C 1 | 36756 | SEQUENCE NO. (MDE USE ONLY)

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER

ST/CO USE ONLY
DATE Received MM 05 DD 10 YY 16 (8–13)

DATE WELL COMPLETED MM 4 DD 15 YY 16 (15–20)

Depth of Well 22 700 26 (TO NEAREST FOOT)

OK 11/2/16SC

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 15 - 0274 (28–37)

OWNER COLVIN JEFF (GOODRICK BUILDERS) (last name / first name)

WELL SITE ADDRESS 5218 Sweet Maidm Lane TOWN CLARKSVILLE

SUBDIVISION WALNUT GROVE SECTION _____ LOT 76

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	check if water bearing
Top Soil	0	2	
Clay	2	12	
opening	12	19	
Brown Sandy mica	19	72	✓
White Sandy mica	72	240	
Grey mica	240	300	
Sandstone	300	500	✓
Grey mica	500	540	
Sandstone	540	700	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N] (44)

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 W D 040

Jeffrey F. Rutenberg
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: W W D 064

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N] (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [C M] (45 46) BENTONITE CLAY [B C] (45 46)

NO. OF BAGS 45 NO. OF POUNDS 4500

GALLONS OF WATER 270

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 41 (54 BOTTOM 58) ft.

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST (60 61)	6 (63 64)	79 (66 70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	depth (feet) to
ST	10	0	40

SCREEN RECORD
screen type or open hole — insert appropriate code below

[S T] STEEL [B R] BRASS BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	77 (11 15)	700 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (56 60) (NEAREST INCH)

	from	to
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		(68)

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

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING | LOG INDICATOR | OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min.) 1 • (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 (17 20) ft.

WHEN PUMPING 700 (22 25) ft.

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

PUMP INSTALLED
DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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. (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 (49) / [–] below (49) LAND SURFACE

2 (nearest) foot (50 51)

LATITUDE 39.228184

LONGITUDE 76.950923

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryand Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the pulic and other governmental agencies, if not protected by federal or state law.

EMERGENCY/TEMP NO. IF ANY

B 1 | 32057 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER: HO-15-0224

fill in this form completely

3/31/2016
Date Received (APA)

13204 CC#

OWNER INFORMATION

8 MM DD YY 13

15 Last Name: JEFF | Owner | First Name: COLVIN 34

36 Street or RFD: 5218 SWEET MEADOW LANE 55

57 Town: Clarksville / ELLICOTT CITY MD 70 State 72 Zip: 21029 76

DRILLER INFORMATION

Driller's Name: George F. Easterday 76 M W D License No.: 040 81

Firm Name: L. Franklin Easterday, Inc.

Address: 9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature: George F. Easterday Date: 3-31-16

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22
- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I INDUSTRIAL, COMMERCIAL, DEWATERING
- P PUBLIC WATER SUPPLY WELL
- T TEST, OBSERVATION, MONITORING
- O OPEN LOOP GEOTHERMAL
- C CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL: 300 FEET (24–28)

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

30 BORED (or Augered) | JETTED | Jetted & DRIVEN

37 AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41: HO-95-0612 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: HO2005G026

PERMIT No: HO-15-0224 (70 71 72 73 74 75 76 77 78 79)

B 3 LOCATION OF WELL

8 COUNTY: Howard 21

23 SUBDIVISION: Walnut Grove 42

SECTION (44–46) LOT: 76 (48–50)

52 NEAREST TOWN: CLARKSVILLE 71

B 4

SOURCES OF DRILLING WATER
1.
2. wells
3.

11 STREET ADDRESS: 5218 Sweet Meadow Lane 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) WEST (W) (32) EAST (E) SOUTH (S)

34 DISTANCE FROM ROAD: 120 37 ENTER FT OR MI: Ft. (38–39)

TAX MAP: 28 BLK: 18 PARCEL: 74

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

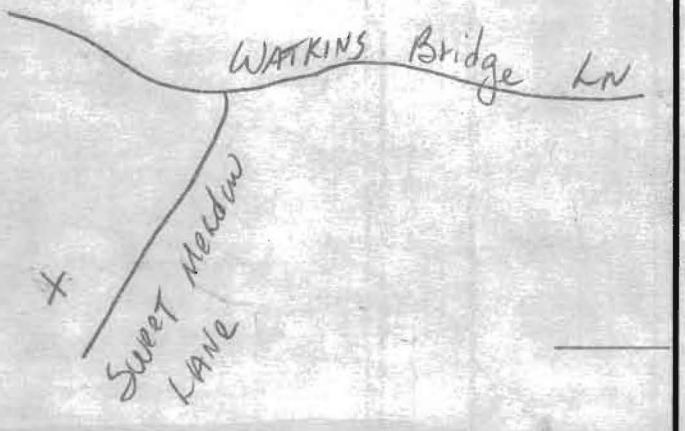
COUNTY NAME: Howard (13) COUNTY NO.: A517422

