

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) COUNTY NUMBER XIII

ST/CO USE ONLY DATE Received MM 09 DD 03 YY 19 DATE WELL COMPLETED MM 08 DD 14 YY 19 Depth of Well 380 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-18-0039

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS last name GREEN BRIDGE ROAD first name TOWN DAYTON SUBDIVISION SIMPSON/DENAULT SECTION LOT 16

**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)	FEET		check if water bearing
	FROM	TO	
TAN MICACEOUS GROUND	0	20	
SOFT TAN SCHIST	20	35	X
GRAY AND TAN SCHIST	35	50	X
GRAY SCHIST	50	380	X
WATER AT 90', 140', 240'			

**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 45 46 9 NO. OF POUNDS 45 46 450

GALLONS OF WATER 180

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 3 ft.

**CASING RECORD**

caseing types insert appropriate code below

STEEL  ST CONCRETE  CO

PLASTIC  PL OTHER  OT

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

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

**SCREEN RECORD**

screen type or open hole insert appropriate code below

STEEL  ST BRASS  BR BRONZE  PL PLASTIC  PL OPEN HOLE  HO OTHER  OT

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 4

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE WATCH & BUCKET

WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 85 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes  no  N

**C 2**

DEPTH (nearest ft.) 57 380

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1 2 3

DIAMETER OF SCREEN 6 (NEAREST INCH)

**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 LAND SURFACE  - below 3 (nearest foot)

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. 1 MWD 576

DRILLERS SIGNATURE

LIC. NO. 1 D

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

LATITUDE 39.200857

LONGITUDE 77.025321

(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.

TAG # 9/10/17

B 1	SEQUENCE NO. (MDE USE ONLY) <b>54025</b>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 540775T please type	STATE PERMIT NUMBER <b>40-18-0039</b>
	1 2 3 6		70 79 fill in this form completely

**OWNER INFORMATION**

Date Received (APA) **08/03/19**

8 MM DD YY 13

15 Last Name **ELM STREET DEVELOPMENT** Owner First Name 34

36 Street or RFD **5704 PORSEY HALL ROAD** 55

57 Town **ELICOT CITY MD** 70 State 72 Zip 76 **21042**

**LOCATION OF WELL**

8 COUNTY **HOWARD** 21

23 SUBDIVISION **SIMPSON/DENAULT** 42

SECTION **44** 46 LOT **16** 48 50

52 NEAREST TOWN **DAYTON** 71

**DRILLER INFORMATION**

Driller's Name **RANDALL L. ALEXANDER MWD 576** 76 License No. 81

Firm Name **ALEXANDER WELL DRILLING**

Address **1216 W. MAIN ST. PO BOX 443 FAIRFIELD PA 17320**

Signature *[Signature]* Date **2-12-19**

**SOURCES OF DRILLING WATER**

1. **WELL WATER**

11 STREET ADDRESS **GREEN BRIDGE RD** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 **APPROX 175** 37

DISTANCE FROM ROAD **1000** FT

ENTER FT OR MI 38 39

TAX MAP: **27** BLK: \_\_\_\_\_ PARCEL **34-36-98**

**WELL INFORMATION**

APPROX. PUMPING RATE **5** (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED **400** (GAL. PER DAY) 14 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**

COUNTY NAME **HOWARD** COUNTY NO. **21**

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **04/24/2019** 43 MM DD YY 48

CO SIGNATURE *[Signature]* EXP. DATE **04/24/2022**

APPROXIMATE DEPTH OF WELL **500** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

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

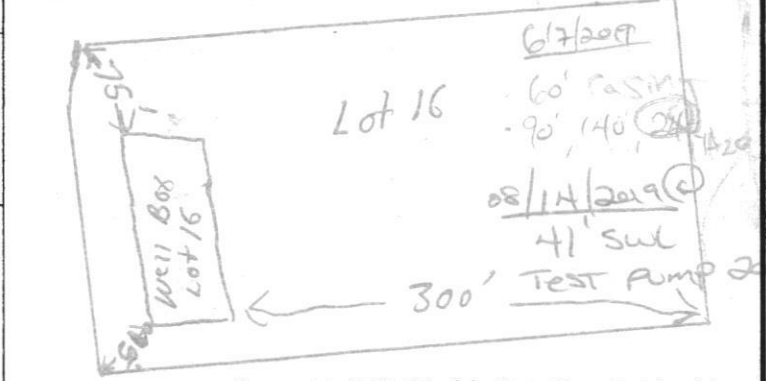
**METHOD OF DRILLING** (circle one)

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39  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 DEEPEN 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 **402017G001**

PERMIT No. **40-18-0039** 70 71 72 73 74 75 76 77 78 79

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.

