



Charles County Department of Health
Division of Environmental Health Services
4545 Crain Highway/P.O. Box 1050
White Plains, MD 20695
301-609-6751 Fax: 301-609-6684

Official Use:

Received: _____

Amount Due: _____

Date Paid: _____

Application for Site Evaluation (Percolation Test)

All applications must be **complete** and accompanied by the appropriate application fee and site plan in order to be processed. Subdivisions of 7 lots or greater, requires a professionally engineered preliminary plan with house and septic areas staked in the field. Subdivisions of 6 lots or less require a site plan showing proposed house and septic areas. Proposal house site and septic areas to be staked out in the field prior to testing. Repairs require approximate property lines to be flagged in the field along with the location of all underground utilities. Call Miss Utility @ 811. Checks should be made payable to the "Charles County Department of Health". Application fees are as follows: Conventional Trench **\$325.00**; Conventional Sandmound **\$375.00**; Alternative Trench **\$400.00**; Alternative Sandmound **\$720.00**; Repair **\$100.00**. Fees are charged per site. Each site can have up to **4** percolation holes evaluated for each fee paid.

Type: <input type="radio"/> New Construction <input type="radio"/> Repair <input type="radio"/> Verification	Test Type: <input type="radio"/> Conventional Trench <input type="radio"/> Conventional Sandmound <input type="radio"/> Repair	<input type="radio"/> Alternative Trench <input type="radio"/> Alternative Sandmound	Proposed Use: <input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Subdivision	Subdivisions: Number of Sites: _____
Applicant Name: _____ Email Address: _____ Phone Number: _____ Mailing Address : _____ Owner Name: _____ Email Address: _____ Phone Number: _____ Mailing Address : _____ Property Address: _____ Tax ID: _____ Election District: _____ Tax Map: _____ Grid: _____ Parcel: _____ Subdivision Name: _____ Lot: _____ Section: _____ Directions to Property: _____ _____				
Water Source: <input type="radio"/> Private <input type="radio"/> Public	If Private: <input type="radio"/> Shallow <input type="radio"/> Drilled	Existing Dwelling: <input type="radio"/> Yes* <input type="radio"/> No	Dwelling Information: Total # of Bedrooms: _____ Total Square Footage: _____	Accessory Structure(s): <input type="radio"/> Yes <input type="radio"/> No
*All existing dwellings may require that at least a 10,000 square foot septic reserve area to be established and will require an additional perc site fee for each dwelling.				
Contractor Name: _____ Contractor Phone #: _____ NOTE: the contractor must be able to excavate at least 20 feet for all trench testing				
Fee Calculator: (multiply # sites by fee)	Conventional/Verification Test Site: Conventional Sandmound: Alternative Trench: Alternative Sandmound: Repair	_____ x \$325 = _____ _____ x \$375 = _____ _____ x \$400 = _____ _____ x \$720 = _____ _____ x \$100 = _____	Total: _____	
By signing this application, the applicant acknowledges that the owner has given permission to submit this application (provide written verification if applicant is different from the owner). The information on this application must be correct and complete in order to schedule the perc testing. The applicant agrees to comply with all applicable federal, state, and county regulations, ordinance, and laws. The owner of the property grants permission to the Charles County Department of Health to access and conduct work on the property.				
Applicant Signature: _____ Date: _____				