

C1 7079 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)

COUNTY NUMBER 512673

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 06 14 07

Depth of Well 22 360 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-95-1137

OWNER Thompson DALE Bld last name first name STREET OR RFD Green Hollow way TOWN Highland SUBDIVISION Highland Overlook SECTION LOT 12

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

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 54 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 26 ft.

CASING RECORD casing types insert appropriate code below (ST) (CO) (PL) (OT) MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 28

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

- 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 S D H R DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

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

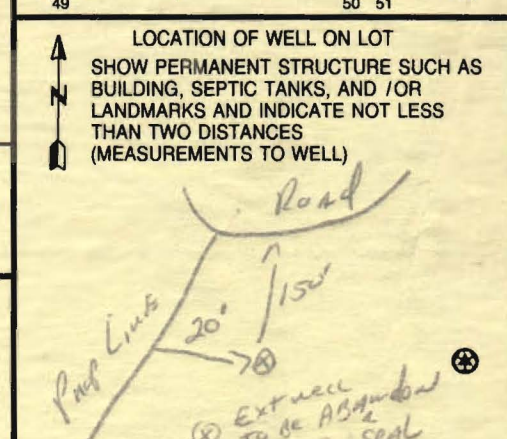
C 2 DEPTH (nearest ft.) 1 2 HO 26 360 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

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 1 2 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4.3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 95 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) (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 2 (nearest foot)



B 1 0594
1 2 3 6

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
526730 please type

STATE PERMIT NUMBER

70 - 95 - 1137
70 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Thompson DALE BLO.
15 Last Name Owner First Name 34
6300 Woodside Ct.
36 Columbia MD 21046
57 Town 70 State 72 Zip 76

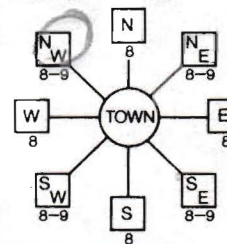
B 3 LOCATION OF WELL

8 COUNTY Howard 21
23 SUBDIVISION Highland Overlook 42
SECTION 44 46 LOT 12 48 50
52 NEAREST TOWN Highland 71
MILES FROM TOWN (enter 0 if in town) 1 M 1
73 76 77 78

DRILLER INFORMATION

Ralph E. Mayne M SD 117
Driller's Name 76 License No. 81
Ralph E. Mayne Inc
Firm Name
17024 Handy Rd. Mt Airy MD 21771
Address
Ralph E. Mayne 5/15/07
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Green Hollow Way
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 350 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: 40 BLK: 4 PARCEL 44

B 2 WELL INFORMATION

1 2
APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 500 12
AVERAGE DAILY QUANTITY NEEDED (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 512673
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 5/29/07
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 491 0 0 0 EAST GRID 810 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6" 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
39 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 DEEPEMED 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. 70 71 72 73 74 75 76 77 78 79
70 - 95 - 1137

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

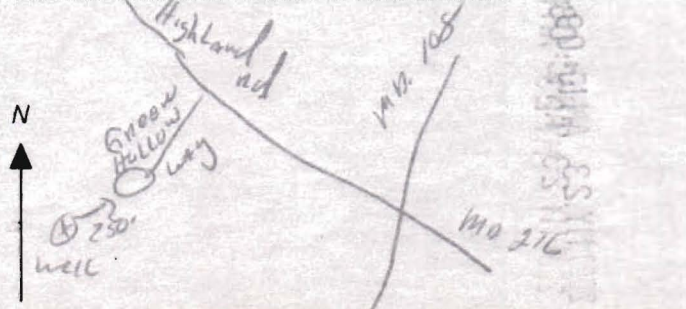
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 810
N 4901

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

Ex. Well No-54-3676 must be abandoned

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-1137
 Location of property (road) Green Hollow way
 Subdivision Highland Overlook Lot 12 Block _____ Plat _____ Sec. _____
 Well Driller Ralph Mayak Owner Dale Thompson Bld.

Depth of well 360 #
 Distance of measuring point (M.P.) above ground 24
 Static water level (S.W.L.) below M.P. 26 #

I. High rate pumping -- reservoir drawdown

Time pump started 9:30 Pumping rate 12 Gpm
 Total time 15 min to reach pumping water level 95 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	26 #	5 Sec		12 Gpm
			TEST Started	
9:45	95 #	14 Sec		4.3 Gpm
10:00	95 #	14 Sec		4.3 Gpm
10:15	95 #	14 Sec		4.3 Gpm
10:30	95 "	14 "		4.3 "
10:45	95 "	14 "		4.3 "
11:00	95 "	14 "		4.3 "
11:15	95 #	14 Sec		4.3 Gpm
11:30	95 #	14 Sec		4.3 Gpm
11:45	95 #	14 Sec		4.3 Gpm
12:00	95 "	14 "		4.3 "
12:15	95 "	14 "		4.3 "
12:30	95 #	14 Sec		4.3 Gpm
12:45	95 #	14 Sec		4.3 Gpm

