Menu Save Reset Cancel Help

Approved MAE 8/22/26

Record Detail * *(This section is required.)*

Case #
EH-PLANS-26-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
07/17/2026

Online BP. gd 7/20/26

_Single Entry Edit-View Record Form

Application Name
B26002452

Description
SFD/ CONSTRUCT 10' x 16' DECK NO STEPS

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Program

Assigned to Staff Current User
Zack Silvast

Address * *(This section is required.)*

New Search Delete Set Primary

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	1255		Emmaus	RD	Wood...	MD	21797				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract

0 record(s) found.

Owner *(This section is not required.)*

Search Delete Set Primary

Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
◉	Raymond Patsy	1255 Emmaus Rd.			Woodbine	MD	21797		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

Full Name
Raymond Patsy

First Name *
Ray
Middle Name

Last Name *
Patsy
Organization Name *
n/a
Mobile Phone ((XXX)XXX-XXXX)
(301) 538-2310
Home Phone ((XXX)XXX-XXXX)

E-mail
rrpatsy@cs.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status

0 record(s) found.

Custom Fields

DATE TRACKING

Received Date
7/17/2026

Due Date
8/1/2026

Dates to Complete
14
(Number)

Received by Food

Food Review Type
--Select--

Equipment Specification Sheets Submitted

Equipment Specification Sheet

Received by Community Hygiene

Received by Well and Septic
7/17/2026

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Associated Building Permit Number
(Text)

Owner Switch Date

Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
○ Yes ○ No

Does the project include Private Septic? If Yes, foward to WS Program.
○ Yes ○ No

Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No

Facility Fax
(Text)

Days of Operation
(Text)

Does this project have a Building Permit?
○ Yes ○ No

Building Permit Issued Date

☐ **Non-Profit**

Does the project include Private Well? If Yes, forward to WS Program.
○ Yes ○ No

Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No

Facility Phone
(Text)

Facility Email
(Text)

PROPERTY INFORMATION

Water Source
--Select--

Sewage Disposal
--Select--

Design Wastewater Flow
(Number)

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type: Residential

Plan Version: Initial

Signature Required: ○ Yes ○ No

Engineer: (Text)

Number of paper copies: (Number)

Number of mylar copes: (Number)

Number of buildable lots created: (Number)

Number of non-buildable lots created: (Number)

Total Number of Lots: 0 (Number)

Associated Plans:

WELL AND SEPTIC INTERNAL

State Review Required: ○ Yes ○ No

Coordinate State Review: ○ Yes ○ No

Proposed Septic System Type: --Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment: --Select--

Licensed Type: --Select--

License Category: --Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation: (Text)

☐ Operating Seasonally Only

If Operating Seasonally. What is the start month? (Text)

Are pets allowed in a outdoor seating area? ○ Yes ○ No

Full Bar? ○ Yes ○ No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category: --Select--

Total Seating Capacity: (Number)

Number of Restrooms: (Number)

Interior Restaurant Seating Capacity: (Number)

Bar Seating Capacity: (Text)

Outdoor Seating Capacity: (Text)

Does the restaurant have outdoor seating ○ Yes ○ No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards ○ Yes ○ No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units: (Number)

Description of Walk-In Freezer Units: (Text)

Is there a bulk ice machine available ○ Yes ○ No

Space Limitation

Number of Hand Sinks Available: (Number)

Hood System: (Text)

Ventless Equipment: (Text)

