

C1 0224 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER 13 A5174221 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received

MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
08 23 06

Depth of Well

22 180 26  
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H0-95-0418  
28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR  
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

check  
if water  
bearingTop Soil  
Sandy  
Sand Stone  
MICKA  
Sand Stone  
MICKA0 2  
2 50  
50 90  
90 95  
95 100  
100 180

## GROUTING RECORD

yes no

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT

CM

BENTONITE CLAY

BC

NO. OF BAGS

45 46

NO. OF POUNDS

45 46

GALLONS OF WATER

144

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

YL

6

60

60 61

63 64

66 70

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter

depth (feet)

inch

from to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

C 2

DEPTH (nearest ft.)

1 2  
8 9 11 15 17 21  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 2 3DIAMETER  
OF SCREEN(NEAREST  
INCH)58 60  
from toGRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q70  
TELESCOPE  
CASING72  
LOG  
INDICATOR74 75 76  
OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour)

3  
8 9

PUMPING RATE (gal. per min.)

10  
11 15METHOD USED TO  
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20 ft.

WHEN PUMPING

21 25 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO

(CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE

(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH

(nearest ft.)

43 47

CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

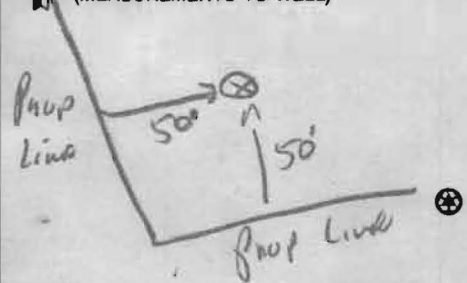
LAND SURFACE

- below

(nearest foot)

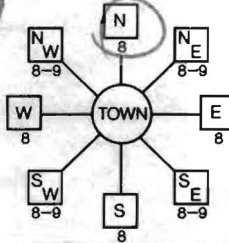
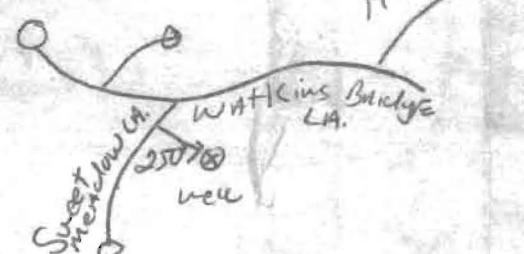
49 50 51

## LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS  
BUILDING, SEPTIC TANKS, AND /OR  
LANDMARKS AND INDICATE NOT LESS  
THAN TWO DISTANCES  
(MEASUREMENTS TO WELL)

B 1		0926		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <i>W523734</i> please type		STATE PERMIT NUMBER <i>H0-95-0418</i> fill in this form completely	
Date Received (APA) <i>11/30/05</i>		OWNER INFORMATION							
8 MM DD YY 13		15 Last Name <i>Land</i> 34 First Name <i>MKTG Consultants INC</i> 36 Street or RFD <i>3060 Washington Rd</i> 55 57 Town <i>Glen Wood</i> 70 State <i>MD</i> 72 Zip <i>21738</i> 76							
DRILLER INFORMATION		Driller's Name <i>Ralph E. Mayne</i> M <i>8</i> D <i>117</i> Firm Name <i>Ralph E. Mayne INC</i> Address <i>17024 Hardy Rd. Mt. Airy, MD, 21771</i> Signature <i>Ralph E. Mayne</i> Date <i>11-20-05</i>							
B 2		WELL INFORMATION							
1 2		APPROX. PUMPING RATE <i>5</i> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <i>500</i> (GAL. PER DAY) 14 20							
USE FOR WATER (CIRCLE APPROPRIATE BOX)		22 <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL							
APPROXIMATE DEPTH OF WELL <i>150'</i> FEET		APPROXIMATE DIAMETER OF WELL <i>6"</i> NEAREST INCH							
METHOD OF DRILLING (circle one)		BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 <i>AIR-ROTARY</i> <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) 37 <i>CABLE</i> <input type="radio"/> REVerse-ROTary <input type="radio"/> DRive-POINT other _____							
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		39 <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> 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 (MDE OR COUNTY USE ONLY)		APPROP. PERMIT NUMBER <i>H02005G-006</i> PERMIT No. <i>H0-95-0418</i>							
SPECIAL CONDITIONS		NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED							

