

12/2/88
LATE P.M.
12/5/88
EARLY

04-346874 File

PERMIT

P 42499
A 38389 ✓

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/29/88

DATE SYSTEM APPROVED 12/5/88

INSPECTOR C.B.D.

Zepp Plumbing & Heating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 12447 Route 108, Clarksville, Maryland 21029 PHONE 531-6712

SUBDIVISION Glenwood Springs ROAD 2812 Glenwood Springs Dr 41

PROPERTY OWNER Raymond Mullinix

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from left rear lot corner, place the first trench 150 feet down the left (347.53') lot line and 30 feet off the left line as seen when facing property from Glenwood Springs Drive. Run trenches along contour towards the rear (320') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Ok/cw

PLANS APPROVED BY Sid Abel Updated DATE 4/19/88

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 12-8-88

Serial # 22878
underground oil tank

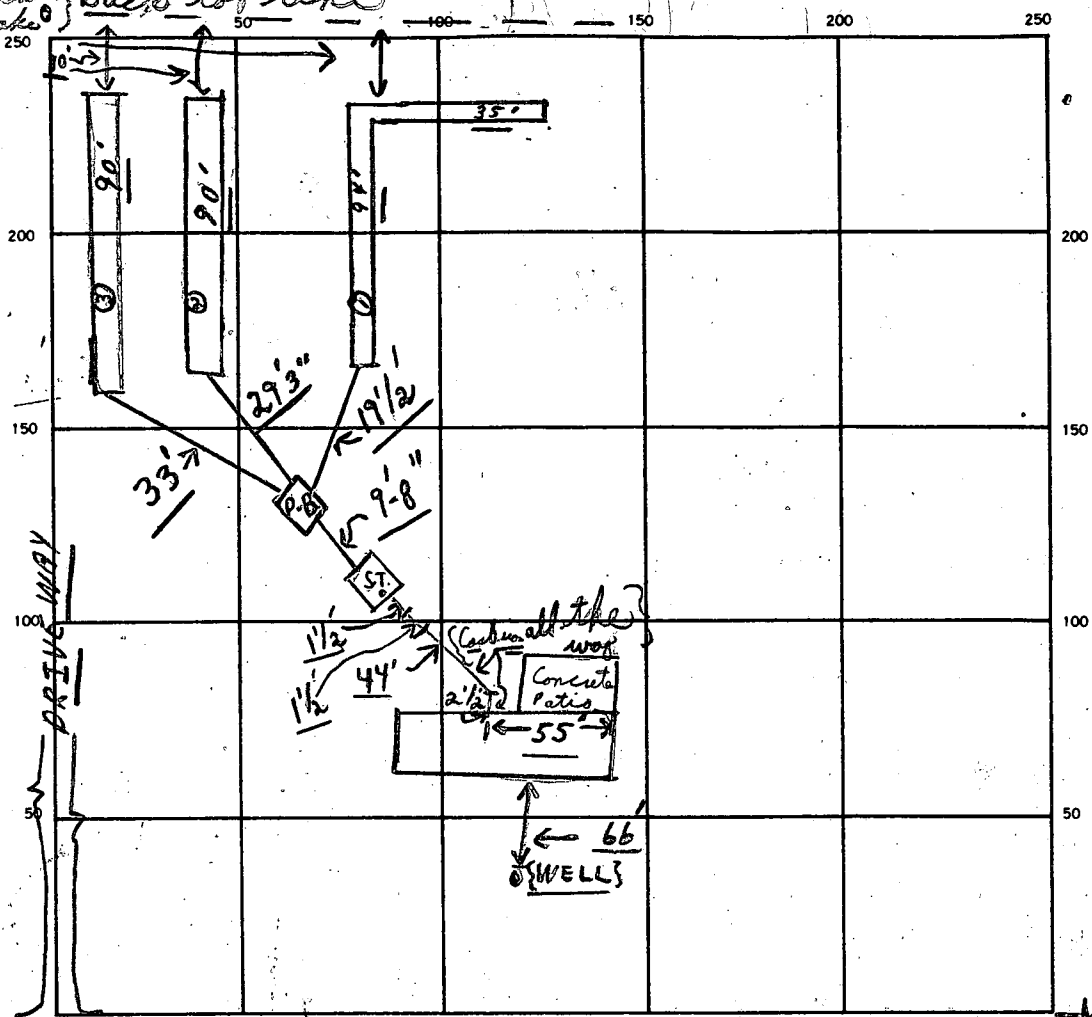
A
3
8
3
8
9

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

Corner? Back lot line
Stake 0



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

← GLENWOOD SPRINGS DR. → my ↓
S.O.T.

