

C1 6612

SEQUENCE NO. (DENV 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 A522987

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 07/15/11

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-2164

OWNER: last name Henitage, first name Realty & Land Development, TOWN LISBOW MD, SUBDIVISION Meri Wether Farm, SECTION 2, LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: Top Sandy Sand Stone MICKA, Sand Stone MICKA, Sand Stone MICKA.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 17 NO. OF POUNDS 1700

CASING RECORD casing types insert appropriate code below [ST] [CO] [PL] [OT] STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch) [6] Total depth of main casing (nearest foot) [47]

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

SCREEN RECORD screen type or open hole insert appropriate code below [ST] [HO] STEEL BRASS BRONZE OPEN HOLE

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED. WELL HYDROFRACTURED [Y]

Table for SCREEN RECORD with columns for depth (nearest ft.) and rows for screen sections 1, 2, 3.

CIRCLE APPROPRIATE LETTER 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 IDENT. NO. MSO 117

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

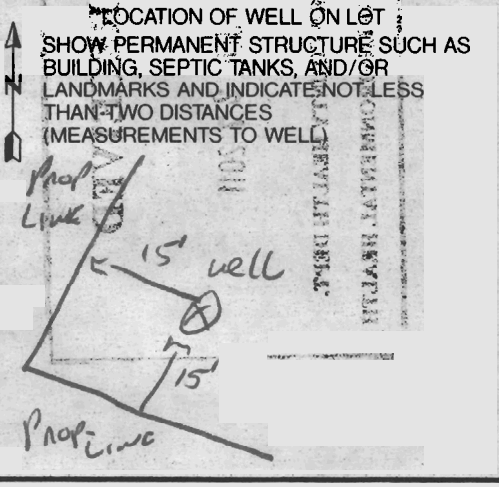
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 17 WHEN PUMPING 20 TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) [plus] above [minus] below LAND SURFACE (nearest foot) 4



B 1 0973

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-2164

fill in this form completely

53525B please type

Date Received (APA)

06 15 11

OWNER INFORMATION

8 MM DD YY 13

Heritage Realty & Land Developer

15 Last Name Owner First Name 34

PO Box 482

36 Lisbon Street or RFD 55

MD. 21265

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph E. Mayne M SD 119

Driller's Name 76 License No. 81

Ralph Mayne Well Drilling

17024 Handy Rd Mt Airy MD 21771

Address

Signature Date 6/12/11

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

Meriwether Farm

23 SUBDIVISION 42

SECTION 2 LOT 26

44 46 48 50

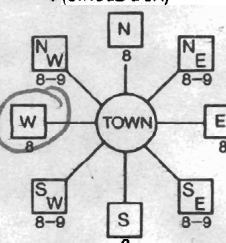
GLENELE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Meriwether Dr. Drive

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 305 37

DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 21 BLK: 16 PARCEL 28

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

500

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 A522987

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 7/13/2011 Brian Baker 7/13/2012

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 519 000 EAST GRID 790 000

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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 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
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 DEEPEM 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)

APPROX. PERMIT NUMBER HO 2008G 010

PERMIT No HO-95-2164

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

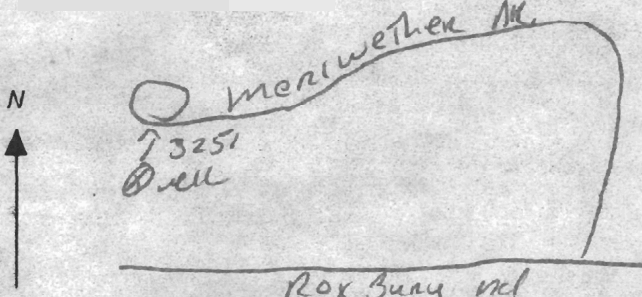
- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 2920

N 519

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED Wells Within 100' of Each Other Must Be Simultaneously Yield Tested

**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: Fogles Well Drilling Telephone #: 443-609-4195
Address: P.O. Box 202
Woodbine, Md 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): Allen Compton License# MSD0009

***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 #: 410-489-7407
Subdivision: Capital overlook Lot #: 26 Well Tag #: HO-95-2164
Site Address: 14917 meriwether dr
Greenely md

Submersible Pump Data

Make: Cummins
Model #: 1550E07-180
Pump Capacity 15 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: Campbell
Model#: N/A
Depth: 36" (36" min)
NSF/WSC approved: yes

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 2051 (feet)
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 N/A

Piping to house

Type: 1" Black Plastic Pipe
PSI: 160 (160 psi min)
Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: yes
Length of sleeve (5' minimum from foundation): 5'
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.

