

EMERGENCY/TEMP NO. IF ANY

B 1 24074 <small>1 2 3 6</small>		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type		STATE PERMIT NUMBER HO - 95 - 2611 <small>70 fill in this form completely 79</small>	
Date Received (APA) <small>8 MM DD YY 13</small> Vixens PATH 1 LLC <small>15 Last Name Owner First Name 34</small> 11637 Vixens Path <small>36 Street or RFD 55</small> Ellicott City MD 21042 <small>57 Town 70 State 72 Zip 76</small>				B 3 LOCATION OF WELL Howard <small>8 COUNTY 21</small> The Chase II <small>23 SUBDIVISION 42</small> SECTION 4 LOT 4 <small>44 46 48 50</small> Clarksville <small>52 NEAREST TOWN 71</small>			
DRILLER INFORMATION David Kelly MW D 304 <small>Driller's Name 76 License No. 81</small> Jones Well Drilling <small>Firm Name</small> 3700 Rush Rd Jarrettsville MD 21084 <small>Address</small> David Kelly 10-15-13 <small>Signature Date</small>				B 4 SOURCES OF DRILLING WATER 1. N/A 2. 3. 11637 Vixens Path <small>11 STREET ADDRESS 30</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> NORTH W N E WEST 32 EAST SOUTH 34 440 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____ </div>			
B 2 WELL INFORMATION <small>1 2</small> APPROX. PUMPING RATE 15 <small>(GAL. PER MIN.) 8 12</small> AVERAGE DAILY QUANTITY NEEDED 1000 <small>(GAL. PER DAY) 14 20</small>				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A511073 13 <small>COUNTY NAME COUNTY NO.</small> STATE SIGNATURE _____ INSERT S → DATE ISSUED 12/05/2013 RJA 12/5/14 <small>43 MM DD YY 48 CO SIGNATURE EXP. DATE</small>			
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"/> OPEN LOOP GEOTHERMAL <input type="checkbox"/> CLOSED LOOP GEOTHERMAL							
APPROXIMATE DEPTH OF WELL 500 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>				PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL 			
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVerse-ROTary DRive-POINT other _____							
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52							
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ G _____ PERMIT No. HO - 95 - 2611 <small>70 71 72 73 74 75 76 77 78 79</small>							
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- Radium Sample required at the well test							

C 1 06897 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A511073 D

ST/CO USE ONLY

DATE Received

MM DD YY

8 13

DATE WELL COMPLETED

MM DD YY
8-25-99

Depth of Well

22 175 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

H0 - 94 - 2361

OWNER Howard Est Dev Group
STREET OR RFD Vixens Path
SUBDIVISION Benedict Farm SECTION LOT 4

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)Brown soil
Gray mica
Rock

FEET

FROM TO

0 30

30 175

135

161

check
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 816

GALLONS OF WATER 54 gal

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft.

(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowMAIN
CASING
TYPE ST
Nominal diameter
top (main) casing
(nearest inch) 06
Total depth
of main casing
(nearest foot) 35

OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

SCREEN RECORD

screen type
or open hole(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
HOLE
PL PL OT
PLASTIC OTHER

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE watch: Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 24' ft.

WHEN PUMPING 88' 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 WILL INSTALL PUMP YES 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 2 (nearest foot)

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)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes Y no N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

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 CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 355

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 549

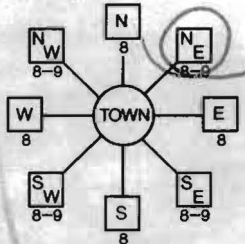
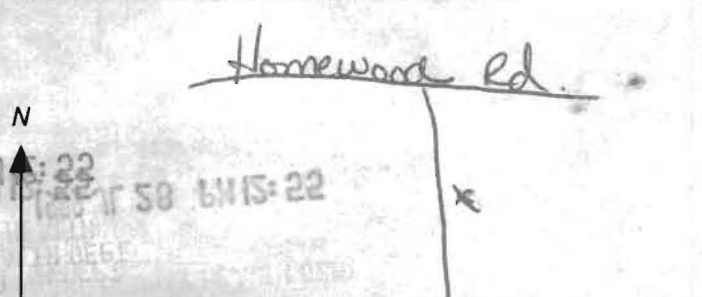
Max D. Jones

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

Front Prop. Line

Right Prop. Line

B 1 <u>14177</u> 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2361</u> <small>fill in this form completely</small>
Date Received (APA) <u>072899</u> 8 MM DD YY 13 OWNER INFORMATION <u>Howard Estates Development Corp.</u> 15 Last Name Owner First Name 34 <u>8808 Centre Park Dr.</u> 36 Street or RFD 55 <u>Columbia MD 21045</u> 57 Town 70 State 72 Zip 76		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY 21 <u>Benedict Farms</u> 23 SUBDIVISION 42 SECTION <u>4</u> LOT <u>4</u> 44 46 48 50 <u>Clarksville</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>8</u> M I 73 76 77 78	
DRILLER INFORMATION <u>MICHAEL BARLOW</u> MW D <u>355</u> Driller's Name 76 License No. 81 <u>MICHAEL BARLOW Well Drilling Inc.</u> Firm Name <u>912 Fawn Ct Joppa, MD 21085</u> Address <u>7-27-99</u> Signature Date		B 4 <u>1</u> DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 2  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>NE</u> 11 NEAR WHAT ROAD 30 34 <u>825</u> 37 DISTANCE FROM ROAD <u>ft</u> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A511073D</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>081299</u> <u>A McNeil</u> <u>081200</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>000</u> EAST GRID <u>000</u> 50 55 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & DRIVEN 30 AIR-ROTARY <u>AIR-PERCussion</u> ROTARY (Hydraulic Rotary) 37 CABLE <u>REverse-ROTary</u> Drive-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <u>8-25-99 J. McK</u> SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>825</u> N <u>515</u> 000 000	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY)			
APPROP. PERMIT NUMBER 54 _____ G A P _____ 63 PERMIT No. <u>HO-94-2361</u> 70 71 72 73 74 75 76 77 78 79			

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

JONES WELL DRILLING
3700 RUSH ROAD
JARRETTSVILLE, MD 21084
(410) 692-6981

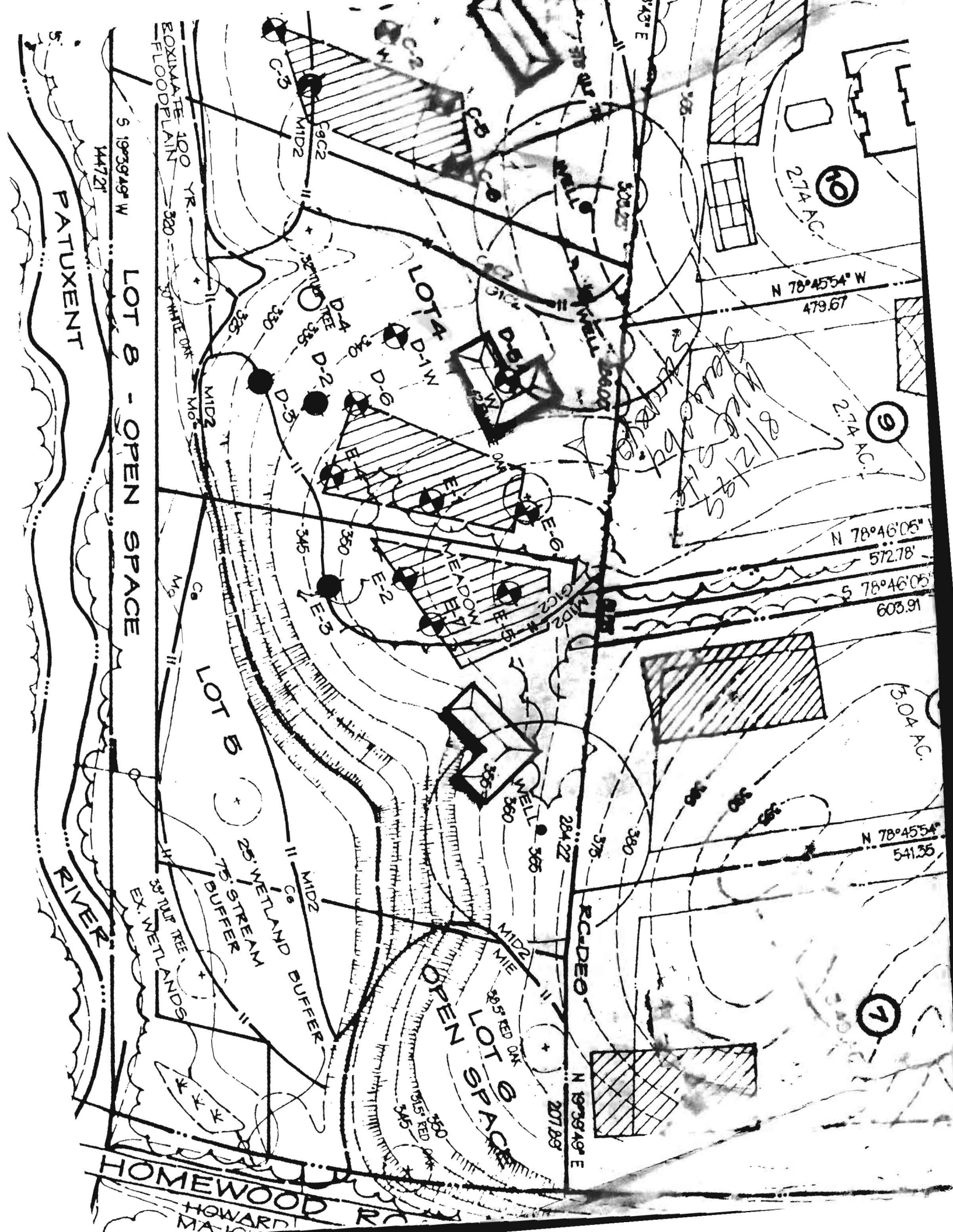
Yield Test Completed: 5-20-2014
Permit Number: HO-95-2611
Subdivision:
Section: Lot:
Road: 11637 Vixens Path

Initials: MSR
Well Depth: 400'

County: HO
State: MD

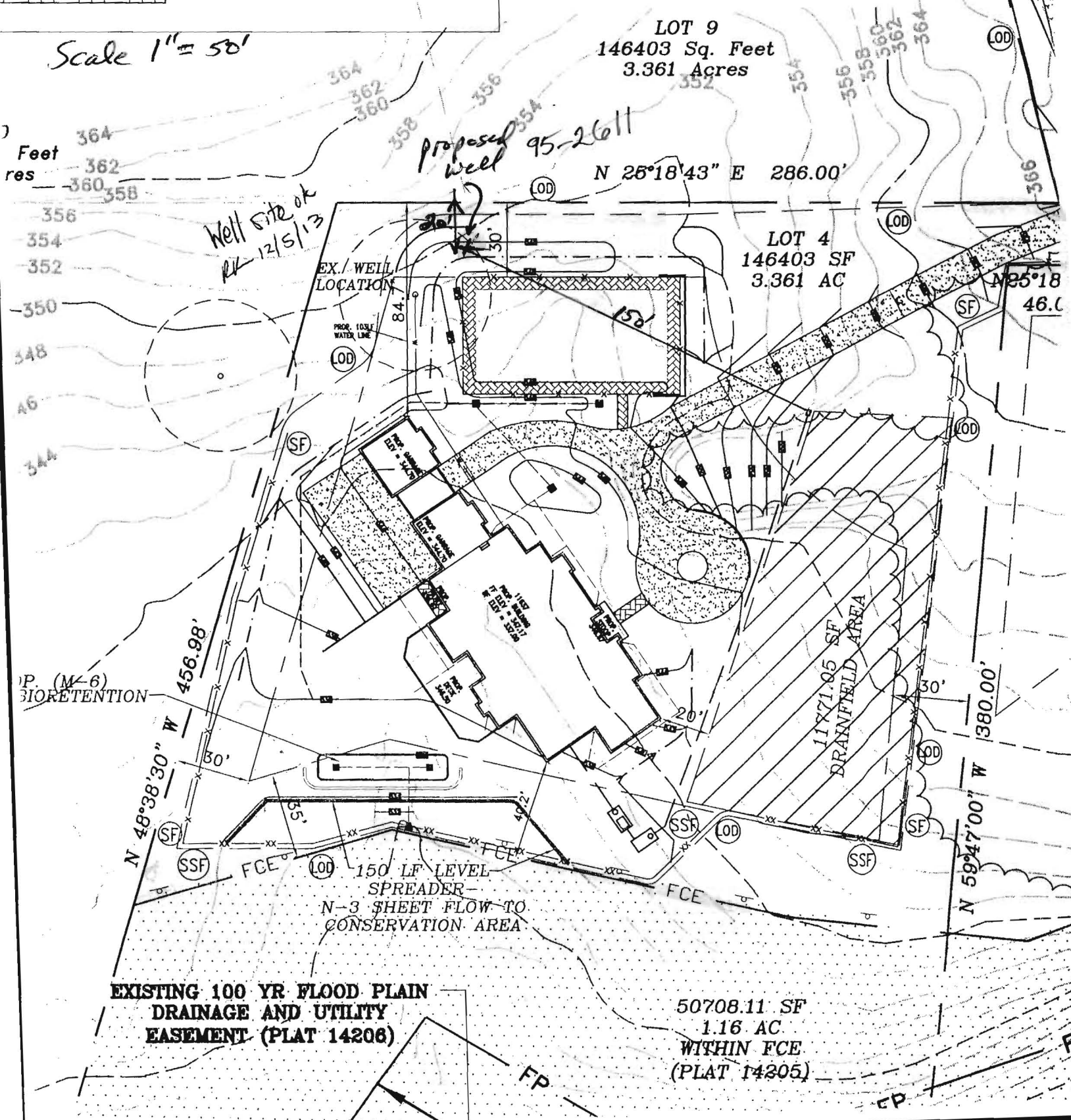
	Time	Water Level	Time to Fill 5 Gallon Bucket/ Seconds	Gallons/Minute
1	11:15	9	20	15.00
2	11:30	17	20	15.00
3	11:40	19	20	15.00
4	12:00	20	20	15.00
5	12:15	20	20	15.00
6	12:30	20	20	15.00
7	12:45	20	20	15.00
8	1:00	20	20	15.00
9	1:15	20	20	15.00
10	1:30	20	20	15.00
11	1:45	20	20	15.00
12	2:00	20	20	15.00
13	2:15	20	20	15.00
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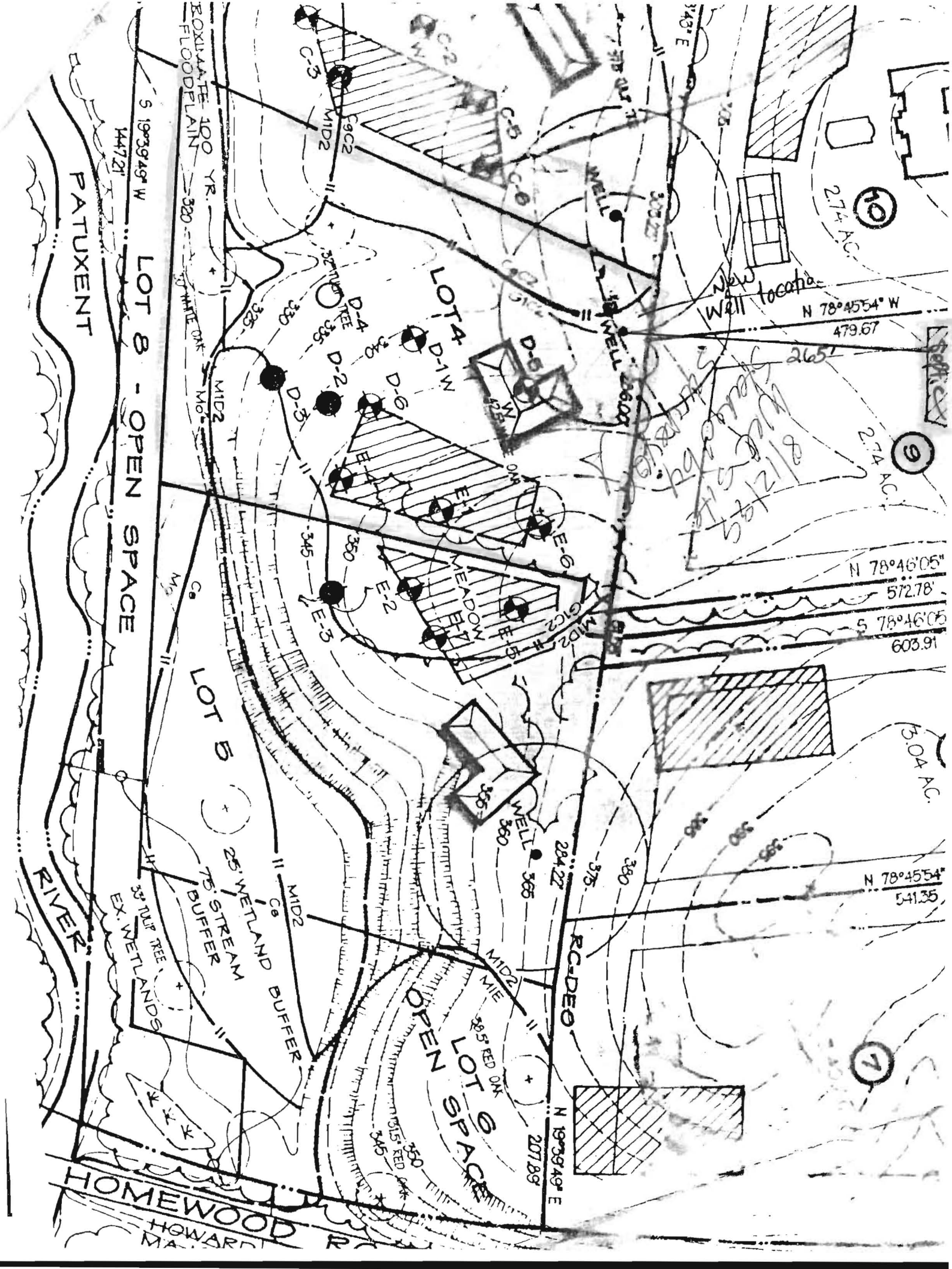
FUTURE PERFORMANCE MAY VARY FROM TESTED PERFORMANCE

