



HOWARD COUNTY HEALTH DEPARTMENT

65557

DATE 7/17/15

WS

Received From

Gerald Prescott

PHONE #

For

~~Bill~~ Permit / 4890
Per Valley Rd.

☐ CASH

☒ CHECK

NO.

1058

One hundred sixty

Dollars

\$

160.00

Received By

J. King

C 1 41842		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)		DATE WELL COMPLETED MM DD YY 07 13 19		Depth of Well 22 280 26 (TO NEAREST FOOT)		
ST/CO USE ONLY DATE Received MM DD YY 07 13 19		OWNER Wescott Gerald & Sandra		PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho - 18 - 1012		
WELL SITE ADDRESS 4890 Ten Oaks Rd		TOWN Dayton		COUNTY NUMBER		
SUBDIVISION		SECTION		LOT		

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 TO	check if water bearing
Sand	0 36	
Mica Rock	36 280	
Water 240		

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <input checked="" type="checkbox"/> no <input type="checkbox"/> 44 44	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	
NO. OF BAGS 45 46 10 NO. OF POUNDS 45 46 410	
GALLONS OF WATER 60	
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 54 BOTTOM 58 ft. (enter 0 if from surface)	
CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>	
MAIN CASING TYPE 57 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40	
OTHER CASING (if used) diameter inch depth (feet) from to	
SCREEN RECORD screen type or open hole insert appropriate code below STEEL <input checked="" type="checkbox"/> BRASS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>	

C 3		
PUMPING TEST		
HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min.)	5	
METHOD USED TO MEASURE PUMPING RATE	Bucket	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	28 ft.	
WHEN PUMPING	238 ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> air	<input type="checkbox"/> piston	<input type="checkbox"/> turbine
<input checked="" type="checkbox"/> centrifugal	<input type="checkbox"/> rotary	<input type="checkbox"/> other (describe below)
<input type="checkbox"/> jet	<input checked="" type="checkbox"/> submersible	

NUMBER OF UNSUCCESSFUL WELLS: 2
WELL HYDROFRACTURED yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
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. 1 M SD 017
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from driller)

C 2	
DEPTH (nearest ft.) Ho 38 280	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH) 56 60	
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	

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	
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)	
<input checked="" type="checkbox"/> above	
<input type="checkbox"/> below	
LAND SURFACE	2 (nearest foot)

LATITUDE 39.238170	
LONGITUDE 76.9984	
(DEFAULT COORD. WGS 84)	
Pursuant to §10-624 of the State Govt. Article of the Maryland 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 public and other governmental	

Well Permit No. HO - 18-1012
Location of property (road) 4870 Ten Oaks Rd
Subdivision _____
Well Driller Joseph M. Mayne, Jr. Lot _____ Block _____ Plat _____ Sec. _____
Owner Gerald + Sandra Wescott

Depth of well 280

Distance of measuring point (M.P.) above ground 2

Static water level (S.W.L.) below M.P.

I... High rate pumping -- reservoir drawdown

Time pump started 7:45

Pumping rate

Total time 30 min to reach pumping water level 238 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-26-2019 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Larry Maple

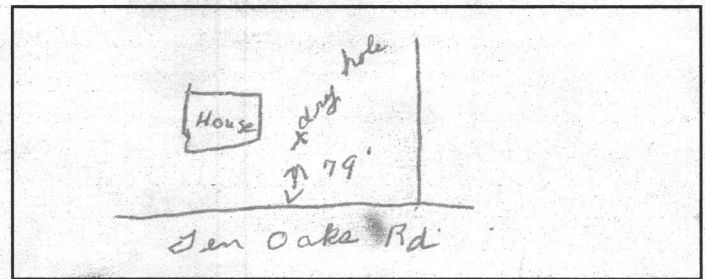
WELL DRILLER'S LICENSE NUMBER: MSD 027

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Gerald + Sandra Wescott

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
STREET ADDRESS: 4870 Ten Oaks Rd



LATITUDE 3 9 . 2 3 7 2 5 _ _

LONGITUDE 7 6 . 9 8 5 3 4 _ _

LOG OF SEALING MATERIAL

* TYPE OF WELL BEING ABANDONED:
_____DRILLED _____JETTED
_____BORED _____HAND DUG
_____OTHER (specify) _____

* USE CODE:
_____DOMESTIC _____MUNICIPAL/PUBLIC
_____IRRIGATION _____INDUSTRIAL
_____TEST/OBSERVATION _____GEO THERMAL

* TYPE OF CASING:
_____STEEL _____PLASTIC
_____CONCRETE _____OTHER (specify) _____

MATERIAL	FEET	
	FROM	TO
<u>Dry well</u> <u>Back filled drilling</u> <u>materials</u> <u>Cement</u>	<u>540'</u> <u>→ 40'</u>	<u>40'</u> <u>0'</u>
VOLUME OF MATERIAL USED		
<u>12 Bags cement 1128 lbs</u>		

SIZE OF CASING: _____ INCHES IN DIAMETER

DEPTH OF WELL: 540 FEET DEEP

WAS ANY CASING REMOVED? _____ YES _____NO

If yes, length removed, in feet: _____

WAS CASING RIPPED OR PERFORATED? _____ YES _____NO

Larry Maple
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# MSD 027

MWD / MSD / MGS

CIRCLE ONE

DATE 9-6-2019

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MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-26-2019 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL:

* PERSON ABANDONING WELL: Larry Mayne

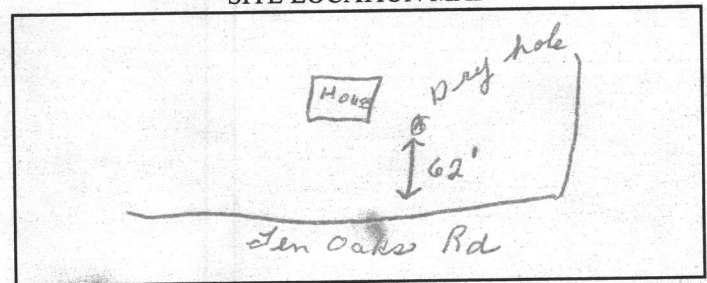
WELL DRILLER'S LICENSE NUMBER:

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Herald + Sandra Wescott

SITE LOCATION MAP

* WELL LOCATION:
COUNTY: Howard
NEAREST TOWN: Dayton
TAX MAP BLOCK PARCEL
SUBDIVISION:
SECTION: LOT:
STREET ADDRESS: 4870 Ten Oaks Rd



LATITUDE 3 9 . 2 3 7 3 0 _

LONGITUDE 7 6 . 9 8 5 3 4 _

LOG OF SEALING MATERIAL

MATERIAL <u>Dry well</u>	FEET	
	FROM	TO
<u>Back filled drilling materials</u>	<u>440'</u>	<u>40'</u>
<u>Cement</u>	<u>40'</u>	<u>0'</u>
VOLUME OF MATERIAL USED		
<u>10 Bags cement 940 lbs</u>		

* TYPE OF WELL BEING ABANDONED:

 DRILLED JETTED
 BORED HAND DUG
 OTHER (specify)

* USE CODE:

 DOMESTIC MUNICIPAL/PUBLIC
 IRRIGATION INDUSTRIAL
 TEST/OBSERVATION GEOTHERMAL

* TYPE OF CASING:

 STEEL PLASTIC
 CONCRETE OTHER (specify)

SIZE OF CASING: INCHES IN DIAMETER

DEPTH OF WELL: 440 FEET DEEP

WAS ANY CASING REMOVED? YES NO

If yes, length removed, in feet:

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

MWD / MSD / MGS

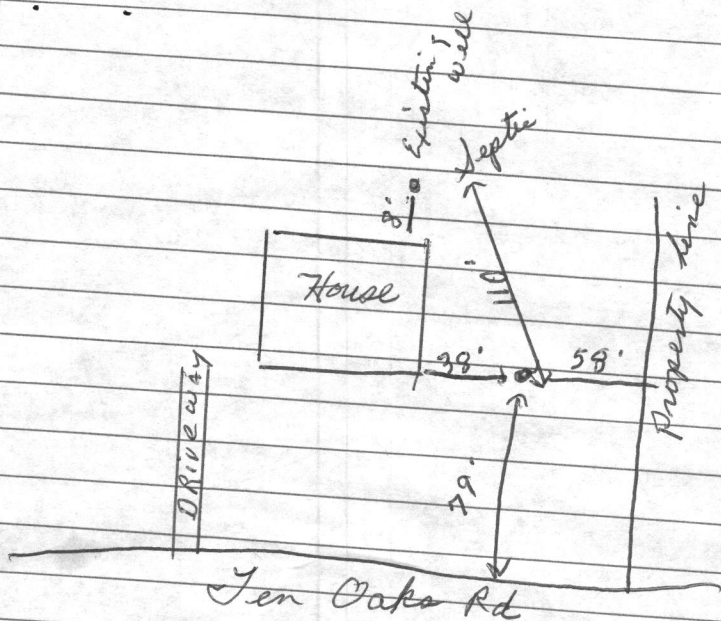
CIRCLE ONE

DATE

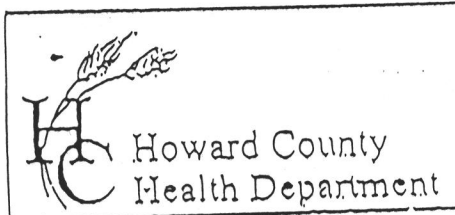
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B 1 <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">64943</div>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">Ho-18-0102</div>
1 2 3 6		70 fill in this form completely 79	
Date Received (APA) 8 MM DD YY 13 <div style="font-size: 18pt; margin-top: 5px;">Wescott Sandra + Gerald</div> <div style="font-size: 18pt; margin-top: 5px;">4870 Len Oaks Rd</div> <div style="font-size: 18pt; margin-top: 5px;">Dayton Md 21036</div>		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 23 SUBDIVISION _____ 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN <u>Dayton</u> 71	
OWNER INFORMATION 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76		B 4 SOURCES OF DRILLING WATER 11 STREET ADDRESS 30 11 <u>4870 Len Oaks Rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> <input checked="" type="radio"/> NORTH <input type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH </div> 34 79 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
DRILLER INFORMATION Driller's Name <u>Larry Mayne</u> 76 License No. <u>M 5 D 027</u> 81 Firm Name <u>Joseph L Mayne Well Drilling</u> Address <u>5512 Ridge Rd Mt Airy Md 21771</u> Signature <u>Larry Mayne</u> 7-10-2019 Date		B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) _____ 8 _____ 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) _____ 14 _____ 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <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"/> OPEN LOOP GEOTHERMAL <input type="radio"/> CLOSED LOOP GEOTHERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. _____ STATE SIGNATURE _____ DATE ISSUED <u>07/18/2019</u> 41 CO SIGNATURE _____ EXP. DATE <u>07/18/2020</u> DON: 7/18/2019 DO: 7/19/2019 Day: 7/15/2019	
APPROXIMATE DEPTH OF WELL <u>240</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		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 <div style="text-align: center;"> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary DRIVE-POINT other _____		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <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 DEEPEM 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 _____ <u>G</u> _____ PERMIT No. <u>Ho-18-0102</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- <u>RADIUM SAMPLE</u>			

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Jamie Wescott
301-440-8947



7178 Columbia Gateway Drive, Columbia, MD 21044
(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:

Well Site Location:

Subdivision/Property Name	Lot#	Road Name
		<u>4870 Len Oaks Rd</u>

☐ 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. well staked by Joseph L Mayre Well Drilling

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



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

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: AVS Plg + Htg Telephone #: 410-442-2221
Address: 12630 Frederick Rd PO Box 129
West Friendship MD 21794

Must circle one: Licensed Plumber Licensed Well Driller / Licensed Well Pump Installer

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

Name (Print): Gary Kastner License# 6500

*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: James Westcott Telephone #: 301-440-8947
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-1012
Site Address: 4870 Ten Oaks Rd
Dayton MD 21036

8/15/2012
NEED WELL TAG

Submersible Pump Data

Make: Goulds
Model #: 5G507422
Pump Capacity: 5.6 GPM
Well Yield: 5.6 GPM

Pitless Adapter

Make: Boshart +
Model#: P-100-SS
GPM Depth: 36" (36" min)
GPM 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.: 18"
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

Must circle one: Torque arrestors Cable guards Other acceptable method used sleeve wire

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing ✓

Piping to house

Type: NT 200
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ✓
Length of sleeve (5' minimum from foundation): 5'
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: Gary Kastner

date: 8-8-19

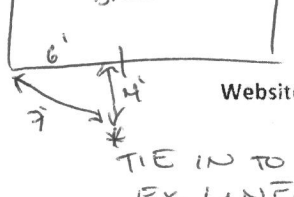
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 08/15/2019 Date Insp. Approved: 08/15/2019 Inspector: (Signature)

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

37" 8/15/2019 (Signature)
33" 8/15/2019 (Signature)
15" 8/15/2019 (Signature)

EX HOUSE
8/15/2019
BACK
(Revised form 10/24/2018)



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

MEMORANDUM

August 19th, 2019

Gerald J Wescott

*08/19/2019
001997*

RE: Replacement Well Sampling
4870 Ten Oaks Road
Dayton, MD 21036
Well Permit # HO-18-0102

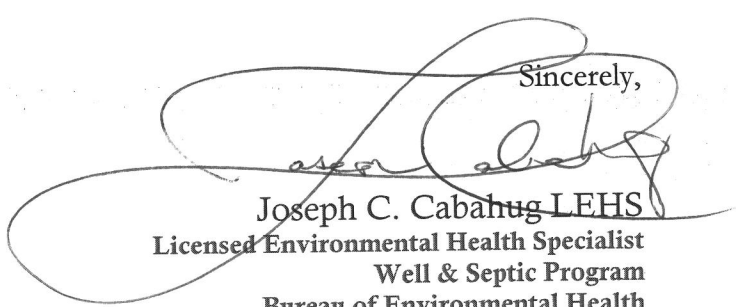
Dear Homeowner:

According to our records, your replacement well is proposed to be 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. In addition, the well will need radium samples. There is currently **no charge** for the sampling and it is to your benefit to have it tested. The existing well must either be tied in for use or abandoned and sealed.

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.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2643. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,



Joseph C. Cabahug LEHS
Licensed Environmental Health Specialist
Well & Septic Program
Bureau of Environmental Health

Cc: Community Hygiene Program
File