

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/8/2005

P 523290-B

APPROVAL DATE: 6/17/05

PERMIT SHARED SEPTIC SYSTEM

A 515326

INDEXED

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

NVR, Inc IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Homeland LOT NUMBER: 67

ADDRESS: 11983 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

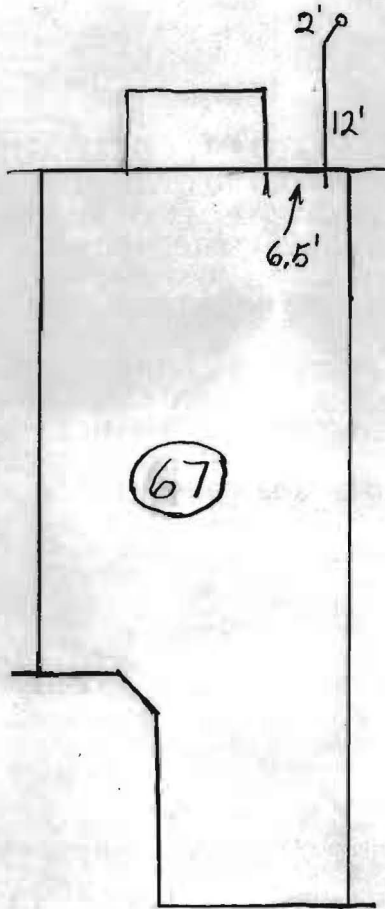
PERMIT VOID AFTER 2 YEARS

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

P523290-B

NOT TO SCALE



Windsor Moss

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 6/17/05 *Septic connection made. Schedule 40 used. Pipe is 4' 8" below top of basement floor. BB*

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/17/05



HOWARD COUNTY HEALTH DEPARTMENT

23290

DATE
9 / 8 / 2005

Received From NUR

PHONE # 410-379-5780

6085 Marshalee Dr, Ste 130 Elkridge MD 21075

For Septic Permits

CASH

CHECK

Homeland lots 66 thru 69

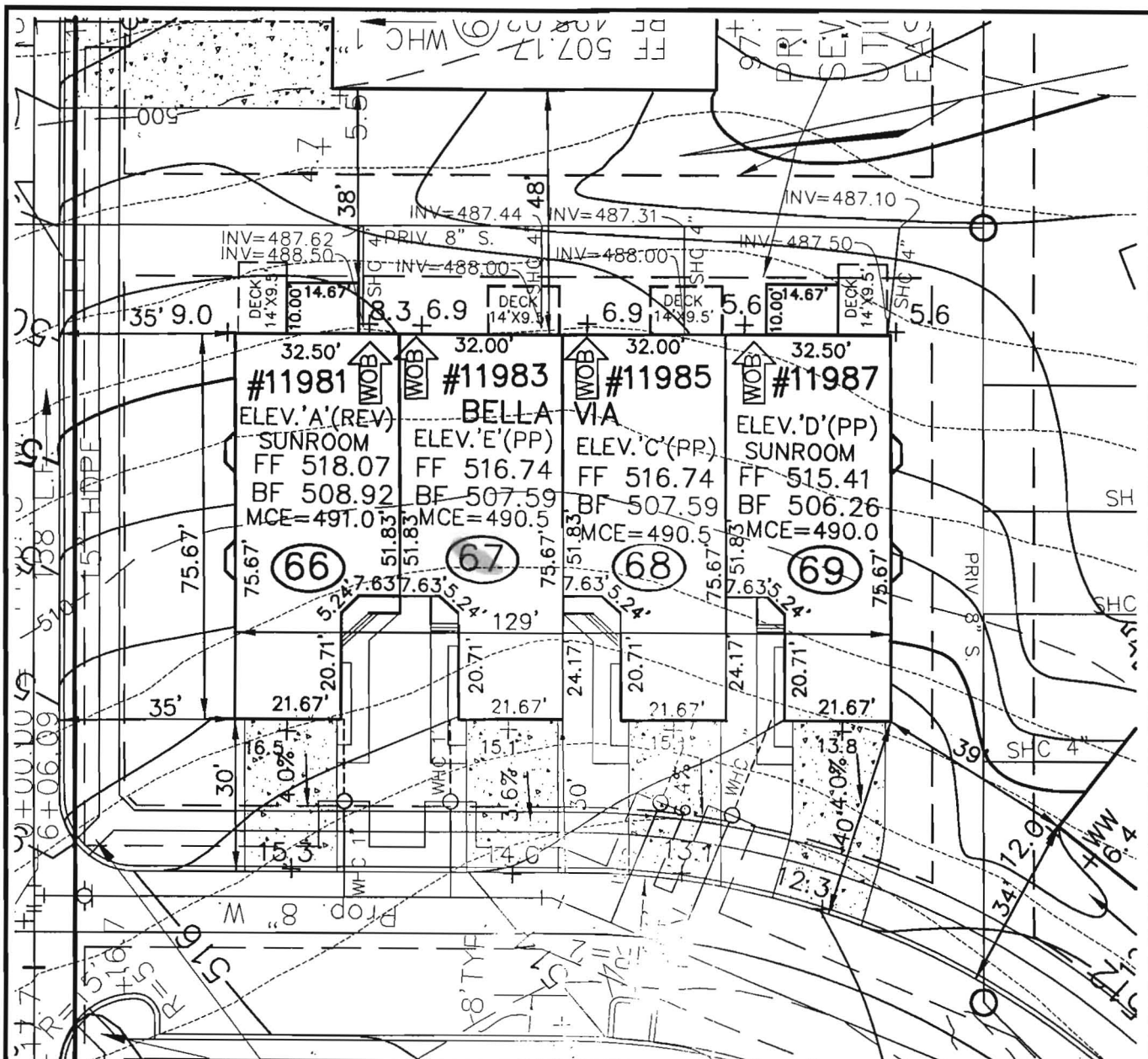
NO. 50
259305

on Windsor Mass

One thousand five hundred eighty-four⁰⁰/₁₀₀ Dollars

\$ 1584⁰⁰/₁₀₀

Received By Mary E. Briggs



WINDSOR MOSS



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

8407 MAIN STREET TEL: 410-513-2525
 ELLICOTT CITY, MD 21043 FAX: 410-513-2521

APPROVED FOR
 HOWARD COUNTY HEALTH DEPARTMENT
K. B. U.
 5/19/05

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

NEW HOMES ELLICOTT MEADOWS

UNITS 66-69
 HOMELAND SD-03-39
 TAX MAP 1C
 3RD ELECTIC DISTRICT
 PARCEL 53,96,165&204
 HOWARD COUNTY, MARYLAND

Methods.
Operator'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
needed in the manuals shall consist of catalogs,
manuals, parts, lists, assembly drawings, wiring
diagrams, and maintenance measures, approved working
drawings for the Owner to establish an effective

bound in 3-ring loose-leaf binders and indexed.
to the above dimensions and placed in envelopes

Operator and/or Owner in understanding the
limitations of the equipment as well as to
performance. Technical and maintenance information
and electrical components shall be included
but not limited to, Operation Responsibilities,
Design Criteria, Operational Modifications,
Component Equipment O&M, System Equipment
and As-Built.

Performance of the facilities will not be undertaken until
manuals 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 MDE
~~Howard County Health Department~~

Approved Septic System Plan
Howard County Health Department

 9-2-03
Signature Date

Steven Roger King 9/2/03
Signature Date

