

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-371279

ELLICOTT CITY

DISTRICT 5th

DATE 8/19/81

## INDEX

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER X

ADDRESS 7469 Flamewood Drive, Clarksville, Md. 21029 PHONE 776-0444

SUBDIVISION ROAD 12772 Scaggsville Road LOT

PROPERTY OWNER ~~Mr. Norman Wehland~~ Jane Caswell

ADDRESS 12772 Scaggsville Road, Highland, Md. 20777 Phone: 286-2884

### SPECIFICATIONS

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN  
FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend  
the repair system.

60' long trench 2' wide 11' deep @ 4 1/2 ft

PLANS APPROVED BY Palmer F. Wine DATE 8/19/81

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA  
COTTA ACCEPTED.

REG. PERMIT SIGNED  
AND RETURNED 5/10/01  
B00130137 Deck

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.



INDICATE NORTH: - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9/2/81 attached pers. application (A repair) & P11693 & attached letter  
from owner describe repair

DATE SYSTEM APPROVED 8/31/81 INSPECTOR per letter from owner, T. Skinner

5/15/02  
AM

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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

(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 direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: Living Dolls Salon Lot #: \_\_\_\_\_ Well Tag #: HO-99-3381  
Site Address: 1572 Scaggsville Rd

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF 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 or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**

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

**House Connection**

PVC sleeved 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.

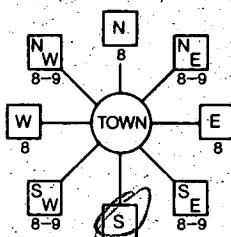
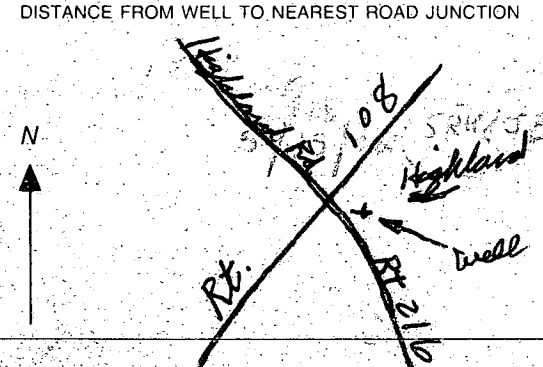
Signature of company representative responsible for installation \_\_\_\_\_ date \_\_\_\_\_

