

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

B25004437

Description

SFD/ INSTALL 7' X 7' HOT TUB**SUBJECT TO FIELD INSPECTION**

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

Approved
me 10/15/25

Online BP. 2d 10/16/25

Address * (This section is required.)

New	Search	Delete	Set Primary									
☐ Primary	<u>Street # (start)</u>	<u>Direction</u>	<u>Street Name</u>	<u>Street Type</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Address Status</u>	<u>Street Suffix (Direction)</u>	<u>Unit Type</u>	<u>U</u>	
☐ ☒	2724		Jenning...	RD	Wood...	MD	21797					

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary									
☐ Primary	<u>Parcel #</u>	<u>Book</u>	<u>Page</u>	<u>Parcel</u>	<u>Parcel Area</u>	<u>Land Value</u>	<u>Improved Value</u>	<u>Exemption Value</u>	<u>Legal Description</u>	<u>Tract</u>		
0 record(s) found.												

Owner (This section is not required.)

Search	Delete	Set Primary										
☐ Primary	<u>Name</u>	<u>Mail Address Line1</u>	<u>Mail Address Line2</u>	<u>Mail Address Line3</u>	<u>Mail City</u>	<u>Mail State</u>	<u>Mail Zip Code</u>	<u>Phone</u>	<u>Country/Re</u>			
☐ ☒	Brian Berkowicz	2724 Jennings Chapel Rd.			Woodbine	MD	21797		US			

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant

Primary

Yes

First Name *

Shane

Middle Name

Last Name *

Thompson

Home Phone (xxx)xxx-xxxx

Organization Name *

Copperfield Electric LLC.

Mobile Phone ((xxx)xxx-xxxx)

(240) 357-6808

E-mail

shane.thompson@copperfieldelectricllc.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

10/15/2025

Due Date

10/29/2025

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

10/15/2025

FACILITY INFORMATION

Name of Business (dba) *

n/a (Text)

Associated Building Permit Number

(Text)

Owner Switch Date

(Text)

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

(Text)

☐ 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

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 bulk parcels to be recorded

0 (Number)

New buildable lots created

0

(Number)

PLAT Type

--Select--

Total number of open space lots to be recorded

0 (Number)

Total number of lots / parcels to be recorded

0 (Number)

Date PLAT signed by Health Officer

(Text)

Date Preliminary Plan Signed by HO

(Text)

☐ Extension Granted**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-- ▼

Plot Plan for the purpose of Hot Tub Permit:

2724 Jennings Chapel Road
Woodbine, MD 21797

Hot tub is:

- 9' from Front Fence in line with House.
- 3' from side of house
- 85" x 85" - installed on concrete pad



PERMIT

SEWAGE DISPOSAL SYSTEM 04-318194

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

1/4/91 P.C.O.

P 46743

A REPAIR

DISTRICT

DATE 1/9/90

DATE SYSTEM APPROVED 1/4/91

INSPECTOR C.B.D.

Arnold Backhoe & Septic Services, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 795-7873

SUBDIVISION LOT ROAD 2724 Jennings Chapel Road

PROPERTY OWNER Paul Brosenne

2724 Jennings Chapel Road
Woodbine, Maryland 21797

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

175 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 75'

REPAIR - SEPTIC SYSTEM NOT FUNCTIONING. Call for inspection when ground is opened so
sanitarian can recommend repair.

Recommend { 25' trench; 2' wide; 10' deep; 75' long
Install 3'± below O.G. - off by well 33'± down
2' of stand below pipe } 525 sq ft of
about that area
1/4/91 C.B.D. for

