

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

05-369665

P _____

APPROVAL DATE: _____

A 508470

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Greenwood Farms LOT NUMBER: 40

ADDRESS: 7534 Greenwood Drive PROPERTY OWNER: Andrey Topin

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AS08470

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 10/30/59

P 01867
A 01470

E. J. Reifnyder
IS PERMIT TO INSTALL ALTER
ADDRESS 7403 Parkland Ave. Takoma Park, Md. Phone Jumper 9-1151

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

7534 GREENWOOD DRIVE
SUBDIVISION Greenwood Terrace ROAD Greenwood Terrace R 40

PROPERTY OWNER above

ADDRESS above

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEPAGE PITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT. 9 ft x 12 ft

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER System must be installed and used that passed perc test
see - 9 ft x 12 ft deep well

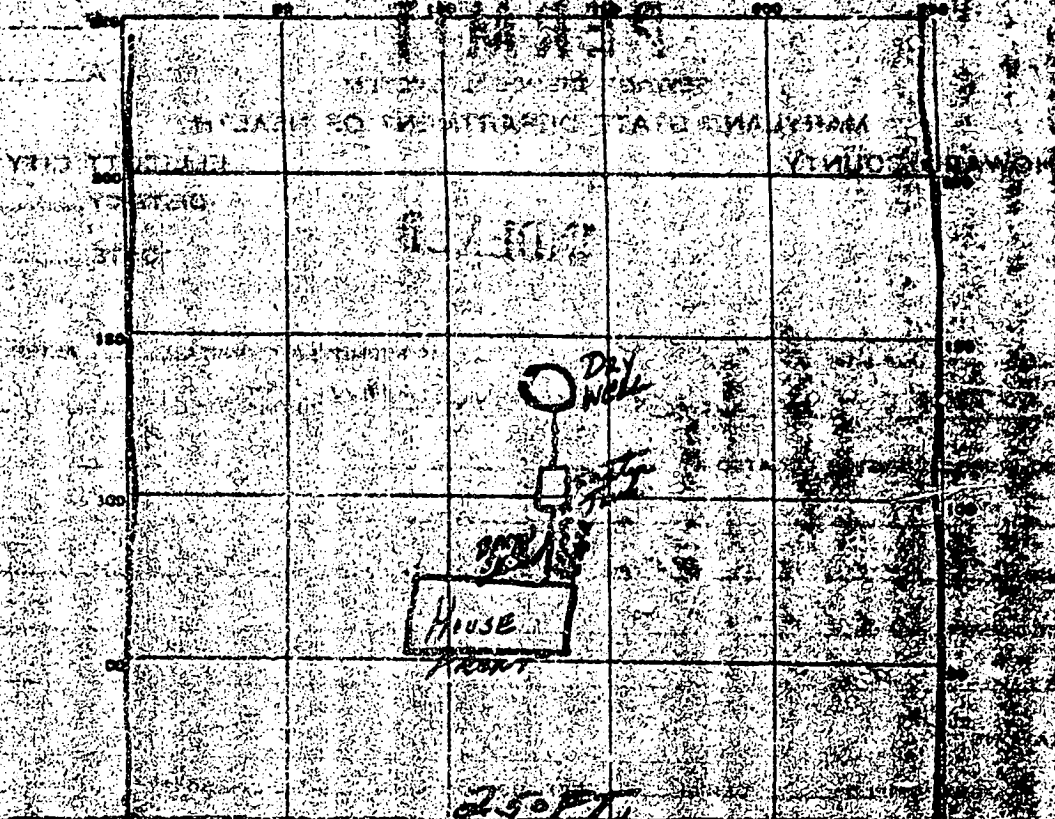
PLANS APPROVED BY Robert J. [Signature] DATE 10/30/59

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.

01470

508470



PERMIT TO INSTALL - BASE ADJOINING ROADWAY AS BASE LINE
 250 FT
 Permit to Install

PERMIT CARD: _____

SEPTIC TANK LEVEL: 115 CLEANOUT: 115

DISTRIBUTION BOX LEVEL: None

TILE FIELD DEPTH: _____ FT. TRENCH WIDTH: _____ FT.

