SEQUENCE NO. STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITHIN (MDE USE ONLY) 45 DAYS AFTER WELL IS COMPLETED. WELL COMPLETION REPORT COUNTY FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) NUMBER PLEASE TYPE PERMIT NO.
FROM "PERMIT TO DRILL WELL" ST/CO USE ONLY DATE WELL COMPLETED Depth of Well DATE Received (TO NEAREST FOOT) **OWNER** TOWN Mary staril P. STREET OR RFD. SUBDIVISION. SECTION LOT **WELL LOG GROUTING RECORD** C 3 WELL HAS BEEN GROUTED (Circle Appropriate Box) Not required for driven wells **PUMPING TEST** STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING TYPE OF GROUTING MATERIAL (Circle one) HOURS PUMPED (nearest hour) check if water bearing CEMENT CM BENTONITE CLAY BC FEET DESCRIPTION (Use additional sheets if needed) FROM TO NO. OF BAGS\_\_\_\_9 NO. OF POUNDS PUMPING RATE (gal. per min.) \_ GALLONS OF WATER\_ Jand Stone 0 28 DEPTH OF GROUT SEAL (to nearest foot) MEASURE PUMPING RATE TOP 52 ft. to 54 BOTTOM 58 ft. WATER LEVEL (distance from land surface) Gray Granite 60 (enter 0 if from surface) BEFORE PUMPING CASING RECORD casing types ST WHEN PUMPING appropriate code OT below TYPE OF PUMP USED (for test) PLASTIC turbine MAIN Nominal diameter Total depth top (main) casing of main casing CASING other (nearest inch)! (nearest foot) (describe TYPE centrifugal below) 63 64 60 61 S submersible OTHER CASING (if used) depth (feet) inch **PUMP INSTALLED** DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. SCREEN RECORD screen type or open hole TYPE OF PUMP INSTALLED 29 PLACE (A,C,J,P,R,S,T,O) IN BOX 29. HO SIT BR insert CAPACITY: GALLONS PER MINUTE appropriate BRONZE HOLE code OT PL (to nearest gallon) 35 below **PUMP HORSE POWER** 41 DEPTH (nearest ft.) PUMP COLUMN LENGTH NUMBER OF UNSUCCESSFUL WELLS: (nearest ft.) CASING HEIGHT (circle appropriate box WELL HYDROFRACTURED N and enter casing height) above LAND SURFACE CIRCLE APPROPRIATE LETTER 23 24 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED s (nearest) below foot) **ELECTRIC LOG OBTAINED** 50 51 38 30 41 45 47 TEST WELL CONVERTED TO PRODUCTION LOCATION OF WELL ON LOT SLOT SIZE 1\_ I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR DIAMETER (NEAREST LANDMARKS AND INDICATE NOT LESS OF SCREEN INCH) 60 THAN TWO DISTANCES from (MEASUREMENTS TO WELL) DRILLERS LIC. NO. 1 M CD 22 1 GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) LIC. NO.1 \_\_ \_ D \_\_\_ (E.R.O.S.) WO Front 3 72 SITE SUPERVISOR (sign. of driller or journeyman 74 75 76 LOG TELESCOPE responsible for sitework if different from permittee) INDICATOR OTHER DATA COUNTY DENV-CR00

