



Division of Environmental Health

403 S 7th Street, Rm 248, Denton, MD 21629

Health Officer, Scott T. LeRoy, MPH, MS

ON-SITE SEWAGE DISPOSAL PERMIT

Site plan and fee must accompany this application

DIRECTIONS:

PLEASE ALLOW 30 DAYS PROCESSING TIME

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). Include proposed house, driveway, and water wells within 100 ft of property line on site plan. **FLOOR PLAN ALSO REQUIRED.**

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.

A. PROPERTY OWNER INFORMATION	B. PROPERTY INFORMATION
<p>Name: _____</p> <p>Mailing address: _____</p> <p>_____</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 Dept. 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>C. Owner Signature: _____ Date: _____</p> <p style="background-color: yellow;">If you are NOT the owner, then you must fill out the Authorization Form.</p>	<p>911 Address: _____</p> <p style="text-align: center;">(or road name if parcel is vacant)</p> <p>Property ID: _____</p> <p>MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____</p> <p>SUD'B: _____</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> <p><input type="checkbox"/> Septic system is failing, repair – URGENT - \$200 fee</p> <p><input type="checkbox"/> (___) Standard Tank, (___) BAT Tank, (___) Grease Trap - \$75 fee</p> <p><input type="checkbox"/> Accessory dwelling, \$480 fee</p> <p><input type="checkbox"/> New home, STANDARD system, \$480 fee</p> <p><input type="checkbox"/> New home, Sand Mound, \$480 fee (attach specs from consultant)</p> <p><input type="checkbox"/> New REPLACEMENT home, \$480 fee</p> <p><input type="checkbox"/> New Construction (add. bedrooms/flow ex. home), \$480 fee</p> <p><input type="checkbox"/> Modification/extension - existing permit (_____), \$60 fee</p> <p>Water Supply(check one):</p> <p><input type="checkbox"/> Existing deep well</p> <p><input type="checkbox"/> Proposed deep well</p> <p><input type="checkbox"/> Existing shallow well</p> <p><input type="checkbox"/> Municipal/Public connection from town of: _____</p>

HEALTH DEPARTMENT USE ONLY: RECEIPT # _____ \$ _____ REC'D BY _____ DATE PD _____ SS: _____

PS: _____

CS: _____

BRF: (___) Y (___) N

PT #: _____