

C1 26070 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM 07 DD 20 YY 15

DATE WELL COMPLETED MM 7 DD 8 YY 15

Depth of Well 22 200 26 (82) OK 8/27/15 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-15-0099

OWNER The Estate of Joseph Sens WELL SITE ADDRESS 17034 Hardy Rd. (17040 Hardy Rd) MNT ALBA SUBDIVISION Shears Property SECTION LOT 1

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Topsoil, Brownish/orange rocky clay, Tan Rocky Clay, Orangish/Brown rocky clay, Tanish/brown Slate, Brown rocky clay, Gravel bed quartz Limestone shale, Blue slate, Greenslate.

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 300 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD

MAIN CASING TYPE 5t Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 200

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole (insert appropriate code below) ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

DEPTH (nearest ft.)

Table with columns: 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. Values: 5t, 38, 200.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 41 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other 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. 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 - below LAND SURFACE 2 (nearest foot)

LATITUDE 39.339441 LONGITUDE 77.110364 (DEFAULT COORD. WGS 84)

NOTES: Well filled in to 82 FT. -> gravel bed, well filled in on its own per Eastarday

DRILLERS LIC. NO. 1 M WD 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WD 046 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 30796

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

40-15-0099 fill in this form completely

55050/13118

B 3

LOCATION OF WELL CC#

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION

THE ESTATE OF JOSEPH SHEARS 423 DRURY LANE BALTIMORE, MD 21229

Howard COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 1 48 50 Mt. Airy 52 NEAREST TOWN 71

DRILLER INFORMATION

George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., Mt. Airy, Md. 21771

B 4

SOURCES OF DRILLING WATER wells

17034 Hardy Road STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

- 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

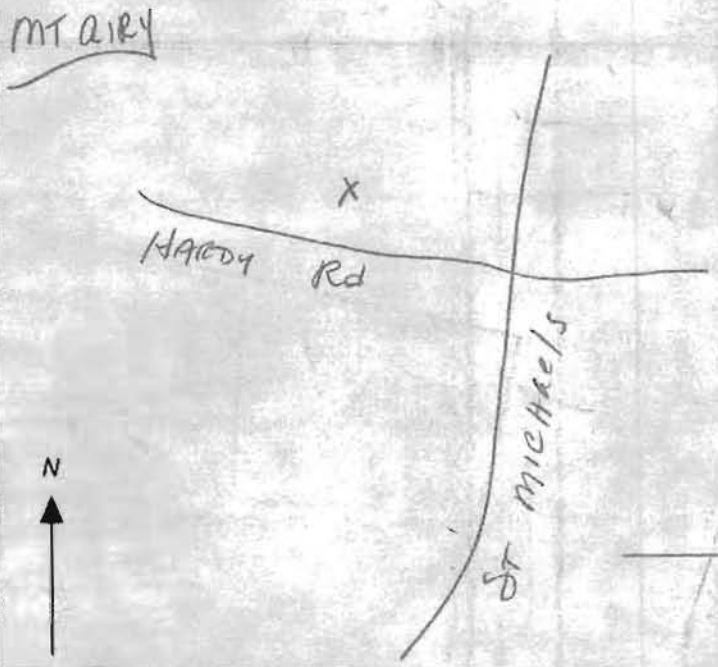
Howard COUNTY NAME 13 COUNTY NO. STATE SIGNATURE DATE ISSUED 7/2/15 CO SIGNATURE EXP. DATE 7/2/16

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

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 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT



REPLACEMENT OR DEEPEINED 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 DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

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

APPROX. PERMIT NUMBER G

PERMIT No. 40-15-0099

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Sodium chloride + TDS samples required at yield



Bureau of Environmental Health
 8930 Stanford Boulevard, Columbia, MD 21045
 Main: 410-313-2640 | Fax: 410-313-2648
 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

TO ALL INTERESTED PARTIES

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

Well Site Location:

SHEARS PROPERTY 21 #17034 HARDY ROAD
 Subdivision/Property Name Lot # Road Name

The well site, as shown on the attached well site plan, has been staked by

FISHER, COLLINS & CARTER, INC.
 (professional land surveyor or company employing professional land surveyors)

on July 1, 2015
 (date)

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.



**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: David Dean Plumbing Telephone #: 443-398-4199
Address: 511 Old New Windsor Pike
Westminster Md 21157

(Must circle one) Licensed Plumber ? Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): David Dean License# 3259

*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: Billie Davidson Telephone #: 410-269-9303
Subdivision: _____ Lot #: _____ Well Tag #: HO - -
Site Address: 17044 Hardy Rd Mount Airy Rd 20M

Submersible Pump Data

Make: Miyas
Model #: 2NR 72-D-2401
Pump Capacity: 31/12 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: Campbell
Model#: G-30NSF
Depth: 49 (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.:
Conduit secured to well cap:

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

Piping to house

Type: NSF Pvc Back
PSI: 200 (160 psi min)
Depth of supply line: 49 (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: David P. Dean date: 11/12/17

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____

- 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 _____

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BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
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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: David Dean Plumbing Telephone #: 443-398-4199
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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - K - 0099
Site Address: _____

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	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

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	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.

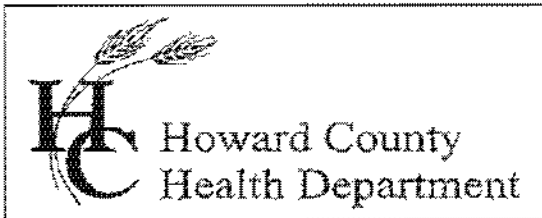
Signature of company representative responsible for installation _____ date _____

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

Date Insp. Requested: 05/31/2017 Date Insp. Approved: 05/31/2017 Inspector: (Signature)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>	57" 2017/05/31 (Signature)
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>	
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>	44" 2017/05/31 (Signature)
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>	
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>	11" 2017/05/31 (Signature)
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>	5.75" 2017/05/31 (Signature)
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>	





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2540 | Fax: 410-313-2548

TDD: 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 18, 2018

October 18, 2017

Homeowner
17044 Hardy Road
Mt. Airy, MD 21771

RE: Shears Property, Lot 1
17044 Hardy Road
Building Permit: B16003306
Well Permit: HO-15-0099

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 10/16/2017. Final approval of the well line connection to the dwelling was granted on 5/31/2017. The well construction was completed on 7/8/2015. Water samples were collected on 9/11/2017.

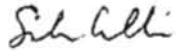
The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-15-0099. 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,



Sarah Collins, L.E.H.S.
Groundwater Management Section
Well & Septic Program

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 116933 *Shaw's Pumping* Account #: 7031
Reference: Chuck Alder Company: Alder Creek Construction
Location: 17044 Hardy Road Requested By: Chuck Alder
Mount Airy, MD 21771 Source: Well Water
Date/ Time Collected: 9/11/2017 0950 Site: Pressure Tank
Date/Time Rec'd: 9/11/2017 1205 Treatment: Prior to Reverse Osmosis
Chlorine ppm: Free: ND Total: ND pH: 5.0
Collected By: E. Peeling 2731EP Well #: HO-15-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/12/2017 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223	9/12/2017 / 1000 / CCH
Nitrate	4.16	mg/L	10	601	9/12/2017 / 1015 / CRS
Turbidity	0.90	NTU	<10	SM20 2130B	9/12/2017 / 1050 / CRS
Sand	NS	mg/L	5	Visual/Gravimetric	9/12/2017 / 1050 / CRS

OK - Krew

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 3 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B16003306

Date Reported: 9/12/2017

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #:	116934	Account #:	7031
Reference:	Chuck Alder	Company:	Alder Creek Construction
Location:	17044 Hardy Road Mount Airy, MD 21771	Requested By:	Chuck Alder
Date/ Time Collected:	9/11/2017 1000	Source:	Well Water
Date/Time Rec'd:	9/11/2017 1205	Site:	R/O Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	Reverse Osmosis
Collected By:	E. Peeling 2731EP	pH:	7.0
		Well #:	HO-15-0099

