

1/29/03 NOON

PUB. SEWER STATUS VERIFIED BY

ISSUE DATE: _____

PERMIT

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APPROVAL DATE: 1/29/03

INDEXED

A REPAIR

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

02-363321

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: _____ LOT NUMBER: 27

ADDRESS: 4445 Stonecrest Drive PROPERTY OWNER: Grant

SEPTIC TANK CAPACITY (GALLONS): _____

1/27/03 INSP REQUESTED
FOR S.T. REPLACEMENT;
CONTRACTOR ADVISED PUB.
SEWER AVAILABLE, NO INSP WILL BE
PROVIDED MR/GM

PUMP CHAMBER CAPACITY (GALLONS): _____

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:	_____
PURPOSE:	To replace tank. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: Mark Rifkin (SRK) DATE: 1/29/03

- 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

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

BUILDING PERMIT SIGNED 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

AND RETURNED

1-2606 600 157 894 - 16 POOL

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