**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: WILLOUGHBY PLUMBING Telephone: 410-781-7051
 Address: 6203 PATRICK DR.
54 ESTATE RD 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): CHRIS WILLOUGHBY License: 6492

*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: PAWS DA BROOK LLC Telephone #: 410-995-6736
 Subdivision: HIGHLAND WALK TOWN Lot #: 12 Well Tag #: HC-92-1137
 Site Address: 6840 FORMER WALK
HIGHLAND MD 21777

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>GREENFOS</u>	Make: <u>KAMPSER</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model #: _____	Screened, vented well cap: _____
Pump Capacity: <u>6</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>4</u> GPM	NSP/WSC approved: _____	Conduit min 18" B.O.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>20</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 17.3.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to cross rope adapter or other acceptable method <u>inside of well casing</u>		

Piping to house
 Type: CRESTLINE
 PSI: 1" (160 psi min)
 Depth of supply line: 36" min
 House connection:
 PVC sleeve to undisturbed soil or well penetration:
 Layer of sleeve at minimum from foundation: 12"
 Sleeve sealed properly:

The water supply line is required to be at least 12 feet from the septic tank, pump chamber, sewage piping, distribution box, drain field, or a sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Chris Willoughby Date: 4/23/08

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

Date Insp. Requested: _____ Date Insp. Approved: 4/23/08 **BB**

- 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

Under Footer
Casing Extended-
Grout Observed at
Original Grade

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Erik Marks, Marks + Associates on 5/9/07 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN Lot 12 Sub-Highland Overlook
Replacement well
DALE Thompson Blvd

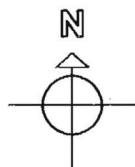


NEW WELL LOCATION

The existing well(s) shown on this plan have been field located by a Professional Land Surveyor, and is (are) accurately shown. All drilled wells and SDA's within the boundaries of this property are shown.

PERCOLATION TEST PASSED
 PERCOLATION TEST FAILED

TITLE
AREA MAP



OWNER/ BUILDER:
Dale Thompson Builders, Inc.
6300 Woodside Court
Suite A
Columbia, MD 21046

DATE: 05-10-07
SCALE: 1: 300

PROJECT NAME:
HIGHLAND OVERLOOK
FULTON, HOWARD COUNTY
MARYLAND

APPROVED FOR PRIVATE WATER AND PRIVATE/PUBLIC SEWERAGE SYSTEMS IN CONFORMANCE WITH THE MASTER PLAN OF HOWARD COUNTY.

Peter Belenson, M.D., M.P.H., HOWARD COUNTY HEALTH OFFICER

DATE



Bureau of Environmental Health
7178 Columbia Gateway Drive Columbia, Maryland 21046-2132
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 26, 2008

Dale Thompson Builders
6300 Woodside Court
Columbia, MD 21046

FAX SENT VIA FACSIMILE 410-381-8747

RE: Highland Overlook, Lot 12
6840 Green Hollow Way
Highland, MD 20777
BP# B07003379
Well Tag #: HO-95-1137

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 03/14/2008. Final approval of the well line connection to the dwelling was approved on 04/23/2008.**

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.

Gross Alpha and Beta samples were also collected on 06/14/2007. Both findings were below the maximum limit suggested by the EPA. At the time of the testing and with respect to these parameters, the future well water supply appears safe for all uses. No addition testing **for these parameters** will be required to secure the future Use and Occupancy.

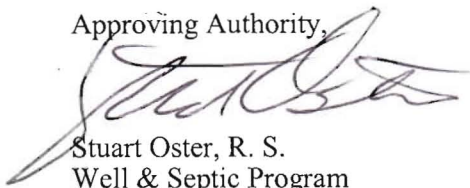
INTERIM CERTIFICATE OF POTABILITY

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-95-1137. 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) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 11/12/2008 & 11/20/2008
Date of Samples for Gross Alpha & Gross Beta: 06/14/2007
Date of Well Completion: 06/14/2007

Approving Authority,



Stuart Oster, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 A Methode Electronics, Inc. Company
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.trace labs.com / Email: info@trace labs.com

Maryland State Certified Laboratory # 318

CERTIFICATE OF ANALYSIS

Requester: Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

S/O Number: 70617 - AMENDED
Report Date: November 21, 2008

Property Sampled: 6840 Green Hollow Way, 20777, Retest

County: Howard
Subdivision: Highland Overlook
Lot #: 12
Building Permit #: B07003379

