

Harford County Health Department
Environmental Health
120 South Hays Street, Suite 200
P.O. Box 797, Bel Air, MD 21014-0797
410-877-2300 * hchd.inbox@maryland.gov



OFFICE USE ONLY

APPLICATION FOR SOIL PERCOLATION TEST

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

1) A site plan of the property must be submitted with this application. **APPLICATION WILL NOT BE ACCEPTED WITHOUT SITE PLAN.** *Site plan must be drawn to scale (1"=30, ' 1"=50, ' or 1"=100') and must indicate property lines, house location, well site with tag #, 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 must be submitted with the application. (cash, check, money order, or credit card authorization) Make checks/money orders payable to HARFORD COUNTY HEALTH DEPT.

REQUIRED for ALL Percs:

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

2) Responsible party must supply a backhoe and a qualified backhoe operator

**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.*

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: _____

Applicant Signature: _____ Date of Application: _____

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

RESIDENTIAL - Check & COMPLETE ALL that apply: (Site Plan Required)

New Subdivision Name: _____ Indicate # of lots: _____

Existing Subdivision Name*: _____ Existing # of lots: _____

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

NON-RESIDENTIAL - Check & COMPLETE ALL that apply: (Site Plan Required)**

New Existing Project Name: _____

USE Commercial Institutional Industrial Other _____

**** Please attach 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.

IMPROVED LOT (Check & COMPLETE ALL that apply):

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

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

Future Building Plans (Site Plan Required) - Description: _____

OSDS Relocation (Site Plan Required) – Description: _____

Septic Reserve Area (SRA) (Site Plan Required) Revision Reduction

UNIMPROVED LOT (Check & COMPLETE ALL that apply):

Re-Test (Previous test was unsatisfactory) Never Tested

Septic Reserve Area (SRA) Revision (Site Plan Required) – Description: _____

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

Additional Details: _____

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