PLANS APPROVED BY C. Williams

DATE 1/03/90

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

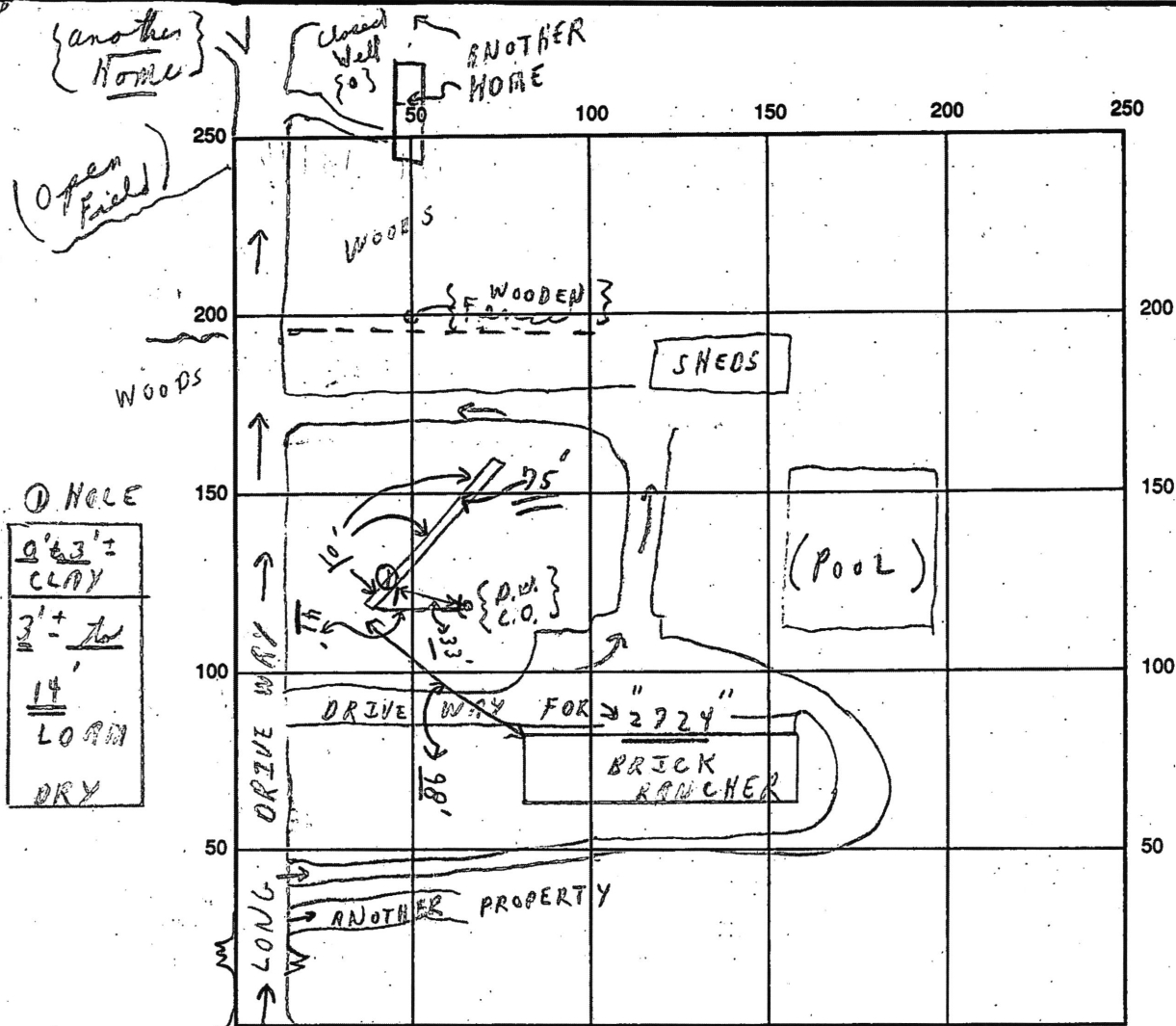
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

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SEPTIC TANK LEVEL Existing CLEANOUTS (Existing D.W. OK)

DISTRIBUTION BOX LEVEL { TO USE EXISTING DRYWELL }

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 525 SQ. FT. { Plus old dry well }

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 525 SQ. FT. { Plus old dry well }

REMARKS: A.M. 1/4/91 Partial: 1 hole measured - observed. 1 trench
to come off existing dry well. (had
P.M. - Trench - off the floor & cover as complete;
(2/3 complete + material on site)

DATE SYSTEM APPROVED 1/4/91 INSPECTOR Charles Bryan Shedd