

C 1 0601

SEQUENCE NO.
(MDE USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER 13 A 592071 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

08 15 10

15 20

Depth of Well

22 300 26

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

140 - 95 - 1966

28 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

last name 16327 Catfish Run Dr.

TOWN

Lisbon

SUBDIVISION

Chase @ Stony Brook

SECTION

LOT

7

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

TO

check
if water
bearing

Top Soil

0 2

Brown Shale

2 35

Blue Shale

35 80

Brown Shale

80 85

Blue Shale

85 270

Flint Rock

270 275

Blue Shale

275 300

GROUTING RECORD

yes

no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y

N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (C) M

BENTONITE CLAY (B) C

NO. OF BAGS 20

NO. OF POUNDS 2000

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 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
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)

PL

6

62

60 61

63 64

66 67

70

E
A
C
H
C
A
S
I
N
G

OTHER CASING (if used)

diameter
inchdepth (feet)
from toscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

S T

STEEL

B R

BRASS

BRONZE

P L

PLASTIC

H O

OPEN

HOLE

O T

OTHER

C 2

DEPTH (nearest ft.)

T

2

E

A

C

H

S

C

3

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B 1	877	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type	STATE PERMIT NUMBER <u>3116/HQ - 95 - 1966</u> <i>fill in this form completely</i>
Date Received (APA)		B 3 <u>Howard</u> LOCATION OF WELL		
OWNER INFORMATION		8 COUNTY <u>Howard</u> 21		
8 MM DD YY 13 <u>Trinity Builders</u>		23 SUBDIVISION <u>The Chase at Stony Brook</u> 42		
15 Last Name <u>Trinity</u> Owner <u>Trinity Builders</u> First Name <u>Trinity</u> 34		SECTION <u>44</u> 46 LOT <u>7</u> 48 50		
36 <u>3625 Park Ave Suite 301</u> Street or RFD 55		52 NEAREST TOWN <u>Lisbon</u> 71		
57 <u>Ellicott City MD</u> 70 State <u>MD</u> 72 Zip <u>21043</u> 76		MILES FROM TOWN (enter 0 if in town) <u>73</u> <u>I</u> M <u>1</u> 76 77 78		
DRILLER INFORMATION		B 4		
Driller's Name <u>Ralph E Mayne</u> M <u>5</u> D <u>11</u> 76 License No. <u>81</u>		1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Firm Name <u>Ralph E. Mayne Inc</u>				
Address <u>17024 Handy Rd. Mt. Airy MD 21071</u>				
Signature <u>Ralph E Mayne</u> Date <u>8/4/10</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
B 2 WELL INFORMATION		11 NEAR WHAT ROAD <u>Cattail River Dr.</u> 30		
1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		34 30 37 DISTANCE FROM ROAD <u>4</u> 38 39		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		TAX MAP: <u>7</u> BLK: <u> </u> PARCEL <u>153</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>13</u> STATE SIGNATURE <u>A 59207</u> INSERT S → 41 DATE ISSUED <u>8/6/10</u> 43 MM DD YY 48 CO SIGNATURE <u>Kim M. Wall</u> EXP. DATE <u>8/6/11</u> NORTH GRID <u>542</u> 000 EAST GRID <u>0777</u> 000 50 55 57 63				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. <u>well</u>				
2. <u> </u>				
3. <u> </u>				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E <u>777</u> N <u>542</u>				
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 <u>150</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>64</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) <u>AIR-ROTARY</u> JETTED <u> </u> Jetted & DRIVEN <u> </u> 30 <u>AIR-ROTARY</u> AIR-PERCussion <u> </u> ROTARY (Hydraulic Rotary) <u> </u> 37 <u>CABLE</u> REVERSE-ROTARY <u> </u> DRIVE-POINT <u> </u> other <u> </u>				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" 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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <u>40 - 95 - 1885</u> 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER <u> </u> <u>G</u> <u> </u>				
PERMIT No. <u>40 - 95 - 1966</u>				
SPECIAL CONDITIONS <u>Ex well to be sealed per comar</u>				

