

C1 3158 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

A 517336

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

ST/CO USE ONLY

DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
2 12 2008

Depth of Well

22 560 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"No - 95 - 1510
28 29 30 31 32 33 34 35 36 37OWNER Warfield Jr last name Kennard first name
STREET OR RFD Philadelphia Rd TOWN Dayton
SUBDIVISION The Warfields II SECTION 2 LOT 14

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)FEET
FROM TOcheck
if water
bearing

Sand Stone	0	22	(water)
Gray Mica Rock	22	64	460
Gray Mica Rock	64	560	480

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 18 NO. OF POUNDS 1692GALLONS OF WATER 108DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 63 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL PL
PLASTIC OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)ST 6 66
60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)ST BR HO
STEEL BRASS OPEN
HOLE
PL PL
PLASTIC OTHERNUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y 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
WELLI 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.: MSD 024DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)LIC. NO.: DSITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

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

70 72 74 75 76
TELESCOPE LOG
CASING INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min.)

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 70 ft.WHEN PUMPING 199 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other
27 27 27
(describe below)
J jet S submersible
27 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.CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)

31 35

PUMP HORSE POWER

37 41

PUMP COLUMN LENGTH
(nearest ft.)

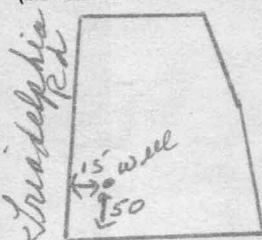
43 47

CASING HEIGHT (circle appropriate box
and enter casing height)+ above
49
- below
49

LAND SURFACE

2 (nearest
foot)

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)

B 1	1098	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 527950 please type	STATE PERMIT NUMBER HO - 95 - 1510 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA) 8 MM DD YY 13</p> <p><u>Warfield, Jr.</u> <u>Kennard</u> 15 Last Name Owner First Name 34</p> <p><u>P.O. Box 30</u> 36 Street or RFD 55</p> <p><u>Aleneeg</u> <u>md</u> <u>217 37</u> 57 Town 70 State 72 Zip 76</p> </div> <div style="width:48%;"> <p>B 3 LOCATION OF WELL</p> <p><u>Howard</u> 8 COUNTY 21</p> <p><u>The Warfield II</u> 23 SUBDIVISION 42</p> <p>SECTION <u>44</u> 46 LOT <u>14</u> 50</p> <p><u>Dayton</u> 52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) <u>4</u> M I 73 76 77 78</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION</p> <p><u>Joseph L Mayne</u> <u>M S D 024</u> Driller's Name 76 License No. 81</p> <p><u>Joseph L Mayne Well Drilling</u> Firm Name</p> <p><u>5512 Ridge Rd Mt. Airy Md 2111</u> Address</p> <p><u>Joseph L Mayne</u> <u>12-10-2009</u> Signature Date</p> </div> <div style="width:48%;"> <p>B 4</p> <p>1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p><u>Philadelphia Rd</u> 11 NEAR WHAT ROAD 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 <u>40</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39</p> <p>TAX MAP: <u>27</u> BLK: <u>23</u> PARCEL <u>114</u></p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20</p> </div> <div style="width:48%;"> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION</p> <p><input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING</p> <p><input type="radio"/> PUBLIC WATER SUPPLY WELL</p> <p><input type="radio"/> TEST, OBSERVATION, MONITORING</p> <p><input type="radio"/> GEO-THERMAL</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28</p> <p>APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH</p> </div> <div style="width:48%;"> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p><u>Howard</u> <u>(13)</u> <u>A 517 336</u> COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE _____ INSERT S →</p> <p>DATE ISSUED <u>1/18/08</u> <u>Kim Wang</u> <u>1/18/09</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE</p> <p>NORTH GRID <u>517</u> 000 EAST GRID <u>0794000</u> 50 55 57 63</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY Drive-POINT</p> <p>other _____</p> </div> <div style="width:48%;"> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. <u>Well</u></p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E <u>7944</u></p> <p>N <u>5107</u></p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> </div> </div>				
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>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</p> <p><input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52</p>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER <u>HO 2006G 009</u></p> <p>PERMIT No. <u>HO - 95 - 1510</u> 70 71 72 73 74 75 76 77 78 79</p>				
<p>SPECIAL CONDITIONS <u>Refer to MEMORANDUM</u></p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p>				

