THE PROPERTY OF THE PROPERTY O	c 1 8667	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
TOWNER OR STREET OR RPD WELL LOS STREET OR RPD WELL LOS SUBDIVISION WELL LOS SUBDIVISION WELL LOS SUBDIVISION WELL LOS SECTION SECTION SECTION SECTION SECTION SECTION TOWN SECTION SECTION SECTION TOWN SUBDIVISION SECTION SECTION SECTION SECTION SECTION TOWN SUBDIVISION SECTION S	(THIS NUMBER IS TO BE PUNCH	ED	FILL IN THIS FORM COMPLETELY	
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Boundary of members of members of members of the me	STATE THE KIND OF FORMATIONS COLOR, DEPTH, THICKNESS AND		TYPE OF GROUTING MATERIAL (Circle one)	1
BLUE REAL STATES BLUE REAL ST	DESCRIPTION (Use additional sheets if needed) FR	if water	45 46 7 45 460	1.5
DEPTH (GRACUT SEAL (to nearest foot) from the strate of th	Brown Shale	0 15	GALLONS OF WATER 42	METHOD USED TO Bucket 15
Casing Cosher RECORD Types Total depth Casing International Cosher Record Type of PUMP USED (to feet) Type of PUMP USED (to fee	Rhu Rock 1	5 440 4		
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CASING (if used) Copher (neares) inch)! To depth (neares) inch (ne			MAIN Nominal diameter Total depth	
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DRILLERS LIC. NO. 1 M D D 1 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D D 1 LIC. NO. 1 D D 1 LIC. NO. 1 D D 1 LIC. NO. 1 D 72	MHEN THIS WELL WAS COME		S C 3	foot)
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DRILLERS LIC. NO.1 M D D D D D D D D D D D D D D D D D D	IN CONFORMANCE WITH ALL CONDITION CAPTIONED PERMIT, AND THAT THE IN HEREIN IS ACCURATE AND COMPLETE	S STATED IN THE ABOVE FORMATION PRESENTED	OF SCREEN INCH)	THAN TWO DISTANCES
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D I T		D024	GRAVEL PACK	M (MEYSOURMENIS 10 METT)
(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D I MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72	Joseph . m		IF WELL DRILLED WAS FLOWING WELL	3
LIC. NO.1 D I T (E.R.O.S.) W Q		LICATION)	MDE USE ONLY	1 3 7
70 72	LIC. NO.1	D 1		230
	OUTE OUDEDWOOD /		70 72	De .

