

HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street, Suite 200, P.O. Box 797, Bel Air, MD 21014-0797

443-643-0301, 02, 03; 410-879-2684

FAX 443-643-0334

919 Luke St.
Tax ID # 03/137104

ON-SITE SEWAGE DISPOSAL

New System _____

Correction/Repair \$5000

APPLICATION:

Owner ORF 919 Luke St Bel Air

Builder or General Contractor Roberts Buck Last Name First Name Address Phone No. 2911 Greer Dr 836 7766

Septic System Installer BM Harrington Last Name First Name Address Phone No. 836 7766

Phone No. 836 7766 Plumber Drainlayer Owner

NOTE: The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Exact Address of Building Site 919 Luke St Bel Air Tax ID # 03 137104 Tax Map # 41 Grid 2E

Subdivision Prospect Heights Lot # 3 sec 3 Parcel # 519

Perc test Completed YES NO Name used on the test _____ Year of Test _____

Size of lot _____ ft. x _____ ft. acreage _____ Existing Septic System YES NO Well Drilled YES NO

Building Use:

1. Residential No. of Bedrooms 2 Year Drilled _____
 A. Individual B. Multifamily C. Mobile Home Driller _____
2. Commercial (Give exact use) _____ Well No. _____
(No. of Seats, if applicable) _____ Depth _____
3. Other (Give exact use) _____ Yield _____

Applicant must attach a plat plan, drawn to scale, showing: well site, dwelling site, waste disposal area and septic system layout, driveway, and any septic systems or wells within 100 feet of property line, unless you are supplying the same with a building permit.

Applicant must return both copies of the application to the Harford County Health Department for issuance of permit. Consent is given for entry of authorized inspectors. Inspectors may need to monitor system after installation.

DATE 4-8-02 APPLICANT SIGNATURE Buck Roberts

PERMIT - Office Use only

1. Type of system: Septic Tank Deep Trenches Tile Field Seepage Pit
 Sand Mound Low Pressure Dose Other _____

2. Tank: A. Capacity 1500 Gallons B. Tank Material Concrete Other _____ Topseam Required

3. Pump Chamber 1000 Gallons Concrete Other _____

4. Disposal Requirements: Trenches: Length 300 Width 3 Depth 2 Other _____

5. 1,000 Gallon Grease Interceptor Required

Distances: Maintain a minimum of _____ feet between Disposal Area and Septic Tanks and any drilled well, shallow well, spring or stream.

Percolation Test: Date 4/5/02 Results _____ Soil Type Wet Anytime

If non-residential, number of gallons system approved to handle _____
Special Requirements or Conditions: See signed reverse letter

Note: If a septic system layout is shown on the approved plat accompanying this permit, the system must be installed exactly as shown.

Please Note:

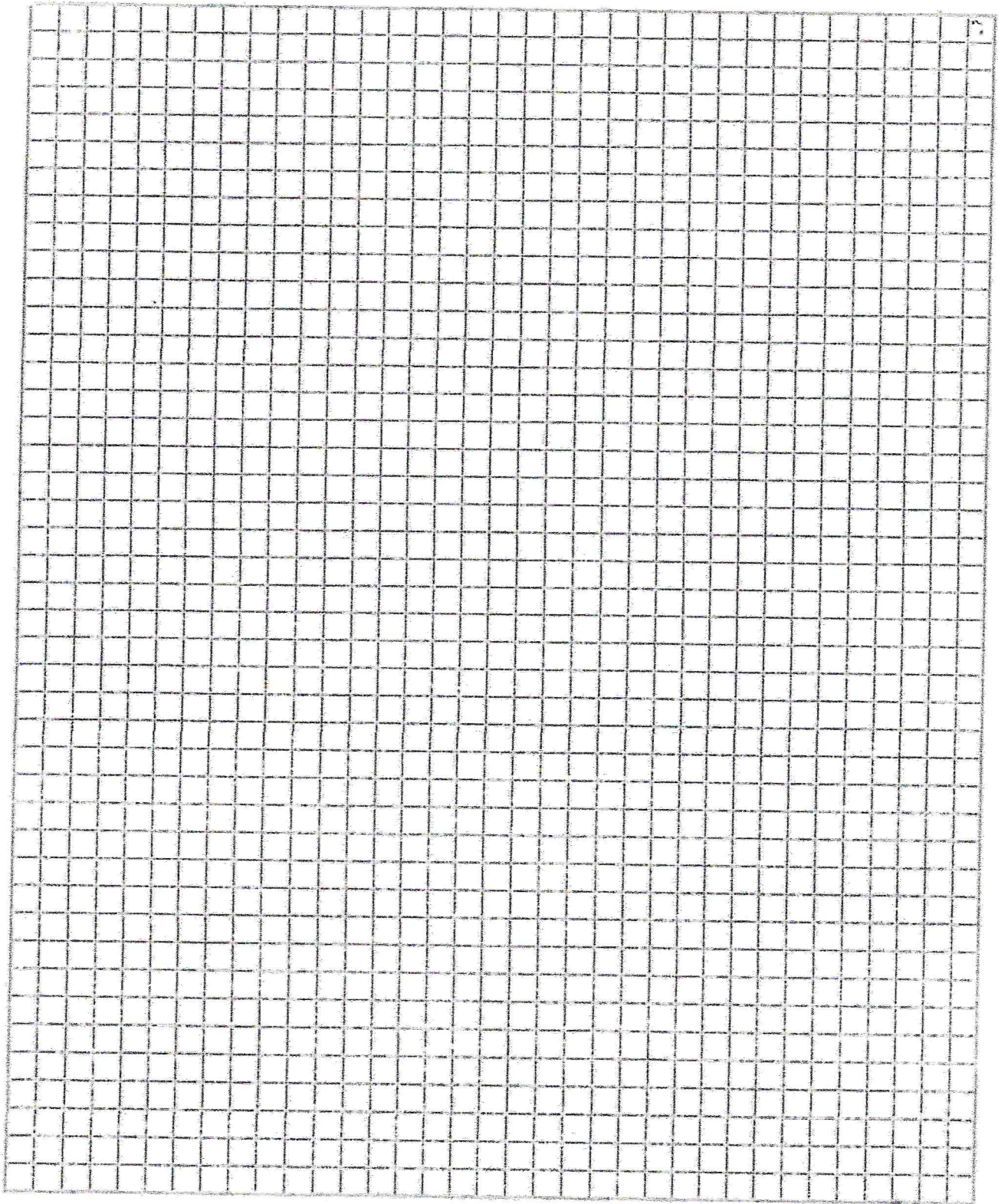
1. Install septic system at highest contours of septic area with 2 feet of cover maximum, unless otherwise approved by HD in writing.
2. No filling or grading permitted in reserve area without prior written approval of Health Department.

Sanitary Constr. Permit Number 0307850010

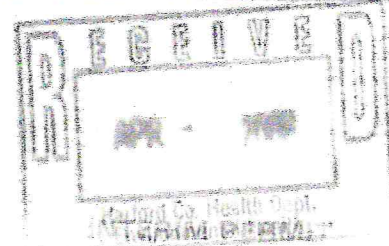
Date Issued 4/8/02 By _____

Inspected By _____ Date _____

Application expires one (1) year from date of issuance. All work must be inspected prior to completion. Call 24 hours prior to completion. Scale drawing on other side for use by Inspector only.



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, DC 20201



This receipt is for an interim individual sewage system. The applicant or any future owner must file a final report of this individual system and connect to the public sewer at the time the public sewer becomes available.

SEPTIC SYSTEM REQUIREMENTS FOR A LOW PRESSURE DOSE SYSTEM

MEMORANDUM

TO :
FROM :
DATE :
RE :

Prior to the installation of the system, the installer must meet on-site with _____ to lay out the system and go over the requirements outlined.

1. *Please review your sanitary construction permit, site plan, and/or design drawings prior to the construction of the system.*
2. *The wasteload will exit the house on gravity via a _____ inch sanitary sewer line which will convey the waste to the septic tank.*
3. *The septic tank must have a minimum capacity of _____ gallons, or the owner has the option of using _____ septic tanks, in series, with the proper capacity.*
4. *From the septic tank(s), the effluent will flow into the pump chamber or pit. The pump chamber (pit) must have a minimum _____ gallons.*
5. *The owner has the option of using a two compartment septic tank(s) provided it has the proper capacity in each compartment. Using a tank for the pump chamber, the system is provided with extra storage capacity in case of pump failure.*
6. *The tank(s) must be of top seam construction, unless otherwise noted, and when set on site, the seam must be set above the groundwater level.*
7. *The pump chamber or second tank must be equipped with a high water alarm device and sewage ejector pump.*
8. *If a high water table is present on the site, the 2nd tank or pump chamber must be secured in place with tie downs.*

9. *The alarm and the pump must be wired to separate circuit breakers. The electrical work must be performed by a licensed electrician. An electrical permit must be obtained from the County and the work inspected. Final approval will be withheld until the Electrical Services Department of D.I.L.P. has approved the work and signed off on the permit. A copy of the electrical inspection sign-off must be supplied during the pump test.*
10. *The alarm must be mounted in the house.*
11. *The control panel for the pump must not be mounted in the pump chamber. This office recommends the control box be placed on a stand or pedestal adjacent to the pump chamber.*
12. *The floats on the alarm should be positioned so that one pumping cycle pumps between _____ and _____ gallons.*
13. *The effluent is to be pumped to the highest contour of the septic area.*
14. *A _____ inch force main between the pump and manifold will carry the effluent to the box. Force main coupling must be used. The force main must be placed below the frost line.*
15. *The drainage system will consist of 300 feet of trench, 3 feet wide, and 2 feet deep pressure dose system.*
16. *Maintain a maximum of 12 inches of cover over the pipe, preferably 9 inches.*
17.
 - a. *The system will be an end feed distribution system.*
 - b. *The disposal system shall be installed in 4 or 5 trenches.*
 - c. *The trenches are to be 2 feet deep backfilled with _____ feet of sand with 1 feet of #57 stone over the sand.*
 - d. *~~The sand must be sand mound quality sand with an effective size between .25 mm and 0.5 mm with a uniformity coefficient no greater than 3.5. (The installer must provide documentation that the sand satisfies these requirements.)~~*
 - e. *The force main shall terminate in a 3" inch manifold.*
 - f. *The diameter of the laterals will be 2 inches.*
 - g. *The spacing of the perforation will be 5 feet.*
 - h. *The diameter of the perforations shall be 5/16 of an inch.*
 - i. *Turn-ups are required at the end of each lateral.*
 - j. *A minimum of 2 feet of head at the distal end of each lateral; a maximum head of 3 feet is recommended.*
18. *After installation of the tank(s), the Health Department will conduct a 24 hour leakage test.*

19. *A sanitary construction permit must be completed by the owner and issued by the Health Department. In addition, the septic system must be installed per Harford County Code of Local Laws, Chapter 216, Sewage Disposal Systems and CoMAR 26.04.02 governing sewage disposal.*
20. *Prior to the installation of the system, the installer must contact the office for a pre-construction visit and layout. The system should be staked per the approved design plan.*
21. *No parts of the septic system are to be covered until approved by the Health Department. A pump test will be required as part of the inspection. The owner or installer should see to it that sufficient water is available in the pump chamber to conduct this test. The alarm will also be tested at that time.*

