

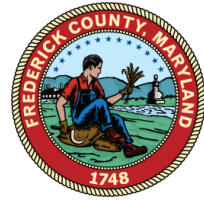


Public Health
Prevent. Promote. Protect.

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	\$325 Fee
<input type="checkbox"/> Repair failing septic system	<input type="checkbox"/> Rebuild house and no septic records exist
<input type="checkbox"/> Failed septic inspection report (must provide copy of report)	<input type="checkbox"/> Add bedrooms
<input type="checkbox"/> Septic tank replacement only (design required)	<input type="checkbox"/> Addition requiring septic expansion
<input type="checkbox"/> Septic component repair for _____	<input type="checkbox"/> Attached Accessory Dwelling Unit (ADU) <i>Detached ADU requires Health Department Site Plan prior to any testing. Call 301-600-1717 for more details.</i>

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