

PERMIT NUMBER: B 22002238

DATE ACCEPTED: 6/3/22



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 13654 Highland Rd
Unit:
City: Clarksville State: MD Zip Code: 21029
Subdivision/Village/Complex Name: SDP/WP/BA #:
Lot: 16975 Tax Map: 395 Parcel: 05344085 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Residential Proposed Use: Residential Estimated Cost: \$ 250,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
30x40 sq ft first floor addition, 8x28 sq ft second floor addition.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Regena Rader Primary Residence: Yes No
Owner's Street Address: 13654 Highland Rd
City: Clarksville State: MD Zip Code: 21029
Phone: (443) 766-3419 Email: gena.rader@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Rader Real Estate Consultant, LLC Contact Name: Gena Rader
Street Address: PO Box 652
City: Highland State: MD Zip Code: 20777
Phone: (443) 766-3419 Email: gena.rader@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Rader Real Estate Consultant, LLC
Licensee's Name: Regena Rader License #: 851277325 \*not MHIC
Street Address: PO Box 652
City: Highland State: MD Zip Code: 20777
Phone: (443) 766-3419 Email: gena.rader@gmail.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Rader Real Estate Consultant Name: Regena Rader
Street Address: 13654 Highland Rd
City: Clarksville State: MD Zip Code: 21029
Phone: (443) 766-3419 Email: gena.rader@gmail.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF\*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
# of Bedrooms (SF): 1 # of efficiency units (MF\*): # of 1 BR (MF\*): # of 2 BR (MF\*): # of 3 BR (MF\*):
# Rooms: 4 # Full Baths: 2 # Half Baths: # Fireplaces:
Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
1st Fl Width: 40 1st Fl Depth: 30 2nd Fl Width: 28 2nd Fl Depth: 8 Bsmt Width: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 1400 sq ft Occupiable Area: 1400 sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE DATE SIGNED 6/3/2022

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health 2.27.23 SHA CID

SUBMITTAL FEES: PAYMENT: ACCEPTED BY: Hank Osunkwa

Name of Requestor: Wayne Myers  
Street Address: 2375 Duvall Rd  
City, State, Zip: Woodbine MD 21797  
Date: 6-27-2024

Amendment, Permit # B22002238

Ms. Debbie Whalen  
Division of Plan Review  
Department of Inspections, Licenses and Permits  
Howard County Government  
3430 Court House Dr  
Ellicott City, MD 21043

RECEIVED

JUN 27 2024

LICENSING & PERMITS

Dear Ms. Whalen:

I am requesting to amend Permit # B22002238 at  
13654 Highland Rd Clarksville MD 21029 to

(Site Address)

13654 Highland Rd Adding living space Above  
Clarksville MD 21029 Existing Garage and Mudroom  
for larger Master Suite

Enclosed:

1 Fee: 50<sup>00</sup>

     Plot Plans

3 Sets of Construction Drawings

     Other: \_\_\_\_\_

Invoice # 801519  
Not paid

If there is anything we can do to assist you, please let me know.

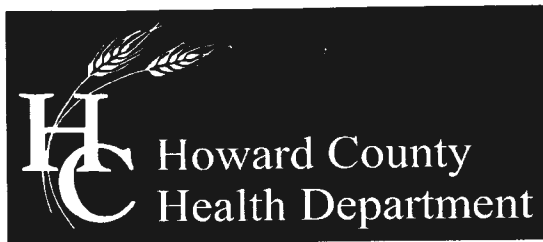
Sincerely,

Name: Wayne Myers

Title: Contractor

Phone and/or Email: 443-277-9992 Myersremodelingco@yph

Amendment Letter



## 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)

Twitter: HowardCoHealthDep

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

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February 27, 2023

Gena Rader  
13654 Highland Road  
Clarksville, MD 21029

**RE: Waiver Approval**  
13654 Highland Road  
Clarksville, MD 21029

Ms. Rader,

This letter is being issued as a follow-up to the approval of your waiver request dated February 14, 2023. Your request to waive the requirement of the Howard County Code for a percolation certification plan has been **approved**. The proposed living space addition does not increase the number of bedrooms (four (4) existing bedrooms) and has little to no impact on the area available for future on-site sewage disposal system repairs because the property improvements are located on the opposite side of the home from the designated sewage disposal area.

Any deviations from the proposed work illustrated on the site plan submitted with building permit B22002238 will be subject to further review by this department. Future property improvements that require a building permit will require percolation testing and a percolation certification plan. Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

A handwritten signature in black ink, appearing to read 'Michael J. Davis', is written over the typed name.

Michael J. Davis

Director

Bureau of Environmental Health

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 2/8/23  
To: Mike Blevins & Permit Office  
(Person's Name and Division)  
From: Regena Rader, Radar RE. (443) 766-3419  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Highland Addition  
Project site address 13654 Highland Rd. Clarksville MD 21029  
Permit # B22002238 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of 2<sup>nd</sup> floor plan <sup>3 copies</sup> (be specific), as per request from Michael Blevins.
- Health Department Request  DPZ/ DED Request  Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

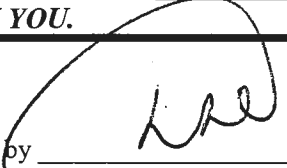
**Contact Person Information: (Required)**

Regena Rader  
Please Print Name

Telephone No: (443) 766-3419

E-Mail Address: regna.rader@gmail.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by 

