

C.O. Septic & WPI AM 6/2/00

03- 315681

INDEXED

PERMIT

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

P 513589

A 38109

ISSUE DATE 5/16/2000

APPROVAL DATE 6/2/00

J. Joseph Gartland, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 West Old Liberty Road, Westminster, MD 21157 PHONE 410-875-2400

SUBDIVISION Meadowood LOT NUMBER 35 ADDRESS 1400 Henryton Road

PROPERTY OWNER David & Virginia Horvath PROPERTY OWNER'S ADDRESS 7198 Lasting Light Way

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21045

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the 54.86'/466.08' lot corner place the distribution box 270 feet
down the 466.08' lot line and 95 feet off the same lot line. Run trenches on
contour toward the 466.08' lot line.

TRENCH LAYOUT: 50', 60', 70'

OK 2/15/00
RJP

PLANS APPROVED Mark Rifkin

DATE 2/10/2000

PERMIT VOID AFTER 2 YEARS

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, DRAIN FIELDS) 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

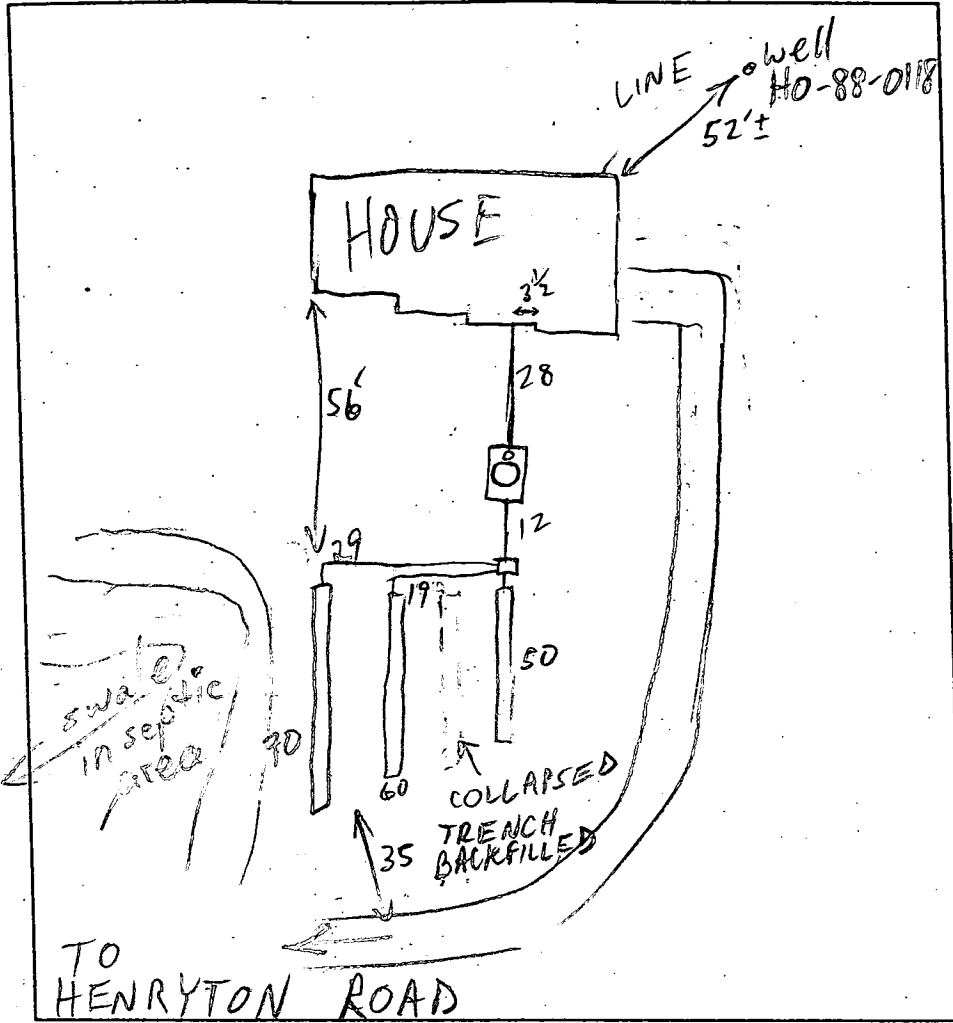
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A38109

