Approved 7/17/26 - H.D.

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
07/08/2026

Online BP. gs 7/9/26

_Single Entry Edit-View Record Form

Application Name
B26002190

Description
SFD/ CONSTRUCT OVAL 20' X 12', 48" DEEP ABOVE GROUND POOL, TO USE EXISTING FENCING AS BARRIER**SUBJECT TO FIELD INSPECTION**

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Assigned to Department Current Department
Well and Septic Program

Assigned to Staff Current User
Zack Silvast

Address * *(This section is required.)*

New Search Delete Set Primary

Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
◉	11540		Chapel ...		Clar...	MD	21029				

Parcel *(This section is not required.)*

Search Delete Get Address & Owner Set Primary

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

Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
◉	Keyvan Rafei	11540 Chapel Rise			Clarksville	MD	21029		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

Full Name

First Name *
Panthea
Middle Name

Last Name *
Parang
Organization Name *
n/a
Mobile Phone ((xxx)xxx-xxxx)
(410) 340-6138
Home Phone ((xxx)xxx-xxxx)

E-mail
Panthearafei@gmail.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
7/6/2026
Due Date
7/20/2026
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
7/6/2026

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)
Does this project have a Building Permit?
○ Yes ○ No
Associated Building Permit Number
(Text)
Building Permit Issued Date
Owner Switch Date
☐ Non-Profit
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 Well? If Yes, forward to WS Program.
○ Yes ○ No
Does the project include Private Septic? If Yes, foward to WS Program.
○ Yes ○ No
Does the project include Food Services? If Yes, forward to FP Program.
○ Yes ○ No
Is this a Prototype Food Service Facility? If Yes, refer to State.
○ Yes ○ No
Facility Phone
(Text)
Facility Fax
(Text)
Facility Email
(Text)
Days of Operation
(Text)

PROPERTY INFORMATION

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

DEVELOPMENT PLANS

Property Type: Residential
Plan Version: Initial
Signature Required: ○ Yes ○ No
Engineer: (Text)
Number of paper copies: (Number)
Number of mylar copes: (Number)
Number of buildable lots created: (Number)
Number of non-buildable lots created: (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

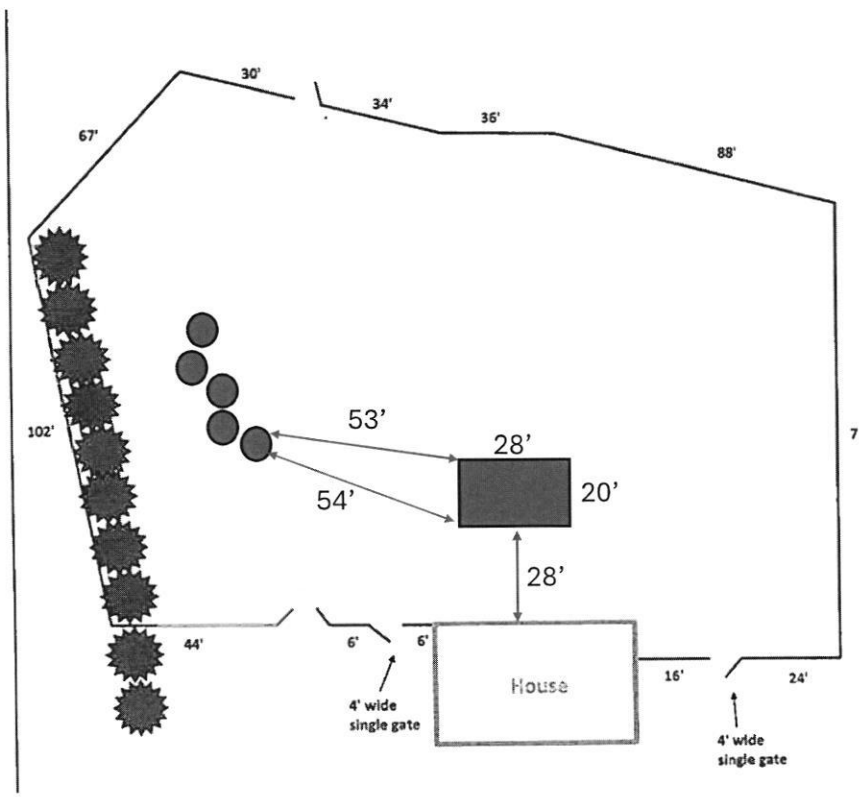
Evaluated non NSF, ANSI, CF or other standards ○ Yes ○ No
Description of Refrigeration Units:
Number of Walk-In Refrigerator Units: (Number)
Description of Walk-In Freezer Units: (Text)
Is there a bulk ice machine available ○ Yes ○ No
Space Limitation:
Number of Hand Sinks Available: (Number)
Hood System: (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--


30'
34'
35'
67'
88'
102'
53'
28'
20'
54'
28'
7
44'
6'
6'
House
16'
24'
4' wide
single gate
4' wide
single gate

SITE INSPECTION SHEET

OWNER: Kayvan Rafei **PHONE #:** _____

ADDRESS: 11540 Chapel Rise **CONTRACTOR:** _____

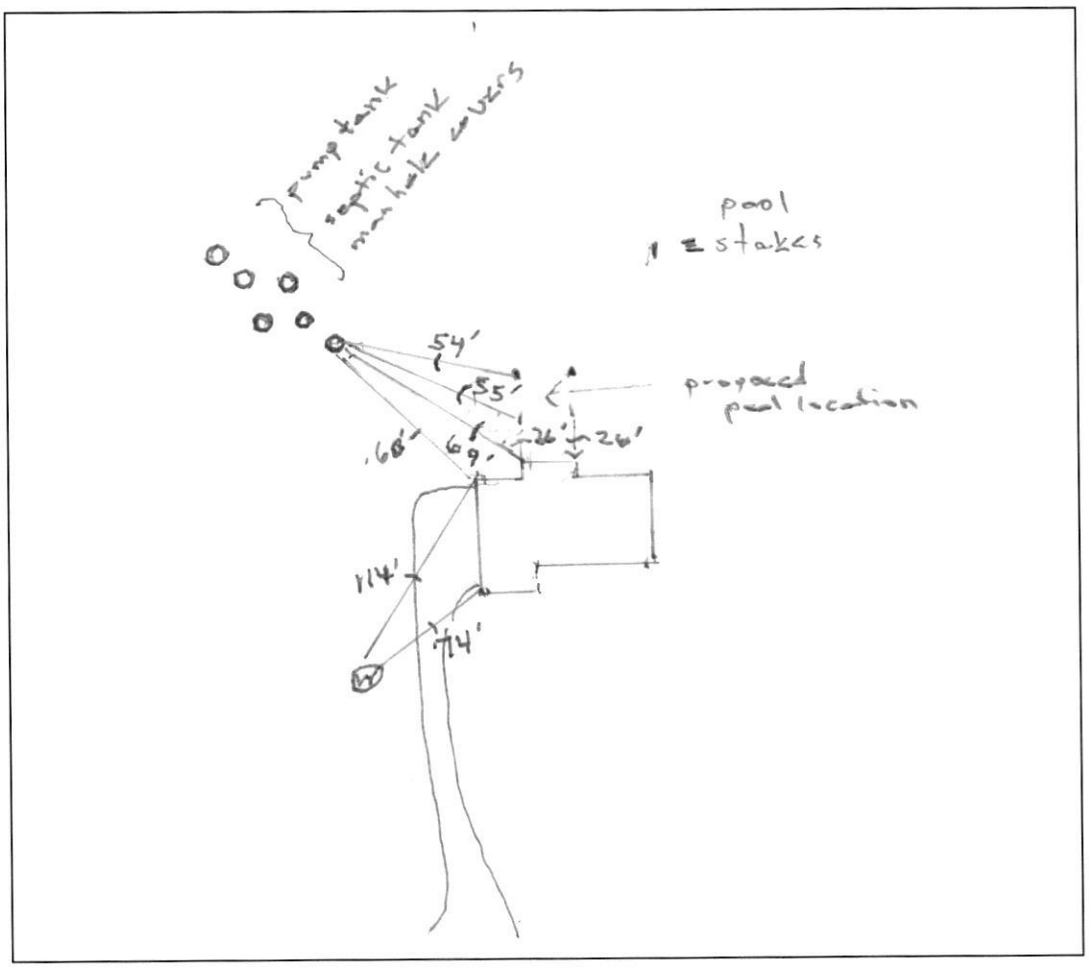
Clarksville, MD **WELL TAG #:** _____

SUBDIVISION: _____ **LOT:** _____ **COUNTY #:** _____

PROPOSAL: 20' x 12' Above ground p

_____

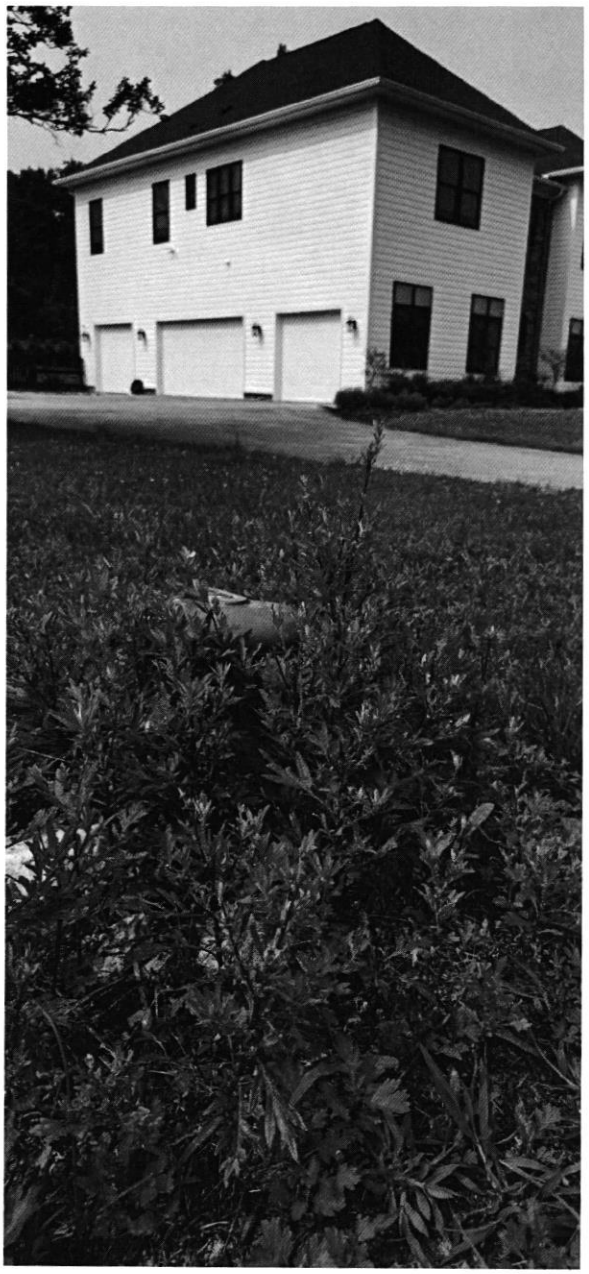
LOCATION DIAGRAM



COMMENTS: No observed issues w/ the well or septic system.

