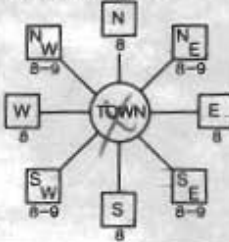



C 1	3142	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
ST/CO USE ONLY DATE RECEIVED MM DO YY 06 01 2006		DATE WELL COMPLETED MM DO YY 06 01 2006		Depth of Well 22 300 26 (TO NEAREST FOOT)
				PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 95 0334
				COUNTY NUMBER 28 29 30 31 32 33 34 35 36 37
OWNER <u>Elm Street Development</u> STREET OR RFD <u>Cavey Lane</u> TOWN <u>Woodstock</u> SUBDIVISION <u>Saddlebrook Farm</u> SECTION <u>4</u> LOT <u>4</u>				
WELL LOG Not required for driven wells		GROUTING RECORD		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC		NO. OF BAGS <u>48</u> NO. OF POUNDS <u>8640</u>		
GALLONS OF WATER <u>48</u>		DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>32</u> ft. (enter 0 if from surface)		
DESCRIPTION (Use additional sheets if needed) Overburden Gray Rock water at 103' & 110'		CASING RECORD casing types insert appropriate code below <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> CO CONCRETE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
FEET FROM TO 0 40 40 300		MAIN CASING TYPE <u>PL</u> Nominal diameter top (main) casing (nearest inch) <u>6</u> Total depth of main casing (nearest foot) <u>45</u>		
		OTHER CASING (if used) diameter inch depth (feet) from to		
		SCREEN RECORD screen type or open hole <input checked="" type="checkbox"/> ST STEEL <input type="checkbox"/> BR BRASS <input type="checkbox"/> HO OPEN HOLE <input checked="" type="checkbox"/> PL PLASTIC <input type="checkbox"/> OT OTHER		
NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>		C 2 DEPTH (nearest ft.) <u>45</u> <u>300</u>		
WELL HYDROFRACTURED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		SLOT SIZE 1 <u>2</u> 3 <u>3</u>		
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		DIAMETER OF SCREEN (NEAREST INCH) from <u>56</u> to <u>60</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.		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
DRILLER'S LIC. NO. <u>M S D 162</u> DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <u>Daniel Hale</u> LIC. NO. <u>A W D 7666</u>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING LOG INDICATOR OTHER DATA		
		C 3		
		PUMPING TEST HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>12.50</u> METHOD USED TO MEASURE PUMPING RATE <u>Submersible</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>46</u> ft. WHEN PUMPING <u>255</u> ft. TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input checked="" type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible		
		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <u>29</u> CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u>31</u> <u>36</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (nearest ft.) <u>43</u> <u>47</u> CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above LAND SURFACE <input type="checkbox"/> - below (nearest foot) <u>1</u>		
		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) <u>Property Lines</u> <u>20'</u> <u>20'</u>		

B 1 1 2 3 4 5 6 6452	SEQUENCE NO. (MDE USE ONLY) 	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 524360	STATE PERMIT NUMBER HO-95-0334 fill in this form completely
Date Received (APA) 3/17/06 8 MM DD YY 13 Elm Street Development 15 Last Name Owner First Name 34 5094 Dorsey Hall Drive, Suite 104 36 Street or RFD 55 Ellicott City MD 21042 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL Howard 8 COUNTY 21 Saddlebrook Farm 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Woodstock 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 M 1 73 76 77 78	
DRILLER INFORMATION Michael D. Isom M S D 162 Driller's Name 76 License No. 81 G. Edgar Hays Sons' Corp. Firm Name 12047 Falls Road, Cockeysville 21039 Address Signature <i>[Signature]</i> Date 2/20/06		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Cavey Lane 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 200 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: 11 BLK: 13 PARCEL 32	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 750 (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD (13) AS16525 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 4/10/06 <i>[Signature]</i> 4/11/07 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 544 0 0 0 EAST GRID 837 0 0 0 50 55 57 63	
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		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 837 N 544 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 250 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 DEEPEMED 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 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 HO2005G009(01) PERMIT No. HO-95-0334 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.			

HARR WELL DRILLING

12047 FALLS ROAD
COCKEYSVILLE, MD 21030
410-252-4588

HOWARD COUNTY YIELD TEST REPORT

Date Test Performed: 5-31-06
Address: Cavey Lane
Owner Name: Elm Street Devel
Well Depth: 300 Ft

Permit Number: HO-95-0334
Subdivision: Saddlebrook Farm L#4
Election District:
Static Water Level: 46 Ft

Time	Water Level	PSI Existing Pump	Pumping Rate Seconds to fill 5gallon bucket	Calculated Flow-Gallons Per Minute
0815	46 ft		17 sec	17.64
0830	112		17	17.64
0845	113		18	16.66
0900	114		18	16.66
0915	125		20	15.00
0930	145		20	15.00
0945	196		20	15.00
1000	215		22	13.63
1015	232 ↓		24	12.50
1030	255		24	12.50
1045	255		24	12.50
1100	255		24	12.50
1115	255		24	12.50

7/5/06
yield test results
obviously inaccurate/
tested improperly
Yield is adequate
However; approval
is granted.

Called G. Edgar Harr
to notify of this.

GAC
per BN

Well Permit No. HO - _____
 Location of property (road) _____
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller _____ Owner _____

Depth of well _____
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. _____

Time pump started _____ Pumping rate _____
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

**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: Robert L. Feezer Co. Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Ave.
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 3122

*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: NV Homes Telephone #: 410-379-5956
Subdivision: Saddlebrook Farm Lot #: 4 Well Tag #: HO 95-0334
Site Address: 0153 Saddlebrook Farm Trl.
Woodstock, MD 21163

Submersible Pump Data

Make: SFA-R40
Model #: 57P4HS07221
Pump Capacity 7 GPM
Well Yield 2.5 GPM

Pitless Adapter

Make: Campbell
Model#: PT 800
Depth: 42" (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: 300 (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: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ☒
Approximate length of sleeve: 40
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: Robert L. Feezer

8/25/10
date

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

Date Insp. Requested: _____	Date Insp. Approved: _____
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	_____

**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: Sadd Lot #: 4 Well Tag #: HO-95-0334
Site Address: 10153 Saddlebrook Farm Tr.

Submersible Pump Data

Make: _____

Model #: _____

Pump Capacity _____ GPM

Well Yield: _____ 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 or Cable guards are required - Must circle one

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

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: _____

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: _____

Date Insp. Approved: 8/2/2010 BB

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

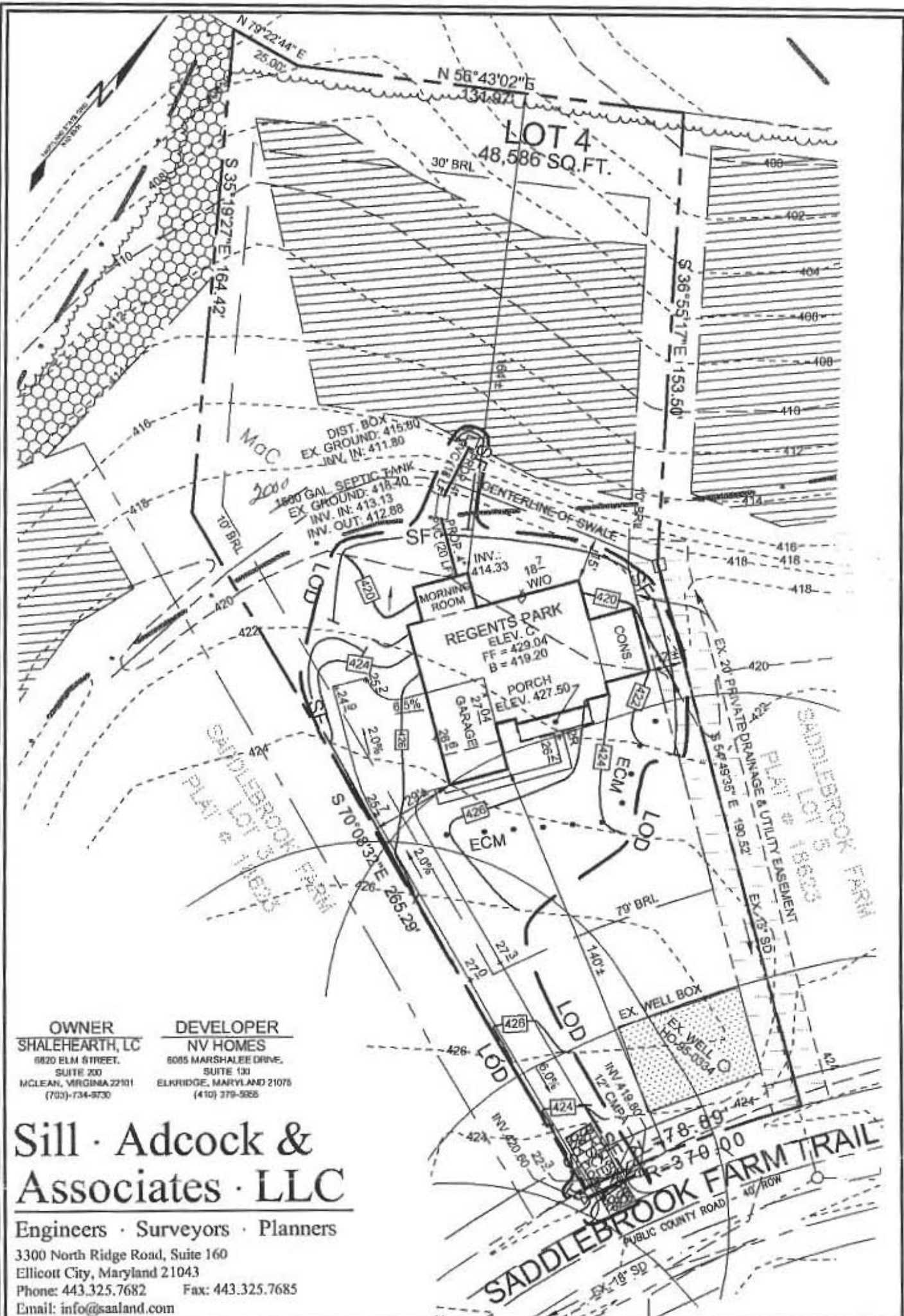
Safety rope installed inside of well casing

