

6/5/69 approved by JTB

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

(053-51796)

ELLICOTT CITY

DISTRICT 5

DATE 5/14/69

P 14508

11655

A 11655

11656

38132B

INDEXED

Robt. Dubin Co.

IS PERMITTED TO INSTALL ALTER

ADDRESS Rt. 2, Clarksville, Md. PHONE 286-3432

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Aintree Estates Inc.

6281 LINKYTHONNE LANE
Road "A"

LOT 9, Sec. 1

PROPERTY OWNER Aintree Estates, Inc. - Michael Hymes

ADDRESS 301 Cedar St., N. W., Washington, D. C.

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry Well - 300 sq. ft. absorbent sidewall area below the inlet pipe located 185 ft. from front lot line and 55 ft. from right side lot line as seen when facing lot from Road "A".

Note: All pipes from house to septic tank must be cast iron.

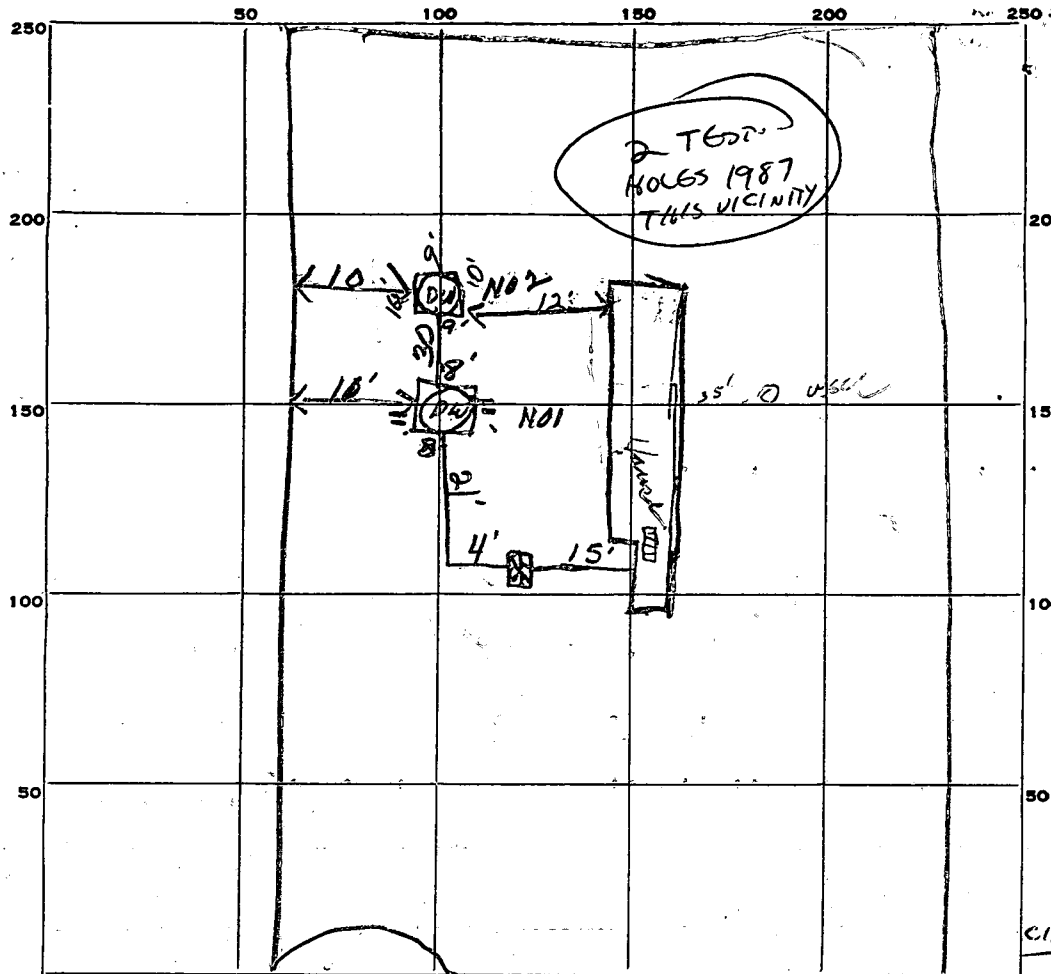
PLANS APPROVED BY John H. Kilmore DATE 4/29/66

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

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

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

38132B A11656
A11656



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LINKYTHORN RD

PERMIT CARD OK

SEPTIC TANK, LEVEL Cement 1000

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES NO1 8x11 7 TOTAL BOTTOM AREA NO1 7

SEEPAGE PITS, INSIDE DIAMETER NO1 FT. DEPTH BELOW INLET NO2 8 1/2 FT.

