

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case # EH-PLANS-25-0
Type EnvHealth/Environmental Health/Plan Check/Application

Status In Review

Opened Date 02/03/2025

Single Entry Edit-View Record Form
Application Name B25000414

Description SFD//REPLACE TWO EXISTING DECKS - FIRST TO BE 19X37 IRREGULAR SHAPE WITH STEPS AND THE OTHER TO BE 12X29 WITH NO STEPS**SUBJECT TO FIELD INSPECTION**

Total Invoiced 0.00

Total Paid 0.00

Balance 0.00

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast v

Address * (This section is required.)

New	Search	Delete	Set Primary													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="checkbox"/>					748		Chessie...	WAY	Wood...	MD	21797				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.															

Owner (This section is not required.)

Search	Delete	Set Primary											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Re
<input type="checkbox"/>	<input checked="" type="checkbox"/>				Jeremy Clancy	748 Chessie Crossing Way			Woodbine	MD	21797		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type * Applicant v

Primary Yes v

First Name * Michelle

Middle Name

Last Name * Clancy

Home Phone (xxx)xxx-xxxx

Online BP.
gls 2/13/25

Approved
MRE 2/19/25

Organization Name *
 Applied & Approved Permits LLC
 Mobile Phone ((XXX)XXX-XXXX)
 (443) 340-1229
 E-mail
 MICHELLE@APPLIEDANDAPPROVED.COM
 Business Phone ((XXX)XXX-XXXX)

Preferred Channel
 --Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date 2/3/2025 Due Date 2/17/2025

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic 2/3/2025

FACILITY INFORMATION

Name of Business (dba) * n/a (Text)

Associated Building Permit Number (Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program. Yes No

Does the project include Private Septic? If Yes, forward to WS Program. Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State. Yes No

Facility Fax 0 (Text)

Days of Operation 0 (Text)

Does this project have a Building Permit? Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program. Yes No

Does the project include Food Services? If Yes, forward to FP Program. Yes No

Facility Phone 0 (Text)

Facility Email 0 (Text)

PROPERTY INFORMATION

Water Source Private Sewage Disposal Private

Design Wastewater Flow (Number) Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 (Number) Total number of open space lots to be recorded 0 (Number)

Total number of bulk parcels to be recorded 0 (Number) Total number of lots / parcels to be recorded 0 (Number)

New buildable lots created 0 (Number) Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes No

Number of paper copies

0
(Number)

Number of buildable lots created

0
(Number)

Total Number of Lots

0
(Number)

Plan Version

Initial

Engineer

0

(Text)

Number of mylar copies

0
(Number)

Number of non-buildable lots created

0
(Number)

Associated Plans

[Empty text box]

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally. What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received Date HACCP Approved by the State

Yes No

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type

--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

Kitchen Cove Base

--Select--

--Select--

Storage - Food Storage Flooring

Storage - Food Storage Cove

--Select--

--Select--

Utensil Washing Area Flooring

Utensil Washing Area Cove

--Select--

--Select--

Dressing / Locker Room Flooring

Dressing / Locker Room Cove

--Select--

--Select--

Toilet Area Flooring

Toilet Area Cove

--Select--

--Select--

Walk-in Refrigerator Flooring

Walk-in Refrigerator Cove

--Select--

--Select--

Kitchen Walls

Utensil Washing Area Walls

--Select--

--Select--

Restroom Walls

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

--Select--

Yes No

Are ceiling rafters exposed?

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided

Comments - Owner

--Select--

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

B. Contour plan included

--Select--

--Select--

C. Top and sectional views provided

Comments

--Select--

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

--Select--

1. vertical openings > 1-3/4 inches in width

2. horizontal members on the outside of the fence

--Select--

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

Comments

--Select--

LAYOUT _____ INSP 4 Upgrade
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P 525683

APPROVAL DATE: 1/3/07

A _____

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

B.L Baker Enterprises Inc PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 410-875-5300

SUBDIVISION: Chessie Crossing LOT NUMBER: 23

ADDRESS: 748 Chessie Crossing PROPERTY OWNER: Robert and Jill Newman

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 70

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Install trench on contour directly below one of the existing trenches. Trench placement should conserve repair area as much as possible.
NOTES:	Install a new 1500 gallon two compartment tank or add a 500 gallon tank after the existing septic tank.

PLANS APPROVED: Brian Baker DATE: 12/12/2006

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM



Atlantic Blue Water Services
 1802 Baltimore Blvd, Westminster, MD 21157
 United States
 (410) 840-2583

Estimate 240828992
 Job 240806390
 Estimate Date 2/10/2025
 Customer PO

Billing Address
 Michelle Clancy
 748 Chessie Crossing Way
 Woodbine, MD 21797 USA

Job Address
 Michelle Clancy
 748 Chessie Crossing Way
 Woodbine, MD 21797 USA

Estimate Details

Well cap replacement : Remove and replace well cap for new two piece sealed cap and conduit.