SEPTIC TANK LEVEL OK CLEANOUTS 12/5 OK {Manhole to grade}

DISTRIBUTION BOX LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD. DEPTH 7 1/2' avg TRENCH WIDTH 3' INLET DEPTH 6'

EFFECTIVE GRAVEL DEPTH 2' ± TOTAL LENGTH 3309 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 927 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 927 SQ. FT.

REMARKS 12/2/88 ① Work in progress - partial C.B.D. see below
① ok to cover from house to septic tank only today.
#② Trench - need to see first 5' of trench on 12/5.
#② " ok for stone.
#① " ok - 70' for stone need to see pipe
on corner of stone @ 90' ± + @ 115'. Permit at rear of home.
12/5/88 OK TO COVER 12/5/88 ALL WORK. FINAL.
 DATE SYSTEM APPROVED 12/5/88 INSPECTOR Charles Benjamin Altrock

APPLICATION

PERCOLATION TESTING

A 38389

P _____

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

*1/21/88
perc OK'd pending
approved plat*

DISTRICT _____

DATE 10-14-86

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.

PROPERTY OWNER Raymond Mullinix

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md PHONE 21043 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. FORTY ONE

ROAD AND DESCRIPTION Hobbs Road 2812 Glenwood Springs DR. Ruling ok 4/29/87

TAX MAP 14 PARCEL # 87,83,202

SIZE OF LOT 3+ ACRES 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.

Ronald B Carter
(SIGNATURE OF APPLICANT)

APPROVED BY S. Abel FOR Shallow System DATE 7-19-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

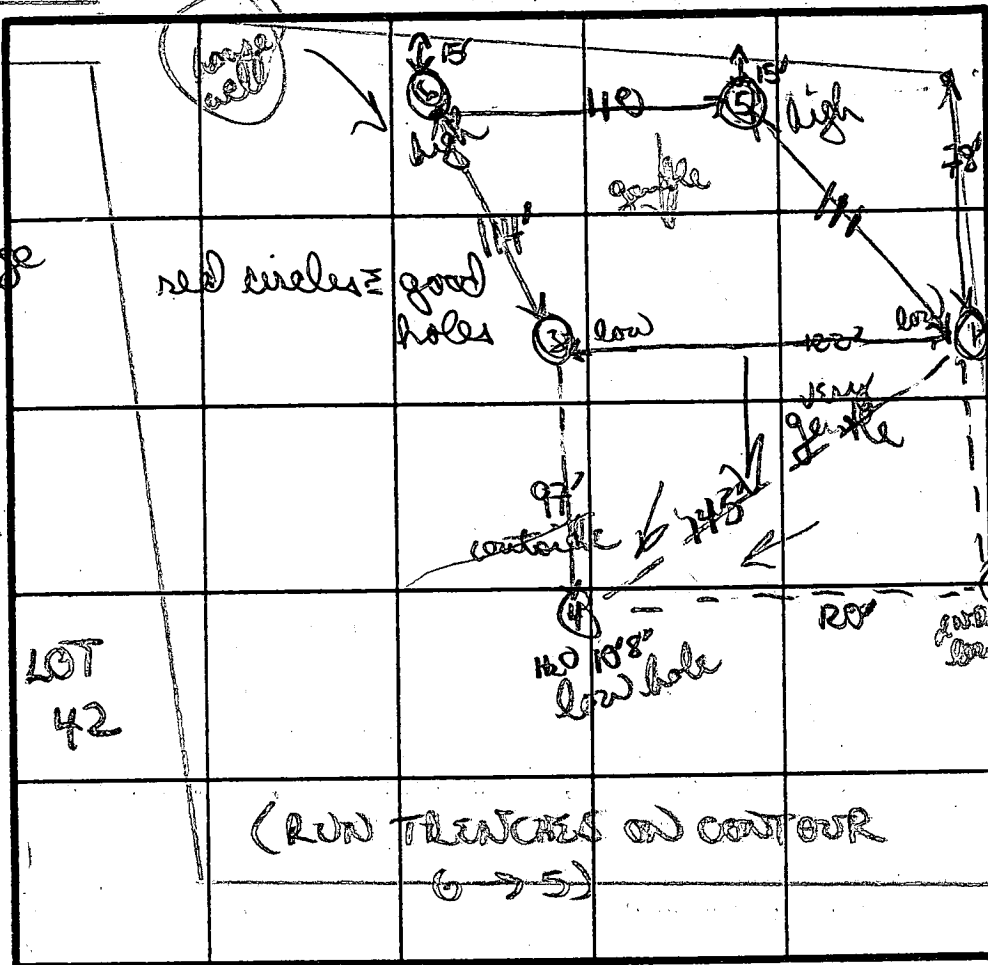
REASONS FOR REJECTION OR HOLDING for certified holes (good + bad) + subs + plat

