

PERMIT

SEWAGE DISPOSAL SYSTEM

P 511958R

A 32474

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 6/18/99

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 9/22/99

INSPECTOR B.B.

05-396255

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 410-875-4197

SUBDIVISION Lime Kiln Valley LOT 40 ROAD 12744 Lime Kiln Road

PROPERTY OWNER Guy & Kathryn Carson

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

SEPTIC TANK CAPACITY 1500 ~~1250~~ GALLONS

8-2604 BOD 1500 40-SUN ROOM
4-21-05 BOD 153295-BARN

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 415 feet from the front lot line and 80 feet from the left lot line. Run trenches along contour toward right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 5/19/99 DCS

PLANS APPROVED BY Craig Williams/Donna K. Soe REVISED DATE 04/27/1999

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.

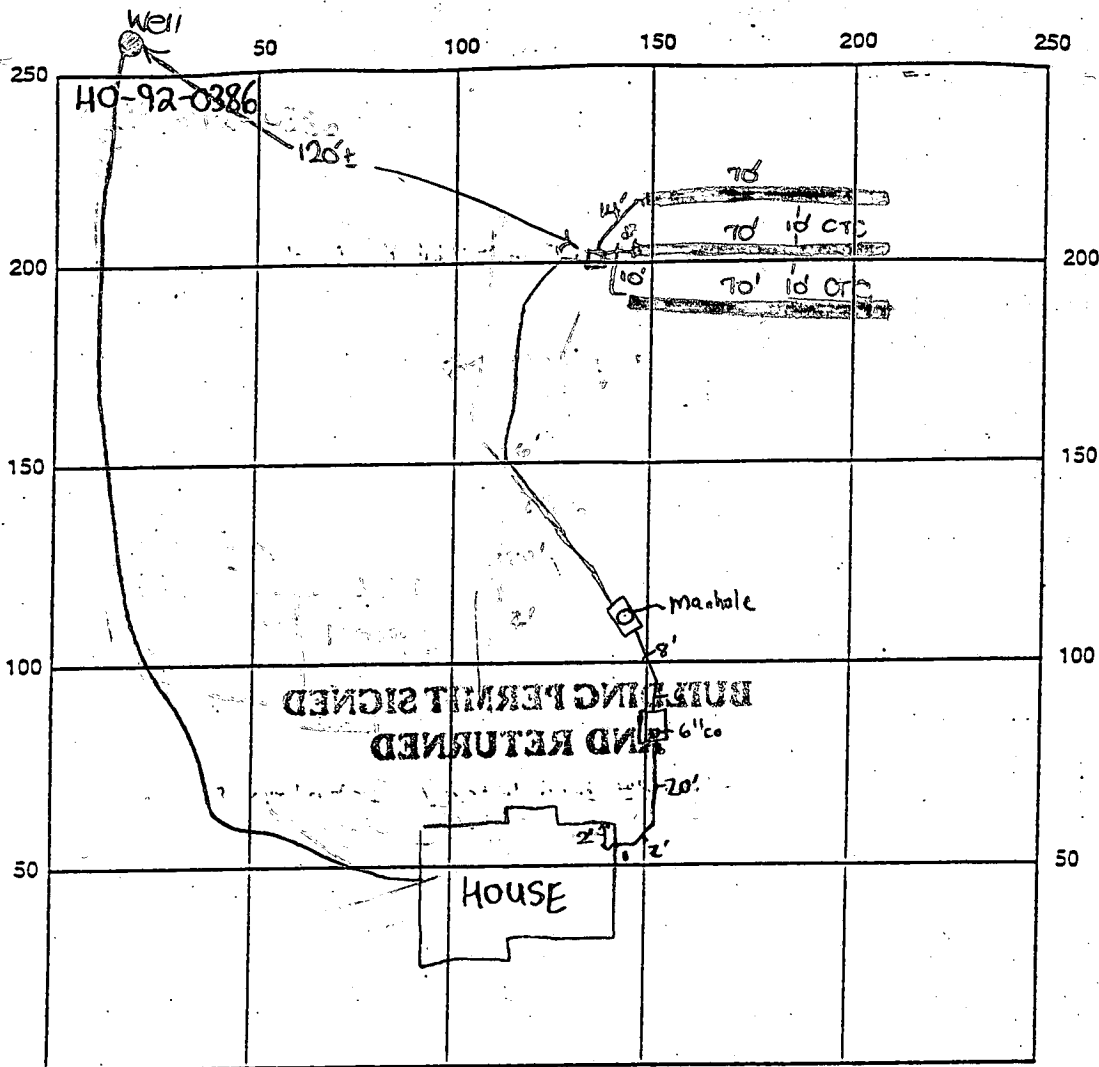
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

32474

8/27/99
CO- 2-3 PM
9/20/99
3/30/99
NOON
2/2/99
2/10/99
(Pump)



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - ^{1500 gallon top seam ST} _{1500 gallon top seam ST} lime kiln road CLEANOUTS 6" @ ST, Manhole @ PT

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 370 FT. → 210

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 8/27/99 contractor in process of setting septic tanks
OK to continue. DCS 8/30/99 - OK TO CONTINUE WORK, WP 3 OK (SRK)
8/31/99 OK to cover all septic work - needs pump performance
test for final approval. (sufficient materials at site
to complete system). DCS 9/20/99 Pump output insufficient.
Will install more powerful pump. Levelers noted in distribution box. (BB)

DATE SYSTEM APPROVED 9/22/99 INSPECTOR B. Baker

9/22/92 Levelers installed. Pump working. Alarm O.K. System passed (BB)

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32474

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE February 7, 1983

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc.

ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE (301) 465-6105
Ellicott City, Md. 21043

PROPERTY LOCATION:

SUBDIVISION Child's Lime Kiln Valley LOT NO. 5

ROAD AND DESCRIPTION Brown Bridge Road at Lime Kiln

BP Signed + Returned 4-27-89
Serial # B00117409

SIZE OF LOT 3.814 ~~2.547~~ Acres TYPE BLDG. N/A - SFD - 4 Bdr
(NUMBER OF BEDROOMS)

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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR [Signature] DATE 2/12/83

REJECTED BY _____ FOR _____ DATE _____

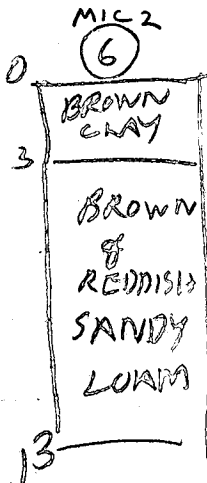
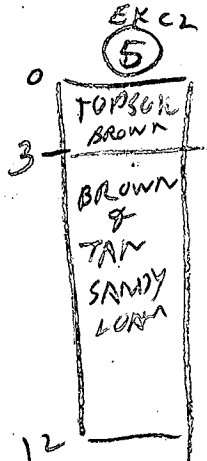
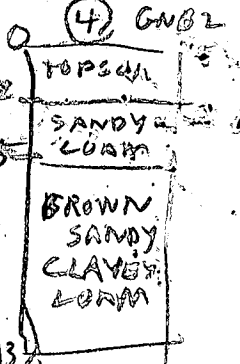
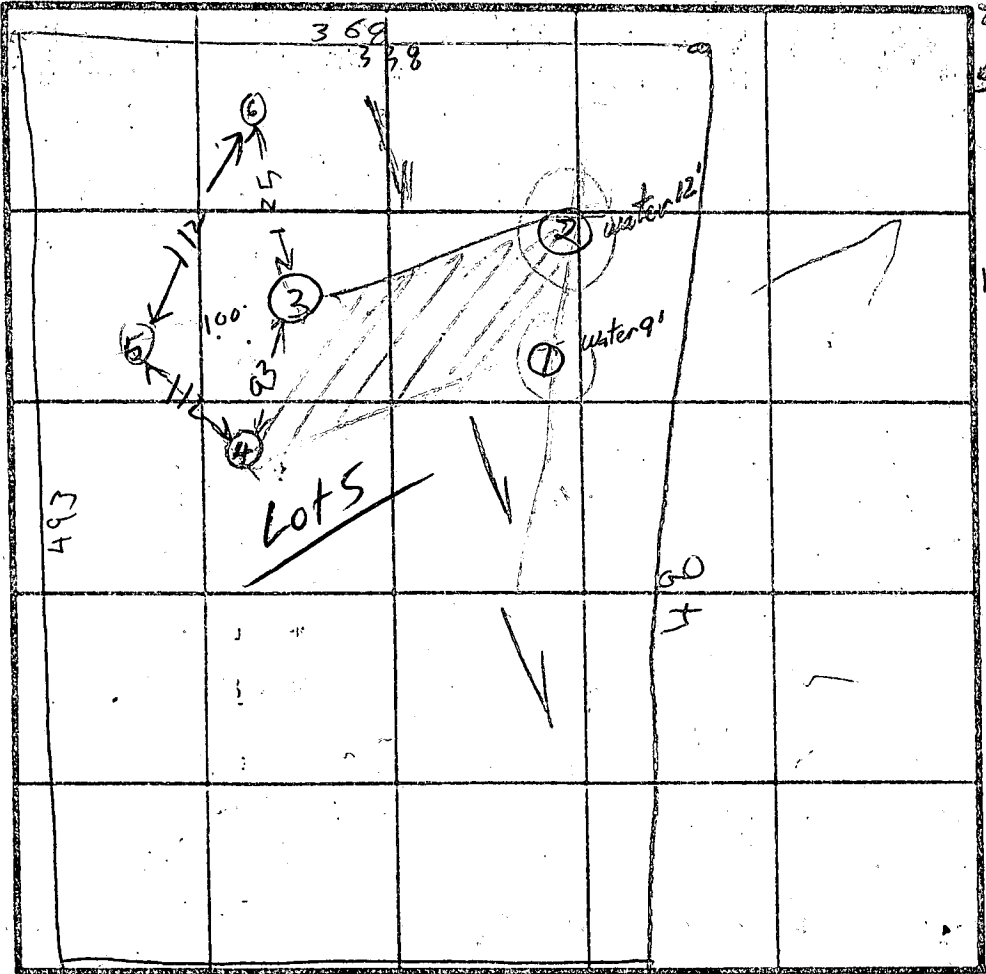
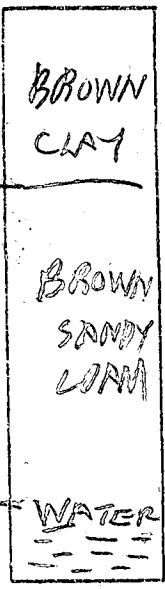
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/15/83 Perc OK but hold for Review (H2O) BH
House site restricted

