



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

DILP 2017 JAN 3 AM 10:57

Date Received: \_\_\_\_\_

Permit No.: B170001008

Building Address: 12665 Lime Kill Rd  
City: Ellicott City State: MD Zip Code: 21037  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 417 Parcel: 509 Grid: 23  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 13000

Property Owner's Name: Scott H...  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Estimated Construction Cost: \$ \_\_\_\_\_  
Description of Work: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Date: \_\_\_\_\_  
Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	1/24/17	[Signature]

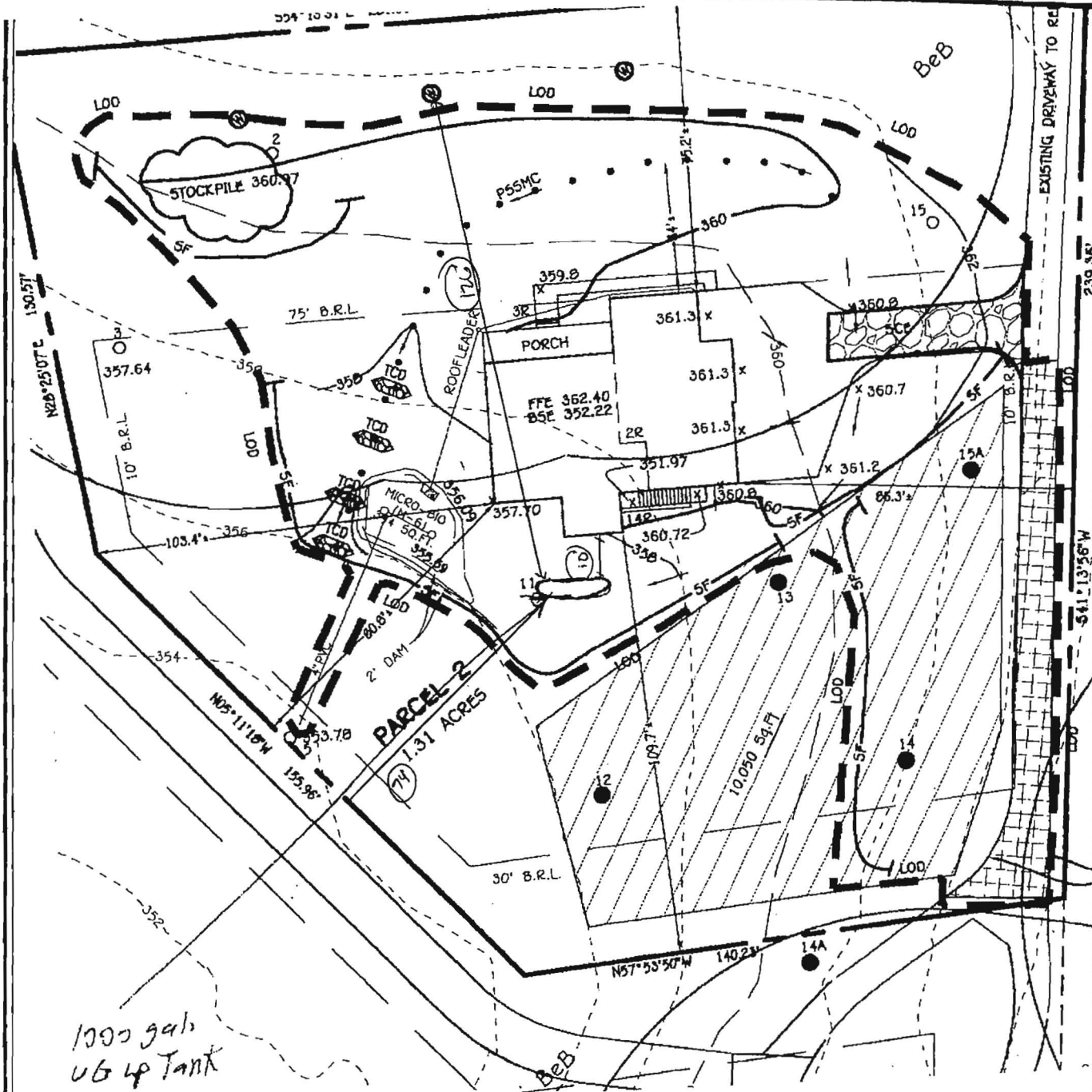
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ 100
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ 100
Balance Due	\$
Check	# 238

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

175670004



1000 gal  
UB LP Tank

Approved 1317000008  
1/12/17 BSE

**OWNER**  
SCOTT HIGHLANDER  
7694 DORCHESTER BOULEVARD #501  
HANOVER, MD 21076  
C/O OWEN KELLY (410-465-7755)

**BUILDER**  
CARRIGAN HOMES  
ATTN: OWEN KELLY  
9812 CATLINS COURT  
ELLSWORTH CITY, MD 21042  
410-465-7755

**PERMIT PLAN**  
**12665 LIME KILN ROAD**

**ZONED: RR-DEO**

TAX MAP #40 GRID #23 PARCEL: 244 (2ND PARCEL)  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MD  
SCALE: 1"=40' DATE: AUGUST, 2016

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10672 BALTIMORE NATIONAL P.K.E.  
ELLSWORTH CITY, MARYLAND 21042  
(410) 461-2855



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 9/7/16

WP-15-78

40 8927  
977

Permit No: B16003979

Building Address: 12665 Lime Ridge Road  
 City: Beltsville State: MD Zip Code: 20705  
 Suite/Apt. # 100 SDP/WP/BA #: 15-7-016  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 2  
 Tax Map: 60 Parcel: \_\_\_\_\_ Grid: 33  
 Zoning: \_\_\_\_\_ Map Coordinates: 6051 Lot Size: 1.31  
 Existing Use: empty lot  
 Proposed Use: new 2.5 family home  
 Estimated Construction Cost: \$ 200,000  
 Description of Work: to build new 2.5 family home with attached garage, 2 bedrooms 3 Bath, finished basement  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Carroll Homes  
 Address: 4302 Catlett Rd  
 City: Beltsville State: MD Zip Code: 20705  
 Phone: 410-892-8927 Fax: \_\_\_\_\_  
 Email: carrollhomes@comcast.net  
**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: Carroll Homes  
 Contact Person: Dwain Kelly  
 Address: 9912 Catlett Rd  
 City: Beltsville State: MD Zip Code: 20705  
 License No.: 358  
 Phone: 410-892-8927 Fax: \_\_\_\_\_  
 Email: carrollhomes@comcast.net  
 Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
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<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
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<input type="checkbox"/> Masonry	No. of efficiency units:	
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<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b> <u>61600252</u>	
<b>Building Shell Permit Number:</b>	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: Dwain Kelly  
 Email Address: carrollhomes@comcast.net Date: 9-7-16  
 Title/Company: Carroll Homes Inc.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>10-16-16</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>4072</u>



Bureau of Environmental Health  
8930 Stanford Drive Columbia, MD 21045  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

Maura J. Rossman, M.D., Acting Health Officer

Date: September 30, 2016

To: Carrigan Homes  
C/O Owen Kelly  
Via Email: [CARRIGANHOMES@COMCAST.NET](mailto:CARRIGANHOMES@COMCAST.NET)

RE: Building Permit # B16003979  
12665 Lime Kiln Road

Mr. Kelly,

After my review of your building permit, it has been determined that you will need to complete a few tasks to move forward with your building permit proposal. Further review is also contingent upon submission of a revised building plan showing the following:

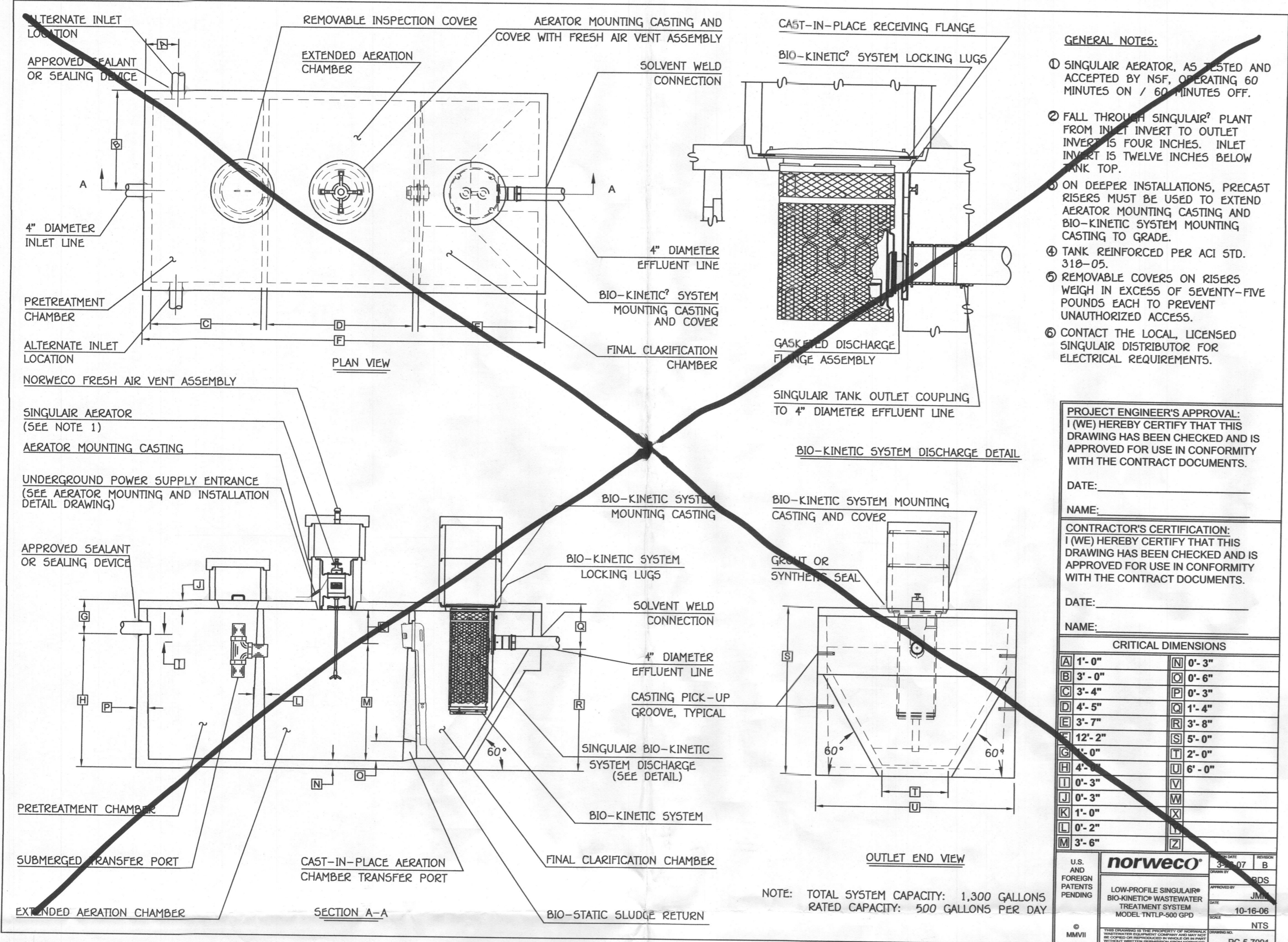
- Floor plans for the existing house and proposed addition are needed for review to determine the number of bedrooms.
- All new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan. **(BAT plan checklist attached)**