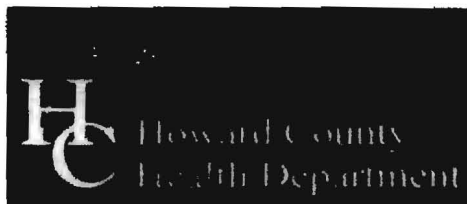


Site 11637 Vixens Path
Ellizott City md 21042

Scale $1'' = 50'$







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

TO ALL INTERESTED PARTIES

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

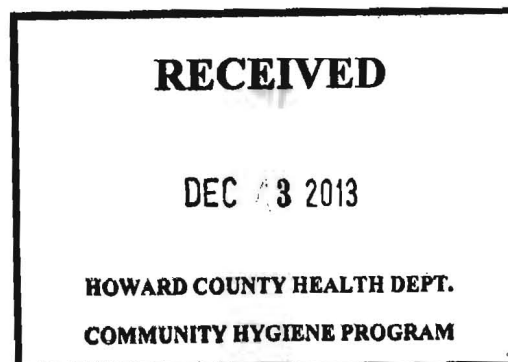
Well Site Location:

The Chase II 4 11637 Vixens Path
Subdivision/Property Name Lot# Road Name

- ☐ The well site has been staked by W. Ross Nickerson PLS
(professional land surveyor or company employing professional land surveyors)
on 11-25-13 (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