**RECEIVED**

FEB 08 2023

LICENSES & PERMITS  
DIVISION



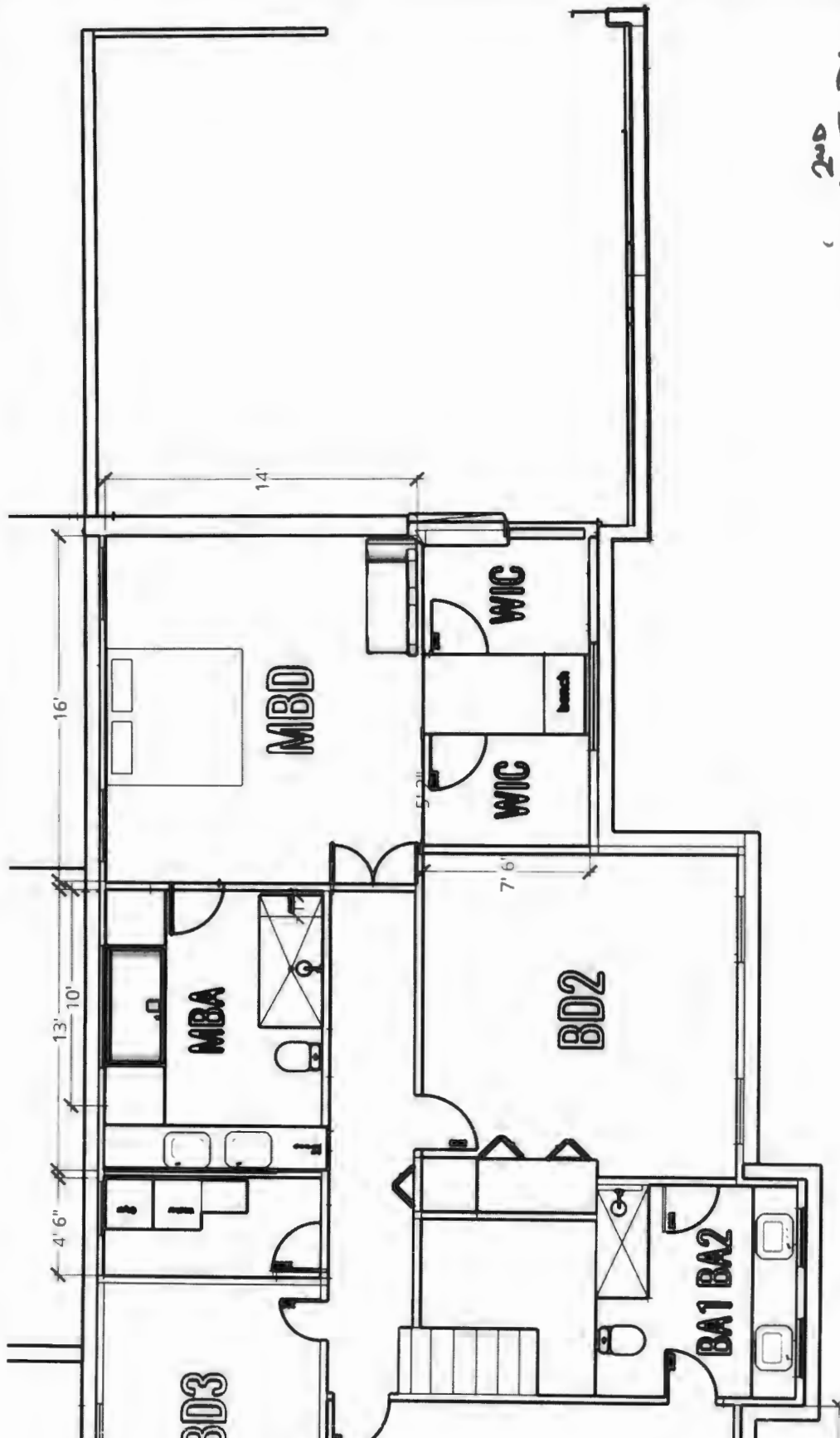
Project Phase: Final Design

Issue Date: 5/3/2022

Braving Scale:

Rader Real Estate Consultants, LLC  
Designer (consult, Build)

Existing Fl. Plan  
2nd  
SECOND FLOOR PLAN



B2202238

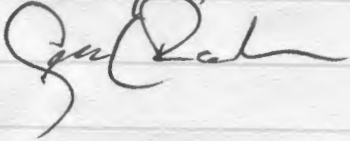
2/7/23

To whom it may concern,

This payment is in reference to  
permit # B22002238.

The building permit was previously  
approved, and was awaiting submission  
of a percolation test results.

Thank you,



(443)266-3419

gene.crader@gmail.com

Working on plans  
not in accella  
J Kemp



# HOWARD COUNTY HEALTH DEPARTMENT

72784

AS

DATE 7/10/23

Received From

Fadden Real Estate

PHONE #

CONS. PERM APP/ 13654 HIGHLAND RD.

For

CASH

CHECK

NO.

1013

Five hundred and six

Dollars

\$

506.00

Received By

AS



# HOWARD COUNTY HEALTH DEPARTMENT

72784

15

DATE 21 10 23

Received From

Radici Real Estate

PHONE #

CONS. PERM APP / 13654 HIGHLAND RD.

CASH

CHECK

NO.

