



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

Division of Environmental Health Submittal Checklist

CONTACT INFORMATION:

CONSULTANT/SURVEYOR: _____ CONTACT PERSON: _____

PHONE NUMBER: _____ E-MAIL: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

PARCEL REFERENCE: TAX MAP: _____ GRID: _____ PARCEL NO.: _____

OWNER(S) NAME
CONTACT PERSON: _____

OWNER(S) ADDRESS: _____

Submittal Requirements: (MARK **INC.** FOR INCLUDED OR **N/A** FOR NOT APPLICABLE)

_____ One copy of the Site Plan/Plat showing the following:

	10,000 ft ² Septic Reserve Area (SRA) or SRA large enough for initial system and two repair systems, whichever is larger.
	Contours of SRA shown on 2 foot intervals
	Location of percolation test holes and observation trenches
	Soil map overlay
	Location of any manmade, geologic, or surface features that may have an impact on the septic system or well locations (i.e. swales, floodplains, streams, rock outcrops)
	All required horizontal setbacks and buffers
	Location of proposed or existing well (septic systems must be down gradient of wells)
	Location of proposed dwelling + One hundred foot isolation radii
	Location of adjacent septic areas and wells within 100 feet of the proposed subdivision boundaries
	Public Water and Sewer Statement

_____ Allocation Form(s) verifying available capacity (For facilities proposed with community wastewater and/or water)

_____ Confirmation showing property passed a percolation test

_____ Plan Review Fees Worksheet

ENVIRONMENTAL HEALTH
13332 Pennsylvania Avenue
Hagerstown, Maryland 212742