

B 1 26808

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0 - 95 - 2669

5K283H please type

fill in this form completely

Date Received (APA)

052014

OWNER INFORMATION

Basler Venture LLC, PO Box 482, Lis Bow MD 21765

B 3

LOCATION OF WELL

Howard County, Walnut Creek Phase III, Section 44, Lot 78, Clarksville

DRILLER INFORMATION

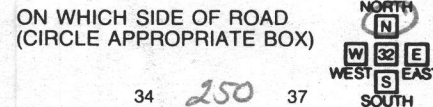
Ralph Mayne, MSD 119, RALPH MAYNE WELL DRILLING, 17024 Handy Rd Mt Airy MD 21071

B 4

SOURCES OF DRILLING WATER

- 1. well

Hayland Farm way



250 DISTANCE FROM ROAD, ENTER FT OR MI, TAX MAP: 28, BLK: , PARCEL 49

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled), FARMING, INDUSTRIAL, PUBLIC WATER SUPPLY WELL, TEST, OPEN LOOP GEOTHERMAL, CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard County, A520385 A520448, DATE ISSUED 03/28/2014, CO SIGNATURE R-R, EXP. DATE 3/28/15

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 2" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTary (circled), JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

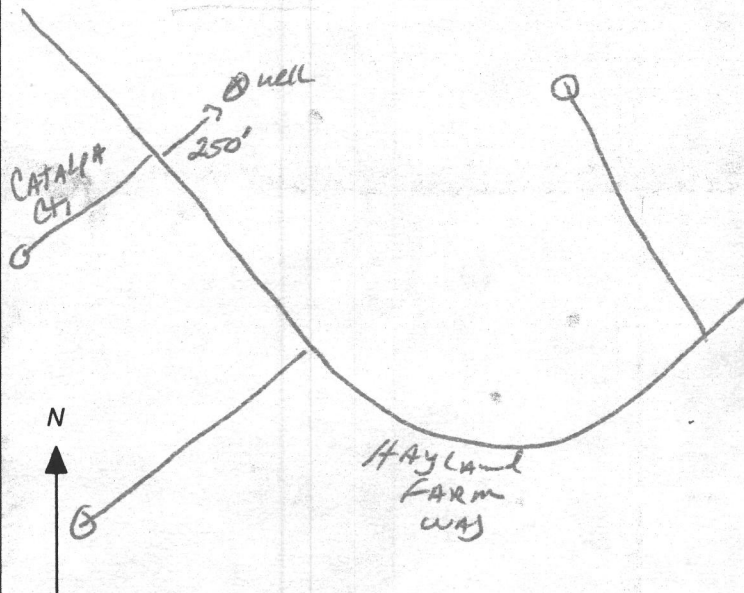
- N THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS, D THIS WELL WILL DEEPM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER H02006G020, PERMIT No. H0-95-2669

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



SPECIAL CONDITIONS Radium sample required at yield test & all wells must be at least 100 feet apart

C1 41849

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"

OWNER: Heritage Realty
WELL SITE ADDRESS: 2206 Highland Farm Way
SUBDIVISION: Walnut Creek

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)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box)
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 25 NO. OF POUNDS 1350
GALLONS OF WATER 150
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 13 ft.

PUMPING TEST
HOURS PUMPED (nearest hour) 8
PUMPING RATE (gal. per min.) 15
METHOD USED TO MEASURE PUMPING RATE
WATER LEVEL (distance from land surface) BEFORE PUMPING 17 ft. WHEN PUMPING 22 ft.

CASING RECORD
MAIN CASING TYPE PL
Nominal diameter top (main) casing (nearest inch) 60
Total depth of main casing (nearest foot) 66

PUMP INSTALLED
DRILLER INSTALLED PUMP 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
PUMP HORSE POWER 37
PUMP COLUMN LENGTH (nearest ft.) 43
CASING HEIGHT (circle appropriate box and enter casing height) above 49 below 2

NUMBER OF UNSUCCESSFUL WELLS:
WELL HYDROFRACTURED YES NO
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

SCREEN RECORD
screen type or open hole (insert appropriate code below)
STEEL (ST) BRASS (BR) OPEN HOLE (HO)
BRONZE (PL) OTHER (OT)
DEPTH (nearest ft.)
E 8 9 11 15 17 21
A 23 24 26 30 32 36
C 38 39 41 45 47 51
S
E SLOT SIZE 1 2 3
D DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

LATITUDE 39.240125
LONGITUDE 76.950590
(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. 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.

