

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 9/8/2005

P 523291

APPROVAL DATE:

9/27/05

PERMIT SHARED SEPTIC SYSTEM

A 515326 - J

INDEXED

TAX ID # not found

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NVR, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Dr, Ste 130, Elkridge PHONE NUMBER: 410-379-5956

SUBDIVISION Homeland LOT NUMBER: 73

ADDRESS: 11940 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: 5/25/05

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

A515 326

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 9/27/05 Covered without inspection as far as I can tell. Some breakdown in communication or mistake. Installer certified work (see attachment). O.K. to backfill BB

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 9/27/05

410-313-2048

CERTIFICATION LETTER

Date: 9/27/05

Howard County
3430 Court House Dr.
Ellicott City, MD, 21043

Attention* : Brian Baker, Senior Plumbing Inspector

This letter is to certify that the work identified below was performed in accordance with the Plumbing and Gasfitting Regulations of MD. STATE. This work has been inspected by the Master and this letter is provided to certify its proper completion.

- Repair water service**
- Repair sewer service**
- Replace water service**
- Replace sewer service**
- Install new water service
- Install new sewer/SEPTIC SERVICE

Other: _____

LOCATION OF WORK:		Permit# P00135522	
Address 11940 Hampstead Green		Lot 73	Block A
Subdivision Ellicott Meadows	Town Ellicott City	Zip 21042	
Date work performed 6/8/05	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial	County	

[Signature]
Signature of Master Plumber/Gasfitter

MD-14000
Reg. #

Masters Inc.
T/A and For (Company Name)

Methods:
 Manufacturer'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
 listed 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
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

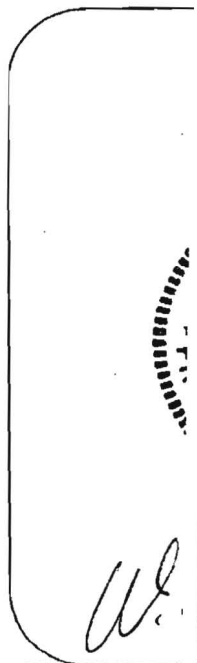
SDP-03-030

Approved Septic System Plan MDE
 Howard County Health Department

Approved Septic System Plan
 Howard County Health Department

[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 27, 2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 73
11940 Hampstead Green
Ellicott City, MD 21042
BP # B00153084
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 09/27/2005 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,

Bryan Baker