

|  |              |  |  |  |
|--|--------------|--|--|--|
| <b>C 1</b>   | <b>08109</b> | SEQUENCE NO.<br>(MDE USE ONLY)                                     | <b>STATE OF MARYLAND<br/>WELL COMPLETION REPORT</b><br>FILL IN THIS FORM COMPLETELY<br>PLEASE TYPE | THIS REPORT MUST BE SUBMITTED WITHIN<br>45 DAYS AFTER WELL IS COMPLETED. |
| 1 2 3 6<br>(THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3-6 ON ALL CARDS) |              |  |  |  |
| ST/CO USE ONLY<br>DATE Received<br>MM DD YY<br>05 15 12                |              | DATE WELL COMPLETED<br>MM DD YY<br>05 03 12                        |  | Depth of Well<br>22 265 26<br>(TO NEAREST FOOT) <i>O.K. (PP)</i>         |
| OWNER<br><i>Heritage Realty &amp; Land Development</i>                 |              | PERMIT NO.<br>FROM "PERMIT TO DRILL WELL"<br><i>HO - 95 - 2280</i> |  |  |
| WELL SITE ADDRESS<br><i>Bashy Park Rd</i>                              |              | TOWN<br><i>Lisbon Md.</i>  |  | COUNTY NUMBER<br><i>A 527 809</i>  |
| SUBDIVISION<br><i>Courtesy Springs Overlook</i>                        |              | SECTION  |  | LOT<br><i>2</i>  |

| 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   | 35  |                                     |
| Blue Slate  | 35   | 45  |                                     |
| Brown Slate   | 45   | 50  | <input checked="" type="checkbox"/> |
| Blue Slate  | 50   | 140 |                                     |
| Brown Slate   | 140  | 145 | <input checked="" type="checkbox"/> |
| Blue Slate  | 145  | 265 |                                     |

| GROUTING RECORD  |   |
|--|---|
| WELL HAS BEEN GROUTED<br>(Circle Appropriate Box)  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N<br>44 44 |
| TYPE OF GROUTING MATERIAL (Circle one)   |   |
| CEMENT <input checked="" type="checkbox"/> <b>CM</b>   | BENTONITE CLAY <input type="checkbox"/> <b>BC</b>                         |
| NO. OF BAGS <sup>45 46</sup> <i>14</i>   | NO. OF POUNDS <sup>45 46</sup> <i>1400</i>                                |
| GALLONS OF WATER <i>84</i>   |   |
| DEPTH OF GROUT SEAL (to nearest foot)  |   |
| from <sup>48</sup> <i>0</i> TOP <sup>52</sup> ft. to <sup>54</sup> <i>38</i> BOTTOM <sup>58</sup> ft.<br>(enter 0 if from surface) |   |
| CASING RECORD  |   |
| casing types insert appropriate code below   | <input checked="" type="checkbox"/> <b>ST</b> STEEL                       |
|  | <input type="checkbox"/> <b>CO</b> CONCRETE                               |
| <input checked="" type="checkbox"/> <b>PL</b> PLASTIC  | <input type="checkbox"/> <b>OT</b> OTHER                                  |
| MAIN CASING TYPE   | <i>PL</i>   |
| Nominal diameter top (main) casing (nearest inch)  | <i>16</i>   |
| Total depth of main casing (nearest foot)  | <i>40</i>   |
| 60 61  | 63 64 66 70   |
| OTHER CASING (if used)   |   |
| A C H C A S I N G  | diameter inch      depth (feet) from to                                   |
|  |   |
|  |   |

| PUMPING TEST                                  |  |
|---|--|
| HOURS PUMPED (nearest hour)                   | <i>3</i>   |
| PUMPING RATE (gal. per min.)                  | <i>6</i>   |
| METHOD USED TO MEASURE PUMPING RATE           | <i>Bucket</i>  |
| WATER LEVEL (distance from land surface)      |  |
| BEFORE PUMPING                                | <i>47</i> ft.  |
| WHEN PUMPING                                  | <i>109</i> ft.   |
| TYPE OF PUMP USED (for test)                  |  |
| <input type="checkbox"/> <b>A</b> air         | <input type="checkbox"/> <b>P</b> piston                 |
| <input type="checkbox"/> <b>T</b> turbine     | <input type="checkbox"/> <b>O</b> other (describe below) |
| <input type="checkbox"/> <b>C</b> centrifugal | <input type="checkbox"/> <b>R</b> rotary                 |
| <input type="checkbox"/> <b>J</b> jet         | <input checked="" type="checkbox"/> <b>S</b> submersible |