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 4
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 180
 ABSORBENT AREA 720
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 6/2/00 OK TO COVER (MR)

INSPECTOR M. Rifkin DATE SYSTEM APPROVED 6/2/00

SUBJECT PROPERTY IS ZONED RR-DEO

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 S.F. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

B.R.L. DESIGNATES BUILDING RESTRICTION LINE.

△ DESIGNATES PROPOSED WELL LOCATION.

⊕ DESIGNATES APPROVED PERC TEST LOCATION.

TOPOGRAPHY SHOWN HEREON WAS OBTAINED FROM A PERC-TEST PLAT PREPARED BY D.S. THALER & ASSOCIATES, & SHOULD BE FIELD-VERIFIED.

TOTAL AREA DISTURBED: 29,700 sq ft

DESIGNATES SILT FENCE

DESIGNATES REVISED PRIVATE SEWAGE EASEMENT

GRAVITY SEWER SERVICE TO BASEMENT LEVEL IS PROVIDED. INVERT OF SEWER PIPE LEAVING HOUSE IS ONLY 2.2' BELOW TOP OF BASEMENT SLAB.

Total linear feet of trench required 180 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

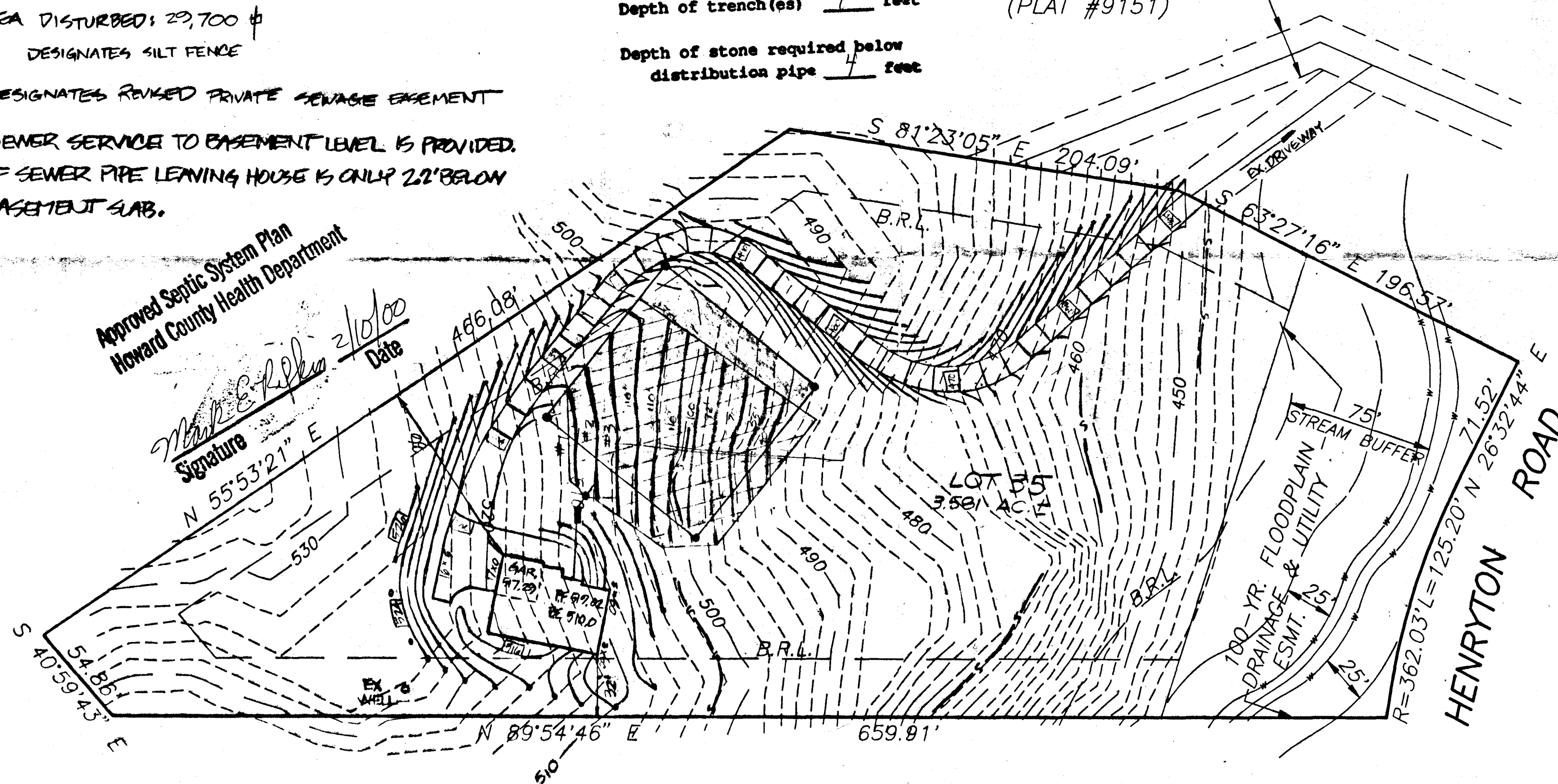
Depth of stone required below distribution pipe 4 feet

