

ST/CO USE ONLY DATE RECEIVED 06 07 13 DATE WELL COMPLETED 05 30 13 Depth of Well 200 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2519

8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

(TO NEAREST FOOT) OK - Screen?

OWNER Fisher Ruth last name first name TOWN SPRINGSVILLE MD.

WELL SITE ADDRESS 1585 Rt. 32

SUBDIVISION SHIMEX Lodge SECTION LOT Parcel A

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	50	✓
Brown Slate	50	55	
Blue Slate	55	80	
Brown Slate	80	85	✓
Blue Slate	85	200	

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. M 2 D 117

DRILLERS SIGNATURE [Signature]

LIC. NO. [Signature]

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

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one) CEMENT BENTONITE CLAY

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 58 ft.

CASING RECORD

casing types insert appropriate code below

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to
<u>PL</u>	<u>4</u>	<u>200</u>	<u>100</u>
<u>PL</u>	<u>4</u>	<u>80</u>	<u>5</u>

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE

PLASTIC OTHER

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	11	15	17	21
<u>HO</u>	<u>58</u>	<u>200</u>										
<u>PL</u>	<u>100</u>	<u>80</u>										

SLOT SIZE 1 1/8 2 2 3 3

DIAMETER OF SCREEN 4" (NEAREST INCH)

from 58 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 7 72 1 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 **PUMPING TEST**

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 15 ft.

WHEN PUMPING 40 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

- below } 2 (nearest foot)

LATITUDE 39.32774

LONGITUDE 76.94761

(DEFAULT COORD. WGS 84)

NOTES:

B 1 14979

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 2519

545004

please type

fill in this form completely

Date Received (APA)

04 18 13

OWNER INFORMATION

8 MM DD YY 13

Fisher Ruth A

15 Last Name Owner First Name 34

1585 Rt. 32

36 Street or RFD 55

SYKESVILLE MD 21784

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne

M SD 117

76 License No. 81

Ralph Mayne Well Drilling

Firm Name

17024 Handy Rd Mt. Airy MD 21774

Address

Ralph Mayne 4/3/13

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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

B 3

LOCATION OF WELL

Howard COUNTY

SHIPLEYS Lodge

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

52 NEAREST TOWN 71

B 4

SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

1585 Rt. 32

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 75 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: 9 BLK: PARCEL 91

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE INSERT S 41

DATE ISSUED 05 10 13 5/10/14

43 MM DD YY 48 SIGNATURE EXP. DATE

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 - 2519

SPECIAL CONDITIONS

TDS Sample needed on new well + old well prior to abandonment. old well must be abandoned. Drill new well in approved well box

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

TDS sample take from existing well + rep well on 5/31/13



**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): Bill Steiner 301-606-5607 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-95-2519
Site Address: 1585 RT 32

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.: _____
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: _____
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: 6/24/13 Date Insp. Approved: 6/25/13 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

*Missing 2 Bolts.
Pitless Adapter
Not flush w/
casing
(KW)*



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E13005725 Date Coll. 05/31/2013 Date Received: 06/03/2013 Submitted By: R. Rappaport

Field ID: HC 1585B
Lab No.: E13005725002

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Total Dissolved Solids	SM 2540C	669	mg/L	06/07/2013

Comments:

Approved by:

Shahin Amini

Approval date: 06/21/2013

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.

Telephone: (410) 767 - 6190

Fax: (410) 225 - 3175

S:\EnviroFinal-InorganicsA.rpt

Partial List of Submitter Codes

Code	Description	Code	Description
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standards & Certification Program
42	Public Drinking Water	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

Code	Description	Code	Description
S	Safe Drinking Water Act (SDWA)	N	National pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

Code	Description	Code	Description
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
		5E	Misc. River/Stream
		5F	Misc. Drinking Water
		5G	Swimming Pools
		5H	Marine or Estuarine Natural Bathing Areas

level should not be above 500

List of Error Codes

Code	Description
J	Wrong sample type
RR	No sample received
X	Improper preservation
LL	Mislabeled sample



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
Robert Myers, Ph.D., Director

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E13005725 Date Coll. 05/31/2013 Date Received: 06/03/2013 Submitted By: R. Rappaport

Field ID: HC 1585 A
Lab No.: E13005725001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Total Dissolved Solids	SM 2540C	179	mg/L	06/07/2013

Comments:

Approved by: *Shahin Aneli*

Approval date: 06/21/2013

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SEND REPORT TO: Bert Nixon
 toward Co. Env. Health
 7178 Columbia Gateway Dr.
 Columbia, MD 21046