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file



**GENERAL NOTES:**

- SINGULAR AERATOR, AS TESTED AND ACCEPTED BY NSF, OPERATING 60 MINUTES ON / 60 MINUTES OFF.
- FALL THROUGH SINGULAR PLANT FROM INLET INVERT TO OUTLET INVERT IS FOUR INCHES. INLET INVERT IS TWELVE INCHES BELOW WINK TOP.
- ON DEEPER INSTALLATIONS, PRECAST RISERS MUST BE USED TO EXTEND AERATOR MOUNTING CASTING AND BIO-KINETIC SYSTEM MOUNTING CASTING TO GRADE.
- TANK REINFORCED PER ACI STD. 318-05.
- REMOVABLE COVERS ON RISERS WEIGH IN EXCESS OF SEVENTY-FIVE POUNDS EACH TO PREVENT UNAUTHORIZED ACCESS.
- CONTACT THE LOCAL, LICENSED SINGULAR DISTRIBUTOR FOR ELECTRICAL REQUIREMENTS.

**PROJECT ENGINEER'S APPROVAL:**  
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_

**CONTRACTOR'S CERTIFICATION:**  
I (WE) HEREBY CERTIFY THAT THIS DRAWING HAS BEEN CHECKED AND IS APPROVED FOR USE IN CONFORMITY WITH THE CONTRACT DOCUMENTS.

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_

CRITICAL DIMENSIONS			
A	1'-0"	N	0'-3"
B	3'-0"	O	0'-6"
C	3'-4"	P	0'-3"
D	4'-5"	Q	1'-4"
E	3'-7"	R	3'-8"
F	12'-2"	S	5'-8"
G	4'-0"	T	2'-0"
H	4'-2"	U	6'-0"
I	0'-3"	V	
J	0'-3"	W	
K	1'-0"	X	
L	0'-2"	Y	
M	3'-6"	Z	