05/04/2007 05:		89524		_
05/03/2007 (C 1 0 5 ()	39: 21 5 SECULNO MOEUSE (JOSEPH L M STATE OF MARYLAND	THIS REPORT MUST BE BUSMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
THIS NUMBER S TO BE PL	INCHED	,, ,,	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY TO A 58096
IN COLS 3-8 ON ALL CARD ST/CO USE ONLY DATE PROSPER	DATE WELL	COMPL		PERMIT NO. FROM "PERMIT TO DRILL WELL"
Paris DO AA	3 2	20	27 M H40 M	HO 95 1062
	bec.0.	- C10	an Hamas	
STREET OR RED	66 4	700.	TOWN SECTION	mb. Airy
SUBDIVISIONS			GROUTING RECORD	M C 3
Not required for		THE	(Citera Mbbrobusta son)	N PUMPING TEST
STATE THE KIND OF PORMAT COLOR, DEPTH, THICKINESS	AND IF WATER BEA		TYPE OF GROWTING MATERIAL (Circle end) CEMENT, CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
DESCRIPTION (Jap additions: sheets N needed)	FROM TO	bearing	NO. OF BAGS 7 NO. OF POUNDS &	PUMPING RATE (gal. per min.) / 55
Brown 5th ale	0 15		GALLONS OF WATER DEPTH OF GROUT SEAL (to neurost keel)	METHOD USED TO MEASURE PUMPING FATE BUCKET
Blue Rock	15 440	ل ر ا	from 44 TOP 52 ft. to 44 BOTTOM 5	Th. WATER LEVEL (diamete from land surface)
Dillie 1000	7 70	V840'	(unter 0 if from surface)	BEFORE PUMPING 33 R.
			Types ST C	WHEN PUMPING 394 N
			appropriate STEEL CONCR	E16 20 20
			POSTIC OTH	
			MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE, (nearest inch)! (nearest cost)	
			<u>5t 6" 20</u>	The second secon
			e) 61 e3 84 e6 g. OTHER CABING (If used)	S sybmersible
			alamener depth (leet) inch from 10 47.	PUMP INSTALLED
				ORILLEA INSTALLED PUMP YES INC.
, 			N	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
			screen type SCREEN RECORD or scen hole TRETHET FRETHET	TYPE OF PUMP INSTALLED
			Inaart STEEL MASS OPE	iii BOX 29.
			code below BACHZE HOL	GALLONS PER MINUTE
			Volte only	
NUMBER OF UNBUCCESSE	UL WELLE:	0	C 2 DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED	Ÿ	(P)	1 100 14 140 A 8 11 15 17	CABING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROP	ED AND SEALED		H 20 24 28 30 32	LAND SURFACE (nearest)
E ELECTRIC LOG OBTAINS			G 1 5 38 36 41 45 47	31 Delaw) 50 51 foot)
P TEST WELL CONVERTED			E SLOT SIZE 1 2 3	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
HEREUY CERTIFY THAT THE WEL ACCORDANCE WITH COMAR BIO.6.6 W CONTORMANDE WITH ALL COM	l has been constr M "Well construct Phions Stated in th	HON" AND HE ABOVE	DIAMETER (NEAREST	BUILDING SPATIC TANKS, AND 7CR CONTROL OF LESS
CAPTIONED PERMIT, AND THAT THE MER IS ACCURATE AND COM- KNOWLEDGE	AME THE COMPANY IN VALUE IN THE	9887180	56 to	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO 1 N	150 <u>0</u> 2	4	GRAVEL PACK	
DHILLERS SENATORE - M augus			WAS FLOWING WELL INSERT IF IN BOX 69	
MUST MATOR SIGNATURE OF	n appligation) D		MDE USE ONLY (NOT YO GE FILLED IN BY DAILLER) T (E.R.O.S.) W.O.	/
			70 78	♦
SITE SUPERVISOR (sign, of responsible for allework if alle			TELESCOPE LOG THE TO DA	TO LAND L.
		ندجست جب		

