



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  
www.charlescountyhealth.org

Official Use:  
Date Received: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
TAX ID: \_\_\_\_\_

## Holding Tank Installation Permit Application

The application must be **complete**, accompanied by the appropriate application fee, and a site plan in order to be processed. Installer must be a licensed Maryland On-Site Wastewater Provider. Checks should be made payable to the "Charles County Department of Health". Application fee is **\$50.00**. An incomplete application will delay permit processing.

Building Use: <input type="radio"/> Residential <input type="radio"/> Commercial	Sewage/Waste Disposal: Septic System: _____ Privy: _____ Other: _____	Water Supply: <input type="radio"/> Drilled Well <input type="radio"/> Shallow Well <input type="radio"/> Community Well <input type="radio"/> Other
Residential Dwelling Information: # of Bedrooms: _____ Sq Footage: _____	Commercial Building Information: Total Sq Footage: _____ Proposed Usage: _____	Will BRF Grant Funding Be Used? <input type="radio"/> Yes <input type="radio"/> No
Proposed Holding Tank Information: Size and Number of Holding Tanks # _____ 1,000 Gallons    # _____ 1,500 Gallons    # _____ 2,000 Gallons    _____ Total Holding Tank Capacity (Gallons)		
Property Information: Owner Name: _____ Phone Number: _____ Email Address: _____ Mailing Address: _____  Installer Name: _____ Phone Number: _____ Email Address: _____ Mailing Address: _____ Maryland On-site Wastewater Provider Number ( <b>MUST BE PROVIDED</b> ): _____  Property Address: _____ Tax ID: _____ Election District: _____ Tax Map: _____ Grid: _____ Parcel: _____ Subdivision Name: _____ Lot: _____ Section: _____ Location of Property: _____		
<b>INCLUDE ALL THE FOLLOWING ITEMS BELOW WITH YOUR APPLICATION:</b> <ul style="list-style-type: none"><li>• A SITE PLAN DRAWN BY A LICENSED MARYLAND BOARD OF ON-SITE WASTEWATER PROFESSIONAL, TO SCALE SHOWING EXISTING SEPTIC SYSTEM AND WELLS (ON THE LOT AND WITHIN 100 FEET OF PROPERTY LINE), HOUSE, GARAGE, ACCESSORY BUILDINGS, ACREAGE, PERMANENT/TEMPORARY FEATURES (TREES, SWIMMING POOLS, DECKS, PATIOS), DRIVEWAY, STREET/ROAD FRONTAGE, PROPERTY LINES, RIGHT OF WAYS, EASEMENTS, PROPOSED ADDITIONS, AND NEW CONSTRUCTION, AND THE PROPOSED LOCATION OF THE HOLDING TANK.</li><li>• ORIGINAL TAX BILL FROM THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION FROM THE MOST RECENT TAX YEAR.</li><li>• A SIGNED ANNUAL CONTRACT WITH A SEWAGE SCAVENGER LICENSED IN CHARLES COUNTY TO PROVIDE REGULAR PUMPING SERVICE FOR THE HOLDING TANK.</li><li>• A COPY OF THE SIGNED AGREEMENT BETWEEN THE OWNER AND THE DEPARTMENT OF THE ENVIRONMENT WHICH HAS BEEN DULY RECORDED ON THE PROPERTY DEED IN THE CHARLES COUNTY LAND RECORDS.</li></ul>		
The applicant/owner states that the information on the application is correct and complete. The applicant agrees to comply with all applicable federal, state, and county regulations, ordinance, and laws. The owner of the property grants permission to the Charles County Department of Health to access and conduct work on the property. The owner of the property will have the Holding Tanks pumped out on a routine basis by a Charles County licensed sewage hauler, to keep the holding tanks free from spills. Maintenance/service records must be submitted every quarter for the first year and annually thereafter to the Department from the first date of occupancy. Maintenance and servicing must be performed by a Maryland licensed septic professional.		
Applicant Signature: _____ Date: _____		