

1236

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

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

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

DATE RECEIVED  
DATE  
MM DD YY

DATE WELL COMPLETED  
MM DD YY

DEPTH OF WELL  
22 440' 26  
(TO NEAREST FOOT)

OWNER  
HIGHLAND DEVELOPMENT CORPORATION  
STREET OR RFD  
HIDDEN CREEK WAY  
SUBDIVISION  
WINDSOR FOREST KNOLLS  
TOWN  
MT. AIRY  
SECTION  
LOT 11

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  
Brown shale 0 96  
Blue Rock 96 440  
180' - 260' 30' OK

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle appropriate box)  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CM BENTONITE CLAY BC  
NO. OF BAGS 30 NO. OF POUNDS 4500  
GALLONS OF WATER 180  
DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP 52 ft. to 92 BOTTOM 58 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL ST CONCRETE CO  
PLASTIC PL OTHER OT  
MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch) 6  
Total depth of main casing (nearest foot) 100  
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  
STEEL ST BRASS BR  
BRONZE PL PLASTIC PL  
OPEN HOLE OT OTHER OT

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  
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  
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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  
yes Y no 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.

DRILLERS LIC. NO. 1 M-5 D-024  
DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 1 D-024

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

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min.) 1.5  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 37 ft.  
WHEN PUMPING 319 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 OR 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 LAND SURFACE 2 (nearest foot)  
- below 49 50 51

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)  
Hidden Creek way  
Well 25

B 1	<b>9846</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>APPLICATION FOR PERMIT TO DRILL WELL</b> 526278 please type	STATE PERMIT NUMBER <b>40-95-1038</b> fill in this form completely
Date Received (APA) 3/12/2007 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Highland Development Corp		34 First Name		
36 Street or RFD P.O. Box 228		55		
57 Town Clarksville		70 State Md	72 Zip 21029	76
DRILLER INFORMATION				
Driller's Name Joseph L Mayne		76 License No. MS D024	81	
Firm Name Joseph L Mayne Well Drilling				
Address 5512 Ridged Rd Mt. Airy Md 21771				
Signature Joseph L Mayne		Date 3-2-07		
B 2	WELL INFORMATION			
1	2	APPROX. PUMPING RATE (GAL. PER MIN.)		12
		8	500	12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		14	500	20
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 _____ INSERT S → DATE ISSUED <u>4/2/07</u> CO SIGNATURE <u>Kim Way</u> EXP DATE <u>4/2/08</u> NORTH GRID <u>5415</u> 000 EAST GRID <u>0757</u> 000 50 55 57 63				
APPROXIMATE DEPTH OF WELL <u>300</u> FEET		NEAREST TOWN <u>Mt. Airy</u>		
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered)		JETTED		Jettied & DRIVEN
30	AIR-ROTary	AIR-PERCussion	ROTARY (Hydraulic Rotary)	
37	CABLE	REVerse-ROTary	DRive-POINT	
other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <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 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. <u>40-95-1038</u> 70 71 72 73 74 75 76 77 78 79				
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -				

B 3

LOCATION OF WELL

8 COUNTY

23 SUBDIVISION

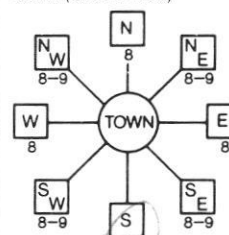
SECTION 44 46

LOT 11 48 50

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

B 4

1 2  
DIRECTION OF WELL FROM  
TOWN (CIRCLE BOX)

11 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD  
(CIRCLE APPROPRIATE BOX)34 40 37  
DISTANCE FROM ROAD  
ENTER FT OR MI 38 39

TAX MAP: 6 BLK: 16 PARCEL 57

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7507

N 5405

000 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

Sketch showing location of well in relation to nearby towns and roads. The well is located near the intersection of Long Creek Rd and Hidden Creek Way. The distance from the well to the nearest road junction is 189 feet.



