



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 12690 Old Frederick Rd.
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Kenneth + Rose Cantillon
 Address: 12690 Old Frederick Rd.
 City: Sykesville State: MD Zip Code: 21784
 Phone: 410-442-1807 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)

Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD WITH ATTACHED SUNROOM
 Estimated Construction Cost: \$ 60,881
 Description of Work: ADD A 13'X14' SUNROOM ON A NEW DECK AREA
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SUNQUEST INC.
 Contact Person: MIKE FRALAN
 Address: 2902 BACK ACRE CIR.
 City: MT. AIRY State: MD Zip Code: 21771
 License No.: 48177
 Phone: 301-829-1313 Fax: 301-829-1511
 Email: MIKE@MARYLANDSUNROOMS.COM
CALL 301-748-5144

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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] Print Name: Michael Fralan
 Email Address: MIKE@MARYLANDSUNROOMS.COM Date: 1/20/15
 Title/Company: SUNQUEST INC.

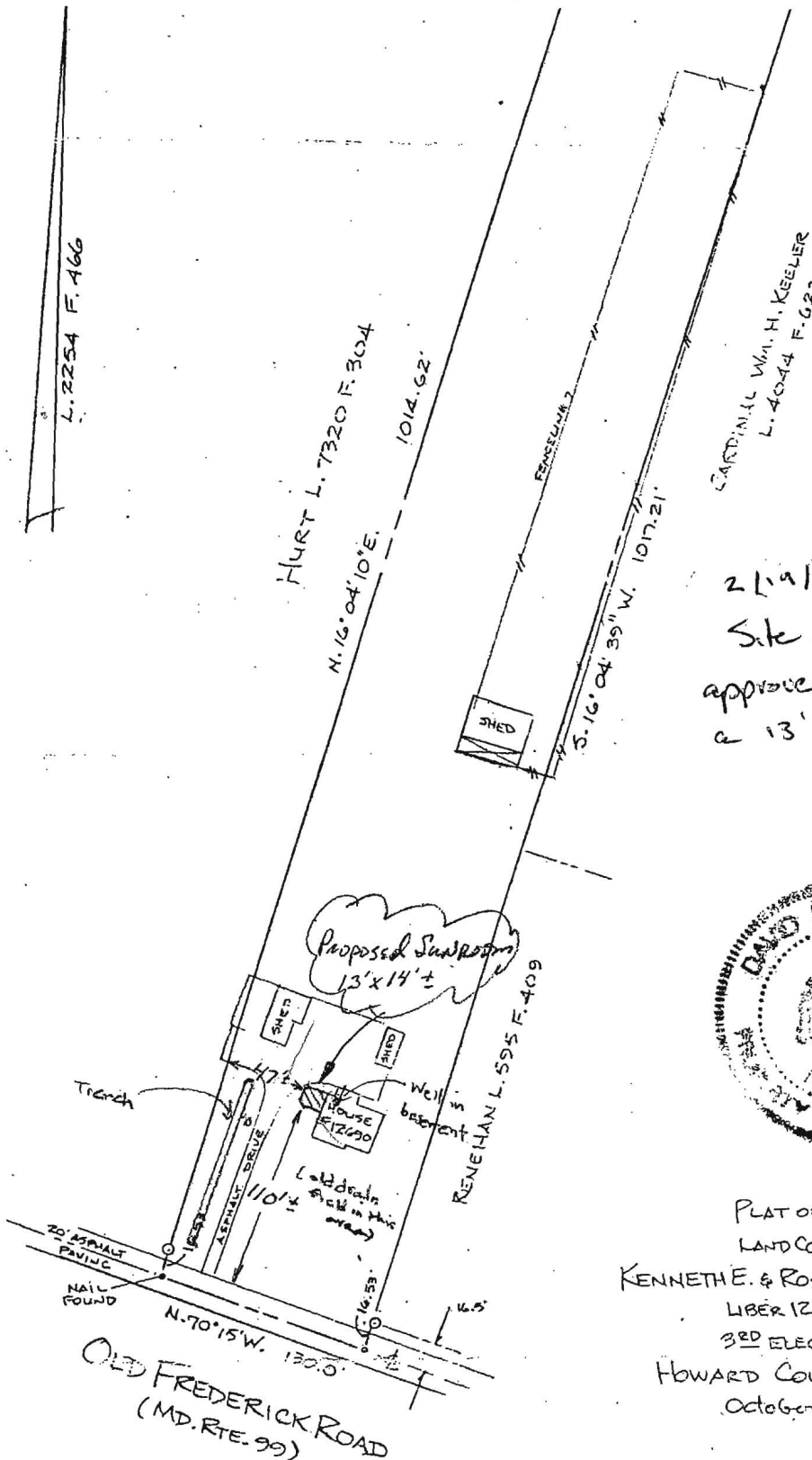
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/19/15</u>	<u>H. Oswald</u>


Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



PLAT OF SURVEY
 LAND CONVEYED TO
 KENNETH E. & ROSALEE J. CAULDER
 LIBER 1282 FOLIO 234
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 October, 2009

CERTIFICATE I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the Improvements were located by accepted field practices and include permanent visible structures and encroachments, if any.  TITLE REPORT NOT FURNISHED	REFERENCES		ZENITH SURVEYS SURVEYING • PLANNING 200 Dill Avenue • Frederick, MD 21701 301-831-4944 • 301-695-5594	
	PLAT BK.	AS	DATE OF SURVEYS	
	PLAT NO.		SCALE: 1" = 100'	
	LIBER	SHOWN	WALL CHECK	
	FOLIO		HSE LOC	
	BOUNDARY			
		DRAWN BY: DCS		
		JOB NO.: 09.535		

Oswald, Hank

From: Oswald, Hank
Sent: Friday, February 13, 2015 2:10 PM
To: Youmans, Monna
Subject: 12690 Old Fred Rd Sample Results

Hi Monna:

Would you forward a copy of the water sample results to me. It's part of a building permit review.

Tx!

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786

SEND REPORT TO:
 Howard County Health Department
 Bureau of Environmental Health
 6830 Stanford Blvd.
 Columbia, Maryland 21046
 Mailed No: 110-313-172

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 LABORATORIES ADMINISTRATION
 201 West Preston Street, Baltimore, MD 21201
 Robert A. Myers, Ph.D., Director

LABORATORY:
 CENTRAL (410) 767-6146
 E. SHORE REGIONAL (410) 210-8006
 W. MD REGIONAL (301) 759-5116

BACTERIOLOGICAL DRINKING WATER REPORT

Category Code: 4E

Lab No.:

008914

FIELD RECORD

Sample Type: Community Non-Community Non-Transient Private Check Sample C.O.P. Bottled Water OTHER

Source: Ken Couder (Powder Room Sak)
 Location: 12690 Old Frederick Road, Sykesville, MD
 Iced: Yes No Treated: Yes No 2,780
 Date Collected: 2-5-2015 Time Collected: 9:00AM a.m. p.m.
 Collector Name: Aaron Vignos Collector ID No: 8487AV
 Collector Tel. No.: 410-313-1292 Bottle No.: HC 12690 County: Howard

Test Requested:
 Quantitative Coliform Enterococci
 P.A. Coliform Enterococci
 Multiple Tube Fermentation (MTE) MTEP (A1 Method-Source Waters Only)
 Heterotrophic Plate Count (HPC-Heat Plate Method)
 OTHER: INVADE # 3051
 COMMENTS: NO CONC observed in sample

County: Howard Plant No. Sampling Station:
 pH: 7.8 Res. Cl. Free Total Card No.

LABORATORY RECORD (DHMH Use Only)

Test: SM 9221 Coliform SM 9223 Coliform SM 9225 Coliform
 Method(s): SM 9221 B (MTE) SM 9221 B, E (MTE) SM 9223 E (A1)
 (Class. of Recovery) SM 9221 SB (HPC) Enterococci ASTM D 6503-99
 OTHER

Temperature Control: 28 Thioglycollate: Present Absent Undetermined

P/A TEST (Coliform/Enterococci)		QUANTITATIVE TEST (Coliform/Enterococci)			HETEROTROPHIC PLATE COUNT		
100 ml sample	MEN/100ml	Dilution	100 ml sample	# Positive wells	MPN/100 mL	Plate A	Plate B
Total coliforms		<input type="checkbox"/> 1:10	Total coliforms	0	<1		
E. coli		<input type="checkbox"/> 1:100	E. coli	0	<1		
Enterococci		<input type="checkbox"/> 1:1000	Enterococci				

Incubate 24-48 hrs/HPC (HPC/ml) =

FEB 5 15 PM 3:01
 FEB 5 15 PM 4:16
 PLACE IN INCUBATOR
 FEB 6 15 PM 10:31
 RESULTS READ/REPORTED

PRESUMPTIVE MTE TEST

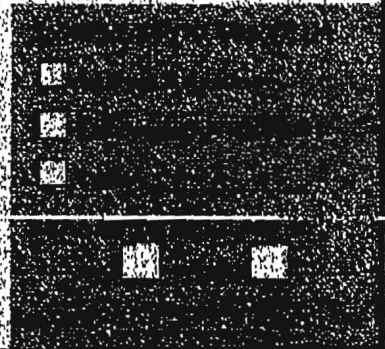
ml of Sample	10 ml
Gas/5h	
Gas/48h	

CONFIRMATION TEST (MTE/A1 Method)

ml of Sample	10 ml
Total Coliforms	
Fecal Coliforms	

RESULTS

No. of Positives (C)	MPN/100ml



Send Report To:

Howard County Health Department
 Bureau of Environmental Health
 8930 Stanford Lane
 Columbia, Maryland 21045

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St
 P.O. Box 2355, Baltimore, Maryland 21203
 Robert A. Myers, Ph. D., Director
WATER ANALYSIS


E15002418001
 Received: 02/05/2015
 Inorganic HC 12690

Do not write above this line.

SAMPLE ID	Bottle Number	HC 12690	Name	Ken Caulder	County	Howard	County Code	13		
	Location	12690 Old Frederick Road (Powder Room)				Data Category Code	415			
	Collected: Date	2-5-15	Time	9:00AM	Collector & Phone	Athan Vorkos 310K 410-313-1792		Submitter Code		
	CHECK (one per box)									
	Drinking Water	<input checked="" type="checkbox"/>	Community	<input type="checkbox"/>	Source (raw water)	<input type="checkbox"/>	Emergency	<input type="checkbox"/>		
	Landfill	<input type="checkbox"/>	Non-community	<input type="checkbox"/>	Distribution (treated)	<input type="checkbox"/>	Routine	<input type="checkbox"/>		
	Stream	<input type="checkbox"/>	Private	<input type="checkbox"/>	MCL	<input type="checkbox"/>	Recheck	<input type="checkbox"/>		
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>			Special	<input type="checkbox"/>		
									Federal Project	S

FIELD	Plant No.		Sampling Station		Preservation: Iced	<input checked="" type="checkbox"/>	Acid	<input type="checkbox"/>	Type of Acid	H2SO4
	pH	6.0	Chlorine: Free	0.0	Total	0.7	Specific Conductance			
	Notes to Lab/Remarks: INVOICE # 30517									

CHECK TESTS	TESTS	Error Code	RESULTS
	Alkalinity (Total)		
	Ammonia - N		
	Chloride		
	Conductance*, Spec.		
	Dissolved Solids (Total)		
	Hardness		
	Fluoride		
<input checked="" type="checkbox"/>	Nitrite, N		
<input checked="" type="checkbox"/>	Nitrate - Nitrite, N		
	Sulfate		
	Total Solids		
<input checked="" type="checkbox"/>	Turbidity*		
	Other:		
	* CHANGED BY LAB; COLLECTOR VERIFIED THAT NITRATE-NITRITE SHOULD BE CORRECT TEST, 2/5/15. gbj		

RECEIVED

FEB 18 2015

HOWARD COUNTY HEALTH DEPT.
 COMMUNITY HYGIENE PROGRAM

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested

Section Chief _____

Date Reported _____



State of Maryland
 DHMH-Laboratories Administration
 Division of Environmental Chemistry
INORGANICS ANALYTICAL LABORATORY
 201 W. Preston Street, Baltimore, Maryland 21201
 Robert Myers, Ph.D., Director



Certificate of Analysis

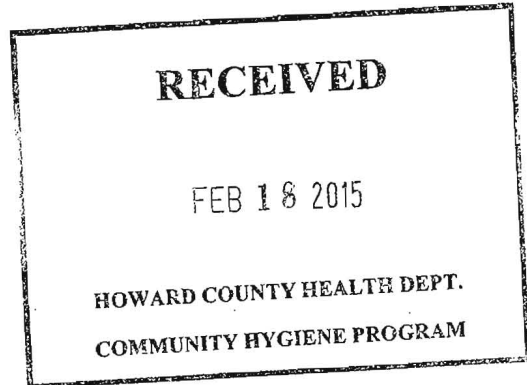
HOWARD CO ENVIRONMENTAL HLTH
 8930 STANFORD BLVD
 COLUMBIA, MD 21045

Lab Project NoE15002418 Date Coll. 02/05/2015 Date Received 02/05/2015 Submitted By: Vargas

Field ID: HC 12690
 Lab No.: E15002418001

<u>Analyte</u>	<u>Method</u>	<u>Result</u>	<u>Units</u>	<u>Date Analyzed</u>
Nitrate + Nitrite, as N	EPA 353.2	15.95	mg N/L	02/06/2015
Turbidity	EPA 180.1	<0.5	NTU	02/06/2015

Comments:



Approved by: *Shahla A. Ali*

Approval date: 02/11/2015

*The following methods are included in our A2LA Scope of Accreditation: EPA150.1, EPA 353.2, EPA 375.2, SM4500F C, SM 4500-CN G & QCM-CN, QCM-CN.

This document contains confidential health information that is privileged, confidential and exempt from disclosure under law. If you have received this information in error, please call (410) 767-6190 and arrange for return or destruction.

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 LABORATORIES ADMINISTRATION
 201 W. Preston Street
 PO BOX 2355, Baltimore, Maryland 21203
 Robert A. Myers, Ph.D., Director

INV. NO.
30517

WATER TESTING FEES

Date 2/5/2015 Lab No. _____
 Collected by Atan Vargas County Howard
 Occupant Ken Cauteler
 Address 12690 Old Frederick Rd
 City Sykesville Zip 21784 Sample type _____

- | | | | | |
|-----|-------------------------------------|-------------------|-------|--------------|
| (A) | <input checked="" type="checkbox"/> | BACTERIOLOGY | \$ 41 | <u>\$211</u> |
| | <input checked="" type="checkbox"/> | NITRATE - NITRITE | \$ 18 | <u>\$18</u> |
| | <input checked="" type="checkbox"/> | TURBIDITY | \$ 15 | <u>\$15</u> |
| (B) | <input type="checkbox"/> | LEAD | \$ 20 | _____ |
| | <input type="checkbox"/> | COPPER | \$ 20 | _____ |
| | <input type="checkbox"/> | IRON | \$ 20 | _____ |
| | <input type="checkbox"/> | HARDNESS | \$ 23 | _____ |
| | <input type="checkbox"/> | ALKALINITY | \$ 23 | _____ |

Regulated Metals @ \$ 20 _____

(circle) As Ba Cd Cr Hg Se

MISCELLANEOUS _____

TOTAL BILL \$ 74.00

Make check payable to LABORATORIES ADMINISTRATION and mail to the above address. (Questions, 410-767-6145)

Please send one copy of this form with payment for proper credit.

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, February 12, 2015 10:57 AM
To: Davis, Michael J
Subject: Water Sample Results_12690 Old Frederick Road

Mike:

We have just the Nitrate Result.

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786

Pending H₂O
results
Resubmit to
Mike for
review

January 28, 2015

Michael Davis
Deputy Director /Howard County Well & Septic
8930 Stanford Boulevard
Columbia, MD 21045

Dear Mr. Davis,

We are constructing a 13' x14' sunroom on our home. I am requesting a waiver to the Percolation Certification Plan and non- conforming Well which is located in our basement so that we may proceed with obtaining the necessary building permits.

We agree to have the well tested for Bacteria, Nitrate and Turbidity as directed by Hank Oswald from your department. We will provide these results as soon as they are available. The existing septic system has functioned without issue and is well beyond the proposed sunroom location. The result of this construction will not add any further usage to our current septic system.

Feel free to contact me with further questions.

Sincerely,


Ken Caulder



Map Layers Map Legend Search

All Layers

Base Maps & Aerial Photos

Annotation Layers

HoCo Base Map Layers

- Contours 2004
- County Boundary
- Stream Centerline Buffer 75ft
- Building Permits (New)
- Scanned PDF Drawings
- Address Points
- Street Centerline
- Metro Property
- Property Boundaries

Additional Layers

Layer Overlays

- Floodplain - Draft - Small Trib
- Floodplain
- Historic Districts
- Zoning
- Land Use
- Water/Sewer Labels
- Sewer Infrastructure
- Water Infrastructure
- Storm Drain Features
- Hydric Soils
- Soils
- Wetlands
- Rare Threatened and Endangered
- Town Center Neighborhoods
- Town Center Boundary
- Baltimore_Gneiss
- Baltimore_Gneiss_Buffer
- Bridges - Public Works

Parks and Open Space

- Parks - Howard County
- Open Space - Other
- Open Space - Howard County
- Forest Conservation Easements
- Preservation Easements

Map Tools

100 ft
200 ft
500 ft



Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, January 28, 2015 10:08 AM
To: 'mike@marylandsunrooms.com'
Subject: 12690 Old frederick Road

Mr. Fraley:

I spoke to Mike Davis this morning and I have some good news. At this time, our office will not require the owner to drill a new replacement well on the property but we will need confirmation that the well in the basement is free of contamination. The owner may schedule a water sample appointment through the Health Department by calling the Community Hygiene Program at (410) 313 - 1773 or by contacting a State Certified Laboratory. The well must be tested for Bacteria, Nitrate and Turbidity. In addition, the owner will also need to request a Waiver to the Percolation Certification Plan requirement and non-conforming Well in the basement. Please address the letter to Deputy Director Mike Davis, 8930 Stanford Boulevard, Columbia, MD 21045.

BP signature by this Department will depend on passing well water sample results and approval of the Waiver by Mike Davis.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
410.313.1786