



Caroline County Health Department

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

Soil & Site Application

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

A. Property Owner: _____ Day Phone: _____
 Mail Results to: _____
 (Include name if address noted above is NOT property owner), P.O. Box or Street address, City/State/ZIP)
 Secondary Phone: _____ Fax Results to: _____

B. Property Information: 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

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

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

E. Water Supply: (Check one, and circle appropriate response)
 Existing (shallow) (deep) well on property
 Proposing new deep well
 Public water connection from Town of: _____

F. Owner's Authorization: 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\PERC FOLDER\PA-July06