

Menu Save Reset Cancel Help

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

## Case #

EH-PLANS-26-0

## Type

EnvHealth/Environmental Health/Plan Check/Application

## Status

In Review

## Opened Date

07/31/2026

Single Entry Edit-View Record Form

## Application Name

B26002653

## Description

SFD/ REMOVE AND REPLACE 200 SF RAISED BRICK PATIO AND STEPS\*\*HANDRAILS MAY BE REQUIRED, SUBJECT TO FIELD INSPECTION\*\*

## 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

| <input type="checkbox"/> Primary                          | <u>Street # (start)</u> | <u>Direction</u> | <u>Street Name</u> | <u>Street Type</u> | <u>City</u> | <u>State</u> | <u>Zip Code</u> | <u>Address Status</u> | <u>Street Suffix (Direction)</u> | <u>Unit Type</u> | <u>U</u> |
|-----------------------------------------------------------|-------------------------|------------------|--------------------|--------------------|-------------|--------------|-----------------|-----------------------|----------------------------------|------------------|----------|
| <input type="checkbox"/> <input checked="" type="radio"/> | 13533                   |                  | Paterna...         | DR                 | High...     | MD           | 20777           |                       |                                  |                  |          |

## Parcel (This section is not required.)

Search Delete Get Address &amp; Owner Set Primary

| <input type="checkbox"/> Primary | <u>Parcel #</u> | <u>Book</u> | <u>Page</u> | <u>Parcel</u> | <u>Parcel Area</u> | <u>Land Value</u> | <u>Improved Value</u> | <u>Exemption Value</u> | <u>Legal Description</u> | <u>Tract</u> |
|----------------------------------|-----------------|-------------|-------------|---------------|--------------------|-------------------|-----------------------|------------------------|--------------------------|--------------|
| 0 record(s) found.               |                 |             |             |               |                    |                   |                       |                        |                          |              |

## Owner (This section is not required.)

Search Delete Set Primary

| <input type="checkbox"/> Primary                          | <u>Name</u>    | <u>Mail Address Line1</u> | <u>Mail Address Line2</u> | <u>Mail Address Line3</u> | <u>Mail City</u> | <u>Mail State</u> | <u>Mail Zip Code</u> | <u>Phone</u> | <u>Country/Region</u> |
|-----------------------------------------------------------|----------------|---------------------------|---------------------------|---------------------------|------------------|-------------------|----------------------|--------------|-----------------------|
| <input type="checkbox"/> <input checked="" type="radio"/> | William Farmer | 13533 Paternal Gift Dr.   |                           |                           | Highland         | MD                | 20777                |              | US                    |

## Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

## Single Entry Applicant Form

## Type \*

Applicant

## Primary

Yes

## Full Name

Approved  
MAZ 8/13/26

Online BP. gl 8/13/26

Re-assigned. 8/10/26  
gl

## First Name \*

Abbey

## Middle Name

## Last Name \*

Herman

## Organization Name \*

Clearwater Landscape

## Mobile Phone ((xxx)xxx-xxxx)

(240) 876-8787

## Home Phone ((xxx)xxx-xxxx)

## E-mail

aherman@clearwaterlandscape.com

## Business Phone ((xxx)xxx-xxxx)

## Preferred Channel

--Select--

## Applicant Address

New

Look Up

Deactivate

Remove

| <input type="checkbox"/> Contact Address ID | Address Type | Address Line 1 | City | State | Zip | Primary | Recipient | Status |
|---------------------------------------------|--------------|----------------|------|-------|-----|---------|-----------|--------|
| 0 record(s) found.                          |              |                |      |       |     |         |           |        |

## Custom Fields

## DATE TRACKING

## Received Date

7/31/2026

## Due Date

8/14/2026

## 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

7/31/2026

## 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, forward to WS Program.

☐ Yes ☐ No

Is this a Prototype Food Service Facility? If Yes, refer to State.

☐ Yes ☐ No

## Facility Fax

0 (Text)

## Days of Operation

0 (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

0 (Text)

## Facility Email

0 (Text)

## PROPERTY INFORMATION

## Water Source

--Select--

## Sewage Disposal

--Select--

## Design Wastewater Flow

(Number)

## Permit Type

--Select--

**PLAT STATS**

|                                               |                                                |
|-----------------------------------------------|------------------------------------------------|
| Total Number of buildable lots to be recorded | Total number of open space lots to be recorded |
| <input type="text"/> 0 (Number)               | <input type="text"/> 0 (Number)                |
| Total number of bulk parcels to be recorded   | Total number of lots / parcels to be recorded  |
| <input type="text"/> 0 (Number)               | <input type="text"/> 0 (Number)                |
| New buildable lots created                    | Date PLAT signed by Health Officer             |
| <input type="text"/> 0 (Number)               | <input type="text"/> [icon]                    |
| PLAT Type                                     | Date Preliminary Plan Signed by HO             |
| --Select--                                    | <input type="text"/> [icon]                    |

☐ Extension Granted**DEVELOPMENT PLANS**

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| Property Type                                      | Plan Version                         |
| Residential                                        | Initial                              |
| Signature Required                                 | Engineer                             |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="text"/> 0 (Text)        |
| Number of paper copies                             | Number of mylar copies               |
| <input type="text"/> 0 (Number)                    | <input type="text"/> 0 (Number)      |
| Number of buildable lots created                   | Number of non-buildable lots created |
| <input type="text"/> 0 (Number)                    | <input type="text"/> 0 (Number)      |
| Total Number of Lots                               | Associated Plans                     |
| <input type="text"/> 0 (Number)                    | <input type="text"/>                 |

**WELL AND SEPTIC INTERNAL**

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| State Review Required                              | Coordinate State Review                            |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| Proposed Septic System Type                        |                                                    |
| --Select--                                         |                                                    |

**FOOD ESTABLISHMENT FACILITY**

|                     |               |
|---------------------|---------------|
| Priority Assessment | Licensed Type |
| --Select--          | --Select--    |
| License Category    |               |
| --Select--          |               |

**FOOD ESTABLISHMENT INFORMATION**

|                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| Hours of Operation                                 | <input type="checkbox"/> Operating Seasonally Only |
| <input type="text"/> (Text)                        | Are pets allowed in a outdoor seating area?        |
| If Operating Seasonally, What is the start month?  | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="text"/> (Text)                        |                                                    |
| Full Bar?                                          |                                                    |
| <input type="radio"/> Yes <input type="radio"/> No |                                                    |

**RESTAURANT AND FOOD SERVICE**

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| Food Service Facility Secondary Category           | Total Seating Capacity               |
| --Select--                                         | <input type="text"/> (Number)        |
| Number of Restrooms                                | Interior Restaurant Seating Capacity |
| <input type="text"/> (Number)                      | <input type="text"/> (Number)        |
| Bar Seating Capacity                               | Outdoor Seating Capacity             |
| <input type="text"/> (Text)                        | <input type="text"/> (Text)          |
| Does the restaurant have outdoor seating           |                                      |
| <input type="radio"/> Yes <input type="radio"/> No |                                      |

**EQUIPMENT**

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| Evaluated non NSF, ANSI, CF or other standards     | Description of Refrigeration Units   |
| <input type="radio"/> Yes <input type="radio"/> No |                                      |
| Number of Walk-In Refrigerator Units               | Description of Walk-In Freezer Units |
| <input type="text"/> (Number)                      | <input type="text"/> (Text)          |
| Is there a bulk ice machine available              | Space Limitation                     |
| <input type="radio"/> Yes <input type="radio"/> No |                                      |
| Number of Hand Sinks Available                     | Hood System                          |
|                                                    |                                      |



CLEARWATER  
Landscape & Nursery  
9565 Doctor Perry Road  
Barnesville, MD 21754  
301-607-4480  
www.clearwaterlandscape.com

# Farmer Residence

14806 Merivether Dr  
Ellicott City, MD

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designer:  
A. Herman

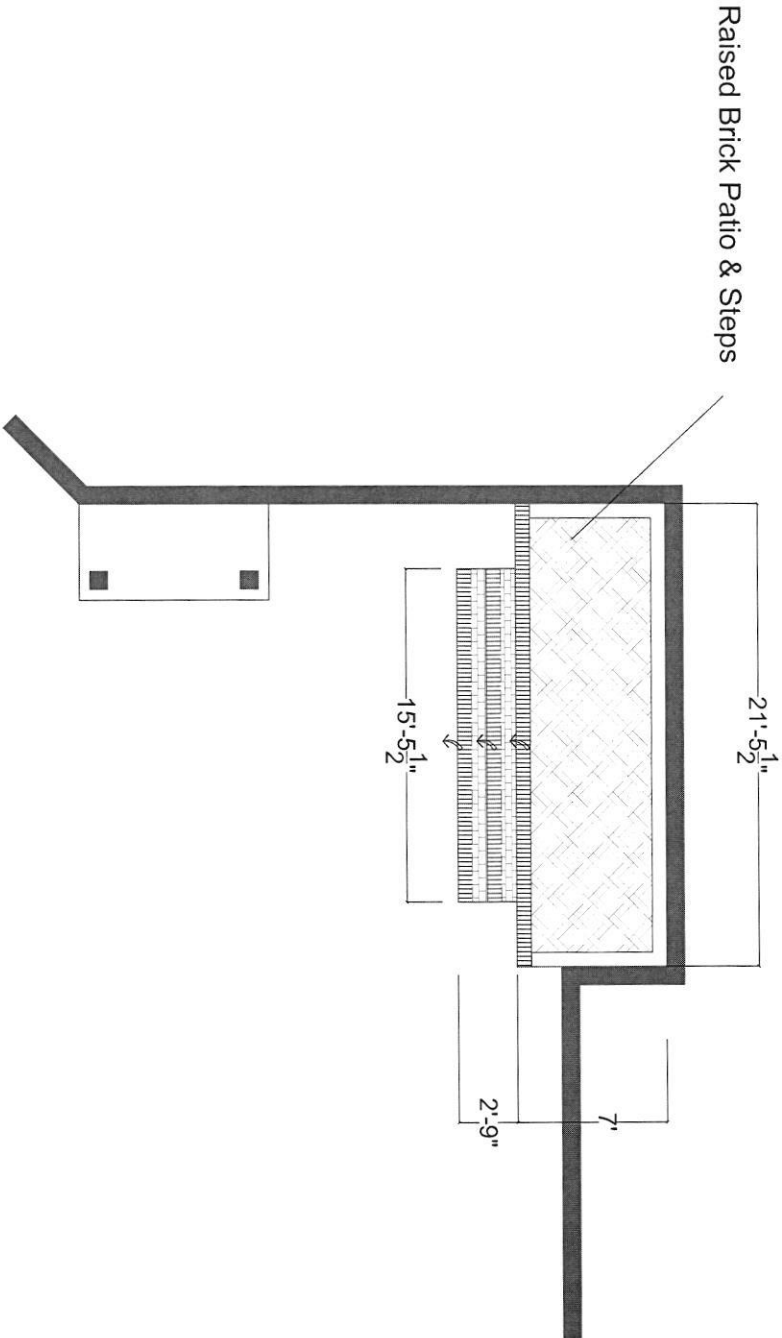
date:  
7-22-2026

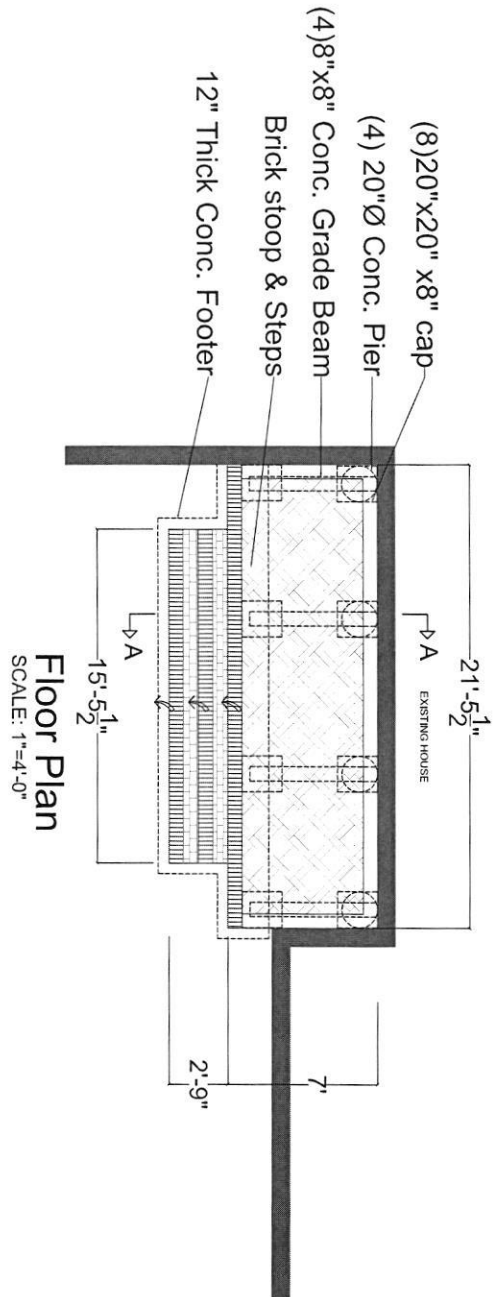
sheet content:  
Raised Patio Plan

| revisions |             |
|-----------|-------------|
| #         | description |
|           |             |
|           |             |
|           |             |
|           |             |

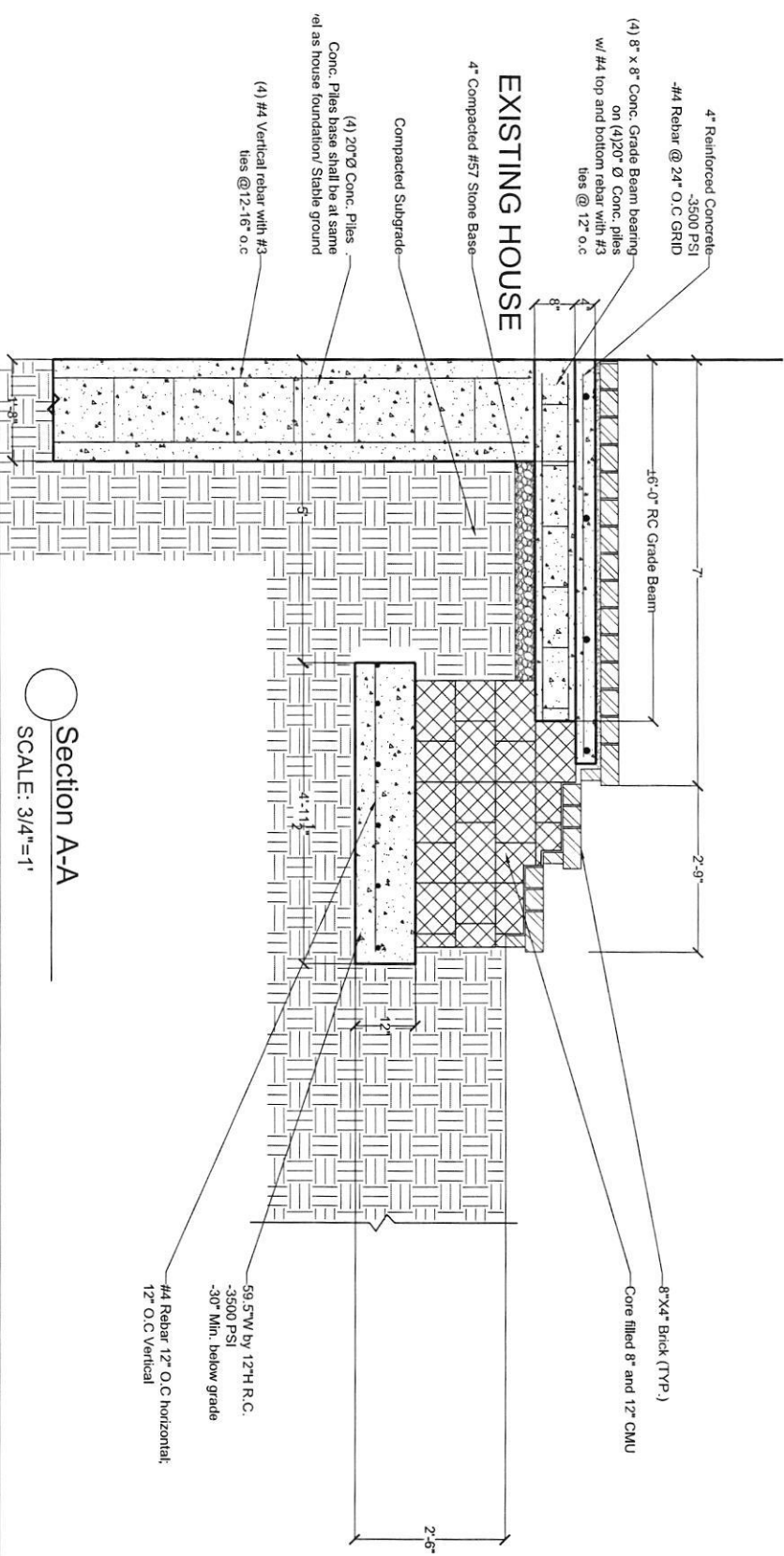
sheet:  
L01  
scale:  
1"=4'

Drawing #003326





**Floor Plan**  
SCALE: 1"=4'-0"



**Section A-A**

SCALE: 3/4"=1'



**CLEARWATER**  
Landscape & Nursery  
9585 Doctor Perry Road  
Baltimore, MD 211754  
301-607-4480  
www.clearwaterlandscape.com

# Farmer Residence

13533 Paternal Gln Dr.  
Highland, MD

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designer:  
**A. Herman**

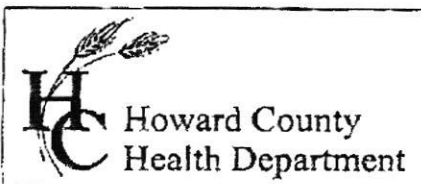
date:  
7-30-2026

sheet content:  
**Raised Patio Plan**

| # | date | description |
|---|------|-------------|
|   |      |             |
|   |      |             |
|   |      |             |
|   |      |             |

sheet:  
**L01**  
scale:  
see  
dwg

Drawing #003326



Bureau of Environmental Health  
8930 Stanford Boulevard, Columbia, MD 21045  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Maura J. Rossman, M.D., Health Officer

RECEIPT DATE: 12/30/15 **ONSITE SEWAGE DISPOSAL SYSTEM**

P 557953

APPROVAL DATE: 1/27/16 **PERMIT: CONSTRUCTION**

A \_\_\_\_\_

PROPERTY ADDRESS: 13533 Paternal Gift Drive

SUBDIVISION: Paternal Gift Farm

LOT: 8

TAX ID: 05-421748

CONTRACTOR: J. Maurice Carlisle

EMAIL: \_\_\_\_\_

CONTRACTOR ADDRESS: 19700 Barnesville Road

PHONE: 301-428-8599

CONTRACTOR CERTIFIED FOR BAT INSTALLATION:

☐ MDE

☐ MANUFACTURER:

PROPERTY OWNER: William Farmer

EMAIL: \_\_\_\_\_

OWNER ADDRESS: 13533 Paternal Gift Drive

PHONE: 240-731-9981

BAT UNIT MODEL: Norweco TNTLP-1000

PUMP SIZE: N/A

PUMP TANK CAPACITY: N/A

OPERATION & MAINTENANCE AGREEMENT

DATE SIGNED: \_\_\_\_\_

DATE RECORDED: \_\_\_\_\_

DISTRIBUTION SYSTEM: ☒ GRAVITY

☐ PRESSURE DOSED

BEDROOMS: 6

APPLICATION RATE: 0.8

|           |                                                                                                                                                                                                                                                                                               |                                            |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TRENCHES: | LINEAR FEET REQUIRED: <u>202</u>                                                                                                                                                                                                                                                              | INLET DEPTH: <u>4.5</u>                    |
|           | TRENCH WIDTH: <u>2</u>                                                                                                                                                                                                                                                                        | MAXIMUM BOTTOM DEPTH: <u>8.5</u>           |
|           | MINIMUM SPACE BETWEEN TRENCHES: <u>9</u>                                                                                                                                                                                                                                                      | EFFECTIVE AREA BEGINNING DEPTH: <u>4.5</u> |
| LOCATION: | PER APPROVED SITE PLAN. SEWAGE DISPOSAL AREA AND BAT UNIT LOCATION MUST BE STAKED BY LICENSED SURVEYOR PRIOR TO PRE-CONSTRUCTION INSPECTION.                                                                                                                                                  |                                            |
| NOTES:    | 220' of trench exist- no additional tank required. Pump and properly abandon existing septic tank.<br><i>The attending Environmental Sanitarian shall not grant Final Approval of this installation without knowledge that the referenced Electrical Permit has been issued. rec 12/31/15</i> |                                            |

