

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer


April 12, 2005

Mrs. Johnson
6768 Mink Hollow Road
Highland, MD 20777

Re: Well requirements
Tax Map: 40 Parcel: 186

Dear Mrs. Johnson,

Our records indicate that your house is approximately 44 years old while Real Property Search dates the house built in 1925. In either case, state regulations did not hold well distances from the house or surrounding septic to the standards which are followed today. Prior to 1973, many wells were hand dug and either located near the house or in the basement of the house. Our office recommends a homeowner to test the quality of their drinking water on a yearly basis. Although we recommend wells to be brought up to today's standards, there are no regulations enforcing home owners to upgrade their existing well. If you have any questions, I may be contacted at 410-313-1775.

Sincerely,

Kacie Noonan, R.S.
Well and Septic Program

KN
Enclosures

Cc: file

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

P 02781 _____

APPROVAL DATE: _____

A 502732 _____

**PERMIT
INDEXED**

TAX ID #05-355516

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: ⁶⁷⁶⁸~~6789~~ Mink Hollow Road PROPERTY OWNER: Mrs. John W. Johnson

TM 40 GR 2 Parcel 186

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 502732