U.S. AND FOREIGN PATENTS PENDING

**norweco** 2007 B

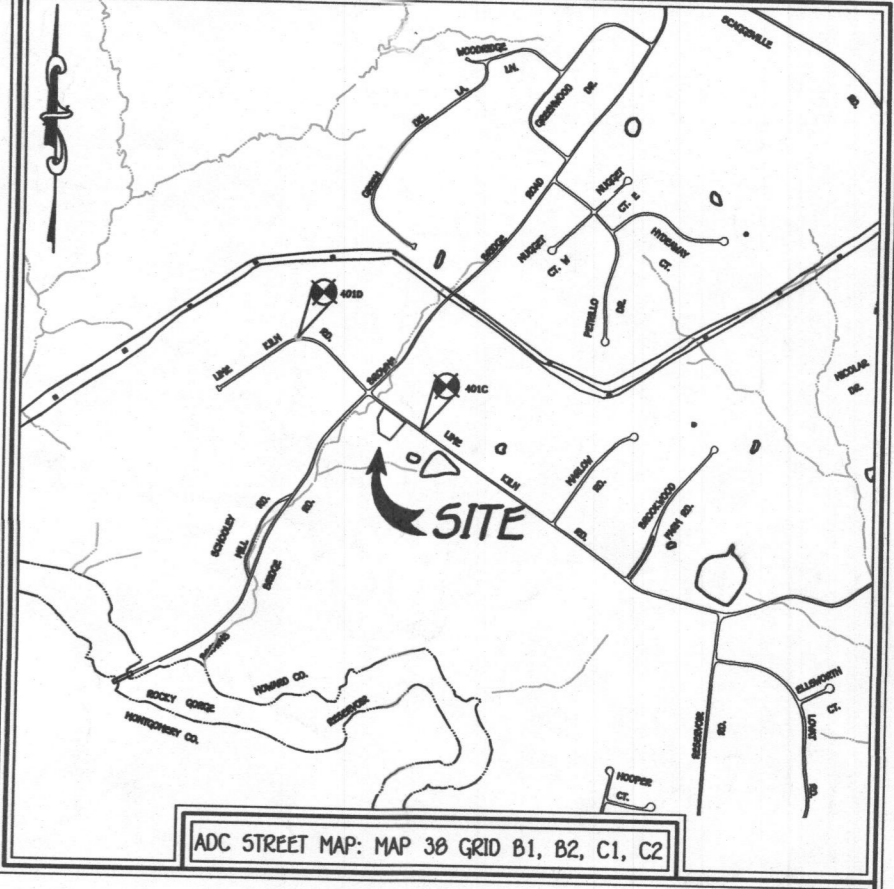
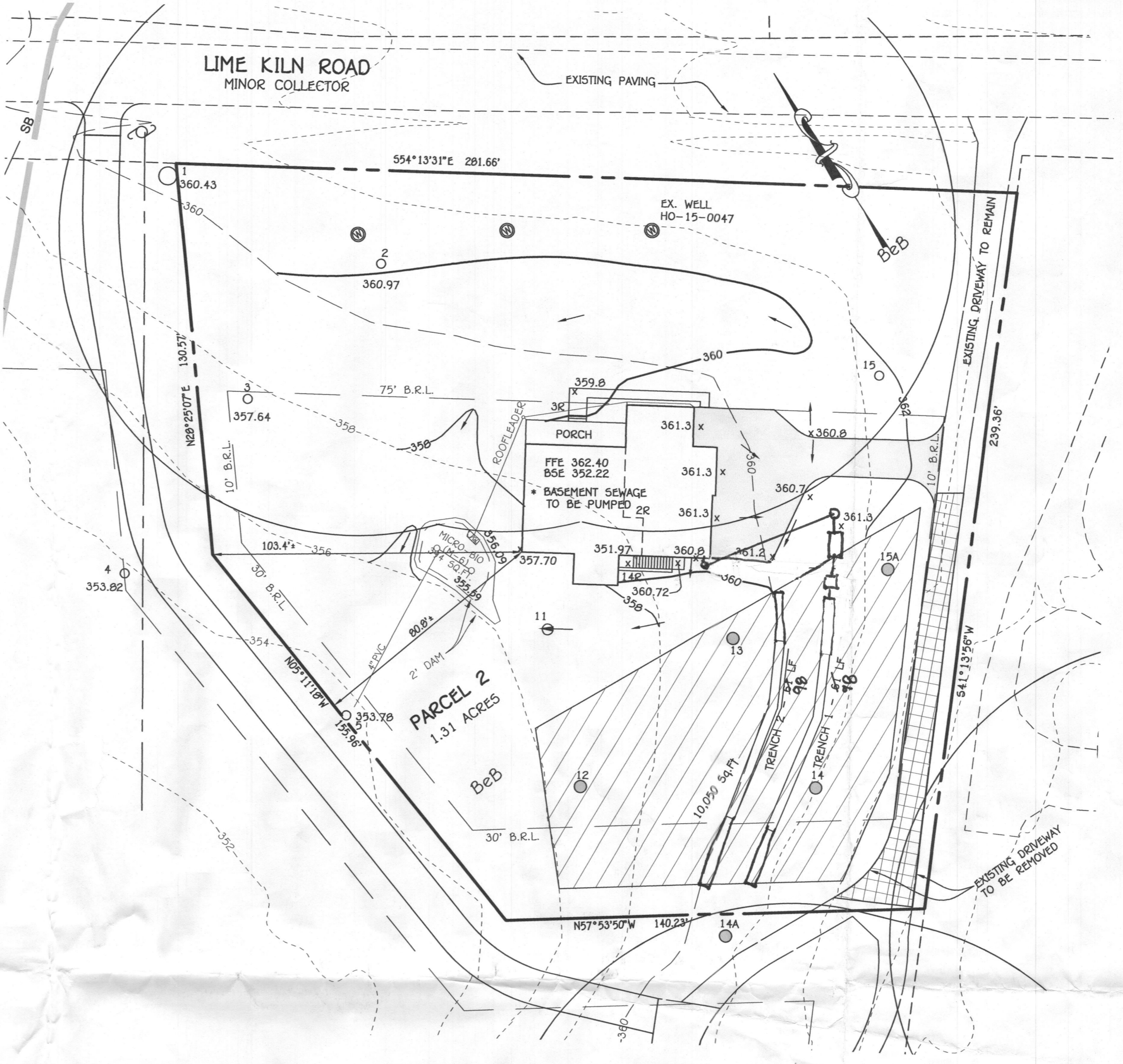
LOW-PROFILE SINGULAR BIO-KINETIC WASTEWATER TREATMENT SYSTEM MODEL TWT-1500 GPD

