

C1 0393

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 A518641

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-95-0369

OWNER Cloverfield / Pfefferkorn LLC STREET OR RFD off Pfefferkorn Rd TOWN Glenelg SUBDIVISION Cloverfield SECTION LOT 9

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, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (C) MENTONITE CLAY (B) C NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 90 DEPTH OF GROUT SEAL 0

CASING RECORD

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 44

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (HO) 42 DEPTH (nearest ft.) 180

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M.S.D. H.B. DRILLERS SIGNATURE LIC. NO. 1 D

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 88

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

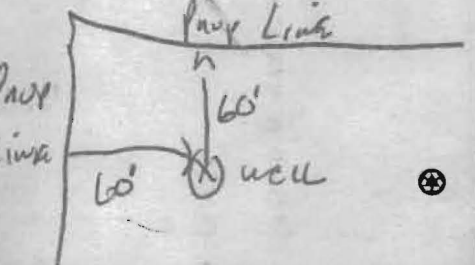
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 70 TYPE OF PUMP USED (for test) 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 (2) below (nearest foot)

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 0968 SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER HO-95-0369
 1 2 3 6 70 fill in this form completely 79

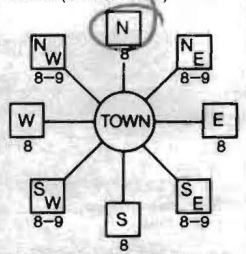
524386 please type

Date Received (APA) 4/3/06 OWNER INFORMATION
 8 MM DD YY 13
 15 Last Name Clowen First Name FIELD Owner
 36 Street or RFD 3060 Rt. 97
 57 Town Glenwood State MD Zip 21738

B 3 LOCATION OF WELL
 8 COUNTY Howard 21
 23 SUBDIVISION Clowen FIELD 42
 SECTION 44 46 LOT 9 48 50
 52 NEAREST TOWN GLENWELG 71
 MILES FROM TOWN (enter 0 if in town) 1 73 M 1 76 77 78

DRILLER INFORMATION
 76 Driller's Name Ralph E. Mayne License No. M.S.D. 117 81
 Firm Name Ralph E. Mayne Inc
 Address 17024 Handy Rd Mt Airy MD 21771
 Signature [Signature] Date 3/25/06

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD Road A 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 600 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: 15 BLK: 8 PARCEL 4



B 2 WELL INFORMATION
 1 2 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)
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

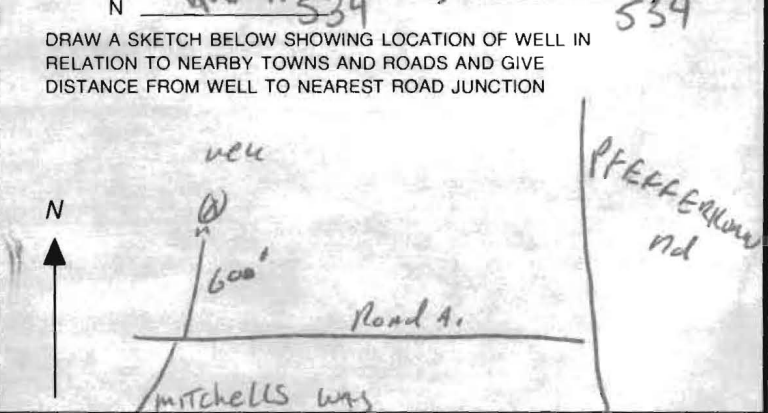
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME HOWARD COUNTY NO. (13) A518641
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 5/2/06 CO SIGNATURE [Signature] EXP. DATE 5/3/07
 43 MM DD YY 48 NORTH GRID 536 0 0 0 EAST GRID 803 0 0 0
 50 55 57 63

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

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 803
 N 534

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 _____

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 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)
 APPROP. PERMIT NUMBER HO 2006G006(01)
 PERMIT No. HO-95-0369
 70 71 72 73 74 75 76 77 78 79

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 95-0369
 Location of property (road) PepperKorn
 Subdivision Cloverfield Lot 9 Block Plat Sec.
 Well Driller Ralph Mayne Owner PepperKorn / Cloverfield LLC
 Depth of well 180
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 43 ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 15 GPM
 Total time 15 min to reach pumping water level 70 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 <u>5</u> gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	43 ft	4 Sec		15 GPM
			Test Started	
8:30	70 ft	6 Sec		10 GPM
8:45	70 ft	6 Sec		10 GPM
9:00	70 ft	6 Sec		10 GPM
9:15	70 "	6 "		10 "
9:30	70 "	6 "		10 "
9:45	70 "	6 "		10 "
10:00	70 ft	6 Sec		10 GPM
10:15	70 ft	6 Sec		10 GPM
10:30	70 ft	6 Sec		10 GPM
10:45	70 "	6 "		10 "
11:00	70 "	6 "		10 "
11:15	70 ft	6 Sec		10 GPM
11:30	70 ft	6 Sec		10 GPM



Howard County
Health Department

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

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

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by FCC
^{by} DR 3/31/06 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

**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: Allied Well Drilling Telephone #: 301-776-8370
Address: 8213 Brock Bridge Road
Anaerol Md 20704

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Charles A. Younker License# MWD 3260

***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: Qurat Yaqoob Mir Telephone #: _____
Subdivision: Cloverfield Lot #: 9 Well Tag #: HO-95-0369
Site Address: 13554 Mitchells Wy, West Friendship

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Stakite</u>	Make: <u>Boshart</u>	Two piece watertight cap: _____
Model #: <u>57K07</u>	Model#: <u>P10055</u>	Screened, vented well cap: <u>/</u>
Pump Capacity <u>8</u> GPM	Depth: <u>40</u> (36" min)	Cap secured to casing: <u>/</u>
Well Yield: <u>10</u> GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: <u>/</u>
Depth of well encountered at time of pump installation: <u>180</u> (feet)		Conduit secured to well cap: <u>/</u>

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>hdpe</u>	PVC sleeve to undisturbed soil at wall penetration: <u>36</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>5</u>
Depth of supply line: <u>200</u> (36" min)	Sleeve sealed properly: <u>✓</u>

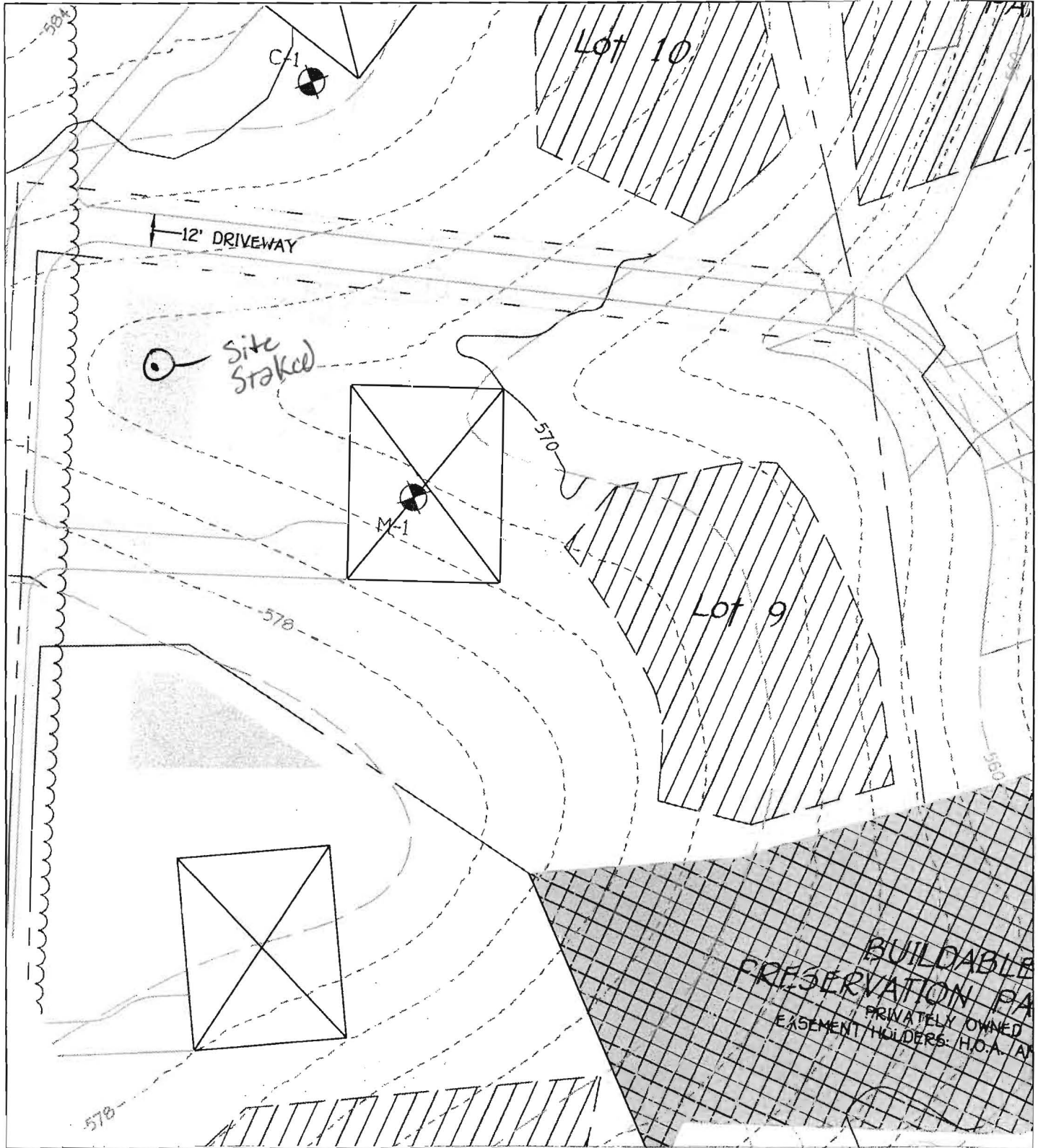
The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: William Benzgard date: 05/25/16
1/18/2016

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

Date Insp. Requested: _____ Date Insp. Approved: 1/19/16 Inspector: (KW)
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 ✓

→ OK'd but
not called in
by Driller.
Not verified.



HERITAGE
Land Development

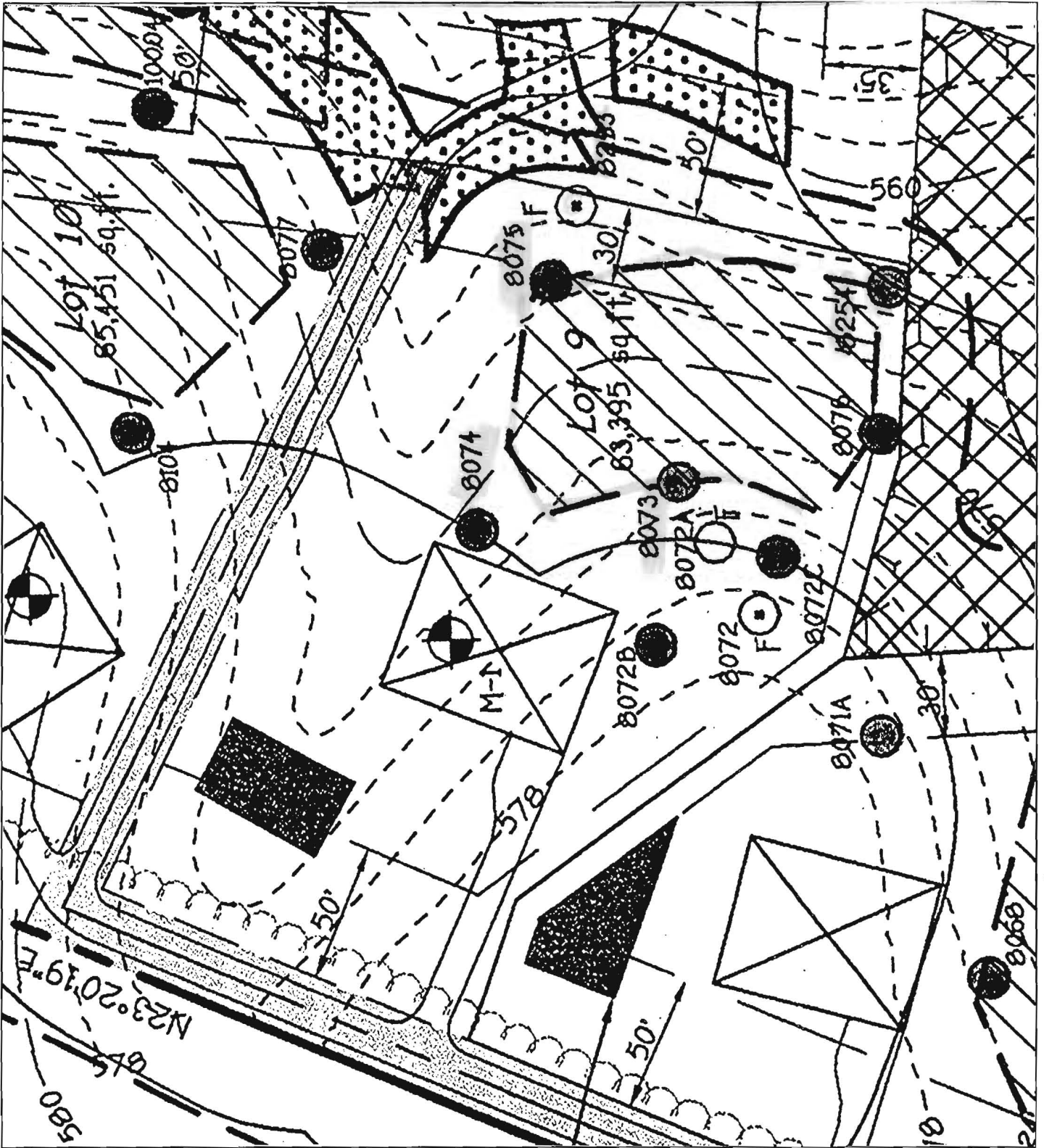
WELL LOCATION EXHIBIT - LOT 9
CLOVERFIELD

