

MRE Approved 5/2/24

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
Application Name B24000587
Description SFD/ INSTALL 30' X 15' INGROUND CONCRETE SWIMMING POOL, DEPTH

Total Invoiced 0.00
Total Paid 0.00
Balance 0.00

Online BP.
3/5/24

Assigned to Department Well and Septic Progr
Assigned to Staff Zack Silvast

Address (This section is required.)

Table with columns: New, Search, Delete, Set Primary, Primary, Street #, Direction, Street Name, Street Type, City, State, Zip Code, Address Status, Street Suffix, Unit Type.

Parcel (This section is not required.)

Table with columns: Search, Delete, Get Address & Owner, Set Primary, Primary, Parcel #, Book, Page, Parcel, Parcel Area, Land Value, Improved Value, Exemption Value, Legal Description, Tract.

Owner (This section is not required.)

Table with columns: Search, Delete, Set Primary, Primary, Name, Mail Address Line1-3, Mail City, Mail State, Mail Zip Code, Phone.

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form
Type Applicant
Primary Yes
First Name Andrew
Middle Name
Last Name Sancomb
Home Phone

Organization Name *

Fremier Pools & Spas

Mobile Phone ((XXX)XXX-XXXX)

(301) 343-9123

E-mail

ASANCOMB@PPAS.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

3/5/2024

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

2/29/2024

FACILITY INFORMATION

Name of Business (dba)

n/a

(Text)

Associated Building Permit Number

00

(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

0

(Text)

Days of Operation

0

(Text)

Does this project have a Building Permit?

Yes No

Building Permit Issued Date

02/29/2024

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

(Text)

Facility Email

0

(Text)

PROPERTY INFORMATION

Water Source

Private

Sewage Disposal

Private

Design Wastewater Flow

0

(Number)

Permit Type

--Select--

PLAT STATS

Total Number of buildable lots to be recorded

0

(Number)

Total number of open space lots to be recorded

0

(Number)

Total number of bulk parcels to be recorded

0

(Number)

Total number of lots / parcels to be recorded

0

(Number)

New buildable lots created

0

(Number)

Date PLAT signed by Health Officer

PLAT Type

--Select--

DEVELOPMENT PLANS

Property Type

Residential

Signature Required

Yes No

Number of paper copies

0 (Number)

Number of buildable lots created

0 (Number)

(Number)

Plan Version

Initial

Engineer

0

(Text)

Number of mylar copies

0 (Number)

Number of non-buildable lots created

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Proposed Septic System Type

--Select--

Coordinate State Review

Yes No

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

License Category

--Select--

Licensed Type

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

If Operating Seasonally, What is the start month?

(Text)

Operating Seasonally Only

Are pets allowed in an 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)

Bar Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

Interior Restaurant Seating Capacity

(Number)

Outdoor Seating Capacity

(Text)

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Is there a bulk ice machine available

Yes No

Description of Walk-In Freezer Units

(Text)

Space Limitation

Number of Hand Sinks Available

(Number)

Ventless Equipment

(Text)

