

10/13/78

Approved (GLK)
2-13 Oct 78

please

PERMIT

P 28983

SEWAGE DISPOSAL SYSTEM

A Repair

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

06-393969

ELLICOTT CITY

DISTRICT 6th

INDEXED

DATE 10/4/78

~~Jack Pyock~~ - *Brittingham*

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. PHONE 988-9270

SUBDIVISION _____ ROAD 8501 Guilford Road LOT _____
or 8507
(Route 32)

PROPERTY OWNER Iran Haghight

ADDRESS 8501 Guilford Road, Columbia, Md.

SPECIFICATIONS

19 F1 SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM _____

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend repair system.

*See 14' 17" 7' effective depth - inlet 3' below grade
or 50 by 50 bed - 3' stone*

PLANS APPROVED BY Palmer Wine DATE 10/4/78

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.

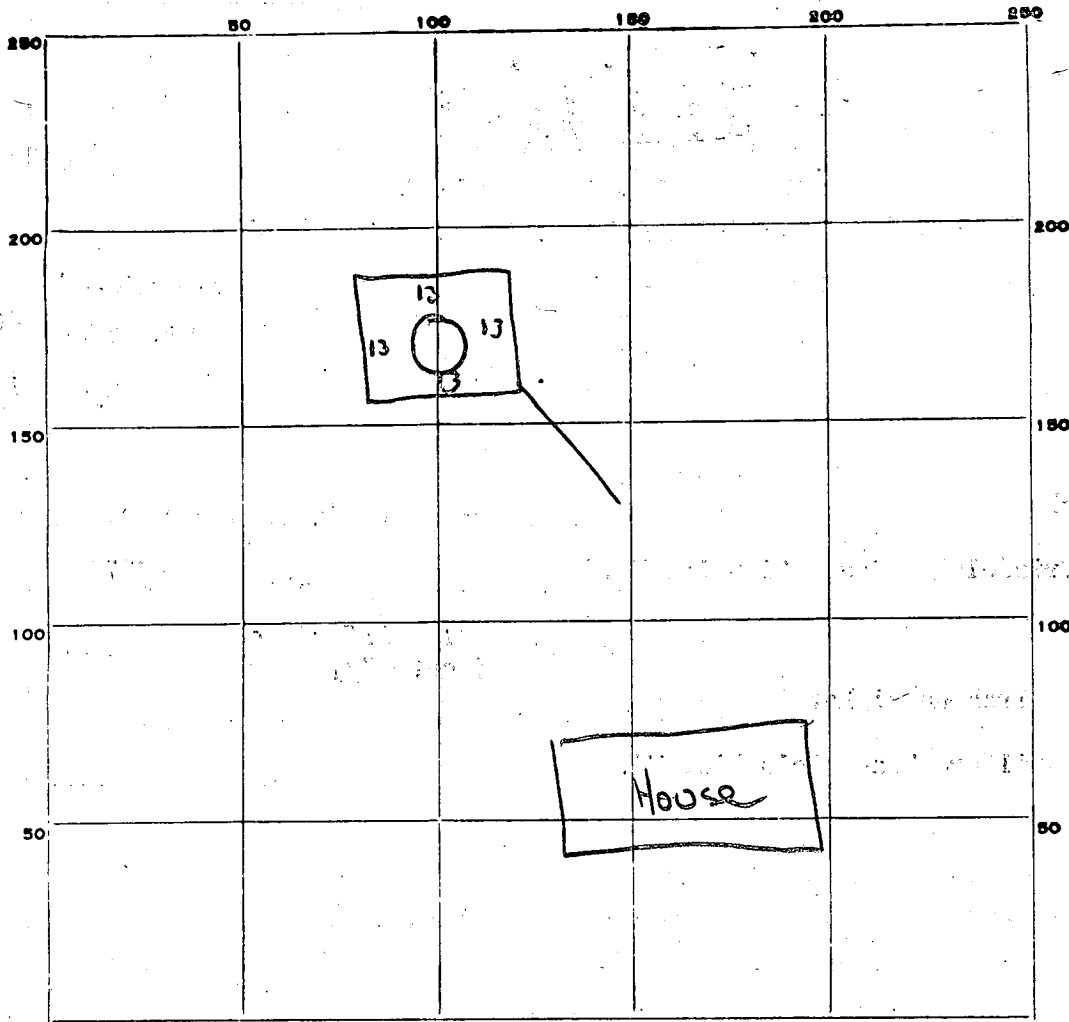
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
 - NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
 - NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
- PERMIT VOID AFTER THREE YEARS.

