



OFFICE USE ONLY

APPLICATION FOR SOIL PERCOLATION TEST

Select Type >	<input type="checkbox"/> Conventional Test \$150.00 per lot area	<input type="checkbox"/> NON-Conventional test/single ring \$200.00 per lot area	<input type="checkbox"/> Repair No Fee
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REQUIRED for Non-Repair percs:

- 1) A site plan of the property must be submitted with this application. It must be drawn to scale (1"=30,' 1"=50,' or 1"=100') and indicate property lines, house location, well site, driveway, septic area, and any wells, septic systems, and/or SRAs located within 200' of the property line.
- 2) Corners of proposed septic reserve areas must be staked prior to testing.
- 3) The appropriate fee (cash or check) must be submitted with the application. MAKE CHECKS PAYABLE TO HARFORD COUNTY



Complete: Section 1 (A or B), Section 2 (A or B), and Section 3

1 A RESIDENTIAL	B NON-RESIDENTIAL <small>** (see below)</small>			
<input type="checkbox"/> New Subdivision <input type="checkbox"/> Existing Subdivision Name: _____ Number of new Lots: _____ Year created/recorded: _____	<input type="checkbox"/> New <input type="checkbox"/> Existing Project Name: _____ USE: <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Other			
*** (1B) NON-RESIDENTIAL: Provide a brief description of project so wastewater flow can be projected. Note: Flows from 2,500-4,999 gallons/day may require a joint review with the Maryland Department of the Environment (MDE). Flows of 5,000 gallons/day or greater will require a joint review.				
2 A IMPROVED LOTS	B UNIMPROVED LOTS			
<input type="checkbox"/> Failing On-Site Disposal System (OSDS) <i>(Nature of Problem)</i> <input type="checkbox"/> Active building permit _____ <input type="checkbox"/> Future building plans _____ <input type="checkbox"/> Septic Reserve Area (SRA) <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>Revision</td> <td>Reduction</td> <td>OSDS relocation</td> </tr> </table>	Revision	Reduction	OSDS relocation	<input type="checkbox"/> Never tested Re-test <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Results insufficient <input type="checkbox"/> Septic Reserve Area (SRA) revision/reduction <input type="checkbox"/> Active building permit _____
Revision	Reduction	OSDS relocation		

The owner/applicant is solely responsible for contacting MISS UTILITY prior to digging

3 PROPERTY INFORMATION:	Tax Map: _____	Grid: _____	Parcel: _____	Tax ID: _____
Property location/address: _____				
Subdivision (if applicable)		Section	Lot #:	
Owner Information:				
Name: _____		Email: _____		
Address: _____		Phone: _____		
Applicant/Agent Information:				
Name: _____		Email: _____		
Address: _____		Phone: _____		
Name of Qualified Backhoe Operator: _____			Phone: _____	
Signature: _____			Date of application: _____	

Health Department staff will contact the applicant/agent to schedule the test unless another person is specified. Please refer to the Percolation Test Application Procedures for general requirements. By signing this application, the applicant agrees to allow representatives from the Harford County Health Department on the property at reasonable times to perform testing and site analysis.

*****Responsible party must supply a backhoe and an authorized backhoe operator*****