B 1 9895 SEQUENCE NO. (MDE USE ONLY)		MARYLAND	STATE PERM	IT NUMBER
1 2 3 6	Self DV and Select Linear Linear Assessment Control of the Control	ERMIT TO DRILL WELL	HO -95	-1062
	526 266 pleas	e type	fill in this form	n completely 19
Date Received (APA)	DIMATION	B 3 7/41	LOCATION OF WELL	
8 MM DQ YY 13	HMATION	8 COUNTY	21	
Crosen Flomes	Inc		4-4-14-14	
15 Last Name Of Owner	First Name 34	23 SUBDIVISION	,	42
36 Street or RFD	55	SECTION L 44 46	LOT 46 6 7 1	
Menwood Md	21738	not ai	all	
	72 Zip 76	52 NEAREST TOWN	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71
DRILLER INFORMATION		MILES FROM TOWN (enter	r 0 if in town)	M
Drille's Name	M S D 0 2 4 76 License No. 81	B 4	73	76 77 78
Joseph & Marine 111 1995	Drillera	1 2 DIRECTION OF WELL FROM	7 breat livates	will a IRal
Firm Name	· M	TOWN (CIRCLE BOX)	11 NEAR WHA	T ROAD 30
19512 Redge Rd Mt. Cler	y 111d 21711	NW B NE	ON WHICH SIDE OF	
Address	7107	8-9 N _E 8-9	(CIRCLE APPROPRIA	W 32 E
Signature Signature	Date	W TOWN E	34 / 6	WEST S EAST
B 2 WELL INFORMATION APPROX. PUMPING BATE -	5	8	DISTANCE F	F_1_
1 2 APPHOX. PUMPING HATE - (GAL. PER MIN.)	8 12 500	S _W S S 8-9	ENT	ER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14	20	8-9 S 8-9	TAX MAP: _Z BLK: _	2 PARCEL
USE FOR WATER (CIRCLE A	PPROPRIATE BOX)		BE FILLED IN BY DR	
DOMESTIC POTABLE SUPPLY & RESIDE	NTIAL	TIENE III	TDEFAITIMENT AFT	COOCI
INHIGATION	RICULTURAL	COUNTY NAME	A = A	COUNTY NO.
F IRRIGATION		STATE SIGNATURE	IN	SERT S
22 INDUSTRIAL, COMMERICIAL, DEWATERI	NG	DATE ISSUED	. 7/1/	41
P PUBLIC WATER SUPPLY WELL		43 MM DD YY 48	CO SIGNATURE	- 7/19/08 EXP.DATE
T TEST, OBSERVATION, MONITORING	2 (2)	NORTH -	0 0 GRID 0 76	Z 000
G GEO-THERMAL	THE MANY THAT	50	55 . 57	63
		SHOW MAJOR FEATURES BOX & LOCATE WELL /	OF	
APPROXIMATE DEPTH OF WELL 24	PEET .	WITH AN X	1 1 1	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING W	VATER	
	A State of the sta	1. Well		
METHOD OF DRILLING BORED (or Augered) JETTED	j (circle one) Jetted & DRIVEN	3.		4
30 AIR-ROTALY AIR-PERcussion	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	Tul-	8
37 CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		0
other				
REPLACEMENT OR DEEP		E 1.69-9	000	
(CIRCLE APPROPRIATION THIS WELL WILL NOT REPLACE AN EXIST		N 550	4 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THIS WELL WILL REPLACE A WELL THAT	100 00 7 24 7		SHOWING LOCATION OF W	
ABANDONED AND SEALED	WILL BELISED		DWNS AND ROADS AND GIV O NEAREST ROAD JUNCTIC	0.00
39 AS A STANDBY-CONTACT LOCAL APPROV				
THIS WELL WILL DEEPEN AN EXISTING W	/ELL	mt Di	1.00	/
PERMIT NUMBER OF WELL TO BE REPLACED O		N day	30/	A
	52		X	Tisell
Not to be filled in by driller (MDE OR (COUNTY USE ONLY)	152 4 9 7 1	a Dua	The state of the s
APPROP. PERMIT NUMBER	G	old	F	The same of the same
LI.	95-1012		dede	100
PERMIT No. 70 71	72 73 74 75 76 77 78 79		LEGILLARY.	
SPECIAL CONDITIONS CONTINUES SHOULD USE SE MARKET SHEET IF MELISED &	BE DRILLED	PER LATEST	APROVED	PLAN &

Page	of	
Dace	5-2-	07

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Local	Permit No. HO - 95-1062 tion of property (road) 667 West W.	atersville	Rd			
Subd.	Oriller Joseph Mayne	Lot	Block	Plat	Sec.	
Well	Driller Joseph Mayne	_ Owner Chu	ckSharp	a livsen	Homes	Inc
	Depth of well #40' Distance of measuring point (M.P.) about the static water level (S.W.L.) below M.P.					
I.	High rate pumping reservoir drawdown	Person		20		
	Time pump started 7:00 Total time 45 m v to reach pumping		ing rate		OW M.P.	

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

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill % I gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	169'	3 suc	N/H	20gpm
7:30	270	3		20
7:45	394	3		20
8:00	393	40		1.5
8:15	392	40		1.5
8: 30	392	40		1.5
8:45	391	40		1.5
9:00	391	40		1.5
9:15	391	40		1.5
9:30	391	HO		1.5 OK
9:45	391	40		1.5
10:00	. 391	40		1.5
10:15	391	40		1.5
10:30	391	40		115.
10:45	391	40		1.5
11:00	39/	40		1.5
11:15	391	40		1.5
11:30	391	40		115
11:45	391	40		1.5
12:00 1	391	40		1.5
12:15	391	40		1.5
12:30	391	40		115
12:45	391	40		45
1:00	391	40		1.5
10 324-15 V	30/	40		1.5

Paga`_______ of __

JOSEPH L MAYNE

į	FIELD	DATA	1 5H	EET	
CRAHON	COUNT	YW	725	YYELD	TEST

ATT: SARA	2A	All	5	,	•	1	1	A
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Well Permit No. HO - 95-1062- Location of property (road) _667 what u	Vaterorille Rd
Well Driller Tough Mayne	Comer Chuk Shorp + Christophin Winters
Depth of well <u>H40'</u> Distance of measuring point (M.P.) a Static water level (S.W.L.) below M.	

