

Menu Save Reset Cancel Help

Approved 3/13/25

-H.O.

Record Detail (This section is required.)

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
03/11/2025

Single Entry Edit-View Record Form

Application Name
B25000871

Description
SFD/ Install 18' x 38' inground Pool,*AUTO COVER IN LIEU OF FENCE REQUEST ATTACHED*

Online BP.

gls 3/12/25

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"/> 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="radio"/>	6945		Heather...	WAY	Clar...	MD	21029				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<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"/> 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="radio"/>	Phillip Green	1016 Joyce Drive			Crownsville	MD	21032	443-744-2622	US

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
David

Middle Name

Last Name *
Boyko

Home Phone (XXXX)XXX-XXXX

Organization Name *
 Atlantic Pools Inc.
 Mobile Phone (xxx)xxx-xxxx
 (301) 829-4004
 E-mail
 DEDMONDS@ATLANTICPOOLS.NET
 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 3/11/2025 Due Date 3/25/2025
 Dates to Complete 14 Received by Food
 Food Review Type --Select-- Equipment Specification Sheets Submitted
 Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic
 3/11/2025

FACILITY INFORMATION

Name of Business (dba) * n/a
 Associated Building Permit Number
 Owner Switch Date
 Does the project include an Aquatic Facility such as a Public Pool? If Yes, forward to CH Program.
 Does the project include Private Septic? If Yes, forward to WS Program.
 Is this a Prototype Food Service Facility? If Yes, refer to State.
 Facility Fax
 Days of Operation

Does this project have a Building Permit?
 Building Permit Issued Date
 Non-Profit
 Does the project include Private Well? If Yes, forward to WS Program.
 Does the project include Food Services? If Yes, forward to FP Program.
 Facility Phone
 Facility Email

PROPERTY INFORMATION

Water Source Private Sewage Disposal Private
 Design Wastewater Flow Permit Type
 (Number) --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0
 Total number of open space lots to be recorded 0
 Total number of bulk parcels to be recorded 0
 Total number of lots / parcels to be recorded 0
 New buildable lots created 0
 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

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

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

Storage - Food Storage Flooring

--Select--

Storage - Food Storage Cove

Utensil Washing Area Flooring

--Select--

Utensil Washing Area Cove

Dressing / Locker Room Flooring

--Select--

Dressing / Locker Room Cove

Toilet Area Flooring

--Select--

Toilet Area Cove

Walk-in Refrigerator Flooring

--Select--

Walk-In Refrigerator Cove

Kitchen Walls

--Select--

Utensil Washing Area Walls

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

--Select--

Comments - Owner

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

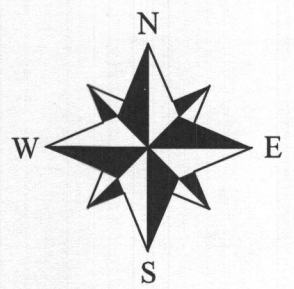
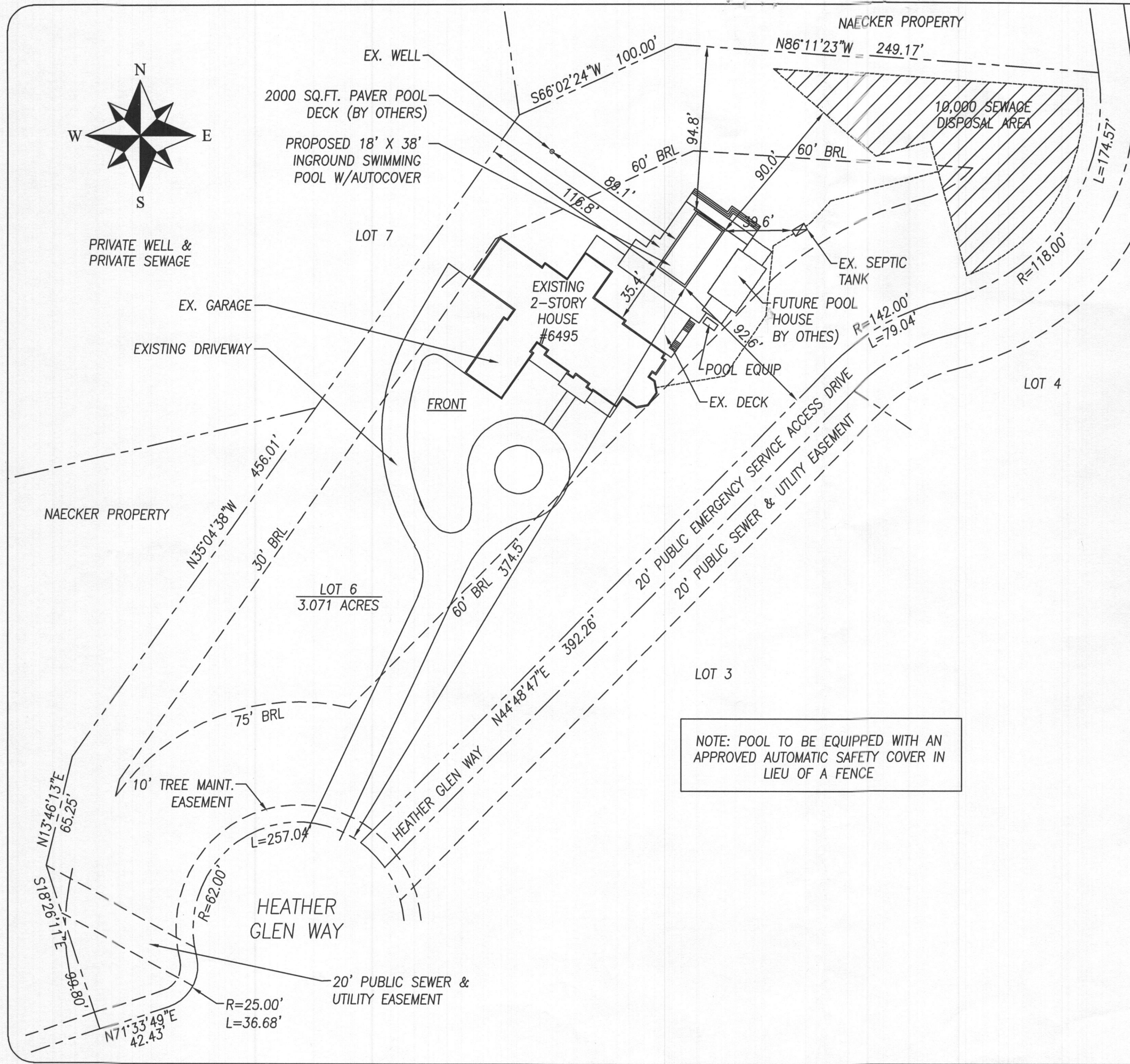
--Select--

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

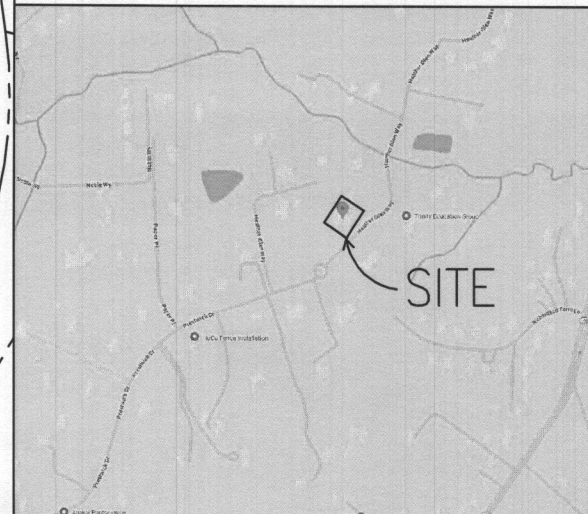
--Select--

Comments

B25000871 (18'x38' inground pool)



VICINITY MAP



DIRECTIONS TO SITE

FROM I-95. FOLLOW TO RT-32 WEST TO I-70 WEST TOWARD FREDERICK. FOLLOW TO EXIT ONTO RT-108 TOWARD CLARKSVILLE. FOLLOW ACROSS OVERPASS A SHORT DISTANCE TO A R/T ON TEN OAKS ROAD. GO 1/8 MILE TO A L/T ON HEATHER GLEN WAY. FOLLOW 1/8 MILE TO SITE ON THE RIGHT. 6495 HEATHER GLEN WAY

POOL DATA

DIMENSIONS	18'-0" X 38'-0" RECTANGLE
PERIMETER	116 Ln.Ft.
SURFACE AREA	720 Sq.Ft.
GALLONAGE	30,600 Gallons
DEPTHS	3'-6" to 5'-0" to 7'-0"
FILTER RATE	85 GPM
TURNOVER TIME	6 HOURS
POOL DECK AREA	830 Sq.Ft.

JOB NOTES

PROPERTY OWNER: PHILIP & DENISE GREEN
 PROPERTY OWNER ADDRESS: 6495 HEATHER GLEN WAY
 CLARKSVILLE, MD 21029

HOME PHONE:
 OFFICE PHONE:
 CELL PHONE:

LOT NUMBER: LOT 6
 SUBDIVISION NAME: WILLOW POND
 TAX MAP: 0034
 GRID & PARCEL: GRID 0017, PARCEL 0444
 TAX ACCOUNT NUMBER: 05-593279

ELECTION DISTRICT: 5
 ZONING:
 UTILITIES: PRIVATE WELL & PRIVATE SEWAGE

SITE PLAN

REVISIONS



P.O. Box 148 • Mt. Airy, Maryland 21771
 Office: 301-829-4004 • Fax: 301-829-4770
 Toll Free: 866-757-POOL
 www.atlanticpools.net

Green Residence

6495 Heather Glen Way
 Clarkville, Maryland 21029
 5th Election District, Howard County

Date: 03/07/2025

Scale: 1"=60'

Drawn:

Job: ATL2025-0176

Sheet: Of:

1 1