

SOMERSET COUNTY HEALTH DEPARTMENT

Environmental Health

8928 Sign Post Road * Westover, MD 21871 * Phone: 443-523-1730 * Fax 410-651-3425

SEWAGE AND WATER PERMITS NEW SEPTIC SYSTEM

PLEASE FILL IN SHADED AREA

PROPERTY OWNER _____	PHONE _____
ADDRESS _____	
LOCATION OF PROPERTY _____	
TAX MAP _____	BLOCK _____ PARCEL _____ LOT _____
CONTRACTOR _____	ADDRESS _____
CONSTRUCTION TYPE: New <input type="checkbox"/> Remodeling <input type="checkbox"/> Addition <input type="checkbox"/>	
PLANNED USE: If Residence _____ Number of Bedrooms _____ Number of People _____ Lot Size _____	
If Commercial _____ Number of persons using sanitary facilities _____	
GARBAGE DISPOSAL _____ BASEMENT _____ FIXTURES LIST (washer, dishwasher, etc.) _____	
APPLICANT NAME _____	PHONE _____
ADDRESS _____	
APPLICANT SIGNATURE _____	DATE _____

SEWAGE DISPOSAL SYSTEM MUST BE INSPECTED BEFORE BEING COVERED

*****DO NOT WRITE BELOW THIS LINE*****

PROPOSED SEWAGE DISPOSAL SYSTEM

FACILITY TYPE: Public Sewer _____ Urban Sewer _____ Septic Tank System _____

SEPTIC TANK: Water Capacity _____ gal. Distance from: House _____ Well _____

EFFLUENT DISPOSAL: Distance From: House _____ Well _____

TILEFIELD: Length _____ Width _____ Depth _____ Number of Trenches _____

Installer Name _____ Address _____

PROPOSED WATER SUPPLY SYSTEM

SOURCE OF SUPPLY: Municipal _____ Private _____ Driven _____ Drilled _____ Depth _____ Diameter _____

DISTANCE FROM: House _____ Septic Tank _____ Disposal Field _____ Property Line _____

Well Driller/Driver _____ Address _____

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

PERMIT IS NON-TRANSFERABLE AND EXPIRES IN 24 MONTHS

PROPOSAL APPROVED _____ DATE _____

INSTALLATION APPROVED _____ DATE _____

REMARKS _____