

LAYOUT N/A  
INSP 1 6/23/05 INSP 3 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 4 \_\_\_\_\_

ISSUE DATE: 9/8/2005

APPROVAL DATE: 6/23/05

**PERMIT  
INDEXED**

P 523289 -C

A \_\_\_\_\_

**COMMUNITY SEPTIC SYSTEM  
HOUSE SEWER LINE CONNECTION**

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

NVR, Inc IS PERMITTED TO INSTALL  ALTER

ADDRESS: 6085 Marshalee Drive, Ste 130 PHONE NUMBER: 410-379-5969

SUBDIVISION Homeland Unit # 64

ADDRESS: 12019 Grayton Run 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: 5/25/05

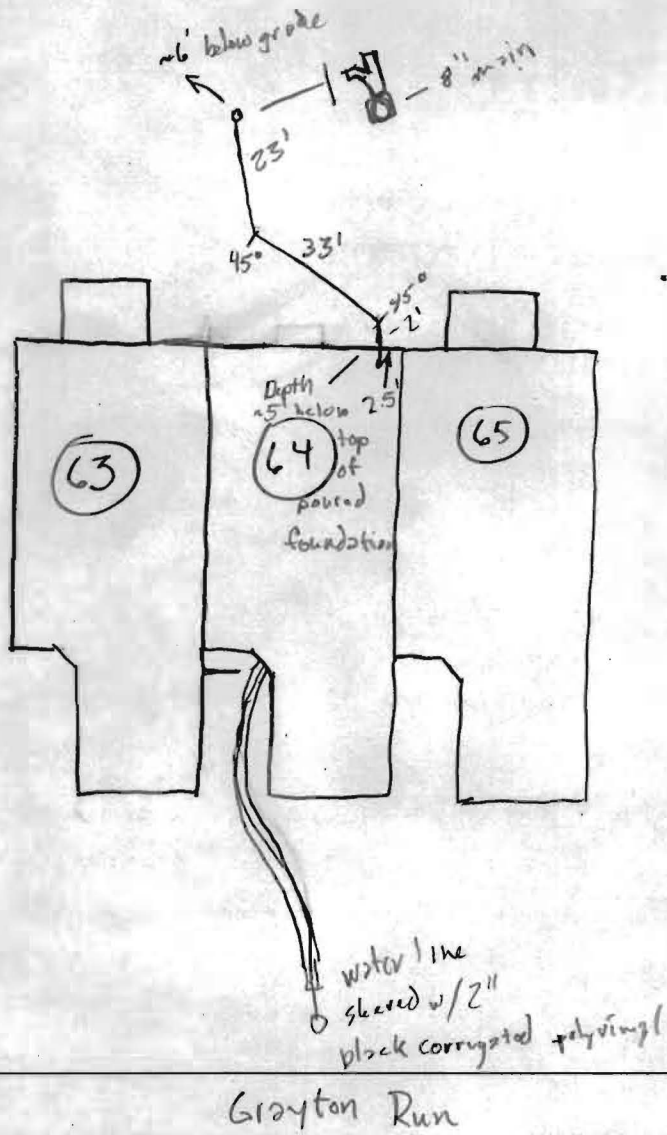
**PERMIT VOID AFTER 2 YEARS**

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**

P523289-C

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 <sup>6/23/05</sup> Connection made without payment from builder. Connection made

ok to cover. No more to be done without payment. (GAC)

No approval until payment. (GAC) Payment Received 9/8/05

FINAL INSPECTOR Patricia A. Ciolek

DATE OF APPROVAL 6/23/05



# HOWARD COUNTY HEALTH DEPARTMENT

15 23289

DATE  
7 / 1 / 2008

Received From

NOR

PHONE # 410-379-5956

6085 Marshalee Dr, Ste 130, Elksridge MD 21075

For Septic Permits

CASH

CHECK

Homeland - lots 62-65 on Grayton Run

NO.

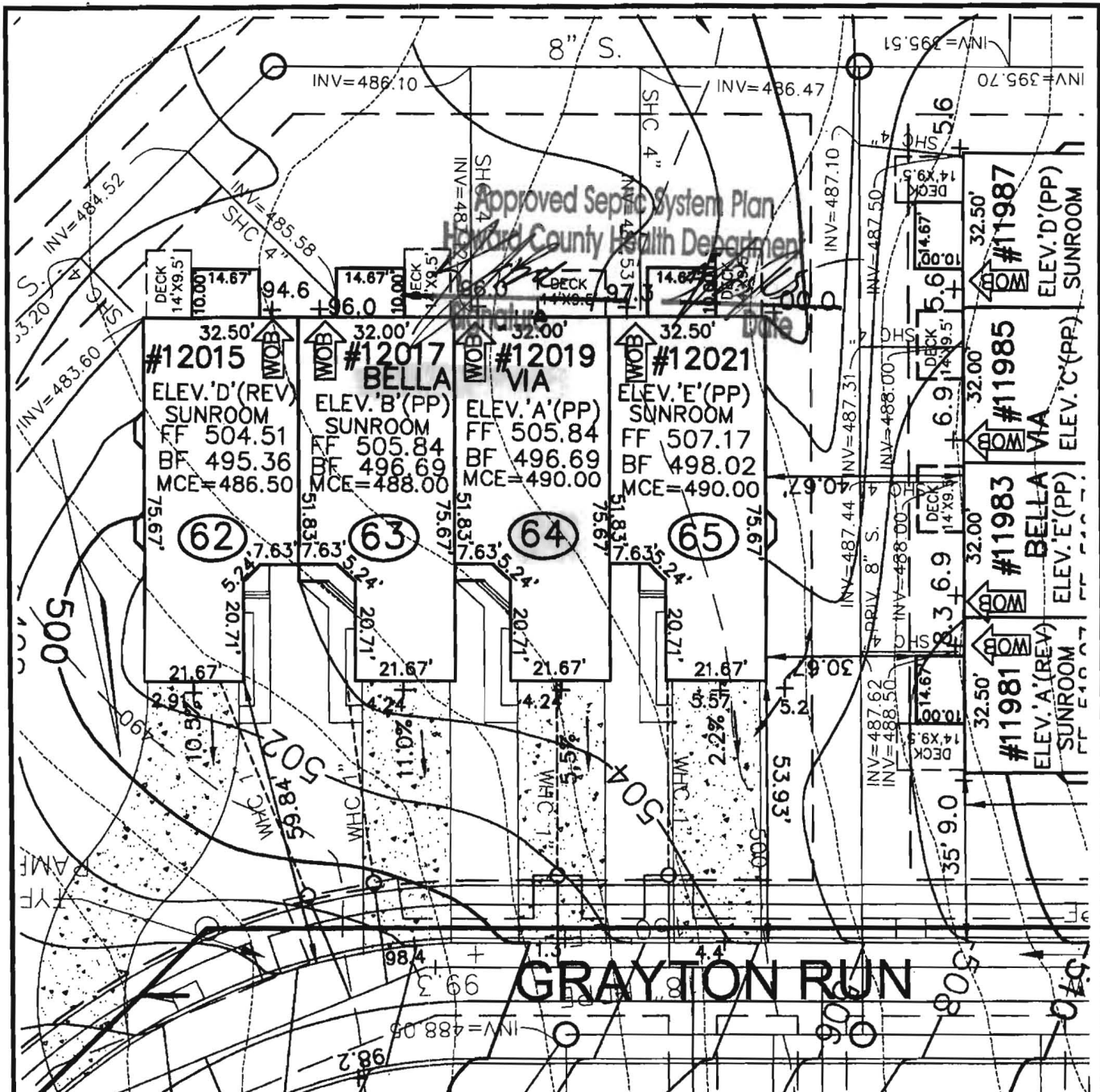
259357 One thousand five hundred eighty-four and 00/100 Dollars

\$

1584 00

Received By

Mary R. Buggs



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

SCALE 1"=30'  
 DRAWN BY JCO  
 CHECKED BY RHV  
 DATE APRIL, 2005  
 W. O. # 04-87.00  
 SHEET# 1 OF 1

**NV HOMES**  
**ELLICOTT MEADOWS**  
**UNITS 62-65**

HOMELAND SDP-03-30  
 TAX MAP 16  
 3RD ELECTION DISTRICT

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

B00153795

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  
 and in the manuals shall consist of catalogs,  
 files, parts, lists, assembly drawings, wiring  
 and the 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  
 final plans have been submitted. Partial approvals.

NH <sub>3</sub> -N	35	mg/L
Alkalinity (as CaCO <sub>3</sub> )	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
<b>Effluent Characteristics</b>		
BOD <sub>5</sub> (20°C)	30	mg/L
Total Suspended Solids	30	mg/L
NH <sub>3</sub> -N	1.0	mg/L
Total Nitrogen (N)	10.0	mg/l
<b>Influent Pumping</b>		
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

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

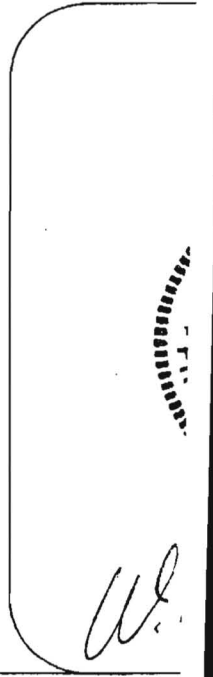
SDP-03-030

Approved Septic System Plan MDE  
 Howard County Health Department

Approved Septic System Plan  
 Howard County Health Department

*[Signature]*  
 Signature Date 9-2-03

*Steven Roger Krieg*  
 Signature Date 9/2/03



*[Handwritten initials]*