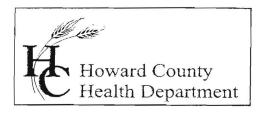
SEQUENCE NO.	CTATE OF MARYLAND	STATE PERMIT NUMBER
B 1 (MDF USE ONLY)	STATE OF MARYLAND	110 07 00011
1 2 3 6	APPLICATION FOR PERMIT TO DRILL WELL  523162 please type	70 70
	523143 please type	fill in this form completely
Date Received (APA)  08/24/205  OWNER INFORI	MATION B 3 Howar	LOCATION OF WELL
8 MM DD YY 13	M · b 8 COUNTY	21
15 Last Name Owner	First Name 34 23 SUBDIVISION	42
1210 Sugar Maple 36 Street or RFD	SECTION 44 46	LOT
Marriottsville Md	21104 Danniott	48 50
57 Town 70 State 7:  DRILLER INFORMATION	2 Zip 76 52 NEAREST TOWN	71
Joseph E. Mams. M	MILES FROM TOWN (ente	er 0 if in town) M I J 73 76 77 78
Ordler's Name 76	1 2	12.16 Lugge made Da.
Erm Name	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
S512 Ridge Rd. Int av	md 21771 NW 8 NE	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Joseph T. Margan.	8/24/15	WEST S EAST
Signature  B 2 WELL INFORMATION	Date TOWN E 8	DISTANCE FROM ROAD
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8	12 Sw SE	ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20 8-9 8-9	TAX MAP: 10 BLK: 4 PARCEL 10
USE FOR WATER (CIRCLE APP		D BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
DOMESTIC POTABLE SUPPLY & RESIDENT IRRIGATION		(13) A46848
F FARMING (LIVESTOCK WATERING & AGRIC		COUNTY NO.
22   I INDUSTRIAL, COMMERICIAL, DEWATERING	SIGNATURE DATE ISQUED	INSERT S 41
P PUBLIC WATER SUPPLY WELL	08/24/2005	CO SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING	43 MM DD YY 48 NORTH 549	EAST e22
G GEO-THERMAL	GRID 50	0 0 GRID 0 0 0 63
APPROXIMATE DEPTH OF WELL 280	SHOW MAJOR FEATURE BOX & LOCATE WELL :	
-24	28 SOURCES OF DRILLING	WATER
APPROXIMATE DIAMETER OF WELL	INCH 1.	^
METHOD OF DRILLING (	J.	
BORED (or Augered)  JETTED  AIR-ROtery  AIR-PERcussion  R	Jetted & DRIVEN	
37	NOTARY (Hydraulic Rotary) WRITE THE BOX NUMBE	R
CABLE REVerse-ROTary	DRive-POINT FROM THE MAP HERE	
otherREPLACEMENT OR DEEPEN	NED WELLS	000
(CIRCLE APPROPRIATE I	New Lucil	000
THIS WELL WILL NOT REPLACE AN EXISTIN		/ SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED	RELATION TO NEARBY T	OWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL THAT W AS A STANDBY-CONTACT LOCAL APPROVIN	ILL DE OSED	WALLEST HOLD JUNCTION
FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEN AN EXISTING WEI	u i	and the second s
PERMIT NUMBER OF WELL TO BE REPLACED OR (IF AVAILABLE) 41 -	DEEPENED 52 N	
Not to be filled in by driller (MDE OR CO	<del></del>	1 /
	6	r /.
APPROP. PERMIT NUMBER	95 0000	in the same
PERMIT No. #O — 70 71 72	75 - 0099 73 74 75 76 77 78 79	
SPECIAL CONDITIONS  NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDER	Existing HAND DIVE	•
DENV-Permit 97	COUNTY	sealed
	NELL MOST BE	

97:36 4104427626 AVS PLG HTG PAGE 01 7:40 Am the Should Be Ready FOR Impertion Around 1:00 Pm

### 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

inspection. No work is to be covered until with the National Standard Plumbing C	r requesting an inspection prior to 9 am on the day of the desired approved by the Health Department. All installations must comply code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well f a complete form is required prior to Use and Occupancy approval.
Company Name: AUS Plumbing + Address: 12630 FRAIRICE WEST FRIENDALIF	Harring Telephone #: 410-443-2-2-1
(Must circle one) Licensed Plumber	Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible	e for the field installation:
Name (Print): CRA:6 R. KAST	
	actual installation. Apprentices must be under the direct
	naster plumber, pump installer or well driller. Licenses may be
subjected to field verification.	100 ( The book 1100 HI) = 7 *(10
Name of Property Owner: MIKE Am	Telephone #: 4/0-44> - 3349   Lot #: Well Tag # : HO - 95-0094
Site Address: 1210 Sugar Maple	
MARRIOTSVILLE MO	21104
	itless Adapter Well Cap and Electric Conduit
Make: Gorlds M	ake: nagari-sor Two piece watertight cap:
	odel#: $\rho - 10x$ Screened, vented well cap:
	epth: 43 (36" min) Cap secured to casing:
	SF approved: Conduit min 18" B.G.: X
Depth of well encountered at time of pump i	
Torque arrestors or Cable guards are require	vater cut off switch is required by NSPC 1990 Section 17.8.4
Safety rope, if used, attached to inside of	
,,,,	
Piping to house	House Connection
Type:	PVC sleeved to undisturbed soil at wall penetration:
PSI: 160 (160 psi min)	Approximate length of sleeve:
Depth of supply line: 42 (36" min)	Sleeve caulked and sealed properly:
Man	
	least ten feet from the septic tank, pump chamber, sewage piping, reserve area. If this cannot be accomplished, contact this office for
approval prior to installation.	reserve area. At this cannot be accomplished, contact this office for
('0/)	6 . ~
	9-1-05
Signature of company representative respons	sible for installation date
For Health Departme	ent Use Only – Not to be completed by Installer
	Date Insp. Approved: 9/1/05 PB
Date Insp. Requested:	Date Map. riphte ver.
Inspection Data: Pitless adapter and water s	d attached to casing securely
	ast 18" below grade/attached to cap properly
Safety rope installed inside	of well casing
	and attached to casing securely ast 18" below grade/attached to cap properly of well casing soroperly and casing 8" above finished grade adequately at house connection  Not Finished  O.K. to Cover
Water supply line sleeved	adequately at house connection Slecvico From House to Well
Adequate grout observed h	pelosy nitless adapter



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

September 29, 2005

Michael Andrew 1210 Sugar Maple Drive Marriottsville, MD 21104

> RE: Replacement Well Sampling

> > 1210 Sugar Maple Drive Well Permit #: HO-95-0094

Dear Mr. Andrew:

This office is requesting that you 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 Regulations (COMAR 26.04.04).

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.

The sampling is currently free and for your benefit. If you have any questions, please call the number above. Thank you for your attention to these important matters.

Sincerely,

Brian Baker, R.S.

Well and Septic Program

Community Environmental Health Program cc:

File

	RYLAND 21224, (410) 631-3784	ION	
******************	*************	******	*****
WATER WELL ABANDONMENT-SEAL	LING REPORT FORM		West in the
************		*****	*****
SUBMIT COPIES OF COMPLETED FORM TO:	0.K.(QB)		
COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address ne	Lan		
WELL OWNER	eded)		A Second
MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM	9/2	9/05	- Herris
DATE WELL ABANDONED: 8-26-65 (month/day/year	O.K	(RB)	18-14-1
	C//		
* PERMIT NUMBER OF ABANDONED WELL (if any)	none.	the second	
PERMIT NOMBER OF ABANDONED WELL (II ally)		- 4	Acres 4
* PERMIT NUMBER OF REPLACEMENT WELL	Ho - 95 -	009	4
DEDOCAL ADAMDOMINO WELL A A A A A	WELL DRY LEDG LICENSE MIN OF	2 224	Charles IS
PERSON ABANDONING WELL: Joseph & Maryon	WELL DRILLERS LICENSE NUMBE		A STATE OF THE STA
OWNER'S NAME: Mike andrews	Company of the Compan	RCLE: MWI	J/MSD/MG
OWNER'S NAME.	SITE LOCATION MAP		
WELL LOCATION:			1 3 110
COUNTY: Howard			1700
NEAREST TOWN: Manniotta villa	L. L		POLICE PROPERTY.
TAX MAP//_ BLOCK4_ PARCEL//	*		
SUBDIVISION:	7.7		
SECTION:LOT:	10	,	TEASON IN
NEAREST ROAD: 1210 Lugar Maple. Da.	3	/	
0-	Driver	Pds .	
	Driver	pa	
2 V	· 元言論解4		
ru '			
TYPE OF WELL BEING ABANDONED:			
	LOG OF SEALI	NC MATERI	AT .
DRILLEDJETTED	LOG OF SEAL	NO MATERI	AL
BORED/AUGEREDHAND DUG	With the second	FEET	
BOREDITIOGEREDINTUID DOG	MATERIAL	FEET	
OTUED (cnecifu)			ET
OTHER (specify)		FROM	Per en la
		FROM	TO
USE CODE:			то
* USE CODE:			Per er i
USE CODE:	Cement + gravel		то
USE CODE:  DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL			то
USE CODE:			то
USE CODE:  DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL			то
USE CODE:  DOMESTIC MUNICIPAL/PUBLIC IRRIGATION INDUSTRIAL			то
USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL  TYPE OF CASING:			то
USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL  TYPE OF CASING:STEELPLASTIC			то
USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL  TYPE OF CASING:			то
USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL  TYPE OF CASING:STEELPLASTIC			то
USE CODE: DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMAL  TYPE OF CASING:STEELPLASTIC	Cement + gravel mixed.	, 0	TO 60
DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMALTEST/OBSERVATIONPLASTICPLASTICOTHER (specify)		, 0	TO 60
DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMALTYPE OF CASING: STEELPLASTICOTHER (specify)	Cement + gravel mixed.	, 0	TO 60
DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATION GEOTHERMAL PLASTIC PLASTIC OTHER (specify) SIZE OF CASING: INCHES IN DIAMETER DEPTH OF WELL: FEET DEEP	Cement + gravel mixed.	, 0	TO 60
DOMESTICMUNICIPAL/PUBLICIRRIGATIONINDUSTRIALTEST/OBSERVATIONGEOTHERMALTEST/OBSERVATIONPLASTICPLASTICOTHER (specify)	Cement + gravel mixed.	, 0	TO 60

IGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE #
DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

WAS CASING RIPPED OR PERFORATED? \_\_\_\_ YES \_\_\_\_\_ NO

MWD/MSD/MGD CIRCLE ONE

C 1 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(TIMIS'NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 468 49
ST/CO USE ONLY DATE Received  DATE WELL COMPLETED  15  20	22 2 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"  28 29 30 31 32 33 34 35 36 37
OWNERlast name	Maple Dr first name TOWN	lar riottsville
SUBDIVISION WELL LOG	SECTIONSECTION	LOT PAUCEL 10
Not required for driven wells STATE THE KIND OF FORMATIONS	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL  CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water bearing	45 46 NO. OF BAGS NO. OF POUNDS	PUMPING RATE (gal. per min. 11 15
1-1 32 0 2	DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
Shiley + 4	from 48 TOP 52 (enter 0 if from surface) ft.	WATER LEVEL (distance from land surface)  BEFORE PUMPING
5721 Stone 6 10	casing CASING RECORD	WHEN PUMPING 17 20
Simule 40 100	appropriate STEEL CONCRETE	TYPE OF PUMP USED (for test)
54ml slove 120 140	code below PLASTIC OTHER	A air P piston T turbine
March 5-777	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary other (describe below)
Drown 1004 170 160 570 de Stone 160 180	60 61 63 64 66 70	J jet S submersible
granite , 180 400	OTHER CASING (if used) A diameter depth (feet)	DUNGUNGTALLED
2013/10/2014	H inch from to	PUMP INSTALLED  ORILLER WILL INSTALL PUMP  YES NO
	A S S S S S S S S S S S S S S S S S S S	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
NOTE SOM	code below 338 PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon)
1.5000	C 2	PUMP HORSE POWER 37 41
the will be a series	DEPTH (nearest ft.)	PUMP CÒLUMN LENGTH (nearest ft.)  CASING HEIGHT (circle appropriate box
37371	E 1	+ above and enter casing height)
	S 2 23 24 26 30 32 36	49 LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	8 3 E	49 50 51 LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES  (MEASUREMENTS TO WELL)
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	from to  GRAVEL PACK	100
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	IF WELL DRILLED WAS FLOWING WELL INSERT	
DRILLERS IDENT. NO.	F IN BOX 68  OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	es sir villarga
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
10 Pet	70 72	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR  COUNTY	

alista 3/91 9/23/91

### HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043 461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement		Receipt # 47495 Date 9/19/91
Name of Installer G. DONE	LD DEMENI	Telephone301-384-6493
License Number # 276 Certified Well Pump Installer _	Well Driller F	Registered Plumber
Name of Property Owner MIKE 9 Subdivision Site Address 340 DRIVER	Lot * 10 Well - MARRIOTTSVILLE	Tag # 10 -90 - 1679
Pump	Motor	Pitless Adapter
1. Type	1. Horsepower	1. Make
a. Deep well jet	2. RPM	2. Model #
b. Shallow well jet	3. Voltage	3. Depth
c. Submersible	a. 110	
2. Make MYERS	b. 220	
3. Model #		
4. Capacity 7 GPM		
5. Pump exceeds well capacity		- / W-
6. If Yes, is low pressure cutof		
7. What methods are used to prot		
vibrations? Torque arrestor	cable guards 2	Other
Tank	Piping	Well data
1. Capacity 80	1. Type 7644	1. Depth 405 ft.
2. Pressure relief	2. Size	2. Yield 3.5 GPM
valve? VE9	3. NSF and/or BOCA	3. Static water
	Code approved	level ft.
	4. Depth of supply	4. Will water supply
	line <u>48"</u>	be disinfected by
		installer? VES
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).		
All information given above is true to the best of my knowledge.		
Signature of Applicant: H. Donald Dement		
Date: Soft/8-91		
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.  HD-215		
HD-215 /	NH NH	

and of division pullare

# SITE INSPECTION SHEET

OWNER: Mike Cendrew	PHONE #: 410 - 442 - 2344
ADDRESS: 1210 Sugar Maple Dr.	CONTRACTOR: 1 Mayne
Marsotts ville Md. 21104	WELL TAG#: HAND Dug
SUBDIVISION:LOT:	
PROPOSAL: Out of Water New We	.U
2	
Septic Light LOCATION D	IAGRAM
J Septic Contour	
STA V	
500 to Mapk Dr.	
ar and a second	46 47.5
Log area	all Have day
	New Well location
	Well loca.
-	
COMMENTS: Well site OK Kee	p 10' from well to be abandoned EAR
Old well to be abandoned.	Septic for this House not
a concern, adjacent septics	
Position for well	
DATE: 9/74/2005 INSPECT	OR: Malia A Cuinter-