

C1 3130

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A520449-A

ST/CO USE ONLY DATE Received MM DD YY 13

DATE WELL COMPLETED MM DD YY 11 01 07

Depth of Well 220' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-1315

OWNER Demmitt Richard STREET OR RFD all Daughters Lane TOWN Fulton SUBDIVISION Orchard Estates SECTION LOT 8

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, FEET (FROM, TO), check if water bearing. Rows: Sand (0-48), Gray mica Rock (48-200).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (B) NO. OF BAGS 16 NO. OF POUNDS 1504 GALLONS OF WATER 96 DEPTH OF GROUT SEAL 45

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST Nominal diameter 6 Total depth 52

OTHER CASING (if used)

Table for other casing with columns: diameter, depth.

SCREEN RECORD

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

C 2 DEPTH (nearest ft.)

Table for depth measurements with columns: T, E, A, C, H, S, R, E, N and depth values.

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

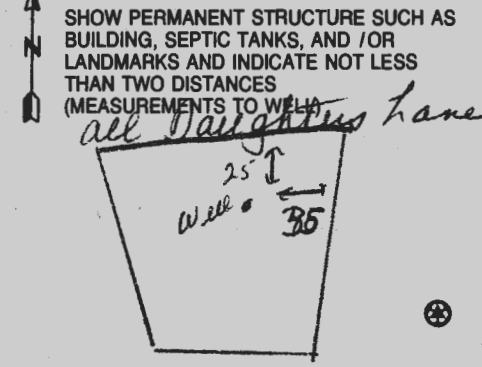
PUMPING TEST

HOURS PUMPED 3 PUMPING RATE 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL 24 BEFORE PUMPING 46 WHEN PUMPING TYPE OF PUMP USED submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES (NO) TYPE OF PUMP INSTALLED PLACE IN BOX 29 CAPACITY: GALLONS PER MINUTE 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH 43 47 CASING HEIGHT above 2 below 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES (Y) NO (N)

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...

DRILLERS LIC. NO. M SD 024 DRILLERS SIGNATURE Joseph E. Mayne LIC. NO. M SD 027 Harry Mayne

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

B 1 **1040** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND STATE PERMIT NUMBER
 1 2 3 6 APPLICATION FOR PERMIT TO DRILL WELL *HD-95-1315*
 527836 please type fill in this form completely

Date Received (APA) _____
OWNER INFORMATION
 8 MM DD YY 13
 15 *Demmitt* Last Name *Richard* Owner First Name 34
 36 *P.O. Box 228* Street or RFD 55
 57 *Clarksville* Town 70 *Md* State 72 *21029* Zip 76

B 3 **LOCATION OF WELL**
 8 COUNTY *Howard* 21
 23 SUBDIVISION *Orchard Estates* 42
 SECTION *8* LOT *8*
 44 46 48 50
 52 NEAREST TOWN *Fulton* 71
 MILES FROM TOWN (enter 0 if in town) *2* M I I
 73 76 77 78

DRILLER INFORMATION
 Driller's Name *Joseph & Mayne* MS D 024 License No. 81
 Firm Name *Joseph & Mayne Well Drilling*
 Address *5512 Ridge Rd Mt. Airy Md 21771*
 Signature *Joseph & Mayne* Date *9-27-07*

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 1 2
 NORTH
 NW 8-9 N 8 NE 8-9
 TOWN
 SW 8-9 S 8 SE 8-9
 SOUTH
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 11. *all Daughters Lane* 30
 34 40 37 DISTANCE FROM ROAD ET
 ENTER FT OR MI 38 39
 TAX MAP: *40* BLK: *18* PARCEL *178*

B 2 **WELL INFORMATION**
 1 2 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)
 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
 COUNTY NAME *Howard* COUNTY NO. *A520 449-A*
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED *10/1/07* 41
 43 MM DD YY 48 CO SIGNATURE *John B...* EXP. DATE *10/1/08*
 NORTH GRID *484* 0 0 0 EAST GRID *816* 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL *300* FEET
 24 28
 APPROXIMATE DIAMETER OF WELL *6* INCH
 NEAREST INCH

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 *816*
 N *484*
 11/1/07
 Radium Sample Collected During Yield Test
 (PB)

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)
 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 DEEPEMED (IF AVAILABLE) 41 _____ 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

 Fulton

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____
 PERMIT No. *HD-95-1315*
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEETS FOR THIS SECTION
Radium sample needed well yield test
 DENV-Permit 97 © COUNTY

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – July 30, 2019

January 30, 2019

Homeowner
12402 All Daughters Lane
Highland, MD 20777

**RE: Orchard Estates, Lot 8
12402 All Daughters Lane
Building Permit: B18002022
Well Permit: HO-95-1315**

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 **1/30/2019**. Final approval of the well line connection to the dwelling was granted on **10/30/2018**. The well construction was completed on **11/1/2007**. Water samples were collected on **1/9/2019**.