10-16-06

NTS

PC-5-7091

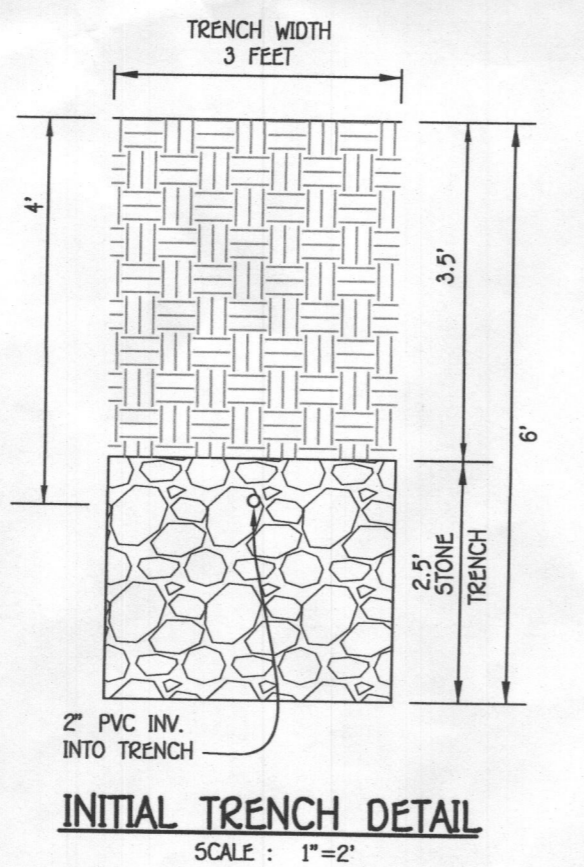
NOTE: TOTAL SYSTEM CAPACITY: 1,300 GALLONS  
RATED CAPACITY: 500 GALLONS PER DAY



- BAT NOTES**
- ANY CHANGE TO THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE ENGINEER AND THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE PLAN MAY BE REQUIRED.
  - THE MAXIMUM COVER OVER THE BAT SHALL BE 3 FEET.
  - THE BAT SYSTEM SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM.
  - THE BAT SHALL BE OPERATED BY AND MAINTAINED BY A CERTIFIED SERVICE PROVIDER.
  - WITHIN ONE MONTH OF INSTALLATION, A PERSON INSTALLING THE BAT SYSTEM SHALL REPORT TO THE HOWARD COUNTY DEPARTMENT OF THE ENVIRONMENT (HDE) IN A MANNER ACCEPTABLE TO THE ADDRESS AND DATE OF COMPLETION OF THE BAT INSTALLATION AND THE TYPE OF BAT INSTALLED.
  - ANY ELECTRICAL WORK FOR THE BAT INSTALLATION MUST BE PERFORMED BY A LICENSED ELECTRICIAN.
  - AN AGREEMENT AND EASEMENT HAS BEEN COMPLETED AND SIGNED BY ALL APPLICABLE PARTIES, AND RECORDED IN THE LAND RECORDS OF HOWARD COUNTY.
  - THE HEALTH DEPARTMENT REQUIRES DOCUMENTATION FOR THE START-UP CERTIFICATION FROM THE MANUFACTURER PRIOR TO FINAL APPROVAL OF THE INSTALLATION.
  - SURFACE RUNOFF SHALL BE DIRECTED AROUND THE BAT TANK.

