

**GARRETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

1025 Memorial Drive
Oakland, MD 21550
301-334-7760/895-3111

APPLICATION FOR RE-EVALUATION OF PERCOLATION TESTS PRIOR TO NOV. 1985

Applicant _____ Address _____

Phone Number _____

Current Owner of Property _____ Address _____
(If different from applicant)

Subdivision _____ Lot _____

Location _____

Size of Property: Acreage _____ Square footage _____ or Dimensions _____
(LxWxLxW)

Tax Map _____ Parcel _____ (This information is available at Garrett County Assessment Office)

Is the property in the Deep Creek Lake Zoning District? _____ Land Classification _____
(This information is available in the Garrett County Zoning Office)

FOR OFFICIAL USE

Date for testing _____ Time _____

Original Receipt Number _____

Soil Map # _____ Soil Map Units _____ Wet weather testing required? _____

Is property near or in a flood plain ? _____

Directions _____

Original Percolation Information _____

Notes _____

Is property near or in a flood plain? _____ BAT Required? _____ System Design Required? _____

Percolation rate 1" in _____ minutes Number of bedrooms _____

Permit issued: # _____ of 20 _____