

Bureau of Environmental Health
8930 Stanford Blvd. Columbia, MD 21045
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

RECEIPT DATE: 9/2/14

ONSITE SEWAGE DISPOSAL SYSTEM

P 554606-A

INSTALLATION

APPROVAL

DATE: 9/24/2014

PERMIT

A Repair

BRF - REPAIR

PROPERTY ADDRESS: 800 River Road

SUBDIVISION: Burndall Estates

LOT: 1 TAX ID: 03-289346

CONTRACTOR: Fogle's Septic Clean Inc.

EMAIL: kevin@foglesinc.com

CONTRACTOR ADDRESS: 580 Obrecht Rd., Sykesville MD 21784

PHONE: 410-795-5670

PROPERTY OWNER: William Montgomery

EMAIL: _____

OWNER ADDRESS: 800 River Road, Sykesville, MD 21784

PHONE: 410-292-5347

SEPTIC TANK SIZE (GALLONS): _____

NUMBER OF BEDROOMS: 4 Sized for 5 HOUSE SQ. FT. _____

APPLICATION
RATE: _____

DISTRIBUTION SYSTEM: GRAVITY FED ☒ LOW PRESSURE DOSED ☐

TRENCHES:	LINEAR FEET REQUIRED: <u>156'</u>	INLET DEPTH: <u>3.5'</u>
	TRENCH WIDTH: <u>2'</u>	MAXIMUM BOTTOM DEPTH: <u>8.5</u>
	MINIMUM SPACE BETWEEN TRENCHES: <u>10'</u>	EFFECTIVE AREA BEGINNING DEPTH: <u>3.5'-4'</u>
LOCATION:	<u>2x78' Trenches</u>	
NOTES:		

ISSUED BY: _____ ISSUE DATE: _____ EXPIRATION DATE: _____

*Permit Revised on 8/22/14

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADIENT FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

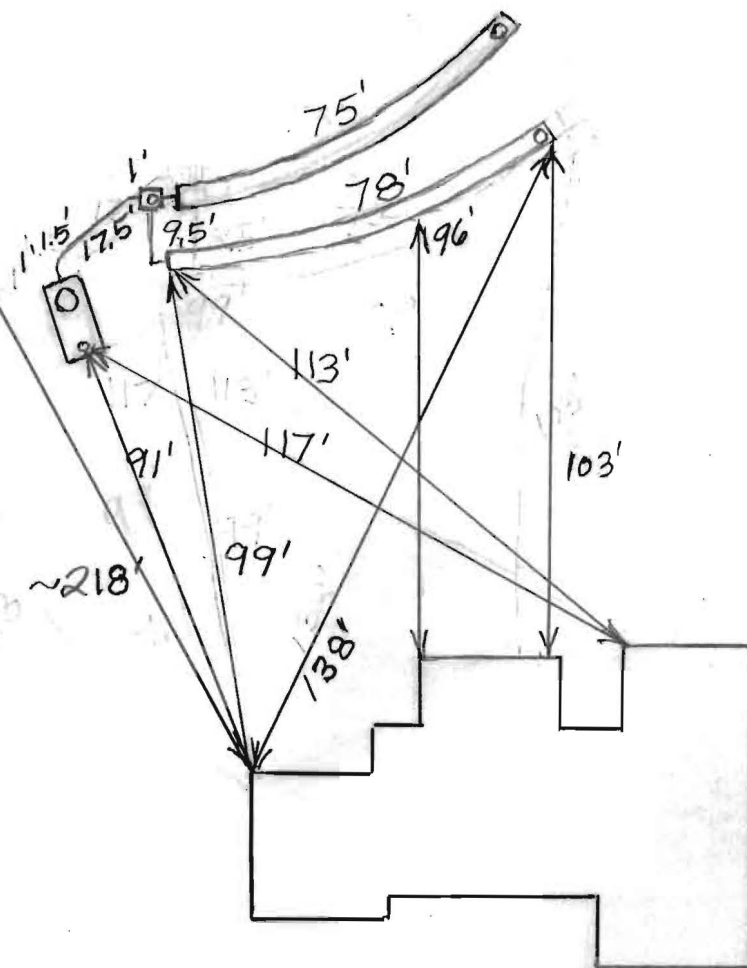
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM.**

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

H0-73-2464



ROAD NAME

TRENCH/DRAINFIELD DATA

WIDTH 2' INLET 3.5' BOTTOM 8.5'

NUMBER OF TRENCHES 2

TOTAL LENGTH 158'

ABSORPTION AREA 711+

DISTRIBUTION BOX LEVEL Levelers

DISTRIBUTION BOX BAFFLE Yes

DISTRIBUTION BOX PORT Yes

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

MANUFACTURER ?

