

12/4/91 2130

04-347781

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47595

A 38747

DISTRICT 4th

DATE 11/4/91

DATE SYSTEM APPROVED 12-4-91

INSPECTOR R. P. Pille

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ☒ ALTER

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

SUBDIVISION Morgan Station LOT 40 ROAD 818 The Old Station Court

PROPERTY OWNER Herb and Kerry Aston

**BUILDING PERMIT SIGNED
AND RETURNED**

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS 4/20/04 B 00147372-FINISH BASEMENT

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 180 feet from the north (508.69') lot line and 190 feet from the east (283.01') lot line. Run trenches on contour toward the south.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 9/11/91 R.H.

PLANS APPROVED BY Raymond Hodges cm DATE 9/3/91

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

**BLDG. PERMIT SIGNED
AND RETURNED**
4/22/93
Serial # 48172-deck

A 38747

APPLICATION

PERCOLATION TESTING

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

A 08747

P _____

DISTRICT 4

DATE 12/17/86

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 Ray W. Crum + Wife

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership, Deeb & Kerry Aoton

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

LOT 40 Prelim 10-21-87

SUBDIVISION Morgan Station (Crum Property) LOT NO. 96

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd

818 The Old Station Ct.

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres TYPE BLDG. SFD

(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.

Mal S. Rind

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR BLDG. PERMIT SIGNED DATE _____

REJECTED BY _____ FOR AND RETURNED 9/4/91 DATE _____

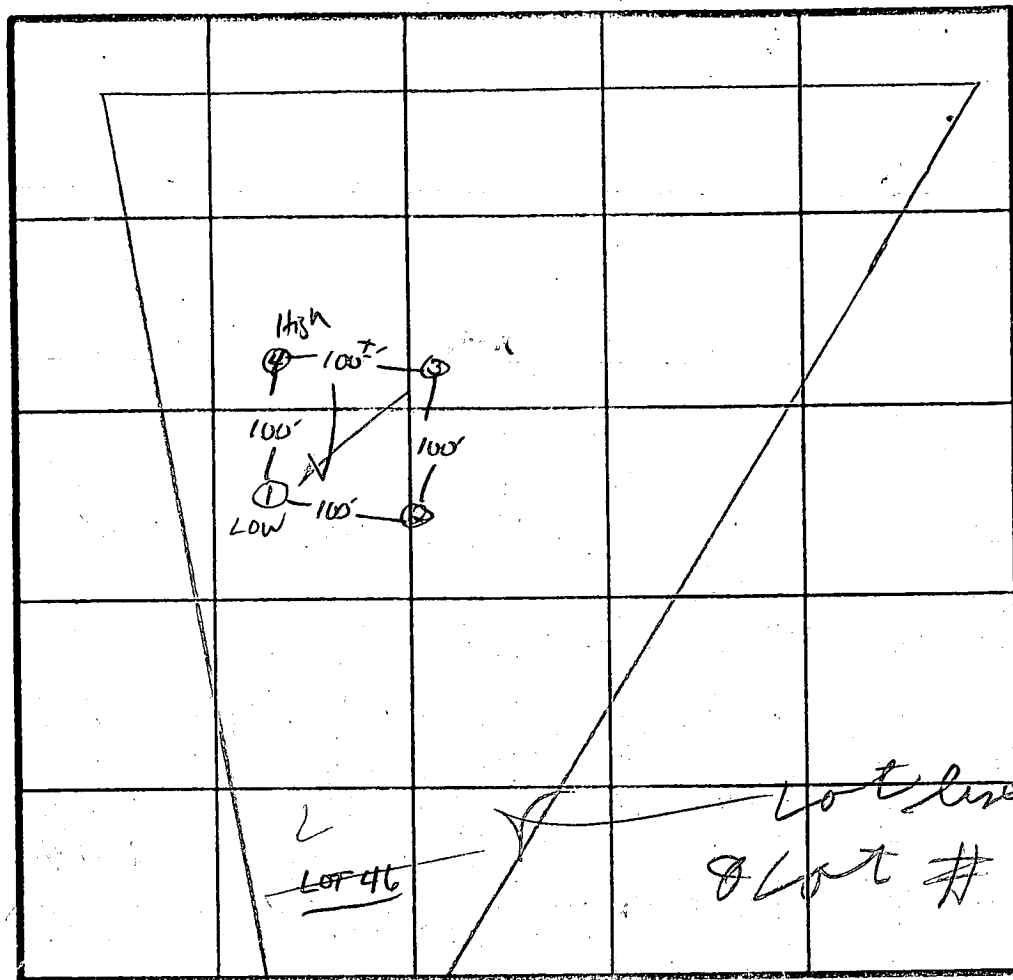
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10287 RNC Satisfactory, Hold for Subdivision Plat. S&B

