

# HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street • P.O. Box 191 • Bel Air, Maryland 21014

879-8322, 8322 / 838-1500 Ext. 244, 245

New System \_\_\_\_\_

## ON-SITE SEWAGE DISPOSAL

Correction/ Rep 50<sup>00</sup>

### APPLICATION:

Owner BOND Joseph 229 Hopkins Rd ALBINO  
Last Name First Name Address Phone No.

Builder or General Contractor \_\_\_\_\_  
Last Name First Name Address Phone No.

Septic System Installer JXL CONST  Plumber  Bonded 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 Location of Building Site 229 Hopkins Rd Tax ID # 02 042 312 Tax Map # 43

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Parcel # 229

Perc Tests Completed  Yes  No Name Used on Test \_\_\_\_\_ Year of Test 20

For Non Sub-division Lots Size of Lot \_\_\_\_\_ ft. x \_\_\_\_\_ ft. acreage 1.77 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. \_\_\_\_\_

3.  Other (Give exact use) \_\_\_\_\_

Applicant must attach a lot 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.

DATE 7-19-94 APPLICANT SIGNATURE Pat Calahan

### 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 750? Gallons B. Tank Material  Concrete  Metal  Other \_\_\_\_\_

3. Disposal Requirements: Trenches: Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Seepage Pits: Number \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_

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

Percolation Test: Date \_\_\_\_\_ Results \_\_\_\_\_ Soil Type \_\_\_\_\_ Wet \_\_\_\_\_ Anytime \_\_\_\_\_

Special Requirements or Conditions:

HARFORD COUNTY REVENUE COLLECTIONS  
PAID  
JUL 19 PM 2:51

### Please Note:

1. Install septic system at approved contours of septic area with 2 feet of cover.

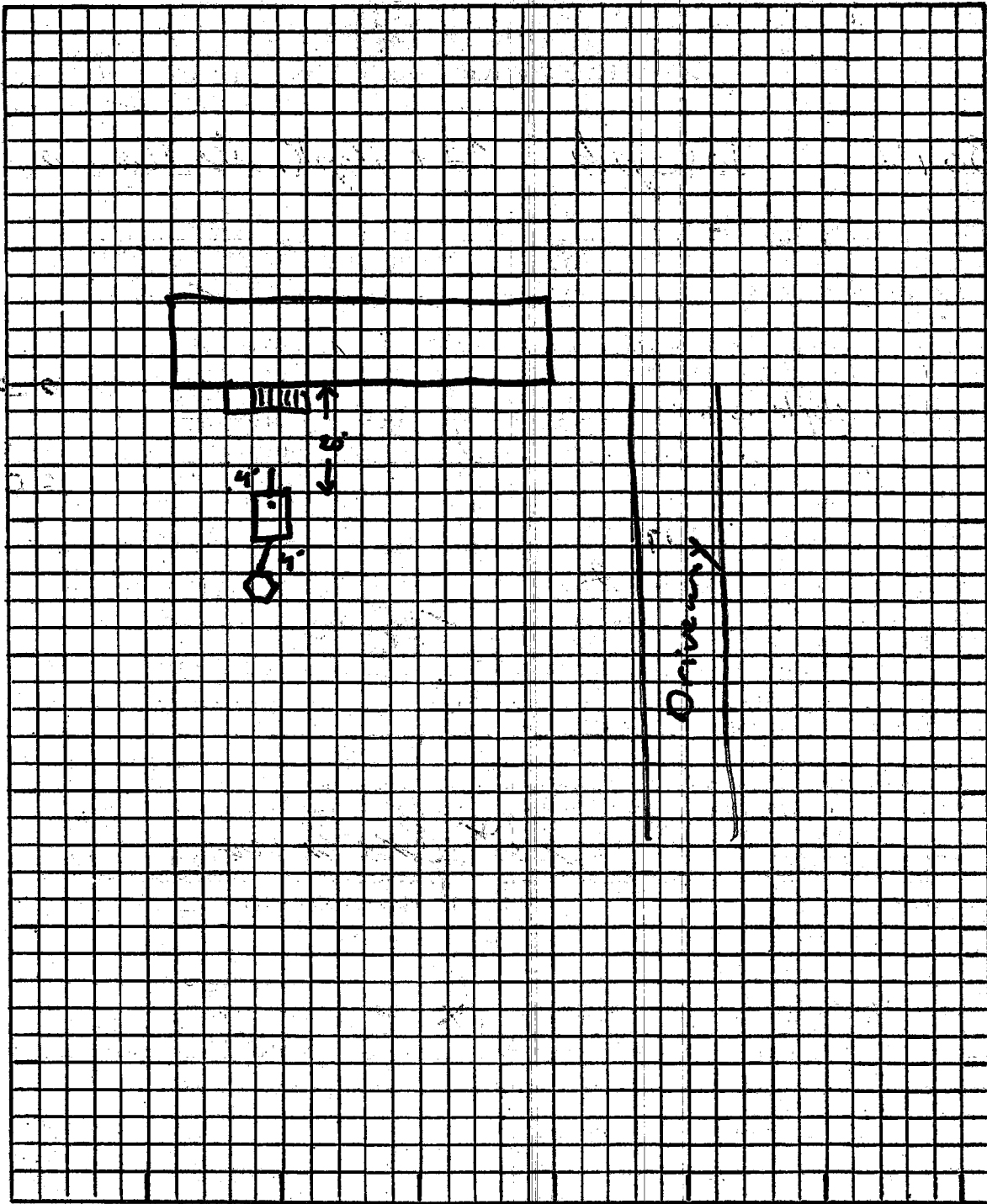
2. No filling or grading permitted in reserve area without prior written approval of Health Department.

