

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
04/04/2025

Application Name
B25001296

Description
SFD/ CONSTRUCT 35'x14' OPEN DECK WITH STEPS

Building permit approved, site visit confirmed that HD record from 99' is most accurate. gld 5/6/25

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department
Current Department
Well and Septic Progr

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"/>						1623		Daisy	RD	Wood...	MD	21797				

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"/>	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"/>	<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"/>				Jordan Ronald	1623 Daisy Rd.			Woodbine	MD	21797	410-707-1836	US

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 ((XXX)XXX-XXXX)

Organization Name *
 Rhine Lawn Care & Landscaping LLC
 Mobile Phone ((xxx)xxx-xxxx)
 (410) 442-2445
 E-mail
 CSM@RHINELANDSCAPING.COM
 Business Phone ((xxx)xxx-xxxx)
 Preferred Channel
 --Select--

Applicant Address

New	Look Up	Deactivate	Remove	Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.												

Custom Fields

DATE TRACKING

Received Date: 4/4/2025
 Due Date: 4/18/2025
 Dates to Complete: 14 (Number)
 Food Review Type: --Select--
 Equipment Specification Sheet
 Received by Food
 Equipment Specification Sheets Submitted
 Received by Community Hygiene

Received by Well and Septic
 4/4/2025

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 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
 Design Wastewater Flow (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: 04/04/2025
 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

(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 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--

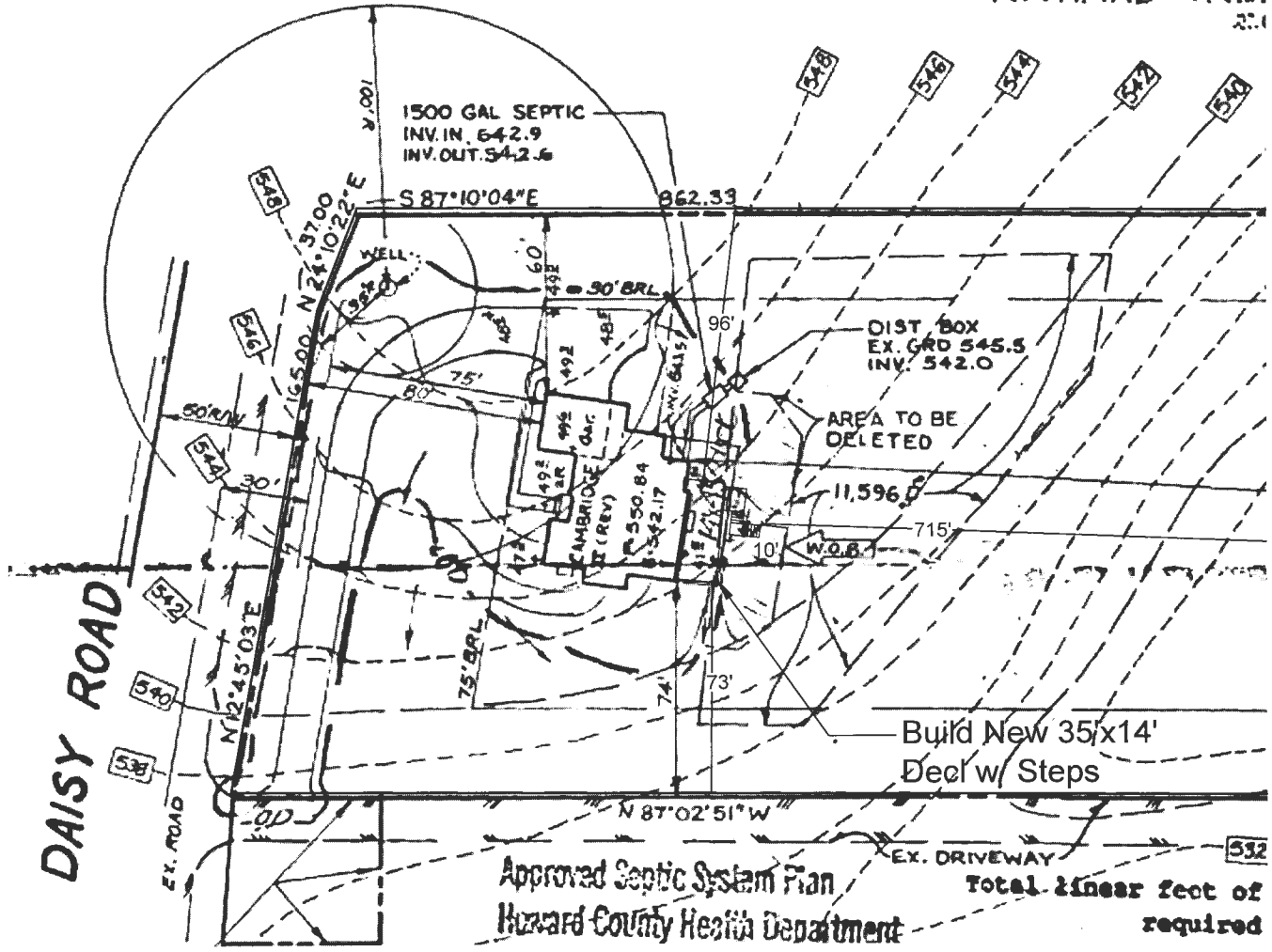
Comments

Jordan Residence
1623 Daisy Road
Woodbine MD 21797

Scale 1" = 60'



