

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
**410-313-2640**

P \_\_\_\_\_

A REPAIR

ISSUE DATE \_\_\_\_\_

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

Jack Fyock Septic Service

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Linden Chapel Hills LOT NUMBER 24 ADDRESS 13612 Voland Court

PROPERTY OWNER Zahm PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

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

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

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth  
\_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

REPAIR - PURPOSE - Septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 5-2-2000

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

NOT TO SCALE

**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_

File Inquiry Notes

13612 Volland Ct

11/15/2021

Report of failing septic system and repair permit issued on 5/2/2000. No further record perc, septic repair work or inspections at this property.

ST