CAPACITY ? GAL

SEAM LOC Midseam

TANK LID DEPTH 1.5-2'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Rear

6" PORT LOC Front

WATERTIGHT TEST No

SLOTTED No

DATE ON LID No

~~PUMP/SEPTIC TANK LEVEL N/A~~

~~MANUFACTURER~~

~~CAPACITY~~ GAL

~~SEAM LOC~~

~~TANK LID DEPTH~~

~~BAFFLES~~

~~BAFFLE FILTER~~

~~MANHOLE LOC~~

~~6" PORT LOC~~

~~WATERTIGHT TEST~~

~~SLOTTED~~

~~DATE ON LID~~

PRE-CONSTRUCTION:

9/18/2014 Trenches laid out. BB

INSTALLATION:

9/24/2014 System finished. O.K. to backfill. BB

9/25

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

9/24/2014



Bureau of Environmental Health

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Main: 410-313-2640 | Fax: 410-313-2648

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www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

INFORMATION FORM – SEPTIC SYSTEM REPAIR/UPGRADE

Reason for Request:

- ☒ Failing System
- ☐ System relocation for proposed addition
- ☐ System upgrade for proposed addition
- ☐ Inadequate treatment zone
- ☐ Collapsed septic tank
- ☐ Collapsed drywell

Has the septic tank been pumped within the last month?

☒ Yes

Date pumped: 8/29

Was a visual inspection of the septic tank and/or drain fields conducted?

☐ Yes

Explain observations:

☐ No

Tank overflow

Existing system design

☒ Drywell

- ☐ Trench
- ☐ Mound
- ☐ Unknown
- ☐ Other: _____

Was a visual inspection of the sewage line conducted?

☒ Yes

Blockage leading to the tank

☐ Yes Explain: _____

☒ No

Blockage leading to the field

☐ Yes Explain: _____

☒ No

Is discharge surfacing on the ground?

☐ Yes

☒ No

☐ No

Additional Comments: Drywell full

*For REPAIRS, are the owners proposing, or do they plan to add in the future, any additions or modifications to the property, i.e. pools, living space additions, garages, etc? This information must be disclosed at the time of this application. The Health Department will not be able to accommodate requests in the field for property modifications unrelated to the repair request. Such requests may require an additional fee, testing, and submittal of a Percolation Certification Plan, if the property does not meet current Code and Regulation.

Septic Contractor: FOGLE'S

Contractor's Phone: 410-745-5670

Contractor's Address: 580 OBIECHT RD, SYKEVILLE MD 21784

Property Address: 800 RIVER RD

County file: _____

Subdivision: _____

Lot: 1

Year Built: 1978

Owner's Name: BILL MONTGOMERY

Owner's Phone: 410-292-5347

Name of previous owners: _____

Existing bedrooms: 4

Proposed bedrooms: _____

Has this request been previously discussed with a Sanitarian? (Name): NO

Public Sewer available/nearby: _____

*A Sanitarian will be in contact within three business days, depending upon the urgency of the situation, to coordinate the scheduling/review of the repair or upgrade.

Prior to scheduling inspections, scaled plans should be submitted to clarify the nature of the addition.

Print out a copy of Real Property Data via Dept. of Taxation website _____ Indexed file found _____

If public sewer may be nearby, verify whether sewer is technically "available" through the Bureau of Engineering.

If sewer is available and the property is within the Metropolitan District, connection to sewer is required. If the owner believes reason for exemption exists, the owner should justify the request in writing.

