



DIVISION OF ENVIRONMENTAL HEALTH

**EXISTING PRIVATE WELL AND OSDS ASSESSMENT
FOR BUILDING OR USE PERMIT REVIEWS**

In accordance with the Code of Maryland Regulations (COMAR 26.04.02.03 F(4)), The Calvert County Health Department may not issue a building permit for alterations or a change of use permit for a property utilizing an onsite sewage disposal system (OSDS) and private water supply unless this office can certify that the existing onsite sewage disposal and water supply systems are capable of treating and disposing the existing sewage flows and meeting the water demand and any reasonable foreseeable increase in sewage flows or water demands. This office shall consider the total enclosed living space and changes that affect the volume or character of the wastewater among other considerations in making this determination.

These requirements will be applied to permits for additions, alterations for residential use, alterations and changes of use at commercial facilities, as well as changes of operator/ownership (and therefore use) for food service facilities that utilize a private well and OSDS. The requirements will also be required for subdivision approval where existing dwellings are to remain or when an existing well or septic system will serve new construction.

To determine the adequacy of an OSDS, this office requires the following information:

1. A description of all OSDS components (e.g. tanks, drainfields, drywells, etc) ;
2. A scaled site plan showing the location of all OSDS components and replacement areas in relation to the onsite buildings, property lines, roads, and water supply;
3. An assessment of the condition and functionality of each component of the OSDS;
4. A summary of repairs and/or maintenance done on the OSDS (e.g. frequency of pump outs);
5. Information pertaining to the estimated **current** usage and therefore wastewater flow including total enclosed living space (including basements), detailed description of any other uses beyond residential (detailed floor plans may suffice for residential applications); and
6. Information pertaining to the estimated **proposed** usage and therefore proposed wastewater flow including total enclosed living space (including basements), detailed description of any other uses beyond residential (detailed floor plans may suffice for residential applications) .
7. Copy of the groundwater discharge permit if applicable.

To determine the adequacy of the water supply, this office requires the following information:

1. The age and description of the well (Drilled artesian well, hand dug, jet pump, etc);
2. A scaled site plan showing the location of the well relative to the OSDS, onsite buildings, property lines, and roads;
3. A description of any water treatment on the water supply;
4. For Commercial systems, an estimate of the current and/or historical water usage at the site (meter readings, space usage info, etc); and
5. For Commercial systems, an estimate of the projected future water usage at the site based on the changes being proposed (comparables, meter readings, space usage info, etc).
6. Copy of the current Groundwater appropriation permit or Notice of exemption from MDE, if applicable.

To facilitate expeditious review of the required information, 2 separate forms have been developed to be submitted along with a site plan. Depending on the thoroughness and accuracy of the submittal and the proposed use at the subject property, this office may require additional information. The **OSDS Inspection Form** shall be completed by a qualified third party professional (Certified in the inspection of OSDS) and will involve a detailed field inspection of the OSDS, hydraulic loading test and pumping of the septic tanks. The **Water Usage Summary** shall be completed by the facility owner/operator (with distinctions between residential and commercial usages). Prior to completing either form, it is recommended that all available records for the subject property be requested from this office.

The hydraulic loading tests shall be performed in a manner consistent with "A Manual for Conducting Proper Inspections of Onsite Sewage Disposal Systems for Property Transfers in Maryland" sponsored by MOWPA in cooperation with the Maryland Department of the Environment, unless otherwise indicated by the reviewing Licensed Environmental Health Specialist. Dye tests are not an acceptable method of evaluation by itself.

Percolation tests may be required to determine if there is adequate sewage disposal area to support the proposed use. Excavation or video inspection of the OSDS shall be required to locate and inspect all system components. In addition, if this office concludes that the proposed changes will result in an increase in sewage flows necessitating an expansion of the existing sewage disposal system, a sewage pre-treatment unit incorporating the best available technology (BAT) for nitrogen reduction, an aerobic treatment unit or an appropriate septic tank may be required on the OSDS, in accordance with COMAR 26.04.02.

Additionally, for those instances where the proposed changes necessitate expansion/upgrading of the OSDS as determined by this office, site plans prepared by a licensed surveyor will be required demonstrating that the lot is capable of supporting the primary system upgrades and the appropriate amount of replacement area as specified in COMAR 26.04.02.