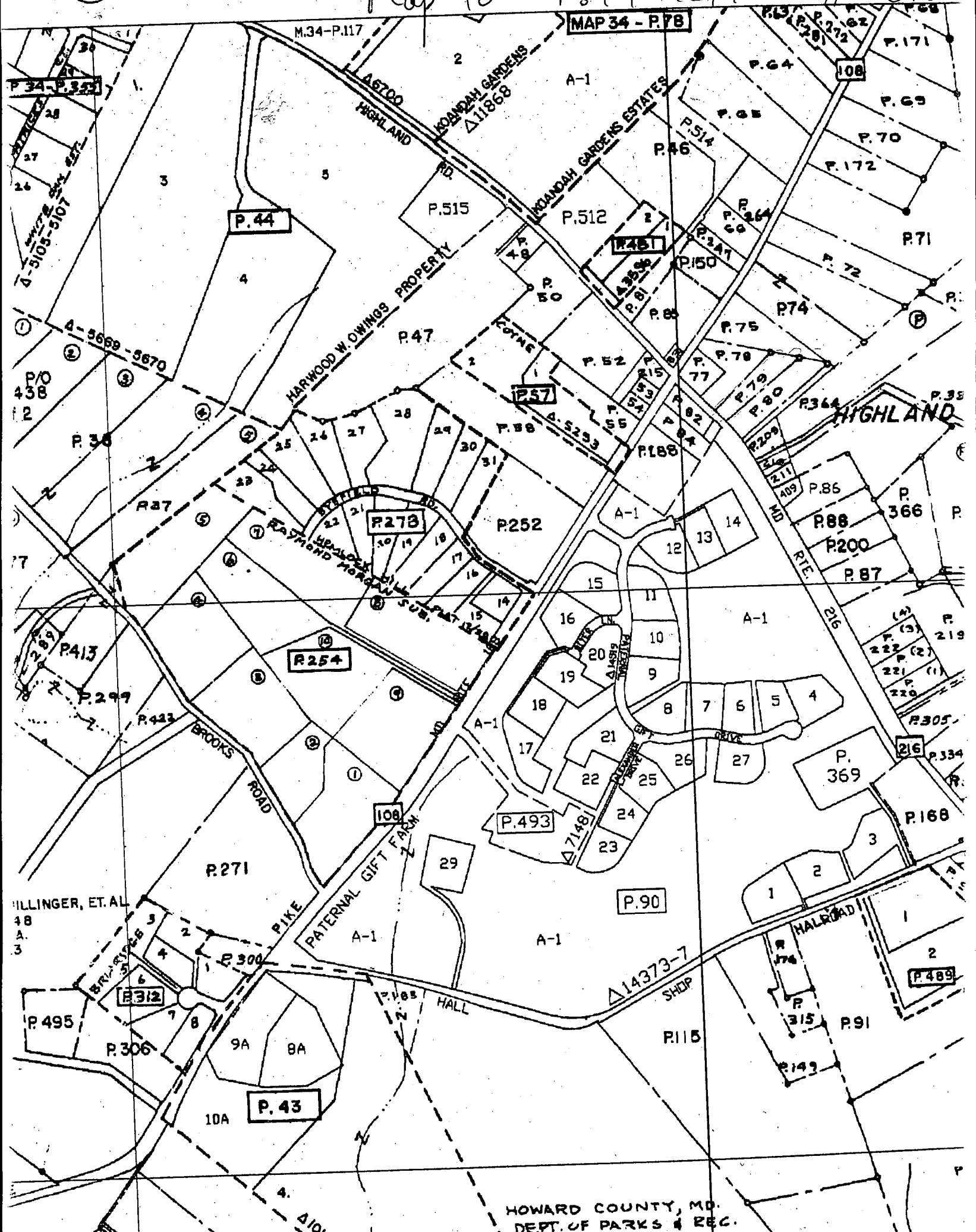
**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: 5/15/02 Date Insp. Approved: 5/15/02  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒  
Two piece cap installed and attached to casing securely ☒  
Elec. conduit extends at least 18" below grade/attached to cap properly ☒  
Safety rope installed inside of well casing ☒  
Correct well tag attached properly and casing 8" above finished grade ☒  
Water supply line sleeved adequately at house connection ☒  
Adequate grout observed below pitless adapter ☒

SRK & JB  
508/00



<b>B 1</b> 1 2 3 4 5 6 <u>7760</u>	SEQUENCE NO. (MDE USE ONLY)  STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type <u>W 516899</u>	STATE PERMIT NUMBER <u>H0-94-3381</u> fill in this form completely
Date Received (APA) <u>04/01/02</u> 8 MM DD YY 13 <b>OWNER INFORMATION</b> <u>Caswell</u> <u>Jane</u> 15 Last Name Owner First Name 34 <u>12772 Rt 216</u> 36 Street or RFD 55 <u>Highland Md 20777</u> 57 Town 70 State 72 Zip 76		<b>B 3</b> <b>LOCATION OF WELL</b> <u>Howard</u> 18 COUNTY 21 23 SUBDIVISION <u>W SKK</u> 42 SECTION <u>44</u> LOT <u>46</u> 44 46 48 50 <u>Highland</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>0</u> M I 73 76 77 78
<b>DRILLER INFORMATION</b> <u>Joseph L. Mayne</u> <u>M S D 24</u> Driller's Name 76 License No. 81 <u>Joseph L. Mayne Well Drilling</u> Firm Name <u>5512 Ridge Rd Mt. Airy Md. 21771</u> Address <u>Joseph L. Mayne</u> <u>4/1/2002</u> Signature Date		<b>B 4</b> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 <u>12772 Rt 216</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <u>20</u> 37 DISTANCE FROM ROAD <u>FT</u> ENTER FT OR MI 38 39 TAX MAP: <u>40</u> BLK: <u>5</u> PARCEL <u>79</u>
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>(13) P31605</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>4/1/2002</u> <u>Brian Baker</u> <u>4/1/2003</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>490</u> <u>000</u> EAST GRID <u>812</u> <u>000</u> 50 55 57 63
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>812</u> N <u>480</u> 000 000
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37 <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN <u>30 AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" 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) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. <u>H0-94-3381</u> 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED		



SITE INSPECTION SHEET

4/11/02  
12-30  
OWNER:

Caswell

410-988  
8118

DATE REQUESTED:

PHONE #:

CONTRACTOR:

