

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 4 _____

ISSUE DATE: 4/14/05

APPROVAL
DATE: 5/19/05

**PERMIT
INDEXED**

03343804

**COMMUNITY SEPTIC SYSTEM
HOUSE SEWER LINE CONNECTION**

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

P 522096-A

A _____

NVR Inc. T/A Ryan/Nv Homes

IS PERMITTED TO

INSTALL ☒ ALTER ☐

ADDRESS: 6085 Marshalee Dr., Suite 140

PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland

Unit #

40

ADDRESS: 11848 Willow Branch

PROPERTY OWNER:

NVR Inc. t/a Ryan Homes

NUMBER OF BEDROOMS:

2

HOUSE SERVED BY PUBLIC WATER

LOCATION:	Install 4" house sewer line connection per the approved site plan. Final acceptance of the sewer system will be subject to the approval of the Maryland Dept. of the Environment.
NOTES:	This permit is limited to the installation of the individual house sewer line connection.

PLANS APPROVED: Kevin J. Bell

DATE: 4/13/05

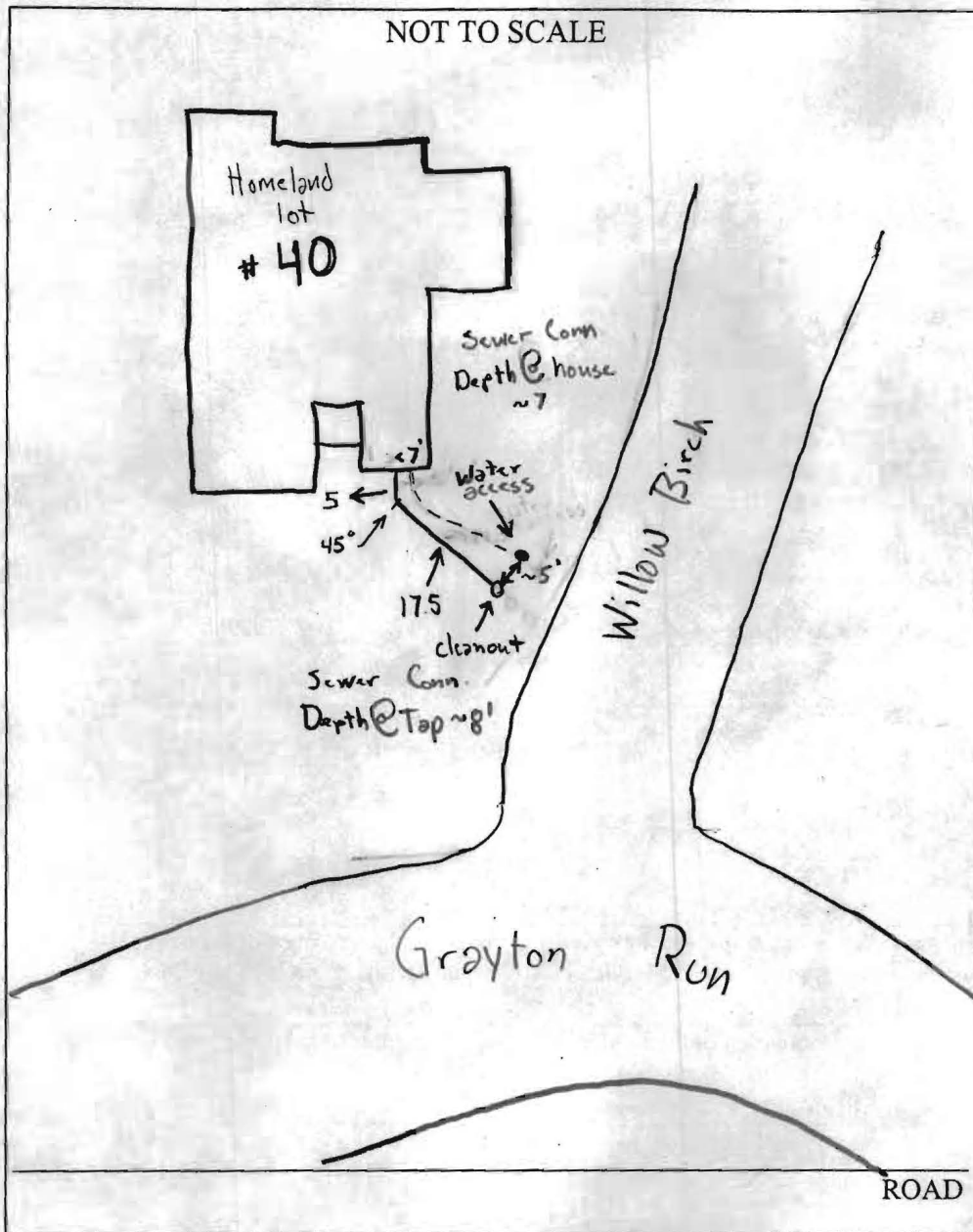
PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
4. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
5. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

**CALL 410-313-1771 FOR INSPECTION OF SEPTIC CONNECTION
BUILDING PERMIT SIGNED**

AND RETURNED

4-2205 BOU 153216-DECK
10/20/05 BOU 156649-ENLARGE DECK



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	
SEPTIC TANK 2 LEVEL _____	
CAPACITY _____	GAL
SEAM LOC _____	
TANK LID DEPTH _____	
BAFFLES _____	
BAFFLE FILTER _____	
MANHOLE LOC _____	
6" PORT LOC _____	
WATERTIGHT TEST _____	

PRE-CONSTRUCTION _____

INSTALLATION Came out in the morning 5/19/05 water line was not yet installed. Sewer line looked good and was finished. Came out PM to final and most of the lines were covered. (GAC)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 5/19/05

hods.
r's Operation and Maintenance Manuals

provide operations and maintenance

and at least 60 days prior to the date set for
to the Owner five (5) Operation and
id electrical systems and equipment
include all installation, operation, start-up and
ned in the manuals shall consist of catalogs,
iles, parts, lists, assembly drawings, wiring
e maintenance measures, approved working
ary for the Owner to establish an effective

und in 3-ring loose-leaf binders and indexed.
bove dimensions and placed in envelopes

e Operator and/or Owner in understanding the
nitations of the equipment as well as to
ance. Technical and maintenance information
and electrical components shall be included
but not limited to, Operation Responsibilities,
ss Design Criteria, Operational Modifications,
ponent Equipment O&M, System Equipment
and As-Builts.

nce of the facilities will not be undertaken until
uals have been submitted. Partial approvals.

NH ₃ -N	35	mg/L
Alkalinity (as CaCO ₃)	100	mg/L
pH	6.0 – 9.0	S.U.
Water Temperature Min.	15	°C
Water Temperature Max	28	°C
Air Temperature Min.	0	°F
Air Temperature Max	100	°F
Site Elevation	442	ft
Effluent Characteristics		
BOD ₅ (20°C)	30	mg/ L
Total Suspended Solids	30	mg/L
NH ₃ -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
Influent Pumping		
Average design rate in	15.3	gpm
Peak rate in	61.2	gpm @ 4 x Avg.
Pump rate provided	70	gpm 1 pump (28'TDH)

PUBLIC WATER +
PRIVATE SHARED SEPTIC
SYSTEM

HOMELAND SENIOR CENTER

147 UNITS TOTAL

EACH UNIT CAN ONLY
BE A TOTAL OF 2 BEDROOMS

SDP-03-030

Approved Septic System Plan M&E
~~Howard County Health Department~~

Approved Septic System Plan
Howard County Health Department

Bruce M. Hoff 9-2-03
Signature Date

Steven Roger Krieg 9/2/03
Signature Date

W.



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia MD 21046
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., County Health Officer

June 10, 2005

NVR Inc. t/a Ryan Homes
6085 Marshalee Drive, Suite 140
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 40
11848 Willow Branch
Ellicott City, MD 21043
BP # B00152844
PUBLIC WATER

Dear Sirs or Madam:

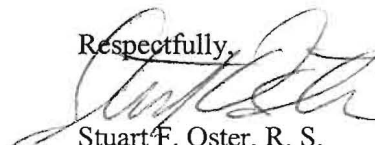
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 05/19/2005 by HCHD for the house connection.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

RECOMMENDATION FOR USE AND OCCUPANCY

Respectfully,



Stuart F. Oster, R. S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File