TAX MAP #15 ZONED RC-DED
3RD ELECTION DISTRICT
SCALE: 1"=50'

PARCEL 4
HOWARD COUNTY, MARYLAND
DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-486-7800



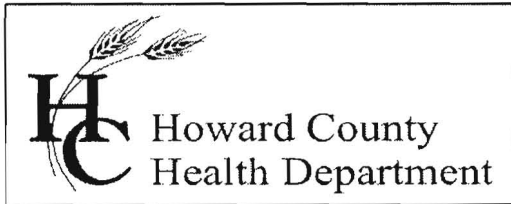
HERITAGE
Land Development

WELL LOCATION EXHIBIT - LOT 9
CLOVERFIELD

TAX MAP #15 ZONED: RC-DED PARCEL 4
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: MARCH 21, 2006

LAND PLANNING ♦ DEVELOPMENT ♦ MARKETING ♦ ZONING ♦ VALUATION

3080 WASHINGTON (RT. 97), SUITE 220, GLENWOOD, MD 21738 PHONE: 410-486-7800



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](https://twitter.com/HowardCoHealthDep)

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – January 25, 2017

July 25, 2016

Homeowner
13554 Mitchells Way
West Friendship, MD 21794

RE: Cloverfield II, Lot 9
13554 Mitchells Way
Building Permit: B15001624
Well Permit: HO-95-0369

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 **4/8/2016**. Final approval of the well line connection to the dwelling was granted on **1/19/2016**. The well construction was completed on **7/7/2006**. Water samples were collected on **5/20/2016 & 7/15/2016**.

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-95-0369. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

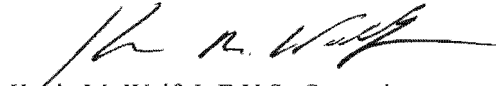
This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will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

In closing, please refer to our "[Homeowner Fact Sheet](#)" which illustrates a better understanding for your Best Available Technology (BAT). You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your BAT.

Approving Authority,



Kevin M. Wolf, L.E.H.S., Supervisor
Groundwater Management Section
Well & Septic Program


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



HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

Sampled for:	Potability	Property Address: 13554 Mitchells Way West Friendship, MD 21794	Sample Date:	5/20/2016
Additional Samples:	N/A		Sample Time:	9:20 AM
Impurity:		Result:	Pass/Fail Level	
Total Coliform Bacteria		FAIL (Present)	Present/Absent	
E.coli Bacteria		Pass (Absent)	Present/Absent	
Nitrates:		Pass 6.4 mg/l	(Over 10.0 mg/l is failing)	
Turbidity:		Pass 1.8 NTU	(Over 10.0 NTU is "high")	
pH:		7.8	(6.5-8.5 is Neutral pH range)	

Well Tag:		Water Conditioning:	Physical Well Condition:	
Well Tag #:	HO 95 0369	Currently, there appears to be no onsite water conditioning	Well Casing:	24 Inches
GPM at Drilling:	10		Conduit:	Secure
Well Depth:	180 Feet		Well Cap:	2 Piece PVC
Static Water Level at Drilling:	4 Feet		Representatives Signature:	
Well was drilled on:	7/7/2006			

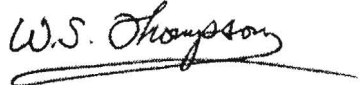
The Health Departments recommends that you test the water every 3-5 years.