SHALLOW SYSTEM ONLY

BLDG. PERMIT SIGNED
AND RETURNED 7-19-88 BP17503
S.M.

THIS IS NOT A PERMIT

TO LOT 40



yellow/brown clay = 4'
to orange purple silty loam with scattered small frags
11'D
11'D

TO lot 46

SOIL PROFILE
yellow/orange clay/clay loam 3 1/2'
to purple chunky/silty micaceous loam
12'D

(RUN TRENCHES ON CONTOUR 6 → 5)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

orange clay 4'
to orange mix chunky + silty loam
11' HOB
12'D

orange/yellow silty/chunky clay 4'
yellow/brown silty loam
12'D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/87	(1)	4' 3"	1032	1046	1046	1114	28 MIN
	common hole	8' m	1032	1041	1041	1102	21 MIN
		12'D	bottom (see profile)				
	(2)	4 1/2' S	1039	1043	1043	1054	11 MIN
		8' m	1039	1055	1055	1023	28 MIN
		12'D	bottom (see profile)				
	(3)	4 1/2' S	1043	1048	1048	1057	9 MIN
		12'D	bottom (see profile)				
	(4)	4 1/2' S	1058	1106	1106	1123	17 MIN
		11'D	bottom (HOB at 10' 8")				

REMARKS: H₂O in 2 layer holes dug on property line holes are common for 41 & 46
TYPE OF SOIL: orange/yellow clays 4-4 1/2', orange/purple silty loam
TESTED BY: B Weyer
ALSO PRESENT: Phil, Cliff, C. Cissel

APPLICATION

PERCOLATION TESTING

A 38389
P _____

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

DISTRICT _____
DATE _____

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.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 41 page 2

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

⑤

SOIL PROFILE

heavy orange
clay / clay
cut 4 1/2
orange to
purple
silty
loam
few small
scattered
fraggs
↓

