

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 Mailing Address- E-Mail 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.

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 _____

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 _____ Registered Environmental Health Specialist _____

Map

GRID

PARCEL

LOT #