F100 998

### PERMIT

#### SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

r5/0/41	

A 50225-EE

DISTRICT 4

DATE 5-14-97

DATE SYSTEM APPROVED

1025

, 0	
Fogle's Septic Clean, Inc.	IS PERMITTED TO INSTALL X ALTER
ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784	PHONE 410-795-5674
SUBDIVISION Vineyards at Cattail Creek LOT 9	_ROAD 3607 Willow Birch Drive
PROPERTY OWNER Jeff & Terry Lyons	
ADDRESS	
SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED	
NUMBER OF BEDROOMS 4	
210 SQUARE FEET PER BEDROOM	
LINEAR FEET OF TRENCH REQUIRED 280	
TRENCHES - Trench to be 3 feet wide. Inlet 4 feet be depth 6 feet below original grade. Effect original grade. 2 feet of stone below dis	ive area begins at 4 feet below
LOCATION - From the right front lot corner, start the lot line and 15 feet off that line as seen trenches along contour towards the left si	n from Willow Birch Drive. Run
NOTES - No trench to exceed 100 feet in length. P  cap to grade or above on septic tank. OK 1	Provide 6" - 8" diameter cleanout and
	<u>'</u>
PLANS APROVED BY C. Williams/Donna K. Soe	DATE01/27/98

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

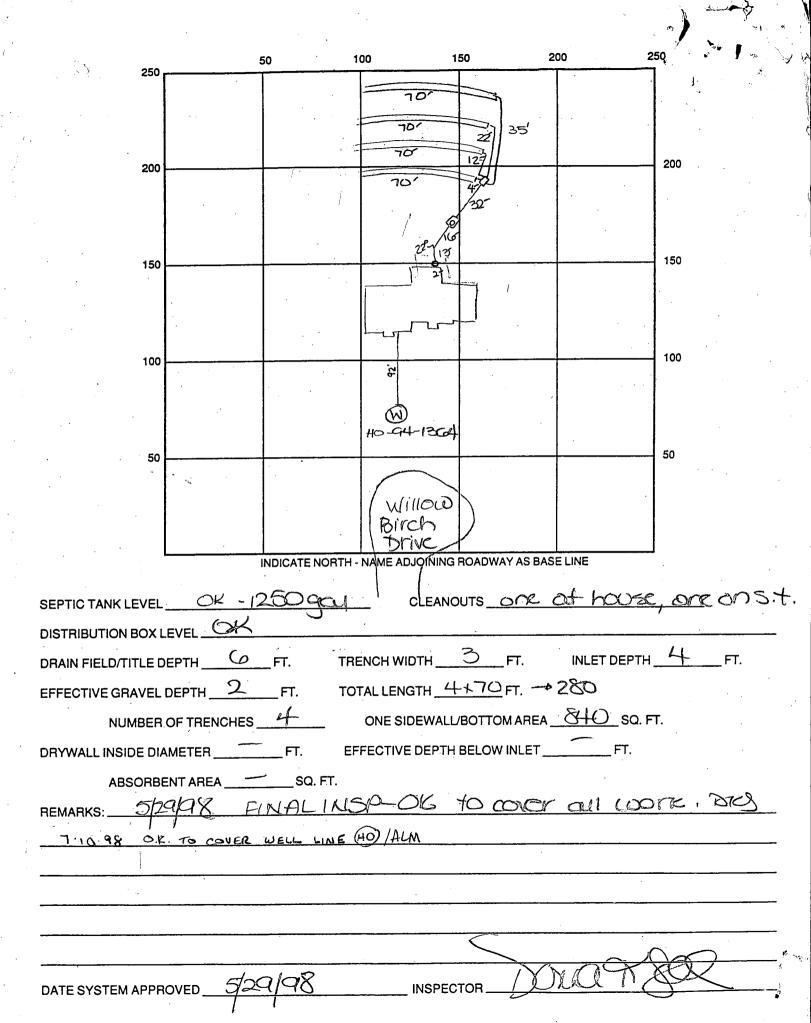
PERMIT VOID AFTER TWO YEARS

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

BOOIS PAO. Finish Osmt. to include recirosmishathan bathan wetbar.