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





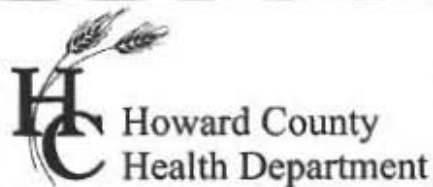
DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY: PS
SCALE: 1"=40'
DATE: MAY 13, 2010
PROJECT #: 10-018
SHEET #: 1 OF 1

Well Statement needed

HOUSE SITE
SADDLEBROOK FARM
LOT 4
10153 SADDLEBROOK FARM TRAIL

TAX MAP 11 GRID 13
THIRD ELECTION DISTRICT

PARCEL 19
HOWARD COUNTY, MARYLAND



7178 Columbia Gateway Drive, Columbia Maryland 21046
(410) 313-1771 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

September 14, 2010

Homeowner
10153 Saddlebrook Farm Trail Lot# 4
Glenwood, MD 21163

RE: 10153 Saddlebrook Farm Trail Lot# 4
Glenwood, MD 21163
BP #: B10001488
Well Permit # HO-95-0334

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 08/03/2010. Final approval of the well line connection to the dwelling was approved on 08/02/2010.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-95-0334. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 05/31/2006
Date of Well Completion: 06/01/2006

Approving Authority,

Dana Bernard
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



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

June 26, 2006

Shalehearth L.C.
6820 Elm Street
Suite 200
McLean, Virginia 22101

RE: Saddlebrook Farm Lot 4
Well Tag: HO-95-0334

To Whom It May Concern:

A sample was collected from a yield test on May 31, 2006 and submitted to GPL 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. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 9.4 ± 2.4 picocuries/liter (pCi/L); while the **Gross Beta** level was 10.9 ± 1.8 pCi/L. Both the **Gross Alpha** and **Gross Beta** were below the maximum contaminant levels (MCL's) of 15 pCi/L and 50 pCi/L respectively. At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Deputy Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File
Zac Fish, FSH Associates, 8318 Forrest St., E.C., MD 21043



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

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 FSH Inc
on Saddlebrook Farm and is ready for site inspection.
- ☐ _____ 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