25' PRIVATE ESMT. FOR INGRESS, EGRESS, & MAINTENANCE TO BE PRIVATELY OWNED & MAINTAINED (PLAT #9151)

INV. AT HOUSE 510
SEPTIC TANK
EX. GRADE 510
FIN. GRADE 510
INV. IN 507.45
INV. OUT 507.15

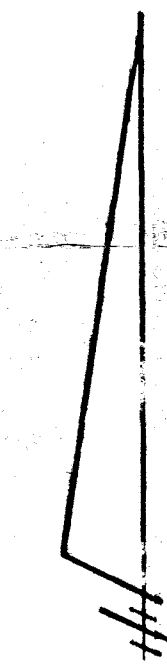
DISTRIBUTION BOX
EX. GRADE 510
FIN. GRADE 510
INV. IN 507.00
INV. OUT 507.00

TRENCHES #1 #2
EX. GRADE 510.0 508.0
FIN. GRADE 510.0 508.0
INV. IN 507.0 505.0
BOTTOM 503.0 501.0
LENGTH 50' 60'



Approved Septic System Plan
Howard County Health Department

Signature: *Mark E. P. [unclear]*
Date: 2/10/00



FROM : HoCo EnvHealth

FFX NO. : 4103132648

Aug. 04 2000 01:50PM P1

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
~~410-2283~~ 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # _____ Date 8/4/00
Name of Installer Steven Norwood Telephone 301-253-2926
License Number MAL1972B
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner David & Virginia Horvath Telephone 410-964-0223
Subdivision Meadowood Lot # 35 Well Tag # HO-88-0118
Site Address 1400 Barclayton Rd Sykesville, MD 21784

Pump Motor Pitless Adapter
1. Type a. Deep well jet _____ b. Shallow well jet _____ c. Submersible
2. Make Goold
3. Model # SGS07422
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No _____
6. If Yes, is low pressure cutoff switch installed? Yes No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____
1. Horsepower 3/4
2. RPM 3450
3. Voltage _____
a. 110 _____
b. 220
1. Make Campbell
2. Model # 1610X
3. Depth 2'

Tank Piping Well data
1. Capacity 31-B
2. Pressure relief valve? yes
1. Type polyethylene
2. Size 1 1/2"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 48'
1. Depth 200' ft.
2. Yield 12 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge

8/4/00

Not called in

Signature of Applicant: _____

for insp. Installer notified (Mr. Norwood): 8/4/00

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

PERCOLATION TESTING

A 38-109
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____
DATE 11/28/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
(DAVID + VIRGINIA HORVATH)

PROPERTY OWNER Springhill Associates - c/o D.S. Thaler & Associates, Inc.

