

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48757

A REPAIR

DISTRICT _____

DATE 12/15/92

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~24510373~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 12/3/92

INSPECTOR M. R. S. King

* Time Expired for Sampling opportunity

Jenkins Brothers _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE 461-9282

SUBDIVISION _____ LOT _____ ROAD 1520 Henryton Road

PROPERTY OWNER Mr. Randall Paul Dargis

ADDRESS 1520 Henryton Road
Marriottsville, Maryland 21104

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

150 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 63

BLDG. PERMITS SIGNED
AND RETURNED 11-14-2001
B00133229
INSTALL 350' UG PROPANE TANK

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 11/24/92

INLET 4' BOT 11' 63' LONG 7' STONE; AVAIL. REPAIR AREA
VERY LIMITED, SO REQUIREMENTS MODIFIED TO FIT MR.

PLANS APPROVED BY _____ DATE _____

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 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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

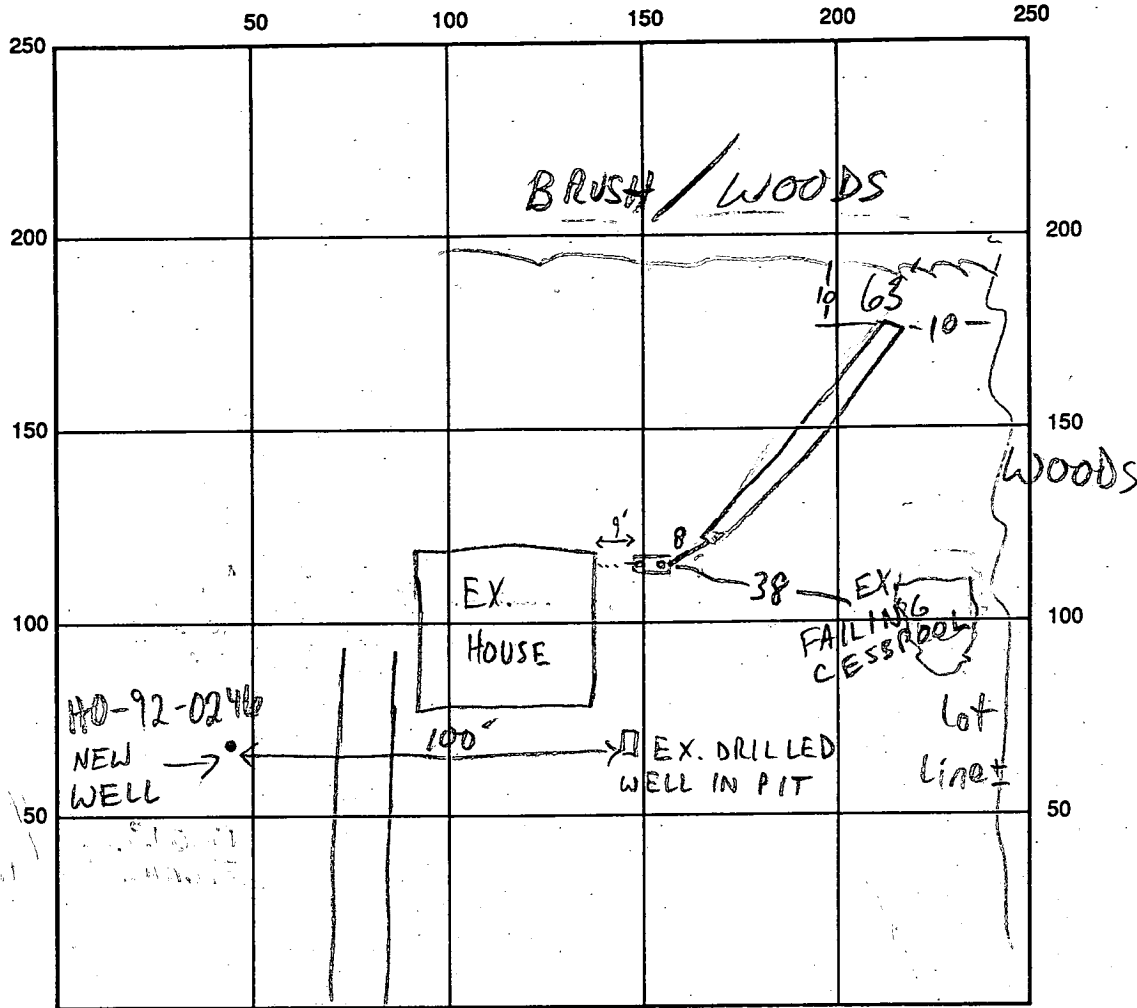
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMITS SIGNED
AND RETURNED
3/15/01
B00128581
garage/kitchen
*TOTAL OF 3 BEDROOMS