|                               |  |
|-------------------------------|--|
| NUMBER OF UNSUCCESSFUL WELLS: | <i>0</i>   |
| WELL HYDROFRACTURED           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| CIRCLE APPROPRIATE LETTER     |  |
| <b>A</b>                      | A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED     |
| <b>E</b>                      | ELECTRIC LOG OBTAINED  |
| <b>P</b>                      | TEST WELL CONVERTED TO PRODUCTION WELL                           |

| SCREEN RECORD                              |   |
|--|---|
| screen type or open hole                   | <input checked="" type="checkbox"/> <b>HO</b> OPEN HOLE |
| insert appropriate code below              | <input type="checkbox"/> <b>ST</b> STEEL                |
|  | <input type="checkbox"/> <b>BR</b> BRASS                |
| <input type="checkbox"/> <b>PL</b> PLASTIC | <input type="checkbox"/> <b>OT</b> OTHER                |
| DEPTH (nearest ft.)                        |   |
| 1 2  | <i>HO 38 265</i>  |
| E A C H S C R E E N                        | 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51     |
| SLOT SIZE 1 _____ 2 _____ 3 _____          |   |
| DIAMETER OF SCREEN (NEAREST INCH)          |   |
| 56 _____ 60 _____                          | from to   |

| PUMP INSTALLED  |   |
|---|---|
| DRILLER INSTALLED PUMP (CIRCLE) (YES or NO)                             | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)          |   |
| <input checked="" type="checkbox"/> <b>+</b> above                      | LAND SURFACE  |
| <input type="checkbox"/> <b>-</b> below                                 |   |
| 49 _____ 51 _____   | <i>2</i> (nearest foot)   |

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 28.04.04 "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 117*

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. *D*

SITE SUPERVISOR (sign. of driller or journeyman)

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

LATITUDE *39.19.163*

LONGITUDE *77.02.364*

(DEFAULT COORD. WGS 84)

NOTES:

**DRILLER:** COMPLETE THIS APPLICATION AND RETURN ALL PARTS OF THIS FORM INTACT TO THE ENVIRONMENTAL AGENCY IN THE COUNTY IN WHICH THE WELL IS TO BE DRILLED. PRESS FIRMLY FOR FOURTH COPY.

EMERGENCY/TEMP. NO. IF ANY

|            |              |                             |   |   |
|------------|--------------|-----------------------------|---|---|
| <b>B 1</b> | <b>14904</b> | SEQUENCE NO. (MDE USE ONLY) | <b>STATE OF MARYLAND</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b> | STATE PERMIT NUMBER<br><b>HO-95-2280</b><br><small>fill in this form completely</small> |
| 1 2 3 6    |              |                             | <b>536790</b> please type   |   |

**OWNER INFORMATION**

Date Received (APA) 04 04 12

8 MM DD YY 13

15 Henitay Realty & Land Develop.  
Last Name Owner First Name 34

36 P.O. BOX 482  
Street or RFD 55

57 Lisbon MD. 21765  
Town 70 State 72 Zip 76

**B 3** LOCATION OF WELL

8 Howard COUNTY 21

23 Country Springs Overlook SUBDIVISION 42

SECTION 44 46 LOT 2 48 50

52 Lisbon NEAREST TOWN 71

**DRILLER INFORMATION**

76 RAYH E. MAYNE M SD 117 License No. 81

Firm Name RAYH E. MAYNE well DRILLING

Address 17024 Handy Rd. Mt. Airy MD 21771

Signature [Signature] Date 3/29/12

**B 4** SOURCES OF DRILLING WATER

1. well

2.

3.

