

2025 OSSD Guidance Document #3

Maryland Department of the Environment Onsite Sewage Disposal System <u>Site Evaluation Application</u>

App -____

Property Own	er Information			
Name:		Street Address:		
City:		State:	Zip	Code:
Phone:		Email:		
Property Info	rmation (property to	be evaluat	ed)	
Street:		Tax ID#		M/G/P/L
City:		State:		Zip:
Subdivision:		Lot/Blk/Sec:		Critical Area: Y or N
Reason for evaluation: New Construction Remodeling/Addition Existing failed system Disposal area revision				
Provide details:				
Building type: ☐Residential ☐ Commercial ☐Industrial				
Water Supply: New	lividual Well, T	'ag#	Community Water	
Building info	Existing (leave blank if New Const)		Proposed	
Bedrooms				
Square footage of Total Enclosed living space				
Design Flow (gpd)				
licensed surveyor prior to accompany this applicatio of any water wells within rexisting failed systems. I am the owner of the prequired with owners	ponsibility of the applicant to ensure percolation testing being conducted. In and should include any buildings of the property. This applies property or an authorized represignature). The information pro-	A site plan drawn r relevant landsca for all proposed consentative of the	to scale with p pe features, pronstruction wit	proposed sewage areas must opposed well sites, and identification the the exception of replacement of the property (documentation
Authorized Applicant	t Signature			Date