

2/10/00  
2/11/00  
2/17/00  
Septic Final  
Non-shearability possible

# PERMIT 03-283496

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513231

A 41441

DISTRICT \_\_\_\_\_

DATE 1/14/2000

DATE SYSTEM APPROVED 9/6/00

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

INDEXED

K & K Excavating IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION King's Gift LOT 39 ROAD 11517 CHANCELLOR LANE  
1722 Frederick Road

PROPERTY OWNER Peter Priola

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED PUMP CHAMBER 1000 GALLONS TOP SEAMED  
DUAL PUMPED SEPTIC SYSTEM TO BE INSTALLED

NUMBER OF BEDROOMS 4 1) Septic pump detail to be provided by installer prior to issuance of permit

210 SQUARE FEET PER BEDROOM 2) Pump performance test is necessary prior to Health Dept. approval of pumped septic system

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 460 feet from the East lot line and 80 feet from the South lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8/19/99 OK ALL

PLANS APPROVED BY C. Williams/Ronald J. Pinkley DATE 8-03-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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

**BUILDING PERMIT SIGNED AND RETURNED**

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 42004 800147619-IG POOL

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

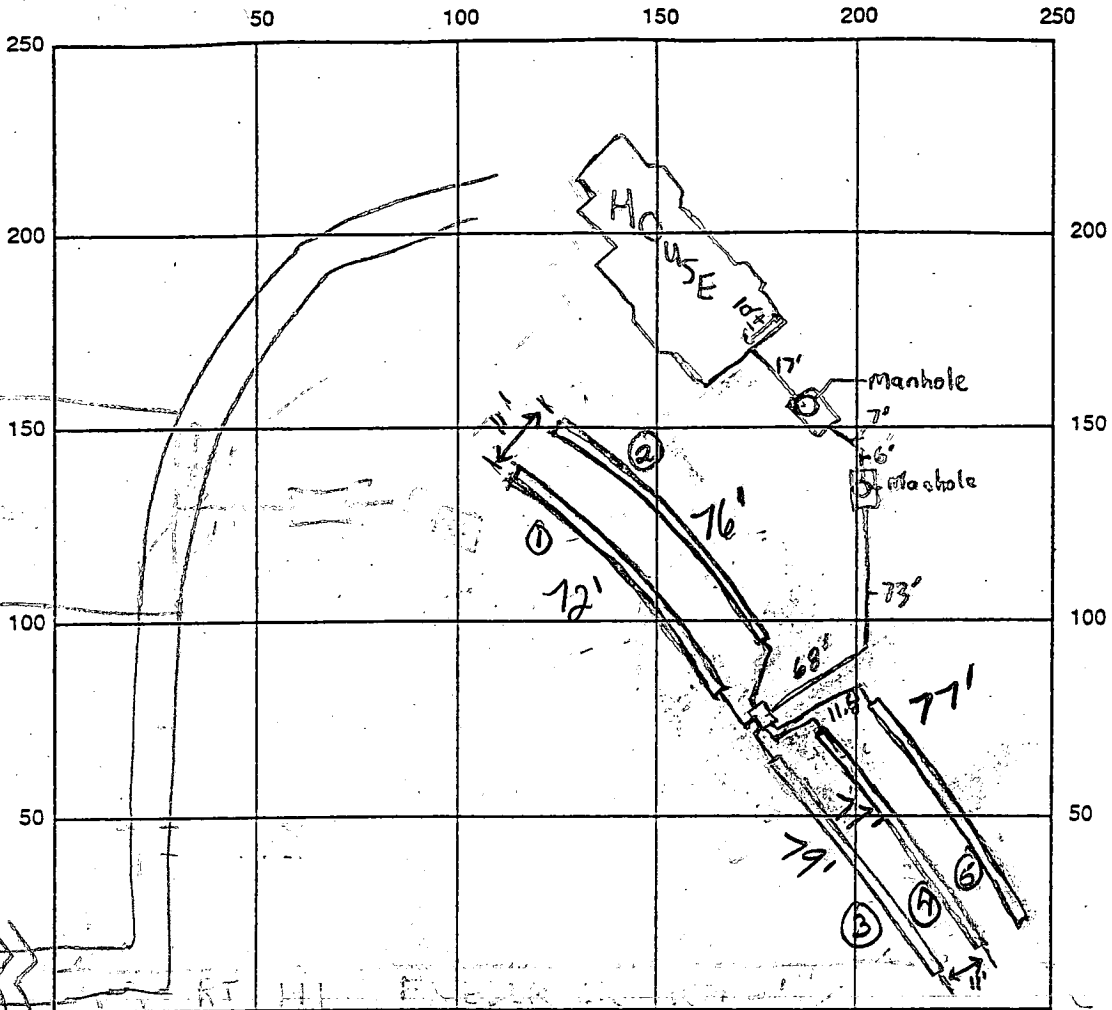
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR A25

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 9/17/01



INDICATE NORTH, NAME ADJOINING ROADWAY AS BASE LINE

1500 gallon top seam septic tank  
 1600 gallon top seam pump tank  
 SEPTIC TANK LEVEL  BOTH WITH TRAFFIC BEARING COVER  
 CLEANOUTS Manhole risers to grade on both tanks  
 DISTRIBUTION BOX LEVEL

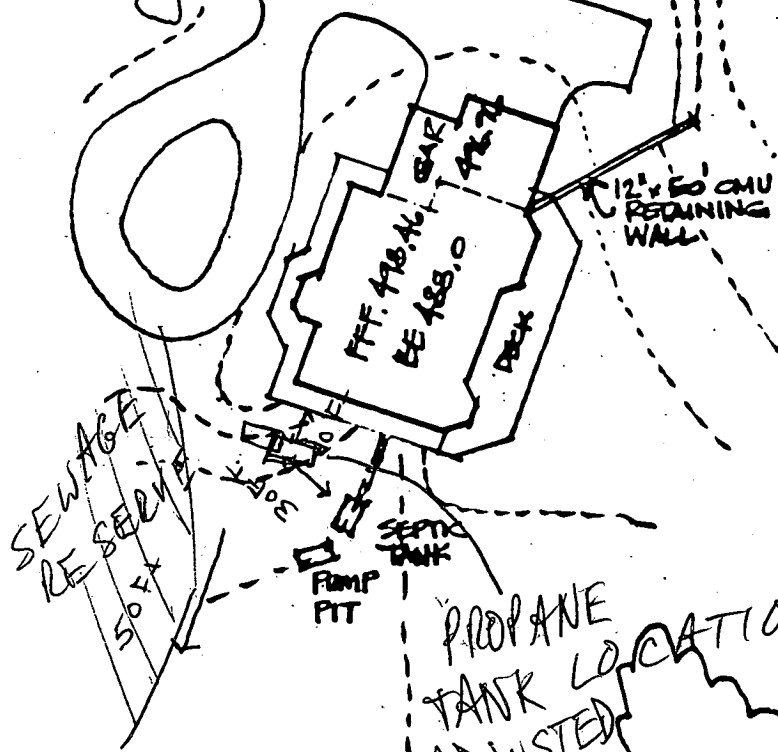
DRAIN FIELD/TITLE DEPTH 5 FT.      TRENCH WIDTH 3 FT.      INLET DEPTH 3 FT.  
 EFFECTIVE GRAVEL DEPTH 2 FT.      TOTAL LENGTH 381 FT.       $\frac{11}{72'} \frac{2}{76'} \frac{3}{79'} \frac{4}{77'} \frac{5}{77'}$   
 NUMBER OF TRENCHES 5      ONE SIDEWALL/BOTTOM AREA 1143 SQ. FT.  
 DRYWALL INSIDE DIAMETER N/A FT.      EFFECTIVE DEPTH BELOW INLET N/A FT.  
 ABSORBENT AREA N/A SQ. FT.

REMARKS: 2/10/00 - TANKS INSTALLED DEEPER THAN PLANNED, BUILDER HAD CONVERTED TO  
CAST-IN-PLACE SERVICE WITHOUT REVIEW, INSTALLER PROVIDED TRAFFIC BEARING LIDS FOR STRENGTH (CW)  
2/11/00 - OK TO CONTINUE WORK, AREA STAKED, LAYOUT CONFIRMED; INSTALLER WILL  
INSTALL SLIGHTLY MORE SYSTEM THAN REQUIRED OK (SRK) 2/19/00 O.K. to cover trenches.  
Contractor said he would leave distribution box open. Final approval  
pending pump and alarm tests. Extra trench installed (BB)

DATE SYSTEM APPROVED 9/14/00      INSPECTOR M. Rifkin  
9/14/00 DUAL PUMPS & OUTDOOR ALARM OK; OWNER REPORTS ALARM IS  
CLEARLY AUDIBLE INSIDE HOUSE (MR)

1" = 50'

Install (1) ONE 1000  
Gallon UNDERGROUND  
ASME LP TANK PER  
NFPA 58



MUR  
5/1/00

SITE PLAN - FRIOLA RESIDENCE

11/15/99

11722 FREDERICK RD. (KINGS GIFT), ELKOT CITY, MD

Building Address 11722 Falls Creek Rd  
Ellicott City MD 21042

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision Kings R.F.#

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 39

Tax Map 16 Parcel 356 Grid 15

Zoning RC DCO Map Coordinates 10114 Lot size \_\_\_\_\_

Property Owner's Name Primo, Peter  
 Address 7730 Chaffin Lane  
 City Ellicott City State MD Zip Code 21043

Home Phone 410 572 2804 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Same with 10' to 12' Deck  
 Estimated Construction Cost: \$ 3500.00

Description of Work Install 1000 sq ft. Patio  
Underground LP Tank Per NFPA 58

Contractor Company Ameri Gas  
 Contact Person Thomas R. McLaughlin  
 Address 10097 Baltimore Pike  
 City Ellicott City State MD Zip Code 21043  
 License No. \_\_\_\_\_  
 Phone 410 465-0806 Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Thomas R. McLaughlin  
 Title/Company Ameri Gas

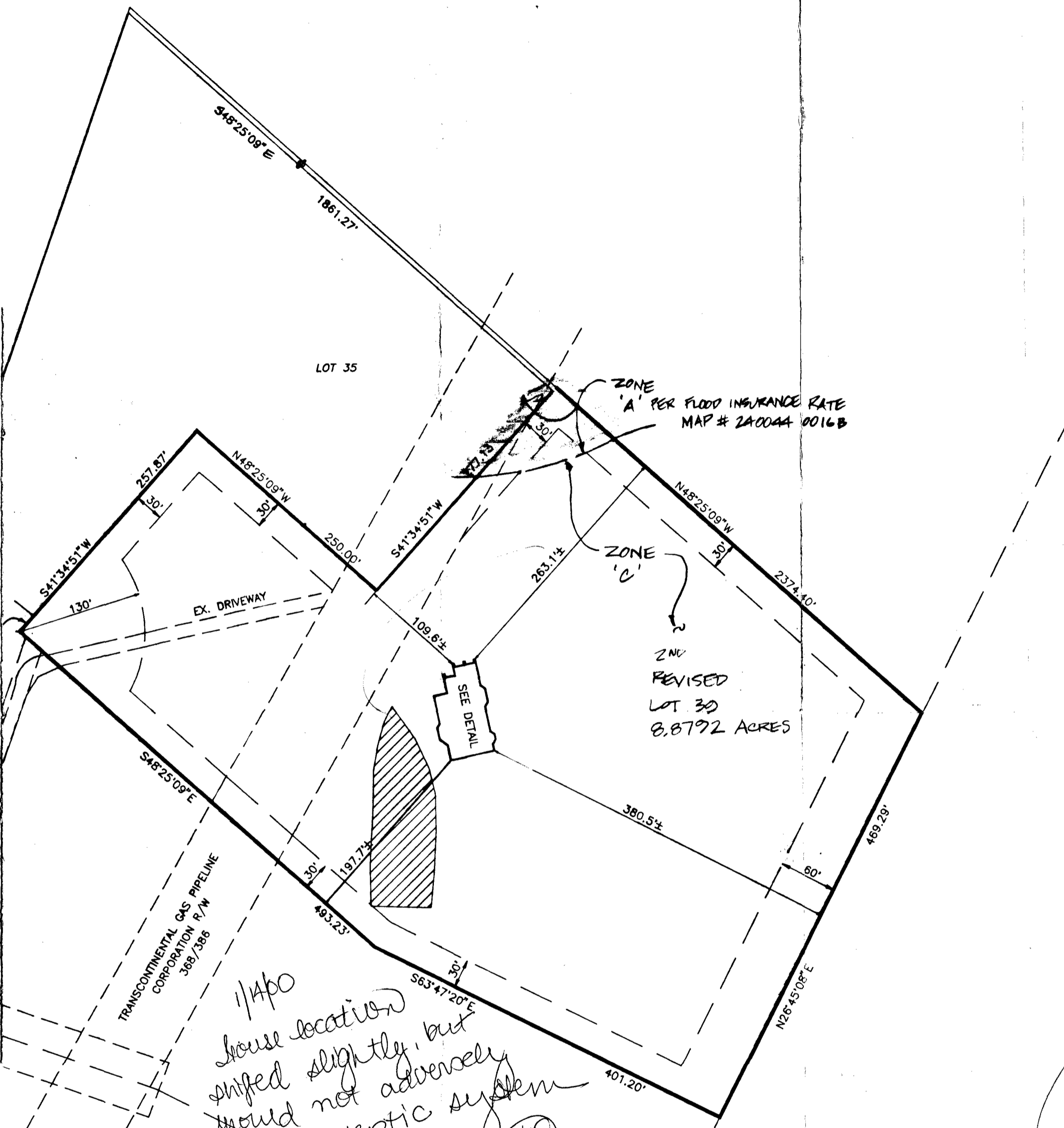
Print Name Thomas R. McLaughlin  
 Date Apr 15, 2000

