

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/12/06

P 525552

APPROVAL
DATE:

9/13/06

A

PERMIT

SHARED SEPTIC SYSTEM

INDEXED

Tax ID # 03-346978

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Ryan Homes - Adam Bennett IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Drive PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland (Ellicott Meadows) LOT NUMBER: 54

ADDRESS: 11807 Willow Branch PROPERTY OWNER: NVR, Inc.

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: Mike Davis DATE: 6/1/06

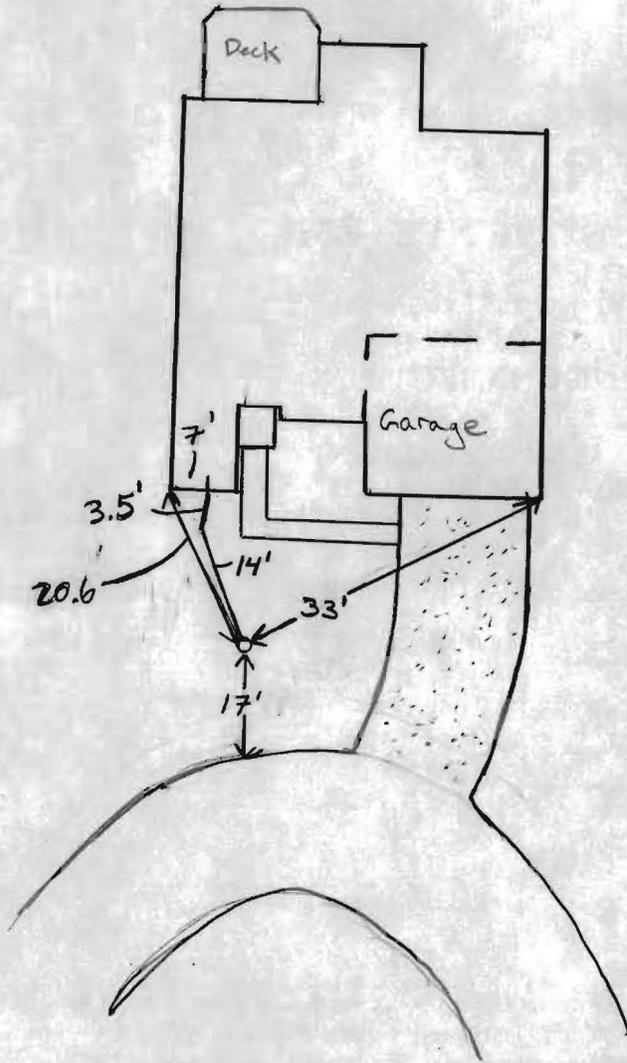
PERMIT VOID AFTER 2 YEARS

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

P525552

NOT TO SCALE



ROAD

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 9/13/06 System O.K. OK. to Backfill (Ku)

FINAL INSPECTOR Jh. Wolf DATE OF APPROVAL 9/13/06

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as HB54 and located in the Ellicott Meadows Community (the "Property").

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property:

The Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. Howard County will enforce this restriction and will not issue any building permits for modifications to any Unit where the number of bedrooms will be increased beyond two.

ACKNOWLEDGED BY PURCHASER:

Purchaser: [Signature]

Purchaser: Lacey C. Ryan

Date: 4/30/06

PLEASE
SEND TO HEALTH
DEPT.

Manufacturer'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 electrical systems and equipment include all installation, operation, start-up and ned in the manuals shall consist of catalogs, files, parts, lists, assembly drawings, wiring ve maintenance measures, approved working ary for the Owner to establish an effective

und in 3-ring loose-leaf binders and indexed. ove 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, rponent 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

Dosinc

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

Bruce [Signature] 9-2-03
Signature Date

Steven Roger Krieger 9/2/03
Signature Date

