c 6911	SEQUENCE NO. (MDE USE ONLY)	SIAIE OF MARTLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
1 2 3 6 (THIS NUMBER IS TO BE PUI IN COLS. 3-6 ON ALL CARDS		WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY A 09349			
ST/CO USE ONLY DATE WELL COMPL		ETED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"			
MM DD YY 8 13	15 FG 3	(b) 9 22 300 28 11/2 20 (to nearest foot) 0. 8	28 29 30 31 32 33 34 35 36 37			
OWNER Ru						
STREET OR RFD	lest name 12764	Sea ggsvilland normald TOWN !	rightand			
SUBDIVISION	tin Prop	SECTION	LOT			
WELL L Not required for		GROUTING RECORD WELL HAS BEEN GROUTED	C 3			
STATE THE KIND OF FORMATK COLOR, DEPTH, THICKNESS	ONS PENETRATED, THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST			
DESCRIPTION (Use	FEET check if water	CEMENT CM SENTONITE CLAY BC	HOURS PUMPED (nearest hour)			
additional sheets if needed)	FROM TO bearing	NO. OF BASS 45 /5 NO. OF POUNDS 49 4440	PUMPING RATE (gal. per min.)			
Sand	0 76	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE Kucket			
Sand Gray Mica Rack		from 48 TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)			
Cray Mica Rock	76 Bao L	(enter 0 if from surface) Casing CASING RECORD	BEFORE PUMPING $\frac{43}{17}$ ft.			
		types insert appropriate STEEL CONCRETE	WHEN PUMPING 210 ft.			
1		code PL OT	TYPE OF PUMP USED (for test)			
		PLASTIC OTHER MAIN Nominal diameter Total depth	A air P piston T turbine			
		CASING top (main) casing of main casing TYPE/ (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe			
		$\frac{57}{6061}$ $\frac{6}{6364}$ $\frac{80}{6670}$	J jet S submersible			
		E OTHER CASING (if used) A diameter depth (feet)	27			
	,	C inch from to	PUMP INSTALLED			
			DRILLER INSTALLED PUMP YES (NO) (CIRCLE) (YES or NO)			
		ä	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
·		screen type or open hole STT BR HO	TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.			
		insert STEEL BRASS OPEN appropriate BRONZE HOLE	CAPACITY:			
		code below PLASTIC OTHER	(to nearest gallon) 31 35			
			PUMP HORSE POWER 37 41			
NUMBER OF UNSUCCESSFU	JL WELLS:	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)			
WELL HYDROFRACTURED	yes no	A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)			
CIRCLE APPROPR	RIATE LETTER	C 2 2 24 26 30 32 36	LAND SURFACE			
A WELL WAS ABANDONE WHEN THIS WELL WAS O	COMPLETED	S C 3 R 38 39 41 45 47 51	below \ \(\frac{1}{50} \frac{\text{(nearest)}}{\text{foot)}}			
P TEST WELL CONVERTED WELL		R 36 39 41 45 47 51 E E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS			
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE		DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS			
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		56 60 from to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
DRILLERS LIC., NO. 1 M	15 DO 24_ 1	GRAVEL PACK				
	mayne	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	1 1 1			
(MUST MATCH SIGNATURE ON	•	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)	No.			
LIC. NO.1		T (E.R.O.S.) W Q	<i>₩</i> • • • • • • • • • • • • • • • • • • •			
SITE SUPERVISOR (sign. of	driller or journeyman	70 72 74 75 76	37.16			
responsible for sitework if diffe		TELESCOPE LOG CASING INDICATOR OTHER DATA	2			
		COUNTY	2			

