15780 Burley Park Rd
Waldorf, MD 21797

Approved
MB 10/3/25

Menu Save Reset Cancel Help

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

Case #
EH-PLANS-25-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
10/01/2025

_Single Entry Edit-View Record Form

Application Name
M25000734

Description
Single family home. replacing a 3.5Ton geothermal for another geothermal but a 4Ton. **AMEND PERMIT TO INCLUDE ADDING A GEOTHERMAL SYSTEM IN THE ATTIC**09-26-25

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
Kevin Wolf

Address * *(This section is required.)*

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 *
Miguel

Middle Name

Last Name *
Reynoso

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Making Air Bright LLC

Mobile Phone ((XXX)XXX-XXXX)
(301) 717-2381

E-mail
MIKEAREYNOSO@HOTMAIL.COM

Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
9/26/2025

Due Date
10/10/2025

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
9/26/2025

FACILITY INFORMATION

Name of Business (dba) *
n/a (Text)

Does this project have a Building Permit?
O Yes O 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.
O Yes O No

Does the project include Private Well? If Yes, forward to WS Program.
O Yes O No

Does the project include Private Septic? If Yes, foward to WS Program.
O Yes O No

Does the project include Food Services? If Yes, forward to FP Program.
O Yes O No

Is this a Prototype Food Service Facility? If Yes, refer to State.
O Yes O 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
O Yes O No

Engineer
0
(Text)

Number of paper copies
0
(Number)

Number of mylar copes
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
O Yes O No

Coordinate State Review
O Yes O 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?
O Yes O No

Fulll Bar?
O Yes O 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
O Yes O No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards
O Yes O 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
O Yes O 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
O Yes O 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
--Select--

Storage - Food Storage Flooring
--Select--

Storage - Food Storage Cove
--Select--

Utensil Washing Area Flooring
--Select--

Utensil Washing Area Cove
--Select--

Dressing / Locker Room Flooring
--Select--

Dressing / Locker Room Cove
--Select--

Toilet Area Flooring
--Select--

Toilet Area Cove
--Select--

Walk-in Refrigerator Flooring
--Select--

Walk-in Refrigerator Cove
--Select--

Kitchen Walls
--Select--

Utensil Washing Area Walls
--Select--

Restroom Walls
--Select--

Are Kitchen Ceilings tiles smooth non-fiberglass backing?
O Yes O No

Are ceiling rafters exposed ?
O Yes O No

Are ceiling tiles in equipment and utensil washing areas, smooth with non-fiberglass backing?
O Yes O No

SPECIAL PROCESSING

Does the facility conduct any special processing?

If yes, Please describe.