

12/27/88 PM
12/28/88 PM

PRO, D- 05-405866

12/27 P.C.O.
C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

P 43195

A 35007

DISTRICT 5th

DATE

12/13/88

12/22/88

J.B.H.

C. C. Cissel

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland

PHONE 854-2006

SUBDIVISION Waterford

ROAD 13240 Westmeath Lane LOT 12, Section 3

PROPERTY OWNER Hugh Kendall

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☒ NO

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 4

TRENCHES - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet from the front left corner and 65 feet off the left (410.51') lot line as seen when facing the lot from Westmeath Lane. Run trenches on contour toward the left front lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. J.B.H.

12/22/88 Specs changed after consulting contractor - all repair to be shallow.

PLANS APPROVED BY Sid Abel

DATE 4/02/87

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

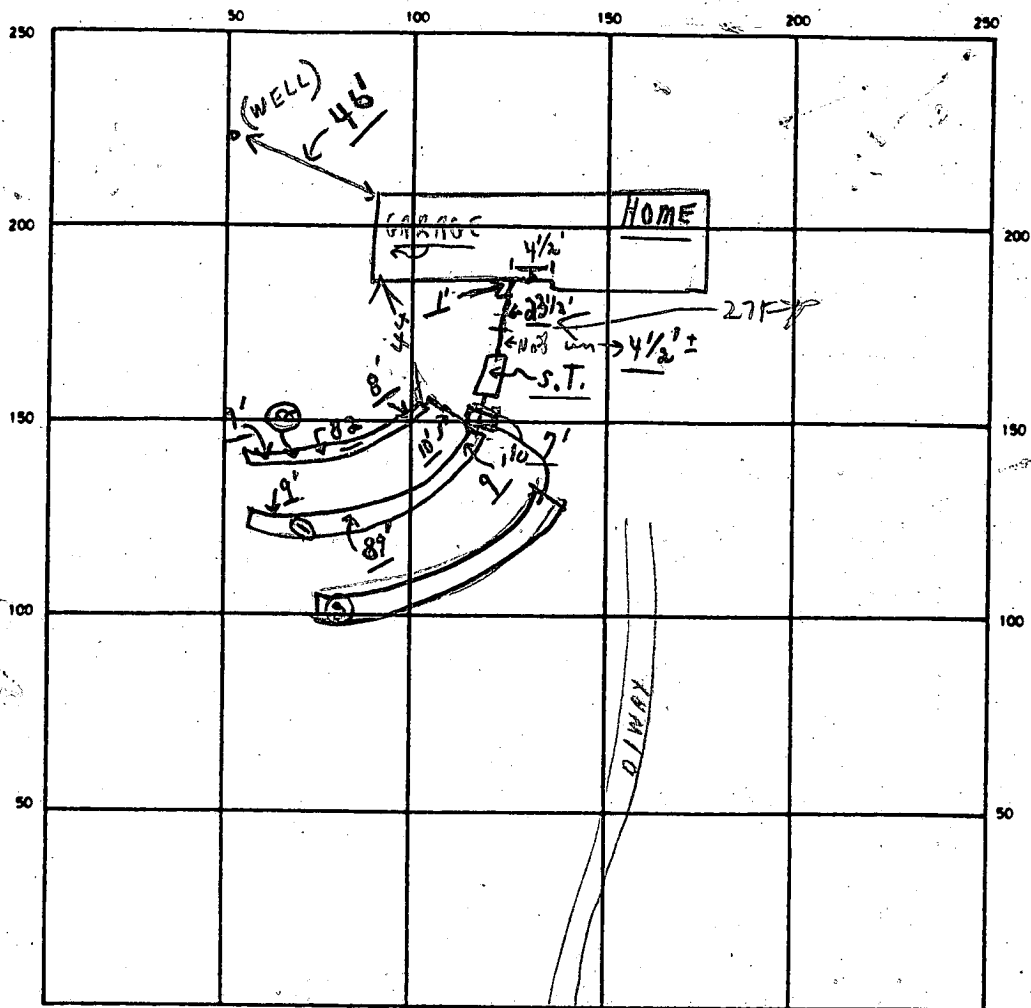
PERMIT VOID AFTER TWO YEARS

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 PVC 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 APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK

CLEANOUTS

S.T.

No 12/27

ST

OK 12/28

DISTRIBUTION BOX LEVEL (Not in 12/27)

OK

DRAIN FIELD/TILE FIELD DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 89 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 984 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS 12/27/88 Partial-2 trenches, only, ok for stone, sticker left with Mr. Cissel. C.B.D.

