

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

03-292169
PERMIT

P _____

APPROVAL DATE: _____

A 520370-A

INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2718 Route 32 PROPERTY OWNER: Richard Turcotte

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:	BUILDING PERMIT SIGNED AND RETURNED
NOTES:	5/20/04 B00148338 Inground Pool

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**

Jul. 15. 2005 2:59AM

Fyock Septic Service,

PO Box 89
Glenolg, MD. 21737

Phone # Fax #

410-988-9276/10-531-1256

Date	Invoice #
7/13/2005	10024806

Bill To
Turtotte, Rich 2718 Rt.32 Westfriendship, 410-489-0058

Service location
Y...30Ft Afternoon Req Don Right off Rt.32 How big was tank? How much was pumped out?

Invoice

P.O. No.	Terms	Due Date	Account #
	Due on receipt	7/13/2005	

Item	Description	Rate	Serviced	Payment	County	Amount
Contract 4	Home Owner Septic Pump	0.00			Howard	0.00
	<i>PA</i> <i>CK.# 2555</i> <i>dn</i>			<i>Septic tank size</i> <i>1500 gal.</i>		<i>\$140.-</i>

Total *\$140.-* \$0.00

Notice To Customer: I understand that Fyock Septic Service is NOT responsible for any damage to driveway or lawn while rendering services on the above property.

Job Total Balance \$0.00

Customer Signature: _____

Make Checks Payable to: FYOCK
We accept Visa and MasterCard