

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case #

EH-PL/ JS-23-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

12/12/2023

Single Entry Edit-View Record Form

Application Name

b23004633

Description

SFD/ INSTALL (48) GROUND MOUNT SOLAR PANELS

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr

Assigned to Staff Current User

Zack Silvast

Address * (This section is required.)

New	Search	Delete	Set Primary			Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6582	Guilford	RD	Clar...	MD	21029			

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 record(s) found.									

Owner (This section is not required.)

Search	Delete	Set Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eric Dementhon	6582 Guilford Rd.			Clarksville	MD	21029	240-328-8512	US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Eric

Middle Name

Last Name *

Dementhon

Home Phone ((xxx)xxx-xxxx)

(240) 328-8512

Organization Name *

n/a

Mobile Phone ((xxx)xxx-xxxx)

* homeowner called for status. This wasnt entered on 12/1/23.

*expedite.

Approved 2/15/24
R.L.C.

E-mail
eric@dementhon.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 12/1/2023 Due Date 12/5/2023

Dates to Complete 14 (Number) Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic
12/1/2023

FACILITY INFORMATION

Name of Business (dba) n/a (Text)

Associated Building Permit Number (Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Yes No

Does the project include Private Septic? If Yes, forward to WS Program.
 Yes No

Is this a Prototype Food Service Facility? If Yes, refer to State.
 Yes No

Facility Fax (Text)

Days of Operation (Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

Non-Profit

Does the project include Private Well? If Yes, forward to WS Program.
 Yes No

Does the project include Food Services? If Yes, forward to FP Program.
 Yes No

Facility Phone (Text)

Facility Email (Text)

PROPERTY INFORMATION

Water Source Private

Design Wastewater Flow 0 (Number)

Sewage Disposal Private

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 (Number) Total number of open space lots to be recorded 0 (Number)

Total number of bulk parcels to be recorded 0 (Number) Total number of lots / parcels to be recorded 0 (Number)

New buildable lots created 0 (Number) Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type Residential

Signature Required Yes No

Number of paper copies 0 (Number)

Number of buildable lots created

Plan Version Initial

Engineer 0 (Text)

Number of mylar copies 0 (Number)

Number of non-buildable lots created

0
(Number)
Total Number of Lots
0
(Number)

0
(Number)
Associated Plans

**WELL AND SEPTIC INTERNAL
State Review Required**

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type
--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment
--Select--

Licensed Type
--Select--

License Category
--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation
(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?
(Text)

Are pets allowed in a outdoor seating area?
 Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category
--Select--

Total Seating Capacity
(Number)

Number of Restrooms
(Number)

Interior Restaurant Seating Capacity
(Number)

Bar Seating Capacity
(Text)

Outdoor Seating Capacity
(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards
 Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units
(Number)

Description of Walk-In Freezer Units
(Text)

Is there a bulk ice machine available
 Yes No

Space Limitation

Number of Hand Sinks Available
(Number)

Hood System

Ventless Equipment
(Text)

(Text)

PLUMBING

Size and installation of the water heater?
(Text)

Is there a grease interceptor or grease trap?
--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?
--Select--

Will there be a grease receptacle?
--Select--

WAREWASHING DISHWASHING

Dishwashing Method
--Select--

HACCP

Plan Review Response Letter Received
 Yes No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Storage - Food Storage Flooring

--Select--

Utensil Washing Area Flooring

--Select--

Dressing / Locker Room Flooring

--Select--

Toilet Area Flooring

--Select--

Walk-in Refrigerator Flooring

--Select--

Kitchen Walls

--Select--

Restroom Walls

--Select--

Are ceiling rafters exposed?

Yes No

Kitchen Cove Base

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Cove

--Select--

Utensil Washing Area Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes No

SPECIAL PROCESSING

Does the facility conduct any special processing? If yes, Please describe.

Yes No

(Text)

AF OWNERS STATEMENT

Owner's Statement Provided

--Select--

Comments - Owner

AF Plans and Drawings

A. Drawn to scale and prepared by a licensed engineer or architect

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have:

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

AF INFORMATION

Plan Review Type

--Select--

Aquatic Facility Project Description

(Text)

County Building Permit Number

Expected Completion of Construction

(Text)

(Text)

Total Aquatic Facilities at Venue

Sewer Service

--Select--

(Number)

Water Service

--Select--

County Plumbing Permit Number

(Text)

County Electrical Permit Number

(Text)

AF DECKS

- A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'. --Select--
 - B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17) --Select--
 - C. The slope of the deck is away from the pool or spa, towards points of disposal --Select--
 - D. The deck has deck drains or other disposal points. --Select--
 - E. An expansion joint between the coping and the deck is sealed with a water tight sealant. --Select--
 - F. The deck's surface is slip resistant, nonskid & cleanable --Select--
 - G. Accessible hose bibs on the deck at 150 foot intervals --Select--
 - H. Note: Additional requirements if deck surface is not concrete --Select--
- Comments

AF EQUIPMENT ROOM

- A. The facility has an equipment room that houses the pool and/or spa circulation --Select--
 - B. Weather tight construction and adequate area for safe access to equipment --Select--
 - C. A minimum ceiling height of 7'6" --Select--
 - D. A waterproof floor that drains to a floor drain --Select--
 - E. A lockable entrance that allows complete access to the room --Select--
 - F. A minimum of 20 foot candles of artificial illumination --Select--
 - G. Ventilation sized at 2 cubic feet per minute per square foot of floor area --Select--
 - H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment --Select--
 - I. A water resistant data sheet (COMAR 10.17.01.23) --Select--
- Comments

AF CIRCULATION SYS & COMP

- A. Presence and proper placement of both the influent and effluent pressure gauges --Select--
 - B. A vacuum or compound gauge on the influent side of the pump --Select--
 - C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate --Select--
 - D. A thermometer on the return line to pool or spa when heated --Select--
 - E. Presence of sight glass and manually operated air release valve --Select--
 - F. Turnover rates (COMAR 10.17.01.25) --Select--
 - a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow --Select--
 - b. Flow through a circulation system is between the minimum turnover rate and the design --Select--
 - G. Head Loss Calculations --Select--
 - 1. Calculation of piping head loss using the Hazen- Williams formula --Select--
 - 2. Determination of a clean and dirty total dynamic head --Select--
 - H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom --Select--
 - I. Filter Capacity --Select--
 - 1. Filter operates within the filter design rate --Select--
 - 2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate --Select--
 - 3. Pump curves for pool pumps are provided --Select--
 - J. Ensure the pool is not interconnected with a spa or wading pool --Select--
 - K. Verify that circulation systems components are NSF approved by ANSI --Select--
 - L. Verify that the manufacturer and model number information are provided for items listed in "K" --Select--
 - M. Verify that the chemical feeder can provide the minimum disinfectant residual --Select--
 - N. Vacuum Systems --Select--
 - 1. System is available for cleaning the pool or spa floor --Select--
 - 2. For circulation systems with greater than 4 skimmers the vacuum system is separate --Select--
 - 3. Verify the vacuum line connection is prior to pump hair and lint strainer --Select--
 - 4. Verify the vacuum line connection is prior to pump hair and lint strainer --Select--
 - O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded --Select--
 - P. Note: see regs for Carbon Dioxide feeders & Ozone Systems --Select--
- Comments

AF DIVING AREA AND EQUIPMENT

- A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 & ANSI/NSPI-1 2003 --Select--
- Comments

AF SUCTION ENTRAPMENT

A. Main drain line for pool is connected to a minimum two main drain outlets B. A vacuum fitting is capped and a line valve is in the closed position when not in use

--Select-- v

C. Drain will be covered with a securely attached drain cover

--Select-- v

E. Virginia Graeme Baker (VGB) Compliant

--Select-- v

D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer

--Select-- v

F. Equalizer covers are VGB Compliant

--Select-- v

Comments

AF ILLUMINATION

A. Even illumination of water, deck and walkways

--Select-- v

1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck

--Select-- v

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light

--Select-- v

B A combination of underwater lighting and deck lighting so that

--Select-- v

2. Overhead lighting yields 2 watts per sqft of required deck area

--Select-- v

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:

--Select-- v

1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or

--Select-- v

2. Dehumidifying the recirculated air from the enclosed area

--Select-- v

Comments

AF PLUMBINGWATER SPLY&DISPOSAL

C. Riser diagram for potable water and source of water supply

--Select-- v

E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand

--Select-- v

1. Backflow protection is provided for a potable water supply and for wastewater

--Select-- v

2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level

--Select-- v

3. Backflow protection where the water enters the facility or nearby fill connections to the pool

--Select-- v

1. Verify whether discharge is to sanitary or storm sewer

--Select-- v

Comments

D. Has at least one drinking fountain for every 5,000 square feet of water surface area

--Select-- v

F. Backflow Protection

--Select-- v

A. Permitted with DILP for all applicable State (COMAR) & local plumbing requirements

--Select-- v

B. Riser diagram for sewerage and method of disposal

--Select-- v

G. Backwash discharge

--Select-- v

2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed

--Select-- v

AF BATHHOUSE FACILITY

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility

--Select-- v

2. One water closet, lavatory and urinal shall be provided for the first 100 male users.

--Select-- v

4. A minimum of two shower heads is provided for each sex for the first 100 users

--Select-- v

6. Soap dispensers for liquid or dry powdered soap provided for each lavatory

--Select-- v

8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users

--Select-- v

10. Adequate lighting and ventilation provided for each restroom facility

--Select-- v

12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning

--Select-- v

1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a pool

--Select-- v

3. Two water closets and lavatories shall be provided for the first 100 female users

--Select-- v

5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device

--Select-- v

7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-1)

--Select-- v

9. Baby changing table provided (ANSI/NSPI-1 19.6.12)

--Select-- v

11. Floors have a slip resistant surface with adequate floor drains

--Select-- v

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

--Select-- v

C. Available ADA self operating handicap lifts , ramps and or transfer walls

--Select-- v

B. Pool or Spa Gates, Doors Entrances and Exits

--Select-- v

Comments

AF BATHER LOAD

- A. Number of people in 5ft or less for every 12 sq ft (Text)
- B. Number of people in 5ft or more for every 15 sq ft (Text)
- C. Number of people in diving area for every 300sq ft (Text)

AF MISCELLANEOUS

- Adequate Pool Chemistry Test Kit --Select--
- Adequate First Aid Equip and Signs --Select--
- Comments

AGENCY-SPECIFIC INFORMATION

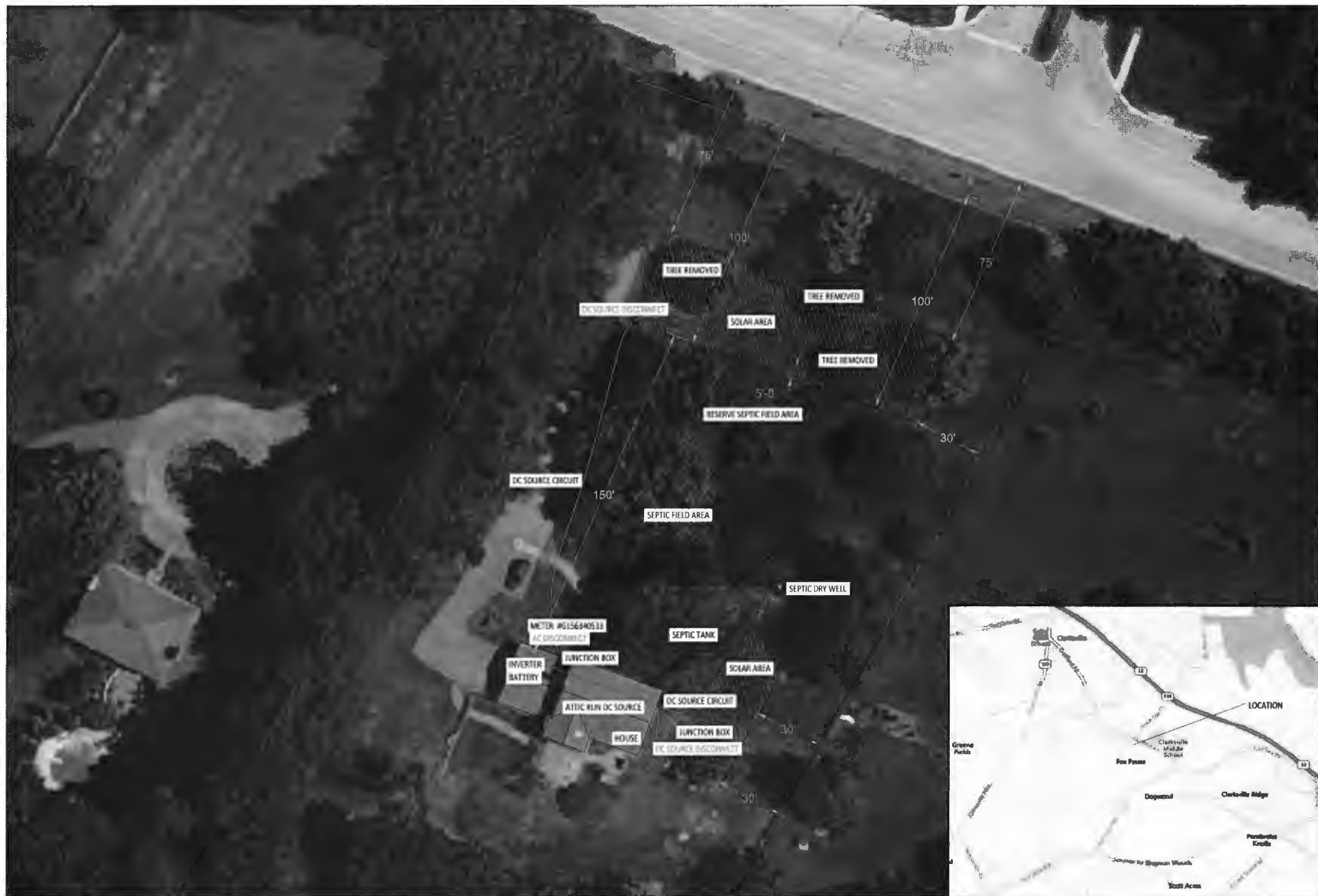
Legacy ID Cross Reference

(Text)

Associated GIS Features *(This section is not required.)*

GIS Delete

Submit Cancel



DIRECTORY OF PAGES	
PV-1	SITE PLAN
PV-2	SINGLE-LINE DIAGRAM
PV-3	EQUIPMENT SPECIFICATIONS
PV-3.1	RACKING SPECIFICATIONS

PROJECT DETAILS	
PROPERTY OWNER	ERIC DEMENTHON
PROPERTY ADDRESS	6582 GUILFORD RD., CLARKSVILLE MD 21029
APN	05-385847
ZONING	RRE020
USE AND OCCUPANCY CLASSIFICATION	ONE- OR TWO- FAMILY DWELLING GROUP (GROUP R2)
AHJ	HOWARD COUNTY
UTILITY	BGE
ACCOUNT #	380932873
ELECTRICAL CODE	2017 NATIONAL ELECTRICAL CODE
FIRE CODE	2018 MARYLAND FIRE CODE
OTHER BUILDING CODES	2018 MARYLAND BUILDING CODE 2021 MARYLAND RESIDENTIAL CODE 2018 INTERNATIONAL PLUMBING CODE 2018 INTERNATIONAL MECHANICAL CODE 2018 INTERNATIONAL FUEL GAS CODE

OWNER-BUILDER	
PROPERTY OWNER	ERIC DEMENTHON

SYSTEM DETAILS	
DESCRIPTION	NEW HYBRID PV SYSTEM WITH ENERGY STORAGE
DC RATING OF SYSTEM	18.72 kW DC
AC OUTPUT CURRENT	15.0 V AC (62 SA)
INVERTER(S)	SOL-ARK 15K "LIMITLESS 15K-LV"
BATTERY	(6) EGA - LIFEPOWERS (30.72 kWh)
RACKING TYPE	COMPACT/GROUND GROW
MODULES	650W 300MM HL
ARRAY WIRING	(4) STRINGS OF 12
TILT/AZIMUTH	10° TILT / 90° EAST / 220° WEST