1013

For

Five hundred set

Dollars

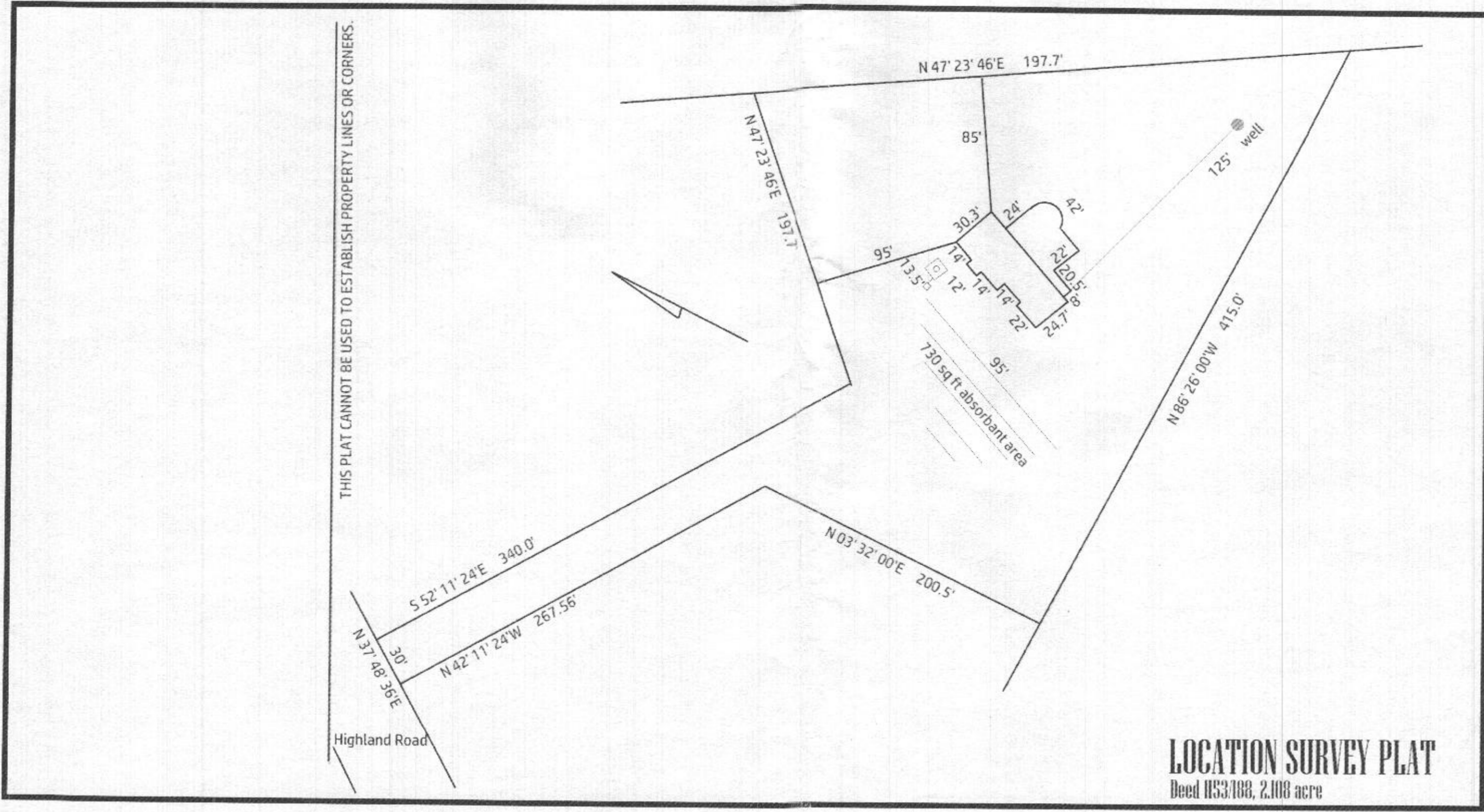
\$ 500.00

Received By

Ken



Health



**LOCATION SURVEY PLAT**  
Deed W53/188, 2.108 acre

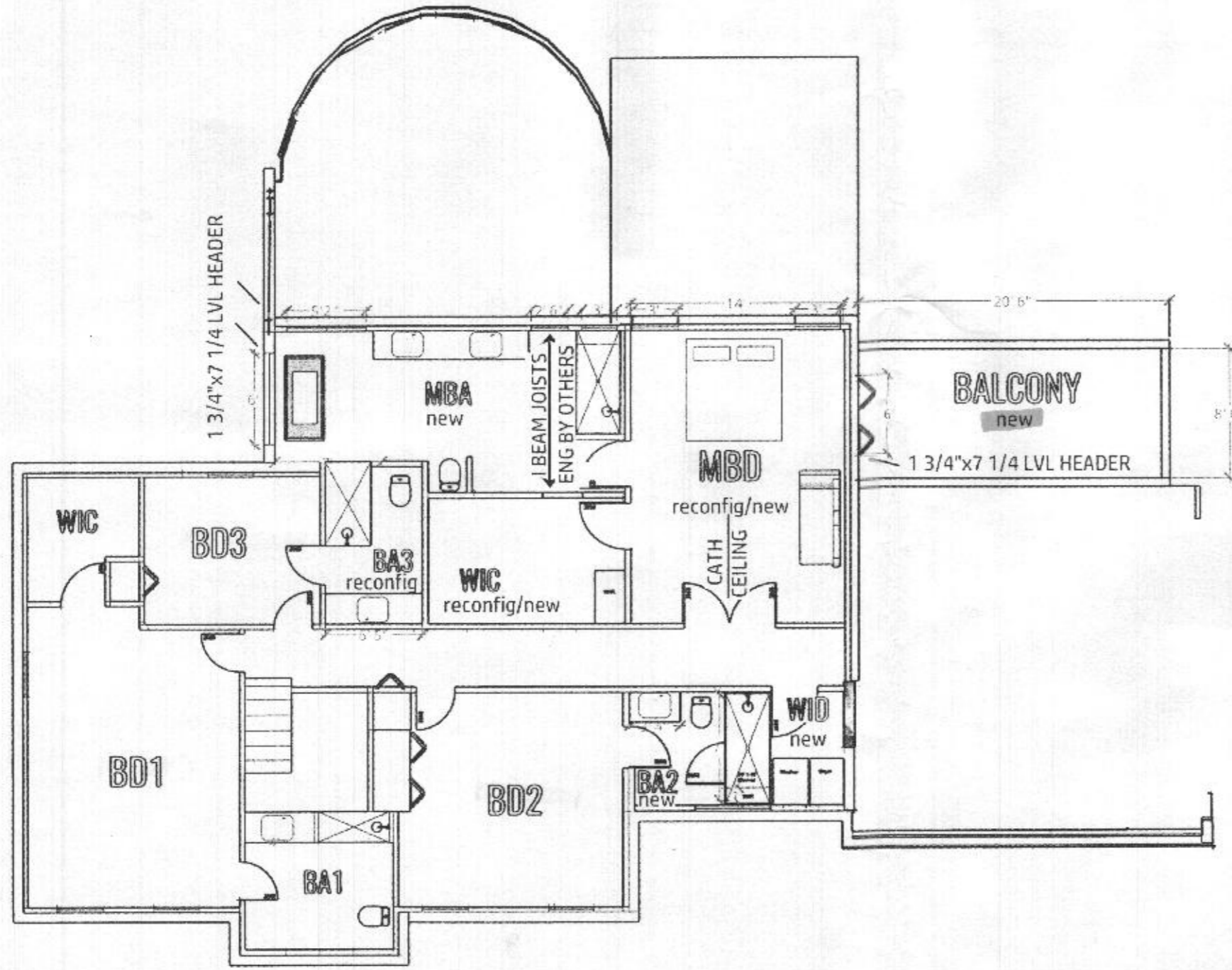


Project Phase: Final Design

Issue Date: 5/3/2022

Drawing Scale:

Rader Real Estate Consultants, LLC  
Design, Consult, Build.



**ADDITION**

NEW 8' EXTENSION TO STRUCTURALLY CONNECT IN KIND TO EXISTING FLOOR STRUCTURE AND SUBFLOOR.

**EXISTING**

**SECOND FLOOR PLAN**

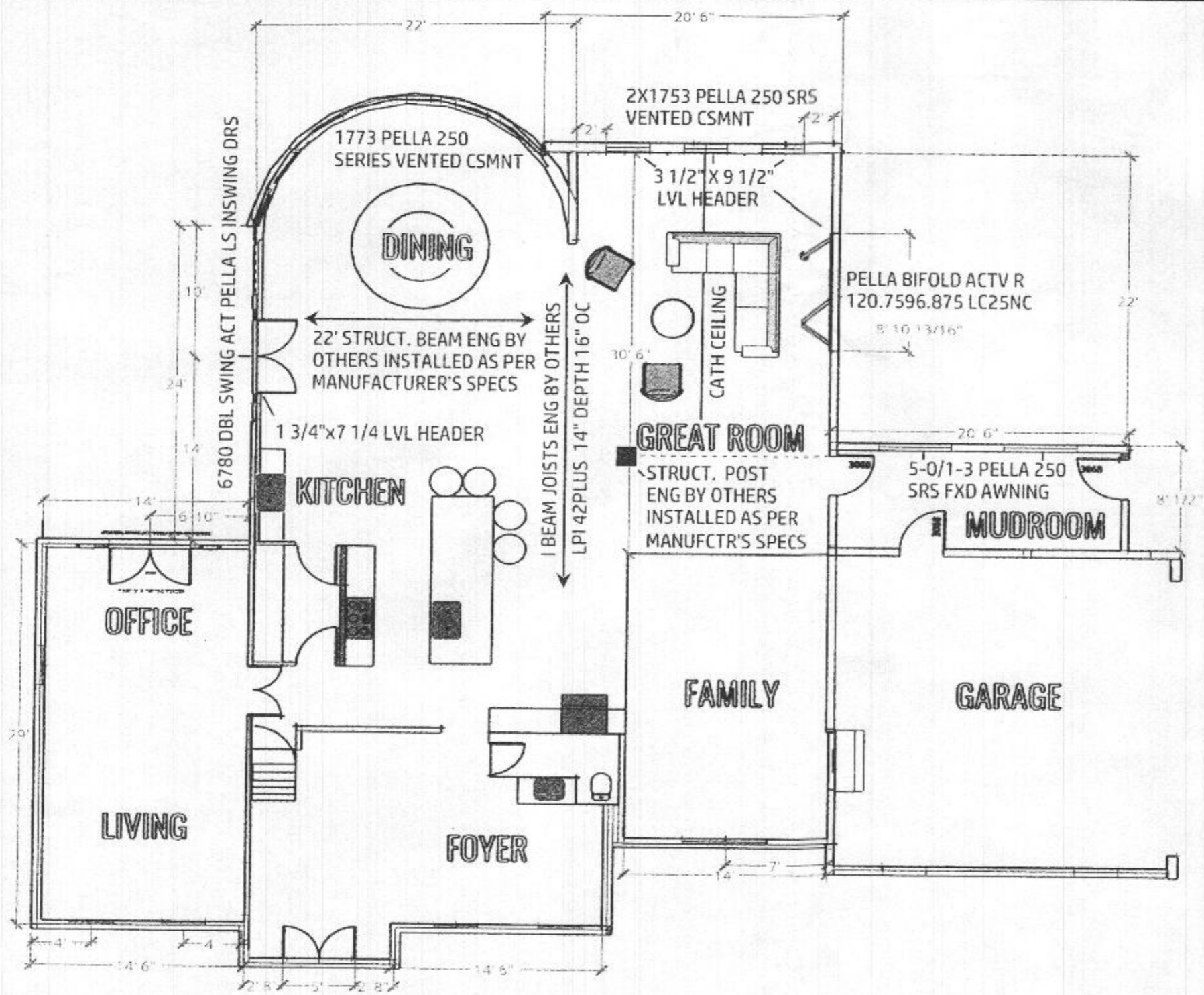


Project Phase: Final Design

Issue Date: 5/3/2022

Drawing Scale: 1/4" = 3'

Rader Real Estate Consultants, LLC  
Design, Consult, Build.



