

LAYOUT _____
INSP 1 _____ INSP 3 _____
INSP 2 _____ INSP 5 _____

ISSUE DATE: _____

APPROVAL
DATE: _____

PERMIT

MULTI-USE SEPTIC SYSTEM

P 528468 _____

A _____

515326

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

NVR _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 11700 Plaza America Drive, Reston VA PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland (Ellicott Meadows) LOT NUMBER: 11

ADDRESS: 3035 John Bernard Drive 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: Gabriel Creighton DATE: 1/30/08

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 OF HOUSE CONNECTION

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 _____ | |

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A- _____ **P-** 528468

PERMITTEE NVR - 11700 Plaza American Dr.

LOCATION 3035 John Bergard Dr. - Ellicott Meadows Lot 11
NVR Inc.

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE
DISPOSAL SYSTEM AND CONTACT HEALTH
DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY,
CONTINUE

Inspector

Date

Inspector

Date

FINAL INSPECTION MADE,
COVER ALL WORK

Inspector

Date