ISSUED BY: Robert Bricker

ISSUE DATE: \_\_\_\_\_

EXPIRATION DATE: 12/30/16

NOTE: CONTRACTOR MUST SCHEDULE A PRE-CONSTRUCTION INSPECTION PRIOR TO BEGINNING ANY INSTALLATION

NOTE: CONTRACTOR MUST SCHEDULE AN INSPECTION AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING

NOTE: STONE MUST BE APPROVED BY HEALTH DEPARTMENT AND GRAVEL TICKET MUST BE AVAILABLE FOR REVIEW.

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE AT LEAST 100 FEET DOWNGRADE FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM

☒ ELECTRICAL PERMIT ISSUED E 16000040

NOTE: AN INDIVIDUAL CERTIFIED BY MDE AND THE MANUFACTURER FOR BAT INSTALLATION MUST BE PRESENT AT ALL TIMES DURING BAT INSTALLATION.

NOTE: MDE RECOMMENDS SEPTIC TANKS, BAT, AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA

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 TO SCHEDULE INSPECTIONS.

NOT TO SCALE

See separate sheet for  
as-built drawing

ROAD NAME

**TRENCH/DRAINFIELD DATA**

WIDTH INLET BOTTOM

NUMBER OF TRENCHES \_\_\_\_\_  
TOTAL LENGTH \_\_\_\_\_  
ABSORPTION AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL YES  
DISTRIBUTION BOX BAFFLE YES  
DISTRIBUTION BOX PORT NO

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL YES

MANUFACTURER CR SEMPER  
CAPACITY 1000 GAL  
SEAM LOC TOP  
TANK LID DEPTH 2.5-3'  
BAFFLES NO  
BAFFLE FILTER NO  
MANHOLE LOC MIDDLE  
6" PORT LOC FRONT + REAR  
WATERTIGHT TEST NO  
SLOTTED NO  
DATE ON LID NONE

PUMP/SEPTIC TANK LEVEL YES

MANUFACTURER CR SEMPER/NORWECO  
CAPACITY 1300 GAL  
SEAM LOC TOP  
TANK LID DEPTH 2.5-3'  
BAFFLES NO  
BAFFLE FILTER NONE  
MANHOLE LOC FRONT, MID 2 REAR  
6" PORT LOC NONE  
WATERTIGHT TEST NO  
SLOTTED NO  
DATE ON LID NONE

**PRE-CONSTRUCTION:**

1/7/16 Ralph with custodie and Andy (builder) on site. Old tank and one trench located. Still need to locate D-box. BAT tank will be east/further from existing house than existing tank. Informed Ralph + Andy that tank must be 10' + off slab and 20' + away from house with basement. BAT will be 100' + from own well + neighbor's well. (SC)

INSTALLATION: 1/8/16 On site while tanks are set. Tank not bedded with #57 stone. No visible cracks on bottom or sides of tanks. Square viscos set in place with mastic tape (concrete rebar). Old tank pumped by Hatfield's. (SC) 1/8/16 Risers installed on tanks. Tanks connected. Pipe laid towards house and temporary house connection made to existing line during site visit. (SC) 1/11/16 New house connection made. Possible future connection to addition stubbed out (may not use per builder - addition set to begin in April). Tanks connected to D-box. Need BAT startup certification. (SC) 1/12/16 Old tank is collapsed - contractor sent picture. (SC) 1/20/16 On site for BAT startup. Jason from CR Semper present - aerators run, alarm sounds, voltage + amperage correct. (SC) 1/27/16 FINAL INSPECTOR Sarah Collins DATE OF APPROVAL 1/27/16

BAT startup report received. (SC)

PATERNAL GIFT DRIVE  
50' R.W.

TELE  
L=208.08'  
R=223.00'

GRAPHIC SCALE

(IN FEET)  
1 inch = 30 ft.

46.06'  
S 80°09'31" W  
CATV.

