



DEPARTMENT OF HEALTH
Bureau of Environmental Health
Sanitary Engineering

WELL PERMIT # _____
PROPERTY ADDRESS _____

REPLACEMENT WELL ACKNOWLEDGEMENT

I _____, the property owner at _____, acknowledge that I have been informed of the risks to drilling a shallow well into the Aquia aquifer. The area known as the Mayo Peninsula has been shown to have a decreased water quality for wells that draw from the Aquia aquifer. These wells are approximately 200' deep or less. At this time, replacement wells may be drilled to the Aquia aquifer, but are at risk of saltwater intrusion and of arsenic and cadmium levels that exceed the EPA maximum contaminant level (MCL). I acknowledge that a drilled well that exceeds the above MCLs may pose a threat to long term health, and a replacement well may be required in order to avoid the exceedances.

Further, I do not hold the Anne Arundel County Department of Health responsible for the present and future quality of the water from the well. Any dispute with the construction or costs of the well will be between me and the contracted Licensed Well Driller.

Owner/Representative Signature Date

Name (Print)

Mail, email or fax this form to:

Sanitary Engineering Program
3 Harry Truman Parkway
Annapolis, Maryland 21401
hdwelldesk@aacounty.org
410-222-7479 (FAX)