THIS IS NOT A PERMIT

Lots 5

GNB2
①
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BOARDIA

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/83	1V	10	WATER		9 FT		See profile
	2V	13	WATER		12 FT		See profile
	3 S	5	314	315	315	318	3
	3 D	8 1/2	314	315	315	316	1
3/11/83	3V	12 1/2	LOOKS OK				
	4 S	4	251	255	255	310	15
3/14/83	4 D	8	251	313	313	325	date filled in hole
	4V	13 1/2	LOOKS OK				
	5 S	5 1/2	316	320	320	327	7
	5 D	9	315	320	320	337	17
	5V	12 1/2	LOOKS OK				
	6 S	4	329	333	333	340	7
	6 D	9	329	331	331	335	4
	6V	13	LOOKS OK				
3/15/83	4 ED	10	1015	1022	1022	1037	15

REMARKS 3/11/83 Holes ① ② ③ A water per test plat

TYPE OF SOIL

TESTED BY R. HODGES

ALSO PRESENT PAUL SCHISSLER
PAUL & KENNEY SCHISSLER

X = 11 MIN

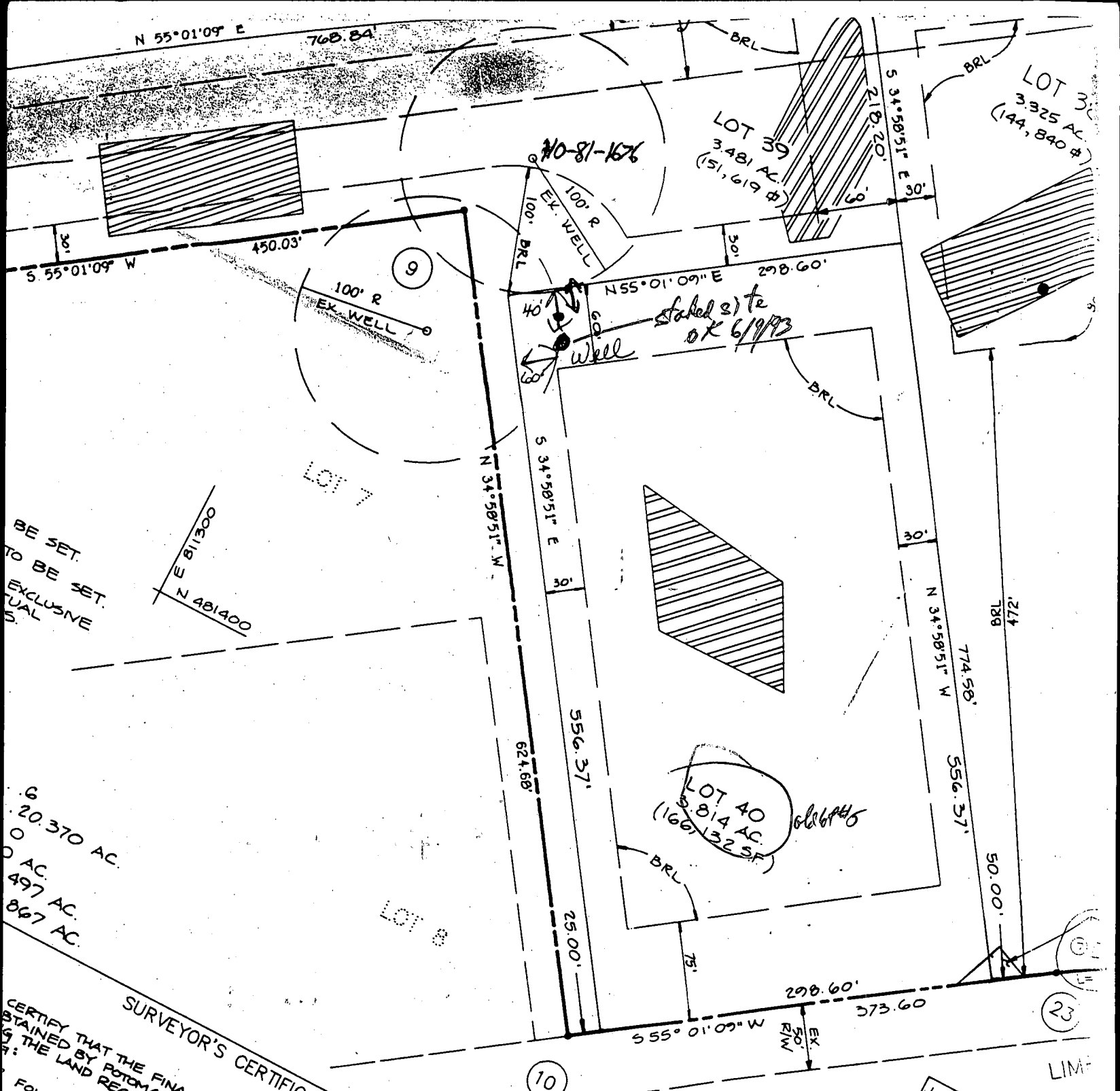
④ LOWEST
③ LOWEST

HOLE ELEVATION
⑥ - HIGHEST
⑤ NEXT HIGH
③ NEXT LOW

9
10

12
13

12 1/2



BE SET.
TO BE SET.
EXCLUSIVE
TUAL
S.

6
20.370 AC.
0 AC.
497 AC.
867 AC.

