

**QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH**

206 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 owners must discontinue use of the individual 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 #

**Builder** \_\_\_\_\_  
(If applicable) last name first name address phone #

**Plumber** \_\_\_\_\_  
(If applicable) last name first name address phone #

**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  
( ) 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 \_\_\_\_\_ by \_\_\_\_\_  
date Queen Anne's County Department of Health (Approving Authority)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Final Inspection Date \_\_\_\_\_ by \_\_\_\_\_  
7/2009