J. High race pumping -- reservoir drawdown

Time pump started 2:00 Pumping rate 20 one.
Total time 45 M/N to reach pumping water level 394 50 below M.P.

II. Recovery pump test data - observations to be recorded every I5 minutes

TINE (2n 15 minu te 1n-	WATER LEVEL below M.P.	FUMPING RATE time to fill #/	FLOW METER READING (been 11)	CALCULATED FLOW (gallons per
rarvals		gallon bucket		minute)
7:15	169'	3 acc	NIA	2074
7.30	270	3	·	20
7:45	394	3		20
8:00	393	40		1.5
8.15	392	40		1.5
S: 30	391	40		1.5
8:45	391	40		1.5
9:00	391	40		1.5
9:15	34/	HO		1.5
9:30	391	Ho		1.55
9:45	391	40		1.5"
10:00	391	40		1.5
W:15	391	40		1.5
10:30	391	40		1150
10.45	59/	Но		1,5
11:00	39/	40		1.5
11:15	391	40		1.5
1/130	391	40		115
11:45	39/	40		1.5
12;00	391	40		1.5
12:15	391	40		11.5
12:30	391	40		1.5
12: 75	391	46		45
1:00	39/	40		1.5
12-21115 1230	34/	40	,	/ 5
1.45	39 ₁ 39 ₁	40		1. 3 m

Page of Date			Review _	
		FIELD DATA S		
Well Permit No. Location of pro	. но - <u>95-10</u> operty (road) <u>(</u>	162 1667 W. Water	Me Rd. Block 20 Plate C Shoop	O242a-
Well Driller	J. Manne	Owne	er (1 Share	P. 01 + Sec.
Depth of Distance	f well e of measuring po		cound	
	<pre>pumping reserve</pre>		Pumping rate	
Total tin	ne to	reach pumping water	Pumping rateft.	below M.P.
TT Recovery	numn test data -	observations to be	recorded every 15 minus	tes
TIME (in 15 minute in-	WATER LEVEL below M.P.	PUMPING RATE time to fill 5	FLOW METER READING (if used)	CALCULATED FLOW (gallons per
tervals	Delow M.1.	gallon bucket	(II dsed)	minute)
		Control of the Contro		
				And the second s
200				

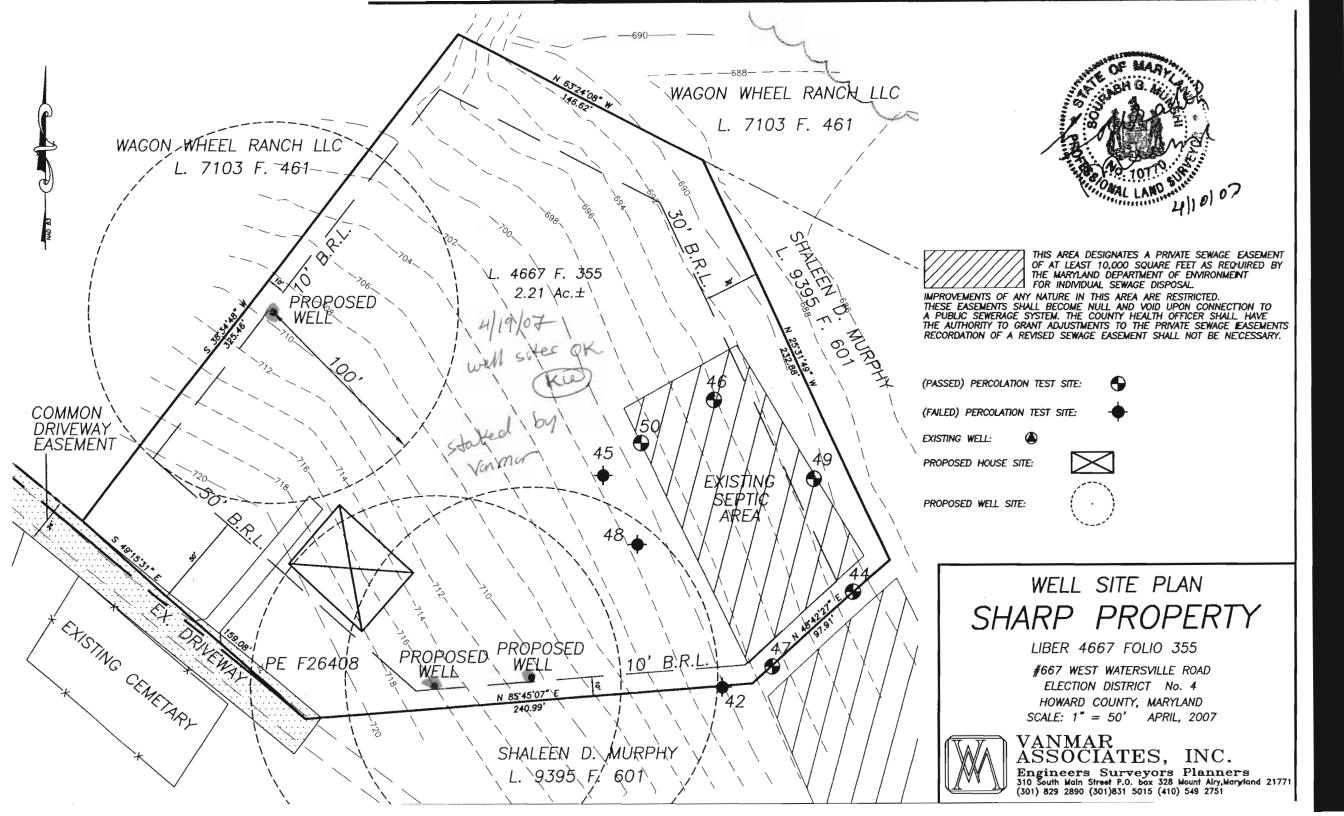
HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM TEL: (410)313-2640 FAA: (410)313-2443

Interpretation For an int the Intelligion of the Well Primer 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 Contain 25.5-5-7 (and Will Construction Regulations). Submission of a complete form is required prior to Use and Oceanness amended.					
Company Name: WILWUGHBY PLUHB Telephone # 410-781-7051					
thus circle such Larrance Plantille Ydanned Well Police Tiresperi Well Police Installer					
Name (Print): (DELS WITDUG HBU Livensett 1997)					
*A Scanned individual must perform the actual installation. Apprention must be under the direct					
supervision of a licensed journeyman or master plumber, pump installer or well drillen. Licensed with he					
subjected to field verification.					
Name of Property Owner () Pls () U E () Talephage #: 710 - 052 - 050					
Subdivision: [Well Tag # : HO 45 - 1062 Site Address: [Well Tag # : HO 45 - 1062 Well Tag # : HO 45 - 10					
Submersible Pump Data Pittess Adapter Wen Can and Thereton Condent					
Make: TACU 7-71 Wight. HALVAID Screened vented well capy					
Pump Carriety CPM Depth: 4% (36" min) Cap secured to casing V/					
Well Yield: 72. GPM NSF spuroved: Conduit min 18" H.U.: 1/					
Depth of well encountered at time of pump installation: (Pet) Continue secured in well capit					
If pemp capacity exceeds well Meld, a low water out our switch is required by Mas C 1990 Section 1784					
Torque arresurs or Caole grands are required - Marie clople one					
Safety rope, if word, attached to incide of well easing with eye bolt					
Pipine to house Type: Consecution Type: Consecution Type: Consecution Type: Consecution to undisputed soil at well reportation:					
PSI: 100 psi ming Approximate lenoth of sheeve:					
Depth of cupply line: (76" min) Sieeve caulked and scaled properly:					
The water supply limit required to be at seas ten fact from the separation of pump abumber, armore ninks. distribution out, desirable in, and service reserve area. Within cannot be accomplished, contact this office for approval prior to incontact.					
11/2/D7					
Signature of company representative reprintable for installation their					
For English Department The Only - Not on he completed by Installer					
FOR ENGLISH DE DAN MINES -					
Inspection Data: Pittess adapter and water supply line at least 36" below grade Two piece cap installed and attached to casing securely					
Fiec continui extense at italy 10" tolary grade/attached to can properly					
Correct well the streeted properly and easing 8" above finished grade					
Water supply line sleeved adequately at house consection					
Adequate groun observed below pitless adapter					

