

WPI 11/20/84

Approved
11/27/84
C. Williams

11/28/84
AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 34498
A 33933

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-318811

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 10/22/84

988-9069

Mike Wolfe

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 2600 Camberwell Court, Baltimore, MD 21207

PHONE 298-8590

RT 144

SUBDIVISION Lower Trail

ROAD 16376 Frederick Road

LOT 6

PROPERTY OWNER Mike Wolfe

at Property 442-5753

ADDRESS

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 3 feet below original grade. 7 feet of stone below distribution pipe. LOCATION: Start the first trench 200 feet from the front lot line and 108 feet from the right lot line as seen when facing the property from Route 144. Run trenches along level ground toward left rear of property. NOTE: No Trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK TO GO

BLDG. PERMIT SIGNED

AND RETURNED 3/4/88

Serial # 16949
P. H. Sked

4
1672
96

PLANS APPROVED BY Craig Williams

DATE 10/22/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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. propane tank

BLDG. PERMIT SIGNED

AND RETURNED 4/7/88

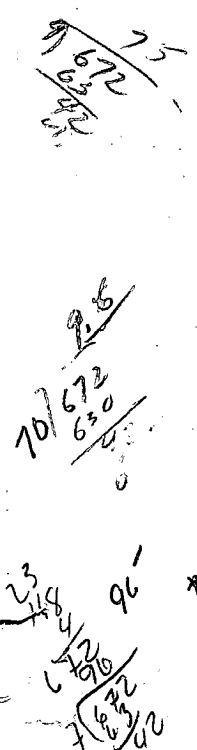
Serial # 17583

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33933

**PERMIT CARD**

SEPTIC TANK, LEVEL 27c

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2-5 FT.

GRAVEL DEPTH 1 (+2) IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES

ONE S1 DEWALL

~~TOTAL BOTTOM AREA~~ $9 \times 75 = 675$

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 675 SQ. FT.

REMARKS ↑ 11/20/84 - LOCATION OK - OK TO COVER HOUSE

SEWER & PUTMAN HOLE ON TANK RH

11/24/84 209pm - DITCH DUG 60 FT LONG - PART OF DITCH
CAVED IN - NOT SURE HOW MUCH CREDIT TO GIVE FOR EXTRA
MITH. WILL DECIDE AFTER DITCH DUG OUT STONE 1ST 61 FT
OF DITCH. DIG LAST PART OF DITCH & CALL RH

DATE SYSTEM APPROVED

INSPECTOR

NOTE: CREDIT GIVEN FOR
7' SIDEWALL + 2' BOTTOM AREA
BECAUSE TRENCH AVERAGE
4' WIDE DUE TO COLLAPSE.
11/28/84

APPLICATION

A 33933

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 5-29-84

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

Michael & Kathryn Wolfe

ADDRESS

2660 CAMBERWELL CT. BALTO. MD. 21207

PHONE

298-8590

PROPERTY LOCATION:

SUBDIVISION

Lower Trail

LOT NO.

6

ROAD AND DESCRIPTION

16376 Frederick Road

SIZE OF LOT

5.335 ACRES m/L

TYPE BLDG.

4 Bed Rooms

(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.

Michael K. Wolfe

(SIGNATURE OF APPLICANT)

