

C 1 3112 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

ST/CO USE ONLY DATE Received MM 08 DD 31 Y 11

DATE WELL COMPLETED MM 8 DD 9 Y 11

Depth of Well 400

10/13/2011 O.K. (B3B)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2175

OWNER GYC Group WELL SITE ADDRESS 13550 TRADITION MIL RD TOWN DARTON SUBDIVISION Hedgecreek FARM SECTION LOT 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 19 NO. OF POUNDS 450 GALLONS OF WATER 494 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 400 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8 9 PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 ft. WHEN PUMPING 22 25 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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. Includes entries for Top Soil, Brunneria, Brynna, Brown mica, Brynna.

CASING RECORD casing types insert appropriate code below (S) (T) (C) (O) (P) (L) (O) (T)

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) PL 6 40' pulled

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

SCREEN RECORD screen type or open hole (S) (T) (B) (R) (H) (O) (P) (L) (O) (T)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (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. 1 M W D 046 DRILLERS SIGNATURE LIC. NO. 1 W R O O B 4

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

C 2 DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 45, 47, 51. Includes handwritten 'NA' and '400'.

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

PUMP INSTALLED

DRILLER INSTALLED PUMP (YES or 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 (nearest foot)

LATITUDE 39.13119 LONGITUDE 76.5853 (DEFAULT COORD. WGS 84)

NOTES:

B 1 9285
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

please type 535288

STATE PERMIT NUMBER

HO-95-2175
70 fill in this form completely 70

Date Received (APA)

OWNER INFORMATION 11720

8 MM DD YY 13
G Y C Group Ltd/Rehak
15 Last Name Owner First Name 34
611 Nursery Road
36 Street or RFD 55
Westminister Md 21158
57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

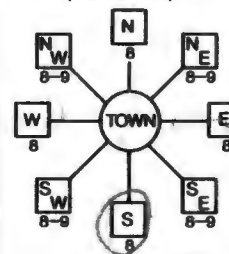
Howard CC#
8 COUNTY 21
Hedgerow Farm
23 SUBDIVISION 42
SECTION 44 46 LOT 48 50
Dayton
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1.25 MI
73 76 77 78

DRILLER INFORMATION

George F. Easterday MWY 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md 21771
Address
George F. Easterday 6/30/2011
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(13550) Triadelphia Mill Road
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W SOUTH S EAST E
34 850 37
DISTANCE FROM ROAD Ft
ENTER FT OR MI 38 39
TAX MAP: 28 BLK: 20 PARCEL 64

B 2 WELL INFORMATION

APPROX. PUMPING RATE 25
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 2500
(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 (13) A532480
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 7/18/2011
45 MM DD YY 48 CO-SIGNATURE EXP. DATE
NORTH GRID 505 000 EAST GRID 805 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28

APPROXIMATE DIAMETER OF WELL 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)

- 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 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)

APPROP. PERMIT NUMBER G
PERMIT No. HO-95-2175
70 71 72 73 74 75 76 77 78 79

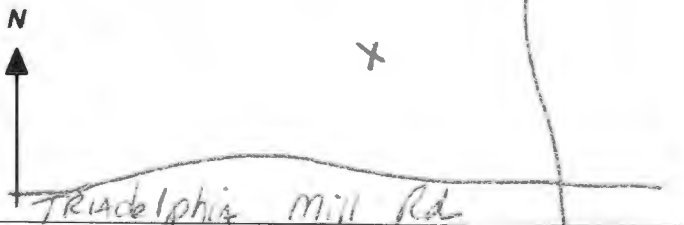
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8005
N 5005
000
000

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Boreholes Must Be at Least 50' From any Propane Tanks

**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-75-2047

Site Address: 13550 Triadelphia Mill Rd

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

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: _____

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 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)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
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: 7/22/11 RFB

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

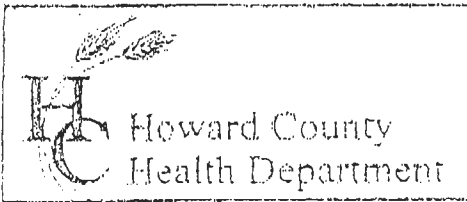
Elec. conduit extends at least 18" below grade/attached to cap properly