SURVEYOR'S CERTIFICATE

CERTIFY THAT THE FINAL PLAT IS CORRECT THAT IT IS ALL OBTAINED BY POTOMAC ELECTRIC POWER COMPANY AND IS IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

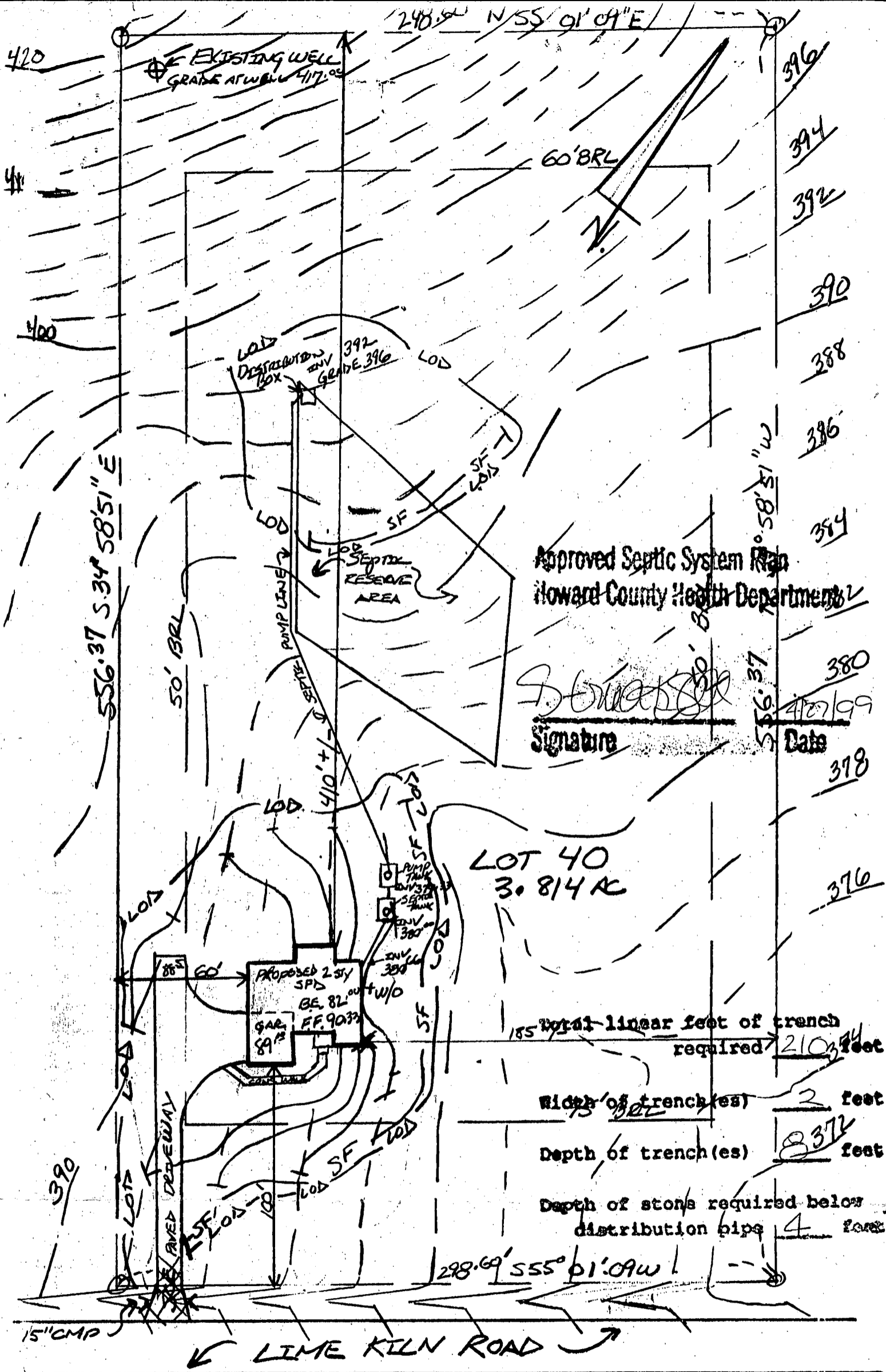
FOLIO 160
 FOLIO 162
 FOLIO 682
 FOLIO 196
 NO 104
 OBTAINED BY GUY J. AND KATHRYN D. CARSON AND RECORDED 193
 IN HOWARD COUNTY, MARYLAND, OR WILL BE IN PLACE PRIOR TO
 BEING IN PLACE IN THE SUBDIVISION BY HOWARD COUNTY,
 WITH THE ANNOTATED CODE OF MARYLAND.

