

C1 0214

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.

4 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 523663

ST/CO USE ONLY  
DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
05 09 07

Depth of Well

22 240 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO - 95 - 0975

OWNER SANDS  
STREET OR RFD MILLERS MILL TOWN \_\_\_\_\_  
SUBDIVISION SANDS SECTION MAP 8 BLK 22 PARC. 90 LOT \_\_\_\_\_

**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	
Top Soil	0	2	
Brown Shale	2	30	
Brown Slate	30	50	✓
Blue Slate	50	95	✓
Brown Slate	95	100	✓
Blue Slate	100	200	✓
Flint Rock	200	205	
Blue Slate	205	240	

**GROUTING RECORD** yes  no   
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT CIM BENTONITE CLAY BC  
NO. OF BAGS 12 NO. OF POUNDS 1200  
GALLONS OF WATER 72  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 30+ ft.  
(enter 0 if from surface)

**CASING RECORD**  
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  
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  
STEEL BRASS OPEN HOLE  
PL OT  
PLASTIC OTHER

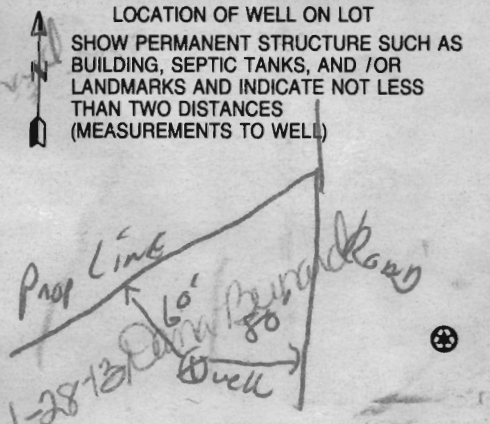
**C 2** DEPTH (nearest ft.)  
1 HO 2 44 3 240  
EACH SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

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  
TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min.) 8.5  
METHOD USED TO MEASURE PUMPING RATE Sucked  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 48 ft.  
WHEN PUMPING 59 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) 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 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 }



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes  no

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 SD 112  
DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 SD

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

B 1 0986  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0475  
70 fill in this form completely 79

525120 please type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Land Marketing Consulants  
15 Last Name Owner First Name 34

3060 RT 97  
36 Street or RFD 55

Glenwood MD. 21738  
57 Town 70 State 72 Zip 76

DRILLER INFORMATION

RALPH E. MAYNE MS D 117  
76 Driller's Name License No. 81

RALPH E. MAYNE INC  
Firm Name

17024 Handy Rd Mt Airy MD 21771  
Address

Ralph E. Mayne  
Signature Date 5/20/06

B 3 LOCATION OF WELL

8 COUNTY 21

Howard  
23 SUBDIVISION 42  
SANDS Property

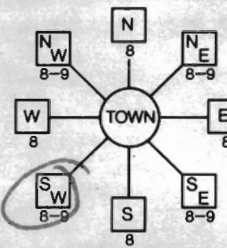
SECTION 44 46 LOT I 48 50

COOKSVILLE  
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI  
73 76 77 78

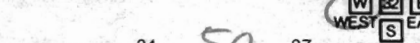
B 4

1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD 30  
MILLERS MILL RD.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE 5  
(GAL. PER MIN.) 8 500 12

AVERAGE DAILY QUANTITY NEEDED 14 20  
(GAL. PER DAY)

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 A523663  
COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 7/5/06 7/6/07  
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 540 0 0 0 EAST GRID 791 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REVerse-ROTary  DRive-POINT
- other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

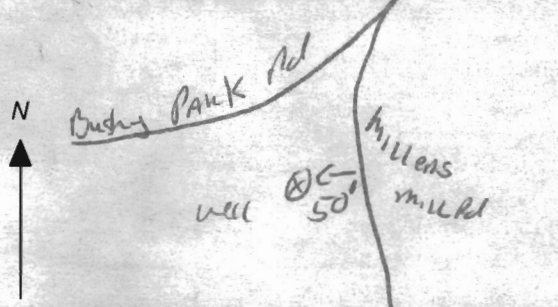
SOURCES OF DRILLING WATER

1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 791  
N 540

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 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 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)

