

QUEEN ANNE'S COUNTY HEALTH DEPARTMENT

208 North Commerce Street, Centreville, Maryland 21617

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

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

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

Building Permit # _____ Sanitary Permit # _____

Construction site address _____

Owner _____
last name, first name mailing address phone#

Owner's email _____

Builder _____
(if applicable) last name, first name address phone#

Builder's email _____

Plumber _____
(if applicable) last name, first name address phone#

Plumber's email _____

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 #

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.

Soil Test Results: Perc Test# _____ Rate _____ minutes Depth to porous Soil _____

Soil 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 _____ x _____ ft. Number of Pits _____

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

DO NOT TYPE/WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Plans and Application approved _____ by _____

Comments: _____

signature _____ by _____

The Maryland Depart. Of the Environment recommends septic tanks, B.A.T. and other pretreatment units be pumped at a frequency adequate to ensure that solids are not discharged to disposal area.