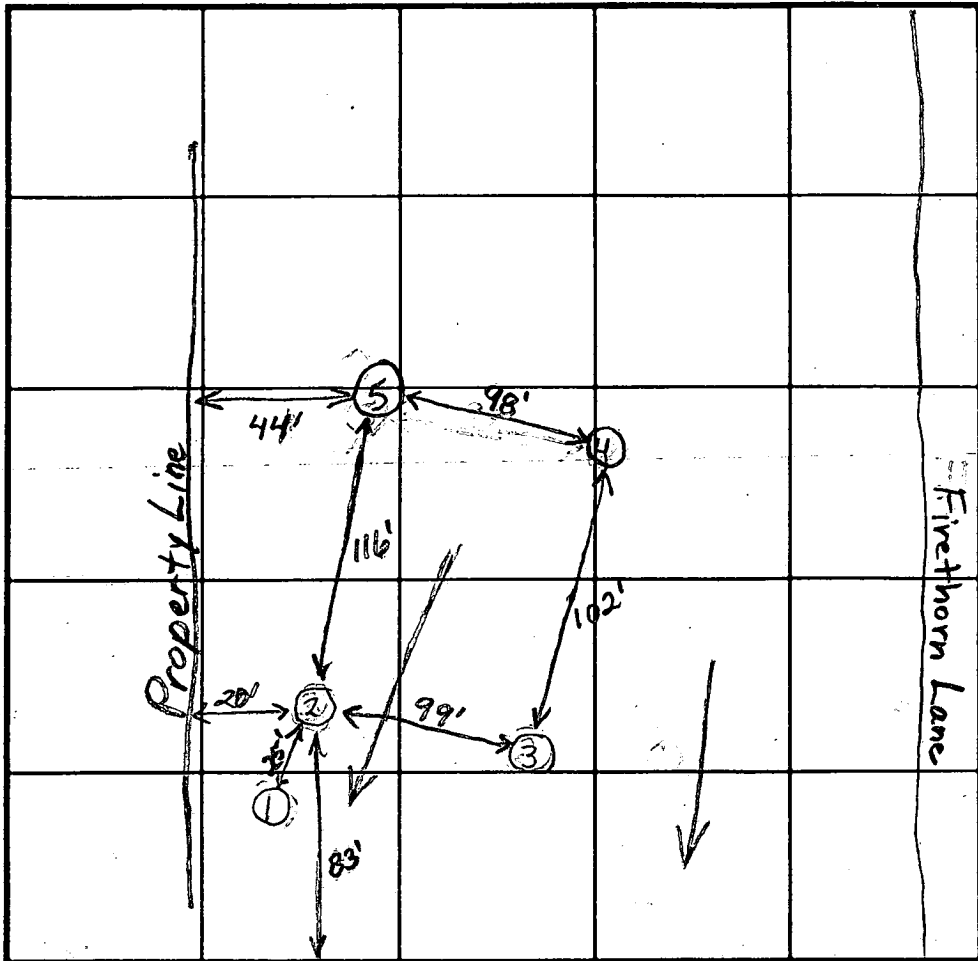
A13906  
COUNTY #

SOIL PROFILE

0' (1) (3)  
Red Brown Clay Loam  
3.5'-4.0'  
Or. Brown Sa Loam  
10% Rock  
Hard Bottom  
10.0'

(2)  
Red Brown Clay Loam  
3.5'-4.0'  
Or. Brown Sa Loam  
10% Rock  
Hard Bottom  
11.5'

(3)  
Or. Brown Sa Clay Loam  
5.0'  
Light Brown Sandy Loam  
10% Rock  
14.0'



SOIL PROFILE

0' (4)  
Red Brown Sandy Clay Loam  
6.0'  
Rock Layer  
6.5'  
Light Brown Sandy Loam  
10% Rock  
13.5'

(5)  
Red Brown Sa Clay Loam  
4.5'-5.0'  
Light Red Brown Sandy Loam  
5% Rock  
Hard Bottom  
12.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/13/00	2	4.5'/11.5'	10:37	10:40	10:40	10:45	5
	1	10'	Similar to (2)				OK
	3	4'/14'	10:47	10:50	10:50	10:51	6
	4	4.5'/13.5'	11:00	11:05	11:05	11:18	13
	5	3.5'/12'	11:22	11:27	11:27	11:39	12
		4.5'	12:08	12:05	12:05	12:16	11