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. 1 MSD027
DRILLERS SIGNATURE
LIC. NO. 1 D
SITE SUPERVISOR (sign. of driller or journeyman)



HOWARD COUNTY HEALTH DEPARTMENT

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

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 25.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Tri-County Pump Service, Inc Telephone #: 301-432-0330
Address: 6711 Old National Pkwy
Beltsville, MD 20813

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

License # and name of individual responsible for the field installation:
Name (Print): William Griffith License# 20135

*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: Cedmont Home Telephone #: 703-932-0573
Subdivision: Winding Creek Lot #: 78 Well Tag #: HO-15-2667
Site Address: 12206 Hayland Farm Way
Ellicott City, Md 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>American Gravity</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>7CS95422C</u>	Model #: <u>PT999</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>7gpm</u>	GPM Depth: <u>36</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>10gpm</u>	GPM NSF/WSC approved: _____	Conduit min 18" B.C.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>78"</u> (feet)		Conduit secured to well cap: <u>Y</u>
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 <u>inside of well casing</u>		

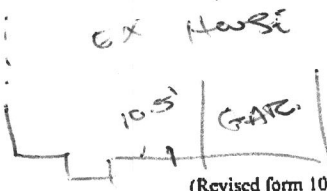
Piping to house	House Connection
Type: <u>poly</u>	PVC sleeve to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>20'</u>
Depth of supply line: <u>36"</u> (36" min)	Sleeve sealed properly: <u>Y</u>

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: William Griffith date: 5-14-2019

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

Date Insp. Requested: <u>5/15/2019</u>	Date Insp. Approved: <u>9/3/19</u>	Inspector: <u>[Signature]</u>
Inspection Data:	Pitless adapter watertight & water supply line at least 36" below grade	<u>140"</u> 5/15/2019 <u>[Signature]</u>
	Two piece cap installed and attached to casing securely	<u>39"</u> 5/15/2019 <u>[Signature]</u>
	Elec. conduit extends at least 18" below grade/attached to cap properly	<u>14"</u> 5/15/2019 <u>[Signature]</u>
	Safety rope not outside of well cap/casing	<u>7"</u> 5/15/2019 <u>[Signature]</u>
	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)

5/15/2019
WELL CAP NOT BLUED
CASING HAS N' VOID

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

INTERIM CERTIFICATE OF POTABILITY
Expiration Date – MARCH 6, 2020

September 6, 2019

Homeowner
12206 Hayland Farm Way
Ellicott City, MD 21042

RE: Walnut Creek, Lot 78
12206 Hayland Farm Way
Building Permit: B19000470
Well Permit: HO-95-2669

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 **9/4/2019**. Final approval of the well line connection to the dwelling was granted on **9/5/2019**. The well construction was completed on **7/21/2014**. Water samples were collected on **8/12/2019**.

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.

Gross Alpha and Beta samples were also collected on **7/21/2014**. Results showed a Gross Alpha level of **2.0 ± 0.0 pCi/L** and Gross Beta level of **4.0 ± 0.0 pCi/L**. The Gross Alpha was below the maximum contaminant level (MCL) of 15 pCi/L and the Gross Beta was below the target level of 50pCi/L (roughly equivalent to the annual dose rate of 4 millirems per year). At the time of testing and with respect to these parameters, the well water is safe for all uses.

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-95-2669. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

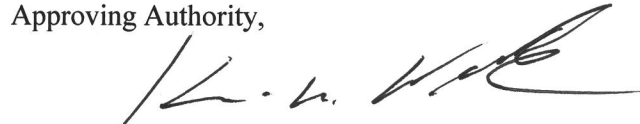
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will 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.**

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

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a certified water quality 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>

In closing, please refer to our "Homeowner Fact Sheet" for understanding your onsite sewage disposal system. You will also find a link to Maryland Department of the Environment's website which elaborates in further detail operation and maintenance of your Septic System.