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



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

TO ALL INTERESTED PARTIES

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

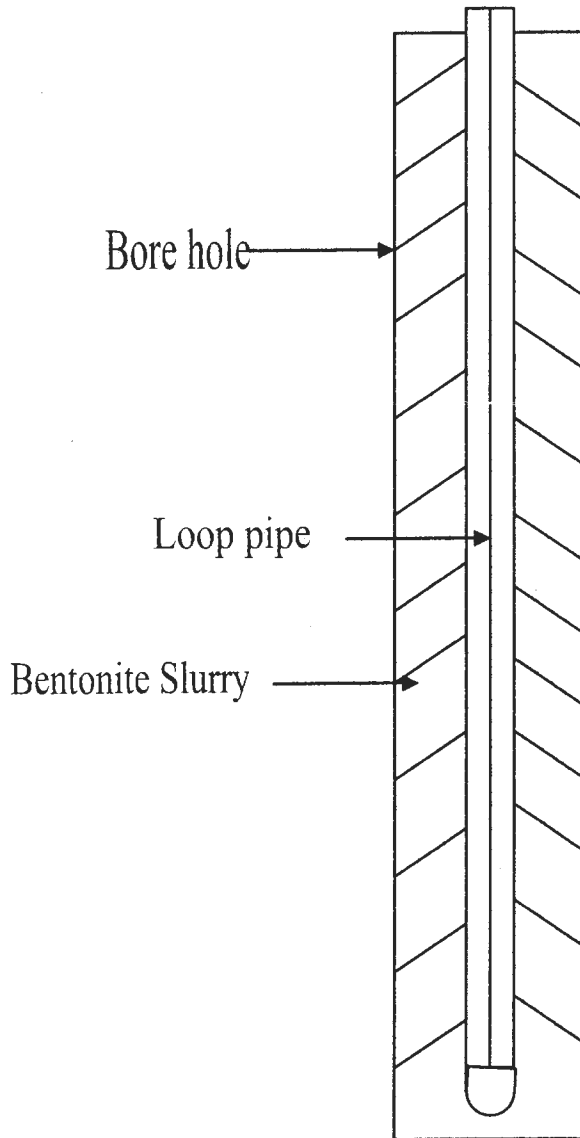
- The well site has been staked by ENGINEER,
(professional land surveyor or company employing professional land surveyors)
on JUNE 2011 (date) and does not require a site inspection.
- The well driller, builder or property owner will call the Health Department to schedule a time to meet in the field 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 6/10/03