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1038

Location of property (road) Hidden Creek Way

Subdivision Windsor Forest Knolls Lot 11 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_

Well Driller Joseph Mayne Owner Highland Development Corp

Depth of well 440'

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

Static water level (S.W.L.) below M.P. 37'

## I. High rate pumping -- reservoir drawdown

Time pump started 6:15

Pumping rate 20 gpm

Total time 30 min to reach pumping water level 31.9 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
6:30	162'	3 sec		20 gpm
6:45	319	4		15
7:00	318	40		1.5
7:15	318	40		1.5
7:30	318	40		1.5
7:45	318	40		1.5
8:00	318	40		1.5
8:15	318	40		1.5
8:30	318	40		1.5
8:45	318	40		1.5
9:00	318	40		1.5
9:15	318	40		1.5
9:30	318	40		1.5
9:45	318	40		1.5
10:00	318	40		1.5
10:15	318	40		1.5
10:30	318	40		1.5
10:45	318	40		1.5
11:00	318	40		1.5
11:15	318	40		1.5
11:30	318	40		1.5
11:45	318	40		1.5
12:00	318	40		1.5
12:15	318	40		1.5
12:30	318	40		1.5
12:45	318	40		1.5
1:00	318	40		1.5

Well Driller \_\_\_\_\_ Owner \_\_\_\_\_

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

Total time	to reach pumping water level	ft. below M.P.
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HD-224

**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., 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): Russell George License# PI0148

**\*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: Keystone Homes Telephone #: 717-464-9060  
Subdivision: \_\_\_\_\_ Lot #: 11 Well Tag #: HO -95 - 1038 ✓  
Site Address: 18431 hidden creek Way  
Marriottsville, Maryland 21163

**Submersible Pump Data**

Make: Goulds  
Model #: 5CS10422C  
Pump Capacity 5 GPM  
Well Yield: 8.5 GPM

**Pitless Adapter**

Make: Campbell  
Model#: PT800  
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: \_\_\_\_\_ (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 \_\_\_\_\_ date \_\_\_\_\_

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

Date Insp. Requested: 7/16/21 Date Insp. Approved: 07/20/2021 Inspector: RB  
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ (final unknown)  
Two piece cap installed and attached to casing securely ✗ (not on tight)  
Elec. conduit extends at least 18" below grade/attached to cap properly ✗ (no conduit installed)  
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 ✓



**INTERIM CERTIFICATE OF POTABILITY****Expiration Date – April 4, 2022**

October 4, 2021

Homeowner  
18431 Hidden Creek Way  
Mr. Airy, MD 21771

**RE: Windsor Forest Knolls, Lot 11  
18431 Hidden Creek Way  
Building Permit: B20004401  
Well Permit: HO-95-1038**

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 **9/13/2021**. Final approval of the well line connection to the dwelling was granted on **7/20/2021**. The well construction was completed on **5/21/2007**. Water samples were collected on **9/9/2021, 9/23/2021, 9/29/2021**.

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-95-1038. 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>



**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

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor  
Groundwater Management Section  
Well & Septic Program

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

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling  
522 Underwood Lane  
Bel Air, MD 21014

Report Date: 09/29/2021  
Report Number: 210929124746  
Use and Occupancy  
PERMIT #:

LAB#- E068185-01      SAMPLE ID- 18431 Hidden Creek Way      WELL #      HO 95-1038  
LOCATION- Pressure Tank      SAMPLER- 1291SB  
DATE SAMPLED- 09/09/2021      TIME SAMPLED- 16:30      CHLORINE- Non detect  
DATE RECEIVED- 09/10/2021      TIME RECEIVED- 11:16  
DELIVERED BY- Sean Bangledorf      RECEIVED BY- Fred Dory  
COMMENTS-

### COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Microbiology by Enviro-Chem</b>					
Total Coliform	SM 9223B	09/10/21 14:30	VPS	Present	FAIL
E. Coli	SM 9223B	09/10/21 14:30	VPS	Absent	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **NOT SAFE** for drinking water purposes.

