

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 6/3/2003

APPROVAL DATE: \_\_\_\_\_

**PERMIT**  
**INDEXED**

P 518992

A REPAIR

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

05-353335

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg, MD 21737

PHONE NUMBER: 410-988-9270

SUBDIVISION: Clarksville Ridge

LOT NUMBER: 44

ADDRESS: 6726 Surrey Lane

PROPERTY OWNER: Mark Biggins

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

6/9/03 Cont. cancelled.

Blockage in line between

S.J. & P.W. (50)

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:	Septic system has failed. Call for inspection when the ground is opened so sanitarian can recommend repair.

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

**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**

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