

DENV-CR00

B 1	1008	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 5 2 7 3 0 8 please type	STATE PERMIT NUMBER H0-95-1194 <small>fill in this form completely</small>
Date Received (APA) 8/10/2007 <small>8 MM DD YY 13</small>		OWNER INFORMATION		
15 Last Name Ritter		34 Owner First Name Christian		
36 Street or RFD 12764 Scaggsville Rd		55		
57 Town Highland		70 State MD		
		72 Zip 20777		
		76		
DRILLER INFORMATION				
Driller's Name Joseph E. Mayne		M 5 D 0 2 4 76 License No. 81		
Firm Name Joseph E. Mayne Well Drilling				
Address 5512 Hedge Rd Mt. Airy 21771				
Signature Joseph E. Mayne		Date 8-9-2007		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.)		
		8 4 12		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14 500 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING				
<input type="checkbox"/> PUBLIC WATER SUPPLY WELL				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING				
<input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN				
30 <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)				
37 <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT				
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS				
<input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G _____				
PERMIT No. H0-95-1194				
SPECIAL CONDITIONS				
<small>NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>				

B 3 LOCATION OF WELL

8 COUNTY Howard 21

23 SUBDIVISION _____ 42

SECTION _____ LOT _____

44 46 48 50

52 NEAREST TOWN Highland 71

MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 12764 Scaggsville Road 30

NEAR HIGHWAY ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 65 37

DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 40 BLK: 5 PARCEL: 209

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard (13) A09349

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED 8/10/2007 Brian Baker 8/10/2008

43 MM DD YY 48 CO SIGNATURE EXP DATE

NORTH GRID 490 0 0 0 EAST GRID 812 0 0 0

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810

N 480

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). **Submission of a complete form is required prior to Use and Occupancy approval.**

Company Name: Zepp P+H Telephone #: 410 531 6712
Address: Clarksville

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO 95-1194
Site Address: 12764 Rt. 216

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 8/27/22 Inspector: RB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<u>✓</u>
Two piece cap installed and attached to casing securely	<u>✓</u>
Elec. conduit extends at least 18" below grade/attached to cap properly	<u>✓</u>
Safety rope not seen outside of well cap/casing	<u>✓</u>
Correct well tag attached properly and casing 8" above finished grade	<u>✓</u>
Water supply line sleeved adequately at house connection	<u>✓</u>
Adequate grout observed below pitless adapter	<u>✓</u>

