

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

06/30/2026

Single Entry Edit-View Record Form

Application Name

B26002246

Description

SFD/BASEMENT INTERIOR ALTERATION TO INCLUDE: TWO NEW NON-LOAD BEARING WALLS, WETBAR INTALLTAION, AND ASSOCIATED PLUMBING AND FINISH WORK PER PLANS. APPROXIMATELY 97 SQ FT FOR WETBAR AREA.

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>
☐ ●	5709		Adams	WAY	Clar...	MD	21029				

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>
☐ ●	Ronald Dietrich	5709 Adams Way			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 *

Approved
7/9/26Online BP.
7/9/26

Courtney
Middle Name
Last Name *
Vail
Organization Name *
Clarksville Construction
Mobile Phone ((xxx)xxx-xxxx)
(443) 320-8801
Home Phone ((xxx)xxx-xxxx)
E-mail
courtney.v@clarksvilleconstruction.net
Business Phone ((xxx)xxx-xxxx)
Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
6/30/2026
Due Date
7/15/2026
Dates to Complete
14
(Number)
Food Review Type
--Select--
Equipment Specification Sheet
Received by Food
Equipment Specification Sheets Submitted
Received by Community Hygiene
Received by Well and Septic
6/30/2026

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, 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
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--

DEVELOPMENT PLANS

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

Is there a bulk ice machine available

☐ Yes ☐ No

(Text)

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

Ventless Equipment

(Text)

(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

Notwithstanding the above, the undersigned hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief, and that he is not aware of any information that would cause the foregoing to be untrue or misleading.