PLUMBING

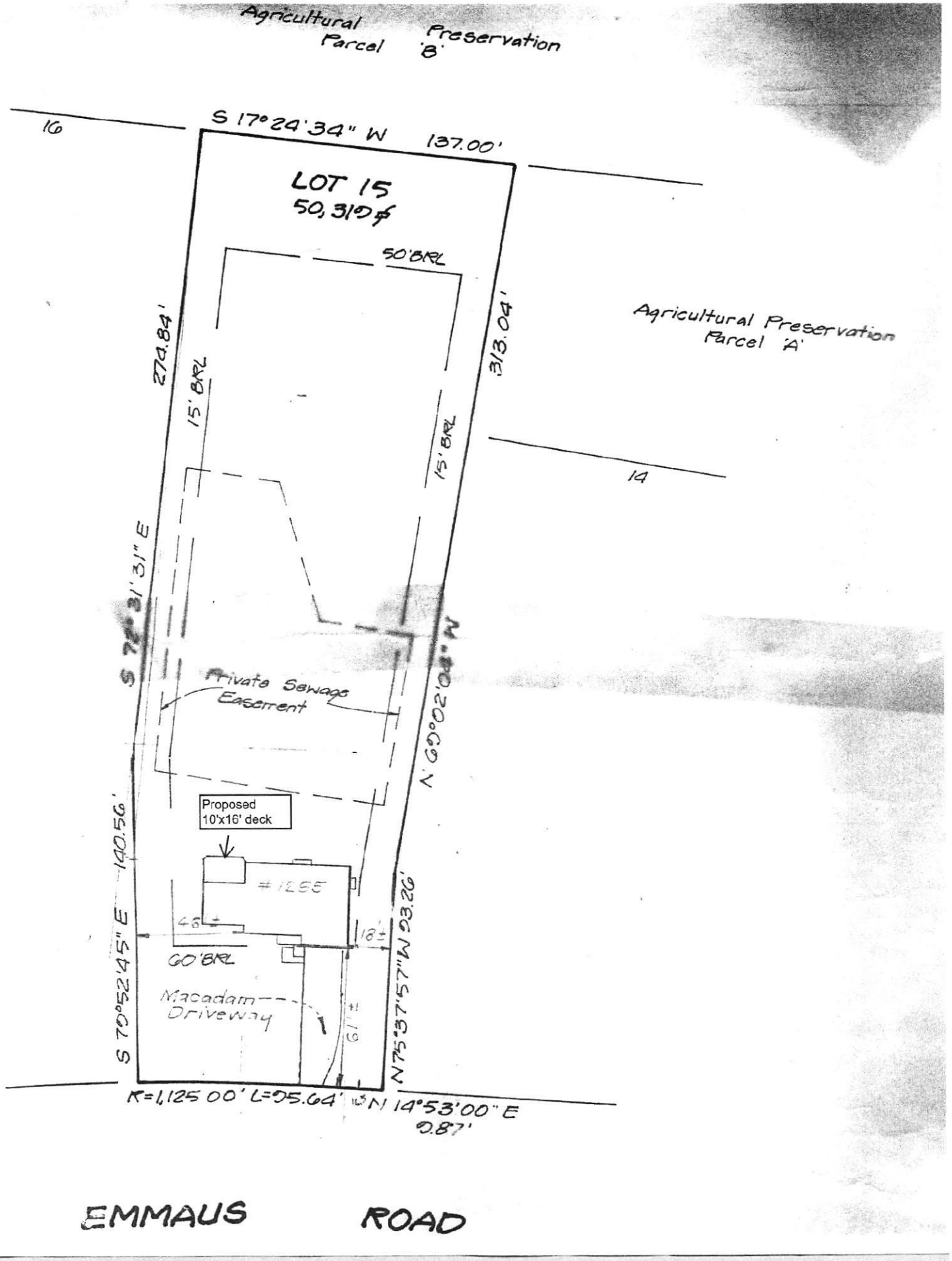
Size and installation of the water heater? (Text)

Is there a grease interceptor or grease trap? --Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface? --Select--

Will there be a grease receptacle? --Select--


Agricultural Preservation Parcel 'B'
16
S 17°24'34" W 137.00'
LOT 15
50,310 ±
50' BRL
274.84'
15' BRL
15' BRL
313.04'
Agricultural Preservation Parcel 'A'
14
S 72°31'31" E
N 69°02'09" W
Private Sewage Easement
Proposed 10'x16' deck
#1255
48' ±
18' ±
60' BRL
Macadam Driveway
±19'
140.56'
S 70°52'45" E
N 21°37'57" W 93.20'
R=1,125.00' L=95.64'
N 14°53'00" E
9.87'
EMMAUS ROAD

