

C1 65107

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

MM DD YY 11-8-19

22 300 26 (TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER Competent Builders WELL SITE ADDRESS 1st name NE John Hopkins Rd first name TOWN Clarksville SUBDIVISION AS Gill Property SECTION LOT

WELL LOG

Not required for driven wells

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 30 NO. OF POUNDS 2620

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 76 ft.

48 TOP 52 54 BOTTOM 58 ft.

(enter 0 if from surface)

CASING RECORD

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 06 78

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

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

DEPTH (nearest ft.) HO 78 300

E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 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

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE 1 gpd

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.

WHEN PUMPING 97 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 (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 2 (nearest foot)

LATITUDE 39.170355

LONGITUDE 76.912930 (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.

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.

NUMBER OF UNSUCCESSFUL WELLS: 1

WELL HYDROFRACTURED YES NO 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. M 5 D 2241

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. D

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

TAC 0011/8/2019

B 1 34427 SEQUENCE NO. (MDE USE ONLY) **STATE OF MARYLAND** STATE PERMIT NUMBER
APPLICATION FOR PERMIT TO DRILL WELL 504840 please type HO-18-0065
fill in this form completely

OWNER INFORMATION
 Date Received (APA) 4/18/19
 8 MM DD YY 13
Competent Builders
 15 Last Name Owner First Name 34
9920 Potomac Manor Dr.
 36 Street or RFD 55
Potomac, Md 20854
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**
Howard
 8 COUNTY 21
AT Gill Property
 23 SUBDIVISION 42
 SECTION 1 LOT 1
 44 46 48 50
Clarksville
 52 NEAREST TOWN 71

DRILLER INFORMATION
Allen Compton M S D 009
 Driller's Name 76 License No. 81
Foakes Well Drilling, LLC
 Firm Name
Po Box 202 Woodlawn Md 21797
 Address
Allen Compton 4-18-19
 Signature Date

B 4 **SOURCES OF DRILLING WATER**
 1. well water
 2.
 3.
NE Johns Hopkins Rd
 11 STREET ADDRESS 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W 32 EAST E
 SOUTH S
 34 400 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 41 BLK: 9 PARCEL 259

B 2 **WELL INFORMATION**
 1 APPROX. PUMPING RATE (GAL. PER MIN.) 2 5
 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
 OPEN LOOP GEOTHERMAL
 CLOSED LOOP GEOTHERMAL

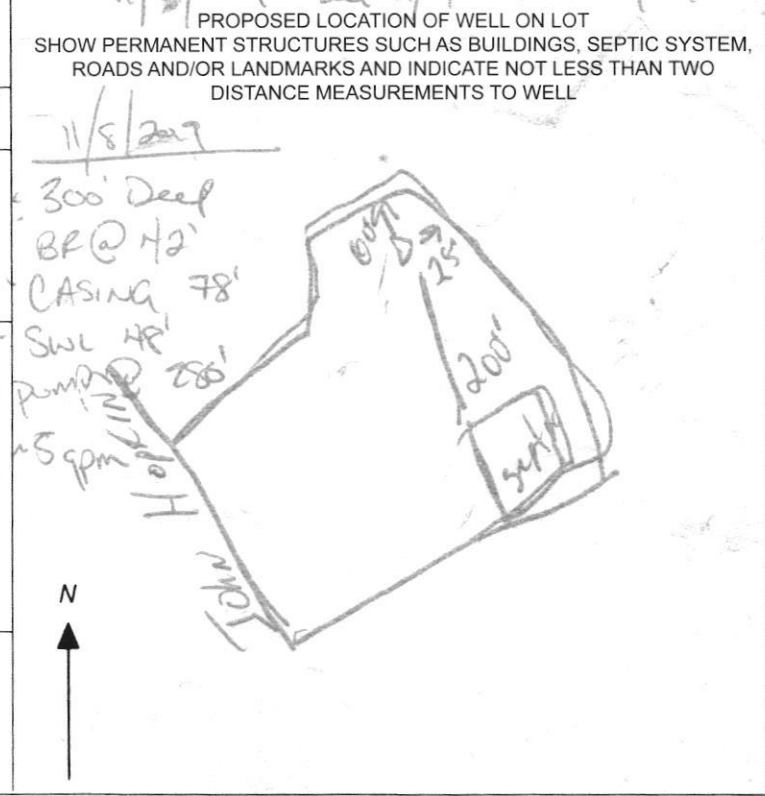
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A537282 13
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S → 41
 DATE ISSUED 5/2/19 5/2/20
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

