

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50875

A REPAIR

DISTRICT _____

DATE 9-14-95

DATE SYSTEM APPROVED 9-14-95

INSPECTOR [Signature]

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~501-9933~~ 313-2640

Jack Fyock Septic Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Mauck Farm Estates LOT 7 ROAD 12389 Lime Kiln Road

PROPERTY OWNER Charles Beall

ADDRESS _____

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY _____ GALLONS

AND RETURNED

NUMBER OF BEDROOMS 3

812-04 600149855 - CARPORT EXISTING

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC TANK OVERFLOWING.

Call for inspection when ground is opened so sanitarian can recommend repair.

7' INSTALL 65-70 LINEAR FEET OF 2' WIDE TRENCH, INLET AT 5', MAXIMUM DEPTH 11'

PLANS APPROVED BY [Signature] DATE 9-14-95

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**

A-150875

② 2/27/73
① 2/20/73
partial

4/10/73

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 10/19/72

Partial Disapproval
Hold
2/20/73
C.B.S.
P 17571
A 16813

③ 3/15/73
4/16/73
No change from R.H. inspection
(Madden)

INDEXED

Clarence Queen

IS PERMITTED TO INSTALL ALTER

ADDRESS 4700 Bready Road, Rockville, Md. 20853

PHONE 774-7324

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Mauck Farm Estates

ROAD Lime Kiln Road

LOT 7

PROPERTY OWNER Charles M. Beall

ADDRESS

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - To have 100 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade and maximum depth 10 ft. Location - Dry well to be 145 ft. from edge of existing road and 10 ft. from right property line when facing lot from Lime Kiln Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL:

(Note changed by B. Toner from original pers.)

PLANS APPROVED BY Charles B. Streaker

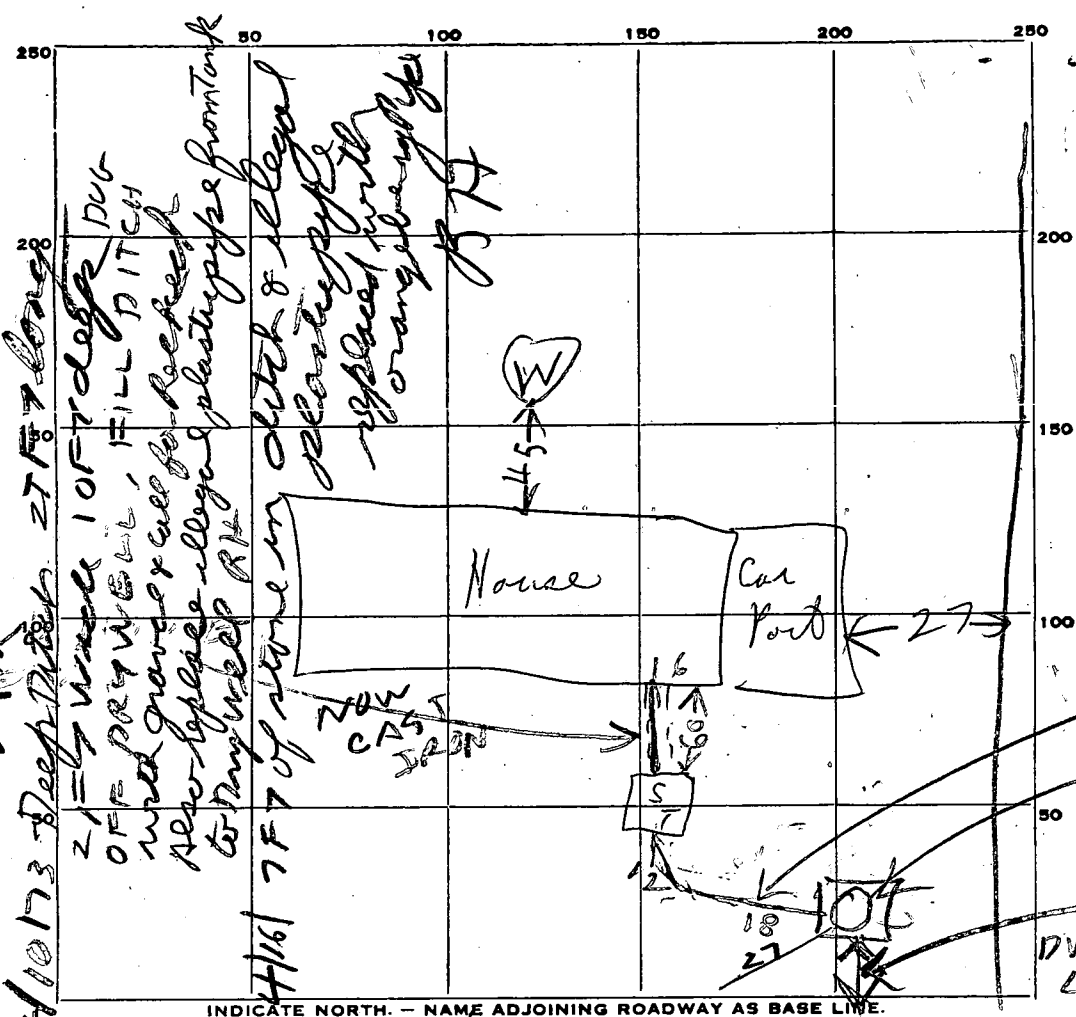
DATE 6/30/72

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 16813

3/24/73 Taken to Contractor Doug Deeg & David
 2/15/73 sample 20 F7 long
 20 F7 deep fallen tank
 5 F7 of slope 2 inspections
 needed R.H.



STILL
 ILLEGAL PIPE
 4/10/73
 ILLEGAL
 PLASTIC
 PIPE
 NO TOP
 ON D.W. & DW
 too small
 141 F7
 DW to Front
 Lot Line

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____ None on site 3/15/73 No charge from R.H.
 SEPTIC TANK, LEVEL OK 1000 gallon in period
 CLEANOUTS 2/20/73 No S.T. / D.W. 2/20/73 No
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 9 FT. DEPTH BELOW INLET 5 FT.

REMARKS 2/20/73 Hold - plastic pipe used from septic tank to D. Well. & DW in driveway area
 Day Well not completed - no permit card in area.
 (Hold for discussion) (Also attempted call - no answer. C.B.D.!!
 due to unable to get through.)
 2/29/73 - Day Well inlet in 45 F7 below gravel perimeter of Day in 39 F7
 5 x 39 = 195 sqft sidewalk area covering stone House has 3 BR. Need 300 sqft
 NO TOP ON D.W.!, Illegal Plastic Pipe, No House Sewer R.H. 3/15/73
 DATE SYSTEM APPROVED _____ INSPECTOR _____
 C.B.D. No charge

APPLICATION

SEWAGE DISPOSAL TESTING

A 16813

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank {1000 gallons - 3 bedrooms ELLICOTT CITY

1250 gallons - 4 bedrooms DISTRICT 5th
DATE 3-72

Dry Well to have 100 sq. ft. effective absorbent
sidewall area per bedroom below inlet. Inlet to be
below original grade and maximum depth 10 1/2' location
Dry well to be 145' from edge of existing road and
from right property line when facing lot from Lime
Kiln Road.

Preliminary
28
100
400
200

10 (check)
25 (R.T.)
3
10
Re tested

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck
and Linda Jones Blyton

ADDRESS Lime Kiln Rd, Fulton, Md PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 8 Lot 7

ROAD AND DESCRIPTION Lime Kiln Road - Macadam

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq feet TYPE BLDG. (3) Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Otis Mauck

