

C1 0152

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13 A520334

THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 12 13 85

Depth of Well 22 180 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0177

OWNER Shoffeitt - Paul STREET OR RFD Jennings Chapel Road TOWN Woodbine SUBDIVISION Chapel View SECTION LOT 6 (Per. Cert.)

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) (BC) NO. OF BAGS 15 NO. OF POUNDS 1500

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 304 ft. CASING RECORD (ST) (CO) (PL) (OT)

MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 62

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

SCREEN RECORD (ST) (BR) (HO) (PL) (OT) screen type or open hole (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. MSD 112 DRILLERS SIGNATURE Paul

LIC. NO. D SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: E, A, C, H, S, R, E, N. Rows for depth intervals: 1-11, 11-15, 15-17, 17-21, 21-23, 23-24, 24-26, 26-30, 30-32, 32-36, 36-38, 38-39, 39-41, 41-45, 45-47, 47-51, 51-55, 55-58, 58-60, 60-62, 62-66, 66-70.

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25 ft.

WHEN PUMPING 54 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 (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

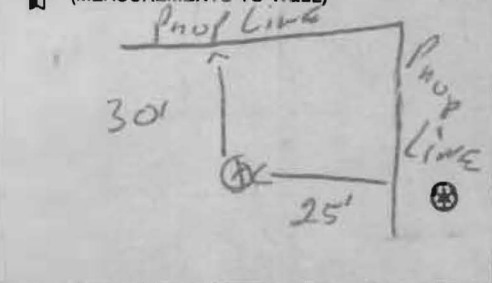
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (+) above () below LAND SURFACE (nearest foot) 2

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 2336
1 2 3 6

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
523625 please type

STATE PERMIT NUMBER

HO-95-0177
70 79
fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Trinity Builders Owner First Name 34
36 Street or RFD 3625 Park Ave 55
57 Town ELLICOTT CITY MD. 21043 70 State 72 Zip 76

B 3

LOCATION OF WELL

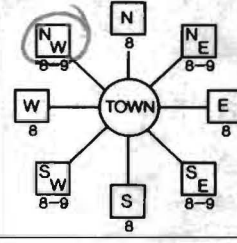
8 COUNTY Howard 21
23 SUBDIVISION Chapel View Farm 42
SECTION 44 46 LOT 5 (Perc. Cert.) 48 50
52 NEAREST TOWN Florence 71
MILES FROM TOWN (enter 0 if in town) I 73 M I 76 77 78

DRILLER INFORMATION

76 Driller's Name Ralph E. Mayne M S D 117 License No. 81
Firm Name Ralph E. Mayne Inc
Address 17024 Handy Rd Mt Airy MD. 21771
Signature [Signature] Date 11-05-05

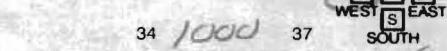
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD Jennings Chapel rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 DISTANCE FROM ROAD 1000 37 ENTER FT OR MI 38 39

TAX MAP: 13 BLK: 14 PARCEL 339

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(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
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520334
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S →
DATE ISSUED 12/2/2005 Brian Baker 12/2/2006
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 534 000 EAST GRID 770 000
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 _____

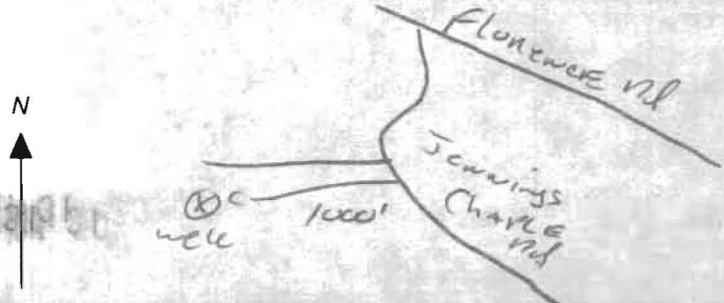
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
 - 2.
 - 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 000 770
N 000 534

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 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. HO-95-0177
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 1 8159

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

5224601 please type

fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
Shoffeitt Paul
15 Last Name Owner First Name 34
2640 Jennings Chapel Rd
36 Street or RFD 55
57 Woodbine Md 21797
70 Town 72 State 76 Zip

