

2/5/99
2/8/99 2:00
2:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511837

A 32938

DISTRICT _____

DATE 1/5/99

DATE SYSTEM APPROVED 2/8/99

INSPECTOR AU

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

03-315819

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Coventry Meadows, Sec. 1 LOT 6 ROAD 1420 Coventry Meadows Drive

PROPERTY OWNER Tom O'Reilly

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - 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 - Place the distribution box 160 feet from the front lot line and 135 feet from the left lot line. Run trenches along contour in both directions. Maximum trench length - 80 feet to either side of distribution box.

NOTES - No trench to exceed 80 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

10/8/98 OR AU

PLANS APPROVED BY C. Williams/Ronald J. Pinkley DATE 9/20/98

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

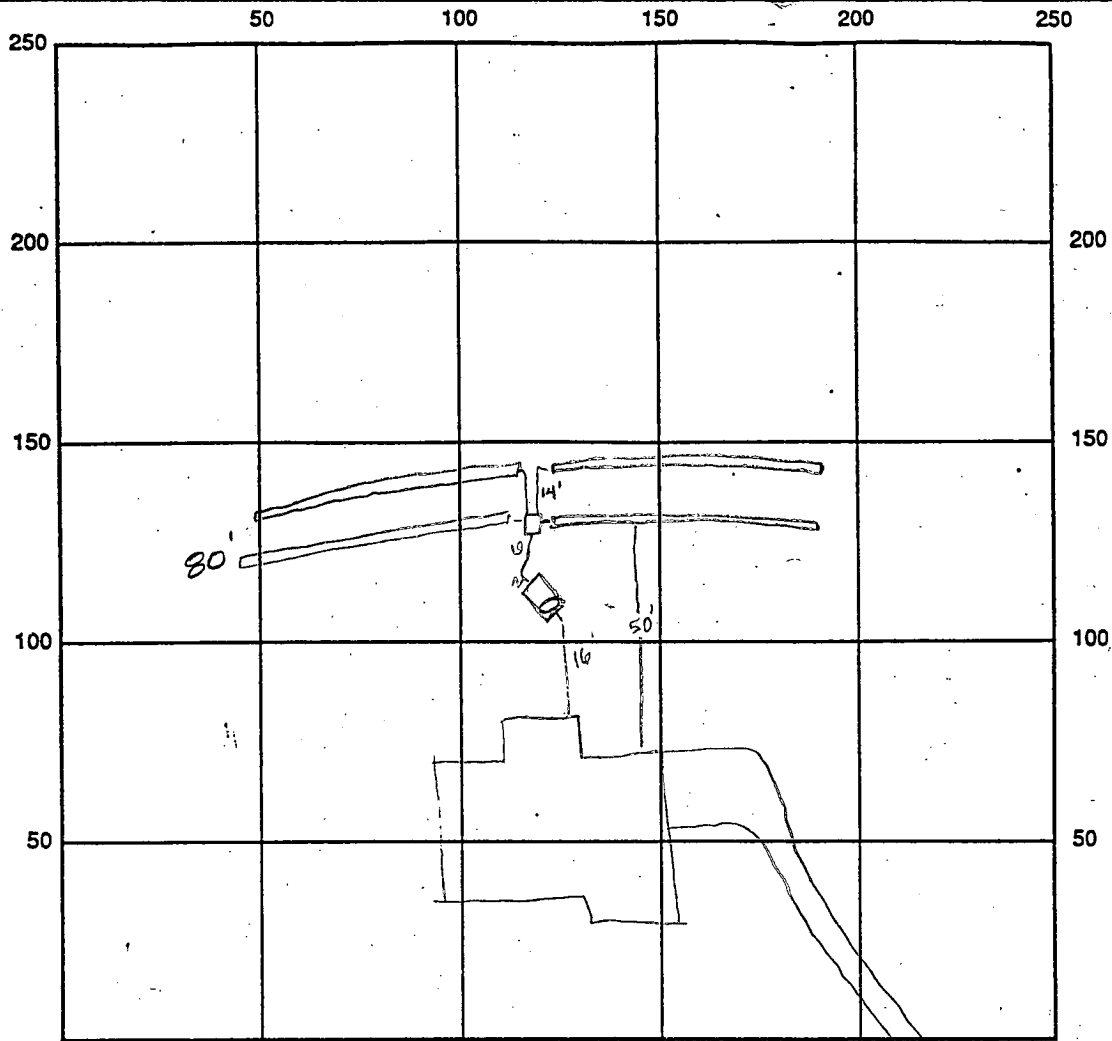
NOTE: INSTALL STAND. PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