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	9/12/2017 / 1015 / CRS

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Visual well check: Scaled, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy**Building Permit # :** B16003306Date Reported: 9/12/2017



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
INORGANICS ANALYTICAL LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
8930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project NoE18000740 Date Coll. 08/18/2017 Date Received 08/21/2017 Submitted By: S. Collins

Field ID: HO-15-0099
Lab No.: E18000740001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Chloride	SM 4500-Cl E	98	mg/L	08/25/2017
Total Dissolved Solids	SM 2540C	375	mg/L	08/23/2017

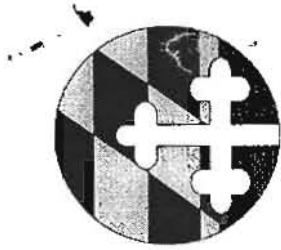
Comments:

Approved by:

Approval date: 08/28/2017

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.



State of Maryland
Department of Health
Laboratories Administration
Division of Environmental Sciences
TRACE METALS LABORATORY
1770 Ashland Avenue, Baltimore, Maryland 21205
Robert Myers, Ph.D., Director



Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
3930 STANFORD BLVD
COLUMBIA, MD 21045

Lab Project No: E18000745 Date Coll.: 08/18/2017 Date Received: 08/21/2017 Submitted By: Collins

Field ID: HO-15-0099
Lab No.: E18000745001

<u>Method</u>	<u>Element</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
EPA 200.7	Sodium	47.90	ppm	08/24/2017

Comments:

Approved by: *Sandra Munoz*

Approval date: 08/30/2017

**The following methods are included in our A2LA Scope of Accreditation: EPA 200.7, EPA 200.8, EPA 245.1.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-8944 and arrange for return or destruction.

PERMITTING UNIT

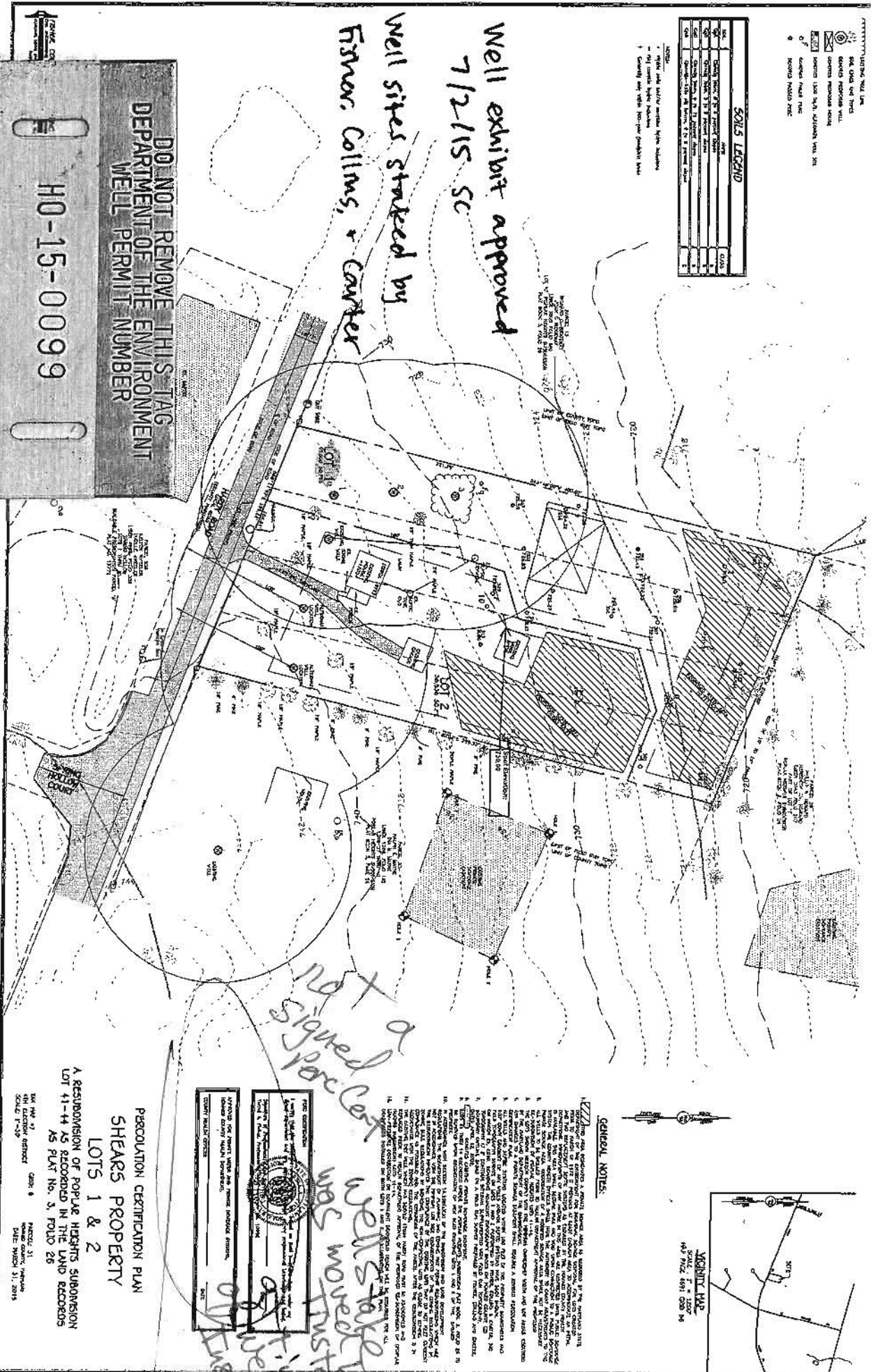
- 1. Well Head and Pits
- 2. Opened Perforated Well
- 3. Opened Perforated Well
- 4. Opened Perforated Well
- 5. Opened Perforated Well
- 6. Opened Perforated Well
- 7. Opened Perforated Well
- 8. Opened Perforated Well
- 9. Opened Perforated Well
- 10. Opened Perforated Well

SOILS LEGEND

NO.	DESCRIPTION	CLASS
1	CLAY	CL
2	SANDY CLAY	SC
3	SANDY SILT	SL
4	SILT	SI
5	SANDY SILT	SS
6	SAND	SA
7	GRAVELLY SAND	SG
8	GRAVELLY SAND	SG
9	GRAVELLY SAND	SG
10	GRAVELLY SAND	SG

Well exhibit approved
7/2/15 SC

Well sites staked by
Fisher, Collins, & Carter



DO NOT REMOVE THIS TAG
DEPARTMENT OF THE ENVIRONMENT
WELL PERMIT NUMBER
H0-15-0099

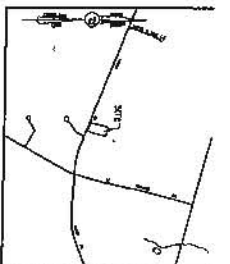
INFORMATION GIVE NUMBER AND WRITE
1800 WASHINGTON BLVD
BALTIMORE MARYLAND 21230



PERCOLATION CERTIFICATION PLAN
SHEARS PROPERTY
LOTS 1 & 2
A RESUBDIVISION OF POPULAR HEIGHTS SUBDIVISION
LOT 41-44 AS RECORDED IN THE LAND RECORDS
AS PLAT NO. 3, FOLD 25

GENERAL NOTES:

1. This plan was prepared by the undersigned in accordance with the provisions of the Maryland Subdivision Control Act, Chapter 29, of the Code of Maryland Annotated, and the rules and regulations of the State Department of the Environment.
2. The boundaries of the lots shown on this plan were determined by a survey conducted by the undersigned on or about the date hereon.
3. The area shown as "PERC" on this plan is a percolation area as defined in the Maryland Subdivision Control Act, Chapter 29, of the Code of Maryland Annotated, and the rules and regulations of the State Department of the Environment.
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not a signed perc cert
wells staked by Fisher, Collins & Carter
was moved by
of the
of the