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

P 48757



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS 2 ON S.T.

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 63 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 441 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 441 SQ. FT.

REMARKS: 12/3/92 #1 OK TO STONE TRENCH MR
12/3/92 #2 OK TO COVER MR

DATE SYSTEM APPROVED 12/3/92 INSPECTOR M. Rifkin

REPLACEMENT WELL SITE INSPECTION

11/00

OWNER LEROY RANDALL

DATE REQUESTED 11/18/92

ADDRESS 1520 HENRYTON RD.

DRILLER EASTEN OAY

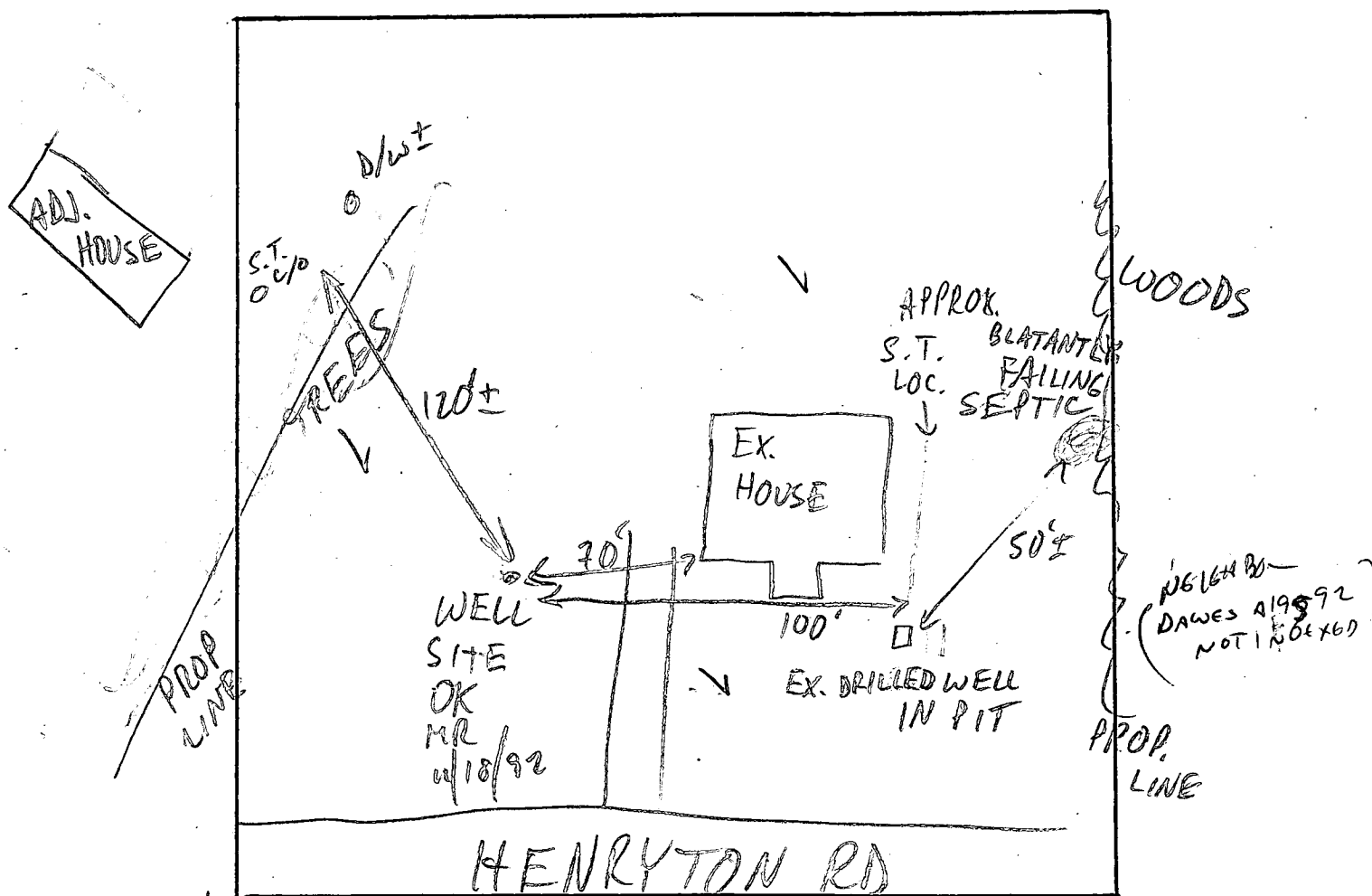
WELL TAG# _____

COUNTY# _____

PROPERTY
NOTICES LOCATED

LOCATION DIAGRAM

TAX MAP 10 ~~14~~
GRID 14
PARCEL 85



COMMENTS: 11/18/92 OK TO DRILL @ SPECIFIED LOC. MR

B 1 02570

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-92-0246

please print or type

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

111892

OWNER INFORMATION

RANDALL LE ROY

1520 HENRYTON RD

MARRIOTTSVILLE MD 21104

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 46 LOT 48 50

SYKESVILLE 52 NEAREST TOWN 71

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

DRILLER INFORMATION

George F. Easterday 40

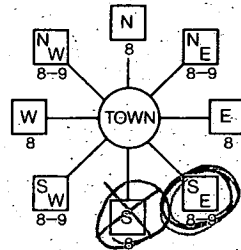
D. Franklin Easterday, Inc. 77 License No. 80

5205 Brown Church Rd., Mt. Airy, Md. 21771

Signature: George F. Easterday Date: 11/18/92

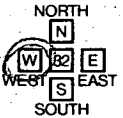
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1520 Henryton Rd NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 50 37 DISTANCE FROM ROAD ENTER FT or MI 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

Howard RW-48692 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 11/18/92 Mark E. Pelkin 3/18/93

NORTH GRID 545000 EAST GRID 0821000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

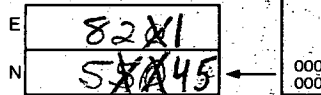
- Bored (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

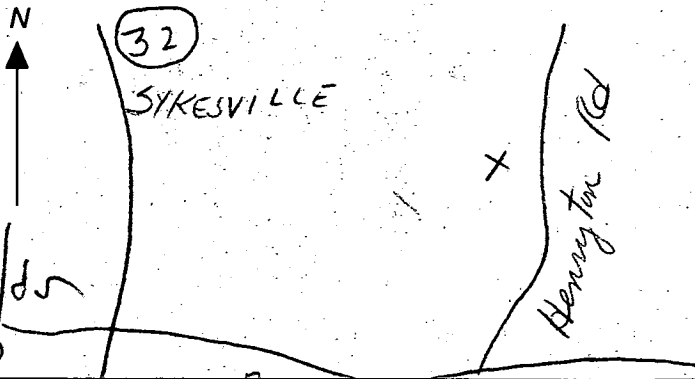
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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
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)

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

APPROX. PERMIT NUMBER GAP

FORCE MR PERMIT No. HD-92-0246

SPECIAL CONDITIONS

DRILLER

C1 1489 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER W-48692

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED

Depth of Well
 300 (TO NEAREST FOOT)

OK MR
 10/18/93

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 H0-92-0248

OWNER: RANDALL LEWIS
 STREET OR RFD: last name first name TOWN Sykesville
 SUBDIVISION SECTION LOT

