

Menu Save Reset Cancel Help

Record Detail * * (This section is required.)

Case #

EH-PLANS-24-0

Type

EnvHealth/Environmental Health/Plan Check/Application

Status

In Review

Opened Date

02/29/2024

Single Entry Edit-View Record Form

Application Name

B24000809

Description

SFD/Install new inground swimming pool 20x40 - 800 square feet, 6 ft deep

Approved R1E
3/8/2024

Total Invoiced

0.00

Total Paid

0.00

Balance

0.00

Online BP.
yB 3/5/24

Assigned to Department Current Department

Well and Septic Progr: v

Assigned to Staff Current User

Zack Silvast v

Address * (This section is required.)

New Search Delete Set Primary

<input type="checkbox"/> Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type	U
<input type="checkbox"/> <input checked="" type="radio"/>	8045		Kayladine	LN	Fulton	MD	20759				

Parcel (This section is not required.)

Search Delete Get Address & Owner Set Primary

<input type="checkbox"/> 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

<input type="checkbox"/> Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/R
<input type="checkbox"/> <input checked="" type="radio"/>	NWACHUKWU IKENNA	8045 Kayladine Ln.			Fulton	MD	20759		US

Applicant * (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type *

Applicant v

Primary

Yes v

First Name *

Shaun

Middle Name

Last Name *

Wade

Home Phone (xxx)xxx-xxxx

Organization Name *

Wade Landscape Design, LLC.

Mobile Phone (xxx)xxx-xxxx

(410) 507-9264

E-mail

shaunwade@wadelandscapes.com
Business Phone ((XXX)XXX-XXXX)

Preferred Channel
--Select--

Applicant Address

New Look Up Deactivate Remove

<input type="checkbox"/> Contact Address ID	Address Type	Address Line 1	City	State	Zip	Primary	Recipient	Status
0 record(s) found.								

Custom Fields

DATE TRACKING

Received Date 2/29/2024 Due Date 3/4/2024

Dates to Complete 14 Received by Food

Food Review Type --Select-- Equipment Specification Sheets Submitted

Equipment Specification Sheet Received by Community Hygiene

Received by Well and Septic 2/29/2024

FACILITY INFORMATION

Name of Business (dba) n/a

Associated Building Permit Number

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 0

Days of Operation 0

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 0

Facility Email 0

PROPERTY INFORMATION

Water Source Private

Design Wastewater Flow

(Number)

Sewage Disposal Private

Permit Type --Select--

PLAT STATS

Total Number of buildable lots to be recorded 0 Total number of open space lots to be recorded 0

Total number of bulk parcels to be recorded 0 Total number of lots / parcels to be recorded 0

New buildable lots created 0 Date PLAT signed by Health Officer

PLAT Type --Select--

DEVELOPMENT PLANS

Property Type Residential

Signature Required Yes No

Plan Version Initial

Engineer 0

Number of paper copies 0 (Number)	Number of mylar copies 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 <input type="radio"/> Yes <input type="radio"/> No	Coordinate State Review <input type="radio"/> Yes <input type="radio"/> 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)	<input type="checkbox"/> Operating Seasonally Only
If Operating Seasonally. What is the start month? (Text)	Are pets allowed in a outdoor seating area? <input type="radio"/> Yes <input type="radio"/> No
Full Bar? <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards <input type="radio"/> Yes <input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> 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--
---	---

