

Caroline County Health Department

Division of Environmental Health 410/479-8045

(Located at 403 S 7th Street, Denton)

PLEASE ALLOW 30 DAYS PROCESSING TIME



Public Health
Prevent. Promote. Protect.

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

Site plan and fee must accompany this application

DIRECTIONS: Please complete sections A-C (PLEASE PRINT), stake lot corners, sewage reserved area, proposed home, proposed well and provide a scaled site plan (TO SCALE: 1"=30, 40, 50 etc feet). Also include driveway and water wells within 100 ft of property line on site plan. Please make check payable to "Caroline County Health Department" refer to property information section for fee amount. If this is for an existing home, please attach your location survey from settlement papers. If this is a sand mound system, specifications from your consultant must be submitted with this application. Deliver to 403 S 7th Street or mail to mailing address in lower left corner of this form.

A. OWNER INFORMATION	B. PROPERTY INFORMATION
<p>Name _____</p> <p>Mailing address _____</p> <p>Day Phone: _____</p> <p>Cell Phone: _____</p> <p>Email address _____</p> <p>The applicant certifies and agrees as follows:</p> <ol style="list-style-type: none"> 1) Will perform no work on the above referenced property not specifically described on this application 2) Grants Health Department officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices. 3) Understands that additional fees will be charged for modifications to specifications issued or if additional sanitarian visits are required. 4) 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. 5) I am the owner of the property (or their authorized agent) and have read and examined this application and know the same to be true and correct. All provisions of laws, regulations and local ordinances governing this work will be complied with whether specified herein or not. I fully understand that the granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or performance of construction. I understand that the information I provide for this application will be utilized to determine suitability under the State of Maryland Caroline County Health Department and any omissions or erroneous information provided may result in the permit not being issued. 	<p>911 Address: _____ (or road name if parcel is vacant)</p> <p>Map _____ Block _____ Parcel _____</p> <p>Lot # _____ and name of Subdivision _____</p> <p>Circle appropriate answer</p> <ul style="list-style-type: none"> • Property (is) (is not) in Chesapeake Bay Critical Area, (Contact Planning Office at 410 479 8100 to verify.) • Property (is) (is not) in limits of incorporated town • Basement (is) (is not) proposed OR (does) (does not) exist • Septic system for (Residential) OR (Commercial) use <p>Square ft of building: _____</p> <p>_____ #bedrooms; _____ #bathrooms; _____ #people</p> <p>_____ type of business if commercial</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Septic system is failing - URGENT <input type="checkbox"/> Existing home-upgrade/repair, \$200 fee <input type="checkbox"/> Modification/extension for existing permit (# _____), \$60 fee <input type="checkbox"/> Tank (or grease trap) only, \$75 fee <input type="checkbox"/> Accessory dwelling, \$480 fee <input type="checkbox"/> New home, sand mound system (attach specs from consultant), \$480 fee <input type="checkbox"/> New home, standard system, \$480 fee <input type="checkbox"/> New REPLACEMENT home, \$480 fee <p>Water Supply(check one):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Existing shallow well <input type="checkbox"/> Existing deep well <input type="checkbox"/> Proposed deep well <input type="checkbox"/> Municipal/Public connection from town of: _____
<p>C. Signature: _____ Date _____</p>	

HEALTH DEPARTMENT USE ONLY:

RECEIPT# _____ \$ _____

DATE PD _____ SS: _____

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

TN#: