

12/16/00
12/28/00
Septic CO.
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514694-A

A 58947-E

ISSUE DATE 12/7/2000

APPROVAL DATE 12/28/00

RPS# 364902

INDEXED

Union Paving Company, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 5977 Sandy Ridge Road, Elkridge, MD 21075 PHONE 410-379-6463

SUBDIVISION Windridge Farm LOT NUMBER 5 ADDRESS 14500 Dorsey Mill Road

PROPERTY OWNER Hamilton Reed PROPERTY OWNER'S ADDRESS 8000 Main Street

SEPTIC TANK CAPACITY 1000 GALLONS Ellicott City, MD 21043

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 70-210

LINEAR FEET OF TRENCH REQUIRED 210

**BUILDING PERMIT SIGNED
AND RETURNED**

7-2403 800143 176-DECK

TRENCHES: Trenches to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. 2.0 feet of stone below distribution box.

LOCATION: Set septic tank as high on lot as practical from the existing plumbing. The distribution box location to be determined at the time of pre-construction inspection.

Septic tank must be 100' from the existing well

PLANS APPROVED Craig Williams OK SRU DATE 9/15/00

PERMIT VOID AFTER 2 YEARS

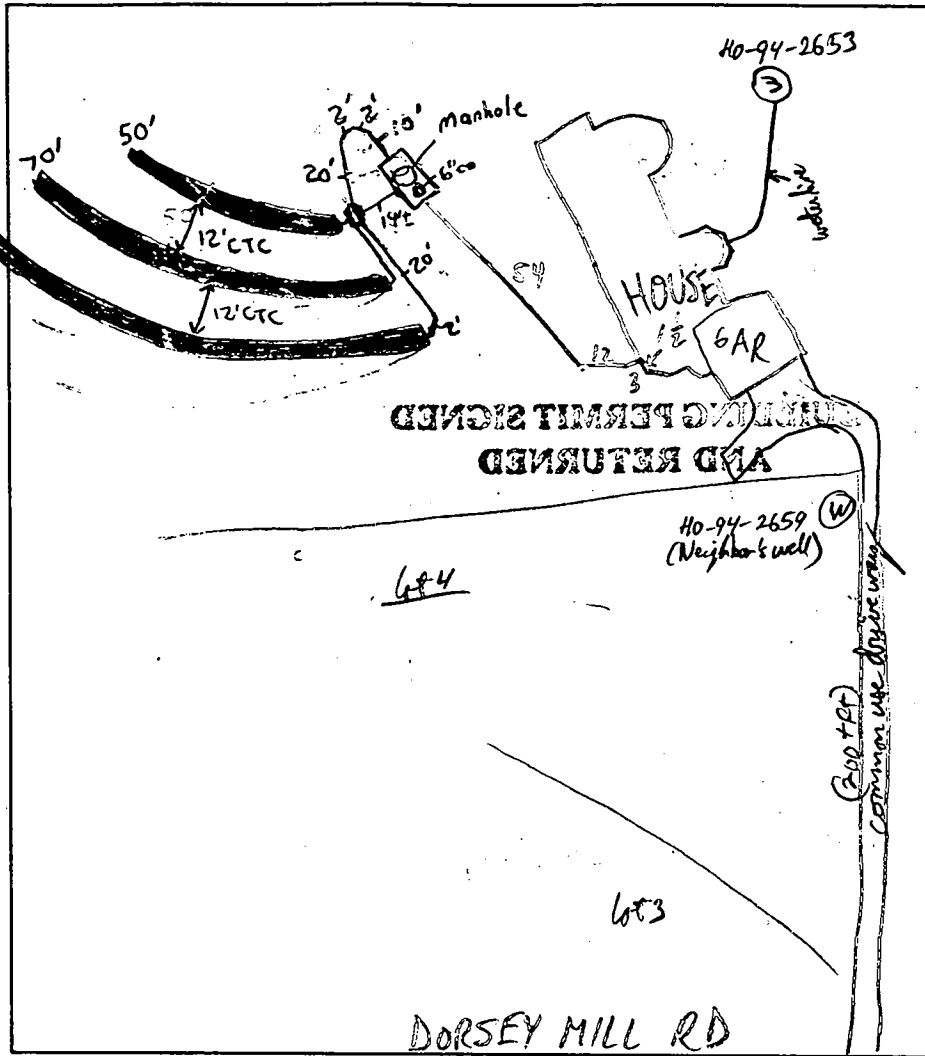
10/4/00

- * NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514694-A

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
 TRENCH INLET DEPTH 2.5'
 TRENCH BOTTOM DEPTH 4.5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 210'
 ABSORBENT AREA 630ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1000 TS GALLONS
 MANHOLE RISER on Center
 6 INCH INSPECTION PORT on Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 12/15/00 HOUSE ROTATED ~20' FROM BP PLAN;
MEETING SPECS @ BP DR LOC NOT POSSIBLE; OK TO SET DA CLOSE TO HOUSE (MR)
 INSPECTION COMMENTS: 12/28/00 - OK TO COVER ALL WORK (SRK)

WPE OK 1/12/00 RFR
 INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 12/28/00

APPLICATION

PERCOLATION TESTING

A 58947AA

P _____

DISTRICT 04

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Ray & Jane Cabbage

ADDRESS 145104 Dorsey Mill Rd Glenelg MD PHONE 410-489-7017

AGENT OR PROSPECTIVE BUYER Susquehanna LAND Holding Co.

ADDRESS 1814 Hyman LN Crofton MD PHONE 410-451-3916
21114

PROPERTY LOCATION:

SUBDIVISION Cabbage Sub LOT NO. 24 (22)

