

**REPLACEMENT SEWAGE TANK APPLICATION**

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

**FEE: TANK ONLY \$100.00**

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 \_\_\_\_\_

**TANK ONLY:**

1. Old tank must be pumped (receipts required), crushed and filled **or** removed.
2. New tank should be at least 10' from any foundation.
3. If new tank is used in conjunction with a lift pump it should be fit with an effluent filter
4. New tank requires inspection after installation and should have 24 hours notice.

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 TANK.

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**