Joe Mayne

ADDRESS:

12772 Rt-216

WELL TAG #:

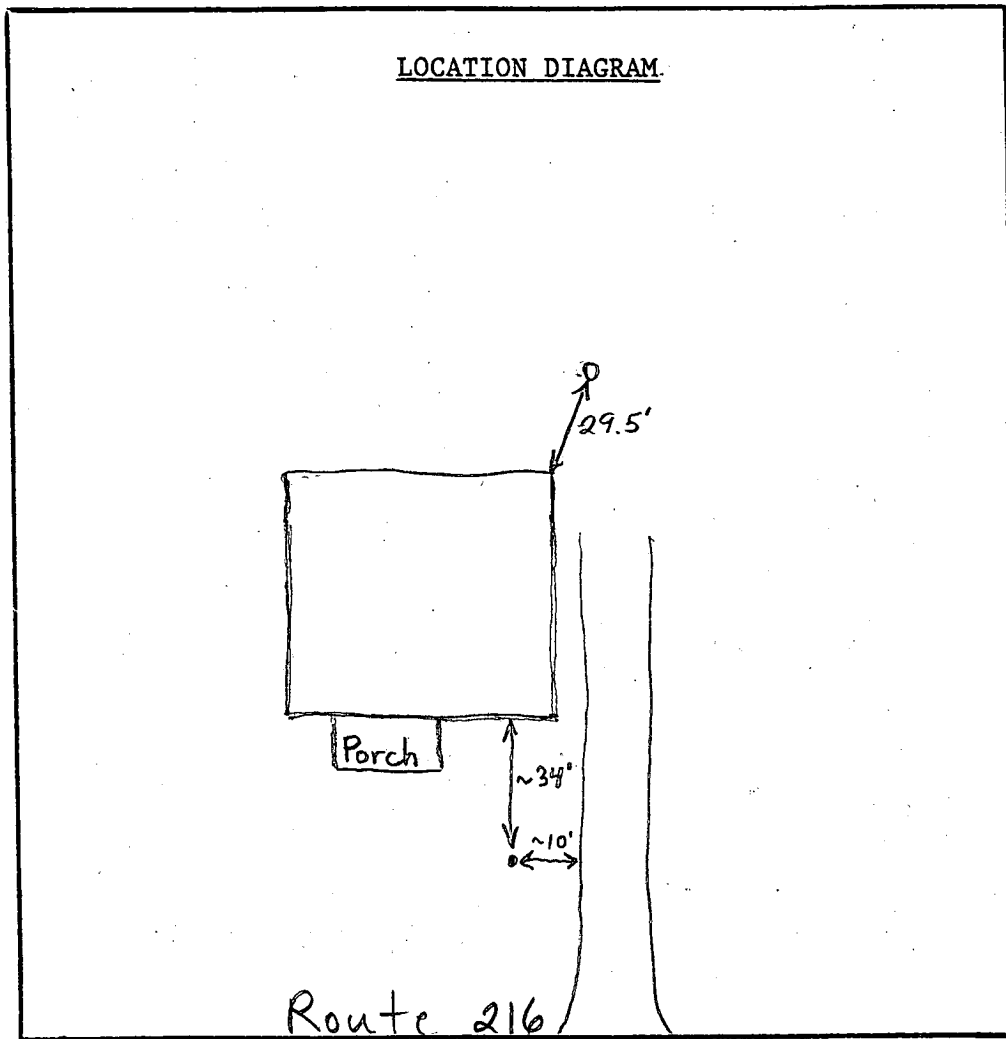
COUNTY #:

P31605

PROPOSAL:

repl. well requested due to low flow  
lex. well reportedly in basement

LOCATION DIAGRAM



COMMENTS:

DATE:

INSPECTOR:

# APPLICATION

Repair done  
8/21/81  
1:30 p.m.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT

5th

DATE

8/20/81

one 60' trench long 11' deep, inlet  
at 4 1/2' below grade, with 6 1/2' of stone below  
pipe. 312 8/21/81

TO: THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Norman Wehland

ADDRESS 12772 Scaggsville Road, Highland, Md. 20777 PHONE 286-2884

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 12772 Scaggsville Road

SIZE OF LOT ? 1.14 acres TYPE BLDG. Existing House  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE  
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY  
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Robert L. Orndorff for Norman Wehland

