

C1 7279

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)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-95-1340

OWNER Spring Mill LLC STREET OR RFD Mitchells Way TOWN West Friendship SUBDIVISION Cloverfield SECTION 2 LOT 9

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for red clay, Brown Shale, and Gray Limestone.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS 38, NO. OF POUNDS 3572, GALLONS OF WATER 228, DEPTH OF GROUT SEAL 0 to 128 ft.

CASING RECORD: MAIN CASING TYPE ST, Nominal diameter 06, Total depth of main casing 131.

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD: screen type or open hole (HO), insert appropriate code below.

DEPTH (nearest ft.) table with columns 1-11 and 15-17, 21-26, 30-32, 36-41, 45-47, 51-55. Includes SLOT SIZE and DIAMETER OF SCREEN.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 10 gal per min, METHOD USED TO MEASURE PUMPING RATE 1 gal, WATER LEVEL 54 ft before, 167 ft when pumping.

PUMP INSTALLED: DRILLER INSTALLED PUMP YES, TYPE OF PUMP INSTALLED S (submersible), CAPACITY: GALLONS PER MINUTE 31-35, PUMP HORSE POWER 37, PUMP COLUMN LENGTH 43-47.

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).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED YES (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

DRILLERS LIC. NO. M SD 009, DRILLERS SIGNATURE, LIC. NO. D.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68, MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER).

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

NO Survey stakes

B 1 5663

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

110-95-1340 fill in this form completely 79

527868 please print or type

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13
15 Last Name Owner First Name 34
36 Street or RFD 55
57 Town 70 State 72 Zip 76

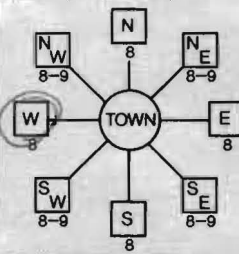
LOCATION OF WELL

B 3 Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION 2 LOT 9
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) M I

DRILLER INFORMATION

Driller's Name License No. 81
Firm Name
Address
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD ENTER FT OR MI
TAX MAP: 15 BLK: 7 PARCEL 119

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED (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

COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED EXP. DATE
NORTH GRID EAST GRID

APPROXIMATE DEPTH OF WELL FEET
APPROXIMATE DIAMETER OF WELL NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jettied & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

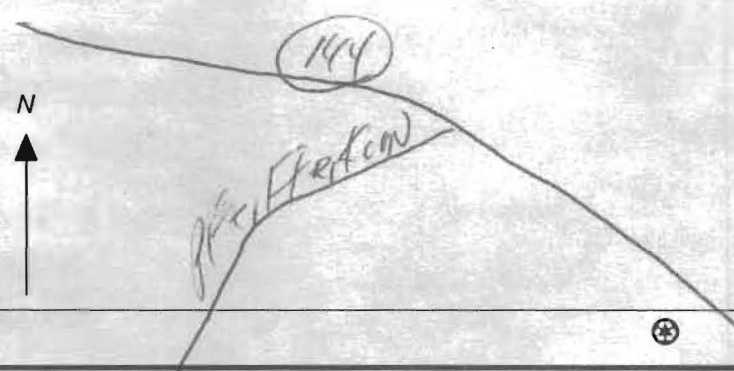
- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 802
N 536

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
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 1 1049

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 527862

STATE PERMIT NUMBER HO-95-1340 fill in this form completely 79

Date Received (APA)

OWNER INFORMATION

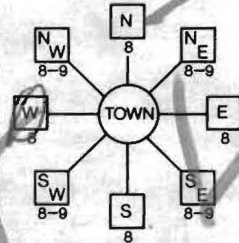
8 MM DD YY 13 Security Development Corporation 15 Last Name Owner First Name 34 Box 417 36 Street or RFD 55 Elliott City Md 21041 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL Howard 8 COUNTY 21 Cloverfield Section II 23 SUBDIVISION 42 SECTION 2 LOT 9 44 46 48 50 West Friendship 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 73 M 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne MS D024 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling 5512 Ridge Rd Mt. Airy Md 21771 Address Signature Joseph L. Mayne Date 10-15-09

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Mitchells Way 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT TAX MAP: 15 BLK: 7 PARCEL 119



B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
(F) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
(i) INDUSTRIAL, COMMERCIAL, DEWATERING
(P) PUBLIC WATER SUPPLY WELL
(T) TEST, OBSERVATION, MONITORING
(G) GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A520768 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 10/30/2007 Brian Baker 10/30/2008 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 536 000 EAST GRID 802 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary) 30 CABLE REVERSE-ROTary DRIVE-POINT 37 other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