12/29/88 - TRENCH #3 DUG DB BOX INSTALLED. CLEANOUT OK (R.H.)

12/28/88 300 STONE ADDED TO TRENCH R.H.

984 SQ. FT. INSTALLED 976 SQ. FT. REQUIRED

DATE SYSTEM APPROVED 12/29/88

INSPECTOR Raymond A. Hodges

Need only 1 application with the below checked items completed

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 35002

P _____

DISTRICT 5th

DATE 2-13-85

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 Teral International, % Mrs. Gabriela M. Arroyo Hugh Rendall

ADDRESS 1310 Eighteenth St., N.W., Washington, D.C., 20036 PHONE 202-457-0727

PROPERTY LOCATION: WATERFORD SECTION 3

SUBDIVISION Huntington Estates - Section 2 LOT NO. IX LOT 12

ROAD AND DESCRIPTION North side of Brighton Dam Road approximately 3400 feet west of Ten Oaks Road 13240 Westmeath Co.

SIZE OF LOT 3+ acres TYPE BLDG. Residence
(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 OF APPLICANT)

APPROVED BY Siching Abel FOR Shallow tile fields DATE 4-2-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3-20-85 - PERC RESULTS SATISFACTORY, HOLD FOR CERTIFIED

WELL LOCATION, HOUSE AND WELL SITE. SAVED

BUDG. PERMIT SIGNED
AND RETURNED 8-9-86

BP 20356
SW

THIS IS NOT A PERMIT

A1-3	Yellow Brown CLAY LOAM 100% SAPROLITE	N
	GREY BROWN SAND LOAM 10-20% SAPROLITE	
	BROWN WHITE SAND LOAM 10-20% SAPROLITE	

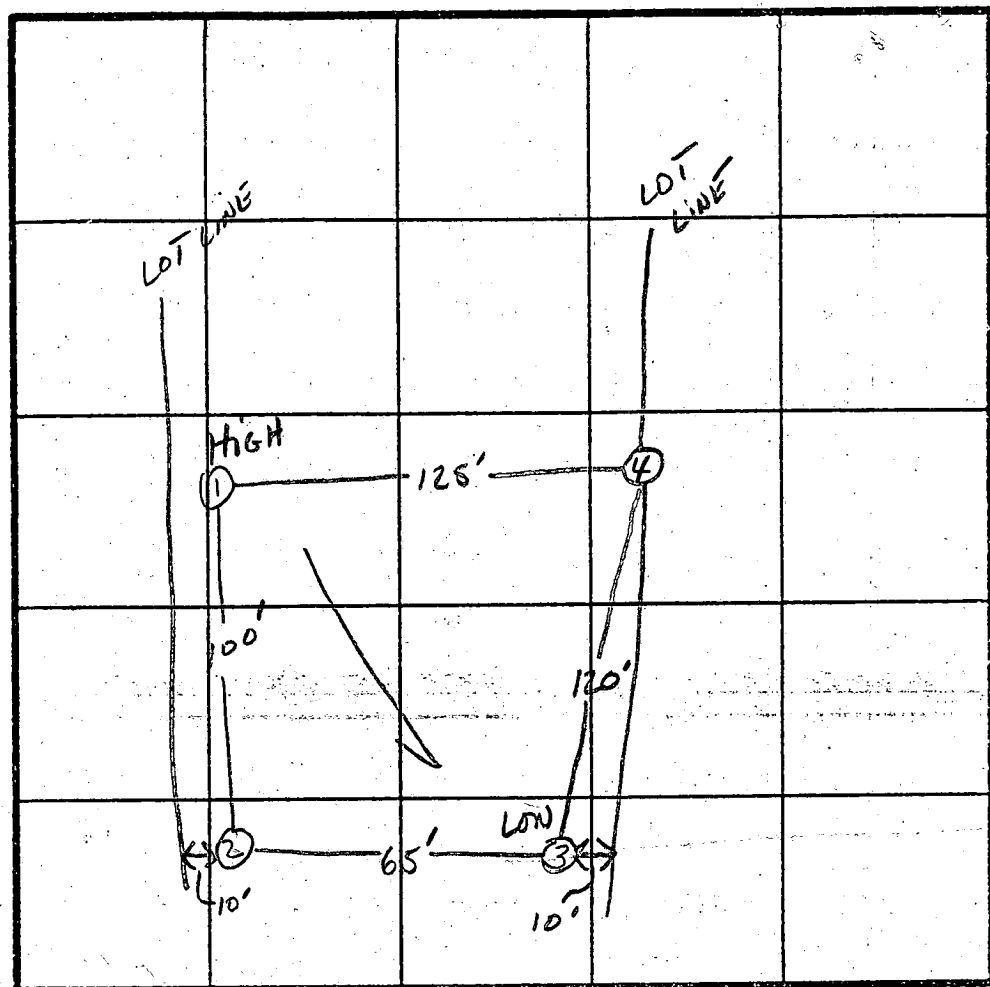
6"	A1-3	
	YELLOW BROWN CLAY LOAM	N
4.5'	100% SAPROLITE	
	GREY BROWN SAND LOAM	
	10-20% SAPROLITE	
7'		
	BROWN WHITE SAND LOAM	
	10-20% SAPROLITE	
13'		

