

QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH

206 North Commerce Street, Centreville, Maryland 21617

410-758-2281 (P) 410-758-6602 (F)

www.qahealth.org

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

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

Building Permit # _____ Sanitary Permit # _____

Owner _____
last name first name mailing address phone #

Builder _____
(If applicable) last name first name address phone #

Plumber _____
(If applicable) last name first name address phone #

Construction site address _____

Building Site - Tax Map _____ Parcel _____ Election District _____ Incorporated Town (If applicable) _____
Subdivision Name _____ Lot # _____ Section _____ Block _____

Lot size- Acreage _____ Type of construction- () New Building () Remodeling () Mobile Home () Addition () None

Use of building- () Residence () Commercial (type) _____ () Institutional/Gov't (type) _____
() Other _____

Use Factors- Number of bedrooms _____ Square footage of living space _____

Check all that apply- () Basement fixtures () Garbage disposal () Washing machine () Water Conditioner () Other _____

Water Supply- Check all that apply- () Individual () Community () New () Existing
Distance of well from any septic system or sewage reserve area _____

Disposal system proposal- Check all that apply- () New system () Repair / Replacement system () B.A.T.
() Septic Tank () Drainfield () L P D () Lift pump () Seepage Pit () Seepage bed () Sandmound () Other _____

System to be installed by- _____
(Installer's Name) (Address)

Owner/Agent- I, _____
(Signature) (Print Name) (Phone Number)

hereby agree to have the sewage disposal facilities installed in accordance with applicable regulations and to utilize best known recognizable and available installation practices. Any changes to this permit must have approval from the Approving Authority. This permit expires 2 years after the date of issue.

DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY

Soil Test results: Perc Test # _____ Rate _____ minutes. Depth to porous Soil _____

Septic Tank: Liquid Capacity _____ gallons. Number of tanks _____ Type _____

Tile field (if used): Total length of tile field _____ ft. Length of each trench _____ ft
Depth of trench _____ ft Width of each trench _____ ft Depth of drain tile _____ inches

Seepage pit (if used) Total depth _____ ft. Size _____ - _____ ft. Number of pits _____

Distance to any water supply to nearest part of: Septic tank _____ ft. Drainfields _____ ft. Seepage pit _____ ft

Plans and Application approved _____ date _____ by _____
Queen Anne's County Health Department (Approving Authority)

Comments: _____

Final Inspection Date _____ by _____