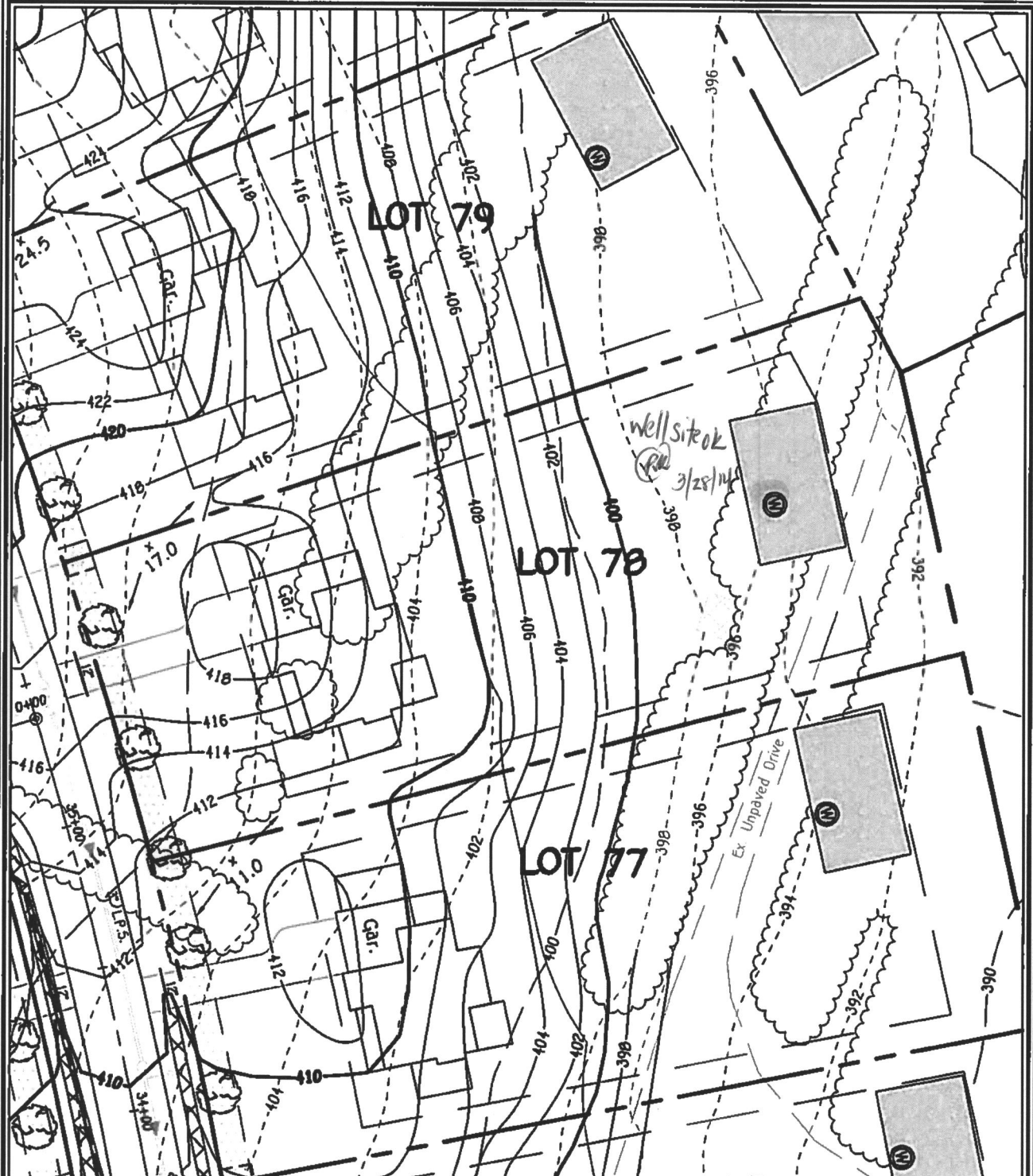
Approving Authority,



Kevin M Wolf, L.E.H.S., REHS/R.S., Supervisor
Groundwater Management Section
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File

I:\2004\04001\dwg\PHASE THREE FINAL\04001 Phase Three WELL MAPS Lots 71-81 & Lot 39.dwg, 3/10/2014 11:19:44 AM, IISRV1\IDS Generic

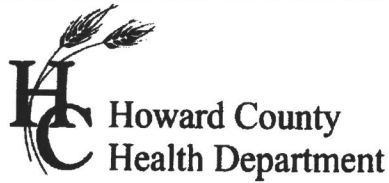


WELL LOCATION INFORMATION:
NORTHING = 573,003.80 EASTING = 1,326,396.86
LATITUDE = N39°14'24" LONGITUDE = W76°57'01"