B 3		LOCATION OF WELL							
8 COUNTY <i>Howard</i> 21		23 SUBDIVISION <i>Walnut Grove</i> 42							
SECTION <i>44</i> 46		LOT <i>68</i> 48 50							
52 NEAREST TOWN <i>Clarksville</i> 71		MILES FROM TOWN (enter 0 if in town) <i>2</i> M I 73 76 77 78							
B 4		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 							
11		30 NEAR WHAT ROAD <i>Sweet Meadow LA</i> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <i>230</i> 37 DISTANCE FROM ROAD ENTER FT OR MI <i>4</i> 38 39 TAX MAP: <i>28</i> BLK: <i>18</i> PARCEL <i>74</i>							
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL		COUNTY NAME <i>Howard</i> COUNTY NO. <i>13</i> STATE SIGNATURE _____ INSERT S → DATE ISSUED <i>6/26/2006</i> 43 MM DD YY 46 CO SIGNATURE <i>Brian Baker</i> EXP. DATE <i>6/26/2007</i> NORTH GRID <i>508</i> 0 0 0 EAST GRID <i>814</i> 0 0 0 50 55 57 63							
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X		SOURCES OF DRILLING WATER 1. <i>well</i> 2. 3.							
WRITE THE BOX NUMBER FROM THE MAP HERE		E <i>814</i> N <i>508</i>							
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION									

Well Permit No. HO - 95-0418  
Location of property (road) Sweet Meadow Lane  
Subdivision Walnut Grove Lot 68 Block      Plat      Sec.       
Well Driller Ralph Mayne Owner DeFrancis

Depth of well 180  
Distance of measuring point (M.P.) above ground 2 m  
Static water level (S.W.L.) below M.P. 17 ft

Time pump started 8:00 Pumping rate 10 gpm  
Total time 15 min to reach pumping water level 21 ft. below M.P.

HD-224



30  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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 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: Walnut Grove Lot #: 68 Well Tag #: HO - 75 - 04B  
Site Address: 5207 Sweet Meadow Lane

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: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve 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: 2/22/14 Date Insp. Approved: 2/28/14 Inspector: KW/BB

Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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

Not to verify  
later date  
prior to trap  
O.K.

**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WELL & SEPTIC PROGRAM  
TEL: (410)313-1771 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: Allied Environmental Svcs Telephone #: 301-776-8370

Address: P.O. Box 129  
Annapolis Junction MD 20701

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

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

Name (Print): Marshall Arnett License# MSD106

\*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: Sean + Jena Peay Telephone #: \_\_\_\_\_

Subdivision: Walnut Grove Lot #: 68 Well Tag #: HO-95 0418

Site Address: 5207 Sweet Meadow Lane

**Submersible Pump Data**

Make: Grundfos

Model #: D-2001050E07-200

Pump Capacity: 7 GPM

Well Yield: 10 GPM

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

**Pitless Adapter**

Make: Bake

Model #: 4"

Depth: 4" (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.: 2' above ground

Conduit secured to well cap: ✓

**Piping to house**

Type: Roll Pipe

PSI: 200 (160 psi min)

Depth of supply line: 40 (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: ✓