**TRENCH DESIGN**

TRENCH	GROUND ELEV.	TOP OF STONE ELEV.	PIPE INVERT ELEV.	DEPTH OF STONE FROM GROUND	DEPTH OF STONE (FT)	BOTTOM OF TRENCH ELEV.	EFFECTIVE DEPTH STARTS AT	EFFECTIVE DEPTH (D)	WIDTH OF TRENCHES (W)	TRENCH SPACING
1	361.2	357.8	357.2	3.5'	2.5'	355.2	4.0'	2.0'	3.0'	11'
2	360.1	356.6	356.1	3.5'	2.5'	354.1	4.0'	2.0'	3.0'	11'

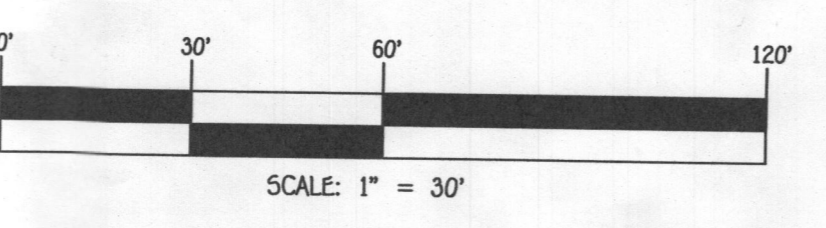
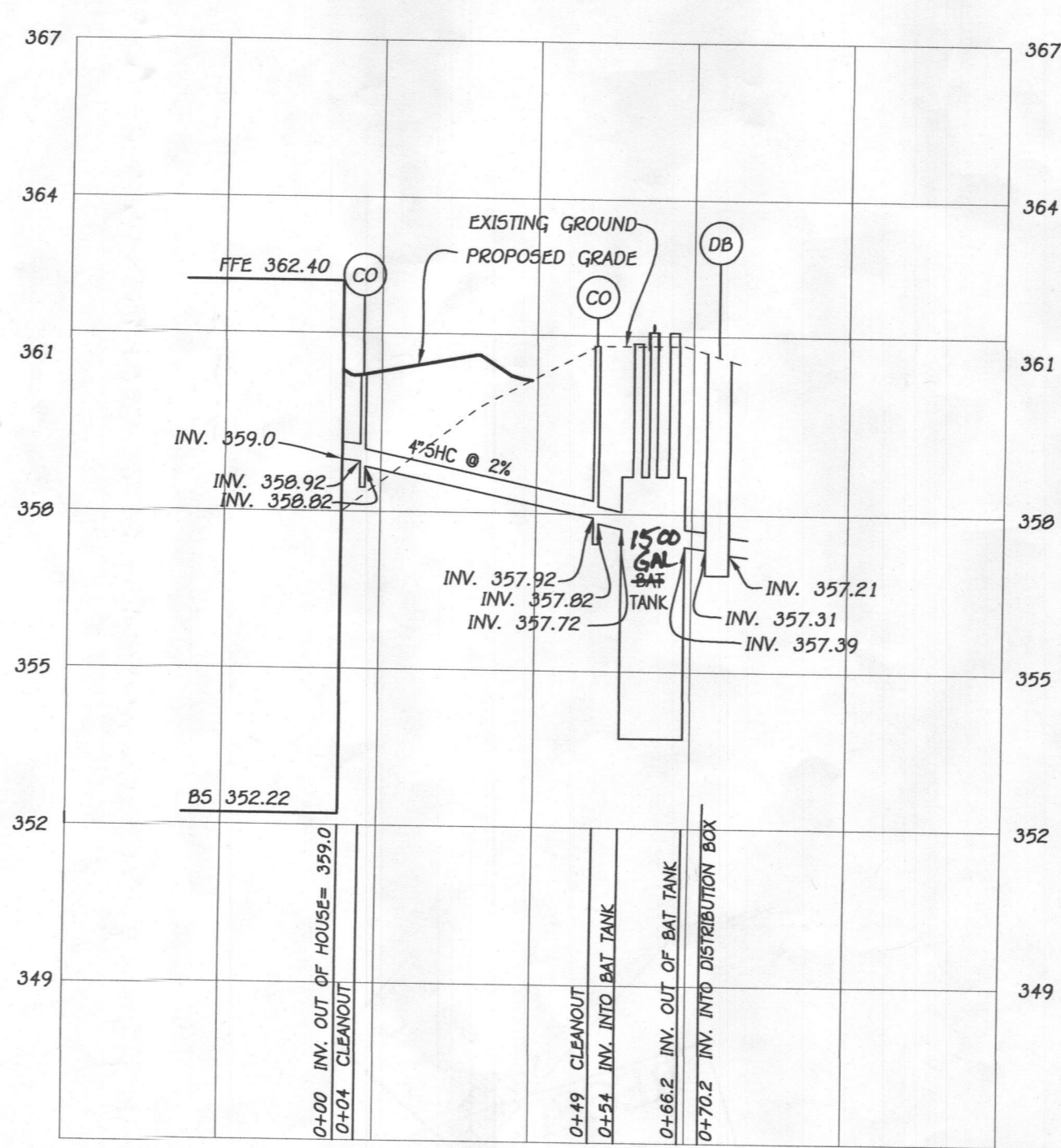


