

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE TYPE** COUNTY NUMBER **XIII**

ST/CO USE ONLY DATE Received **01 04 22** DATE WELL COMPLETED **01 04 22** Depth of Well **26** PERMIT NO. FROM "PERMIT TO DRILL WELL" **Ho-20-0143**

OWNER **VIKING DEVELOPMENT CORPORATION** WELL SITE ADDRESS **1939 ROUTE 32** TOWN **SYKESVILLE** SUBDIVISION **SLACK PROPERTY** SECTION _____ LOT _____

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	
TAN RED GROUND	0	35	
TAN ROCK	35	63	
GRAY PHYLLITE GNEISS	63	90	
TAN ROCK	90	93	
GRAY GNEISS	93	118	
TAN GNEISS	118	120	X
GRAY GNEISS	120	355	
SOFT GNEISS	355	360	X
GRAY GNEISS	360	400	

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one) CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **24** NO. OF POUNDS **1200**

GALLONS OF WATER **432**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **78** ft. (enter 0 if from surface)

CASING RECORD

MAIN CASING TYPE **PL** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **80**

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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **4**

PUMPING RATE (gal. per min.) **4.6**

METHOD USED TO MEASURE PUMPING RATE **WATCH & BUCKET**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **68** ft.

WHEN PUMPING **235** ft.

TYPE OF PUMP USED (for test)

S submersible

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

SCREEN RECORD

screen type or open hole **ST** **BR** **HO** **PL** **OT**

- 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

C 2 DEPTH (nearest ft.)

HO **78** **400**

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN **6** (NEAREST INCH)

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) **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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above } LAND SURFACE **2** (nearest foot)

- below }

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. **MWD 576**

DRILLERS SIGNATURE **Robert [Signature]**

LIC. NO. **D**

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 _____

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

LATITUDE **39.315562**

LONGITUDE **76.947837**

(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

B 1	SEQUENCE NO. (MDE USE ONLY) 61095	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 570211 please type	STATE PERMIT NUMBER HO-20-0143 fill in this form completely
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OWNER INFORMATION

Date Received (APA) **10/17/21**

8 MM DD YY 13

15 Last Name **Viking Development Corporation** Owner First Name **Howard** 34

36 Street or RFD **Slack Property** 55

57 Town **Sykesville MD 21784** 70 State 72 Zip 76

LOCATION OF WELL

8 COUNTY **Howard** 21

23 SUBDIVISION **Slack Property** 42

SECTION **44** 46 LOT **48** 50

52 NEAREST TOWN **Sykesville** 71

DRILLER INFORMATION

Driller's Name **Handall Alexander MD 576** 76 License No. 81

Firm Name **Alexander's Well Drilling**

Address **120 W Main St. P.O. Box 443, Fairfield, PA 17320**

Signature **Ralph McK** Date **10/7/21**

SOURCES OF DRILLING WATER

1. **1939 Well water** 11 STREET ADDRESS 30

2. **Route 32**

3. **Well water**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **600** 37 DISTANCE FROM ROAD

ENTER FT OR MI 38 39

TAX MAP: **09** BLK: **23** PARCEL **299**

WELL INFORMATION

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

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **450**

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

COUNTY NAME **Howard** COUNTY NO. **21**

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED **12/07/2021** CO SIGNATURE _____ EXP. DATE **12/02/2022**

