

C1 7216

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)

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY

6 12 07

22 600 26 (TO NEAREST FOOT)

HO-95-1141

OWNER: Horton Donald DAYTON STREET OR RFD: 14270 Tradelphia Mill TOWN SUBDIVISION SECTION LOT 7

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. Includes handwritten entries: Brown mica, Gray Limestone, 0-75, 75-600.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes (Y) no (N)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS: 19 NO. OF POUNDS: 7786

GALLONS OF WATER: 114

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

CASING RECORD

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE: ST Nominal diameter top (main) casing: 06 Total depth of main casing: 80

OTHER CASING (if used)

Table for other casing with columns: diameter inch, depth (feet) from, to.

screen type or open hole (insert appropriate code below)

SCREEN RECORD

ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.)

Table for screen depth 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.

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 0.6

PUMPING RATE (gal. per min.) 1.8

METHOD USED TO MEASURE PUMPING RATE 190L

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 133 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

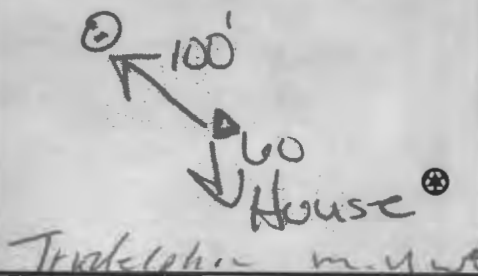
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above, (-) below LAND SURFACE 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 5856

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 526718 please type

STATE PERMIT NUMBER HO-95-1141 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13 Horton, Donald 15 Last Name Owner First Name 34 2503 offutt Rd 36 Street or RFD 55 Woodstock md 21163 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

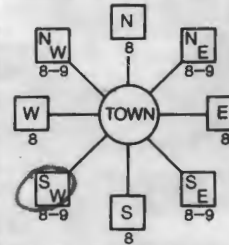
Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 7 48 50 Dayton 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 76 77 78

DRILLER INFORMATION

Allen Compton MS D 009 76 Driller's Name License No. 81 Fogles Well Drilling Firm Name 580 obrecht Rd Address Signature Date 5-21-07

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1420 Tridelphia mill Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 130 37 DISTANCE FROM ROAD ENTER FT OR MI 38 FT 39

TAX MAP: 27 BLK: 18 PARCEL 67

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12 AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 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

Howard 9526239 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 6/5/07 CO SIGNATURE EXP. DATE 6/5/08 NORTH GRID 508 000 EAST GRID 797 000

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

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 DEEPEIN AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

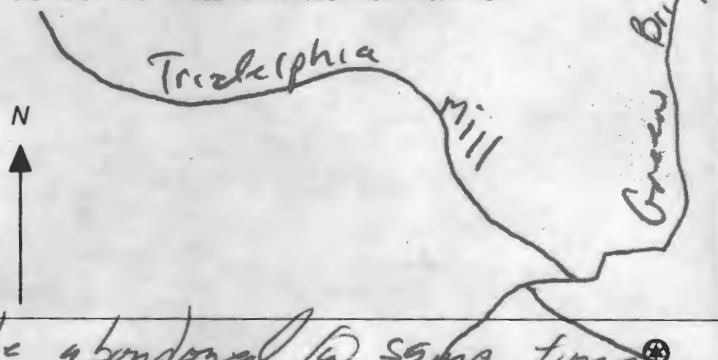
SOURCES OF DRILLING WATER

- 1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 797 N 508

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



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

APPROP. PERMIT NUMBER G PERMIT No. HO-95-1141

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED For well must be abandoned @ same time

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-29-07 (month/day/year)

- * PERMIT NUMBER OF ABANDONED WELL (if any)
- * PERMIT NUMBER OF REPLACEMENT WELL

Empty grid for permit number

H0 95 1141

- * PERSON ABANDONING WELL: Allen Compton
- * OWNER'S NAME: Donald Horton
- * WELL LOCATION:

WELL DRILLERS LICENSE NUMBER: 009
CIRCLE: MWD/MSD/MGD

COUNTY: Howard
NEAREST TOWN: Duxford
TAX MAP 27 BLOCK 18 PARCEL 67
SUBDIVISION: _____
SECTION: _____ LOT: 7

MARYLAND GRID COORDINATES

E: 800
BOX NUMBER
N: 500

	X
000	000

SHOW WELL LOCATION BY X WITHIN BOX

- * TYPE OF WELL BEING ABANDONED:
 - DRILLED
 - BORED/AUGURED
 - OTHER (specify) _____
 - JETTED
 - HAND DUG

- * USE CODE:
 - DOMESTIC
 - IRRIGATION
 - TEST/OBSERVATION
 - MUNICIPAL/PUBLIC
 - INDUSTRIAL

- * TYPE OF CASING:
 - STEEL
 - CONCRETE
 - PLASTIC
 - OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 50' FEET DEEP

* WAS ANY CASING REMOVED? YES NO
If yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # 009 MWD/MSD/MGD CIRCLE ONE 7-2-07 DATE

FOGLES SEPTIC AND WELL
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.