### Total Metals by EPA 200.7 by Enviro-Chem

Iron	EPA 200.7	09/29/21 12:25	MAP	0.838	mg/L
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### Wet Chemistry by Enviro-Chem

Nitrate (as N)	EPA 300.0	09/10/21 16:40	FRD	<	0.15	mg/L	PASS
pH	SM4500-H+B	09/10/21 13:20	RAS		7.2	SU	
Sand	EPA 160.5	09/10/21 13:30	VPS	<	0.5	ml/L/Hr	
Turbidity	EPA 180.1	09/10/21 13:20	RAS		12.0	NTU	

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192



# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling  
522 Underwood Lane  
Bel Air, MD 21014

Report Date: 09/24/2021  
Report Number: 210924155501  
Use and Occupancy  
PERMIT #:

LAB#- E068352-01      SAMPLE ID- 18431 Hidden Creek Way      WELL #      HO 95-1038  
LOCATION- Pressure Tank      SAMPLER- M Isom #1311MI  
DATE SAMPLED- 09/23/2021      TIME SAMPLED- 15:00      CHLORINE- Non detect  
DATE RECEIVED- 09/23/2021      TIME RECEIVED- 17:38  
DELIVERED BY- Steve Duklewski      RECEIVED BY- Ginny Shelley  
COMMENTS-

### COMMENTS-

ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
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### Microbiology by Enviro-Chem

Total Coliform	SM 9223B	09/23/21 17:55	VPS	< 1.0	MPN/100 mL	PASS
E. Coli	SM 9223B	09/23/21 17:55	VPS	< 1.0	MPN/100 mL	PASS

Based on coliform bacteriological standards, at the time of sampling this water was **SAFE** for drinking water purposes.

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192

# ENVIRO-CHEM LABORATORIES, INC.



47 Loveton Circle, Suite K • Sparks, Maryland 21152

410-472-1112

## FINAL REPORT OF ANALYSIS

Michael Barlow Well Drilling  
522 Underwood Lane  
Bel Air, MD 21014

Report Date: 10/01/2021  
Report Number: 211001132813  
Use and Occupancy  
PERMIT #:

LAB#- E068395-01      SAMPLE ID- 18431 Hidden Creek Way      WELL #      HO 95-1038  
LOCATION- Powder Room      SAMPLER- M Isom #1311MI  
DATE SAMPLED- 09/29/2021      TIME SAMPLED- 13:00      CHLORINE-  
DATE RECEIVED- 09/30/2021      TIME RECEIVED- 08:00  
DELIVERED BY- Steve Duklewski      RECEIVED BY- Ginny Shelley  
COMMENTS-

COMMENTS-

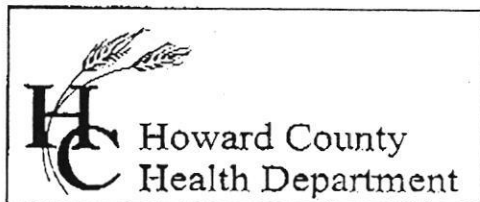
ANALYSIS	METHOD	ANALYSIS DATE/TIME	BY	RESULT	DATA FLAG
<b>Wet Chemistry by Enviro-Chem</b>					
Turbidity	EPA 180.1	09/30/21 14:30	FRD	4.7	NTU

Stephen Shelley  
Laboratory Director

### Certifications

State of Maryland Laboratory

#192



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

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:

Windsor Forest Knolls Hidden Creek Way  
Subdivision/Property Name Lot# Road Name  
18 Lots