ABSORBENT AREA $\frac{366}{323}$ SQ. FT. 589

REMARKS
 * HOUSE CONSTRUCTED 40' TO LOT LINE. WHEN LOT 8 WAS APPROVED IN 1987,
 REPAIR AREA WAS ESTABLISHED BEHIND THE HOUSE - LOAM 3'-13'.
 PRIOR TO THIS, ONLY REPAIR AREA FOR LOT 9 WAS ON LOT 8, MAKING 8 NOT BUILDABLE.
 C. W. Miller

DATE SYSTEM APPROVED 6/5/69

INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 5/21/69

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 Richard Gross

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc.

LOT NO. 9, Sec. 1

ROAD AND DESCRIPTION Linkythorn Rd.

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 3.6 acres

TYPE BLDG. _____

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

3
(Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT Joseph D. Judge

APPROVED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

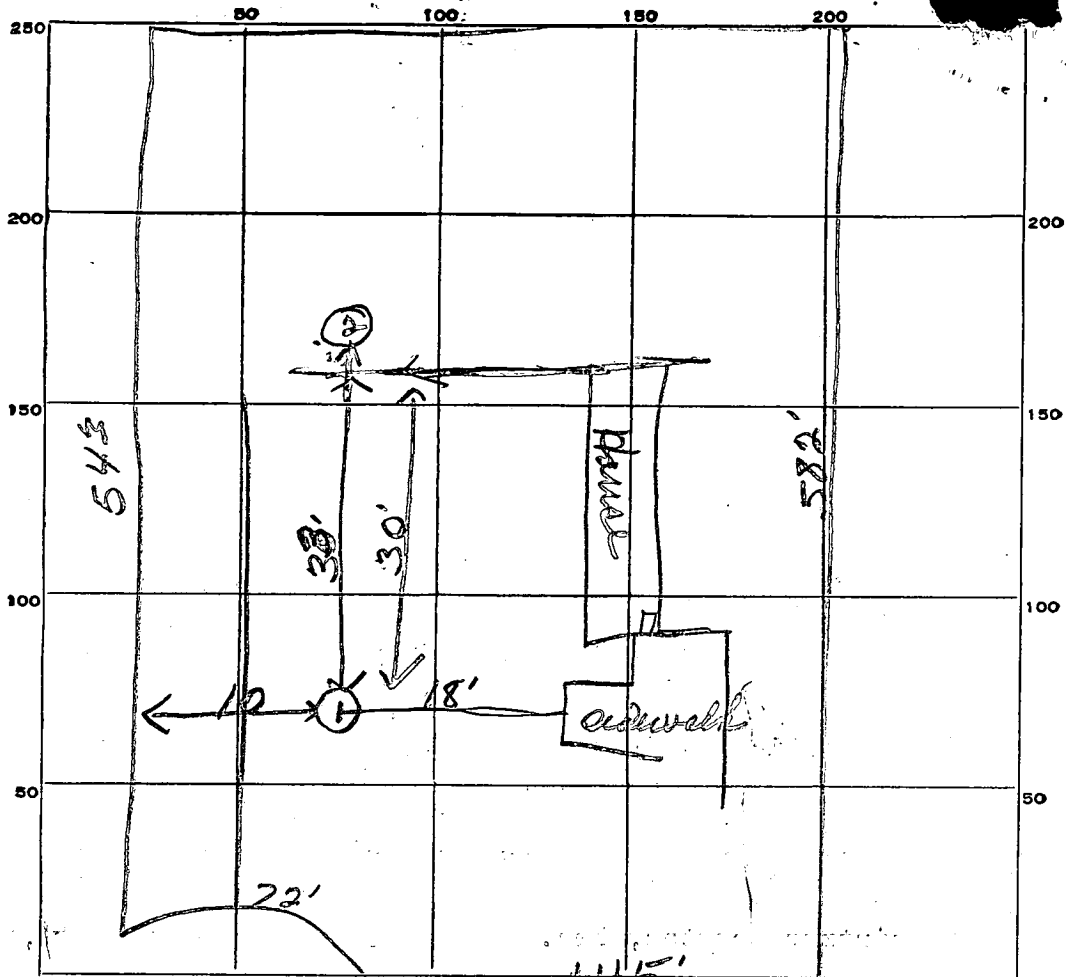
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

LINKTHORN LA

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|----------------|---------|------|----------------|------|-------|
| | | | START | STOP | START | STOP | |
| 5/23/69 | 1 | 12' | 945 | 948 | 948 | 952 | 4 min |
| | 2 | Same type soil | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SOIL AUGER FINDING _____

TESTED BY *[Signature]*

REMARKS _____

lot 8 & 9 is now lot

APPLICATION

A 11655

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

3 bedroom - Septic Tank - 750 gallons.

DISTRICT 5

Dry well - 300 sq ft absorbent sidewall area below the inlet pipe located 185 ft from front lot line and 55 ft from right side lot line as seen when facing lot from Road A. DATE 3/31/66

4 bedroom - Septic Tank - 1000 gallons

Dry well - 400 sq ft absorbent sidewall area below the inlet pipe located same as above.

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. 8, Sec. 1

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3.6 acres + TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mr. Brincefield per Mr. Sutherland

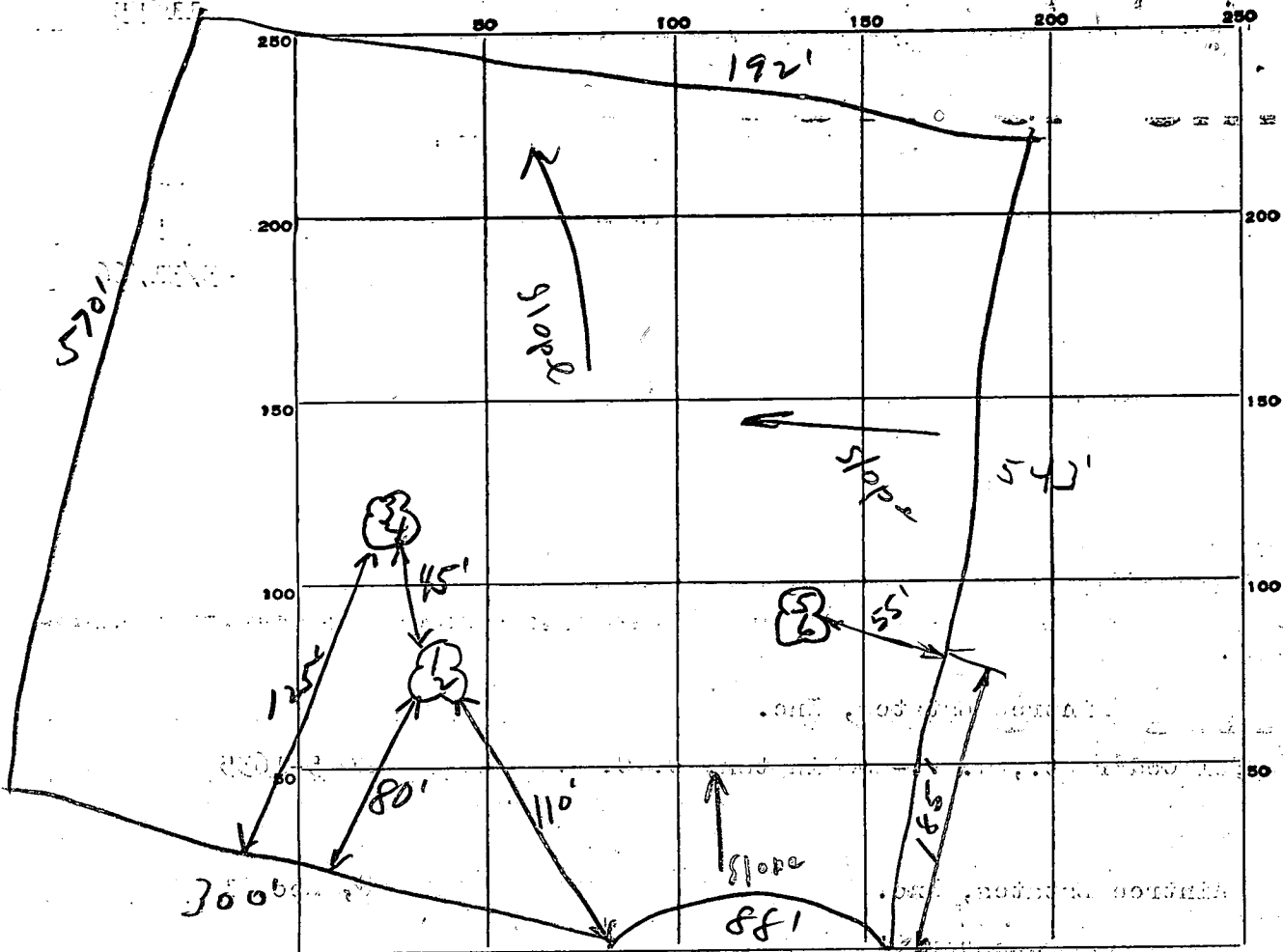
APPROVED BY J. Kilmore JGA. FOR Dry well DATE 4-29-66
(KIND OF SYSTEM)

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.
 Road A Not Named

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|--------|-------------------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 4/6/66 | 1 | 4' | 10:50 | 10:52 | 10:52 | 10:54 | 2 min |
| | 2 | 8 1/2' | 10:51 | 10:53 | 10:53 | 10:56 | 3 min |
| | 3 | | Rock - not tested | | | | |
| | 4 | | " | " | | | |
| | 5 | 5' | 11:49 | 11:51 | 11:51 | 11:54 | 4 min |
| | 6 | 10' | 11:42 | 11:43 | 11:43 | 11:44 | 1 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Avg. time
 3 min.
 Inlet
 not below
 3'

SOIL AUGER FINDING _____
 TESTED BY JHK
 REMARKS J Booth

APPLICATION

A 11656

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

3 bedrooms - 750 gal. septic Tank.

DISTRICT 5

Dry well 12 ft. in dia. by 8 ft. deep below the inlet located 18 ft. from the front property line and 13 ft. off the left side property line as seen when leaving the lot from road A. Inlet depth 3 ft. below original grade.

DATE 3/31/66

4 bedrooms - 1000 gal. septic Tank.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Dry well 13 ft. in dia. by 10 ft. deep below the inlet with location and other specifications the same as for 3 bedrooms.

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 Ave., N.W.-Washington, D. C. PHONE HO 5-1635

PROPERTY LOCATION:

SUBDIVISION Aintree Estates, Inc. LOT NO. 9, Sec. 1

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 3.2 acres + TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mr. Brincefield per Mr. Sutherland

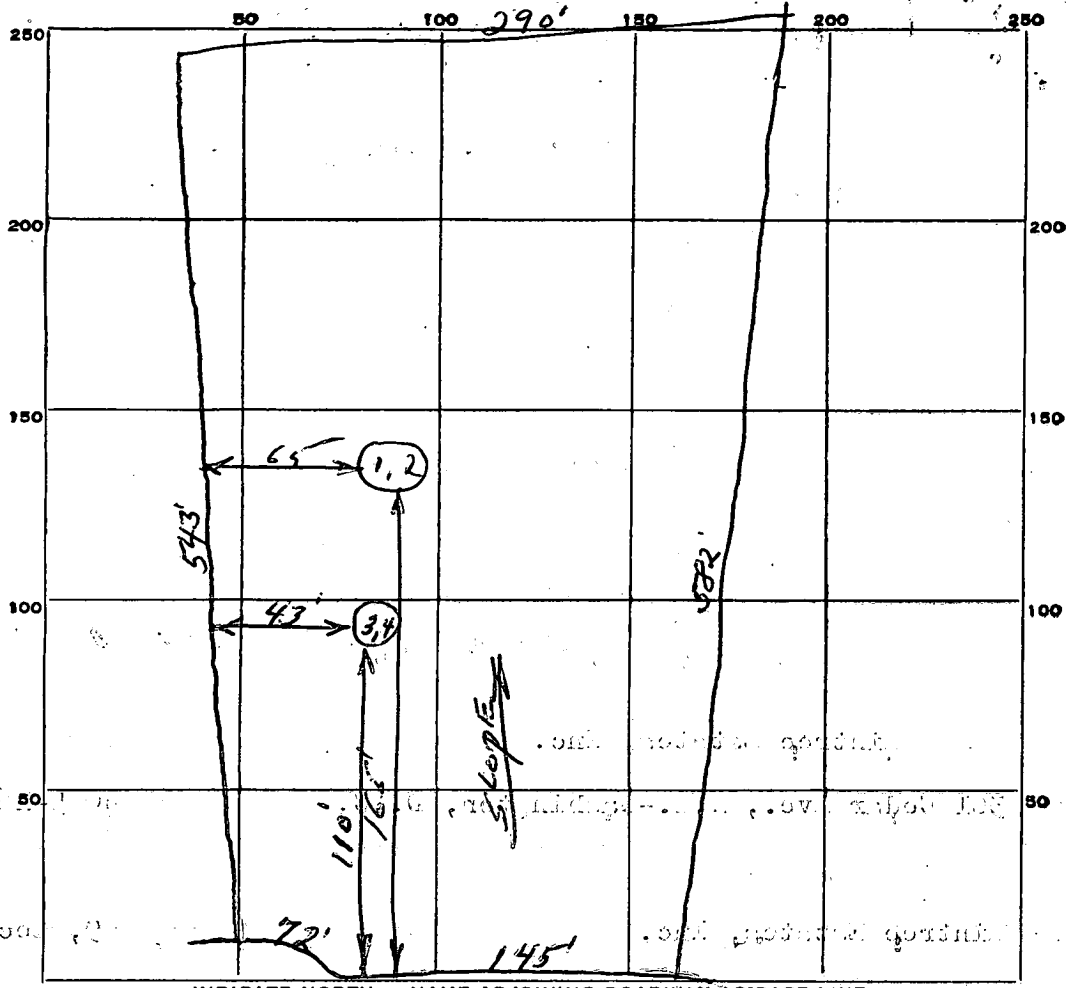
APPROVED BY J. Hennigan FOR Dry well DATE 4-29-66
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|------|----------|--------|---------|------|----------------|------|--------|
| | | | START | STOP | START | STOP | |
| | 1 Same | 5 1/2 | 1:19 | 1:21 | 1:21 | 1:25 | 47 min |
| | 2 Pit | 10 1/2 | 1:20 | 1:21 | 1:21 | 1:24 | 37 min |
| | 3 Same | 4 1/2 | 1:27 | 1:29 | 1:29 | 1:31 | 27 min |
| | 4 Pit | 9 | 1:28 | 1:29 | 1:29 | 1:30 | 17 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