REMARKS Moderately Shallow System Below Clay Layer

TYPE OF SOIL

TESTED BY Brian Baker ALSO PRESENT Fyock

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10min TRENCH WIDTH 3

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5' SQ. FT./BEDROOM 210

*Preliminary*  
*9/4/68*  
*9:30*

*Visual hole needed 14'-15'*

# APPLICATION

A 13906

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

*Septic Tank - 3 bedroom 1000 gal*  
*4 " 1200 "*

DISTRICT 5

DATE 8/29/68

*Dry well - 72 sq ft absorbent material area to be put in bed room to begin below the first 41/2 ft of orig. grad. Max depth permitted for dry well is 2 ft below orig. grad. Let note depth 4 ft. B.O.G.*

*Place Dry Well 40 ft from front lot line (Brighton Dam Rd line) & 65 ft from left lot line as seen when facing from Brighton Dam 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 Aintree Estates, Inc.

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

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 15, Sec. 2

ROAD AND DESCRIPTION Brighton Dam Rd. & Unnamed Road

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

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

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

SIZE OF LOT 2.8 acres (180' x 380' x 376' x 435') TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

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

SIGNATURE OF APPLICANT /s/ Lloyd Both

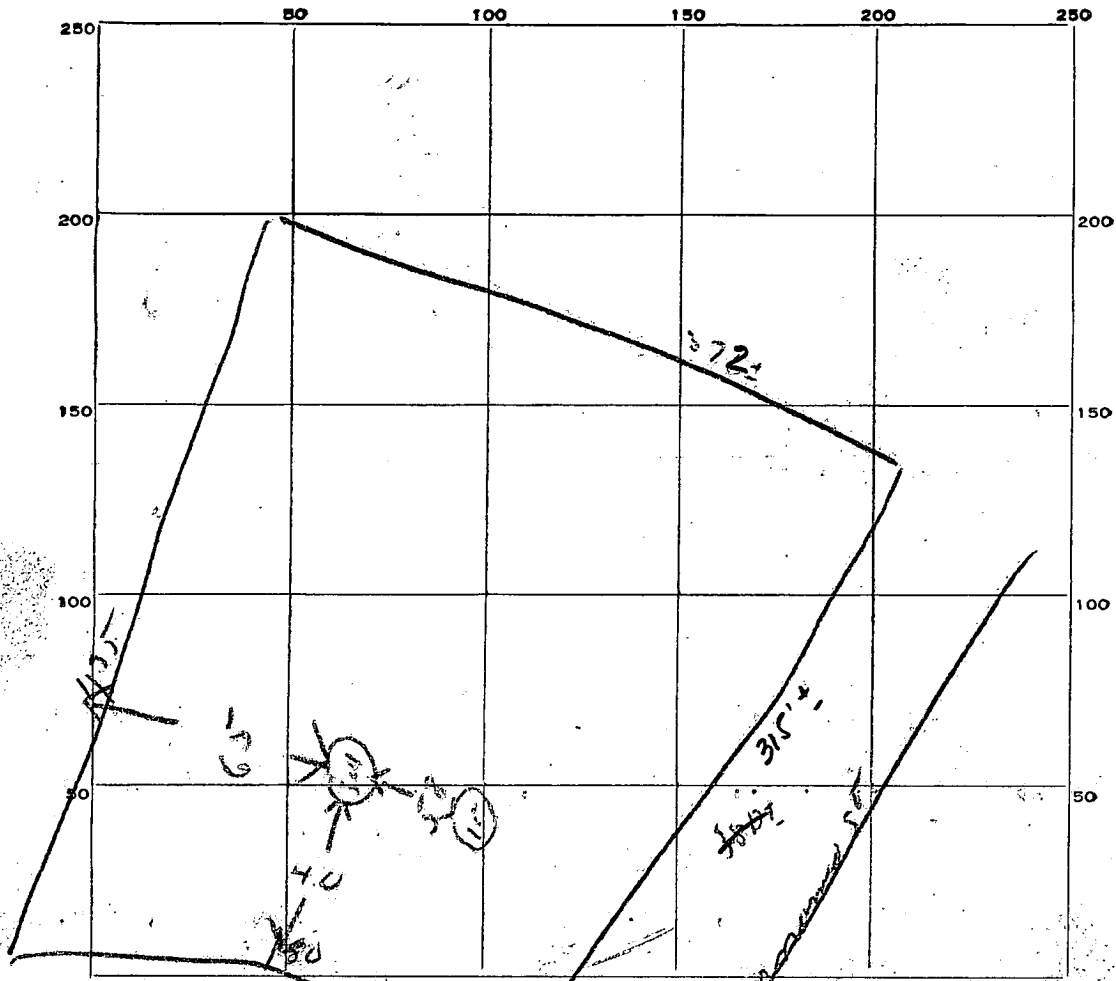
APPROVED BY Mr. Managham FOR Dry Well DATE 1-17-73  
(KIND OF SYSTEM)

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 ADJOINING ROADWAY AS BASE LINE.

*Orange Grove Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/65	1	5 ft	10 04	10 12	10 12	10 20	18 min
	2	11 1/2	10 05	10 06	10 06	10 09	3 min
	3	5	10 07	10 10	10 10	10 15	5 min
	4	11 1/2	10 08	10 09	10 09	10 11	2 min

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

TESTED BY *DM* \_\_\_\_\_

REMARKS \_\_\_\_\_

*9/15/65*

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

A 13906

P \_\_\_\_\_

DISTRICT 5

DATE 8/29/68

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:

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ROAD AND DESCRIPTION Brighton Dam Rd. & Unnamed Road

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

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

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

SIZE OF LOT 2.8 acres (180' x 380' x 376' x 435') TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

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

SIGNATURE OF APPLICANT /s/ Lloyd Both

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

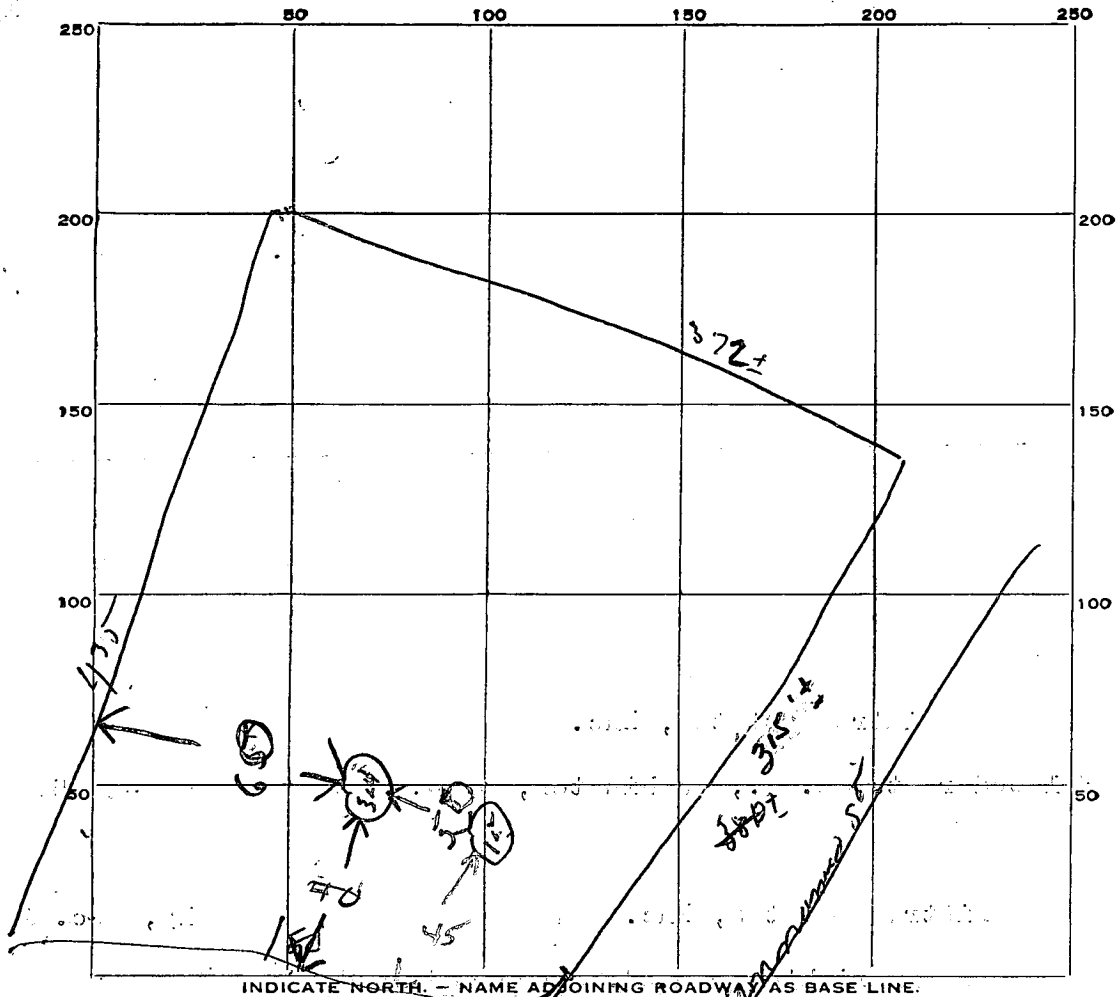
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT

lot 15 Sec 2



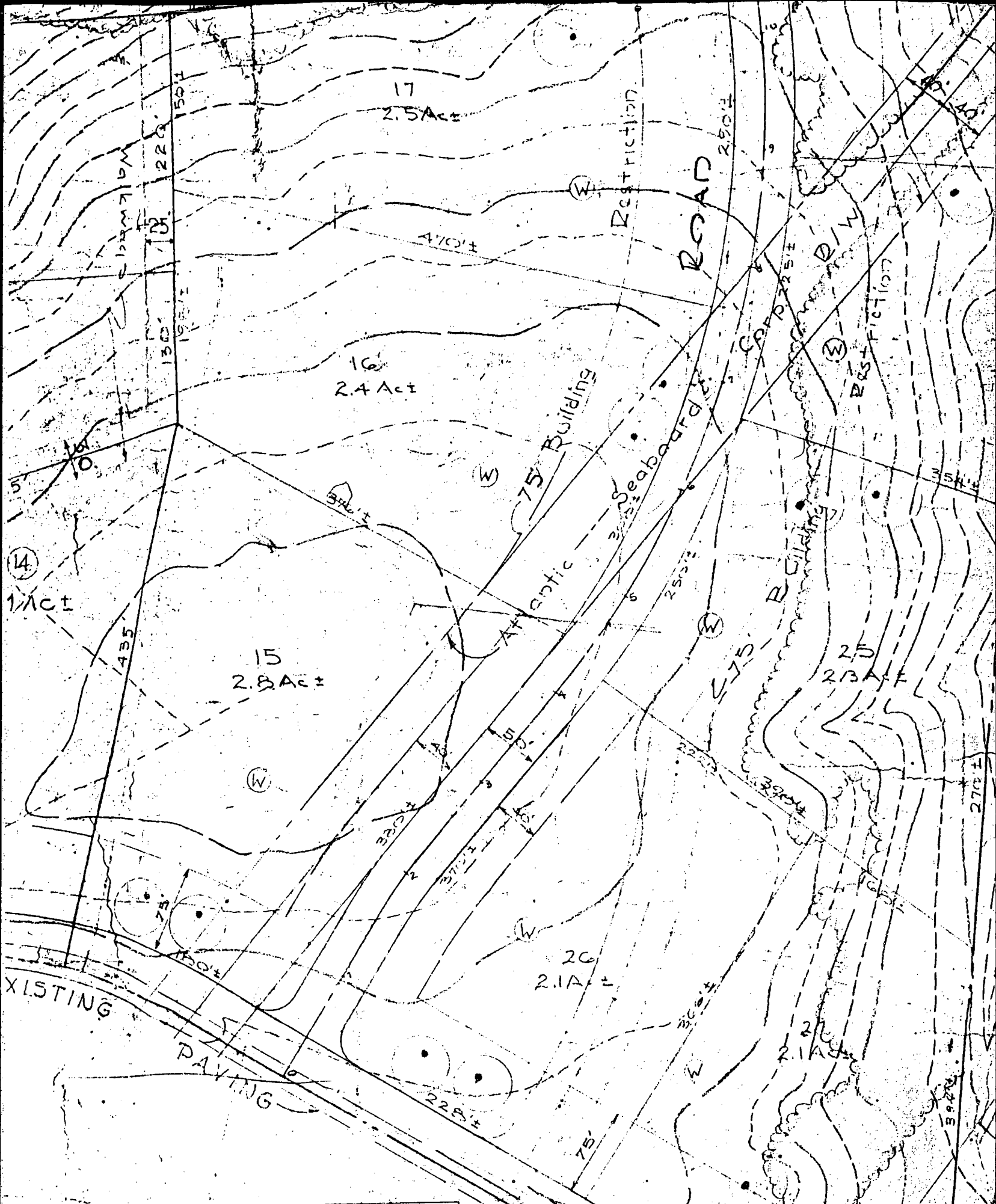
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/4/68	1	5 1/2	10 04	10 12	10 12	10 20	18 min
	2	11 1/2	10 05	10 06	10 06	10 09	3 min
	3	5	10 07	10 10	10 10	10 15	5 min
	4	11 1/2	10 08	10 09	10 09	10 11	2 min