**SPECIAL CONDITIONS**

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED- **SEE ATTACHED MEMO**



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: Eagles Well Pump & Water Treatment LLC Telephone #: 410 795 5670  
 Address: 1830 Chricht Rd  
Sikeston, MO 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 Eagle License# MS10226

\*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: Toll Brothers Telephone #: \_\_\_\_\_  
 Subdivision: Willow Creek Lot #: 16 Well Tag #: HO - 146 - 0039 (ST)  
 Site Address: 6026 Bricker Rd  
Dayton, MO 21036

Submersible Pump Data

Make: JESCO-10-220  
 Model #: W5150105  
 Pump Capacity: 15  
 Well Yield: 9.5

Pitless Adapter

Make: Campbell+  
 Model#: N/A  
 GPM Depth: 36' (36" min)  
 GPM NSF/WSC approved: ✓

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: \_\_\_\_\_ (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 N/A

Piping to house

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

House Connection

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

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: 12/16/2021

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

Date Insp. Requested: 12/10/21 Date Insp. Approved: 12/14/21 Inspector: (ST)  
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 42"  
 Two piece cap installed and attached to casing securely ✓  
 Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 32"  
 Safety rope not outside of well cap/casing ✓  
 Correct well tag attached properly and casing 8" above finished grade ✓ 37"  
 Water supply line sleeved adequately at house connection ✓ 9"  
 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 – OCTOBER 19, 2022**

April 19, 2022

Homeowner  
6026 Bricker Road  
Clarksville, MD 21029

**RE: Willowshire, Lot 16  
6026 Bricker Road  
Building Permit: B21001543  
Well Permit: HO-18-0039**

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 **12/22/2022**. Final approval of the well line connection to the dwelling was granted on **12/10/2021**. The well construction was completed on **8/14/2019**. Water samples were collected on **3/24/2022**.

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-18-0039. 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>



**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**

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 Environment's 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 #: 151122 Account #: 1933  
Reference: Willow Creek Lot 16 Client: Fogle's Well Pump & Treatment  
Location: 6026 Bricker Road Requested By: Dave Fogle  
Dayton, MD 21036 Source: Well Water  
Date/ Time Collected: 3/24/2022 0750 Site: Pressure Tank  
Date/Time Rec'd: 3/24/2022 0934 Treatment: None  
Chlorine ppm: Free: ND Total: ND pH: 7.0  
Collected By: J. Evans 0309JE Well #: HO-18-0039

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/25/2022 / 1000 / MEH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	3/25/2022 / 1000 / MEH
Nitrate	3.14	mg/L	10	Hach 10206	3/24/2022 / 1430 / CRS
Turbidity	0.47	NTU	<10	SM2130B	3/24/2022 / 1440 / TSD
Sand	ND	mg/L	5	Visual/Gravimetric	3/24/2022 / 1040 / 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 pH and Chlorine level tested in lab (pH tested after recommended holding time)
- 5 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 6 ND = None Detected; N/A: Not Available
- 7 Sample collected by client, analyzed as received
- 8 Visual well check: Sealed, vented cap: Cap Appeared Satisfactory

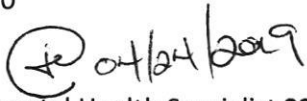
Reason for Test : Use & Occupancy

Date Reported: 3/25/2022

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

**MEMORANDUM**

TO: **Alexander's Well Drilling**  
**Attn: Randall Alexander MWD 00576**  
126 W Main Street  
P.O. Box 443  
Fairfield, PA 17320

FROM: **Joseph Cabahug**   
Licensed Environmental Health Specialist **001997**  
Howard County Health Department  
**Well & Septic Program**

RE: **Simpson and Denault Well Permit Special Conditions**

DATE: **04/24/2019**

This memorandum serves to inform the driller serving The Simpson and Denault Subdivision for construction of a new potable wells for residential use of the special conditions associated with the release of the well permits.