Hood System

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

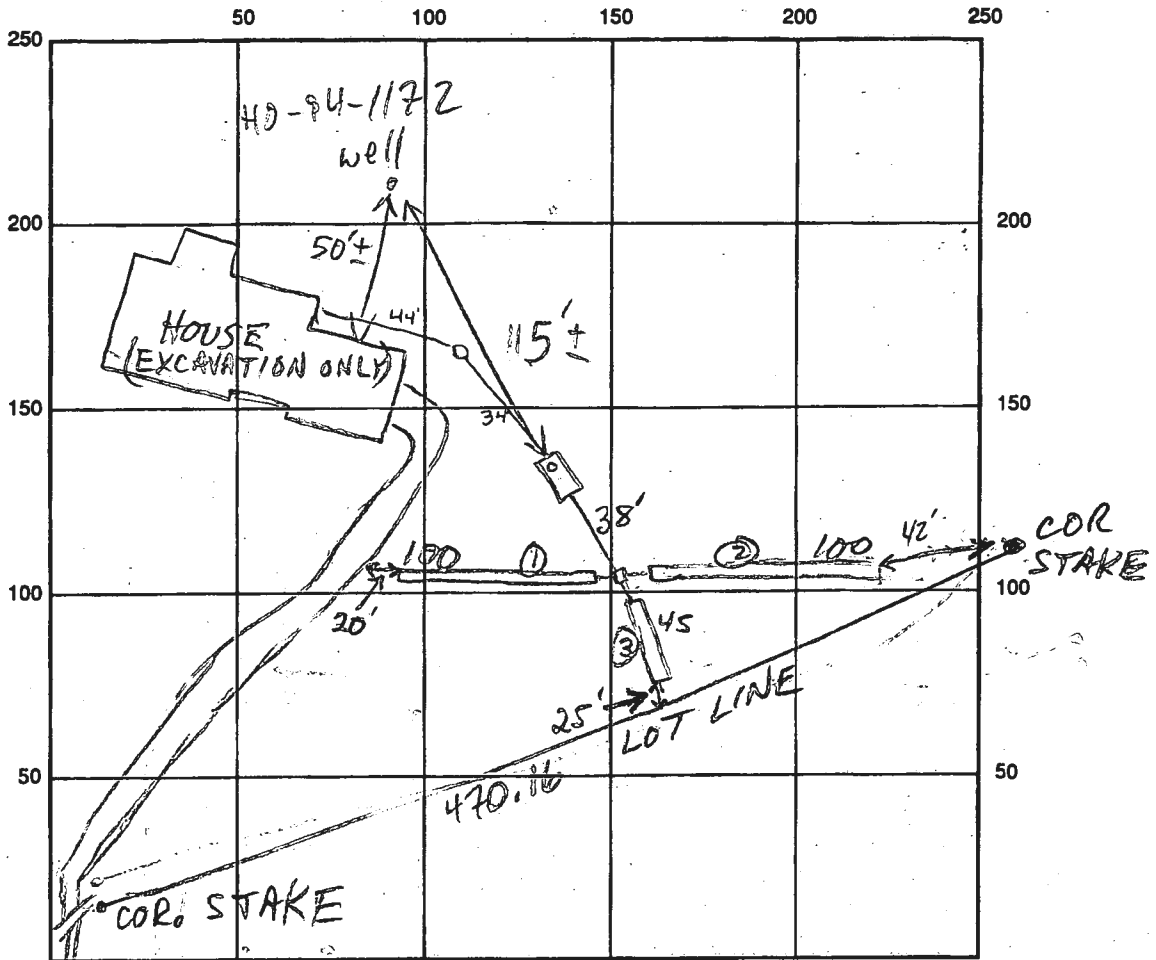
REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--



LOVAT RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①100 ②100 ③45 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①300 ②300 ③135 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 735 SQ. FT. D.B. 20' HIGHER THAN SEPTIC AREA

REMARKS: 7/29/97 TRENCH ③ RUNNING DOWNHILL (L.I.D) DUE TO
INSTALLER UNCERTAINTY; OK TO MAINTAIN SINCE TRENCH
SHORT, GROUND NEARLY FLAT; ALSO ADVISED INSTALLER OF
GENERAL HO CO PREFERENCES ON DESIGN, INSPECTIONS, ETC.
OK TO COVER S.T. & TRENCHES, CALL FOR HOUSE CONN INSP. (MR)