BLDG. PERMITS SIGNED
AND RETURNED 6/28/2000
B00125125
DECK

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

P 28983



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Guilford Rd

56
57
312

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS DW ✓ terra cotta

DISTRIBUTION BOX, LEVEL _____

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

2 1/2' → 10

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

26
364
380

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 364 SQ. FT.

REMARKS 13 Oct 78 - Inlet to drywell at 2 1/2'. Needed 392 - have

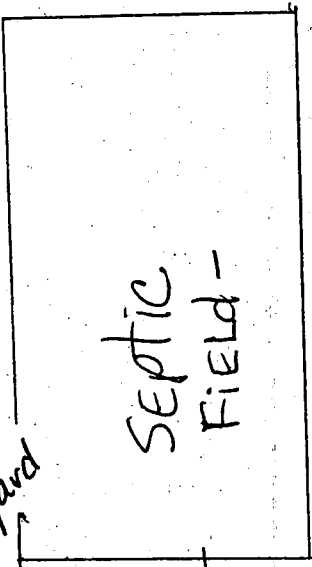
3 → 10 x 52 = 364. Final OK (642)

DATE SYSTEM APPROVED 13 Oct 78

INSPECTOR H. Keller

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2000 JUN 28 PM 2:55

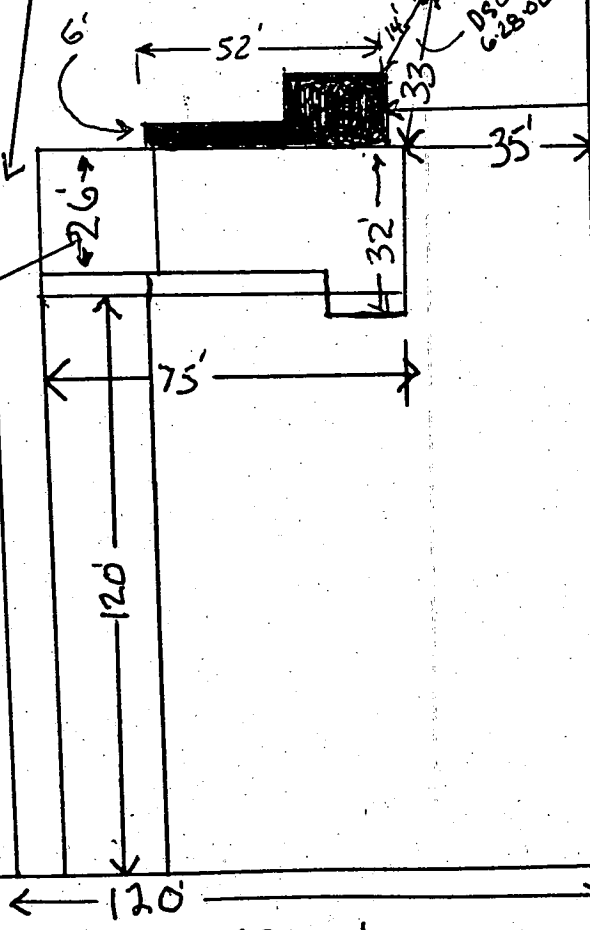
129'



SEPTIC Clean out
33' from house
B 60125/25 - DECK
ADEQUATE CLEARANCE
TO SEPTIC DEMONSTRATED
OK TO PROCEED
16' C. Miller
6/28/00

TWO CAR GARAGE

362'