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.

Gross Alpha and Beta samples were also collected on **11/1/2007**. Results showed a Gross Alpha level of **5.0 ± 1.0 pCi/L** and **Gross Beta** level of **5.0 ± 2.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-1315. 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.**



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environments website which elaborates in further detail operation and maintenance of your Septic System.

Approving Authority,

Hank Oswald

Hank Oswald, L.E.H.S.
Well & Septic Program

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

9106 Philadelphia Road
Suite 106
Rosedale, MD 21237



HOME LAND ENVIRONMENTAL HEALTH LABS

"Healthy Homes Start Here"

State Certified
Water Quality
Laboratory #353

Certificate of Analysis

OK
-KMB

| Property Identification | Customer Information |
|---|---|
| Property Address: 12402 All Daughters Lane, Lot 8 Highland, MD 20777 Well Tag Number: HO-95-1315 Building Permit # B18222022 | Name: Well Water Solutions Phone Number: (410) 935-7185 Email: jemoeman@wellwatersolutions.net |

| Field Data | | |
|---|---|---|
| Date & Time Sampled: 1/9/2019 11:40AM Date & Time Received: 1/10/2019 9:25AM Sampled By: Janet Walker Sampler ID: 9006JW Sample Location: RAW no treatment from kitchen sink, Bacteria – RAW no treatment from first floor bathroom sink | pH: 5.5 Chlorine Residual: 0.0 Clarity: Clear Sand: None Preservation: Cool, 4°C | Well Type: Not noted Well Height: Not noted Cap Type: Not noted Casing: Not noted Conduit: Not noted |
| Water Conditioning: None (all samples collected RAW from tap) Note: Property does not have water conditioning, all samples collected from a tap with no water treatment "RAW" | | |

| Parameter | Method | Results | Pass/Fail | Units | MLL | RL | AL | Date of Analysis |
|-----------------|-----------|---------------|-------------|-----------|---------|-----|-----|------------------|
| Total Coliform | Colitag | Absent | Pass | Per/100mL | Present | 1.0 | KMB | 1/11/2019 |
| <i>E. Coli</i> | Colitag | Absent | Pass | Per/100mL | Present | 1.0 | KMB | 1/11/2019 |
| Nitrate-Nitrite | EPA 353.2 | 3.0 | Pass | mg/L | 10.0 | 0.5 | KMB | 1/10/2019 |
| Turbidity | EPA 180.1 | 2.0 | Pass | NTU | 10.0 | 0.5 | KMB | 1/10/2019 |

Approved By: Kevin Barnaba Kevin Barnaba, Lab Director

Report Date: 1/11/2019

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

*Emailed
10.29.18*

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: NATIONAL WATER SVC Telephone #: 301-854-1333
Address: PO Box 138
ASHTON, MD 20861

(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 RYCKE License# PI 0145

*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: Mitchell & Best Telephone #: 301-252-0126
Subdivision: DBB Lot #: _____ Well Tag #: HO-25-1315
Site Address: 12402 All Daughters LA
Highland

| | | |
|--|---|--|
| <u>Submersible Pump Data</u> | <u>Pitless Adapter</u> | <u>Well Cap and Electric Conduit</u> |
| Make: <u>SCHAEFER</u> | Make: <u>Campbell</u> | Two piece watertight cap: <input checked="" type="checkbox"/> |
| Model #: <u>1/2 HP</u> | Model#: <u>1A 500</u> | Screened, vented well cap: <input checked="" type="checkbox"/> |
| Pump Capacity <u>10</u> GPM | Depth: <u>48"</u> (36" min) | Cap secured to casing: <input checked="" type="checkbox"/> |
| Well Yield: <u>20</u> GPM | NSF approved: <input checked="" type="checkbox"/> | Conduit min 18" B.G.: <input checked="" type="checkbox"/> |
| Depth of well encountered at time of pump installation: <u>20</u> (feet) | | Conduit secured to well cap: <input checked="" type="checkbox"/> |

