

LAYOUT \_\_\_\_\_  
INSP 1 \_\_\_\_\_ INSP 3 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

ISSUE DATE: 3/24/2005

P 522051

APPROVAL  
DATE: 5/4/05

A 515326-A

**PERMIT**  
**SHARED SEPTIC SYSTEM**  
**INDEXED**

**HOUSE SEWER LINE CONNECTION**  
**03 343545**

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**

Ryan Homes IS PERMITTED TO INSTALL  ALTER

ADDRESS: 7084 Marshalee Drive, Elkridge PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland LOT NUMBER: 88

ADDRESS: 11915 Hampstead Green 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: 2/9/05

**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.

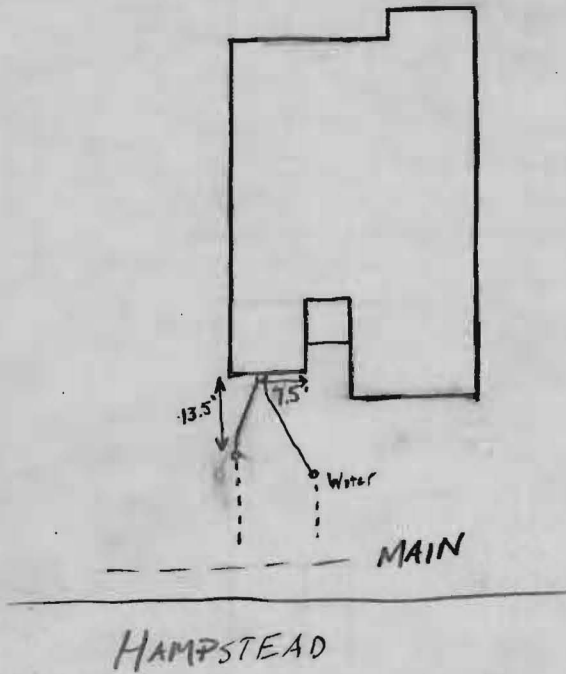
**CALL 410-313-1771 FOR INSPECTION HOUSE CONNECTION**

**BUILDING PERMIT SIGNED  
AND RETURNED**

3/3/05 B00152410 DECK

A 515326-A

NOT TO SCALE



Hampstead Green

**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 5/4/05 - BB/6L

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR [Signature]

DATE OF APPROVAL 5/4/05

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 id electrical systems and equipment include all installation, operation, start-up and ned in the manuals shall consist of catalogs, files, 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

Operator and/or Owner in understanding the nitions 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, rponent Equipment O&M, System Equipment and As-Built.

nce of the facilities will not be undertaken until nuals 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

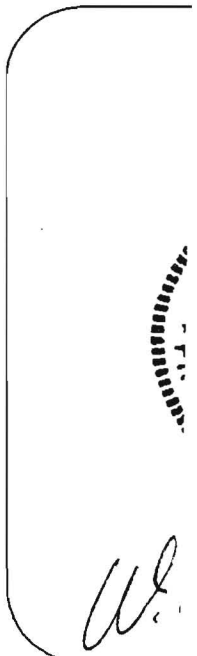
HOME LAND SENIOR CENTER SDP-03-030  
147 UNITS TOTAL  
EACH UNIT CAN ONLY  
BE A TOTAL OF 2 BEDROOMS

Approved Septic System Plan MDE  
~~Howard County Health Department~~

Approved Septic System Plan  
Howard County Health Department

*Robert Hoff*  
Signature Date 9-2-03

*Steven Roger Krieg*  
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

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*Penny E. Borenstein, M.D., M.P.H., County Health Officer*

05/25/2005

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

**SENT VIA FACSIMILE 410-796-7094**

RE: Homeland, Lot 88  
11915 Hampstead Green  
Ellicott City, MD 21043  
BP # B00152004  
**PUBLIC WATER**

Dear Sirs or Madam:

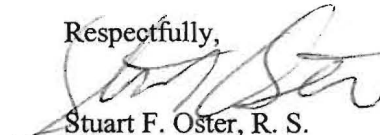
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 05/04/2005 by HCHD for the house connection.**

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,



Stuart F. Oster, R. S.  
Well and Septic Program

cc: DILP, Building Inspectors Office  
File