32938



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 320 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 960 SQ. FT. $\frac{320}{3} = 960$

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 2/5/99 OK to cover 1st trench & continue All

2/8/99 OK to cover all work final All

DATE SYSTEM APPROVED 2/8/99 INSPECTOR Amy McMillan

APPLICATION

PERCOLATION TESTING

A 32938

P _____

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

DISTRICT _____

DATE 10-4-83

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 Tom O'Reilly

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Coventry Meadows LOT NO. 6, sec. 1

ROAD AND DESCRIPTION Route 32-1420 Coventry Meadow Drive

TAX MAP 9 PARCEL # 71

SIZE OF LOT 3ac ~~IND. PERMITS SIGNED~~ ~~AND RETURNED~~ 6-3-89 TYPE BLDG. SFD - 3Bm
Serial # B10118434
ded.
(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 Cwellin FOR TRENCHES DATE 3/9/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-29-90 Area retested was unacceptable. New SDA to be determined during additional perc testing. DEN
R6 TESTS ON HIGHER GROUND OK 3/2/90 Cwellin

HD-216

THIS IS NOT A PERMIT

Permit

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32938

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 3rd

DATE 10/4/83

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 WILLIAM M. HAWICE

ADDRESS 7148 LASTING LIGHT WAY COLUMBIA, MD. 21045 PHONE 465-7777 BOENDER ASSOC.

PROPERTY LOCATION:

SUBDIVISION HAWICE'S LANDING LOT NO. 10 sec-1 Final Lot-6

ROAD AND DESCRIPTION MD. RTE. 32 (WEST SIDE), 4400'± TO BEGINNING OF SITE FROM OLD FREDERICK RD. (NORTH)

SIZE OF LOT 3 ACRES TYPE BLDG. 3/4
(NUMBER OF BEDROOMS)

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.

John J. Barbard (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY C. Williams FOR REDESIGN-RETEST REQUIRED DATE 1/29/90

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/19/83 Perc OK but system first

& Hold for Plat BH 12-19-89 SHALLOW SYSTEM ONLY

VOID - RETEST UNSUCCESSFUL WATER AT 6'

MUST REDESIGN TO HIGHER GROUND, C. Williams

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH 12 10/79

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 32938

P _____

DISTRICT 3rd

DATE 10/4/83

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 WILLIAM M. HAWICE

ADDRESS 7140 LASTING LIGHT WAY COLUMBIA, MD. 21045 PHONE 465-7777 BOENDER ASSOC

PROPERTY LOCATION:

SUBDIVISION HAWKES LANDING LOT NO. 10

ROAD AND DESCRIPTION MD. RTE. 32 (WEST SIDE), 4400'± TO BEGINNING OF SITE
FROM OLD FREDERICK RD. (NORTH)

SIZE OF LOT 3 ACRES TYPE BLDG. 3/4
(NUMBER OF BEDROOMS)

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.