THIS IS NOT A PERMIT

SOIL PROFILE

14"1	AP
	YELLOW RED SILTY WAM 9-12% CLAY 20-25% FRAGS
3-	YELLOW BR. SILTY WAM 20-25% SHALE FRAGS



\bar{x} LPC 8min

170 4/BR

INLET 3'
BOTTOM 5'

Lot lines changed
 & Lot # changed

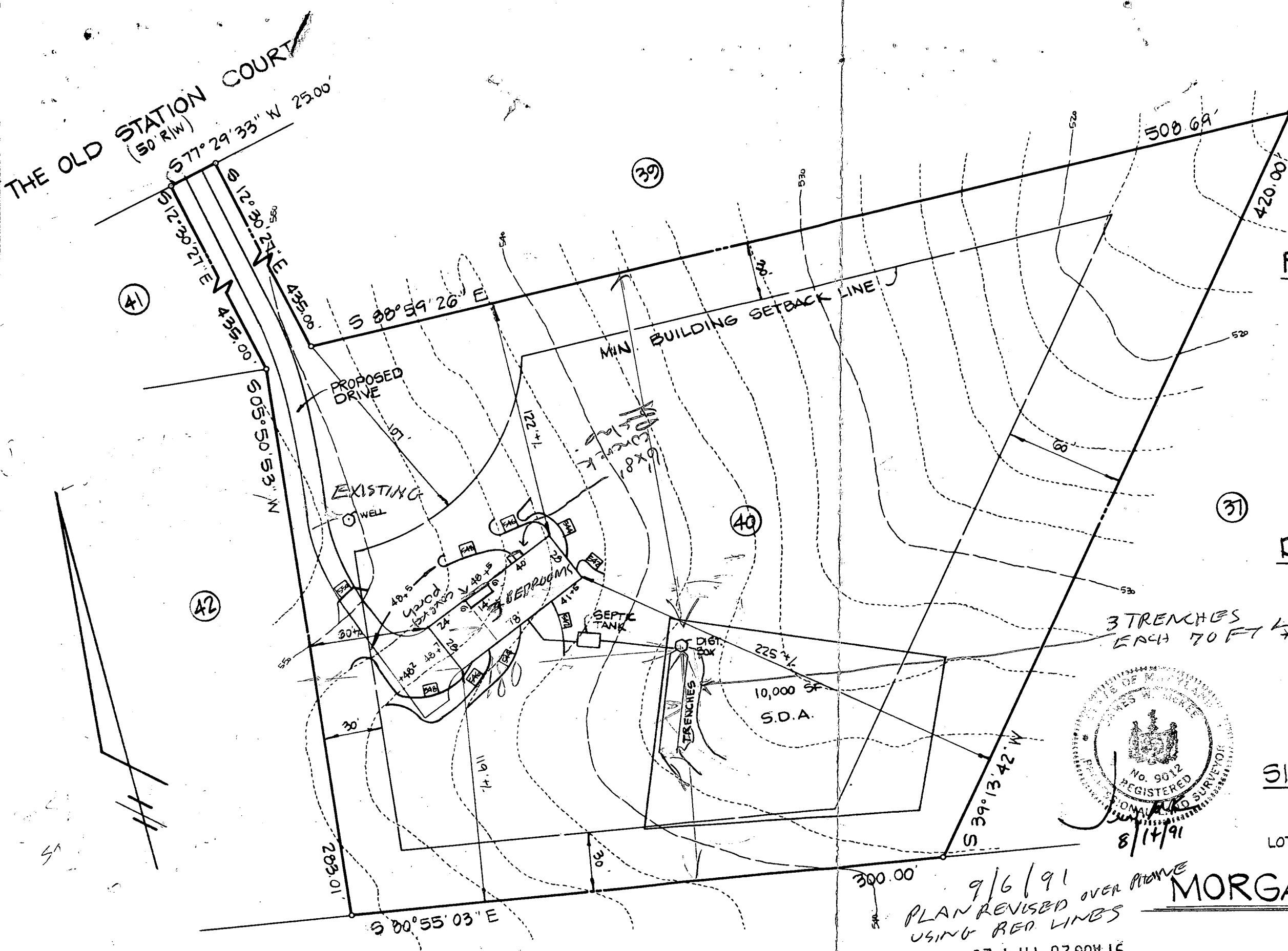
INDICATE NORTH · NAME ADJOINING ROAD/WAY AS BASE LINE

[illegible]

REMARKS Holes Per Plat Approximately

TYPE OF SOIL ME Airy

TESTED BY S. Abel ALSO PRESENT D. KETTERMAN



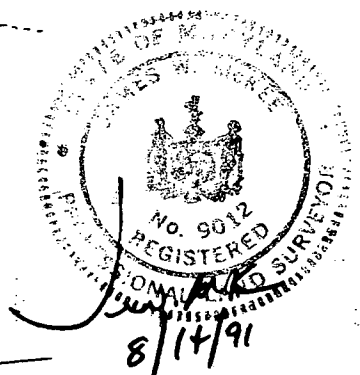
PROPOSED ELEVATIONS

FIRST FLOOR	550.50
GARAGE	549.00
BASEMENT FLOOR	542.00
INV. OUT OF HOUSE	539.50
INV. INTO SEPTIC TANK	539.00
INV. OUT OF SEPTIC TANK	538.90
INV. INTO DIST. TANK	534.20
INV. OUT OF DIST. TANK	534.10
INV. INTO TRENCHES	534.00