E11001756001
 Received: 10/06/2010
 Inorganic 734326BB

WATER ANALYSIS

Number 734326BB Name HCHD County Howard County Code 113
 Address 1585 Route 32, HO-73-4326 Data Category Code 41F
 Collected: Date 10/5/2010 Time 11:00AM Collector & Phone Brian Baker (410)313-2643 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Federal <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>	Project <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>	

Plant No. Sampling Station Preservation: Iced Acid Type of Acid
 pH 6.0 Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: Sample Collected From Outdoor Spigot

CHECK TESTS	TESTS	ERROR CODE	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Color*		
	Conductance*, Spec.		
✓	Dissolved Solids		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		



State of Maryland
DHMH-Laboratories Administration
Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

Certificate of Analysis

HOWARD CO ENVIRONMENTAL HLTH
7178 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

Lab Project No E11001756 Date Coll. 10/06/2010 Date Received: 10/06/2010 Submitted By: B. Baker

Field ID: 734326BB
Lab No.: E11001756001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Total Dissolved Solids	SM 2540C	90	mg/L	10/14/2010

Comments:

Approved by: _____

Shahin Amini

Approval date: 10/20/2010

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Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(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

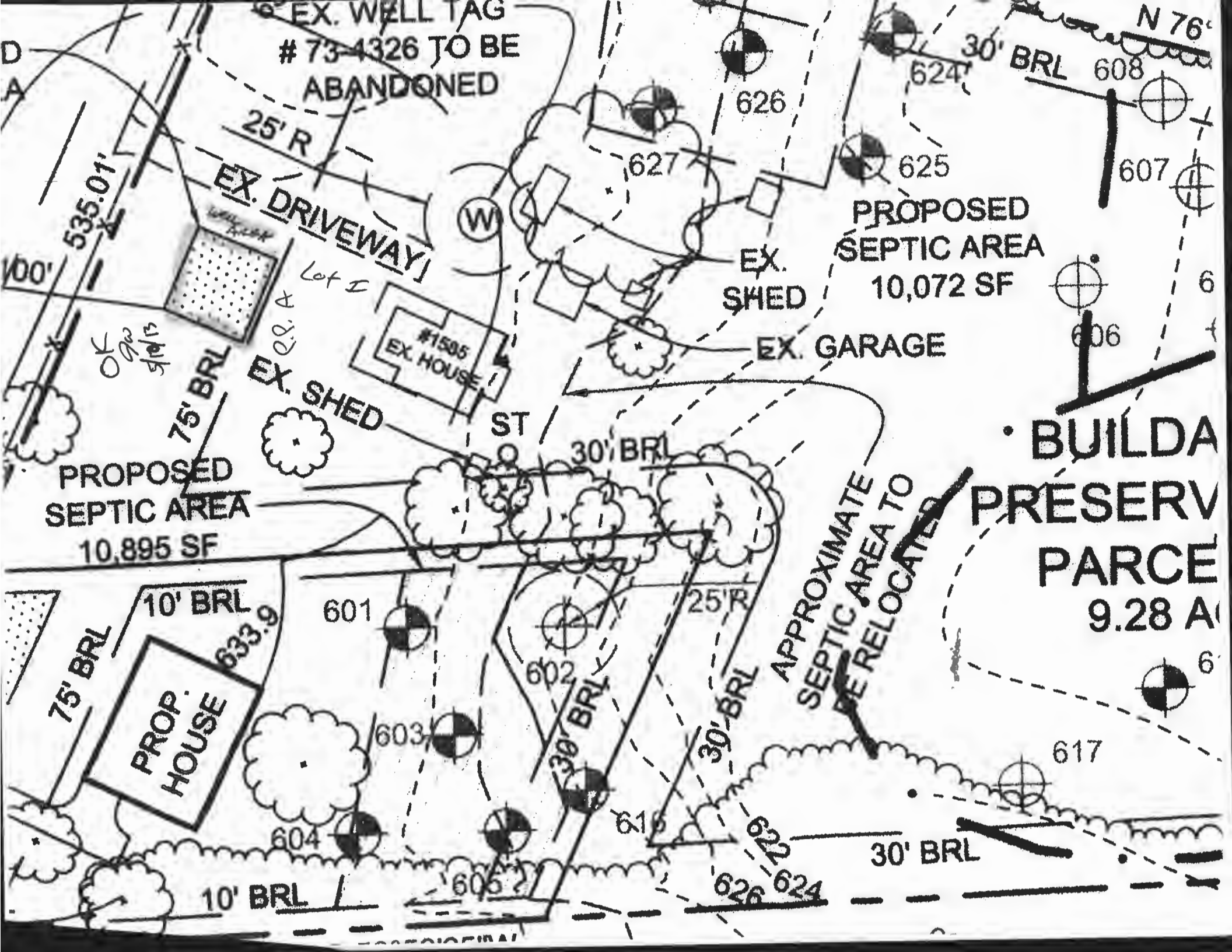
ATTENTION WELL DRILLERS!!!