COUNTY
NUMBER

C1 7216

SEQUENCE NO.
(MDE USE ONLY)

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

ST/CO USE ONLY
DATE RECEIVED
MM DD YY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 18

6 12 07

22 600 26
(TO NEAREST FOOT)

7/17/07
OK (100) HO-95-1141
29 29 30 31 32 33 34 35 36 37

OWNER

STREET OR RFD

SUBDIVISION

Horton

14270 Tradelphia Milltown Dayton

SECTION

LOT 7

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
FROM TO

check
if water
bearing

Brown
Mica

0 75

Gray
Limestone

75 600

114 = 6 + 19
19 = 5 + 14

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
24 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 7786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 59 3/2 ft.
48 TOP 52 54 BOTTOM 58

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL CONCRETE
PLASTIC OTHER

MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 06
Total depth of main casing (nearest foot) 80
60 61 63 64 66 70

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

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

STEEL BRASS BRONZE PLASTIC
HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y N

CIRCLE APPROPRIATE LETTER

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 009

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 D 1

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

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

PUMPING TEST

HOURS PUMPED (nearest hour) 6.6

PUMPING RATE (gal. per min.) 1.8

METHOD USED TO
MEASURE PUMPING RATE 1906

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft.

WHEN PUMPING 133 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 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

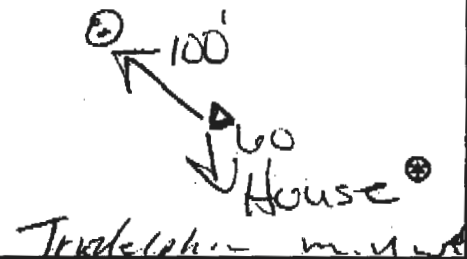
PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

+ above LAND SURFACE
- below 02 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)



Yield Test Data Sheet

County File # _____

District 2

MD Well Permit #. H.O. 95-1141

Date of Test: 6-12-07

Subdivision Name: _____

Section _____ Lot # 7

Street Address: 14270 Trudolphia Mill

Measuring Point (MP) Description: TOP OF CASING
(for ex. "Top of casing")

Distance from MP to ground surface 2 ft.

Well Depth 600' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to: Carroll County Health Department
Bureau of Environmental Health
P.O. Box 845
Westminster, MD 21158
410-876-1884, 410-857-5009
410-875-3385

NOTES:

Pump Start Time	Static Water level: <u>20'</u> ft.	Pumping Rate <u>3</u> gal. bucket () Time to fill bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>	
TIME	WATER LEVEL BELOW M.P.			
Water level and pumping rate must be recorded every 15 minutes				
1	8:00	20 ft.	3	20 GPM
2	8:15	132 ft.	32	1.8 GPM
3	8:30	133 ft.	32	1.8 GPM
4	8:45	133 ft.	32	1.8 GPM
5	9:00	133 ft.	32	1.8 GPM
6	9:15	133 ft.	32	1.8 GPM
7	9:30	133 ft.	32	1.8 GPM
8	9:45	133 ft.	32	1.8 GPM
9	10:00	133 ft.	32	1.8 GPM
10	10:15	133 ft.	32	1.8 GPM
11	10:30	133 ft.	32	1.8 GPM
12	10:45	133 ft.	32	1.8 GPM
13	11:00	133 ft.	32	1.8 GPM
14	11:15	133 ft.	32	1.8 GPM
15	11:30	133 ft.	32	1.8 GPM
16	11:45	133 ft.	32	1.8 GPM
17	12:00	133 ft.	32	1.8 GPM
18	12:15	133 ft.	32	1.8 GPM
19	12:30	133 ft.	32	1.8 GPM
20	12:45	133 ft.	32	1.8 GPM
21	1:00	133 ft.	32	1.8 GPM
22	1:15	133 ft.	32	1.8 GPM
23	1:30	133 ft.	32	1.8 GPM
24	1:45	133 ft.	32	1.8 GPM
25	2:00	133 ft.	32	1.8 GPM
26	2:15	133 ft.	32	1.8 GPM
27	2:30	133 ft.	32	1.8 GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6-29-07 (month/day/year)

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* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0		9	5		1	1	4	1
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* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

* OWNER'S NAME: Douglas Horton

CIRCLE: MWD/MSD/MGD

* WELL LOCATION:
14270 TRIADDELPHIA MILL ROAD
 COUNTY: Howard
 NEAREST TOWN: Duxton
 TAX MAP 27 BLOCK 18 PARCEL 67
 SUBDIVISION: _____
 SECTION: _____ LOT: 7

	X
000	000

MARYLAND GRID COORDINATES

BOX NUMBER
 E 800
 N 500 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 50 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>cement</u>	<u>0</u>	<u>50</u>

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN [Signature]

LICENSE # 009

CIRCLE ONE MWD/MSD/MGD

DATE 7-2-07

**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: _____ 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 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: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 95 - 1141
Site Address: 14270 Triads/phia Mill Rd

Submersible Pump Data

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

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF 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 or Cable guards are required – Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve (5 foot minimum): _____

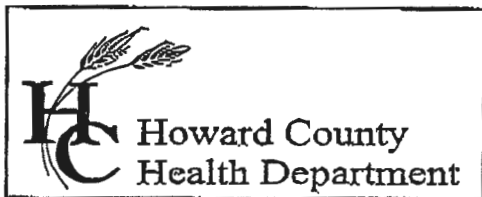
Depth of supply line: _____ (36" min) Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: 6/18/07 **BB**
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



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:

14270 Independence Mill Rd - For Donald Horton
 Subdivision/Property Name Lot# Road Name

The well site has been staked by _____,
 (professional land surveyor or company employing professional land surveyors)
 on _____ (date) and does not require a site inspection.

