

LAYOUT \_\_\_\_\_

INSP 1 \_\_\_\_\_ INSP 3 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

ISSUE DATE: 9/8/2005

P 523290-C

APPROVAL DATE: 6/17/05

A 515326

# PERMIT SHARED SEPTIC SYSTEM 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: 68

ADDRESS: 11987 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

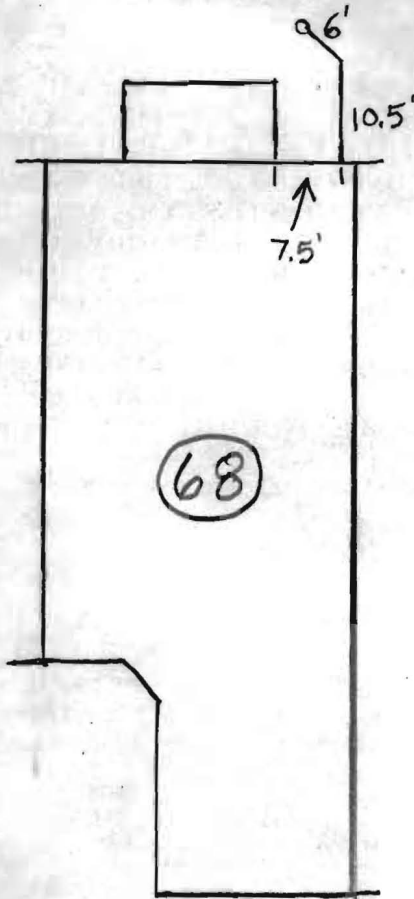
#### PERMIT VOID AFTER 2 YEARS

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-C

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. Top of pipe is 5' below top of basement floor BB*

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/17/05



# HOWARD COUNTY HEALTH DEPARTMENT

PS 2005

DATE  
9/8/2005

Received From NUR

PHONE # 410-379-5750

6085 Marshalee Ave, Ste 130 Elkridge MD 21075

For Septic Permits

CASH

CHECK

Hamelands lots 66 thru 69

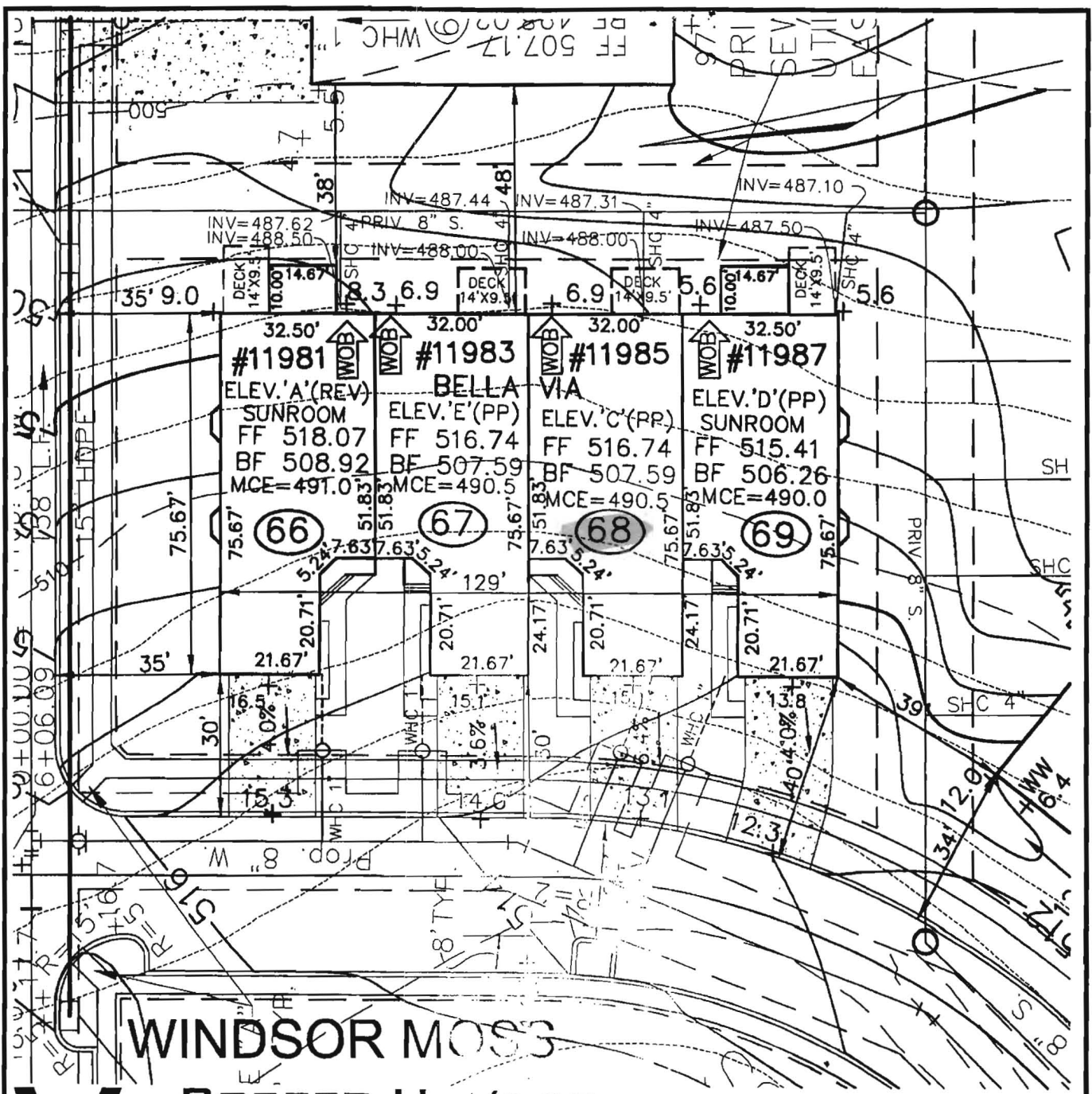
on Windsor Mass

NO. 50  
259305

One thousand five hundred eighty-four<sup>00</sup>/100 Dollars

\$ 1584 00

Received By Mary E. Frazier



# WINDSOR MOSS



**ROBERT H. VOGT**  
**ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET  
 ELLICOTT CITY, MD 21043

**Approved Septic System Plan**  
**Howard County Health Department**

*[Signature]*  
 Signature  
 5/19/05  
 Date

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

**ELLICOTT MEADOWS**  
**UNITS 66-69**

HOMELAND SD-03-30  
 TAX MAP 10  
 3RD ELECTIC

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  
 and in the manuals shall consist of catalogs,  
 files, parts, lists, assembly drawings, wiring  
 and maintenance measures, approved working  
 drawings for the Owner to establish an effective

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

Operator and/or Owner in understanding the  
 operations 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-Builts.

Completion of the facilities will not be undertaken until  
 drawings have been submitted. Partial approvals.

NH <sub>3</sub> -N	35	mg/L
Alkalinity (as CaCO <sub>3</sub> )	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
<b>Effluent Characteristics</b>		
BOD <sub>5</sub> (20°C)	30	mg/L
Total Suspended Solids	30	mg/L
NH <sub>3</sub> -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
<b>Influent Pumping</b>		
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

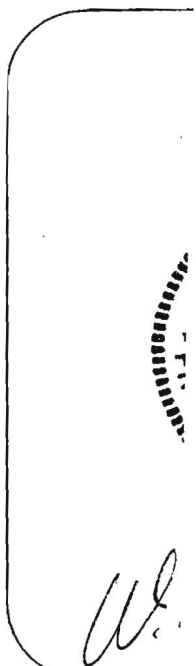
SDP-03-030

Approved Septic System Plan MDE  
 Howard County Health Department

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature Date 9-2-03

*Steven Roger King*  
 Signature Date 9/2/03





## 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*

September 9, 2005

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

**SENT VIA FACSIMILE 410-796-0980**

RE: Homeland, Lot 68  
11987 Windsor Moss  
Ellicott City, MD 21042  
BP # B00153087  
**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 06/17/2005 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,

*Brian Baker*

Brian Baker, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File