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

- The well site has been staked by Still ACOCKE ASSOC. on Sept 30 2008 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 OWNER NAME - Ruth A. Fisher
Sub-NAME - Skipley Lodge
Lot # 199A



EX. WELL TAG
#73-4326 TO BE
ABANDONED

EX. DRIVEWAY

PROPOSED
SEPTIC AREA
10,072 SF

PROPOSED
SEPTIC AREA
10,895 SF

EX. SHED
EX. GARAGE

BUILDA
PRÉSERV
PARCE
9.28 A

PROP.
HOUSE

APPROXIMATE
SEPTIC AREA TO
BE RELOCATED

10' BRL

30' BRL

N 76°

30' BRL 608

75' BRL

30' BRL

30' BRL

30' BRL

626 624

617

601

602

603

604

605

615

622

626

627

625

607

606

6

6

25' R

30'

535.01'

100'

Lot I

ST

#1505
EX. HOUSE

EX. SHED

OK
9/13
5/13

D
A

Send Report To:

Bert Nixon
 Howard County Health Department
 Bureau of Environmental Health
 7178 Columbia Gateway Drive
 Columbia, Maryland 21046

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St
 P.O. Box 2355, Baltimore, Maryland 21203
 Robert A. Myers, Ph. D., Director
WATER ANALYSIS

Lab No. Date Received

Do not write above this line.

S A M P L E	Bottle Number: <u>HC 1585 A</u> Name: <u>Ruth Fisher</u> County: <u>Howard</u> County Code: <u>13</u>																
	Location: <u>1585 Route 32, Sykesville, MD. 21784</u> Data Category Code: <u>41F</u>																
	Collected: Date <u>5/31/13</u> Time <u>4 pm</u> Collector & Phone: <u>R. Rappert 410-313-1781</u> Submitter Code: <u> </u>																
I D	CHECK (one per box)																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Drinking Water <input checked="" type="checkbox"/></td> <td style="width:25%;">Community <input type="checkbox"/></td> <td style="width:25%;">Source (raw water) <input checked="" type="checkbox"/></td> <td style="width:25%;">Emergency <input type="checkbox"/></td> </tr> <tr> <td>Landfill <input type="checkbox"/></td> <td>Non-community <input type="checkbox"/></td> <td>Distribution (treated) <input type="checkbox"/></td> <td>Routine <input checked="" type="checkbox"/></td> </tr> <tr> <td>Stream <input type="checkbox"/></td> <td>Private <input checked="" type="checkbox"/></td> <td>MCL <input type="checkbox"/></td> <td>Recheck <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> <td></td> <td>Special <input type="checkbox"/></td> </tr> </table>	Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>	Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>
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Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>														
Federal Project: <u>S</u>																	

F I E L D	Plant No. <u> </u> <u> </u> <u> </u> <u> </u> Sampling Station <u> </u> <u> </u> <u> </u> <u> </u> Preservation: Iced <input checked="" type="checkbox"/> Acid <input type="checkbox"/> Type of Acid <u> </u>
	pH <u> </u> <u> </u> Chlorine: Free <u> </u> Total <u> </u> Specific Conductance <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
	Notes to Lab/Remarks: <u>Sample taken from water supply provided by existing well on site HO-95-1973</u>

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Conductance*, Spec.		
<input checked="" type="checkbox"/>	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
	Nitrite, N		
	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
	Turbidity*		
	Other:		

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief _____

Date Reported _____

DHMH 90-A 01/13

ORIGINAL LABORATORY

Tests Requested

Section Chief _____

Reported _____

December 20, 2011

Mr. Jeff Williams
Well and Septic Program
Howard County Environmental Health

Mr. Williams,

With the recordation of Shipley's Lodge, I fully understand that it is my responsibility to install a well at my present home, which is also known as Preservation Parcel A. This needs to be done at the earliest of any sale of either lot or the submission of a building permit request for either Parcel A or Lot 1.

As we have no immediate plans to construct anything on either lot, we appreciate your cooperation in this matter.

Ruth Fisher
RF

Ruth Fisher
Owner

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
7/5/8	TDS sample to be taken on repl. well at ICOP/FCOP time. Make sure ICOP/FCOP
	B completed prior to approval of any F plan or SDE. Jan