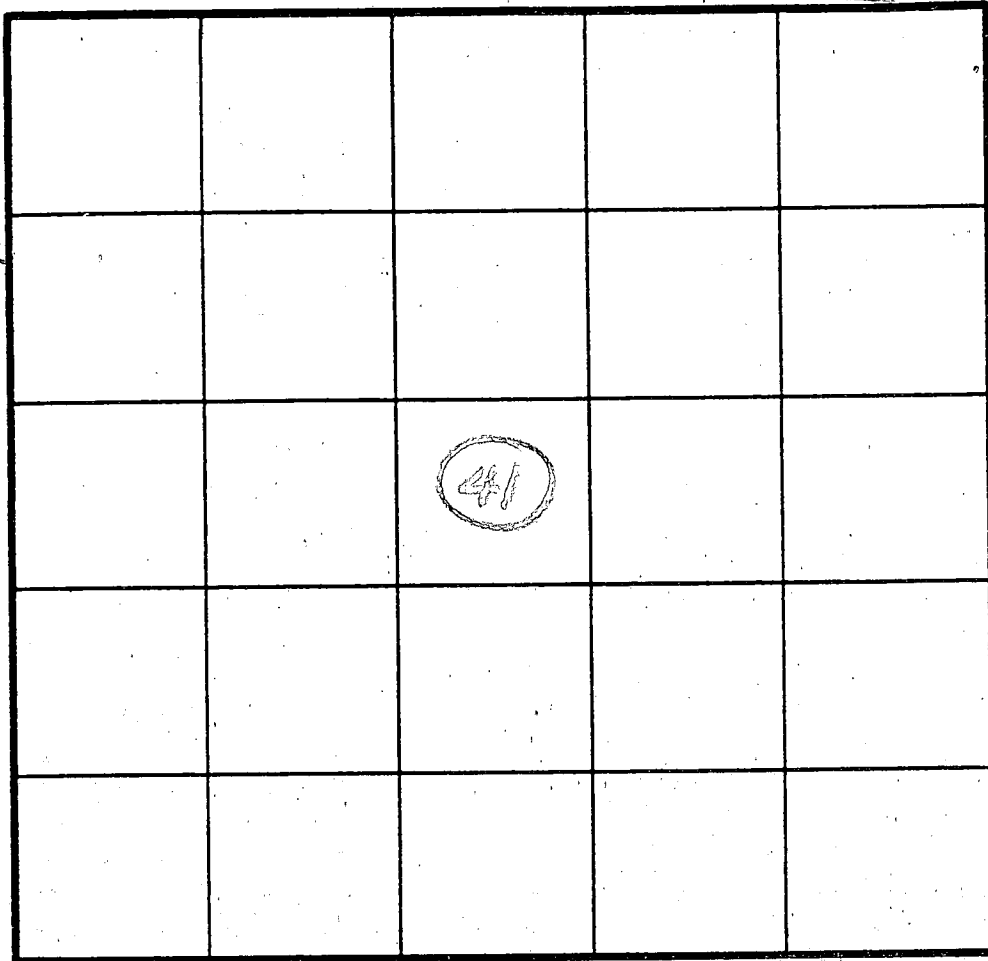
12'D

⑥

orange brown
clay silt
loam 4 1/5
orange
silty loam



12'D



SHALLOW

$\bar{X} = 13 \text{ MIN}$

INLET 4

MAX D 6 1/2

220 ϕ / BD / RM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/21/87	⑤	4 1/2	1152	1158	1158	1207	9 MIN	