28B2 - 12/2/99

410-638-8428

Harford County Health Department
P.O. Box 797
Bel Air, Maryland 21014-0797

Re: 919 Luke St.
Tax Map 41, Parcel 519, Grid 2E
Subdivision Prospect Heights, Lot # 3
Tax ID No. 03 137 104

To Whom It May Concern:

A perc test for a repair to my septic system at the above property was conducted on April 5, 2002. I understand that the perc test results were not satisfactory because of slow percolation and high water table. However, I would like to install the following septic system at my own risk: 300' long x 3' wide x 2' deep pressure dose. I understand that the Harford County Health Department cannot guarantee that the above referenced septic system will function satisfactorily.

I understand that due to the variability of soil conditions, water table, and individual use experience (occupancy and water usage), approval of a private waste disposal system does not, in any manner, give or imply a guarantee that the system will operate satisfactorily for any set period of time.

I have been informed of the importance of quickly establishing a good grass cover over the septic system and I agree to immediately establish cover over the system (weather permitting).

The Health Department has also informed me of the importance of water conservation measures including, if necessary, doing laundry off site and proper maintenance of the plumbing and septic system, and I agree to institute water conservation measures as needed.

I agree to install observation ports and to allow the Health Department to monitor the septic system.

In the event that this repair fails to work properly and creates a threat to the public health or the environment, the Health Department will require the owner of the property to make additional repairs as necessary, or to convert the septic system to a holding tank system and keep a renewable pumping contract in force indefinitely (or until public sewerage becomes available).

I agree to disclose this document to any prospective buyers/owners.

Date: April 5, 2002

Re: 919 Lilee St.
Tax Map 41, Parcel 519, Grid 2E
Subdivision Pleasant Heights, Lot # 3
Tax ID No. 03137104

Property Owner: Margaret M. Orf
(Please Print)

**Signature: Margaret M. Orf . Date: 4/5/02

witness
Notary: [Signature] Date: April 5, 2002

Notary Seal

**The signing of this document must be witnessed by a notary public or by a Health Department official.

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

APPLICATION:

Owner ORF MARGARET M. 919 LUKE ST. 838-5441
Last Name First Name Address Phone No.
Builder or General Contractor _____
Address Phone No.
Septic System Installer LUCAS CONST. CO. 838-9821
Phone No.

Plumber Bonded Drainlayer Owner

Exact Location of Building Site LOT # 3 132/92 X 200
PROSPECT HTS SEC. # 3 PLT # 1

Size of Lot _____ ft. X _____ ft. acreage _____ Existing Septic System Yes No
Building Use: 1. Residential No. of Bedrooms 3
 A. Individual B. Multifamily C. Mobile Home
2. Commercial (Give exact use) _____
3. Other (Give exact use) _____

Handwritten signature

PERMIT - Office Use Only

Building Permit Number _____

1. Type of System: Septic Tank and Deep Trenches Septic Tank and Tile Field
 Septic Tank and Seepage Pit Other _____
2. Tank: A. Capacity _____ Gallons B. Tank Material Concrete Metal Other
3. Disposal Requirements: Length _____ Width _____ Depth _____
Seepage Pits: 1. Number _____
2. Diameter _____
3. Depth _____ (Below Inlet)

Distances: Maintain a minimum of 75 feet between Disposal Area and **any** drilled well. Maintain a minimum of 100 feet between Disposal Area and **any** shallow well, spring or stream.