ROAD AND DESCRIPTION _____

TAX MAP 21 PARCEL # 31

SIZE OF LOT 1± Ac. TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

58947AA
COUNTY #

SOIL PROFILE

27A

0' or/br
Clay
1m

30' 1/4 tan/
pink
Silty
loam
10-15%
Shale
some
mottles

27B

0' or/br
Clay
1m

30' 1/4 tan/
pink
Silty
1m
15%
Shale
mica
flocs

27C

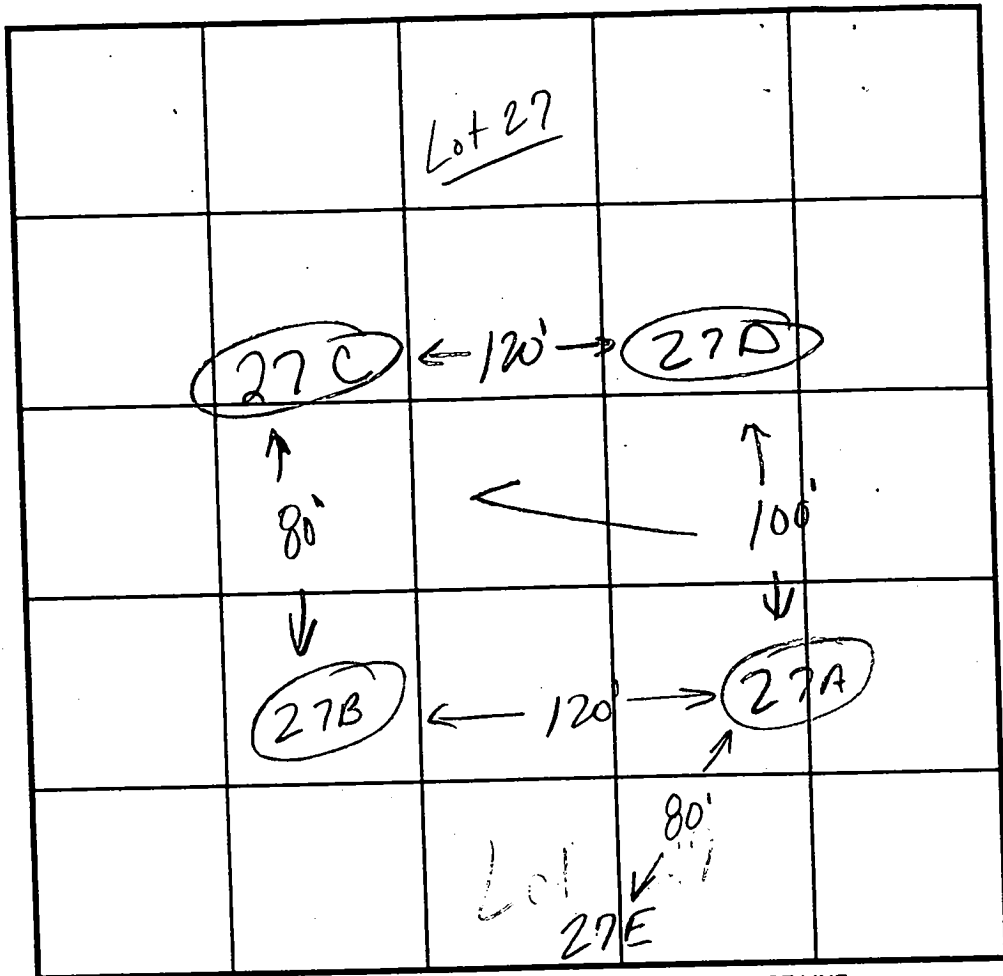
0' or/br
Clay
1m

2.5' 1/4 tan
Silty
loam

6.5' white
gray
Silm
10%
Shale

9.0' Silm

12.0'



SOIL PROFILE

27D

Same
as
test
hole

27
A

27E

orange
cl 1m

orange/
red
sil
Manganese
at 11'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-6-97	27A	2.5'S	10:4240	10:4730	10:4730	10:55	830
		12.0'D	Visual	ok	see profile		
	27B	2.5'S	10:3540	10:3640	10:3640	10:3840	2min
		6.0'S	10:2940	10:3040	10:3040	10:35	420
		11.5'D	Visual	ok	see profile		
	27C	3.0'S	10:3640	10:39	10:39	10:41	2min
		12.0'D	Visual	ok	see profile		
	27D	3.0'S	10:4430	10:46	10:46	10:49	3min
		11.5'D	Visual	ok	see profile		
	27E	13.0'D	Visual	only	ok see profile		

REMARKS test holes staked

TYPE OF SOIL
TESTED BY Kim Maiste / Amy McMillen ALSO PRESENT Hugo + Jeff
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 10 minutes TRENCH WIDTH 3
INLET DEPTH 2.05 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 210

LOTS 1 thru 8 WINDRIDGE PERC HOLES

Lot 1 – 22A, 22B, 22F, 22G, 22H

Lot 2 – 24A, 24B, 24D/25C, 24E,

Lot 3 – 24D/25C, 25A, 25D/26B, 25E, 26C

Lot 4 – 26A/27B, 26D/27C, 26E, 26F

Lot 5 – 26A/27B, 26D/27C, 27A, 27D

Lot 6 – 27A, 27D, 28/1, 28/3

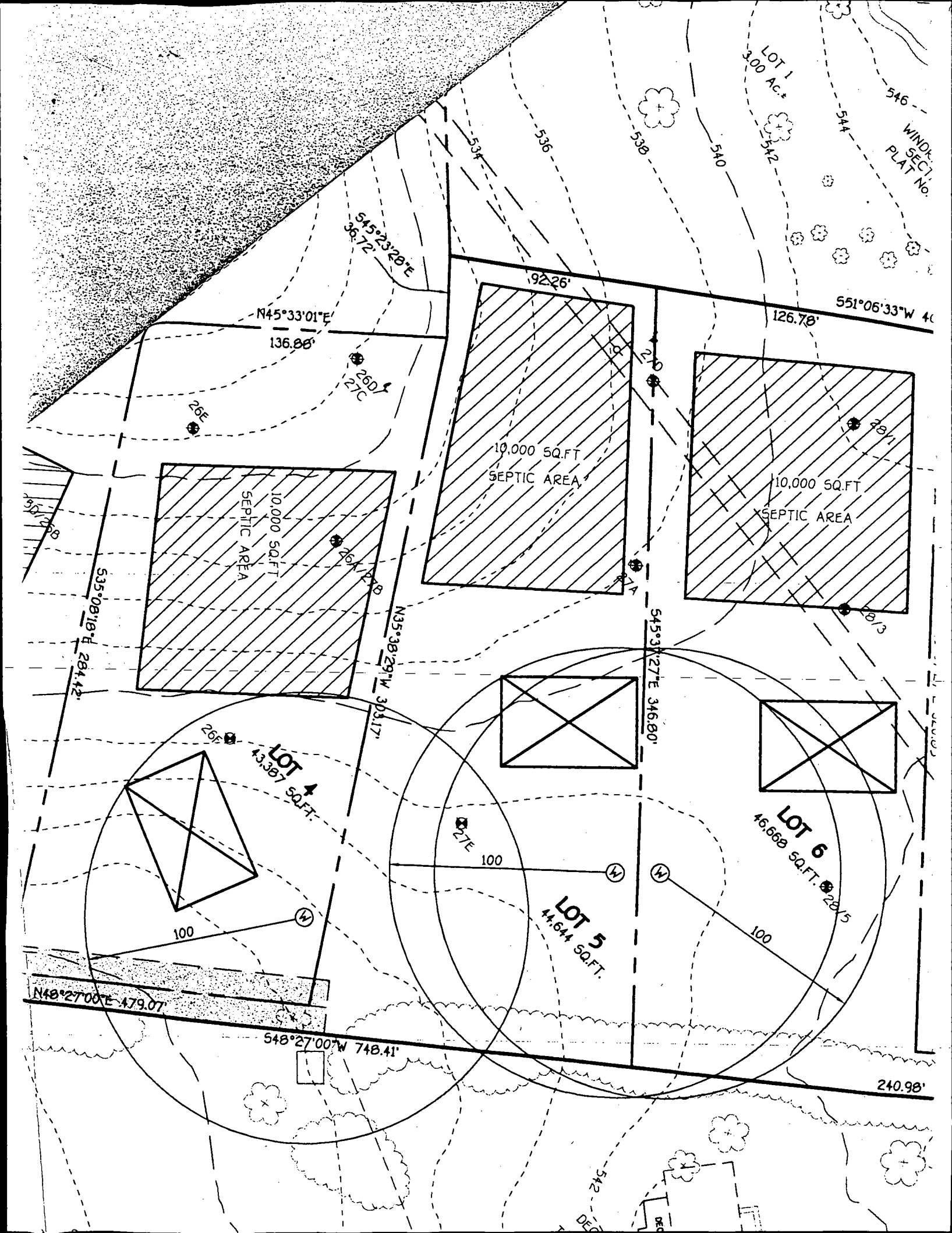
Lot 7 – 28/4, 28/5, 28/6

Lot 8 – OPEN SPACE