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Red clay	2	3	
Red mica	3	25	
Thin mica	25	39	
Co. mica	39	40	
Coarse mica	40	700	
wh. mica	100	100	
Coarse mica	100	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 13 NO. OF POUNDS 130
 GALLONS OF WATER 65
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 45 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST 6 98

OTHER CASING (if used)
 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 OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN 140 98 300
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 6
 PUMPING RATE (gal. per min. to nearest gal.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 100
 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
 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) (+ above) (- below) LAND SURFACE (nearest foot)

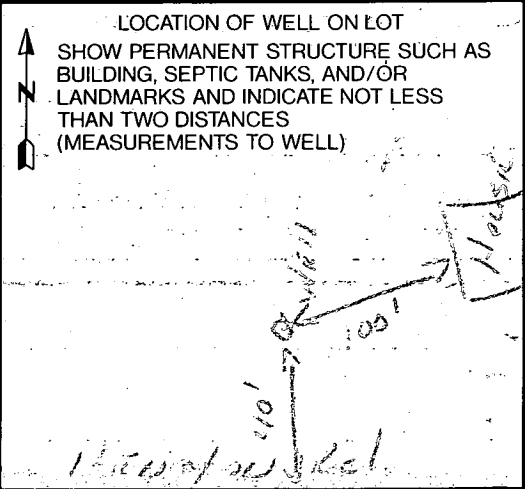
CIRCLE APPROPRIATE LETTER
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL

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 IDENT. NO. 44
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA



 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 12/30/99 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Dargis

* OWNER'S NAME: Dargis

* WELL LOCATION: 1520 Henryton Rd

COUNTY: Howard
 NEAREST TOWN: Marristown
 TAX MAP 10 BLOCK 14 PARCEL 85
 SUBDIVISION: _____
 SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES

E 0821
 BOX NUMBER
 N 545 ←

* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
 BORED/AUGURED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

_____ DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
 _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 47 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO _____

SIGNATURE - MASTER WELL-DRILLER OR SUPERVISING SANITARIAN: Mark E. L'Vein

LICENSE #: 989

MWD/MSD/MGD CIRCLE ONE

DATE: 12/30/99

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H	0								
9	2								
0	2								
4	6								

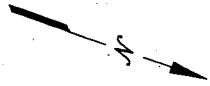
WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

⊗	
000	
000	

SHOW WELL LOCATION BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
#2 Gravel	47	15
Sakrete mix	15	5
Backfill	5	0



Location Drawing

Scale: 1" = 60'

The plat is of benefit is to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does the plat purport to reflect setbacks or other distances with any specific level of accuracy. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. The approximate location of the dwelling is shown in relation to the apparent property lines for the property known as