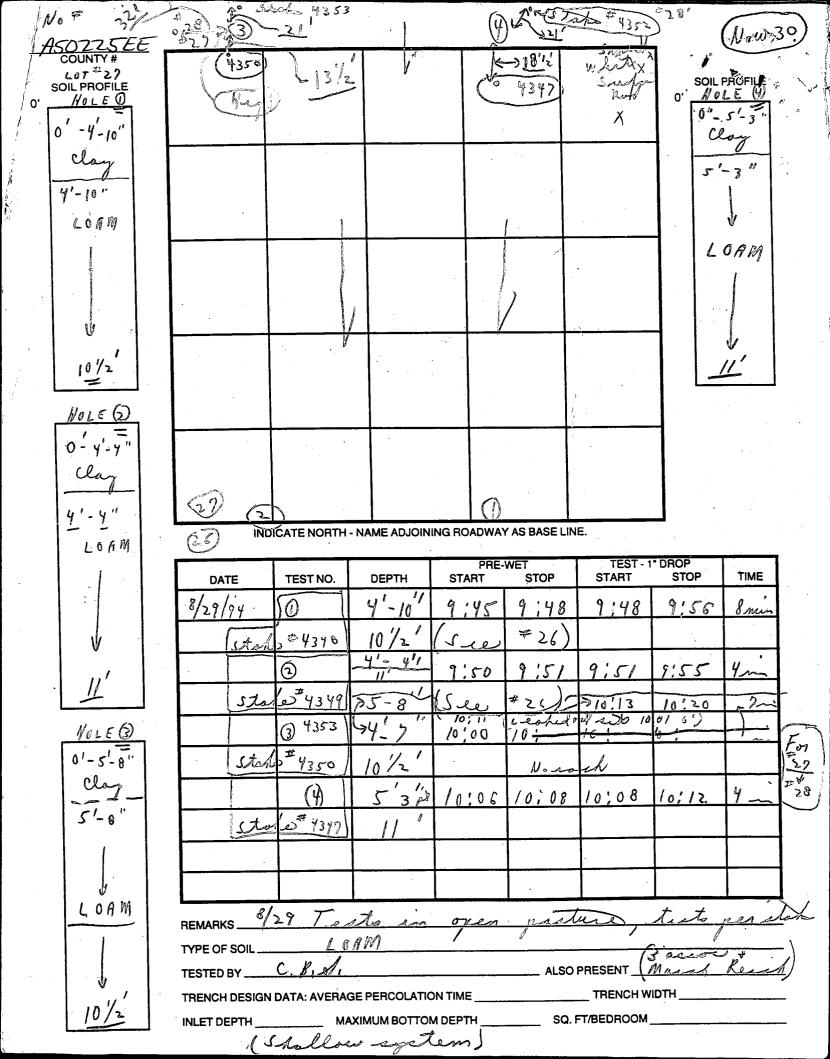
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT \*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



# APPLICATION

PERCOLATION	ON TESTING	A JULES EE
		P
HOWARD COUNTY HEALTH DEPARTMENT	DISTRIC	т
BUREAU OF ENVIRONMENTAL HEALTH	Biotrillo	
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640	DATI	E
	•	
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND		`
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR	PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SET	WAGE DISPOSAL SYSTEM.
PROPERTY OWNER C/o Land Design - Developme	JEff + Tekky Lyon	25
ADDRESS 17805 Hickory Ridge Rd	PHONE 70-2130	
AGENT OR PROSPECTIVE BUYER- DOYL Reich		· · · · · · · · · · · · · · · · · · ·
ADDRESS	PHONE	
PROPERTY LOCATION:		
SUBDIVISION Vine words at Cathail C	rech LOTNO. 37	9
ROAD AND DESCRIPTION ROATE 97 (340)	Willow Birch Dresve	<del>=</del> )
	GLILL RERMIT SIGNES	
TAX MAP 2 / PARCEL# 2, 132 220 + 211	Serial H Bro 10	7-98-
SIZE OF LOT 1 t acres	TYPE BLDG. SINGLE FAMILY DWELLIN	G OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONL	Y UNTIL PUBLIC FACILITIES BECOME AVAILABLE.	. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATIO	N IS NON-REFUNDABLE UNDER ANY CIRCUMSTA	ANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	Mal Skeil	
	(SIGNATURE OF APPLICAL	NT) (0
APPROVED BYFO	CATE	
DISAPPROVED BYF	ORDATE	-
HOLD PENDING FURTHER TESTS		
REASONS FOR REJECTION OR HOLDING		
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # Vinyagds	of CC SP-96-11 DATE 2	2/28/96
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #	DATE	

