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
07/15/2025

Online BP. gs 7/16/25

Single Entry Edit-View Record Form

Application Name
B25002725

Description
SFD/ INSTALL 7 X 7 HOT TUB, 4' FENCE**SUBJECT TO FIELD INSPECTION**

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
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
◉	8232		White Pine	CT	Fulton	MD	20759				

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/Reg
◉	Quang Nguyen	6308 Burnt Mountain Path			Columbia	MD	21045		US

Applicant * *(This section is required.)*

Search As Owner As Lic. Prof As Contact

Approved Septic System Plan
Howard County Health Department
DBeard 7-16-25
Signature Date

Single Entry Applicant Form

Type *
Applicant

Primary
Yes

First Name *
Nick

Middle Name

Last Name *
Thompson

Home Phone ((XXX)XXX-XXXX)

Organization Name *
Hometown Landscape
Mobile Phone ((xxx)xxx-xxxx)
(301) 518-5648
E-mail

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
7/15/2025

Due Date
7/29/2025

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
8/15/2025

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
(Text)

Facility Fax
(Text)

Facility Email
(Text)

Days of Operation
(Text)

PROPERTY INFORMATION

Water Source
Private

Sewage Disposal
Private

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 of non-buildable lots created

(Number)
Total Number of Lots
0
(Number)

(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

Approved Septic System Plan
Howard County Health Department
Signature
7-16-25
Date
Approved Cir Dsgn