(2)
A1-3
BROWN CLAY
LOAM 110%
SAPROLITE
yellow BROWN
silty SAND
110-20%
SAPROLITE
yellow BROWN
SANDS SILT
SANDSTONE
SAPROLITE
40-50%

6"	A-3
	BROWN CLAY LOAM 100% SAPROLITE
5'	Yellow BROWN Silty SAND 10-20% SAPROLITE
11'	Yellow BROWN SAND SILT SANDSTONE SAPROLITE 40-50%
13'	

①	A-3
RED BROWN CLAY LOAM 210%	SAPROLITE
RED BROWN Silt LOAM 20-30%	SAPROLITE
SAPROLITE 30-40%	

6' ①
A-1-3
RED BROWN
CLAY LOAM
2100%
SAPROLITE
5'
RED BROWN
Silt LOAM
20-30%
SAPROLITE
11'
SAPROLITE
13' 30-40%



\bar{x} PERC
10 MIN
200 ϕ / BR
INLET 4"
BOTTOM 8"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM RD.

[illegible]

REMARKS

HOLUS LOCATED PER PLAT APPROXIMATELY

TYPE OF SOIL

5 Abel

SKIP, LES, TERRY

B 1 <div style="border: 1px solid black; padding: 2px; display: inline-block;">8590</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2372</div>
Date Received <div style="border: 1px solid black; padding: 2px; display: inline-block;">090287</div>		LOCATION OF WELL 8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>	
OWNER INFORMATION 15 Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">KENDALL</div> Owner <div style="border: 1px solid black; padding: 2px; display: inline-block;">R</div> First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">HUGH</div>		23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">WATERFORD</div>	
36 Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">12218 CLARKSVILLE PK</div>		SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">44</div> LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div>	
57 Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">CLARKSVILLE</div>		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">CLARKSVILLE</div>	
70 State <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD</div>		71 Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;">21029</div>	
DRILLER INFORMATION Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Wayne</div> 77 License No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">238</div>			
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Wayne Well Drilling</div>			
Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy, Md. 21771</div>			
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph L. Wayne</div> Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">8/31/87</div>			
WELL INFORMATION 2 APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div>			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">180</div> FEET			
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH			
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <input type="checkbox"/> other _____			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; padding: 2px; display: inline-block;">41</div>			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div>			
FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">SA</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">40-81-2372</div>			
SPECIAL CONDITIONS			

LOCATION OF WELL

8 COUNTY

HOWARD

23 SUBDIVISION

WATERFORD

SECTION

44

 LOT

12

52 NEAREST TOWN

CLARKSVILLE

MILES FROM TOWN (enter 0 if in town)

2 3/4

 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD

West Meath Lane

DISTANCE FROM ROAD

280

 FT

ENTER FT or MI

FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME

HOWARD

 COUNTY NO.