43 MM DD YY 48

APPROXIMATE DEPTH OF WELL **400** FEET

24 28

APPROXIMATE DIAMETER OF WELL **6** INCH

NEAREST

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL

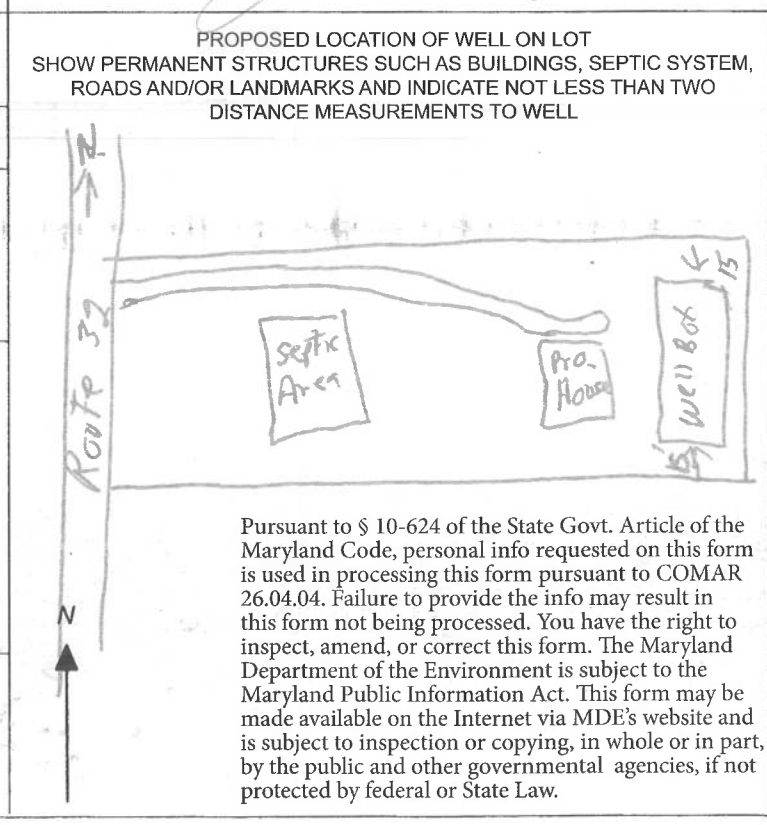
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ **G** _____

PERMIT No. **HO-20-0143**

70 71 72 73 74 75 76 77 78 79



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATT. MEMO**

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: K&T Plumbing Inc Telephone #: 717-524-9530
 Address: PO Box 2151
Westminster, MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Thomas A Billoggio Jr License# 21451
 *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: Viking Development Corp Telephone #: 410-442-8068
 Subdivision: Slack Property Lot #: 3-B Well Tag #: HO 20-0143 ✓
 Site Address: 1939 Rt 32
Sykesville, MD 21784

Submersible Pump Data

Make: Flawless
 Model #: P10505
 Pump Capacity: 5 GPM
 Well Yield: 7 GPM

Pitless Adapter

Make: American Granby
 Model #: PT80055
 Depth: 42" (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: 300 (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: Poly
 PSI: 200 (160 psi min)
 Depth of supply line: 42" (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.

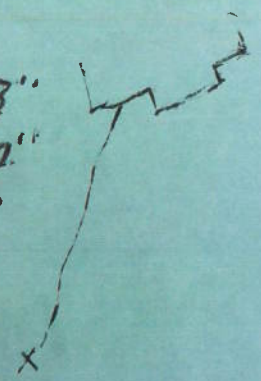
Signature of company representative responsible for installation: Thomas A Billoggio Jr

date: 6/7/23

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

Date Insp. Requested: 6/7/2023 Date Insp. Approved: 6/8/2023 Inspector: SP

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade: ✓ 48"
 Two piece cap installed and attached to casing securely: ✓
 Elec. conduit extends at least 18" below grade/attached to cap properly: ✓ 42"
 Safety rope not outside of well cap/casing: ✓
 Correct well tag attached properly and casing 8" above finished grade: ✓ 2'
 Water supply line sleeved adequately at house connection: ✓
 Adequate grout observed below pitless adapter: ✓



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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MARCH 29, 2023

September 29, 2023

Homeowner
1939 Route 32
Sykesville, MD 21784

RE: Slack Property, Lot 3B
1939 Route 32
Building Permit: B21004612
Well Permit: HO-20-0143

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 **9/28/2023**. Final approval of the well line connection to the dwelling was granted on **6/8/2023**. The well construction was completed on **1/4/2022**. Water samples were collected on **8/25/2023, 8/30/2023**.

