

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Case #

EH-PLANS-25-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

10/15/2025

Single Entry Edit-View Record Form

Application Name

M25001420

Description

Replace existing AC/Coil with Water Furnace 3 ton geothermal heat pump M#W5S2036B01, evaporator coil m#A5DC036BNFA0 & tstat

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progre

Assigned to Staff Current User

Kevin Wolf

Approved by K Wolf on 10/23/25

Address \* (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> 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"/>	10687		Rain Dream	HILL	Colu...	MD	21044			

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

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

Owner (This section is not required.)

Search Delete Set Primary

<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="radio"/>	Sarah Regan	10687 Rain Dream Hill			Columbia	MD	21044		US

Applicant \* (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type \*

Applicant

Primary

Yes

First Name \*

Michelle

Middle Name

Last Name \*

Bounds

Home Phone ((xxx)xxx-xxxx)

Organization Name \*

Design Flow HVAC

Mobile Phone ((xxx)xxx-xxxx)

(443) 878-5256

E-mail

Michelle@designflowhvac.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

10/15/2025

Due Date

10/29/2025

Dates to Complete

14

(Number)

Received by Food

Equipment Specification Sheets Submitted

Food Review Type

--Select--

Equipment Specification Sheet

Received by Well and Septic

10/15/2025

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

(Text)

Days of Operation

(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

(Text)

Facility Email

(Text)

PROPERTY INFORMATION

Water Source

--Select--

Design Wastewater Flow

(Number)

Sewage Disposal

--Select--

Permit Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Plan Version

Initial

Signature Required

Yes  No

Engineer

0

Number of paper copies

0

Number of mylar copies

0

(Number)

(Number)

Number of buildable lots created

Number of non-buildable lots created

0  
(Number)  
Total Number of Lots  
0  
(Number)

0  
(Number)  
Associated Plans

**WELL AND SEPTIC INTERNAL**

State Review Required  Yes  No  
Proposed Septic System Type --Select--  
Coordinate State Review  Yes  No

**FOOD ESTABLISHMENT FACILITY**

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

**FOOD ESTABLISHMENT INFORMATION**

Hours of Operation (Text)  
If Operating Seasonally. What is the start month? (Text)  
Full Bar?  Yes  No  
 Operating Seasonally Only  
Are pets allowed in an outdoor seating area?  Yes  No

**RESTAURANT AND FOOD SERVICE**

Food Service Facility Secondary Category --Select--  
Number of Restrooms (Number)  
Bar Seating Capacity (Text)  
Total Seating Capacity (Number)  
Interior Restaurant Seating Capacity (Number)  
Outdoor Seating Capacity (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)  
Is there a bulk ice machine available  Yes  No  
Description of Walk-In Freezer Units (Text)  
Space Limitation  
Number of Hand Sinks Available (Number)  
Ventless Equipment (Text)  
Hood System (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  Yes  No  
Date HACCP Plan Submitted  
Date HACCP Approved by the State  
HACCP Plan Approved

**RECEIPT**

Howard County, MD  
HOWARD COUNTY HEALTH DEPARTMENT  
ASCEND ONE BUILDING  
Columbia, MD 21045  
8930 STANFORD BLVD

**Application:** WS-WP-25-02727  
**Application Type:** EnvHealth/Well and Septic/Installation/Application  
**Address:** 10687 RAIN DREAM, Columbia, MD 21044

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<b>Receipt No.</b>	13488					
<b>Payment Method</b>	<b>Ref Number</b>	<b>Amount Paid</b>	<b>Payment Date</b>	<b>Cashier ID</b>	<b>Received</b>	<b>Comments</b>
Check	35787	\$160.00	09/03/2025	SMARTIN		

**Owner Info.:**  
SARAH REGAN  
10687 RAIN DREAM HILL  
COLUMBIA, MD 21044

**Work Description:**