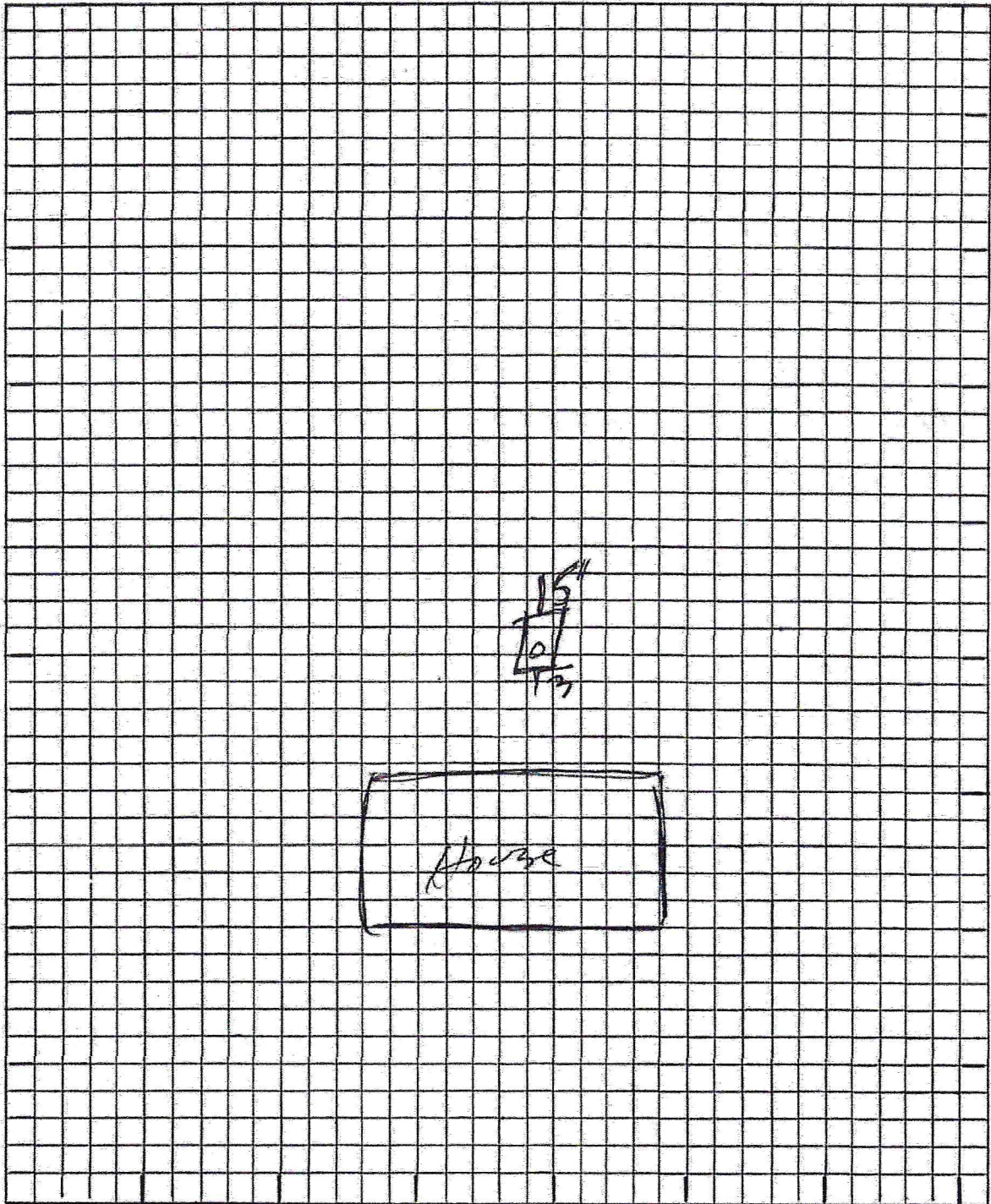
Percolation Test: Date _____ Results _____ Soil Type Wet Anytime
Time/E.S.S.A./Max Depth

Special Requirements or Conditions:

Permit Number X176-89
Date Issued 5/3/89
Date Completed 5/3/89
Inspected By Pandey

PAID
MAY 12 1989
HARFORD COUNTY HEALTH DEPARTMENT

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



Scale: each block - 5' on a side

ROAD

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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.

Prospect
104
#3

MARYLAND STATE DEPT. OF HEALTH
HARFORD COUNTY HEALTH DEPARTMENT
BEL AIR, MD. TERRACE 8-4850



APPLICATION FOR SANITARY CONSTRUCTION PERMIT

1. OWNER BLACKBURN Charles E. RFD #2 Aberdeen Md REX 667
Last Name First Name Address Phone No.

2. Builder or General Contractor (If any) SAME
Last Name First Name Address

3. Plumber SAME
Last Name First Name Address

4. Exact Location of Building Site PROSPECT MILL ROAD E. MARK AND
ARRAM. 200 FEET FROM MARK ST ON LAKE ST. LOT #3 SEC. 3
(Give detailed road directions so inspector can find the site.)

5. Size of lot 115 feet x 200 feet. 6. Is it in Town limits? Yes No

7. Type of building under Construction: Individual home Motel Tourist Camp Trailer Camp Apartment House
Commercial Bldg. Other

8. Type of Construction: New Remodeling Addition

9. Proposed Water Supply System: Municipal Connection Drilled Well Dug Well Spring Other
To be installed by: SHARMA BARBER BEL AIR MD
Name Address

10. Proposed Sewage Disposal System: Municipal Connection Septic Tank & Tile Fields Septic Tank & Seepage Pit
Other
To be installed by: Owner Builder Contractor Plumber

11. Septic Tank: Total Liquid Capacity 750 gallons. No. of Bedrooms 3
Distance of tank from ANY water Supply Source 100 feet. Dimensions of Tank 3 feet x 3 feet.
Tank is Built of: Metal Concrete Other

12. Tile Field (if used): Total Length of Lines 294 feet. Distance from ANY Water Supply Source to Nearest part of Tile Field 3 feet.

PERCOLATION TEST: _____
Date Performed. Result in Minutes.

13. Seepage pits (if used): Number _____ and size _____ feet x _____ feet. Distance from ANY Water Supply Source to seepage pits _____ feet.

7 ft PERCOLATION TEST: 12/11/62 struck water 3 min
Date Performed. Result in Minutes.