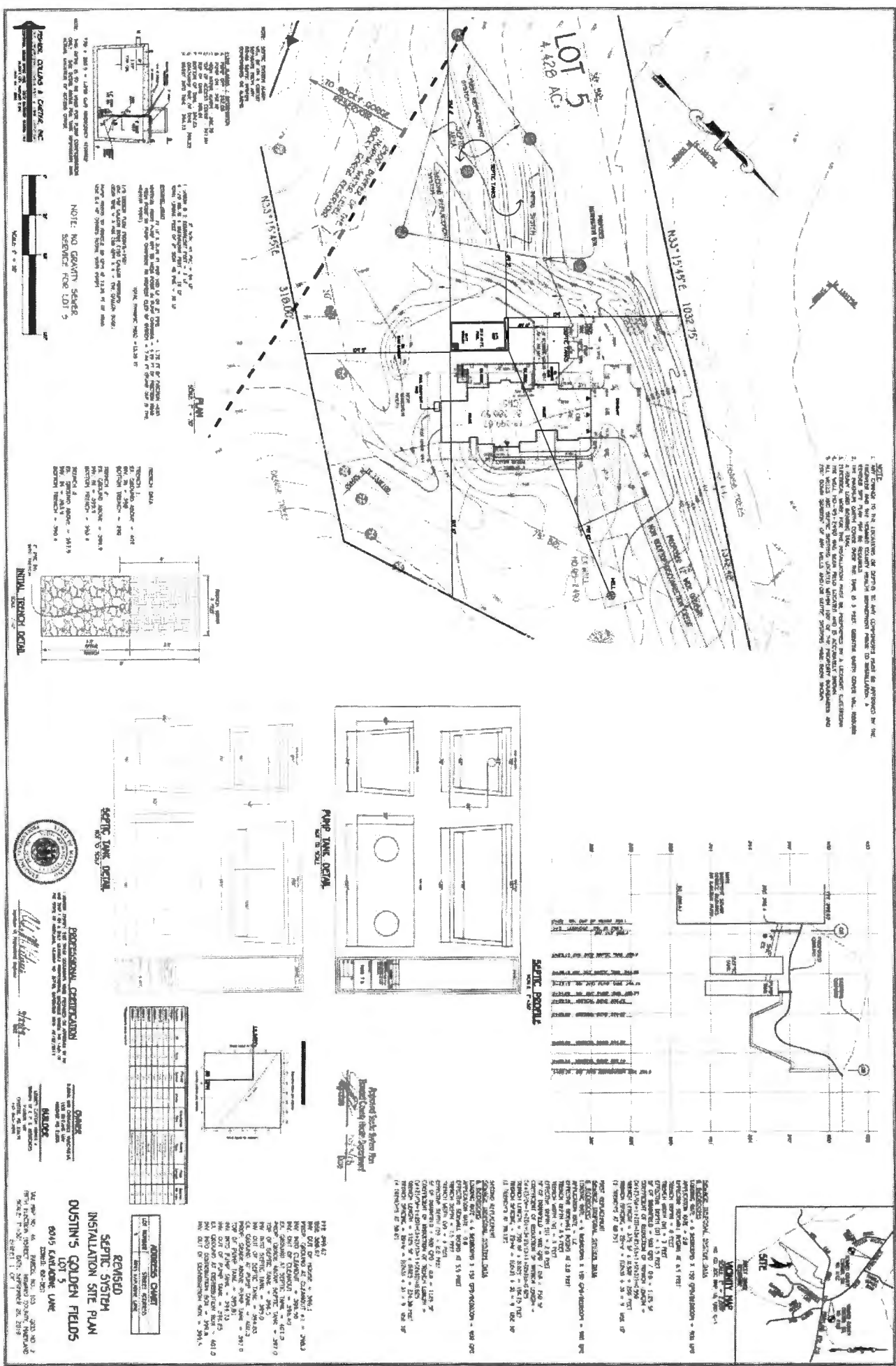
WAREWASHING DISHWASHING

Dishwashing Method --Select--

HACCP

Plan Review Response Letter Received	Date HACCP Approved by the State
---	---

Approved R112
3/8/2024
R324000009



1. THE ENGINEER HAS REVIEWED THE DESIGN OF THE SEPTIC SYSTEM AND HAS CONCLUDED THAT THE DESIGN IS IN ACCORDANCE WITH THE REQUIREMENTS OF THE SEPTIC SYSTEM ACT AND THE REGULATIONS THEREUNDER.
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NOTE: NO GRANITE SCALERS
SERVICED FOR LOT 5



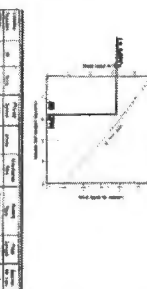
PROFESSIONAL CERTIFICATION
I hereby certify that I am a duly licensed Professional Engineer in the State of Maryland, and that I am the author of the design shown on this drawing.

DATE: 3/8/2024
BY: [Signature]

OWNER: DUSTIN'S GOLDEN FIELDS
INSTALLATION SITE PLAN
LOT 5
6045 KENYARD LANE



ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
1	SEPTIC TANK	1	EA	10000	10000
2	PUMP TANK	1	EA	5000	5000
3	ABSORPTION TRENCHES	100	LF	100	10000
4	PIPE	1000	LF	10	10000
5	MANHOLE	10	EA	1000	10000
6	CONCRETE	100	CY	100	10000
7	LABOR	1000	HR	100	100000
8	PERMITS	1	EA	10000	10000
9	INSURANCE	1	EA	10000	10000
10	TOTAL				150000



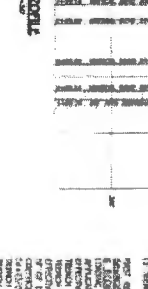
ITEM	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
1	SEPTIC ROOM	1	EA	10000	10000
2	PUMP ROOM	1	EA	5000	5000
3	ABSORPTION TRENCHES	100	LF	100	10000
4	PIPE	1000	LF	10	10000
5	MANHOLE	10	EA	1000	10000
6	CONCRETE	100	CY	100	10000
7	LABOR	1000	HR	100	100000
8	PERMITS	1	EA	10000	10000
9	INSURANCE	1	EA	10000	10000
10	TOTAL				150000



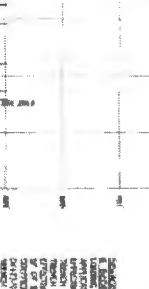
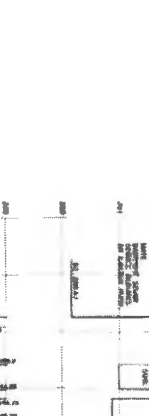
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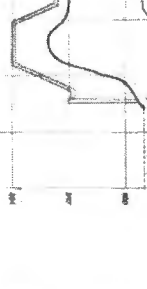
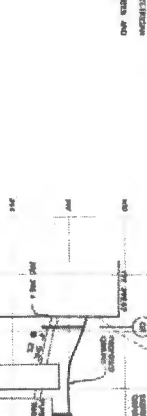
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