



**DEPARTMENT OF HEALTH – CHARLES COUNTY**  
**Division of Environmental Health Services**  
**4545 Crain Highway, Post Office Box 1050**  
**White Plains, MD 20695-1050**  
**Tel: 301-609-6751 Fax: 301-932-0254 MD TTY: 1-800-735-2258**

**PRIVATE CONSULTANT**

**ON-SITE SEWAGE DISPOSAL  
 SITE EVALUATION APPLICATION  
 (Percolation test)**

Applicant \_\_\_\_\_ 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 System \_\_\_\_\_

1. Are there any existing homes on this property? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of private consulting firm \_\_\_\_\_

3. Lots/Sites greater than five (5) require a preliminary plan from a surveyor.

4. Required Fee(s): Department of Health \$85/conventional and Sandmound; \$210/Alternative System

(Make checks payable to Charles County Department of Health)

5. Number of Lots/Sites \_\_\_\_\_ Times cost per site \_\_\_\_\_ Total amount of payment \_\_\_\_\_

**\*\*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: \_\_\_\_\_