Deck Overview/Summary 1255 Emmaus RD Woodbine MD 21797
Drawing not to scale

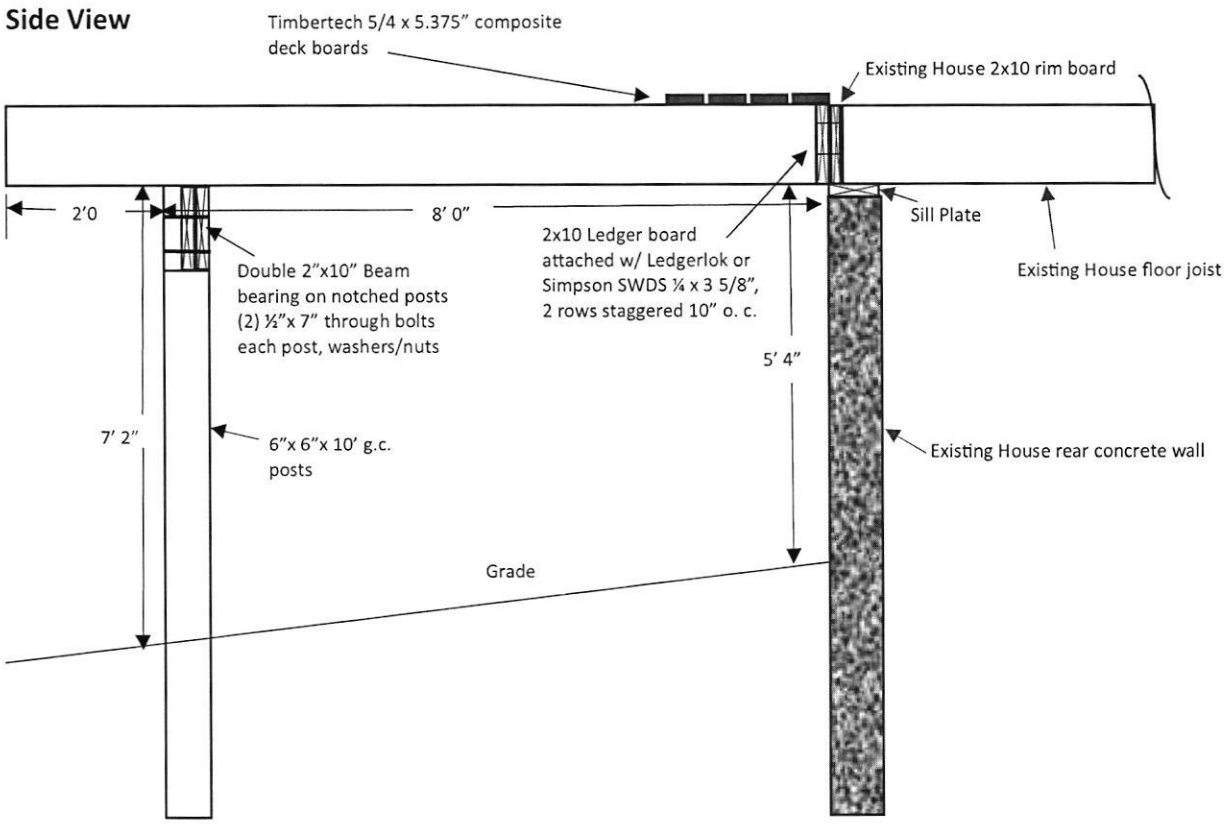
Deck Dimensions: 10'x16', No Steps
Joists: PT 2x10 SYP #2, 12" o.c.
Rim Board: PT 2"x10"x16", SYP #2 continuous, no splice
Ledger Board: PT 2x10x16, SYP #2 continuous, no splice
Beam: Double PT 2x10x16, SYP #2 continuous, no splice
Posts: PT SYP #2, 6"x6"x10' ground contact
Decking: Timbertech 5/4 x 5.375" composite