If soil/site conditions are limited and sewer and/or Metro District status is not conducive to connection, the Sanitarian may recommend pursuit of Emergency Sewer Extension or Emergency Metro District Inclusion. The Owner should contact the Bureau of Utilities for details.

No permit is to be issued nor inspection to be scheduled without prior fee collection at the office unless an emergency situation exists. The contractor is to notify office of the emergency situation as soon as possible.

* BEWARE of DOGS, CALL AHEAD.

AP 554606-A

(A)

Very Dense
Red Br Sa
Cl Loam

2.5'-3'

Dense
Reddish
Fine
Loamy Sa
Trace
Rock

14'

~10%
Rock in
Bottom
Few Feet

(B)

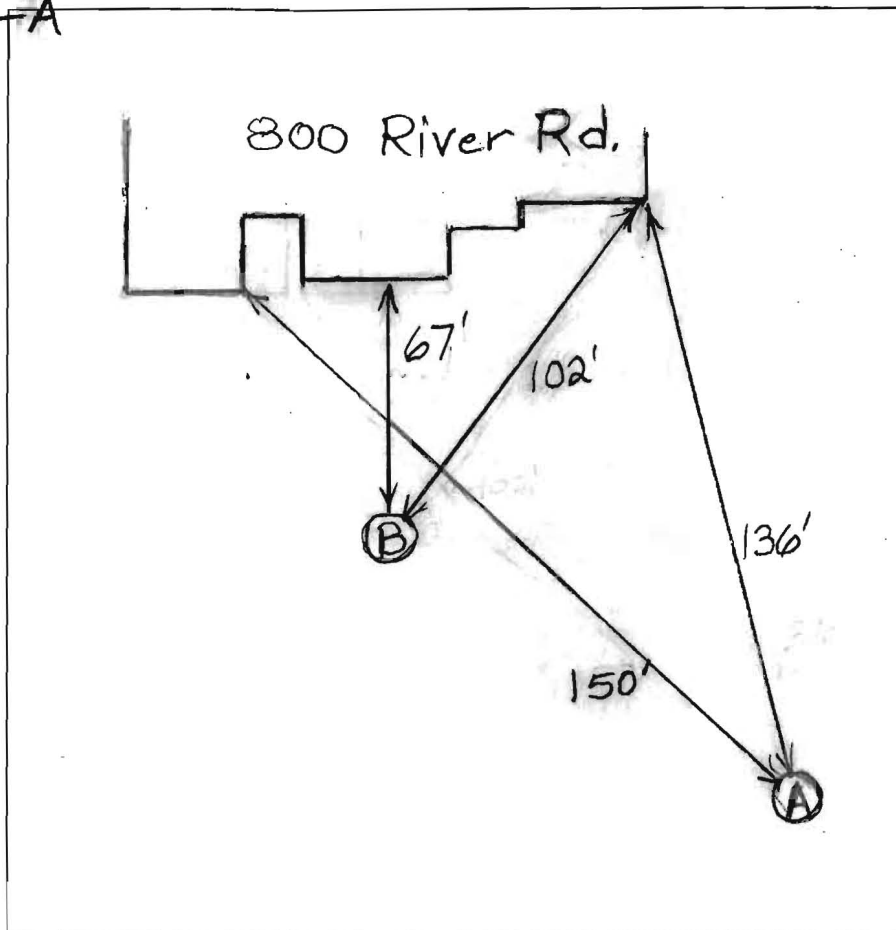
Very Dense
Red Br Sa
Cl Loam

3'-3.5'

Dense
Reddish
and Yellow
Fine
Loamy Sa

5-10%
Rock

14'



