

<b>C1</b> 1110	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			COUNTY NUMBER

ST/CO USE ONLY DATE RECEIVED MM <u>12</u> DD <u>03</u> YY <u>10</u>	DATE WELL COMPLETED MM <u>11</u> DD <u>24</u> YY <u>10</u>	DEPTH OF WELL <u>150</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>140-95-2028</u>	12/15/2010 O.K. (PB)
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OWNER: Meikle John, RICHARD  
 STREET OR RFD: 2710 JENNINGS CHARLE first rd TOWN FLORENCE  
 SUBDIVISION \_\_\_\_\_ 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
Brown mica	0	50
Clay	50	55
Brown mica	55	92
Gray slate	92	130
Brown mica	130	135
Gray slate	135	450

Installed loop and backfilled with Bentonite Slurry

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input checked="" type="checkbox"/> BC	
NO. OF BAGS <u>23</u>	NO. OF POUNDS <u>1150</u>
GALLONS OF WATER <u>529</u>	
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> TOP ft. to <u>450</u> BOTTOM ft. (enter 0 if from surface)	

CASING RECORD	
(casing types insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL
	<input type="checkbox"/> CO CONCRETE
	<input type="checkbox"/> PL PLASTIC
	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch)! <u>6</u>
	Total depth of main casing (nearest foot) <u>63</u>

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

SCREEN RECORD	
(insert appropriate code below)	<input checked="" type="checkbox"/> ST STEEL
	<input type="checkbox"/> BR BRASS
	<input type="checkbox"/> PL PLASTIC
	<input type="checkbox"/> HO OPEN HOLE
	<input type="checkbox"/> OT OTHER

DEPTH (nearest ft.)	
1	<u>62</u>
2	<u>450</u>
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DIAMETER OF SCREEN (NEAREST INCH) <u>58</u> <u>60</u>	
from _____ to _____	
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)	<u>8</u> <u>9</u>
PUMPING RATE (gal. per min.)	<u>1</u> <u>15</u>
METHOD USED TO MEASURE PUMPING RATE	<u>A</u>
WATER LEVEL (distance from and surface)	<u>17</u> <u>20</u>
BEFORE PUMPING	ft.
WHEN PUMPING	<u>22</u> <u>25</u>
TYPE OF PUMP USED (for test)	<u>A</u> air <u>P</u> piston <u>T</u> turbine
	<u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below)
	<u>J</u> jet <u>S</u> 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	<u>A</u> <u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<u>+</u> above      LAND SURFACE
	<u>-</u> below      (nearest foot)
	<u>50</u> <u>51</u>

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)

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 28.04.04 "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.: MWDO40  
 DRILLER'S SIGNATURE: George J. Costaday  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: WR0064

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

<b>C1</b> 1109	SEQUENCE NO. (MDE USE ONLY)	<b>STATE OF MARYLAND WELL COMPLETION REPORT</b> FILL IN THIS FORM COMPLETELY PLEASE TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER	

ST/CO USE ONLY DATE Received MM <u>12</u> DD <u>03</u> YY <u>10</u>	DATE WELL COMPLETED MM <u>11</u> DD <u>24</u> YY <u>10</u>	Depth of Well 22 <u>450</u> 26 <u>12/15/10</u> (TO NEAREST FOOT) <u>D.K. (PB)</u>	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-95-2028</u>
8	15	20	28 29 30 31 32 33 34 35 36 37

OWNER Meikle John RICHARD  
 STREET OR RFD 2710 JENNINGS CHAPEL RD TOWN FLORENCE  
 SUBDIVISION \_\_\_\_\_ 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	
Brown mica	0	50	
Clay	50	55	
Brown mica	55	60	
Gray slate	60	120	
Brown slate	120	125	
Gray slate	125	150	

Installed Loop and back filled with Bentonite Slurry

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle appropriate box)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL (Circle one)	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input checked="" type="checkbox"/> BC
NO. OF BAGS <u>23</u>	NO. OF POUNDS <u>1750</u>
GALLONS OF WATER <u>529</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>450</u> ft.	
48 TOP 52	54 BOTTOM 58
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main casing) (nearest inch) <u>6</u>
	Total depth of main casing (nearest foot) <u>64</u>
60 61	63 64 66 70

OTHER CASING (if used)	
E A C H C A S I N G	diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD	
screen type or open hole	(insert appropriate code below)
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> HO OPEN HOLE
<input type="checkbox"/> OT OTHER	

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWDO40  
George J. Lortaday  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. WR0064  
[Signature]

