

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #  
EH-PLANS-23-0

Type  
EnvHealth/Environmental Health/Plan Check/Application

Status  
In Review

Opened Date  
10/19/2023

Application Name  
BZ3004167

Description  
SFD / RENOVATE EXISTING 16' X 25' DECK/PORCH TO INCLUDE NEW STEPS, DECKING, AND RAILINGS. EXISTING ROOF TO REMAIN AS IS. ENCLOSE PORCH WITH NEW SCREENS

Approved 10/23/23  
-H.O.

15336 Doe Hill Ct

Total Invoiced  
0.00

Total Paid  
0.00

Balance  
0.00

Online BP, reviewer has work history with property. 9/8 10/20/23

Assigned to Department Current Department  
Well and Septic Progr: v

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
<input type="checkbox"/>	<input checked="" type="radio"/>			<input type="checkbox"/>	15336		Doe Hill	CT	Wood...	MD	21797			

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

Owner (This section is not required.)

Search Delete Set Primary

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*  
Applicant

Primary  
Yes

First Name \*  
John

Middle Name

Last Name \*  
Rhine

Home Phone ((000)xxx-xxxx)

Organization Name \*  
Rhine Lawn Care & Landscaping, LLC

Mobile Phone ((000)xxx-xxxx)  
(410) 444-2445

E-mail  
cam@rhinelandscaping.com

Business Phone ((000)xxx-xxxx)

Preferred Channel  
-Select-

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING  
Received Date Due Date

10/19/2023  11/1/2023

**Dates to Complete** Received by Food

14 (Number)

**Food Review Type** Equipment Specification Sheets Submitted

--Select--

**Equipment Specification Sheet** Received by Community Hygiene

**Received by Well and Septic**  
10/19/2023

**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** Private  **Sewage Disposal** Private

**Design Wastewater Flow** 0 (Number) **Permit Type** --Select--

**PLAT STATS**

**Total Number of buildable lots to be recorded** 0 (Number) **Total number of open space lots to be recorded** 0 (Number)

**Total number of bulk parcels to be recorded** 0 (Number) **Total number of lots / parcels to be recorded** 0 (Number)

**New buildable lots created** 0 (Number) **Date PLAT signed by Health Officer**

**PLAT Type** --Select--

**DEVELOPMENT PLANS**

**Property Type** Residential  **Plan Version** Initial

**Signature Required**  Yes  No **Engineer** 0 (Text)

**Number of paper copies** 0 (Number) **Number of mylar copes** 0 (Number)

**Number of buildable lots created** 0 (Number) **Number of non-buildable lots created** 0 (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** **Licensed Type**

--Select--  --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?  
 (Text)  Yes  No  
 Full Bar?  
 Yes  No

**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category  Total Seating Capacity (Number)  
 --Select--   
 Number of Restrooms (Number) Interior Restaurant Seating Capacity (Number)  
 Bar Seating Capacity (Number) Outdoor Seating Capacity (Text)  
 Does the restaurant have outdoor seating (Text)  
 Yes  No

**EQUIPMENT**

Evaluated non NSF, ANSI, CF or other standards  Description of Refrigeration Units (Text)  
 Yes  No  
 Number of Walk-In Refrigerator Units (Number) Description of Walk-In Freezer Units (Text)  
 Is there a bulk ice machine available  Space Limitation (Text)  
 Yes  No  
 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?  
 (Text) --Select--

**REFUSE AND RECYCLABLES**

Dumpsters Located on a impervious surface?  Will there be a grease receptacle?  
 --Select--  --Select--

**WAREWASHING DISHWASHING**

Dishwashing Method   
 --Select--

**HACCP**

Plan Review Response Letter Received  Date HACCP Approved by the State (Date)  
 Yes  No  
 Date HACCP Plan Submitted (Date) HACCP Plan Approved (Date)  
 HACCP Plan Review (Date) Plan Review Letter Mailed (Date)  
 HACCP Plan Revision Submitted (Date) HACCP Fee Type   
 --Select--

**FINISHING SCHEDULE**

Kitchen Floor / Bar Flooring  Kitchen Cove Base   
 --Select--  --Select--   
 Storage - Food Storage Flooring  Storage - Food Storage Cove   
 --Select--  --Select--   
 Utensil Washing Area Flooring  Utensil Washing Area Cove   
 --Select--  --Select--

<b>Dressing / Locker Room Flooring</b> --Select--	<b>Dressing / Locker Room Cove</b> --Select--
<b>Toilet Area Flooring</b> --Select--	<b>Toilet Area Cove</b> --Select--
<b>Walk-in Refrigerator Flooring</b> --Select--	<b>Walk-in Refrigerator Cove</b> --Select--
<b>Kitchen Walls</b> --Select--	<b>Utensil Washing Area Walls</b> --Select--
<b>Restroom Walls</b> --Select--	<b>Are Kitchen Ceilings tiles smooth non-fiberglass backing?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Are ceiling rafters exposed ?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?</b> <input type="radio"/> Yes <input type="radio"/> No

**SPECIAL PROCESSING**

Does the facility conduct any special processing? If yes, Please describe.

