

# TALBOT COUNTY HEALTH DEPARTMENT

OFFICE OF ENVIRONMENTAL HEALTH  
215 BAY STREET, SUITE #4, Easton, MD 21601  
410-770-6880 (P) 410-770-6888 (F)

Building Permit No. \_\_\_\_\_  
Receipt No. \_\_\_\_\_

## APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

1. OWNER \_\_\_\_\_  
Last Name First Name Phone No. E-Mail Address

\_\_\_\_\_ Mailing Address Property Address

2. APPLICANT \_\_\_\_\_  
Last Name First Name Phone No. E-Mail Address

3. Size of Lot \_\_\_\_\_ 4. Planned Use of Building: ☐ Residential ☐ Commercial: Type \_\_\_\_\_

If Residential: Sq. Ft. of Living Area \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

5. Type of Sewage Disposal System: ☐ On-Site Septic System ☐ Connection to Public Sewer

6. Type of Water Supply: ☐ Deep Well ☐ Shallow Well ☐ Community Water Supply

7. I \_\_\_\_\_ hereby agree to have the sewage disposal facilities installed in accordance with regulations  
Signature of Owner COMAR 26.04.02 of the Maryland Dept of Environment under the supervision of the Talbot  
County Health Dept. Should this system fail, I agree to make any changes deemed necessary.  
Date \_\_\_\_\_ **THIS APPLICATION SHALL EXPIRE ONE YEAR FROM THE DATE OF APPROVAL.**

**IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.**

**DO NOT WRITE BELOW THIS LINE, OFFICIAL USE ONLY**

8. Purpose of Sanitary Construction: ☐ New System ☐ Expansion of Existing system  
☐ Repair/Replacement ☐ Connection to Existing System  
☐ I & A or Non-Conforming - Agreement Recordation  
# \_\_\_\_\_/\_\_\_\_\_  
☐ **\*\*Advanced Pre-Treatment** \_\_\_\_\_ GPD  
☐ Abandon tank/pit. Tanks/pit must be pumped prior to being crushed, filled or removed.  
☐ Holding Tank - Agreement Recordation  
# \_\_\_\_\_/\_\_\_\_\_  
9. ☐ **\*\*BAT Required** \_\_\_\_\_ GPD

10. Septic Tank Specifications: Number of Tanks \_\_\_\_\_ ( ) Top Seam Tank

☐ 1,000 Gallon Two Compartment ☐ 1,500 Gallon Two Compartment ☐ Concrete Pump Chamber

11. Total Length of Trench \_\_\_\_\_ ft. Length of Each Trench \_\_\_\_\_ Number of Trenches \_\_\_\_\_

Depth of Each Trench \_\_\_\_\_ ft Width of Trench \_\_\_\_\_ ft.

Sand Lined Trenched/6"Stone Below & 2" Above \_\_\_\_\_ All Stone Trench \_\_\_\_\_

Invert of Drainfield \_\_\_\_\_ Install When Ground Water Table is Absent \_\_\_\_\_

Soil Type \_\_\_\_\_ Management Area \_\_\_\_\_ Graded & Seeded \_\_\_\_\_

Maryland Dept. of the Environment recommends septic tanks, BAT and other pre-treatment units be pumped at a frequency adequate to ensure that solids are not discharged to the disposal area.

**\*\*THE ABOVE REFERENCED DENITRIFICATION UNIT MUST BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S GUIDELINES. FINAL APPROVAL FOR SANITARY CONSTRUCTION INSTALLATION WILL NOT BE PROVIDED UNTIL A COPY OF THE MANUFACTURER'S INSTALLATION CERTIFICATION HAS BEEN PROVIDED TO THIS OFFICE.**

Application Approved \_\_\_\_\_ Date \_\_\_\_\_ Licensed Environmental Health Specialist \_\_\_\_\_

Map \_\_\_\_\_  
Property Address \_\_\_\_\_  
GRID \_\_\_\_\_  
PARCEL \_\_\_\_\_  
LOT # \_\_\_\_\_

## AS-BUILT DRAWING

Date & Time of Inspection(s) \_\_\_\_\_

System Installed By: \_\_\_\_\_

### Final Inspection

Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SDA Corners Staked \_\_\_\_\_ Trench Depth \_\_\_\_\_ (Observed) ( ) Yes ( ) No