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

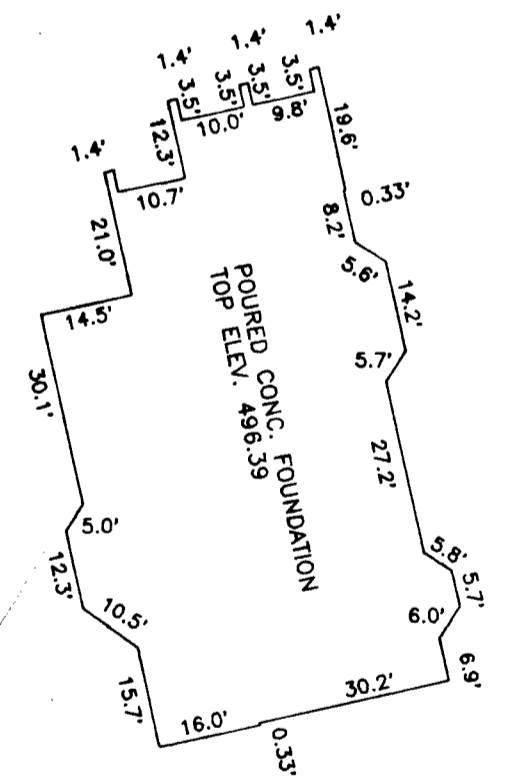
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health		
Fire Protection		
Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION START:		
ONE STOP SHOP:		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	47095
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone: _____	Balance due \$ _____
SDP/Red-line approval date: _____	Check # <u>54711</u>
Accepted by _____	Validation # _____

THE IMPROVEMENTS SHOWN HEREON  
 LIE IN FLOOD HAZARD ZONE 'C' AS  
 SHOWN ON FLOOD INSURANCE RATE  
 MAP NO. 240044 0016B  
 DATED DEC. 4, 1986



*1/4 po  
 house location  
 shifted slightly, but  
 should not adversely  
 impact septic system  
 installation*



DETAIL  
 SCALE: 1" = 30'

FOUNDATION LOCATION DRAWING  
 LOT 39  
**KING'S GIFT**  
 TAX MAP 16 BLOCK 15 PARCEL 356  
 THIRD ELECTION DISTRICT, HOWARD COUNTY, MD.  
 SCALE: 1" = 100' NOVEMBER 9, 1999  
 DEED REFERENCE: LIBER 4921, FOLIO 517  
 DATE OF LATEST FIELD WORK: 11/4/99



wer seen

# APPLICATION

PERCOLATION TESTING

A 41442

P \_\_\_\_\_

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

DISTRICT 3  
4/7/88

DATE 10 March, 1988

Full test

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 ~~Jean R. Dickey, Individually; Jean R. Dickey, Trustee~~ PETER PRIOIA  
TRUST Jean R. Dickey Inter-Vivos

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. 36 37

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive  
(11722 Frederick Road)

TAX MAP 16 PARCEL # 35A, 355, 356

SIZE OF LOT 3.847 Ac ± TYPE BLDG. Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

PERMIT SIGNATURE  
AND RETURNED 8-3-99  
Serial # B70 119265-4Bm

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.

