

C1 2950 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.  
COUNTY NUMBER P 480 72

ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well PERMIT NO.  
MM DD YY MM DD YY (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL"  
08 31 07 8 17 2007 22 180 26 10/1/07 Ho-95-1193  
8 13 15 20 (O.K. BB) 28 29 30 31 32 33 34 35 36 37

OWNER Santorines Kate  
STREET OR RFD 138 1/2 WAYSIDE CT TOWN Clarksville 21029  
SUBDIVISION Hariland Hills SECTION LOT 23

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		check if water bearing
	FROM	TO	
Sand Stone	0	22	
Gray Mica Rock	22	180	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
TYPE OF GROUTING MATERIAL (Circle one) CEMENT  BENTONITE CLAY   
CEMENT  BENTONITE CLAY   
NO. OF BAGS 7 NO. OF POUNDS 658  
GALLONS OF WATER 42  
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 24 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)  
ST 6 26  
60 61 63 64 66 70

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 PL OT  
STEEL BRASS OPEN HOLE PLASTIC OTHER  
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

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 15  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 110 ft.  
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED  
DRILLER INSTALLED PUMP (CIRCLE) 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 - below LAND SURFACE (nearest foot) 2

NUMBER OF UNSUCCESSFUL WELLS: 0  
WELL HYDROFRACTURED YES  NO

CIRCLE APPROPRIATE LETTER  
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.

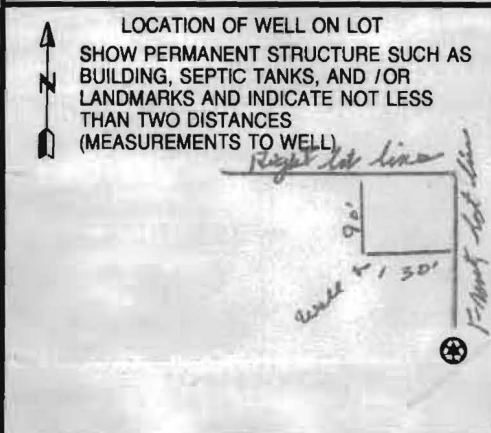
DRILLERS LIC. NO. 1 M SD 024  
DRILLERS SIGNATURE Joseph L. Mayne  
LIC. NO. 1 D

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

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

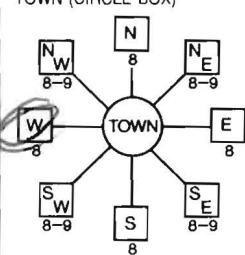



B 1 1007 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type STATE PERMIT NUMBER HO-95-1193  
1 2 3 6 70 fill in this form completely 79

Date Received (APA) 8/10/2007  
8 MM DD YY 13  
 OWNER INFORMATION  
 15 Last Name Santorines Owner First Name Kate 34  
 36 13842 Wayside Ct. Street or RFD 55  
 57 Clarksville 70 Md 72 21029 76

B 3 LOCATION OF WELL  
 8 COUNTY Howard 21  
 23 SUBDIVISION Harland Hills 42  
 SECTION 44 46 LOT 23 50  
 52 NEAREST TOWN Highland 71  
 MILES FROM TOWN (enter 0 if in town) 4 M I  
73 76 77 78

DRILLER INFORMATION  
 76 Driller's Name Joseph L Mayne License No. MSD 024 81  
 Firm Name Joseph L Mayne Well Drilling  
 Address 5512 Ridge Rd Mt. Airy Md 21776  
 Signature Joseph L Mayne Date 8-10-2007

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 11 13842 wayside ct 30 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 34 110 37 DISTANCE FROM ROAD FT  
 ENTER FT OR MI 38 39  
 TAX MAP: 34 BLK: 19 PARCEL 220

B 2 WELL INFORMATION  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 4  
 8 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500  
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 I INDUSTRIAL, COMMERCIAL, DEWATERING  
 P PUBLIC WATER SUPPLY WELL  
 T TEST, OBSERVATION, MONITORING  
 G GEO-THERMAL