## THIS IS NOT A PERMIT



1	_				
497.5	SEQUENCE NO.		STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN	
560 X	C 1 (MDE USE ONLY)		WELL COMPLETION REPORT	45 DAYS AFTER WELL IS COMPLETED.	
مینات میشا	1 2 3 6 THIS NUMBER IS TO BE PUNCHED		FILL IN THIS FORM COMPLETELY	COUNTY SOLZS EF	
	Lìr	N COL 3-6 OF ALL CARDS)	* PLEASE PRINT OR TYPE	PERMIT NO.	
197 °	°D	ST/COUSE ONLY DATE WELL COMPLETED ATE Received MM DD YY		FROM "PERMIT TO DRILL WELL"	
N. Weigh		MM 00 21 98		HO 99 - 1364	
SALES CONTRACTOR	L	3 15 20		28 29 30 31 32 33 34 35 36 37	
<b>FA</b>	C	DWNER: MANNARE (Institution of the Control of the C			
4		STREET OR RED WILLEW BIAL	the contract of the contract o	Nucob	
	LS	SUBDIVISION UINEYANDS AT CAT	The state of the s	LOT _ <del>9</del>	
4		WELL LOG	GROUTING RECORD Ves no	<b>C</b> 3	
04	L	Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST	
S. S		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)	
•	6	DESCRIPTION (Use FEET check if water	CEMENT C.M BENTONITE CLAY BC	8 9	
	a	dditional sheets if needed) FROM TO begins	NO. OF BAGS 46 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min.)	
			GALLONS OF WATER	METHOD HEER TO	
dr.		Overburden 0 35	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE	
		Gray Rock 35 150 x	from ft., to ft.	WATER LEVEL (distance from land surface)	
7		A COLUMN TO THE PROPERTY OF TH	(enter 0 if from surface)	i.e	
.		water at 68'	casing CASING RECORD	BEFORE PUMPING 17 20 ft.	
<b>5.</b> 5			types   ST CO	7)	
			appropriate STEEL CONCRETE	WHEN PUMPING 22 25 ft.	
			code below PL OT	TYPE OF PUMP USED (for test)	
-			PLASTIC OTHER  MAIN Nominal diameter Total depth	A şair P piston T turbine	
			CASING top (main) casing of main casing	27 27 27 other	
害			TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary (describe below)	
			60 61 63 64 66 70	J jet (S) submersible	
No.			E OTHER CASING((if used)) A 全 damete企業 depth (feet)	COLUMN STATES AND ACTION OF THE STATES AND ACT	
100 m			H inch from to	PUMP INSTALLED	
				DRILLER WILL INSTALL PUMP YES (NO)	
			Ĭ N	(CIRCLE) (YES or NO)	
\$ ·			G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
d.			screen type SCREEN RECORD	TYPE OF PUMP INSTALLED	
			or open hole ST BR HO	PLACE (A,C,J,PIR,S,T,O) 29 IN BOX 29.	
			insert STEEL BRASS OPEN BRONZE HOLE	CAPACITY:	
1			code	GALLONS PER MINUTE (to nearest gallon) 31 35	
, y			below PLASTIC OTHER	(to modrost gallon)	
اسفاه عَالَمُ	L	Marie and Marie	DEPTH (nearest ft.)	PUMP HORSE POWER  37, 41	
D:	N	NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP ©ÖLUMN EEN GTH (nearest ft.)	
	H	yes no	1 Ho 40 150	43 47	
献地	٧	WELL HYDROFRACTURED (N)	A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)	
part.	H	CIRCLE APPROPRIATE LETTER	<u></u>	+ above LAND SURFACE	
1		A WELL WAS ABANDONED AND SEALED	'' 23 24 26 30 32 36 S	(nearest)	
¥-47			C 3 R 38 39 41 45 47 51	below (real est)	
1611		TEST WELL CONVERTED TO PRODUCTION	E \$.	LOCATION OF WELL ON LOT	
を記す	-	WELL HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	SLOT SIZE 1 2 3	SHOW PERMANENT STRUCTURE SUCH AS	
1	Ā	CCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND N. CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE	DIAMETER (NEAREST OF SCREEN INCH)	BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS	
¥ .	H	CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY	56 60 -	THAN TWO DISTANCES	
	Ľ	(NOWLEDGE:	from to	Proplements to Well)	
4			GRAVEL PACK		
寒	-	Tail My	IF WELL OHILLEU WAS FLOWING WELL INSERTE IN BOX 68 68	50/	
<b>3</b>		DRILLERS SIGNATURE	MDE USE ONLY	K S	
LIC. NO. 1 M U D 0 7 6			(NOT TO BE FILLED IN BY DRILLER)	56.	
ş. 12.		LIC. NO.1 WI _ U I	T (E.R.O.S.) W Q		
F	L	Menes & Mchatta	70 72		
ľ			TELESCOPE LOG 74 75 76	1.08	
	L		CASING INDICATOR OTHER DATA	200	
			COUNTY		