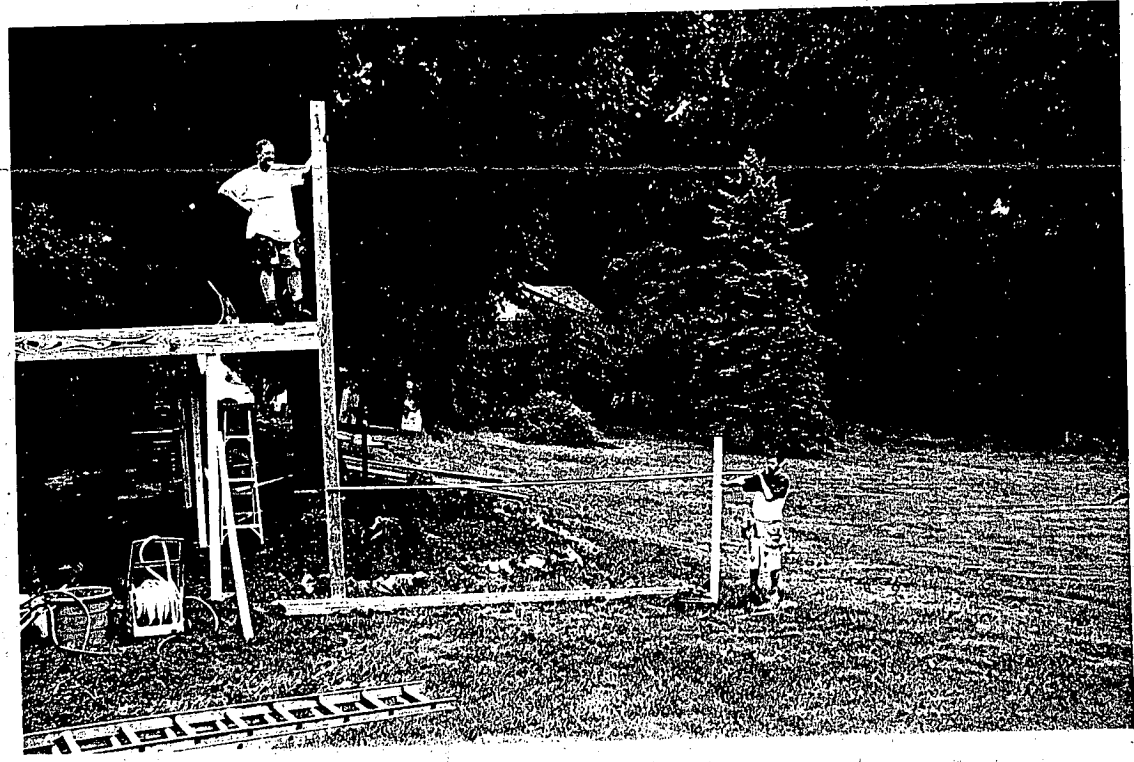
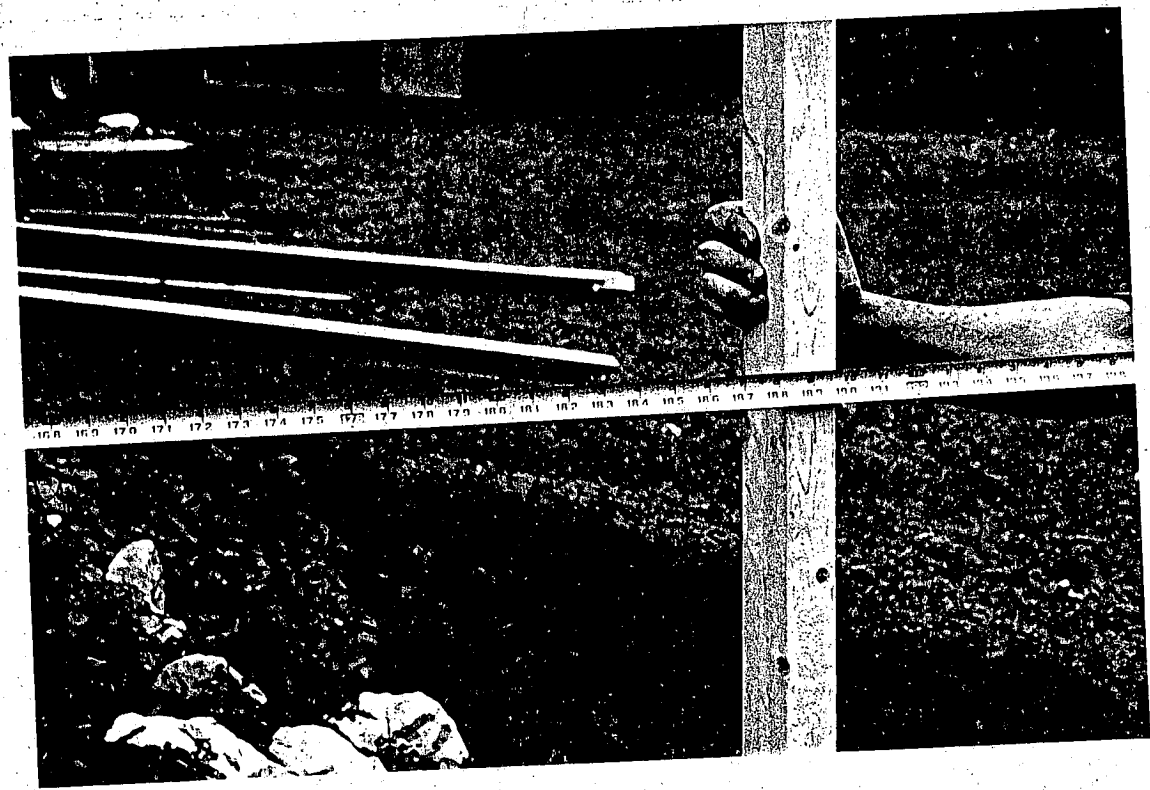
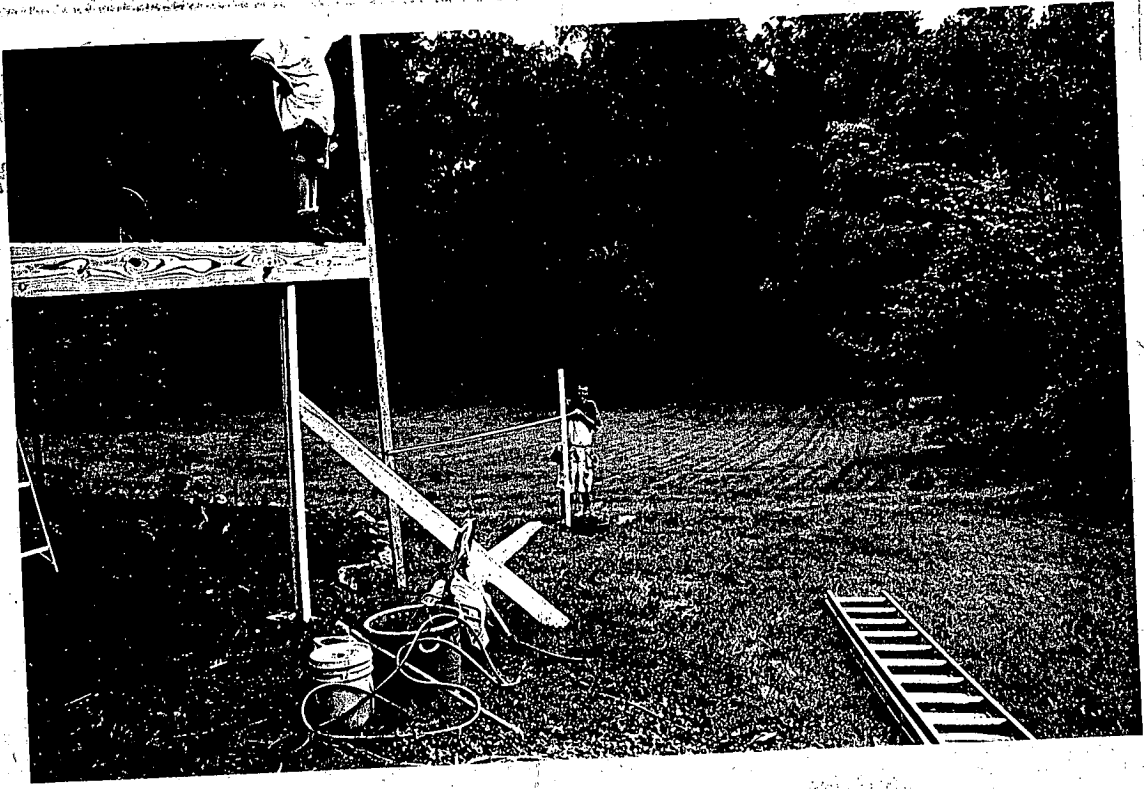
379'