LOT 14 LIBER 1646 FOLIO 313
 LOT 24 LIBER 1588 FOLIO 684
 LOT 25 LIBER 1577 FOLIO 164
 LOT 26 LIBER 1580 FOLIO 493
 LOT 27 LIBER 1598 FOLIO 193
 LOT 28 LIBER 1563 FOLIO 136 ANONG



LOT NO.	LOT AREA	CUR	ARC
39	3.481 AC.		
- THERE ARE NO 100 YD AREAS ON SITE TO CONSIDER			
NO	RADIUS	Δ	ARC
③	375.00'	53° 19' 24"	349.00'

WE, POTOMAC ELECTRIC POWER COMPANY, OWNER'S DEPT. OF PLANNING AND ZONING, ESTABLISHED IN HOWARD COUNTY, MARYLAND, ITS SUCCESSORS, PUBLIC USE THE BEDS, THE FACILITIES AND OTHER FOR GOOD AND OTHER ACQUIRE THE FACILITIES AND OTHER DRAINAGE



Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature

4/10/99
 Date

LOT 40
 3.814 AC

155 Total linear feet of trench required 210.34 feet

Width of trench(es) 2 feet

Depth of trench(es) 8.37 feet

Depth of stone required below distribution pipe 4 feet

- SCE - STONE CONSTRUCTION ENTRANCE
- SF - SELF FENCE
- LD - LIMITS OF DISTURBANCE

MUELLER HOMES, INC.
 12800 FREDERICK RD SUITE 201
 P.O. BOX 115
 WEST FRIENDSHIP, MD 21794

I CERTIFY THAT MEASUREMENTS ARE TRUE AND CORRECT FOR THIS LOT

BUILDING PERMIT PLAT
 LOT 40 LIME KILN VALLEY
 RECORDED ON PLAT # 108837/4/93

1" = 50' APRIL 18, 1999

C1 0445

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.

COUNTY NUMBER

A32479

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 061593

Depth of Well: 105 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": H0-92-0326

OWNER: last name first name TOWN SUBDIVISION SECTION LOT

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

Table with columns for Description, Feet From, and Feet To. Includes handwritten entries: Sand, GRAY MICH. Rock, 0 69, 69 105.

GROUTING RECORD

WELL HAS BEEN GROUDED (Circle Appropriate Box) TYPE OF GROUING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) grid with handwritten values: 71, 105

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

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 T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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)

LAND SURFACE (nearest foot)

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)

See Attached LOCATION

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 26.04.04 "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. 24 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

E. RAULTH & WIFE
183/377

N 55° 01' 09" E

*Limekiln Valley
Subdiv*

150' PEPCO R/W

N 55° 01' 09" E

1025.15'

LOT 39
3.48 AC
H0-81-1676

100' R
PROP WELL

450.03'

100' R
EX WELL

Area OK
to drill well

100'

N 34° 58' 5" W

589.75
BRL

587.10

LOT 38
3.32 AC

LOT 37
3.25 AC

New lot
40

GNE

EX DRAINAGE & UTILITY ESMT
(PLAN NO. 6032)

B
If Drilled @ 8/19/93
Secondary
well at
(Stake lot)

Lima 55° 01' 09" W

Limekiln Valley

R = 375.0

B 1 05298

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-92-0386

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (APA)

060293

OWNER INFORMATION

PEPICO

Owner First Name

1900 PENNSYLVANIA AVE

WASHINGTON DE 20068

DRILLER INFORMATION

Joseph L. Mayne 24 License No. 80

Joseph L. Mayne Well Drilling

5512 RIDGE RD. Mt. Airy 21771

Signature Date 6/2/93

B 3

LOCATION OF WELL

HOWARD

8 COUNTY

LIME KILN VALLEY

SECTION 44 46 LOT 48 50

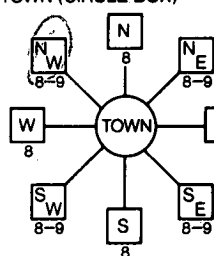
FULIOW

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LIME KILN RD.

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



516

DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 32474 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 06/1/93

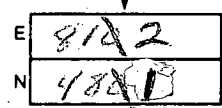
CO SIGNATURE EXP. DATE 06-11-94

NORTH GRID 481000 EAST GRID 0812000

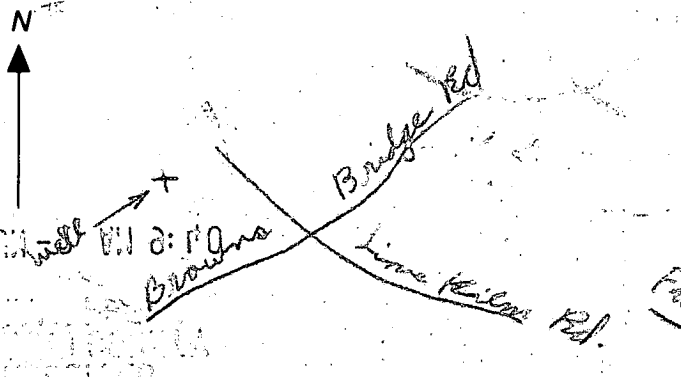
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE INITIALS IN BOX PERMIT No. 40-92-0386

SPECIAL CONDITIONS

COUNTY

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

~~461-9033~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation /
Replacement

Receipt #
Date 8/30/99

Name of Installer Thomas Orsany

Telephone 410-241-3305

License Number 0001736

Certified Well Pump Installer Well Driller Registered Plumber /

Name of Property Owner MORSON

Telephone
Well Tag # 40-92-0386

Subdivision Lime Kiln Valley Lot # 40

Site Address 12744 Lime Kiln Rd

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible /

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage
 - a. 110 /
 - b. 220 /

Pitless Adapter

1. Make Campbell
2. Model # B-300X
3. Depth 7.2" Below M.P.

2. Make JACOZZI

3. Model # TSS479B-52

4. Capacity 15 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

Tank

1. Capacity Well trsl 203
2. Pressure relief valve? /

Piping

1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 4ft

Well data

1. Depth 705 ft.
2. Yield 15 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? No

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.

