

C1 67623 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)COUNTY
NUMBER

ST/CO USE ONLY

DATE Received
MM DD YY
02 22 21

DATE WELL COMPLETED

MM DD YY
5-26-21

Depth of Well

22 600 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"H0-20-0091
28 29 30 31 32 33 34 35 36 37OWNER Gentle Giants Draft Horse Rescue
WELL SITE ADDRESS last name first name 6021 W. WATERSVILLE RD MT AIRY
SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)FEET
FROM TOcheck
if water
bearing

Top Soil	0	2
Brown Shale	2	10
Brown Slat	10	38
Tan Slat	38	50
Gray Slat	50	600

Storage: 810 gallons

GROUTING RECORD

yes no

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 360

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP 52 ft. to 54 BOTTOM 58 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot)
60 61 63 64 66 70OTHER CASING (if used)
EACH CASING diameter inch depth (feet) from to

SCREEN RECORD

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

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
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)
T (E.R.O.S.) W Q70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9PUMPING RATE (gal. per min.) 1.2
11 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 50 ft.
17 20WHEN PUMPING 600 ft.
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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. 29CAPACITY:
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 } (nearest foot)
49 50 51LATITUDE 39.360915
LONGITUDE 77.111674
(DEFAULT COORD. WGS 84)

Pursuant to §10-624 of the State Govt. Article of the Maryland Code personal info. requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info. may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or state law.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no
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
WELLI 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 MWD 603

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 JSD 038

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

B 1	SEQUENCE NO. (MDE USE ONLY) 48607	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type 568857	STATE PERMIT NUMBER 40 - 20 - 0091 fill in this form completely
Date Received (APA) 04/18/21 8 MM DD YY 13 13678		B 3 LOCATION OF WELL CCH# Howard 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Mt. Airy 52 NEAREST TOWN 71	
OWNER INFORMATION GENTLE GIANTS DRAFT HORSE RESCUE 15 Last Name Owner First Name 34 17250 OLD FREDERICK ROAD 36 Street or RFD 55 MT. AIRY, MD. 21771 57 Town 70 State 72 Zip 76		B 4 SOURCES OF DRILLING WATER 1. wells 2. 5/20/21 3. bentonite	
DRILLER INFORMATION Darrin E. Wilson Driller's Name 76 License No. 81 L. F. Easterday Well Drilling Firm Name 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address 4/9/2021 Signature Date		621 West Watersville Road 11 STREET ADDRESS 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1000 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL	
B 2 WELL INFORMATION APPROX. PUMPING RATE 5 (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 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 ☐ OPEN LOOP GEOTHERMAL ☐ CLOSED LOOP GEOTHERMAL	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → DATE ISSUED 05/04/21 CO SIGNATURE EXP. DATE		Howard 13 05/17/2021 05/20/21 35' BR 46' casing MT AIRY W. Watersville drive utility pole 150' 100' 144	
PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL			
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28		APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 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 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 ☐ 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 Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. 40 - 20 - 0091 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS <u>CALL IN ALL DRILLING ACTIVITIES</u> NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

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: Easterday-Wilson Water Service Telephone #: 301-831-7057
Address: 9265 Brown Church Rd
mt. Airy md 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Darren E Wilson License#: MSD 188

*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: Gentle Giants Horse Rescue Telephone #: 443-463-7084
Subdivision: _____ Lot #: _____ Well Tag #: HO 20-0091
Site Address: 621 West Waterville Rd

Submersible Pump Data

Make: Scheller
Model #: 10LDC754-PE
Pump Capacity 10 GPM
Well Yield: 1.2 GPM

Pitless Adapter

Make: Campbell
Model#: KAL 10X
Depth: 42" (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

Depth of well encountered at time of pump installation: 600 (feet) Conduit secured to well cap: Yes

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

Piping to house

Type: 1" A.D.P.E

PSI: 250 (160 psi min)

Depth of supply line: 42" (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: N/A

Length of sleeve (5' minimum from foundation): N/A

Sleeve sealed properly: N/A

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

date 8-25-21

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

Date Insp. Requested: 8/25/21 Date Insp. Approved: 5/11/22 Inspector: (SP)

Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade ✓ 42"
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓ 18"
Safety rope not outside of well cap/casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓ 20"
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

connected to spigot
right beside it

MARYLAND DEPARTMENT OF THE ENVIRONMENT WATER MANAGEMENT ADMINISTRATION
1800 Washington Blvd. Baltimore, Maryland 21230 (410) 537-3784

WATER WELL HYDROFRACTURE REPORT

WELL TAG NUMBER HO-20-0091 DATE WORK PERFORMED (mm/dd/yyyy) 05/18/2021

WELL SITE ADDRESS
621 W. WATERSVILLE RD

TAX MAP 2 BLK _____ PARCEL 10 LATITUDE 39 - 30915 LONGITUDE 77 - 111674

CASING DEPTH 46 FT CASING TYPE (circle) ST OR PVC DIAMETER 6

WELL DEPTH 600 FT WATER LEVEL BEFORE FRAC 50 FT YIELD BEFORE FRAC 1/4 GPM

PACKER SETTINGS (circle) SINGLE or MULTIPLE SET DEPTH OF SHALLOWEST PACKER 80 FT

SOURCE OF WATER WSSC

OBSERVATIONS

Approved
7/13/21 ST

SET NUMBER	TOP ZONE (FT)	BOTTOM ZONE (FT)	MAX PRESSURE (PSI)	WATER VOLUME USED (GALLONS)
1	80	600	1900	1000
2	140	600	1000	1000
3				
4				
5				

WATER LEVEL AFTER FRAC 50 FT

YIELD AFTER FRAC 1.7 GPM

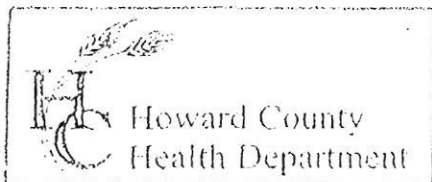
NOTE: YIELD TEST PROCEDURES CAN BE FOUND UNDER COMAR 26.04.04.26.G.

REGULATIONS FOR HYDROFRACTURING OF WATER WELLS CAN BE FOUND IN COMAR 26.04.04.28. FAILURE TO FOLLOW REGULATORY PROCEDURES WILL CONSTITUTE RECEIVING A WRITTEN VIOLATION WHICH MAY RESULT IN PENALTIES DESCRIBED IN COMAR 26.04.04.38.

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Bruce Thompson
DRILLER SIGNATURE

JSD 038
LIC #



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(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

TO ALL INTERESTED PARTIES

When submitting a well permit application for a proposed well for new construction, please indicate one of the following:

- ☒ The well site has been staked by owner/driller
(professional land surveyor or company employing professional land surveyors)
on 3-15-21 (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 6/10/03

621 West Waterside Rd.

Please call if you need to meet

A. THE PORTION OF TRACT 1 (13-02-06 01) AND A MARKET-AND-AGRICULTURE LAND PRESERVATION FUNDATION (MAFP) CORRECTIVE EASEMENT NO. 13-02-06 01-1), AND

#1 THE PORTION OF THE 50 ACRES OF TRACT 2 (13-02-06 01-2) UNDER A MARKET-AND-AGRICULTURE LAND PRESERVATION FUNDATION (MAFP) CORRECTIVE EASEMENT NO. 13-02-06 01-2).