ADDRESS 11 Warren Road, Baltimore, MD 21208 PHONE (301) 484-4100

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Meadowood - Sec. 2 LOT NO. 35 10/20/87
X Prelimin

ROAD AND DESCRIPTION (1400) Henryton Road - approximately 4000' north of Tunnel Road
Howard County, Maryland

TAX MAP 10 PARCEL # 139

2/10/2000
social # B00122179

SIZE OF LOT 3+ Acres TYPE BLDG. Single Family - 4 BRMS
(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. ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mike Sedgwick
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/17/86 Perc. Satisfactory, Hold for Subdivision Perc. Sat.

THIS IS NOT A PERMIT

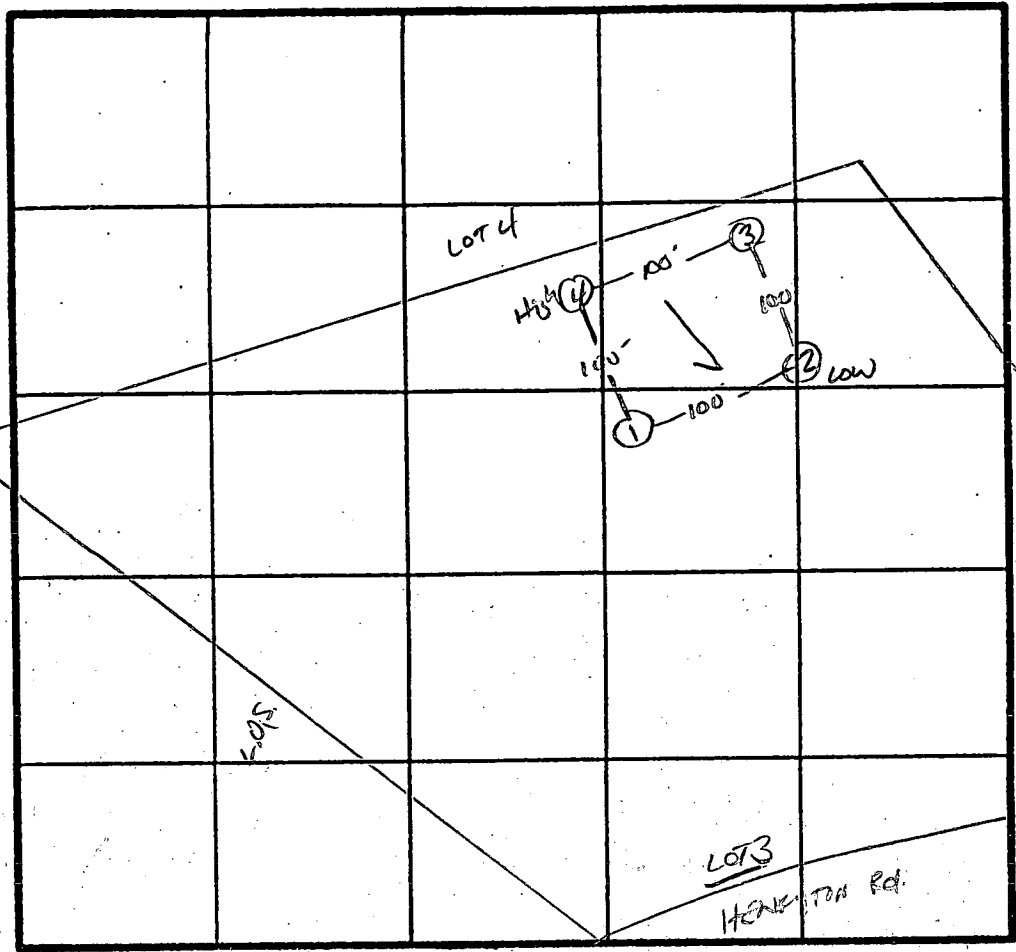
①
SOIL PROFILE

4"
A1-3
5mons BA
Silt/LOAM
9-12%
CLAY
LOOSE FRAGS

4"
TRANS TO yellow
BLK STAIN
LOAM
15-20%
FRAGMENTS

M/GI

12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
HENRYTON Rd.