As per
Time
3 min

SOIL AUGER FINDING _____
 TESTED BY *JH* _____
 REMARKS _____

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

WELL COMPLETION REPORT

WELL DESCRIPTION

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

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

| | FEET | | DIAM. | FEET |
|--------------------|-----------------|-------------|----------|-----------------|
| | from ___ to ___ | | (inches) | from ___ to ___ |
| Ovenburden | 0-9' | Black Steel | 6 1/2" | 27' |
| Brown Shale Rock | 9-25' | | | |
| Wissahickon Schist | 25-140' | | | |

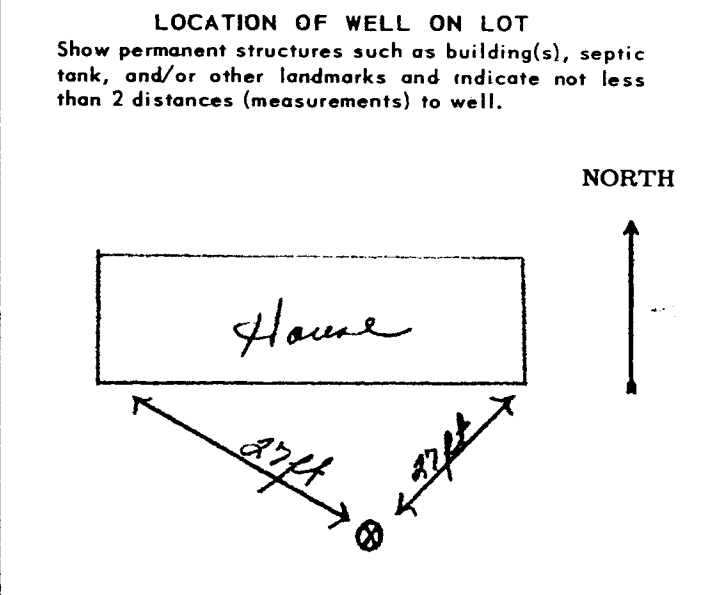
Permit Number HO-69-0099
 Owner Joseph D. Judge
 Address Ellicott City
 Subdivision Aintace St.
 Section _____ Lot 8 & 9
 County Permit Number _____
PUMPING TEST
 Hours Pumped 4
 Type of Pump Used Air
 Pumping Rate _____
 Gallons per Minute 6

WATER LEVEL
 (Distance from land surface to water)
 Before Pumping 45 Ft.
 When Pumping 130 Ft.

APPEARANCE OF WATER
 Clear yes Cloudy no
 Taste ok
 Odor none

Height of Casing Above Land Surface 1 Ft.

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



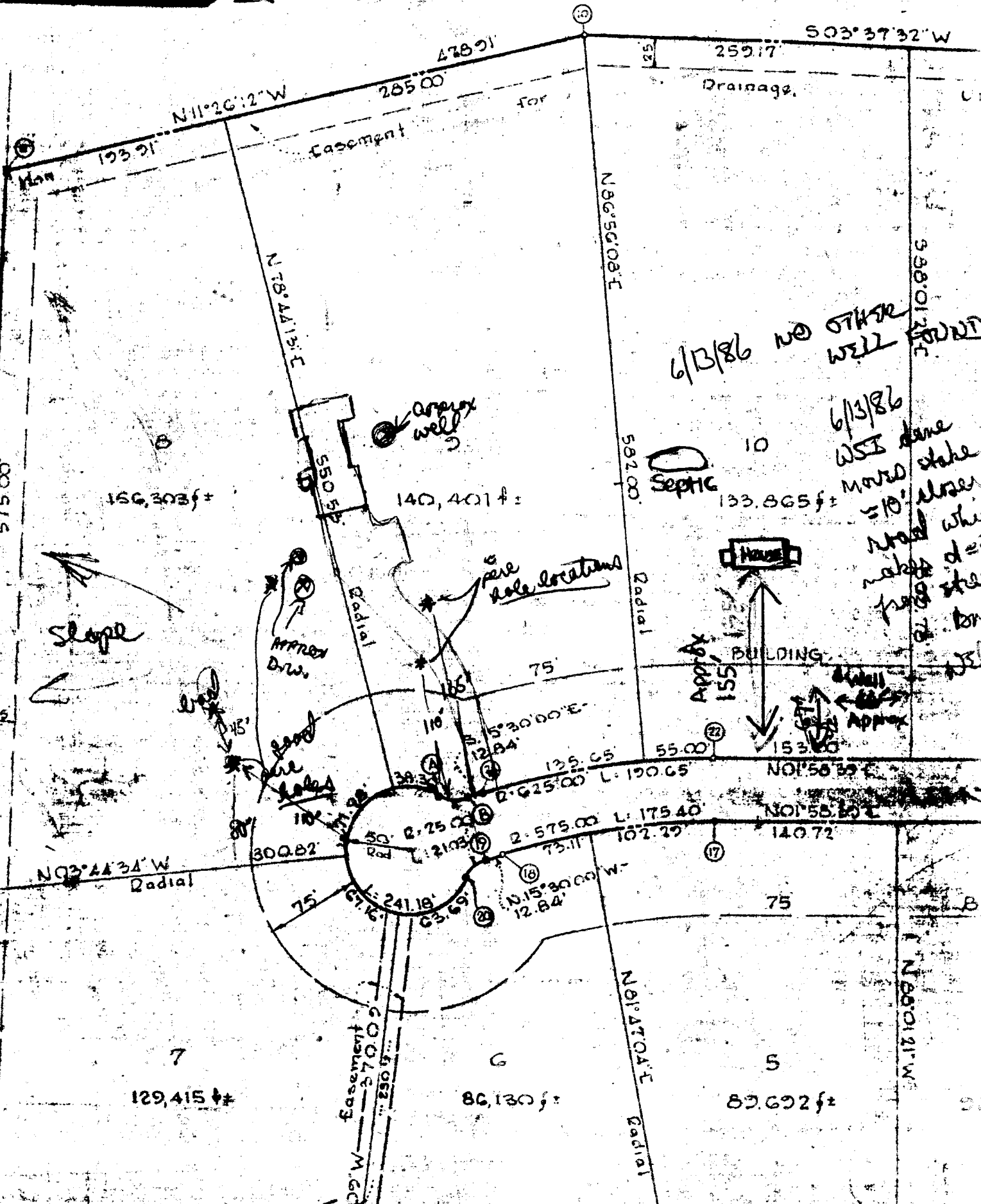
DATE WELL WAS COMPLETED

12-17-68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
G. Edgar Hare Sons' Corp, Well Driller
 Well Driller License No.: 215

AINTREE
W.H.

Part of 5th Line B.M. Jr. 183/5
B.M. Jr. 173/5



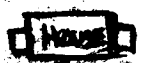
Slope

Easement for

Drainage

6/13/86 NO OTHER WELL FOUND

6/13/86 WSI done
Mound stake
= 10' above
ground which
makes d =
18' for
well



Approx. BUILDING

Approx. 155' 175'

