

**GARRETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

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

APPLICATION FOR INDIVIDUAL SOIL EVALUATION AND PERCOLATION TEST

Applicant _____ Address _____

Phone Number _____

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

Location _____

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

Tax Map _____ Parcel _____
(This information is available at Garrett County Assessment Office 301-334-1950)

Is the property in the Deep Creek Lake Zoning District? _____ Land Classification _____
(This information is available in the Garrett County Zoning Office 301-334-1920)

Number of sites requested _____

Submit fee of \$200 x Number of sites requested = \$ _____

PERCOLATION FEE MUST BE PAID IN ADVANCE OF SCHEDULING TEST

***Attach site plan, if available, showing preferred sewage disposal area location.**

FOR OFFICIAL USE

Amount Submitted _____ Receipt Number _____

Date for testing _____ Time _____

Directions _____

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

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 _____