Public Health
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Somerset County Health Department

Somerset County Health Department

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TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

LAND EVALUATION AND SEWAGE RESERVE AREA MODIFICATION APPLICATION

Property Owner:	Applicant:
Location of Property:	Applicant Address:
Property Owner Phone:	Applicant Phone:
Property Owner Email:	Applicant Email:

Property Tax ID:	Tax Map:	Grid:	Parcel:	Lot #:

Proposal – Check one below and attach a site plan showing the proposed test site(s).

Residential (Proposed 4 bedroom maximum)

- □ Initial evaluation of a single lot of record with no current Health Department approval - not to be subdivided.
- □ Evaluation of a property to be subdivided: Number of lots requested: _____
  Is there an existing dwelling on the property? Yes / No
- □ Sewage Reserve Area (SRA) modification.

Commercial (Minimum Flow is 600 GPD)

- □ This is a proposed commercial facility. Type of facility: _____

Fees – All fees are due at time of application and are a non-refundable filing and processing fee.

- Land Evaluation – **$400 per lot/SRA**
- Sewage Reserve Area Modification Greater Than 30% – **$400 per SRA**
- Sewage Reserve Area Modification Less Than 30% – **$200 per SRA**

Owner's Authorization: The applicant hereby certifies and agrees as follow: (1) they are authorized to make this application; (2) the information is correct; (3) grants county officials the right to enter the property for the purpose of site work; (4) understands that the applicant may have to provide a backhoe at their own cost for site work; (5) understands that applications received after January 1st may not be completed that calendar year; (6) understands that Health Department approval does not guarantee that a property is buildable or that it may be subdivided. Applicants are advised to consult with all regulatory agencies regarding the feasibility of a proposal.

Owner's Signature: _____ **Date:** _____

If you are not the property owner, you must provide written permission from the owner.

Please contact the Environmental Health office of the Somerset County Health Department once the site is visibly marked, easily accessible and five gallons of water are placed at the test site. Work will not begin until this step is completed and the Health Department is notified (443-523-1700). **Application expires 2 years after submittal.**

********** **Do Not Write Below This Line - SCHD Use Only** **********

GPR: _____ Initial Property Size: _____ Critical Area: Yes / No

Comment: _____

Approved / Disapproved SCHD: _____ Date: _____

Somerset County Health Department Land Evaluation Information Sheet

Feature	**Separation Distance** *per COMAR 26.04.02.04 J. unless otherwise noted*
All steep slopes (>25 percent)	25 feet
Springs	100 feet
Drainage ways and gullies	25 feet
Flood plain soils	25 feet
Rock outcrops	25 feet
Elevation of spillway crest water level in a water supply reservoir	300 feet
Stream bank 3,000 feet or less upstream from a water intake on a water supply reservoir or intake on a stream used as a potable water supply	200 feet
Stream bank greater than 3,000 feet upstream from a water intake on a water supply reservoir or intake on a stream used as a potable water supply	100 feet
Water bodies not serving as potable water supplies including intermittent and perennial streams	100 feet
Water well system in unconfined aquifers	200 feet *per Somerset County GPR*
Water well system in confined aquifers	100 feet *per Somerset County GPR*
Sink holes underlain by karst topography	100 feet
Building foundations	10 feet
Wetlands	100 feet

- Applicant must select a testing site that maintains the required distances above.
- Applicant must submit a site plan showing the proposed test site(s).
- Land evaluations may take several months. During this time the test site must be maintained, any disruption of the test site may void any testing performed by the Health Department.
- Once testing is completed, a letter is sent to the applicant notifying them of the test results. If the site is approved, a plat must be submitted to the Health Department within **six months** showing a minimum 10,000 square foot sewage reserve area that includes the test site.
  Failure to complete this step may void the approval.

The majority of land evaluations must be conducted during the "wet season", when groundwater levels are at their highest throughout Somerset County (typically during the winter and early spring seasons). A letter advising land evaluation applicants to mark the test site and notify the Health Department will be mailed prior to the start of each wet season. Please contact the Environmental Health office of the Somerset County Health Department at 443-523-1700 if you have any questions.