



APPLICATION FOR PERMIT TO CONSTRUCT AN INDIVIDUAL SEWAGE SYSTEM. **\$95 FEE FOR NEW CONSTRUCTION. SEPTIC REPAIR FEE IS \$25. ALTERNATIVE SYSTEM FEE IS \$ 275.**

This application must be submitted to and approved by this office **prior** to starting any work on the sewage disposal system described below.

PROPERTY OWNER: _____

MAILING ADDRESS: _____

Indicate address on the line below if you want permit mailed to different location:

Property identification: Tax Map: _____ Block: _____ Parcel: _____

Subdivision: _____ Lot: _____ Section: _____

Property Account/Tax Identification Number: _____

Location: _____

System to serve: _____ New Construction or _____ Existing Structure

Type of Building: _____ Total Square Footage: _____

Number of Bedrooms: _____ Septic Contractor: _____

Water Supply: Drilled Well: _____ Community: _____ Other: _____

Select one of the following required Best Available Technology for Removal of Nitrogen units:

_____ Advantex-RT, _____ Advantex-AX20, _____ SeptiTech _____ Hoot BNR

_____ RetroFast, _____ Singular TNT and Singular Green

For Bay Restoration Fund Best Available Technology procurement purposes, MDE selected the two lowest fixed unit price Best Available Technology by region. The southern region’s preapproved units are the Singular TNT and Hoot BNR. For more information on tank selection the following website can be utilized.

http://www.mde.maryland.gov/programs/water/bayrestorationfund/onsitedisposalsystems/pages/water/cbwrf/osds/brf_bat.aspx

PURSUANT TO MARYLAND DEPARTMENT OF THE ENVIRONMENT “REGULATIONS GOVERNING INDIVIDUAL SEWAGE DISPOSAL SYSTEMS” (COMAR 26.04.02), I HEARBY REQUEST APPROVAL TO INSTALL THE HEREIN DESCRIBED SEWAGE DISPOSAL SYSTEM. BY MY SIGNATURE I ACKNOWLEDGE THAT THE APPROVED SITE PLAN IS AN INTEGRAL PART OF THIS PERMIT AND AGREE TO INSTALL THE SYSTEM IN ACCORDANCE WITH ITS PROVISIONS.

Date	Signature	Phone Number
	Owner _____ Legal Rep. _____	

DO NOT WRITE BELOW THIS LINE

SOIL PERCOLATION TEST INFORMATION: Rate: _____ Depth: _____

Penetration: _____ Water Table: _____

Sewage Disposal System: Dual chamber top seam septic tank-Capacity: _____

Lift pump and pump chamber installed: _____

Drainfields:

Total length: _____ Width: _____ Depth: _____ No. of trenches: _____

Length of each trench: _____ Depth of gravel under pipe: _____

Special Provisions: _____

Codes: New septic (S): Repair (R): Conventional Sand Mound (SM): Low Pressure Dosing (LPD): Sand Lined Trench (SLT): Alternative Sand Mound (ASM): Innovative Sand Mound (ISM): Gray Water Sand Mound (GSM): Low Profile Sand Mound (LPSM): Holding Tank (HT): Bay Restoration Fund (BRF): Non Bay Restoration Fund (NBRF)