

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 8/23/2005

P 523187

APPROVAL DATE: 10/27/2005

PERMIT SHARED SEPTIC SYSTEM

A _____

TAX ID# 03-344304
HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

NVR/Ryan Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Drive, Suite 140 PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland LOT NUMBER: 130

ADDRESS: 12110 Windsor Moss PROPERTY OWNER: NVR Inc. t/a Ryan Homes

NUMBER OF BEDROOMS: 2

HOUSE SERVED BY PUBLIC WATER? YES

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of the grinder pump, if applicable. The Howard County Bureau of Utilities must be contacted for scheduling of inspection of these items, as well at 410-313-4900.

PLANS APPROVED: Kevin J. Bell DATE: 8/2/05

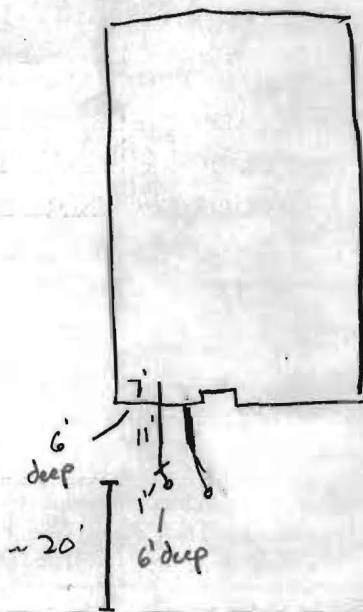
PERMIT VOID AFTER 2 YEARS

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. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION HOUSE CONNECTION

P523187

NOT TO SCALE



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 10/27/05 House CONNECTION TO SHARED SEPTIC
System completed, OK to Backfill. (GAC)

INSTALLATION _____

FINAL INSPECTOR Daniel A. Creighton DATE OF APPROVAL 10/27/05



HOWARD COUNTY HEALTH DEPARTMENT

23187

DATE
8 / 23 / 15

Received From

NVR Big Home

PHONE #

410 796 0980

NVR Building Products Co. Paper House

For

Sept. Rent

CASH

CHECK

12110 Wilson Ave

NO.

2 of 130

232180

Three hundred twenty one and 10/100

Dollars

\$

396.00

Received By

[Signature]

hods.
er'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,
les, parts, lists, assembly drawings, wiring
re maintenance measures, approved working
ary for the Owner to establish an effective

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

Operator and/or Owner in understanding the
mitations 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,
nponent Equipment O&M, System Equipment
and As-Builts.

nce of the facilities will not be undertaken until
nuals 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)

SBR R

M
T

D

Dosing

PUBLIC WATER +
PRIVATE SHARED SEPTIC
SYSTEM

HOMELAND SENIOR CENTER
147 UNITS TOTAL
EACH UNIT CAN ONLY
BE A TOTAL OF 2 BEDROOMS

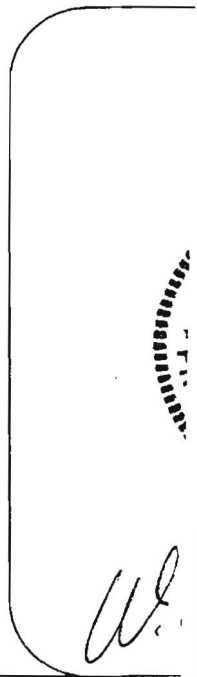
SDP-03-030

Approved Septic System Plan MDE
~~Howard County Health Department~~

Approved Septic System Plan
Howard County Health Department

[Signature] 9-2-03
Signature Date

Steven Roger King 9/2/03
Signature Date





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

December 13, 2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 130
12110 Windsor Moss
Ellicott City, MD 21043
BP # B00155132
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 10/27/2005 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