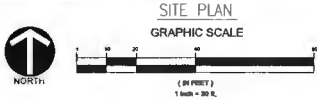
INTERCONNECTION DETAILS	
POINT OF CONNECTION	NEW SUPPLY SIDE CONNECTION
EXISTING VAC	220/240 VAC

SITE DETAILS	
ASHRAE EXTREME LOW	5°T (15°)ASHRAE Extreme Low(Baltimore Bt. Washington)
ASHRAE 2% HIGH	95°T (34°)ASHRAE 2% High(Baltimore Bt. Washington International (KDM))
WIND CATEGORY	B
WIND EXPOSURE CATEGORY	B

SCOPE OF WORK

THIS PROJECT INVOLVES THE INSTALLATION OF A GRID-INTERACTIVE PV SYSTEM. PV MODULES WILL BE MOUNTED USING A PRE-ENGINEERED MOUNTING SYSTEM. THE MODULES WILL BE ELECTRICALLY CONNECTED WITH DC TO AC POWER INVERTERS AND INTERCONNECTED TO THE LOCAL UTILITY USING MEANS AND METHODS CONSISTENT WITH THE RULES ENFORCED BY THE LOCAL UTILITY AND PERMITTING JURISDICTION.

THIS DOCUMENT HAS BEEN PREPARED FOR THE PURPOSE OF DESCRIBING THE DESIGN OF A PROPOSED PV SYSTEM WITH ENOUGH DETAIL TO DEMONSTRATE COMPLIANCE WITH APPLICABLE CODES AND REGULATIONS. THE DOCUMENT SHALL NOT BE RELIED UPON AS A SUBSTITUTE FOR FOLLOWING MANUFACTURER INSTALLATION INSTRUCTIONS. THE SYSTEM SHALL COMPLY WITH ALL MANUFACTURERS LISTING AND INSTALLATION INSTRUCTIONS, AS WELL AS ALL APPLICABLE CODES. NOTHING IN THIS DOCUMENT SHALL BE INTERPRETED IN A WAY THAT OVERRIDES THEM. CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF ALL CONDITIONS, DIMENSIONS, AND DETAILS IN THIS DOCUMENT.



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Piketon, SC 29871
(854) 915-1865

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HYBRID SOLAR POWER SYSTEM
ERIC DEMENTHON
6582 GUILFORD RD
CLARKSVILLE, MD 21029

Prepared / Revisions
11.23.2023
11.25.2023
01.16.2024

Drawn By: CG

Checked By: SH

Project Number: 12320

Sheet Title:

PV-1

Approved 123004633
R/E 2/15/2024

Freemon, Robert

From: Freemon, Robert
Sent: Thursday, February 15, 2024 9:58 AM
To: Eric DeMenthon
Cc: eric@dementhon.com
Subject: RE: 6582 Guilford Rd.

Eric,
Health has approved building permit B23004633 with the revised plan showing the primary and secondary fields. If you do decide to utilize the secondary area and need to cross the septic line Health will need the letter and a revised site plan submitted to DILP. The latest site plan shows the wiring going through the house and not crossing the septic line. If you have any further questions let me know.

Well and Septic Program

Robert "Spencer" Freemon

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/health/well-septic-program>

From: Eric DeMenthon <eriaac@gmail.com>
Sent: Monday, February 12, 2024 11:29 AM
To: Freemon, Robert <rfreemon@howardcountymd.gov>
Cc: eric@dementhon.com
Subject: Re: 6582 Guilford Rd.

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hi Spencer, just left a voicemail, but thought I'd follow up here as well in case email's easier and to give more context.

I got in touch with someone at the permitting office, and it seemed like they would talk to the people who reviewed it on the building side since we moved the array, but they thought that I should mostly talk to you all, and they transferred me to the health department, who transferred me to you.

I think we're going to hold off on revising the path of the electrical lines from the secondary field on the side of the house, since I think we're likely to just use the primary field instead. If we did decide to install some in the secondary area, we'd probably submit that letter you suggested with the revised plans.

Is there anything else I'd need to do to get approval from you all on the current plans?

Thanks,
Eric

On Thu, Feb 1, 2024 at 6:56 PM Eric DeMenthon <eriaac@gmail.com> wrote:

Thanks very much for all the tips, Robert, and for digging up the specifics on the line. Sounds like it might work! Practically speaking, I'm not going to put wire in without pvc conduit and metallic warning tape, so hopefully that'd prevent anyone from hitting it. I'll submit that letter if we decide to go that route.

Eric

Freemon, Robert

From: Freemon, Robert
Sent: Monday, January 29, 2024 5:06 PM
To: Eric DeMenthon
Cc: eric@dementhon.com
Subject: RE: 6582 Guilford Rd.

Hi Eric,
The site plan you uploaded looks approvable. It looks like you already did submit it through the building department since I can see it on their permit site. We prefer not to have the electric lines cross the septic lines (line between tank & house and/or line between tank & drainfield). However we have approved them in the past. I see what your saying about minimizing the shutoff points. If you wish to have it cross you can do that. We would need something in writing from you all stating how you will install it (suggestions you can use are below). This letter/instruction manual can also be uploaded to the permitting site so all departments can see it. If you do submit a revised site plan shoot me an email since I do not get notification of revisions on their site. The only caution I have about it is the home owner will need to have that location marked as to not forget about it. The concern would be if a septic repair needed to be done and no one tells the septic contractor there is an electrical line crossing the septic line. If you have any further questions let me know.

Letter of Instructions for Line Crossing

- Trench for electric line will be hand dug over portion of septic line shown on plan.
- Electrical line will be installed 18" above septic line.
- Electrical line will be installed with sleeve for protection.
- Have letter/instruction manual written on letter head.

Well and Septic Program

Robert "Spencer" Freemon

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/health/well-septic-program>

From: Eric DeMenthon <eriaac@gmail.com>
Sent: Thursday, January 18, 2024 12:23 PM
To: Freemon, Robert <rfreemon@howardcountymd.gov>
Cc: eric@dementhon.com
Subject: Re: 6582 Guilford Rd.

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Oh, one other question I had, the person working on our plans routed the cabling for the backup solar area through the house, since he thought you all wouldn't want us putting a conduit in a 18" trench over the pipes to the septic tank. Do you think that's necessary to avoid? From an electrical safety standpoint, I think it'd be preferable to have all the cabling enter the house at the same place (and have all the shutoffs colocated, so there's not much chance of forgetting to turn one off).

Also, I've attached the revision here, in case you don't see it in DILP for some reason.

On Thu, Jan 18, 2024 at 12:19 PM Eric DeMenthon <eriaac@gmail.com> wrote:

Hi Spencer, after a bit of delay because of the holidays, we've reworked the site plan and uploaded the new version. Is there anything else we'd need to do to get the ball rolling? Do you think I need to go back to the building department with these changes?

Thanks for your help,
Eric

On Thu, Dec 14, 2023 at 9:44 AM Freemon, Robert <rfreemon@howardcountymd.gov> wrote:

Hi,

I have reviewed building permit B23004633 and here are my comments. The proposed ground mounted solar panels appear to be close to (if not in) the designated reserve sewage disposal area on the property. Health needs to see a revised site plan showing the reserve sewage disposal area and its distance to the proposed solar panel location. The solar panels must be 5ft from the sewage disposal area and cannot have electrical lines crossing it. If it does enter the SDA the solar panel location will need to be revised or a new sewage disposal area will need to be tested for. Attached are our records regarding the properties well and septic system. If you have any questions let me know.

Please Note: Once a revised site plan has been created and submitted please let me know as I do not get notifications regarding building permit updates.

