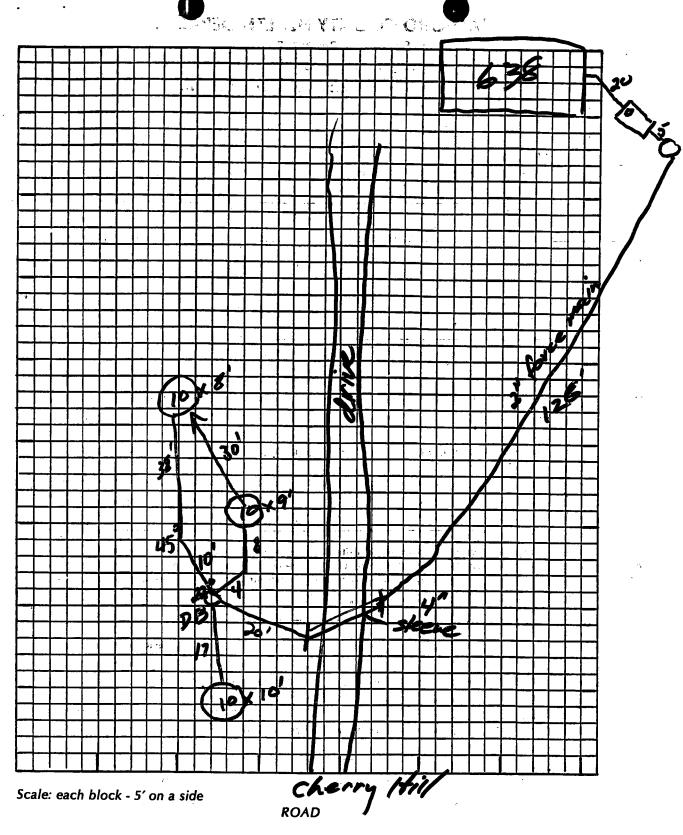


119 Hays Street, P.O. Box 191, Bel Air, Maryland 21014 879-8322, 8322 / 838-1500 Ext. 244, 245

# **ON-SITE SEWAGE DISPOSAL**

☐ New System \$25.00
☐ Correction/Rep \$45.00
570.00

APPLICATION:			100	- 1	Receipt #	-
	CHRIST	MATT	638 CHERRY	Hullas	879. L	1991
Owner	Last Name	First Name	Address	9 117221-0	Phone No.	719
General Contract	or Last Name	First Name	Address		Dt N.	···-
Septic System Installer		OSLRY	Address	_ □ Plumber	Phone No.  Bonded Drain	aver 🗆 Owner
NOTE: The seption	system must be installed b	y a licensed plumber or bon	dod drainlavar 16+b			
the Health	n Dept. prior to the installa	tion.			ill the septic system	he must contact
			Mine	old		_
of Building Site_	·····		Subdiv	itias	. Tax Map#/	7
-	-		# Lot #	10	Parcel # 2	5 -4F
Perc Tests Comple For Non Sub-divis	eted Yes No Name	e Used on Test	T CHRIST	. Year of Test	19.92	
5/2C 0/ 20t		acreage Bedrooms	Existing Septic System	Yes 🗆 No		
Building Use: 1.	1			Well	Drilled    Yes	□ No
	A. Individual	3. Multifamily   C. 1	Mobile Home	Year	Drilled	
				· Drille	r	
2.	☐ Commercial (Give exa	ect use)	•	Well	No	
systems or wells w	return both copies of the a	ale, showing - well site, dwe ne, unless you are supplyin oplication to the Harford C APPLICANT SIGNATURE	g the same with a building ounty Health Department	narmit	777	y, and any septic
PERMIT - Office U	se Only	. •	se de la companya de La companya de la co	<b>Building Pern</b>	-	
1. Type of System		-	☐ Septic Tank and Tile	Field	NGT Y	تنعی
	Septic Tank and	Seepage Pit	□ Other		<del>Z</del>	
	pacity 1000 Gallon				er	, ,
3. Disposal Require	ements: Trenches: Length	Width Dep	oth Seepage Pits:	Number	Diameter / 0	Depth /0
Distances: Maintai	in a minimum of 75 'f	eet between Disposal Area	and any drilled well, shallo	ow well, spring o	or stream. 10'	11 8
	Date Resu			□ Wet □ An		
		Time/E.S.S.A./Max	Depth	L Wet L All	lytime	
Special Requireme	ents or Conditions:		Permit Number	3-93		
	em at approved contours o	of septic area with 2	Date Issued $1/2$	1 /33 C	8	
feet of cover.  2. No filling or gra	ading permitted in reserve	area without:	Date Completed/	10/93	·	
written approval	of Health Department.	area without prior	Inspected By	114 Bo	11/20	



