



**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 REPAIR OR REPLACEMENT – 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 _____ Tank Only Y / N	
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 \_\_\_\_\_