A101

AJ21872

06/26/2029

DEMOR
PROPOSED PLANS

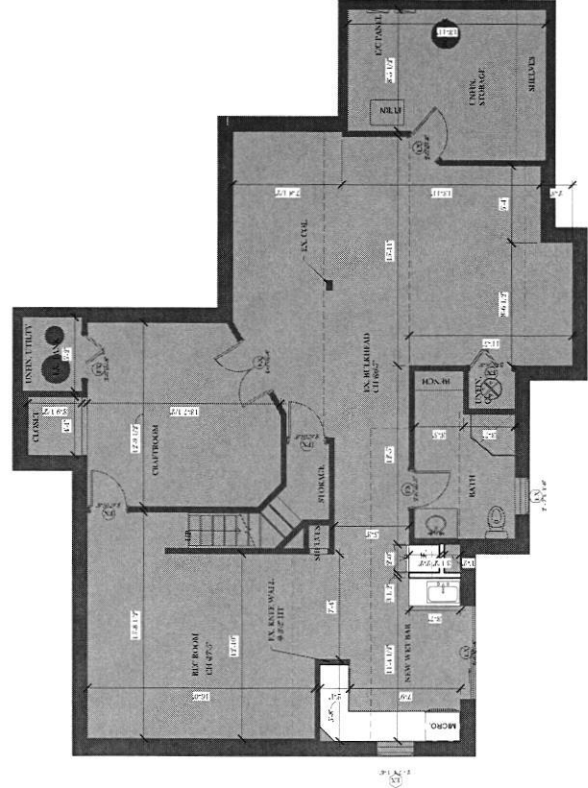
DIETRICH BASEMENT
REMODEL
3709 ADAMS WAY
CLARKSVILLE, MD 21029

06/26/2029

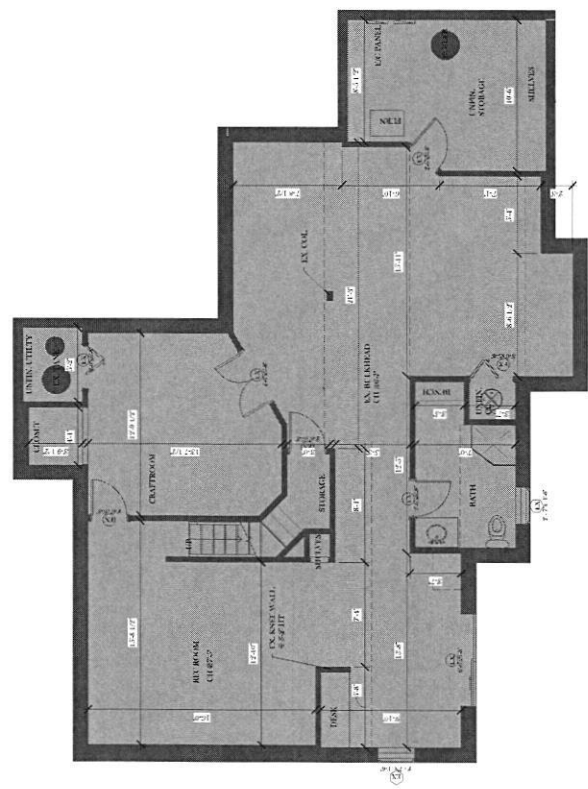
DATE
REVISION

CLARKSVILLE CONSTRUCTION SERVICES, INC.
EST. 1999
7200 CLOVERLEAF DRIVE
CLARKSVILLE, MD 21029

2 PROPOSED BASEMENT FLOOR PLAN
1/8" = 1'-0"



1 DEMO-BASEMENT FLOOR PLAN
1/8" = 1'-0"



GENERAL FRAMING NOTES:
A. FOR ALL FRAMING, SEE ARCHITECTURAL PLANS FOR
DIMENSIONS.
B. ALL FRAMING SHALL BE 2x6 SIPS.
C. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
D. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
E. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
F. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
G. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
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Q. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
R. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
S. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
T. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
U. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
V. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
W. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
X. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
Y. EXISTING AND DEMOLITION SHALL BE SHOWN WITH
Z. EXISTING AND DEMOLITION SHALL BE SHOWN WITH

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

Tax ID-05-415640

P 510647

A 42215

DISTRICT 5th

DATE 8-25-98

DATE SYSTEM APPROVED 9/3/98

INSPECTOR ALB

Bogan's Plumbing IS PERMITTED TO INSTALL ☒ ALTER
ADDRESS 150 Nichols Street Bel Air, MD 21014 PHONE 410-893-6611
SUBDIVISION Adam's Reach, Sec. II LOT 28 ROAD 5709 Adam's Way
PROPERTY OWNER Ron Dietrich & Sue Rowland
ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 168

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.
LOCATION - From the junction of the 25 foot and 390.38' lot lines, place the distribution box 240 feet down the 390.38' lot line and 50 feet off that same lot line. Run trenches along contour towards the 600.18' lot line.
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 5/26/98 OK AU

PLANS APPROVED BY Glen Savage/Amy McMillen DATE 05/12/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(5-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