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 _____

| | |
|---|---|
| <u>Piping to house</u> | <u>House Connection</u> |
| Type: <u>poly</u> | PVC sleeved to undisturbed soil at wall penetration: <u>YES</u> |
| PSI: <u>205</u> (160 psi min) | Approximate length of sleeve: <u>5'</u> |
| Depth of supply line: <u>4'</u> (36" min) | Sleeve caulked and 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 10.25.18

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

Date Insp. Requested: _____ Date Insp. Approved: 10/30/18 *ISU*

| | |
|---|-------------------------------------|
| Inspection Data: Pitless adapter and water supply line at least 36" below grade | <input checked="" type="checkbox"/> |
| 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"/> |
| Safety rope installed inside of well casing | <input checked="" type="checkbox"/> |
| Correct well tag attached properly and casing 8" above finished grade | <input checked="" type="checkbox"/> |
| Water supply line sleeved adequately at house connection | <input checked="" type="checkbox"/> |
| Adequate grout observed below pitless adapter | <input checked="" type="checkbox"/> |

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

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: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO 95-1315
 Site Address: _____

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____
 Well Yield: _____
 Depth of well encountered at time of pump installation: _____ (feet)

Pitless Adapter

Make: _____ +
 Model#: _____
 GPM Depth: _____ (36" min)
 GPM 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: _____

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

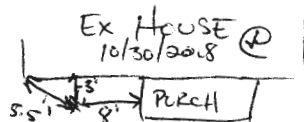
Date Insp. Requested: 10/30/2018 Date Insp. Approved: 10/30/2018 Inspector: [Signature]

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36"

- Two piece cap installed and attached to casing securely ✓ 32"
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 21"
- 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

(Revised form 10/24/2018)



10/30/2018 [Signature]
 WELL TIED IN UNDER FOOTER



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 29, 2007

Mr. Richard Demitt
P.O. Box 228
Clarksville, MD 21029

RE: Orchard Estates, Lot #8
Well Tag: HO-95-1315

To Whom It May Concern:

A sample was collected from a yield test November 1, 2007 and submitted to the Department of Health and Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta particle activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of 5.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 5.0 ± 2.0 pCi/L. The **Gross Alpha** result was below its maximum contaminant level (MCL) of 15 pCi/L, while the **Gross Beta** level was below its target value of 50 pCi/L (roughly equivalent to the annual dose rate of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing for these parameters will be required to secure the future Use & Occupancy. However, other standard (potability) testing will still be necessary.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions.

Sincerely,

Bert Nixon, Director
Bureau of Environmental Health

cc: Eric Dougherty, MDE Water Mgmt., Groundwater
✓ Well & Septic File

Send Report To:

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

Invoice sent

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

Sample Bottle No. A: OE8BB951315 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Orchard Estates - Lot 8 County: Howard

Sample Source: All Daughters Lane Location: HO-95-1315
(well no., lab sink, sample tap, etc.)

County: 1 3 Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: Brian Baker

Telephone No: (410) 313-2643

Date Collected: 11/1/2007

Time Collected: 10 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

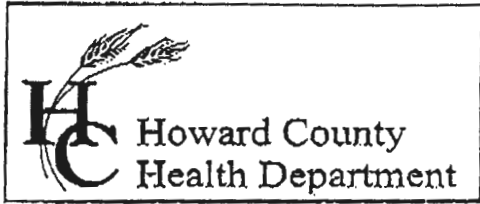
Submitters Code: Federal Project: Field Data: _____

Remarks: Sample Collected During Yield Test ^{pH} Chlorine

| ✓ | Test | EPA Code | Laboratory No. | Results (pCi/L) | Date Reported |
|---|-----------------------|----------|----------------|-----------------|---------------|
| ✓ | Gross Alpha | 4000 | | | |
| ✓ | Gross Beta | 4100 | | | |
| | Radon-222 Bottle A | 4004 | | | |
| | Radon-222 Bottle B | 4004 | | | |
| | Field Blank A | 4004 | | | |
| | Field Blank B | 4004 | | | |
| | Tritium | | | | |
| | Ra - 226 | 4020 | | | |
| | Ra - 228 | 4030 | | | |
| | Total Uranium | 4006 | | | |
| | | | | | |
| | | | | | |

Date Received: _____/_____/_____

Supervisor: _____



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: *Parcel A*
Orchard Est - *1, 2, 3, 4* all Daughters Lane
 Subdivision/Property Name Lot# Road Name
5, 6, 7, 8

The well site has been staked by Patton Harris Rust + Ass -
 (professional land surveyor or company employing professional land surveyors)
 on Sept 2007 (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.