John J. Barbard (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

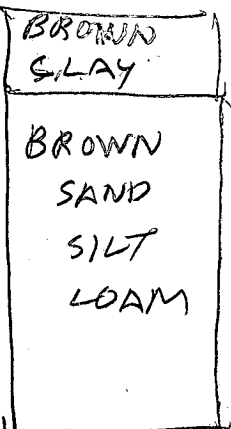
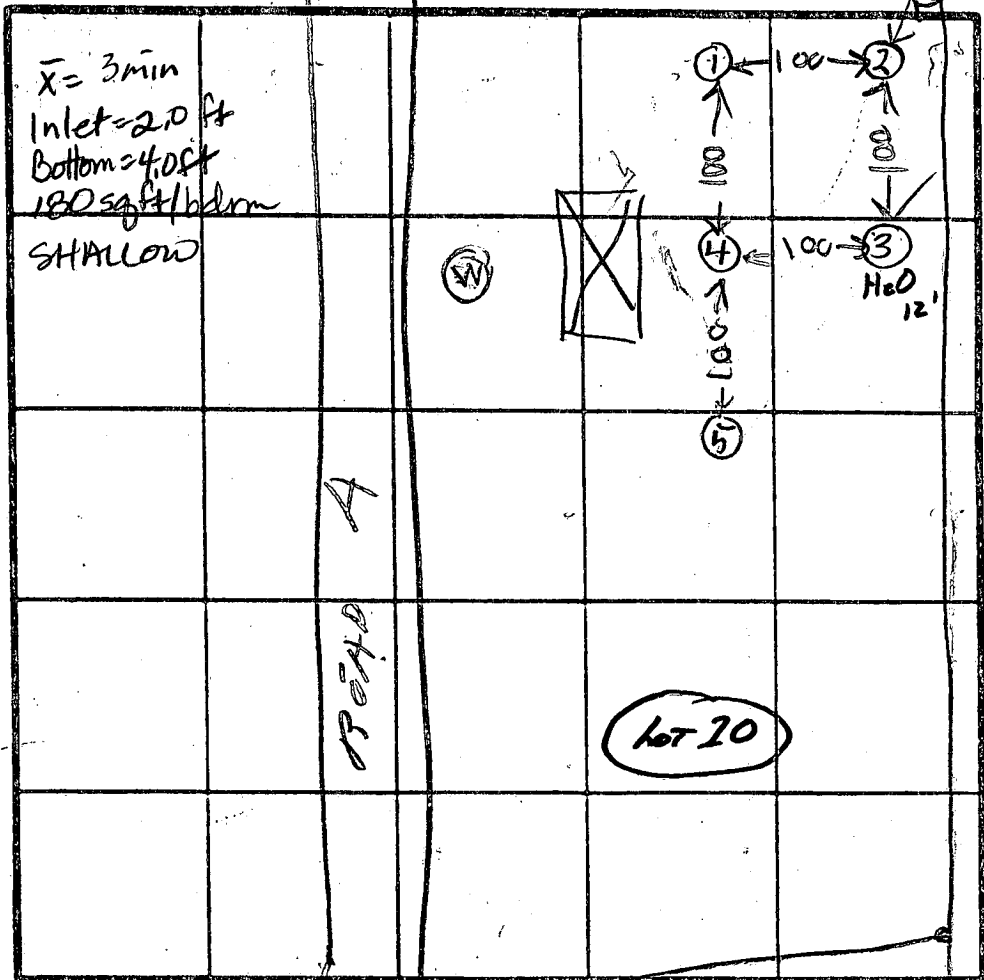
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

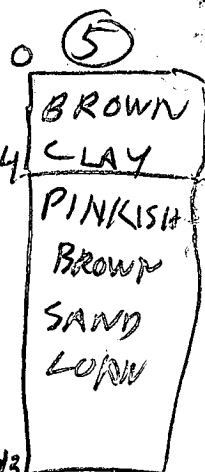
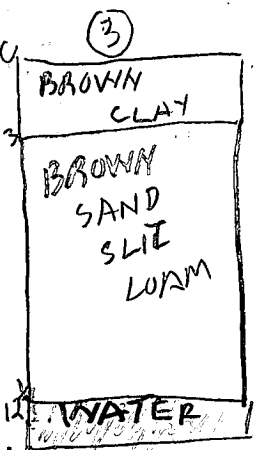
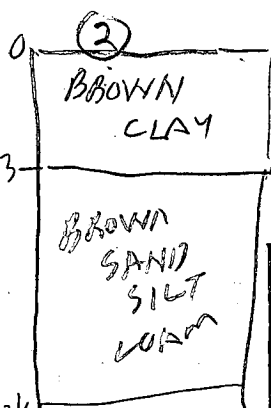
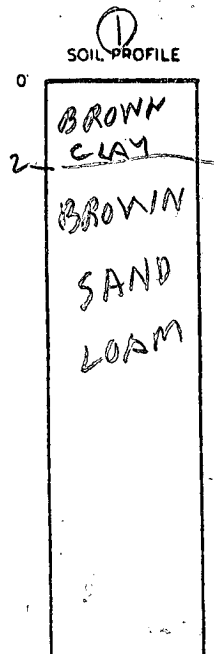
THIS IS NOT A PERMIT

