TALBOT COUNTY HEALTH DEPARTMENT

OFFICE OF ENVIRONMENTAL HEALTH
215 BAY STREET, SUITE #4, Easton, MD 21601
410-770-6880 (P) 410-770-6888 (F)

Building Permit No._____
Receipt No. _____

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

1. OWNER_____
Last Name First Name Phone No. E-Mail Address

_____
Mailing Address Property Address

2. APPLICANT_____
Last Name First Name Phone No. E-Mail Address

3. Size of Lot_____ 4. Planned Use of Building: ☐ Residential ☐ Commercial: Type_____

If Residential: Sq. Ft. of Living Area_____ #of Bedrooms_____

5. Type of Sewage Disposal System: ☐ On-Site Septic System ☐ Connection to Public Sewer

6. Type of Water Supply: ☐ Deep Well ☐ Shallow Well ☐ Community Water Supply

7. I_____ hereby agree to have the sewage disposal facilities installed in accordance with regulations
Signature of Owner COMAR 26.04.02 of the Maryland Dept of Environment under the supervision of the Talbot County Health Dept. Should this system fail, I agree to make any changes deemed necessary.

Date_____ **THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.**

IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.

DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY

8. Purpose of Sanitary Construction:

☐ New System ☐ Expansion of Existing system
☐ Repair/Replacement ☐ Connection to Existing System
☐ Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.
☐ Holding Tank – Agreement Recordation #_____/_____
☐ I & A or Non-Conforming - Agreement Recordation #_____/_____
☐ **Advanced Pre-Treatment _____GPD

9. ☐ **BAT Required _____GPD

10. Septic Tank Specifications: Number of Tanks_____ ( ) Top Seam Tank

☐ 1,000 Gallon Two Compartment ☐ 1,500 Gallon Two Compartment ☐ Concrete Pump Chamber

11. Total Length of Trench _____ft. Length of Each Trench_____ Number of Trenches_____

Depth of Each Trench_____ft Width of Trench_____ft.

Sand Lined Trenched/6"Stone Below & 2" Above_____ All Stone Trench_____

Invert of Drainfield_____ Install When Ground Water Table is Absent_____

Soil Type_____ Management Area_____ Graded & Seeded_____

Map___ Property Address_____ GRID___ PARCEL___ LOT #___

_____

_____

_____

Maryland Dept. of the Environment recommends septic tanks, BAT and other pre-treatment units be pumped at a frequency adequate to ensure that solids are not discharged to the disposal area.

****THE ABOVE REFERENCED DENITRIFICATION UNIT MUST BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S GUIDELINES. FINAL APPROVAL FOR SANITARY CONSTRUCTION INSTALLATION WILL NOT BE PROVIDED UNTIL A COPY OF THE MANUFACTURER'S INSTALLATION CERTIFICATION HAS BEEN PROVIDED TO THIS OFFICE.**

Application Approved_____
Date Licensed Environmental Health Specialist

AS-BUILT DRAWING

Date & Time of Inspection(s)_____

System Installed By:_____

Final Inspection
Observations:_____
_____
_____
_____
_____

SDA Corners Staked_____ **Trench Depth** _____ **(Observed) ( ) Yes ( ) No**
Trench Width_____ **Invert**_____ **Backfill type**_____
D-Box - outlets at same elevation ( ) Yes ( ) No_____

( ) Certification of installation of BAT provided

Licensed Environmental Health Specialist_____

Revised 10/23/18