1520 Henryton Road
Howard County, Maryland.

William T. Matthews 12/10/99

Ruxton Design Corporation

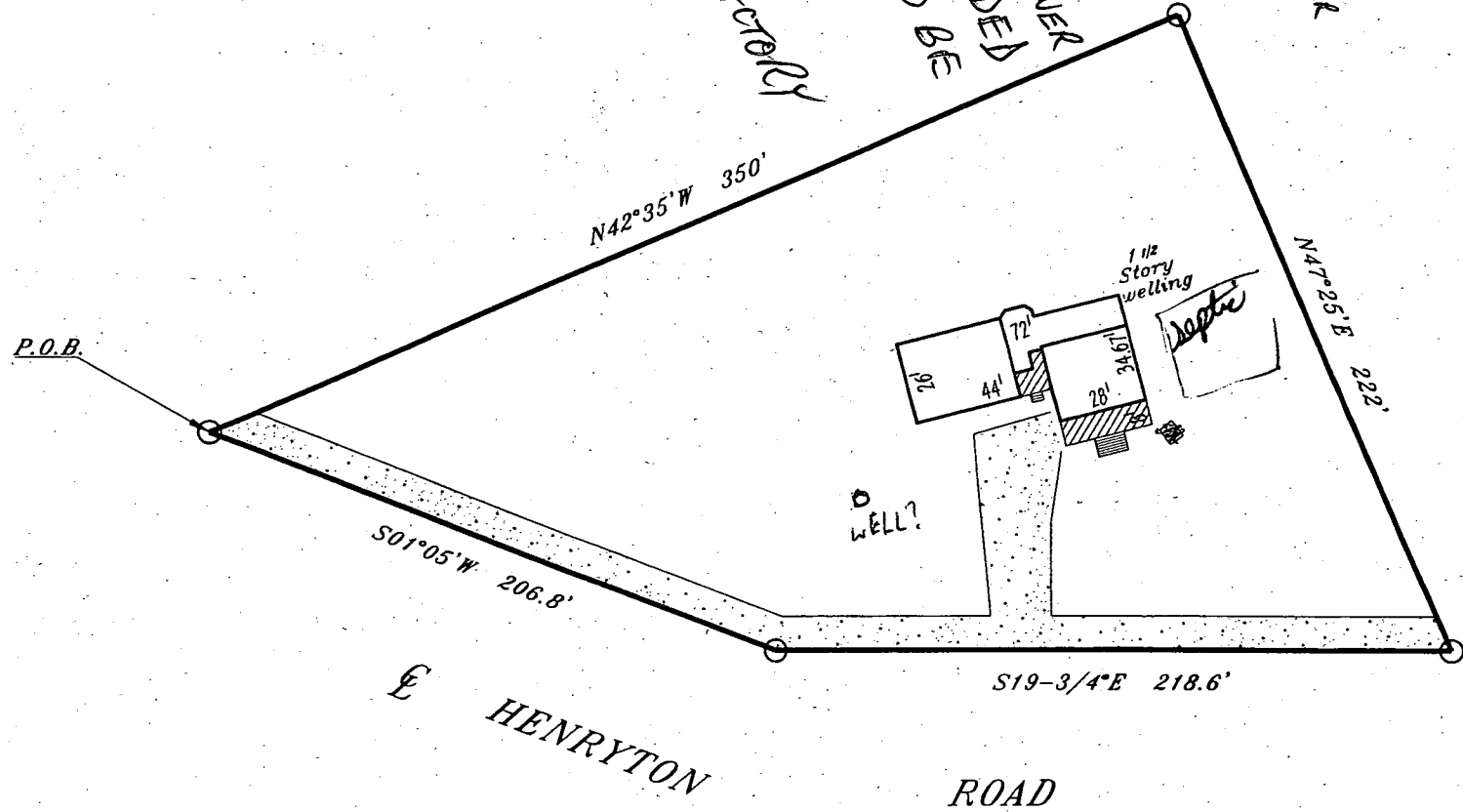
8422 Bellona Lane
Suite 300
Towson, Maryland 21204

410-823-5000
410-823-0115 fax

rdc@ruxtondesign.com

www.ruxtondesign.com

3/1/07 ^(MR) TRM w/OWNER
NEED FULL
DESCRIPTION OF
ADD'N USES/BLS
3/15/01 TRM w/OWNER
3 BLS TO BE ADDED
3 BLS (EXISTING) TO BE
2 BLS EXISTING -
ELIMINATED = 3 BLS
RESULT = 3 BLS
EX. S.S. ^(MR) SATISFACTORY



Dwelling lies in Flood Zone C

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00128581

Building Address 1520 Henryton Road
Marronville, MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Henryton
 Section 1 Area 1 Lot 1
 Tax Map 10 Parcel 85 Grid 14
 Zoning RK Map Coordinates 5611 Lot size 1 acre

Property Owner's Name Paul V. Dargis
 Address 1520 Henryton Road
 City Marronville State MD Zip Code 21104
 Home Phone 410 442-0287 Work Phone 410-286-8036
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use residence SFD
 Proposed Use residence and 2nd floor addition
 Estimated Construction Cost \$ _____
 Description of Work addition of garage dinette
enlarge kitchen enlarge attic
to full sec. floor

Contractor Company Whetzel and Sons
 Contact Person Jim Whetzel
 Address 2848 Ridge Rd
 City Lutherville State MD Zip Code 21244
 License No. _____
 Phone 410 355-1567 Fax _____