A-35007

OEP SIGNATURE

Sydney Abel

 DATE ISSUED

04-26-87

CO SIGNATURE

0807000

 EXP. DATE

04-26-87

NORTH GRID

499000

 EAST GRID

0807000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8087
 N 4989

000
 000

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

Review

HD-224

C1 1978		SEQUENCE NO. (OEP 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.					
(THIS NUMBER IS TO BE PUNCHED IN COLS. 64 ON ALL CARDS)								COUNTY NUMBER <u>A-35007</u>					
DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO.					
<div><div></div><div></div><div></div><div></div><div></div><div></div></div>		<u>010787</u>		<u>105</u> (TO NEAREST FOOT)				<u>40-81-2372</u>					
OWNER <u>Kendall</u>		last name		first name <u>Hugh</u>		TOWN		SUBDIVISION <u>WATERFORD</u>		SECTION <u>3</u>		LOT <u>12</u>	
WELL LOG Not required for driven wells				GROUTING RECORD				C3					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box)				PUMPING TEST					
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL				HOURS PUMPED (nearest hour)					
FEET				CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>				<u>3</u>					
FROM TO				NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1880</u>				PUMPING RATE (gal. per min. to nearest gal.)					
SAND 0 84				GALLONS OF WATER <u>120</u>				<u>20</u>					
GRAY MICH Rock 84 105 ✓				DEPTH OF GROUT SEAL (to nearest foot)				METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>					
				from <u>0</u> ft. to <u>50</u> ft.				WATER LEVEL (distance from land surface)					
				(enter 0 if from surface)				BEFORE PUMPING <u>46</u>					
				CASING RECORD				WHEN PUMPING <u>46</u>					
				casing types insert appropriate code below				TYPE OF PUMP USED (for test)					
				<u>ST</u> <u>CO</u> STEEL CONCRETE				<u>A</u> air <u>P</u> piston <u>T</u> turbine					
				<u>PL</u> <u>OT</u> PLASTIC OTHER				<u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below)					
				MAIN CASING TYPE				<u>J</u> jet <u>S</u> submersible					
				Nominal diameter top (main) casing (nearest inch)									
				Total depth of main casing (nearest foot)									
				<u>5</u> <u>6</u> <u>90</u>									
				OTHER CASING (if used)									
				diameter inch									
				depth (feet) from to									
				screen type or open hole				SCREEN RECORD					
				insert appropriate code below				<u>ST</u> <u>BR</u> <u>HO</u> STEEL BRASS OPEN HOLE					
				<u>PL</u> <u>OT</u> PLASTIC OTHER									
				C2									
				DEPTH (nearest ft.)									
				<u>H</u> <u>0</u> <u>88</u> <u>105</u>									
				EACH SCREEN									
				SLOT SIZE 1 2 3									
				DIAMETER OF SCREEN				(NEAREST INCH)					
				from to									
				GRAVEL PACK									
				IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68									
				OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)									
				T (E.R.O.S.)				WQ					
				70 72				74 75 76					
				TELESCOPE CASING				LOG INDICATOR					
				OTHER DATA									
CIRCLE APPROPRIATE LETTER A 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 10.17.13 "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. <u>136</u> DRILLERS SIGNATURE <u>Joseph P. Mays</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)								PUMP INSTALLED DRILLER WILL INSTALL PUMP YES (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)					

Depth of well 105'
Distance of measuring point (M.P.) above ground, 2'
Static water level (S.W.L.) below M.P. 46'

Time pump started 11:40 Pumping rate 20 gal.
Total time 15 min to reach pumping water level 4 1/2 ft. below M.P.

HD-224

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller SM Registered Plumber _____

Name of Property Owner HUGH KENOGEL

Telephone _____

Subdivision WATERFORD Lot # 12

Well Tag # HO-81-2372

Site Address WEST MEATH LANE

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

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

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 _____
2. Pressure relief valve? _____

Piping

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

Well data

1. Depth 105 ft.
2. Yield 20 GPM
3. Static water level 46 ft.
4. Will water supply be disinfected by installer? _____

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.

Signature of Applicant: _____

Date: _____

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

I CERTIFY T.
MEASUREMENT.
CORRECT FOR T
SIGNED:

LOT 12
TRENCH LENGTH
TO BE DETERMINED
BY H.C.H.D.
Hugh R Kendall

B.R.L.

WELL
⊙

FF ELEV 515.6 ✓
BE ELEV 505.8 ✓

INV. ELEV. OUT OF HOUSE	(-DSMT) 509.0 ✓
INV. " INTO SEPTIC TANK	508.6 ✓
INV. " OUT OF SEPT. TANK	508.1 ✓
INV. " INTO DIST. BOX	507.7 ✓
EXIST. " AT SEPT. TANK	506.0 ✓
EXIST. " AT DIST. BOX	511.0 ✓
EXIST. " AT TRENCH	510.0 ✓
WELL ELEV.	510.0 ✓
	514.0 ✓

I CERTIFY THAT THE ABOVE
MEASUREMENTS ARE ACTUAL
AND CORRECT FOR THIS
PROPERTY
SIGNED:

Hugh R Kendall

WESTMEATH LANE

BUDG. PERMIT SIGNED
AND RETURNED 8/9/58
BP 20355

elwahn sh
SM

204
996

94
7/24