

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

Single Entry Edit-View Record Form

Application Name

B26002248

Description

SFD/ REMOVE AND REPLACE 18' X 25 DECK WITH STEPS TO GRADE

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	<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>
☐ ☒	1789		Woodstock	RD	Wood...	MD	21163				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

☐ 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

☐ 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>
☐ ☒	Walton Lee	1789 Woodstock Rd			Woodstock	MD	21163		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 *

Approved
MRE 7/16/26

Online BP. g2 7/9/26

Otari
Middle Name

Last Name *
Gegeshidze
Organization Name *
LEONPROSERVICES LLC
Mobile Phone ((xxx)xxx-xxxx)
(443) 764-5856
Home Phone ((xxx)xxx-xxxx)

E-mail
LEONPROSERVICES@GMAIL.COM
Business Phone ((xxx)xxx-xxxx)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date 7/2/2026	Due Date 7/17/2026
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 7/2/2026	

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, forward 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 copies (Number)
Number of buildable lots created (Number)	Number of non-buildable lots created (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

(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

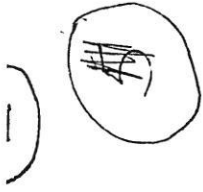
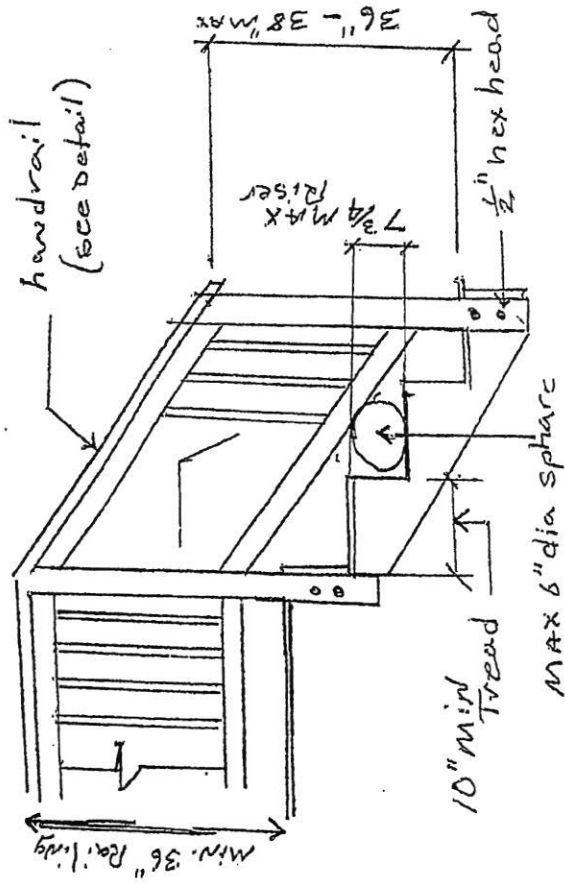
☐ Yes ☐ No