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-20-0143. 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>



**HOWARD COUNTY
HEALTH DEPARTMENT**

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environment's website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
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

REPORT OF ANALYSIS

Laboratory ID #: 161057 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 1939 Route 32 Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/25/2023 0949 Site: Pressure Tank
Date/Time Rec'd: 8/25/2023 1303 Treatment: Prior to Spindown Filter
Chlorine ppm: Free: ND Total: ND pH: 6.1
Collected By: R. Ott 0266RO Well #: H0-20-0143

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2023 / 1530 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/26/2023 / 1530 / CCH
Nitrate.	5.51	mg/L (as N)	10	EPA 300.0	8/25/2023 / 1917 / CRS
Turbidity	0.37	NTU	<10	SM2130B	8/25/2023 / 1615 / CRS
Sand	>5	mg/L	5	Visual/Gravimetric	8/25/2023 / 1645 / CRS

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 ND:None Detected
- 6 Visual well check: Sealed, vented cap
- 7 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21004612

Date Reported: 8/28/2023

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

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

REPORT OF ANALYSIS

Laboratory ID #: 161155 Account #: 4226
Reference: Viking Development Corporation Client: Viking Development Corporation
Location: 1939 Route 32 Requested By: Cary Cumberland
Sykesville, MD 21784 Source: Well Water
Date/ Time Collected: 8/30/2023 1222 Site: Pressure Tank
Date/Time Rec'd: 8/30/2023 1500 Treatment: Prior to Spindown Filter
Chlorine ppm: Free: ND Total: ND pH: 5.0
Collected By: J. Yeager 0819JY Well #: H0-20-0143

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Sand	ND	mg/L	5	Visual/Gravimetric	8/31/2023 / 0730 / 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: Sealed, vented cap
- 5 pH & Chlorine level tested on site

Reason for Test : Use & Occupancy

Building Permit # : B21004612

Date Reported: 8/31/2023

Cabahug, Joseph

From: Cabahug, Joseph
Sent: Monday, October 25, 2021 12:09 PM
To: RANDALL ALEXANDER
Subject: Well Permit_1393 Route 32
Attachments: Well Staked Certification Form_2021.pdf

Randy,

Is this well site staked by a surveyor? How are you planning on getting back there? It's right off Route 32 and there is no driveway or easement cut out of the woods. I was not even able to verify the staking myself last week.

Joseph C. Cabahug – REHS/RS LEHS II
Environmental Health Specialist
Howard County Health Department
8930 Stanford Blvd.
Columbia, MD 21045
410-313-2643 Office
www.hchealth.org



twitter.com/HoCoHealth



facebook.com/HoCoHealth



instagram.com/hocohealth

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1930a ROUTE 32
 NEW WELL
 STAKED BY DRS
 APPROVED 12/02/2021

LEGEND

Clipping

- Proposed
- Existing
- Utility
- Structure
- Topographic
- Utility Pole
- Day We

Color Coding

- Proposed
- Existing
- Utility
- Structure
- Topographic
- Utility Pole
- Day We

Scale

1" = 40'

SEPTIC TEST LOG

DATE: 12/02/2021

TIME: 10:00 AM

TESTER: DANIEL R. STALEY, L.S. 10035

CLIENT: DANIEL R. STALEY, L.S. 10035

ADDRESS: 1930a ROUTE 32, HANOVER, MD 21076

TEST ID	TEST TYPE	TEST COMMENTS	DATE
1	Percolation	10' to 12' depth	12/02/2021
2	Percolation	12' to 14' depth	12/02/2021
3	Percolation	14' to 16' depth	12/02/2021
4	Percolation	16' to 18' depth	12/02/2021
5	Percolation	18' to 20' depth	12/02/2021
6	Percolation	20' to 22' depth	12/02/2021
7	Percolation	22' to 24' depth	12/02/2021
8	Percolation	24' to 26' depth	12/02/2021
9	Percolation	26' to 28' depth	12/02/2021
10	Percolation	28' to 30' depth	12/02/2021

THIS IS TO CERTIFY THAT THE PERCOLATION TESTS
 WERE ACCURATELY SHOWN AS PERFORMED IN THE FIELD.