Well and Septic Program

Robert "Spencer" Freemon

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/health/well-septic-program>

Freemon, Robert

From: Freemon, Robert
Sent: Thursday, December 14, 2023 9:44 AM
To: eriaac@gmail.com; eric@dementhon.com
Subject: 6582 Guilford Rd.
Attachments: Fox Pause, Lot 6.PDF; P41835_6582_ROUTE_32.pdf

Hi,

I have reviewed building permit B23004633 and here are my comments. The proposed ground mounted solar panels appear to be close to (if not in) the designated reserve sewage disposal area on the property. Health needs to see a revised site plan showing the reserve sewage disposal area and its distance to the proposed solar panel location. The solar panels must be 5ft from the sewage disposal area and cannot have electrical lines crossing it. If it does enter the SDA the solar panel location will need to be revised or a new sewage disposal area will need to be tested for. Attached are our records regarding the properties well and septic system. If you have any questions let me know.

Please Note: Once a revised site plan has been created and submitted please let me know as I do not get notifications regarding building permit updates.

Well and Septic Program

Robert "Spencer" Freemon

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/health/well-septic-program>

00
10M
13/88

ORIGINAL PERMIT NOT LOCATED.

OLD P# 30351
OLD A# 27434 P 305

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE _____
DATE SYSTEM APPROVED 5/31/88
INSPECTOR R. Hoedje

Don PARLETTE IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION FOX PAUSE 6582 ROAD ROUTE 32 LOT 6

PROPERTY OWNER RICHARD WILSON 854-0322

ADDRESS 6582 ~~ROUTE 32~~ ROUTE 32 GULL CREEK RD

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 4

120
480
61480
80

EXISTING DAYWELL FULL ADD 400 TRENCH TOTAL

WITH 5' STONE BELOW INLET. CW

8 FT LONG 6 FT 5 TO NE
INLET 5 FT BOTTOM 11 FT RUN
OFF OLD DN TOWARD ROUTE 32

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED.

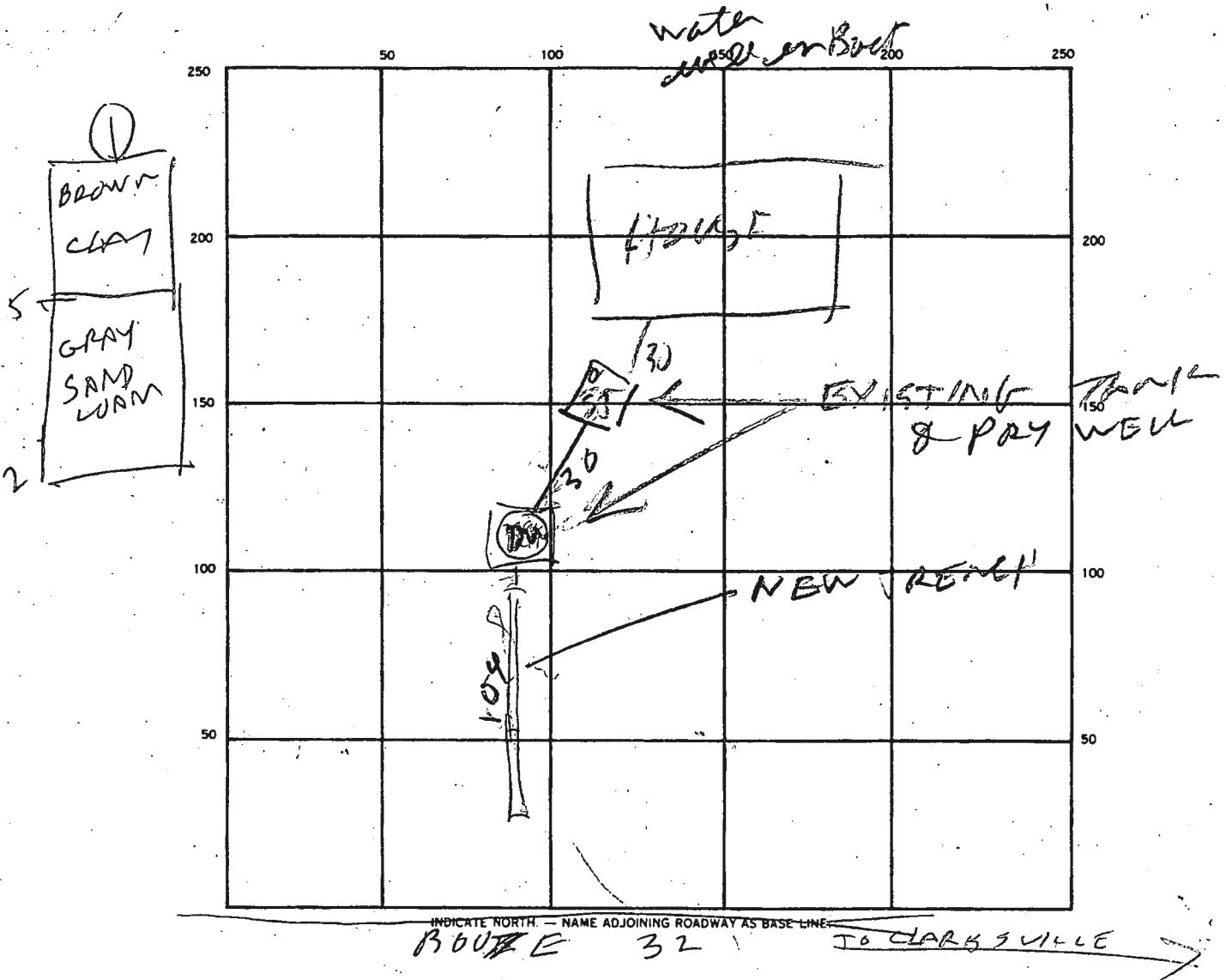
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
 - 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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.
 - 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 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 PVC 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 SYSTEMS.



SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 11.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 16.5 FT. TOTAL LENGTH 57 104 FT. 7 3

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 6.5' SQ. FT.

DRYWELL INSIDE DIAMETER EXISTING FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 676 SQ. FT.

REMARKS 5/31/88 - TRENCH DUG MOSTLY FINISH DIGGING
TRENCH & ADD STONE BIT
5/31/88 - 73 FT OF TRENCH STONE 204 FT
DUG STONE TO BE ADDED TO LAST OF TRENCH
WHEN TRUCK ARRIVES

DATE SYSTEM APPROVED 5/31/88 INSPECTOR Raymond Rodger

PERMIT

P 30351
A 27434

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/8/79

INDEXED

11/9/79
11/14/79

Mr. Richard H. Wilson

IS PERMITTED TO INSTALL ALTER

ADDRESS 5613 Selford Road, Arbutus, Md.

PHONE

SUBDIVISION Fox Pause

ROAD 6582 Route 32

LOT 6

PROPERTY OWNER Richard H. Wilson

ADDRESS 5613 Selford Road, Arbutus, Md.

SPECIFICATIONS 3 bedrooms - 1000 gal. tank
4 bedrooms - 1250 gal. tank

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom in system.

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 200 FT. FROM front LOT LINE AND 50 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM Route 32.

Ok to have a ditch of dry well 12 ft. deep and contain 7 ft. of stone. 5 ft. earth between ditch and dry well and 2 inspections required.

Trench to follow the contour of the land.