B 1 1008 SEQUENCE NO. (MDE USE ONLY)	STATE OF	F MARYLAND	STA	TE PERMIT NUMBER
1 2 3 6 (MS2 SS2 SHET)		PERMIT TO DRILL WELI	└ Ho-	95 - 1194
	527308 Plea	ase type	70 fill in	this form completely 79
Date Received (APA)		B 3	LOCATION OF	WELL
8 MM DD YY 13 OWNER INFORM	ATION	8 COUNTY	nd	21
Ritter	ristian			21
15 Last Name / Owner	irst Name 34	23 SUBDIVISION		
12764 Scaggarille Rd	,	SECTION	LOT	
36 Street or RFD	55	44 46	48 50	
Highland Md	20177	Healt	and	
57 Tdwn 70 State 72	Zip 76	52 NEAREST TOWN		71
DRILLER INFORMATION	5-01.1	MILES FROM TOWN (ent		<u>Э м г</u>
Driller's Name 76	J D O Z 4	B 4	73	76 77 78
bood & Maine Will	illand	1 2	127/11	l P I
Firm Name	active,	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NE	AR WHO ROAD 30
13512 hedge No Mt. G	line 2177/		ON WILLIOU C	IDE OF DOAD NORTH
Address		N B NE		IDE OF ROAD ROPRIATE BOX)
Joseph I Mayre	8-9-2007	8-9		WEST STEAST
Signature / / / / / / / / / / / / / / / / / / /	Date	TOWN E	34	6.5 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX PUMPING RATE ——	4		DIST	TANCE FROM ROAD
(GAL. PER MIN.)	500 12		40	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED 14	20	8-9 S 8-9	TAX MAP: 70	BLK: PARCEL
USE FOR WATER (CIRCLE APPR	OPRIATE BOX)		O BE FILLED IN	
DOMESTIC POTABLE SUPPLY & RESIDENTIA	AL	HEALT	H DEPARTMENT	APPROVAL
IRRIGATION		Howard	(13)	A09349
F FARMING (LIVESTOCK WATERING & AGRICU	LTURAL	COUNTY NAME STATE		COUNTY NO.
22 INDUSTRIAL, COMMERICIAL, DEWATERING		SIGNATURE		INSERT S
P PUBLIC WATER SUPPLY WELL		DATE ISSUED	2 13	Au 8/10/2000
		43 MM 6D YY 48	CO SIGNATUR	E EXPLOATE
T TEST, OBSERVATION, MONITORING		NORTH 490 0	0 0 EAST GRID	812 000
G GEO-THERMAL		50	55 57	63
		SHOW MAJOR FEATURE	S OF	X
APPROXIMATE DEPTH OF WELL	FEET	BOX & LOCATE WELL '_ WITH AN X		^
	28 NEAREST	SOURCES OF DRILLING	WATER	
APPROXIMATE DIAMETER OF WELL	——— INCH	1. blece		
METHOD OF DRILLING (cir	cle one)			
BORED (or Augered) JETTED	Jetted & DRIVEN	3 .		
30 AIR-PERcussion RO	TARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R	
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		
other		810		
REPLACEMENT OR DEEPENE		E		
(CIRCLE APPROPRIATE BO	,	480	← 000	
THIS WELL WILL NOT REPLACE AN EXISTING THIS WELL WILL REPLACE A WELL THAT WIL		N	SHOWING LOCATIO	ON OF WELL IN
ABANDONED AND SEALED	- DE	RELATION TO NEARBY T	OWNS AND ROADS	AND GIVE
THIS WELL WILL REPLACE A WELL THAT WIL		DISTANCE FROM WELL T	ro Nearest Road 、 /	JUNCTION
FOR POLICY ON STANDBY WELLS	AUTHORITY		. 4/	
D THIS WELL WILL DEEPEN AN EXISTING WELL			R*/ /	
PERMIT NUMBER OF WELL TO BE REPLACED OR D (IF AVAILABLE) 41 -	EEPENED 52	N `	I risklused	
Not to be filled in by driller (MDE OR COU	NTY USE ONLY)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- + - M	salo
APPROP. PERMIT NUMBER	_G	8/	4.	
114 9	 K 1104			
PERMIT No. 70 71 72 7	5 - 1177	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	71	
SPECIAL CONDITIONS	<u> </u>	- 1	~ <u>\$ [</u>	
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		/	<u> </u>	
		-	~~1	•

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: Address:	Zepp P+H Clarksvi	Telephone	e#: 410 531 6712
License # and nan Name (Print): *A licensed indi- licensed journey	vidual must perform man or master plum		License# rentices must be under the supervision of a riller. Licenses may be subjected to field
Name of Property	Owner:	Teleph	none #:
Subdivision: Site Address:	764 Rt. 21	Lot #:	Well Tag # : HO -95-//94
Submersible Pur	mp Data	Pitless Adapter	Well Cap and Electric Conduit
Make:		Make:	Two piece watertight cap:
Model #:		Model#:	Screened, vented well cap:
Pump Capacity _		Depth: (36" min)	
Well Yield:		NSF/WSC approved:	Conduit min 18" B.G.:
	countered at time of pu		Conduit secured to well cap:uired by NSPC 1990 Section 17.8.4
Torque arrestors,	Cable guards, or other	acceptable method used- Mu	
Piping to house		House Connection	
Туре:		PVC sleeve to undisturbe	ed soil at wall penetration:
PSI:(160 p	si min)	Approximate length of sle	
Depth of supply l	ine:(36" min)	Sleeve caulked and seale	d properly:
The water suppl distribution box, approval prior to	drainfields, and sew	e at least ten feet from the se age reserve area. If this <u>can</u>	eptic tank, pump chamber, sewage piping, unot be accomplished, contact this office for
Signature of com		sponsible for installation	date
	For Health Depa	artment Use Only - Not to be	completed by Installer
Data Inan Pagua	stad	Date Insp. Approved: 8/	7 77 Inspector: PB
Date Insp. Reques	Sieu. Pitless adanter waterti	ight & water supply line at least	st 36" below grade
inspection Data.	Two piece can installe	ed and attached to casing secur	rely
	Elec conduit extends	at least 18" below grade/attacl	hed to cap properly
		outside of well cap/casing	
	Correct well tag attacl	hed properly and casing 8" abo	ove finished grade
	Water supply line slee	eved adequately at house conne	ection
	Adequate grout obser	ved below pitless adapter	