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

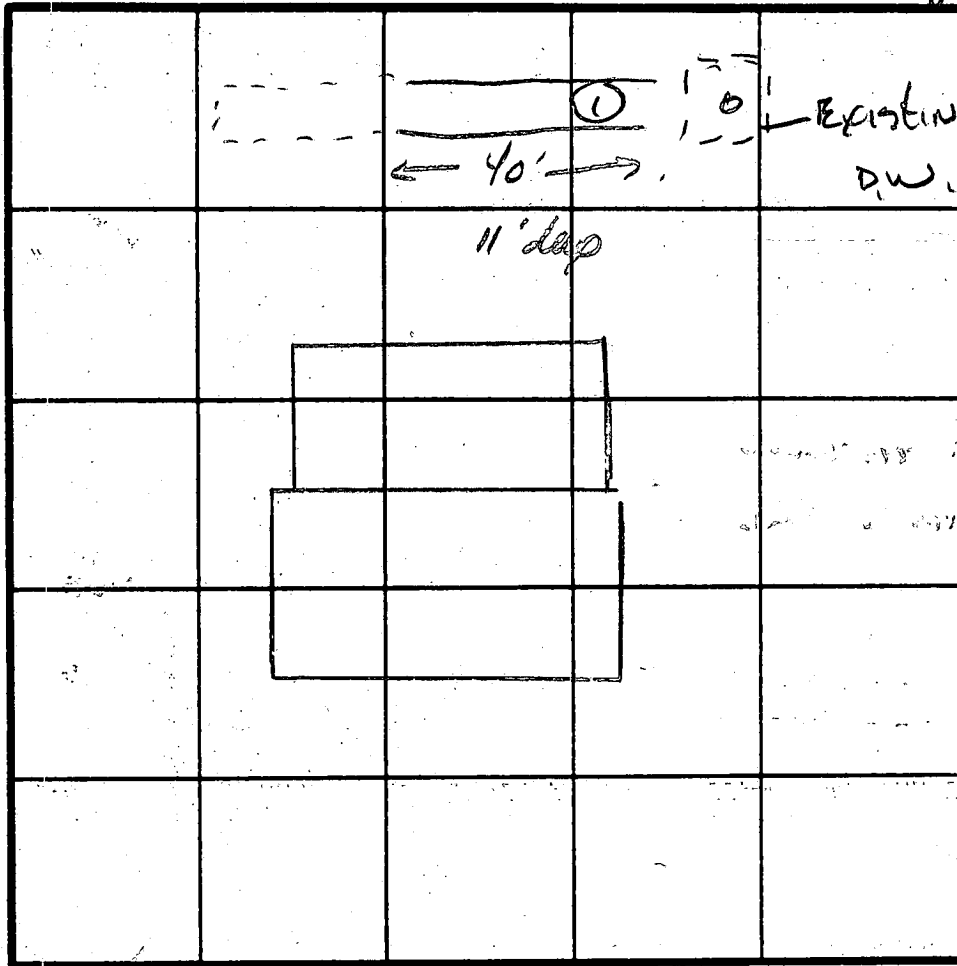
## THIS IS NOT A PERMIT



*overflow*

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*Rt 216*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	<i>4</i>	<i>16'</i>	<i>water</i>				
		<i>1-7 clay</i>	<i>7-16</i>	<i>pure sand</i>			

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY *SL + RMR* ALSO PRESENT \_\_\_\_\_

5/18/66  
Ready

# PERMIT

SEWAGE DISPOSAL SYSTEM

P 11693

A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 4/7/66

Elwood Scaggs IS PERMITTED TO INSTALL ALTER X

ADDRESS Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD Rt. 216 - 2nd house off Rt. 108 - left side

PROPERTY OWNER Norman Wehland

ADDRESS

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - 9 x 12 dry well.