		12'D	bottom (see profile)					
	⑥	4 1/2	1203	1218	1218	1240	22 MIN	
		8 1/2	1202	1204	1204	1208	4 MIN	
		12'D	bottom (see profile)					

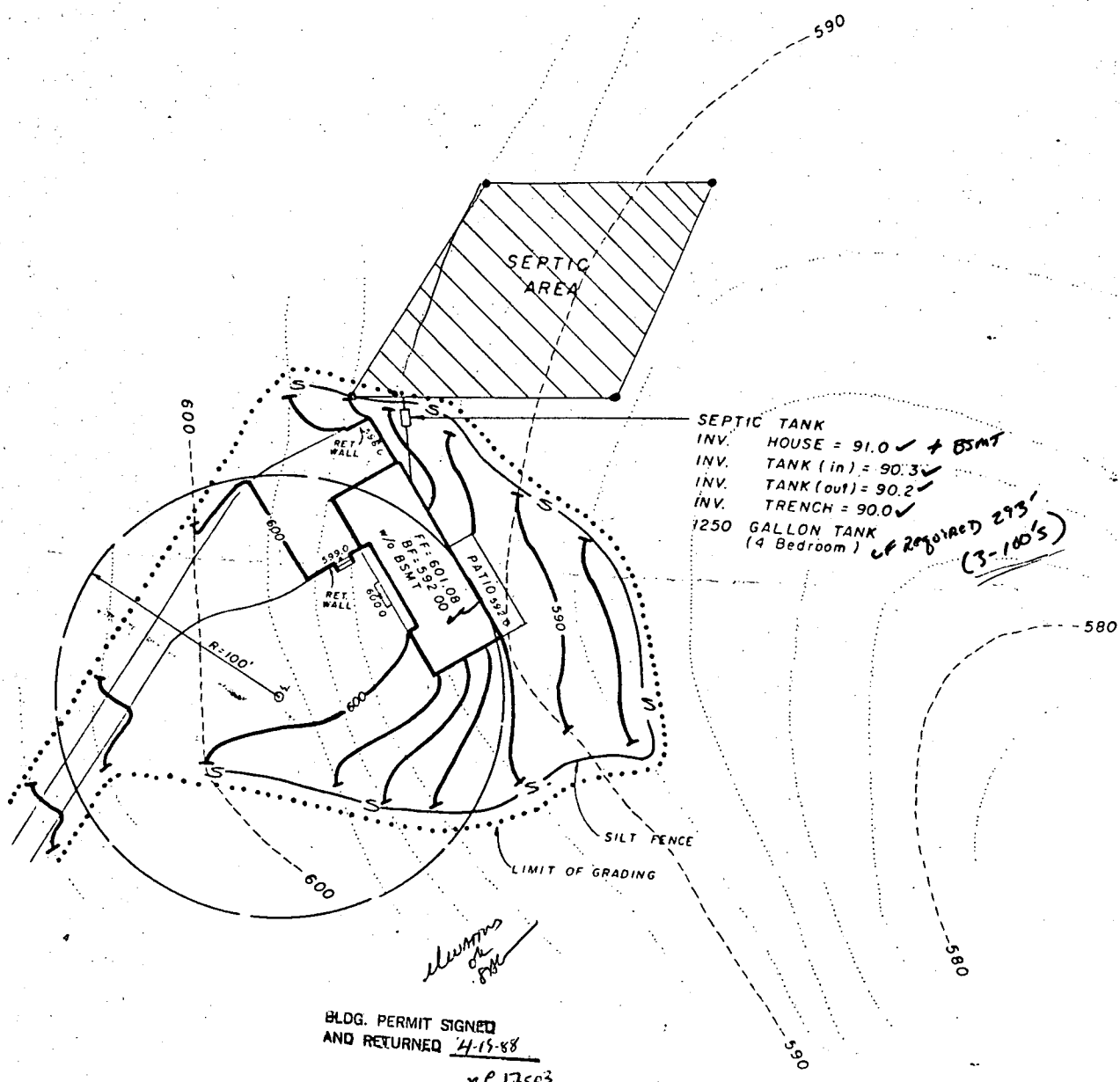
REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