PLANS APPROVED BY Raymond Hodges

DATE 10/17/79

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

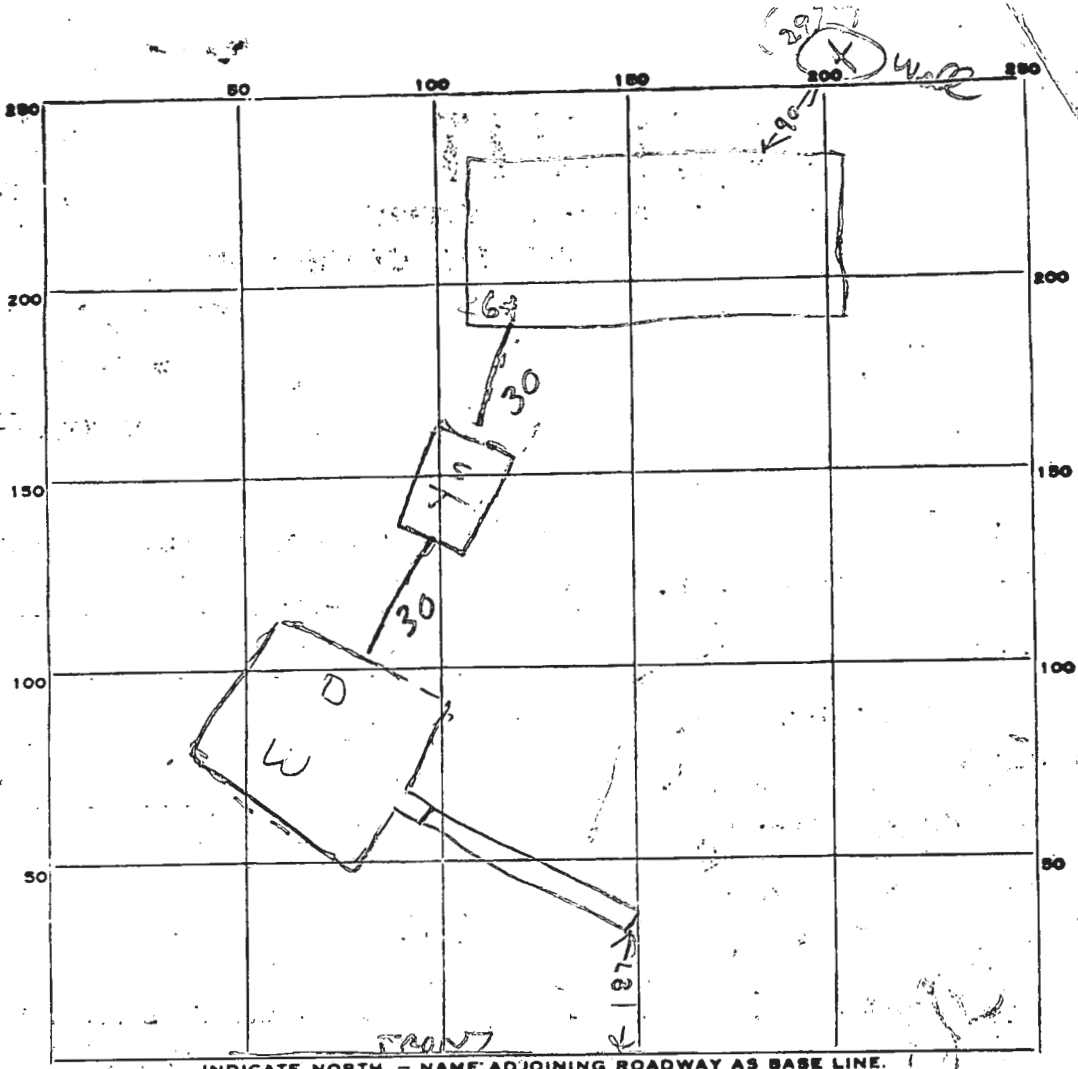
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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

BOC PERMIT SIGNED AND RETURNED 5/20/80
Smith 1/3/80
SMIL

A 27434



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RT # 32

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 CLEANOUTS OK ST & DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 FT IN. TOTAL LENGTH 30 FT.

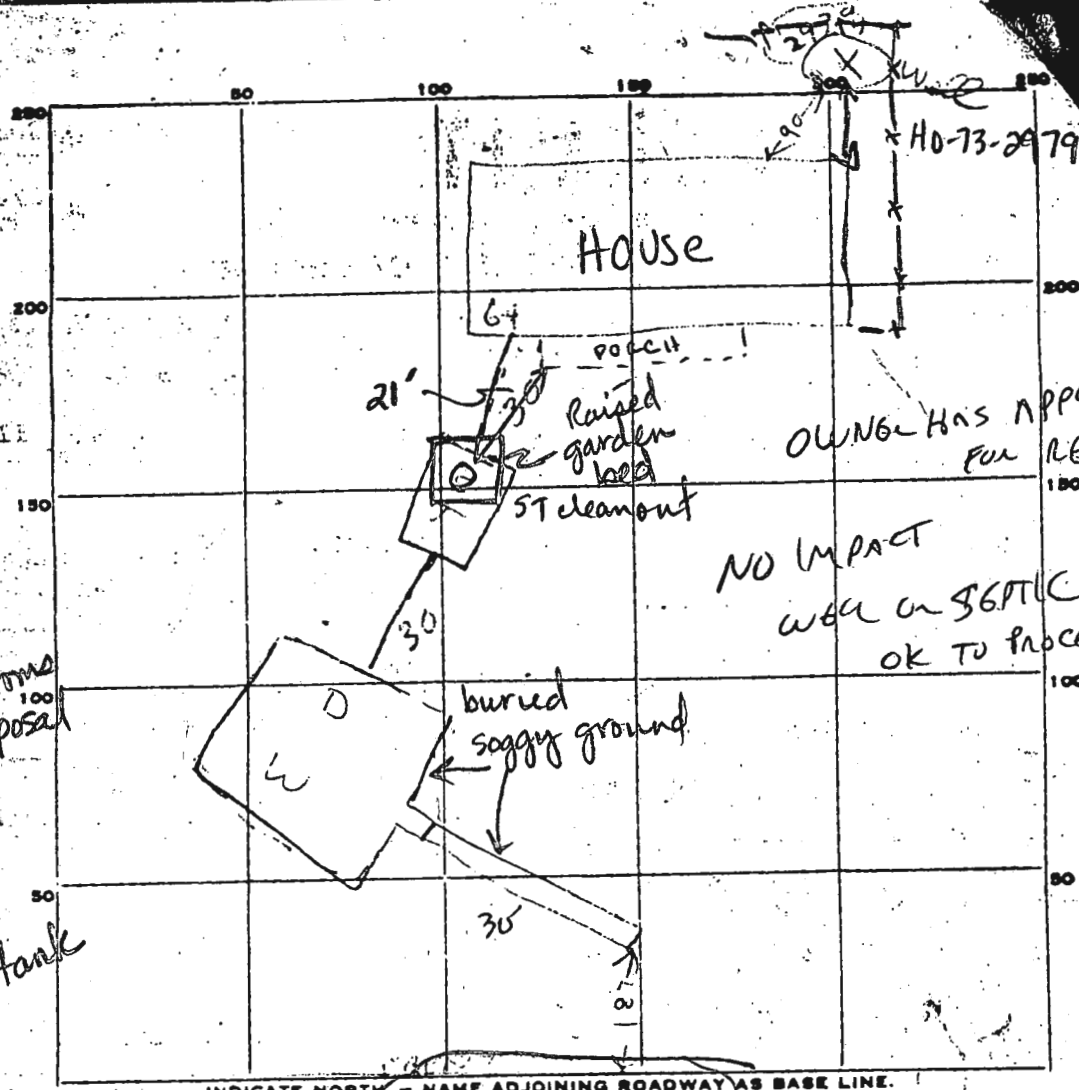
NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE DIAMETER PERIMETER 57 FT. DEPTH BELOW INLET 8 FT.
DW is 12' deep

ABSORBENT AREA 456 SQ. FT.

REMARKS 11/9/79 OK to add gravel to trench. &
11/14/79 - DW INLET IS 5 FT BELOW GRADE

DATE SYSTEM APPROVED 11/14/79 INSPECTOR Raymond Hodges



4 bedrooms
No disposal
1 yr ago
Fyock pumped septic tank

OWNGR HAS APPLIED FOR REGRIN PERMIT
NO IMPACT WELL OR SEPTIC OK TO PROCEED

5/20/88 (LW)
29 to well

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT # 32

PERMIT CARD

SEPTIC TANK, LEVEL 1500 CLEANOUTS OK ST & DW

DISTRIBUTION BOX, LEVEL _____

GRAVEL FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE DIAMETER 57 FT. DEPTH BELOW INLET 8 FT.
DW is 12' deep

ABSORBENT AREA 456 SQ. FT.