**SEWAGE DISPOSAL SYSTEM DATA**

2 BEDROOMS  
LOADING RATE = 5 BEDROOMS X 150 GPD/BEDROOM = 750 GPD  
APPLICATION RATE = 0.8  
INITIAL EFFECTIVE SIDEWALL BEGINS AT 2 FEET  
TRENCH DEPTH = 6 FEET  
TRENCH WIDTH (W) = 3 FEET  
EFFECTIVE DEPTH (D) = 2 FEET  
SF OF DRAINFIELD = 750 GPD / 0.8 = 937.5 SF  
COEFFICIENT OF REDUCTION OF TRENCH LENGTH =  $(W+2)/(W+1+2D) = (3+2)/(3+1+2(2)) = 0.447$  **0.625**  
TRENCH LENGTH =  $937.5 SF \times 0.447 / 3 = 138.0$  FEET **195.3**  
TRENCH LENGTH =  $937.5 SF \times 0.625 / 3 = 199.4$  FEET **196**  
TRENCH SPACING =  $2D+W = (2(2)+3) = 11$  USE 11'

**SEPTIC SYSTEM ELEVATIONS**

FFE = 362.40  
BSE = 352.22  
INV. OUT OF HOUSE = 359.0  
EX. GROUND AT BAT = 361.4  
TANK TOP OF BAT = 358.72  
TANK COVER OVER BAT = 2.68  
INV. INTO BAT = 357.72  
INV. OUT OF BAT = 357.39  
EX. GROUND AT DISTRIBUTION BOX = 361.2  
INV. INTO DISTRIBUTION BOX = 357.31  
INV. OUT OF DISTRIBUTION BOX = 357.21



**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PLACE  
ELLCOTT CITY, MARYLAND 21142  
(410) 461-2299

**BUILDER**  
CAROLAN HOMES  
ATTN: OWEN KELLY  
9812 CATLINS COURT  
ELLCOTT CITY, MD 21142  
410-465-7795

**OWNER**  
SCOTT HOGLANDER  
7694 DORCHESTER BOULEVARD #501  
HANOVER, MD 21076  
C/O OWEN KELLY (410-465-7795)

**SEPTIC PROFILE**  
HORIZONTAL SCALE: 1" = 30'  
VERTICAL SCALE: 1" = 3'



Approved Septic System Plan  
Howard County Health Department  
*Donna Bernard* 11/1/16  
Signature Date  
B16003929

**BAT SITE PLAN**  
**12665 LIME KILN ROAD**  
ZONED: RR-DEO  
TAX MAP #40 GRID #23 PARCEL: 244 (2ND PARCEL)  
FIFTH ELECTION DISTRICT HOWARD COUNTY, MD  
SCALE: 1" = 30' DATE: OCTOBER, 2016 SHEET 1 of 1