

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8

13

15

20

22

26

28

29

30

31

32

33

34

35

36

37

OWNER

STREET OR RFD

SUBDIVISION

last name

first name

TOWN

SECTION

LOT

WELL LOG		
Not required for driven wells		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
Top Soil	0	2
Brown Silty	2	6
Blue Silty	6	45
Brown Silty	45	55
Blue Silty	55	90
Brown Silty	90	95
Blue Silty	95	305

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from

ft. to

ft.

CASING RECORD

casing types insert appropriate code below

STEEL

CONCRETE

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL

BRASS

OPEN HOLE

PLASTIC

OTHER

DEPTH (nearest ft.)

SLOT SIZE

DIAMETER OF SCREEN

NEAREST INCH

from to

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

air

piston

turbine

centrifugal

rotary

other (describe below)

jet

submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

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)

above

below

LAND SURFACE

(nearest foot)

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 IDENT. NO.

DRILLERS SIGNATURE

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

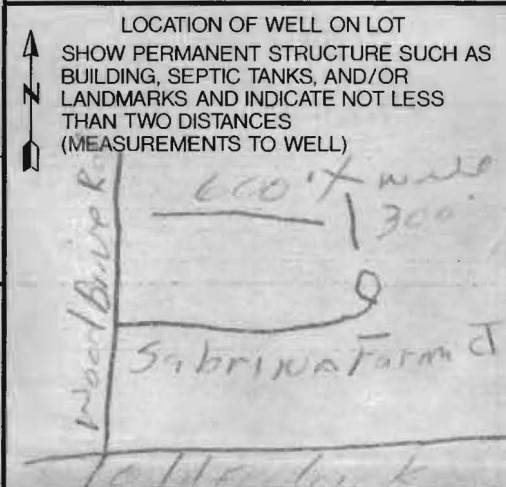
T (E.R.O.S.)

W Q

TELESCOPE CASING

LOG INDICATOR

OTHER DATA



B 1 2171 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0990 <small>fill in this form completely</small>
Date Received (APA) 080889 OWNER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> 15 Last Name LORD </div> <div> Owner MAYN </div> <div> First Name J </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 36 Street or RFD 2111 Cottrell </div> <div> 55 21647 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 57 Town Hagerstown </div> <div> 70 State 72 MD </div> <div> Zip 21647 </div> </div>		B 3 LOCATION OF WELL <div style="display: flex; justify-content: space-between;"> <div> 1 2 16 Wood </div> <div> 8 COUNTY 5 </div> <div> 21 1100 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 23 SUBDIVISION 42 </div> <div> SECTION 44 </div> <div> 46 46 </div> <div> LOT 006 </div> <div> 48 48 </div> <div> 50 50 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> 52 NEAREST TOWN Woodbine </div> <div> 71 71 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> MILES FROM TOWN (enter 0 if in town) 1 </div> <div> 73 MI </div> <div> 76 76 </div> <div> 77 77 </div> <div> 78 78 </div> </div>	
B 2 DRILLER INFORMATION <div style="display: flex; justify-content: space-between;"> <div> Driller's Name Frank Delph </div> <div> 77 License No. 80 453 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Firm Name Frank Delph Well Drillers Inc. </div> <div> Address 18234 Penn Shop Rd. MD Hwy 14 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> Signature Frank Delph </div> <div> Date 7-5-89 </div> </div>		B 4 WELL INFORMATION <div style="display: flex; justify-content: space-between;"> <div> APPROX. PUMPING RATE (GAL. PER MIN.) 5 </div> <div> 8 8 </div> <div> 12 12 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 5000 </div> <div> 14 14 </div> <div> 20 20 </div> </div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div> <div><input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</div> <div><input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</div> <div><input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</div> <div><input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</div> </div>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> COUNTY NAME Hagerstown </div> <div> COUNTY NO. A-35020 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> STATE SIGNATURE [Signature] </div> <div> DATE ISSUED 080889 </div> <div> CO SIGNATURE [Signature] </div> <div> EXP. DATE 02-02-90 </div> </div> <div style="display: flex; justify-content: space-between;"> <div> NORTH GRID 553000 </div> <div> EAST GRID 0781000 </div> </div>	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL C INCH METHOD OF DRILLING (circle one) <div style="display: flex; justify-content: space-between;"> <div> BORED (or Augered) AIR-ROTary CABLE </div> <div> JETTED AIR-PERcussion REVERSE-ROTary </div> <div> Jetted & DRIVEN ROTARY (Hydraulic Rotary) Drive-POINT </div> </div> other _____		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 <div style="display: flex; justify-content: space-between;"> <div> E 741 </div> <div> N 553 </div> </div> 000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; flex-direction: column; gap: 5px;"> <div><input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</div> <div><input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div> <div><input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</div> <div><input type="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL</div> </div> PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE SA WRITE INITIALS IN BOX PERMIT No. 40-88-0990 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

Page _____ of _____
Date 8-11-89

Review OK 8/16/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0990
Location of property (road) (~~THIRD DESIGN~~ in SORLING FARMS
Subdivision SORLING FARMS Lot 6 Block _____ Plat _____ Sec. _____
Well Driller F. Delph Owner LAND DESIGN & DEVELOPMENT

Depth of well 305'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 Pumping rate 10 GPM
Total time 7 hr 25 min to reach pumping water level 225 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 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	225'	25 sec		2+GPM
7:30	225'	25 sec		2+GPM
7:45	225'	25 sec		2+GPM
8:00	225'	25 sec		2+GPM
8:15	225'	25 sec		2+GPM
8:30	225'	25 sec		2+GPM
8:45	225'	25 sec		2+GPM
9:00	225'	25 sec		2+GPM
9:15	225'	25 sec		2+GPM
9:30	225'	25 sec		2+GPM
9:45	225'	25 sec		2+GPM
10:00	225'	25 sec		2+GPM
10:15	225'	25 sec		2+GPM
10:30	225'	25 sec		2+GPM
10:45	225'	25 sec		2+GPM
11:00	225'	25 sec		2+GPM
11:15	225'	25 sec		2+GPM
11:30	225'	25 sec		2+GPM
11:45	225'	25 sec		2+GPM
12:00	225'	25 sec		2+GPM
12:15	225'	25 sec		2+GPM
12:30	225'	25 sec		2+GPM
12:45	225'	25 sec		2+GPM
1:00	225'	25 sec		2+GPM

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0980
Location of property (road) SILVER PINE CT.
Subdivision SILVER PINE Lot 6 Block Plat Sec.
Well Driller F. Delph Owner LAND DESIGN AND DEVELOPMENT

Depth of well 305'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 6:00 Pumping rate 10 GPM
Total time to reach pumping water level ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Mon 3/7
1 pm

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: PO Box 129
Annapolis Junction MD 20701

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Marshall Arnette License# MSD 106

***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: Mark + Christine Phipps Telephone #: _____
Subdivision: Sobring Farms Lot #: 6 Well Tag #: HO-88-0990
Site Address: 631 Sobring Farms Ct
Woodbine MD 21797 05/07/2018

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Goulds</u>	Make: <u>DAI</u>	Two piece watertight cap: <u>1</u>
Model #: <u>101510-422C</u>	Model #: <u>A-100-55</u>	Screened, vented well cap: _____
Pump Capacity <u>10</u> GPM	Depth: <u>36+</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>2</u> GPM	NSF/WSC approved: <u>✓</u>	Conduit min 18" B.G.: <u>✓</u>
Depth of well encountered at time of pump installation: <u>305</u> (feet)		Conduit secured to well cap: <u>yes</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 <u>inside of well casing</u>		

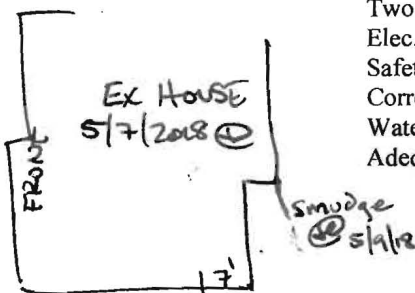
<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Sanitary</u>	PVC sleeve to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>200</u> (160 psi min)	Length of sleeve (5' minimum from foundation): <u>6'</u>
Depth of supply line: <u>36+</u> (36" min)	Sleeve sealed properly: <u>yes</u>

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: Marshall Arnette date: 05/07/18

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

Date Insp. Requested: 5/7/2018 Date Insp. Approved: 5/9/2018 Inspector: JD
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 36" 5/9/2018
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 ✓ 16" 5/9/2018
Water supply line sleeved adequately at house connection ✓ 6' 5/7/2018
Adequate grout observed below pitless adapter ✓



WELL LINE CONNECTION

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – JANUARY 3, 2019

July 3, 2018

Homeowner
631 Sobrina Farm Court
Woodbine, MD 21797

**RE: Sobrina Farms, Lot 6
 631 Sobrina Farm Court
 Building Permit: B17003727
 Well Permit: HO-88-0990**

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 **4/20/2018**. Final approval of the well line connection to the dwelling was granted on **5/9/2018**. The well construction was completed on **8/11/2018**. Water samples were collected on **6/22/2018, 6/29/2018**.