14. Signature of Owner Charles E. Blackburn Date of Application _____

15. Put drawing on other side.

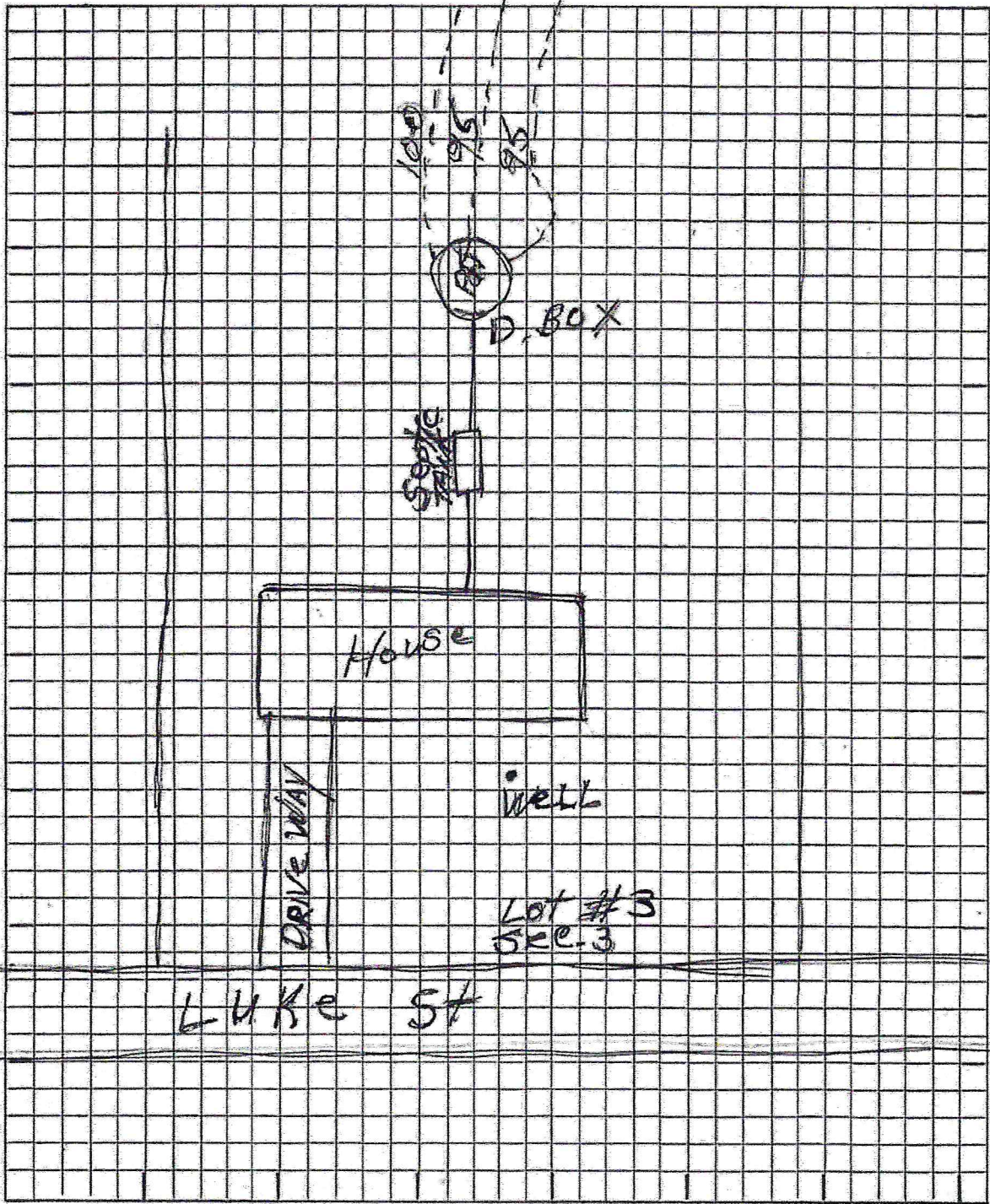
- REQUIREMENTS:**
1. Soil percolation test
 2. Roughing in of plumbing must be inspected.
 3. Drywells must be inspected before tops are installed.
 4. Tile drainage lines must be inspected before they are backfilled.

Permit # 7561

Issued 4-4-63 By J.T. HASSELBERGER

Completed October 10 - 4/17/63

PLEASE RETURN BOTH COPIES OF THIS APPLICATION TO COUNTY HEALTH DEPARTMENT, BEL AIR, MD.



LUKE ST

LOT #3
SEC. 3

HOUSE

WELL

D. BOX

SEPTIC TANK

DRIVE WAY

MARK ST.

Draw house and lot to scale, counting one small space for each 5 feet. Also show exact location of septic tank, distribution box, and irrigation trenches or seepage pits, property lines, adjacent streets and all nearby wells. Designate direction of slope and distance to wells.

NOTE: Notify the Health Department at least twenty-four (24) hours before you are ready to fill in the trenches. Trenches must not be filled in until the Health Department inspection has been made.

RECEIVED
APR 2 1963
HARFORD CO.
HEALTH DEPT.

Harford County Health Department

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0191

Telephone 638-8428, 8431, 8429, 8495

File: Misc. Name:

Subdivision:

Lot **3 sec 3**

Prospect Heights

Applicant

Buck Roberts

Address:

Phone

Owner

ORF

Address *919 Luke St. Bel Air*

Phone

Location

919 Luke St.

Tax Map

41

Grid

2E

Parcel

519

Liber

Folio

Tax ID#

03137104

Section

Size

Acres

Soils

Hole

Depth

Soil Description

Start

End

Drop

Time

0-2' top soil

2-6' clay

6' water

425 435

1/2"

6'-9' mottled loam

Results unsatisfactory

Remarks:

Perc results are valid for 5 years from the date of the test.

Additional soil tests may be required.

See signed release letter

300' x 2' deep x 3' wide pressure dose

Test Loc:

ESAA

Trench Depth

Well Loc:

Backhoe

Buck Roberts

Persons Present

Sanitarian

Larry Outten

Time

Date

April 5, 2002

410-638-8428

Harford County Health Department
P.O. Box 797
Bel Air, Maryland 21014-0797

Re: 919 Luke St.
Tax Map 41, Parcel 519, Grid 2E
Subdivision Prospect Heights, Lot # 3
Tax ID No. 03 137 104

To Whom It May Concern:

A perc test for a repair to my septic system at the above property was conducted on April 5, 2022. I understand that the perc test results were not satisfactory because of slow perc and high water table. However, I would like to install the following septic system at my own risk: 300' long x 3' wide x 2' deep pressure dose. I understand that the Harford County Health Department cannot guarantee that the above referenced septic system will function satisfactorily.