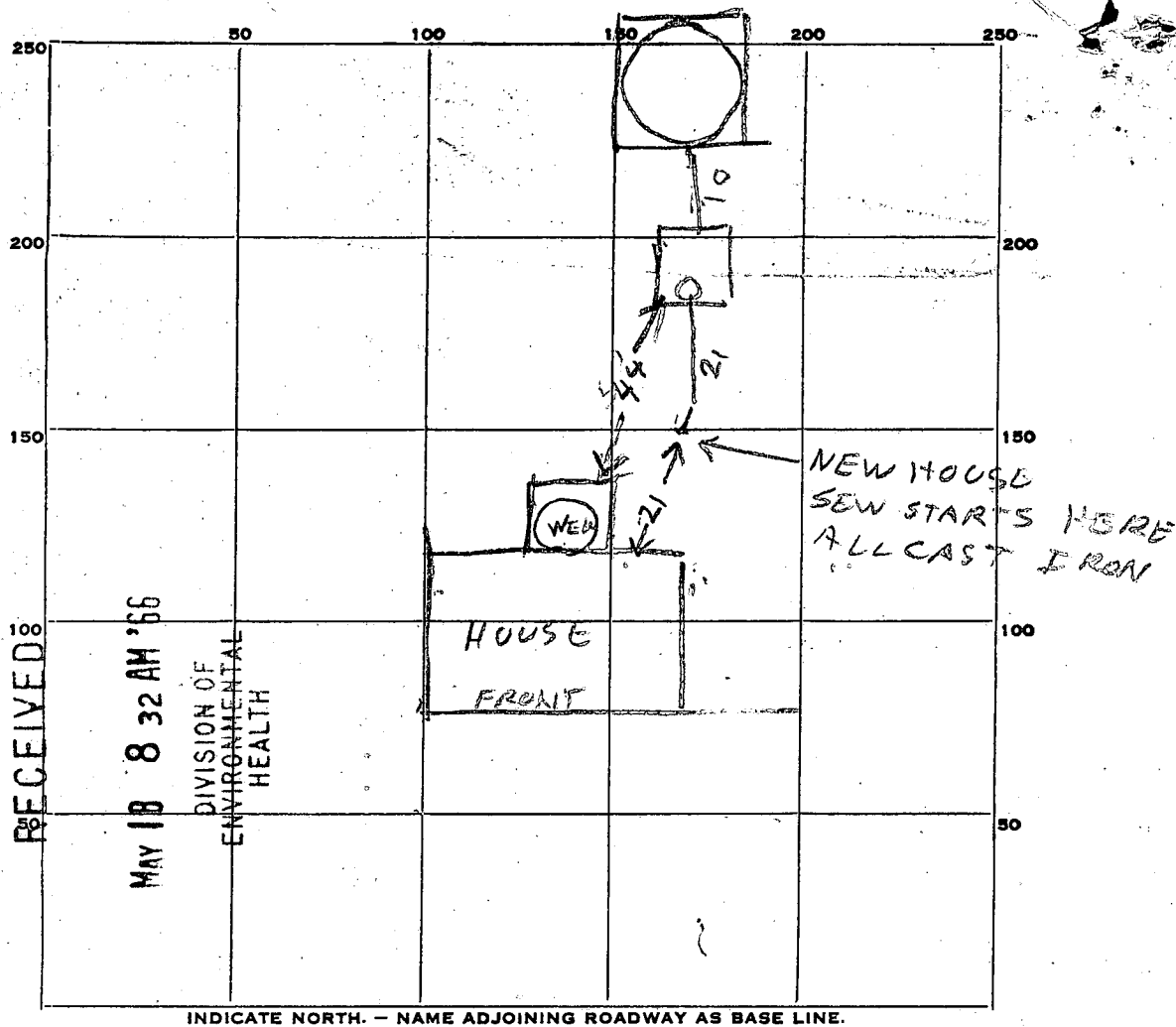
PLANS APPROVED BY DATE 4/7/66

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

11693

SCALE  
1" = 25 FT



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK concrete CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 333 SQ. FT. counting stone  
279 SQ. FT. not counting stone

REMARKS 18 MAY 66 - Dry Well installed 2 Ft. below grade  
3" of water in bottom of Dry Well but it drained last night  
Perimeter of Dry Well = 37 FT 9 x 37 = 333 counting  
slow & it is 44 from under porch to tank  
Well

DATE SYSTEM APPROVED

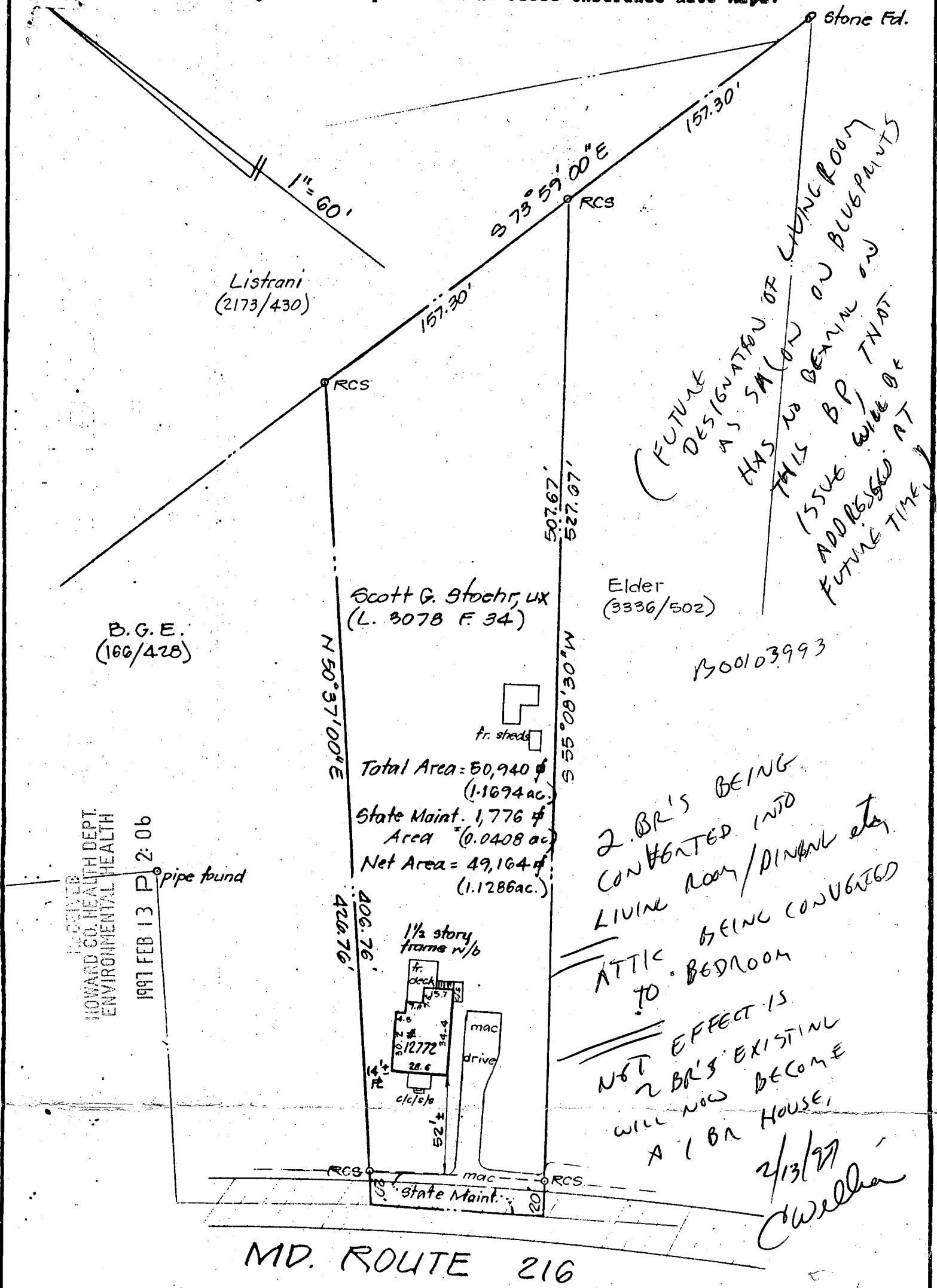
18 MAY 66

INSPECTOR

Raymond Rodger

11:00 AM

This site not in flood plain area per F.E.M.A. Flood Insurance Rate Maps.



I hereby certify that I have carefully surveyed the property as shown hereon in accordance with recorded description, that property markers are in place as shown and that there are no encroachments except as shown.

10/1/96  
Date

WESSON COOK, JR.  
Registered Professional Land Surveyor

Maryland No. 8744

PLAT OF SURVEY

12772 Route 216

STOEHR PROPERTY

(Liber 3078, Folio 34)