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

TESTED BY DUM

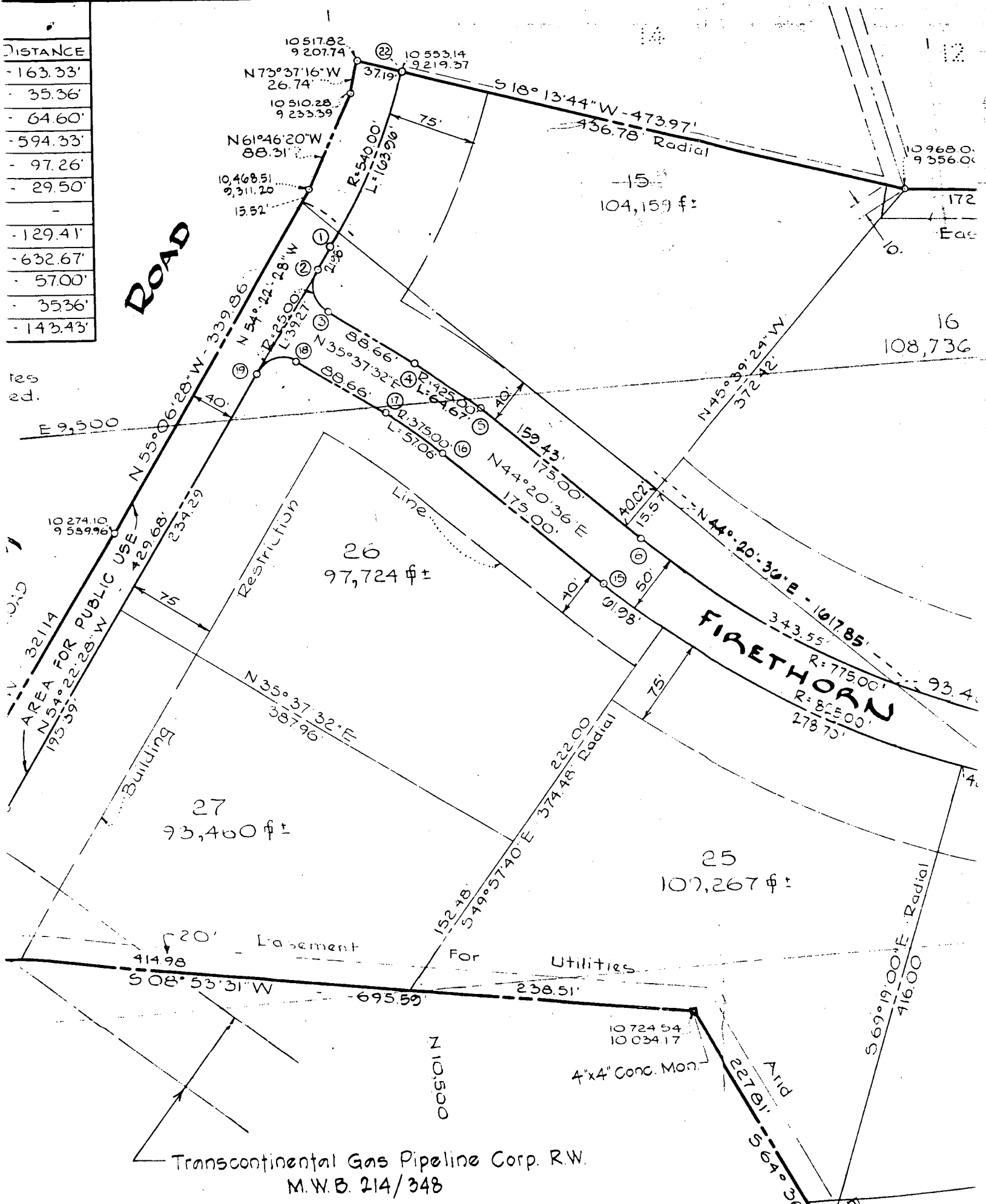
REMARKS \_\_\_\_\_

7/15/68



SECTION ONE  
 maximum depth permitted for  
 coverage  
 1966  
 500

DISTANCE
-163.33'
-35.36'
-64.60'
-594.33'
-97.26'
-29.50'
-
-129.41'
-632.67'
-57.00'
-3536'
-143.43'



Transcontinental Gas Pipeline Corp. R.W.  
M.W.B. 214/348

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300155487

Building Address 6796 Frenchtown Lane  
Clarksville MD 21229  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60501 Subdivision Antec 601  
 Section 2 Area \_\_\_\_\_ Lot 15  
 Tax Map 34 Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning R2 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Salea Roman  
 Address 4841 Sunrise Dr  
 City Luxington Park State MD Zip Code 20653  
 Home Phone \_\_\_\_\_ Work Phone 301-787-2600  
 Applicant's Name & Mailing Address; (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use S.P.D  
 Proposed Use Same with tank  
 Estimated Construction Cost \$ 22000.00  
 Description of Work INSTALL (1) 1000 GAL. UG<sup>INC</sup>  
PROPANE TANK 4" TANK, PER NFPA 58

Contractor Company American Gas  
 Contact Person Tom McLaughlin  
 Address 10097 Baltimore North Ave  
 City Luxton City State MD Zip Code 21031  
 License No. \_\_\_\_\_  
 Phone 410-465-0200 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Applicant's Signature Thomas R. McLaughlin  
 Title/Company \_\_\_\_\_