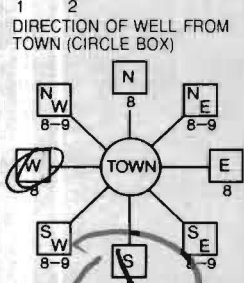
LOCATION OF WELL

Howard
8 COUNTY 21
Chapel View
23 SUBDIVISION 42
SECTION 44 46 LOT 6 48 50
Lisbon
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 5 M I 73 76 77 78

DRILLER INFORMATION

Joseph L. Mayne MSD 024
76 License No. 81
Joseph L. Mayne Well Drilling
5512 Ridge Rd Mt. Airy Md 21771
Address
Joseph L. Mayne 5-11-05
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Jennings Chapel Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH [] WEST [] EAST [] SOUTH []
34 2060 37 DISTANCE FROM ROAD 5 FT
ENTER FT OR MI 38 39
TAX MAP: 13 BLK: PARCEL 339

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
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A520334
COUNTY NAME COUNTY NO.
STATE SIGNATURE DATE ISSUED
CO SIGNATURE EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL 220 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

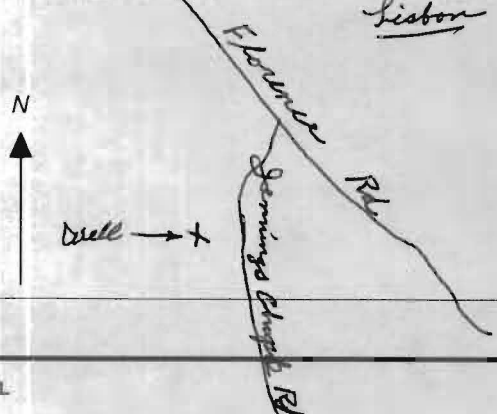
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THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 770
N 530

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER PERMIT No.

SPECIAL CONDITIONS

**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.
SLYKESVILLE, MD 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# 6992

*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: PAUL SHOFFEITT Telephone #: 410-489-6112
Subdivision: CHAPEL VIEW FARM Lot #: 5 Well Tag #: HO MD-95-0177
Site Address: 2560 JENNING CHAPEL RD
WOODBINE, MD 21797

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>JACUZZI</u>	Make: <u>HOWARD</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: _____	Model#: _____	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>48"</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: <u>2.5</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: <u>180</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 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>PESTLINE</u>	PVC sleeve to undisturbed soil at wall penetration: <input checked="" type="checkbox"/>
PSI: <u>1/4</u> (160 psi min) <input checked="" type="checkbox"/>	Length of sleeve (5' minimum from foundation): <u>10'</u>
Depth of supply line: <input checked="" type="checkbox"/> (36" min)	Sleeve sealed properly: <input checked="" type="checkbox"/>

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: Chris Willoughby date: 10/10/09

