

**WORCESTER COUNTY ENVIRONMENTAL PROGRAMS  
INTERIM WASTEWATER DISPOSAL PERMIT APPLICATION**

One West Market Street, Room 1306 Government Center, Snow Hill, MD 21863, 410-632-1220

Permit Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Name \_\_\_\_\_  
Current Mailing Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Property Address (if different from mailing address) \_\_\_\_\_  
Email Address \_\_\_\_\_ Tax ID # \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot \_\_\_\_\_  
New System  Replacement System  Addition to System  Full System Fee (\$375)  Tank Only Fee (\$180)

**System Design Information**

**Residential**

(Please list number of fixtures below)

Bedrooms meeting building code \_\_\_\_\_  
Bathrooms \_\_\_\_\_  
Washing Machines \_\_\_\_\_  
Garbage Disposal (NOT RECOMMENDED) \_\_\_\_\_  
Water Conditioner (See #4 below) \_\_\_\_\_  
Oversize/Whirlpool Tub \_\_\_\_\_  
Indoor Jacuzzi/ Hot Tub (NOT RECOMMENDED) \_\_\_\_\_

**Commercial**

(Fill in what is applicable)

Type of Facility \_\_\_\_\_  
Number of Employees \_\_\_\_\_  
Seating Capacity \_\_\_\_\_  
Hours of Operation \_\_\_\_\_  
Square Footage of Building \_\_\_\_\_  
Retail S.F. \_\_\_\_\_ Office S.F. \_\_\_\_\_ Storage S.F. \_\_\_\_\_  
Other \_\_\_\_\_

**Permit Requirements/Owner Information**

(Please read before signing below)

- (1) The 10,000 square foot sewage disposal area, or initial and replacement areas, shall not be covered by asphalt or concrete, or subjected to vehicular traffic, or any activity that would adversely affect the soils or the operation of the system. These areas shall be maintained as an easement for **sewage only**. They shall remain free of all utility lines, accessory structures, driveways, lawn irrigation, or additions to the main structure.
- (2) The septic tank should be pumped by a licensed septic hauler at least every 2-3 years to remove solids build-up. The effluent filter should be cleaned at this time also. If you have an aerobic treatment device, DO NOT PUMP THE TANK.
- (3) The system shall be maintained so as to prevent washouts, surface pooling, or discharge to any surface or body of water. If this system produces conditions that are considered a nuisance, the owner shall with the approval of this office take the steps necessary to correct it.
- (4) Water treatment or softener backwash **SHALL NOT** be connected to this system. We recommend a French Drain of 1 sq. ft./gallon of backwash, dug down to a water-bearing sand and backfilled with aggregate or infiltrators

- I. *I certify that the information provided above, especially the number of bedrooms, is accurate. This information is used to calculate sewage flow, and if this flow is underestimated the system may fail prematurely.*
- II. *This permit is an INTERIM permit; and that I or any future owners must discontinue use of this individual septic system and connect to a community/public system when it becomes available. This permit runs with the land and not the owner so this information MUST be passed along to future owners.*
- III. *I understand that by signing this application, I give Worcester County Environmental Programs right of access to my property for any preparatory work for permit issuance and any and all inspections until this permit is given final approval.*

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Approved Design Information**

(Design is on file with this office)

Standard Trench  Sand Lined Trench  Seepage Bed  Sand Mound   
Design By: \_\_\_\_\_

**Environmental Programs**

(For office use only)

PERMIT APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

FINAL INSPECTION APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_