STATE SIGNATURE: _____ INSERT S → 41

DATE ISSUED: 4/1/2016 (43–48) Brian Baker CO SIGNATURE 4/1/2017 EXP. DATE

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

Radium Sample collected 4/18/16 SC



SPECIAL CONDITIONS
NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Radium Sample Required

MDE/WMA/PER.071 ② COUNTY

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: Eastaday-Wilson Water Service LLC Telephone #: 301 829-1640
Address: 9265 Brown Church Rd
Mt Airy Md 21771

(Must circle one) Licensed Plumber Licensed Well Driller X Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Dasen Wilson License# MSD 188
***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: Goodier Builders Telephone #: 410-971-9201
Subdivision: Walnut Grove Lot #: 76 Well Tag #: HO-15-0224
Site Address: 5218 Sweet Meadow Ln

Submersible Pump Data		**Pitless Adapter**		**Well Cap and Electric Conduit**	
Make:	Goulds	Make:	Marion	Two piece watertight cap:	
Model #:	7GS20	Model#:	B JCX	Screened, vented well cap:	✓
Pump Capacity	1 GPM	Depth:	3 1/2" (36" min)	Cap secured to casing:	✓
Well Yield:	1 GPM	NSF/WSC approved:		Conduit min 18" B.G.:	✓
				Conduit secured to well cap:	✓

Depth of well encountered at time of pump installation: 700 (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		**House Connection**	
Type:	PE	PVC sleeve to undisturbed soil at wall penetration:	Yes
PSI:	200 (160 psi min)	Length of sleeve(5' minimum from foundation):	5ft
Depth of supply line:	3 1/2 (36" min)	Sleeve sealed properly:	Yes

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: 5/5/16 Date Insp. Approved: 5/5/16 Inspector: SC

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 ✓

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org

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

December 12, 2016

Homeowner
5218 Sweet Meadow Lane
Clarksville, MD 21029

RE: **Old well abandonment**
5218 Sweet Meadow Lane

Dear Homeowner,

According to our records, L. F. Easterday, Inc. drilled a replacement well at 5218 Sweet Meadow Lane in April of 2016. The Health Department never received documentation that the old well was sealed.

The old well must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a risk to people drinking water in the area. Documentation should be submitted by the driller to the Health Department showing the well has been abandoned and sealed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins

Sarah Collins, L.E.H.S.
Howard County Health Department
Well and Septic Program
SCollins@howardcountymd.gov
410-313-6287

Cc: File

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Blvd, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
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www.hchealth.org

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

May 5, 2016

Homeowner
5218 Sweet Meadow Lane
Clarksville, MD 21029

RE: **Replacement Well Sampling**
5218 Sweet Meadow Lane
#HO-15-0224

Dear Homeowner,

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (*COMAR 26.04.04*). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested.

Sampling of the new well should 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. If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office.

The old well (HO-95-0612) must be abandoned and sealed by a licensed well driller as per *COMAR 26.04.04.34*. A well not in use can contribute to pollution of groundwater and pose a health risk to people drinking water in the area. Documentation should be submitted by the driller the Health Department that this task has been completed.

Feel free to contact me with any questions.

Sincerely,

Sarah Collins

Sarah Collins, L.E.H.S.
Environmental Health Specialist
Howard County Health Department
SCollins@howardcountymd.gov
410-313-6287

Cc: Community Hygiene Program
File

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
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TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

May 6, 2016

Mr. and Mrs. Jeffrey Colvin
5218 Sweet Meadow Lane
Clarksville, Maryland 21029

RE: Replacement Well
Lot 76 Walnut Grove
5218 Sweet Meadow Lane
Clarksville, Maryland 21029
HO – 15 – 0224

Dear Mr. and Mrs. Colvin:

A short-term sample was collected on April 18, 2016 and submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of development within the County.

Results from this pre-screening (sample collected during a pumping of the replacement well) revealed a **Gross Alpha** of **2.6 ± 1.1 picocuries/liter (pCi/L),** while the **Gross Beta** level was **< 4.0 ± 0.0 pCi/L.** The **Gross Alpha** result was below its **maximum contaminant level (MCL)** of **15 pCi/L,** while the **Gross Beta** level was below its targeted value of **50 pCi/L** (roughly equivalent to the **annual dose rate** of **4 millirems/year**).