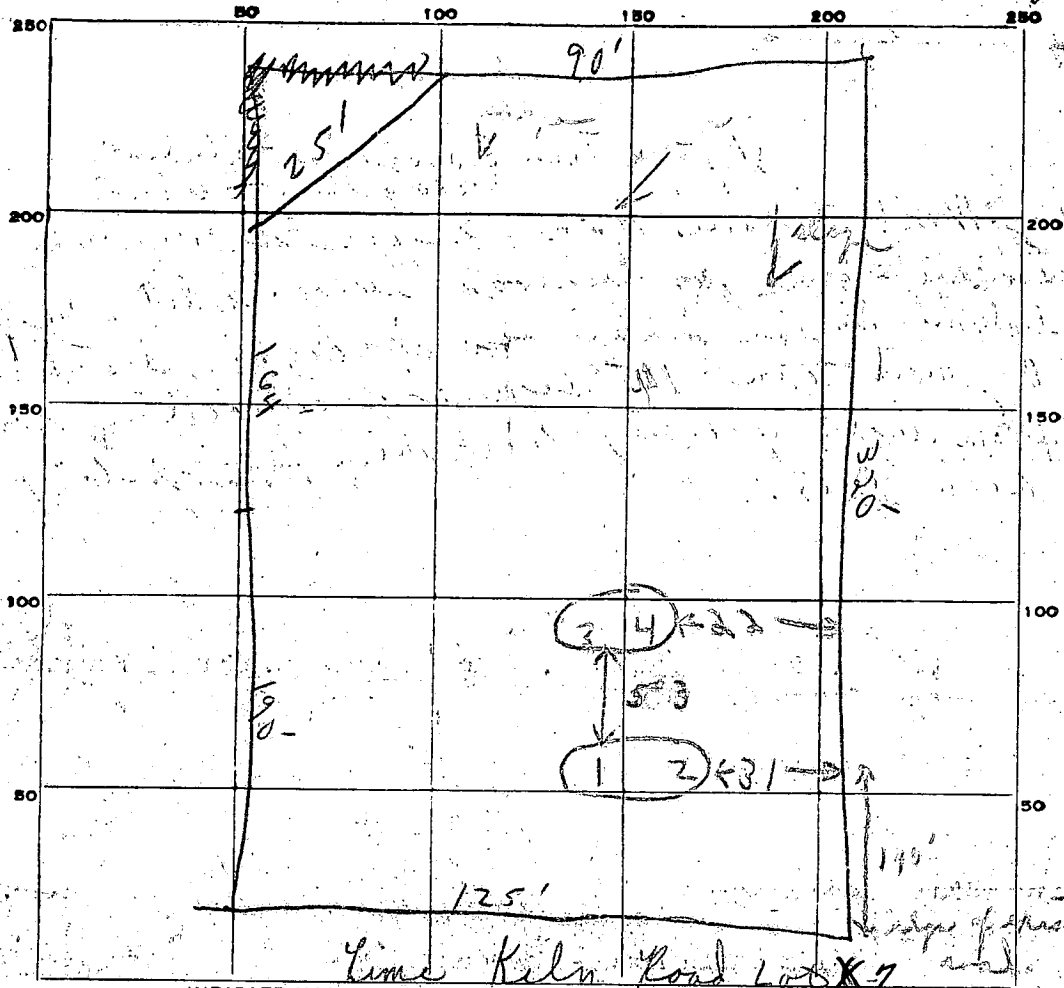
APPROVED BY C. Stecker FOR Dry Well DATE June 30, 1972
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/17/72	1	3 1/2 S	11:52	11:55	11:55	12:02	7 min
	2	11" D	11:52	11:57	11:57	12:03	6 min
	3	4 1/2 S	11:58	12:01	12:01	12:06	5 min
	4	11 1/2" D	11:59	12:03	12:03	12:08	5 min
						4:23	6 min

SOIL AUGER FINDING _____

TESTED BY R.S.