SITE INSPECTION SHEET

OWNER: Christine Retter

PHONE #: 301-741-7935

ADDRESS: 12764 Scaggsville Rd
Highland

CONTRACTOR: J. Mayne

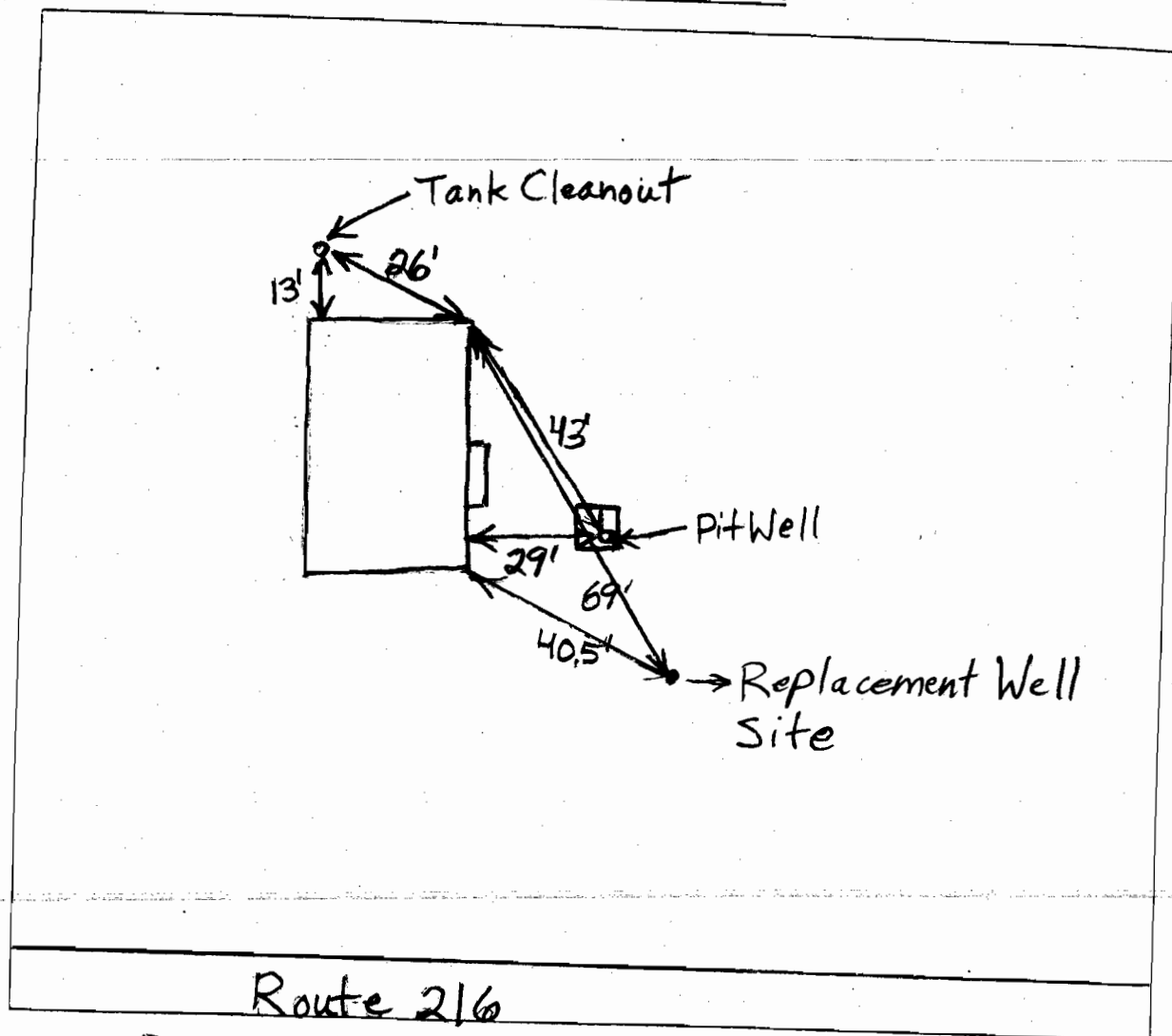
SUBDIVISION: _____ LOT: _____

WELL TAG #: _____

PROPOSAL: Out of water

COUNTY #: _____

LOCATION DIAGRAM



COMMENTS: Drill replacement well as far from septic repair area that is still a suitable location.

DATE: B. Baker

INSPECTOR: 8/10/07

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

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: 8-30-2007 (month/day/year)

11/19/07
O.K. (BB)

* PERMIT NUMBER OF ABANDONED WELL (if any) none

* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95-1194

* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: MSD 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Christian Ritter

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Highland

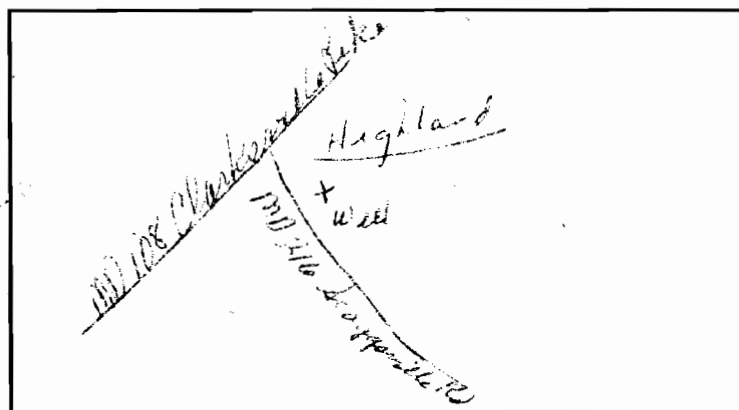
TAX MAP 40 BLOCK 5 PARCEL 209

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: 12764 Seagoville Rd

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

_____☒ DRILLED _____☐ JETTED
_____☐ BORED/AUGERED _____☐ HAND DUG
_____☐ OTHER (specify) _____

* USE CODE:

_____☒ DOMESTIC _____☐ MUNICIPAL/PUBLIC
_____☐ IRRIGATION _____☐ INDUSTRIAL
_____☐ TEST/OBSERVATION _____☐ GEOTHERMAL

* TYPE OF CASING:

_____☒ STEEL _____☐ PLASTIC
_____☐ CONCRETE _____☐ OTHER (specify) _____

* SIZE OF CASING: 6.75 INCHES IN DIAMETER

* DEPTH OF WELL: 85 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
Cement/gravel mixed	0	85
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph L. Mayne

LICENSE # MSD 024

MWD/MSD/MGD 9-6-2007

CIRCLE ONE

DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY



HOWARD COUNTY HEALTH DEPARTMENT

27308

DATE 8/18/67

415

Received From Johnnie Dockstack PHONE # _____

658 Piquette Dr. Highland MD 20777

☐ CASH
☒ CHECK
NO. 1353

For well replacement
10761 Springville Rd

*Deed
2000 m...
last owner
correct
since
for...*

one hundred thirty five dollars Dollars

\$ 100.00

Received By W. S. Smith

11/18/64

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

*Approved
11/18/64
R.F.*

P-09387

A-00348

A09348

ELLICOTT CITY

DISTRICT 5

DATE 11/13/64

Elwood Scaggs IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS RFD #1 - Box 267D - Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Rt. 216 LOT _____

PROPERTY OWNER Mike Cooney

ADDRESS Highland, Maryland

SPECIFICATIONS 3 bedrooms

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



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 11, 2007

Christine Ritter
12764 Scaggsville Road
Highland, MD 20777

RE: **Replacement Well**
12764 Scaggsville Road
Permit #: HO-95-1194

Dear Miss Ritter:

This office is requesting that you contact the Community Services Program at **(410) 313-1773** to schedule the initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Respectfully,

A handwritten signature in cursive script that reads 'Brian Baker'.

Brian Baker, R.S.
Well & Septic Program

cc: Community Services Program
File