



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258

Health Officer: Danielle Weber, MS, RN

ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT APPLICATION

Applicant(s) must submit a site plan that includes any previous soil test locations and sewage disposal areas, existing and proposed improvements, location of existing and proposed water supply wells to serve the property, and existing wells and sewage disposal areas within 100 feet of the property line.

Property Owner:		Property Owner Phone:	
Property Owner Address:		Property Owner Email:	
Location of Property:		Property Tax ID:	
Tax Map:	Grid:	Parcel:	Lot#:
Number of Bedrooms:	Number of Bathrooms:	Number of People:	Garbage Disposal: Yes / No
Planned Use (Residential/Commercial):		If Commercial, Type/Description:	
Installer:		Installer Phone:	
Water Supply: <input type="checkbox"/> Private Well (Well Tag #: _____) <input type="checkbox"/> Public Water		Will you be applying for Bay Restoration Fund (BRF) grant assistance? If yes, a separate grant application must be completed. Yes / No	

Check One Below:

- Septic Tank Only Replacement (Standard or BAT Tank) – **Fee: \$150**
- Drainfield Repair/Replacement (Septic System is Failing) – **Fee: \$300**
- New Home Construction – **Fee: \$400**

Owner's Authorization: The applicant(s) hereby certifies and agrees as follows: (1) they are authorized to make this application; (2) the information is correct; (3) grants health department officials the right to enter the property for the purpose of site work; (4) understands that the applicant may be required to locate any wells on the specified and neighboring properties; (5) understands that the applicant may be required to provide documentation of property boundary lines; (6) understands that the applicant may have to provide a backhoe or other equipment at their own cost for site work and evaluation.

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

If you are not the owner, then you must provide written permission from the property owner to apply on their behalf.

*****DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY*****

GPR: _____ Property Size: _____ Critical Area: Yes / No
Proposal Approved / Disapproved: _____ Date: _____
Installation Approved / Disapproved: _____ Date: _____
Comments: _____

APPLICATION IS NON-TRANSFERABLE AND EXPIRES WITHIN 24 MONTHS FROM SUBMISSION OR APPROVAL, WHICHEVER IS LATER

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