MAP 42
PARCEL 250
BLK 7

8507

Guilford

RECEIVED
HOWARD COUNTY HEALTH
ENVIRONMENTAL H
2000 JUN 28 PM



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER **15**

B-0-125125

Building Address 8507 (1) Guilford Rd
Columbia Maryland

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

Census Tract 6069.01 Subdivision 1.007

Section R12 Area _____ Lot _____

Tax Map 42 Parcel 250 Grid _____

Zoning _____ Map Coordinates 15F1 Lot size _____

Property Owner's Name IRAN HAGHIGHT

Address 8507 (1) Guilford Rd

City Columbia State MD Zip Code 21046

Home Phone 410 290 7293 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SF

Proposed Use SF

Estimated Construction Cost \$ 7000.00

Description of Work TREATED WOOD DECK
(Replacement) of existing

Contractor Company D/S Quality Home Inc

Contact Person DOUG CASNER

Address 17012 Moss Meadow Way

City Mt. Airy State MD Zip Code 21771

License No. 26966

Phone 301 627 6378 Fax _____

Occupant or Tenant SAME AS ABOVE

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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 checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Iran Haghighat
Applicant's Signature
OWNER

Title/Company _____

DOUG CASNER
Print Name
6-27-00
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY _____
Land Development, DPZ _____
State Highways _____
Building Official _____
Dev. Engineering, DPZ _____
Health 6/28/00 G. Wells
Fire Protection _____

DPZ SETBACK INFORMATION
Front: 7.5 FT
Rear: NA
Side: _____
Side St.:
All minimum setbacks met?

PROPERTY ID#: 46931

Filing fee	\$
Permit fee	\$
Excise tax	\$
Sub-total paid	\$
Add'l permit fee	\$
TOTAL FEES	\$
Balance due	\$
Check	# <u>6994</u>
Validation	# <u>32673</u>

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Is Entrance Permit required?
YES NO

Historic District?
YES NO

Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

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