13535  
Well  
#8

SAT DISH  
EX CAS  
F.F. ELEV X = 527.00  
F.F. ELEV X = 523.95  
F.F. ELEV X = 524.50  
F.F. ELEV X = 523.15

SEPHIC AREA  
Proposed BAT  
New SHC  
CAR. ELEV = 521.55  
17.80'  
17.72'  
12.30'  
24.00'  
17.2'

PATERNAL GIFT FARM  
LOT 8

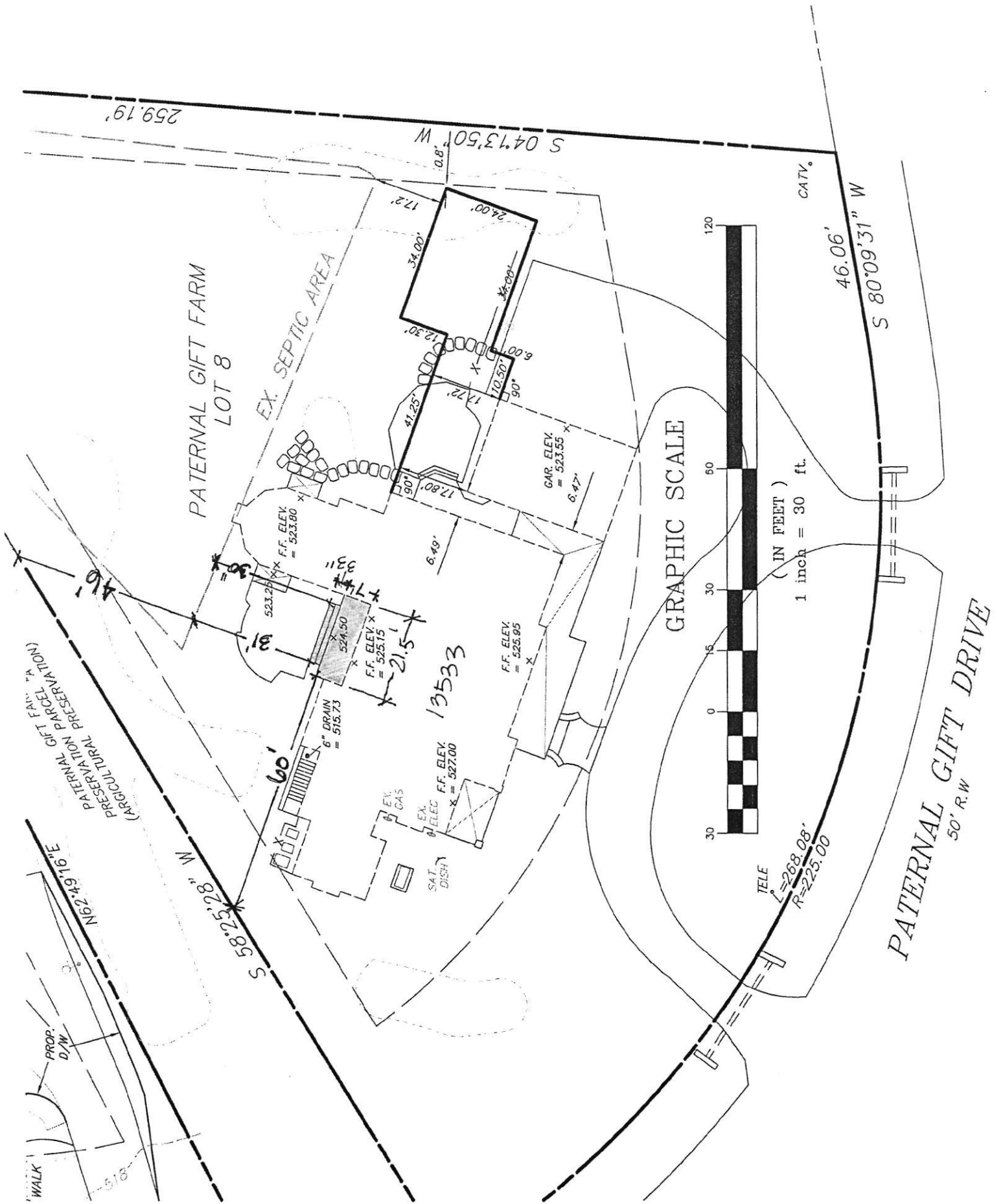
259.19'

S 04°13'50" W

PATERNAL GIFT FARM  
PRESERVATION PARCEL "A"  
(AGRICULTURAL PRESERVATION)

Existing S.T.  
T.B.A.