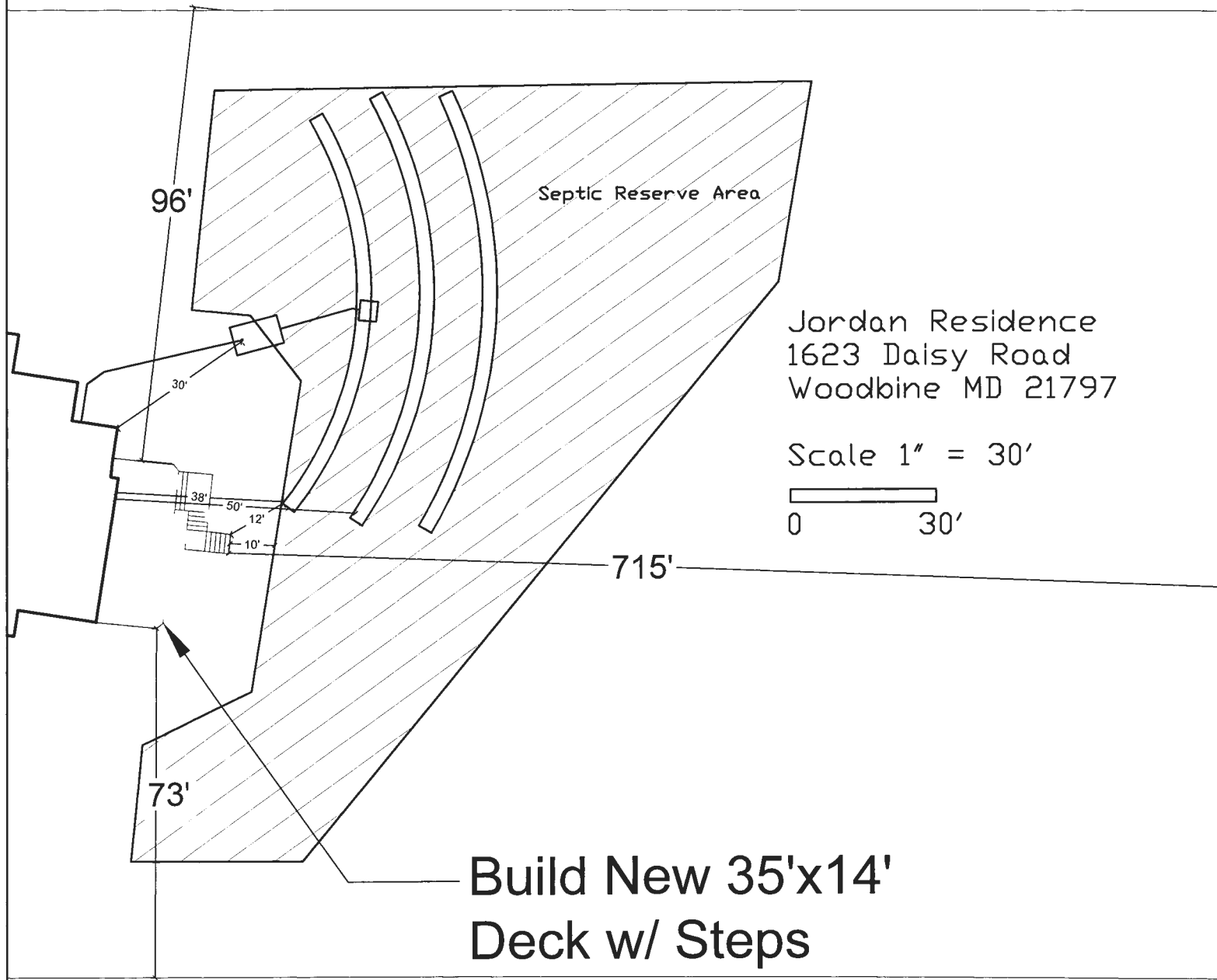
RICHARD TALLI
25.1



Approved Septic System Plan
Hazard County Health Department

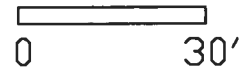
EX. DRIVEWAY
Total linear feet of required

S 87°1



Jordan Residence
1623 Daisy Road
Woodbine MD 21797

Scale 1" = 30'



Build New 35'x14'
Deck w/ Steps