

C1 55775

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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER XMD

ST/CO USE ONLY DATE RECEIVED MM DD YY 07 15 09

DATE WELL COMPLETED MM DD YY 06 25 18 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-18-0049

OWNER ELM STREET DEVELOPMENT WELL SITE ADDRESS GREEN BRIDGE ROAD TOWN DAYTON SUBDIVISION SIMPLEON DENAULT SECTION LOT PARCEL 'C'

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 SHALEY SOIL	0	25	
TAN ROCK	25	30	X
GRAY MICA SCHIST	30	50	
TAN SCHIST	50	55	
GRAY MICA SCHIST	55	237	
SOFT FRACTURED GRAY MICHA SCHIST	233	236	X
GRAY MICHA SCHIST	236	300	

GRROUTING RECORD YES NO

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 300

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 38 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)

depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

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

C 2

DEPTH (nearest ft.)

1	PL	15	220
2	PL	220	280
3	PL	280	300

SLOT SIZE 1 SOLID 2 0.013 SOLID

DIAMETER OF SCREEN 4 (NEAREST INCH)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 8

PUMPING RATE (gal. per min.) 8 *Blown Yield 20*

METHOD USED TO MEASURE PUMPING RATE WATER METER

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 ft.

WHEN PUMPING 136 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. 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 39 36

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 } 2 (nearest foot)

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. MWD 576
Rodney Hill
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 594
D. Hill DRILLER

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

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 39.229459
LONGITUDE 77.002221
(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.

TRAC = 6125/2019

B 1	SEQUENCE NO. (MDE USE ONLY) 54026	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL <small>please type</small>	STATE PERMIT NUMBER HO-18-0049 <small>fill in this form completely</small>
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OWNER INFORMATION

Date Received (APA) **02/05/11**

ELM STREET DEVELOPMENT

Last Name Owner First Name

5704 DORSEY HALL ROAD

Street or RFD

ELLIOTT CITY MD 21042

Town State Zip

B 3 LOCATION OF WELL

HOWARD COUNTY

SIMPSON/DENAULT SUBDIVISION

SECTION **44 46** LOT **PARCEL 'C'** **48 50**

DAYTON NEAREST TOWN

DRILLER INFORMATION

RANDALL L. ALEXANDER MWD 576

Driller's Name License No.

ALEXANDERS WELL DRILLING

Firm Name

126 W. MAIN ST. PO. BOX 443 FARRFIELD, PA. 17720

Address

Randall Alexander **2-12-19**

Signature Date

B 4 SOURCES OF DRILLING WATER

1. **WELL WATER**

2.

3.

GREEN BRIDGE RD. STREET ADDRESS

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

APPROX

1000 DISTANCE FROM ROAD FT.

ENTER FT OR MI

TAX MAP: **27** BLK: _____ PARCEL **34-36**

B 2 WELL INFORMATION

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

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

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 COUNTY NAME

XTIT COUNTY NO.

STATE SIGNATURE _____ INSERT S →

DATE ISSUED _____

CO SIGNATURE _____ EXP. DATE _____

APPROXIMATE DEPTH OF WELL **500** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 DEEPEINED 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