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

DEPTH (nearest ft.)	
1 <u>170</u> 2 <u>63</u> 3 <u>450</u>	
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 _____	

E S L O T S I Z E 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

58 \_\_\_\_\_ 60 \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

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

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

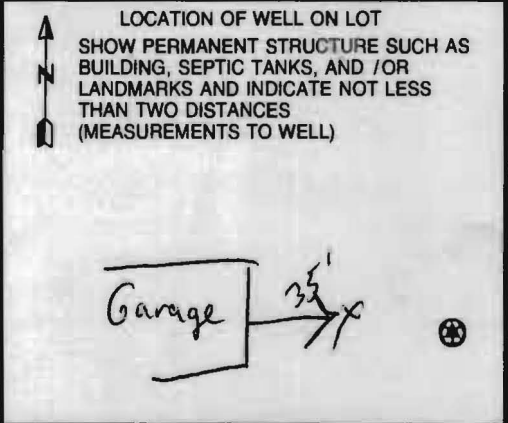
T \_\_\_\_\_ (E.R.O.S.) W Q \_\_\_\_\_

70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_

TELESCOPE CASING LOG INDICATOR OTHER DATA

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

PUMP INSTALLED	
DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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	<u>29</u>
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<u>49</u> above } LAND SURFACE
<input type="checkbox"/> below }	<u>50</u> <u>51</u> (nearest foot)



B 1 4858  
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL  
please type

STATE PERMIT NUMBER  
Ho-95-2028  
70 fill in this form completely 79

Date Received (APA)  
8 MM DD YY 13  
OWNER INFORMATION 11472  
15 MEIKLE JOHN Owner RICHARD First Name 34  
36 2710 JENNINGS CHAPEL ROAD Street or RFD 55  
57 WOODBINE, MD 21797 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL  
8 Howard COUNTY CO21  
23 SUBDIVISION 42  
SECTION 44 46 LOT W-1 48 50  
Florence  
52 NEAREST TOWN 71  
MILES FROM TOWN (enter 0 if in town) 73 1 M I 76 77 78

DRILLER INFORMATION  
George F. Easterday M W D 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 10/8/2010  
Signature Date

B 4  
1 2  
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
2710 Jennings Chapel Rd  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST 33 EAST  
SOUTH  
34 2200 37  
DISTANCE FROM ROAD ENTER FT OR MI 38 39  
TAX MAP: 13 BLK: 20 PARCEL 292

B 2 WELL INFORMATION  
7 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 500 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  
 GEO-THERMAL

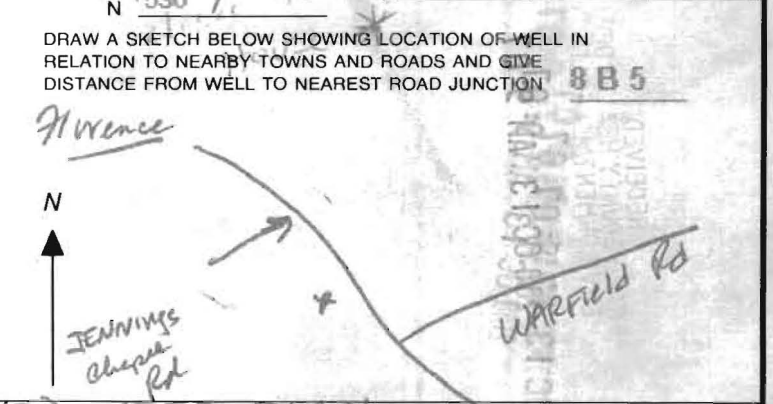
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard 13 A 522009  
COUNTY NAME COUNTY NO.  
STATE SIGNATURE INSERT S →  
DATE ISSUED 10/29/10 10/29/11  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 531 000 EAST GRID 0742 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 24 28 300 450 FEET  
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

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 770 27  
N 530 1 to

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)  
APPROP. PERMIT NUMBER G  
PERMIT No. Ho-95-2028  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS SEE NOTES ON ATTACHED SITE PLAN  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**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: Sava Plumbing Telephone #: 301 924 3600  
Address: 11700 Northside Dr  
Elkridge MD 21852

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Martin Sava License# 7950

**\*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: McKeighan Telephone #: 443 452 8484  
Subdivision: Aubrey Lot #: 2 Well Tag #: HO -  
Site Address: 2710 Seminole Cir  
Woodline Md 31797

