

C1 7897

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 Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-95-0292

OWNER F.S.S. CORPORATION STREET OR RFD CLARKSVILLE PIKE TOWN CLARKSVILLE SUBDIVISION MARGARETH FARM SECTION LOT 25

WELL LOG

GROUTING RECORD

C 3

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

PUMPING TEST

DESCRIPTION (Use additional sheets if needed)

TYPE OF GROUTING MATERIAL (Circle one)

HOURS PUMPED (nearest hour) 3

FEET FROM TO check if water bearing

CEMENT CM BENTONITE CLAY BC

PUMPING RATE (gal. per min.) 9.2

Table with columns for FEET (FROM, TO) and check if water bearing. Includes handwritten entries: 0-2, 2-50, 50-180, 180-200, 200-245, 245-300.

NO. OF BAGS 27 NO. OF POUNDS 270

METHOD USED TO MEASURE PUMPING RATE Bucket

GALLONS OF WATER 162

WATER LEVEL (distance from land surface)

DEPTH OF GROUT SEAL (to nearest foot)

BEFORE PUMPING 28 ft.

from 0 ft. to 55 ft.

WHEN PUMPING 139 ft.

(enter 0 if from surface)

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

TYPE OF PUMP USED (for test)

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

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

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

SCREEN RECORD screen type or open hole insert appropriate code below ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

NUMBER OF UNSUCCESSFUL WELLS: 0

DEPTH (nearest ft.)

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

WELL HYDROFRACTURED YES Y NO N

1 110 58 300

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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

A C H 23 24 26 30 32 36

PUMP HORSE POWER 37 41

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.

S 38 39 41 45 47 51

PUMP COLUMN LENGTH (nearest ft.) 43 47

DRILLERS LIC. NO. 1 M A I D 040

R E N 38 39 41 45 47 51

CASING HEIGHT (circle appropriate box and enter casing height) F above LAND SURFACE below 2 (nearest foot)

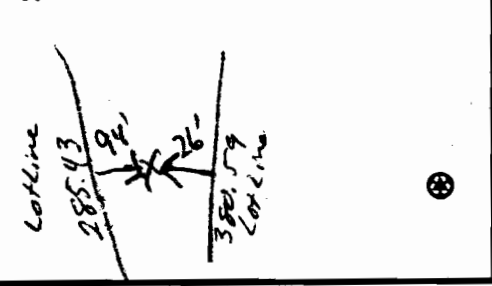
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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)

LIC. NO. 1 M A I D 288

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



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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 0758  
1 2 3 6

SEQUENCE NO.  
(MDE USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO - 95 - 0292  
fill in this form completely

524124 please type

Date Received (APA)

02 21 06  
8 MM DD YY 13

OWNER INFORMATION 10180

J T S Corporation

15 Last Name Owner First Name 34

8808 Centre Park Drive S209

36 Street or RFD 55

Columbia, Md 21045

57 Town 70 State 72 Zip 76

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

Signature Date  
George F. Easterday 2/23/2006

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

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)
- CABLE  REVerse-ROTary  DRive-POINT
- other \_\_\_\_\_

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

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 HO 2004 G 008 (01)

PERMIT No. HO - 95 - 0292  
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3

LOCATION OF WELL

Howard

8 COUNTY

Macbeth Farm

23 SUBDIVISION

SECTION 44 46 LOT 25 48 50

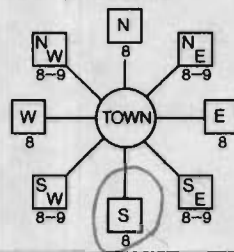
Clarksville

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I  
73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Clarksville Pike (Md 108)

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 500+ 37  
DISTANCE FROM ROAD Ft. 38 39  
ENTER FT OR MI

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

HOWARD

13

4518543

COUNTY NAME

COUNTY NO.

STATE SIGNATURE

INSERT S →

DATE ISSUED 3/8/06

CO SIGNATURE [Signature] EXP. DATE 3/9/07

43 MM DD YY 48

CO SIGNATURE

EXP. DATE

NORTH GRID 495 0 0 0 50 55

EAST GRID 816 0 0 0 57 63

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

810 → 816  
490 → 495

000  
000

x ~~810~~  
3/30/06 - Sampled  
Yield + Grout  
Done (BB)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 14 E 10



3-30-06 12:30

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0292  
 Location of property (road) CLARKSVILLE Pike  
 Subdivision Maebeth FARM Lot 25 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller EASTERDAY Owner J.T.S. CORP

Depth of well 300 6gpm  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 28ft