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
PERMIT No. HO-95-0475  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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: Cumberland Co. Inc. Telephone #: 301-854-6838  
Address: 16391 A.E. Miller Rd  
Woodbine MD 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Kelly Cumberland License# 61417

\*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: Sam Moore Telephone #: 301-854-6838  
Subdivision: \_\_\_\_\_ Lot #: 1 Well Tag #: HO-95-0475  
Site Address: 1904 Millers Mill Rd.  
Glenwood MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit  
Make: Mares Make: Agway Two piece watertight cap:   
Model #: 25T52-S Model#: 1 Screened, vented well cap:   
Pump Capacity: 5 GPM Depth: 42" (36" min) Cap secured to casing:   
Well Yield: 8 GPM NSF approved:  Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: 42 (feet) Conduit secured to well cap:   
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 House Connection  
Type: 1" Poly PVC sleeved to undisturbed soil at wall penetration:   
PSI: 160 (160 psi min) Approximate length of sleeve: 72"  
Depth of supply line: 42(36" min) 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: [Signature] date: 8-14-13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: \_\_\_\_\_  
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 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

HD-215 (Rev. 8/00)

**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: \_\_\_\_\_ 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 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: Wimberland Delp. Telephone #: \_\_\_\_\_  
Subdivision: Sandy Papyrus Lot #: 1 Well Tag #: HO-95-0475  
Site Address: 1904 Miller's Mill Rd.

**Submersible Pump Data**

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

**Pitless Adapter**

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (36" min)  
NSF/WSC approved: \_\_\_\_\_

**Well Cap and Electric Conduit**

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap: \_\_\_\_\_  
Cap secured to casing: \_\_\_\_\_  
Conduit min 18" B.G.: \_\_\_\_\_

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet) Conduit secured to well cap: \_\_\_\_\_

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

**Piping to house**

Type: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: \_\_\_\_\_  
Length of sleeve(5' minimum from foundation): \_\_\_\_\_  
Sleeve 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: 7/19/13 Date Insp. Approved: 7/19/13 Inspector: KW  
Inspection Data: Pitless adapter watertight & 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 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 ✓



Howard County  
Health Department

7178 Columbia Gateway Dr. • Columbia, MD 21046

(410) 313-2640

Fax (410) 313-2648

TDD (410) 313-2323

Toll Free 1-866-313-6300

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

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Penny E. Borenstein, M.D., M.P.H., Health Officer