**LOT 78 WELL MAP
WALNUT CREEK
PHASE THREE**

Lots 69 - 114, Non-Buildable Preservation Parcels
'O' Thru 'R' & 'V', Non-Buildable Parcel 'S', Buildable Preservation
Parcel 'T' and Buildable Bulk Parcel 'U'
ZONED: RC-DEO & RR-DEO
TAX MAP No. 28 GRID Nos. 4, 5, 10-12, 17, AND 18
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DATE: MARCH 10, 2014 SCALE: 1" = 50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLSWORTH CITY, MARYLAND 21042
(410) 461 - 2895



7178 Columbia Gateway Dr., Columbia, MD 21046
 (410) 313-2640 Fax (410) 313-2648
 TDD (410) 313-2323 Toll Free 1-866-313-6300
 website: www.hchealth.org

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

TO ALL INTERESTED PARTIES

When submitting a well application for a proposed well for new construction, please indicate one of the following:

Well Site Location:

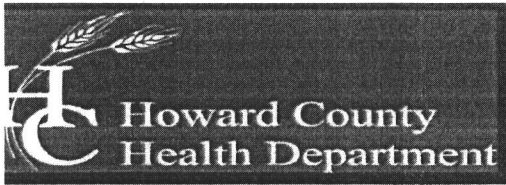
Walnut Creek	78	Hayland Farm Way
Subdivision/Property Name	Lot #	Road Name

The well site has been staked by Fisher, Collins and Carter, Inc.,
 (professional land surveyor or company employing professional land surveyors)
 on 03/21/14 (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 3/11/07



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

Maura Rossman, M.D., Health Officer

September 8, 2014

Bassler Venture LLC
Attn. Tim Feaga
15950 North Avenue, P.O. Box 482
Lisbon, Maryland 21765

RE: Walnut Creek Lot 78
Hayland Farm Way
Well Tag: HO - 95 - 2669

Dear Mr. Feaga:

A sample was collected during a yield test on July 21, 2014 and submitted to the Department of Health & Mental Hygiene Laboratories 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 particle 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 development within the County.

Results from this screening revealed a **Gross Alpha** of $< 2.0 \pm 0.0$ picocuries/liter (pCi/L), while the **Gross Beta** level was $< 4.0 \pm 0.0$ pCi/L. 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 (roughly equivalent to the **annual dose rate** of 4 millirems/year).

At the time of testing and with respect to these parameters, the future well water supply **meets** EPA regulatory standards. Additional testing **for these parameters** will not be required to secure the future Use & Occupancy. **Please note** that other standard testing parameters (bacteria, nitrate, turbidity and sand) will still be required to help secure Use & Occupancy.

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 cursive script that reads 'Bert Nixon'.

Bert Nixon, Director

Bureau of Environmental Health

Enclosure
cc: Property file

Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Blvd.
 Columbia, Maryland 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St., Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

Lab No. E000196 #22#

RADIATION ANALYSIS REQUEST FORM

Plant/Site Name: Field Blank County: Howard
 Sample Source: HCOO000 (distilled H2O) Location: Env. Health Lab
(Well no., lab sink, sample tap, etc.)
 Radon-222 Bottle A _____ Radon-222 Field Blank Bottle A _____
 Bottle B _____ Bottle B _____
 County 13 Plant No.

--	--	--	--	--	--	--	--	--	--

CHECK (one per Box)

Type	Service	Point of Collection	Testing
Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (Raw) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-Community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input checked="" type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Submitters Code: Federal Project: 5
 Collector: R. Rappaport Telephone No.: 410-313-1781
 Date Collected: 7/21/14 Time Collected: _____ a.m. 3 p.m.
 Field pH: _____ Field Chlorine: _____
 Nitric Acid Preserved: Yes No Iced: Yes No

Remarks: (Sample taken in Env. Health lab w/ distilled H2O)

✓	TEST	EPA Code	Lab No.	Method No.	Results (pCi/L)	Date Analyzed	Analyst	Date Reported
<input checked="" type="checkbox"/>	Gross Alpha	4000	0196	EPA 9000	22.0	7/26/14	CWB	7/29/14
<input checked="" type="checkbox"/>	Gross Beta	4100	0196		64.0	↓	↓	
<input type="checkbox"/>	Radium-226	4020						
<input type="checkbox"/>	Radium-228	4030						
<input type="checkbox"/>	Total Uranium	4006						
<input type="checkbox"/>	Radon-222 (Bottle A)	4004						
<input type="checkbox"/>	Radon-222 (Bottle B)	4004						
<input type="checkbox"/>	Radon Field Blank A	4004						
<input type="checkbox"/>	Radon Field Blank B	4004						
<input type="checkbox"/>	Tritium							
<input type="checkbox"/>								