Lot 10

35 ft



HOLE ELEVATION
 (1)(4) HIGH
 (2)(3) LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/10/83	1S	2 1/2	119	120	120	121	1
	1V	13	LOOKS		OK		
	2S	4	122	126	126	128	2
	2V	12 1/2	LOOKS		OK		
	3S	4	133	135	135	139	4
	3V	12 1/2	WATER		12 FT		
	4S	4 1/2	141	142	142	143	1
	4V	12 1/2	LOOKS		OK		
	5S	4 1/2	315	317	317	322	5
	5V	13	LOOK		OK		

REMARKS: Holes (1)(2)(3)(4) dug per plat Location
 Hole (5) Not dug per plat Location

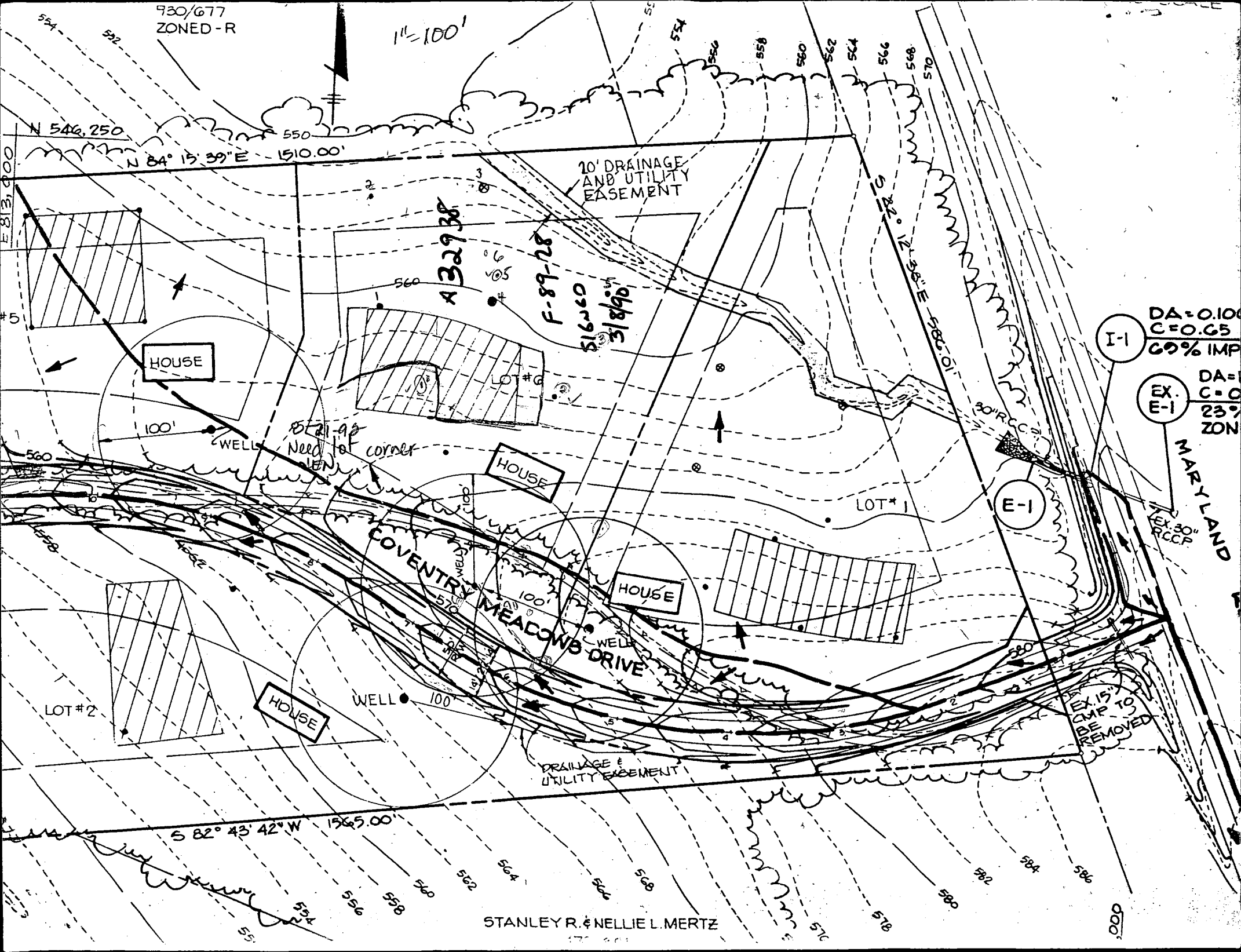
TYPE OF SOIL: R. HODGES

TESTED BY: R. HODGES ALSO PRESENT: SKIP & JOHN O.F. FRÖCKCO

E.H.T. 10/29

930/677
ZONED-R

1"=100'



