

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P ~~61022700~~

A 513229-B

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

APS#293963

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 13237 Triadelphia Road PHONE _____

SUBDIVISION _____ LOT _____ ROAD _____

PROPERTY OWNER Robert Cline

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

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

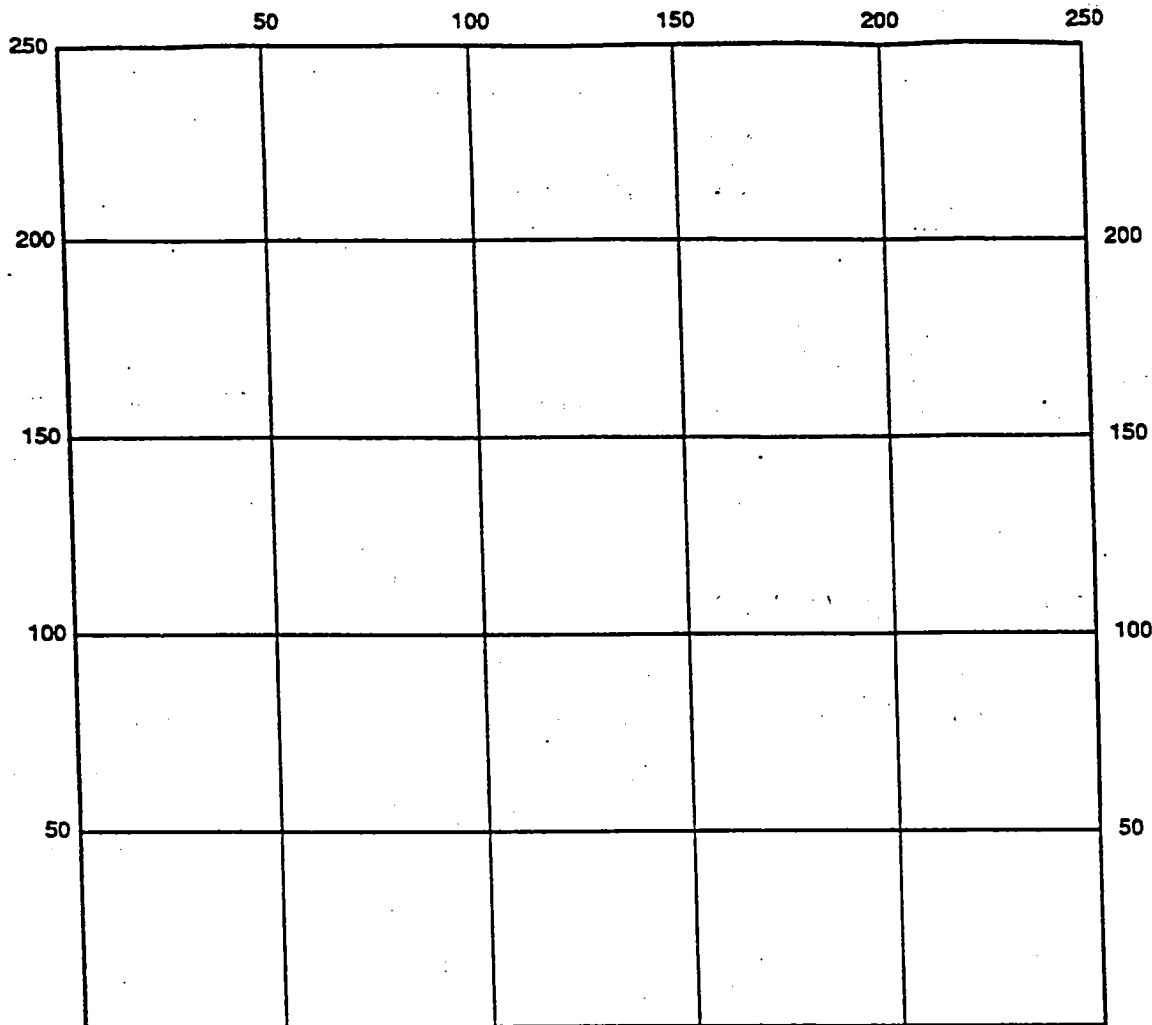
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____

Trench: _____

Dosing Chamber Level _____

Width _____

Dual Pump _____

Length _____

Controls _____

Bottom _____

Alarm _____

Depth _____

Pump Test _____

Inlet _____

Piezometers _____

Depth _____

Observation Ports _____

Gravel _____

Float Settings High Off: _____

Depth _____

High On: _____

Low Off: _____

Low On: _____

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____

| | | |
|--|---|--|
| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER <u>B00119910</u> |
|--|---|--|

| | |
|--|---|
| Building Address <u>13237 Triadelphia Rd.</u> <u>Ellicott City</u> <u>21042</u> | Property Owner's Name <u>Bradley M. Greene</u> Address <u>13237 Triadelphia Rd.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | Home Phone <u>301-554-0906</u> Work Phone <u>301-554-2448</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ |
| Census Tract <u>60030</u> Subdivision <u>N/A</u> | Phone _____ Fax _____ |
| Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u> | Contractor Company _____ |
| Tax Map <u>22</u> Parcel <u>14</u> Grid <u>9</u> | Contact Person <u>OWNER</u> |
| Zoning <u>RR-DEM</u> Map Coordinates _____ Lot size _____ | Address _____ |
| Existing Use <u>Hard Single Family Dwelling</u> | City _____ State _____ Zip Code _____ |
| Proposed Use <u>porch</u> | License No. _____ Phone _____ Fax _____ |
| Estimated Construction Cost \$ <u>7,000</u> | Engineer or Architect Company _____ |
| Description of Work <u>add a porch to</u> <u>The front of the house</u> <u>10 x 20 w/roof not enclosed</u> | Contact Person _____ |
| Occupant or Tenant <u>OWNER</u> | Address _____ |
| Contact Name _____ | City _____ State _____ Zip Code _____ |
| Address _____ | Phone _____ Fax _____ |
| City _____ State _____ Zip Code _____ | |
| Phone _____ Fax _____ | |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|---|--|--|---|
| Building Characteristics Height: <u>2'</u> No. of stories: _____ Gross area, sq. ft. per floor: <u>10 x 20</u> Use group: _____ 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 | Utilities Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Utilities Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THIS WORK PERMITTED AND POSTING NOTICES.

Bradley M. Greene
Applicant's Signature

Bradley M. Greene
Print Name
8-9-99
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 |
|---|----------------|--------------------|
| <input checked="" type="checkbox"/> Land Development, DPZ | | |
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Official | | |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | |
| <input checked="" type="checkbox"/> Health | <u>8/10/99</u> | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Fire Protection | | |

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 15' Min
Rear: 30' Min
Side: 10' Min
Side St.: _____
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:

| | |
|------------------|-----------------|
| Filing fee | \$ <u>25.00</u> |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Balance due | \$ _____ |
| Check | # _____ |
| Validation | # _____ |

Distribution of Copies-

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

S 47° 49' W 90.39'

1 ac ±

DW (Approx. location)

S 25° 52' E 487.03'

260' ±

N 25° 52' W 520.62'

APPROX

EXISTING
#13237

Hand dug well

12' ±
4.9' ±
16.1' ±

NEW PORCH

13.2' ±

8/10/99
Proposed addition
(porch) or as
shown. (DKS)

TRIADELPHIA ROAD

SITE PLAN

1" = 60'