

TALBOT COUNTY HEALTH DEPARTMENT
EASTON, MARYLAND

Permit No. 13397

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

This permit is for an interim individual system. The property owner must discontinue use of this individual system and connect to the community system when the community system becomes available.

1. OWNER **HARRISON, Robert & Chellman** **BAILYS NECK ROAD**
Last Name First Name P. O. Address Phone No.

2. Builder _____ 3. Plumber _____

4. Has this property ever been rejected for individual on site waste disposal? Yes _____ No _____

5. Give directions to property including subdivision name and lot number.

**PEACH BLOSSOM BRIDGE; FIRST ROAD TO THE RIGHT; OLD COUNTRY CLUB ROAD
GO ALL THE WAY DOWN**

6. Size of lot (minimum of 20,000 sq. ft.) _____ 7. Is lot in the limits of an incorporated town? _____

8. Type of Construction: New Building ☐ Repair of System ☒ Remodeling ☐
Mobile Home ☐ (system must be completed before mobile home is placed on lot)

9. Planned use of building: Residence ☒ Commercial _____
State type of use _____

If residence state number of bedrooms _____ Number of Persons _____

If commercial number of persons to use sanitary facilities during a 24 hour period _____

10. Check appliances to be used: Washing machine ☐ Dish washer ☐ Garbage disposal ☐ Other _____

11. Type of sewage disposal system:

Connection to public sewer ☐ Septic tank system ☒ Approved privy ☐ Other _____

Is sewage disposal system proposed ☐ Existing ☒

To be installed by **Raymond Wood**
(Name) (Address)

IMPORTANT: THE APPLICANT MUST ARRANGE FOR NECESSARY SOIL TEST. NO BUILDING CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING COUNTY HEALTH DEPARTMENT APPROVAL.

12. Percolation test may be made from February to May only: Yes _____ No _____

13. Soil test results: Percolation Test: _____ minutes. Depth to porous soil _____ ft.

Soil test made by _____

14. Septic tank capacity _____ gallons. Type of tank _____ Size of tank _____
Length X Width X Depth

15. Tile field (if used) Total length of tile _____ ft. Number of trenches _____
Length of each trench _____ ft. Width of each trench _____ ft. Depth of each trench _____ ft.

16. Seepage pits (if used) Total depth _____ ft. Size _____ ft. Effective depth _____ Number _____

Total sq. ft. of seepage area _____

17. Additional recommendations _____

18. Distance of any water supply to septic tank _____ ft. to disposal field _____ ft.

19. Should this system fail it is agreed the owner will make any changes deemed necessary.

I, **Raymond Wood**
(Signature of applicant) (Address) (Phone No.)

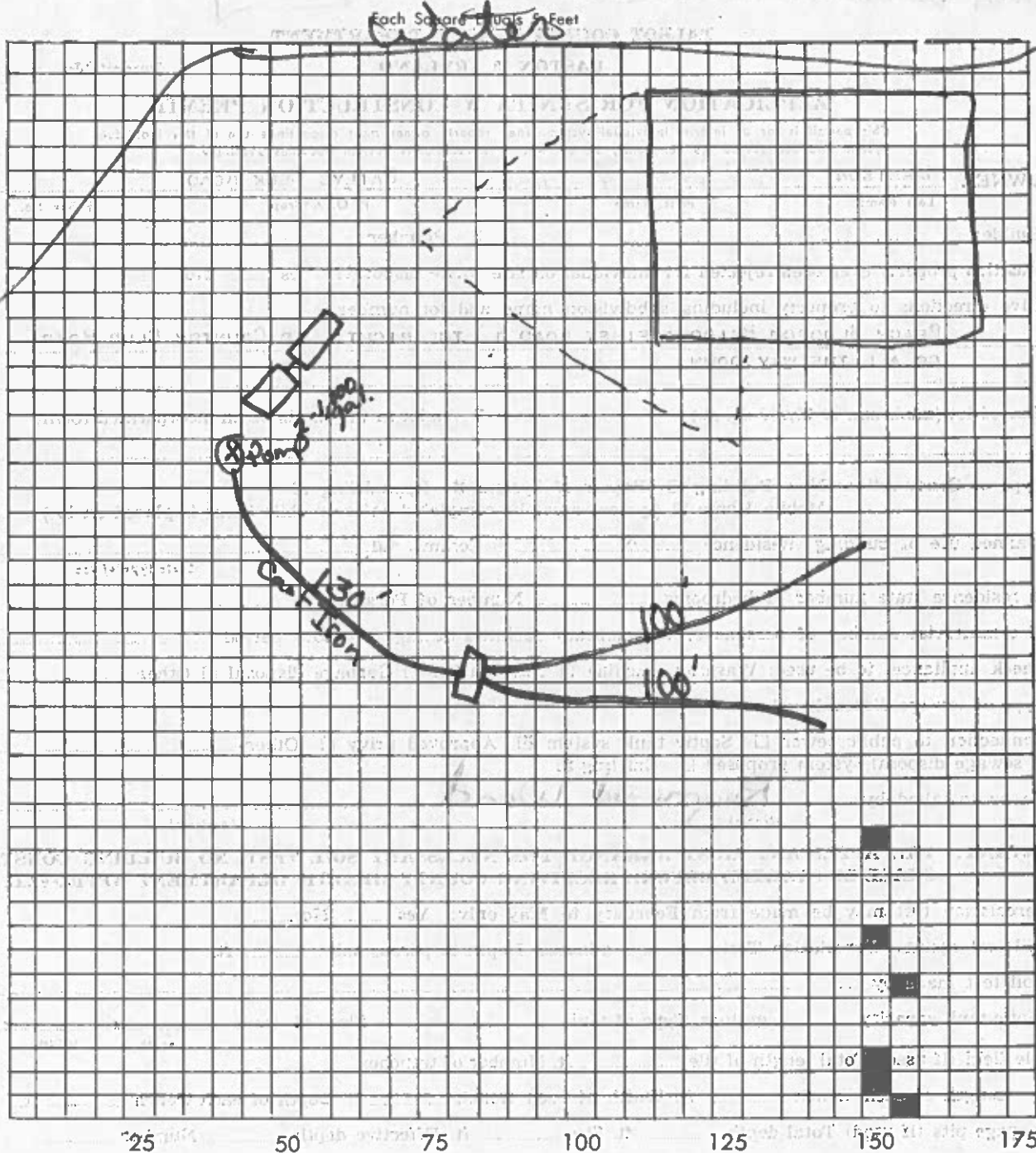
Hereby agree to install sewage disposal facilities in accordance with regulations of the Maryland State Board of Health and to arrange for necessary soil test under the supervision of the Talbot County Health Department.

20. Date of this application _____ This application shall expire one year from date of issue.

Application approved: _____ Application disapproved: _____

Reason for disapproval: _____

DATE: _____ Sanitarian



Make a sketch showing property lines (except in cases of farm installation) building location and showing exact location of waste line from house. Designate direction of slope and distance to house from property lines, and distance of all nearby sources of water to sewage disposal system.

Location and type of disposal system and well will be determined from results of percolation test.

Note: Notify the County Health Department at least forty-eight (48) hours before you are ready to start installation, so inspection can be made while work is in progress.

Representatives of the County Health Department may make inspections during construction to determine compliance with the Regulations of the State Board of Health and the Local Board of Health. No part of any installation shall be covered until inspected and given final written approval by the County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the County Health Department.

THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS

Final Inspection: 12-14-76 M. Newman

Sanitarian

DATE:

Supervisor