APPROVED BY

Craig Wilbur

FOR

any

DATE

6/7/84

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

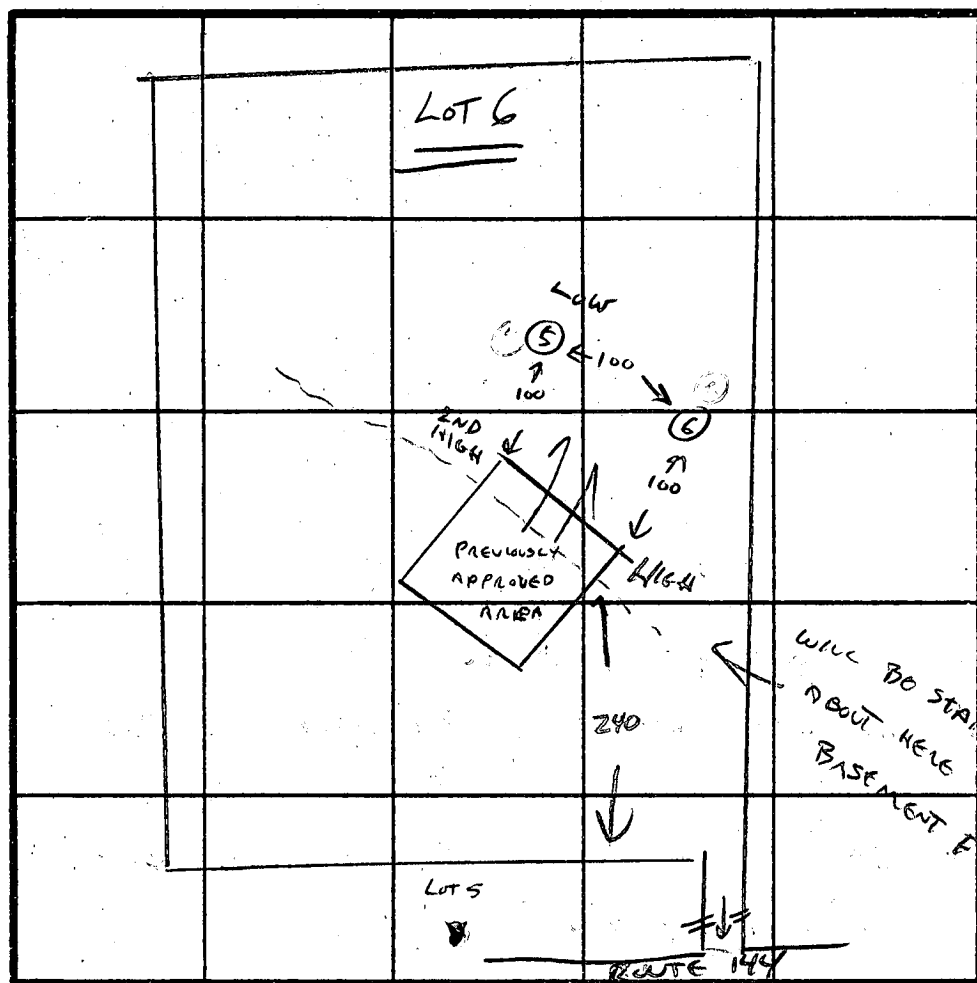
BLDG. PERMIT SIGNED

AND RETURNED

6/7/84

Serial # 58915 SFD.

THIS IS NOT A PERMIT



INDICATE NORTH : NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

TYPE OF SOIL

MICA SAND LOAM

TESTED BY

Craig Williams

ALSO PRESENT

MIKE WOLFE

APPLICATION

A 28523

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 4thDATE 7/20/78TO: 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 Howard Associates

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lower Trail LOT NO. 6ROAD AND DESCRIPTION Route 144SIZE OF LOT 5.335 acres m/1 TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

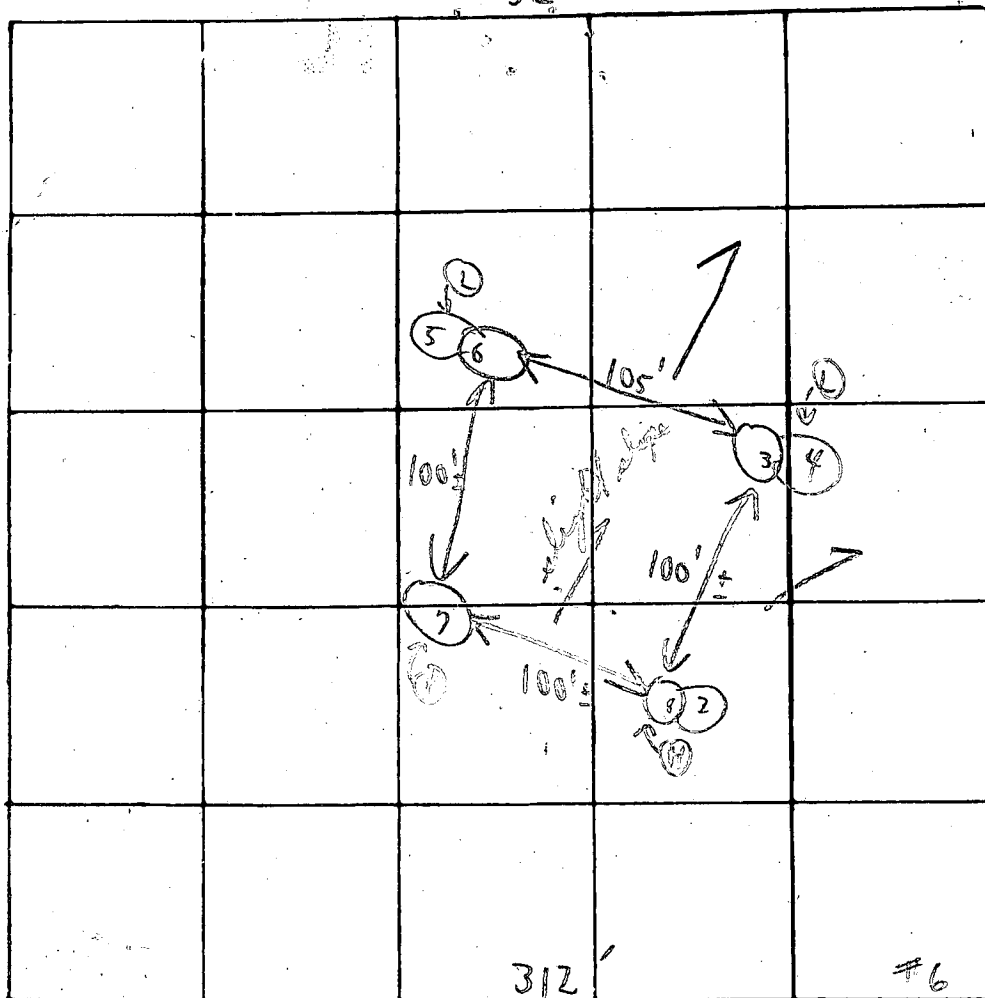
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Pat LendrimAPPROVED BY Raymond Hodges FOR Dry Well DATE 4/2/80
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/21/79 CHECKED OK PER CERTIFIEDHOLES ON PLATT OF 3/25/79 DATE OF J. CARL HUDGINSC.B.S.4/2/80 Final Plat has been
signed BH

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/78	1	3 1/2'	10:10	10:14	10:14	10:26	12
	④ 2	12'	10:11	10:15	10:15	10:31	16
	3	2 1/2'	10:22	10:24	10:24	10:27	3
	④ 4	11'	10:23	10:28	10:28	10:39	11
	④ 5	3'	10:35	10:39	10:37	10:40	3
	④ 6	12'	10:36	10:54	10:54	11:24	3 1/4"
	④ 7	12 1/2'	V. similar to others				
	8	11'	11:37	11:50	11:50	12:13	23

REMARKS

High grass & weeds certify holes

TYPE OF SOIL

TESTED BY

C. B. Atkinson

ALSO PRESENT

P. Hendrix

C1 7727 (THIS NUMBER IS TO BE PUNCHED IN CDS 3-B ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	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 A28523
Date Received (OEP use only)	DATE WELL COMPLETED 050323	Depth of Well 305 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0083
OWNER Wolfe last name		Michael K first name	
STREET OR RFD MD. Rte. 144		TOWN Lisbon	
SUBDIVISION Lower Trail		SECTION — LOT 6	

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	GROUTING RECORD WELL HAS BEEN GROUTED ☒ YES ☐ NO (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT ☒ CM BENTONITE CLAY ☐ BC NO. OF BAGS 9 NO. OF POUNDS 500 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 6 ft. to 34 ft. (enter 0 if from surface) BOTTOM 58 ft.	C 3 (Seq. no.) PUMPING TEST 3 HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 305 TYPE OF PUMP USED (for test) ☒ A air ☐ P piston ☐ T turbine ☐ C centrifugal ☐ R rotary ☐ O other (describe below) ☐ J jet ☒ S submersible																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Brown Shale</td> <td>2</td> <td>30</td> <td></td> </tr> <tr> <td>Brown Slate</td> <td>30</td> <td>45</td> <td></td> </tr> <tr> <td>Blue Slate</td> <td>45</td> <td>50</td> <td></td> </tr> <tr> <td>Brown Slate</td> <td>50</td> <td>55</td> <td>✓</td> </tr> <tr> <td>Blue Slate</td> <td>55</td> <td>305</td> <td></td> </tr> </tbody> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	Top Soil	0	2		Brown Shale	2	30		Brown Slate	30	45		Blue Slate	45	50		Brown Slate	50	55	✓	Blue Slate	55	305		CASING RECORD casing types insert appropriate code below ☒ ST STEEL ☐ CO CONCRETE ☐ PL PLASTIC ☐ OT OTHER MAIN CASING TYPE ☒ S+ Nominal diameter top(main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 40
DESCRIPTION (Use additional sheets if needed)		FEET			Check if water bearing																										
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	OTHER CASING (if used) diameter inch depth (feet) from to <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">EACH CASING</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	EACH CASING																PUMP INSTALLED YES ☒ NO ☐ DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) ☐ 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 33 (nearest foot) LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 													
EACH CASING																															
CIRCLE APPROPRIATE BOX ☒ 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 10.17.13 "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. 223 DRILLERS SIGNATURE <i>Ralph E. Morgan</i> (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	SCREEN RECORD screen type or open hole insert appropriate code below ☒ ST STEEL ☐ BR BRASS ☐ HO OPEN HOLE ☐ PL PLASTIC ☐ OT OTHER C 2 (Seq. no.) DEPTH (nearest ft.) 305 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">EACH SCREEN</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> SLOT SIZE 2 DIAMETER OF SCREEN (NEAREST INCH) _____ GRAVEL PACK _____ IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐ F OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T ☐ (E.R.O.S.) ☐ W.Q. ☐ TELESCOPE CASING ☐ LOG INDICATOR ☐ OTHER DATA ☐	EACH SCREEN																													
EACH SCREEN																															