Well Approx

156,303 ft²

140,401 ft²

133,865 ft²

382.00

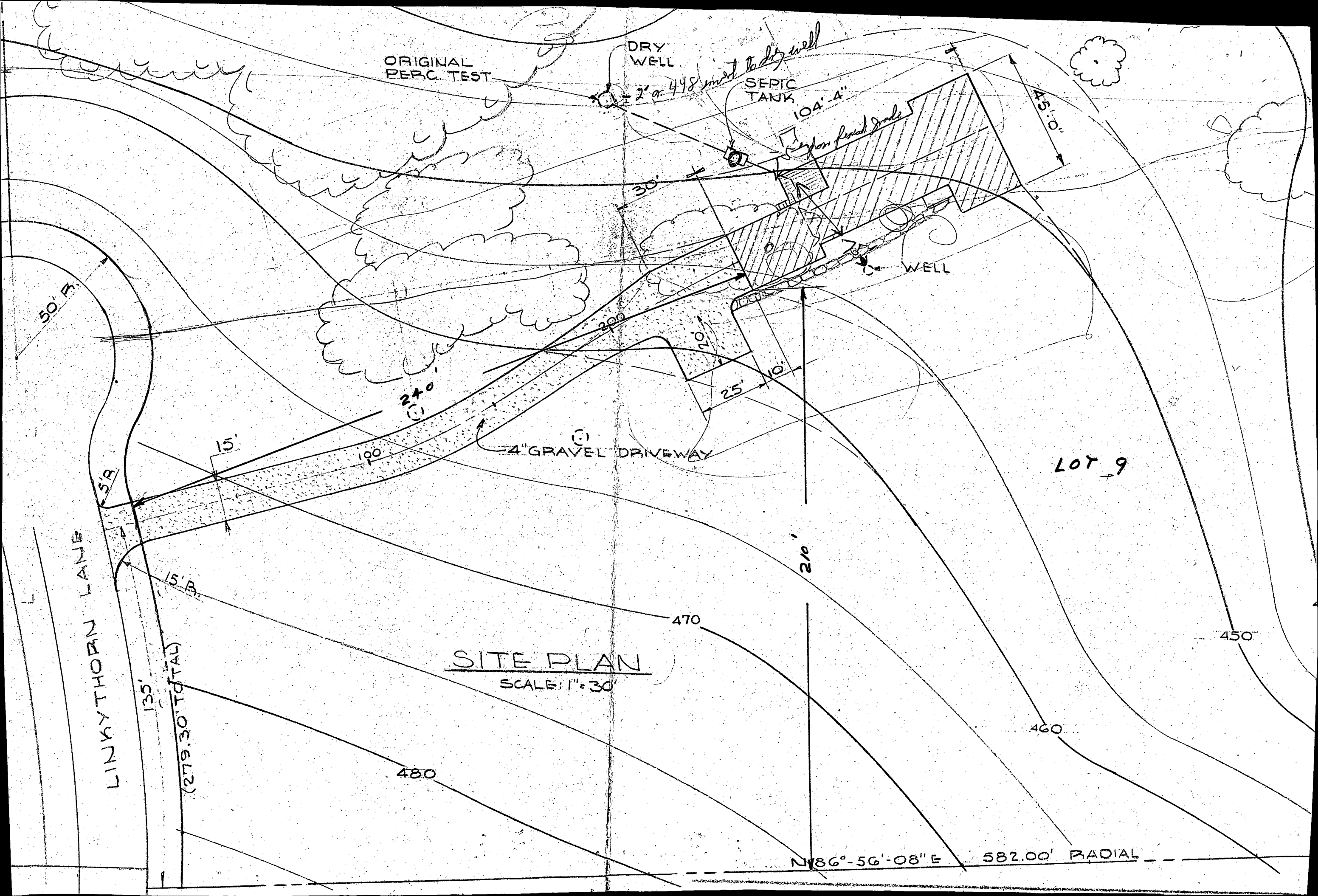
129,415 ft²

80,130 ft²

82,692 ft²

388.01

N 88° 01' 21\"/>



ORIGINAL PERC. TEST

DRY WELL

SEPIC TANK

WELL

4" GRAVEL DRIVEWAY

SITE PLAN

SCALE: 1" = 30'

LOT 9

LINKYTHORN LANE

135'
(279.30' TOTAL)

N 86°-56'-08" E 582.00' RADIAL

9/19/95
2:50

SITE INSPECTION SHEET

OWNER: Hymes, Mike

DATE REQUESTED: 9/19/95

PHONE #: 301-854-0618

CONTRACTOR: Allen Van Sant Plumbing Mike Kastner

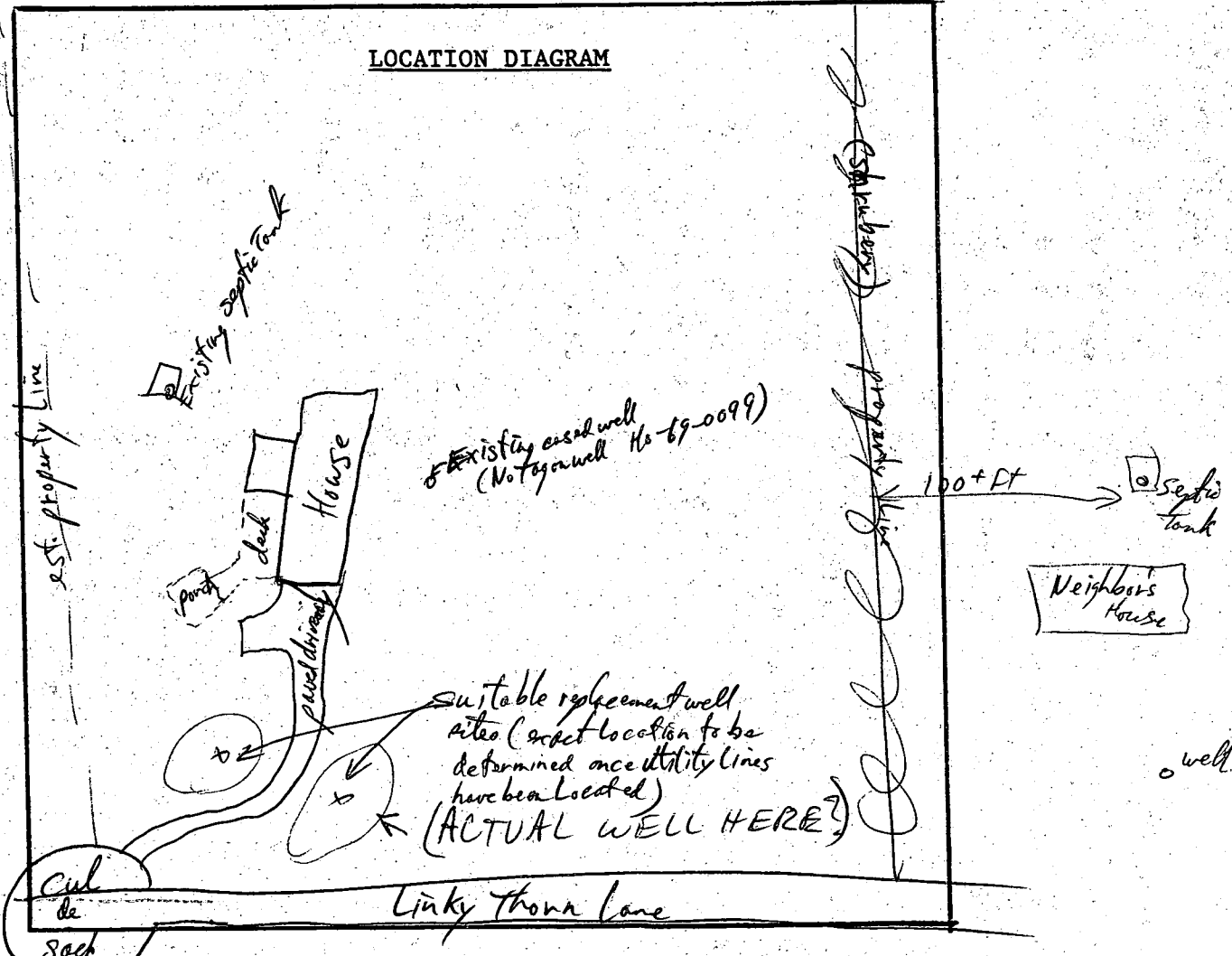
ADDRESS: 6281 Linky Thorn La
Aintree Est Lot 9

