

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 4 _____

ISSUE DATE: 3/13/06

PERMIT

P 524222

APPROVAL DATE: _____

2/21/07

INDEXED

A _____

TAX ID# 03-348431

COMMUNITY SEPTIC SYSTEM HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NVR Inc/Ryan Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Drive, Elkridge PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland/Ellicott Meadows Unit # ~~41~~ 41

ADDRESS: 30⁰/3 Auburn View PROPERTY OWNER: NVR Inc/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 Bell DATE: 3/2/06

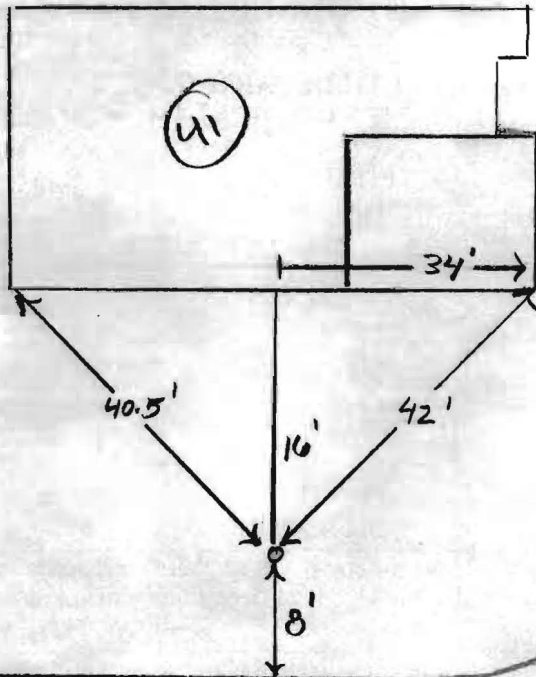
PERMIT VOID AFTER 2 YEARS

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

P524222

NOT TO SCALE



Windsor Moss

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

Auburn View

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 _____	

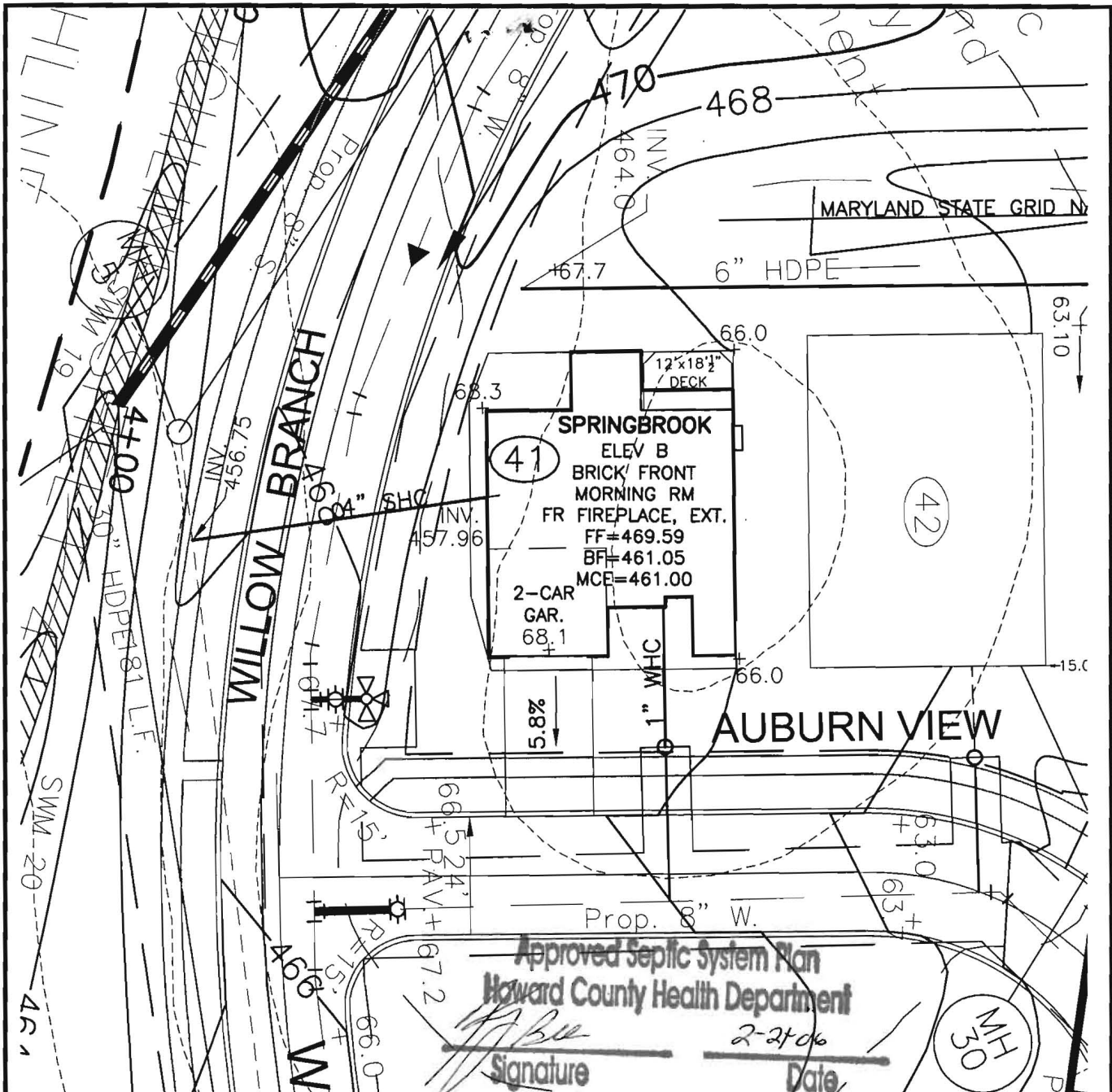
PRE-CONSTRUCTION _____

INSTALLATION 2/21/07 _____

INSTALLATION OK to lower (ku) _____

FINAL INSPECTOR R. Val _____

DATE OF APPROVAL 2/21/07 _____



Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature Date 2-21-06



ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

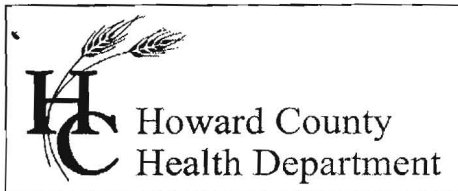
NOTE:
 ALL DIMENSIONS ARE FROM
 ARCHITECTURAL BRICK LEDGE.

SCALE 1"=30'
 DRAWN BY DRN
 CHECKED BY LJT
 DATE FEBRUARY, 2006
 W. O. # 04-87.00
 SHEET# 1 OF 1

RYAN HOMES
ELLICOTT MEADOWS
UNIT 41

REV. 3/22/05
 HOMELAND SDP-03-30
 TAX MAP 16
 3RD ELECTION DISTRICT

PARCEL 53.96,165&204
 HOWARD COUNTY, MARYLAND



Bureau of Environmental Health
7178 Gateway Drive Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

March 29, 2007

NVR, Inc./Ryan Homes
6085 Marshalee Drive, Suite 130
Elkridge, MD 21075

SENT BY FACSIMILE 410-796-7094

RE: Homeland, Lot 41
3003 Auburn View
Ellicott City, MD 21042
BP# B00158104
PUBLIC WATER


Dear Sir/Madam:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 02/21/2007.**

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.

Approving Authority,



Kevin Wolf, Sanitarian
Well & Septic Program

mlb
cc: Building Inspector's Office
File