Date Received: 07/22/14 Received By: C. W. Boyd
 Data Release Signature: Deborah Miller - Jura Date: 7/29/14

Lab Use Only	Yes	No	N/A
Sample Intact upon arrival?	✓		
Sample pH < 2.0?	✓		
Received within holding time?	✓		

• Tel. No.: (410) 767-5537 • Fax No.: (410) 333-5373



Fredericktowne Labs Inc.

ENVIRONMENTAL TESTING

3020 Ventrie Court • P.O. BOX 245 • Myersville, MD 21773 • 800-332-3340 • FAX 301-293-2366
 www.fredericktownelabs.com • info@fredericktownelabs.com

Certificate of Analysis

Acct. No. 3948 - 2383-1

Field Record

Site visit performed on: Monday, August 12, 2019 2:25 PM
 by: Brian Kepler State ID No. 1063BK
 Affiliation: Tri-County Pump Service
 Property Owner: Craftmark Homes
 Property Address: 12206 Hayland Farm Way
 Ellicott City, MD 21042
 Sample Source: 1st Floor Powder Room Sink
 Treatment Devices Noted: 4x10/Softener - By-passed
 Sample taken after treatment: Yes
 Well No.: HO-95-2671

Laboratory Report

Sample Received at laboratory: 8/12/2019 3:29 PM

Bacteriological results:

Total Colif. (/100ml)	E.coli. (/100ml)	Start		End		Method	Analyst
		Date	Time	Date	Time		
<1	<1	08/12/19	15:50	08/13/19	10:00	9223B	JD

Bacteriological analysis of this sample indicates the water is safe for human consumption and meets federal, state and local requirements. Analysis was performed according to the 20th edition of Standard Methods

Inorganic Chemical results:

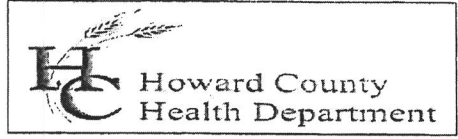
Parameter	Result	Units	MCL	Date of Analysis	Method	Analyst
Nitrate-Nitrogen	5.8	mg/l	10	8/12/2019	300.0	KB
Sand	<2	mg/l	5	8/13/2019	0.065mmFilter	JD
Turbidity	0.3	NTU'	<10	8/12/2019	180.1	KMW

Reported by: Cristy Phelps 8/14/19
 Name Date

Fredericktowne Labs, Inc. is a State Certified Water Quality Laboratory
 Maryland Cert. No. 116 Virginia Cert. No. 00444
 MDOT WBE Cert. No.: 91-158

ORIG MAILED 8/27/14

Invoice



Bureau of Environmental Health
 Attn: Bert Nixon, Director

DATE: AUGUST 6, 2014
 DATES OF SERVICE: JULY 10 & 21, 2014
 INVOICE #: 2014-015

8930 Stanford Boulevard, Columbia, MD 21045
 Phone 410-313-2640 Fax 410-313-2648
 www.hchealth.org

BILL TO Heritage Reality and Land Development
 Attn: Tim Feaga
 15950 North Ave P.O. Box 482
 Lisbon, MD 21765

COMMENTS Payment due upon receipt. Letter and results will be released upon receipt of payment.

DATE	DESCRIPTION	BALANCE	AMOUNT
07/21/14	Gross alpha/beta testing performed for Walnut Creek, Lots # 77, 78, and 87 HO - 95 - 2668 HO - 95 - 2669 HO - 14 - 0028		\$135.00
07/10/14	Gross alpha/beta testing performed for Walnut Creek Lots # 79, 89, and 95 HO - 95 - 2670 HO - 14 - 0030 HO - 14 - 0031		\$135.00
			AMOUNT DUE
			\$270.00

Please detach and return with payment.

REMITTANCE	
Invoice #	2014-015
Site Information	Walnut Creek Lots 77, 78, 79, 87, 89, & 95
Amount Due	\$270.00

*Receipt 54603
8/27/14*

Make Checks Payable to: **Director of Finance** Mail Payments to: **Bureau of Env. Health**