

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353994

P 50240

A 44167

DISTRICT 4th

DATE 08/26/94

DATE SYSTEM APPROVED 11/14/94

INSPECTOR C. Bol.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

INDEXED

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 239-8330

SUBDIVISION Cabin Branch Farm LOT 29 ROAD 3204 Lancaster Court

PROPERTY OWNER Martin II, Inc. CIPRIANO

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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 distribution box 150 feet from front (267.75') lot line and 115 feet from right (267.06') lot line as viewed from Lancaster Court. Install trenches on contour toward rear lot line (239.17')

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/1/94 DKS

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin

REVISED DATE 11/13/92

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.

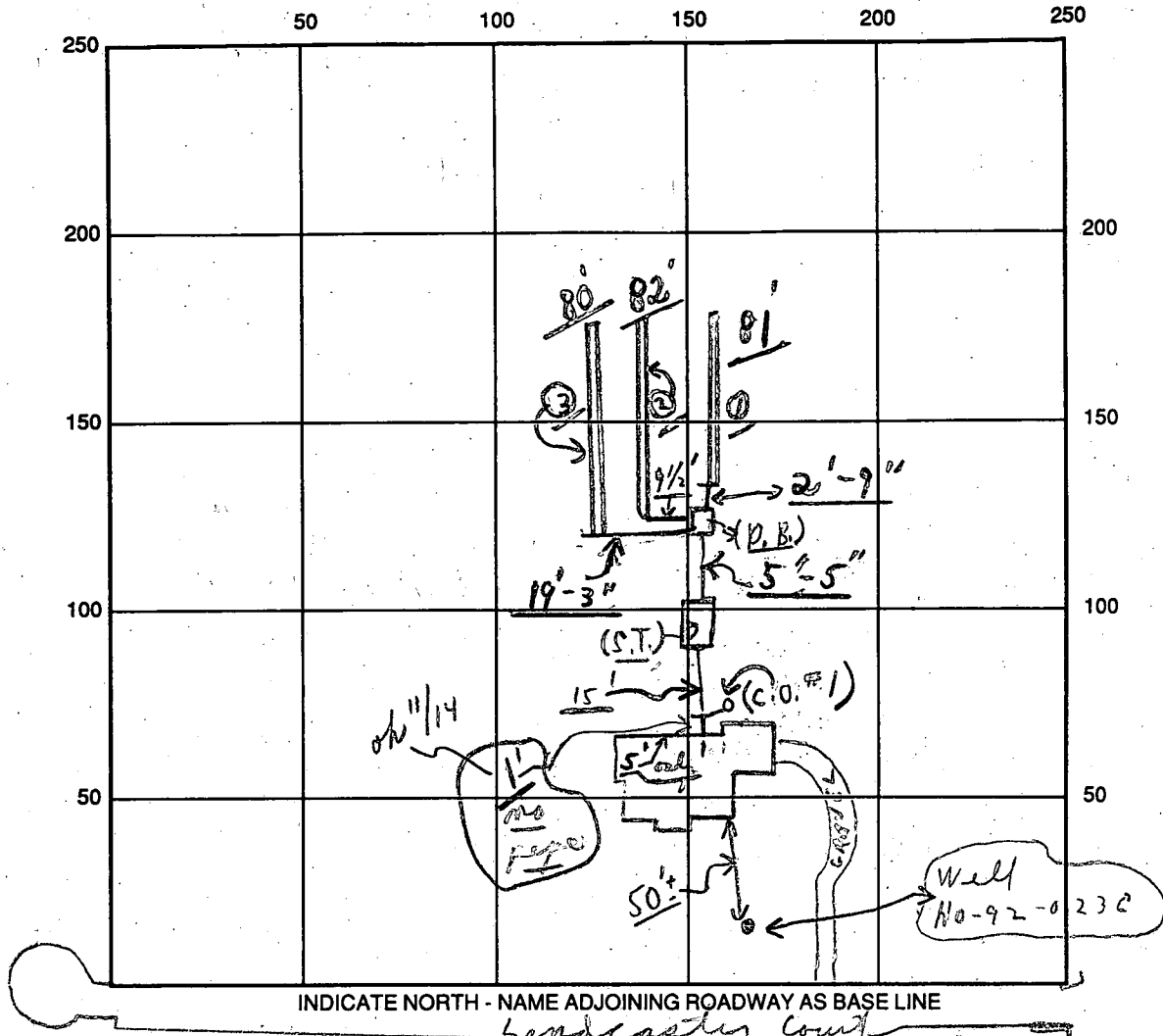
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 44167

10/3/94 12:00  
11/14/94  
House  
10:00  
A.S.A.