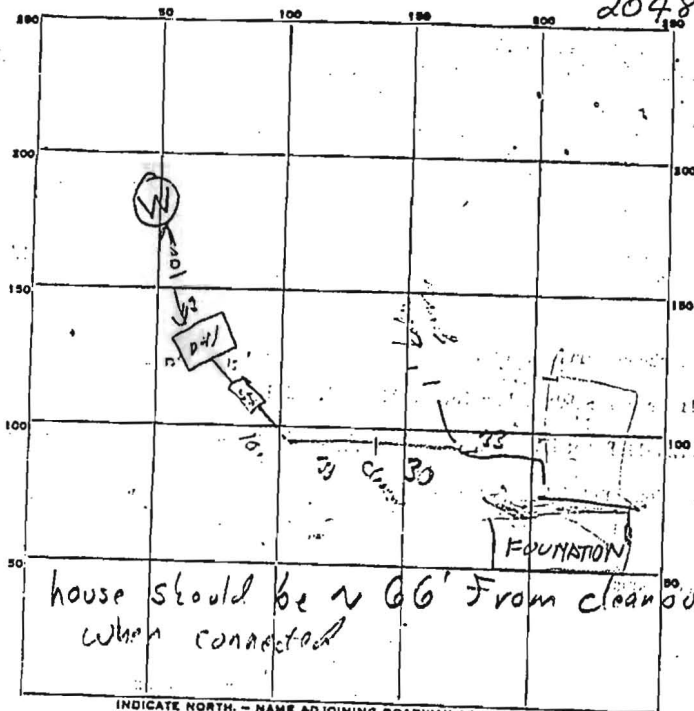
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
9/18/2014	A	4.5'/14'	11:29:30	11:34:15	11:40:30	~6	P
	B	5'/14'	12:16:30	12:27:30	12:38	10 1/2	P

REMARKS Water Poured in Bottom of Both Holes - Rates O.K.

SANITARIAN B. Baker BACKHOE Fogles OTHERS W. Montgomery

TEST HOLES USED IN SDA A+B AVG. PERC TIME _____ SQ. FT/BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



PERMIT CARD yes - individual had River Road S.T. D.W.

SEPTIC TANK, LEVEL ✓ CLEANOUTS ✓ ✓

DISTRIBUTION BOX, LEVEL N/A

TRENCH
TILE FIELD, DEPTH 1 FT. TRENCH WIDTH 1 FT.

GRAVEL DEPTH 1 IN. TOTAL LENGTH 1 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 52

SEEPAGE PITS, INSIDE-DIAMETER 52 FT. DEPTH BELOW INLET 8' FT.

ABSORBENT AREA 416 SQ. FT.

REMARKS: 1/19/78 No house idg well in ground area. No water tank.
Had to dig well; pipe to put the pump & the tank.
with 1/2" pipe all around.
House owner tank made to water & clean for FF + CRD.
8/19/78 DAVE ONEILL WAS HERE "SEE ATTACHED NOTE"
1/24/79 - TANK & DWG SEWER LINES COVERED. NO HOUSE YET
1/13/79 FOUNDATION DUG. SYSTEM NOT CONNECTED. WELL INSTALLED R.H.

DATE SYSTEM APPROVED _____ -INSPECTOR _____

SYSTEM TO BE INSTALLED FIRST
BEFORE BUILDING PERMIT CAN
BE SIGNED.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 1/5/78

Liberty Bakkhoe Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION (Bordell Estates) ROAD 800 River Road LOT 1

PROPERTY OWNER John and Joanne Newsome

ADDRESS 9222 Spring Valley Road, Ellicott City, Md. 21043
547-4139

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 55 FT. FROM 697.68 LOT LINE AND 545 FT. FROM 212.05 LOT LINE AS SEEN WHEN

FACING LOT FROM

NOTE: IF SEPTIC TANK IS 3 FEET BELOW GRADE NEED MANHOLE TYPE CLEANOUT TO GRADE.

BLDG. PERMIT SIGNED

AND RETURNED 2/1/78

Serial No. 34583

PLANS APPROVED BY Robert Torre & David J. O'Neill

DATE 10/28/74 & 12/22/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA
COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

