Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Case #
EH-PLANS-26-0
Type
EnvHealth/Environmental Health/Plan Check/Application
Status
In Review
Opened Date
01/05/2026
_Single Entry Edit-View Record Form
Application Name
B25005345
Description
SFD/ CONSTRUCT 18' X 36' in ground NON DIVING pool -AUTMATIC POOL COVER & FENCE TO CODE **SUBJECT TO FIELD INSPECTION**
Total Invoiced
0.00
Total Paid
0.00
Balance
0.00
Assigned to Department **Current Department**
Well and Septic Progra
Assigned to Staff **Current User**
Zack Silvast

Address * *(This section is required.)* 14320 Triadelphia Rd

New Search Delete Set Primary

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

Owner *(This section is not required.)*

Search Delete Set Primary

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type *
Applicant
Primary
Yes
First Name *
Adam
Middle Name
Last Name *
Helmick
Home Phone ((xxx)xxx-xxxx)
Organization Name *
Absolute Landscape & Turf
Mobile Phone ((xxx)xxx-xxxx)
(410) 489-0655
E-mail
ahelmick@absolutescapes.com
Business Phone ((xxx)xxx-xxxx)
Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date: 12/30/2025

Due Date: 1/14/2026

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: 12/30/2025

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, foward 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:

☐ 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: --Select--

Design Wastewater Flow: (Number)

Sewage Disposal: --Select--

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:

Date Preliminary Plan Signed by HO:

☐ Extension Granted

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

0 (Number)

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

Fulll 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

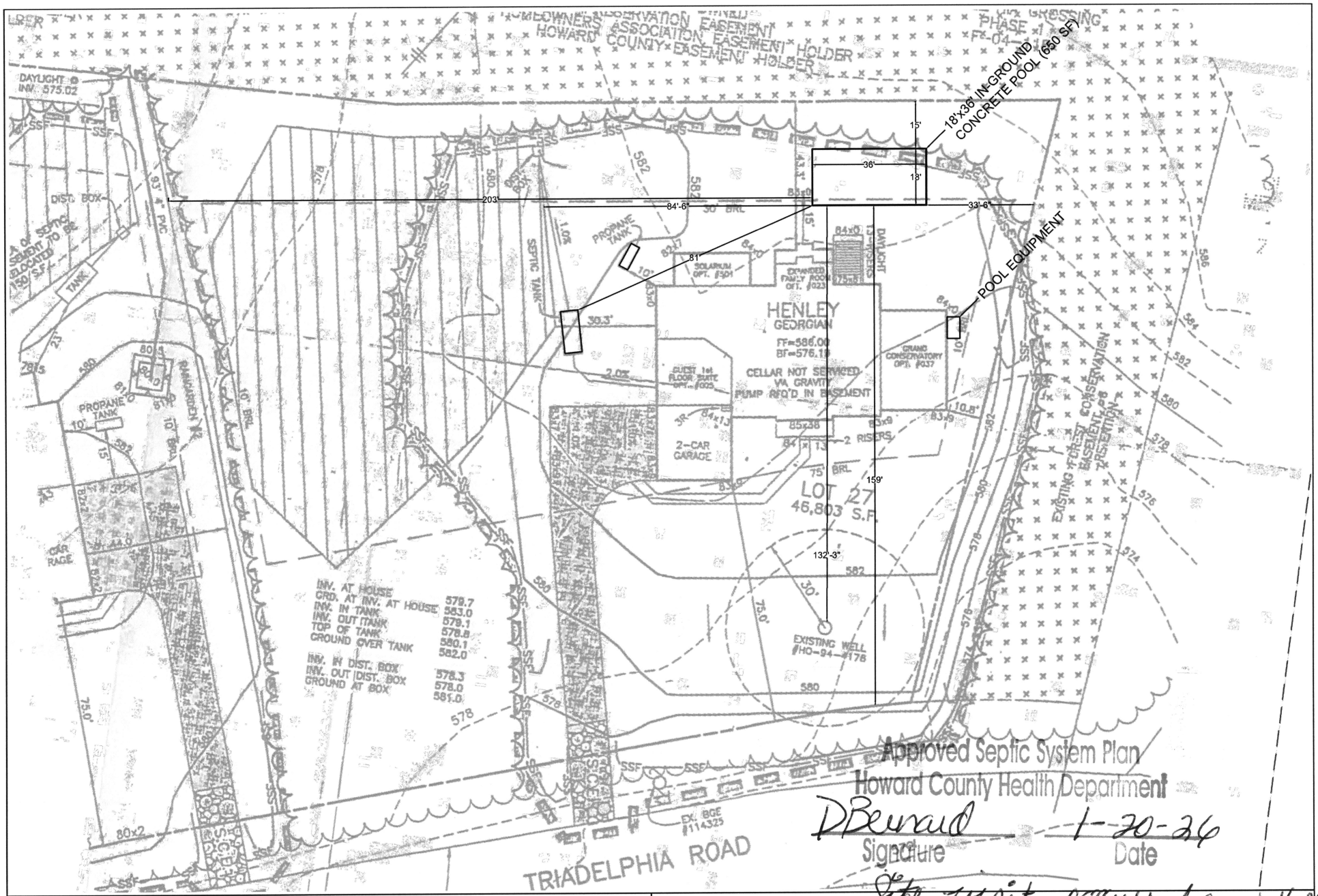
Plan Review Response Letter Received

○ Yes ○ No

Date HACCP Approved by the State

Date HACCP Plan Submitted

HACCP Plan Approved



Approved Septic System Plan
Howard County Health Department

DBerard 1-20-26
Signature Date

Site visit occurred on 1-16-26 to confirm location of Septic & well for permit review.
Approved as Shown

GEORGETTE BIBUM - Pool on PLAT
14320 Triadelphia Road
Glenelg, MD 21737

SCALE: 1"=40'-0"