N 54° 25'

N 84° 15' 39" E - 1510.00'

HOUSE

A 32938

F-89-28

51620
31890

20' DRAINAGE AND UTILITY EASEMENT

100'

WELL

BEAR AS
NEED FOR
CORNER

HOUSE

LOT #1

E-1

EX. E-1

MARYLAND

DA=0.100
C=0.65
69% IMP

DA=1
C=0
23% ZON

EX. 30' RCCP

COVENTRY MEADOWS DRIVE

HOUSE

LOT #2

HOUSE

WELL 100'

WELL

DRAINAGE & UTILITY EASEMENT

S 82° 43' 42" W 1565.00'

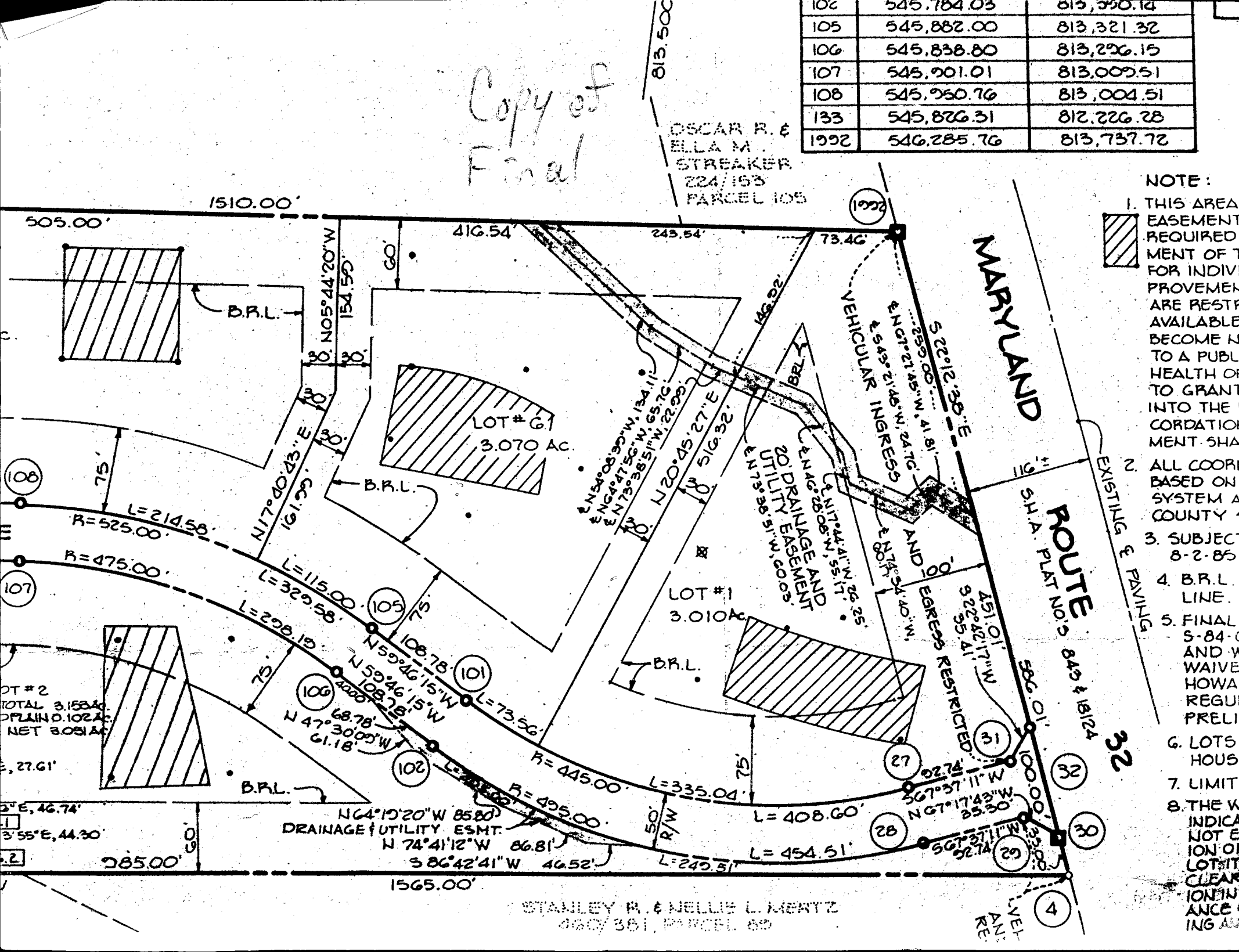
EX. 15' CMP TO BE REMOVED

STANLEY R. & NELLIE L. MERTZ

Copy of Final

102	545,784.03	813,330.14
105	545,882.00	813,321.32
106	545,838.80	813,226.15
107	545,901.01	813,009.51
108	545,930.76	813,004.51
133	545,826.31	812,226.28
1992	546,285.76	813,737.72

OSCAR R. & ELLA M. STREAKER 224/193 PARCEL 105