PERMIT SIGNED

AND RETURNED 7-27-98

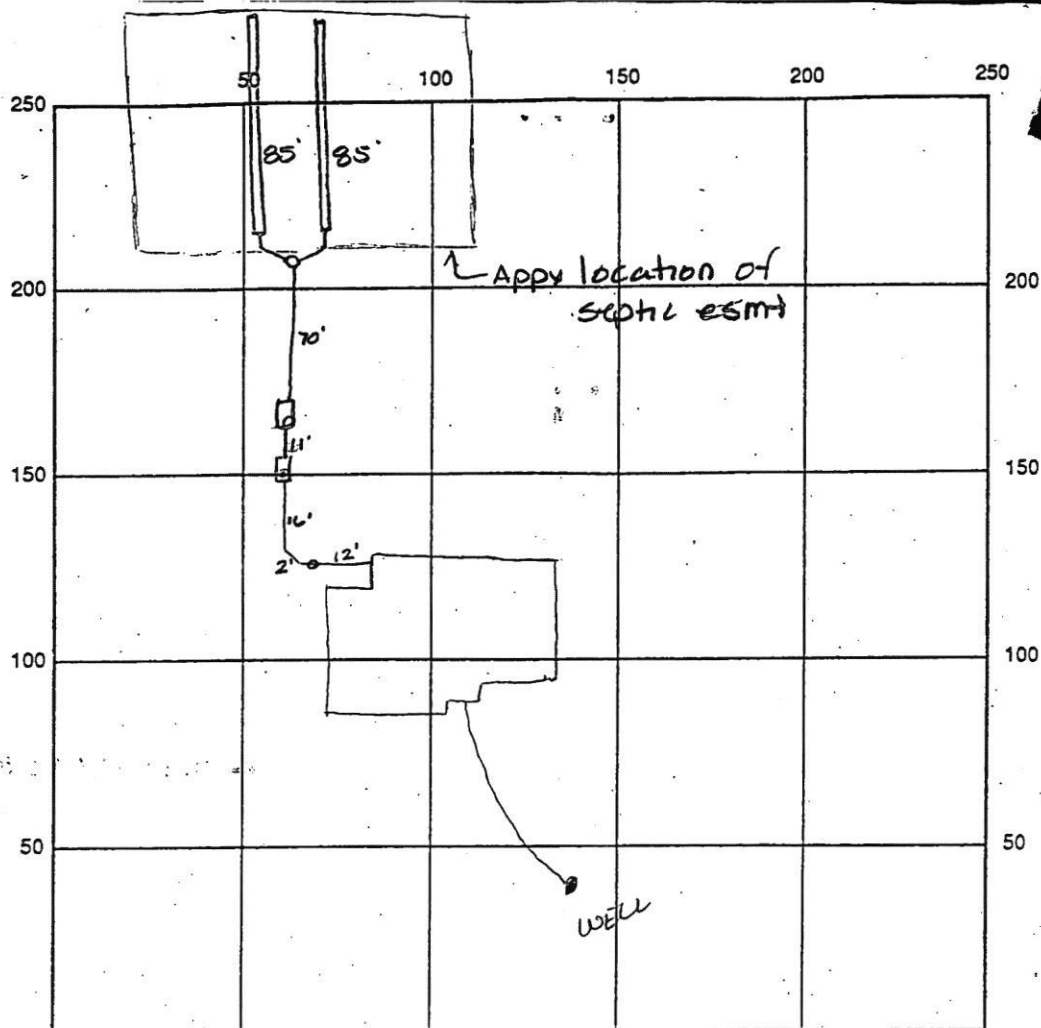
Seal # 670118760
Inground P.H.

PERMIT SIGNED

AND RETURNED 7-22-99

Seal # 670119504
Inground P.H.

42215



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal - pump chamber ^{1250 gal} CLEANOUTS 2 c.o. on tank - 1 outside hse

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 8.0 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 3.0 FT. TOTAL LENGTH 170 FT.

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 85.0 SQ. FT. $\frac{130}{170} = 85$

DRYWALL INSIDE DIAMETER — FT.