T8/T8 35/61

ND-215(Rev. 8/00)





Bureau of Environmental Health 7178 Columbia Gateway Drive Columbia

(410) 313-2640 TDD (410) 313-2323 re Columbia, MD 21046 Fax (410) 313-2648 Toll Free 1-866-313-6300

website www hchealth ara

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

November 13, 2007

Chris & Beth Winters 1507 Searchlight Way Mount Airy, MD 21771

SENT VIA FACISIMILE 410-489-5242

RE: 667 West Watersville Road Mount Airy, MD 21771 BP # B07001629 Well Permit # HO-95-1062

Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on 07/12/2007. Final approval of the well line connection to the dwelling was approved on 07/12/2007.

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. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

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-95-1062. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.

Date of Water Samples:

10/26/2007

Date of Well Completion:

05/02/2007

Approving Authority,

Kevin Wolf, Sanitarian Well & Septic Program

cc:

Building Inspector's Office Community Health Services

File

CERTIFICATE OF ANALYSIS



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

Maryland State Certified Water Quality Laboratory No. 318





Requester:

Crosen Homes

Attn: Don

3785 Shady Lane

Glenwood, Maryland 21738

Property Sampled: 667 West Watersville Road

County:

Howard

Subdivision: Lot #:

N/A N/A Tax Map #: Parcel #:

S/O Number: 65849

N/A N/A

Report Date: October 29, 2007

Building Permit #:

B07001629

Date/Time Collected: Date/Time Received:

October 26, 2007 at 10:30 am October 26, 2007 at 3:00 pm

None

Sample Location:

Laundry Tub Tap

Sampler ID:

6308KW

Samples Iced: Yes Residual Cl₂ < 0.1 mg/L: Yes

Well Tag Number: Well Condition:

HO-95-1062

2-Piece Cap

Satisfactory

Water Conditioning/Treatment:

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	3.9 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pН	7.2 Units	EPA 150.1	*6.5-8.5 Units	**
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Karto Cannon FOR Allison R. Milburn

Manager-Drinking Water Testing

MCL=Maximum Contamination Level

*SMCL=Secondary Maximum Contamination Level

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



VANMAR ASSOCIATES, INC.

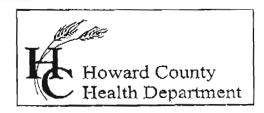
Engineers • Surveyors • Planners 310 South Main Street, PO. Box 328, Mount Airy, Maryland 21771

(301) 829-2890 (301) 695-0600 (301) 831-5015

(410) 549-2751 (301) 831-5603 FAX:

FAX TRANSMISSION

To: Kevin				From: Jim Bailey			
Fax:			Pages:	6	(PLUS COVER SH	HEET)	
Phone:			Date:				
Re:			cc:				
□ Urgent	☐ For Review	☐ Please Com	ment	☐ Please Reply	/ ☐ Please Re	cycle	
• Commen	ts: Per	Phone	Cor	nversatio	n		
•	·						
VANMA	AR ASSOCIA	TES, INC.					
BY:		, D	ATE:		<u>.</u>		



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:		667 West Watersville	Ra
Subdivision/Property Name	Lot#	Road Name	
The well site has been	n staked	by Van Mar	,
on 3 - 2 - 200	$Z_{}$ (date	ny employing professional land surveyors) and does not require a site inspecti	on.

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

Crosen Homes