

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/12/06

APPROVAL
DATE:

9/13/06

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

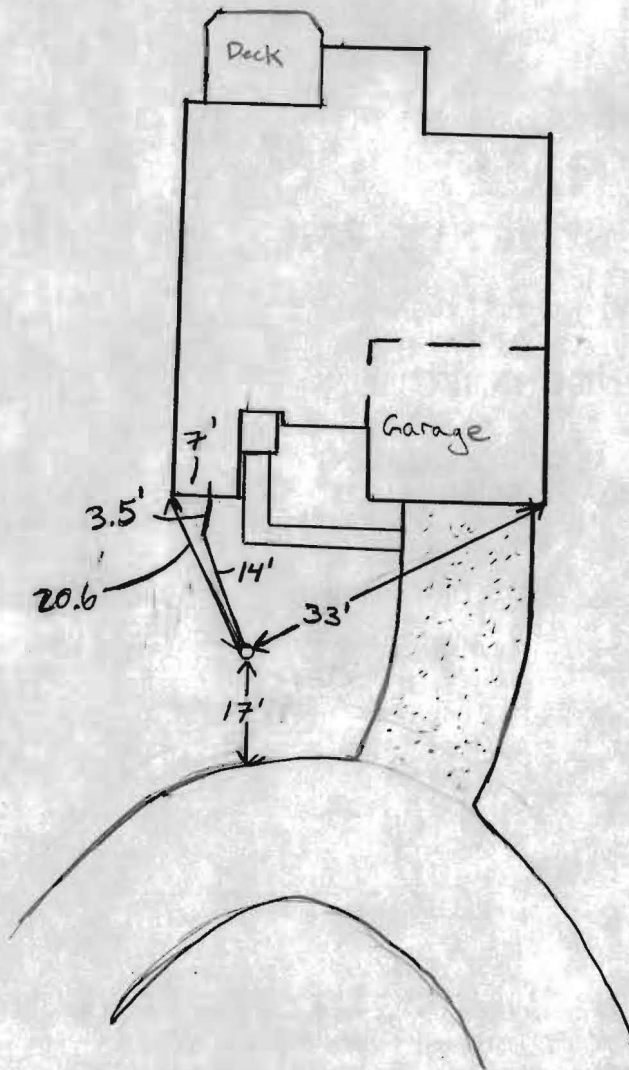
PERMIT VOID AFTER 2 YEARS

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

0525552

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 _____

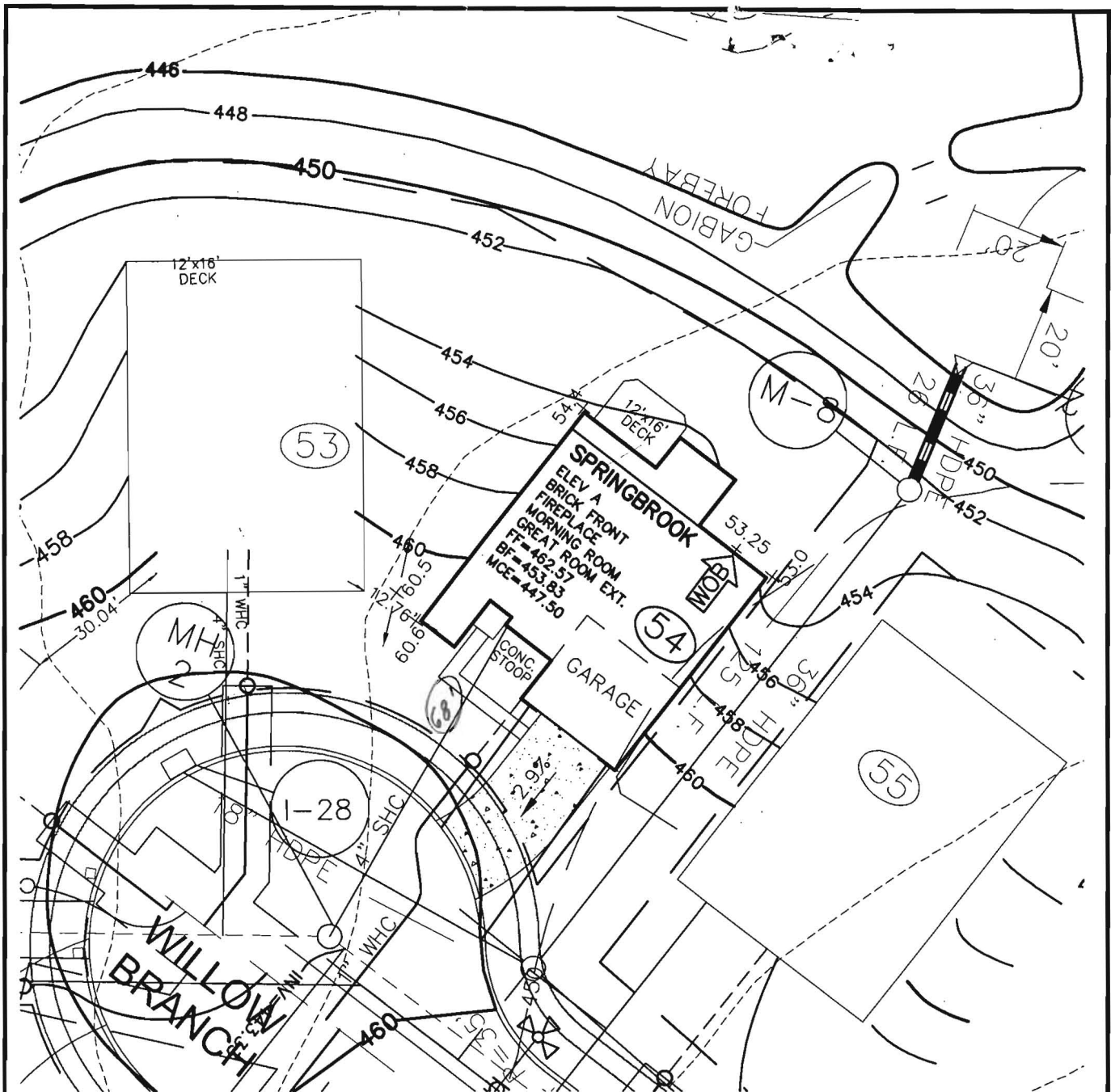
6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

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

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



**ROBERT H. VOGEL
ENGINEERING, INC.**

ENGINEERS • SURVEYORS • PLANNERS

8407 MAIN STREET
ELLCOTT CITY, MD 21043

TEL: 410.461.7666
FAX: 410.461.8961

NOTE:
ALL DIMENSIONS ARE FROM
ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'
DRAWN BY DRN
CHECKED BY LJT
DATE APRIL, 2006
W. O. # 04-87.00
SHEET# 1 OF 1

RYAN HOMES ELLCOTT MEADOWS UNIT 54

REV. 3/22/05
HOMELAND SDP-03-30
TAX MAP 16
3RD ELECTION DISTRICT

PARCEL 53,96,165&204
HOWARD COUNTY, MARYLAND

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: Larion C. Ryan

Date: 4/30/06

*PLEASE
SEND TO HEALTH
DEPT.*

hods.

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
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.
bove dimensions and placed in envelopes

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,
Component 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)

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

Bruce A. Hays 9-2-03
Signature Date

Steven Roger Krieg 9/2/03
Signature Date

W.