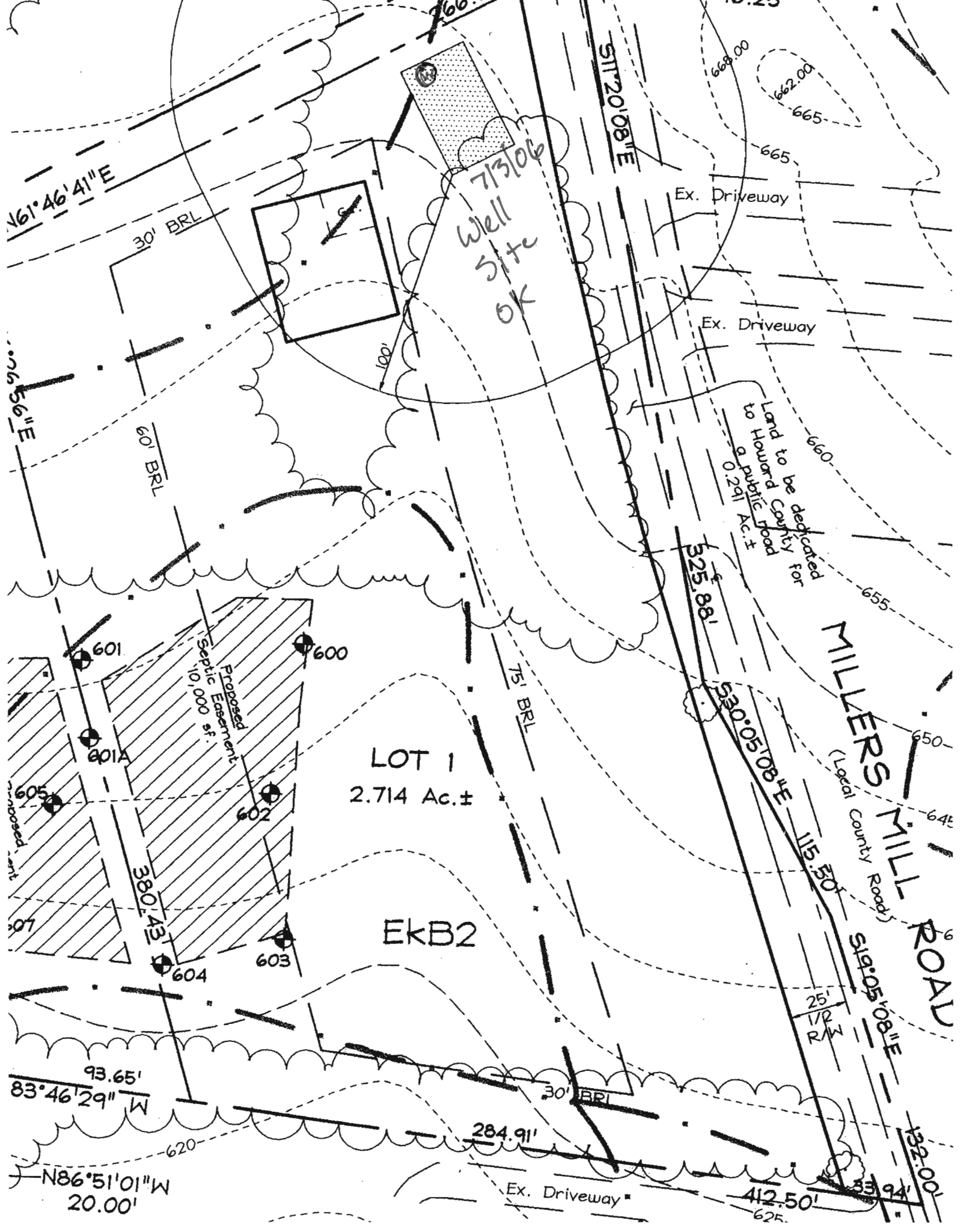
## ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FSH Associates  
on 5/15/06 and is ready for site inspection.
- \_\_\_\_\_ will call the Health Department  
for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN



$N61^{\circ}46'41''E$

30' BRL

$S65^{\circ}56'E$

30' BRL

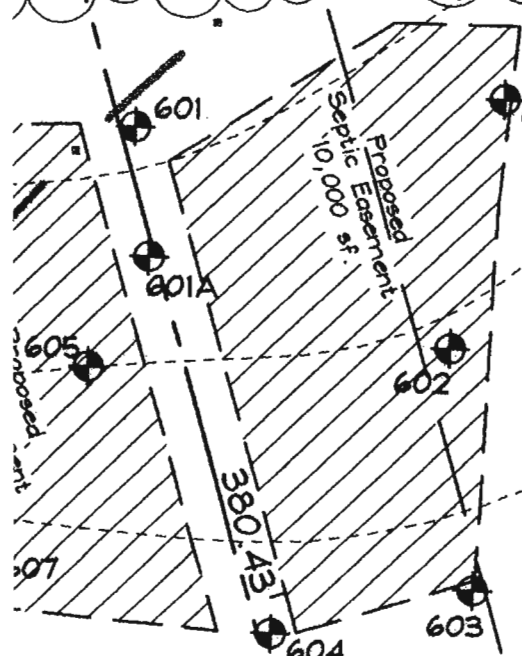
7/3/06  
Well Site  
OK

$S11^{\circ}20'08''E$

Ex. Driveway

Ex. Driveway

Land to be dedicated  
to Howard County  
as a public road  
0.291 Ac. ±



Proposed  
Septic Easement  
10,000 sq. ft.

LOT 1  
2.714 Ac. ±

EKB2

75' BRL

MILLERS HILL ROAD  
(Local County Road)

325.88'

$S30^{\circ}05'08''E$

25'  
1/2  
RAW

$S18^{\circ}05'08''E$

93.65'  
 $83^{\circ}46'29''W$

380.43'

30' BRL

284.91'

Ex. Driveway

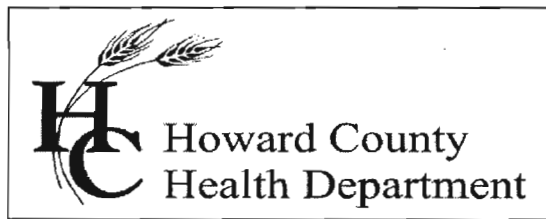
412.50'