I. High rate pumping -- reservoir drawdown

Time pump started 1:30 Pumping rate 15gpm  
 Total time 45 min to reach pumping water level 125 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used) <u>Pumpsnet 280'</u>	CALCULATED FLOW (gallons per minute)	
2:15	125ft	10 sec		6gpm	
2:30	123ft	10 sec		6gpm	
2:45	121ft	10 sec		6gpm	
3:00	119ft	7 sec		6.5gpm	
3:15	114ft	7 sec		8.5gpm	
3:30	110ft	7 sec		8.5gpm	
3:45	105	7 sec		8.5gpm	
4:00	110ft	5 sec		12gpm	
4:15	120ft	5 sec		12gpm	
4:30	128	5 sec		12gpm	
4:45	132	5 sec		12gpm	
5:00	136	5 sec		12gpm	
5:15	139	5 sec		12gpm	
Approx. Steady Pump rate 9-10 gpm					

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655  
Address: 6321 BARNETT AVE.  
SYKESVILLE, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Robert L. Feezer License# 2122

\*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: N.V. Homes Telephone #: 410-379-5956  
Subdivision: CLARKSVILLE OVERLOOK Lot #: 25 Well Tag #: HO-95-0292  
Site Address: 6325 KERNE CT  
CLARKSVILLE, MD 21029

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Sta-Rite</u>	Make: <u>Sampbell</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>SSPYD2HL-03</u>	Model #: <u>PT 800</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity <u>5</u> GPM	Depth: <u>42"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>12</u> GPM	NSF approved: <input checked="" type="checkbox"/>	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>3.02</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 or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Poly</u>	PVC sleeved to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>10'</u>
Depth of supply line: <u>42</u> (36" min)	Sleeve caulked and sealed properly: <input checked="" type="checkbox"/>

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: Robert L. Feezer date: 3/6/08

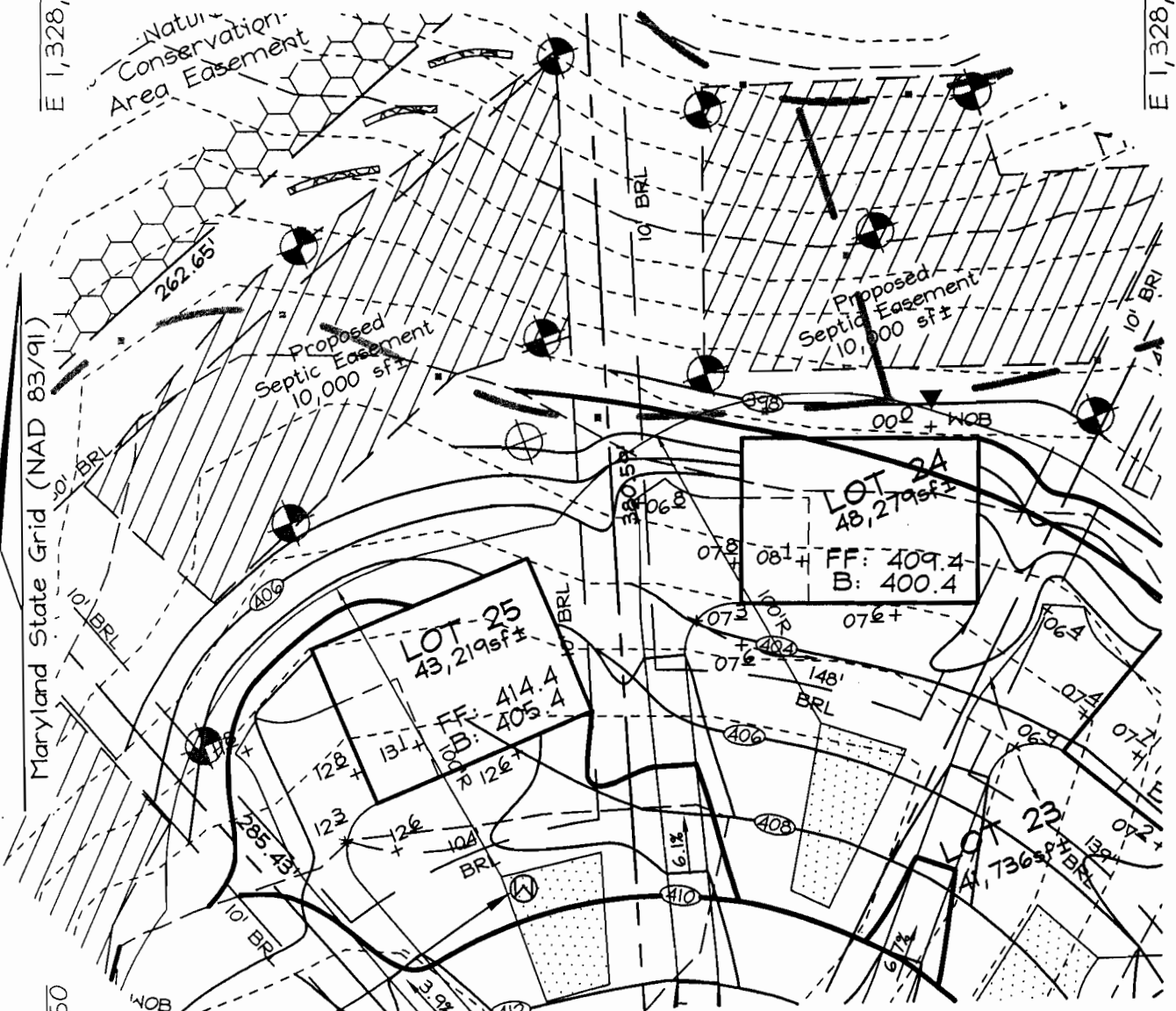
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 2/12/08 (kw)  
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 \_\_\_\_\_

