## 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.

APPLICANT	. OWNER		4 4 - 775 4 - 1 - 1	C Maril Andreans
Last Name   First Name   Phone No.   E-Moil Address	Last Name	First Name	Mailing Address-	E-Mail Address
4. Planned Use of Building: Residential: Commercial: Type			Phone No.	E-Mail Address
If Residential: Sq. Ft. of Living Area #of Bedrooms #of Bedrooms #of Sewage Disposal System: On-Site Septic System Connection to Public Sewer  Type of Sewage Disposal System: On-Site Septic System Connection to Public Sewer  Type of Water Supply: Deep Well Shallow Well Community Water Supply  I hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 26,04.02 of the Manyland Dept of Environment under the supervision of the Talbot County Health Dept. Should this system fail, I agree to make any changes deemed necessary. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.  AND SUILDING 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 Abandon tank/pit, Tanks/pit must be pumped prior to being crushed, filled or removed.  9. **BAT Required	Size of Let		ting:   Decidential     Con	amarcial: Tuna
Type of Sewage Disposal System:  On-Site Septic System  Connection to Public Sewer  Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply  hereby agree to have the sewage disposal facilities installed in accordance with regulations  COMAR 26.04.02 of the Maryland Dept of Environment under the supervision of the Talbot  County Health Dept. Should this system fall, I agree to make any changes deemed necessary.  THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.  MPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS.  INTO 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  Purpose of Sanitary Construction:  New System  Expansion of Existing System  Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.  Purpose of Sanitary Compartment  1,500 Gallon Two Compartment  Concrete Pump Chamber  The Sand Lined Trenched/6"Stone Below & 2" Above All Stone Trench Install When Ground Water Table is Absent Install Water Table is Absent Install Water Table is Absent Install Water Table is Absent			-	•
Type of Water Supply:   Deep Well   Shallow Well   Community Water Supply	If Residential: Sq. Ft. of Living	y Area	#of Bedrooms	<del></del>
hereby agree to have the sewage disposal facilities installed in accordance with regulations  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.  THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.  MPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS.  NAY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:    New System	. Type of Sewage Disposal Sys	stem: 🛘 On-Site Septic	System $\square$ Connection to P	Public Sewer
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. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.  WPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. INY 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  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction:  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  B. Purpose of Sanitary Construction of Existing System  Repair/Replacement Connection to Existing System  Abandon tank/pit, Tanks/pit must be pumped prior to being crushed, filled or removed.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY  DEPARTMENT.  DO NOT W	. Type of Water Supply: $\Box$ D	eep Well 🔲 Shallow Well	☐ Community Water Supp	ły
County Health Dept. Should this system fail, I agree to make any changes deemed necessary. THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.  Date				
MPORTANT: 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	Signature of Owner	County Health De	ept. Should this system fail, I d	agree to make any changes deemed necessary.
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	Date	THIS APPLICATION	SHALL EXPIRE ONE YEAR FRO	DM THE DATE OF APPROVAL.
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	MPORTANT: NO BUILDING CO	NSTRUCTION OF SANITARY	' CONSTRUCTION SHALL REST	ARTED REFORE RECEIVING APPROPRIATE PERMITS
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.   **BAT Required	ANY CHANGES IN SANITARY C	ONSTRUCTION MUST HAVE		
Repair/Replacement   Connection to Existing System   Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed.    Abandon tank/pit. Tanks/pit must be pumped prior to being crushed.		DO NOT WRITE	BELOW THIS LINE, OFFICIAL U	SE ONLY
Repair/Replacement   Connection to Existing System   Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.    **BAT Required	3. Purpose of Sanitary Constru	ction:	☐ New Syste	em 🔲 Expansion of Existing system
being crushed, filled or removed.    **BAT Required	,			•
**BAT RequiredGPD  0. Septic Tank Specifications: Number of Tanks ( ) Top Seam Tank  1,000 Galion Two Compartment				
☐ 1,000 Gallon Two Compartment ☐ 1,500 Gallon Two Compartment ☐ Concrete Pump Chamber  1. Total Length of Trenchft. Length of Each Trenchft.  Depth of Each Trenchft Width of Trenchft.  Sand Lined Trenched/6"Stone Below & 2" Above All Stone Trench  Install When Ground Water Table is Absent	. 🗌 **BAT Required	GPD	-	
Depth of Each Trenchft. Length of Each Trenchft.  Sand Lined Trenched/6"Stone Below & 2" Above All Stone Trench  Install When Ground Water Table is Absent	0. Septic Tank Specifications	: Number of Tanks	( ) Top Se	am Tank
Depth of Each Trenchft Width of Trenchft.  Sand Lined Trenched/6"Stone Below & 2" Above All Stone Trench  Invert of Drainfield Install When Ground Water Table is Absent	☐ 1,000 Gallon Two Comp	partment 🔲 1,500	Gallon Two Compartment	☐ Concrete Pump Chamber
Sand Lined Trenched/6"Stone Below & 2" Above All Stone Trench  Invert of Drainfield Install When Ground Water Table is Absent	11. Total Length of Trench	ft. Length of	Each Trench	Number of Trenches
Invert of Drainfield Install When Ground Water Table is Absent	Depth of Each Trench	ft Width of	Trenchft.	
	Sand Lined Trenched/6"Sto	one Below & 2" Above	Ail Stone Trench	
Soil Type Management Area Graded & Seeded	Invert of Drainfield		Install When Gr	round Water Table is Absent
	Soil Type	Managem	ent Area	Graded & Seeded
	JOH 17 PO		<u> </u>	
			J. A. Principal	
				eatment units be pumped at a frequency adequa
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.				CE WITH THE MANUFACTURER'S GUIDEUNES FINAL
to ensure that solids are not discharged to the disposal area.	APPROVAL FOR SANITARY CO	ONSTRUCTION INSTALLATIO		
	1 1 1 1 1			
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	pate	Register	red Environmental Health Specialist