C 1 0673		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 B A 59207	
ST/CO USE ONLY DATE Received MM DD YY 8 13		DATE WELL COMPLETED MM DD YY 04 15 10		Depth of Well 22 400 26 511 10 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1885 28 29 30 31 32 33 34 35 36 37	
OWNER Trinity Builders STREET OR RFD 16327 Cardinal River Dr. TOWN Ligdon SUBDIVISION Chase @ Stonebrook SECTION _____ LOT 7							
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 Y N (Circle Appropriate Box)			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL (Circle one)			
FEET FROM TO				CEMENT CM BENTONITE CLAY BC			
NO. OF BAGS 15 NO. OF POUNDS 900				GALLONS OF WATER 90			
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)				CASING RECORD			
Top Soil 0 2 Brown Shale 2 25 Blue Slate 25 25 Brown Slate 25 80 Blue Slate 80 365 Flint Rock 365 370 Blue Slate 370 400				casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER			
MAIN CASING TYPE PL				Nominal diameter top (main) casing (nearest inch)! 6			
Total depth of main casing (nearest foot) 46				OTHER CASING (if used)			
EACH CASING diameter inch depth (feet) from to				SCREEN RECORD			
screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER				DEPTH (nearest ft.)			
NUMBER OF UNSUCCESSFUL WELLS: 1				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			
WELL HYDROFRACTURED 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 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.				SLOT SIZE 1 _____ 2 _____ 3 _____			
DRILLERS LIC. NO. MSD-112 DRILLERS SIGNATURE [Signature] (MUST MATCH SIGNATURE ON APPLICATION)				GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			
LIC. NO. D				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			
COUNTY				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) [Sketch of lot with well location and landmarks]			

B 1		0867		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL		STATE PERMIT NUMBER	
1		2		3		4		5	
Date Received (APA)						B 3			
OWNER INFORMATION						LOCATION OF WELL			
8 MM DD YY 13						8 COUNTY 21			
15 Last Name Owner First Name 34						23 SUBDIVISION 42			
36 Street or RFD 55						SECTION 44 46 LOT 48 50			
57 Town 70 State 72 Zip 76						52 NEAREST TOWN 71			
DRILLER INFORMATION						MILES FROM TOWN (enter 0 if in town) 73 76 77 78			
Driller's Name 76 License No. 81						B 4			
Firm Name						1 2			
Address						DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
Signature						TOWN			
DATE						ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)			
WELL INFORMATION						NEAR WHAT ROAD 30			
APPROX. PUMPING RATE (GAL. PER MIN.) 8 12						34 30 37			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20						DISTANCE FROM ROAD ENTER FT OR MI 38 39			
USE FOR WATER (CIRCLE APPROPRIATE BOX)						TAX MAP: 7 BLK: PARCEL 133			
22						NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL			
COUNTY NAME						COUNTY NO.			
STATE SIGNATURE						INSERT S			
DATE ISSUED						41			
43 MM DD YY 46						CO SIGNATURE			
NORTH GRID						EAST GRID			
APPROXIMATE DEPTH OF WELL 24 28 FEET						SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X			
APPROXIMATE DIAMETER OF WELL 64 NEAREST INCH						SOURCES OF DRILLING WATER			
METHOD OF DRILLING (circle one)						WRITE THE BOX NUMBER FROM THE MAP HERE			
BORED (or Augered) JETTED Jetted & DRIVEN						E 777			
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)						N 542			
CABLE REVERSE-ROTARY Drive-POINT						DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)						Sketch showing location of well in relation to nearby towns and roads.			
THIS WELL WILL NOT REPLACE AN EXISTING WELL						Sketch showing location of well in relation to nearby towns and roads.			
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED						Sketch showing location of well in relation to nearby towns and roads.			
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS						Sketch showing location of well in relation to nearby towns and roads.			
THIS WELL WILL DEEPEN AN EXISTING WELL						Sketch showing location of well in relation to nearby towns and roads.			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52						Sketch showing location of well in relation to nearby towns and roads.			
Not to be filled in by driller (MDE OR COUNTY USE ONLY)						Sketch showing location of well in relation to nearby towns and roads.			
APPROP. PERMIT NUMBER						Sketch showing location of well in relation to nearby towns and roads.			
PERMIT No. 40-95-1885						Sketch showing location of well in relation to nearby towns and roads.			
SPECIAL CONDITIONS						Sketch showing location of well in relation to nearby towns and roads.			

