

REPLACEMENT SEWAGE SYSTEM APPLICATION

WICOMICO COUNTY HEALTH DEPARTMENT
108 EAST MAIN STREET, SALISBURY, MD 21801
ENVIRONMENTAL HEALTH 410-546-4446

FEE: DRAINFIELD WITH OR WITHOUT TANK \$ 250.00

CASH _____ CHECK _____
RECEIPT _____
DATE _____

PROPERTY ID _____

OWNERS NAME _____

MAILING ADDRESS _____

CITY _____ STATE: _____ ZIP: _____

PHONE # (H) _____ (W) _____ (C) _____

LOCATION OF PROPERTY (IF DIFFERENT FROM MAILING) _____

SUBDIVISION _____ SEC _____ BLK _____ LOT _____

MAP _____ PARCEL _____

PROPOSED INSTALLER (MUST BE LICENSED IN WICOMICO COUNTY) _____

DATE OF INITIAL INSTALLATION, MOST RECENT REPAIR, OR REPLACEMENT _____

DO YOU HAVE A TREATMENT SYSTEM ON YOUR WATER SUPPLY? YES/NO

WHERE DOES IT DISCHARGE? _____

NUMBER OF BEDROOMS _____ NUMBER OF PEOPLE LIVING IN HOUSE _____

SKETCH: DWELLING, WELL, SEPTIC AREA, ALL BUILDINGS AND ROAD.

WICOMICO COUNTY HEALTH DEPARTMENT HAS MY PERMISSION TO ENTER ON THE PROPERTY TO PERFORM SUCH TESTS AS NECESSARY IN ORDER TO TO ADEQUATELY SITE AND SIZE THIS PROPOSED REPLACEMENT SEPTIC SYSTEM.

I WISH TO BE CONTACTED PRIOR TO SITE VISIT:
_____ YES _____ NO

NO REFUNDS WILL BE GRANTED ONCE FIELD WORK HAS BEGUN OR AFTER 30 DAYS FROM APPLICATION DATE.

PROPERTY OWNERS SIGNATURE

HEALTH DEPARTMENT USE ONLY:

TRENCH DEPTH _____

TRENCH LENGTH _____

TANK SIZE _____

SPECIAL NOTES:

SANITARIAN SIGNATURE

DATE