



# GARRETT COUNTY HEALTH DEPARTMENT

**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 \_\_\_\_\_ 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 THE TEST

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

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FOR OFFICIAL USE

Date Received \_\_\_\_\_ 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? \_\_\_\_\_ Approved system type \_\_\_\_\_

Percolation rate 1" in \_\_\_\_\_ minutes Number of bedrooms \_\_\_\_\_

Permit issued: # \_\_\_\_\_ of 20 \_\_\_\_\_