Buildable Preservation Parcel A –

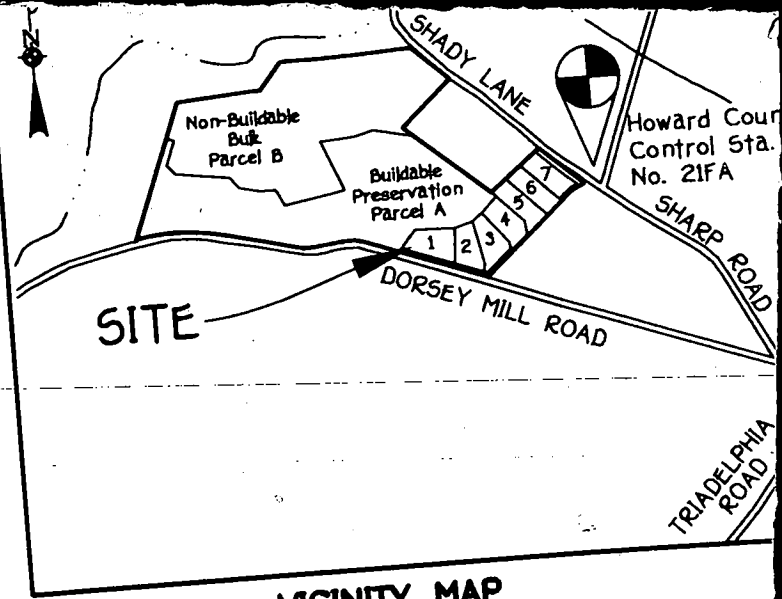
Alternate area – P1, P2, P3, P4

Existing House – Ex. Hs. A, Ex. Hs. B



DORSEY MILL ROAD
(LOCAL ROAD 50' R/W)

24' Private Use-In-Common
Access Easement For The
Use And Benefit Of Lot 3,
4 and 5. Maintenance
Agreement Recorded Among
The Land Records Of Howard
County, Maryland.

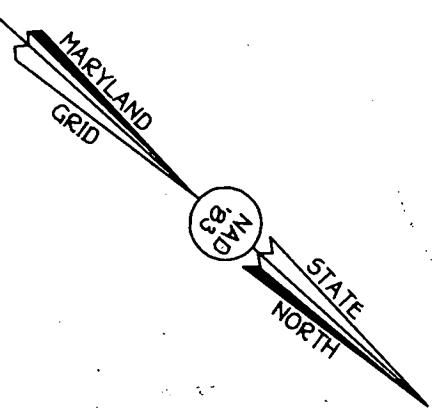


VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
 2. PROPOSED 1500 GALLON SEPTIC TANK. 546.40
 3. A. FIRST FLOOR ELEVATION: 537.40 535.90
 B. BASEMENT ELEVATION: 537.40 534.60
 C. INVERT OF SEPTIC SYSTEM AT HOUSE:
 D. INVERT IN AT SEPTIC TANK: 534.30 537.00
 E. INVERT OUT AT SEPTIC TANK:
 F. PROPOSED GRADE OVER SEPTIC TANK: 534.00 537.00
 G. INVERT AT DISTRIBUTION BOX: 537.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 537.00
 LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
- NO ASSURANCE CONTRACTOR & BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION
- ~~THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM~~

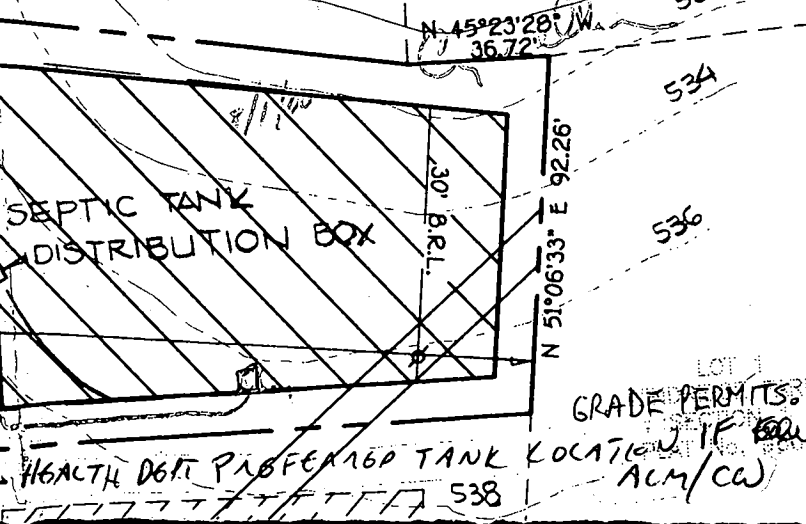
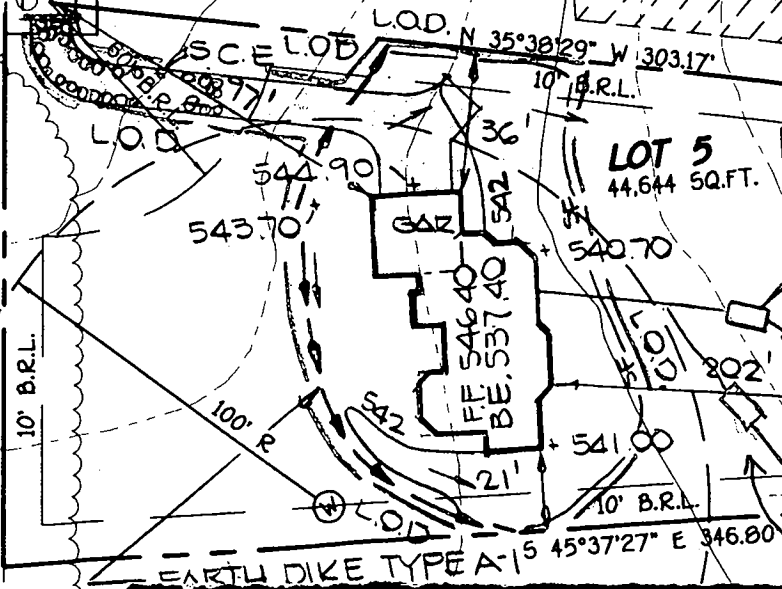
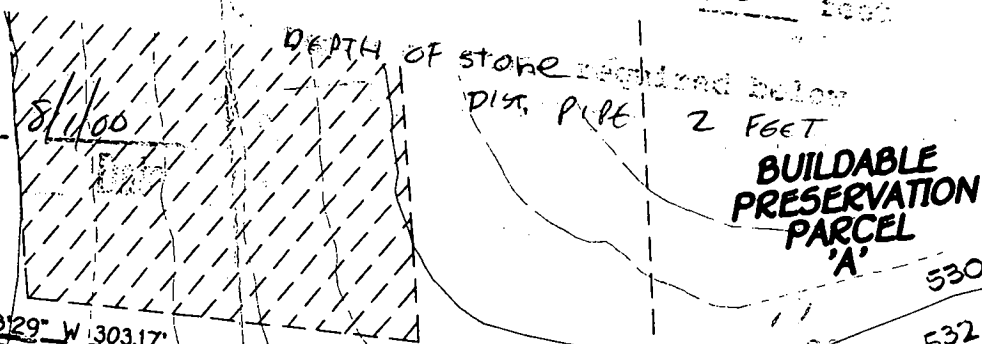
S 48°27'00" W 478.07'
S 48°27'00" W 339.94'



Approved Septic System Plan
Howard County Health Department
B00125495 3BR SPD

Gwill
Signature

LOT 4



GRADE PERMITS.
HEALTH DGT. PREFERRED TANK LOCATION IF POSSIBLE
ACM/CW

1/12/01
To Follow
Lot 3

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 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: CLARKE PTH INC Telephone #: 410-489-4029
Address: 7510 Ridge Rd
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): Ken Clarke License# 3808

*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: Hamilton Reed Telephone #: 410-980-9196
Subdivision: Windward Farms Lot #: 5 Well Tag #: HO-94-2653
Site Address: 14500 Dacey Mill Rd

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: 2 AC 221 Make: _____ Two piece watertight cap:
Model #: _____ Model#: P-7-800 Screened, vented well cap: _____
Pump Capacity 7 GPM Depth: 42 (36" min) Cap secured to casing: _____
Well Yield: 10 GPM NSF approved: _____ Conduit min 18" B.G.:
Depth of well encountered at time of pump installation: _____ (feet) 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
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 House Connection
Type: plastic PVC sleeved to undisturbed soil at wall penetration: _____
PSI: (160 psi min) Approximate length of sleeve: _____
Depth of supply line: (36" min) Sleeve caulked and 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.

Ken Clarke NOV 2-00
Signature of company representative responsible for installation date

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

Date Insp. Requested: 1/12/01 Date Insp. Approved: 1/12/01
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
all ok
RJP
1/12/01

C1 07735 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OKSRN COUNTY NUMBER 13 10/9/00

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 05 18 00

Depth of Well 22 85 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2653

OWNER BR3 DEVELOPER last name STREET OR RFD SHADYLOVE DORSEY first name TOWN GLENELG SUBDIVISION WINDRIDGE FARM SECTION LOT 5

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 check if water bearing. Top Soil 0 2, Sandy 2 50, Sand Stone 50 55, MICKA 55 60, Sand Stone 60 65, MICKA 65 85.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y) (N). TYPE OF GROUTING MATERIAL (Circle one) CEMENT (C.M.) BENTONITE CLAY (B.C.). NO. OF BAGS 45 45 NO. OF POUNDS 45 45. GALLONS OF WATER 90. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 3 ft.

CASING RECORD. casing types insert appropriate code below. (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER. MAIN CASING TYPE (S) Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63.

OTHER CASING (if used) diameter inch depth (feet) from to. A C H I N G

SCREEN RECORD. screen type or open hole (S) STEEL (B) BRASS (H) OPEN HOLE (P) PLASTIC (O) OTHER. insert appropriate code below.

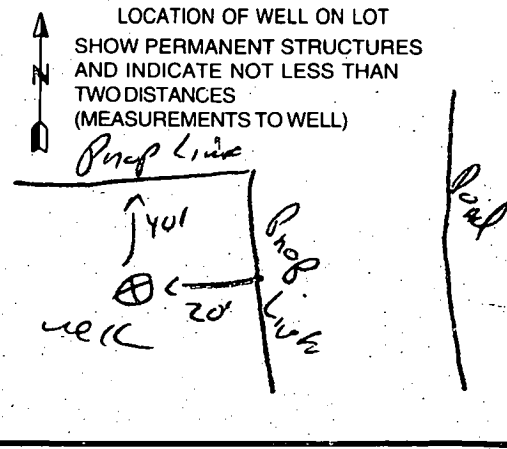
DEPTH (nearest ft.) HO 61 85. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to.