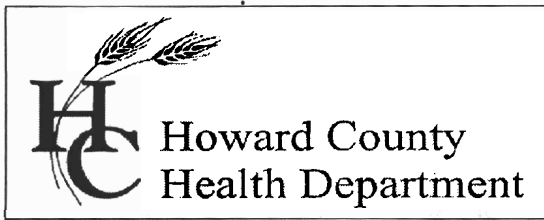
Signature of company representative responsible for installation: Allen Compton date: 9-6-13

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

Date Insp. Requested: _____ Date Insp. Approved: 9/9/13 Inspector: 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"/>



Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-1771 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

INTERIM CERTIFICATE OF POTABILITY
PERMANENT DEVIATION FOR NITRATES

Expiration Date – JULY 24, 2014

January 24, 2013

Jin Kang & Sung Choo
14917 Meriwether Drive
Glenelg, MD 21737

RE: Cattail Overlook, Lot 26
14917 Meriwether Drive
Building Permit: B13002341
Well Permit: HO-95-2164

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 1/23/14. Final approval of the well line connection to the dwelling was granted on 9/9/2013. The well construction was completed on 7/15/2011. Water samples were collected on 1/15/2014.

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 untreated water sample collected on 1/15/2014 indicated a nitrate level of 10.3 mg/L. This exceeds the maximum contaminant limit of 10 mg/L set forth in COMAR 26.04.04.09. After installation of a nitrate removal device (kitchen tap reverse osmosis system), a post-treatment water sample was collected on 1/20/2014 and indicated a nitrate level of < 1.0 mg/L.

This Department will grant a **permanent deviation** to the Interim Certificate of Potability on condition that the nitrate removal system effectively maintains a nitrate-nitrogen contaminant level of 10 mg/L or less.

Furthermore, it will be necessary for you to comply with the following conditions:

1. The system must be properly operated and maintained continuously in accordance with the service contract for the life of the residence.
2. It is recommended that a Maryland certified water laboratory certified for nitrates analysis perform a yearly nitrate analysis.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of this permanent deviation. **A person who fails to make this disclosure is subject to the penalties set out in COMAR 26.04.04.12F Enforcement and Environment Article 9-1311, Annotated Code of Maryland.**

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-95-2164. 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.**

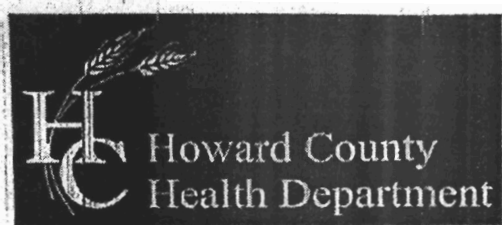
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water quality laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:
<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,



Robert Bricker, REHS/R.S., L.E.H.S.
Environmental Sanitarian
Well & Septic Program

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



Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

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

REQUEST FOR PERMANENT DEVIATION TO NITRATE STANDARDS FOR CERTIFICATE OF POTABILITY

DATE: 1.23.14 WELL PERMIT #: HO - 95 - 2164

PROPERTY OWNER: JIN KANG + SUNG CHOO

SUBDIVISION & LOT #: CAPITAL OVERLOOK LOT 26

PROPERTY ADDRESS: 14917 MERIWETHER DR

CONDITIONS:

- 1) The well installed under permit # HO - 95 - 2164 has been documented to have a nitrate level of 10.3 ppm, which exceeds the MCL of 10 ppm.
2) After installation and operation of a nitrate filtration system, water samples collected on 1-20-14 indicated that the nitrate contamination has been reduced to <1.0 ppm at the primary drinking tap.

I hereby request that a Permanent Deviation to COMAR 26.04.04.09 be granted for the well installed under permit HO - 95 - 2164 I am fully aware of the conditions under which this deviation will be granted, and of my responsibilities as the well owner, which include advising any future buyer/ tenant of the installation, condition and maintenance responsibilities of the nitrate removal device.

Prospective Owner's Original Signature(s) [Person(s) that intend to live in the dwelling]

Handwritten signatures of Jin Kang and Sung Choo

Prospective Owner's Day Time Phone Number(s)

410-790-0398 410-418-4644

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 92783 Account #: 1930
Reference: Toll Brothers Lot 26 Company: Fogle's Well Drilling
Location: 14917 Meriwether Drive Requested By: Dave Fogle
Glenelg, MD 21737 Source: Well Water
Date/ Time Collected: 1/20/2014 1202 Site: R/O Tap ✓
Date/Time Rec'd: 1/20/2014 1545 Treatment: Reverse Osmosis OK
Chlorine ppm: Free: ND Total: ND pH: 5.3
Collected By: J. Fogle 1974JF Well #: HO-95-2164

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Nitrate	<1.0	mg/L	10	601	1/20/2014 / 1640 / BCD

OK

Kovach

NOTES

- 1 mg/L = milligrams per liter (also, parts per million)
- 2 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 3 ND:None Detected
- 4 Sample collected by client, analyzed as received
- 5 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13002341