I understand that due to the variability of soil conditions, water table, and individual use experience (occupancy and water usage), approval of a private waste disposal system does not, in any manner, give or imply a guarantee that the system will operate satisfactorily for any set period of time.

I have been informed of the importance of quickly establishing a good grass cover over the septic system and I agree to immediately establish cover over the system (weather permitting).

The Health Department has also informed me of the importance of water conservation measures including, if necessary, doing laundry off site and proper maintenance of the plumbing and septic system, and I agree to institute water conservation measures as needed.

I agree to install observation ports and to allow the Health Department to monitor the septic system.

In the event that this repair fails to work properly and creates a threat to the public health or the environment, the Health Department will require the owner of the property to make additional repairs as necessary, or to convert the septic system to a holding tank system and keep a renewable pumping contract in force indefinitely (or until public sewerage becomes available).

I agree to disclose this document to any prospective buyers/owners.

Date: April 5, 2002

Re: 919 Lake St.
Tax Map 41, Parcel 519, Grid 2E
Subdivision Pleasant Heights, Lot # 3
Tax ID No. 03137104

Property Owner: Margaret M. Orf
(Please Print)

**Signature: Margaret M. Orf . Date: 4/5/02

witness
Notary: [Signature] Date: April 5, 2002

Notary Seal

**The signing of this document must be witnessed by a notary public or by a Health Department official.

WORKSHEET

WJG

RESULTS OF SOIL TESTING

TO : Charles Blackburn, Chesapeake, Md.
 FROM: County Health Department
 Division of Environmental Hygiene

Name of Subdivision: Prospect Heights

Property owned by: Thomas Morrison Address: Prospect Mill Rd. - Bel Ai

Location of Property: Off Wash St, N. of Prospect Mill Road

No. of Lots: 4 Size: 100 X 200 Acres: 1/2 A.

Lot #	Hole #	Soil Type	Depth	Start	Finish	Result in Minutes
3	1	Clay & rock	3'	10:12	10:47	1/2" in 70 min.
4	2	" "	3'	10:27	—	Slow
5	3	" "	3'	10:32	11:02	30 min
6	4	" "	3'	10:35	—	Slow

Remarks: Soil percolation tests in area are poor;
however a number of new homes have been built.
Large tile field (300 ft. total) might prove satisfactory

Sanitarian: J. Wyong

Date: Aug. 17, 1962

Recommend 3 - 3/4 acre lots be made from the four requested.
O.K. from Mr. Morrison & Mr. Blackburn, 8/27/62
WJG

Bel Air, Md.,
March 10, 1958.

TO WHOM IT MAY CONCERN:-

Percolation tests run on the Subdivision of
Thomas F. Morrison, located on the Northerly side of Prospect Mill Road,
Harford County, Md. show the following results:-

Test Hole No.	Type of Soil,	Depth of Hole,	Time for 1 in. drop.
No. 1	Sandy clay	7 ft.	15 min.
No. 2	" "	7 ft.	40 min.
No. 3	" "	7 ft.	18 min.
No. 4	" "	7 ft.	Slow drop ?
No. 5	" "	7 ft.	N.G. (struck water)
No. 6	" "	7 ft.	9 min.

The above soil percolation tests were run on March 10, 1958 following
adverse weather conditions and show satisfactory results for use of seepage pits
for final disposal of sewage. Approval is hereby given for development of these
14 building lots in the T. F. Morrison Sub-division.

Merrill B. Glasser, Sup. Sanitari
Frank Wysong, Staff Sanitarian.

- PROPOSED WORK
- New Building
 - Repair
 - Alteration
 - Addition
 - Conversion
 - Land Use
 - Trailer

APPLICATION FOR

Harford County, Maryland

- BUILDING PERMIT
- ZONING CERTIFICATE
- SANITARY CONSTRUCTION PERMIT

Appl. # 1977
 Appl. Date 3-29-63
 Fee 1500

Applicant's Name CHARLES E. BLACKBURN

Address 6FD² ABERDEEN, MD. Phone

On Land Of (Owner) 101 230

Address Phone

Builder's Name

Address Phone

Location: 1-D 2-D 3-D 4-D 5-D ; N S E W side of
 (Circle) (Circle)

approx mile N S E W from
 (Circle)

intersection of

Subdivision Name PROSPECT HEIGHTS Street LUKE ST. Sec. 3 Lot # 3

Proposed Work: Construction of New 1-F, 2-F, MF Dwelling with Attached, Detached, No Garage

Size of Structure 26.740 Improv. Costs 12,000 Hght. In Stories 1 Hght. In Feet 10ft

Materials: Frame Brick Stone Concrete Block Cinder Block Stone Veneer Brick Veneer
 Stucco Metal Shingle Other

No. of Baths 1 No. of Plumbing Fixtures 5 Fuel— Coal Gas Oil Wood
 Heat Type— Hot Air Hot Wat. Steam Space

Size of Lot 132 X 200 From Tract of Zone: B-1, B-2, B-3, M-1, M-2

Present Use of Premises Agricultural Residential Business Trailer Industrial Vacant Other
 Proposed Use Agricultural Residential Business Trailer Industrial Vacant Other

NOTE: Separate applications given to you by the Clerk are required to be filed with the Health Department and Zoning Inspector's Office.