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 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 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-18-0065
 70 71 72 73 74 75 76 77 78 79



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

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: Fonks Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
Address: 5500 Obrecht Rd
Sykesville MD 21784

AJ Gill
Lot 1

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): David Hoyle License# MSD2226

*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: Compernt Builders Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO-18-0065
Site Address: 11600 Johns Hopkins Rd
Clarysville, MD 21029

Submersible Pump Data

Make: Summafos
Model #: 155QF07-180
Pump Capacity: 15
Well Yield: 5

Pitless Adapter

Make: Campbell+
Model #: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: Yes

Well Cap and Electric Conduit

Two piece watertight cap: Yes
Screened, vented well cap: Yes
Cap secured to casing: Yes
Conduit min 18" B.G.: Yes
Conduit secured to well cap: Yes

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

Must circle one: Torque arrestors / Cable guards / Other acceptable method used
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" pvc pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

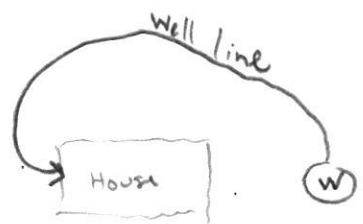
PVC sleeve to undisturbed soil at wall penetration: Yes
Length of sleeve (5' minimum from foundation): 10'
Sleeve sealed properly: Yes

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: [Signature] date: 7/23/2021

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

Date Insp. Requested:	<u>7/26/21</u>	Date Insp. Approved:	<u>7/26/21</u>	Inspector:	<u>PR</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade				<u>✓</u>
	Two piece cap installed and attached to casing securely				<u>✓</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly				<u>✓</u>
	Safety rope not outside of well cap/casing				<u>✓</u>
	Correct well tag attached properly and casing 8" above finished grade				<u>✓</u>
	Water supply line sleeved adequately at house connection				<u>✓</u>
	Adequate grout observed below pitless adapter				<u>✓</u>



(Revised form 10/24/2018)

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

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: Fogles Well Pump & Water Treatment, LLC Telephone #: 410-795-5670
Address: 550 Cleveland Rd
Springville, MD 21784

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): David C Fogle License#: MSD226

*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: Hari Singh Telephone #: 443-829-1830
Subdivision: AJ Gill Prop Lot #: 1 Well Tag #: HO-18-0065
Site Address: 11600 Johns Hopkins Rd
Clarksville, MD 21029

Submersible Pump Data

Make: ISSGEO/180
Model #: Gmnotes
Pump Capacity: 15
Well Yield: 5
Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Campbell+
Model#: NA
GPM Depth: 36" (36" min)
GPM NSF/WSC approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing NA

Piping to house

Type: 1" PVC pipe
PSI: 200 (160 psi min)
Depth of supply line: 36" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: YES
Length of sleeve (5' minimum from foundation): 16'
Sleeve sealed properly: YES

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: David C Fogle date: 4/7/2021

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

Date Insp. Requested: _____ Date Insp. Approved: 4/7/21 Inspector: _____
Inspection Data: Pitless adapter watertight & 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 not outside of well cap/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 ✓

(Revised form 10/24/2018)



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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – MARCH 15, 2023

September 15, 2022

Homeowner
11600 John Hopkins Road
Clarksville, MD 21029

**RE: Gill Property, Lot 1
11600 John Hopkins Road
Building Permit: B19002442
Well Permit: HO-18-0065**

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 **12/15/2021**. Final approval of the well line connection to the dwelling was granted on **4/7/2022**. The well construction was completed on **11/8/2019**. Water samples were collected on **8/18/2022**.

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-18-0065. 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>



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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 Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,

A handwritten signature in black ink, appearing to read 'Kevin M. Wolf', is written over a light blue horizontal line.

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 #: 153969 Account #: 1930
Reference: Fogle's Well Drilling Client: Fogle's Well Drilling
Location: 11600 Johns Hopkins Road Requested By: Theresa Miller
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 8/18/2022 1117 Site: Kitchen Sink Tap
Date/Time Rec'd: 8/18/2022 1455 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.8
Collected By: J. Fogle 0597JF Well #: HO-18-0065

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2022 / 1000 / TSD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	8/19/2022 / 1000 / TSD
Nitrate.	0.55	mg/L	10	EPA 300.0	8/18/2022 / 1610 / TSD
Turbidity	2.26	NTU	<10	SM2130B	8/19/2022 / 1010 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	8/18/2022 / 1605 / TSD

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 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : 19002442

Date Reported: 8/19/2022

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

APPROVED
 12/20/2019

DATE WELL ABANDONED: 11-8-19 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

Dryhole

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Andrew Houseman

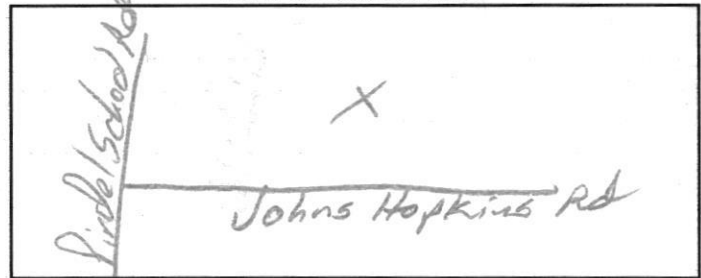
WELL DRILLER'S LICENSE NUMBER: 224

CIRCLE: MWD / MSD / MGD

* OWNER'S NAME: Competent Builder

SITE LOCATION MAP

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 41 BLOCK 9 PARCEL 259
 SUBDIVISION: AS Gill Property
 SECTION: _____ LOT: 1
 STREET ADDRESS: NE John Hopkins Rd



LATITUDE 3 9.170347

LONGITUDE 7 6.912918

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Cottings</u>	<u>500</u>	<u>120</u>
<u>Cement</u>	<u>120</u>	<u>0</u>
VOLUME OF MATERIAL USED		
<u>Cement Grout 3,290 lbs</u>		

* TYPE OF WELL BEING ABANDONED:

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

Dryhole

* USE CODE:

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

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 500 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 Andrew Houseman LICENSE# 224

MWD / MSD / MGS 11-21-19
 CIRCLE ONE DATE

COUNTY

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.

Oswald, Hank

From: Hari Singh <competentb@gmail.com>
Sent: Thursday, December 19, 2019 9:19 AM
To: Oswald, Hank
Subject: Fwd: Completion Report
Attachments: John Hopkins0003.pdf

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Mr Hank,

I am forwarding a copy of the well report that was completed at 11600 Johns Hopkins Road, Clarksville, Md 21029. Theresa told me she will have the originals delivered today. Thank you for your cooperation.

Hari R Singh
Competent builders
443-829-1830

----- Forwarded message -----

From: Theresa Miller <Theresa@foglesinc.com>
Date: Thu, Dec 19, 2019 at 8:59 AM
Subject: Completion Report
To: competentb@gmail.com <competentb@gmail.com>

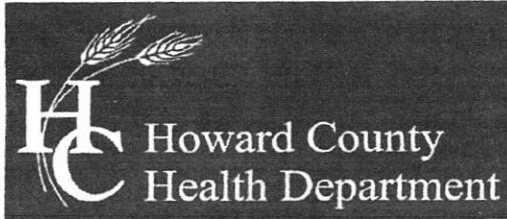
Good Morning!

Here is a copy attached. I thought the paperwork was sent to the County but it was in the folder. I am so sorry. I will get someone to drop it off at the Health Department today for you.

I will put your copies in the mail today.

Theresa

443-609-4195



Bureau of Environmental Health
8930 Stanford Boulevard, Columbia, MD 21045
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Dr. 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:

AJ Gill Property 1 Johns Hopkins Rd
Subdivision/Property Name Lot # Road Name

- The well site has been staked by Benchmark
(professional land surveyor or company employing professional land surveyors)
on April 17, 2019 (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.

Gnp
Gac

LOT 1

LOT 14
N/F
REGINALD
ERICA C
PARCEL:
LIBER 11583
ZONED: R
WESLEY
PLAN NO.

259

±

PROPOSED HOUSE
BOX HOUSE REFERENCE
POINT ELEV. 447.3

S 27° 17' 30" E
429.02'

Well box ok
5/2/19
R

EXISTING
1500 S.F.
WELL BOX

H0-18-0065

EXISTING
RESERVE AREA
10,000 S.F.

P-8
ELEV.
461.3

P-3
ELEV.
457.9

P-2
ELEV.
457.7

P-5
ELEV.
462.3

P-1
ELEV.
468.1

P-4
ELEV.
467.9

P-8
ELEV.
464.9

P-11
ELEV.
468.9

P-4
ELEV.
467.9

S 64° 02' 30" W
763.55'

50' SEPTIC
TRENCH

Gac
GHP

N/F