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. TELESCOPE CASING LOG INDICATOR OTHER DATA.

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 29 ft. WHEN PUMPING 39 ft. TYPE OF PUMP USED (for test) (S) submersible.

PUMP INSTALLED. DRILLER INSTALLED PUMP (CIRCLE) (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 (2) (nearest foot) (-) below.



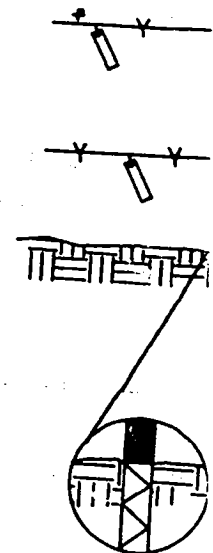
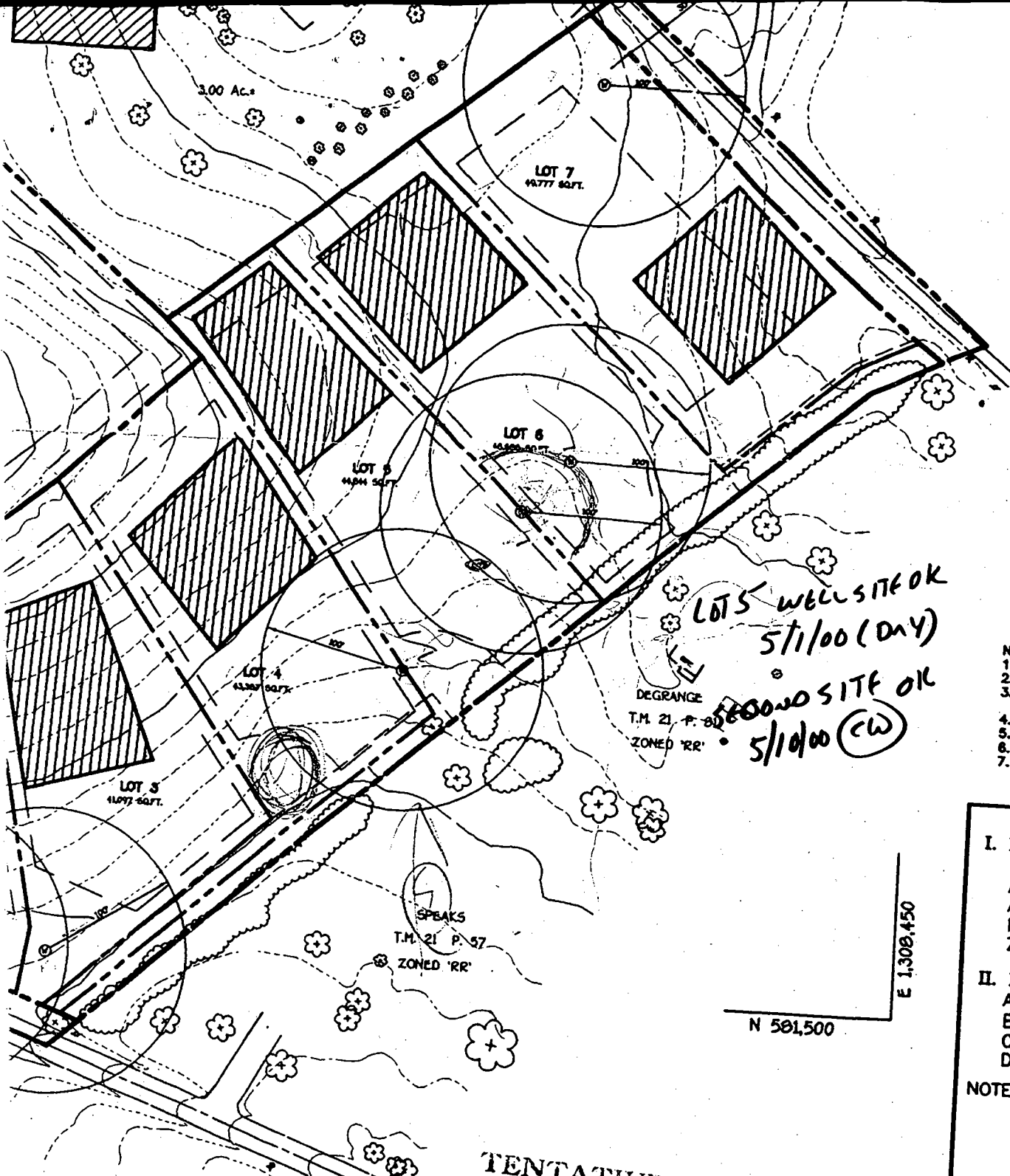
NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED (Y) (N).