HD - 23

BLDG. PERMIT SIGNED

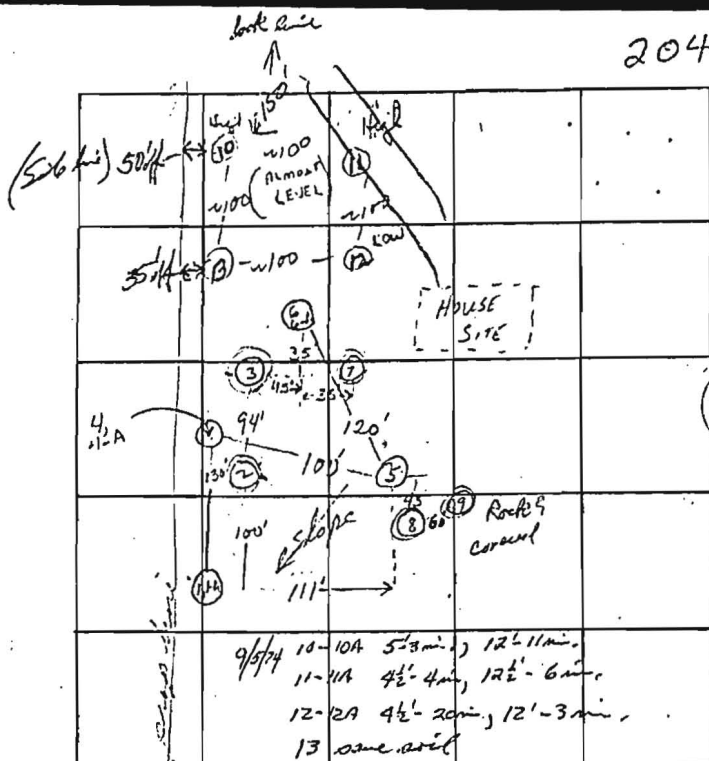
AND RETURNED 10/5/81

Serial # 47928

Spick addition

A 20483

20483



Lot 1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Kennebec Rd

N

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/1/74	1	4'	11:52	11:57	11:57	12:00	3
	1-A	11'	11:50	12:00	12:00	12:15	15
	2	4'	Rock				
	3	3'	Rock				
	4	4 1/2'	1:58	2:00	2:00	2:04	4
	4-A	12'	1:55	1:57	1:57	2:00	3
	5	11 1/2'	1:45	1:53	1:53	2:05	12
	6	4 1/2'	1:36	1:40	1:40	1:48	8
	6-A	11 1/2'	1:35	1:42	1:42	2:00	18
	7	7'	Rock				

REMARKS 1, 1-A same pit as 11, 11-A on lot 2

TYPE OF SOIL 30' between 4, 4-A & line between 2 & 3

TESTED BY WNK ALSO PRESENT:

APPLICATION

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

A 20483

P _____

DISTRICT 3

DATE 8/8/74

TO: THE COUNTY HEALTH OFFICES
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER L. A. M. INC.

ADDRESS (Mrs. Lillian E. Podell) PHONE Any questions call:

Joan Olson
465-7700, Ext. 26

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION River Road & Route 32

SIZE OF LOT 8.217 acres (5.217) TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____
(Single Famly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Mrs. Lillian E. Podell

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

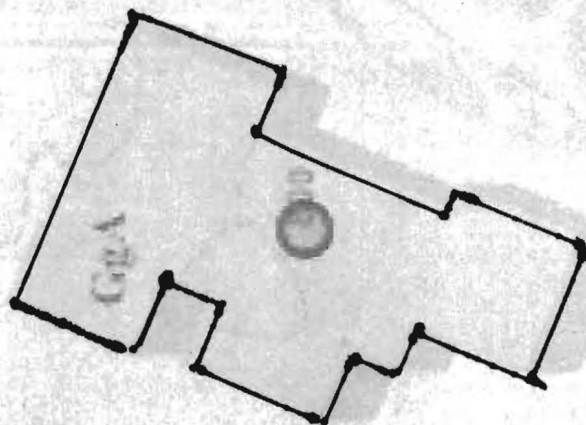
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