Well Permit No. HO - 81-0083
Location of property (road) Md. Rte. 144
Subdivision Lower Trail Lot 6 Block Plat Sec.
Well Driller Ralph Mayne Owner Wolfe

Depth of well 300 ft
Distance of measuring point (M.P.) above ground 3 ft
Static water level (S.W.L.) below M.P. 43 ft

Time pump started 8:00 Pumping rate 9.6 P.M.
Total time 30 min to reach pumping water level 132 ft. below M.P.

[illegible]

Pump Test 3hr 8'o'clock
 Count 61'o'clock

Review H 9258

Page 185 of 185
Date 3/2/83

2

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0083

Location of property (road) Rt 144

Subdivision Tower trail

Well Driller Ralph Wayne

Lot	Block	Plat	Sec.
2			

Owner Michael Wolfe

Depth of well 300'

Distance of measuring point (M.P.) above ground m

Static water level (S.W.L.) below M.P. 4.3

1. High rate pumping -- reservoir drawdown

Time pump started 8:00

Pumping rate _____

Total time 30 min to reach pumping water level 132 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

11/20/84 - P.T. Adapter Present @ approx 4"
Pressure TANK NOT INSTALLED
Electric wire installed with PLASTIC GUARD
WATER LINE INSTALLED AND OK.

Sid Abel
R Hodeyer

3/5/85 P.R.V. installed
inspection complete JS

B 1 **0315** SEQUENCE NO. (OEP USE ONLY) *Pump test 3 hr - 8:10 5/3/83* STATE OF MARYLAND
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) *5/3/83* PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER

40-83-0083
 fill in this form completely

Date Received *5/3/83 11:00*
041283 OWNER INFORMATION

WOLFE MICHAEL 15 Last Name Owner First Name 34
2600 CAMBERWELL CT 36 Street or RFD 55
BALTIMORE 57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Ralph Mayne 223 Driller's Name 77 License No. 80
Ralph Mayne (well Drilling) Firm Name
Rt. 3 Box 9170 Mt. Airy Md. Address
Ralph Mayne 4/8/83 Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **150** 24 28 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 _____

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) 41 _____ 52

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

APPROP. PERMIT NUMBER _____ 54 GAP _____ 63

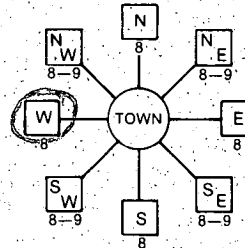
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-83-0083** 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

LOCATION OF WELL

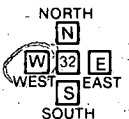
HOWARD 8 COUNTY 21
LOWER TRAIL 23 SUBDIVISION 42
 SECTION **---** 44 46 LOT **6** 48 50
LISBON 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



1000 34 37
 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

A28523

COUNTY NO.