Length of sleeve (5' minimum from foundation): ✓

Sleeve 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: Marshall Arnett

date: 8/26/14

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_ Inspector: \_\_\_\_\_

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade \_\_\_\_\_

Two piece cap installed and attached to casing securely \_\_\_\_\_

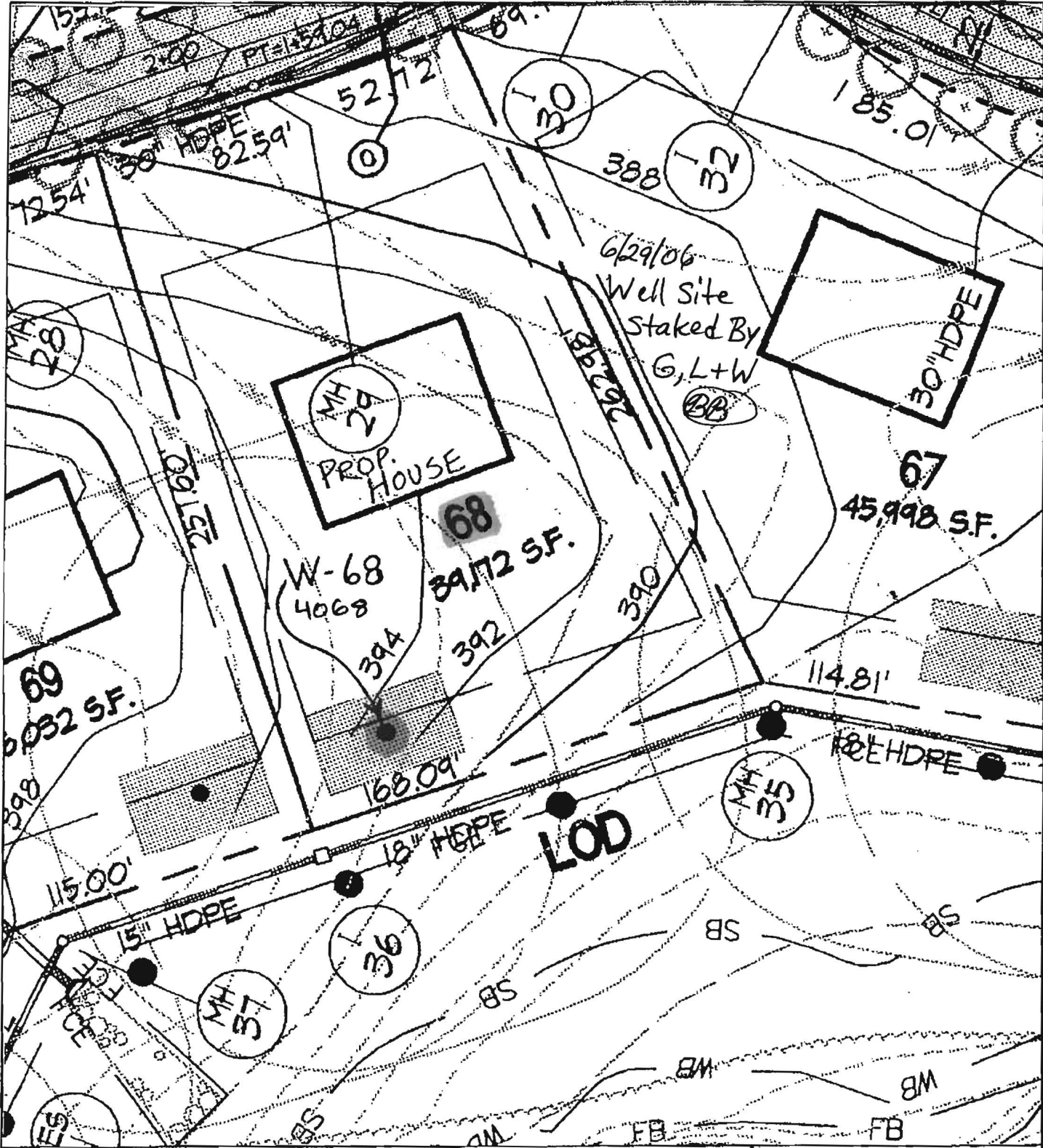
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_

Safety rope not outside of well cap/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 \_\_\_\_\_



HERITAGE  
Land Development

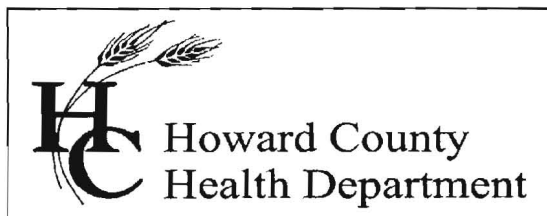
1" = 50'

WELL LOCATION EXHIBIT - LOT 68  
WALNUT GROVE

TAX MAP 628 ZONED RC-BED PARCEL 74  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE 1"=50' DATE: OCTOBER 25, 2005

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 67), SUITE 250, GLENWOOD, MD 21738 PHONE: 410-488-7900



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

### INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 9, 2015

July 9, 2014

Homeowner  
5207 Sweet Meadow Lane  
Clarksville, Maryland 21029

**RE: Walnut Grove, Lot # 68**  
**5207 Sweet Meadow Lane**  
**Building Permit: B13002783**  
**Well Permit: HO-95-0418**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **7/8/2014**. Final approval of the well line connection to the dwelling was granted on **2/28/2014**. The well construction was completed on **08/23/2006**. Water samples were collected on **6/25/2014**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0418. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

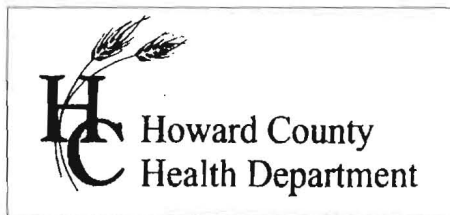
Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard".