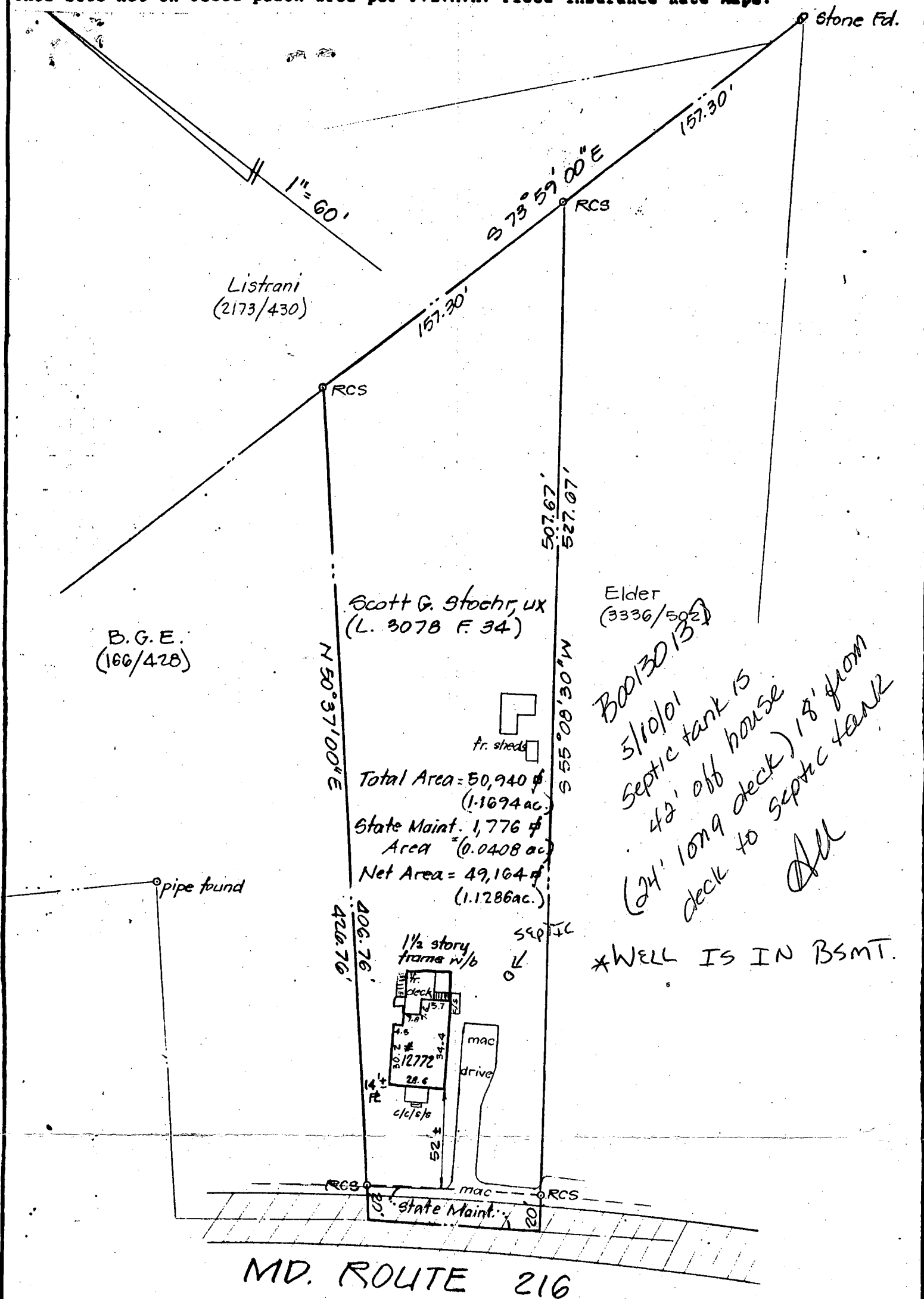
5th Election District

Howard County, Maryland

RCS denotes rod & cap set

960927

This site not in flood plain area per F.E.M.A. Flood Insurance Rate Maps.



I hereby certify that I have carefully surveyed the property as shown hereon in accordance with recorded description, that property markers are in place as shown and that there are no encroachments except as shown.

10/1/76

Date

Registered Professional Land Surveyor

WESSON 2008, 2012

Maryland No. 8744

PLAT OF SURVEY

12772 Route 216

STOEHR PROPERTY

(Liber 3078, Folio 34)

5th Election District

Howard County, Maryland

RCS denotes rod & cap set

960927



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

*Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer*

May 24, 2002

Jane Caswell  
12772 Scaggsville Road  
Highland, Maryland 20777

RE: **Replacement Well Issues**  
12772 Scaggsville Road  
Well Permit # HO-94-3381

Dear Ms. Caswell:

This office is requesting you to contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested.

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 to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

*Steven R. Krieg*  
Steven R. Krieg, Registered Sanitarian  
Well and Septic Program

Enclosure

cc: Community Environmental Health Program  
File