7/24/PP ...

PERMIT

SEWAGE DISPOSAL SYSTEM

194186 194<u>36073</u>

MARYLAND STATE DEPARTMENT OF HEALTH'

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 992-2330

INDEXED

ELLICOTT CITY

DISTRICT_3rd

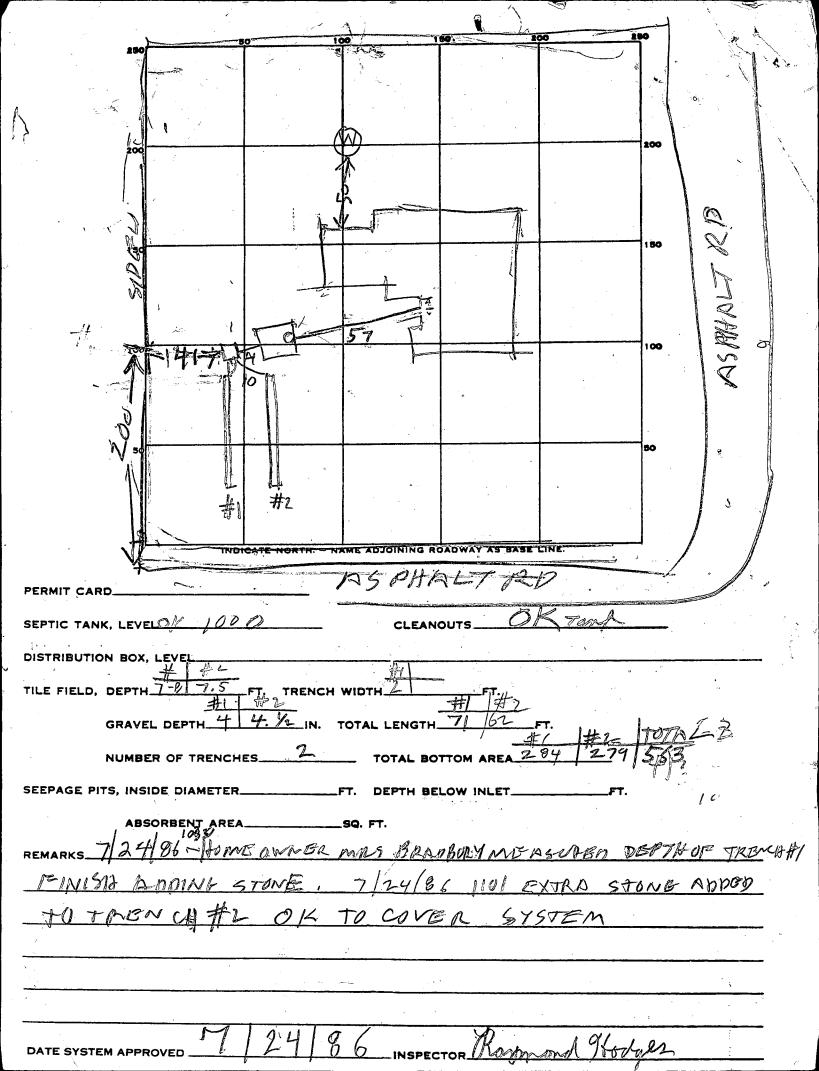
DATE 10/07/85

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JBDIVISION <u>Triadelph</u>	nia Farms II	ROAD 13336 Tri	adelphia Rd	LOT 102	1 % 10B	
ROPERTY OWNER	John W.	& Kathleen Bra	dbury		*	-
ODRESS						
GARBAGE GRINDER IS USE	D INCREASE SEPTIC TANK CAPA	CITY BY 50% AND ABS	ORPTION AREA B	Y 22%.		
ARBAGE GRINDER? YES	NO <u>X</u>		, = - -, ,		1 12 12 12 12 12 12 12 12 12 12 12 12 12	•
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NOTE: No trench box is required.		along level gro n length. If m of trench(s) b	und toward i ore than one efore and a	ot 9C. e trench us fter gravel	sed, a di . is inst	strib alled
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*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