MD.

N 79°12'05"W 114.75'



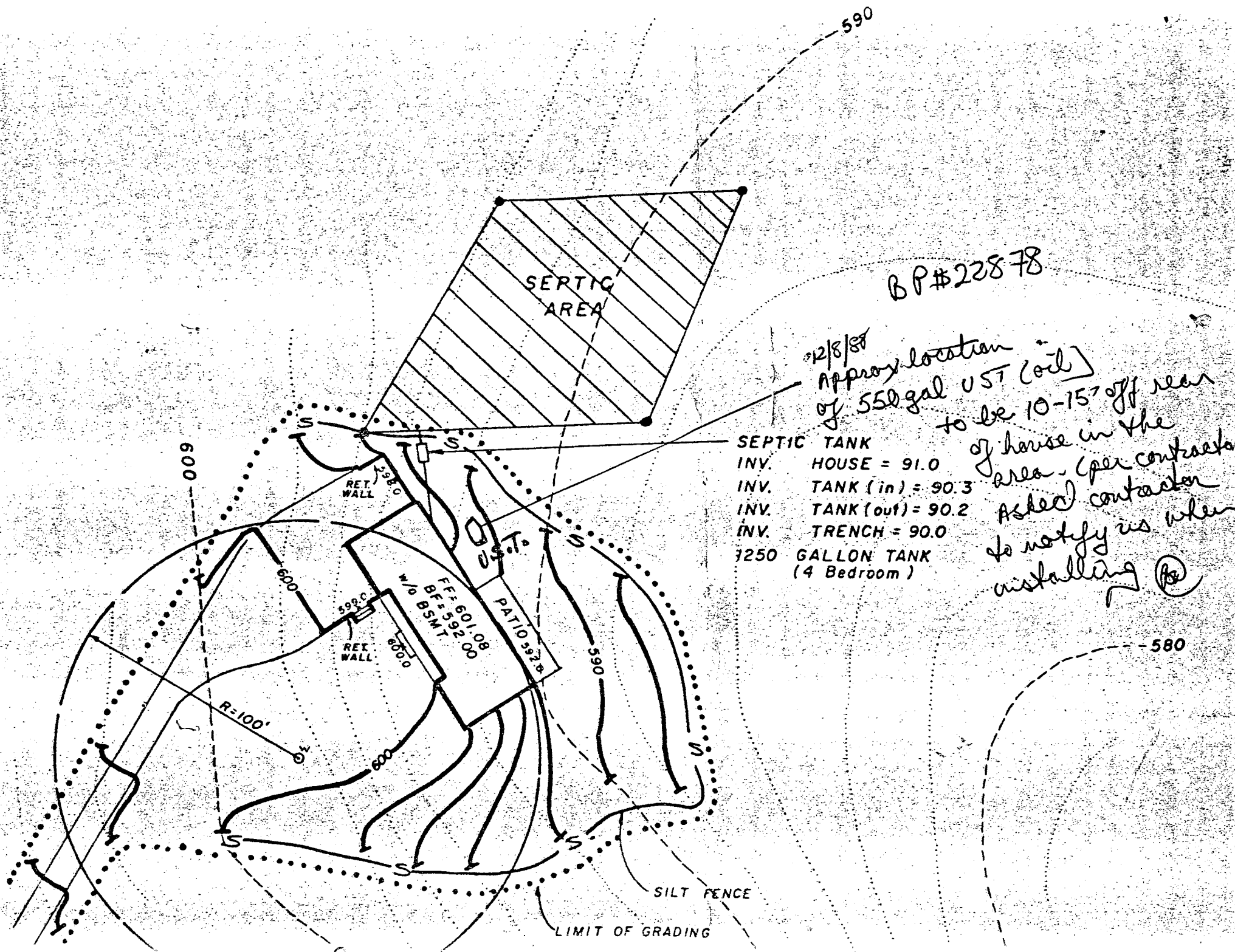
SEPTIC TANK
 INV. HOUSE = 91.0 ✓ + BSMT
 INV. TANK (in) = 90.3 ✓
 INV. TANK (out) = 90.2 ✓
 INV. TRENCH = 90.0 ✓
 1250 GALLON TANK
 (4 Bedroom) *CF REQUIRED 293'*
(3-100'S)

