



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.charlescounthealth.org

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

## 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: **New Construction Conventional Septic Permit \$150.00; Alternative System Permit \$275.00; Innovative System Permit \$500.00; Conventional Repair System Permit \$50.00; Tank Replacement Permit \$50.00.** . New construction, Alternative, and Innovative Septic System applications must have an approved, professionally engineered site plan to be submitted with this application. Conventional repair and Tank Replacement System must be submitted with a site plan designed by an approved Wastewater Provider. **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	Existing Dwelling: <input type="radio"/> Yes <input type="radio"/> No	Dwelling Information: Total # of Bedrooms: _____ Total Square Footage: _____	Water Source: If Private: <input type="radio"/> Private <input type="radio"/> Shallow <input type="radio"/> Public <input type="radio"/> Drilled
Property Information: Applicant Name: _____ Phone Number: _____ Email Address: _____ Mailing Address: _____ Owner Name: _____ Phone Number: _____ Email Address: _____ Mailing Address: _____ Property Address: _____ Tax ID: _____ Election District: _____ Tax Map: _____ Grid: _____ Parcel: _____ Subdivision Name: _____ Lot: _____ Section: _____ Directions to Property: _____				
Type of Septic System: <input type="radio"/> Trench <input type="radio"/> At Grade <input type="radio"/> Sandmound <input type="radio"/> Low Pressure Dosing <input type="radio"/> Holding Tank <input type="radio"/> Other _____	Septic Tank Type: <input type="radio"/> Concrete <input type="radio"/> Fiberglass	Septic Tank Size: <input type="radio"/> 1500 <input type="radio"/> 2000 <input type="radio"/> Other _____	BAT Tank: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Type _____	Pump Chamber: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Concrete
Pump Chamber Size: <input type="radio"/> 1000 <input type="radio"/> 1500 <input type="radio"/> 2000 <input type="radio"/> Other _____	Distribution Box Info: Distribution Type <input type="radio"/> 6 Hole <input type="radio"/> 10 Hole <input type="radio"/> Other _____	Trench Information: Total Trench Length _____ Trench Depth _____ # of Trenches _____ Min Trench Spacing (center to center) _____ Individual Trench Length _____ Trench Width _____ Gravel Depth _____ Sand Depth _____		
At Grade Information: At Grade Length _____ At Grade Width _____		Sandmound Basal Sq Feet: Width _____ Length _____ Total Sq Feet _____		
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 Designer:**

Company Name: \_\_\_\_\_

Designer Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Maryland Onsite Wastewater Provider Number: \_\_\_\_\_ (MUST BE PROVIDED)

**Septic System Installer:**

Company Name: \_\_\_\_\_

Installer Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Maryland Onsite Wastewater Provider Number: \_\_\_\_\_ (MUST BE PROVIDED)

**INSTALLER LICENSES BY TYPE:**☐ SANDMOUND    ☐ AT GRADE    ☐ BAT    ONSITE WASTEWATER PROVIDER LICENSE #: \_\_\_\_\_

INSTALLERS MUST BE REGISTERED WITH THE MARYLAND DEPARTMENT OF THE ENVIRONMENT AND ON THE WASTEWATER 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>

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>

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>**NOTE:**

- 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
- FORCE MAIN PIPE TYPE SCHEDULE 35 OR 40 PVC FOR DISTRIBUTION SYSTEMS

**DO NOT WRITE BELOW THIS LINE****Sewage Disposal System:**

Dual chamber top seam septic tank-Capacity: \_\_\_\_\_ Lift pump and pump chamber installed: \_\_\_\_\_ Holding Tanks \_\_\_\_\_

**Drainfields:**

Total Length: \_\_\_\_\_ Depth: \_\_\_\_\_ No. of trenches: \_\_\_\_\_ GPD maximum Allowance: \_\_\_\_\_

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)