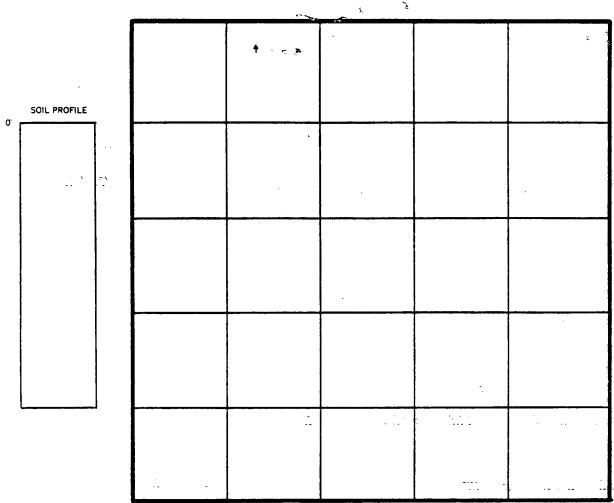
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



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THIS IS NOT A PERMIT



INDICATE	NORTH -	NAME	ADJOINING	ROADWAY	AS	BASE	LINE

			PRE-	WET	TEST -	TEST - 1",DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
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REMARKS	•		
TYPE OF SOIL			
TESTED BY		ALSO PRESENT	

EH-12-1079

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _______

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT	3rd	
DATE	5/13/81	

TO: THE COUNTY HEALTH OFFICER	·	
ELLICOTT CITY, MARYLAND		
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTR	RUCT (OR RECONSTRUCT) A SEWAGE DISPOS	AL SYSTEM.
PROPERTY OWNER		
ADDRESS 3697 Park Avenue, Ellicott Ci	ty. Md. 21043 PHON	ie <u>465–5822</u>
PROPERTY LOCATION:		
SUBDIVISION Triadelphia Farms II	LOT NO.	10A & 10B
ROAD AND DESCRIPTIONTriadelphia Road		
SIZE OF LOT	TYPE BLDG.	3 or 4 bedrooms (NUMBER OF BEDROOMS)
		HOMBER OF BEDROOMS
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTAB	LE ONLY UNTIL PUBLIC FACILITIES BE	COME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	TION IS NON-REFUNDABLE UNDER ANY	CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	/s/ Jack Cooper	
	(SIGNATURE	OF APPLICANT)
APPROVED BY	FOR	DATE
REJECTED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		DATE
REASONS FOR REJECTION OR HOLDING		

THIS IS NOT A PERMIT

ROAN 81802 SOIL PROFILE 90 PA 24976 TOB 98 10 NORTH - NAME ADJOINING ROADWAY AS BASE LINE LOCK ITE INDÍČATĚ PRE-WET TEST - 1" DROP DATE TEST NO. DEPTH TIME START PROFFEE 501L 5 14/01

REMARKS _____

TESTED BY RHOPES

_ ALSO PRESENT OKETTERIMAN & FATHER

16 AB

@ clay To 5' water At 9' Clay To5' WATER Atg'

Test done 7/10/81 SK

also Present. Ketterman

D. RELIWER

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P.O. BOX 476 ELLICOTT. MARYLAND 21043

TELEPHONE: 992-2330

HOLD PENDING FURTHER TESTS

REASONS FOR REJECTION OR HOLDING

DISTRICT _____

O: THE COUNTY HEALTH OFFICER			
ELLICOTT CITY, MARYLAND	•		
I, HEREBY, APPLY FOR THE NEC	ESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM	•
			•
ROPERTY OWNER			
ADDRESS		PHONE	· · · · · · · · · · · · · · · · · · ·
•			
ROPERTY LOCATION:			
SURDIVISION Trad	alpha Fan	LOT NO. LOT	FIORTIOB
	alpha Fan		
ROAD AND DESCRIPTION		· · · · · · · · · · · · · · · · · · ·	
IZE OF LOT		TYPE BLDG	
		·	
THE SYSTEM INSTALLE	D UNDER THIS APPLICATION IS	ACCEPTABLE ONLY UNTIL PUBLIC FA	CILITIES BECOME AVAILABLE
I FULLY UNDERSTAND	THE FEE CONNECTED WITH THE	FILING OF THIS PERC TEST APPLICATION	ON IS NON-REFUNDABLE UNDE
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NY CIRCUMSTANCES.			
GIGNATURE OF APPLICANT			

THIS IS NOT A PERMIT

SOIL PROFILE

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		C	V D			
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TIME