GEOHERMAL WELL DESIGN

L. FRANKLIN EASTERDAY, INC



Owner Robert White

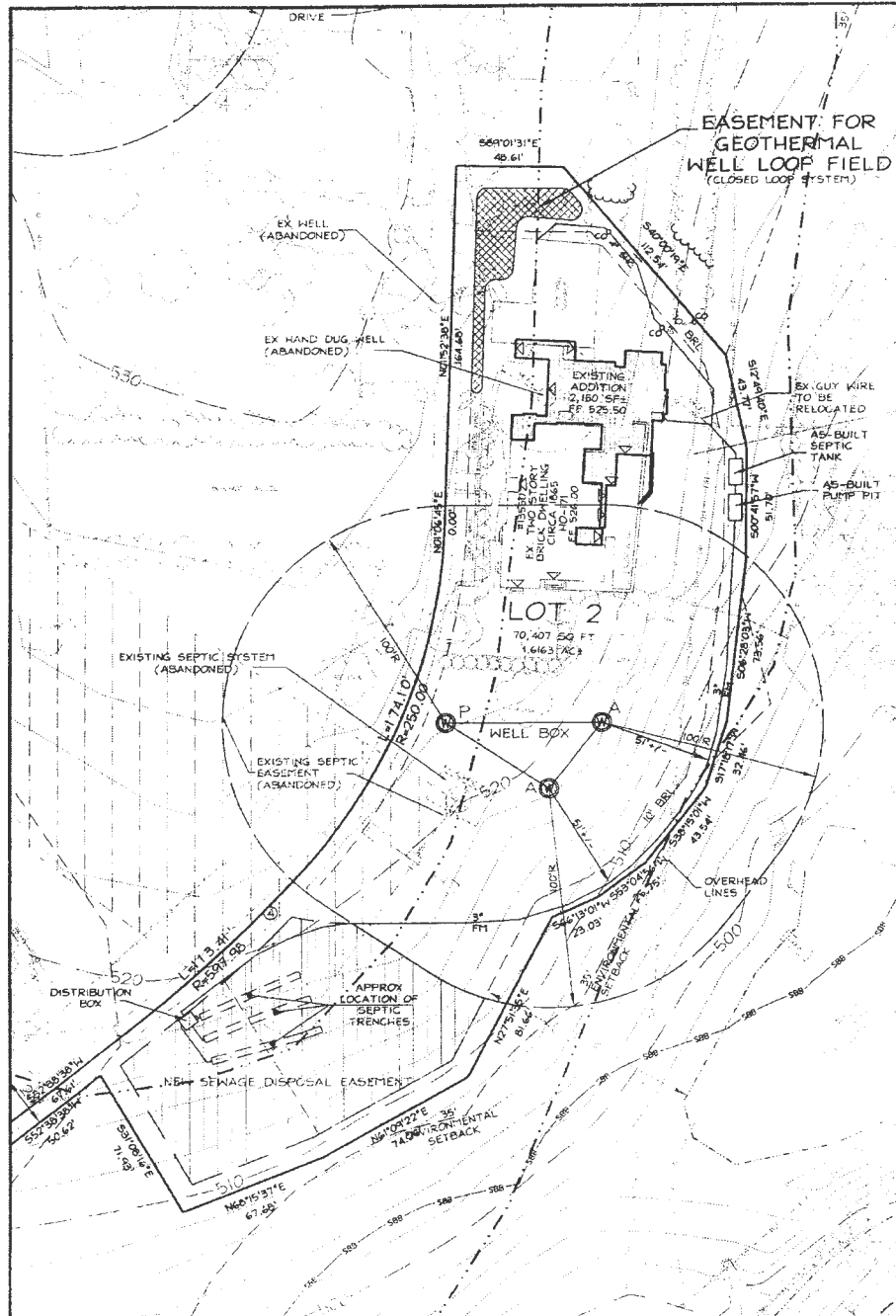
Location Lot 2 Hedgerow Farm

Number of wells 6

Depth 400 Loop Size 1 1/4

Grout Material-----Bentonite Slurry from bottom to G.L.

CYC - white



7/18/2011
Borchels Site
Plan BB

<p>LDE Inc. Engineers • Surveyors • Planners Historic Carriage House 7320 Main Street • Suite 203 Sykesville, Maryland • 21784 (410) 795-6300 • (410) 795-6392 • FAX (410) 795-4340 www.LandSurveyorand.com</p>	<p>GEOTHERMAL WELL EXHIBIT HEDGERON FARM LOT 2 TAX MAP 28, GRID 20, PARCEL 64 5TH ELECTION DISTRICT, HOWARD COUNTY, MD</p>		
	DATE: 6/10/11	DRAWN: 6/10/11	SHEET: OF
	SCALE: 1" = 50'	LDE JOB NO: 09-004	FILE NO: FH-022

Fogle's Septic Clean Inc.

Fogle's Portable Toilets • Fogle's Well Drilling LLC • Fogle's Excavating, LLC



January 26, 2011

Howard Co Dept of Environmental Health
7178 Columbia Gateway Dr
Columbia, Md 21046

To Whom it may concern,

On January the 25th 2011 Fogle's Septic Clean Inc, has pumped and abandoned the septic and drywell located at 13550 Triadelphia Mill Rd at the main house. If you have any questions please call me at the office 410-795-5670.

Sincerely,

A handwritten signature in cursive script that reads "Kurt Cassell".

