



Public Health
Prevent. Promote. Protect.
Harford County
Health Department

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APPLICATION FOR SOIL PERCOLATION TEST UPDATE

Date of Application: _____

Applicant Information:

Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Indicate how you would like to receive your correspondence: Email Mail

Property Information: (Property for which Update is requested)
Complete a separate application for each property.

Location/Address: _____

Subdivision: _____ Lot #: _____

Tax Map: _____ Parcel #: _____ Tax ID: _____

Brief description of reason for Perc Update Request: _____

OFFICE USE ONLY: Application # _____ **Date Letter Sent:** _____

Perc Test Update Request: Approved Denied Other _____

Environmental Health Specialist: _____ **Date:** _____

App Updated in PatTrac: ____ **Letter Scanned into PatTrac:** ____ **Letter Filed in Property Folder:** ____