HOME LAND SEPTIC CONSULTING, LLC

p:443-995-5385 | info@mdwellandseptic.com | www.homelandseptic.com

Sampled for:	Bacteria	Property Address: 13554 Mitchells Way West Friendship, MD. 21794	Sample Date:	14 July 2016
Additional Samples:	N/A		Sample Time:	14:08
Impurity:		Result:	Pass/Fail Level	
Total Coliform Bacteria		Pass (Absent)	Present/Absent	
E.coli Bacteria		Pass (Absent)	Present/Absent	

Well Tag:		Water conditioning & Notes:	Physical Well Condition:	
Well Tag #:	HO-95-0369		Currently, there appears to be no onsite water conditioning.	Well Casing:
GPM at Drilling:	10 GPM	Conduit:		Secure
Well Depth:	180 Feet	Well Cap:		2 Piece PVC
Static Water Level at Drilling:	4 Feet	Representatives Signature:		
Well was drilled on:	7/7/2006			

The Health Departments recommends that you test the water every 3-5 years.

Oswald, Hank

From: Dave Harward, III [mailto:harward@fisher-collins.com]
Sent: Thursday, July 17, 2014 4:46 PM
To: Oswald, Hank
Cc: Williams, Jeffrey
Subject: RE: Architectural Floor Plans

Hank,

The Builder (Goodier Homes) sent this email to me.

"Dave,

The room next to the full bath on the first floor is a Study, not a bedroom. The closet won't be built.

The fifth room on the second floor is meant to be a Playroom since it is larger than the Master Bed and isn't connected to a bathroom.

I don't believe that we're planning on finishing the basement at this point, so no bedroom down there.

4 bedrooms total."

The septic permit is for 5 bedrooms.

The architectural plans show all the options, but these are the ones they are building.

Let me know if this resolves your concerns.

Thank You,

Dave Harward
Fisher, Collins, & Carter, Inc.
Centennial Square Office Park
10272 Baltimore National Pike
Ellicott City, Maryland 21042
Ph: 410-431-8855, ext. 2028

From: Oswald, Hank [mailto:hank@fisher-collins.com]
Sent: Thursday, July 17, 2014 11:27 AM
To: Dave Harward, III
Subject: RE: Architectural Floor Plans

Dave:

My supervisor and I reviewed the floor plans. We took into consideration all of the options shown on the plans. By definition, the basement is showing 1 bedroom, there may be 1 or 2 bedrooms on the first floor (assuming a full bath option), and at least 4 – 5 bedrooms on the 2nd floor. Is there any way to provide us with floor plans with what is actually going into the home?

Hank

From: Dave Harward, III [mailto: [REDACTED]]
Sent: Thursday, July 17, 2014 9:29 AM
To: Oswald, Hank
Subject: RE: Architectural Floor Plans

OK, great.

From: Oswald, Hank [mailto: [REDACTED]]
Sent: Thursday, July 17, 2014 8:15 AM
To: Dave Harward, III
Subject: RE: Architectural Floor Plans

Dave:

The plans were on my desk when I arrived this morning.

Thanks,

Hank

From: Dave Harward, III [mailto: [REDACTED]]
Sent: Wednesday, July 16, 2014 2:54 PM
To: Oswald, Hank
Subject: RE: Architectural Floor Plans

Hank,

I sent you all of the actual floor plans with the new Permit Site Plans (they were a separate roll). There was a post-it note on them saying "Cloverfield Lot 9" I believe. They were delivered at the same time as the permit prints.

Let me know if you find them or not.

Thanks,

Dave Harward
Fisher, Collins, & Carter, Inc.
Centennial Square Office Park
10272 Baltimore National Pike
Ellicott City, Maryland 21042
Ph. 410-701-2000, ext. 2018

From: Oswald, Hank [mailto: [REDACTED]]
Sent: Wednesday, July 16, 2014 1:44 PM
To: Dave Harward, III
Subject: RE: Architectural Floor Plans

Dave:

Is there any way you can just send me the actual basement, first and second floor plan for this house? It's not clear to me from the attachment because it includes "optional" rooms which may or may not be there.