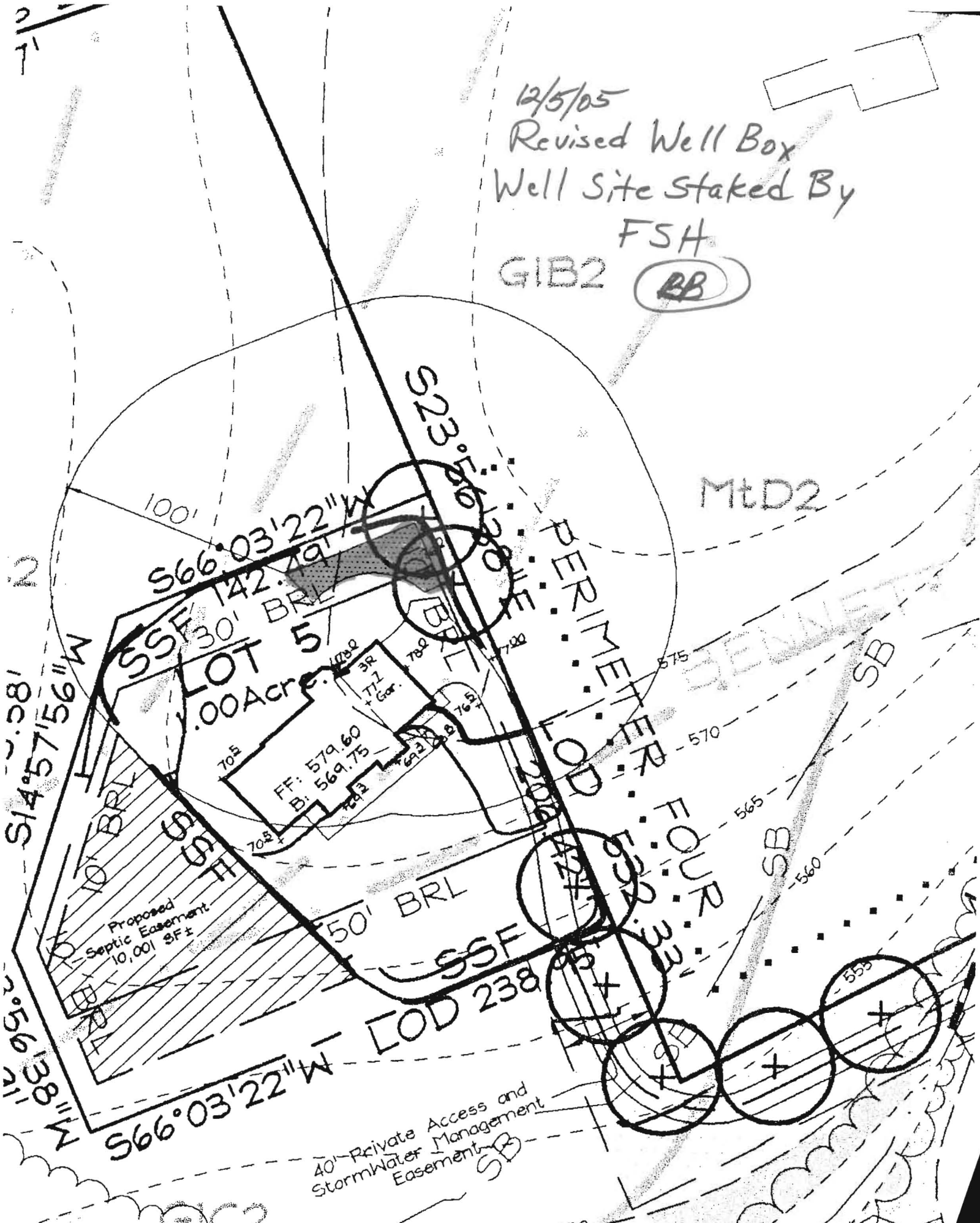
For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: 10/9/09 (BB)

Inspection Data:

Pitless adapter watertight & water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope not outside of well cap/casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

12/5/05
Revised Well Box
Well Site Staked By
FSH
GIB2 **BB**



S14°57'56" W
S66°03'22" W
S66°03'22" W

SSF 30' BRL
LOT 5
.00 Acre
Proposed Septic Easement
10,001 SF±
SSF 50' BRL
COD 238

