

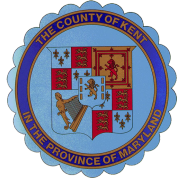
KENT COUNTY HEALTH DEPARTMENT

Environmental Programs

125 S. Lynchburg Street

(To be completed By Chestertown, MD 21620

(Phone) 410-778-1361 (Fax) 410-778-7017



APPLICATION TO CONSTRUCT AN ON-SITE SEWAGE SYSTEM

OWNER'S NAME: _____

PROPERTY ADDRESS: _____

Email: _____

APPLICATION DATE: _____ PHONE#: _____

SEPTIC INSTALLER: _____ Licensed/Certified: Y / N

LICENSE#: _____ PHONE#: _____ E-MAIL: _____

OF BEDROOMS: _____ BASEMENT: Y / N

CHECK ALL THAT APPLY: A. New house B. Repair C. I/A D. BAT E. OTHER _____

TAX MAP/PARCEL: _____

PROPERTY ID: _____

DATE ISSUED: _____

DATE EXPIRES: _____

APPROVED BY: _____

DATE INSPECTED: _____

INSPECTED BY: _____

PERMIT#: _____

(To be completed By KCHD)

SEPTIC CONTRACTOR TO SUBMIT SITE PLAN OF PROPOSED REPAIR

SITE PLAN TO INCLUDE: PROPOSED & EXISTING SEPTIC SYSTEM, PROPOSED & EXISTING WELLS, HOUSE LOCATION, DRIVEWAY, BURIED UTILITY'S, SURROUNDING WELLS & SEPTICS WITHIN 100'

I, _____ HOMEOWNER SIGNATURE _____, HEREBY APPLY TO CONSTRUCT AN ON-SITE SEWAGE SYSTEM, AGREE TO CONTACT THE KENT COUNTY HEALTH DEPARTMENT 24 hours PRIOR TO STARTING CONSTRUCTION OF SYSTEM, GRANT KENT COUNTY HEALTH DEPARTMENT OFFICIALS THE RIGHT TO ENTER THE PROPERTY TO COMPLETE THE INSPECTION, AND SHALL COMPLY WITH ALL REQUIREMENTS OF OTHER STATE AND LOCAL JURISDICTIONS,

(To be completed By Homeowner)

(To be completed By KCHD)

TYPE OF SYSTEM: A. Trench B. Sand mound C. At grade D. Holding tank E. Other _____

USE: A. Single Family B. Commercial C. OTHER _____

SEPTIC TANK: CAPACITY: _____ TYPE: _____ FILTER BAFFLE: _____

PUMP STATION: Y/N TYPE: _____ SIZE: _____

METHOD OF DISTRIBUTION: A. Distribution Box B. Low Pressure Dose C. Drip D. OTHER _____

BACKFILL: Conventional Y/N Non-Conventional Y/N Approved Sand Sieve Analysis: Y / N

DRAIN FIELD: LENGTH: _____ WIDTH: _____ DEPTH: _____ INVERT ELEVATION: _____

BRF GRANT RECIPIENT: Y/N BAT UNIT- _____ A&E RECORDED Y/N

COMAR 26.04.02.03(K)

The Maryland Department of the Environment recommends septic tanks, BAT and other pretreatment units be pumped at a frequency to ensure that solids are not discharged to the disposal area

**SYSTEM DEPTHS MAY VARY DEPENDING ON SOIL CONSISTENCY WITHIN AN APPROVED SDA.
IN ACCORDANCE WITH COMAR 26.04.02 YOU ARE REQUIRED TO INSTALL THE SYSTEM INTO A MINIMUM OF 12 INCHES OF PERMEABLE SOILS.**

CONTACT KCHD IF YOU HAVE QUESTIONS.

SYSTEM "AS PROPOSED"

SYSTEM "AS CONSTRUCTED"

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APPLICATION DATE: _____ RECEIVED BY: _____ FEE PAID: _____