In accordance with current approved Percolation Certification (signed 03/27/2019), the following conditions apply:

**Note 15(d)** Wells installed on **Lots 2 – 8, 12 – 14, 23, 26 – 34, 38, and 39** must be installed as steel casing to depth of at least 50' below the soil surface or 10 feet into competent bedrock, whichever is deeper.

In accordance with the Water Appropriation and Use Permit (**HO2017G001(01)**), the following conditions apply:

**Page 3, Section 15:** The Permittee shall conduct simultaneous yield tests of wells closer than 100 feet apart, if at least one of the wells is on a lot less than one acre in size. The yield testing shall be conducted to ensure that the minimum yield requirements of COMAR 26.04.04.26 are met. In the event that a well that has been tested simultaneously with other wells does not meet minimum yield standards, the Permittee may relocate a well to achieve the 100-foot separation distance, deepen or otherwise modify the well to improve its yield or drill a second well to be used in tandem to meet the minimum yield standards during simultaneous testing. All wells shall comply with the well construction requirements.

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

Lots that are less than one acre are shown below.

MINIMUM LOT SIZE CHART			
LOT No.	GROSS AREA (SF)	PIPE STEM	NET AREA
1	54,825		54825
2	59,641		59641
3	55,018		55018
4	41,925		41925
5	40,840		40840
6	55,788		55788
7	55,833		55833
8	45,774		45774
9	42,992		42992
10	44,020		44020
11	42,068		42068
12	40,362		40362
13	41,330		41330
14	56,648	6700	49948
15	40,459		40459
16	49,871		49871
17	40,003		40003
18	40,443		40443
19	40,461		40461
20	40,461		40461
21	40,218		40218
22	54,686		54686
23	55,798		55798
24	44,052	1375	42677
25	41,612	2906	38706
26	48,488	5322	43166
27	46,396		46396
28	40,768		40768
29	44,270		44270
30	44,589		44589
31	46,366		46366
32	49,299		49299
33	47,918		47918
34	52,931		52931
35	54,827	2518	52309
36	44,800	3617	41183
37	55,035	4441	50595
38	33,223	2913	30310
39	31,227		31227
40	35,865		35865
41	40,100		40100
42	34,182		34182
43	41,390		41390
44	41,360		41360
45	45,097		45097
<b>TOTAL AREA</b>	<b>2,043,259</b>	<b>AC.</b>	<b>46.91</b>
			<b>S.F.</b>

Please reach out to the Howard County Health Department – Bureau of the Environment with further questions.