The well driller, builder or property owner ^{is ready for} will call the Health Department
 to schedule a time ~~to meet in the field~~ to verify the proposed well site
 location. *Site is staked. Check it out.*

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

N 69°45'37" W 432.65'

6/5/07
well s to DK (EO)

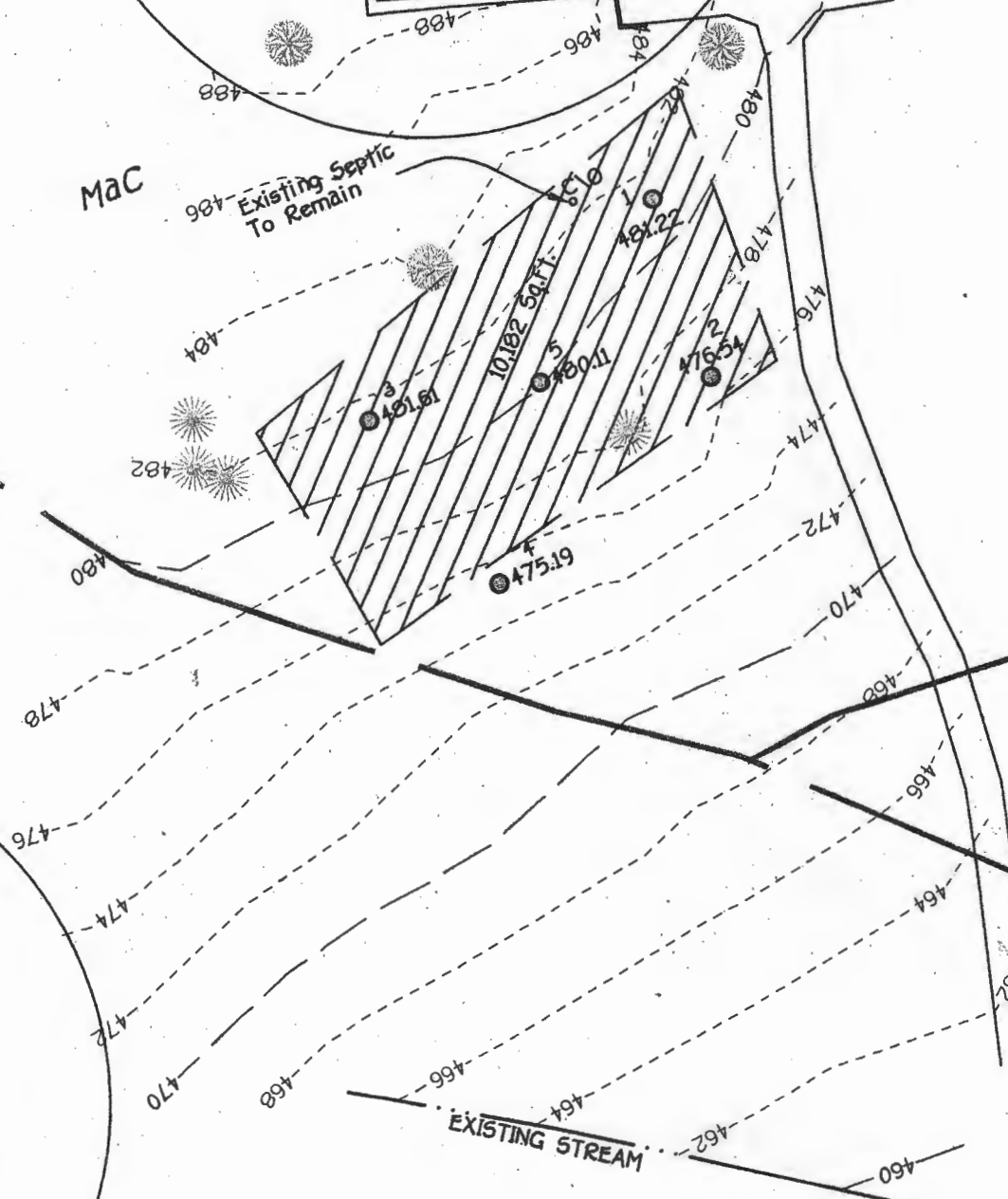
PARCEL 67
BEVERLY J. HOVERMALE
LIBER 1156, FOLIO 109

Existing Well
To Be Abandoned
489.12

PROP
DECK
PROP.
ADDITION

MaC

Existing Septic
To Remain



GmB

GmB

14270 Triadelphia Mill Rd