$N86^{\circ}51'01''W$   
20.00'

132.00'

33.94'

62.5'



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-6300 | Fax: 410-313-6303  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
www.hchealth.org  
Facebook: www.facebook.com/hocohealth  
Twitter: HowardCoHealthDep

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

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## **INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – February 20,2013**

August 20, 2013

Homeowner  
1904 Millers Mill Road  
Woodbine, Maryland, 21738

**RE: Sandy Property, Lot #1  
1904 Millers Mill Road  
Building Permit: B13000114  
Well Permit: HO-95-0475**

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 **7/25/2013**. Final approval of the well line connection to the dwelling was granted on **7/19/2013**. The well construction was completed on **05/09/2013**. Water samples were collected on **08/14/13**.

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-95-0475. 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>

Approving Authority,

A handwritten signature in cursive script that reads "Dana Bernard". The signature is written in black ink on a white background.

Dana Bernard  
Environmental Sanitarian  
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits  
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.traceclabs.com / Email: info@traceclabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Cumberland Development  
 Attn: Kelly Cumberland  
 16391 A.E. Mullinix Road  
 Woodbine, Maryland 21797

**S/O Number:** 90147

**Report Date:** August 15, 2013

**Property Sampled:** 1904 Millers Mill Road, 21738  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** 544439-C  
**Sampler ID #:** 5745KC  
**Samples Iced:** Yes

**County:** Howard  
**Map:** 8

**Subdivision:** Sands Property  
**Parcel:** 90

**Lot #:** 1

**Date/Time Collected in Field:** August 14, 2013 @ 11:25 am  
**Date/Time Received in Lab:** August 14, 2013 @ 1:20 pm

**Well Tag #:** HO-95-0475  
**Well Condition:** 2-Piece Cap, Satisfactory

*OK Results  
 DB  
 8-20-13*

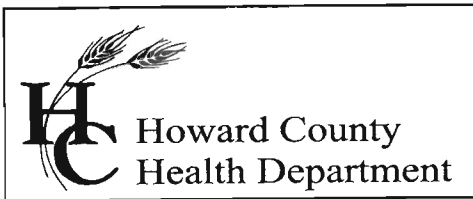
**Water Treatment/Conditioning:** Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent	Pass
E. coli	SM 9223B	Absent	Absent	Pass
Nitrate	SM 4500D	10 mg/L as N	2.0 mg/L as N	Pass
Turbidity	EPA 180.1	10 NTU	2.2 NTU	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.1 Units	***
Sand		Absent	Absent	Pass

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.



Bureau of Environmental Health  
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](http://www.hchealth.org)

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

June 15, 2007

Re: F-07-065  
Sands Property

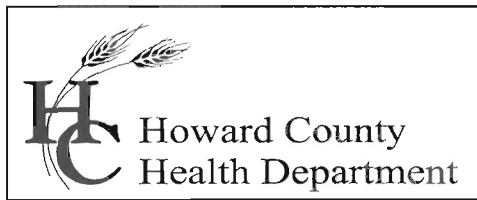
To Whom It May Concern:

The wells on the Sands Property have been drilled and have received preliminary approval by the Health Department. The recordation of plat F-07-065 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 – 2645.

Sincerely,

Kevin Wolf, Sanitarian  
Well and Septic Program

Cc: Cindy Hamilton  
File



Bureau of Environmental Health  
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](http://www.hchealth.org)

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Penny E. Borenstein, M.D., M.P.H., Health Officer  
May 30, 2006


Ralph E. Mayne  
Well Drilling  
17024 Hardy Road  
Mount Airy, MD 21771

Dear Mr. Mayne:

The Well & Septic Program in the Environmental Health Department received 3 Well Permits and a check for \$240.00 from Land Marketing Consultants on May 26, 2006 for the Sands Property on Millers Mill Road. However, the amount of the check is incorrect. The check amount should be \$480.00. Therefore I am returning to you the permits along with the check for \$240.00.

I could not call Land Marketing Consultants to inform them of this error because there is not a phone number posted anywhere on the check, so we will need a new check in the amount of \$480.00 along with the permits..

Sincerely,

  
Stephanie Nelson, Office Secretary  
Well & Septic Program