X Perc
3min
160#/BA
INLOT 3
BOTTOM 8

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/17/86	1 V	5'	1:31	1:32	1:32	1:34	2min
		12"	UNIFORM SOIL below		4"		
	2 V	3.5'	1:46	1:48	1:48	1:53	5min
		12"	SAME AS #1 w/ FRAGMENTS 20-30% CLAY TO 3"				
	3 S	3.5'	2:01	2:02	2:02	2:04	2min
		8"	2:03	2:05	2:05	2:07	2min
	3 V	12"	SAME AS #2				
	4 V	12"	SAME AS #2				

REMARKS 160# Perc PLAT

TYPE OF SOIL MAJOR LOAM / GLEUCLY TRANSITION

TESTED BY S. Abel ALSO PRESENT J. Fuchs & Perry
EST. G. W. WELLS

EH-12-1079

LOT # 37

LOT # 36

LOT # 35

137

132

135

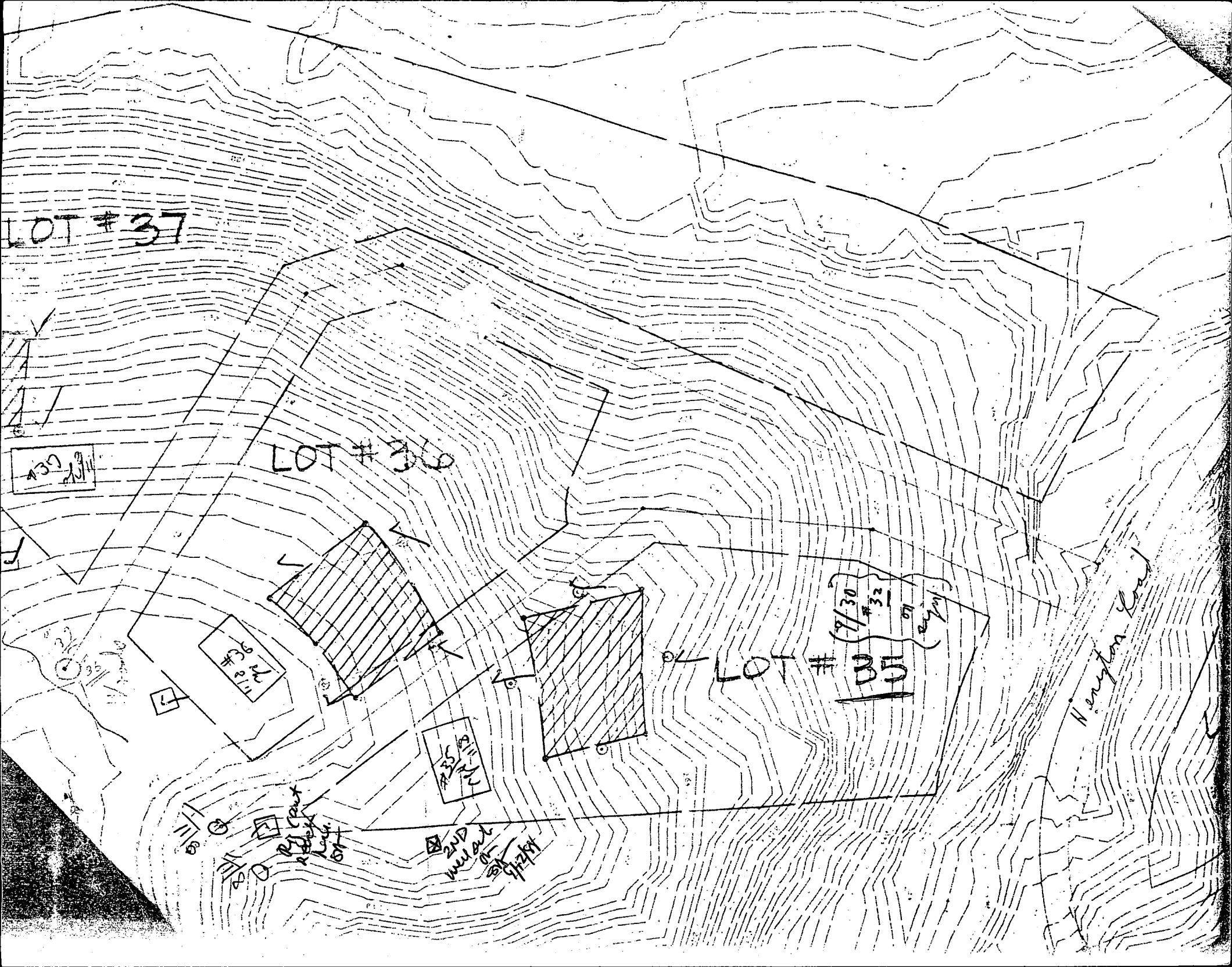
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132
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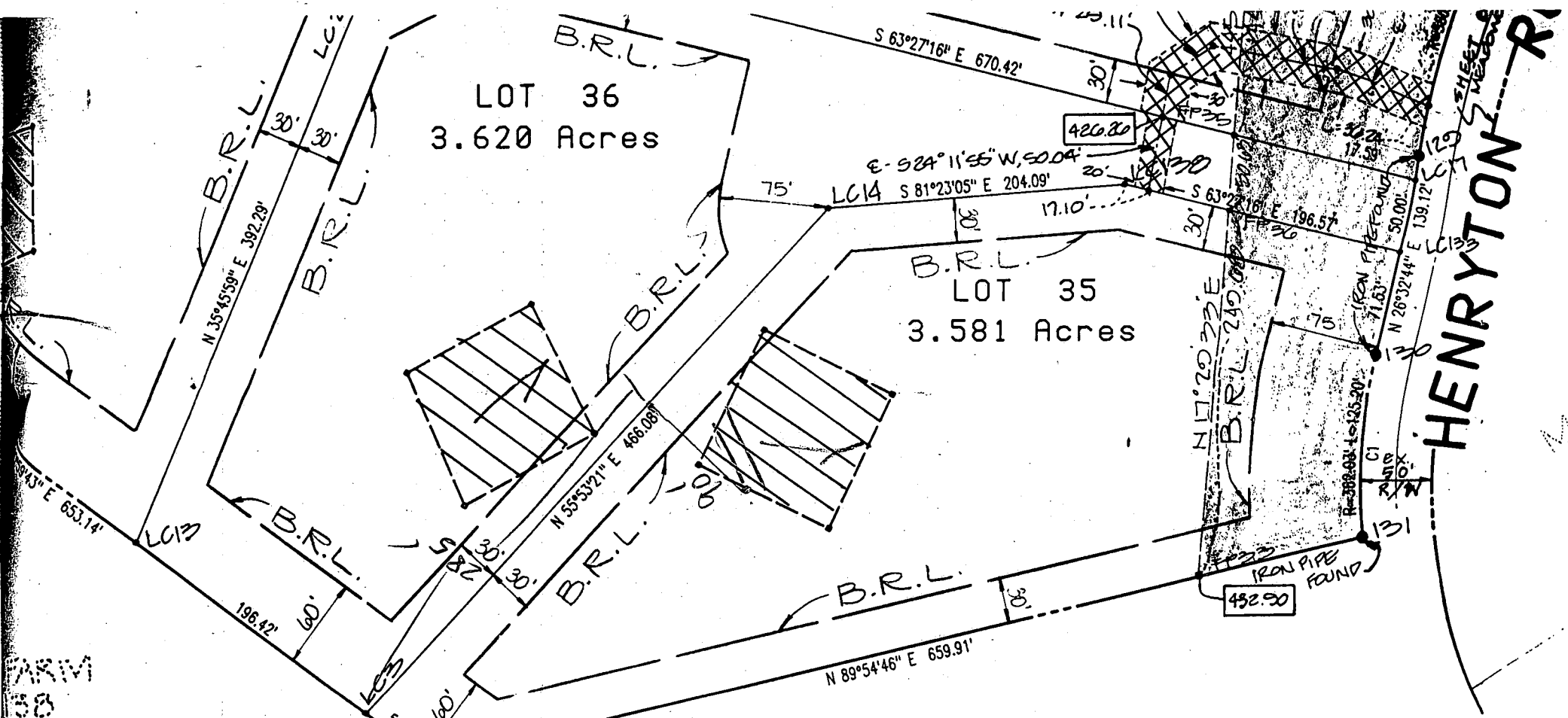
Weynton Court