Richard F. Lane (Agent)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

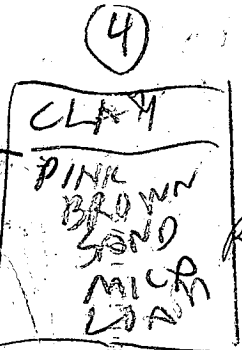
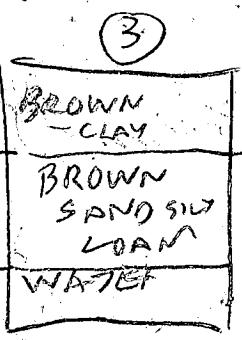
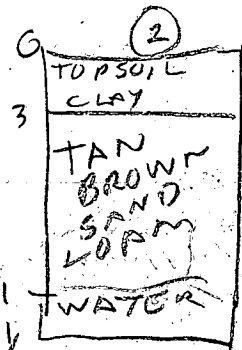
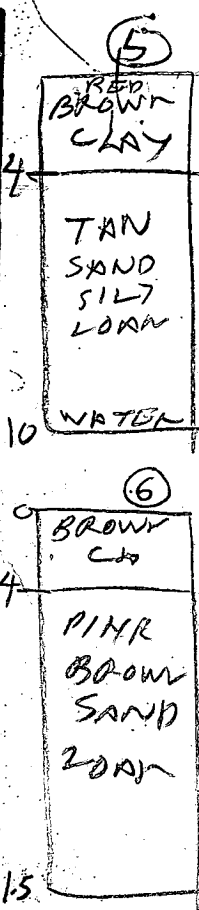
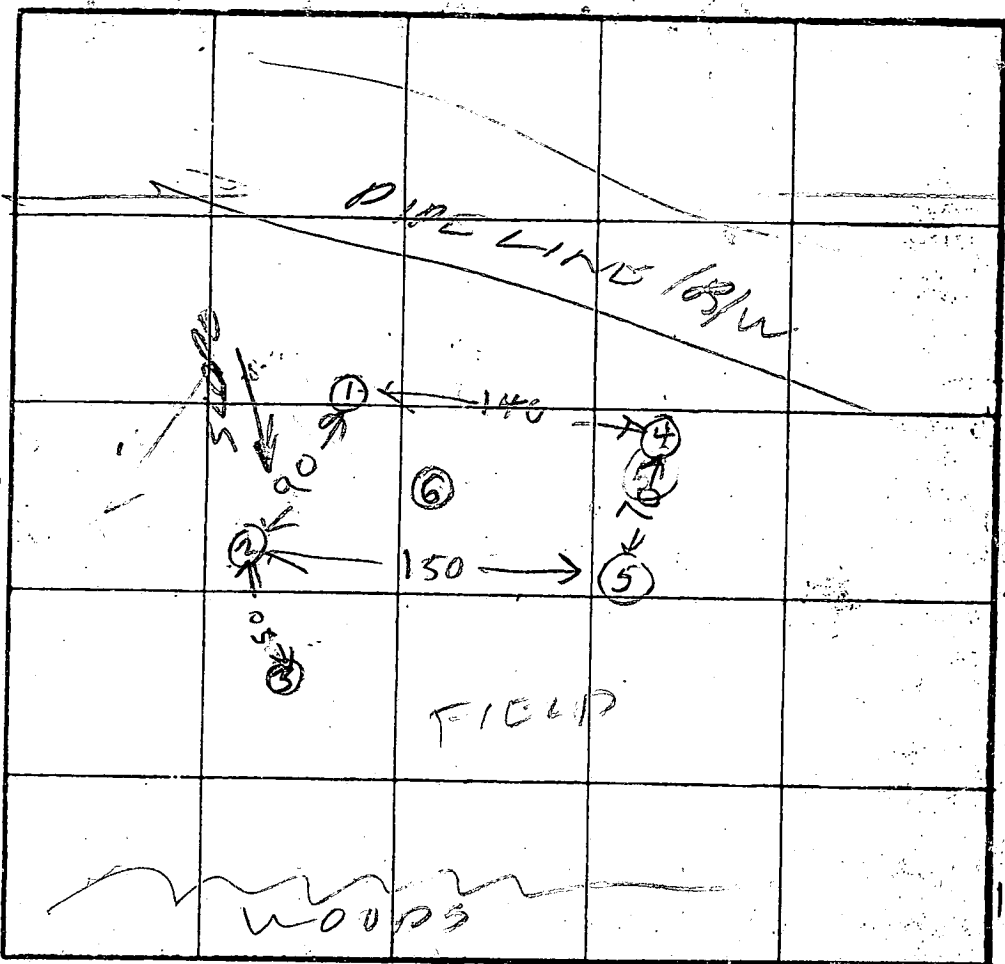
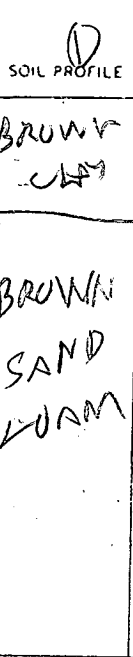
REASONS FOR REJECTION OR HOLDING 3/15/89 PERC OK SHALLOW SYSTEM

