

**GARRETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES**

1025 Memorial Drive
Oakland, MD 21550
301-334-7760/895-3111

APPLICATION FOR INDIVIDUAL SOIL EVALUATION AND PERCOLATION TEST

Applicant _____ Address _____

Phone Number _____

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)*

Is the property in the Deep Creek Lake Zoning District? _____ Land Classification _____
(This information is available in the Garrett County Zoning Office)

Number of sites requested _____.

Submit fee of \$200 x Number of sites requested = \$_____.

PERCOLATION FEE MUST BE PAID IN ADVANCE OF TEST

FOR OFFICIAL USE

Amount Submitted _____ Receipt Number _____

Soil Map # _____ Soil Map Units _____ Wet weather testing required? _____

Is property near or in a flood plain ? _____

Date for testing _____ Time _____

Contact phone number _____

Directions _____

**ATTACH PLAT OF PROPERTY TO APPLICATION OR SKETCH PROPERTY IN SPACE BELOW.
INDICATE BUILDING LOCATION AND POSSIBLE TEST SITE OR SITES**