At the time of testing and with respect to these parameters, your well water supply meets applicable EPA regulatory standards. Given these findings, treatment to reduce /remove these naturally occurring radionuclides is not necessary. Please keep in mind that additional testing for bacteria, nitrate and turbidity are needed to complete the Certificate of Potability for the replacement well.

A copy of the test report is enclosed for your information. Please call this office at **410-313-1773** if you have any further questions or to schedule the additional needed testing.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
✓ cc: Property file

Howard County Health Department

Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
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Facebook: www.facebook.com/hocohealth

Maura Rossman, M.D., Health Officer

May 6, 2016

Mr. and Mrs. Jeffrey Colvin
5218 Sweet Meadow Lane
Clarksville, Maryland 21029

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5218 Sweet Meadow Lane
Clarksville, Maryland 21029
HO – 15 – 0224

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Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

Enclosure
✓ cc: Property file

05-449405

SEND REPORT TO: Bert Nixon
Howard Co. Health Dept.
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD 21045

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY
1770 Ashland Avenue
Baltimore, Maryland 21205

Lab No.

LABORATORY ANALYSIS REQUEST FORM

JEFF & ELIZABETH COLVIN

Plant/Site Name: 5218 Sweet Meadow Ln — County: Howard

Sample Source: Walnut Grove - Lot 76 — Location: HO-15-0224
CLARKSVILLE 21029 (Well no., lab sink, sample tap, etc.)

Radon-222 — Bottle A _____ Bottle B _____

Radon-222 Field Blank — Bottle A _____ Bottle B _____

County: 13 — Plant No.:

CHECK (one per Box)

Type		Service		Point of Collection		Testing	
Drinking Water	☑	Community	☐	Source (Raw)	☑	Emergency	☐
Landfill	☐	Non-Community	☐	Distribution (treated)	☐	Routine	☑
Stream	☐	Private	☑	MCL	☐	Recheck	☐
Other _____	☐	Other _____	☐			Special	☐

Submitters Code: — Federal Project: S

Collector: S. Collins — Telephone No.: 410-313-6797

Date Collected: 4/18/16 — Time Collected: 10:30 a.m. _____ p.m.

Field pH: _____ — Field Chlorine: _____

Nitric Acid Preserved: Yes ☑ No ☐ — Iced: Yes ☐ No ☑

Remarks: Replacement well SAMPLE COLLECTED DURING WELL PUMPING

☑	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
☑	Gross Alpha	4000	1804	EPA 900.0	2.6 ± 1.1	4/21/16	JJ	4/25/16
☑	Gross Beta	4100	1805	EPA 900.0	< 4.0	4/21/16	JJ	4/25/16 CA
☐	Radium-226	4020						
☐	Radium-228	4030						
☐	Total Uranium	4006						
☐	Radon-222 (Bottle A)	4004						
☐	Radon-222 (Bottle B)	4004						
☐	Radon Field Blank A	4004						
☐	Radon Field Blank B	4004						
☐	Tritium							
☐								
☐								

Date Received: 4/19/16 — Received By: JJ, JJ

Data Release Signature: Barbara Miller-Jones — Date: 4/26/16

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH <2.0?	✓		
Received within holding time?	✓		

