

ON-SITE SEWAGE DISPOSAL PERMIT

PLEASE ALLOW MINIMUM 30 DAYS PROCESSING TIME

DIRECTIONS: Please complete sections **A-C**:

NEW CONSTRUCTION: Stake lot corners, sewage reserved area, proposed home, proposed well and **provide a scaled site plan** (1"=30, 40, 50 etc feet). Site plan must also include driveway, and water wells within 100 ft of property line on site plan. **FLOOR PLAN ALSO REQUIRED.**

EXISTING HOME: please attach your location survey from settlement papers.

SAND MOUND SYSTEM: Specifications from your consultant must be submitted with this application.

Please make check payable to "Caroline County Health Department" refer to property information section for fee amount.

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 style="text-align: center;">INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED</p>	<p>911 Address: _____ (or road name if parcel is vacant)</p> <p>Property ID: _____</p> <p>MAP: _____ BLOCK: _____ PARCEL: _____ LOT: _____</p> <p>SUD'B: _____</p> <hr/> <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 <hr/> <p>Square ft of building: _____</p> <p>_____ #bedrooms _____ #bathrooms _____ #people</p> <p>Type of Business <i>if Commercial</i>: _____</p> <hr/> <p>Check ONE that applies:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> URGENT: Septic System is failing</td><td style="text-align: right;">\$200</td></tr> <tr><td><input type="checkbox"/> New Construction: Standard System</td><td style="text-align: right;">\$480</td></tr> <tr><td><input type="checkbox"/> New Construction: Sand Mound (incl. SM Specs)</td><td style="text-align: right;">\$480</td></tr> <tr><td><input type="checkbox"/> Accessory Dwelling</td><td style="text-align: right;">\$480</td></tr> <tr><td><input type="checkbox"/> New Replacement Home</td><td style="text-align: right;">\$480</td></tr> <tr><td><input type="checkbox"/> New Construction: additional Bed/ Flow to existing home</td><td style="text-align: right;">\$480</td></tr> <tr><td><input type="checkbox"/> Replacing ONLY: () Standard Tank () BAT Tank</td><td style="text-align: right;">\$75</td></tr> <tr><td><input type="checkbox"/> Replacing ONLY: Distribution Box</td><td style="text-align: right;">\$75</td></tr> <tr><td><input type="checkbox"/> Modification/extension to ext. permit: SCP- _____</td><td style="text-align: right;">\$60</td></tr> </table> <hr/> <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>	<input type="checkbox"/> URGENT: Septic System is failing	\$200	<input type="checkbox"/> New Construction: Standard System	\$480	<input type="checkbox"/> New Construction: Sand Mound (incl. SM Specs)	\$480	<input type="checkbox"/> Accessory Dwelling	\$480	<input type="checkbox"/> New Replacement Home	\$480	<input type="checkbox"/> New Construction: additional Bed/ Flow to existing home	\$480	<input type="checkbox"/> Replacing ONLY: () Standard Tank () BAT Tank	\$75	<input type="checkbox"/> Replacing ONLY: Distribution Box	\$75	<input type="checkbox"/> Modification/extension to ext. permit: SCP- _____	\$60
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<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>																			

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

BRF: () Y () N
SS: _____
PS: _____
CS: _____