- 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. MS D 216. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION). LIC. NO. MS D 217.

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



- NOTES
1. FOREST PROTECTION DEVICE
 2. RETENTION AREA WILL BE MAINTAINED
 3. BOUNDARIES OF AREA TO BE MAINTAINED
 4. ROOT DAMAGE SHOULD BE AVOIDED
 5. PROTECTIVE SIGNAGE MUST BE MAINTAINED
 6. DEVICE SHOULD BE MAINTAINED
 7. BARBED WIRE SHOULD BE MAINTAINED

- I. BASIC SITE DATA
- GROSS SITE AREA
 - AREA WITHIN 100 FEET
 - AREA WITHIN AGRICULTURAL ZONING
 - NET TRACT AREA
- II. INFORMATION FOR AFFORESTATION
- A. NET TRACT AREA
 - B. FOREST CONSERVATION
 - C. AFFORESTATION
 - D. EXISTING FORESTS
- NOTE: AFFORESTATION PRESERVATION PERCENTAGE 5.8% ACRE AFFORESTATION EXISTING FLOODPLAIN

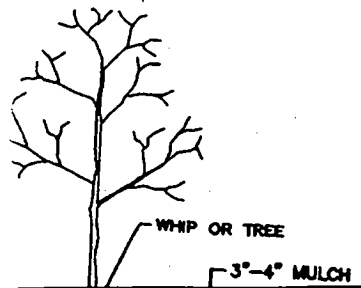
N 581,500
E 1,308,450

TENTATIVELY APPROVED
DEPT. OF PLANNING AND ZONING OF
HOWARD COUNTY

[Signature]
PLANNING DIRECTOR SA
DATE 2/14/00

LEGAL

INDICATES AREA PLANTED (A.75)
INDICATES PROPOSED PLACE SIGN



OW

B 1. 18693

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40 - 94 - 2653 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

BNS Developers LLC
Last Name Owner First Name
8808 Centre Park Dr. Suite 209
Columbia MD 21045
Town State Zip

LOCATION OF WELL

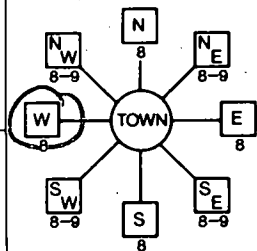
Howard
COUNTY
WINDRIDGE FARM
SUBDIVISION
SECTION 44-46 LOT 5
GLEWELG
NEAREST TOWN

DRILLER INFORMATION

Ralph Mayne MS D116
Driller's Name License No.
Ralph Mayne Well Drilling
Firm Name
9120 Brown Church Rd. Mt Airy
Address
Ralph Mayne 3-26-00
Signature Date

MILES FROM TOWN (enter 0 if in town) 3 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Donsey Mill
SHADY LA
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 350 FT
TAX MAP: 21 BLK: PARCEL 31

WELL INFORMATION
APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 14 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled)
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
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 05 01 00
GO SIGNATURE EXP. DATE 4/30/01
NORTH GRID 797 000 EAST GRID 0526 000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

Bored (or Augered) JETTED Jetted & 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 (circled)
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 deepen an existing well

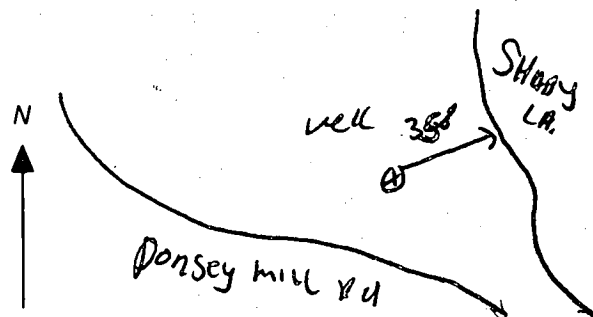
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 5206
N 7927

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)

APPROX. PERMIT NUMBER 54 G A P 63
PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