•Tel. No.: (443) 681-3766 •Fax No.: (443) 681-4507

FORM REVISED 05/15
DHMH 4540 01/13

PROGRAM COPY

Howard County
Health Department

3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

TO ALL INTERESTED PARTIES

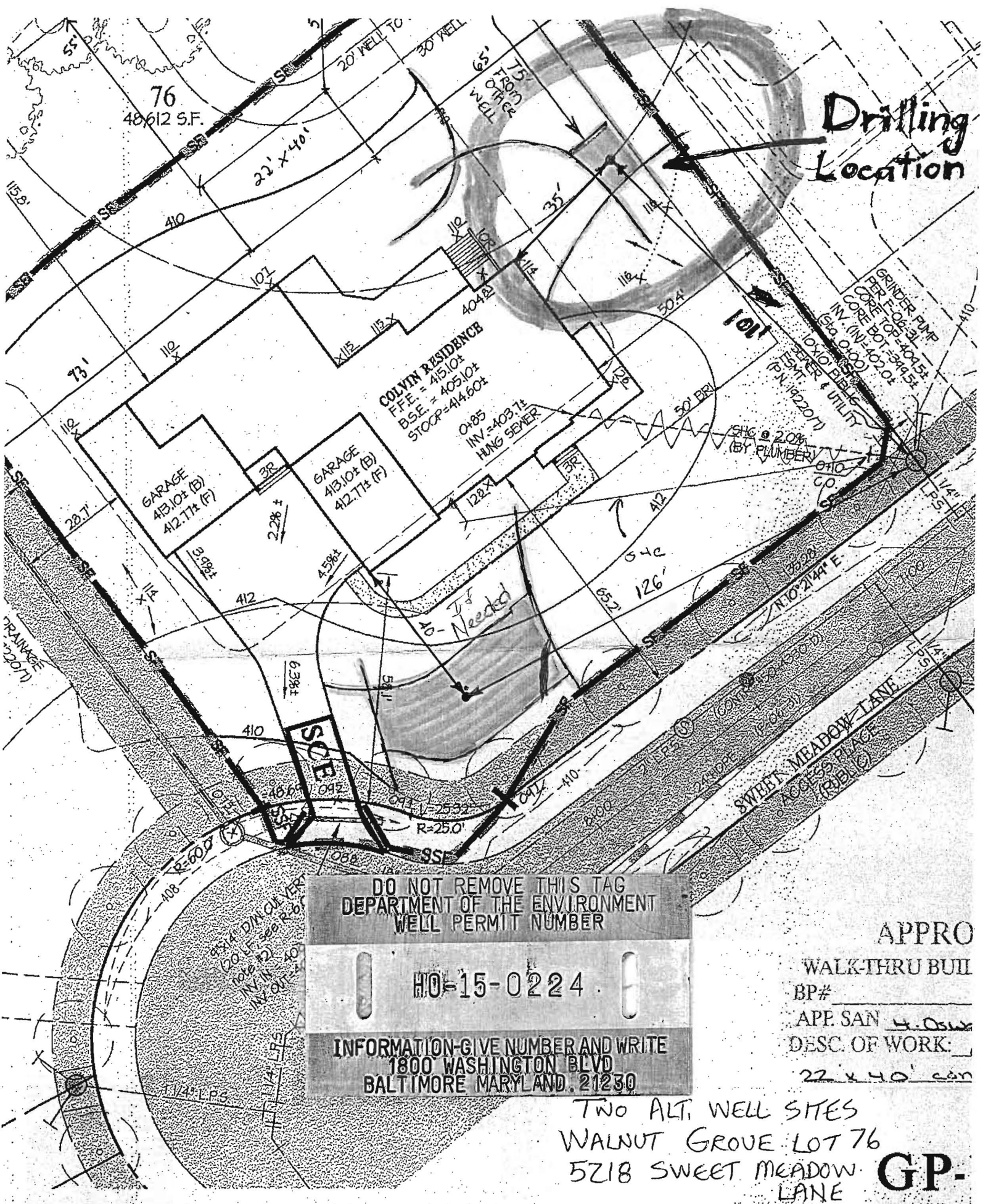
When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

☒ The well site has been staked by [redacted] + Jeremy Rutter
(professional land surveyor or company employing professional land surveyors)
on 3-18-16 (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 6/10/03


Drilling Location
76
40612 S.F.
22' x 40'
COLVIN RESIDENCE
F.F.E. = 415.10±
B.S.E. = 405.10±
STOOP=414.60±
GARAGE 413.10± (B)
412.77± (F)
GARAGE 413.10± (B)
412.77± (F)
0-85 INV.=403.7±
HUNG SEWER
GRINDER PUMP PER F-06-91
CORE TOP=404.5±
CORE BOT.=394.5±
INV. (IN)=402.0±
Sta. 0+00
10'x10' EASEMENT & UTILITY (P.N. 19220171)
SHC @ 2.0% (BY PLUMBER)
0+10 C.O.
1 1/4" LPS
SCE
SWEET MEADOW LANE
ACCESS PLACE
DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
HO-15-0224
INFORMATION-GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND. 21230
APPRO
WALK-THRU BUIL
BP#
APP. SAN
DESC. OF WORK:
22 x 40' con
TWO ALT. WELL SITES
WALNUT GROVE LOT 76
5218 SWEET MEADOW LANE
GP-
) PLAN / SEDIMENT CONTROL PLAN
SCALE
1"=30'
ZONING
RC-DE
AL NUT GROVE

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
4/15/16	On site during grouting 6" and 10" casing in well. 40' tremie used.
	Got GPS location. (SC)
4/18/16	Easterday pumping well for radium sample. Started pumping at 9 am,
	giving ~1.1 gpm. Radium sample collected at 10:30 am (SC)