*Mumms
 8/2
 8/1*

BLDG. PERMIT SIGNED
 AND RETURNED 4-15-88
 BP 17503
 SAsil

DETAIL
 SCALE 1" = 50'

all

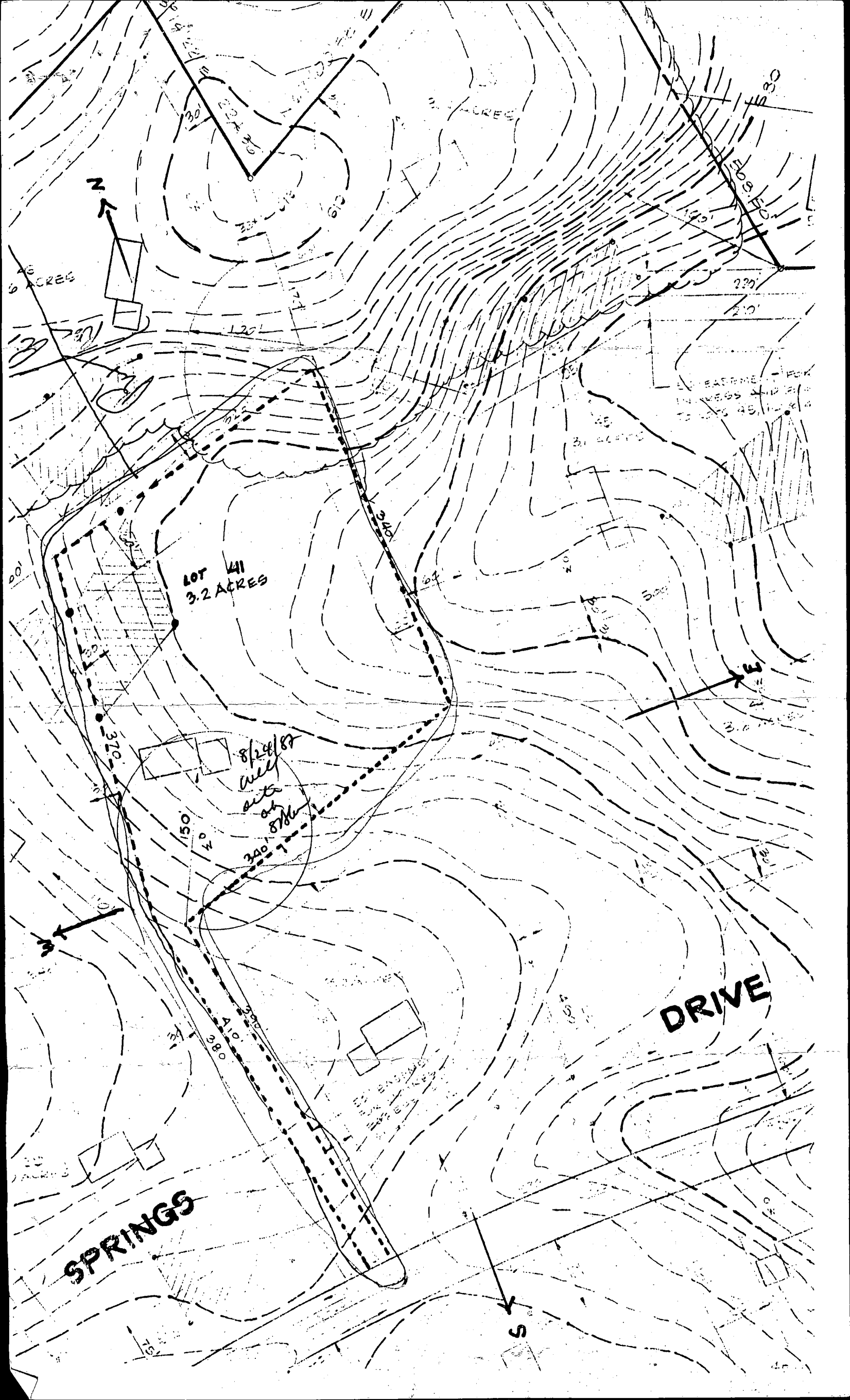


BP#22878

12/8/88
 Approx location
 of 550 gal UST (oil)
 to be 10-15' off rear
 of house in the
 area. (per contracts
 Asked contractor
 to notify us when
 installing. @)

SEPTIC TANK
 INV. HOUSE = 91.0
 INV. TANK (in) = 90.3
 INV. TANK (out) = 90.2
 INV. TRENCH = 90.0
 3250 GALLON TANK
 (4 Bedroom)

SILT FENCE
 LIMIT OF GRADING



6 ACRES

LOT 41
3.2 ACRES

8/24/87
well
site
on
87th

DRIVE

SPRINGS



B 1 5206

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

10-51-2246

fill in this form completely

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

please print or type

Date Received

8 13

OWNER INFORMATION

MILLIKEN RAYMOND

17419 FRYALWAY RD

1000 WILKESVILLE MD 21203

B 3

LOCATION OF WELL

HARFORD COUNTY

61-2-10000 SPAINES

SECTION 44 46 LOT 48 50

61-2-10000

MILES FROM TOWN (enter 0 if in town) 1/2 MI

DRILLER INFORMATION

Driller's Name: Robert L. Wayne License No. 80

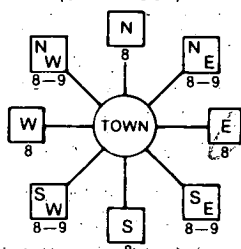
Firm Name: Robert L. Wayne Well Drilling

Address: 5512 Ridge Rd. Mt. Airy, Md. 21761

Signature: Robert L. Wayne Date: 8/4/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Bluemont Springs Drive

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD 460 FT

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: Harford COUNTY NO. 26507
OEP SIGNATURE: [Signature] STATE HEALTH INSERT S
DATE ISSUED: 08/20/87 CO SIGNATURE: [Signature] EXP. DATE:
NORTH GRID: 532000 EAST GRID: 0796000

APPROXIMATE DEPTH OF WELL 240 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

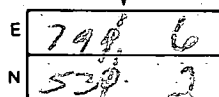
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

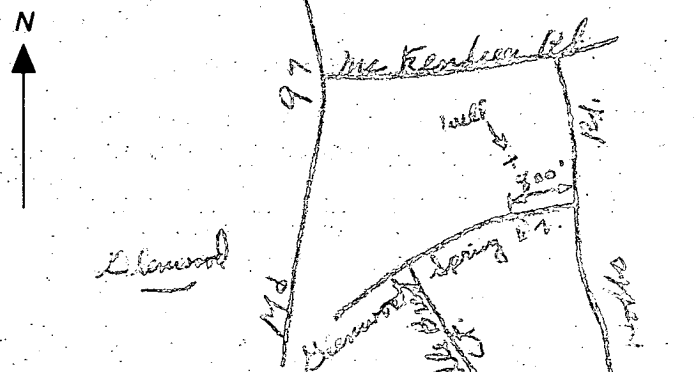
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