	EMERGENCY/TI	EMP NO. IF ANY	
B 1 S Q SEQUENCE NO.	STATE OF	MARYLAND	STATE PERMIT NUMBER
1 2 3 <sub>4</sub> 6		DRILL WELL	H0 = 99 = 1369
(TH'S NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pr	int or type	<sup>70</sup> fill in this form completely <sup>79</sup>
Date Received (APA)	MATION	B 3 Howard	LOCATION OF WELL
8 MM DD YY 13 OWNER INFORM		8 COUNTY	21
	Sons First Name 34		At CATTAIL Creek
15 Last Name Owner 12929 Summit Circ		23 SUBDIVISION	9
36 Street or RFD	55	SECTION 44 46	LOT <u>48</u> 50
Ellicott City MD 57 Town 70 State 72	21043 2 Zip 76	52 NEAREST TOWN	5
DRILLER INFORMATION		MILES FROM TOWN (ent	ter 0 if in town)   2 M   1
	W D 3 9 9		ter u if in town) 73 - 76 77 78
Driller's Name 76 G. Edgar Harr Sons' Corp	License No. 81	B 4 1 2	1:11 Donate Done
Firm Name	J	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11 NEAR WHAT ROAD 30
	ille 21030		ON WHICH SIDE OF ROAD
Address	12/10/97	8 N N N N N N N N N N N N N N N N N N N	(CIRCLE APPROPRIATE BOX)
Signature	Date	W TOWN E	34 200 37 SOUTH
B 2 WELL INFORMATION 1 2 APPROX PUMPING RATE —	5	1	DISTANCE FROM ROAD
(GAL. PER MIN.) 8	50 12		ENTER FT OR MI 38 39
AVERAGE DAILY QUANTITY NEEDED GAL PER DAY) 14	20	8 8 8 9 8	TAX MAP: BLK: PARCEL
USE FOR WATER (CIRCLE APPR HOME (SINGLE OR DOUBLE HOUSEHOLD UP			O BE FILLED IN BY DRILLER H DEPARTMENT APPROVAL
F FARMING (LIVESTOCK WATERING & AGRICU		HOWARD	A 50225 EE
- INDUSTRIAL COMMERCIAL STATE AND FEE		COUNTY NAME STATE	COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEE	DERAL GOV.	SIGNATURE DATE ISSUED	INSERT S 41
P PUBLIC OR PRIVATE WATER COMPANY (REC	QUIRES	1298	Candon 1/1/99
TEST, OBSERVATION, MONITORING (MAY RE		NORTH 5 2 3 0	CO SIGNATURE EXP. DATE  EAST O 0 GRID 7 8 000
APPROPRIATION PERMIT)	:QUINE	GRID 50 0	0 0 0 GRID 57 0-0 0 55 57 0-63
200		SHOW MAJOR FEATURE BOX & LOCATE WELL	S OF
APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X	
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING  1.	WATER
METHOD OF DRILLING (c	circle one)	2.	CH
BORED (or Augered)	Jetted & <u>DRIVEN</u>	्र के <b>.अ.</b> क्षेत्र के. १ क्षा शास सम्बद्धाः 	
37	OTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE	R · · · · · · · · · · · · · · · · · · ·
CABLE REVerse-ROTary	<u>DR</u> ive- <u>POINT</u>	FROM THE MAP HERE	
REPLACEMENT OR DEEPEN	FD WELLS	e _ 780	900
(CIRCLE APPROPRIATE B	OX)	570	3 000
THIS WELL WILL NOT REPLACE AN EXISTING		N	N SHOWING LOCATION OF WELL IN
ABANDONED AND SEALED		RELATION TO NEARBY T	TOWNS AND ROADS AND GIVE
39. S THIS WELL WILL REPLACE A WELL THAT WILL AS A STANDBY CONTACT LOCAL APPROVING		DISTANCE PHONE WELL	TO NEAREST ROAD JUNCTION
FOR POLICY ON STANDBY WELLS  THIS WELL WILL DEEPEN AN EXISTING WELL		Ø	1 0
PERMIT NUMBER OF WELL TO BE REPLACED OR I	·	N/	1/65
(IF AVAILABLE) 41	52		
Not to be filled in by driller (MDE OR COL	JNTY USE ONLY)		
54	63 63		Bond
FORCE CA INITIALS IN BOX PERMIT No. 40 -	94-1364	1 100	Leg E C4
SPECIAL CONDITIONS	13 14 13 16 11 16 19		