ADDITION

EXISTING

FIRST FLOOR PLAN

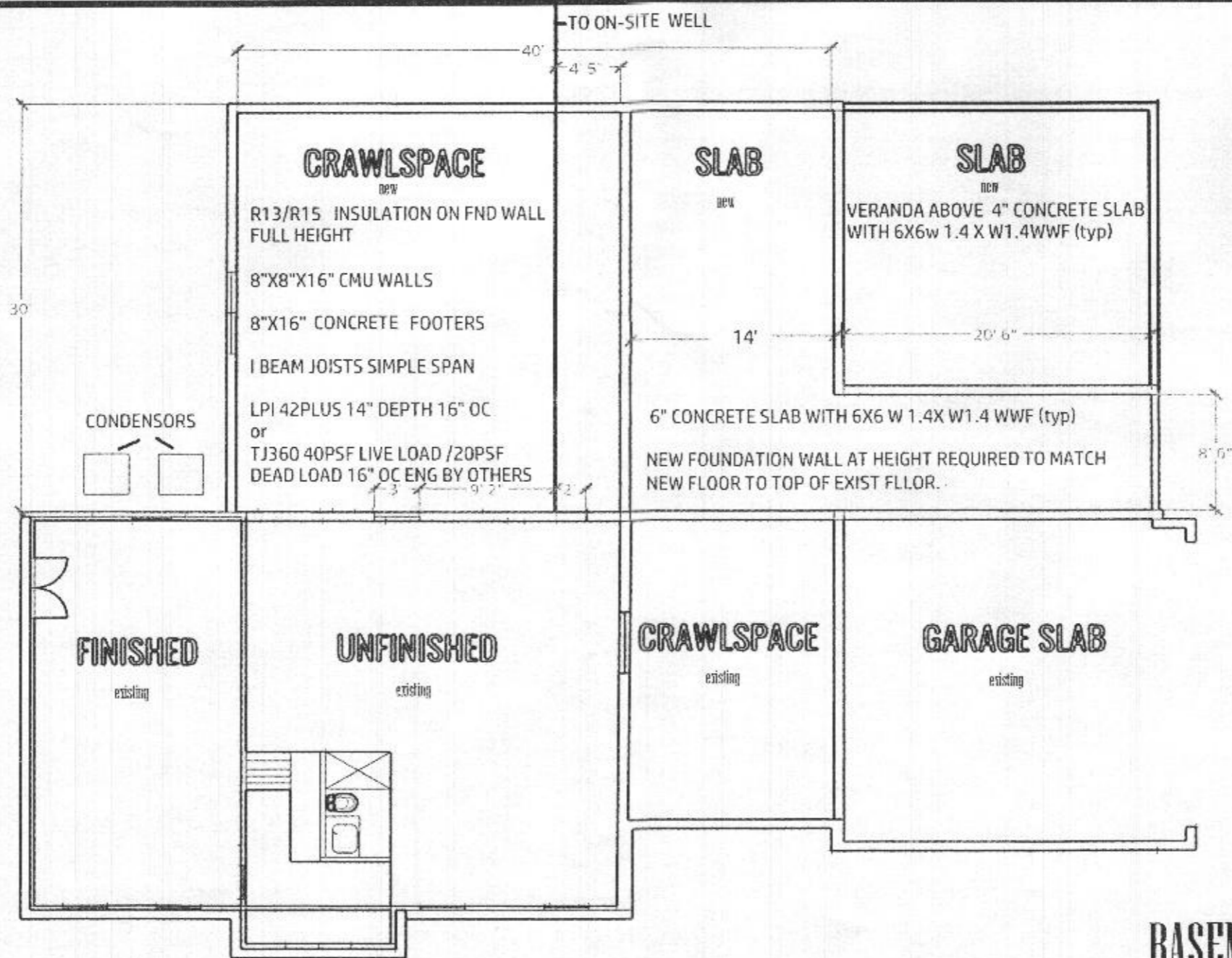


Project Phase: Final Design

Issue Date: 3/3/2022

Drawing Scale: 1/4" = 2'

Hader Real Estate Consultants, LLC  
Design, Consult, Build.



**BASEMENT VIEW**



Project Phase: Final Design

Issue Date: 5/3/2022

Drawing Scale: 1/2" = 4'

Rader Real Estate Consultants, LLC  
 Design, Consult, Build.

# APPLICATION

A 16662

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

## MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank {1000 gallons - 3 bedroom / 1200 gallons - 4 bedroom}* ELLICOTT CITY

*Dry Well 130 sq foot absorbent area per bedroom* DISTRICT 5

*below inlet. Inlet to ~~begin below front~~ be* DATE 1/19/72

*4' below original grade and maximum depth ~~9~~ 1' below original*

*grade. Location 165' from back property line (point) and*

*38' from left property line as seen from Highland road.*

*(Top of dry well to be at least 2 ft below original grade on lowest side of dry well.)*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John K. Brian & wife

ADDRESS 12871 Highland Road, Highland, Md. PHONE 286-2161

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Highland Rd. - No. of Brighton Dam Road - East Side of Highland Road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 2.108 ~~2.229~~ acres TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ John K. Brian

APPROVED BY C. Strecker FOR Dry Well DATE 1/21/72  
(KIND OF SYSTEM)

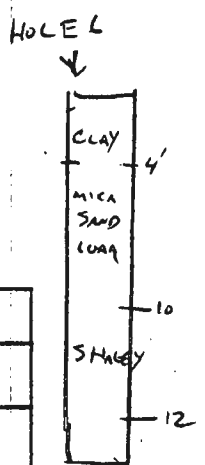
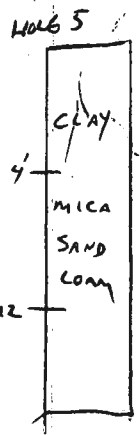
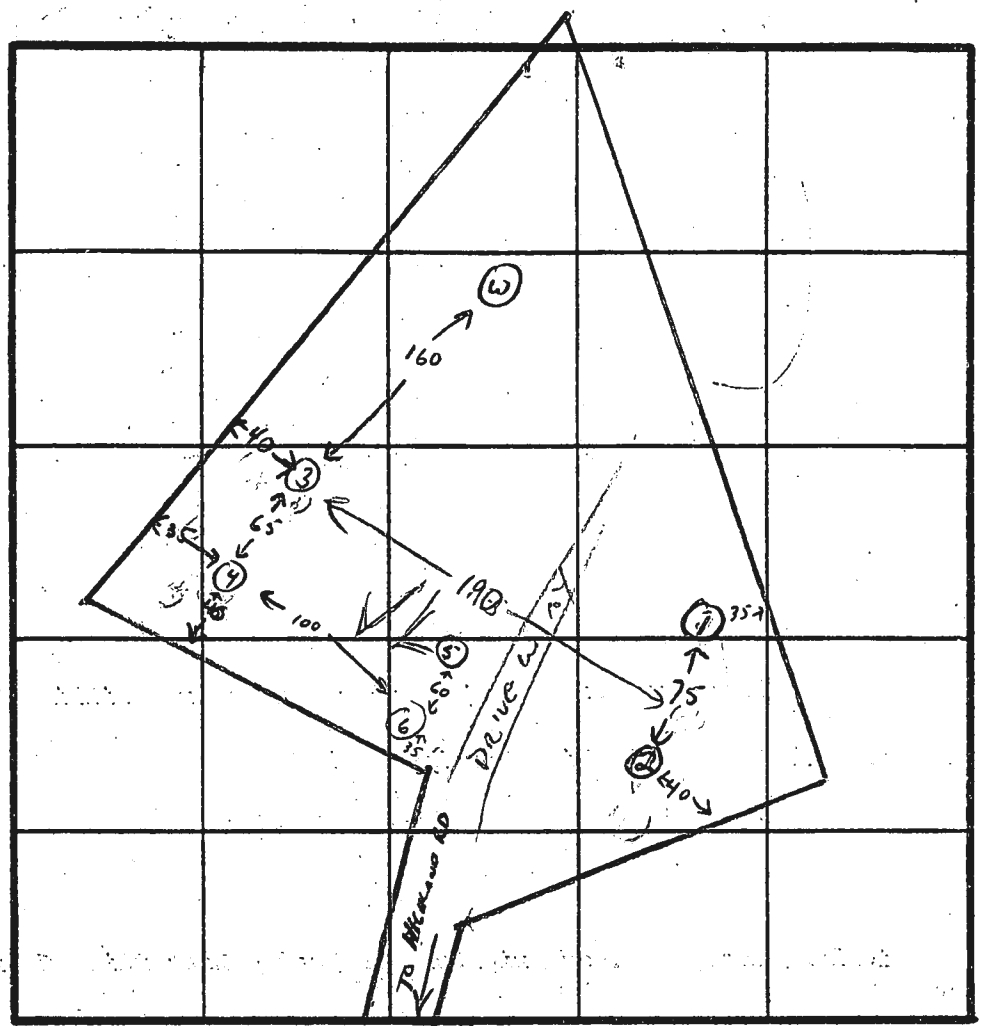
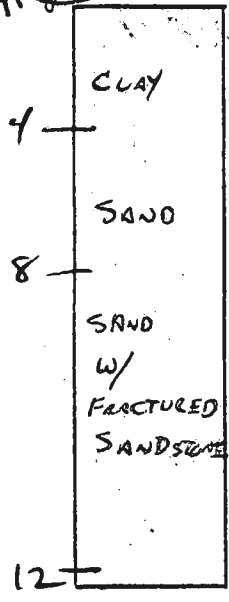
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

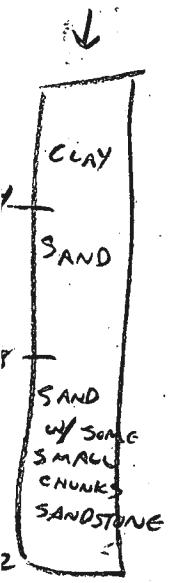
REASONS FOR REJECTION OR HOLDING 3/16/72 Reviewed by F. Frommelt  
and approved. C.R.S.

# THIS IS NOT A PERMIT

HIGH HOLES  
# 1+3 SOIL PROFILE



LOW HOLES  
# 2+4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| DATE   | TEST NO. | DEPTH | PRE-WET                                   |      | TEST - 1' DROP |      | TIME |
|--------|----------|-------|---|------|----------------|------|------|
|        |          |       | START                                     | STOP | START          | STOP |      |
| 5/1/84 | 1 HIGH   | 4     | 3:12                                      | 3:25 | 3:25           | 3:52 | 27   |
|        |          | 8     | 3:06                                      | 3:08 | 3:08           | 3:10 | 2    |
|        |          | 9     | TOO STONY BELOW                           |      | 8'             | X    |      |
| 5/1/84 | 2        | 4     | 3:21                                      | 3:24 | 3:24           | 3:29 | 5    |
|        |          | 8     | 3:19                                      | 3:22 | 3:22           | 3:27 | 5    |
|        |          | 12    | SOME SAP PROLITE                          |      |                |      |      |
| 5/1/84 | 3 HIGH   | 4     | 3:33                                      | 3:39 | 3:39           | 4:00 | 21   |
|        |          | 8     | 3:34                                      | 3:37 | 3:37           | 3:40 | 3    |
|        |          | 12    | VERY STONY BELOW                          |      | 9'             |      |      |
| 5/1/84 | 4        | 4     | 3:46                                      | 3:50 | 3:50           | 3:56 | 6    |
|        |          | 8     | 3:46                                      | 3:49 | 3:49           | 3:54 | 5    |
|        |          | 12    | SOME SAP PROLITE                          |      |                |      |      |
| 5/3/84 | 5        | 12    | 4' CLAY, THEN MICA SAND LOAM TO           |      | 12'            |      |      |
| 5/3/84 | 6        | 12    | 4' CLAY THEN MICA SAND LOAM, SHALEY BELOW |      | 10'            |      |      |

REMARKS: ADDITIONAL HOLE NEEDED NEAR BOTTOM CENTER OF AREA. DONE 5/3/84 CW

TYPE OF SOIL: 4' CLAY THEN 4' SAND THEN 4' VARIABLE MIX OF SANDSTONE + SAND

# APPLICATION

A 16662

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

## MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank { 1000 gallons - 3 bedroom  
1200 gallons - 4 bedroom* ELLICOTT CITY

*Dry Well 130 sq ft approx above ground area per bedroom* DISTRICT 5

DATE 1/19/72

*below inlet. Inlet to ~~region below street~~   
4' below original grade and maximum depth 12 1/2' below original grade. Location 165' from back property line (point) and 38' from left property line as seen from Highland road. (Top of dry well to ~~level~~ 2 ft below original grade on lowest side of dry well.)*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER John K. Brian & wife

ADDRESS 12871 Highland Road, Highland, Md. PHONE 286-2161

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Highland Rd. - No. of Brighton Dam Road - East Side of Highland Road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 2.229 acres TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ John K. Brian

APPROVED BY C. Straker FOR Dry Well DATE 1/21/72  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

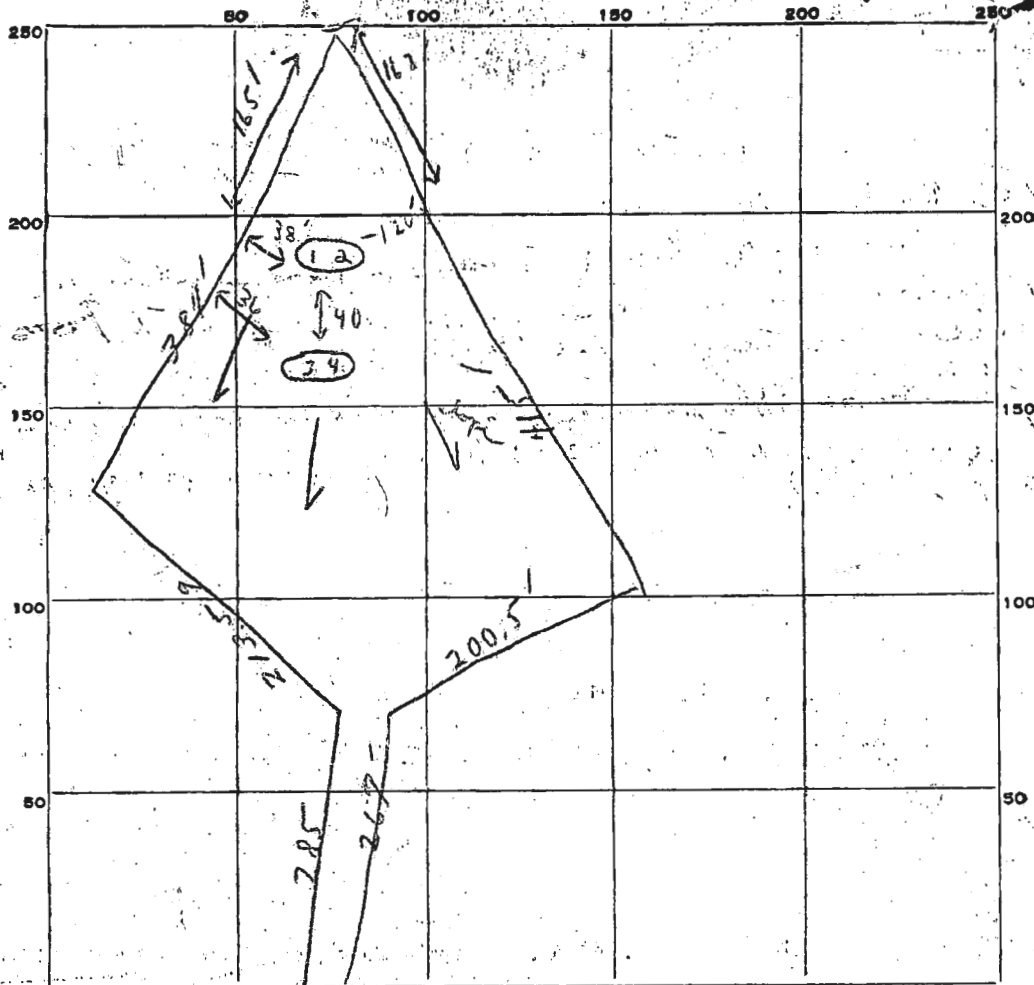
REASONS FOR REJECTION OR HOLDING 3/16/72 Reviewed by F. Farnwell

and approved. C.R.S.

12-17-82 VISUAL HOLE VIEWED & APPROVED - NO WATER ON LOT

# THIS IS NOT A PERMIT

*C. Straker*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Highland Road

Lot #2

| DATE    | TEST NO. | DEPTH   | PRE-WET |       | TEST - 1" DROP |       | TIME   |
|---------|----------|---------|---------|-------|----------------|-------|--------|
|         |          |         | START   | STOP  | START          | STOP  |        |
| 1/21/72 | 1        | 4'      | 10:12   | 10:30 | 10:30          | 11:00 | 0 min  |
|         | 2        | 12'     | 10:15   | 10:21 | 10:21          | 10:33 | 12 min |
|         | 3        | 4'      | 10:30   | T     | little         | gas   |        |
|         | 4        | 12 1/2' | 10:28   | 10:31 | 10:31          | 10:39 | 8 min  |
|         | 5        | 4 1/2'  | 13:00   | 13:02 | 13:02          | 13:04 | 2 min  |
|         |          |         |         |       |                |       |        |
|         |          |         |         |       |                |       |        |
|         |          |         |         |       |                |       |        |
|         |          |         |         |       |                |       |        |
|         |          |         |         |       |                |       |        |

13  
152  
113

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY \_\_\_\_\_

REMARKS \_\_\_\_\_

1/21 - 10:30 - 13:04



# APPLICATION

A 14793

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 9/9/69

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Earl E. Smith

ADDRESS Highland Road, Clarksville, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Highland Road - 1/2 mile North of Brighton Dam Road  
on East side of Highland Road  
wooded area (holes not visible from road)

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 6.85 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_ (Single Family Dwllg.)