8/30/99-WPI OR-SRK

Signature of Applicant: Thomas Orsany

Date: 8/30/99

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

Building Address 12744 LIME KILN ROAD

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.02 Subdivision LIME KILN VALLEY

Section _____ Area _____ Lot 40

Tax Map _____ Parcel 490 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MORSON JEFFREY & MICHELLE

Address 5472 CEDAR LANE C1

City COLUMBER State MD Zip Code 21044

Home Phone 884 7325 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
PAUL F. MUELLER
CONTRACTOR

Phone 410 442-1455 Fax 410 442-1873

Existing Use SFD

Proposed Use OPEN DECK

Estimated Construction Cost \$ 6,000.00

Description of Work ADD 20'x16' OPEN WOOD
DECK TO NEW SFD UNDER
CONSTRUCTION 800117409

Contractor Company MUELLER HYNES INC

Contact Person PAUL F MUELLER

Address PO Box 115
WEST
ERTENISNER State MD Zip Code 21794

License No. _____

Phone 410 442-1455 Fax 410 442-1873

Occupant or Tenant MORSON

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	

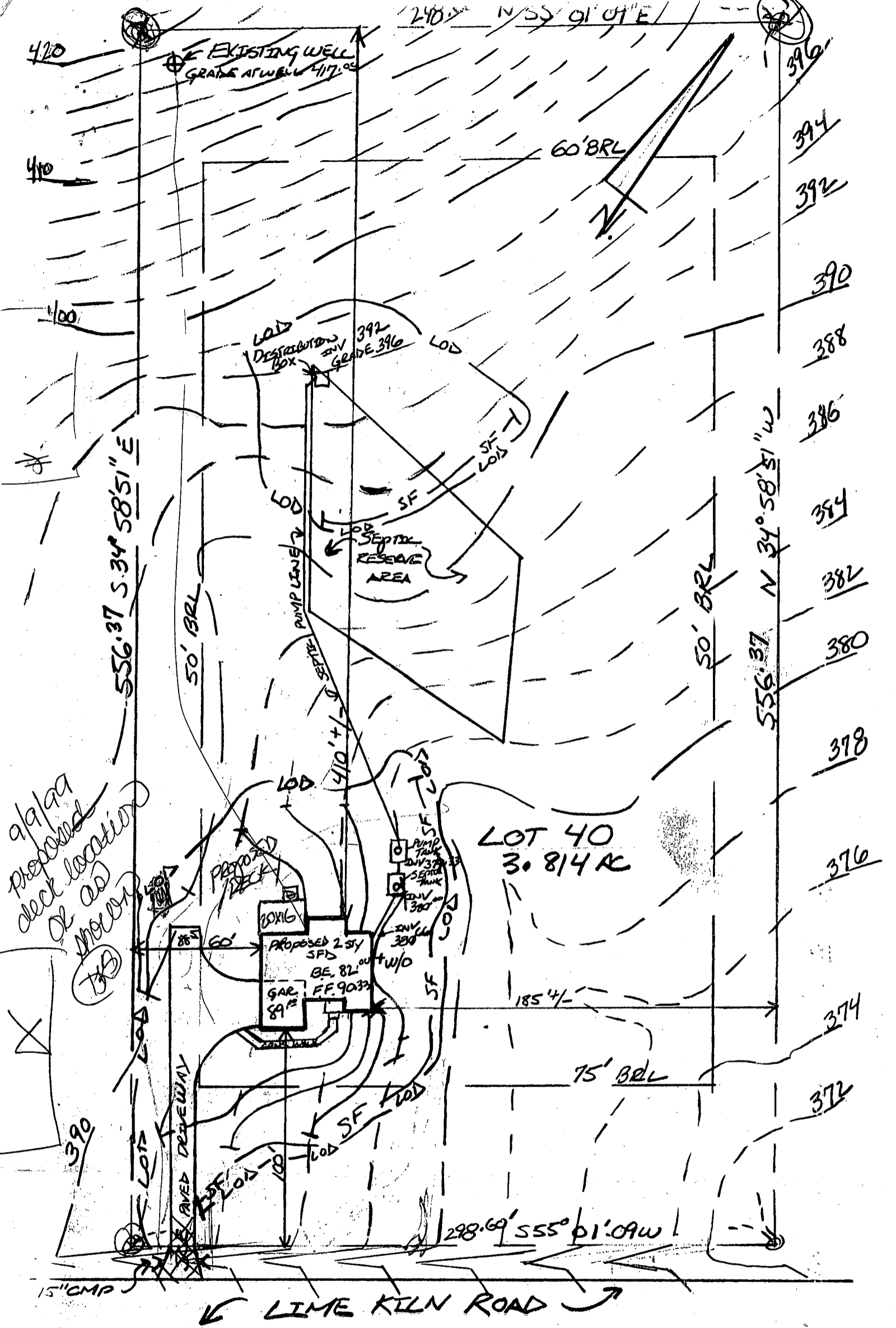
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Paul F. Mueller
 Applicant's Signature
PAUL F. MUELLER HYNES, INC
 Title/Company

PAUL F. MUELLER
 Print Name
9/9/99
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
Health	<u>apka</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	



9/9/99
 prepared
 deck location
 or as
 shown
 (TS)