Print Name Thomas R. McLaughlin  
 Date Nov 15, 2002

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

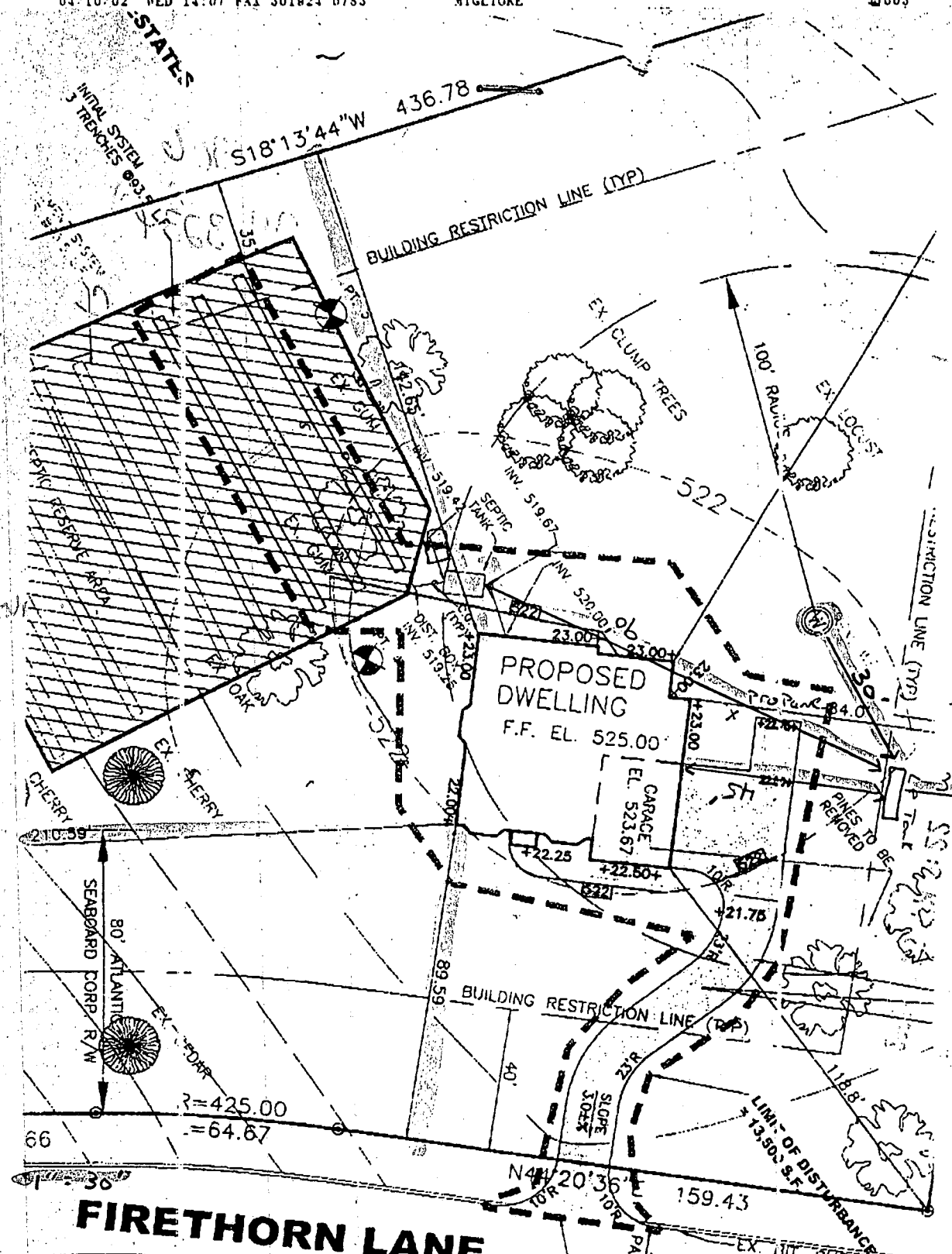
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4-17-02</u>	<u>K. Goodking</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  YES  NO   
 Is Entrance Permit required?  YES  NO   
 Historic District?  YES  NO   
 Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#** 00012750

Filing fee	\$ <u>100.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ _____
Balance due	\$ _____
Check	# <u>410706</u>
Validation	# _____



TRANK  
LOCATION  
OK  
4/17/02  
126

# FIRETHORN LANE

Sal Migliore  
4841 Sunrise Dr  
Lexington Park Md 20653  
10-1-01 Rosetta  
DT 15