Application by Address Date 3-29-63
 (Owner's or Agent's Signature)

FOR OFFICE USE ONLY

Zoning Certificate Issued: Approved Date No.
 Disapproved Date No.
 Sanitary Construction Permit Issued: Approved Date 4-4-63 No. 7561/JTH
 Disapproved Date No.
 Building Permit Issued: Approved Date No.
 Disapproved Date No.
 Approved Permits and Certificates Forwarded to Applicant Mail Person
 Date
 Disapproved Notices and Certificates Forwarded to Applicant Mail Person
 Date

By

HOME LAND ENVIRONMENTAL

p:443-995-5585 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

<p>Date: 10/2/2024 Name of Evaluator: Drew Henderson Time: 09:30 Property Address: 919 Luke Street Bel Air, MD 21015 Recent Weather Conditions: Rain</p>	<p>Ordered By: Sue Schneider Buyers: Brooke Scheidegg Homeowner Interview: The homeowner interview was received prior to the evaluation.</p>	<p>Occupied: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Length of Time Vacant: 3 Weeks # of People Living in Home: N/A # of People moving in: 3 Property Age: 1963 System Age: 1963 & 1984 Last Date of Cleaning: Unknown Recomm'd Pumping Freq: 2-3 Years</p>
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Liquid level in tank is: <input type="checkbox"/> Above Normal <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Below Normal	Bottom Solids Depth: 10 Inches
Depth of tank: 10 Inches	Type of Tank Access: 6-inch Cleanout
Maintenance appears: <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	# of Bedrooms: 3
Effluent Filter present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previous high liquid level: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Records Search: Records were received from Harford County prior to the evaluation.	
Were there any impermeable surfaces above the septic system (i.e. driveway)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Type of Tank	Tank Composition and Size	Type of Absorption System
<input checked="" type="checkbox"/> Septic Tank (1 tank)	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Leaching Field <input type="checkbox"/> Raised Mound
<input type="checkbox"/> Aeration System		<input type="checkbox"/> Drywell (Number of:) <input type="checkbox"/> Cesspool
<input type="checkbox"/> Other:	Tank Size: 1,000 gallons	<input type="checkbox"/> Unknown: _____

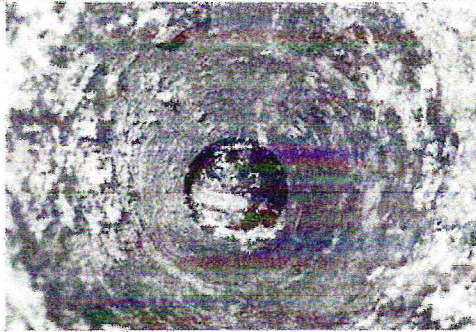
System Component	Condition	Comments
Septic Tank	<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	A SeeSnake Camera was used during the inspection, see camera evaluation for pictures. The septic tank is composed of concrete and is 1,000 gallons in capacity. Access is a cleanout at grade; the tank is 10 inches below grade. The back baffle in the tank is missing, allowing solids to escape the tank (see picture below). The back baffle needs to be replaced by a licensed septic contractor. There is approximately 10 inches of solids in the tank indicating fair maintenance. The laundry and basement utility sink are currently discharging to the sump pump. The laundry and sink need to be remediated to discharge to the septic system by a licensed contractor.

Absorption System	<input type="checkbox"/> Acceptable <input checked="" type="checkbox"/> Unacceptable <input type="checkbox"/> Needs Further Evaluation	Per the County records a perc test was conducted and the results were unsatisfactory. A low pressure dose drainfield system was approved with a signed release letter required, however the system was never installed. During the inspection 1 distribution box and 3 drainfields were located. The distribution box was excavated and found to be heavily corroded (see picture below). The drainfields were probed and inspected with a camera and found to be saturated (see picture below). A new absorption system needs to be installed by a licensed septic contractor after obtaining permits from the County Health Department.
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HOME LAND

ENVIRONMENTAL

p:443-995-5385 | f:443-267-0098 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com



Picture 1:

Showing inside the cleanout into the septic tank. Signs of previous high liquid levels observed



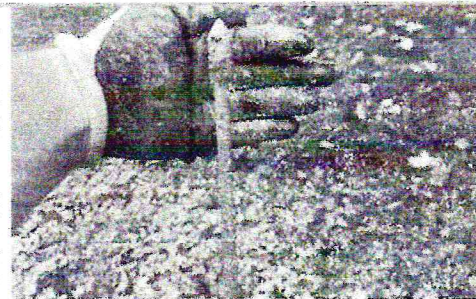
Picture 2:

Showing laundry and utility sink are discharging to the sump pump



Picture 3:

Showing inside the back of the septic tank. Concrete back baffle is missing. Signs of previous high liquid levels observed



Picture 4:

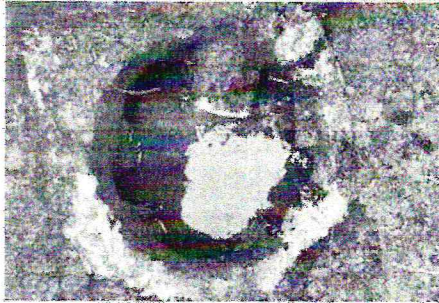
Showing drainfields were probed and found to be saturated

p:443-995-5385 | f:443-267-0098 | info@homelandhealthyhomes.com | www.homelandhealthyhomes.com

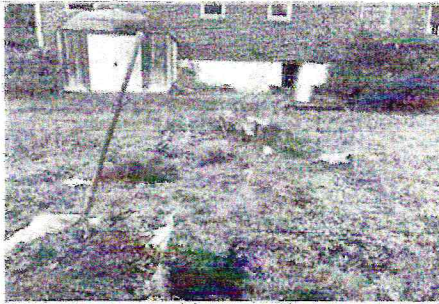
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Picture 5:
Showing distribution box is heavily corroded.