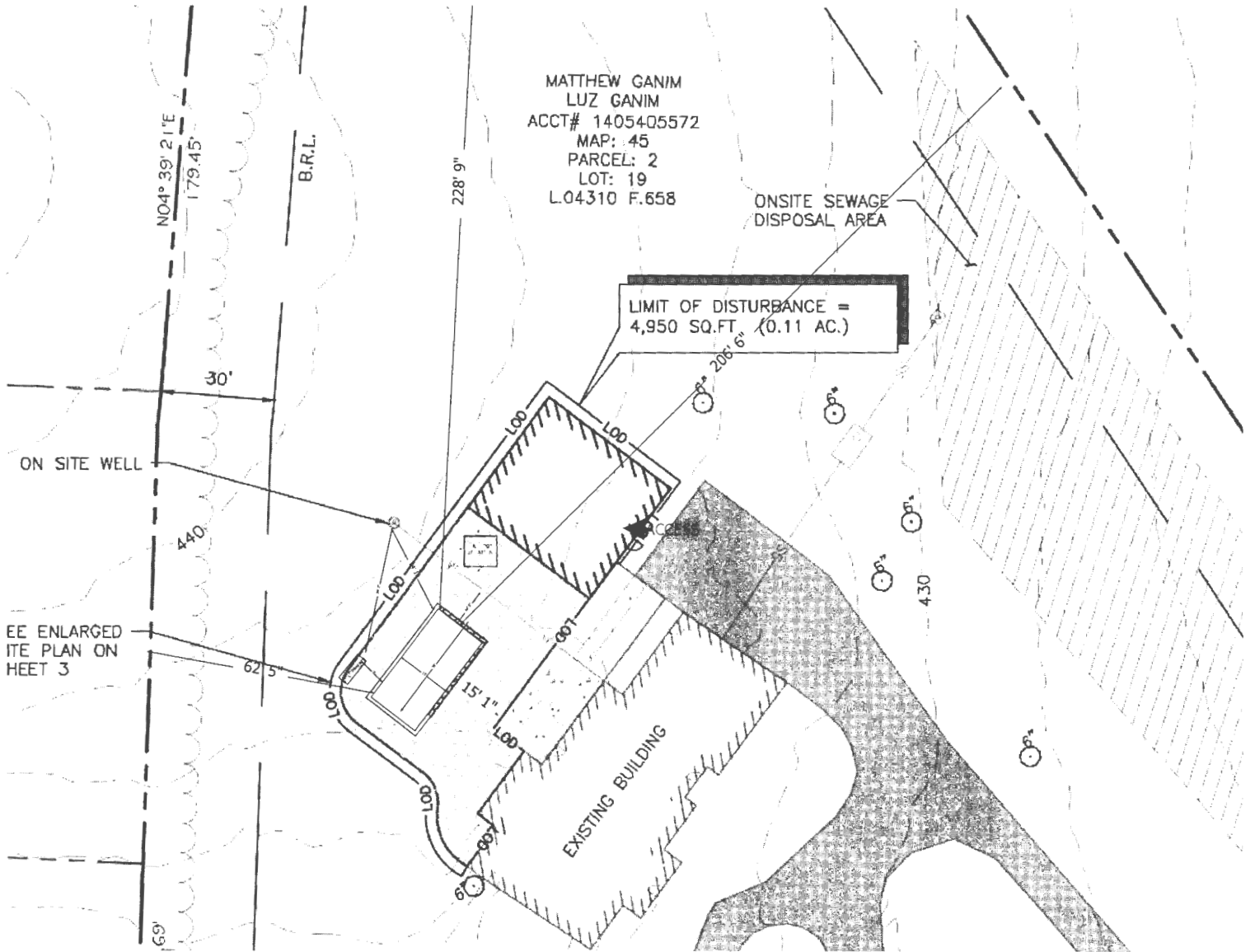
11/18/97 House connection made - OK to cover ACM