Tax Map #: 40
Parcel #: 44

Date/Time Collected: November 20, 2008 at 2:00 pm
Date/Time Received: November 20, 2008 at 2:50 pm

Sample Location: Basement Powder Room Tap
Sampler ID: 5745KC

Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-1137
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: Sediment Filter

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

Allison R. Milburn
 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
 A Methode Electronics, Inc. Company
 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:

Dale Thompson Builders
 6300 Woodside Court
 Columbia, Maryland 21046

S/O Number: 70491

Report Date: November 13, 2008

Property Sampled: 6840 Green Hollow Way, 20777

County:

Howard

Subdivision:

Highland Overlook

Tax Map #:

40

Lot #:

12

Parcel #:

44

Building Permit #:

B07003379

Date/Time Collected: November 12, 2008 at 12:55 pm

Date/Time Received: November 12, 2008 at 3:00 pm

Sample Location:

Downstairs Bathroom Tap

Samples Iced: Yes

Sampler ID:

5745KC

Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number:

HO-95-1137

Well Condition:

 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	<1.0 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	11.5 NTU	EPA 180.1	10 NTU	High
pH	6.6 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
 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.



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

November 1, 2007

Mr. and Mrs. Adil Khan
6840 Green Hollow Way
Highland, Maryland 20777

RE: Highland Overlook Lot 12
Green Hollow Way
HO - 95 - 1137

Dear Mr. and Mrs. Khan:

Testing was performed on June 14, 2007 and samples submitted to the Department of Health & Mental Hygiene Laboratories to assess the possible presence of **Gross Alpha** and **Gross Beta** in your well water supply. **Gross Alpha** and **Gross Beta** measure the total alpha and beta activity in a water supply. These naturally occurring radioactive nuclides have been demonstrated to be present in a certain type of geologic formation known as the Baltimore Gneiss which exists in your area of the County. In turn, this information can be used to determine if additional testing and/or the need for treatment to address this concern is necessary.

Results from this screening revealed a **Gross Alpha** of 6.0 ± 1.0 picocuries/liter (pCi/L); while the **Gross Beta** level was 9.0 ± 2.0 pCi/L. The **Gross Alpha** result was below the **maximum contaminant level (MCL)** of 15 pCi/L, while the **Gross Beta** level was below its targeted value of 50 pCi/L (roughly equal to the **annual dose rate** of 4 millirems/year). 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.

Sincerely,

A handwritten signature in black ink that reads 'Bert Nixon'.

Bert Nixon, Director
Bureau of Environmental Health

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

Send Report To:

Bret Nixon

State of Maryland
DHMH - Laboratories Administration
Division of Environmental Chemistry
RADIATION LABORATORY

201 W. Preston Street, Baltimore, Maryland 21201
John M. DeBoy, Dr. P.H., Director

LABORATORY ANALYSIS REQUEST

#05-440459

Highland, 20777
Adil + Nabila KHAN
6840 Green Hollow Way
Highland 20777

Sample Bottle No. A: 40-95-1137 No. B: _____ Field Blank Bottle No. A: _____ No. B: _____

Plant/Site Name: Highland Meadows lot 12 County: Howard

Sample Source: Green Hollow Rd Location: 40-95-1137
(well no., lab sink, sample tap, etc.)

County: Plant No.

CHECK (one per box)

Drinking Water
Landfill
Stream
Other

Community
Non-community
Private
Other

Source (raw water)
Distribution (treated)
MCL

Emergency
Routine
Recheck
Special

Collector: K. Wick

Telephone No: 410-73-2645

Date Collected: 6/18/07

Time Collected: 10:30 a.m. _____ p.m.

Nitric Acid Preserved: Yes No

Iced: Yes No

Submitters Code: Federal Project: Field Data: 6.1 pH Chlorine

Remarks: Sample collected @ Yield test

✓	Test	EPA Code	Laboratory No.	Results (pCi/L)	Date Reported
✓	Gross Alpha	4000	2561	6±1	06/18/07
✓	Gross Beta	4100	2561	7±2	"
	Radon-222 Bottle A	4004			
	Radon-222 Bottle B	4004			
	Field Blank A	4004			
	Field Blank B	4004			
	Tritium				
	Ra - 226	4020			
	Ra - 228	4030			
	Total Uranium	4006			

Date Received: 06/19/07

Supervisor: S. Wilson



HOWARD COUNTY HEALTH DEPARTMENT

26730

DATE
5 / 23 / 07

415

Received From Dale Thompson Builders PHONE # 410.995.10736

For Well permit Lot 12
Highland Overlook
Green Hollow Way
one hundred sixty dollars

DILPV
FRSV
clear
LOGV
Per Track - well info
see the done
last March

- CASH
- CHECK

NO. 21163

Dollars

\$ 100⁰⁰

Received By 415 Mrs AP