



Public Health
Prevent. Promote. Protect.

**Harford County
Health Department**

HCHD Environmental Health
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Bel Air, MD 21014
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HCHD.INBOX@maryland.gov

APPLICATION FOR SOIL PERCOLATION TEST

Select Type	Conventional Test *	Non-Conventional Test/Single Ring *	Repair Perc
	\$250 Per lot with up to 5 evaluations \$50 Each additional evaluation over 5	\$300 Per lot with up to 5 evaluations \$60 Each additional evaluation over 5	No Fee
	# of Evals _____ Cost \$ _____	# of Evals _____ Cost \$ _____	

REQUIREMENTS:

- 1) The owner/applicant is solely responsible for contacting MISS UTILITY prior to digging.
- 2) The Responsible party must supply a backhoe and a qualified backhoe operator

***REQUIRED for Conventional and NON-Conventional Tests/Single Ring Percolation Tests:**

- a) A site plan of the property must be submitted with this application. ***Site plan must be drawn to scale (1"=30', 1"=50', or 1"=100') and must indicate property lines, house location, well site along with tag #, driveway, septic area, and any wells, septic systems, and/or SRA's located within 200' of the property line.*
- b) Each corner of proposed septic reserve areas must be staked prior to testing.
- c) The appropriate fee must be submitted with the application. Please select appropriate number of evaluations where indicated. If an additional fee is required at the time of the test, results will be held until that fee is paid. An invoice will be mailed/emailed to the applicant once the test is complete.

Please note: Health Department Staff will contact the applicant/agent to schedule the test unless another person is specified as contact. Please refer to the Percolation Test Application Procedures for general requirements.

PROPERTY INFORMATION:

Tax Map: _____ Grid: _____ Parcel: _____ Tax ID: _____

Property location/Address: _____

Subdivision (if applicable): _____ Section: _____ Lot #: _____

Is this property currently involved in a real estate transfer? No Yes, Settlement Date*: _____

**For information purposes only. The settlement date does not guarantee results will be available.*

PROPERTY OWNER INFORMATION:

Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

APPLICANT/AGENT INFORMATION:

Name: _____ Email: _____

Mailing Address: _____ Phone #: _____

Name of **Qualified Backhoe Operator**: _____ Phone #: _____

Name of Contact (if other than applicant): _____ Phone #: _____

*By submitting this application, the applicant certifies and agrees: (1) That the applicant is authorized to submit the application because the applicant is either the property owner or an authorized agent of the property owner; (2) The property owner has granted their permission for the Harford County Health Department and/or the Maryland Department of the Environment to perform the necessary soil percolation test(s) and all associated activities on the subject property.

*Applicant Signature: _____ Date: _____

Complete both pages of application. Incomplete applications will not be accepted.

PROPERTY DETAILS:

Improved Lot Unimproved Lot, Never Tested Unimproved Lot, Prior test was unsatisfactory

Residential:

New Subdivision Name: _____ Indicate # of Lots: _____

Existing Subdivision Name*: _____ Indicate # of Lots: _____

*Indicate year created/recorded: _____ Plat Number: _____

Non-Residential **::

New Existing Project Name: _____

Use: Commercial Institutional Industrial Other _____

**** Please attach a brief description of project so anticipated 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.

PERC TEST DETAILS:

Failing On-Site Sewage Disposal System (OSDS) *Submit Septic Inspection Report. *If a written report does not exist, describe, in detail, the nature of the failure:* _____

^If surfacing septic effluent is observed during the soil percolation test, the property owner will be required to pump the septic tank, and lime the area of the surfacing effluent. Documentation of each requirement shall be provided to the Health Department within 48 hours of the date of the percolation test.

Active Building Permit † Building Permit # (Required): _____
Description: _____

Future Building Plans † Description: _____

OSDS Relocation † Description: _____

Septic Reserve Area (SRA) † Select One: Revision Reduction
Description: _____

†Site plan will be required for this perc test.

Additional Details: _____

Complete both pages of application. Incomplete applications will not be accepted.