COUNTY

C. F. T. 1/10/98

HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Hills Drive Ellicott City, ND 21043

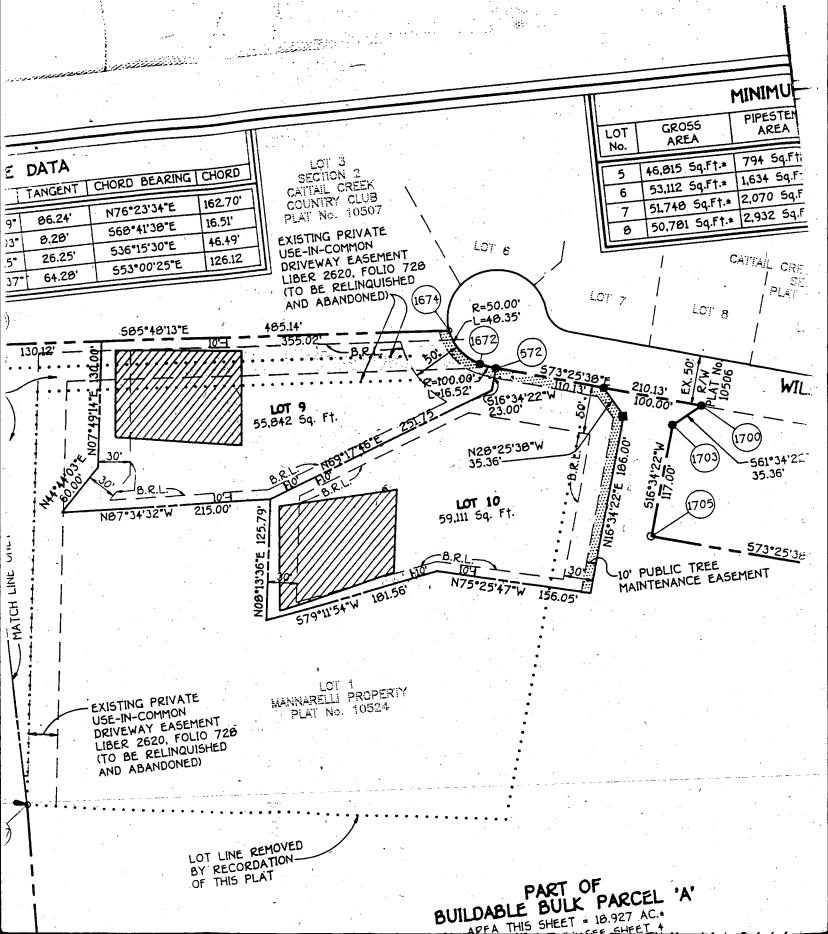
Fax 313-2648 313-2640

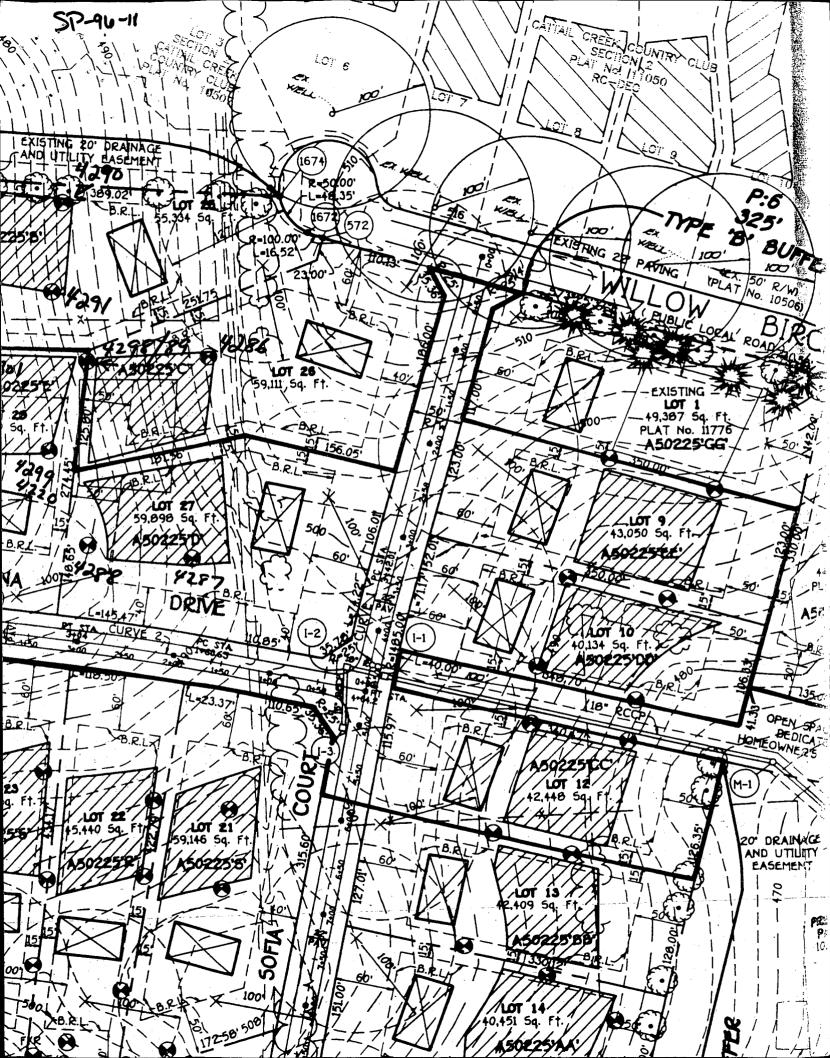
APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

The second secon		<u> </u>
New Installation		Receipt \$
Name of Installer <b>25800</b>	L. FEEZER Co.	Telephone 781-4651
License Number 2,22- Certified Well Fump Installer	Well Driller	Registered Plumber
Subdivision VINEIRVICO Site Address 3607 Willio	WBIRCH DR.	Telephone 795-1405 11 Tag * #0-98-1369
First  5. Type  5. Deep well jet  b. Shallon well jet  c. Subscraible  2. Make Volume  3. Model # 10 70522  4. Capacity 0 GPM	Hotor  1. Horsepower /2  2. RPH	Pitless Adapter  1. Make Monday  2. Model 8 7 700  3. Depth 42
5. Purp exceeds well capacity 6. If Yes, is low pressure cut 7. What bethods are used to provibrations? Torque arrest CAPACE AM	toff switch installed? Yotect the pump and electr	ical wirian from
Tank Wx 2011  1. Capacity 2. Pressure relief valve? YES  Tholas cover une or to well the	Piping  1. Type  2. Size  3. NSF and/or BOCA  Code approved YES  4. Depth of supply  line  4. Type  4. Depth of supply	Well data  1. Depth //5 ft.  2. Yield GPM  3. Static water level ft.  4. Will water supply be disinfected by installer?
I understand that it is my r Department when the installati is pull and void).	esponsibility to notify ton is ready for inspection	the Howard County Health n (otherwise this permit
All information given above is Signat	true to the best of my k	genlede).
Note: A sticker indicating an	Date:	2/10/58

on the well casing at the time of the inspection.

