



Charles County Department of Health
Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684

Official Use:
Received: _____
Amount Due: _____
Date Paid: _____

Septic System Installation Permit Application

Application must be **complete** and accompanied by the appropriate application fee as well as an approved and signed site plan in order to be processed. Checks should be made payable to the "Charles County Department of Health". Application fees are as follows: **Conventional Septic Permit \$150.00; Alternative System Permit \$275.00; Innovative System Permit \$500.00; Conventional Repair System Permit \$50.00.** **NOTE:** As of January 1, 2023, the Maryland Department of the Environment requires all persons that design and or install septic systems to register with the Board of On-Site Wastewater Professionals. This application WILL NOT be processed without ALL required licensing and certifications. Applicant **MUST** submit a copy of the approved site plan. Septic System Installation Permits will be issued to the **Maryland licensed installer only.**

Type: <input type="radio"/> New Construction <input type="radio"/> Repair	Proposed Use: <input type="radio"/> Residential <input type="radio"/> Commercial	Dwelling Information: Total # of Bedrooms: _____ Total Square Footage: _____	Existing Dwelling: <input type="radio"/> Yes <input type="radio"/> No
Water Source: If Private: <input type="radio"/> Private <input type="radio"/> Shallow <input type="radio"/> Public <input type="radio"/> Drilled	Type of Septic System: <input type="radio"/> Trench System <input type="radio"/> At Grade Sandmound <input type="radio"/> Sandmound System <input type="radio"/> Low Pressure Dosing System <input type="radio"/> Other _____		Sandmound Basal Sq Feet: Width _____ Length _____ Total Sq Feet _____
Trench Information: Total Trench Length _____ # of Trenches _____ Individual Trench Length _____ Trench Width _____		Trench Depth _____ Min Trench Spacing _____ (Center to Center) Gravel Depth _____ Sand Depth _____	At Grade Information: At Grade Length _____ At Grade Width _____
Distribution Box Info: Distribution Type _____ <input type="radio"/> 6 Hole <input type="radio"/> 10 Hole <input type="radio"/> Other _____			
Pump System: <input type="radio"/> Yes <input type="radio"/> No	Pump Chamber Size: <input type="radio"/> 1000 <input type="radio"/> 1500 <input type="radio"/> 2000 <input type="radio"/> Other _____	Pump Chamber Type: <input type="radio"/> Concrete <input type="radio"/> Fiberglass	Septic Tank Size: <input type="radio"/> 1500 <input type="radio"/> 2000 <input type="radio"/> Other _____
Septic Tank Type: <input type="radio"/> Concrete <input type="radio"/> Fiberglass			
Septic System Designer: Company Name: _____ Email Address: _____ Phone Number: _____ Mailing Address: _____ Maryland Wastewater Provider Number: _____ (MUST BE PROVIDED)			
THE INSTALLER HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT THE INSTALLER IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE PROVIDED INFORMATION IS CORRECT; (3) THAT THE INSTALLER WILL COMPLY WITH ALL APPLICABLE STATE AND COUNTY REGULATIONS; (4) INSTALLER GRANTS COUNTY AND/OR STATE OFFICIALS THE RIGHT TO ACCESS THE PROPERTY FOR THE PURPOSE OF CONDUCTING THE WORK. Applicant Signature: _____ Date: _____			
Septic System Installer: Installer Name: _____ Email Address: _____ Phone Number: _____ Mailing Address: _____ Maryland Wastewater Provider Number: _____ (MUST BE PROVIDED)			

Property Information: Applicant Name: _____ Email Address: _____ Phone Number: _____ Mailing Address: _____ Owner Name: _____ Email Address: _____ Phone Number: _____ Mailing Address: _____ Property Address: _____ Tax ID: _____ Election District: _____ Tax Map: _____ Grid: _____ Parcel: _____ Subdivision Name: _____ Lot: _____ Section: _____ Directions to Property: _____ _____			
ADDITIONAL CERTIFICATIONS AREA REQUIRED FOR THE INSTALLATION OF SANDMOUND AND AT GRADE SANDMOUNDS FROM MDE. FOR A LIST OF CERTIFIED INSTALLERS, MORE INFORMATION MAY BE FOUND AT: https://mde.maryland.gov/programs/Water/BayRestorationFund/OnsiteDisposalSystems/Pages/OnsiteSystems.aspx			
PROPERTY LOCATED WITHIN THE CHESAPEAKE WATERSHED CRITERIA: YES___ NO___ IF YES, A BEST AVAILABLE TECHNOLOGY (BAT) NITROGEN TANK WILL BE REQUIRED. MORE INFORMATION ON BAT TECHNOLOGY CAN BE FOUND AT: https://mde.maryland.gov/programs/Water/BayRestorationFund/OnsiteDisposalSystems/Pages/index.aspx SEPTIC SYSTEM INSTALLER: _____ WASTEWATER PROVIDER NUMBER: _____			
INSTALLERS MUST BE REGISTERED WITH THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AND ON THE WASTE WATER PROVIDER LIST. THE WASTEWATER PROVIDER LIST MAY BE FOUND AT: https://mde.maryland.gov/programs/water/www/Pages/State-Board-of-On-Site-Wastewater-Professionals.aspx			
ADDITIONAL INSTALLER LICENSES BY TYPE: SANDMOUND # _____ AT GRADE _____ BAT # _____ COUNTY LICENSE # _____			
NOTE: <ul style="list-style-type: none"> INSTALLER MAY SCHEDULE A PRE-CONSTRUCTION MEETING WITH THE LOCAL APPROVING AUTHORITY PRIOR TO BEGINNING ANY INSTALLATION CONTRACTOR MUST SCHEDULE INSPECTIONS AND GAIN APPROVAL OF ALL COMPONENTS PRIOR TO COVERING ANY PART OF THE SYSTEM FOR SYSTEMS USING STONE/GRAVEL IT MUST BE APPROVED BY THE LOCAL APPROVING AUTHORITY AND MATERIAL TICKETS MAY BE REQUIRED WATERTIGHT SEPTIC TANKS, BAT UNITS AND PUMP CHAMBERS ARE REQUIRED WATERTIGHT MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS, BAT UNITS AND PUMP CHAMBERS AN INDIVIDUAL CERTIFIED BY MDE FOR BAT, SANDMOUND OR AT GRADE SYSTEMS MUST BE PRESENT ON SITE THE ENTIRE TIME DURING INSTALLATION OF SUCH SYSTEMS MDE RECOMMENDS SEPTIC TANKS, BAT AND OTHER PRETREATMENT UNITS BE PUMPED AT A FREQUENCY ADEQUATE TO ENSURE THAT SOLIDS ARE NOT DISCHARGED TO THE DISPOSAL AREA AN ELECTRICAL PERMIT IS REQUIRED FOR INSTALLATION OF ANY ELECTRICAL COMPONENTS OF THE SYSTEM THE INSTALLER IS RESPONSIBLE FOR VERIFYING THAT ALL PARTS OF THE SYSTEM ARE INSTALLED ON THE PROPERTY TRENCHES MUST BE INSTALLED ON CONTOUR PERMITTEE RESPONSIBLE FOR OBTAINING FINAL INSPECTION APPROVAL ON THIS PERMIT 			