Occupant or Tenant owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company BEM Remodeling
 Contact Person Robert Muhl
 Address 6850 South Ave
 City Windsor State MD Zip Code 21286
 Phone 410 491-1898 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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 THERETO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Paul V. Dargis
 Title/Company _____

Print Name Paul V. Dargis
 Date 2-21-01

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	<u>3/15/01</u>	<u>Mark Kellie</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>2090</u>
Validation #	<u>21-813</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by JK

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

84199



Location Drawing

Scale: 1" = 60'

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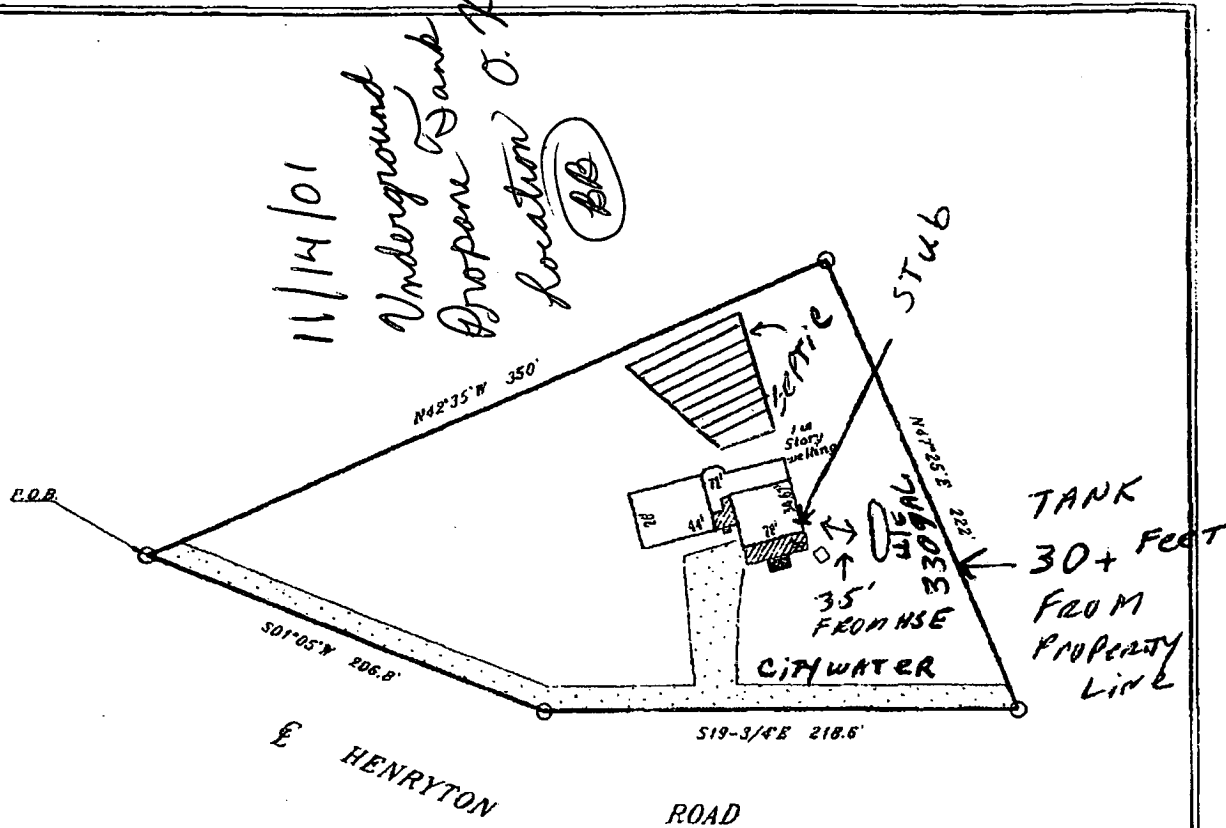
410-823-5000

410-823-0115fax

rdc@ruxtondesign.com

www.ruxtondesign.com

11/14/01
Underground
Propane Tank
location O.K.
(BB)



UNRECORDED 12:48 10/20/01