



Division of Environmental Health

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

Health Officer, Scott T. LeRoy, MPH, MS

WATER SUPPLY SYSTEM & SEWERAGE SYSTEM CAPACITY COMMITMENT FOR THE SUBDIVISION OF LAND

In accordance with the Annotated Code of Maryland, Environment Article §9-512, this form shall be completed by the local agency responsible for the provision of public water and wastewater facilities and shall accompany all subdivision plats to be approved by the local approving authority as designated by the Maryland Department of the Environment.

Municipality: _____

Name of Proposed Subdivision: _____

Property Owner/Developer: _____

Location/Address of Proposed Subdivision: _____

Tax Map: _____ Block: _____ Parcel: _____ Number of Units: _____ PROPER ID: _____

Water Supply System Commitment:

Estimated Water Requirement: _____ (max./gal./day) _____ (avg./gal./day)

Water Treatment Plant/Distribution Area: _____

Water Capacity Exists and will be reserved for this subdivision: Yes No

Water Capacity will be available in time to serve this subdivision: Yes No

Name of capital project needed to serve this subdivision: _____

Estimated date of completion of capital project: _____

Sewerage System Commitment:

Estimated Wastewater Requirement : _____ (avg./gal./day)

Wastewater Treatment Plant/Collection Area: _____

Wastewater Capacity Exists and will be reserved for this subdivision: Yes No

Wastewater Capacity will be available in time to serve this subdivision: Yes No

Name of capital project needed to serve this subdivision: _____

Estimated date of completion of capital project: _____

We, the undersigned, certify that water supply system and/or sewerage system to serve this subdivision either exists or will be completed in time and will be adequate to serve the proposed subdivision without overloading any water supply or sewerage system. This certification takes into consideration all present and approved subdivision plats and building permits in the service area.

Local Elected Official Date

Town Manager Date

Town Engineer Date

Copy of this form to local Environmental Health Office