- NOTE:
1. THIS AREA EASEMENT REQUIRED FOR INDIVIDUAL IMPROVEMENTS ARE RESTRICTED AVAILABLE TO A PUBLIC HEALTH OFFICER TO GRANT INTO THE RECORDATION SYSTEM. SHALL
 2. ALL COORDINATES BASED ON COUNTY SYSTEM AND COUNTY 8-2-85
 3. SUBJECT TO 8-2-85
 4. B.R.L. LINE.
 5. FINAL SURVEY AND WAIVER HOWARD COUNTY REGULATIONS PRELIMINARY
 6. LOTS HOUSE
 7. LIMIT
 8. THE WALL INDICATION NOT EVIDENCE OF CLEARANCE OR ANYTHING

STANLEY R. & NELLIE L. MERTZ 460/381, PARCEL 89

By Review of This Document The Health Department Approves The Depicted MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT

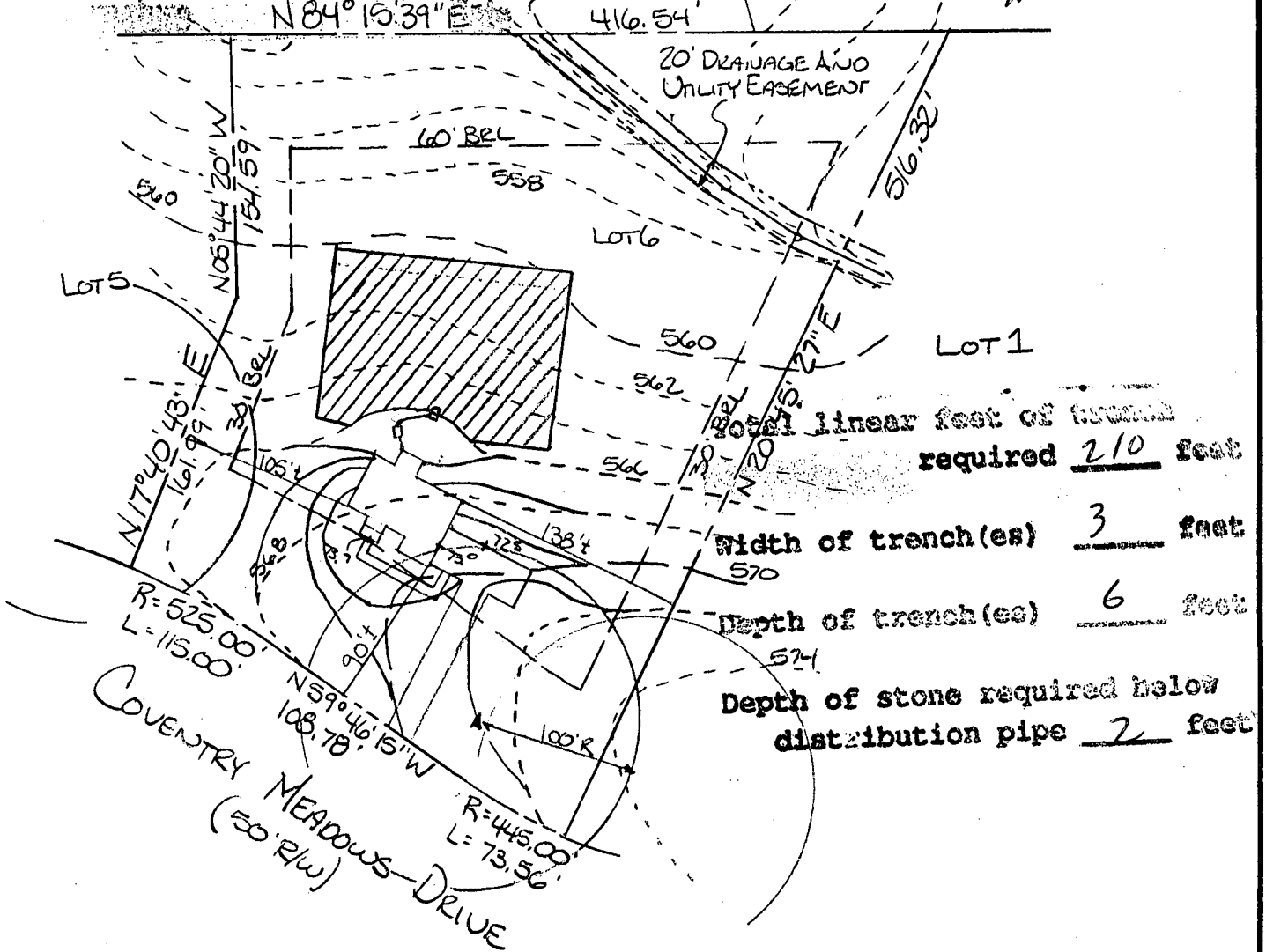
Approved Septic System Plan
Howard County Health Department

