

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

ISSUE DATE: \_\_\_\_\_

APPROVAL  
DATE: 6/8/05

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

P 523291

A 515326-5

**HOUSE SEWER LINE CONNECTION**

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

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION Homeland LOT NUMBER: 71

ADDRESS: 11944 HAMPSTEAD GREEN  
11944 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

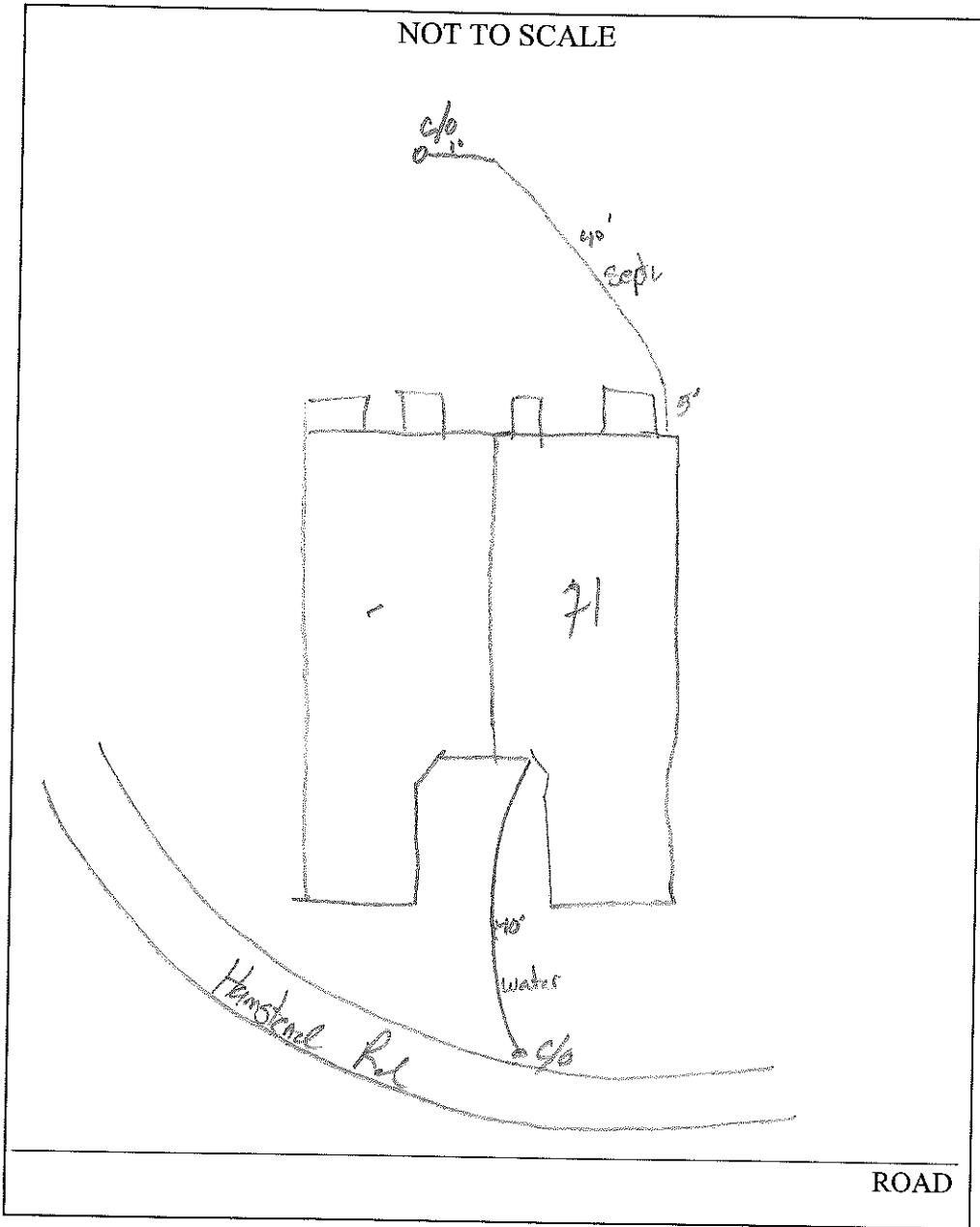
**PERMIT VOID AFTER 2 YEARS**

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**

4515326-5

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 \_\_\_\_\_

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION - Both Septic + HD Lins 4-6' deep (KB)

FINAL INSPECTOR K. Ball DATE OF APPROVAL 6/8/05



## 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*

06/09/2005

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

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

RE: Homeland, Lot 71  
11944 Hampstead Green  
Ellicott City, MD 21043  
BP # B00153081  
**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 06/08/2005 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

hods.  
 er'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  
 ed in the manuals shall consist of catalogs,  
 iles, 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  
 nitations 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,  
 ipment 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)

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

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