In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Services and Benefits, the operation of its facilities and Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.

#### **INTERIM PERMIT**

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.

638 Cherry H.11 Rd.

Fee

☐ New 15.00

☑ Correct 5.00

Receipt Number

#### HARFORD COUNTY HEALTH DEPARTMENT

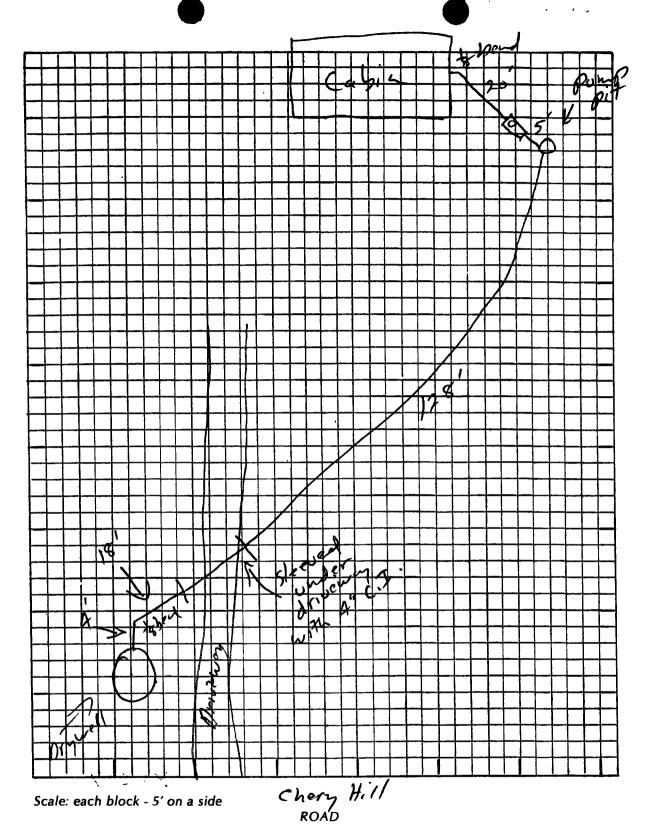
119 Hays Street • Bel Air, Maryland 21014 838-6000, Ext. 217 • 879-2000 Type of Request

New System
Correction/
Addition/
Replacement

## **ON-SITE SEWAGE DISPOSAL**

APPLICATIO	DN:			
Owner	Carapice	Ge <b>ne</b>	636 Cherry Hill	
Builder or General Con	Last Name	First Name	Address	Phone No.
Septic Syste	m ************************************		Address	Phone No.
Installer	williams Sep	tic Tank Service	939-4313 Phone No.	
Exact Locati of Building S	on	Bonded Drainlayer		
Size of Lot	ft. X	•		ŽŽYes □ No
Building Use	⊈ A. Ind	Il No. of Bedrooms <u>2</u> dividual		
	3. 🗆 Other (Giv	e exact use)	·	
PERMIT - Of	fice Use Only		Building P	ermit Number
1. Type of S	System:   Septic	Tank and Deep Trenches	☐ Septic Tank and Tile Field	
	☑ Septic	Tank and Sepage Pit	Other 10' X10' Dryw	ell
2. Tank:	A. Capacity 1,0	OO Gallons B. Tank M	laterial 🛣 Concrete 🗆 N	1etal □ Other
3. Disposal	Requirements: Lengt	h	Seepage Pits:	1. Number1
Sewage	e Ejection Pu	φ <b>P</b>		2. Diameter 10'
		h		3. Depth 10 (Below Inlet)
Distances:		of 75 feet between Disposerea and <b>any</b> shallow well, s		Maintain a minimum of 100 feet
Percolation	Test: Date	ResultsTime/E	S.S.A./Max Depth	e
Special Re	quirements or Condit	ions:	Permit Number	(-317.80
Sewage :	Ejection Pump		Date Issued November  Date Completed 1/2/	1.
			Inspected By Bas	Any JULIER THER
				p

