



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 - Fax 410.651.5680 - TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

SEWAGE PERMIT – SEPTIC SYSTEM NEW CONSTRUCTION – FEE: \$250

Please Complete Shaded Area Only

| | |
|---|-----------------------------|
| Property Owner _____ | Phone _____ |
| Owner's Address _____ | Email _____ |
| Location of Property _____ | |
| Tax Map _____ Grid _____ Parcel _____ Section _____ Block _____ Lot _____ Residential Y / N _____ | |
| Number of Bedrooms _____ Number of People _____ If Commercial, Type _____ | |
| Fixture list (faucets, laundry, disposals, etc) _____ | |
| Will a water treatment system be installed? Y / N _____ | Location of Discharge _____ |
| Planned Use _____ | |
| Installer _____ | Phone _____ |

Owner's Authorization: The applicant(s) hereby certifies and agrees as follows: (1) they are authorized to make this application; (2) the information is correct; (3) grants health department officials the right to enter the property for the purpose of site work; (4) understands that the applicant may be required to locate any wells on the specified and neighboring properties; (5) understands that the applicant may be required to provide documentation of property boundary lines; (6) understands that the applicant may have to provide a backhoe or other equipment at their own cost for site work and evaluation.

Owner's Signature _____ Date _____

If you are not the owner, then you must provide written permission from the property owner to apply on their behalf.

*****DO NOT WRITE BELOW THIS LINE, HEALTH DEPARTMENT USE ONLY*****

PROPOSED SEWAGE DISPOSAL SYSTEM

TYPE: Septic Tank _____ Holding Tank _____ Public Sewer _____ Critical Area Y / N _____
 TANK: Tank Capacity _____ BAT Tank Y / N _____ Distance from House _____ Well _____
 DRAINFIELD: Length _____ Width _____ Depth _____ Trenches _____ Distance from House _____ Well _____

INSTALLER _____ Address _____ Phone _____

PROPOSED WATER SUPPLY SYSTEM

SOURCE OF SUPPLY: Municipal _____ Private _____ Depth _____ Diameter _____
 DISTANCE FROM: House _____ Tank _____ Drainfield _____ Property Line _____
 WELL DRILLER _____

INTERIM PERMIT – This permit is for an interim individual sewage system and an interim individual water system. The applicant must discontinue individual system and connect to community systems when community systems become available.

PERMIT IS NON-TRANSFERRABLE AND EXPIRES IN 24 MONTHS

PROPOSAL APPROVED _____ DATE _____
 INSTALLATION APPROVED _____ DATE _____
 REMARKS _____