Date HACCP Approved by the State

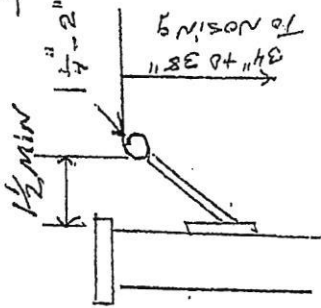
Date HACCP Plan Submitted

HACCP Plan Approved

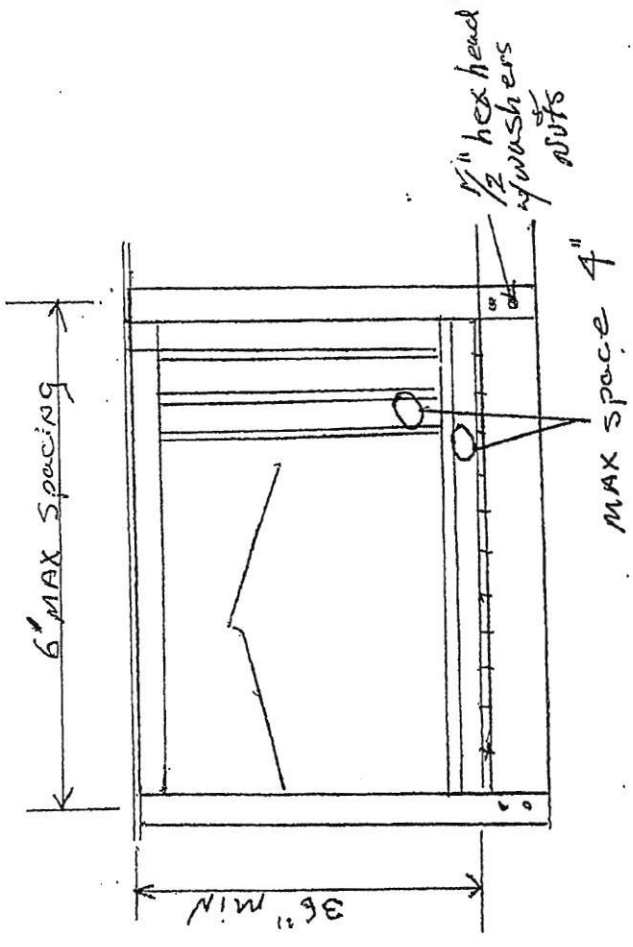
Stair Detail



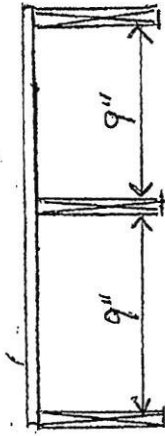
handrail Detail



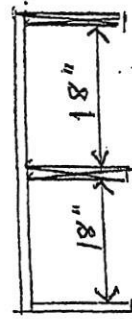
Rail Detail



Stringers composite



wood Stringers



2X12 Ledger hex head w/ washers @ 16"

2X12-16" OC w/ Tacos
Tension straps

2-2X12 Beam Through bolted w/ 1/2" hex head w/ washers + nuts

8'

8' 6X6 PT Post

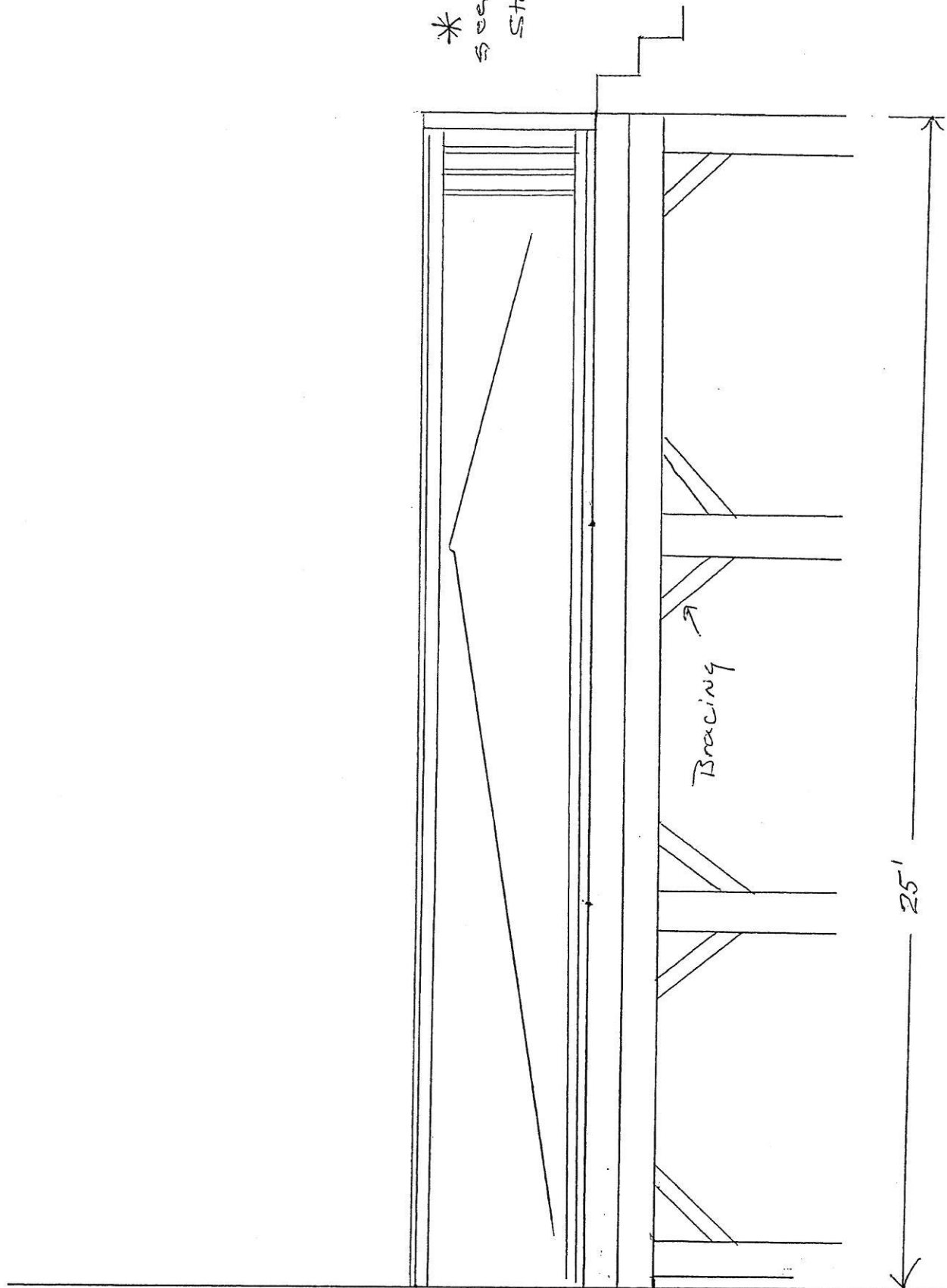
25'

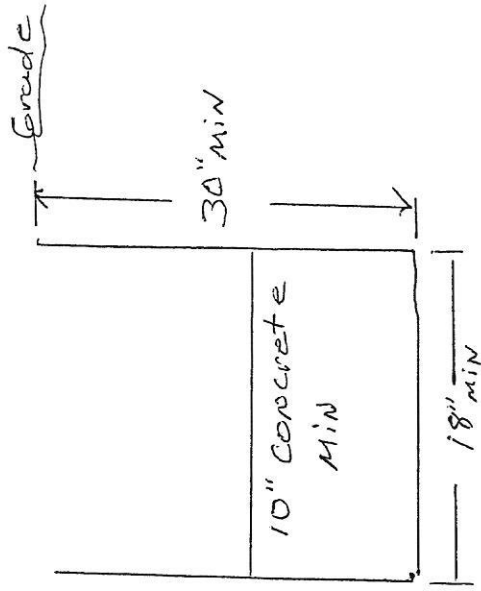
See stair &
Rail Detail

* See Rail +
Stair Detail

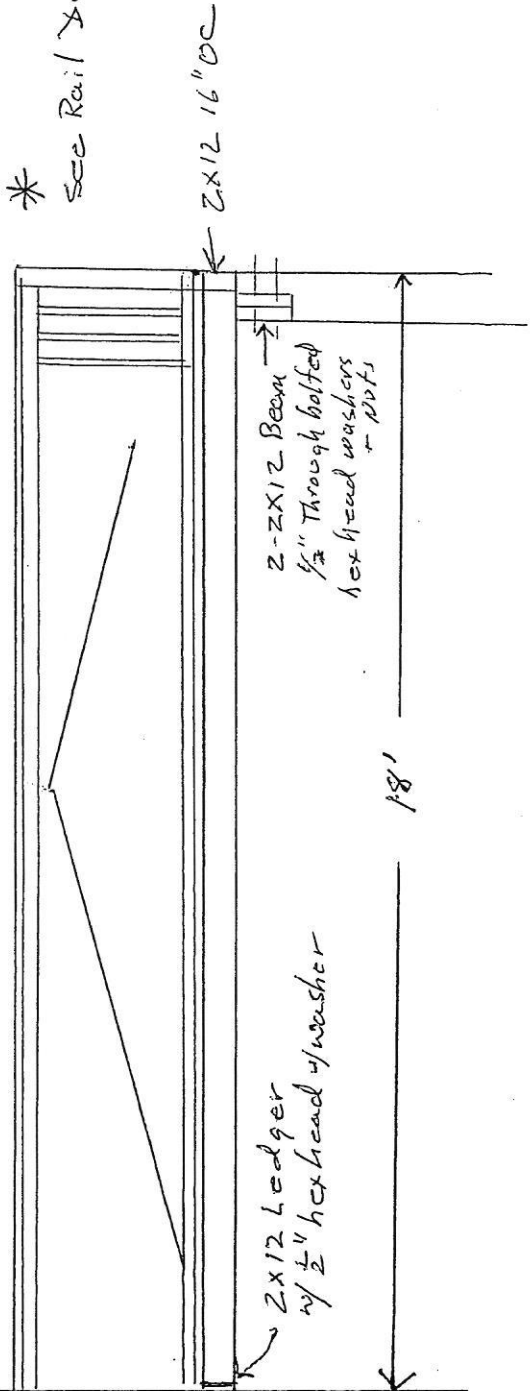
Bracing →

25'





* See Rail Detail



5/21/04 ~ Noon

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 5/19/2004

APPROVAL DATE: 5/21/04

PERMIT

P 520369-A

A REPAIR

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Fyock Septic Service IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Myrtue Property LOT NUMBER: 2

ADDRESS: 1789 Woodstock Road PROPERTY OWNER: James Tolle

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	Install new septic tank.
PURPOSE:	In support of building permit #B00147657. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

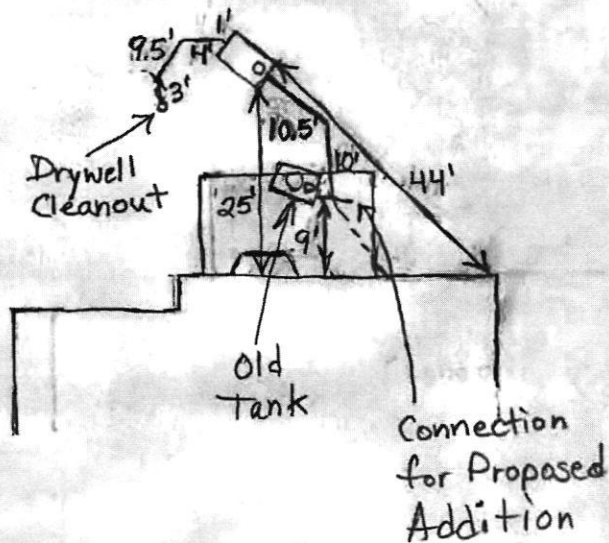
**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED**

5/21/04 B00147657 Bedroom, Bath, Computer Rm, Playroom

P 520369-A

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
NUMBER OF TRENCHES		
TOTAL LENGTH		
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		
DISTRIBUTION BOX BAFFLE		
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1500? GAL
SEAM LOC	Top
TANK LID DEPTH	18"
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	
CAPACITY	N/A GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION

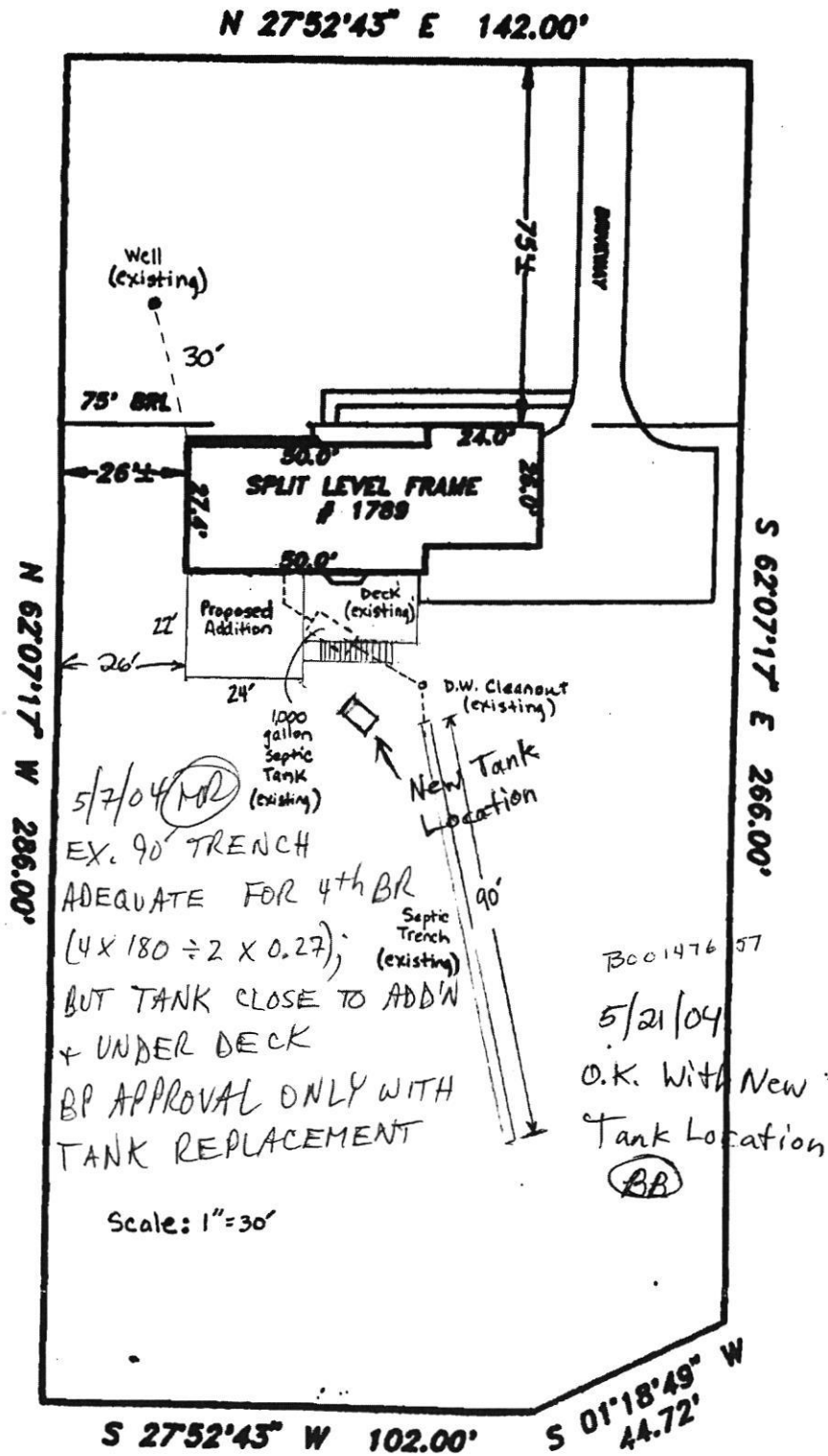
INSTALLATION 5/21/04 O.K. to cover everything. Old tank pumped out. Contractor to fill with dirt. New tank 10' to 10.5' from proposed addition, (BB)

BUILDING PERMIT SIGNED
AND RETURNED

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 5/21/04

1789 WOODSTOCK ROAD



APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

DISTRICT 3

*Septic Tank - 3 chambers - 1000 gal
dry well - 360 sq. ft. abundant under well area & high
water table for 2110 sq. ft. orig. 9' deep. This depth permitted for 11' ft below
orig. grade.
50' from dry well 100' 150' from center of road (unpaved Rd) and
40' from left side on same side facing from the front. Chalk*

TO: THE COUNTY HEALTH OFFICER
ELICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT OR RECONSTRUCT A SEW
DISPOSAL SYSTEM.

PROPERTY OWNER E. THOMAS BROWN, JR. *Richard J. Nye*
ADDRESS 1775 Woodstock Road, Box 11, Woodstock, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Shady Valley LOT NO. 9-222-27-28-29
ROAD AND DESCRIPTION Woodstock Road *1/2 mi. from
intersection of
Leisure E.
Highway*

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF RESIDENCE

IF NOT SINGLE RESIDENCE DESCRIBE (Single Family. Dblly.)