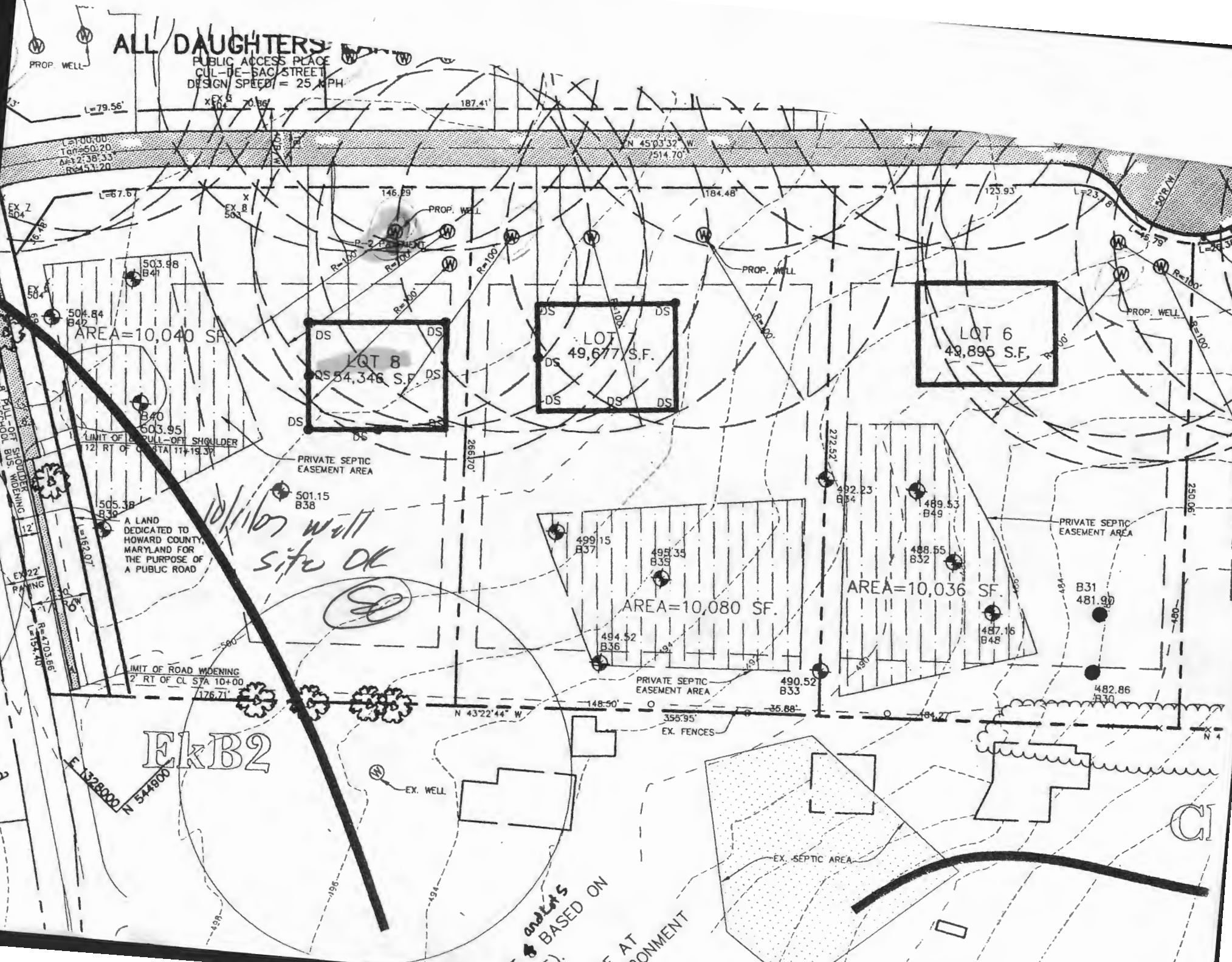
This sheet, along with two copies of an acceptable well site plan, must be attached to the green well permit application.

Revised 3/11/05

Richard Demmitt

ALL DAUGHTERS

PUBLIC ACCESS PLACE
CUL-DE-SAC STREET
DESIGN SPEED = 25 MPH



EKB2

10/11/07 well site OK

BASED ON
OF AT
VIRONMENT

C