OEP SIGNATURE

STATE HEALTH

INSERT S

DATE ISSUED

050383 43 48*Frank Skinner***10/3/83**

NORTH GRID

549 000 50 55

EAST GRID

0776 000 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. well

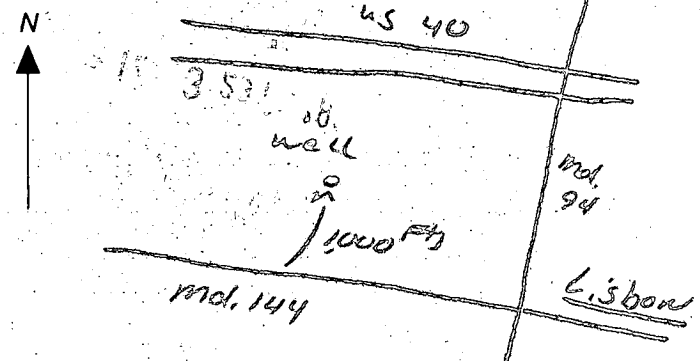
2.

3.

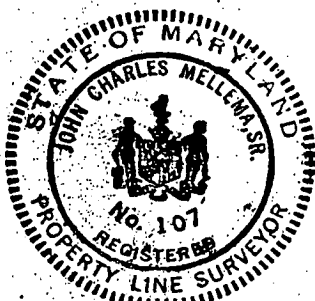
WRITE THE BOX NUMBER FROM THE MAP HERE

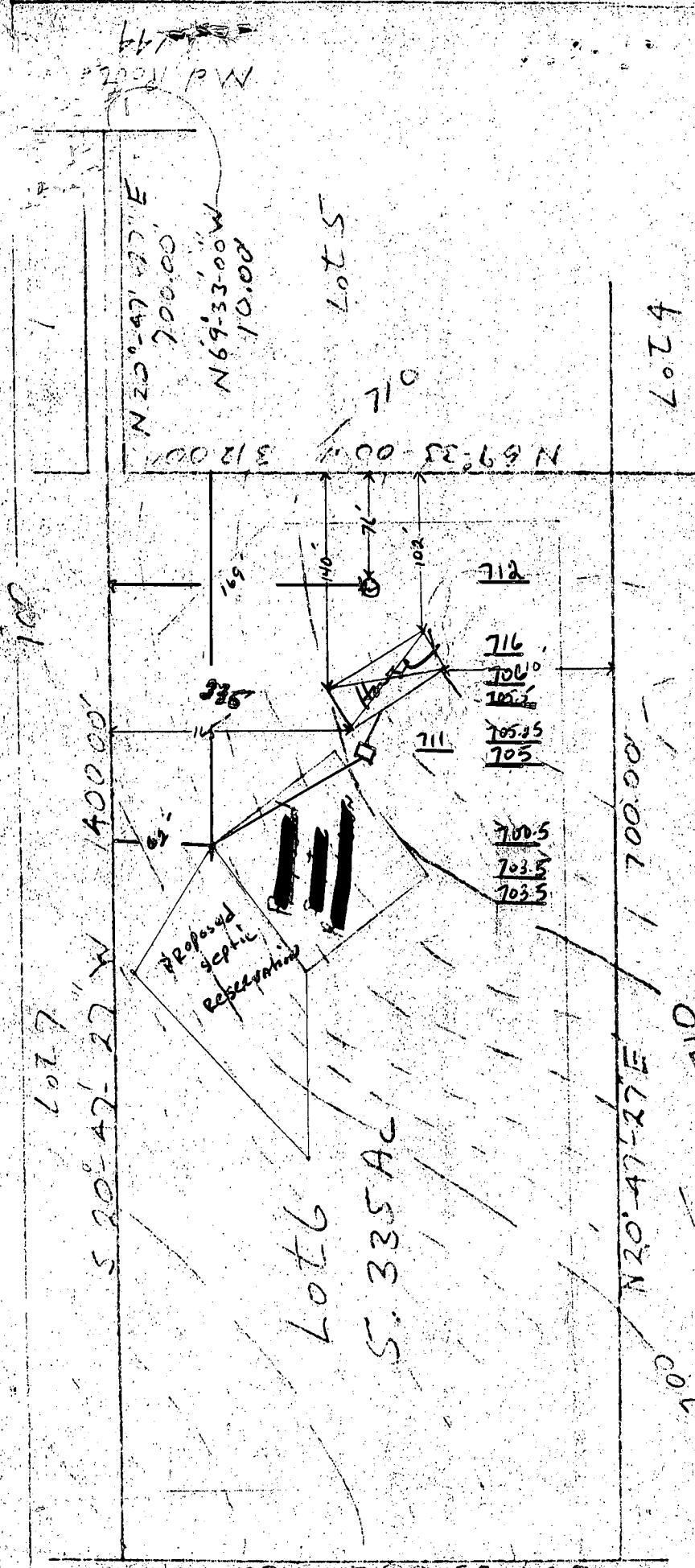
220 6
540 9

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



87178





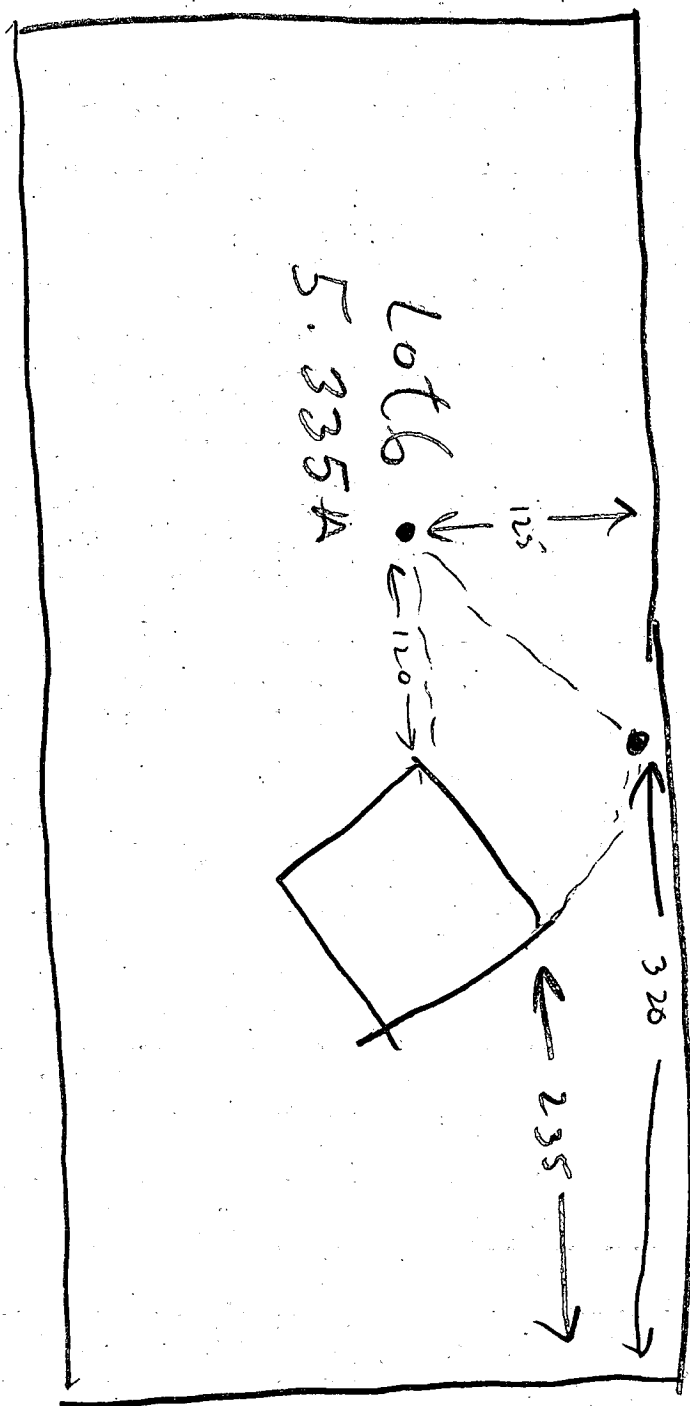
Scale 1" = 100' Date 7-17-78
 MAP OF PROPERTY
 OF
 HOWARD ASSOCIATES
 Tax Map #7 Parcel #415
 4th Election District
 Howard County Md

- 1- original elev at Time of perc test 703.5
- 2- exist elev 703.5
- 3- Drywell inlet 700.5
- 4- Invert elev out of septic tank 705
- 5- Invert elev into septic tank 705.25
- 6- exist elev at septic tank 711
- 7- Invert elev out of house 705.5
- 8- House 1st Floor 716
- 9- Basement 706
- 10- Water well exist elev. 712

TO BE RETURNED

6-01-84
 Michael K. Wolfe
 2600 CAMBERWELL CT.
 BALTO. MD 21207

PLS. 5796



VCS. OK
3-(3')

6/1/84
CW

MICA SAND
& SAPPHIRE
4-8 MIN. SOIL