

# TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601

Phone (410) 770-6880

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Maria Maguire, M.D.  
Acting Health Officer

Anne F. Morse, LEHS  
Director

## SOIL EVALUATION APPLICATION

Tax Map	Block	Parcel	Lot #	Section #
Owner's Name: _____			Phone: _____	
Mailing Address: _____			Cell: _____	
City/State/Zip: _____			Fax: _____	
			E-mail: _____	
Contact Name: _____			Phone: _____	
Mailing Address: _____			Cell: _____	
City/State/Zip: _____			Fax: _____	
			Email: _____	

<u>Application</u>	<u>Type of Evaluation</u>	<u>FEE</u>
_____ Subdivision - # of lots	_____ Conventional Trench - up to 10,000 sq. ft. = (Each additional 1,000 sq. ft. \$40 will be charged.)	400.
_____ Lot of Record _____ Acreage	_____ Bermed Infiltration Pond - up to 40,000 sq. ft. = (Each additional 10,000 sq. ft. \$125 will be charged.)	500.
_____ SDA for Accessory Structure	_____ Sand Mound	500.
_____ Enlarge/Relocate Existing SDA	_____ Re-flag	150.
_____ SDA for Existing Residential Structure	_____ Site Visit	150.
_____ Other	_____ Re-evaluation (Platted SDA)	200.

Directions to property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my permission to the staff of the Talbot County Environmental Health Office to conduct all necessary evaluations on the above referenced parcel. This may include backhoe profiles, auger borings and piezometer installation with frequent return visits. I also agree to provide the Office of Environmental Health with the equipment and materials, which may be required to complete the soil evaluation.

Receipt #: \_\_\_\_\_

Amt Paid: \_\_\_\_\_

Wet Season:    Y    N

Mgmt Area:    A    B

\_\_\_\_\_  
Signature of Owner/Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_ The Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal conditioned on the following:

\_\_\_\_\_ A Subdivision Plat showing the approved Sewage Disposal Area(s) and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to The Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

\_\_\_\_\_ A Revision Plat showing the above referenced Sewage Disposal Area and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements and must be submitted to the Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

\_\_\_\_\_ A surveyed plat showing the Sewage Disposal Area(s) (SDA) as flagged, as well as locations of all identified soil profiles and piezometers must be submitted to this office for review before the final plat is submitted for Health Officer signature.

\_\_\_\_\_ The Sewage Disposal Area as previously approved and platted is acceptable.

\_\_\_\_\_ If approved for a Sand Mound or Bermed Infiltration Pond (BIP), a Licensed Engineer or Registered Sanitarian must submit a design for review and approval by this office.

\_\_\_\_\_ Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_ The proposed Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and been found to be UNACCEPTABLE for the following reason(s):

\_\_\_\_\_ High Seasonal Groundwater Table

\_\_\_\_\_ Percolation/Infiltration rate not acceptable

\_\_\_\_\_ Cannot meet Treatment Zone requirements

\_\_\_\_\_ See attached letter

\_\_\_\_\_ Inconsistent/Insufficient permeable soil above the required Treatment Zone

\_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions or comments concerning the above-described results, please contact this office at (410) 770-6880 to set up an appointment with the Sanitarian listed below and/or the Environmental Health Director.

\_\_\_\_\_ Registered Sanitarian \_\_\_\_\_ Date \_\_\_\_\_

Results mailed to \_\_\_\_\_ owner/applicant and \_\_\_\_\_ contact.  
Date \_\_\_\_\_