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: Robert L. Feezer Co., Inc. Telephone #: 410-781-4655
Address: 6321 Barnett Avenue
Sykesville, MD 21784

(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# 2122

***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: NV Homes Telephone #: 410-379-5956
Subdivision: Warfield Estates II Lot #: 8014 Well Tag #: HO - 95 - 1510
Site Address: 14567 Triadelphia Road
Glenelg, MD 21737

Submersible Pump Data

Make: Berkeley
Model #: B5P4MS10221
Pump Capacity 5 GPM
Well Yield: 8.5 GPM

Pitless Adapter

Make: Boshart
Model#: P-100-SS
Depth: 42" (36" min)
NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 560 (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 N/A

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
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.

Harry W. Forman

Digitally signed by Harry W. Forman
DN: cn=Harry W. Forman, o=Howard County Health Department, email=hwforman@hcd.net, c=US
Date: 2012.06.27 15:42:15 -0400

June 27, 2012

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: 9/7/2012 Inspector: BB

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

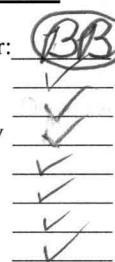
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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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 _____

K:\Drawings 3\30310 warfield Homestead\DWG\30310 Well Exhibit War II Section 2 Lot 14.dwg, 12/6/2007 9:39:52 AM

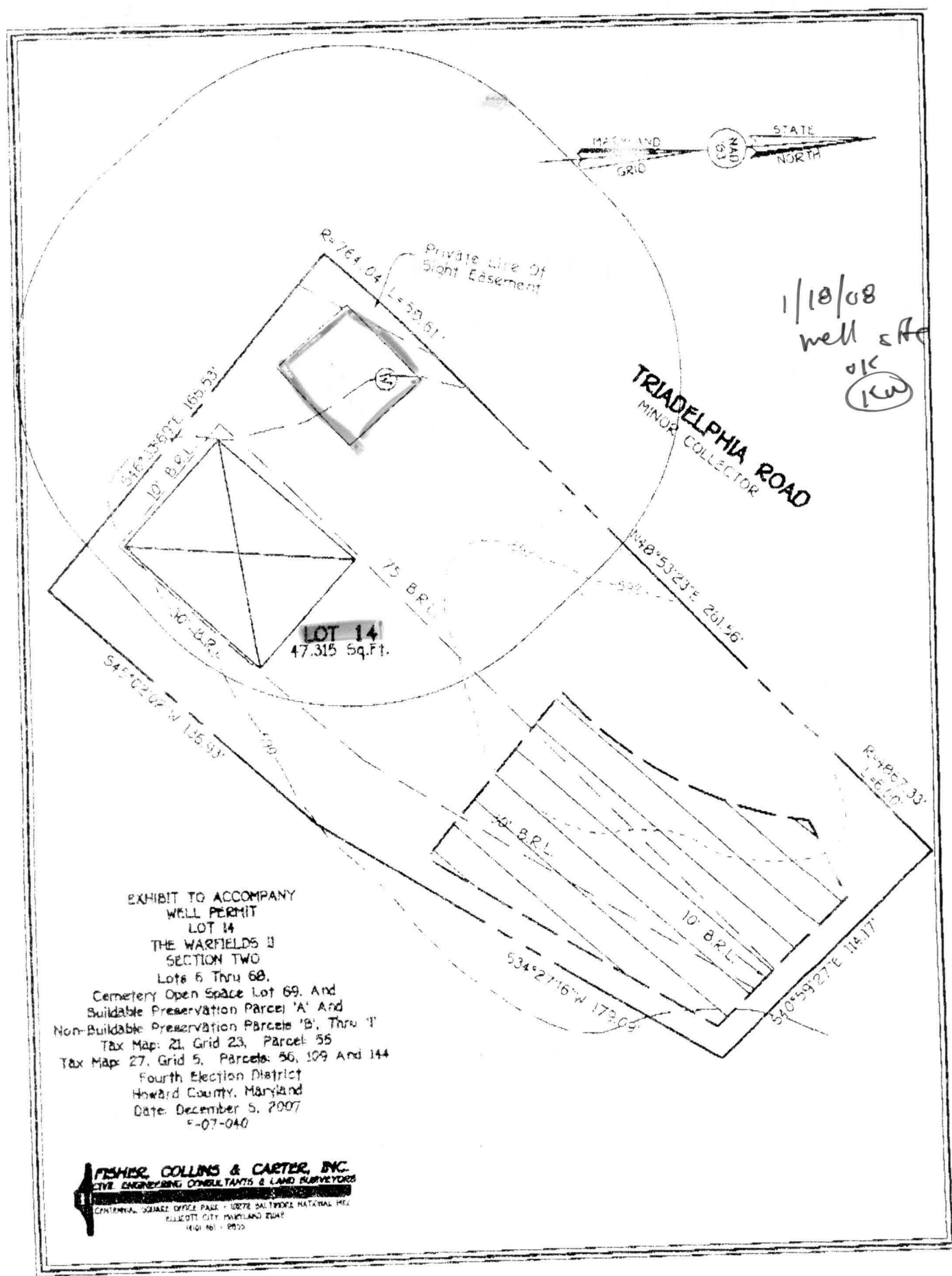
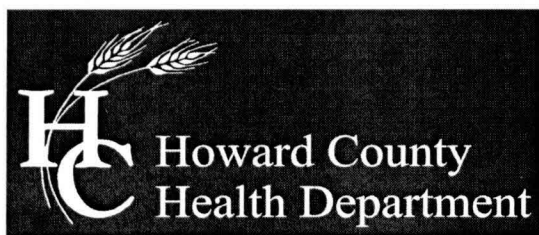


