

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 8/22/2005

P 523178

APPROVAL DATE: 9/30/2005

A _____

PERMIT SHARED SEPTIC SYSTEM

INDEXED

TAX ID # 03-343448

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

The Williamsburg Group, LLC IS PERMITTED TO INSTALL ALTER

ADDRESS: 5485 Harpers Farm Rd., Columbia 21044 PHONE NUMBER: 410-997-8800

SUBDIVISION Homeland LOT NUMBER: 141

ADDRESS: 11108 Douglas Avenue PROPERTY OWNER: Williamsburg Group, LLC

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: 8/22/05

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

9523178

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 _____



HOWARD COUNTY HEALTH DEPARTMENT

23178

DATE 8/22/05

PS

Received From

The Williamsburg Group

PHONE #

410 997-8800

P.O. Box 1018, Columbia, MD 21044

For

4 Septic Permits

CASH

CHECK

Homeland (Douglas, Inc)

NO.

Lots 141 - 144

211110

One thousand five hundred eighty four ⁰⁰/₁₀₀

Dollars

\$ 1584 00

Received By

J. Mills

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 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 mitations 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, 1ponent Equipment O&M, System Equipment and As-Builts.

nce of the facilities will not be undertaken until nuals 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)

SBR F
M
T
D
Dosing

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

Raymond H. Hight
Signature 9-2-03
Date

Steven Roger King
Signature 9/2/03
Date

Handwritten signature/initials in a rounded box.



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

9/30/2005

Williamsburg Group, LLC
5485 Harpers Farm Road
Columbia, MD 21044

SENT VIA FACSIMILE 410-997-4358

RE: Homeland, Lot 141
11108 Douglas Avenue
Marriottsville, MD 211041
BP # B00152914
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 9/30/2005 by HCHD for the house connection.** Be advised that the Health Department did not receive the building permit for review until after the permit was released by the DILP because the permit was marked incorrectly for public water and sewer by the applicant.

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,


Michael J. Davis, Program Supervisor
Well and Septic Program

cc: DILP, Building Inspectors Office
File