WELL TAG #: H0-94-0677 (Replacement well)

COUNTY #: All 656

PROPOSAL: Ex. well going dry, replacement requested

LOCATION DIAGRAM



Septic in back
Neighbor's House
well in front

COMMENTS:

Suggested replacement well sites are OK (plenty of distance from adjacent septic areas)

10/10/95 EX. WELL ABANDONED 10/9/95 (HOLIDAY) MR

DATE: 9/19/95

INSPECTOR: [Signature]

C1 2835

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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13-A11656

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 09 27 95

Depth of Well 400

PERMIT NO. FROM: "PERMIT TO DRILL WELL" H0-94-0677

OWNER: Hymes Michael STREET OR RFD: 6281 Linky Thorn Lane TOWN: Brighton SUBDIVISION: Airfree Estates SECTION: LOT: 9

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water-bearing. Rows include Topsoil, Micaceous Clay, Br. Mica, Tan Mica, Gray Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED: (Y) (N) TYPE OF GROUTING MATERIAL: CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS: 14 NO. OF POUNDS: 1400

CASING RECORD

MAIN CASING TYPE: (ST) (CO) (PL) (OT) Nominal diameter top (main) casing: 6 Total depth of main casing: 43

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole: (ST) (BR) (HO) (PL) (OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED: (Y) (N)

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

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...

TYPE: MWD/MSD/MGD 40 DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: George F. Ewensday

LIC. NO. MWD 386

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

DEPTH (nearest ft.): H0 41 400

Table for casing height with columns for depth and casing height.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN: 56 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

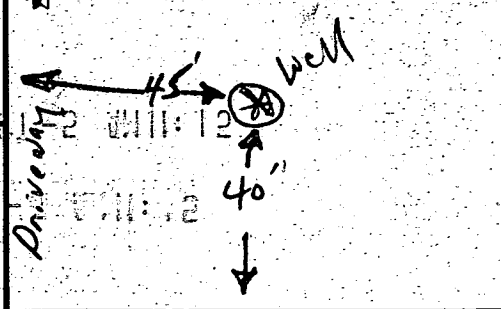
PUMPING TEST

HOURS PUMPED (nearest hour): 3 PUMPING RATE (gal. per min.): 10 METHOD USED TO MEASURE PUMPING RATE: Bucket WATER LEVEL (distance from land surface): 50 BEFORE PUMPING: 300 WHEN PUMPING: 300 TYPE OF PUMP USED (for test): (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (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) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/9/95 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

* PERMIT NUMBER OF REPLACEMENT WELL

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| H | 0 | - | 9 | 4 | - | 0 | 6 | 7 | 7 |
|---|---|---|---|---|---|---|---|---|---|

* PERSON ABANDONING WELL: MICHAEL J. RASTNER
Allen M. VANSAAT INC.

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: MICHAEL Hymes

* WELL LOCATION: 6281 L. Unkington LN

COUNTY: Howard
 NEAREST TOWN: CLARKSVILLE
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____

| | |
|-----|--|
| | |
| | |
| 000 | |
| 000 | |

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E _____
 N _____

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 135 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

| MATERIAL | FEET | |
|-----------------|-----------------------|-------------------------------|
| | FROM | TO |
| <u>concrete</u> | <u>Bottom of well</u> | <u>6" above top of casing</u> |

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Michael Hymes

LICENSE # 6501

DATE 10/9/95