

## **REPLACEMENT SEWAGE SYSTEM APPLICATION**

Application fee: \$300.00       Cash       Credit/Debit       Check #: Receipt #:         Date:       Property ID:         Owner (s):       Commerce (s):	Health Department	Environmental Hea	llth <u>www.w</u>	icomicohealth.org	Phone: 410-546-4446	
Owner (s):	Application	<u>n <b>fee: \$300.00</b> □</u> Ca	ish □ Credit/Deb	it $\Box$ Check #: _	Receipt #:	
Location of property:	Date:			Property ID:		
Mailing address (if different):	Owner (s): _					
Mailing address (if different):	Location of p	property:				
Installer:						
Tax Map:       Parcel:       Section:       Block:       Lot:         Use of property if not primary residence:	Phone:		Email address: _			
Use of property if not primary residence:	Installer:				Subdivision:	
Reason for replacement/repair:	Тах Мар:	Parcel:	Section:	Block: _	Lot:	
<ul> <li>Has the existing system been inspected as part of a real estate transfer? Yes No If yes, please provide a copy.</li> <li>Date of most recent pumping/repair: # of bedrooms: # of people:</li> <li>Do you have a water treatment system? Yes No *Location of discharge:</li> <li>The Wicomico County Health Department has my permission to enter onto this property to perform such tests as necessary in order to adequately site and size this proposed replacement septic system. I understand this process may require me to locate my own well, other wells on neighboring properties, and my property boundary lines. Non residential uses will require an engineer or qualified consultant to submit a proposed system design. Septic contractors must be licensed in Wicomico County. At-grade mounds and sand mounds require additional certifications from the Maryland Department of the Environment.</li> </ul>	Use of prope	erty if not primary re	sidence:			
please provide a copy. Date of most recent pumping/repair: # of bedrooms: # of people: Do you have a water treatment system? Yes No *Location of discharge: The Wicomico County Health Department has my permission to enter onto this property to perform such tests as necessary in order to adequately site and size this proposed replacement septic system. I understand this process may require me to locate my own well, other wells on neighboring properties, and my property boundary lines. Non residential uses will require an engineer or qualified consultant to submit a proposed system design. Septic contractors must be licensed in Wicomico County. At-grade mounds and sand mounds require additional certifications from the Maryland Department of the Environment.	Reason for I	replacement/repair:				
Do you have a water treatment system? Yes No *Location of discharge: The Wicomico County Health Department has my permission to enter onto this property to perform such tests as necessary in order to adequately site and size this proposed replacement septic system. I understand this process may require me to locate my own well, other wells on neighboring properties, and my property boundary lines. Non residential uses will require an engineer or qualified consultant to submit a proposed system design. Septic contractors must be licensed in Wicomico County. At-grade mounds and sand mounds require additional certifications from the Maryland Department of the Environment.		• •	spected as part c	f a real estate tra	nsfer? Yes No If yes,	
The Wicomico County Health Department has my permission to enter onto this property to perform such tests as necessary in order to adequately site and size this proposed replacement septic system. I understand this process may require me to locate my own well, other wells on neighboring properties, and my property boundary lines. Non residential uses will require an engineer or qualified consultant to submit a proposed system design. Septic contractors must be licensed in Wicomico County. At-grade mounds and sand mounds require additional certifications from the Maryland Department of the Environment.	Date of mos	st recent pumping/re	pair:	# of bedrooms:	# of people:	
perform such tests as necessary in order to adequately site and size this proposed replacement septic system. I understand this process may require me to locate my own well, other wells on neighboring properties, and my property boundary lines. Non residential uses will require an engineer or qualified consultant to submit a proposed system design. Septic contractors must be licensed in Wicomico County. At-grade mounds and sand mounds require additional certifications from the Maryland Department of the Environment.	Do you have a water treatment system? Yes No *Location of discharge:					

## No refunds will be granted once field work has begun or after 30 days from application date. There will be a \$50.00 fee on all NSF checks.

Owners signature

<sup>\*</sup>The Wicomico County Health Department recommends that all water conditioner backwash be disposed of in a separate drainage system that does not interfere with the septic system. Please keep in mind that this additional drainage system must be located 100' from all wells.



## **REPLACEMENT SEWAGE SYSTEM APPLICATION**

Environmental Health

www.wicomicohealth.org

Phone: 410-546-4446

Replacement Sewage System Application Checklist

□ Provide a scaled site plan with measurements

- Location of house, outbuildings, and any other external structures
- □ Location of wells on property and all wells within 100 feet of property line
- □ Location of current septic tank and drainfield
- Does the yard contain an irrigation system? (Yes/No)
- Provide a copy of a septic system inspection, if one was completed
- Provide the name of the licensed system installer, if one has been selected
- □ For the initial evaluation, will a backhoe or excavator be used