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

DATE WELL ABANDONED: Sept 10 2010 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - 1885

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - 1966

* PERSON ABANDONING WELL: Ralph E. MAYNE

WELL DRILLERS LICENSE NUMBER: 117

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Trinity Builders

SITE LOCATION MAP

* WELL LOCATION:

COUNTY: Howard

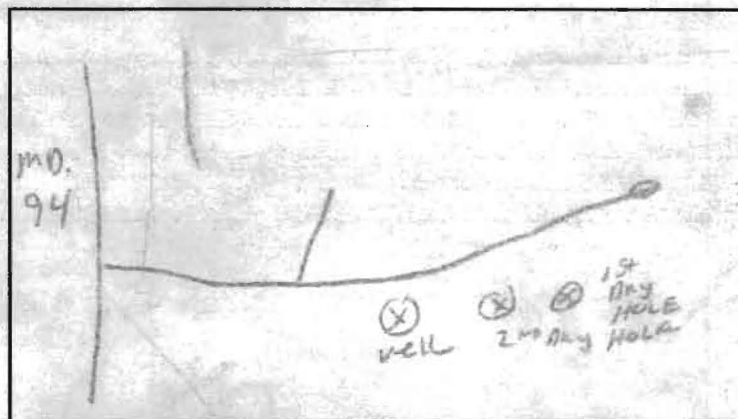
NEAREST TOWN: Lisbon

TAX MAP 7 BLOCK PARCEL 133

SUBDIVISION: The Chase At Stony Brook

SECTION: LOT: 7

NEAREST ROAD: Cattail River Dr



* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGERED ☐ 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: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 400 FEET DEEP

* WAS ANY CASING REMOVED? ☐ YES ☒ NO
if yes, length removed, in feet: 2

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Blue Stone	400	20
Cement	10	1
Top Soil	10	0

VOLUME OF MATERIAL USED

10 Tons Stone
6 bags Cement

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE #

MWD/MSD/MGD 117

CIRCLE ONE

DATE

DENV 828 JULY 1997

2) COUNTY ENVIRONMENTAL AGENCY

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: Chase at Stony Brook Lot #: 7 Well Tag #: HO-95-1966
Site Address: 16237 Caffail River Dr.

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

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: _____

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 _____

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.

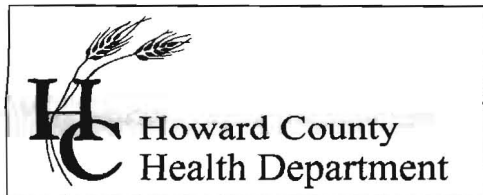
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 8/17/2010 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 3" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

✓
✓
✓
✓
Connected to existing line



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

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

May 19, 2011

Shawn Baldwin
16327 Cattail River Drive
Woodbine, MD 21797

RE: **Replacement Well**
16327 Cattail River Drive
Well Permit # HO-95-1966

Dear Mr. Baldwin:

According to our records a new well was connected to your dwelling approximately two years ago. For your safety it is required by Maryland Code that we test all new wells for certain contaminants. This office is requesting that you contact the Community Health Program at **(410) 313-1773** to arrange for them to collect water samples from your new well. There is currently no fee for the sampling and it is to your benefit to have your water tested.

We must collect samples two separate times. Trinity Homes has probably already tested your well water once. If they have done so then please fax a copy of the results to me (Brian) at (410)313-2648 and we may only need to collect one additional water sample.

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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any further questions you can call me at (410) 313-2643. Otherwise, call Community Health at (410) 313-1773 to schedule or arrange for them to collect a water sample.

Sincerely,

Brian Baker, R.S.

Well and Septic Program

cc: Community Health Program
File