DANIEL R. STALEY, L.S. 10035

DATE: 12/02/2021

ADDITIONAL PROPERTY OWNER INFORMATION

NAME: DANIEL R. STALEY, L.S. 10035

ADDRESS: 1930a ROUTE 32, HANOVER, MD 21076

PHONE: 410-327-2188

EMAIL: DANIEL@DRS.COM

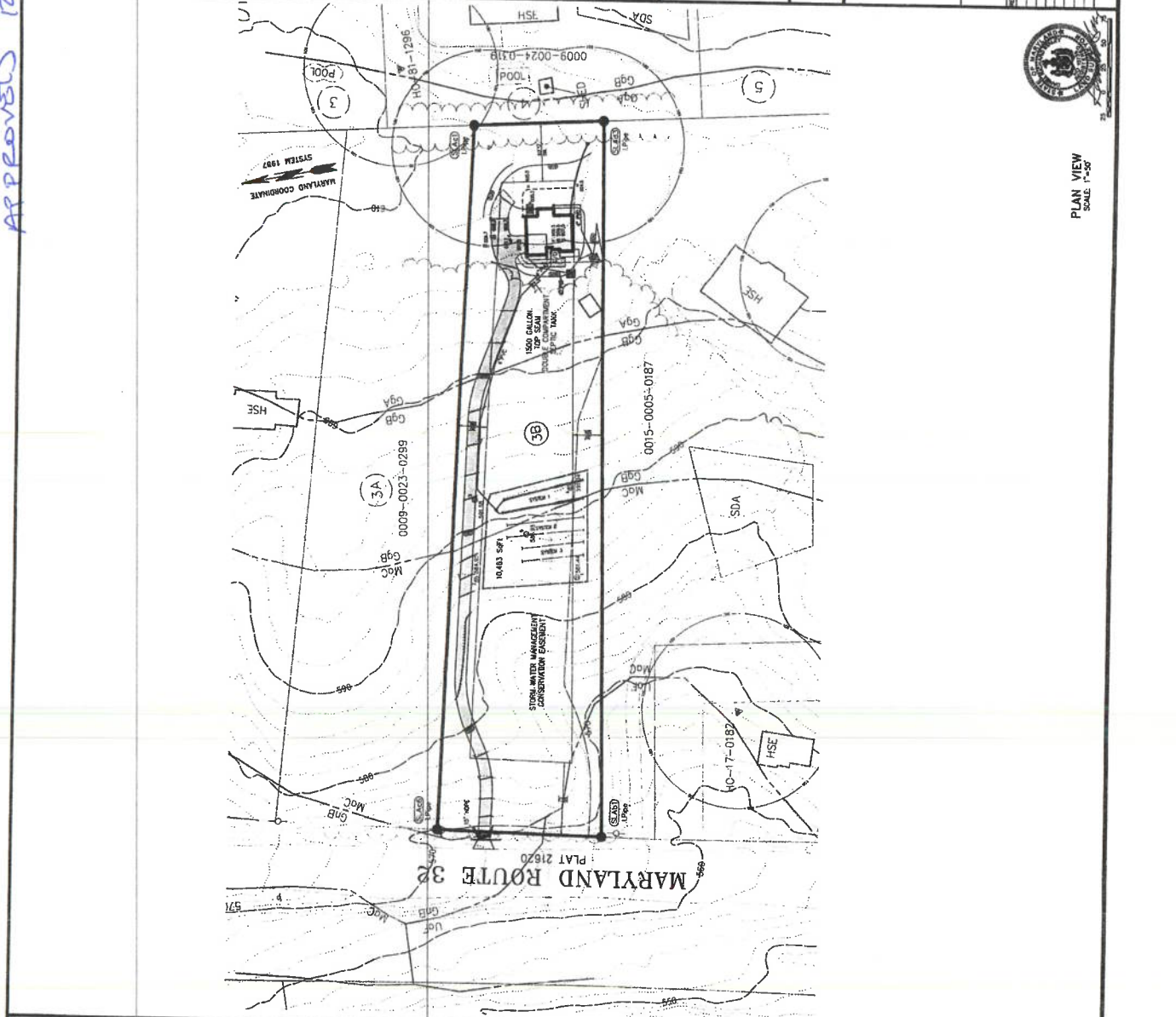
PROPERTY OWNER INFORMATION

NAME: DANIEL R. STALEY, L.S. 10035

ADDRESS: 1930a ROUTE 32, HANOVER, MD 21076

PHONE: 410-327-2188

EMAIL: DANIEL@DRS.COM



GENERAL NOTES

1. Subject Property Zoned: R-100
2. All work shall be in accordance with the Maryland Department of the Environment (MDE) and the Maryland Department of Transportation (MDOT) regulations.
3. The applicant shall obtain all necessary permits from the MDE and MDOT before commencing any work.
4. The applicant shall provide a copy of this plan to the MDE and MDOT for their review and approval.
5. The applicant shall provide a copy of this plan to the local health department for their review and approval.
6. The applicant shall provide a copy of this plan to the local fire department for their review and approval.
7. The applicant shall provide a copy of this plan to the local police department for their review and approval.
8. The applicant shall provide a copy of this plan to the local zoning board for their review and approval.
9. The applicant shall provide a copy of this plan to the local planning commission for their review and approval.
10. The applicant shall provide a copy of this plan to the local council for their review and approval.
11. The applicant shall provide a copy of this plan to the local residents for their review and approval.
12. The applicant shall provide a copy of this plan to the local media for their review and approval.
13. The applicant shall provide a copy of this plan to the local schools for their review and approval.