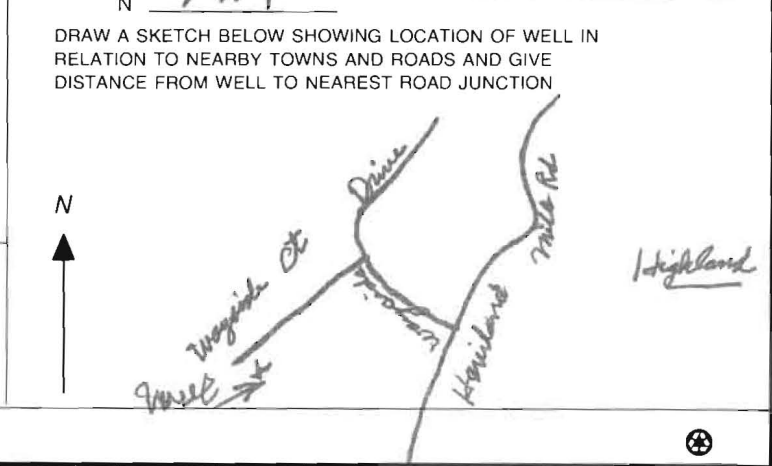
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard (13) P48072 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S → 41  
 DATE ISSUED 8/10/2007 Brian Baber 8/10/2008  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID 494 000 EAST GRID 800 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28  
 APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 800  
 N 494  
 000  
 000

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)  
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 D 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 \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-95-1193  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 \*NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.\*

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

10/1/07  
 O.K.  
 (BB)

DATE WELL ABANDONED: 9-19-2007 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) none

\* PERMIT NUMBER OF REPLACEMENT WELL Ho - 95 - 1193

\* PERSON ABANDONING WELL: Joseph E. Mayne

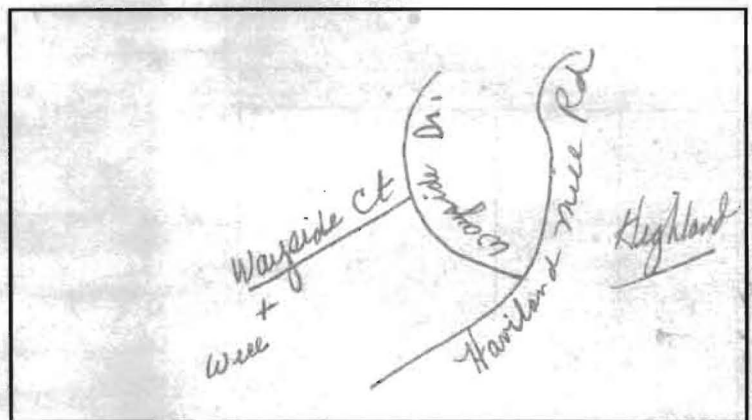
WELL DRILLERS LICENSE NUMBER: MSD024

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Kate Santorinos

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: Highland - Clarksville  
 TAX MAP 34 BLOCK 19 PARCEL 220  
 SUBDIVISION: Hariland Hills  
 SECTION: \_\_\_\_\_ LOT: 23  
 NEAREST ROAD: 13842 Wayside Ct.



\* 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 3/4 INCHES IN DIAMETER

\* DEPTH OF WELL: 200 FEET DEEP

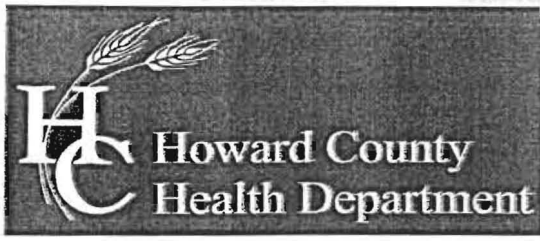
\* WAS ANY CASING REMOVED? \_\_\_\_\_ YES \_\_\_\_\_  NO  
 if yes, length removed, in feet: \_\_\_\_\_

\* WAS CASING RIPPED OR PERFORATED? \_\_\_\_\_ YES \_\_\_\_\_  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement + gravel mixed	0	200
VOLUME OF MATERIAL USED		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Joseph E. Mayne LICENSE # MSD024 CIRCLE ONE MWD/MSD/MGD DATE 9-19-2007