SHE	INSPECTION SHEET
OWNER: The terry Petter	
ADDRESS: 12764 \) 32-3-11	PHONE #: 301-741-7935
High land	PHONE #: 301-741-7935 CONTRACTOR: J. Mayne
V	
PROPOSAL: Out of water	:COUNTY#:
The of wales	
LOC	CATION DIAGRAM
	Cleanout
Klank	Cleanoul
13' 36'	
13 1	
	43
h	11/3
l H	0111011
	PitWell
	69
	40.5
	40,5 Replacement Well
	Site
and the control of the state of the second o	
Route 216	
SOLO STATE OF THE PROPERTY OF	
OWINIENIS: Well replacem	ent well as far from setter
repair area that is sti	ent well as far from septicilla suitable location.
0 0	
PATE: B. Baper IN	SPECTOR: $8/i0/07$
5. *	

	£* 4.		ē.		
	MARYLAND DEPARTMENT OF THE ENVIRONME			TION	
****	1800 Washington Blvd., Baltimore,	Maryland 212	230 (410) 537-3784	******	****
	WATER WELL ABANDONMENT	-SEALING RI	EPORT FORM		
****	*********	*****	*******	*****	****
SUBM	IT COPIES OF COMPLETED FORM TO:				
*	COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if addr	ess needed)			
*	WELL OWNER MDE, WATER MANAGEMENT ADMINISTRATION, WELL PRO	GRAM	11/19/07		
<u> </u>			11/19/07 O.K. (BB)		
DATE	WELL ABANDONED: 8-30-9007 (month/day	у/уеаг)	U.K. (33)		
,			_		
*	PERMIT NUMBER OF ABANDONED WELL (if any)		12.one		
	•		1/ 24-	11011	
*	PERMIT NUMBER OF REPLACEMENT WELL		HB 93	11941	<u> </u>
	DEDGON ADANDONING WELL. A wal & Mayne	WELL	DRILLERS LICENSE NUMBE	D. MSI	2024
*	PERSON ABANDONING WELL:	WELL			D/MSD/MGD
*	OWNER'S NAME: Christian Ritter			<u> </u>	
	_		SITE LOCATION MAP		
*	WELL LOCATION:				
	COUNTY: Howard		1. J.		1
	TAX MAP 40 BLOCK 5 PARCEL 209		ئى تەرىخىل		
	SUBDIVISION:		Walk High	_	
*	SECTION:LOT:		White +		
	NEAREST ROAD: 12764 Scaggerille Rd	, d	E well	,	l l
		0.10			
		Will I			1
	S	Y	Rose Rose Rose		
			The state of the s		
			*		
*	TYPE OF WELL BEING ABANDONED:		100 0F 0F 1	NO MATERIA	
			LOG OF SEALI	NG MAIERI	IAL T
	BORED/AUGEREDHAND DUG		MATERIAL	FE	ET
	OTHER (specify)		WI II EXELLE	FROM	ОТ
	TIED CONTO		-		
*	USE CODE:		Convent grand	0	8 s -
	DOMESTIC MUNICIPAL/PUBLIC		Convend grand		
	IRRIGATIONINDUSTRIAL		1		
	TEST/OBSERVATION GEOTHERMAL		1		
	TIPE OF GLONIC				
*	TYPE OF CASING:				l i
	STEEL PLASTIC				
	CONCRETE OTHER (specify)				
	· ·				
	DIGUES IN DIAMETER				
*	SIZE OF CASING: 5 INCHES IN DIAMETER		VOLUME OF M	ATERIAL U	SED
*	DEPTH OF WELL: FEET DEEP				
*	WAS ANY CASING REMOVED? YES NO				
	if yes, length removed, in feet:		* ·		

WAS CASING RIPPED OR PERFORATED? ____ YES _____ NO

MWD/MSD/MGD 9-6-2007
DATE
DATE

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE #



HOWARD COUNTY HEALTH DEPARTMENT

27308

THE STATE OF THE S	8	130 1 0.7 41	5
Received From	u the Dersteden	PHONE #	
650 Pu	square Dr. Halkund MD	JU777	
	For Mell replacement		DEG LENGTH
☐ CASH ☐ CHECK	127611 Since DVITE Rd		- 346 Jan of Co.
NO.			
1353	are hersbul sixty in	ULL 1-3	Dollars
\$ 100	Pacelyad By //S n At/	paparet i a der alleksjelden alle verandenser (1976 - 1	

PERMIT SEWAGE DISPOSAL SYS MARYLAND STATE DEPARTMENT INDEXED	TEM		H A 093 H O 9 ELLICOTT CITY DISTRICT	348
		· ',	DATE_11/13	/64
Elwood Scaggsis	PERMITT	ED TO IN	STALL X ALTER	
ADDRESS RFD #1 - Box 267D - Laurel, Md.	<u> </u>	PHONE_	PA_5-0324	
A SEWAGE DISPOSAL-SYSTEM LOCATED AT				
SUBDIVISIONROADR	216		LOT	
PROPERTY OWNERNike_Cooney	· · ·			
ADDRESS Highland, Maryland				
SPECIFICATIONS 3 bedrooms	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,

Brian Baker, R.S.

Well & Septic Program

Brian Baker

cc: Community Services Program

File