GRAVEL DEPTH: _____ IN. TOTAL LENGTH: _____ FT.

NUMBER OF TRENCHES: _____ TOTAL BOTTOM AREA: _____

COVERAGE PITS, INSIDE DIAMETER: 9 FT. DEPTH BELOW INLET: 12

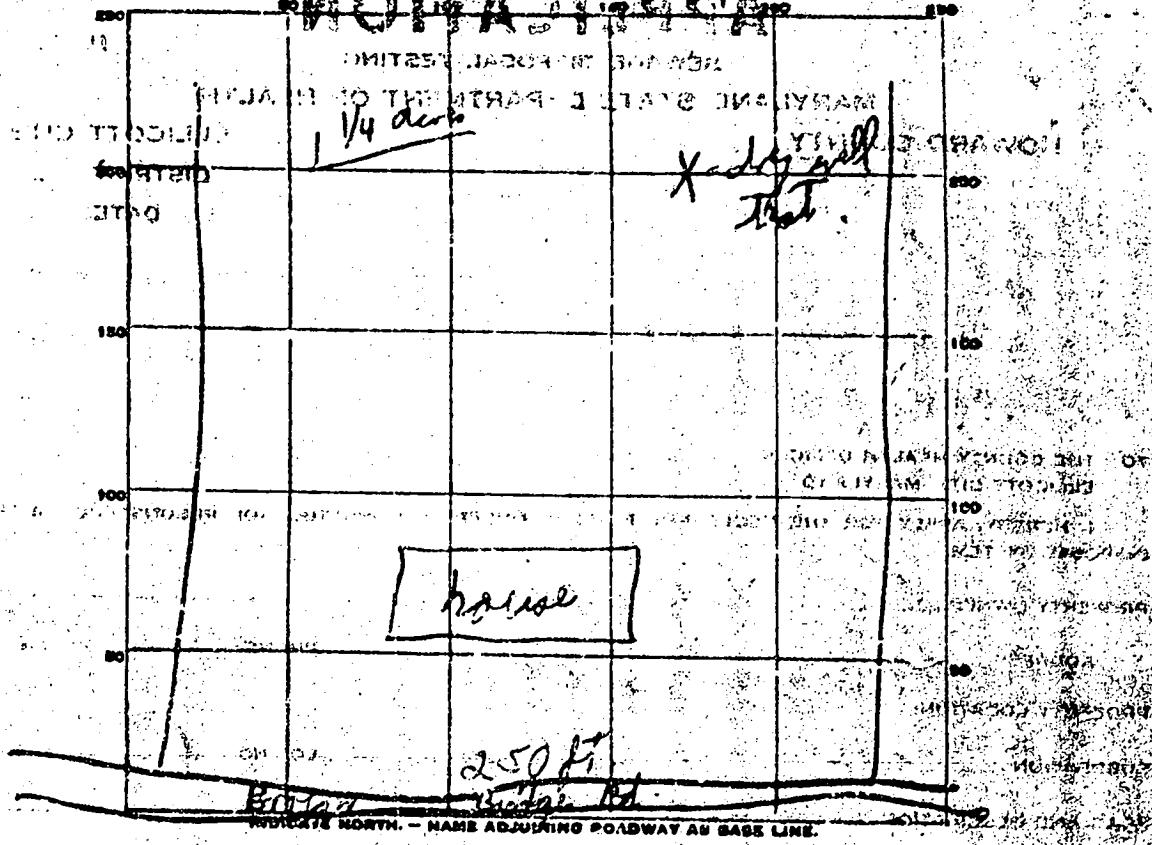
ADJACENT AREA: _____ 85 FT.

REMARKS: _____

DATE SYSTEM APPROVED 10-30-59 INSPECTOR J. H. [Signature]

05412

MOBILE 01470



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/59	1	8 1/2	1:39	1:40	1:40	1:42	2

SOIL AUGER FINDING

TESTED BY *Palmer F. Wine*

REMARKS *MOBILE 01470*

ALSO PRESENT *Lot No. 1*

Health Dept

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCITY CITY, MD 21043
PERMITS (410) 313-3465 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B 0048846

Building Address 7534 Greenwood Dr
Highland, MD 20777
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Greenwood Farms
Section three Area _____ Lot 40
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates 18D3 Lot size 1.01 AC

Property Owner's Name Andrey Topin
Address 7534 Greenwood Dr
City Highland State MD Zip Code 20777
Home Phone (301) 854 9849 Work Phone (240) 632 0094 x209
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SF Residence
Proposed Use SF Residence
Estimated Construction Cost \$ 3400
Description of Work convert existing carport
into two additional rooms dining/mudroom

Contractor Company N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities
Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ Full
____ Partial
____ Other Suppression
____ # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
____ State Certified Modular
____ Manufactured Home

Utilities
Water Supply:
____ Public
 Private
Sewage Disposal:
____ Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Andrey Topin
Applicant's Signature