B00114042

CAW 9/28/98

CHANGED HOUSE
REVISED HOUSE
LOCATION OK.
C.B. Miller
HOWARD COUNTY
REGISTERED LAND SURVEYORS

C.B. Miller 9/28/98



total linear feet of trench required 210 feet
width of trench(es) 3 feet
depth of trench(es) 6 feet
depth of stone required below distribution pipe 2 feet

FIRST FLOOR ELEV. = 575.77
BASEMENT ELEV. = 566.1
INV. OUT OF BASEMENT = 565.2
INV. IN OF TANK = 564.4
INV. OUT OF TANK = 564.1
EX. ELEV. @ SEPTIC TANK = 567.4
INV. IN DISTRIBUTION BOX = 563.2
EX. ELEV. @ DISTRIBUTION BOX = 566.2

1420 COVENTRY MEADOWS DRIVE
"COVENTRY MEADOW"
LOT 6
HOWARD COUNTY, MARYLAND

SITE PLAN

DESIGN BY: RLC	DATE: 09-24-98
DRAWN BY: RLC	PROJECT No.: 1685
CHK BY: CBM	SCALE: 1"=100'

C.B. Miller Associates
Registered Land Surveyors



13054 Tarragon Road
Reisterstown, Maryland 21136
(410) 833-5905
(410) 833-0690

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
AM 11:48
1998 SP 28 JS 8661

C1 6754 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 A 32938

ST/CO USE ONLY DATE Received DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-0165

OWNER MOYER MAN PAUL STREET OR RFD COUNTY ROAD MEDICUS RD TOWN WEST FRIENDSHIP SUBDIVISION COVENTRY MEADOWS SECTION 1 LOT 6

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Overburden, Mud & Boulders, and Gray Rock.

GROUTING RECORD: WELL HAS BEEN GROUDED (Y), TYPE OF GROUING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 34, NO. OF POUNDS: 3400.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE: ST, Nominal diameter: 6, Total depth: 123.

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).

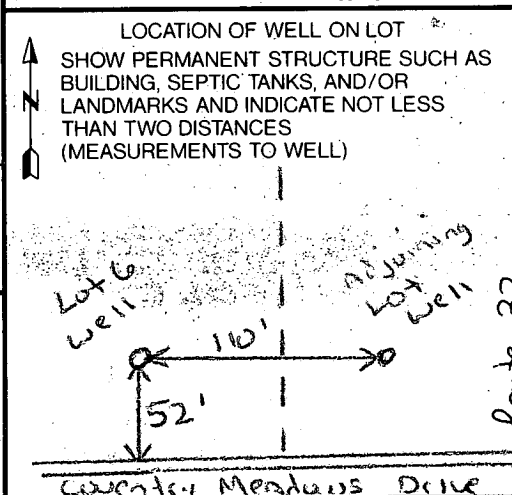
DEPTH (nearest ft.) table with rows for EACH CASING and SCREEN, SLOT SIZE, DIAMETER OF SCREEN.