REMARKS _____

APPLICATION

A 16813

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank {1000 gallons - 3 bedrooms ELLICOTT CITY
1250 gallons - 4 bedrooms

Dry Well To have 100 sq. ft. effective absorbent DISTRICT 5th
side wall area per bedroom below inlet. Inlet to be 4' DATE 3-72
below original grade and maximum depth 1 1/2'. Location
Dry well to be 175' from edge of existing road and 25'
from right property line when facing lot from Lime
Kiln Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck
and Linda Jones Blyton

PROPERTY OWNER

ADDRESS Lime Kiln Rd, Fulton, Md PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 87

ROAD AND DESCRIPTION Lime Kiln Road - Macadam

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq feet TYPE BLDG. Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Otis Mauck

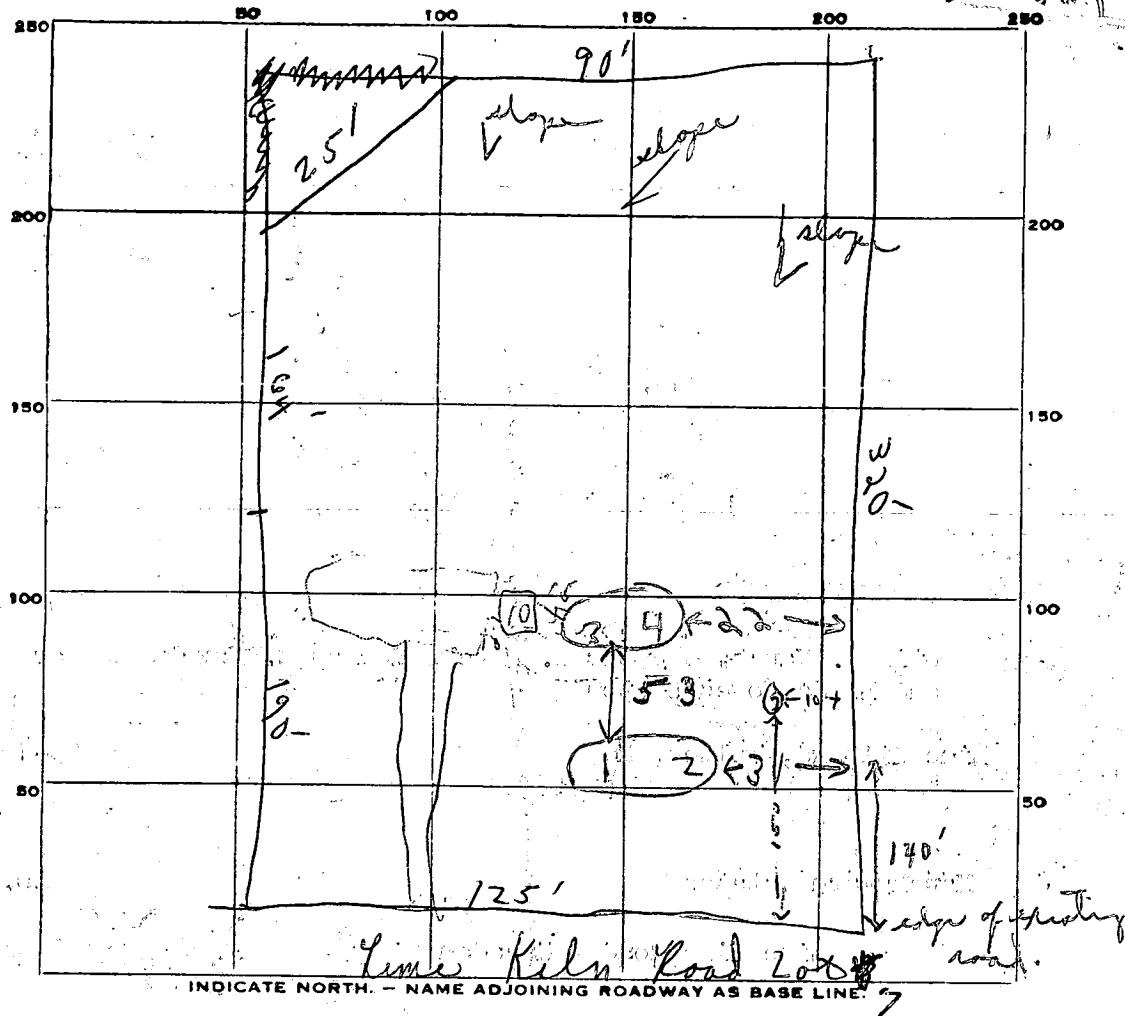
APPROVED BY C. Mauck FOR Dry Well DATE June 30, 1972
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

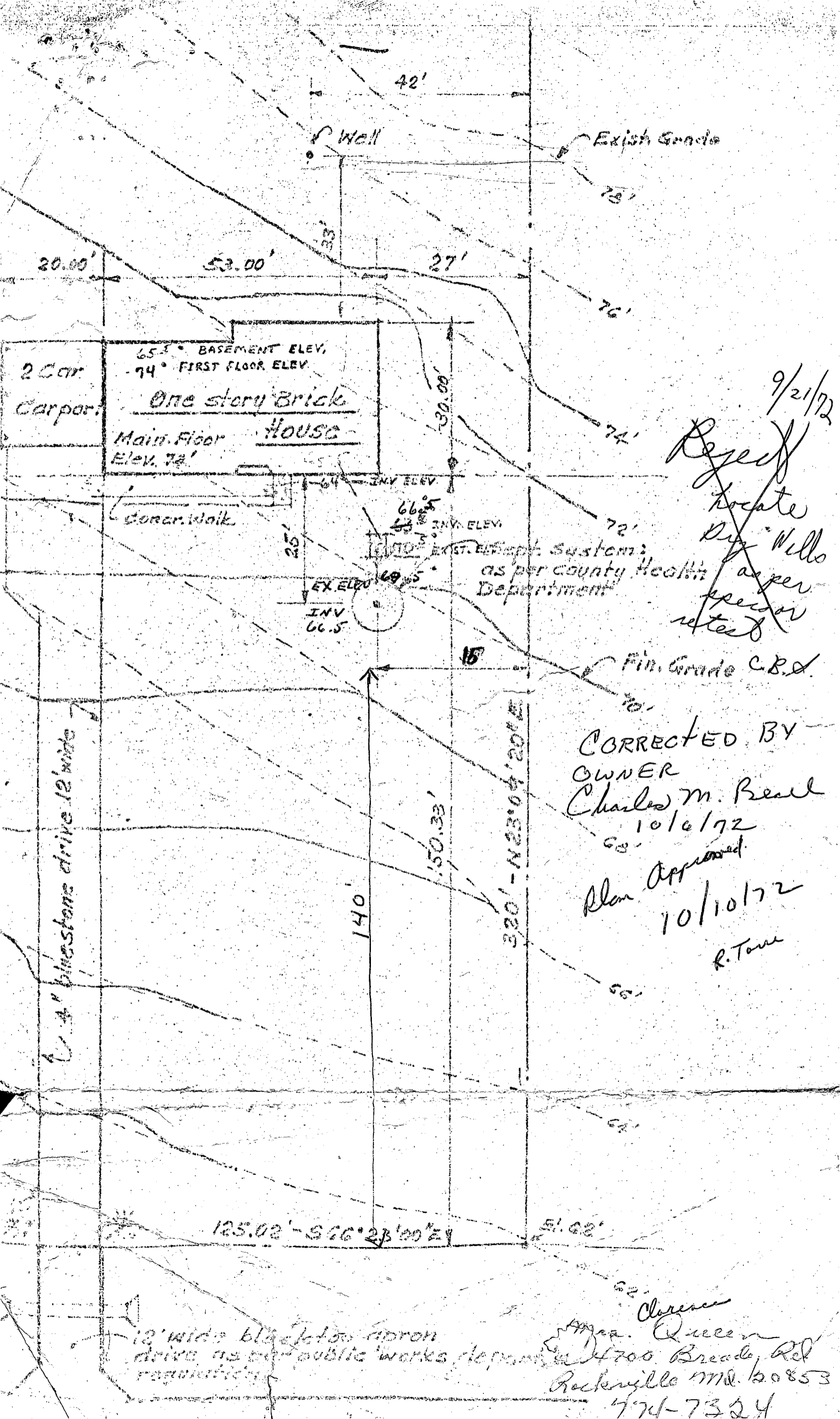


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/72	1	3 1/2 s	11:52	11:55	11:55	12:02	7 min
	2	11' d	11:52	11:59	11:57	12:03	6 min
	3	4 1/2 s	11:58	12:01	12:01	17:06	5 min
	4	11 1/2 d	11:59	12:03	12:03	12:08	5 min
10/6/72	5	11 1/2 p	water	hole	open since 12:00	4	23 6 min

SOIL AUGER FINDING _____

TESTED BY B. S.

REMARKS _____



9/21/72

~~Revised~~
 locate
 Dig Wills
 as per
 spec
 noted

CORRECTED BY
 OWNER
 Charles M. Beal
 10/6/72
 Plan Approved
 10/10/72
 R. Tamm

12' wide blacktop apron
 drive as per public works department
 4700 Queen
 Breakey Rd
 Rockville Md. 20853
 474-7324

B 1 2662 SEQUENCE NO. (DWR USE ONLY)
 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

H0-73-0192
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 4/16/73
 2:30 P.M.

OWNER BEAL M CHARLES
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD LIMEKILN Rd
 COL 36 COL. 55