SIGNATURE OF APPLICANT John K. Brian 286-2161

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

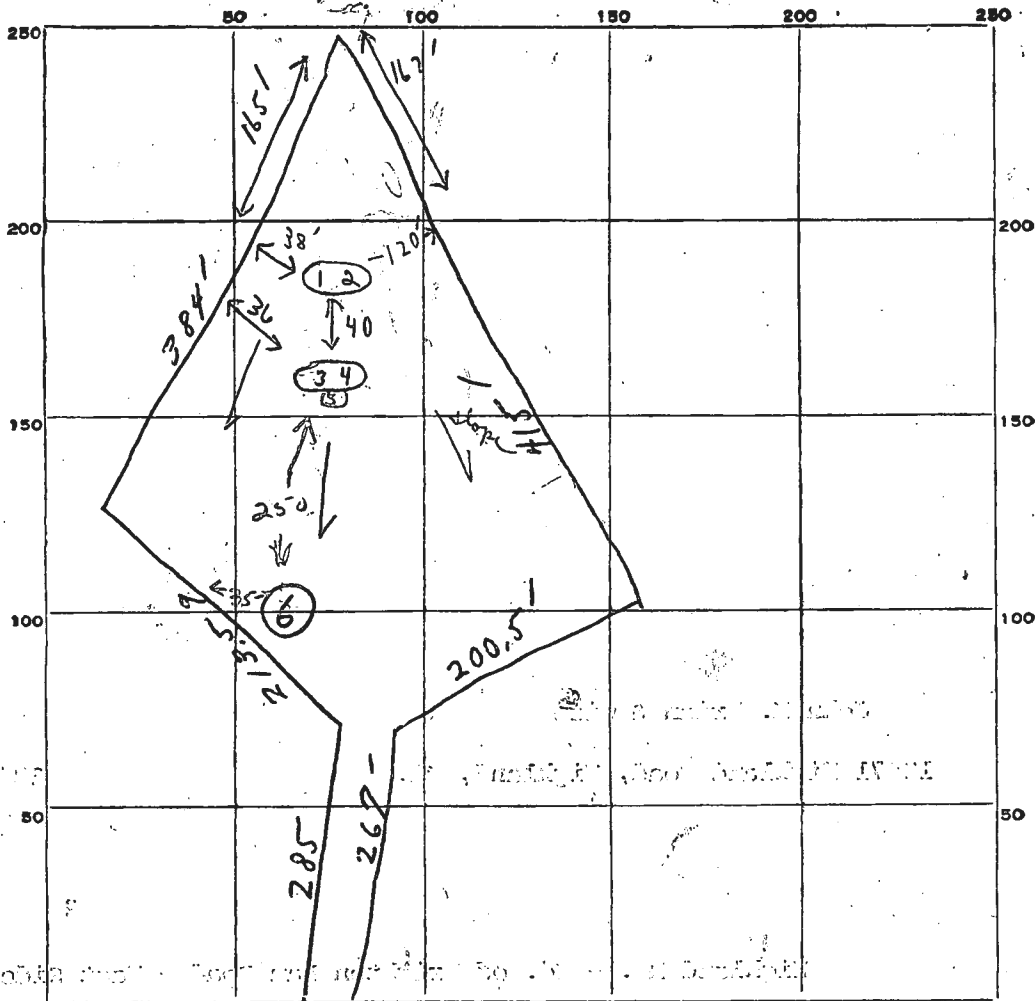
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
 Highland Road Lot #2

| DATE     | TEST NO. | DEPTH     | PRE-WET  |          | TEST - 1" DROP |       | TIME   |  |
|----------|----------|-----------|--|----------|----------------|-------|--------|--|
|          |          |           | START  | STOP     | START          | STOP  |        |  |
| 1/21/72  | 1        | 4'        | 10:12  | 10:30    | 10:30          | 11:00 | 30 min |  |
|          | 2        | 12'       | 10:15  | 10:21    | 10:21          | 10:33 | 12 min |  |
|          | 3        | 4'        | 10:30  | Too      | little         | perc  |        |  |
|          | 4        | 12 1/2'   | 10:28  | 10:31    | 10:30          | 10:39 | 8 min  |  |
|          | 5        | 4 1/2'    | 13:00  | 13:02    | 13:02          | 13:04 | 2 min  |  |
| 12-17-82 | 6        | 3' VISUAL |  | NO WATER |                |       |        |  |
|          |          |           | (HOLE 6 ABOUT 20' LOWER IN ELEVATION THAN ESTABLISHED PERC AREA, AND 30' HIGHER THAN STREAMBED.) |          |                |       |        |  |

13  
452  
13  
16

SOIL AUGER FINDING

TESTED BY BS.

REMARKS 4 1/2' water up hole 209''

C. Williams VISUAL HOLE 6  
12-17-82

# APPLICATION

A 14793

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 9/9/69

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Earl E. Smith

ADDRESS Highland Road, Clarksville, Md. PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Highland Road - 1/2 mile North of Brighton Dam Road  
on East side of Highland Road  
wooded area (holes not visible from road)

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 6.85 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_ (Single Family Dwllg.)

SIGNATURE OF APPLICANT John K. Brian 286-2161

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

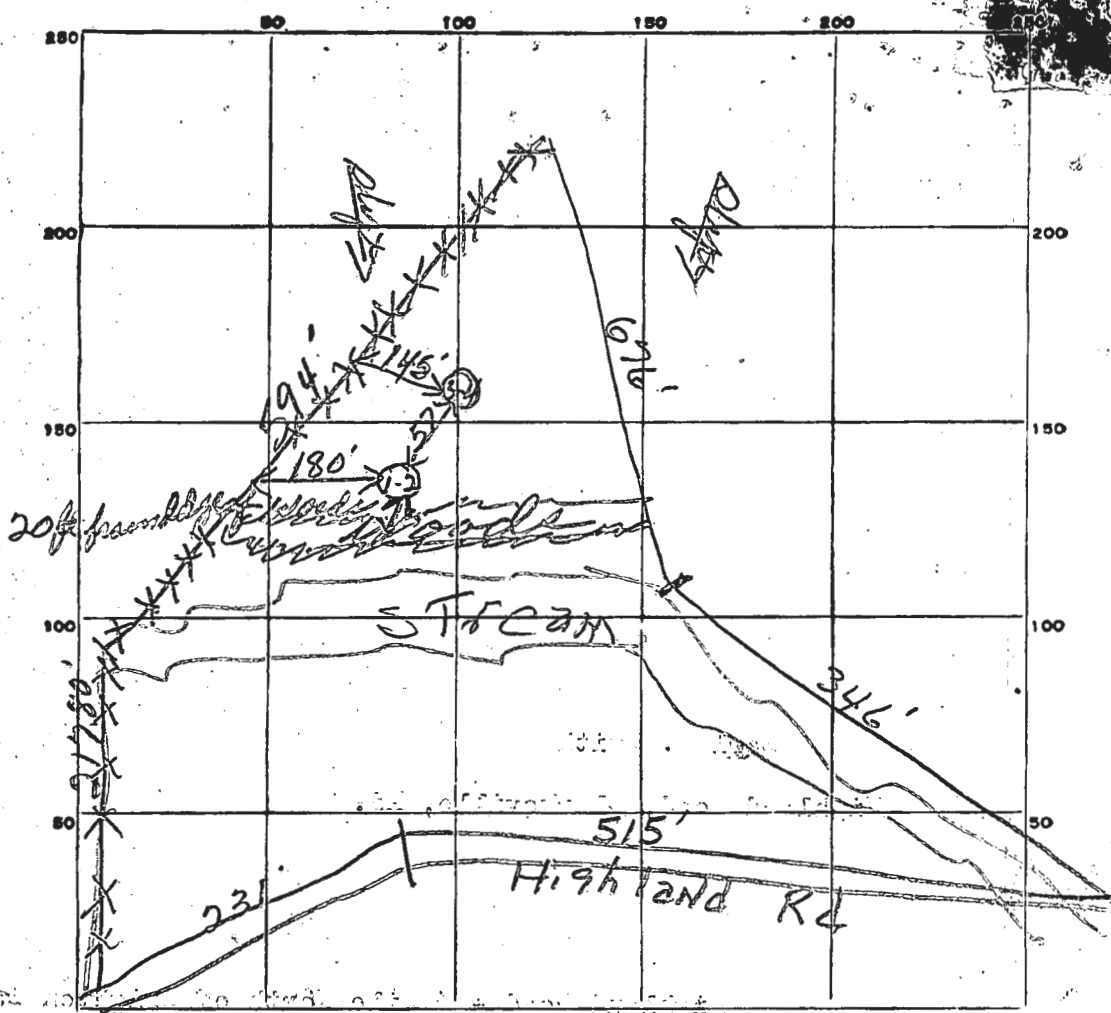
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

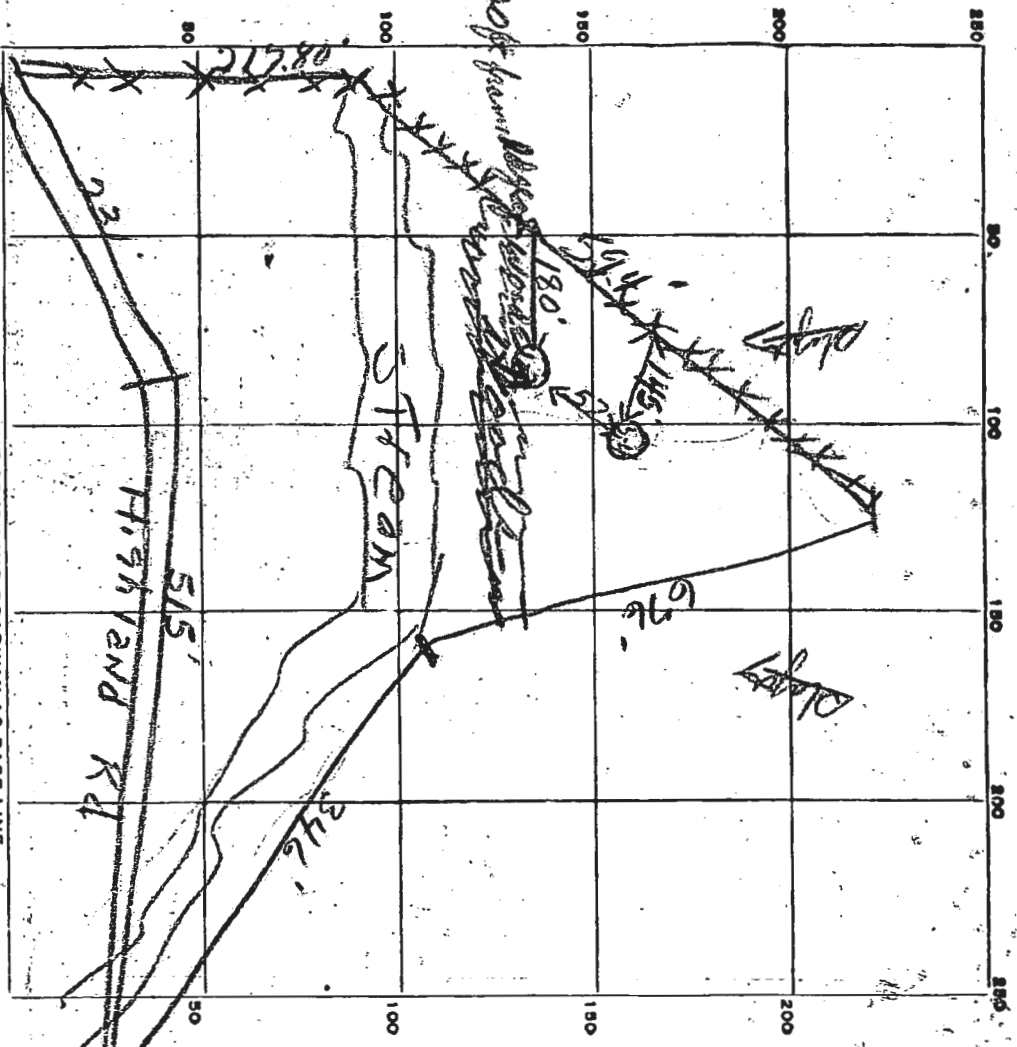
# THIS IS NOT A PERMIT

57  
19/1/19  
h



| DATE    | TEST NO. | DEPTH | PRE-WET |      | TEST - 1" DROP |      | TIME  |
|---------|----------|-------|---------|------|----------------|------|-------|
|         |          |       | START   | STOP | START          | STOP |       |
| 9/16/19 | 1        | 11'   | 948     | 949  | 949            | 950  | 1 min |
|         | 2        | 4'    | 1005    | 1006 | 1006           | 1008 | 2 min |
|         | 3        | 11'   | 1058    | 1059 | 1059           | 1102 | 3 min |
|         | 4        | 4'    | 1101    | 1103 | 1103           | 1106 | 3 min |
|         |          |       |         |      |                |      |       |
|         |          |       |         |      |                |      |       |
|         |          |       |         |      |                |      |       |
|         |          |       |         |      |                |      |       |
|         |          |       |         |      |                |      |       |
|         |          |       |         |      |                |      |       |

SOIL AUGER FINDING \_\_\_\_\_  
 TESTED BY [Signature]  
 REMARKS \_\_\_\_\_



| DATE    | TEST NO. | DEPTH | PRE-WET |       | TEST - 1" DROP |       | TIME   |
|---------|----------|-------|---------|-------|----------------|-------|--------|
|         |          |       | START   | STOP  | START          | STOP  |        |
| 9/16/14 | 1        | 11'   | 9:48    | 9:49  | 9:42           | 9:50  | 1 hour |
|         | 2        | 4'    | 10:05   | 10:06 | 10:05          | 10:08 | 2 min  |
|         | 3        | 11'   | 011:51  | 10:53 | 10:53          | 11:02 | 3 min  |
|         | 4        | 4'    | 11:01   | 11:03 | 11:03          | 11:06 | 3 min  |
|         |          |       |         |       |                |       |        |
|         |          |       |         |       |                |       |        |
|         |          |       |         |       |                |       |        |
|         |          |       |         |       |                |       |        |
|         |          |       |         |       |                |       |        |

SOIL AUGER FINDING

TESTED BY

REMARKS

*[Handwritten signature]*

*file with per. Dist.*

May 19, 1972

Mr. John K. Brian  
12871 Highland Road  
Highland, Maryland 20772

Re: MS-72-26  
John K. Brian Property

Dear Mr. Brian:

The Office of Planning and Zoning received your original minor subdivision plat with the corrects as requested by the Health Department, on May 19, 1972. However, with the building restriction line 75' in front of the rear property line, it will be impossible to meet the zoning regulations, which require a 50' rear set back.

Therefore the Office of Planning and Zoning can not approve lot 1 as shown since any building will create a zoning violation.

Please contact this office should you have any question.

Very truly yours,

*[Signature]*  
Clawson, Jr., Chief  
Division of Land Development  
And Transportation Planning

By: Noel M. Evanko,  
Planning Technician  
Plan Review Section

JHC, JR/MSH/lm

cc: C. M. Skinner  
P. F. Wine



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

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

PROPERTY LOCATION

SUBDIVISION/PROPERTY NAME Highland Addition

PROPERTY ADDRESS 13654 Highland Rd. Clarksville 21029
STREET TOWN ZIP

TAX ACCOUNT # TAX MAP GRID PARCEL 05344085 LOT NO. PROPOSED LOT SIZE (ACRES) 2.10A.