LOT 40
 3.814 AC

SCE - STOVE CONSTRUCTION ENTRANCE
 SF - SELF FENCE
 LD - LIMITS OF DISTURBANCE

BUILDING PERMIT PLAT
 LOT 40 LIME KILN VALLEY
 RECORDED ON PLAT # 108837/24/93

MUELLER HOMES, INC.
 12800 FREDERICK RD SUITE 201
 P.O. BOX 115
 WEST FRIENDSHIP, MD 21794

I CERTIFY THAT MEASUREMENTS ARE TRUE AND
 CORRECT FOR THIS LOT
 [Signature] BUDNER

1" = 50' APRIL 18, 1999

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER ✓

BO0117409

Building Address 12744 Dulles Rd. Pk. 110
HIGHLAND, MD 20777
 Suite/Apt. #: NA SDP/WP/Petition #: -- 10-1-9
 Census Tract 6951-02 Subdivision LINE 10/1/1/1
 Section NA Area HT Lot 40
 Tax Map 40 Parcel 490 Grid 22
 Zoning PR-260 Map Coordinates Bc41 Lot size

Property Owner's Name GUY & KATHLEEN CARSON
 Address 17227 DONORA ROAD
 City SILVERSPRING State MD Zip Code 20904
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
MUELLER HOMES, INC PAUL MUELLER
PO BOX 115
WEST FRIENDSNEE, MD 21794
 Phone 410 442-1455 Fax 410 442-1873

Existing Use VACANT LOT
 Proposed Use SFD
 Estimated Construction Cost \$ 200,000
 Description of Work NEW SFD W/ 2 CAR. ATT. GARAGE
4 BED, 2 1/2 BATH, 1 FORM, 1 ROUGH IN

Contractor Company MUELLER HOMES, INC.
 Contact Person PAUL MUELLER
 Address PO BOX 115
WEST FRIENDSNEE State MD Zip Code 21794
 License No. _____
 Phone 410 442-1455 Fax 410 442-1873

Contract Purchaser
 Occupant of Premises JEFFERY & MICHELLE MORSON
 Contact Name _____
 Address 5472 CEDAR LAKE #C1
 City COLUMBIA State MD Zip Code 21044
 Phone 410 884-7325 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input checked="" type="checkbox"/>
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Structural Steel <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Masonry <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame <input checked="" type="checkbox"/>	Heating System: _____
State Certified Modular <input type="checkbox"/>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____	Heating System: _____
No. of efficiency units: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
No. of 2 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
Other Structure: _____	_____ NFPA #13D
Dimensions: _____	_____ NFPA #13R
Footings: _____	Other: _____
Roof: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 THERE TO; (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]
 Title/Company Cont.

Print Name PAUL F. MUELLER
 Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>4/27/99</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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

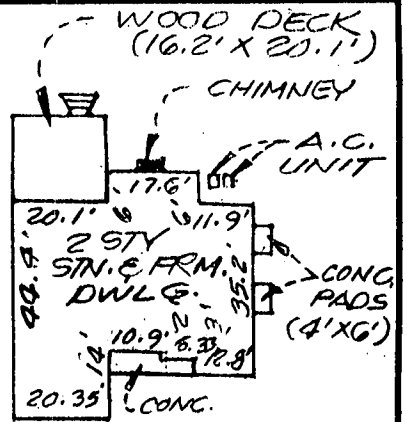
PROPERTY ID#	AMOUNT
<u>40049</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>572</u>
Validation	<u>4/27/99</u>

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

NOTE:
 A RESUBDIVISION OF LOTS 1-6,
 214 OF SECTION 1, AREA 1, & LOTS
~~27-28~~ OF SECTION 2, AREA 1, AS
 RECORDED ON PLAT NOS. 6030-
 6032 AND 6651-6654.

FOR
 YOUR
 FILE



LOT 39

N55°01'09"E
 298.60'

DETAIL
 SCALE: 1"=40'

LOT
 7

INDICATES
 APPROVED
 PERC AREAS
 & DESIGNATES
 A PRIVATE &
 PRIVATE SEWAGE
 ESMIT OF
 10,000 S.F.

20 X 16 Porch

LOT
 8

10.3'
 MACADAM
 DRIVE

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00150040 A#32474

APP. SAN

DATE: 8/26/99

DESC. OF WORK: Sun Room

S55°01'09"W
 298.60'

DRAINAGE
 UTILITY
 ESMIT, PER
 PLAT NO.
 6032

NOTE: THIS PROPERTY LIES IN
 ZONE 'C' (AREA OF MINIMAL
 FLOODING) AS SHOWN ON FIRM
 MAP NO. 2A0044 0037B, DATED
 DEC. 4, 1986

FINAL
 CERTIFICATION

OF
 LOT 40
 PARCELA
 LIME KILN VALLEY



THIS IS TO CERTIFY that I have located the improvements on the lot shown
 hereon, and that said improvements exist, and that said improvements lie
 entirely within the boundaries, except as shown.

Per KCI TECHNOLOGIES, INC.

THIS PLAT NOT INTENDED FOR USE IN THE ESTABLISHMENT OF
 PROPERTY LINES

TAX MAP NO. 40 SHEET 3 OF 3
 5TH. ELECT. DISTR. HOWARD CO. MD.



