ST. MARY'S COUNTY
HEALTH DEPARTMENT
Meenakshi G. Brewster, MD, MPH - Health Officer

Administration, Records & Health Services: 301 – 475 – 4330
Environmental Health: 301 – 475 – 4321
Medical Assistance Transportation: 301 – 475 – 4296
Maryland Relay Service: 1 – 800 – 735 – 2258
Email: smchd.env@maryland.gov

LUGM#:_SFDD24-0666

Transmittal Form

Owner/Applicant:_Douglas Hallgreen_____

Surveyor: ____LSR_____

Property Location:__18097 River Rd_____

Tax Map:_61 Grid:_21 Parcel: 193_

Section:_ Lot:_ District:__2_

Subdivision:Tall Timbers_____

Property ID:__2018438_____

SMCHD File #:_____

Date Received:03/27/24__ Number of Copies:__1

Ok For Sign-Ok For Record Set-Ok For Perc Preservation-No Objection

Needs Revisions- See Comments

Reviewed/Signed By: _____ 4/26/24

Date: 4.18.24

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Property ID: 2018438
Property Address: 18097 River Rd

Public Water/Sewer Checklist

General Notes

- ☑ 1. Property ID Block (Tax Map, Block, and Parcel)
- ☑ 2. Comprehensive Water and Sewer Plan
- ☑ 3. Type of water/sewer supply
- ☑ 4. Water/Sewer Categories Listed
- ☐ 5. Adequate EDUs/Allocation letter received
- ☐ 6. Existing well/septic system shown, labeled to be abandoned (if applicable)
- ☐ 7. Abandonment of well/septic system required prior to issuance of building permit
- ☐ 8. Well abandonment report received

Well Site

- ☐ 1. 30 ft from house site for new construction (15' for additions)
- ☑ 2. Well site accessibility
- ☑ 3. Water line/connection to structure
- ☑ 4. Future well site available

Other Requirements

- ☑ 1. North Arrow
- ☑ 2. Proposed structures
- ☑ 3. Driveways/Right of Ways labeled
- N/A 4. Grease trap shown (if food service proposed)
- ☑ 5. Vicinity Map
- ☑ 6. Scale
- ☑ 7. Surveyor's Stamp and Signature (check that license is valid)

Comments: ① Please remove the following Health Department General Note #2 & 3. They are not applicable to this lot.
② Please show existing well, label to be abandoned, and a well abandonment report.
③ If a new well is being proposed, the existing well will need to be abandoned prior to the approval of the building Permit.
④ Please provide an EDU Allocation letter.

LEHS/Date [signature] 4.18.24