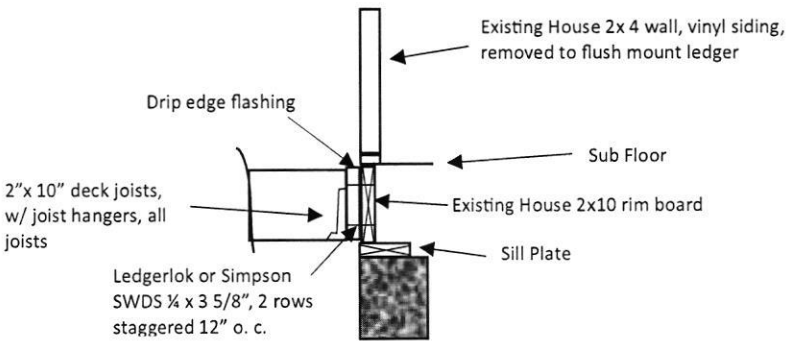
Hardware:
Joist Hangers 2x10 all joists, Face mount hangers on both end joists
Simpson tension ties, Outer joists and first inside joists both sides
Simpson beam to joist connectors, H2.5A or H1, all joists
Ledger board to House LedgerLok or Simpson SWDS ¼ "x 3 5/8" spacing per manufactures specifications but not more than 10"o.c. other spacing per H.C. MD deck guide 04/2026
Beam, double 2x10x16, Ledger Lok or Simpson SWDS ¼ "x 3" 16" o.c. staggered rows
DTT2Z Post connectors all railing guard posts
Galvanized hardware per H.C. deck guide, section 1, installed per manufactures specifications

Concrete Footers 16"x16"x10", (2) ½"x16" rebar all footers

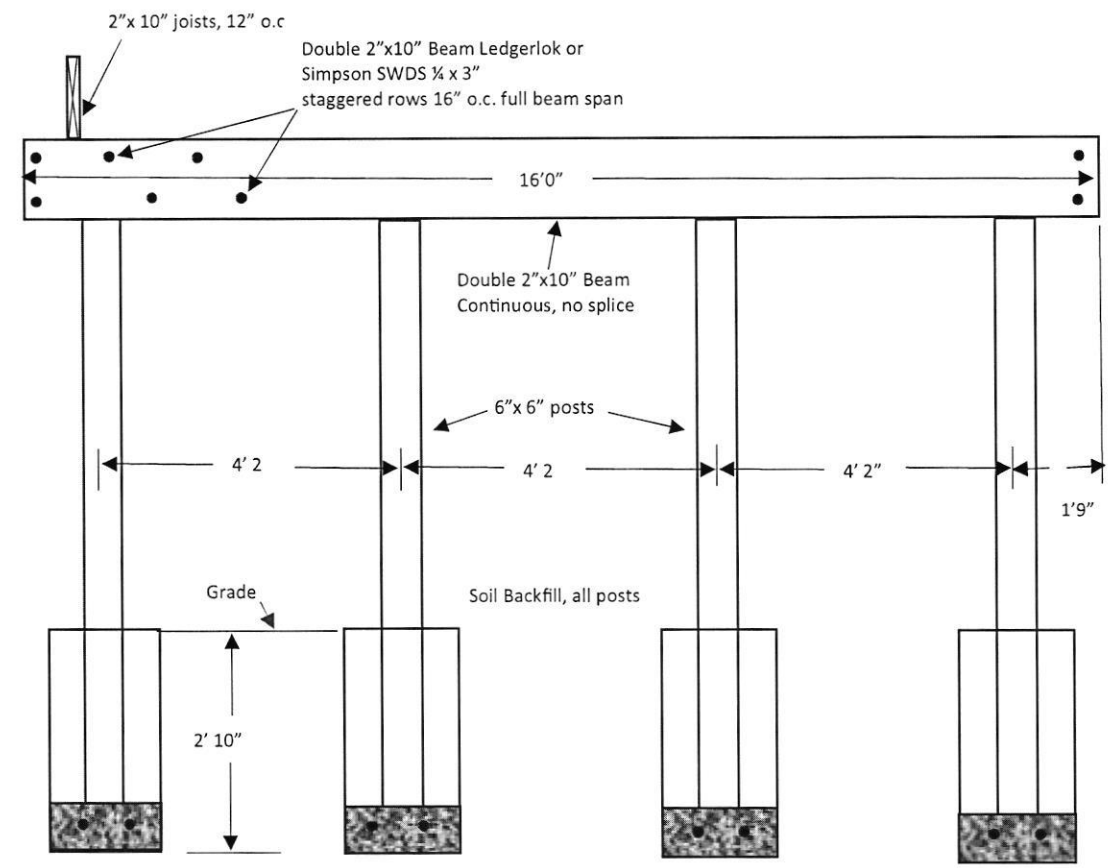
Railing:
Pre fab, Trex Enhance Composite w/ ¾" diameter aluminum balusters, Composite top and bottom rails
Height to top cap railing: 36"
Railing Post: PT SYP #2 6"x6"x49"

