

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 4 _____

ISSUE DATE: 4/14/05

APPROVAL DATE: 6/23/05

PERMIT
INDEXED
03343 863

P 5 22096-D

A _____

**COMMUNITY SEPTIC SYSTEM
HOUSE SEWER LINE CONNECTION**

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

NVR Inc. T/A Ryan/Nv Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Dr., Suite 140 PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland Unit # 85

ADDRESS: 11903 Hampstead Green PROPERTY OWNER: NVR Inc. t/a Ryan Homes

NUMBER OF BEDROOMS: 2

HOUSE SERVED BY PUBLIC WATER

LOCATION:	Install 4" house sewer line connection per the approved site plan. Final acceptance of the sewer system will be subject to the approval of the Maryland Dept. of the Environment.
NOTES:	This permit is limited to the installation of the individual house sewer line connection.

PLANS APPROVED: Kevin J. Bell DATE: 4/13/05

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. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
4. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
5. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION OF SEPTIC CONNECTION

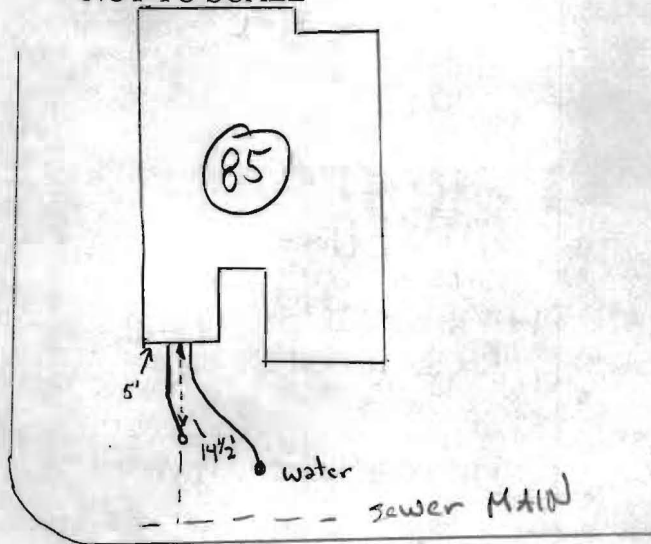
**BUILDING PERMIT SIGNED
AND RETURNED**

4-22-05 B00153215-DECK

P5 22096-D

NOT TO SCALE

HARBIN FIELD



HAMPSTEAD

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 _____

INSTALLATION 5/5/05 Septic connection loops O.K. Water line buried. GAC BB

BUILDING PERMIT SIGNED AND RETURNED

FINAL INSPECTOR D. [Signature]

DATE OF APPROVAL 6/23/05



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

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

06/23/2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 85
11903 Hampstead Green
Ellicott City, MD 21043
BP # B00152845
PUBLIC WATER

Dear Sirs or Madam:

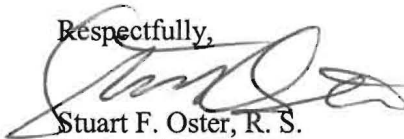
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 06/23/2005 by HCHD for the house connection.**

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

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
 noted in the manuals shall consist of catalogs,
 manuals, parts, lists, assembly drawings, wiring
 diagrams and maintenance measures, approved working
 drawings for the Owner to establish an effective

bound in 3-ring loose-leaf binders and indexed.
 to above dimensions and placed in envelopes

to the Operator and/or Owner in understanding the
 operating instructions of the equipment as well as to
 the maintenance. 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.

Approval of the facilities will not be undertaken until
 all 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

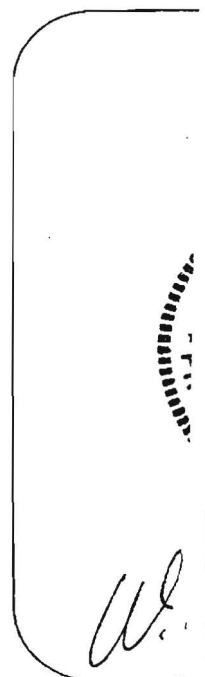
HOME LAND SENIOR CENTER SDP-03-030
 147 UNITS TOTAL
 EACH UNIT CAN ONLY
 BE A TOTAL OF 2 BEDROOMS

Approved Septic System Plan MDE
 Howard County Health Department

Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature Date 9-2-03

Steven Roger Krieg
 Signature Date 9/2/03



[Handwritten initials]