SIGNATURE OF APPLICANT /s/ Percin & Joseph (Mr. Carter)

APPROVED BY Mr. Monaghan FOR Dry Well DATE 4-5-76
KIND OF SYSTEM

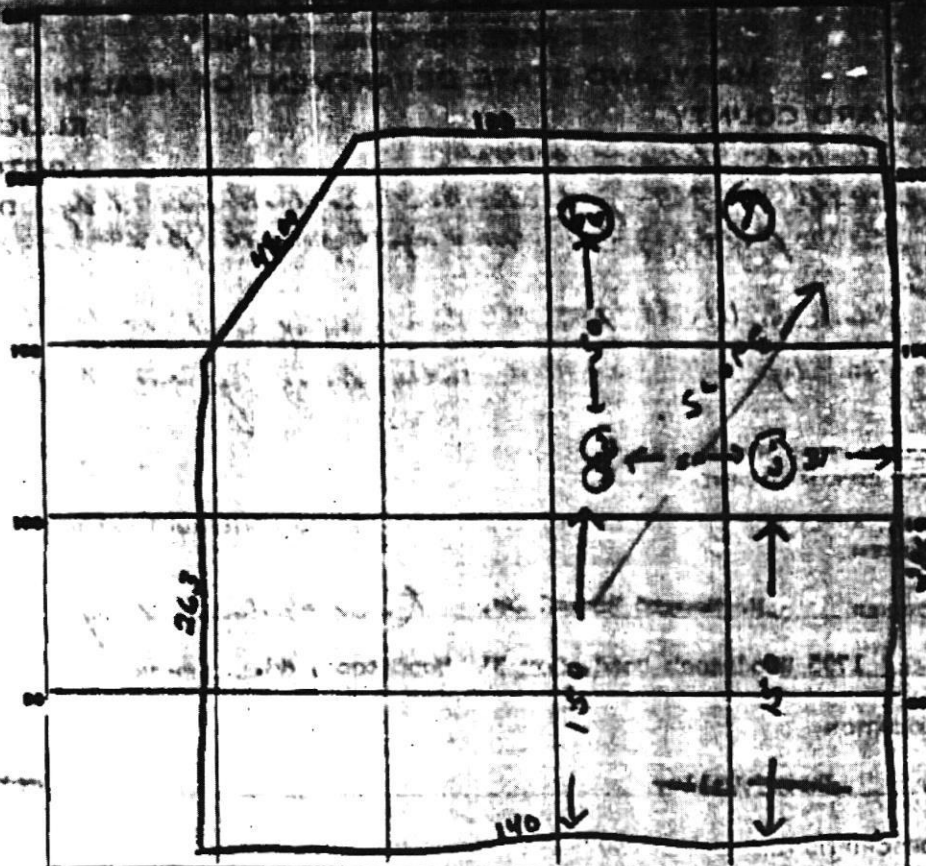
REJECTED BY _____ FOR _____ DATE _____
KIND OF SYSTEM

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 5/26/76

THIS IS NOT A DEED



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

WOODSTOCK Rd.

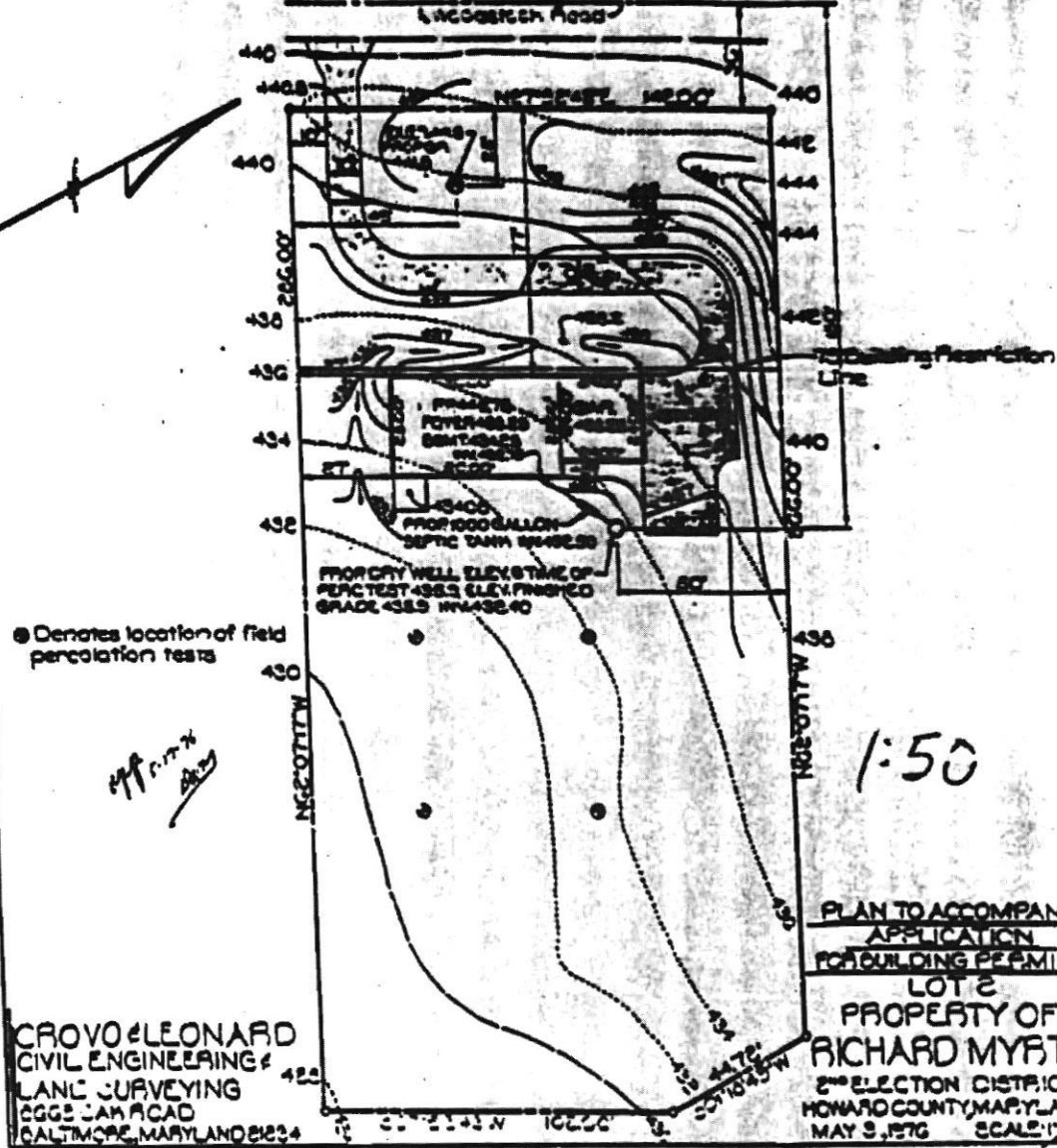
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/72	1	11 1/2 ft.	10 ¹³	10 ¹⁴	10 ¹⁴	10 ¹⁵	3 min
	2	5 ft.	10 ¹³	10 ¹⁷	10 ¹⁷	10 ¹⁸	30 sec
	3	11 1/2 ft.	10 ¹⁸	10 ²⁰	10 ²⁰	10 ²¹	4 min
	4	3 1/2 ft.	10 ¹⁸	10 ²¹	10 ²¹	10 ²²	5 min
	5	11 ft.	10 ²⁷	10 ²⁶	10 ²⁶	10 ²⁷	3 min
	6	7 1/2 ft.	10 ²⁵	10 ²⁷	10 ²⁷	10 ³⁰	4 min
3/24/72	7	Owing to 12 1/2 ft. dry C.T.					

SOIL AUGER FINDING

TESTED BY R. Toner

REMARKS

WOODSTOCK ROAD 1789



CROVO & LEONARD
CIVIL ENGINEERING &
LAND SURVEYING
8805 LAM ROAD
BALTIMORE, MARYLAND 21234