14. The applicant shall provide a copy of this plan to the local churches for their review and approval.
15. The applicant shall provide a copy of this plan to the local businesses for their review and approval.
16. The applicant shall provide a copy of this plan to the local community for their review and approval.
17. The applicant shall provide a copy of this plan to the local government for their review and approval.
18. The applicant shall provide a copy of this plan to the local citizens for their review and approval.
19. The applicant shall provide a copy of this plan to the local voters for their review and approval.
20. The applicant shall provide a copy of this plan to the local taxpayers for their review and approval.

Stack Property

Name	North	East	Survey Reference
S241	6084162025	13350410833	A 12/28/76 1718723
S242	6084242025	13350490373	S 7/25/77 7016457
S243	6084322025	13350519278	S 7/25/77 7016457
S244	6084402025	13350548183	A 7/25/77 7016457
S245	6084482025	13350577088	A 7/25/77 7016457

Total Area: 10076541 sq ft 23280 acres +/-

PURPOSE NOTE

Establish a seepage disposal area (SDA). Build a new residential dwelling.

PERC CERTIFICATION PLAN

Stack Property

OWNER: Daniel R. Staley, L.S. 10035

DESIGNER: D.R.S. & ASSOCIATES

DATE: 12/02/2021

SCALE: 1" = 40'

SHEET: 1 OF 1

PROJECT: 1930a ROUTE 32, HANOVER, MD 21076

CLIENT: DANIEL R. STALEY, L.S. 10035

CONTACT: DANIEL@DRS.COM

PHONE: 410-327-2188

ADDRESS: 1930a ROUTE 32, HANOVER, MD 21076



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

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:

<u>Slack Property 2</u>	<u>3B</u>	<u>Route 32</u>
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by DRS & Associates
(professional land surveyor or company employing professional land surveyors)
on 2021-11-22 (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.