2nd
10m
10m

2nd
10m
10m

138





FARM 58

20
213 Ac ±
213 Ac ±
NONE

*Copy of
Copy of
Signed Plat
Sent for sig
Signed Plat
(unavailable)*

DAVID B. CHREST
LIBER 1412, FOLIO 460

DEVELOPER

KOREN DEVELOPMENT COMPANY
5423 WATERCRESS PLACE
COLUMBIA, MARYLAND 21045

OWNER

SPRINGHILL ASS
1427 ROUTE
SYKESVILLE, MARYLAND

OWNERS CERTIFICATE

SPRING HILL ASSOCIATES BY CARLYN ALIAH MANAGING PARTNER, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAT OF SUB-DIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY MARYLAND, SUCCESSORS AND ASSIGNS (1)

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL IS CORRECT; THAT IT IS A SUBDIVISION OF LANDS CONVEYED BY C. OLIVER GOLD SPRINGHILL ASSOCIATES BY DEED DATED JUNE 13, 1983 AND RECORDED

B 1 **2528** SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

H0-88-0118

fill in this form completely

Date Received (APA)

OWNER INFORMATION

SPRINGS HILL ASSOCI

15 Last Name Owner First Name 34

1423 RT 32

36 Street or RFD 55

SYKESVILLE MD 21784

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD COUNTY

MEADOW WOOD SUBDIVISION

SECTION **35** LOT **35**

SYKESVILLE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **6 MI**

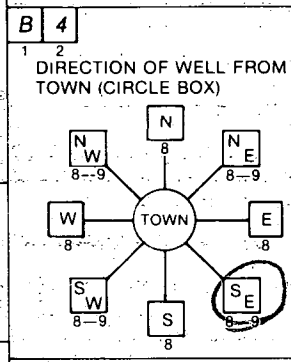
DRILLER INFORMATION

George F. Easterday, Inc.

Driller's Name **L. Franklin Easterday, Inc.** License No. **40**

Firm Name **9265 Brown Church Rd., Mt. Airy, Md. 21771**

Address **George F. Easterday** Date **1-16-88**



HENRYTON RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

300 DISTANCE FROM ROAD

ENTER FT. or MI **7**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. (OTHER REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HOWARD** COUNTY NO. **A# 38109**

STATE SIGNATURE _____ DATE ISSUED _____

CO SIGNATURE **Charles Bryan** EXP. DATE **2/15/89**

NORTH GRID **546000** EAST GRID **0820000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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

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

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____

FORCE WRITE INITIALS IN BOX PERMIT NO. **H0-88-0118**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