ZONING CATEGORY TIER Book 16975 Page 315

PROPERTY OWNER(S) Regena Rader

DAYTIME PHONE CELL 443 766 3419 EMAIL gena.rader@gmail.com

MAILING ADDRESS PO Box 652 Highland MD 20777
STREET CITY, STATE ZIP

APPLICANT Regena Rader RELATIONSHIP TO OWNER: Self

DAYTIME PHONE CELL 443 766 3419 EMAIL gena.rader@gmail.com

MAILING ADDRESS PO Box 652 Highland MD 20777
STREET CITY, STATE ZIP

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

PROPERTY:

SUBDIVISION: NUMBER OF LOTS INCLUDING RESIDUE:
SUBDIVISION CLASSIFICATION (PER DEPT. OF PLANNING AND ZONING) [ ] MAJOR [ ] MINOR

- CONSTRUCT NEW OSDS ON UNDEVELOPED LOT
REPAIR OR REPLACE FAILING OSDS
UPGRADE EXISTING OSDS

BUILDING:

- [x] RESIDENTIAL WITH 4 EXISTING OR PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE
COMMERCIAL (PROVIDE DETAIL OF TYPE OF USE AND NUMBERS OF EMPLOYEES/CUSTOMERS ON ACCOMPANYING PLAN)

IS THE PROPERTY WITHIN 2500 FEET OF ANY RESERVOIR?

- YES
[x] NO

AS APPLICANT, I UNDERSTAND THE FOLLOWING:

- THIS APPLICATION IS VALID FOR TWO(2) YEARS FROM DATE OF FEE PAYMENT AND APPROVAL IS BASED UPON HEALTH OFFICER SIGNATURE OF A PERC CERTIFICATION PLAN PRIOR TO EXPIRATION OF THIS PERMIT.
THE APPLICATION FEE IS NON-REFUNDABLE
THIS APPLICATION MUST BE ACCOMPANIED BY ALL APPLICABLE FEES AND A SUITABLE SITE PLAN IN ORDER TO BE PROCESSED
THIS IS A PUBLIC DOCUMENT

I declare and affirm that to the best of my knowledge, the information contained herein is correct. I declare that I am the owner of the property or duly authorized to make this application on behalf of the owner. I agree to comply with all applicable state and county regulations.

By signature of this application, I hereby grant Howard County Health Department officials the right to enter onto the property for the purpose of inspecting the property as directly related to the requested permit/service.

[Handwritten Signature]

SIGNATURE OF APPLICANT

2/6/23

DATE

Site Visit – 2.14.23  
13654 Highland Road  
Clarksville, MD 21029



Well Tag # HO-73-4353



Site Visit – 2.14.23  
13654 Highland Road  
Clarksville, MD 21029



Septic Tank Cleanout Cover



## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Tuesday, August 23, 2022 10:04 AM  
**To:** GENA.RADER@GMAIL.COM  
**Subject:** B22002238\_13654 HIGHLAND RD\_Living Space Addition  
**Attachments:** P34643\_05-344085\_13654\_HIGHLAND.pdf; ENGINEERS\_2.4.2020.pdf; Percolation & Plan Requirements For Developed Lots.pdf; Building Permit Application Process.pdf

Hi Ms. Rader:

This office is in receipt of building permit for a living space addition located at 13654 Highland Road. Prior to building approval from this office, the following requirement must be met:

- Provide a Percolation Certification Plan from an engineer.
- Perc testing (TBD)
- Septic Upgrades (TBD)
- Well Upgrades (TBD)

I've provided the existing septic record for this property along with information about our building permit review process/perc testing and plan requirements for developed lots. Please reach out to one of the engineers on the list for assistance with the perc cert plan.

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

Thanks,

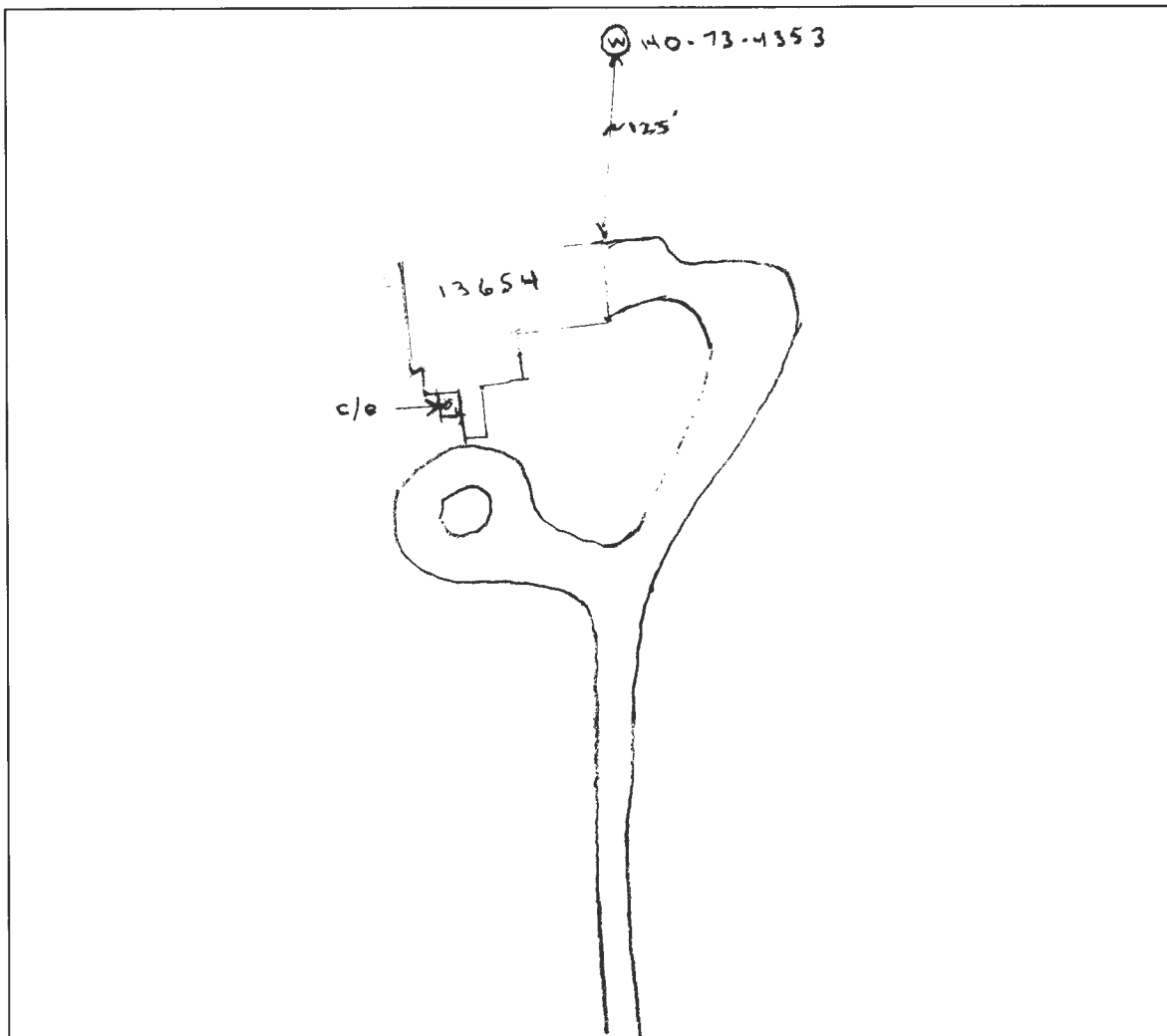
Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Well & Septic Program  
410.313.1786  
hoswald@howardcountymd.gov

SITE INSPECTION SHEET

OWNER: Regena Radar PHONE #: \_\_\_\_\_  
ADDRESS: 13654 Highland Road CONTRACTOR: \_\_\_\_\_  
Clarksville, MD 21029 WELL TAG #: 40-73-4353  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: 1st & 2nd floor living space addition

LOCATION DIAGRAM



COMMENTS: spvc conduit does not sit flush w/ well cap. septic tank  
cover located inside retaining wall. See pics.

DATE: 2.14.23 INSPECTOR: Hank Oswald