KENT COUNTY
HEALTH DEPARTMENT
WILLIAM WEBB, HEALTH OFFICER
125 S. LYNCHBURG STREET, CHESTERTOWN, MD 21620 - PHONE 410-778-1350
Public Health
Prevent. Promote. Protect.

# APPLICATION TO CONSTRUCT AN ON-SITE SEWAGE SYSTEM

Owner's Name: _____

Property Address: _____

_____

Email: _____ PHONE#: _____

Septic Installer: _____ *Licensed/Certified: Y / N*

LICENSE#:_____ PHONE#:_____

Email:_____ Application Date: _____

CIRCLE ALL THAT APPLY: A. New house B. Repair C. I/A

D. BAT E. OTHER_____

# OF BEDROOMS:_____ BASEMENT: Y / N

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 SEPTIC SYSTEM REPAIR**

*SITE PLAN TO INCLUDE: PROPOSED & EXISTING SEPTIC SYSTEM, PROPOSED & EXISTING WELLS, HOUSE LOCATION, DRIVEWAY, BURIED UTILITIES, SURROUNDING WELLS & SEPTICS WITHIN 100', and PROPERTY LINES.*

***New construction requires a site plan submitted by a licensed surveyor***

***I,****(Homeowner Signature , date)*, *HEREBY APPLY TO CONSTRUCT AN ON-SITE SEWAGE SYSTEM,* ***AGREE TO CONTACT THE KENT COUNTY HEALTH DEPARTMENT 48 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 THE HOMEOWNER; RETURN WITH Fee CHECK PAYABLE TO "KCHD")**

**(TO BE COMPLETED BY SEPTIC CONTRACTOR)**

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

CONVENTIONAL: Yes / No NON CONVENTIONAL: Yes / No **USE**: A. Single Family B. Commercial C. OTHER _____

**SEPTIC TANK**: CAPACITY: _____ TYPE: _____ FILTER BAFFLE: _____ ADD RISERS ABOVE GRADE ☐

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

**PUMP STATION**: Yes / No TYPE: _____ SIZE: _____ ADD RISERS ABOVE GRADE *with* HIGH WATER ALARM ☐

**BACKFILL:** Conventional Y/N Approved Stone Backfill - Non-Conventional Variance Request Y/N *Approved Sand Sieve Analysis: Y/N*

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

**CONTACT KCHD 48 HOURS PRIOR TO BEGINNING CONSTRUCTION**

PROVIDE FINAL GRADE TO DIVERT SURFACE WATER AWAY FROM THE ONSITE WASTE DISPOSAL SYSTEM

**BRF GRANT RECIPIENT**: Yes / No *BAT UNIT-*_____ *A&E* RECORDED *Yes / No*

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 SOIL.***

**CONTACT KCHD IF YOU HAVE QUESTIONS.**

| SYSTEM "AS PROPOSED" | SYSTEM "AS CONSTRUCTED" |
|---|---|
| | |

| | | |
|---|---|---|
| Project Type: | ☐ New house | $450.00 |
| | ☐ Upgrade (Remodel, Renovation, BAT) | $450.00 |
| | ☐ I/A | $450.00 |
| | ☐ Repair (Tank only, Failed Systems) | $200.00 |
| | ☐ OTHER _____ | |

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