E 1,328,350Z 556,480

N 556,480  
E 1,328,680

Note:  
The proposed well shown on this plan will be staked out in the field by FSH Associates, Professional Surveyor prior to well drilling.



Maryland State Grid (NAD 83/91)

E 1,328,350  
N 556,120

Prop. Well 26  
3131sf±

**FSH Associates**  
 Engineers Planners Surveyors  
 8318 Forrest Street Ellicott City, MD 21043  
 Tel: 410-750-2251 Fax: 410-750-7350  
 E-mail: info@fsha.biz

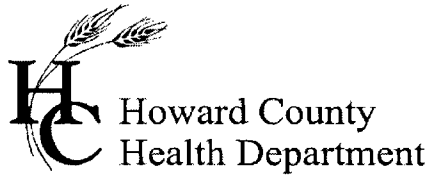
DESIGN BY: PS  
 DRAWN BY: CD  
 CHECKED BY: ZYF  
 SCALE: 1"=50'  
 DATE: Feb. 9, 2006  
 W.O. No.: 3165  
 SHEET No.: 25 OF 35

# WELL PERMIT PLAN MACBETH FARM

LOT 25

TAX MAP 34 GRID 18 & 24  
4TH ELECTION DISTRICT

PARCEL 90  
HOWARD COUNTY, MARYLAND



Bureau of Environmental Health  
7178 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](http://www.hchealth.org)

Peter L. Beilenson, M.D., M.P.H., Health Officer

April 9, 2008

NV Homes, Inc.  
6085 Marshalee Drive, Suite 130  
Elkridge, MD 21075

SENT VIA FACSIMILE 443-379-2430

RE: Clarksville Overlook, Lot 25  
6325 Kerne Court  
Clarksville, MD 21029  
BP #: B07004519  
Well Permit # HO-95-0292

Dear Sir:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 04/08/2008. Final approval of the well line connection to the dwelling was approved on 02/12/2008.**

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. The water sample results were found to be in compliance with COMAR water quality standards.

Also, Gross Alpha and Beta samples were collected on 03/21/2006. The Gross Alpha result was below its maximum contaminant level (MCL) of 15 pCi/L, while the Gross Beta level was below its targeted value of 50 pCi/L. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No additional testing **for these parameters** will be required to secure the future Use and Occupancy.

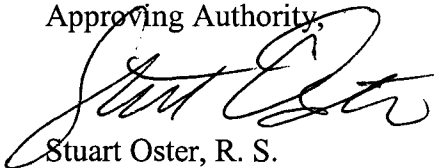
#### **INTERIM CERTIFICATE OF POTABILITY**

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-95-0292. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Dates of Water Sample: 03/03/2008 & 04/01/2008  
Date of Samples for Gross Alpha and Gross Beta: 03/21/2006  
Date of Well Completion: 03/21/2006

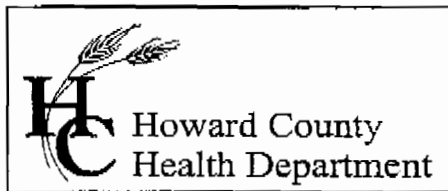
Approving Authority,



Stuart Oster, R. S.  
Well & Septic Program

cc: Building Inspector's Office  
Community Health Services  
File





Bureau of Environmental Health  
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

RECEIVED MAY 15 2006

May 10, 2006

JTS Corporation  
8808 Centre Park Drive  
Suite 209  
Columbia, MD 21045

RE: MacBeth Farm, Lot # 25  
Well Tag: HO-95-0292

To Whom It May Concern,

A sample was collected from a yield test on March 21, 2006 and submitted <sup>to</sup> Florida Radiochemistry Services to assess the possible presence of **Gross Alpha** and **Gross Beta** in the future well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta activity in a water supply. In turn, this can provide information regarding naturally occurring radiation (i.e., Radionuclides) that may exist in your area of development within the County.