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.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (20), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (A,C,J,P,R,S,T,O), CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.



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.

DRILLERS IDENT. NO. 309, DRILLERS SIGNATURE (W. Powell)

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

B 1 **03855** SEQUENCE NO. (DP USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
H0-92-0165
70 fill in this form completely 79

Date Received (APA) **081692**
OWNER INFORMATION
15 Last Name **MOYERMAN** 21 Owner First Name **PAUL** 34
36 Street or RFD **4426 CROSS COUNTRY D** 55
57 Town **ELLCOTT** 70 State **MD** 72 Zip **21042** 76

B 3 LOCATION OF WELL **R 45416**
8 COUNTY **HOWARD** 21
23 SUBDIVISION **COVENTRY MEADOWS** 42
SECTION **001** 44 46 LOT **6** 48 50
52 NEAREST TOWN **WEST FRIENDSHIP** 71
MILES FROM TOWN (enter 0 if in town) **2** 73 **MI** 76 77 78

DRILLER INFORMATION
Driller's Name **PAUL H. FARISZAK** 77 License No. **399** 80
Firm Name **G. EDGAR MARK CONCRETE**
Address **12047 FALLS ROAD COCKEYSVILLE, MD 21030**
Signature **Paul H. Fariszak** 8/13/92 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 **COVENTRY MEADOWS DRIVE** 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N WEST W EAST E SOUTH S
34 **200** 37 DISTANCE FROM ROAD
ENTER FT or MI **FT** 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750** 12 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A **32938** COUNTY NO.
STATE SIGNATURE _____ INSERT S _____ 41
DATE ISSUED **082592** 43 CO'S SIGNATURE **Raymond A. Grogan** 48 EXP. DATE **2/2/93**
NORTH GRID **546000** 50 EAST GRID **0012000** 55

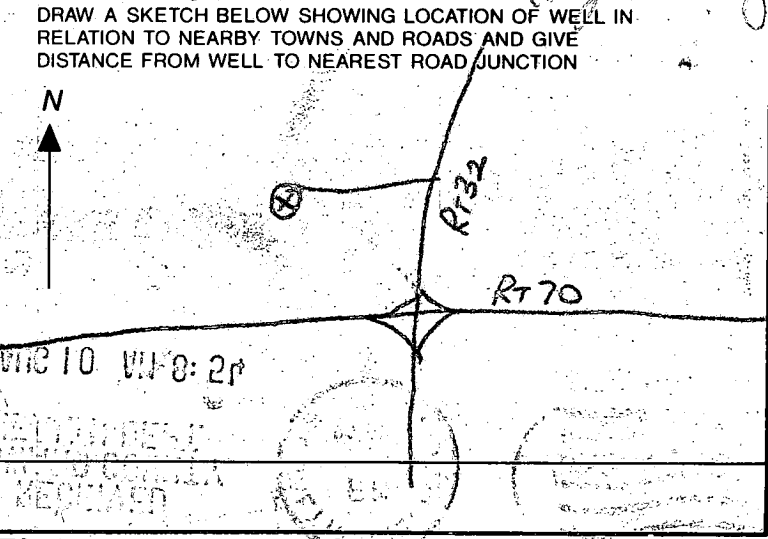
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** 24 FEET 28
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **32'** (Out of water) **10, 2, 50**
2. **123'** casing
3. **50'** gravel
1 1/2' casing phone ground
8102 546
546 000 000
(Tog. 1 casing)

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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER _____ 54 **GAP** 63
FORCE **RII** 67 68 WRITE INITIALS IN BOX
PERMIT No. **H0-92-0165** 70 71 72 73 74 75 76 77 78 79
SPECIAL CONDITIONS

9/18/12 (over) [Type "I" cement used in grout]

[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page]

92 AUG 10 11:08:54

RECEIVED
HOWARD COUNTY
RENTAL DEPT