<b><u>Submersible Pump Data</u></b>	<b><u>Pitless Adapter</u></b>	<b><u>Well Cap and Electric Conduit</u></b>
Make: <u>Cummins</u>	Make: <u>Cummins</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>G505422C</u>	Model #: <u>F107</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>60</u> " (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF/WSC approved: <u>Yes</u>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>60</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, 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

<b><u>Piping to house</u></b>	<b><u>House Connection</u></b>
Type: <u>PVC</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>8'</u>
Depth of supply line: <u>60</u> " (36" min)	Sleeve sealed properly: <u>Yes</u>

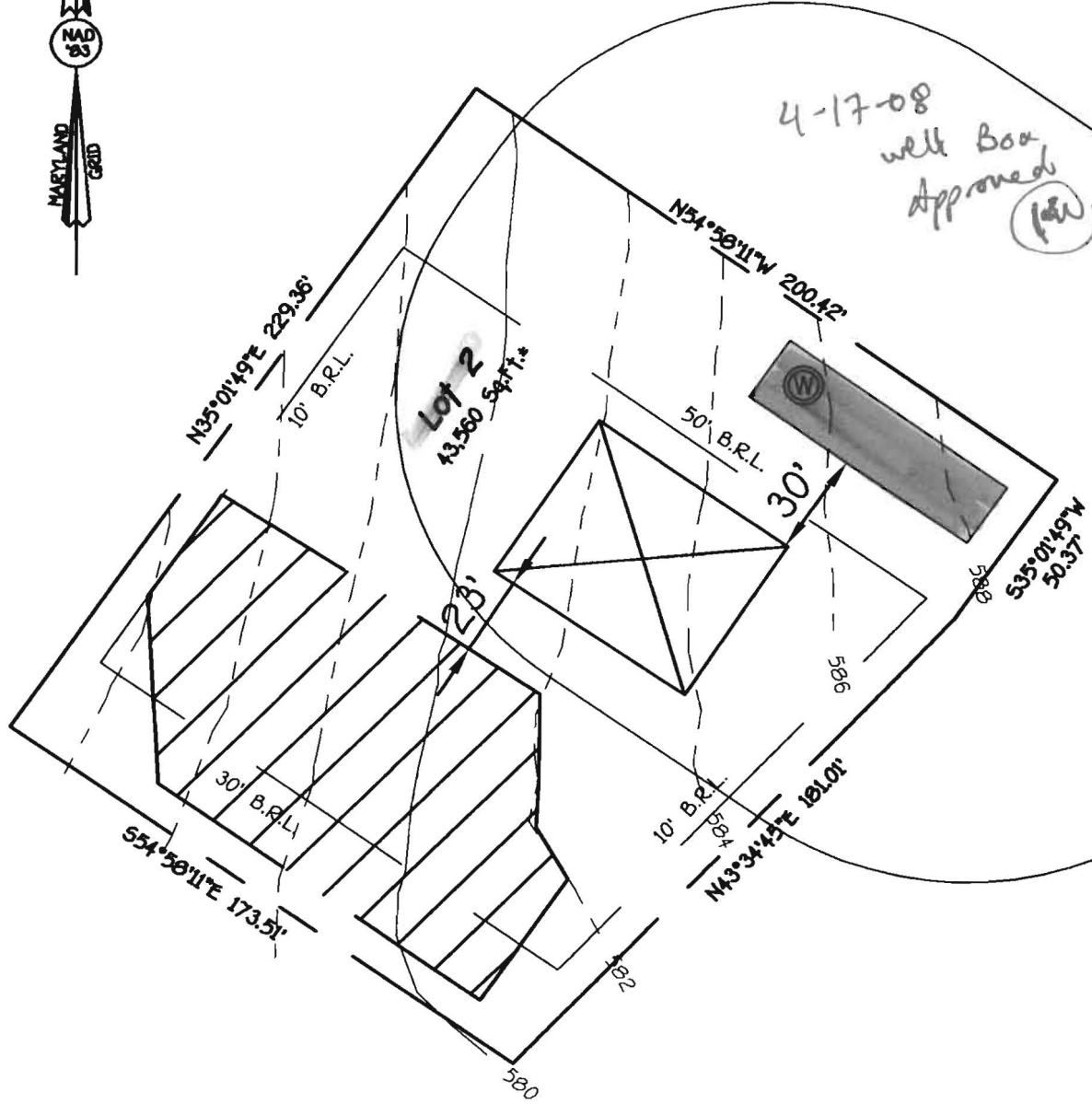
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Martin Sava date: 2-8-11

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

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2-9-11 Inspector: (KW)