Date Reported: 1/21/2014

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

1413 Old Taneytown Rd. Westminster, MD (410) 848-1014 (410) 876-4554 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: <u>92709</u>	Account #: 1930
Reference: <u>Toll Brothers Lot 26</u>	Company: Fogle's Well Drilling
Location: <u>14917 Meriwether Drive</u> Glenelg, MD 21737	Requested By: Dave Fogle
Date/ Time Collected: <u>1/15/2014</u> 1102	Source: Well Water
Date/Time Rec'd: 1/15/2014 1200	Site: <u>Kitchen Sink</u> ?
Chlorine ppm: Free: ND Total: ND	Treatment: None
Collected By: J. Fogle 1974JF	pH: <u>5.1</u> <u>OK</u>
	Well #: HO-95-2164

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	1/16/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0 ✓	MPN/ 100 ml	<1.0	SM18 9223	1/16/2014 / 1000 / LLO
<u>Nitrate</u>	<u>10.3</u>	mg/L	10	601	1/16/2014 / 1020 / CCH
Turbidity	0.91 ✓	NTU	<10	SM18 2130B	1/16/2014 / 1100 / LLO
Sand	NS ✓	mg/L	5	Visual/Gravimetric	1/16/2014 / 1100 / LLO

↑

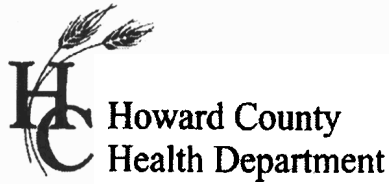
Permanent Dev. for Nitrate
 Need Repeat Know

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 NS = None Seen (NS indicates less than 5 mg/L)
- 4 NTU = Nephelometric Turbidity Units
- 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
- 7 Sample collected by client, analyzed as received
- 8 pH tested in lab, chlorine level tested on site

Reason for Test : Use & Occupancy
Building Permit # : B13002341

Date Reported: 1/16/2014



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. Bielsonson, 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:

<u>Meriwether Farm, Sec. II, Ph. 2</u>	<u>26</u>	<u>Meriwether Drive</u>
Subdivision/Property Name	Lot #	Road Name

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

11. NON-TRANSFERRABLE - THIS PERMIT IS NON-TRANSFERRABLE. A NEW OWNER MAY ACQUIRE AUTHORIZATION TO CONTINUE THIS APPROPRIATION BY FILING A NEW APPLICATION WITH THE ADMINISTRATION. AUTHORIZATION WILL BE ACCOMPLISHED BY ISSUANCE OF A NEW PERMIT.

12. *****
* INITIATION OF WITHDRAWAL - THE PERMITTEE SHALL NOTIFY THE*
* ADMINISTRATION BY CERTIFIED MAIL WHEN WITHDRAWALS FOR THE*
* USES SPECIFIED IN THIS PERMIT HAVE BEEN INITIATED. THIS *
* PERMIT SHALL EXPIRE IF WATER WITHDRAWAL IS NOT COMMENCED *
* WITHIN TWO YEARS AFTER THE EFFECTIVE DATE OF THIS PERMIT *
* EXCEPT THAT UPON WRITTEN REQUEST TO THE ADMINISTRATION *
* PRIOR TO THE EXPIRATION OF THE TWO YEAR PERIOD, THE TIME *
* LIMIT MAY BE EXTENDED FOR GOOD CAUSE, AT THE DISCRETION *
* OF THE ADMINISTRATION. *

13. WELL SPACING- IN ORDER TO MINIMIZE THE POTENTIAL FOR INTERFERENCE BETWEEN WELLS, ALL WELLS SHALL BE LOCATED WITHIN LOCALLY APPROVED WELL BOXES AND, WHERE FEASIBLE, BE CONSTRUCTED SO AS TO ACHIEVE A SEPARATION OF AT LEAST 100 FEET FROM EACH OTHER AND/OR FROM EXISTING WELLS ON OTHER PROPERTIES. THE PERMITTEE SHALL CONDUCT SIMULTANEOUS YIELD TESTS FOR ANY WELLS THAT ARE SEPARATED BY LESS THAN 100 FEET. IN THE EVENT THAT A WELL TESTED SIMULTANEOUSLY WITH OTHER WELLS DOES NOT MEET MINIMUM YIELD STANDARDS, THE PERMITTEE SHALL RELOCATE OR DEEPEN THE WELL OR SEEK LOCAL APPROVAL TO RELOCATE THE WELL BOXES SO AS TO ACHIEVE THE 100-FOOT SEPARATION DISTANCE. ALL WELLS SHALL COMPLY WITH WELL CONSTRUCTION REQUIREMENTS.

BY AUTHORITY OF THE DIRECTOR
WATER MANAGEMENT ADMINISTRATION

John W. Grace

2/6/2009

for John W. Grace, Chief
SOURCE PROTECTION AND APPROPRIATION DIV

MSM