

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Case

EH-PLANS-23-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

12/11/2023

Single Entry Edit-View Record Form

Application Name

B23004682

Description

SFD/ CONSTRUCT 36' X 16' OPEN DECK WITH STEPS TO GRADE

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast v

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> 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>
<input type="checkbox"/> <input checked="" type="radio"/>	673		Weller	DR	Mt. ...	MD	21771				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> 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

<input type="checkbox"/> 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/Region</u>	<u>I</u>
<input type="checkbox"/> <input checked="" type="radio"/>	William Rye	673 Weller Drive			Mt. Airy	MD	21771	240-32-3305	US	

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant v

Primary

Yes v

First Name *

Douglas

Middle Name

Last Name *

Mast

Home Phone ((xxx)xxx-xxxx)

Organization Name *

Approved
R/E
12/14/2023

Mst Construction

Mobile Phone ((xxx)xxx-xxxx)

(240) 405-0763

E-mail

d.mast@mastconstructionllc.com

Business Phone ((xxx)xxx-xxxx)

Preferred Channel

--Select--

Applicant Address

New

Look Up

Deactivate

Remove

Custom Fields

DATE TRACKING

Received Date

12/11/2023

Due Date

12/14/2023

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

12/11/2023

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 of mylar copies

0

(Number)

(Number)

Number of buildable lots created	Number of non-buildable lots created
0	0
(Number)	(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

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

☐ Yes ☐ No

Date HACCP Approved by the State

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--

Aquatic Facility Project Description

(Text)

County Building Permit Number

Expected Completion of Construction



(Text)

Total Aquatic Facilities at Venue

Sewer Service

--Select-- ▼

(Number)

Water Service

--Select-- ▼

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-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

Comments

AF EQUIPMENT ROOM

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

--Select-- ▼

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

--Select-- ▼

C. A minimum ceiling height of 7'6"

--Select-- ▼

D. A waterproof floor that drains to a floor drain

--Select-- ▼

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

--Select-- ▼

F. A minimum of 20 foot candles of artificial illumination

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

I. A water resistant data sheet (COMAR 10.17.01.23)

--Select-- ▼

Comments

AF CIRCULATION SYS & COMP

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

F. Turnover rates (COMAR 10.17.01.25)

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

G. Head Loss Calculations

--Select-- ▼

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

--Select-- ▼

2. Determination of a clean and dirty total dynamic head

--Select-- ▼

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

--Select-- ▼

I. Filter Capacity

--Select-- ▼

1. Filter operates within the filter design rate

--Select-- ▼

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

--Select-- ▼

3. Pump curves for pool pumps are provided

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

N. Vacuum Systems

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

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

--Select-- ▼

Comments

AF DIVING AREA AND EQUIPMENT

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

--Select-- ▼

Comments

AF SUCTION ENTRAPMENT**A. Main drain line for pool is connected to a minimum two main drain outlets**

--Select-- ▼

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

--Select-- ▼

E. Virginia Graeme Baker (VGB) Compliant

--Select-- ▼

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

--Select-- ▼

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 SPPLY&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

--Select--

Adequate First Aid Equip and Signs

--Select--

Comments

AGENCY-SPECIFIC INFORMATION

Legacy ID Cross Reference

(Text)

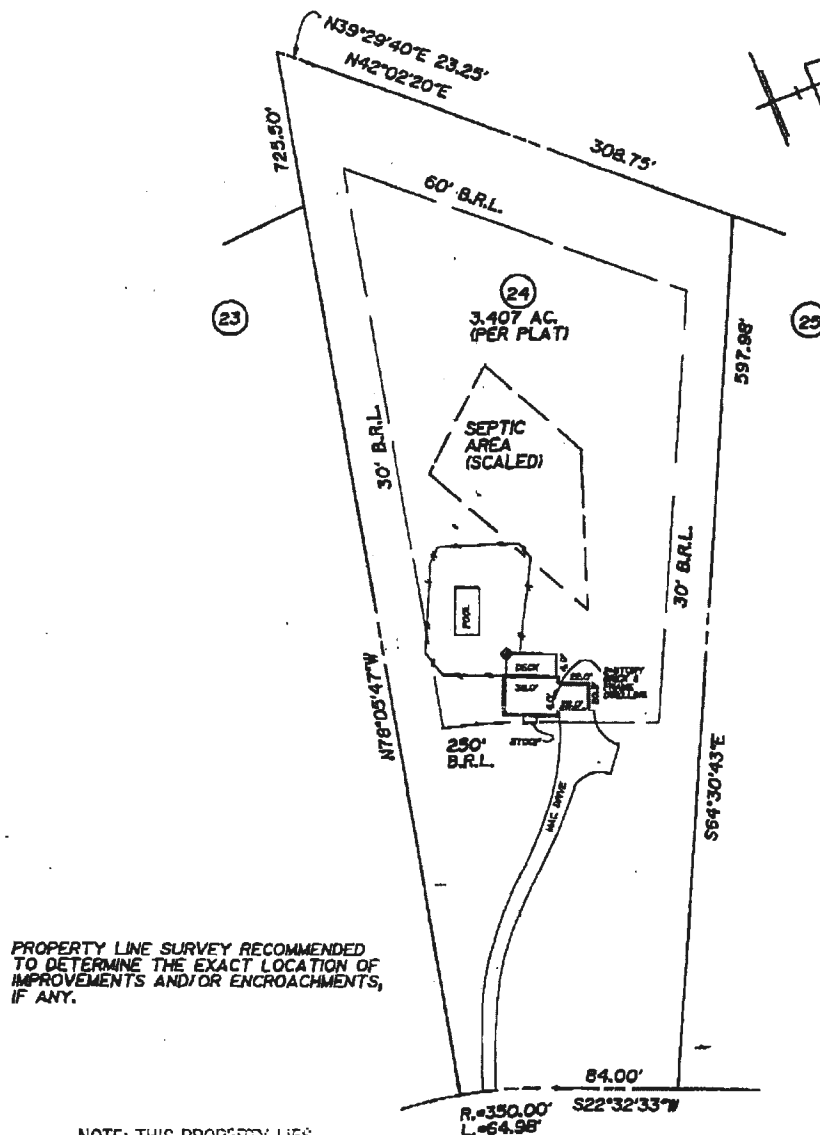
Associated GIS Features (This section is not required.)

GIS	Delete
<input type="checkbox"/> Feature ID	Layer Service Primary
0 record(s) found.	

Submit Cancel

LANDTECH ASSOCIATES, INC.

1410 CRAIN HIGHWAY, N.W. SUITE 7B GLEN BURNIE, MD 21061
(410) 768-7171 FAX (410) 553-9081



PROPERTY LINE SURVEY RECOMMENDED
TO DETERMINE THE EXACT LOCATION OF
IMPROVEMENTS AND/OR ENCROACHMENTS,
IF ANY.

NOTE: THIS PROPERTY LIES
IN FLOOD ZONE C. AN AREA
OF MINIMAL FLOODING, AS
DELINEATED ON THE MAPS
OF THE NATIONAL FLOOD
INSURANCE PROGRAM

WELLER DRIVE



Notes:

- 1) This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
- 4) No title report furnished.

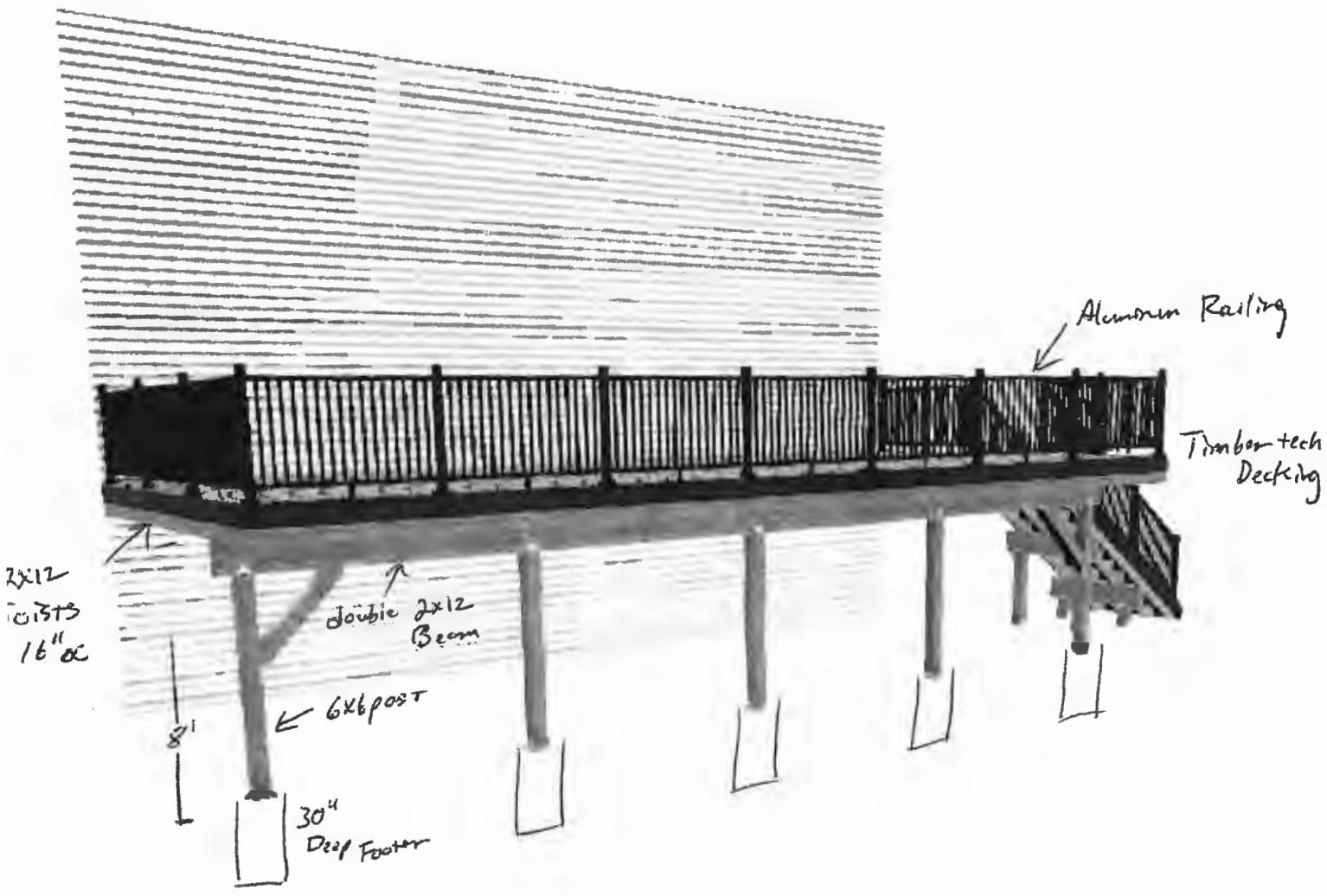
Certification: This is to certify that the improvements indicated
hereon are located as shown.

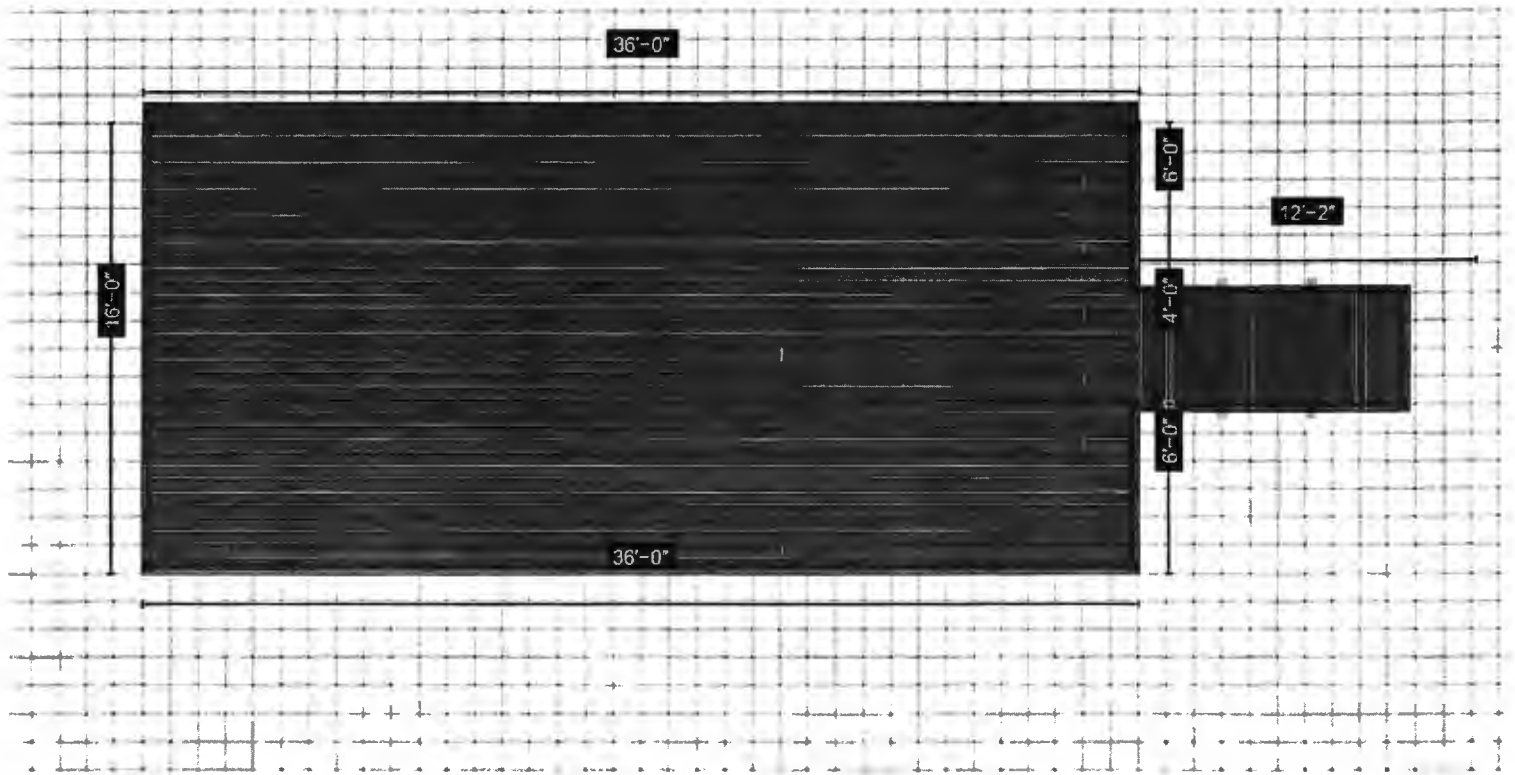
Graden A. Rogers
GRADEN A. ROGERS - Proprietor, L.S. MD. Lic. No. 119