Applicant must return both copies to the Harford County Health Department for issuance of permit. Expires one (1) from date of issuance. All work must be inspected prior to covering. Call 24 hours prior to completion. Scale drawing other side (For use by inspector only).



prdance with Title VI of The Civil Rights Act of 1964 and 504 of the Rehabilitation Act of 1973, The Harford County partment prohibits discrimination against anyone because of or, national origin or because of physical or mental handicap. This ition includes the provision of Departmental Services and Benefits, peration of its facilities and Departmental Employment Practices. olicy applies to all programs conducted by The Harford County Department, including all state and/or federal grant programs. Any aints may be directed to The Compliance Division, Department of and Mental Hygiene, 201 West Preston Street, Baltimore, MD. or The Office of Civil Rights, Washington, D.C. 20201.

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## HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500

Thomas M. Thomas Health Officer Beverly Stump, M.D., MPH
Deputy Health Officer

RESULTS OF SOIL TESTING

ile: MISC.NAME:Subdivision:					-				
LICANT:			Address	Address			Phone		
ER:	M	not Chis	Address 638	Cherry	Hill Phone				
	ON:								
MA	P: <u>/7</u>	GRID: 4 PARCEI	: 25 LIBER:	FOLIO	SECTION	A			
E:_		ACRES:	SOILS:				<del></del>		
LE	DEPTH	SOIL DES	SCRIPTION	START		END	DROP	TIME	
1	7 '	0-3 silky cl	ey 1	201	214	174	2"	20mi	
<u>7</u>	A	3-15 Sangle	silky chy	in ide	A	8-			
5	1//	3-10° sift	formally	10 00			F	<u></u>	
								-	
							1		
					1				
IARI	۷S:	Rosults	solf factor	y Kar k	he i	45	<i>UN</i>	entil	
01	-10	X10° Day		110x8		lys	WE	<i>M.</i> ,_	
<u>E</u>	inga	Janan lex	sisky day	in sell	and		109	dry	
il	Syn	Mundue	go Och sweet	y 4/00	as 1	n Le	3 02	Toff.	
d	My 6	well alve	r dry						
T L	OC:	ESAA:	TRENCH DEPTH:	WELI	LOC:				
скно		D. Rosky	PERSONS PRESENT					-	
		n M	7	- AA		. yer	- 1.	las	
ITA	RIAN:	1. Kene	TIME:	00	DATE:		<u> 14</u>	#33A	