Yes  No

(Text)

**AF OWNERS STATEMENT**

Owner's Statement Provided Comments - Owner

--Select--

**AF Plans and Drawings**

A. Drawn to scale and prepared by a licensed engineer or architect B. Contour plan included

--Select--

--Select--

C. Top and sectional views provided

Comments

--Select--

**AF BARRIER FENCING**

<b>A. Minimum 6' high barrier around the pool / spa facility</b> --Select--	<b>B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches</b> --Select--
<b>C. Fence pickets or barrier openings do not exceed 4 inches</b> --Select--	<b>D. A barrier with horizontal members less than 45 inches apart measured top to top does not have</b> --Select--
<b>1. vertical openings &gt; 1-3/4 inches in width</b> --Select--	<b>2. horizontal members on the outside of the fence</b> --Select--
<b>E. The barrier main access gate:</b>	<b>1. is located toward the shallow end of the pool</b> --Select--
<b>2. has a latch release at least 54 inches from grade level and is lockable</b> --Select--	<b>3. minimum width of 4 feet and is hung to open away from the pool or spa</b> --Select--
<b>4. complies with all disability regs (see COMAR 05.02.02)</b> --Select--	<b>F. Minimum 5' high barrier for semipublic pool or spa</b> --Select--
<b>G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.</b> --Select--	<b>Comments</b>

**AF INFORMATION**

<b>Plan Review Type</b> --Select--	<b>Aquatic Facility Project Description</b> (Text)
<b>County Building Permit Number</b> (Text)	<b>Expected Completion of Construction</b> □
<b>Total Aquatic Facilities at Venue</b> (Number)	<b>Sewer Service</b> --Select--
<b>Water Service</b> --Select--	<b>County Plumbing Permit Number</b> (Text)
<b>County Electrical Permit Number</b> (Text)	

**AF DECKS**

<b>A. Completely surrounds the pool with a minimum width of 4' and an average width of 6'.</b> --Select--	<b>B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17)</b> --Select--
<b>C. The slope of the deck is away from the pool or spa, towards points of disposal</b> --Select--	<b>D. The deck has deck drains or other disposal points.</b> --Select--
<b>E. An expansion joint between the coping and the deck is sealed with a water tight sealant.</b> --Select--	<b>F. The deck's surface is slip resistant, nonskid &amp; cleanable</b> --Select--
<b>G. Accessible hose bibs on the deck at 150 foot intervals</b>	<b>H. Note: Additional requirements if deck surface is not concrete</b>

--Select--  
Comments

--Select--

AF EQUIPMENT ROOM

- A. The facility has an equipment room that houses the pool and/or spa circulation  --Select--
- B. Weather tight construction and adequate area for safe access to equipment  --Select--
- C. A minimum ceiling height of 7'6"  --Select--
- D. A waterproof floor that drains to a floor drain  --Select--
- E. A lockable entrance that allows complete access to the room  --Select--
- F. A minimum of 20 foot candles of artificial illumination  --Select--
- G. Ventilation sized at 2 cubic feet per minute per square foot of floor area  --Select--
- H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment  --Select--
- I. A water resistant data sheet (COMAR 10.17.01.23)  --Select--
- Comments

AF CIRCULATION SYS & COMP

- A. Presence and proper placement of both the influent and effluent pressure gauges  --Select--
- B. A vacuum or compound gauge on the influent side of the pump  --Select--
- C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate  --Select--
- D. A thermometer on the return line to pool or spa when heated  --Select--
- E. Presence of sight glass and manually operated air release valve  --Select--
- F. Turnover rates (COMAR 10.17.01.25)  --Select--
- a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow  --Select--
- b. Flow through a circulation system is between the minimum turnover rate and the design  --Select--
- G. Head Loss Calculations  --Select--
- 1. Calculation of piping head loss using the Hazen-Williams formula  --Select--
- 2. Determination of a clean and dirty total dynamic head  --Select--
- H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom  --Select--
- I. Filter Capacity  --Select--
- 1. Filter operates within the filter design rate  --Select--
- 2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate  --Select--
- 3. Pump curves for pool pumps are provided  --Select--
- J. Ensure the pool is not interconnected with a spa or wading pool  --Select--
- K. Verify that circulation systems components are NSF approved by ANSI  --Select--
- L. Verify that the manufacturer and model number information are provided for items listed in "K"  --Select--
- M. Verify that the chemical feeder can provide the minimum disinfectant residual  --Select--
- N. Vacuum Systems  --Select--
- 1. System is available for cleaning the pool or spa floor  --Select--
- 2. For circulation systems with greater than 4 skimmers the vacuum system is separate  --Select--
- 3. Verify the vacuum line connection is prior to pump hair and lint strainer  --Select--
- 4. Verify the vacuum line connection is prior to pump hair and lint strainer  --Select--
- O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded  --Select--
- P. Note: see regs for Carbon Dioxide feeders & Ozone Systems  --Select--
- Comments