Side View





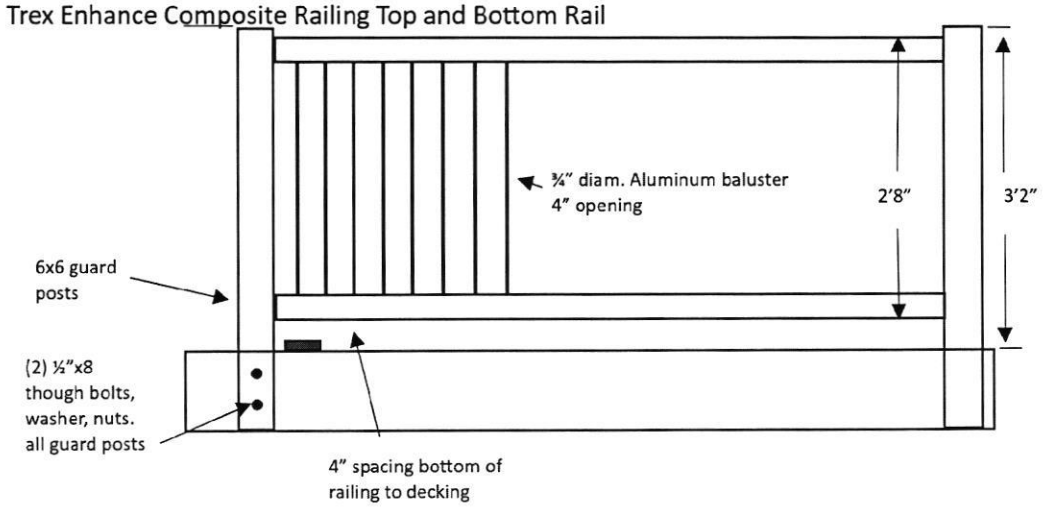
Front View

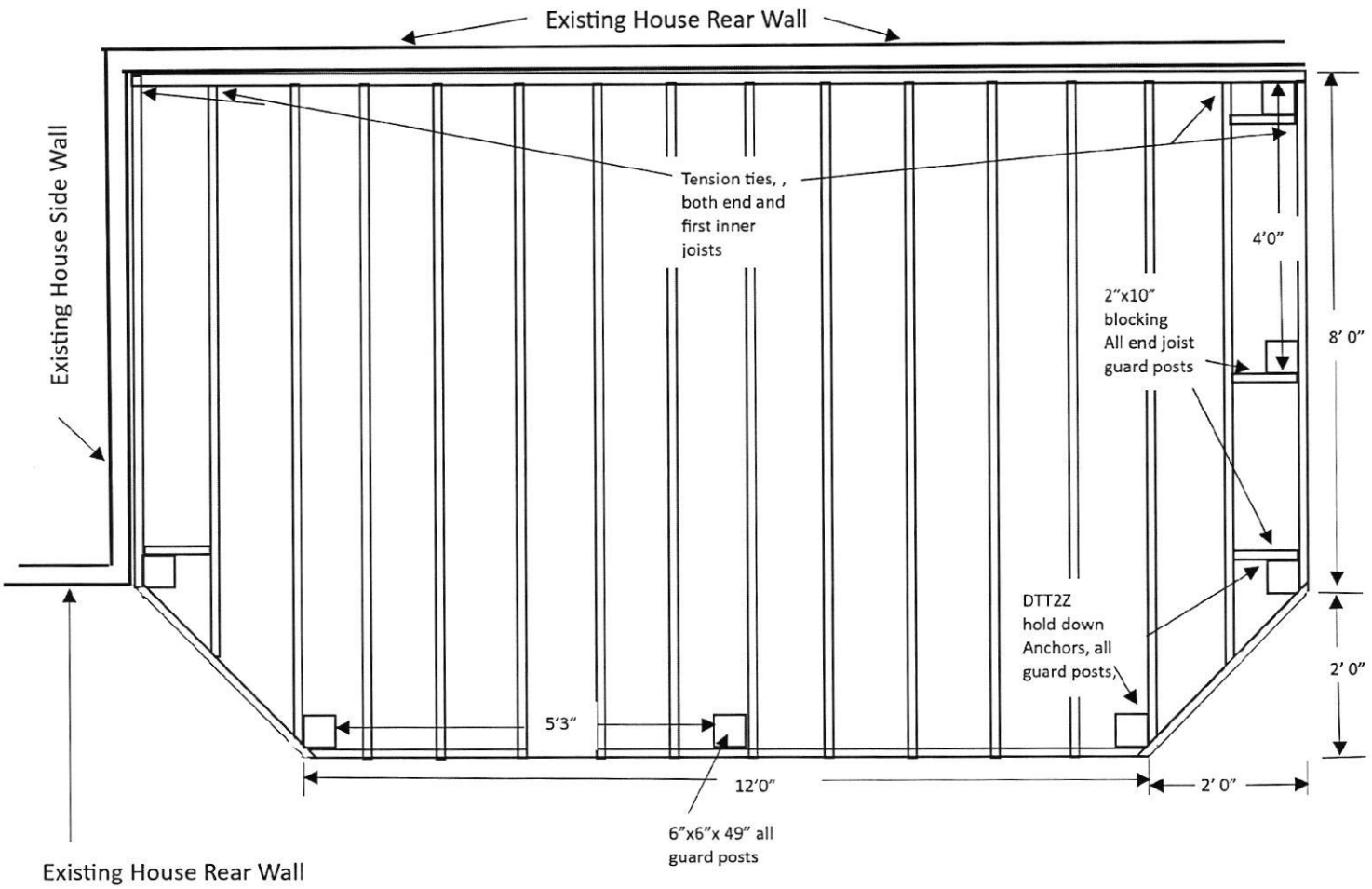


Bottom of footer matchs existing house footer

16"x16"x10" concrete footer, (2) ½"x16" rebar HDPE post protector sleeve to 4" above grade, all posts

Trex Enhance Composite Railing Top and Bottom Rail





C.O 10-31-95 2 BD 11-1-95 W.P.J. 11-3-95

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50866 A

A 49060

DISTRICT 4th

DATE 9-11-95

DATE SYSTEM APPROVED 11-1-95

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9938~~ 313-2640

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Walnut Springs LOT 15 ROAD 1255 Emmaus Road

PROPERTY OWNER Trinity Builders / Raymond R. Patsy

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4 *Manhole cleanout required*

BUILDING PERMIT SIGNED AND RETURNED
3-5-03 - B00140538 - FINISH BASEMENT

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2.0 feet wide. Inlet 5.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. Effective area begins at 5.0 feet below original grade. 4.0 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet up the left lot line (140.56') and 105 feet off that same lot line as seen when facing the lot from Emmaus Road. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok(cw)

PLANS APROVED BY Amy McMillen DATE 8/14/95

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

BLDG. PERMIT SIGNED AND RETURNED 4-25-98
Revised # B00110659 - dwd

PERMIT VOID AFTER TWO YEARS

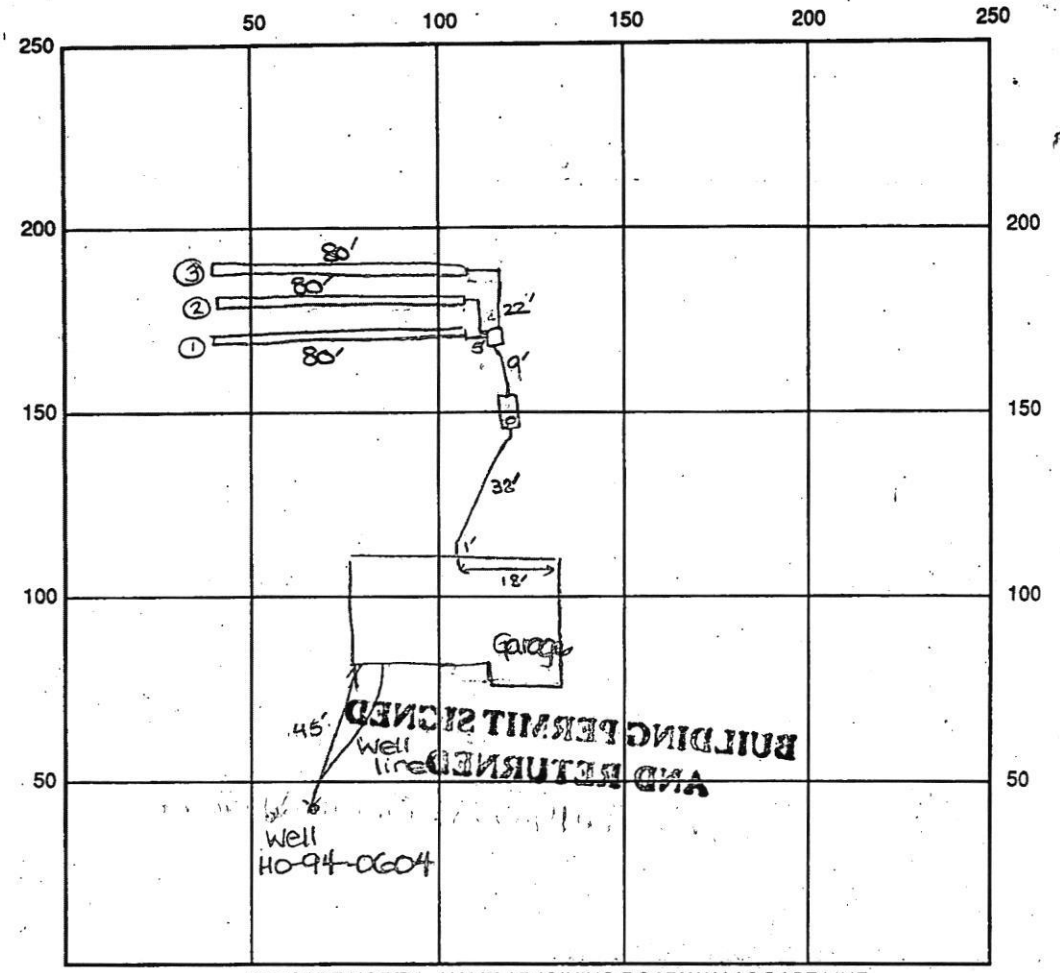
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 49060



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Emmaus Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one on s.t.

DISTRIBUTION BOX LEVEL OK-baffle in

DRAIN FIELD/TITLE DEPTH ①9/②③8 FT. TRENCH WIDTH 2 FT. INLET DEPTH ①5/②③4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH ①80' ②80' ③80' FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/[redacted] AREA 960 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 960 SQ. FT.

REMARKS: 10/31/95 OK to cover from house to s.t. and continue. DKS
11/1/95 a.m. OK to stone trenches and continue. DKS
11/1/95 pm Final-OK to cover all work as completed-
sufficient materials at site to complete.
(Trenches ② & ③ specs changed according to
soil conditions and contractor request.) DKS

DATE SYSTEM APPROVED 11/1/95 INSPECTOR [signature]

11/3/95 P.A. 4.5' below grade - OK to cover. DKS

Eshenbaugh, Melanie

From: RP <rrpatsy@cs.com>
Sent: Tuesday, August 25, 2026 10:34 AM
To: Eshenbaugh, Melanie
Subject: Re: FW: B26002452
Attachments: WELL CAP 08260001.pdf; 20260825_102631.jpg

Hello Melanie,

Thanks for your phone call on Monday, and your help in this matter. I have attached the completed work order and picture for the well cap that we discussed and you referenced in you email below. Let me know if I need to take any additional action, otherwise I will monitor the portal for the permit approval.

Ray

On 8/24/2026 10:14 AM, Eshenbaugh, Melanie wrote:

> Good morning,
>
> Please see the original correspondence below. Thank you.