· Not to le 20 min. with f stere

#### HARFORD COUNTY GOVERNMENT



## DEPARTMENT OF PLANNING AND ZONING

### ABBREVIATED PROCESS SUBMITTAL

Mine Old Fields Lot 10

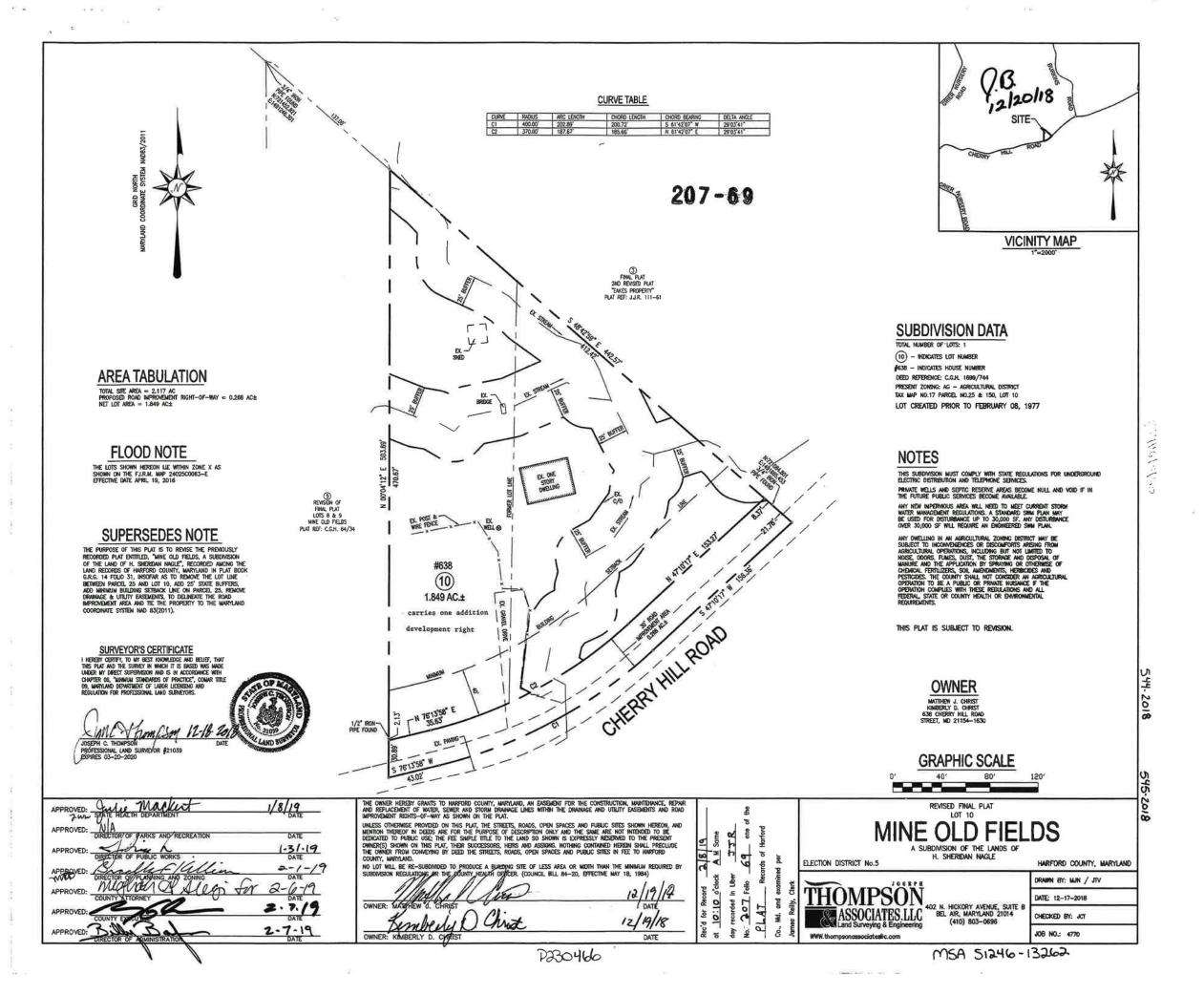
Subdivision	on Name:	 
	December 13, 2018	
Date:		

The Health Department extends its approval for this proposal. The plan proposes to eliminate the lot line between Lot 10 and Parcel 25.