HOLD FOR PERC CORRECT PLAT PIA

MUST CROSS PIPELINE TO ACCESS HOUSE SITE

## THIS IS NOT A PERMIT

W 738  
A 41492



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	HOLE ELEV.
			START	STOP	START	STOP		
3/15/89	(C) 1 V	5	213	218	218	223	5	① HIGH EST
		18	214	218	218	220	2	
3/15/89	1 V	11.5	OK	SHALLOW				③ LOW EST
	(D) 2 V	4	223	225	225	228	3	② (2) MEDIUM
		11	OK	SHALLOW				
	(E) 3 V	12	WATER	CLAY	10 FT	FAIL		⑤ LOW
		11	OK					
	(B) 4 V	4.5	243	246	248	250		
		10.5	OK	SHALLOW				
	6 V	11.5	OK					

REMARKS Recent Surveyor Plat does not show any holes but there are surveyor spikes with letters

TESTED BY R. HADLEY

ALSO PRESENT JENNIFER JACOB

WCT Season

# APPLICATION

PERCOLATION TESTING

A 4144B  
P \_\_\_\_\_

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

DISTRICT 3  
DATE 4/7/88  
~~10 March, 1988~~

Full test

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 Jean R. Dickey, Individually; Jean R. Dickey, Trustee Jean R. Dickey Inter-Vivos  
TRUSTE

ADDRESS 13850 Forsythe Rd., Sykesville, Md 21784 PHONE (301) 442-2226

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION King's Gift LOT NO. ~~37~~ 37

ROAD AND DESCRIPTION North on Route 144, East of Thompson Drive

TAX MAP 16 PARCEL # 354,355

SIZE OF LOT 7.035 Acre TYPE BLDG. Single Family Dwelling  
(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.

Richard P. Jones (Agent)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

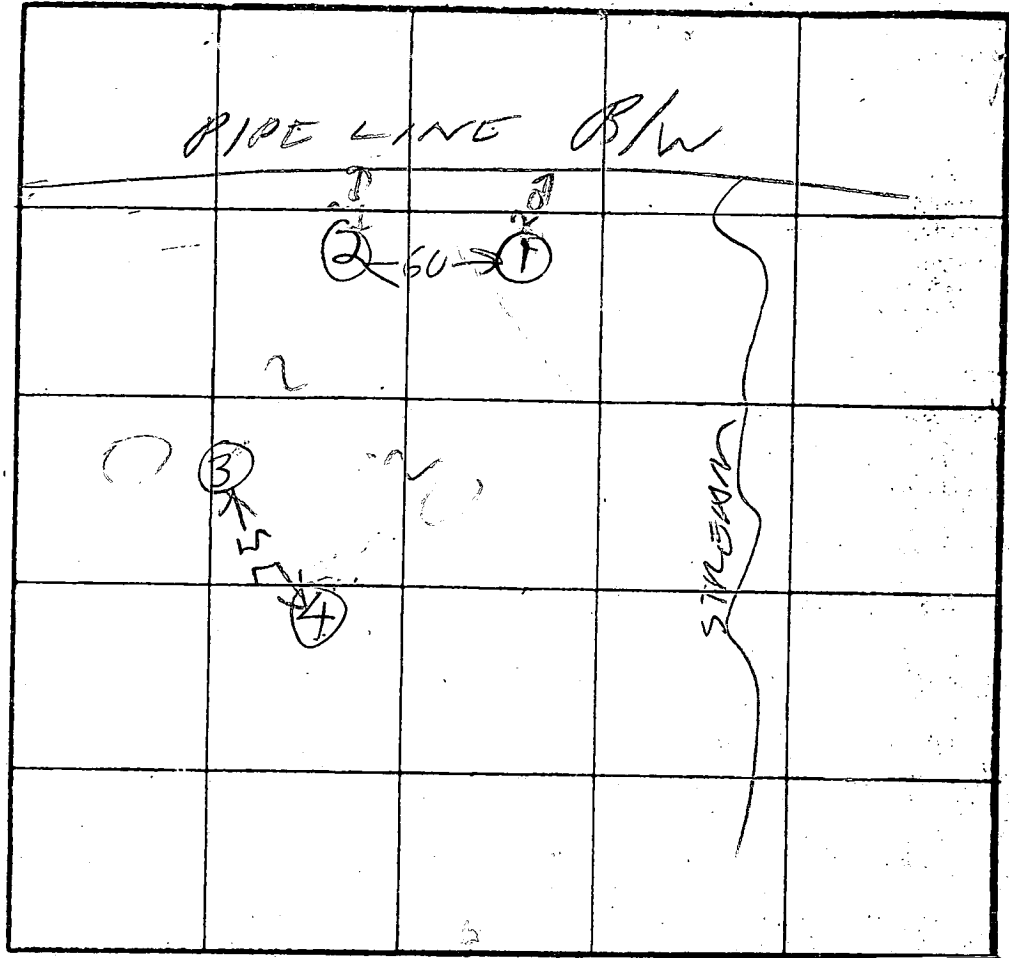
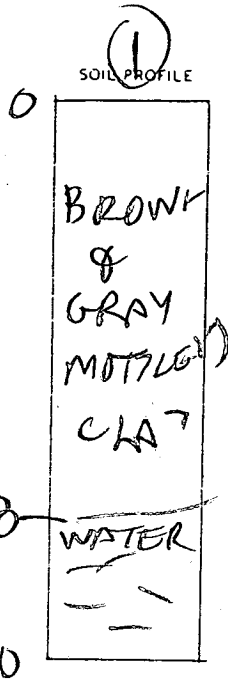
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

