

Menu Save Reset Cancel Help

Online permit

Approved 8/30/23
-H.B.

Record Detail * (This section is required.)

Case #
EH-PLANS-23-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
08/30/2023

Single Entry Edit-View Record Form

Application Name
[REDACTED]

Description
SFD/ CONSTRUCT 66' X 16' IRREGULAR SHAPED OPEN DECK WITH 2 STEPS TO GRADE.

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Progrz

Assigned to Staff Current User
Zack Silvast

Address * (This section is required.)

New	Search	Delete	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/>	<input checked="" type="checkbox"/>						5020		Ten Oaks	RD	Clar...	MD	21029				

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Trac	
<input type="checkbox"/>	<input checked="" type="checkbox"/>						0 record(s) found.										

Owner (This section is not required.)

Search	Delete	Set Primary												
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/>	<input checked="" type="checkbox"/>					Scott Carballo	14263 Howard Rd.			Dayton	MD	21036		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Jim

Middle Name

Last Name *
Brumstead

Home Phone (p000)xxx-xxxx

Organization Name *

Signature Name
 Allan Homes Unlimited, Inc.
 Mobile Phone (xxx)xxx-xxxx
 (410) 977-5705
 E-mail
 jim@allanhomes.com
 Business Phone (xxx)xxx-xxxx

Preferred Channel
 --Select--

Applicant Address

New	Look Up	Deactivate	Remove								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary Recipient	Status
<input type="checkbox"/>				830128261	Mailing	10260 Old Columbia Rd.	Columbia	MD	21046	<input checked="" type="radio"/>	Active

Custom Fields

DATE TRACKING

Received Date: 8/30/2023
 Due Date: 9/5/2023
 Dates to Complete: 14 (Number)
 Received by Food: [Calendar Icon]
 Food Review Type: --Select--
 Equipment Specification Sheet: [Calendar Icon]
 Equipment Specification Sheets Submitted: [Calendar Icon]
 Received by Community Hygiene: [Calendar Icon]

Received by Well and Septic
 8/30/2023
 [Calendar Icon]

FACILITY INFORMATION

Name of Business (dba): n/a (Text)
 Associated Building Permit Number: (Text)
 Owner Switch Date: [Calendar Icon]
 Does this 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: [Calendar Icon]
 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
 Design Wastewater Flow: 0 (Number)
 Sewage Disposal: Private
 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: 08/30/2023
 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 copies

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

--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

Interior Restaurant Seating Capacity

(Number)

(Number)

Bar Seating Capacity

Outdoor Seating Capacity

(Text)

(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--

WAREWASHING DISHWASHING

Dishwashing Method

--Select--

HACCP

Plan Review Response Letter Received Date HACCP Approved by the State

Yes No

Date HACCP Plan Submitted

HACCP Plan Approved

HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type
--Select--

FINISHING SCHEDULE

Kitchen Floor / Bar Flooring

--Select--

Kitchen Cove Base

--Select--

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Flooring

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Flooring

--Select--

Walk-in Refrigerator Cove

--Select--

Kitchen Walls

--Select--

Utensil Washing Area Walls

--Select--

Restroom Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

Yes No

Are ceiling rafters exposed ?

Yes No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?

Yes 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

--Select--

B. Contour plan included

--Select--

C. Top and sectional views provided

--Select--

Comments

AF BARRIER FENCING

A. Minimum 6' high barrier around the pool / spa facility

--Select--

B. Maximum vertical clearance between grade and the bottom of the barrier is 4 inches

--Select--

C. Fence pickets or barrier openings do not exceed 4 inches

--Select--

D. A barrier with horizontal members less than 45 inches apart measured top to top does not have

--Select--

1. vertical openings > 1-3/4 inches in width

--Select--

2. horizontal members on the outside of the fence

--Select--

E. The barrier main access gate:

1. is located toward the shallow end of the pool

--Select--

2. has a latch release at least 54 inches from grade level and is lockable

--Select--

3. minimum width of 4 feet and is hung to open away from the pool or spa

--Select--

4. complies with all disability regs (see COMAR 05.02.02)

--Select--

F. Minimum 5' high barrier for semipublic pool or spa

--Select--

G. A wading or infant pool is separated from a pool or spa by a barrier that is 3' or higher.

--Select--

Comments

AF INFORMATION

Plan Review Type --Select-- v	Aquatic Facility Project Description (Text)
County Building Permit Number (Text)	Expected Completion of Construction []
Total Aquatic Facilities at Venue (Number)	Sewer Service --Select-- v
Water Service --Select-- v	County Plumbing Permit Number (Text)
County Electrical Permit Number (Text)	

AF DECKS

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

AF EQUIPMENT ROOM

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

AF CIRCULATION SYS & COMP

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

AF DIVING AREA AND EQUIPMENT

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

--Select-- v

AF SUCTION ENTRAPMENT

A. Main drain line for pool is connected to a minimum two main drain outlets

--Select-- v

C. Drain will be covered with a securely attached drain cover

--Select-- v

E. Virginia Graeme Baker (VGB) Compliant

--Select-- v

Comments

B. A vacuum fitting is capped and a line valve is in the closed position when not in use

--Select-- v

D. Skimmers must be connected to an equalization line, main drain line, vent or another skimmer

--Select-- v

F. Equalizer covers are VGB Compliant

--Select-- v

AF ILLUMINATION

A. Even illumination of water, deck and walkways

--Select-- v

1. Underwater light .5 watts per sqft of surface area and deck lighting .6 watts per sqft of deck

--Select-- v

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

--Select-- v

B A combination of underwater lighting and deck lighting so that

--Select-- v

2. Overhead lighting yields 2 watts per sqft of required deck area

--Select-- v

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:

--Select-- v

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

--Select-- v

2. Dehumidifying the recirculated air from the enclosed area

--Select-- v

Comments

AF PLUMBING WATER SUPPLY & DISPOSAL

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

1. Verify whether discharge is to sanitary or storm sewer

--Select-- v

Comments

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

--Select-- v

F. Backflow Protection

--Select-- v

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

--Select-- v

B. Riser diagram for sewerage and method of disposal

--Select-- v

G. Backwash discharge

--Select-- v

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

--Select-- v

AF BATHHOUSE FACILITY

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

10. Adequate lighting and ventilation provided for each restroom facility

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

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

--Select-- v

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

B. Pool or Spa Gates, Doors Entrances and Exits

--Select-- v

--Select-- v

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

Comments

--Select-- v

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-- v

--Select-- v

Comments

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

Associated GIS Features (This section is not required.)

GIS Delete

Feature ID Layer Service Primary

0 record(s) found.

Submit Cancel