40' Private Access and
Stormwater Management
Easement

PERMITS
FOUR

Mtd2

SB

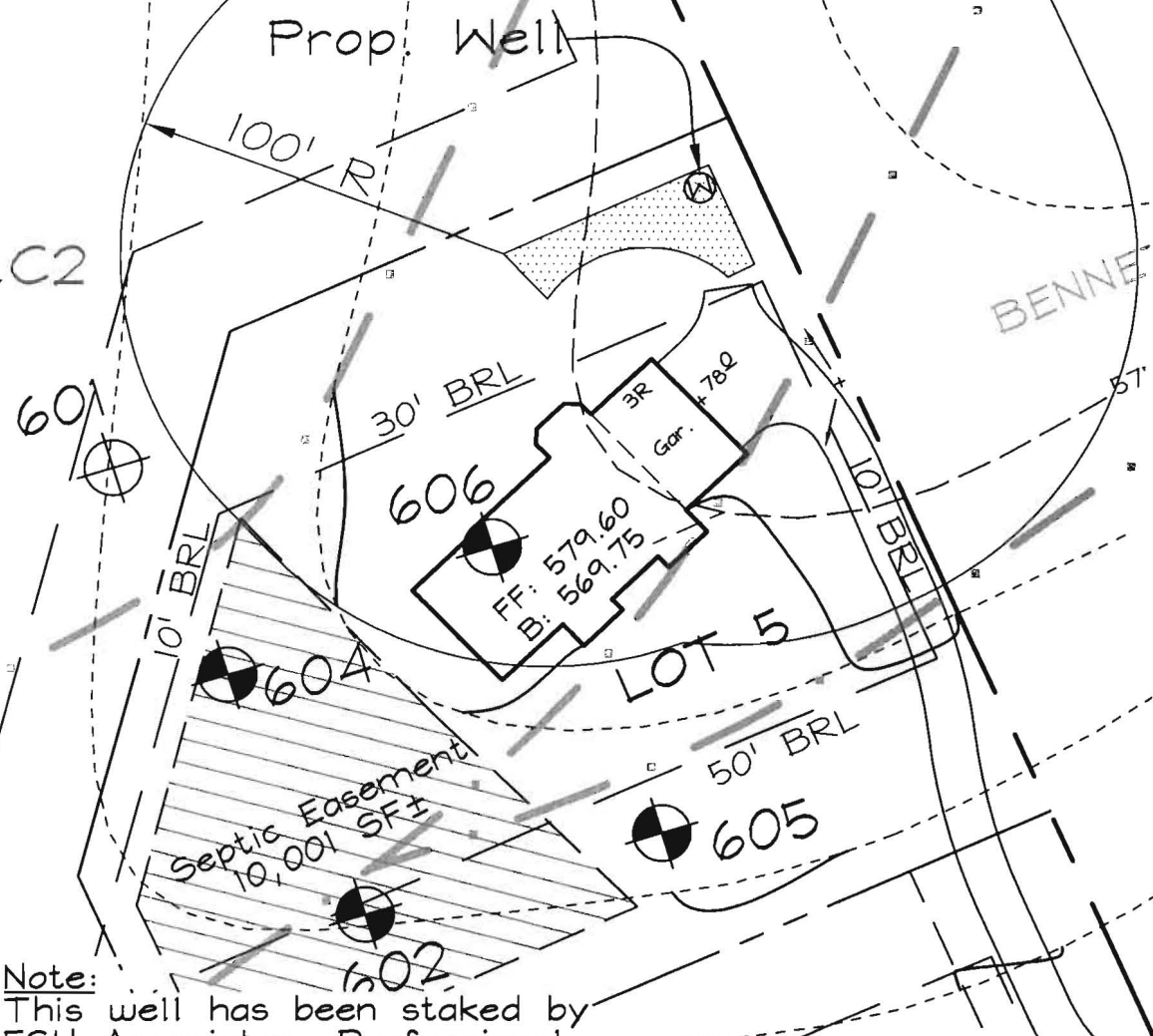
SB

BB

E 1,282,380
N 595,110

N 595,110
E 1,282,710

Maryland State Grid (NAD 83/91)



Note:
 This well has been staked by
 FSH Associates, Professional
 Land Surveyor, and has been
 accurately shown.

FSH Associates

Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

E 1,282,380
 N 594,750

DESIGN BY: PS
 DRAWN BY: CD
 CHECKED BY: ZYF
 SCALE: 1"=50'
 DATE: Jan. 06, 2006
 W.O. No.: 3235
 SHEET No.: 1 OF 1

WELL PERMIT PLAN CHAPEL VIEW FARM

LOT 5

TAX MAP 13 GRID 14
 4TH ELECTION DISTRICT

PARCEL 339
 HOWARD COUNTY, MARYLAND

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

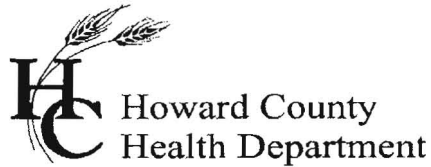
TO ALL INTERESTED PARTIES

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

- The well site has been staked by FSH Associates,
(professional land surveyor or company employing professional land surveyors)
on May 2005 (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 6/10/03



Bureau of Environmental Health
7178 Gateway Drive 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 Beilenson, M.D., M.P.H., Health Officer

October 13, 2009

Homeowner
2560 Jennings Chapel Road
Woodbine, MD 21797

RE: Chapel View Farm, Lot 5
2560 Jennings Chapel Road
BP #: B09000347
Well Permit # HO-95-0177

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 05/21/2009.**
Final approval of the well line connection to the dwelling was approved on 10/09/2009.