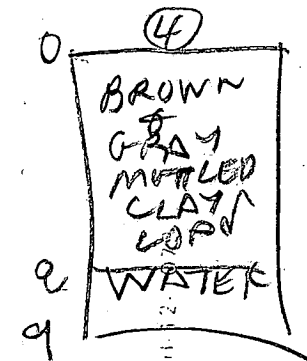
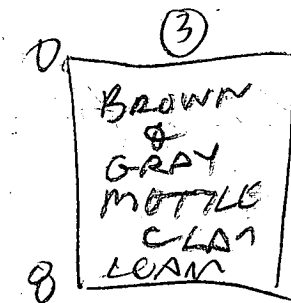
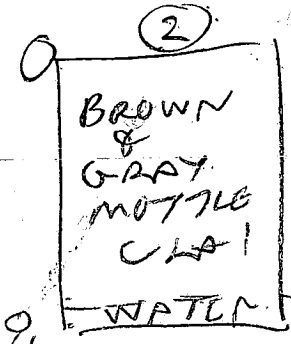
REASONS FOR REJECTION OR HOLDING 3/16/89 - UNSATISFACTOR  
CLAY & WATER BY

## THIS IS NOT A PERMIT

50



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/16/89	(C) 1V	10	WATER		2/F		
3/16/89	(D) 2V	8	WATER		8/F		
	(B) 3V	8	CLAY				
	(A) 4V	9	WATER		8/F		

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY A. Hodger ALSO PRESENT Jennifer Deed  
R. L. Whitman Jr

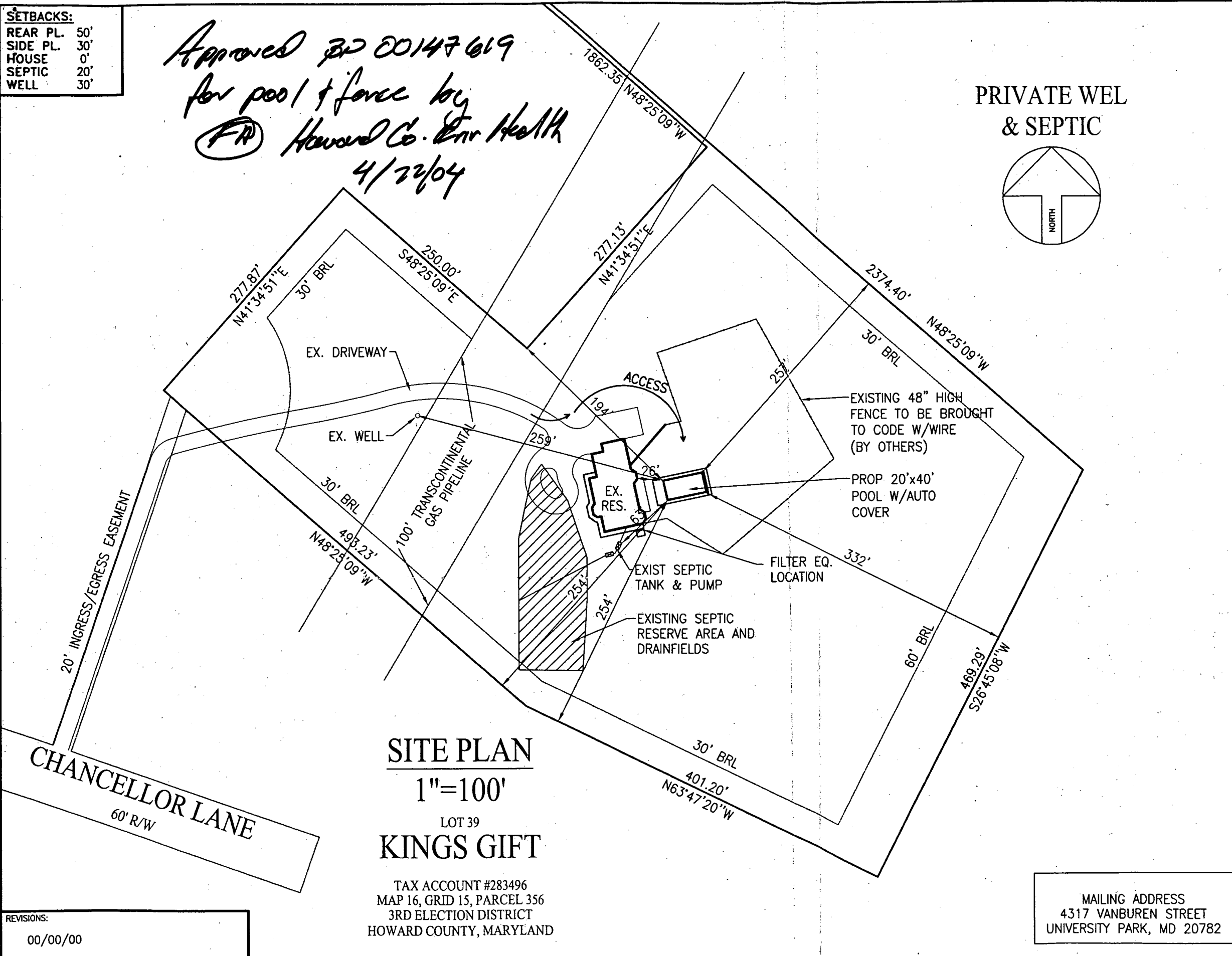
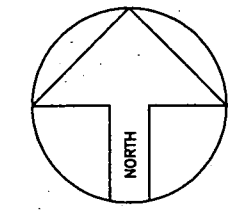