N 605,270

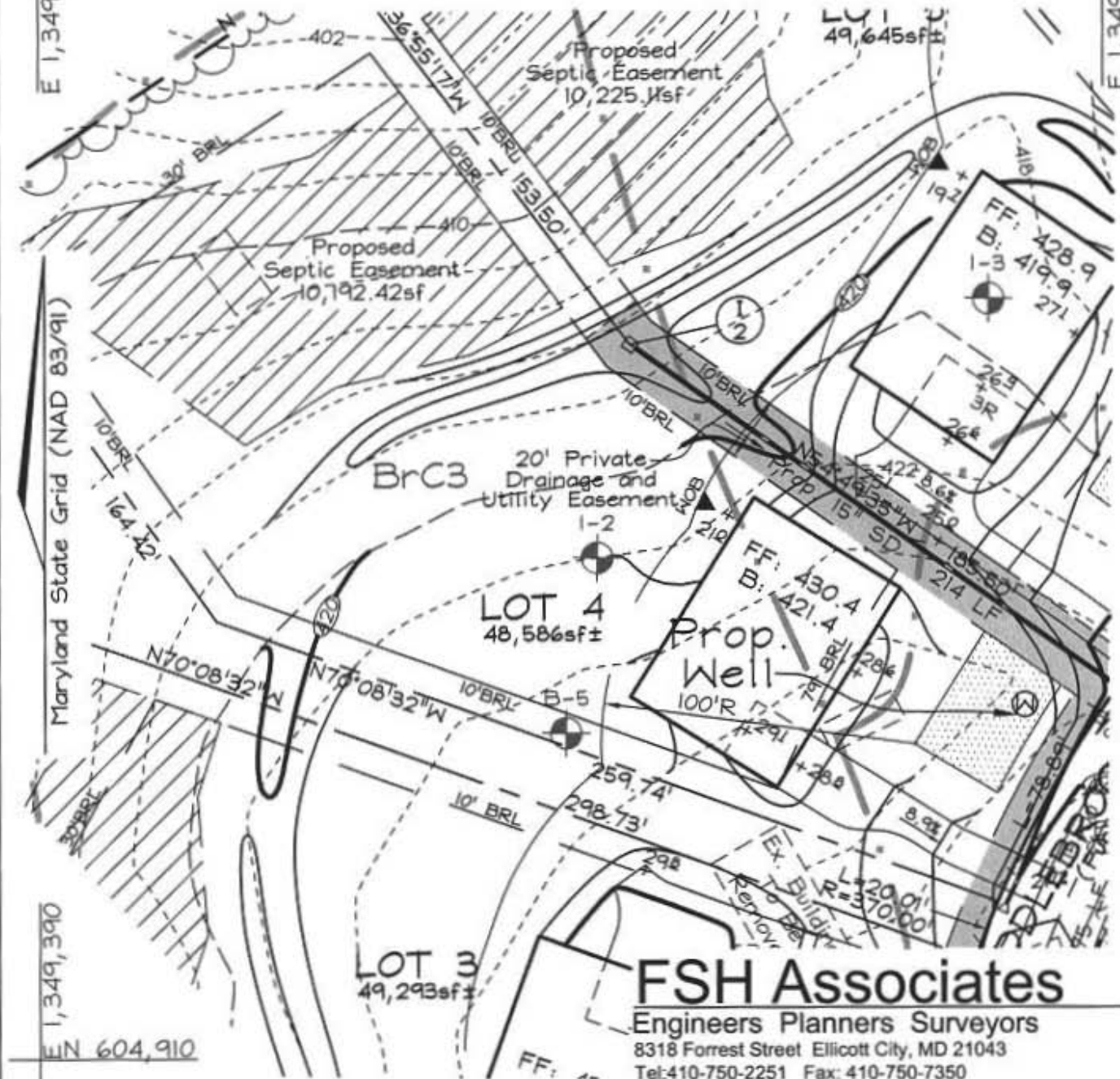
N 605,270

E 1,349,390

E 1,349,730

Note:

The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.



FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

Tel: 410-750-2251 Fax: 410-750-7350

E-mail: info@fsha.biz

DESIGN BY: PS

DRAWN BY: CD

CHECKED BY: ZYF

SCALE: 1"=50'

DATE: Mar. 13, 2006

W.O. No.: 3165

SHEET No.: 3 OF 11

WELL PERMIT PLAN SADDLEBROOK FARM

LOT 4

TAX MAP II GRID 13
3RD ELECTION DISTRICT

PARCELS 19 & 32
HOWARD COUNTY, MARYLAND

**Sill • Adcock &
Associates • LLC**

Engineers • Surveyors • Planners

TO: NV HOMES	DATE: PROJECT NO: 10-018
ATTENTION: RYAN JOHNSON	RE: SADDLEBROOK LOT 4

RECEIVED

JUN 08 2010

NV HOMES

WE ARE SENDING YOU: ☒ ATTACHED ☐ UNDER SEPARATE COVER

THE FOLLOWING ITEMS:

☒ PRINTS ☐ ORIGINALS ☐ COMPUTATIONS ☐ DESCRIPTIONS
☐ SPECIFICATIONS ☐ APPLICATIONS ☐ COPY OF LETTER

VIA: ☐ MAIL ☒ BY HAND ☐ MESSENGER ☐ PICK-UP

COPIES	DESCRIPTION
3	PLOT PLANS, with note added for the well.

THESE ARE TRANSMITTED AS CHECKED BELOW:

☐ FOR APPROVAL ☐ AS APPROVED BY _____
☐ FOR REVIEW ☐ AS SUBMITTED FOR APPROVAL TO: _____
☒ FOR YOUR USE _____
☐ AS REQUESTED _____ ☐ PLEASE RETURN TO US AFTER USING

REMARKS: _____

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US AT ONCE.

CC: _____ SIGNED: Dave Harward
Dave Harward, Planning Manager

RECEIVED
IOWA COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH

2010 JUN 15 PM 3:52

TO: DANA Bernard
from Jim Kenner
443-309-7272