

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/5/2005

PERMIT

P 521642-C

APPROVAL DATE: 1/28/05

A REPAIR - 517436-A

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 15829 A E Mullinix Road PROPERTY OWNER: Fochios

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 140 total

*2' Wide
stone from 5.5'
10.5'*

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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:	Existing septic system has failed. Call for inspection when 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 OR 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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LAYOUT _____ INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: River Farms LOT NUMBER: 5

ADDRESS: 15829 A E Mullinix PROPERTY OWNER: Deborah Fochios

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

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:	_____
NOTES:	REPLACEMENT WELL

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 UNLESS SPECIFICALLY AUTHORIZED

**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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