Trench Width \_\_\_\_\_ Invert \_\_\_\_\_ Backfill type \_\_\_\_\_

D-Box - outlets at same elevation ( ) Yes ( ) No \_\_\_\_\_

( ) Certification of installation of BAT provided

Licensed Environmental Health Specialist \_\_\_\_\_

# TALBOT COUNTY HEALTH DEPARTMENT

Office of Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601

Phone (410) 770-6880

Fax: (410) 770-6888

DR. FAHMI FAHMI  
HEALTH OFFICER

BRENNAN E. GREENE, LEHS  
DIRECTOR

## SOIL/SITE EVALUATION APPLICATION

Tax Map

Block

Parcel

Lot #

Section #

Owner's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

<u>Application</u>	<u>Type of Evaluation</u>	<u>FEE</u>
_____ Subdivision - # of lots	_____ Conventional Trench - up to 10,000 sq. ft. = (Each additional 1,000 sq. ft. \$40 will be charged.)	<b>400.</b>
_____ Lot of Record _____ Acreage	_____ Bermed Infiltration Pond - up to 40,000 sq. ft. = (Each additional 10,000 sq. ft. \$125 will be charged.)	<b>500.</b>
_____ SDA for Accessory Structure	_____ Sand Mound	<b>500.</b>
_____ Enlarge/Relocate Existing SDA	_____ Re-evaluation (Previously Platted SDA)	<b>200.</b>
_____ SDA for Existing Residential Structure	_____ OSDS Repair/Replacement _____ # of Bedrooms, _____ sqft of dwelling	<b>180.</b>
_____ Other		

Address/ Directions to property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my permission to the staff of the Talbot County Environmental Health Office to conduct all necessary evaluations on the above referenced parcel. This may include backhoe profiles, auger borings and piezometer installation with frequent return visits. I also agree to provide the Office of Environmental Health with the equipment and materials, which may be required to complete the soil evaluation.

Signature of Owner/ Power of Attorney

Date

Receipt #: \_\_\_\_\_

Amt Paid: \_\_\_\_\_

Eval #: \_\_\_\_\_

Wet Season: Y N

Mgmt Area: A B

Main Site: 510 Cadmus Lane, Easton, MD 21601 Phone: (410) 819-5600 Fax: (410) 819-5690

TTY: 1-800-735-2258 MD RELAY

Revised 04/04/25

\_\_\_\_\_ The proposed Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal **conditioned on the following**:

\_\_\_\_\_ A Subdivision Plat showing the approved Sewage Disposal Area(s) and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements, and must be submitted to The Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

\_\_\_\_\_ A Revision Plat showing the above referenced Sewage Disposal Area and all associated soil profiles, monitoring wells and piezometers must be prepared in accordance with all applicable County and State regulations and requirements and must be submitted to the Talbot County Office of Planning and Zoning through the Technical Advisory Committee (TAC) development review process.

\_\_\_\_\_ A surveyed plat showing the Sewage Disposal Area(s) (SDA) as flagged, as well as locations of all identified soil profiles and piezometers must be submitted to this office for review before the final plat is submitted for Health Officer signature.

\_\_\_\_\_ The Sewage Disposal Area as previously approved and platted is acceptable.

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

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\_\_\_\_\_ The proposed Sewage Disposal Area (SDA) identified as \_\_\_\_\_ has been evaluated by the Talbot County Health Department and been found to be **UNACCEPTABLE** for the following reason(s):

\_\_\_\_\_ High seasonal groundwater table

\_\_\_\_\_ Percolation/Infiltration rate not acceptable

\_\_\_\_\_ Cannot meet Treatment Zone requirements

\_\_\_\_\_ Inconsistent/Insufficient permeable soil above the required Treatment Zone

\_\_\_\_\_ Other: \_\_\_\_\_

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\_\_\_\_\_ The repair/replacement on-site sewage disposal system proposal and site plan has been evaluated by the Talbot County Health Department and complies with current criteria for on-site sewage disposal. Please submit an application for a sanitary construction permit with the approved site plan.

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If you have any questions or comments concerning the above-described results, please contact this office at (410) 770-6880 to set up an appointment with the LEHS listed below and/or the Environmental Health Director.

\_\_\_\_\_  
Licensed Environmental Health Specialist

\_\_\_\_\_  
Date