

10/17/97
11:00
Lay out

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59026-A

A REPAIR

DISTRICT

DATE 10/20/97

DATE SYSTEM APPROVED 10/21/97

INSPECTOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

196409

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 410-461-9282

SUBDIVISION LOT ROAD 3570 Sylvan Lane

PROPERTY OWNER Gibb (prospective buyer Charles Kyler)

ADDRESS 3570 Sylvan Lane Map 25 P. 242

SEPTIC TANK CAPACITY 1500 MIN GALLONS (DUE TO LIMITED DRAINFIELD)

NUMBER OF BEDROOMS Ex. 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 200

BLDG. PERMIT SIGNED

AND RETURNED 12-9-97

Serial # BP 109073
Wood Shod.

REPAIR - In support of expected one-bedroom addition; BP not yet applied for.

Call for inspection when ground is opened so sanitarian can recommend repair.

IN 4' BOT 7' 20'x36' PIT

10/6/97

(LESS THAN STANDARD DUE TO LIMITED DRAINFIELD) 10/10/97

MAINTAIN 85' TO EX. WELL

MR

PLANS APPROVED BY Mark Rifkin

DATE 10/6/97

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 59026-A

REPLACEMENT WELL SITE INSPECTION

OWNER HUGH GIBB

DATE REQUESTED 9/25/92 10:00
9/21/92 - 3 pm

ADDRESS 3570 SYLVAN LANE
(BIG YELLOW HOUSE ON LEFT)

DRILLER _____

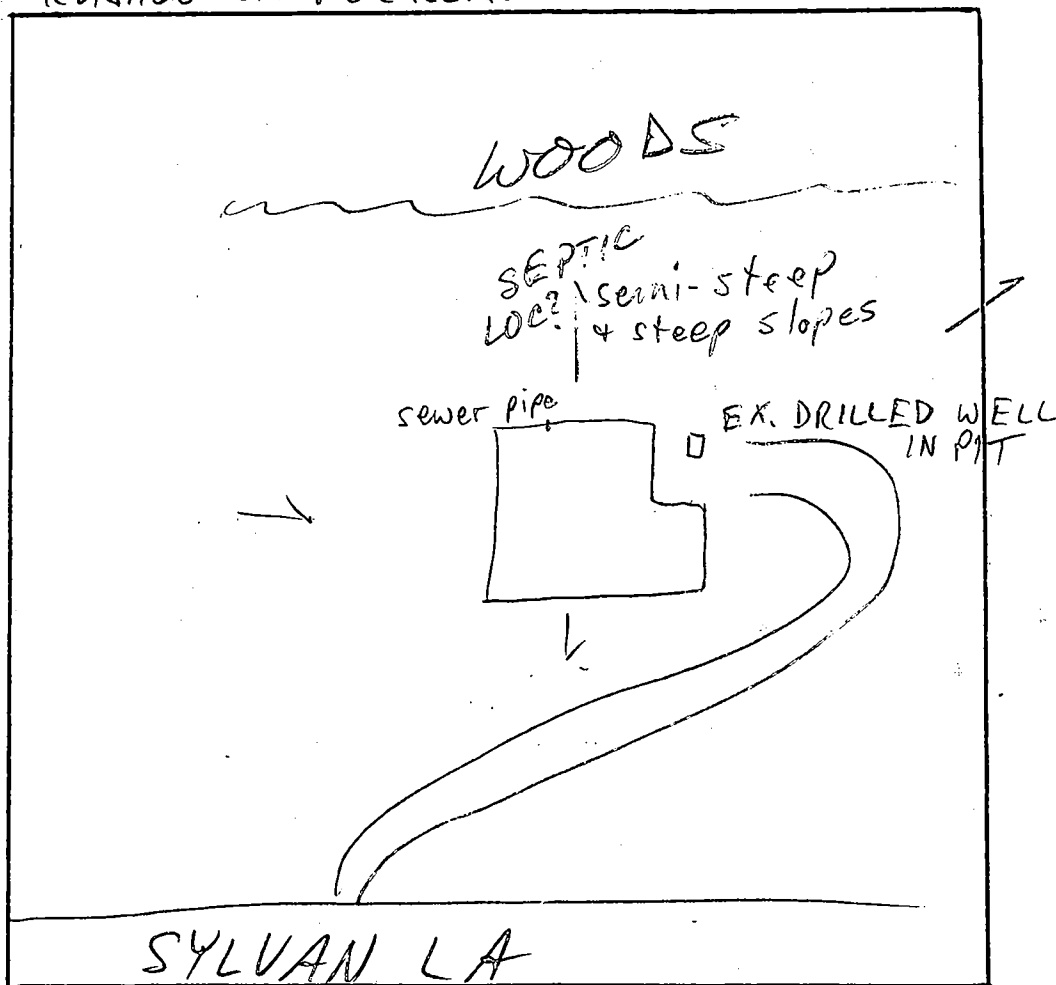
PROPERTY MANAGER - MARK FORD 461-7022

WELL TAG# _____

COUNTY# _____

TAX MAP 25 68 P 242

DRILLED WELL IN PIT, LOCATION DIAGRAM
BACT CONTAMINATION - FAILED TO RESPOND TO DISINFECTION
REQUESTS CONSTRUCTION INSPECTION FOR RECOMMENDATION ON
REMEDICATION OR REPLACEMENT



COMMENTS: 9/25/92 MET W/TENANT, OWNER, MGR, & PLUMBER (FREEZER);
30-YR OLD WELL IN PIT ~5' DEEP, NO GROUT EVIDENT;
TENANT INDICATES QUANTITY PROBLEMS AS WELL AS BACT;
DISCUSSED UPGRADING, W/UV-FILTER & OTHER OPTIONS;
RECOMMENDED (W/FREEZER) DRILLING NEW WELL AFTER
DETERMINATION OF SEPTIC LOCATION MR
11/5/95 T/C W/SUE HURLEY, NEW PROP. MGR: SHE REPORTS WATER NEGATIVE FOR BACT
FILE MR
193 CLOSED

NO OBJECTION
TO SHED
MR 12/8/87
OK TO SIGN

1987 DEC -9 A 10:29

APPROX.
EXISTING
HOUSE

3570 SYLVAN
LANE.
2.65 AC.

SHED

WELL

SEPTIC
FIELD

12x16 SHED

SYLVAN LN.

DRIVEWAY



7/2/99
10:00 meet
owner

SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: 7/2/99

ADDRESS: 3570 Sylvan Ln

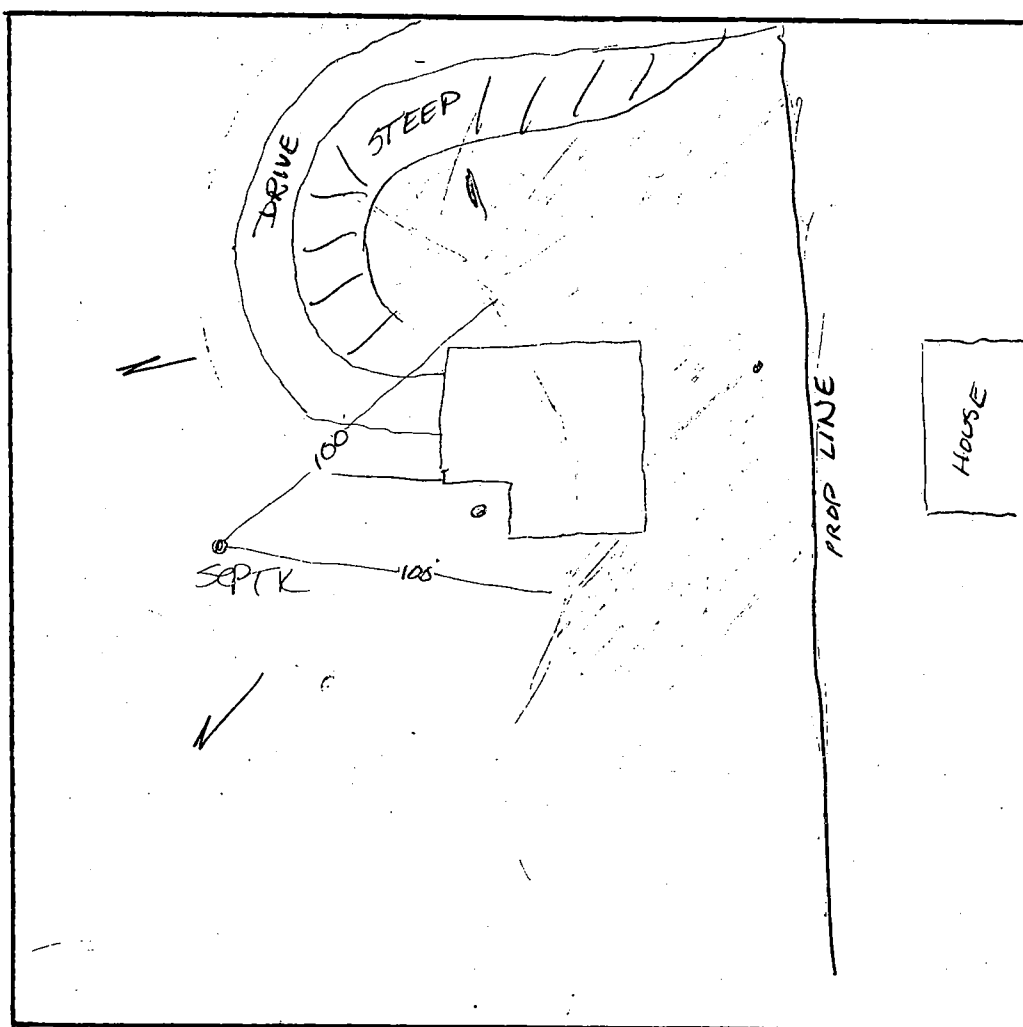
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: Replacement well - ^{proposed} addition is < 30' from existing well

LOCATION DIAGRAM



COMMENTS: 7/2/99 OK to drill in purple shaded area

DATE: 7/2/99

INSPECTOR: A. McMill

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 6/26/00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Darren Wilson

WELL DRILLERS LICENSE NUMBER: JD 065

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Christian Vonberg

* WELL LOCATION: 14352 Fredrick Rd

COUNTY: Hann

NEAREST TOWN: Cookesville

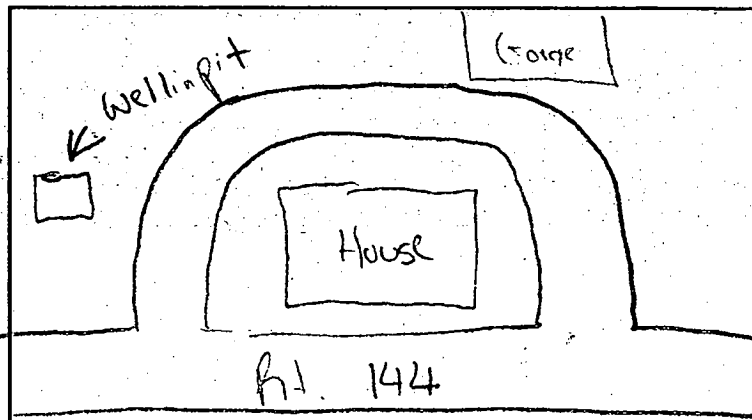
TAX MAP _____ BLOCK _____ PARCEL _____

SUBDIVISION: _____

SECTION: _____ LOT: _____

NEAREST ROAD: McKendree Rd

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

- ☒ DRILLED _____ JETTED
- ☐ BORED/AUGERED _____ HAND DUG
- ☐ OTHER (specify) _____

* USE CODE:

- ☒ DOMESTIC _____ MUNICIPAL/PUBLIC
- ☐ IRRIGATION _____ INDUSTRIAL
- ☐ TEST/OBSERVATION _____ GEOTHERMAL

* TYPE OF CASING:

- ☒ STEEL _____ PLASTIC
- ☐ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 5 5/8" INCHES IN DIAMETER

* DEPTH OF WELL: 71 FEET DEEP

* WAS ANY CASING REMOVED? _____ YES ☒ NO
if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES ☒ NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 269

CIRCLE ONE MWD/MSD/MGD

DATE 6/26/00

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 9/15/00 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: Charles Kyler

* OWNER'S NAME: " "

* WELL LOCATION: 3570 Sylvan Lane

COUNTY: Howard
NEAREST TOWN: Ellicott City
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: N/A
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES
E 858
BOX NUMBER N 525

* TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED
☐ BORED/AUGURED ☐ HAND DUG
☐ OTHER (specify) _____

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC
☐ IRRIGATION ☐ INDUSTRIAL
☐ TEST/OBSERVATION

* TYPE OF CASING:

☒ STEEL ☐ PLASTIC
☐ CONCRETE ☐ OTHER (specify) _____

* SIZE OF CASING: 6 1/2 INCHES IN DIAMETER

* DEPTH OF WELL: 108' ± 1 FEET DEEP

* WAS ANY CASING REMOVED? ☒ YES ☐ NO (Plumbing Removed)
if yes, length removed, in feet: 18'

* WAS CASING RIPPED OR PERFORATED? ☐ YES ☒ NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN Steven Roger Kueg

LICENSE # 1002 CIRCLE ONE

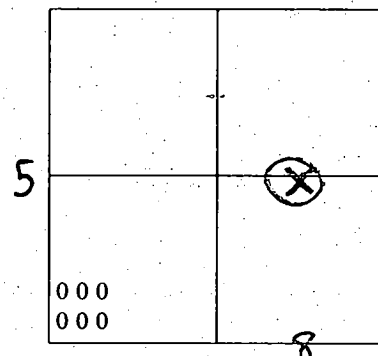
Sanitarian In Training

DATE 9/15/00

N/A

N/A

WELL DRILLERS LICENSE NUMBER: N/A
CIRCLE: MWD/MSD/MGD

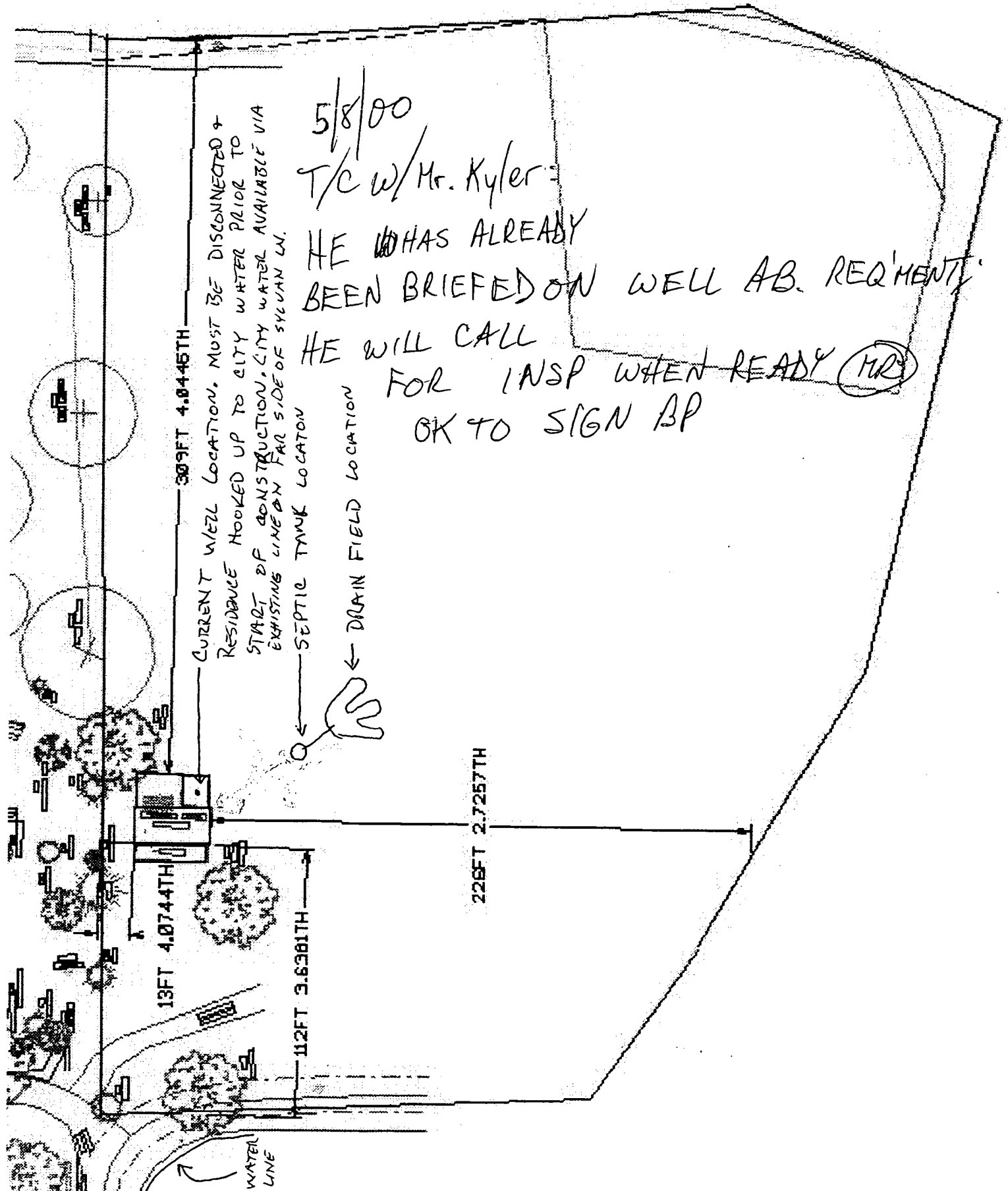


SHOW WELL LOCATION
BY X WITHIN BOX

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Concrete/Crushed Stone	0"	18"
Concrete	18"	108'

SUCKER BRANCH



5/8/00
T/C W/ Mr. Kyler:
HE ~~WAS~~ HAS ALREADY
BEEN BRIEFED ON WELL AB. REQ'MENT.
HE WILL CALL
FOR INSP WHEN READY (MR)
OK TO SIGN BP

CURRENT WELL LOCATION. MUST BE DISCONNECTED +
RESIDUANCE HOOKED UP TO CITY WATER PRIOR TO
START OF CONSTRUCTION. CITY WATER AVAILABLE VIA
EXISTING LINE ON FAR SIDE OF SYLVAN LN.

SEPTIC TANK LOCATION
DRAIN FIELD LOCATION

13FT 4.0744TH

112FT 3.6381TH

309FT 4.0445TH

228FT 2.7257TH

WATER
LINE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00123875
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Building Address: <u>3570 SYLVAN LN</u> <u>ELLCOTT CITY, MD 21043</u>	Property Owner's Name: <u>CHARLES D & ANNE KURTZ</u> Address: <u>3570 SYLVAN LN</u> City: <u>ELLCOTT CITY</u> State: <u>MD</u> Zip Code: <u>21043</u>
Suite/Apt. #: <u>---</u> SDP/WP/Petition #: <u>---</u>	Home Phone: <u>(410) 750-7434</u> Work Phone: <u>(410) 771-3405</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>SMITH</u>
Census Tract: <u>6029</u> Subdivision: <u>N/A</u>	Phone: _____ Fax: _____
Section: <u>11A</u> Area: <u>1/4</u> Lot: <u>1/4</u>	Contractor Company: <u>Home Council</u>
Tax Map: <u>25</u> Parcel: <u>242</u> Grid: <u>3LK 8</u>	Contact Person: <u>Charles Kurtz</u>
Zoning: <u>R-ED</u> Map Coordinates: <u>17-9</u> Lot size: _____	Address: _____
Existing Use: <u>Single Fam. Res.</u>	City: _____ State: _____ Zip Code: _____
Proposed Use: <u>Single Fam. Res.</u>	License No.: _____ Phone: _____ Fax: _____
Estimated Construction Cost: <u>\$ 35,000</u>	Engineer or Architect Company: <u>Home Council</u>
Description of Work: <u>ADDITION TO EXISTING STRUCTURE, 2 BATH, Family Room, Kitchen</u>	Contact Person: <u>Charles Kurtz</u>
Occupant or Tenant: <u>SELF</u>	Address: _____
Contact Name: _____	City: _____ State: _____ Zip Code: _____
Address: _____	Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____
No. of stories: _____	Public ☐ Private ☐	Depth: <u>14</u> Width: <u>20</u>	Public ☐ Private ☒ (2nd floor)
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: <u>14</u> 2nd floor: <u>14</u> Basement: <u>14</u>	Sewage Disposal: _____
Use group: _____	Public ☐ Private ☐	Finished Basement ☐ Unfinished Basement ☒	Public ☐ Private ☒
Construction type: _____	Electric Yes ☐ No ☐	Crawl space ☐ Slab on Grade ☐	Electric Yes ☒ No ☐
Reinforced Concrete ☐	Gas Yes ☐ No ☐	No. of Bedrooms: <u>2</u>	Gas Yes ☐ No ☐
Structural Steel ☐	Heating System: _____	Multi-family dwellings: _____	Heating System: _____
Masonry ☐	Electric ☐ Oil ☐	No. of efficiency units: _____	Electric ☐ Oil ☒
Wood Frame ☐	Natural Gas ☐	No. of 1 BR units: _____	Natural Gas ☐
State Certified Modular ☐	Propane Gas ☐	No. of 2 BR units: _____	Propane Gas ☐
	Sprinkler system: N/A ☐	No. of 3 BR units: _____	Sprinkler system: N/A ☒
	Full ☐	Other Structure: _____	Full ☐
	Partial ☐	Dimensions: _____	Partial ☐
	Other Suppression ☐	Footings: _____	Other: _____
	# of Heads _____	Roof: _____	
		State Certified Modular ☐	
		Manufactured Home ☐	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS THE COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: Charles D Kurtz
Title/Company: _____ Date: 4-27-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	19634
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health			All minimum setbacks met?	
Fire Protection			YES ☐ NO ☐	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	
YES ☐ NO ☐			YES ☐ NO ☐	
			Historic District?	
			YES ☐ NO ☐	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	
			Accepted by	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a: permit fee
Rev. 10/15/98

CRJ. out
4/1/61

PERMIT

P. 03781

AB452

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 5-25-61

347033

INDEXED
INDEXED

Excavating Contractors IS PERMITTED TO INSTALL X ALTER

ADDRESS E. U. PHONE HA 5-2848

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Bassler ROAD 6016 Jett's Drive LOT 12 A

PROPERTY OWNER Hofen, Bernard Shirley M. H. H. H. H.

ADDRESS 14705 Layhill Rd. Silver Spring

SPECIFICATIONS

DRAIN FIELD 2 DEPTH 4 FEET, BOTTOM AREA 88 SQ. FT.

SEWAGE PITS 1 ABSORBENT SIDE-WALL AREA 88 SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAP. 100%

OTHER File field 446 sq. ft. of bottom area located on front of lot in front of

house. File field must be installed in area tested.

PLAND APPROVED BY JAMES HARRISON DATE 5-16-61

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 2-4-98

Serial # BM109757

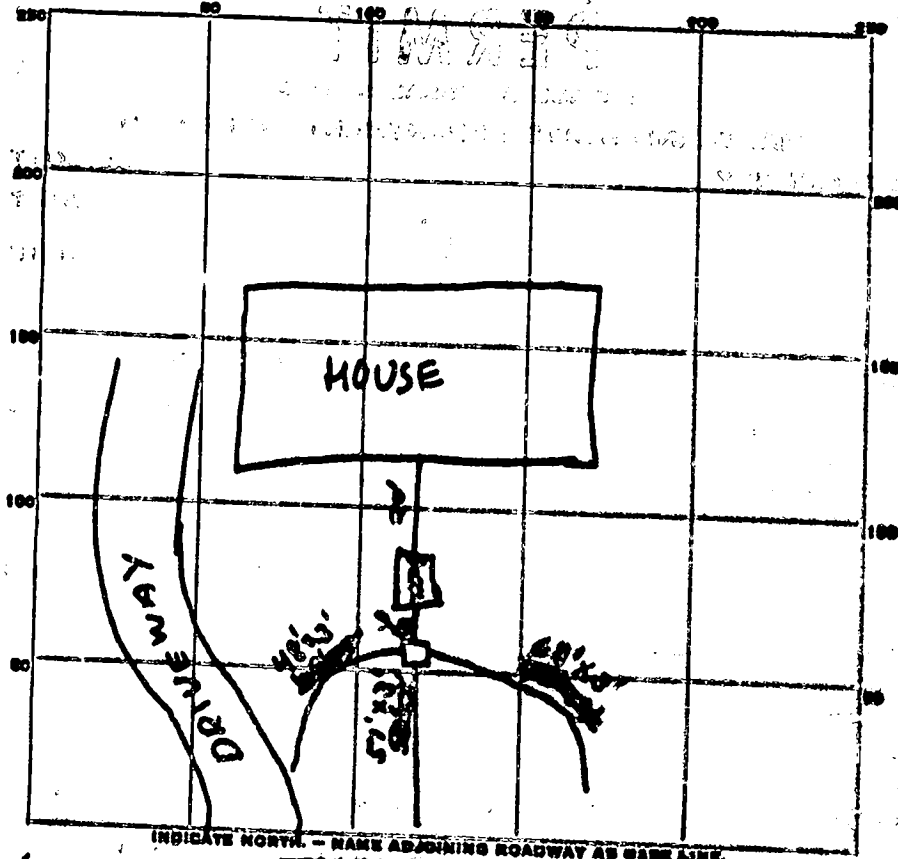
addition porch

03482

039036-13

120
150
180
405
159
405

48
51
163
480



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
JERRY'S DRIVE

PERMIT CARD ☒
 SEPTIC TANK, LEVEL ☒
 DISTRIBUTION BOX, LEVEL ☒
 TILE FIELD, DEPTH 3 FT. TRENCH WIDTH 3 FT.
 GRAVEL DEPTH 12 IN. TOTAL LENGTH 162 FT.
 NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 405
 PERGEE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

6/1/61
 REMARKS Not approved - plans call for 486 s.f. of bottom area - system
 contains only 405 s.f. at time of inspection. (WH)
 6-8-61 Corrections above made. JH

DATE SYSTEM APPROVED 6-8-61 INSPECTOR J. H. [Signature]

MARYLAND SURVEYING AND ENGINEERING CO., INC.

Subsidiary of LYON ASSOCIATES, INC.

6707 WHITESTONE ROAD

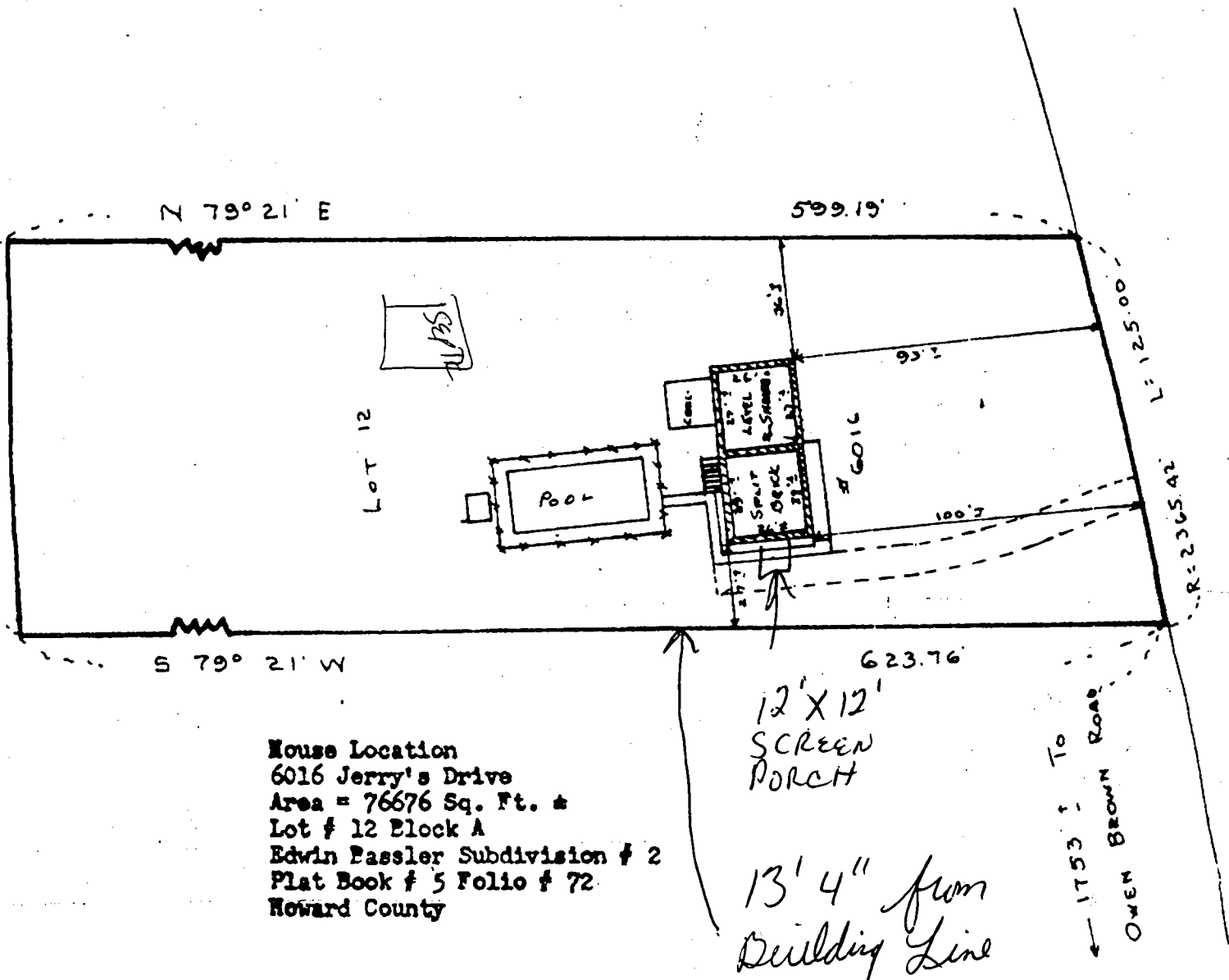
BALTIMORE, MARYLAND 21207

TELEPHONE: 301-944-9291

ENGINEERING

SURVEYING

PLANNING



House Location
6016 Jerry's Drive
Area = 76676 Sq. Ft. ★
Lot # 12 Block A
Edwin Passler Subdivision # 2
Plat Book # 5 Folio # 72
Howard County

THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE OUTLINES OF THE LOT UPON WHICH THEY ARE ERECTED AND IS NOT TO BE CONSTRUED AS ESTABLISHMENT OF PROPERTY LINES.

Signed This 25 day September 19 69

J. Robert Carroll

SCALE 50 ft. - 1 inch

File No. 1428 - 5366

