

**Environmental Health Services** 

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## APPLICATION FOR INDIVIDUAL SOIL EVALUATION AND PERCOLATION TEST

Applicant	Address		
Phone Number			
Applicant Email			
Current Owner of Property (If different from applicant)	Address _		
Location			
Size of Property: Acreage	Square footage	or Dimensions _	(LxWxLxW)
Tax Map Parcel			(LXVVXLXVV)
(This information is available at C	Garrett County Assessment Office	? 301-334-1950)	
Is the property in the Deep Creek			
(This in	nformation is available in the Gar	rett County Zoning Offic	ce 301-334-1920)
Number of sites requested			
Submit fee of \$200 x Number of s	ites requested = \$		
		<del></del>	
PERCOLATION FEE MUST BE PAID	IN ADVANCE OF SCHEDULING TI	HE TEST	
*Attach site plan, if available, showing p	preferred sewage disposal area location.		
FOR OFFICIAL USE			
Amount Submitted	Receipt Numbe	er	
Date for testing	Time		
Directions			
Soil Map # Soil Map			
Is property near or in a flood plair	n?		
BAT Required? System [	Design Required?	_ Approved system type	e
Percolation rate 1" in r	ninutes Number of	f bedrooms	
Permit issued: # of 20			