10/3/94  
Need  
House  
connection 11/14



SEPTIC TANK LEVEL OK CLEANOUTS S.T. / C.O. #1

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 20 FT. TOTAL LENGTH 81' + 82' + 81' FT. (243)

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 729 SQ. FT.

DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 729 SQ. FT.

REMARKS: Partial 10/3/94 No house connection; ok to cover all work to 2' of homes; call Hold for a call on house connection.

11/14/94 House connection seen @ rear of home - final. (Stakes left @ C.O. #1 - no use seen)

10/3/94 No W.P.I. call

DATE SYSTEM APPROVED 11/14/94 INSPECTOR Charles Bryan Stork

# APPLICATION

PERCOLATION TESTING

A 44167  
P \_\_\_\_\_

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

DISTRICT R  
DATE 5/3/89

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 Oakton Associates, Inc. Martin II, Inc

ADDRESS 1200 18th Street, NW, Washington, DC 20036 PHONE 239-8330  
(202) 457-8637

PROSPECTIVE BUYER Anchor Capital Group

ADDRESS 133 Defense Highway, Suite 206 PHONE (301) 261-8727  
Annapolis, MD 21401

PROPERTY LOCATION:

SUBDIVISION Cabin Branch Farm LOT NO. Retest Lot 3329

ROAD AND DESCRIPTION Rte 94 (Ellicott Road) Approximately 2 miles North East  
from Damascus Road (3204 LANCASTER COURT)

TAX MAP 13 PARCEL # 42

SIZE OF LOT 3 acres TYPE BLDG. Single Family  
(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.

James Hanna  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 6/2/89 - PERC OK HOLD FOR PLAT RIF

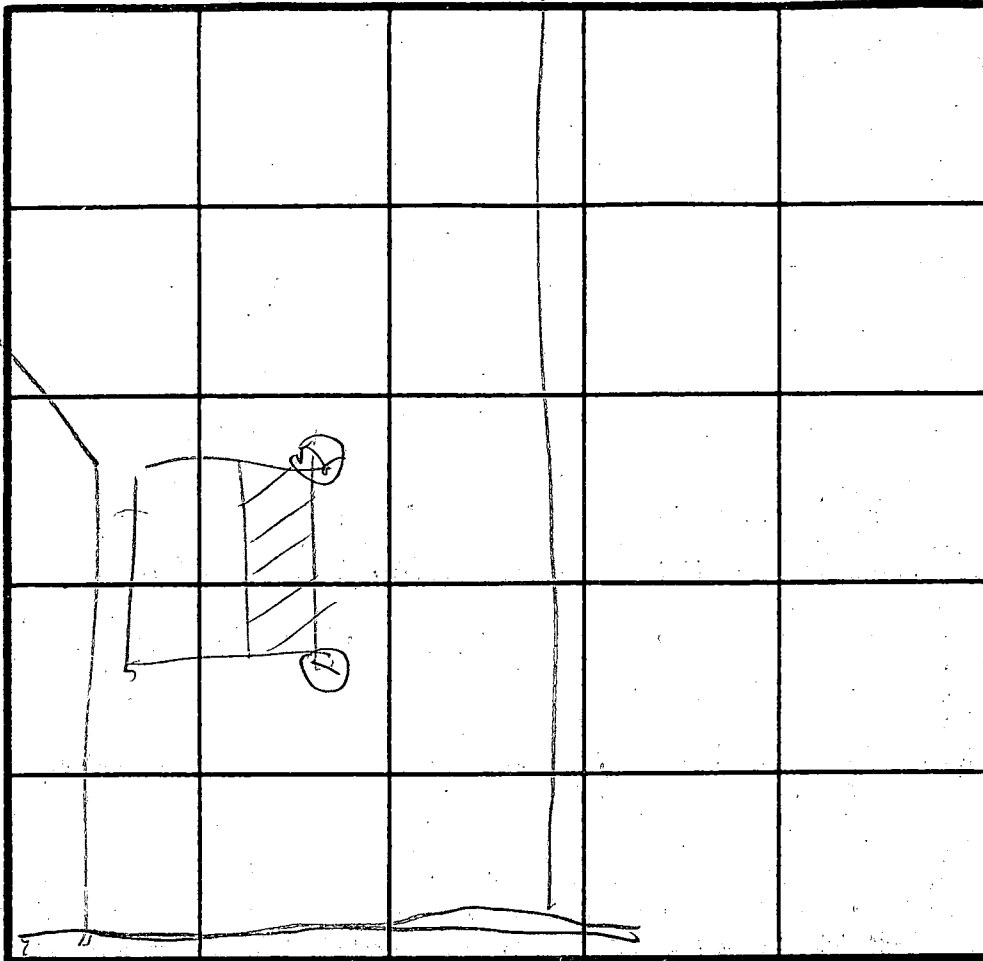
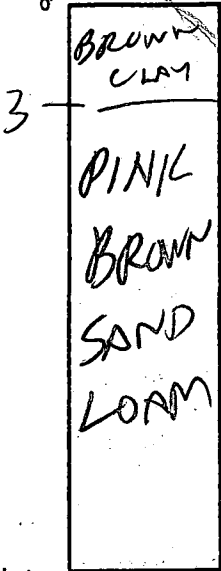
**BLDG. PERMIT SIGNED**  
**AND RETURNED** 8/31/94  
Serial # 57103  
SFD - 4 Bedroom