Andrey Topin
Print Name
June 10, 2004
Date

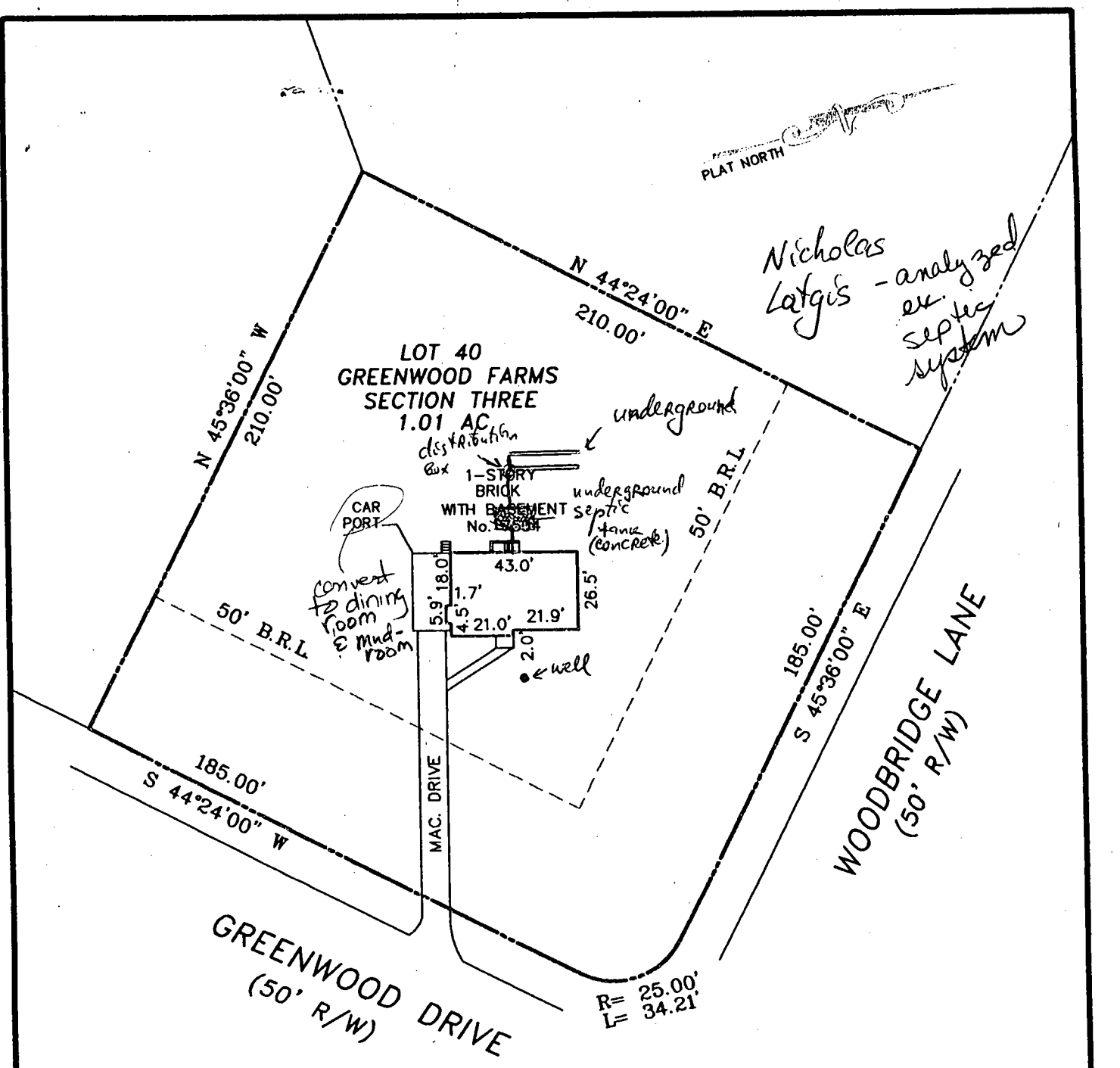
Title/Company

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 6/10/04
 Dev. Engineering, DPZ
 Health 6/10/04 Karen Roman
 Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES NO
Is Entrance Permit required?
YES NO
Historic District?
YES NO
Lot Coverage for NewTown Zone: _____
SDP/Red-line approval date: _____

PROPERTY ID#: 67443
Filing fee \$ 25
Permit fee \$ 54
Excise tax \$ 240
Add'l per. fee \$ 6
TOTAL FEES \$ 325
Sub-total paid \$ _____
Balance due \$ _____
Check # 198
Validation # 71224
Accepted by JD



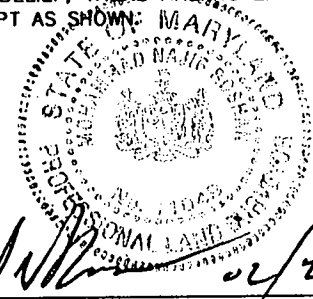
BPO0148846
 Kacie Noonan
 approved
 See Drug. letter
 Septic contractor
 to call.

ADDRESS: 7534 GREENWOOD DRIVE
 HIGHLAND, MARYLAND 20777

NOTES:

1. THIS IMPROVEMENT LOCATION DRAWING:
 - A. IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 - B. IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - C. DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



M.N. Roshan, L.S. DATE 02/25/04
 MD REG. No. 11049

LOCATION DRAWING
 LOT 40

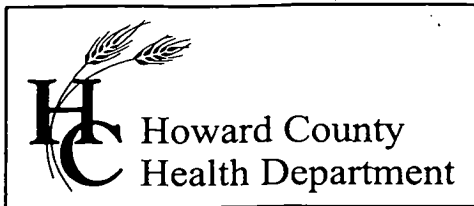
L01009
 04-9106

GREENWOOD FARMS
 SECTION THREE
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' DATE: FEB. 25, 2004



NJR & ASSOCIATES, LLC.
LAND SURVEYING AND PLANNING

1813 MONTEVIDEO ROAD
 JESSUP, MARYLAND 20794
 TEL: (240)508-3200 FAX: (410)799-5523



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

To whom it may concern:

Inspection of the septic system in the house located at 7534 Greenwood Dr. Highland, MD 20777 was performed during first week of March, 2004 by Nicholas Latgis. During the inspection a septic tank was opened, measured and tested for proper operation. The septic system was determined to have a concrete septic tank (~10' deep) connected to a distribution box leading to two gravel filled underground tranches. There were no problems observed during the inspection. Andrey Topin and Ann Boone were at the time of the inspection and were able to verify the inspection done.

June 10, 2004

Andrey Topin / Andrey Topin, owner /

BP00148840 ^{convert} CARPET TO DINING ^{MURROOM}
OK'd by Kacie Noonan
on 6/10/04