DISTURBED AREA

11,500 SF
 3 TRENCHES LONG
 EACH 70 FT *PRIVATE WATER & SEWER

CONTRACTOR IS TO PROVIDE
 POSITIVE DRAINAGE AWAY FROM
 FOUNDATION AT ALL TIMES



9/6/91
SITE PLAN REVISED
 PLANS OK
 LOT 40
 LOTS 5-42 SHEET 2 OF 6
 RJR

MORGAN STATION

Δ C.M.P. 7322

4TH ELECT. DIST. HOWARD CO., MD.
 SCALE: 1"=50' 8/14/91
 DEED REFERENCE: 2120/403

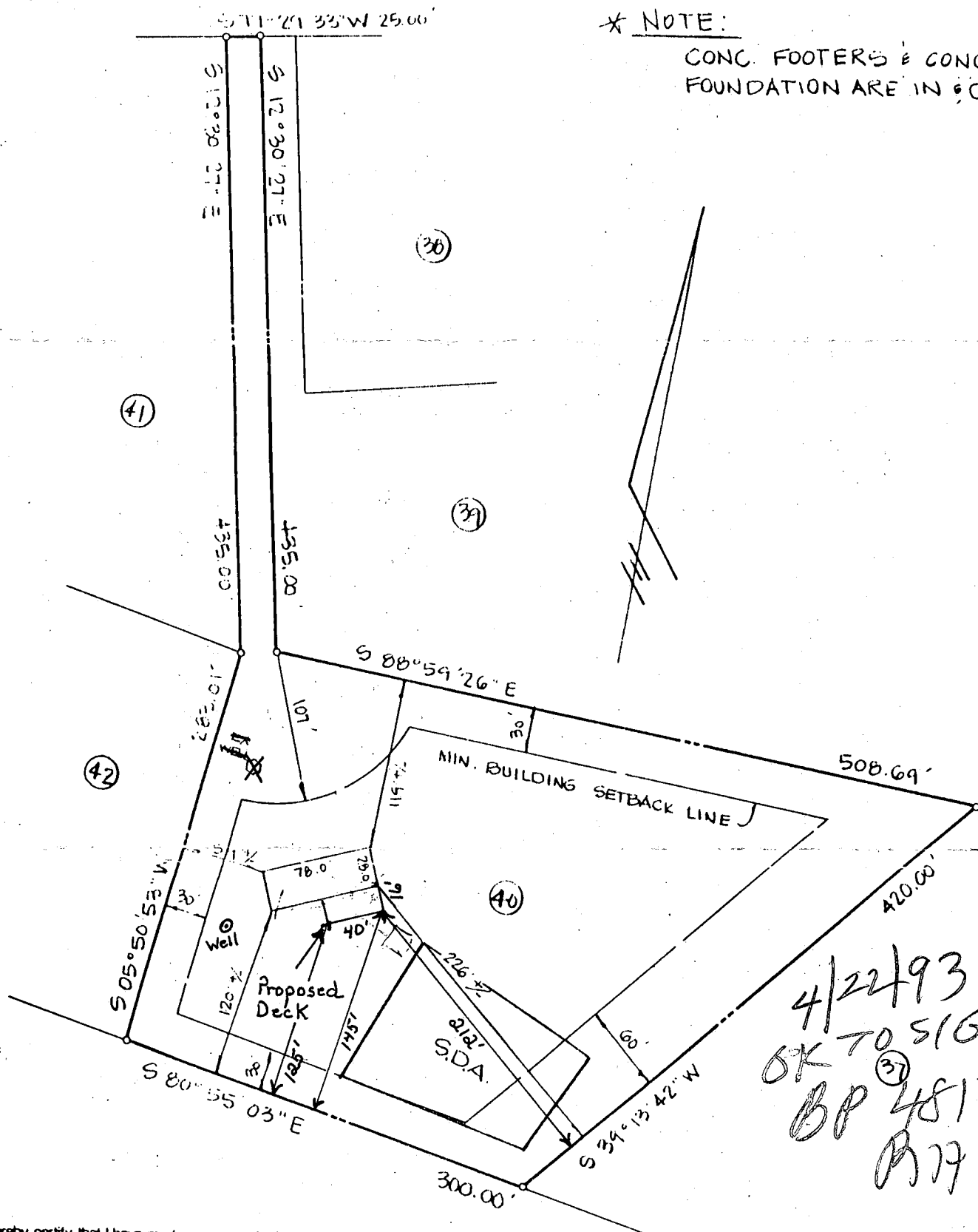
McKEE & ASSOCIATES, INC.
 CIVIL ENGINEERS - LAND SURVEYORS
 SHAWAN PLACE 5 SHAWAN ROAD
 HUNT VALLEY, MD 21030
 PHONE - (301) 527-1555

9/6/91
 PLAN REVISED OVER PLANS
 USING RED LINES
 91 AUG 20 PM 4:23
 PLANS OK
 RJR
 RECEIVED
 HOWARD COUNTY HEALTH DEPT.

THE OLD STATION COURT (50' R/W)

* NOTE:

CONC. FOOTERS & CONC. BLOCK
FOUNDATION ARE IN COMPLETE



I hereby certify that I have made a survey of this lot for the purpose of locating the improvements thereon and that they are located as shown. This plat is not intended for use in establishing property lines.

I hereby certify that I have examined the current Flood Insurance Rate Map (Firm No. 240044-0002 E) for the subject property and it does not lie in an area identified by the Secretary of Housing and Urban Development as having special flood or mudslide hazards.

LOT 40

LOTS 5-42 SHEET 2 OF 6

"MORGAN STATION"

10/28/91

Date

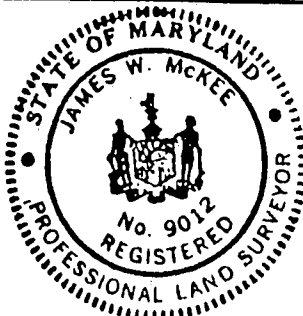
JAMES W. MCKEE

REG. #9012

Δ C.M.P. 7022

4TH ELECT. DIST.