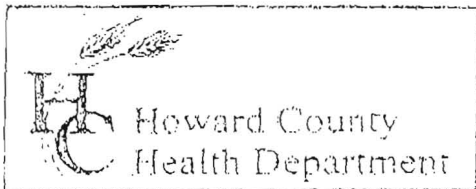
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/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"/>



4-17-08  
well Box  
Approved  
(JW)

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2855

EXHIBIT TO ACCOMPANY  
WELL PERMIT  
ASBURY PROPERTY  
LOT 2  
AX MAP #13 PARCEL #292 GRID #20  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
ZONED: RC-DEO  
SCALE: 1" = 100' DATE: March 23, 2008



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
 (410) 313-2640 Fax (410) 313-2648  
 TDD (410) 313-2523 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 owner / driller,  
 (professional land surveyor or company employing professional land surveyors)  
 on 10/5/10 (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.

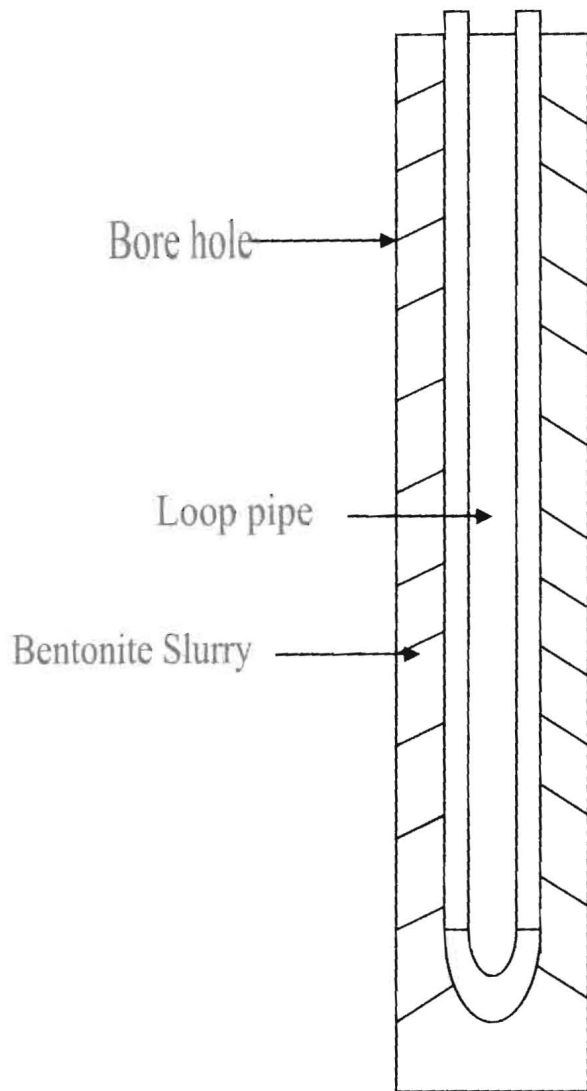
Revised 6/10/03

2710 JENNINGS CHAPEL

Richard Meiklejohn

# GEOHERMAL WELL DESIGN

L. FRANKLIN EASTERDAY, INC



Owner Richard Micklejohn

Location 2710 Jennings Chapel

Number of wells 2

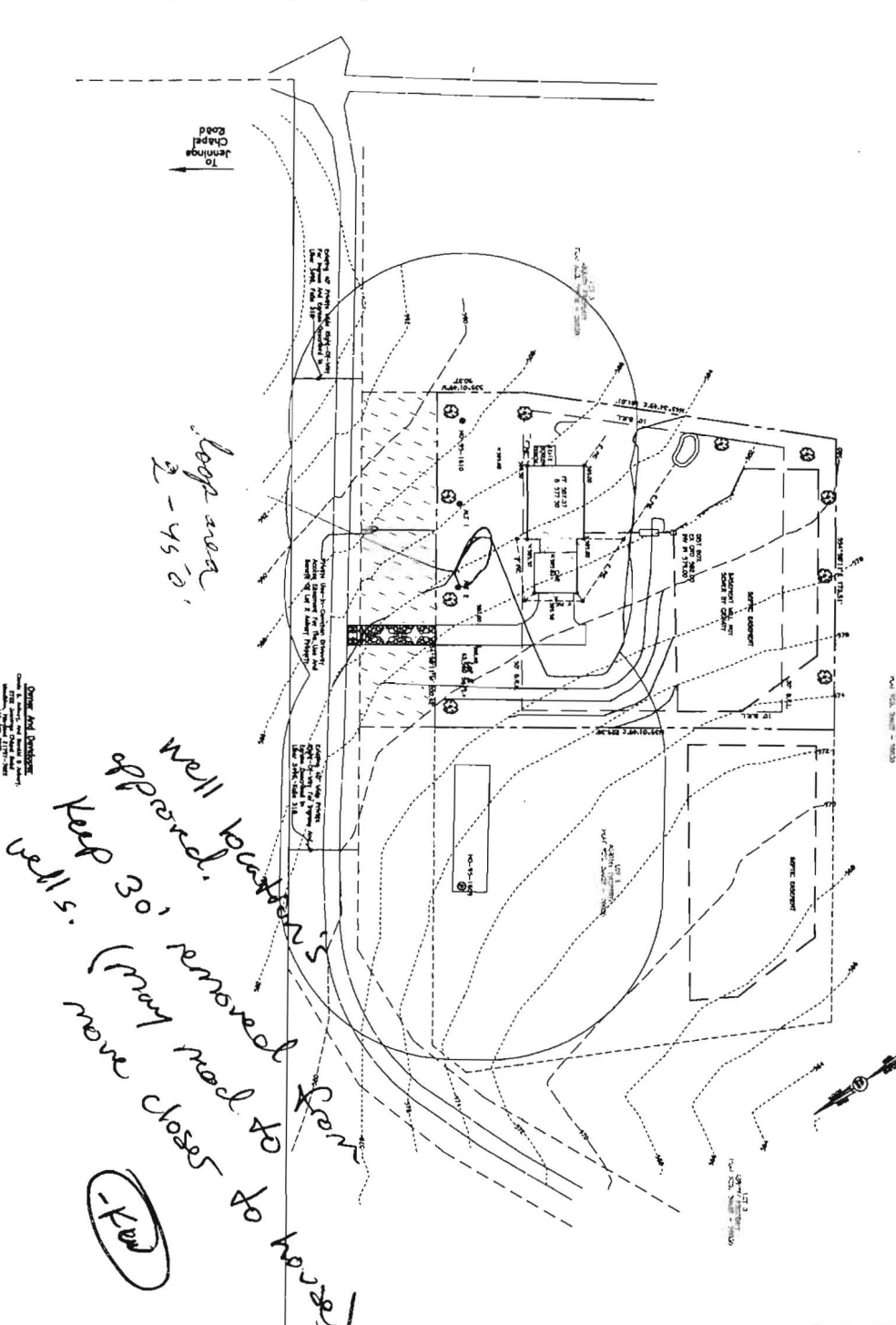
Depth 450 Loop Size 1 1/4

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

OK



**FRANK COLLINS & CARTER, INC.**  
 ARCHITECTS  
 1000 W. BROAD ST., SUITE 200  
 RICHMOND, VA 23220  
 TEL: (804) 781-1111  
 FAX: (804) 781-1112



**PLAN TO ACCOMPANY BUILDING PERMIT ASBURY PROPERTY**

LOT 2

TAX MAP #13 PAVEN 4882 GAO #42  