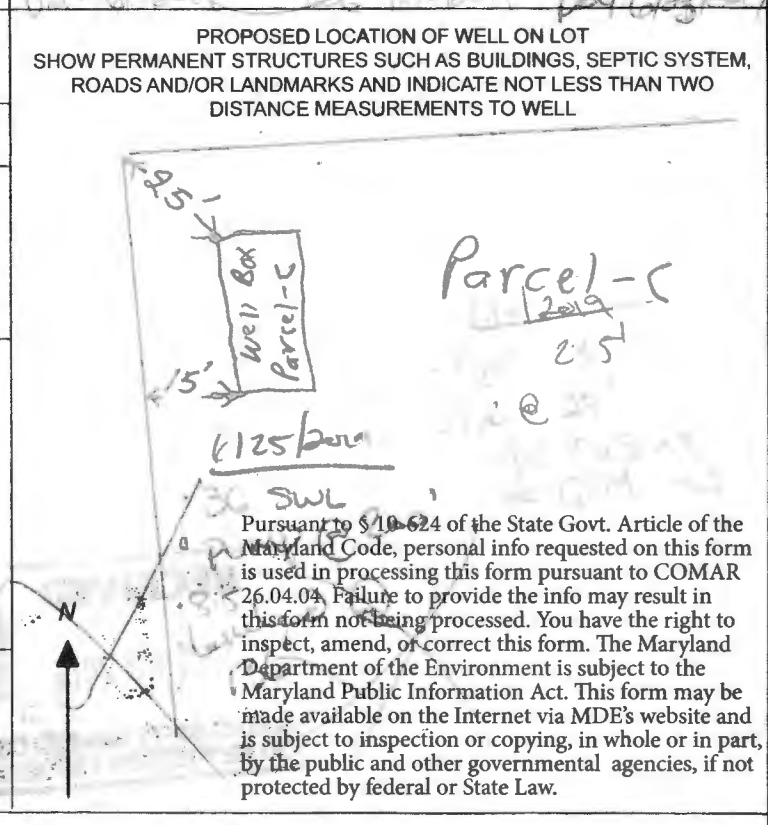
THIS WELL WILL DEEPEIN AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER **HO2017G001**

PERMIT No. **HO-18-0049**



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SEE ATTACHED MEMO

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 18-0049
 Location of property (road) GREEN BRIDGE ROAD DAYTON MO.
 Subdivision SIMPSON/DENAULT Lot PARCEL C Block Plat Sec.
 Well Driller ALEXANDERS WELL DRILLING Owner ELM STREET DEVELOPMENT

Depth of well 300 FT
 Distance of measuring point (M.P.) above ground 2 FT
 Static water level (S.W.L.) below M.P. 36 FT

I. TEST PUMP DEPTH 200 FT * BLOWN YIELD WITH DRILL ROD AIR
 High rate pumping -- reservoir drawdown * DRAW DOWN 8.5 G.P.M 206 P.M.
 Time pump started 9:00 AM Pumping rate PUMPED AT 8 G.P.M
 Total time 3 HR. 15 MIN to reach pumping water level 136 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 X gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00 AM	36 FT.	7 SEC		8.5 G.P.M
9:15	53	7 SEC		8.5 G.P.M
9:30	87	7 SEC		8.5 GPM
9:45	113	7 SEC		8.5 GPM
10:00	127	7 SEC		8.5 GPM
10:15	127	7 SEC		8.5 G.P.M
10:30	127	7 SEC		8.5 GPM
10:45	127	7 SEC		8.5 G.P.M
11:00	127	7 SEC		8.5 GPM
11:15	127	7 SEC		8.5 GPM
11:30	127	7 SEC		8.5 G.P.M
11:45	127	7 SEC		8.5 G.P.M
12:00 PM	133	7 SEC		8.5 GPM
12:15	136	7 SEC		8.5 GPM
12:30	136	7 SEC		8.5 G.P.M
12:45	136	7.5 SEC		8 G.P.M
1:00	136	7.5 SEC		8 GPM
1:15	136	7.5 SEC		8 GPM
1:30	136	7.5 SEC		8 GPM
1:45	136	7.5 SEC		8 G.P.M
2:00	136	7.5 SEC		8 G.P.M
2:15	136	7.5 SEC		8 G.P.M
2:30	136	7.5 SEC		8 G.P.M
2:45	136	7.5 SEC		8 G.P.M

BLOWN YIELD 20 G.P.M



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

Company Name: Fogle's Well Pump + Water Treatment, LLC Telephone #: 410-795-1535
 Address: P.O. Box 63
 Woodbine, Maryland 21797

Must circle one: Licensed Plumber / Licensed Well Driller / Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): Dave 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: Toll Brothers Telephone #: _____
 Subdivision: Willow Creek Lot #: 46 Well Tag #: HO - 18 - 0049 ✓
 Site Address: 6018 Bricker Rd
Dayton, MD 21036

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Gundfos</u>	Make: Campbell	Two piece watertight cap: yes
Model #: <u>ES0807-180</u>	Model#: N/A	Screened, vented well cap: yes
Pump Capacity: <u>15</u>	GPM Depth: 36" (36" min)	Cap secured to casing: yes
Well Yield: <u>8</u>	GPM NSF/WSC approved: yes	Conduit min 18" B.G.: yes
Depth of well encountered at time of pump installation: <u>300</u> (feet)		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 <u>inside of well casing</u> N/A		

<u>Piping to house</u>	<u>House Connection</u>
Type: 1" poly pipe	PVC sleeve to undisturbed soil at wall penetration: yes
PSI: 200 psi (160 psi min)	Length of sleeve (5' minimum from foundation): 6'
Depth of supply line: 36" (36" min)	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: 7/26/2023

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

Date Insp. Requested: 7/26/2023 Date Insp. Approved: _____ 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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 24, 2024

October 24, 2023

Homeowner
6018 Bricker Road
Clarksville, MD 21029

RE: Willowshire, P. C/Lot 46
6018 Bricker Road
Building Permit: B23000442
Well Permit: HO-18-0049

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 **10/24/2023**. Final approval of the well line connection to the dwelling was granted on **7/26/2023**. The well construction was completed on **6/25/2019**. Water samples were collected on **10/5/2023**.

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-18-0049. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

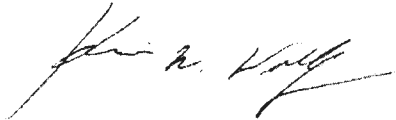
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

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,



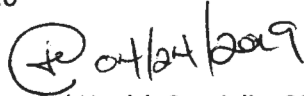
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

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.



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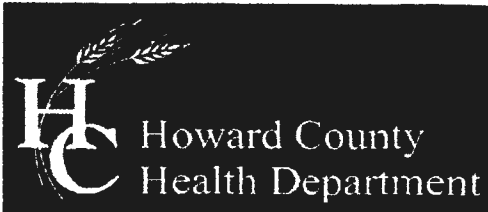
Maura J. Rossman, M.D., Health Officer

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
TOTAL AREA	2,043,259 AC.	46.91	S.F.

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

Cc: File



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:

051-6
 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

SIMPSON/DENAULT
 Subdivision/Property Name

Lot #

GREEN BRIDGE RD.
 Road Name

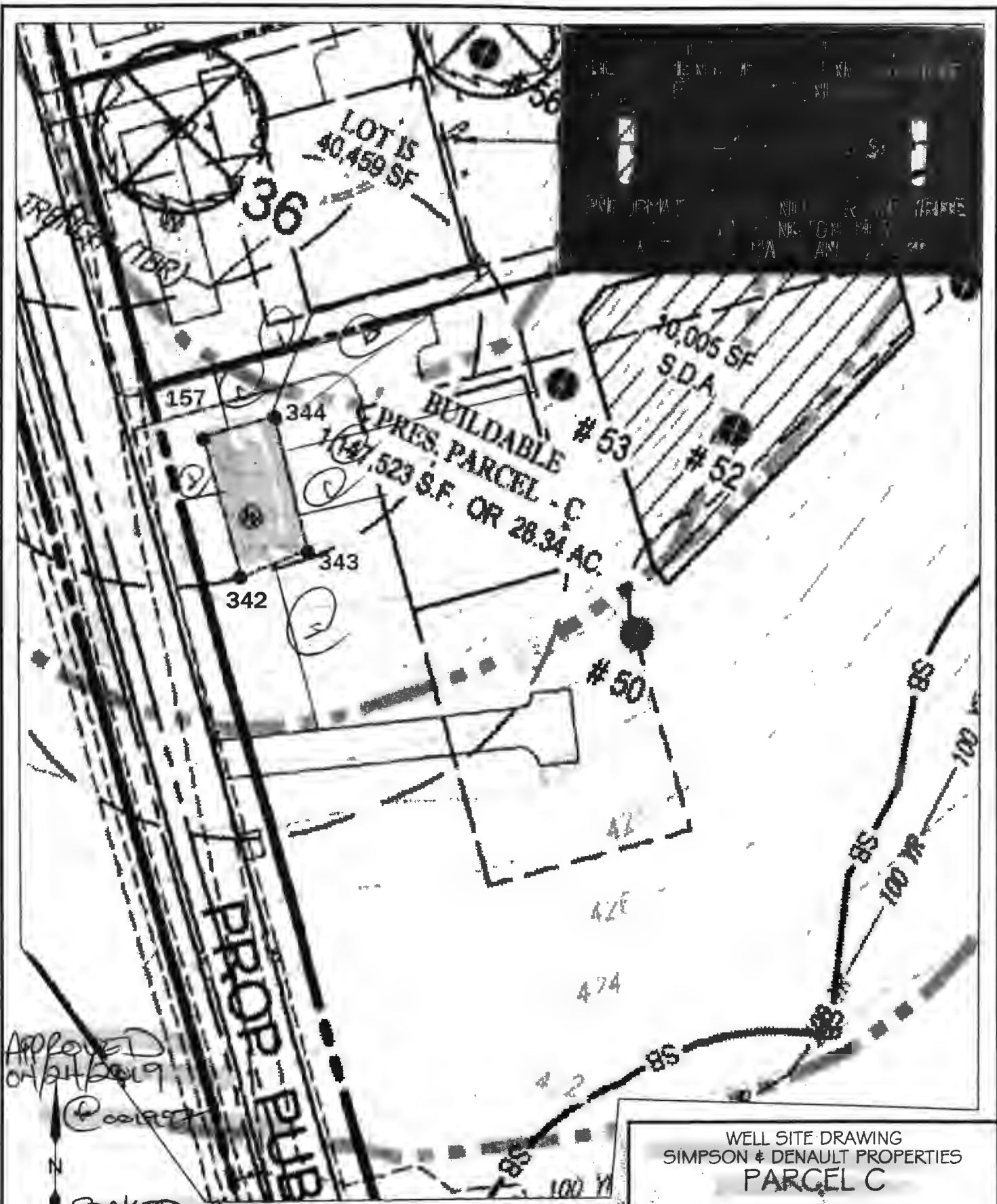
The well site has been staked by SHANABERGER & LANE
 (professional land surveyor or company employing professional land surveyors)
 on 1/9/19 (date) and does not require a site inspection.

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.

Revised 4/22/14





APPROVED
ON 2/24/2019
@ COOPER

STAKED BY
SHAN. AND
LANE

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

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

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554

REPORT OF ANALYSIS

Laboratory ID #: 161914 Account #: 1933
Reference: Willow Creek 46 Client: Fogle's Well Pump & Treatment
Location: 6018 Bricker Road Requested By: Dave Fogle
Dayton, MD 21036 Source: Well Water
Date/ Time Collected: 10/5/2023 1200 Site: Pressure Tank
Date/Time Rec'd: 10/5/2023 1436 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.9
Collected By: J. Evans 0309JE Well #: HO-19-0049

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/6/2023 / 1000 / LMG
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	10/6/2023 / 1000 / LMG
Nitrate.	<0.40	mg/L (as N)	10	EPA 300.0	10/5/2023 / 1729 / CRS
Turbidity	0.63	NTU	<10	SM2130B	10/6/2023 / 0930 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	10/6/2023 / 0950 / CRS

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 # : B2300044

Date Reported: 10/6/2023



HOWARD COUNTY HEALTH DEPARTMENT

64807

DATE 3/27/19

WS

Received From Alexander's well PHONE # 717-642-596

Orlino

For Well formats (21) Green Bridge Rd.

CASH
 CHECK

NO. 20911 Three thousand three hundred sixty dollars

\$ 3300.00

Received By King