11 Bushy Park Road STREET ADDRESS 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 350 37 DISTANCE FROM ROAD 4

ENTER FT OR MI 38 39

TAX MAP: 8 BLK: 21 PARCEL 59

**B 2** WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

**USE FOR WATER** (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

OPEN LOOP GEOTHERMAL

CLOSED LOOP GEOTHERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

Howard COUNTY NAME (13) A527809 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 4/18/2012 Brian Baker 4/18/2013

43 MM DD YY 48 CO SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

PROPOSED LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL

**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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

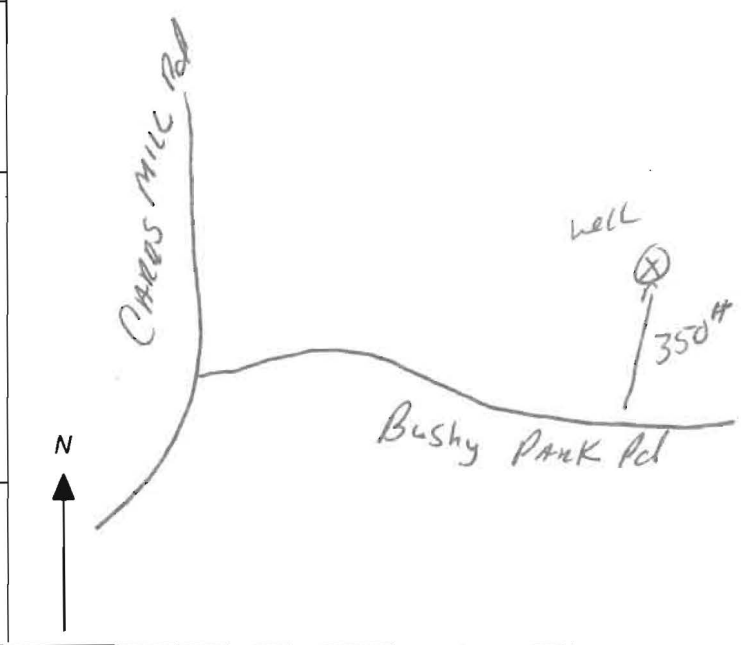
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER \_\_\_\_\_ **G** \_\_\_\_\_

PERMIT No. HO 95-2280

70 71 72 73 74 75 76 77 78 79





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: Bluestream Services Telephone #: 443 790 8202  
 Address: 2298 Jim Kahler Rd  
Bellevue 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): GARY SKOMNY License# 5563

\*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: Frederick Rawling Trust Telephone #: 410 89 7900  
 Subdivision: Country Springs Overlook Lot #: 2 Well Tag #: HO - A 520489  
 Site Address: 15156 Bushy Park Rd 95 - 2280  
Woodbine, MD 21797

|   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <u>Submersible Pump Data</u>  | <u>Pitless Adapter</u>                | <u>Well Cap and Electric Conduit</u>  |
| Make: <u>Franklin Electric</u>  | Make: <u>American Guard</u>           | Two piece watertight cap: <u>yes</u>  |
| Model #: <u>2 SP 525 Plus</u>   | Model #: <u>AT 800-nl</u>             | Screened, vented well cap: <u>yes</u> |
| Pump Capacity: <u>5</u> GPM   | Depth: <u>36"</u> (36" min)           | Cap secured to casing: <u>yes</u>     |
| Well Yield: <u>6</u> GPM  | NSF/WSC approved: <u>✓</u>            | Conduit min 18" B.G.: <u>yes</u>      |
| Depth of well encountered at time of pump installation: <u>265</u> (feet) | Conduit secured to well cap: <u>✓</u> |                                       |

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

|  |   |
|--|---|
| <u>Piping to house</u>                     | <u>House Connection</u>   |
| Type: <u>Polyethylene</u>                  | PVC sleeve to undisturbed soil at wall penetration: <u>10ft PVC Plastic</u> |
| PSI: <u>160</u> (160 psi min)              | Length of sleeve (5' minimum from foundation): <u>10ft</u>                  |
| Depth of supply line: <u>36"</u> (36" min) | Sleeve sealed properly: <u>yes</u>  |

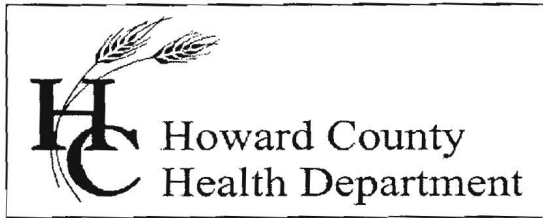
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: \_\_\_\_\_ date: 12/5/13

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 12/9/13 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 ✓

5/13/14  
OK  
(Signature)



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](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

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**INTERIM CERTIFICATE OF POTABILITY**

**Expiration Date – November 13, 2014**

May 13, 2014

Frederick Raulin  
15101 Frederick Road  
Woodbine, MD 21797

**RE: County Springs Overlook, Lot 2  
15156 Bushy Park Road  
Building Permit: B13003238  
Well Permit: HO-95-2280**

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 **May 12, 2014**. Final approval of the well line connection to the dwelling was granted on **December 9, 2013**. The well construction was completed on **May 3, 2012**. Water samples were collected on **April 7, 2014**.

