

LAYOUT 3/15/07, INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 03/09/07
APPROVAL DATE: 4/4/07

PERMIT

P 526274
A 523727

TAX ID #04-315782
ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

Charlie's Bobcat Service, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 13 Energetic Endeavor Dr, Sykesville PHONE NUMBER: 410-549-8021

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1398 Underwood Road PROPERTY OWNER: Brian Wynne

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

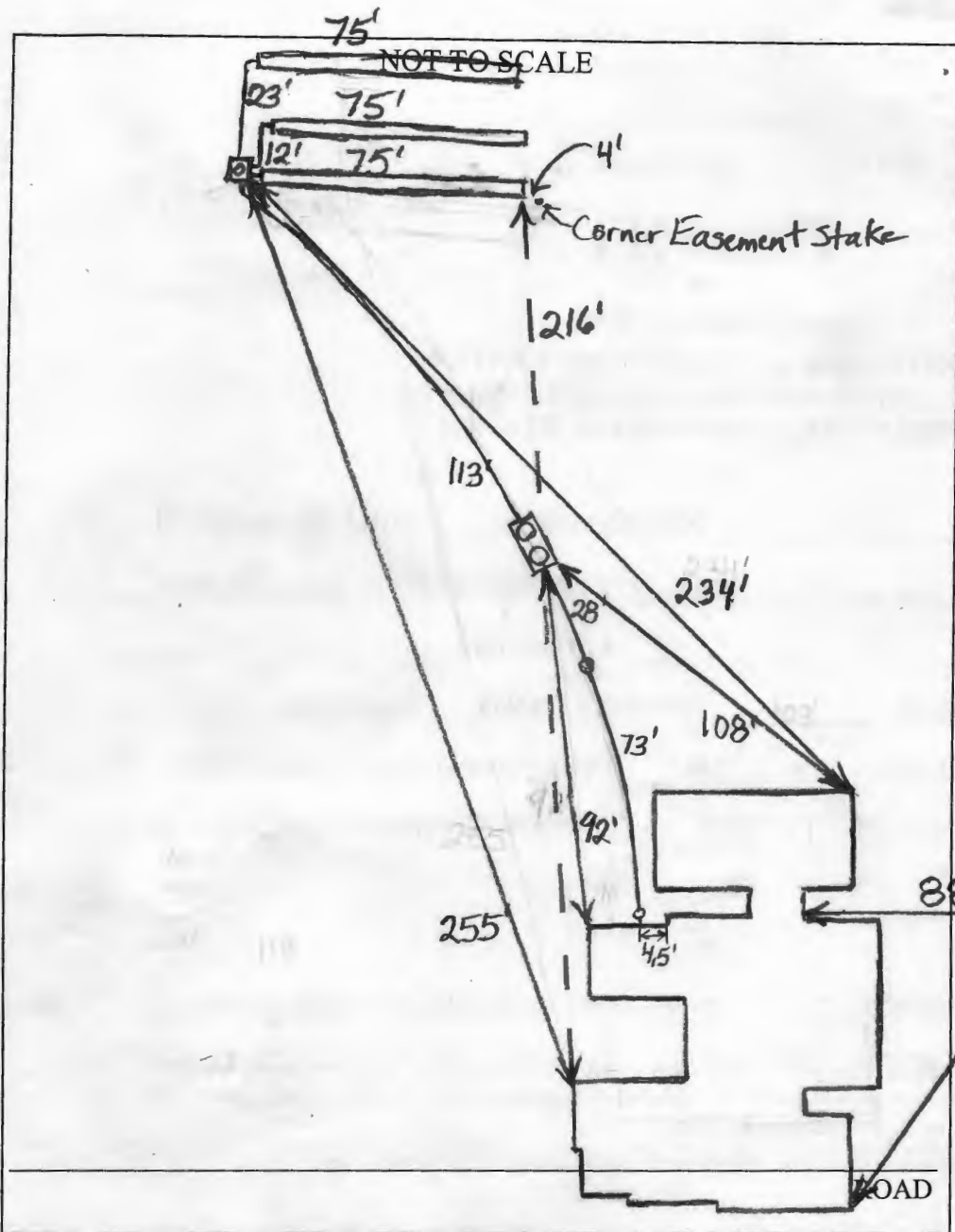
LINEAR FEET OF TRENCH REQUIRED: 217 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Install the septic system as shown on the approved building permit plan.
NOTES:	Basement service by gravity.

PLANS APPROVED: Sara Fegel Reviewed by: _____ DATE: 7/12/06

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	6.5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		225'
ABSORPTION AREA		675+Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		Yes

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	0.5'-1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front+Rear
6" PORT LOC	None
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION 3/15/07 O.K. to set the distribution box near the top middle of the septic easement and install

INSTALLATION 3-75' trenches on contour. O.K. to install 2000 gallon 2 compartment tank. (BB) 3/21/07 System finished. O.K. to backfill. (BB)

FINAL INSPECTOR B. Baker DATE OF APPROVAL 4/4/07

After 2:30

1/21/63 *approx*

PERMIT

SEWAGE DISPOSAL SYSTEM

P 06137
A 38945-1
05438

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 11-27-62

INDEXED

INDEXED

Charles J. Serber

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT 1398 Underwood Rd. 1/2 mile south of Forsythe Rd on left.

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Serber, Charles J.

ADDRESS Bracciale, Vincent

SPECIFICATIONS

DRAIN FIELD DEPTH _____ FEET, BOTTOM AREA 465 SQ. FT. *

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER * or Leaching Bed - 603 sq. ft. bottom area

Place system in area that passed test - behind

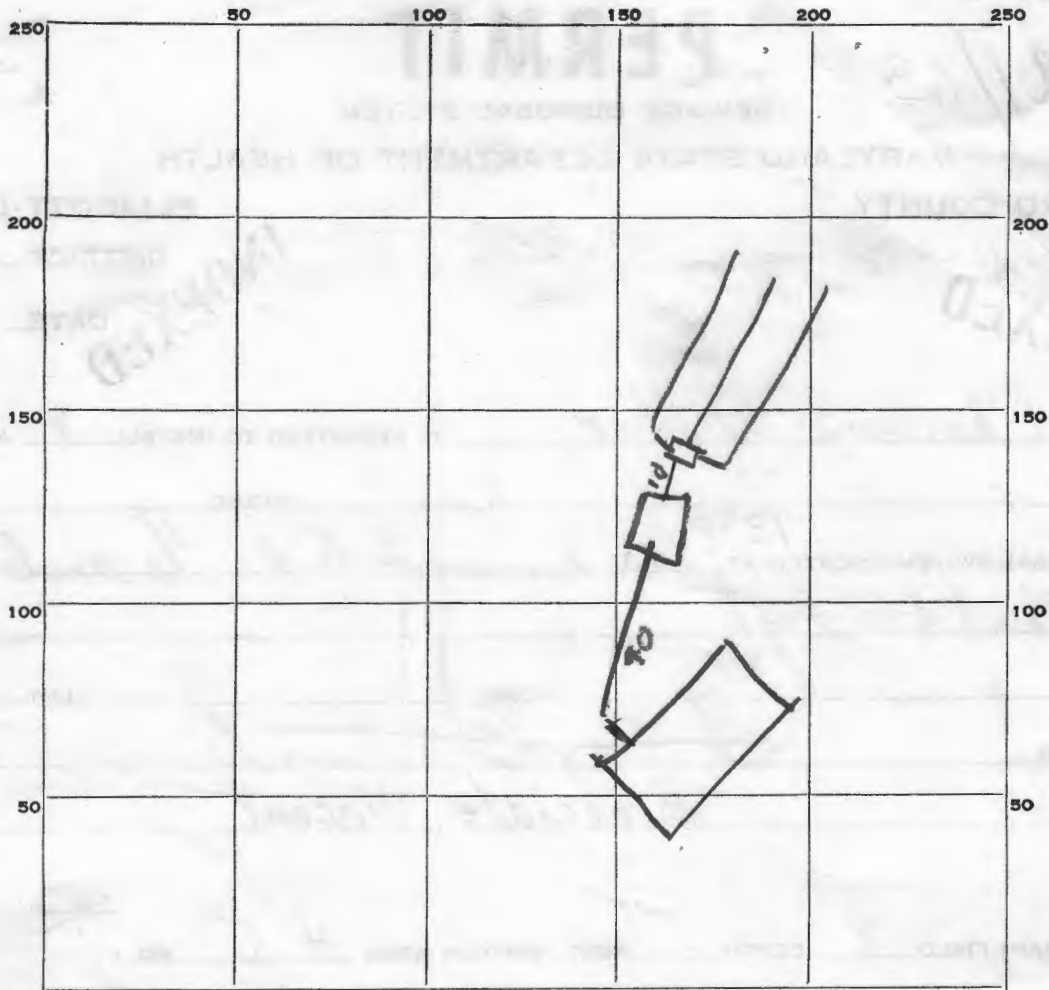
right rear corner of house as you face from Underwood Rd.

PLANS APPROVED BY DWM [signature] DATE 8-23-62

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.

A-05438



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD afes

SEPTIC TANK, LEVEL OK concrete 750
top is 2 ft below grade

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 3-4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 151 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 453

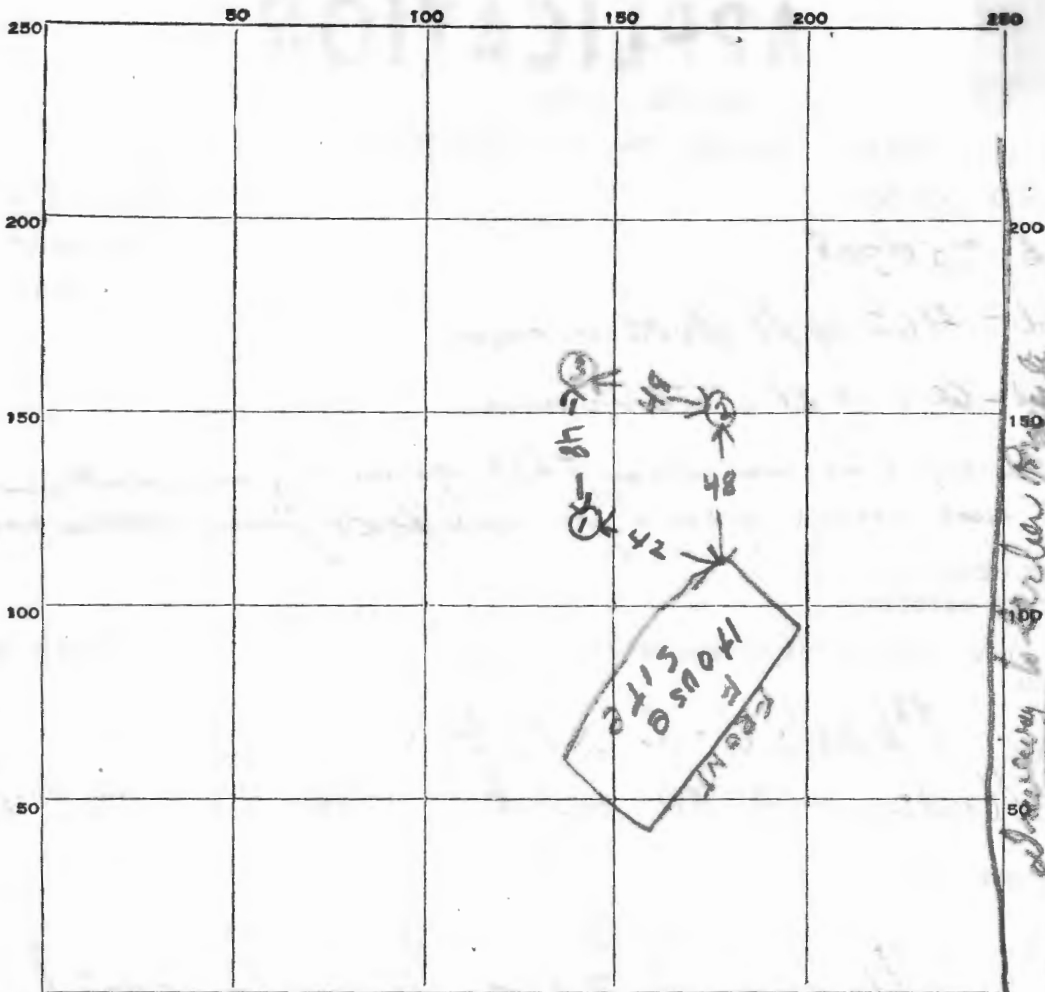
SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 21 Jan 63

INSPECTOR Raymond Hodges



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
6007 rd Underwood Road *2. J. J. J. Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-24-62	1	3	912	932	932	1008	36 min
	2	3	1017	1022	1022	1036	14 min
	3	4	1037	1045	1045	1107	22 min

3 } 77 -
24 min


SOIL AUGER FINDING _____

TESTED BY *DMG:362*

REMARKS _____

ALSO PRESENT *Charles J. Tester* LOT NO. _____

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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STR

Account Identifier: District - 04 Account Number - 315782

Owner Information

Owner Name:	BRACCIALE VINCENT A JR BRACCIALE TERESA J T/E	Use:	AGRICULTURAL
		Principal Residence:	YES
Mailing Address:	1398 UNDERWOOD RD SYKESVILLE MD 21784-5721	Deed Reference:	1) / 5305/ 69 2)

Location & Structure Information

Premises Address	Zoning	Legal Description
1398 UNDERWOOD RD SYKESVILLE 21784	RCDEO	49.107 A 1398 UNDERWOOD RD WOODBINE

Map	Grid	Parcel	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:	13548
9	8	59					81		

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1963	2,064 SF	49.10 AC	

Stories	Basement	Type	Exterior
1	YES	STANDARD UNIT	BRICK

Value Information

	Base Value	Value As Of	Phase-in Assessments		
		01/01/2002	As Of	As Of	PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
Land:	128,550	173,550	07/01/2002	07/01/2003	
Improvements:	143,270	182,080			
Total:	271,820	355,630	299,756	327,692	
Preferential Land:	23,550	23,550	23,550	23,550	

Transfer Information

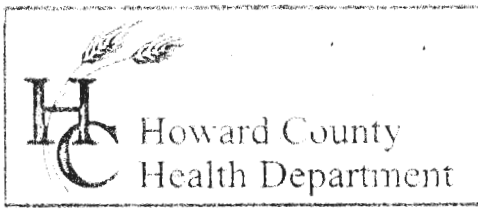
Seller: DORSEY PHILLIP H	Date: 01/04/2001	Price: \$450,000
Type: NOT ARMS-LENGTH	Deed1: / 5305/ 69	Deed2:
Seller: GERBER CHARLES T	Date: 09/06/1994	Price: \$500,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 3338/ 149	Deed2:
Seller: GERBER CHARLES T	Date: 08/27/1986	Price: \$0
Type: UNKNOWN	Deed1: / 1749/ 340	Deed2: / 1749/ 343

Exemption Information

Partial Exempt Assessments	Class	07/01/2002	07/01/2003
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO
Exempt Class:

Special Tax Recapture:
AGRICULTURAL TRANSFER TAX



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 20, 2003

Vincent & Teresa Bracciale
1398 Underwood Road
Sykesville, MD 21784

RE: Building Permit Application B00140285
1398 Underwood Road
Tax Map 9, Parcel 59
Proposed SFD Use of Installed Mobile Home

Dear Mr. & Mrs. Bracciale:

This office has received the above referenced building permit application, but cannot recommend approval at this time due to the lack of an approved well and septic reserve area for the installed mobile home. Additional plumbing detail will be requested after these approval issues are resolved.

The first priority is establishing a septic reserve area to serve the trailer. The process starts with an application (enclosed), a scaled (1:50) site plan depicting specific locations of proposed test holes comprising a reserve area of approximately 10,000 square feet, and a test fee of \$225 payable to Director of Finance. In order to verify that adequate repair capacity remains for the existing nearby house, additional test holes should also be depicted in locations suitable to support a similar septic reserve area for that house (test fee \$25). The plan should also include topography in the vicinity of the proposed test holes, a proposed well location to serve the mobile home, specification of the number of bedrooms in the mobile home, and locations of the existing well and septic system. While plans prepared by an engineer or surveyor are preferable, plans by others can also be acceptable if they are legible, accurate and scaled.

If approval can be granted, such approval will be indicated by Health Officer signature on a plan submitted after testing. Detailed requirements for this plan will be transmitted by mail after completion of testing. After approval of that plan, building permit review can proceed.

Please arrange for submittal of the requested plan, completed application and test fees to this office at the address above. If you have any questions, please contact this office at (410) 313-1771.

Very Truly Yours,



Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits
File

Building Address 1578 UNDERWOOD RD SYKESVILLE, 21789

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 11A Subdivision N/A

Section 7 Area 59 Lot 8

Tax Map RC-DEO Parcel _____ Grid 8

Zoning _____ Map Coordinates _____ Lot size 49.02+

Property Owner's Name VINCENT TERESA

Address 1575 UNDERWOOD RD

City SYKESVILLE State MD Zip Code 21789

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Terry 301-725-5278
443-280-2711

Contractor Company CAR TREE ESTATES

Contact Person RW MARTIN

Address 1471 CHARLES LEWIS RD

City MARTINSBURG WV Zip Code 25401

License No. SP19HSE # Phone 304-263-5900 Fax _____

Engineer or Architect Company KEDMAN HOMES

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use RESIDENTIAL

Estimated Construction Cost 1800.00

Description of Work Installed tenant mobile home w/deck
23'5" x 40' BA Case No
Helen SUAREZ # 02-28C

Occupant of Tenant Helen SUAREZ

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____

Title/Company _____

Print Name TERESA J. KRIVITZ

Date 1.16.03

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ <u>1156</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>19115</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

10/01/07

Building Address 1398 Underwood RD
 Suite/Apt. #: SDP/WP/Petition #:
 Census Tract Subdivision
 Section Area Lot
 Tax Map Parcel Grid
 Zoning Map Coordinates Lot size

Property Owner's Name BRIAN WOOD
 Address
 City State Zip Code
 Home Phone (Work Phone)
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone Fax

Existing Use N/A
 Proposed Use
 Estimated Construction Cost \$
 Description of Work Detached garage

Contractor Company
 Contact Person
 Address
 City State Zip Code
 License No.
 Phone Fax

Occupant or Tenant BRIAN WOOD
 Contact Name
 Address
 City State Zip Code
 Phone Fax

Engineer or Architect Company
 Contact Person
 Address
 City State Zip Code
 Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u> </u>	Water Supply: <u> </u>
No. of stories: <u> </u>	Public <u> </u>
Gross area, sq. ft. per floor: <u> </u>	Private <u> </u>
Use group: <u> </u>	Sewage Disposal: <u> </u>
Construction type: <u> </u>	Public <u> </u>
Reinforced Concrete <u> </u>	Private <u> </u>
Structural Steel <u> </u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Masonry <u> </u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Wood Frame <u> </u>	Heating System: <u> </u>
State Certified Modular <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u> </u>
	Full <u> </u>
	Partial <u> </u>
	Other Suppression <u> </u>
	# of Heads <u> </u>

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u> </u>
Depth <u> </u> Width <u> </u>	Public <u> </u>
1st floor: <u> </u>	Private <u> </u>
2nd floor: <u> </u>	Sewage Disposal: <u> </u>
Basement: <u> </u>	Public <u> </u>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Private <u> </u>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u> </u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: <u> </u>	Heating System: <u> </u>
Multi-family dwellings: <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: <u> </u>	Natural Gas <input type="checkbox"/>
No. of 1 BR units: <u> </u>	Propane Gas <input type="checkbox"/>
No. of 2 BR units: <u> </u>	Sprinkler system: <u> </u>
No. of 3 BR units: <u> </u>	N/A <input type="checkbox"/>
Other Structure: <u> </u>	NFPA #13D <u> </u>
Dimensions: <u> </u>	NFPA #13R <u> </u>
Footings: <u> </u>	Other: <u> </u>
Roof Height: <u> </u>	
State Certified Modular <u> </u>	
Manufactured Home <u> </u>	

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Print Name
 Title/Company Date

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: <u> </u>	Filing fee \$ <u> </u>
State Highways			Rear: <u> </u>	Permit fee \$ <u> </u>
Building Official			Side: <u> </u>	Excise tax \$ <u> </u>
Dev. Engineering, DPZ			Side St.: <u> </u>	Add'l per. fee \$ <u> </u>
Health	4/14/07		All minimum setbacks met?	TOTAL FEES \$ <u> </u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u> </u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ <u> </u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u> </u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u> </u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone <u> </u>	
White: Building Official			SDP/Red-line approval date <u> </u>	Accepted by <u> </u>
Green: LOD, DPZ			Yellow: DED, DPZ	
Pink: Health				
Gold: SHA				

Gaboon 868

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
6450 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B06000866

Building Address 139B Underwood Road
ye olive Maryland 21784
Suite/Apt. #: 04-315783 SDP/WP/Petition #: _____
Census Tract 6090.02 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 9 Parcel 59 Grid 8
Zoning RC Map Coordinates _____ Lot size 47.02 Acres

Property Owner's Name MR. & MRS. DEAN WYLAND
Address 1517 Hill Top Road
City Woodlawn State MD Zip Code 21791
Home Phone 410 409-5057 (Work Phone _____)
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Town with front porch
Proposed Use Town with primary residence &
Estimated Construction Cost \$ 100,000 town house
Description of Work Construction of 2nd floor
1 1/2 bath, masonry fireplace, 200
square hardwoods, finished basement
with stairs well as lighting

Contractor Company CATERVILLE HOMES I.L.C.
Contact Person THANK POLEPAN
Address 10103 Birmingham Way
City Woodstock State MD Zip Code 21165
License No. 170
Phone 410 790-1100 Fax 410 790-2596

Occupant or Tenant MR. & MRS. DEAN WYLAND
Contact Name THANK POLEPAN
Address 10103 Birmingham Way
City Woodstock State MD Zip Code 21165
Phone 410 790 1100 Fax 410 790 2596

Engineer or Architect Company JOHN SCHNIDER
Contact Person John Schneider
Address 110 North Rolling Road
City Baltimore State MD Zip Code 21228
Phone 410-497-1995 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Spinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>12'11"</u> <u>11'5 1/2"</u> 2nd floor: <u>6'2 1/2"</u> <u>6'9 1/2"</u> Basement: <u>7'2 1/2"</u> <u>11'5 1/2"</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: <u>10'11"</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>PROPANE</u> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Member CATERVILLE HOMES I.L.C.
Title/Company _____

Print Name THANK E. POLEPAN, III
Date June 30, 2006

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Acid 1 per. fee \$ _____
Health	<u>7/10/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>10191</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\Home\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	

T/c msg to owner
3/2/04

MTG: 3/10/04
9:30

3377



REDMAN HOMES

CONSUMER INSULATION INFORMATION

This Redman Home, SOUTHWOOD A151 50G3BDSW Serial # 12237631A/B
 BRAND MODEL NUMBER

Contains the Following Insulation Specifications:

LOCATION	TYPE OF INSULATION	*THICKNESS	"R" VALUE
FLOOR	FIBERGLASS	4 1/2"	14
EXTERIOR WALLS	FIBERGLASS	5 1/2"	19
CEILING	24 CELLULOSE BAGS	5 15/16" AVERAGE	22

This insulation information was furnished by the manufacturer and is disclosed in compliance with the Federal Trade Commission Rule, Labeling and Advertising of Home Insulation, 16 CFR Section 460.16.

DATE 2/23/01

RETAILER SIGNATURE [Signature]

I hereby understand that a copy of this form will be included with my sales contract.
 I have received The Ventilation Improvement Information Sheet.

DATE 2/23/01

CUSTOMER'S SIGNATURE [Signature]

- *Thickness as certified by original supplier of insulation.
- *Savings vary. Higher R-values mean greater insulating power.

J. Joseph Curran, Jr.
Attorney General

Carmen M. Shepard
Donna Hill Staton
Deputy Attorneys General



William Leibovici
Chief, Consumer
Protection Division

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

WRITER'S DIRECT DIAL. NO.
(410) 576-6366

January 5, 2001

Oak Tree Estates
1471 Charles Town Rd.
Martinsburg, WV 25401

Re: Home Builder Registration confirmation

Dear Registrant:

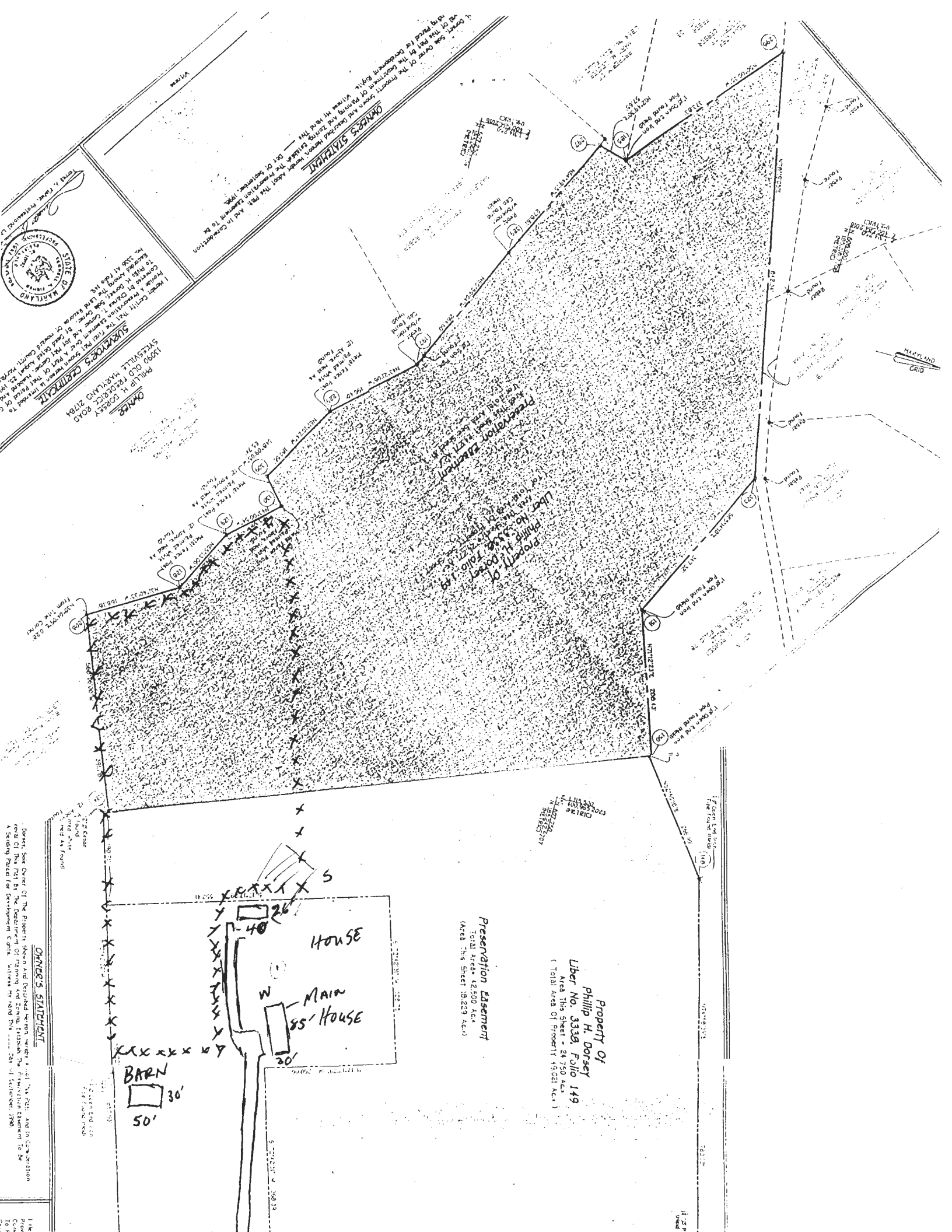
Your application for registration as a home builder in the State of Maryland has been received and reviewed by the Home Builder Registration Unit of the Consumer Protection Division, Office of the Attorney General. The application has been approved and your registration number is as follows:

Maryland Home Builder Registration No.: 1088

Effective date: January 1, 2001

Please verify that your name and address at the top of this letter are correct. This is the exact information that we will be using to notify the permit offices and the public of your registration. Please let us know right away if any of this information is incorrect. In addition, you must notify the Home Builder Registration Unit of any change in the information provided for registration within 10 working days after the change is effective.

On and after January 1, 2001, all contracts for the sale of a new home must include the following information: 1) your builder registration number; 2) a provision stating that the home will be constructed in accordance with all applicable building codes; 3) a provision referencing all performance standards or guidelines that you will comply with in the construction of the new home; and 4) a provision detailing the purchaser's right to receive a consumer information pamphlet.



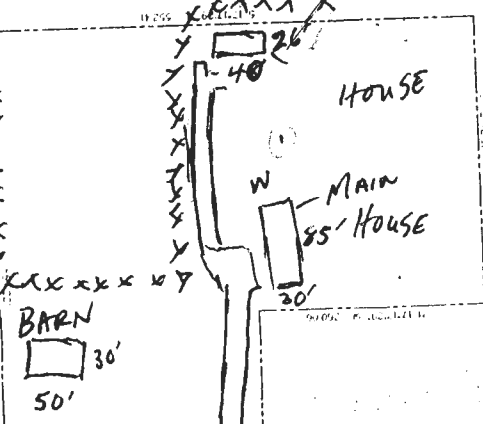
OWNER'S STATEMENT
 I, Phillip H. Dorsey, do hereby certify that the above described land is my own and undivided interest therein. I have not been advised by any person that the same is subject to any lien, mortgage, or other encumbrance. I have not been advised by any person that the same is subject to any other claim or interest of any person. I have not been advised by any person that the same is subject to any other claim or interest of any person. I have not been advised by any person that the same is subject to any other claim or interest of any person.

OWNER'S STATEMENT
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Presentation Easement
 Phillip H. Dorsey
 Liber No. 3338, Folio 149
 (Total Area of Property 45.021 A.C.)

Presentation Easement
 Total Area 42,500 A.C.
 (Area This Sheet 18,229 A.C.)

Property of
 Phillip H. Dorsey
 Liber No. 3338, Folio 149
 Area This Sheet - 24,750 A.C.
 (Total Area of Property 45,021 A.C.)



OWNER'S STATEMENT
 I, Phillip H. Dorsey, do hereby certify that the above described land is my own and undivided interest therein. I have not been advised by any person that the same is subject to any lien, mortgage, or other encumbrance. I have not been advised by any person that the same is subject to any other claim or interest of any person. I have not been advised by any person that the same is subject to any other claim or interest of any person. I have not been advised by any person that the same is subject to any other claim or interest of any person.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B07001641

Building Address 1398 Underwood Rd.

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Wynne Family LLC

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use DFD

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work install 2-1000 Gallon
 underground propane tanks.

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. CO 4118

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____
 Title/Company _____

Print Name _____
 Date 5/7/07

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: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health <u>5/21/07</u>		<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Check # <u>75</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by _____
Distribution of Copies- _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\norma\PERMIT.FRM				Gold: SHA

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

306004444

Building Address 1398 Underwood Rd
Sykesville, MD
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 9 Parcel 59 Grid _____
Zoning RCDEB Map Coordinates _____ Lot size 49.6acs

Property Owner's Name Brian Wynne
Address 15037 Bushy Park Rd.
City Woodbine State Md Zip Code 21797
Home Phone 410 991 0665 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use N/A SFD
Proposed Use Camping Cabins
Estimated Construction Cost \$ _____
Description of Work Install (2) BTW
13' x 14' Camping Cabins Shed
for kids to sleep out in.
9/14/06
BTW

Phone _____ Fax _____
Contractor Company N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name Brian Wynne
Address 15037 Bushy Park Rd
City Woodbine State Md Zip Code 21797
Phone 410 991 0665 Fax _____

Engineer or Architect Company N/A
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>12'</u>	Water Supply: <u>N/A</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <u>N/A</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>182.59 ft</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>2 Cabins = 364.59 ft</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <u>logs</u> <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>14'</u> Depth <u>13'</u> Width 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>N/A</u> Height: <u>12'</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: <u>N/A</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <u>N/A</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: <u>mini log cabin</u> Dimensions: <u>13' x 14'</u> Footings: <u>None</u> Roof Height: <u>12'</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Brian Wynne
Applicant's Signature
Title/Company _____

Brian Wynne
Print Name
9/14/06
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>9/19/06</u>	<u>Judge</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY IDS
Front: _____	Filing fee: \$ _____
Rear: _____	Permit fee: \$ _____
Side: _____	Excise tax: \$ _____
Side St: _____	Add'l per. fee: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid: \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for NewTown Zone _____	Check: # _____
SDP/Red-line approval date _____	Validation: # _____

IN THE MATTER OF : BEFORE THE
VINCENT & TERESA BRACCIALE : HOWARD COUNTY
: BOARD OF APPEALS
Petitioners : HEARING EXAMINER
: BA Case No. 02-28C

.....

DECISION AND ORDER

On August 26, 2002, the undersigned, serving as the Howard County Board of Appeals Hearing Examiner, and in accordance with the Hearing Examiner Rules of Procedure, heard the petition of Vincent and Teresa Bracciale, Petitioners, for a conditional use for a farm tenant house in an RC-DEO (Rural Conservation – Density Exchange Option) Zoning District, filed pursuant to Section 131.N.20 of the Howard County Zoning Regulations (the "Zoning Regulations").

The Petitioners provided certification that notice of the hearing was advertised and certified that the property was posted as required by the Howard County Code. I viewed the property as required by the Hearing Examiner Rules of Procedure.

The Petitioners were not represented by counsel. Vincent and Teresa Bracciale testified in support of the petition. Lou Latimer and Mallory Kubicek appeared in opposition to the petition.

FINDINGS OF FACT

Based upon the evidence presented at the hearing, I find the following facts:

1. The subject property, known as 1398 Underwood Road, is located in the 4th Election District on the west side of Underwood Road, about 1,800 feet south of Barberry Way, near Sykesville, Maryland (the "Property"). The Property is referenced as Parcel 59, Block 8 of Tax Map

Ms Avis L Corbin:

9-14-06

Please be advised of the following
change to permit app number B06004244.

The two dwellings will be sheds NOT

CAMPING CABINS!

[Handwritten Signature]

cc: DPR
DED
Health Dept
Plan Review

[Handwritten Signature]
9/19/06

3/6/02
9:00

SITE INSPECTION SHEET

OWNER: Bracciale

DATE REQUESTED: _____

PHONE #: _____

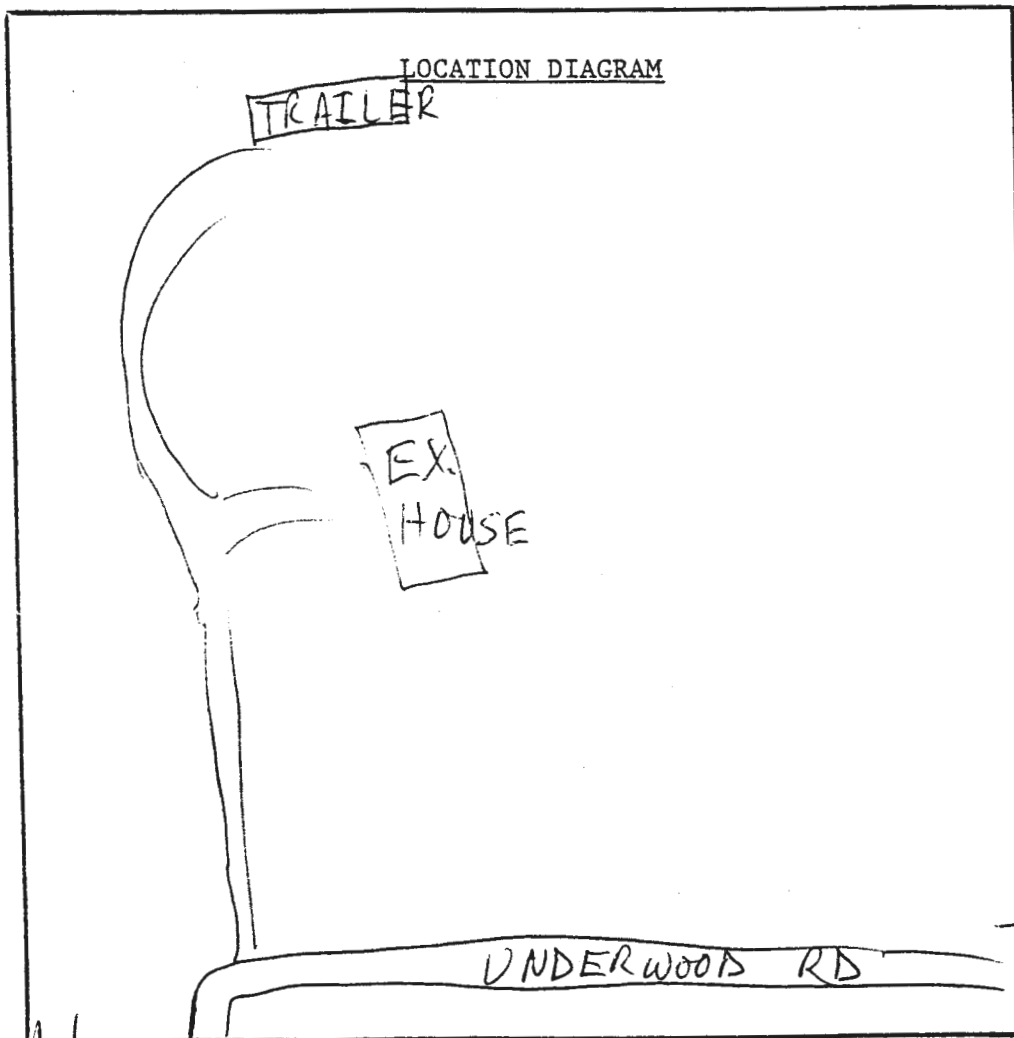
CONTRACTOR: _____

ADDRESS: 1398 Underwood Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: Report Re= unpermitted trailer on prop. no
into on septic system installation or sewage disposal



COMMENTS: 3/11/02 MET OWNER @ SITE: SHE REPORTS TRAILER NOT
OCCUPIED, BUT THEY INTEND TO INITIATE PROCESS TO BE IN
FULL COMPLIANCE W/ALL APPLICABLE REGS PRIOR TO OCCUPANCY

DATE: _____

INSPECTOR: _____

MR
W/KEVIN




Howard County


Internal Memorandum

SUBJECT: *Zoning Case 01-129*
1398 Underwood Road

To: Michael Evans, Director
Department of Inspections, Licenses and Permits

Bert Nixon, Director
Community Environmental Health
Howard County Health Department

Through: Joseph W. Rutter, Director
Department of Planning and Zoning 

From: George L. Beisser, Chief 
Division of Public Service and Zoning Administration
Department of Planning and Zoning

Date: February 25, 2002

Inspection of the subject property on February 22, 2002 has revealed the construction, placement or use of a second dwelling unit in addition to the original single-family detached dwelling.

The property owner, Mr. Vincent Bracciale, Jr., stated he installed a double-wide mobile home on his property without permits last summer.

Should you have any questions regarding the above, please contact me at extension 4399.

JWR/GLB:VV.C\DAVID\ZC-01-129

check of W/S files - possibly 58095-D

BOA CASE NO. 02-28C
VINCENT & TERESA BRACCIALE

2. The Property is an irregularly shaped lot containing about 49.02 acres. An Environmental Preservation Easement covers most of the Property – only an L-shaped 6.5-acre portion in the southeastern corner of the Property is not. It is in this southeastern corner where the entrance to the Property is located at a 90-degree curve in Underwood Road. A gravel driveway extends westward from this point through an area of trees and up a hill to the location of the Petitioners' home, a one-story brick single family detached dwelling. The driveway continues westward to a second dwelling - a doublewide mobile home that is 900 square feet in area. This structure is located approximately 700 feet from the northern property line, 530 feet from the western property line, 380 feet from the southern lot line, and 850 feet from the front or eastern lot line. The area at the end of the driveway to the east of the second dwelling contains sufficient space to park at least two vehicles.

To the south of the two dwellings is a barn located near the southern lot line. The remainder of the Property is generally rolling open fields, with wooded areas to the west and along the northern and southern perimeters.

3. Vicinal properties are all zoned RC-DEO and include:

(a) To north and northwest of the Property are located residential parcels fronting on either Underwood Road or Barberry Way.

(b) To the east across Underwood Road are three residential properties, two of which are improved with single-family detached dwellings.

(c) To the south and west are two large farm parcels encumbered by Agricultural Land Preservation Easements. The portions of these properties near the subject Property are primarily fields.

4. The Petitioners, the owners of the Property, intend to use the second dwelling on the

Property as a tenant house for no more than three occupants. The Petitioners testified that they intend to use the Property for the boarding and breeding of thoroughbred horses. At least one, but not more than three, laborers who will tend to the horses and perform bookkeeping duties will live in the tenant house. The Petitioners will continue to live in the primary dwelling.

5. The Property is served by private water and septic facilities. The 2000 General Plan designates the Property as a Rural Conservation land use. The DPZ report estimates sight distance for the driveway entrance to be 1,500' to the north and 350-400' to the east. The speed limit on Underwood Road, a local road, is 30 mph.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact, I conclude as follows:

A. General Criteria for Conditional Uses (Section 131.B).

1. Harmony with the General Plan: The Howard County General Plan designates the area in which the Property is located as a Rural Conservation land use. The proposed use of the Property for the boarding and breeding of thoroughbred horses is certainly consistent with this designation. The proposed use of the second dwelling as a tenant farmhouse for 1-3 persons will be a low intensity, residential use. Any activity generated by the proposed use will be located toward the center of the large site.¹ The second dwelling is at least 850 feet from the nearest residential property. The long access drive, trees, and hill further separate and buffer the use from vicinal properties. Accordingly, the nature and intensity of the operation, the size of the Property in relation to the use, and the location of the Property with respect to streets giving access to the Property are such that the use will be in

4
harmony with the land uses and policies indicated in the General Plan for the district, in accordance with Section 131.B.1.a.

Although the conditional use will be combined with the residential use already in existence on site, the overall intensity and scale of uses is appropriate given the adequacy of the proposed buffers and setbacks, in accordance with Section 131.B.1.b.

2. Adverse Effect: The Petitioner has met its burden in presenting sufficient evidence establishing that this proposed use will not have adverse effects on vicinal properties above and beyond those ordinarily associated with retreat centers in the RC district.

The proposed use will be primarily residential in nature, together with activities relating to the operation of the thoroughbred boarding and breeding operation, such as bookkeeping, for 1-3 persons. No unusual dust, fumes, odors, or noise will be generated by the use. No outdoor lighting is proposed. The area to be used in the conditional use is located toward the center of the large parcel and is well buffered and separated from vicinal residential properties by distance, trees, and topography. Consequently, the impact of adverse effects will not be greater at the subject site than it would generally elsewhere in the RC zone, in accordance with Section 131.B.2.a.

The size of the proposed tenant house is relatively small, especially given its location on a hill toward the center of the Property and the extensive buffering of the site by distance and trees. Consequently, the location, nature, and height of structures, walls and fences, and the nature and extent of landscaping on the site are such that the use will not hinder or discourage the use or development of the adjacent land and structures more at the subject site than it would generally

¹ As noted in the DPZ Report, the Property is only slightly smaller than 50 acres, at which size a farm tenant house would be considered an accessory use permitted as a matter of right.

elsewhere in the zone, in compliance with Section 131.B.2.b of the Zoning Regulations.

The area at the end of the driveway to the east of the second dwelling contains sufficient space to park at least two vehicles. Like the dwelling itself, this parking area is located on the hill near the center of the large site and is screened by distance and trees. Consequently, the parking will be adequate and is properly located and suitably screened from the adjacent properties, as required by Section 131.B.2.c.

The driveway giving access to the site will provide safe access with adequate sight distance, given the low intensity of use and the posted speed limit on Underwood Road, as required by Section 131.B.2.d.

B. Specific Criteria for Farm Tenant House (Section 131.N.20).

1. The Petitioners propose that the farm tenant house will be occupied by at least one person who will be employed as a laborer and/or bookkeeper in the owners' thoroughbred boarding and breeding operation, a "bona fide farming operation." The Petition therefore complies with Section 131.N.20.a.

2. The 49.02-acre Property is at least 25 acres but not more than 50 acres in area, as required by Section 131.N.20.b.

Tax ID#: 1404315782

** PUBLIC RECORD **

Tax ID#: 1404315782 County: HW
 PROPERTY ADDRESS: 1398 UNDERWOOD RD, SYKESVILLE, MD 21784-5721
 OWNER: VINCENT A BRACCIALE, JR Phone #: () Abs Owner: N
 Addtnl: TERESA J T/E
 MAIL ADDRESS: 1398 UNDERWOOD RD, SYKESVILLE, MD 21784-5721
 LEGAL DESCRIPTION: IMPS49.107 A 1398 UNDERWOOD ROAD WOODBINE
 Mag/Dist #: 4 Lot: Block/Square: Tax Map:
 Elec Dist: 4 Legal Unit #: Grid: 8 Map: 9
 Section: Blk Suffix: Subdiv Ph: Addl Parcel Flag/#: /
 Map Suffix: Suffix: Parcel: 59 Sub-Parcel:
 TOTAL TAX BILL: \$3,478 State/County Tax: \$3,066 City Tax: Tax Levy Yr: 2001
 Front Foot Fee: \$0 Spec Tax Assmt: \$287 Refuse: \$125 Tax Rate: 1.13
 Tax Class: Homestd/Exempt Status: Exempt Class: 000 Mult. Class:
ASSESSMENT

Year Assessed	Total Tax Value	Land	Improvement	Land Use	Taxable Assessment
2001	\$299,756	\$173,550	\$182,080	\$	State: \$
Previous	\$271,820	\$128,550	\$143,270	\$	Municipal: \$
Early	\$75,470	\$118,550	\$127,410	\$	City: \$

DEED
 Transfer Date: 04-JAN-2001 Price: \$450,000 Grantor: DORSEY, PHILLIP H Grantee: BRACCIALE VINCENT A JR BR
 06-SEP-1994 Price: \$500,000 Grantor: GERBER CHARLES T Grantee: DORSEY PHILLIP H
 27-AUG-1986 Price: \$0 Grantor: GERBER CHARLES T Grantee: GERBER CHARLES T
PROPERTY DESCRIPTION
 Year Built: 1963 Zoning: RCDEO Census Trct/Blck: 603000/6 Irregular Lot: N
 Square Feet: 2,138,796 Acreage: 49.10 Land Use: Agricultural/Rural
 Property Class: A Plat Liber/Folio: / Property Card: Quality/Grade: AVERAGE
 Prop Use: AGRICULTURAL
STRUCTURE DESCRIPTION

	Section 1	Section 2	Section 3	Section 4	Section 5
Construction	Brick				
Story	1B				
Area	2,064				
Ext Wall: Brick/Stone		Roofing: Shingle - Composite		Foundation:	
Stories: 1B	Units: 2	Style:		Base Sq Ft: 2,064	Year Remodeled: 1963
Total Building Area:		Living Area: 2,064			Model/Unit Type: SINGLE

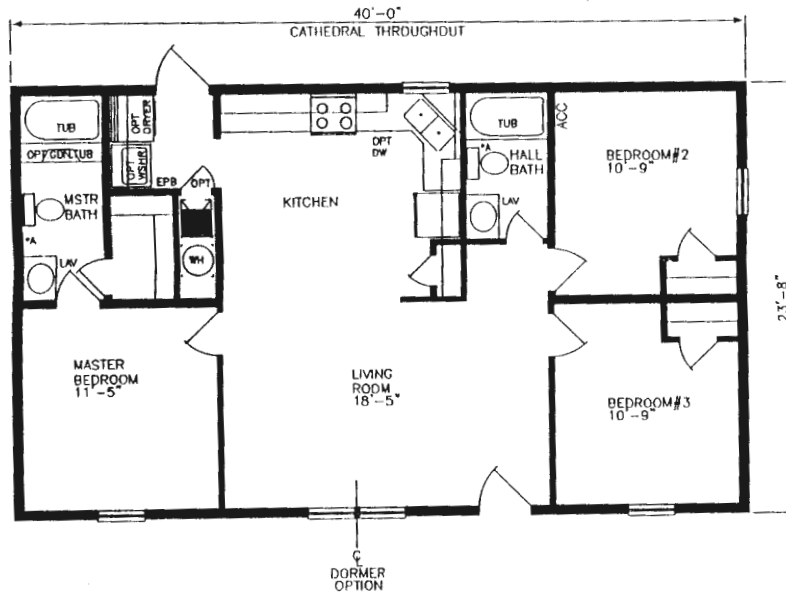
FAMILY UNIT
 Rooms: Bsmt Type: Not Specified Fireplaces: 1 Garage Type:
 Bedrooms: Bsmt Tot Sq Ft: 2064 Fireplace Type: BRCK Garage Sq Ft:
 Full Baths: 2 Bsmt Fin Sq Ft: Attic Type: Gar Constr:
 Half Baths: 0 Bsmt Unfin Sq Ft: Attic Sq Ft: Garage Spaces:
 Baths: 2 Air Cond: Combined System
 Gas: Heat: Forced Air Sewer: Fuel:
 Electric: Water: Underground: Walls:

Subject

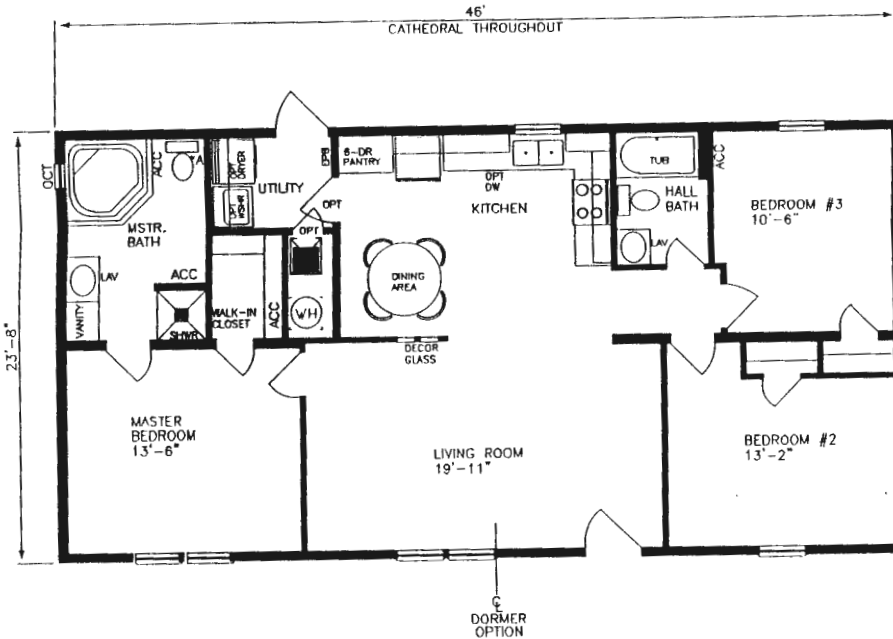
P.O. BOX 428, GARDEN SPOT ROAD, EPHRATA, PA 17522 717/733-7941

CATHEDRAL CEILING THROUGHOUT

24' Wide Floor Plans



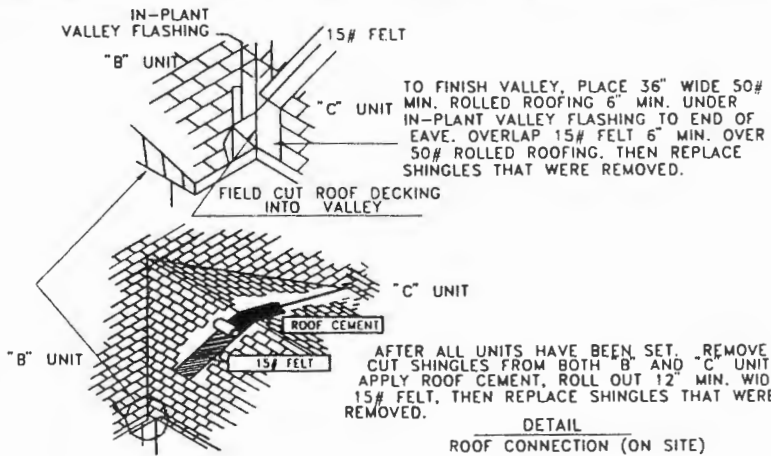
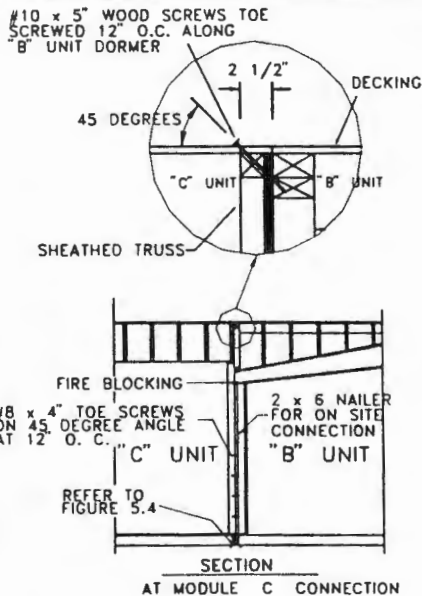
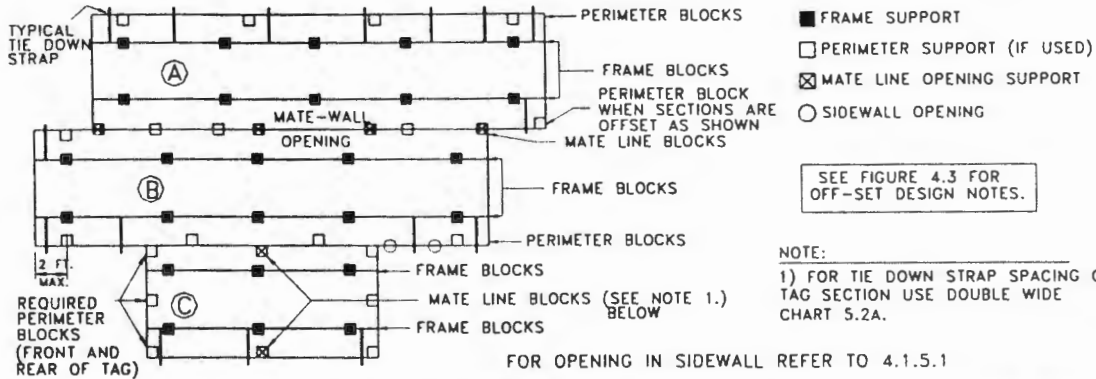
MODEL A130
24 x 44 3-BEDROOM/2-BATH
APPROX. 946 SQ. FT.



MODEL A151
24 x 50 3-BEDROOM/2-BATH
APPROX. 1089 SQ. FT.

FIGURE 4.5

TYPICAL PIER LOCATIONS



NOTES FOR TAG SECTION:

1. WITH THE THIRD SECTION OF THE TRIPLE WIDE POSITIONED NEXT TO THE MAIN UNIT, INSTALL FOOTINGS AND PIERS AT THE I-BEAMS AND PERIMETER AS SHOWN FOR THE APPROPRIATE WIDTH DOUBLE WIDE HALF. MULTI-SECTION CENTER BEAM SUPPORT LOCATIONS ARE MARKED ON THE BOTTOM OF THE HOME. PIER CAPACITY FOR THESE LOCATIONS CAN BE FROM TABLE 4.3 USING THE WIDTH OF THE THIRD SECTION AS THE DISTANCE TO THE NEXT SUPPORT.
2. a. THE EAVE OF THE DORMER IS TO BE SCREWED DOWN THROUGH THE 1-1/2" MAX. EDGE FRAMING MEMBER UNDER THE SHINGLE, INTO THE TOP CHORD OF THE TAG TRUSS WITH A #10 x 5-1/2" SCREW AT 12" O.C. A 12" LONG 2X SPACER IS TO BE TIGHTLY FIT BETWEEN THE DORMER AND THE TAG DECK AND THE SCREW IS TO PASS THROUGH THE CENTER OF THE SPACER. (AS SHOWN)
b. BEND THE VERTICAL FLANGES OF THE STEP FLASHING UP AND FASTEN AT THE TOP TO THE DORMER FRAMING. THE FASCIA TRIM IS TO BE SLID UNDER THE METAL DRIP EDGE AND SECURED.
3. IF THE TAG IS DESIGNED FOR WIND ZONES II OR III, A SEPARATE SET-UP ADDENDUM IS REQUIRED.

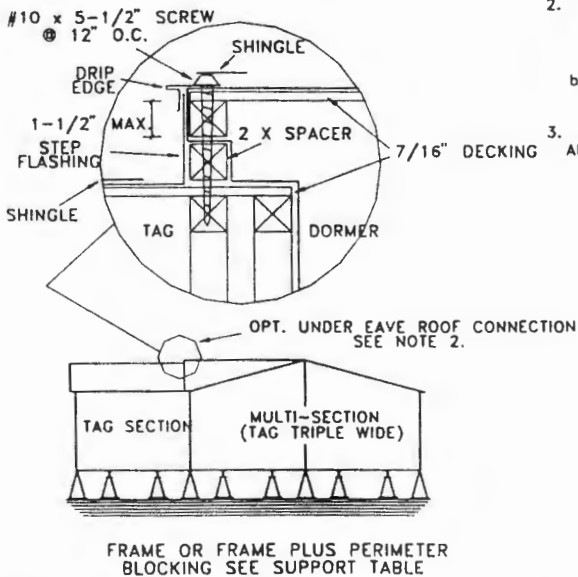
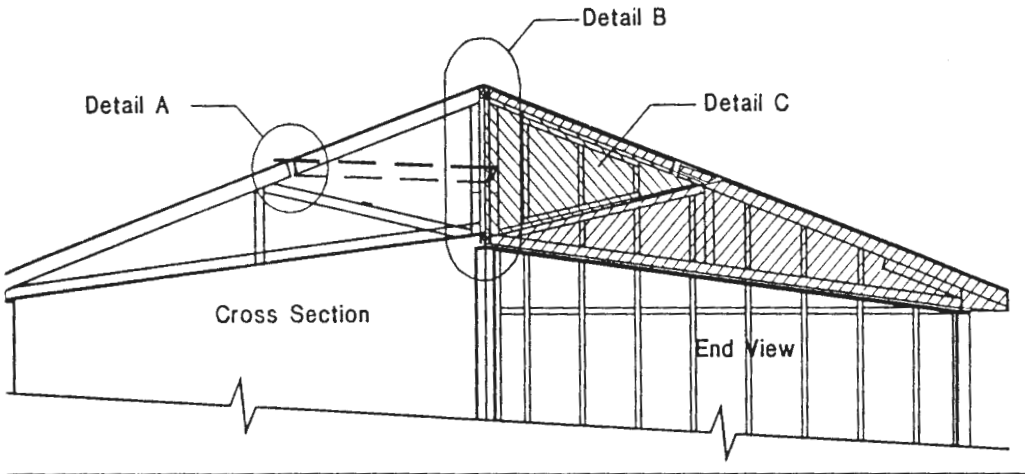


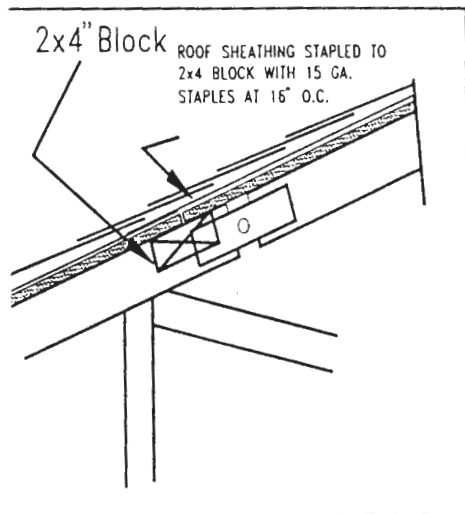
FIGURE 6.1B

Hinged Roof, Set-up Procedure

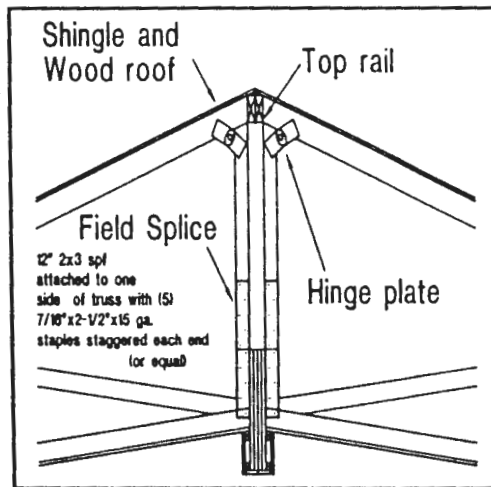


1. Carefully lift (jack) complete hinged roof up to full up-right position, then swing down end vertical and scab as shown in detail B. When all verticals are scabbed, remove jacks.
2. Attach roof sheathing to 2 x 4 blocks as shown in detail A and add the missing 1 or 2 rows of shingles per manufacturer's specifications.
3. Install corner braces as shown in detail D.
4. Install end wall fill wedges as shown in detail C and sheath to match end of house.
5. From this point on, the connections are the same as a typical double section.
6. Furnace/fireplace/ wood burning stove/ water heater vent stacks must be sized (for length) and installed per manufacturer installation instructions included in home.
7. Plumbing vent pipes must extend through the roof.

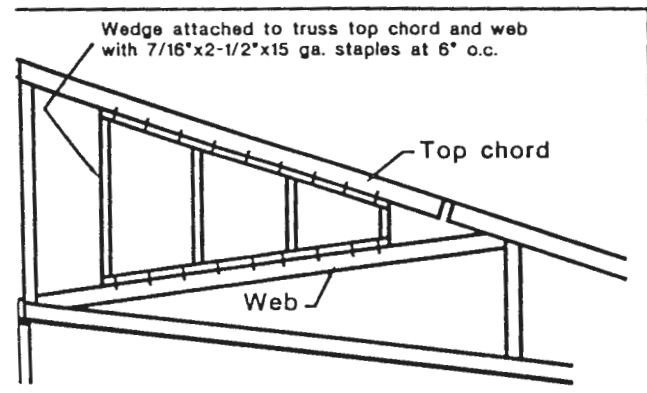
DETAIL A



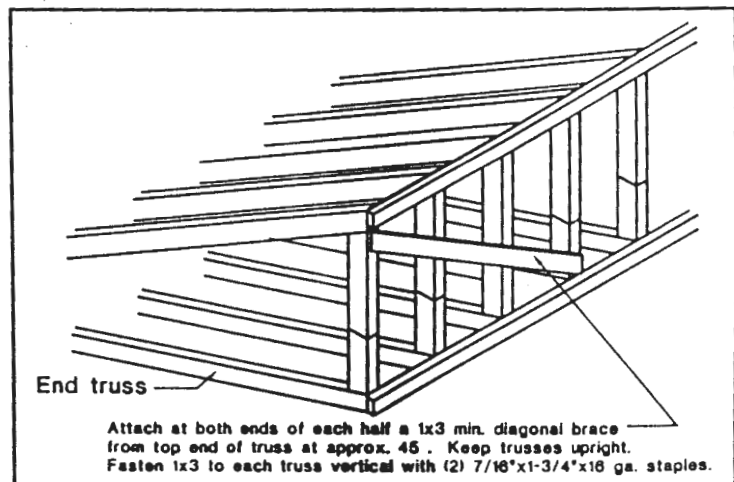
DETAIL B



DETAIL C



DETAIL D





APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 523727

AGENCY REVIEW: _____

DATE 11/28/05

04-315782

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 500' OF A WY RESERVE DIRT?

- YES
- NO

RECEIVED

NOV 28 2005

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH UNKNOWN PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE. (NOTE UNKNOWN IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS OR ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS OR ACCOMPANYING PLAN)

HOWARD COUNTY HEALTH DEPT
FOOD PROTECTION PROGRAM

PROPERTY OWNER(S) BRIAN E KALEN WYNNE

DAYTIME PHONE 410 489-5059 CELL 410 991-0665 FAX _____

MAILING ADDRESS 15637 BUSHY PARK RD. WOODBINE, MD 21797
STREET CITY/TOWN STATE ZIP

APPLICANT FRANK POTEPAK

DAYTIME PHONE 410 750 1200 x205 CELL 410 977 1726 FAX 410 750 2594

MAILING ADDRESS 10753 BIRMINGHAM WAY WOODSTOCK MD 21738
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME PHILLIP H. DOLSEY PROPERTY LOT NO. _____

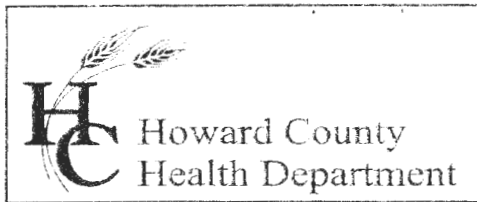
PROPERTY ADDRESS 1398 UNDERWOOD RD SYKESVILLE MD 21784
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) 9 GRID 8 PARCEL(S) 59 PROPOSED LOT SIZE 49+ ACRE

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT. _____
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 28, 2005

Brian and Karen Wynne
15037 Bushy Park Rd.
Woodbine, Maryland 21797

RE: PERCOLATION TEST RESULTS – A523727
Tax Map 9, Parcel 59
1398 Underwood Rd.

Dear Mr. and Mrs. Wynne:

Percolation testing conducted December 28, 2005 on the referenced property indicated satisfactory and unsatisfactory soil conditions. Rock was the limiting factor during testing and resulted in the tested area to be insufficient for a sewage disposal area. Copies of the test results are enclosed.

If further testing is sought, please submit a new plan with the following information:

- New proposed septic area (it is recommended that the septic area not be extended southward of the current proposed area due to rock.).
- The existing septic tank clean-out for the “tenant” house.
- The second dwelling located near the “tenant” house.
- Well and septic locations for the second dwelling.

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

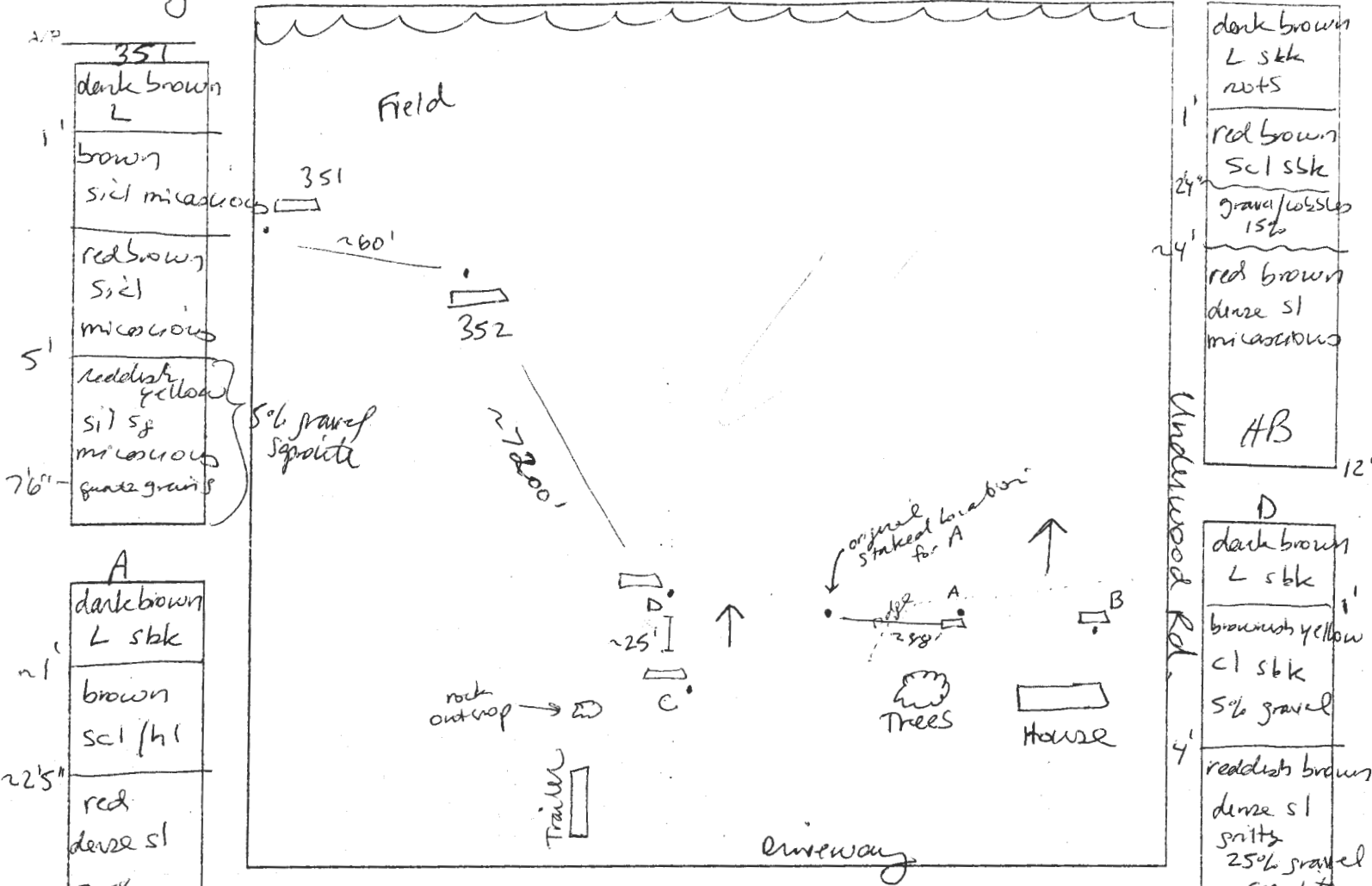
Sara Fegel
Well and Septic Program
Development Coordination Section

SF

Enclosures

Cc: Frank Potepan.
Fisher, Collins, and Carter
File

Existing House



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
1/30/06	A	4'3"		HB			F
	B	4'		HB			F
	C	4'5" / 12'	11:37	11:52	too slow		F
	-	5'6"	11:52	12:18	too slow		F
	-	6'6"	12:28	12:43	too slow		F
	-	7'8"	12:55	1:10	too slow		F
	D	5'9" / 11'	12:46	1:02	too slow		F
	E	4'5" / 11'	1:21 ²²	1:26	1:38	12	P
	F	5'8" / 13'	1:44	1:51	2:01	10	P

REMARKS: Holes field located. - best area for repair is field area # 351 & 352

SANITARIAN: SF BACKHOE: Spanky OTHERS: F. Podgarn.

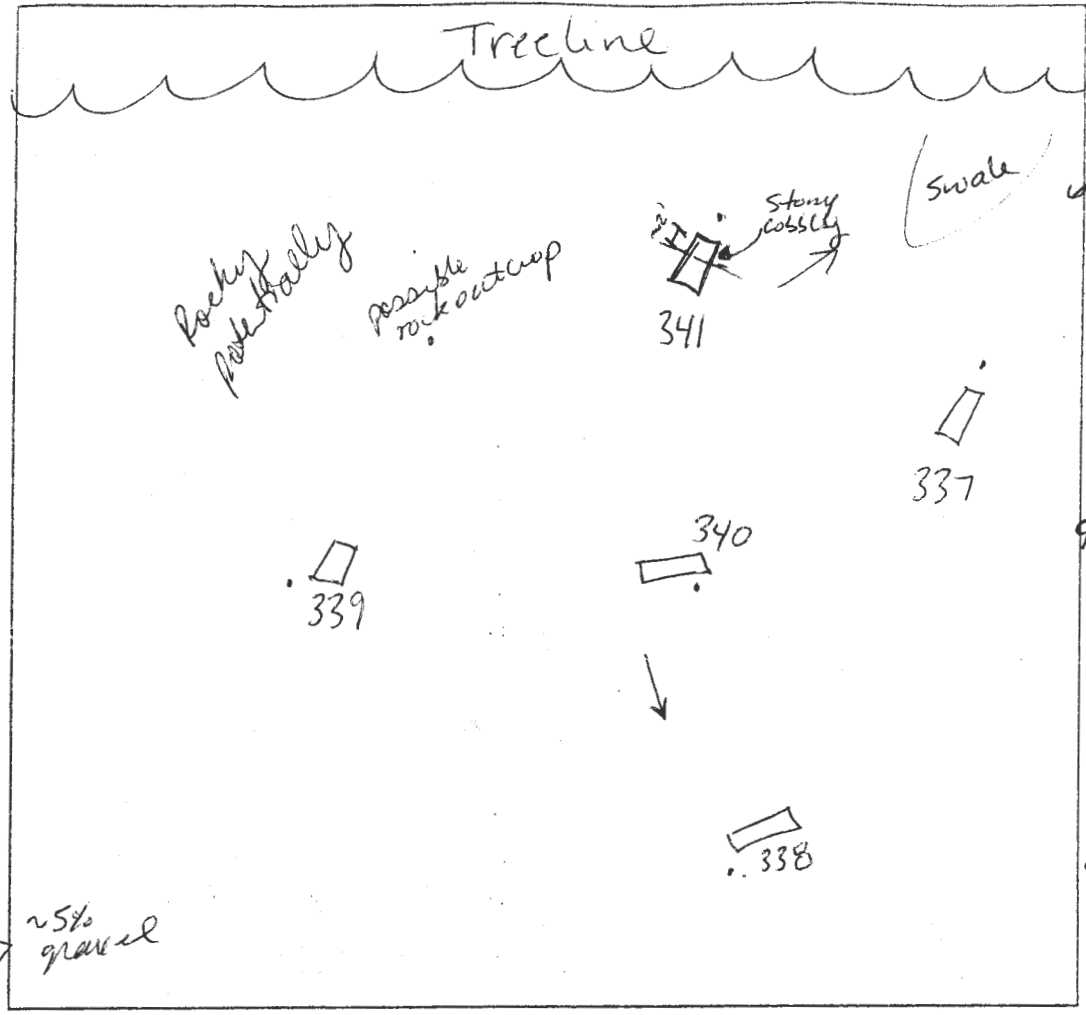
TEST HOLES USED IN SDA: _____ AVG. PERC TIME: _____ SQ. FT./BR: _____

TRENCH WIDTH: _____ INLET DEPTH: _____ MAX. BOT DEPTH: _____ EFFECTIVE S/W: _____

- A**
dark brown L ssk
brown sci (h)
red dense sl
20% cobbles / story
HB
- B**
dark brown L
red brown sci ssk
brown dense sl
10% story
HB

- C**
dark brown L ssk roots
red brown sci ssk
gravel/cobbles 15%
red brown dense sl micaceous
HB
- D**
dark brown L ssk
brownish yellow cl ssk
5% gravel
reddish brown dense sl
silt
25% gravel
saprute
water
HB
- 352**
dark brown L ssk
reddish yellow sci m micaceous
reddish yellow sci ssk
dense sl
gravel
fir sll/ls

Panel A'



340
brown L sbk
reddish yellow scl m
pale brown dense sl/ sl sg
40-45% cobbles stony
*unable to dig a hole due to rock

337
brown L sbk
yellowish red scl/dsl sbk
brown sl sg well compact in ground cw ↓ 15 5% gravel cobbles

338
brown L sbk
reddish yellow sbk scl
brown compact sl sg
30% gravel cobbles
7 1/2" pale brown sl sg

339
brown L sbk
reddish yellow scl m
light olive brown sl sg well compact in ground patches of scl
40-45% cobbles 10% stony HB
341
brown L sbk
reddish yellow scl m
brown/pale brown w/ reddish yellow sl sg well compact in ground downhill uphill ~25% cobbles ~10% gravel 5% stony gravel cobbles

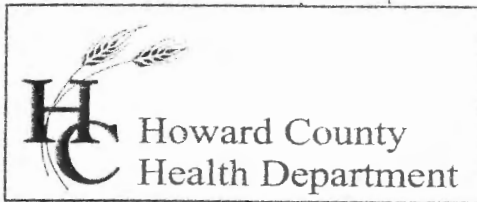
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
12/28/05	339	5'3" / 12'	10:35	10:43	11:01	18	P
	5 gallon bucket	@ bottom	11:46 ²⁵	11:47 ⁴³			
		2nd pour	11:50 ⁴⁵	11:53 ²⁰		< 3	P
	341	4'5" / 12'	11:01 ⁵³	11:08 ³¹	11:19 ²⁰	11	P
	340	9'5"		visual			F
	337	4'5" / 14'	11:18 ⁵⁴	11:26 ²¹	11:41	15	P
	338	4' / 11'	11:37 ⁴⁰	11:41 ¹⁵	11:45 ⁰⁸	4	P

REMARKS #339 marginal holes dug as staked - proposed area not acceptable for SDA

SANITARIAN SF BACKHOE Spanky (charlie's backhoe service) OTHERS

TEST HOLES USED IN SDA _____ AVG. PERC TIME _____ SQ. FT./BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 6, 2006

Brian and Karen Wynne
15037 Bushy Park Rd.
Woodbine, Maryland 21797

RE: PERCOLATION TEST RESULTS – A523727
Tax Map 9, Parcel 59
1398 Underwood Rd.

Dear Mr. and Mrs. Wynne:

Percolation testing conducted January 30, 2006 on the referenced property indicated satisfactory and unsatisfactory soil conditions. Rock and dense soils were limiting factors for identifying repair area for the existing house; however a sufficient area was found for future septic system repairs. Copies of the test results are enclosed. Before percolation certification approval, the well and septic system for the second dwelling will need to be inspected. Please call the office when both the well and septic have been visibly located.

Further review is contingent upon submission by a registered engineer/surveyor of a percolation certification plan showing the following:

- 1) Actual locations and elevations of all excavated test holes
- 2) Proposed building, well and septic system
- 3) Locations of existing well and septic system for second dwelling
- 4) Locations of any other relevant features such as streams, swales, or existing structures
- 5) A note must be included certifying that all existing wells and septic systems within 100 feet of property boundaries have been shown
- 6) A note indicating that depicted topography reflects field-matched information
- 7) A note stating all wells to be drilled prior to final plat approval
- 8) A note stating septic for mobile home to be abandoned prior to building permit approval
- 9) A health officer signature block stating "approved for private water and private sewer systems"
- 8) A MDE sewage disposal area statement is required
- 9) MDE minimum lot width statement
- 10) General statement regarding the maximum number of bedrooms per home

If you have any questions regarding this matter, please contact me at the above address or by calling (410) 313-1771.

Sincerely,

Sara Fegel
Well and Septic Program
Development Coordination Section

SF

Enclosures

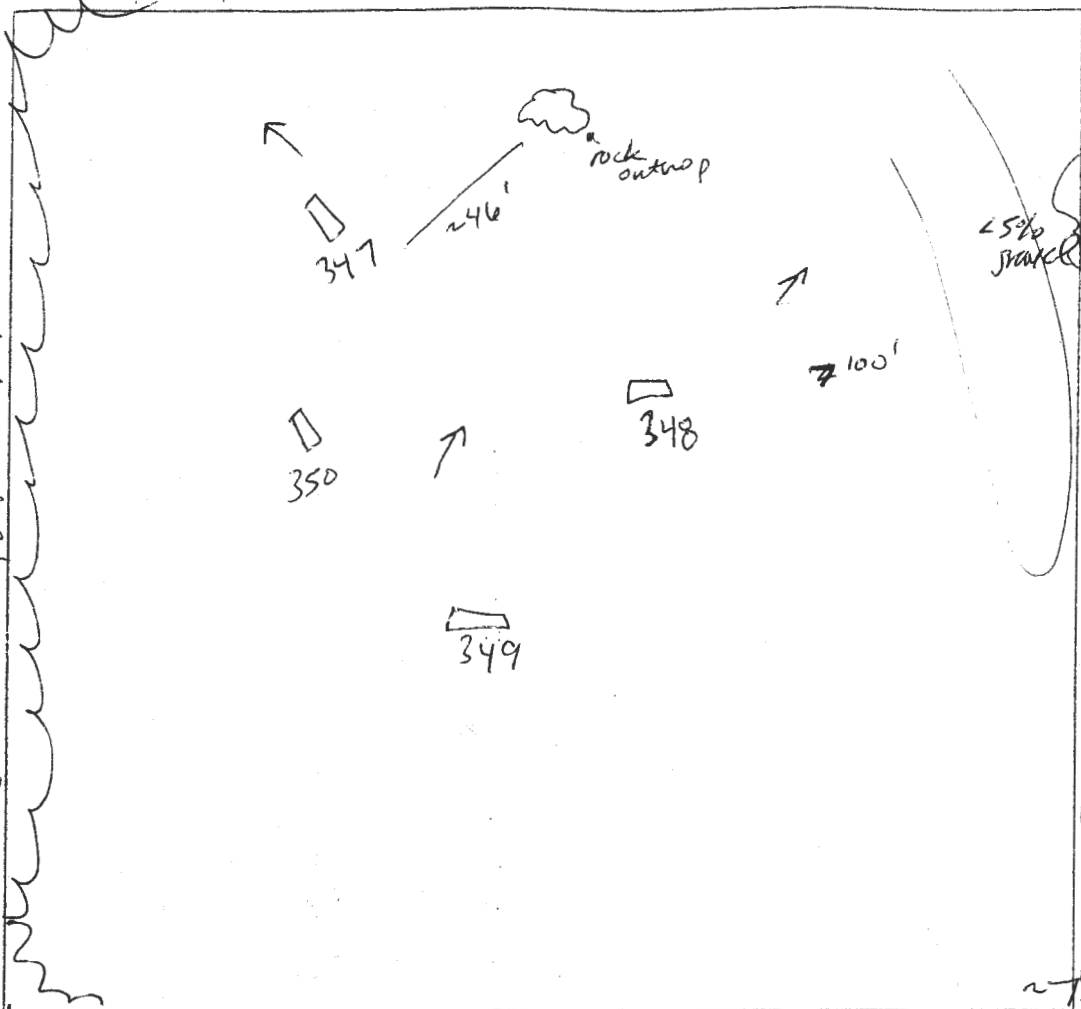
Cc: Frank Potepan.
Fisher, Collins, and Carter

File

Panel 'A'

350

Underwood Rd.



dark brown
L sbk
uphill
red dense in ground sil cu micaceous
downhill
red yellow hl → sil sbk cu
1'8"
pale brown dense sil sg mica 4'
pale brown w/ reddish yellow striations
SI sg
micaceous
pale brown 15 sg
11" HB

347
dark brown
L sbk
18"
reddish yellow
L → hl
1'8" micaceous
pale brown
SI sg
micaceous
10% gravel cobbles
pale brown 15 sg
gray @ bottom
5' gravel
115" HB

349
dark brown
L sbk
reddish yellow
L sbk
↓ sil
micaceous
2'3"
strong brown
fine sil
dense in ground
4"
brown
SI sg
?
pale brown
15 sg cu
10% gravel
12"
HB w/ 1/4 in water
348
dark brown
L sbk
~8"
reddish yellow
hl sbk
15% gravel
2'
pale brown
SI sg
26"
pale brown
15
5% gravel
cobbles
@ bottom starting
13'
to get strong

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
11/30/06	349	4' / 12'	10:33	10:39	10:48	9	P
	348	4' / 13'	10:07	10:11	10:17	6	P
	347	3'5" / 11'5"	10:15	10:19	10:28	9	P
	350	4' / 11'	10:27	10:31	10:36	5	P

REMARKS Holes drilled by surveyor

SANITARIAN SF BACKHOE Spanky OTHERS Frank Podopari

TEST HOLES USED IN SDA _____ AVG. PERC TIME 7 SQ. FT./BR _____

TRENCH WIDTH _____ INLET DEPTH _____ MAX. BOT DEPTH _____ EFFECTIVE S/W _____

Please include on
plan use tag #
~~000000~~ of
existing well.

Thank.

C1 0277

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

5 19 06

300 (TO NEAREST FOOT)

6/21/06 O.K. (PB)

HO-95-0361

OWNER: Catonsville Builders; STREET OR RFD: 1398 Underwood; SUBDIVISION: Phillip Dorsey; SECTION: Sykesville; LOT:

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Brown shale (0-35), gray limestone (35-300).

GROUTING RECORD yes no

WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

CASING RECORD casing types insert appropriate code below

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 06 Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 40 300. ACHECASHING. SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH) 56 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT 'F' IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA

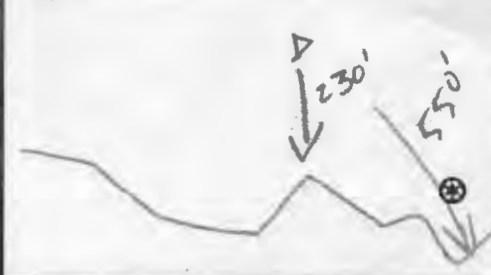
C 3

PUMPING TEST HOURS PUMPED (nearest hour) 03 PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE 196L. WATER LEVEL (distance from land surface) BEFORE PUMPING 26 ft. WHEN PUMPING 26 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 02 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED. E ELECTRIC LOG OBTAINED. P TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MSD 009. DRILLERS SIGNATURE. LIC. NO.: D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 0730

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-95-0361

please type

52695

fill in this form completely

Date Received (APA)

02 16 2006

OWNER INFORMATION

Catonsville Builders
10753 Birmingham Way
Woodstock Md 21163

B 3

LOCATION OF WELL

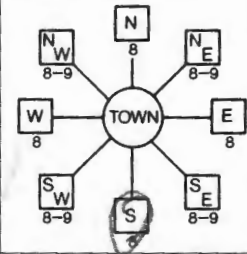
Howard COUNTY
Phillip H. Dorsey SUBDIVISION
Sylkesville NEAREST TOWN
6 MILES FROM TOWN

DRILLER INFORMATION

Allen Compton M S D 009
Fogles Well Drilling
580 Obrecht Rd
2-14-06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1398 Underwood Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
1300 DISTANCE FROM ROAD
TAX MAP: 9 BLK: 8 PARCEL 59

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN.
AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, Dewatering
Public Water Supply Well
Test, Observation, Monitoring
Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
STATE SIGNATURE
DATE ISSUED 4/29/06
CO SIGNATURE
NORTH GRID 547 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSsion ROTARY (Hydraulic Rotary)
CABLE Reverse-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- This well will not replace an existing well
This well will replace a well that will be abandoned and sealed
This well will replace a well that will be used as a standby-contact local approving authority for policy on standby wells
This well will deepen an existing well

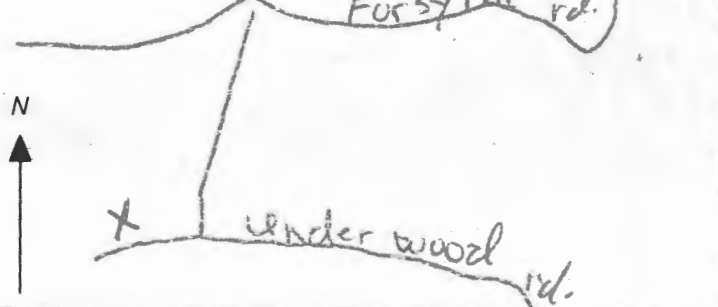
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 803
N 547

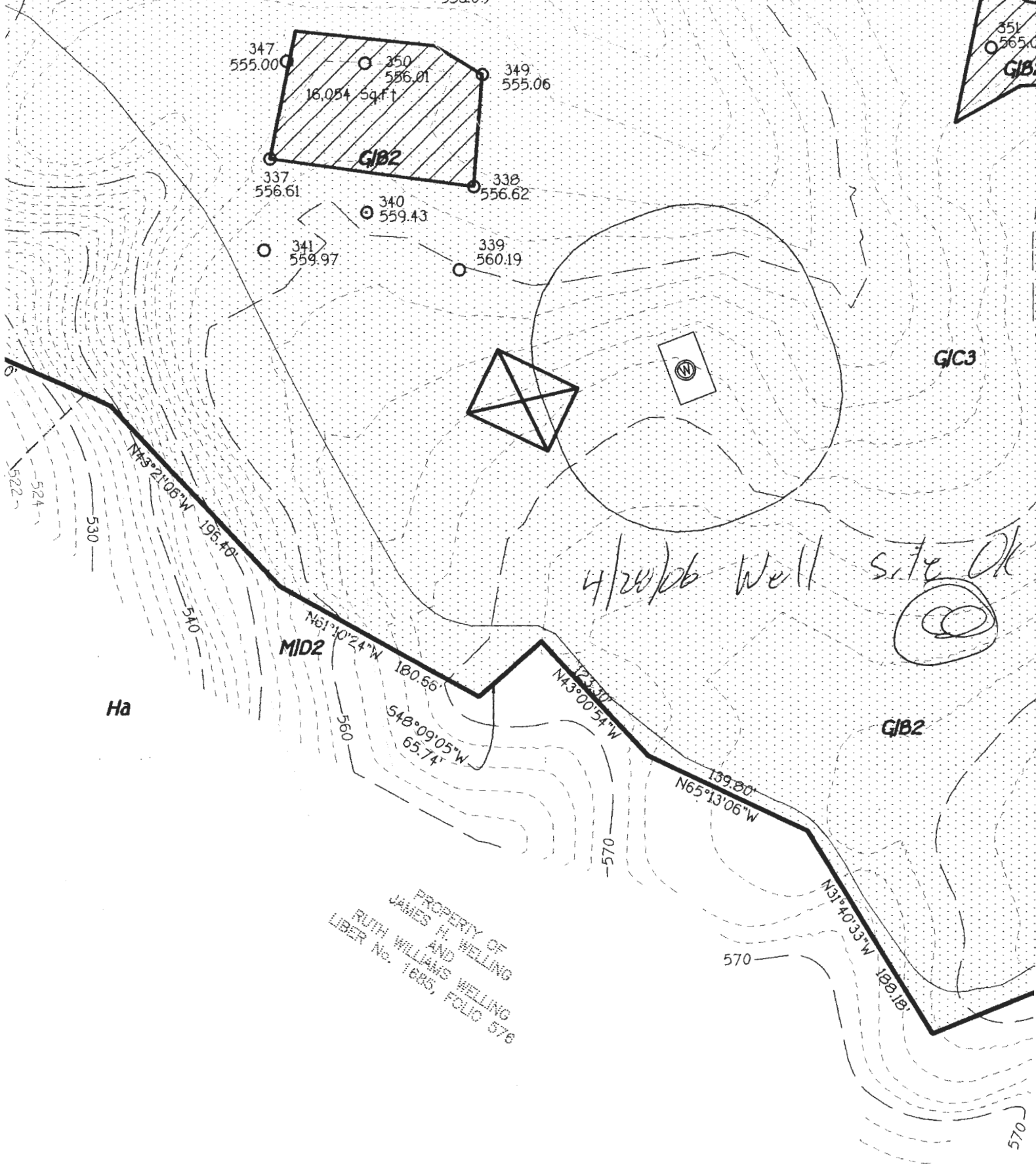
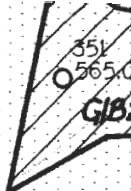
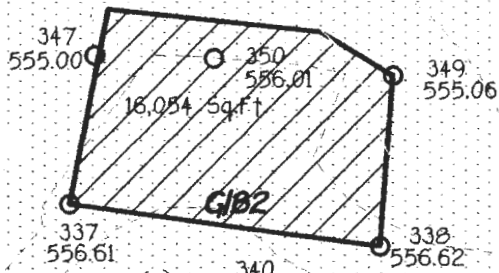
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER
PERMIT No. HO-95-0361

SPECIAL CONDITIONS



PROPERTY OF
 JAMES H. WELING
 AND
 RUTH WILLIAMS WELING
 LIBER No. 1885, FOLIO 578



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

ATTENTION WELL DRILLERS!!!

When submitting a well application for a new or replacement well, please indicate one of the following:

- The well site has been staked by Fisher, Collins, Carter on 2-20-00 and is ready for site inspection.
- _____ will call the Health Department for a time to meet in the field to verify a well location.
- Site plan for new well is attached to well permit application.

Please attach this sheet when submitting your green application. This should help improve communication allowing a more timely service for our citizens.

KN

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: DELUXE PLUMBING Telephone #: 410-599-2118
Address: 719 SILVER HILL VALLEY RD.
WRESTMINSTER MD 21158

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): DAVID W. WISNIEWSKI License# 8494

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: BRIAN WYKSE Telephone #: 410-489-5059
Subdivision: Lot #: Well Tag #: HO-95-0361
Site Address: 1400 UNDERWOOD RD,
SYKESVILLE, MD, 21784

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Goulds Make: HALVOND Two piece watertight cap: YES
Model #: 136520 Model #: 9T 800 Screened, vented well cap: YES
Pump Capacity 5 GPM Depth: 42" (36" min) Cap secured to casing: YES
Well Yield: 1.5 GPM NSF approved: YES Conduit min 18" B.G.: YES
Depth of well encountered at time of pump installation: 300 (feet) Conduit secured to well cap: YES
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt YES

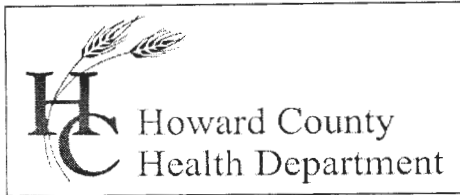
Piping to house House Connection
Type: CELL FLEX PVC sleeved to undisturbed soil at wall penetration: YES
PSI: 160 (160 psi min) Approximate length of sleeve: 12"
Depth of supply line: 42" (36" min) Sleeve caulked and sealed properly: YES

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation 4-15-08
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved: 7/6/08
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter



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

April 17, 2008

Mr. & Mrs. Brian Wynne
15037 Bushy Park Road
Woodbine, MD 21797

RE: 1398 Underwood Road
Sykesville, MD 21784
BP #: B06000866
Well Permit # HO-95-0361

Dear Sirs:

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 04/04/2007. Final approval of the well line connection to the dwelling was approved on 04/16/2008.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO- 95-0361. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1792 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Sample(s): 03/24/2008
Date of Well Completion: 05/19/2006

Approving Authority,


Stuart Oster, Sanitarian
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File



TRACE LABORATORIES, INC
 5 North Park Drive
 Hunt Valley, MD 21030 USA
 Telephone: 410/584-9099 / Fax: 410/584-9117
 Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory # 318

Requester:
 Catonsville Builders
 11175 Stratfield Court
 Marriottsville, Maryland 21104

S/O Number: 67652
Report Date: March 25, 2008

Property Sampled: 1398 Underwood Road, 21784

County: Howard
Subdivision: N/A
Lot #: N/A
Building Permit #: B06000866
Tax Map #: N/A
Parcel #: N/A

Date/Time Collected: March 24, 2008 at 10:53 am
Date/Time Received: March 24, 2008 at 12:10 pm

Sample Location: Laundry Tub Tap
Sampler ID: 6308KW
Samples Iced: Yes
Residual Cl₂ <0.1 mg/L: Yes

Well Tag Number: HO-95-0361
Well Condition: 2-Piece Cap
 Satisfactory

Water Conditioning/Treatment: None

PARAMETER	RESULT	METHOD	MCL/*SMCL	
Nitrate	6.1 mg/L as N	SM 4500D	10 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10 NTU	Pass
pH	5.6 Units	EPA 150.1	*6.5-8.5 Units	***
Sand	Negative		Negative	
Total Coliform	Absent	SM 9223B	Absent	Pass
E.coli	Absent	SM 9223B	Absent	Pass

Allison R. Milburn
 Allison R. Milburn
 Manager-Drinking Water Testing

MCL=Maximum Contamination Level
 *SMCL=Secondary Maximum Contamination Level
 ***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.

D. ...