Service #	Description	Quantity	Your Price	Your Total
AB-S-WW- WELLCAP	Replace Existing Well Cap with New Sealed Well Cap Prevents bugs and other critters from entering the well casing with a seal around the casing and screened vents.	1.00	\$281.93	\$281.93

Note: Specify Steel or PVC

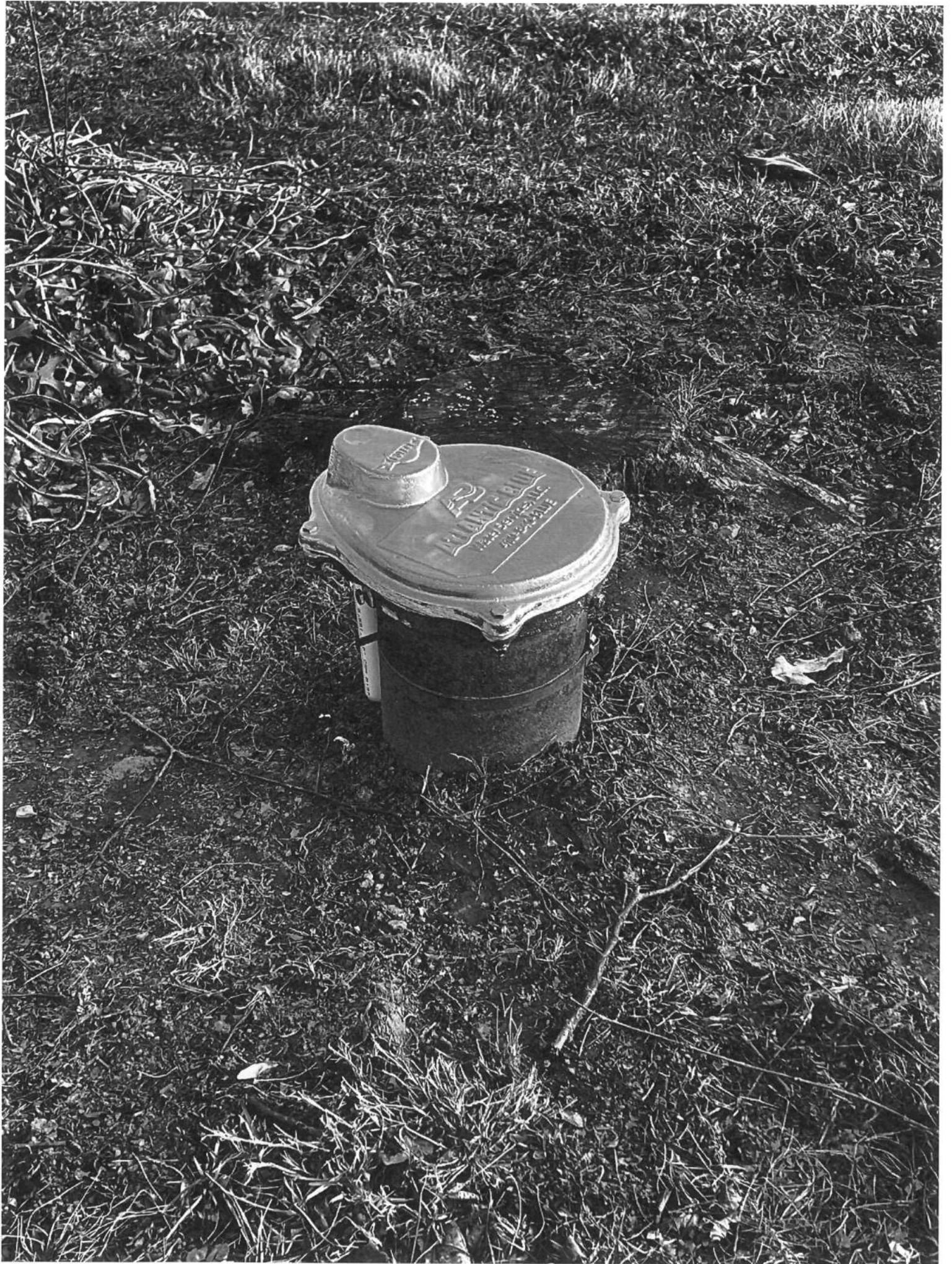
30 day warranty on labor and any parts used on this service.

Potential Savings	\$14.10
Sub-Total	\$281.93
Tax	\$0.00
Total	\$281.93

Thank you for choosing Atlantic Blue Water Services

THIS IS AN ESTIMATE, NOT A CONTRACT FOR SERVICES. The summary [above] is furnished by Atlantic Blue as a good faith estimate of work to be performed at Michelle Clancy and is based on our evaluation and does not include material price increases or additional labor and materials which may be required should unforeseen problems arise after the work has started. I understand that the final cost of the work may differ from the estimate, perhaps materially. **THIS IS NOT A GUARANTEE OF THE FINAL PRICE OF WORK TO BE PERFORMED.** I agree to the estimate and authorize Atlantic Blue to perform the work as summarized and on these estimated terms, and I agree to pay the full amount for all work performed, upon completion.

2/10/2025



Eshenbaugh, Melanie

From: Eshenbaugh, Melanie
Sent: Friday, February 7, 2025 2:38 PM
To: michelle@appliedandapproved.com
Subject: B25000414
Attachments: 1000020517.jpg; 1000020518.jpg; 1000020520.jpg

Good afternoon Michelle,

After review of the building permit request and conducting a site visit at this property, I noticed that the well condition is of concern. The conduit isn't secured under the well cap and there were a couple missing bolts which can present a groundwater contamination risk. Additionally, to gain approval of building permit #B25000414, we kindly request that the repair of the well conduit/cap to ensure that the well components are watertight. This requirement is in response to conducting the site visit to the property on 2/5 and observing the condition of the well cap/conduit (see attached photos). The well conduit will need to be secured under the cap and will need repaired to ensure water potability standards for the residence in accordance with Health Dept. code (code requirements in COMAR 26.04.04.25). Please submit to the Health Dept. office documentation of the well repair via email or mail as proof of completion of the work. Also, we strongly recommend water testing for bacteria to ensure there is no potential health risk to the occupants of the property. Please contact the Community Hygiene program (410-313-1773) and someone can assist with scheduling water sampling if there is a desire to have the well water tested. Let me know if you have any questions and thank you kindly.

Melanie Eshenbaugh
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
www.hchealth.org

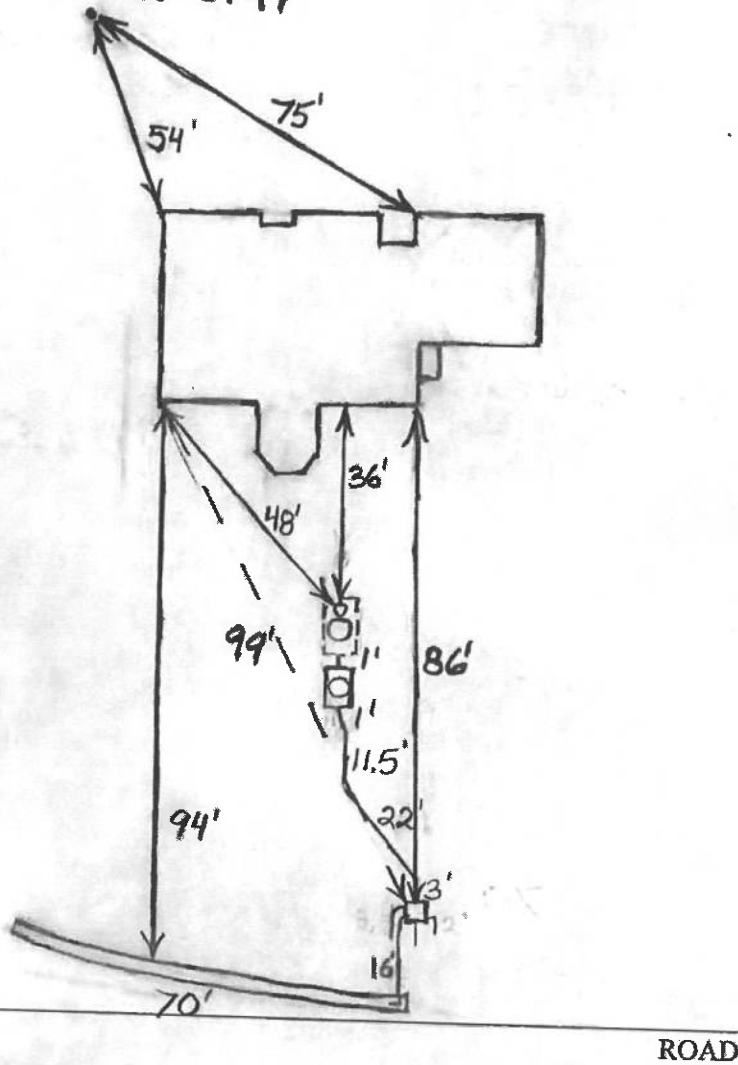


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NOT TO SCALE

H0-92-0147



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4'	6'
NUMBER OF TRENCHES		1
TOTAL LENGTH		70'
ABSORPTION AREA		210
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	Existing GAL
SEAM LOC	Midseam
TANK LID DEPTH	35'-5'
BAFFLES	Yes
BAFFLE FILTER	None
MANHOLE LOC	Middle
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	Yes
CAPACITY	500 GAL
SEAM LOC	Top
TANK LID DEPTH	25'-4'
BAFFLES	Yes
BAFFLE FILTER	None
MANHOLE LOC	Middle
6" PORT LOC	None
WATERTIGHT TEST	No

PRE-CONSTRUCTION

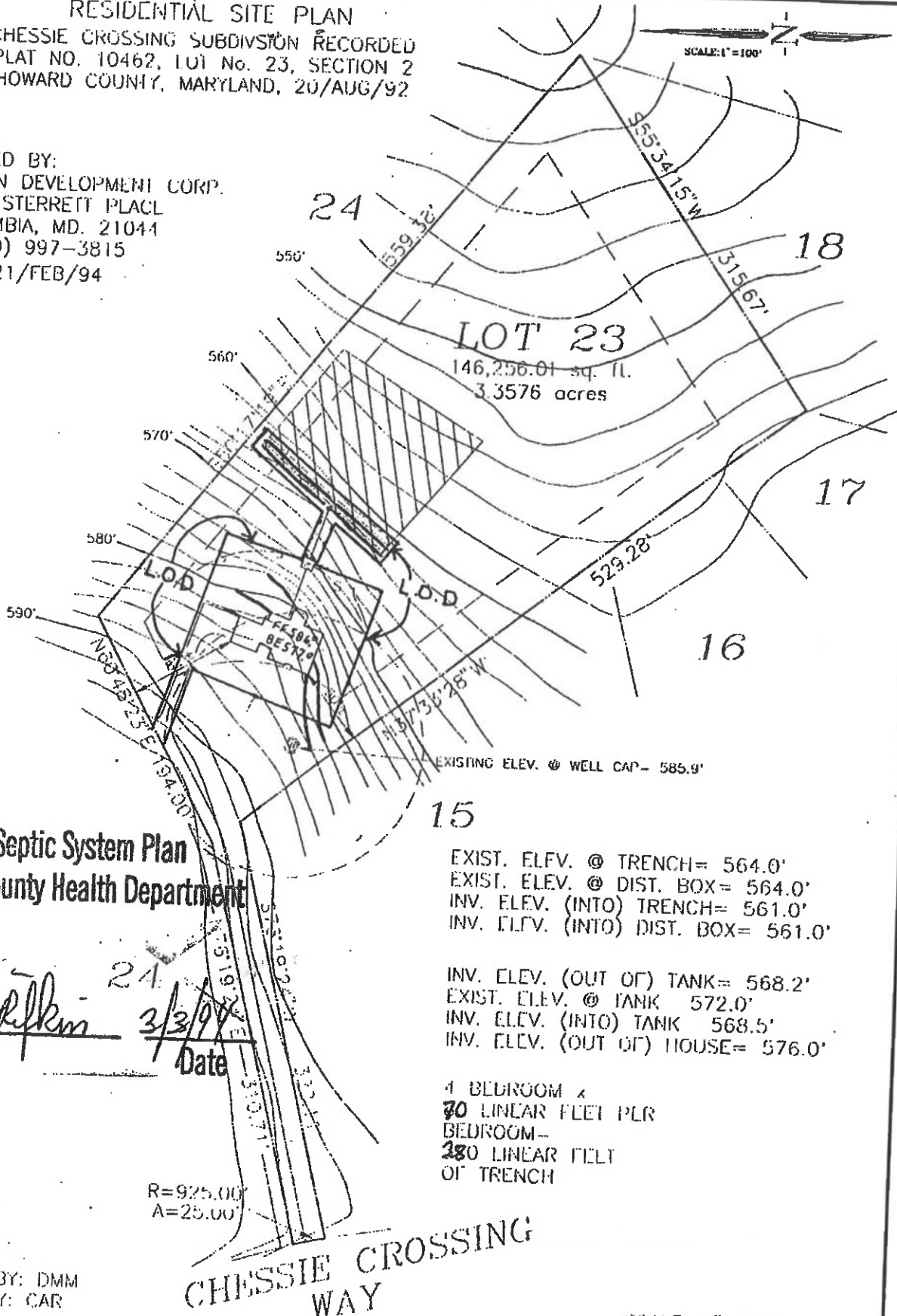
INSTALLATION 1/3/07 Clay down to close to 5'. Changed inlet to 4' and bottom to 6'. New distribution box installed and sub standard pipe from tank to distribution box replaced. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 1/3/2007

RESIDENTIAL SITE PLAN
 CHESSIE CROSSING SUBDIVISION RECORDED
 PLAT NO. 10462, LOT No. 23, SECTION 2
 HOWARD COUNTY, MARYLAND, 20/AUG/92

PREPARED BY:
 NEWBURN DEVELOPMENT CORP.
 5570 STERRETT PLACE
 COLUMBIA, MD. 21044
 (410) 997-3815
 21/FEB/94



Approved Septic System Plan
 Howard County Health Department

EXIST. ELFV. @ TRENCH= 564.0'
 EXIST. ELEV. @ DIST. BOX= 564.0'
 INV. ELEV. (INTO) TRENCH= 561.0'
 INV. ELFV. (INTO) DIST. BOX= 561.0'

 INV. ELEV. (OUT OF) TANK= 568.2'
 EXIST. ELEV. @ TANK 572.0'
 INV. ELEV. (INTO) TANK 568.5'
 INV. ELEV. (OUT OF) HOUSE= 576.0'