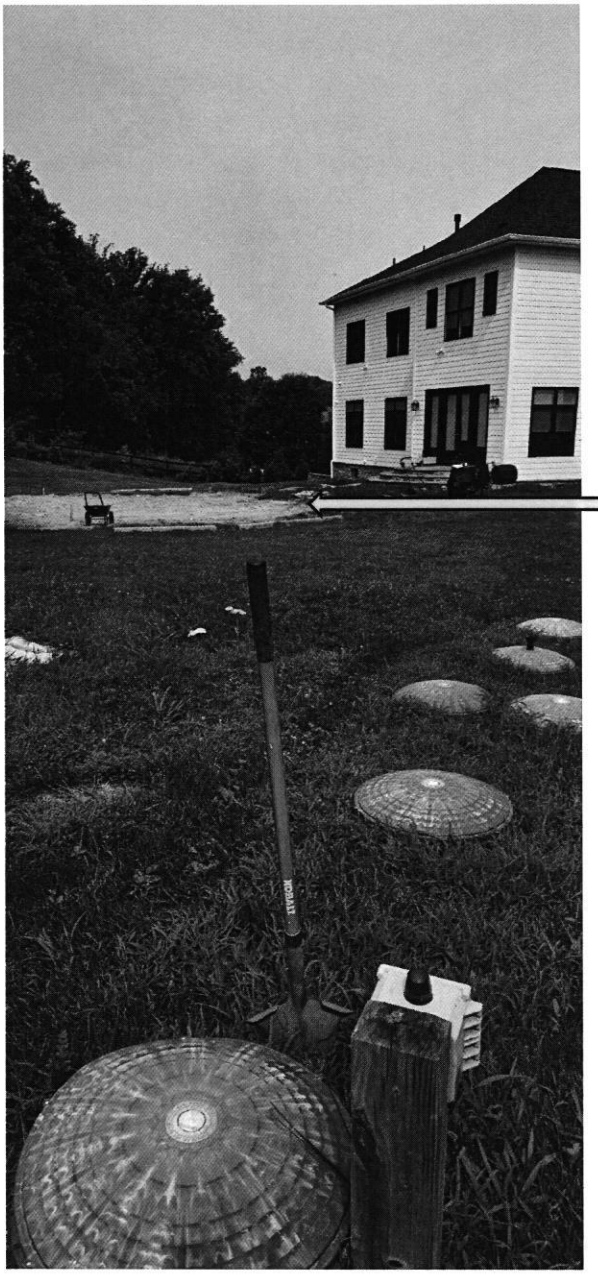
DATE: 7/16/26 INSPECTOR: Hank Oswald

Site Inspection – 7/16/26
11540 Chapel Rise
Clarksville, MD

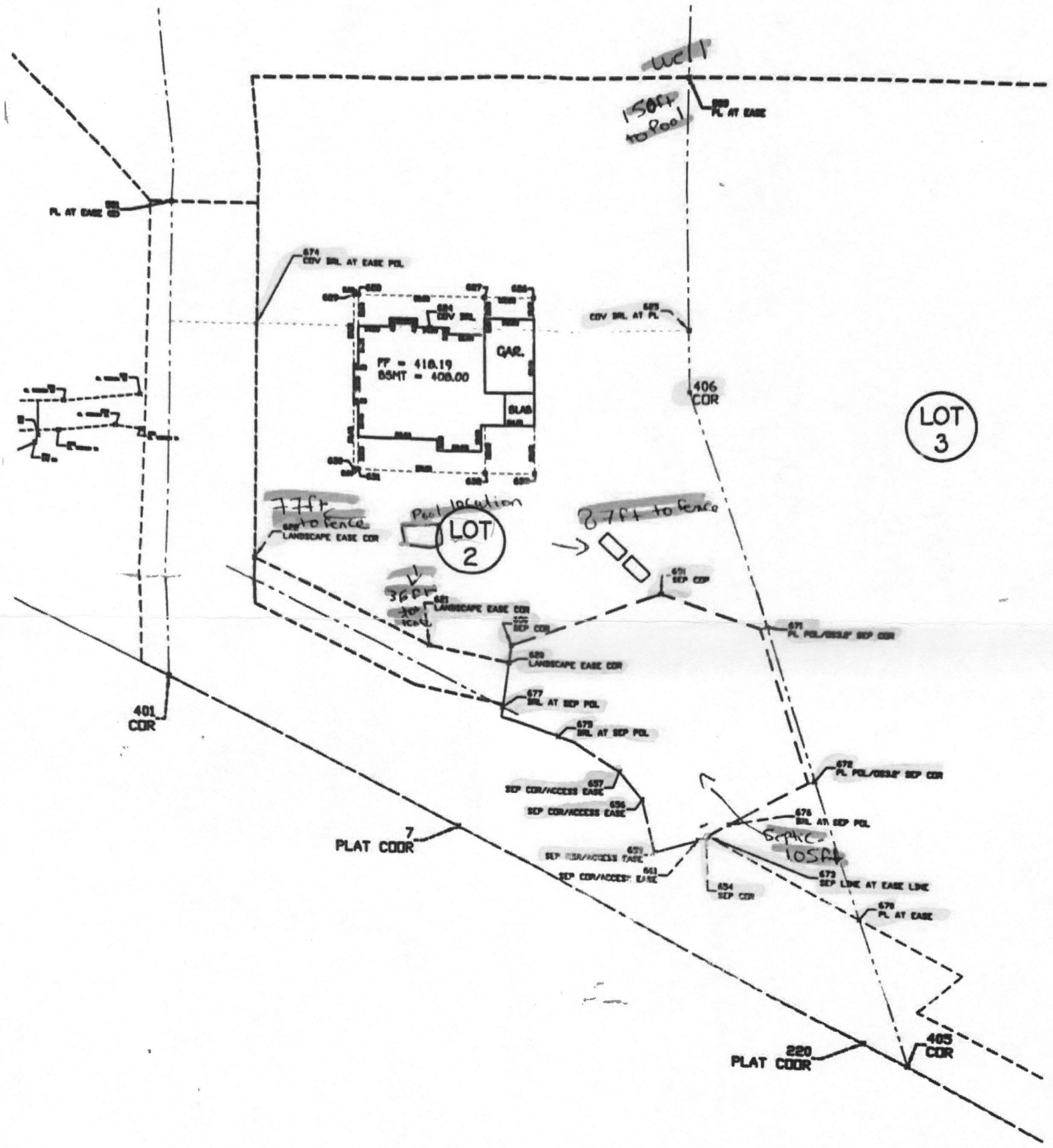


Well

Site Inspection – 7/16/26
11540 Chapel Rise
Clarksville, MD



Septic Tank Manhole Covers



I:\2012\12060\dwg\12060 NEW 2012 PLAT BASED WORKSHEET.dwg, 8/3/2023 10:12:57 AM, \\FCC-SRV01\Downstairs PDF Konica-Minolta, 1:43.7032

Oswald Jr, Woodin

From: Oswald Jr, Woodin
Sent: Monday, July 13, 2026 10:50 AM
To: 'Panthearafei@gmail.com'
Subject: B26002190_11540 Chapel Rise_Lot 2
Attachments: WS_ChapelEstatesDrive_11540_Wall Check.pdf

Hello Parang Panthea,

This email is in response to building permit # B26002190 for an inground pool located at 11540 Chapel Rise_Lot 2. Please revise the site plan to printable engineer scale (1:30, 1:40, 1:50, 1:60) on a sheet of paper no larger than 11" x 17". Also, please stake out the pool location for a future site visit by this office.

Please let me know when the new site plan has been uploaded to the system, and the pool has been staked out. I included the house location drawing in case you wanted to use it as your site plan. You will need to check the scale after printing it, and plot the septic tanks and pool location on the drawing.

Should you have any questions, please don't hesitate to ask.

Regards,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Bureau of Environmental Health
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
(410) 313 - 1786
www.hchealth.org