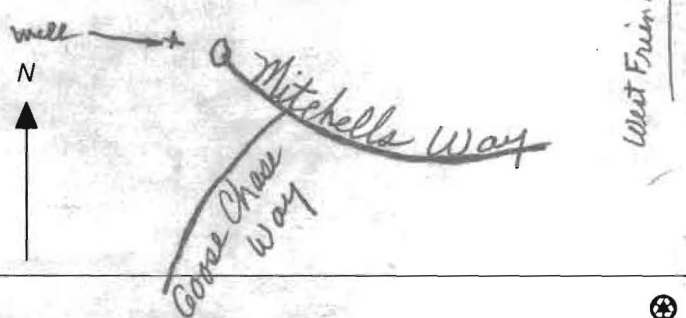
- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
(Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
(S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
(D) THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER 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 HO2007_G003 PERMIT No. HO95-1340 70 71 72 73 74 75 76 77 78 79

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 802 N 536 000 000

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



MD Well Permit # HO-95-1340

Date of Test: 3-4-08

Subdivision Name: Cloverfield

Section 2 Lot # 9

Street Address: Mitchells Way

Measuring Point (MP) Description: Top of casing
(for ex. "Top of casing")

Distance from MP to ground surface 2' ft.

Well Depth 300' ft.

Well Driller: Fogle's Well Drilling

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time <u>8:00</u>	Static Water level <u>54</u> ft.	Pumping Rate () Time to fill 1 gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute) <u>20</u>
TIME	WATER LEVEL BELOW M.P.		

Water level and pumping rate must be recorded every 15 minutes

1	<u>8:00</u>	<u>54</u> ft.	<u>3</u>	<u>20</u> GPM
2	<u>8:15</u>	<u>119</u> ft.	<u>3</u>	<u>20</u> GPM
3	<u>8:30</u>	<u>143</u> ft.	<u>3</u>	<u>20</u> GPM
4	<u>8:45</u>	<u>162</u> ft.	<u>5</u>	<u>12</u> GPM
5	<u>9:00</u>	<u>166</u> ft.	<u>6</u>	<u>10</u> GPM
6	<u>9:15</u>	<u>169</u> ft.	<u>6</u>	<u>10</u> GPM
7	<u>9:30</u>	<u>170</u> ft.	<u>6</u>	<u>10</u> GPM
8	<u>9:45</u>	<u>172</u> ft.	<u>6</u>	<u>10</u> GPM
9	<u>10:00</u>	<u>173</u> ft.	<u>6</u>	<u>10</u> GPM
10	<u>10:15</u>	<u>178</u> ft.	<u>6</u>	<u>10</u> GPM
11	<u>10:30</u>	<u>175</u> ft.	<u>6</u>	<u>10</u> GPM
12	<u>10:45</u>	<u>171</u> ft.	<u>6</u>	<u>10</u> GPM
13	<u>11:00</u>	<u>167</u> ft.	<u>6</u>	<u>10</u> GPM
14		ft.		GPM
15		ft.		GPM
16		ft.		GPM
17		ft.		GPM
18		ft.		GPM
19		ft.		GPM
20		ft.		GPM
21		ft.		GPM
22		ft.		GPM
23		ft.		GPM
24		ft.		GPM
25		ft.		GPM
26		ft.		GPM
27		ft.		GPM
28		ft.		GPM
29		ft.		GPM
30		ft.		GPM

NOTES:

RD. ROVER MILL
OLD ROVER ROAD

SURVEY AND TAX MAP 15 PARCELS
ZONED: RC-DEO

10/30/6
Well site
Stated by MIB2
Permark

NON-BUILDABLE
PRESERVATION PARCEL

SWM #8



MUB2

MUB2

MUB2

LOT 6

LOT 7

LOT 8

LOT 9

LOT 10

LOT 3

LOT 4

LOT 5

MUB2

GOOSE CHAS
PUBLIC ACCESS

20' PUBLIC DRAINAGE &
UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE
& UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE
& UTILITY EASEMENT

10' PUBLIC TREE MAINTENANCE
& UTILITY EASEMENT

10' PUBLIC
& UTILITY EASEMENT

GOOSE CHAS
PUBLIC ACCESS

BB

537

556

P-14 55370

P-15 55308

P-16 55307

P-17 55306

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P-19 55304

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P-21 55302

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P-284 55039

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648
313-1771**

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: ATLANTIC BLUE Telephone #: 410-840-8112
Address: 75 AILCROFT CT.
WESTMINSTER MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): MARK MATHER License# 63797