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.

Enclosed with this certificate, are copies of the septic permit and the as-built, along with important information regarding the use and maintenance of your septic system. Please read through carefully and thoroughly. Any questions regarding your well and/or septic, please call this office for guidance 410-313-1771.

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-95-0177. 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: 10/05/2009
Date of Well Completion: 12/13/2005

Approving Authority,

A handwritten signature in cursive script that reads "Brian Baker".

Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

115 Old Langford Rd., Westminster, MD 21157-1011 TEL: 410-876-4554 FAX: 410-876-4555

REPORT OF ANALYSIS

Laboratory ID #:	73047	Account #:	6321
Reference:	Wendell Bly	Company:	Cash Account
Location:	2560 Jennings Chapel Road Woodbine, MD 21797	Requested By:	Wendell Bly
Date/ Time Collected:	10/5/2009 1115	Source:	Well Water
Date/Time Rec'd:	10/5/2009 1432	Site:	Kitchen Sink Tap
Chlorine ppm:	Free: ND Total: ND	Treatment:	None
Collected By:	J.Yeager 6176JY	pH:	6.9
		Well #:	HO-95-0177

PARAMETERS	RESULTS	UNITS	REFERENCE RANGE	METHOD	DATE/TIME ANALYSIS
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/6/2009 / 0900 / BCD
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	10/6/2009 / 0900 / BCD
Nitrate	5.39	mg/L	10	601	10/5/2009 / 1600 / CCH
Turbidity	0.78	NTU	<10	SM18 2130B	10/5/2009 / 1630 / CCH
Sand	NS	mg/L	5	Visual/Gravimetric	10/5/2009 / 1630 / CCH
Hardness	40	mg/L CaCO ₃	*	SM18 2340 C.	10/7/2009 / 0800 / CWM

NOTES


- 1 *Hardness Range: Soft 0 - 75; Moderately Hard 75 -150; Hard 150 - 300; Very Hard >300 mg CaCO₃/L = milligrams of Calcium Carbonate per Liter
- 2 mg/L = milligrams per liter (also, parts per million)
- 3 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 4 NS = None Seen (NS indicates less than 5 mg/L)
- 5 NTU = Nephelometric Turbidity Units
- 6 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 7 ND:None Detected
- 8 Visual well check: Sealed, vented cap
- 9 pH tested on-site

Reason for Test : Use & Occupancy
 Building Permit # : B09000347

Date Reported: 10/7/2009

Memorandum

To: Carletta McKnight

From: Michael J. Davis 

Date: 2/6/2006

Re: Refund for well permits for lots 2 & 6, Chapel View Farm, Jennings Chapel Road

On May 12, 2005, Joseph Mayne (Well Drillers) paid a \$320.00 fee for two well permit applications. The receipt number was 522461. Then on November 9, 2005, Trinity Quality Homes, Inc., paid a check for \$800.00, \$320.00 of which was for the same two well permit applications paid on May 12, 2005. The receipt number for the \$800.00 check was 523625. Copies of the receipts are attached. Also, attached is the written refund request from Betty Mayne. Please send the refund to Joseph L. Mayne, 5512 Ridge Road, Mount Airy, MD 21171.

Thank you for your assistance in this matter.

JOSEPH L. MAYNE WELL DRILLING
5512 Ridge Road
MT. AIRY, MARYLAND 21771

1- 11-06

Howard County Health Department
Bureau of Environmental Health
7178 Columbia Gateway Dr
Columbia, Md 21046

Request for refund for 2 well permits
Lots 2+6 Chapel View, Jennings Chapel Rd.
for Paul Shoffitt.
copy of receipt attached for \$ 320.00 Thank you

Sincerely,

Bethy R. Mayne



HOWARD COUNTY HEALTH DEPARTMENT

522461

DATE
5/12/05

Received from Joseph & Bethy Mayne

5512 Ridge Rd. Mount Airy, MD 21771

For (2) Well Permits

CASH

CHECK

Jennings Chapel Rd Lots 2+6

NO.

5422

Three hundred twenty ⁰⁰/₁₀₀ Dollars

\$ 320 | 00

Received By

J. Mills