# THIS IS NOT A PERMIT

HD-216

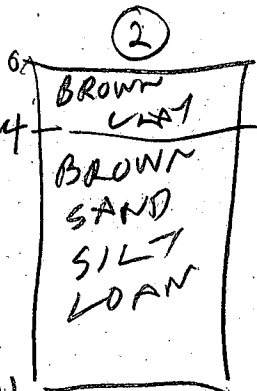
20333  
RETEST

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

COURT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/2/89	1S 1V	4.5 11.5	201 OK	203	203	204	1
6/2/89	2S 2V	4 11	205 OK	206	206	209	3

REMARKS Holes Dug Per Retest Plot

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

TESTED BY B. Hodger ALSO PRESENT James Rocky

# APPLICATION

PERCOLATION TESTING

A 43408

P \_\_\_\_\_

DISTRICT R

DATE 12/19/88

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

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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James Hanna

(SIGNATURE OF APPLICANT)

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

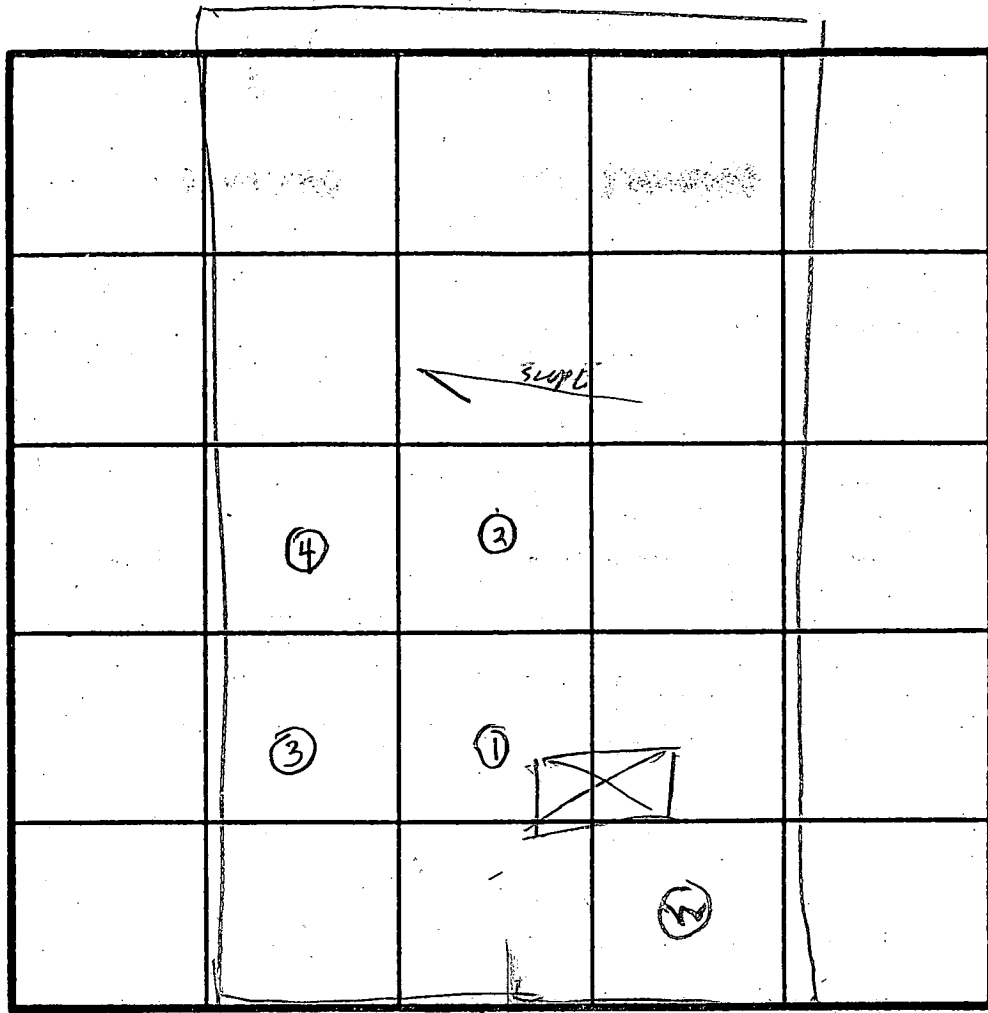
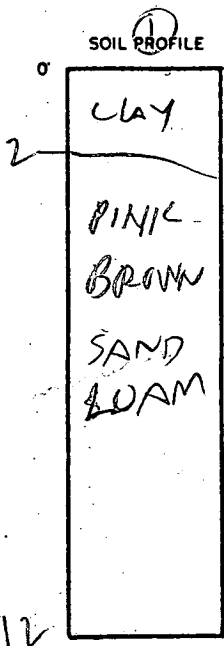