Picture 6:
Showing location of septic tank and distribution box.



Picture 7:
Showing location of drainfields.

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Sketch of System

See sketch for layout and approximate distances of the septic system.

DISCLAIMERS

- This is a subjective and visual inspection only, the conclusions of which are based on the observed condition of the system components that could reasonably be accessed, and information known about the system at the time this report was completed. There may be unknown historical problems or unseen conditions which may compromise the conclusions stated in this report.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.
- A 'Satisfactory' evaluation does not mean the system will meet the local approving authority's criteria for determining compliance with state code: COMAR 26.04.02.02 D(4).
- The evaluation of the Sewage Disposal System as reported is based on the conditions observed on the day of the inspection.
- This report is neither a WARRANTY nor does it GUARANTEE continued acceptable functionality or performance of the Sewage Disposal Systems operations.
- If the house has been unoccupied the findings in this report may not be accurate, as limited or no use of the system may conceal or mask problems that may be revealed under typical sewage loading.
- If the general ground condition is excessively wet at the time of inspection, the findings in this report may not be accurate, as ground moisture may cover or hide septic effluent that may be on or near the ground surface.
- If the house is vacant or the conditions excessively wet during inspection, it is recommended that the system be reevaluated at a later date and/or alternate techniques be used to address those potential issues.
- Payment and/or use of this evaluation signify understanding and acceptances of the above clauses, as well as any noted faults with the system.
- Suggestions or recommendations for repairs or remediation may result in the need for further repair or remediation once the system components are fully excavated.

Representative's Signature:		Date: 10/2/2024
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Address: 919 Luke Street Bel Air, MD 21015

Date: 10/2/2024

Yield Results and Comments													
Well Yield Result: <input style="width: 50px;" type="text" value="0.85"/> GPM	# of people moving in: <input style="width: 50px;" type="text" value="3"/>												
	Days of water produced: <input style="width: 50px;" type="text" value="0.3"/>												
<small>*Assuming 100 gallons per person per day based upon United States Geological Survey statistics</small>													
Link to USGS													
Well Yield Comments:	<p>The wells reserve was depleted within the first 10 minutes of the well yield and the water level hit the pump intake. After the reserve was depleted the well yielded 0.85 gallons per minute. The hose off the pressure tank was backpressured to 1 GPM but could not be sustained, confirming the yield is below 1 GPM. The minimum well yield required for new well construction is 1 Gallon Per Minute(GPM). This well producing 0.85 GPM may require remediation. It is suggested that parties consult with a well driller to determine the best remediation.</p>												
<p><i>Disclaimer: ***Any mechanical issues listed are stated as visual observations for informational purposes only. The mechanical issues listed would likely not be the cause of a low yielding well (>1 GPM). A licensed well driller should be contacted in the event of a low yielding well to determine the cause and remediations needed.***</i></p>													
General Mechanical Evaluation of the Well and Pumping System													
Well Head Evaluation													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Well Tag:</td> <td style="width: 15%;">No Visible Well Tag</td> </tr> <tr> <td>Casing:</td> <td>6 Inch PVC</td> </tr> <tr> <td>Cap:</td> <td>2 Piece Metal</td> </tr> <tr> <td>Conduit:</td> <td>Secure</td> </tr> </table>	Well Tag:	No Visible Well Tag	Casing:	6 Inch PVC	Cap:	2 Piece Metal	Conduit:	Secure	<p>Comments: The well head is located in the front yard within 5 feet from the building foundation.</p>				
Well Tag:	No Visible Well Tag												
Casing:	6 Inch PVC												
Cap:	2 Piece Metal												
Conduit:	Secure												
Pressure Tank Evaluation													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Model:</td> <td style="width: 15%;">WX 203</td> </tr> <tr> <td>Size:</td> <td>32 Gallons</td> </tr> <tr> <td>Physical Condition:</td> <td>Good</td> </tr> <tr> <td>Cut on /Cut Off:</td> <td>40psi/60psi</td> </tr> <tr> <td>Bladder Air Charge:</td> <td>36 psi</td> </tr> <tr> <td>Cycle Time:</td> <td>~60 seconds</td> </tr> </table>	Model:	WX 203	Size:	32 Gallons	Physical Condition:	Good	Cut on /Cut Off:	40psi/60psi	Bladder Air Charge:	36 psi	Cycle Time:	~60 seconds	<p>Comments: The pressure tank is in working order and appears to be sized properly with the well pump.</p>
Model:	WX 203												
Size:	32 Gallons												
Physical Condition:	Good												
Cut on /Cut Off:	40psi/60psi												
Bladder Air Charge:	36 psi												
Cycle Time:	~60 seconds												

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Plain Deal Street Three Hour Well Yield Test Report

Property Address: 919 Luke Street Bel Air, MD 21015
Date: October 2, 2024
Well Tag Number*: No Visible Well Tag Well Depth*: Unknown
Static Level*: Unknown GPM at Drilling*: Unknown

Time	PSi	PUMPING RATE <small>seconds to fill 5 gallon bucket</small>	Additional Data	Total Gallons	Calculated Flow (GPM)
9:00					
9:15		32		46.9	9.38
9:30		12 Gallons in 13.25 Minutes		60.5	0.91
9:45		8.5 Gallons in 9.5 Minutes		73.9	0.89
10:00		6.5 Gallons in 7.7 Minutes		86.6	0.85
10:15		See Comments			
10:30					
10:45					
11:00					
11:15					
11:30					
11:45					
12:00					

* Reflects data gathered by the well tag number, County records, and/or information supplied from the homeowner.

Signature of: Reid Henderson *Reid Henderson*