Permit Number 94 20050050

Date Issued 7/20/94 By LO

Inspected By [Signature] Date 7/20/94

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).



Scale: each block - 5' on a side

ROAD

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.

MARYLAND STATE DEPT. OF HEALTH  
 HARFORD COUNTY HEALTH DEPARTMENT  
 BEL AIR, MD.

Tel. 838-6000

Ext. 217

*Bond James Joseph*  


**APPLICATION FOR SANITARY CONSTRUCTION PERMIT**

BEL AIR, MD.

RT 1 BOX 377

734-6448

1. OWNER

*Bond*

*Joseph*

Last Name

First Name

Address

Phone No.

2. Builder or General Contractor (If any)

Last Name

First Name

Address

3. Plumber

*WEBSTER*

*ERNEST*

Last Name

First Name

Address

4. Exact Location of Building Site

*SE/S HOPKINS RD @ 1/2 MI NE OF ALAINO RD.*

(Give detailed road directions so inspector can find the site.)

5. Size of lot *1/2 of 1.61 ac* feet x ..... feet. 6. Is it in Town limits?  Yes  No Election District # *2*

7. Type of building under Construction:  Individual home  Motel  Tourist Camp  Trailer  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

10. Proposed Sewage Disposal System:  Municipal Connection  Septic Tank & Tile Fields  Septic Tank & Seepage Pit  Tile Bed  Other

To be installed by:  Owner  Builder  Contractor  Plumber

11. Septic Tank: Total Liquid Capacity *750* gallons. No. of Bedrooms *2*

Distance of tank from ANY water Supply Source *50* feet. Dimensions of Tank ..... feet x ..... feet.

Tank is Built of:  Metal  Concrete  Other

*200' x 3' x 2'*

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

PERCOLATION TEST: *1-4-71* Date Performed.

*1" in 35 min @ 3'* Result in Minutes.

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

PERCOLATION TEST: ..... Date Performed.

Result in Minutes.

14. Signature *Joseph Bond* Date of Application *JANUARY 20, 1971*

15. Put drawing on other side.

Permit # *9922*

Issued *4-26-71* By *J.T.N.*

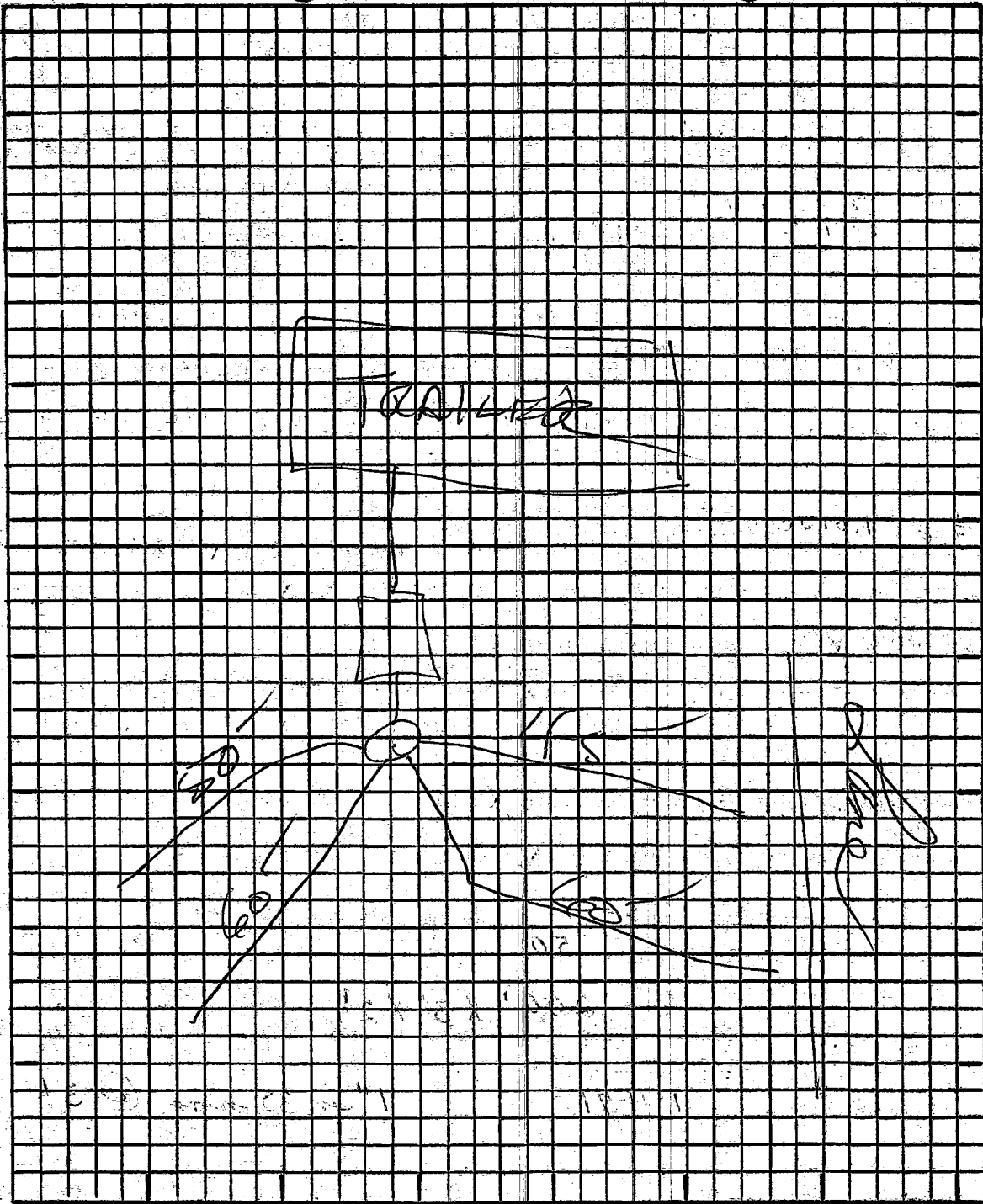
Completed *6/17/71 J.J.J.*

**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.

*Cost Item Not Run Clear out not called*

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



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.

**Harford County  
Department of Health**

119 HAYS STREET • P.O. BOX 191

BEL AIR, MARYLAND 21014

TELEPHONE 838-6000

DEPUTY STATE  
AND COUNTY HEALTH OFFICER  
I. H. CANFIELD, M.D., M.P.H.

B02P/H

SOIL TEST RESULTS

TO: **Joseph Bond, Rt.#1 Box 377, Bel Air, Maryland 21014**  
FROM: County Health Department, Division of Environmental Hygiene

Property owned by: Joseph Bond Address: \_\_\_\_\_

Location of property: SE/S Hopkins Rd. @ 1/2 mile NE of Aldine Road

No. of lots: 1 Size: \_\_\_\_\_ Acres: 2+

Name of Subdivision: \_\_\_\_\_

Lot #	Hole	Soil Type	Depth	Start	Finish	Drop	Results in mins.	
1	1		3'	10:25	10:50	11:25	2"	35

Remarks: The described lot (1) is approved for a subsurface sewage disposal system (in location of perc) based on the above soil test result (s) in accordance with Maryland State Dept. of Health Regulation 43L-02 and Harford County Ordinance 10, Section V.

**TILE FIELD ON ABOVE RESULTS OR DEEP TRENCH 8-10' DEEP IF WILLING TO RUN ANOTHER TEST (DEEP) UPON INSTALLATION OF SYSTEM. TO LEFT OF TRAILER ABOUT MIDDLE OF LOT.**

Sanitarian Steven P. Witt  
Steven P. Witt

Date April 1, 1971

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

7/16

# BUILDING PERMIT WORKSHEET

Permit No. 9825730020

WORKSHEET MUST BE SIGNED Grading Permit No. \_\_\_\_\_

Owner Authorization Letter

Applicant - Complete Shaded Area (Please Print Clearly) Application Date: 14 Sept 98

Address/Location of Work Site (include city): 229 HOPKINS HAYES DR GAITHERSBURG, MD

Subdivision: \_\_\_\_\_ Public Water \_\_\_\_\_ Sewer \_\_\_\_\_ Private Septic  Well

Permit Request for: REPLACE PUMP-1977 TRAILER WITH A 1990 68x19 TRAILER 200AMP

Height of Structure: 10' Number of Stories: 1 Finish Basement No Construction Cost: \$26,000

Is this permit application the result of a zoning enforcement investigation or Stop Work Order? No

Does this request violate your covenants or restrictions for your property? No

Applicant Information Name: DAVID A. KASCHWICZ Phone: 784-6210 Fax: \_\_\_\_\_  
 Address: 3901 ROCKY HILL RD HAYES DR GAITHERSBURG MD 20878  
Street # Street City State Zip

Property Owner Information Name: JOSEPH RONDI Phone: \_\_\_\_\_  
 Address: 2405 CHURCHVIEW RD BETHESDA MD \_\_\_\_\_  
Street # Street City State Zip

Contractor Information Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Street # Street City State Zip

MD Home Improvement License #: \_\_\_\_\_ Verified  Contractor's #: \_\_\_\_\_

Map: 43 Grid: 2D Parcel: 229 Lot No.: \_\_\_\_\_ Section No.: \_\_\_\_\_ Plat No.: \_\_\_\_\_

Building Use: 050 Type Work: R01 TZ: 289 Tax ID: 1302042312

Acage/Lot Size: 1.77 Census Tract Number: 3022 Field Card: 05677

Electricity: \_\_\_\_\_ Plumbing:  Type Heat: E/BB

Zoning District: AO Board of Appeals Reference: \_\_\_\_\_

Forest Conservation: Grandfathered \_\_\_\_\_ Exempt \_\_\_\_\_ Approved Plan \_\_\_\_\_

Plan Information Plans Submitted: 0 Model: 1990 Oakwood Number of Bedrooms: 2  
 Number of Full Bathrooms: 2 Number of Half Bathrooms: — Number of Fireplaces: —

Fee Calculation	Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
	<u>14</u>	X	<u>68</u>	X	_____	=	_____	X	_____	=	_____
	_____	X	_____	X	_____	=	_____	X	_____	=	_____
	_____	X	_____	X	_____	=	_____	X	_____	=	_____

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Print Name: DAVID A. KASCHWICZ  
[Signature] 14 Sept 98  
 Signature Date

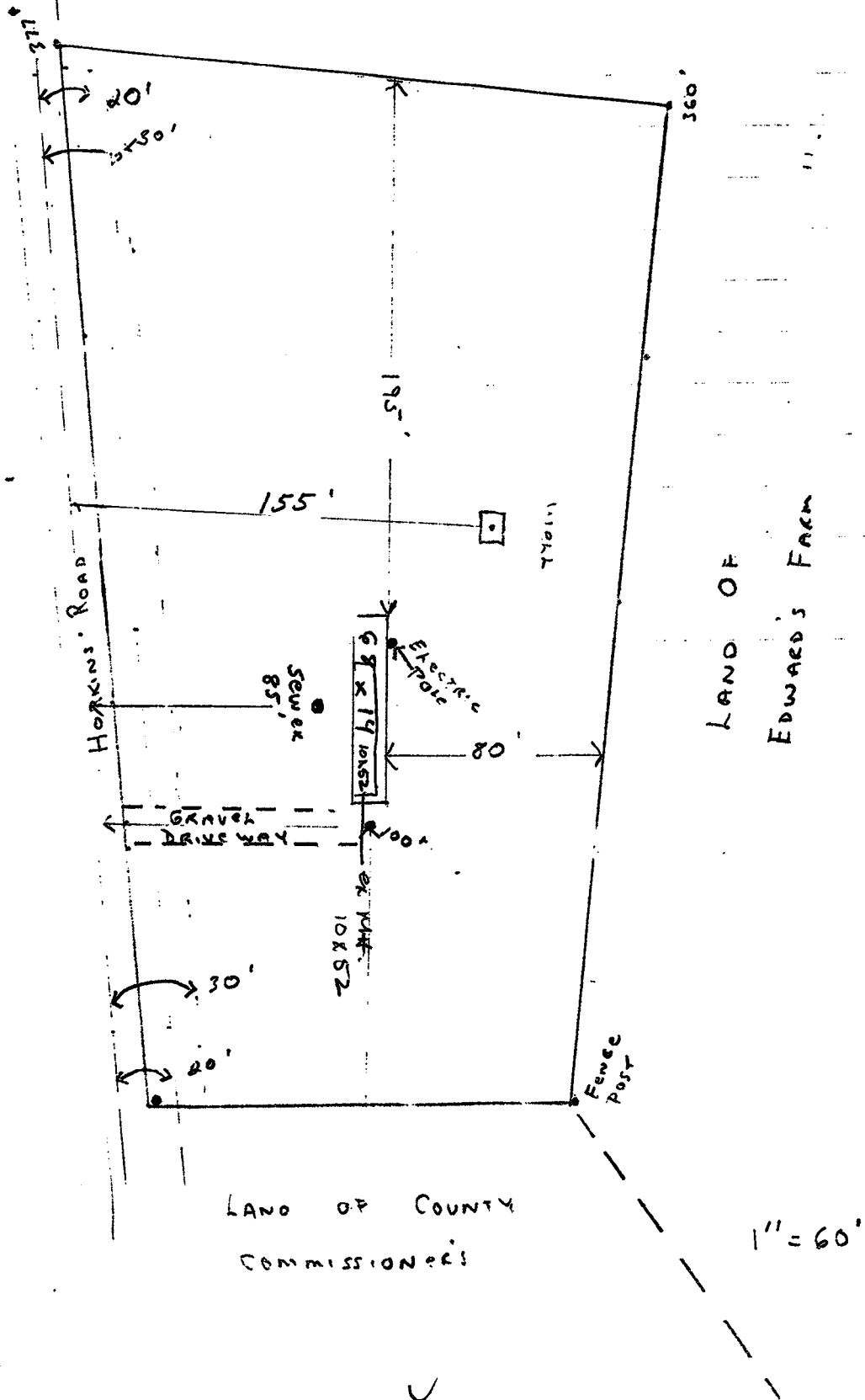
WA 11/20/99 DLW?

Caution: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

2 BEDROOM; 2 BATH  
68' x 14'

229 Hopkins Rd  
Plat not to  
Scale

ALL MEASURE-  
MENTS TAKEN  
FROM ROAD  
CENTER



LAND OF  
EDWARD'S FARM

LAND OF COUNTY  
COMMISSIONER'S

1" = 60'



## HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

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

879-8322/638-8433

September 15, 1998

Mr. David A. Koschnigg  
3901 Rock Run Road  
Havre de Grace, MD 21078

Re: **BP Appl. # 98257b0020**  
**Replacement Mobile Home**  
**229 Hopkins Road**  
**Tax Map 43, Parcel 229**  
**Tax ID #02042312**

Dear Mr. Koschnigg:

This office has reviewed the above referenced building permit application to replace the existing 10feet X 52feet mobile home with a 14feet X 68feet mobile home. The new mobile home is to be located in the same place as the existing mobile home and there will not be an increase in the number of bedrooms.

It is our understanding that the current mobile home has been unoccupied for about one year; therefore, a proper inspection and evaluation of the septic system cannot be performed at this time. This office, however, will release the building permit to replace the mobile home and will hold the final use and occupancy permit (U&O) until the septic system has been in use for at least 60-90 days. At that time, this office will inspect the septic system and determine if it is functioning normally.

Also, per your request, enclosed is a chlorination procedure and a water sample application form. Follow the procedure for chlorinating the well and plumbing once the new mobile home is in place and the well is connected. There is a \$20.00 application fee to have the well tested through this office. A temporary U&O will be issued when satisfactory water results are obtained.

For your convenience, this office has included some brochures on the care and maintenance of your well and septic system.

If you have any further questions, please feel free to call.

Sincerely,

Debora G. Riale  
Permits and Plan Review Program

DGR/br

Enclosure

cc: Joseph Bond

1 H2  
12/30/98  
DGR





# HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, MD 21014-0797

December 30, 1998

Occupant  
229 Hopkins Road  
Harve de Grace, MD 21078

## To Whom It May Concern:

In reference to the sample secured from your water supply on 12/7/98, our bacteriological analysis shows this water supply to be satisfactory for drinking and other household purposes at the time of sampling.

The results of the chemical sample collected 12/7/98, of the sample secured are:

3.78 **Nitrates** Maximum allowable 10 ppm. Above 10 ppm the water supply is non-potable and not approved per Regulation 26.04.04.09. A potential health hazard for infants, especially those younger than 6 months. Deviation may be requested.

5.0 **Turbidity** Must be less than 10 units as determined by methods designated in the National Interium Primary Drinking Water Standards, 40 C.F.R., Parts 141.22(a). For exceptions see Reg. 26.04.04.07 J(2)(b).

         **Iron** Acceptable range 0.0 to 0.3 p.p.m.

         **Manganese** Acceptable range 0.00 to 0.05 ppm Primarily aesthetic problems (taste, staining, discolored water, etc.). Manganese may pose a possible health hazard at high levels. Correctable by treatment\*.

         **Lead** Acceptable range 0.00 to 15 ppm.

## Remarks/Additional Analyses:

The Health Department does not recommend make or type of equipment for treatment. If you have any questions about treatment, please feel free to contact us. See a licensed water conditioning installer or plumber for equipment.

Note: ppm = Parts per million or milligrams per liter

< = Less Than

ND = Not Detected

\_\_\_\_\_  
Community Health Protection

KASHENITZ

HARFORD COUNTY, MARYLAND  
DEPARTMENT OF PERMITS AND LICENSES  
45 S. MAIN STREET • BEL AIR, MARYLAND 21014

Permit No. 1810-71  
Election District 2  
Fee 930.  
Date 4/20/71  
Phone # 734-6448

District	Index		
<u>2</u>	<u>065100</u>		
Use	Map	Block	Parcel
<u>R</u>	<u>43</u>	<u>D2</u>	<u>229</u>

BUILDING PERMIT

Land Owner Joseph Bond  
Address Box 377 Rt. 1, Bel Air, Md.

Applicant same Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Contractor and/or Builder \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Location SE/s Hopkins Rd., approx. 1/4 mile N of Hopewell Rd.  
(House No. and Street; N.S.E. or W. side of street; Distance N.S.E. or W. from nearest intersecting street or road)

Size of Lot X Acreage 1.61 Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Subdivision \_\_\_\_\_

Use of Building trailer Type of Building \_\_\_\_\_ Number of Families one  
(Dwelling, Store, Garage, Etc.) (Construction)

Water Supply - Munic. (\_\_\_\_\_) Well (x) Sewage Disp. \_\_\_\_\_ Munic. (\_\_\_\_\_) Septic Tank (x) Privy (\_\_\_\_\_) \_\_\_\_\_

Plumbing (No. of Toilet Rooms) \_\_\_\_\_

Work Permitted Locate trailer on lot - 1.61 acres

10 x 50

Contract Price \$1,075. Current Cost of Material and Labor if not being Built under Contract \_\_\_\_\_

FOR OFFICE USE ONLY

	Fee	Date	Approved (Signature)	Denied
Planning/Zoning				
Dept. of Public Works				
Health Dept.				

H D # 9922 Building Permit Issued by \_\_\_\_\_ Date \_\_\_\_\_

CAUTION: A permit will expire (1) year from date of issue, unless work is started and diligently prosecuted.

HEALTH DEPT.

**B 1** 6745  
 SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
 APPLICATION FOR PERMIT TO DRILL WELL

HA-71-0503  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)

OWNER Joseph Bend.  
 COL 15 LASTNAME FIRST NAME COL. 34  
 STREET OR RFD Rt #1 Box 377  
 COL 36 COL 55  
 POST OFFICE Beh Air Md  
 COL 57 COL. 76

**B 1 CONTINUED DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE 4-12-71 LICENSE NUMBER 112  
 77 80  
CHAS. HAMILTON JR.  
 FIRST NAME DRILLER LAST NAME  
 SIGNATURE Charles A Hamilton Jr

**B 3 LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY Harford  
 8 (DO NOT ABBREVIATE COUNTY NAME) 21  
 SUBDIVISION          23 42  
 SECTION          44 46 LOT 48 50  
 NEAREST TOWN Hane de Grace 52 71  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 6 M I  
 73 76 77 78

**B 2 WELL INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 800  
 14 20  
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 F FARMING, AGRICULTURE, IRRIGATION  
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
 P PRIVATE WATER COMPANY }  
 T TEST

**B 4 DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)  
 1 2 3 (SEQ. NO.) 6  
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
 8 9  
 NEAR WHAT ROAD Hopkins Rd  
 11 NORTH SOUTH EAST WEST 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 FT  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 85 M I  
 34 37 38 39

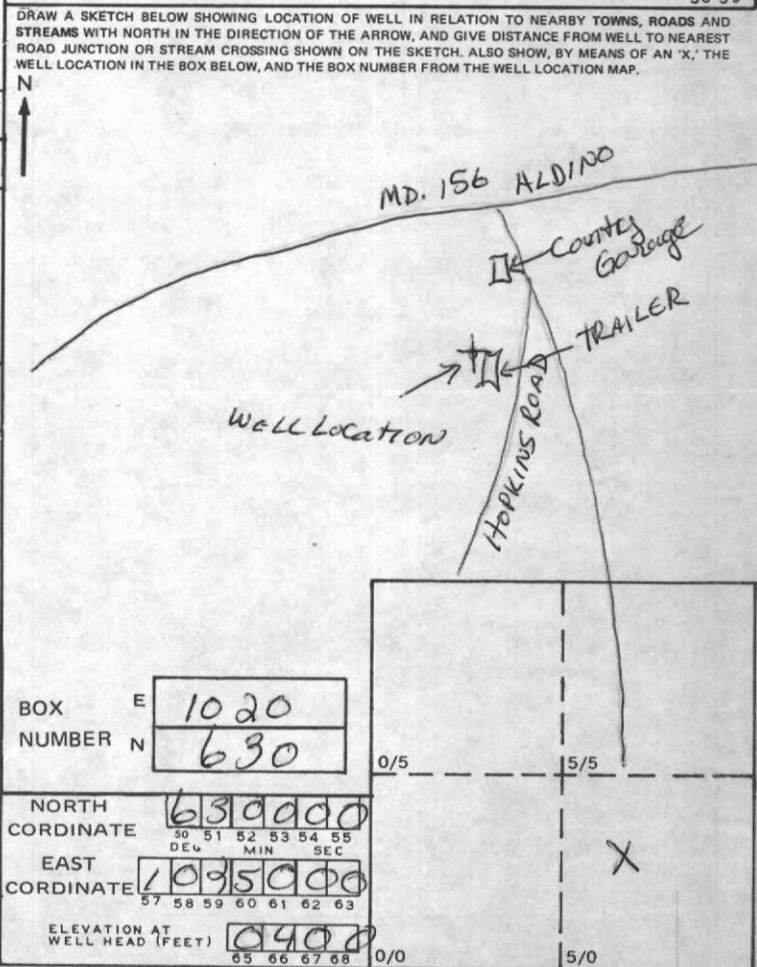
APPROXIMATE DEPTH OF WELL 100 FEET  
 24 28  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**  
 BORED (OR AUGERED) JETTED DRIVEN  
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
 CABLE REVERSE ROTARY DRIVE-POINT  
 OTHER (DESCRIBE) \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 D THIS WELL WILL DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)  
 41 52

**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**  
 APPROPRIATION PERMIT NUMBER          ENGINEER REVIEW DISTRICT NO.           
 FORCE          WRITE INITIALS IN BOX          CONDITIONS           
 67 68 70 71 72 73 74 75 76 77 78 79

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 41 S (CIRCLE BOX) COUNTY NAME Harford COUNTY NO.           
 DATE 04/14/71 APPROVED BY Steuin Rivitt  
 43 48



**B 5 SPECIAL CONDITIONS B-63 (DWR USE ONLY)**  
 1 2 3 (SEQ. NO.) 6



C 1 **4604** SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

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

**STATE OF MARYLAND**  
 DEPARTMENT OF WATER RESOURCES  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 6-12-71 DEPTH OF WELL 48 PERMIT NO. FROM "PERMIT TO DRILL WELL" HA-71-0502

DATE WELL COMPLETED 6-12-71 (TO NEAREST FOOT) 22 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 112

OWNER Bond LAST NAME Joseph FIRST NAME Bel Air Md.

STREET OF RFD. Box 377 POST OFFICE

**WELL DESCRIPTION**

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>red clay &amp; boulders</i>	0	42	
<i>gabbro</i>	42	48	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  BENTONITE CLAY

CEMENT  BENTONITE CLAY

NO. OF BAGS 3 NO. OF POUNDS 15

GALLONS OF WATER 15

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 20 FT.

**CASING RECORD**

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 44

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL  BRASS OR BRONZE  OPEN HOLE

PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT) FROM 44 TO 48

EACH SCREEN

1	8	9	11	15	17	21
2						
3	23	24	26	30	32	36
	38	39	41	45	47	51

SLOT SIZE 1,    2,    3,   

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM    TO   

GRAVEL PACK   

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

DRILLERS NAME CHAS HAMILTON, JR

(PLEASE PRINT) Charles H. Hamilton

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE anjit

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 4 (NEAREST FOOT)

WHEN PUMPING    (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR  PISTON  TURBINE

CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)

JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  YES  NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)      

PUMP HORSE POWER      

PUMP COLUMN LENGTH (NEAREST FOOT)      

**CASING HEIGHT**

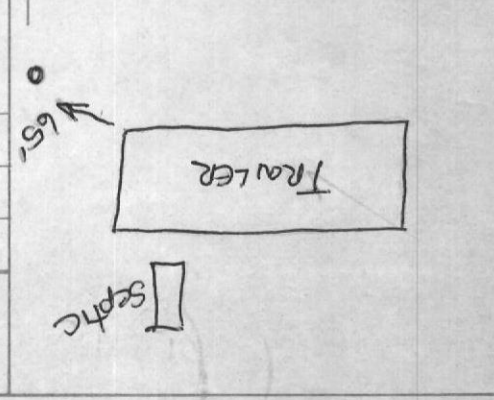
(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)   

BELOW }   

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



**CIRCLE APPROPRIATE BOXES**

- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- C COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME CHAS HAMILTON, JR

(PLEASE PRINT) Charles H. Hamilton

SIGNATURE Charles H. Hamilton

# Water Testing Laboratories

If responding, please contact:  
 260 Gateway Center 3A, Bel Air, MD 21014 (410) 893-5257  
 113 High St., Salisbury, MD 21801 (410) 546-1318  
 5 Riggs Avenue, LL4, Severna Park, MD 21146 (410) 647-7737  
 P.O. Box 712, Stevensville, MD 21666 (410) 643-7711  
 P.O. Box 463, Timonium, MD 21083 (410) 628-2855  
 JCK Center, Suite 6-182, Westminster, MD 21157 (410) 876-2035  
 P.O. Box 10591, Burke, VA 22009-0591 (703) 250-7711

Report: #HC588

To: Harford Co. Health Dept.  
 Jennifer Pruitt  
 P.O. Box 797  
 Bel Air, MD 21014

*M43 R 229*  
*02042312*

Submitte Water  
 Sample Identification: 229 Hopkins Rd  
 Havre de Grace, Md

Filters on System: None  
 Bldg. Permit #:  
 Well Tag:  
 Submitted by: G. Benna K00898

	<u>Date</u>	<u>Time</u>	<u>Chlorine Residual</u>
Collected	12/07/98	10:00am	
Received	12/07/98	12:00pm	
Examined	12/07/98	12:00pm	
Reported	12/09/98	3:00pm	

ANALYTICAL RESULTS

<u>Parameter</u>	<u>Results</u>	<u>Allowable Limit</u>
Bacteria (coliform)	Present	Absent
Nitrates	3.78	10.0
Turbidity	5.0	10.0
P.H.	6.5	N/A

Bacteriological analysis of this sample indicates the water is UNSAFE for human consumption.