Dana Bernard, REHS, L.E.H.S  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
Community Hygiene Program  
File





7178 Columbia Gateway Dr. • Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

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

## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- ☒ The well site has been staked by Gutschick, Little & Weber  
on 11/10/2005
- ☐ \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- ☒ Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application.  
This should help improve communication allowing a more timely  
service for our citizens.

KN

# Water Testing Laboratories

P.O. Box 712  
Stevensville, MD 21666  
410-643-7711

of Maryland, Inc.

Stevens Builders  
4714 Linthicum Road  
Dayton, Md 21036

Reporting Date: 7/2/2014  
Report #: M1841

Submitted Sample Address: 5207 Sweet Meadows Land, Clarksville, Md  
Submitted Sample Source: Holding Tank in Basement  
Date / Time Collected: 6/25/2014 8:50 AM  
Sample Type: Drinking Water  
Sampler/Company: A. Clancy 6369AC, WTL of MD  
Field Record: Chlorine residual: Absent Clear when drawn

OK  
PDB  
7-9-14

## Analytical Results

Parameter	Result	Units	Detection Level	MCL	Analytical Method
Total Coliforms	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
E. Coli	Absent	Coliforms/100 ml	Present/Absent	Present	SM 9223B
Nitrates + Nitrites	5.3	mg/L	0.5	10	EPA 353.2
Sand	Absent	P/A	Present/Absent	Present	Visual
Turbidity	0.6	NTU	0.5	10	SM 2130B
pH	7.7	SU	0.1	6.5-8.5 (SMCL)	SM 4500 H <sup>+</sup> B

### Notes:

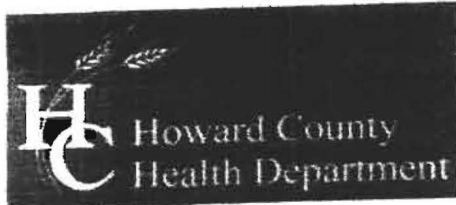
1. Bacteriological analysis of this sample indicates this water is **safe** for human consumption.
2. MCL is EPA's maximum contaminant level under primary drinking water regulations. SMCL is secondary maximum contaminant level and is the aesthetic quality only. If your result is above any MCL or SMCL, you may want to consider a water treatment system or a new well. Please check your local regulations for any restrictions or additional limits.
3. ND - Not Detected.
4. Sample received and examined within EPA's recommended holding time
5. Analyzed by lab 214.
6. SM - Greenberg, Clesceri and Eaton, *Standard Methods for the Examination of Water and Wastewater*, 21<sup>st</sup> Ed.

Reported by,

*Christine Rodgers*

C. Rodgers, Customer Service Representative

Reviewed by: *SWB*



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](http://www.hchealth.org)

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

### TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

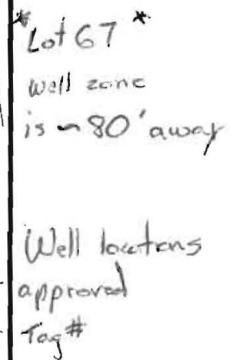
Well Site Location:  
Walnut Grove, 68, 5207 Sweet Meadows Lane  
Subdivision/Property Name Lot# Road Name

- ☐ The well site has been staked by \_\_\_\_\_  
(professional land surveyor or company employing professional land surveyors)  
on \_\_\_\_\_ (date) and does not require a site inspection.
- ☒ The well driller, builder or property owner will call the Health  
Department to schedule a time to meet in the field to verify the  
proposed well site location.

This sheet, along with two copies of an acceptable well site plan, must be attached to the green  
well permit application.

Revised 3/11/05

(40' PUBLIC ACCESS PLACE R/W PER F-06-31)



G.L.W. FILE No. **08024**