Thanks,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045

[REDACTED]
410-326-1200 (Fax)

From: Dave Harward, III [mailto:[REDACTED]]
Sent: Monday, July 14, 2014 3:47 PM
To: Oswald, Hank
Cc: Clay Goodier
Subject: Architectural Floor Plans

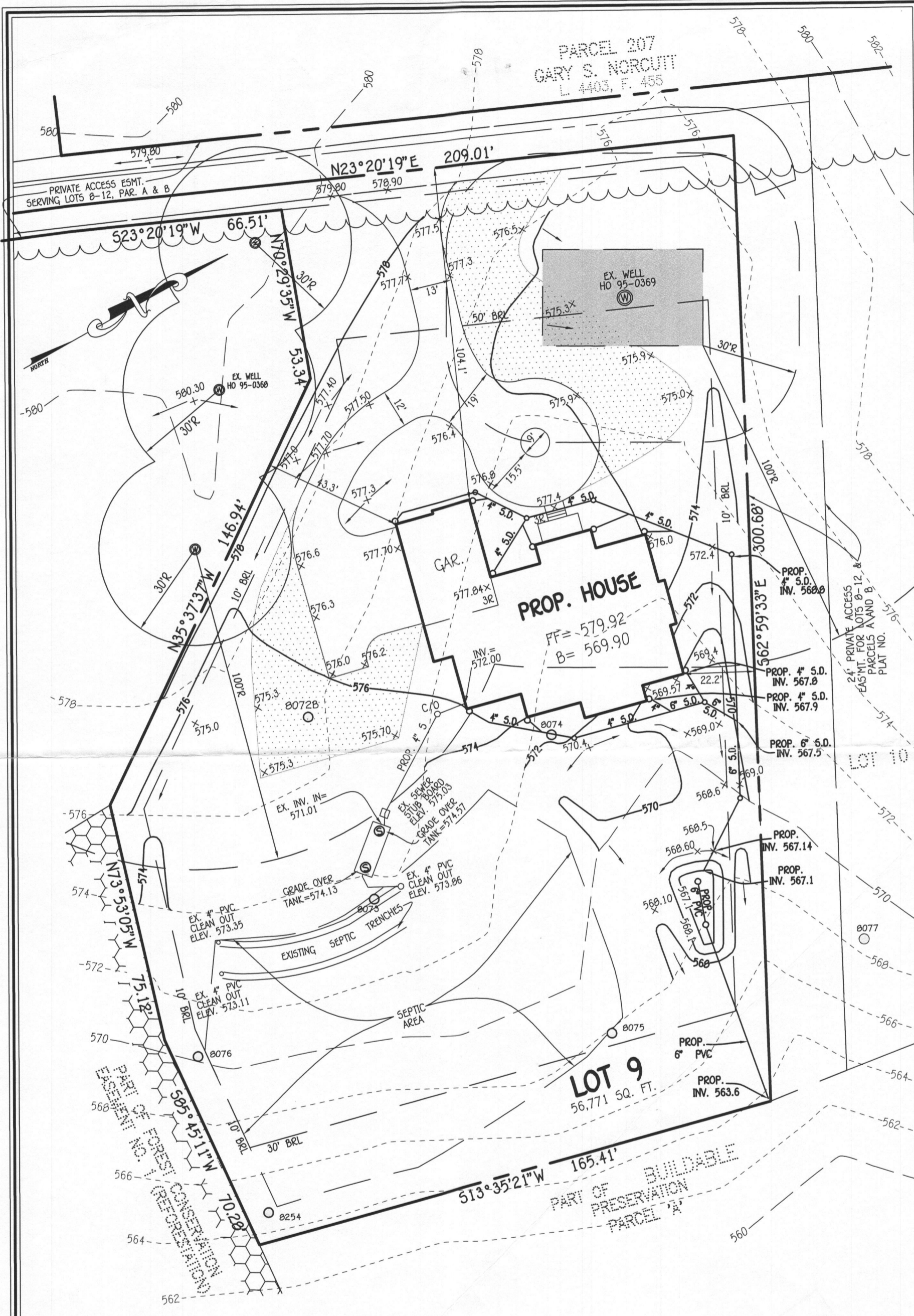
Hank,

Attached are the architectural floor plans. Can you read these on your computer, rather than having paper copies? Please let me know, and I'll print the basement and living space floor plans and deliver them with the permit prints.

Thanks,

Dave Harward
Fisher, Collins, & Carter, Inc.
Centennial Square Office Park
10272 Baltimore National Pike
Ellicott City, Maryland 21042
Ph. 410-326-1200, Ext. [REDACTED]

PARCEL 207
GARY S. NORCUTT
L. 4403, F. 455



NOTE:

THE EXISTING WELL, TAG NO. HO-95-0369, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

**PERMIT PLAN
LOT 9
CLOVERFIELD**

13554 MITCHELLS WAY
ZONED: RC-DEO

TAX MAP NO.: 15 PARCEL NO.: 4 GRID NO.: 8
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: APRIL 22, 2015

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855