

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 6/7/05

P 522514

APPROVAL DATE: 8/3/05

A 515326-H

PERMIT SHARED SEPTIC SYSTEM INDEXED

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

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

ADDRESS: 6085 Marshlee Drive, Suite 140 PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland LOT NUMBER: 38

ADDRESS: 11979 ~~Hampstead Green~~ ^{CRAYTON RUN} PROPERTY OWNER: NVR. Inc. t/a Ryan Homes

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: 5/16/05

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

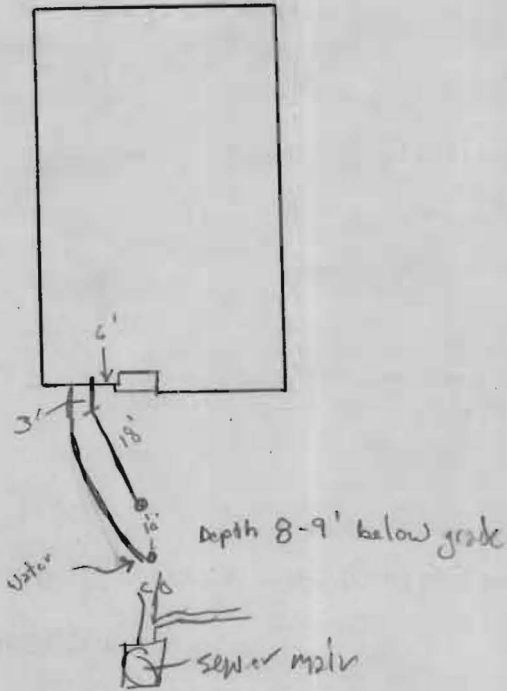
**BUILDING PERMIT SIGNED
AND RETURNED**

6/2/2005 B00154104 DECK

A 515326-H

NOT TO SCALE

VMD RETURNED
BUILDING PERMITS SIGNED



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 Connection to shared septic system from single family dwelling unit. Tie into 8" main sewer line.

INSTALLATION 8/3/05

FINAL INSPECTOR Richard A. [Signature] DATE OF APPROVAL 8/3/05



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

8/10/2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 38
11979 Grayton Run
Ellicott City, MD 21043
BP # B00153362
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 8/3/2005 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.
 urer'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,
 les, 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
 nance. 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-Built.

nce of the facilities will not be undertaken until
 nuals have been submitted. Partial approvals.

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

Approved Septic System Plan MDE
 Howard County Health Department

[Signature]
 Signature Date 9-2-03

Approved Septic System Plan
 Howard County Health Department

Steven Roger Krieg
 Signature Date 9/2/03

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

SDP-03-030

[Handwritten mark]
 W.