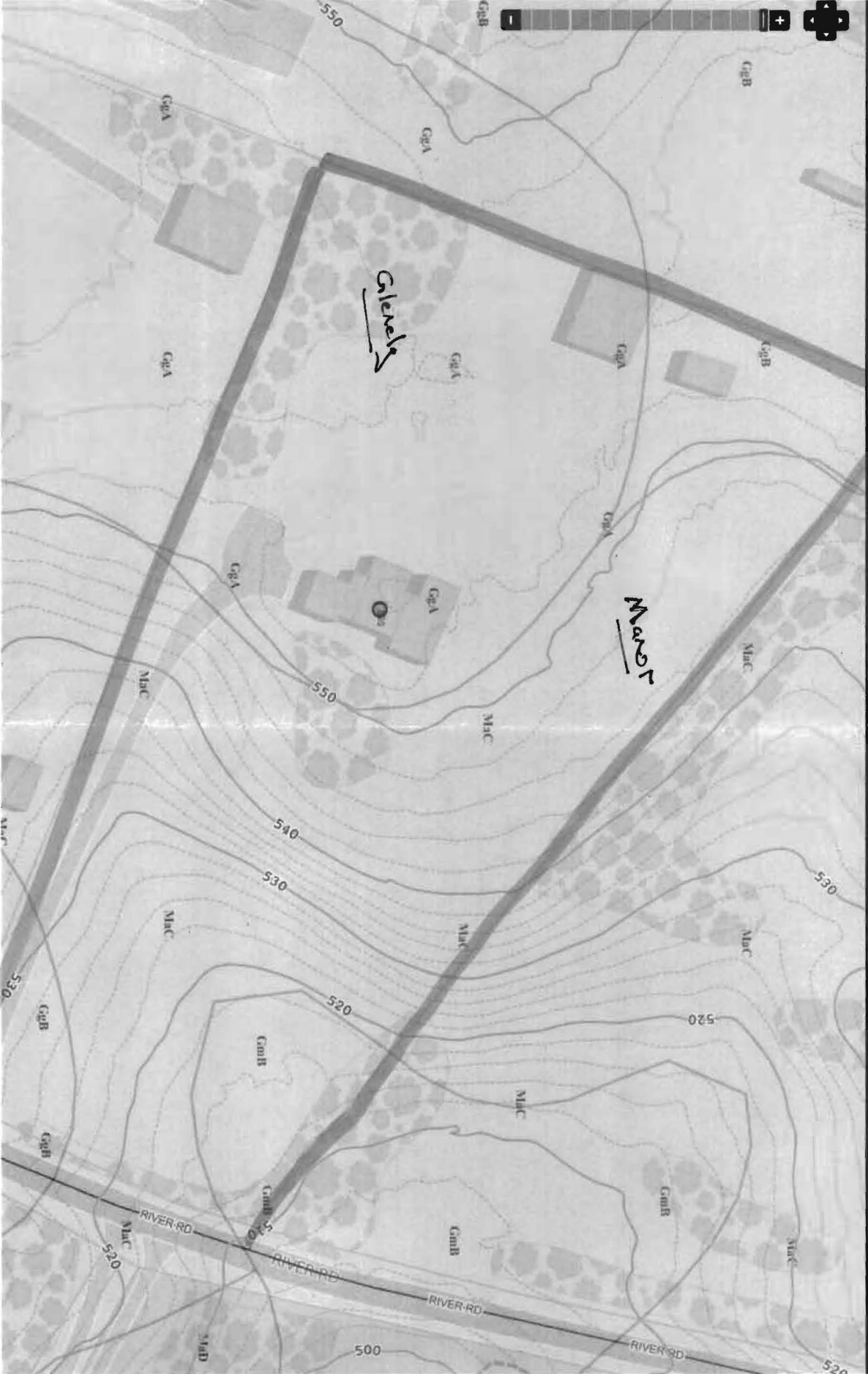
THIS IS NOT A PERMIT

C 1 9289 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER 20483	
DATE RECEIVED (WRA USE ONLY) 11/5/78		DEPTH OF WELL 71 <small>(TO NEAREST FOOT)</small>		PERMIT NO. FROM "PERMIT TO DRILL WELL" 71-73-2464 <small>28 29 30 31 32 33 34 35 36 37</small>	
DATE WELL COMPLETED 11/5/78		DRILLER'S IDENTIFICATION NO. 71			
OWNER 11/5/78 LAST NAME 11/5/78		FIRST NAME 11/5/78			
STREET OR RFD 17000 ROCKY LINE		POST OFFICE Baltimore			
WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL DESCRIPTION			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y TYPE OF GROUTING MATERIAL (CIRCLE BOX) CM CEMENT 45-46 BENTONITE CLAY 45-46 NO. OF BAGS 10 NO. OF POUNDS 1000 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 47 FT. <small>(ENTER 0 IF FROM SURFACE)</small>			
FEET FROM TO CHECK IF WATER BEARING		CASING RECORD CASING TYPES (INSERT APPROPRIATE CODE BELOW) ST CO PL OT STEEL CONCRETE PLASTIC OTHER MAIN CASING TYPE CL NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 71			
60' casing 47' steel 10' concrete C.B.S. 1-31-78		OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO 60 61 62 63 64 65 66 67 68 69 70			
60' casing 47' steel 10' concrete C.B.S. 1-31-78		SCREEN RECORD SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW) ST DR HO PL OT STEEL BRASS OPEN HOLE OR BRONZE PLASTIC OTHER			
C 2		DEPTH (NEAREST WHOLE FOOT) FROM 0 TO 71 EACH CASING INCH			
CIRCLE APPROPRIATE BOXES <input type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLER'S NAME L.F. FIDELITY (PLEASE PRINT) SIGNATURE L.F. FIDELITY		DETERMINATION DIAMETER OF SCREEN 50 (NEAREST INCH) FROM 50 TO 70 GRAVEL PACK 50 IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX 50 WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76			
		PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) 1 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1 METHOD USED TO MEASURE PUMPING RATE 1-1-1 WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT) WHEN PUMPING 22 (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) A AIR P PISTON T TURBINE C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) J JET S SUBMERSIBLE			