 POST OFFICE FULTON Md
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE FEB 27 73 LICENSE NUMBER 270
 77 80
Bernard Feezer
 FIRST NAME DRILLER LAST NAME
 SIGNATURE Bernard Feezer

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.)
 COUNTY Howard
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION MAUCH FARM
 23 42
 SECTION 1 LOT 7
 44 46 48 50
 NEAREST TOWN FULTON
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 M I
 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500
 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST
 SEE BACK

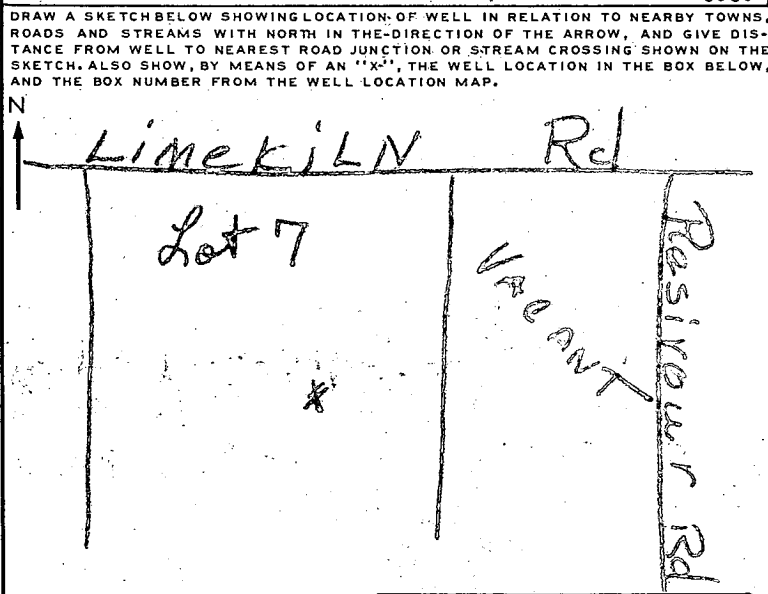
B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
 8 9 8 9
 NEAR WHAT ROAD LIMEKILN
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30
 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 M I
 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63
 FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