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4/25/89 Perc OK / hold for Plat B.H.

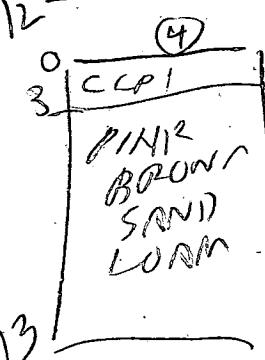
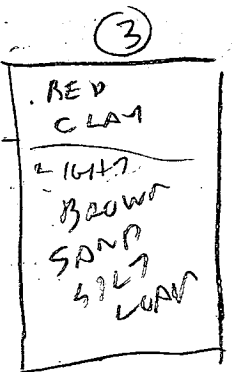
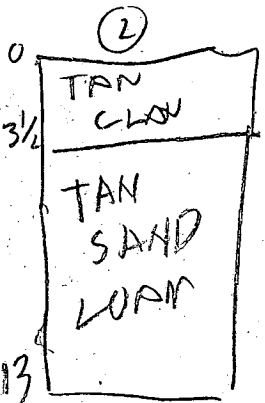
HD-216

# THIS IS NOT A PERMIT

W 33  
A 43408



IN LGT 3 1/2  
X 4 MIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
UNNAMED RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/25/89	15	4	1048	1050	1050	1052	2
	117	7.5	1049	1050	1050	1053	3
4/25/89	1V	12	OK				
	2V	13	OK				
J	3S	5	1059	1105	1105	1109	4
	3V	12	OK				
J	4S	4.5	1103	1105	1105	1108	3
	4V	13	OK				

REMARKS: Holes ② ③ ④ dug per test Plat

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

TESTED BY B. HODGES

ALSO PRESENT STABLE REAL ESTATE JAMIE ENGINEER JIM BALKHIE

B 1 **03945**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

**MD-92-0236**  
fill in this form completely

Date Received (APA)