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Cloverfield LLC Telephone #: 410-442-2211
Subdivision: Clover Field Lot #: 9 Well Tag #: HO-95-1340
Site Address: CLOVERFIELD SEC 2 LOT 9
WEST FRIENDSHIP, MD 21794

Submersible Pump Data

Make: JELASS
Model #: 7 J.S64-24
Pump Capacity 7 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: CAMPBELL
Model #: _____
Depth: 42 (36" min)
NSF 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: 300 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: POLYETHYLENE
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 2 FT
Sleeve caulked and 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.

Mark Mather Signature of company representative responsible for installation
5/12/14 date

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

Date Insp. Requested: _____ Date Insp. Approved: 7/31/2014 BB

Inspection Data: Pitless adapter and 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 installed inside of well 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 /

Gave Builder Replacement Tag to Install

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 #: 95238 Account #: 1045
Reference: Cloverfield Lot 9/Scott Company: Atlantic Blue Water Services
Location: 13615 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/18/2014 1125 Site: Bathroom Tap
Date/Time Rec'd: 7/18/2014 1315 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.3
Collected By: K. Sweeney 6526KS Well #: HO-95-1340

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2014 / 1000 / LLO
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/19/2014 / 1000 / LLO
Nitrate	3.93	mg/L	10	601	7/18/2014 / 1615 / CRS
Turbidity	6.12	NTU	<10	SM18 2130B	7/18/2014 / 1515 / JKW
Sand	NS	mg/L	5	Visual/Gravimetric	7/18/2014 / 1515 / JKW

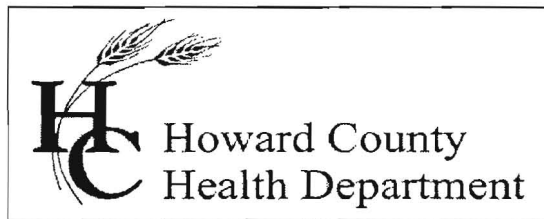
NOTES

- 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 pH & Chlorine level tested on site
- 8 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 13004276

Date Reported: 7/21/2014



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

Expiration Date – February 1, 2015

August 1, 2014

Mathew Scott, Athena Liu
13615 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield Lot-9
13615 Mitchells Way
West Friendship, MD 21794
Building Permit: B13004276
Well Permit: HO-95-1340**

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 **7/22/14**. Final approval of the well line connection to the dwelling was granted on **7/31/2014**. The well construction was completed on **3/4/2008**. Water samples were collected on **7/18 & 7/29/2014**.

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. 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-95-1340. 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>

Approving Authority,

Brian Baker

Brian Baker
Environmental Sanitarian
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 FAX (410) 848-0298

REPORT OF ANALYSIS

Laboratory ID #: 95396 Account #: 1045
Reference: Cloverfield Lot 9/Scott Company: Atlantic Blue Water Services
Location: 13615 Mitchells Way Requested By: Mark Mather
West Friendship, MD 21794 Source: Well Water
Date/ Time Collected: 7/29/2014 1210 Site: Bathroom Sink
Date/Time Rec'd: 7/29/2014 1542 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.6
Collected By: K. Sweeney 6526KS Well #: HO-95-1340

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM18 9223	7/30/2014 / 1100 / CCH

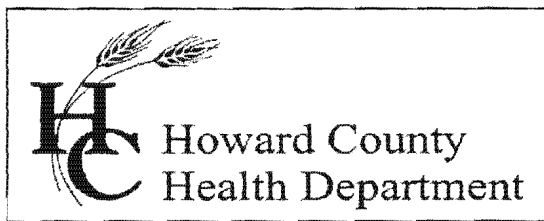
NOTES

- 1 MPN/ 100 ml = Most Probable Number [of viable bacteria] per 100 ml of sample.
- 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 pH & Chlorine level tested on site
- 5 Sample collected by client, analyzed as received

Reason for Test : Use & Occupancy

Building Permit # : 13004276

Date Reported: 7/30/2014



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
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

Expiration Date – February 1, 2015

August 1, 2014

Mathew Scott, Athena Liu
13615 Mitchells Way
West Friendship, MD 21794

**RE: Cloverfield Lot-9
13615 Mitchells Way
West Friendship, MD 21794
Building Permit: B13004276
Well Permit: HO-95-1340**

Dear Homeowner:

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Approving Authority,

Brian Baker

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