 PORTH CALLEON ROAD, ASBURY, VA 23005  
 SCALE: 1" = 30' DATE: OCTOBER 8, 2009  
 SHEET 1 OF 1

SYMBOL	LEGEND
(Symbol)	FOUNDATION
(Symbol)	EXISTING CONCRETE F. FOUNDATION
(Symbol)	PROPOSED CONCRETE F. FOUNDATION
(Symbol)	PAVING
(Symbol)	LANDSCAPING
(Symbol)	LAND OF OCCUPANCY
(Symbol)	NO. EXISTING OCCUPANCY

**GENERAL NOTES:**

1. ALL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE 2012 INTERNATIONAL ENERGY CONSERVATION CODE (IECC).
2. ALL FOUNDATION WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL FOUNDATION AND BASEMENT CODE (IFBC).
3. ALL ELECTRICAL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 NATIONAL ELECTRICAL CODE (NEC).
4. ALL MECHANICAL WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL MECHANICAL CODE (IMC).
5. ALL PLUMBING WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL PLUMBING AND MECHANICAL CODE (IPC).
6. ALL ROOFING WORK SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL ROOFING AND CEILING CODE (IRCC).
7. ALL EXTERIOR FINISHES SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL EXTERIOR FINISHES CODE (IEFC).
8. ALL INTERIOR FINISHES SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL INTERIOR FINISHES CODE (IIFC).
9. ALL PAINTING SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL PAINTING AND COATING CODE (IPCC).
10. ALL LANDSCAPING SHALL BE DONE IN ACCORDANCE WITH THE 2012 INTERNATIONAL LANDSCAPING CODE (ILC).