Bureau of Environmental Health

8930 Stanford Blvd, Columbia, MD 21045

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

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

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

July 11, 2014

Kate Santorineos  
13842 Wayside Court  
Clarksville, MD 21029

**RE: Replacement Well**

**Water Sample Results & FCOP (Incomplete Status)  
13842 Wayside Court**

Dear Ms. Santorineos,

Recently, our department received copies of the water testing results taken by Trace Labs for a replacement well installed at the above referenced property. A description of the results and the established drinking water standards for each test is included below. Standards such as maximum contaminant levels (MCL), secondary maximum contaminant levels (SMCL), and drinking water equivalency levels (DWEL) are established by the EPA and other agencies to provide a reference for determining when action should be taken. These standards help to improve the overall quality of your water or ensure that steps are taken to treat the water to prevent you and your family from getting sick. Typically, no water is completely free of contamination but you should be concerned if the level of contamination for a particular test exceeds the standard.

The results from the **Bacteria** testing found that your well water sampled from the bathroom faucet contained no bacteria at that time and is considered safe for all uses. According to drinking water standards there should be no bacteria present.

In addition, under COMAR 26.04.04 "Well Regulations", in order to receive a final **Certificate of Potability** (FCOP), two (2) consecutive bacteriological tests must be collected (which have been completed) as well as **Nitrate**, **Turbidity** and **Sand** tests indicating levels that do not exceed the maximum contaminant levels.

Please contact the Health Department at (410) 313-1773 between 8:30 a.m. and 4:30 p.m., Monday through Friday if you have any questions regarding these test results and/or when you are ready to schedule nitrate, turbidity and sand tests, which are free of charge during the FCOP process.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Martin', is written over a horizontal line.

Ramar Martin, R.S.  
Community Hygiene Program

Enclosures



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 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

August 24, 2007

Kate Santorineos  
13842 Wayside Court  
Clarksville, MD 21029

RE: **Replacement Well Issues**  
Haviland Mills, Lot 23  
13842 Wayside Court  
Well Permit # HO-95-1193

Dear Mrs. Santorineos:

According to our records, your replacement well has been connected to the dwelling and approved. We request that you contact the Community Hygiene Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it is to your benefit to have it tested. In addition, your old existing well will either need to be sealed according to COMAR 23.04.04.11 by a licensed well driller, or have a pump installed along with an outlet of some kind.

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.

**In addition, your old existing well will either need to be sealed according to COMAR 23.04.04.11 by a licensed well driller, or have a pump installed along with an outlet of some kind.**

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kevin Wolf', is written over a white background.

Kevin Wolf, Sanitarian  
Well and Septic Program

cc: 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](mailto:info@tracelabs.com)

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:** Rhiana Santorineos  
 13842 Wayside Court  
 Clarksville, Maryland 21029

**S/O Number:** 89070

**Report Date:** May 10, 2013

**Property Sampled:** 13842 Wayside Court, 21029  
**Sample Location:** Bathroom Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** Not Applicable  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 34

**Subdivision:** Haviland Hills  
**Parcel:** 220

**Lot #:** 23

**Date/Time Collected in Field:** May 8, 2013 @ 10:17 am  
**Date/Time Received in Lab:** May 8, 2013 @ 1:36 pm

**Well Tag #:**  
**Well Condition:**

Well Not Observed  
 Undetermined

**Water Treatment/Conditioning:** Softener, Neutralizer, Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
<i>E. coli</i>	SM 9223B	Absent	Absent	Pass
Iron	HACH 8008	*0.3 mg/L	0.06 mg/L	***
Silica, Reactive	SM 4500D-SiO <sub>2</sub>	N/A	7.9 mg/L	***

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

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.

Letter of Results



Mr. Robert L. Feezer Co., Inc.  
6321 Barnett Avenue  
Sykesville, Maryland 21784

Report Date: October 30, 2007

Trace Laboratories, Inc.  
Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: tracelab@connext.net  
www.tracelabs.com

Listed below are results of drinking water analyses on a water sample collected by Rick Cross and delivered to Trace Laboratories for analysis:

**S/O#:** 65875  
**Reference:** Kate Santorineos  
13842 Wayside Court  
Clarksville, Maryland 21029

Maryland State Certified  
Water Quality Laboratory  
No. 318

Date/Time Received: October 29, 2007 at 3:37 pm

RESULTS:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	PRESENT	Absent	Fail
E.coli:	Absent	Absent	

ISO 9001:2000



Cert No. C2005-01504

MCL=Maximum Contamination Level

Kate Cannon FOR  
Allison R. Milburn  
Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.



TRACE LABORATORIES, INC  
 A Methode Electronics, Inc. Company  
 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:**  
 Ms. Kate Santorineos  
 13842 Wayside Court  
 Clarksville, Maryland 21029

**S/O Number:** 71222-2  
**Report Date:** January 26, 2009

**Property Sampled:** 13842 Wayside Court

**County:** Howard  
**Subdivision:** Haviland Hills  
**Lot #:** 23  
**Tax Map #:** 34  
**Parcel #:** 220

**Date/Time Collected:** January 23, 2009 at 10:38 am  
**Date/Time Received:** January 23, 2009 at 11:30 am

**Sample Location:** Kitchen Tap  
**Sampler ID:** 5745KC  
**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-1193  
**Well Condition:** 2-Piece Cap  
 Satisfactory

**Water Conditioning/Treatment:** Softener, Sediment Filter, Neutralizer

PARAMETER	RESULT	METHOD	MCL	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

*Allison R. Milburn*  
 Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level

## Letter of Results



**Trace Laboratories, Inc.**  
**Maryland**

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
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[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

**ISO 9001:2000**



Cert No. C2005-01504

Mr. Robert L. Feezer Co., Inc.  
6321 Barnett Avenue  
Sykesville, Maryland 21784

Report Date: January 16, 2008

Listed below are results of drinking water analyses on a water sample collected by Rick Cross and delivered to Trace Laboratories for analysis:

**Reference: Kate Santorineos**  
**13842 Wayside Court**  
**Clarksville, Maryland 21029**

**S/O: 66817**

**Sample Location: Lavatory Sink Tap**

Date/Time Received: January 15, 2008 at 3:00 pm

### RESULTS:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	Absent	Absent	Pass
E.coli:	Absent	Absent	Pass

MCL=Maximum Contamination Level

*Kate Cannon* FOR  
Allison R. Milburn  
Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.

## Letter of Results



### Trace Laboratories, Inc. Maryland

5 North Park Drive  
Hunt Valley, MD 21030  
Telephone: 410/252-7742  
Telephone: 410/584-9099  
Fax: 410/584-9117  
Email: [tracelab@connext.net](mailto:tracelab@connext.net)  
[www.tracelabs.com](http://www.tracelabs.com)

Maryland State Certified  
Water Quality Laboratory  
No. 318

ISO 9001:2000



Cert No. C2005-01504

Mr. Robert L. Feezer Co., Inc.  
6321 Barnett Avenue  
Sykesville, Maryland 21784

Report Date: November 30, 2007

Listed below are results of drinking water analyses on a water sample collected by Rick Cross and delivered to Trace Laboratories for analysis:

**S/O#:** 66292  
**Reference:** Kate Santorineos  
13842 Wayside Court  
Clarksville, Maryland 21029

Date/Time Received: November 29, 2007 at 12:00 pm

### RESULTS:

<u>Parameter</u>	<u>Result</u>	<u>MCL</u>	
Total Coliform:	Absent	Absent	Pass
E.coli:	Absent	Absent	Pass

MCL=Maximum Contamination Level

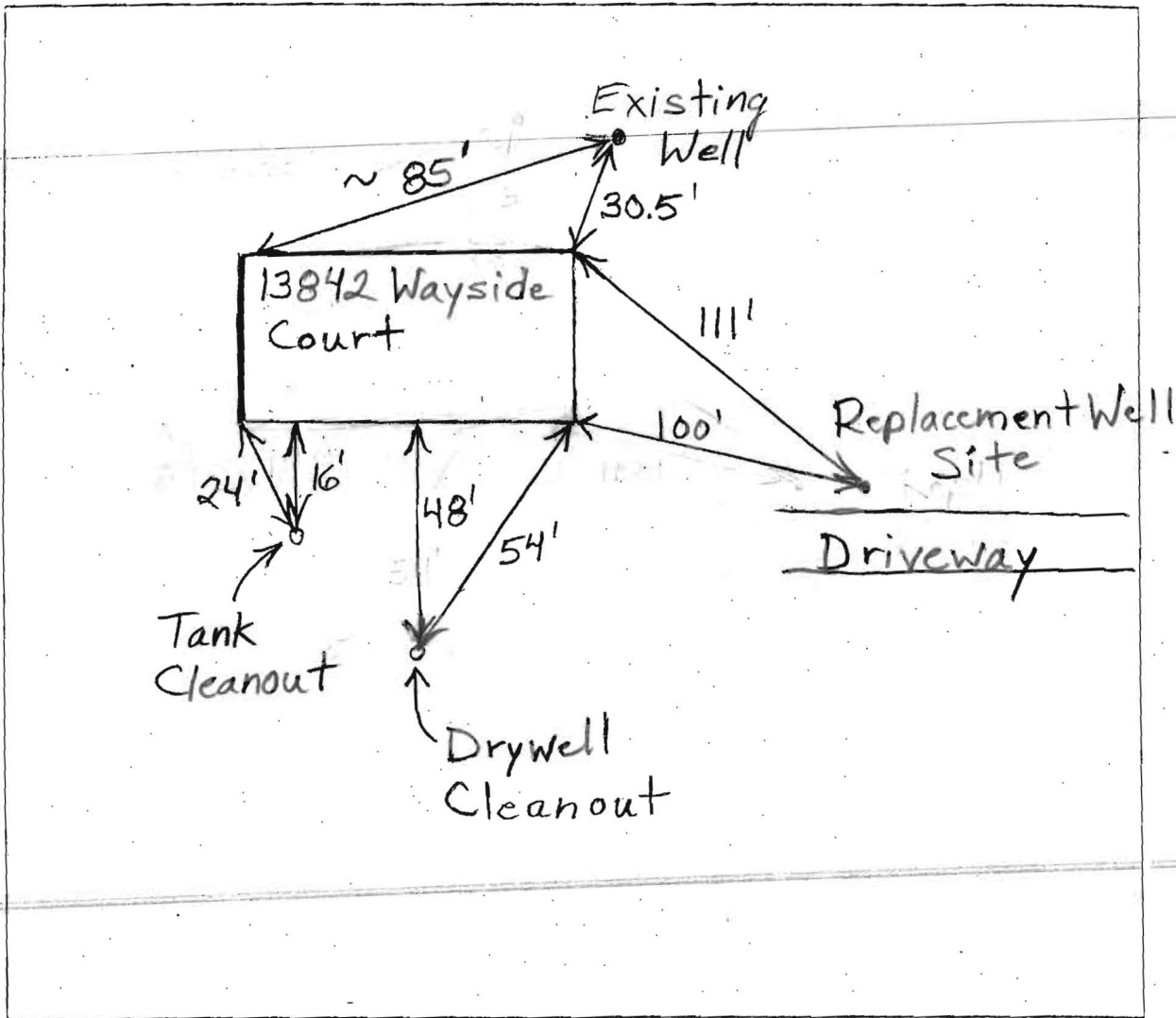
A handwritten signature in cursive script that reads "Allison R. Milburn".  
Allison R. Milburn  
Manager - Drinking Water Testing

NOTE: Trace Laboratories is not responsible for the collection or the transportation of the sample.

SITE INSPECTION SHEET

OWNER: Kate Santocineos PHONE #: 240-538-3055  
ADDRESS: 13842 Wayside Court CONTRACTOR: J. Mayne  
Clarksville WELL TAG #: \_\_\_\_\_  
SUBDIVISION: Naviland Hills LOT: 23 COUNTY #: \_\_\_\_\_  
PROPOSAL: Out of Water

LOCATION DIAGRAM



COMMENTS: 8/10/07 Existing well has low yield and high turbidity. Homeowner is going to keep existing well for outdoor use (new pump just installed). Replacement well sites are limited because of slopes.

DATE: 8/10/07 INSPECTOR: B. Baber