REMARKS 11/9/79 OK to add gravel to trench. JL

11/14/79 - DW INLET IS 5 FT BELOW GRADE

5-19-88 Septic tank was pumped several times and only 1 yr ago, because of overflow by Fyock. This date tank was full of solids & liquid to within 6 inches of top. Low spot at tank had standing water. Rain & snow around drywell and trench. Area downhill should allow rain to run off here

Permanend pumping and possible repair if necessary before approval JCN

Free!

FOY MUSE APPLICATION

A 27434

P _____

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: 465-5000, EXT. 356

DISTRICT 5th

DATE 1/13/78

SYSTEM FIRST

SEE SEPARATE SHEET FOR SPECS

BLD. PERMIT SIGNED
~~AND RETURNED~~ 6-8-79
Serial # 39288

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 Edwin G. Willson property

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Pause LOT NO. 6

#6582 ROAD AND DESCRIPTION Route 32

SIZE OF LOT 3 acres m/l 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/ Edwin G. Willson

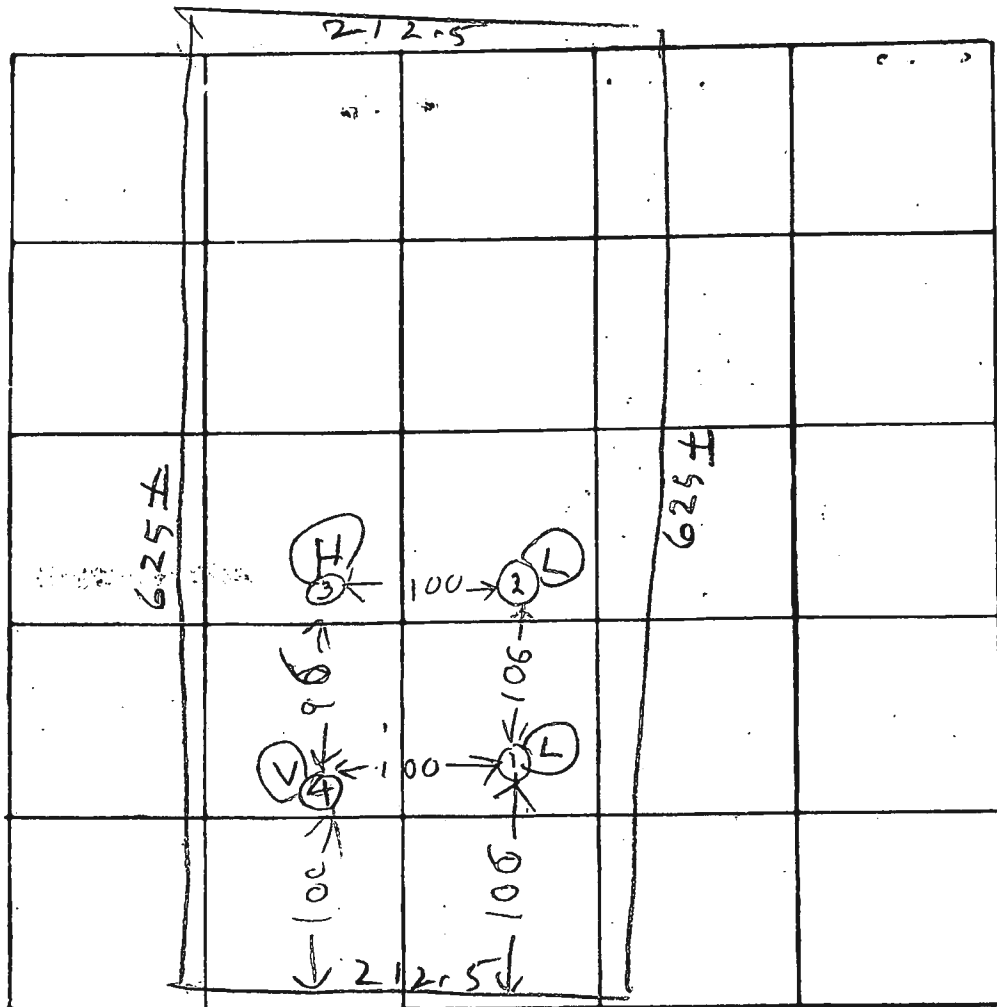
APPROVED BY Raymond Hodges FOR DRY WELL DATE 10/17/78
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/31/78 - Per. OK Hold for Certified Holder R.H.
R.H. 10/17/78 FINAL PLAT OK R.H.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

At 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/31/78	1S	4	1012	1030	little perc		
1/31/78	1D	14	1012	1014	1014	1018	4
	2S	4	1015	1030	little perc		
	2D	14	1015	1019	1017	1020	3
	3D	14	1024	1027	1027	1:033	6
	3S	4 1/2	1024	1026	1026	1027	1
	4V	13	TOP 1307	5 FT CLAY & SANDY			
	2MS	5 1/2	1036	little perc			
	1M	6	1037	1044	1044	1050	6
1/31/78	2MD	6 1/2	1041	1051	1051	1106	15

REMARKS: Holes not done in pattern shown on test plan
at time 6 min. than depth 5 ft

TYPE OF SOIL: _____

TESTED BY: R. HODGES ALSO PRESENT: PYOCIL & RICK WILSON

B 1 4460 SEQUENCE NO. (WRA USE ONLY) **STATE OF MARYLAND**
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL WRA PERMIT NUMBER **HO-73-2979**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY.**

B 1 CONTINUED **DRILLER INFORMATION** **B 3** LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 DATE 9/5/78 LICENSE NUMBER 40
 FIRST NAME Ed F. Esterday DRILLER LAST NAME
 SIGNATURE Ed F. Esterday

B 2 WELL INFORMATION **B 4** DIRECTION FROM TOWN
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANT
 TEST
 MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 NORTH EAST NORTHWEST SOUTHWEST
 SOUTH WEST
 NEAREST TOWN Clarksville
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 150

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

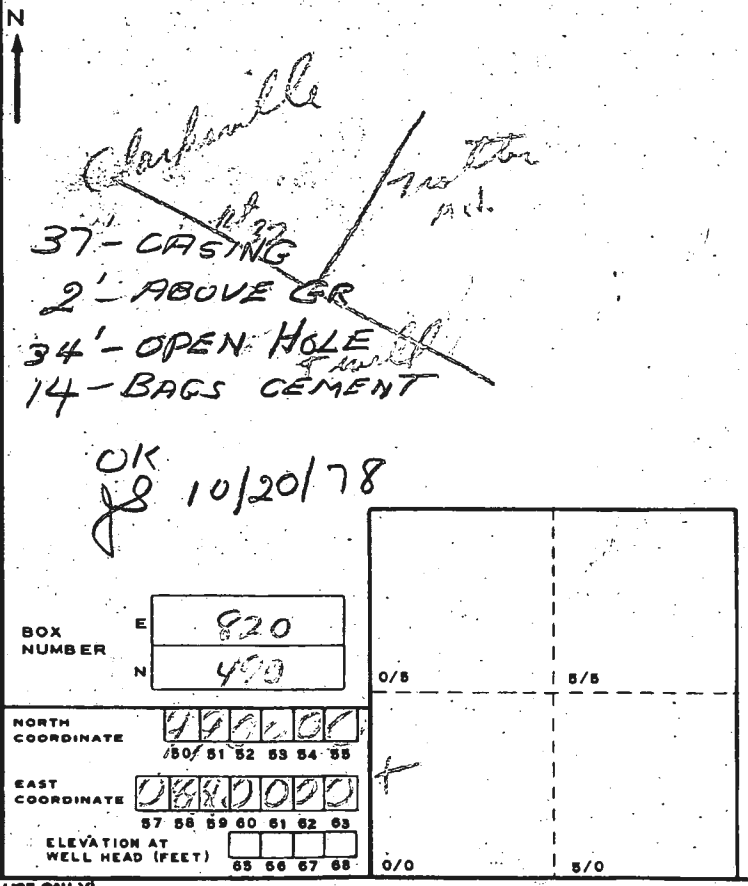
APPROXIMATE DEPTH OF WELL 150 FEET
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

