

**Environmental Health Services** 

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

Applicant		Address		
Phone Number				
Applicant Email				
Current Owner of (If different from appl			Address	
Subdivision			Lot	
Location				
Size of Property: Acreage		Square footage	eor Dimensions_	(LxWxLxW)
Тах Мар	Parcel	(This informati	on is available at Garrett County Assessi	,
Is the property in	•		Land Classification the Garrett County Zoning Office)	
FOR OFFICIAL USE				
Date for testing		Time	Original Receipt Number	
Soil Map # Soil Map Units		Units	s Wet weather testing require	
Directions				
Original Percolatic	on Information			
Notes				
Is property near o	r in a flood plain ? _			
BAT Required?	Sys	tem Design Required	? Approved system to	ype
Percolation rate 1	" in m	inutes Nu	mber of Bedrooms	
Permit issued: #_	of 20			