Revised 9/20/21

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth

03462-97200 2021-11-30

SLACK PROPERTY - LOT 3B

570

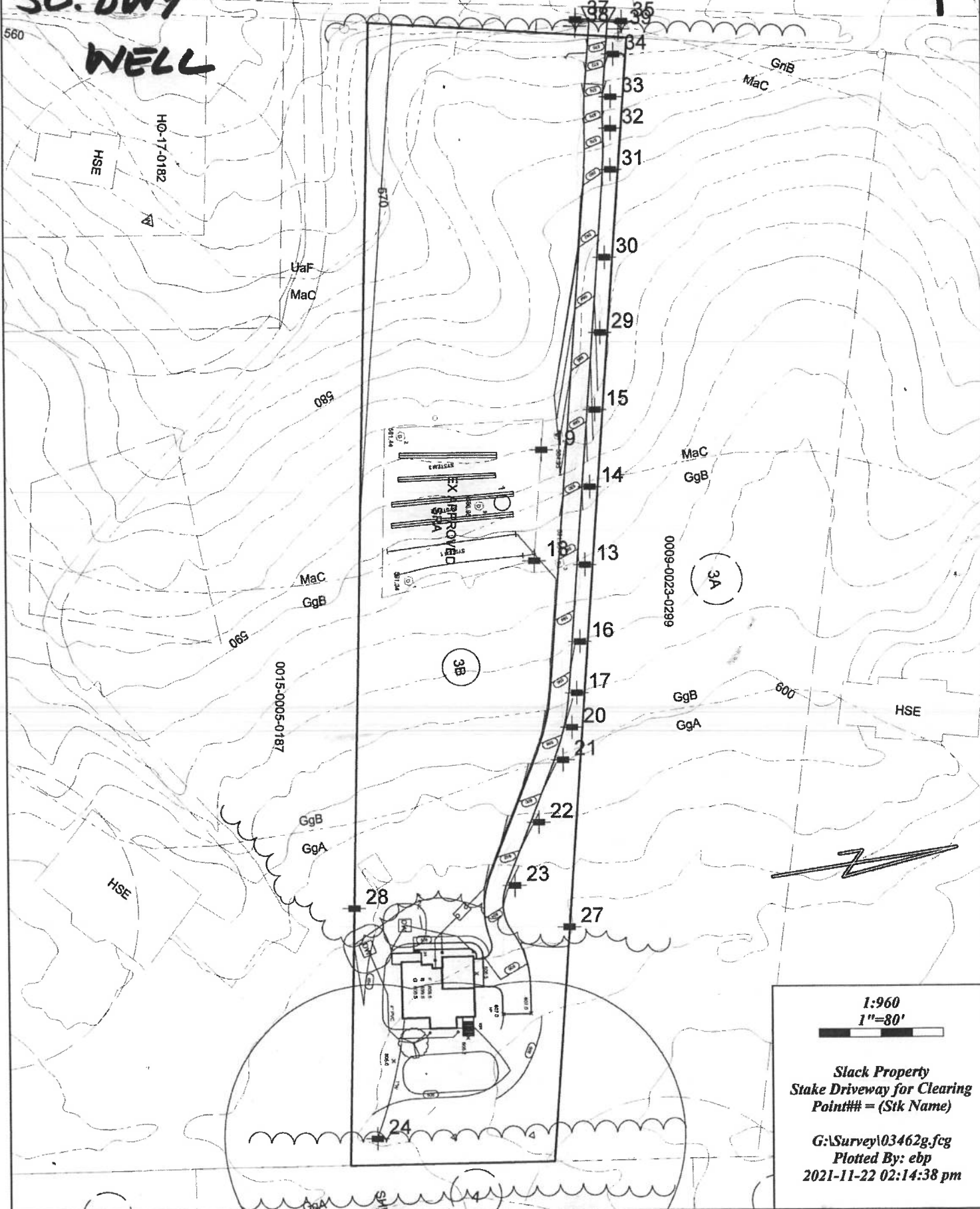
MARYLAND ROUTE 32

PLAT 21620

SO: DWY WELL

1/4

560



1:960
1"=80'

Slack Property
Stake Driveway for Clearing
Point## = (Stk Name)

G:\Survey\03462g.fcg
Plotted By: ebp
2021-11-22 02:14:38 pm

JEBP 2021-11-22