**A90392**

OWNER INFORMATION

**FALL DEVELOPERS**

**AX1659**

**MT AIRY MD 01771**

B 3

LOCATION OF WELL

**HOWARD**

**CARIN BRANCH FARM**

SECTION **44** LOT **29**

**LISBON**

MILES FROM TOWN (enter 0 if in town) **4 MI**

DRILLER INFORMATION

**Joseph L. MAYNE** License No. **238**

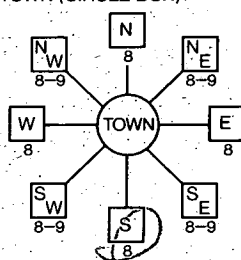
**Jacoph L. MAYNE WELL DRILLING**

**5512 RIDGE RD. MT AIRY 21771**

**Joseph Mayne** Date **9/2/92**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**LANCASTER Ct.**

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD **45** 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** COUNTY NAME COUNTY NO. **A44167**

STATE SIGNATURE **Howard** DATE ISSUED **5/5/93**

**110592** CO SIGNATURE **Joseph Mayne** EXP. DATE

NORTH GRID **531000** EAST GRID **0766000**

APPROXIMATE DEPTH OF WELL **500** 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

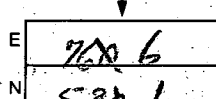
SOURCES OF DRILLING WATER

1. **Well**

2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE



**11/2/92 10:30**  
**84' CASING GROUT NOT**  
**50' + OPEN OBS'D**  
**18 BAGS OK**  
**2 1/2' CASING A.G. MR**  
**LOC OK**  
**000 TAG OK**

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) \_\_\_\_\_

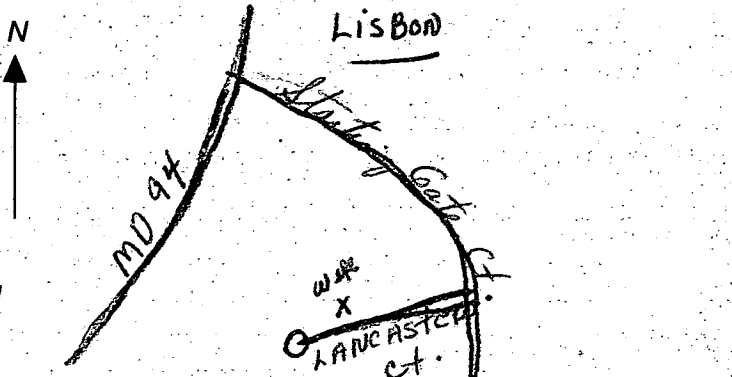
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **RD** PERMIT No: **MD-92-0236**

SPECIAL CONDITIONS

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



C1 6625 SEQUENCE NO. (DENV. USE ONLY)  
1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 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 A 44/67

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT-TO-DRILL-WELL"

8 13

11/12/92 15 20

22 165 26  
(TO NEAREST FOOT)

10-92-0236 28 29 30 31 32 33 34 35 36 37

OWNER Fred Dowdner  
STREET OR RFD last name Lan Chester Ct first name TOWN Lisbon  
SUBDIVISION Cabin Branch Farm SECTION LOT 27

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	
Brown Shale	0	79	
Blue Rock	79	165	✓

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL  
CEMENT  CM  BENTONITE CLAY  BC  
NO. OF BAGS 18 NO. OF POUNDS 1622  
GALLONS OF WATER 108  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 50 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
 ST  CO  
STEEL CONCRETE  
 PL  OT  
PLASTIC OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 94

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

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>HO</u> <u>92</u>	<u>165</u>
2		
3		

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

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. 231  
DRILLERS SIGNATURE [Signature]  
(MUST MATCH SIGNATURE ON APPLICATION)

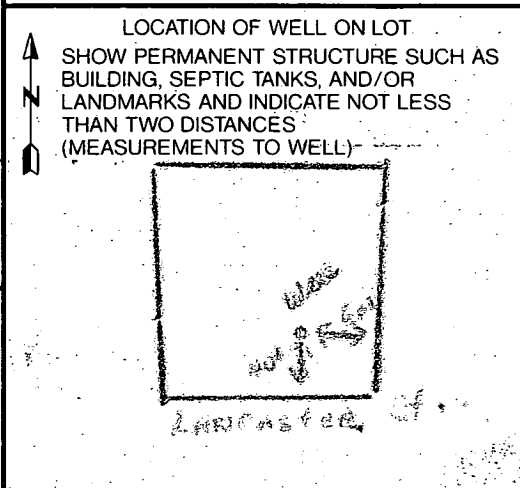
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) 70 W Q 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3  
PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 10  
METHOD USED TO MEASURE PUMPING RATE Bucket  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 40  
WHEN PUMPING 94  
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   
(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: 29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35  
PUMP HORSE POWER 37 41  
PUMP COLUMN LENGTH (nearest ft.) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE 2 (nearest foot)  
 - below }