B. REGARDS OF THE NUMBER, TAX PARCELS, TAX ACCOUNTS, OR PARCELS OF RECORD CONSTITUTING TRACT 1, THE MAFP CORRECTIVE EASEMENT NO. 13-02-06 01-1, COMBINED WITH TRACT 2, THE MAFP CORRECTIVE EASEMENT NO. 13-02-06 01-2, SHALL BE INCORPORATED INTO THIS BOUNDARY LINE ADJUSTMENT OF THIS SINGLE TRACT OF LAND AND ALL RECORDED DOCUMENTS OF THAT APPROVAL AMONG THE LAND RECORDS OF HOWARD COUNTY, MISSOURI, WITHOUT THE SPECIFIC WRITTEN APPROVAL OF MAFP AND RECONFORMATION OF THE REQUIRED DOCUMENTATION OF THAT APPROVAL AMONG THE LAND RECORDS OF HOWARD COUNTY, MISSOURI. SECTION 6 OF THE CIRCULAR EASEMENT NO. 13-02-06 01-1, INCORPORATED INTO THIS BOUNDARY LINE ADJUSTMENT OF THIS SINGLE TRACT OF LAND, IS EXPRESSLY INCORPORATED INTO THIS BOUNDARY SURVEY.

C. REGARDS OF THE NUMBER OF TAX PARCELS, TAX ACCOUNTS, OR PARCELS OF RECORD CONSTITUTING TRACT 1 AND TRACT 2, THE COMPONENT PARTS OF TRACT 1 AND TRACT 2 SHALL BE TITLED IN IDENTICAL OWNERSHIP, DIVISION, PARTITION, OFF CONVEYANCE AND BOUNDARY-LINE ADJUSTMENT OF THIS SINGLE TRACT OF LAND AND RECONFORMATION OF THAT APPROVAL AMONG THE LAND RECORDS OF HOWARD COUNTY, MISSOURI. SECTION 6 OF THE CIRCULAR EASEMENT NO. 13-02-06 01-1, INCORPORATED INTO THIS BOUNDARY LINE ADJUSTMENT OF THIS SINGLE TRACT OF LAND, IS EXPRESSLY INCORPORATED INTO THIS BOUNDARY SURVEY.

#2 UNENCUMBERED TRACT 2 WHICH IS INTENDED TO BE RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, IS EXPRESSLY INCORPORATED INTO THE BOUNDARY SURVEY.

1. SURVEYORS SHOWN HEREON HAVE BEEN FULLY LOCATED BY THIS SURVEY.
2. THE SURVEY FOOT IS THE UNIT OF MEASUREMENT FOR THIS SURVEY. ALL DISTANCES
3. ARE IN FEET.
4. THE ROAD SHOWN HEREON IS A PUBLIC ROAD, AND IS PUBLICLY
5. MAINTAINED.
6. THE FOLLOWING ANY CONVEYANCE OF TRACT 2 TO A BUILDABLE PARCEL IN ACCORDANCE WITH
7. THE REQUIREMENTS OF HOWARD COUNTY, IMPROVEMENTS ON TRACT 2 SHALL BE LIMITED
8. TO ONE TRACT OF LAND, BEING PARCELS ADJACENT TO THE TOWNS OF THE MARIAN
9. CENSUS TRACT NO. 13, 982-0422 TO BE RECORDED AMONG THE LAND RECORDS OF HOWARD
10. COUNTY, THE LOCATION OF WHICH SHALL BE SUBJECT TO THE APPROVAL OF THE
11. FOUNDATION.

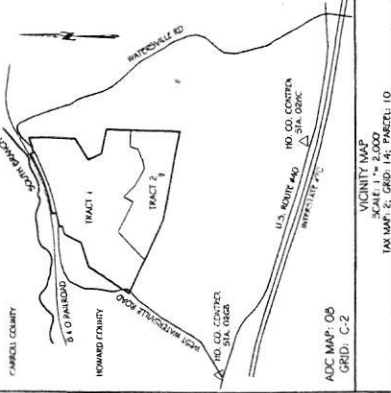
staked by owner/diller

Mr. Mullen Date 3-28-19
NORTH CAROLINA EXECUTIVE DIRECTOR

CARE DATA FOR KIDNEY DIALYSIS			
CERT	WALKS	AGE (MO)	WALKS
1	44.0	12.0	10.0
2	44.0	12.0	10.0
3	44.0	12.0	10.0
4	44.0	12.0	10.0
5	44.0	12.0	10.0
6	44.0	12.0	10.0
7	44.0	12.0	10.0
8	44.0	12.0	10.0
9	44.0	12.0	10.0
10	44.0	12.0	10.0

TRACT 1
125.4145 AC.±

OWNER / DEVELOPER
DONALD E. & SHIRLEY L. FLEMING
REVOCABLE CONVERTIBLE TRUST
C/O STEPHEN FLEMING
611 WEST WATERSVILLE ROAD
MT. AIRY, MARYLAND 21771
(443) 250 - 1529



CERTIFICATE OF EASEMENT GRANTORS

EACH OF THE UNDERSIGNED EASEMENT GRANTORS AGREES TO COMPLY WITH ALL TERMS AND CONDITIONS OF SUCH OF THE MARIANLAND AGRICULTURAL LAND PRESERVATION FOUNDATION (THE FOUNDATION) AS MAY BE APPLICABLE TO ANY OF THE EASEMENTS GRANTED BY THIS PARTY. THIS DATE OF SURVEY, FOR THE PURPOSES OF THE FOUNDATION'S RECORDING OF THIS EASEMENT, SHALL BE THE DATE OF THE SIGNING OF THIS INSTRUMENT AND SHALL BE A PART OF THE FOREGOING. CORRECTIVE EASEMENTS TO BE RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY.

THE DONALD F. FLEMING REVOCABLE CONVERTIBLE TRUST

BY: Scott B. Fleming DATE: 03-25-2019
STEPHEN E. FLEMING, SUCCESSOR TRUSTEE

BY: Daniel B. Fleming DATE: 3/25/19
DANIEL B. FLEMING, SUCCESSOR TRUSTEE

BY: Donald F. Fleming & Daniel B. Fleming DATE: 3/25/2019
DONALD F. FLEMING, TRUSTEE; DANIEL B. FLEMING, TRUSTEE

BY: Scott B. Fleming DATE: 4/25/2019
SCOTT B. FLEMING, SUCCESSOR TRUSTEE

THE SHIRLEY L. FLEMING REVOCABLE CONVERTIBLE TRUST

BY: Scott B. Fleming DATE: 7-25-2019
STEPHEN E. FLEMING, SUCCESSOR TRUSTEE

BY: Daniel B. Fleming DATE: 3-25-19
DANIEL B. FLEMING, SUCCESSOR TRUSTEE

BY: Donald F. Fleming & Daniel B. Fleming DATE: 3-25-2019
DONALD F. FLEMING, TRUSTEE; DANIEL B. FLEMING, TRUSTEE

BY: Scott B. Fleming DATE: 3/25/2019
SCOTT B. FLEMING, SUCCESSOR TRUSTEE

PLAT OF BOUNDARY SURVEY
TRACT 1 & TRACT 2
THE SHIRLEY L. FLEMING REVOCABLE
CONVERTIBLE TRUST
(UPPER 362G AT P.010 154)

TAX MAP: 2
GRID NO: 14
PARCEL NO: 10

ELECTION DISTRICT: No. 4
HOWARD COUNTY, MARYLAND
EX. ZONING: RC-DEO

SCALE: 1" = 300'
DATE: MARCH, 2019
SHEET 1 OF 1

VANMAR ASSOCIATES, INC.
Engineers/Surveyors/Planners
310 South Main Street Mount Airy, Maryland 21771
(301) 829-7880 (301) 831-5015 (410) 549-2755
Fax (301) 831-5803 ©Copyright, 1995: Dale Shearer
 vanmar.com

[illegible]

T. MICHAEL VANDANT, PROFESSIONAL LAND SURVEYOR
MAP1 AND REGISTERED SURVEYOR NO. 21266
DATE 3/25/2019

