



ON-SITE SEWAGE DISPOSAL
SITE EVALUATION APPLICATION
(Percolation Test)

Fill out completely and return in person or by mail* to:

Department of Health - Charles County
4545 Crain Highway P.O. Box 1050
White Plains, MD 20695

*Check or money order payable to Department of Health-Charles County

Applicant Mailing Address

City State Zip Code Phone

Owner Address

Election District Tax Map Grid Parcel (required)

Property Account/Tax Identification Number

Subdivision Lot Section

Directions (specific)

Proposed Use: New Construction Residential Commercial

Water Source: Community Private (drilled)

Test Type: Conventional Sandmound Alternative Trench
Alternative Sandmound

- 1. Are there any existing homes on this property? Yes No
2. Name of contractor to dig test holes (if known)
3. Lots/Sites greater than five (5) require a preliminary plan from a surveyor.
4. Required Fee(s): \$190-conventional; \$230-sandmound; \$360-alternative trench system; \$720-alternative sandmound system
5. Number of Lots/Sites Times cost per site Total amount of payment
6. Health Department Verification Perc NO FEE REQUIRED. Number of Lots/Sites

For any refunds issued, a \$25.00 administration fee will be deducted from payments made

The applicant hereby certifies and agrees as follows: (1) that he/she is authorized to make this application; (2) that the information is correct; (3) that he/she will comply with all applicable State and County regulations; (4) that he/she grants County officials the right to access to the property for the purpose of conducting the work.

Signed Date Phone

DO NOT WRITE BELOW THIS LINE

Soil Type Wet season test required Unrestricted test(conditional)

Is proposal in compliance with the Charles County Comprehensive Water and Sewer plan?

Previous Tests conducted? Reviewed by

(NOTE: DO NOT TEST S1 THRU S4 SEWER CATEGORIES)

Test Scheduled for: Date Time Sanitarian

Notified by: Mail Phone/Confirmed Yes No

COMMENTS: