



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

Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
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Health Officer: Danielle Weber, MS, RN

SEWAGE PERMIT – SEPTIC SYSTEM REPLACEMENT (TANK & DRAINFIELD) – FEE: \$100

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 _____ Date of Most Recent Pumping/Service _____
 Fixture list (faucets, laundry, disposals, etc) _____
 Is a water treatment system present? Y / N Location of Discharge _____
 Planned Use _____
 Reason for Repair/Replacement _____
FOR A TANK ONLY REPAIR, PLEASE COMPLETE AND SUBMIT THE "TANK ONLY" PERMIT APPLICATION
 Installer _____ Phone _____
 Has the system been inspected in the previous 3 years? Y / N If yes, please provide copy of inspection report.

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 _____