LIBER _____ FOLIO _____
LOT 24 BLOCK _____ SECT. 2 PLAT _____
PLAT ENTITLED PATAPSCO OVERLOOK
RECORDED IN HOWARD CO. MD.
PLAT BOOK 6784 FOLIO _____

673 WELLER DRIVE

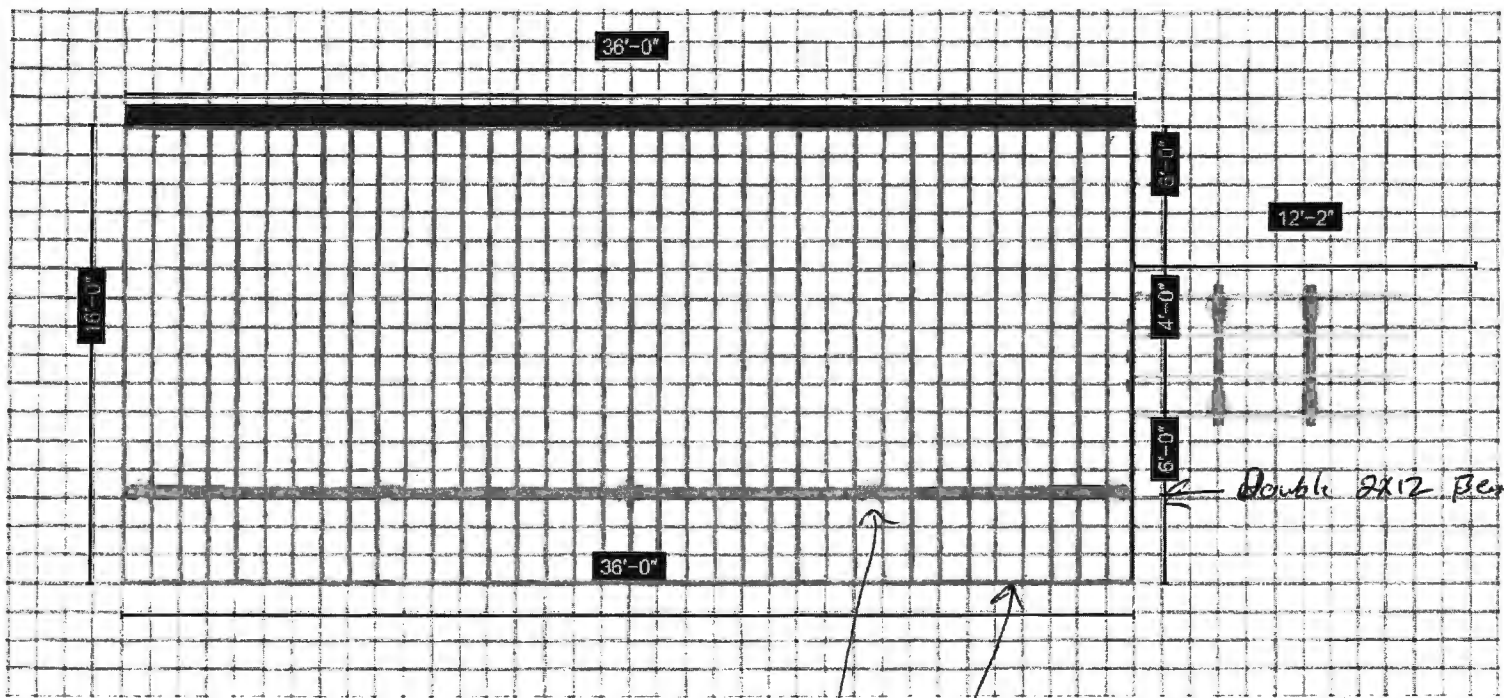
SCALE 1"=100' CASE NO. H0106003
DATE 6-20-2001 JOB NO. CSP-101155





Timber tech decking
Timbertech Alum railing

Bill Rye
673 Weller Dr
Mt Airy, MD 21771



Rye fronting plan

2x12 floor joists 16" oc

6x6 posts on 30" deep concrete footer