TEST - 1" DROP DATE TEST NO. DEPTH STOP START Z 5

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	5 D	12	2:07	2:10	2:10	2:16	4
	25	12	2:35	2:12 2:38	2:12	5:44	5
	15	44.	2.46	4:20		2:43	5-
	35 3D	10	2:53	3:00 2:5-8	3:00	3:11	11
	45 40	等生	7:08	3:11		3:21	10
	6 M	5	3:00	1:06	3:06	2:17	11
	683	115					,

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APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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HOWARD COUNTY HEALTH DEPARTMENT **ENVIRONMENTAL HEALTH SERVICES** P.O. BOX 476 ELLICOTT, MARYLAND 21043 DISTRICT TELEPHONE: 992-2330 THE COUNTY HEALTH OFFICER **ELLICOTT CITY, MARYLAND** I. HERBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM ADDRESS PROPERTY LOCATION: THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. ANY CIRCUMSTANCES. HOLD PENDING FURTHER TESTS

THIS IS NOT A PERMIT

SOIL PROFILE ひ-3%

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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Readway ME-WET TEST - 1" DROP TEST NO. DATE DEPTH START TIME STOP START STOP 4.9 faller 1st 2:00 made 4/1/80 1:56 1:57 ハゴフ 2:02 4 2:16 2:10 2:10 6 ک ک 2:07 <u>ラ</u>カ 2:08 2:23 2:12 2:12 4 2:38 2:35 2:38 <u>ک</u> ک 25 2:44 2:35 3 :3 & 12 2:43 2:46 5 4 2:50 2:50 2:43 2:50 2:50 3:00 12 2:46 10 4 2:53 3:00 3:00 3:11 11 25 3 0 10 2:53 2:5-8 2:58 3:04 څ 3:08 3:11 3:11 3:21 10 45 16 3:08 3:20 3:20 3:36 6 M 3:00 3:06 3:06 3:17 683

REMARKS #6 and 1	somered /	A E	
TYPE OF SOIL			
TESTED BY PHY AS		ALSO PRESENT _	.

Trusception Farms sect. II

ELEVATIONS HOUSE 692.0 WELL HOLES #1 682.0 #2 686,0 676.8 #4 682.2 #5 688.0 634.0 ROADWAY

APPLICATION

Roge 1 29499

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Р _____

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043

TELEPHONE: 992-2330

DISTRICT $\frac{3rd}{2/6/79}$

THE COUNTY HEALTH OFFICER		
ELLICOTT CITY, MARYLAND		•
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT ((OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.	
•		
PERTY OWNER		-
	PHONE	
ADDRESS	71011	
PERTY LOCATION:		
TRINEID HIN EAR	ne 10 A	
DIVISION JAINEL TITA PAR	LOT NO.	
DAND DESCRIPTION SECT II TO	MS LOT NO. LUTA RIDEL PHIN RD	
D AND DESCRIPTION		
MEAR WALT A	NY DR.	
OF LOT.	TYPE BLDG.	
THE CYCTEM INICIALLED LINDED THE ADDITION IS	ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAIL	ARIF
INE SISTEM MOTALLES SUPER THIS WAS LICENSED		
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NATURE OF APPLICANT		
	FOR DATE	
ROVED BY		
ROVED BY	FOR DATE	
ROVED BY		-
D PENDING FURTHER TESTS	FOR DATE	1-9
D PENDING FURTHER TESTS	FOR DATE	17
ROVED BY $\frac{1}{2}$ ECTED BY $\frac{1}{2}$ The pending further tests $\frac{1}{2}$ Sons for rejection or holding $\frac{2}{5179}$	FOR DATE	17
ECTED BY D PENDING FURTHER TESTS SONS FOR REJECTION OR HOLDING $2/5179-116$ TO UNE PAYEY YEY $2/21$	TORDATEDATE	17
ECTED BY D PENDING FURTHER TESTS SONS FOR REJECTION OR HOLDING $2/5179-116$ TO UNE PAYEY YET $2/21$	TORDATEDATE	17
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ASONS FOR REJECTION OR HOLDING $2/5779-116$	FOR DATE	17

