

# Caroline County Health Department

DIVISION OF ENVIRONMENTAL HEALTH, 403 S 7<sup>th</sup> Street, Denton, MD 21629 410/479-8045

## Soil & Site Application

(Before applying read "Instructions for completing the soil and site evaluation application")

<b>A. Property Owner:</b> _____	Day Phone: _____
Mail Results to: _____ (Include name if address noted above is <u>NOT</u> property owner), P.O. Box or Street address, City/State/ZIP)	
Secondary Phone: _____	<input type="checkbox"/> Fax Results to: _____

<b>B. Property Information:</b>	Map: _____	Block: _____	Parcel: _____	Lot #: _____
Road: _____	Subdivision Name (if in existing subdivision): _____			
Current acreage of parcel is: _____ If less than 2 acres, give dimensions of parcel: _____				
IS PROPERTY IN: CRITICAL AREAS Y N; AG PRESERVATION Y N; FORESTATION Y N				
IF YOU ANSWER YES TO ANY OF THE ABOVE QUESTIONS, WE STRONGLY RECOMMEND YOU CONTACT PLANNING AND CODES AT 410 479 8100				

<b>C. Residential Proposal</b> (Proposed 4 bedroom maximum): (check <u>one</u> , and complete requested information)
<input type="checkbox"/> Parcel is a single lot of record with no current Health Department perc approval. Will remain single lot of record.
<input type="checkbox"/> Proposing single new lot to be subdivided from parcel that has existing dwelling (WSV has been processed; ID# is _____)
<input type="checkbox"/> Proposing new single lot to be subdivided from parcel that has no dwellings; # of bedrooms if greater than 4: _____.
<input type="checkbox"/> Proposing _____ lot subdivision from parcel that has existing dwelling (WSV has been processed; ID# is _____)
<input type="checkbox"/> Proposing _____ lot subdivision from parcel that has no dwellings.
<b>Residential Fees:</b> (Check <u>one</u> , and calculate fee – Make check or money order payable to "Caroline County Health Department")
<input type="checkbox"/> Sites x \$270 (2 pits per site) = \$ _____ due if applying for soil test only
<input type="checkbox"/> Sites x \$570 (2 pits and 3 pipes per site) = \$ _____ due if applying for soil test and wet season test*.
<input type="checkbox"/> Sites x \$300 (10 gallons water to be left at site) = \$ _____ due if applying for sand mound only—provided soil test and wet season test application was processed; ID#:
<b>*WET SEASON APPLICATION DEADLINE IS DECEMBER 1ST.</b>

<b>D. Commercial Proposal:</b> Proposed maximum wastewater flow of _____ gallons per day. (Note: minimum flow is 600)
Type of Commercial facility _____
<b>Commercial Fees:</b> (Check <u>one</u> , complete requested information – Fee payable to "Caroline County Health Department")
<input type="checkbox"/> Soil Test only requested for proposed flow of _____ GPD/600 (GPD residential equivalent) = _____ x \$270 (minimum) = \$ _____ due
<input type="checkbox"/> Soil Test and wet season test requested for proposed flow of _____ GPD/600 (GPD residential equivalent) = _____ x \$570 = \$ _____ due

<b>E. Water Supply:</b> (Check <u>one</u> , and circle appropriate response)
<input type="checkbox"/> Existing (shallow) (deep) well on property
<input type="checkbox"/> Proposing new deep well
<input type="checkbox"/> Public water connection from Town of: _____

<b>F. Owner's Authorization:</b> The applicant hereby certifies and agrees as follows: (1) he/she is authorized to make this application; (2) the information is correct; (3) will comply with the regulations of Caroline County which are applicable hereto; (4) will perform no work on the property not specifically described in this application; (5) grants County officials the right to enter onto the property for the purpose of inspecting the property, work permitted and posting notices; (6) has read and understood the "Soil and Site Evaluation General Information", "Site Preparation" and "Application Instructions"; (7) Understands that incomplete applications will not be accepted.
Owner's Signature: X _____ Date signed: _____

**G. Attach a copy of record plat or site plan showing perc location(s). Prefer scale 1 in=50 feet, 100 feet, etc.)**

----- Please do not write below this line -----

**SANITARIAN REVIEW:**  
Is project in conformance with county Water and Sewer Plan? Y N. If no, indicate reason: \_\_\_\_\_  
Is project located in Wellhead Protection Area (WPA)? Y N; Resource Protection Zone (RPZ)? Y N; Critical Area? Y N  
Indicate soil survey mapping unit(s): \_\_\_\_\_  
OTHER COMMENTS: \_\_\_\_\_

PLEASE REFOLD SO ADDRESS BELOW SHOWS THRU WINDOW ENVELOPE. (if planning to mail application)

CAROLINE COUNTY HEALTH DEPARTMENT Division of Environmental Health P.O. Box 10 DENTON, MD 21629	Date Pd _____ Receipt#& amount paid _____
	Please make check payable to <i>Caroline County Health Department</i>
	<input type="checkbox"/> Is Site Plan showing location of pits and pipes enclosed? <input type="checkbox"/> Is Check enclosed for correct amount? <input type="checkbox"/> Is Application signed by OWNER? H:FORMS\WPERC FOLDER\PA-July06