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-95-2280. 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 "Andrew Geisert". The signature is written in black ink and is positioned above the printed name.

Andrew Geisert  
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.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Envision Builders  
 Attn: Al Guerieri  
 7939 Honeygo Boulevard, Suite 112  
 Nottingham, Maryland 21236

**S/O Number:** 93013

**Report Date:** May 8, 2014

*Bacteria Retest #1*

**Property Sampled:** 15156 Bushy Park Road, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B13003238  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Country Springs Overlook

**Lot#:** 2

**Date/Time Collected in Field:** May 7, 2014 12:38 pm

**Date/Time Received in Lab:** May 7, 2014 1:31 pm

**Well Tag #:** HO-95-2280

**Well Condition:** 2-Piece Cap, Satisfactory

**Water Treatment/Conditioning:** None

| PARAMETER      | METHOD   | MCL    | RESULT | COMMENT |
|----------------|----------|--------|--------|---------|
| Total Coliform | SM 9223B | Absent | Absent | Pass    |
| <i>E. coli</i> | SM 9223B | 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.

5/13/14  
 OK  
 (AG)

*Katherine C. Higgs*

Katherine C. Higgs  
 Manager – Drinking Water Testing



**TRACE LABORATORIES, INC**  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory #318

**CERTIFICATE OF ANALYSIS**

**Requester:**

Envision Builders  
 Attn: Al Guerieri  
 7939 Honeygo Boulevard, Suite 112  
 Nottingham, Maryland 21236

**S/O Number:** 92696

**Report Date:** April 8, 2014

**Property Sampled:** 15156 Bushy Park Road, 21797  
**Sample Location:** Pressure Tank Tap  
**Residual Chlorine:** <0.1 mg/L

**Building Permit #:** B13003238  
**Sampler ID #:** 7483AM  
**Samples Iced:** Yes

**County:** Howard

**Subdivision:** Country Springs Overlook

**Lot#:** 2

**Date/Time Collected in Field:** April 7, 2014 10:33 am

**Date/Time Received in Lab:** April 7, 2014 3:28 pm

**Well Tag #:** HO-95-2280

**Well Condition:** 2-Piece Cap, All Bolts Missing, Cap Removable

**Water Treatment/Conditioning:** None

| PARAMETER      | METHOD    | MCL/*SMCL      | RESULT        | COMMENT |
|----------------|-----------|----------------|---------------|---------|
| Total Coliform | SM 9223B  | Absent         | PRESENT       | FAIL    |
| <i>E. coli</i> | SM 9223B  | Absent         | Absent        | Pass    |
| Nitrate        | SM 4500D  | 10 mg/L as N   | 7.9 mg/L as N | Pass    |
| Turbidity      | EPA 180.1 | 10 NTU         | <1.0 NTU      | Pass    |
| pH (Field)     | EPA 150.1 | *6.5-8.5 Units | 5.5 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.

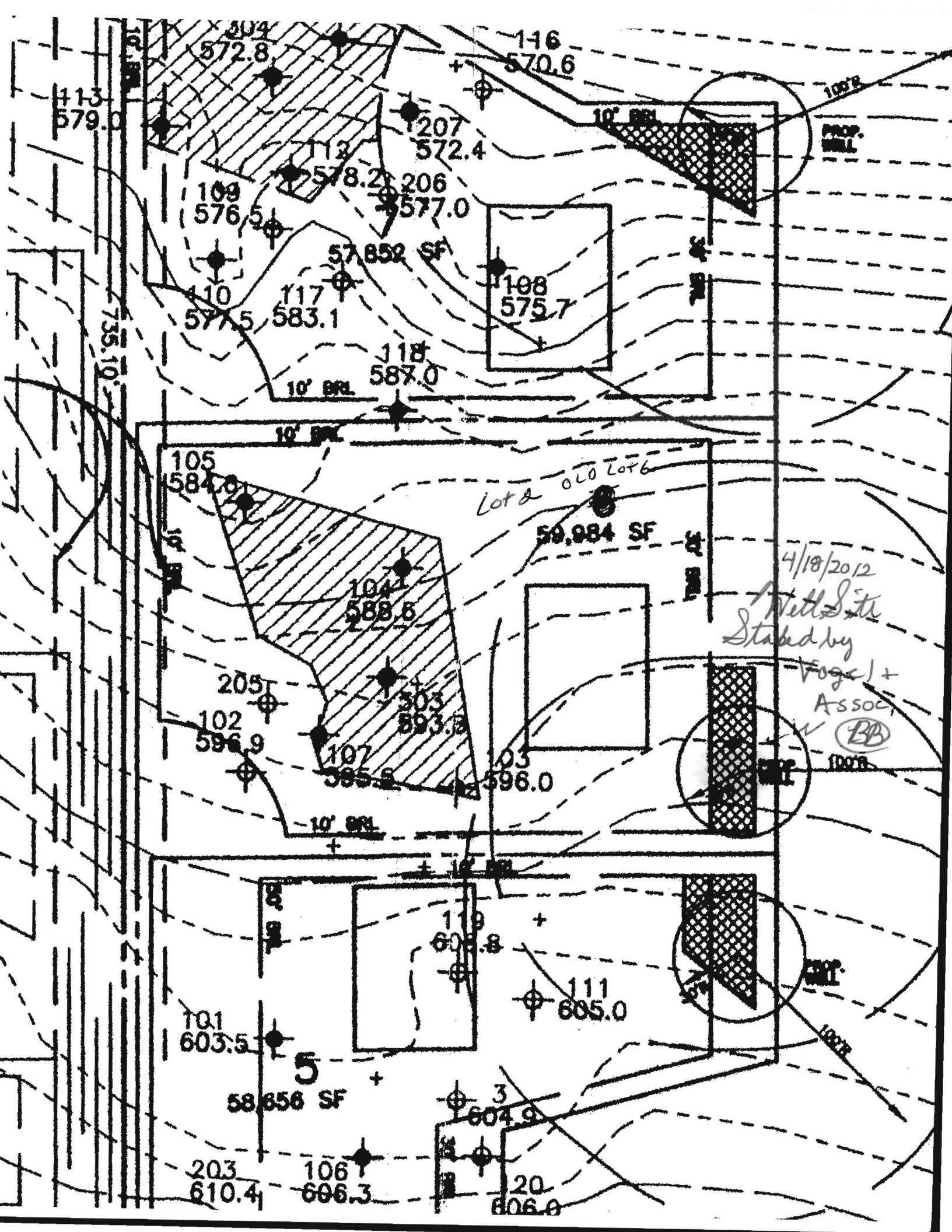
5/13/14  
 ok  
 (initials)

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.



10' BRL  
735.10'

104  
572.8  
113  
572.4  
207  
578.2  
206  
577.0  
109  
576.5  
110  
577.5  
117  
583.1  
118  
587.0  
10' BRL

116  
570.6  
10' BRL  
PROP. WALL  
108  
575.7  
10' BRL

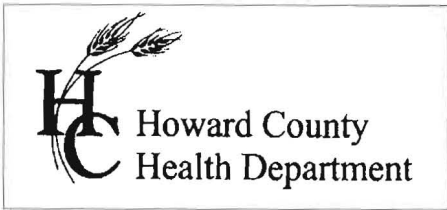
105  
584.8  
104  
588.5  
205  
596.9  
102  
596.9  
107  
595.5  
103  
593.3  
10' BRL

Lot & Old Lot 6  
59,984 SF  
10' BRL  
103  
596.0  
10' BRL

4/18/2012  
Well Site  
Staked by  
Vogel +  
Assoc.  
LB  
10078

101  
603.5  
5  
58,656 SF  
119  
608.8  
111  
605.0  
203  
610.4  
106  
606.3

10' BRL  
119  
608.8  
111  
605.0  
3  
604.9  
20  
606.0  
10' BRL



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

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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location: Old Lot 6 Village of Three Keys  
Country Springs Overlook      2      Bushy Park Road  
Subdivision/Property Name      Lot #      Road Name

The well site has been staked by Vogel & Associates,  
(professional land surveyor or company employing professional land surveyors)  
on 04/15/12 (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 3/11/07