AF DIVING AREA AND EQUIPMENT

- A. Meets minimum dimensions and is compliance with COMAR 10.17.01.27 & ANSI/NSPI-1 2003  --Select--
- Comments

AF SUCTION ENTRAPMENT

- A. Main drain line for pool is connected to a minimum two main drain outlets  --Select--
- B. A vacuum fitting is capped and a line valve is in the closed position when not in use  --Select--
- C. Drain will be covered with a securely attached drain cover  --Select--
- D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer  --Select--
- E. Virginia Graeeme Baker (VGB) Compliant  --Select--
- F. Equalizer covers are VGB Compliant  --Select--
- Comments

AF ILLUMINATION

- A. Even illumination of water, deck and walkways  --Select--
- B. A combination of underwater lighting and deck lighting so that  --Select--
- 1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck  --Select--
- 2. Overhead lighting yields 2 watts per sqft of required deck area  --Select--

C. Walkway lighting yields a least 0.6 watts per square foot or 15 footcandles of light

Comments

--Select--

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:

1. Exhausting 1 1/2 cfm of air per square foot of enclosed area; or

--Select--

--Select--

2. Dehumidifying the recirculated air from the enclosed area

Comments

--Select--

AF PLUMBING WATER SPLY & DISPOSAL

C. Riser diagram for potable water and source of water supply

D. Has at least one drinking fountain for every 5,000 square feet of water surface area

--Select--

--Select--

E. Fill spout is within 10 inches of a ladder or handrailing or in front of the guard stand

F. Backflow Protection

--Select--

--Select--

1. Backflow protection is provided for a potable water supply and for wastewater

A. Permitted with DILP for all applicable State (COMAR) & local plumbing requirements

--Select--

--Select--

2. An air gap is provided that is 2 times the diameter of the fill spout from the flood rim level

B. Riser diagram for sewerage and method of disposal

--Select--

--Select--

3. Backflow protection where the water enters the facility or nearby fill connections to the pool

G. Backwash discharge

--Select--

--Select--

1. Verify whether discharge is to sanitary or storm sewer

2. If storm sewer or ground water discharge proposed ensure that MDE information is relayed

--Select--

--Select--

Comments

AF BATHHOUSE FACILITY

A. Living quarters more than 500ft from the pool entrance and a bathhouse facility

1. A bathhouse, toilets, hand sinks and showers are within 100' of an entrance gate to a pool

--Select--

--Select--

2. One water closet, lavatory and urinal shall be provided for the first 100 male users.

3. Two water closets and lavatories shall be provided for the first 100 female users

--Select--

--Select--

4. A minimum of two shower heads is provided for each sex for the first 100 users

5. Each 2 gal min shower is to have an approved pressure balanced anti-scald device

--Select--

--Select--

6. Soap dispensers for liquid or dry powdered soap provided for each lavatory

7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-11.1)

--Select--

--Select--

8. Sanitary napkin disposable receptacles installed for toilets or shower area designated for users

9. Baby changing table provided (ANSI/NSPI-1 19.6.12)

--Select--

--Select--

10. Adequate lighting and ventilation provided for each restroom facility

11. Floors have a slip resistant surface with adequate floor drains

--Select--

--Select--

12. An adequate number of hose bibs are provided for each facility to ensure proper cleaning

Comments

--Select--

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

B. Pool or Spa Gates, Doors Entrances and Exits

--Select--

--Select--

C. Available ADA self operating handicap lifts, ramps and or transfer walls

Comments

--Select--

AF BATHER LOAD

A. Number of people in 5ft or less for every 12 sq ft

B. Number of people in 5ft or more for every 15 sq ft

(Text)

(Text)

C. Number of people in diving area for every 300sq ft

(Text)

AF MISCELLANEOUS

Adequate Pool Chemistry Test Kit

Adequate First Aid Equip and Signs

--Select--

--Select--

Comments

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

**Associated GIS Features** *(This section is not required.)*

**GIS**      **Delete**

<input type="checkbox"/>	Feature ID	Layer	Service	Primary
0 record(s) found.				

**Submit**      **Cancel**



