

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 12/9/05

P 523786

APPROVAL DATE: 12/09/05

PERMIT SHARED SEPTIC SYSTEM INDEXED

A _____

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NVR - NV Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: 301-298-0002

SUBDIVISION Homeland LOT NUMBER: 2

ADDRESS: 12017 Windsor Moss PROPERTY OWNER: NVR Inc. t/a Ryan Homes

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: 9/8/2005

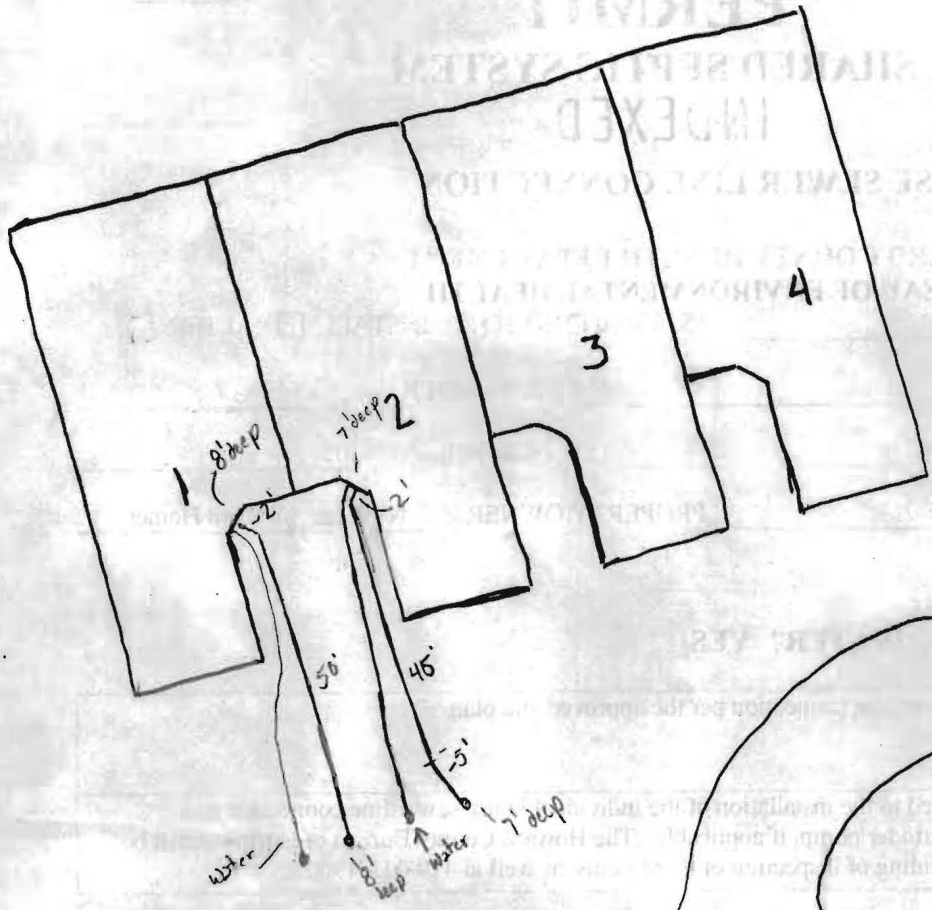
PERMIT VOID AFTER 2 YEARS

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

0523786

NOT TO SCALE



WINDSOR MOSS 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 _____

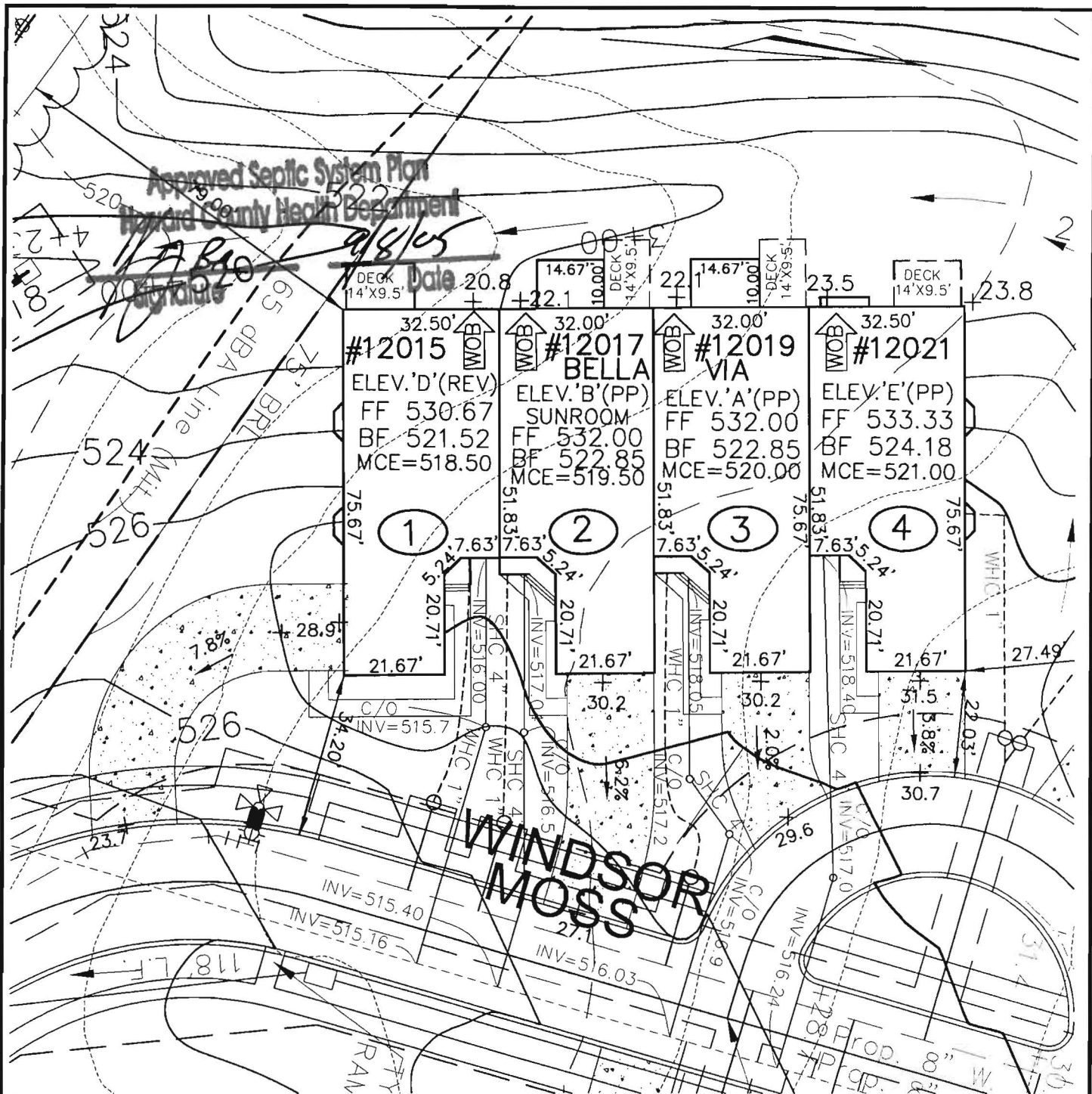
PRE-CONSTRUCTION 11/28/05 OK to backfill House Connection GAC

INSTALLATION _____

FINAL INSPECTOR Hold U&D for payment paid DATE OF APPROVAL _____

Approved Septic System Plan
Howard County Health Department

BAO
Date 9/8/05



**WINDSOR
MOSS**



**ROBERT H. VOGEL
ENGINEERING, INC.**
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

SCALE 1"=30'
DRAWN BY JCO
CHECKED BY RHV
DATE SEPT., 2005
W. O. # 04-139.00
SHEET# 1 OF 1

**NV HOMES
ELLICOTT MEADOWS
UNITS 1-4**

REV. 9/13/05
HOMELAND SDP-03-30
TAX MAP 16
3RD ELECTION DISTRICT

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



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

12/30/2005

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

SENT VIA FACSIMILE 410-796-7094 & 410-379-2430 & 410-531-9681

RE: Homeland, Lot 2
12017 Windsor Moss
Ellicott City, MD 21043
BP # B00155821
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 11/28/2005 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,


Kevin J. Bell, Sanitarian
Well and Septic Program

cc: DILP, Building Inspectors Office
File

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.
 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-Builts.

Completion 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	SBR R
Air Temperature Max	100	°F	
Site Elevation	442	ft	
Effluent Characteristics			
BOD ₅ (20°C)	30	mg/L	M
Total Suspended Solids	30	mg/L	T
NH ₃ -N	1.0	mg/L	
Total Nitrogen (N)	10.0	mg/l	D
Influent Pumping			
Average design rate in	15.3	gpm	Dosing
Peak rate in	61.2	gpm @ 4 x Avg.	
Pump rate provided	70	gpm 1 pump (28' TDH)	

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

PUBLIC WATER +
 PRIVATE SHARED SEPTIC
 SYSTEM
 SDP-03-030

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