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
OSDS INSPECTION FORM (page 1)**

Date of inspection _____

Inspector _____ Company _____

Property Address _____

City _____ Zip Code _____

Owner _____ Phone _____

Address _____

Type of Property

Commercial _____ Type of Business _____

Vacant? **Yes No** If Yes, how long? _____

Number of Employees/units _____ Square Feet of enclosed space _____

Residential _____

Vacant? **Yes No** If Yes, how long? _____

Number of Occupants _____ Square Footage of enclosed space _____

Sewage Disposal System Components

State the number, size, construction, number of compartments and age for each tank present:

Manhole Riser To Grade? **Yes No** Observation Pipes on Tanks? **Yes No**

Effluent Filter Present? **Yes No** Baffles are Present/Intact **Yes No**

Notes: _____

Conveyance Pipes from House to System: **Plastic Iron Other** _____

Is there a Sewage Pre-Treatment Unit (BAT) Installed? **Yes No**

If Yes, Type _____ AGE _____ (If BAT is present, include a separate sheet documenting the O&M provider and latest inspection report, last year preferred.)

Pump Chamber Present? **Yes No** If Yes, Size _____ Plastic Concrete

Manhole Riser to Grade? **Yes No**

Notes:

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
OSDS INSPECTION FORM (page 2)**

Distribution Box Present: **Yes No** Is it Level/In good condition? **Yes No** Obs. Pipe? **Yes No**

Notes: _____

Trenches: Number _____ Length _____ Depth _____ Width _____ Amt of Stone _____

Observation Pipes? **Yes No** Amount of effluent in Pipes _____

Seepage pits: Number _____ Depth _____ Width _____ Stone or hollow? _____

Observation Pipes? **Yes No** Amount of effluent in Pits _____

Notes: _____

Hydraulic Loading Test

How much water was introduced into the system? _____ **Gallons over** _____ **minutes**

Where and how was the water introduced? _____

Observations (water levels in D.box, root intrusion, etc.): _____

Maintenance

Septic Tank /Grease Trap Pump Out Frequency? _____

Liquid Waste Hauler Who Pumps _____

Date of Last Pump Out _____ (system should be pumped as part of tank inspection)

Was Effluent Flowing Back to the Tank from the Drainage System? _____

Notes: _____

Are all fixtures plumbed to the OSDS (laundry waste line, etc)? **Yes No**

Is there a water treatment system on the water supply? **Yes No** If Yes, where is effluent is charging? _____

Any previous repairs to this system? _____

Notes:

Please enclose a site plan with this inspection form.

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Water Usage Summary (page 1)**

Residential or Commercial projects

Property Address: _____

Property Owner: _____

Property Owner Address: _____

Owner Phone number: _____ Owner Email: _____

Operator Name (Commercial): _____

Operator Address: _____

Operator Phone: _____ Operator Email: _____

Name of person completing this form: _____

Affiliation with Property: _____

By signing below I certify that the information submitted below is accurate to true to the best of my knowledge.

Signature: _____ Date: _____

1. Provide the number of wells and construction for each well serving the property. Include well tag numbers, total depth, casing depth, and well yield information. Show the location of each well on a site plan along with the location of water lines outside of the building.

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2. Provide a description of the water treatment devices that are installed on the water supply (e.g., neutralizer, softener, reverse osmosis, ultraviolet light, etc.).

**CALVERT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Water Usage Summary (page 2)**

FOR COMMERCIAL PROJECTS ONLY

3. Provide a detailed description of the type of facility to be served by private well and/or OSDS. Include the hours of operation, number of employees (part-time and full time). If not already monitored as a Transient Non-community or Non-transient Non-community water supply, provide a completed **population survey form** (separate). If a food service facility is proposed include the number of seats, menu and an interior floor plan of the facility. For churches and banquet halls, include the frequency and number of services or special events. For existing facilities, explain proposed changes as they affect capacity.

4. Provide an estimate of the projected peak daily water usage that will discharge to the OSDS. Sewage flows must be justified through actual water meter information or based on MDE and/or US EPA wastewater flow estimates. Water meter information should include daily readings collected over a 2 month consecutive period inclusive of the months of maximum water usage. Other meter readings available may also be reviewed on a case-by-case basis. If cooling water from ice machines is directed to OSDS, estimate the volume from this source separately. Attach documentation as needed.