



THE DEPARTMENT OF PUBLIC WORKS
OF QUEEN ANNE'S COUNTY

SANITARY DISTRICT

310 BATEAU DRIVE
STEVENSVILLE, MARYLAND 21666
PHONE: 410-643-3535 FAX: 410-643-7364
TDD: 410-758-2126

SOUTHERN KENT ISLAND - RESIDENTIAL SEWER APPLICATION

CHECK WHICH APPLIES: NEW CONNECTION ___ DISCONNECT ___ ACCOUNT # - SK- _____ LINE No. _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Property Location:

Table with 3 columns for (number), (street), and (subdivision)

Table with 4 columns for (tax map), (parcel), (block), and (lot)

- 1. Permit Fee = \$250.00
2. Will there be a sump pump installed: YES NO - Sump pumps must not discharge into sewer system.
3. Will there be a water conditioner installed: YES NO - Backwash must not discharge into sewer system.
4. STEP tank manufacturer:
5. The name, address & phone number of the plumber or septic installer who will perform the proposed work is:
6. I have been authorized by the owner to do the work herein described, and by execution thereof, I agree to abide by the Code of Maryland Regulations, State Board of Plumbing and the QAC Sanitary District's Standard Specifications and Details. I agree to call for an inspection 48 hours in advance of:

- a. when the tank is to be set and risers are being attached
b. at the initiation of the 2-hour riser leak test - (refer to STEP Tank Detail for testing parameters)
c. when the gravity sewer line(s) and pressure line are ready for connection but prior to any lines being covered
d. once all electrical connections between the STEP tank and the control panel have been made and inspected by MDIA and system is operational

Registered Master Plumber or Septic Installer Signature: _____ Date: _____

Md License No. _____ QAC License No. _____

7. In consideration of the granting of this permit, the undersigned agrees to maintain the sewer service line from the STEP tank to the home at no expense to the County.

Property Owner Signature: _____ Date: _____

Application approved and permit issued by: _____ Date: _____

OFFICE USE ONLY BELOW

10/17/17

Pre Install Checklist: PWA?: ___ Easement?: ___ Site Plan Approved?: ___
Post Install Checklist: Bill of Sale?: ___ Date Pump Activated: ___ Orenco Warranty Submittal Date: ___