

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/8/2005

APPROVAL DATE: 6/17/05

PERMIT

SHARED SEPTIC SYSTEM

INDEXED

P 523290-A

A 515326

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

NV Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Drive, Suite 130 PHONE NUMBER: 410-379-5956

SUBDIVISION Homeland LOT NUMBER: 66

ADDRESS: 11981 Windsor Moss 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: Kevin J. Bell DATE: 5/19/05

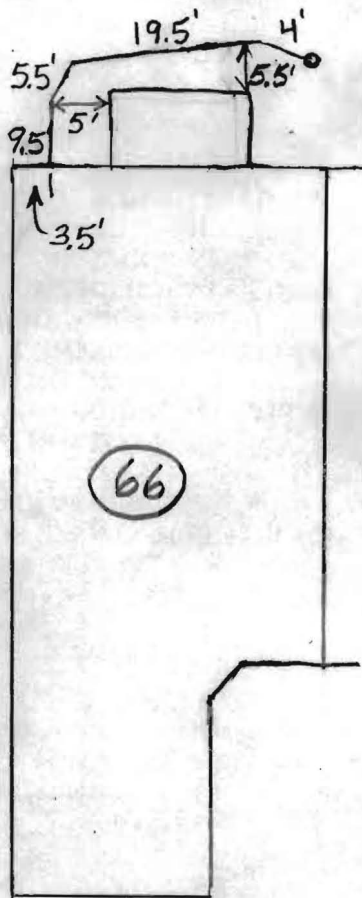
PERMIT VOID AFTER 2 YEARS

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

523290-A

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 _____

Windsor Moss

PRE-CONSTRUCTION _____

INSTALLATION 6/17/05 Septic connection made. Schedule 40 used.
Top of pipe is 4'3" below top of basement floor. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/17/05



HOWARD COUNTY HEALTH DEPARTMENT

P5 23290

DATE
9 / 8 / 2005

Received From NUK

PHONE # 410-379-5780

6985 Marshalee Dr., Ste. 130, Elkridge MD 21075

For Septic Permits

- CASH
- CHECK

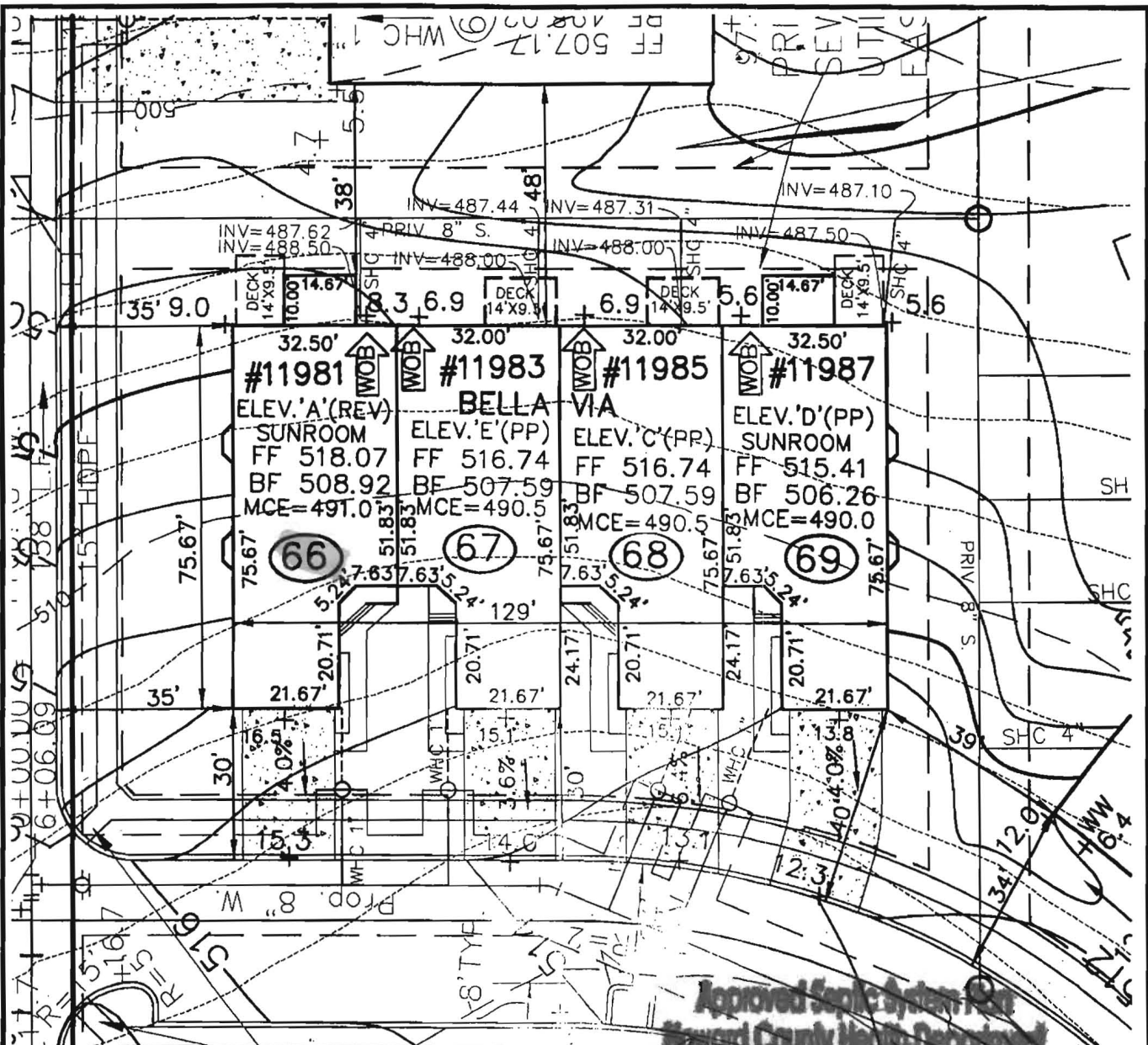
Homebased lots 66 thru 69
on Windsor Moss

NO. 50
259305

One thousand five hundred eighty-four⁰⁰/100 Dollars

\$ 1584 00

Received By Mary E. Briggs



WINDSOR MOSS



ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • DESIGNERS

8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410-511-1944
 FAX: 410-511-1941

SCALE 1"=30'
 DRAWN BY JCO
 CHECKED BY RHV
 DATE MARCH, 2005
 W. O. # 04-87.00
 SHEET# 1 OF 1

WINDSOR MOSS HOMES ELLICOTT MEADOWS UNITS 66-69

HOMELAND SDR-03-09
 TAX MAP 16
 3RD ELECTORAL DISTRICT

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

Approved Home System for
 Howard County Health Department
[Signature]
 2005

...ods.
 ...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
 ... and electrical systems and equipment
 ... include all installation, operation, start-up and
 ... ed in the manuals shall consist of catalogs,
 ... les, 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
 ... 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-Built.

...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

SDP-03-030

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

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