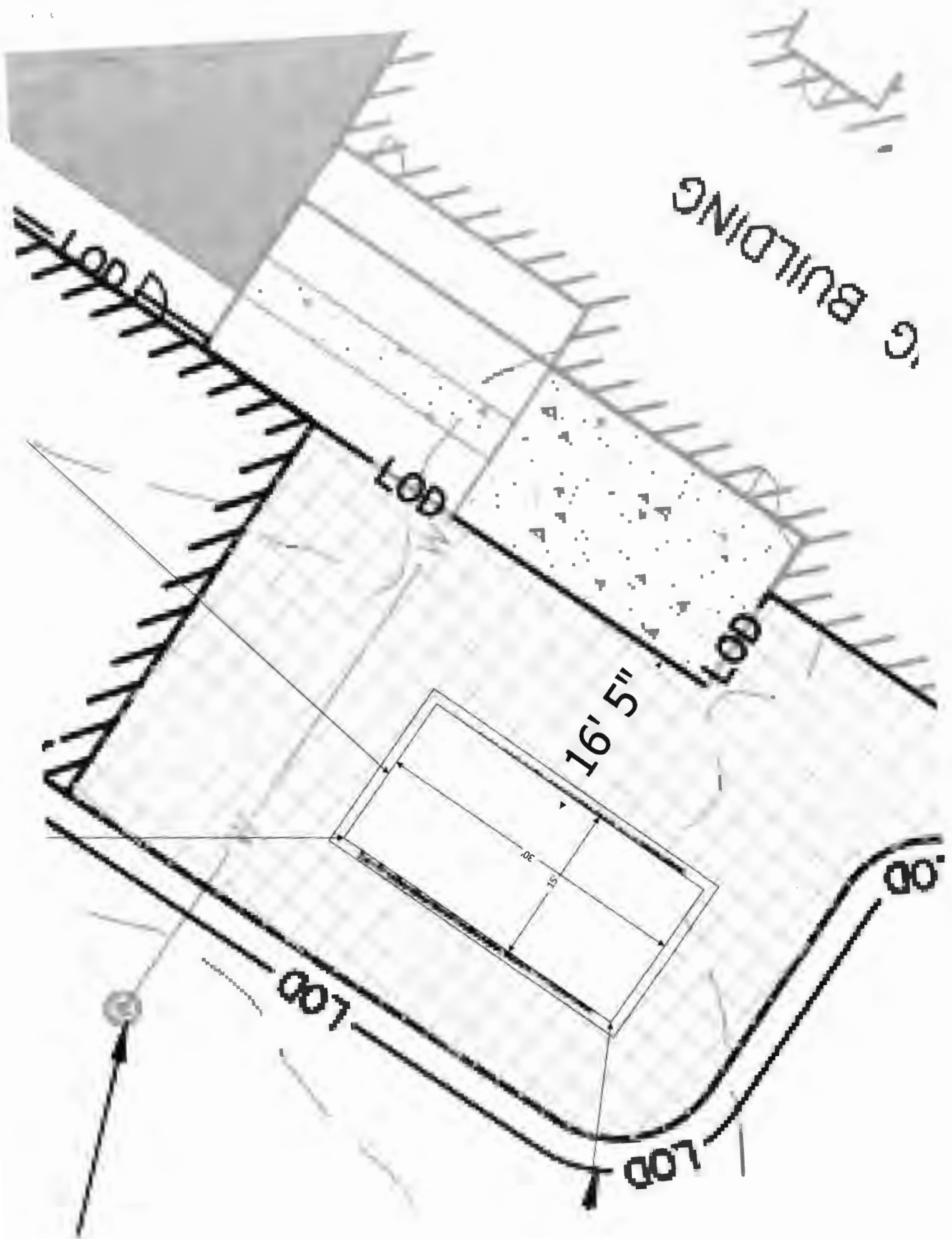
DATE SYSTEM APPROVED 11/18/97 INSPECTOR A McMillen

MATTHEW GANIM
LUZ GANIM
ACCT# 1405405572
MAP: 45
PARCEL: 2
LOT: 19
L04310 F.658

ONSITE SEWAGE
DISPOSAL AREA

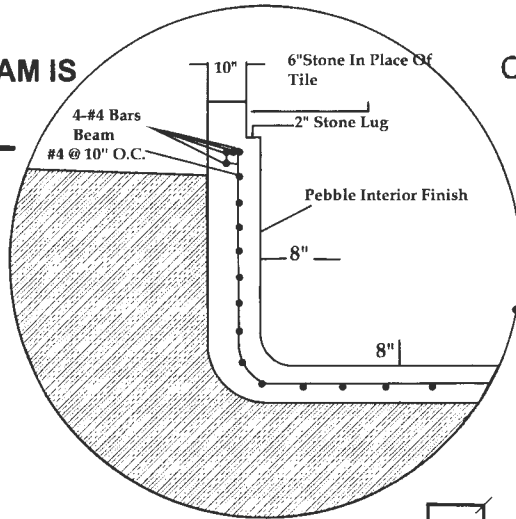
LIMIT OF DISTURBANCE =
4,950 SQ.FT. (0.11 AC.)



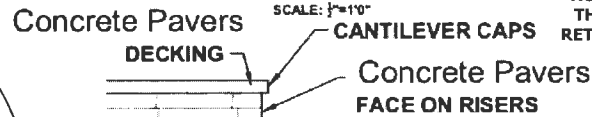


NOTE: POOL BEAM IS

**NOTE:
GUNITE POOL
STRUCTURE TO
BE BUILT PER
ENGINEERING
PLAN
(if required)**



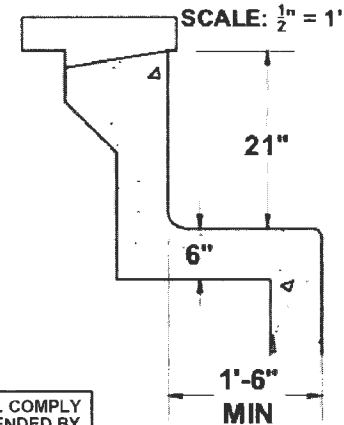
RISER DETAIL



NOTE TO FINISHING CREW: ALL 1 1/2" PIPE LINES THROUGH GUNITE MUST HAVE THREADED WALL RETURN FITTINGS INSTALLED, i.e. AUTOFILL, DECK CHLOR, VAC LINES

