TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601
Phone (410) 770-6880 Fax: (410) 770-6888

FAHMI FAHMI, MD
HEALTH OFFICER

BRENNAN E. GREENE, LEHS
DIRECTOR

SOIL/SITE EVALUATION APPLICATION

_____ _____ _____ _____ _____
Tax Map Block Parcel Lot # Section #

Owner's Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City/State/Zip: _____ E-mail: _____

Contact Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City/State/Zip: _____ E-mail: _____

Application	Type of Evaluation	FEE
_____ **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-evaluation** (Previously Platted SDA)	**200.**
_____ **SDA for Existing Residential Structure**	_____ **OSDS Repair/Replacement**	**180.**
_____ **Other**		

Address/ 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: _____
Eval #: _____
Wet Season: Y N
Mgmt Area: A B

_____ _____
Signature of Owner/ Power of Attorney Date

_____ The proposed 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.

_____ 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

_____ Inconsistent/Insufficient permeable soil above the required Treatment Zone

_____ Other: _____

_____ The repair/replacement on-site sewage disposal system proposal and site plan has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal. Please submit an application for a sanitary construction permit with the approved site plan.

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 LEHS listed below and/or the Environmental Health Director.

_____ _____

Licensed Environmental Health Specialist Date

Results mailed to _____ owner/applicant and _____contact.
Date_____