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-88-0990. 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>



Bureau of Environmental Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.2640 - Voice/Relay
410.313.2648 - Fax
1.866.313.6300 - Toll Free

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,

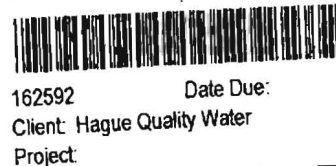
Kevin M. Wolf, LEHS, R.S./REHS, Supervisor
Groundwater Management Section
Well & Septic Program

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

ENVIRONMENTAL TESTING LAB, INC - CHAIN OF CUST

ANNAPOLIS
410-224-4304 FAX 443-926-0586

WALDORF
410-224-4304 FAX 443-926-0586



Company Name, Address Phone & Fax

Testing Address

Hague

131 SOBRINA FARMS CT.
STREET
WEST FRIENDSHIP, MD
CITY STATE ZIP

Send Report By: Fax Postal Service Email

THIS FORM WILL BE ATTACHED AS A PERMANENT PART OF YOUR FINAL REPORT

FIELD COLLECTION INFORMATION

Collected: Date 6/29/18 Time 11:30 Well Tag #: _____
Collectors Name: Tim EDWARDS Certification # TE 8509 Expires 7/19
Collectors Signature: [Signature] Circle One: PRIVATE WELL or CITY WATER
pH: 6.3 Chlorine, Total mg/L: _____ Results for U & O Permit? YES NO Sample Clear when drawn? YES NO
Sand present? YES NO If "YES" submit one liter of sample to lab for testing
Sample Tap Bacteria: BATHROOM SINK Chemicals: _____ Lead: _____

Bacteriological Test Next Day 11:30 Next Day 3:30 2 Day
FULL Chemical Analysis _____ Next Day _____ 2 Day _____ 3 Day
(Iron, Nitrite/Nitrate, Turbidity, Lead)
BASIC Chemical Analysis _____ Next Day _____ 2 Day _____ 3 Day
(Iron, Nitrite/Nitrate, Turbidity)
Lead _____ Arsenic _____ Next Day _____ 2 Day _____ 3 Day
Cadmium _____ 2 Day _____ 4 Day _____ 6 Day
Radium Gross Alpha _____ One Week _____ 2 Week

Special Instructions :

Released By: [Signature] Date: 6/29 Time 12:29 Received By: _____
Released By: _____ Date: _____ Time _____ Received By: _____

(*) TAT: is by Close of Business; Samples for chemical analysis received at 1:30 or later cannot be guaranteed "Next Day" results.
TAT's are a good faith estimate and are not guaranteed.

LABORATORY SAMPLE RECEIPT INFORMATION

Samples Delivered on ICE: YES NO N/A Add Qualifiers: _____ Non-Certified _____ Holding Time _____ Sample Volume _____ Frozen

Received in LAB By: [Signature] Date: 6/29/18 Time 12:30pm

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

*State Certified Water Quality
Laboratory # 106*

*State Certified Water Quality
Laboratory # 139*

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 6/29/2018
Date Reported 7/1/2018

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 162592-01	Sampled: 6/29/2018 11:30:0	Sampler: TEwards8309TE (Exp. 5/18/2019)
Location: 631 Sobrina Farms Ct West Friendship, MD	Preservation: Ice	Sample Point: Bathroom

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Absent/Pass		Per/100ml	1	06/29/2018	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/29/2018	LC-106

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested

Approved By



Daniel J. Brumsted, Laboratory Director

Annapolis

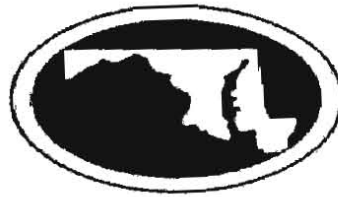
Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586

Environmental Testing Lab Inc.

108 Old Solomons Island Rd
Annapolis, MD 21401



3430 Rockefeller Ct
Waldorf, MD 20602

State Certified Water Quality
Laboratory # 106

State Certified Water Quality
Laboratory # 139

Certificate of Analysis

Hague Quality Water
814 E. College Parkway
Annapolis, MD 21409

Project
Date Received 6/22/2018
Date Reported 6/26/2018

This report is the sole property of Hague Quality Water. Any questions about the report MUST be directed to Hague Quality Water at (410) 757-2992.

Environmental Testing Lab is not at liberty to discuss this report without written consent from Hague Quality Water.

Sample No: 162363-01

Sampled: 6/22/2018 10:00:0

Sampler: TEwards8309TE (Exp. 5/18/2019)

Location: 631 Sobrina Farms Ct
Woodbine, MD 21797

Preservation: Ice

Sample Point: Pressure Tank

Parameter	Method	Result	Qualifiers	Units	RL	Test Date	Analyst
Bacteria-Total Coliform	Colitag Test	Present/Fail		Per/100ml	1	06/22/2018	LC-106
Bacteria-E.coli	Colitag Test	Absent/Pass		Per/100ml	1	06/22/2018	LC-106
Iron, Total	SM 3500 D	Not Detected		mg/l	0.05	06/26/2018	DB-139
Turbidity	EPA 180.1	2		NTU	0.5	06/26/2018	RM-139
Nitrate + Nitrite as N	EPA 353.2	Not Detected		mg/l	1	06/25/2018	DB-139
pH	Field	6.8		pH Units	1	06/22/2018	-

Field Test(s) such as chlorine and pH are reported on the attached COC form. "NT" means Not Tested.

Approved By

Daniel J. Brumsted, Laboratory Director

Annapolis

Ph 410-224-4304 Fax 443-926-0586

Waldorf

Ph 410-224-4304 Fax 443-926-0586