Results from this screening revealed a **Gross Alpha** of  $2.9 \pm 1.6$  picocuries per liter (pCi/L); while the **Gross Beta** level was  $4.8 \pm 1.5$  pCi/L. The **Gross Alpha** result was below the maximum contamination level (MCL) of 15 pCi/L, while the **Gross Beta** was below the MCL of 50 pCi/L. At the time of testing and with respect to these parameters, your well water supply is safe for all uses.

A copy of the test results is enclosed for your information. Please call this office at 410-313-1773 if you have any further questions or concerns.

Sincerely,



Bert Nixon, Deputy Director  
Bureau of Environmental Health

cc: Eric Dougherty, MDE, Water Mgmt., Groundwater





TRACE LABORATORIES, INC

5 North Park Drive

Hunt Valley, MD 21030 USA

Telephone: 410/584-9099 / Fax: 410/584-9117

Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

## CERTIFICATE OF ANALYSIS

**Requester:**

NV Homes, Inc  
Attn: Buddy  
6085 Marshalee Drive Suite 130  
Elkridge, Maryland 21075

**S/O Number:** 67653**Report Date:** March 25, 2008**Property Sampled:** 6325 Kerne Court, 21029

**County:** Howard  
**Subdivision:** Clarksville Overlook  
**Lot #:** 25  
**Building Permit #:** B07004519

**Tax Map #:** 34**Parcel #:** 90

**Date/Time Collected:** March 3, 2008 at 11:25 am  
**Date/Time Received:** March 24, 2008 at 12:10 pm

**Sample Location:** Pressure Tank Tap  
**Sampler ID:** 6308KW

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0292  
**Well Condition:** 2-Piece Cap  
Satisfactory

*Need R.O.  
or a/cn exchange.*

**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL*/SMCL	
Nitrate	12.3 mg/L as N	SM 4500D	10 mg/L as N	FAIL
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	6.0 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn  
Manager-Drinking Water Testing

MCL=Maximum Contamination Level

\*SMCL=Secondary Maximum Contamination Level

\*\*\*A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.



TRACE LABORATORIES, INC  
 5 North Park Drive  
 Hunt Valley, MD 21030 USA  
 Telephone: 410/584-9099 / Fax: 410/584-9117  
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

**CERTIFICATE OF ANALYSIS**

**Requester:**  
 NV Homes, Inc 410-379-2430  
 Attn: Buddy  
 6085 Marshalee Drive Suite 130  
 Elkridge, Maryland 21075

**S/O Number:** 67750  
**Report Date:** April 2, 2008

**Property Sampled:** 6325 Kerne Court, 21029, Retest

**County:** Howard  
**Subdivision:** Clarksville Overlook  
**Lot #:** 25  
**Building Permit #:** B07004519

**Tax Map #:** 34  
**Parcel #:** 90

**Date/Time Collected:** April 1, 2008 at 10:10 am  
**Date/Time Received:** April 1, 2008 at 2:10 pm

**Sample Location:** R/O Tap  
**Sampler ID:** 6308KW

**Samples Iced:** Yes  
**Residual Cl<sub>2</sub> <0.1 mg/L:** Yes

**Well Tag Number:** HO-95-0292  
**Well Condition:** 2-Piece Cap  
 Satisfactory

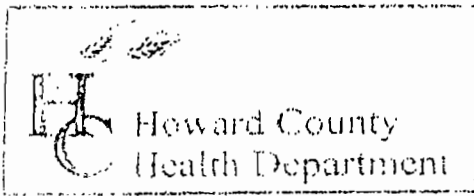
**Water Conditioning/Treatment:** Neutralizer

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass

*Allison Milburn*

Allison R. Milburn  
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level



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 F.S.H. ASSOCIATES,  
 (professional land surveyor or company employing professional land surveyors)  
 on 2-20-06 (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

JTS CORPORATION

LOTS 1-35 MACBETH FARM