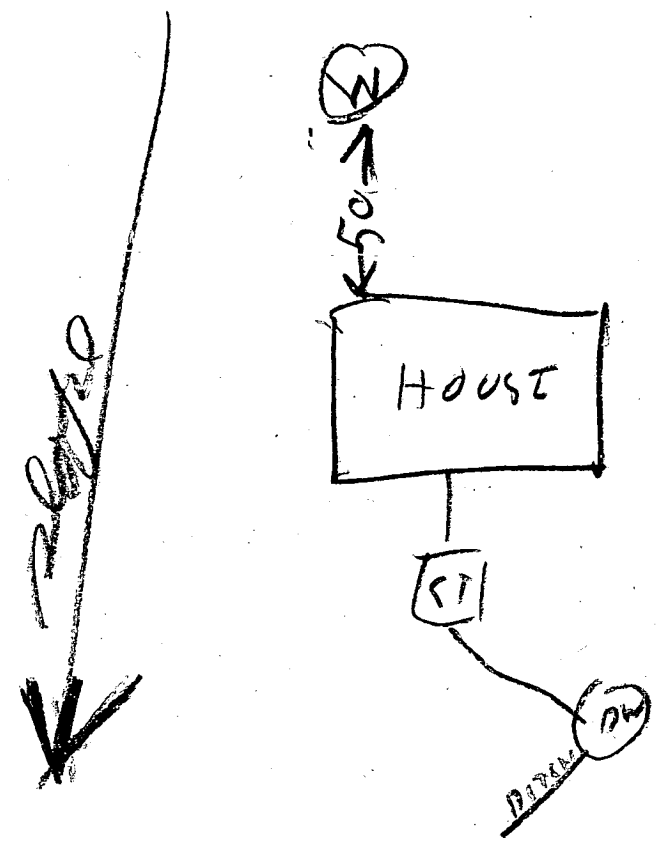


BOX NUMBER
 E 810
 N 470
 NORTH COORDINATE 4750000
 50 51 52 53 54 55
 EAST COORDINATE 0210000
 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 3132
 DATE 030173
 43 48
Palmer F. Wine, Director
 APPROVED BY

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

12
9
—
21



LIME KILN RD

4/16/73

- ① Standard well with 2 1/2 open space to be grouted and a 24 FT deep well casing.
- ② 9 bags cement used

B. Hodges

SEQUENCE NO. (DWR USE ONLY) **6234**

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY 10 CITY 10
 NUMBER

DATE RECEIVED (DWR USE ONLY) _____

DATE WELL COMPLETED 4/18/73

DEPTH OF WELL 150 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0192
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 270

OWNER BEAL CHARLES LAST NAME FIRST NAME

STREET OR RFD LIMEKILM RD POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Mica Soil</u>	<u>0</u>	<u>70</u>	
<u>Mica Rock</u>	<u>70</u>	<u>150</u>	<input checked="" type="checkbox"/>

Handwritten notes:
 Navel found at 7 -
 Mr. Hillon grouted well 4/16/73

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES 44 NO 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY
 45 46 45 46

NO. OF BAGS 9 NO. OF POUNDS 860

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 50 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
<input type="checkbox"/>				
<input type="checkbox"/>				

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	<u>8</u>	<u>9</u>	<u>11</u>	<u>17</u>
2	<u>23</u>	<u>24</u>	<u>30</u>	<u>36</u>
3	<u>38</u>	<u>39</u>	<u>41</u>	<u>51</u>

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT) 17 20

WHEN PUMPING 100 (NEAREST FOOT) 22 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten notes:
 50 ft
 6
 10 SE
 FRONT

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

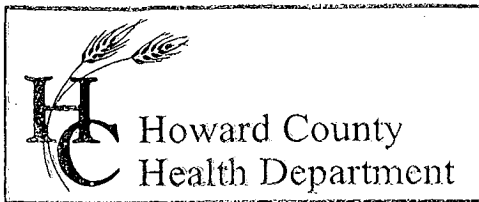
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME BENARD FEEDER

