



SITE EVALUATION / SANITARY CONSTRUCTION APPLICATION

A. Property Owner Information			
Property Owner: _____	Address: _____		
City: _____	State: _____	Zip code: _____	Day Phone: _____
Email Address: _____	Cell Phone: _____		
B. Project Location Information			
Premise Address: _____		Town: _____	Tax ID#: _____
Subdivision: _____	Lot: _____	Blk: _____	Sec: _____
Map: _____		Parcel: _____	
Directions: _____			
C. Agent/Builder:			
Agent/Builder: _____		Address: _____	
City: _____	State: _____	Zip code: _____	Day Phone: _____
Email Address: _____		Cell Phone: _____	
Engineer: _____	Email Address: _____	Phone: _____	

The applicant hereby certifies and agrees as follows:	D. Description of Proposed Work:
<ol style="list-style-type: none"> 1. I am the owner of the property or an authorized representative of the owner of the property (documentation required with owners signature). 2. The information provided is accurate. 3. The owner of the property grants the Calvert County Health Department staff the right to enter onto the property at a reasonable time for any reason necessary to conduct or complete a review of this application. 4. This application and the fees paid are sufficient for 1 site evaluation consisting of up to 3 percolation tests to be conducted on the subject property and it is understood that additional fees and applications will be necessary if more than three tests are desired or are necessary. 5. It is the responsibility of the applicant to ensure that the subject property boundaries are staked out on-site by a licensed surveyor prior to percolation testing being conducted. 6. A concept site plan drawn to scale with proposed percolation testing locations, proposed building location, proposed well site, topography and identification of any water wells within 100 feet of the property must be submitted for all proposed construction with the exception of replacement systems. 7. No work will be performed on the above-mentioned property that is not specifically described in this application. 	<p>Check all that apply and fill in when necessary:</p> <p>Construction:</p> <p><input type="checkbox"/> New Construction: # of site evaluations requested: _____</p> <p><input type="checkbox"/> Remodeling/Addition</p> <p><input type="checkbox"/> Existing structure with a failed system</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Commercial</p> <p>Sewage disposal system:</p> <p><input type="checkbox"/> Community sewerage</p> <p><input type="checkbox"/> Conventional system (trenches, pits)</p> <p><input type="checkbox"/> Conventional system (mound, at-grade)</p> <p><input type="checkbox"/> Non-conventional system (BSF, drip, etc)</p> <p><input type="checkbox"/> Tank replacement or grease trap only (requires drainfield evaluation)</p> <p>Water Supply:</p> <p><input type="checkbox"/> Community water</p> <p><input type="checkbox"/> Proposed drilled well</p> <p><input type="checkbox"/> Existing drilled well</p> <p><input type="checkbox"/> Other: _____</p> <p>Usage/flow information:</p> <p><input type="checkbox"/> <u>Residential:</u> Square footage of living space: _____ Proposed design flow (gpd): _____</p> <p><input type="checkbox"/> <u>Commercial:</u> Type of businesses and # of units: _____ _____ Square footage: _____ Proposed design flow (gpd): _____</p> <p>Property/building details (check all that apply):</p> <p><input type="checkbox"/> The property is located in the critical area</p> <p><input type="checkbox"/> The building has a basement Basement sq.ft. of living space _____</p> <p><input type="checkbox"/> There are multiple buildings/dwelling on this property served by water under pressure.</p> <p><input type="checkbox"/> Property lines and perc test sites are staked out (mainly for new construction).</p> <p>Septic installer of choice:</p> <p>_____</p>
<p>Owner's Signature: _____ Date: _____</p> <p>Agent/ Builder: _____ Date: _____</p>	<p>Health Department use only:</p> <p>AP# _____</p> <p>Paid: _____</p> <p>Receipt: _____</p> <p>Received By: _____</p> <p>Assigned to: _____</p>