



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

FREDERICK COUNTY HEALTH DEPARTMENT

Environmental Health Services: Well & Septic

350 Montevue Lane

Frederick, MD 21702

301-600-1726



APPLICATION FOR PERMIT TO REPAIR, REPLACE OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM

PART I: REPAIR CATEGORY (select one)

Application No. _____ **(Only assigned with \$60 fee)**

\$60 Fee

- Repair failing septic system
- Failed septic inspection report (must provide copy of report)
- Septic tank replacement only (design required)
- Septic component repair for _____

\$325 Fee

- Rebuild house and no septic records exist
- Add bedrooms
- Addition requiring septic expansion
- Attached Accessory Dwelling Unit (ADU) *Detached ADU requires Health Department Site Plan prior to any testing. Call 301-600-1717 for more details.*

PART II: APPLICANT INFORMATION

If Property Owner, continue to Part III

Applicant name _____ Phone _____

Email address _____

Address _____ City _____ St. _____ Zip _____

Relationship to Property Owner _____

PART III: PROPERTY INFORMATION

Property Owner _____ Phone _____

Email address _____

Address _____ City _____ St. _____ Zip _____

Subdivision _____ Lot _____ Section _____ Block _____

Tax ID Number. _____ Tax Map / Parcel Number _____ / _____ Acreage _____

Number of Bedrooms _____ If adding bedrooms, number of bedrooms after work completed _____

Water Supply (check one) Public _____ Drilled Well _____ Other source _____

If Non-Residential Use: Number of Employees _____ Hours of Operation _____

Type of Facility _____

Other buildings connected to septic system _____

Contractor _____

Contractor Phone _____

Contractor responsible for scheduling appointment with FCHD representative

I hereby agree to install this sewage disposal system in accordance with the Code of Maryland Regulations (COMAR) and to arrange for necessary soil tests under supervision of a Frederick County Health Department (FCHD) representative. No construction shall start without FCHD approval. No part of the installation will be covered until inspected and approved by a FCHD representative.

Signature of Applicant

Date

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PART IV (to be completed by the Health Department)

Building Permit # _____

Records attached Yes No No records located after deed search

Soil Type (circle one) RESTRICTED NON-RESTRICTED

Results of soil test _____

Requires MDE review Yes No