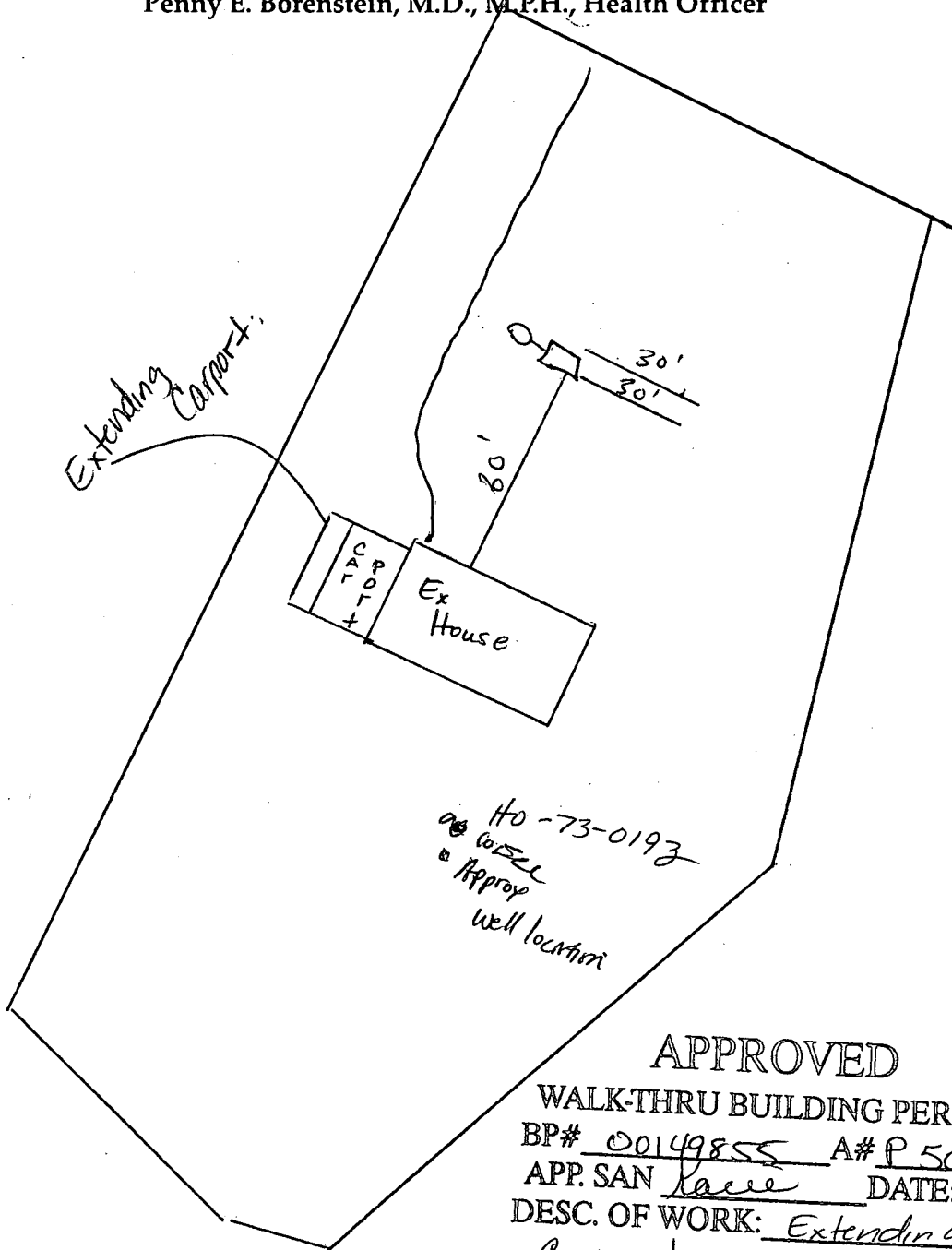
(PLEASE PRINT) BENARD FEEDER

SIGNATURE BENARD FEEDER



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer



APPROVED
WALK-THRU BUILDING PERMIT
BP# 00149855 A# P50875
APP. SAN Kace DATE: 8/12/04
DESC. OF WORK: Extending Carport

RE: B00149855
12389 Limekiln Rd.
No well or septic issues.

1:50