**SETBACKS:**

REAR PL.	50'
SIDE PL.	30'
HOUSE	0'
SEPTIC	20'
WELL	30'

*Approved 30 00147619  
for pool & fence by  
FR Howard Co. Env Health  
4/22/04*

PRIVATE WEL  
& SEPTIC



**SITE PLAN**  
1"=100'  
LOT 39  
**KINGS GIFT**

TAX ACCOUNT #283496  
MAP 16, GRID 15, PARCEL 356  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

MAILING ADDRESS  
4317 VANBUREN STREET  
UNIVERSITY PARK, MD 20782

**REVISIONS:**

00/00/00
----------

**Maryland POOLS Inc.**

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600  
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192  
800-252-SWIM  
WWW.MARYLANDPOOLS.COM

**EQUIPMENT LIST**

- DIRT/GRADING: ON SITE
- SPA: NONE
- RAISED BEAM: NONE
- TILE: STB-808
- COPING: 14" FLAGSTONE COPING
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
- CLEANING SYS: PCC 2000
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: NONE
- HEATER: 400K BTU (PROPANE)
- LIGHTS: (1) SAM WATTS: 300 VOLTS: 120
- LOVESEAT: (2) @ 4' - INSIDE
- AQUA BENCH: (2) @ 5'
- RAIL GOODS: NONE
- DECKING: NONE
- FENCE: BY OWNER
- POOL COVER: AUTOCOVER TYPE: R/H DRIVE/DK BLUE
- CHEMICALS: \$50 CHEMICAL ALLOWANCE
- OTHER ITEMS: 10'x10' 2ND STEP WADING AREA  
EXTRA SAFETY ROPE & FLOATS

ELECTRIC: 0 FT.

**POOL DATA**

SIZE/SHAPE: 20 x 40 - RECTANGLE  
POOL AREA: 800 SPA: OTHER:  
TOTAL AREA: 800  
PERIMETER: 120 SPA:  
GALLONAGE: 27,000 DEPTH: 3'-0" TO 6'-0"

**DIRECTIONS TO SITE**

RT-32 WEST TO R/T ON RT-144 EAST- FREDERICK ROAD  
FOLLOW TO R/T ON KINGS GIFT DRIVE.  
GO TO 2ND R/T ON CHANCELLOR LANE  
GO TO 2ND HOUSE UP PRIVATE DRIVE.

MAP #
10
GRID
G5

Paul & Julie Hamlin  
11517 Chancellor Lane  
Ellicott City, Maryland 21043  
Howard County

HOME PHONE: 443-896-5111  
CELL PHONE: 301-346-3457  
OFFICE PHONE:

**SITE PLAN** ZONE: ONE

LOT: 39	SUBDIVISION NAME: KINGS GIFT	DISTRICT: 3	PIN #: 23496
SCALE: 1"=100'	BY: JEK	DATE: 4/10/04	JOB NUMBER: EGO4-7851
			SHEET #: S-1