SOIL PROFILE

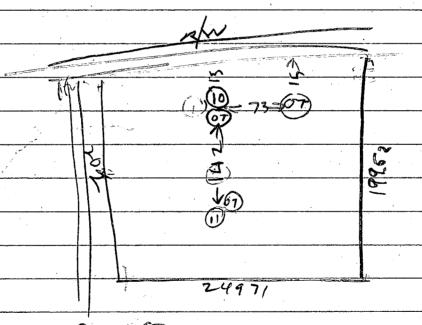
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		STUM	A RUDD	A/W		
•		, many	1 INDICATE NORT	H - NAME ADJOINING RO	DADWAY AS BASE LINE	

	<u> </u>						
DATE	TEST NO.	DEPTH	PRE- START	WET STOP	TEST -	1" DROP STOP	TIME
2/5/79	102	12	219	220	220	2-2-4	-4
2/5/29	(15)	4/2	219	227	224	202	35/21
	25	H	221	226	226	236	10
	QD)	8	721	360	estines	39 FF	NL
	30	B	227	238	238	256	18
	35	3/2	228	238	238	256	18
	40	Ø	257	256	256	302	6
,	45	3	758	204	304	2)4	96-
	517	9	310	315	315	219	4
	55	3/20	311	315	315	220	5
15/79	6V	12/2	BOT	3121	> SAN	5	,
REMARKS (· · · · · · · · · · · · · · · · · · ·				

REWER SCHISSLER

TRIPELPHIN FARMS 10 A A29499

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NOTE HOLES () & (10) ARE DUGAT APPROX. SAME LOCATION & HOLES (11) & (3) ARE APPROX, SAME LOCATION

C 1 2279 SEQUENCE NO. (OEP USE ONLY)			STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 (THIS NUMBER IS TO BE F IN COLS. 3-6 ON ALL CAR			FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY AZ-3546-7	
DATE Received	DATE WEI	LL COMPLE	ED Depth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL"	
	05	3 < 8 8	22 2 5 26	10-81-1011	
OWNER	15 BRADE	20 211 BY	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
STREET OR RFD	last name	+RIADE	PAIA RD first name TOWN	GCEN ECG	
SUBDIVISION TRI A	DECPHIA	9 FARM	SECTION	LOT 10A-B	
<u>WELL</u> Not required fo		lls	WELL HAS BEEN GROUTED	C 3	
STATE THE KIND OF PENETRATED, THEI THICKNESS AND IF	R COLOR,	DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)	
DESCRIPTION (Use	FEET	Chec if wat	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min.	
additional sheets if needed)	FROM	TO bearing	NO. OF BAGSNO OF POUNDS	to nearest gal.)	
Top Soil	0	2	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE By EMEASURE	
Sandy	2 4	40	from to	WATER LEVEL (distance from land surface)	
2400013			(enter 0 if from surface)	BEFORE PUMPING 7 20	
SAND STONE	40 3	50 0	casing types: CASING RECORD CASING RECORD	WHEN PUMPING	
0,000	501	55	/ IIIOCI	TYPE OF PUMP USED (for test)	
I PULICICA	00/		code below PL OT	A air P piston T turbine	
Micka SANCE Stone Micka	155	160 0	MAIN Nominal diameter Total depth	C centrifugal R rotary O other (describe	
MAINI	160 3	225	CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	27 (describe	
I MICK P	/65			jet Sübmersible	
			60 61 63 64 66 70		
			E OTHER CASING (if used) A diameter depth (feet)	PUMP INSTALLED	
			inch from to		
			å Lada Lada Lada Lada Lada Lada Lada Lad	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)	
			N C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS	
14			or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED	
			insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:	
			appropriate BRONZE HOLE	CAPACITY: GALLONS PER MINUTE	
			below PLASTIC OTHER	(to nearest gallon) 31 35	
				PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH	
				(nearest ft.)	
A Section of the Contraction		s = 12 .	E 1 H O 5 8 11 25 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
	}			LAND SURFACE	
			S 23 24 26 30 32 36	below (nearest foot)	
CIRCLE APPRO A WELL WAS ABANG WHEN THIS WELL W	DONED AN	D SÈALED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT	
E ELECTRIC LOG OBTA		,	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR	
P TEST WELL CONVER		RODUCTION	DIAMETER (NEAREST OF SCREEN INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
THEREBY CERTIFY THAT THIS WELL ACCORDANCE WITH COMAR 10.			" from to	n (MEASONEMENTS TO WEEL)	
AND IN CONFORMANCE WITH AL ABOVE CAPTIONED PERMIT, AN	IHT TAHT DE	E INFORMATIC	N IF WELL DRILLED WAS		
PRESENTED HEREIN IS ACCURATE OF MY KNOWLEDGE.	AND COMPLI	E'E IO IHE RE	FIN BOX 68 68	70 A8M	
DRILLERS IDENT, NO.	1000		OEP USE ONLY	7566	
DRILLERS SIGNATURE	congres	,	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q	Cy and	
(MUST MATCH SIGNATUR	E ON APPL	ICATION)	70 72 74 75 76	W. W.	
SITE SUPERVISOR (sign. c	of driller or	iourneyman	TELESCOPE LOG OTHER DATA	30:7 800/	
responsible for sitework if			CARING INDICATOR	,	

