

kimboucher@me.com

Business Phone (xxx)xxx xxxx

Preferred Channel

--Select--

Applicant Address

New

Look Up

Deactivate

Remove

Custom Fields

DATE TRACKING

Received Date

11/15/2023



Due Date

11/29/2023



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

11/15/2023



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

(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 copies

0

(Number)

Number of buildable lots created

0

(Number)

Number of non-buildable lots created

0

(Number)

Total Number of Lots

Associated Plans

0
(Number)

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

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

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)

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

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--

Storage - Food Storage Flooring

--Select--

Utensil Washing Area Flooring

--Select--

Dressing / Locker Room Flooring

--Select--

Toilet Area Flooring

--Select--

Walk-in Refrigerator Flooring

--Select--

Kitchen Walls

--Select--

Restroom Walls

--Select--

Are ceiling rafters exposed ?

☐ Yes ☐ No

Kitchen Cove Base

--Select--

Storage - Food Storage Cove

--Select--

Utensil Washing Area Cove

--Select--

Dressing / Locker Room Cove

--Select--

Toilet Area Cove

--Select--

Walk-in Refrigerator Cove

--Select--

Utensil Washing Area Walls

--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?

☐ 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--

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

--Select--

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

--Select--

E. The barrier main access gate:

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

--Select--

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

--Select--

2. horizontal members on the outside of the fence

--Select--

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--

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

--Select--

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

--Select--

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

--Select--

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

--Select--

Comments

AF INFORMATION

Plan Review Type

--Select--

County Building Permit Number

(Text)

Total Aquatic Facilities at Venue

(Number)

Aquatic Facility Project Description

(Text)

Expected Completion of Construction

Sewer Service

--Select--

Water Service

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'.

C. The slope of the deck is away from the pool or spa, towards points of disposal

E. An expansion joint between the coping and the deck is sealed with a water tight sealant.

G. Accessible hose bibs on the deck at 150 foot intervals

Comments

B. Is in conformance with applicable ANSI/NSPI-1 (2003) standards for decking (7.1.1 - 7.1.17)

D. The deck has deck drains or other disposal points.

F. The deck's surface is slip resistant, nonskid & cleanable

H. Note: Additional requirements if deck surface is not concrete

AF EQUIPMENT ROOM

A. The facility has an equipment room that houses the pool and/or spa circulation

C. A minimum ceiling height of 7'6"

E. A lockable entrance that allows complete access to the room

G. Ventilation sized at 2 cubic feet per minute per square foot of floor area

I. A water resistant data sheet (COMAR 10.17.01.23)

B. Weather tight construction and adequate area for safe access to equipment

D. A waterproof floor that drains to a floor drain

F. A minimum of 20 foot candles of artificial illumination

H. A hose bib with an atmospheric vacuum breaker and unencumbered by other equipment

Comments

AF CIRCULATION SYS & COMP

A. Presence and proper placement of both the influent and effluent pressure gauges

C. Proper placement of a flow meter that is readable in gpm with the min and max flow rate

E. Presence of sight glass and manually operated air release valve

a. Pool or spa is constructed to achieve the required minimum turnover rate with 24-hour flow

G. Head Loss Calculations

2. Determination of a clean and dirty total dynamic head

I. Filter Capacity

2. Has a filtration capacity sufficient in the range between the minimum rate and design flow rate

J. Ensure the pool is not interconnected with a spa or wading pool

L. Verify that the manufacturer and model number information are provided for items listed in "K"

N. Vacuum Systems

2. For circulation systems with greater than 4 skimmers the vacuum system is separate

4. Verify the vacuum line connection is prior to pump hair and lint strainer

P. Note: see regs for Carbon Dioxide feeders & Ozone Systems

B. A vacuum or compound gauge on the influent side of the pump

D. A thermometer on the return line to pool or spa when heated

F. Turnover rates (COMAR 10.17.01.25)

b. Flow through a circulation system is between the minimum turnover rate and the design

1. Calculation of piping head loss using the Hazen- Williams formula

H. Ensure that the surface to bottom flow ratio is 80 % surface and 20 % bottom

1. Filter operates within the filter design rate

3. Pump curves for pool pumps are provided

K. Verify that circulation systems components are NSF approved by ANSI

M. Verify that the chemical feeder can provide the minimum disinfectant residual

1. System is available for cleaning the pool or spa floor

3. Verify the vacuum line connection is prior to pump hair and lint strainer

O. Valves, controls, gauges, filters, feeders, pumps, piping are accessible and color coded

Comments

AF DIVING AREA AND EQUIPMENT

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

Comments

AF SUCTION ENTRAPMENT

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

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

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

--Select--

E. Virginia Graeme Baker (VGB) Compliant

--Select--

Comments

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

--Select--

F. Equalizer covers are VGB Compliant

--Select--

AF ILLUMINATION

A. Even illumination of water, deck and walkways

--Select--

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

--Select--

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

--Select--

B A combination of underwater lighting and deck lighting so that

--Select--

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

--Select--

Comments

AF VENTILATION OF AN INDOOR AF

A. A ventilating system capable of:

--Select--

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

--Select--

2. Dehumidifying the recirculated air from the enclosed area

--Select--

Comments

AF PLUMBINGWATER SPLY&DISPOSAL

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

--Select--

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

--Select--

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

--Select--

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

--Select--

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

--Select--

1. Verify whether discharge is to sanitary or storm sewer

--Select--

Comments

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

--Select--

F. Backflow Protection

--Select--

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

--Select--

B. Riser diagram for sewerage and method of disposal

--Select--

G. Backwash discharge

--Select--

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

--Select--

AF BATHHOUSE FACILITY

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

--Select--

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

--Select--

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

--Select--

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

--Select--

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

--Select--

10. Adequate lighting and ventilation provided for each restroom facility

--Select--

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

--Select--

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

--Select--

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

--Select--

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

--Select--

7. Toilet paper holders & toilet paper shall be provided for each water closet (ANSI/NSPI-1)

--Select--

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

--Select--

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

--Select--

Comments

AF ADA DISABLED ACCOMM

A. Bathhouse Entrances, Exits, Fixtures, Etc.

--Select--

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

--Select--

B. Pool or Spa Gates, Doors Entrances and Exits

--Select--

Comments

AF BATHER LOAD

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

(Text)

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

(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