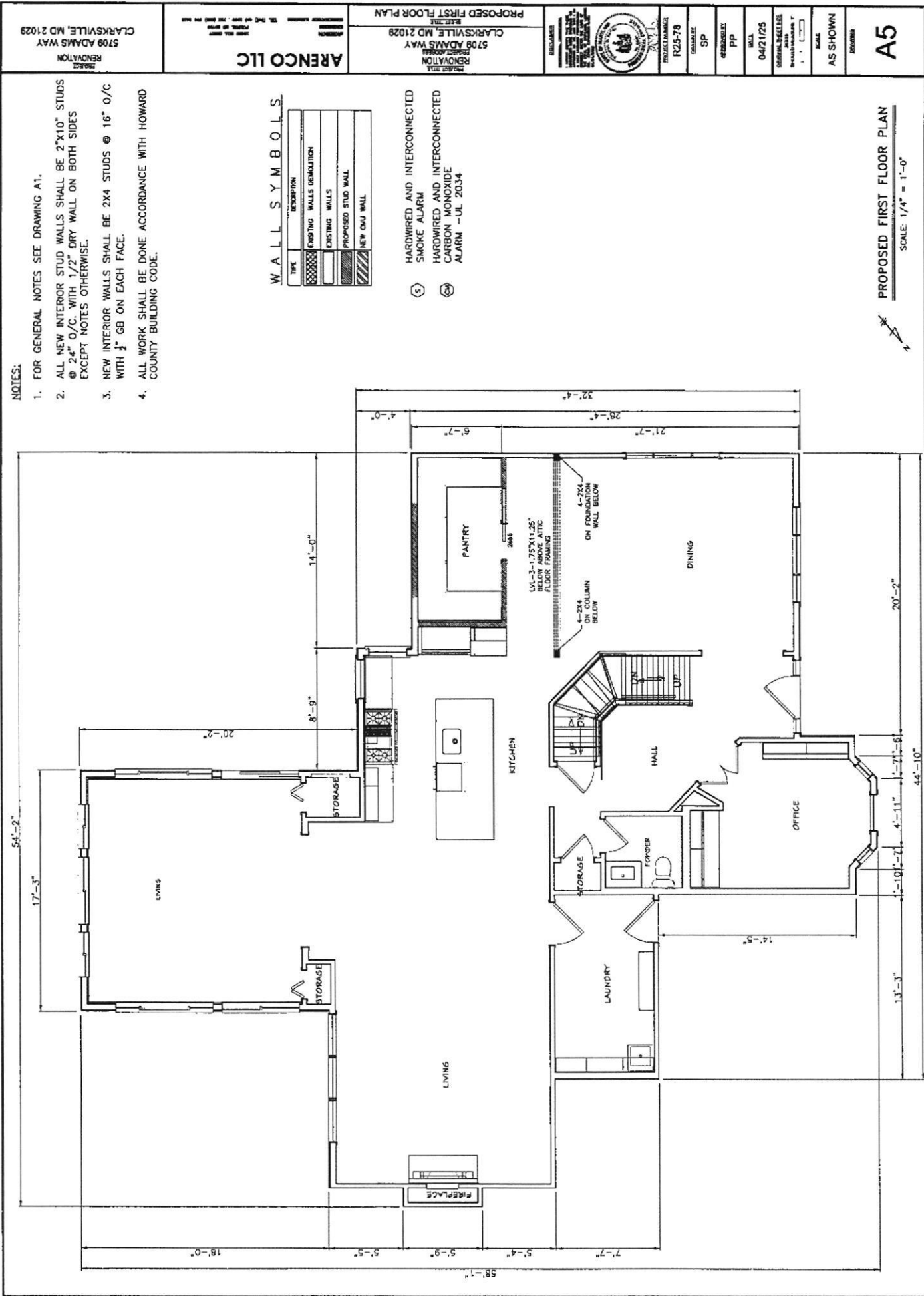
EFFECTIVE DEPTH BELOW INLET 5.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: House will not sewer by gravity - option D pump & maintain gravity
bsmt service (2) start trenches in 2nd third of SDA, loose bsmt service
install 1250 gal pump chamber also inlet into trench @ 50' - bring DB
26' closer to house AU. 9-2-98 installer called said tanks set about to storm I said OK
to cover, check connections & open trench tomorrow. 9-3-98 OK to cover all
work AU

DATE SYSTEM APPROVED 9-3-98

INSPECTOR A. M. McEllen



RENOVATION
5709 ADAMS WAY
CLARKSVILLE, MD 21029

ARENCO LLC

PROPOSED FIRST FLOOR PLAN
5709 ADAMS WAY
CLARKSVILLE, MD 21029

RENOVATION
5709 ADAMS WAY
CLARKSVILLE, MD 21029

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PROPOSED FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"



