

B 1 09968

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please type

STATE PERMIT NUMBER

H0 -95 -2478

fill in this form completely

Date Received (APA)

01 24 13
8 MM DD YY 13

OWNER INFORMATION

Johnson Ryan
15 Last Name Owner First Name 34
13360 Triadelphia Rd
36 Street or RFD 55
Ellicott City, MD. 21042
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Michael J. Kohler MS D 028
Driller's Name 76 License No. 81
Fichelberger's INC.
Firm Name
175 S. Wilson Ln. York PA 17406
Address
Michael J. Kohler
Signature Date

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 10
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 ☐ INDUSTRIAL, COMMERCIAL, DEWATERING
☐ PUBLIC WATER SUPPLY WELL
☐ TEST, OBSERVATION, MONITORING
☐ OPEN LOOP GEOTHERMAL
☐ CLOSED LOOP GEOTHERMAL

APPROXIMATE DEPTH OF WELL 300 FEET
24 28APPROXIMATE 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)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
☐ 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)

APPROX. PERMIT NUMBER - - - - - G - - - - -

PERMIT No. H0 -95 -2478
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS Steel casing for drilled well must be set a minimum of 50ft or at least 10ft into the competent bedrock.

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 LOCATION OF WELL

Howard
8 COUNTY 21
13358 Triadelphia
23 SUBDIVISION 42
SECTION 44 46 LOT 13-C 48 50
Glenelg
52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

1. Approved
2.
3.

13358 Triadelphia
11 STREET ADDRESS 30ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)

34 503 37
DISTANCE FROM ROAD
ENTER FT OR MI 38 39

TAX MAP: 22 BLK: 9 PARCEL 439

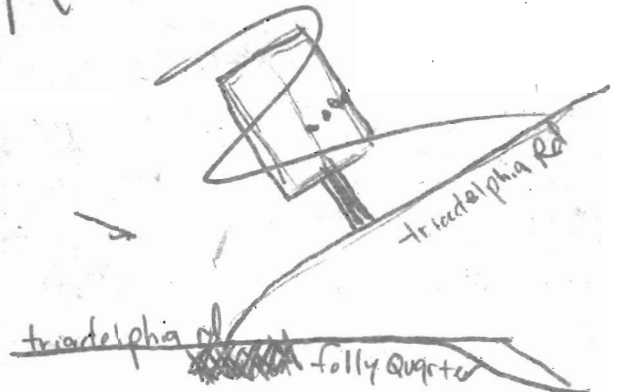
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard A536672 13
COUNTY NAME COUNTY NO.
STATE
SIGNATURE INSERT S → 41
DATE ISSUED 02/06/2013 R.R. 2/6/14
43 MM DD YY 48 CO SIGNATURE 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

Plots Attached

N



C 1	3092 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)		COUNTY NUMBER	
ST/CO USE ONLY DATE RECEIVED MM DD YY 02 21 13		DATE WELL COMPLETED MM DD YY 2-19-13	
		Depth of Well 22 500 26 (TO NEAREST FOOT)	
		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-2478	
OWNER WELL SITE ADDRESS 1358 Triadelphia Rd		TOWN Ellicott City	
SUBDIVISION		SECTION LOT 13-C	

WELL LOG Not required for driven wells			GROUTING RECORD YES NO WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (Circle Appropriate Box)		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC		
DESCRIPTION (Use additional sheets if needed)	FEET FROM TO	check if water bearing	NO. OF BAGS 40 NO. OF POUNDS 3160 GALLONS OF WATER 220 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft. (enter 0 if from surface)		
Soft Brown Shale 0 51 Broken Shale 51 61 Gray Shale 61 140 Broken 140 141 Gray Shale 141 345 Broken 345 346 Gray Shale 346 500			CASING RECORD casing types insert appropriate code below STEEL <input checked="" type="checkbox"/> ST CONCRETE <input type="checkbox"/> CO PLASTIC <input type="checkbox"/> PL OTHER <input type="checkbox"/> OT MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 75		
			OTHER CASING (if used) diameter inch depth (feet) from to E A C H C A S I N G		
			SCREEN RECORD screen type or open hole STEEL <input type="checkbox"/> ST BRASS <input type="checkbox"/> BR BRONZE <input type="checkbox"/> PL PLASTIC <input type="checkbox"/> PL OPEN HOLE <input checked="" type="checkbox"/> HO OTHER <input type="checkbox"/> OT		