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 (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT No. 10-51-2246

SPECIAL CONDITIONS

C1 8202

SEQUENCE NO. (OEP 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

438389

DATE Received

DATE WELL COMPLETED 083180

Depth of Well (TO NEAREST FOOT) 205

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-2246

OWNER, STREET OR RFD, SUBDIVISION, SECTION, TOWN, LOT

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 entries for Sandstone and Gray mica Rock.

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 17 NO. OF POUNDS 1528

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (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: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth measurements.

- 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...

DRILLERS IDENT. NO., DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

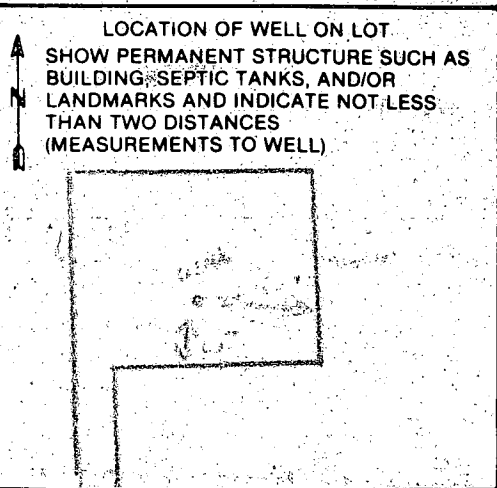
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 8 1/2 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 WILL INSTALL PUMP (CIRCLE) (YES or NO) 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) LAND SURFACE



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement

Receipt # 42908
Date 10/26/88

Name of Installer Zepp Plumbing & Heating Inc.

Telephone 531-6712

License number 1782

Certified Well Pump Installer Well Driller Registered Plumber X

Name of Property Owner Raymond Mullinix Telephone
Subdivision Glenwood Springs Lot # 41 Well tag # HU-81-2246
Site Address 2812 Glenwood Springs Road
Glenwood, Maryland

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible X
2. Make Goulds
3. Model #
4. Capacity GPM
5. Pump exceeds well capacity Yes X No
6. If Yes, is low pressure cutoff switch installed? Yes X No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards X Other

Motor
1. Horsepower 3/4
2. RPM
3. Voltage
a. 110
b. 220 X

Pitless Adapter
1. Make Martison
2. Model #
3. Depth

Tank
1. Capacity 82 gal.
2. Pressure relief valve?

Piping
1. Type Galvanized
2. Size 1/2
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data
1. Depth 205 ft.
2. Yield 8 GPM
3. Static water level 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.

Signature of Applicant: [Signature]
Date: 10/26/88

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

REGION _____

AREA _____ RATING _____

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

ACKNOWLEDGMENT AND CONTROLS	DATE
Assigned C.B.C.	12/2/88
in A.M. - check	
Notes in day/	C.W.
	C.B.C.

DISPOSITION	DATE

LOCATION LOT 41 GLENWOOD SPRINGS ZIP _____

OWNER SEPTIC INSTALLER ZOPP ADDRESS CLARKSVILLE PHONE 531-6712

OCCUPANT COMPLAINT RAYMOND MULLINX ADDRESS _____ PHONE 774-4634

REASON FOR INVESTIGATION MR MULLINX EXPRESSED CONCERN ABOUT POSSIBLE

COMPLICATIONS RESULTANT FROM PARTIAL EXCAVATION OF HIS SEPTIC
SYSTEM, LEFT OPEN TO RAIN AND SILTATION. INSTALLER IS ZOPP PLUMBING & HEATING.

RECEIVED BY C.W. Wheat DATE 12/1/88 ASSIGNED TO C.B.C. DATE 12/2/88

DATE OF INVESTIGATION 12/2/88 TIME 2:30-4:00 P.M. WEATHER Clear + cold

REPORT 12/2 Sanitation found system being installed.
Sanitation inspected all work to date. C.B.C.
12/5 Final of system accomplished in early A.M.
C.B.C.

DATE SUBMITTED 12/5/88 SANITARIAN Charles Ryan Stricker