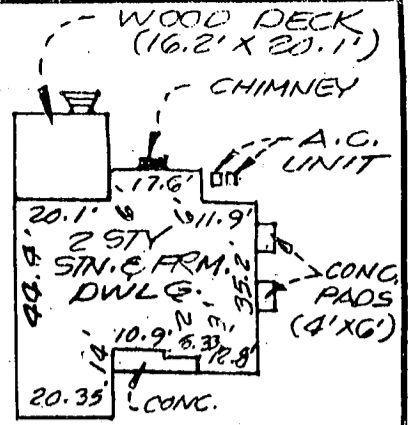
KCI
 TECHNOLOGIES, INC.

10 North Park Drive
 Hunt Valley, Maryland 21030-1888
 (410) 316-7800
 Direct Dial Number

SCALE: 1"=100' DATE: 9.22.99

NOTE:
 A RESUBDIVISION OF LOTS 1-6,
 214 OF SECTION 1, AREA 1, & LOTS
 24-26 OF SECTION 2, AREA 1, AS
 RECORDED ON PLAT NOS. 6030-
 6032 AND 6651-6654.

*Edw
 Town
 7/25/99*



DETAIL
 SCALE: 1" = 40'

APPROVED
 WALKTHRU BUILDING PERMIT
 BP# 600183275 A# 324AM
 APP. SAN JAY DATE 4/21/05
 DESC. OF WORK: Rain on
 side lawn

LOT 39

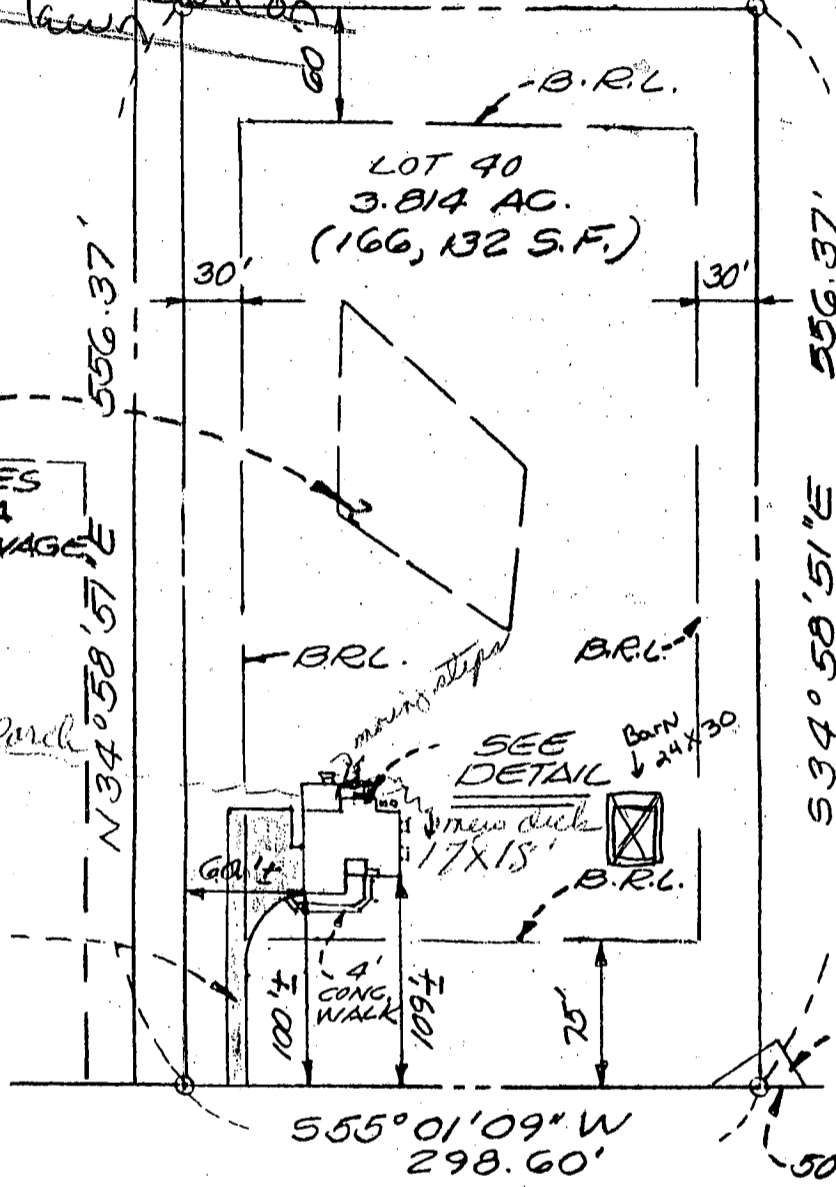
LOT 7

INDICATES
 APPROVED
 PERC AREAS
 & DESIGNATES
 A PRIVATE A
 PRIVATE SEWAGE
 ESMIT OF
 10,000 S.F.

20' x 16' Porch

LOT 8

10.3'
 MACADAM
 DRIVE



LOT 38

DRAINAGE
 UTILITY
 ESMIT. PER
 PLAT NO.
 6032

LIME KILN ROAD
 (EX. 50' R/W)

NOTE: THIS PROPERTY LIES IN
 ZONE 'C' (AREA OF MINIMAL
 FLOODING) AS SHOWN ON FIRM
 MAP NO. 240044 0037B, DATED
 DEC. 4, 1986

FINAL
 CERTIFICATION
 OF
 LOT 40
 PARCEL A
 LIME KILN VALLEY



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10 North Park Drive
 Hunt Valley, Maryland 21030-1888
 (410) 316-7800
 Direct-Dial Number

SCALE: 1" = 100' DATE: 9.22.99