Kurt Cassell
Fogle's Septic Clean, Inc.

 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: 4-25-11 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 95 - ~~2018~~ 7

* PERMIT NUMBER OF REPLACEMENT WELL

HO - 95 - ~~2018~~ .

* PERSON ABANDONING WELL: Allen Compton

WELL DRILLERS LICENSE NUMBER: 009

* OWNER'S NAME: Gyc Builders

CIRCLE: MWD / MSD / MGD

* WELL LOCATION:

COUNTY: Howard

NEAREST TOWN: Clarksville

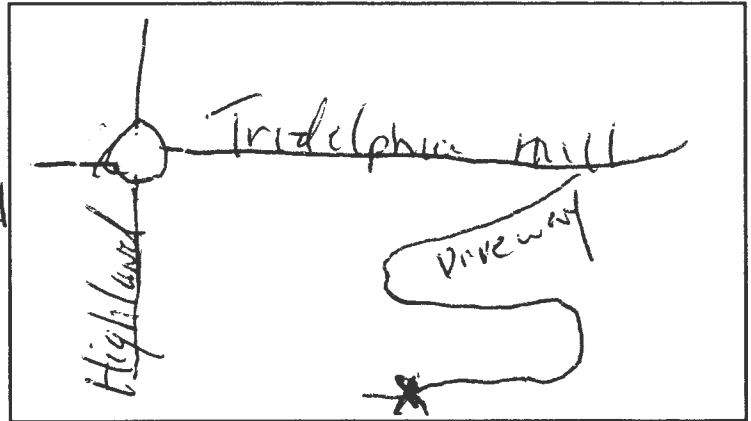
TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: Hedrow Farm

SECTION: _____ LOT: 2

NEAREST ROAD: 13550 Tridelphia Mill Rd

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

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

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 200 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
Cement	0	200
VOLUME OF MATERIAL USED		
2 yds.		

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

Allen Compton

LICENSE #

009

MWD / MSD / MGD
 CIRCLE ONE

DATE

4-25-11



Scale
1" = 50'

PRIVATE 24' ACCESS,
DRAINAGE & UTILITY
EASEMENT FOR LOTS
1, 2 & BUILD. PRES.
PARCEL "A"

EX. WELL TO
BE ABANDONED

PRIVATE 10'x15'
UTILITY EASEMENT
FOR LOT 2

N89°01'31"W
125.32'

30' BRL

EX HAND DUG W
TO BE ABANDONED

EXISTING
YR 2010/
ADDITION

30' BRL

10' BRL

GEO-THERMAL
WELL

WELL
BOX

WELL
BOX

LOT 1
58,423 SQ. FT.
1.2264 AC±

LOT 2
68,812 SQ. FT.
1.5797 AC±

EXISTING
SEPTIC SYSTEM
TO BE
ABANDONED

TO TRIADEL PHIA
MILL ROAD

Well Site locations
Approved
Signed by
Surveyor/Engineer

MS

P10
BUILDABLE
PRESERVATION
PARCEL "A"

PRIVATE 24'
ACCESS, DRAINAGE & UTILITY
EASEMENT
FOR LOT 1, 2 AND

101.2.dwg, Layout1, 11/20/2010 2:20:25 PM

C 1 0610 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 A532480

ST/CO USE ONLY DATE Received MM 05 DD 08 YY 11

DATE WELL COMPLETED 2-19-11

Depth of Well 600 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" MO-95-2047

OWNER GYC Group Ltd STREET OR RFD 13330 Triadelphia Mill Rd TOWN Charlesville SUBDIVISION Thaler Estates SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown mica, Gray mica, and Gray mica.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 17, NO. OF POUNDS 1700, DEPTH OF GROUT SEAL 38 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE 5T, Nominal diameter 6 inch, Total depth 40 feet.