4 BEDROOM x
 70 LINEAR FEET PER
 BEDROOM-
 280 LINEAR FEET
 OF TRENCH

Mark E. Wilkins
 Signature
 3/3/94
 Date

R=925.00'
 A=25.00'

DESIGN BY: DMM
 DRAFT BY: CAR

CHESSIE CROSSING
 WAY

SCALE: 1" = 100'



CONTACT INFORMATION

OWNER
 MICHELLE CLANCY
 748 CHESSIE CROSSING WAY
 WOODBINE, MD 21197
 PH: 443-610-7514

GENERAL CONTRACTOR / DESIGNER
 DECK & FENCE COMPANY LLC,
 408 HEADQUARTERS DR, SUITE 1
 MILLERSVILLE, MD, 21108

MATERIAL SPECIFICATIONS

ITEM REF.	MATERIAL	MANUFACTURER	STYLE	COLOR	NOTES
DECKING BOARDS	COMPOSITE	AZEK	VINTAGE	COASTLINE	AZEK COASTLINE ACCENT BOARDS & PICTURE FRAME
RAILING	VINYL	SHORELINE	200 SERIES	WHITE	
RAIL CAP	COMPOSITE	AZEK	VINTAGE	COASTLINE	
RAIL POST	VINYL	SHORELINE	4X4 SLEEVE	WHITE	
POST CAP	VINYL	SHORELINE	NEW ENGLAND - LED	WHITE	
BALUSTERS	ALUMINIUM	SHORELINE	ROUND	BLACK	

SCOPE OF WORK

- DEMO & HAUL EXISTING WOOD DECKS
- CONSTRUCTION OF TWO NEW DECKS

DRAWING INDEX

G1	COVER SHEET, GENERAL NOTES, & DRAWING INDEX
A1	DECK A - POST AND BEAM PLAN
A2	DECK A - FRAMING PLAN
A3	DECK A - CROSS SECTION
A4	DECK B - POST AND BEAM PLAN
A5	DECK B - FRAMING PLAN
A6	DECK B - CROSS SECTION
A7	STAIR DETAILS

NOTES

DECK HEIGHTS ARE APPROXIMATELY 8'



BUILDING INFORMATION

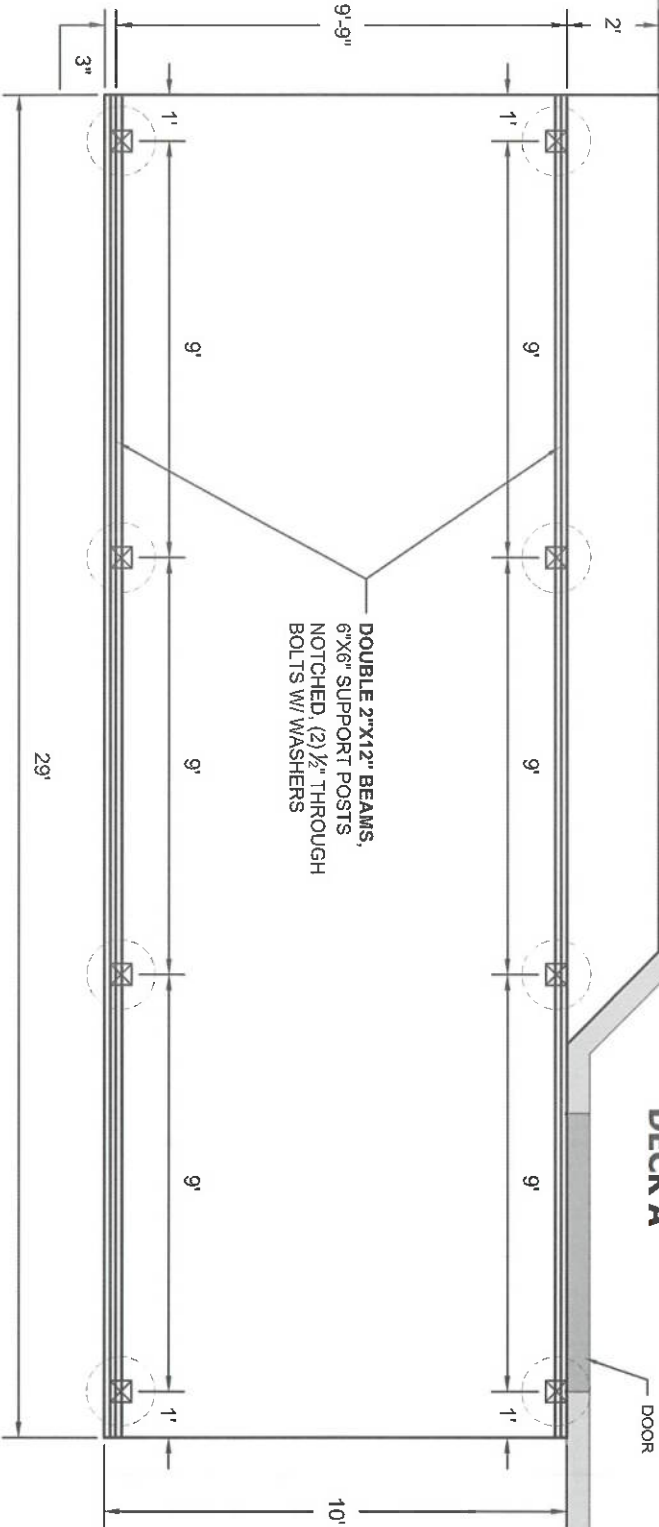
BUILDING: 2 STORY SINGLE FAMILY DWELLING
 COUNTY: HOWARD

SHEET NAME: COVERSHEET,
 GENERAL NOTES, DRAWING
 INDEX, & MATERIAL SCHEDULE
 SHEET NUMBER:
G1

SINGLE FAMILY DWELLING
(NOT IN CONTRACT)

DECK A

DOOR



DOUBLE 2"x12" BEAMS,
6"x6" SUPPORT POSTS
NOTCHED, (2) 1/2" THROUGH
BOLTS W/ WASHERS



We'll See You Out Back!

CLANCY RESIDENCE

748 CHESSIE CROSSING WAY
WOODBINE, MD 21797

SHEET NAME: POST & BEAM PLAN
SCALE: 1/4" = 1'-0"

SHEET NUMBER:

A1

SINGLE FAMILY DWELLING
(NOT IN CONTRACT)

2"X10" LEDGER
LAGGED 12" O.C.
W/ 1/2" LAG. FLASHED

2"X10" JOISTS 12"
O.C. JOIST HANGER
LUSZ10Z AT LEDGER

DECK A

DOOR

12'

4"X4" RAIL POST
(2) 1/2" THROUGH
BOLT PER POST

JOISTS SECURED TO BEAM
W/ H2.5Z HURRICANE TIES
(FRONT BEAM ONLY)

29'

A
3

PICTURE
FRAME



We'll See You Out Back!

CLANCY RESIDENCE

748 CHESSIE CROSSING WAY
WOODBINE, MD 21797

SHEET NAME: FRAMING PLAN

SCALE: 1/4" = 1'-0"

SHEET NUMBER:

A2

SINGLE FAMILY DWELLING
(NOT IN CONTRACT)

BRICK CHIMNEY
(NOT IN CONTRACT)

20'-11"

2"X12" STRINGERS 12" O.C. SECURED
TO 2"X10" END JOIST W/ SIMPSON
LRU262 & LSC BRACKETS

3' LANDING SINGLE STEP ABOVE
MAIN DECK, FRAMED W/ 2"X8" JOISTS
SECURED W/ L80Z BRACKETS, SINGLE
LEDGER LAGGED 12" O.C. W/ LAG SCREWS, FLASHED
(BLOCKING BETWEEN MAIN DECKS 2"X10" JOISTS BENEATH)

