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
09/18/2025

_Single Entry Edit-View Record Form

Application Name
*REVISED B25003029

Description
SFD/ CONSTRUCT 24' X 24' STORAGE BARN, 1 STORY, SFD/ CONSTRUCT 24' X 24' STORAGE BARN, 1 STORY, Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = Detached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A, **30"min FROST FOOTING DEPTH**/*AMENDMENT SUBMITTED 09.16.2025 TO RELOCATE THE STORAGE BARN* Slab on Grade, 0R, 0FB, 0HB, 0FP, OTHER STRUCTURE = Detached Garage, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A, **30"min FROST FOOTING DEPTH**/*AMENDMENT

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
Dana Bernard

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
◉	11719		Bragdon...	WAY	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
◉	George Mclain	11719 Bragdon Wood			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

First Name *
John

Middle Name

Last Name *
Bean

Home Phone ((XXX)XXX-XXXX)

Organization Name *
JBB Services, LLC

Mobile Phone ((XXX)XXX-XXXX)

(240) 674-7442
E-mail
john@jbbservices.net
Business Phone ((xxx)xxx-xxxx)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

Custom Fields

DATE TRACKING

Received Date
9/17/2025

Due Date
10/1/2025

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
9/17/2025

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
0 (Text)

Facility Fax
0 (Text)

Facility Email
0 (Text)

Days of Operation
0 (Text)

PROPERTY INFORMATION

Water Source
--Select--

Sewage Disposal
--Select--

Design Wastewater Flow
(Number)

Permit Type
--Select--

DEVELOPMENT PLANS

Property Type
Residential

Plan Version
Revision

Signature Required
○ Yes ○ 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
○ 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

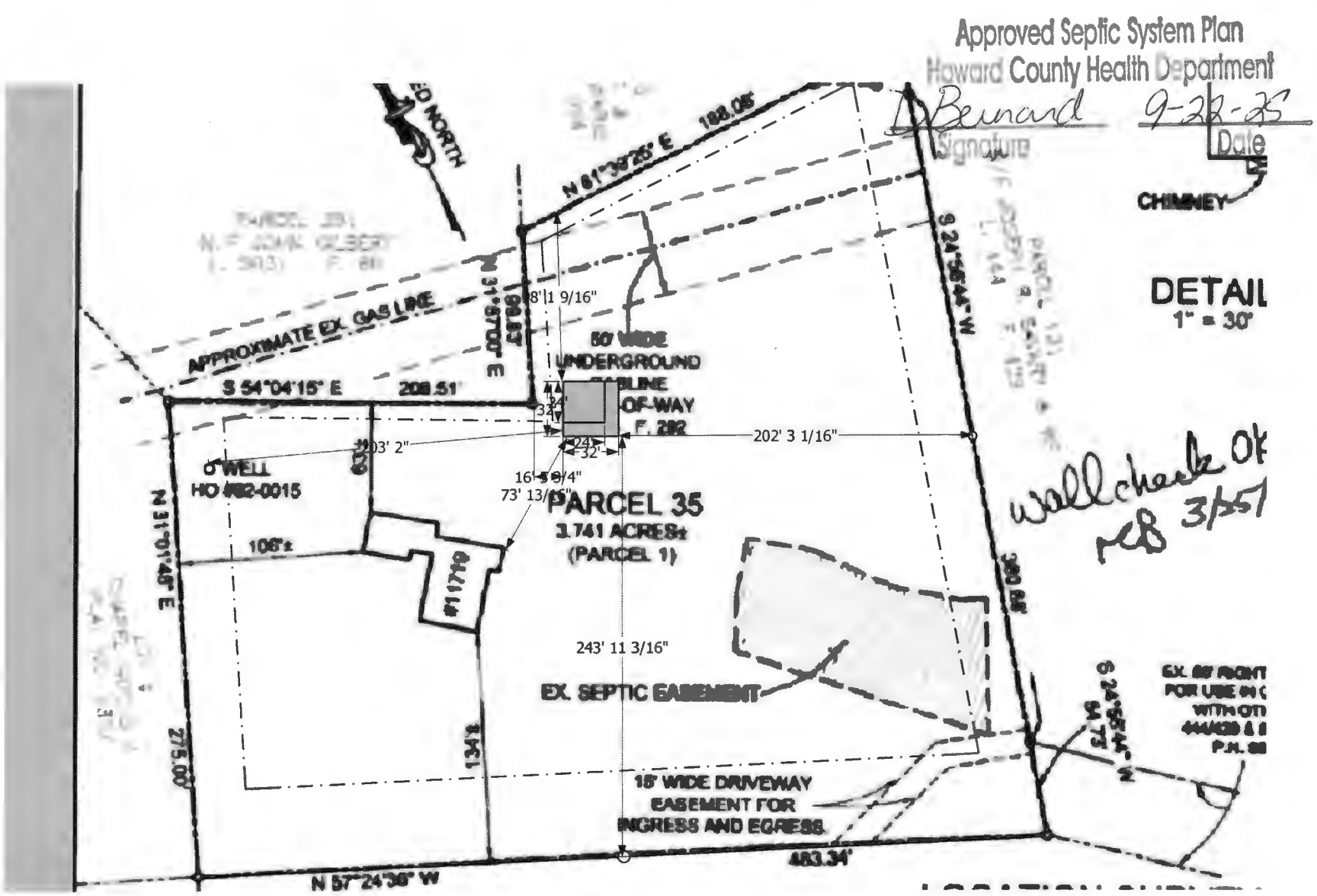
HACCP Plan Review

Plan Review Letter Mailed

HACCP Plan Revision Submitted

HACCP Fee Type: --Select--

FINISHING SCHEDULE


Approved Septic System Plan
Howard County Health Department
Signature
Date
CHIMNEY
DETAIL
1" = 30'
APPROXIMATE EX. GAS LINE
S 54°04'15" E 208.51'
N 31°57'00" E 198.83'
N 61°38'25" E 188.05'
S 24°55'44" W
50' WIDE UNDERGROUND
OF-WAY
F. 282
8'1 9/16"
32'
24'
202' 3 1/16"
203' 2"
16' 5 3/4"
73' 13/16"
O' WELL
HO #82-0015
PARCEL 35
3.741 ACRES±
(PARCEL 1)
#11749
106'±
N 31°01'48" E
243' 11 3/16"
EX. SEPTIC EASEMENT
15' WIDE DRIVEWAY
EASEMENT FOR
INGRESS AND EGRESS
483.34'
N 57°24'36" W
275.00'
134'±
wellcheck OK
MCB 3/5/1