

C1 16607 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)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 9 2 11 Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-2180

OWNER Sanchez Robert WELL SITE ADDRESS Tridelpia Mill TOWN clarksville SUBDIVISION SECTION LOT 2

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. Includes handwritten entries: Brown mica: shale, Gray Limestone, 0 57, 57 300.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER). MAIN CASING TYPE: PL Nominal diameter top (main) casing (nearest inch): 06 Total depth of main casing (nearest foot): 62

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

SCREEN RECORD

screen type or open hole (insert appropriate code below): ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

NUMBER OF UNSUCCESSFUL WELLS: 10

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER 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 28.04.04 "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 LIC. NO. M SD 009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 2 3 4 5 6 7 8 9 0

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

DEPTH (nearest ft.)

Table with columns: 1, 2, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Includes handwritten entry: HO 62 300

DIAMETER OF SCREEN (NEAREST INCH) from 58 to 60

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 06 3. PUMPING RATE (gal. per min.) 11 15 METHOD USED TO MEASURE PUMPING RATE 19GL WATER LEVEL (distance from land surface) BEFORE PUMPING 226 ft. WHEN PUMPING 235 ft. 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES (Y) NO (N)

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 in 20 ft (nearest foot)

LATITUDE 37.12937

LONGITUDE 77.658162

(DEFAULT COORD. WGS 84) NOTES:

C1 4008

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)

PLEASE TYPE

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

DATE Received MM DD YY

4 2 12

300

FROM "PERMIT TO DRILL WELL"

HO-95-2180

OWNER

WELL SITE ADDRESS

SUBDIVISION

last name

Sanchez Robert

first name

TOWN

Clarksville

SECTION

LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 20 NO. OF POUNDS 1800

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 60 ft.

CASING RECORD

insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE [PL] Nominal diameter top (main) casing (nearest inch)! 06 Total depth of main casing (nearest foot) 62

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

insert appropriate code below

SCREEN RECORD

[ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

1 40 62 300

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

E S L O T S I Z E 1 2 3

D I A M E T E R O F S C R E E N (NEAREST INCH)

56 60

from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 06

PUMPING RATE (gal. per min.) 5

METHOD USED TO MEASURE PUMPING RATE 1960

WATER LEVEL (distance from land surface)

BEFORE PUMPING 26 ft.

WHEN PUMPING 235 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) 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 } LAND SURFACE [-] below } 01 (nearest foot)

LATITUDE 3 N. 39' 12.937 LONGITUDE 7 W. 26 58 16.2 (DEFAULT COORD. WGS 84)

NOTES:

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

[Y] [N]

CIRCLE APPROPRIATE LETTER

- 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 M SD 009

DRILLERS SIGNATURE

LIC. NO. 1 D

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

B 1	4886	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 535282 please type	STATE PERMIT NUMBER HO-95-2180 <small>70 fill in this form completely 79</small>
-----	-------------	--------------------------------	--	---

Date Received (APA) 070511

OWNER INFORMATION

8 MM DD YY 13

15 Last Name Tuakli Owner First Name NADU 34

36 13603 Gilbridge Lane 55
Clarksville MD 21029

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3

8 COUNTY Howard 21

23 SUBDIVISION Property of Nadu Tuakli 42

SECTION 44 LOT 2 46 48 50

Clarksville

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1.5 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Allen Compton License No. M S D 009 76 81

Firm Name Fogles Well Drilling

Address 580 Obercht rd. 21784

Signature Allen Compton Date 6-29-11

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

B 4

1 2

11 NEAR WHAT ROAD Part of 13170 Trilphica mill rd 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

440 ~~000~~ 37 DISTANCE FROM ROAD FT 38 39

ENTER FT OR MI 38 39

TAX MAP: 34 BLK: 3 PARCEL 8

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)

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) A530335

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 7/18/2011 Brian Baker 7/18/2012 41

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 504 000 EAST GRID 808 000 50 55 57 65

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH 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 _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ G _____

PERMIT No. HO-95-2180 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.
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 808

N 5004

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 -

Yield Test Data Sheet

County File #: _____

MD Well Permit #: H0-95-2180

Subdivision Name: _____

Section _____ Lot # 2

Street Address: Tridelphia Mill

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

Distance from MP to ground surface 1 ft.

Well Depth 300 ft.

Well Driller: Fogles

Must be submitted with the State of Maryland Well Completion Report

Submit to:

Pump Start Time	Static Water level: <u>26</u> ft.	Pumping Rate () Time to fill <u>1</u> gal. bucket () Flow meter reading (if used)	Calculated Flow (gallons per minute)
TIME	WATER LEVEL BELOW M.P.		
Water level and pumping rate must be recorded every 15 minutes			
1	9:00	26 ft.	4 15 GPM
2	9:15	140 ft.	4 15 GPM
3	9:30	235 ft.	5 12 GPM
4	9:45	235 ft.	20 3 GPM
5	10:00	235 ft.	20 3 GPM
6	10:15	235 ft.	20 3 GPM
7	10:30	235 ft.	20 3 GPM
8	10:45	235 ft.	20 3 GPM
9	11:00	235 ft.	20 3 GPM
10	11:15	235 ft.	20 3 GPM
11	11:30	235 ft.	20 3 GPM
12	11:45	235 ft.	20 3 GPM
13	12:00	235 ft.	20 3 GPM
14	12:15	235 ft.	20 3 GPM
15	12:30	235 ft.	20 3 GPM
16	12:45	235 ft.	20 3 GPM
17	1:00	235 ft.	20 3 GPM
18	1:15	235 ft.	20 3 GPM
19	1:30	235 ft.	20 3 GPM
20	1:45	235 ft.	20 3 GPM
21	2:00	235 ft.	20 3 GPM
22	2:15	235 ft.	20 3 GPM
23	2:30	235 ft.	20 3 GPM
24	2:45	235 ft.	20 3 GPM
25	3:00	235 ft.	20 3 GPM
26	3:15	235 ft.	20 3 GPM
27	3:30	235 ft.	20 3 GPM
28		ft.	GPM
29		ft.	GPM
30		ft.	GPM

NOTES:

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

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: Burgan Inc Telephone #: 410-239-8924
 Address: 640 West M.H. Rd
Washington 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): Jim Burgan License# 64992

***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: Lindsey Bullock Telephone #: 410-207-9811
 Subdivision: _____ Lot #: _____ Well Tag #: HO-95-2180 (ST)
 Site Address: 13150 Tru delphia Mill Rd
Charlesville MD 21029

Submersible Pump Data

Make: DAB
 Model #: 3/4 HP
 Pump Capacity: 1 gpm
 Well Yield: 3 gpm
 Depth of well encountered at time of pump installation: 300 (feet)

Pitless Adapter

Make: Hayward+
 Model#: PT 800
 GPM Depth: 42 (36" min)
 GPM NSF/WSC 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:

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Must circle one: Torque arrestors / Cable guards / Other acceptable method used

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house

Type: 5/8" S. W. Lie
 PSI: 20 (160 psi min)
 Depth of supply line: 42 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration:
 Length of sleeve (5' minimum from foundation):
 Sleeve sealed properly:

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.

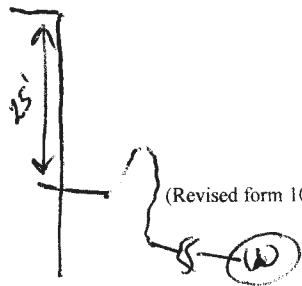
Signature of company representative responsible for installation: [Signature] date: 8/14/2020

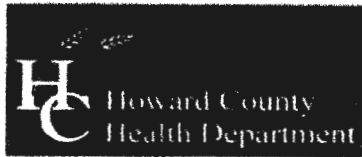
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 8/24/20 Date Insp. Approved: 8/25/20 Inspector: _____
 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

(ST) 36" not tight ✓ 8/25/20 (ST)
 32"
 16"
 5"

(Revised form 10/24/2018)





Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter I. Beilenson, 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:

Well Site Location:
De. Adela Tucker 2 Triadelphia Mill Rd.
Subdivision/Property Name Lot# Road Name

- The well site has been staked by Shanaberg & Lane
(professional land surveyor or company employing professional land surveyors)
on 6/30/11 (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 3/11/05

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

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – April 7, 2021

October 7, 2020

Homeowner
13150 Triadelphia Mill Road
Clarksville, MD 21029

RE: Tuakli Property, Lot 2
13150 Triadelphia Mill Road
Building Permit: B18002363
Well Permit: HO-95-2180

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 **8/14/2020**. Final approval of the well line connection to the dwelling was granted on **8/25/2020**. The well construction was completed on **9/2/2011**. Water samples were collected on **9/28/2020, 10/5/2020**.

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-95-2180. 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.**

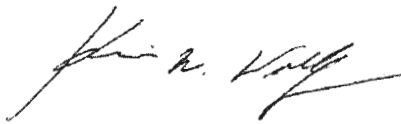
Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

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

In closing, please refer to our "Homeowner Fact Sheet" which illustrates a better understanding for your Onsite Sewage Disposal System. You will also find a link to Maryland Department of the Environments website which describes in further detail operation and maintenance of your septic system.

Approving Authority,



Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
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 #: 140150 Account #: 1933
Reference: Lindsay Builders Company: Fogles Well Pump & Treatment
Location: 13150 Triadelphia Mill Road Requested By: Dave Fogle
Clarksville, MD 21029 Source: Well Water
Date/ Time Collected: 9/28/2020 0812 Site: Kitchen Sink Tap
Date/Time Rec'd: 9/28/2020 0857 Treatment: None
Chlorine ppm: Free: ND Total: ND pH: 6.2
Collected By: B. Wilkerson 9315BW Well #: HO-95-2180

PARAMETERS	RESULTS	UNITS	REFERENCE	METHOD	DATE/TIME/ANALYST
Bacteria, Coliform, Total, MPN	59.1	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2020 / 1000 / CCH
Bacteria, E. coli, MPN	<1.0	MPN/ 100 ml	<1.0	SM20 9223B	9/29/2020 / 1000 / CCH
Nitrate	1.82	mg/L	10	601	9/29/2020 / 0920 / CRS
Turbidity	0.58	NTU	<10	SM20 2130B	9/29/2020 / 1030 / CRS
Sand	ND	mg/L	5	Visual/Gravimetric	9/29/2020 / 0915 / CRS

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 NTU = Nephelometric Turbidity Units
- 4 Results less than or within the reference range are considered satisfactory and within potable water limits at the time of sampling.
- 5 Sample collected by client, analyzed as received
- 6 ND:None Detected
- 7 Visual well check: Sealed, vented cap
- 8 pH and Chlorine level tested in lab (pH tested after recommended holding time)

Reason for Test : Use & Occupancy
Building Permit # : B18002363

Date Reported: 9/29/2020