NUMBER OF UNSUCCESSFUL WELLS: 0		C 2	
WELL HYDROFRACTURED YES NO <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		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	
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		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60	
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	
DRILLERS LIC. NO. 1 MW D 552 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D		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	

PUMPING TEST	
HOURS PUMPED (nearest hour) 6	PUMPING RATE (gal. per min.) 3
METHOD USED TO MEASURE PUMPING RATE water bucket	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING 66 ft.	WHEN PUMPING 95 ft.
TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input type="checkbox"/> S submersible	
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 LAND SURFACE (nearest foot) <input type="checkbox"/> - below	
LATITUDE 39.302222 LONGITUDE 77.106607 (DEFAULT COORD. WGS 84)	
NOTES:	

FIELD DATA SHEET

Date Test Performed 2/19/13

Well Permit HO-95-2478 Well Driller/Tester Eichelbergers, Inc.

Address 13358 Triadelphia Rd, Ellicott City Elec. District

Subdivision Lot Block Plat Section

Owner & Mailing Address Ryan Johnson, 13360 Triadelphia Road

Depth of Well 500 Ft. Static Water Level 66

Pump Test Data - Observations to be Recorded Every 15 Minutes INCLUDING HIGH RATE PUMPING RESERVOIR DRAWDOWN

TIME	WATER LEVEL	PSI (existing pump)	PUMPING RATE time to fill gal. bucket	ADDITIONAL DATA	CALCULATED FLOW (gal. per minute)
9:00	66		4		15
9:15	66		4		15
9:30	100		18		3.3
9:45	100		18		3.3
10:00	95		20		3
10:15	"		"		"
10:30	"		"		"
10:45	"		"		"
11:00	"		"		"
11:15	"		"		"
11:30	"		"		"
11:45	"		"		"
12:00	"		"		"
12:15	"		"		"
12:30	"		"		"
12:45	"		"		"
1:00	"		"		"
1:15	"		"		"
1:30	"		"		"
1:45	"		"		"
2:00	"		"		"
2:15	"		"		"
2:30	"		"		"
2:45	"		"		"
3:00	"		"		"

Rappaport, Ryan

From: Tom Stothoff [TStothoff@eichelbergers.com]
Sent: Monday, April 01, 2013 12:46 PM
To: Rappaport, Ryan
Subject: 13358 Tridelfia rd.

Hi Ryan

The well is an open rock hole (no liner). Hope that helps. I will get you the site map for Tacoya Dr. this afternoon.

