

LAYOUT _____

INSP 1 _____ INSP 3 _____

INSP 2 _____ INSP 4 _____

ISSUE DATE: 10/20/2005

P 523529

APPROVAL DATE: 11/1/05

PERMIT INDEXED

A _____

COMMUNITY SEPTIC SYSTEM 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 Marshalee Drive, Suite 140, Elkridge PHONE NUMBER: 410-796-0980

SUBDIVISION Homeland Unit # 137

ADDRESS: 12036 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 Bell DATE: 10/14/05

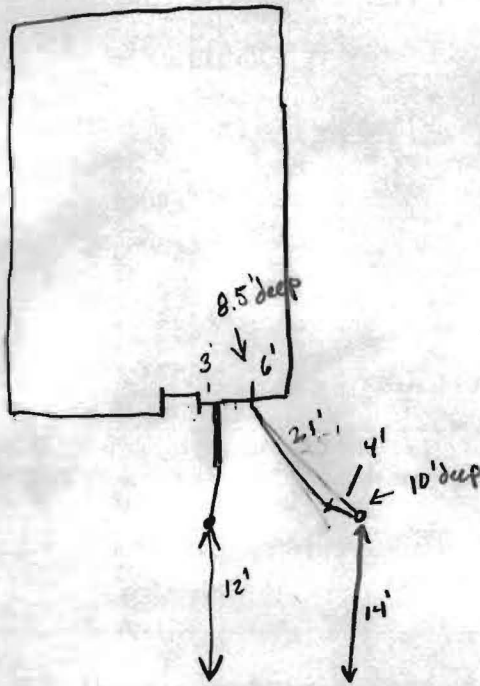
PERMIT VOID AFTER 2 YEARS

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

P
5
x
1

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 10/27/05 House connection to shared septic system complete. OK to Back fill. (GAC)

INSTALLATION _____

FINAL INSPECTOR Salriel A. Creighton DATE OF APPROVAL 10/27/05



HOWARD COUNTY HEALTH DEPARTMENT

23529

DATE
10 / 20 / 05

RS

Received From

NVR

PHONE # 410 796-0980

Ryan Homes

For

Septic Permit

CASH

CHECK

12036 Grayton Ln

NO.

204 137

232184

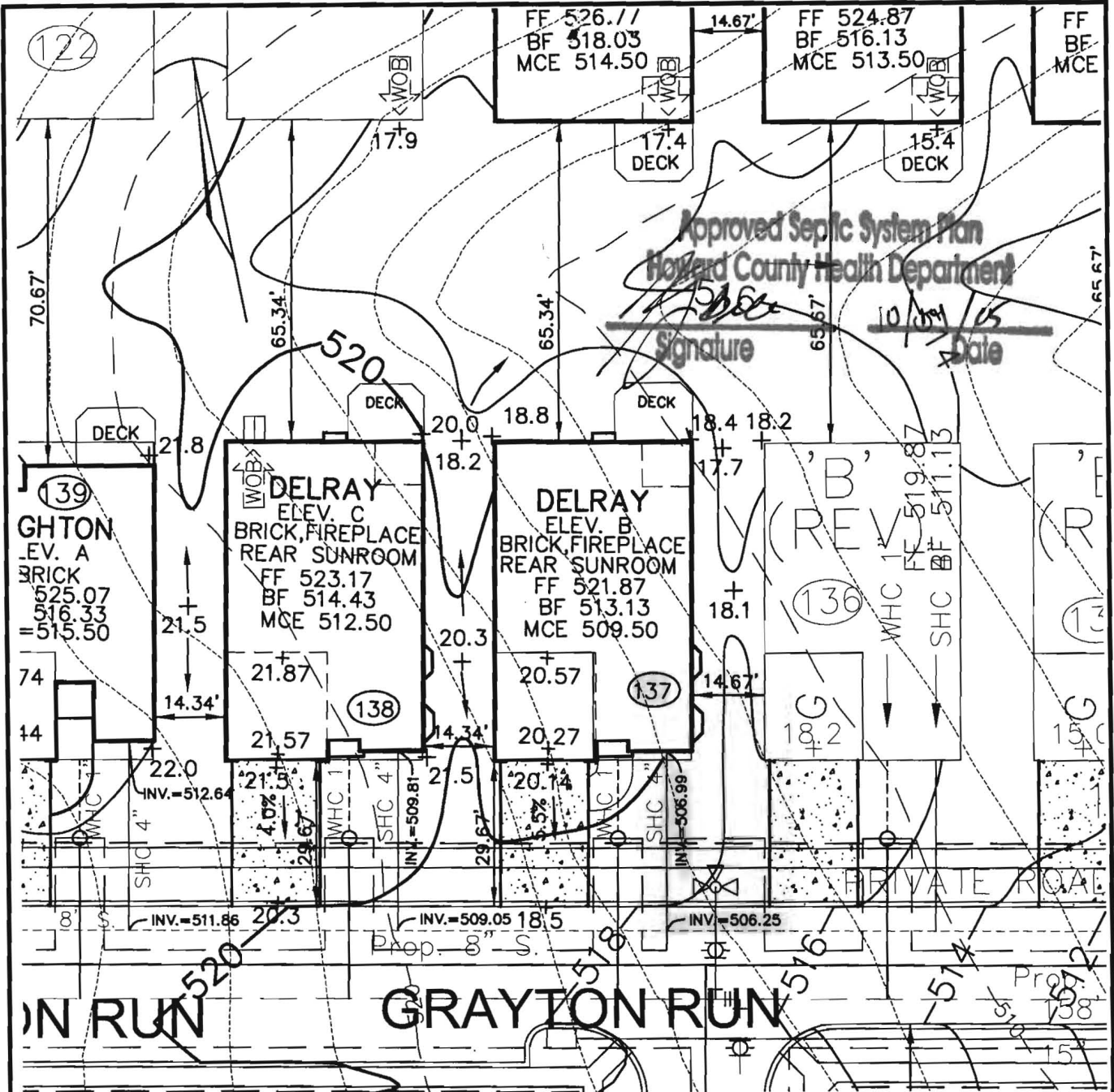
Three hundred twenty five Dollars

\$

376 | 00

Received By

[Signature]



Approved Septic System Plan
 Howard County Health Department

Signature

10/27/05
 Date

VA 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 JCO
 CHECKED BY RHV
 DATE AUGUST, 2005
 W. O. # 04-87.00
 SHEET# 1 OF 1

**RYAN HOMES
 ELLICOTT MEADOWS
 UNIT 137**

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

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

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 ned in the manuals shall consist of catalogs, files, 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 ance. Technical and maintenance information and electrical components shall be included but not limited to, Operation Responsibilities, ss Design Criteria, Operational Modifications, onponent Equipment O&M, System Equipment and As-Built.

nce of the facilities will not be undertaken until nuals 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) |

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 9-2-03
Date

[Signature] 9/2/03
Signature Date



HOWARD COUNTY HEALTH DEPARTMENT



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

November 1, 2005

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

SENT VIA FACSIMILE 410-796-7094

RE: Homeland, Lot 137
12036 Grayton Run
Ellicott City, MD 21042
BP # B00155942
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 11/01/2005 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,


Gabriel Creighton, Sanitarian
Well and Septic Program

cc: DILP, Building Inspectors Office
File