



A State Agency Serving the People of Caroline County

Caroline County Health Department

Division of Environmental Health

Leland Spencer, M.D., MPH, Health Officer

Attilio Zarrella, Th.D., Deputy Health Officer

SEWAGE AND WATER ALLOCATION CERTIFICATE

NAME OF TOWN: _____

DATE: _____

ADDRESS: _____

FAX: _____

CITY/STATE/ZIP _____

Proposed Project:

___ Single family dwelling (number of lots _____)

___ Multi-family dwelling (Duplex, number of units _____)

___ Commercial/Industrial, Type of Business _____ and # employees ___

Name of Project: _____

(Please put Owner's name **and** Business name if applicable)

Property Tax ID: _____

Location of Project: _____

(911 # and Road Name)

_____/_____/_____/_____

Map Block Parcel Lot #

Is sewer and/or water supply extension needed? () Yes

() No

HEALTH DEPARTMENT USE:

Approved by: _____ Date: _____ Est. Flow: _____ GPD.

This results in a net available flow of _____ GPD.

THIS APPROVAL HEREBY CONFIRMS THE REQUIREMENTS OF THE ANNOTATED CODE OF MAYRLAND, ENVIRONMENTAL ARTICLE §-512 HAVE BEEN MET. THE APPROVAL AND ISSUANCE OF ANY BUILDING PERMIT FOR THE PROJECT IS THE JURISDICTION OF THE TOWN.

Health Dept. Rc'd: _____

TOWN USE: To the Health Department: This available flow has been reviewed and is granted to the applicant for the proposed use.

If not utilized, this allocation expires _____, unless an extension is granted.

Approved by: _____

Date: _____

Town Rc'd: _____

Revised-September 2015