

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: _____

P 528468 -17

APPROVAL
DATE:

4/2/08

PERMIT MULTI-USE SEPTIC SYSTEM

A
5153a6

HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

NVR _____ IS PERMITTED TO INSTALL ALTER

ADDRESS: 11700 Plaza America Drive, Reston VA PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland (Ellicott Meadows) LOT NUMBER: 17

ADDRESS: 3006 John Bernard Drive PROPERTY OWNER: NVR. Inc.

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.

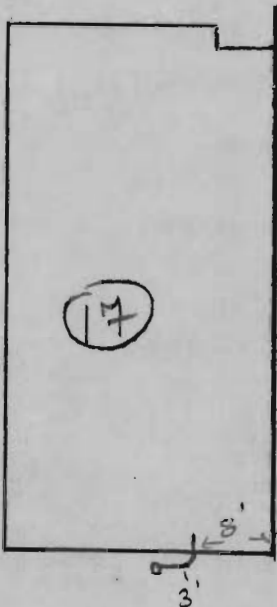
PLANS APPROVED: Gabriel Creighton DATE: 1/30/08

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 OF HOUSE CONNECTION

NOT TO SCALE



John Beard DC

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 _____

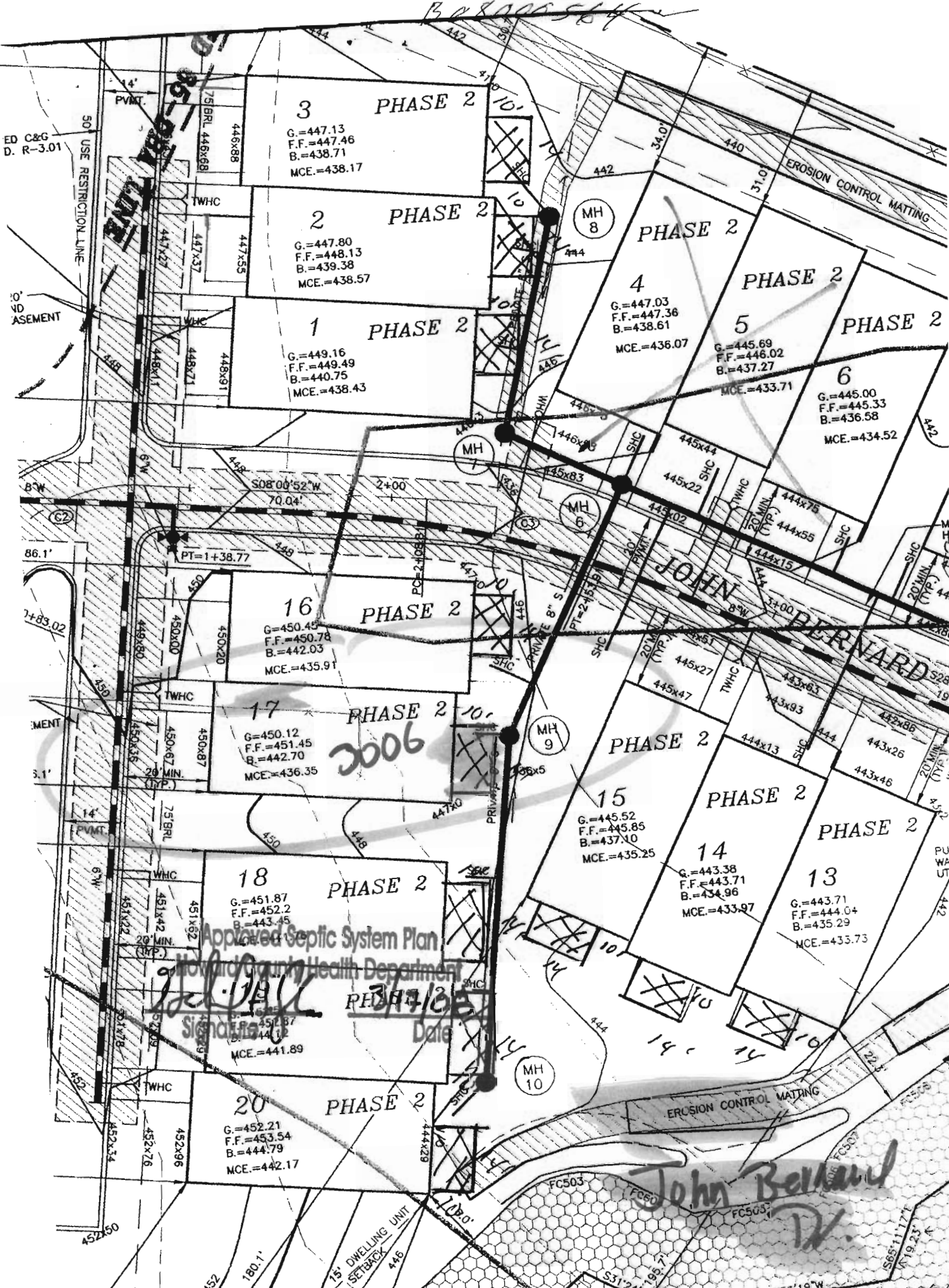
WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION OK. to Back fill (RW)

FINAL INSPECTOR (RW) DATE OF APPROVAL 4/2/09



3 PHASE 2
 G.=447.13
 F.F.=447.46
 B.=438.71
 MCE.=438.17

2 PHASE 2
 G.=447.80
 F.F.=448.13
 B.=439.38
 MCE.=438.57

1 PHASE 2
 G.=449.16
 F.F.=449.49
 B.=440.75
 MCE.=438.43

4 PHASE 2
 G.=447.03
 F.F.=447.36
 B.=438.61
 MCE.=436.07

5 PHASE 2
 G.=445.69
 F.F.=446.02
 B.=437.27
 MCE.=433.71

6 PHASE 2
 G.=445.00
 F.F.=445.33
 B.=436.58
 MCE.=434.52

16 PHASE 2
 G.=450.45
 F.F.=450.78
 B.=442.03
 MCE.=435.91

17 PHASE 2
 G.=450.12
 F.F.=451.45
 B.=442.70
 MCE.=436.35

15 PHASE 2
 G.=445.52
 F.F.=445.85
 B.=437.10
 MCE.=435.25

14 PHASE 2
 G.=443.38
 F.F.=443.71
 B.=434.96
 MCE.=433.97

13 PHASE 2
 G.=443.71
 F.F.=444.04
 B.=435.29
 MCE.=435.73

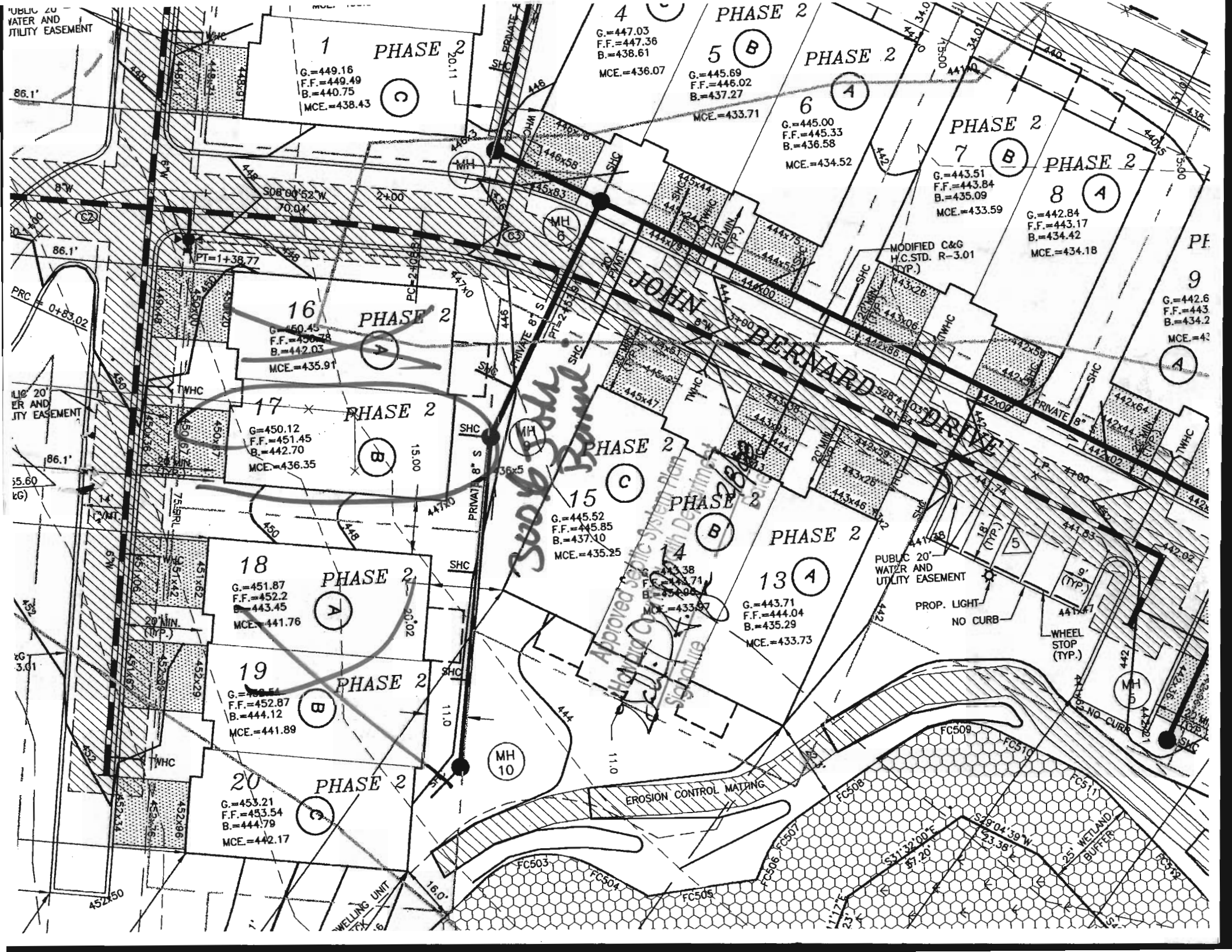
18 PHASE 2
 G.=451.87
 F.F.=452.2
 B.=443.45
 MCE.=441.89

20 PHASE 2
 G.=452.21
 F.F.=453.54
 B.=444.79
 MCE.=442.17

Approved Septic System Plan
 Howard County Health Department

John Bellard
 Signature
 Date: 3/17/05

John Bellard
 W.



1 PHASE 2
G.=449.16
F.F.=449.49
B.=440.75
MCE.=438.43

4
G.=447.03
F.F.=447.36
B.=438.61
MCE.=436.07

5 (B) PHASE 2
G.=445.69
F.F.=446.02
B.=437.27
MCE.=433.71

6 (A) PHASE 2
G.=445.00
F.F.=445.33
B.=436.58
MCE.=434.52

7 (B) PHASE 2
G.=443.51
F.F.=443.84
B.=435.09
MCE.=433.59

8 (A) PHASE 2
G.=442.84
F.F.=443.17
B.=434.42
MCE.=434.18

9
G.=442.6
F.F.=443
B.=434.2
MCE.=43

16 PHASE 2
G.=450.45
F.F.=450.78
B.=442.03
MCE.=435.91

17 PHASE 2
G.=450.12
F.F.=451.45
B.=442.70
MCE.=436.35

15 (C) PHASE 2
G.=445.52
F.F.=445.85
B.=437.10
MCE.=435.25

13 (A) PHASE 2
G.=443.71
F.F.=444.04
B.=435.29
MCE.=433.73

18 PHASE 2
G.=451.87
F.F.=452.2
B.=443.45
MCE.=441.76

19 PHASE 2
G.=452.54
F.F.=452.87
B.=444.12
MCE.=441.89

20 PHASE 2
G.=453.21
F.F.=453.54
B.=444.79
MCE.=442.17

Sub 6 Road

*Approved Sublic System Right of Way
Handicapped Curb
Signaling*

EROSION CONTROL MATTING

PUBLIC 20' WATER AND UTILITY EASEMENT

PROP. LIGHT NO CURB

WHEEL STOP (TYP.)

25' WETLAND BUFFER

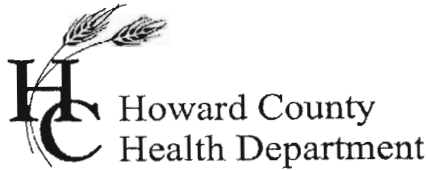
PUBLIC 20' WATER AND UTILITY EASEMENT

PUBLIC 20' WATER AND UTILITY EASEMENT

PUBLIC 20' WATER AND UTILITY EASEMENT

WELLING UNIT

FC503 FC504 FC505 FC506 FC507 FC508 FC509 FC510 FC511 FC512



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

June 6, 2008

NVR, Inc./Ryan Homes
6085 Marshalee Road
Elkridge, MD 21075

RE: Ellicott Meadows, Lot 17
3006 John Bernard Drive
Ellicott City, MD 21043
BP# B07002638
PUBLIC WATER

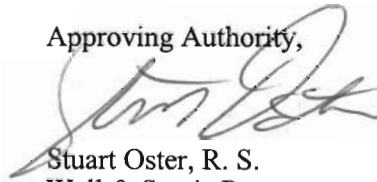
Dear Sir/Madam:

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 04/02/2008.**

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,



Stuart Oster, R. S.
Well & Septic Program

mlb
cc: Building Inspector's Office
File

Lot 11 Block _____

Commun EH _____

BEDROOM RESTRICTION ACKNOWLEDGMENT
Hearthstone at Ellicott Meadows

The undersigned Purchaser has entered into a Purchase Agreement for the Property known as GH17 and located in the Ellicott Meadows Community (the "Property").

By signing below, Purchaser acknowledges they have been informed of and understand the following information relating to the Property:

The Hearthstone at Ellicott Meadows is served by a community private sewage disposal system which can only accommodate a maximum of two bedrooms per Unit. Howard County will enforce this restriction and will not issue any building permits for modifications to any Unit where the number of bedrooms will be increased beyond two.

ACKNOWLEDGED BY PURCHASER:

Purchaser: [Signature]

Purchaser: _____

Date: 7/19/07