

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  
09/17/2025

Single Entry Edit-View Record Form

Application Name  
M25001281

Description  
REPLACE EXISTING HVAC SYSTEM WITH GEOTHERMAL SYSTEM USING VERTICAL LOOPS AND EXISTING DUCTWORK. INSTALLING (1) W5AV048 4-TON WATERFURNACE GEOTHERMAL UNIT

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  
Kevin Wolf

Approved  
9/22/2025  
SP

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"/>	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="checkbox"/>					11308		Tooks	WAY	Colu...	MD	21044			

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"/>				Benjamin Minnick	11308 Tooks Way			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 *													
Michael													
Middle Name													
Last Name *													
Cullum													
Home Phone ((xxx)xxx-xxxx)													

**Organization Name \***  
 Ground Loop Heating & Air Conditioning Inc.

**Mobile Phone** ((xxx)xxx-xxxx)  
 (410) 836-1706

**E-mail**  
 CAITLIN@GROUNDLOOP.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**  
9/17/2025

**Due Date**  
10/1/2025

**Dates to Complete**  
14  
(Number)

**Received by Food**

**Food Review Type**  
--Select--

**Equipment Specification Sheet**

**Equipment Specification Sheets Submitted**

**Received by Community Hygiene**

**Received by Well and Septic**  
9/17/2025

**FACILITY INFORMATION**

**Name of Business (dba) \***  
n/a (Text)

**Associated Building Permit Number**  
(Text)

**Owner Switch Date**  
(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**  
(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**  
Public

**Design Wastewater Flow**  
(Number)

**Sewage Disposal**  
Public

**Permit Type**  
--Select--

**DEVELOPMENT PLANS**

**Property Type**  
Residential

**Signature Required**  
 Yes  No

**Number of paper copies**  
0  
(Number)

**Number of buildable lots created**

**Plan Version**  
Initial

**Engineer**  
0  
(Text)

**Number of mylar copes**  
0  
(Number)

**Number of non-buildable lots created**

<input type="text" value="0"/> (Number)	<input type="text" value="0"/> (Number)
Total Number of Lots	Associated Plans
<input type="text" value="0"/> (Number)	<input type="text"/>

**WELL AND SEPTIC INTERNAL**

State Review Required  Yes  No      Coordinate State Review  Yes  No

Proposed Septic System Type  
--Select--

**FOOD ESTABLISHMENT FACILITY**

Priority Assessment       Licensed Type

License Category

**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       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?

**REFUSE AND RECYCLABLES**

Dumpsters Located on a impervious surface?       Will there be a grease receptacle?

**WAREWASHING DISHWASHING**

Dishwashing Method

**HACCP**

Plan Review Response Letter Received  Yes  No      Date HACCP Approved by the State

Date HACCP Plan Submitted       HACCP Plan Approved