~~Install (1) 10:00~~  
~~Gallon ASMC 0:00~~  
~~LP Tank Per NFPA 58~~

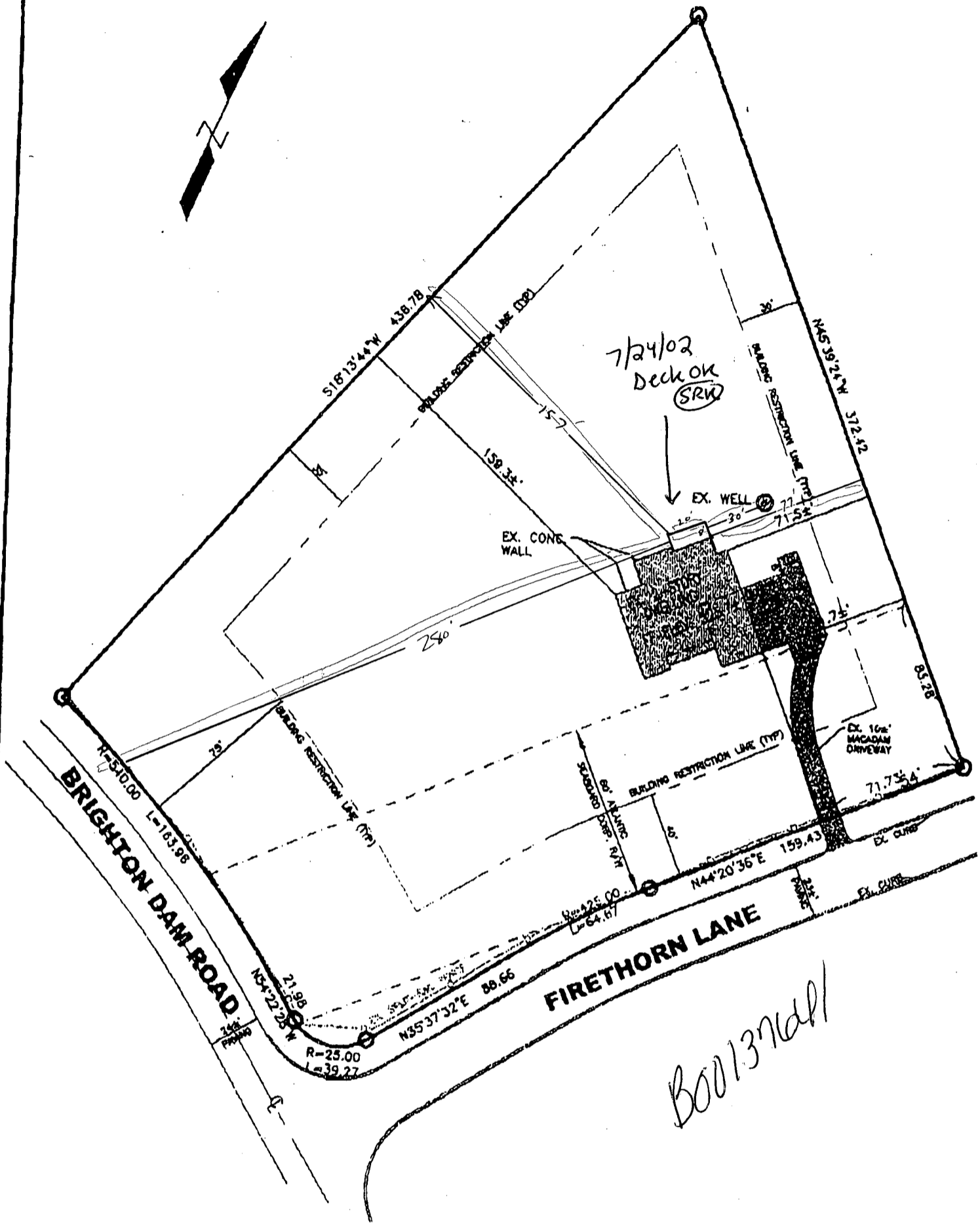
PROPANE

SEABOARD CORP. R/W  
80' ATLANTIC

$$R=425.00$$

$$=64.67$$

REMOVE PORTION OF  
EXISTING BIT CURB



I HEREBY CERTIFY THAT I HAVE SURVEYED THE PROPERTY SHOWN HEREON FOR THE PURPOSED OF LOCATING THE IMPROVEMENTS ONLY AND THE IMPROVEMENTS ARE LOCATED AS SHOWN. EXACT PROPERTY CORNERS HAVE NOT BEEN ESTABLISHED OR SET, EXCEPT AS SHOWN. WE ASSUME NO RESPONSIBILITY OR LIABILITY FOR ANY RIGHTS-OF-WAY OR EASEMENTS RECORDED OR UNRECORDED, NOT APPEARING ON THE RECORD PLAT AND/OR MENTIONED IN THE TITLE DEED REFERRED TO HEREON.

SIGNED THIS 2nd DAY OF JULY 2002

*Donald E. Worley*  
 DONALD E. WORLEY  
 PROPERTY LINE SURVEYOR NO. 44



**MARYLAND LAND DESIGN, INC.**  
 SURVEYING • LAND PLANNING • ENGINEERING

2001 MEADOW DRIVE  
 WESTMINSTER, MO 21158  
 TELEPHONE 410-857-0210  
 FAX 410-840-0143

**FINAL LOCATION SURVEY**  
**LOT 15 - AINTREE ESTATES**

5th ELECTION DISTRICT - HOWARD COUNTY, MD

FILE NO: 2001 73