TRIPLE 2"X10" FLUSH BEAM,
LAGGED 12" O.C. W/ 1/2" LAG
SCREWS, FLASHED

DECK B

2"X10" JOISTS 12"
O.C. JOIST HANGER
LUS210Z AT LEDGER



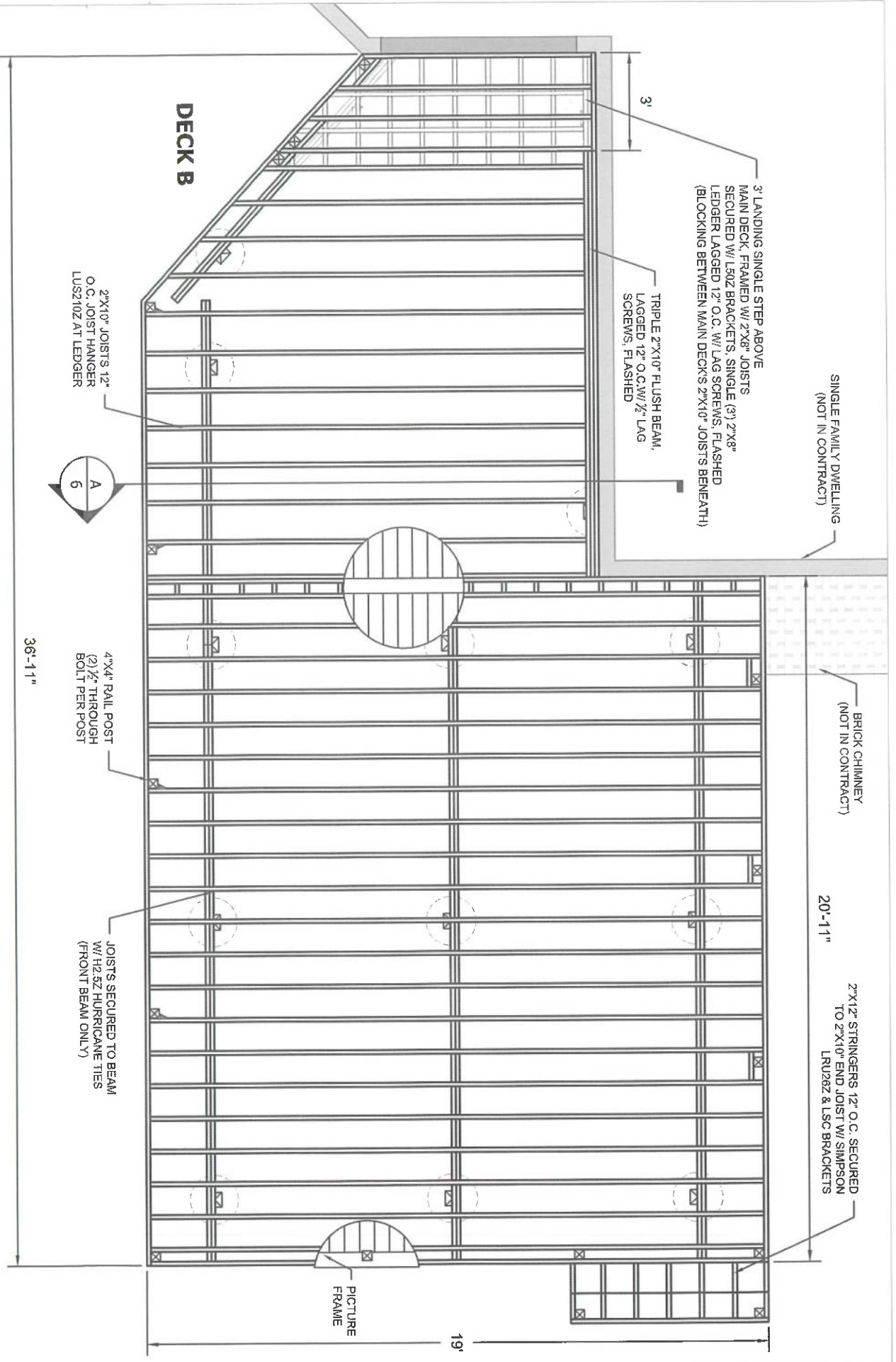
4"X4" RAIL POST
(2) 1/2" THROUGH
BOLT PER POST

JOISTS SECURED TO BEAM
W/ H2.5Z HURRICANE TIES
(FRONT BEAM ONLY)

PICTURE
FRAME

19'

36'-11"



We'll See You Out Back!

CLANCY RESIDENCE

748 CHESSIE CROSSING WAY
WOODBINE, MD 21797

SHEET NAME: FRAMING PLAN

SCALE: 1/4" = 1'-0"

SHEET NUMBER:

A5

SINGLE FAMILY DWELLING
(NOT IN CONTRACT)

BRICK CHIMNEY
(NOT IN CONTRACT)

20'-11"

2"x12" STRINGERS 12" O.C. SECURED
TO 2"x10" END JOIST W/ SIMPSON
LRU26Z & LSC BRACKETS

3' LANDING SINGLE STEP ABOVE
MAIN DECK, FRAMED W/ 2"x8" JOISTS
SECURED W/ L50Z BRACKETS, SINGLE (3') 2"x8"
LEDGER LAGGED 12" O.C. W/ LAG SCREWS, FLASHED
(BLOCKING BETWEEN MAIN DECK'S 2"x10" JOISTS BENEATH)

TRIPLE 2"x10" FLUSH BEAM,
LAGGED 12" O.C. W/ 1/2" LAG
SCREWS, FLASHED

3'

