

Caroline County Health Department

Division of Environmental Health 410/479-8045

(Located at 403 S 7th Street, Denton)

PLEASE ALLOW 30 DAYS PROCESSING TIME



APPLICATION FOR ON-SITE SEWAGE DISPOSAL PERMIT (Page 1)

A) Owner's Name: _____ B) Home Phone: _____

C) Mailing Address: _____ Work Phone: _____

D) City/State/ZIP: _____

E) Is property located within the limits of an incorporated town? Yes ___ No ___ Subdivision Name: _____

F) What road will your driveway enter from? _____ Tax Map _____ Block _____ Parcel _____ (Lot _____)

G) Planned use of building:
___ Residential ___ #bedrooms; ___ bathrooms; ___ people; _____ square feet; **(with) (without)** basement
___ Commercial _____ square feet; **(with) (without)** basement; Use & #people using facility ea 24 hrs: _____

H) Type of permit (check one)

New \$480 fee: the following is required:

- Have lot corners, sewage reserved area, proposed house, and proposed well locations STAKED.
- Attach copy of plot plan showing the size and shape of property and the proposed house, proposed well and proposed driveway locations. (TO SCALE: 1"=30, 40, 50 etc feet.)
SURVEYOR TO STAKE AND PREPARE SITE PLAN
- Sites requiring sand mound construction must have design specification submitted as part of this application.

Repair/ for existing home, addition to home, or Accessory Dwelling \$200 fee: the following is required:

- Attach copy of plot plan, such as location survey from settlement papers that show the size and shape of property, house location, water wells within 100' of property lines. Wellheads may need to be exposed if buried.

Tank only or Grease Trap \$75 fee:

- Attach copy of plot plan showing the size and shape of property, house location, water wells within 100' of property lines.

Modification \$60 fee SCP# _____ – ownership change before permit expires and system installed; site/specification changes; work on existing tank/d.box.

I) Enclose appropriate nonrefundable application fee (refer to section "H" for amount). Please make check or money order payable to **"Caroline County Health Department"**

J) Water Supply: ___ Existing () shallow well () deep well () municipal connection from: _____
___ Proposed () deep well () municipal connection from: _____

K) The applicant certifies and agrees as follows:

- 1) Will comply with all regulations of Caroline County, which are applicable hereto
- 2) Will perform no work on the above referenced property not specifically described on this application
- 3) Grants county officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.
- 4) Information is correct
- 5) Understands that additional fees will be charged for modifications to specifications issued or if additional sanitarian visits are required.
- 6) Understands The Health Department's minimum specifications will be completed and mailed to the owner at the address above unless we are instructed otherwise.
- 7) Understands that he/she must sign and have their Caroline County Sewage Contractor sign and return the specifications (Page 2 and subsequent pages of this permit application) to the health department.
- 8) Authorizes the following contractor/person to obtain this permit (OPTIONAL): _____

OWNER'S SIGNATURE: _____

DATE: _____

HEALTH DEPARTMENT USE ONLY: RECEIPT# _____ \$ _____ DATE PD _____ SS: _____

COMMENTS:

CAROLINE COUNTY – ENVIRONMENTAL HEALTH
P.O. Box 10
Denton, MD 21629

TN#: