

**St. Mary's County Health Department
Environmental Health Division**

Septic Construction Application/Permit

Pursuant to COMAR 26.04.02, I hereby apply for a permit to construct an On-Site Sewage Disposal to serve the below property. This application serves as the permit for installation and must be present while onsite. This permit expires 2 years from issue date.

Location:

Property Address: _____

Tax Map: _____ Block: _____ Parcel: _____ Property ID#: _____

Subdivision: _____ Lot: _____ Section: _____ Block: _____

Property Owner: _____

Mailing Address: _____

On-Site Sewage Disposal to serve: New Construction [] Existing Structure []

Commercial: Specify Use _____

Water Supply: Private Well [] Public Water []

On-site System Proposal Specifications:

[] Septic tank _____ gallons [] Pump Chamber _____ gallons [] BAT _____

[] Grease Trap _____ gallons [] Holding Tank(s) _____ gallons

Total Trench Length _____ Number of Trenches _____ Trench Length _____

Depth of Trench _____ Trench Width _____ Depth of Gravel _____

[] Sandmound/LPD/Drip Dispersal (*See Approved Design for Minimum Specs*)

Sand Supplier _____ Gravel Supplier _____

_____ SM certified [] BAT certified [] At Grade []

Licensed Septic Contractor (PLEASE PRINT)

Licensed Septic Contractor (PLEASE SIGN) Date Phone Number License #

By my signature I attest I have the authority to act on behalf of the property owner and grant the St. Mary's County Health Department representative access onto the property to conduct inspections as required.

For Office Use Only

Fee Amount Paid: _____ Receipt: _____ Received By: _____

No. of Bedrooms _____ Sq. Footage _____ GPD _____ Plan matches approved plan Y/N

[] Innovative/holding agree [] BRF agree [] Pump out contract [] Pre-con mtg [] Tar-coat required

Approved by: _____ Issue Date: _____ Permit # _____

Comments: _____