EXHIBIT TO ACCOMPANY
WELL PERMIT
LOT 14
THE WARFIELDS II
SECTION TWO
Lots 6 Thru 68,
Cemetery Open Space Lot 69, And
Buildable Preservation Parcel 'A' And
Non-Buildable Preservation Parcel 'B', Thru 'I'
Tax Map: 21, Grid 23, Parcel: 55
Tax Map: 27, Grid 5, Parcel: 56, 109 And 144
Fourth Election District
Howard County, Maryland
Date: December 5, 2007
5-07-040

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK • 10078 BALTIMORE NATIONAL HWY
COLLETT CITY, MARYLAND 21042
(410) 861-1930



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – March 12th, 2013

September 12th, 2012

Homeowner
14567 Triadelphia Rd
Glenelg, MD 21737

RE: The Warfields II, Lot 14
14567 Triadelphia Rd
Building Permit: B12001596
Well Permit: HO-95-1510

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/6/2012**. Final approval of the well line connection to the dwelling was granted on **9/7/2012**. The well construction was completed on **2/12/2008**. Water samples were collected on **9/7/2012**.

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. 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-95-1510. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in dark ink, appearing to read "Heidi Scott". The signature is fluid and cursive, with the first name "Heidi" and last name "Scott" clearly distinguishable.

Heidi Scott, R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Rick Cross
Robert L. Feezer Company
6321 Barnett Avenue
Sykesville, Maryland 21784

S/O Number: 86546

Report Date: September 10, 2012

Property Sampled: 14567 Triadelphia Road, 21797
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12001596
Sampler ID #: 4723TL
Samples Iced: Yes

County: Howard
Map: 27

Subdivision: The Warfields II S 2 RSB
Parcel: 114 Lot #: 14

Date/Time Collected in Field: September 7, 2012 @ 10:15 am
Date/Time Received in Lab: September 7, 2012 @ 1:14 pm

Well Tag #: HO-95-1510
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Softener, Neutralizer

9-12-12
Results OK
H8

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	8.6 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	7.0 Units	***
Sand		Absent	Absent	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Manager - Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA

*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA

***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



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website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

Friday, January 18, 2008

IMPORTANT

MEMORANDUM

To: WELL DRILLER,
FILE

From: Kevin Wolf, Sanitarian
Well and Septic Program

Re: The Warfield's II (F-07-040)
Lot's 6-14

- In order to preserve the quality of ground drinking water, a special condition has been set for wells of lots 6 through 14 for the above referenced property. This condition requires the driller to seal off the upper strata by placing a certain amount of casing to the approximate depth below the very first water-bearing fracture OR a minimum of 75 feet (whichever comes first). For example, if you hit a water-bearing fracture at 53 feet, then there should be at least 55 feet of casing or enough casing to get below that fracture. Any deviations to this condition are to be prior approved by the Health Department.