- Notes: 1) P.H. done in field  
 2) ND = Not Detected  
 3) Bacteria run Presence/Absence

DEC 21 1998

HARFORD COUNTY  
 HEALTH DEPT.

Reported by: *[Signature]*

M-43  
P-229

M-43  
P-229

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration  
201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehsen Joseph, Ph.D., Director

FINAL  
011 9152 ED  
1/20/99

Category Code 4C

Lab. No. \_\_\_\_\_

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

**SAMPLE TYPE:**  
 Community   
 Non-Community   
 Non-Transient   
 Private   
 Check Sample   
 Special

Source Daniel A. Kuschoniger  
 Location: 229 Hopkins Rd  
 Iced: Yes  No   
 Treated Yes  No  Time Collected 11:10  
 Collector # 7K-008-89 Bottle No. BU-413  
 Collector Name J. Benn County Howard

410) 12 --- --- 01/11/99  
 734-6210 County Plant No. Sampling Station Date Collected  
 pH 6.5 Res. Cl: Free 00 Total 00 Card No.     

1102/042312

**LABORATORY RECORD**

This sulfate: Pres.  Absent  Undetermined

PRESUMPTIVE MTF • P/A TEST*				CONFIRMED MTF • P/A TEST				No. of +
ml. of Sample	10 ml.		100 ml	ml. of Sample	10 ml.		100 ml	
Gas. 24 hrs				Coliforms †				
Gas. 6 hrs				Focal Coliforms ‡				

**P/A TEST (CONFIRMED) \* \* \***

ml. of Sample	100ml.
Total Coliforms	---
E. Coli	---

**QUANTITATIVE TEST (CONFIRMED) \*\*\***

100 ml. of Sample	No. of Pus	MPN
Total Coliforms		
E. Coli		

9825750020

\*\* Presumptive Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_  
 † Verified Total Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_  
 ‡ Verified Focal Coliforms/100 ml. (Membrane Filter) = \_\_\_\_\_

24 • 48 • 72 Hrs. / Heterotrophic Plate Count §/ml. = \_\_\_\_\_

- \*\* using m Endo-Agar LES at 35° C incubation
- using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- \*\*\* using ONPG-MUG at 35° C incubation

Remarks \_\_\_\_\_ Date & Hour \_\_\_\_\_ Laboratory \_\_\_\_\_

'99 JAN 11 AM 8:36 Rec'd E. MD REG. (C)  S. MD REG.   
 '99 JAN 12 AM 9:23 Exam E. MD REG. (S)  W. MD REG.   
 '99 JAN 13 AM 9:39 Rept. CENTRAL   
 Bacteriologist D. Pierce



Rich Gordon -DHMH- &lt;rich.gordon@maryland.gov&gt;

**Subject: Pre Permit Plan Review, 229 Hopkins Road**

1 message

Rich Gordon -DHMH- &lt;rich.gordon@maryland.gov&gt;

Tue, Sep 1, 2015 at 9:22 AM

To: [REDACTED]

Ted,

I have reviewed your proposal to replace the 2 bedroom trailer on this property with a 3 bedroom house. Because the existing septic system was approved for a 2 bedroom house a perc test will have to be done. Since the soils on the property are classified as wet weather soils the perc test will have to be done in the wet season which typically runs from February through the end of April. Our records show that the existing septic tank is a 750 gallon tank. This size tank is undersized for a 3 bedroom house. Because the tank would have to be upgraded to meet current requirements a BAT septic tank would have to be installed. BAT stands for Best Available Technology. The one exception to the requirement of a BAT tank would be if a septic system certification was done and the septic system was found to be malfunctioning. In this case it would be considered a repair to the septic system and a BAT tank would not be required. Please note that a septic system certification must be done by an individual who is certified by the Maryland Department of the Environment ( MDE ). Even if a BAT tank is not required do to a malfunctioning septic system a 1250 gallon conventional septic tank would have to be installed for a 3 bedroom house.

If you decide to pursue this project and get to the point where you have obtained a building permit I want to let you know what the requirements would be for the Use and Occupancy ( U & O ) permit. A good bacteria water sample would have to be obtained after the plumbing work has been completed and the water supply system has been chlorinated. In addition, whatever type of septic system is installed, that system would have to be inspected and approved.

If you have any questions, please don't hesitate to give me a call. I can be reached at 410-877-2326.

Sincerely,

Rich Gordon, Harford County Health Department