Melanie Eshenbaugh
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
www.hchealth.org

Eshenbaugh, Melanie

From: Eshenbaugh, Melanie
Sent: Monday, July 27, 2026 9:11 AM
To: rrpatsy@cs.com
Subject: B26002452
Attachments: 11463.jpg; 11464.jpg

Good morning,

After conducting a site visit to the property at 1255 Emmaus Rd (B26002452), the well conduit appeared to be damaged/not secured under the well cap (see attached). The well conduit/cap will need to meet current standards in accordance with Health Dept. code and will need repaired to ensure water potability standards for the residence (condition of the well does not meet code requirements in COMAR 26.04.04.25) with a potential health risk to the occupants of the property and presents concerns of groundwater contamination. Please submit to the Health Dept. office documentation of the well repair via email or mail as proof of completion of the work to move forward with Health Department approval. Also, we strongly recommend water testing for bacteria and our Community Hygiene program (410-313-1773) can assist with scheduling water sampling if they wish to have the well water tested. Hope you have a wonderful day and thank you kindly.

Melanie Eshenbaugh
Bureau of Environmental Health
Howard County Health Dept.
8930 Stanford Blvd. Columbia, MD 21045
www.hchealth.org

HOWARD COUNTY HEALTH DEPARTMENT

PLUMBING
Work Order/Invoice

12551

CORNWELL PLUMBING & HEATING, INC
12196 Thadeiphia Road
ELLICOTT CITY, MARYLAND 21042

Phone 410-988-9221
Tom Cell 410-977-5546

TO: Roy Patti
1285 Emmas Dr
Woodbine MD

DATE OF ORDER: 8/25/26	HOME TEL: 301-538-2310
ORDER TAKEN BY	WORK TEL.
CUSTOMER ORDER NO.	☐ DAYWORK ☐ CONTRACT ☐ EXTRA
STARTING DATE	☐ OVERTIME ☐ OTHER
JOB NAME / NO.	
JOB LOCATION	
INVOICE DATE	JOB TEL

CHECKMARKS DENOTE:
☐ WORK TO BE DONE
☐ WORK COMPLETED

TERMS:

DESCRIPTION OF WORK

Replace Well Cap with Proper Well Cap $450.00

	TROUBLESHOOT / INSPECT	UNCLOG / CLEAN	REPAIR	REPLACE	INSTALL	ROUGH - IN	FINISH WORK
NO HEAT							
NO WATER						-	
BURST PIPE(S)							
THAW PIPE(S)							
INSULATE PIPE(S)							
BLOCKAGE - WASTE SYSTEM							
KITCHEN							
SINK							
INSTANT HOT							
WATER FILTER							
DISPOSAL							
DISHWASHER							
BATH (1) (2) (3)							
LAVATORY							
WATER CLOSET							
BATHTUB							
SHOWER STALL / HEAD							
WHIRLPOOL / SPA / HOT TUB							
LAUNDRY							
WASHING MACHINE							
FAUCET(S)							
SILL COCK							
SUPPLY LINE(S)							
> TRAP(S) / DRAIN(S)							
FILTER(S)							
GATE / BALL VALVE(S)							
WATER LINE(S)							
WELL / WATER PUMP							
PRESSURE TANK							
WATER SOFTENER / COND.							
SUMP / EFFLUENT PUMP							
WATER HEATER							
BOILER - STEAM / HOT WATER							
SAFETY VALVE							
CIRCULATOR							
ZONE VALVE							
BASEBOARD(S) / RADIATOR(S)							
FURNACE							
BURNER							
HEAT PUMP							
AIR CONDITIONER							
WASTE / SEWER LINE(S)							
VENT PIPE(S)							

LABOR	HRS.	RATE	AMOUNT
Well cap replacement (Bug proof)			$450.00
* Chlorinated Well *			
		TOTAL LABOR	$450.00

QTY.	MATERIAL	UNIT	AMOUNT
	Thank you!!		
	CASH!		
	PAID JS		

WORK ORDERED BY

I hereby acknowledge the satisfactory completion of the above described work.

X _____ SIGNATURE _____ DATE

Thank You!

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
OTHER CHARGES	
TOTAL	$450.00