Cc: File

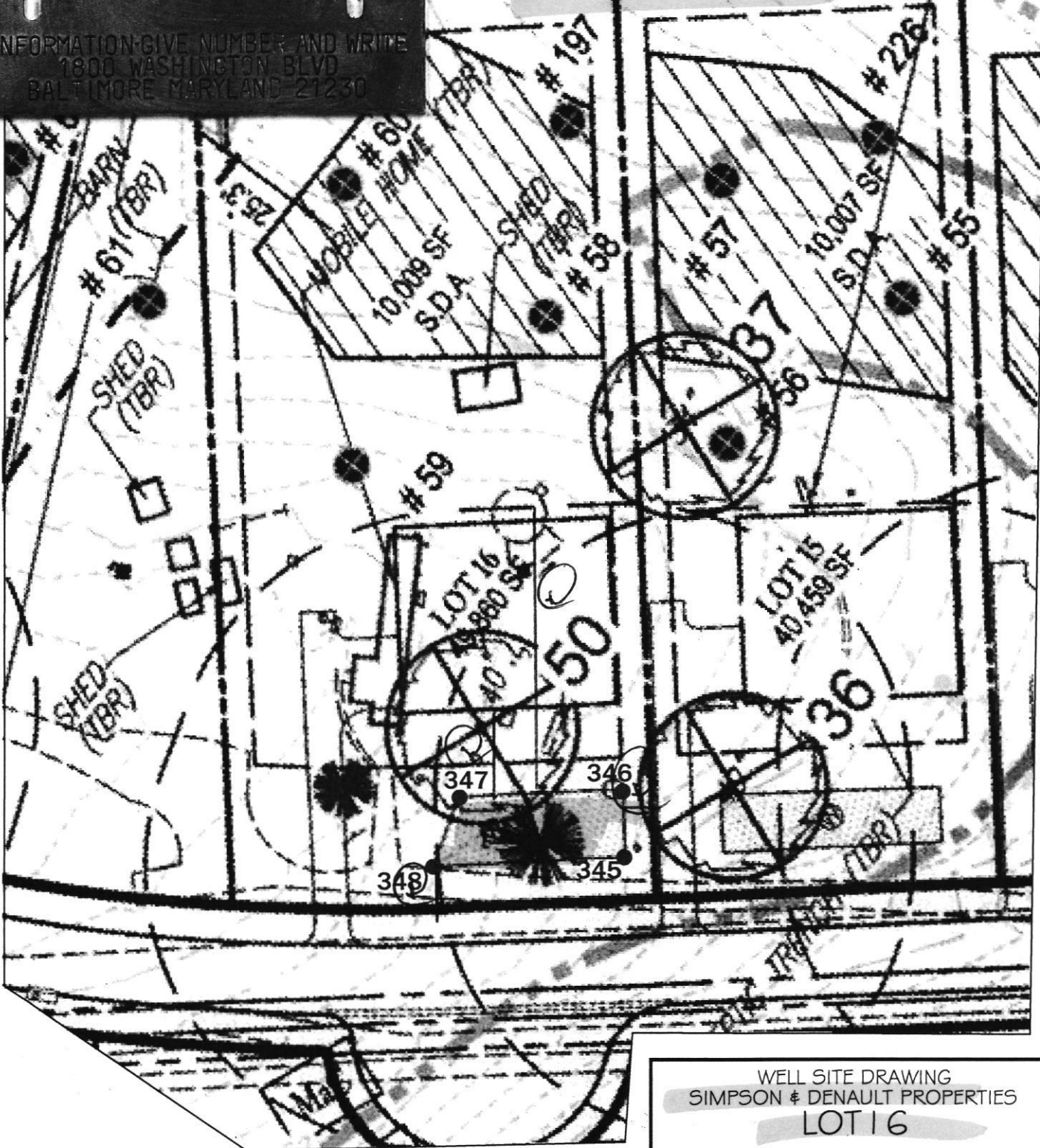
DO NOT REMOVE THIS TAG  
DEPARTMENT OF THE ENVIRONMENT  
WELL PERMIT NUMBER

HO-18-0039

INFORMATION GIVE NUMBER AND WRITE  
1800 WASHINGTON BLVD  
BALTIMORE MARYLAND 21230

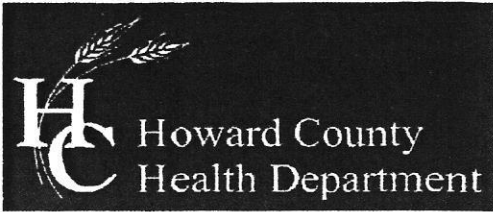
APPROVED *H/24/2019* *(Signature)*

STAVED AND BY SHANABERGER  
AND LANE



SHANABERGER & LANE  
8726 TOWN AND COUNTRY BLVD., SUITE 201  
ELICOTT CITY, MD. 21043  
(410)461-9563 FAX: (410)461-9693

WELL SITE DRAWING  
SIMPSON & DENAULT PROPERTIES  
LOT 16  
TAX MAP 27 GRID 18  
PARCELS 34, 36, 98, 111, & 112  
5TH ELECTION DIST.  
HOWARD COUNTY, MD.  
SCALE: 1"=50' DATE: 2/21/19



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:

Handwritten list of lot numbers: Lot #'s 1, 2, 3, 4, 7, 8, 9, 10, 11, 14, PARCEL 'C', 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45

Well Site Location:

SIMPSON/DENAULT (Subdivision/Property Name), Lot # (arrow pointing to 44, 45), GREEN BRIDGE RD. (Road Name)

X The well site has been staked by SHANABERGER & LANE (professional land surveyor or company employing professional land surveyors) on 1/9/19 (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.





HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE: 3/27/19

WS

Received From

Alexander's well Drilling

PHONE # 77642-596

CASH

CHECK

NO.

For

Well permits (21) Green Bridge Rd.

20911

Three thousand three hundred sixty dollars

\$ 3360.00

Received By

J King