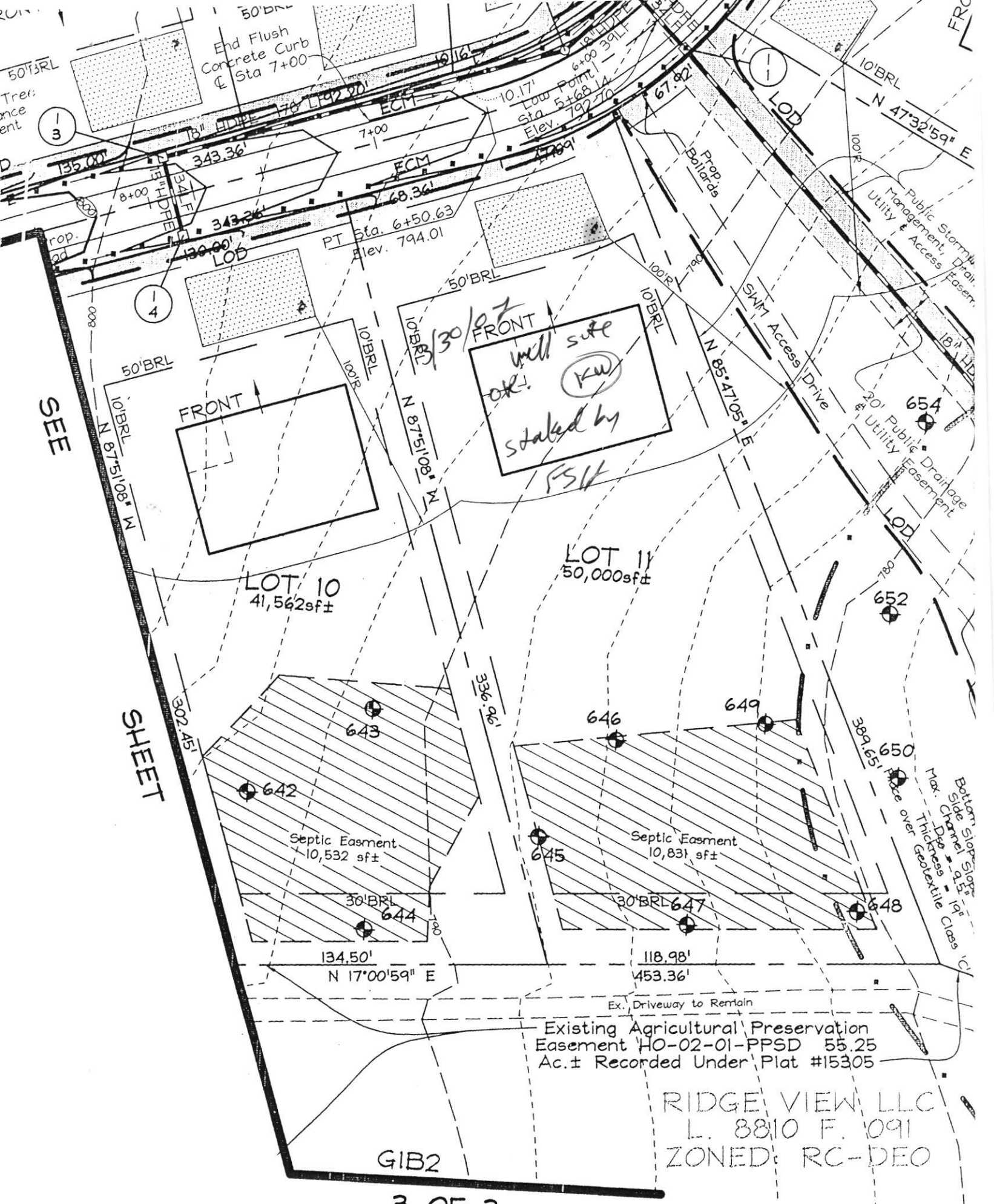
- ☐ The well site has been staked by FSH Associates,  
(professional land surveyor or company employing professional land surveyors)

Williston 3-15-2007 (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



Existing Agricultural Preservation Easement HO-02-01-PPSD 55.25 Ac.± Recorded Under Plat #15305

RIDGE VIEW LLC  
L. 8810 F. 1091  
ZONED RC-DEO

GIB2