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement \_\_\_\_\_

Name of Installer Plumbing Heating & Appliances Inc. Telephone 410-848-5300

License Number 5165 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner Frale Dew Telephone \_\_\_\_\_

Subdivision Caban Branch Farm Lot # 29 Well Tag # 92-12-36

Site Address 3204 Landwehr Court

Pump

1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible

2. Make Coulters

3. Model # 76505422

4. Capacity 7 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

Motor

1. Horsepower 1/2

2. RPM 3450

3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Pitless Adapter

1. Make Campbell

2. Model # P-100X

3. Depth 4

Tank

1. Capacity 7

2. Pressure relief valve? Yes

Piping

1. Type Plastic

2. Size 1

3. NSF and/or BOCA Code approved NSF

4. Depth of supply line 4

Well data

1. Depth 165 ft.

2. Yield 10 GPM

3. Static water level 40 ft.

4. Will water supply be disinfected by installer? No

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: Edgar E. Perry

Date: Oct 5, 1994

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

032366  
 10/6/94  
 anytime  
 check for  
 house conn.

FOUNTAIN VALLEY ANALYTICAL LABORATORY, INC.

MICROBIOLOGICAL \* CHEMICAL \* PHYSICAL WATER ANALYSIS

1413 Old Taneytown Road MD State Certification #133 839 C South Main Street  
 Westminster, MD 21158 (410) 848-1014 or 876-4554 Bel Air, MD 21014

WATER ANALYSIS REPORT

ACCOUNT NUMBER: 2950 COMPANY: Masonry Contractors  
 LABORATORY ID NUMBER: 15371 REQUESTED BY: Bill Coleman  
 LOCATION: 3204 Landcaster Court SOURCE: Well  
 Lot # 29 SITE: Holding Tank  
 LISBON, HO, MD, 21765 COLLECTED BY: V. Herring 94-567  
 DATE/TIME COLLECTED: 11-18-1994, 1115 @ RESIDUAL CHLORINE: None Detected  
 DATE/TIME REC'D LAB: 11-18-1994, 1310 WATER SUPPLY TREATED: NO  
 WELL NUMBER: HO-92-0226 TYPE OF TREATMENT: NONE

PARAMETER	RESULTS	REFERENCE	UNITS
pH RESULTS @	7.8 ✓	6.5 - 8.5	pH Units
NITRATES	6.03 ✓	10 OR LESS	mg/L (PPM)

MULTIPLE TUBE ONPG/MUG TEST

COLIFORMS, TOTAL	0 ✓	0 tubes out of 10 Less than 1.1	MPN/100ml
COLIFORMS, FECAL	N/A ✓	0 tubes out of 10 Less than 1.1	MPN/100/ml

ADDITIONAL TEST

PARAMETER	RESULTS	REFERENCE	UNITS
Turbidity	0.6 ✓	Less Than 10	NTU
Sand	None ✓	None	

PLEASE NOTE: A SATISFACTORY TEST RESULTS INDICATES THAT THE PARAMETER(S) TESTED FOR WERE WITHIN POTABLE WATER LIMITS AT THE TIME OF SAMPLING.

@ DENOTES SAMPLE ANALYZED IN THE FIELD.

DATE REPORTED: 11-21-1994 LABORATORY DIRECTOR: Chas Mooshian  
 Charles Mooshian, B.S. MICHIGAN