HOWARD CO., MD



LOCATION SURVEY

THE OLD STATION COURT

MCKEE & ASSOCIATES, INC.

CIVIL ENGINEERS • LAND SURVEYORS

5 SHAWAN ROAD HUNT VALLEY, MD 21030

(301)527-1555

scale:

1" = 100'

date:

10/28/91

job no:

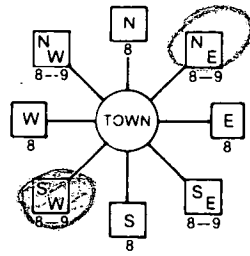
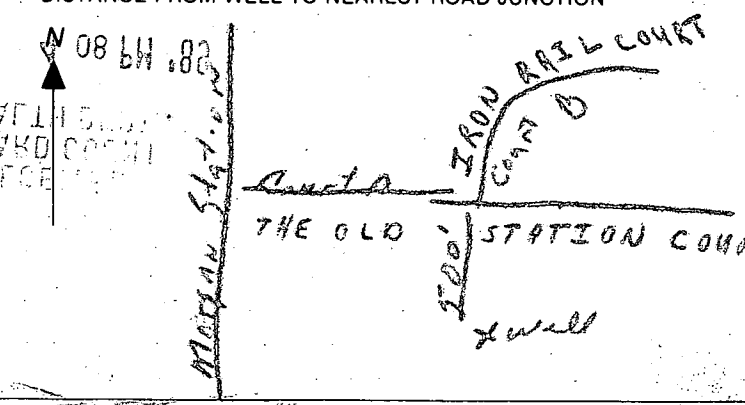
GAST 16

drawn by

BD

checked by

GCS

B 1	5917	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>H0-88-0626</u> <small>fill in this form completely.</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) <u>032289</u>		LOCATION OF WELL B 3 <u>Howard</u> COUNTY <u>Morgan Station</u> SUBDIVISION SECTION <u>44</u> LOT <u>40</u> Parcel <u>7+11</u> <u>Lisbon</u> NEAREST TOWN MILES FROM TOWN (enter 0 if in town) <u>3</u> MI		
OWNER INFORMATION <u>Hemphill</u> Last Name <u>ASSOCIATES</u> Owner <u>10176 BALT MAR PIKE</u> Street or RFD <u>2111 COT + CITY 4M 21043</u> Town State Zip		DRILLER INFORMATION <u>FRANK-DELPH</u> Driller's Name <u>FRANK Delph Well Drillers INC.</u> Firm Name <u>18239 Fern Shop Rd Morgan Md</u> Address <u>Frank Delph</u> Signature <u>3/17/89</u> Date <u>453</u> License No.		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <u>Morgan Station</u> THE OLD STATION COURT ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>500</u> ENTER FT or MI <u>FT</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> COUNTY NAME <u>A#38747</u> COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED <u>052289</u> x <u>C. Williams</u> N/22/89 NORTH GRID <u>551000</u> EAST GRID <u>0787000</u> SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>Well</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE N <u>0780</u> E <u>550</u> DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input checked="" type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTary <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ FORCE <u>CW</u> WRITE INITIALS IN BOX PERMIT No. <u>H0-88-0626</u> SPECIAL CONDITIONS		

C1	2396	SEQUENCE NO. (DENV 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.
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)		COUNTY NUMBER A#38747		
DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 9 10 11 12 13	14 15 16 17 18 19 20	21 22 23 24 25 26 (TO NEAREST FOOT)	27 28 29 30 31 32 33 34 35 36 37	

OWNER	HEMPHILL ASSOC.		
STREET OR RFD	last name	first name	TOWN
THE OLD STATION		COURT	LISBON
SUBDIVISION	SECTION		LOT
MORLAN STATION			40