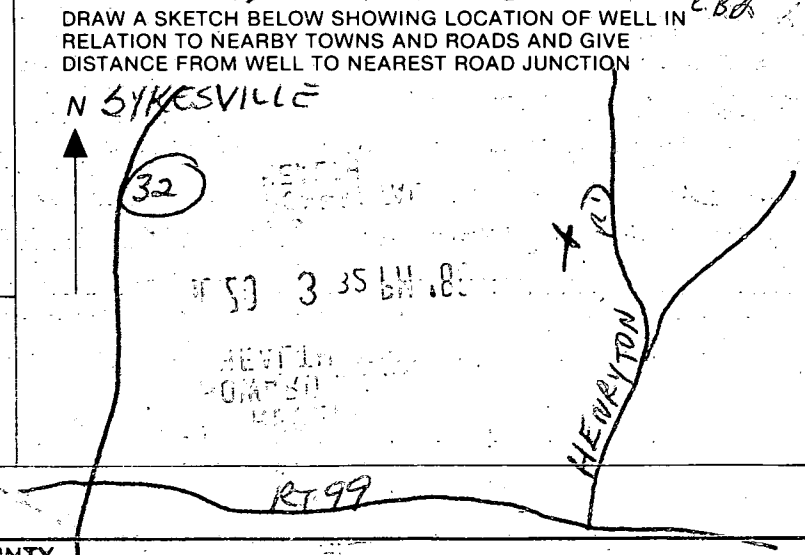
2. _____

3. _____

WRITE THE BOX NUMBER FROM THE MAP HERE

820 0

546 6



C1 0616

SEQUENCE NO. (DENV 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 38109

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

072788

100488

400 (TO NEAREST FOOT)

H0-88-0118

OWNER SPRING HILL ASSOC.

STREET OR RFD last name first name TOWN SYKEVILLE MD. 21784

SUBDIVISION MEADOWOOD SECTION 2 LOT 35

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

Table with 3 columns: Description, Feet From, Feet To. Includes entries for Top Soil, Clay, Shaley Sandstone, Mica, Sand Stone, Mica, Flint, and Mica.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40 DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 29 ft. (enter 0 if from surface)

CASING RECORD

MAIN CASING Nominal diameter top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST 6 32

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

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) H0 30 400

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 3

METHOD USED TO MEASURE PUMPING RATE Burbot

WATER LEVEL (distance from land surface) BEFORE PUMPING 39

WHEN PUMPING 177

TYPE OF PUMP USED (for test)

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

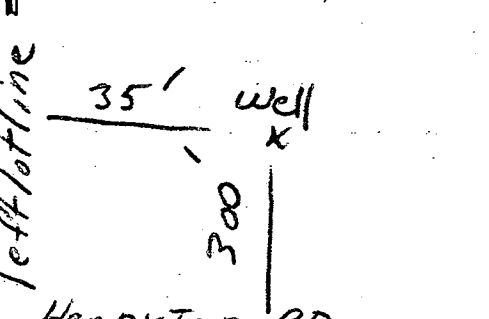
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (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)



CIRCLE APPROPRIATE LETTER 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 10.17.13 "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. 46

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

10-6-88
 8:00
 Shear

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88 - 0118
 Location of property (road) HENRYTON
 Subdivision MEADOWOOD Lot 35 Block -- Plat -- Sec. 2
 Well Driller L. FRANKLIN EASTERDAY Owner SPRING HILL ASSOC.

Depth of well 400 36PM
 Distance of measuring point (M.P.) above ground 1/2 ft.
 Static water level (S.W.L.) below M.P. 37 ft.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 gpm
 Total time 45 min to reach pumping water level 177 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:00	177'	20 Sec.	NA	3 gpm
9:15	177'	20	Pump at 300'	3
9:30	177'	20	R. Hansen	3
9:45	177'	20		3
10:00	177'	20		3
10:15	177'	20		3
10:30	177'	20		3
10:45	177'	20		3
11:00	177'	20		3
11:15	177'	20		3
11:30	177'	20		3
11:45	177'	20		3
12:00	177'	20		3
12:15	177'	20		3
12:30	177'	20		3
12:45	177'	20		3
1:00	177'	20		3
1:15	177'	20		3
1:30	177'	20		3
1:45	177'	20		3
2:00	177'	20		3
2:15	177'	20		3
2:30	177'	20		3
2:45	177'	20		3
HD-224 3:00	177'	20		3