A5

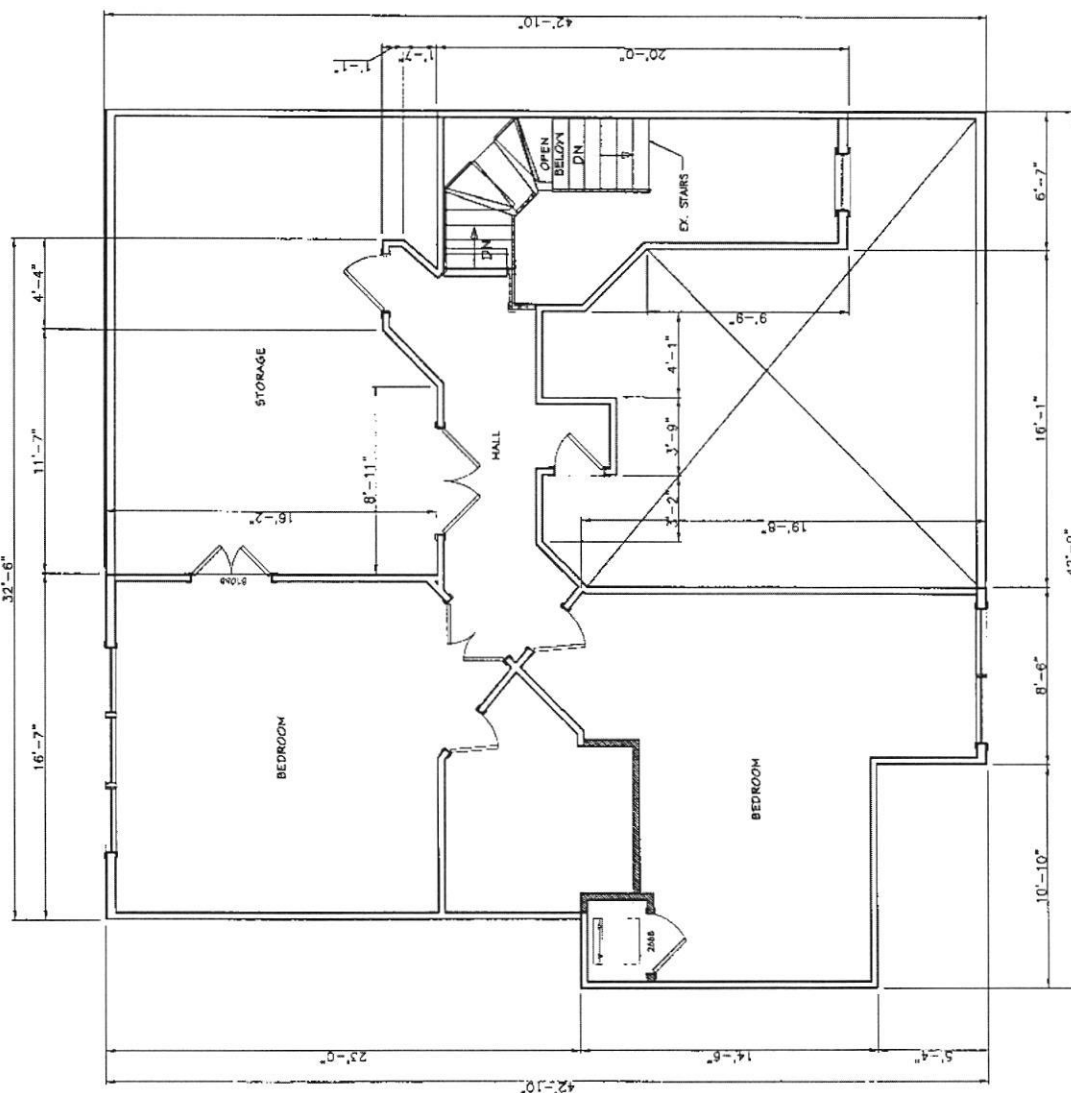
NOTES:

1. FOR GENERAL NOTES SEE DRAWING A1.
2. ALL NEW INTERIOR STUD WALLS SHALL BE 2"x10" STUDS @ 24" O/C. WITH 1/2" DRY WALL ON BOTH SIDES EXCEPT NOTES OTHERWISE.
3. ALL WORK SHALL BE DONE ACCORDANCE WITH HOWARD COUNTY BUILDING CODE.

WALL SYMBOLS

TYPE	DESCRIPTION
	EXISTING WALLS DEMOLITION
	EXISTING WALLS
	PROPOSED STUD WALL
	NEW CMU WALL

- HARDWIRED AND INTERCONNECTED SMOKE ALARM
- HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM - UL 2034



PROPOSED SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"



RENOVATION
5708 ADAMS WAY
CLARKSVILLE, MD 21029

ARENCO LLC

PROPOSED SECOND FLOOR PLAN
5708 ADAMS WAY
CLARKSVILLE, MD 21029
RENOVATION
PROJECT NUMBER



PROJECT NUMBER
R25-78

DATE
04/21/25

DESIGNED BY
SP

CHECKED BY
PP

DATE
04/21/25

PROJECT NUMBER
R25-78

DATE
04/21/25

DESIGNED BY
SP

CHECKED BY
PP

DATE
04/21/25

PROJECT NUMBER
R25-78

DATE
04/21/25

DESIGNED BY
SP

CHECKED BY
PP

DATE
04/21/25

A6

AS SHOWN

DATE