HEALTH

Page	v	of	*
Date	MAY	<u>3</u> 0,	1985
£3	3		

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-101/	_		-
Location of property (road) TRIADELPHIA	2.0		
Subdivision TRIADECPHIA FARAS II	Lot load Block	Plat	Sec.
Well Driller CALPH MAYNE	Owner JOHN BRADBU	ny	
Depth of well $\frac{275}{}$ Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.	ve ground 2 fr 40 fr		· · · · · · · · · · · · · · · · · · ·
I. High rate pumping reservoir drawdown			7
Time pump started ///30 Total time 15 m. to reach pumping	Pumping rate // water level //O /*	ft. below	M.P.

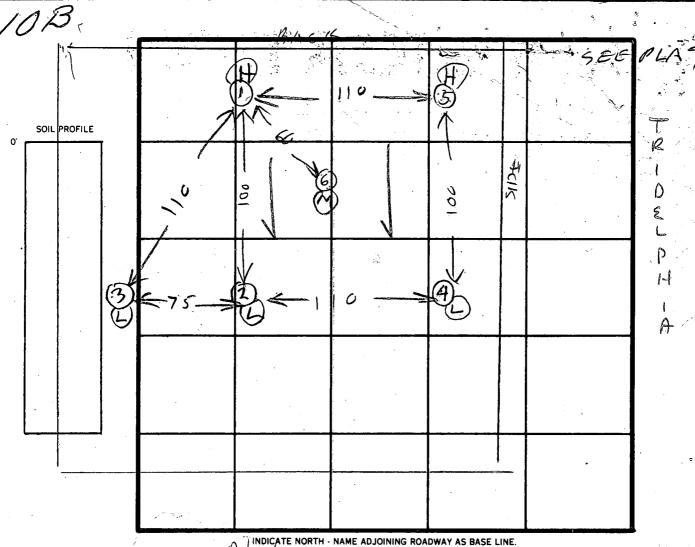
II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER below	E E	PUMPING R time to f gallon bu	i11 🛣		TER READING used)	CALCULA (gallon minute	- ,
11:45	70	Ft	6	Sec			10	GlM
12:00	70	F	6	Sec		/	10	Gen
12:15	70	Fo	6	Sec		/	10	614
12:30	20	F	6	Sec			10	GPM
12:45	70	F	6	Sec		//	10	GIM
1:00	20	Fr	6	Sec	\	/	10	GPM
1:15	70	Ft	6	Sec			10	Gom:
1:30	70	FF	6	Soc		7	10	GPM
1; 45	70	F	6	Sec		7	10	66m
2:00	70	Ft	6	Sec		7	10	GPM
2:15	70	Ft	6	Sec	1	$\sqrt{}$	10	GPM
2:30	20	F#	6	Sæc		Λ	10	GPM. GPM.
2:45	20	Ft	6	Sec	1	1	10	GPM
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1017 4 100 4(6)79	SEWA	GE DISPOSAL TESTII			
COMBINED STAT	TE OF MARYLAND - DEPA	ARTMENT OF HEALT	H AND MENTAL HY	GIENE	P
HOWARD COUNTY HEALTH D	DEPARTMENT	•			
ENVIRONMENTAL HEALTH S				•	7
P.O. BOX 476 ELLICOTT, MARYLAND				DISTRICT	3rd
TELEPHONE: 992-2330				DISTRICT	2/1/
•			• •	DATE	9/6/78
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THE COUNTY HEAT THE OFFICER		**			
THE COUNTY HEALTH OFFICER	•				
ELLICOTT CITY, MARYLAND				٤.	
I, HEREBY, APPLY FOR THE NECESSA	ARY TEST IN ORDER TO CONST	RUCT (OR RECONSTRUCT)	A SEWAGE DISPOSAL S	SYSIEM.	
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PROPERTY OWNER		*	· · · · · · · · · · · · · · · · · · ·		:
	***		DUONE		
ADDRESS			PHONE _		<u> </u>
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PROPERTY LOCATION		•			
SUBDIVISION TRIDEL O	DHIA FIRE	RM5	LOT NO	- L C	57/01
SUBDIVISION / V / / / / / / / /			201 110.	-	
DOAD AND DESCRIPTION		•			
ROAD AND DESCRIPTION					
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SIZE OF LOT			TYPE BLDG		
3122 01 201					
THE SYSTEM INSTALLED U	UNDER THIS APPLICATION	ON IS ACCEPTABLE	ONLY UNTIL PUBI	LIC FACILITIES	BECOME AVAILABLE
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I FULLY UNDERSTAND THE	E FEE CONNECTED WITH	THE FILING OF THIS	PERC TEST APPLI	CATION IS NON	I-REFUNDABLE UND
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ANY CIRCUMSTANCES.					s) t
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SIGNATURE OF APPLICANT					
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APPROVED BY	.,	FOR		DATE	
$\mathbf{x}_{i} = \mathbf{x}_{i} + \mathbf{x}_{i} $		er eggin e			
REJECTED BY		FOR	· · · · · · · · · · · · · · · · · · ·	DATE	
the state of the s				2.5 2.5	
HOLD PENDING FURTHER TESTS				DATE	

R SAID

-DED



PRE-WET TEST - 1" DROP TEST NO. DATE DEPTH TIME START STOP START 45/79 9/2 3/2 3 25 8/2 11/2 91/4 2/ FEMARKS TYPE OF SOIL TESTED BY ALSO PRESENT RH SETHISSEE PE

Tridelphia Farms - Section II Lot 10A & 100 combined House to sit on 10A TRADELPHIA RD staked → 4,11½ (5) 2½____ 100 -(BOI 6 4 Y2, 11 185 HIGH \ \ 21/2,11 4,9% NIDO (8) 314,814 Stake 0 10A Date Test Dipth Time and 2|5|79 1->6 RH 75 4/6/79 3 (GLK) 8 8 70 milalas 5 88 SANDY 8 BP loam Excaualed on Arrual

HUWARD COUNTY HEACTH DEPT BUX 476 ELLICOTH CITY, MD. 21043 23 May

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL DRILLER:

My well driller is not to install the pump for my water well, and I hereby carrify that it will be my responsibility to have a Pump Permit taken out by a registered master plumber or certified pump installer. It will be my responsibility to notify the Health Department before and during the installation so that inspections can be made by their representative. (Pursuant to Chapter XVII, of the Plumbing Code of Howard County.)

(Notice) John W. Bradbury

X1216 Clagett Drive Rockerlle MD 20851
(Address) 301 294-8876

(OEP Well: Permit Number)

May 6, 1985

De 16t Pemove Office Copy

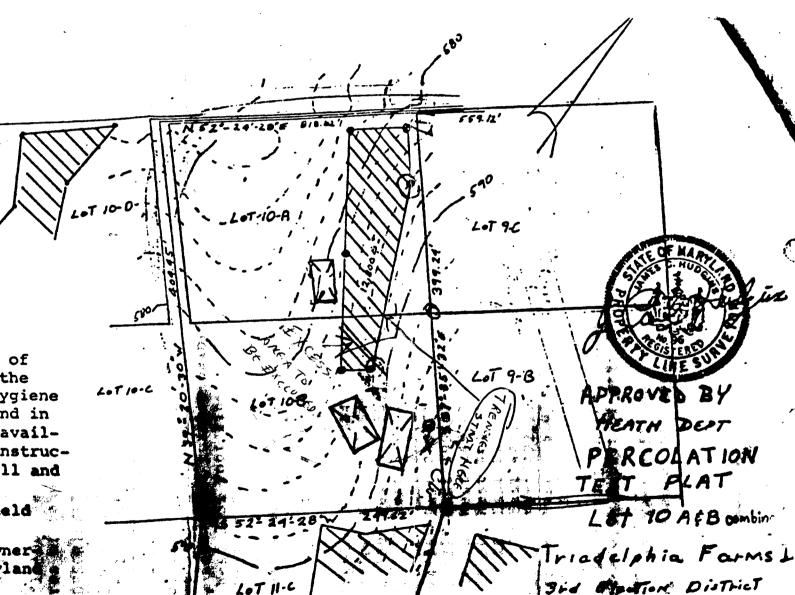
This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

to the test holes shown hereon have been field to ates and shown as "A"

The lets shown hereon comply with the minimum owners width and lot areas as required by the Maryland the Department of Health and Mental Hygiene.

ercolation areas and water wells for adjoining lots ave been shown where pertinent.

Approvate For Brivate Water Private Sevage Comme



Treleffer,

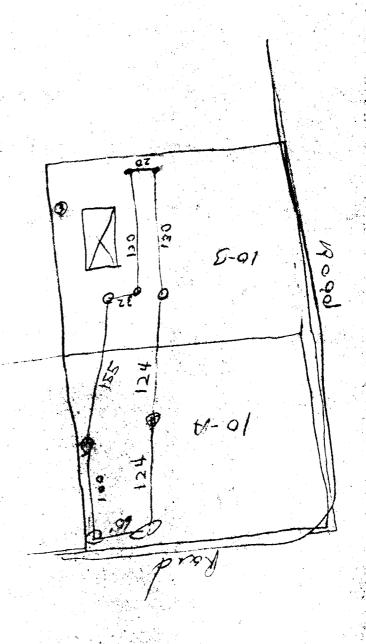
Tannon
3-6-80,

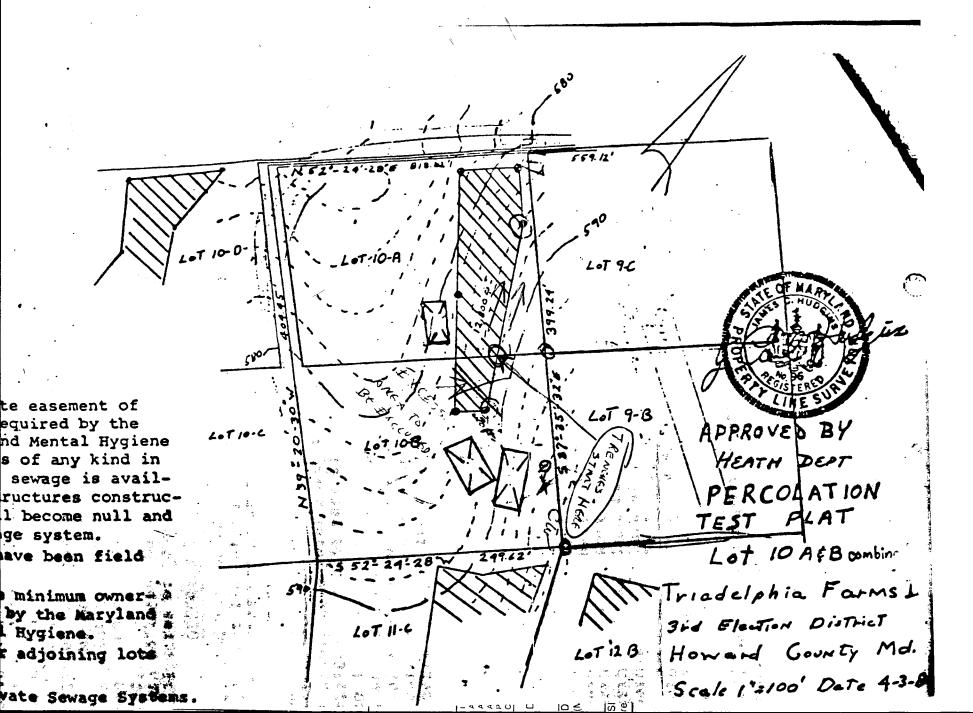
PROPOSED PERC

HOLE PATTERN

SUBMITTED BY

C HUDGINS





LOT 10-D

"= 100' Contour Interval = 2'

Distances to boundary lines

35' to Lot 9-B

100' to Lot 11-C

130' to Lot 10-C

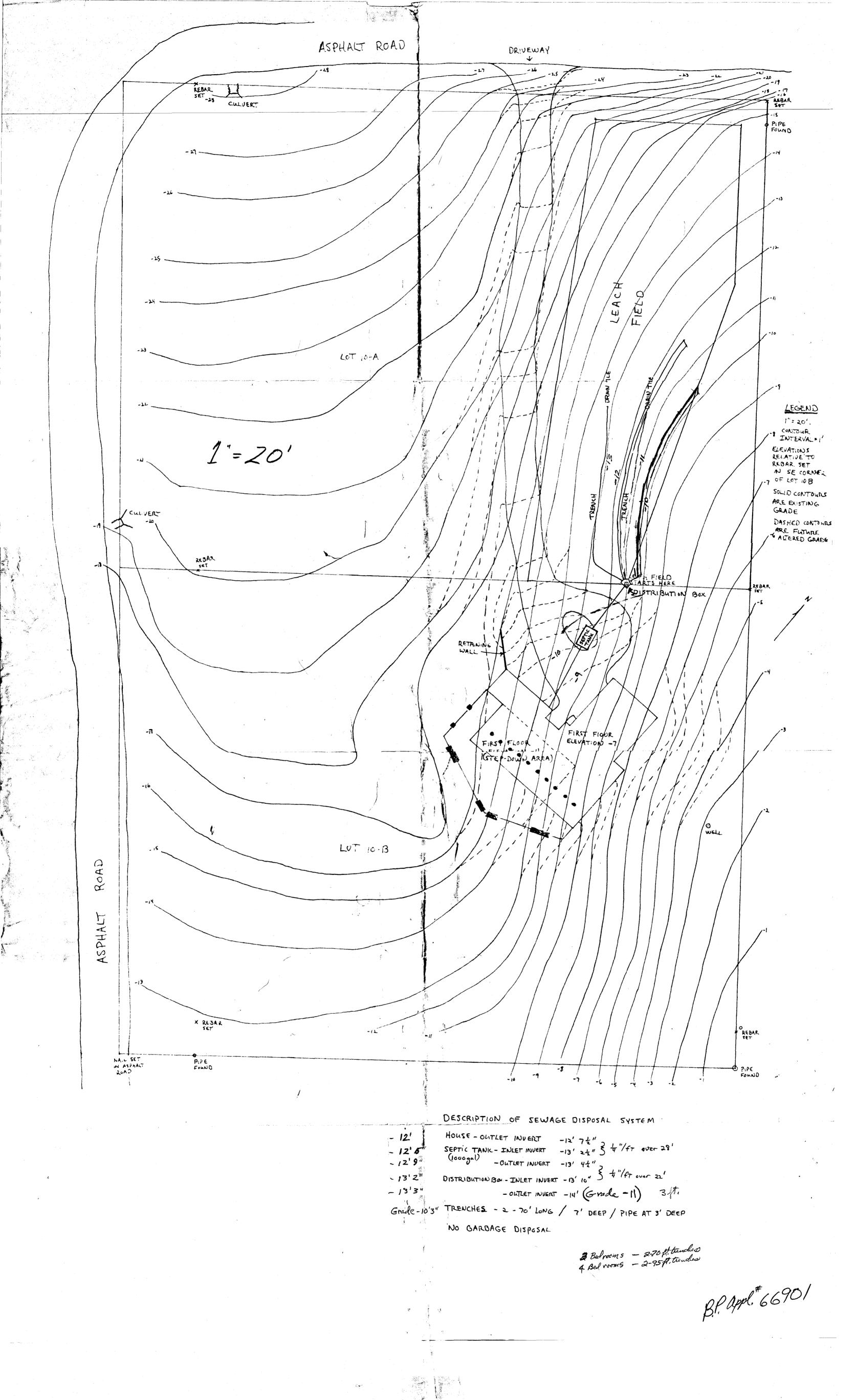
250' to Road and NW

boundary of Lot 10-A LOT 10 B: 1, 334 ACRES LOT 10 A: 1,305 ACRES

Triadelphia FarmsII
13336 Triadelphia Road
Ellicott City, MD

John W. + Kathleen B. Bradbury

1



JOHN W. & KATHLEEN BRADBURY LOTS 10A + 10 B 13336 TRIADELPHIA ROAD ELLICOTT CITY, MD. 21043 294-8876

chaze note sent