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

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

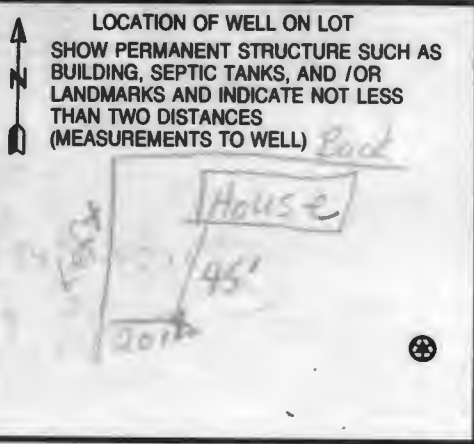
DEPTH (nearest ft.) 600, SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (NEAREST INCH) 60

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

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 5 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 30 ft. BEFORE PUMPING, 225 ft. WHEN PUMPING, TYPE OF PUMP USED (for test) S (submersible)

PUMP INSTALLED: DRILLER INSTALLED PUMP YES NO, 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 2 (nearest foot)



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

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 D 040, DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO.: 22 D 0 28

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

B 1 9201

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2047 fill in this form completely

Date Received (APA)

12 H 10

OWNER INFORMATION 11543

G Y C Group Ltd 611 Nursery Road Westminister Md 21158

LOCATION OF WELL

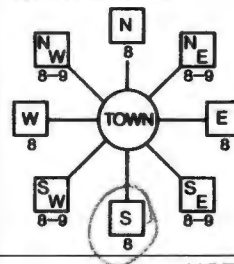
Howard Hedgerow Farm Thaler Estates Dayton

DRILLER INFORMATION

George F. Easterday L. Franklin Easterday, Inc. 9265 Brown Church Rd, MT Airy, Md 21771

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



(13550) Triadelphia Mill Road ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 650 TAX MAP 28 BLK: 20 PARCEL 64

WELL INFORMATION APPROX. PUMPING RATE

5 500

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 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A532480 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 2/3/2010 CO SIGNATURE EXP. DATE 2/3/2015 NORTH GRID 504 000 EAST GRID 0804 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL INCH

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 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 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 DEEPEMED AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

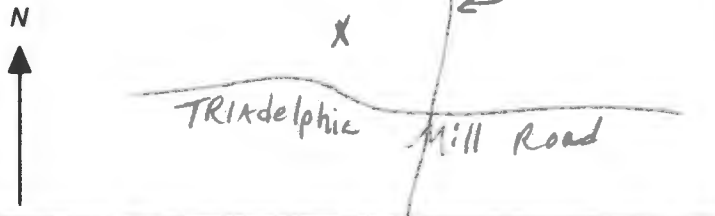
SOURCES OF DRILLING WATER

- wells

WRITE THE BOX NUMBER FROM THE MAP HERE

0804 500

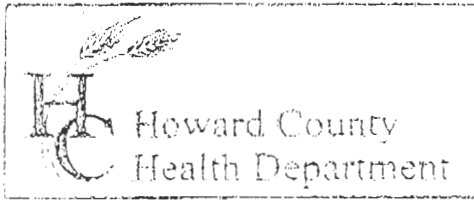
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROX. PERMIT NUMBER G PERMIT No. HO-95-2047

SPECIAL CONDITIONS Both wells must be abandoned as stated on the perc. certification



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

TO ALL INTERESTED PARTIES

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

- The well site has been staked by Surveyor / Engineer,
 (professional land surveyor or company employing professional land surveyors)
 on 12-6-10 (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 6/10/03

1355 TRIADELPHIA MILL RD
 CYC CAMP
 Route Resid.

March 24, 2011

Re: F-11-022

To Whom It May Concern:

The wells on Hedgerow Farm Lots 1 & 2 have been drilled and have received preliminary approval by the Health Department. The recordation of plat F-11-022 should not be held up any longer due to issues involving well drilling. The developer of this project has fulfilled this prerequisite. If there are any questions involving this particular memorandum, I can be reached at (410) 313 – 1771.

Sincerely,

Brian Baker,
Registered Sanitarian

A handwritten signature in cursive script that reads "Brian Baker". The signature is written in black ink and is positioned below the typed name and title.

Cc: Cindy Hamilton
Bruce Burton
File