Plan to be  
revised if  
gravity flow  
cannot be  
achieved  
J.P. Willis  
Andrew P. Willis  
Willis Homes  
12-30-15



[illegible]

③

**Eshenbaugh, Melanie**

---

**From:** Abbey Herman <aherman@clearwaterlandscape.com>  
**Sent:** Thursday, August 13, 2026 3:10 PM  
**To:** Eshenbaugh, Melanie  
**Cc:** Mike Rempe  
**Subject:** RE: B26002653

**WARNING!!!**

This email originated from someone outside of Howard County  
**\*\*\*DO NOT CLICK LINKS OR OPEN ATTACHMENTS\*\*\***  
unless you recognize the sender and know for sure that the content is safe

Hi Melanie –

Pics below of the well cap secured.

Thanks!  
Abbey





**ABBEY HERMAN**

Lead designer | Clearwater Landscape

9585 Doctor Perry Road Ijamsville, MD 21754  
301-607-4480 (o) | 240-876-7875 (c)  
[www.clearwaterlandscape.com](http://www.clearwaterlandscape.com)

**From:** Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov>  
**Sent:** Wednesday, August 12, 2026 3:41 PM  
**To:** Abbey Herman <aherman@clearwaterlandscape.com>  
**Subject:** RE: B26002653

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Ok please do so that I can approve the permit when I have confirmation of the completion of work. Thank you.

Melanie Eshenbaugh  
Bureau of Environmental Health  
Howard County Health Dept.  
8930 Stanford Blvd. Columbia, MD 21045  
[www.hchealth.org](http://www.hchealth.org)



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communication. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

**From:** Abbey Herman <aherman@clearwaterlandscape.com>  
**Sent:** Wednesday, August 12, 2026 3:37 PM  
**To:** Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov>  
**Cc:** Mike Rempe <mrempe@clearwaterlandscape.com>; Jamie Schinella <jschinella@clearwaterlandscape.com>  
**Subject:** RE: B26002653

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**\*\*\*DO NOT CLICK LINKS OR OPEN ATTACHMENTS\*\*\***  
unless you recognize the sender and know for sure that the content is safe

Thanks, Melanie!

The owners of the home have a plumber coming out tomorrow to address the issue. I will follow up with proof of completion.

-Abbey

### **ABBEY HERMAN**

Lead designer | Clearwater Landscape

9585 Doctor Perry Road Ijamsville, MD 21754  
301-607-4480 (o) | 240-876-7875 (c)  
[www.clearwaterlandscape.com](http://www.clearwaterlandscape.com)

**From:** Eshenbaugh, Melanie <MEshenbaugh@howardcountymd.gov>  
**Sent:** Wednesday, August 12, 2026 2:21 PM  
**To:** Abbey Herman <aherman@clearwaterlandscape.com>  
**Subject:** B26002653

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon,

After conducting a site visit to the property at 13533 Paternal Gift Dr. (B26002653), the well cap was not secured (see attached). The well cap/conduit 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 building permit approval. Also, we strongly recommend water testing for bacteria/nitrates, and our Community Hygiene program (410-313-1773) can assist with scheduling water sampling if the property owner wishes to have the well water tested. Hope you have a wonderful day and thank you kindly.

## Eshenbaugh, Melanie

---

**From:** Eshenbaugh, Melanie  
**Sent:** Wednesday, August 12, 2026 2:21 PM  
**To:** aherman@clearwaterlandscape.com  
**Subject:** B26002653  
**Attachments:** 11974.jpg; 11972.jpg

Good afternoon,

After conducting a site visit to the property at 13533 Paternal Gift Dr. (B26002653), the well cap was not secured (see attached). The well cap/conduit 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 building permit approval. Also, we strongly recommend water testing for bacteria/nitrates, and our Community Hygiene program (410-313-1773) can assist with scheduling water sampling if the property owner wishes 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](http://www.hchealth.org)



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