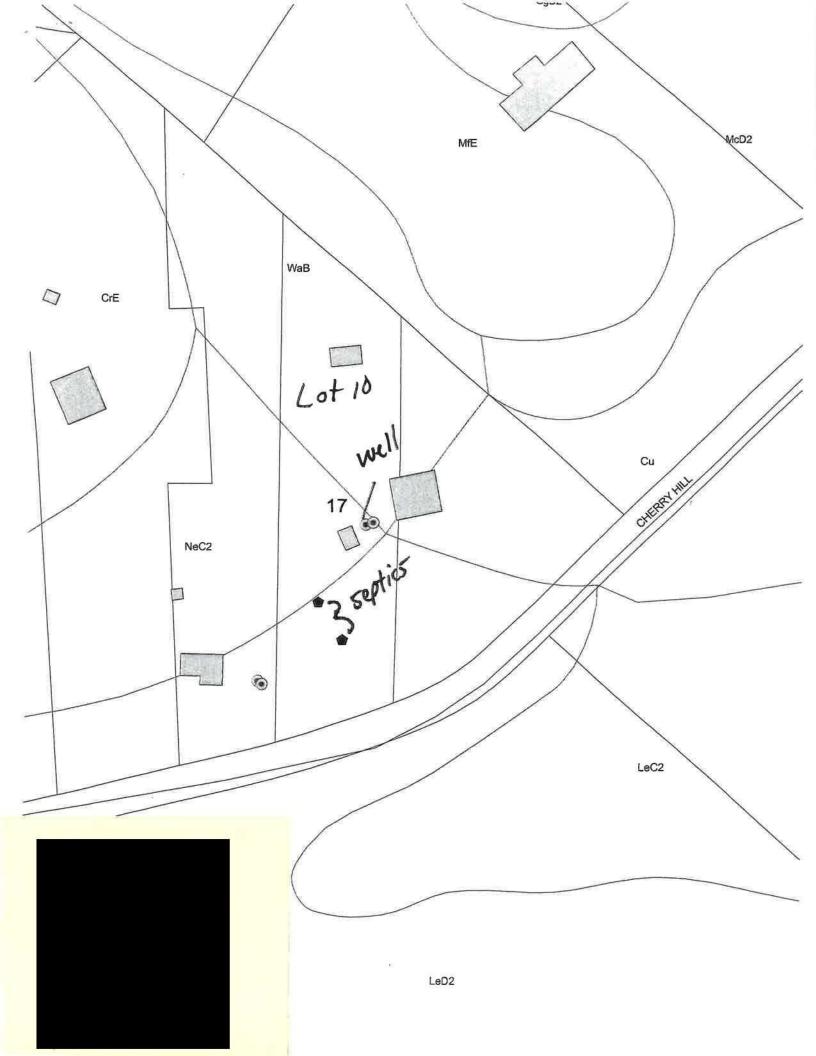
Leonard W. Walinski.

Health Department Representative:

cc: Thompson & Associates, LLC



Date: 4/3/2018 638 Cherry Hill Rd, Tax ID: 05-027365 Legend Drywell Distribution Box MfE Observation\_Port Water Well Water Well Buffer of 100 feet McD2 630 634 LeD2 0 **Harford County Health Department** 0 12.5 25 50 75 100 120 S. Hays Street Bel Air, MD 21014 Phone: 410-838-1500 1 inch = 50 feet



### CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING 22 WEST PADONIA ROAD, C245, TIMONIUM, MD 21093 (301) 252-7742 FAX (301) 560-3277

### CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Ms. Carol Seaman

Long & Foster Realty

1615 York Road

Lutherville, Md. 21093

REPORT DATE: Mar 10, 1991

County Harford

Lab Number 91-0510

Sample iced Yes Residual Cl<sub>2</sub> < 0.1 mg/L

cc: County Health Dept. Yes

Property Sampled:

638 Cherry Hill Road

Station Sampled:

Kitchen tap

9.45

Tax Map #:

--

Date/Time Sampled:

Mar 7, 1991

9:45 am

Parcel #:

25

Owner, Telephone No.:

Jerome & Jill Kraft

Sampler:

J. Lynn #88-249M

Subdivision Name:

**Building Permit No.:** 

Well Number:

drilled well in pit

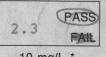
Observation:

Lot Number:

Satisfactory

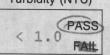
## **RESULTS OF ANALYSIS:**

Nitrate —N (mg/L)



10 mg/L \*

Turbidity (NTU)



10 NTU \*

pH (Units)

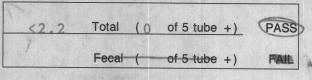
6.1

6.5 - 8.5 Units

SAND

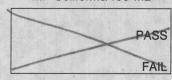
**NEGATIVE** 

COLIFORM BACTERIA (MPN/100 mL)



< 2.2 (0 of 5 tubes +) \*

MF Coliforms/100 mL



< 1 Coliforms/100 mL \*

1661

Sharon R. Casselle Stephen E. Shelley

Based upon coliform bacteriological standards, the above results indicate that, at the time the sample was collected, this water sample was SAFE/UNSAFE for drinking purposes.