COMMENTS: Use & Occurrence,

Sample Analyzed As Received

V/L

# LOT 29 CABIN BRANCH

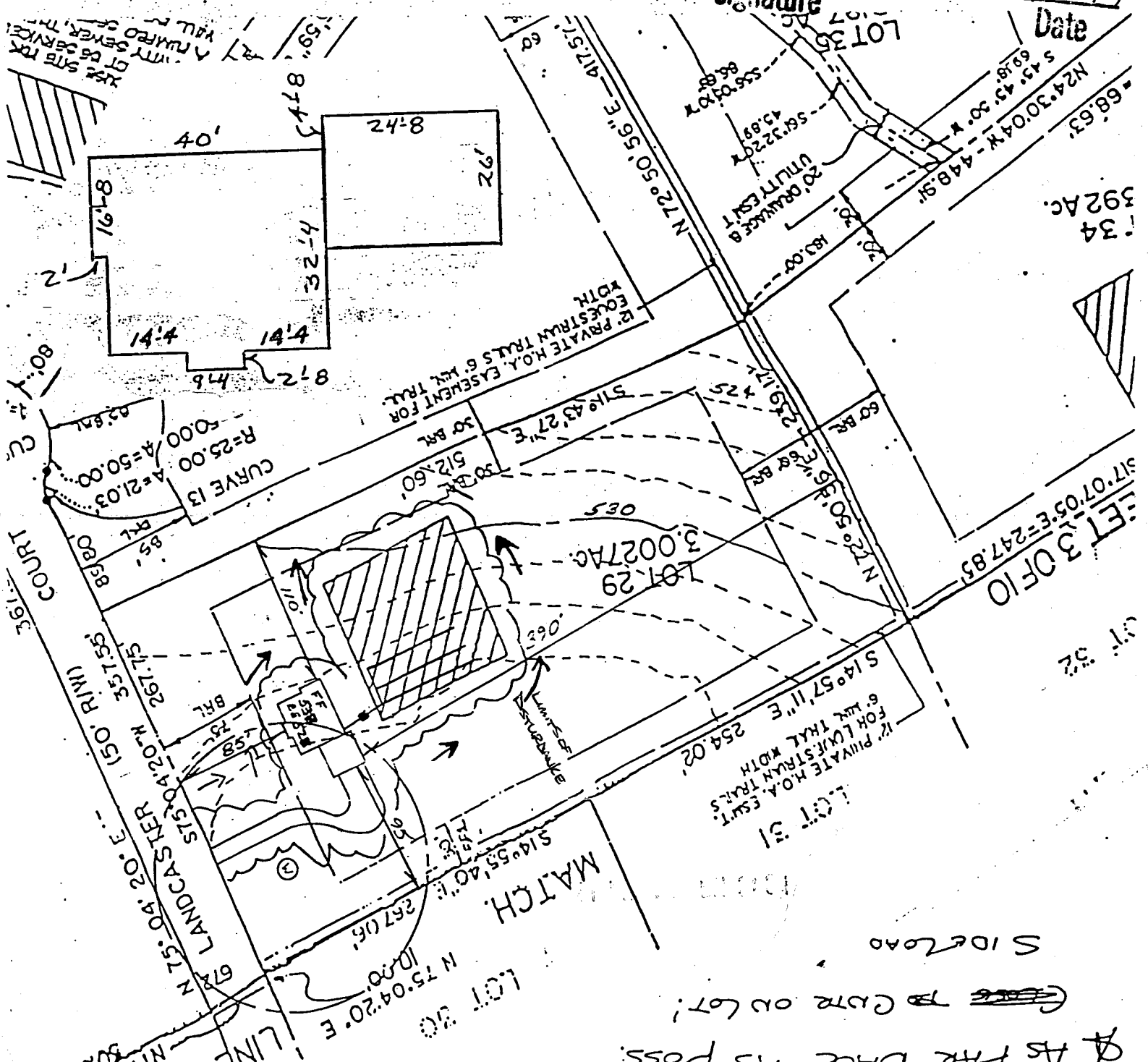
INVERT OUT OF HOUSE	533
INVERT INTO SEPTIC TANK	532.5
INVERT OUT OF SEPTIC TANK	532.25
INVERT INTO DIST. BOX	532
INVERT INTO TRENCH	531.5
EXISTING GRADE @ TANK	536
EXISTING GRADE @ BOX	535.5
EXISTING GRADE @ TRENCH	535.5
WELL ELEVATION	537

## QUESTIONS

STEVE ROTY  
410-239-8330

TWO TRENCHES OF  
50' LENGTH  
TO BE DETERMINED  
Approved Septic System Plan  
Howard County Health Department

Amy M. Miller 8-31-94  
Signature Date



AS FAR BACK AS POSS.  
CUTR ON LOT