C1 21098		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 10 3 13		Depth of Well 22 700 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2361	
OWNER <u>Vixens PATH 1 LLC</u> WELL SITE ADDRESS <u>11637 Vixens PATH</u> TOWN <u>Ellicott City</u> SUBDIVISION _____ SECTION _____ LOT _____							
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)		C 3 PUMPING TEST			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC		HOURS PUMPED (nearest hour) <u>1</u> 8 9			
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS <u>45</u> NO. OF POUNDS <u>45</u> GALLONS OF WATER _____ DEPTH OF GROUT SEAL (to nearest foot) from <u>48</u> TOP <u>52</u> ft. to <u>54</u> BOTTOM <u>58</u> ft. (enter 0 if from surface)		PUMPING RATE (gal. per min.) <u>7.0</u> 11 15			
Deepened existing well hard gray rock 175 337 med. hard gray rock 337 339 hard gray rock 339 348 hard gray rock w/ quartz 348 456 med hard gray rock 456 457 hard gray rock w/ quartz 457 700		FEET FROM TO check if water bearing		METHOD USED TO MEASURE PUMPING RATE <u>timer</u>			
		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)		WATER LEVEL (distance from land surface) BEFORE PUMPING <u>17</u> ft. WHEN PUMPING <u>698</u> ft.			
		OTHER CASING (if used) diameter depth (feet) inch from to		TYPE OF PUMP USED (for test) A ai piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible			
		SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER		TYPE OF PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) <u>NO</u> IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.			
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		WELL HYDROFRACTURED Y N		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.			
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL		DEPTH (nearest ft.) C 2 HO 175 700		CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>35</u>			
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 CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DIAMETER OF SCREEN (NEAREST INCH) from to		PUMP HORSE POWER <u>37</u> <u>41</u>			
DRILLERS LIC. NO. <u>MWD 304</u> DRILLERS SIGNATURE <u>David Kelly</u> (MUST MATCH SIGNATURE ON APPLICATION)		GRAVEL PACK IF WELL DRILLED WAS FLOWING INSERT F IN BOX 68 NOV 06 2013		PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u>			
LIC. NO. <u>AWD 919</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) HOWARD COUNTY HEALTH DEPT.		CASING HEIGHT (circle appropriate box and enter casing height) 4 above } LAND SURFACE below } (nearest foot)			
COMMUNITY HYGIENE PROGRAM		TELESCOPE CASING INDICATOR OTHER DATA		LATITUDE <u>39.242074</u> LONGITUDE <u>76.911315</u> (DEFAULT COORD. WGS 84)			

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Compose

Back Forward Delete Move Spam More Collapse All

Inbox

11637 Vixen Path - Well Permit requirements

Drafts (3)

Rappaport, Ryan

Sent

To Me

Spam

David,

Trash (5)

Thank you for speaking with me this morning. As per your request, listed below are the requirements for us to move forward with issuing the permit for the second well at 11637 Vixen Path:

Folders

Messenger

1. A revised "Well Site-Exhibit" showing the septic areas on the neighboring lots in order to verify setbacks. (provide 2 copies, 8.5x11 sheet of paper with 1"-30" to 1"-100" scaled drawing) - should match the most recently signed and approved Health Dept Percolation Certification Plan

Calendar

2. A revised "Well Staked Form" (attached for your convenience) have a professional land surveyor stake the site of this new well and check the first box and fill in the name of the company with a date

Contacts

3. There must be a physical break in the piping between the existing well this new well (valves are not acceptable as a physical break)

Notepad

4. No building may have an indoor faucet connected to the well, all faucets must be on the exterior and outside the buildings

Yahoo Mail for Mobile

5. If the well is going to be used as a non-potable supply:

Send Feedback

- It must meet bacteria standards
- It must meet all pertinent setbacks
- It must not interfere with any sewage disposal areas on or off the property
- The visible water lines for the well must be painted red and clearly labeled "non-potable"

Sponsored



Lower Your Mortgage Rates Hit 2.75%
\$225k loan \$919mo
No fees. 2.86%APR
Calculate new payment

Please feel free to call me if there are any questions

Ryan Rappaport, L.E.H.S.

Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045
Phone (410) 313-1781
Fax (410) 313-2048
rrappaport@howardcountymd.gov
www.co.ho.md.us

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1 Attachment Download attachment

Well Staked Certifi... .pdf

Download

Reply, Reply All or Forward | More

500 / 2 hr.
420 / 1 hr.
residential irrigation
Star all

Mr. Jeff Williams

Howard County Health Department

Re: 11637 Vixens Path

Ellicott City, MD, 21042

Dear Mr. Williams,

Desbuild Construction would like to drill a new well on the above property, as the existing well's specifications are not satisfactory.

Desbuild will utilize the new well for potable use, and the existing well for irrigation. The provisions of this new well will yield to Desbuild's satisfaction.

I appreciate your cooperation in this matter.

Nick Ghaffarian
Desbuild Construction, Inc.

Phone: 443-542-1260