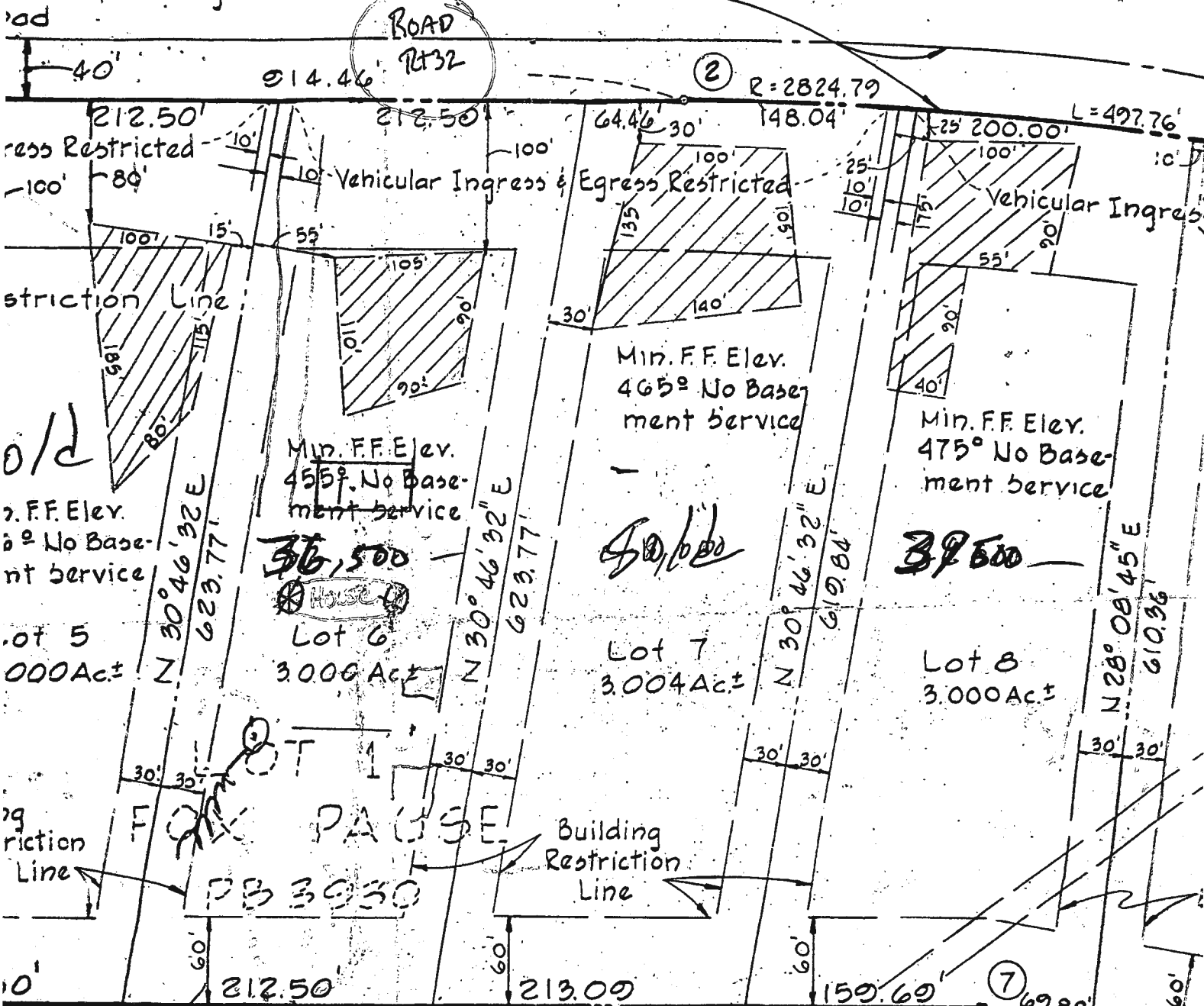
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 84 ENGINEER REVIEW DISTRICT NO. 69
 FORCE 67 WRITE INITIALS IN BOX AV CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX) 5 COUNTY NAME Howard COUNTY NO. W28826
 DATE 090878 APPROVED BY Fred Frommolt Sanitarian
 NORTH COORDINATE 490000
 EAST COORDINATE 080000
 ELEVATION AT WELL HEAD (FEET) 0/0