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 FROM TO	Check if water bearing
Top Soil	0 2	
Brown Slate	2 70	✓
Blue Slate	70 90	
Brown Slate	90 95	✓
Blue Slate	15 130	
Brown Slate	130 135	✓
Blue Slate	135 245	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes Y	no N
TYPE OF GROUTING MATERIAL	
CEMENT CM	BENTONITE CLAY BC
NO. OF BAGS 18 NO. OF POUNDS 3150	
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 1 ft. to 5 ft.	
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	ST CO
	STEEL CONCRETE
	PL OT
	PLASTIC OTHER
MAIN Casing Nominal diameter Total depth Casing top (main) casing of main casing TYPE (nearest inch) (nearest foot)	
PL	6 35
OTHER CASING (if used)	
diameter depth (feet)	
inch from to	

SCREEN RECORD	
screen type or open hole insert appropriate code below	ST BR HO
	STEEL BRASS OPEN
	PL OT
	PLASTIC OTHER

DEPTH (nearest ft.)	
EACH SCREEN	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
from to	

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	72
TELESCOPE CASING LOG INDICATOR	

PUMPING TEST	
HOURS PUMPED (nearest hour)	
PUMPING RATE (gal. per min. to nearest gal.)	
METHOD USED TO MEASURE PUMPING RATE	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
WHEN PUMPING	
TYPE OF PUMP USED (for test)	
A air	P piston
C centrifugal	R rotary
J jet	S submersible

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
+ above	LAND SURFACE
- below	(nearest foot)

CIRCLE APPROPRIATE LETTER	
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.	453
DRILLERS SIGNATURE	Frank D. Delaney
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

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)	
old station & I.R. Rail	
2000'	

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 ☐

Receipt # 47601
Date NOV. 6-91

Name of Installer ARNOLD WYATT

Telephone 301-879-9696

License Number _____

Certified Well Pump Installer _____

Well Driller _____

Registered Plumber 1753

Name of Property Owner HERB ASTON

Telephone 301-335-4200

Subdivision MORGAN STATION Lot # 40

Well Tag # HO-68-6626

Site Address 818 Old STATION CT.

WOODBINE, 21197

Pump

1. Type

a. Deep well jet _____

b. Shallow well jet _____

c. Submersible ☒

2. Make JACOZZI

3. Model # TE5504-1252

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 3/4

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make HARVARD

2. Model # PT-800

3. Depth 4

Tank

1. Capacity 42 GALL.

2. Pressure relief

valve? 1/2"

Pitless Adapter OK
Water line to tank already covered
RPI 12-5-91

Piping

1. Type Poly Blue

2. Size 1"

3. NSF and/or BOCA

Code approved _____

4. Depth of supply

line 190 FT.

Well data

1. Depth 200 ft.

2. Yield 7 GPM

3. Static water

level _____ ft.

4. Will water supply be disinfected by installer? yes

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: Arnold Wyatt

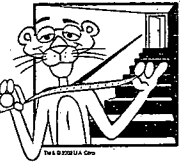
Date: NOV. 06-91

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

Owens Corning Basement Finishing System

Taylor Made Construction

P.O. Box 979, 2301 Willoughby Beach Road
Edgewood, MD 21040, 1-800-917-PINK (7465)



3/25/04
Date

Mr James Aston
Customer Name

818 The Old Station CT

Woodbine, MD 21797
Address

410-489-3643
Phone

Specific Notes:

Specific Notes: 95 0.6 / 14512 / 22ms / 203H

2 Doors / 2 Access panels

5th Spindles

Box	Win	Column
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
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358	359	360
361	362	363
364	365	366
367		

572 ceiling

590 Carpet / No file

13 sec can

10 outlets !!!

2 Bway | 2 Dimmer | 1 single

1 cable / 1 phone / rework smoke

Customer Initials

Legend:

OC Owens Corning	FL Fluorescent Lights
SR Sheet rock	RC Recessed Can Lights
MS Metal Studs	SM Surface Mount Lights
OF Open Framing	LU Luan

1 Box (1/4") = 1 Foot