# Signed final



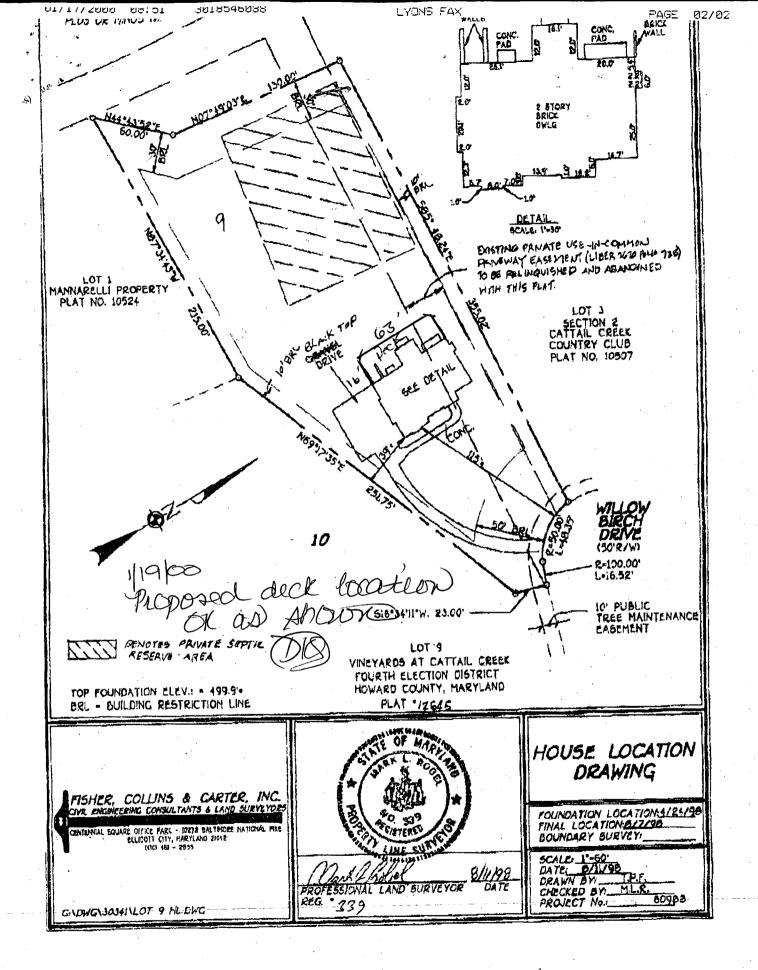


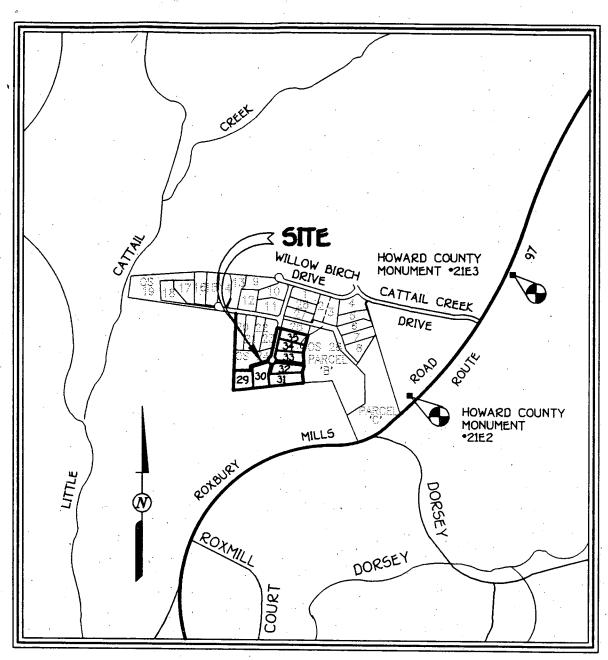
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2465 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

### HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER 房の5122177

Building Address 3607 W		Property Owner's Name Tell		
Glanwood MD		대한 경험을 하는 것이 가는 사람들이 되는 것이 그는 것이 되고 한테라지다면 하는 나는 이 회사에서는		
■6 1 日本 「当時」のようし、自然の発展を整備される。		Address 8007 Willow Buch Dive		
Suite/Apt. #: SDP/WP/F		City [ - PALLOOD State 1]	1 Zip Code A 1 1 S	
Census Tract 6040 Subdivisio	in Visigado/Cotalla	Home Phone 410-489-313 World		
Section up Area NA	Lot 9	Applicant's Name & Mailing Address, (	if other than stated hereon):	
Tax Man (2)	Grid			
Tax Map 21 Parcel 32 (	< o			
Zoning Map Coordinates		Phone Fa		
Proposed Use Ang M/	1.12	Contractor Company fine (n		
Estimated Construction Cost \$	9 400 00	Contact Person 12000 Sundin		
Description of Work		Address 1754) ( 1100 R		
		City Minapolis Jac State 1	In Zip Code 2070	
ded w/ steps to	Jede -	License No. 19693		
	ing the state of t	Phone 4/10-7-4-5777 72 Fa		
Occupant or Tenant 62.00 76	-cure (	Engineer or Architect Company		
Contact Name		Contact Person		
Address -AMR	<u>eune</u>	Address		
City State	Zíp Code	City State	Zip Code	
Phone Fax		Phone	Fax	
a program program and a segment of the program			The second of the second of the	
BUILDING DESCRIPTION	Figure 1. Section 1	BUILDING DESCRIPTION -		
Building Characteristics	<u>Utilities</u>	Building Characteristics	<u>Utilities</u>	
Height	Water Supply: Public	SF Dwelling □ SF Townhouse □  Depth Width	Water Supply: Public	
No. of stories:	Private	1st floor:	> Private	
	Sewage Disposal: Public	2nd floor: Basement:	Sewage Disposal: Public	
Gross area, sq. ft. per floor:	Private	Finished Basement  Unfinished Basement	Private	
	Electric Yes 🗆 No 🗆	Crawl space: ☐ Slab on Grade ☐ No. of Bedrooms	Electric Yes   No	
Use group:	Gas Yes□ No□	Multi-family dwellings:	Gas Yes□ No□	
	Heating System:	No. of efficiency units:	Heating System:	
Construction type: Reinforced Concrete	Electric □ Oil □ Natural Gas □	No. of 1 BR units: No. of 2 BR units:	Electric Oil O. Natural Gas - O	
Structural Steel Masonry	Propane Gas □	No. of 3 BR units:	Propane Gas □	
Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:	Sprinkler system: N/A □	
	Full Partial	Footings: 755 1 Cier	NFPA #13D NFPA #13R	
State Certified Modular	Other Suppression # of Heads		Other:	
	# Of Fleads	State Certified Modular Manufactured Home		
HICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO	WORK ON THE ABOVE REFERENCED PROPERTY NOT SPE	n; (2)that the information is correct, (3) that he/she will com cepically described in this application; (5) that he/she grants		
HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTE	D AND POSTING NOTICES.	- C - C - C - C - C - C - C - C - C - C		
Applicant's Signature		Print Name		
		01:19:00		
Title/Company Check	ks payable to: DIRECTOR OF FINAN	Date ICE OF HOWARD COUNTY		
	** PLEASE WRITE NEATLY AN  - FOR OFFICE USE	and the contract of the contra		
AGENCY DATE	· · · · · · · · · · · · · · · · · · ·	DPZ SETBACK INFORMATION PRO	PERTYID#: 33711	
Land Development, DPZ State Highways		Front: 60 f+ Filing  Rear: 20 f+ (0 = 0 0 ) Perm	(fee \$	
Building Official	A CONTRACTOR CONTRACTO	Side. ( o EV	e tax	
Health 119100 A			otal paid \$	
Fire Protection		YES - NO - TOT.	AL FEES \$	
YES D NO D		YES□ NO□ Chec	k # 2564	
CONTINGENCY CONSTRUCTION START:		Historic District? Valid  YES □ NO □	ation #	
ONE STOP SHOP:		ot Coverage for NewTown Zone  EDP/Red-line approval date	Accepted by	
Distribution of Copies- White: Building (	Official Green: LDD, DPZ	Yellow: DED, DPZ Pink: Health	Gold: SHA	





### VICINITY MAP

SCALE: 1" = 1200'

#### GENE

- 1. The E
  Availa
  Have
  Shall 1
- 2. The L. Enviro
- 3. Subjec 4. Coordi
- 21E3.
  5. This F
- 5. This F
  6. B.R.L.
  7. D
- 10. D. D. 11. D. 12. Ju. D.

13.

- On Thi County County
- The Sa 14. For Fla
- And The 15. Use-In To Englad Wid
  - b) Sur Chi c) Geo
  - d) Stru
  - e) Drai f) Stru
- g) Mair 16. All Lot
- 17. Distan
- 18. Waiver
- 19. The Tr Report
- 20. Plat Is
- 21. Densit
  - b. To
  - d To
  - f. No
  - 'g. T
  - h. T. ( i. Tc
- 22. Sendin Moore