Thank you

Tom

Thomas K. Stothoff

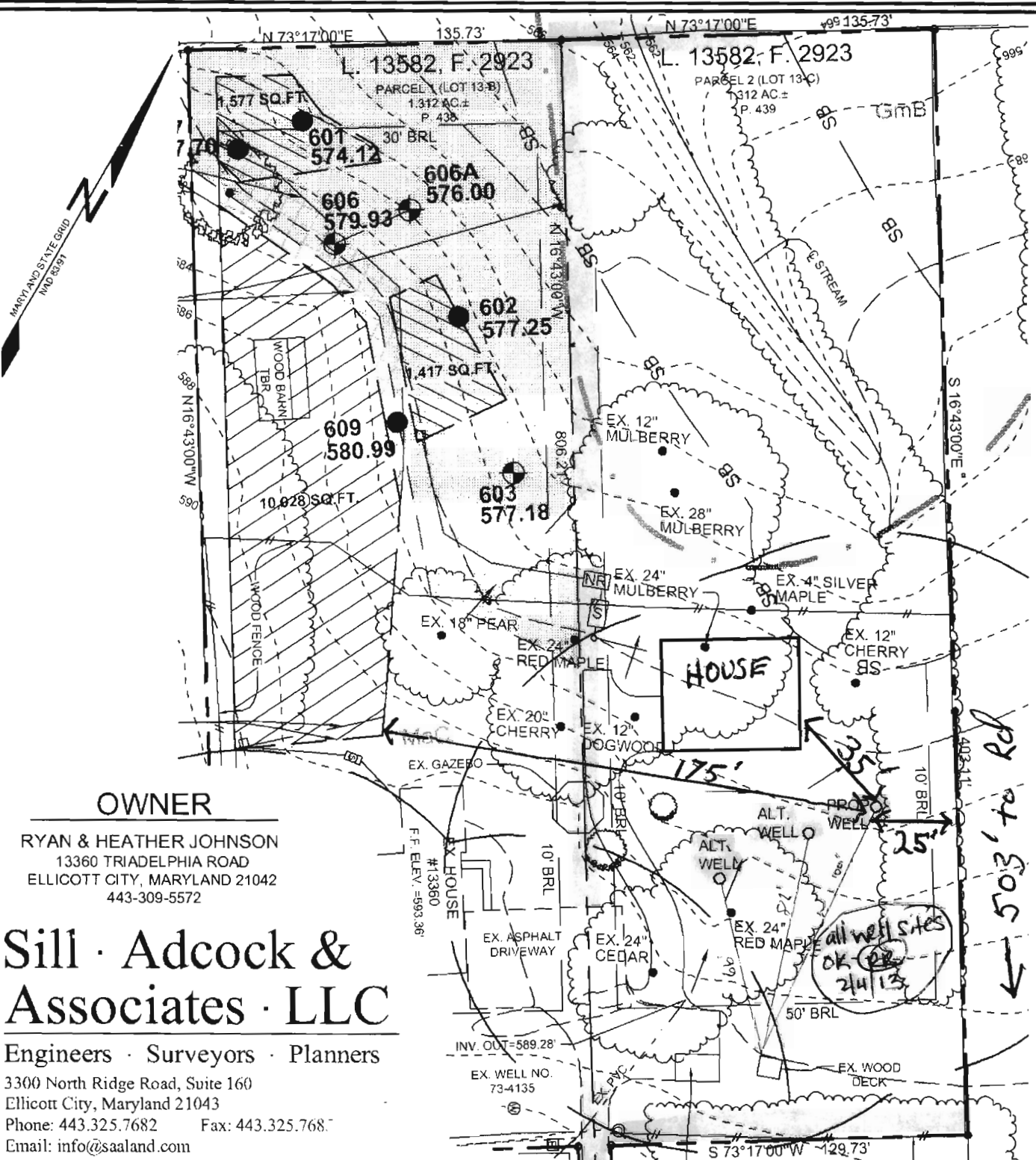
Project Manager

107 Texaco Rd. Mechanicsburg, PA 17050

Phone 717-766-4800 x3108 - Fax 717-691-6068

Email Tstothoff@Eichelbergers.com





OWNER

RYAN & HEATHER JOHNSON
13360 TRIADELPHIA ROAD
ELLICOTT CITY, MARYLAND 21042
443-309-5572

Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043

Phone: 443.325.7682 Fax: 443.325.7682

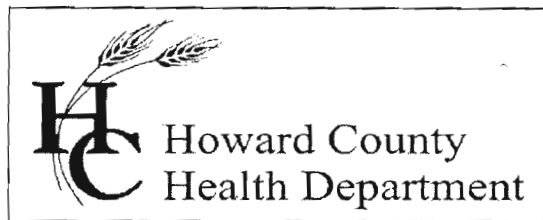
Email: info@saaland.com

DESIGN BY: SJT
DRAWN BY: SJT
CHECKED BY:
SCALE: 1"=50'
DATE: SEPTEMBER 11, 2012
PROJECT #: 11-078
SHEET #: 1 OF 1

WELL PERMIT PLAN 13358 TRIADELPHIA ROAD LOT 13-C

TAX MAP 22 GRID 9
THIRD ELECTION DISTRICT

PARCEL 439
HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 25, 2014

October 25, 2013

Homeowner
13358 Triadelphia Road
City, State, zip

**RE: Triadelphia Farms, Lot 13-C
13358 Triadelphia Road
Building Permit: B13001260
Well Permit: HO-95-2478**

Dear Homeowner:

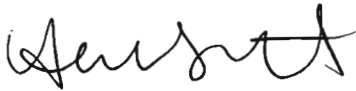
This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **8/20/2013**. Final approval of the well line connection to the dwelling was granted on **6/27/2013**. The well construction was completed on **2/19/2013**. Water samples were collected on **10/16/2013**.