DECK B

2"x10" JOISTS 12"
O.C. JOIST HANGER
LUS210Z AT LEDGER



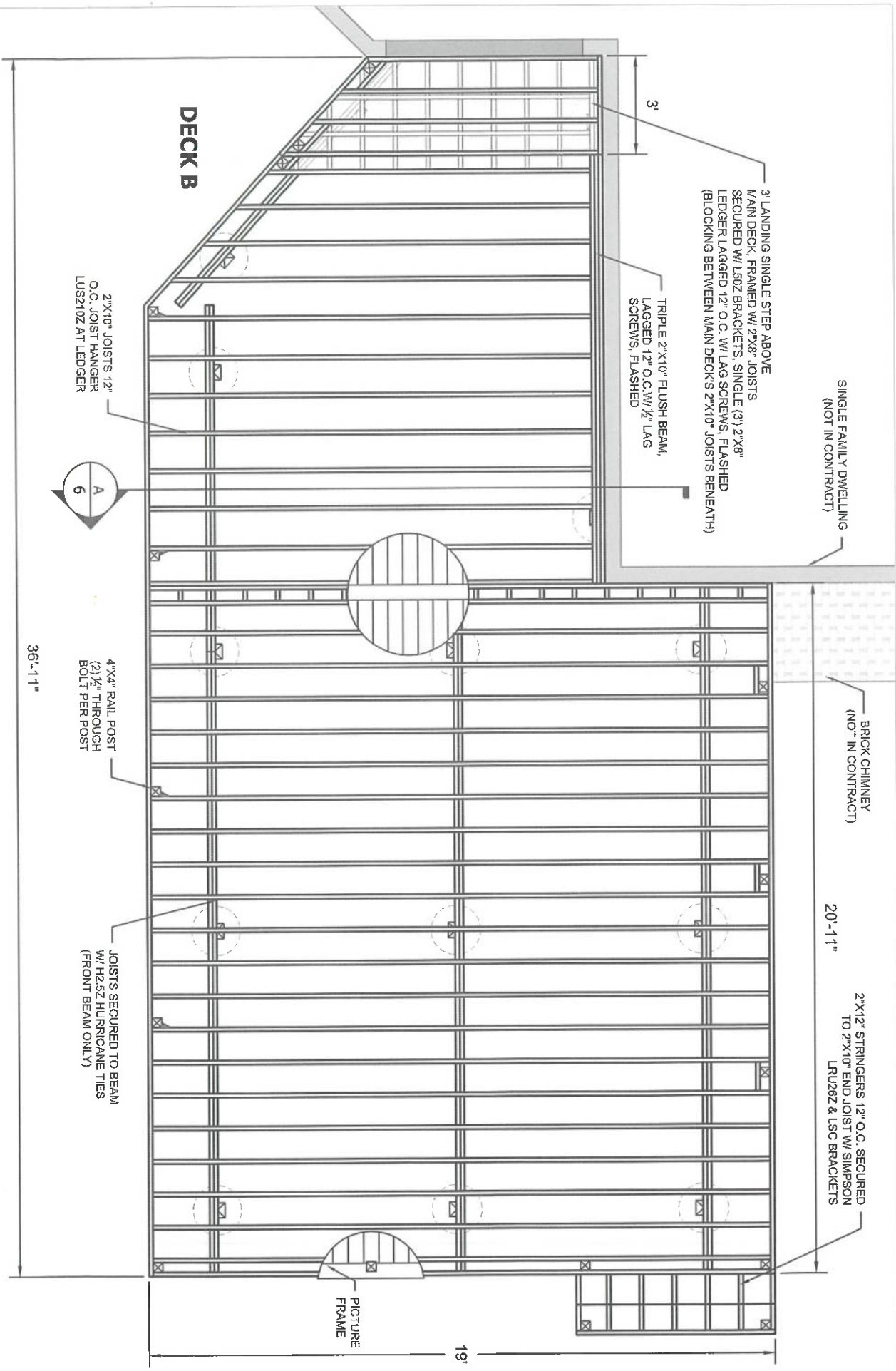
4"x4" RAIL POST
(2) 1/2" THROUGH
BOLT PER POST

JOISTS SECURED TO BEAM
W/ H2.5Z HURRICANE TIES
(FRONT BEAM ONLY)

PICTURE
FRAME

19'

36'-11"



We'll See You Out Back!

CLANCY RESIDENCE


748 CHESSIE CROSSING WAY
WOODBINE, MD 21797

SHEET NAME: FRAMING PLAN

SCALE: 1/4" = 1'-0"

SHEET NUMBER:

A5

From: Atlantic Blue Water Services noreply+995504@servicetitan.com 
Subject: Well cap replacement Accepted
Date: February 10, 2025 at 7:17 PM
To: m2ajclancy@gmail.com



Accepted Feb 10, 2025



Thank you for your business

We have received your estimate selection and look forward to serving you.
Our team will be in touch with you to discuss next steps.

Well cap replacement

Total: \$281.93

We have attached a copy of your accepted estimate.



(410) 840-2583



Send us an email



Atlantic Blue Water Services
 1802 Baltimore Blvd, Westminster, MD 21157
 United States
 (410) 840-2583

Estimate 240828992
 Job 240806390
 Estimate Date 2/10/2025
 Customer PO

Billing Address
 Michelle Clancy
 748 Chessie Crossing Way
 Woodbine, MD 21797 USA

Job Address
 Michelle Clancy
 748 Chessie Crossing Way
 Woodbine, MD 21797 USA

Estimate Details

Well cap replacement : Remove and replace well cap for new two piece sealed cap and conduit.

Service #	Description	Quantity	Your Price	Your Total
AB-S-WW-WELLCAP	Replace Existing Well Cap with New Sealed Well Cap Prevents bugs and other critters from entering the well casing with a seal around the casing and screened vents.	1.00	\$281.93	\$281.93

Note: Specify Steel or PVC

30 day warranty on labor and any parts used on this service.

Potential Savings	\$14.10
Sub-Total	\$281.93
Tax	\$0.00
Total	\$281.93

Thank you for choosing Atlantic Blue Water Services

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2/10/2025