THE POOL OR THE PROPERTY SURROUNDING THE POOL MUST BE ENCLOSED BY AN APPROVED BARRIER AT LEAST 5 FT HIGH SECURELY ANCHORED AND NOT EASILY CLIMBED OR PENETRATED. WHERE A WALL OF THE BUILDING SERVES AS BARRIER, AN AUTOMATIC POOL COVER, OR AUDIBLE ALARMS AT ALL DOORS LEADING FROM THE DWELLING TO THE POOL MUST BE INSTALLED

BENCH SIDE VIEW



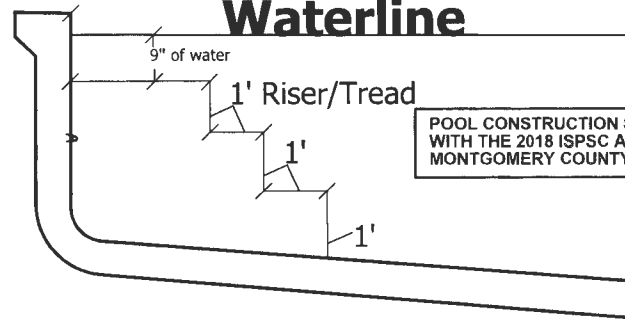
EXCAVATION:
OVERDIG POOL 14" AND BACKFILL WITH 6" OF COMPACTED GRAVEL

STEEL:
BOND BEAM TO BE 4 BAR - (4) #4.
SHELL - UP TO 5' DEEP - #3 BARS AT 12" O.C.
SHELL - OVER 5' DEEP - #3 BARS AT 6" O.C.
SPACE REBAR TO ALLOW FOR 8" SHELL

GUNITE:
12" BEAM
8" WALLS & FLOOR

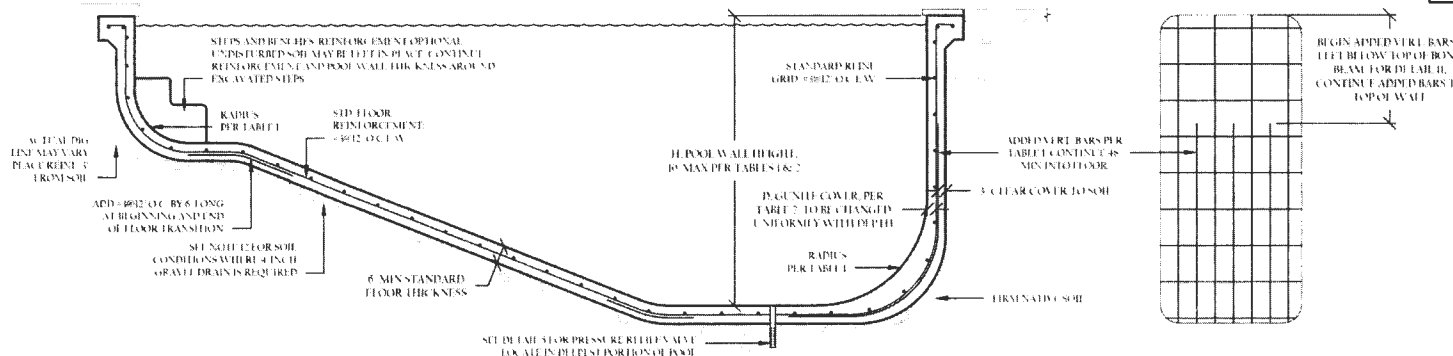
PLUMBING: INSTALL HYDROSTATIC RELIEF VALVE IN DEEP END.

Waterline



POOL CONSTRUCTION SHALL COMPLY WITH THE 2018 ISPCS AS AMENDED BY MONTGOMERY COUNTY

A SEPARATE ELECTRICAL PERMIT IS REQUIRED. ALL WORK SHALL BE IN COMPLIANCE WITH THE 2017 NATIONAL ELECTRICAL CODE AS AMENDED BY MONTGOMERY COUNTY



DocuSigned by:
Ali Emadi Ayar

Professional Certification:
I hereby certify that these documents were prepared or approved by me and that I am a duly licensed professional engineer under the law of the State of Maryland. License No. 20642, and Expiration 11/16/2022.