		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (NEAREST FOOT) 43 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) 4 ABOVE 5 BELOW LAND SURFACE (NEAREST FOOT) 51 LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES IN MEASUREMENTS TO WELL.			

2623



Glenn



Real Property Data Search (w3)

Guide to search

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent R			
Account Identifier:		District - 03 Account Number - 289346							
Owner Information									
Owner Name:		MONTGOMERY SUSAN J MONTGOMERY WILLIAM F				Use: Principal Residence:		RESI YES	
Mailing Address:		800 RIVER RD SYKESVILLE MD 21784-5507				Deed Reference:		/1453	
Location & Structure Information									
Premises Address:		800 RIVER RD SYKESVILLE 21784-0000				Legal Description:		LOT : 800 R BURI	
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessme Year:	
0004	0023	0079		0000		9999	1	2013	
Special Tax Areas:					Town:		N		
					Ad Valorem:		10		
					Tax Class:				
Primary Structure Built 1978		Above Grade Enclosed Area 2,659 SF			Finished Basement Area		Property Land Area 5.2100 AC		
Stories 1	Basement YES	Type STANDARD UNIT	Exterior SIDING	Full/Half Bath 2 full	Garage 1 Attached	Last M			
Value Information									
			Base Value	Value As of 01/01/2013	Phase-in Assessme As of 07/01/2014				
Land:			246,500	215,000					
Improvements			365,600	328,700					
Total:			612,100	543,700	543,700				
Preferential Land:			0						
Transfer Information									
Seller: HESS JAMES A				Date: 12/17/2012			Price: \$4		
Type: NON-ARMS LENGTH OTHER				Deed1: /14532/ 00274			Deed2:		
Seller: THARP BRENDA KAY				Date: 10/26/2005			Price: \$7		
Type: ARMS LENGTH IMPROVED				Deed1: /09586/ 00088			Deed2:		
Seller: SMITH PAUL				Date: 07/24/2003			Price: \$4		
Type: ARMS LENGTH IMPROVED				Deed1: /07407/ 00660			Deed2:		
Exemption Information									
Partial Exempt Assessments:		Class			07/01/2014			07/01	
County:		000			0.00				
State:		000			0.00				
Municipal:		000			0.00 0.00			0.00 0	
Tax Exempt:				Special Tax Recapture:					



HOWARD COUNTY HEALTH DEPARTMENT

54606-A

DATE 9/12/14

AS

Received From

Fogles Septic Clean

PHONE #

410-795-5670

☐ CASH
☒ CHECK

For

Eric Repner / 7081 Rendall School Rd. E 800 River Rd.

NO.

46928

Six hundred sixty 7/10 Dollars

\$

(66) 100

Received By

Kemp