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-95-2478. 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.**

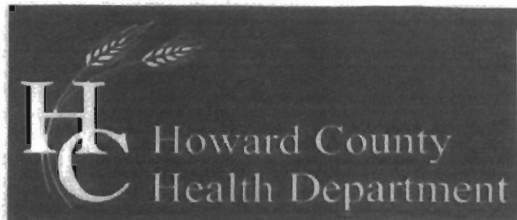
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink, appearing to read 'Heidi Scott', written over the printed name.

Heidi Scott, L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



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

Maura J. Rossman, M.D., 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:

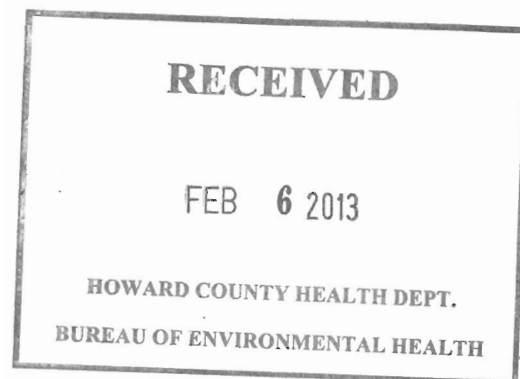
Well Site Location: Johnson 13-C Triadelphia
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by Eichelbergers Inc
(professional land surveyor or company employing professional land surveyors)
on 1-28-13 (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





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:

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

S/O Number: 90814

Report Date: October 17, 2013

Property Sampled: 13358 Triadelphia Road, 21042
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13001260
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Triadelphia Farii
Parcel: 439

Lot #: 13C

Date/Time Collected in Field: October 16, 2013 @ 1:13 pm
Date/Time Received in Lab: October 16, 2013 @ 4:15 pm

Well Tag #: HO-95-2478
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: Sediment Filter

OK
except coliform
HS

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	PRESENT	FAIL
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500-NO3D	10 mg/L as N	7.3 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	4.4 NTU	Pass
pH	SM 4500-H ⁺ B	*6.5-8.5 Units	6.6 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.

Amber Maxwell
Drinking Water Specialist

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.

**TRACE LABORATORIES, INC**

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Hunt Valley, MD 21030 USA
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Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS**Requester:**

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

S/O Number: 90907

Report Date: October 24, 2013

Bacteria Retest #1

Property Sampled: 13358 Triadelphia Road, 21042
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B13001260
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Triadelphia Farii
Parcel: 439

Lot #: 13C

Date/Time Collected in Field: October 23, 2013 @ 12:57 pm
Date/Time Received in Lab: October 23, 2013 @ 2:48 pm

Well Tag #: HO-95-2478
Well Condition: 2-Piece Cap, Satisfactory

Water Treatment/Conditioning: N/A - Raw Sample

10/25/13
OK

PARAMETER	METHOD	MCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	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
Katherine C. Higgs
Manager - Drinking Water Testing

**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: Ryan Johnson Telephone #: 410-379-5956
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 2478
Site Address: 13358 Triadelphia Road
Ellicott City, MD 21737

Submersible Pump Data

Make: Berkeley
Model #: B5P4MS10221
Pump Capacity 7 GPM
Well Yield: 3 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: 500 (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

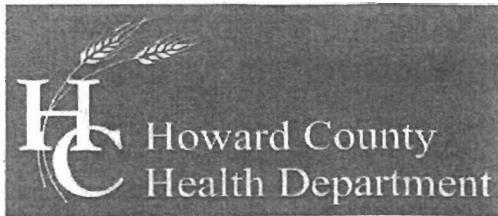
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve(5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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.

Robert L. Feezer
Signature of company representative responsible for installation
June 26, 2013
date

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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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TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., 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:
JOHNSON PROPERTY 13-C 13358 TRIADOLAHIA RD.
Subdivision/Property Name Lot# Road Name

☒ The well site has been staked by SIL. ADcock & Assoc. LLC
(professional land surveyor or company employing professional land surveyors)
on 8-30-2012 (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

