

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 4 _____

ISSUE DATE: 3/13/06

APPROVAL DATE: 3/13/06

PERMIT

INDEXED

Tax ID# 03-346005

P 524223

A _____

COMMUNITY SEPTIC SYSTEM HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NVR

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Homeland/Ellicott Meadows Unit # 43

ADDRESS: 3011 Auburn View PROPERTY OWNER: NVR Inc/Ryan Homes Wayne A. DeHart

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: 2/21/06

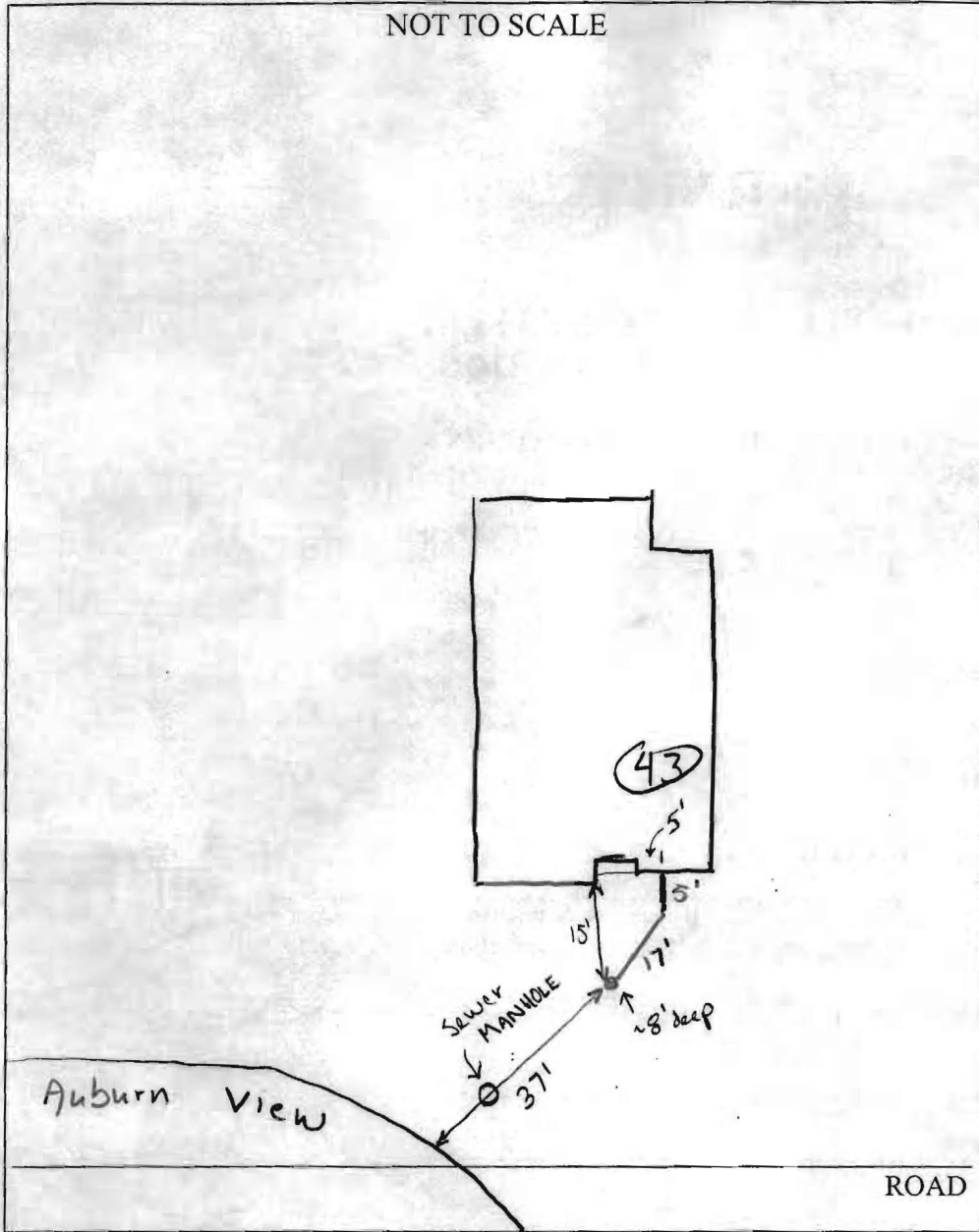
PERMIT VOID AFTER 2 YEARS

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

9524223

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 _____

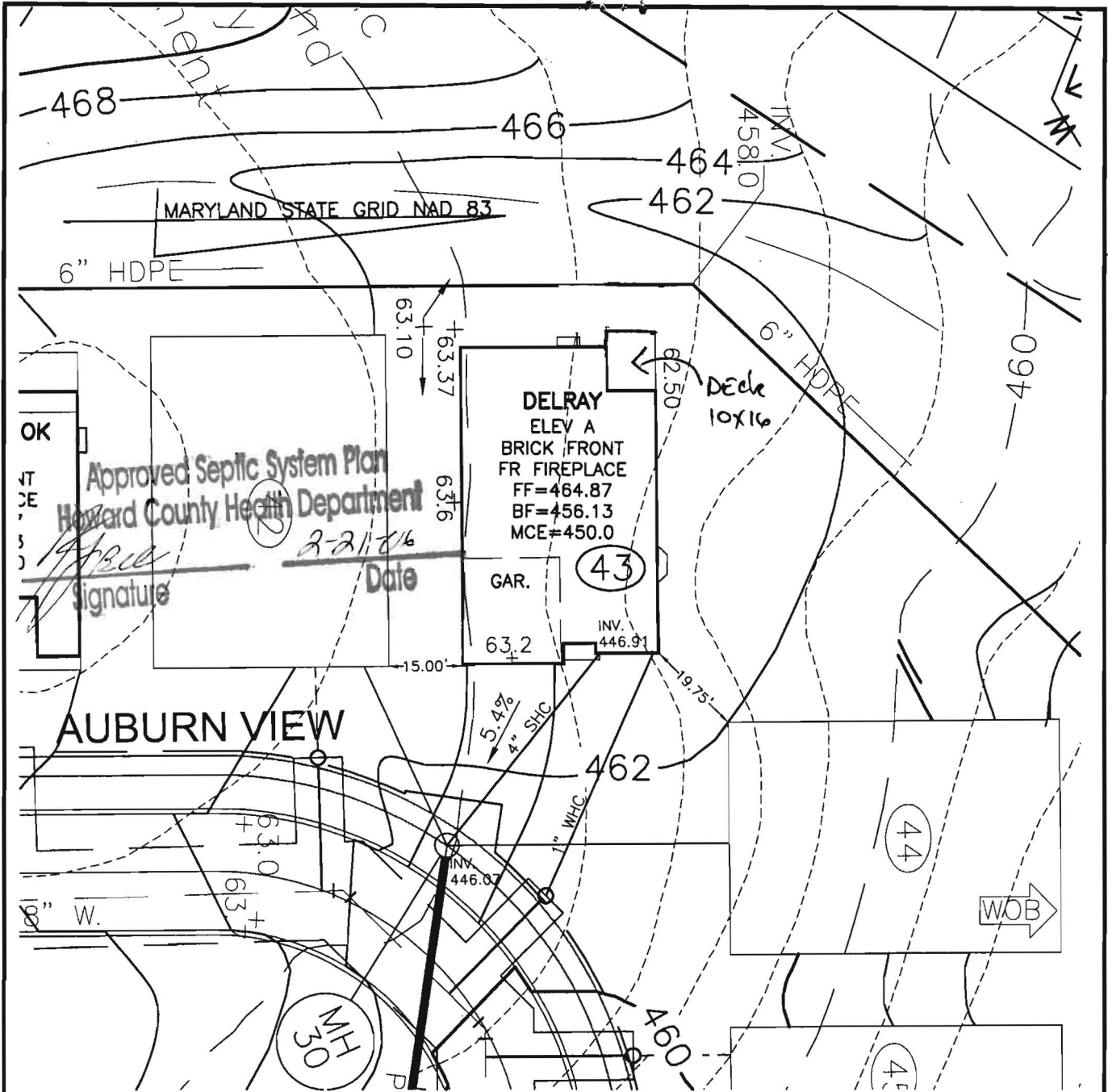
6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

INSTALLATION Installation OK to cover. GAC 3/13/06

FINAL INSPECTOR _____ DATE OF APPROVAL 3/13/06



OK
 JT
 DE
 5
 5
 Signature

Approved Septic System Plan
 Howard County Health Department
 2-21-06
 Date

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 DIMENSION 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 43**

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

PARCEL 53,96,165&204
 HOWARD COUNTY, MARYLAND

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,
les, parts, lists, assembly drawings, wiring
re maintenance measures, approved working
ary for the Owner to establish an effective

und in 3-ring loose-leaf binders and indexed.
bove 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,
nponent Equipment O&M, System Equipment
and As-Builts.

nce of the facilities will not be undertaken until
uals 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 R

M

T

D

Dosing

PUBLIC WATER +
PRIVATE SHARED SEPTIC
SYSTEM

SDP-03-030

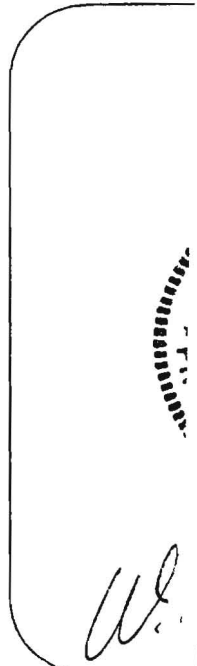
HOME LAND SENIOR CENTER
147 UNITS TOTAL
EACH UNIT CAN ONLY
BE A TOTAL OF 2 BEDROOMS

Approved Septic System Plan MDE
~~Howard County Health Department~~

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature
9-2-03
Date

Steven Roger Krieg
Signature
9/2/03
Date





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

March 17, 2006

NVR Inc.
6085 Marshalee Drive, Suite 140
Elkridge, Maryland 21075

SENT VIA FACSIMILE 410-379-2430

RE: Homeland, Lot 43
3011 Auburn View
Ellicott City, MD 21042
BP # B00158105
PUBLIC WATER

Dear Sirs or Madam:

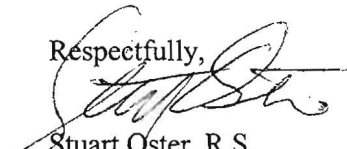
This is to advise that the connection from the house to the street has been installed and inspected for the referenced property. A Community Septic System serves this dwelling. **Final approval was granted on 03/13/2006 by HCHD for the house connection.**

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 Oster, R.S.
Well and Septic Program

cc: DILP, Building Inspectors Office
File