B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6



Widening Dedicated in Plat 3930



old
 Min. F.F. Elev.
 465° No Base-
 ment service

Min. F.F. Elev.
 455° No Base-
 ment service
36,500
 HOUSE
 Lot 6
 3.000 Act

SOLD
 Lot 7
 3.004 Act

Min. F.F. Elev.
 475° No Base-
 ment service
39,500
 Lot 8
 3.000 Act

FOX PAUSE
 PB 3930

Building
 Restriction
 Line

4x4" Concrete
 Monument

FOX PAUSE
 PB 3931

OWNER & DEVELOPER
 EDWIN G. WILLSON BUILDER,
 Box 32
 Ashton, Md. 20702

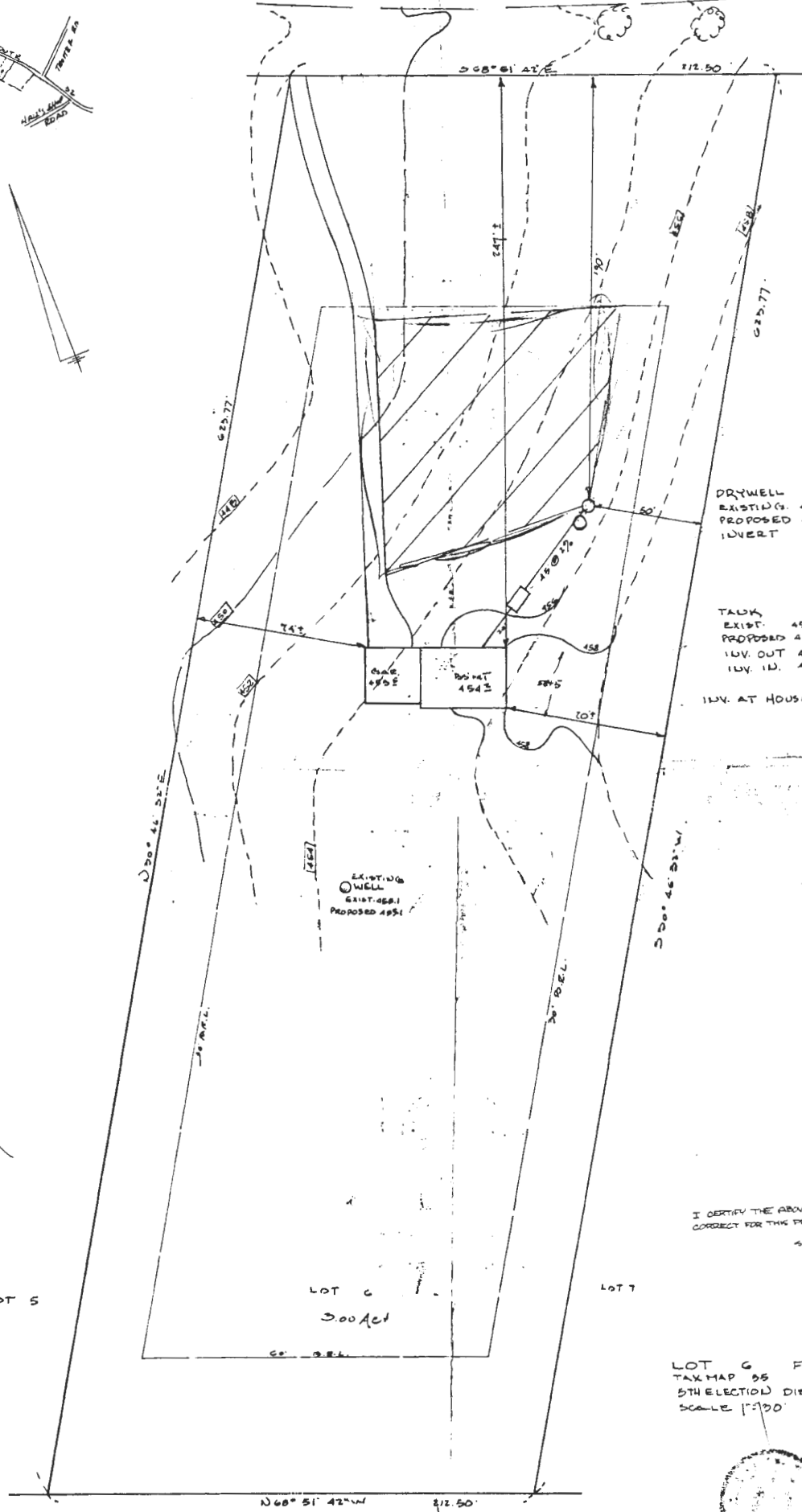
CERTIFICATE

I, EDWIN G. WILSON, SR., PRESIDENT, AND EDWIN G. WILSON, JR., SECRETARY, OF THE EDWIN G. WILLSON BUILDER, INC., HEREBY ADOPT AND APPROVE OF THE APPROVAL OF THIS PLAT BY THE OFFICE OF THE SURVEYOR OF LANDS AND THE OFFICE OF THE ENGINEER OF PUBLIC WORKS AND TRANSPORTATION, AND GRANT UNTO THE EDWIN G. WILLSON BUILDER, INC. THE RIGHTS AND EASEMENTS SHOWN HEREON: (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN MUNICIPAL UTILITIES AND SERVICES, IN AND THROUGH THE LANDS SHOWN HEREON; (2) THE RIGHT TO WIDEN AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE SHOWN HEREON; AND (3) THE RIGHT TO PLACE AND MAINTAIN MONUMENTS AS SHOWN HEREON.

SURVEYOR'S CERTIFICATE

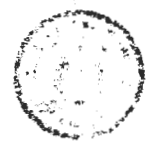
I, HEREBY CERTIFY THAT THE FINAL PLAT SHOWS THE CORRECT LOCATION OF ALL OF THE LANDS CONVEYED BY MAURICE L. WILLSON BUILDER, INC. BY DEED DATED DECEMBER 15, 1977 AND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER C.M.P. 860 A AND ALL MONUMENTS ARE IN PLACE AS SHOWN, IN ACCORDANCE WITH THE SURVEYING RECORDS OF HOWARD COUNTY, MARYLAND.

MARYLAND ROUTE 22



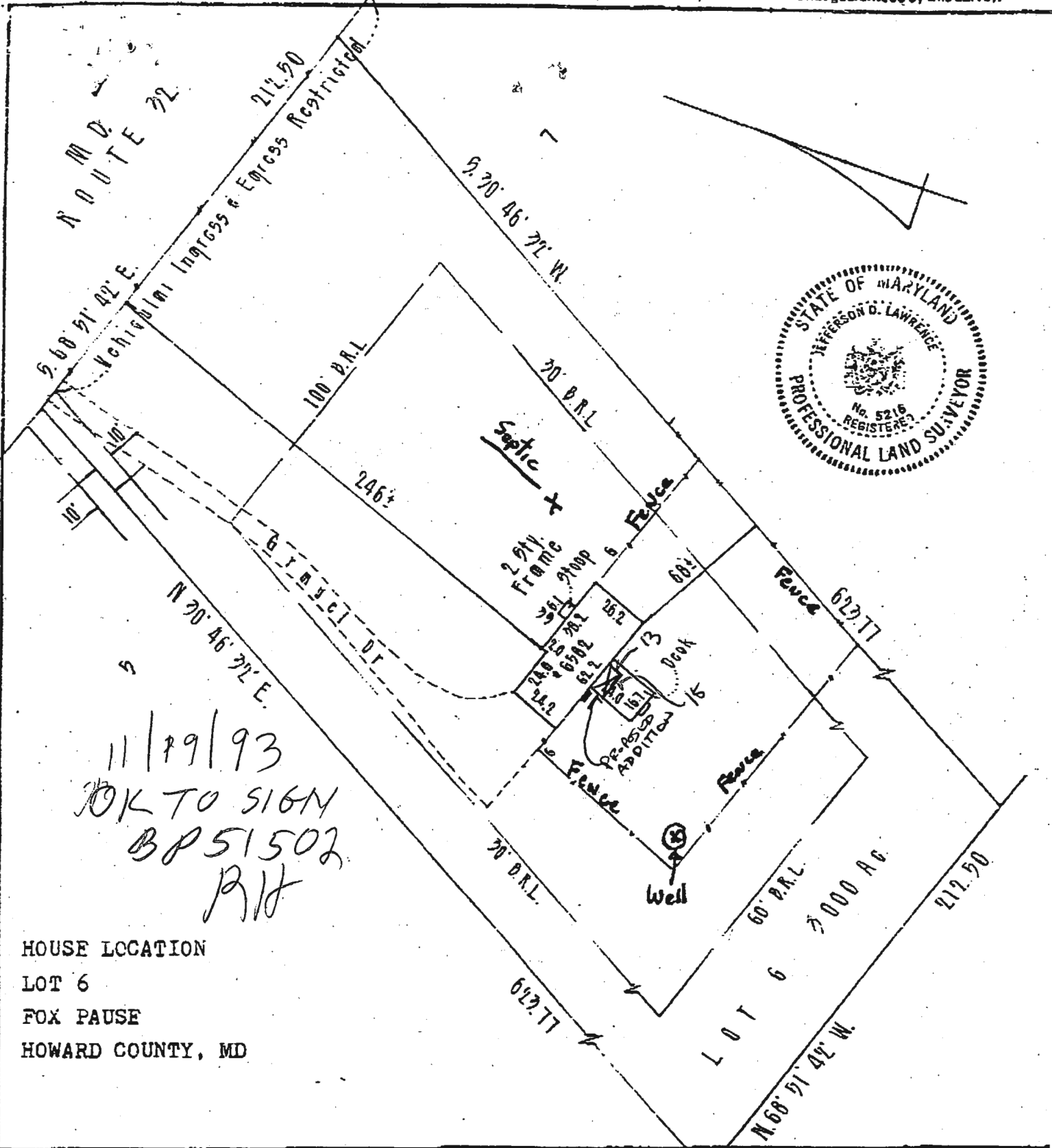
I CERTIFY THE ABOVE MEASUREMENTS ARE ACTUAL & CORRECT FOR THIS PROPERTY.
SIGNED: *[Signature]*
FOR HOOKING ASSOC., INC.

LOT 6 FOX PAUSE
TAX MAP 55 PLAT # 9750
5TH ELECTION DIST. HOWARD CO. MD
SCALE 1"=100' MAY 23, 1977



HOOKING ASSOCIATES, INC.
100 SHELL BUILDING
200 E. JOYFA RD.
TOWSON, MD. 21284

NOTE: This survey for title purposes only - not to be used for determining property lines. Property corner markers not guaranteed by this survey.



11/19/93
 OK TO SIGN
 BP 51502
 RIT

HOUSE LOCATION
 LOT 6
 FOX PAUSE
 HOWARD COUNTY, MD

SURVEYOR'S CERTIFICATE I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY. <i>Jefferson D. Lawrence</i> JEFFERSON D. LAWRENCE REGISTERED LAND SURVEYOR MARYLAND # 5216	REFERENCES PLAT BK. G.M.P. PLAT NO. 4047	ANDJON ASSOCIATES 7 Brooker Avenue Calhoun, Maryland 20877 (301) 840-9010	
	LIBER FOLIO	DATE OF SURVEYS WALL CHECK: MSE LOC: 6-17-84 BOUNDARY:	SCALE: 1"=60' DRAWN BY: JOB NO.: 97084

41835

